

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
JENNIFER KREITLER IN
SUPPORT OF RESPONSE
AND OPPOSITION TO
KFHPNW'S MOTION TO
STAY

I, Jennifer Kreitler, 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 the Healthcare Consumer Access Manager for the Rates and Forms Division. I have worked for the Insurance Commissioner's office for 18 years as a healthcare subject matter expert reviewing health benefit plans, life and health products, provider agreements and network access reports. During my tenure I have received my Associate Life Management Institute, Health Insurance Associate, and Managed Healthcare Professional designations.

DECLARATION OF JENNIFER
KREITLER IN SUPPORT OF RESPONSE
AND OPPOSITION TO KFHPNW'S
MOTION TO STAY

1

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

- 1 3. It is part of my primary responsibilities to manage the team of individuals
2 that review and perform reviews of companies' access plan and network
3 access reports for compliance with the network access laws and
4 regulations to ensure that networks have access to a sufficient number
5 and type of providers within a reasonable distance, so that people can
6 access the care they need.
- 7 4. I am experienced and familiar with the Insurance Code and the Office of
8 the Insurance Commissioner's obligation under the statutes and rules
9 pertaining to insurance, especially the statutes and regulations relating to
10 network access.
- 11 5. In 2014, Kaiser submitted access plans to support its filed rates and forms
12 for its health plans new and renewing on or after January 1, 2015. A true
13 and correct copy of these filings are attached hereto as OIC Exhibit 1.
- 14 6. On April 7, 2015, Kaiser submitted its initial SERFF response to the
15 pending form filing stating that it believed that WAC 284-43-130(29)
16 only applied to individual and small group plans and that it did not apply
17 to large group plans.
- 18 7. On April 28, 2015, Kaiser requested to discuss the objections and
19 definitions with the OIC. Deputy Commissioner of Rate and Forms,
20 Molly Nollette, designated me as the primary contact person for Kaiser in
21 this matter and we began discussions with Kaiser telephonically and via
22 email. A true and correct copy of these emails are attached hereto as OIC
23 Exhibit 2.
- 24 8. On May 11, 2015, I provided detailed information to Kaiser about the
25 definition of service area and its application to large group plans. I also
26 advised Kaiser that it could request to expand its service area to add
counties in addition to Clark and Cowlitz counties or that it could request
a service area limitation by demonstrating good cause. A true and correct
copy of this email is attached hereto as OIC Exhibit 3.

1 9. On May 27, 2015, Kaiser advised the OIC that it would be correcting the
2 definition of service area in its health plans to match its service area of
3 Clark and Cowlitz counties, and thus would comply with WAC 284-43-
4 130(29). Kaiser stated "...our forms will need to be updated but we will
5 no longer issue a policy to a policyholder located outside of Cowlitz or
6 Clark county." Kaiser also confirmed that only two group plans were
7 sold to participants who did not live or work in Cowlitz and Clark
8 counties. A true and correct copy of these emails are attached hereto as
9 OIC Exhibit 4.

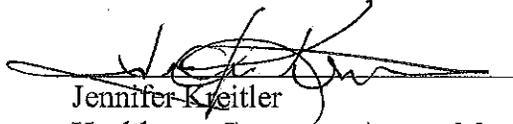
10 10. We discovered that Kaiser renewed the Bonneville Hotspings Resort
11 large group health plan on June 1, 2015. To the OIC's knowledge this is
12 Kaiser's only large group plan that does not have a plan year renewal date
13 on December 31, 2015, which is when the Order to Cease and Desist
14 requires all plans offered to enrollees who do not live or work in Kaiser's
15 service area to end. Only the members of the Bonneville Hotspings
16 Resort large group health plan who did not qualify by living or working
17 inside of Clark or Cowlitz county, which totals twenty-three people, will
18 receive a mid-year termination. A true and correct copy of this email is
19 attached hereto as OIC Exhibit 5.

20 11. In July of 2015, the OIC learned from Kaiser that the WA Public
21 Employee Benefit plan was also sold and covering people who did not
22 live or work within Kaiser's service area of Clark and Cowlitz counties.
23 As a result, the OIC became concerned that it was likely that more
24 unidentified plans were sold and covering people who did not live or
25 work in Clark or Cowlitz counties. A true and correct copy of this email
26 is attached hereto as OIC Exhibit 6.

 12. On September 29, 2015, the OIC filed the Order to Cease and Desist to
 ensure that Kaiser did not sell any further policies outside of its service
 area.

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

3 Executed on the 9th day of October, 2015, at Tumwater, Washington.
4

5 
6 Jennifer Kreitler

7 Healthcare Consumer Access Manager
8 Office of the Insurance Commissioner
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

DECLARATION OF JENNIFER
KREITLER IN SUPPORT OF RESPONSE
AND OPPOSITION TO KFHPNW'S
MOTION TO STAY

4

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

1221629

JENNIFER KREITLER DECL.

EXHIBIT 1

2014 Kaiser Access Plans submitted to support its filed rates and forms for its health plans new and renewing on or after January 1, 2015.

07/23/2014

KFHPNW Alternative Access Delivery Request re:

St. John Medical Center

for Participating Medical network

This "Alternative Access Delivery Request Form C" and supporting documentation is submitted for consideration and approval by the Washington state Office of the Insurance Commissioner. In this submission I have filed only one Alternative Access Delivery Request.

Filing Instructions:

Step 1:

Send an email to Network Access Administrator at: OICNetworkAccess@oic.wa.gov requesting activation for an Alternative Access Delivery Request Form C submission assignment in the Network Access Portal.

Step 2:

Complete this form by checking the appropriate box for consideration of either an:

1. Alternative Access Delivery Request per WAC 284-43-200(15)(a),
2. Alternative Access Delivery Request per WAC 284-43-200 (15)(b),
3. Alternative Access delivery Request per WAC 284-43-200 (15)(c); or
4. Essential Community Provider (ECP) – Narrative Justification per WAC 284-43-200(15)(d).

Step 3:

Upload in the Network Access Portal:

1. One PDF document that includes:
 - a. A properly completed Alternative Access Delivery Request Form C; and
 - b. Items 1-3 for Alternative Access Delivery Request, or
 - c. Items 1-4 for Essential Community Provider (ECP) – Narrative Justification.
2. Supporting reports outlined in item 4 - Alternative Access Delivery Request. A separate network access report, in the required format, per WAC 284-43-220(3)(d) and the Network Access Report Filing Instructions.

Heidi Lutz, Commercial Compliance Program Manager

Regional Compliance Department

Kaiser Foundation Health Plan of the Northwest

Alternative Access Delivery Request must include:

1. Cover letter specifically setting forth the issuer's request by network, action plan, and resolution.
2. The following supporting documentation per WAC 284-43-220(3)(d):
 - a. Supporting data describing how the proposed plan ensures enrollees will have reasonable access to sufficient providers, by number and type for covered services;
 - b. A description and schedule of cost-sharing requirements for providers subject to the request;
 - c. How the provider directory will be updated so that an enrollee can access provider types that are subject to the request;
 - d. The issuer's marketing plan to accommodate the time period that the alternative access delivery system is in effect, and specifically describe how it impacts current and future enrollment.
3. Certification by an Officer of the Issuer that the submission consists solely of true and accurate documentation.
4. The following off cycle reports must be submitted separately but concurrently with the Alternative Access Delivery Request Form C information.
 - a. Provider Network Form A demonstrating the addition and/or deletion of providers and facilities specific to this request. A Provider Directory Certification should not be filed concurrently with the proposed Provider Network Form A report. If the Insurance Commissioner approves this request, the issuer must file an off-cycle Provider Network Form A and a Provider Directory Certification as requested in the approval letter.
 - b. A Network Enrollment Form B must be submitted with current enrollment. "Current" means enrollment as of the last complete month prior to submission of this form. For example, submission of a Network Sufficiency Form C on June 10th requires a Network Enrollment Form B report for enrollment figures for January 1st – May 31st of the current year.

