

## Items for Consideration in Implementing Electronic Preauthorization Phase 1

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### Introduction

In 2011, the Maryland Health Care Commission (MHCC) released the report *Recommendations for Implementing Prior Authorizations*.<sup>1</sup> The report was developed through a collaborative process with Maryland stakeholders, including: state regulated payers (payers), pharmacy benefit managers (PBMs), and MedChi, the state medical society. The recommendations contained a phased approach to implement electronic preauthorization requests, thus minimizing paper and faxed based preauthorization requests.

During the 2012 legislative session, the recommendations were proposed as Senate Bill 540, *Maryland Health Care Commission - Preauthorization of Health Care Services - Benchmarks* (SB 540).<sup>2</sup> The bill was passed and subsequently signed by Governor Martin O'Malley. Among other things, SB 540 requires the MHCC to work with payers and providers to attain benchmarks for standardizing and automating the process for preauthorization of health care services. Below is the text of SB 540 related to Phase 1:

*On or before October 1, 2012 ("Phase 1"), establishment of online access for providers to each payor's: list of health care services that require preauthorization; and key criteria for making a determination on a preauthorization request.*

### Items for Consideration

The intent of Phase 1 is to provide physicians and their office staff with easy access to information on the health care services that require a prior authorization as well as the criteria that are used to make a determination on a preauthorization request. To assist payers and PBMs with implementing Phase 1, the MHCC offers the following points for consideration:

- The list of health care services should be available to providers outside of a payer or PBM's secure portal, as well as within the secure portal.
- If the payer or PBM's website contains a designated section targeted to physicians, links to the prior authorization information should be contained on that landing page.
- Payers and PBMs should minimize the number of clicks to navigate to the list of health care services.
- Payers and PBMs should make the list of prescription medications and medical services easy to search.
- Payers and PBMs should limit the amount of information provided for each health care service to: the information that identifies the coverage limits; any step therapy requirements; and the required medical information that must be submitted in order for a preauthorization request to be considered complete.
- The information listed for health care services should be displayed in a manner that is relatively easy to navigate.

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<sup>1</sup> Maryland Health Care Commission, *Recommendations for Implementing Electronic Prior Authorizations*, December 2011. Available at: [http://mhcc.dhmh.maryland.gov/hit/Documents/sp.mhcc.maryland.gov/hit/Resources/Reports/prior\\_auth\\_final.pdf](http://mhcc.dhmh.maryland.gov/hit/Documents/sp.mhcc.maryland.gov/hit/Resources/Reports/prior_auth_final.pdf).

<sup>2</sup> Senate Bill 540, Maryland Health Care Commission - *Preauthorization of Health Care Services – Benchmarks*. Available at: <http://mlis.state.md.us/2012rs/billfile/sb0540.htm>.