March 2020 Infoline

Hi Happy almost spring from sunny Idaho.  Don't want to get crazy and forecast that winter is over, but honestly, climate change has come to Idaho as another mild winter.  Our snow pack, where we get 99% of our water, is very light.  Our farmers, dairies and yes, big snow industry plus wild fires are all of concern.  PS  Yes, I have enjoyed the mild winter but we have to be realistic, this is not normal for us.  Darn o..

The Info Line is going to be dedicated with tons of great updates including some interesting stats.  Enjoy!

**WHAT DOES DISRUPTION LOOK LIKE?  Your public is looking for ways to reduce their healthcare costs.  It is very personal..**

* ***"Insurer clinic competition 'very worrisome for hospitals."  (***Becker's Hospital review 3-20**)   Clinics ran by United Health Group, Blue Cross and Blue Shield, and CVS health have hospitals worried that patients may be steered away from their doctors, according to the Wall Street  Journal.  There is a growing fear that large health insurers will take control of the delivery and payment of healthcare by guiding their members to providers they own. (EX:  UnitedHealthcare's new plan in Los Angeles that is built around Optum physicians.  \*\*Hey United Healthcare owns Optum.\*\*  Aetna's decision to drop copayments for members who use CV Minute Clinics.  \*Remember, CVS Pharmacy now owns Aetna. All Aetna subscribers need to get prescription drugs at CVS or risk being out of network. \*\* There is now competition at the front door of the delivery system.**
* **"Walmart  Health vs CVS Minute Clinic : 4 key differences**  (Becker/CNN Business)  **Walmart has expanded its footprint in the primary care marketplace in the past 6 months by opening two standalone health centers in GA.  The retail giant is changing the way people receive medical care by adopting a different approach than drug stores that have health clinics.  (Day's note:  Walgreen is also expanding their footprint. Partnering with Microsoft to develop new healthcare delivery models.  "Walgreens Boots Alliance")**  **Walmart is different by staffing with primary care providers and incorporating xrays, dental, counseling and optometry. Believes it addresses a broader set of patients.  Goal is replace patient's primary care provider. CVS Minute Clinic uses nurse practitioners and designed to provide 'episodic care' such as basic treatment for an ear infection.    All services are priced for high deductible patients and no insurance but all can use the services.**
* **Short Term Health Insurance /STHI- approved to be sold as long as all 10 essential benefits are present thru commercial insurance on the exchange/marketplace.  WOW!**  **As patients continue to search for cheaper monthly premiums - the STHI options can be sold and are being heavily advertised.  The concern is the 'buyer beware' as many are finding huge out of pocket, or worse still - DENIALS for pre-existing condition.  EX)  *Miami man with junk plan owes thousands after hospital visit for coronavirus symptoms.  3/20*** The man had been in China recently and had flu-like symptoms.  He was directed to the hospital to get tested and did test positive for the virus.  He was also told he needed a CT.  A few weeks later, he received his bill for $3270.  Though he had insurance, his so-called junk plan -which had limited benefits and didn't cover pre-existing conditions - paid and left his $1400 to pay out of pocket.  However, prior to covering the claim, the payer requested THREE YEARS of medical records to show that the flu was not pre-existing.  He paid $180 per month. (Becker/Miami Herald.)    **It is critical when validating benefits - look for the Short Term plans.  Since the current administration allowed this in 2018- the insurance industry has begun to sell these plans.  Low premiums = very enticing - but the patients are highly ill-informed on how little coverage they have and especially the limitation with the pre-existing exclusions.  Back to prior to ACA with a venegence.**
* **Hot off the press:  Health and  Human Services/HHS just released its final rules on EHR Interoperability, ruling against information blocking tactics by EHR vendors and giving patients more control over their medical records.  3/9/20** (Becker) **The new rule applied over the next two years will make patient records downloadable to smartphones using consumer apps.  Overall, members of the healthcare industry applaud these efforts to make information more accessible to improve healthcare delivery but worry about security.  (Day's note:  However, there are privacy concerns and how patient data can be used once downloaded -that is missing from the final regs.  Also concern with how secure the information is/Office on Civil Rights/HIPAAPrivacy had previously stated that once the patient has the data, the provider is not liable for future breaches.  WOW !  I anticipate plenty of internal record keeping, tons of testing for how to work with each app that is being developed, how about all the firewalls, and how the EHR vendors must work with the 3rd party apps.  Do I get to ask: who is paying for all the new provider IT staff and resources to make this work with ALL the EHR vendors, apps, and different type of patient's phone, tablets, etc??  Did I miss that part?)**
* **Watch for FINAL Surprise Legislation.  Huge implementation impacts to all providers, ambulances= both emergent and non-emergent- when the patient accesses an in-network facility with out-of-network providers.  Looking at under $750 and over $750.  Three unique approaches but 'noise' that it will be passed shortly. STAY INFORMED..  1 in 5 surgery pts hit with surprise bills. (think anesthesia)  1 in 6 ER pts hit with surprise bills.  (think non-employed ER providers)**
* **Thanks to Dr Hirsch/RAC RELIEF we have great contact info to file concerns & complaints.  If we don't squeak, nothing will change.**

