Date: October 4, 2016

To: Washington State Office of the Insurance Commissioner

Re: Comments from Home Care Association of Washington (HCAW) on second draft of Prior Authorization Process Rule (R2016-19)

Thank you for providing us the opportunity to comment:

The new draft contains some improvements from the initial draft by adding additional definitions, adjusting time frames and adding content, such as requirements for subcontractors and retroactive determinations. However, let it go on record that the Home Care Association of Washington still has overall concern that any form of prior authorization requirement for home health will cause delays in initiation of home health: the lower cost, yet clinically appropriate setting for many discharges. In addition to delays, those making prior authorizations may "miss" at risk patients that need home health. A patient may look good on paper to a decision maker, or may appear stable when assessed by a case manager in the hospital and be deemed to not need home health. That same patient may look entirely different when in their home setting adjusting to the home environment with a set of new discharge information and orders, medications, etc., at the same time they are experiencing limited energy, capacity and support. A dramatic change can occur a day or two after the patient has gone home. Consequently, getting home health initiated in the first 24 hours can make a huge difference and prevent ER visits and/or hospital readmissions by patients that are panicking, decompensating or experiencing complications. Family members who expressed in the hospital that they would be there to support the patient at home, may or may not be present and available! The potential for unravelling of patient stability at home, is not always easy to read while the patient is in the hospital. Many times, patients are unwilling to share information about their concerns, health status or home environment while in the hospital when they fear it may impact or delay their discharge to home. My own mother would claim all was well and would not even complain of chest pain while in the hospital because she didn't want anything to jeopardize her ability to be discharged home as quickly as possible. For these reasons, HCAW recommends a provision for "same - day or next day" admissions to home health that would require the insurance company to cover those visits when ordered by a physician.

HCAW concerns have been proven valid in other experiences.....
In a recent implementation of Pre-Claim Review pilot for Medicare patients in the state of Illinois, many problems have surfaced, including lack of consistency in determinations. One reviewer may not approve a claim; another may approve the same claim causing confusion among the providers and lack of access to care by many! High non affirmed rates are playing out, leading to many patients' needs going unmet and concerns that lack of access to home health will lead to higher costs on the ER and hospital readmission front.

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