DENIALS MANAGMENT

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DEALING WITH THE ONGOING MA PLAN SHENANIGANS

- Covid fallout- Utilizing electronic methods of appeal submission
- Dealing with multiple auditors
- Payer meetings – know your representatives
- Contract language & IRO's

CMS AUDITORS

AUDITORS

- RAC
- SMRC
- CERT
- UPIC

WHO ARE THEY?

- RAC – COTIVITI
- SMRC – NORIDIAN
- CERT – PGBA COORDINATOR
- UPIC - SAFEGUARD SERVICES

MA PLANS

PAYERS

- UNITEDHEALTHCARE
- HUMANA
- AETNA
- BLUE ADVANTAGE
- VIVA HEALTH
- SIMPRA ADVANTAGE
- WELLCARE
- HEALTHSPRING

AUDITORS (NOT ALL INCLUSIVE)

- COTIVITI
- EQUICLAIM/CHANGEHEALTHCARE
- OMNICLAIM
- EQUIAN
- OPTUM
- MEDREVIEW

COVID FALLOUT- UTILIZING ELECTRONIC METHODS OF APPEAL SUBMISSION

- At the time of the pandemic many payers were still utilizing some antiquated appeal submission methods (i.e., fax and US Mail vs. payer portal uploads and encrypted email submissions)
  - Covid forced providers to move employees into teleworking without updated payer processes in place (i.e., encrypted email submission)
  - Many providers have not reengaged on-site work and have moved to permanent teleworking
- STOP!
  - Research your payer(s) potentially new and updated appeal submission methods
  - If your contracted payers are not allowing portal upload of appeals or encrypted emailing of appeals, bring them to the table

DEALING WITH MULTIPLE AUDITORS

- Payers have multiple 3rd party auditors who potentially have different processes for handling of ADR's (additional documentation requests) and appeals
  - Develop a matrix of auditor behavior/scorecard
  - Payer feedback about their auditors
  - Using payer specific monthly reports
    - Some of the large payers have reporting capabilities to send monthly reports to you that provide vendor activity, appeal/audit status, audit type, DRG's affected, etc.
    - Reporting can be emailed to you

PAYER MEETINGS – KNOW YOUR REPRESENTATIVES

- While on site meetings may not be likely anymore, you should still be communicating in payer meetings (ZOOM, WEBEX, etc)
- DO NOT let Covid fallout keep you from engaging with your payers
- Use your monthly reports for data analysis, report discrepancies to the payers immediately (i.e,, if you had a favorable appeal but the payer shows a report with an unfavorable result, you need to resolve it)

NON CONTRACTED MA PAYERS

- How is the Provider notified of the denial?
- What happens if the patient is an inpatient?
- Expectations in the appeals process

NON CONTRACTED MA PAYERS

- **How is the Provider notified of the inpatient denial?**
  - If the inpatient services were approved concurrently, you will likely still receive a denial, but via the prepay or postpay audit process
    - PREPAY—The claim will suspend stating that the medical records are needed to finalize the payment
    - POSTPAY– The claim will pay the expected amount. A 3rd party auditor will then issue an Additional Documentation Request (ADR) for the entire medical record

NON CONTRACTED MA PAYERS

- **How is the Provider notified of the inpatient denial? (THIS IS WHERE PROBLEMS ARISE)**
  - PREPAY—When the payer finalizes the claim, if the record review has a result, the payer will issue a denial the remittance
  - POSTPAY—When the 3rd party auditor issues their result, the provider will follow the instructions on the findings letter

NON CONTRACTED MA PAYERS

- **IDENTIFYING THE PROBLEM, KNOWING WHAT IT MEANS AND CONNECTING THE TEAMS**
  - The Non-Contracted process has rigid response times with no wiggle room. If you want all 5 levels of your Medicare Appeals Process, you MUST connect the dots!
  - If your Revenue Cycle handles the remits, but the clinical appeals are handled outside of the Revenue Cycle, WHO is communicating the copy of the remit (which has the payers appeal instructions) to the clinical team?

LOGGING NON CONTRACT MA PAYER COMPLAINTS TO CMS

Please refer to the information below. Thank you.

For Policy related questions, please submit your questions to the appeals mailbox at the LMI portal below.

LMI portal - https://appeals.lmi.org/

For complaints against an MA organization, CMS allocates its MAO oversight responsibilities across all ten of the Agency's regional locations. Each office is responsible for accepting complaints from providers located within its assigned states. Providers / representing organizations can submit complaints in password protected files to the appropriate Drug and Health Plan Operations (DHPO) location. The assigned states and e-mail address for each office are listed below:

CMS/DHPO Location	Assigned States	DHPO Mailbox Address
Boston	CT, MA, ME, NH, VT	robosdmhpo@cms.hhs.gov
New York	NJ, NY, PR	ronyprovider@cms.hhs.gov
Philadelphia	DC, DE, MD, PA, VA, WV	partdcomplaints_ro3@cms.hhs.gov
Atlanta	AL, FL, GA, KY, MS, NC, SC, TN	partdcomplaints_ro4@cms.hhs.gov
Chicago	IL, IN, MI, MN, OH, WI	rochidmo@cms.hhs.gov
Dallas	AR, LA, NM, OK, TX	rodalmahpb@cms.hhs.gov
Kansas City	IA, KS, MO, NE	rokcmhpo@cms.hhs.gov
Denver	CO, MT, ND, SD, UT, WY	roreaora@cms.hhs.gov
San Francisco	AZ, CA, HI, NV, Pacific Territories	rosfodhpp@cms.hhs.gov

CONTRACTED MA PAYERS

- Check your contracts
  - Who are their 3rd party auditors and do those auditors have your contract information?
  - Do all of their 3rd party auditors follow the same process (believe it or not, there are some that don't)?
  - Do you have regular payer meetings set up?
  - Do you have clauses that include an IRO (Independent Review Organization)
    - Explore the addition of an IRO – should your appeals with the payer be exhausted, the IRO could be the next available contract remedy prior to arbitration

MA PLANS – CONCURRENT DENIALS AND WORKING WITH THE PATIENT VIA THEIR ENROLLEE APPEAL RIGHTS

- Patients have a right to know
- Patients have their own set of enrollee rights, they are constitutional and **protected by the Federal Government**
- Discussions with patients in real time, they have the right to say "NO", **but they are almost always willing to say "YES" to the provider**
- This is a voluntary action of the enrollee
- Obtaining an AOR to become the representative of the enrollee – 5 Levels of Patient Appeals
- Questions to ask your organization
  - Is your appeal vendor able to offer patient advocacy consulting?
  - Can you hire them to assist you in your role as the Authorized Representative?
    - As these cases likely end up at the ALJ or DAB level, some are staffed with attorneys who can assist with hearings for these cases
- CMS 1696 Form can be used for ALL MA payers
  - https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207

MA PLANS – CONCURRENT DENIALS AND THE APPEALS PROCESS

- If you are pursuing post claim process appeals and you are contracted, you will only have two (2) levels of appeal *(unless your contract states otherwise)*
- Appeals will consist of a first and second level reconsideration
- Know your submission methods! Most of the payers have an electronic platform/portal
- Have an ongoing payer meeting to discuss your issues—get it on the calendar now!

LET'S HEAR YOUR QUESTIONS……COME ON, SPEAK UP!

HOW CAN I HELP?