

## PRIOR AUTHORIZATION REFORM

Prior authorization (PA) requirements are put in place by Medicare Advantage (MA) plans to help ensure high-quality, cost-effective care while preventing unnecessary utilization.

In reality, the current prior authorization system imposes excessive administrative burdens on medical practices and regularly delays or completely prevents patients from receiving necessary care, negatively interfering with the all-important doctor-patient relationship.

### WISeR (Wasteful and Inappropriate Service Reduction Model): CMMI

launched this model on January 1 to test technology-enabled approaches to streamline and expedite prior authorization for services identified as low-value or at risk of fraud, waste, and abuse in original Medicare. It impacts providers in six states who perform included services such as arthroscopic knee procedures, epidural steroid injections, spinal fusion, and vertebral augmentation. AAOS is working with CMMI to make constructive changes that will improve the model for physicians.

### The Improving Seniors' Timely Access to Care Act

*The Improving Seniors' Timely Access to Care Act (H.R. 3514/S. 1816)* prioritizes patient care over paperwork by modernizing and streamlining the prior authorization process in Medicare Advantage. This legislation would mandate electronic prior authorization for MA plans, standardize transactions and clinical documentation requirements, increase transparency around MA prior authorization practices, and empower CMS to establish clear timeframes for prior authorization decisions. Since the bill codifies several key provisions of CMS's January 2024 final Interoperability and Prior Authorization rule (CMS-0057-F) it has received a zero-cost score from the Congressional Budget Office.



## WHAT AAOS MEMBERS CAN DO



Share your story: how has prior authorization impacted your practice and patients?

**ACT NOW**

