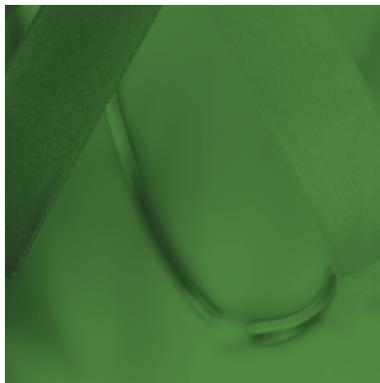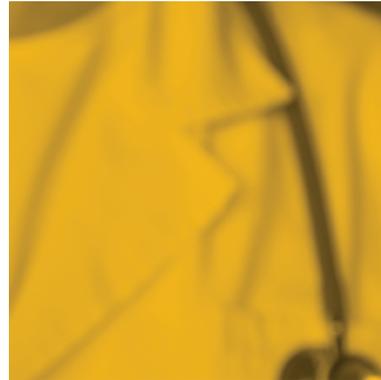King County Medical Society
COMMUNITY FOUNDATION

Prior Authorization Toolkit
For Improving Recurrent/Metastatic Cervical Cancer Care

**Streamlining Approvals.
Accelerating Treatment.
Saving Lives.**

Practical Resources and Workflow
Tools for Healthcare Teams

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Included Actionable Resources:
Printable, downloadable, ready for clinical use

Access More Resources Anytime: **kcmsociety.org**

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SECTION 1
The Cost of Delay in Cervical Cancer Care

Prior authorization delays aren't just administrative hurdles — they are life-threatening barriers. For patients facing recurrent or metastatic cervical cancer, time isn't a luxury — it's survival. When cervical cancer returns, survival rates plummet — from over 90% in early-stage cases to just 17% for recurrent/metastatic disease.

Every day lost to diagnosis delays, referral slowdowns, authorization bottlenecks, or treatment gaps dramatically shrinks a patient's chance of survival.

The Human Cost of Delay
Research consistently shows how dangerous prior authorization hurdles can be:

- 92% of radiation oncologists report that prior authorization delays patient care.
- Nearly 1 in 3 clinicians say prior authorization delays cause patients to abandon prescribed treatments entirely.
- 7% of physicians have personally witnessed patient deaths linked directly to authorization delays.

Source: ASTRO Prior Authorization Impact Survey, 2024

Real-world stories confirm the numbers:

- Cervical cancer patients have waited weeks for critical approvals.
- Many have spent more than 11 hours fighting paperwork and denials — while their disease quietly progressed.

Sources: KFF Health News, Cancer Therapy Advisor, 2024

Why Every Day Matters
For recurrent/metastatic cervical cancer:

- Every delay in diagnosis shrinks treatment options.
- Every referral hurdle costs survival percentage points.
- Every denied or stalled authorization risks lives.

When healthcare systems stall, patient outcomes collapse.

Why This Toolkit Exists
This Prior Authorization Toolkit was built to fight preventable delays — to help healthcare teams move faster, appeal stronger, and save more lives.

Inside this toolkit, you'll find:

- Streamlined checklists for faster and complete submissions,
- Ready-to-use appeal templates for overturning denials,
- Training modules to empower front-line teams,
- Field-tested real-world strategies to accelerate patient care.

These are practical, immediately actionable tools — designed not for theory but for saving real lives. By equipping healthcare professionals with faster workflows, smarter documentation, and urgent escalation tools, we can reclaim critical days for our patients and the possibility of survival with them..

Speed saves lives.

SECTION 2
Quick-Start Guide — How to Use This Toolkit

Purpose of the Toolkit

This Prior Authorization Toolkit is designed for immediate clinical application, driving faster approvals, faster treatment, and better survival outcomes.

It empowers healthcare teams to:

- Identify bottlenecks,
- Implement smarter processes,
- Accelerate treatment for cervical cancer patients who can't afford to wait.

The goal is simple: **Faster approvals = Faster treatment = Better survival**. This guide walks you through how to begin using the tools immediately.

