

FILED

2015 OCT -9 P 3: 50

HEARINGS UNIT
OFFICE OF
INSURANCE COMMISSIONER

**STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER**

In the Matter of

**KAISER FOUNDATION HEALTH
PLAN OF THE NORTHWEST,**

Respondent.

Docket No. 15-0205
OIC # 702
NAIC# 95540

DECLARATION OF LINDA
BROYLES IN SUPPORT OF
RESPONSE AND
OPPOSITION TO KFHPNW'S
MOTION TO STAY

I, Linda Broyles, declare as follows:

1. I am over the age of 18 and make this declaration based on my personal knowledge.
2. I am employed by the Washington State Office of Insurance Commissioner as an Insurance Policy & Compliance Analyst, Functional Program Analyst 3 for the Rates and Forms Division. I have held this position for over 10 years time.
3. It is my primary responsibility to review companies' form filings for health care plans to make sure that the companies' forms comply with insurance statutes and regulations. Form filing review and correspondence with the filers is electronic through the NAIC's System for Electronic Rate and Form Filing (SERFF).

DECLARATION OF LINDA BROYLES
IN SUPPORT OF RESPONSE AND
OPPOSITION TO KFHPNW'S MOTION
TO STAY

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State of Washington
Office of Insurance Commissioner
Insurance 5000 Building
PO Box 40255
Olympia, WA 98504-0255

1221629

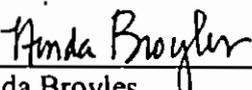
- 1 4. I am experienced and familiar with the Insurance Code and the Office of the
2 Insurance Commissioner's obligations under the statutes and rules pertaining
3 to insurance, especially the statutes and regulations relating to individual,
4 small and large group form filings.
- 5 5. In 2014, Kaiser filed the rates and forms for its health plans new and
6 renewing on or after January 1, 2015 through SERFF. A true and correct
7 copy of the objections and correspondence through SERFF with Kaiser
8 regarding its large group plans are attached hereto as OIC Exhibit 7.
- 9 6. Large group health plans filed by Health Care Service Contractors, like
10 Kaiser, are often referred to as "file and use" plans. These plans do not
11 require prior approval before sale or issuance by Kaiser. Once submitted to
12 the OIC these plans may be used immediately. If upon later review, the OIC
13 determines that a plan is not compliant with the Insurance Code, the OIC will
14 provide the carrier with an objection to the plan and require corrections to be
15 made to the health plan contract documents submitted in the filings to
16 comply with current laws and regulations.
- 17 7. On April 1, 2015, I sent Kaiser objection and notice that its plans improperly
18 defined its service area through SERFF. This objection stated, "The
19 definition of "Service Area" provided indicates the service area consists of
20 certain geographic areas in the Northwest as designated by ZIP code. The
21 definition continues on to advise the service area may change. Under WAC
22 284-43-130(29) a service area must be defined by county or counties and
23 may not be defined by ZIP code unless allowed by the Commissioner for
24 good cause, such as geographic barriers which make coverage throughout an
25 entire county unreasonable. You must redefine your service area by county
26 and remove the language indicating the service area may be changed."
8. On April 7, 2015, Kaiser submitted its initial response that it believed that
WAC 284-43-130(29) only applied to individual and small group plans and
that it did not apply to large group plans.

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9. On June 16, 2015, Kaiser began replacing the 2015 contract documents in all of its 2015 form filings to correct the definition of service area and completed this for all plans by July 1, 2015. Kaiser then reissued Certificates of Coverage to enrollees with the correct definition of service area reflecting that its plans serve people who live or work in Clark or Cowlitz counties. With new contract documents replacing the original contract documents, the plans were then automatically corrected to the appropriate limitations on service area from the beginning of the policy. Any sale previously conducted or being conducted must conform to the terms of the policy, including the limitation of service area to Clark and Cowlitz County.

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

Executed on the 9th day of October, 2015, at Tumwater, Washington.



Linda Broyles
Insurance Policy & Compliance Analyst –
Functional Program Analyst 3
Office of the Insurance Commissioner

LINDA BROYLES DECL.

EXHIBIT 7

SERFF FILING DOCUMENTS RE: KFNW-129866696
STATE TRACKING NO. 280819

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association
 Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Active Suspense	Andrea Philhower	04/21/2015	04/21/2015
Active Suspense	Linda Broyles	04/14/2015	04/14/2015
Active Suspense	Linda Broyles	04/06/2015	04/06/2015

Response Letters

Responded By	Created On	Date Submitted
Maurice Marquez	06/16/2015	06/16/2015
Maurice Marquez	04/18/2015	04/20/2015
Maurice Marquez	04/10/2015	04/13/2015

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional extension to 6-16-2015	Note To Filer	Linda Broyles	06/02/2015	06/02/2015
Re: request for extension dated 5-26-2015	Note To Filer	Linda Broyles	05/26/2015	05/26/2015
Request for extension to respond	Note To Reviewer	Maurice Marquez	05/26/2015	05/26/2015
Re: request for extension dated 5-11-2015	Note To Filer	Linda Broyles	05/13/2015	05/13/2015
Request for an extension on objection letter dated 04/21/15	Note To Reviewer	Maurice Marquez	05/11/2015	05/11/2015
Re: Request for Respond By Date extension	Note To Filer	Linda Broyles	05/04/2015	05/04/2015
Request for Respond by Date extension	Note To Reviewer	Maurice Marquez	05/04/2015	05/04/2015
Re: 4-27-2015 request for extension	Note To Filer	Linda Broyles	04/28/2015	04/28/2015
Request for extension on your objection letter dated 04/21/15	Note To Reviewer	Maurice Marquez	04/27/2015	04/27/2015

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
 Commissioner Association
 Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	04/21/2015
Submitted Date	04/21/2015
Respond By Date	06/16/2015

Dear James Chambers,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: There is no ambiguity in WAC 284-43-130(29) or in Chapter 284-43 WAC, Subchapter B. The definition of service area applies to all plans; there is no exclusion for large group plans. The network access rules were intended to, and by their terms do, apply to all health care plans and stand-alone dental plans offering the pediatric oral EHB. Unless a particular rule states that it specifically applies only to certain plans, all network access rules apply to all plans. This is explicitly stated in WAC 284-43-200(1), which provides that "An Issuer must maintain EACH provider network for EACH health plan" in compliance with the network access requirements. Contrast that with subsection (14), which explicitly applies the rules to stand-alone dental plans intended to provide the pediatric oral EHB. Please also see the Purpose Statement for WSR 14-07-102, which states that the network rules "Both qualified health plans and health plans offered outside of the exchange must have networks that at a minimum ensure access to covered services without unreasonable delay and address the needs of the specific population served." The rules are not limited to the individual and small group market, but apply to all "plans offered outside the exchange", which includes large group plans. See, also, the Concise Explanatory Statement which explains the anti-discrimination rationale behind the requirement that service areas be defined by county unless a specific exception has been approved by the Commissioner.

Please provide corrected language for our review.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Andrea Philhower

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
 Commissioner Association
 Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	04/14/2015
Submitted Date	04/14/2015
Respond By Date	04/21/2015

Dear James Chambers,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: Thank you for your response regarding the service area definition contained in the Washington Administrative Code. Our office respectfully disagrees the WAC does not apply to large group plans. We are therefore requesting once again that you modify your definition of Service Area in compliance with Washington regulation. [WAC 284-43-130 (29)]

Objection 2

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: The OICs 4-6-2015 inquiry regarding immunosuppressive drugs was based on the fact that, in the past, Kaiser has always called out coverage for such drugs within the Transplant Services provision. That provision is silent in regards to such drugs this year so this agency was attempting to verify the drugs are still being covered, either under the Transplant Services provision or perhaps under the Benefits for Inpatient Hospital Services provision. Kaisers response, however, indicates the coverage for immunosuppressive drugs has been transferred from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Your response is concerning to this agency; are you saying that immunosuppressive drugs are only covered on an outpatient basis? You must explain what would occur if a member undergoes a transplant and requires immunosuppressive drugs while still confined as an inpatient?

Objection 3

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: Thank you for including a portion of the language required by WAC 284-51-235 within the EOC. The WAC directs the plan "must" include the following statement, meaning the entire statement exactly as listed in the regulation. You must provide further modified language, including the entire statement as listed in the regulation, within your EOC for our review.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,
 Linda Broyles

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
Commissioner Association
Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	04/06/2015
Submitted Date	04/06/2015
Respond By Date	04/13/2015

Dear James Chambers,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: The definition of "Service Area" provided indicates the service area consists of certain geographic areas in the Northwest as designated by ZIP code. The definition continues on to advise the service area may change. Under WAC 284-43-130 (29) a service area must be defined by county or counties and may not be defined by ZIP code unless allowed by the Commissioner for good cause, such as geographic barriers which make offering coverage throughout an entire county unreasonable. You must redefine your service area by county and remove language indicating the service area may be changed.

Objection 2

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: On October 9, 2014, The Washington Supreme Court issued its ruling in the case of OST v. Regence BlueShield, Washington Supreme Court Docket No. 88940-6. At issue in the case was whether Regences exclusion of neurodevelopmental therapies for children over the age of 6 is permissible, when those therapies are prescribed to treat a diagnosis found in the DSM IV (in this case autism). The Court ruled that, because Washingtons Mental Health Parity statute (RCW 48.44.341) requires coverage of all medically necessary services to treat mental health disorders, and does not have an exception for the neurodevelopmental therapies that treat mental health disorders, a blanket exclusion of services that may be medically necessary is not permitted. In response, please remove any language in your plan that is, or could result in, a blanket exclusion for any therapies that may be medically necessary to treat mental disorders. One such prohibited provision is a limitation on coverage of neurodevelopmental therapies to enrollees age six or younger. The Physical, Massage, Occupational, and Speech Therapy Services provision on page 39 does contain such an exclusion. You must remove the exclusion at this time.

Objection 3

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: Please verify you cover immunosuppressive drugs as part of your "Transplant Services" benefit.

Objection 4

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: Please direct our attention to the "Notice to covered persons" provision as required by WAC 284-51-235.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

SERFF Tracking #: KFNW-129866696

State Tracking #: 280819

Company Tracking #: WWLGTRAD45650115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association
 Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 06/16/2015
 Submitted Date 06/16/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to repond to your concerns.

Response 1

Comments:

We have revised our "Service Area" definition to indicate that the service area consist of Clark and Colitz counties in the State of Washington.

Related Objection 1

Applies To:

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: There is no ambiguity in WAC 284-43-130(29) or in Chapter 284-43 WAC, Subchapter B. The definition of service area applies to all plans; there is no exclusion for large group plans. The network access rules were intended to, and by their terms do, apply to all health care plans and stand-alone dental plans offering the pediatric oral EHB. Unless a particular rule states that it specifically applies only to certain plans, all network access rules apply to all plans. This is explicitly stated in WAC 284-43-200(1), which provides that "An Issuer must maintain EACH provider network for EACH health plan" in compliance with the network access requirements. Contrast that with subsection (14), which explicitly applies the rules to stand-alone dental plans intended to provide the pediatric oral EHB. Please also see the Purpose Statement for WSR 14-07-102, which states that the network rules "Both qualified health plans and health plans offered outside of the exchange must have networks that at a minimum ensure access to covered services without unreasonable delay and address the needs of the specific population served." The rules are not limited to the individual and small group market, but apply to all "plans offered outside the exchange", which includes large group plans. See, also, the Concise Explanatory Statement which explains the anti-discrimination rationale behind the requirement that service areas be defined by county unless a specific exception has been approved by the Commissioner.

Please provide corrected language for our review.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline EOC due to Objection Letter dated 04/21/15
Comments:	The Service Area definition has been revised per objection dated 04/21/15 by Andrea Philhower at the OIC based on WAC 284-43-130-(29).
Attachment(s):	EWLGTRAD45650115_V4_RL.pdf

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association

Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
					Previous Filing Number:	Replaced Form Number:			
1	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD45650115	CER	Revised	KFNW-129379618	EWLGTRAD45650114		EWLGTRAD45650115.pdf	Date Submitted: 06/16/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD45650115	CER	Revised	KFNW-129379618	EWLGTRAD45650114		EWLGTRAD45650115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD45650115	CER	Revised	KFNW-129379618	EWLGTRAD45650114		EWLGTRAD45650115.pdf	Date Submitted: 04/13/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD45650115	CER	Revised	KFNW-129379618	EWLGTRAD45650114		EWLGTRAD45650115.pdf	Date Submitted: 01/12/2015 By: James Chambers

No Rate/Rule Schedule items changed.

Conclusion:

Thank you,

Sincerely,

Maurice Marquez

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association
 Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/18/2015
Submitted Date	04/20/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to respond to your concerns contained in your objection letter dated April 14, 2015. Please find below our responses and any edits that we made to our forms according to your concerns.

Response 1

Comments:

Our organization respectfully disagrees with the assessment that WAC 284-43-130 (29) applies to large group plans. We request that the Commissioner reconsider this assessment, taking the following into account:

We understand the revision to the service area definition in WAC 284-43-130 (29) was made to align state law requirements with federal health care reform network adequacy requirements for qualified health plans (QHPs) in 45 CFR 156.230. These access requirements apply to QHPs and health plans offered outside the exchange for the small group and individual market segments, not large group market segments (please see also the purpose statement for both WSR 14-07-102 and WSR 14-10-017 filed 03-19-14 and 04-25-14). Further, the section provides that the definitions in WAC 284-43-130 apply unless a term is defined in other subchapters or the context requires otherwise. We feel it is clear that the context requires otherwise and that it was not the intent of the OIC to apply this definition to the large group market segment as evidenced by 2014 form and access plan filings.

Furthermore, application of the definition in WAC 284-43-130 (29) to the LBG market segment would be injurious to consumers and disruptive to the marketplace. The OIC has not communicated any intent to apply the more restrictive standard to the LBG market segment, nor is there any underlying requirement or rationale to do so. Applying this standard in the LBG segment will result in a decrease in consumer choice as carriers will be forced to withdraw from counties in which they do not currently offer coverage in all zip codes. This change will likely come as a surprise to many employer groups who will have little to no notice to enable them to examine their reduced options. The reduced choice in the marketplace may leave consumers with reduced access to providers.

Related Objection 1

Applies To:

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: Thank you for your response regarding the service area definition contained in the Washington Administrative Code. Our office respectfully disagrees the WAC does not apply to large group plans. We are therefore requesting once again that you modify your definition of Service Area in compliance with Washington regulation. [WAC 284-43-130 (29)]

Changed Items:

No Supporting Documents changed.

SERFF Tracking #: KFNW-129866696

State Tracking #: 280819

Company Tracking #: WWLGTRAD45650115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association

Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We are not saying that immunosuppressive drugs are only covered on an outpatient basis.

For a member whose group elects to purchase an outpatient prescription drug rider, self-administered immunosuppressive drugs are covered under that rider. If a member requires immunosuppressive drugs, while confined as an inpatient, those drugs are covered under the Benefits for Inpatient Hospital Services section, in the seventeenth bullet point: Prescription drugs, including injections

Related Objection 2

Applies To:

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: The OICs 4-6-2015 inquiry regarding immunosuppressive drugs was based on the fact that, in the past, Kaiser has always called out coverage for such drugs within the Transplant Services provision. That provision is silent in regards to such drugs this year so this agency was attempting to verify the drugs are still being covered, either under the Transplant Services provision or perhaps under the Benefits for Inpatient Hospital Services provision. Kaisers response, however, indicates the coverage for immunosuppressive drugs has been transferred from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Your response is concerning to this agency; are you saying that immunosuppressive drugs are only covered on an outpatient basis? You must explain what would occur if a member undergoes a transplant and requires immunosuppressive drugs while still confined as an inpatient?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

We have made revisions to the Evidence of Coverage (EOCs) in this filing to include the entire statement exactly as listed in the regulation WAC 284-51-235.

Related Objection 3

Applies To:

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association
 Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Comments: Thank you for including a portion of the language required by WAC 284-51-235 within the EOC. The WAC directs the plan "must" include the following statement, meaning the entire statement exactly as listed in the regulation. You must provide further modified language, including the entire statement as listed in the regulation, within your EOC for our review.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline EOC due to Objection letter dated 04/14/15
Comments:	
Attachment(s):	EWLGTRAD45650115 V3 RL.pdf

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD45650115	CER	Revised	Previous Filing Number:	KFNW-129379618		EWLGTRAD45650115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD45650115	CER	Revised	Previous Filing Number:	KFNW-129379618		EWLGTRAD45650115.pdf	Date Submitted: 04/13/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD45650115	CER	Revised	Previous Filing Number:	KFNW-129379618		EWLGTRAD45650115.pdf	Date Submitted: 01/12/2015 By: James Chambers

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of our 2015 large group forms contained in this filing.

Sincerely,

SERFF Tracking #:

KFNW-129866696

State Tracking #:

280819

Company Tracking #:

WWLGTRAD45850115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association

Project Name/Number:

WWLGTRAD45850115/WWLGTRAD45850115

Maurice Marquez

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association
 Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/10/2015
Submitted Date	04/13/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to respond to your objection letter.

Please be aware of changes that we have made to the Alternative Care rider (Form # RWLGALTC100045650115) included in this filing. These changes were made to align with changes made to our Shelf rider RWLGALTC10000115 (KFNW-129667885) on 02/11/2015.

Response 1

Comments:

It is our understanding that WAC 284-43-130 (29) applies to individual and Small group plans offered both inside and outside of the exchange and our individual and Small Group plans comply with this provision. However, the definition contained in WAC 284-43-130 (29) does not apply to Large Group plans since the federal provisions impacting Qualified Health Plans and health plans offered outside the exchange that underlies the state requirement are not applicable to Large Group Plans.

Related Objection 1

Applies To:

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: The definition of "Service Area" provided indicates the service area consists of certain geographic areas in the Northwest as designated by ZIP code. The definition continues on to advise the service area may change. Under WAC 284-43-130 (29) a service area must be defined by county or counties and may not be defined by ZIP code unless allowed by the Commissioner for good cause, such as geographic barriers which make offering coverage throughout an entire county unreasonable. You must redefine your service area by county and remove language indicating the service area may be changed.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have made the same edits to this this EOC (EWLGTRAD45650115) as those edits that we had made on 02/11/15 to our Shelf LG Traditional EOC (EWLGTRAD0115) filed under the SERFF # KFNW-129667885. Please see our redlines illustrating these edits per the cited Supreme court ruling.

SERFF Tracking #: KFNW-129866696

State Tracking #: 280819

Company Tracking #: WWLGTRAD45650115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association

Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Related Objection 2

Applies To:

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD45650115 (Form)

Comments: On October 9, 2014, The Washington Supreme Court issued its ruling in the case of OST v. Regence BlueShield, Washington Supreme Court Docket No. 88940-6. At issue in the case was whether Regences exclusion of neurodevelopmental therapies for children over the age of 6 is permissible, when those therapies are prescribed to treat a diagnosis found in the DSM IV (in this case autism). The Court ruled that, because Washingtons Mental Health Parity statute (RCW 48.44.341) requires coverage of all medically necessary services to treat mental health disorders, and does not have an exception for the neurodevelopmental therapies that treat mental health disorders, a blanket exclusion of services that may be medically necessary is not permitted. In response, please remove any language in your plan that is, or could result in, a blanket exclusion for any therapies that may be medically necessary to treat mental disorders. One such prohibited provision is a limitation on coverage of neurodevelopmental therapies to enrollees age six or younger. The Physical, Massage, Occupational, and Speech Therapy Services provision on page 39 does contain such an exclusion. You must remove the exclusion at this time.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item:	Redline EOC and Alternative rider due to 04/06/15 objection letter
Comments:	Redline EOC and Alternative rider due to 04/06/15 objection letter. The edits to the EOC form # EWLGTRAD45650115 are due to the October 9, 2014 Washington Supreme Court ruling in the case of OST vs. Regence BlueShield, Washington Supreme Court Docket No. 88940-6. The edits to the Alternative Care rider are to align with our Shelf plans' riders.
Attachment(s):	EWLGTRAD45650115 V2 RL.pdf RWLGALTC100045650115 V2 RL.pdf

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association

Project Name/Number: WWLGTRAD45850115/WWLGTRAD45650115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD45650115	CER	Revised	Previous Filing Number: KFNW-129379618	Replaced Form Number: EWLGTRAD45650114		EWLGTRAD45650115.pdf	Date Submitted: 04/13/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD45650115	CER	Revised	Previous Filing Number: KFNW-129379618	Replaced Form Number: EWLGTRAD45650114		EWLGTRAD45650115.pdf	Date Submitted: 01/12/2015 By: James Chambers
2	Alternative Care Services Rider	RWLGALTC100045650115	CERA	Revised	Previous Filing Number: KFNW-129379618	Replaced Form Number: RWLGALTC100045650114		RWLGALTC100045650115.pdf	Date Submitted: 04/13/2015 By: Maurice Marquez
<i>Previous Version</i>									
2	Alternative Care Services Rider	RWLGALTC100045650115	CERA	Revised	Previous Filing Number: KFNW-129379618	Replaced Form Number: RWLGALTC100045650114		RWLGALTC100045650115.pdf	Date Submitted: 01/12/2015 By: James Chambers

No Rate/Rule Schedule items changed.

Response 3

Comments:

Immunosuppressive drugs are covered at the applicable cost share outlined in the Outpatient Prescription Drug Rider Benefit Summary section. For 2015, we transferred this coverage from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Because these drugs are covered as any other drug in the formulary, we did not include specific varbiage within the rider for this type of drug.

Related Objection 3

Applies To:

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGRAD45650115 (Form)

SERFF Tracking #: KFNW-129866696

State Tracking #: 280819

Company Tracking #: WWLGTRAD45650115

State: Washington

Filing Company: Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association

Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Comments: Please verify you cover immunosuppressive drugs as part of your "Transplant Services" benefit.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The Notice to Covered Persons provision is found in the second paragraph under the Coordination of Benefits section of our Evidence of Coverage (EOC) form No. EWLGTAD45650115.

Related Objection 4

Applies To:

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTAD45650115 (Form)

Comments: Please direct our attention to the "Notice to covered persons" provision as required by WAC 284-51-235.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline EOC and Alternative rider due to 04/06/15 objection letter
Comments:	Redline EOC and Alternative rider due to 04/06/15 objection letter. The edits to the EOC form # EWLGTAD45650115 are due to the October 9, 2014 Washington Supreme Court ruling in the case of OST vs. Regence BlueShield, Washington Supreme Court Docket No. 88940-6. The edits to the Alternative Care rider are to align with our Shelf plans' riders.
Attachment(s):	EWLGTAD45650115 V2 RL.pdf RWLGALTC100045650115 V2 RL.pdf

SERFF Tracking #: KFNW-129866696

State Tracking #: 280819

Company Tracking #:

WWLGTRAD45650115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire Commissioner Association

Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
					Previous Filing Number:	Replaced Form Number:			
1	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD45650115	CER	Revised	Previous Filing Number: KFNW-129379618	Replaced Form Number: EWLGTRAD45650114		EWLGTRAD45650115.pdf	Date Submitted: 04/13/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD45650115	CER	Revised	Previous Filing Number: KFNW-129379618	Replaced Form Number: EWLGTRAD45650114		EWLGTRAD45650115.pdf	Date Submitted: 01/12/2015 By: James Chambers
2	Alternative Care Services Rider	RWLGALTC100045650115	CERA	Revised	Previous Filing Number: KFNW-129379618	Replaced Form Number: RWLGALTC100045650114		RWLGALTC100045650115.pdf	Date Submitted: 04/13/2015 By: Maurice Marquez
<i>Previous Version</i>									
2	Alternative Care Services Rider	RWLGALTC100045650115	CERA	Revised	Previous Filing Number: KFNW-129379618	Replaced Form Number: RWLGALTC100045650114		RWLGALTC100045650115.pdf	Date Submitted: 01/12/2015 By: James Chambers

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of these forms.

Sincerely,

Maurice Marquez

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
Commissioner Association
Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Note To Filer

Created By:

Linda Broyles on 06/02/2015 03:52 PM

Last Edited By:

Linda Broyles

Submitted On:

06/02/2015 03:53 PM

Subject:

Additional extension to 6-16-2015

Comments:

Hi Maurice,

I just talked with Megan Ochs and have placed an additional extension of time for Kaiser to respond to this objection on the objection letter. The new respond by date is 6-16-2015. Hopefully there will be a plan in place for the resolution of the service area definition issue. If not, don't hesitate to ask for another extension.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
Commissioner Association
Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Note To Filer

Created By:

Linda Broyles on 05/26/2015 01:02 PM

Last Edited By:

Linda Broyles

Submitted On:

05/26/2015 01:02 PM

Subject:

Re: request for extension dated 5-26-2015

Comments:

Hi Maurice,

Your request for further extension is granted. The new "Respond By" date will be June 2, 2015. Hopefully this last remaining issue will be resolved soon.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
Commissioner Association
Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Note To Reviewer

Created By:

Maurice Marquez on 05/26/2015 12:48 PM

Last Edited By:

Maurice Marquez

Submitted On:

05/26/2015 12:48 PM

Subject:

Request for extension to respond

Comments:

Ms. Broyles,

As you know, our Kaiser Permanente Regulatory Department (Megal Ochs) is still talking to the folks in your office to resolve this Service Area objection.

