

FILED

JAN 17, 2014

Hearings Unit, OIC
Patricia D. Petersen
Chief Hearing Officer

STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

In re

Seattle Children's Hospital's Appeal of
OIC's Approvals of HBE Plan Filings

NO. 13-0293

DECLARATION OF MELISSA J.
CUNNINGHAM IN SUPPORT OF
INTERVENORS' MOTION FOR
SUMMARY JUDGMENT

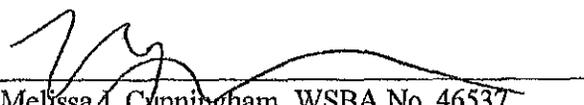
I, Melissa J. Cunningham, declare as follows:

1. I am an attorney for BridgeSpan Health Company. I make this declaration on personal knowledge in support of Intervenor's Motion for Summary Judgment.
2. Attached hereto as Exhibit A is a true and correct copy of the October 31, 2013, Letter Denying Motion to Intervene in *In re Coordinated Care Corporation*, Matter No. 13-0232.

I DECLARE UNDER PENALTY OF PERJURY OF THE LAWS OF THE
STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND
CORRECT.

DATED this 17th day of January, 2014.

CARNEY BADLEY SPELLMAN, P.S.

By 
Melissa J. Cunningham, WSBA No. 46537
Attorney for BridgeSpan Health Company

DECLARATION OF MELISSA J.
CUNNINGHAM IN SUPPORT OF
INTERVENORS' MOTION FOR SUMMARY
JUDGMENT - 1

reg001 0029 pa17fm61kg

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BADLEY
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EXHIBIT A

MIKE KREIDLER
STATE INSURANCE COMMISSIONER

STATE OF WASHINGTON



Phone: (360) 725-7000
www.insurance.wa.gov

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OFFICE OF
INSURANCE COMMISSIONER

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HEARINGS UNIT
Fax: (360) 664-2782

Hearings Unit, DIC
Patricia D. Petersen
Chief Hearing Officer

Patricia D. Petersen
Chief Presiding Officer
(360) 725-7105

Kelly A. Cairns
Paralegal
(360) 725-7002
KellyC@oic.wa.gov

October 31, 2013

Carol Sue Janes, Esq.
Michael Madden, Esq.
Bennett Bigelow & Leedom, P.S.
601 Union Street, Suite 1500
Seattle, WA 98101

RE: Motion for Leave to Intervene in
Coordinated Care Corporation, Matter No. 13-0232

Dear Ms. Janes and Mr. Madden:

On October 24, 2013, the Hearings Unit received your Motion for Leave to Intervene in the above referenced proceeding. As of the date you filed your Motion for Leave to Intervene, it was nearly two months after the time for evidence to be presented at hearing - and indeed even nearly two months since even my Final Order in this case was entered. As reflected in my Notice of Hearing entered August 16, 2013, the hearing in this matter, including presentation of all evidence and argument on the issues involved in this case, commenced on August 26, 2013 and terminated on August 28, 2013. After consideration and review of all evidence and argument presented at hearing, I entered the Final Order in this case on September 3, 2013. Subsequently, the Insurance Commissioner filed his Motion for Reconsideration of this Final Order on September 6, 2013.

Pursuant to the Washington Administrative Procedures Act and most specifically RCW 34.05.443 of the Act, and Washington Rules of Court Civil Rule 24, and cases applicable thereto, had you filed a Motion for Leave to Intervene before the hearing terminated on August 28, 2013,

Carol Sue Janes, Esq.
Michael Madden, Esq.
October 31, 2013
Page 2

you would have had the right to present relevant evidence and argument, and conduct discovery, just like either of the two parties involved in this case. Also, as stated in my Notice of Hearing entered August 16, 2013, all administrative hearings before this agency are open to the public and interested parties are encouraged to participate either in person or by telephone free of charge. My Notice of Hearing in this case states: *All interested individuals and entities who have questions or concerns concerning this proceeding should direct them to [the undersigned's] paralegal, Kelly Cairns, at the same address.* However, because you filed your Motion for Leave to Intervene after the hearing was terminated on August 28, 2013 - and indeed also after I had entered my Final Order on September 3, 2013 - your right to intervene is affected.