Step 1: Assign a "Prior Authorization Lead"

Choose one point person to be your Prior Authorization Champion within the clinic.
This person will:

- Track all prior authorization cases for oncology patients,
- Monitor submissions and appeals timelines,
- Flag urgent cases for priority handling,
- Liaise between clinical, billing, and administrative teams.

Ideal candidates:

- Nurse navigator
- Medical assistant with billing experience
- Practice manager or clinic coordinator

Pro Tip: The Prior Auth Lead should meet weekly with clinical teams to review all pending cases.

Step 2: Implement the Checklist Process

Integrate the Prior Authorization Checklist (Section 4) into your daily workflow.
Before submitting any authorization request, the care team should quickly verify:

- Coverage confirmation,
- Clinical guideline documentation attached,
- Patient urgency flagged,
- Receipt confirmation is scheduled for follow-up.

Use the checklist like a pre-flight safety check — no submission leaves without it.

Pro Tip: Print and post the checklist at every nurse station and front desk.

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Step 3: Use the Provided Templates

Maximize efficiency with ready-to-use templates for:

- Initial prior authorization requests,
- Fast appeal letters,
- Urgent medical necessity statements.

Customize templates with patient-specific details and submit complete documentation bundles to avoid "missing information" denials.

Pro Tip: Pre-load templates into your EHR "smart phrases" or macros to save time.

Step 4: Train Your Staff

Conduct a 30–45 minute training session for all front-line staff:

- Front desk teams,
- Medical assistants,
- Care coordinators,
- Billing specialists.

Focus training on:

- Why speed matters in recurrent/metastatic cervical cancer,
- How the checklist prevents errors,
- What should be escalated immediately (e.g., denials on urgent cases)?

Use the Training Module in Section 5 to guide the session.

Pro Tip: Make training part of new employee onboarding moving forward.

Step 5: Track Success — and Barriers

Build a simple tracking system to log every prior authorization request for cervical cancer.

Minimum fields to track:

- Date submitted,
- Date approved/denied,
- Number of appeals,
- Final outcome (approved/denied/abandoned).

Monthly, the Prior Auth Lead should review:

- How many cases required appeals,
- How long approvals took,
- Any systemic patterns causing delays.

Pro Tip: Celebrate "small wins" — like cutting days off your average approval time.

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KCMS Quick Setup Checklist
for Prior Authorization Success

Developed through grant support from Pfizer and Genmab

Step 1: Assign a Prior Authorization Lead

☐ Select a staff member (nurse navigator, MA, practice manager)
☐ Assign them to oversee ALL prior auth cases for cervical cancer patients
☐ Schedule a weekly 15-minute Prior Auth Check-In meeting

Step 2: Integrate the Prior Authorization Checklist

☐ Print and distribute the PA Checklist to all clinical and admin staff
☐ Post laminated copies at nurse stations and front desks
☐ Require checklist completion before every PA submission

Step 3: Pre-Load Templates

☐ Load Prior Auth request templates into your EHR
☐ Save appeal letter templates in a shared clinic folder
☐ Train staff on when and how to modify templates quickly

Step 4: Staff Training Session

☐ Schedule a 30–45 min training for all front-line staff
☐ Review:
　　• Why speed matters in cervical cancer recurrence
　　• How small delays cost survival
　　• How the checklist and templates work
☐ Add toolkit training to new employee orientation

Step 5: Track Your Progress

☐ Create a simple Prior Auth Tracker (spreadsheet or EHR dashboard)
☐ Record:
　　• Date of submission
　　• Approval/denial date
　　• Appeals filed
　　• Final outcome
☐ Review tracking results monthly in staff meetings
☐ Celebrate every improvement (faster approvals, fewer denials!)

Speed Saves Lives. Organization prevents delays.
This toolkit gives you the power to do both.

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Fast-Tracking Prior Authorization Success

Assign A Champion
Assign a Prior Authorization Lead to oversee urgent cases. Speed depends on leadership.

Use the Checklist
Use the Prior Auth Checklist before every submission. No missing info. No avoidable denials.

Load Templates
Pre-load appeal letters and clinical templates into your system. Fast filing = faster care.

Train Your Team
Educate all staff on why speed matters. Everyone plays a role in saving lives.

Track Your Wins
Log every submission, response, and appeal. Measure progress. Celebrate success.

