





May 15, 2023

Andrew Witty
Chief Executive Officer UnitedHealth Group
9900 Bren Rd E
Minnetonka, MN 55343
andrew.witty@uhg.com

Dear Sir Andrew-

On behalf of our members and patients, we urge UnitedHealthcare (UHC) to rescind its March 1, 2023, announcement requiring prior authorization for most gastrointestinal (GI) procedures and services beginning June 1, 2023. Together, our three societies represent virtually all practicing gastroenterologists who provide preventive, consultative and therapeutic care for the U.S. population. We believe that these prior authorization changes will significantly disrupt patient care and continue to strain our members' practices. Our societies appreciate meeting with UHC to discuss the announcement and FAQ guidance. However, each discussion has resulted in more questions, more confusion, more uncertainty, and more frustration over how UHC will implement this program without delaying access to care and straining our practices. We are not alone in this concern. Over 1,600 letters from individual physicians and patients were sent urging UHC not to move forward with these changes. A coalition of roughly 175 patient advocates, national, state, local medical societies, academic institutions, and individual practices from across the country have also urged UHC to reverse this policy. Various medical societies and patient advocacy groups have also individually expressed concern. The flawed program structure and lack of specific details in your policy announcement and subsequent roll-out guidance has resulted in a groundswell of fear, frustration and administrative confusion across our patient and provider community. We urge you to cancel this upcoming policy prior to June 1, 2023.

Furthermore, the March 1, 2023, announcement will impact many preventive and life-saving services at a time when patients are catching up on necessary treatments/services that are part of the colorectal cancer continuum of care. Additionally, in recent years, the untimely deaths of many celebrities, athletes, and actors due to the belated diagnosis of colon cancer brought national attention to the rising prevalence of colorectal cancer in younger patient populations and the importance of seeking and maintaining appropriate care. UHC's new GI prior authorization program runs counter to the efforts to catch up on care not received during the COVID-19 pandemic, the ever-rising rates of colorectal cancer, and the national expansion of the colorectal cancer continuum. Much of this care would require prior authorization for medically appropriate procedures under UHC's program.

¹ New requirements for gastroenterology services: https://www.uhcprovider.com/en/resource-library/news/2023/new-requirements-gastroenterology-services.html

The reality is that medically necessary procedures will be delayed because of UHC's program and patients who are already hesitant to get the procedure or have high-risk social determinants of health will decide not to follow through when they are faced with the delay caused by this unnecessary and additional barrier. All gastroenterologists have examples of patients with rectal bleeding or other symptoms that require significant counseling by the primary care physician and/or gastroenterologist to convince the patient to follow through with a medically necessary endoscopic procedure. There is also evidence that many patients with high-risk polyps (e.g., high-grade dysplasia, large adenoma, large flat polyp with EMR) do not come back in recommended intervals. This is critically important as patients who did not have a colonoscopy after a positive non-invasive colorectal cancer-screening test, for example, have a 103% higher risk of death, compared with those who had a colonoscopy. According to the U.S. Multi-Society Task Force (USMTF) guidelines, undergoing surveillance colonoscopy reduces the risk of colorectal cancer incidences by 43% – 48%. All of these patients would be subject to this prior authorization policy and the data show that a significant number will forgo care when faced with the barriers caused by UHC's program.

We were extremely disappointed that UHC's announcement was released as our country was coming together to raise awareness for National Colorectal Cancer Awareness Month.⁵ We were further astonished when UHC subsequently announced on March 29, 2023, that it will reduce *all prior authorization requirements by 20%*,⁶ beginning June 1, 2023. It appears that GI has been excluded from UHC's "comprehensive effort to simplify the health care experience for consumers and providers," as outlined in this March 29th announcement. Beginning June 1, 2013, this broad-stroke exclusionary approach will disproportionally impact our specialty and patients.

Our societies have met with UHC and recently tried to schedule another meeting on these important issues, a follow-up meeting that was originally recommended by UHC. We continue to offer any clinical data and subject-matter expert as part of our various follow-up requests for further discussion. Prior authorization continues to strain the patient-provider relationship. Please reconsider and rescind your forthcoming prior authorization changes. We would appreciate the opportunity to meet with you again to discuss this issue. Please contact Brad Conway, American College of Gastroenterology at bconway@gi.org, Leslie Narramore, American Gastroenterological Association, at lnarramore@gastro.org, and Lakitia Mayo, America Society for Gastrointestinal Endoscopy at lmayo@asge.org to schedule a time for this meeting.

Sincerely,

² https://acsjournals.onlinelibrary.wiley.com/doi/10.1002/cncr.34692

³ Zorzi M, et al. Gut 2022;71:561–567. doi:10.1136/gutjnl-2020-322192

⁴ Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer:

https://journals.lww.com/ajg/Fulltext/2020/03000/Recommendations_for_Follow_Up_After_Colonoscopy.19.aspx

⁵ https://www.whitehouse.gov/briefing-room/presidential-actions/2023/02/28/a-proclamation-on-national-colorectal-cancer-awareness-month-2023/

⁶ https://newsroom.uhc.com/experience/easing-prior-authorizations.html

Danil & Pawleaus, MA

Daniel J. Pambianco, MD, FACG President, American College of Gastroenterology

John M. Carethers, MD, AGAF

President, American Gastroenterological Association

Jennifer A. Christie, MD, FASGE

President, American Society for Gastrointestinal Endoscopy

CC:

Laurie Gianturco, MD, National Medical Director, Radiology, United HealthCare Anne Docimo, MD, Chief Medical Officer, United HealthCare Philip Kaufman, Chief Growth Officer, United HealthCare