Since we are due to respond on this objection today, and we do not have a solid direction quite yet, I'm requesting an extension to this due date to be reset to June 2, 2015.

Please let us know if this is possible.

Thank you,

Maurice A. Marquez

503-813-4390.

P.S. I'm in a training today until this afternoon. If you need to call me, please leave a voice mail and I will respond this afternoon.

Thanks.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
Commissioner Association
Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Note To Filer

Created By:

Linda Broyles on 05/13/2015 10:53 AM

Last Edited By:

Linda Broyles

Submitted On:

05/13/2015 10:53 AM

Subject:

Re: request for extension dated 5-11-2015

Comments:

Hi Maurice,

I am granting an additional extension for 2 weeks' time through 5-26-2015 (5-25-2015 is a state holiday). I am aware that discussions regarding the zip code-based service area are occurring between Kaiser and the OIC's Network Access Unit. Until a resolution occurs this submission will have to remain in suspense and there will potentially be additional extensions requested and approved.

Alternatively, Kaiser could choose to respond, continuing to express belief that such service areas are allowable, and I could place the submission in a "Referred" status. That simply means I would refer the submission to the Network Access Unit; no final disposition would be issued until a resolution has occurred.

Please feel free to contact me if you have questions or concerns.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
Commissioner Association
Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Note To Reviewer

Created By:

Maurice Marquez on 05/11/2015 06:54 PM

Last Edited By:

Maurice Marquez

Submitted On:

05/11/2015 06:54 PM

Subject:

Request for an extension on objection letter dated 04/21/15

Comments:

Ms. Broyles,

As we had agreed, we would respond today to the objection letter dated 04/21/2015. Unfortunately, we will not be able to respond today due to active conversations between Megan Ochs in our Regulatory Department, and Jennifer Kreidler from your department in regards to this Service Area objection.

We would like request, once again, an extension on this 05/11/15 response by date to 05/18/2015. If the resolution is obtained through the conversations taking place, we will respond as soon as possible.

Thank you for your patience and understanding on this matter.

Sincerely,

Maurice A. Marquez
503-813-4390.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
Commissioner Association
Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Note To Filer

Created By:

Linda Broyles on 05/04/2015 04:54 PM

Last Edited By:

Linda Broyles

Submitted On:

05/04/2015 04:54 PM

Subject:

Re: Request for Respond By Date extension

Comments:

Hi Maurice,

The Respond By date has been extended to 5-11-2015.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
Commissioner Association
Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Note To Reviewer

Created By:

Maurice Marquez on 05/04/2015 04:16 PM

Last Edited By:

Maurice Marquez

Submitted On:

05/04/2015 04:16 PM

Subject:

Request for Respond by Date extension

Comments:

Ms. Broyles,

The respond by date on this filing is today. Unfortunately, we do not have a response yet due to conversations taking place between our regulatory department and folks from your department. The hope is that they will have a resolution to the Service Area questions raised by your department by the end of the week. Therefore, we are respectfully requesting an extension for this response to May 11, 2015. Please let us know if this is possible so we can plan accordingly.

Thank you in advance for your assistance on this filing.

Should you have any questions, I can be reached at 503-813-4390 or via email at: Maurice.a.marquez@kp.org

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
Commissioner Association
Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Note To Filer

Created By:

Linda Broyles on 04/28/2015 04:52 PM

Last Edited By:

Linda Broyles

Submitted On:

04/28/2015 04:52 PM

Subject:

Re: 4-27-2015 request for extension

Comments:

Your request for extension is approved. The new Respond By date is now 5-4-2015.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA-Washington Fire
Commissioner Association
Project Name/Number: WWLGTRAD45650115/WWLGTRAD45650115

Note To Reviewer

Created By:

Maurice Marquez on 04/27/2015 10:30 AM

Last Edited By:

Maurice Marquez

Submitted On:

04/27/2015 11:00 AM

Subject:

Request for extension on your objection letter dated 04/21/15

Comments:

Ms. Philhower,

Given the high activity in this filing due to the Service Area objections, including the latest in your objection letter dated 04/21/15, we wanted to let you know that we are arduously working on a response. However, as you would imagine, this is taking the different teams (Legal, Regulatory, Contracts...) within our organization some time to put together a respond to address your concerns.

Therefore, we are asking for your consideration to our request for an extension to Monday May 4, 2015 to respond. Please let us know, so we can plan and respond accordingly.

Thank you.

LINDA BROYLES DECL.

EXHIBIT 7

SERFF FILING DOCUMENTS RE: KFNW-129667846
STATE TRACKING NO. 275064

SERFF Tracking #:

KFNW-129667848

State Tracking #:

275064

Company Tracking #:

EWLGPOS0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number: EWLGPOS0115/EWLGPOS0115

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Andrea Philhower	09/24/2015	09/24/2015

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Active Suspense	Linda Broyles	06/24/2015	06/24/2015
Active Suspense	Linda Broyles	04/10/2015	04/13/2015
Active Suspense	Linda Broyles	04/01/2015	04/01/2015

Response Letters

Responded By	Created On	Date Submitted
Maurice Marquez	06/30/2015	07/01/2015
Maurice Marquez	04/17/2015	04/20/2015
Maurice Marquez	04/08/2015	04/08/2015

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Deductible Added Choice Plan Benefit Summary	Tessa Twilleager	07/14/2015	07/15/2015
Supporting Document	Redline: Form Number BWLGPOSEDDDF150115 per Amendment 7-15-2015	Tessa Twilleager	07/14/2015	07/15/2015
Form	Deductible Added Choice Plan Benefit Summary	Tessa Twilleager	03/04/2015	03/04/2015
Supporting Document	Redline: Form Number BWLGPOSEDDDD150115 per Amendment 3-4-2015	Tessa Twilleager	03/04/2015	03/04/2015
Form	Large Group Added Choice Plan Evidence of Coverage	Tessa Twilleager	02/11/2015	02/11/2015
Form	Added Choice Plan Benefit Summary	Tessa Twilleager	02/11/2015	02/11/2015
Form	Added Choice Plan Benefit Summary	Tessa Twilleager	02/11/2015	02/11/2015
Form	Added Choice Plan Benefit Summary	Tessa Twilleager	02/11/2015	02/11/2015
Form	Added Choice Plan Benefit Summary	Tessa Twilleager	02/11/2015	02/11/2015
Form	Added Choice Plan Benefit Summary	Tessa Twilleager	02/11/2015	02/11/2015
Form	Large Group Deductible Added Choice Plan Evidence of Coverage	Tessa Twilleager	02/11/2015	02/11/2015
Form	Deductible Added Choice Plan Benefit Summary	Tessa Twilleager	02/11/2015	02/11/2015
Form	Deductible Added Choice Plan Benefit Summary	Tessa Twilleager	02/11/2015	02/11/2015
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGPOS0115/EWLGPOS0115

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015
Supporting Document	Redline: Evidence of Coverage Forms, Added Choice Plan Benefit Summary Forms, and Alternative Care Services Rider Forms per Amendment 2-11-2015	Tessa Twilleager	02/11/2015	02/11/2015
Form	Added Choice Plan Benefit Summary	Kindra Tappan	11/10/2014	11/10/2014
Supporting Document	Redline of BWLGPOS75150115	Kindra Tappan	11/10/2014	11/10/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/28/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/28/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/28/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/28/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/28/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/28/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/28/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Shantelle Marcell	10/27/2014	10/27/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Shantelle Marcell	10/27/2014	10/27/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Shantelle Marcell	10/27/2014	10/27/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Shantelle Marcell	10/27/2014	10/27/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Shantelle Marcell	10/27/2014	10/27/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Shantelle Marcell	10/27/2014	10/27/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Shantelle Marcell	10/27/2014	10/27/2014
Supporting Document	Redline: Comparing originally filed Pediatric Vision Rider with the updated form-per notes to filer	Shantelle Marcell	10/27/2014	10/27/2014

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re: Request for Amendment 7-14-2015	Note To Filer	Linda Broyles	07/14/2015	07/14/2015
Request for Amendment 7-14-2015	Note To Reviewer	Tessa Twilleager	07/14/2015	07/14/2015
Re: Request for Amendment 3-3-2015	Note To Filer	Linda Broyles	03/04/2015	03/04/2015
Request for an Amendment 3-3-2015	Note To Reviewer	Tessa Twilleager	03/03/2015	03/03/2015
Re: Request to Amend 2-10-2015	Note To Filer	Linda Broyles	02/10/2015	02/10/2015
Request for an Amendment 2-10-2015	Note To Reviewer	Tessa Twilleager	01/13/2015	02/10/2015
Re: Request to amend a benefit summary	Note To Filer	Linda Broyles	11/07/2014	11/07/2014

SERFF Tracking #: KFNW-129687846 State Tracking #: 275064

Company Tracking #: EWLGPOS0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TO: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to amend a benefit summary	Note To Reviewer	Kindra Tappan	11/07/2014	11/07/2014
Re: Request to amend Pediatric Vision Hardware Rider	Note To Filer	Linda Broyles	10/22/2014	10/22/2014
Request to amend the Pediatric Vision Rider	Note To Reviewer	Kindra Tappan	10/21/2014	10/21/2014
Referred to Network Access Unit	Reviewer Note	Linda Broytes	04/30/2015	

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGPOS0115/EWL.GPOS0115

Disposition

Disposition Date: 09/24/2015
 Implementation Date: 01/01/2015
 Status: Filed

HHS Status: HHS Approved

State Review:

Comment: These forms, as amended and filed, allow this plan to be issued only to groups whose members reside or work in Clark and Cowlitz counties, Washington. Please be aware that this final disposition does not authorize or change the status of any groups to whom the plan may have been sold prior to final disposition and whose membership does not meet this requirement. This final disposition has no effect on the groups that are the subject of OIC Order No. 15-0205.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Disability Associations		Yes
Supporting Document	Filing Instructions		Yes
Supporting Document	Group Form Filing Requirements - L&D, HCSC		Yes
Supporting Document	PPACA Exemption Request		Yes
Supporting Document	Redline: Added Choice (POS) Plans Evidence of Coverages (EOCs)		Yes
Supporting Document	Redlines: Benefit Summary		Yes
Supporting Document	Redline: Alternative Care Rider		Yes
Supporting Document	Redline: Hearing Aid Rider		Yes
Supporting Document	Redline: Outpatient Prescription Drug Rider		Yes
Supporting Document	Redline: Adult Vision Hardware and Optical Services Rider		Yes
Supporting Document	Redline: Disclosure of Grandfathered Coverage		Yes
Supporting Document	Redline: Coordination of Benefits Consumer Explanatory Booklet		Yes
Supporting Document	Redline: Frequently asked questions about prior authorization and step therapy for Added Choice members		Yes
Supporting Document	Redline: New and Renewing Group Application for groups with 51 or more employees		Yes
Supporting Document	Redline: Washington Group Employee		Yes

State: Washington
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGPOS0115/EWLGPOS0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

Schedule	Schedule Item	Schedule Item Status	Public Access
	Enrollment/Change Form		
Supporting Document	Redline: Addendum to Employee Enrollment/Change		Yes
Supporting Document	Redline: Group Agreement		Yes
Supporting Document	Redline: Frequently asked questions about your pharmacy benefits		Yes
Supporting Document	Redline: Travel Services Rider		Yes
Supporting Document	Redline: Comparing originally filed Pediatric Vision Rider with the updated form-per notes to filer		Yes
Supporting Document	Redline of BWLGPOS75150115		Yes
Supporting Document	Redline: Evidence of Coverage Forms, Added Choice Plan Benefit Summary Forms, and Alternative Care Services Rider Forms per Amendment 2-11-2015		Yes
Supporting Document	Redline: Form Number BWLGPOSEDEDD150115 per Amendment 3-4-2015		Yes
Supporting Document	Redlined EOCs due to objection dated 04/01/15		Yes
Supporting Document	Redlined EOC due to Objection Letter dated 04/10/15		Yes
Supporting Document	Redlines due to Service Area objection letter dated 06/24/15		Yes
Supporting Document	List of Groups that will receive the updated 2015 EOC		Yes
Supporting Document	Redline: Form Number BWLGPOSEDEDDF150115 per Amendment 7-15-2015		Yes
Form (revised)	Large Group Added Choice Plan Evidence of Coverage	Filed	Yes
Form	Large Group Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form (revised)	Added Choice Plan Benefit Summary	Filed	Yes
Form	Added Choice Plan Benefit Summary	Withdrawn	Yes
Form	Added Choice Plan Benefit Summary	Filed	Yes
Form (revised)	Added Choice Plan Benefit Summary	Filed	Yes
Form	Added Choice Plan Benefit Summary	Withdrawn	Yes
Form (revised)	Added Choice Plan Benefit Summary	Filed	Yes
Form	Added Choice Plan Benefit Summary	Withdrawn	Yes
Form	Added Choice Plan Benefit Summary	Filed	Yes

SERFF Tracking #:

KFNW-129667846

State Tracking #:

275064

Company Tracking #:

EWLGPOS0115

State:
TOI/Sub-TOI:
Product Name:
Project Name/Number:

Washington
H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Std Master Cont Large Group Added Choice (POS) Plans
EWLGPOS0115/EWLGPOS0115

Filing Company:

Kaiser Foundation Health Plan of the Northwest

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Added Choice Plan Benefit Summary	Filed	Yes
Form (revised)	Added Choice Plan Benefit Summary	Filed	Yes
Form	Added Choice Plan Benefit Summary	Withdrawn	Yes
Form (revised)	Added Choice Plan Benefit Summary	Filed	Yes
Form	Added Choice Plan Benefit Summary	Withdrawn	Yes
Form	Added Choice Plan Benefit Summary	Filed	Yes
Form	Added Choice Plan Benefit Summary	Filed	Yes
Form	Added Choice Plan Benefit Summary	Filed	Yes
Form (revised)	Added Choice Plan Benefit Summary	Filed	Yes
Form	Added Choice Plan Benefit Summary	Withdrawn	Yes
Form	Added Choice Plan Benefit Summary	Filed	Yes
Form (revised)	Large Group Deductible Added Choice Plan Evidence of Coverage	Filed	Yes
Form	Large Group Deductible Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group Deductible Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group Deductible Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group Deductible Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form	Deductible Added Choice Plan Benefit Summary	Filed	Yes
Form	Deductible Added Choice Plan Benefit Summary	Filed	Yes
Form	Deductible Added Choice Plan Benefit Summary	Filed	Yes
Form (revised)	Deductible Added Choice Plan Benefit Summary	Filed	Yes
Form	Deductible Added Choice Plan Benefit Summary	Withdrawn	Yes
Form	Deductible Added Choice Plan Benefit Summary	Filed	Yes
Form (revised)	Deductible Added Choice Plan Benefit Summary	Filed	Yes
Form	Deductible Added Choice Plan Benefit Summary	Withdrawn	Yes
Form	Deductible Added Choice Plan Benefit Summary	Filed	Yes
Form	Deductible Added Choice Plan Benefit Summary	Filed	Yes
Form (revised)	Deductible Added Choice Plan Benefit Summary	Filed	Yes
Form	Deductible Added Choice Plan Benefit Summary	Withdrawn	Yes

SERFF Tracking #:

KFNW-129667846

State Tracking #:

275064

Company Tracking #:

EWLGPOS0115

State:
TOI/Sub-TOI:
Product Name:
Project Name/Number:

Washington
H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Std Master Cont Large Group Added Choice (POS) Plans
EWLGPOS0115/EWLGPOS0115

Filing Company:

Kaiser Foundation Health Plan of the Northwest

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Disclosure of Grandfathered Coverage	Filed	Yes
Form	Coordination of Benefits Consumer Explanatory Booklet	Filed	Yes
Form	Frequently asked questions about prior authorization and step therapy for Added Choice members	Filed	Yes
Form (revised)	New and Renewing Application for groups with 51 or more employees	Filed	Yes
Form	New and Renewing Application for groups with 51 or more employees	Withdrawn	Yes
Form	Washington Group Employee Enrollment/Change Form	Filed	Yes
Form	Addendum to Employee Enrollment/Change	Filed	Yes
Form	Large Group Plan Group Agreement	Filed	Yes
Form	Deductible Added Choice Plan Benefit Summary	Filed	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes

SERFF Tracking #:

KFNW-129667846

State Tracking #:

275064

Company Tracking #:

EWLGPOS0115

State:

Washington

Filing Company:

Keiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number:

EWLGPOS0115/EWLGPOS0115

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form	Frequently asked questions about your pharmacy benefits	Filed	Yes

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	06/24/2015
Submitted Date	06/24/2015
Respond By Date	07/08/2015

Dear Kindra Tappan,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group Added Choice Plan Evidence of Coverage, EWLGPOS0115 (Form)

Comments: Please modify the definition of service area in compliance with WAC 284-43-130 (29).

Additionally, please provide a list under the supporting documentation tab, identifying all groups who will be receiving this reissued certificate with corrected service area definition for 2015. The list should include the group names for groups who purchased this product off the shelf, as well as the group names and evidence of coverage form numbers for all groups who negotiated a rate or form change off of this product in a manner that allowed them to previously be filed in a short form format. Kaiser should send a Note to Reviewer to request reopening of any fully negotiated filings in order to accomplish the certificate reissue.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGP0115/EWLGP0115

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	04/13/2015
Submitted Date	04/13/2015
Respond By Date	04/20/2015

Dear Kindra Tappan,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group Added Choice Plan Evidence of Coverage, EWLGP0115 (Form)
- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGP0115 (Form)

Comments: Thank you for your response regarding the service area definition contained in the Washington Administrative Code. Our office respectfully disagrees the WAC does not apply to large group plans. We are therefore requesting once again that you modify your definition of Service Area in compliance with Washington regulation. [WAC 284-43-130 (29)]

Objection 2

- Large Group Added Choice Plan Evidence of Coverage, EWLGP0115 (Form)
- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGP0115 (Form)

Comments: The OICs 4-1-2015 inquiry regarding immunosuppressive drugs was based on the fact that, in the past, Kaiser has always called out coverage for such drugs within the Transplant Services provision. That provision is silent in regards to such drugs this year so this agency was attempting to verify the drugs are still being covered, either under the Transplant Services provision or perhaps under the Benefits for Inpatient Hospital Services provision. Kaisers response, however, indicates the coverage for immunosuppressive drugs has been transferred from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Your response is concerning to this agency; are you saying that immunosuppressive drugs are only covered on an outpatient basis? You must explain what would occur if a member, whose group did not elect to purchase an Outpatient Prescription Drug Rider, undergoes a transplant, and requires immunosuppressive drugs while still confined as an inpatient?

Objection 3

- Large Group Added Choice Plan Evidence of Coverage, EWLGP0115 (Form)
- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGP0115 (Form)

Comments: Thank you for including a portion of the language required by WAC 284-51-235 within the EOC. The WAC directs the plan "must" include the following statement, meaning the entire statement exactly as listed in the regulation. You must provide further modified language, including the entire statement as listed in the regulation, within your EOC for our review.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGPOS0115/EWLGPOS0115

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	04/01/2015
Submitted Date	04/01/2015
Respond By Date	04/08/2015

Dear Kindra Tappan,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group Plan Group Agreement, WWLG0115 (Form)

Comments: Under the "Members to whom this "Medicare as Primary Payer" section applies" provision on page 2 you have bracketed the paragraph regarding premium amounts. You have not provided an explanation of variability associated with this bracketing. Will the language be strictly in or out, and if so under what circumstances, or will there be variations on the language within this paragraph, and if so what will the variable language look like?

Objection 2

- Large Group Added Choice Plan Evidence of Coverage, EWLGPOS0115 (Form)

- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGPOSEDED0115 (Form)

Comments: The definition of "Service Area" provided indicates the service area consists of certain geographic areas in the Northwest as designated by ZIP code. The definition continues on to advise the service area may change. Under WAC 284-43-130 (29) a service area must be defined by county or counties and may not be defined by ZIP code unless allowed by the Commissioner for good cause, such as geographic barriers which make offering coverage throughout an entire county unreasonable. You must redefine your service area by county and remove language indicating the service area may be changed.

Objection 3

- Large Group Added Choice Plan Evidence of Coverage, EWLGPOS0115 (Form)

- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGPOSEDED0115 (Form)

Comments: Please verify you cover immunosuppressive drugs as part of your "Transplant Services" benefit.

Objection 4

- Large Group Added Choice Plan Evidence of Coverage, EWLGPOS0115 (Form)

- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGPOSEDED0115 (Form)

Comments: Please direct our attention to the "Notice to covered persons" provision as required by WAC 284-51-235.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/30/2015
Submitted Date	07/01/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to replace our 2015 POS and POS DED EOCs in order to change the Service Area definition as stipulated in the WAC 284-43-130(29).

In addition, per our voice mail communication on June 23, 2015, we are replacing our Application (FWOLGAPP0115) for groups with 51 or more employees. This application now contains the fraud statement for Washington employees and a fraud statement for Oregon employees as we use this application in both states.

To ensure compliance with section 2708 of the Public Health Service Act (PHSA) and 45 CFR 116(b), in this revised version, we have removed the new-hire eligibility date information in Section III, and added a paragraph titled "Representation Regarding Waiting Periods" where a signee acknowledges that the group does not impose a waiting period exceeding 90 days on employees who meet the group's eligibility requirements. Two new pieces of information to page 2 for administrative purposes were also added to include the question "Do your eligibility rules allow for mid-month effective dates?" and the option for "Premium Prorate."

Response 1

Comments:

We have revised our Service Area definition to reflect Clark and Cowlitz counties.

Please find in the supporting documentation tab a list of all the groups to whom we will be sending a revised Evidence of Coverage (EOC) with an updated Service Area definition that reflects Clark and Cowlitz counties. This list contains the Group Name (who purchased the shelf plans) and form numbers. Moreover, this list identifies those groups for whom we have submitted Short Form filings due to negotiated deviations from the Shelf plans.

Related Objection 1

Applies To:

- Large Group Added Choice Plan Evidence of Coverage, EWLGPOS0115 (Form)

Comments: Please modify the definition of service area in compliance with WAC 284-43-130 (29).

Additionally, please provide a list under the supporting documentation tab, identifying all groups who will be receiving this reissued certificate with corrected service area definition for 2015. The list should include the group names for groups who purchased this product off the shelf, as well as the group names and evidence of coverage form numbers for all groups who negotiated a rate or form change off of this product in a manner that allowed them to previously be filed in a short form format. Kaiser should send a Note to Reviewer to request reopening of any fully negotiated filings in order to accomplish the certificate reissue.

Changed Items:

SERFF Tracking #: KFNW-129667846

State Tracking #: 275064

Company Tracking #: EWLGPOS0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number:

EWLGPOS0115/EWLGPOS0115

Supporting Document Schedule Item Changes

Satisfied - Item:	Redlines due to Service Area objection letter dated 06/24/15
Comments:	The EOC contains the redline changes to the Service Area definition. The application shows the redline revisions to comply with 45 CFR 116(b) in addition to the fraud statement for Washington and Oregon.
Attachment(s):	EWLGPOS0115 V5 RL.pdf EWLGPOSEDED0115 V5 RL.pdf FWOLGAPP0115R RL.pdf FWOLGAPP0115R V2 RL.pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	Redlines due to Service Area objection letter dated 06/24/15
Comments:	The EOC contains the redline changes to the Service Area definition. The application shows the redline revisions to comply with 45 CFR 116(b) in addition to the fraud statement for Washington and Oregon.
Attachment(s):	EWLGPOS0115 V5 RL.pdf EWLGPOSEDED0115 V5 RL.pdf FWOLGAPP0115R RL.pdf FWOLGAPP0115R V2 RL.pdf

Satisfied - Item:	List of Groups that will receive the updated 2015 EOC
Comments:	
Attachment(s):	2015 WA Large Group List to receive updated EOC.pdf

SERFF Tracking #:

KFNW-129667846

State Tracking #:

275064

Company Tracking #:

EWLGPOS0115

State: Washington
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGP0115/EWLGP0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGP OS0114		EWLGPOS0115.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGP OS0114		EWLGPOS0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGP OS0114		EWLGPOS0115.pdf	Date Submitted: 04/08/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGP OS0114		EWLGPOS0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGP OS0114		EWLGPOS0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
2	Large Group Deductible Added Choice Plan Evidence of Coverage	EWLGPOSED0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGP OSDED0114		EWLGPOSED0115.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez

State: Washington
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGP0115/EWLGP0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Large Group Added Choice Plan Evidence of Coverage	EWLGP0115	CER	Revised	Previous Filing Number: 266713	Replaced Form Number: EWLGP OS0114		EWLGP0115.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
<i>Previous Version</i>									
2	Large Group Deductible Added Choice Plan Evidence of Coverage	EWLGP0115	CER	Revised	Previous Filing Number: 266713	Replaced Form Number: EWLGP OSDED0 114		EWLGP0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>									
2	Large Group Deductible Added Choice Plan Evidence of Coverage	EWLGP0115	CER	Revised	Previous Filing Number: 266713	Replaced Form Number: EWLGP OSDED0 114		EWLGP0115.pdf	Date Submitted: 04/08/2015 By: Maurice Marquez
<i>Previous Version</i>									
2	Large Group Deductible Added Choice Plan Evidence of Coverage	EWLGP0115	CER	Revised	Previous Filing Number: 266713	Replaced Form Number: EWLGP OSDED0 114		EWLGP0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>									
2	Large Group Deductible Added Choice Plan Evidence of Coverage	EWLGP0115	CER	Revised	Previous Filing Number: 266713	Replaced Form Number: EWLGP OSDED0 114		EWLGP0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
3	New and Renewing Application for groups with 51 or more employees	FWOLGAPP0115 R	AEF	Revised	Previous Filing Number: 257273	Replaced Form Number: FWOLGA PP0114		FWOLGAPP0115 R.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez

SERFF Tracking #:

KFNW-129687846

State Tracking #:

275064

Company Tracking #:

EWLGPOS0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number:

EWLGPOS0115/EWLGPOS0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number:	268713		EWLGPOS0115.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
<i>Previous Version</i>									
3	New and Renewing Application for groups with 51 or more employees	FWOLGAPP0115	AEF	Revised	Previous Filing Number:	257273		FWOLGAPP0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
					Replaced Form Number:	EWLGP OS0114			
					Replaced Form Number:	FWOLGA PP0114			

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for allowing us to permitting the revisions to our EOCs. We hope that you find everything in order so we can obtain your final approval.