Small Changes Save Lives.
Speed Starts Here.

SECTION 3

Step-by-Step Action Plan — How to Accelerate Prior Authorization for Faster Cancer Care

Why an Action Plan Matters

Every clinic has bottlenecks, but every clinic also has solutions. This action plan outlines proven strategies for finding and fixing authorization slowdowns and improving speed, care quality, and patient survival.

When time equals survival, clinics need clear, repeatable steps to ensure no patient is stuck behind a paperwork wall. This action plan is designed for real clinics, teams, and patients. It's about changing the system from the inside out—one faster authorization at a time.

Step 1: Identify Your Bottlenecks

Analyze exactly where prior authorizations get delayed in your clinic's workflow.

Questions to ask your team:

- Are requests delayed while waiting for paperwork?
- Are insurance calls slow, inconsistent, or disorganized?
- Are appeal letters missing critical clinical evidence?
- Are denials slipping through without immediate follow-up?

Outcome of this Step: You know precisely where delays happen — and where to focus improvements.

Pro Tip: Hold a 30-minute team huddle. Identify every point a prior authorization touches — from order entry to final approval.

Step 2: Preload Your Documentation Templates

Save time (and reduce errors) by preparing "prior authorization bundles" beforehand.

Build reusable templates for:

- Initial request letters citing NCCN Guidelines,
- Appeal letters for commonly denied therapies,
- Urgent medical necessity statements.

Pre-load them into your:

- EHR system,
- Shared drive,
- EHR "Smart phrases" or macros.

Outcome of this Step: Clinicians and staff can submit strong, complete requests without reinventing the wheel every time.

Pro Tip: Pre-attach relevant imaging, staging, and pathology whenever possible to eliminate "missing documentation" denials.

Step 3: Establish a "Fast Path" System for Urgent Oncology Patients

Create a "Fast Path" designation inside your clinic systems.

Fast Path Criteria:

- Recurrent or metastatic cervical cancer diagnosis.
- Patients flagged/identified as time-sensitive for survival risk.

What Fast Path means:

- Prior authorizations are submitted immediately on the same day as the order.
- Follow-ups are aggressive: insurance contacted by Day 2, appeal filed Day 3 if needed.

Outcome of this Step: Critical, High-priority patients move through the system quickly and reliably, without getting stuck behind routine paperwork.

Pro Tip: Use a simple color code (e.g., red flag in EHR or chart) to visually mark "Fast Path" patients for the whole team.

Step 4: Appeal Immediately After Denial

If a request is denied, don't wait to respond. Respond within 24–48 hours.

Every denial should immediately trigger:

- Launch a prepared appeal using your templates,
- Request peer-to-peer (doctor-to-doctor) review within 24–48 hours,
- Reaffirm medical urgency clearly.

Outcome of this Step: You eliminate long gaps where denials sit unchallenged, keeping the case moving quickly toward approval and treatment.

Pro Tip: Assign one staff member to handle the appeal immediately.

Step 5: Track Every Prior Auth Submission

Build a simple Prior Authorization Tracker:

- Spreadsheet
- Dashboard
- EHR-generated report

Minimum fields to track:

- Date submitted
- Date approved or denied
- Appeal(s) filed
- Final outcome (approved/denied/ abandoned)

Outcome of this Step: You build clear visibility into your prior auth performance — and uncover patterns to improve speed and success rates.

Pro Tip: Review tracking metrics monthly and celebrate wins.

Field	Description
Patient name	HIPAA compliant internal reference
Date of prior auth submission	The clock starts here
Date of insurance decision	Approval, denial, pending
Appeal filed?	Yes/No
Final outcome	Approved/Denied/ Abandoned

After You Track — Key Questions to Ask

Now that you're tracking prior authorization timelines, make it actionable:

Ask each month:

- How fast are approvals happening?
- How many cases required appeals to succeed?
- Are certain insurers consistently causing delays?

Outcome of this Step: You can measure progress, prove impact, and identify new improvement targets.

Pro Tip: Share small wins with your team.

Prior Authorization Fast-Action Workflow Map

Step 1: Assign Prior Auth Lead
- Designate a single point of contact for urgent cases.
- This person"owns" the case from submission to final decision.

