February 2019 Infoline

HI HAPPY February! Snowy here but not much except in the mountains...which is a good place for it! HA   Hope you are staying warm and safe.  Crazy weather...

Let's get started...

**\*\* The 7th National Physician Advisor and Utilization Review Bootcamp is INKED in and Ready for Registration!  YAHOO!  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**2019 Boot Camp:**

    **Medicare Advantage:  Building Blocks of Contracting, Provider-Sponsored MA Plans and the Ongoing Denial Challenges.**

    **Pre-Con:  "The Basics:  Medicare 101, CDI 101, P2P 101, and Denials/Appeals 101."**

**Yep, the title outlines the 3 major focus areas that will be taught in a 'how to' format= a BOOTCAMP.     \*\*Check out the ALL THINGS MA and the CMS oversight &  Risk Adjustment Audits - both topics taught by long time MA experts...  WOW!**

**When:   Mon-Weds, July 29-31st   (Mon/pre con; Tues and 1/2 day Weds/general sessions)**

**Where:  Washington, DC**

**Same price as in all previous years; same option of live webstreaming or in person/only conference offering both for all sessions- so it is like being with us.**

**We would love to have you join us as we continue our MA journey together.  \*By 2020, it is forecast that 50% of all Medicare pts will be in a MA plan. \* Time to get our A game on plus explore pro-active options... if you can't beat them, be one!  Love it!**

[**http://healthcareupdatenewsservice.com/blasts/RACSummit20190104.html**](http://healthcareupdatenewsservice.com/blasts/RACSummit20190104.html)-web link   Early bird discounts are in effect now.

SPEAKERS:   We are thrilled and honored to have multiple returning faculty, new subject experts, and dynamic networking opportunities with the faculty...Take a look at the full agenda as it is now ready.  YAHOO!

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HEY - all historical **Info Lines are on ARS's Webpage**.  They and all the classes are FREE... Get them and share the knowledge.

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**DISRUPTIONS IN HEALTHCARE - disruption can be a negative but also an exciting positive.  We are continuing to update the Disruption class that is posted on the webpage. It is next to impossible to stay current, but it helps.**

**Rise of Convergence in healthcare.  Ongoing new 'players' in healthcare**

Convergence means a company merges its capabilities with another organization in an adjacent industry.  Only works if the industry's solutions are not comprehensive, compelling or able to satisfy customer needs.

CVS/AETNA:  More examples as CVS continues to shape their new "FRONT DOOR" to the healthcare system:  retail/long-term care, pharmacy services, and healthcare benefits.  1st Q of 2019 - kick start services for cardio-vascular disease.  It will also pilot readmission prevention program.  CVS intends to schedule MinuteClinic follow-ups within 14 days of discharge when patients are unable to see a physician.  When it comes to chronically ill pts, 'the opportunities are massive,"  Mr Merlo/Aetna/CVS.  WOW!

Out of network pharmacy - don't forget that Aetna pts were getting their pharmacy other places besides CVS. Expect to see out of network penalties for anywhere but CVS..  Capture the leakage -drive all business to the owner of the services = CVS.

Keep watching for MANY other type deals - Humana, Walgreens, Walmart, Amazon and the gang.  Our Distruption class has highlights on the webpage. FREE!

We will also be covering Disruption during the Boot Camp.  (Remember - live webstreaming is also available and cheap!)

**More disruption- Medicare Advantage/Part C Medicare**

We continue to be blasted by almost daily MA payment rules/disputes.  Many are not in the contract but are being posted frequently under the payer's POLICIES on their webpage.  How are you being protected from these -who is checking --who is challenging?

    1)  Payer cannot sell unless there is a provider network.  You have more power than you think you do.  Discuss not contracting.  REMEMBER - With no contract with the MA, Traditional Medicare rules apply.  DO not be bullied.   (Dr Baker/SC will be sharing all the details - to contract or not to contract -at the boot camp.)

    2)  File complaints with CMS-who does all oversight of the MA plans.  Look at the webpage for the actual contact names/emails for the MA plans.  File well developed examples of abuse.

