



Citizens' Council for Health Freedom

Health Freedom Minute

February 13, 2019

Prior Authorization Hurts Patients

Prior authorization requirements are said to save Medicare nearly \$2 billion over five years. But are these savings real or fake? Medicare Advantage plans regularly deny medically necessary care. When appealed, 75% of the denials are overturned but only 1% of the denials are ever appealed. Such cost reductions are not savings; they're fraud.

Doctors say prior authorization hurts patients. It also increases costs, as practices spend about 2 days of staff time each week doing them. To avoid interference in your care, find a doctor at JointheWedge.com.

"Docs Say Prior Authorizations Harm Clinical Outcomes," meg Bryant, Healthcare Dive, February 6, 2019: <https://www.healthcarediver.com/news/docs-say-prior-authorizations-harm-clinical-outcomes/547762/>

"MEDICARE: CMS Should Take Actions to Continue Prior Authorization Efforts to Reduce Spending," GAO-18-341, April 2018: <https://www.gao.gov/assets/700/691381.pdf>

"Medicare Advantage Appeals Outcomes and Audit Findings Raise Concerns About Service and Payment Denials," Daniel R. Levinson, Office of Inspector General, HHS, September 2018: <https://oig.hhs.gov/oei/reports/oei-09-16-00410.pdf>

Presented daily by Twila Brase, President, Citizens' Council for Health Freedom.

*The Health Freedom Minute is now heard in 47 states:
Mornings M-Th at AM1280 (The Patriot) in MN and 91.5 AM WHKC (FreedomFM) in OH,
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