

WEST VIRGINIA GOLD CARD

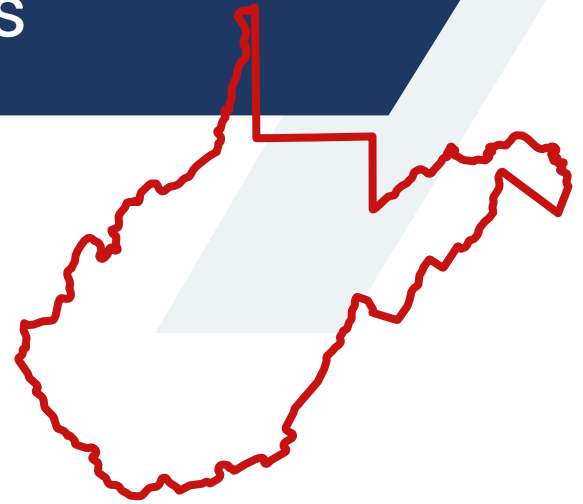
A Fact Sheet for Providers

PRIOR AUTHORIZATION BACKGROUND

Prior authorization requires health care providers or insurance plan enrollees to obtain approval from insurers or pharmacy benefit managers before the health plan will cover the cost of a health care product or service.¹ This practice can create significant barriers for providers to timely deliver evidenced-based care to patients by delaying the start or continuation of necessary treatment, and contributing to negative patient outcomes. Recognizing the need to protect prompt access to patient's treatments, states have passed laws to place guardrails on prior authorization policies. In some states, reform includes implementing time requirements,² prohibiting retrospective denials,³ or requiring the use of standardized paperwork.⁴

Despite these efforts, prior authorization policies continue to delay access to necessary treatments and place administrative burdens on physicians. It is a time-consuming process that diverts valuable time and resources away from direct patient care by requiring providers to spend significant time completing needless paperwork.⁵ As a result, states are starting to introduce "gold card" laws to help alleviate these burdens on providers.⁶ Typically, under a gold card law, providers are exempt from completing the prior authorization process for a treatment or service if they have successfully received prior authorization approvals for between 80 to 90 percent of their previous prior authorization requests within a specified time frame.⁷

In 2020, West Virginia implemented the first gold card law.⁸ In 2023, West Virginia revised its gold card requirements, lowering the approval threshold from 100 to 90 percent. Aimed Alliance developed the below fact sheet to educate providers on the newly amended gold card law.



WEST VIRGINIA GOLD CARD EXEMPTION

What type of health plans does the law apply to?

Any medical indemnity plan, managed care plan option, or group life insurance plan offered by the Public Employees Insurance Agency.⁹

Who qualifies as a gold card provider?

Health care practitioners who, in the most recent six-month evaluation period, performed an average of 30 procedures per year and received a 90 percent prior approval rating for such procedures.¹⁰

What type of services does the gold card law apply to?

The exemption applies to procedures, medical services, and medications.¹¹

How will providers know if they qualify for gold card status?

The “gold card” exemption applies automatically to qualified health care practitioners.¹² The insurer should notify the health care practitioner that he or she qualifies for the program.¹³

How long does the exemption last for?

After qualifying for the exemption, the Public Employees Insurance Agency shall not require the health care practitioner to submit a prior authorization for that procedure for the next six months.¹⁴ At the end of the six-month time frame, the exemption shall be reviewed prior to renewal.¹⁵ Should an internal audit reveal substantial variances in historical utilization or other anomalies, the exemption may be rescinded. Entities subject to this process are required to provide health care practitioners with a letter explaining the rationale behind the revocation of the exemption.



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