Administrative Simplification Task Force

February 1, 2024

RHODE ISLAND

Agenda:

1. Straw Model Proposal Parameters
2. Responses to Statute Provisions
3. Discussion
4. Meeting Schedule
5. Public Comment

Straw Model Proposal Parameters:

Part A

Remove prior authorization requirements from all medical services meeting the following criteria:

Average threshold average approval of 95% +
&
Average cost of $25,000 or less

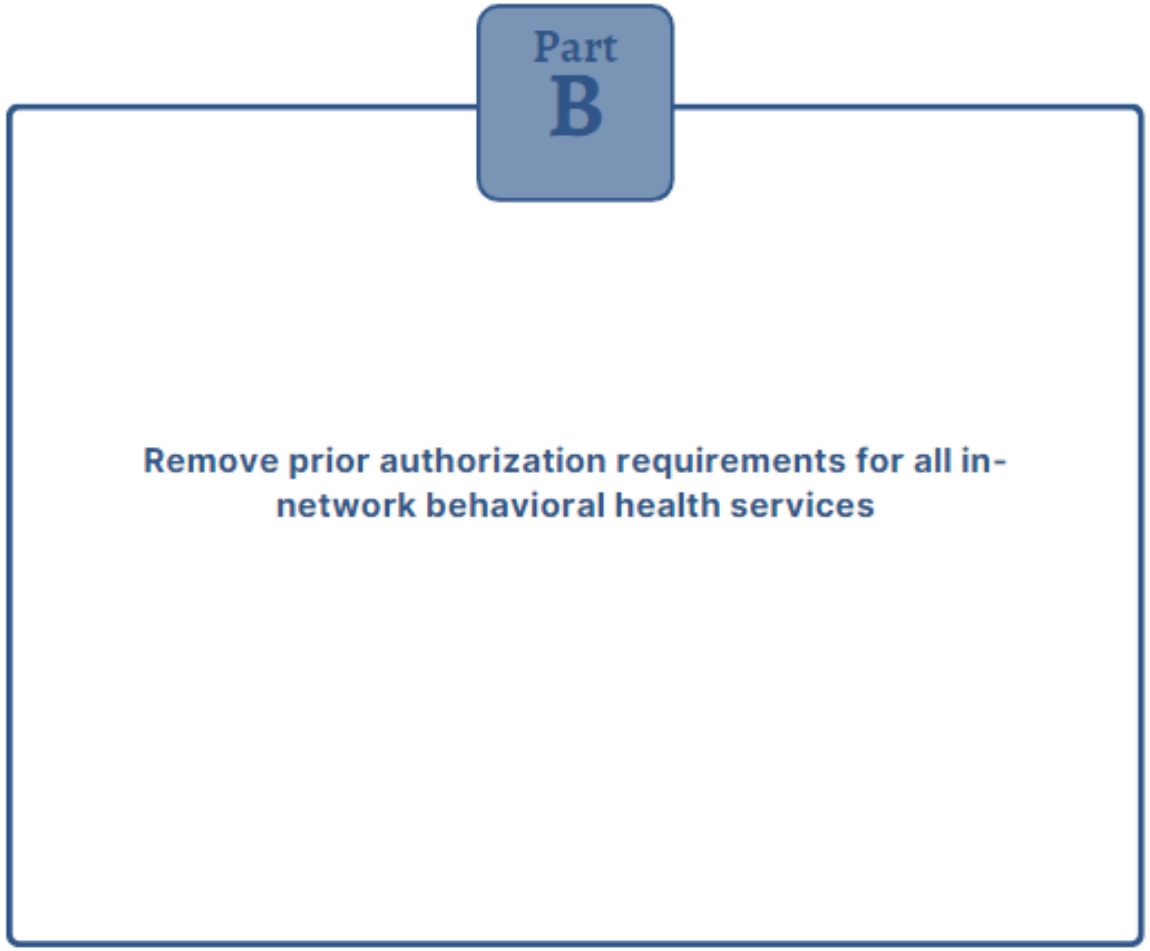
STEP 1

Identify volume of PA required services for each payer

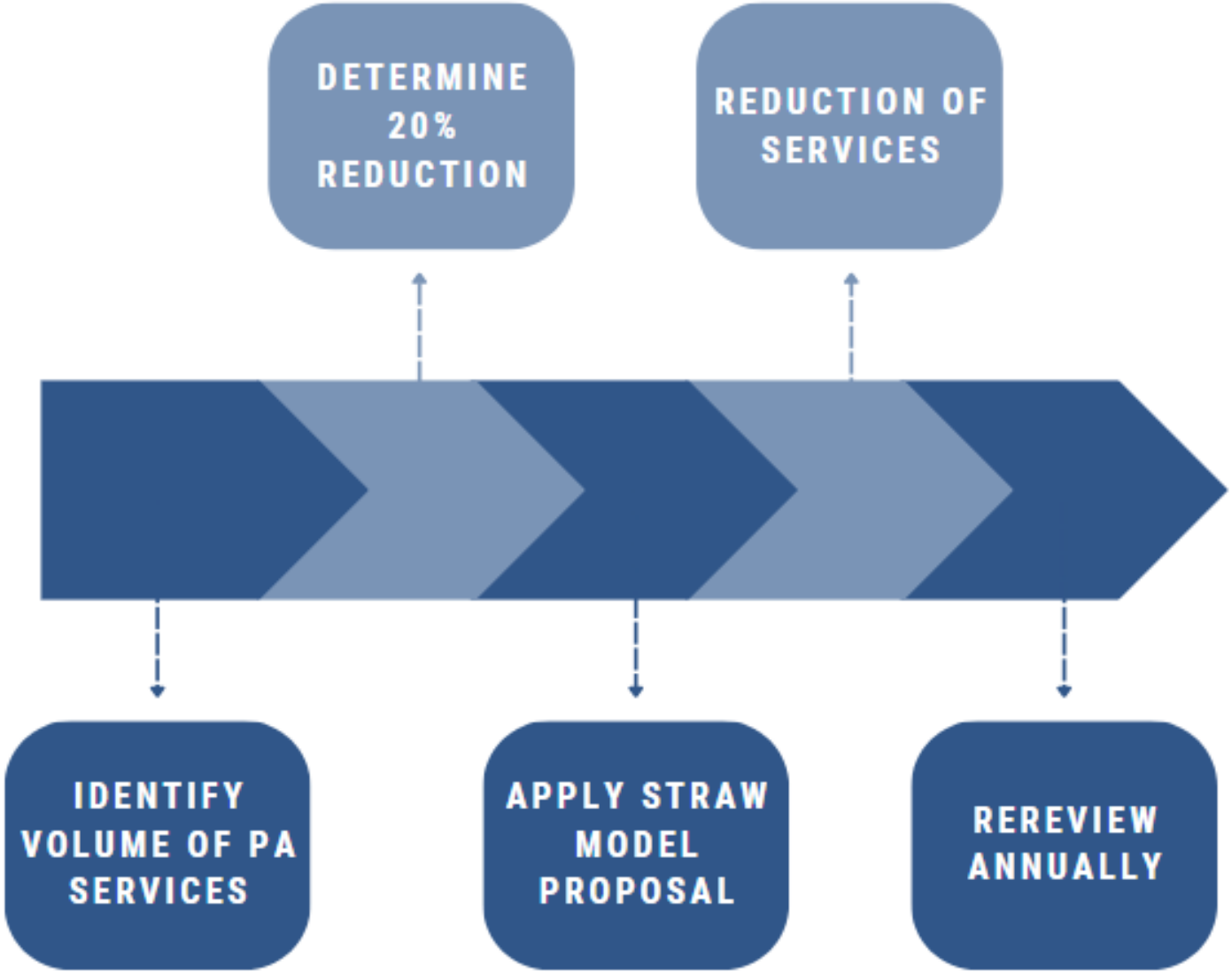
STEP 2

Determine 20% reduction for each payer

Straw Model Proposal Parameters:



Straw Model Proposal Parameters Process:



Responses to Statute Provisions:

(v) Develop and implement the use of programs that implement selective prior authorization requirements, based on stratification of health care providers' performance and adherence to evidence-based medicine with the input of contracted health care providers and/or provider organizations.

(vi) Require the review of medical services, including behavioral health services, and prescription drugs, subject to prior authorization on at least an annual basis, with the input of contracted health care providers and/or provider organizations. Any changes to the list of medical services, including behavioral health services, and prescription drugs requiring prior authorization, shall be shared via provider accessible websites.

What we heard:

- Can payers streamline authorization requirements and processes across all products under one payer.
- Ability to consider ‘like’ procedures. CPT is submitted and approved, procedure changes at time of service and is denied. Medical Necessity appeals rarely overturn in these cases.

Responses to Statute Provisions:

(vii) Improve communication channels between health plans, health care providers and patients by:

(A) Requiring transparency and easy accessibility of prior authorization requirements, criteria, rationale, and program changes to contracted health care providers, patients and plan enrollees to provider/patient accessible websites;

(B) (I) Supporting timely submission by health care providers of the complete information necessary to make a prior authorization determination as early in the process as possible;

(B) (II) Supporting timely notification of prior authorization determinations by health plans to impacted providers/pharmacists/enrollees/patients by posting to provider accessible websites.

What we heard:

- Develop clear avenue for communications on changes and requirements, some communications are not received, late, or vague.
- Ability for retrospective reviews and medical necessity overrides for administrative failures.

Responses to Statute Provisions:

(viii) Increase and strengthen continuity of patient care by:

(A) Defining protections for continuity of care during a transition period for patients undergoing an active course of treatment, when there is a formulary or treatment coverage change or change of health plan that may disrupt their current course of treatment and when the treating physician determines that a transition may place the patient at risk; and for prescription medication by allowing a grace period of coverage to allow consideration of referred health plan options or establishment of medical necessity of the current course of treatment;

(B) Requiring continuity of care for medical services, including behavioral health services, and prescription medications for patients on appropriate, chronic, stable therapy through minimizing repetitive prior authorization requirements; and which for prescription medication shall be allowed only on an annual review, with exception for labeled limitation, to establish continued benefit of treatment.

What we heard:

- Authorization requirements change midstream during active treatment cycles causing denials and potential disruptions in treatment.

Responses to Statute Provisions:

(viii) Increase and strengthen continuity of patient care by:

(C) Requiring communication between health care providers, health plans, and patients to facilitate continuity of care and minimize disruptions in needed treatment by posting to provider accessible websites.

(D) Continuity of care for formulary or drug coverage shall distinguish between FDA designated interchangeable products and proprietary or marketed versions of a medication.

What we heard:

- Repetitive requirements in cases where treatment plan (formulary needs) change

Responses to Statute Provisions:

(ix) Encourage health care providers and/or provider organizations and health plans to:

Accelerate use of electronic prior authorization technology, including adoption of national standards where applicable.

What we heard:

- All payers do not support electronic submission of prior authorization.
- Processes vary from product to product under one payer.

Discussion:

Meeting Schedule:

Next Meetings:

February 22, 2024

March 14, 2024

Public Comment:

Thank you

RHODE ISLAND