

- Is the standard electronic form the only PA form that will be needed? How do you account for the insurances if they create a secondary form
- Has there been any discussion to limit the need for PA? For example, more routine pharmaceuticals
- One of the issues we have is with our medicaid managed care patients. (This is the majority, although not all, of the preauths that we do and are not consistent either.)
- If we do the prior auth and the plan is incorrect or they change plans then we have to redo the work
  - 1) that the prior auths would be valid for a certain amount of time and transfer if the patient changes insurance; managed care plans or whatever (this is such an issue in Jan/Feb when medicare plans also change)
  - 2) That besides having a standard form and process for the initial prior auth that there also be a standard form and process for appeals. These take a lot of time