    3)  BIG ONE:  Medicare Part C Manual:  "If the plan approved the furnishing of a service thru an advance determination of coverage, it may not deny coverage later on the basis of a lack of medical necessity."  DOUBLE WOW!    Why are we allowing the MA plans to approve and then hire an outside firm - POST DISCHARGE - to audit and take back the inpt or try to downgrade to obs -as it is deemed 'not medically necessary to meet inpt level of care."  So many things wrong with this process but use CMS's/MA manual.

    4)  CMS releases MA proposals- 1.59% rate hike to private Medicare plans; provide more flexibility to serve chronically ill patients -such as provide transportation for non-medical needs, home-delivered meals, food and produce.  CMS also encouraged private Part D plans to provide lower cost-sharing for opioid-reversal agents like naloxone and to have these measures included in the Star Rating system.  (We will learn more about the HIGHLY rated subscriber ranking system = 3.5 to 5 stars = huge bonuses for the MA plans. NO input from providers..  Squeek to your legislative reps.  No one really knows the anguish of the MA plans and the provider community.)    Final ruling in April.

    5)  "Medicare Advantage: Real advantage or scam?  You may not know all the facts."  Interesting article by Dr Raymond Feierabend, Professor Emeritus in the Dept of Family Medicine in East TN State University.  One key element:  Freedom to pick your own providers as only providers in the 'network' are available to the subscribers.  (Power again as a provider...sign or not sign..can't always be a win/lose... )  [www.tarbell.org/2019/01/medicare-advantage-real-advantage-or-scam-you-may-not-know-all-the-facts](http://www.tarbell.org/2019/01/medicare-advantage-real-advantage-or-scam-you-may-not-know-all-the-facts).   (Thanks, Bill E/GA)

    6)  OPTUM drives United Health Groups Q4 yearly earnings increase.  The payer's health services arm, known for driving vertical integration at the nation's LARGEST commercial insurer, surpassing $100B in revenue for the first time in 2018.  (Healthcare Dive, Jan 19, 2019)  Do a quick search for the multiple healthcare companies (that help providers) that United now owns.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Hey, Finally Fri series -  FREE \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Ernie delos Santos - Finally Fri hero of great, free ongoing ed - is hosting a 3 part series on Disruption.

I will join his other great panelist for the following:

        March 1st        noon-1:00 CST                               Part 3:   Medicare Advantage /MA growth...  UHC, Humana, more MA happenings.   (Yep me again)

go to:  <https://www.myfinallyfriday.com> and to register for his emails- <https://www.myfinallyfriday.com/pl/58305>  or reach out to Ernie at erniedelossantos@gmail.com

PS  Ernie has always been part of our Boot Camps.  He will be with us again this year in DC..as will be some of his dynamic panelists! YAHOO

**WOW!  Short Term Health Insurance/STHP**.  These were originally allowed for 'gap-up to 3 months- but the Adminstration just allowed it for up to 3 years, which is essentially for all to buy.  "State Relief & Empowerment Waiver/ 1132".  10-18/final rule.  Let's take a look at the elements of many of the STHPs that are available.  Buyer beware!.  NOTE:  I have been writing monthly about the DAMAGING effects of these STHPS.  Insane as many small employers are desperate for premium and deductible relief.  But 'cheap' does not equate to 'coverage.'  Read the details about these horrible insurance plans being sold in the previous Info lines on our webpage.   UPDATE:  House Committee Hold Hearings to Protect the Affordable Care Act.  H.R. 1010- introducted by Rep Kathy Castor (D-FL) will reverse the Trump's Administration's rulemaking on short-term, limited duration insurance plans. Also included HR986-Protecting Americans with Pre-existing conditions and HR 987 - Marketing and Outreach Restoration to Empower Health Education Act of 2019/restore funding to assist consumers with signing up for healthcare/marketplace/exchange. (King & Spaulding, 2-11-19)    **1 in 4 adults have pre-existing conditions**.  (Dec 2018, Gallup)

    **\*\*\*\*\*\*\*\*\*Hey do you need help with remote coding?  We do all patient types, no minimums, just in time coverage, 24-48 hr guarantee turn around time, per chart cost, in-country coders.**

