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Submitted Electronically: jtouschner@naic.org

National Association of Insurance Commissioners
Health Care Affordability and Mitigation Working Group
Drafting Group 1 – Standardizing or Limiting Utilization Review to Reduce Administrative Costs

RE: Comment on Drafting Group 1 – Standardizing or Limiting Utilization Review to Reduce Administrative Costs

Dear Drafting Group Members,

On behalf of Navitus Health Solutions, LLC (“Navitus”), thank you for the opportunity to submit comments on the efforts to improve utilization review and prior authorization.

By way of background, Navitus is a pass-through, transparent PBM formed more than two decades ago as an alternative to the traditional PBM model. We administer pharmacy benefits for over 13.5 million lives across a wide range of health plan products including commercial/employer, individual, small group, Medicare, and Medicaid plans. We focus on removing high costs from the prescription pharmaceutical supply chain and making medications more accessible to plan sponsors and covered lives.

As a pass-through, transparent PBM, we are committed to advancing policies that promote clarity, transparency, and affordability in prescription drug benefits. We support reducing unnecessary administrative burdens and improving timely access to care. We encourage the Working Group to keep health care affordability for employers and their employees at the center of these reforms. Employers continue to face the astronomical rise of health care costs, leading to higher premiums and cost-sharing for employees. This can make maintaining affordable coverage challenging for employers. For this reason, we believe that prior authorization reforms should not only make the process easier but should also help in controlling unnecessary health care spending and improve patient safety. It is with this focus that we appreciate your consideration of our comments.

Streamline Prior Authorization Without Eliminating Its Value

On the one hand, we recognize that prior authorization can create unnecessary paperwork, delay care, and increase administrative costs. Requirements that provide little value should be reviewed on a consistent basis and when appropriate, eliminated. However, on the other hand, prior authorization can also help ensure that expensive services are medically appropriate and that lower-cost alternatives are considered when appropriate. These functions help employers and employees avoid unnecessary health care costs. Pharmaceutical advertisements and other provider marketing activities often influence treatments requested regardless of necessity or the availability of generic or alternative therapies with a proven track record. Therefore, the goal should be to reduce unnecessary administrative requirements while maintaining appropriate utilization management.

Standardized and Electronic Processes

Standardized forms and electronic prior authorization can make the process faster and easier for providers and health plans. These methods can reduce paperwork, improve communication, allow providers to spend more time focused on patient care. Electronic systems could also make it easier to determine whether prior authorization is required, submit necessary information and receive decisions in a much timelier manner. These reforms should be measured not only by administrative savings but also by their effect on total health care spending and employer plan costs.

Employer Affordability

Policymakers should consider whether changes to prior authorization practices 1) reduce administrative costs, 2) affect the use of healthcare services, 3) contribute to patient safety 4) impact total medical spending, 5) affect premiums and employer health plan costs, 6) improve access to appropriate care and 7) reduce unnecessary or duplicative services.

Reducing paperwork is important but should not come at the expense of higher overall health care spending on unnecessary or unsafe treatments. We encourage efficiency improvement while protecting the affordability and sustainability of affordable coverage for patients and families.

We encourage the Working Group to continue to evaluate reforms based on prior authorization impact to access, administrative efficiency, quality and total health care spending – with particular attention to employer sponsored health care coverage.

Thank you again for the opportunity to provide feedback on this topic. If we can provide any additional information for your rule-making process, please let us know.

Respectfully,

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