Electronic Prior Authorization Demonstration: Fast PATH

Program Overview and FAQ

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Prior authorization is an important tool to promote safe and affordable access to evidence-based care for patients. Stakeholders recognize there are opportunities to improve the prior authorization process by enhancing the transparency of information and reducing administrative burdens.

In 2020, AHIP launched a new initiative to better understand the impact of electronic prior authorization on the prior authorization process. This initiative, called the Fast Prior Authorization Technology Highway (Fast PATH) builds on key priorities for improvement identified by stakeholders representing providers and payers.

Demonstration project & participants

Participants: Six health insurance providers and two technology partners that worked with clinician partners across the country.

Key Takeaways:

- Improved information for providers on prior authorization requirements
- Faster time to decision
- Faster time to patient care
- Less burden for providers from phone calls and faxes
- Greatest benefit for providers who use technology for most or all their patients

Participating health insurance providers:

- Blue Shield of California
- Cambia Health Solutions
- Cigna
- Florida Blue
- Humana
- WellCare (now Centene)

Technology Partners:

- Availity
- Surescripts

Independent Evaluator:

- RTI International

Expert Advisor:

- Point of Care Partners

Frequently Asked Questions

Why did AHIP launch this demonstration?

AHIP and its members are committed to improving the prior authorization process. In 2018, AHIP joined with other stakeholders representing providers and payers and developed a Consensus Statement that outlined opportunities to improve the prior authorization process. Increasing the adoption of electronic prior authorization was one of the primary opportunities identified. AHIP launched Fast PATH to get a better understanding of the impact of electronic prior authorization on patients and providers, to inform policymakers and other stakeholders, and to lay the foundation for continued progress with more widespread and successful use of electronic prior authorization.

When did the demonstration run?

The project began in early 2020 and ran for approximately 12 months. The study period analyzed transaction data approximately 6 months before and 6 months after provider implementation of electronic prior authorization. The demonstration was originally intended to focus on providers who implemented one of the electronic prior authorization solutions during late 2019 or early 2020. Because of the COVID-19 pandemic, RTI modified the approach to analyze data for providers who implemented one of the electronic prior authorization solutions earlier in order to obtain 6 months of post-period data unaffected by the pandemic.

Which health plans participated in the demonstration?

Six health insurance providers that collectively cover over 50 million Americans participated in the demonstration project. The participating health plans are:

- Blue Shield of California
- Cambia Health Solutions
- Cigna
- Florida Blue
- Providence
- WellCare (now Centene)

Who were the demonstration project partners?

AHIP worked with two technology companies to participate in the project: Availity and Surescripts. Both partners offer standards-based, scalable technologies that are integrated into provider workflow. Both technology companies are "neutral gateways or intermediaries" that connect health plans with providers to enable two-way electronic communications. The partners were chosen through a competitive selection process.

What is the difference between the Availity and Surescripts demonstrations?

Availity offers an electronic prior authorization solution for a range of medical and surgical procedures. Surescripts offers an electronic prior authorization solution for prescription medications.

Availity's Medical and Surgical Procedures Track. Availity's multi-payer, web-based portal helps streamline the prior authorization process for a range of procedures. First, a provider can use Is Auth Required functionality so that when a doctor orders a surgery or other medical procedure for a patient, they will know immediately whether the procedure requires prior authorization based on the patient's specific health insurance coverage. If prior authorization is required, the provider can use the authorizations dashboard, which serves as the hub for managing all aspects of the process. The dashboard has a tool that guides a provider through the process of creating a request, including uploading supporting information through the Availity portal. After the request is submitted, the provider can monitor the status of the request, which is updated in real time, avoiding time-consuming phone calls and faxes.

Surescripts' Prescription Track. Surescripts' Real-Time Prescription Benefit and Electronic Prior Authorization tools are embedded in the providers' electronic health records (EHRs). Surescripts Real-Time Prescription Benefit shows the prescriber patient-specific benefit information, including whether prior authorization is required, any clinically relevant alternatives that do not require a prior authorization, and any lower-cost alternatives. By having access to the patient's out-of-pocket cost for each drug, the doctor can let the patient know what to expect to pay when picking up the medication at their pharmacy. If the doctor chooses a medication that requires a prior authorization, they can submit the prior authorization request electronically directly through the EHR's e-Prescribing workflow using Surescripts' Electronic Prior Authorization, avoiding time-consuming phone calls and faxes. After the request is submitted, the prior authorization response is reflected in the patient's EHR.

How was the demonstration evaluated?

AHIP engaged RTI International – an independent global research organization – to evaluate the impact of electronic prior authorization on providers and patients. RTI was chosen through a competitive selection process. RTI developed the study design which included specific metrics to measure the impact of these technologies on provider burden and experience and patient experience. Point of Care Partners, a management consulting firm, served as an expert advisor to the project.

What type of data was evaluated?

RTI analyzed over 40,000 prior authorization transactions representing nearly 1,700 providers to assess measures of prior authorization volume, approval rates, and processing time for prior authorization requests. Transaction data included both manual and electronic prior authorizations before and after implementation of one of the electronic prior authorization solutions. In addition, more than 300 providers and practice staff were surveyed on their perceptions of the impact of the electronic prior authorization technologies on the provider and patient experience.

What were the key findings from the demonstration?

Faster Time to Decision. The median time between submitting a prior authorization request and receiving a decision from the health plan was more than three times faster compared to before implementation of the electronic prior authorization technology, falling from 18.7 hours to 5.7 hours.

Faster Time to Patient Care. Among providers using these solutions for most of their patients (referred to as "experienced users"), 71% reported that timeliness to care was faster after implementation of electronic prior authorization.

Reduced Provider Burden From Phone Calls and Faxes. Among experienced users, a majority experienced less burden related to fewer phone calls and faxes and less time spent on phone calls and faxes after implementation of electronic prior authorization.

Improved Information for Providers. Among experienced users, most reported that it was easier to understand prior authorization information after implementation of the electronic solution.

Greatest Benefit for Experienced Users. The more frequently a provider used the technology solution, the bigger the benefit the provider experienced in reduced burden and ease of understanding prior authorization information.

Where can I find the full report on the demonstration?

Please click here to view the full report.

Who should I contact with further questions?

For more information on AHIP's Fast PATH demonstration, please contact David Allen at dallen@ahip.org.