Step 2: Use the Prior Authorization Checklist
- Confirm insurance plan details.
- Attach clinical guideline citations (e.g., NCCN).
- Flag time-sensitive cases (e.g., recurrent/metastatic cervical cancer)

Step 3: Submit Authorization Using Preloaded Templates
- Use standardized submission templates.
- Bundle all documents: healthcare professional notes, lab results, imaging, staging reports.

Step 4: Track Submission
- Record the submission date.
- Set 48–72 hour follow-up reminders.

Step 5: Monitor Insurance Response
- If approved, Proceed to treatment
- If denied, Escalate immediately to Step 6.

Step 6: Appeal Immediately Upon Denial
- Submit template-based appeal within 24–48 hours.
- Request peer-to-peer (physician to physician) expedited review.

Step 7: Final Outcome
- Approved after initial request or appeal.
- If denied again, Explore external review options (depending on clinical urgency).

Step 8: Track and Analyze Metrics Monthly
- Submission-to-approval timelines
- Appeal rates and outcomes
- Patterns across insurance companies

Use results to adjust and continuously improve clinic workflows.

SECTION 4

Leveraging Electronic Prior Authorization Platforms for Faster Cancer Care

What Are ePA Platforms?

Electronic Prior Authorization (ePA) platforms like CoverMyMeds, SureScripts, Availity, and other payer-specific portals move the authorization workflows into a digital space. Their goals are to:

- Reduce administrative burden,
- Speed time to treatment,
- Improve documentation quality and tracking.

Today, many health systems, including Optum, Providence, Kaiser Permanente, and UnitedHealthcare, require or strongly prefer ePA submission pathways.

Benefits of Using ePA Systems

- **Faster Submission:** Electronic forms often auto-populate from EHRs, saving staff time.
- **Improved Tracking:** Digital timestamps and submission receipts reduce "lost paperwork" risks.
- **Built-in Appeals:** Some platforms allow immediate upload of appeal documentation after denial — without starting a new case.
- **Cross-Payer Access:** Systems like Availity allow clinics to handle multiple insurers from a single dashboard.

Limitations and Challenges of ePA

- **Automation ≠ Approval:** Even with ePA, many cervical cancer cases require manual medical review.
- **Incomplete Submissions Risk Denial:** Auto-filled fields may miss critical details like NCCN guideline citations or urgency statements.
- **Platform Fragmentation:** Clinics may need to manage multiple portals simultaneously (CoverMyMeds, Availity, and insurer-specific systems).
- **Hidden Delays:** A case marked "submitted" may sit unreviewed if not proactively escalated by clinic staff.

Pro Tips for Maximizing ePA Success

1. ALWAYS Attach Full Documentation Upfront:
   - Clinical notes
   - Pathology and imaging results
   - Cancer staging reports
   - NCCN Guideline citations
   - Physician's statement of urgency

2. **Assign an ePA Champion:** A trained staff member should monitor submissions daily and escalate any pending case after 48–72 hours.

3. **Set ePA Review Alerts:** Build manual task lists in your EHR to review all pending authorizations every 2-3 days - don't rely solely on platform notifications.

4. **Back-Up Urgent Cases with Phone Calls:** For recurrent/metastatic cases, call the payer case manager immediately after ePA submission to request an expedited review.

5. **Appeal Immediately Within the Platform:** Use built-in appeal tools to submit supporting evidence without delay.

Sample ePA Tracking Sheet Fields:

Field	Example Entry
Patient Name	Jane Doe
Platform Used	CoverMyMeds
Date Submitted	8/20/2025
Time to Acknowledgement	8 hours
Decision Date	8/23/2025
Outcome	Approved
Escalation Needed?	No

Key Platform Resources:

Platform	Website	Special Notes
CoverMyMeds	covermymeds.com	Leading platform for prior auths
SureScripts	surescripts.com	Integrated ePA via EHR systems
Availity	availity.com	Multi-payer access portal
Direct Insurer Portals	Varies	Some payers like Cigna, Aetna have dedicated ePA portals

SECTION 5

Prior Authorization Checklist
Before Submitting a Prior Authorization Request

Small mistakes cause significant delays. This submission checklist ensures that every prior authorization leaves your clinic complete, accurate, and positioned for fast approval, helping prevent deadly holdups in cancer care.

