



March 24, 2022

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P.O. Box 40258
Olympia, WA 98504-0258
Submitted via email to: rulescoordinator@oic.wa.gov

RE: Implementation of E2SHB 1477 and Consolidated Health Care Rulemaking (R 2021-16) Supplemental CR 102

Greetings:

On behalf of members of the Association of Washington Healthcare Plans (AWHP) we offer our comments on the Supplemental CR-102 – Implementation of E2SHB 1477 and Consolidated Rulemaking (R 2021-16). AWHP appreciates the Office of the Insurance Commissioner’s consideration of our previous comments, however, we remain concerned with several items.

AWHP reiterates concerns previously submitted regarding the requirement for carriers to report **“a count of enrollee appointments available for urgent symptomatic behavioral health care services”** as stated in proposed new subsection (3)(c). We strongly recommend removal of the requirement to report the number of next-day appointments available. Carriers will be wholly reliant on providers to share their appointment availability, without guarantee that providers are capable of fulfilling the request. This requirement will place a significant administrative burden on carriers as well as behavioral health providers who will need to report their appointment availability to multiple carriers. Washington, like the entire country, is experiencing a shortage of behavioral health providers, and many behavioral health providers are solo practices with little or no administrative staff. Placing this responsibility on behavioral health providers could worsen the burden on an already strained workforce.

Additionally, it is unclear what purpose the next-day appointment data will serve. How will the OIC determine the number of next-day appointments each carrier needs to demonstrate compliance? The proposed language in Subsection (3)(g)(i)(M) requires a carrier’s access plan to address... “The process for ensuring access to next day appointments for urgent, symptomatic behavioral health conditions.” We strongly believe carriers should be afforded the opportunity to demonstrate their plan to comply

with ESHB 1477's next-day appointment availability requirement (RCW 48.43.790) before the OIC mandates an onerous and potentially costly reporting process.

We continue to stress that OIC's proposed addition of subsection (3)(c)(iii) reflects the importance of ensuring a robust Stakeholder process as you develop the 988 Crisis Hotline Appointment Form D. We look forward to participating in a process to ensure data elements requested in the report can be collected in a manner that best serves all the parties who will use the data to assess efficacy and needed improvements to our behavioral health system. To that end, we recommend limiting the potential scope of inputs to sources that can be externally validated by the OIC.

Additionally, to properly configure the report and required data streams, carriers will need at least six months to configure once the template is received. For context, Network Form A reporting infrastructure has taken over one year to configure and requires continual monthly validation.

AWHP remains concerned with proposed reporting cadence, especially given the wide range of possible due dates now proposed and the late date at which carriers will be notified of the frequency. Without clear guidance as to the frequency in advance of the reporting period it will be untenable to configure the report and required data streams that will need to be incorporated. We suggest OIC consider a frequency range of no more frequent than monthly, similar to reporting for Network Form A.

In alignment with these concerns, we propose the following changes to WAC 284-170-280(3)(c):

(c) **988 Crisis Hotline Appointment Form D report.** For health plans issued or renewed on or after January 1, 2023, issuers must make next-day appointments available to enrollees experiencing urgent, symptomatic behavioral health conditions to receive covered behavioral health services. Beginning ~~January 7, 2023~~, **no sooner than six months following the effective date of this rule and finalization of the reporting data elements**—issuers must submit a report that will document their health plans' compliance with next day appointment access. ~~including a count of enrollee appointments available for urgent, symptomatic behavioral health care services.~~

(i) The report is due on the dates published on the office of the insurance commissioner's website and will be set each calendar year. The office of the insurance commissioner will publish the first reporting date by December 1, 2022, and by each December 1st thereafter. The reporting time frame will be no more frequent than ~~weekly~~ **monthly** and no less often than twice yearly.

(ii) The report must contain all data items shown in and conform to the format of the 988 Crisis Hotline Appointment Form D report prescribed by and available from the commissioner.

(iii) The report must reflect information from **any** sources available at the time the reporting is completed including, but not limited to:

Finally, we again urge the OIC to remove the gender affirming treatment standards from the network access plan requirements in WAC 284-170-280(3)(g)(i)(J). Carriers do not contract with providers at the service-level, carriers may not be able to provide the data around proximity of gender affirming treatment services to primary care sources or

tracking network capacity and availability for gender affirming treatment services. There is not a similar requirement for other diagnosis specific services for this reason.

Thank you for your consideration of our comments.

Sincerely,

A handwritten signature in cursive script that reads "Terri Drexler".

Terri Drexler
Policy Analyst