

Senate Bill 308/House Bill 305: Health Insurance – Utilization Review – Revisions

POSITION: SUPPORT

- Good afternoon. My name is Angela Campbell, and I am a certified professional coder and the supervisor of the prior authorization department in the Sandra and Malcolm Berman Cancer Institute at GBMC.
- We have 10 providers in the practice specializing in oncology and hematology.
- To support these providers, we employ 5 full-time staff who work to obtain prior authorizations for treatment necessary for the care of our patients.
- Over the years, we have seen the process grow more cumbersome with more medications and treatments requiring prior authorizations.
- Each day, my staff and I submit requests through the electronic prior authorization systems used by insurance carriers. On average, we submit about 50 requests per day among our three infusion centers.
- I can assure you that it is not an easy process, and the solution to addressing denials and delays is not for physicians to simply use these systems. These systems are often part of the problem.
- There is no single portal or uniformity among the electronic prior authorization systems used by insurance carriers.
- One of the hardest issues is trying to determine where to go to even begin the process.
- While there may be some overlap in vendors, each carrier has its own portal for submission of requests.
- There are different portals used for medications than there are for other health care services. Within one insurance carrier's portal, there may be additional portals for specific types of authorizations, such as oncology, cardiology, genetic testing, or radiology.
- Often, it feels that we are sent in circles trying to get to the correct portal or vendor.
- When we submit a prior authorization request, the questions and information requested are different with each carrier portal. Often the information requested is not relevant to the patient's diagnosis or treatment and takes additional staff time to complete.

- When the authorization request is submitted, only about 50% are automatically approved. The remaining requests are denied or pended for additional information.
- Because the portals don't interface with our EHR, when medical records are requested, these records must be printed, scanned, and then uploaded to the portal or faxed depending on the direction given by the carrier. This printing, scanning, uploading, and faxing takes considerable staff time.
- We often experience situations where a treatment will be denied or delayed because of missing information, such as a lab report, even though we submitted the information, but the carrier's staff are not familiar with reading the records or treatment plans, which then necessitates a series of phone calls between us and the carrier.
- To conclude, the most frustrating aspect of this process is the fact that, most of the time the medication or other health care service, is ultimately approved but only after considerable staff time is spent working through the process which can take days or even weeks, which causes patient's stress and anxiety, especially when it affects the timing of the patient's treatment plan.
- Thank you for listening, and I hope that you act favorably on this legislation.