

## **AFTER THE APPOINTMENT**

### **PAPERWORK:**

A packet of info will be sent to your portal account usually in 3 weeks or less of your appointment that includes the detailed note of the visit, claim form, receipt, and any other paperwork such as test orders or prescriptions.

- Details on optional paperwork/letters for insurance, schools, disability, etc can be found in our fee agreement that was emailed to you.

### **ORDERS (TESTING OR PRESCRIPTIONS):**

Do not delay as orders have a limited lifespan for coverage by insurance companies from when they were written and when they were started. Ideally orders should be begun within 45 days from the date of issue. Orders may be issued if you have been seen in person within the last 2 years.

- If you have had only remote appointments and have never been seen in person for an exam by Dr Kendall, a local physician will need to order what is recommended in Dr Kendall's note.
- We see many Medicare and state (Medicaid) patients but these insurance companies may require that a provider that accepts their insurance issue the orders. Your local providers may issue the orders based on Dr Kendall's suggestions, whether the patient is seen in office or not.

### **PRESCRIPTIONS:**

You must be a current patient with an appointment within the last 12 months, and in some cases 6 months, in order for us to issue prescriptions due to Federal & insurance regulations & oversight.

- Plan ahead. We require 7 – 14 days to reissue a prescription for current patients. Do not let your prescription run down as we may not be able to react at the spur of the moment.
- If you have had only remote appointments and have never been seen in person for an exam by Dr Kendall, a local physician will need to order what is recommended in Dr Kendall's note.
- We see many Medicare and state (Medicaid) patients but these insurance companies may require that a provider that accepts their insurance issue the prescription. Your local providers may issue the prescription based on Dr Kendall's suggestions, whether the patient is seen in office or not.

### **PRIOR APPROVAL OR LETTER OF MEDICAL NECESSITY (TESTING OR PRESCRIPTIONS)**

Insurance companies have increased their demands for prior approvals or letters of medical necessity to unmanageable levels. We will provide laboratories or pharmacies with information that they in turn can use with insurance to gain approvals. Whomever provides the service or the item is responsible for responding to any insurance demands to justify

what they will bill insurance. The reason Dr Kendall writes her clinical not of your appointment, passed extensive requirements to become a board certified Biochemical Geneticist, remains a licensed physician, and accumulated decades of specialized training is for issuing orders or prescriptions with good reason that an employee of insurance will never understand. So you know, we know of only one occasion out of the hundreds of PA demands we have received that the insurance company changed and decided to cover the prescription.

#### **TESTING RESULTS:**

Testing is often complex and requires patience as it takes time (weeks to months) to generate results and time to review the results within the context of a patient case.

- Calling the lab directly and then contacting us that day/week does the opposite of speeding up the process.
- We compile the results as they are released from the labs and Dr Kendall reviews them once all have been reported to us. We do not report out results piecemeal as they come. It is patterns & not individual results that are often important.
- We do not sit on results that need action. We will contact you if a result requires immediate action or changes Dr Kendall's management recommendations.
- Dr Kendall will typically send a short synopsis about the results through our portal. Her message will also indicate if a follow up needs to be scheduled or if the results can wait to be discussed at your next routine appointment.
- We do release results to patients but we do not typically release results outside an appointment. There are a number of reasons for not releasing the results as a Vitamin D result is much different than a Whole Exome Sequencing report that may carry Variants of Unknown Significance :
  - An appointment allows Dr Kendall to discuss and document her interpretation of the results in her clinical note for current and future healthcare providers.
  - Many of these tests can cause many alarms or unnecessary anxiety that the patient and we have to deal with when it would be easily gone over by Dr Kendall within an appointment. Remember, it is often patterns and not a single result that is important which Dr Kendall can explain within an appointment.
  - Often results are complex and can be easily misunderstood by patients and even other MD's who do not have the knowledge or skills to properly understand them or to put them into context to clinical presentations.
- If you wish a copy of your results, please request them before an appointment so we can prepare and provide them during an appointment.

