



Insurance Authorizations and Getting Your Care Approved



CHONDROSARCOMA
FOUNDATION

Outline

1 Diagnosis



2 Authorization Process



3 Understanding the disease



- a. Introducing NCCN guidelines
- b. Keeping Meticulous Records
- c. Multidisciplinary Team
- d. Advocating for Yourself to the Insurance Company
- e. Advocating for Yourself Through Other Agencies

4 Summary



1 Diagnosis



a The shock of your chondrosarcoma diagnosis is becoming your reality.

b You have **found your sarcoma expert** and are proceeding with **treatment and surveillance**.

c Whether you are early in your journey or have been doing it for years, you may run into **issues with care denial or delay of care** due to the requirements for prior authorization.

d This can be **frustrating, scary, and demoralizing** but there are some ways to **minimize the damage** helping both yourself and those that come after you.



e Often your doctor's office does most of this work supplying requested records, appealing, and asking for peer-to-peer reviews.



f However, it is your insurance, so you have a right to interact and advocate for yourself in the authorization process.



g You might run into approval issues rarely or constantly but hopefully the following will help guide you.



Approved

- 1 Typically, your physician puts in a **request for a test or treatment approval**, sometimes submitting records as required. If everything goes smoothly, you will not need to do anything at all other than receiving the approved care.
- 2 If the care request fits into the guidelines your insurance uses, it will be approved.



Denied

- 1 It is important to make sure they are using the **correct guidelines** and remember that guidelines are not a substitution for clinical expertise and decision making.
- 2 If your expert chondrosarcoma doctor orders a reasonable test for you, it is indicated because you are a person and a patient, not a guideline.
- 3 However, knowing the guidelines may help fit those guidelines to your situation which can help speed authorization.
- 4 If the test or treatment does not meet the insurance guidelines, it will be rejected with a letter to you and your doctor.
- 5 At this point **your doctor will appeal sometimes asking for a peer-to-peer review** (meaning your doctor wants to talk to a doctor from the insurance company).
- 6 This insurance company doctor is often not an oncologist, or an oncologist experienced with sarcoma.
- 7 **Often the denial is reversed** due to this peer-to-peer call, but it is still important to follow through and record the credentials of anyone delaying or denying care throughout the authorization process.
- 8 In addition, when you receive that denial letter, it may give you the opportunity to **request review by an outside physician** and the ability to write in to request the documents relating to your review or denial. We would recommend you always do both.



3 Understanding the disease



Now that you understand the authorization process you can make a difference for yourself and people like you by understanding your disease, keeping meticulous records, and holding your insurance company and the insurance company reviewers accountable through 4 steps:

