November 2016 Infoline

HI WOW!  Hard to believe that the holidays are here!  We had our first little bit of snow...but Dec is here... now think July in Fl!!

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Bootcamp is coming in July \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Save the date\*\*\*\*\*\*\*\*\*\*\***

**The 5th National Physician Advisor and Utilization Management Bootcamp:  Attacking Payer Denials -Turning anguish into action.  PLUS how to create a collaborative Dream Team!**

When:  July 19-21, 2017

Where: Bonita Springs, FL  beautiful Hyatt on the beach...

Precon:  Documentation 101 - Enhanced documentation to tell the pt story.

Main bootcamp -Key CONFIRMED speakers:

    There are 6 key members of the **Dream Team**.  One is **Payer relations**:  Confirmed payers - KePro/Dr Richards, Aetna.   PENDING:  RAC new contractor, United, Humana, MAC. This will be huge as we will also invite them to particpate in the case study luncheon, breakfast table talk, and networking dinners.   We will also learn about new payer/provider relationships.   EXCITED!

Stay tuned as we are finalizing the program outline and hope to have it posted on the RAC SUMMIT/Partner and our webpage within 60 days...  Returning favorite faculty PLUS new friends.

LIVE plus Webstreaming options...  discounts for groups....hospital size.

**Invite your denial management team, CDI, compliance, contracting and the great UM and PA folks- new and experienced.  Tons of 'how to'' which is part of all our boot camps!    Thanks ... hope to see you there**

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**Updates**

1) United HealthCare Part C/managed/Medicare advantage:  Thanks to Bambi B/RAC RELIEF who shared the outcome of multiple contacts with UHC.

* As of Aug 2015, UHC no longer uses the CMS 2-MN standard to make inpt admission determinations.
* UHC believes the best way to help UHC members get access to the care they need is to relay on evidence-based guidelines and treatments.  Evidence-based guidelines allow UHC to review a member's health condition based on the clinical documentation and provide consistent, clinically validated decisions for hospital admissions.
* UHC uses Milliman Care Guidelines  (MCG) to determine medical necessity and the appropriate level of care.
* She was also told:  UHC will provide a copy of the MCG criteria upon request before, during or after a reconsideration request.  IDEA:  Include in all requests for P2P or when requesting to overturn the decision:  \*\*\*If appeal result is adverse, we request a copy of the individual criteria used to determine medical necessity be provided with the determination.\*\*\*  Per UHC 2016 provider manual - pp 113-114 Criteria for Determining Medical Necessity.

GREAT INFO!  As most of this reverts back to the CONTRACT, lots of hints on contracting language and how to use it effectively...

      Upcoming FREE webinar with Compliance 360:

                John Montaine, Dr Maria Johar and myself will teach:  "**Attacking Payer Denials - better strategies for success - Part 2.**"

                Jan 12th, 2017     1:00 EST    90 mins                Sign up thru their webpage.  VERY DARN FUN!

2)    As reported on Report on Medicare Compliance/Sept 2016  (Thanks, Nina Youngstrom/Managing Editor)--Increase in Civil Monetary Penalties/CMP

* The Federal Civil Penalties Inflation Adjustment Improvement Act, which amended the 1990's act, was designed 'to improve the effectiveness of civil monetary penalties and to maintain their deterrent effect. It also uses a new method to calculate penalties to 'ensure that penalties will be increased each year to a figure compensurate with the actual calculated inflation. '
* NEW INCREASES: Penalty for knowingly presenting or causing to be presented a false claim increases from $10,000 to $15,024 PER CLAIM.
* Stark Law - from $15,000 to $23,863;  Excluded person - from $10,000 to $14,718..   Willful solicitation - from $50,000 to $73,588.   Managed Care companies with practices to discourage enrollment - from $100,000 to $147,177.  Long term care survey enforcement/category violations  are per day payment penalties.

3)  CMS picks new RACS but protests may briefly delay audits again.  (Thanks Peter Grant/RAC SUMMIT for sending my way)

* RAC will soon be back  now that CMS has chosen vendors for the second round of the program. There could be another brief delay if there are protests.
* 5 RAC:   Region 1 - Performant;  Region 2 & 3- Cotiviti  (formally Connelley);  Region 4- HMS /HDI Federal Solutions and new DME/Hospice/HH - Performant- region 5.
* New map for covered regions also shows changes from the historical assignments.  Watch closely for the announcment of GO LIVE.. smaller scope than in the past.
* \*If you are in a new region, important to contact the RAC to get your correct contact information built.
* Still unclear - handoff of the hospital to the RAC if problems with the QIO audits.  3 failed QIO audits = referral?? That is what one of the QIOs had indicated but CMS is still silent on the actual 'how to' of the referral.  Stay tuned!  (HINT- we will be asking KePro about this at the bootcamp --how they are auditing and the handoff to RAC and then asking the RAC rep to discuss how they will proceed once referred. VERY COOL)

4)    Daily Factoid:  1.4 Billion Part D prescriptions were dispensed in 2014.

