

# NAHRI Big 10 Regional Chapter Meeting: Michigan, Ohio, Indiana Regional Chapter

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A WEBINAR PRESENTED ON August 21, 2019

MI: Rebecca Moore and Meagen Windler

OH: Julie Cowher

Contact us at: [Big10NAHRI@gmail.com](mailto:Big10NAHRI@gmail.com)

## Hosted By



- Jaclyn Fitzgerald, CHRI
- Director, NAHRI
  - Fitzgerald is the director of NAHRI and is responsible for the strategic planning of the association. She ensures NAHRI meets the needs of members and serves as the voice of the revenue integrity profession.

# Agenda

- Facilitator Introductions
- Jaclyn Fitzgerald, director of National Association of Healthcare Revenue Integrity (NAHRI)
  - NAHRI overview
  - Certification Healthcare Revenue Integrity (CHRI) overview
- Greg Kay, senior vice president of PMMC
  - The market shift that is driving the need for an integrated retail (charge) and discount (contractual) pricing strategy
- Chapter Leader Presentation
  - 2020 OPPS proposed rule
- Questions

# Facilitator Introductions

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## Michigan, Ohio, Indiana Regional Chapter Co-Leader

- Julie Cowher, MA, RHIA, CHC
- Julie Cowher has more than 25 years of experience in Health Information Management and Revenue Cycle Management. She also has 17 years of teaching in associate and bachelor degree health information management programs.
- In her current role, she oversees the health system charge description master, revenue integrity auditing, failed claims, charge capture as well as IT consultants that provide support for these functions of revenue cycle.
- Most recently, Julie is assisting the health information management technology program in creating a revenue management certificate track at Columbus State Community College (Columbus, Ohio) and mentoring healthcare professionals pursuing their careers in HIM and revenue cycle.
- A favorite thought:
  - *"Don't wait for your ship to come in; swim out to it." - Anonymous*

## Michigan, Ohio, Indiana Regional Chapter Co-Leader



- Rebecca (Becky) Moore, MSA, CHRI
- More than 40 years healthcare experience. More than 15 years are directly related to revenue cycle compliance and charge integrity for the facility side.
- Current role is director of revenue cycle compliance and provider education at Michigan Medicine.
- Hobbies include antique shopping, spending time with family, and her two little dogs, Ellie and Sadie (more commonly known as “the girls”).
- A favorite thought:
  - ‘*Wisdom* is knowing the right path to take...
  - Integrity* is taking it.’

## Michigan, Ohio, Indiana Regional Chapter Co-Leader



- Meagen Windler, CHRI
- More than 20 years healthcare experience
- Experience directly related to revenue cycle and revenue integrity encompassing various hospital and healthcare charging, coding, and billing models, auditing, staff/physician education, strategic planning, business process improvement, pricing transparency, compliance, and a strong understanding of various payer and regulatory guidelines
- Current role is in reimbursement as the director of charge description master at Beaumont Service Center
- Hobbies include spending time with family and reading
- A favorite quote:  
*‘Your attitude, not your aptitude, will determine your altitude.’*  
- Zig Ziglar

## Guest Speaker



Greg Kay, senior vice president, PMMC

Greg has managed and consulted in healthcare for 31 years (21 with PMMC and prior to that with PCA (Beverly Enterprises' pharmacy division)). Greg has experience in multisite operations management, managed care negotiation from a healthcare provider's vantage point, and product development / implementation.

# **Introduction to National Association of Healthcare Revenue Integrity**

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## What is NAHRI?

- NAHRI is the nation's only association dedicated to the revenue integrity profession
- NAHRI's mission is to enhance the revenue integrity profession through standards, advocacy, networking, and the promotion of shared knowledge and resources.

# What is NAHRI?

## NAHRI members receive:

- Advocacy and leadership from the [NAHRI Advisory Board](#)
- Weekly tips, news, and strategies in our e-newsletter, [Revenue Integrity Insider](#)
- In-depth news, analysis, and regulatory information, case studies on building successful programs, and membership profiles in our quarterly journal, the [NAHRI Journal](#)
- An opportunity to network with peers and colleagues in the [NAHRI Forum](#) as well as [Workgroups and Regional Chapters](#)
- Access to live and archived [quarterly conference calls](#), hour-long networking discussions, and more
- Helpful tools accessed in our electronic [Resource Library](#), including sample queries, policies, and tools
- Access to the [Revenue Cycle Career Center](#)
- Discounts to the annual [Revenue Integrity Symposium](#), [CHRI credential](#), and [HCPro boot camps](#)

# NAHRI Chapters and Workgroups

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## NAHRI Chapters

- NAHRI endorses the formation of regional, state, local, and subject-specific networking organizations. NAHRI encourages the collaboration of such groups with the national body and supports the alliance of the local and national groups for mutually favorable principles. Each chapter must choose three officers who must be from different healthcare organizations and who are current NAHRI national members to act as liaisons between the parties. Visit <https://nahri.org/local-chapters> for more information.
- **To become a chapter member, [complete our online membership roster](#) and reach out to the chapter leaders.**
- Questions? Visit [nahri.org/local-chapters](https://nahri.org/local-chapters) or email NAHRI Director Jaclyn Fitzgerald at [jfitzgerald@hcpro.com](mailto:jfitzgerald@hcpro.com)



# NAHRI Regional Chapters

- **Michigan, Ohio, Indiana Regional Chapter**

- This chapter is currently seeking Chapter Members
- Please contact one of the following Chapter Leaders if you are a current NAHRI member looking to join this regional chapter
  - Rebecca Moore, MSA, CHRI, Director Revenue Enhancement & Acquisitions, Michigan Medicine, [moorrebe@med.umich.edu](mailto:moorrebe@med.umich.edu)
  - Meagen Windler, CHRI, Corporate Director, Beaumont Service Center, [Meagen.Windler@beaumont.org](mailto:Meagen.Windler@beaumont.org)
  - Julie Cowher, MA, RHIA, CHC, Director, Revenue Management, Ohio State University Wexner Medical Center, [Julie.Cowher@osumc.edu](mailto:Julie.Cowher@osumc.edu)

- **South Dakota, North Dakota, Montana, Wyoming, Nebraska Regional Chapter**

- This chapter is currently seeking interested Chapter Members
- Please contact one of the following Chapter Leaders if you are a current NAHRI member looking to join this regional chapter
  - Paula Twiss, Supervisor, Revenue Integrity, Regional Health, [ptwiss@regionalhealth.org](mailto:ptwiss@regionalhealth.org)
  - Roger Hettinger, Senior Revenue Cycle Advisor, Axera Solutions, [roger.hettinger@gmail.com](mailto:roger.hettinger@gmail.com)
  - Sherry Deaver, Revenue Cycle Services Officer, Avera Health, [sherry.deaver@avera.org](mailto:sherry.deaver@avera.org)

# NAHRI Regional Chapters

- **Minnesota and Wisconsin Regional Chapter**
  - This chapter is currently seeking one additional Chapter Leader as well as interested Chapter Members
  - Current Chapter Leaders
    - Lisa Kanivetsky, BA, CPC, CHRI, Revenue Integrity Manager, Hennepin Healthcare, [elizabeth.kanivetsky@hcmmed.org](mailto:elizabeth.kanivetsky@hcmmed.org)
    - Kristina Howey, MBA, Revenue Integrity Business Analysis Manager, Marshfield Clinic Health System, [howey.kristina@marshfieldclinic.org](mailto:howey.kristina@marshfieldclinic.org)
- **New England Regional Chapter**
  - This chapter is currently seeking Chapter Members
  - Current Chapter Leaders
    - George Boulger, RHIA, Revenue Integrity Manager, South Shore Hospital, South Weymouth, MA
      - [gboulger@southshorehealth.org](mailto:gboulger@southshorehealth.org)
    - Laura Clifford, CPC, Revenue Integrity Analyst, Central Maine Healthcare, Lewiston, ME
      - [cliffola@cmhc.org](mailto:cliffola@cmhc.org)
    - Julie Leonard, Kohler Healthcare Consulting, Bradford, NH
      - [julieleonard684@gmail.com](mailto:julieleonard684@gmail.com)

# NAHRI Regional Chapters

- **Texas Local Chapter**

- This chapter is currently seeking Chapter Members
- Current Chapter Leaders
  - Mary Ellen Howie, Senior Director of Revenue Cycle Operations, RoundTable Strategic Solutions, Houston, TX
    - [mhowie@roundtablehit.com](mailto:mhowie@roundtablehit.com)
  - Bobbie Welch, Senior Director of Revenue Integrity, Children's Medical Center, Dallas, TX
    - [bobbie.welch@childrens.com](mailto:bobbie.welch@childrens.com)
  - Alex Chamorro, CBO Director, Billing and Government, Houston Methodist, Houston, TX
    - [achamorro@houstonmethodist.org](mailto:achamorro@houstonmethodist.org)

# NAHRI Workgroups

- NAHRI also supports the formation of Member Workgroups. Each group agrees on its own focus and meeting frequency/duration. Workgroups are typically formed based on area of interest or job title. NAHRI Leadership assists by connecting members, scheduling calls, and providing a means of group notetaking.
- The following NAHRI Member Workgroup is accepting new members:
  - **NAHRI Revenue Integrity Collaboration Workgroup**
    - Meeting frequency: Monthly
    - Meeting duration: One hour
    - Current member count: 10
- For questions, contact NAHRI Director Jaclyn Fitzgerald at [jfitzgerald@hcpro.com](mailto:jfitzgerald@hcpro.com).



