Representative Susan Donovan, Chair
House Committee on Health and Human Services
Rhode Island State House
Providence, RI 02903

RE: H7043 – Benefit Determination and Utilization Review Act

Dear Chairwoman Donovan and honorable Committee members,

My name is Danielle DiMartino, and I am an employee at VICTA. Part of my role is managing prior authorizations for patient medications. I am writing in support of H7043. Below are a few examples of the process for obtaining these authorizations which I believe will illustrate why we need to remove this barrier to care. These are all real-time accounts of a sampling of my experiences, which I compiled per the request of my supervisor who has been attempting to escalate these concerns with the health plans.

- UHC call from 11/1/23: 45 minutes - Called #877-842-3210 - spoke with Geo then transferred to OP & spoke with Calia on the med team who transferred me to Rachel who stated she didn't handle Medicare, then transferred me to John in medical, then to Jack, then to Joy – was only able to get one auth done for #1082

- UHC 11/2 Called #877-842-3210 as we were directed last time - First spoke with Anne who transferred me to Tiffany in the intake team as they handle it. Then they said that it was a different number I was supposed to be calling #800-396-1942 and I spoke to Maria who then transferred me to Tisha at the onshore team who was able to assist. Tisha advised that for any DSNP patients we can call #-866-561-7518 (which I called today & it is a kidney department). I was on the line for almost an hour total and only able to get one auth.

- 11/6 call to UHC: 1005am-1143am Called #877-842-3210 for 3896, 3910, 3276, 4048 (I quoted all of the id #'s first to make sure I was getting directed to the correct line) Spoke with Lyn E who transferred me to Roly in the Intake Dept who advised that they can't pull any of the accounts up. Roly stated that I had to speak to #800-552-9951, when I got transferred I was unsuccessful in getting someone on the line. I had to call the number back and spoke with Amber J. who stated it was a different dept that handled it. Then they transferred me back to the original number I called first - #877-842-3210. Then I spoke to Rams B who stated it was yet again another team that handled it. Then I got transferred to a Karen who was having computer issues. But stated that 3896 & 3276 had to go through to #855-766-0344 (which I called, spoke to Danielle & was able to obtain auth – took about a half hour). However, 3910 & 4048, because she was having computer issues – she stated that she would call me back by end of business day with auth #'s. She stated that other reps could see the auth info if I called back later, I ran it by Daniella who stated she did not see any new auths as of yet. I will call back.

- 2/14 – Tufts - his appt is next week - 2.8 – Per Genoa AUTH is req – through the med benefit, so can't use Cover My Meds (online portal for prior authorization requests), I tried CMM last week for the hell of it & it kicked back stating no auth needed. 2.13 - Called TUFTS to clarify – they state that it does need auth & they are sending me a copy of the form to fill out to do the auth, I tried to do it online first, but unable to do online because you can only do requests for services there, called multiple times to find a working fax number to send the completed paper auth I

completed to (I worked on this for like 2 hours) Then they faxed me a document stating that no auth is req for VIVITROL.

- 2/14 – BCBS/Medicare - her appt is the last week of the month – I did the Pre auth on CMM - kicked back stating unable to do online. Attempted to submit via secondary payer Aetna, they state it was approved but that there is an overlap with the last auth, CVS repeatedly states auth is still not done/nor approved. Website states that it is approved but that the original req needs to be modified because of the overlap. Nowhere on the website can you modify a pre-auth. After speaking with colleague we decided that I would call for more info - 2.13.24 - Called Aetna a few times, they can see that the auth is valid till may 28, but do not have access to see how many units - transferred back & forth from Aetna & CVS a few times (States Aetna handles the auths, disconnected, etc.). No one on the phone able to help.

- 2/14 – BCBS - Writer has been working on patient's preauth for buprenorphine over the last two weeks. Continued communication with pharmacy as well. Stop & Shop reports that preauth is required. Attempted on CMM with the auth they started. It was not approved. Tried doing another auth & it was not pulling up anything for either policy that PT has, eligibility check done shows that ZBE & ZBO member IDs are both active. Stop & Shop reported that the patient should only have one plan but that there was an issue when they tried to run it that he has to rectify. Patient ended up paying out of pocket because we were not able to get the pre auth approved for FEB. Will be an issue in March. Called BCBS to ask again about the auth clarification & issue with both policies. Rep Mae Ref # 06261502 advised that no prior auth is required for the medication requested. Writer to discuss with Supervisor/Clinical team for assistance.

I hope that these examples help illustrate the unnecessary bureaucratic processes that delay life-saving care. One additional factor to consider is that when we do get through to representatives for authorizations for methadone or buprenorphine with United, they don't ask for any clinical or medical information, they just take demographic information and put it in the computer and create an authorization number. This has to be done every six months.

Please vote yes on H7043 so VICTA and other providers can focus on patient care and not administrative hurdles.

Thank you,

Danielle Dimartino
West Warwick