

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP
Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event

GHC HEALTH CARE
Global Health Care, LLC

Meet the Dream Team: 3) Provider Challenges

Payer Anguish

Marlene Allen, MBA, CHA, CHCO
Compliance/HIPAA Privacy Officer
Harrisburg Medical Center, Inc.
Harrisburg, IL

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP

Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event



Harrisburg Medical Center, Inc.

- Harrisburg, IL
- Population of Harrisburg: 9100
- Located in extreme Southern Illinois - 20 miles from Kentucky

Short-term Acute Care Hospital

- 80+ beds (includes Inpatient Behavioral Health unit in lower level of hospital)

OP Behavioral Health at one of our clinics (includes child psychologist)

Nine Clinics – Includes Orthopaedics, Pain Management, 3 Rural Health Clinics, 2 other OP Clinics, 2 Mine Clinics

Home Health Care

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP

Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event

GHC HEALTH
CARE
Global Health Care, LLC

Harrisburg Medical Center, Inc.

Special Services: Oncology, Podiatry, PT, OT, Speech Therapy (OP therapy at 3 of the clinics), Respiratory Therapy, Sleep Diagnostic Center, Cardio/Pulmonary Rehab. Hospitalists program

Surgeries Offered:

- Cataract excision and lens placement
- General Surgery,
- Orthopaedic : hip/knee replacement, joint scopes,
- Back surgery (disc fusions, discectomy, spinal cord stimulators, epidural spine injections
- Nephrology: lithotripsy, kidney stone extraction, stent placement
- Podiatry

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP
Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event



Primary Payers: Medicaid
 Medicare
 Medicare Advantage (UHC/Humana/Aetna)
 Commercial Payers
 VA

Type of Reviews Per Payer:

- Medicaid – Mostly Behavioral Health Pre & Post Payment Reviews
 - Prepayment Reviews - If record not received within 14 days, review cancelled and we must rebill and wait for prepayment review letter before being considered for payment.
- Medicare – Short Stays through QIO (Kepro)
 - No major issues with 2 Midnight Rule

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP
Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event



Type of Reviews Per Payer (continued):

- Medicare Advantage – (We do not have contracts with these plans). DRG, Medical Necessity, Oncology drugs, no prior auth, 30-day readmission
 - Want to admit most of our patients as Observation vs Inpatient
- Commercial Payers – Prior Authorizations, OBV vs Inpatient, Ancillary Services (Radiology, EKG)
 - Starting to see a huge increase in these types of reviews
- VA – Biggest issue is having prior authorization thru Tri West for veterans who decide not to wait on VA for service.

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP

Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event

GHC HEALTH
CARE
Global Health Care, LLC

Examples of Payer Issues Encountered:

Aetna – Issue of Waiver of Liability form

Sent us the form 6 different times. Form was signed and sent back by certified mail after first request. Called reviewer and got voicemail. Left message. No response. Called Customer Service. Got call back but no info on how to reach representative.

After receiving 5th letter, wrote a letter detailing what was happening, if I didn't receive a response to my letter about my appeal by the following Monday, I would file a complaint with Medicare C rep. Received phone call within 24 hours, acknowledged they had the form, appeal was moved up to highest level of review, denial overturned within 5 days and payment received within 5 days.

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP
Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event



Examples of Payer Issues Encountered (cont.):

UHC – DRG Reviews

Medical record had already been requested and sent so that a “payment determination” could be made. In some cases, records had been requested more than once. Called Medicare C rep, told her what was happening. Complaint sent to UHC.

UHC Advocate called me within 24 hours, after some research determined that I was correct and account could not be reviewed again for DRG. Record can only be reviewed once for payment purposes and cannot be requested for another review. Number of DRG reviews has been reduced dramatically.

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP
Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event



Examples of Payer Issues Encountered (cont.):

Humana – Denial for failure to send medical record for review of coding for Surgery/Procedure

The patient had surgery but it was not performed at our facility. Patient was transferred to a bigger facility in Evansville where the surgery was performed. All medical records were sent with patient upon transfer. I questioned why they needed our complete medical record when everything was sent with the patient upon transfer. We did not do the surgery so why is our payment being denied just because I didn't send them the medical record for something that wasn't even done at HMC. This has been appealed.

No response yet.

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP
Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event



Examples of Payer Issues Encountered (cont.):

Blue Cross – Denying payment for 4 of 6 visits for lack of medical necessity

Patient was receiving an injection for severe asthma while she was in Southern Illinois over the Christmas holidays. Patient is from Alaska and they have never had problems getting paid for these injections. Why would they pay for 2 of the 6 injections and deny the other 4. Nothing had changed as far as the diagnosis and the medical necessity of the injections. After finally receiving the medical records from the clinic in Alaska (was disappointed that I couldn't take a cruise to Alaska to get these records) and finding exactly what I needed to appeal these denials, filed an appeal. No response yet to this appeal.

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP

Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event



Successes

DRG Reviews – If payment was determined based on receiving and reviewing medical record-cannot review the chart for any other reason.

Peer to Peer Calls – This has been very successful, especially with our Behavioral Health patients.

If we don't get a response from the payer about setting up a Peer to Peer, have used this in my appeals and have gotten denials overturned (OBV vs IP)

Contacting, or threatening to contact, Medicare C

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP

Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event



Successes (cont.)

No MA plan contracts – MA plan must use traditional Medicare rules when working with us.

External Appeals – Patient has the right to an external appeal if all internal appeal options have been used up. Have gotten paid very quickly when using this option.

Have hired an LPN to be our Prior Auth specialist – Prior auths are getting done BEFORE the service is scheduled and performed. No more denials for lack of prior auth.

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP

Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event



Lessons Learned

Billing Office was sending the wrong Medical Record. Payer needed records from PCP office for an OP service that was performed at HMC.

KEPRO denial for no physician signature on order – NPP's can sign orders in the State of Illinois without being cosigned by the physician. Three of the ten records requested were overturned on appeal because of this.

Be persistent!!!

Send everything Certified Mail so payer cannot say they didn't receive it.

The National RAC Summit

5TH PHYSICIAN ADVISOR AND UR TEAM BOOT CAMP

Attacking Payer Denial's Boot Camp

July 19 - 21, 2017 • Bonita Springs, FL



A Hybrid
Conference
and Internet
Event



Lessons Learned (Cont.)

Pick apart denial letter.

Learn the payer's rules and if they truly do apply to you. In many instances they do not!

Write strong appeal letters backed up by everything you need to overcome their rationale for denial.

Payer can't take back whole payment without a good reason i.e. MUE edit for too many Units.