March – April 2018

NCDS update

A Billing Industry Newsletter for Clients

Keeping your office up-to-date on industry and insurance changes, late-breaking billing & reimbursement news, and general inter-office communication…

Physicians to CMS: Shorten 2018 MIPS reporting period

Staff Writer, AMA Wire

The AMA, along with national physician specialty societies, recently sent a letter to the Centers for Medicare & Medicaid Services (CMS) asking that the 2018 Merit-based Incentive Payment System (MIPS) reporting period be reduced from a full calendar year to a minimum of 90 consecutive days. That should happen because of a lack of timely and direct notification about whether a physician is considered MIPS-eligible.

In addition, there will be a further significant delay by CMS in updating the Quality Payment Program (QPP) interactive website with 2018 information. The website is not expected to be updated until the summer of 2018, at the earliest. The two delays combined make it extraordinarily difficult for physicians to meet the full-year quality data reporting requirements for MIPS this year.

The letter also requests a reduced reporting period for future MIPS program years in order to reduce administrative burdens and ensure physicians have sufficient time to report after receiving performance feedback from CMS.

To determine whether they are eligible for the MIPS program, physicians must actively consult CMS' website. Previously, CMS had mailed letters to practices to inform them of their eligibility status, which many practices were waiting for this year. Without direct outreach by CMS to physicians and group practices, many will be left in the dark on their status.

Therefore, the AMA encourages practices to look up their MIPS eligibility at the CMS QPP website. The AMA is committed to working collaboratively with CMS to ensure MIPS recognizes the quality of care provided to Medicare beneficiaries rather than quantity of data reported, and will continue to advocate for timely notification by CMS on program changes to ensure successful participation.

https://wire.ama-assn.org/ama-news/physicians-cms-shorten-2018-mips-reporting-period?&utm_source=BulletinHealthCare&utm_medium=email&utm_term=042418&utm_content=NON-MEMBER&utm_campaign=article_alert-morning_rounds_daily&utm_uid=&utm_effort=

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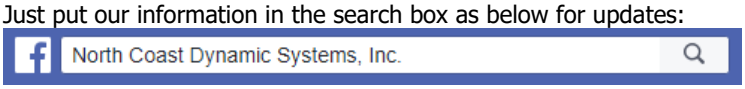

Prior Authorization is a Major Practice Burden. How Do You Compare?

Andis Robeznieks, AMA Wire

Medical practices spend an average of two business days a week per physician to comply with health plans' inefficient and overused prior-authorization (PA) protocols. One-third of practices employ staffers who spend every second of their working hours on PA requests and follow-ups. Like sands through the hourglass, so are the days of prior authorization.

These figures come from the responses to a 27-question, web-based AMA survey administered to 1,000 American physicians who provide at least 20 hours of patient care per week. Nearly 90 percent of the physicians reported that the administrative burden related to PA requests has risen in the last five years, with most saying it has "increased significantly."

Jack Resneck Jr., MD, a health policy expert and professor of dermatology at the University of California, San Francisco, said the survey results reflect the dismaying reality that now delays doctors' orders for even routine prescriptions. "Physicians have, for many years, expected to face prior-authorization hurdles for a few new or unusually expensive medications or tests. But, more recently, insurers have rapidly added PA requirements to more and more treatments," Dr. Resneck said.

On average, a medical practice will complete 29.1 PA requests per physician per week that take 14.6 hours to process. About half of the requests are for medical services, while the other half are for prescriptions, the survey found. "In my own practice, I now get insurer rejections or PA demands for a majority of the prescriptions I write each day—even for many generic medications that have existed for decades," Dr. Resneck said. "For many conditions I see, even when there are several treatment options, I increasingly run into plans where every single one of those choices requires a PA."

Seventy-nine percent of the physicians surveyed reported that they sometimes, often or always are required to repeat the PA process for prescription medications when a patient is stabilized on a treatment regimen for a chronic condition. "While most of these PA requests ultimately get approved, the time my staff and I spend filling out lengthy forms and calling health plans to appeal is substantial—and those are hours I am unable to spend face to face with patients," Dr. Resneck said. "My practice has several medical assistants who spend countless hours helping our physicians on PAs each week."

Almost two-thirds of physicians reported having to wait at least one business day for the decision from a health plan on a PA request. This corresponds with the 92 percent of physicians who said PA sometimes, often or always delays patients' access to necessary care.

For the complete article please see the following link: https://wire.ama-assn.org/practice-management/prior-authorization-major-practice-burden-how-do-you-compare

5 Ways Amazon Could Disrupt Healthcare

Bernie Monegain – HealthcareITNews.com

Just about everyone paying attention in healthcare is wondering exactly what Amazon has up its sleeve. After inking an alliance with JP Morgan Chase and Berkshire Hathaway in late January, then expanding into the Medicaid market to take on retail rival Walmart, the Seattle giant appears to be amassing a number of puzzle pieces.

Exactly how they will all fit together remains to be seen. Indeed, L.E.K. Consulting asserted that what healthcare has seen thus far from Amazon is just a hint of the lasting disruption that's to come.

