



# Improve Insurance Processes

for Patients in Colorado

Our patients rely upon a functional and collaborative relationship between providers (clinicians and hospitals) and third-party payers (health insurance companies) to ensure that they can receive essential health care services in a timely manner. Health insurance companies are increasingly placing barriers on providers and hospitals to be paid for care that is necessary, and in many cases, that was already authorized and provided to patients. This adds significant delays and unnecessary costs to the health care system.

## What Hospitals Are Seeing



In a survey of CHA member hospitals and health systems, more than 90 percent of respondents said **carrier issues** are **significant** and **getting worse**.



Hospitals invest **intensive resources** to manage health insurer requirements, diverting staff and time away from patient care. Colorado hospitals report findings similar to a national study by the American Hospital Association (AHA), which found that 95 percent of hospitals report increases in staff time seeking prior authorization approval.



Additional requirements add **unnecessary cost** to the system. In the AHA survey, 84 percent of hospitals said the cost of complying with insurer policies is increasing.



Health insurance companies are **not paying** when services are provided to patients. In a CHA survey, hospitals reported that 15 percent of all first claims are denied, and 57 percent of initial claims denials that are appealed are ultimately overturned.

## What Colorado Hospital Leaders Are Saying

*“It is difficult to follow each carrier’s policies as there are many and each are different.”*

*“This is crippling and actually adds cost to the health care system by requiring facilities to hire so many staff to combat the continued nonpayment for services rendered.”*

Getting timely treatment doesn’t have to be this hard. We can simplify the process for both patients and providers through commonsense reforms to the prior authorization processes used by insurance companies.

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