a

**NCCN
guidelines**



b

**Keep meticulous
records**



c

**Your
Multidisciplinary
team**



d

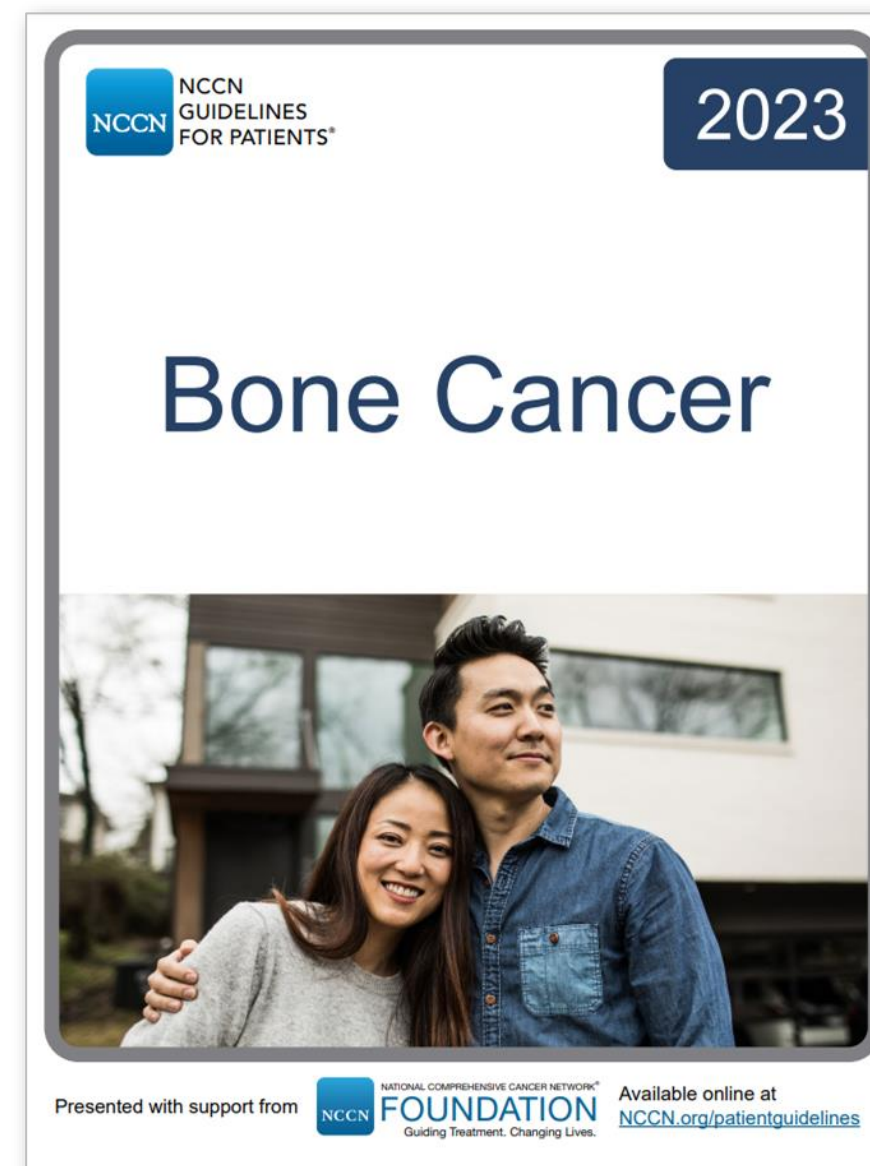
**Advocating
for yourself**





The NCCN guidelines highlight the standard of care for treating chondrosarcoma. In the event of getting an insurance denial, knowing what is in the guidelines can help you obtain an appeal.

- ☐ You can sign on for an account at NCCN.org. Your insurance may not be using NCCN guidelines, but they are likely similar. If they are not similar, then it is reasonable to ask the rational basis for the insurance company's guideline.
- ☐ You can find the NCCN guidelines here: <https://www.nccn.org/patients/guidelines/content/PDF/bone-patient.pdf>.
- ☐ It is important to note that the physician guidelines do differ from the ones available to patients, but your oncologist will have access to these as well.



3b Keep meticulous records of your care.



- a Record when a test or treatment was ordered and the dates of the request for prior authorization, actual prior authorization granted, and denials.
- b It is important to document any instance where scheduling or care is delayed and by how long when you are waiting for authorization.
- c If you get a denial letter, file this with your records and send a letter back asking for the documentation and credentials of the professional doing the review.
- d Ask for a copy of the independent physician expert review if one was performed as well.
- e When you receive these records take the time to read and establish who reviewed your care for the insurance.
- f Then investigate on the internet their qualifications to see where they are licensed to practice medicine and what their specialty is.
- g Specifically, are they an oncologist? A sarcoma specialist? Have they treated chondrosarcoma?
- h Next, call their office as a patient (which you are) and ask the scheduler if they are the doctor in the office you should see for chondrosarcoma.
- i This should not be a confrontational call; you are merely trying to assess if the doctor the insurance company paid to review your case and overruled or delayed your care treats patients with chondrosarcoma in the office.
- j You may find that the “expert” oncologist that denied your care doesn’t treat patients with chondrosarcoma. Record the names and credentials of those who are participating in your care decisions. In addition, record the date, time of your call and ask the person you talk to for their ID number or reference number of the call.

3c Your multidisciplinary team



- ❖ Your Oncologist/ sarcoma specialist and the multidisciplinary team including social workers can be a very useful resource to help get your care approved.
- ❖ Your oncologist and his/her staff almost certainly has experience with navigating through denials and delays in authorizations so they should be your first line resource to help expedite appeals.

