

KEY RESULTS

2022 Industry Survey on Prior Authorization & Gold Carding

Survey Methodology

- An industry-wide survey on prior authorization practices and gold carding experience of Commercial plans was conducted via a web-based tool in February-April of 2022.
- AHIP received responses from **26 plans** covering 122 million commercial enrollees.



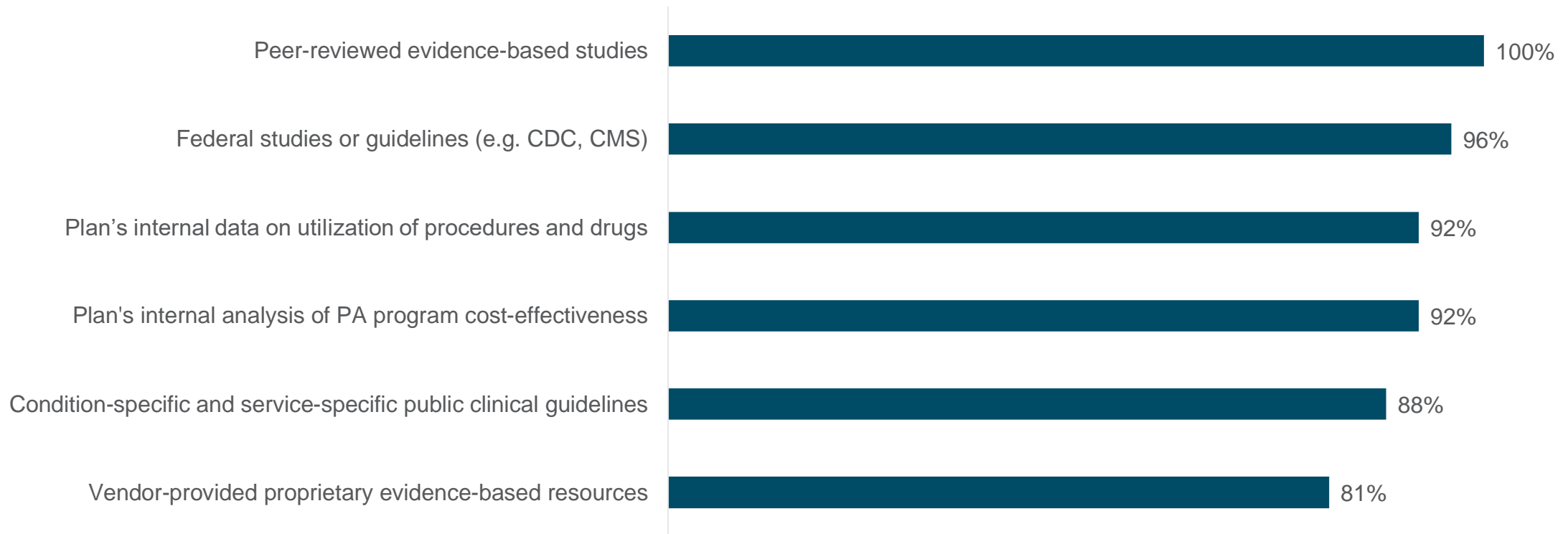


Key Takeaways

- Shows concrete actions in the 5 areas of [The Consensus Statement](#) to improve the prior authorization process.
- Highlights evidence-based and targeted nature of prior authorization programs and regular review based on evidence and data.
- Affirms electronic prior authorization/automation as opportunity for improvement.
- Finds increased use of gold carding with mixed reviews on impact and outcome.

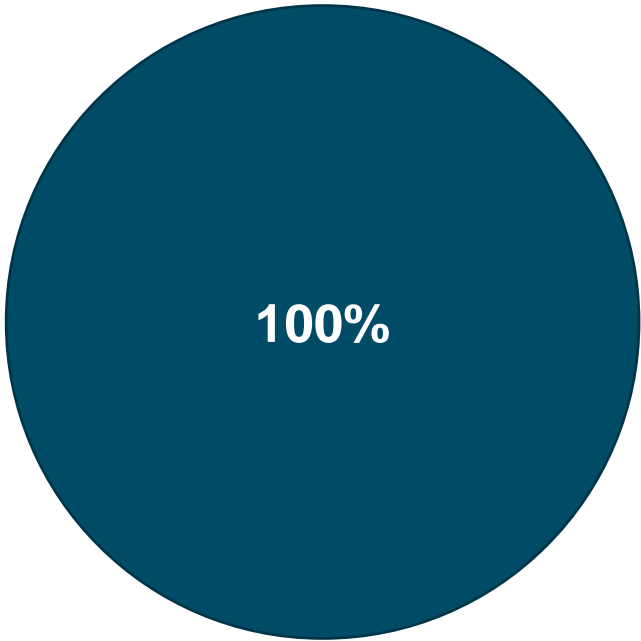
Prior Authorization (PA) Programs Are Evidence-Based

When asked what resources are used in designing their prior authorization programs, plans reported using a range of evidence-based resources

