

March 18, 2022

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. Maier,

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.

We thank the OIC for issuing a second proposed rule on this topic. We continue to have concerns about the reporting requirements and offer the comments below related to the frequency of reporting and the required data elements in the reports. We also encourage the OIC to have a robust stakeholder process in developing the Form D instructions.

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. We appreciate the approach in the regulation to move specific data components out of the regulation so that the reporting can align with the data elements that will be available to carriers after the program has been implemented.

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 reporting and states that the range could be anywhere from as often as a weekly cadence to no less than twice yearly. Reporting on a weekly basis would be burdensome to 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 amend the report timing language to “no more frequent than monthly and no less often than twice yearly” to help reduce the overall administrative burden on physicians, health care providers, and health carriers.

The proposed regulation has states that issuers must include a “count of enrollee appointments available for urgent, symptomatic behavioral health services.” This data element of number of available appointments does not align with how services are currently 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 see those patients on top of their normally scheduled caseload for the day. They do not actually hold appointment time slots open on the off chance that patients will ask to book those times. 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.

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,



Frankie Kaiser
Regulatory Affairs Consultant

Kaiser Foundation Health Plan of Washington
1300 SW 27th ST
Renton, WA 98057-2435
206-635-5974 (mobile phone)
Frankie.E.Kaiser@kp.org



Merlene Converse
Senior Regulatory Consultant

Kaiser Foundation Health Plan of the Northwest
Government Relations
500 NE Multnomah Street, Suite 100
Portland, OR 97232
(503) 936-3580 (cell)

kp.org/thrive