June 2016 Infoline

HI and HAPPY SUMMER!   Sure hope you are all enjoying the early summer - minus tornadoes, flooding, and super heat...  Did I mention tough humidity?

**\*\*\*\*\*\*\*\*\*\*\*\*\*LAST CALL FOR SUPER EXCITING, SUPER EDUCATIONAL,  SUPER FUN  PHYSICIAN ADVISOR AND UTILIZATION MANAGEMENT BOOT CAMP.\*\*\*\*\*\*\***\*\*\*\*\*\*\*

When:   July 20-22, 2016

Where:  San Antonio, Texas

Format:  Lecture with panels on all topics from an operationally focused faculty-many returning favorites!.  PLUS presentations by MAC, regulatory update on the 2 MN rule PLUS how to handle an ALJ hearing.. HOT TOPIC:  Attacking Managed Care Disputes and Denials - tons of action items presented.

Networking breakfast and no-host dinners too ... exceptional faculty willing to extend their time with the attendees.

Live streaming option for those who cannot join us in person.  Almost like being there!

To see the full agenda, go to the RAC SUMMIT webpage or our webpage under boot camp.  We would love to have you join us!

SURPRISE:   NEW BUTTON just for the Boot Camp

HOTEL:   We have added additional rooms due to the great registration count -but be sure to get your rooms before July 8th --rate and availability changes.
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**QIOs on hold with 2 MN rule audits**

Yep, it came as a welcome notice from CMS that on May 4, 2016, QIO was put on 'pause'.  'CMS took this action in an effort to promote consistent application of the medical review of patient status for short hospital stays."   They also issued a "BFCC QIO 2 MN claim review guideline" which does speak to the clinical guildelines vs using the 2 types of 2 MN :  presumption/doctor estimated 2 MN were needed from first point of contact and benchmark/after the 1st MN, a 2nd MN was necessary...none of this is directly tied to the clinical guildelines.  STILL MANY HOSPITALS are doing this incorrectly.  Self denials are occuring since the pt 'didn't meet criteria'--meaning Interqual or Milliman.  NO NO NO  Since Oct 2013, the rules ARE VERY CLEAR...and yet hospitals are continuing to lose inpts.   The difficulty of determining INPT Status with the non-Traditional payers is HUGE!  But for Traditional Medicare, it has been laid out quite well...but of course, the full team - PA, UR, CDI - need to work on improving the pt story at each step of the Inpt status story. (Oh yes, we have multiple sessions on this at the Boot camp...  Can't wait!)

Go to:  <http://quiprogram.org/temporary-pause-qio-short-stay-reviews>

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*NEW Physician Advisor program thru AR Systems\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Yes, we are thrilled to offer two types of onsite PA training-

    Buddy /shadowing /training with a PA :  2 days with myself and a PA in a like sized hospital.

    Come to the site:  2 days with myself and a PA at the site's hospital.

    Both options have structured classes for staff and providers.  Both options allow for tons of interaction into the daily work of a PA - including Peer to Peer, payer disputes, provider ongoing interaction, UR interaction, and more networking.

Go to our webpage or the RAC SUMMIT for an overview.  Or just send me an email and we will start talking...

PS  A small focused audit is an excellent way to 'see' the documentation challenges prior to the onsite.  Then it is all tied together. PERFECT!

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**JW MODIFIER WILL BE MANDATORY IN JAN 2017**

Holy, shot me now!  In many of our charge audits, we have found very very few 'wastage of a single dose vial' documented.  Remember - documentation in Pyxsis or like free standing inventory/charging system DOES NOT transfer automatically to the electronic medical record.   Nursing may believe they have documented it but if only in Pyxsis, and it not interfaced or carried into the full legal record/EMR  -it did not exist. "Providers must record the discarded amounts of drugs and biologicals in the patient's medical record."  Also, "multi-use vials are not subject to payment for discarded amounts of drug or biological."   IT IS MANDATORY for all MACs ....it was optional.   The JW modifier is not used on claims for CAP drugs and biologicals. Single dose drugs are the only ones eligible for wastage payment...has been this way for many years.  The declaring of the JW is new in 2017.

