

7/22/16

Jennifer Minich,

Legislative Assistant to Sen. Karen Keiser

Olympia, WA

Hi Jennifer,

I was glad to speak with you earlier. Here is the general text of the e-mail I sent to Commissioner Kreidler 6 weeks ago. I hope this e-mail covers all the relevant issues and concerns for not only my wife and myself, but for all citizens of Washington State. I made editing changes and added additional information since sending the original to Commissioner Kreidler, to make it more readable, and increase clarity and depth about the issue that my wife's specific example highlights. In addition, I am giving the latest update from my wife's example below. If you would like to speak further, my private cell # is 206-240-9880.

Problem:

Given the new realities of the individual healthcare insurance market and that people are changing insurances at a much higher rate than in the past due to changes in coverage, deductibles, premiums etc... there is a major problem with people who have been taking medications paid by their old insurance company but "pre-authorization" for same medication is denied by the new insurance company. This relates to transparency and disclosure by insurance companies in assisting citizens to make fully informed decisions about their healthcare coverage, as well as continuity of coverage given the fluctuating realities of the new healthcare market.

Specific Example:

Our new insurance company (Group Health) denied pre-authorization for medications (which are on the GH approved formulary) taken long term by my wife who had the exact same medications covered by our prior insurance companies without a problem.

History:

Specifically, my wife has been taking a Personal health info

Personal health info These medications and methods of administration were previously covered by our prior insurances -- Community Health Plan (2015) and prior to that Lifewise (for over 15 years). When we were forced to switch to Group Health Access PPO plan because Community Health Plan withdrew from the WA Exchange market in King County, we were left with no alternative but to switch to Group Health to keep our all of our doctors and the First Choice Health network. When it came time for my wife's Personal health info to be renewed 4-5 months ago Group Health told her Personal health info would not be covered, but Personal health info would be covered. Despite a letter of appeal from her PCP that Personal health info Personal health info, they still denied coverage.

When my wife scheduled to have her Personal health info Personal health info administered by her PPO Personal health info 2 weeks ago (*now about 6 weeks ago*), Group Health told her that she needed to Personal health info and document failure before this particular preventive would be considered for approval. They again denied the Personal health info despite a letter from the Personal health info attesting to the importance and efficacy of this particular medication for her treatment. We told Group Health that

she has taken this **Personal health info**

The response was that she was "not with Group Health for years".

She asked Group Health to send their policy and the lists of medications on the formulary (along with the minimum lengths of time deemed appropriate to determine failure or success of treatment) so we could respond in an appeal. GH sent her the policy and the list of medications, but not the requested time line. GH did not respond to her follow up phone calls for a time line. In fact, GH told my wife she had to sign a release for her doctor to even make an appeal. Unless a signed release for her doctor to appeal was on file at his office, GH would not even look at any appeal...so my wife had to make a special trip to the doctor downtown just to sign a release for which her doctor already had permission.

The [REDACTED] denied by Group Health are FDA approved and proven successful (and without side effects) for my wife.

As of this time, my wife is forced to purchase privately the Personal health info, and will have to pay a Personal health info

Personal health info

Personal health info

Update 7/22/16:

My wife called Group Health today and found out that they denied the appeal. They said they take up to 30 days to make a decision and they supposedly mailed a letter to her [REDACTED] a week ago. The [REDACTED] did not have possession of any

Personal health info

communication from Group Health as of this morning. Nor did Group Health have the courtesy to inform my wife directly about the decision. When my wife asked Group Health to email the denial letter they promptly did so. The denial letter explained that the denial was reviewed by an “expert” who is actually board certified in “Family Practice”, and NOT in [Personal health info].

This qualification of the “expert” raises additional questions about the professional qualifications Group Health and other insurances establish for “pre-authorization” decision makers --- those who render medical procedure determinations in specialty areas outside of their own areas of board certified expertise --- I am curious about when a Family Practice doctor has greater expertise than the specialist in the specialty in which my wife is being treated [Personal health info]?

My wife’s example above is but one set of examples from our personal lives. In my particular field of Mental Health practice, I have encountered multiple examples of my clients and the patients of the Psychiatrist who I share office space with who are denied the medications they need for [Personal health info]. I believe the issue is especially acute in Mental Health practice. I am aware of psychiatrists dropping off insurance panels due to the onerous demands made upon them by insurance companies to appeal and re-appeal denials multiple times for each patient to their great frustration.

Best regards to you and the Senator. I look forward to hearing from you again.

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