

Jane Beyer, Senior Health Policy Advisor  
Washington Office of the Insurance Commissioner  
P.O. Box 40258  
Olympia, WA 98504-0258  
Submitted via email to: [rulescoordinator@oic.wa.gov](mailto:rulescoordinator@oic.wa.gov)

November 10, 2021

Subject: Proposed Rule on Implementation of E2SHB 1477 and Consolidated Health Care Rulemaking (R2021-16)

Dear Ms. Beyer,

On behalf of Premera Blue Cross and LifeWise Health Plan of Washington (“Premera”), I would like to thank you for the opportunity to participate in the stakeholder process in support of E2SHB 1477, enhancing and expanding behavioral health crisis response services for Washingtonians. We also appreciate and support the OIC’s consolidation of multiple provisions in the WACs to facilitate implementation and help carriers better understand their obligations. We would like to offer the following comments on the proposed rule your consideration.

WAC 284-170-280 Network reports—Format

Premera respectfully requests that the OIC change the reporting frequency in WAC 284-170-280(3)(c) from weekly to quarterly. Health carriers don’t have real-time access to provider schedules or visibility when a member calls the 988 crisis hotline. In order to provide the OIC with accurate and meaningful data on same day appointment utilization and availability, we’ll need to include claims data and information received from provider and member calls and other communications. A quarterly report will allow appropriate time for claims-processing and outreach, while still balancing the need to confirm compliance with the regulations.

We also ask that the OIC share the 988 Crisis Hotline Appointment Form D with carriers as soon as possible and allow us the opportunity to review and provide feedback. We are committed to timely and proper implementation of the Form; however, without seeing the Form, we’re unable to anticipate issues or alert the OIC to possible operational delays at this time.

Lastly, we urge the OIC to remove the gender affirming treatment standards from the network access plan requirements in WAC 284-170-280(3)(J)(I). This aligns with the OIC’s removal of the other gender affirming treatment network filing requirements under the health insurance discrimination and gender affirming treatment proposed rule (R 2021-14).

Gender affirming treatment is not a provider type, specialty type, or license. Typically, a provider may perform gender affirming treatment services if acting within the scope of their medical license. Carriers don't contract with providers to specifically offer gender affirming treatment. We also acknowledge that some providers may not want to publically disclose that they provide these services and they don't have an affirmative duty to do so. Therefore, it is unlikely that carriers can accurately track and report on network capacity and availability for gender affirming treatment services.

Thank you for your partnership on this important topic. Please feel free to contact me if you have any questions.

Sincerely,

Skyler Mahjoubian  
Senior Regulatory Policy Specialist  
[Skyler.mahjoubian@premera.com](mailto:Skyler.mahjoubian@premera.com)  
(425) 918-2043