Essential Community Provider [ECP] – Narrative Justification requests must include:

1. Cover letter specifically setting forth the issuer's request by network, action plan, and resolution.
2. Documentation fully describing and demonstrating why the issuer's plan does not meet the requirements of WAC 284-43-222:
 - a. If the request is based, at least in part, upon a lack of sufficient ECPs with whom to contract, the issuer should include information demonstrating the number and location of available ECPs.
 - b. If the request is based, at least in part, upon an inability to contract with certain ECPs, the request should include substantial evidence of the issuer's good faith efforts to contract with additional ECP's and state why those efforts have been unsuccessful.
 - Evidence of the issuer's good faith efforts to contract will include, at a minimum:
 - i. Provider information identifying the provider organization name and affiliates name(s), business address, mailing address, telephone number(s), email address, organizations representative name and title.
 - ii. Issuer's information identifying the issuer representative's name and title, mailing address, telephone number, and email address.
 - iii. If a contract was offered, a list that identifies contract offer dates and a record of the communication between the issuer and provider. For example, you should indicate whether contract negotiations are still in progress or the extent to which you are not able to agree on contract terms. "Extent to which you are not able to agree" means quantification by some means of the distance between the parties' positions. For example, "After working together for two weeks, the parties still had several contract provisions upon which they were unable to come to agreement, and neither party was able to compromise further" or "The parties exchanged draft contract provisions and met in person, but their positions were widely divergent and we were unable to come to agreement."
 - iv. If a contract was not offered, explain why the issuer did not offer to contract. Documentation must be as specific as possible.
 - The assessment of whether the issuer has made good faith efforts to contract is an assessment of the efforts to contract, not an assessment of the particular terms being offered by either party. Evidence regarding the parties' positions on particular terms, or the reasonableness of terms, should not be included.

3. Documentation identifying how the issuer plans to increase ECP participation in the provider network during the current plan year and subsequent Exchange filing certification request.
4. Documentation describing how the issuer's provider network(s), as currently structured, provides an adequate level of service for low-income and medically underserved individuals.

Your request must specify:

- a. How the current network(s) provide adequate access to care for individuals with HIV/AIDS (including those with co-morbid behavioral health conditions).
- b. How the current network(s) provide adequate access to care for American Indians and Alaska Natives.
- c. How the current network(s) provide adequate access to care for low-income and underserved individuals seeking women's health and reproductive health services.

July 23, 2014

Jennifer Kreitler
Healthcare Consumer Access Manager
Rates and Forms Division
Washington State Office of Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

Sent via email to: OICNetworkAccess@oic.wa.gov

Re: Kaiser Foundation Health Plan of the Northwest – Alternative Access Delivery Request

Dear Ms. Kreitler:

Kaiser Foundation Health Plan of the Northwest (KFHPNW) is submitting this alternative access delivery request for our Participating Medical network in Cowlitz County due to the lack of a contracted hospital in Cowlitz County. We have been unable to obtain a contract with PeaceHealth St. John Medical Center in Longview, Washington after our contract with St. John's Hospital terminated in 2007. Since that point, we have been paying full billed charges to this facility in order to prevent balance billing to our members. Members have not incurred a greater cost-share when using PeaceHealth St. John Medical Center.

KFHPNW has submitted multiple proposals to PeaceHealth St. John Medical Center in the past 7 years and has provided the OIC with weekly updates on contracting efforts and status since June 2013. We have made strong progress in our negotiations with PeaceHealth in this past year and it is anticipated that we will be able to reach an agreement resulting in a contract PeaceHealth St. John Medical Center within the next few months.

We are submitting the following supporting documentation with this request (please note that network reports and access plans are inclusive of our Washington service area of Cowlitz and Clark Counties):

- Alternative Access Delivery Request Form C
- KFHPNW CFO attestation
- Provider Network Form A demonstrating the addition of PeaceHealth St. John's Hospital
- Network Enrollment Form B for January 1 to June 30, 2014
- GeoNetwork reports
- Access Plans for the following plans:
 - Kaiser Permanente Individual and Families (KPIF) medical plans
 - KPIF medical with embedded pediatric dental plans
 - Small Group (SG) medical with embedded pediatric dental plans
 - Large Group (LG) medical plans
 - *Note: The cover sheet for each access plan includes a list of the products that the access plan applies to.*

500 NE Multnomah Street
Portland, OR 97232
503-813-2000

Upon approval of this alternate access delivery request, we will incorporate PeaceHealth St. John Medical Center into our provider directory.

This alternative access delivery request is not reflective of a proposed change in practice and will not impact member experience, so there is not a need for a new marketing plan as referenced in Form C, 2 (d). Additionally, current and future enrollment will not be impacted by approval of this request.

We request that you take into consideration KFHPNW's strategy of providing high-quality, affordable health care through the optimization of our integrated delivery system, as well as our continued attempts to contract with PeaceHealth St. John Medical Center, when reviewing this request. Please let me know if you would like more information in considering our alternative access delivery request.

Thank you in advance for your review of our request.

Respectfully,

Heidi Lutz, CHC
Regional Compliance Program Manager, Commercial Insurance
Kaiser Foundation Health Plan of the NW
500 NE Multnomah
Portland, OR 97232
(503) 813-2694
Heidi.A.Lutz@kp.org

cc: Maryann Schwab
Bess Jacobo
Bill Wiechmann
Karen Schartman

Alternative Access Delivery Request: Participating Medical Network

Certification of Compliance

I attest that this alternative access delivery request for hospital services in Cowlitz County consists solely of true and accurate documentation.


Signature of authorized officer

Karen Schartman, Vice President, Chief Financial Officer
Printed name of authorized officer and title

July 23, 2014
Date

Access Plan for

Large Group Added Choice Point of Service Plan

- Plan 70
- Plan 71
- Plan 72
- Plan 74
- Plan 75
- Plan 83
- Plan 86
- Plan 89E
- Plan 91
- Plan DA
- Plan DB
- Plan DC
- Plan DD

- Plan DE
- Plan DF
- Plan DK
- Plan DN
- Plan DP
- Plan DR
- Plan DS
- Plan DX

Large Group Added Choice Point of Service High Deductible Health Plan

- Plan 1
- Plan 2
- Plan 3
- Plan 4

Describing the networks:

- Select Provider
- PPO

Table of Contents

Alternate Access Delivery Request	3
About the Select Provider Network	5
About the PPO Network.....	5

Note: References in this document to “Kaiser Permanente” collectively refer to Northwest Permanente, P.C., Physicians and Surgeons, Kaiser Foundation Health Plan of the Northwest, and Kaiser Foundation Hospitals.

Alternate Access Delivery Request

Select Provider network: Medical Office, Ambulatory Surgical Center, and Hospital Locations

Facility Name	Address	Type of Facility
Longview-Kelso Medical Office	1230 Seventh Avenue Longview, WA 98632	Medical Office
PeaceHealth St. John Medical Center (non-contracted)*	1615 Delaware Street Longview, WA 98632	Medical Center
Cascade Park Medical Office	12607 SE Mill Plain Blvd Vancouver, WA 98684	Medical Office
Legacy Salmon Creek Medical Center	2211 NE 139th Street Vancouver, WA 98686	Medical Center
Mill Plain One Medical Office	203 SE Park Plaza Drive Vancouver, WA 98684	Medical Office
Orchards Medical Office	7101 NE 137th Ave Vancouver, WA 98682	Medical Office
Salmon Creek Medical Office	14406 NE 20th Ave Vancouver, WA 98686	Medical Office
Vancouver Medical Office	2211 E Mill Plain Road Vancouver, WA 98661	Medical Office
Beaverton Medical Office	4855 SW Western Ave Beaverton, OR 97005	Medical Office
Murrayhill Medical Office	11200 Murray Scholls Place Beaverton, OR 97007	Medical Office
Walker Road Nephrology Center	15050 SW Koll Parkway, Suite J Beaverton, OR 97006	Medical Office
The Portland Clinic—Beaverton	15950 SW Millikan Way Beaverton, OR 97006	Medical Office
Brookside Center	10180 SE Sunnyside Road Clackamas, OR 97015	Medical Office
Sunnyside Medical Office	10180 SE Sunnyside Road Clackamas, OR 97015	Medical Office
Kaiser Sunnyside Medical Center	10180 SE Sunnyside Road Clackamas, OR 97015	Medical Center
Mt. Scott Medical Office	9800 SE Sunnyside Rd Clackamas, OR 97015	Medical Office
Mt. Talbert Medical Office	10100 SE Sunnyside Road Clackamas Oregon 97015	Medical Office
One Town Center	10163 SE Sunnyside Rd Clackamas, OR 97015	Medical Office
Sunnybrook Medical Offices	9900 SE Sunnyside Rd Clackamas, OR 97015	Medical Office & ASC
Eastman Parkway Office	1550 NW Eastman Parkway, Ste 100 Gresham, OR 97030	Medical Office
Clackamas Eye Care	12100 SE Stevens Court, Ste 106 Happy Valley, OR 97086	Medical Office

