



Prior Authorization Changes

Process Improvement at SD Medicaid



Executive Summary

Unnecessary and/or inefficient prior authorizations potentially harm Medicaid patients, prescribers, and staff.



New prior authorization regulations at national level aimed at time to decision

CMS-0057-F



South Dakota Medicaid also interested in process improvement for PA creation and review

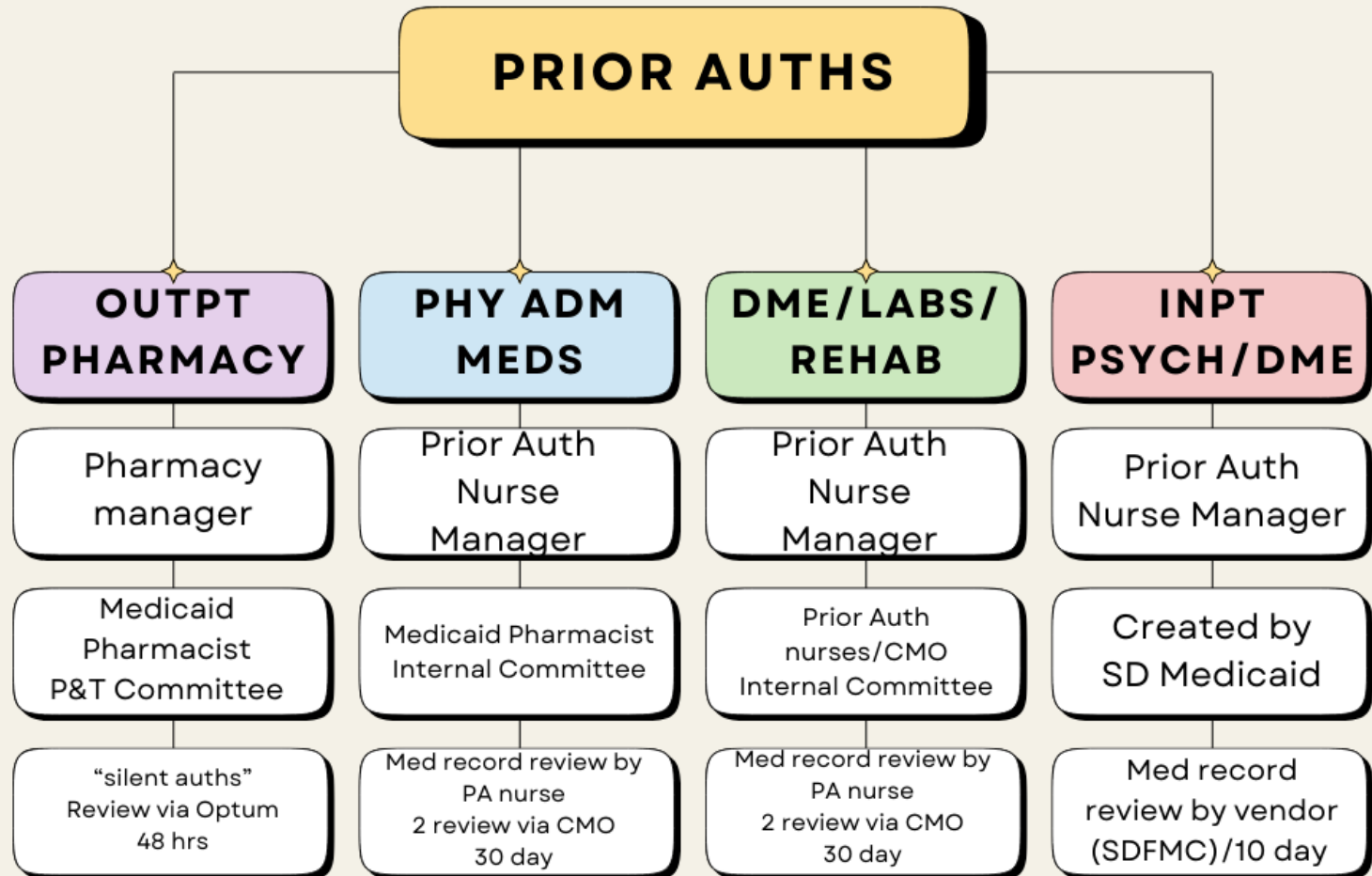


Changes in:

Criteria for how to determine when new PA are created

Review of existing PA

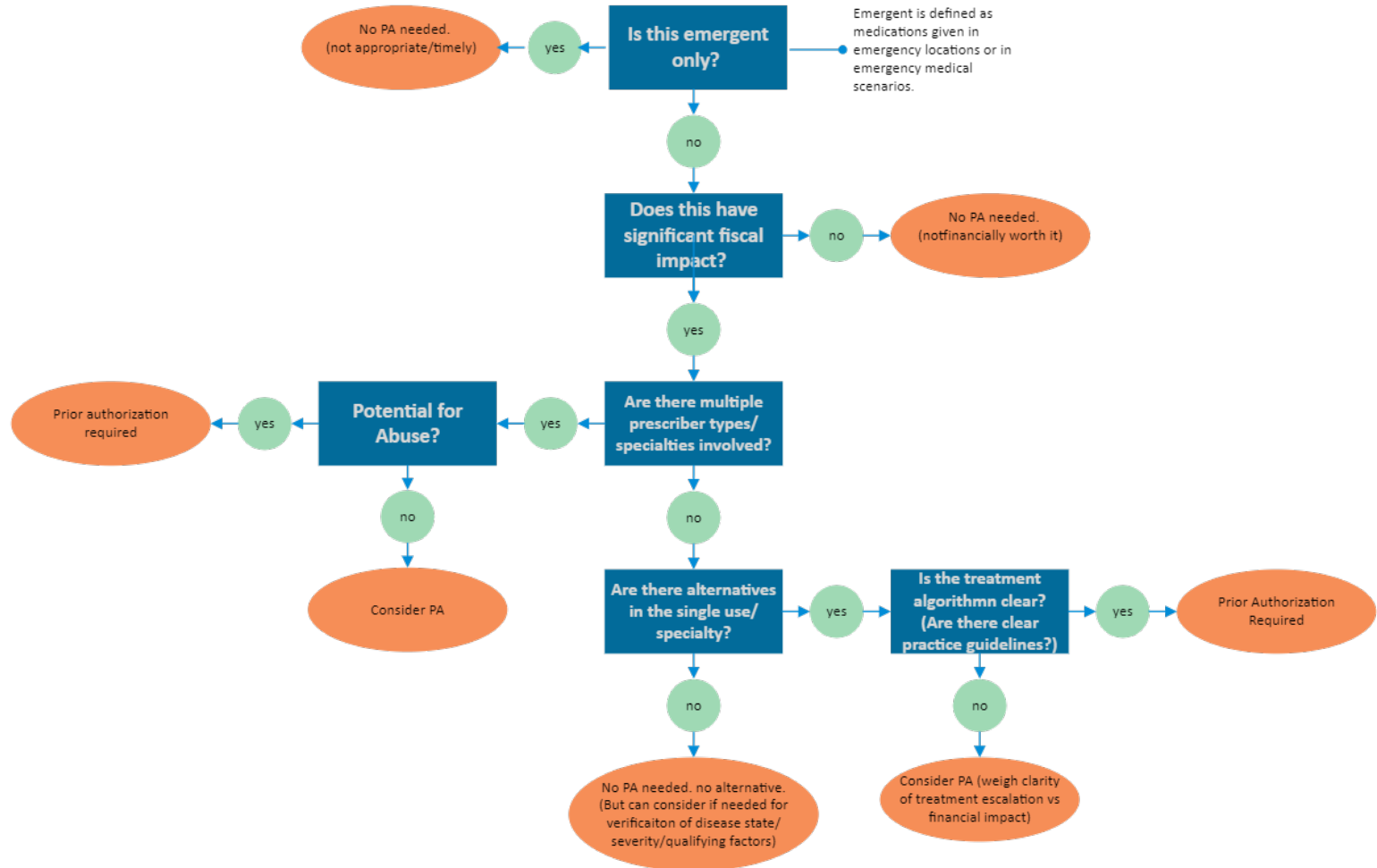
Required timeframe for PA decisions for urgent/standard PA



Prior Authorization Work at SD Medicaid

- Previous strategies
 - “silent auths” or “E-PAs” for pharmacy drugs
 - PDF forms for PAD/DME/etc
- CMS 0057-F
 - Urgent Prior Authorizations 72 hrs
 - Standard Prior Authorizations 7 days
 - SD Medicaid did pilot program and determined of PA evaluated, time to decision ranged from 0.5 to 2.5 day average, usually 1 day or less.
- Standardization of criteria for PA creation and review
 - Used data from pilot as well as feedback from staff
 - Rolled out for PAD and others managed by prior auth team, plan to roll out to pharmacy team

Prior Authorization Decision Tree



Conclusion: New Changes

- **All candidates for New prior authorizations will go through algorithm**
- **All Current prior authorizations done internally by DSS Medicaid staff, starting with physician administered medications are being reviewed on a scheduled**
- **Result of review for each prior auth will be either:**
 - Keep PA, no change.
 - Keep PA, change/adjust criteria.
 - Eliminate PA.
 - Eliminate PA but put into place other measure(s) to mitigate risk.
- **First meeting led to removal of 13 prior authorizations deemed to be no longer needed**
- **Prior authorizations are one tool Medicaid uses to help make sure patients are getting appropriate services.**
- **All prior authorizations adhere to the 72 hr/7-day decision timeframe. This year is a reporting year, but SD Medicaid is already compliant.**

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Questions?

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Thank You

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