



COMAR 10.25.17, *Benchmarks for Preauthorization of Health Care Services*

Proposed Amendments for Informal Public Comment

DRAFT – APRIL 21, 2022



Background

- ▶ State law (2012) established electronic preauthorization processes in a series of four benchmarks*
 - State-regulated insurers, nonprofit health service plans, health maintenance organizations and pharmacy benefits managers (payors) required to implement the benchmarks have complied with the law

** Md. Code Ann., Health-General Article § 19-108.2; see appendix for an explanation of each benchmark*



Waivers

- ▶ The law gives MHCC authority to adopt regulations that allow payors to request a waiver from one or more benchmarks for extenuating circumstances*
 - Approximately eight payors have received a waiver generally due to low premium volume

**Extenuating circumstances include premium volume less than \$1,000,000 annually in the State, a group model health maintenance organization, and other extenuating circumstances determined by the Commission*





Draft Amendments

- ▶ Modifies the length of time a waiver is valid from two to five years
- ▶ Requires a payor that is granted a waiver to notify the Executive Director within 30-days after the payor can no longer demonstrate extenuating circumstances
- ▶ Clarifies processes for the withdrawal of a waiver
- ▶ Removes the past compliance date for the fourth preauthorization benchmark
- ▶ Other miscellaneous non-technical changes





Action

- ▶ Staff requests the Commission approve the draft amendments to COMAR 10.25.17: *Benchmarks for Preauthorization of Health Care Services* for an informal public comment period of three weeks



Questions



Appendix



Preauthorization Benchmarks

- 1) Provide online access to a listing of all medical services and pharmaceuticals that require preauthorization and the key criteria for making a preauthorization determination
- 2) Establish an online system to receive preauthorization requests electronically and assign a unique identification number to each request for tracking purposes
- 3) Ensure all electronic preauthorization requests for medical services and pharmaceuticals are approved within established timeframes
- 4) Establish an electronic process to override a step therapy or fail-first protocol

Note: Amendments to the law in 2014 established the fourth benchmark