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October 14, 2016

Jim Freeburg
Special Assistant to the Commissioner
Office of the Insurance Commissioner
5000 Capitol Blvd. SE
Po Box 470258
Olympia, WA 98504-0258

RE: R2016-19 PRIOR AUTHORIZATION STAKEHOLDER DRAFT RULES

Dear Mr. Freeburg:

Thank you for providing Aetna the opportunity to review and comment on the proposed stakeholder draft prior authorization rules released on September 23, 2016.

Prior authorization is an important topic for both the carrier and provider community. Prior authorization programs help Washingtonians ensure that health care services they receive are provided according to evidence based clinical guidelines established by nationally recognized authorities. Prior authorization activities help members receive the greatest benefits and coverage afforded by their health plan, and reduce or eliminate ineffective and potentially harmful unnecessary procedures and treatments. For these reasons, it is important that the OIC proceed carefully and does not adopt rules which impede an effective prior authorization program or unnecessarily raise the administrative costs.

We offer the following comments:

Immediate Prior Authorization Requests [WAC 284-43-0160 and WAC 284-43-2050(9)(a) & (c)]

There is no clear clinical difference between an “expedited prior authorization request” and an “Immediate prior authorization request”. Requiring prior authorization notification and determination within 60 minutes for an immediate request and 48 hours for an expedited request will have a detrimental effect on any well run prior authorization program. The terms immediate and expedited, notwithstanding the definitions in the rule, are close to synonymous terms. Physicians and their staff who are less familiar with the rule will not clearly differentiate between an expedited request or an immediate request, resulting expedited requests being handled within 60 minutes and immediate request being handled within 48 hours. We recommend eliminating the “immediate prior authorization request” and 60 minute standard. When the receipt of covered health care services is so dire as to require a decision within 60 minutes, it is in the members’, providers’, and carriers’ best interest to forego any prior authorization requirement and simply review the claim on a retrospective basis after the emergent nature of the event has passed.

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Online Prior Authorization Systems [WAC 284-43-2050(4)]

Aetna supports the use of electronic means to exchange and process information. In fact, we utilize and make available on-line methods for network providers to request prior authorization. These tools and systems are not accessible to non-participating providers. In our experience, network providers do not frequently utilize these tools and systems despite education campaigns and efforts to eliminate outdated technology such as the facsimile. Nevertheless, while we support the use of on-line electronic tools we do not recommend that their development be mandated through regulation. This will significantly increase a carrier's administrative cost and is unlikely to improve the speed and efficiency of the prior authorization transaction. Carriers and providers should continue to work together to develop effective methods of transmitting prior authorization information that serve each party the best.

Provider Contract Amendments [WAC 284-43-2050 (18)]

Changes to prior authorization procedure should not be classified as a change to the provider contract. Requiring prior authorization procedures, as well as any other payment policy, to be incorporated into the provider agreement results in numerous and frequent contract amendments. This has the effect of making the information less apparent and accessible to either party. Further, this will impede timely addition and removal prior authorization procedures, resulting in application of potentially unnecessary and/or outdated prior authorization procedures for a period of time.

Thank you for considering these comments. Please contact me if you have any questions.



Clifton Able

Aetna Life Insurance Company

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