**June 2019 Infoline**

**\* The 7th National Physician Advisor and Utilization Review Bootcamp is almost here!  July is right around the corner .YAHOO!  \*\*\*\*\*\*\*\***

2nd **Early Bird Discount ends on June 28th**..LAST CHANCE FOR DISCOUNTED REGISTRATION!!!  Both for Live webstreaming and onsite discounting.   Go to RAC SUMMIT to register or thru the Boot Camp page of our webpage.

**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](http://Racsummit.com)  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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**\*\*\*\*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 Spot Updates**

1) "**BFCC-QIO changes require action by healthcare providers**."  Awarded new 5 year contract.  Effective June 8, 2019, KEPRO and LIVANTA assumed new states.  Some issues have arisen with basic correct internet links as well as 'high volume calls'.  See if this helps:  Livanta changed the name of the webpage since the areas changed to regions. MOA is <https://livantagio.com/en/provider/moa>.  MOA for KePro is <https://keprobfccmoa.kepro.com>.     (Thanks Dr Hirsch/RAC Relief)    Don't be surprised if you are having long delays with decisions and long wait times on the phone lines.  Per a great TX hospital:  Verbage was added to KEPROS's webpage -"KEPRO is currently experiencing a high call volume. We understand that there may have been delays in reviews as well as wait times for phone calls.  KEPRO recently began working with new Medicare providers and processing reviews in 11 states.  CMS instituted a new data entry system, which is not able to provide the necessary data for the online Case Status Update tool.  Therefore, the online tool was discontinued on June 8, 2019.  Our staff is continuing to work hard to process all reviews and provide determinations, and we appreciate your patience during this transition period."

**2)** **More Medicare Advantage**

In this year's July Boot Camp in DC (plus live webstreaming where you are part of the action thru your computer !!) - we have tackled **'All things MA**.'  As part of our ongoing education thru the Info Line- here are a couple 'pearls' to share. (So appreciate everyone's willingness to forward their experiences. We do learn from each other.)

* DOUBLE JEOPARDY PROTECTION:  "If the MA 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."  Medicare Managed Care Manual, Chapter 4, Section 10.16.  IDEA:  Absolutely have legal create a formal letter to send to every MA plan who denies any claim AFTER the initial prior authorization of coverage was done.  Every time.   There are MANY examples of this occurring ....stop it!
* MEDICARE ADVANTAGE - CMS FORM 1696.  APPOINTMENT OF A REPRESENTATION.  (Thanks, Dr Baker and other great PA Leaders).  The MA plans -ex: Humana -have begun to input into their contract language that only the 'provider providing/directing care' can perform Peer to Peer contact-thus eliminating the trained physician advisors.  Which attending/admitting provider knows how to speak to a payer regarding a disputed inpt?  Therefore, begin to ask the MA patients to sign CMS Form 1696.  It essentially appoints this individual (think internal PA) to "act as my representative in connection with my claim"... no one can charge for this service.  The patient appoints the hospital's PA to speak and present evidence on their behalf !  YES!! SUPER!!  Get it done every time...
* MEDPAC REPORT TO CONGRESS- 2 of their 5 recommendations address Medicare Advantage.  1) MedPac said the Medicare Advantage quality bonus program is flawed and inconsistent with its principles for quality measurement.  In its June report, MedPac discusses an option to replace the quality bonus program with a MA Value Incentive Program.  2) The MA Value Incentive Program would be budget neutral and financed through withholding a small percentage of plan payments.  (WOW!!)
* TO CONTRACT OR NOT TO CONTRACT... Remember, if there is no contract with the MA plan, then TRADITIONAL Medicare rules apply.  Idea: Get the legal letter ready and be prepared to send every time.  Great ex:  80 bed ILL hospital has no contract with United.  United has demanded many outpt records, even when they weren't primary payer and the payment amount is less than $100.  The hospital said we are not contraced and thus, what is the Traditional Medicare regulation they are using to require all these records? No reply.  United called and wanted to know -where are the records?  Site said - see legal's original letter.  GO TEAM GO!   Need to understand all the 'rules' of non-contracting.  Reference:  42 C.F.R. 422.214 'Special rules for services furnished by noncontracting providers."
* These and more are integral concepts are tackled throughout the 7th National Boot Camp:  **ALL THINGS MEDICARE ADVANTAGE**.   (We have group pricing, CAH pricing, onsite and webstreaming.)

FUN NOTE:  Per Dr Baker - CRAP - "**Claims requiring additional processing".** LOVE IT!  Another C that keeps us up at night!

**\*\*\*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...