

Kelly Tower

From: Chris Bandoli
Sent: Monday, April 6, 2020 11:07 AM
To: Gillis, Gretchen; Aulson, Zachary; Simon Vismantas; Amy K Fauver; Andrea Davis (Coordinated Care); Brian X. Hunter; Cindy Laubacher (LaubacherC@aetna.com); Dean Solis (Coordinated Care); Hillary Preston; Douthit, Jane; St Clair, Claudia; Jill A. McMahon; Kepler, Katherine; Kristin Meadows (Premera); Layne Croney (PacSource); Meg Jones; Megan Howell (Premera); Megan Lane (Providence); Melinda Hews; Melissa Putman; Melissa Saiz (Melissa.Saiz@PREMERA.com); Merlene S Converse; Nick Reed (PacSource); Rivera, Amber; Samuel A. Morones (Coord Care); Sarah Kwiatkowski (Premera); Skyler.Mahjoubian@PREMERA.com; Osborn, Mattie (Amerigroup); Erin Hafer; Kat Ferguson-Mahan Latet
Cc: Kelly Tower; Christine Brewer
Subject: FW: Public Option Delay Letter
Attachments: Timeline_Delay Visual_ AWHP.pdf

FYI – I will send to folks at HCA, HBE and OIC too.

From: Chris Bandoli
Sent: Monday, April 6, 2020 11:05 AM
To: molly.voris@gov.wa.gov; david.postman@gov.wa.gov
Cc: Sean Graham <sean@wsma.org>; CheleneW@wsha.org
Subject: RE: Public Option Delay Letter

Good morning Molly –

I hope you had a good weekend and were able to find a bit of rest in these unprecedented times. In our recent discussion regarding the AWHP/WSHA/WSMA request for Gov. Inslee to delay the RFP process for the CascadeCare public option by one year, you requested more information regarding alternative options. I took this to mean options to delay the RFP but still achieve a 1/1/21 implementation date or to launch the program sometime in mid-2021. I discussed this with my members, and as we thought through these scenarios it became increasingly clear that it is simply not feasible to delay the RFP process until after COVID-19 passes and still expect that health plans can meet the mandatory deadlines – many of which are enshrined in federal and state law – to offer products by the November open enrollment period. To help demonstrate how we came to this conclusion, we put together the attached visual to assist in understanding the complexities and interdependencies of the annual QHP filings, and the associated complexities of rate and network development.

A successful launch of Cascade Care public option plans requires all pieces of service area decision making, provider contract negotiations, and rate development to occur prior to the annual plan filing deadline. As providers and hospitals are nearing capacity and devoting their entire attention to manning the front line of the COVID-19 response, they are understandably telling health plans they simply cannot divert further resources to the development and negotiation of relationships necessary for a public option offering.

Health plans are likewise strained for resources to devote to public option filings. Companies remain focused on ensuring coverage and access for our enrollees, and responding timely to all requests from regulators, state agencies, our providers and other community partners while chartering this unprecedented territory. As plans cover more and more costs for American families such as waiving copays, coinsurance, and deductibles, while extending benefits, services, and grace periods for businesses and workers, implementing these changes and the many additional payment and administrative mandates being issued during this pandemic has placed significant financial and administrative

pressure on health plan operations, all of which has to be managed by a workforce and associated systems and processes that were moved to a virtual environment almost overnight.

In sum, continuing to move forward in these uncertain times based on the pre-COVID timeline runs the very real risk of filed premium rates that do not include accurate provider reimbursements based on actual contracting efforts, and insurance products that do not provide adequate provider choice and do not achieve the state's goal of offering a state-wide high quality, affordable health plan under the public option. As the current RFP process moves forward health plans need to quickly evaluate the viability of continuing to participate. As such, we respectfully request that a decision be communicated as soon as possible. If helpful, AWHP would be happy to arrange a discussion between the appropriate people from the governor's office and member plans to dig further into our concerns about delay options.

We greatly appreciate the work that Gov. Inslee and staff, along with colleagues at the OIC, HCA and HBE, have done in managing through this crisis. We all share a desire for the CascadeCare public option to be successful. Moving back the RFP process to 2021 will ensure plans, providers and agencies have the time, capacity and resources to accomplish that goal.

I'm happy to discuss further at your convenience.

Thanks,

Chris

From: Chris Bandoli
Sent: Monday, March 23, 2020 6:11 PM
To: molly.voris@gov.wa.gov; david.postman@gov.wa.gov
Cc: Sean Graham <sean@wsma.org>; CheleneW@wsha.org
Subject: Public Option Delay Letter

Good evening Molly and David,

On behalf of the Association of Washington Healthcare Plans, Washington State Medical Association, and Washington State Hospital Association, please find attached a letter to Gov. Inslee requesting a one year delay in the RFA for the public option plan contained in the CascadeCare legislation. Please don't hesitate to reach out to any of us to discuss further.

Sincerely,

CHRIS BANDOLI, EXECUTIVE DIRECTOR
ASSOCIATION OF WASHINGTON HEALTHCARE PLANS (AWHP)
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