FILED

2015 DEC -9 P 3:4

HEARINGS UNIT
OFFICE OF
INSURANCE COMMISSIONER

BEFORE THE STATE OF WASHINGTON
OFFICE OF THE INSURANCE COMMISSIONER

In the Matter of

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST,

Respondent.

Docket No. 15-0205

EXHIBIT AND WITNESS LIST

COMES NOW the Washington State Office of the Insurance Commissioner, by and through Mandy Weeks, staff attorney, Insurance Enforcement Specialist, and submits its list of exhibits and its list of witnesses.

Exhibit No.	Description	No. of Pages
1.	Kaiser SERFF filing	189
2.	Kaiser Access Plan	21
3.	Email Correspondence	18
4.	Concise Explanatory Statement	95
5.	Final Cost Benefit Analysis	12
6.	Preproposal Statement of Inquiry	1
7.	Proposed Rule-making	27
8.	Rule-Making Order	28
9.	Kaiser's Comments to Rule-mailing	9

The following is a list of witnesses anticipated to be called by the Office of the Insurance Commissioner at the above referenced hearing to be held on December 16, 2015:

Jennifer Kreitler, Healthcare Consumer Access Manager
Rates and Forms Division
Office of the Insurance Commissioner
P. O. Box 40255
Olympia, WA 98504-0255
(360) 725-7127

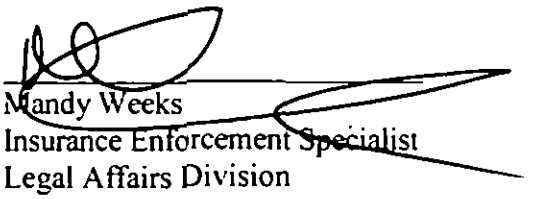
State of Washington
Office of the Insurance Commissioner
5000 Capitol Blvd.
P O Box 40255
Olympia WA 98504-0255

Jennifer Kreitler will testify to the operation and procedures of the Rates and Forms Division of the OIC, the Network Access Rules (such as rule development, procedures, and network access determinations, etc.), Kaiser's Access Plan, Kaiser's filings, Kaiser Network Adequacy, and to the matters set forth in Declarations and exhibits on file herein.

RESPECTFULLY SUBMITTED this 9th day of December 2015.

MIKE KREIDLER
Insurance Commissioner

By and through his designee



Mandy Weeks
Insurance Enforcement Specialist
Legal Affairs Division

State of Washington
Office of the Insurance Commissioner
5000 Capitol Blvd.
P O Box 40255
Olympia WA 98504-0255

CERTIFICATE OF MAILING

The undersigned certifies under the penalty of perjury under the laws of the State of Washington that I am now and at all times herein mentioned, a citizen of the United States, a resident of the State of Washington, over the age of eighteen years, not a party to or interested in the above-entitled action, and competent to be a witness herein.

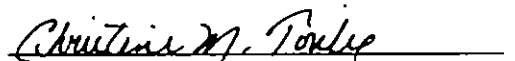
On the date given below I caused to be served the foregoing WITNESS AND EXHIBIT LIST AND EXHIBITS on the following individuals by placing same in the U.S. mail, via state Consolidated Mail Services, at the below indicated addresses:

Via Hand Delivery and Email
OIC Hearings Unit
Attn: William Pardee, Presiding Hearings Officer
Washington State Insurance Commissioner
5000 Capitol Blvd
Tumwater, WA 98501
hearings@oic.wa.gov

Via US Mail and Email
Robin Larmer, Attorney at Law
Karin D. Jones, Attorney at Law
STOEL RIVES LLP
600 University Street, Suite 3600
Seattle, WA 98101
robin.larmer@stoel.com
karin.jones@stoel.com

Via US Mail and Email
Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St Suite 100
Portland, OR 97232-5398
Maryann.X.Schwab@kp.org

SIGNED this 9th day of December, 2015, at Tumwater, Washington.



Christine M. Tribe

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