



December 9, 2020

Mandy Weeks-Green
Washington State Office of the Insurance Commissioner
P.O. Box 40260
Olympia, WA 98504
Submitted via email to: rulescoordinator@oic.wa.gov

Re: R 2020-04 health care benefit managers rulemaking proposed rule

Dear Ms. Weeks-Green,

On behalf of Cambia Health Solutions family of insurance companies, including Regence BlueShield, Asuris Northwest Health, and BridgeSpan Health Company, thank you for the opportunity to comment on the health care benefit managers proposed rule. We appreciate the OIC incorporating some of our previous stakeholder draft comments into the proposed rule, however we remain concerned with several key provisions. We would like to take this opportunity to reiterate some of previous comments that were not addressed in the current draft of the rule.

WAC 284-180-130 Definitions.

In subsection (6), the stakeholder draft cites the statutory definition of a health care benefit manager (HCBM) from RCW 48.200.020. The definition is broad, specifically the language that defines a HCBM as a person or entity that "...directly or *indirectly* impacts the determination or utilization of benefits for, or patient access to, health care services, drugs, and supplies..." (emphasis added). The ambiguity in the definition will make implementation of these requirements challenging for both health carriers and potential HCBMs. Such an ambiguous definition could potentially apply to many vendors who contract with health carriers but do not have decision making power or influence that impacts members access to care and/or benefits. We believe such a broad application goes beyond the intent of the legislation and will not provide the OIC meaningful information or oversight.

The OIC has the opportunity to add regulatory language that will provide meaningful clarity in support of the legislative intent. We recommend the OIC add language describing what entities or individuals would not be considered a HCBM. Such examples could include an employee of a health carrier or employee benefits program with regard to their services to or actions on behalf of that health carrier or employee benefits program, an entity that transmits, in any format or medium, data created by others to a health carrier or employee benefits program without the entity's review or analysis of the content of the data

transmitted, entities that license software to a health carrier and other entities that do not make determinations impacting member benefits or access to care.

WAC 284-180-455 Carrier filings related to health care benefit managers.

The HCBM contract requirements in subsection (5) appear to be taken directly from existing health carrier provider contract filing regulations (WAC 284-170-480(7)). The requirement to include provider network information is not applicable or appropriate in the context of carrier contracts with HCBMs. Health carriers contract with a diverse span of entities, many of which are not contracted to provide services to a particular health plan network. We are concerned it could cause confusion for a HCBM contract to include health plan network information when it is not relevant to the work an entity is contracted to perform. Because many contracts do not include this information today, it would create a significant amount of work for health carriers to revise contracts with HCBMs. For that reason, we strongly urge the OIC remove subsection (5) entirely, or at a minimum, limit this subsection to only apply to HCBMs that are acting in the capacity of a health care provider.

Thank you for considering our comments. Please feel free to contact me with any questions or to discuss our feedback. I can be reached at Jane.Douthit@Regence.com or (206) 332-5212.

Sincerely,

A handwritten signature in black ink that reads "Jane Douthit". The signature is written in a cursive, flowing style.

Jane Douthit
Cambia Health Solutions
Sr. Regulatory Affairs Specialist