

Stakeholder draft

Name of rule: Optimizing prior authorization, also known as goldcarding

Rule number: 2017-07

Stakeholder draft released on: September 14, 2017

For questions or comments, please contact: Jim Freeburg

Send comments to: rulesc@oic.wa.gov

Comment deadline: October 10, 2017

WAC 284-43-0160 Definitions.

(12) Goldcard/optimized prior authorization program means any method by which a carrier waives some or all prior authorization requirements or processes for providers and facilities that meet defined selection standards. This includes waiver of preservice review or prior authorization of specified services and prescription drugs related to medically necessary claims, and automatic approval of a prior authorization request. A provider or facility that participates in a carrier's goldcard program is considered to have goldcard status with that carrier. A carrier cannot delegate authority for a utilization management program or other administrative functions to a provider or facility in a goldcard program.

New section

WAC 284-43-2070 - Optimizing prior authorization. Carriers are not required to have a goldcard program but if they do, the carrier must comply with the requirements of this section.

1. This section applies to health benefit plans as defined in RCW 48.43.005, contracts for limited health care services as defined in RCW 48.44.035, and stand-alone dental and stand-alone vision plans. This section applies to plan issued or renewed on or after July 1, 2018.
2. A carrier must set and maintain selection standards to determine a provider's or facility's ability to receive and maintain goldcard status. A carrier must hold all providers and facilities to

the same selection standards for a carrier's goldcard program. The selection standards must ensure that providers and facility have staff who are properly qualified, trained, supervised and able to meet the requirements of the goldcard program. The selection standards must be made available to the Commissioner upon request.

3. A carrier must require providers and facilities with goldcard status to follow the carrier's requirements related to prior authorization and utilization management, including documentation to support the provider's or facility's utilization management program.
4. A carrier does not need to require a provider or facility with goldcard status to use the same clinical review criteria as the carrier, but the carrier must require that the provider's or facility's clinical review criteria and management practices be evidence based.
5. A carrier must require providers and facilities with goldcard status to maintain enrollee records related to the goldcard program and provide the records to the carrier upon request.
6. A carrier must review the performance of a provider or facility with goldcard status on an ongoing basis to determine if they still meet the selection standards.
7. A carrier and provider or facility must hold enrollees harmless if it is determined that the provider has filed a claim for a service covered by the goldcard program that is not medically necessary or otherwise in compliance with a plan's medical policies.
8. All goldcard programs must be included in the provider or facility contract and follow all relevant requirements of Chapter 284-170 WAC. The written agreement must specify the responsibilities of each party as it pertains to prior authorization, including all the requirements of this section. The agreement must also specify the services and prescription drugs that the provider or facility is allowed to deliver under the terms of the agreement.
9. A carrier must provide notification to a provider or facility before a carrier terminates the provider's or facility's goldcard status or the carrier's goldcard program. A carrier and a provider or facility must agree to the status termination notification period.
10. The termination of a provider's or facility's goldcard status must not impact the provider's or facility's underlying contract with the carrier. The carrier must submit a provider or facility agreement to the Commissioner if the goldcard status of a provider or facility has been modified.
11. If a carrier terminates a provider's or facility's goldcard status prior to an enrollee receiving a service authorized by the provider or facility, the carrier must have a process to allow an enrollee to receive the service authorized by the provider or facility within a reasonable timeframe without a subsequent requirement for prior authorization by the carrier. This does not apply to situations where the contract of the provider or facility has been terminated.

12. A carrier's goldcard program may not include a financial incentive for the provider or facility to deny medically necessary care.

13. A carrier shall post on its website, and provide upon the request of an enrollee, a description of the goldcard program, including any prior authorization standards, criteria or information used by providers or facilities. This includes clinical review criteria.