

2022 Annual mental health access report

Background

This report fulfills the statutory obligation of the Office of the Insurance Commissioner (OIC) under WAC 284-170-285(6)

By June 30th of each year, the commissioner shall post a report identifying, by carrier, the number of consumer complaints, asserting an inability to access mental health or substance use disorder services within ten business days for primary care and fifteen business days for specialty care, that were submitted to the commissioner during the prior calendar year. A carrier's "Important Mental Health and Substance Use Disorder Treatment Information" web page must include a link to this report and must update the link to the office of the insurance commissioner's web page on which the report is posted.

Methodology

The OIC's Consumer Protection division receives and processes complaints via database software. Individual analysts note cases involving mental health and substance abuse treatment with the use of a keyword inside that database. A calendar year search (from January 1 to December 31, 2022) of these cases was produced. Analyst staff manually reviewed each case for possible inclusion on this report. The following carriers had complaints against them that allege violations of the timelines noted in WAC 284-170-285(6). Please note, these are allegations not confirmed violations.

Carriers and complaint counts

COMMUNITY HEALTH PLAN OF WASHINGTON (WAOIC# 124370) – 1 complaint

COORDINATED CARE CORPORATION (WAOIC# 500635) – 1 complaint

KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST (WAOIC #702) – 1 complaint

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON (WAOIC #554) – 2 complaints

MOLINA HEALTHCARE OF WASHINGTON INC (WAOIC# 136) – 3 complaints

PREMERA BLUE CROSS (WAOIC# 204) – 1 complaint

REGENCE BLUESHIELD (WAOIC# 710) – 1 complaint