

August 5, 2021

Jane Beyer, Senior Health Policy Advisor Washington State Office of the Insurance Commissioner P.O. Box 40255 Olympia, Washington 98504-0255

Submitted via email to: rules@oic.wa.gov

RE: First Stakeholder Draft for the Implementation of E2SHB 1477 and consolidated health care rulemaking (R 2021-16) Comments from Coordinated Care Corporation, NAIC# 95831

Dear Ms. Beyer,

Coordinated Care Corporation ("CCC") appreciates the opportunity to provide feedback to the Office of the Insurance Commissioner ("OIC") on the first stakeholder draft issued on July 13, 2021, for the implementation of E2SHB 1477 and the consolidated health care rule rulemaking (R 2021-16). CCC is a member of the Association of Washington Health Plans ("AWHP") and hereby endorses all suggestions raised in AWHP's comment letter on this rulemaking. Please find our additional comment to the stakeholders draft for R 2021-16 below.

CCC finds the weekly reporting unattainable. This unsustainable requirement will result in enormous administrative burden and resources on health plans and providers. For example, health plans will need to receive timely, regular or daily reports from providers of their appointment availability and how many of those appointment openings were accessed due to an urgent, symptomatic behavioral health care crisis. It is worthy to note that, currently, providers are not reliably providing data to us that inform health plans if their panel is open. Requiring an additional weekly report submission will be onerous responsibility. We therefore recommend that health plans be required to demonstrate its compliance with the next day appointment access in its annual network filings. We therefore recommend the following language:

WAC 284-170-280(3)

(c) 988 Crisis Hotline Appointment Form D report. Health plans issued or renewed on or after January 1, 2023, must make next-day appointments available to enrollees experiencing urgent, symptomatic behavioral health conditions to receive covered behavioral health services. Beginning on January 7, 2023, health plans must demonstrate its submit a weekly report that will detail the health plans compliance with next day appointment access in its annual network access filings.

(i) The report is due each Friday except on state or federal recognized holidays and in suchsituations the report is due the following Monday preceding the holiday. (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.

(A) If a carrier has not received any next day appointment requests, the carrier will still utilize and submit the report to attest that no requests were received during the filing timeframe.

(B)f—a carrier has received a request or several requests for next day appointments, the carrier's report-will include, but is not limited to, data to identify the health carrier's name, network name, service areaby county, available appointments, appointments accessed, number of appointments where the scheduling timeframe was met within 1 day, number of appointments where the scheduling timeframewas not met within 1 day and an explanation for not meeting the timeframe.

Thank you for consideration of our comments. Please let me know if you have any questions. You may reach me at elizabeth.abekah@coordinatedcarehealth.com.

Sincerely,

Liz Abekah

Compliance Specialist