

**OFFICE OF THE HEALTH INSURANCE
COMMISSIONER**
Administrative Simplification Task Force

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HEALTH INSURANCE COMMISSIONER

STATE OF RHODE ISLAND



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Problem Statement Framing Language

- Prior authorization is a form of utilization management that has an important role to play in the provision of medically necessary care under health benefit plans. However, health care providers and those speaking from the patient perspective, have articulated reasonable concerns with the application of prior authorization and the resulting burdens placed on those involved in the provision of patient care.

Problem Statement Elements

- Payers view prior authorization as a utilization management tool to promote evidence-based care, reduce wasteful spending, and promote patient safety and affordability for health care purchasers.
- Providers view prior authorization as causing increased administrative burden, increased operating costs, and potentially jeopardizing patient safety. Providers have identified prior authorization requirements as a contributor to clinician burnout.
- Patients' experience of care can be materially and adversely impacted when the application of prior authorization creates real, or perceived, barriers and delays in accessing care.

Straw Model Proposal – Part A

- Remove prior authorization from all services (medical) that have an average approval rate of 95% or higher, and;
 - Average cost of \$25,000.00 or less.

Straw Model Proposal – Part B

- Discontinue prior authorization for all in-network behavioral health services.

Draft Outline of Final Report

- Summarize the topic (prior authorization)
- Summarize the meetings
 - Presentations
 - Discussions
- Problem Statement
- Straw Model Proposal
- Discussion of Straw Model Proposal
- Conclusion

PUBLIC COMMENT