Hillsboro Medical Office	5373 W Baseline Rd Hillsboro, OR 97213	Medical Office
Kaiser Westside Medical Center	2875 NW Stucki Ave. Hillsboro, OR 97124	Medical Office
Kaiser Westside Medical Center	2875 NW Stucki Ave. Hillsboro, OR 97124	Medical Center
Sunset Medical Office	19400 NW Evergreen Parkway Hillsboro, OR 97124	Medical Office
The Portland Clinic—Hillsboro	256 SE Second Ave. Hillsboro, OR 97123	Medical Office
Lake Road Nephrology Center	6902 SE Lake Road, Ste 100 Milwaukie, OR 97267	Medical Office
Division Medical Office	7705 SE Division St. Portland, OR 97206	Medical Office
Gateway Medical Office	1700 NE 102nd Ave. Portland, OR 97220	Medical Office
Interstate Central	3600 N Interstate Ave. Portland, OR 97227	Medical Office & ASC
Interstate East Medical Office	3550 N Interstate Ave. Portland, OR 97227	Medical Office
Interstate South	3500 N Interstate Ave. Portland, OR 97227	Medical Office
Interstate West	3325 N Interstate Portland, OR 97227	Medical Office
Interstate Radiation Oncology Center	3620 N Interstate Ave. Portland, OR 97227	Medical Office
Mother Joseph Plaza	9427 SW Barnes Road Portland, OR 97225	Medical Office
OHSU Doernbecher Children's Hospital	3181 SW Sam Jackson Park Road Portland Oregon 97201	Medical Center
Rockwood Medical Office	19500 SE Stark St. Portland, OR 97233	Medical Office
The Portland Clinic—Columbia	5847 NE 122 nd Ave. Portland, OR 97230	Medical Office
The Portland Clinic—Downtown	800 SW 13 th Ave. Portland, OR 97205	Medical Office
The Portland Clinic—East	541 NE 20 th Ave., Suite 210 Portland, OR 97232	Medical Office
The Portland Clinic—South	6640 SW Redwood Lane Portland, OR 97224	Medical Office
North Lancaster Medical Office	2400 Lancaster Dr. Salem, OR 97305	Medical Office
Salem Hospital	665 Winter Street SE Salem, OR 97301	Medical Center
Skyline Medical Office	5125 Skyline Road S Salem, OR 97306	Medical Office & ASC
West Salem Medical Office	1160 Wallace Road NW	Medical Office

	Salem, OR 97304	
The Portland Clinic—Tigard	9250 SW Hall Blvd. Tigard, OR 97223	Medical Office
Tualatin Medical Office	19185 SW 90th Tualatin, OR 97062	Medical Office

* Although PeaceHealth St. John Medical Center is a non-contracted hospital, we are treating it as an in-network facility, and we are paying PeaceHealth St. John Medical Center at billed charges for any medically necessary covered services.

About the Select Provider Network

The Select Provider network is comprised of the following:

Medical Group. Northwest Permanente, P.C., Physicians and Surgeons, a professional corporation of physicians organized under the laws of the state of Oregon. Medical Group contracts with Kaiser Foundation Health Plan of the Northwest (KFHPNW) to provide professional medical services to members and others primarily on a capitated, prepaid basis in Select facilities.

Select Physician. Any licensed physician who is an employee of Medical Group, or any licensed physician who contracts directly or indirectly with Medical Group, and who is listed in the *Medical Directory*. *Note:* This access plan defaults to using “Select Provider” because all Select Physicians are Select Providers.

Select Provider. Any person who is either:

- A Select Physician, or
- A person regulated under state law to practice health or health-related services or otherwise practicing health care services consistent with state law and who is an employee of a Select Physician or of Kaiser Permanente or under contract with The CHP Group.

Note: As part of our alternate access delivery request, PeaceHealth St. John Medical Center is included in the table of Select Provider network facilities.

About the PPO Network

The PPO network is comprised of the following:

MedImpact Pharmacies.

PPO Facility. A facility (other than a pharmacy) that participates in First Choice Health PPO Network (FCH PPO).

PPO Physician. Any licensed physician who participates in First Choice Health PPO Network (FCH PPO).

PPO Provider. Any person who participates in First Choice Health PPO Network (FCH PPO) and who is:

- Regulated under state law to practice health or health-related services or otherwise practicing health care services consistent with state law, or

- An employee or agent of any persons previously described in this definition, acting in the course and scope of his or her employment.

Referral of enrollees out-of-network, including criteria for determining when an out-of-network referral is required or appropriate

Tier 1 (Select Provider Network)

If a member's Select Provider determines that services are not available from Select Providers or Select Facilities, he or she recommends to Medical Group and Kaiser Foundation Health Plan of the Northwest (KFHPNW) that the member be referred to a non-participating provider or non-participating facility inside or outside our service area. Medical Group has an assigned Select Provider review the request to determine if the requested services are medically necessary and not available from a Select Provider or facility and KFHPNW reviews the request to determine if the requested services are covered services. If the Medical Group's assigned Select Provider determines that the requested services are medically necessary and not available from a Select Provider or Select Facility and KFHPNW determines that the services are covered services, KFHPNW authorizes the referral to a non-participating provider or non-participating facility for the covered services. The member receives a written "Authorization for Outside Medical Care" to the non-participating provider or non-participating facility. Only the services and number of visits that are listed on the written referral will be covered, subject to any benefit limitations or exclusions applicable to those services.

Tier 2 and 3 (PPO network and non-participating providers)

Generally, members may see any PPO Provider or non-participating provider without a referral. However, members will need a PPO Provider or a non-participating provider referral for: Multidisciplinary rehabilitation therapy, Occupational therapy, Physical/massage therapy, respiratory therapy, and speech therapy.

When members require a provider referral, their Tier 2 or Tier 3 benefit applies based on who provides the service. If a PPO Provider provides the service, the Tier 2 benefit applies. If a non-participating provider provides the service, the Tier 3 benefit applies.

Copayment and coinsurance determination standards for enrollees accessing care out-of-network

The copayment or coinsurance for approved referrals (see process above) out of network is the same as those required for services provided inside of our network.

The copayment or coinsurance amounts for covered emergency services, post-stabilization care and urgent care are the same as those members would pay if the services were not emergency services, post-stabilization care or urgent care (e.g. covered inpatient hospital services) regardless of whether the services were provided in network or out of network.

Standards of accessibility and monitoring policies and procedures for compliance

The following applies to all networks on the plan.

KFHPNW ensures an adequate network of providers by assessing the needs of its members and consistently monitoring access to care. At least annually, KFHPNW identifies and evaluates high volume services utilized by our members and assesses the following to determine the sufficiency of the network in order to ensure adequate access to care and services:

- Geographical availability of providers according to established standards for facilities, primary care and high volume specialty care services
- Member to practitioner ratios and panel status reports according to standards for primary care and high volume specialties
- Appointment access
- Member complaints and satisfaction surveys

Daily, weekly and quarterly summary reports of various access metrics in addition to those indicated above are evaluated by primary care and specialty care leadership, the Northwest Permanente Board of Directors and the KFHPNW regional quality committee (the Regional Operations and Quality Group) to monitor compliance with standards and sufficiency of the network. These reports inform staffing, provider contracting and recruitment strategies which are modified as needed based on the results. Referral rates and provider panel sizes are monitored daily and adjustments are made to schedules and provider panels to accommodate the needs of members, ensuring that they are able to be seen when they want and/or need based on clinical need and urgency.

Additionally, membership forecasting efforts assist KFHPNW in capital planning and expansion efforts by projecting where new facilities and additional providers may be needed based on anticipated growth.

Standard hours of operation, and after-hours, for prior authorization, consumer and provider assistance, and claims adjudication

The following applies to all networks on the plan.

KFHPNW Member Service representatives are available Monday through Friday (except holidays) from 8:00 am to 6:00 pm. Members and providers may call Member Services and be assisted at any time to discuss urgent concerns. Members may also send non urgent questions to an advice nurse or pharmacist via the member section of our website, kp.org.

Triage and screening arrangements for prior authorization requests

Tier 1 (Select Provider Network)

Members receive Tier 1 services from Select providers and facilities inside our service area. Members are able to locate Select providers and facilities by using the Added Choice Medical Directory, going to kp.org or calling Member Services.

Members are directed to speak with their Select Providers about their medical needs and requests for services. Select Providers will assess their needs and recommend an appropriate course of treatment. Some services are subject to approval through utilization review criteria developed by Medical Group and approved by KFHPNW.

