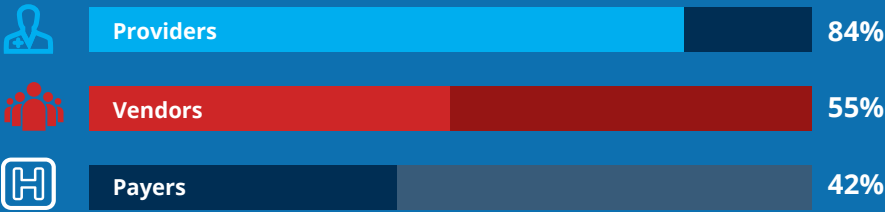


As part of WEDI's efforts to improve health care information exchange, the WEDI Prior Authorization (PA) Subworkgroup fielded a survey in July/August 2019 that gathered data regarding the current medical services PA process to be used in developing guiding principles to support increased automation and standardization. The survey was distributed to member and non-member organizations and received 127 total responses including 65 from providers, 31 from payers and 31 from vendors. Some of the key findings are highlighted here.

Prior Authorization volume is trending upward for many.



of respondents reporting increased medical services PA requirements in the past year.

Only a small percentage of Payer Organizations' Medical Service Prior Authorizations are delegated to an external UMO.



35%

only delegate 0-20% of total PAs

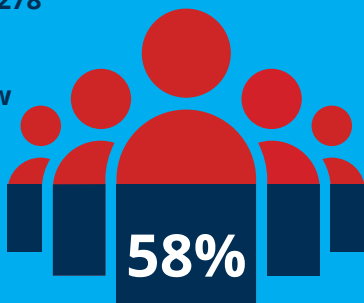
There is a lack of technology with the ability to evaluate if an authorization is required without initiating a Prior Authorization request.



Web Portals and Payer websites lead as the most used methods the majority of the time to determine PA requirements according to providers.



Payer and vendor support the HIPAA-mandated electronic X12 278 transaction on "Health Care Services Review Request for Review and Response" is split.



Lack of other stakeholder adoption and a lack of a mandated standard to automate submission of supporting clinical information named as top barriers to X12 278 Request for Review and Response adoption.

Lack of other stakeholder adoption selected highest by:



Lack of a mandated standard to automate submission of supporting clinical information selected highest by:



Providers find it difficult to determine which method to use to submit Prior Authorization requests to payers.



Web portal is the most used method for the majority of total PA requests for PA initiation.