Confirm Insurance Plan Details
- Verify the patient's active coverage and plan year.
- Confirm the treatment or medication requires prior authorization under that specific policy.

Prepare Documentation Bundles
- Attach the most recent clinical notes (diagnosis, staging, imaging summaries).
- Cite NCCN Guidelines or other evidence-based standards directly in your request.
- Include supporting documents:
  - Pathology reports,
  - Radiology results, and
  - Treatment history summaries.

Document Urgency Clearly
- State that the patient has recurrent/metastatic cervical cancer.
- Specify that delays threaten survival outcomes, using data or guidelines to support urgency.

Flag Time-Sensitive Cases Internally
- Add urgent identifiers or notes within your EHR.
- Notify the Prior Authorization Lead immediately to expedite follow-up.

Optional (but Strongly Recommended): Attach Clinical Support Letters
- Include brief letters from treating physicians emphasizing time sensitivity
- (Use templates from Toolkit).

Double-check for Completeness
- Ensure no missing labs, imaging reports, or clinical notes.
- Use specific language ("recurrent cervical cancer," not vague terms like "pelvic mass").

After Submitting the Prior Authorization Request

Confirm Receipt Within 24 Hours
- If no confirmation email/fax is received, call the insurance company directly to verify.

Follow Up by Day 3 If No Decision
- Call or message the insurance company to escalate if it has been pending more than 72 hours.

Prepare an Appeal Immediately if Denied
- Do not wait for written denial notices.
- Use Toolkit templates to file a Level 1 appeal within 24–48 hours.
- Request an immediate peer-to-peer review if urgent.

Track the Timeline
- Record
  - Date submitted,
  - Follow-up dates,
  - Insurer responses,
  - Date of final decision.

Communicate With the Patient
- Keep the patient informed:
  - Expected wait times,
  - Appeal status if applicable,
  - Anticipated treatment start dates.

Every Day Matters for Cervial Caner

Every delay costs lives. Here's how to move faster.

Use the Checklist for Every Submission
- Don't guess. Double-check before sending.

Bundle Everything Upfront
- Clinical notes + Imaging + NCCN Guidlines attached = fewer denials.

Flag Urgent Oncoloy Cases
- Use RED FLAGS or EHR Alerts for fast-tracking metastitic/recurrent patients.

Follow Up by Day 3
- No confirmation? No decision?
- Call Escalate. Keep the clock moving.

Appeal Immediately
- Denied? Don't wait.
- File a peer-to-peer of first-lelver appeal within 24-48 hours.

Track, Measure, Improve
- Log dates, approvals, and appeals.
- Celebrate wins. Fix slowdowns.

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KCMS Prior Authorization Checklist Sheet

Patient Information

Field	To Be Completed
Patient Name	
Date of Birth	
Insurance Plan	
MRN/Patient ID	
Prior Auth Lead Assigned	

Before Submission: Complete all

✔	Task
☐	Confirm insurance eligibility and benefits verified.
☐	Confirm prior authorization required for treatment.
☐	Attach most recent clinical notes (diagnosis, imaging, staging).
☐	Cite NCCN Guidelines or other evidence-based standards.
☐	Document urgency (recurrent/metastatic cervical cancer noted).
☐	Include all supporting labs, pathology, and imaging report.
☐	Attach treating physician's clinical urgency support letter (optional).
☐	Double-check for missing information before submission.

After Submission: Track Status

✔	Task	Date
☐	Confirm reciept of prior auth request within 24 hours.	
☐	Follow up with insurance by Day 3 if pending.	
☐	Appeal immediately if denied.	
☐	Peer-to-peer request submitted if needed.	

Outcome

Field	To Be Completed
Final Decision (Approved/Denied)	
Date of Final Decision	
Appeals Filed (Yes/No)	
Comments (e.g., barriers encountered)	

SECTION 6

Staff Training Module:
Prior Authorization Speed = Survival

When it comes to cervical cancer care, every day and team member matter.Everyone from front desk staff to clinical providers ensures that patients receive life-saving treatment without unnecessary delays.