Tiers 2 and 3 (PPO network and non-participating providers)

Members receive Tier 2 services from PPO providers and facilities. Members are able to locate PPO providers and facilities by contacting Member Services or by going to the list of First Choice Health providers at kp.org/addedchoice.

Members receive Tier 3 covered services from licensed non-participating providers and non-participating facilities.

Members are directed to speak with their PPO or non-participating provider about their medical needs and requests for services. Their PPO or non-participating provider will assess their needs and recommend an appropriate course of treatment. Some services are subject to prior authorization by Permanente Advantage.

Prior authorization processes that enrollees must follow, including the responsibilities and scope of use of nonlicensed staff to handle enrollee calls about prior authorization

Tier 1 (Select Provider Network)

If a member requests, or a Select Provider recommends, services that must be approved through utilization review, the provider submits the request to utilization review on the member's behalf. If the request is denied, KFHPNW will send a letter to the member within five calendar days of the Select Provider's request. Members may also submit their request for services directly to our Member Relations department, and we will notify them within five calendar days of the decision.

The decision letter will explain the reason for the determination, along with instructions for filing an appeal. Members may request a copy of the complete medical necessity criteria used to make the determination or talk to a Utilization Review staff person by contacting Member Services.

Members (or someone on their behalf) must request prior authorization to receive post-stabilization care from a PPO provider or facility or a non-participating provider or facility by calling KFHPNW at 503-735-2596 (toll free at 1-877-813-5993) before services are received if it is reasonably possible to do so,

but no later than 24 hours after any admission. In the event of extraordinary circumstances, members must call KFHPNW as soon as reasonably possible. After notification, KFHPNW discusses the member's condition with the PPO or non-participating provider. If KFHPNW determines that the post-stabilization care is medically necessary and would be covered if the member received it from a Select provider or facility, then KFHPNW will either authorize the services or arrange to have a Select provider or facility (or other designated provider or facility) provide the services. If the member's PPO or non-participating provider determines that the member is clinically stable and the member declines transportation to a select provider or facility (or other designated provider or facility) then the post stabilization care services will be covered under Tier 2 (for services provided by a PPO facility or provider) or Tier 3 (for services provide by a non-participating facility or provider)

Prior authorization review decisions are not retrospectively denied except in cases of misrepresentation. KFHPNW may revoke or amend an authorization for services that a member has not yet received if their membership terminates, coverage changes, they lose eligibility or if KFHPNW receives information that is materially different from what was reasonably available at the time of the original determination.

Tiers 2 and 3 (PPO network and non-participating providers)

Some services covered under Tier 2 or Tier 3 require prior authorization by Permanente Advantage at least 72 hours in advance. Members can find the list of services that require prior authorization described under the "Services Subject to Permanente Advantage Prior Authorization Review under Tier 2 and Tier 3" in the "How to Obtain Services under Tier 2 and Tier 3" section of their EOC.

PPO providers are responsible for requesting prior authorization from Permanente Advantage. If a non-participating provider recommends services that require prior authorization, members may request or ask the non-participating provider to request prior authorization by calling Permanente Advantage at 1-800-822-3399 from 6 a.m. to 6 p.m. (PT) Monday through Friday. Messages may be left for Permanente Advantage at this number outside of these hours as well.

Once the prior authorization request is submitted, a Permanente Advantage professional services coordinator (a medical professional) reviews the proposed course of treatment to verify that it is medically appropriate. If treatment is authorized, the professional services coordinator will send a confirmation of authorization to the member's PPO provider or non-participating provider. If treatment is not authorized, the professional services coordinator will contact the member's PPO or non-participating provider to discuss alternative forms of treatment and will send the member and their PPO or non-participating provider a denial letter.

If a member receives post-stabilization care from a PPO or non-participating provider or facility those services will be covered at Tier 2 or Tier 3 unless the member obtains a prior authorization to obtain the services from the PPO or non-participating provider or facility as described above under the Tier 1 section.

Prior authorization review decisions are not retrospectively denied except in cases of misrepresentation. KFHPNW may revoke or amend an authorization for services that a member has not yet received if their

membership terminates, coverage changes, they lose eligibility or if KFHPNW receives information that is materially different from what was reasonably available at the time of the original determination.

Specific procedures and materials used to address the needs of enrollees with limited-English proficiency and literacy, with diverse cultural and ethnic backgrounds, and with physical and mental disabilities

The following applies to all networks on the plan.

Kaiser Permanente strives to provide the same quality of care to all patients regardless of language or communication barriers. Onsite and telephone interpretation and written translation services are provided to ensure members receive the highest quality of care. Interpreter services are provided for:

- Members with limited or no ability to speak or understand English
- Members whose hearing or speaking ability is impaired to the extent that sign interpretation or TTY is required for communication
- Members who have vision impairment which precludes participating in the care encounter without assistance

Kaiser Permanente contracts for professional interpreter services provided at Select Providers and for services to members referred to non-participating providers. Interpreter services include, but are not limited to, the following services:

- 24 hour on-site foreign language interpretation and sign language interpretation
- 24 hour telephone foreign language and TTY line interpreter service
- 24 hour sighted guide service
- Interpreters are utilized only for medically necessary interpretation

Members receive interpreter services at no charge and have the right to request that a family member or friend be present during an episode of care involving an interpreter.

To assure that a consistent level of quality service is available to non-English speaking members at every care encounter, Kaiser Permanente requires the assessment and documentation of language skills of all staff, physicians and dentists who may provide language skills for non-English speaking members without the use of a professional interpreter. Kaiser Permanente staff, physicians and dentists can use their language skills when providing routine care if they have passed an interpreter certification test obtained through Regional Interpreter Services.

Kaiser Permanente also collects information pertaining to utilization of onsite interpreter services and population demographics including race and ethnicity. This information is collected from medical offices throughout the service region. This data helps us determine linguistic needs of specific medical offices or geographic areas which informs practitioner placement and recruitment efforts.

KFHPNW Member Services representatives are available to provide assistance to visually impaired members who require help with written materials pertinent to the delivery of health care.

Kaiser Permanente also provides culturally competent care training to clinicians. Manuals are available that provide detailed information about each of the following populations:

- Individuals with disabilities
- Latinos
- African-Americans
- Asian Pacific Islanders
- Lesbian, Gay, Bi-sexual and Transgender

Assessment of the health status of the population of enrollees or prospective enrollees, including incorporation of the findings of local public health community assessments, and standardized outcome measures, and use of the assessment data and findings to develop network or networks in the service area

The following applies to all networks on the plan.

KFHPNW assesses the health of its members through routine monitoring of performance on NCQA's Healthcare Effectiveness Data and Information Sets (HEDIS) Effectiveness of Care measures. These measure performance on important dimensions of care including prevention and screening, chronic conditions, senior care, behavioral health, respiratory conditions and child and maternal health.

HEDIS performance is tracked and monitored monthly so that interventions can be quickly implemented when opportunities are identified. Additionally, measures are identified annually as high priority. Often these measures align with public health goals and community assessments. Examples include; tobacco cessation monitoring, childhood immunization rates and efforts to address cardiovascular disease and diabetes through the Kaiser Permanente PHASE (Preventing Heart Attacks and Strokes Everyday) initiative. This work supports the Public Health Department's goals around decreasing tobacco use and increasing immunization rates and the Center for Disease Control and Prevention's Million Hearts Campaign to reduce heart attacks and strokes.

Additionally, Kaiser Permanente utilizes the Patient Support Tool which enables each provider to monitor the health of their panel. The Patient Support Tool identifies care gaps for patients with chronic conditions and preventive care needs by indicating when certain care is due or recommended based on the most current evidence based clinical practice guidelines.

Member health status is also assessed at the individual level through the use of various age appropriate Health Risk Assessment questionnaires and other biometric surveys. These may be completed upon enrollment and/or during annual exams.

Notification to enrollees regarding personal health information privacy rights and restrictions, termination of a provider from the network, and maintaining continuity of care for enrollees when there is a material change in the provider network, insolvency of the issuer, or other cessation of operations

The following applies to all networks on the plan.

KFHPNW provides a summary of key privacy practices in the member's evidence of coverage. Our *Notice of Privacy Practices* provides additional information about our privacy practices and member rights regarding protected health information (PHI). The *Notice of Privacy Practices* is available and will be furnished upon member request. Members may call Member Services to request a copy, or find the notice at their local Select Facility or on our website at kp.org.

