

AR Systems, Inc Training Library Presents

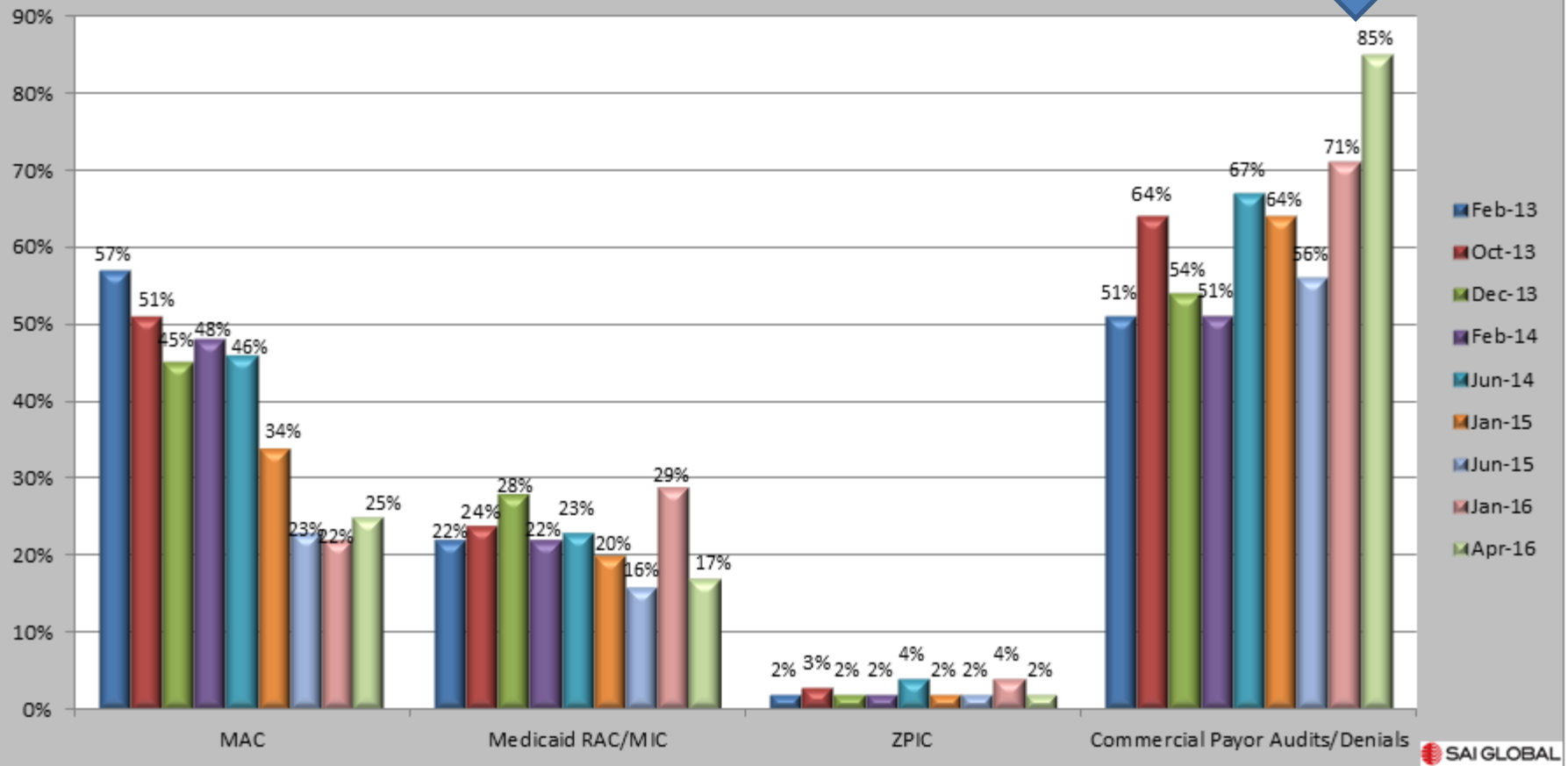
What is going on with the Payers?
Managed Medicare /Part C, Commercial and others?
The world is all about payer challenges..

Instructor:

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In addition to Medicare RAC audits, which are you seeing an increase of activity? 3 Year Trend



Huge Managed Care /Part C/Advantage Issues

- USA July 27, 2015 reported 2 huge potential purchases:

Anthem BX purchase of Cigna
Aetna purchase of Humana
Making United the last of the 3 powerhouse companies.

WATCH: Denial for the catch phrase: not medically necessary! MEANS?

Negotiating will be more difficult.

Ensure there is arbitration in all contracts.

Define an inpt-with no ability to do retro denials 'after discharge.'

Timelines to certify inpt status.

- Hot issues with denials or lack of inpt certifications:

- Long LOS in obs with no 'rules' for conversion to inpt
- Each payer gets to define their own coverage rules
- Following the 2 MN Medicare Traditional rule AND clinical guidelines. (EITHER Interqual or Milliman.)
- Levels of appeal clearly included – clarify why not following the 5 levels within CMS's process. Timelines for each and who does what.
- Denials of coverage 'after discharge' as the pt ended up getting better faster/not as sick as presented on 1st contact/ other
- HAVE AN ATTORNEY READY !!

Every payer is looking for – why an inpt?

- Enhanced documentation at the beginning of care- ER/direct admit. First point of contact.
- Admit to inpt with the dx and the reason for inpt admission...
- ALL payers, every time.
- Embedded in the EMR 'que' questions to prompt the provider.
- Medicare – add the 2 MN or 1/1 MN question

And UR has the first point of contact challenge...

- Who is the primary payer?
- What are their rules for inpt?
- Is this payer contracted? What are the pt status contract terms? If not contracted, then what?
- What guidelines is the payer using to support /determine inpt? Milliman? Interqual? Neither?
- Who is the provider who will write the inpt order?
- What is the payer disputes the inpt request?
- What are the payer's rules for resolving a pt status dispute?
- Does UR know ANY of the contract terms? Why not..

And more updates- Part C

- Managed Medicare Plans/Part C = HUGE
- They do not have to adapt Traditional coverage rules.
- Treat them like a Commercial Payers – get pre-certs, determine if they are using ‘2 MN’ rule methodology and/or clinical guidelines.
- Update contracts to CLEARLY outline the tools used to determine: what is an inpt.
- Always use: Physician order with rationale for why? (Sound familiar??)
- Big increase in denials...& disputes of status
- **WHAT IS THE PAYER’S DEFINITION OF AN INPT?**



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Thanks for joining us!
Free info line available.

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