May 2018 Infoline

HI Happy April!  It is time for some beautiful weather...for sure!   Lots happening so time to get rolling!

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**SUPER EXCITING NEWS!   The 6th National Physician Advisor and Utilization Review Boot Camp Agenda is now posted and registration is under way.   EARLY BIRD DISCOUNTING EXPIRES ON MAY 25TH!   HURRY!**

**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.  Non-Contracted Rules with Medicare Advantage plans Plus National update on Part C plans - more hot topics.  WOW!  Did I mention tons of opportunities to network with the faculty?   Can't wait to see you all there-in person or on the web!

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.             **REMEMBER EARLY BIRD DISCOUNT ENDS MAY 25th.   LIVE WEBSTREAMING  OR  ONSITE..  GROUP DISCOUNTS.**

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**Updates:**

**Total Knee Ideas: as of Jan 1, 2018 - CPT 27447/APC grouper 5115- removed from the inpt only list.**

In previous Info Lines/posted on our webpage, we have been providing helpful hints from an operational aspect.  **Motto:  First point of contact - every patient, every time.**

The change to the work flow for the UM team and the surgery team should have been significant /already done?   Yep, took effect 4+ month's ago.

Pitfalls from sites:

    "Medicare said we can have 1 MN stays. So all our total knees are remaining inpts."

    "Medicare isn't going to have the RACS audit for 2 years so we will wait until then to start working on a change. We get a 2 yr grace period -right?"

    "Our ortho surgeons are unique.  We don't see how any of our total knees could be an outpt."

WOW!   Let's be sure we are very clear on a couple documentation points:

    1)  The 2 MN rule DOES apply to the total knees.

    2)  Therefore, the surgeon (with oversight by the UM nurse assigned to work all surgeries/new work flow) - is requested to add additional documentation - why does my patient need to be an inpt with an estimated 2 MN stay?     Think pain, need for post rehab, history of other medical conditions impacting the pt that will require additional interventions/beyond the surgery, outpt treatment that failed due to \_\_\_\_\_\_\_\_\_,  living alone with no support, other related clinical issues.

    3)   OR   USE THE 2 MN OUTPT TO INPT BENCHMARK.   The initial assessment doesn't 'look like it will take the expected 2 MN '- so the surgeon starts as an outpt.  However, the pt's condition does not move as rapidly thru the 'safe discharge triggers' -therefore, the UM nurse requests:  Is Day/pt safe for discharge ??  (discuss clinical indicators)  IF the pt is going to need a 2nd medically appropriate MN -with a plan for the MN - then CONVERT TO INPT.

    4) The 'exception' that Medicare outlined for the 2MN rule 'could apply' for the patient who really doesn't meet #2 or #3 above.  But be very very careful.  It needs to be an exception. However, if using #2 or #3, why run the risk of the 'exception' when the two options within the 2MN rule could be used?

Two avenues to get an inpt.  2 MN presumption that ends with an unanticipated short stay /less than 2 MN = higher risk but doable.       and          2 MN benchmark that begins as an outpt but 2 MN are needed = document WHY and convert to inpt as the 2nd MN approaches.

(ACPA hosted a great training last week plus Dr Hirsch 's webpage also has great documentation ideas too.)

**Financial impact of the change from inpt to outpt.**

Last week, we began working on a financial analysis - **Total Knee Matrix** -and are asking ALL of the Info Line subscribers to share:

**Inpt DRG payment        APC/outpt $            \*\*It is important to know if you are :  Rural, Urban   = will impact both your DRG and APC payment.     Are you a teaching facility = impacts your DRG payment only.   Plz send to me without the name of the hospital. Just the state and the answers to the above questions.  APPRECIATE IT!**

We are compiling a great deal of information to share within the next 2 months.  To date, pretty significant variances.