"Anyone who thinks of Amazon as just a very big digital retailer needs to think again," L.E.K Managing Director Rob Haslehurst wrote in a new report. "They have continually expanded their business model and today they are a leader in cloud computing, a provider of in-home services and a bricks-and-mortar food purveyor in addition to their e-commerce offerings. They have repeatedly shown that they have the capabilities, the patience, and the deep pockets to disrupt industry after industry. Healthcare is no exception."

L.E.K. Managing Director and report co-author Joseph Johnson noted that Amazon has a roadmap it can follow to move deeply into the healthcare industry. He suggested that Amazon could drive down prices and margins while transforming customer behavior. L.E.K. outlined five promising points of entry Amazon could take into the healthcare space:

1. Durable medical equipment and medical supplies. Johnson pointed out that Amazon already sells a broad array of general medical supplies and durable medical equipment. What's more, the company already obtained licenses to distribute medical supplies to providers in 43 states.

2. Mail order and retail pharmacy. Amazon has secured approval as a wholesale distributor from 12 state pharmaceutical boards, meaning it could also build pharmacies into its recently-acquired Whole Foods stores.

3. Pharmacy **benefit manager.** Pharmacy benefit managers, or PBMs, drive prices down by taking advantage of the combined purchasing power of health plan enrollees. That's something Amazon knows how to do. It could partner with a large PBM such as Express Scripts or buy a smaller player, L.E.K. said.

4. Telemedicine or in-home healthcare. Amazon's Echo and Alexa also give the company an enormous platform for new voice-activated services, and healthcare organizations are already starting to conduct proofs-of-concept with them. L.E.K. said Alexa's first step would be to help book physician visits and, using Echo Show's video capabilities, virtual house calls would make for a smart second move.

5. AI-powered diagnostics and continuous care. This could be fully automated, AI-driven, in-home healthcare and diagnostics, said Johnson, who noted that Amazon has deep AI capabilities. Johnson added that the company has already started with Alexa delivering first-aid information and voice driven self-care instructions. Adding tasks such as auto-refill and medication reminders would not be a stretch.

Amazon already has many of the core competencies needed to compete in healthcare, Haslehurst added, including ready access to capital, a massive distribution infrastructure, a strong technology base, a robust data analytics capability, and a deep, talented executive bench. Moreover, Bezos himself, "is relentless, resourceful, fast, inventive and customer-obsessed," L.E.K. said.

For the complete article please visit: http://www.healthcarefinancenews.com/news/5-ways-amazon-could-disrupt-healthcare

New Medicare ID Cards

Wave	States Included	Cards Mailing
Newly Eligible People with Medicare	All - Nationwide	April 2018 - ongoing
1	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	Beginning May 2018
2	Alaska, American Samoa, California, Guam, Hawaii, Northern Mariana Islands, Oregon	Beginning May 2018
3	Arkansas, Illinois, Indiana, Iowa, Kansas, Minnesota, Nebraska, North Dakota, Oklahoma, South Dakota, Wisconsin	After June 2018
4	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont	After June 2018
5	Alabama, Florida, Georgia, North Carolina, South Carolina	After June 2018
6	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Texas, Utah, Washington, Wyoming	After June 2018
7	Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Puerto Rico, Tennessee, Virgin Islands	After June 2018

OIG: Practitioners Billed $3.7M for Telehealth Services That Did Not Meet Medicare Requirements

Julie Spitzer – BeckersHospitalReview.com

A report from HHS' Office of Inspector General found nearly 31 percent of claims submitted between 2014 and 2015 did not meet the Medicare conditions for payment for telehealth services, which resulted in $3.7 million in excess payments.

Medicare paid a total of $17.6 million in telehealth payments in 2015, compared to $61,302 in 2001, according to the report. Because of this noted spike, OIG sought to determine whether CMS paid practitioners for telehealth services that met Medicare requirements.

The government watchdog group reviewed 191,118 Medicare-paid distant-site telehealth claims that totaled $13.8 million and did not have corresponding originating-site claims. Then, OIG reviewed a random sample of 100 claims, of which "24 claims were unallowable because the beneficiaries received services at non-rural originating sites, seven claims were billed by ineligible institutional providers, three claims were for services provided to beneficiaries at unauthorized originating sites, two claims were for services provided by an unallowable means of communication, one claim was for a non-covered service and one claim was for services provided by a physician located outside the U.S.," the report states.

OIG said the errors it found were the result of a lack of CMS oversight. "We recommend that CMS (1) conduct periodic post payment reviews (2) work with Medicare contractors to implement all telehealth claim edits listed in the Medicare Claims Processing Manual; and (3) offer education and training sessions to practitioners on telehealth requirements."

For the complete article or the full audit report please visit: https://www.beckershospitalreview.com/telehealth/oig-practitioners-billed-3-7m-for-telehealth-services-that-did-not-meet-medicare-requirements.html

ProviderLink Electronic Prior Authorization process available March 30, 2018

Beginning March 30, 2018, you can securely submit prior authorizations electronically and track the status of requests for your patients with Cigna coverage using ProviderLink.

