

WSR 11-02-067
EXPEDITED RULES
OFFICE OF

INSURANCE COMMISSIONER

[Insurance Commissioner Matter No. R 2011-01—Filed January 5, 2011,
 7:17 a.m.]

Title of Rule and Other Identifying Information: Annual filing requirement of geographic network reports.

The proposed rule repeals the annual March 31 filing requirement for geographic network reports.

NOTICE

THIS RULE IS BEING PROPOSED UNDER AN EXPEDITED RULE-MAKING PROCESS THAT WILL ELIMINATE THE NEED FOR THE AGENCY TO HOLD PUBLIC HEARINGS, PREPARE A SMALL BUSINESS ECONOMIC IMPACT STATEMENT, OR PROVIDE RESPONSES TO THE CRITERIA FOR A SIGNIFICANT LEGISLATIVE RULE. IF YOU OBJECT TO THIS USE OF THE EXPEDITED RULE-MAKING PROCESS, YOU MUST EXPRESS YOUR OBJECTIONS IN WRITING AND THEY MUST BE SENT TO Donna Dorris, Office of the Insurance Commissioner (OIC), P.O. Box 40258, Olympia, WA 98504-0258, AND RECEIVED BY March 8, 2011.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: Repealing WAC 284-43-220 (3) and (4) removes the annual filing requirement for carriers to file geographic network reports. The anticipated effect is reduced costs for both the OIC and the carriers required to file a report that has become obsolete.

Reasons Supporting Proposal: The original intent of the rule was to collect information from carriers showing access of providers in relationship to members enrolled on the plan. Technical advances including web access provided by carriers to their provider networks and electronic data submitted to the OIC on a monthly basis supersedes information required in a geographic network report that reflects a specific one-day statistical snapshot in time.

Statutory Authority for Adoption: RCW 48.02.060.

Statute Being Implemented: RCW 48.43.510 and 48.43.515.

Rule is not necessitated by federal law, federal or state court decision.

Name of Proponent: Mike Kreidler, insurance commissioner, governmental.

Name of Agency Personnel Responsible for Drafting: Donna Dorris, P.O. Box 40258, Olympia, WA, (360) 725-7040; Implementation: Beth Berendt, P.O. Box 40255, Olympia, WA 98505-0255 [98504-0255], (360) 725-7117; and Enforcement: Carol Sureau, P.O. Box 40255, Olympia, WA 98505-0255 [98504-0255], (360) 725-7050.

January 5, 2011

Mike Kreidler
 Insurance Commissioner

AMENDATORY SECTION (Amending Matter No. R 2008-17, filed 8/13/08, effective 9/13/08)

WAC 284-43-220 Network reports—Format. Each health carrier must file with the commissioner a Provider

Network Form A((;)) and a Network Enrollment Form B ((and Geographic Network Report)).

(1) **Provider Network Form A.** A carrier must file an electronic report of all participating providers by network. This report must contain all data items shown in Provider Network Form A prescribed by and available from the commissioner. Updated reports must be filed each month. Filing of this data satisfies the reporting requirements of RCW 48.44.080 and the requirements of RCW 48.46.030 relating to filing of notices that describes changes in the provider network.

(2) **Network Enrollment Form B.** By March 31, 2004, and every year thereafter, a carrier must prepare an electronic report showing the total number of covered persons who were entitled to health care services during each month of the year, excluding nonresidents. A separate report must be filed for each network by line of business. The report must contain all data items shown in and conform to the format of Network Enrollment Form B prescribed by and available from the commissioner.

(3) ~~((Geographic Network Report. By March 31st of every year, a carrier also must file an electronic or hard copy paper report meeting the standards below. The carrier must update the reports whenever a material change in the carrier's provider network occurs that significantly affects the ability of covered persons to access covered services. Each carrier must file for each network, using a network accessibility analysis system, such as GeoNetworks or any other similar system:~~

~~(a) A map showing the location of covered persons and primary care providers with a differentiation between single and multiple provider locations;~~

~~(b) An access table illustrating the relationship between primary care providers and covered persons as of December of each year by county, including at a minimum:~~

~~(i) Total number of covered persons;~~

~~(ii) Total number of primary care providers (or, if the plan is a Preferred Provider Organization style of managed care, the total number of contracted providers);~~

~~(iii) Number of covered persons meeting the carrier's self defined access standard;~~

~~(iv) Percentage of covered persons meeting the carrier's self defined access standard; and~~

~~(v) Average distance to at least one primary care provider for its covered persons; and~~

~~(e) An alphabetical list by county and city showing:~~

~~(i) Total number of covered persons;~~

~~(ii) Total number of primary care providers (or, if the plan is a Preferred Provider Organization style of managed care, the total number of contracted providers);~~

~~(iii) Total number of obstetric and women's health care providers;~~

~~(iv) Total number of specialists;~~

~~(v) Total number of nonphysician providers by license type;~~

~~(vi) Total number of hospitals; and~~

~~(vii) Total number of pharmacies.~~

(4) A carrier may vary the method of reporting required under subsection (3) of this section upon written request and subsequent written approval by the commissioner. In the

~~request, the carrier must show that the carrier does not use or does not have easy access to electronic or data systems permitting the method of reporting required without incurring substantial costs.~~

~~(5))~~ For purposes of this section:

(a) "Line of business" means either individual, small group or large group coverage;

(b) "Network" means the group of participating providers and facilities providing health care services to a particular line of business.