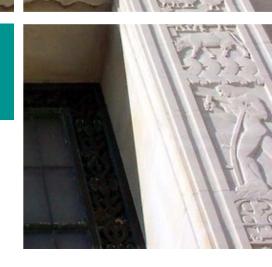




November 17, 2022



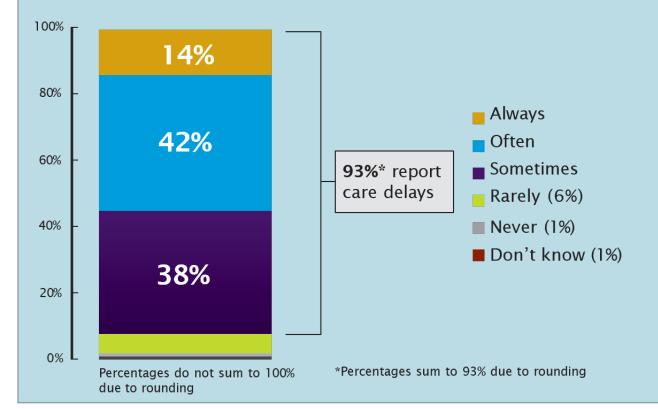




Process Hurts Patients

Care delays associated with PA

Q: For those patients whose treatment requires PA, how often does this process delay access to necessary care?



91% of physicians report prior authorization has had a somewhat or significant impact on their patients' clinical outcomes.

34% of

physicians

report that PA has led to

a serious adverse event

for a patient in their care.

82% of physicians

report that prior

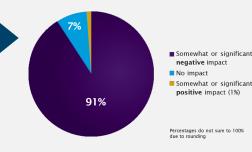
authorization can lead

to treatment

abandonment.

Impact of PA on clinical outcomes

Q: For those patients whose treatment requires PA, what is your perception of the overall impact of this process on patient clinical outcomes?

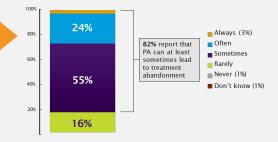


Source: 2021 AMA Prior Authorization Physician Survey

Available at: https://www.amaassn.org/system/files/priorauthorization-survey.pdf

Abandoned treatment associated with PA

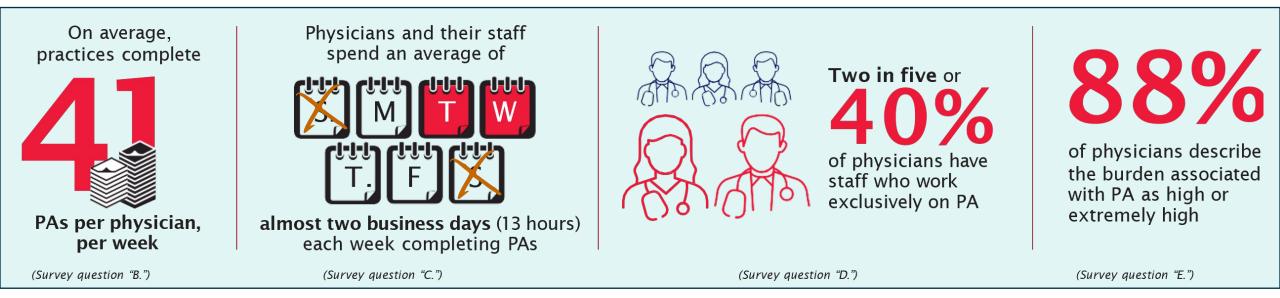
Q: How often do issues related to the PA process lead to patients abandoning their recommended course of treatment?



Impact on Physicians & their practice

October 2022 *Physicians Foundation* survey:

- 85% report administrative burdens, such as EHRs and prior approval as top 4 challenge
- 93% identify simplifying prior authorization as an action that would help ensure high-quality, cost-efficient care





Consensus Statement on Improving the Prior Authorization Process

- Released in January 2018 by the AMA, American Hospital Association, America's Health Insurance Plans, American Pharmacists Association, Blue Cross Blue Shield Association, and Medical Group Management Association
- Five reform categories addressed:
 - Selective application of PA
 - PA program review and volume adjustment
 - Transparency and communication regarding PA
 - Continuity of patient care
 - Automation to improve transparency and efficiency



Consensus Statement on Improving the Prior Authorization Process

Our organizations represent health care providers (physicians, pharmacists, medical groups, and hospitals) and health plans. We have partnered to identify opportunities to improve the prior authorization process, with the goals of promoting safe, timely, and affordable access to evidence-based care for patients, enhancing efficiency; and reducing administrative burdens. The prior authorization process can be burdensome for all involved—health care providers, health plans, and patients. Yet, there is wide variation in medical practice and adherence to evidence-based tratment. Communication and collaboration can improve stakeholder understanding of the functions and challenges associated with prior authorization and lead to opportunities to improve the process, promote quality and affordable health care, and reduce unnecessary bordens.

The following five areas offer opportunities for improvement in prior authorization programs and processes that, once implemented, can achieve meaningful reform.

 Selective Application of Prior Authorization. Differentiating the application of prior authorization based on provider performance on quality measures and adherence to evidence-based medicine or other contractual agreements (i.e., risk-sharing arrangements) can be helpful in targeting prior authorization requirements where they are needed most and redusing the administrative burden on bealth care providers. Criteria for selective application of prior authorization requirements may include, for example, ordering/prescribing patterns that align with evidence-based guidelines and historically high prior authorization approval rates.

We agree to:

- Encourage the use of programs that selectively implement prior authorization requirements based on stratification of health care providers' performance and adherence to evidence-based medicine
- Encourage (1) the development of criteria to select and maintain health care
 providers in these selective prior authorization programs with the input of
 contracted health care providers and/or provider organizations; and (2) making
 these criteria transparent and easily accessible to contracted providers

Following the Consensus Statement, Progress Has Been Sluggish

Source: 2021 Update: Measuring progress in improving prior authorization.

Available at: https://www.amaassn.org/system/files/p rior-authorizationreform-progressupdate.pdf 84% of physicians report that the number of medical service PAs required has increased over the last five years.

Only 9% of physicians report contracting with health plans that offer programs that exempt providers from PA.

65% of physicians report that it is difficult to determine whether a prescription medication requires PA.

88% of physicians report that PA interferes with continuity of patient care.

Only 26% of physicians report that their EHR system offers electronic PA for prescription medications; phone is still the most common method.



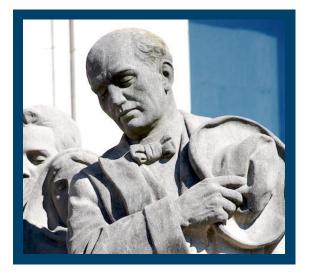


2022 Louisiana Legislation

Act 432 (SB 112) by Sen. Robert Mills

- Original bill
 - Paralleled Texas "gold card" bill
 - Exception = 80% approval rate by provider (annual review to rescind exemption by peer with IDR available)
 - Guarantee of payment *(with limited exceptions)* once approved & a timely pay provision
 - Pharmaceuticals included
 - Medicaid and OGB not included
- Amended to require insurance companies to develop their own prior authorization relief program which must be filed with LDI by July 1, 2023.
 - Pharmaceuticals excluded

2023 and beyond for LSMS









Watching Texas Rule Making Following Federal Legislation & Rulemaking Waiting for July 2023 LDI Filings Follow Up Legislation Discussion in January



Thank you!



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Louisiana State Medical Society www.lsms.org

www.fixpriorauth.org

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Download the LSMS Journal Legislative Session ReCap

