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Infirmary Health: About Us

- Infirmary Health is the largest non-governmental healthcare system in Alabama and the second largest not-for-profit healthcare system in the state. More than one million patient visits are made to Infirmary Health facilities each year.

- Infirmary Health is the governing organization of five acute care hospitals, two post-acute care facilities, a physician clinic network with more than 30 locations, three diagnostic centers, three urgent care clinics and other affiliates. The healthcare system serves an 11-county area of south Alabama and north Escambia County, Fla., with 700 active physicians and more than 5,000 employees.

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Pink Glove Dance Competition Champs

Infirmary Health was named the 2015 grand prize winner of the Medline Pink Glove Dance Competition. Receiving more than 20% of the votes, Infirmary Health won a $15,000 donation for the mid-south division of the American Cancer Society. Through additional fundraising efforts, Infirmary Health raised a total of $58,000 for ACS.

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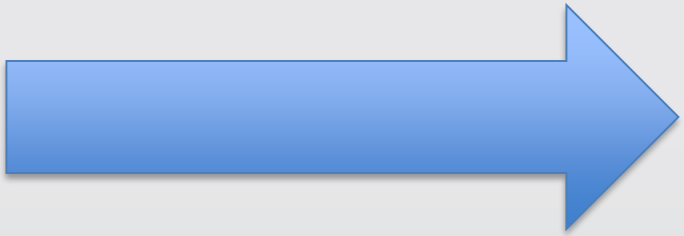

Challenges

- Inpatient Status Determinations vs. OBS
- Modus Operandi = Deny, Deny, Deny, Deny then force Provider to Arbitration
- Medical Director availability for Peer To Peer
- DRG Validation Audits
- Obtaining Proper Payment
- Only one level of appeal—after that, it's off to costly arbitration

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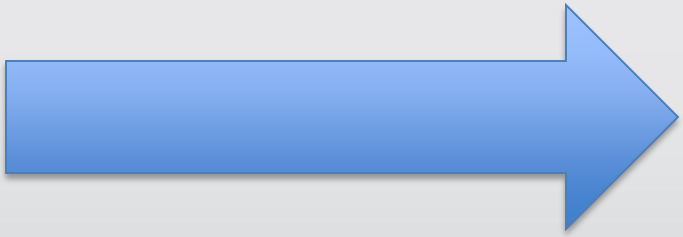

Abuse of:

- Denial of Inpatient Status, most always insistent on OBS
- Purposeful unavailability by the payor for Peer to Peer discussions
- Utilizing one medical director for an entire market/region
- Unrealistic appointment times for P2P calls
- Bogus/Invalid denial code "ITEM102" for an Itemized Bill on claims already approved as inpatient

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Their newest trick:

Of note, there is commentary from the appelant stating that this should be approved for Inpatient status due to the perceived need to stay past 2 midnights. This is a Medicare rule, and Medicare Advantage plans are not required to adhere to this methodology for approving Inpatient vs. Observation status.

Cigna-HealthSpring
Appeals Department
PO Box 24087
Nashville, TN 37202-4087
1-800-511-6943, option 1
Fax 615-401-4584

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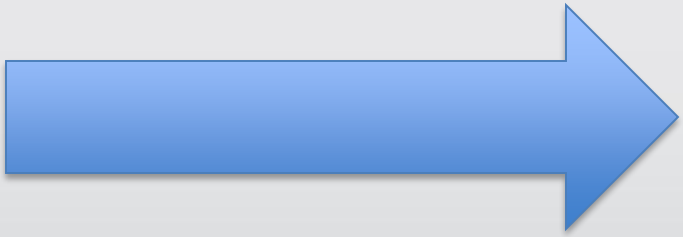

Abuse of:

- Improper Denials after Readmission Review
- Not understanding or following their own process
- "It's the similar/same diagnosis, so it's related, so we're denying it!"
- No rationale to support how the admission was preventable

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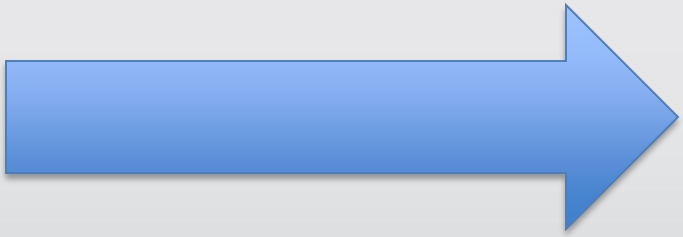