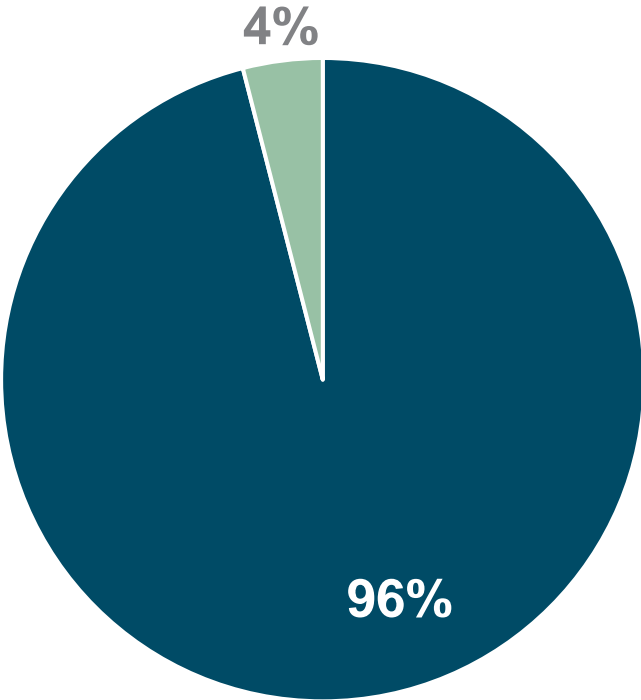


Plans Review their PA Lists at Least Annually

Prescription Medications

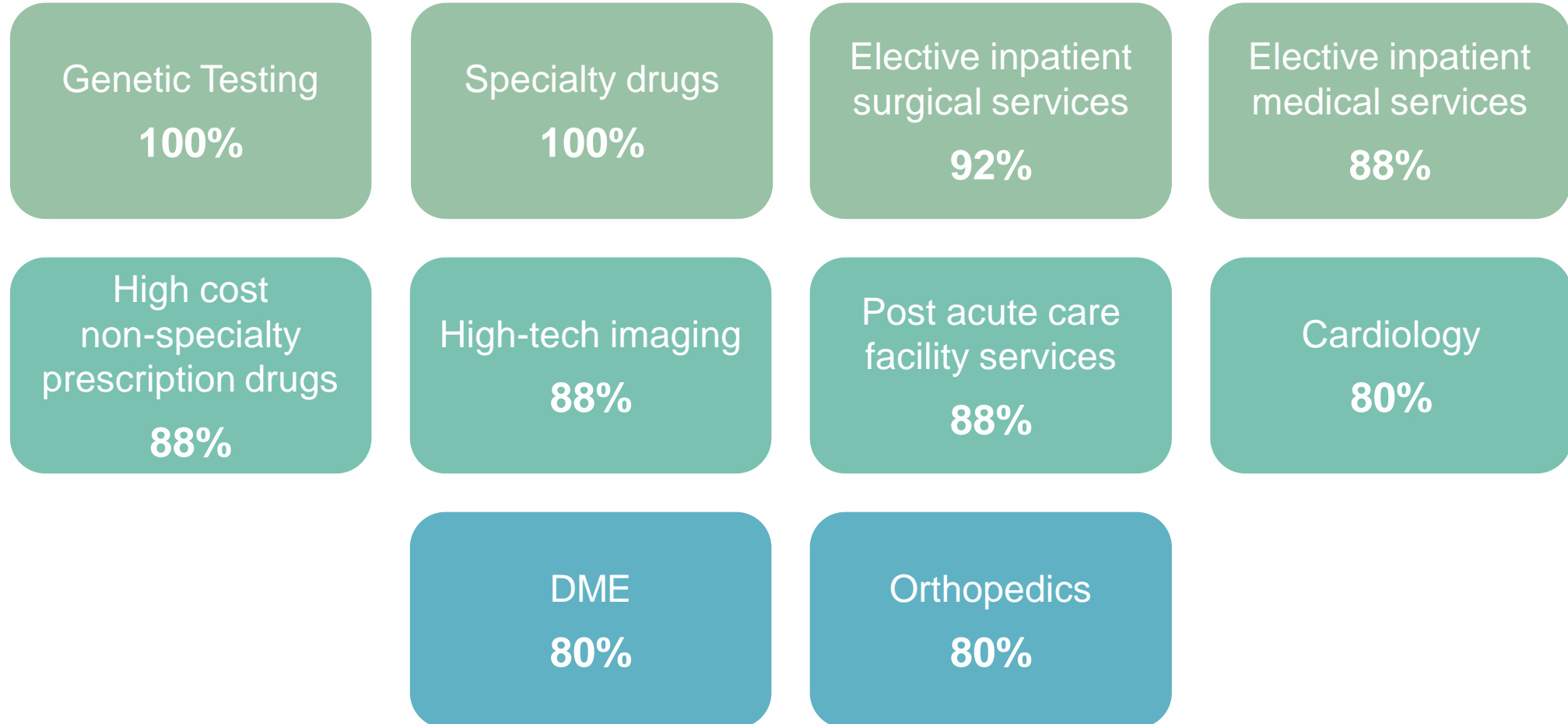


Medical Services



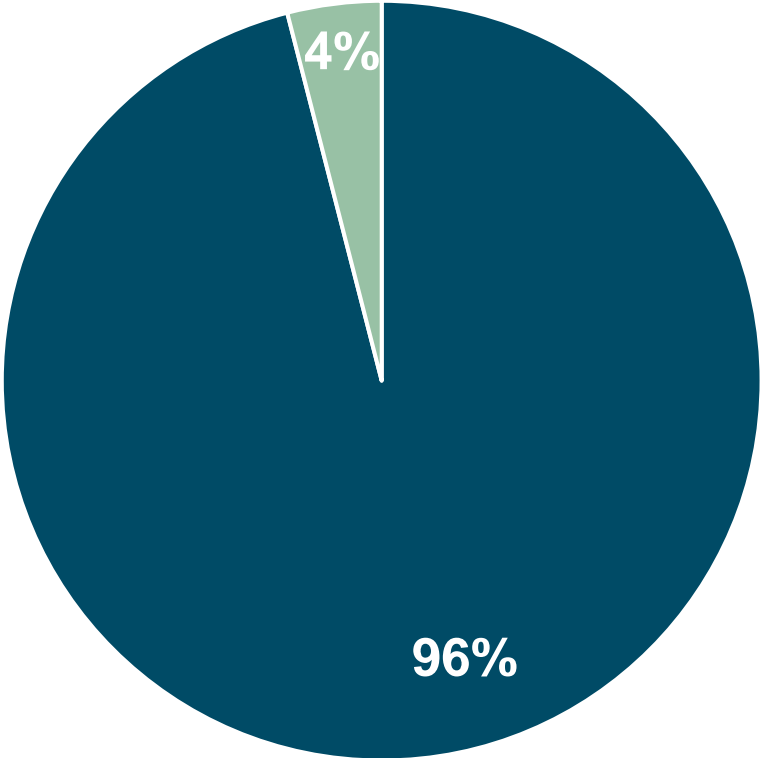
- At least once a year
- Every 2-3 years

