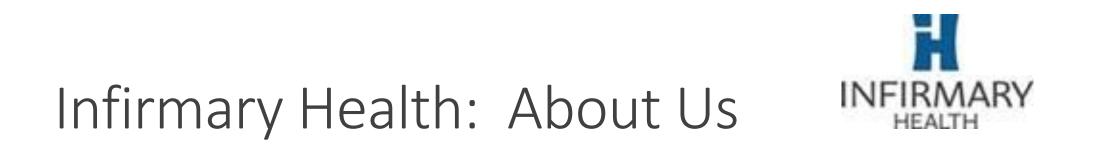# The Payer/Provider Work Group

THE FIFTH NATIONAL PHYSICIAN ADVISOR AND UTILIZATION REVIEW BOOT CAMP

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INFIRMARY HEALTH

JULY 20, 2017

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 5 acute care hospitals, 2 post-acute care facilities, a physician clinic network with more than 30 locations, 3 diagnostic centers, 3 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.
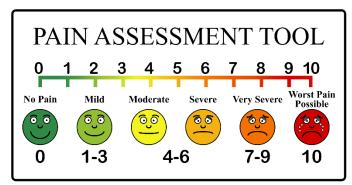
Pain Assessment

P ROVIDER

A ND

I NSURANCE PAYER

N ETWORKING

What's pain scale of your payer/provider relationships?

- ....on a scale of 1 to 10 with 1 being the least amount and 10 being the greatest amount of pain, how would you rate your pain today?
- What are you doing to impact your payer relationships?
- Where are you getting directly involved with your payer/provider relationship building?
  - At your system/facility/organization level?
  - At the city/county level?
  - At the state level?

Is there networking taking place in your payer/provider relationship? Or is it totally impinged?

Garden Variety Involvement

Organization/Facility Level Activities

- Bi-weekly accountability calls
  - WHO IS YOUR REP? (Name, phone number, email address)
  - WHO DO THEY REPORT TO? (Name, phone number, email address). KNOW THE ORG STRUCTURE AT YOUR PAYER
  - WebEx
  - Outlook recurring calendar meetings
  - HOLD THEM TO IT
  - If they back out for reason "xyz", then immediately ask when they can reschedule for the same week. KEEP IT CONSISTENT.
- Keep an old fashioned CASE FILE on them
  - Do not violate your organization's compliance regulations where PHI is concerned, but make a case file on that payer—just keep it compliant (locked up, secured, etc. if there are patient examples/PHI involved; opt for redacting prior to filing if it's going to be a long term example/reference in that case file)
  - Every time you encounter an issue, pull out the CASE FILE and add the issue. KEEP IT CONSISTENT.
- On Site Face to Face Joint Operating Meetings
  - Schedule quarterly on-site FACE TO FACE meetings with your payer rep, to include representation from the claims side and the clinical side (sometimes the claims issues get lengthy, so you might want to schedule a claims war-room session and a clinical appeals/audits/disputes war-room session separately, but within the same day)
  - Get to know your Rep's travel schedule/itineraries. Ask them when they will be traveling and try to accommodate these meetings when they will be nearby to you or at least within driving distance. If you try accommodating them, it will meet your needs and theirs

State Level Involvement

- Get engaged with your state hospital association
  - Do they have any revenue integrity and recovery audit contracting committees where you can become involved
- RIC/RAC Steering Committee Quarterly meeting
  - Steering committee comprised of a balanced cross section of facilities throughout the northern, eastern, western and southern regions of our state
  - Quarterly meetings to discuss questions submitted from providers around the state to the state hospital association , held at the state hospital association
  - Questions are reviewed and discussed at length by the committee to ensure quality of questions submitted to the payers
  - Once questions are voted on by the committee, they are then sent to each payer between 4-6 weeks prior to the statewide quarterly meeting
  - Payers are encouraged to attend in person, most do, including our MAC
  - When the payer is unable to attend, they will submit written responses
- RIC/RAC Statewide Quarterly meeting
  - Held in a central area of the state
  - All day meeting
  - Medicare/MAC, Medicaid and BlueCross issues handled first
  - Afternoon agenda is for Managed Care & Commercial payers
  - Questions that were previously sent to the payer are then
    discussed by the payer; further questioning allowed by audience
  - Entire meeting is documented by a stenographer
  - Minutes and handouts are provided to Hospital Association members
    Via the HA web portal
  - We actively use a RIC RAC list-serv