Infoline- October 2016

HI Happy Halloween!   Hard to believe we are talking about the 'holidays' already!  Love the holidays but where did summer go?

Lots happening so let's get started.

\*\*\*\*\*\*\*\*\*\***SAVE THE DATE FOR THE DYNAMIC 5th NATIONAL PA and UR BOOT CAMP**\*\*\*\*\*\*\*\*\*\*

This year's program is moving to focus on:  "ATTACKING PAYER DENIALS - Turning Anguish into Action.  Creating a Collaborative Dream."

The members of the dream team:

    Regulatory updates: Traditional /2 MN and Mgd Medicare/Part C

    Contracting:  Education on key elements PLUS how to engage everyone in building operational focused contracts....and what to do if you don't have a contract?

    Payer Relations:  We have 4 payers committed to attend - Mgd Medicare x2-3, MAC and QIO.  WOW!   We will be addressing 3 key areas of focus:  DRG Downgrades, Inpt vs obs and readmissions.

    Provider challenges PLUS what is working:  Key physician advisors, UM leadership and appeal /denial leaders will be presenting their anguish PLUS action plans that have been created to improve relationship and reduce disputes/denials.

    Case studies relative to the Mgd Care anguish - working lunch

    Networking breakfast with all the faculty.  Table talk -additional topics

    Appeal team:  Both internal and external strategies

    Software demo on how to track and trend, payer specific to allow sites to develop action plans with credible data..

DID I MENTION:  In person plus webstreaming.   Same pricing as previous years plus small hospital discounts.

Pre-Con is a great lead in to the boot camp:

    " Documentation 101- Telling an Enhanced Pt Story."   This will lead in beautifully to the boot camp as we will have our 'documentation 'hats on and ready to move into action steps.

    Documentation from the perspective of:  
            CDI, UM, Physician advisors, Auditors, payers....  plus ideas on how to tackle the bad habits of E  M R...

WHEN:            July 19-21, 2017

WHERE:          Bonita Springs, FL   (Fort Meyers airport)

Go to our webpage or the RAC SUMMIT webpage as we are co-producting this very fun event!

Hope to see you there   or   on the live webstreaming! (Sure hope I have a good hair day!!)

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**HOT HOT:  CMS just announced:  5 New RAC contracts have been awarded for the Medicare Fee-for-service Recovery Audit Contractor.   10-31-16**

No CGI!   Also, note the new names/same companies:  Cotiviti and HMS /HDI.  WOW!  Lots more to come out but here is the link--thanks a ton to Dr Hirsch/Accretive.

<https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Recent_updates.html>

**BACKLOG OF PENDING APPEALS - NEW SETTLEMENT in the works**

Things are moving FAST with this but as of now, there is a call to discuss how it will work.

CALL:  
        Weds, Nov 16th        1-3 pm EST

[cms-mlnconnectsnpc@blhtech.com](mailto:cms-mlnconnectsnpc@blhtech.com) to register

(Med Learn)

CMS announced their plan to explore this last week and wow - moving right to a call to learn how.

Lots of great leaders have been lobbying for CMS to do something about the backlog.  CMS indicated 2,022 hospitals, representing 346,000 claims participated in the initial 68% settlement/2013.    CMS also indicated on Oct 18, 2016 - 3rd level appeals backlog with the most recent calculation for the average appeal processing time was about 935 days!

(Thanks- Inside Health Policy)

**Medicare Part C - lots happening**

As we continue to deal with the 'new battleground' - Medicare Mgd Care -more issues continue to be a struggle.

Here are some items:

1)  Use this webpage to learn the 5 levels of appeal with Medicare Mgd.  Unless you give away all 5 levels with some silly contract language/never do this - go to:

<https://www.cms.gov/medicare/appeals-and-grievances/mmcag/downloads/managed-care-appeals-flow-chart-pdf>.  It is excellent!  (Thanks, S Wilson/SC)

2)  Humana stumbles on lower Medicare Rating/CMS issues 2017 Medicare Star Ratings.  Numerous articles are out regarding the Part C Medicare plans.  The loss of a rating can translate to lower market share and more 'problems' with Medicare oversight/audit.  To read a bit about it, go to:  Kaiser Health News (Thanks, Dr Salvatore/DE)

<http://khn.org/morning-breakout/humana-stumbles-on-news-of-lower-medicare-rating>.  REMEMBER:  Aetna and Humana still plan on merging..pending court ruling.

3)  CMS halts Medicare Advantage 'seamless enrollment.'  10-24-16  THIS IS HUGE!

