

2025 NCOIL Spring Meeting

Health Insurance & Long-Term Care Issues Committee

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About AHIP

AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone.

Visit www.ahip.org to learn how working together, we are Guiding Greater Health.

What is Prior Authorization?

- Prior authorization provides a vital check and balance to ensure patients receive safe, evidence-based care, and to reduce low-value and inappropriate services so that coverage is as affordable as possible.

Who Uses PA?

- Commercial plans
- State employee plans
- Medicaid plans (FFS and MCO)
- Medicare (FFS and MA)

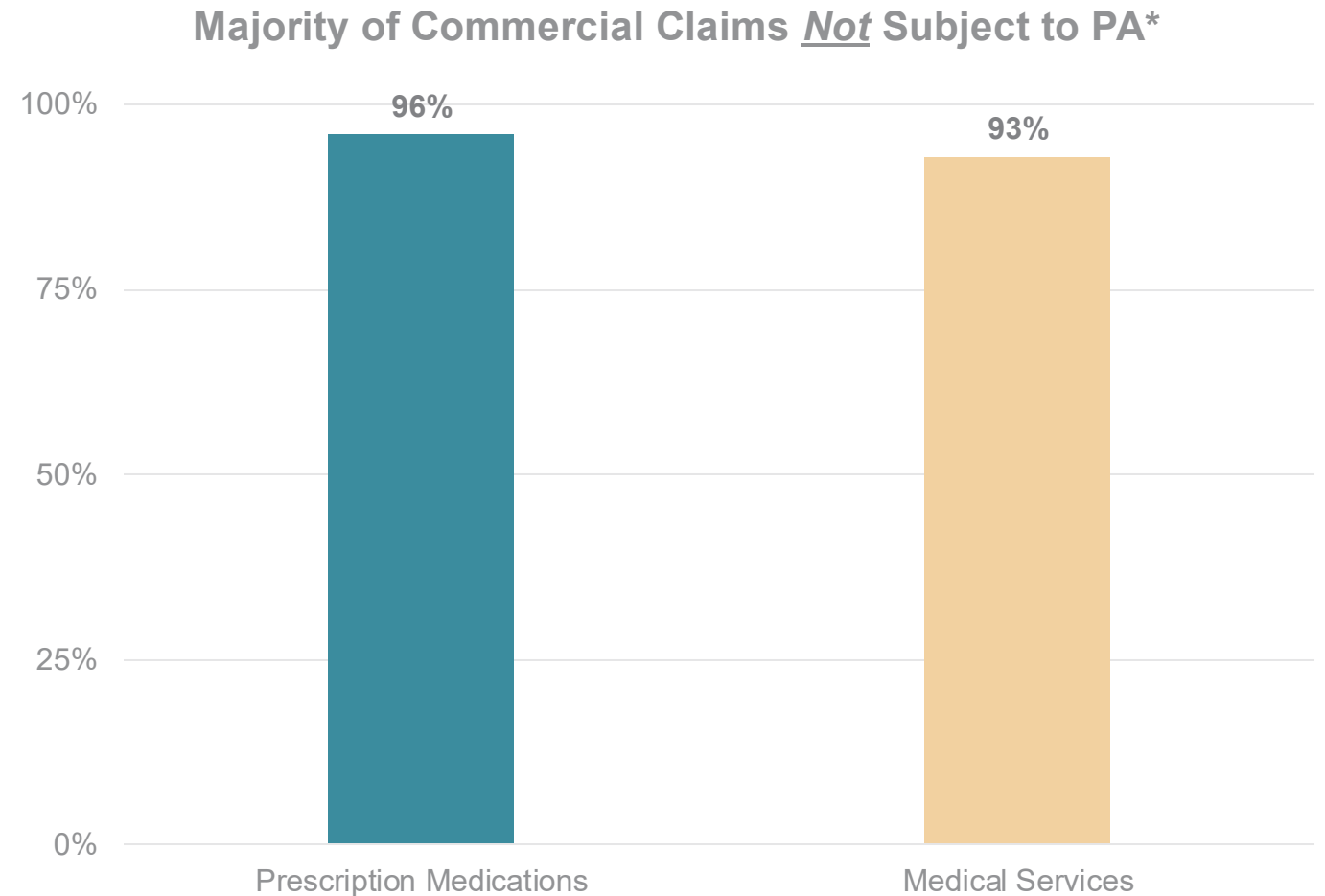
How do Health Plans Use PA?

Plans use PA selectively, focusing on clinical areas prone to extreme variation in cost or misuse that can harm patients or saddle them with unexpected and costly medical bills.

Plans are simplifying and improving for patients and providers.

Scope of Prior Authorization*

- Prior authorization is required for only a small share of all Commercial claims
- Commercial plans estimated that 4% of Rx claims and 7% of claims for medical services are subject to PA



*The data is weighted by enrollment of responding plans.

Health Plan Efforts to Improve Prior Authorization

Selective Use

Evidence-Based

Electronic PA

Waiving or
Reducing for
Providers with a
Track Record

Feedback to
Providers on
Their
Performance

Thank you

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