Sincerely,

Maurice Marquez

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGPOS0115/EWLGPOS0115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/17/2015
Submitted Date	04/20/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to respond to your concerns contained in your objection letter dated April 10, 2015. Please find below our responses and any edits that we made to our forms according to your concerns.

Response 1

Comments:

Our organization respectfully disagrees with the assessment that WAC 284-43-130 (29) applies to large group plans. We request that the Commissioner reconsider this assessment, taking the following into account:

We understand the revision to the service area definition in WAC 284-43-130 (29) was made to align state law requirements with federal health care reform network adequacy requirements for qualified health plans (QHPs) in 45 CFR 156.230. These access requirements apply to QHPs and health plans offered outside the exchange for the small group and individual market segments, not large group market segments (please see also the purpose statement for both WSR 14-07-102 and WSR 14-10-017 filed 03-19-14 and 04-25-14). Further, the section provides that the definitions in WAC 284-43-130 apply unless a term is defined in other subchapters or the context requires otherwise. We feel it is clear that the context requires otherwise and that it was not the intent of the OIC to apply this definition to the large group market segment as evidenced by 2014 form and access plan filings.

Furthermore, application of the definition in WAC 284-43-130 (29) to the LBG market segment would be injurious to consumers and disruptive to the marketplace. The OIC has not communicated any intent to apply the more restrictive standard to the LBG market segment, nor is there any underlying requirement or rationale to do so. Applying this standard in the LBG segment will result in a decrease in consumer choice as carriers will be forced to withdraw from counties in which they do not currently offer coverage in all zip codes. This change will likely come as a surprise to many employer groups who will have little to no notice to enable them to examine their reduced options. The reduced choice in the marketplace may leave consumers with reduced access to providers.

Related Objection 1

Applies To:

- Large Group Added Choice Plan Evidence of Coverage, EWLGPOS0115 (Form)
- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGPOSD0115 (Form)

Comments: Thank you for your response regarding the service area definition contained in the Washington Administrative Code. Our office respectfully disagrees the WAC does not apply to large group plans. We are therefore requesting once again that you modify your definition of Service Area in compliance with Washington regulation. [WAC 284-43-130 (29)]

Changed Items:

SERFF Tracking #: KFNW-129687846

State Tracking #: 275064

Company Tracking #: EWLGPOS0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number: EWLGPOS0115/EWLGPOS0115

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We are not saying that immunosuppressive drugs are only covered on an outpatient basis.

For a member whose group elects to purchase an outpatient prescription drug rider, self-administered immunosuppressive drugs are covered under that rider. If a member requires immunosuppressive drugs, while confined as an inpatient, those drugs are covered under the Benefits for Inpatient Hospital Services in the fifth bullet point "Drugs and radioactive materials used for therapeutic purposes, except for the types of drugs excluded under the Limited Outpatient Prescription Drugs and Supplies section."

Related Objection 2

Applies To:

- Large Group Added Choice Plan Evidence of Coverage, EWLGPOS0115 (Form)*
- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGPOSEDED0115 (Form)*

Comments: The OICs 4-1-2015 inquiry regarding immunosuppressive drugs was based on the fact that, in the past, Kaiser has always called out coverage for such drugs within the Transplant Services provision. That provision is silent in regards to such drugs this year so this agency was attempting to verify the drugs are still being covered, either under the Transplant Services provision or perhaps under the Benefits for Inpatient Hospital Services provision. Kaisers response, however, indicates the coverage for immunosuppressive drugs has been transferred from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Your response is concerning to this agency; are you saying that immunosuppressive drugs are only covered on an outpatient basis? You must explain what would occur if a member, whose group did not elect to purchase an Outpatient Prescription Drug Rider, undergoes a transplant, and requires immunosuppressive drugs while still confined as an inpatient?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

We have made revisions to the Evidence of Coverage (EOCs) in this filing to include the entire statement exactly as listed in the regulation WAC 284-51-235

Related Objection 3

SERFF Tracking #: KFNW-129667846 State Tracking #: 275064

Company Tracking #: EWLGPOS0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Applies To:

- Large Group Added Choice Plan Evidence of Coverage, EWLGPOS0115 (Form)
- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGPOSEDED0115 (Form)

Comments: Thank you for including a portion of the language required by WAC 284-51-235 within the EOC. The WAC directs the plan "must" include the following statement, meaning the entire statement exactly as listed in the regulation. You must provide further modified language, including the entire statement as listed in the regulation, within your EOC for our review.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redlined EOC due to Objection Letter dated 04/10/15
Comments:	
Attachment(s):	EWLGPOS0115 v4 RL.pdf EWLGPOSEDED0115 v4 RL.pdf

SERFF Tracking #:

KFNW-129667846

State Tracking #:

275064

Company Tracking #:

EWLGPOS0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number:

EWLGPOS0115/EWLGPOS0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number:	266713		EWLGPOS0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number:	266713		EWLGPOS0115.pdf	Date Submitted: 04/08/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number:	266713		EWLGPOS0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>									
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number:	266713		EWLGPOS0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
2	Large Group Deductible Added Choice Plan Evidence of Coverage	EWLGPOSED0115	CER	Revised	Previous Filing Number:	266713		EWLGPOSED0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>									
2	Large Group Deductible Added Choice Plan Evidence of Coverage	EWLGPOSED0115	CER	Revised	Previous Filing Number:	266713		EWLGPOSED0115.pdf	Date Submitted: 04/08/2015 By: Maurice Marquez

SERFF Tracking #: KFNW-129687848

State Tracking #: 275064

Company Tracking #:

EWLGPOS0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number: EWLGP0115/EWLGP0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGP OS0114		EWLGPOS0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>								
2	Large Group Deductible Added Choice Plan Evidence of Coverage 115	EWLGPOSEDED0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGP OSDED0114		EWLGPOSEDED0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
2	Large Group Deductible Added Choice Plan Evidence of Coverage 115	EWLGPOSEDED0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGP OSDED0114		EWLGPOSEDED0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of our 2015 large group forms contained in this filing.

Sincerely,

Maurice Marquez

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/08/2015
Submitted Date 04/08/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to respond to your objection letter dated April 1, 2015.

Our responses below:

Response 1

Comments:

Medicare premium amounts only apply to our Traditional Copayment Plans. For all other product types, including Deductible Plans, High Deductible Health Plans, and Added Choice plans, the entire bracketed section is deleted. Because we use the same form for all of these product types, we have chosen to bracket this information to indicate it is variable and will only be included for Traditional Copayment Plans. The bolded brackets at the beginning and end of this section indicate the entire section will be removed for Deductible Plans, High Deductible Health Plans, and Added Choice plans. The brackets within this section near the dollar signs indicate these premium amounts will vary when we include this section for our Traditional Copayment Plans.

Related Objection 1

Applies To:

- Large Group Plan Group Agreement, WWLG0115 (Form)

Comments: Under the "Members to whom this "Medicare as Primary Payer" section applies" provision on page 2 you have bracketed the paragraph regarding premium amounts. You have not provided an explanation of variability associated with this bracketing. Will the language be strictly in or out, and if so under what circumstances, or will there be variations on the language within this paragraph, and if so what will the variable language look like?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

State: Washington **Filing Company:** Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

It is our understanding that WAC 284-43-130 (29) applies to individual and Small group plans offered both inside and outside of the exchange and our individual and Small Group plans comply with this provision. However, the definition contained in WAC 284-43-130 (29) does not apply to Large Group plans since the federal provisions impacting Qualified Health Plans and health plans offered outside the exchange that underlies the state requirement are not applicable to Large Group Plans.

Related Objection 2

Applies To:

- Large Group Added Choice Plan Evidence of Coverage, EWLGPOS0115 (Form)*
- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGPOSEDED0115 (Form)*

Comments: The definition of "Service Area" provided indicates the service area consists of certain geographic areas in the Northwest as designated by ZIP code. The definition continues on to advise the service area may change. Under WAC 284-43-130 (29) a service area must be defined by county or counties and may not be defined by ZIP code unless allowed by the Commissioner for good cause, such as geographic barriers which make offering coverage throughout an entire county unreasonable. You must redefine your service area by county and remove language indicating the service area may be changed.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Immunosuppressive drugs are covered at the applicable cost share outlined in the Outpatient Prescription Drug Rider Benefit Summary section. For 2015, we transferred this coverage from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Because these drugs are covered as any other drug in the formulary, we did not include specific verbiage within the rider for this type of drug.

Related Objection 3

Applies To:

- Large Group Added Choice Plan Evidence of Coverage, EWLGPOS0115 (Form)*
- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGPOSEDED0115 (Form)*

Comments: Please verify you cover immunosuppressive drugs as part of your "Transplant Services" benefit.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #: KFNW-129867846 State Tracking #: 275064

Company Tracking #: EWLGPOS0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

No Rate/Rule Schedule items changed.

Response 4

Comments:

We have added the "Notice to Covered Persons" provision as required by WAC 284-51-235 under the Reductions paragraph of the Coordination of Benefits section in our POS EOCs. We have also included a Redlined version of these EOCs under the Supporting Documentation tab.

Related Objection 4

Applies To:

- Large Group Added Choice Plan Evidence of Coverage, EWLGPOS0115 (Form)
- Large Group Deductible Added Choice Plan Evidence of Coverage, EWLGPOSEDED0115 (Form)

Comments: Please direct our attention to the "Notice to covered persons" provision as required by WAC 284-51-235.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redlined EOCs due to objection dated 04/01/15
Comments:	
Attachment(s):	EWLGPOS0115 v3 RL.pdf EWLGPOSEDED0115 v3 RL.pdf

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Conl Large Group Added Choice (POS) Plans

Project Name/Number:

EWLGPOS0115/EWLGPOS0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGPOS0114		EWLGPOS0115.pdf	Date Submitted: 04/08/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGPOS0114		EWLGPOS0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGPOS0114		EWLGPOS0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
2	Large Group Deductible Added Choice Plan Evidence of Coverage	EWLGPOSEDED0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGPOSEDED0114		EWLGPOSEDED0115.pdf	Date Submitted: 04/08/2015 By: Maurice Marquez
<i>Previous Version</i>								
2	Large Group Deductible Added Choice Plan Evidence of Coverage	EWLGPOSEDED0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGPOSEDED0114		EWLGPOSEDED0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
2	Large Group Deductible Added Choice Plan Evidence of Coverage	EWLGPOSEDED0115	CER	Revised	Previous Filing Number: 266713 Replaced Form Number: EWLGPOSEDED0114		EWLGPOSEDED0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan

SERFF Tracking #: KFNW-129667846 State Tracking #: 275064

Company Tracking #: EWLGPOS0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of these forms.

Sincerely,

Maurice Marquez

SERFF Tracking #:

KFNW-129667846

State Tracking #:

275064

Company Tracking #:

EWLGPOS0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number: EWLGP0115/EWLGP0115

Amendment Letter

Submitted Date: 07/15/2015

Comments:

Per the Note to Filer received from Linda Broyles on 07/14/2015, we were granted permission to amend this filing to include the following:

Form BWLGPOSEDDF150115: In the "Outpatient Services" section, the cost share for "Routine eye exam for Members age 18 years and younger" has been corrected in Tier 1. This benefit now matches the Primary Care Visit at \$30.

This Amendment includes the aforementioned form and redline document illustrating the change we made to the currently filed document. Thank you very much for this opportunity and for your review. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you,

Tessa Twilleager

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
					Previous Filing Number:	Replaced Form Number:			
1	Deductible Added Choice Plan Benefit Summary	BWLGPOSEDD F150115	OUT	Revised	257273	BWLGPOSEDD F0114		BWLGPOSEDD F150115.pdf	Date Submitted: 07/15/2015 By:
<i>Previous Version</i>									
1	Deductible Added Choice Plan Benefit Summary	BWLGPOSEDD F150115	OUT	Revised	257273	BWLGPOSEDD F0114		BWLGPOSEDD F150115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan

No Rate Schedule Items Changed.

SERFF Tracking #: KFNW-129687846

State Tracking #: 275084

Company Tracking #: EWLGPOS0115

State: Washington

Filing Company: Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number: EWLGPOS0115/EWLGPOS0115

Supporting Document Schedule Item Changes

Satisfied - Item:	Redline: Form Number BWLGPOSEDDDF150115 per Amendment 7-15-2015
Comments:	Please find attached a redlined document illustrating the change we made to Form Number BWLGPOSEDDDF150115 per the Amendment submitted on 7-15-2015. This change can be found in the "Outpatient Services" section for "Routine eye exam for Members age 18 years and younger" in Tier 1.
Attachment(s):	BWLGPOSEDDDF150115 RL.pdf

SERFF Tracking #:

KFNW-129667846

State Tracking #:

275064

Company Tracking #:

EWLGPOS0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number:

EWLGPOS0115/EWLGPOS0115

Amendment Letter

Submitted Date: 03/04/2015

Comments:

Per the Note to Filer received from Linda Broyles on 03/04/2015, we were granted permission to amend this filing to include the following:

Form Number BWLGPOSEDDDD150115: We have corrected the cost share discrepancy between the "Inpatient Hospital Services" section and the "Maternity and Newborn Care" section for inpatient hospital services which we identified during an internal review. The cost share for inpatient hospital services should match between these sections. We have confirmed that all other Added Choice Plan Benefit Summaries show alignment between these sections so only form BWLGPOSEDDDD150115 required correction.

This Amendment includes the aforementioned form and redline document illustrating the change we made to the currently filed document. Thank you very much for this opportunity and for your review. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you,

Tessa Twilleager

Changed Items:

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Deductible Added Choice Plan Benefit Summary	BWLGPOSEDD D150115	OUT	Revised	Previous Filing Number:	257273		BWLGPOSEDD D150115.pdf	Date Submitted: 03/04/2015 By:
					Replaced Form Number:	BWLGPOSEDD D0114			
<i>Previous Version</i>									
1	Deductible Added Choice Plan Benefit Summary	BWLGPOSEDD D150115	OUT	Revised	Previous Filing Number:	257273		BWLGPOSEDD D150115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
					Replaced Form Number:	BWLGPOSEDD D0114			

No Rate Schedule Items Changed.

SERFF Tracking #:

KFNW-129667846

State Tracking #:

275064

Company Tracking #:

EWLGPOS0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number:

EWLGPOS0115/EWLGPOS0115

Supporting Document Schedule Item Changes

Satisfied - Item:	Redline: Form Number BWLGPOSEDDDD150115 per Amendment 3-4-2015
Comments:	Please find attached a redlined document illustrating the change we made to Form Number BWLGPOSEDDDD150115 per the Amendment submitted on 3-4-2015. This change can be found in the "Maternity and Newborn Care" section for inpatient hospital services.
Attachment(s):	BWLGPOSEDDDD150115 RL.pdf

SERFF Tracking #: KFNW-129667846 State Tracking #: 275064

Company Tracking #: EWLGPOS0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TO: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Amendment Letter

Submitted Date: 02/11/2015

Comments:

Per the Note to Filer received from Linda Broyles on 2/10/2015, we were granted permission to amend this filing to include the following:

Form Numbers EWLGPOS0115, EWLGPOSEDED0115: To comply with the Washington Supreme Court's decision in the OST v. Regence BlueShield case, we are submitting updated Evidence of Coverage forms that remove the blanket exclusion for neurodevelopmental therapy for children over the age of six.

Form Numbers RWLGPOSALTC5000115, RWLGPOSALTC10000115, RWLGPOSALTC15000115: We are replacing the currently filed Alternative Care Services Rider forms with updated versions that align more closely with EHB requirements.

Form Numbers BWLGPOS89E50115, BWLGPOS68150115, BWLGPOS71150115, BWLGPOS72150115, BWLGPOS76150115, BWLGPOSEDEDDN150115, BWLGPOSEDEDDX150115: An internal review has revealed these Added Choice Plan Benefit Summary forms do not accurately reflect our benefit intent.

Form Numbers BWLGPOS89E50115, BWLGPOS68150115, BWLGPOS71150115, BWLGPOS72150115, and BWLGPOS76150115 should show the "Scheduled prenatal care and first postpartum visit" in Tier 3 as subject to deductible.

Form Number BWLGPOSEDEDDX150115 should show the "Outpatient surgery visit" as 20% coinsurance after deductible instead of \$100 copay.

Form Number BWLGPOSEDEDDN150115 should show the aforementioned change to the "Outpatient surgery visit" as well as a correction to the "Acupuncture and naturopathy" copay which should match the "Specialty care visit" in Tier 2 at \$45. We are replacing the currently filed forms with updated versions that accurately reflect the cost shares for these benefits. There are no other benefit changes to these forms.

This Amendment includes the aforementioned forms as well as redline documents illustrating the changes we made to the currently filed documents. Thank you very much for this opportunity and for your review. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you,
Tessa Twilleager
Changed Items:

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number:

EWLGPOS0115/EWLGP0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number: 268713 Replaced Form Number: EWLGP OS0114		EWLGPOS0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
1	Large Group Added Choice Plan Evidence of Coverage	EWLGPOS0115	CER	Revised	Previous Filing Number: 268713 Replaced Form Number: EWLGP OS0114		EWLGPOS0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappen
2	Added Choice Plan Benefit Summary	BWLGPOS68150115	OUT	Revised	Previous Filing Number: 257273 Replaced Form Number: BWLGP OS680114		BWLGPOS68150115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
2	Added Choice Plan Benefit Summary	BWLGPOS68150115	OUT	Revised	Previous Filing Number: 257273 Replaced Form Number: BWLGP OS680114		BWLGPOS68150115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappen
3	Added Choice Plan Benefit Summary	BWLGPOS71150115	OUT	Revised	Previous Filing Number: 257273 Replaced Form Number: BWLGP OS710114		BWLGPOS71150115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
3	Added Choice Plan Benefit Summary	BWLGPOS71150115	OUT	Revised	Previous Filing Number: 257273 Replaced Form Number: BWLGP OS710114		BWLGPOS71150115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappen
4	Added Choice	BWLGPOS72150	OUT	Revised	Previous Filing Number: 257273		BWLGPOS72150	Date Submitted:

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number:

EWLGPOS0115/EWLGPOS0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
					Filing Number:	Replaced Form Number:			
	Plan Benefit Summary	115						115.pdf	02/11/2015 By:
<i>Previous Version</i>									
4	Added Choice Plan Benefit Summary	BWLGPOS72150 115	OUT	Revised	Previous Filing Number:	257273		BWLGPOS72150 115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
					Replaced Form Number:	BWLG OS72011 4			
5	Added Choice Plan Benefit Summary	BWLGPOS76150 115	OUT	Revised	Previous Filing Number:	257273		BWLGPOS76150 115.pdf	Date Submitted: 02/11/2015 By:
					Replaced Form Number:	BWLG OS76011 4			
<i>Previous Version</i>									
5	Added Choice Plan Benefit Summary	BWLGPOS76150 115	OUT	Revised	Previous Filing Number:	257273		BWLGPOS76150 115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
					Replaced Form Number:	BWLG OS76011 4			
6	Added Choice Plan Benefit Summary	BWLGPOS89E50 115	OUT	Revised	Previous Filing Number:	257273		BWLGPOS89E50 115.pdf	Date Submitted: 02/11/2015 By:
					Replaced Form Number:	BWLG OS89E01 14			
<i>Previous Version</i>									
6	Added Choice Plan Benefit Summary	BWLGPOS89E50 115	OUT	Revised	Previous Filing Number:	257273		BWLGPOS89E50 115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
					Replaced Form Number:	BWLG OS89E01 14			
7	Large Group Deductible Added	EWLGPOSEDED0 115	CER	Revised	Previous Filing	266713		EWLGPOSEDED0 115.pdf	Date Submitted: 02/11/2015

State: Washington
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGP0115/EWLGP0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted By:
	Choice Plan Evidence of Coverage				Number: Replaced Form Number: EWLGP OSDEDO 114			
<i>Previous Version</i>								
7	Large Group Deductible Added Choice Plan Evidence of Coverage	EWLGP0SEDD0 115	CER	Revised	Previous Filing Number: 268713 Replaced Form Number: EWLGP OSDEDO 114		EWLGP0SEDD0 115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
8	Deductible Added Choice Plan Benefit Summary	BWLGP0SEDD N150115	OUT	Revised	Previous Filing Number: 257273 Replaced Form Number: BWLGP OSDEDD N0114		BWLGP0SEDD N150115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
8	Deductible Added Choice Plan Benefit Summary	BWLGP0SEDD N150115	OUT	Revised	Previous Filing Number: 257273 Replaced Form Number: BWLGP OSDEDD N0114		BWLGP0SEDD N150115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
9	Deductible Added Choice Plan Benefit Summary	BWLGP0SEDD X150115	OUT	Revised	Previous Filing Number: 257273 Replaced Form Number: BWLGP OSDEDD X0114		BWLGP0SEDD X150115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
9	Deductible Added Choice Plan Benefit Summary	BWLGP0SEDD X150115	OUT	Revised	Previous Filing Number: 257273 Replaced Form Number: BWLGP OSDEDD X0114		BWLGP0SEDD X150115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
10	Alternative Care Services Rider	RWLGP0SALTC 5000115	CERA	Revised	Previous Filing Number: 257273		RWLGP0SALTC 5000115.pdf	Date Submitted: 02/11/2015

SERFF Tracking #: KFNW-129687846

State Tracking #: 275064

Company Tracking #: EWLGP0115

State: Washington
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGP0115/EWLGP0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted By:
<i>Previous Version</i>					Replaced Form Number: RWLGP OSALTC 5000114			
10	Alternative Care Services Rider	RWLGP OSALTC 5000115	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP OSALTC 5000114		RWLGP OSALTC 5000115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
11	Alternative Care Services Rider	RWLGP OSALTC 10000115	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP OSALTC 10000114		RWLGP OSALTC 10000115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
11	Alternative Care Services Rider	RWLGP OSALTC 10000115	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP OSALTC 10000114		RWLGP OSALTC 10000115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
12	Alternative Care Services Rider	RWLGP OSALTC 15000115	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP OSALTC 15000114		RWLGP OSALTC 15000115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
12	Alternative Care Services Rider	RWLGP OSALTC 15000115	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP OSALTC 15000114		RWLGP OSALTC 15000115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan

SERFF Tracking #: KFNW-129667846

State Tracking #: 275064

Company Tracking #: EWLGPOS0115

State: Washington

Filing Company: Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number: EWLGPOS0115/EWLGPOS0115

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Redline: Evidence of Coverage Forms, Added Choice Plan Benefit Summary Forms, and Alternative Care Services Rider Forms per Amendment 2-11-2015
Comments:	Please find attached the redlined documents illustrating the changes we made to the Evidence of Coverage forms, Added Choice Plan Benefit Summary forms, and Alternative Care Services Rider forms per the Amendment submitted on 2/11/2015.
Attachment(s):	EWLGPOS0115 RL.pdf EWLGPOSEDED0115 RL.pdf BWLGPOS89E50115 RL.pdf BWLGPOS68150115 RL.pdf BWLGPOS71150115 RL.pdf BWLGPOS72150115 RL.pdf BWLGPOS76150115 RL.pdf BWLGPOSEDDN150115 RL.pdf RWLGPOSALTC15000115 RL.pdf BWLGPOSEDDX150115 RL.pdf RWLGPOSALTC5000115 RL.pdf RWLGPOSALTC10000115 RL.pdf

SERFF Tracking #: KFNW-129667846

State Tracking #: 275064

Company Tracking #: EWLGP00115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number:

EWLGPOS0115/EWLGP0115

Amendment Letter

Submitted Date: 11/10/2014

Comments:

Thank you for the opportunity to amend our Benefit Summary form number BWLGPOS75150115. We have provided a redline version illustrating the changes we made, as well as a finalized clean version for your approval.

Thanks again for your continued review.