**Drop me a note and let's chat.  \*\*\*\***

**Hot Spot Updates**

* **CMS Adm Verma touts Blue Button 2.0 apps, though uptake still slow.  Only a few thousand Medicare beneficaries have elected to share their claim data with production developers.   (Check out the MANDATORY sharing of all Traditional Medicare pt clinical and financial records with the pt and their electronic tool - watch, ipad, laptop.)   (Healthcare Dive 2-19)**
* **HHS proposes Free patient access to electronic health data.  7 things to know...  Sec AZAR wants to ensure there is no blocking of pt info between providers.  Patients have access to their treatment and financial data.  MyHealthEData initiative and 21st Century Cures Act.  (Remember - this is part of the Blue Button 2.0 program - all providers must give info to patients.)   (Becker Hospital Review  2-19)**
* **Only 33% of 1000 employed consumers indicated they understood their medical bills; 33% said they completely understand their employer sponsored health insurance and 44% say their employer doesn't offer anything besides health insurance.  (Healthcare providers - we can't expect patient engagement when they don't understand the basics.  Transparency = education.  AND HOW ABOUT THIS:  Demonstrating MISSION = Having a MARGIN.   Time to re-think --no mission, no margin.  These are unsecured loans patients receive when they have cadillac care and walk out without paying.  What are you going to reposses?  Baby? Kidney?  Building relationships =  Margins...  NEW PATIENT ENVIRONMENT, NEW PT ENGAGEMENT = NEW MARGIN POTENTIAL  (Maestro Health Jan 2019)**
* **More Seniors may soon be sporting Apple Watches with MA partnerships.    2-19**
* **Anthem's MA plans working with Walmart to cover over the counter meds for MA seniors.**
* **United is creating their own Individual Health Records/IHR.  Accessible by 50M patients.  Creating their own data base.  States it will interface with the hospital EHR. 11/18**
* **Apple rolls out iphone health records feature to Veterans.  New partnership between Dept of VA and Apple.    Goal to have better access to their health records.**
* **CMS launches app showing Medicare beneficaries what their plans cover.   More CMS's move to transparency, giving patients info under Medicare.gov.  The Medicare Plan Finder also incldues a web chat option.  EMedicare has apps with pts encouraged to use instead of calling Medicare.**
* **JAMA Study 9-18:  Only 21% of hospitals had the ability to provide a complete hospital pricing estimate for a common procedure.  Exec Order to Increase Choice and Reduce cost.  Medicare.gov. Input the procedure.  (I did - carpal tunnel.  It input the correct medical terms - then it told me what it would cost in a local surgery center - for my out of pocket - plus what the payment would be to the hospital and the surgery center.  WOW!   Now - who is going to explain why the prices/charges are so different and why the out of pocket is so different --as healthcare is LOCAL..  and it is NOT so hard to understand...just takes some 'building of a payer data base."   Forget posting CDM - now CMS has done the price/out of pocket/healthcare payment for common outpt procedures..**

**Hey are you like me --who is paying for the IT services it will take to a) build interfaces with all the patient access apps or directly to the Medicare pt to download all their clinical and financial data/Blue Button  and b) who is ensuring firewalls/safety when doing this highly confidental work?  CRAP!   49% of adults are very concerned about health information security.  (SCOUT survey, Cision, 7-18)**

**\*\*\*\*Hey, come and say hi when I have the privilege to particpate in one of the below conferences...or shout out a HI when doing an audio.  It is a joy for me ...anytime!\*\*\***

       March 1st                Finally Friday                Updates on all things MA - plus more payer challenges          (FREE)

       March 11-13th          National ACPA conference        Co-Teaching with Dr Baker - Revenue Cycle - front to back                 Atlanta, GA       \*See you there\*

       March 28th              SD HFMA                    "What does Disruption in Healthcare Look Like?    &   "Finding Lost Revenue - lessons learned from charge capture audits."

       March 29th              ND Spring HFMA         "Creating a Pt Financial Navigator Program"   &  "Attacking Payer and Medicare Advantage Denials - the new battleground."

       April 5th                  HI HFMA/Annual mtg    "What does Disruption ...."

       May 11th                 Ark HFMA                   To finalize

       May 16th                 VHA/Vizient webinar     "What does Disruption....."

    Thanks to each of you for allowing us to continue to be a part of your professional life.  It does take a village and we are so grateful for your willingness to share...

    "The Shortest Distance Between Two People is LAUGHTER! -Victor Borge