

Physician Education Express

Revenue Cycle Services – Provider Advisor – June 1, 2016



Audience: All Providers

Education Level- **Green**

June 1, 2016

SUMMARY

As those who lead or support our IU Health providers and their teams, you know getting the right information in the right hands is both challenging and critical. Revenue Cycle Services (RCS) understands how important it is to ensure timely, pertinent information gets to the hands of those most needing it. We are asking that you partner with us to socialize or otherwise distribute the updates below to your providers as applicable or appropriate. RCS plans to periodically send “Important Provider Updates” in an effort to keep providers informed on regulatory and compliance issues as well as payer-specific news that impacts service lines. The goal is to assist you in providing the world-class care delivered to our patients by equipping you with information that can impact patients and reimbursement.

Highlights

RCS plans to periodically send “Important Provider Updates” in an effort to keep providers informed on regulatory and compliance issues.

IU Health Update:

- New CMS requirements for Off-site Hospital Outpatient Departments (HOPDs)
- Charging requirements for Advanced Care Planning (ACP) visits
- Clinical documentation requirements – H&P and surgical procedure consents
- Provider enrollment notifications reminder
- Humana Medicare Advantage update
- PHCS/Multiplan update

Changes:

Title	Summary
CMS 2016 Changes: New HOPD requirements	<ul style="list-style-type: none">○ New requirements from CMS dictate that all providers rendering service at off-site hospital outpatient departments (HOPDs) use an updated Place of Service code and PO modifiers. Read the bulletin to find out more details.
Advanced Care Planning (ACP) charging requirements	<ul style="list-style-type: none">○ As of 2016, Medicare reimburses healthcare providers who deliver Advance Care Planning (ACP) services to their patients. ACP is now a covered benefit in many scenarios for which there are corresponding codes. Read the bulletin for more details.
Clinical documentation: H&P and surgical procedure consents	<ul style="list-style-type: none">○ Improving documentation for surgeries is critical – specifically pre-admissions history and physical (H&P) and surgical procedure consents documentation. Please utilize the checklist for helpful reminders and other notes on these requirements.
Provider Enrollment: What to do with payer notifications	<ul style="list-style-type: none">○ Any time a provider changes practice, contact information, address information, or makes a name change, this requires notification to payers to ensure continued enrollment and timely claims processing. You or your providers may from time to time receive reminders or notices from specific payers. Read the bulletin to find out what to do with these notifications.
Provider Enrollment: New request process	<ul style="list-style-type: none">○ The Revenue Cycle team is implementing a new process to

	<p>capture, track, complete and provide feedback on provider enrollment requests in a standard and timely manner. We ask that all requests and inquiries be sent to RevCycleProviderEnrollment@iuhealth.org. The team will work assigned items and provide updates to requestors. All requests will be triaged and tracked through an electronic ticketing tool to support monitoring and reporting on work in process, as well as to capture request trends (volumes, types, etc.). The use of a tracking tool will help us better meet the needs of our business partners and ensure timely completion of requests.</p>
<p>Humana Medicare Advantage update</p>	<ul style="list-style-type: none"> ○ Effective May 1, 2016, all IU Health facilities minus Goshen will be credentialed and in-network with Humana Medicare Advantage products: PPO, PFFS, and HMO. Humana is the largest Medicare Advantage payer in Indiana. Please read the attached bulletin for more on the agreement between IU Health and Humana, including insurance card samples and registration information.
<p>PHCS/Multiplan update</p>	<ul style="list-style-type: none"> ○ You may have heard recently that IU Health is terminating their managed care contract with PHCS/Multiplan. At this time IU Health and PHCS/Multiplan are working to avoid a termination. Through the end of 2016, IU Health is currently contracted with PHCS/Multiplan. IU Health <u>does not</u> participate in the PHCS Practitioner Only or PHCS Provider Only Plans. These plans negatively impact their participants by significantly limiting coverage often leaving their members with larger than standard out-of-pocket responsibilities. Please read the bulletin that will help you to identify these provider only plans.