Pharmacy must be aware of wastage in addition to nursing... involve all impacted areas. "CMS is revising this policy to require the uniform use of the JW modifier for all claims with discarded Part B drugs and biologicals.  Applies to all physicians, providers and supplies submitting claims for drugs and biologicals - except CAP /competitive aquistion program drugs. "

CMS has issued 2 Transmittals:  3530/rescinded and replaced with 3538/updated with effective date. All other information remains the same.

Within the transmittal, there are some good examples of how CMS expects it to be used and when it is not used.  READ CLOSELY!

Now to operations:

    Appeal Academy/Ernie de los Santos and Bill Malm have done some great free Finally Friday training and have offered some great Q&A for free on their webpage.

Here are some:  <http://appealacademy.com/faqs-from-jw-modifier-and-sad-demystified-webinars>;  <http://appealacademy.com/cms-delays-jw-modifier-and-tells-quios-to-re-review-denials..and> more.

    Getting the wastage documented - 1st challenge.

    Getting the separation of the wasted and the given amt on the UB correctly - **HUGE 2nd challenge.**

 We are automated with charge capture so this will require manual intervention to do this correctly.  And dosage will have to tied to the paying J codes..multipliers...

Stay tuned as CMS 'should' continue to provide guidance.  (Good news/maybe- Bill Malm has had 'informal' dialogue and believes that 16-25 drugs will be impacted by the change...  Still a pain but less to work with. ) J codes= but HIPAA standard transactions 2003 called for NDC coding = never implemented with Medicare...   More fun ahead...

**General Updates**

* GAO Audit Finds CMS paid $14 Billion in Improper Claims to Medicare Advantage/Part C Plans.   (5/11 Washington Post)    GAO found that in a single year, CMS paid $14.1 B for improper claims which have not repaid the funds.  MA have weak defenses against fraud.  HHS  agreed with GAO findings/recommendations.   (Thanks, Dr Salvatore--faculty for the boot camp too)
* GAO report pputs pressure on CMS to  Wrap Outstanding RADV audits, hire MA RACS.  (5/27 Health Business Daily)  The report estimates that CMS has spent approx $117 M on the RADV program only to recovery about $14 M in improper payments via contract-level audits of 2007 payments so far...  (Thanks, RAC SUMMIT folks)  Ok, I have to say - they find massive abuse with overpayments to the Part C plans and yet it is OPTIONAL to repay???
* **RAC updates**:  CMS is in active procurement process for the next round of RAC contracts.  In anticipation of this contract transation, CMS must ensure that the current RACs complete all outstanding claim reviews by the conclusion of the active recovery auditing phase of their current contracts.

        Important dates:

           May 16 - the last day RAC could send ADR letters or semi -automated notification letters.

           July 29 - last day may send notification of an improper payment to providers..

           Aug 28 - RAC will complete all discussion periods that are in process by this date.  RAC continue to be required to hold claims 30 days, starting with the date of the improper payment notification to the provider, to allow for discussion period requests.

           Oct 1 - The last day a RAC may send claim adjustment files to the MACs.     (Thanks, T Cordell)

           Providers should contact RAC@cms.hhs.gov for questions concerning the transaction.  (CMS posted this on June 2nd)

**Come and say hi or join us - the groups ask me to let you know--happy to!**

    PA and UR BOOT CAMP                    July 20-22, 2016

    FREE FINAL FRIDAY webinar              July 15th            Appeal Academy sponsors.  Dr Johar and I will be doing "chapter 3 ' of Mgd care disputes and denials.

    FREE Compliance 360 webinar            Aug 16th            Combating Mgd Care Denials - Tips for an effective strategy.  Dr Johar/Ohio, John Montaine/Tx and myself.

    AR HFMA                                           Aug 18th            Attacking Mgd CAre anguish - DRG, Denials and pt status disputes  (NEW CLASS!)

    LA hospital association                        Aug 29-30th       CDI, Integrated PT status team, updates and operational 'how tos."

    NJ HFMA                                            Oct 5th              Mastering the 2 MN rule - finding lost inpts.

    Idaho HFMA                                        Oct 10th            Charge capture -documentation and lost revenue FOUND

Thanks again for allowing us to be a part of your professional life...and for sharing with us often.

Happy times!  Keep smiling and moving in a positive direction.  WE CAN DO IT!