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Division of Financial Regulation
Department of Consumer and Business Services
350 Winter St NE
Salem, OR 97301

Re: SB 822 (2025) Draft Network Adequacy Reporting Template

Providence Health Plan (PHP) appreciates the opportunity to provide comments on the Division's draft quantitative network adequacy reporting template, developed pursuant to Oregon SB 822. PHP is a not-for-profit health plan serving commercial, individual, and public program members across Oregon, and we are committed to ensuring our members have timely, equitable access to high-quality care. We value the collaborative approach the Division has taken in convening this workgroup and welcome the opportunity to provide feedback at this early stage of template development.

Overall, PHP supports the goal of establishing a standardized reporting framework that enables meaningful, comparable, and actionable network adequacy data. As carriers begin preparing for annual submissions starting in March 2027, clarity and consistency in template design is critical to ensuring data integrity while minimizing unnecessary administrative burden.

Clarification of Definitions and Scope

Several elements of the draft template would benefit from additional clarification to promote consistent interpretation across carriers. Defining key terms such as "appointment request," "provider," and "specialty" will be important to ensure reported metrics are comparable. Further, clarification regarding the inclusion of mid-level practitioners (e.g., nurse practitioners and physician assistants), as well as whether specialties, should be aligned to specific taxonomy codes.

Methodology and Measurement Consistency

PHP recommends additional guidance on acceptable methodologies for quantitative measures, including expectations related to provider outreach, response rates, and sampling approaches. For example, specifying whether reported provider counts should reflect providers contacted, providers responding, or providers actively accepting new patients would reduce variability in

reporting practices. Clear methodological parameters will help ensure that reported data accurately reflect access to care rather than differences in measurement approaches.

Documentation and Submission Expectations

We appreciate prior discussion indicating that carriers may retain rather than submit documents, such as materials related to HPSA-based exceptions. Explicitly confirming these expectations within the template or accompanying instructions would reduce confusion and compliance risk. Similarly, clarifying whether narrative responses are expected to be limited in scope or structured through standardized fields would help ensure consistent and efficient reporting.

Alignment With Statutory and Regulatory Reporting Requirements

As the template continues to evolve, PHP encourages the Division to ensure that reporting elements closely align with statutory requirements under SB 822. Clear alignment will help avoid unintentionally expanding carrier obligations through reporting mechanics and will support a focused, effective data collection process.

PHP appreciates the Division's openness to feedback and iterative refinement of the reporting template. We look forward to continued engagement through the workgroup process and are happy to provide additional technical input as the template is finalized.

Kind regards,

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