

October 14, 2016

Jim Freeburg
Washington State Office of the Insurance Commissioner
Post Office Box 40255
Olympia, WA 98504-0255

Re: Stakeholder Draft on Prior Authorization Process Rule (R 2016-19)

Dear Mr. Freeburg:

Thank you for the recent publication of the second stakeholder draft for the Office of the Insurance Commissioner's (OIC) proposed prior authorization rule (R 2016-19), dated September 23, 2016. We greatly appreciate the time and careful consideration Washington State is putting into the prior authorization rule, and are confident the OIC's strong efforts will result in the best outcome for both doctors and patients.

As stated in our previous letter, dated August, 16, 2016, I am the Chief Executive Officer of National Decision Support Company (NDSC), a globally-recognized provider of innovative clinical decision support (CDS) solutions widely adopted by healthcare providers and integrated with leading Electronic Health Record (EHR) vendors. We offer a scalable, cloud-based architecture for delivering actionable CDS based on nationally-recognized guidelines into provider workflows. Through production and delivery of our flagship solution, ACRselect, as well as appropriate use criteria from the American College of Cardiology and the National Comprehensive Cancer Network, NDSC has developed a proven process for digitizing consensus medical guidelines and delivering them at the point-of-care.

Having read the latest stakeholder draft, NDSC is pleased to submit comments on areas we believe warrant more consideration from the OIC. As addressed in our previous comment, NDSC believes that several important changes could further strengthen the state's regulation of prior authorization practices, including: 1) clarifying standards for the electronic submission of prior authorization requests; 2) further strengthening clinical criteria review; 3) taking steps to avoid unnecessary prior authorization delays; and 4) ensuring additional transparency throughout the process.

Electronic Submission of Prior Authorization Requests

Ensuring interoperability and encouraging the use of common standards for the electronic submission of prior authorization requests between the EHR order entry process and the payer platform are integral to the successful implementation of this rule. While we appreciate the OIC's requirement for issuers and their designated benefit managers to accept electronic submissions of prior authorization requests, in order to truly ease the burden to doctors posed by prior authorization, we believe the state should do more to encourage common standards and interoperability with EHRs. Without these uniform standards, the OIC risks creating a system by

which providers must learn new web-based platforms for submitting information to each different insurer in the state, or even for different plans issued by the same insurer and creates unnecessary burden on healthcare providers. By contrast, the OIC could, and we believe should, encourage interoperability and seamless prior authorization requests in the provider's normal ordering workflow in several ways. These include:

- endorsing national standards such as those currently being promoted by the Workgroup for Electronic Data Interchange (WEDI) and the Medical Group Management Association (MGMA);
- mandating that prior authorization requests occur using transaction rules including HIPAA standard ASC X12N 278;
- sponsoring a statewide prior authorization portal through which the bulk of routine orders can be automatically approved based on AUC, standardized exchange of data, and electronic exchange.

Clinical Criteria Review

Strong, evidence-based clinical review standards are a key to protecting the clinical integrity of a prior authorization requirement, and to ensuring that patient care and medical management, rather than financial considerations, are the primary motive in avoiding overutilization. NDSC believes that more narrowly defining “medically acceptable screening criteria” and “currently acceptable medial or health care practices” would enhance the effectiveness of the rule. We encourage the OIC to consider requiring issuers to utilize evidence-based appropriate use criteria (AUC) developed by nationally-recognized specialty societies. These criteria are available for a wide range of specialties, and are developed in a transparent manner, drawing upon providers' expertise delivering top quality care. They have been proven to reduce inappropriate utilization.

Further Reduction in Review Determination Timeframe

NDSC believes that the OIC should be making every effort to decrease the time burden for both doctors and patients currently posed by prior authorization processes. Therefore, we were disappointed to see that in the second stakeholder draft, the OIC increased the 72 hour limit for decisions on standard prior authorization requests to 120 hours. NDSC encourages the OIC to, at a minimum, return to the 72 hour wait period, if not further reduce the review timeline. We also encourage the OIC to examine alternative methods of reducing waits for doctors and patients, including automated authorizations in real time for certain services or providers with little risk of overuse, and exempting from prior authorization requirements providers using certified appropriate use criteria accessed via an electronic platform like CDS. Finally, we believe that the OIC should outline that if an order, placed within the EMR and referencing evidence-based guidelines, meets criteria, that order should satisfy the payer and exempt the provider from having to go through a separate process.

Additional Transparency Throughout the Process

NDSC believes that transparency is potentially the most important element for ensuring a fair and open prior authorization process. While both stakeholder drafts have proposals for significantly increased transparency, we believe that the OIC could enhance this section by following the model of many other states, which require the individuals reviewing prior authorization requests to be licensed practitioners, both in that state, as well as in the medical

specialty being reviewed. In the interest of openness and transparency, we also believe these details should be fully disclosed to requesting physicians.

Further, we believe the OIC should consider requiring the written clinical review criteria to be readily available online to all stakeholders, not just providers. This disclosure should include information on the evidence-based methods in which the criteria are created, as well as information as to how the criteria are interpreted and applied. We believe the information that should be disclosed includes at a minimum:

- which services require prior authorization;
- the specific review criteria for each test or treatment requiring prior authorization;
- the process for appealing a denied prior authorization request;

Protecting Access to Medicare Act

NDSC encourages the changes specified in this letter in light of developments happening in states across the country, as well as on the federal level. We believe it is important to note that in between publication of the OIC's first stakeholder draft and the most recent version, the Centers for Medicare and Medicaid Services (CMS) released its latest draft regulations for implementing the Protecting Access to Medicare Act (PAMA). These regulations included a proposed date of January 1, 2018 for implementing CDS in the Medicare program nationwide. As with doctors all over the nation, Washington State's physicians are preparing to implement this mandate, and will increasingly be adopting CDS systems to ensure medical appropriateness for at least some of their patients. We believe this is important for the OIC to take into consideration as it indicates the growing effort to ensure effective implementation of AUC. Washington State, through this rule, has the chance to take the lead on the issue, and ensure that state rules and regulations match or even surpass the forthcoming federal regulations, ensuring the best coverage for patients, and smoothest transition for doctors, issuers, and insurers.

Thank you for the opportunity to submit these comments, and for your continued commitment to improve health care for all Washingtonians. We appreciate your consideration, and are happy to answer any questions you may have. I can be reached at mmardini@nationaldecisionsupport.com, or 917-838-8201.

Sincerely,



Michael Mardini
Chief Executive Officer
National Decision Support Company
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