# Revenue Integrity Symposium

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# Revenue Integrity Symposium



- October 15–16, 2019, at The Renaissance SeaWorld in Orlando
- Pre-con options:
  - Leader As Coach: Leadership Development Master Class (October 13–14)
  - Medicare Boot Camp - Utilization Review (October 13–14)
- Post-con options:
  - Medicare Boot Camp - Audits, Appeals, and Denials Version (October 17–18)
  - Medicare Boot Camp - Provider-Based Departments Version (October 17–18)
- NAHRI member reception October 14: RSVP at <https://www.surveymonkey.com/r/XMBGD8K>
- NEW LTC track
- More information: <https://nahri.org/network/ris>

# Revenue Integrity Symposium

- Renaissance Orlando
  - 6677 Sea Harbor Drive
  - Orlando, FL 32381
  - \$219/night – September 20 cut-off date
- Our resort is just minutes from Walt Disney World® and other attractions. RIS 2019 attendees will receive special discounted rates to attend Disney Parks, Universal Studios, and SeaWorld, and more.
- Attendees must purchase discounted tickets to the Disney parks by October 12, 2019.



# Revenue Integrity Symposium

- Pricing
  - Standard: \$1,199
  - Early bird: \$1,099
  - Early bird plus NAHRI or AMBR member discount: \$999
- Early bird pricing ends August 29
- Groups—send five for the price of four
  - Early bird group pricing with membership discounts: \$3,996
  - Early bird group pricing: \$4,396
  - Compare to standard full price for five non-member attendees: \$5,995



# Revenue Integrity Symposium

- Strong focus on revenue integrity programs and hot topics, including sessions on revenue integrity workplans and ensuring success with chargemaster and claim edits
- Learn from peers and industry experts about key changes expected to impact your outpatient and inpatient services next year
- Educate newer staff on a wide variety of revenue cycle topics presented by expert consultants as well as hospital leaders
- Stronger focus on professional development—new track—and introduction of long-term care content
- From a large health system? Send your acute and long-term care professionals as a group to ensure everyone is on the same page when they return to their facilities
- Learn how to focus and educate a revenue integrity program or department

TRACKS	
ACUTE CARE REGULATORY CHANGES AND HOT TOPICS	
REVENUE INTEGRITY AND REIMBURSEMENT STRATEGIES	
ACUTE CARE CODING AND DOCUMENTATION	
CHARGEMASTER AND CHARGE CAPTURE STRATEGIES	
DENIALS, AUDITS, AND APPEALS	
PATIENT STATUS AND UTILIZATION REVIEW STRATEGIES	
PROFESSIONAL DEVELOPMENT	
LONG-TERM CARE	Brought to you by <b>AMBR</b>



Revenue Integrity Symposium

# Certification in Healthcare Revenue Integrity

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# Certification in Healthcare Revenue Integrity (CHRI)

- Taking applications now
  - 90-day window after application approval to sit for exam
- Purpose:
  - CHRI credential will ensure healthcare revenue integrity professionals are recognized for their due diligence in their field and dedication to professional growth.
  - The CHRI credential can help new and veteran revenue integrity professionals demonstrate knowledge of revenue integrity core competencies.
  - Professionals who earn the CHRI credential have proven their proficiency in rules and regulations, compliance, revenue management, and internal reporting strategies.

# Certification in Healthcare Revenue Integrity (CHRI)

- The objectives of the CHRI program are as follows:
  - Recognize the valuable contributions and knowledge base of healthcare revenue integrity professionals
  - Promote knowledge of core skills relevant to the revenue integrity field, including mastery of relevant rules and regulations; ability to perform root cause analysis; aptitude for managing denials and appeals; knowledge of monitoring and auditing practices; assurance of accuracy of chargemaster pricing structures and codes; understanding of coding, documentation, and billing requirements; and ability to develop internal reporting strategies that identify trends and solve problems
  - Assist healthcare facilities in ensuring staff have the knowledge and experience to perform essential revenue-related job functions and bring value to the organization

## CHRI Requirements

- Candidates who apply for the examination must meet one of the following sets of requirements:
  - One or more year(s) of experience in healthcare revenue cycle, coding, compliance, or revenue integrity and a bachelor's degree OR
  - Two or more years of experience in healthcare revenue cycle, coding, compliance, or revenue integrity and an associate's degree OR
  - Three or more years of experience in healthcare revenue cycle, coding, compliance, or revenue integrity in the absence of a degree

# Scoring

## Questions:

- 140 total
- 120 scored
- 20 pretest

## Time:

- 2.5 hours
- Online at PSI test centers ([www.goamp.com](http://www.goamp.com))

## Passing Score:

- 86 correct out of 120 scored questions

## Pricing: Initial Exam

- Exam fees:
  - Exam for NAHRI Members: \$255
    - NAHRI Membership: \$155
  - Exam for Non-Members: \$355
- Save more with a NAHRI membership

## Pricing: Re-Take

- If a candidate fails the exam, they may take it again after waiting 90 days from the date of the failed exam.
- Discount the exam fee to \$125 for the first retake only. Subsequent attempts to pass the exam will be at full price.

# Recertification

- Timing:
  - Every two years
- Pricing:
  - Member: \$100
  - Non-Member: \$200
- CHRI credential holders must submit a recertification application with proof of earning 30 CEUs relevant to the healthcare revenue integrity field—15 of these CEUs must be obtained from NAHRI or HCPro educational offerings.

## Helpful Resources

CHRI exam candidates are encouraged to refer to our full exam outline to ensure they are prepared for the exam. NAHRI also recommends the following:

- [Revenue Integrity and Chargemaster Boot Camp](#) (NAHRI members save \$150)
- [2019 Revenue Integrity Symposium](#) (NAHRI members save \$100)
- [Revenue Integrity Essential Skills Online Learning](#)
- [Core Functions of Revenue Integrity](#)
- [The Revenue Integrity Manager's Guidebook](#)
- [The Chargemaster Essentials Toolkit](#)
- [Medicare Billing Edits: Solving NCCI and MUEs](#)

## Live CHRI exam at RIS

- The mission of the CHRI credential is to ensure healthcare revenue integrity professionals are recognized for their due diligence in their field and dedication to professional growth. The CHRI credential can help new and veteran revenue integrity professionals demonstrate knowledge of revenue integrity core competencies. Professionals who earn the CHRI credential have proven their proficiency in rules and regulations, compliance, revenue management, and internal reporting strategies.
- When: October 16—live pencil-and-paper exam
  - Also available online any time



Revenue Integrity  
Symposium

# Executive Order: The Financial and Legal Impact of Payer Contracts

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## Presented By



Greg Kay, senior vice president, PMMC

Greg has managed and consulted in healthcare for 31 years (21 with PMMC and prior to that with PCA (Beverly Enterprises' pharmacy division)). Greg has experience in multisite operations management, managed care negotiation from a healthcare provider's vantage point, and product development / implementation.

