**December 2017 Infoline**

**HI  Happy holidays!  Merry Christmas!   Time to celebrate what really matters...**

\*\*\*SO EXCITED!   We are thrilled to announce our 6th National Physician Advisor and Utilization Review Boot Camp:

    "**Attacking Payer Denials -Chapter 2.  Lessons learned and Strategies for Success"    Plus a cool pre-con:  "Disruption in healthcare means..."    Join us in person or via live webstreaming in Los Angeles, July 25-27, 2018.  \*Yes, go west \*   Same rate as in previous years**

**Excellent topics will include:**

    Regulatory updates including impacts of the removal of the Total Knee from the inpt only list; why we still love the 2MN rule; TONS on contracting from Medicare requirements for non-contracting with Part C to how to involve the PA in contract development to keys for developing new pathways for enhanced contracting."  WOW    Plus we will learn more about tools for internal change with UM and PAs, data tracking and use for education with providers, and contracting tracking tools. Can't forget the fun 'provider anguish' with real examples of challenges PLUS how they moved past the denial/rejection and finally, payer involvement from KePro to MAC to Mgd Medicare and commercial payers.  Still the dynamic networking with faculty - table talk breakfast, case studies and dutch dinners.   Go to the website racsummiit.com (RAC SUMMIT co-produces the bootcamp) or to our webpage for more details.  We are still finalizing a few speakers but wanted to get this out to ensure you had time to add it to your 2018 budgets.  SUPER FUN!  Such an honor to be able to continue our operational-based boot camps!\*\*\*

**Updates**

1. CMS terminates and scales back Mandatory Bundle Payment Models.  CMS recently published a final rule that cancels the Episode Payment Models  (EPMs) and the Cardiac Rehab (CR) incentive payment model, each of which were slated to begin on Jan 1, 2018. The final rule, which was published Dec 1st, also finalizes CMS' proposals to reduce the number of metropolitan statistical areas  (MSA) where hospitals are required to participate in the Comprehensive Care for Joint Replacement (CJR) model from 67 to 34 and to make participation in the CJR model OPTIONAL for certain low volume and rural hospitals.  Hospitals in the 33 MSAs that are no longer required to participate in CJR will have a one-time opportunity to OPT-OUT to the model on a voluntary basis..  WOW!   Important to check more into the voluntary rules plus the gainsharing contracts, etc that are already in place in the mandatory plans.   Such a ton of wasted costs....and the goal was to drive down the cost of healthcare...from within.   Now for the next chapter...

    2.    Removal of total knee replacement from the Inpt Only list., effective 1-2018.    Although this should be 'old news' by now, still plenty of confusion with how to actually do this when

          CMS' communication with the final rule was a 'tad conflicted.'  Even though they acknowledge there will still be inpts, they add at the end:  "*as provider's knowledge and experience*

*in the delivery of hospital outpt TKA treatment develops, there may be a greater migration of cases to the hospital outpt setting."*   As Dr Hirsh/RAC RELIEF and others have

          indicated:  What knowledge and experience does one need to do a TKR as an outpt that did not have as an inpt???

          Ideas:

                    1)   Assess each pt, each time.  Utilization Management/Pt status and Discharge planners - assess each TK each time. What are all the 'other ' clinical factors that may

                        require the pt to need an expected 2 M N and thus, order the case as an inpt?   This will be the biggest challenge - getting the upfront documentation to support the

                        clinical reasons if inpt is ordered 'to begin with.'  Think the plan for 2 MN presumption.

                    2)   Assess each pt, each time.  Now look at a healthy patient who needs the TK.   How is their care differing from the #1 example?  Is there a clinical plan that will take 2

                        at the beginning?   or does this pt begin in outpt surgery; assess their ability to ambulate thru routine recovery + extended recovery but be careful as there is no

                        separate reimbursement for recovery -regardless.

                    3)   Assess the outpt surgery in recovery as the 2nd MN approaches. USE THE 2 MN Benchmark to ensure that if the pt is stilll needing 'necessary hospitalization' - look

                        closely at -what are the clinical indicators that keeps the pt from being safely discharged prior to the 2nd MN as an outpt?  CLEARLY document the plan for the 2nd MN,                         convert to inpt..

                    4)   Assess the 3 day stay for SNF covered referrals. CLINICAL REASONS...     Case mgrs - read the record.  CHANGE THE INTERNAL PROCESS as we all have alot to

                        learn with the change.

                    5)   There will be 'exceptions' but be sure they are true exceptions to the 2 MN rule... look at #1-3 first....

EXPECT AUDITS to support inpt stay...  CMS states they will continue to monitor but the language is so vague - lots of room for interpretation.

**YES - DR HIRSH /R1 will be speaking on lessons learned since Jan 2018 at the boot camp.**

**YES - we will be hearing from facilities on challenges with the change/TK and ideas for implementing 'each case, each time."**

    3.    CMS to launche 2 new Medicare appeals settlement options to clear claims backlog.  Nov 10, 2017       The low-volume appeals settlement option will be limited to fewer than 500                 Medicare Part A & B claim appeals pending with the Office of Medicare Hearings and Appeals and the Medicare Appeals Council as of Nov 3rd, with a total billed amount of

            $9,000 or less per appeal.  CMS said more information about this initiative will be available on the OMHA website.    Trying to clear the significant backlog as

            there remains a nearly three-year adjudication process for each Medicare claim that is denied.

