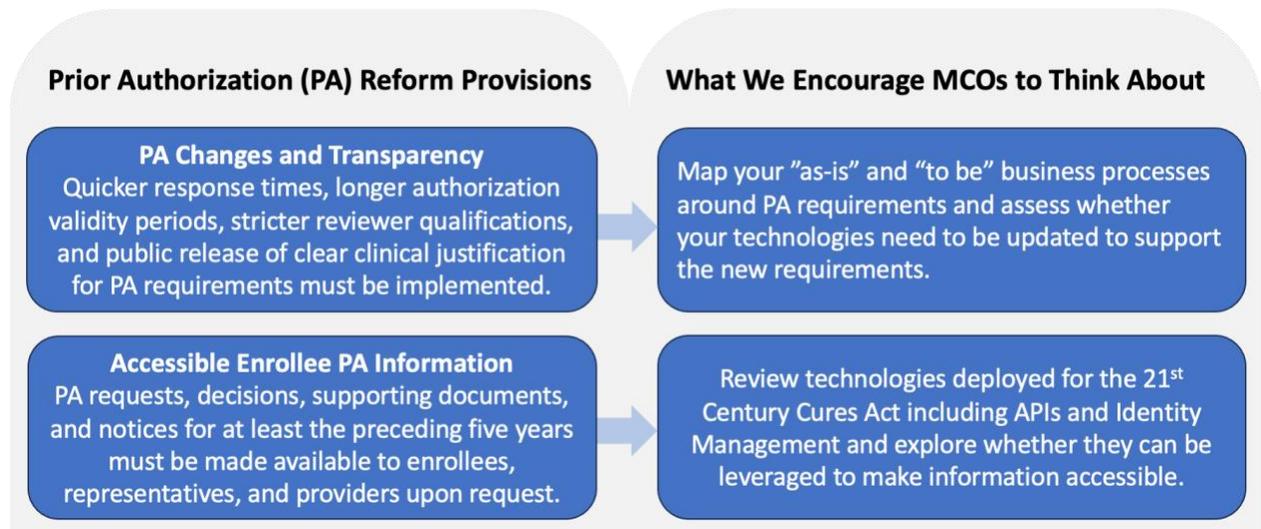


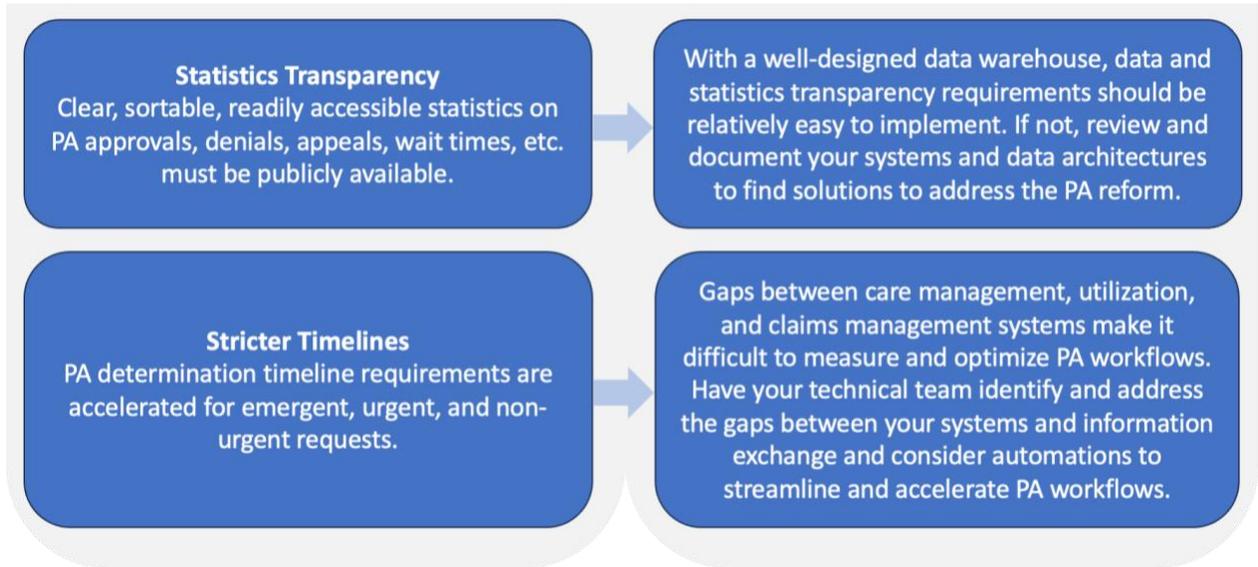
On the horizon: Addressing prior authorization reform

Over 40 states regulate prior authorization (PA) for health care services and pharmacy benefits. In 2023 alone, 20 states have new or updated PA reforms on their legislative agendas. Many of these current efforts, like the [law recently signed by DC Mayor Muriel Bowser](#), have adopted many of the reforms proposed in the [model legislation](#) offered by the American Medical Association.

These reforms generally include provisions to ensure that prior authorization requirements focus on ensuring that treatments are medically necessary, clinically appropriate, and are supported by clinical evidence (and not cost). The provisions also include PA disclosure and review requirements, reviewing physician qualifications, upfront engagement prior to an adverse determination, appeal review procedures, response timelines, and technology in the form of electronic standards.

For Medicaid managed care organizations (MCOs), it can be instructive to look at some of the provisions of these laws and consider how to comply with them in a timely and cost-effective manner. In the infographic below, we take a look at some of the provisions showing up in new PA reform laws and how to address them.





Agilian LLC helps Medicaid MCOs and other state and not-for-profit health and human services organizations meet the challenges and opportunities presented by new regulations, new funding opportunities, and a rapidly changing world. We help our clients improve operations, break free of legacy software applications, and improve outcomes through management consulting and technology implementations. Using our proven Digital Liberation methodology, we are able to free our clients to focus on delivering better health outcomes to those in greatest need by creating technology built to serve them.

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