Most Common Treatments Subject to Prior Authorization

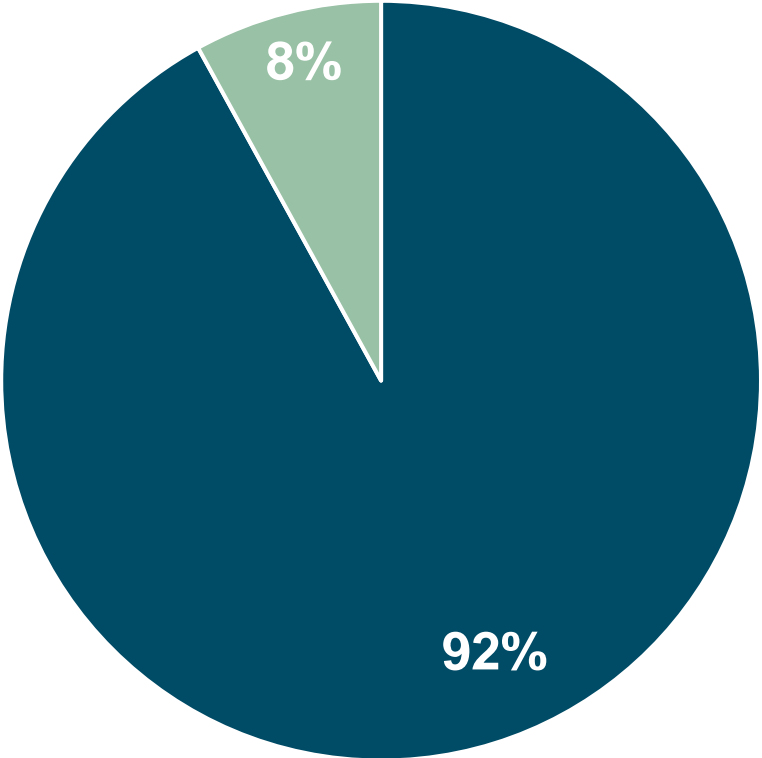


Vast Majority of Plans Streamlining the PA Process

Prescription Medications

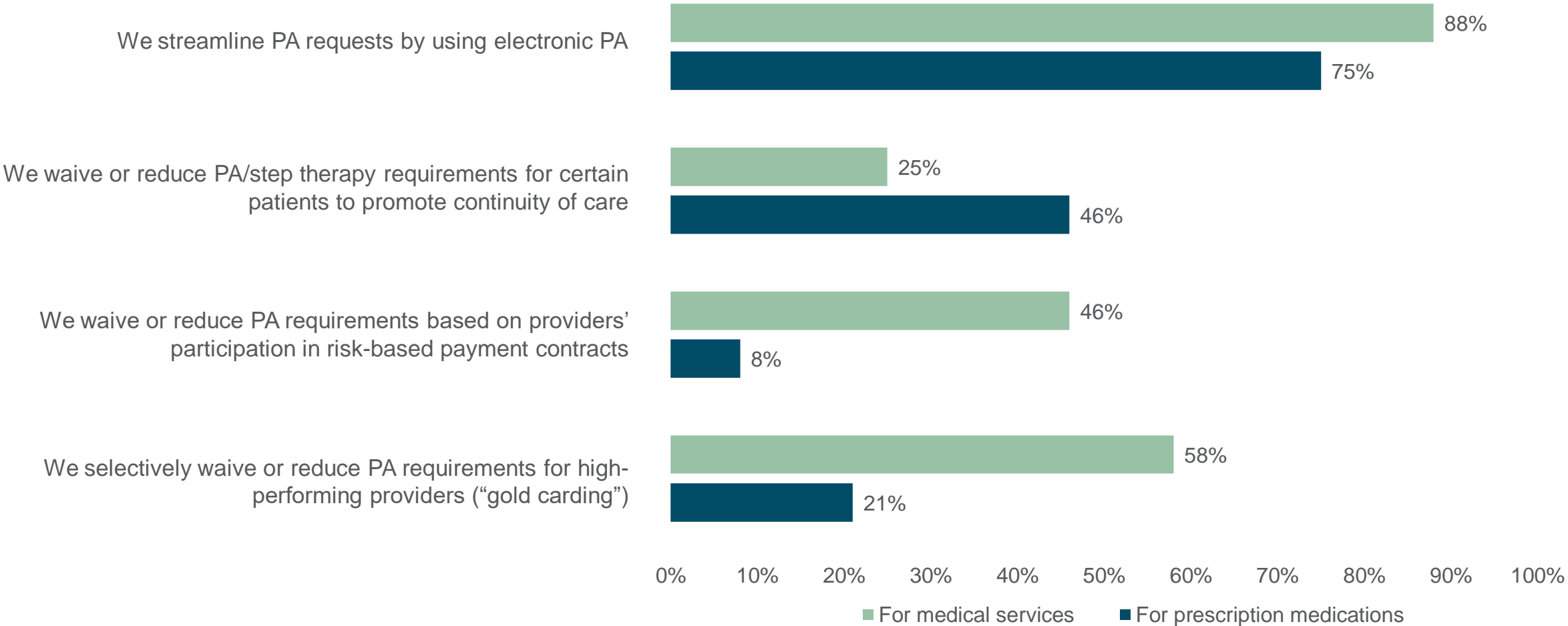


Medical Services