Kindra Tappan

Changed Items:

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
					Previous Filing Number:	Replaced Form Number:			
1	Added Choice Plan Benefit Summary	BWLGPOS75150115	OUT	Revised	257273	BWLGPOS750114		BWLGPOS75150115.pdf	Date Submitted: 11/10/2014 By:
<i>Previous Version</i>									
1	Added Choice Plan Benefit Summary	BWLGPOS75150115	OUT	Revised	257273	BWLGPOS750114		BWLGPOS75150115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline of BWLGPOS75150115
Comments:	Attached please see the redline version of the benefit summary illustrating the changes we made.
Attachment(s):	BWLGPOS75150115 RL.pdf

SERFF Tracking #: KFNW-129687846 State Tracking #: 275064

Company Tracking #: EWLGPOS0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TO: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Amendment Letter

Submitted Date: 10/28/2014

Comments:

As we had indicated in our request for an Amendment on 10/21/14, we have revised our 2015 Pediatric Vision Hardware and Optical Services Riders to align more closely with the EHB requirements. In the prior Amendment, we replaced the 12 month versions of the Pediatric Vision Hardware and Optical Services Riders. However, we inadvertently did not remove the 24 month versions as we had planned. In this Amendment, we are removing the 24 month versions of our Pediatric Vision Hardware and Optical Services Riders because we will only offer the 12 month versions for 2015. This aligns more closely with the EHB requirements. The withdrawn forms have an Action choice of "Other" with the Other Explanation as "Withdraw". We sincerely apologize for not withdrawing these forms in the prior Amendment. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twillieger@kp.org. I am assisting with this filing in Kindra's absence while she is on vacation.

Again, we apologize for any inconvenience this has caused. Thank you for your time and review.

With kind regards,
Tessa Twilleager
Changed Items:

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGP0115/EWLGP0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 H0115	CERA	Other	WITHDRAW			Date Submitted: 10/28/2014 By:
<i>Previous Version</i>								
1	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 H0115	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP OSVXP3 H0114		RWLGPOSVXP3 H0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
2	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 J0115	CERA	Other	WITHDRAW			Date Submitted: 10/28/2014 By:
<i>Previous Version</i>								
2	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 J0115	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP OSVXP3 J0114		RWLGPOSVXP3 J0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
3	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 K0115	CERA	Other	WITHDRAW			Date Submitted: 10/28/2014 By:
<i>Previous Version</i>								
3	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 K0115	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP OSVXP3 K0114		RWLGPOSVXP3 K0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
4	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 L0115	CERA	Other	WITHDRAW			Date Submitted: 10/28/2014 By:
<i>Previous Version</i>								

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: Std Master Cont Large Group Added Choice (POS) Plans

Project Name/Number: EWLGP0115/EWLGP0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
4	Pediatric Vision Hardware and Optical Services Rider	RWLGP0115VXP3	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP0115VXP3		RWLGP0115VXP3 L0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
5	Pediatric Vision Hardware and Optical Services Rider	RWLGP0115VXP3	CERA	Other	WITHDRAW			Date Submitted: 10/28/2014 By:
<i>Previous Version</i>								
5	Pediatric Vision Hardware and Optical Services Rider	RWLGP0115VXP3	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP0115VXP3		RWLGP0115VXP3 M0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
6	Pediatric Vision Hardware and Optical Services Rider	RWLGP0115VXP3	CERA	Other	WITHDRAW			Date Submitted: 10/28/2014 By:
<i>Previous Version</i>								
6	Pediatric Vision Hardware and Optical Services Rider	RWLGP0115VXP3	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP0115VXP3		RWLGP0115VXP3 N0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
7	Pediatric Vision Hardware and Optical Services Rider	RWLGP0115VXP3	CERA	Other	WITHDRAW			Date Submitted: 10/28/2014 By:
<i>Previous Version</i>								
7	Pediatric Vision Hardware and Optical Services Rider	RWLGP0115VXP3	CERA	Revised	Previous Filing Number: 257273 Replaced Form Number: RWLGP0115VXP3		RWLGP0115VXP3 P0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan

SERFF Tracking #: KFNW-129667846 State Tracking #: 275064

Company Tracking #: EWLGPOS0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choico (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

No Rate Schedule Items Changed.

No Supporting Documents Changed.

SERFF Tracking #: KFNW-129667846 State Tracking #: 275064

Company Tracking #: EWLGPOS0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Amendment Letter

Submitted Date: 10/27/2014

Comments:

Per note to reviewer, received on 10/22/14, we were allowed to replace the Pediatric Vision Hardware and Optical Services Rider forms.

Thank you very much for allowing us this opportunity. Please find the updated forms attached below. We have included redline forms showing the changes between the originally filed forms and the updated filed forms. Should you have any questions, please feel free to contact me by phone at 503-813-2022 or by email at shantelle.a.marcell@kp.org. I am assisting with this filing in Kindra's absence while she is on vacation.

Thank you,

Shantelle Marcell

Changed Items:

State: Washington
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGP0115/EWLGP0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 A0115	CERA	Revised	Previous Filing Number:	257273		RWLGPOSVXP3 A0115.pdf	Date Submitted: 10/27/2014 By:
<i>Previous Version</i>									
1	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 A0115	CERA	Revised	Previous Filing Number:	257273		RWLGPOSVXP3 A0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
2	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 B0115	CERA	Revised	Previous Filing Number:	257273		RWLGPOSVXP3 B0115.pdf	Date Submitted: 10/27/2014 By:
<i>Previous Version</i>									
2	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 B0115	CERA	Revised	Previous Filing Number:	257273		RWLGPOSVXP3 B0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
3	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 C0115	CERA	Revised	Previous Filing Number:	257273		RWLGPOSVXP3 C0115.pdf	Date Submitted: 10/27/2014 By:
<i>Previous Version</i>									
3	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3 C0115	CERA	Revised	Previous Filing Number:	257273		RWLGPOSVXP3 C0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
4	Pediatric Vision	RWLGPOSVXP3	CERA	Revised	Previous	257273		RWLGPOSVXP3	Date Submitted:

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGP0115/EWLGP0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
					Filing Number:	Replaced Form Number:			
	Hardware and Optical Services Rider	D0115				RWLGP OSVXP3 D0114		D0115.pdf	10/27/2014 By:
<i>Previous Version</i>									
4	Pediatric Vision Hardware and Optical Services Rider	RWLGP OSVXP3 D0115	CERA	Revised	Previous Filing Number:	257273		RWLGP OSVXP3 D0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
					Replaced Form Number:	RWLGP OSVXP3 D0114			
5	Pediatric Vision Hardware and Optical Services Rider	RWLGP OSVXP3 E0115	CERA	Revised	Previous Filing Number:	257273		RWLGP OSVXP3 E0115.pdf	Date Submitted: 10/27/2014 By:
					Replaced Form Number:	RWLGP OSVXP3 E0114			
<i>Previous Version</i>									
5	Pediatric Vision Hardware and Optical Services Rider	RWLGP OSVXP3 E0115	CERA	Revised	Previous Filing Number:	257273		RWLGP OSVXP3 E0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
					Replaced Form Number:	RWLGP OSVXP3 E0114			
6	Pediatric Vision Hardware and Optical Services Rider	RWLGP OSVXP3 F0115	CERA	Revised	Previous Filing Number:	257273		RWLGP OSVXP3 F0115.pdf	Date Submitted: 10/27/2014 By:
					Replaced Form Number:	RWLGP OSVXP3 F0114			
<i>Previous Version</i>									
6	Pediatric Vision Hardware and Optical Services Rider	RWLGP OSVXP3 F0115	CERA	Revised	Previous Filing Number:	257273		RWLGP OSVXP3 F0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
					Replaced Form Number:	RWLGP OSVXP3 F0114			
7	Pediatric Vision Hardware and	RWLGP OSVXP3 G0115	CERA	Revised	Previous Filing	257273		RWLGP OSVXP3 G0115.pdf	Date Submitted: 10/27/2014

SERFF Tracking #: KFNW-129667846

State Tracking #: 275064

Company Tracking #: EWLGP0115

State: Washington

Filing Company: Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group Added Choice (POS) Plans
 Project Name/Number: EWLGP0115/EWLGP0115

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted By:
	Optical Services Rider				Number:				
					Replaced Form Number:	RWLGPOSVXP3G0114			
<i>Previous Version</i>									
7	Pediatric Vision Hardware and Optical Services Rider	RWLGPOSVXP3G0115	CERA	Revised	Previous Filing Number:	257273		RWLGPOSVXP3G0115.pdf	Date Submitted: 08/29/2014 By: Kindra Tappan
					Replaced Form Number:	RWLGPOSVXP3G0114			

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline: Comparing originally filed Pediatric Vision Rider with the updated form-per notes to filer
Comments:	
Attachment(s):	RWLGPOSVXP3A0115 RL.pdf RWLGPOSVXP3B0115 RL.pdf RWLGPOSVXP3C0115 RL.pdf RWLGPOSVXP3D0115 RL.pdf RWLGPOSVXP3E0115 RL.pdf RWLGPOSVXP3F0115 RL.pdf RWLGPOSVXP3G0115 RL.pdf

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOU/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Note To Filer

Created By:

Linda Broyles on 07/14/2015 03:39 PM

Last Edited By:

Linda Broyles

Submitted On:

07/14/2015 03:39 PM

Subject:

Re: Request for Amendment 7-14-2015

Comments:

Hi Tessa,

You may amend the benefit summary to make the change as stated.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOU/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Note To Reviewer

Created By:

Tessa Twilleager on 07/14/2015 01:23 PM

Last Edited By:

Tessa Twilleager

Submitted On:

07/14/2015 01:27 PM

Subject:

Request for Amendment 7-14-2015

Comments:

We have found that form BWLGPOSEDDDF150115 contains a benefit discrepancy which we are requesting the opportunity to correct. In the "Outpatient Services" section, the cost share for "Routine eye exam for Members age 18 years and younger" is incorrect in Tier 1. Currently the form shows \$0 but this benefit should match the Primary Care Visit at \$30. We have confirmed that all other Added Choice Plan Benefit Summaries show alignment between these cost shares so only form BWLGPOSEDDDF150115 would need to be revised.

Please let us know whether or not this change is permissible. If so, we will amend the filing appropriately and provide a redlined document illustrating the change we made to the currently filed document. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you for your time,
Tessa Twilleager

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Note To Filer

Created By:

Linda Broyles on 03/04/2015 09:40 AM

Last Edited By:

Linda Broyles

Submitted On:

03/04/2015 09:41 AM

Subject:

Re: Request for Amendment 3-3-2015

Comments:

Hi Tessa,

Your request to amend is approved. Please place a redline copy of the benefit summary reflecting the changes being made under the Supporting Documentation tab.

Thank you,

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGP0S0115/EWLGP0S0115

Note To Reviewer

Created By:

Tessa Twilleager on 03/03/2015 01:30 PM

Last Edited By:

Tessa Twilleager

Submitted On:

03/03/2015 01:46 PM

Subject:

Request for an Amendment 3-3-2015

Comments:

We are respectfully requesting the opportunity for an Amendment so that we may submit updated forms for this filing. Please find a detailed description of what we are requesting to change below:

Form Number BWLGPOSEDDDD150115: An internal review has revealed a cost share discrepancy between the "Inpatient Hospital Services" section and the "Maternity and Newborn Care" section for inpatient hospital services which we are hoping to correct. The cost share for inpatient hospital services should match between these sections. We have confirmed that all other Added Choice Plan Benefit Summaries show alignment between these sections so only form BWLGPOSEDDDD150115 would need to be revised.

Please let us know whether or not this change is permissible. If so, we will amend the filing appropriately and provide a redlined document illustrating the change we made to the currently filed document. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you for your time and review,
Tessa Twilleager

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Note To Filer

Created By:

Linda Broyles on 02/10/2015 03:44 PM

Last Edited By:

Linda Broyles

Submitted On:

02/10/2015 03:44 PM

Subject:

Re: Request to Amend 2-10-2015

Comments:

Hi Tessa,

Your request to amend is approved.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Note To Reviewer

Created By:

Tessa Twilleager on 01/13/2015 05:59 PM

Last Edited By:

Tessa Twilleager

Submitted On:

02/10/2015 11:31 AM

Subject:

Request for an Amendment 2-10-2015

Comments:

We are respectfully requesting the opportunity for an Amendment so that we may submit updated forms for this filing. Please find a detailed description of what we are requesting to change below:

Form Numbers EWLGPOS0115, EWLGPOSEDED0115: To comply with the Washington Supreme Court's decision in the OST v. Regence BlueShield case, we are requesting the opportunity to submit updated Evidence of Coverage forms that remove the blanket exclusion for neurodevelopmental therapy for children over the age of six.

Form Numbers RWLGPOSALTC5000115, RWLGPOSALTC10000115, RWLGPOSALTC15000115: We are requesting the opportunity to replace the currently filed Alternative Care Services Rider forms with updated versions that align more closely with EHB requirements.

Form Numbers BWLGPOS89E50115, BWLGPOS68150115, BWLGPOS71150115, BWLGPOS72150115, BWLGPOS76150115, BWLGPOSEDEDDN150115, BWLGPOSEDEDDX150115: An internal review has revealed these Added Choice Plan Benefit Summary forms do not accurately reflect our benefit intent.

Specifically, Form Numbers BWLGPOS89E50115, BWLGPOS68150115, BWLGPOS71150115, BWLGPOS72150115, and BWLGPOS76150115 should show the "Scheduled prenatal care and first postpartum visit" in Tier 3 as subject to deductible. Form Number BWLGPOSEDEDDX150115 should show the "Outpatient surgery visit" as 20% coinsurance after deductible instead of \$100 copay.

Finally, Form Number BWLGPOSEDEDDN150115 should show the aforementioned change to the "Outpatient surgery visit" as well as a correction to the "Acupuncture and naturopathy" copay which should match the "Specialty care visit" in Tier 2 at \$45. We are requesting the opportunity to replace the currently filed forms with updated versions that accurately reflect the cost shares for these benefits. There will be no other benefit changes to these forms.

Please let us know whether or not these changes are permissible. If so, we will amend the filing appropriately and provide redlined documents illustrating the changes we made to the currently filed documents. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you for your time and review,
Tessa Twilleager

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Note To Filer

Created By:

Linda Broyles on 11/07/2014 01:20 PM

Last Edited By:

Linda Broyles

Submitted On:

11/07/2014 01:21 PM

Subject:

Re: Request to amend a benefit summary

Comments:

Kindra,

You may amend the benefit summary as requested. As you have noted, a redline benefit summary document should be placed under the Supporting Documentation tab.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Note To Reviewer

Created By:

Kindra Tappan on 11/07/2014 11:28 AM

Last Edited By:

Kindra Tappan

Submitted On:

11/07/2014 11:28 AM

Subject:

Request to amend a benefit summary

Comments:

Dear Ms. Broyles,

Upon closer examination we noticed an error on the benefit summary form number BWLGPOS75150115. The amount of two copays should reflect \$30 not \$20. We are respectfully requesting the opportunity to amend the filing by providing a correct version of the benefit summary. We would also provide a redline version of the edits made so it is clear what was changed.

Thank you for your consideration.

Kindra Tappan

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGPOS0115/EWLGPOS0115

Note To Filer

Created By:

Linda Broyles on 10/22/2014 11:34 AM

Last Edited By:

Linda Broyles

Submitted On:

10/22/2014 11:35 AM

Subject:

Re: Request to amend Pediatric Vision Hardware Rider

Comments:

You may amend the Pediatric Vision Hardware and Optical Services Riders within this filing submission as requested. You must provide a redlined document reflecting changes made to each rider under the Supporting Documentation tab.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGP0S0115/EWLGP0S0115

Note To Reviewer

Created By:

Kindra Tappan on 10/21/2014 12:50 PM

Last Edited By:

Kindra Tappan

Submitted On:

10/21/2014 12:50 PM

Subject:

Request to amend the Pediatric Vision Rider

Comments:

Dear Sir or Madam,

Upon closer examination, we noticed our 2015 Pediatric Vision Hardware and Optical Services Riders are not as closely aligned with the EHB requirements as we would like. We are respectfully requesting the opportunity to update this rider and submit as an amendment.

Thank you for your consideration.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group Added Choice (POS) Plans
Project Name/Number: EWLGP0S0115/EWLGP0S0115

Reviewer Note

Created By:

Linda Broyles on 04/30/2015 05:22 PM

Subject:

Referred to Network Access Unit

Comments:

Regarding zip code-based service area issue

LINDA BROYLES DECL.

EXHIBIT 7

SERFF FILING DOCUMENTS RE: KFNW-129667876
STATE TRACKING NO. 275068

State: Washington
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group High Deductible Health Plan
 Project Name/Number: EWLGHDHP0115/EWLGHDHP0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Andrea Philhower	09/24/2015	09/24/2015

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Active Suspense	Linda Broyles	06/24/2015	06/24/2015
Active Suspense	Linda Broyles	04/10/2015	04/13/2015
Active Suspense	Linda Broyles	04/01/2015	04/01/2015

Response Letters

Responded By	Created On	Date Submitted
Maurice Marquez	08/30/2015	07/01/2015
Maurice Marquez	04/17/2015	04/20/2015
Maurice Marquez	04/08/2015	04/08/2015

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Alternative Care Services Rider	Tessa Twilleager	08/06/2015	08/06/2015
Form	Alternative Care Services Rider	Tessa Twilleager	08/06/2015	08/06/2015
Form	Alternative Care Services Rider	Tessa Twilleager	08/06/2015	08/06/2015
Supporting Document	Redline: Alternative Care Services Rider Forms per Amendment 8-6-2015	Tessa Twilleager	08/06/2015	08/06/2015
Form	Large Group High Deductible Health Plan Evidence of Coverage	Tessa Twilleager	02/11/2015	02/11/2015
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015
Form	Outpatient Prescription Drug Rider	Tessa Twilleager	02/11/2015	02/11/2015
Supporting Document	Redline: Evidence of Coverage Form and Alternative Care Services Rider Forms per Amendment 2-11-2015	Tessa Twilleager	02/11/2015	02/11/2015
Form	Outpatient Prescription Drug Rider	Tessa Twilleager	12/23/2014	12/23/2014
Form	Outpatient Prescription Drug Rider	Tessa Twilleager	12/23/2014	12/23/2014
Form	Outpatient Prescription Drug Rider	Tessa Twilleager	12/23/2014	12/23/2014
Form	Outpatient Prescription Drug Rider	Tessa Twilleager	12/23/2014	12/23/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/29/2014

SERFF Tracking #:

KFNW-129667876

State Tracking #:

275068

Company Tracking #:

EWLGDHP0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group High Deductible Health Plan

Project Name/Number:

EWLGDHP0115/EWLGDHP0115

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/29/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/29/2014
Supporting Document	Per Note to Reviewer 10/21/14: Redline Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/29/2014

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re: Request for an Amendment 8-5-2015	Note To Filer	Linda Broyles	08/05/2015	08/05/2015
Request for Amendment 8-5-2015	Note To Reviewer	Tessa Twilleager	08/05/2015	08/05/2015
Re: Request to Amend 2-10-2015	Note To Filer	Linda Broyles	02/10/2015	02/10/2015
Request for an Amendment 2-10-2015	Note To Reviewer	Tessa Twilleager	01/13/2015	02/10/2015
Re: Request to amend	Note To Filer	Linda Broyles	12/23/2014	12/23/2014
Request for Amendment	Note To Reviewer	Tessa Twilleager	12/09/2014	12/09/2014
Re: Request to amend Pediatric Vision Hardware Rider	Note To Filer	Linda Broyles	10/22/2014	10/22/2014
Request to amend Pediatric Vision Hardware Rider	Note To Reviewer	Kindra Tappan	10/21/2014	10/21/2014
Referred	Reviewer Note	Linda Broyles	04/30/2015	

State: Washington
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group High Deductible Health Plan
 Project Name/Number: EWLGHDP0115/EWLGHDP0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

Disposition

Disposition Date: 09/24/2015

Implementation Date: 01/01/2015

Status: Filed

HHS Status: HHS Approved

State Review:

Comment: These forms, as amended and filed, allow this plan to be issued only to groups whose members reside or work in Clark and Cowlitz counties, Washington. Please be aware that this final disposition does not authorize or change the status of any groups to whom the plan may have been sold prior to final disposition and whose membership does not meet this requirement. This final disposition has no effect on the groups that are the subject of OIC Order No. 15-0205.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Disability Associations		Yes
Supporting Document	Filing Instructions		Yes
Supporting Document	Group Form Filing Requirements - L&D, HCSC		Yes
Supporting Document	PPACA Exemption Request		Yes
Supporting Document	Redline: High Deductible Health Plan Evidence of Coverage (EOC)		Yes
Supporting Document	Redline: High Deductible Health Plan Benefit Summary		Yes
Supporting Document	Redline: Alternative Care Services Rider		Yes
Supporting Document	Redline: Hearing Aid Rider		Yes
Supporting Document	Redline: Outpatient Prescription Drug Rider		Yes
Supporting Document	Redline: Adult Vision Hardware and Optical Services Rider		Yes
Supporting Document	Redline: Disclosure of Grandfathered Coverage		Yes
Supporting Document	Redline: Coordination of Benefits Consumer Explanatory Booklet		Yes
Supporting Document	Redline: Frequently asked questions about your pharmacy benefits		Yes
Supporting Document	Redline: New and Renewing Group Application for groups with 51 or more employees		Yes
Supporting Document	Redline: Washington Group Employee Enrollment/Change Form		Yes

SERFF Tracking #:

KFNW-129687876

State Tracking #:

275068

Company Tracking #:

EWLGHDP0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group High Deductible Health Plan

Project Name/Number:

EWLGHDP0115/EWLGHDP0115

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Redline: Addendum to Employee Enrollment/Change		Yes
Supporting Document	Redline: Group Agreement		Yes
Supporting Document	Redline: Travel Services Rider		Yes
Supporting Document	Per Note to Reviewer 10/21/14: Redline Pediatric Vision Hardware and Optical Services Rider		Yes
Supporting Document	Redline: Evidence of Coverage Form and Alternative Care Services Rider Forms per Amendment 2-11-2015		Yes
Supporting Document	Redline: Evidence of Coverage due to Objection dated 04/10/15		Yes
Supporting Document	Redline EOC due to objection letter dated 06/24/15 on Service Area Definition		Yes
Supporting Document	List of Group that will receive the revised EOC with the updated Service Area definition		Yes
Supporting Document	Redline: Alternative Care Services Rider Forms per Amendment 8-6-2015		Yes
Form (revised)	Large Group High Deductible Health Plan Evidence of Coverage	Filed	Yes
Form	Large Group High Deductible Health Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group High Deductible Health Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group High Deductible Health Plan Evidence of Coverage	Withdrawn	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes

SERFF Tracking #:

KFNW-129667878

State Tracking #:

275068

Company Tracking #:

EWLGHDHP0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group High Deductible Health Plan

Project Name/Number:

EWLGHDHP0115/EWLGHDHP0115

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form	High Deductible Health Plan Benefit Summary	Filed	Yes
Form (revised)	Alternative Care Services Rider	Filed	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form (revised)	Alternative Care Services Rider	Filed	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form (revised)	Alternative Care Services Rider	Filed	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form	Hearing Aid Rider	Filed	Yes
Form	Hearing Aid Rider	Filed	Yes
Form	Hearing Aid Rider	Filed	Yes
Form	Hearing Aid Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes

SERFF Tracking #:

KFNW-129667876

State Tracking #:

275068

Company Tracking #:

EWLGHDHP0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group High Deductible Health Plan

Project Name/Number:

EWLGHDHP0115/EWLGHDHP0115

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Travel Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form	Adult Vision Hardware and Optical Services Rider	Filed	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form	Disclosure of Grandfathered Coverage	Filed	Yes
Form	Coordination of Benefits Consumer Explanatory Booklet	Filed	Yes
Form	Frequently asked questions about your pharmacy benefits	Filed	Yes
Form (revised)	New and Renewing Group Application for groups with 51 or more employees	Filed	Yes
Form	New and Renewing Group Application for groups with 51 or more employees	Withdrawn	Yes
Form	Washington Group Employee Enrollment/Change Form	Filed	Yes
Form	Addendum to Employee Enrollment/Change	Filed	Yes
Form	Large Group Plan Group Agreement	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes

SERFF Tracking #:

KFNW-129667876

State Tracking #:

275088

Company Tracking #:

EWLGHDHP0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group High Deductible Health Plan

Project Name/Number:

EWLGHDHP0115/EWLGHDHP0115

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TO: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGHDP0115/EWLGHDP0115

Objection Letter

Objection Letter Status Active Suspense
Objection Letter Date 06/24/2015
Submitted Date 06/24/2015
Respond By Date 07/08/2015

Dear Kindra Tappan,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDP0115 (Form)

Comments: Please modify the definition of service area in compliance with WAC 284-43-130 (29).

