March 2018 Infoline

Hi  Happy end of winter!  Crazy Idaho has been on the 'other end of climate change' as we have had literally no snow this winter.   Had a few days in Dec; had snow yesterday after a previous 53 degree day.  Ski resorts without snow..  WOW!  As much as I enjoy the super warm weather - I know Idaho is a desert with the majority of water coming from snow packs.  Last year was a HUGE snow year so we needed a break! ha   But we have never had this warm of weather... lived here my whole life...   PS  Idaho also gets our power from water.

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

**SUPER EXCITING NEWS!   The 6th National Physician Advisor and Utilization Review Boot Camp Agenda is now posted and registration can begin!  YAHOO!**

**We are partnering with the RAC Summit team again this year to bring this 'get it done' focused boot camp.**

        Pre-Con:   **"What does disruption in healthcare look like?"** From patients, to physicians, to payers to new delivery system potential to national focus...  Including the Idaho Blue Cross Story. This agenda is getting updated almost daily... WOW!

        Main:       ' **Attacking Payer Denials - Chapter 2.  Lessons learned and strategies for su**cess."   Fabulous faculty will include operational focus by PAs and UR team leaders; payer input regarding new dialogue and hot at risk issues; Total Knees will take center stage with education and case study luncheon discussion; with regulatory updates, payer denial stories and how to be successful internally and with the payers.  WOW!  Did I mention tons of opportunities to network with the faculty?   Can't wait to see you all there!

WHEN:        Weds-Fri, July 25-27th

WHERE:      Hyatt Regency Los Angeles International

PLUS:          Live streaming/like being with us; group pricing; early bird discounts, CME credits.

go to:  <https://racsummit.com>    or    our website.

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

Updates:

1)  Therapy caps repealed starting Feb 9, 2018. Thank goodness but still realize that there will likely be 'medically necessity audits' for ongoing, long term rehab.  The Rehab team needs to remain diligent with :  Why the rehab must be done in the department vs why it can't be taught and done at home?   This has always been the focus of continuing rehab.  Just documenting the actual therapy/supporting the time and scope of the CPT code is not enough.   Why can't it be done as a home rehab program?

2)  Total Knee Replacement continues to require internal diligence. There are excellent industry talking points to help discern= Total knee is off the inpt only list.  Guidance by CMS is vague at best and if providers are looking to CMS for 'hard and fast rules' - won't happen.  We will definitely be adding this to our July Boot camp -both from a regulatory point as well as adding case studies and 'discussion tables'.  What do hospitals, Physician Advisors, regulatory experts, physicians, UM leaders, hospital C-suite need to do?  TALK!  Develop templates of 'what are examples of the co-morbid conditions which could support the need for 2 MN  or  Unique situations that support inpt    or....  Each case; each time.  There is no 'all or nothing' with TK for Medicare.  This is for Traditional Medicare.  What is the rule for the Managed Medicare/Advantage plans?  Get it in writing!

No SNF coverage if no inpt.  So look for ability to have self care at home as further justification.  "Desire for the patient to have post-acute care rehab' without other factors will be very problematic...as the inpt comes first with justification as to why it can't be done as an outpt.

No audits yet...but we always know 'patterns' are being built with at risk CLEARLY present.   Do not wait until the audits start to get compliant.

(Dr  Hirsch/R1 has come great reference material on his webpage.)  PS  **Some MACS have created LCDs for total joints.  Ask and get it, use it.  (Thanks, RAC RELIEF)**

**Disruption in healthcare means.............**

**We will begin including updates on 'disruptions' as part of the monthly updates.  We won't be bored!**

**plus  "Healthcare Buzz" with hot national issues that will impact or potentially impact providers.   Nope, still not bored.**

**KICK OFF AUDIO:**

    Free Webinar:        "Healthcare Disruption and Revenue Protection"        Sponsored by Compliance 360/SAI Global     \*We do quarterly webinars with this excellent provider, only\*

                                  Weds, Feb 28th       noon EST

                                  Go to:  <https://register.gotowebinar.com/register/496738916204678146>

                                   We will be discussing all the above areas of disruptions leading to the potential 'good, bad and ugly."