While my Order on Reconsideration is not yet entered, as you know, generally, motions for reconsideration cannot include new evidence, and neither the OIC in its Motion for Reconsideration nor Coordinated Care in its Response in opposition to the OIC's Motion for Reconsideration has attempted to present any new evidence. Both have, however, opposed granting your Motion for Leave to Intervene based upon the above authorities. Along with the parties, my conclusion is it would be inappropriate for me to grant your Motion for Leave to Intervene at this late stage of the proceeding. Again, this is because, briefly, pursuant to Title 34 RCW and the Washington Rules of Court, the Motion for Reconsideration which is before me now is confined to that evidence which was presented at hearing. Essentially, under those rules when interested parties had adequate opportunity to intervene and present argument and evidence at hearing but did not, it is inappropriate to allow such new evidence and argument to be presented on reconsideration. Additionally, it does not appear to me that either the facts or decision in the case law you cited are close enough to the situation at hand to justify granting you leave to intervene now on the basis of that case law.

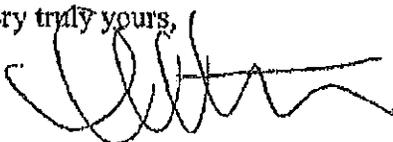
As above, if you had submitted your Motion for Leave to Intervene at any time prior to, and any time up until termination of the hearing on August 28, 2013, your participation in this case would have been welcomed. However, it was simply filed too late to be granted intervention. My Order on Reconsideration will be entered shortly. It may be that - if this case is appealed to the Superior Court by one of the parties (which would occur after entry of my Order on Reconsideration, if at all) - you may want to consider whether Superior Court rules provide you with the right to file a Motion for Leave to Intervene in the appeal, or to otherwise participate, in that appeal although I suspect your research on this issue might reveal that Title 34 RCW, the Administrative Procedure Act, and regulations limit evidence on appeal to that evidence which was presented in the administrative hearing below.

I am sorry to have to provide this information to you, particularly because, as above, administrative hearings before this agency are open to all interested parties and the public both in person and over the telephone free of charge and statements and evidence, and intervention, from

Carol Sue Janes, Esq.
Michael Madden, Esq.
October 31, 2013
Page 3

Interested parties are all encouraged. It is just that in this particular situation, pursuant to the applicable rules cited above, your Motion for Leave to Intervene was filed too late and therefore must be denied.

Very truly yours,



Patricia D. Petersen
Chief Presiding Officer

cc (via email):

Jay Fathi, M.D., Pres., Coordinated Care Corp.
Katie Rogers, Vice Pres. of Compliance and Reg. Affairs, Coordinated Care Corp.
Maren Norton, Esq., Stoel Rives LLP
Barbara Nay, Esq., Stoel Rives LLP
Mike Kreidler, Insurance Commissioner
James T. Odiorne, J.D., CPA, Deputy Insurance Commissioner
Molly Nollette, Deputy Commissioner, Rates and Forms Division
AnnaLisa Gellermann, Esq., Deputy Commissioner, Legal Affairs Division
Andrea Philhower, Staff Attorney, Legal Affairs Division

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JAN 17, 2014

Hearings Unit, OIC
Patricia D. Petersen
Chief Hearing Officer

STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

In re

Seattle Children's Hospital's Appeal of
OIC's Approvals of HBE Plan Filings

NO. 13-0293

DECLARATION OF BETH JOHNSON
IN SUPPORT OF INTERVENORS'
MOTION FOR SUMMARY
JUDGMENT

I, Beth Johnson, declare as follows:

1. I am over the age of 18 and make this declaration based on my personal knowledge.

2. I am the Regional Vice President of Network Management and Contracting Strategy for Regence BlueShield. In this role I am responsible for BridgeSpan Health Company, a subsidiary of Regence BlueShield and a health care service contractor with a certificate of registration issued by the Washington Office of Insurance Commissioner (note "OIC").

3. BridgeSpan Health Company has its headquarters and principal place of business in Salt Lake City, Utah. On September 4, 2013, BridgeSpan Health Company was certified by the Washington Health Insurance Exchange Board as a Qualified Health Plan. This followed a months-long approval process conducted by the OIC.

DECLARATION OF BETH JOHNSON IN
SUPPORT OF BRIDGESPAN HEALTH
COMPANY'S MOTION FOR SUMMARY
JUDGMENT - 1

reg001 0029 pa166s77sh

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4. The BridgeSpan Health Company leases the "Real Value" provider network from its parent company, Regence BlueShield. Consequently, the Regence Real Value provider network and the BridgeSpan provider network are identical. The Real Value/BridgeSpan network complies with Regence standards requiring minimum geographic accessibility and provider-to-covered person ratios by specialty.

