



Washington  
CHAPTER

Washington Chapter  
American College of Cardiology

www.waacc.org

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Toll Free 1-877-460-5880

Mr. Jim Freeburg  
Office of the Insurance Commissioner  
PO Box 40260  
Olympia, WA 98504

December 28 2016

Dear Mr. Freeburg:

Thank you for the opportunity to comment on the CR – 102 proposed rule regarding pre-authorization. These comments are submitted by the Washington Chapter of the American College of Cardiology which represents over 600 cardiovascular professionals providing care in Washington State. Our active membership includes physicians, surgeons, advanced practice clinicians, pharmacists, practice administrators and cardiovascular technicians. Our goal is to improve the cardiovascular health of the residents of the state of Washington.

We congratulate the office for trying to help streamline the prior authorization process. The current state law allows insurance companies to use pre-authorizations to try to control costs. However, pre-authorizations increase the costs of providing care by adding administrative work for health care providers. In addition, pre-authorizations cause delays in patient care, which are inconvenient for many patients and cause harm to some patients.

When an insurance carrier or its designee decides to require a pre-authorization, the entity is practicing medicine. As such, we would insist that those making these determinations have a license to practice in the state of Washington and appropriate expertise to make these decisions.

As a specialty society that has been at the forefront for rigorously evaluating clinical evidence for diagnostic and therapeutic treatments, procedures, and care, we believe that peer reviewed documents published by specialty societies should be the prima facie basis for determining medical necessity. We believe that Insurance carriers should be mandated to use peer reviewed scientific guidelines and appropriate use criteria as their primary resource to determine medical necessity.

Furthermore, as a specialty society we recognize that all board-certified specialists have a unique skill set and are experts in their field. As such, we would request that the insurance commissioner recognize such skill and training and allow said specialist to prescribe specialty-specific procedures, treatments, or diagnostics in accordance with published guidelines without a requirement for pre-authorization. For example, electrophysiology cardiologists should be allowed to prescribe anti-arrhythmic medications without the burden of prior authorization.

We acknowledge that there are a very small number of practitioners who will make choices based on issues other than a patient's best interest. Instead of putting the burden of pre-authorization on all providers, we propose retrospective audits be conducted on all practitioners and those exceeding a predefined threshold should then be subject to precertification. This should encompass the totality of care and not any specific insurance company. These audits should be transparently performed by an outside, peer-review organization using state-of-the-art evidence based guidelines and documents and fully funded by the insurance carriers. This global approach will reduce costs for providers and practices and also provide cost savings for the insurers.

***"Our Mission: To improve Cardiovascular health for residents of Washington State through education, care, and advocacy."***

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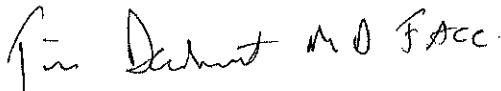
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Regarding specifics within the proposed rule: We would explicitly ask that the section that requires staff to be properly trained and supervised, and also mandate them to be licensed in the state of Washington to practice medicine.

As one of the goals of this rule is to establish a working online system, the sections requiring reimbursement for copying in medical records should be amended to require reimbursement of costs of providing documentation to the insurance company, which will presumably include scanning or faxing. We would also request that a minimum up time of 99% be mandated for the web-based portals to comply with the rules.

Respectfully submitted on behalf of the Washington Chapter of the American College of Cardiology-

A handwritten signature in black ink that reads "Tim Dewhurst MD FACC". The signature is written in a cursive, flowing style.

Tim Dewhurst, MD, FACC  
President

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