

AMRPA Summary of IRF Medicare Advantage Prior Authorization Survey, July-August 2024

In 2024, AMRPA conducted a [nationwide membership survey](#) tracking data from inpatient rehabilitation hospitals on the impact of prior authorization requirements by Medicare Advantage (MA) plans for admissions to IRFs.

- The survey found that MA plans **deny prior authorization for IRF admissions at a rate of more than 57%.**
 - Initial denial rates were even higher for the largest insurers in the MA program (UnitedHealthcare, Humana, and CVS/Aetna).
- Across two months in 2024, these denials, and delays in returning initial decisions, resulted in a total of **at least 70,000 acute hospital days waiting for determinations** from an MA plan.
 - If the same denial rates were extrapolated for the full calendar year and across all IRFs nationwide, this would represent **1.2 million days spent waiting for decisions.**
- The average wait time for an initial decision from an MA plan was slightly **over 2.5 days.**
- IRFs in the sample reported admitting a total of 12,098 MA beneficiaries during the sample period, approximately 44.6% of those initially screened for admission into the IRF and submitted for prior authorization from the MA plan.
- AMRPA analysis of combined IRF admissions data from eRehabData^{®1} and Netsmart Technologies, Inc. – UDSMR[®] database shows that MA admissions per 1,000 MA beneficiaries remains between 0.35 and 0.42; MedPAC data on Fee-for-Service (FFS) admissions per 1,000 FFS beneficiaries are approximately 1.0.
 - This suggests that **access to IRF care was nearly 3x lower in MA than FFS in 2024,** consistent with past MedPAC findings.²

Survey Sample:

- 367 IRFs responded, representing approximately 30% of the IRFs nationwide.³
 - Respondents covered 48 states and Puerto Rico.
 - Nearly 19,000 licensed IRF beds.
- 27,135 total prior authorization requests (13,691 in July and 13,444 in August).
 - UnitedHealthcare: 8,733 prior authorization requests (32.2%)
 - Humana: 4,954 (18.3%)
 - Aetna: 3,803 (14%).

¹ eRehabData[®] is AMRPA's outcomes and policy modeling system.

² MedPAC consistently found similar utilization differences across the FFS and MA programs in its annual March Report to Congress before it ceased including this data in the 2017 Report. See MedPAC March 2017 report at 272, March 2016 report at 248, March 2015 report at 246.

³ CMS Inpatient Rehabilitation Facility Data, General Information Data Set (December 2024), <https://data.cms.gov/provider-data/topics/inpatient-rehabilitation-facilities>.

Comparison of Results from Senate PSI Report (2019-2022) & AMRPA Survey (2024)

- In Fall 2024, the Senate Permanent Subcommittee on Investigations Majority Staff released a [report analyzing barriers to access for post-acute care in MA](#). This report found high rates of denials of IRF admission by major MA insurers from 2019-2022, consistent with AMRPA's findings for 2024:

Senate Report <i>(3 Major Insurers, All Annual Denials Data)</i>		
	IRF Denial Rate	Number of Requests
UnitedHealthcare		
2019	43.60%	34,476
2020	41.80%	35,546
2021	55.40%	45,682
2022	71.40%	46,395
Humana		
2019	55.40%	24,129
2020	42.30%	28,737
2021	49.50%	31,098
2022	51.30%	32,752
CVS/Aetna		
2019	39.30%	27,441
2020	37.90%	34,680
2021	45.90%	35,995
2022	48.10%	39,468

AMRPA Survey <i>(Subsample of 367 IRFs, July & August 2024 Only)</i>		
	IRF Denial Rate	Number of Requests
UnitedHealthcare		
2024 (July & August)	66.30%	8,733
Humana		
2024 (July & August)	65.60%	4,954
CVS/Aetna		
2024 (July & August)	57.70%	3,803
All Insurers		
2024 (July & August)	57.40%	27,135

Key Takeaways

- All three major insurers reportedly denied a majority of IRF admissions during the survey period in 2024, as did the entire MA insurer field on average.
- In 2024, Humana and Aetna's denial rates increased significantly from their annual rates as identified in the Senate PSI report.
- In 2024, United Healthcare's IRF denial rate slowed slightly from its peak in 2022, but the largest MA insurer continued denying two-thirds of requests for IRF admissions.
 - (Note: Data from 2023 is not currently available, underscoring the need for more robust transparency in MA plan practices)
- These high rates indicate that prior CMS policy reforms to prior authorization have not sufficiently protected access to inpatient rehabilitation care.

Questions? Contact Joe Nahra (jnahra@amrpa.org) at AMRPA.