



FROM |  coordinated care.
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9/29/2022

Rules Coordinator
Washington State Office of the Insurance Commissioner
P.O. Box 40255
Olympia, Washington 98504-0255
Submitted via email to: rules@oic.wa.gov

**RE: CR 102 (R 2022-05) Cost-sharing for prescription drugs
Comments from Coordinated Care Corporation, NAIC# 95831**

Dear Sir/Madam,

Coordinated Care Corporation (“CCC”) appreciates the opportunity to provide feedback to the Office of the Insurance Commissioner (“OIC”) on the CR 102 for (R 2022-04) cost-sharing for prescription drugs. We request that, the OIC provide clarifications for the issues raised below in the rulemaking.

First, the proposed language in WAC 284-43-5080 (5)(b) appears to us to be overly broad and we recommend that the OIC provide clarification of its intent and applicability in the rulemaking. The proposed language in WAC 284-43-5080 (5)(b) states as follows:

“If an enrollee requests an exception under RCW 48.43.420 or appeals a denial of an exception request, and the request or appeal is still pending, any amount paid by or on behalf of an enrollee for a covered prescription drug must be applied towards the enrollee's contribution to any applicable deductible, copayment, coinsurance, or out-of-pocket maximum until the review is resolved and the status of the request is communicated to the carrier.”

In our view, the exception request process, or an appeal of a denial of an exception request will only apply when these two elements are present: (a) the “prescription drug is a covered benefit”; and (b) “the enrollee is “currently receiving the prescription drug under review in the exception request process or appeal of a denial”. Thus, if the two elements stated above are absent, then until the health carrier approves/authorizes the prescription drug under the exception process, it's a non-covered benefit and as such any cost-sharing amount paid the enrollee directly or on behalf of the enrollee by another person must not count towards any applicable deductible, copayment, coinsurance, or out-of-pocket maximum.

With the understanding above, we see the following two scenarios outlined below as being applicable under the exception request process under RCW 48.43.420 where any cost-sharing amount paid by the enrollee directly or on behalf of the enrollee by another person must count towards any applicable deductible, copayment, coinsurance, or out-of-pocket maximum.

1. If the enrollee is taking the prescription drug under an emergency supply fill; and
2. If the member is taking that prescription drug as a request of an emergency and the member becomes stabilized and an exception request is initiated

Second, the question still begging to be questioned is how health carriers are supposed to handle any cost-sharing amount already applied towards any applicable deductible, copayment, coinsurance, or out-of-pocket maximum when the exception request is denied or appeal of the denial of the exception request is upheld. In this case, the prescription drug is a non-covered benefit, and any cost-sharing amount paid the enrollee directly or on behalf of the enrollee by another person must not count towards any applicable deductible, copayment, coinsurance, or out-of-pocket maximum. We recommend that the rulemaking provides guidance/expectation for health carriers.

Lastly, the reference to “carriers” in the last sentence of the proposed language must read “enrollees”. This is because appeal/review decisions go to the enrollee and not the carrier.

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Thank you for consideration of our comments. Please let me know if you have any questions. You may reach me at WACompliance@centene.com.

Respectfully,



Liz Abekah
Compliance Specialist
Coordinated Care Corporation