1)  Reference:  CMS's "Major Joint Replacement Booklet"  Medicare Learning Network ICN 909065 May 2017.  It lists some interesting stats:

          GA, AL, TN      Average inpt/DRG 470   $    10,600    \*based 35,777 claims

                                APC 5115/CPT 27447    $    10,122      CMS's webpage

                                Loss with the change         -     378     \*\*\*\*WOW\*\*\* if this were true for all hospitals, happy times!\*\*\*\*\*\*\*\*\*

2)   But the big factor is the wage index.   Check with your Reimbursement tream.  Is your wage index multiplier above or below 1.0?  HUGE as if it is under 1.0, your payment will be LESS than the APC $.    If your wage index is under 1.0 for inpt, your DRG will be lower.   HUGE HUGE HUGE

3)   In doing the initial request for data last week/thanks to all - the following has been identified:

a)  SC rural and urban hospital APC $ - UNDER APC 5115's posted payment.  (Ranges rom $9,264 to $10,094)

b)  SC urban teaching hospital DRG 470 - $11,148     but without the add on for teaching - APC 5115   $9957.    UNDER 1.0 wage index

c)  NY urban teaching hospital DRG 470-  $12,158- $15,374  2 hospitals.   without the add on for teaching - APC 5115   $10,188-10,199. .  ABOVE 1.0 wage index

d)  ARK urban hospital DRG 470 - $10,812

e)  ARK urban APC 5115 $ - $9,101       UNDER 1.0 wage index

There are 3260 acute care hospitals impacted by the wage index.  This impacts the labor costs - adjusts for the area's difference in wages.  Uses a ratio of area's average hrly wage to the national hrly wage.  Each hospital/area is different.   (NOTE: Critical access hospitals are not paid with this methodology.)

There are lots of numbers 'being thrown around.'  Get your site -specific #s and use them for accurate information when sharing with providers and internal leadership.

**\*\*\*Need help with remote coding?  Just in time coding support?  No required volume or patient type.  24-48 hr guaranteed coding turn around. All patient types. Large and small facililties and practices.    If you would like to learn more, drop me a note and we can chat.  Thanks a ton! \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**UPDATE:   New Q codes, effective July 1, 2018.  New codes to help patients with Opioid, knee pain, cystic fibrosis and hemophilia.**

**Q9991, Q9992, Q9993, Q9994, Q9995.   Now verify with all your payers that they accept and pay these new codes. Pretty powerful...**

**HealthCare Buzz Plus Disruptions in Healthcare   (New Class is on the webpage:  "What Does Disruption in Healthcare Look LIke! " Cool)**

New Medicare Cards are being issued to all Medicare patients.

    WOW!  Effective May'ish', Medicare beneficaries will begin to receive their new 11 digit/alpha number.  They will no longer use their Social Security # with an alpha character.

Old #:  HICN    New #:  Called Medicare Beneficiary Identifier /MBI     EX)  1EG4-TE5-MK72  (random, no significance to any #./alpha)    Less likely to be scammed...

It will roll out across the country with the majority starting after June.  The transition period to use either number will last until Dec 2019.  Effective 1-20, must use new MBI - regardless  of the date of service!!!!!!!!!!

 Watch for potential problems with the MAC's data base to coordinate year to date info:  like deductible partially met under SS #, but did not cross correctly to the new 11 digit/alpha # so the pt is told full outpt deductible is due.    Like the inpt deductible due every 60 days out of the hospital.    Like 20 covered days in a SNF.     Be diligent on the patient's behalf.     Remind your patients to ensure their address is correct.

SCAMS:  Never give anyone their old or new Medicare #.... NEVER!

Patient: Medicare Electronic Data

Medicare is launching a new initiative called:  MyhealthEdata aimed at increasing patient's access to their own health records.  CMS Adm Seema Verma- "Blue Button 2.0 -this will allow patients to access and share their healthcare information, previous prescriptions, treatments, and procedures with a new physician which will lead to less duplicate tests and procedures.  The tool will also help patients in the traditional Medicare program **to input their claims data into the secure applications, providers, services and research program of their choosing."   (How, exactly, will this be accomplished for the 58 M beneficaries, and the 100,000+ providers with the multiple electronic health systems, firewalls, etc.?  Love the idea; application??  Not so sure)  3-18**

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

**May 4th               Finally Friday            Noon - part 2 of Disruption series**

**April 25-26th      IA HFMA                    Women's Conference presenter, general session:  Disruptions in healthcare**

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

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

**May 9-10th        GA HFMA                    Disruptions in Healthcare and Lost Revenue**

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

**May 24th          Western MI HFMA       What does disruption in healthcare look like?**

**WOW~ we do have fun!**

**Have a great one!  Love sharing with you and learning from each of you.**

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

All free... Enjoy!

**Last thought for the day:  Lean into the next grand adventure of your life...today!  YES!**