August 2017 Infoline

HI Happy post eclipse!  Wow!  What a cool day it was to see this unique event!  Keeps us humble!

With school starting, summer is drawing to a close.  Time to get all engines roaring...like we were ever bored!  HA

**Updates- lots of updates!!**

The change in Administration has definitely created a different direction ... it is unclear how alternative payment models to reduce the cost of Medicare payments on the federal taxpayers is going to look going forward. Movement from volume to value impacted.  But for now - significant changes.   \*New HHS Sec is Dr Price, an orthopedic surgeon.\*

Bundle Payments

1)  Discontinuing the rollout of BUNDLE PAYMENT programs for acute myocardia Infarction, cardiac bypass surgery, and hip and femur factures.  HALTED/proposed rule

2)  Existing bundle for Joint Replacement/CJR - approx 800 hospitals are well into the full rollout of the program-    scaled back.  Allow low volume and rural hospitals to opt out of CJR.  Reduced required count from 800 to 393.

3)  Expected to introduce VOLUNTARY bundled payment models.  Stay tuned!   \*lots of costs have already been incurred by hospitals\*

(Thanks, Dr Hirsch, and RACMonitor for sharing.  Also  HFMA 's Weekly News)

NOTE:  Commercial payers - specifically United - has published their movement to Bundle Payments for hips, knee and spinal surgeries.

Knee and Hip Replacements - Proposed to move Off the inpt only list and possibly being done at ambulatory surgery centers

HOLY!  This is huge if it happens.  Plus CMS has issued some extremely vague 'guidance' on when it can be outpt and inpt if it comes off.  HOLY!

At risk if not an inpt:   No inpt stay to allow for covered Medicare rehab in a SNF.   HUGE impact to this population -plus 'how to become an inpt?"  Think about unplanned outcome or vague 'physician judgement' or event that made the pt an inpt - needed 2 MN with plan and then to SNF. But the surgeon would have to state - unplanned event. How will all of this be used with quality scoring? Other data tracking? VERY MESSY!

Comments:  <https://www.regulations.gov/document?D=cms-2017-0091-0002>

(Thanks, Dr Hirsch.)  We had heard rumblings that both Hip and Knee replacements were at risk for coming off the inpt only list -but without clear guidelines, our pts and providers are going to have a very hard time.  Did I mention Care Mgrs who are trying to explain all this and get post-discharge care for their patients?????]

CMS Changing Medicare Audit Process - targeted approach will focus on high error rates, outlier practices

Medicare will be changing to a more focused approach to auditing PHYSICIAN'S CLAIMS for payment. Moving from random to a selection process that pose the greatest financial risk.

Billling practices that vary significantly from their peeers.  It is called the 'TARGETED PROBE AND EDUCATE."  Take a look at the webpage as there is also a flow chart. We will see how CMS implements this one...   <https://www.medpagetoday.com/PublicHealthPolicy/Medicare/67365?xid=nl_mpt_DHE_2017-08-198>

Hospital care for non-Hospice patients.

Thanks to Dr Salvatore/Delaware for sharing for RAC MONITOR.   Link:  <https://www.racmonitor.com/the-medicare-choices-care-model-either-or-becomes-this-and-that>.

Appeals court overturns ruling requiring HHS to clear Medicare backlog by 2021.    Thanks to Peter Grant, RAC SUMMIT, for keeping us updated ...

Appeal filed by HHS- can't meet 2021 /impossible timeline.  Appellate court agreed with HHS /Aug 2017.  Back to the courts to try to decide what is possible.   (DId you take the 68% settlement?  The years to get a hearing continue.)

**Payer Anguish**

At the July boot camp, we heard multiple stories of abuse from payers - many from Medicare Advantage/Part C/Managed.

It continues-with some major concerns in 'cost to implement the contract" or payer's rules that are unknown to the staff.   We discussed the POWERFUL need to have UM/Care Mgt and Physician Advisors join the Contracting Team while sharing the 'anguish' from the commerical payers - both Medicare Mgd and regular commerical.   Mgd Medicaid is a new area for some hospitals..  The need to have a matrix of ALL the payer's rules - easily available for the UM team, the PA, the denial attack team, and contracting - is an essential part of payer dialogue.

Couple hot items:

    UNITED/LARGEST private Medicare Advantage insurance plan:  2nd Whistleblower case, July 28th.   The healthplans receive BONUSES for low subscriber complaints.

Case accuses United of keeping 'a dual set of books' to hide serious complaints and of being 'intentionally ineffective' at investigating misconduct by its sales staff.  Kickback scheme/promised Ipads to people who agreed to sign up & stay on for 6 months.  Another agent forged signatures on enrollment forms and had been subject to many misconduct complaints.  (Fraud??? any laws broken??)

Medicare paid United $1.4 Billion in bonuses for 2016 based on HIGH quality ratings compared with $564 Million in 2015.

