

Prior Authorization

Compared to Traditional Medicare, most Medicare Advantage plans require prior authorization for care to be covered by the plan

- Diagnostic Tests
- Consultation with Specialists
- Clinical Procedures
- Surgery, both Inpatient and Outpatient
- Hospital Stays
- Rehabilitation
- Post Acute Care

It can take days to weeks for plans to authorize access to services, especially specialized care

Urgent health care needs may be delayed

Prior authorization may require multiple visits due to unforeseen needs or lack of prior authorization

Continual authorization of hospital or post acute stays can create uncertainty for your inpatient care

According to a 2023 survey by the Nebraska Hospital Association, 92% of Nebraska Hospitals report that prior authorization requirements by Medicare Advantage plans delay necessary care.