

## PRIOR AUTHORIZATION

Prior Authorization involves a lot of moving parts that affect providers, payors, and patients. Prior authorization (PA) is a management process used by insurance companies to determine if a prescribed product or service will be covered.

Healthcare.gov defines *prior authorization* as “approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan”. The general process has many names including precertification, pre-authorization, prior approval, and predetermination.

These include a health care service, treatment plan, prescription medication, or durable medical equipment that is medically necessary. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization does not guarantee your health insurance or plan will cover the cost.

### Prescription Prior Authorization

When it comes to a medication prior authorization, the process typically starts with a prescriber ordering a medication for a patient. When this is received by a pharmacy, the pharmacist will be made aware of the prior authorization status of the medication. At this point, they will alert the prescriber or physician. With this notification, the provider’s office will start the prior authorization process. They will collect the information needed for the submission of PA forms to the patient’s insurance. This can be done via portals, automated messages, fax, secure email, or phone.

Plans analyze data and evidence to understand which treatments are best to improve patient health. They update their formularies to include drugs that are most effective to treat different disease states that are also cost effective. This ensures that medications that are covered by plans will reflect guideline changes. Prior authorizations also verify that certain medications aren’t being duplicated if patients see multiple providers. This keeps patients safe from potential adverse effects and encourages appropriate medication usage.

### Medical Prior Authorization

The prior authorization process begins when a service is prescribed by a patient’s provider. Not all medical services require a preauthorization. Communication between the provider’s office and the insurance company is necessary to handle the prior authorization. In order to receive approval, the provider may need to complete a form, submit documents through an online portal or via fax, or contact the insurance company by telephone to explain their recommendation and the need for the particular service based on patient factors that are clinically relevant. The prior authorization is then reviewed by physicians, nurses, or clinical pharmacists at the health insurance company.

Upon review, the request can either be approved or denied. If the prior authorization was denied by the insurance company, the patient or provider may have the ability to ask for a review of the decision and appeal the decision.

Miscommunications can happen when trying to initiate or submit the prior authorizations. These result from providers not starting the request, fax machine malfunction, or by simply having difficulty getting a person on the phone.

In order to manage prior authorization, providers and medical facilities can initiate certain steps to lessen the burden. Providers should always keep up with the ever-changing clinical guidelines on every disease state since insurance companies also update the need for prior authorizations based on these guidelines. Ordering prescriptions outside of normal practice often results in the need to submit a prior authorization to the patient’s plan. Being familiar and keeping up-to-date with insurers’ policies and formularies can reduce delays in patient care.

It is also important for providers to have accurate and thorough clinical documentation policies. If a prior authorization requires step therapy in its prior authorization criteria, each trial must be documented. Having documentation of all prior attempts will help expedite the approval process. Long-term recordkeeping of prior authorization submissions can make reauthorization easier as well.

The prior authorization process can be navigated much more easily and efficiently with the right resources and staff. Trained professionals can make the process seamless, especially when they properly document and maintain records.

### How long does a prior authorization take?

Depending upon the complexity of the prior authorization request, the degree of manual work involved, the knowledge of the person submitting and receiving the request, and the requirements stipulated by the payor, a prior authorization can take anywhere from one day to several weeks to process. Unfortunately, during periods of extended delay, the patient is not always kept fully informed as to the cause of the delay.

### Is it possible to speed up prior authorization?

One of the primary reasons that prior authorizations take so long to resolve is that incomplete or incorrect information is submitted to the health plan, which triggers a denial, and a lot of manual rework on the provider side.

Any errors contained in the prior authorization form, from egregious to innocuous, may cause it to be flagged for denial. A number on a patient’s health ID card may be transposed. A middle initial may be incorrectly entered. An address may be incomplete. A provider’s signature may be missing, or they did not submit the necessary documents such as a history and physical, previous x-ray reports, physical therapy, prior medications attempted and failed, etc.

