Aas, Ann (OIC)

From: Hole-Marshall, Leah B (LNI)
Sent: Wednesday, August 17, 2016 4:20 PM
To: OIC Rules Coordinator
Cc: D'urso, Nikki M. (LNI); Jost, Karen M (LNI)
Subject: comments for OIC rule on prior authorization

Jim Freeburg
Special Assistant to the Commissioner
Washing State Office of the insurance Commissioner
PO Box 40258
Olympia, WA

Dear Jim,

The Department of Labor and Industries voluntarily complies with the Utilization Review Best Practice Recommendations whenever possible in order to reduce provider burden. We have been a member of the work group convened by your office under SSB5346 to develop UR best practices since inception in 2009. The workgroup kept the best interests of patients as its highest priority. While acknowledging UR is an important part of ensuring high quality and appropriate care, a primary goal in setting up best practices is to agree on appropriate standards that form common expectations and reducing provider administrative burden.

We note that there are several differences between the proposed rule and the best practices developed and agreed to by the OIC's workgroup. The workgroup has representation from experienced and knowledgeable providers and payers and spent considerable effort reaching agreement and compromise between the competing interests. Of particular concern is the proposed 72 hour turn-around time. We support the OIC's workgroup Best Practice recommendations (BPR) for prior authorization timeframes. They are in line with other national standards and the BPR addresses immediate, urgent, concurrent, non urgent and post service definitions and timeframes. There is also the BPR on Extenuating Circumstances that acknowledges that prior authorization is not always possible and addresses those situations.

We support efforts that further reinforce consistency among payers, and if rules are necessary at this time, we urge consistency with the OIC's workgroup Best Practice Recommendations. We also recommend that any new provisions have the benefit of workgroup discussion and input. For example, there may be unintended consequences in adopting "web" requirements when advances in health information exchange may render a web-based process less desirable for both payers and providers. In referencing national standards, URAC is a highly regarded national standard adopted by many organizations that have operations in multiple states.

Please contact me if you have any questions about our comments. We look forward to working with you.

Best regards,

Leah

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