Memorandum

To: OIC Rules Coordinator rulescoordinator@oic.wa.gov
From: American Massage Therapy Association, Washington Chapter
Re: OIC proposed rules on prior authorization
Date: January 3, 2017

The following comments are submitted on behalf of the American Massage Therapy Association, Washington Chapter (AMTA-WA), a statewide organization representing over 5,000 licensed massage practitioners. AMTA-WA appreciates the opportunity to respond to the OIC's proposed rules on prior authorization.

AMTA-WA thanks the OIC for its commitment to creating rules that will standardize prior authorization procedures, so that health care consumers are not denied appropriate medically necessary health care. We have the following comments and suggestions:

- Partial denial of prior authorization. Massage practitioners often receive referrals from primary care providers that include a certain number recommended sessions. Sometimes, carriers are unwilling to approve what the prescribing physician has ordered citing "medical necessity." But the rationale for denying the number of requested sessions is rarely given, because the carriers usually give approval for some of the requested sessions. While are hopeful that requirements in these rules to require "plain talk" concerning denials will be helpful, we believe the rules need to specifically include situations where there is a partial denial. Also, currently, the enrollee is notified by mail, and this can take up to two weeks, as mail delivery has considerably slowed. It's important to remember that not all enrollees have e-mail or fax services. We recommend certified 2-day mail where electronic notice is not available.
  - Specifically, carriers should also be required to explain in "plain talk" their rationale for approving fewer than the prescribed number of sessions. We're concerned that without specific language, carriers will not interpret the current rule language as requiring that. We would suggest the following amendment to WAC 284-43-2050(5)(a):

> "(a) When a provider or a facility makes a request for the prior authorization, the response from the carrier or its designated or contracted representative must be clear and explain if it is approved or denied and the justification and basis for the decision including the clinical review criteria for the denial. A denial includes a decision by the carrier to not authorize what was requested in a prior authorization in whole or in part. The response must give the true and actual reason in clear and simple language so that the enrollee and the provider or facility will not need to resort to additional research to understand the real reason for the action. Written notice by fax, e-mail, or certified 2-day mail, where electronic formal is not available, of the decision must be communicated to the provider or facility, and the enrollee…."

- Length of time a prior authorization is effective. Currently the rules state that a prior authorization is effective for 45 days. We believe that should be extended to 90 days for those situations where a request for multiple sessions is included in the prior authorization request. This type of situation would occur in any of therapies: massage, OT, PT, mental health, etc. Our rationale is that because of the trend toward smaller and smaller panel sizes, it is often difficult to schedule an appointment for a massage within 30 days in some locations, such as Thurston County. Then, if the prior authorization is for four or so sessions, one or two weeks apart, you can see how quickly the time evaporates. And yes, once the timeline is passed, a massage therapist can submit another prior authorization, but this takes time and disrupts the flow of care, with the very real potential of increasing overall health care costs when a patient's progress is set back because of unnecessary delays. Extending the "life" of a prior authorization to 90 days in certain situations would help alleviate these problems.

- Record copying. AMTA-WA supports requirements for carriers to reimburse providers for the cost of copying enrollee records. However, provider contracts with carriers currently prohibit providers from being reimbursed for these costs. We would expect that after these rules are adopted, that carriers would understand that their provider contracts need to be in conformance with the rules.

- Non-participating providers. We appreciate the following proposed language in WAC 284-43-2050 (6) that requires carriers to allow out-of-network providers to request a prior authorization. The only problem is that there is no indication that the requirements of the rules are applicable. In addition, it's important for out-of-network providers to be informed

concerning any preservice requirements. Therefore, AMTA-WA suggests that the following language be added:

- (6) The carrier or its designated or contracted representative must have a method, consistent with the requirements of this section, that allows an out-of-network provider or facility:(a) to request a prior authorization if prior authorization is required for an out-of-network provider or facility; and (b) to be informed if there are any preservice requirements.