Office of the Insurance Commissioner
Attention Jim Freeburg, Rules Coordinator
PO BOX 40260
Olympia, WA 98504

January 3, 2017

RE: Prior authorization processes and transparency Insurance Commissioner Matter No. R 2016-19

Dear Jim,

Thank you for the opportunity to provide additional public comment on Prior authorization processes and transparency. On behalf of the Washington State Chiropractic Association I provide you with the following comments.

The WSCA provides the following comments:

WAC 284-43-2050 (2)

This proposed new section of 284-43-2050 addresses the maintenance of documented prior authorization programs and descriptions and also references medically acceptable clinical review criteria. The term “review criteria” feels ambiguous to the WSCA. Carriers and their contracted entities could interpret review criteria as the steps/criteria necessary to execute preauthorization, such as patient ID, diagnosis code, and answering their questions. The WSCA would like to be certain that the term “review criteria” definition focuses on the clinical criteria that form the basis for the prior authorization care parameters such as frequency and duration allowed. In addition, there is little reference to sharing that criteria or making it available to the providers for their understanding when seeking authorization for care of a patient. In addition, there should be a mechanism by which a provider is able to submit additional clinical material when reviewing and updating the clinical criteria. The WSCA also feels that the current processes that are in place are random authorizations more related to practitioner behavior and arbitrary constraints instead of the clinical patient data submitted or supported clinical rationale. The WSCA feels strongly that the prior authorization granted should be in

line with the clinical circumstances of the patient and supportable clinical rationale or accepted care guidelines. In this section the WSCA recommends the following additional language:

(2) A carrier or its designated or contracted representative must maintain a documented prior authorization program description and use medically acceptable clinical review criteria consisting of written clinical rationale and/or accepted care guidelines relating to parameters being constrained under a pre-authorization. A carrier or its designated or contracted representative must make determinations in accordance with the carrier's current clinical review criteria. A carrier or its designated or contracted representative must make their clinical review criteria available to providers and facilities seeking the authorization. The carrier or its designated or contracted representative should provide prior authorization limits that are in line with the clinical data presented for the patients' covered condition. The prior authorization program must include a method for reviewing and updating clinical review criteria and should allow for a process where providers can share clinical data in order to update carrier clinical criteria used to make prior authorization determinations. A carrier or its designated or contracted representative must not use medical evidence or standards in its prior authorization of religious nonmedical treatment or religious nonmedical nursing care.

A great deal of the problems involved in prior authorization processes are because the people performing the review are not trained health care providers. The WSCA feels that it is critical that the staff reviewing the care for approval of enrollees should be educated licensed and have clinical experience in the care that is being requested. For this reason, the WSCA recommends the following language:

(3) The prior authorization program must meet accreditation standards by a national accreditation organization including, but not limited to, National Committee for Quality Assurance (NCQA), Joint Commission, URAC, and AAAHC in addition to the requirements of this chapter. The prior authorization program must have staff who are licensed health care providers and properly qualified, trained, supervised, and supported by explicit written, current clinical ~~review~~ care criteria and review procedures. Specific care criteria used as a basis for preauthorization must be provided by a carrier upon request, and must include rationale for any pre-authorization constraints

Providers have regularly experienced the inability to draw a clear picture for a prior authorization entity in their procedures. The lack of providing more than one diagnosis code in the initial stages of the authorization process leaves the reviewer with limited information and creates undue burden for the provider to try and submit great enough detail "up front" when making an authorization request. The WSCA submits the following language for consideration:

(4) A carrier or its designated or contracted representative must have a current and accurate online prior authorization system. The online system must be accessible to a participating provider and facility so that, prior to delivering a service, a provider and facility will have enough information to determine if a service is a benefit under the enrollee's plan and the information necessary to submit a complete prior authorization request. The online system must allow for a complete diagnostic description and or coding in all requests, using best fit ICD-10 or commonly used codes, for authorization in order to determine appropriate levels of approval for care requested. The online system must include sufficient information for a provider or facility to determine for an enrollee's plan:

(a) If a service is a benefit;
(b) If a prior authorization request is necessary;
(c) If any preservice requirements apply; and
(d) If a prior authorization request is necessary, the following information:
(i) The clinical review criteria used to evaluate the request; and
(ii) Any required documentation.

Thank you for the opportunity to provide public comment on these important rules. The WSCA believes that these changes will assure the appropriate care is authorized and provider and enrollee understanding of these processes will be better understood.

Sincerely,

Lori L. Grassi
Executive Director

cc: Garry Baldwin, DC, WSCA President
David Butters, DC, WSCA Legislative Director