5. The Regence Real Value network went through the OIC approval process in January of 2012. At that time, Mary Bridge Children's Hospital and Seattle Children's Hospital declined to contract with Regence. Regence consequently did not list either hospital when it initially submitted the RealValue "Form A," a list of network providers that must be submitted to the OIC for health plan approval.

6. On January 27, 2012, at the request of the OIC, I described the procedure by which Real Value members are able to access medically necessary services that can only be provided by out-of-network providers without being "balance-billed." The OIC accepted this procedure as an "alternate mechanism" to establish network adequacy pursuant to WAC 284-43-200(3), but requested the procedure be described in the Real Value consumer benefit contract and that both hospitals be listed on the Form A filing for the Real Value network. Regence complied with this request. Attached hereto as Exhibit A is the e-mail record of this exchange.

7. On February 21, 2013, the OIC "strongly urged" BridgeSpan to utilize current Regence networks when filing forms for approval as an Exchange Qualified Health Plan. As a result, the network providers listed on the BridgeSpan Form A filed on March 28, 2013 were identical to those listed on the Regence Real Value Form A filing. Consequently, BridgeSpan followed the same process requested by the OIC for the Real Value network and listed Seattle Children's Hospital and MultiCare Mary Bridge Children's Hospital on the Form A filing.

DECLARATION OF BETH JOHNSON IN
SUPPORT OF BRIDGESPAN HEALTH
COMPANY'S MOTION FOR SUMMARY
JUDGMENT - 2

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8. As a result of ongoing network development by BridgeSpan and Regence, the University of Washington Medical Center and associated facilities entered the BridgeSpan/RealValue network effective July 1, 2013. The MultiCare Health System facilities, including Mary Bridge Children's Hospital, entered the BridgeSpan/RealValue network effective October 1, 2013.

9. BridgeSpan covers medically necessary services from an out-of-network provider if there is no qualified network provider available. If this occurs, BridgeSpan representatives will attempt to negotiate a single case agreement with the out-of-network provider. A single case agreement is a one-time agreement between a carrier and an out-of-network healthcare provider for covered services that are provided to a member. If the out-of-network provider declines to enter into a single case agreement, BridgeSpan will take steps to ensure the member is not "balance-billed."

10. Pursuant to approval of BridgeSpan Health Company by the OIC, certification by the Washington Health Benefit Exchange and acceptance as a Qualified Health Plan by the federal government, BridgeSpan Health Company began offering individual health plans to Washington consumers on October 1, 2013. As of January 15, 2013, 1,533 Washington residents have enrolled with BridgeSpan, receiving coverage effective January or February of 2014.

11. BridgeSpan offers three separate plans on the Exchange in seven different counties in Washington State.

12. BridgeSpan Health Company has contracted with 10,436 care providers, including 21 hospitals, in order to serve consumers procuring health insurance through the Washington Health Benefit Exchange. Provider contracts are reached through negotiation between health carriers and providers. To date, BridgeSpan Health Company and Seattle Children's Hospital have not reached agreement on a provider contract. For many services,

DECLARATION OF BETH JOHNSON IN
SUPPORT OF BRIDGESPAN HEALTH
COMPANY'S MOTION FOR SUMMARY
JUDGMENT - 3

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Seattle Children's Hospital is demanding rates at least two times the rates paid to other providers for similar services.

13. Through provider contracts with other providers and hospitals offering pediatric specialty care, BridgeSpan's network providers can provide the vast majority of covered pediatric services within reasonable proximity of an enrollee's home.

14. Attached hereto as Exhibit B is a true and correct representation of current BridgeSpan network providers and the types of pediatric specialty services they provide.

15. I have been advised that all the pediatric hospitalists on staff at BridgeSpan network provider EvergreenHealth Medical Center are also on staff at Seattle Children's Hospital.

16. Through provider contracts with other facilities, BridgeSpan has contracted with over twenty percent of Washington providers designated as "essential community providers" by the Centers for Medicare and Medicaid Services in each of its respective service areas.

17. The BridgeSpan health plan includes the benefits and services covered by Washington's selected benchmark plan, as well as the services defined in Section 1302(b) of the Affordable Care Act.