KFHPNW recognizes that an important component of quality healthcare is the continuity in care that arises from an ongoing relationship between the patient and their provider. In the event a contract with a Select Provider or Select Facility is terminated or if the Select Provider or facility is unable to continue operations affected members are notified of the changes. KFHPNW makes a good faith effort to send notifications within 14 days of receipt of the notice that a change will occur.

If KFHPNW directly or indirectly terminates the contract with a primary care Select Provider while a member's plan is in effect and while they are under the care of the provider, then KFHPNW retains financial responsibility for covered services by that provider for 90 days following the notice of termination to the member.

If KFHPNW directly or indirectly terminates the contract with any participating provider who is a specialist while the member's contract is in effect and while they are under the care of the provider, then KFHPNW retains financial responsibility for covered services by that provider until we can make arrangements for services to be provided by another Select Provider.

These continuity of care provisions do not apply when the termination is for cause (including quality of care issues) or because the Select Provider:

- Has retired
- Has died
- No longer holds an active license
- Has moved outside our service area
- Has gone on sabbatical
- Is prevented from continuing to care for patients because of other circumstances

In the event of insolvency or other ability to continue operations, KFHPNW will identify affected members in its service area and consult with the Washington state Office of the Insurance Commissioner to determine appropriate notice requirements.

Issuer's processes for corrective action for providers related to the provider's licensure, prior authorization, referral and access compliance. The process must include remedies to address insufficient access to appointments or services

Tier 1 (Select Provider Network)

All practitioners wishing to participate in the Select Provider network must successfully complete the initial credentialing process and demonstrate their ongoing ability to meet credentialing standards through a biennial recredentialing process. Practitioners are required to provide the information needed to review and verify their credentials.

Where appropriate, a practitioner may correct erroneous information supplied during the credentialing process. As a condition of making this application, a practitioner understands that any material misrepresentations, misstatements in, or omissions from this application whether intentional or not, shall constitute cause for automatic and immediate denial of participation. If participation has been granted prior to the discovery of misrepresentation, misstatement or omission, discovery may result in immediate suspension or termination of such participation.

To ensure quality and safety of care between recredentialing cycles, the Kaiser Permanente Credentials Committee performs ongoing monitoring of the practitioners performance. The Kaiser Permanente Credentials Committee acts on important quality or safety issues in a timely manner by taking appropriate action against a practitioner when occurrences of poor quality are identified and the practitioner is part of the root cause and by reassessing the practitioner's ability to perform the services that he/she is under contract to perform.

Kaiser Permanente considers a full range of actions depending on the nature of adverse circumstances, including appropriate interventions, if applicable. The Kaiser Permanente Credentials Committee may request at recredentialing or in between recredentialing cycles additional information or an action plan, as appropriate, for a practitioner with concerns.

Kaiser Permanente maintains files of available quality data on provider performance, which is considered at the time of initial contract evaluation, and is reassessed annually.

Affiliation agreements assure integration of quality information (care, service, and complaints), utilization, risk management, and credentialing. Affiliated Care Quality Program responsibilities are documented in each written contract or memoranda of understanding (MOU). Northwest Permanente physicians and KFHPNW managers collaborate with affiliated community providers to continually improve the quality of care and service to members. When a concern about performance is identified, Kaiser Permanente proposes solutions and works with the affiliated provider to ensure performance remains within contract specifications.

If contract specifications are not reached, the agreement with a Select Provider or Select Facility may be terminated upon written notice for material breach. The notice must be given at least 60 days prior to

termination and include a description of the breach, and the material breach is not cured during the 60 day period.

Certain events may result in the immediate termination or suspension of the agreement with the Select Provider or network. Examples of these events include: the withdrawal, disbarment, suspension, expiration, restriction or non-renewal of any federal, state or local license, certificate, approval or authorize of provider requires to render services, the loss or material limitation of provider's liability insurance or a determination by Kaiser Permanente that provider's continued participation in the agreement could result in imminent and substantial harm to members.

Tier 2 (PPO Network)

KFHPNW has contracted with FCH PPO in order to provide its members access to FCH PPO's network of providers (PPO providers and facilities). FCH PPO credentials PPO providers and facilities and ensures compliance with requirements related to provider's licensure, prior authorization, referral and access compliance. FCH PPO utilizes a Credentialing Committee to approve or deny network participation and ensure ongoing compliance with established standards or guidelines. Failure of PPO providers to meet credentialing and re-credentialing requirements of FCH PPO may result in the denial or termination of a provider from their network.

JENNIFER KREITLER DECL.

EXHIBIT 2

04/28/2015 – 04/29/2015 email string between Theresa Neibert of Kaiser and Molly Nollette, OIC
Deputy of Rates and Forms discussing objections.

Nollette, Molly (OIC)

From: Theresa.A.Neibert@kp.org
Sent: Tuesday, April 28, 2015 2:09 PM
To: Nollette, Molly (OIC)
Cc: Megan.L.Ochs@kp.org
Subject: Do you have time to discuss an objection

Hi Molly,

I was hoping to get a few moments of your time in the next day or two. I've included Megan on my team - as she has the details on the rule in question and she is filling in for Merlene.

We have received an objection to our Large Group filings - based on our definition of service area. We have some partial counties for large group. As such, our definition defines service area for Large Group's not by county, but zip code. As you will recall, we had to strip our Service Area down for Small Group a year or so back due to the requirements of ACA for QHP's. We are clear on that issue - but this pertains now to Large Group.

Merlene participated in the rule making - where this topic was put into Washington rule to align with the ACA. Merlene's understanding was that the OIC intent was to match inside and outside the exchange for QHP purposes and align the rules with ACA not to extend this to Large Group.

We shared our understanding when responding to the objection, and were informed via a separate filing that the OIC interpretation and intent was to apply full county requirement to the Large Group market all along. We have two Large Employer Groups in partial counties that will be affected if we must eliminate them from our Service Area. We'd like to revisit this discussion with you and see if there is any allowance for our current interpretation.

I realize you are very busy, and we will keep this as short a discussion as possible.

Thank You,

Theresa

Theresa Neibert
Manager

Kaiser Foundation Health Plan of the Northwest
Regulatory Advocacy & Consulting
500 NE Multnomah, Suite 100
Portland, OR 97232

503-813-2386 (office)
49-2386 (tie-line)
503-813-3985 (fax)
503-686-8476 (mobile phone)

kp.org/thrive

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

Nollette, Molly (OIC)

From: Nollette, Molly (OIC)
Sent: Wednesday, April 29, 2015 1:50 PM
To: 'Theresa.A.Neibert@kp.org'
Cc: Megan.L.Ochs@kp.org; Kreitler, Jennifer (OIC)
Subject: RE: Do you have time to discuss an objection

Hello Theresa,

Thank you for reaching out to me and sharing your concern on this topic. Jennifer Kreitler is going to be taking the lead on this issue and will be contacting you this week. If you are running into a due date for an objection, please do not hesitate to ask for an extension if necessary.

Thank you,

Molly Nollette

Deputy Insurance Commissioner
Rates & Forms Division
Washington State Office of the Insurance Commissioner
360-725-7117 | mollyn@oic.wa.gov
PO Box 40255
Olympia, WA 98504-0255

www.insurance.wa.gov | twitter.com/WA_OIC | wainsurance.blogspot.com | [email/text alerts](#)

Protecting insurance consumers

Insurance Consumer Hotline 1.800.562.6900

From: Theresa.A.Neibert@kp.org [<mailto:Theresa.A.Neibert@kp.org>]
Sent: Tuesday, April 28, 2015 2:09 PM
To: Nollette, Molly (OIC)
Cc: Megan.L.Ochs@kp.org
Subject: Do you have time to discuss an objection

Hi Molly,

I was hoping to get a few moments of your time in the next day or two. I've included Megan on my team - as she has the details on the rule in question and she is filling in for Merlene.

We have received an objection to our Large Group filings - based on our definition of service area. We have some partial counties for large group. As such, our definition defines service area for Large Group's not by county, but zip code. As you will recall, we had to strip our Service Area down for Small Group a year or so back due to the requirements of ACA for QHP's. We are clear on that issue - but this pertains now to Large Group.

Merlene participated in the rule making - where this topic was put into Washington rule to align with the ACA. Merlene's understanding was that the OIC intent was to match inside and outside the exchange for QHP purposes and align the rules with ACA not to extend this to Large Group.

