

October 13, 2016

Mr. Jim Freeburg
Senior Policy Advisor
Washington State Office of the Insurance Commissioner
PO Box 40255
Olympia, WA 98504

RE: Prior Authorization Process and Transparency - September 23, 2016 Stakeholder Draft

Dear Mr. Freeburg:

The Seattle Cancer Care Alliance appreciates the opportunity to submit further comments on the prior authorization stakeholder draft legislation issued on September 23, 2016. We participated in the public meeting on October 5, 2016 and thank you for the open and collaborative process.

The SCCA is the only National Cancer Institute Designated Comprehensive Cancer Center in the Pacific Northwest. SCCA partners with the Fred Hutchinson Cancer Research Center, Seattle Children's Hospital and University of Washington Medicine to provide our patients with access to cutting-edge cancer treatment and the latest innovations in cancer care. As the result of our unique specialty provider status, we are required to submit a substantial number of prior authorization requests for our patients, many of whom are out-of-network. With this perspective in mind, we submit the following comments for your consideration:

1. Carriers must have a current and accurate online prior authorization system

SCCA strongly supports the requirement that carriers develop an online prior authorization system that includes the information outlined in the draft rule. Due to the continued use of narrow or exclusive networks in the market, we request that the system clearly indicate the network for a particular patient's health benefit plan, and whether the facility or provider is an in-network provider. If the provider or facility is out-of-network, the system should include information about any further steps that need be taken to obtain out-of-network prior authorization. We also request that the "benefit information," provide details about any exclusions or limitations, beyond the typical "not medically necessary exclusion," that may result in denial of coverage. SCCA has several examples where carriers have denied coverage under benefit exclusion that was not noted in the prior authorization process.

2. Ability to submit prior authorizations outside normal business hours and for extenuating circumstances

SCCA supports the requirements set forth in these provisions and requests that they be retained. Many of our patients are referred to us from outside of the Seattle metropolitan area, and some travel considerable distance for treatment. We request that the extenuating circumstances section of the rule specifically state that patients that are referred for specialty care by their primary care provider, are eligible for retrospective prior authorization for medically necessary treatment or procedures to prevent additional travel, delay or hardship for the patient.

3. Prior authorization of Clinical Trials not considered to be “Immediate Prior-Authorization” Requests

Each year the SCCA treats over 7,500 patients and we administer over 200 clinical trials. Depending upon the condition of the patient and aggressiveness of the cancer, it may be necessary to enroll a patient into a clinical trial and begin treatment without delay. Some of our patients need either expedited or immediate prior authorizations to start potentially life-saving treatments. Failure to begin the trial promptly could result in failure of the drug or treatment and death for the patient.

With that background in mind, we note that the Commissioner’s draft rule section WAC 284-43-2050(10) excludes clinical trials from “immediate prior authorization requests.” As such, we are concerned that without further clarification in the rule, a patient’s treatment that may not necessarily meet the conditions outlined in the “expedited prior authorization request” but could meet the definition of an “immediate prior authorization request” in WAC 284-43-0160, would face unacceptable delays in the approval of the clinical trial under the standard prior authorization process.

SCCA respectfully asks that the Commissioner remove the exclusion of “clinical trials” from WAC 284-43-2050(10) and require the carriers to apply the same pre-authorization request time periods to clinical trials as any other serious medical condition.

4. Minimum Time Limit for Expiration of Prior Authorization

SCCA supports establishing a minimum time period for the prior authorization but requests that it be modified as follows:

(13) Prior authorization determinations shall expire no sooner than 45-60 days from date of approval or for time period necessary to complete the prior authorized course of treatment if the service must be delivered in a series of discrete treatments or delivered over an established time period, whichever is greater. This requirement does not supersede RCW 48.43.039.

5. Prior Authorization for Specialty Care – in advance of treatment

Thank you for the explanation of the Commissioner's intent for this provision during the stakeholder meeting on October 5, 2016. The SCCA accepts patients from across the nation and waiting for prior authorization for many of the diagnostic tests, as well as treatments, results in added delay and expense for our patients. Often times, patients must return to their home or remain in a hotel while authorization is pending.

The SCCA frequently encounters imaging and laboratory tests that may have been ordered by the patient's original treating provider and do not provide the necessary diagnostic information for our physicians to develop a treatment plan. When additional tests or imaging is requested it is often denied by the carrier as duplicative or not medically necessary.

In order to address these concerns, SCCA suggests the following change:

(20) Carriers or their designated or contracted representative must have a prior authorization process that allows specialists the ability to request a prior authorization for diagnostic procedures including imaging or clinically recognized courses of treatment based upon a review of medical records in advance of seeing the enrollee.

Thank you again for your consideration of our comments. If you should have any questions please feel free to contact me directly at (206) 288-7352.

Sincerely,

Madeline Grant

Madeline O. Grant
Public Affairs Manager
Seattle Cancer Care Alliance