

Private Practice Physical Therapists

Small business professionals restoring function to America - one patient at a time.

REDUCE ADMINISTRATIVE BURDENS ASSOCIATED WITH PRIOR AUTHORIZATION

RECOMMENDATION: PPS urges Congress to pass the bipartisan *Improving Seniors' Timely Access to Care Act (S.3018/H.R.3173)* to improve access to physical therapy care for seniors by streamlining and standardizing the use of prior authorization as well as increasing oversight and transparency of how Medicare Advantage plans use prior authorization.

BACKGROUND:

Health insurers, including many Medicare Advantage (MA) plans, require providers to obtain prior authorization for certain medical treatments or tests—including physical therapy care—before they can provide care to their patients. Prior authorization is often described as a tool to ensure people receive clinically appropriate treatments and help control the cost of care. However, the Department of Health & Human Services' (HHS) Office of the Inspector General [raised concerns](#) in a 2018 report about how prior authorization was being used to limit services and payment after an audit revealed that MA plans ultimately approved 75% of requests that were originally denied.

Prior authorization frequently results in administrative burdens for providers which not only diverts precious time away from patient care but also delays approval for necessary physical therapy services. It is not uncommon for therapists to follow all required guidelines from the MA plan and still receive rejections. Furthermore, it is not clinically appropriate to ration care solely based upon the volume of services. In many cases, the patient understands that delaying care may severely hinder their recovery, but is wholly unaware of the presence of prior authorization and utilization management hurdles that result in physical therapists and other providers being forced to decide between furnishing an uncovered service at their own expense or risk the patient's health and well-being by waiting for a plan to authorize medically necessary care.

In a [2018 consensus statement](#), health plans and providers agreed that the prior authorization process can be improved and suggested opportunities for improvement. Building on these proposals, the *Improving Seniors' Timely Access to Care Act (S.3018/H.R.3173)* would:

- Require MA plans to establish an electronic prior authorization process
- Require HHS to establish a "real-time decisions" process for items/services that are routinely approved
- Improve transparency by requiring MA plans to report to Centers for Medicare & Medicaid Services (CMS) on the extent of their use of prior authorization, the rate of approvals or denials, and the average response time for authorization requests
- Encourage plans to adopt prior authorization programs that adhere to evidence-based medical guidelines in consultation with health care professionals, including physical therapists.

Prolonged, burdensome processes to obtain treatment authorizations result in delayed access to care, the risk of poorer outcomes, as well as increased yet avoidable costs to all parties. By focusing on reducing administrative burdens, the *Improving Seniors' Timely Access to Care Act* will help decrease health care costs and allow physical therapists to focus on providing high-quality care.

To **cosponsor S.3018** please contact Charlotte Pineda in Senator Marshall's office at charlotte_pineda@marshall.senate.gov or (202) 224-4774. Please contact Kyle Hill in Representative DelBene's office at kyle.hill@mail.house.gov or (202) 225-6311 to **cosponsor H.R.3173**.