Additionally, please provide a list under the supporting documentation tab, identifying all groups who will be receiving this reissued certificate with corrected service area definition for 2015. The list should include the group names for groups who purchased this product off the shelf, as well as the group names and evidence of coverage form numbers for all groups who negotiated a rate or form change off of this product in a manner that allowed them to previously be filed in a short form format. Kaiser should send a Note to Reviewer to request reopening of any fully negotiated filings in order to accomplish the certificate reissue.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group High Deductible Health Plan
 Project Name/Number: EWLGHDHP0115/EWLGHDHP0115

Objection Letter

Objection Letter Status Active Suspense
 Objection Letter Date 04/13/2015
 Submitted Date 04/13/2015
 Respond By Date 04/20/2015

Dear Kindra Tappan,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDHP0115 (Form)

Comments: Thank you for your response regarding the service area definition contained in the Washington Administrative Code. Our office respectfully disagrees the WAC does not apply to large group plans. We are therefore requesting once again that you modify your definition of Service Area in compliance with Washington regulation. [WAC 284-43-130 (29)]

Objection 2

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDHP0115 (Form)

Comments: The OICs 4-1-2015 inquiry regarding immunosuppressive drugs was based on the fact that, in the past, Kaiser has always called out coverage for such drugs within the Transplant Services provision. That provision is silent in regards to such drugs this year so this agency was attempting to verify the drugs are still being covered, either under the Transplant Services provision or perhaps under the Benefits for Inpatient Hospital Services provision. Kaisers response, however, indicates the coverage for immunosuppressive drugs has been transferred from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Your response is concerning to this agency; are you saying that immunosuppressive drugs are only covered on an outpatient basis? You must explain what would occur if a member, whose group did not elect to purchase an Outpatient Prescription Drug Rider, undergoes a transplant, and requires immunosuppressive drugs while still confined as an inpatient?

Objection 3

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDHP0115 (Form)

Comments: Thank you for including a portion of the language required by WAC 284-51-235 within the EOC. The WAC directs the plan "must" include the following statement, meaning the entire statement exactly as listed in the regulation. You must provide further modified language, including the entire statement as listed in the regulation, within your EOC for our review.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group High Deductible Health Plan
 Project Name/Number: EWLGHDP0115/EWLGHDP0115

Objection Letter

Objection Letter Status Active Suspense
 Objection Letter Date 04/01/2015
 Submitted Date 04/01/2015
 Respond By Date 04/08/2015

Dear Kindra Tappan,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group Plan Group Agreement, WWLG0115 (Form)

Comments: Under the "Members to whom this "Medicare as Primary Payer" provision on page 2 you have bracketed the paragraph regarding premium amounts. You have not provided an explanation of variability associated with this bracketing. Will the language be strictly in or out, and if so under what circumstances, or will there be variations on the language within this paragraph, and if so what will the variable language look like?

Objection 2

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDP0115 (Form)

Comments: The definition of "Service Area" provided indicates the service area consists of certain geographic areas in the Northwest as designated by ZIP code. The definition continues on to advise the service area may change. Under WAC 284-43-130 (29) a service area must be defined by county or counties and may not be defined by ZIP code unless allowed by the Commissioner for good cause, such as geographic barriers which make offering coverage throughout an entire county unreasonable. You must redefine your service area by county and remove language indicating the service area may be changed.

Objection 3

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDP0115 (Form)

Comments: Please verify you cover immunosuppressive drugs as part of your "Transplant Services" benefit.

Objection 4

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDP0115 (Form)

Comments: Please direct our attention to the "Notice to covered persons" provision as required by WAC 284-51-235.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

SERFF Tracking #: KFNW-129667876

State Tracking #: 275068

Company Tracking #: EWLGHDP0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H18G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGHDP0115/EWLGHDP0115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/30/2015
Submitted Date	07/01/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to replace our 2015 High Deductible Health Plans (HDHP) EOCs in order to change the Service Area definition as stipulated in the WAC 284-43-130(29).

In addition, per our voice mail communication on June 23, 2015, we are replacing our Application (FWOLGAPP0115) for groups with 51 or more employees. This application now contains the fraud statement for Washington employees and a fraud statement for Oregon employees as we use this application in both states.

To ensure compliance with section 2708 of the Public Health Service Act (PHSA) and 45 CFR 116(b), in this revised version, we have removed the new-hire eligibility date information in Section III, and added a paragraph titled "Representation Regarding Waiting Periods" where a signee acknowledges that the group does not impose a waiting period exceeding 90 days on employees who meet the group's eligibility requirements. Two new pieces of information to page 2 for administrative purposes were also added to include the question "Do your eligibility rules allow for mid-month effective dates?" and the option for "Premium Prorate."

Response 1

Comments:

We have revised our Service Area definition to reflect Clark and Cowlitz counties. Please find in the supporting documentation tab a list of all the groups to whom we will be sending a revised Evidence of Coverage (EOC) with an updated Service Area definition that reflects Clark and Cowlitz counties. This list contains the Group Name (who purchased the shelf plans) and form numbers. Moreover, this list identifies those groups for whom we have submitted Short Form filings due to negotiated deviations from the Shelf plans.

Related Objection 1

Applies To:

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDP0115 (Form)

Comments: Please modify the definition of service area in compliance with WAC 284-43-130 (29).

Additionally, please provide a list under the supporting documentation tab, identifying all groups who will be receiving this reissued certificate with corrected service area definition for 2015. The list should include the group names for groups who purchased this product off the shelf, as well as the group names and evidence of coverage form numbers for all groups who negotiated a rate or form change off of this product in a manner that allowed them to previously be filed in a short form format. Kaiser should send a Noto to Reviewer to request reopening of any fully negotiated filings in order to accomplish the certificate reissue.

Changed Items:

SERFF Tracking #: KFNW-129687876

State Tracking #: 275068

Company Tracking #: EWLGHDHP0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Std Master Cont Large Group High Deductible Health Plan

Project Name/Number: EWLGHDHP0115/EWLGHDHP0115

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline EOC due to objection letter dated 06/24/15 on Service Area Definition
Comments:	
Attachment(s):	EWLGHDHP0115 V4 RL.pdf FWOLGAPP0115R RL.pdf FWOLGAPP0115R V2 RL.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline EOC due to objection letter dated 06/24/15 on Service Area Definition
Comments:	
Attachment(s):	EWLGHDHP0115 V4 RL.pdf FWOLGAPP0115R RL.pdf FWOLGAPP0115R V2 RL.pdf

Satisfied - Item:	List of Group that will receive the revised EOC with the updated Service Area definition
Comments:	
Attachment(s):	2015 WA Large Group List HDHP.pdf

SERFF Tracking #:

KFNW-129667876

State Tracking #:

275068

Company Tracking #:

EWLGHDHP0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Mastor Cont Large Group High Deductible Health Plan

Project Name/Number:

EWLGHDHP0115/EWLGHDHP0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Large Group High Deductible Health Plan Evidence of Coverage	EWLGHDHP0115	CER	Revised	Previous Filing Number: 266712 Replaced Form Number: EWLGHDHP0414		EWLGHDHP0115.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group High Deductible Health Plan Evidence of Coverage	EWLGHDHP0115	CER	Revised	Previous Filing Number: 266712 Replaced Form Number: EWLGHDHP0414		EWLGHDHP0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group High Deductible Health Plan Evidence of Coverage	EWLGHDHP0115	CER	Revised	Previous Filing Number: 266712 Replaced Form Number: EWLGHDHP0414		EWLGHDHP0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
1	Large Group High Deductible Health Plan Evidence of Coverage	EWLGHDHP0115	CER	Revised	Previous Filing Number: 266712 Replaced Form Number: EWLGHDHP0414		EWLGHDHP0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
2	New and Renewing Group Application for groups with 51 or more employees	FWOLGAPP0115 R	AEF	Revised	Previous Filing Number: 259274 Replaced Form Number: FWOLGAPP0114		FWOLGAPP0115 R.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
<i>Previous Version</i>								
2	New and Renewing Group Application for groups with 51 or more employees	FWOLGAPP0115	AEF	Revised	Previous Filing Number: 259274 Replaced Form Number: FWOLGAPP0114		FWOLGAPP0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan

SERFF Tracking #: KFNW-129667876

State Tracking #: 275068

Company Tracking #: EWLGHDP0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Std Master Cont Large Group High Deductible Health Plan

Project Name/Number: EWLGHDP0115/EWLGHDP0115

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for allowing us to permitting the revisions to our EOCs. We hope that you find everything in order so we can obtain your final approval.

Sincerely,

Maurice Marquez

SERFF Tracking #: KFNW-129667876

State Tracking #: 275068

Company Tracking #: EWLGHDHP0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGHDHP0115/EWLGHDHP0115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/17/2015
Submitted Date	04/20/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to respond to your concerns contained in your objection letter dated April 10, 2015. Please find below our responses and any edits that we made to our forms according to your concerns.

Response 1

Comments:

Our organization respectfully disagrees with the assessment that WAC 284-43-130 (29) applies to large group plans. We request that the Commissioner reconsider this assessment, taking the following into account:

We understand the revision to the service area definition in WAC 284-43-130 (29) was made to align state law requirements with federal health care reform network adequacy requirements for qualified health plans (QHPs) in 45 CFR 156.230. These access requirements apply to QHPs and health plans offered outside the exchange for the small group and individual market segments, not large group market segments (please see also the purpose statement for both WSR 14-07-102 and WSR 14-10-017 filed 03-19-14 and 04-25-14). Further, the section provides that the definitions in WAC 284-43-130 apply unless a term is defined in other subchapters or the context requires otherwise. We feel it is clear that the context requires otherwise and that it was not the intent of the OIC to apply this definition to the large group market segment as evidenced by 2014 form and access plan filings.

Furthermore, application of the definition in WAC 284-43-130 (29) to the LBG market segment would be injurious to consumers and disruptive to the marketplace. The OIC has not communicated any intent to apply the more restrictive standard to the LBG market segment, nor is there any underlying requirement or rationale to do so. Applying this standard in the LBG segment will result in a decrease in consumer choice as carriers will be forced to withdraw from counties in which they do not currently offer coverage in all zip codes. This change will likely come as a surprise to many employer groups who will have little to no notice to enable them to examine their reduced options. The reduced choice in the marketplace may leave consumers with reduced access to providers.

Related Objection 1

Applies To:

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDHP0115 (Form)

Comments: Thank you for your response regarding the service area definition contained in the Washington Administrative Code. Our office respectfully disagrees the WAC does not apply to large group plans. We are therefore requesting once again that you modify your definition of Service Area in compliance with Washington regulation. [WAC 284-43-130 (29)]

Changed Items:

No Supporting Documents changed.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H18G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGHDHP0115/EWLGHDHP0115

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We are not saying that immunosuppressive drugs are only covered on an outpatient basis. For a member whose group elects to purchase an outpatient prescription drug rider, self-administered immunosuppressive drugs are covered under that rider. If a member requires immunosuppressive drugs, while confined as an inpatient, those drugs are covered under the Benefits for Inpatient Hospital Services section in the seventeenth bullet point "Prescription drugs, including injections".

Related Objection 2

Applies To:

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDHP0115 (Form)

Comments: The OICs 4-1-2015 inquiry regarding immunosuppressive drugs was based on the fact that, in the past, Kaiser has always called out coverage for such drugs within the Transplant Services provision. That provision is silent in regards to such drugs this year so this agency was attempting to verify the drugs are still being covered, either under the Transplant Services provision or perhaps under the Benefits for Inpatient Hospital Services provision. Kaisers response, however, indicates the coverage for immunosuppressive drugs has been transferred from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Your response is concerning to this agency; are you saying that immunosuppressive drugs are only covered on an outpatient basis? You must explain what would occur if a member, whose group did not elect to purchase an Outpatient Prescription Drug Rider, undergoes a transplant, and requires immunosuppressive drugs while still confined as an inpatient?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

We have made revisions to the Evidence of Coverage (EOCs) in this filing to include the entire statement exactly as listed in the regulation WAC 284-51-235

Related Objection 3

Applies To:

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDHP0115 (Form)

SERFF Tracking #: KFNW-129667876

State Tracking #: 275068

Company Tracking #: EWLGHDP0115

State: Washington

Filing Company: Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Sid Master Cont Large Group High Deductible Health Plan
 Project Name/Number: EWLGHDP0115/EWLGHDP0115

Comments: Thank you for including a portion of the language required by WAC 284-51-235 within the EOC. The WAC directs the plan "must" include the following statement, meaning the entire statement exactly as listed in the regulation. You must provide further modified language, including the entire statement as listed in the regulation, within your EOC for our review.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline: Evidence of Coverage due to Objection dated 04/10/15
Comments:	
Attachment(s):	EWLGHDP0115 RL v3.pdf

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Large Group High Deductible Health Plan Evidence of Coverage	EWLGHDP0115	CER	Revised	Previous Filing Number:	266712		EWLGHDP0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
					Replaced Form Number:	EWLGHDP0414			
<i>Previous Version</i>									
1	Large Group High Deductible Health Plan Evidence of Coverage	EWLGHDP0115	CER	Revised	Previous Filing Number:	266712		EWLGHDP0115.pdf	Date Submitted: 02/11/2015 By:
					Replaced Form Number:	EWLGHDP0414			
<i>Previous Version</i>									
1	Large Group High Deductible Health Plan Evidence of Coverage	EWLGHDP0115	CER	Revised	Previous Filing Number:	266712		EWLGHDP0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
					Replaced Form Number:	EWLGHDP0414			

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of our 2015 large group forms contained in this filing.

Sincerely,

SERFF Tracking #:

KFNW-129667876

State Tracking #:

275068

Company Tracking #:

EWLGHDP0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group High Deductible Health Plan

Project Name/Number:

EWLGHDP0115/EWLGHDP0115

Maurice Marquez

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group High Deductible Health Plan
 Project Name/Number: EWLGHDHP0115/EWLGHDHP0115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/08/2015
Submitted Date	04/08/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to respond to your objection letter dated April 1, 2015.

Our responses below:

Response 1

Comments:

Medicare premium amounts only apply to our Traditional Copayment Plans. For all other product types, including Deductible Plans, High Deductible Health Plans, and Added Choice plans, the entire bracketed section is deleted. Because we use the same form for all of these product types, we have chosen to bracket this information to indicate it is variable and will only be included for Traditional Copayment Plans. The bolded brackets at the beginning and end of this section indicate the entire section will be removed for Deductible Plans, High Deductible Health Plans, and Added Choice plans. The brackets within this section near the dollar signs indicate these premium amounts will vary when we include this section for our Traditional Copayment Plans.

Related Objection 1

Applies To:

- Large Group Plan Group Agreement, WWLG0115 (Form)

Comments: Under the "Members to whom this "Medicare as Primary Payer" section applies" provision on page 2 you have bracketed the paragraph regarding premium amounts. You have not provided an explanation of variability associated with this bracketing. Will the language be strictly in or out, and if so under what circumstances, or will there be variations on the language within this paragraph, and if so what will the variable language look like?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

It is our understanding that WAC 284-43-130 (29) applies to individual and Small group plans offered both inside and outside of the exchange and our individual and Small Group plans comply with this provision. However, the definition contained in WAC 284-43-130 (29) does not apply to Large Group plans since the federal provisions impacting Qualified Health Plans and health plans offered outside the exchange that underlies the state requirement are not applicable to Large Group Plans.

Related Objection 2

Applies To:

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDHP0115 (Form)

Comments: The definition of "Service Area" provided indicates the service area consists of certain geographic areas in the Northwest as designated by ZIP code. The definition continues on to advise the service area may change. Under WAC 284-43-130 (29) a service area must be defined by county or counties and may not be defined by ZIP code unless allowed by the Commissioner for good cause, such as geographic barriers which make offering coverage throughout an entire county unreasonable. You must redefine your service area by county and remove language indicating the service area may be changed.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGHDP0115/EWLGHDP0115

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Immunosuppressive drugs are covered at the applicable cost share outlined in the Outpatient Prescription Drug Rider Benefit Summary section. For 2015, we transferred this coverage from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Because these drugs are covered as any other drug in the formulary, we did not include specific verbiage within the rider for this type of drug.

Related Objection 3

Applies To:

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDP0115 (Form)

Comments: Please verify you cover immunosuppressive drugs as part of your "Transplant Services" benefit.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The "Notice to covered persons" information as required by WAC 284-51-235 is located in the Reductions section under the Coordination of Benefits subsection within the first two paragraphs.

Related Objection 4

Applies To:

- Large Group High Deductible Health Plan Evidence of Coverage, EWLGHDP0115 (Form)

Comments: Please direct our attention to the "Notice to covered persons" provision as required by WAC 284-51-235.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for giving us the opportunity to reply to your objection letter.

Sincerely,

Maurice Marquez

SERFF Tracking #:

KFNW-129667876

State Tracking #:

275068

Company Tracking #:

EWLGHDP0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group High Deductible Health Plan

Project Name/Number:

EWLGHDP0115/EWLGHDP0115

Amendment Letter

Submitted Date:

08/06/2015

Comments:

Per the Note to Filer received from Linda Broyles on 8/5/2015, we were granted permission to amend this filing to include the following:

Form Numbers RWLGALTCH5000115, RWLGALTCH10000115, and RWLGALTCH15000115:

The massage therapy services cost share has been corrected in these updated Alternative Care Services Rider forms. We have revised the cost share to a \$25 copayment after deductible. This change will not affect the corresponding rate filing.

This Amendment includes the aforementioned forms and redline documents illustrating the change we made to the currently filed documents. We appreciate the opportunity to make this change and we appreciate your review. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you,

Tessa Twilleager

Changed Items:

SERFF Tracking #: KFNW-129687876

State Tracking #: 275068

Company Tracking #: EWLGDHP0115

State: Washington
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group High Deductible Health Plan
 Project Name/Number: EWLGDHP0115/EWLGDHP0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
					Previous Filing Number:	Replaced Form Number:			
1	Alternative Care Services Rider	RWLGALTCH5000115	CERA	Revised	259274	RWLGALTCH5000114		RWLGALTCH5000115.pdf	Date Submitted: 08/06/2015 By:
<i>Previous Version</i>									
1	Alternative Care Services Rider	RWLGALTCH5000115	CERA	Revised	259274	RWLGALTCH5000114		RWLGALTCH5000115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>									
1	Alternative Care Services Rider	RWLGALTCH5000115	CERA	Revised	259274	RWLGALTCH5000114		RWLGALTCH5000115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
2	Alternative Care Services Rider	RWLGALTCH10000115	CERA	Revised	259274	RWLGALTCH10000114		RWLGALTCH10000115.pdf	Date Submitted: 08/06/2015 By:
<i>Previous Version</i>									
2	Alternative Care Services Rider	RWLGALTCH10000115	CERA	Revised	259274	RWLGALTCH10000114		RWLGALTCH10000115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>									
2	Alternative Care Services Rider	RWLGALTCH10000115	CERA	Revised	259274	RWLGALTCH10000114		RWLGALTCH10000115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan

SERFF Tracking #: KFNW-129667876

State Tracking #: 275068

Company Tracking #: EWLGDHP0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Std Master Cont Large Group High Deductible Health Plan

Project Name/Number: EWLGDHP0115/EWLGDHP0115

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
3	Alternative Care Services Rider	RWLGALTCH15000115	CERA	Revised	Previous Filing Number:	259274		RWLGALTCH15000115.pdf	Date Submitted: 08/06/2015 By:
<i>Previous Version</i>					Replaced Form Number:	RWLGALTCH15000114			
3	Alternative Care Services Rider	RWLGALTCH15000115	CERA	Revised	Previous Filing Number:	259274		RWLGALTCH15000115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>					Replaced Form Number:	RWLGALTCH15000114			
3	Alternative Care Services Rider	RWLGALTCH15000115	CERA	Revised	Previous Filing Number:	259274		RWLGALTCH15000115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
<i>Previous Version</i>					Replaced Form Number:	RWLGALTCH15000114			

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline: Alternative Care Services Rider Forms per Amendment 8-6-2015
Comments:	
Attachment(s):	RWLGALTCH5000115 RL.pdf RWLGALTCH10000115 RL.pdf RWLGALTCH15000115 RL.pdf

SERFF Tracking #: KFNW-129687878 State Tracking #: 275068

Company Tracking #: EWLGDHP0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGDHP0115/EWLGDHP0115

Amendment Letter

Submitted Date: 02/11/2015

Comments:

Per the Note to Filer received from Linda Broyles on 2/10/2015, we were granted permission to amend this filing to include the following:

Form Number EWLGDHP0115: To comply with the Washington Supreme Court's decision in the OST v. Regence BlueShield case, we are submitting an updated Evidence of Coverage form that removes the blanket exclusion for neurodevelopmental therapy for children over the age of six.

Form Numbers RWLGALTCH5000115, RWLGALTCH10000115, RWLGALTCH15000115: We are replacing the currently filed Alternative Care Services Rider forms with updated versions that align more closely with EHB requirements.

Form Number RWLGRX4T720115: We are adding an additional Outpatient Prescription Drug Rider that was not previously filed. This document will be considered Initial and will be offered alongside all other Riders in this filing.

This Amendment includes the aforementioned forms as well as redline documents illustrating the changes we made to the currently filed documents. Thank you very much for this opportunity and for your review. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you,
Tessa Twilleager
Changed Items:

SERFF Tracking #: KFNW-129667876

State Tracking #: 275068

Company Tracking #: EWLGHDP0115

State: Washington

Filing Company: Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group High Deductible Health Plan
 Project Name/Number: EWLGHDP0115/EWLGHDP0115

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Large Group High Deductible Health Plan Evidence of Coverage	EWLGHDP0115	CER	Revised	Previous Filing Number:	268712		EWLGHDP0115.pdf	Date Submitted: 02/11/2015 By:
					Replaced Form Number:	EWLGHDP0414			
<i>Previous Version</i>									
1	Large Group High Deductible Health Plan Evidence of Coverage	EWLGHDP0115	CER	Revised	Previous Filing Number:	268712		EWLGHDP0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
					Replaced Form Number:	EWLGHDP0414			
2	Alternative Care Services Rider	RWLGALTCH5000115	CERA	Revised	Previous Filing Number:	259274		RWLGALTCH5000115.pdf	Date Submitted: 02/11/2015 By:
					Replaced Form Number:	RWLGALTCH5000114			
<i>Previous Version</i>									
2	Alternative Care Services Rider	RWLGALTCH5000115	CERA	Revised	Previous Filing Number:	259274		RWLGALTCH5000115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
					Replaced Form Number:	RWLGALTCH5000114			
3	Alternative Care Services Rider	RWLGALTCH10000115	CERA	Revised	Previous Filing Number:	259274		RWLGALTCH10000115.pdf	Date Submitted: 02/11/2015 By:
					Replaced Form Number:	RWLGALTCH10000114			
<i>Previous Version</i>									
3	Alternative Care Services Rider	RWLGALTCH10000115	CERA	Revised	Previous Filing Number:	259274		RWLGALTCH10000115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
					Replaced Form Number:	RWLGALTCH10000114			
4	Alternative Care	RWLGALTCH150	CERA	Revised	Previous	259274		RWLGALTCH150	Date Submitted:

SERFF Tracking #: KFNW-129667876

State Tracking #: 275068

Company Tracking #: EWLGDHP0115

State: Washington

Filing Company: Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group High Deductible Health Plan
 Project Name/Number: EWLGDHP0115/EWLGDHP0115

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
	Services Rider	00115			Filing Number:			00115.pdf	02/11/2015 By:
					Replaced Form Number:	RWL GAL TCH1500 0114			
<i>Previous Version</i>									
4	Alternative Care Services Rider	RWL GAL TCH150 00115	CERA	Revised	Previous Filing Number:	259274		RWL GAL TCH150 00115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
					Replaced Form Number:	RWL GAL TCH1500 0114			
5	Outpatient Prescription Drug Rider	RWLGRX4T7201 15	CERA	Initial				RWLGRX4T7201 15.pdf	Date Submitted: 02/11/2015 By:

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline: Evidence of Coverage Form and Alternative Care Services Rider Forms per Amendment 2-11-2015
Comments:	
Attachment(s):	EWLGDHP0115 RL.pdf RWLGALTCH5000115 RL.pdf RWLGALTCH10000115 RL.pdf RWLGALTCH15000115 RL.pdf

SERFF Tracking #:

KFNW-129687878

State Tracking #:

275068

Company Tracking #:

EWLGHDP0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group High Deductible Health Plan

Project Name/Number:

EWLGHDP0115/EWLGHDP0115

Amendment Letter

Submitted Date:

12/23/2014

Comments:

Per the Note to Filer received from Linda Broyles on 12/23/2014, we were granted permission to amend this filing to include additional Outpatient Prescription Drug Riders that were not previously filed. This Amendment includes the aforementioned forms. Thank you very much for this opportunity and for your review. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you,

Tessa Twilleager

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Outpatient Prescription Drug Rider	RWLGRX2T5C0115	CERA	Initial			RWLGRX2T5C0115.pdf	Date Submitted: 12/23/2014 By:
2	Outpatient Prescription Drug Rider	RWLGRX4T153050500115	CERA	Initial			RWLGRX4T153050500115.pdf	Date Submitted: 12/23/2014 By:
3	Outpatient Prescription Drug Rider	RWLGRX4T1530501500115	CERA	Initial			RWLGRX4T1530501500115.pdf	Date Submitted: 12/23/2014 By:
4	Outpatient Prescription Drug Rider	RWLGRX4T2040601500115	CERA	Initial			RWLGRX4T2040601500115.pdf	Date Submitted: 12/23/2014 By:

No Rate Schedule Items Changed.

No Supporting Documents Changed.

