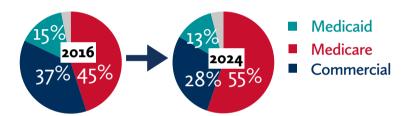
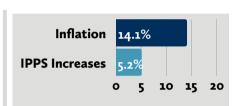
How Medicare Underpayments & Medicare Advantage Prior Authorization Impact Hospitals

Aging demographics and stagnant Medicare rates are eroding hospital payments as Wisconsinites age and move off commercial insurance onto Medicare.

From 2016-2023 the Average Payor Mix for a Wisconsin hospital has seen Medicare grow from 45% to 55% while commercial has shrunk from 37% to 28%.





Inflation growth was more than double the growth in IPPS reimbursement, 2022-2024.



Wisconsin's rank for the percentage of its population on Medicare

Annual Medicare Underpayments to Wisconsin Hospitals Have Increased Significantly Since 2016



Che New Hork Times

Insurers Reap Hidden Fees by Slashing Payments. You

How Cigna Saves Millions by Having Its Doctors Reject **Claims Without Reading Them**

Intelligencer

The Two Words That Can Make Health Care a Nightmare Prior authorization buries doctors in paperwork and delays care, sometimes with disastrous

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.

*Results from WHA Member Survey



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.

Please Support Reintroduction of 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