# Learning Objectives

- At the completion of this educational activity, the learner will be able to:
  - Understand the purpose and basic principles behind the Executive Order
  - Know how contracted rates drive out of pocket cost estimates for "shoppable" services
  - Make recommendations for contractual language and negotiation tactics going forward

## Polling Question

- What's your biggest concern about the upcoming Executive Order?
  - A. Inability to provide out-of-pocket cost estimates to patients
  - B. May have to publish contractual allowable prices
  - C. Currently not strategically planning for upcoming changes
  - D. This won't impact my organization

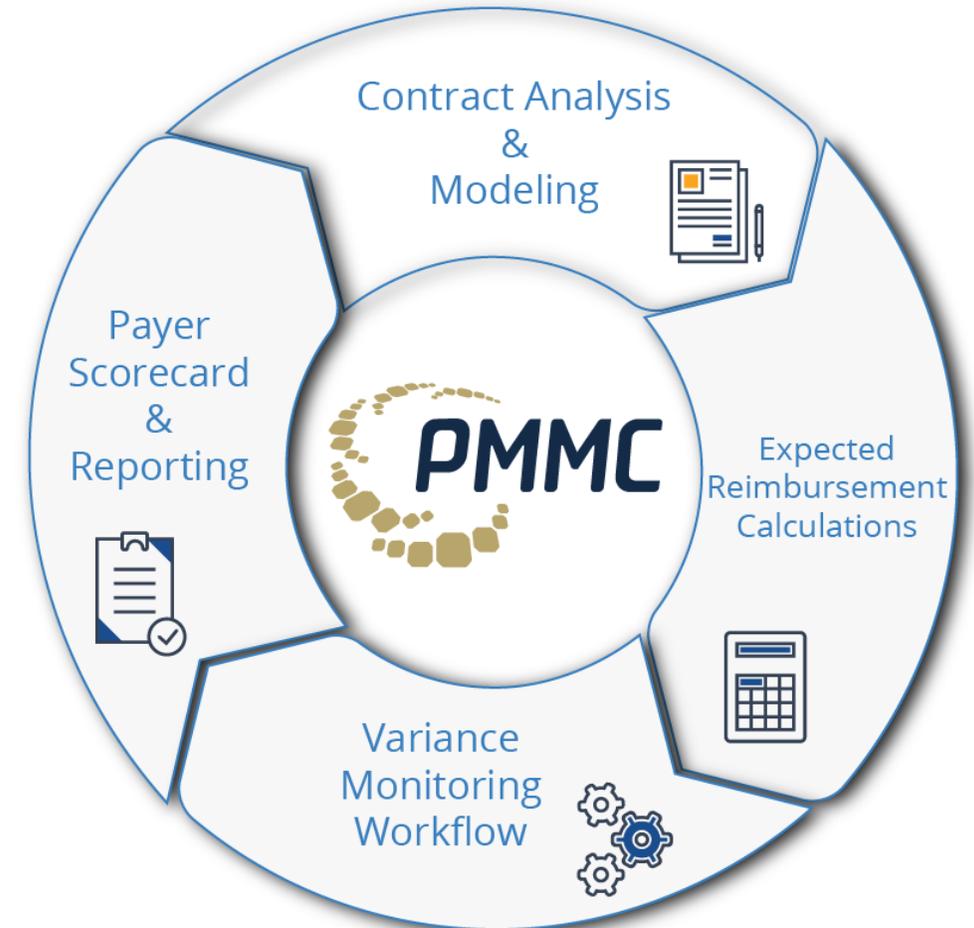
# Session Agenda

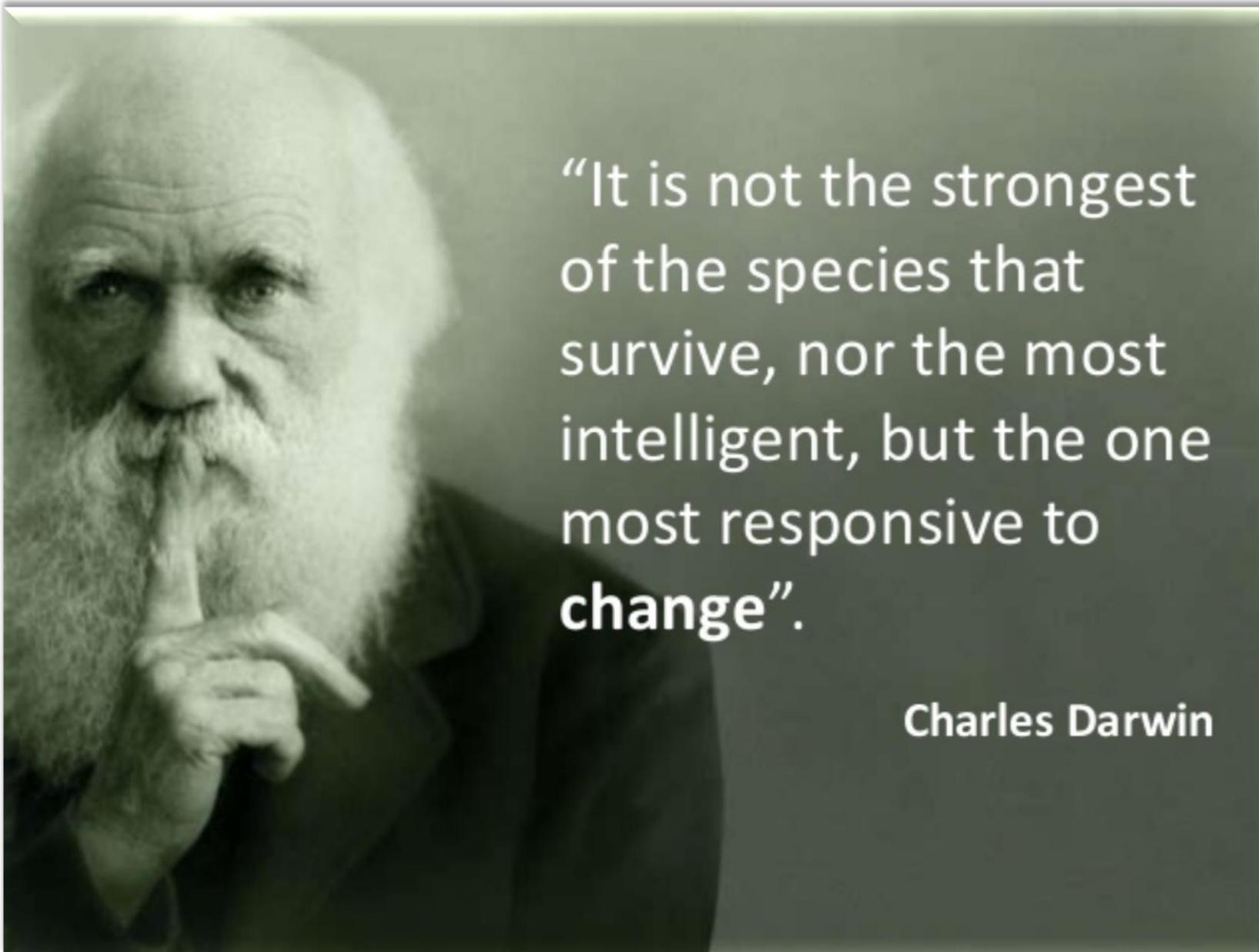
- CMS Initiated the Migration with Pricing (Charge) Transparency
- Presidential Executive Order
  - Improving Price and Quality Transparency
  - Empowering Patients with Information
  - Increasing Transparency to Lower Cost
- Proposed Rules
- Payer Negotiation Process
  - Prospective Contract Modeling and Analytics
  - Assessing Impact of Existing and Proposed Contract Language
  - Payer Scorecards, Metrics and Benchmarks

## Payer Contract Governance In Summary

Contract management follows hierarchical / circular path

- Processes are needed for each distinct area
  - Contract analysis & modeling
  - Expected reimbursement calculations
  - Variance monitoring workflow
  - Payer scorecard & reporting





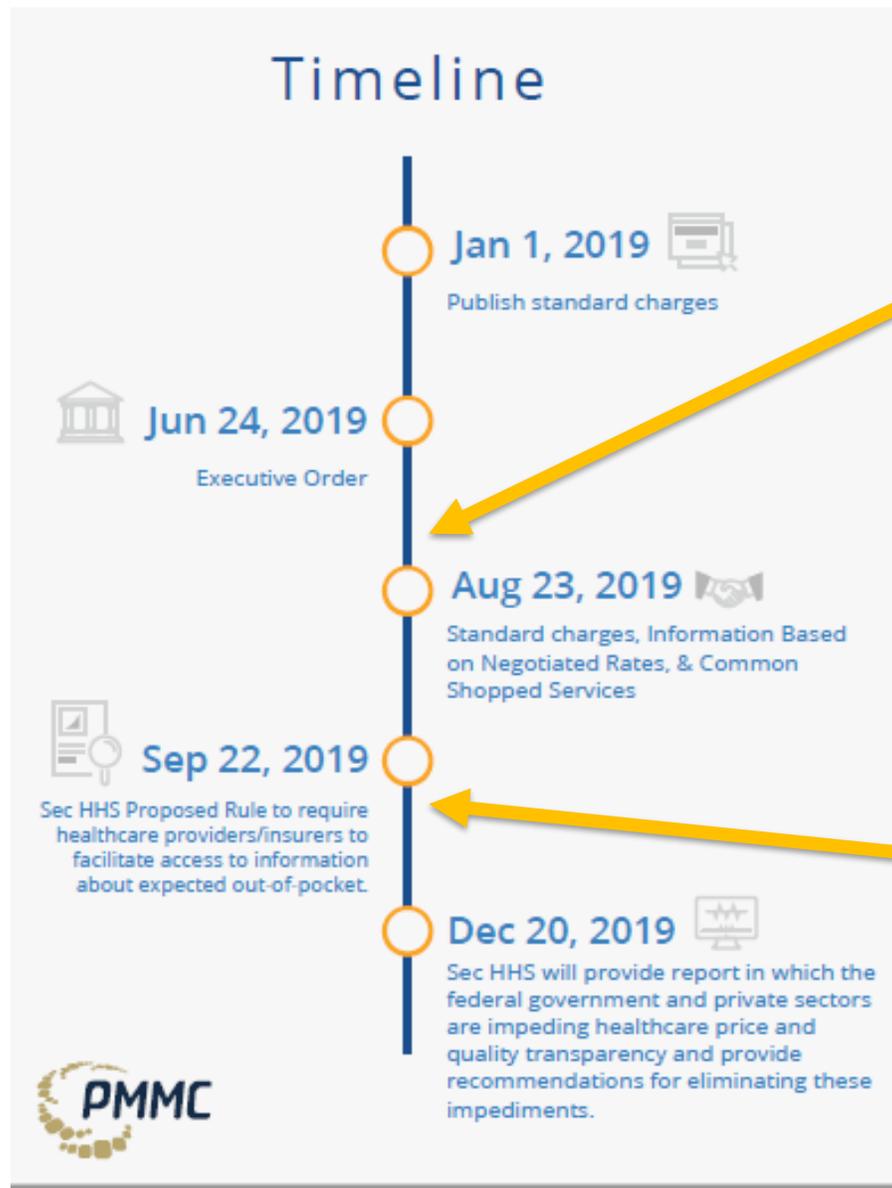
# CMS Moving to Make Price Transparency More Actionable

