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A Chapter of the American Physical Therapy Association

December 28, 2016

Jim Freeburg
Special Assistant to the Insurance Commissioner
Office of the Insurance Commissioner

Via email: rulescoordinator@oic.wa.gov

Dear Jim:

On behalf of the Physical Therapy Association of Washington (PTWA), I am providing comments on the Prior Authorization Processes and Transparency proposed rules, Insurance Commissioner Matter No. R 2016-2019. PTWA supports these proposed rules, with the belief that they will make the prior authorization process less burdensome to patients and their health care providers.

As you know, the prior authorization process continues to be extremely challenging for all health care providers, including physical therapists. The administrative burden placed on physical therapy clinics is tremendous, to the point where some clinics are hiring additional administrative staff, instead of clinicians, to deal with the backlog of prior authorization requests. Physical therapists and their patients have been dealing with the increased costs from prior authorization for years, with a diminished ability to care for our patients in an evidence-based manner.

One of the most important provisions of these proposed rules is WAC 246-43-2050(16). This provision obligates the carrier to ensure compliance with prior authorization requirements, even if a third party administrator is used. It is extremely important that carriers have the ultimate responsibility to carry out the prior authorization requirements. Currently, this is not the case.

Currently, physical therapists are repeatedly encountering the situation where the third party administrator and the carrier do not render the same prior authorization decisions. For example, there are instances where the provider contacts the third party administrator, who states that prior authorization is not necessary; the provider then calls the carrier to confirm, and the carrier states that prior authorization IS necessary. This is an unacceptable situation that wastes provider and patient time and ultimately delays patient care. We appreciate the language in WAC 246-43-2050(16) that places the ultimate responsibility with the carrier, as it is the carrier that is the entity regulated by the Office of the Insurance Commissioner (OIC).

PTWA also supports the rule's provisions that detail the timeframes for carrier prior authorization determinations and notifications to the provider. One of the most significant barriers to access to care for patients is the timeliness of the authorization after the initial contact for authorization. For example, physical therapists and their staff are contacting third party administrators many times to initiate treatment for one patient, and those entities retain no evidence of these requests. This is in spite of the fact that each time a physical therapist contacts the company, s/he must give their national provider number, tax ID number and patient ID number. In many cases, the physical therapist must prove (and does prove) that the calls have been made, with no answer from the third party administrator, but by then, the window of authorization has closed and the entire process

must begin again. Meanwhile, the patient is waiting for care. We appreciate the very explicit timeframes outlined in this rule, ones that will hopefully resolve this barrier to access to care.

PTWA appreciates the changes in the proposed rule that clarify the definitions of “expedited prior authorization request” and “extenuating circumstances” and remove the duplicative term “immediate prior authorization request.” We had expressed concern regarding home health care and hospice care being routinely denied under the current prior authorization process because of the confusing categories of prior authorization. The explicit reference to home health care services in the extenuating circumstances section is appreciated.

Finally, PTWA supports the provisions in the rule that requires carriers or their third party administrators to establish and maintain a “current and accurate online prior authorization system” and the requirement to “have an electronic process that is browser-based for a participating provider or facility to upload documentation and complete a prior authorization request.” To date, physical therapists have had severe problems accessing accurate online data to determine whether prior authorization is required and using online systems to complete required processes.

One area of concern remains, however. Throughout this rule-making process, PTWA has requested that the rules require coordination between the authorization of visits and the provider’s plan of care. For example, children with autism are routinely allowed only one or two physical therapy visits at a time. For these kids, autism is a chronic condition requiring ongoing physical therapy. It seems unreasonable, in situations like this, that the patient receives only one or two visits at a time. We have repeatedly requested that the rules address situations like this. We are disappointed that this very significant access to care barrier was not addressed in these rules.

Thank you for the opportunity to comment on these proposed prior authorization rules. PTWA appreciates the OIC’s open and inclusive stakeholder process during the development of these rules. We look forward to continuing to work with you as these rules are implemented.

Sincerely,

A handwritten signature in blue ink that reads "Erik Moen". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Erik Moen, PT
President