We shared our understanding when responding to the objection, and were informed via a separate filing that the OIC interpretation and intent was to apply full county requirement to the Large Group market all along. We have two Large Employer Groups in partial counties that will be affected if we must eliminate them from our Service Area. We'd like to revisit this discussion with you and see if there is any allowance for our current interpretation.

I realize you are very busy, and we will keep this as short a discussion as possible.

Thank You,

Theresa

.....
Theresa Neibert
Manager

Kaiser Foundation Health Plan of the Northwest
Regulatory Advocacy & Consulting
500 NE Multnomah, Suite 100
Portland, OR 97232

503-813-2386 (office)
49-2386 (tie-line)
503-813-3985 (fax)
503-686-8476 (mobile phone)

.....
kp.org/thrive

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

JENNIFER KREITLER DECL.

EXHIBIT 3

05/11/2015 email string between Jennifer Kreitler, OIC and Megan Ochs, Kaiser re: detailed information about the definition of service area and its application to large group plans; Advised Kaiser that it could request to expand its service area.

Nollette, Molly (OIC)

From: Kreitler, Jennifer (OIC)
Sent: Monday, May 11, 2015 3:28 PM
To: 'Megan.L.Ochs@kp.org'
Cc: Nollette, Molly (OIC); Philhower, Andrea (OIC); Theresa.A.Neibert@kp.org
Subject: FW: Do you have time to discuss an objection
Attachments: Ochs_Megan.vcf

Hi Megan,

Network Access standards [WAC 284-43-200] apply to an issuers network regardless if the health plan being supported by the networks is sold in the large, small, or individual market. While it is true that certain provisions for service areas are only applicable to qualified health plans, such as the requirements in WAC 284-43-222, the definition of service area [WAC 284-43-130(29)] applies to any health benefit plan sold in Washington state.

WAC 284-43-130(29) states a service area must be defined by the county or counties included unless, for good cause, the commissioner permits limitation of a service area by zip code. Good Cause includes geographic barriers within a service area, or other conditions that make offering coverage through an entire county unreasonable.

I understand you have received objections about this issue and have 2 employer health benefit plans that may not meet regulatory requirements. There are a few options available, first, you can expand your service area to be full county(ies) or you can provide additional information demonstrating good cause for why Kaiser requests the commissioner to allow a service area limitation by zip code.

If you would find it beneficial, I would be happy to schedule sometime to discuss these options and next steps with you. Please let me know if you have any additional questions.

Sincerely,

Jennifer Kreitler, ALMI, HIA, MHP

Healthcare Consumer Access Manager

Rates and Forms Division

Washington state Office of the Insurance Commissioner

360-725-7127 | JenniferK@oic.wa.gov | www.insurance.wa.gov

• www.insurance.wa.gov | twitter.com/WA_OIC | wainsurance.blogspot.com | www.facebook.com/WA_OIC

Protecting insurance consumers

Insurance Consumer Hotline (800.562.6900)

From: Megan.L.Ochs@kp.org [<mailto:Megan.L.Ochs@kp.org>]

Sent: Monday, May 04, 2015 9:06 AM

To: MollyN@oic.wa.govMollyN

Cc: Theresa.A.Neibert@kp.org

Subject: RE: Do you have time to discuss an objection

Hello Molly and Jennifer,

I just wanted to touch base and let you know that Theresa is ill and will be out of the office through Monday, May 11, 2015. I'll be handling things in her absence so please feel free to contact me at (503) 924-9817.

Thanks!

Megan Ochs
Regulatory Consultant II
Regulatory Advocacy and Consulting

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St., Suite 100 -- Floor 8
Portland, Oregon 97232

503-924-9817
Megan.L.Ochs@kp.org

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

From: "Nollette, Molly (OIC)" <MollyN@oic.wa.gov>
To: Theresa A Neibert/OR/KAIPERM@KAIPERM
Cc: Megan L Ochs/OR/KAIPERM@KAIPERM, "Kreitler, Jennifer (OIC)" <JenniferK@oic.wa.gov>
Date: 04/29/2015 01:50 PM
Subject: RE: Do you have time to discuss an objection

Hello Theresa,

Thank you for reaching out to me and sharing your concern on this topic. Jennifer Kreitler is going to be taking the lead on this issue and will be contacting you this week. If you are running into a due date for an objection, please do not hesitate to ask for an extension if necessary.

Thank you,

Molly Nollette

Deputy Insurance Commissioner
Rates & Forms Division
Washington State Office of the Insurance Commissioner
360-725-7117 | mollyn@oic.wa.gov
PO Box 40255
Olympia, WA 98504-0255

www.insurance.wa.gov | twitter.com/WA_OIC | wainsurance.blogspot.com | [email/text alerts](#)

Protecting insurance consumers
Insurance Consumer Hotline 1.800.562.6900

From: Theresa.A.Neibert@kp.org [<mailto:Theresa.A.Neibert@kp.org>]
Sent: Tuesday, April 28, 2015 2:09 PM
To: Nollette, Molly (OIC)
Cc: Megan.L.Ochs@kp.org
Subject: Do you have time to discuss an objection

Hi Molly,

I was hoping to get a few moments of your time in the next day or two. I've included Megan on my team - as she has the details on the rule in question and she is filling in for Mertene.

We have received an objection to our Large Group filings - based on our definition of service area. We have some partial counties for large group. As such, our definition defines service area for Large Group's not by county, but zip code. As you

will recall, we had to strip our Service Area down for Small Group a year or so back due to the requirements of ACA for QHP's. We are clear on that issue - but this pertains now to Large Group.

Merlene participated in the rule making - where this topic was put into Washington rule to align with the ACA. Merlene's understanding was that the OIC intent was to match inside and outside the exchange for QHP purposes and align the rules with ACA not to extend this to Large Group.

We shared our understanding when responding to the objection, and were informed via a separate filing that the OIC interpretation and intent was to apply full county requirement to the Large Group market all along. We have two Large Employer Groups in partial counties that will be affected if we must eliminate them from our Service Area. We'd like to revisit this discussion with you and see if there is any allowance for our current interpretation.

I realize you are very busy, and we will keep this as short a discussion as possible.

Thank You,

Theresa

.....
Theresa Neibert
Manager

Kaiser Foundation Health Plan of the Northwest
Regulatory Advocacy & Consulting
500 NE Multnomah, Suite 100
Portland, OR 97232

503-813-2386 (office)
49-2386 (tie-line)
503-813-3985 (fax)
503-686-8476 (mobile phone)

.....
kp.org/thrive

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

JENNIFER KREITLER DECL.

EXHIBIT 4

05/27/2015 email string between Megan Ochs, Kaiser and Molly Nollette, OIC Deputy Commissioner of Rates and Forms re: Kaiser advised OIC that it would be correcting the definition of service area in its health plans to match its service areas of Clark and Cowlitz counties.

Nollette, Molly (OIC)

From: Megan.L.Ochs@kp.org
Sent: Wednesday, May 27, 2015 12:58 PM
To: Nollette, Molly (OIC)
Cc: Kreitler, Jennifer (OIC); Theresa.A.Neibert@kp.org
Subject: RE: Large group service area follow-up question

Hi Molly,

Thank you for talking with me!

Yes - the two groups listed in the email chain below have policyholders located outside of Cowlitz and Clark counties.

We completed an assessment and did not identify any other groups whose policyholder is located outside of Clark and Cowlitz counties. However, per our underwriting guidelines we will issue coverage to members under that policy that live or work within our service area (e.g. Clark and Cowlitz county).

As we discussed - our forms will need to be updated but we will no longer issue a policy to a policyholder located outside of Cowlitz or Clark county

Please let me know if you have questions or would like to discuss.

Thanks!

Megan Ochs, JD
Regulatory Consultant II
Regulatory Advocacy and Consultant

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St, Suite 100 - Floor 8
Portland, OR 97232

503-924-9817
kp.org/thrive

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

From: "Nollette, Molly (OIC)" <MollyN@oic.wa.gov>
To: Megan L Ochs/OR/KAIPERM@KAIPERM
Cc: "Kreitler, Jennifer (OIC)" <JenniferK@oic.wa.gov>
Date: 05/27/2015 12:39 PM
Subject: RE: Large group service area follow-up question

Hi Megan,

I'd like to confirm my understanding, based upon the phone call we just had, that the two groups below have services areas with zip codes outside of Cowlitz and Clark counties. Is that correct?

Other than these two groups, does Kaiser currently have any large group coverage that includes zip codes outside of Cowlitz and

Clark counties? That would mean that all other large groups have service areas completely contained with Cowlitz and Clark counties.

