North Carolina Medical Society
Always Leading

HEALTH INSURANCE PRIOR AUTHORIZATION REFORM

Prior Authorization Reform requires that medical decisions for patients be made by their physician. Legislation reforming prior authorization in North Carolina would do the following:

MINIMUM STANDARDS

- Requires insurers to update their clinical review criteria at least annually and sets minimum clinical standards.

TALK WITH A PHYSICIAN

- Requires insurers to consult with the patient's physician before refusing to pay for medical care.

TIMELY DECISIONS

- Sets limits for prior authorizations based on medical care level and provides time frames in which insurers must make decisions based on the urgency of the need for treatment.

CONTINUITY OF CARE

- Adds requirements designed to promote continuity of care for covered patients.

RETROSPECTIVE DENIALS

- Sets limits on when retrospective denials can occur so an insurer cannot refuse to pay for an approved service provided within 45 days of approval.

PLAN LANGUAGE

- Requires that insurers make utilization review requirements and restrictions easy to understand and accessible to the public.