### Who is responsible for obtaining prior authorization?

This question is understandably confusing and a source of concern for patients. Although prior authorization is ultimately the responsibility of the patient, because the healthcare provider who is ordering the service is in possession of the medical records necessary for approval and is in direct communication with the insurance carrier, they typically handle the administrative functions associated with the prior authorization process. That being said, patients should remain in close communication with the provider, medical facility, and the medical carrier to ensure that they do not unwittingly proceed with a service that is not authorized. It is important to request, review, and retain all applicable prior authorization documentation and to call the Fund office prior to receiving services if you have any questions or concerns.

### Do all medical services require prior authorization?

No. Prior authorization is usually only required for more costly, involved treatment and where evidence-based medicine proves that for most people following an alternate path is more appropriate and safer. For instance, if a physician seeks to perform an invasive orthopedic surgery, it will likely require preauthorization. Conservative therapy, in the form of rest, anti-inflammatory medication, and completion of a prescribed course of physical therapy may be required prior to approval of the invasive surgical procedure.

## WELLNESS TIP!

### #PracticeSafeSun

As we enter the long and sunny days of summer, many of us will be spending more time outdoors. While there’s certainly nothing wrong with some “fun in the sun,” it’s important to protect ourselves against the sun’s harmful ultraviolet (UV) rays.



Overexposure to these UV rays can have negative health consequences, both in the short term (sunburn, inflammation) and long term (skin cancer, premature skin aging). Luckily, with just a little prevention, these negative effects can be significantly reduced or even eliminated!

The American Academy of Dermatology suggests the following measures to protect your skin from the sun’s harmful UV rays:

- Seek shade when appropriate (UV rays are strongest between 10am – 2pm)
- Wear sun-protective clothing when possible (i.e. sunglasses, lightweight long sleeved shirt, etc.)
- APPLY SUNSCREEN to all skin not covered by clothing that offers:
  - Broad-spectrum protection against UVA and UVB rays
  - Water resistance
  - SPF 30 or higher

Sunscreen should be applied every 2 hours and/or after swimming or sweating. Remember, “water resistant” sunscreen only maintains its SPF rating for ~1 hour and some may require several minutes after application to allow the product to achieve its “water resistance.”

Source: [American Academy of Dermatology](https://www.aad.org/sun-protection)

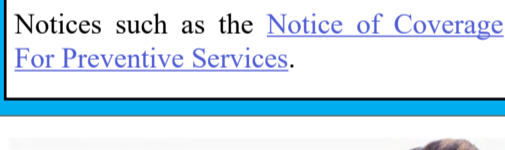
## REMINDER

### PREVENTIVE CARE COVERAGE

The Plan covers a wide range of preventive and wellness services designed to maintain and/or improve health.

These services and supplies are covered for eligible individuals at 100% with no out-of-pocket expense subject to reasonable medical management guidelines.

For the most up-to-date information, visit our website which includes all Plan Notices such as the [Notice of Coverage For Preventive Services](#).



## MEN’S HEALTH ACROSS THE LIFESPAN: PRIORITIZING WELLNESS AT EVERY AGE

Prioritizing health, wellness, and preventive care is essential for achieving long-term wellness and quality of life. Men face distinct health challenges that evolve with age. Historically, men are less likely to seek medical attention and have regular check-ups and screenings when something does not seem right with their health. By being aware of the preventive measures and healthy lifestyle choices for each stage of life, men can effectively manage their health and identify and treat chronic diseases early. Staying current on preventive screenings can also detect some health conditions early when they are easier to treat. Each decade of life is unique, as are the wellness recommendations.

### Building a Foundation for Healthy Living

Men in their 20s and 30s are typically well and may not give much thought to healthy habits. However, this is the time to start building good habits with diet and exercise. Try to maintain a healthy weight, find enjoyable nutrient-rich diets, and establish good eating habits that incorporate nutrient-rich diets. It is also a good idea to avoid risky behaviors like drug use, tobacco, and alcohol.

