

Via e-mail to:

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October 14, 2016

Mr. Jim Freeburg
Special Assistant to the Commissioner
Policy and Legislative Affairs
Office of the Insurance Commissioner
PO Box 40258
Olympia, WA 98504-0258

Re: OIC Rule Draft R 2016-19: Prior Authorization Process

Dear Mr. Freeburg:

Thank you for the opportunity to provide comments on the OIC draft rule language for the prior authorization process. Our comments are focused on how the rule relates specifically to the pharmacy benefit. We have the following concerns.

WAC 284-43-2050: Written Communications

The draft recognizes that electronic prior authorization processes are available and should be supported. Working collaboratively with a variety of vendors, Express Scripts streamlines the process of prior authorization by seamlessly integrating within a physician's electronic health record vendor's ePrescribing tool or through web-based portals. As a result, ePA is more efficient than phone and fax, can provide real-time approval in many cases, results in fewer gaps in patient care, decreases administrative work for the prescriber's office and, most important, decreases patient frustration while waiting on a prescription to be filled.

Therefore, we are confused as to why so much of the rule requires written communications? Electronic prior authorization is intended to eliminate unnecessary paperwork and expedite approvals and, as necessary, denials, so that there is little to no interruption or delay in patient care. The written notice required in Section 5(a) is unnecessary as prescribers and patients will not only already be aware of the approval or denial, but well on their way to receiving the medication prescribed or an alternative. We recommend language be added to state that this does not apply when the prior authorization is submitted electronically.

Section (5)(b) is problematic in that this info is generally not part of a drug prior authorization decision. We recommend language to clarify that this does not apply to pharmacy-related prior authorization requests.

Section (6), again, requires written acknowledgements. This will add huge and very unnecessary costs to the system. We recommend language to allow for electronic acknowledgement, regardless of whether the request is received via phone or fax. A written acknowledgement would occur after the fact and after all necessary steps had been taken to address the request. The patient will already be taking the medication by the time they receive the letter.

WAC 284-43-2050: Time Frames

The time frames for review and approval are confusing and problematic. The draft rule creates a definition for “immediate prior authorization” requests requiring these be reviewed and approved within sixty minutes. We are struggling to understand a circumstance in which this would or could apply to a prescription drug; however, it does not specify that this timeframe applies solely to medical. We recommend clarifying this language. Further, for “expedited prior authorization requests” the carrier has 48 hours to make a determination, but must give the provider 24 hours to provide additional documentation, who then has 48 hours to comply and the carrier then has an additional 48 hours to make a determination? It’s unclear and confusing. Again, it may not be intended to apply to pharmacy, and, if that is the case, should be clarified.

Finally, we share concerns raised by carriers with regard to the anticipated timeframes and support the release of an additional updated draft before moving to release a CR-102. Express Scripts shares your commitment to ensuring patient’s receive the care they need in the most efficient and expeditious manner possible. We are committed to working with you to ensure the final rule is one that makes sense for carriers, providers and patients.

Again, thank you for providing an opportunity to comment. Please feel free to contact me should you have any questions at (916) 771-3328.

Sincerely,



CYNTHIA M. LAUBACHER
Senior Director, State Affairs

