

External Review of Appealed Health Plan Services

*Empowering Pennsylvanians to Understand and Exercise their
Rights Under a New Consumer Protection Law*



2024 NASCIO State IT Recognition Awards Government to Citizen

Pennsylvania Office of Administration
Commonwealth Office of Digital Experience (CODE PA)

Protect Started: May 2023
Project Completed: November 2023
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Executive Summary

Navigating the healthcare system can be overwhelming to many consumers. It can be especially challenging when a health insurer denies coverage for a service, treatment, or item that a physician, patient, or caregiver believes is necessary and covered under the health plan.

Pennsylvania Act 146 of 2022 creates standards and timely feedback for commercial health insurance plans, as well as Medicaid plans, when health care providers seek prior authorization approval from insurers. A key provision of this new law directs the Pennsylvania Department of Insurance (PID) to administer an independent external review process for denied medical claims.

On January 1, 2024, PID and the Commonwealth Office of Digital Experience (CODE PA) launched a [new website and online](#) form to fulfill this legislative mandate. CODE PA sought to create a digital experience that both comprehensive and pragmatic, striking a balance between “collecting all of the right information” and “making it easier and more accessible for our residents.” The project was completed in 16 weeks following the gathering of requirements.

In the first three months of this program being live (January to March 2024), there were 452 submissions from commercially insured residents. Among cases assigned to an independent reviewer with completed reviews, 60 decisions were received. Of these, 29 overturned the plan's denial, 2 partially upheld the denial, and 29 upheld the denial. Each overturned denial represents an individual receiving necessary medical care that they otherwise might not.

The execution of this form is not only making a difference in the lives of Pennsylvanians, but it also meets exceptional accessibility standards this application scored 98% for WCAG 2.1- standards, is fully mobile optimized, and allows for a streamlined consumer experience.

Additionally, through the completion of this project, the Commonwealth now has a design and code framework that is being used in other projects to improve the user experience for web forms. It also laid the groundwork for a new digital experience internship focused on making forms more user friendly and accessible. This program will kick off in summer 2024 with three college interns in CODE PA.

Idea

A 2023 survey by the Kaiser Family Foundation found that 16 percent of all insured adults in the past year experienced problems with preauthorization, which is the process used by health insurance companies to review and approve a service, treatment, or item before a policyholder receives care. Further, the study found that people whose health insurance problems included prior authorization were far more likely to experience serious health and financial consequences, compared to people whose problems did not include prior authorization. Further, 30 percent of patients responding to a 2022 survey by the American Medical Association said that issues with the preauthorization process always or often resulted in abandoning treatment, and 33 percent of physicians said that prior authorization led to a serious adverse event for a patient in their care.

The Commonwealth wanted to help consumers by offering a path of recourse if they believe their insurer has wrongly denied a claim for covering a medical service, treatment, or item. The state-specific standards went into effect on January 1, 2024, as part of Act 146 that was passed into law in 2022. When coverage for a service is denied, and after consumers complete the internal appeal process with their insurer, they may submit a request to PID for an independent external review to be completed by a certified independent review organization detailing why a service, treatment, or benefit should be covered by their health plan.

If the consumer is eligible, the certified independent review organization, with experienced doctors and health care professionals, reviews the consumer's case and medical records. If the independent review organization determines the disputed request should be covered, the consumer's health plan will be required to do so. Independent review decisions are final and binding. There is no cost for consumers to submit an independent review request.

PID oversees the process for determination of eligibility for the review, communication, and assignment of the certified independent review organization.

Once the request is received by PID, eligibility is determined within five days. If eligible for an independent review, consumers are given 15 business days from receipt of their notice informing them of the independent review organization assigned to their case to submit additional medical records or documentation to the third-party reviewer, who has 45 calendar days from assignment to make a final decision. Most requests should receive a final decision in less than 60 days from the date the independent review request is received by PID. Through this process, PID can identify problematic patterns and address systemic issues before additional consumers are harmed.

For the implementation of Act 146 of 2022, the Commonwealth sought to create a digital experience that was both comprehensive and pragmatic. We thought it was important to

strike a balance between “collecting all of the right information” and “making it easier and more accessible for our residents.”

The Commonwealth used Agile methodology to quickly design, test, and execute a minimum viable product (MVP) in just 16 weeks that meets many of the requirements of a mobile optimized, intuitive form for consumers. Additionally, the project presented an opportunity to begin to reimagine the user experience for online forms, which are ubiquitous across government agencies and often a necessary first step to receiving benefits or services. The toolkit developed during this project is already being utilized by other teams and has led to the creation of a new user experience internship for college students to begin this summer.

Implementation

Our goal is that users will feel confident in their digital experience, and that completion times will represent a limited burden on the users. The success of this project will be measured in different ways, but ultimately will be based upon the utilization of the application and sentiment for the end-to-end operational experience with PID. Additionally, the digital application itself will be monitored by Adobe Analytics to understand potential areas to streamline based on user engagement.

The Commonwealth is reimagining the way that consumers will interact with web forms when accessing government services. To do this, the CODE PA team needed to implement a new toolkit that could not only function for the Act 146 mandated web form, but also scale broadly to new and existing web form applications. As a result, the team incorporated this implementation into the overall web redesign effort, creating a design and code framework that can be leveraged for all web forms going forward.

The team was comprised of 3 developers, 1 UX designer, 1 QA analyst, 1 product manager, and 1 scrum master. They leveraged an Agile methodology across internal stakeholders and vendor staff augmented resources to quickly design, test, and execute a minimum viable product (MVP) in a matter of just 16 weeks after the capture of requirements from the customer. Support was also provided within IT from the networking, security, cloud, and infrastructure teams.

The team built the application within Adobe Experience Manager, hosted in Azure Gov Cloud. This platform represented the very first application and web form going live in the new enterprise technology stack for a new PA.gov being launched by the Commonwealth to re-imagine a fully accessible, mobile-optimized digital landscape.

The team remained in contact with stakeholders in legal, PID, Governor’s Office and communications to maintain engagement and streamline approvals. Weekly meetings that included demos of the design and development every step of the way helped everyone stay

connected. Rather than waiting to unveil a fully completed product, we iteratively shared progress which allowed us to meet a very aggressive timeline.

The MVP met many of the product's end-goal requirements of a mobile optimized, intuitive form that could be used to submit secure information to a managed email resource account that the Insurance Department could triage for appropriate support. There is room in the future for continued optimization by developing an interface for the product with a case management system to improve the agency employee experience.

Following a soft launch of the application, a [press release](#) was distributed by PID and the Governor shared this new web form design on his social media channels.



Impact

In the first three months of this program being live (January to March 2024), there were 452 submissions from commercially insured residents, with 159 coming through the Act 146 portal, indicating a 33% digital submission rate. Among cases assigned to an independent reviewer with completed reviews, 60 decisions were received. Of these, 29 overturned the plan's denial, 2 partially upheld the denial, and 29 upheld the denial. This translates to a 48.3% overturn rate, 48% uphold rate, and 3.3% partial uphold rate. Each overturned denial represents an individual receiving necessary medical care that they otherwise might not.

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