*“My Administration seeks to enhance the ability of patients to choose the healthcare that is best for them.*

*To make fully informed decisions about their healthcare, patients must know the price and quality of a good or service in advance...*

*“Shoppable services make up a significant share of the healthcare market, which means that increasing transparency among these services will have a broad effect on increasing competition in the healthcare system as a whole.”*

**President Trump**



*On July 29, 2019. CMs proposed policies that follow directives in President Trump’s Executive Order, entitled “Improving Price and Quality Transparency in American Healthcare to Put Patients First...”*

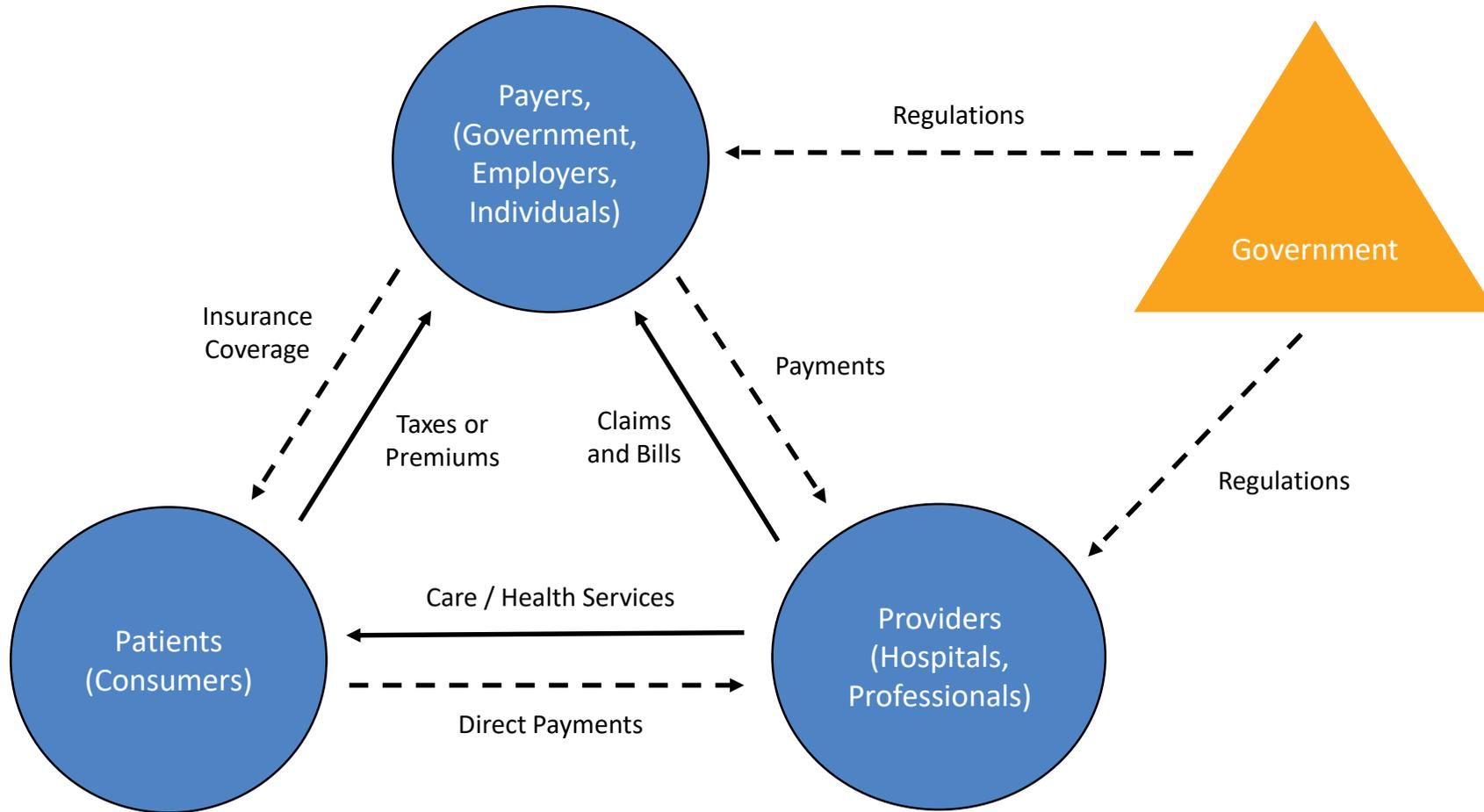
**CMS-1717-P**

*The Administration is “actively engaged” related to ACA alternatives and will release a healthcare plan in September and it aims to unveil a new measure every 2-3 weeks until the 2020 election.*

**Seema Verma, August 16, 2019**

# Market Players Remain The Same

“We should also require drug companies, insurance companies, and hospitals to disclose real prices to foster competition and bring costs down..”  
 - President Donald Trump



The anticipated payment is the missing piece for **price transparency**

## Pricing Terminology Level-Set

- Patients want to know what it will cost THEM and how CMS is aligning to this direction

### Charges

The retail price of all charges that roll up to a particular service (the hospital's CDM price)

### Price

The discount price is a lower rate that payers negotiate

(i.e. contractual, allowable / self-pay discount)

### Cost

In this case, the patient's financial responsibility (their cost of service based on benefit coverage & the discounted price)

These are critical distinctions for the new mindset for a digital PATIENT-CENTRIC approach.

# How Hospitals Have Responded to Transparency?

Jan 2019 vs July 2019

## Posting Charges

87% 97%

posted chargemaster in downloadable, machine-readable format  
(less than six clicks to find)

