MEMORANDUM TO: The Office of the Insurance Commissioner
Washington State (OIC)
FROM: The Washington State Psychological Association (WSPA)
RE: R2014-08, Provider Network Rules, phase 2

October 31, 2014

The Washington State Psychological Association (WSPA) appreciates the opportunity to provide comments to the Office of the Insurance Commissioner (OIC) about proposed amendments to Provider Network rules, and thanks Commissioner Kreidler for considering additional language in WACs to protect access to appropriate mental health services for Washington State residents.

As the OIC knows, the issue of network adequacy has been of critical importance to WSPA and to our clients. We are deeply troubled by the fact that, subsequent to passage of our state mental health parity mandate, a law that WSPA originally drafted, more and more psychologists are leaving insurance provider networks while simultaneously other psychologists are unable to join the same panels.

Experienced psychologists have resigned from panels due to a combination of factors including reduced reimbursement rates, and burdensome care management requirements that adversely affect our most seriously mentally ill clients. This second factor includes both obstructive reauthorization requirements and inappropriate limits on length of psychotherapy sessions by refusal to reimburse for specific and clinically correct CPT codes (more about this problem, below).

At the same time, more recently licensed psychologists are simply arbitrarily informed that all mental health provider networks are closed. This has been true of not a few but ALL insurer/issuer panels in Washington State for many years, without explanation. As a result, we approach proposed new Section 284-43-202 with trepidation. How is behavioral health network adequacy maintained when experienced psychologists are leaving panels but no new psychologists can get on panels?

WSPA does appreciate in subsection (a), that the OIC separates “specialty providers” and “mental health providers” in the 10% reduction standard. In earlier iterations of these proposed rules, we had pointed out that an overall 10% reduction rule across all specialties might also include a sizable reduction in mental health providers simultaneous to a balancing increase in another specialty provider category.

We admit to being skeptical, however, about the efficacy of 284-43-202 (f), the proposal to require insurers to address a 15% reduction in the number of providers treating a specific
chronic condition. A number of illnesses, including diabetes, heart disease, and chronic pain are treated by different categories of providers, and all of which are likely to affect more than 5% of an insurer’s enrollees in a service area. If there is a 15% reduction in psychologists who treat depression secondary to diabetes in any service area, would that trigger the network adequacy rule?

Therefore, WSPA urges the OIC to consider the need for language in WACs to place the burden on the insurer/issuer to provide the OIC with clear reasons for both closed panels and for denial of a provider or facility request to participate on a network. If issuers/insurers must prove the percentage requirements outlined in the phase 2 draft rules, they should also be able to provide specific information about denials for inclusion and closed networks. This information should include the total number of provider requests for inclusion by category of provider, both accepted and denied, as well as specific reasons for closing provider networks.

WSPA mentioned earlier in this memo that most insurer/issuers in Washington State have in the past two years, been inappropriately restricting reimbursement for Current Procedural Terminology Codes, commonly known as CPT codes. In 2013, revised CPT codes for outpatient psychotherapy were published, subsequent to which insurer/issuers restricted reimbursement for psychotherapy sessions lasting 60 minutes (90837). These sessions are required for use of clinically effective treatment protocols for PTSD (post traumatic stress disorder), severe Depression and severe Anxiety disorders. WSPA has been alarmed to learn in the past year that well trained psychologists are removing themselves from provider network because they cannot get authorization for clinically effective treatment for some of our most vulnerable clients. We recognize that the proposed rules under consideration now do not directly address this problem. However, WSPA feels a responsibility to our clients to at least raise the issue here as it significantly and negatively affects network adequacy.

WSPA continues to be hopeful that with passage of these rules, in addition to the OIC’s renewed commitment to this State’s mental health parity mandate as well as Washington State’s full enactment of the Affordable Care Act, the majority of our residents will have good access to effective mental health care statewide.

If you have questions about these comments, please feel free to contact WSPA’s Director of Professional Affairs, Dr. Lucy Homans at lucy.homans@gmail.com. Thank you.