This training module gives your clinic a simple, ready-to-use plan to accelerate prior authorizations, minimize system barriers, and help save lives.

It unites the entire team around speed, precision, and action — because in cervical cancer, paperwork delays aren't just administrative errors — they're survival risks.

Purpose of This Training

The purpose of this training is to empower every member of your healthcare team — clinical, administrative, and support staff — to:

- Recognize why fast prior authorization matters for survival.
- Apply proven tools (like checklists and templates) to every patient case.
- Escalate urgent cases immediately when needed.
- Track barriers and become part of the solution to speed up care.

Every role contributes to saving lives.

Intended Audience:

- Front desk staff
- Medical assistants
- Nurse navigators
- Billing specialists
- Clinical coordinators
- Physicians and APPs (optional refresher)

Duration:

- 30 to 45 minutes

Learning Objectives
After this training, participants will:

- Understand how prior authorization delays impact cervical cancer survival rates.
- Know how to use the Prior Authorization Checklist on every request.
- Be familiar with submitting urgent authorizations using preloaded templates.
- Recognize when and how to escalate denials immediately to avoid treatment delays.
- Feel empowered to track, flag, and help solve barriers.

Training Agenda

Time	Topic	Method
0-5 min	**Welcome + Why This Matters**	Quick overview + real-world stats
5-15 min	**How Prior Authorization Delays Kill**	Story + discussion
15-25 min	**How to Use the Checklist**	Live walkthrough
25-35 min	**Fast-Path: Appeals and Escalators**	Scenario role-play
35-45 min	**Tracking Wins + Continuous Improvement**	Goal-setting + motivation

Key Discussion Points

1. Why Speed Matters:
- In recurrent/metastatic cervical cancer, survival rates drop from over 90% to just 17% when care is delayed.
- Every day lost — waiting for paperwork, approvals, or referrals — shrinks a patient's chance of survival.
- Prior authorization is not just paperwork. It's a matter of life and death.

2. What Barriers Look Like:
- Prior Authorization Denials — incomplete or slow paperwork creates life-threatening delays.
- Scheduling Delays — When clinics wait too long to submit or reschedule.
- Paperwork Hold-Ups — missing labs, imaging, staging reports slow the clock.
- Slow Appeals — Patients lose valuable time when denials aren't escalated immediately.

3. How Small Changes Make Big Outcomes:
- Faster submission → Faster insurance decisions → Earlier treatment → Better patient survival.
- Streamlined documentation and proactive follow-up can shave days or weeks off treatment delays.
- Every hour gained makes a difference.

4. Everyone Plays a Role:
- Prior authorization speed isn't just a "billing" or "clinical" problem.
- Every role affects the patient's timeline.
- A team-driven approach saves more lives than any single department acting alone.

Sample Case Scenario for Practice

"Patient A has recurrent cervical cancer. Prior authorization was submitted, but there was no confirmation after 3 days. What do you do?"

Possible staff answers should include:
- Call insurer immediately,
- Escalate to Fast Path team,
- Flag for peer-to-peer appeal,
- Notify patient care team.

SECTION 7
Appeal Letter Templates

Prior authorization denials must be challenged quickly and effectively to minimize life-threatening treatment delays.

This section provides ready-to-use templates that clinics can customize to file fast, strong appeals without wasting precious time.

These templates emphasize:

- Urgency,
- NCCN guideline compliance,
- Patient-specific survival risks,
- There is a need for expedited review.

Sample 1: First-Level Appeal Letter Template

Subject: Urgent Appeal — [Patient Name] — Prior Authorization for [Treatment]

Dear [Insurance Company Name] Medical Director,

I am writing to urgently appeal the denial of prior authorization for [Patient Full Name, DOB], diagnosed with recurrent/metastatic cervical cancer.

This is a time-sensitive, life-threatening case.

According to the NCCN Clinical Practice Guidelines in Oncology (Version [X]), [Treatment Name] is a recommended, evidence-based standard of care for this diagnosis and stage.

Every day of treatment delay directly threatens patient survival.

