

Testimony

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Ohio House Healthcare Efficiencies Summer Study Committee
Stephen A. Huffman, Chair
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Greetings:

Thank you for the opportunity to discuss Medicaid and Aging and "Healthcare Efficiencies."
I am offering testimony at the request of The Ohio Psychological Association who knows that my experiences are shared by many Ohio psychologists and patients.

I am Dr. Alice Randolph, a gero-psychologist and own Psychological Transitions, a group practice established in 1993 that serves elders in Ottawa, Sandusky, Erie, Huron, Cuyahoga, Geauga, Trumbull, Mahoning, Columbiana, Stark, Summit, and Holmes Counties. I am president of the Ohio Board of Psychology, however these comments do not represent the position of the Board. These are observations based on 35 years in psychology (a time in which we have experienced phenomenal changes in healthcare delivery) and as a daughter with an 88 year old mother who until last Friday resided in an assisted living facility and is now residing in a long term care facility.

I want to make several points today. The first is about **clinical** efficiency.

Behavioral health services are essential in every setting, especially at the onset of an acute medical event such as a stroke or heart attack. *Imagine being a healthy and independent 74-year-old man, still doing the lawn, driving, going dancing Friday nights with your wife of 50 years and suddenly waking up in a hospital after a stroke. Speech is difficult. One side of your body does not respond. Your wife is crying and you who have been her strength cannot reassure her. You are anxious, depressed and agitated. Because you are an inpatient you cannot see the psychologist. You may get Xanax or Haldol and maybe in three weeks when you are out of the hospital you can see a specialist.* Patients liken depression to a black hole. The longer it goes untreated the deeper the hole and the harder to dig out. Family members and caregivers need behavioral interventions to support the emotional recovery of the patient. At this time inpatients are not eligible for psychological services. Caregivers are never eligible for behavioral health services.

Behavioral health services are primary and need to be provided in a timely manner by behavioral health specialists and integrated with medical care. Behavioral health is more than just medication. To paraphrase an old adage, give an anxious person an Ativan and he is calm for today; teach him anxiety management and he knows how to be calm for his lifetime. Elders are challenged with physical and cognitive changes and research has shown that healthy behaviors and effective emotional and behavioral regulation are significant predictors of recovery, rehabilitation and return to community living.

Efficient behavioral health services require psychologists, social workers, and counselors who are specialists in diagnoses and treatment. Currently there are enormous procedural barriers with the MyCareOhio Plans. Compliance with billing requirements is like trying to hit a moving target when you are not even aware that the target has moved - until you have provided the service, billed for it and received a denial of payment.

Here is the experience of our practice with just one of these barriers, **preauthorization**. Initially no pre-authorization was required. Sometime last year, with no notice, payment was denied and after many phone calls we learned that preauthorization was being required for patients in long-

term care but not for those in skilled care. Because patients in ongoing treatment were denied, we needed to contact the facility for the date of the status change.

After several months of compliance to this requirement, we received another set of mysterious denials. Finally after many phone calls with contradictory information from different customer service representatives, we determined that all patients now require a preauthorization number that is obtained by calling the insurer. However even this number is frequently rejected because the software could not read it.

Now we are struggling with mass denials (again without notice) because we the providers can no longer obtain the preauthorization for patients in facilities; the facility must obtain the authorization. Facilities are already burdened and frankly they do not require an authorization number because their payments are bundled. Psychologists are at the mercy of uninterested or overburdened staff of the facilities who care for our patients.

When we finally convince a facility to make the dreaded phone call (sometimes they are also on hold for an hour) and obtain the authorization number, we submit the claim only to have it denied because it is a late authorization. This requires another phone call in which we are instructed to submit all the notes of the denied services by mail. Notes cannot be faxed or emailed. They must be mailed which causes more delays and in some cases are "never received" which we learn after days of no response that necessitates yet another phone call. After all this we have now been advised that these payments have to go through the appeals process that takes 30 days.

And I hate to give even more examples but, there is also a billing problem in obtaining accurate information for secondary payers of dual eligible patients. (Those with both Medicare and Medicaid insurance). There is no "real time" update when patients change their secondary coverage and they can do every 30 days. A similar scenario of multiple calls, long delays on hold and denials exist with this situation.

Another inefficient and unnecessary requirement is that each doctor submits an "attestation" statement every 60 days and if this expires claims are denied.

The administrative costs and the cash flow disruptions are almost insurmountable. And even more troubling, we are faced with the decision to continue to treat patients for whom we have not been paid for months or to discontinue necessary treatment or witness the consequent suffering or decline.

In summary, my point is that efficient health care requires responsible support of the healthcare provider. Like many psychologists, I am a small business owner and I created an Ohio company that employs 13 Ohioans who treat the multiple issues of elderly patients. We intervene using evidence-based treatment to make a positive difference in medical and psychological well being. But, it is almost impossible to stay in business with the inefficiencies that I have described.

Again thank you for your diligent work on behalf of Ohioans and our patients. Please feel free to contact me if you have questions.

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