38% 58%

included DRG information

100% 100%

offered an online payment option

## Offering Estimates

86% 93%

included a phone number to contact for more information or an estimate

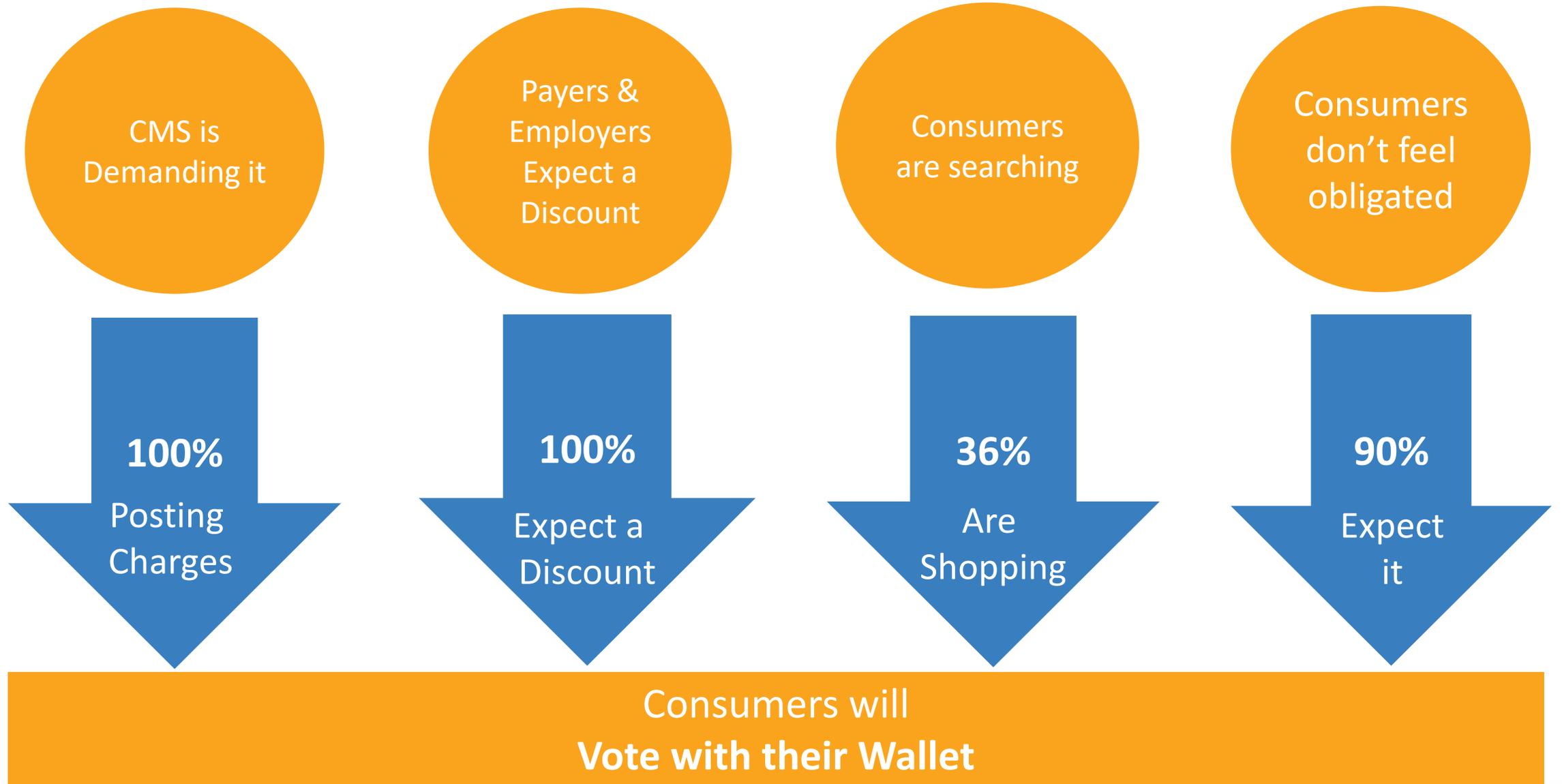
10% 13%

include the ability to get an estimate directly from the website

# Executive Order Purpose: Goal #1

- Improving price and quality transparency 
  - President Trump is signing an Executive Order that directs his Administration to take steps to improve price and quality transparency in healthcare.
  - The Department of Health and Human Services (HHS) will require hospitals to publicly disclose amounts that reflect what people actually pay for services in an easy-to-read format.
  - Researchers, innovators, and providers will get more access to data that will help them develop tools to provide patients with more information about healthcare prices and quality.
  - The Administration will improve quality measurements and make them public.
  - The President's order also improves consumers' incentives to shop for care by expanding the benefit of Health Savings Accounts (HSAs) and other tax-preferred health accounts.

# Why an Integrated Pricing & Discount Retail Strategy?



# Taking Control of the 'Price' Message



## Patient 'shops' for services

Patient with high-deductible health plan compares 'Prices' for an abdomen CT scan

Patient is insured and responsible for:

- \$50 copay
- 20% co-insurance
- \$2,500 deductible/year
- \$1,300 remaining OOP



## Patient finds conflicting information

Gulf Coast Medical Center, a typical hospital with a standard CDM, has a price of \$8,897

MedSolution, a non-hospital imaging center, has a price of \$286



## Pricing Reality

Gulf Coast's charge is \$8,897, the insurance allowable is \$1,650, so the patient's price is really **\$380** ( $\$1,650 \times 20\% + \$50$ )

MedSolution's charge is \$2,300, the insurance allowable is \$1,186 so the patient's price is **\$286** ( $\$1,186 \times 20\% + \$50$ )



## Change the Narrative

### Key Message

- Quality
- Convenience
- Outcomes

### Minimize

- Price Differences

# Taking Control of the Message for Charge / Price / Cost



## Providers have a Retail Price

A Medical Center has a charge of \$8,897.

The charge is billed to all payers.

The charge is now posted on the web.



## Providers Accept a Discounted Price

A Medical Center has negotiated rates or allowables various payers:

Medicare:	\$1,250
Medicaid:	\$1,000
BCBS:	\$1,650
Other Payers:	\$2,500
Self Pay:	\$3,000



## Patients Have a Higher Financial Responsibility

Consumers want to quickly know their financial responsibility (co-pay, co-insurance via the allowable, deductible, OOP, etc.)

Medicare:	\$85
Medicaid:	\$0-5
BCBS:	\$0 - \$1,650
Other Payers:	\$0 - \$2,500
Self Pay:	\$1,000 - \$3,000



## Pricing / Collection Reality

Establish a reasonable charge (market, payer/consumer expectations, etc.)

Negotiate optimal allowables based on volume and mix.

Incorporate tools to insure payers/patients know & are accountable for their payment

Monitor collections results / sources.

# Example Patient Estimates

## Patient Information

**MetroHealth My Estimator**  
**Patient Information**  
\* Please enter your contact and patient information below and then continue on to Service Selection. The starred fields are required.

**Contact Information:**  
 First Name:   
 Last Name:   
 Date of Birth:   
 Gender:   
 Phone Number:   
 Email:   
\* If you do not have an email address enter "none."

**Patient Information:**  
 Are you an existing patient of MetroHealth?   
 Have you been a patient at MetroHealth within the last 3 years?

MetroHealth tailors individual financial plans. If you are **Uninsured**, please contact the MetroHealth Eligibility Call Center at 216-778-3010 for assistance in further evaluating your specific requirements.

If you are a current participant in the **MetroHealth Financial Assistance Program** please call the PreService Center at 216-788-3010.

[Start Over](#) [FAQ](#) [Select Service](#)

## Service Information

**MetroHealth My Estimator**  
**Service Information**  
All fields Required.

Service Category:   
 Service:   
 Coverage Type:

**Service Benefits:**  
 Co-Pay:   
 Co-Insurance:   
 My Professional Benefits are Different  
 I Can Enter My Deductible

[Back](#) [Need Help?](#) [Get Estimate](#)

\*Please use the images above to help locate your desired service.  
 ♂ Male ♀ Female

## Estimate – Combined Technical and Professional

**MetroHealth My Estimator**  
**Estimate Summary**

**Procedure Name:** BONE DENSITY

<b>Co-Pay Amount</b>	<b>\$ 25.00</b>
<b>Co-Insurance Amount</b>	<b>\$ 17.41</b>
Hospital Service 20% Co-Insurance	\$ 15.05
Professional Service 20% Co-Insurance	\$ 2.37
<b>Deductible Amount</b>	<b>\$ 0.00</b>
<b>Your Responsibility</b>	<b>\$ 42.41</b>

The above is only a good faith **ESTIMATE** based on the best information known and provided at the time of the estimate. The information related to the estimate may have been provided by you, your physician and/or your insurer. Actual amounts owed for services rendered may be **more or less** based upon your specific needs at the time of the service, including additional treatments or services deemed necessary by the physician during the visit and additional information provided by your insurer.

Final determination of eligibility and benefits are determined at the time the claim is processed by the insurance company. Any services determined non-covered under your plan are the patients' responsibility.

This estimate includes both professional and technical services. Your deductible and co-insurance may vary at the time of service depending on previous services pending processing by your insurance company.

Please contact the Pre-Service Center at (216) 778-3010 with any questions.

[Print Preview](#) [Back](#) [Start Over](#) [Request Full Estimate](#)

- Improving price and quality transparency 
  - Changing the narrative regarding pricing and quality
  - Contracts almost always contain language relating to compliance with all applicable federal and state laws and regulations (notwithstanding the current language of the contract)
  - Contracts often contain language relating to amendments to comply with changes to laws
  - However:
    - Who gets to interpret the need for the changes?
    - Who gets to decide on the specific language that will be used to amend the contract to comply?

