



September 3, 2025

Oregon Division of Financial Regulation
Department of Consumer and Business Services
350 Winter St. NE
Salem, OR 97301
Attn: Brooke Hall

Subject: Moda Health Comments on Network Adequacy Requirements, Senate Bill 822

Moda Health Plan, Inc. (Moda) appreciates the opportunity to provide comments to the Department of Consumer and Business Services' (DCBS) Division of Financial Regulation (DFR) efforts to adopt rules to implement Senate Bill 822 (2025), Network Adequacy Requirements. In this letter, Moda is providing feedback and suggestions regarding the rules that were proposed on August 25, 2025.

1. Network Adequacy Definitions

- Moda recommends that the federal definition of "low-income zip code" be located and utilized in this section to ensure uniform applicability.
- Moda recommends adding the definition of "enrollee" to this section to confirm that the rules only apply to residents of Oregon. This is important given the applicability of SB 822 and this rulemaking to large groups, which have employees who reside outside of the state of Oregon. As such, the clarification of applicability to only those enrollees that reside in Oregon is an important determination to include in the rulemaking.

2. Quantitative Network Adequacy Access Standards

- Travel Distance & Time
 - Moda recommends aligning with CMS terminology given that CMS network adequacy standards are being used as the benchmark for compliance. For example, CMS does not use the term "urban counties". CMS uses the terms "Large Metro County", "Metro County" and "Micro County" when setting time and distance standards for individual provider specialty types.
 - Moda recommends aligning with the federal time and distance standards and not utilizing Medicaid standards previously set by the Oregon Health Authority. The federal requirements allow for a more nuanced approach to time and distance standards, contain familiar requirements and standards for commercial health insurance issuers, require a robust network to be available to members, and apply directly to the commercial line of business this rulemaking is meant to address as

Health plans provided by Moda Health Plan, Inc.

opposed to incorporating standards from a completely different line of business (i.e. Medicaid).

- Appointment Wait Times
 - Moda has concerns regarding a requirement that health insurance issuers bear the compliance responsibility for appointment wait times. Health insurance issuers generally do not own or manage the offices, clinics, or facilities of the providers in their network. Therefore, issuers have no control over patient scheduling, patient volumes, provider staffing, or how efficiently a given office, clinic, or facility is managed. The responsibility to maximize efficiency and limit the amount of time a patient must wait for an appointment should be placed upon providers and not health insurance issuers.
 - Any appointment wait time standards or metrics that are made part of the finalized rules should allow for the application of “good faith efforts” by health insurance issuers and providers to meet the standards and should consider factors such as:
 - The current number of providers in each region/area;
 - The type and complexity of services being sought by the member;
 - The potential fluctuations in availability of appointments throughout the plan year; and
 - The limitations of health insurance issuers to obtain the requested data from providers.
- Moda also has concerns about financial and operational strain this data collection would place on health insurance issuers and providers in Oregon. The operational resources needed to contact every in-network provider and obtain appointment wait time data is significant. Outreach to every provider will strain provider offices as they will be forced to take time away from day-to-day operations to answer appointment wait time inquiries from callers (issuers) who have no intent of scheduling an appointment.
- Lastly, Moda has concerns regarding any meaningful correlation between the adequacy of a health insurance issuer’s provider network and appointment wait times during a time of well documented provider shortages not only in Oregon but at the national level. If DCBS or OHA is interested in obtaining data regarding provider shortages and their effect on patient wait times, a data call centered on Oregon providers would be a more effective way to accomplish this goal.

Thank you for the opportunity to provide comments during this rulemaking process.

Sincerely

Scott White

Scott White
Director, Regulatory Affairs

