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AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:
Highest Standards, Better Outcomes

Prior Authorization

Cosponsor the *Improving Seniors' Timely Access to Care Act*, H.R. 3107.

Surgical patients are encountering barriers to timely access to care due to onerous and unnecessary prior authorization (PA) requests from Medicare Advantage (MA) plans. Utilization review tools such as PA can sometimes play a role in ensuring patients receive clinically appropriate treatment while controlling costs. However, the American College of Surgeons (ACS) is concerned about the growing administrative burdens and the delays in medically necessary care associated with excessive PA requirements.

Growing Administrative Burdens

A 2017 ACS questionnaire of nearly 300 surgeons and practice managers indicated that, on average, a medical practice receives approximately 37 PA requests per provider per week, taking physicians and staff 25 hours – the equivalent of three business days – to complete. The exorbitant amount of time and resources practices must devote to PA is due largely in part to the lack of automated PA processes that integrate with electronic health records (EHR) and other digital practice management systems.

Applying Prior Authorization When Appropriate

Many of MA plans' PA requirements are applied to items or services ordered in accordance with an already-approved plan of care, as part of appropriate, ongoing therapy for chronic conditions, or for items or services with low PA denial rates. The ACS believes that PA requirements should be restricted to complex cases or to clinicians whose ordering patterns differ substantially from other practitioners after adjusting for patient population.

Legislative Efforts

The ACS has joined with the Regulatory Relief Coalition, a coalition of specialty provider organizations, in working with key Members of Congress on bipartisan legislation to improve transparency and efficiency of the PA process in the MA program. In order to improve continuity of care, Reps. Suzan DelBene (D-WA), Mike Kelly (R-PA), Roger Marshall, MD (R-KS), and Ami Bera, MD (D-CA) introduced the *Improving Seniors' Timely Access to Care Act*, H.R. 3107.

The legislation is based on a consensus statement on PA reform adopted by leading national organizations representing physicians, medical groups, hospitals, pharmacists, and health plans. H.R. 3107 would facilitate electronic prior authorization, improve transparency, and increase Centers for Medicare & Medicaid Services (CMS) oversight on how MA plans apply PA requirements. Specifically, the bill would:

- Create an electronic PA program, including the electronic transmission of prior authorization requests and responses and a real-time process for items and services that are routinely approved;

- Improve transparency by requiring plans to report to CMS on the extent of their use of PA and the rate of approvals or denials;
- Require plans to adopt transparent PA requirements that are reviewed annually, adhere to evidence-based medical guidelines, and include continuity of care for individuals transitioning between coverage policies to minimize any disruption in care;
- Hold plans accountable for making timely PA determinations and to provide rationales for denials; and
- Prohibit additional PA for medically-necessary services performed during a surgical or invasive procedure that already received, or did not initially require, PA.

Congressional Ask

Cosponsor H.R. 3107 to help increase transparency of prior authorization requirements for Medicare Advantage plans. To cosponsor the bill, or for more information, please contact Kyle Hill (Rep. DelBene) at kyle.hill@mail.house.gov, Kevin Dawson (Rep. Kelly) at kevin.dawson@mail.house.gov, Charlotte Pineda (Rep. Marshall) at charlotte.pineda@mail.house.gov, or Colleen Nguyen (Rep. Bera) at colleen.nguyen@mail.house.gov.