

Upstate-East & Central Financial Managers Council

Medicare Advantage and You



**KNOW
GREATER
VALUE**

Michael H. Lewensohn
Manager
Health Care Medical
Reimbursement Services
mlewensohn@odpkf.com





Discussion Topics

- Traditional Medicare versus Medicare Advantage Plan (MAP)
- Overall reduction of Medicare Part A days
- Typical arrangements between Providers and MAPs
- MAP Contracting strategies
- MAP Contract management strategies
- ISNP and shared savings
- Pre-Authorization
- Denials and Appeals
- Communicating With Payers



Traditional Medicare versus Medicare Advantage Plan (MAP)

- Case management
- Prior authorization
- Duration of skilled care
- Payment floor
- Frequency of payments
- Levels of care



Overall reduction in Medicare Part A days

- Case management
- Bundled Payment for Care Improvement (BPCI)
- Value Based Purchasing (VBP)
- Treat in place
 - Increased medical coverage
 - Telemedicine
 - Advanced directives



Contracting strategies

- Rates
- Included / excluded services
- Pharmacy
- Downstream provider services
- Level of care criteria
- Know your costs and metrics
- Know your competition
- Know your market: invest wisely

MCO Contract Management

[illegible]

Contract management strategies (continued)

MLTC GAP Analysis Form												
Form II												
Multiple Agreements												
MCO / MLTC 1	MAP	Rate	Medical	Pharmacy	Rehab	Mental Health	Vision Services	Hearing Services	Transpotation	ER	Equipment / Orthotics	Diagnostic Testing
MCO / MLTC 2	No	\$100.00	Excluded	Included	Included	Included	Included	Included	Included (not amb)	No	Included, limited	Included
MCO / MLTC 3	Yes	\$100.00	Included	Included	Included	Excluded	Excluded	Included	Ambulance Only	Yes	Excluded	Excluded
MCO / MLTC 4	No	\$75.00	Included	Excluded	Excluded	Included	Included	Included	Excluded	Yes	Included	Included
MCO / MLTC 5	No	\$100.00	Excluded	Included	Included	Included	Included	Included	Included (not amb)	No	Included	Excluded
MCO / MLTC 6	No	\$100.00	Excluded	Included	Included	Included	Included	Included	Included (not amb)	No	Included	Included
MCO / MLTC 7	No	\$100.00	Included	Included	Included	Included	Included	Included	Included (not amb)	No	Excluded	Included
MCO / MLTC 8	No	\$100.00	Excluded	Included	Included	Included	Excluded	Included	Included (not amb)	No	Included	Excluded
MCO / MLTC 9	No	\$100.00	Included	Included	Included	Included	Included	Included	Included (not amb)	No	Excluded	Excluded
MCO / MLTC 10	No	\$100.00	Excluded	Included	Included	Included	Included	Included	Included (not amb)	No	Included	Excluded
MCO / MLTC 11	No	\$100.00	Included	Included	Included	Included	Included	Included	Included (not amb)	No	Excluded	Included
MCO / MLTC 12	No	\$100.00	Excluded	Included	Included	Included	Excluded	Included	Included (not amb)	No	Excluded	Excluded
MCO / MLTC 13	No	\$100.00	Excluded	Included	Included	Included	Included	Included	Included (not amb)	No	Excluded	Excluded
For Discussion Purpos												



KNOW
GREATER
VALUE

ISNP and shared savings

- Fee-for-service
- Per member, per month
- Shared savings
- Nurse practitioner
- Hospitalization frequency
- Behavioral patients
- Advanced directives
- Your partner, the Plan; even if it's not 50/50



Pre-Authorization Process

- “A Pre-authorization number does not guarantee payment”
- Compare your approval to your request:
 - Patient
 - Code
 - Time period
 - Number of units, if applicable
- Timeliness of approval
 - Certain tests can't wait



Denials and Appeals

Rejections

- Review reports and payer correspondence in a timely manner
- Identify missing or incorrect data elements
- Contact payer to confirm the reason for the rejection
- Re-bill timely; rejected claims are not in the payer's processing system
- Update maintenance files to prevent future rejections



Denials and Appeals (continued)

Analyze denied services

- Identify reason for the denial
- Append appropriate changes to the bill
- Refer to the billing manual and or contract the payer to better understand basis for the denial
- Work with payer to resolve denied cases and to better understand how to avoid future denials
- Submit appeals within the contracted appeals timeframe
- Retain all documentation related to the original invoice and appeal attempts
 - Name of representative, date of contact, etc.



Denials and Appeals (continued)

- Organize, organize, organize; there's much to be learned from denials

Maintain a log of denials

Find the common threads to your cash flow issues

- Include, patient, payer, reason for denial, date of denial
- Contact the payer to better understand the reason for the denial
- Follow appeals procedures, as per the payer's billing manual and or the facility / payer contract
- Learn from the denial; enact procedures to prevent future denials



Communicating With Payers

Develop relationships with the payer's customer service staff and payer representatives

Don't wait for a crisis before communicating with the payer

During the contracting process, inquire about who will be your contact on an ongoing basis

Communication shouldn't be restricted to complaints

- Discuss your "wish list" as well as issues the payer sees on the horizon
- Communicate as part of the educational process

Contact Information

Michael H. Lewensohn, Manager

Professional Reimbursement Services

(914) 381-8900 extension: 2139

mlewensohn@pkfod.com

www.pkfod.com

665 Fifth Avenue
New York, NY 10022
T: 212.286.2600

500 Mamaroneck Avenue
Harrison, NY 10528
T: 914.381.8900

100 Great Meadow Road
Wethersfield, CT 06109
T: 860.257.1870

20 Commerce Drive
Suite 301
Cranford, NJ 07016
T: 908.272.6200

Dorothy B. Kraft Building
15 Essex Road
Paramus, NJ 07652
T: 201.712.9800

3001 Summer Street
5th Floor East
Stamford, CT 06905
T: 203.323.2400

293 Eisenhower Pkwy
Suite 270
Livingston, NJ 07039
T: 973.535.2880

32 Fostertown Rd
Newburgh, NY 12550
T: 845.220.2400

7272 Wisconsin Avenue
Suite 340
Bethesda, MD 20814
T: 301.652.3464

106 Prospect Street
Ridgewood, NJ 07450
T: 201.445.0500