CMS EYES PRIOR AUTHORIZATION AND AI TO IMPROVE MEDICARE PAY ACCURACY

CMS again asked about the best ways to use prior authorization — this time with a focus on using such policies to improve Medicare payment accuracy — and said it is also looking at how artificial intelligence could improve payments.

CMS seeks feedback from providers, artificial intelligence vendors and other stakeholders on how to safeguard the Medicare program under value-based models. The agency also wants advice on ways to improve Medicare program integrity, such as how best to use prior authorization and the potential benefits.

CMS asks for feedback on “the potential for prior authorization to be improved.” The agency asks what program integrity activities CMS should consider in order to make sure that items and services that are approved via prior authorization are provided to beneficiaries. The agency also asks how clinical decision support tools could play a role in the prior authorization process and how the agency can apply prior authorization without adding to provider and supplier burden.

Providers have been raising numerous concerns about prior authorization, particularly with how it is applied in Medicare Advantage. After CMS asked in June for feedback on how to reduce provider burden — and specifically how to reduce such burden for prior authorization — providers urged CMS to curb or streamline its use by MA plans, particularly through increased electronic prior authorization procedures.

The latest RFI also asks how CMS can apply prior authorization while maintaining timely and complete access to services that are medically reasonable and necessary. It further asks what information can’t be captured by prior authorization and whether such limitations restrict the process.