Abuse of:

- Exclusion of appropriate/sufficient denial rationale for the provider to use to formulate the appeal
- The silent treatment—no appeal response at all
- The "bait & switch date" approach: Appeals follow up letters being sent in an effort to obtain results of the appeals, only to have the payor then process the inquiry letter as the actual appeal, and then deny for timely filing, citing the date on the follow up letter as the date of the appeal

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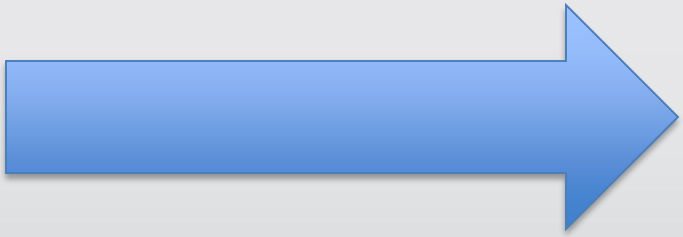

Abuse of:

- Overturn the concurrent denial and approve inpatient status, but chase the win with a coding/DRG validation audit
- Seeing denials overturned but having to continue to follow the account for weeks and months to ensure repayment—advised of "keying errors" on their part

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When all else fails.....

Arbitration

- Any controversy, dispute or claim arising out of or relating to your Provider Agreement ("Agreement") or the breach thereof, including any question regarding its interpretation, existence, validity or termination, that cannot be resolved informally, shall be resolved by arbitration in accordance with this Section…The arbitration shall be conducted in the county were the majority of the services are performed, in accordance with the Commercial Arbitration Rules of the American Arbitration Association, as they are in effect when the arbitration is conducted, and by an arbitrator knowledgeable in the health care industry. The Parties agree to be bound by the decision of the arbitrator.

- ❑ Provider Manual and Contract
- ❑ Notice of Dispute
- ❑ American Arbitration Association-Commercial Arbitration Rules
- ❑ Binding vs. Non-binding
- ❑ Settlement Negotiations
- ❑ Legal Fees

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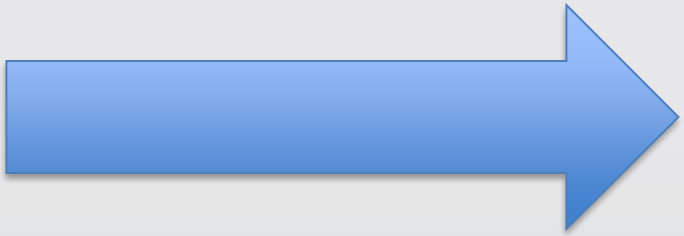

Successes

- CMS Sanctioned them effective January 21, 2016
- In answering to sanctions, they are using Blue Peak Advisors to assist with the "backlog of appeal responses"
- Blue Peak Advisors might be catching them up , but it's now giving leverage to the provider since they are outside of the contracted date for answering the original appeal. They are having to reverse some of their adverse decisions & pay

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Your Toolbox--Payor meetings

Bi-weekly teleconferences

- Internal employees (CM's, appeal coordinators, billers, etc.) submitting payor specific examples and feedback to a central person who will handle escalation with the payor reps to hold them accountable in the denials and appeals processes
- Scheduling recurring phone calls with the payor specific reps to keep the current account level issues in front of them and push to resolution
- Using payor policies in discussions to "poke holes" in individual cases where the payor has not responded or followed their own policy
- Looking at using some data from "favorable" determinations for future use in fighting similar scenarios that are not receiving favorable outcomes

Face to Face Meetings

- Demanding face to face on site meetings with issues list of items being reported to the reps
- Meeting with top level executive and decision makers/key stakeholders within the payor
- Funneling categorical issues to these stakeholder groups for resolution
- Including our System Administrators and those involved in contracting in these high level meetings
- Demonstrating our due diligence to the key payor stakeholders and outlining next steps of escalating issues directly to CMS

Thank you for your time!
Enjoy Boot Camp 2016

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