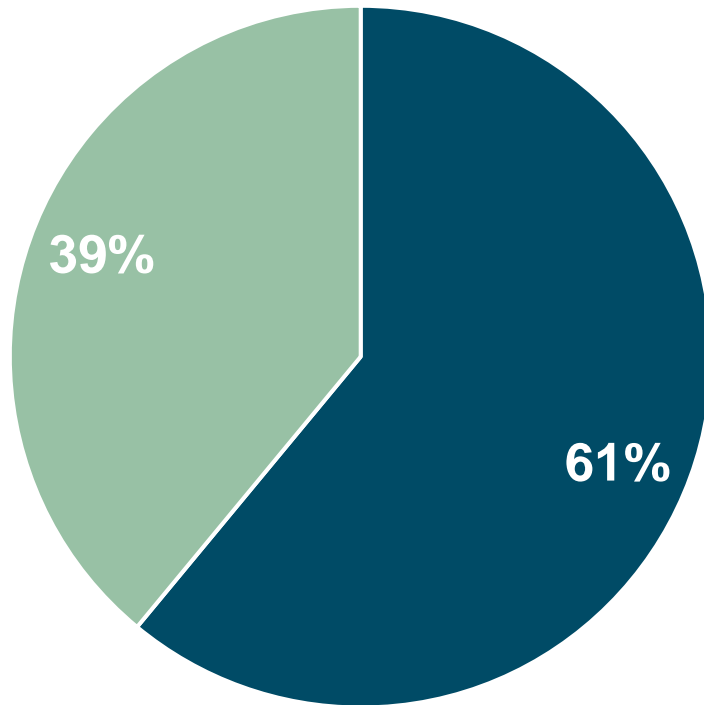
■ Yes
■ No

Plans Streamlining PA in Multiple Ways

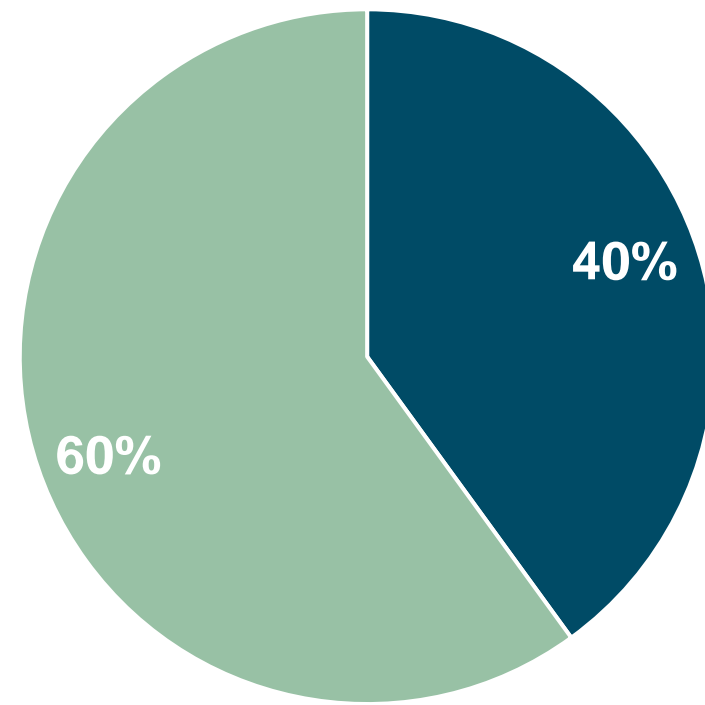


A significant percentage of PA requests continue to be submitted manually by providers

