ASCO Practice Leadership Series

Overview of Prior Authorization Proposals

Thursday, February 16, 2023, 4:00pm ET
ASCO® PracticeNET
Networking for Education and Transformation
For more information on 2023 billing and coding changes, go to:

practice.asco.org
Speakers

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ASCO Policy & Advocacy
Welcome!

• Please mute your phones
• Q&A session at the end
  ▪ Use the Q&A button in the bar at the bottom of your Zoom window
  ▪ Type in your question
  ▪ We will address questions in the order they are received
Overview of Prior Authorization Proposals

E-PA Proposed Rule
MA/Part D Proposed Rule
Public Health Emergency Unwinding

February 16, 2023
Electronic Prior Authorization
Proposed Rule
Electronic Prior Authorization Proposed Rule

- Affected Payers
  - Medicare Advantage
  - Medicaid FFS/Managed Care
  - CHIP FFS/Managed Care
  - QHPs on the Federal Exchange
- 2026
  - Items and services only, drugs not included
Electronic Prior Authorization Proposed Rule

• Prior Authorization Requirements, Documentation, and Decision (PARDD) API

• Streamline and automate PA requests
  ▪ Timeframe:
    o Standard – 7 days (QHPs – 14 days)
    o Urgent – 72 hours
  ▪ Denials – specific reason

• Annual report to CMS: appeals, denials, approvals
Electronic Prior Authorization Proposed Rule

• Patient API
  ▪ Patient access to PA info (1 business day after status change)
  ▪ Annual report to CMS

• Provider API
  ▪ Patient data available to in-network providers, at provider’s request
  ▪ Payer to deliver within 1 business day
  ▪ Patient opt-out

• Payer-to-Payer API
  ▪ Dual-coverage, changes plans
  ▪ Patient opt-in
Electronic Prior Authorization Proposed Rule

- Electronic Prior Authorization Measure for MIPS Eligible Clinicians and Hospitals and Critical Access Hospitals (CAHs)
  - To encourage provider adoption of E-PA
  - To meet the measure, a prior authorization must be requested electronically from a PARDD API using data from certified EHR technology (CEHRT)
  - Required to report the number of prior authorizations for medical items and services (excluding drugs) that are requested electronically from a PARDD API using data from CEHRT
Medicare Advantage Proposed Rule

- Traditional Medicare coverage policy
- Absent statute, NCD, or LCD an MAO may establish coverage criteria
  - Treatment guidelines, current evidence, make it publicly available
- PA used to confirm diagnosis, not to limit coverage
- Professionals with relevant medical expertise to review coverage determination before denial
Medicare Advantage Proposed Rule

• PA valid for full course of treatment
• Minimum 90-day transition
• Utilization Management Committee to review policies annually
  ▪ Ensure coverage policy follows traditional Medicare

• 2024 implementation date
Public Health Emergency Unwinding
Telehealth

**Ends May 11, 2023**
- State licensure
- Controlled substance prescribing
- Enforcement discretion for non-HIPAA compliant technology

**Ends December 31, 2023**
- Direct supervision

**Ends December 31, 2024**
- Originating site, geographic location requirements
- Audio-only
- Medicare telehealth services list
- Expanded provider list
Feel free to submit questions

Use the Q&A button in the bar at the bottom of your Zoom window
Learn More About PracticeNET

• Free oncology business benchmarking program
  ▪ Productivity, revenue staffing resources
• Covers multiple service lines
  ▪ Providers and APPS
  ▪ Medical oncology/hematology
  ▪ Radiation oncology
  ▪ Gynecologic oncology
• Must have at least 1 ASCO member at your practice
• Contact us at practicenet@asco.org
Next Calls

• 3rd Thursday of each month
• March 23, 4:00pm
  ▪ CMS Updates From the Enhancing Oncology Model