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February 25, 2026

Brooke Hall
Senior Policy Analyst
Department of Consumer and Business Services, Division of Financial Regulation
P.O. Box 14480
Salem, OR 97309

SENT VIA EMAIL

RE: Comments on Draft Network Adequacy Reporting Template Beginning in 2027

Dear Ms. Hall:

I am writing on behalf of Cambia Health Solutions (Cambia Health), which operates Regence BlueCross BlueShield of Oregon (Regence) and BridgeSpan Health plans. Cambia Health is a not-for-profit health insurer dedicated to improving the health and well-being of our members and the communities we serve. As the state's largest health insurer, we provide high-value, affordable health care to nearly one million Oregonians across a network of 39,000 providers at 705 sites across the state. In keeping with our values as a tax-paying nonprofit, 90% of every premium dollar goes to pay our members' medical claims and expenses.

Thank you for the opportunity to comment on the draft Network Adequacy Reporting template at the January 28, 2026 Rule Advisory Committee (RAC) meeting, which will be used for quantitative reporting data for OAR 836-053-0300, 836-053-0310, and 836-053-0345 beginning in 2027. Our comments address the following tabs: Time Distance Reporting, Appointment Wait Times, Providers, and Behavioral Health.

<u>Time and Distance Reporting</u>

First, we respectfully request that the DFR accept submissions via Quest Analytics reports as an alternative to the current proposed Excel template. Quest Analytics is the industry standard tool for network adequacy reporting and provides all required data elements while reducing administrative burden on carriers and improving reporting accuracy. Carriers collecting the data in Quest Analytics and transferring the data into the DFR's reporting template opens the door to errors. We believe submitting the Quest Analytics reports provides and satisfies the data the DFR is seeking while streamlining the data gathering process. We've attached an example of the Quest Analytics report to demonstrate the reporting capability.

The data would identify "County Classification" (i.e. Metro), "County Name" (i.e. Benton, Clackamas etc.), "Specialty Description" (i.e. Allergy and Immunology, Gynecology, OB/GYN), "Percent with Access" which reflects the percentage of members with access to the listed specialties, "Percent without Access" which reflects the percentage of members who for various reasons didn't have access to the listed specialties; "Met Access" (which will have a Yes or No response), "Required Number of Providers to Meet Access" which shows the number of providers required to meet network adequacy, and "Servicing Providers" which shows the number of contracted providers.

Second, we request the removal of "Reproductive Health" from the “Provider Specialty Type” list because this designation does not appear on the QHP specialty list nor does it represent a recognized licensure category. Providers offering reproductive health services are already appropriately captured under existing specialties such as Gynecology (OB/GYN) and Endocrinology.

Third, we request clarification on whether carriers can include “Critical Access Facilities” for the “Acute Inpatient Hospitals (Must have emergency services available 24/7)” specialty.

Appointment Wait Times:

The “Appt. Wait Time” tab includes the “Number of Providers Surveyed” column but lacks clarity on the reporting requirement. Should carriers report the number of providers sent a survey or the number who responded? The “Instructions and Definitions” tab does not address this question, so we request clarification. Additionally, for the “% of Enrollees Able to Schedule Within CMS Appointment Wait Time Standards” field, we would like the DFR to provide guidance on the calculation methodology. Specifically, providers may answer some, none or all of the survey questions, resulting in varying sample sizes for each response.

Providers:

The “Providers” tab contains an "Oregon Counties Served" field that we request be removed for the following reasons. First, providers routinely serve members across multiple counties, and carriers lack a reliable methodology to determine member access patterns by each county. Second, this requirement risks inaccurate reporting without providing meaningful network adequacy information.

We also suggest removing the "Contact Phone Number" field. Provider contact information changes frequently, creating ongoing data maintenance challenges and increasing the likelihood of outdated information. We would appreciate an explanation of how this data element supports the DFR’s network adequacy assessment objectives.

Lastly, for all data column fields with a “(Yes/No)” answer option (the “Provider/Facility Is Accepting New Patients”, and “Provider/Facility Is In or Serves a Low-Income ZIP Code or HPSA”), we request the DFR also add an "Unknown/Unresponsive" option because these data elements rely on self-reported information from providers. When a provider does not respond to a particular question, we would like the template to accurately reflect the outcome and provide accurate data by distinguishing between confirmed negative responses and non-responses. This ensures the DFR is receiving transparent and reliable information.

Behavioral Health:

Just like the “Providers” tab, we request that the DFR add an “Unknown/Unresponsive" option to all data fields columns requiring a “(Yes/No)” answer also for the reasons specified above.

Regarding “The number of enrollees in each area who are assigned to, or attributed to receive care from, the specific provider, if applicable” column, we reiterate our previous request for removal. This requirement would impose a signification operational burden that: (1) exceeds the scope of SB 699’s statutory requirements, as it is not mandated by the underlying statute; and (2) substantially exceeds current reporting capabilities and practices. Additionally, members could have multiple Behavioral Health Providers and see various specialists for different care needs, which this section may not adequately capture.

Thank you for the opportunity to provide comments. We appreciate the Department's effort to collaboratively develop a workable reporting template through this work group process.

Sincerely,

Antoinette Awuakye
Sr. Public and Regulatory Affairs Specialist