**Healthcare Buzz- Focusing on Nonprofit Hospitals    &   Proposed rule for short-term, limited duration insurance**

Feb 15th - Sen Orin Hatch and Sen Charles Grassley asked the IRS commissioner for information on how the IRS oversees ***nonprofit hospitals*** that qualify as charitable organizations.  Specifically they want info as to a) how the IRS evaluates nonprofit hospitals' completion of form 990, schedule H, 2) what guidance if any the IRS is providing to nonprofit hospitals in determining community needs and 3) the number of nonprofit hospitals the IRS has reviewed for compliance with statutory financial assistance policy requirements.  They also wanted a report as to private taxable and govt owned hospitals.  The senators sited recent media reports as the basis for whether some hospitals were meeting the criteria for exempt status, serving their communities appropriately and serving individuals in need regardless of their ability to pay.  (King and Spalding report).  Take a look at the recent Springfield Hospital -sold to for-profit Prospect Medical holdings in July 2016.

***Proposed Rule to allow for Short-Term, Limited-Duration Insurance.*** In response to Executive Order, Oct 2017, proposed rule from HHS which expands the availability of short-term, limited-duration health insurance by allowing consumers to buy plans providing coverage for any period of less than 12 months, rather than the current 3 months.  The plans are NOT required to comply with federal requirements for individual health insurance coverage and is designed to promote temporary coverage.  Access to the plans has increased due to the doubling of the premiums on the exchanges.  Goal is to offer less expensive insurance options -focusing on transitioning between jobs. (HHS announcement  2-20-18)

**Idaho story: Hard to miss as it is now a national agenda item**

It seems appropriate that our first 'big' disruption is in Idaho with the Exchanges/Marketplace for individual plans.  NOTE:  We are finding that anyone with less than 50 employees who do not have to offer insurance should be looking at the Exchanges for alternatives to high premium small employer coverage/have the individual employees apply.  Like individual electricians, plumbers, artists, small new start up companies, wait staff of small restaurants, small convenience stores/rural, early retirees/prior to 65 or any with limited incomes...should explore the Exchange.  Small employer monthly premiums ARE ASTRONOMICALLY HIGH.  EX) AR System's insurance for 2 employees with 70/30; 7000 yearly deductible each is $1200 a month/$14,400 yearly. THIS IS UNSUSTAINABLE.  Census stat:  over 90% of all businesses have less than 20 employees.  HOW DO THEY GET AND AFFORD INSURANCE?

Refresh on Affordable Care Act/Obamacare:  10 essential benefits that all plans have to cover.  The concept was to share the cost between everyone to reduce premiums.  (Did that happen? or do insurance companiest still raise rates due to their 'risks for coverage?)        100% protection that no payer/employer can deny coverage for pre-existing condition/even if laid off/losses job or changes jobs for new growth opportunity.  No lifetime limit for coverage - think cancer, chronic conditions, life threatening condition.  Mental health benefits are now essential.  No 'scoring' based on pt's health or health history.  Premiums cannnot be impacted by the above factors.  Children covered thru age 26 - married, college, employeed with less than 50 employees, entrepreneur..

Idaho's Gov signed an Executive Order that Exchange plans do not have to offer the coverage and protection under the ACA.   Jan 2018

Just do a search and ask:  Idaho to sell non-compliant ACA plans.  Blue Cross has developed 5 plans **that do NOT have the protection or required coverage elements.**

Tons of discussion how this is legal as the law requires every plan to offer and protect the subscribers but Sec of HHS has said he will wait to see if BX actually applies.  There is a daily fine/$200 to BX if they try to do this under current law.  WHY IS THIS SUCH A BIG ISSUE?

Let's walk thru what the changes are that are being 'discussed' with the BX plans as a teaching example.  (Freedom Blue- for the Exchanges only)

1)  Options relating to Pre-existing:  if the pt goes without coverage for 63 days, they must wait a year to get coverage for the pre-existing condition.  (this was the same prior to ACA)

2)  There are exclusions within the 10 essential benefits.  Big options:  No maternity.  No birth control.  No pedatrics.  (this was the same prior to ACA)

3)  Yearly caps on coverage - $1m   (this was the same prior to ACA)

4)  Setting premiums based on patient's health. (this was the same prior to ACA)  **Per BX:  Healthiest consumers get rate 50% below standard levels while those deemed 'unhealthy' would be charged 50% more.  Hey, define 'unhealthy".**

For those in healthcare prior to 2010/ACA - these plans were always around.  They were called - Cafeteria plans.  Patients would buy them, they were not aware of the impact as we don't usually understand our insurance until we need it - and then an ugly surprise.  (EX:  $1 M for a new onset of a potentially terminal disease.  How do you plan for that?)