**EMERGENCY CARE AND IN PATIENT POLICY**

Nationally, current inpatient care is now focused on “centers of medical excellence” where hospitalized patients are treated by full-time hospitalists who return the patients to the care of their specialist once acute illnesses are resolved. This is essentially the patient care model of most internists, neurologists, pediatricians, and specialists such as VMP. Dr Kendall and staff will provide support to the Hospitalist as they request. From experience, we do not call the Hospitalist based on a patient request but will do so upon the direct request made by a Hospitalist. We encourage patients to have their Hospitalist to contact us if they require Dr Kendall’s input. This ensures improved communication and care and timely implementation of recommendations. The Hospitalist team will direct all in-hospital care decisions with input from VMP or other specialists as indicated, however once the patient is discharged, Dr. Kendall will resume outpatient care. Continuity of care is maintained from the hospital to the outpatient setting provided that the Hospitalist or patient provide VMP with their medical records and test results. We are confident that utilizing this healthcare model for acute inpatient care will allow for optimal and prompt therapy with excellent care by the Hospitalist team.

**DR KENDALL’S ACCESSIBILITY:**

As any specialist, Dr Kendall does not act as a person’s Primary Care Provider and is not on call.

- Staying current with appointments (within 12 months in most cases) allows her to continue to be involved in your care based on current issues and conditions. Due to various standards of care, Dr Kendall becomes very limited and even unable to make any recommendations, adjustments or changes to care whether acute or not when you have not had a recent appointment.
- We understand a random question may pop up and Dr Kendall will answer, as time & patient demands allow, questions from current patients who had a recent appointment only if they are very short, to the point, and not requiring an involved exchange. Multipage overviews, excessive exchanges, no recent appointment, and some questions that seem benign but are very involved to answer will require a follow up appointment.
- Your physician(s) may contact Dr Kendall and she will respond as patient demands allow.
- Dr Kendall will not call or contact your physician or institution based only on a patient request. They must contact Dr Kendall and if not immediately available she will return their call as time & patient demands allow.
- Please be aware that our schedule can be full for 6-12 weeks.

**INSURANCE:**

Send into insurance the single claim form (Form 1500) that you will receive with the paperwork. Only send insurance additional information than the claim form if your insurance requests it.

- If insurance mistakenly issues a reimbursement check to us for a paid appointment we will sign and forward their check to you.
- LOMN or PA: Insurance can demand that prescriptions or testing require a PA (Prior Approval) or LOMN (Letter of Medical Necessity). We will assist the laboratory or pharmacy who will perform these tasks for you by providing them the information that they may need for them to secure approval. LOMN's generated by the lab can be effective but in the hundreds and hundreds of PA's that have been demanded by insurance, we are aware of only ONE being approved. PA's are essentially a tactic by insurance to deny a prescription.
- Peer to Peer: If your insurance demands a Peer to Peer review, remind them of GA Statute O.C.G.A. 33-20A-5 (3) (B) (ii) which forces them to produce a Peer equally trained as Dr Kendall as a Clinical Biochemical Geneticist specifically trained in the specific rare disease that Dr Kendall is treating you for. Until they produce such a person per O.C.G.A. 33-20A-5 (3) (B) (ii) Dr Kendall will not speak to insurance company nurses or physicians who are not a Peer to Dr Kendall.
- Medicare dictates that no claim form be produced or supplied to a patient when the provider is a not a Medicare provider such as Dr Kendall. Why, we do not know.

#### **MISCELLANEOUS:**

- Records for those patients seen within 14 months will be provided to the patient free.
- If the patient had an appointment 15 – 24 months ago, there will be a charge of \$35 for providing records to the patient.
- If records are to be released to someone other than the patient regardless of when the patient was last seen, there will be a fee as dictated by allowable state law.
- Releasing records can take a week or two to process.
- Due to the complexity of the cases we see:
  - Current Patients are those who have had an appointment within 14 months of their last appointment.
  - Inactive Patients are those who have not had an appointment within 24 months of their last appointment. If they wish to have an appointment after 24 months they will be treated and may be charged as though a new patient.