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April 28, 2021

Jennifer Malin, MD, PhD
Medical Director, Oncology & Genetics
United Healthcare
9901 Bren Rd
East Minnetonka, MN, 55343

RE: United Healthcare Prior Authorization Tool for Radiation Therapy Services

Dear Dr. Malin:

The American Society for Radiation Oncology (ASTRO)[1], the American College of Radiology® (ACR)[2], and the Association of Community Cancer Centers (ACCC)[3] appreciate the continued dialogue with United Healthcare (UHC) regarding prior authorization and radiation therapy services. On March 30, 2021, ASTRO participated in a demonstration of the United Healthcare Optum prior authorization tool and portal for radiation therapy services. We appreciate the need to curb services that are not medically necessary; however, we are concerned that the prior authorization tool contains onerous processes that will delay care for cancer patients. Please find outlined below our recommendations to improve the prior authorization tool for radiation oncology practices, UHC, and the patients these groups serve.

During the March 30, 2021 demonstration, Ms. Jennifer Green specified that UHC has opted to require prior authorization only for the radiation therapy treatment delivery codes. **The steps UHC has taken to extract the most foundational information in an authorization request are valuable, and we recommend UHC continue to narrow this scope to determine the details that are available after the patient consultation is complete and most impact the authorization decision.** For example, during the demonstration, ASTRO pointed out that the tool requires the end user to select the level of energy prior to radiation treatment planning. The particular radiation delivery parameters a patient's condition requires cannot accurately be determined until treatment planning is complete, as the radiation oncologist must work with the medical physicist and dosimetrist to create the optimal individualized treatment plan for each patient that spares as much healthy tissue as possible. Requesting only the data points integral to authorization decisions will allow UHC to grant quicker, more accurate authorizations and enable radiation oncology practices to spend more time on patient interactions instead of administrative duties.

[1] *ASTRO members are medical professionals, who practice at hospitals and cancer treatment centers in the United States and around the globe and make up the radiation therapy treatment teams that are critical in the fight against cancer. These teams often include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers, and treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy and coding for radiation oncology services.*

[2] *The American College of Radiology (ACR®) is a professional organization representing nearly 40,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists. The ACR, founded in 1924, is a professional medical society dedicated to serving patients and society by empowering radiology professionals to advance the practice, science, and professions of radiologic care.*

[3] *The Association of Community Cancer Centers (ACCC) is a powerful community of more than 28,000 multidisciplinary practitioners and 2,100 cancer programs and practices nationwide. It is estimated that 65 percent of the nation's cancer patients are treated by a member of ACCC. Members rely on ACCC for education and advocacy support in adapting and responding to complex changes and challenges in the delivery of quality cancer care. ACCC provides resources on operations and management for programs and practices, reimbursement issues, policy and regulatory changes at the state and national levels, trends in cancer care, integrating new technologies and therapies, and more.*

ASTRO, ACR, and ACCC are also concerned that the data needed for prior authorization for radiation oncology is much less complex and onerous than that which is requested by the prior authorization tool. The goal should be to ensure that a patient is getting the correct treatment plan for their diagnosis and stage of disease; anything beyond that wastes time and effort without bringing value. During the demonstration, Ms. Green and Dr. Sanath Kumar presented a prostate cancer case. The tool asks several discrete questions regarding stage, grade, PSA, and prognostic risk group. This is excessive and unnecessary, and it requires finding and entering multiple pieces of data. In fact, the treatment decision is driven by the prognostic risk group. This is just one example, as several of these types of examples exist in the tool overall. Additionally, the tool included Stereotactic Radiosurgery (SRS) in a list of treatment options the end user could select. SRS is radiation therapy delivered to intracranial targets and selected tumors around the base of the skull and can never be utilized for prostate cancer. The demonstration also showed that end users had the ability to select the use of rectal spacers for the treatment of prostate cancer. The rectal spacer option did not appear in the breast cancer case UHC demonstrated earlier, indicating that the tool infrastructure can be customized to a certain degree. **We urge UHC to streamline the tool to remove clinically irrelevant options, such as listing SRS for diagnoses other than central nervous system tumors. UHC should determine the specific elements that trigger each authorization decision and ensure focus on obtaining that information from practices to prevent confusion and administrative burden for the practice staff submitting the request.** Clinicians will more readily adopt the prior authorization tool if the technology reduces administrative burden and increases the amount of time they are able to spend with patients.

UHC stated that the prior authorization tool is designed to be completed by administrative staff. The effort to reduce prior authorization burden for physician and clinical staff is appreciated; unfortunately, many of the questions included in the authorization request require a level of clinical knowledge that does not align with that of administrative staff. Unless the tool focuses on information available after the patient consultation that is inherent to the patient's treatment regimen, radiation oncologists will need to be involved in the majority of prior authorization submissions to UHC.

ASTRO, ACR, and ACCC agree that clinical decision support tools play an important role in streamlining the prior authorization process. **We recommend that UHC allow providers with high rates of approvals over a specific time frame to be exempt from prior authorization requirements when performing treatments considered standard of care.** This will reduce the time that providers and patients spend waiting on prior authorization decisions, while enabling UHC to better focus its utilization management resources.

We were surprised to learn that UHC does not offer a live chat function, nor have they determined a concrete response time for inquiries and authorization requests. The prior authorization tool can prevent delays in patient care by offering live chat assistance to the end users requesting the authorization and responding to inquiries and authorization requests in a specified, timely manner. This is paramount, as research demonstrates a 1.2 to 3.2 percent increased risk of death with each week of delay in starting cancer treatment.[4] Additionally, in a 2018 nationwide survey of radiation oncologists, more than seven in 10 radiation oncologists (73%) surveyed said their patients regularly express concern about the delay caused by prior authorization.[5] **While addressing clinical and administrative concerns is vastly**

[4] Khorana AA, Tullio K, Elson P, Pennell NA, Grobmyer SR, et al. (2019) Correction: Time to initial cancer treatment in the United States and association with survival over time: An observational study. PLOS ONE 14(4): e0215108. https://doi.org/10.1371/journal.pone.0215108.

[5] https://www.astro.org/ASTRO/media/ASTRO/News%20and%20Publications/PDFs/ASTROPriorAuthorizationPhysician-SurveyBrief.pdf.

important, the most fundamental issue UHC must consider is the impact of the prior authorization tool on patients.

ASTRO, ACR, and ACC endorse professionally developed and vetted clinical practice guidelines, appropriateness of care criteria, and consensus-based model policies developed in a transparent manner with peer review and input as a foundation for clinical decision making. However, we are opposed to restrictive prior authorization practices that oversimplify the process of individual patient management and subvert the physician-patient decision-making process. **UHC can take meaningful steps toward reducing administrative burden by ensuring the prior authorization tool asks only those questions necessary to determine if the authorization request is appropriate; anything beyond this only increases burden.**

Thank you for your consideration of our comments. We look forward to continued dialogue with UHC centered on refining the prior authorization process to benefit radiation oncology practices, UHC, and cancer patients.

Sincerely,

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