
HEALTH PLAN WEEK

Health Plans Turn to Decision Software For Genetic Testing to Speed Approvals

Anthem Blue Cross appears to be a front-runner among large insurers seeking ways to ease the approval process for genetic testing — something industry insiders say has been done among smaller health plans for years. The new online tool used by Anthem, Inc.'s California subsidiary is said to speed the approval time for testing from days to minutes. Other insurers like Cigna Corp. still are evaluating such offerings, but genetic testing experts say these tools can help insurers cope with rising demand among physicians and consumers as the number of such tests skyrockets.

Anthem rolled out a new platform on July 1 to its fully insured and self-insured members, and will add it to national account members in 2018, according to Karen Lewis, solutions management director for AIM Specialty Health, Anthem's national specialty benefits management company, which is hosting the tool. AIM launched the platform in April to enhance the medical oncology solution it offers its clients.

AIM programs the tool for each of its clients according to the genetic testing medical policies of that client — in the case of Anthem, there are 47 medical policies in place, Lewis says. When a health plan network physician logs into the portal set up by AIM and enters the test requested, the program responds with what tests are approved.

According to Lewis, prior to implementation of the platform, "the onus was on the providers themselves to understand the medical policy and interpret it on their own." Providers would send patients to the lab to get a test, then bill Anthem and hope it was covered. The new platform moves the coverage decision to preservice, which is a plus for everyone, she says.

According to Lewis, many smaller health plans have already implemented this type of program, some of them 10 years ago. Larger health plans are only now getting on board.

"All of the payers recognize this area is growing at such a rapid rate, and it's very difficult to keep up with the technology needed in helping to oversee the process," she says. That's why many plans are seeking out software programs or are designing their own to help with the genetic testing approval process.

"We want to make sure we're all getting the best information we can, to be able to move forward with the test and the reimbursement process," Lewis says. The AIM tool is also bringing relief to labs who often had uncertainties about the reimbursement behind a test.

"Genetic testing is certainly complex and becomes more so every day," says Jeffrey Hankoff, M.D., medical officer for clinical performance and quality at Cigna Corp. who oversees its genetic testing and prior authorization programs.

"Since Cigna formalized its genetic testing program four years ago, the number of tests on the market has more than doubled, which is astounding," Hankoff says. "There are more than 68,000 genetic tests available. The challenge for insurers — and our customers and clients — is that most of those tests have no currently proven clinical value. They do not achieve the fundamental purpose of diagnostic testing, which is to provide useful guidance as to treatment, family planning or risk."

Hankoff says Cigna is interested in using such a platform, but hasn't found an automated tool that it deems to be simple, fast, flexible and accurate, factors the insurer sees as essential. "The tool must also advance the interests of all stakeholders — patients, providers, employers/plan sponsors and health plans."

Cigna's mission is to help people improve their health and well-being, and it's the health plan's responsibility to help its customers obtain evidence-based care that can help them get and stay well, Hankoff says. "Most of our business is through self-funded employer clients, so we have a fiduciary responsibility to ensure that their funds are spent on proven, evidence-based care," he says.

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The situation poses a dilemma, according to Hankoff. "On the one hand, prior authorization is the best tool we have to ensure that our clients' and customers' funds are being spent on proven treatments and diagnostics. On the other hand, we recognize that prior authorization is a pain point for health care providers," he

says. “That’s why we are evaluating a number of ways to improve the process, including the use of automated online tools — not just for genetic testing but for other procedures or treatments that are subject to prior authorization.”

Razia Hashmi, M.D., Anthem’s medical director for commercial business, says the new platform adds a welcome “level of transparency” to the genetic testing approval process. Like Cigna, Anthem says the tool must improve the treatment of patients on a global scale. “Ultimately, we are trying to improve population health; that’s our objective.”

David Williams, president of Health Business Group, a Boston-based consulting firm, says, “It makes sense that health plans are turning to external benefits management companies, especially those involved in the radiology field. The issues in genetic testing are similar to those in advanced imaging such as MRI and PET: how to contain costs and ensure proper utilization of expensive and complex diagnostic tests, for which there is large and growing demand.”

“As genetic testing enters the mainstream, health plans are concerned about inappropriate testing and downstream expenses that are incurred for additional testing and treatment based on the initial test results,” Williams says.

They are also worried about how to cope with the influx of demand from physicians and consumers for

genetic tests. “Prior authorization is an expensive, time-consuming process that causes friction between plans and their members and physicians, yet plans often see it as necessary to control cost and ensure appropriate usage,” he says.

Privacy also is an issue with genetic testing. “If the [Affordable Care Act] is repealed and health plans are allowed to return to discriminating against patients with pre-existing conditions, you can expect people to think twice before having genetic tests,” Williams says. “They won’t want the results used against them when they apply for coverage.”

Tom Wamberg, CEO of Wamberg Genomic Advisors, says that overall, health plans are not showing as much interest in genetic testing as life insurance plans are. But perhaps they should be, he contends, since genetic testing can improve outcomes. Cancer diagnoses are known to be wrong 5% to 20% of the time. It also can give confirmation of a diagnosis and increase the odds of a more successful treatment. Wamberg does not see a reason for concern about privacy because the tests are covered under HIPAA and “any enlightened employer who doesn’t want to get sued would treat any genetic information it got like a hot potato.”

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