

January 4, 2017

Washington State Office of the Insurance Commissioner
P.O. Box 40255
Olympia, WA 98504-0255

Dear Commissioner Kreidler:

Thank you for the CR 102 – proposed rule regarding the development of standards for streamlining prior authorization processes.

The undersigned organizations appreciate your commitment to improving prior authorization processes in Washington State, and are appreciative of the steps forward the Commissioner makes in this rule proposal.

This letter will contain content from the proposed rule, and recommendations for:

- Submission of prior authorization requests electronically
- Timelines
- Ability to submit prior authorizations at any time
- Appeals process for prior authorization requests
- Enforcement

Capability to submit prior authorization requests electronically

The OIC proposal requires health issuers and their contracted entities to have an electronic process that is browser-based to upload documentation and complete prior authorization requests. We are pleased to see the inclusion of a requirement that the browser-based process will be able to “complete” a prior authorization request, as opposed to merely “facilitate”, and must allow for the “uploading of documentation”. We also understand that many physicians and practice staff have developed clinical decision support and appropriate use criteria tools that are recognized as the future of prior authorization, and we ask that the OIC’s proposal would not interfere with these practices.

The rule – by the proposed definition of prior authorization – is also unclear as to if patients are allowed to submit prior authorization requests themselves. To further streamline the process and avoid confusion, the undersigned organizations request that the OIC make it explicitly clear in rule to allow patients to submit prior authorization requests themselves.

Timeliness

The OIC proposal requires health issuers and their contracted agents to have written policies to assure that prior authorization determinations are made within appropriate timeframes for the following:

- Five calendar days after benefits have been verified and sufficient clinical information has been provided to the health issuer for standard prior authorization requests.
- Two calendar days after benefits have been verified and sufficient clinical information has been provided to the health issuer for expedited prior authorization requests.

We are supportive of the standardized timelines under which health issuers must process and make a decision on prior authorization requests proposed in the initial stakeholder draft: 72 hours for standard prior authorization requests and 24 hours for expedited prior authorization requests.

The undersigned organizations are also concerned over the absence of a definition for “sufficient information.” As currently proposed, the provision gives health issuers too much authority to determine what it means for an application to be “sufficient.” We strongly urge the OIC to call out in this section the need for health issuers and their contracted entities to list all materials that would make a request “sufficient” in the online prior authorization system proposed in Subchapter D of this rule.

Ability to submit a prior authorization at any time

We are supportive of the OIC’s proposal that will require health issuers or their contracted agents to allow a provider or facility to submit a request for a prior authorization at any time, including outside normal business hours. We urge the OIC to require that reviews should be conducted during the business hours where the patient is *located*, not where the issuer or agent is located. Should the OIC adopt this recommendation, we would urge the OIC to require health issuers to begin processing (as opposed to merely accepting) a prior authorization within the business hours where the patient is located, especially for expedited prior authorization requests.

Appeals process

An appeals process is a critical avenue for providers and patients to obtain authorization for a covered, medically necessary service after it was initially denied. We are supportive of the OIC’s proposal for this process.

Enforcement

We recommend that the OIC develop an active enforcement mechanism and standards to ensure best application of the rules. Going forward, the industry needs the establishment of uniform standards and monetary penalties for failure to comply.

While we are appreciative of this rule proposal, we ask that the Commissioner consider our comments to make further improvements to what is proposed in the current draft. We appreciate your consideration of our comments.

Sincerely,

American Cancer Society Cancer Action Network, Inc.
American Congress of Obstetricians and Gynecologists (ACOG)
Benton Franklin County Medical Society
ConneCT1D
Grays Harbor County Medical Society
Medical Group Management Association – WA (MGMA–WA)
National Alliance on Mental Illness – Washington State
National Multiple Sclerosis Society, Greater Northwest Chapter
Snohomish County Medical Society
Thurston Mason County Medical Society
Washington Academy of Eye Physicians and Surgeons
Washington Rheumatology Alliance
Washington Society of Plastic Surgeons (WSPS)
Washington State Medical Association (WSMA)
Washington State Medical Directors Association (WSMDA)
Washington State Obstetrics Association
Washington State Orthopedic Association (WSOA)
Washington State Society of Anesthesiologists