January 2019 Infoline

HI HAPPY 2019!  Wow - another year is underway and more healthcare crazies with so many disruptions - not all bad, just lots happening.  What is your daily routine?  For the past 2 years, I now do at least 1x a day searches for ongoing healthcare changes or proposed changes.  Dec begins my 40th year in revenue and reimbursement - Double WOW!   And still not bored! HA

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.**

**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

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.  Alot depends on the 'seat you are riding in"!** Let's look at some updates as it is massive.

**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.

EX)  Best Buy quietly grown a home healthcare business.  (Jan 7, 2019, Becker Report)

EX)  CNBC:  3 expert's predictions about Amazon's healthcare ambitions.  (Dec 18, Becker Report)

a) Don't be surprised to see Amazon starting out by providing over -the- counter meds and then moves into making the experience easier for managing your health.  He suggested Amazon may offer services tailored to basic ailments, preventive care and potentially managing chronic medical conditions.  (Tom Robinson, mging partner/Oliver Wyman)

b) With its entry of e-commerce, Amazon can touch the one thing (food) that has the greatest public health.  (Jason Langheier, CEO, Zipongo)

c) Now that Amazon owns PillPack, the company could target the approximately 6% of people that pay for their prescriptions with cash, lack insurance, or have deductibles to offer affordable access to medicine.

**More disruption**

EX)   Potential hidden impact to patients/employees:  **OUT OF NETWORK FOR SERVICE**S -think pharmacy.. Let's ponder:  CVS owns an insurance company/Aetna - and you have been historically getting your drugs as Costco. Your employer has Aetna; now you will very likely be out of network --as CVS pharmacy owns Aetna/directing of traffic.   You would expect this the employer who has Aetna is explaining that in-network = CVS.   But, contracting can still occur with other pharmacy groups - like Rite Aid, Costco, others.  But anticipate more of this type of 'in-network' restrictions as that is how you control costs.  You control leakage...

WATCH FOR THE NEW LEGISLATION:  "No More Surprise  Medical Bills Act."  Defined as - when seeking care from IN-Network provider/hospital but providers who provided services where the pt would not have known were out of network.  Limits pt's cost sharing to the amt the pt would owe to an IN-network provider and prohibit providers from engaging in balance billing...    (Horrible examples - ER provider at the hospital is not in the hospital's network. Pt is charged the out of network penalty.  or Consultants within the hospital    or  Reference labs  ...on and on..)

DC is requesting the Federal Trade Commission investigate the 'contract agreements between payers and providers."  Believe the pt has to go to the provider -even if there is a cheaper provider doing similar services.  Focusing on Imaging and minor procedures.   (Think Medicare Advantage plans)

EX)  Charge Masters must be posted in 'machine readable format."  Yep, this is live!   But the more important questions:  a) are the descriptions patient friendly?  b) who is listed as the person/or team to receive the calls with questions, c) what script has been written so the staff can understand the patient's questions and reply with excellent, easy to follow basic information, d) who is also offering/doing an estimate of charges?  It does NOT have to specific to their insurance -but it definitely should give them a range and then direct them to their own insurance.  Creating a Reference Library of most payer-specific/employer tied benefits would help walk thru how it works.  With the monster deductibles many plans have-especially smaller plans - this is a powerful patient satisfication tool.  Automate and update...  (Only 21% of hospitals can and do easily give estimates.)

Stay tuned:  2020 - expect more price transparency.  'CMS encourages hospitals to undertake efforts to engage in consumer friendly communications of their charges and to enable patients to compare charges for similiar services across hospitals."  Also, think - interoperability = emphasize measures that require the exchange of healthcare information between providers and patients.  WOW!  (PS - from a patient's perspective, all the electronic records only works if you are ALL in the same network/health system.  If you need PT from an in-network provider but not within the hospital/healthsystem - there is usually limited or no ability to UPLOAD their clinical info into the health system's records.  How does that help provide the meaningful use of the data to promote better health outcomes, less repeat/unnecessary tests, etc?  Ask your public... )

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*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:

    Jan 11th          11:00 MTN/noon CST/1:00 EST        Part 1:  The ACA and the legal version of Quantum Mechanics ! HA     (me on this one)

    Jan 25th            same                                           Part 2:   The news about 340B  (Hint:  good ruling recently)  -Taught by Ernie's panelist

    Feb 8th             same                                           Part 3:   Medicare Advantage growth...  UHC, Humana, value based, provider sponsored plans.   (Yep me again)

go to:  <https://www.myfinallyfriday.com/p/this-week-on-finally-friday>

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

**Affordable Care Act/ACA - Big Chaos over the Texas Ruling**

With the ruling from the Texas judge (since the individual mandate requiring people to have insurance can no longer be sustained as an exercise of Congress's tax power-therefore, ACA is unconstitutional).

Both Congress & CMS have stated nothing will change while the ruling is appealed.  (It was brought by states:  TX, WI, AL, AZ, AR, FL, GA, Ind, KA, LA, Maine, Miss, MO, Neb,  ND, SC, SD, TN, UT and WV.)     What does it mean if the ACA is gone?

