

October 26, 2021

Washington State Office of the Insurance Commissioner
P.O. Box 40258
Olympia, WA 98504-0258
Submitted via email to: rulescoordinator@oic.wa.gov

Re: Comments on R 2021-16 E2SHB 1477 and Consolidated Health Care Rulemaking

Dear Ms. Beyer,

Kaiser Foundation Health Plan of the Northwest, Kaiser Foundation Health Plan of Washington, and Kaiser Foundation Health Plan of Washington Options, Inc. (collectively “Kaiser Permanente”), appreciate the opportunity to provide feedback to the Office of the Insurance Commissioner (“OIC”) on the proposed regulation related to access to next-day appointments for behavioral health services for those who have contacted the 988 Crisis Hotline. Kaiser Permanente is an integrated health care system that covers and cares for more than 760,000 members in Washington State. We are committed to delivering affordable, coordinated, and high-quality care and coverage that supports not only our members but also the communities we serve.

The state of Washington is undertaking a significant project to implement the 988 Crisis Hotline. This includes the formation of a Crisis Response Improvement Strategy Committee which will inform how the crisis line functions and will be able to share data with health carriers, physicians, and health care providers. While the committee has begun its work, it is not yet clear how carriers will be notified that members have called the 988 Crisis Hotline and need next-day services and what kind of data will be shared to support this work. As a representative of the OIC, you have a seat on this Committee. We urge you to advocate for a standardized process for the collection and sharing of information by the 988 Crisis Hotline which includes relevant information needed by carriers to comply, such as the following:

- Do you have health insurance?
- Which insurance carrier do you have?
- Do you have a primary care provider and/or a mental health specialist? If yes, obtain that name.
- What is the best phone number to reach you?
- What are the best times to reach you?
- Are you interested in a next day appointment?

The work of the committee will help inform implementation for health carriers. With that said, given where the state is at in implementing the new program, we believe it is premature to establish a detailed reporting requirement for carriers that may not align with the 988 Crisis Hotline as implemented by the committee.

We support the concept in the proposed regulation that a health carrier’s access plan should include language about the process for ensuring access to next-day appointments for urgent, symptomatic behavioral health. The proposed regulation, however, also requires significant weekly reporting that would be burdensome on physicians, health care providers, and health carriers and would also take time to implement. While we have previously advocated for the removal of this reporting requirement, we

understand that the OIC believes this reporting is necessary. With this in mind, we urge the OIC to reduce the frequency of reporting to a quarterly cadence instead of a weekly cadence to help reduce the overall administrative burden on physicians, health care providers, and health carriers.

The proposed regulation has a detailed list of data elements, but these may not provide the most meaningful information about access to services. For example, the data element of number of available appointments does not align with how services are provided and would therefore be a challenging data element for medical practices to report on to health carriers. Physicians and medical practices will often use the technique of scheduling patients with urgent needs into time slots that otherwise look booked and then fit in those patients to meet the need for that day. We recommend removing the data element of number of available appointments and instead focus how carriers handled the requests they received.

The Association of Washington Healthcare Plans (AWHP) has suggested language edits to WAC 284-170-280(3)(c), and we support those recommendations.

Beyond the edits recommended by AWHP, we also note that the data elements listed in the proposed regulation do not include standard categories to explain why a follow-up visit was not provided within one day. Without standard categories, the OIC may receive narrative paragraphs that may be difficult to aggregate and further report out on. We recommend data elements such as the following:

- Follow-up visit provided within one day (Y/N)
- A category field to cover “If ‘N’, why?”. We recommend including categories to select from such as “patient did not return call”; “patient requested an appointment at a more convenient date/time that was more than 24 hours in the future”; “patient declined a follow-up visit”; “patient scheduled an appointment but missed the appointment”; and “other”.

The proposed regulation also notes that carriers must follow the Form D instructions. As the OIC works to develop these technical reporting requirements, we encourage the OIC to circulate stakeholder drafts for feedback, as well as hold stakeholder meetings to allow technical data experts from the carriers to discuss the instructions and raise any questions.

We thank you for the opportunity to provide comments on this proposed regulation and for the OIC’s willingness to consider our feedback. Please do not hesitate to contact us if you have questions.

Sincerely,



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