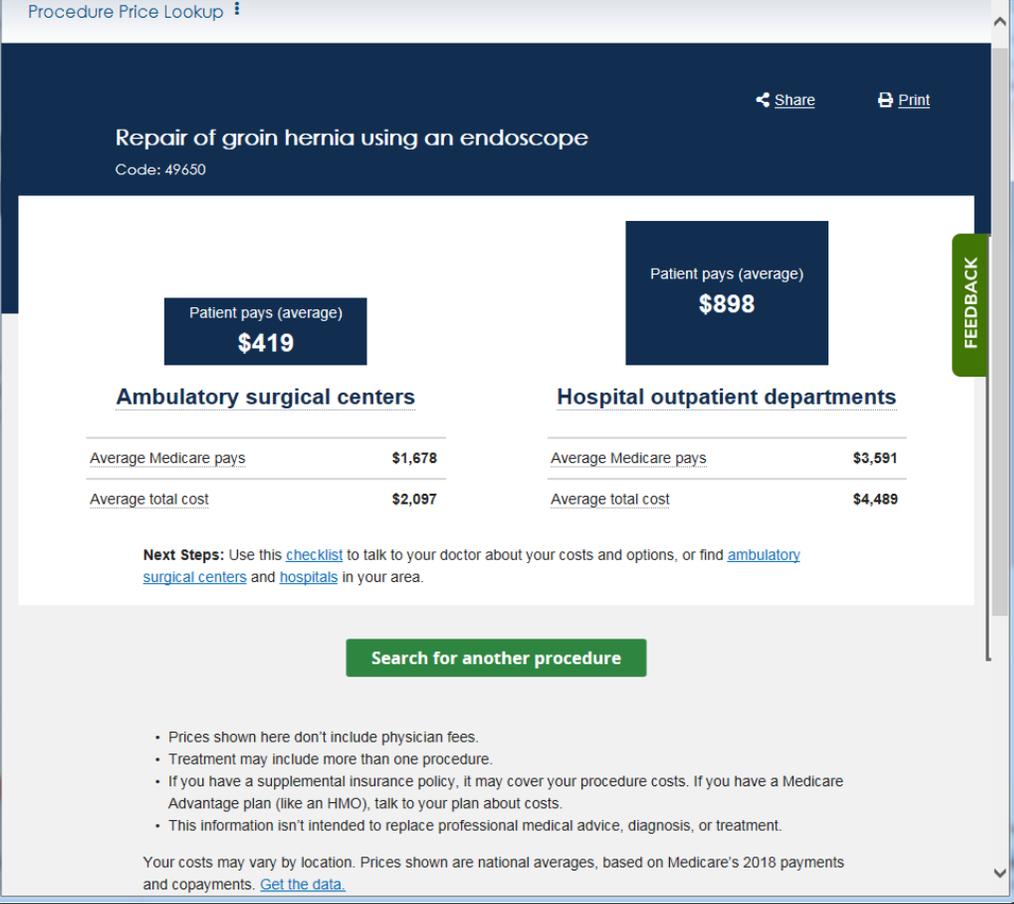
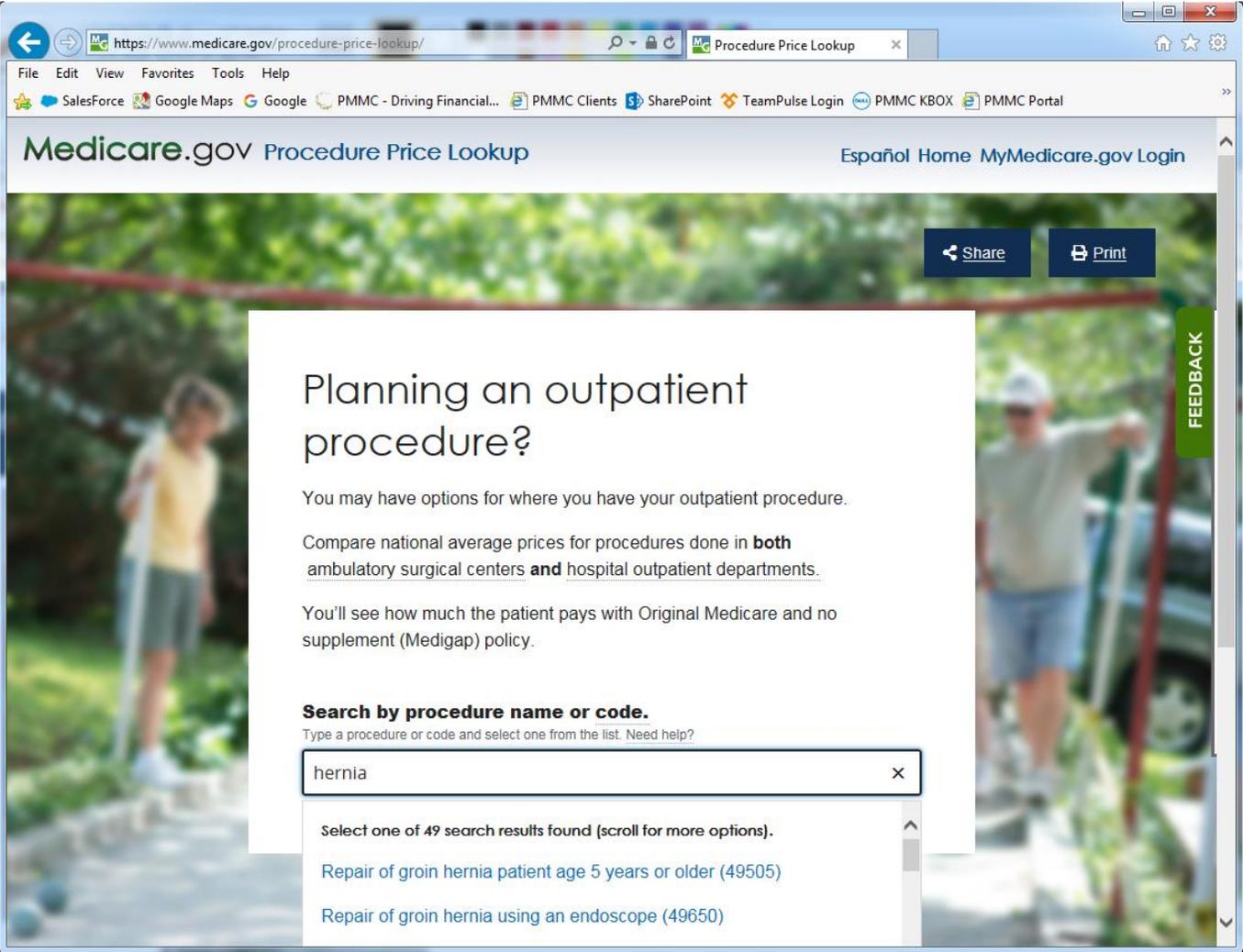
## Executive Order Purpose: Goal #2

- Empowering patients with information 
  - Lack of transparency contributes to rising costs, suppressed competition, and lower quality.
  - Patients face wide variations in prices, often for the same services, due to a lack of transparency.
  - When armed with accurate information, patients can often identify savings by shopping around for healthcare services.
  - Price and quality transparency will promote increased competition among healthcare providers, leading to better value and more innovative healthcare.

# CMS Launches Outpatient Pricing Tool

## Procedure Payment Lookup

The anticipated outcome is for patients to understand there can be a substantial out-of-pocket difference based on where the service is performed



<https://www.medicare.gov/procedure-price-lookup/>

- Empowering patients with information 
  - Lack of transparency of pricing and quality is a powerful tool to influence patient selection of providers – contract language needs to address:
    - Who controls the interpretation and dissemination of information regarding pricing and quality?
    - For that matter, can the payer unilaterally change (i.e., lower) the amount that the provider is getting paid during the term of the contract?
    - e.g., definition of “pricing” or “quality” information to the extent not specified by law, how this information is presented to the public, ability to correct inaccurate information regarding the provider.
    - Need to ensure that representation of provider cost is relevant and not misleading
    - Need to ensure that any quality information is relevant and not misleading

# Executive Order Purpose: Goal #3

- Increasing transparency to lower cost 
  - The President signed legislation to end “gag” clauses that prevented pharmacists from letting patients know about potentially lower prices for drugs.
  - Recently, the Trump Administration took action to require drug manufacturers to publicly disclose drug prices in their television ads.
  - The President has taken action to empower consumers and expand affordable options like Health Reimbursement Arrangements, short-term plans, and Association Health Plans.
  - In 2018, President Trump launched a blueprint on ways to drive down drug price (last year, prescription drug prices decreased for the first time in nearly 50 years.)

# Executive Order Purpose: Payer Contracting Considerations

- Increasing Transparency to Lower Cost 
- Greater Shift to Patient Financial Responsibility
  - Beware of restrictions on upfront collections/deposit requirements – language should be specifically addressed in the contract (avoid “moving targets” whenever possible).
  - Beware of waiver issues for patient responsibility amounts.
    - Need to craft language that allows provider flexibility to work with and incentivize members to pay large patient responsibility amounts. **But be careful regarding waivers!** Need to craft language carefully. Also, waivers may be prohibited by federal and or state law depending on type of plan and state regulations.
  - Don’t always assume you can collect from members for denials based on determination that services were “non-covered.”
  - Payer contract and policy language create increasingly complex and burdensome requirements for providers to be able to collect from members even when services are non-covered (have you checked your AOB form lately?).
    - This can also be an issue with respect to “referenced-based pricing” schemes.