To initiate the registration process for ProviderLink, send an email to PMAC@Cigna.com with the following information:

- Provider or facility name
- Mailing address
- Email address
- Contact name
- Contact telephone number

We will send an email in response, which will include directions to complete the registration process.

Please note that you are not required to use ProviderLink. All health care providers, including those for whom using ProviderLink creates a hardship, may continue to submit prior authorizations by telephone or fax. This information is located on the back of the patient's Cigna ID card.

ProviderLink complies with Ohio Senate Bill 129, which outlines specific requirements for an electronic prior authorization process for medical and behavioral health providers.

NCDS Perspective: Web based prior authorizations are becoming more prevalent, especially with your larger insurance carriers. We encourage all clients and staff to use these options where available and save the documentation. Citing and supplying the confirming information is critical documentation we can use to dispute/overturn erroneous authorization denials.

Practice Fusion And Allscripts Update

Clients who have enjoyed the benefits of the free EHR system on Practice Fusion now have a deadline. In recent emails Practice Fusion has advised providers have a deadline to pay up or find a new EHR service:

In order to continue delivering easy-to-use, intuitive health IT solutions that support small, independent medical practices all across the country, we are moving the Practice Fusion platform to a paid subscription model beginning on June 1, 2018. We know this is a big change, which is why we are informing all Practice Fusion EHR users, including those who have not recently engaged with the platform.

Your practice has until May 31, 2018, to purchase a Practice Fusion EHR subscription plan. If a plan is not purchased by that date, the entire practice will be transitioned to a "limited access" version of the Practice Fusion EHR, which will only allow users to view, download, and print the EHR data and patient records previously entered into the system as long as someone in the practice continues to access them.

If you have questions or want to learn more about this transition, you can find additional information by logging into your Practice Fusion EHR account. If you do not have access to your Practice Fusion EHR account, we recommend reaching out to a Practice Administrator.

To all clients currently utilizing Practice Fusion please be aware of this critical update!

Anti-opioid Vaccine Could Offer Bridge to Overcoming Addiction

Arlene Weintraub – FierceBiotech.com

Scientists at the military's Walter Reed Army Institute of Research announced they've developed a heroin vaccine that can block the euphoric effects of opioids in the brain—and do so without interfering with other therapies used to treat addiction. If the concept proves useful in people, it could provide a bridge to recovery for the growing population of patients trying to overcome their addiction.

The vaccine, co-developed by the National Institutes of Health (NIH) National Institute on Drug Abuse, works by producing antibodies that prevent heroin from crossing the blood-brain barrier. In a study, the researchers showed the vaccine also produces antibodies against hydrocodone, oxycodone, codeine and other commonly abused substances. The research was published in the Journal of Medicinal Chemistry.

One of the challenges of developing anti-opioid treatments is making sure they don't interfere with treatments that are already being used against addiction, such as methadone, buprenorphine and naltrexone. The Walter Reed scientists found no such cross-reaction between their vaccine and those compounds, nor did they find any interference with naloxone, the drug used to reverse opioid overdoses.

The researchers envisioned another potential problem with their vaccine, however: What would happen if a vaccinated addict in recovery needed pain relief due to an injury? So they tested the antibodies produced by their vaccine and discovered that they did not bind to certain other narcotics, like tramadol, nor did they bind to non-narcotic pain relievers such as acetaminophen.

"Although we are still in the early phase, this study suggests that vaccination can be used together with standard therapies to prevent the withdrawal and craving symptoms associated with opioid withdrawal," said Gary Matyas, chief of adjuvants and formulations for the U.S. Military Research Program, in a statement.

More than 90 Americans die daily from opioid abuse, according to the Centers for Disease Control. Efforts to combat the crisis range from developing alternative pain relievers to searching for new ways to reverse addiction. Many research efforts are focused on blocking the euphoric effects of opioids on the brain. In September, the Sanford Burnham Prebys Medical Discovery Institute won a grant from the NIH to develop a drug that targets metabotropic glutamate receptor 2 (mGlu2), which they believe might eliminate the influence of opioids on environmental cues that drive addiction, such as positive memories.

Preventing opioids from getting into the brain altogether is the aim of the new vaccine being developed at Walter Reed. Adherence to anti-abuse treatments can vary wildly among patients, therefore the vaccine could prove valuable as part of a collection of treatments.

NCDS Perspective: This is an interesting development in the pharmaceutical world and one to watch. Medical providers are under increased scrutiny for prescribing opioids and often the point of blame for addiction. Providers have to navigate between treating the patient's condition, managing their pain, identifying addicts and avoiding the creation of new ones. A vaccine in this field could help to return provider focus to the patient's care.

To view more on this story or read the full article please visit: https://www.fiercebiotech.com/research/anti-opioid-vaccine-could-offer-bridge-to-overcoming-addiction

Maximize Your Revenue

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