Thank you,

Molly Nollette

Deputy Insurance Commissioner
Rates & Forms Division
Washington State Office of the Insurance Commissioner
360-725-7117 | mollyn@oic.wa.gov
PO Box 40255
Olympia, WA 98504-0255

www.insurance.wa.gov | twitter.com/WA_OIC | wainsurance.blogspot.com | [email/text alerts](#)
Protecting insurance consumers
Insurance Consumer Hotline 1.800.562.6900

From: Megan.L.Ochs@kp.org [<mailto:Megan.L.Ochs@kp.org>]
Sent: Tuesday, May 26, 2015 3:43 PM
To: Kreitler, Jennifer (OIC)
Cc: Nollette, Molly (OIC)
Subject: Re: Large group service area follow-up question

Hi Jennifer,

I did! I hope you did as well!

The two groups that we discussed are listed below with their renewal dates:

Wahkiakum County CW- COG - Renewal date: 1/1/15
Bonneville Hotsprings Resort - Renewal date: 6/1/15

Thanks so much for following up! Please let me know if you have questions or would like to discuss.

Megan Ochs, JD
Regulatory Consultant II
Regulatory Advocacy and Consultant

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St, Suite 100 - Floor 8
Portland, OR 97232

503-924-9817
kp.org/thrive

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

From "Kreitler, Jennifer (OIC)" <JenniferK@oic.wa.gov>
To: Megan L Ochs/OR/KAIPERM@KAIPERM
Cc: "Nollette, Molly (OIC)" <MollyN@oic.wa.gov>
Date 05/26/2015 12:53 PM
Subject Large group service area follow-up question

Hi Megan,

I hope you had a nice Memorial Day Weekend.

I would like to ask a follow up question about our conversation last week about large group/service area and the 2 renewal groups. Will you please provide the names and renewal date for the two groups?

Thank you,

Jennifer

Jennifer Kreidler, ALMI, HIA, MHP

Healthcare Consumer Access Manager

Rates and Forms Division

Washington state Office of the Insurance Commissioner

360-725-7127 | JenniferK@oic.wa.gov | www.insurance.wa.gov

• www.insurance.wa.gov | twitter.com/WA_OIC | wainsurance.blogspot.com | www.facebook.com/WSOIC

Protecting insurance consumers

(Insurance Consumer Hotline 1.800.562.6900)

JENNIFER KREITLER DECL.

EXHIBIT 4

05/27/2015 email string between Molly Nollette, OIC Deputy Commissioner of Rates and Forms and Megan Ochs, Kaiser re: Kaiser's confirmation that only two group plans were sold to participants who did not work or live in Clark Cowlitz counties.

Nollette, Molly (OIC)

From: Nollette, Molly (OIC)
Sent: Wednesday, May 27, 2015 12:40 PM
To: 'Megan.L.Ochs@kp.org'
Cc: Kreitler, Jennifer (OIC)
Subject: RE: Large group service area follow-up question

Hi Megan,

I'd like to confirm my understanding, based upon the phone call we just had, that the two groups below have services areas with zip codes outside of Cowlitz and Clark counties. Is that correct?

Other than these two groups, does Kaiser currently have any large group coverage that includes zip codes outside of Cowlitz and Clark counties? That would mean that all other large groups have service areas completely contained within Cowlitz and Clark counties.

Thank you,

Molly Nollette

Deputy Insurance Commissioner
Rates & Forms Division
Washington State Office of the Insurance Commissioner
360-725-7117 | mollyn@oic.wa.gov
PO Box 40255
Olympia, WA 98504-0255

www.insurance.wa.gov | twitter.com/WA_OIC | wainsurance.blogspot.com | [email/text alerts](#)

Protecting insurance consumers

Insurance Consumer Hotline 1.800.562.6900

From: Megan.L.Ochs@kp.org [<mailto:Megan.L.Ochs@kp.org>]

Sent: Tuesday, May 26, 2015 3:43 PM

To: Kreitler, Jennifer (OIC)

Cc: Nollette, Molly (OIC)

Subject: Re: Large group service area follow-up question

Hi Jennifer,

I did! I hope you did as well!

The two groups that we discussed are listed below with their renewal dates:

Wahkiakum County CW- COG - Renewal date: 1/1/15

Bonneville Hotsprings Resort - Renewal date: 6/1/15

Thanks so much for following up! Please let me know if you have questions or would like to discuss.

Megan Ochs, JD
Regulatory Consultant II
Regulatory Advocacy and Consultant

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St, Suite 100 - Floor 8
Portland, OR 97232

503-924-9817
kp.org/thrive

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

From: "Kreitler, Jennifer (OIC)" <JenniferK@oic.wa.gov>
To: Megan L Ochs/OR/KAIPERM@KAIPERM
Cc: "Nollette, Molly (OIC)" <MollyN@oic.wa.gov>
Date: 05/26/2015 12:53 PM
Subject: Large group service area follow-up question

Hi Megan,

I hope you had a nice Memorial Day Weekend.

I would like to ask a follow up question about our conversation last week about large group/service area and the 2 renewal groups. Will you please provide the names and renewal date for the two groups?

Thank you,

Jennifer

Jennifer Kreitler, ALMI, HIA, MHP

Healthcare Consumer Access Manager
Rates and Forms Division

Washington state Office of the Insurance Commissioner

360-725-7127 | JenniferK@oic.wa.gov | www.insurance.wa.gov

• www.insurance.wa.gov | twitter.com/WA_OIC | wainsurance.blogspot.com | www.facebook.com/WOIC

Protecting insurance consumers

(Insurance Consumer Hotline 1.800.562.6900)

JENNIFER KREITLER DECL.

EXHIBIT 5

06/03/2015 email string between Megan Ochs, Kaiser and Molly Nollette, OIC Deputy Commissioner of Rates and Forms re: OIC's discovery of Kaiser's 06/01/2015 renewal of Bonneville Hotsprings Resort large group health plan.

Nollette, Molly (OIC)

From: Megan.L.Ochs@kp.org
Sent: Wednesday, June 03, 2015 10:11 AM
To: Nollette, Molly (OIC)
Cc: Philhower, Andrea (OIC); Kreidler, Jennifer (OIC); Broyles, Linda (OIC); Theresa.A.Neibert@kp.org
Subject: RE: Large group service area follow-up question

Hi Molly,

In the tables below please see the member enrollment information by zip code and county for the two large groups we identified that have policyholders located outside of Clark and Cowlitz counties in WA.

Kaiser Mbrs. in Bonneville Hotsprings Resort

(As of end of May 2015)

State	County	City	Zip	No. of Mbrs.
OR	CLACKAMAS	BORING	97009	1
OR	HOOD RIVER	CASCADE LOCKS	97014	1
OR	HOOD RIVER	DODSON	97014	1
OR	HOOD RIVER	WYETH	97014	1
OR	MARION	GERVAIS	97026	1
OR	MARION	WOODBURN	97071	6
OR	MULTNOMAH	WOOD VILLAGE	97060	1
OR	MULTNOMAH	TROUTDALE	97060	1
Total Oregon Mbrs. =				13
WA	CLARK	SKAMANIA	98648	2
WA	CLARK	VANCOUVER	98665	3
WA	CLARK	HAZEL DELL	98665	3
WA	CLARK	VANCOUVER	98671	2
WA	CLARK	WASHOUGAL	98671	2
Total Clark Co. Mbrs. =				12
WA	SKAMANIA	CARSON	98610	5
WA	SKAMANIA	NORTH BONNEVILLE	98639	3
WA	SKAMANIA	STEVENSON	98648	2
Total Skamania Co. Mbrs. =				10

Kaiser Mbrs. in Wahkiakum County CS-COG

(As of end of May 2015)

State	County	City	Zip	No. of Mbrs.
WA	CLARK	VANCOUVER	98664	2
WA	COWLITZ	LONGVIEW	98632	6
WA	WAHAKIAKUM	CATHLAMET	98612	23

I just wanted to reiterate that this information pertains to groups that we identified as having policyholders that are located outside of Clark and Cowlitz counties. All of our other large groups have policyholders located within Clark and Cowlitz counties and members that work or live within Clark and Cowlitz counties (per our underwriting guidelines).

Please let me know if you have questions or would like to discuss.

Thanks!

