

# And In This Corner, Wearing the White Coat

**may look like a pediatric audiologist, but underneath my professional exterior I am a wrestling champion for my littlest patients. I don't wrestle in a ring, but I am a regular fighter and well known as a contender by the Oklahoma State Insurance Commissioner. I don't always win my wrestling matches, but I always try to help my patients and their families.**

Welcome to World Wrestling—pediatric audiology style.

Most of my battles are the result of problems with my patients' healthcare insurance. I think it's remarkable that healthcare reform—the heart of which is healthcare insurance reform—is such a hot topic these days, because it's certainly not a new idea for anyone who treats children. In fact, I'd say that pediatric audiologists have been wrestling for their child patients for quite some time.

It wasn't always this way. Healthcare insurance in the United States dates back to 1929. According to the BlueCross BlueShield Association, the BlueCross concept was created by a businessman who was seeking a way to finance hospital care for Dallas school teachers, who made monthly payments to Baylor Hospital. BlueShield developed around the same time, as a way to provide medical care for lumberjacks and miners in the Pacific Northwest. In this case, their employers paid monthly fees to physicians.<sup>1</sup> The popularity of these group health plans rose as more and more contracts were negotiated with doctors and hospitals. In return for discounted service rates, the plans promised increased volume and prompt payment for services rendered to BlueCross and BlueShield enrollees.

These early insurance pioneers were non-profit institutions, advocating for the patient and negotiating with the provider. Because of that non-profit status, early attempts by the government to regulate healthcare were thwarted. At some point, though, advocating for the patient became too expensive and insurance companies became for-profit conglomerates. The "bottom line" took pre-

cedence over "best practice."

Our great state recognizes the importance of creating literate taxpayers. With proper documentation, best practice protocols and meticulous paper-pushing, children with state insurance are provided high-quality instruments from manufacturers willing to share the mat with us and provide generous discounts. But, this is not true for many hard-working families who must provide private insurance for their children.

Although my state's law was changed to allow the children of private insurers to have the same privileges and access to language as those who are state-funded, loopholes allow many of these families to be penalized. These self-funded insurance companies do not have to abide by state mandates, and they often deny hearing aid coverage for children.

Take 9-year-old Carson, for example. Carson's parents work and provide expensive private insurance for their family. Carson recently had his left leg amputated due to bone cancer. Four rounds of Cisplatin killed the cancer that left him legless but carved out his audiogram, too. His insurance provider said hearing aids were covered if they were "medically necessary." However, his claim was denied.

So, I enter the ring.

Or how about my friend, Carly? She was diagnosed with bilateral conductive hearing loss since birth, secondary to Treacher Collins syndrome. After age five, she was denied BAHA surgery from her private insurance because it was considered to be an "experimental procedure."

Into the ring again.

Over the years I have been practicing, the battles and the battlefields have changed. However, here are the basic rules of the ring for pediatric audiologists who find themselves wrestling today:

- Play nice;
- Empower parents to take the mat with you. Many companies are not aware of insurance policies that exclude children's hearing aids and will amend their policy;
- Know when you have a fighting chance. You can't fight a loophole, but you can tackle the definition of "medically necessary;"
- Follow the chain of command;
- Write down everyone's name and what they said. You will probably need it later; and
- Meet your insurance commissioner. Remember, they work for you, too.

Maybe it's just from my perspective, but what originated as a non-profit, patient-advocacy industry has turned into big business. I have not read the 2000-plus pages of healthcare reform legislation, and I barely understand HIPAA. What I do know is this:

- I am grateful for the hearing aid manufacturers who share in the promise of our future and generously provide good technology to state-insured children;
- Best practice is not synonymous with bottom line;
- Having a hearing loss warrants medical necessity;
- Private insurance should not be allowed to penalize working families;
- Advocating for our littlest patients is part of our profession's best practice protocols; and
- Reform? Bring it on. **\$**

## REFERENCES

1. BlueCross Blue Shield Association, accessed online at [www.bcbs.com/about/history/blue-beginnings.html](http://www.bcbs.com/about/history/blue-beginnings.html).
2. The Annie E. Casey Foundation National KIDS COUNT program, 2009.



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