

MPV Payer Alerts Case Study

“I can’t comprehend how any practice operates without staying abreast of payer policy changes that will directly impact income. Providers should be able to avoid policy-related denials. In today’s market, it’s money you can’t afford to miss.”

– Robert Goff, CEO of
University Physicians
Network

- THE ORGANIZATIONS:** The Portland Clinic in Oregon, New York-based University Physicians Network (UPN) and WVU Healthcare
- THE CHALLENGE:** Frequent payer policy and procedure changes, which are often overlooked by healthcare providers, result in costly denials, reworks and appeals and can also negatively impact reimbursement and cash flow
- THE SOLUTION:** MPV Payer Alerts delivers information providers need in daily notifications that provide access to policy and procedure changes in numerous categories
- THE RESULTS:** Avoidance of unnecessary claim denials and increased knowledge for improved workflow; a UPN member group, for example, recovered more than \$40,000 as the result of one policy change for the coding of routine EKGs, while The Portland Clinic recovered \$30,000 because of a single alert allowing device codes for ASC facility billings

Payer Policy and Procedure Changes: The Bottom-line Impact

Capitalizing on every reimbursement opportunity is key in today’s challenging healthcare environment, and one commonly overlooked area that results in costly denials, reworks and appeals is constantly changing payer policy and procedure changes.

These frequent changes impact reimbursement and add administrative complexity to already busy provider groups. Without manually scouring payer websites and policy and procedure manuals on a daily basis, providers lack a proactive approach and risk payment delays, increased billing costs and lost revenue. Provider organizations are, however, realizing the significant impact this can have on their bottom line.

MPV Payer Alerts helps organizations tackle these challenges through the delivery of daily email notifications. With easy-to-read payer alerts in administrative, clinical, reimbursement and pharmacy categories, providers gain quick access to policy and procedure changes on more than 35,000 web pages operated by 250-plus insurance companies. The notifications detail each change and give a summary overview of the most pertinent information. As a result, providers minimize costs and streamline operations while protecting the bottom line.

The following case studies demonstrate how three healthcare organizations are leveraging MPV Payer Alerts to avoid unnecessary denials altogether.

Components of an Email Alert

Location: You can specify which alerts go to whom when you register your subscribers.

Issuer: Name of the insurance company issuing the change

Title: Title of policy or information item

Change: Category of change or information item

Date: Date that the policy becomes effective

Description: Brief description of the change

Links: Link to information on insurer's Web site



From: MPV Payer Alerts
Sent: Tuesday, November 30, 2010
To: MPV_Alert_Subscriber
Subject: Aetna Inc. / National - Policy and Practice Updates

Aetna Inc. / National

Title	Policy and Practice Updates - Multiple procedure
Category	Reimbursement
Effective Date	2/1/2011
Change Overview	For dates of service on or after February 1, 2011, the policy for multiple procedure reductions for certain diagnostic imaging services will change. The initial CT scan, MRI or ultrasound will be allowed at 100 percent and subsequent scans performed on the same day will be allowed at 50 percent. The reduction will apply to: scans performed on contiguous body areas, and technical and global charges. To view the information, please click on the link below and see page 2.
Link(s)	http://www.aetna.com/provider/data/OLU_MA_DEC2010_v4.pdf

The Portland Clinic

As a multispecialty group with five locations and more than 75 physicians serving Portland, Ore., and surrounding areas, The Portland Clinic needed a way to better monitor policy and procedure changes that were impacting both its staff efficiency and financial performance. With one centralized billing office, the staff lacked a proactive approach to identify changes that would impact its specialty departments as well as two ambulatory surgery centers.

In 2009, The Portland Clinic sought a solution to these challenges that would provide important details related to each change without putting a strain on staff resources.

“We simply don’t have an FTE that we can devote to combing through payer websites to constantly identify changes,” said Jennifer Burk, reimbursement analyst at The Portland Clinic. “Can one FTE really accomplish what MPV does on a daily basis through the payer alerts? You’d need an entire team.”

