



August 15, 2016

To Whom it may concern,

I am writing to relay the many issues we are having with authorizations or pre-authorizations for both Home Health and Hospice patients being serviced in their homes or facilities from insurance companies. The majority of these patient referrals come during the day, evening and on the weekends. Because hospitals do not keep patients in the hospital long, they are being discharged with complex care needs, many of which cannot wait until a pre-authorization is given. Because we are a non-profit organization, we visit these patients' same day in a good faith that the insurance company will retro the auth and while some do, many do not. The process for appeal is long and laborious and really unnecessary given the medical needs of the patients.

One example is a Hospice patient needing auth for visits on a Friday, the day after Thanksgiving. The insurance company was closed for the 4 day holiday. Our agency called on Friday and then again on Monday only to be told that the 2 visits made to assist with end of life care, pain and symptom management prior to the authorization would not be reimbursed. I was able to appeal this and am still waiting on the answer from their Medical Director.

Another example is a baby who had a critical bilirubin level. We provide home phototherapy services and place these babies on a fiber optic blanket which brings their bilirubin down to safe levels. Rather than having them readmitted to the hospital, they can remain in the home under the care of their parents. Most of these referrals come after hours or on the weekends when a parent becomes concerned their child is turning yellow. We go out on the same day to start the home phototherapy as climbing bilirubin levels can lead to brain damage. Our staff visit daily to collect blood from the infant and report it to the physician and also monitor weight, urine output and how the new parents are coping. There have been many of these patients denied because we did not get pre-authorization for this service. As an organization, we feel like this is a community service program because the reimbursement doesn't cover the costs, however the physicians love having the option and families appreciate not having to go back to the hospital.

With all the regulatory changes, cuts to Medicare and Medicaid for Home Health and Hospice services, it is imperative to work collaboratively with these insurance bodies to allow retro authorizations when patients can't or shouldn't wait for them to decide in 24-48 hours. Many don't have that long and will just end up back in the hospital costing them thousands of dollars vs. the less expensive and preferred home plan.

Please do not hesitate to contact me if I can be of further assistance.

Regards,

Dixie Randall, RN, BSN
Director of Homecare Services

Confluence Health | Home Health, Hospice and Palliative Care
w: 509.665-6049 | e: dixie.randall@confluencehealth.org
c: 509-668-0319