Template: Clinician Letter to Medicare Regional Office on UHC Prior Authorization Policy

Insert the applicable information in brackets and create a letter to mail or email to your Medicare Regional Office (List of email addresses by State [HERE](https://www.cms.gov/about-cms/where-we-are/regional-offices), physical addresses for Regional Offices [HERE](https://www.cms.gov/about-cms/work-with-us/careers/locations-facilities) [scroll down the page to find]).

**REMINDER**: Delete these submission instructions and any other bracketed language below prior to submitting your letter.

Dear [Medicare official]:

I am a resident of [STATE] and am a licensed physical therapist. I am also a licensed provider of physical therapy services in the Medicare program. [INSERT A PARAGRAPH ABOUT YOURSELF, THE PHYSICAL THERAPIST SERVICES YOU PROVIDE, YOUR PRACTICE SETTING, AND THE PATIENTS YOU SERVE.

I am writing to request your assistance in addressing a serious problem my patients have been experiencing with a Medicare Advantage plan (MA plan). Under federal law, [MA PLAN NAME] is accountable for providing access to care for their enrollees at least equivalent to Medicare Part B (42 CFR 422.1(a)(1)(iv) and 42 CFR 422.100(c)(1)). However, government reports have repeatedly shown that MA Plans inappropriately limit medically necessary care. See <https://oig.hhs.gov/documents/evaluation/3150/OEI-09-18-00260-Complete%20Report.pdf>. In my patient’s experience, nothing has changed since the publication of this important federal report. In fact, the situation has deteriorated as the MA plan recently implemented a new policy that impedes the provision of outpatient physical therapy services. See <https://www.uhcprovider.com/content/dam/provider/docs/public/prior-auth/pa-requirements/medicare/UHC-Medicare-Therapies-Prior-Auth-Expansion-Outpatient-Therapy.pdf> The new policy makes it difficult if not impossible to provide benefits to my patients on at least an equivalent basis as those enjoyed by Medicare Part B beneficiaries, even those who are in critical need of care.

The new [MA PLAN NAME] blanket prior authorization policy inappropriately limits the utilization of the outpatient physical therapy benefit. Since the policy was implemented, [(INSERT: Tell your story about the difficulties you have experienced including: significant delays in getting approval for benefits, improperly denied benefits, been approved for an inappropriate amount of visits, delays or denial of payment etc.]

While I understand that the Medicare Advantage program must make reasonable efforts to ensure appropriate utilization of services, the prior authorization program is pervasively flawed, fraught with problems, and fails to put my patients’ needs at the forefront of care. By inhibiting the delivery of seamless medically necessary care, [MA PLAN NAME] is putting Medicare beneficiaries’ health at risk while also causing harm to the integrity of the Medicare program, leading to greater downstream medical costs and poor outcomes. Further, I am deeply frustrated that due to mismanagement of the prior authorization program, I may be unable to continue to deliver care to beneficiaries enrolled in [MA PLAN NAME] in my community.

I respectfully request that your office contact [MA PLAN NAME] to ascertain why [MA PLAN NAME] is improperly denying Medicare beneficiaries access to medically necessary services, and to encourage the rescind the policy to address the numerous issues it has created.

I also urge you to include this letter and any others that you receive like it in any consideration of [MA PLAN NAME] star ratings or the MA plan’s Medicare Advantage bonus program. It is my firm belief that the [MA PLAN NAME] is limiting the provision of benefits under the plan in violation of Medicare statute and regulations.

Thank you for your consideration. Please do not hesitate to contact me if you have any questions or would like to discuss in further detail.

[NAME

ADDRESS

TELEPHONE

EMAIL]