25x5 Recommendations to Reform Prior Authorization

It is 25x5's position that prior authorization must be eliminated to reduce the required onerous documentation needed to support it, maintain the healthcare workforce, and improve patient access to necessary medical care. Prior authorization (PA) is a process used by health insurance companies, including Medicare Advantage (MA) plans, requiring clinicians to obtain approval before providing care to patients for covered services. This process is a major source of burden for clinicians, health systems, and patients in need of care.

25x5 is a Task Force within the American Medical Informatics Association (AMIA) that works to reduce U.S. health professionals' documentation burden to 25% by the end of 2026 with the vision of a U.S. healthcare workforce free of documentation burden and focused on patient care and improved patient outcomes.

To achieve this vision, 25x5 advocates for eliminating prior authorization entirely but recognizes that eliminating prior authorization will involve multiple changes implemented over time to ensure the benefits to stakeholders, including patients, clinicians, facilities, and health systems. Until prior authorization can be eliminated effectively, 25x5 supports the implementation of electronic prior authorization (e-PA) through the following:

Pass the *Improving Seniors' Timely Access to Care Act* (H.R. 3173/S. 3018) and relevant regulations that would establish a mechanism for real-time e-PA decisions for routinely approved items and services, require insurance plans to respond to PA requests within 24 hours for urgently needed care, and require detailed transparency metrics. Additionally, regulations must

1. Ensure that the process is not just paper prior authorization transferred into an electronic process in the transition to e-PA. The e-PA authorization process must be optimized for an electronic system to improve the goals of care, avoid redundancy, and allow for data liquidity.
2. Define the e-prior authorization workflow such that it doesn't shift burden between clinicians but rather eliminates burden or shifts to the appropriate administrative staff. Defining workflows can be accomplished by:
    a. Insurance guideline transparency for how prior authorization process is being decided.
    b. Avoid increasing documentation at any point in the process.
    c. Create a clear description of why any authorization failed and differentiate between a system failure and payer denial. For example, if the automated system finds the indication for drug provided was unclear or insufficient, then a human interaction from the insurance payer must be available as a timely option for failure correction.

    d. Ensure that previously approved treatments and procedures are not subsequently denied, particularly without explanation, and requiring a new e-PA submission.
3. Ensure the use of the HL7 Da Vinci Implementation Guide.

Implement "gold carding" for individual providers, allowing providers that are known to be ordering appropriately to be exempted from completing the PA process by passing bills such as the *Getting Over Lengthy Delays in Care as Required by Doctors Act of 2022* ("GOLD CARD Act")(H.R. 7955) and updating MA regulations to exempt clinicians from MA plan PA requirements so long as 90% of the doctors' requests were approved in the preceding 12 months. According to CMS, gold carding programs could help alleviate burden associated with PA and facilitate more efficient delivery of health care services to MA enrolled patients.[1]

For more information, please email AMIA's Vice President of Public Policy, Reva Singh at rsingh@amia.org.

AMIA is the professional home for more than 5,500 informatics professionals, representing frontline clinicians, researchers, public health experts, and educators who bring meaning to data, manage information, and generate new knowledge across the research and healthcare enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations, and public policy across care settings and patient populations.

[1] *CMS Encourages Medicare Advantage Plans to use Gold Carding to Alleviate Prior Authorization Burden on Providers*. WhatleyKallas. March 1, 2023. https://whatleykallas.com/cms-encourages-medicare-advantage-plans-to-use-gold-carding-to-alleviate-prior-authorization-burden-on-providers/