This stage of life is the time to establish a relationship with a primary care provider (PCP) you trust. Regular check-ups with your PCP can catch early chronic conditions that may begin around this age. During the annual wellness exam, the health provider should assess and screen for the following things:

- Vitals signs such as blood pressure and heart rate.
- Height, weight, and Body Mass Index (BMI).
- Immunizations – It is recommended that you get a flu shot every year and a tetanus, diphtheria, (Td) booster or a tetanus, diphtheria, and pertussis (Tdap) booster every 10 years.
- Sexually transmitted infections – If sexually active, it is recommended to be tested for sexually transmitted infections (STIs). Men often do not have symptoms with STIs, but can still experience long-term side effects, such as infertility.
- All men over the age of 18 should be screened for both Hepatitis C and human immunodeficiency virus (HIV).
- Your provider may examine the testicles for abnormalities and provide education on the importance of testicular self-examination. Testicular cancer is the most common cancer that occurs in males 15-44 and is over 95% curable when detected early.
- Mental health concerns like stress, anxiety, and depression are common within this age group as a result of many life changes that occur during this time. Stress from things like career, relationships, and handling everyday responsibilities can be overwhelming and lead to mental health issues. Your healthcare provider can discuss treatment options including counseling or even medication.
- Regular vision screenings every 1-3 years and biannual dental care are also essential to good health.

### Maintaining Your Health and Wellness

In your 40s and 50s, it is essential to continue healthy habits established earlier in life. Developing heart disease becomes a greater risk. Both stress and weight gain during this age become more prevalent and can impact heart health. Poor diet, a sedentary lifestyle, and weight gain also make the diagnosis of pre-diabetes and type 2 diabetes common during this stage of life. Because of these health risks, keeping up with the same regular healthcare provider check-ups and age-appropriate screenings as in the 20s and 30s is important. A few recommendations have been added in the 40s and 50s, as listed below.

- During your check-up, you should have screenings for high cholesterol, high blood pressure, and diabetes. Discuss any family history of heart issues or diabetes with your provider.
- During the 40s and 50s men are typically first screened for prostate based upon individual risk and family history. The screening may involve a Prostate-Specific Antigen (PSA) blood test and/or a digital rectal exam.
- Age 45 is also the time colon cancer screenings begin for men who have average risk for developing colon cancer. Your healthcare provider can advise what colon cancer screening is best based on personal health risk and family history.
- In addition to regular Td boosters and flu shots, the shingles vaccine is available for individuals 50 and older.
- If you are age 50-80 and have 20 pack/year smoking history and smoke or have quit within the last 15 years, a low-dose CT scan is recommended to screen for lung cancer.

### Aging Gracefully and Joyfully

The 60s and 70s are the time to enjoy a well-deserved retirement. The focus of wellness becomes maintaining the quality of life and managing health concerns older men face. Poor health choices from the past may start to show their impact, but there is always time to take charge of your health and maximize the body’s wellness potential. Eat a diet full of fruits, vegetables, whole grains, and healthy fats. Staying physically active to build endurance, strength, flexibility, and balance are vital to maintaining mobility, decreasing musculoskeletal pain, and preserving independence, especially in the later years. Finding enjoyable physical activities becomes even more beneficial during this time. Brain function tends to decline in these later decades. This can affect cognition, memory, and mood. Keeping the mind sharp by doing something brain-stimulating every day is vital. These activities include puzzles, reading, or learning something new, like a hobby. Similar to the decades before, staying up-to-date with provider check-ups and screenings is important. A few additional considerations for managing health and wellness in this life stage are listed below.

- Men 65 and older should receive the pneumococcal vaccine to protect against pneumonia.
- Based on health history, screening for bone health may occur in the later decades.
- Men aged 65-75 who have smoked should be screened for abdominal aortic aneurysm.
- Hearing loss is common at this age. If you have symptoms of hearing loss, it is important to have a hearing test.

NECA maintains good health and wellness is a lifetime commitment to yourself. Some changes in health are unavoidable as men age, but good lifestyle choices and health habits can significantly influence overall health and well-being over the lifespan.

Sources: [cdc.gov](https://www.cdc.gov), [nih.gov](https://www.nih.gov), [uspreventiveservicestaskforce.org](https://www.uspreventiveservicestaskforce.org), [cancer.org](https://www.cancer.org), [prevention.va.gov](https://www.prevention.va.gov)

## IMPORTANT CONTACT INFORMATION