# Executive Order Purpose: Payer Contracting Considerations

- Increasing transparency to lower cost 
- Greater shift to patient financial responsibility (continued)
  - Payers are selling benefit plans that have shifted the payment burden to members
  - Dramatic increase in patient responsibility amounts has shifted collection risk to providers
    - Consider drafting/negotiating contract language to minimize bad debt, require payers to share risk and/or require member compliance with payment obligations
  - Numerous ways in which contract language can be negotiated to address this issue

# Managing the Key Component

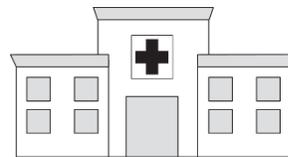


# Performance - Industry Position

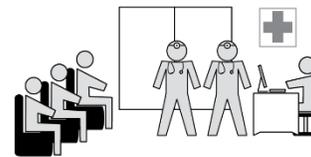
- Benchmark against **industry benchmarks**
  - Convert proprietary contract reimbursements to a percentage or charge equivalent and a Medicare relativity to assess the playing field
  
- Benchmark against **leadership dependencies**
  - Establish what role this payer needs to play in supporting your organization



**Revenue  
(Reliability, Growth)**



**Payer Mix by  
Location**



**Service/ Volume  
Changes**

CALENDAR						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**Length of  
Commitment**

# Contracting Issues and Considerations for Providers

- Projected vs. current performance benchmarks
  - Benchmark analysis alone is insufficient.
  - Need to analyze contract language including all exhibits.
  - What is primary cause for variance in projected vs. actual revenue increase?

# Dynamic Scorecards Monitor Performance

## - Summary at-a-glance

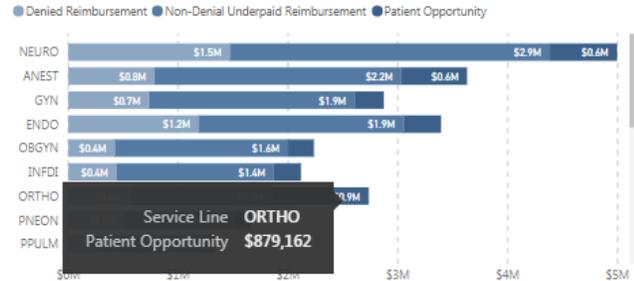
Which service lines have the greatest opportunity?

As of 12/31/2018

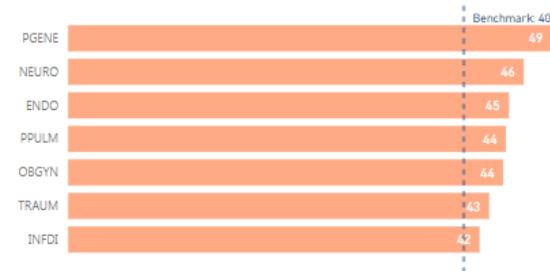
Opportunity



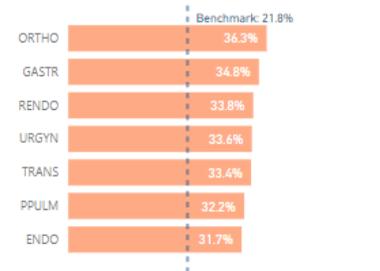
Opportunity by Service Line



Net Days in AR by Service Line



% of AR >90 Days by Service Line



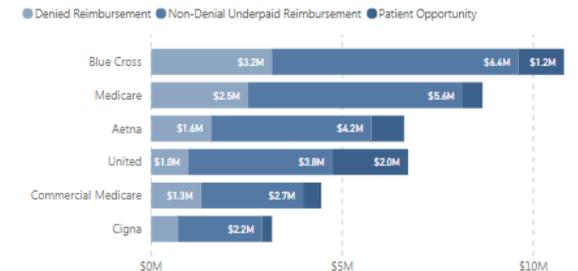
Which payers have the greatest opportunity?