CMS disclosed that 29 Medicare Advantage/Part C companies can move consumers who had been enrolled in a REGULAR plan into that same plan's MEDICARE ADVANTAGE product once the consumer turns 65 years old.  The AUTO moving of pts into Part C is called 'seamless conversion.'    Insurers also must send a letter to those members at least 60 days in advance notifying them of the seamless conversion and providing instructions about how to OPT OUT!  Many critized the policy stating that patients don't understand and should be allowed to OPT IN, not auto opt in and have to manually opt out.  Consumer protection groups state pts are unaware of this auto opt in, think they have Traditional Medicare/which they signed up-only to find out they owe large amts out of pocket as they did not follow MGD MEDICARE RULES...  HUGE HUGE   (Thanks to J.  Wiik & Dr Salvatore)

BE PROACTIVE.  Contact your legistative rep and demand a change.  I cannot imagine a 65 year old trying to sort out Medicare and all the supplemental insurance plus their own in case in case it is offered as part of a retirement package  PLUS PLUS...and now this letter comes.  VERY WRONG...

PLUS Pts who were OPTED IN without their consent should be able to OPT OUT any time, not just during enrollment period.   WOW WOWOWOW

4)  Be weary of any Part C/Mgd plan that states:  "We follow Traditional Guidelines. "  We knew it was out there and now are seeing it -specifically with Humana but likely others.

They are following Part A --big issue if the patient status is in 'dispute' thru the pt's discharge.  Then everyone finally has a peer to peer /P2P call to discuss the disputed inpt order and the decision is made to go ahead and downgrade to obs.  But the pt has been discharged already!  Humana has indicated can't bill obs as Traditional Medicare won't allow changes to pt status after d/c.

HORRIBLE...  This is VERY vague and dangerous.  The long lags to get P2P calls, to get appeals, etc  = all done with an outside carrier/Part C.  Part A is not done external/there are no pt charts to forward for review= Part A is all internal/the hospital reviewing 'itself.'  Therefore, after d/c makes sense - no delays.  But not Part C.  (Thanks to S Snyder, St Lukes; N Bond, Mayo/Az)

***PS  Did you wonder why we decided to expand the focus of the boot camp this year? WOWOWOWO.  The hospitals have to break down the 'department specific silos..."  They are killing us!***

**GENERAL NEWS**

* Sprockrocket news:  What 5 DRGs had the highest cost in 2013?  (Hint - think why there are focused audits and/or coverage determination implemented  OR  BUNDLED PAYMENT)

1. Major Joint replacement or reattachment of lower extremity cost:  $6.6 B
2. Septicemai or severe sepsis cost:  $5.56 B
3. Infectious & Parasitic diseasaes cost:  $2.18B
4. Heart failure & shock cost:  $2.11B
5. Spinal fusion except cervical cost: $2.10 B

* AHA's survey this past Q:  60% of RAC reviewed claims did not have an overpayment.  This is a common theme/reply for many quarters.  Keep replying to the RACTRAC with AHA. (Thanks, P Grant/RAC SUMMIT)
* Are you ready for MACRA?  WOW -this is a brave new world for physicians but holy, trying to sort out all the new alternative payment modeling and the new 'language' is a handful.  We recently had Qualis Health at our Idaho HFMA meeting. They gave us a the following resource:  View the MIPS minute series on YouTube at <http://bit.ly/MIPSMinute>.  We will have our hands full trying to sort this out.  Hospitals and their partners, providers, have plenty of work meetings ahead.  It is a massive change..

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*HEY, COME AND SAY HI!  The groups./chapters ask me to let you know I will be coming. Happy to! \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Nov 3rd        San Diego HFMA meeting        Finding lost revenue - charge capture and patient status.**

**Nov 6-8th      Region 9 HFMA                        Attacking Mgd Care Denials - the new battleground.  Turning anguish into Action. (New class)**

**Nov 10th       AAHAM MN                              Top audit findings in charge capture and patient status**

**Nov 16-18th  AICPA Healthcare Conf           Top audit findings....**

**Dec 7th        TX  Hospital Webinar               Updates on finding and keeping your inpts - 2 MN rule**

**Dec 7th        Idaho HFMA audio                   Bundle payments 101 - coming for ALL hospitals**

**Jan 15-18th  Region 10 & 11, HFMA              Integrated CDI program -documentation to improve the pt story**

**Jan 26th      Tri-state Memphis HFMA           Still to confirm**

**Thanks to all of you for allowing us to continue to be a part of your professional journey.  Also, thanks to all for sharing their anguish and action!**

**Happy to all!**

PS  Remember - historical Info Lines are on our webpage.

Remember - we have many classes that are available for **free** on our webpage.  Plus a list of services we offer.  Never a dull moment!