Prescription Medications



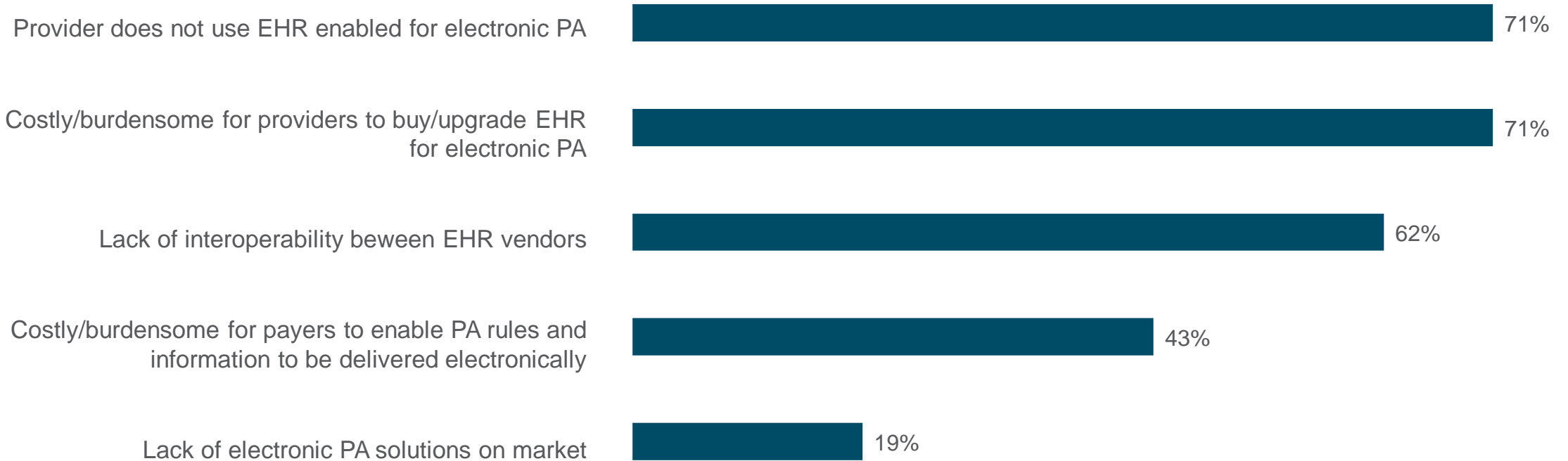
Medical Services



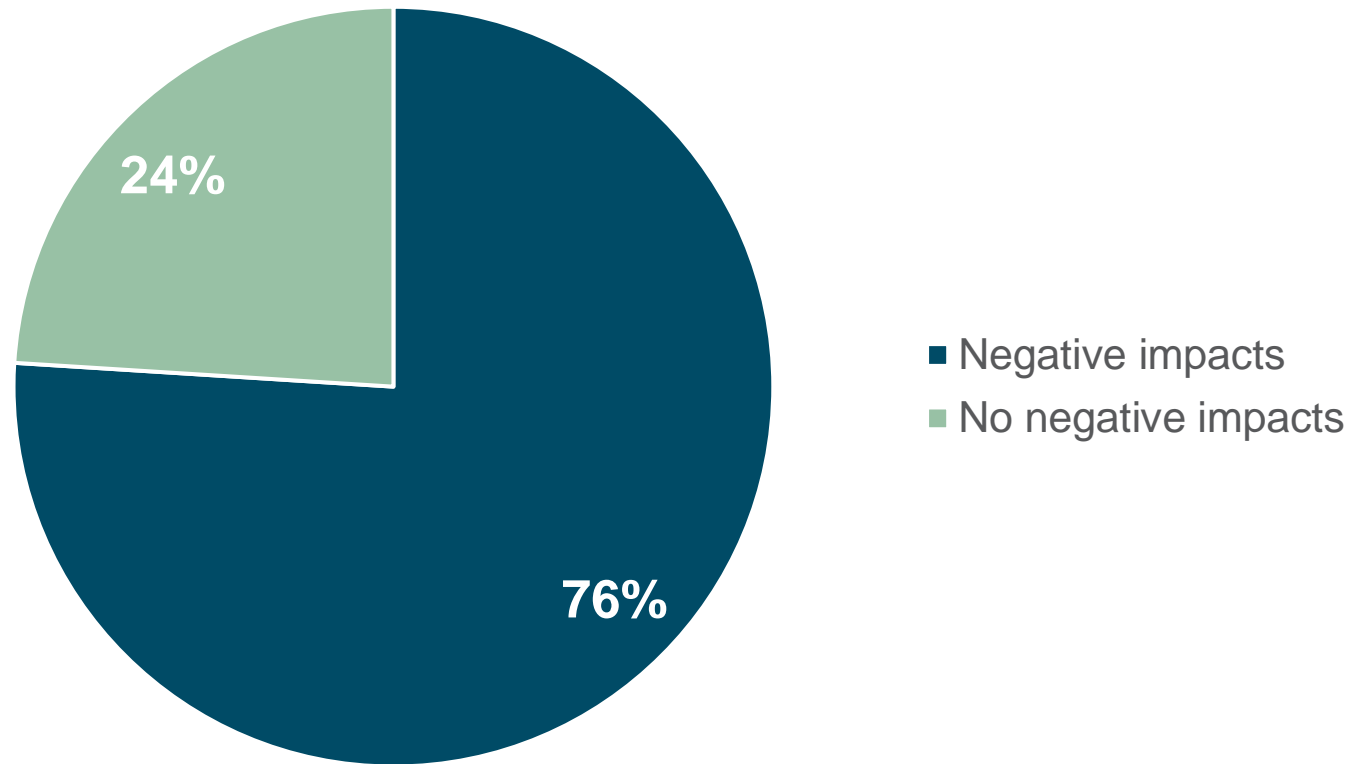
- Electronic submission
- Manual submission

Barriers to Prior Authorization Automation

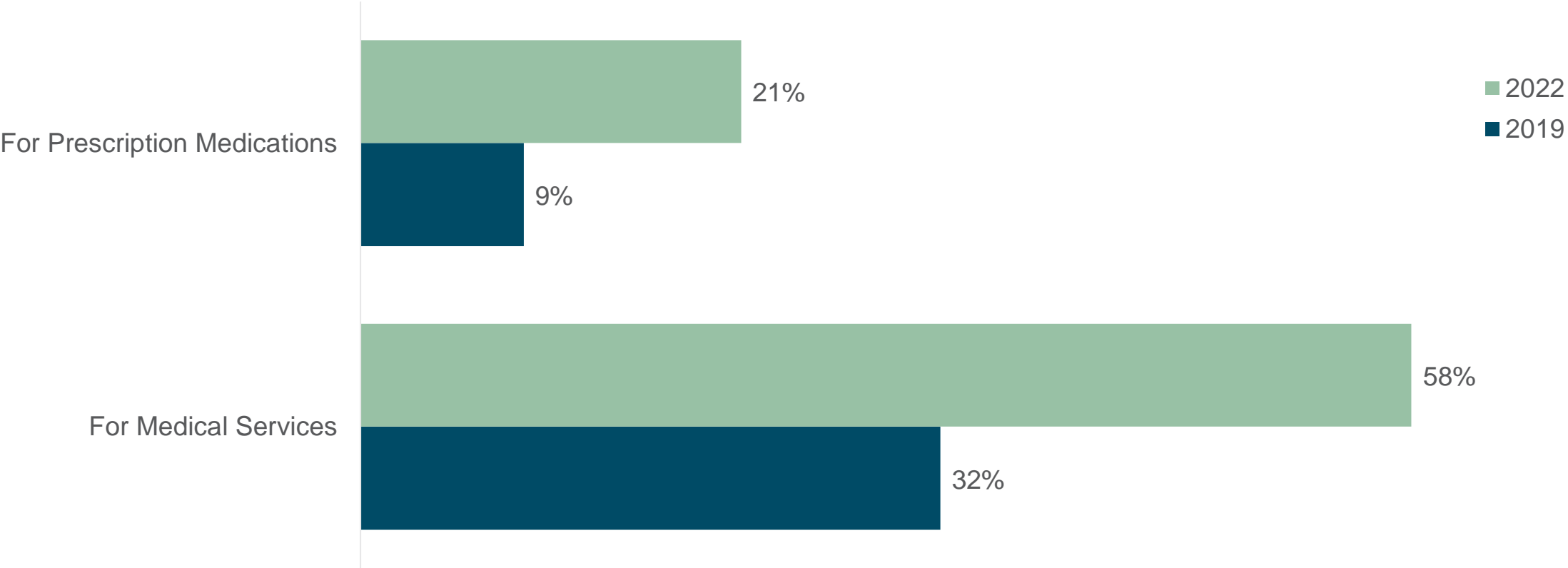
Providers not using electronic health records (EHRs) enabled for electronic prior authorization is a main barrier to greater use of ePA



Majority of plans report negative impacts of state regulation of PA programs



More Frequent Use of Gold Carding



Most Common Services Eligible for Gold Carding

The majority of plans reported that gold carding works better for some services than others, such as where there are clear and consistent clinical standards of care.

