

October 5, 2023

Lisa Emerson
Rules Advisory Committee Coordinator
Division of Financial Regulation
Department of Consumer and Business Services
350 Winter St NE
Salem, OR 97301

RE: Feedback on Primary Care Provider Assignment (SB 1529) Rules Advisory Committee draft language

Dear Ms. Emerson,

Kaiser Permanente (KP) appreciates the opportunity to provide additional feedback regarding the draft rules intended to implement SB 1529 following the rules advisory committee meetings that took place on July 11, 2023, August 8, 2023, and September 26, 2023. KP exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We appreciate the thoughtful discussion and offer an additional suggestion to further improve the draft rules.

OAR 836-053-0028 Primary Care Provider Assignment Methodology

We are concerned that requiring assignment based on utilization in (4)(b) may contravene insurer efforts to match enrollees with providers that are best suited to provide access to primary care services due to other important factors such as location, ability to provide services via telehealth, and current patient panel size. For example, in our integrated system, providers may see patients in clinics where they do not normally practice due to a variety of scheduling factors (e.g., providing coverage for vacation or illness). It would be impracticable to assign a member to that provider if the location where the provider typically practices is inconvenient for the member or if that provider does not have additional paneling capacity. We recommend the Division amend the language in (4)(b) to provide insurers flexibility to accommodate these types of situations to ensure enrollee access to services. Please see proposed draft language with our recommended amendment below:

(4) Insurers must assign enrollees who are residents of the state of Oregon to an individual or group of individuals who are "primary care providers" in the following hierarchal order:

(a) According to the enrollee's selection. In order to prioritize enrollee choice of a primary care provider, Insurers must make all reasonable efforts to communicate with enrollees to complete an initial primary care provider assignment.

(b) If the enrollee does not choose a primary care provider, insurers ~~must~~ may assign the enrollee to a primary care provider based upon claim utilization information.

(c) If the enrollee chooses a primary care provider, but has predominant claim utilization with a different primary care provider, the insurer may communicate with the enrollee the opportunity to select the primary care provider with predominant claim utilization.

(d) If the insurer has no information pertinent to enrollee choice or prior utilization, the insurer must assign the enrollee to a primary care provider using the insurer's assignment methodology that enables the enrollee the best opportunity to access primary care services without unreasonable delay.

We appreciate the opportunity to participate and look forward to further collaboration.

Sincerely,



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