

Administrative Simplification Task Force

October 26, 2023

**RHODE
ISLAND**

Agenda

1. Welcome and Introductions
2. Amendments to OHIC's Powers and Duties Statute
3. 2022 Task Force Accomplishments
4. Recommendations for Actions from CTC Report
5. Discussion
6. Meeting Schedule
7. Public Comment

Amendments to OHIC's Powers and Duties Statute

- Development of selective prior authorization criteria
- Annual review of services requiring prior authorization
- Improved communication, transparency, and timely processing
- Improved continuity of care
- Encouragement use of electronic prior authorization technology

Task Force Problem Statement

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.

Provider view:

- Increased administrative burden
- Increased operating costs
- Potential jeopardizing of patient safety
- Contributor to clinician burnout







Patients' view:

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

Payor view:

- Utilization management tool promoting evidence-based care
- Reduced wasteful spending
- Promoting patient safety and affordability for health care purchasers

Recommendations for Actions from CTC Report

 <p>Reduce the prior authorization volume</p>	 <p>Improve the prior authorization data collection</p>	 <p>Create on-going statewide advisory committees</p>	 <p>Evaluate therapeutic substitutions at the pharmacy</p>	 <p>Implement technologies that improve the process</p>	 <p>Identify & reduce processes that are 'PA-like'</p>
<p>Two considerations:</p> <ol style="list-style-type: none"> 1) Reducing overall number of prior authorizations 2) Reducing the prior authorizations burden for providers by way of improved processes. <p>Reducing the number of prior authorizations based on history of use in fully-insured commercial plans; target of 20%.</p>	<p>To measure reduction, baseline data must be made available. Ad hoc group to gather data of:</p> <ul style="list-style-type: none"> -Rate of prior authorizations per insured member -Prior authorizations approved and those approved with modification -Method of reporting the specific service codes that require prior authorization by a plan. 	<p>The creation of a statewide steering committee to improve simplification, facilitate communication and collaboration, and develop methods. This committee would oversee two additional committees, the Medical Services Committee and Pharmaceutical Services Committee who will review PA's for burden reduction and simplification and report recommendations & methodologies to the advisory steering committee.</p>	<p>Convene a workgroup led by CTC-RI and URI College of Pharmacy to evaluate possible change in legislation allowing therapeutic interchange. Made up of pharmacists in retail outlets, pharmacies, plans and hospital pharmacists experienced with therapeutic substitution processes. <i>This recommendation is not anticipated to be per se part of the Administrative Simplification processes of the OHIC.</i></p>	<p>Existing agencies such as the HIT Steering Committee should be leveraged to monitor and report on technology changes and compliance with state and federal requirements associated with prior authorization. Identification of a workgroup potentially within the HIT steering committee to meet twice annually to review changes and facilitate implementation of enhancements is ideal.</p>	<p>There are many communications, requirements, etc. that should be appropriately considered for burden reduction, reasonably classified in the rubric as PA or 'PA-like' and should be considered for burden reduction by any entity overseeing the PA process, even if not subject to regulation. These processes are felt to be among the most burdensome.</p>

Discussion



Meeting Schedule

November 16, 2023 – 8:00am – 9:00am

November 30, 2023 – 8:00am – 9:00am

December 14, 2023 – 8:00am – 9:00am

December 28, 2023 – 8:00am – 9:00am

Public Comment



Thank you

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