SERFF Tracking #:

KFNW-129667876

State Tracking #:

275068

Company Tracking #:

EWLGHDHP0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group High Deductible Health Plan

Project Name/Number:

EWLGHDHP0115/EWLGHDHP0115

Amendment Letter

Submitted Date:

10/29/2014

Comments:

As we had indicated in our request for an Amendment on 10/21/14, we have revised our 2015 Pediatric Vision Hardware and Optical Services Riders to align more closely with the EHB requirements. In this Amendment, we replaced the 12 month version of the Pediatric Vision Hardware and Optical Services Rider. We have included a redline form showing the changes between the originally filed form and the updated filed form. The updated form will have a different form number than the original. This is because we have created a form specific to High Deductible Health Plans that shows the Medically Necessary Contact Lenses and Low Vision Aids cost shares as "after deductible". Because of this, we withdrew the previous 12 month form and added the New Schedule Item as Initial. Additionally, we removed the 24 month version of our Pediatric Vision Hardware and Optical Services Rider because we will only offer the 12 month version for 2015. This aligns more closely with the EHB requirements. The withdrawn forms have an Action choice of "Other" with the Other Explanation as "Withdraw". Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org. I am assisting with this filing in Kindra's absence while she is on vacation.

We appreciate your time and review.

With kind regards,

Tessa Twilleager

Changed Items:

SERFF Tracking #: KFNW-129667876

State Tracking #: 275068

Company Tracking #: EWLGDHP0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

State: Washington

Filing Company: Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group High Deductible Health Plan
 Project Name/Number: EWLGDHP0115/EWLGDHP0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Pediatric Vision Hardware and Optical Services Rider	RWLG VXPL10115	CERA	Other	WITHDRAW			Date Submitted: 10/29/2014 By:
<i>Previous Version</i>								
1	Pediatric Vision Hardware and Optical Services Rider	RWLG VXPL10115	CERA	Revised	Previous Filing Number: 259274 Replaced Form Number: RWLG VX PL10114		RWLG VXPL10115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
2	Pediatric Vision Hardware and Optical Services Rider	RWLG VXPL20115	CERA	Other	WITHDRAW			Date Submitted: 10/29/2014 By:
<i>Previous Version</i>								
2	Pediatric Vision Hardware and Optical Services Rider	RWLG VXPL20115	CERA	Revised	Previous Filing Number: 259274 Replaced Form Number: RWLG VX PL20114		RWLG VXPL20115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
3	Pediatric Vision Hardware and Optical Services Rider	RWLG VXPH0115	CERA	Initial			RWLG VXPH0115.pdf	Date Submitted: 10/29/2014 By:

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes

Satisfied - Item:	Per Note to Reviewer 10/21/14: Redline Pediatric Vision Hardware and Optical Services Rider
Comments:	Per Note to Reviewer on 10/21/14, we have attached a Pediatric Vision Hardware and Optical Services redline form comparing the Revised Form with the updated Initial Form specific to High Deductible Health Plans.
Attachment(s):	RWLG VXPH0115 RL.pdf

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGHDP0115/EWLGHDP0115

Note To Filer

Created By:

Linda Broyles on 08/05/2015 03:36 PM

Last Edited By:

Linda Broyles

Submitted On:

08/05/2015 03:36 PM

Subject:

Re: Request for an Amendment 8-5-2015

Comments:

Hi Tessa,

You may amend the filing to correct the cost shares in the riders as requested.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGHDP0115/EWLGHDP0115

Note To Reviewer

Created By:

Tessa Twilleager on 08/05/2015 01:06 PM

Last Edited By:

Tessa Twilleager

Submitted On:

08/05/2015 01:10 PM

Subject:

Request for Amendment 8-5-2015

Comments:

We have found that forms RWLGALTCH5000115, RWLGALTCH10000115, and RWLGALTCH15000115 contain a benefit discrepancy which we are requesting the opportunity to correct. These forms list the incorrect cost share for massage therapy services. Currently these forms indicate that the cost share matches the specialty care copayment or coinsurance but massage therapy should show a \$25 copay after deductible. In the Added Choice and Deductible and Traditional plan filings, the Alternative Care Services Riders show a \$25 copay for massage therapy services. Our intent was to match this \$25 cost share on the HDHP subject to the deductible but we did not make this change prior to filing. We are respectfully requesting the opportunity for an Amendment so that we may make this correction. This change will not affect the corresponding rate filing.

Please let us know whether or not this change is permissible. If so, we will amend the filing appropriately and provide redlined documents illustrating the change we made to the currently filed documents. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you for your time,
Tessa Twilleager

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TO: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGDHP0115/EWLGDHP0115

Note To Filer

Created By:

Linda Broyles on 02/10/2015 03:42 PM

Last Edited By:

Linda Broyles

Submitted On:

02/10/2015 03:42 PM

Subject:

Re:Request to Amend 2-10-2015

Comments:

Hi Tessa,

Your request to amend and add an additional form is approved.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGHDP0115/EWLGHDP0115

Note To Reviewer

Created By:

Tessa Twilleager on 01/13/2015 06:07 PM

Last Edited By:

Tessa Twilleager

Submitted On:

02/10/2015 11:24 AM

Subject:

Request for an Amendment 2-10-2015

Comments:

We are respectfully requesting the opportunity for an Amendment so that we may submit updated forms as well as an additional form that was not previously filed. Please find a detailed description of what we are requesting to change below:

Form Number EWLGHDP0115: To comply with the Washington Supreme Court's decision in the OST v. Regence BlueShield case, we are requesting the opportunity to submit an updated Evidence of Coverage form that removes the blanket exclusion for neurodevelopmental therapy for children over the age of six.

Form Numbers RWLGALTCH5000115, RWLGALTCH10000115, RWLGALTCH15000115: We are requesting the opportunity to replace the currently filed Alternative Care Services Rider forms with updated versions that align more closely with EHB requirements.

Outpatient Prescription Drug Rider: We are requesting the opportunity to add an additional Outpatient Prescription Drug Rider that was not previously filed. This document will be considered Initial and will be offered alongside all other Riders in this filing.

Please let us know whether or not these changes are permissible. If so, we will amend the filing appropriately and provide redlined documents illustrating the changes we made to the currently filed documents. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you for your time and review,
Tessa Twilleager

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGHDP0115/EWLGHDP0115

Note To Filer

Created By:

Linda Broyles on 12/23/2014 03:45 PM

Last Edited By:

Linda Broyles

Submitted On:

12/23/2014 03:45 PM

Subject:

Re: Request to amend

Comments:

Tessa,

You may amend this filing as requested.

Sorry I missed your request back on the 9th.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGHDP0115/EWLGHDP0115

Note To Reviewer

Created By:

Tessa Twilleager on 12/09/2014 04:37 PM

Last Edited By:

Tessa Twilleager

Submitted On:

12/09/2014 04:41 PM

Subject:

Request for Amendment

Comments:

After submitting this filing, we discovered the need to file additional Riders for our Large Group High Deductible Health Plans. We are respectfully requesting the opportunity to amend this filing to include additional Outpatient Prescription Drug Riders that were not previously filed. These documents will be considered Initial and will be offered alongside all other Riders in this filing. We apologize for any inconvenience this may cause and we appreciate your time and review. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you,
Tessa Twilleager

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGDHP0115/EWLGDHP0115

Note To Filer

Created By:

Linda Broyles on 10/22/2014 11:33 AM

Last Edited By:

Linda Broyles

Submitted On:

10/22/2014 11:35 AM

Subject:

Re: Request to amend Pediatric Vision Hardware Rider

Comments:

You may amend the Pediatric Vision Hardware and Optical Services Riders within this filing submission as requested. You must provide a redlined document reflecting changes made to each rider under the Supporting Documentation tab.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGHDHP0115/EWLGHDHP0115

Note To Reviewer

Created By:

Kindra Tappan on 10/21/2014 12:48 PM

Last Edited By:

Kindra Tappan

Submitted On:

10/21/2014 12:48 PM

Subject:

Request to amend Pediatric Vision Hardware Rider

Comments:

Dear Sir or Madam,

Upon closer examination, we noticed our 2015 Pediatric Vision Hardware and Optical Services Riders are not as closely aligned with the EHB requirements as we would like. We are respectfully requesting the opportunity to update this rider and submit as an amendment.

Thank you for your consideration.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group High Deductible Health Plan
Project Name/Number: EWLGDHP0115/EWLGDHP0115

Reviewer Note

Created By:

Linda Broyles on 04/30/2015 05:24 PM

Subject:

Referred

Comments:

Referred to Network Access Unit regarding zip code-based service area issue.

LINDA BROYLES DECL.

EXHIBIT 7

SERFF FILING DOCUMENTS RE: KFNW-129771003
STATE TRACKING NO. 277161

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
 Project Name/Number: EWLGP0SHSA3T0115/EWLGP0SHSA3T0115

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Andrea Philhower	09/24/2015	09/24/2015

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Active Suspense	Linda Broyles	06/24/2015	06/24/2015
Active Suspense	Linda Broyles	04/10/2015	04/13/2015
Active Suspense	Linda Broyles	04/01/2015	04/01/2015

Response Letters

Responded By	Created On	Date Submitted
Maurice Marquez	06/30/2015	07/01/2015
Maurice Marquez	04/17/2015	04/20/2015
Maurice Marquez	04/08/2015	04/08/2015

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	Tessa Twilleager	02/11/2015	02/11/2015
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015
Supporting Document	Redline: Evidence of Coverage form and Alternative Care Services Rider forms per Amendment 2-11-2015	Tessa Twilleager	02/11/2015	02/11/2015
Form	Outpatient Prescription Drug Rider	Tessa Twilleager	12/15/2014	12/15/2014

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re: Request for Amendment 2-10-2015	Note To Filer	Linda Broyles	02/10/2015	02/10/2015
Request for an Amendment 2-10-2015	Note To Reviewer	Tessa Twilleager	01/13/2015	02/10/2015
Re: Request for amendment	Note To Filer	Linda Broyles	12/15/2014	12/15/2014
Request for Amendment	Note To Reviewer	Tessa Twilleager	12/09/2014	12/09/2014
Referred	Reviewer Note	Linda Broyles	04/30/2015	

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
 Project Name/Number: EWLGPOSHSA3T0115/EWLGPOSHSA3T0115

Disposition

Disposition Date: 09/24/2015
 Implementation Date: 01/01/2015
 Status: Filed

HHS Status: HHS Approved
 State Review:

Comment: These forms, as amended and filed, allow this plan to be issued only to groups whose members reside or work in Clark and Cowlitz counties, Washington. Please be aware that this final disposition does not authorize or change the status of any groups to whom the plan may have been sold prior to final disposition and whose membership does not meet this requirement. This final disposition has no effect on the groups that are the subject of OIC Order No. 15-0205.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Disability Associations		Yes
Supporting Document	Filing Instructions		Yes
Supporting Document	Group Form Filing Requirements - L&D, HCSC		Yes
Supporting Document	PPACA Exemption Request		Yes
Supporting Document	Redline: Coordination of Benefits Consumer Explanatory Booklet		Yes
Supporting Document	Redline: Frequently asked questions about prior authorization and step therapy for Added Choice members		Yes
Supporting Document	Redline: New and Renewing Group Application for groups with 51 or more employees		Yes
Supporting Document	Redline: Washington Group Employee Enrollment/Change Form		Yes
Supporting Document	Redline: Addendum to Employee Enrollment/Change		Yes
Supporting Document	Redline: Group Agreement		Yes
Supporting Document	Redline: Frequently asked questions about your pharmacy benefits		Yes
Supporting Document (revised)	Redline: Evidence of Coverage due to objection letter dated 04/01/2015		Yes
Supporting Document	Redline: Evidence of Coverage form and Alternative Care Services Rider forms per Amendment 2-11-2015		Yes
Supporting Document	Redlines: Evidence of Coverage due to Objection Letter		Yes

SERFF Tracking #: KFNW-129771003

State Tracking #: 277161

Company Tracking #: EWLGP0SHSA3T0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
 Project Name/Number: EWLGP0SHSA3T0115/EWLGP0SHSA3T0115

Schedule	Schedule Item	Schedule Item Status	Public Access
	dated 04/10/15		
Supporting Document	Redline EOCs due to Service Area definition objection letter dated 06/24/15		Yes
Supporting Document	2015 LG List who will receive the updated Service Area 2015 EOC (POS HSA)		Yes
Form (revised)	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	Filed	Yes
Form	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	Withdrawn	Yes
Form	HSA-Qualified Added Choice Plan Benefit Summary	Filed	Yes
Form	HSA-Qualified Added Choice Plan Benefit Summary	Filed	Yes
Form	HSA-Qualified Added Choice Plan Benefit Summary	Filed	Yes
Form	HSA-Qualified Added Choice Plan Benefit Summary	Filed	Yes
Form (revised)	Alternative Care Services Rider	Filed	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form (revised)	Alternative Care Services Rider	Filed	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form (revised)	Alternative Care Services Rider	Filed	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form	Coordination of Benefits Consumer Explanatory Booklet	Filed	Yes
Form	Frequently asked questions about prior authorization and	Filed	Yes

SERFF Tracking #:

KFNW-129771003

State Tracking #:

277161

Company Tracking #:

EWLGPOSHSA3T0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group HSA-Qualified Added Choice Plans

Project Name/Number:

EWLGPOSHSA3T0115/EWLGPOSHSA3T0115

Schedule	Schedule Item	Schedule Item Status	Public Access
	step therapy for Added Choice members		
Form (revised)	New and Renewing Application for groups with 51 or more employees	Filed	Yes
Form	New and Renewing Application for groups with 51 or more employees	Withdrawn	Yes
Form	Washington Group Employee Enrollment/Change Form	Filed	Yes
Form	Addendum to Employee Enrollment/Change	Filed	Yes
Form	Large Group Plan Group Agreement	Filed	Yes
Form	Frequently asked questions about your pharmacy benefits	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
Project Name/Number: EWLGPOSHSA3T0115/EWLGPOSHSA3T0115

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	06/24/2015
Submitted Date	06/24/2015
Respond By Date	07/08/2015

Dear Tessa Twilleager,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHSA3T0115 (Form)
Comments: Please modify the definition of service area in compliance with WAC 284-43-130 (29).

Additionally, please provide a list under the supporting documentation tab, identifying all groups who will be receiving this reissued certificate with corrected service area definition for 2015. The list should include the group names for groups who purchased this product off the shelf, as well as the group names and evidence of coverage form numbers for all groups who negotiated a rate or form change off of this product in a manner that allowed them to previously be filed in a short form format. Kaiser should send a Note to Reviewer to request reopening of any fully negotiated filings in order to accomplish the certificate reissue.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
 Project Name/Number: EWLGPOSHSA3T0115/EWLGPOSHSA3T0115

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	04/13/2015
Submitted Date	04/13/2015
Respond By Date	04/20/2015

Dear Tessa Twilleager,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHSA3T0115 (Form)

Comments: Thank you for your response regarding the service area definition contained in the Washington Administrative Code. Our office respectfully disagrees the WAC does not apply to large group plans. We are therefore requesting once again that you modify your definition of Service Area in compliance with Washington regulation. [WAC 284-43-130 (29)]

Objection 2

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHSA3T0115 (Form)

Comments: The OICs 4-1-2015 inquiry regarding immunosuppressive drugs was based on the fact that, in the past, Kaiser has always called out coverage for such drugs within the Transplant Services provision. That provision is silent in regards to such drugs this year so this agency was attempting to verify the drugs are still being covered, either under the Transplant Services provision or perhaps under the Benefits for Inpatient Hospital Services provision. Kaisers response, however, indicates the coverage for immunosuppressive drugs has been transferred from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Your response is concerning to this agency; are you saying that immunosuppressive drugs are only covered on an outpatient basis? You must explain what would occur if a member, whose group did not elect to purchase an Outpatient Prescription Drug Rider, undergoes a transplant, and requires immunosuppressive drugs while still confined as an inpatient?

Objection 3

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHSA3T0115 (Form)

Comments: Thank you for including a portion of the language required by WAC 284-51-235 within the EOC. The WAC directs the plan "must" include the following statement, meaning the entire statement exactly as listed in the regulation. You must provide further modified language, including the entire statement as listed in the regulation, within your EOC for our review.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
 Project Name/Number: EWLGPOSHSA3T0115/EWLGPOSHSA3T0115

Objection Letter

Objection Letter Status Active Suspense
 Objection Letter Date 04/01/2015
 Submitted Date 04/01/2015
 Respond By Date 04/08/2015

Dear Tessa Twilleager,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group Plan Group Agreement, WWLG0115 (Form)

Comments: Under the "Members to whom this "Medicare as Primary Payer" provision on page 2 you have bracketed the paragraph regarding premium amounts. You have not provided an explanation of variability associated with this bracketing. Will the language be strictly in or out, and if so under what circumstances, or will there be variations on the language within this paragraph, and if so what will the variable language look like?

Objection 2

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHSA3T0115 (Form)

Comments: The definition of "Service Area" provided indicates the service area consists of certain geographic areas in the Northwest as designated by ZIP code. The definition continues on to advise the service area may change. Under WAC 284-43-130 (29) a service area must be defined by county or counties and may not be defined by ZIP code unless allowed by the Commissioner for good cause, such as geographic barriers which make offering coverage throughout an entire county unreasonable. You must redefine your service area by county and remove language indicating the service area may be changed.

Objection 3

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHSA3T0115 (Form)

Comments: Please verify you cover immunosuppressive drugs as part of your "Transplant Services" benefit.

Objection 4

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHSA3T0115 (Form)

Comments: Please direct our attention to the "Notice to covered persons" provision as required by WAC 284-51-235.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
 Project Name/Number: EWLGP0SHSA3T0115/EWLGP0SHSA3T0115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/30/2015
Submitted Date	07/01/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to replace our 2015 POS HSA EOCs in order to change the Service Area definition as stipulated in the WAC 284-43-130(29).

In addition, per our voice mail communication on June 23, 2015, we are replacing our Application (FWOLGAPP0115) for groups with 51 or more employees. This application now contains the fraud statement for Washington employees and a fraud statement for Oregon employees as we use this application in both states.

To ensure compliance with section 2708 of the Public Health Service Act (PHSA) and 45 CFR 116(b), in this revised version, we have removed the new-hire eligibility date information in Section III, and added a paragraph titled "Representation Regarding Waiting Periods" where a signee acknowledges that the group does not impose a waiting period exceeding 90 days on employees who meet the group's eligibility requirements. Two new pieces of information to page 2 for administrative purposes were also added to include the question "Do your eligibility rules allow for mid-month effective dates?" and the option for "Premium Prorate."

Response 1

Comments:

We have revised our Service Area definition to reflect Clark and Cowlitz counties. Please find in the supporting documentation tab a list of all the groups to whom we will be sending a revised Evidence of Coverage (EOC) with an updated Service Area definition that reflects Clark and Cowlitz counties. This list contains the Group Name (who purchased the shelf plans) and form numbers. Moreover, this list identifies those groups for whom we have submitted Short Form filings due to negotiated deviations from the Shelf plans.

Related Objection 1

Applies To:

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGP0SHSA3T0115 (Form)

Comments: Please modify the definition of service area in compliance with WAC 284-43-130 (29).

Additionally, please provide a list under the supporting documentation tab, identifying all groups who will be receiving this reissued certificate with corrected service area definition for 2015. The list should include the group names for groups who purchased this product off the shelf, as well as the group names and evidence of coverage form numbers for all groups who negotiated a rate or form change off of this product in a manner that allowed them to previously be filed in a short form format. Kaiser should send a Note to Reviewer to request reopening of any fully negotiated filings in order to accomplish the certificate reissue.

Changed Items:

SERFF Tracking #: KFNW-129771003

State Tracking #: 277161

Company Tracking #: EWLGP0SHSA3T0115

State: Washington

Filing Company:

Keiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans

Project Name/Number: EWLGP0SHSA3T0115/EWLGP0SHSA3T0115

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline EOCs due to Service Area definition objection letter dated 06/24/15
Comments:	The EOC contains the redline changes to the Service Area definition. The application shows the redline revisions to comply with 45 CFR 116(b) in addition to the fraud statement for Washington and Oregon.
Attachment(s):	EWLGP0SHSA3T0115 V5 RL.pdf FWOLGAPP0115R RL.pdf FWOLGAPP0115R V2 RL.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline EOCs due to Service Area definition objection letter dated 06/24/15
Comments:	The EOC contains the redline changes to the Service Area definition. The application shows the redline revisions to comply with 45 CFR 116(b) in addition to the fraud statement for Washington and Oregon.
Attachment(s):	EWLGP0SHSA3T0115 V5 RL.pdf FWOLGAPP0115R RL.pdf FWOLGAPP0115R V2 RL.pdf

Satisfied - Item:	2015 LG List who will receive the updated Service Area 2015 EOC (POS HSA)
Comments:	
Attachment(s):	2015 WA Large Group List - POS HSA.pdf

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans

Project Name/Number: EWLGP0SHSA3T0115/EWLGP0SHSA3T0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3T0115	CER	Initial			EWLGP0SHSA3T0115.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3T0115	CER	Initial			EWLGP0SHSA3T0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3T0115	CER	Initial			EWLGP0SHSA3T0115.pdf	Date Submitted: 04/08/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3T0115	CER	Initial			EWLGP0SHSA3T0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3T0115	CER	Initial			EWLGP0SHSA3T0115.pdf	Date Submitted: 10/22/2014 By: Tessa Twilleager
2	New and Renewing Application for groups with 51 or more employees	FWOLGAPP0115R	AEF	Revised	Previous Filing Number: 257273 Replaced Form Number: FWOLGAPP0114		FWOLGAPP0115R.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
<i>Previous Version</i>								
2	New and Renewing Application for	FWOLGAPP0115	AEF	Revised	Previous Filing Number: 257273		FWOLGAPP0115.pdf	Date Submitted: 10/22/2014 By: Tessa

SERFF Tracking #:

KFNW-129771003

State Tracking #:

277161

Company Tracking #:

EWLGPOHSA3T0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group HSA-Qualified Added Choice Plans

Project Name/Number:

EWLGPOHSA3T0115/EWLGPOHSA3T0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGPOHSA3T0115	CER	Initial			EWLGPOHSA3T0115.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
	<i>groups with 51 or more employees</i>				Replaced Form Number: FWOLGA PP0114			<i>Twilleager</i>

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for allowing us to permitting the revisions to our EOCs. We hope that you find everything in order so we can obtain your final approval.

Sincerely,

Maurice Marquez

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
Project Name/Number: EWLGPOSHSA3T0115/EWLGPOSHSA3T0115

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/17/2015
Submitted Date 04/20/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to respond to your concerns contained in your objection letter dated April 10, 2015. Please find below our responses and any edits that we made to our forms according to your concerns.

Response 1

Comments:

Our organization respectfully disagrees with the assessment that WAC 284-43-130 (29) applies to large group plans. We request that the Commissioner reconsider this assessment, taking the following into account:
We understand the revision to the service area definition in WAC 284-43-130 (29) was made to align state law requirements with federal health care reform network adequacy requirements for qualified health plans (QHPs) in 45 CFR 156.230. These access requirements apply to QHPs and health plans offered outside the exchange for the small group and individual market segments, not large group market segments (please see also the purpose statement for both WSR 14-07-102 and WSR 14-10-017 filed 03-19-14 and 04-25-14). Further, the section provides that the definitions in WAC 284-43-130 apply unless a term is defined in other subchapters or the context requires otherwise. We feel it is clear that the context requires otherwise and that it was not the intent of the OIC to apply this definition to the large group market segment as evidenced by 2014 form and access plan filings.
Furthermore, application of the definition in WAC 284-43-130 (29) to the LBG market segment would be injurious to consumers and disruptive to the marketplace. The OIC has not communicated any intent to apply the more restrictive standard to the LBG market segment, nor is there any underlying requirement or rationale to do so. Applying this standard in the LBG segment will result in a decrease in consumer choice as carriers will be forced to withdraw from counties in which they do not currently offer coverage in all zip codes. This change will likely come as a surprise to many employer groups who will have little to no notice to enable them to examine their reduced options. The reduced choice in the marketplace may leave consumers with reduced access to providers.

Related Objection 1

Applies To:

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHSA3T0115 (Form)

Comments: Thank you for your response regarding the service area definition contained in the Washington Administrative Code. Our office respectfully disagrees the WAC does not apply to large group plans. We are therefore requesting once again that you modify your definition of Service Area in compliance with Washington regulation. [WAC 284-43-130 (29)]

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

KFNW-129771003

State Tracking #:

277161

Company Tracking #:

EWLGPOSHSA3T0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group HSA-Qualified Added Choice Plans

Project Name/Number:

EWLGPOSHSA3T0115/EWLGPOSHSA3T0115

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We are not saying that immunosuppressive drugs are only covered on an outpatient basis.

For a member whose group elects to purchase an outpatient prescription drug rider, self-administered immunosuppressive drugs are covered under that rider. If a member requires immunosuppressive drugs, while confined as an inpatient, those drugs are covered under the Benefits for Inpatient Hospital Services section in the fifth bullet point: "Drugs and radioactive materials used for therapeutic purposes, except for the types of drugs excluded under the Limited Outpatient Prescription Drugs and Supplies section."

