

# Administrative Simplification Task Force

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November 30, 2023

**RHODE  
ISLAND**

# Agenda

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1. Introductions
2. Review of Data Request
3. Straw Model Proposal
5. Discussion
6. Meeting Schedule
7. Public Comment

# Data Objective

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To obtain and measure meaningful reduction, existing data must be improved through:

- Identification of trends and notable comparisons
  - Identify service code groups (ie: med surg, DME, etc.) with the highest occurrence of PA requests across all plans
- Identification of services/codes with the highest number of prior authorization requests across all plans
  - Utilize approval rates and total number of requests to determine percentage rate of approval
- Isolate services identified with the highest cost

# Selective Prior Authorization: Gold-Carding

From the consensus statement on Improving the Prior Authorization Process

**Selective Application of Prior Authorization.** Differentiating the application of prior authorization based on provider performance on quality measures and adherence to evidence-based medicine or other contractual agreements (i.e., risk-sharing arrangements) can be helpful in targeting prior authorization requirements where they are needed most and reducing the administrative burden on health care providers. Criteria for selective application of prior authorization requirements may include, for example, ordering/prescribing patterns that align with evidence-based guidelines and historically high prior authorization approval rates.

We agree to:

- Encourage the use of programs that selectively implement prior authorization requirements based on stratification of health care providers' performance and adherence to evidence-based medicine.
- Encourage (1) the development of criteria to select and maintain health care providers in these selective prior authorization programs with the input of contracted health care providers and/or provider organizations; and (2) making these criteria transparent and easily accessible to contracted providers.
- Encourage appropriate adjustments to prior authorization requirements when health care providers participate in risk-based payment contracts.

# Straw Model Proposal

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## Part A

**Remove prior authorization requirements from all medical services meeting the following criteria:**

Average threshold average approval of 95% +  
&  
Average cost of \$25,000 or less

# Straw Model Proposal

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Part  
B

Remove prior authorization requirements for all in-network behavioral health services

# Discussion

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Question for providers: biggest pain point? Certain service category?



# Meeting Schedule

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December 14, 2023 – 8:00am – 9:00am

Tentative: January 18, 2023 – 8:00am – 9:00am



# Public Comment

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**Thank you**

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ISLAND**