



Washington State Radiological Society
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Office of the Insurance Commissioner
5000 Capitol Blvd. SE
Tumwater WA 98501

Attn: Jim Freeburg rulescoordinator@oic.wa.gov

Dear Mr. Freeburg,

Please accept the following comments on the rulemaking regarding regulation of the prior authorization process.

Regarding the following rules being considered, we wish to provide the perspective of the diagnostic radiologists of Washington State:

- **Make prior authorization criteria more transparent to providers**
- **Require issuers to have around the clock availability to respond to urgent prior authorization requests**
- **Require issuers to use web-based programs to facilitate prior authorization requests**

Advanced imaging has been shown time and time again to be a crucial and essential component of modern healthcare delivery. A delay in diagnosis and subsequent treatment can literally mean the difference between life and death. Until there is a complete shift away from fee for service healthcare to accountable care, risk-based, payment models that will essentially eliminate the need for prior authorization, IT tools can now integrate radiologists more tightly into the care delivery process streamlining the benefit review process. They support closer collaboration between the radiologist, the referring physician *and* the patient. Ordering of advanced imaging can be guided in real-time by the latest in medical and clinical effectiveness research, the patient's radiation dose history, and the patient's prior health and imaging records. That is why it is crucial to streamline the prior authorization process by having advanced electronic data interfaces to allow for immediate auto-authorization, at the point of care. Such IT tools also minimize the potential for self-referral.

Physicians place orders electronically, in their Electronic Medical Records applications. In fact, they are required to do so due to federal regulations, starting with Meaningful Use. It is imperative to leverage these IT capabilities.

A streamlined prior authorization approach must include the requirement for a published and accepted exchange standard that both EMR vendors and issuers must support. Standards to support this use case have been developed (e.g. EDI 278 standard), however implementation is inconsistent, and issuers have not historically supported the authorization use case.

Transparent criteria, coupled with an electronic authorization request standard integrated into EMR workflows, will enable requests that meet criteria to be immediately and electronically approved. For requests that do not meet criteria, the additional information required to issue an approval can also be electronically communicated

using the same mechanism. This eliminates delays and errors, enabling the issuer to offer higher quality, more cost effective services.

An electronic approach to prior authorization will ensure that patients receive the most appropriate care, without delay. Delays in the authorization of imaging services place undue burden on patients, whose conditions may worsen while waiting for authorization, or create stress due to multiple trips to the healthcare provider over a multiple day period.

Please refer to: https://www.infirststeps.com/UI/pdfs/CSC_278_IN_CompanionGuide-5010.pdf

Regarding suggested best practices to streamline the prior authorization process, we recommend:

1. Standardize data elements for authorization requests.
2. Require issuers to publish transparent criteria.
3. Require issuers (and providers) to support EDI (Electronic Data Interchange) based authorizations.

Regarding the query about what *has not* worked in streamlining prior authorization:

1. Standardized request forms (ref: State of Massachusetts) have had little impact. Few if any providers use the forms.
2. Proprietary web portals do little to ease the burden. Without an electronic exchange of data between the patient / physician facing system and the issuers system, this only creates additional data entry, where providers could conceivably have to interact with several diverse portals, each with its own process and data requirements to make requests. Such systems create additional administrative burden on providers. With modern EMR technology, the exchange of trusted, vetted, clinical information between provider and issuer is possible, and should be the foundation of any future prior authorization process. Issuers should not be allowed, nor should providers be forced to implement proprietary, issuer developed software into their EMR environment in order to benefit from electronic prior authorizations. Efforts must be focused on data exchange and associated standards, the burden then shifts to the provider and issuer to comply.

Regarding deficiencies which exist in our current regulations regarding prior authorization:

In general, none of the regulations contemplate EDI based authorization requests. The entire set of regulations assumes a manual process. In an EDI based world, accurate, prompt communication of requests is possible, with a substantial number of requests being automatically approved according to a defined transaction standard and transparent criteria.

Thank you for your consideration of our perspectives as you move forward in your rulemaking process.

Sincerely,



Eric Stern, MD
President
Washington State Radiological Society