

Based on the feedback and discussions with members of the insurance industry, we believe the approach taken by the Michigan uniform prior authorization for prescription drugs form represents the best model to guide development of a similar uniform form here in Illinois per the requirements of P.A. 101-0463.

Like the IL PA form development, the Michigan form was developed with input from a working group of industry and provider stakeholders and captures information we believe is necessary in order to effectively initiate a prior authorization for prescription drugs with insurers.

While we believe the MI form presents a good roadmap, we also believe additional modifications should be made in order to more appropriately acknowledge the unique IL insurance market and applicable statutes:

- Section (C) of the MI form is not needed and we would prefer that each insurer is given the ability to insert their unique contact information, including the electronic portal to which the provider is to submit the completed form. We would also encourage the Department either via the uniform form or by way of any corresponding guidance to encourage provider submission of the PA form electronically through the appropriate insurer's portal.
- The MI form also does not currently require the patient address, phone number, and health insurance information, including a patient plan ID number, as well as a prescriber address and contact information. The form should include this information in order to avoid processing delays or accidental disclosures of personal health information.
- Similarly, the form should use standard form block layouts so that a provider is unable to skip fields and submit an incomplete form, which will result in a delay in processing and will not be held to the timelines for approval outlined in P.A. 101-0463.
- Insurers may require additional information based on the type of prescription drug being sought that may require follow-up inquiries with the provider. Section (I) of the MI form reminds providers to consult the plan's website regarding submission of additional information that may be needed to review and further reminds the provider that any insufficient information may result in an adverse determination, which is a critical component of the uniform form. ***It is important to note that P.A. 101-0463 only creates a uniform form for the prior authorization request and does not mandate a uniform prior authorization process nor does this constitute an electronic prescribing and prior authorization process that is able to expedite an ePA based on data submitted as part of a patient's electronic health record.***
- Section (A) of the MI form identifying the reason for request currently only identifies three areas: 1) initial authorization; 2) renewal; and 3) dispense as written (DAW). IL currently has other areas of the statute that address prior authorization exceptions, specifically step therapy (P.A. 99-0761) and formulary (P.A. 100-1052) exceptions that could be added to the form to further identify the reason for the request.
- The form should contain a preface similar to that of MI that reiterates the existing requirements of P.A. 101-0463, including that all providers must use the form to request a PA for prescription drugs beginning July 1 and underscore the statutory provisions that insurers must accept and respond to a completed and accurate prior authorization request from a prescribing provider pursuant to the submission of a uniform electronic prior authorization form within 24 hours (urgent) or 72 hours (non-urgent) or else the prior authorization request will be automatically deemed to have been granted. We also believe that further language should be

added to stress to providers that failure to submit a complete and accurate prior authorization request pursuant to the submission of a uniform electronic prior authorization form may result in a delayed response and does not qualify for an automatic approval. Additionally, if a provider chooses not to use the uniform prior authorization form required and instead selects an initial form provided by the insurer, including submission of a PA request via phone or by NCPDP SCRIPT or EMR ePA, then the insurer is not held to the requirements set forth in P.A. 101-0463. ***It is important to note that the form and the requirements set forth in P.A. 101-0463 only apply to fully-insured commercial health insurance plans and prescribers will still be required to complete a form provided by the insurer if the patient's health plan is self-insured.***

- The preface should also specifically state that nothing in this Act shall be construed to alter or nullify any provisions of federal or Illinois law that impose obligations on carriers, providers, or insureds related to the responsiveness or adjudication of grievances and/or appeals.
- Finally, as noted previously, there are other areas of the statute that address step therapy and prior authorization requirements, including formulary exception requests that we also suggest the Department include in the preface to remind providers of these provisions and that this form does not serve as a replacement for the step therapy and formulary exception requests that may require additional information and forms. These statutes include:

- P.A. 99-0761 - Step Therapy Exceptions

- <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=099-0761>

- P.A. 100-1024 - No PA or step therapy requirements OTHER than those that align with ASAM criteria for prescription drugs approved by the FDA to treat SUDs

- <http://www.ilga.gov/legislation/publicacts/100/PDF/100-1024.pdf>

- P.A. 100-1052 - Formulary Exception - continuity of coverage

- <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-1052>