

**FILED**

2015 NOV 13 P 4: 12

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 MANDY  
WEEKS IN SUPPORT OF  
RESPONSE TO KFHPNW'S  
MOTION FOR SUMMARY  
JUDGMENT

I, Mandy Weeks, 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 Enforcement Specialist for the Legal Affairs Division.
3. Attached hereto as OIC Exhibit 1 is a true and correct copy of the Office of the Insurance Commissioner's Concise Explanatory Statement (CES).
4. Attached hereto as OIC Exhibit 2 is a true and correct copy of the Office of the Insurance Commissioner's Final Cost Benefit Analysis.

DECLARATION OF MANDY WEEKS IN  
SUPPORT OF RESPONSE TO  
KFHPNW'S MOTION FOR SUMMARY  
JUDGMENT

1

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

1295287

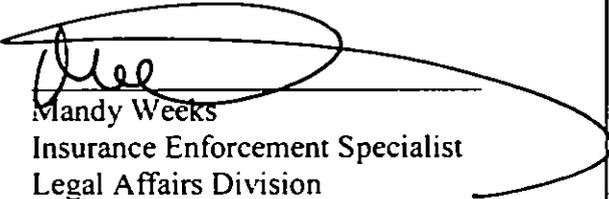
- 1        5.     Attached hereto as OIC Exhibit 3 is a true and correct copy of the Office
- 2             of the Insurance Commissioner's Preproposal Statement of Inquiry (CR-
- 3             101).
- 4        6.     Attached hereto as OIC Exhibit 4 is a true and correct copy of the Office
- 5             of the Insurance Commissioner's Proposed Rulemaking (CR-102).
- 6        7.     Attached hereto as OIC Exhibit 5 is a true and correct copy of the Office
- 7             of the Insurance Commissioner's Rulemaking Order (CR-103P).
- 8        8.     Attached hereto as OIC Exhibit 6 is a true and correct copy of Kaiser's
- 9             Comment During Rulemaking Process dated December 19, 2013.
- 10       9.     Attached hereto as OIC Exhibit 7 is a true and correct copy of Kaiser's
- Comment During Rulemaking Process dated April 16, 2014.

11           I declare under penalty of perjury under the laws of the state of Washington that

12 the foregoing is true and correct.

13

14           Executed on the 13<sup>th</sup> day of November, 2015, at Tumwater, Washington.

15             
16           Mandy Weeks  
17           Insurance Enforcement Specialist  
18           Legal Affairs Division

1 CERTIFICATE OF MAILING

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

6 On the date given below I caused to be served the foregoing OIC'S RESPONSE  
7 TO KAISER'S MOTION FOR SUMMARY JUDGMENT and DECLARATION OF  
8 MANDY WEEKS IN SUPPORT OF KFHPNW'S MOTION FOR SUMMARY  
9 JUDGMENT on the following individuals in the manner indicated:

10 **Via US Mail and Email**

11 Robin Larmer, Attorney at Law  
12 Karin D. Jones, Attorney at Law  
13 STOEL RIVES LLP  
14 600 University Street, Suite 3600  
15 Seattle, WA 98101  
16 [robin.larmer@stoel.com](mailto:robin.larmer@stoel.com)

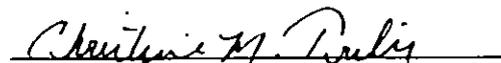
17 **Via US Mail and Email**

18 Kaiser Foundation Health Plan of the Northwest  
19 500 NE Multnomah St Suite 100  
20 Portland, OR 97232-5398  
21 [Maryann.X.Schwab@kp.org](mailto:Maryann.X.Schwab@kp.org)

22 **Via Hand Delivery and Email**

23 OIC Hearings Unit  
24 Attn: William Pardee, Presiding Hearings Officer  
25 Washington State Insurance Commissioner  
26 5000 Capitol Blvd  
Tumwater, WA 98501  
[hearings@oic.wa.gov](mailto:hearings@oic.wa.gov)

SIGNED this 13<sup>th</sup> day of November, 2015, at Tumwater, Washington.

  
Christine M. Tribe