Related Objection 2

Applies To:

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHSA3T0115 (Form)

Comments: The OICs 4-1-2015 inquiry regarding immunosuppressive drugs was based on the fact that, in the past, Kaiser has always called out coverage for such drugs within the Transplant Services provision. That provision is silent in regards to such drugs this year so this agency was attempting to verify the drugs are still being covered, either under the Transplant Services provision or perhaps under the Benefits for Inpatient Hospital Services provision. Kaisers response, however, indicates the coverage for immunosuppressive drugs has been transferred from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Your response is concerning to this agency; are you saying that immunosuppressive drugs are only covered on an outpatient basis? You must explain what would occur if a member, whose group did not elect to purchase an Outpatient Prescription Drug Rider, undergoes a transplant, and requires immunosuppressive drugs while still confined as an inpatient?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

We have made revisions to the Evidence of Coverage (EOCs) in this filing to include the entire statement exactly as listed in the regulation WAC 284-51-235

Related Objection 3

Applies To:

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHSA3T0115 (Form)

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
 Project Name/Number: EWLGP0SHSA3T0115/EWLGP0SHSA3T0115

Comments: Thank you for including a portion of the language required by WAC 284-51-235 within the EOC. The WAC directs the plan "must" include the following statement, meaning the entire statement exactly as listed in the regulation. You must provide further modified language, including the entire statement as listed in the regulation, within your EOC for our review.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redlines: Evidence of Coverage due to Objection Letter dated 04/10/15
Comments:	
Attachment(s):	EWLGP0SHSA3T0115 v4 RL.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3 T0115	CER	Initial			EWLGP0SHSA3 T0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3 T0115	CER	Initial			EWLGP0SHSA3 T0115.pdf	Date Submitted: 04/08/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3 T0115	CER	Initial			EWLGP0SHSA3 T0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3 T0115	CER	Initial			EWLGP0SHSA3 T0115.pdf	Date Submitted: 10/22/2014 By: Tessa Twilleger

No Rate/Rule Schedule items changed.

SERFF Tracking #:

KFNW-129771003

State Tracking #:

277161

Company Tracking #:

EWLGPOSHA3T0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group HSA-Qualified Added Choice Plans

Project Name/Number:

EWLGPOSHA3T0115/EWLGPOSHA3T0115

Conclusion:

Thank you for your continued review of our 2015 large group forms contained in this filing.

Sincerely,

Maurice Marquez

SERFF Tracking #: KFNW-129771003

State Tracking #: 277161

Company Tracking #: EWLGP0SHSA3T0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
Project Name/Number: EWLGP0SHSA3T0115/EWLGP0SHSA3T0115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/08/2015
Submitted Date	04/08/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to respond to your objection letter dated April 1, 2015.

Our responses as follows:

Response 1

Comments:

Medicare premium amounts only apply to our Traditional Copayment Plans. For all other product types, including Deductible Plans, High Deductible Health Plans, and Added Choice plans, the entire bracketed section is deleted. Because we use the same form for all of these product types, we have chosen to bracket this information to indicate it is variable and will only be included for Traditional Copayment Plans. The bolded brackets at the beginning and end of this section indicate the entire section will be removed for Deductible Plans, High Deductible Health Plans, and Added Choice plans. The brackets within this section near the dollar signs indicate these premium amounts will vary when we include this section for our Traditional Copayment Plans.

Related Objection 1

Applies To:

- Large Group Plan Group Agreement, WWLG0115 (Form)

Comments: Under the "Members to whom this "Medicare as Primary Payer" section applies" provision on page 2 you have bracketed the paragraph regarding premium amounts. You have not provided an explanation of variability associated with this bracketing. Will the language be strictly in or out, and if so under what circumstances, or will there be variations on the language within this paragraph, and if so what will the variable language look like?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

SERFF Tracking #:

KFNW-129771003

State Tracking #:

277161

Company Tracking #:

EWLGPOSHA3T0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group HSA-Qualified Added Choice Plans

Project Name/Number:

EWLGPOSHA3T0115/EWLGPOSHA3T0115

It is our understanding that WAC 284-43-130 (29) applies to individual and Small group plans offered both inside and outside of the exchange and our individual and Small Group plans comply with this provision. However, the definition contained in WAC 284-43-130 (29) does not apply to Large Group plans since the federal provisions impacting Qualified Health Plans and health plans offered outside the exchange that underlies the state requirement are not applicable to Large Group Plans.

Related Objection 2

Applies To:

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHA3T0115 (Form)

Comments: The definition of "Service Area" provided indicates the service area consists of certain geographic areas in the Northwest as designated by ZIP code. The definition continues on to advise the service area may change. Under WAC 284-43-130 (29) a service area must be defined by county or counties and may not be defined by ZIP code unless allowed by the Commissioner for good cause, such as geographic barriers which make offering coverage throughout an entire county unreasonable. You must redefine your service area by county and remove language indicating the service area may be changed.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Immunosuppressive drugs are covered at the applicable cost share outlined in the Outpatient Prescription Drug Rider Benefit Summary section. For 2015, we transferred this coverage from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Because these drugs are covered as any other drug in the formulary, we did not include specific verbiage within the rider for this type of drug.

Related Objection 3

Applies To:

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGPOSHA3T0115 (Form)

Comments: Please verify you cover immunosuppressive drugs as part of your "Transplant Services" benefit.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #: KFNW-129771003

State Tracking #: 277161

Company Tracking #: EWLGP0SHSA3T0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans

Project Name/Number: EWLGP0SHSA3T0115/EWLGP0SHSA3T0115

Response 4

Comments:

We have added the "Notice to Covered Persons" provision as required by WAC 284-51-235 under the Reductions paragraph of the Coordination of Benefits section in our POS EOCs. We have also included a Redlined version of these EOCs under the Supporting Documentation tab.

Related Objection 4

Applies To:

- Large Group HSA-Qualified Added Choice Plan Evidence of Coverage, EWLGP0SHSA3T0115 (Form)

Comments: Please direct our attention to the "Notice to covered persons" provision as required by WAC 284-51-235.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline: Evidence of Coverage due to objection letter dated 04/01/2015
Comments:	Evidence of Coverage due to objection letter dated 04/01/2015
Attachment(s):	EWLGP0SHSA3T0115 v3 RL.pdf
<i>Previous Version</i>	
Satisfied - Item:	Redline: Evidence of Coverage form and Alternative Care Services Rider forms per Amendment 2-11-2015
Comments:	Please find attached the redlined documents illustrating the changes we made to the Evidence of Coverage form and Alternative Care Services Rider forms per the Amendment submitted on 2/11/2015.
Attachment(s):	RWLGP0SHSAALTC15000115 RL.pdf EWLGP0SHSA3T0115 RL.pdf RWLGP0SHSAALTC5000115 RL.pdf RWLGP0SHSAALTC10000115 RL.pdf

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
 Project Name/Number: EWLGP0SHSA3T0115/EWLGP0SHSA3T0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3 T0115	CER	Initial			EWLGP0SHSA3 T0115.pdf	Date Submitted: 04/08/2015 By: Maurice Marquez
<i>Previous Version</i>								
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3 T0115	CER	Initial			EWLGP0SHSA3 T0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGP0SHSA3 T0115	CER	Initial			EWLGP0SHSA3 T0115.pdf	Date Submitted: 10/22/2014 By: Tessa Twilleeger

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of these forms.

Sincerely,

Maurice Marquez

SERFF Tracking #: KFNW-129771003 State Tracking #: 277161

Company Tracking #: EWLGPOSHSA3T0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
Project Name/Number: EWLGPOSHSA3T0115/EWLGPOSHSA3T0115

Amendment Letter

Submitted Date: 02/11/2015

Comments:

Per the Note to Filer received from Linda Broyles on 2/10/2015, we were granted permission to amend this filing to include the following:

Form Number EWLGPOSHSA3T0115: To comply with the Washington Supreme Court's decision in the OST v. Regence BlueShield case, we are submitting an updated Evidence of Coverage form that removes the blanket exclusion for neurodevelopmental therapy for children over the age of six.

Form Numbers RWLGPOSHSAALTC5000115, RWLGPOSHSAALTC10000115, RWLGPOSHSAALTC15000115: We are replacing the currently filed Alternative Care Services Rider forms with updated versions that align more closely with EHB requirements.

This Amendment includes the aforementioned forms as well as redline documents illustrating the changes we made to the currently filed documents. Thank you very much for this opportunity and for your review. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you,
Tessa Twilleager
Changed Items:

State: Washington
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
 Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
 Project Name/Number: EWLGPOSHA3T0115/EWLGPOSHA3T0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGPOSHA3T0115	CER	Initial			EWLGPOSHA3T0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
1	Large Group HSA-Qualified Added Choice Plan Evidence of Coverage	EWLGPOSHA3T0115	CER	Initial			EWLGPOSHA3T0115.pdf	Date Submitted: 10/22/2014 By: Tessa Twilleager
2	Alternative Care Services Rider	RWLGPOSHSAA LTC5000115	CERA	Initial			RWLGPOSHSAA LTC5000115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
2	Alternative Care Services Rider	RWLGPOSHSAA LTC5000115	CERA	Initial			RWLGPOSHSAA LTC5000115.pdf	Date Submitted: 10/22/2014 By: Tessa Twilleager
3	Alternative Care Services Rider	RWLGPOSHSAA LTC10000115	CERA	Initial			RWLGPOSHSAA LTC10000115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
3	Alternative Care Services Rider	RWLGPOSHSAA LTC10000115	CERA	Initial			RWLGPOSHSAA LTC10000115.pdf	Date Submitted: 10/22/2014 By: Tessa Twilleager
4	Alternative Care Services Rider	RWLGPOSHSAA LTC15000115	CERA	Initial			RWLGPOSHSAA LTC15000115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>								
4	Alternative Care Services Rider	RWLGPOSHSAA LTC15000115	CERA	Initial			RWLGPOSHSAA LTC15000115.pdf	Date Submitted: 10/22/2014 By: Tessa Twilleager

No Rate Schedule Items Changed.

SERFF Tracking #:

KFNW-129771003

State Tracking #:

277181

Company Tracking #:

EWLGPOHSA3T0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name:

Std Master Cont Large Group HSA-Qualified Added Choice Plans

Project Name/Number:

EWLGPOHSA3T0115/EWLGPOHSA3T0115

Supporting Document Schedule Item Changes

Satisfied - Item:

Redline: Evidence of Coverage form and Alternative Care Services Rider forms per Amendment 2-11-2015

Comments:

Please find attached the redlined documents illustrating the changes we made to the Evidence of Coverage form and Alternative Care Services Rider forms per the Amendment submitted on 2/11/2015.

Attachment(s):

RWLGPOHSAALTC15000115 RL.pdf
EWLGPOHSA3T0115 RL.pdf
RWLGPOHSAALTC5000115 RL.pdf
RWLGPOHSAALTC10000115 RL.pdf

SERFF Tracking #: KFNW-129771003

State Tracking #: 277161

Company Tracking #: EWLGP0SHSA3T0115

State: Washington

Filing Company: Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS

Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans

Project Name/Number: EWLGP0SHSA3T0115/EWLGP0SHSA3T0115

Amendment Letter

Submitted Date: 12/15/2014

Comments:

Per the Note to Filer received from Linda Broyles on 12/15/2014, we were granted permission to amend this filing to include an additional Outpatient Prescription Drug Rider that was not previously filed. This Amendment includes the aforementioned form. Thank you very much for this opportunity and for your review. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you,

Tessa Twilleager

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Outpatient Prescription Drug Rider	RWLGPOSHSAR X3TMI2Q2T0115	CERA	Initial			RWLGPOSHSAR X3TMI2Q2T0115.pdf	Date Submitted: 12/15/2014 By:

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
Project Name/Number: EWLGP0SHSA3T0115/EWLGP0SHSA3T0115

Note To Filer

Created By:

Linda Broyles on 02/10/2015 03:39 PM

Last Edited By:

Linda Broyles

Submitted On:

02/10/2015 03:39 PM

Subject:

Re: Request for Amendment 2-10-2015

Comments:

Hi Tessa,

Your request to amend this filing is approved.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TO: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
Project Name/Number: EWLGPOSHSA3T0115/EWLGPOSHSA3T0115

Note To Reviewer

Created By:

Tessa Twilleager on 01/13/2015 05:56 PM

Last Edited By:

Tessa Twilleager

Submitted On:

02/10/2015 11:18 AM

Subject:

Request for an Amendment 2-10-2015

Comments:

We are respectfully requesting the opportunity for an Amendment so that we may submit updated forms for this filing. Please find a detailed description of what we are requesting to change below:

Form Number EWLGPOSHSA3T0115: To comply with the Washington Supreme Court's decision in the OST v. Regence BlueShield case, we are requesting the opportunity to submit an updated Evidence of Coverage form that removes the blanket exclusion for neurodevelopmental therapy for children over the age of six.

Form Numbers RWLGPOSHSAALTC5000115, RWLGPOSHSAALTC10000115, RWLGPOSHSAALTC15000115: We are requesting the opportunity to replace the currently filed Alternative Care Services Rider forms with updated versions that align more closely with EHB requirements.

Please let us know whether or not these changes are permissible. If so, we will amend the filing appropriately and provide redlined documents illustrating the changes we made to the currently filed documents. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you for your time and review,
Tessa Twilleager

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
Project Name/Number: EWLGPOHSA3T0115/EWLGPOHSA3T0115

Note To Filer

Created By:

Linda Broyles on 12/15/2014 09:54 AM

Last Edited By:

Linda Broyles

Submitted On:

12/15/2014 09:55 AM

Subject:

Re: Request for amendment

Comments:

You may amend this filing as requested.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
Project Name/Number: EWLGPOSHSA3T0115/EWLGPOSHSA3T0115

Note To Reviewer

Created By:

Tessa Twilleager on 12/09/2014 04:25 PM

Last Edited By:

Tessa Twilleager

Submitted On:

12/09/2014 04:29 PM

Subject:

Request for Amendment

Comments:

After submitting this filing, we discovered the need to file an additional Rider for our Large Group HSA-Qualified Added Choice plans. We are respectfully requesting the opportunity to amend this filing to include an additional Outpatient Prescription Drug Rider that was not previously filed. This document will be considered Initial and will be offered alongside all other Riders in this filing. We apologize for any inconvenience this may cause and we appreciate your time and review. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you,
Tessa Twilleager

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002B Large Group Only - POS
Product Name: Std Master Cont Large Group HSA-Qualified Added Choice Plans
Project Name/Number: EWLGPOSHSA3T0115/EWLGPOSHSA3T0115

Reviewer Note

Created By:

Linda Broyles on 04/30/2015 05:28 PM

Subject:

Referred

Comments:

Referred to Network Access Unit regarding zip code-based service area issue.

LINDA BROYLES DECL.

EXHIBIT 7

SERFF FILING DOCUMENTS RE: KFNW-129667885
STATE TRACKING NO. 275108

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
 Project Name/Number: EWLGDED0115/EWLGDED0115

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Andrea Philhower	09/24/2015	09/24/2015

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Active Suspense	Linda Broyles	06/24/2015	06/24/2015
Active Suspense	Linda Broyles	04/10/2015	04/13/2015
Active Suspense	Linda Broyles	04/01/2015	04/01/2015

Response Letters

Responded By	Created On	Date Submitted
Maurice Marquez	06/30/2015	07/01/2015
Maurice Marquez	04/17/2015	04/20/2015
Maurice Marquez	04/07/2015	04/07/2015

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Large Group Deductible Plan Evidence of Coverage	Tessa Twilleager	02/11/2015	02/11/2015
Form	Large Group Traditional Copayment Plan Evidence of Coverage	Tessa Twilleager	02/11/2015	02/11/2015
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015
Form	Alternative Care Services Rider	Tessa Twilleager	02/11/2015	02/11/2015
Form	Outpatient Prescription Drug Rider	Tessa Twilleager	02/11/2015	02/11/2015
Supporting Document	Redline: Evidence of Coverage Forms and Alternative Care Services Rider Forms per Amendment 2-11-2015	Tessa Twilleager	02/11/2015	02/11/2015
Form	Pediatric Vision Hardware and Optical Services Rider	Tessa Twilleager	10/28/2014	10/28/2014
Form	Pediatric Vision Hardware and Optical Services Rider	Shantelle Marcell	10/27/2014	10/27/2014
Supporting Document	Redline: Comparing originally filed Pediatric Vision Rider with the updated form-per notes to filer	Shantelle Marcell	10/27/2014	10/27/2014

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re: Request to Amend 2-10-2015	Note To Filer	Linda Broyles	02/10/2015	02/10/2015
Request for an Amendment 2-10-2015	Note To Reviewer	Tessa Twilleager	01/13/2015	02/10/2015

SERFF Tracking #:

KFNW-129667885

State Tracking #:

275108

Company Tracking #:

EWLGDED0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number:

EWLGDED0115/EWLGDED0115

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re: Request to amend Pediatric Vision Hardware Rider	Note To Filer	Linda Broyles	10/22/2014	10/22/2014
Request to amend the Pediatric Vision Hardware Rider	Note To Reviewer	Kindra Tappan	10/21/2014	10/21/2014
Referred	Reviewer Note	Linda Broyles	04/30/2015	

SERFF Tracking #: KFNW-129667885

State Tracking #: 275108

Company Tracking #: EWLGDED0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number: EWLGDED0115/EWLGDED0115

Disposition

Disposition Date: 09/24/2015

Implementation Date: 01/01/2015

Status: Filed

HHS Status: HHS Approved

State Review:

Comment: These forms, as amended and filed, allow this plan to be issued only to groups whose members reside or work in Clark and Cowlitz counties, Washington. Please be aware that this final disposition does not authorize or change the status of any groups to whom the plan may have been sold prior to final disposition and whose membership does not meet this requirement. This final disposition has no effect on the groups that are the subject of OIC Order No. 15-0205.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Disability Associations		Yes
Supporting Document	Filing Instructions		Yes
Supporting Document	Group Form Filing Requirements - L&D, HCSC		Yes
Supporting Document	PPACA Exemption Request		Yes
Supporting Document	Redline: Deductible Plan Evidence of Coverage (EOC)		Yes
Supporting Document	Redline: Deductible Plan Benefit Summary		Yes
Supporting Document	Redline: Traditional Copayment Plan Evidence of Coverage (EOC)		Yes
Supporting Document	Redline: Traditional Copayment Plan Benefit Summary		Yes
Supporting Document	Redline: Alternative Care Services Rider		Yes
Supporting Document	Redline: Expanded Choice Rider		Yes
Supporting Document	Redline: Hearing Aid Rider		Yes
Supporting Document	Redline: Outpatient Prescription Drug Rider		Yes
Supporting Document	Redline: Adult Vision Hardware Optical Services Rider		Yes
Supporting Document	Redline: Disclosure of Grandfathered Coverage		Yes
Supporting Document	Redline: Coordination of Benefits Consumer Explanatory Booklet		Yes
Supporting Document	Redline: Frequently asked questions about your pharmacy benefits		Yes
Supporting Document	Redline: New and Renewing Group Application for groups		Yes

SERFF Tracking #:

KFNW-129667885

State Tracking #:

275108

Company Tracking #:

EWLGDED0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
 Project Name/Number: EWLGDED0115/EWLGDED0115

Schedule	Schedule Item	Schedule Item Status	Public Access
	with 51 or more employees		
Supporting Document	Redline: Washington Group Employee Enrollment/Change Form		Yes
Supporting Document	Redline: Addendum to Employee Enrollment/Change		Yes
Supporting Document	Redline: Group Agreement		Yes
Supporting Document	Redline: Travel Services Rider		Yes
Supporting Document	Redline: Comparing originally filed Pediatric Vision Rider with the updated form-per notes to filer		Yes
Supporting Document	Redline: Evidence of Coverage Forms and Alternative Care Services Rider Forms per Amendment 2-11-2015		Yes
Supporting Document	Redline: Evidence of Coverage (EOCs) due to Objection Letter 04/10/15		Yes
Supporting Document	Redlines due to Objection Letter dated 06/24/15 (Service Area definition)		Yes
Supporting Document	2015 Traditional and Deductible List of groups who will receive the updated EOC		Yes
Form (revised)	Large Group Deductible Plan Evidence of Coverage	Filed	Yes
Form	Large Group Deductible Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group Deductible Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group Deductible Plan Evidence of Coverage	Withdrawn	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes

SERFF Tracking #:

KFNW-129667885

State Tracking #:

275108

Company Tracking #:

EWLGDED0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number:

EWLGDED0115/EWLGDED0115

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Deductible Plan Benefit Summary	Filed	Yes
Form (revised)	Large Group Traditional Copayment Plan Evidence of Coverage	Filed	Yes
Form	Large Group Traditional Copayment Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group Traditional Copayment Plan Evidence of Coverage	Withdrawn	Yes
Form	Large Group Traditional Copayment Plan Evidence of Coverage	Withdrawn	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form (revised)	Alternative Care Services Rider	Filed	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form (revised)	Alternative Care Services Rider	Filed	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form (revised)	Alternative Care Services Rider	Filed	Yes
Form	Alternative Care Services Rider	Withdrawn	Yes
Form	Expanded Choice Rider	Filed	Yes
Form	Expanded Choice Rider	Filed	Yes
Form	Expanded Choice Rider	Filed	Yes
Form	Expanded Choice Rider	Filed	Yes
Form	Hearing Aid Rider	Filed	Yes

SERFF Tracking #:

KFNW-129667885

State Tracking #:

275108

Company Tracking #:

EWLGDED0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number:

EWLGDED0115/EWLGDED0115

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Washington Group Employee Enrollment/Change Form	Filed	Yes
Form	Addendum to Employee Enrollment/Change	Filed	Yes
Form	Large Group Plan Group Agreement	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form (revised)	Pediatric Vision Hardware and Optical Services Rider	Filed	Yes
Form	Pediatric Vision Hardware and Optical Services Rider	Withdrawn	Yes
Form	Traditional Copayment Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Deductible Plan Benefit Summary	Filed	Yes
Form	Outpatient Prescription Drug Rider	Filed	Yes

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	06/24/2015
Submitted Date	06/24/2015
Respond By Date	07/08/2015

Dear Kindra Tappan,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)

Comments: Please modify the definition of service area in compliance with WAC 284-43-130 (29).

Additionally, please provide a list under the supporting documentation tab, identifying all groups who will be receiving this reissued certificate with corrected service area definition for 2015. The list should include the group names for groups who purchased this product off the shelf, as well as the group names and evidence of coverage form numbers for all groups who negotiated a rate or form change off of this product in a manner that allowed them to previously be filed in a short form format. Kaiser should send a Note to Reviewer to request reopening of any fully negotiated filings in order to accomplish the certificate reissue.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	04/13/2015
Submitted Date	04/13/2015
Respond By Date	04/20/2015

Dear Kindra Tappan,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)
- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

Comments: Thank you for your response regarding the service area definition contained in the Washington Administrative Code. Our office respectfully disagrees the WAC does not apply to large group plans. We are therefore requesting once again that you modify your definition of Service Area in compliance with Washington regulation. [WAC 284-43-130 (29)]

Objection 2

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)
- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

Comments: The OICs 4-1-2015 inquiry regarding immunosuppressive drugs was based on the fact that, in the past, Kaiser has always called out coverage for such drugs within the Transplant Services provision. That provision is silent in regards to such drugs this year so this agency was attempting to verify the drugs are still being covered, either under the Transplant Services provision or perhaps under the Benefits for Inpatient Hospital Services provision. Kaisers response, however, indicates the coverage for immunosuppressive drugs has been transferred from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Your response is concerning to this agency; are you saying that immunosuppressive drugs are only covered on an outpatient basis? You must explain what would occur if a member, whose group did not elect to purchase an Outpatient Prescription Drug Rider, undergoes a transplant, and requires immunosuppressive drugs while still confined as an inpatient?

Objection 3

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)
- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

Comments: Thank you for including a portion of the language required by WAC 284-51-235 within the EOC. The WAC directs the plan "must" include the following statement, meaning the entire statement exactly as listed in the regulation. You must provide further modified language, including the entire statement as listed in the regulation, within your EOC for our review.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

Objection Letter

Objection Letter Status	Active Suspense
Objection Letter Date	04/01/2015
Submitted Date	04/01/2015
Respond By Date	04/08/2015

Dear Kindra Tappan,

Introduction:

Thank you for your filing submission. To allow our continued review of this filing, please reply on or before the Respond By Date.

Objection 1

- Large Group Plan Group Agreement, WWLG0115 (Form)

Comments: Under the "Members to whom this "Medicare as Primary Payer" section applies" provision on page 2 you have bracketed the paragraph regarding premium amounts. You have not provided an explanation of variability associated with this bracketing. Will the language be strictly in or out, and if so under what circumstances, or will there be variations on the language within this paragraph, and if so what will the variable language look like?

Objection 2

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

Comments: The definition of "Service Area" provided indicates the service area consists of certain geographic areas in the Northwest as designated by ZIP code. The definition continues on to advise the service area may change. Under WAC 284-43-130 (29) a service area must be defined by county or counties and may not be defined by ZIP code unless allowed by the Commissioner for good cause, such as geographic barriers which make offering coverage throughout an entire county unreasonable. You must redefine your service area by county and remove language indicating the service area may be changed.

Objection 3

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

Comments: Please verify you cover immunosuppressive drugs as part of your "Transplant Services" benefit.

Objection 4

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)

- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

Comments: Please direct our attention to the "Notice to covered persons" provision as required by WAC 284-51-235.

Conclusion:

This filing will be held open until the Respond Date. Additional questions may be asked depending upon your response.

Sincerely,

Linda Broyles

State: Washington **Filing Company:** Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/30/2015
Submitted Date	07/01/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to replace our 2015 Deductible and Traditional EOCs in order to change the Service Area definition as stipulated in the WAC 284-43-130(29).

