

REMOVE BARRIERS TO PATIENT-CENTERED CARE

Reforming the Use of Prior Authorization in Medicare Advantage

Prior authorization of health care services is routinely overused by Medicare Advantage (“MA”) plans, according to the HHS Office of Inspector General. In addition, providers in inpatient rehabilitation hospitals and units (“IRFs”) report that an inordinate number of prior authorization requests for IRF care are initially denied by MA plans. Excessive and unnecessary use of prior authorization places an untenable burden on physicians and creates significant barriers for patients to access rehabilitation care. Data from the Medicare Payment Advisory Commission (“MedPAC”) demonstrate that MA beneficiaries receive one third the access to IRFs that traditional Medicare beneficiaries receive. The MA program served more than 24 million beneficiaries in 2020, comprising 39 percent of the total Medicare population, according to MedPAC.

AAPM&R asks for additional co-sponsors of H.R. 3173, the *Improving Seniors’ Timely Access to Care Act of 2021*, and immediate committee action to protect patient access to care and reduce physician burden.

In just a few weeks, this bipartisan legislation gained more than 100 cosponsors in the House. In the previous Congress, the legislation had 280 House cosponsors. The bill would help protect patients from unnecessary delays and denials by reforming prior authorization in the MA program by streamlining and standardizing prior authorization in many situations and providing much-needed transparency for Medicare rehabilitation patients. As more enrollees choose the MA program for their health insurance needs, it is crucial that prior authorization not function as a barrier to accessing medically necessary care. AAPM&R is strongly in favor of passing H.R. 3173 as a first step in streamlining the prior authorization process and increasing transparency in the MA program.

Access to Telemedicine

During the COVID-19 Public Health Emergency (PHE), psychiatrists have relied on several key flexibilities such as the elimination of geographic restrictions based on patient location, payment parity for telehealth services, and coverage of audio-only services when providing necessary telehealth services to patients. The need for these flexibilities is expected to remain post-PHE. Psychiatrists treat a variety of patients that benefit from access to telehealth including patients with severe mobility limitations. For patients with spinal cord injuries and traumatic brain injuries, for example, offering telehealth for certain follow up encounters will eliminate the challenges of being transported to the physician office when it is not necessary. Further, audio-only telehealth has been found to be an excellent tool for populations lacking agility with audio-visual technology.

AAPM&R urges Congress to pass the *CONNECT for Health Act of 2021* to ensure ongoing access to telehealth services following the conclusion of the public health emergency. Additionally, AAPM&R urges Congress to take steps to ensure payment parity for telehealth and ongoing access to audio-only telehealth encounters following the pandemic.

The CONNECT for Health Act of 2021 addresses several critical barriers to adequate provision of telehealth. It also encourages data collection, analysis, and further testing of telehealth models. The PHE has shown the significant role telehealth can play when social distancing is critical for patient safety. AAPM&R asserts that there is even greater potential for telehealth to continue to be a critical tool for patient care long after the PHE is over.

Contact Reva Singh, Director of Advocacy and Government Affairs, at rsingh@aapmr.org or 847.737.6030.