18. Through provider contracts with other providers and hospitals offering pediatric specialty care and the ability of covered persons to access non-contracted providers, we have satisfied all other Qualified Health Plan requirements.

DECLARATION OF BETH JOHNSON IN
SUPPORT OF BRIDGESPAN HEALTH
COMPANY'S MOTION FOR SUMMARY
JUDGMENT - 4

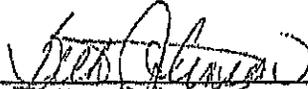
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I DECLARE UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

DATED this 17 day of January, 2014.



Beth Johnson (Print name)
VP, Network Upgrade Contract Study (Title)

DECLARATION OF BETH JOHNSON IN SUPPORT OF BRIDGESPAN HEALTH COMPANY'S MOTION FOR SUMMARY JUDGMENT - 5

reg001 0029 pa166s77sh

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In re

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NO. 13-0293

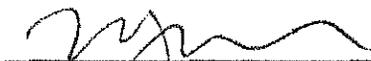
DECLARATION OF ELECTRONIC
SIGNATURE ON DOCUMENT

I, Melissa J. Cunningham, under penalty of perjury under the laws of the State of Washington declare: I have personally examined the foregoing document consisting of five pages; the signature of Beth Johnson on the foregoing document is a complete and legible image; and it was received by me via email at cunningham@carneylaw.com.

DATED this 17th day of January, 2014.

CARNEY BADLEY SPELLMAN, P.S.

By



Melissa J. Cunningham, WSBA No. 46537
Attorneys for BridgeSpan Health Company

DECLARATION OF ELECTRONIC SIGNATURE
ON DOCUMENT -- 1

CARNEY
BADLEY
SPELLMAN

Law Offices
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EXHIBIT A

From: Kreidler, Jennifer (OIC)
Sent: Thursday, December 19, 2013 4:56 PM
To: LaFlash, Janis (OIC); Brown, Charles (OIC); Nollette, Molly (OIC)
Subject: FW: Status Regence RealValue Network

Importance: High

Per your request.

From: Berendt, Beth (OIC)
Sent: Friday, January 27, 2012 2:10 PM
To: Kreidler, Jennifer (OIC); LaFlash, Janis (OIC); Torkomian, Juley (OIC); Broyles, Linda (OIC)
Subject: FW: Status Regence RealValue Network
Importance: High

I spoke to Beth and told her that they needed to have in the benefit contract a referral mechanism that would set forth a process for children to access Childrens or Mary Bridge if those were the only facilities capable of providing the service. In that case Regence would pay their full network rate.

We would expect full disclosure in the benefit books of this requirement – and that the hospitals would be shown on the Form A – for regulatory purposes.

Jennifer – see me on Monday and we can talk about this further.

Juley – we'll need to be sure that there is adequate disclosure of the case management referral process. The routine pediatric admissions would go to the other hospitals and the complex cases on to Childrens or Mary Bridge.

From: Johnson, Beth [<mailto:Beth.Johnson@regence.com>]
Sent: Friday, January 27, 2012 12:00 PM
To: Berendt, Beth (OIC)
Cc: Johnson, Beth
Subject: FW: Status Regence RealValue Network
Importance: High

Hi Beth –

Hope all is well and you are surviving our persistent weather challenges. I left you a voice mail yesterday and I am anxious to follow up with you so that Regence can address the OIC's question about how RealValue members would receive specialty pediatric services if required. As you may recall, we touched on this topic when we met to discuss this new product. We don't want routine pediatric services to go to an expensive children's hospital when not necessary. We certainly are aware that our members may require specialty pediatric services and our plan is to allow these services on a pre-authorized basis (see below).

Can you give me a call so that we can discuss what the OIC needs from Regence as an "alternative mechanism" for members needing access to specialty children's services as we want to quickly explore this option.

I know from our discussions that the OIC is supportive of having cost competitive products in the market for WA consumers so that more individuals can afford to purchase insurance. We want to get this cost competitive product out in the market for the benefit of individuals in the proposed service area so that they

can have access to affordable health care as soon as possible. I appreciate your guidance in this area.

Best regards,

Beth

Beth Johnson
VP, Provider Services
Regence BlueShield
206-332-5987 (office)
206-883-7197 (cell)
beth.johnson@regence.com

Procedural Recommendation –

Referral to an Out-of-Network Provider for WA RealValue/SimpleConnect Members

SITUATION There will be occasions where a prior authorization and/or a determination of medical necessity is needed when an In-network provider must refer a member outside the RV/SC network to a non-par provider because the specialty is not in the RV/SC network. Ensure a process is in place so members, providers and Regence employee know what to do.

