Tips to help physicians reduce the prior authorization burden in their practice

In today's physician practice, prior authorization (PA) is usually a manual, time-consuming process that siphons valuable resources away from patient care. Moreover, PA can delay treatment and impact optimal patient health outcomes. To reduce these negative consequences for both patients and physicians, the AMA strongly advocates for health plans to minimize services requiring PA and to offer automated, streamlined processes when PA is used. Learn more about the AMA's ongoing advocacy to reduce PA burdens at **ama-assn.org/go/priorauthorization**.

Given the fact that health plans will likely continue to use PA as a resource utilization control for the foreseeable future, the AMA offers you and your staff the following tips to help minimize the impact of PA on your practice in the current environment. These suggestions can help you streamline practice workflows to reduce the number of "touches" required for PA and leverage emerging opportunities for PA automation. Because of differences in the PA process and workflow between medical services and prescription drugs, some of the tips are specific to service type. While these tips cannot completely eliminate the administrative hassles associated with health plans' PA requirements, they can help you and your staff improve practice efficiency and effectively manage the PA process.

TIP NO. 1:
Check PA requirements before providing services or sending prescriptions to the pharmacy

BENEFITS:
- **Prevent medical service claim denials and lost payments due to unmet PA requirements**
- **Ensure that the pharmacy will not be delayed in filling a prescription due to unmet PA prescription requirements as well as prevent medication nonadherence**

Medical services: For frequently performed medical procedures and services, a practice often knows from past experience whether PA is required. However, even if you are familiar with PA requirements for a particular service, it is best to monitor health plan provider newsletters, bulletins and websites for any updates, as health plans frequently change their PA programs. The safest way to ensure compliance with PA requirements is for you or your staff to check with the health plan at the time of ordering the service, either via a standard electronic eligibility request through your practice management system (PMS), through the health plan's website or by telephone.

Investing the time to determine PA requirements before a service is provided is well worth it, as most health plans will not pay for services if PA was not appropriately requested in advance of treatment. As with everything else in your practice, documentation here is also key: be sure to document PA information (save and file the newsletter, print out the Web page, note the details of any phone calls, etc.) so that any later claim denials based on unmet PA requirements can be appealed with supporting documentation.

Prescriptions: Proactively checking PA requirements for prescriptions also makes good business sense, as it eliminates pharmacy phone calls about prescriptions requiring PA before they can be filled. Discovering PA requirements after prescriptions have been sent to the pharmacy not only disrupts the physician practice workflow, but it increases the chances that patients will be delayed in receiving prescribed medications— or even worse, never receive them at all.

Ideally, physicians are alerted of PA requirements at the point of prescribing through formulary data in the electronic health record (EHR). Physicians may also be aware of PA requirements because they frequently prescribe a particular medication, use a reference source or contact the payer. Unfortunately, the physician often won't know that PA is required until after the patient has taken the prescription to the pharmacy to be filled. Current industry efforts to improve EHR formulary data accuracy to support pharmacy electronic PA (ePA) processes may help address this issue and allow physicians to quickly assess PA requirements at the time of prescribing.

TIP NO. 2: Establish a protocol to consistently document data required for PA in the medical record	BENEFITS: • Avoid delays in patient therapy • Prevent potential follow-ups with patients for additional information • Minimize physician time needed in PA process

Medical services: PA almost always requires submission of documentation to support medical necessity and indicate any prior care that has been provided to the patient. Having concise, complete information readily available in the medical record speeds PA completion. It also minimizes physician involvement in PA, as other staff can retrieve the needed information from the medical record and submit it to the health plan on the physician's behalf. Finally, quality documentation prevents follow-up patient contact or additional appointments in order to obtain information needed to fulfill PA requirements.

Prescriptions: : Prescription PA criteria often involve "step therapy" in which other medications must first be tried with suboptimal outcomes before a health plan will approve payment for a particular drug. Having documentation to support the patient's care plan, including a complete medication history, speeds the approval process and again minimizes the amount of physician involvement needed in the PA process.

TIP NO. 3: Select the PA method that will be most efficient, given the particular situation and health plan's PA options	BENEFITS: • Reduce the time your practice spends on PA • Minimize workflow disruptions by selecting the best available PA option

With mounting concerns regarding the administrative burdens, costs and inefficiencies associated with PA, the health care industry has begun to explore a variety of approaches to reduce PA burdens. The AMA supports an automated PA process that utilizes standard electronic transactions to increase uniformity across health plans and streamline practice workflows.

While there is growing interest and activity in the health care industry to adopt PA standard electronic transactions, these automated solutions are not yet widely available. The table below can help practices evaluate the various existing PA methods and choose the option that will best fit their workflow and the particular situation and health plan.

