October 12, 2016

Jim Freeburg
Office of the Insurance Commissioner
PO Box 40258
Olympia, WA 98504

Delivered via electronic mail
Attention: Rules Coordinator

RE: R2016-19 Prior Authorization Process and Transparency

Dear Mr. Freeburg,

Thank you for the opportunity to review the stakeholder draft of Rule 2016-19 regarding Prior Authorization process and transparency. On behalf of Molina Healthcare, please find the following comments.

WAC 284-43-0160
"Immediate prior authorization request" means any request for approval of treatment health care service where the passage of time without treatment would, in the judgment of the provider, result in an imminent emergency room visit or hospital admission, and deterioration of the enrollee's health status. Immediate prior authorization requests include "urgent prior authorization requests."

Molina's Comments:
Under other industry standards, such as the National Committee for Quality Assurance (NCQA) and the Health Care Authority (HCA):

- "immediate prior authorization request" has a 60 minute timeframe requirement
- "urgent prior authorization request" has up to a 72 hour timeframe requirement

Therefore, in the interest of simplification, we request that:

- "urgent prior authorization requests" be moved to "expedited prior authorization requests" instead of under "immediate prior authorization requests" to align with other industry standards

WAC 284-43-2050
(1) "This section applies to plans issued or renewed on or after January 1, 2018"

Molina's Comments:
Molina does not anticipate any barriers in meeting the effective date of January 1, 2018 and appreciates the change from the original effective date of 2017.

WAC 284-43-2050
(2) "A carrier or their designated or contracted representative must not use medical evidence or standards in its prior authorization of religious nonmedical treatment or religious nonmedical nursing care"

Molina's Comments:
Molina believes this section needs additional clarity including the definition of "religious nonmedical treatment" and "religious nonmedical nursing care" and which services would fall under those categories.

WAC 284-43-2050
(3) "The prior authorization program must meet accepted national certification standards such as those used by the National Committee for Quality Assurance in addition to the requirements of this chapter"

Molina's Comments:
Molina respectfully requests that the OIC take into consideration all other industry standards and requirements to align all standards and requirements as closely as possible for administrative simplification as well as consider the extensive work done by OneHealthPort workgroup.

WAC 284-43-2050
(5)(a) "When a provider makes a request for the prior authorization, the response from the carrier or their 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 criteria for the denial. The response must give the true and actual reason in clear and simple language…."

Molina's Comments:
NCQA standards require a notification for denials only. Adding this requirement for approvals will increase administrative costs for carriers. Additionally, we would agree with the comments made by other stakeholders for this language to be "neutral" in tone.

WAC 284-43-2050
(13) "Prior authorization determinations shall expire no sooner than 45 days from date of approval"

Molina's Comments:
Molina believes additional clarification is needed for this section to address members who are within a grace period due to non-payment of premiums.

WAC 284-43-2050
(14) "Each carrier must reimburse reasonable costs of medical record duplication for reviews"

Molina's Comments:
Molina would still like this provision be removed. It would add undo administrative costs to update our provider contracts to remove existing language which address record fees. Furthermore, to monitor appropriate fee charges and potential abuse continues to add administrative costs and burden to the system.

WAC 284-43-2050
(18) "Any carrier changes to a prior authorization procedure constitute a change to a provider contract as the term is used in Chapter 284-170 WAC and must be made as an amendment"

Molina's Comments:
It is the opinion of Molina that contracts with providers address prior authorization practices and notification, and this section is unnecessary and duplicative.

WAC 284-43-2060
(2) "Carriers or their designated or contracted representative must allow the retrospective review of services when an extenuating circumstance prevents a provider from obtaining a required prior authorization before a service is delivered"

Molina's Comments:
Molina believes that the situation examples in this section are too broad. We recommend adding specific terms used in the OneHealthport best practices recommendations to add detail and support the intent of the workgroup.

We appreciate the opportunity to work collaboratively with the OIC in proposed rulemaking. Thank you for your consideration of Molina's comments, and if there are any questions please let us know.

Sincerely,

Gretchen Gillis
Manager of Government Contracts
Molina Healthcare of Washington

CC:
Julie Lindberg, VP of Healthcare Services
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