Articles indicate:  Fear of younger and healthy buying non-compliant plans; leaving sicker in the ACA plans.  Premiums will be impacted plus lower income and subsidies?

**Case Study:  Sears is closing their store.  All full time and part time employees are now without insurance/no job**.

GAP Options- High risk to go without insurance. Chronic condition: Diabetes

    a) Pay their full insurance premiums to keep coverage while they look for another job/COBRA.  (Just laid off/minimum wage, now they have this much excess income to pay the full premium??)

    b)  Explore the Exchange to cover the period the pt is without a job.  Look at help with low income/lost job subsidies to help pay for the bronze or silver Exchange insurance ACA Compliant plans.

    c) Or look at a potentially 'first glance' lower rate with Freedom Blue, non-compliant ACA plan with above limitations.  ALERT:  As outlined, there is a very good chance the lesser coverage will actually have a HIGHER premium due to 'unhealthy.'  i.e. 50% higher than standard levels.

    d)  Thus, it is very likely the sicker/less healthy pt will go to the compliant ACA plans /Exchange due to the unhealthy status. This is the 'shifting' that was warned about.

ACTION:

Hunt aggressively for a job with 50 or more employees and sign up on their plan as rapidly as possible.  Check if there is a waiting period /probabtion period before insurance coverage begins.  Ensure there is no gap in coverage..  If the new employer does not offer insurance - less than 50 employees - continue to work thru the Exchanges as an option for coverage.

    Then - put on your -'Access to healthcare hat."  WHERE WILL THIS PATIENT REALLY END UP IF THEY DON'T HAVE INSURANCE TO PAY FOR LIFE SUSTAINING CARE?

In the episodic, per visit, most expensive place for care- THE ER.    How will they pay for the ER emergency visit(s) as they couldn't afford ongoing care?  and the circle continues...

\*\*\*\*Comment:  Having been in hospital reimbursement for over 38 years - I have seen the 'before and after" of ACA.  The premiums were never brought under control as a country - but not sure anyone was really willing to do what was necessary to make it happen.  But the patient will be the LOSER in all this and won't know it until they need their insurance.  Healthcare crisis is not planned..it happens.   How about that for disruption? If we are going to repeal- then really replace with something that protects the patients when they are at their most vulnerable - when their health is impacted.  \*\*\*\*\*

**\*\*\*\*\*\*\*\*\*\*Hey, I am going to be participating in the upcoming events and/or webinars\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Come and say HI or join us\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Feb 22-23rd        WA/AK HFMA            3 topics:  Developing an internal Pt Financial Navigator Program, 10,000 Srs are turning 65 daily-what to expect:  Lost revenue found                                                             thru Charge capture and the 2 MN rule.**

**Feb 28th            Compliance 360        Webinar:  What does disruption in healthcare look like?**

**March 9th          SC HFMA                   Women's Conference presenter**

**March 13th        Tex Hosp Assoc         Webinar series:  Lost revenue found thru charge capture**

**March 23rd        Finally Friday            Noon - part 1 of Disruption series**

**April 11th          Tex Hosp Assoc          Webinar series:  Lost revenue found - why I love the 2 MN rule - finding lost inpts**

**April 25-26th      IA HFMA                    Women's Conference presenter and general session**

**April 27th          AAMAS annual          General sessions:  Finding lost revenue; Attacking Payer Denials**

**April 30-May2    ACPA conference      Presenter:  UR in th ER**

**May 9-10th        GA HFMA                    Attacking and Lost Revenue**

**May 22nd          VHA                            Webinar series - Attacking Mgd Care Denials**

**May 24th          Western MI HFMA       Presenter - still to confirm topic**

**WOW~ we do have fun!**

**Have a great one!  On the tough days - remember:  It is boot strap day... pull them up and keep moving forward.**

**Thanks for allowing us to be part of your professional lives.  The gracious sharing of information is so appreciated.**

PS  Historical Info Line are always on our web page...plus powerpt classes.... plus articles..... plus Pearls.

All free... Enjoy!