

Unnecessary Barriers Disrupt and Delay Care

Every day, hospitals, nursing homes, and other healthcare providers face the daunting challenge of complying with the growing number of statutes, regulations, policies, and procedures at the state and federal levels. While these measures have laudable goals, they often result in unintended consequences that inflate overall healthcare costs and impede facilities' ability to provide efficient, high-quality care.

Administrative burden is red tape that hurts patients, providers, and the healthcare system by creating:

- **Costly delays in onboarding healthcare workers** through outdated, cumbersome licensing and background check processes.
- **Payer reimbursement and review policies that increase claim denials** and require providers to resubmit large amounts of information and paperwork multiple times.
- **Delays in processing applications** for core programs and services like Medicaid, Medicaid waiver services, and guardianship that severely delay transitions of care to lower cost healthcare environments.

“
Our oncology social worker worked with a patient and her family for nearly 9 months to try to help her get Medicaid coverage approved. She died fighting for coverage. We are now working with Medicaid to cover medical bills retroactively so the family will not receive hospital bills when they should have been approved for coverage.
”

How can we reduce administrative burden?

AHHA is working to identify actionable solutions to remove unnecessary barriers that disrupt and delay care and contribute to healthcare provider burnout.

Simplifying administrative procedures can contribute to better access, reduced costs, and improved overall healthcare outcomes in the state.

Streamline administrative functions that delay discharge from hospitals

- ✓ Create processes to streamline and expedite service authorizations that delay discharges such as low-cost wound care, home oxygen, or nursing home care.
- ✓ Address lack of public guardians, which is an essential resource for placing patients into post-acute settings.
- ✓ Create training modules or worksheets for providers to ensure accurate document submission to Division of Public Assistance and Senior & Disability Services.

Reduce burdensome prior authorization policies

- ✓ Reform prior authorization processes to prioritize patient care in both private insurance and the Medicaid program.
- ✓ Overhaul Medicaid travel authorization process to increase efficiency and responsiveness to patient travel.

Improve background check process

- ✓ Implement live-scan digital fingerprinting to increase accessibility and improve reliability while decreasing processing time and cost to providers and applicants.
- ✓ Establish a secure online portal for submitting background check applications to eliminate white listing requirements.
- ✓ Evaluate barrier crimes matrix and identify differences between state and federal background check requirements.

Eliminate duplicative and confusing state and federal requirements

- ✓ Align state price transparency requirements for hospitals with more rigorous federal requirements.