* In 2014, there were 37.1 Medicare beneficaries with Part D claims.
* The retail price of Part D prescriptions in 2014 was $121.5 B
* The average Part D beneficary had 38 prescriptions in 2014
* $85.82 was the average retail price of a prescription
* 1.35 M providers prescribed drugs to Medicare Part D pts.

HINT:  Think JW/wastage modifer requirement in 2017.  This will give more info on how much of the single dose vial is used vs wasted.  Maybe evaluate a different 'vial' option/manufactor.

Think President-elect and congress to buy outside the country for meds...   Think drug company's powerful lobby in DC....  were you getting bored?

**NEW SECTION:  HEALTHCARE BUZZ**

With the change in administration and the significant uncertainty with many aspects of healthcare, we have decided to add a section called:  **Healthcare Buzz**

We will try to define unfamiliar terms, new plans for healthcare reform, new changes to Medicare, new scope of what healthcare might look like ---ALL WITH REFERENCES as each of us has a responsibility to stay highly informed.  Your family, friends, church group, community leaders = they KNOW you are in healthcare and look to us to educate.  The path is going to be bumpy with many of our patients being confused and upset.  This is what leadership looks like.  (Congress can't do it near as well as we can...)

This month:  **Expanded Medicaid and Exchange Enrollment - at risk for loss of coverage.**

    Per Sprocket Rocket/Nov 14, 2016:   What top 5 states have the highest uninsured rates?

            1) Texas       17.10%   - did not expand Medicaid

            2)  Alaska     14.86%  -  did expand /recent

            3)  Oklahoma 13.90% -   did not

            4)  Georgia     13.85% -  did not

            5)  Florida      13.33%  - did not

 Using the Families USA website - a 50 state look at Medicaid Expansion: 2016

* 32 states expanded, 19 did not
* Fed govt covers the expanded lives 100% thru 2016.  From 2020 and beyond - 90% federal coverage
* Medicaid coverage expanded covered lives of the 'poorest of the poor."  Each state has their own coverage and program rules for regular Medicaid.
* Covered lives at risk to loose coverage under the Expanded program:  **8.2 mil in 32 states**.  (in the 19 states without expansion:  6.2 mil)

Now add the covered lives in the Exchanges (with subsidies for lower incomes) -  **20 mil** as reported immediately after the election/new enrollment up during the enrollment period.

TOTAL  OF NEW COVERED LIVES /NEW PATIENTS WITH A WAY FOR PAYMENT TO OCCUR FOR THEIR SERVICES:  **28.2 MIL LIVES**

NOTE:  The nominee for HHS/spoke about the Medicaid program in Indiana..which is simply managed care for traditional Medicaid patients.  This is what many states have..not new.

MSN/Nov 2016:  Health industry in panic over threatened Obamacare repeal..

Not sure where the big winners of all the new covered lives were during the election - hospitals, physicians, LTC, DME, etc.   The insurance companies weren't wild about being forced to play but were allowed to raise their premiums which Congress allowed in the Exchanges.  They could opt out as they determined lower than anticipated profits/higher costs -probably understandable as many pts had never had insurance/used it/unaware of the real costs/health risks/insurance actuaries.

NOTE:  As part of all the new covered lives with the Affordable Care Act, there was a **reduction** in the Medicare payment.  What happens to those funds?

BE INFORMED, BE ACTIVE, TEACH WHAT THIS MEANS as it rolls out...

**NEXT MONTH**:  Medical Savings accounts/Rep Ryan's plan to replace Exchanges...with high deductibles as the norm.    (Yes, I too am having to be a humble student...)

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Hey come and say HI as they ask me to let you know... HAPPY TO! \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

    Idaho HFMA FREE Webinar                 Dec 7th                 Bundle Payment 101 - Learning from a hospital in the mandatory bundle

    Texas hospital association webinar        Dec 7th                More on the 2 MN rule and finding your lost inpts

    CHRISTMAS BREAK!

    Compliance 360 webinar                        Jan 12th               Attacking Mgd Care Anguish -Part 2

    HFMA Region 10 & 11                           Jan 17th               Creating an Integrated CDI /UM team

    HFMA Tri State/Memphis, TN                 Jan 26th               Finding lost inpt - lessons learned from 2 MN audits

    THA webinar                                          Feb 8th                Attacking Mgd Care Denials

    HFMA So Ill                                           Feb 15th              TBD

    HFMA WA/Alaska                                  Feb 23rd              TBD

**Final note**

Merry Christmas!  Happy Holidays!  After this bruttal election, my prayer is for healing...and tolerance...and acceptance of each other/each race/each religion/each unique person...and taking risks to do what is right...as we are a diverse country with a proud history.  It is who we are...though I shared with my family after the election:  Democracy is a bit messy..    Hard times for many of us...so our love and support to them too.  (TN - thoughts with your fires too.. sorry!)

Healthcare is VERY personal... it is an honor to have been a part for 30+ years.

Share the good things in your life freely... people care!

Love to my husband, family/4 fabulous children and 8 super wonderful grandchildren and 1 granddog, extended family, and all those who so willingly share their lives.  It takes a massive village...and yet, it is darn fun...mostly! HA! Hugs!