Example

A pediatric patient needing surgery in at Seattle Children's or Mary Bridge Children's: The network has in-network pediatricians and pediatric hospital services, but no specialty pediatric hospitals, the pediatrician will need to refer the patient for medically necessary surgery to an out-of-network facility.

PROCESS A provider or member can begin the process to get approval to see a non par provider or facility. RV/SC will follow the same process as our other members. See attachment or follow link. Process is available on our public website.

- Call comes into Intake for CM referral (from provider) or Customer Service (from provider or member) requesting a member obtain service from a non par provider.
 - Customer service will forward request to UM through Intake ISS.
- If the service request is one that requires a prior auth – Customer Service and ISS will forward request to UM.
 - After UM makes a decision regarding the prior auth, the request will go to CM to attempt negotiation with non par provider if provider is further than 50 mile radius from member.
- If UM determines there is no qualified In network provider available within 50 miles from the members home, the service will be covered as an in-network benefit (with no balance billing)
- If the service request does not require prior auth or prior auth is approved by UM, the CM will attempt to negotiate a single case agreement with the non par provider/facility if the provider is outside the 50 mile radius from the member.
- If the provider/facility declines the single case agreement then Regence must hold the member harmless from balance billing. Regence will pay billed charges, to ensure the member is not balanced billed.

- CM will notify Claims of the outcome of the negotiations to ensure correct claims processing.

From: Krettler, Jennifer (OIC) [<mailto:JenniferK@oic.wa.gov>]
Sent: Thursday, January 26, 2012 1:28 PM
To: Nakayama, Rick
Cc: LaFlash, Janis (OIC); Berendt, Beth (OIC); Torkomian, Juley (OIC); Broyles, Linda (OIC); Lee, Lichiou (OIC)
Subject: Status Regence RealValue Network

Good Afternoon Rick,

I have completed review of the Regence RealValue Network files that have been submitted. As we discussed on the telephone today, we found 2 issues with the Provider Network Form A filing. The first issue regarding Harborview appears to be resolved. If the issue with the Form A record persists I may need to discuss this with you again in more detail.

The second issue regards pediatric hospitals. The Form A report does not include either Mary Bridge Hospital or Seattle Children's Hospital. You have confirmed that neither facility is a RealValue Network provider. These two specialty hospitals provide critical services that cannot be obtained from other facilities. Therefore it is a critical provider of services in any network.

At this point, your network is not acceptable. Regence may not file the Regence RealValue product (form and rate) without resolution of this issue. Per our discussion, you indicated Regence may be reviewing an alternative mechanism to provide these services. Per WAC 284-43-200(3) an alternative mechanism must be accepted by the Commissioner.

I request Regence review this situation and provide additional information regarding how it intends to proceed with this network issue.

Please let me know if you have any questions.

Sincerely,

Jennifer

Jennifer Kreidler, ALMI, HIA, MHP
Senior Insurance Policy & Compliance Analyst
Rates and Forms Division
Washington state Office of the Insurance Commissioner
360-725-7127 | JenniferK@oic.wa.gov | www.insurance.wa.gov
• wainsurance.blogspot.com • [Twitter: @WAInsuranceblog](https://twitter.com/WAInsuranceblog) • [Facebook.com/WSOIC](https://facebook.com/WSOIC)
Protecting insurance consumers
(Insurance Consumer Hotline 1.800.562.6900)

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distribution of this message is strictly prohibited. Nothing in this email, including any attachment, is intended to be a legally binding signature.

