July 2019 Infoline

**\* The 7th National Physician Advisor and Utilization Review Bootcamp is here!  There is still time to register - both in person or thru live webstreaming.  .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 including CMS oversight &  Risk Adjustment Audits - both topics taught by long time MA experts...  Case studies of provider sponsoted MA plans, WINS with payer denials, and more..  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 close to 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!**

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.  Racsummit.com  YAHOO!

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**\*\*\*\*NEED HELP WITH CODING BACKLOGS?  ANY PATIENT TYPE -ALL OR JUST -IN -TIME CODING?  STAFF TURNOVER?  COMPUTER ANGUISH?  Let me know and we will get connected to provide 24-48 hr guarantee remote coding timeline with no minimum required.  Love it!\*\***

**HOT UPDATES**

Guest Contributor:  Kathy Ball, MBA, Manager Revenue Cycle, St Luke's Health System, Boise, Idaho   (Thanks!!)

**"*SNF Personnel and patients/residents*** ***beware!***  The Medicare change from RUG-IV to the Patient Driven Payment Model (PDPM) is headed your way!  Beginning Oct 1, 2019, the new CMS case-mix payment model, PDPM, will impact your Medicare patient care, documentation and reimbursement.  However, the success for your SNF location will depend upon how well you prepare.  Some ideas:  Access CMS PDPM website:  "Patient Driven Payment Model."  This site has a wealth of helpful information.  Also check with your local SNF healthcare association.  How about your software vendor to gain insight on what they are doing to prepare for the change-if you are a SNF?  Any other payers 'talking' about changing to this payment model for SNFs?

Finally, even though the PDPM change greatly impacts MDS Coordinators, be prepared to educate most of your staff, including physicians, discharge planners, nurse leaders. "

Oct is right around the corner. Time to get with your SNF provider community and learn what will look different when transfering a patient. The payment change is with the SNFs, but the patients come from a hospital covered stay -so the partnership should be reviewed.

"**Trump Executive Order Seeks to Overhaul US Kidney Care" -** July 10, 2019 Pres Trump signed the 'Advancing American Kidney Health."  It has three aims:  reduce the # of Americans with end-stage renal diseasae by increasing preventive care, incentivize use of home dialysis or kidney transplants to cut down on the use of high-cost dialysis centers and increase the number of organs available for transplant by encouraging the development of artificial and wearable kidneys and modernizing the organ recovery and transplantation system."

Stats:  12% receive dialysis in their home; HHS aims for 80% in home or viable transplant.

Stats:  15% of US adults/37 M suffer from some form of kidney disease.  9th leading cause of death in 2017.  Pres Reagan signed Medicare entitlement law into effect 1982; treatment has essentially remained the same.

Creating/proposing 5 new payment models. - 1 mandatory, 4 voluntary - available to Medicare and Medicaid and leverage both upside and downside risk to get kidney care providers to improve quality metrics.   (Think value based)

CMS states that In-center Dialysis is more expense and produces worse outcomes for patients than at-home dialysis or even a kidney transplant.   CMS Innovation center had significant input into the proposed changes.  (My thoughts: With only 12% having in-home care now - hard to support all the assumptions being made in this directive.  More Kidneys available? How many caregivers are available to support in-home dialysis?   Worth watching as this rolls out...  PS Who defined 'value in this one??)

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Patient Financial Navigator Foundation, Inc \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

In 2016, I had an 'ah-ha" moment.  Turning 60 and looking forward - have I done enough to give back to my community?  To my profession?

After some careful consideration of the 'last chapters of my professional career '- I started the conversation about -what next?

From that conversation, I formed :

       An Idaho-based, Family Foundation:  "**Patient Financial Navigator Foundation, Inc**."

       Mission:  "To transform the hassle factor in healthcare -one patient, one family, one employer, one community -at a time thru education.

       The Foundation is self-funding and offers all education at no cost.

**OUTREACH:  There is nothing we can't do. There is nothing you can't do.**

        I pulled together some dynamic local subject experts, added in my Medicare /Insurance back ground - and we began the outreach in 2017.
        Boot camps - 2-3x a year.  Titles:  "Medicare 101, Social Security and Assistance for Seniors"  plus "Preparing to Turn 65"     Wow!  What a need in our communities.  Free, 1/2 day on Sats.  10 speakers.  FUN!!

         High school Sr outreach -  "Insurance 101.'  Learn about ACA, insurance covers and doesn't, developing a budget including healthcare

         Employer Wellness luncheons - local employers provide their insurance package, teach in and out of network and how it really works, reading an EOB

        Small Business Development Center - All Employer Healthcare Summits.  Teach national issues with the Idaho hospital association on state issues and the local hospital for local changes, etc.

         Hospital Resource Library - Create data base with all major employer benefits, used extensively for patient onsite assistance, true consumerism - ask the pt what they need and offer it.  Staff with trained volunteers who are always looking for onsite help with questions from family members and partner with the Revenue Cycle leaders.  Think ER outreach.  Lots of applications.

         HFMA & AAHAM groups - happy to teach the basics to any professional group.  (Usually by audio   or   incorporated when I am teaching another topic as well.)

         Regional Newspaper:  "Healthcare Buzz' is written bi-monthly.  2019's topics are dedicated to:  Glossary of terms and how they work within healthcare and scams and prevention.

Topic ideas are welcomed.  All historical articles are on the webpage.

ARE YOU INTERESTED IN HAVING THIS COMMUNITY OUTREACH YOURSELF!  IT IS FREE AND ON OUR WEBPAGE.  PFNFINC.com has all the classes we have been teaching for all community outreach - boot camps, employer and high schools.  TAKE IT, USE IT... It is yours to use so you can reach out and provide the pathway to enhanced understanding.

BE THE PATIENT! TEACH THRU THEIR EYES!    Happy to chat more if you would like.   (ps your staff might benefit from using it too.)

**The Power of One!  Be the Change you want to see !  PAY IT FORWARD!   Your grandchildren are watching....**

**\*\*\*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!\*\*\***

    **HEY NEW CLASS:  "Revenue Cycle Impacts of Disruption."   We are teaching this to professional associations, groups or individual hospitals or onsite.  Let me know if you would like to discuss.  (After 40 years doing this fun work, I am definitely not bored.  HA)**

July 23rd         Sun Flower HFMA /KS          **Revenue Cycle Impacts of Disruption-patient, payer, provider and nation.  Not bored!**

Aug 5-7           Region 8, HFMA                   Revenue Cycle Impacts of Disruption

BOOTCAMP:  July 29-31st    In person or live webstreaming/like being with us!   Hope to see you there.

    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