Medicare Advantage **Prior Authorization**

HHS-OIG March 2024

This document highlights one of the many impacts of HHS-OIG's oversight work.



The Issue: Denials and Delays in Care for Medicare Advantage Enrollees

A 76-year-old man with post-polio syndrome was denied a prior authorization request for a medically necessary walker (estimated cost \$112) because he received a cane within the past 5 years.

A physician ordered an MRI to assess why a 69-year-old's pain and weakness continued five months after a fall. The MRI request was denied by the patient's insurance company because the patient had not had an x-ray first.

HHS-OIG Calls Out Risks of Prior Authorization Use by MAOs

HHS-OIG found that Medicare Advantage organizations (MAOs) sometimes delayed or denied Medicare Advantage enrollee access to needed services through their use of prior authorization.

MAOs issue more than 1 million denials each year, and in 2019, an estimated 13 percent were for services that were medically necessary for the patient. In the case of the 76-year-old man, the walker was medically necessary given his risk of falling.



The Impact: Increased Access to Care

HHS-OIG's work on this issue drew national attention to the problem spurring the Centers for Medicare & Medicaid Services (CMS), the Industry, and Congress to action.



CMS issued regulatory changes in January 2024 and April 2023 that:

- Decrease delays in care
- Prevent inappropriate denials of care



INDUSTRY

United, Cigna, and Aetna reduced the number of services that require prior authorization by up to 20 percent in the fall of 2023, which:

- Reduces administrative burden
- Increases access to care for enrollees



CONGRESS

Congress held hearings on prior authorizations in May 2023 and May 2022 that:

 Highlighted risks to enrollees of denials and delays in care

The U.S. House of Representatives passed legislation in September 2022 that would:

 Reduce delays by creating an electronic process for handling prior authorizations