Clinical urgency has been documented in the enclosed medical records, staging reports, and treatment plan.

Attached:

- Recent clinical notes and imaging,
- NCCN Guideline citation pages,
- Physician's statement of urgency.

Given the critical nature of this patient's condition, we respectfully request an expedited review and immediate overturning of this denial to prevent further clinical deterioration.

I am available for peer-to-peer discussion within 24 hours at [Phone Number] if needed.

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Clinician Name]
[Credentials]
[Practice or Institution Name]
[Direct Contact Information]

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Sample 2: Peer-to-Peer Review Request Template (Optional fast script after initial denial)

Subject: Request for Immediate Peer-to-Peer Review — [Patient Name]

Dear [Insurance Company],

Due to the urgency of [Patient Name]'s diagnosis of recurrent/metastatic cervical cancer, I am requesting an immediate peer-to-peer review regarding prior authorization denial for [Treatment Name].

Given the evidence-based guidelines supporting this therapy and the high-risk nature of treatment delays, I am available to discuss at your earliest convenience to expedite appropriate patient care.

Please contact me directly at [Phone Number] to arrange this peer-to-peer conversation within 24–48 hours.

Sincerely,

[Clinician Name]
[Credentials]

Important Notes for Clinics:

Always attach:

- Clinical notes
- Imaging results
- Pathology reports
- NCCN Guideline excerpts
- Statement of urgency

Always request an EXPEDITED REVIEW for recurrent/metastatic cervical cancer cases.

Always offer availability for peer-to-peer to avoid paper-based delay cycles.

SECTION 8
Pro Tips to Beat Prior Authorization Delays

1. Pre-Bundle All Documentation Before Submission

Attach everything upfront:

- Clinical notes
- NCCN guideline references
- Staging reports
- Imaging and pathology

Don't wait for insurers to ask for "additional documentation" - anticipate and overdeliver.

Impact: Pre-bundled submissions reduce denials by up to 30% and save days or weeks.

2. Track Every Submission in Real-Time: Assign a team member to review the tracker weekly.

Use a simple tracker (spreadsheet or EHR report) recording:

- Date submitted
- Date of response
- Result (approved/denied)
- Notes on delays

Impact: Seeing patterns (insurer-specific slowdowns) helps clinics escalate smarter and faster.

3. Escalate Denials Immediately with Peer-to-Peer Reviews

If your request is denied, don't wait:

- Request a peer-to-peer physician review within 72 hours.
- Provide clear clinical evidence and emphasize urgency.
- Cite NCCN Guidelines directly

Impact: When escalated quickly, peer-to-peer discussions overturn > 50% of oncology denials.

4. Color-Code High-Risk Oncology Patients in Your System

Flag urgent cervical cancer cases visually in the EHR:

- Use a red tag, URGENT, or another standout alert.
- Ensure schedulers, nurses, and billing teams recognize the urgency immediately.

Impact: Prioritization prevents high-risk patients from getting stuck behind routine cases.

5. Prepare 2–3 Appeal Templates for Fast Customization

Create ready-to-use templates for:

- First denial responses,
- Peer-to-peer requests
- Secondary external appeals.

Store the templates in a shared folder.

Impact: The Template-based appeals cut appeal filing time from hours to minutes, allowing appeals to be filed the same day a denial is received.

Bonus Tip: Host Quarterly Prior authorization huddles for your team:

- Review fast/wins cases
- Celebrate fast turnarounds
- Identify new barriers together

Impact: Making speed a core clinic value builds pride, improves teamwork, and sustains long-term momentum.

SECTION 9
Additional Resources

Prior authorization processes — and cervical cancer treatment pathways — evolve rapidly.

Staying current with national clinical guidelines, professional society tools, and local resource hubs ensures your clinic delivers the fastest, safest care possible.

This section connects you to trusted resources that support education, advocacy, and continual process improvement.

Key Resource Links

- NCCN Guidelines for Cervical Cancer
- ASCO Prior Authorization Resources
- KCMS Resource Hub: kcmsociety.org

NCCN Guidelines — Cervical Cancer

Resource: NCCN Clinical Practice Guidelines in Oncology: Cervical Cancer

Use it for:

- Citing standard-of-care treatments in prior auth requests,
- Strengthening clinical documentation for urgent appeals.