Burk receives MPV Payer Alerts on a daily basis and then distributes them to the appropriate staff members and departments. As a result, The Portland Clinic has experienced a range of anecdotal and quantifiable returns. For example, one alert resulted in a \$30,000 recovery. Device C-codes for facility billing, such as spinal cord stimulators, were authorized by one of the group’s payers, despite previously only being allowed at the case rate. A service that the group did not previously perform at its ASC facilities, it could now utilize these devices for patients covered by the insurer. After billing for the treatment, the claims were denied. Burk was able to go back to the alert detailing the change and share it with the payer to quickly and easily remedy the situation.

In specialty areas, the alerts have also proven particularly valuable for high-cost medications, enabling nursing staff to know of any changes upfront that will impact preauthorization. Additionally, sleep studies and nerve conduction tests performed by the providers have very narrow policy guidelines for billing that have to be followed precisely—each test averages around \$2,000 in payment. With MPV Payer Alerts, staff proactively stays on top of any changes to diagnosis codes that will have a direct impact on reimbursement for these services.

“Of course the bottom line impact is significant, but the biggest return is the knowledge and insight we gain as a result of the alerts,” Burk concluded.

University Physicians Network

UPN, a limited liability corporation owned and operated by physicians in the New York area, serves more than 1,400 physicians. CEO Robert Goff recognized members were experiencing claim denials and missed revenue opportunities because of payer policy changes that weren’t evident until EOB receipt.

In 2007, UPN selected MPV Payer Alerts. “With MPV we have an automated, straightforward process that helps us avoid unnecessary denials and take a proactive approach,” Goff said.

For example, one group recovered \$42,000 from a single policy change. The payer began denying routine EKGs. After reviewing an MPV Payer Alert, it became evident that with proper diagnoses codes pointing to relevant cardiac issues, the insurer would pay for the EKG.

UPN members have experienced a range of benefits as a result of the notifications, including successful appeal of claims where payers postdated policy changes; clarification of changes that contained arbitrary language; lower than average denials and appeals; better communication between members and health plans; and significantly reduced administrative fees.

Identifying quantitative returns is difficult, according to Goff. “When you install a railing on a staircase you never know how many falls you prevent—you only know the upfront cost,” Goff said. “MPV Payer Alerts is similar...We are taking a proactive approach to potential problems, enabling us to prevent denials and avoid the costs associated with appealing those claims altogether.”

WVU Healthcare

As the academic faculty practice of WVU Healthcare, the multispecialty medical group has 17 departments as well as satellite locations, each with devoted billing staff. Additionally, the organization segments out its various payers to different individuals. This decentralized approach made it challenging to ensure policy and procedure changes were shared with all impacted departments.

In need of an easier way to manage these changes and disseminate information to the appropriate billing staff, WVU Healthcare began using MPV Payer Alerts in 2009. Now the alerts go to a small subset of individuals who make certain that each notification is shared with all affected audiences.

“With MPV Payer Alerts, we quickly skim each email, easily glean the details we need and then send the information to the correct departments,” said Kim Raines, reimbursement specialist.



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Reimbursement Analyst,
The Portland Clinic*

The service has been particularly useful for real-time edits to coding dictionaries. By leveraging the data from each payer alert, Raines and her team immediately build a front-end edit into their system so that coders will be prompted to use the appropriate codes to avoid coding-related denials. Additionally, WVU Healthcare has been able to identify if specific payers will allow for a panniculectomy as part of gastric bypass surgery. Staff can then work with patients where insurance will not cover this treatment to make necessary patient payment arrangements prior to service.

“We save a significant amount of time and money since we no longer have to unnecessarily resubmit claims because of payer changes that we’ve not yet identified,” Raines said. “The bottom line is if you do it right the first time, the claim is out the door clean and your group gets paid more quickly.”

About MPV

MPV helps healthcare providers to maximize revenue and meet the demands of today’s consumer-directed healthcare environment by combining technology and consultative services to fully automate eligibility and insurance verification; increase clean claims rates; reduce patient write-offs; monitor payer contract compliance; recover underpayments; negotiate better contracts; and stay abreast of frequent payer policy and procedure changes.

5000 Plaza on the Lake

Suite 265

Austin, TX

78746

toll free 1.866.930.1230

tel 512.795.0015

fax 512.795.9529

www.mpv.com

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