High-tech imaging
44%

Orthopedic services
19%

Elective inpatient medical services
19%

Cardiology
19%

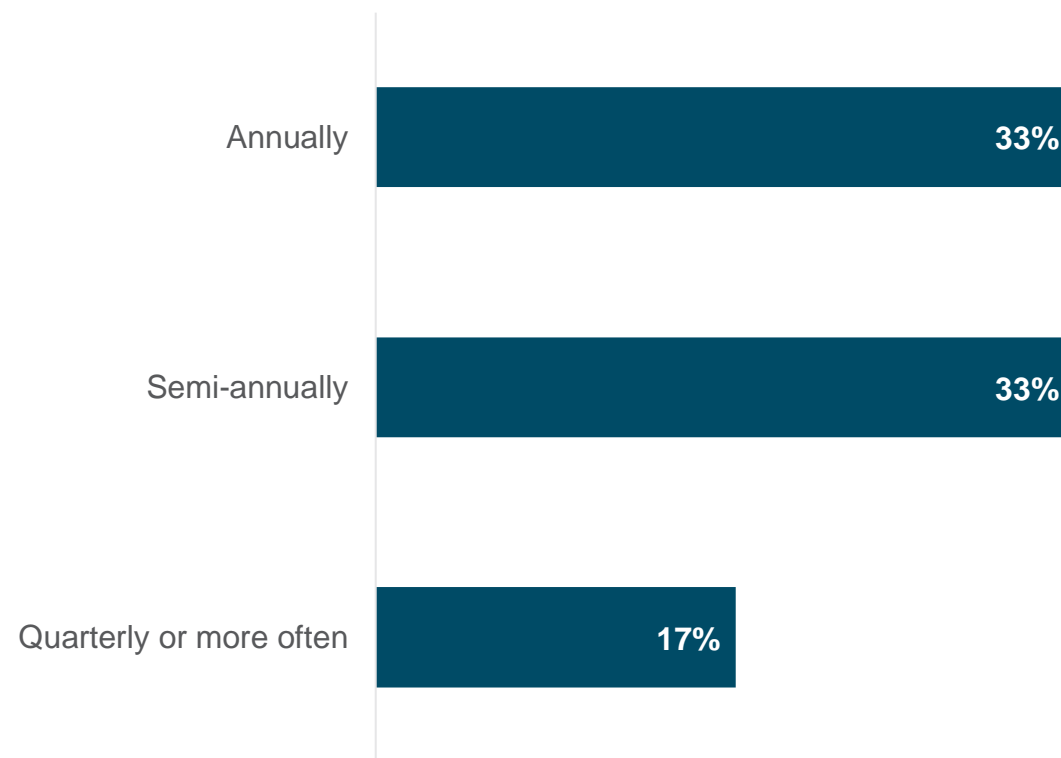
Majority of plans review gold carded provider performance at least annually

Best Practices for Eligibility

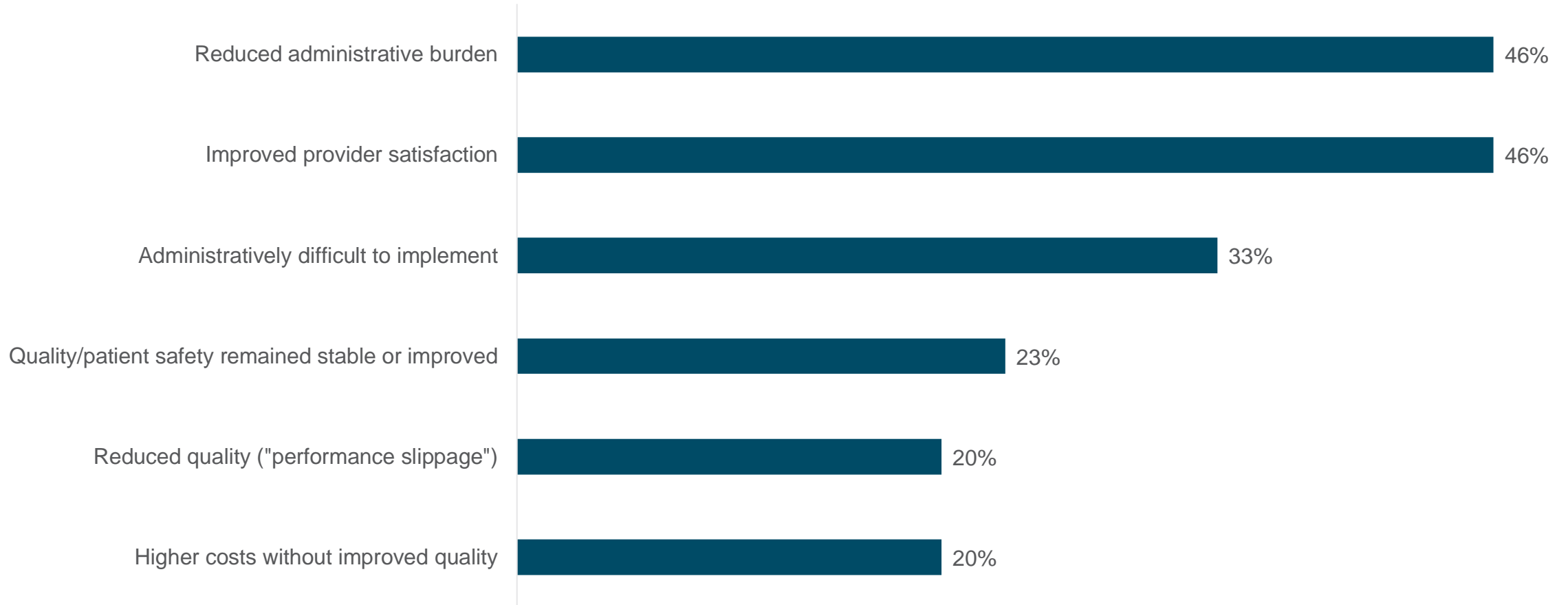
While varying by specialty and geography, some of the common criteria for accepting providers in gold carding programs are:

- A low prior authorization denial rate
- Submission by the provider of a minimum number of PA requests
- Participation in a risk-based contract

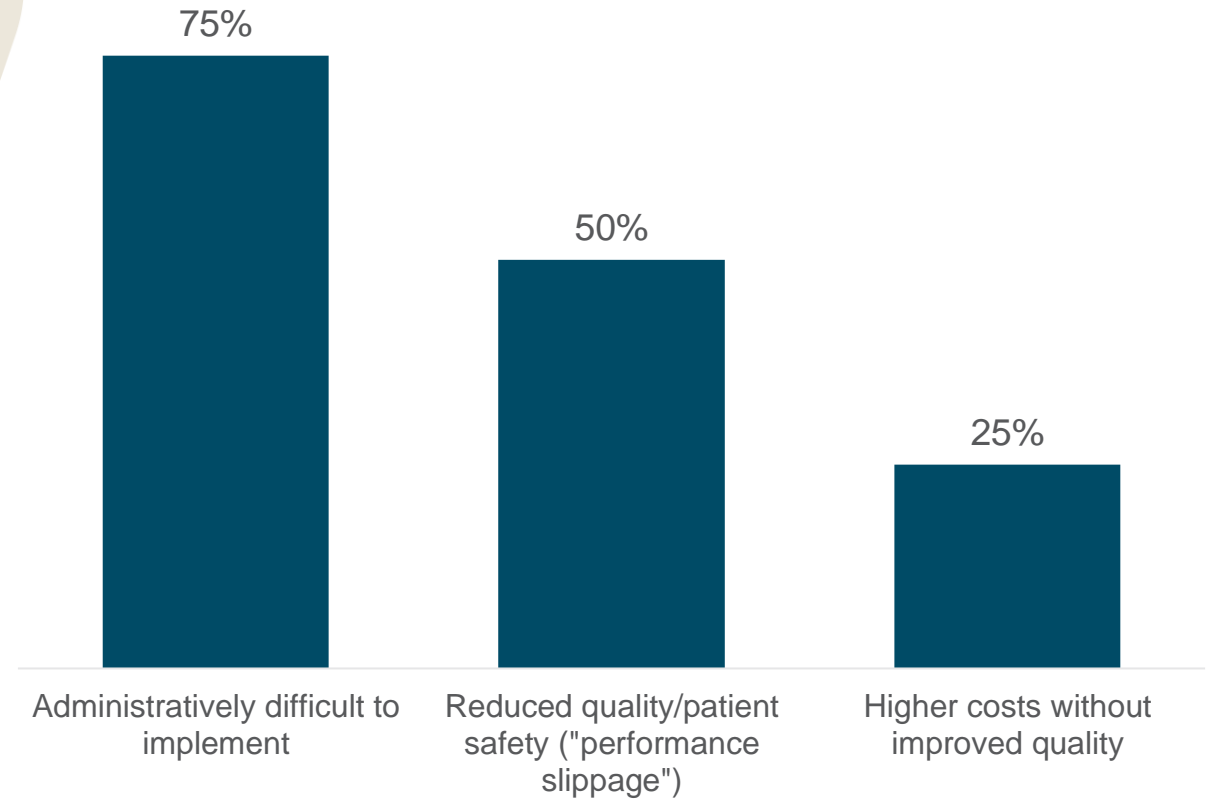
Frequency of Review



Gold carding programs have mixed reviews



Top reasons for discontinuing gold carding programs



Other Resources

- [How Health Insurance Providers Are Delivering on Their Commitments](#)
- [New Survey: Effective Gold Carding Programs are Based on Evidence and Value for Patients](#)
- [Using Prior Authorization to Promote Appropriate Imaging Services](#)
- [Fast PATH initiative](#)



Thank You