PA method	Service type	Advantages	Disadvantages
Standard electronic transactions	Medical (Standard: Accredited Standards Committee [ASC] X12 278)	• Where available, integrated into the EHR workflow • Can submit PA request electronically • Proof of approval (e.g., authorization number) can be used for claims submission • Standard process used across health plans	• Solutions integrated into the EHR workflow are not widely available • Can be more time consuming than telephone because of follow-up questions (health plan follow-up may not be electronic) • Response may not be in real time due to manual health plan processing and review
	Prescription (Standard: National Council for Prescription Drug Programs [NCPDP] SCRIPT ePA transactions)	• Where available, integrated into the EHR and e-prescribing (eRx) workflow • Alerts the prescriber to PA requirement before issuing the prescription, allowing PA to be completed before prescription is sent to pharmacy and reducing chances of patient medication nonadherence • PA questions are presented onscreen for prescriber or staff • Conditional logic ensures that physician only answers relevant questions • Average approval time can be dramatically reduced • PAs can be electronically appealed and cancelled	• Pharmacy ePA solutions integrated into EHR workflow are not yet widely available; some state mandates require availability in early 2016 • PA requirement is not always known at the point of prescribing due to inaccuracy/incompleteness of EHR drug formulary data • Response may not be in real time due to manual health plan processing and review **TIP:** Ask your eRx/EHR vendor when integrated ePA capability will be added to the EHR workflow. You can also check the **CoverMyMeds ePA National Adoption Scorecard** for information about vendor readiness
Payer portal	Medical and prescription	• All required information presented in one place • Often less time consuming than manual processes (fax and phone) • If drug PA approval is immediate, prescription can be sent to pharmacy and filled without delay	• Outside of EHR/eRx workflow • Requires separate login/password for each health plan website • Information from EHR must be re-typed onto web forms • Few payers support prescription PA via portal; most require faxed forms **TIP:** Keep a list of health plan portal logins/passwords (store in secured place)
Multi-payer portal	Medical and prescription	• Single login/password for multiple payers • All required information available in one place • Often less time consuming than manual processes (fax and phone) • If drug PA approval is immediate, prescription can be sent to pharmacy and filled without delay	• Outside of EHR workflow • Information from EHR must be re-typed onto web forms

PA method	Service type	Advantages	Disadvantages
Fax	Medical and prescription	• Most widely available method of PA submission • Library of payer forms can be developed	• Forms must be filled out by hand • Potential confusion in selecting correct PA form, given the large volume of PA documents • Outside of EHR workflow • Potential for delays as a result of additional information requests • Fax is not encrypted for security • No feedback loop for prescription PA; provider may not be informed if the drug PA is approved **TIP:** Keep all documents and records regarding faxed PA documents, including date and time stamps from fax machine
Telephone	Medical and prescription	• In many cases (e.g., step therapy) all information can be reported verbally and at one time • Reduce or eliminate delay in receiving approval • Appeal can be begun immediately, if needed	• Long hold times frequent • Interrupts regular EHR workflow • Transaction is not automatically documented in the EHR • May be difficult to later "prove" conversation, particularly if practice does not have the full name of health plan staff • Will still require supporting documentation/clinical record to be faxed • Approval must be relayed to the pharmacy for prescription PA **TIP:** Keep a record of the first and last name of the person spoken to, date & time in case future appeal is necessary
Secure email	Medical and prescription	• Enables submission of necessary information as email attachment • May be in the EHR workflow • Establishes an electronic audit trail • Protected health information is encrypted for security	• Potential delays as a result of additional information requests • Secure messaging may be outside EHR workflow • Health plans and pharmacy benefit managers generally don't support secure email • Cost to practice for secure email

TIP NO. 4:
Regularly follow-up to ensure timely PA approval

BENEFITS:
- **Prevent delays due to information "lost" or not received by payers**

Because the PA process is primarily manual, there are a number of steps in which the PA request could be lost or delayed. As a result, it is critical for practices to track PA requests and to follow-up when decisions are not communicated in a timely manner.

Medical services: Dated and time-stamped PA submission materials, along with a formalized follow-up process, ensure that submitted PA requests don't fall through the cracks. Many practices find "tickler" (i.e., reminder) files helpful in triggering follow-up with health plans regarding delayed responses.

Prescriptions: For manual drug PA processes, the same date/time-stamping and follow-up protocols mentioned above will prevent unnecessary processing delays. In addition, the ePA process includes a computerized audit capability to confirm when information has been received by the health plan. Practices can also view a list of electronically submitted and pending prescription PAs in their EHRs.

TIP NO. 5:
When a PA is inappropriately denied, submit an organized, concise and well-articulated appeal with supporting clinical information

BENEFITS:
- **Increase chances of appeal success and reduce treatment delays for your patients**

Under the Affordable Care Act, all health plans are required to have an appeal process for denied PAs. If the health plan upholds its initial decision, an external appeal by an independent third-party reviewer may be requested. Physicians can request an urgent or expedited review of PA appeals, with decisions complete within 72 hours or sooner, depending on the medical urgency of the situation. Many states have appeals requirements that are even more stringent than federal law. For more information on state laws pertaining to PA, see the **AMA's National Managed Care Contract**.

Unfortunately, the appeal process usually results in delays in patient care. Worse yet, the patient may abandon the prescription before the appeal is resolved and never receive therapy. Alternatively, the physician may decide to order a different therapy rather than pursue a lengthy appeal process. This alternative therapy may not achieve the same outcome as the physician's initial selection. Whether therapy is delayed, changed to a suboptimal choice or abandoned altogether because of the lengthy appeal process, the patient's health will be negatively impacted. Despite these challenges and negative impacts on patient care, physicians should exercise their PA appeal rights when they believe that the denied medical service or prescription is medically necessary. The following suggestions can help improve your success in appealing health plans' PA denials.

Medical services: Supplying data that may have been missing with the initial PA request may be sufficient to overturn the denial. The appeal request should contain all supporting clinical information. Additional AMA resources to help physicians and practice staff successfully navigate the appeals process are available at **ama-assn.org/go/appeals**.

Prescriptions: In addition to following the suggestions above for medical services PA appeals, prescription PA appeals can be further streamlined with ePA technology. The standard prescription ePA transactions enable physicians to submit appeal requests and supporting information electronically through their eRx/EHR system. By adopting ePA technology in their practices, physicians can automate the PA appeal process for prescriptions.