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MHPA Statement in Response to GAO's Report on Medicaid Managed Care's Prior Authorization Decision-making in Children's Health

MHPA President and CEO Craig A. Kennedy, MPH issued the following statement in response to the release of the Government Accountability Office's (GAO) report titled "Medicaid: Managed Care Plans' Prior Authorization Decisions for Children Need Additional Oversight."

"MHPA and its more than 150 member Medicaid managed care organizations appreciate Congress' interest in ensuring that children have access to quality, affordable, and effective health care.

"Medicaid managed care covers 82% of Medicaid enrolled children. GAO's limited review of only a small group of plans' use of prior authorization in administering the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is not an adequate sample to accurately reflect the work of hundreds of Medicaid managed care plans throughout the United States and Puerto Rico. The report's limited analysis is not representative of hard work done by Medicaid managed care organizations to ensure that low-income children have access to the care they need, and it fails to provide policymakers, taxpayers, and the public with meaningful insight into the Medicaid program.

"Research shows that prior authorization – a critical review process utilized by every health insurance plan – enhances patient safety, increases evidence-based care, and reduces overutilization of medically unnecessary or low-value health care services. In fact, the report itself concedes that 'prior authorization can be a valuable tool.'

"Medicaid MCOs collaborate with CMS and health care providers to improve transparency, reduce administrative burden, and implement more seamless processes for prior authorization and will continue to work with their state partners to implement effective processes outlined in their state contracts, in which over half require national accreditation to ensure quality, while expediting decisions when appropriate as required by law."

For more details on prior authorization and how it benefits Medicaid enrollees, check out our [Fact Sheet](#).

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About MHPA

Founded in 1995, the Medicaid Health Plans of America (MHPA) is the only national association that solely represents the interests of the Medicaid managed care industry. Through its advocacy and

research work, MHPA supports innovative policy solutions that enhance the delivery of comprehensive, cost-effective, and quality health care for Medicaid enrollees. MHPA works on behalf of 150 plus member health plans, known as managed care organizations (MCOs), which serve nearly 48 million Medicaid enrollees in 40 states, Washington, D.C., and Puerto Rico. MHPA's members include for-profit and non-profit national, regional, and single-state health plans that compete in the Medicaid market. Visit medicaidplans.org for more information.