

FILED

BEFORE THE STATE OF WASHINGTON
OFFICE OF INSURANCE COMMISSIONER

2014 JUL 15 A 11:48

In the Matter of)
)
Seattle Children's Hospital,)
)
A Washington Not-For-Profit Corporation,)
)
)
and)
)
Bridgespan Health Company, a Health)
Services Contractor; and **Premera Blue**)
Cross, a Health Services Contractor,)
)
)
Intervenors.)
_____)

Docket No. 13-0293
AMENDED NOTICE OF HEARING

TO: Michael Madden, Esq.
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COPY TO: Mike Kreidler, Insurance Commissioner
James T. Odiorne, J.D., CPA, Chief Deputy Insurance Commissioner
Molly Nollette, Deputy Commissioner, Rates and Forms Division
AnnaLisa Gellermann, Esq., Deputy Commissioner, Legal Affairs Division
Charles Brown, Sr. Staff Attorney, Legal Affairs Division
Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504-0255

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This Amended Notice of Hearing is provided under RCW 48.04.010 and RCW 34.05.434 to update the Notice of Hearing filed May 8, 2014.

In July and September, 2013, the Office of Insurance Commissioner ("OIC") reviewed and approved the individual market Washington State Health Care Exchange filings ("Exchange Plans") of Molina Healthcare of Washington, Inc. ("Molina"), Coordinated Care Corporation ("CCC"), Premera Blue Cross ("Premera") and Bridgespan Health Company, a subsidiary of Regence BlueShield ("Bridgespan"). Thereafter, Seattle Children's Hospital ("SCH") filed a Demand for Hearing to contest the OIC's approvals of such Exchange Plans. SCH alleged that the failure of the Exchange Plans to include SCH in their networks was contrary to the requirements of the federal Affordable Care Act and Washington State law. CCC, Premera, and Bridgespan subsequently requested and were granted the right to intervene. On April 30, 2014, SCH amended its Demand for Hearing, withdrawing its claims as related to Molina and CCC. On May 5, 2014, CCC withdrew as an intervenor, leaving Premera and Bridgespan as intervenors (hereinafter "Intervenors").

On May 8, 2014, Chief Presiding Officer Patricia D. Petersen filed a Notice of Hearing, setting the hearing on the merits for June 9, 2014. My Order on Pre-hearing Conference, filed June 12, 2014, set a further pre-hearing conference for August 6, 2014, to discuss matters including clarification of the issues to be tried at hearing on the merits and hearing logistics, and set the hearing on the merits for August 18, 2014. Accordingly:

YOU ARE HEREBY NOTIFIED that a hearing will be held at the Office of the Insurance Commissioner, 5000 Capitol Blvd., Tumwater, WA, beginning on August 18, 2014, at 10:00 AM, Pacific Daylight Time. The hearing is expected to conclude by August 22, 2014, but will continue until terminated. The purpose of the hearing, which will include all parties, is to consider SCH's allegation that the OIC's approval of Exchange Plans that did not include SCH in their networks was contrary to the requirements of the federal Affordable Care Act and Washington State law and, if so, what relief if any should be ordered.

The hearing will be governed by the Administrative Procedure Act, Chapter 34.05 RCW, and the model rules of procedure contained in Chapter 10-08 WAC. All parties may be represented and may examine witnesses, respond, and present evidence and argument on all relevant issues.

A party who fails to attend or participate in the hearing or another stage of this proceeding may be held in default in accordance with Chapter 34.05 RCW. *See*, RCW 34.05.434(2)(i).

Judge George Finkle (Ret.), Presiding Officer, has been designated by the Insurance Commissioner to hear and determine this matter. The hearing will be held under the authority granted by the Insurance Commissioner under Chapter 48.04 RCW.

Pursuant to WAC 10-08-040(2) and in accordance with Ch. 2.42 RCW, if a limited English speaking or hearing impaired or speech impaired party or witness needs an interpreter, a

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qualified interpreter will be appointed. There will be no cost to the party or witness therefore, except as may be provided by Ch. 2.42 RCW. A Request for Interpreter form, with instructions, is attached to the original of this Notice.

All case related documents and correspondence shall be directed to the Hearings Unit, Office of Insurance Commissioner, P.O. Box 40255, Olympia, Washington 98504-0255. All interested individuals and entities who have questions or concerns concerning this proceeding should direct them to the Hearings Unit paralegal, Kelly Cairns, at the same address. Ms. Cairns' telephone number is (360) 725-7002.

Dated: July 15, 2014



JUDGE GEORGE FINKLE (Ret.)
Presiding Officer

Declaration of Mailing

I declare under penalty of perjury under the laws of the State of Washington that on the date listed below, I mailed or caused delivery through normal office mailing custom, a true copy of this document to the following people at their addresses listed above: Michael Madden, Esq., Gwendolyn C. Payton, Esq., Timothy J. Parker, Esq., Mike Kreidler, James T. Odiorne, J.D., CPA, Molly Nollette, AnnaLisa Gellerman, Esq., and Charles Brown, Esq.

DATED this 15th day of July, 2014.


KELLY A. CAIRNS

OFFICE OF INSURANCE COMMISSIONER
HEARINGS UNIT
Fax: (360) 664-2782

To request an interpreter, complete and mail this form to:

Presiding Officer
Hearings Unit
Office of Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

REQUEST FOR INTERPRETER

I am a party or witness in Matter No. 13-0293 before the Insurance Commissioner. I NEED AN INTERPRETER and request that one be furnished.

Please check the statements that apply to you:

I am a non-English-speaking person. I cannot readily speak or understand the English language. My primary language is _____ (insert your primary language). I need an interpreter who can translate to and from the primary language and English.

I am unable to readily understand or communicate the spoken English language because:

- I am deaf.
- I have an impairment of hearing.
- I have an impairment of speech.

[Please state below or on the reverse side any details which would assist the Commissioner or Presiding Officer in arranging for a suitable interpreter or in providing appropriate mechanical or electronic amplification, viewing, or communication equipment.]

Date: _____ Signed: _____

Please print or type your name: _____
Address: _____
Telephone: _____