    Think back prior to 2008.   Look at the ACA or the Disruption class on our webpage.  10 years of ensuring every employer over 50 employees had to offer Essential Benefits, with no limit to coverage, 26 yr olds covered/even if married,  pre-existing coverage, no waiting periods...  It also created the Health Exchanges - where individuals  PLUS small employers under 50 could have their individual employees get coverage, retirees without coverage until 65 = all the potential of a reduction in premiums based on financial need/poverty level.   Hospital took a cut in payments due to more insured than prior to 2008.   Premiums were to be addressed as 'more people to share risk, less costs...'which has been questionable .  And the Medicaid Expanded program for a new group of poverty-level families.

As this plays out, let's look at some real data:

* Medicaid.  1 in 5 low income seniors/think long term care-nursing homes.  'The rural hospital closure crisis: 9 things to know.  Nov 1, Becker Report.  More than 600 rural hospitals are vulnerable to closure, per iVantage Health Analytics.  89 rural have closed since 2010; 26 for 2018-most were 25-30 miles from the closest hospital.    Most closures are in the south.   Lower incomes and higher rates of uninsured people lead to higher levels of uncompensated care at rural hospitals.  Rural hospital in Medicaid expansion states (32) were far less likely to close.  **IDAHO:  Per the IHA, 8 of the 27 rural hospitals are financial viable/2018.  WOW!**   PS Idaho just voted to expand Medicaid/61%.
* 27.4 M Americans were uninsured in 2017. 3 in 4 adults who were uninsured in 2017 had been uninsured for over a year.  77% of uninsured had at least 1 full time worker in the family.  (Dec 17/Kaiser Family Foundation)
* 27% /over 1 in 4 of US adults have a pre-existing condition.  44% reside in a  household in which someone has a pre-existing condition.  38% of sr citizens say they have a pre.. (Dec 18, Gallup)  PS  Once pt get Medicare age/benefits, no pre-existing clause.
* Almost 1/2 of adults age 50-64 fear losing health insurance.  In the past year, 11% of adults 50-64 thought about going without health insurance.  45% have little confidence that they will be able to pay for insurance after retirement.  (THINK EXCHANGE for under 65 and retired....)  (Jan 2019, National poll on healthy aging..

**WOW!  Short Term Health Insurance/STHP**.  These were originally allowed for 'gap-up to 3 months- but the Administration 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!.

    1)  Affordable Care Act - has 10 essential benefits that have to be included.  Pre-existing protection.  No limit on coverage.  26 yr old coverage. No waiting periods. Insurance has to be offered -employers with 50 employees or more.

    2)  STHP - does not have to abide by any of the ACA.  No pre-existing protections.  Many do not have mental health, pregnancy, prenatal, prescription drug coverage. Others do not cover sports injuries, specific exclusions like cataract, pain management, and immunizations.   Others only cover inpts on weekdays.  Others have waiting periods.

NONE OF THIS IS CURRENTLY ALLOWED UNDER THE ACA.

    3)  92% of all employers have less than 50 employees.  So 92% of Americans working for less than 50 employees may not have insurance.  Small employer premiums are skyhigh.  Limited options but in today's full employment world, benefit packages matter.  USE THE STATE'S HEALTH EXCHANGE for small employers with each individual applying for themselves or their families.  Their income may allow for subsidies.  But regardless, they need to explore OPTIONS.

    4)  In walks the STHP option.  Can't afford premiums; may not truly understand the 10 essential benefit, protections that were not in place prior to 2010, and all the limits.  What the employer /especially small employer may see:  Massive reduction in premiums...not realizing that the BENEFITS they are paying for are also greatly reduced.  How many people understand all the WORDS in their coverages? Most don't ...until they need them...

    5)  The insurance group called the STHP '-junk insurance.

    6)  EX. of premium difference.   ACA Essential Benefit coverage for 40 yr old single male in Atlanta. Premium  $371  (without any subsidies )  vs   STHP premium of $47.  Wow - who wouldn't jump at those kind of premium differences!  WOW!  Coverage is full of restrictions, waiting periods, no pre-existing protection, and open-ended on any other limits to coverage.  The ACA will not apply.

HOSPITAL /ALL PROVIDER VERIFICATION PROCESS:

Get ready for this new, highly reduced plans to be sold in your community.  Contact your primary payers and ask them - what is being sold?  What is the name of their new product?

when will it be sold?  How can you 'see' when verifying online coverage that it is a STHP?    Remember - each plan can create their own list of coverage and limitations.  -There is no standardization.

Every healthcare provider needs to 'dig deeper' than simply:  EX) BC HMO.  It may be their new BC HMO STHP.  Much different benefit package.

Our pts also need to be taught what they actually have as they may think:  "Thank goodness I have insurance and it is BC."  Little do they understand the limitation in coverage.

Much higher out of pocket and many non-covered services. Think back prior to 2010 ACA...  here we go again.

**\*\*\*\*\*\*\*\*\*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.  \*\*\*\***

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

    Jan 11 and Feb 8th            Finally Fri noon free audio trainings

    Jan 15th                            Western Symposium, Las Vegas            "Finding lost revenue - lessons learned from charge capture audits"

    Jan 24th                            Ok HFMA                                              "What does disruption look like - from a patient, provider, payer and national perspective"

    Feb 12th                           Compliance 360 free webinar                    Lots on denial prevention

    Feb 12th                           AAPC local chapter /Idaho                        What does disruption  ++ Idaho specific issues

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