Megan Ochs, JD
Regulatory Consultant II
Regulatory Advocacy and Consultant

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St, Suite 100 - Floor 8
Portland, OR 97232

503-924-9817
kp.org/thrive

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

From: "Nollette, Molly (OIC)" <MollyN@oic.wa.gov>
To: Megan L Ochs/OR/KAIPERM@KAIPERM
Cc: "Kreitler, Jennifer (OIC)" <JenniferK@oic.wa.gov>, Theresa A Neibert/OR/KAIPERM@KAIPERM, "Philhower, Andrea (OIC)" <AndreaP@OIC.WA.GOV>, "Broyles, Linda (OIC)" <LindaB@OIC.WA.GOV>
Date: 06/02/2015 12:39 PM
Subject: RE: Large group service area follow-up question

Hello Megan,

We have some additional questions regarding the two groups with enrollment outside of the Cowlitz and Clark counties service area. What is the enrollment, by zip code an by county, for the current enrollment outside of Cowlitz and Clark counties? We will provide additional direction on those groups soon.

For all other large group filings with current enrollment with zip code based service areas completely within Cowlitz and Clark counties, Linda Broyles and Andrea Philhower will provide direction on how to make the corrections.

Thank you for the information that you have been providing.

Molly Nollette

Deputy Insurance Commissioner
Rates & Forms Division
Washington State Office of the Insurance Commissioner
360-725-7117 | mollyn@oic.wa.gov
PO Box 40255
Olympia, WA 98504-0255

www.insurance.wa.gov | twitter.com/WA_OIC | wainsurance.blogspot.com | [email/text alerts](#)

Protecting insurance consumers

Insurance Consumer Hotline 1 800.562.6900

From: Megan.L.Ochs@kp.org [mailto:Megan.L.Ochs@kp.org]
Sent: Wednesday, May 27, 2015 12:58 PM
To: Nollette, Molly (OIC)
Cc: Kreitler, Jennifer (OIC); Theresa.A.Neibert@kp.org
Subject: RE: Large group service area follow-up question

Hi Molly,

Thank you for talking with me!

Yes - the two groups listed in the email chain below have policyholders located outside of Cowlitz and Clark counties.

We completed an assessment and did not identify any other groups whose policyholder is located outside of Clark and Cowlitz counties. However, per our underwriting guidelines we will issue coverage to members under that policy that live or work within our service area (e.g. Clark and Cowlitz county).

As we discussed - our forms will need to be updated but we will no longer issue a policy to a policyholder located outside of Cowlitz or Clark county

Please let me know if you have questions or would like to discuss.

Thanks!

Megan Ochs, JD
Regulatory Consultant II
Regulatory Advocacy and Consultant

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St, Suite 100 - Floor 8
Portland, OR 97232

503-924-9817
kp.org/thrive

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

From: "Nollette, Molly (OIC)" <MollyN@oic.wa.gov>
To: Megan L Ochs/OR/KAIPERM@KAIPERM
Cc: "Kreitler, Jennifer (OIC)" <JenniferK@oic.wa.gov>
Date: 05/27/2015 12:39 PM
Subject: RE: Large group service area follow-up question

Hi Megan,

I'd like to confirm my understanding, based upon the phone call we just had, that the two groups below have services areas with zip codes outside of Cowlitz and Clark counties. Is that correct?

Other than these two groups, does Kaiser currently have any large group coverage that includes zip codes outside of Cowlitz and Clark counties? That would mean that all other large groups have service areas completely contained with Cowlitz and Clark counties.

Thank you,

Molly Nollette

Deputy Insurance Commissioner
Rates & Forms Division
Washington State Office of the Insurance Commissioner
360-725-7117 | mollyn@oic.wa.gov
PO Box 40255
Olympia, WA 98504-0255

www.insurance.wa.gov | twitter.com/WA_OIC | wainsurance.blogspot.com | [email/text alerts](#)

Protecting insurance consumers

Insurance Consumer Hotline 1.800.562.6900

From: Megan.L.Ochs@kp.org [<mailto:Megan.L.Ochs@kp.org>]

Sent: Tuesday, May 26, 2015 3:43 PM

To: Kreitler, Jennifer (OIC)

Cc: Nollette, Molly (OIC)

Subject: Re: Large group service area follow-up question

Hi Jennifer,

I did! I hope you did as well!

The two groups that we discussed are listed below with their renewal dates:

Wahkiakum County CW- COG - Renewal date: 1/1/15

Bonneville Hotsprings Resort - Renewal date: 6/1/15

Thanks so much for following up! Please let me know if you have questions or would like to discuss.

Megan Ochs, JD
Regulatory Consultant II
Regulatory Advocacy and Consultant

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St, Suite 100 - Floor 8
Portland, OR 97232

503-924-9817
kp.org/thrive

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

From: "Kreitler, Jennifer (OIC)" <JenniferK@oic.wa.gov>
To: Megan L Ochs/OR/KAIPERM@KAIPERM
Cc: "Nollette, Molly (OIC)" <MollyN@oic.wa.gov>

Date: 05/26/2015 12:53 PM
Subject: Large group service area follow-up question

Hi Megan,

I hope you had a nice Memorial Day Weekend.

I would like to ask a follow up question about our conversation last week about large group/service area and the 2 renewal groups. Will you please provide the names and renewal date for the two groups?

Thank you,

Jennifer

Jennifer Kreidler, ALMI, HIA, MHP

Healthcare Consumer Access Manager

Rates and Forms Division

Washington state Office of the Insurance Commissioner

360-725-7127 | JenniferK@oic.wa.gov | www.insurance.wa.gov

• www.insurance.wa.gov | twitter.com/WA_OIC | wainsurance.blogspot.com | www.facebook.com/WSOIC

Protecting insurance consumers

(Insurance Consumer Hotline 1.800.562.6900)

JENNIFER KREITLER DECL.

EXHIBIT 6

07/31/2015 email from Merlene Converse, Kaiser to Jennifer Kreitler, OIC re: OIC learned Kaiser had sold WA Public Employee Benefit Plan that covered people who did not live or work in Clark or Cowlitz counties.

From: Merlene.S.Converse@kp.org
To: [Kreitler, Jennifer \(OIC\)](#)
Subject: time to talk?
Date: Friday, July 31, 2015 3:24:28 PM

Hi Jennifer,

Would you have time to schedule a phone call with me next week? I need to close the loop with you on a couple issues that you and my coworker Megan Ochs were working together on. With Megan on maternity leave, I'm not sure where these issues left off.

1) Leaving partial counties for large group (mid-year/set date for termination vs. waiting until renewal). WA PEBB is getting anxious as their open enrollment is in Nov., and they send out newsletter in Sept.

For all of the groups that are impacted, we have an organizational desire to have the change happen upon renewal to limit disruption to the employer groups.

2) Discuss OIC position on variability in signature blocks of our evergreen and fixed term provider templates, which is a departure from what we had negotiated with OIC several years ago. We have objection filing response due date of August 10. I'm just wanting to confirm and understand the OIC's position.

My cell phone is 503-936-3580. I am happy to make myself available at whatever time slot works for you.

Please let me know if there is a good time when we can talk.

Thank you.

Merlene Converse
Regulatory Consultant II
Regulatory Advocacy and Consulting

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St., Suite 100 – Floor 8
Portland, Oregon 97232

503-936-3580 (cell)
Merlene.S.Converse@kp.org

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

JENNIFER KREITLER DECL.

EXHIBIT 6

08/03/2015 email from Merlene Converse, Kaiser to Jennifer Kreitler, OIC re: Kaiser looking into more unidentified plans sold covering people who did not live or work in Clark or Cowlitz counties.

From: Merlene.S.Converse@kp.org
To: [Kretler, Jennifer \(OIC\)](#)
Subject: number of affected groups
Date: Monday, August 03, 2015 3:36:21 PM

Hi Jennifer,

I am still looking into the number of affected groups for the partial county issue. My manager recalls that the larger number was related to groups that are situated in Clark or Cowlitz counties but who have scattered employees that do not live or work in the service area. Eligibility for continued membership in a group plan is determined on an annual basis, and the group tells us which members are eligible for coverage in the following year. Our understanding for those groups is that the group would need to determine which employees do not live or work in the service area and come up with a different health coverage option for those people upon renewal.

I will get back to you once I have confirmed that it is only PEBB plus two other groups that are situated outside Clark and Cowlitz counties.

I hope this extra information is useful to the OIC discussions on the remediation plan.

Have a great afternoon.

Merlene Converse
Regulatory Consultant II
Regulatory Advocacy and Consulting

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St., Suite 100 – Floor 8
Portland, Oregon 97232

503-936-3580 (cell)
Merlene.S.Converse@kp.org

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.