           Report MAC issues-  CMSlistens@cms.hhs.gov

           Report QIO issues -  QIOconcerns@cms.hhs.gov

           Report RAC issues -  RAC@cms.hhs.gov

           Report Medicare Advantage issues - <https://appeals.lmi.org/DAPmailbox/mailbox?pageFilter=pca>

          And be sure to go to our webpage for specific MA complaint process. (Thanks, Dr Baker/ SC)    It is important to work with the MA plans but when abuse occurs, report it.  We have been given a way to report each MA payer as outlined.  SQUEAK! Help them do the right thing.

    EX)  Medicare Advantage plan approved emergency inpt admit.  Multiple air ambulances.  Multiple prior authorizations for 4 life sustaining out-of-network hospitalizations.   MA plan DID NOT apply the 1 inpt deductible for each 60 days out of the hospital. (Pt was only out of a SNF or INPT for 31 days in 5 months, Should only owe $1364/2019. Most MA plans mirror Traditonal Medicare's inpt out-of-pocket, just do as a daily rate, usually same out -of-pocket amt.)  The MA Plan DID NOT Pay the providers for seeing the patient during the stays -as they treated the CPT codes/visits as 'routine out of network' not 'emergent out of network directly tied to the hospitalizations.  Patient owes over $23,000 in denied claims.  Who is helping the patient with the inappropriate denials?  The MA plan tells the patient to file an appeal -for every doctor's visit during 4 long stays -including 4 NCCU stays, emergency brain surgery, and subsequent stays.  Does anyone think a patient knows how to do this?  and to File An Appeal for EVERY line denied=every doctor visit?  The hospital must be a) very strong advocates for the pt and b) hold the MA accountable for incorrect payment and c) file complaints with the abuse.  The patient is terrified and totally ill-prepared to deal with the provider's bills and the MA's denials.  This is what it really looks like.  (First hand knowledge of this one...unfortunately.)

* **Don't forget the HIPAA Standard Transactions that requires all covered entities (i.e. payers) to adhere to the standards within CPT, HCPC and Diagnostic coding.** Use your power to remind them that as a covered entity they cannot create their own internal coding system, or their own definition of provider E&M levels, or violate correct coding guidelines or other codes that are not outlined in the standards.  (Exception:  Work comp and liability payers as they are not covered entities.)  Nina Youngsterm wrote a great story on this exact issue in Feb 24th issue of "Report on Medicare Compliance."  Excellent resource and great reading-subscribe now!

