

Stop Unnecessary Prior Authorizations From Standing in the Way of Patient Care



PRIOR AUTHORIZATION:

Ensure that unnecessary prior authorization hurdles do not stand in between patients and their physicians.



TOA supports the following bills that would address unnecessary hurdles that stand in the way of patient care.

Automatically Approve Consistent Physicians

HB 3459 and **SB 1883** would give a “gold card” status to physicians who are approved for services at least 80 percent in a calendar year by allowing them to skip the prior authorization process.

The bills would also require utilization review peer-to-peer calls to be conducted who are the same or of a similar specialty and licensed in Texas.

24/7 Prior Authorization Reviews

HB 3542 and **SB 2048** would require health plans, HMOs and utilization review agents to have phone personnel available 24/7 to respond to verification requests.

Unfortunately, peer reviewers currently enter into games of “phone tag” with physicians during business hours when the physicians are either in surgery or in a clinic seeing patients. Orthopaedic surgeons are expected to be available 24/7, and the same should be expected of those health plans that are conducting prior authorizations.

No Prior Authorization for In-Network Physicians

HB 1145 would remove the prior authorization barrier for physicians who are in a health plan’s network. If the health plan determines that a physician is appropriate for the network, then the physician’s services should be strong enough to avoid a prior authorization.

Checks & Balances for Prior Authorizations

HB 2142 would direct the Texas Department of Insurance to conduct regular examinations of health plans and HMOs to study the effectiveness of their prior authorization timelines.

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