*

EXHIBIT B

BridgeSpan In-Patient Pediatric Providers	Services Provided by BridgeSpan Pediatric Providers
<p>University of Washington Medical Center including Harborview Medical Center and Valley Medical Center</p>	<p>Ambulatory Surgery Services Anesthesia Services Burn Care Cardiac Surgery, including Open Heart Children's Center (for neurodevelopment) Cleft Lip and Palate Ear, Nose and Throat Emergency Room Services Endocrinology Epilepsy Extra Corporeal Membrane Oxygenation (ECMO) Gastroenterology and Endoscopy General Surgery and General Medical Hospice Care Hospitalists Infant Special Care Unit Level I Pediatric Trauma Neonatal Intensive Care Unit Level III and Level IIIB Neurology Neurosurgery Nutrition Oncology and Hematology Ophthalmology Orthopedics Orthotics and prosthetics Pain Management Pediatric Intensive Care Unit Pediatric Semi-Intensive Care Unit Physical and Occupational Therapy Podiatry Procedural Sedation Pulmonary Renal Dialysis Speech Therapy Sports Medicine Thoracic Surgery Thyroid Program Urologic Surgery</p>
<p>MultiCare Health System, including Mary Bridge Children's Hospital and Tacoma General Hospital</p>	
<p>Evergreen Health Medical Center</p>	
<p>Providence Everett Medical Center</p>	

FILED

JAN 17, 2014

Hearings Unit, OIC
Patricia D. Petersen
Chief Hearing Officer

STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

In re

Seattle Children's Hospital's Appeal of OIC's
Approvals of Health Benefit Exchange Plan
Filings,

NO. 13-0293

DECLARATION OF KRISTIN
MEADOWS

I, Kristin Meadows, declare as follows

1. I am Premera's Director of Individual Strategy, Individual Markets Program at Premera Blue Cross. As such I am responsible for the day to day operation of Premera's Washington Health Benefit Exchange plans.

2. As of January 10, 2014, 48,092 Washington citizens have purchased and are receiving coverage under Washington Health Benefit Exchange plans from Premera and its subsidiary.

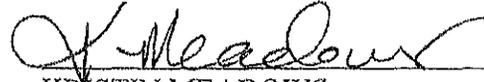
3. Premera and its subsidiary are the only available Washington Health Benefit Exchange plan in seven Washington counties -- Clallam, Jefferson, Skamania, Klickitat, Lincoln, Garfield, and Asotin.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct to the best of my knowledge.

DECLARATION OF KRISTIN MEADOWS - 1
13-0293

LANE POWELL PC
1420 FIFTH AVENUE, SUITE 4200
P.O. BOX 91302
SEATTLE, WA 98111-9402
206.223.7000 FAX: 206.223.7107

Executed this 16 day of January, 2014.


KRISTIN MEADOWS

DECLARATION OF KRISTIN MEADOWS - 2
13-0293

100407.0434/5917736.1

LANE POWELL PC
1420 FIFTH AVENUE, SUITE 4200
P.O. BOX 91302
SEATTLE, WA 98111-9402
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Patricia D. Petersen
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In re

Seattle Children's Hospital's Appeal of OIC's
Approvals of HBE Plan Filings,

NO. 13-0293

DECLARATION OF RICH MATURI

I, Rich Maturi, declare as follows:

1. I am Premera's Senior Vice President for Health Care Delivery Systems; as such I am responsible for negotiating Premera's contracts with health care providers in Washington. I make this declaration of my personal knowledge to the best of my knowledge and belief under the laws of the states of Washington and the United States.

2. Premera's Health Benefit Exchange network includes over 87 hospitals and 28,276 providers, including a substantial statewide network of pediatric providers so Health Benefit Exchange members have full access to most pediatric services. Premera's network includes Virginia Mason Medical Center in Seattle, Evergreen Hospital in Kirkland, and Valley Medical Center in Renton, among other providers who provide extensive, in-depth, specialty pediatric care and comprehensive pediatric services.

DECLARATION OF RICH MATURI - 1
13-0293

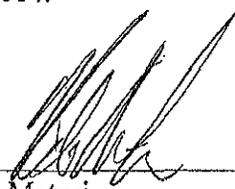
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SEATTLE, WA 98111-9402
206.223.7000 FAX: 206.223.7107

3. Premera recognizes that in limited circumstances Seattle Children's Hospital provides pediatric services that may not be available from other providers. Premera has an existing contract with Seattle Children's Hospital. Pursuant to that existing contract, Premera will treat claims for unique services as in-network claims and Seattle Children's Hospital will receive the rates it negotiated with Premera under the parties' existing contract.

4. As part of the Office of Insurance Commissioner's review of Premera's Health Benefit Exchange plans, Premera submitted multiple documents to the Office of Insurance Commissioner establishing network adequacy by both specialty and primary care provider-covered person ratios and by geographic accessibility.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed this 16th day of January, 2014.



Rich Maturi

DECLARATION OF - 3
13-0293

100407.0434/5917743.1

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