



October 14, 2016

Mr. Jim Freeburg
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Olympia, WA 98504-0255
Via e-mail rulesc@oic.wa.gov

Re: “Prior Authorization Process and Transparency, [Rule number: 2016-19](#).”

The American College of Radiology (ACR) and the Washington State Radiological Society (WSRS) appreciate the opportunity to comment on the latest stakeholder draft for Prior Authorization Process and Transparency from the Office of the Insurance Commissioner (OIC). While we support the effort to streamline the prior authorization process, we believe the draft could be enhanced with additional requirements related to the review of clinical criteria, clarification of standards for electronic submission of prior authorization requests, as well as minimizing prior authorization delays including via supplementary provisions on transparency.

Clinical Criteria Review

It is important to note that guidelines used by third-party benefit management companies are often proprietary and do not use recognized national peer-reviewed standards to assess the appropriateness of physician orders. Furthermore, a lack of transparency for financial arrangements between state insurers and third-party reviewers may raise questions about a possible connection between percentage of denial rates and cost controls. In the interest of promoting transparency, we encourage the OIC to require the written clinical review criteria to be made available online to all stakeholders. We stress that these criteria must be developed or endorsed by national professional medical specialty societies, such as the American College of Radiology, American Academy of Family Practice, American College of Cardiology, or other Provider Led Entities (PLEs) whose focus is the delivery of patient care and which are not an agent of an insurance company. The concept of appropriate use criteria (AUC) being publicly available and developed principally by PLEs is a key component of an imaging utilization management policy enacted by the federal government, specifically Section 218(b) of the Protecting Access to Medicare Act (PAMA) of 2014.

Electronic Submission of Prior Authorization Requests

Use of an electronic Clinical Decision Support (CDS) tool allows imaging requests to be vetted against the evidence-based AUC at the point of care. Providers receive real-time feedback on the

clinical utility of a request, and, if necessary, can be guided to either a more appropriate exam or given consideration for direct consultation with a local Radiologist. This can be a useful instrument to complement the expertise of the state's primary providers and imaging specialists.

This existing solution can be easily incorporated into normal workflow that provides evidence based recommendations on the use (or avoidance) of imaging services in a broad spectrum of clinical conditions and disease states. As it is common practice for health care providers to submit orders electronically within their Meaningful Use Certified EMRs and because these systems are capable of handling prior authorization requests as a part of the provider's normal ordering process, the OIC should require common electronic standards which will promote interoperability and the seamless integration of prior authorization requests within the provider's normal ordering workflow.

Prior Authorization Delays

We firmly believe that preauthorization programs should not be permitted to hinder patient care or intrude on the practice of medicine. As a result, we encourage the OIC to further refine the acceptable time frame for completion of a prior authorization review. The proposed 5-calendar days wait period for standard prior authorization requests represents a potentially significant delay in patient care. We respectfully request that the OIC examine alternative methods of reducing delays, such as automated authorizations in real time for certain services, or granting exemptions from prior authorization requirements to providers using certified AUC accessed via an electronic platform.

Additional Transparency

While we appreciate the fact that the stakeholder draft already includes some suggestions for improvement, the OIC should also consider requiring the individuals reviewing prior authorization requests to be licensed practitioners in the state. Evaluation of requests by qualified physicians with expertise in the area of medicine under review is paramount to ensuring fairness of the review process.

The WSRS is a long-time supporter of the application of AUC through Computerized Decision Support (CDS) tools as a superior means of facilitating value based care and appropriate imaging utilization. Recognizing the difficulty facing referring physicians and other providers in selecting among the complex spectrum of imaging examinations, the ACR began developing AUC, called the ACR Appropriateness Criteria (AC)TM, in 1993. The imaging AUC are a result of ongoing work by multispecialty panels (radiologists and over 20 other specialties) who review the most recent literature (nearly 6000 references) and thus provide evidence based rating of the value of different imaging exams, including all advanced diagnostic imaging (CT, MR, PET, Nuclear Medicine), based on the patient's condition or complaints.

Unlike guidelines deployed by for-profit Radiology Benefit Manager (RBM) companies, the development of the ACR Appropriateness Criteria is completely transparent. In fact, the ACR AC are approved by the National Guideline Clearinghouse (NGC) and are available for review on their website. As mentioned above, the documented consultation of AUC developed by national medical societies or other PLEs)" by ordering physicians prior to referring a patient for advanced imaging has been mandated by the U.S. Congress following enactment of PAMA in

2014. The Centers for Medicare and Medicaid Services (CMS) is developing the regulations for the upcoming implementation and it is anticipated that policy will be fully implemented on or before January 1, 2018.

In order for the use of AUC to be practical and effective, the criteria must be available at the point of care and, as a result, CDS tools, available via an Electronic Health Record (EHR) or web-based portal, are the optimal delivery mechanism. In light of this reality, we urge OIC to permit the use of imaging AUC accessed through electronic CDS tools to be a permissible form of prior authorization. With this digitally consumable format, one can quickly and easily consult these evidence based recommendations. This avoids the delays the patients and providers are likely experiencing with prior authorization and ensures high quality imaging care while satisfying the need for utilization management. The ACR, in cooperation with the National Decision Support Company (NDSC), has developed such a CDS system tool ("ACR Select") that has been demonstrated in peer reviewed literature to help manage the growth of imaging utilization. If helpful, ACR or representatives from NDSC are happy to schedule time with you to conduct a formal demonstration of the ACR Select CDS tool.

The ACR and the WSRS appreciate your desire to improve the existing prior authorization process. We believe your efforts, combined with our suggested improvements, will better enable the health care providers in Washington State to deliver high quality care in a timely and efficient manner. Thank you for your consideration of our comments and we look forward to future dialogue on this matter.

Sincerely,



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