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COMMISSIONER
WASHINGTON STATE

Prior authorization rules

The Commissioner is concerned about health plans' increased use of prior authorization and its potential to serve as a barrier to patient care. To address this concern, the Commissioner will soon start rulemaking to generally define the Commissioner's expectations for prior authorization. The rules would provide transparency and predictability regarding the prior authorization process and minimize the burden of prior authorization on consumers.

In particular, the rules would:

1) Define the responsibilities of consumers, providers and health plans as it pertains to their role in obtaining prior authorization for a given service
2) Require health plans to have around the clock availability to accept prior authorization requests from providers
3) Require health plans to have a browser-based process to facilitate a prior authorization request (in accordance with the new best practice recommendation from OneHealthPort)
4) Require health plans to have procedures to assure that prior authorizations are made in a timely manner. The review time frames must be appropriate to the severity of the patient's condition and the urgency of the need for treatment:
    i. 24 hours for expedited PA
    ii. 72 hours for standard PA
5) Provide a minimum expiration date for prior authorizations
6) Require subcontractors to comply with these requirements

What's next?

The OIC is preparing a CR-101 to notify the public of its intent to start rulemaking. The CR-101 will be ready in the next few months.

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