Payers and Providers Forging New Relationships

Or From the Ashes Arises the Phoenix

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Disclaimer

 I have no conflicts of interest in this presentation and any thoughts or opinions expressed are mine alone and do not represent any organization I am affiliated with.



This is when I first took the job as Physician Advisor in January 2014



After the first year of dealing with Medicare Advantage denials



After repeated appeals and Peer to Peer discussions going nowhere and surviving the probe and educate process

My Daily Routine After Peer to Peer Discussions



Humana

- Three Major Areas of Concern
 - 1. Cases with concurrent review and authorization for inpatient level of care which were subsequently denied
 - 2. DRG Validation Audits
 - Peer to Peer discussions that only resulted in the comments that if we cannot check all the boxes on MCG we cannot approve

What Next in the Struggle

- * Filed multiple appeals with letter after letter receiving little response except "appeal upheld"
- Initial Phone Conversation with Humana Corporate Compliance Group to address the egregious nature of these denials
- * Got Nowhere

CMS Gets Involved

- Worked with SC Hospital Association to get CMS involved
- * Complaints filed with CMS actually begin to get response from Humana
- Establish Connections with Humana CMS Corporate Compliance Division
- Individual contacts with actual people who address issues
- Scheduled an onsite visit from the new Regional Medical Director

June 7, 2016 a Life Changing Experience

- Actually sat down with Dr. Lueken and her team at our facility and had real discussions which were open and candid about our issues with Humana
- Expectations were not very high on our part that anything would actually come out of this meeting but what did we have to lose

Surprise, Surprise, Surprise

- Developed a real relationship which allows us to address issues without the letter writing campaign
- Allows feedback on Peer to Peer discussions to help train medical Directors at Humana on fair practices (not just do not meet MCG) as well as education for our Case Managers on what is important information to provide for the payer to review
- No more Us vs. Them rather true partnership to provide what is in the best interest of the Patient (beneficiary)

Current Situation with Humana

- Actually consider Kattie Lueken a friend
- Able to address prepayment issues generally via email or phone
- Peer to Peer discussion review if I do not feel that I got a reasonable response
- * If the issue is not in her area she will find out who can address the problem and follows up
- Also have specific contact person in the Corporate
 Compliance Division to address post-payment issues