3d Advocating for yourself to insurance company



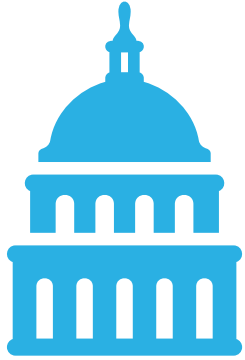
Now you are ready to advocate for yourself to your insurance company.

- a** You may not always feel like it, but there are some good people working at your insurance company.
- b** You can start by asking if your insurance has a care coordinator that assists people with rare diseases.
- c** Tell them your story and let them help you. Whether you have access to a care coordinator or not, actively advocate whenever you get a denial by calling the number on the back of your insurance card and ask who made the denial and what their credentials are.
- d** You should continue to keep detailed records on when you called, who you talked to and whether they helped you.
- e** What if your medication or treatment is denied due to “off label” usage: In this case, sometimes your oncologist can request the treatment be considered for “reasonable usage” in your specific case. If all else fails, you can reach out to the manufacturer of the drug and see if they have either a compassionate use or financial assistance program available.



You can advocate through external agencies including your HR department, consumer rights organizations, the department of insurance for your state, state medical boards, and by personalizing yourself to those insurance company physicians who review and deny your care without the proper expertise.

- a** **Your Human Resources** department may be able to apply pressure to the insurance company.
- b** If you have benefits through an employer, they are ultimately paying for the insurance. If they see that their employees are being treated poorly, your employer can advocate with the insurance company.
- c** Having great records and making it easy for them to see that this is not a way that they would want themselves or their family members treated will help you.



The state department of insurance for your state oversees the insurance companies and you can report unfair or unethical care/coverage practices to them for investigation.

- a** Once again, having detailed documentation of delays and denials and knowing the credentials of the doctor reviewing for your insurance company will increase the probability that your state department of insurance will be able to help you.
- b** If you find that your insurance company engaged a physician to do an external review and that physician denied care on you for a problem where they do not have expertise, this is not ethical care and can be reported to the medical board.
- c** This should be reported to the board where they are licensed. For example, if a GI doctor or family practice doctor was reviewing your chosen sarcoma expert and denying care, that would not be ethical.
- d** Similarly, if you find after requesting records that an oncologist reviewed and denied or delayed your care, but when you call their office to see if they are accepting new patients with chondrosarcoma, you are told that they only treat other kinds of cancer, not chondrosarcoma and that you should see someone else, then their review of your case is not ethical and could be reported to their state medical board.





- These steps may or may not get every test or treatment approved but this process is a marathon and not a sprint.
 - Increasing your knowledge and having great records showing how care has been delayed in the past (if that occurs) will help get your case the attention it deserves as time progresses.
 - It will also help those that have to go through the system with a similar diagnosis in the future.
- Hopefully, these suggestions have given you an outline of how to navigate through the denial process.
 - Unfortunately, sometimes despite your best efforts, some denials will not be overturned and then you will need to regroup with your oncologist on how to proceed forward.
 - We hope that this can help you gain some confidence in your approach with your insurance company and empower you to advocate for yourself or family members in a way that will help alleviate stress so that you can focus on healing.

Biography



Dr Dan Hurley is an otolaryngologist (Ear, Nose, Throat doctor) residing in Arizona. He was diagnosed with dedifferentiated chondrosarcoma in Dec 2021. He has undergone a hemipelvectomy, chemotherapy, radiation, and a clinical trial. He continues to fight this terrible cancer and has experienced denials and delays making him passionate about increasing transparency and accountability for insurance medical decision making that causes delays or denials of care. A care coordinator assigned by his insurance company has helped him tremendously in addition to the steps noted in the presentation.

Resources:

National Comprehensive Cancer Network Guidelines:

<https://www.nccn.org/patients/guidelines/content/PDF/bone-patient.pdf>

Pro Publica: <https://www.propublica.org/article/find-out-why-health-insurance-claim-denied>