    4.    RAC Update:  Recent updates are available:  <https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-ffs-compliance-programs/recovery-audit>-

            program/provider-resources.html.  (Thanks, Sharon Easterling/Recovery Analytics)   One nice change:  CMS will post list of topics that have been proposed for RACS to review.

            Listed on a monthly basis, with details.

    5.    Repeal of the Individual Mandate, effective 2019.   In the Tax bill that passed Congress yesterday, the individual mandate was eliminated, as of 2019.  Therefore, as a country,

            we have mandated car insurance or pay fines but not body insurance/health insurance.  The Congressional Budget anticipated 13 Million fewer people would have coverage within             5 years after the change.  The Senate indicated they could save approx $300 million in helping low income individuals with their premiums or co-payments as they would not have

            insurance thru the exchanges.  The insurance industry announced to expect upward premium in the exchanges as well as exploring nationwide.   Unfortunately, the ripple effect

            will be to the patients and the caregivers - uncompensated care or bankruptcy trying to make payment  or  care denied.   Incidently - individual marketplace/exchanges are

            used for two large groups:   Employers with less than 50 employees      and      retirees before age 65/called GAP insurance.     HUGE financial hit with insurance premiums.

            EX)  New small business start ups - how to get insurance with 4 employees as premiums are too high for a new employer/Exchange, per employee, may well be the best,

            least expensive route.

            EX)  CPA, electricians, musicians, new start-ups, small farmers, small builders = over 90% of employers in this country are under 50 employees!  WOW!

            PS:  **CHIPS**- low income children - remains unfunded.  States have started issuing letters to families of lack of continued ability for medical financial support.  REALLY?

    6.    Anthem expands discretionary ED coverage policy to Indiana.  (Already in George, KY, and Missouri)

            Indianapolis-based Anthem will stop covering ED visits it deems 'UNNECESSARY".  The policy aims to steer Anthem members with non-emergent ailments toward a primary

            care provider or an urgent care provider instead of a costly ED visit.  Their policy is based on a list of about 300 dx codes it considers non-emergent which it developed with four

            board certified ED physicians.  They will review the presenting condition and the dx.  Exceptions for under 14 years of age, a lack of urgent care accessiblity and if the visit

           occurs on a holiday or Sun - no other care available.  Anthem said approx 10% of the 190,000 ED visits Ind sees annually would be reviewed under the policy and roughly 4%

            could be denied.  (*Stay tuned  -as litigation has begun around this one.  Still a highly concerning issue as EMTALA impact does not allow for 'insurance' or insurance coverage*

*prior to be screened-most of the time.  Of course, the hospital will be left trying to secure payment for these while the pts battle...)*

    7.    CVS Health- Aetna deal:  Pharmacy giant (CVS) has agreed to buy Aetna in a $69BILLION acquistion that could rein in health-care costs and transform its 9700 pharmacy

            storefronts into **COMMUNITY MEDICAL HUBS** for primary care and basic procedures.  It is expected to close in 2nd 1/2 of 2018.   CVS:  Familiar presence in  thousands of             communities with a visions of "creating a new front door for healthcare in America.'  (once approved)  WOW!  *Think - Disruptions in healthcare means...*

    8.    Advisory Board finalizes $1.3Billion deal with UnitedHealth's Optum.   Advisory Board shareholders approved a deal to sell the company's healthcare division to UnitedHealth

            Optum division   (*This is another company that has worked with hospitals/providers to provide insight and education -even on payer issues.  United owns them now.)*

    9.      **New Cards:  Medicare Card    and   Veterans ID Card.**     Ensure you are alerting your Medicare patients to double check their address.  Go to ssa.gov/my account   or call

            800 772 1213 as NEW MEDICARE cards will begin to be issued April 2018-April 2019.  Social security  #s will be removed with a new unique # assigned - mixture of alphabetic

            and numbers.  WOW!   *Registration:  Be aware to ALWAYS double check for new Medicare #s, starting 4-18.  Update to prevent claim from denying and require* *back end clean*             up.

            Nov 29-  VA announced a new national Veterans  Identification Card (VIC) is now available.  This was mandated in 2015 - and will provide proof of service.    Go to vets.gov and

            click on 'apply for printed veteran ID card."  It should be received within 60 days.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Wow!  That was a long update and there is even more... But it can wait until Jan 2018\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

PS  Yes, we took a couple months off due to a new dynamic training adventure we will be sharing in 2018...  and now this one is super long... SORRY!

All historical Info Lines plus ALL classes are on the web page.. Free... enjoy!

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*Last thoughts:*

*As we end 2017, wow-what an extremely turbulent year...But thru it all, we need to remember our personal mission statement, our commitment to service and bringing the best to our work every day...while we lift up and move forward.   My parents taught us to 'give back' to the country we live in; nothing is free.  I am proud to be a part of reminding each of us how grateful we are to live in this country.  I especially like this as a reminder - "Democracy dies in darkness"  Washington Post.    Keep cheering each other on;  use the 'boot strap' days for the hard days and believe we can make a positive difference thru engagement.   Thanks for allowing me to be a part of  your professional commitment to excellence...thru education.  It is a joy!   Day Egusquiza*