**General stats of interest**

* 13.2% of adults aged 50-64 didn't get medical care because of cost.   (JAMA Network.  Feb 7, 2020)  44.6% had low confidence in being able to afford insurance.  67% were concerned about changes to health insurance associated with federal policies. (NEXT ISSUE:  I will share how this group can take advantage of the Affordable Care Act - exchanges/marketplace. Excellent help...as long as the ACA exists as we never had any help prior.)
* 40% of diabetic adults with insurance struggle to pay for care. (Reuters, March 3, 2020)  60% of adults under age 65 without insurance struggle to pay for care.  41% of diabetics had families facing financial hardship due to the cost of the care.
* Most providers mum about payment options:  AccessOne Survery  (Jan 16, 2020)  Out-of-pocket expenses rose 14% in 2018.  60% of respondents say they or their family members spent at least $1000 on healthcare in the past year while 38% spent $2500 or more.  56% have delayed care because of costs.  Despite strong interest, 74% of survey respondents said their providers had NOT discussed patient financing options or payment plans in the last two years.  (Personal note:  Family member has a significant outpt surgery on March 23rd.  Nothing from the provider on estimates.  Recommended a call prior to the pre-op visit today.  Asked for estimate of charges = $45,000 -both facility and provider. Recommended they actually ask for the insurance allowable which was given along with the amt due :  High deductible of $3500 plus 70/30 plan.  $7800 estimate will be due.  Surprised to get the allowable as this is a new service...EXCELLENT!  Oops - no one mentioned to the patient about payment plans for the $7800 - just how much can be paid today?  High deductible plans/$3500 average require new, immediate intervention with payment options addressed early and often.)
* 43% of older adults-ages 50-80-  have ever read online doctor ratings: report from National Poll on Healthy Aging.  (Jan 9, 2020)  65% looked up a doctor they were considering.  Although 20% of respondents thought that online doctor rating were very important, 61% were concerned with how long it took to get an appt; 42% considered the doctor's years of experience, 40% thought a recommendation from another doctr was very important, 23% heeded word of mouth from family or friends and 21% wanted easy online interaction with their doctor.

**\*\*"Trump says he will cut entitlements like Social Security, Medicare and Medicaid if relected to shrink trillions in national debt."**

**At a Fox Town Hall forum said he was intending to reduce funding for Social Security and Medicare -two of the largest entitlement programs.**

**When asked by Fox News host Martha MacCallum about the $23 trillion national debt , which has continued to surge under his watch -including the 2017 tax cuts - Trump said:  "Oh we will be cutting. We are also going to have growth like you have never seen before."  The comments appear to be a reversal from Trump's promise to leave the two federal government programs untouched in a 2nd term. Trump also stated in an CNBC interview last month a willingness to cut both programs..  (Business Insider 3-9-20)\*\*\*\***

Do you need help with **Remote Coding**? No minimums, 24-48 hr guarantee, just in time coding.  Let me know as we would love to work with you.

Do you need help with **Charge Capture/Compliance Integrity audits**?  Happy to schedule chat time to further discuss with educational-focused audit and training.

**\*\*\*\*\*\*\*\*\*\*\*Hey, come and say hi at the below events or during webinars.  Love it! \*\*\*\*\*\*\*\*\*\*\*\*\*\***

March 12th\*\*        UT HFMA & AAHAM          Cancelled due to C. Virus.  Will be looking at a future date. DARN but absolutely understand

March 19th\*\*        NE Ohio HFMA                  Cancelled due to C Virus.  Looking for June to reschedule.  Stay tuned (Revenue Cycle Impacts of Disruption - patient, provider, payer and community

                                                                 Attacking Medicare Advantage Denials -taking your power back

April 16& 17       IA HFMA and Women's      Thrilled to be part of the Generational Leadership session/Women's and that silly Disruption for the HFMA meeting

                        conference

April 27-30th      National Physician              Medicare 101 vs Medicare Advantage 101

                        Advisor Conference

THANKS TO EACH OF YOU FOR YOUR WILLINGNESS TO SHARE AS IT DEFINITELY TAKES A VILLAGE!

Best to all!