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COMMUNITY
MENTAL HEALTH
COUNCIL



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*Member:
National Council for Community
Behavioral Healthcare*

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ANN E. CHRISTIAN
CHIEF EXECUTIVE OFFICER

July 21, 2015

The Honorable Mike Kreidler, Commissioner
Washington Office of the Insurance Commissioner
PO Box 40255
Olympia, Washington 98504-0255

Re: CR-102 Provider Network Rules

Dear Commissioner Kreidler:

I am writing on behalf of the Washington Community Mental Health Council to provide comment on the CR-102 draft of provider network rules released on June 16, 2015. The Council is the statewide association of licensed community mental health agencies (CMHAs) that provide a full range of outpatient, evaluation and treatment, and residential and inpatient mental health treatment to approximately 120,000 low-income individuals each year. Most are also dually licensed by the state to provide outpatient substance use disorder treatment.

While we appreciate the OIC's effort to increase transparency of provider networks, the Council continues to be concerned that the proposed provider network WACs do not explicitly include CMHAs on the list of essential community providers (ECPs). As written, WAC 284-43-221 limits an ECP to the providers on CMS's list, even though CMS states unequivocally that its list is nonexhaustive and may also include entities that serve predominantly low-income, medically underserved individuals. The rule has limited the flexibility needed to provide adequate access for mental health and substance use disorder services.

In many communities in our state, CMHAs are the only mental health providers that offer intermediate mental health services, including residential treatment and intensive outpatient treatment. This range of services must be broadly available to all enrollees demonstrating medical necessity, and the failure to designate CMHAs as an ECP could serve as a barrier to access for many individuals across the state. Further, if patients must switch providers because CMHAs are not included in an issuer's provider network, evidence suggests that patients may stop seeking treatment, which can result in expensive emergency room visits, inpatient treatment, or incarceration.

For these reasons, we strongly urge the OIC to amend WAC 284-43-221 to include explicit identification of community mental health agencies as essential community providers.

If you have any questions, please do not hesitate to contact me at 206-628-4608, ext. 13 or at jmiller@wcmhcnet.org.

Sincerely,

Joan Miller, J.D.
Policy Analyst