

Prior authorization rulemaking

The OIC is about to start formal rulemaking to regulate issuer's prior authorization processes. The rulemaking is intended to streamline the prior authorization process and make it easier for consumers to get prior authorization for covered services. Stakeholder input is important to ensure the OIC accomplishes its intent of streamlining the prior authorization process. The rulemaking will not prevent issuers from using prior authorization as it is an acceptable and reasonable cost-containment method. The OIC intends to create regulations to protect consumers and allow issuers flexibility to manage care. As a starting place, the rules may:

- Make prior authorization criteria more transparent to providers
- Define the responsibilities of consumers, providers and health plans as it pertains to their role in obtaining prior authorization for a given service
- Require issuers to have around the clock availability to respond to urgent prior authorization requests
- Require issuers to use web-based programs to facilitate prior authorization requests
- Require issuers to have procedures to assure that prior authorizations are made in a timely manner
- Provide a minimum expiration date for prior authorizations
- Require subcontractors to comply with these requirements

What's next?

A stakeholder meeting will be held on June 28 at the OIC Office in Tumwater 1:00 p.m. -3:00 p.m. Public comments are also currently being accepted with a deadline of June 17.