May 2019 Infoline

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

EARLY BIRD DISCOUNT EXPIRES ON MAY 31st. 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 YAHOO!

PLUS: Finally Friday on June 14th- FREE:

 "Attack of the MA Plans" How they are paid, How it affects hospitals, and How they define medical necessity.

 YES! Join Day, Dr Maria Johar and Ernie de los Santos for a dynamic 'lunch' together. 12noon CST. Go To: www.myfinallyfriday.com/coming-soon-on-finally-friday-live

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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 will be the BFCC-QIO in the 29 states. (Region 1, Region 4, Region 6, Region 8, Region 10) Reach out to Kepro.communications@hcqis.org for more contact info as it has been published.

Livanta will have the following changes. Region 2, Region 3, Region 5, Region 7, Region 9) Reach out to communications@livanta.com. New contact info as well.

CLARIFICATION: The Kepro and Livanta functions that will remain with these two QIOs: Assist Medicare beneficaries with quality of care complaints, hospital discharge and service terminations appeals and immediate advocacy. Check if you were moved.

NEW: Short stay and higher weighted DRG/HWDRG reviews will NO longer be performed by the regional BFCC-QIOs. CMS will award this contract to one national carrier. CMS anticipates a contract award to be issued by the 3rd Q of 2019. (www.keproqio.com/media/1314/faq\_bfcc-qio\_2019\_transition\_finalv508.pdf

Major changes coming up. Stay very current. (Thanks Maria J, Ron H, Doug Z/RAC RELIEF. There is that village again!!)

2) TKA - RAC audits start in Jan 2020. Can they look back 6 months? Can they look back to the beginning of the removal from inpt only/2018?

Jessica Gustafson, The Health Law Partners, did a query with CMS in response to our questions for clarity. Per CMS:

 "No, the RACs wouldn't be allowed to review any claims that have dates of service during the two-year moratorium period. (CY2018-2019) i.e. DOS 1-1-20

Excellent clarity! Thanks a ton, Jessica. Now: Ensure you have excellent screening tools in place/per CMS guidance for a) medical necessity to even have a new knee done and b) inpt vs obs. On our webpage, look at the class: "Inpt vs Obs -why is it so hard PLUS total knee anguish." Medicare's two great tools are included. Conduct internal audits of any TKAs that resulted in a 1 -day stay = high risk. Even if more than a 1- day stay, ensure the documentation covers both a & b. Who is reviewing documentation PRIOR to the TKA being done? (Hint: Work with the ortho office, the pre-adm team, the hospital's 'ortho clinic prior to surgery', involve the OR director with the UM assigned to Surgery leading the effort. ) Are you ready?

3) 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.)

• Medicare Advantage is NOT traditional Medicare.

• If you sign a contract with the MA plans, realize all Traditonal Medicare rules/regs are now overridden by whatever you agree to. Additionally, the contract will reference the payer's policies -which is where most of the more challenging issues occur. They change arbitrarily and expect 'someone' in your organization to know it has occurred. How is UM/Case mgt being made aware of the changes that effect them? How is HIM being aware of hot issues - like the payer's definition of Sepsis? Revenue Cycle - do you own this function? Be the leader of ongoing education in your organization..

• If you don't sign a contract, traditional Medicare rules apply. Don't be bullied. Don't be fooled - no contract then Traditional. May be difficult to sort out, but it works.

• "Community coverage only for MA plans.' Not all plans are sold in all counties. BIG PROBLEM: Out of network penalities. Case Example: Pt came to daughter's home to stay for 2 weeks. Had a medical emergency, ER visit and hospitalization. Her community MA plan in OK will cover the ER /hospitalization in CO. But, upon discharge, the pt is referred to outpt rehab for continued strengthening, etc. NO COVERAGE as the MA plan does not have a contract with the CO hospital. So no non-emergent care is covered. COMMUNITY is exactly what you would think it is - only doctors, DME, pharmacies, hospitals in the patient's 'community' are included in the MA's network. BIG HIT for Seniors who travel, have chronic conditions that may need care while out of town, snow birds, vacationing, etc. Traditional Medicare is the better option but many patients don't realize this until it is too late.

• "Provider network must be in place for the MA plan to sell." Case Example: Insurance broker starts selling Humana in a rural area. The hospital begins hearing about the plan from patients who appear for treatment. They have no knowledge nor have they been approached about contracting. They are the only hospital in a 60 m radius. The MA plan cannot be sold without a provider network!! The hospital felt they had to sign, as the Plan was already in their community. Re-think, change the conversation, and decide - what is the benefit of contracting at all? If you decide to contract, they can't sell without you so ensure there is a little WIN on the provider side too, not just the payer.

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.)

Time to get our A GAME ON and get prepared for the 50% market share. PLUS CONGRESS LOVES MA PLANS! They believe the 'prior auth' is the answer to overutilization of services..like Traditional. Think 'saving the Medicare benefit ' with Part A/hospitals due to go bankrupt in 2026.. Tomorrow! GADS!

\*\*\*\*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)

June 18th Region 8 HFMA Webinar Attacking Mgd Care denials + hot MA updates - the new battleground.

July 23rd Sun Flower HFMA /KS Revenue Cycle Impacts of Disruption-patient, payer, provider and nation. Not bored!

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...

 "The Shortest Distance Between Two People is LAUGHTER! -Victor Borge