    United - eliminates consult codes as a reimbursable service.  Check out the great article by Shannon Deconda/RAC MONITOR.   [www.racmonitor.com/unitedhealthcare-eliminated-consult-codes-as-a-reimbursable-service](http://www.racmonitor.com/unitedhealthcare-eliminated-consult-codes-as-a-reimbursable-service).   United's financial outlook is projected to to have revenues moving from  $197B to $199B.  \*They had to pull out of the exchanges as they weren't making enough money.  Just saying...\*     CMS changed rules in 2010.  so United stated data mining for 'abuse.'   Now a new set of rules for providers whose patients have United...

    UNHC and others requesting hundreds of records for CMS's Risk Adjustment Report.

It appears that the Medicare Advantage/Mgd Care/Part C plans are demanding records to be sent - some for the past 18 months - and giving the provider 30 days; others longer.

Can they demand this?  Remember the original Whistleblower case against United...  REQUESTING RECORDS TO FIND ADDITIONAL DX TO INCREASE THEIR PER MEMBER , PER MONTH PAYMENT.

    Hospital indicates Chapter 7 of CMS's Mgd Care manual does not state that the provider has to send these.  WHAT DOES YOUR CONTRACT STATE? This is the killer answer.

With the identification of abuse by United - and others - it is highly important to immediately file a complaint with CMS.  Remember - we need to contact the representative identified by CMS. Check our webpage for contact info.

    The adminstrative cost is HUGE!  What authority do they have to ask for these?   STORY: 1 hospital, 600 records requested.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*Need Remote Coding Support?   We would love to chat as we do all size hospitals, just in time coding, no minimums with 48 hr turn around guarantee\*\*\*\*\*   Let me know and we will get connected!  Thanks a ton

**Healthcare Buzz**

**As many of you are aware, we have created the Patient Financial Navigator Foundation, Inc. with a mission of-**

    Transforming the hassle factor in healthcare - 1 pt, 1 family,1 employer, 1 community at a time - thru education.

It is exciting to begin 'giving back' thru local and national educational efforts.  Plz take a look at the webpage: PFNFinc.com   as we have posted all the classes from our boot camps, employer outreach and ideas on how to begin to 'teach' some of the complexities of  the healthcare process.  \*Happy to teach at anytime\*

One way - we are writing "**HealthCare Buzz'** articles.  They are posted ... please use any of the classes or ideas to get started in your community.

Here are some educational items you might be intersted in - in addition to the powerpt presentations and articles.

1)  AHRQ /agency for healthcare research and quality: Healthcare coverage for young adults.  Ages 18-29 made up the largest percentage of people gaining health care coverage from 2010-2016.  The uninsured rate for this group fell more than half:  31 % to 15%.  (Think ACA - children can keep coverage with parents until 26... greatly helped plus cost-sharing reductions/help with premiums in the individual market....plus employers with more than 50 employees required to offer insurance.  Lots of factors.)  2016 National Healthcare Quality and Disparities report.

2)  Roughly 9.5 M working Americans under age 65, along with 5.2 M of their family members, gained health insurance coverage from 2010-2015 under the ACA.  They represent 77% of all those who gained coverage in the first six years of the ACA.  Robert Wood Johnson Foundation

3)  43.8% of adults were insured thru an employer in Q2 2017.  Well Being Index.

4.7% of adults were insured thru a military/VA plan.

Uninsured rate for Q2 of 2017 was 14.2%

9.2% of adults were covered by Medicaid

\*\*\*\*\*\*\*\*\*\*\*\*\*  Come and Say HI at these events    and/or   Participate in the webinars.   Love having you!\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Sept 12-13th            AAHAM MD                Finding lost inpts;   Attacking Mgd Care Anguish

Sept 25-26th            AL HFMA                    Lost inpts;  Attacking Mgd;  Common lost revenue thru charge capture audits

Ocr 9th                       ID HFMA                    The Patient Financial Navigator Program - how to

Oct 13th                    COPAM Ohio             Lost inpt; Attacking Mgd

Oct 24th                    Webinar                      Compliance 360's webinar- multiple part - hot topics

Nov 6th                      Region 9 HFMA       Lost inpts; Attacking Mgd

Nov 8th                     AICPA conference     Finding lost revenue thru charge capture; Attacking Mgd

Nov 16th                  MN AAHAM                Finding lost; Attacking Mgd

Eclipse humor - Thanks to Dr Salvatore and Dr Baker - both excellent physician advisors --and humorist!

Dr S:  United Health Care has just denied the eclipse in Delaware as medically unncessary as there was no eclipse in Mel Brook's 'Space Balls' which makes as much sense to use as their denials using MCG."

Dr B:  They obviously watched without the "CMS Approved Lenses" and are blind to this as they are to most other denials.

Dr S:  You don't need CMS approved lenses to view United Healthcare denials - just nose plugs!   \*\*HA\*\*

Have an excellent remainder of summer.  FALL is my favorite time of year!  Hot/warm days; cool night!

Thanks to each of you for your sharing of information.  It matters!  It takes a VERY LARGE village!