As of 12/31/2018

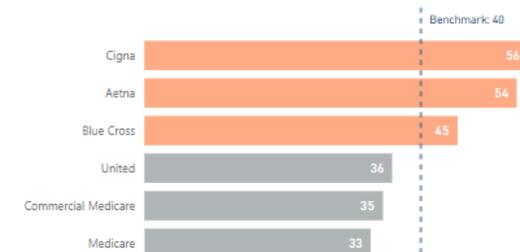
Opportunity



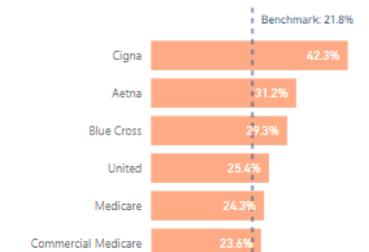
Opportunity by Payer



Net Days in AR by Payer

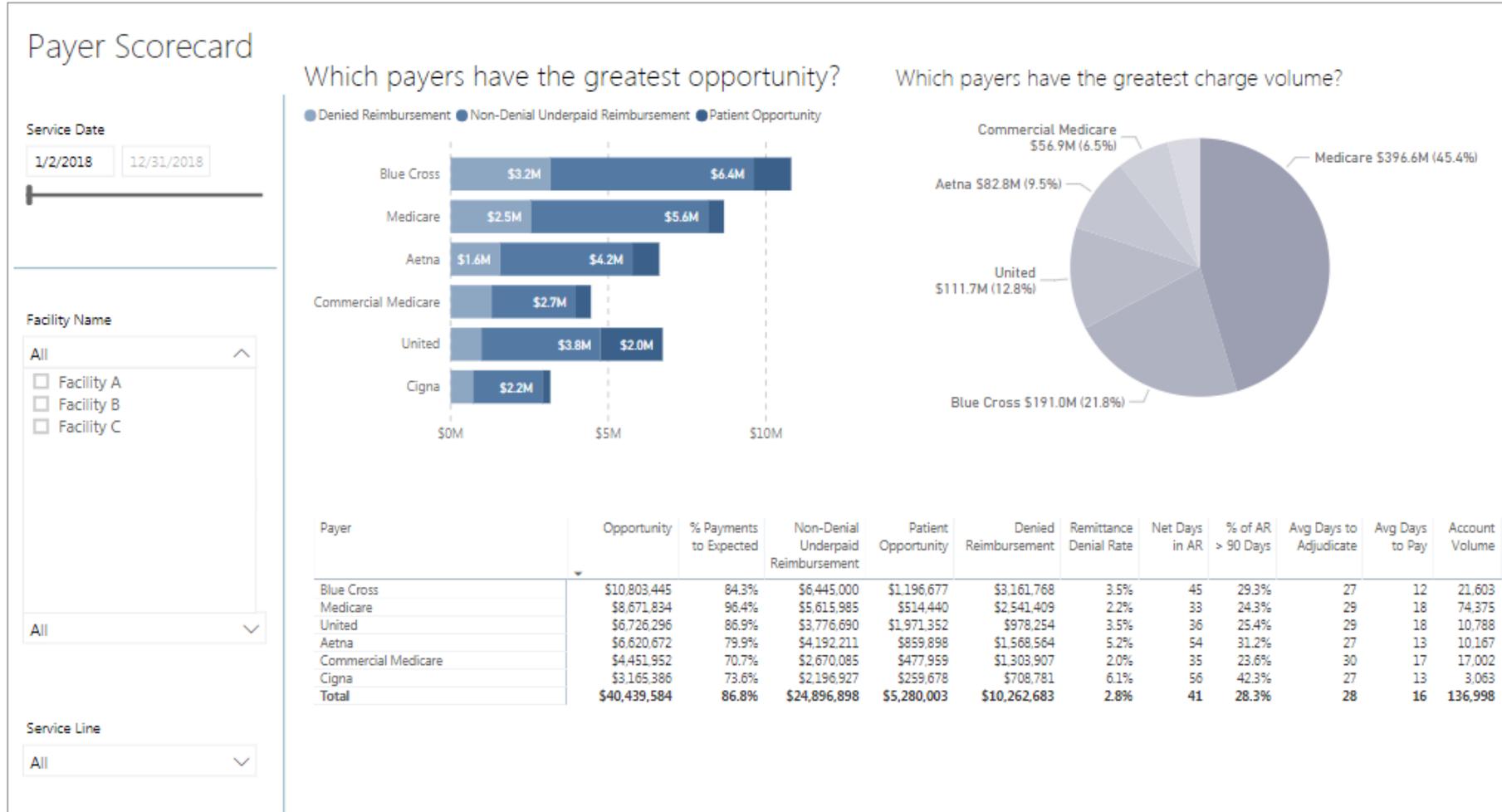


% of AR >90 Days by Payer



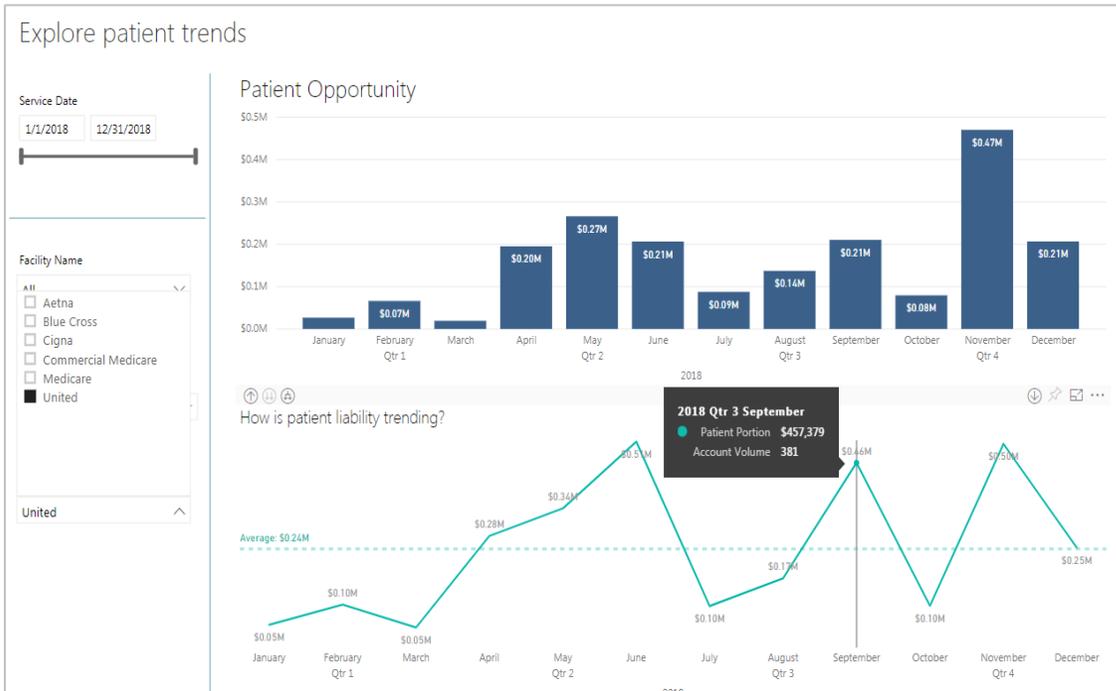
# Dynamic Scorecards Monitor Performance

## - Payer snapshot

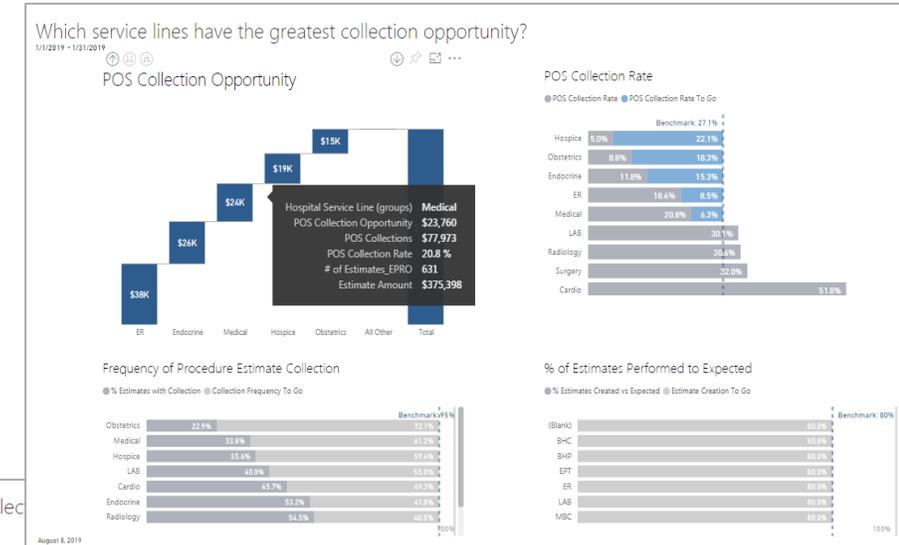


# Dynamic Scorecards Monitor Performance

## Historical Patient Collection Results



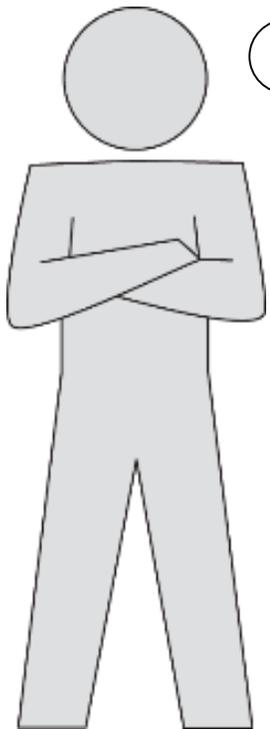
## Concurrent POS Results



# Executive Order – The Big Takeaways

## Real pricing transparency is coming

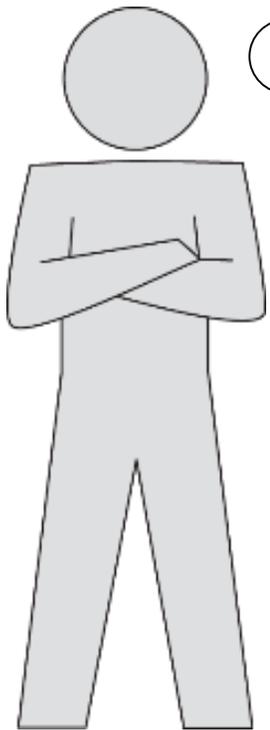
- Does my current payer contract strategy really reflect the shift that is occurring with consumerism?
- How do I connect the coming healthcare shopping experience with my contracting process?
- How do I improve our internal communication process and analytical platforms for an integrated retail and discount pricing strategy?
- Do we have the right team approach to score-carding performance and establishing our negotiation positions?
- Do I understand the impact of my existing contract language? (experienced reviewer can interpret existing language to the benefit of the provider)
- Can I identify the right contract language for the contracts of tomorrow? (drafting “must have” language and anticipating payer initiatives)



## Executive Order – The Big Takeaways

### Strategic Defining Steps

- Pricing Transparency Definition
- Your Performance Outcome Target
- Your Current Process Assessment
- Your Initiatives to Support & Move Current Processes
- Identify Synergies to Support Initiatives
- Defined KPI's to Link Initiative to Performance Target



## Polling Question

- What's your biggest concern about the upcoming Executive Order?
  - Inability to provide out of pocket cost estimates to patients
  - May have to publish contractual allowable prices
  - Currently not strategically planning for upcoming changes
  - This won't impact my organization

## Questions?

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Phone: 704-944-3029

[Connect on LinkedIn](#)

# Chapter Presentation

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Michigan, Ohio, and Indiana

MI: Rebecca Moore and Meagen Windler

OH: Julie Cowher

Contact us at: [Big10NAHRI@gmail.com](mailto:Big10NAHRI@gmail.com)

# Callouts from the 2020 Proposed OPPS Rule

- Price transparency
  - Definitions of hospital, standard and items and services
    - Proposing hospitals post negotiated payer rates
      - Direct violation of the confidentiality clause within managed care agreements; hospitals could be at risk for litigation
  - “Shoppable” services
    - No less than 300 services must be listed
      - 70 will be selected by CMS
      - 230 hospital specific
  - Common billing code identification
    - CPT/HCPCS/DRG
      - AMA copyright challenges
  - Monetary penalties for non compliance
    - \$300 per day and posting on “wall of shame”

[www.cms.gov/newsroom/fact-sheets/cy-2020-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center](https://www.cms.gov/newsroom/fact-sheets/cy-2020-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center)

## Inpatient-Only

- Potentially removing Total Hip Arthroplasty from the list
  - One-year exemption from review activities on procedures removed from IP only
- Prior Authorization Process
  - Five service Medicare will require for pre-authorization:
    - Blepharoplasty
    - Botulinum Toxin Injections
    - Panniculectomy
    - Rhinoplasty
    - Vein Ablation

**Comments are due by Friday, September 27, 2019, for any/all proposed OPPS rule changes**

# References

- Draft OPSS FY 20 Rule
  - [www.cms.gov/newsroom/fact-sheets/cy-2020-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center](http://www.cms.gov/newsroom/fact-sheets/cy-2020-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center)
- “Is more information about prices always a good thing for consumers and competition? Too much transparency can harm competition in any market, including in health care markets.”
  - [www.ftc.gov/news-events/blogs/competition-matters/2015/07/price-transparency-or-tmi](http://www.ftc.gov/news-events/blogs/competition-matters/2015/07/price-transparency-or-tmi)
- Joint Statement from National Hospital Associations on Proposed CY 2020 OPSS Rule
  - [news.aamc.org/press-releases/article/opss-joint-statement-20190729](http://news.aamc.org/press-releases/article/opss-joint-statement-20190729)

## Questions and Feedback

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**Thank you for joining us today!**

**This chapter is currently seeking Chapter Members. To become a chapter member, complete our online membership roster and reach out to the chapter leaders at *Big10NAHRI@gmail.com*.**