

R. Phillip Baker, MD
Medical Director Case Management and Physician
Advisor

CULTIVATING THE PAYER RELATIONSHIPS FOR THE BEST HARVEST

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.

Self Memorial Hospital 1951



Self Regional HealthCare 2018



My Background

- Founding and Managing partner Piedmont Physicians for Women an OB/GYN private practice 1982-2014
- President, United Physicians Care, a six county IPA 1995-2018
- Chairman of the Board, Upper Savannah Health Services, A PHO with our IPA and four hospitals. 1997-2018
- Co-Chair Finance Committee, Vice Chair Local Steering Committee, Post Acute Care Utilization Committee, and serve on the Compliance Committee for My Health First an upstate clinically integrated network 2015-present
- Medical Director Case Management and Physician Advisor Self Regional Healthcare 2014-present
- Serve on multiple committees at the South Carolina Hospital Association
- Board of Directors American College of Physician Advisors 2017-present

Day in the Life of Physician Advisor

- Denials Management
 - Peer to Peer Discussions
 - Appeals writing
 - Physician education in denials prevention
 - Relationships with Payer Community- friend or foe
 - Probe Reviews, RAC, MAC, OIG, CERT, ZPIC, etc., if they audit I get involved
 - Service Line data reporting
- Governmental Regulation Compliance
 - Regulatory Changes in Payment for Observation Services, OPPS
 - Two Midnight Rule Compliance
 - Self Audits for overpayment
- Case Management
 - Status Reviews
 - Condition Code 44
 - Encourage Physician Involvement in Discharge Planning Process
 - Hospital Compliance with new discharge planning regulations
 - Notice Act (Notice of Observation Treatment and Implication for Care Eligibility) or how to MOON our patients
 - Utilization Review Committee
 - Compliance with Inpatient Only Procedures
 - Surgery Precert Compliance
 - Long Stay High Dollar Accounts
 - Utilization Management Committee
- CDI Team Physician Champion
 - Encourage Physician Compliance with Query Process
 - Medical Staff Education on Documentation and Coding and how these affect quality and yes payment
- Medical Staff Education on the Future of Healthcare Payment Models
 - Value Based Purchasing
 - Clinically Integrated Care
 - Bundled Payments
 - HCC Coding
 - Peer Review Committee
- Accountable Care Organization
 - Manage Spend per Beneficiary
 - Post Acute Care Utilization
 - Funds Flow for shared savings
 - Manage downside risks

Number One Method to Reduce
Denials?

Build
Relationships
with the Payer
Community

Evolution of My Relationship with Humana

- ⦿ Received two main areas of denials- prior authorization for inpatient only months later to deny and DRG validation audits going after cases with single CC or MCC
- ⦿ Filed multiple appeals trying to address the issues directly with Humana
- ⦿ Set up a meeting with Human Corporate Compliance Group to address the egregious nature of these denials.
- ⦿ No progress when trying to deal directly

Beginning of Something

- Worked with SCHA to develop a complaint mechanism through the Atlanta Regional Office for CMS via email: PartDComplaintsRO4@cms.hhs.gov
- First complaint on the prior authorization issue presenting to CMS that if concurrently reviewed and approved should not be able to change based on outcome “risk realized” and that since as a facility we had every right to expect payment then we should be able to hold the beneficiary financially liable
- Received call from Humana within twenty four hours to correct these denials and to assure that this practice was to stop immediately the problem had been they had not checked the box on their form allowing the financial recovery group to audit these accounts

A Sprout of Hope

- Secondly addressed the DRG validation audits by raising the question with CMS that if Humana is paid on a “Risk Adjustment Data Validation” or a risk score on each beneficiary based off billing data but was not allowing diagnoses which had been billed for DRG assignment had they reported this to CMS and if not was this fraud?
- Again received almost immediate response that of course this was not an issue as all these claims were being paid.

Relationship Begins to Bud

- Actually sat down with Dr. Lueken and her team at our facility and had real discussions about our issues with Humana
- 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)

Full Bloom

- ⦿ 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 and a “resolver” in the PPI division to address post-payment issues

Winter of Discontent

- Kattie moved into a corporate role with the task of improving Humana's national image and making the company compliant with CMS and provider friendly (good luck)
- Could only occasionally step in for us to address local Medical Directors and their must meet MCG reviews and the up to 72 hour observation guys
- Had to resort back to my contacts with Humana's CMS Corporate Compliance Group to overturn denials taking weeks instead of minutes
- Kept me informed on the search for her replacement and relayed my concerns to corporate including discussing her possible replacement for our market

Spring Arrives

- Dr. Lily Pham appointed as the Regional Medical Director for our area
- Initial conversations positive and hope that we can build a strong relationship going forward
- Actually looking at a potential contract through our ACO which contains risk sharing and potential quality bonuses

Most But Not All of the Garden Grows Well

- ⦿ Good relationships with Aetna, WellCare, Most of the Medicaid Managed Care plans
- ⦿ United remains a challenge
 - Non-contracted relationship
 - Continue to claim that Clinical Validation or DRG audits are not denials attempting to limit our rights to appeal
 - Met with Executive team from United including Senior VP, PPI Michael Santoro
 - Monthly calls with company representatives
 - Ongoing discussions with CMS

R. Phillip Baker, MD

Roy.Baker@selfregional.org

864-725-5589