Access: **Visit NCCN.org — Cervical Cancer Guidelines (Requires free registration)**

ASCO Resources — Prior Authorization Reform and Tools

Resource: American Society of Clinical Oncology (ASCO) Prior Authorization Advocacy and Practice Resources

Use it for:

- Best practices to streamline PA processes,
- Policy updates on fighting unnecessary delays,
- Sample letters, appeals, and workflow tips.

Access: Visit **ASCO.org** — Prior Authorization Resources

KCMS Resource Hub

Resource: King County Medical Society (KCMS) Online Resource Hub for Cancer Care Improvement

Use it for:

- Downloading the complete Prior Authorization Toolkit,
- Accessing videos, posters, checklists, and training materials,
- Staying updated on ongoing initiatives supported by Pfizer and Genmab grants.

Access: Visit KCMS Resource Hub — kcmsociety.org

SECTION 10
Closing Call to Action - Be the Change

Every hour matters for patients facing recurrent and metastatic cervical cancer.

This toolkit exists because minor operational improvements — faster paperwork, quicker appeals, better communication — save lives.

Starting today, you can create real, measurable change for your patients.

Speed saves lives.

Minor improvements make significant outcomes.

Download the complete toolkit, access resources, and be the change: kcmsociety.org

What You Can Do Right Now:

- Use the Checklist for every cervical cancer prior authorization.
- Track submissions and push back against unnecessary delays.
- Train your whole team to treat prior authorizations with urgency.
- Appeal every denial immediately using pre-built templates.
- Share these tools across your clinic and your professional network.

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SECTION 11

Conclusion — Changing the Story, One Patient at a Time

Every prior authorization isn't just a piece of paperwork.

It's a patient's hope.

A family's future.

A chance for survival.

For patients facing recurrent and metastatic cervical cancer, the stakes could not be higher — and the window for life-saving care could not be shorter.

This toolkit isn't just about improving workflow.

 It's about rewriting the story for patients who cannot afford to wait.

Every checklist used, appeal filed, and delay prevented—each small action builds a system where patients are seen faster, treated faster, and given the best chance at life.

Change doesn't happen all at once.

It happens one patient, one team, and one courageous step at a time.

Thanks to grant support from Pfizer and Genmab, KCMS is proud to provide this practical toolkit to help healthcare teams accelerate care, fight systemic delays, and improve survival for patients everywhere.

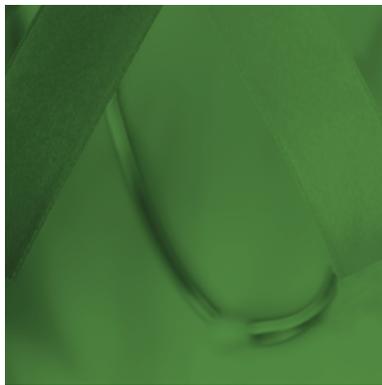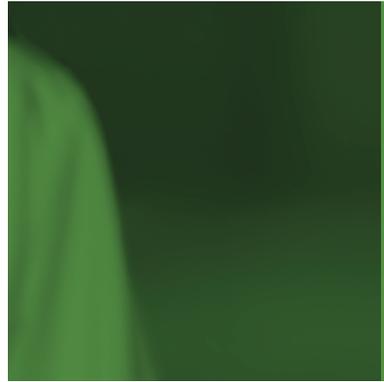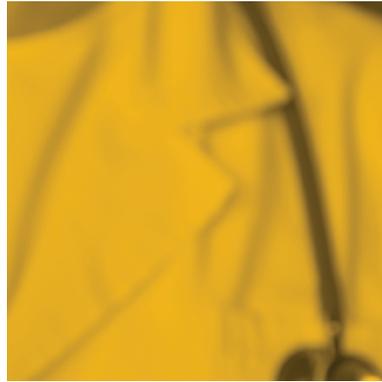**You now have the tools to start that change.**

Start today.

Because survival can't wait.

Explore more resources, tools, and training at kcmsociety.org.

King County Medical Society

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