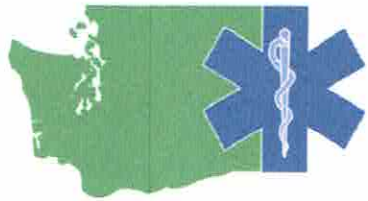

Washington Ambulance Association

August 26, 2016

Jim Freeburg
Special Assistant to the Commissioner
Washington State Office of the Insurance Commissioner
P.O. Box 40255
Olympia WA 98504-0255

Re: Prior Authorization Rules R2016-19 – Stakeholder Comments

Dear Mr. Freeburg:

I appreciated the opportunity to participate in the Prior Authorization Stakeholder Meeting on August 10. As I stated at the meeting, the Washington Ambulance Association (WAA) membership of for-profit and not-for-profit ambulance services has concerns with the prior authorization process currently in effect for non-emergent ambulance transports and the proposed rules. My comments are broadly based and exceptions can probably be found.

The proposed rules do not directly address the issues faced by the ambulance industry. The overwhelming majority of requests for non-emergent ambulance transports occur with little or no notice. The requirement of obtaining prior authorization from the patient's insurance carrier, in the majority of cases, cannot be accomplished within the timeframes required, for single transports. Those patients requiring multiple transports, such as transports for kidney dialysis or radiation treatments can logically be processed appropriately as long as the first few trips can be exempted unless the transport request is received with enough advanced notice to be submitted and authorized within the timeframes suggested.

A few examples of single transports that do not fit within the proposed timeframes are as follows:

Patients being discharged from a hospital emergency department back to a care facility. These patients may have been brought into the ED as an emergency transport that day but have been stabilized and treated with a determination that they may now be returned to the Skilled Nursing Facility or other care center. When ready for discharge, the request for an ambulance transport is made with an expectation that the ambulance service will arrive within the hour to move the patient and free up the ED bed for other patients waiting for care. This can occur at any time, day or night, weekday or weekend.

Patients being discharged from a hospital floor to a care facility. Many times Discharge Planners arrange for a patient to be discharged to a care facility and the care facility will only accept the patient if they can be transferred into the facility that day. Otherwise, the available bed will go to another patient looking for care. The transport request cannot be made until a destination is known, but must occur within a short time window.

Patients being transported after business hours when insurance carrier call centers are not open. This can be anywhere from 2pm – 5pm (approximate) Pacific time depending on the location of the

P.O. Box 4292
Olympia, WA 98501-4292
waambulanceassociation.org
(253) 279-1435

carrier's call center (East coast – West coast time differences). Also, weekends and holidays are usually not staffed in the call centers. Regardless, I do not know of any call centers that give immediate prior authorizations for non-emergent ambulance transports.

There are other instances where the rules will not fit, but these are the predominate ones.

It should be noted that ambulance providers do not initiate any transports. All transport requests are determined to be necessary by the medical staff caring for the patient at that time. As such, requiring the ambulance provider to obtain prior authorization when they do not have firsthand knowledge of the patient nor access to the patient records at the time of the transport request is an unfair burden to the ambulance provider, especially since no prior authorization is going to be given prior to the transport taking place.

In our view, prior authorizations for non-emergent single transports should be eliminated unless an insurance carrier will maintain a process and staffing to give prior authorization in an immediate manner and the medical providers ordering an ambulance transport (and have the firsthand medical information) are responsible for obtaining prior authorization before requesting the transport from the ambulance provider and can provide carrier information and a prior authorization number/code to the ambulance provider at the time the request is made.

Ambulance providers should not be subject to the same prior authorization standards/rules as healthcare providers who have the ability to delay procedures until authorization is received and not commit their resources until payment is confirmed. The current process, and the proposed process, places the ambulance providers at risk for the services they furnish with no reasonable expectation of compensation from the carriers, unlike other healthcare providers. This provides an undue burden on the ambulance provider and the patient if the claim is denied by the carrier for failure to obtain a prior authorization, or due to lack of medical necessity.

Thank you for the opportunity to submit our comments on this important set of rules. If you have any questions, please contact me.

Respectfully,

Robert G. Berschauer
Executive Director

B.Berschauer@WAAssociation.org
253.279.1435