In addition, per our voice mail communication on June 23, 2015, we are replacing our Application (FWOLGAPP0115) for groups with 51 or more employees. This application now contains the fraud statement for Washington employees and a fraud statement for Oregon employees as we use this application in both states.

To ensure compliance with section 2708 of the Public Health Service Act (PHSA) and 45 CFR 116(b), in this revised version, we have removed the new-hire eligibility date information in Section III, and added a paragraph titled "Representation Regarding Waiting Periods" where a signee acknowledges that the group does not impose a waiting period exceeding 90 days on employees who meet the group's eligibility requirements. Two new pieces of information to page 2 for administrative purposes were also added to include the question "Do your eligibility rules allow for mid-month effective dates?" and the option for "Premium Prorate."

Response 1

Comments:

We have revised our Service Area definition to reflect Clark and Cowlitz counties.

Please find in the supporting documentation tab a list of all the groups to whom we will be sending a revised Evidence of Coverage (EOC) with an updated Service Area definition that reflects Clark and Cowlitz counties. This list contains the Group Name (who purchased the shelf plans) and form numbers. Moreover, this list identifies those groups for whom we have submitted Short Form filings due to negotiated deviations from the Shelf plans.

Related Objection 1

Applies To:

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)

Comments: Please modify the definition of service area in compliance with WAC 284-43-130 (29).

Additionally, please provide a list under the supporting documentation tab, identifying all groups who will be receiving this reissued certificate with corrected service area definition for 2015. The list should include the group names for groups who purchased this product off the shelf, as well as the group names and evidence of coverage form numbers for all groups who negotiated a rate or form change off of this product in a manner that allowed them to previously be filed in a short form format. Kaiser should send a Note to Reviewer to request reopening of any fully negotiated filings in order to accomplish the certificate reissue.

Changed Items:

SERFF Tracking #: KFNW-129667885

State Tracking #: 275108

Company Tracking #: EWLGDED0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number: EWLGDED0115/EWLGDED0115

Supporting Document Schedule Item Changes

Satisfied - Item:	Redlines due to Objection Letter dated 06/24/15 (Service Area defintion)
Comments:	The EOC contains the redline changes to the Service Area definition. The application shows the redline revisions to comply with 45 CFR 116(b) in addition to the fraud statement for Washington and Oregon.
Attachment(s):	EWLGDED0115 V4 RL.pdf FWOLGAPP0115R RL.pdf FWOLGAPP0115R V2 RL.pdf EWLGTRAD0115 V4 RL.pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	Redlines due to Objection Letter dated 06/24/15 (Service Area defintion)
Comments:	The EOC contains the redline changes to the Service Area definition. The application shows the redline revisions to comply with 45 CFR 116(b) in addition to the fraud statement for Washington and Oregon.
Attachment(s):	EWLGDED0115 V4 RL.pdf FWOLGAPP0115R RL.pdf FWOLGAPP0115R V2 RL.pdf EWLGTRAD0115 V4 RL.pdf

Satisfied - Item:	2015 Traditional and Deductible List of groups who will receive the updated EOC
Comments:	Per the instructions, this document contains the a list of groups who will receive the updated EOC with the revised Service Area Definition as reflected in the redlined EOCs above.
Attachment(s):	2015 WA Large Group List Traditional and Deductible.pdf

SERFF Tracking #: KFNW-129687885

State Tracking #: 275108

Company Tracking #:

EWLGDED0115

State: Washington
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
 Project Name/Number: EWLGDED0115/EWLGDED0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
					Previous Filing Number:	Replaced Form Number:			
1	Large Group Deductible Plan Evidence of Coverage	EWLGDED0115	CER	Revised	266711	EWLGDED0414		EWLGDED0115.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Deductible Plan Evidence of Coverage	EWLGDED0115	CER	Revised	266711	EWLGDED0414		EWLGDED0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Deductible Plan Evidence of Coverage	EWLGDED0115	CER	Revised	266711	EWLGDED0414		EWLGDED0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>									
1	Large Group Deductible Plan Evidence of Coverage	EWLGDED0115	CER	Revised	266711	EWLGDED0414		EWLGDED0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
2	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD0115	CER	Revised	266711	EWLGTRAD0414		EWLGTRAD0115.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
<i>Previous Version</i>									
2	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD0115	CER	Revised	266711	EWLGTRAD0414		EWLGTRAD0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
 Project Name/Number: EWLGED0115/EWLGED0115

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Large Group Deductible Plan Evidence of Coverage	EWLGED0115	CER	Revised	Previous Filing Number: 268711	Replaced Form Number: EWLGED0414		EWLGED0115.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
<i>Previous Version</i>									
2	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD0115	CER	Revised	Previous Filing Number: 268711	Replaced Form Number: EWLGTRAD0414		EWLGTRAD0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>									
2	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD0115	CER	Revised	Previous Filing Number: 268711	Replaced Form Number: EWLGTRAD0414		EWLGTRAD0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
3	New and Renewing Group Application for groups with 51 or more employees	FWOLGAPP0115	AEF	Revised	Previous Filing Number: 259275	Replaced Form Number: FWOLGAPP0114		FWOLGAPP0115 R.pdf	Date Submitted: 07/01/2015 By: Maurice Marquez
<i>Previous Version</i>									
3	New and Renewing Group Application for groups with 51 or more employees	FWOLGAPP0115	AEF	Revised	Previous Filing Number: 259275	Replaced Form Number: FWOLGAPP0114		FWOLGAPP0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for allowing us to permitting the revisions to our EOCs. We hope that you find everything in order so we can obtain your final approval.

Sincerely,

Maurice Marquez

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
 Project Name/Number: EWLGDED0115/EWLGDED0115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/17/2015
Submitted Date	04/20/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to respond to your concerns contained in your objection letter dated April 10, 2015. Please find below our responses and any edits that we made to our forms according to your concerns.

Response 1

Comments:

Our organization respectfully disagrees with the assessment that WAC 284-43-130 (29) applies to large group plans. We request that the Commissioner reconsider this assessment, taking the following into account:

We understand the revision to the service area definition in WAC 284-43-130 (29) was made to align state law requirements with federal health care reform network adequacy requirements for qualified health plans (QHPs) in 45 CFR 156.230. These access requirements apply to QHPs and health plans offered outside the exchange for the small group and individual market segments, not large group market segments (please see also the purpose statement for both WSR 14-07-102 and WSR 14-10-017 filed 03-19-14 and 04-25-14). Further, the section provides that the definitions in WAC 284-43-130 apply unless a term is defined in other subchapters or the context requires otherwise. We feel it is clear that the context requires otherwise and that it was not the intent of the OIC to apply this definition to the large group market segment as evidenced by 2014 form and access plan filings.

Furthermore, application of the definition in WAC 284-43-130 (29) to the LBG market segment would be injurious to consumers and disruptive to the marketplace. The OIC has not communicated any intent to apply the more restrictive standard to the LBG market segment, nor is there any underlying requirement or rationale to do so. Applying this standard in the LBG segment will result in a decrease in consumer choice as carriers will be forced to withdraw from counties in which they do not currently offer coverage in all zip codes. This change will likely come as a surprise to many employer groups who will have little to no notice to enable them to examine their reduced options. The reduced choice in the marketplace may leave consumers with reduced access to providers.

Related Objection 1

Applies To:

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)
- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

Comments: Thank you for your response regarding the service area definition contained in the Washington Administrative Code. Our office respectfully disagrees the WAC does not apply to large group plans. We are therefore requesting onco again that you modify your definition of Service Area in compliance with Washington regulation. [WAC 284-43-130 (29)]

Changed Items:

SERFF Tracking #: KFNW-129667885

State Tracking #: 275108

Company Tracking #: EWLGDED0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We are not saying that immunosuppressive drugs are only covered on an outpatient basis. For a member whose group elects to purchase an outpatient prescription drug rider, self-administered immunosuppressive drugs are covered under that rider. If a member requires immunosuppressive drugs, while confined as an inpatient, those drugs are covered under the Benefits for Inpatient Hospital Services section and bullet point seventeen: "Prescription drugs, including injections."

Related Objection 2

Applies To:

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)
- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

Comments: The OICs 4-1-2015 inquiry regarding immunosuppressive drugs was based on the fact that, in the past, Kaiser has always called out coverage for such drugs within the Transplant Services provision. That provision is silent in regards to such drugs this year so this agency was attempting to verify the drugs are still being covered, either under the Transplant Services provision or perhaps under the Benefits for Inpatient Hospital Services provision. Kaisers response, however, indicates the coverage for immunosuppressive drugs has been transferred from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Your response is concerning to this agency; are you saying that immunosuppressive drugs are only covered on an outpatient basis? You must explain what would occur if a member, whose group did not elect to purchase an Outpatient Prescription Drug Rider, undergoes a transplant, and requires immunosuppressive drugs while still confined as an inpatient?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

We have made revisions to the Evidence of Coverage (EOCs) in this filing to include the entire statement exactly as listed in the regulation WAC 284-51-235

Related Objection 3

Applies To:

SERFF Tracking #: KFNW-129667885 State Tracking #: 275108

Company Tracking #: EWLGDED0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Mastor Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)
- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

Comments: Thank you for including a portion of the language required by WAC 284-51-235 within the EOC. The WAC directs the plan "must" include the following statement, meaning the entire statement exactly as listed in the regulation. You must provide further modified language, including the entire statement as listed in the regulation, within your EOC for our review.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline: Evidence of Coverage (EOCs) due to Objection Letter 04/10/15
Comments:	
Attachment(s):	EWLGDED0115 RL v3.pdf EWLGTRAD0115 RL v3.pdf

SERFF Tracking #:

KFNW-129687885

State Tracking #:

275108

Company Tracking #:

EWLGDED0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Mastor Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number:

EWLGDED0115/EWLGDED0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Large Group Deductible Plan Evidence of Coverage	EWLGDED0115	CER	Revised	Previous Filing Number:	266711		EWLGDED0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>									
1	Large Group Deductible Plan Evidence of Coverage	EWLGDED0115	CER	Revised	Previous Filing Number:	266711		EWLGDED0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>									
1	Large Group Deductible Plan Evidence of Coverage	EWLGDED0115	CER	Revised	Previous Filing Number:	266711		EWLGDED0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappen
<i>Previous Version</i>									
2	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD0115	CER	Revised	Previous Filing Number:	266711		EWLGTRAD0115.pdf	Date Submitted: 04/20/2015 By: Maurice Marquez
<i>Previous Version</i>									
2	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD0115	CER	Revised	Previous Filing Number:	266711		EWLGTRAD0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>									
2	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD0115	CER	Revised	Previous Filing Number:	266711		EWLGTRAD0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappen

SERFF Tracking #:

KFNW-129667885

State Tracking #:

275108

Company Tracking #:

EWLGDED0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number:

EWLGDED0115/EWLGDED0115

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of our 2015 large group forms contained in this filing.

Sincerely,

Maurice Marquez

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
 TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
 Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
 Project Name/Number: EWLGDED0115/EWLGDED0115

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/07/2015
Submitted Date	04/07/2015

Dear Linda Broyles,

Introduction:

Thank you for allowing us to respond to your objection letter dated April 1, 2015. We have responded to all the objections below.

Response 1

Comments:

Medicare premium amounts only apply to our Traditional Copayment Plans. For all other product types, including Deductible Plans, High Deductible Health Plans, and Added Choice plans, the entire bracketed section is deleted. Because we use the same form for all of these product types, we have chosen to bracket this information to indicate it is variable and will only be included for Traditional Copayment Plans. The bolded brackets at the beginning and end of this section indicate the entire section will be removed for Deductible Plans, High Deductible Health Plans, and Added Choice plans. The brackets within this section near the dollar signs indicate these premium amounts will vary when we include this section for our Traditional Copayment Plans.

Related Objection 1

Applies To:

- Large Group Plan Group Agreement, WWLG0115 (Form)

Comments: Under the "Members to whom this "Medicare as Primary Payer" section applies" provision on page 2 you have bracketed the paragraph regarding premium amounts. You have not provided an explanation of variability associated with this bracketing. Will the language be strictly in or out, and if so under what circumstances, or will there be variations on the language within this paragraph, and if so what will the variable language look like?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

It is our understanding that WAC 284-43-130 (29) applies to individual and Small group plans offered both inside and outside of the exchange and our individual and Small Group plans comply with this provision. However, the definition contained in WAC 284-43-130 (29) does not apply to Large Group plans since the federal provisions impacting Qualified Health Plans and health plans offered outside the exchange that underlies the state requirement are not applicable to Large Group Plans.

Related Objection 2

Applies To:

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)
- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

Comments: The definition of "Service Area" provided indicates the service area consists of certain geographic areas in the Northwest as designated by ZIP code. The definition continues on to advise the service area may change. Under WAC 284-43-130 (29) a service area must be defined by county or counties and may not be defined by ZIP code unless allowed by the Commissioner for good cause, such as geographic barriers which make offering coverage throughout an entire county unreasonable. You must redefine your service area by county and remove language indicating the service area may be changed.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3**Comments:**

Immunosuppressive drugs are covered at the applicable cost share outlined in the Outpatient Prescription Drug Rider Benefit Summary section. For 2015, we transferred this coverage from the Transplant Services section of the EOC to the Outpatient Prescription Drug Rider. Because these drugs are covered as any other drug in the formulary, we did not include specific verbiage within the rider for this type of drug.

Related Objection 3**Applies To:**

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)
- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

Comments: Please verify you cover immunosuppressive drugs as part of your "Transplant Services" benefit.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4**Comments:**

The "Notice to covered persons" information as required by WAC 284-51-235 is located in the Reductions section under the Coordination of Benefits subsection within the first two paragraphs.

Related Objection 4**Applies To:**

- Large Group Deductible Plan Evidence of Coverage, EWLGDED0115 (Form)
- Large Group Traditional Copayment Plan Evidence of Coverage, EWLGTRAD0115 (Form)

Comments: Please direct our attention to the "Notice to covered persons" provision as required by WAC 284-51-235.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TO: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

Conclusion:

Thank you for allowing us to respond to your April 1, 2015 objection letter.

Sincerely,

Maurice Marquez

SERFF Tracking #: KFNW-129667885 State Tracking #: 275108

Company Tracking #: EWLGDED0115

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

Amendment Letter

Submitted Date: 02/11/2015

Comments:

Per the Note to Filer received from Linda Broyles on 2/10/2015, we were granted permission to amend this filing to include the following:

Form Numbers EWLGDED0115, EWLGTRAD0115: To comply with the Washington Supreme Court's decision in the OST v. Regence BlueShield case, we are submitting updated Evidence of Coverage forms that remove the blanket exclusion for neurodevelopmental therapy for children over the age of six.

Form Numbers RWLGALTC5000115, RWLGALTC10000115, RWLGALTC15000115: We are replacing the currently filed Alternative Care Services Rider forms with updated versions that align more closely with EHB requirements.

Form Number RWLGRX4T650115: We are adding an additional Outpatient Prescription Drug Rider that was not previously filed. This document will be considered Initial and will be offered alongside all other Riders in this filing.

This Amendment includes the aforementioned forms as well as redline documents illustrating the changes we made to the currently filed documents. Thank you very much for this opportunity and for your review. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you,
Tessa Twilleager
Changed Items:

SERFF Tracking #:

KFNW-129687885

State Tracking #:

275108

Company Tracking #:

EWLGDED0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Sid Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number:

EWLGDED0115/EWLGDED0115

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
					Previous Filing Number:	Replaced Form Number:			
1	Large Group Deductible Plan Evidence of Coverage	EWLGDED0115	CER	Revised	266711	EWLGDED0414		EWLGDED0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>									
1	Large Group Deductible Plan Evidence of Coverage	EWLGDED0115	CER	Revised	266711	EWLGDED0414		EWLGDED0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
2	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD0115	CER	Revised	266711	EWLGTRAD0414		EWLGTRAD0115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>									
2	Large Group Traditional Copayment Plan Evidence of Coverage	EWLGTRAD0115	CER	Revised	266711	EWLGTRAD0414		EWLGTRAD0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
3	Alternative Care Services Rider	RWLGALTC5000115	CERA	Revised	259275	RWLGALTC5000114		RWLGALTC5000115.pdf	Date Submitted: 02/11/2015 By:
<i>Previous Version</i>									
3	Alternative Care Services Rider	RWLGALTC5000115	CERA	Revised	259275	RWLGALTC5000114		RWLGALTC5000115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
4	Alternative Care	RWLGALTC1000	CERA	Revised	259275			RWLGALTC1000	Date Submitted:

SERFF Tracking #:

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EWLGDED0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number:

EWLGDED0115/EWLGDED0115

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
	Services Rider	0115			Filing Number:			0115.pdf	02/11/2015 By:
					Replaced Form Number:	RWL GAL TC10000 114			
<i>Previous Version</i>									
4	Alternative Care Services Rider	RWL GAL TC1000 0115	CERA	Revised	Previous Filing Number:	259275		RWL GAL TC1000 0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
					Replaced Form Number:	RWL GAL TC10000 114			
5	Alternative Care Services Rider	RWL GAL TC1500 0115	CERA	Revised	Previous Filing Number:	259275		RWL GAL TC1500 0115.pdf	Date Submitted: 02/11/2015 By:
					Replaced Form Number:	RWL GAL TC15000 114			
<i>Previous Version</i>									
5	Alternative Care Services Rider	RWL GAL TC1500 0115	CERA	Revised	Previous Filing Number:	259275		RWL GAL TC1500 0115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
					Replaced Form Number:	RWL GAL TC15000 114			
6	Outpatient Prescription Drug Rider	RWL GRX4T6501 15	CERA	Initial				RWL GRX4T6501 15.pdf	Date Submitted: 02/11/2015 By:

No Rate Schedule Items Changed.

SERFF Tracking #: KFNW-129667885

State Tracking #: 275108

Company Tracking #: EWLGDED0115

State: Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number: EWLGDED0115/EWLGDED0115

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline: Evidence of Coverage Forms and Alternative Care Services Rider Forms per Amendment 2-11-2015
Comments:	Please find attached the redlined documents illustrating the changes we made to the Evidence of Coverage forms and Alternative Care Services Rider forms per the Amendment submitted on 2/11/2015.
Attachment(s):	EWLGDED0115 RL.pdf EWLGTRAD0115 RL.pdf RWLGALTC5000115 RL.pdf RWLGALTC10000115 RL.pdf RWLGALTC15000115 RL.pdf

SERFF Tracking #:

KFNW-129687885

State Tracking #:

275108

Company Tracking #:

EWLGDED0115

State:

Washington

Filing Company:

Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI:

H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name:

Std Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number:

EWLGDED0115/EWLGDED0115

Amendment Letter

Submitted Date:

10/28/2014

Comments:

As we had indicated in our request for an Amendment on 10/21/14, we have revised our 2015 Pediatric Vision Hardware and Optical Services Riders to align more closely with the EHB requirements. In the prior Amendment, we replaced the 12 month version of the Pediatric Vision Hardware and Optical Services Rider. However, we inadvertently did not remove the 24 month version as we had planned. In this Amendment, we are removing the 24 month version of our Pediatric Vision Hardware and Optical Services Rider because we will only offer the 12 month version for 2015. This aligns more closely with the EHB requirements. The withdrawn form has an Action choice of "Other" with the Other Explanation as "Withdraw". We sincerely apologize for not withdrawing this form in the prior Amendment. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twillleager@kp.org. I am assisting with this filing in Kindra's absence while she is on vacation.

Again, we apologize for any inconvenience this has caused. Thank you for your time and review.

With kind regards,

Tessa Twilleager

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Pediatric Vision Hardware and Optical Services Rider	RWLGVPXPL20115	CERA	Other	WITHDRAW			Date Submitted: 10/28/2014 By:
<i>Previous Version</i>								
1	Pediatric Vision Hardware and Optical Services Rider	RWLGVPXPL20115	CERA	Revised	Previous Filing Number: 259275 Replaced Form Number: RWLGVPXPL20114		RWLGVPXPL20115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan

No Rate Schedule Items Changed.

No Supporting Documents Changed.

SERFF Tracking #: KFNW-129667885

State Tracking #: 275108

Company Tracking #: EWLGDED0115

Filing Company: Kaiser Foundation Health Plan of the Northwest

State: Washington

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number: EWLGDED0115/EWLGDED0115

Project Name/Number: EWLGDED0115/EWLGDED0115

Amendment Letter

Submitted Date: 10/27/2014

Comments:

Per note to reviewer, received on 10/22/14, we were allowed to replace the Pediatric Vision Hardware and Optical Services Rider form.

Thank you very much for allowing us this opportunity. Please find the updated forms attached below. We have included a redline form showing the changes between the originally filed form and the updated filed form. Should you have any questions, please feel free to contact me by phone at 503-813-2022 or by email at shantelle.a.marcell@kp.org. I am assisting with this filing in Kindra's absence while she is on vacation.

Thank you,

Shantelle Marcell

Changed Items:

Form Schedule Item Changes									
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments	Submitted
1	Pediatric Vision Hardware and Optical Services Rider	RWLGVPXPL10115	CERA	Revised	Previous Filing Number:	259275		RWLGVPXPL10115.pdf	Date Submitted: 10/27/2014 By:
					Replaced Form Number:	RWLGVPXPL10114			
<i>Previous Version</i>									
1	Pediatric Vision Hardware and Optical Services Rider	RWLGVPXPL10115	CERA	Revised	Previous Filing Number:	259275		RWLGVPXPL10115.pdf	Date Submitted: 08/28/2014 By: Kindra Tappan
					Replaced Form Number:	RWLGVPXPL10114			

No Rate Schedule Items Changed.

SERFF Tracking #: KFNW-129667885

State Tracking #: 275108

Company Tracking #: EWLGDED0115

State: Washington

Filing Company: Kaiser Foundation Health Plan of the Northwest

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans

Project Name/Number: EWLGDED0115/EWLGDED0115

Supporting Document Schedule Item Changes	
Satisfied - Item:	Redline: Comparing originally filed Pediatric Vision Rider with the updated form-per notes to filer
Comments:	
Attachment(s):	RWLGXPL10115 RL.pdf

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

Note To Filer

Created By:

Linda Broyles on 02/10/2015 03:41 PM

Last Edited By:

Linda Broyles

Submitted On:

02/10/2015 03:41 PM

Subject:

Re: Request to Amend 2-10-2015

Comments:

Hi Tessa,

Your request to amend the filing and add an additional form is approved.

Linda

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGED0115/EWLGED0115

Note To Reviewer

Created By:

Tessa Twilleager on 01/13/2015 06:02 PM

Last Edited By:

Tessa Twilleager.

Submitted On:

02/10/2015 11:22 AM

Subject:

Request for an Amendment 2-10-2015

Comments:

We are respectfully requesting the opportunity for an Amendment so that we may submit updated forms as well as an additional form that was not previously filed. Please find a detailed description of what we are requesting to change below:

Form Numbers EWLGED0115, EWLGTRAD0115: To comply with the Washington Supreme Court's decision in the OST v. Regence BlueShield case, we are requesting the opportunity to submit updated Evidence of Coverage forms that remove the blanket exclusion for neurodevelopmental therapy for children over the age of six.

Form Numbers RWLGALTC5000115, RWLGALTC10000115, RWLGALTC15000115: We are requesting the opportunity to replace the currently filed Alternative Care Services Rider forms with updated versions that align more closely with EHB requirements.

Outpatient Prescription Drug Rider: We are requesting the opportunity to add an additional Outpatient Prescription Drug Rider that was not previously filed. This document will be considered Initial and will be offered alongside all other Riders in this filing.

Please let us know whether or not these changes are permissible. If so, we will amend the filing appropriately and provide redlined documents illustrating the changes we made to the currently filed documents. Should you have any questions, please do not hesitate to contact me by phone at 503-813-3657 or by email at Tessa.L.Twilleager@kp.org.

Thank you for your time and review,
Tessa Twilleager

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TO/Sub-TO: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

Note To Filer

Created By:

Linda Broyles on 10/22/2014 11:33 AM

Last Edited By:

Linda Broyles

Submitted On:

10/22/2014 11:34 AM

Subject:

Re: Request to amend Pediatric Vision Hardware Rider

Comments:

You may amend the Pediatric Vision Hardware and Optical Services Riders within this filing submission as requested. You must provide a redlined document reflecting changes made to each rider under the Supporting Documentation tab.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDED0115/EWLGDED0115

Note To Reviewer

Created By:

Kindra Tappan on 10/21/2014 12:51 PM

Last Edited By:

Kindra Tappan

Submitted On:

10/21/2014 12:52 PM

Subject:

Request to amend the Pediatric Vision Hardware Rider

Comments:

Dear Sir or Madam,

Upon closer examination, we noticed our 2015 Pediatric Vision Hardware and Optical Services Riders are not as closely aligned with the EHB requirements as we would like. We are respectfully requesting the opportunity to update this rider and submit as an amendment.

Thank you for your consideration.

State: Washington Filing Company: Kaiser Foundation Health Plan of the Northwest
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Std Master Cont Large Group Deductible and Traditional Copayment Health Plans
Project Name/Number: EWLGDDED0115/EWLGDDED0115

Reviewer Note

Created By:

Linda Broyles on 04/30/2015 05:26 PM

Subject:

Referred

Comments:

Referred to Network Access Unit regarding zip code-based service area issue.