

August 5, 2016

Jim Freeburg
Special Assistant to the Commissioner
Washington State Office of the Insurance Commissioner
PO Box 40258
Olympia WA, 98504

Dear Jim,

On behalf of the Washington Healthcare Forum and OneHealthPort I want to extend my appreciation to the OIC for the transparent manner in which your office has conducted the recent process of developing prior authorization regulations. In regard to the recently issued Prior Authorization CR101, I am transmitting the comments below on behalf of the following organizations who are members of the Administration Simplification Pre-Authorization Workgroup:

- Edmonds Family Medicine
- Everett Clinic
- Pacific Gynecology
- Providence Health and Services
- Sound Family Medicine
- Swedish Medical Group
- Virginia Mason Hospital and Medical Center
- Yakima Urology
- University of Washington Medicine
- University of Washington Physicians
- Community Health Plan of Washington
- First Choice Health
- Group Health Cooperative
- Kaiser Permanente
- Molina Healthcare
- Premera Blue Cross
- Regence
- Qualis Health

Subsection D.6 Determination and Notification Timeframes: *Not Supported*

Per the requirements of SSB5346, subject matter experts representing clinical and operational areas of responsibilities within provider organizations and health plans convened to develop Best Practice Recommendations (BPR) for determination and notification timeframes related to authorizing pre-authorization requests. Those recommendations, which can be found in the BPR referenced by the following link, continue to be reviewed and refined by this subject matter expert workgroup via a CQI process called for in SSB5346.

<http://www.onehealthport.com/sites/default/files/adminsimp/Posted%20-%20Standard%20Notification%20Timeframes%20for%20Pre-Authorization%20Requests.pdf>

In Washington State, patients with Medicare, Medicaid, Labor and Industries, self-insured and indemnity coverage are all treated by provider organizations. Each coverage is subject to different regulations, some state (OIC WACs and non-OIC WACs) and some national. Alignment of these regulations optimizes administrative simplification. Misalignment contributes to the din of confusion and complexity.

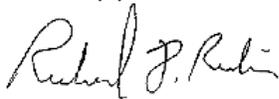
The Best Practice Recommendation is the result of ongoing deliberations of subject matter experts that consider workflows within and between provider organizations and health plans, national credentialing standards for health plans, regulatory timeframes and impact on patients. The workgroup selected the most aggressive industry standard timeframes as the basis of the BPR and continues to refine those timeframes as standards change.

Given operational differences across health plans, implementation of a single set of industry standard timeframes is essential to provider organizations. Streamlining and simplification can only happen when provider organizations are able to develop consistent workflows regardless of the health plan coverage for their patients. The standardization of workflows increases the efficiency of care delivery and allows for standard communication across their patient populations.

Coverage regulated by the OIC reflects a small segment of the patient population treated within provider organizations. As such, if the intent of the WAC is to increase the efficiency of care delivery and to contribute to standard and consistent expectations about pre-authorization determination and notification timeframes across provider organizations and patients, the workgroup suggests that the OIC regulations are informed by and consistent with the Best Practice Recommendations and industry standards.

Thank you for your consideration of our comments and please let me know if you have any questions.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Richard D. Rubin". The signature is fluid and cursive, with the first name being the most prominent.

Richard D. Rubin
CEO

Cc: Bill Campbell
Pre-Authorization Work Group