Prior Authorization was supposed to save money.
Instead, it's adding to the high cost, bureaucracy and headaches of the U.S. Health Care System.

87% of commercial claims initially denied get overturned.

Certain payers can routinely take 6 months or more to process claims.

Some payers require appeals to be paper mailed, and can take no less than 60 days.

*Results from WHA Member Survey

Please Cosponsor H.R.3514/S.1816
The *Improving Seniors' Timely Access to Care Act*

Legislation to Reform Prior Authorization for Medicare Advantage Plans

- Establish Electronic Prior Auth Standards
- Reduce Prior Auth Waiting Times
- Require Insurer Prior Auth Transparency Metrics
- Encourage Evidence-Based Guidelines

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