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Colorado Physicians Prepared for Access Debate

The crisis of access to care for all Americans continues to grow and to impact the delivery of healthcare services for all patients. The Massachusetts plan, hailed only a few months ago as a major innovation in healthcare reform, is now under attack in some quarters as turning out to be far more costly than originally projected. The specially designed commercial plans meant to provide Massachusetts' citizens with affordable health insurance options have not yet been introduced and at least some health plan executives are indicating that promises of comprehensive coverage at the $300 a month rate originally proposed are unrealistic. Back in Colorado, the Commission on Health Care Reform created by SB208 has gotten underway, establishing a general work plan and undertaking discussions with Governor-Elect Bill Ritter to ensure that the work of the Commission is consistent with Ritter's intent to explore ways of expanding access for Coloradans.

CMS' Physicians' Congress for Health Care Reform is out ahead of these efforts, having been meeting since early April. The Congress has established guiding principles for healthcare reform based on input from physicians across the state. At its most recent meeting on December 2, it turned its attention to ways in which physicians can impact the healthcare reform dialogue in Colorado, specifically in areas of cost effectiveness, quality and patient safety. Exploring the role of systems change necessary to provide appropriate, sustainable quality healthcare to all, the group is developing policy proposals which will be shared with the physician community and ultimately crafted into the foundation for physician advocacy in the healthcare reform debate.

These efforts come at a time when more voices are beginning to argue that the solution to the problems of uninsured and inadequate access to healthcare are more closely related to the inadequacies of our healthcare system than to a lack of financial resources. Data from the Kaiser Commission on Medicaid and the Uninsured, as well as other economic analyses, indicate that the current government spending on coverage for vulnerable populations, support of uncompensated care by providers, and the maintenance of our safety net infrastructure exceed the dollars which would be necessary to provide adequate healthcare coverage for all of the currently uninsured.

Patients Need Physician Advocacy

Ineffectual systems for managing the delivery of care, sharing information, and financing healthcare services may be a far more complex series of problems to confront than finding the financial means to provide adequate healthcare for all. Of the nearly 245 million insured U.S. citizens, 60% receive insurance through an employer. Although this number has been declining over the past two decades, the dominance of the employer based insurance market creates a fragmented system driven by dysfunctional incentives and incompatible goals. Providing health insurance to their employees is a significant expense for employers that has become a major disadvantage in a highly competitive global market. Employers often focus on short-term cost reduction at the expense of long-term strategies to invest in prevention and health maintenance for their

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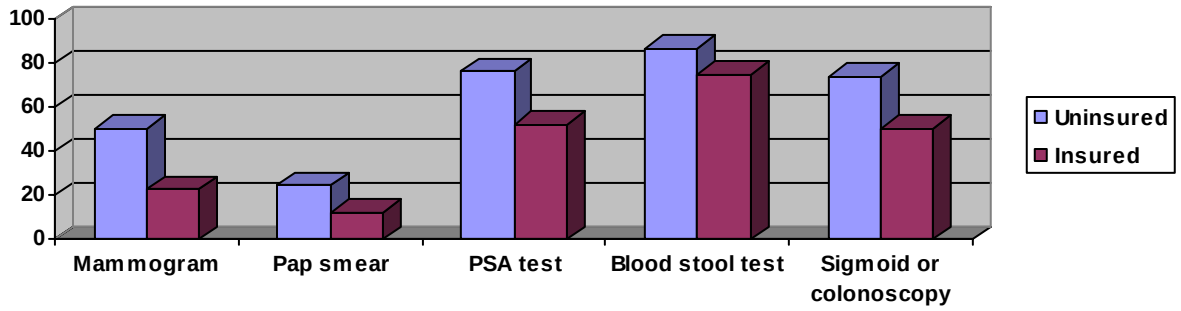
Uninsured adults are less likely to receive preventive services than adults with coverage.

Percent of Uninsured and Insured Adults (Under 65) Not Receiving Various Preventive Services for Various Age and Sex Appropriate Groups



Source: Centers for Disease Control and Prevention (CDC), 2004 Behavioural Risk Factor Surveillance System survey data. National estimates do not include Hawaii.

Across the U.S., uninsured adults of appropriate age groups are less likely to have received recommended cancer screenings.

employees. Employees themselves are threatened with the possibility of losing both their income and their health insurance coverage if they lose their jobs.

An additional 31% of insured Americans receive their coverage through federal programs such as Medicare, the VA and military plans, and through the combined federal-state Medicaid and SCHIP programs. These programs, including some that vary substantially from state to state, further fragment the system through their varying sets of rules for eligibility, payment, and performance standards.

Trying to bring some rationality and progress to the process of healthcare reform will be a challenge. Fortunately, the Colorado physician community has spent the past year building a strong foundation from which they can address these issues and ensuring themselves the political relevance to command a seat at the table as plans for improving healthcare access in Colorado evolve.

As patient advocates, it is essential that physicians are heard in discussions of health reform and expansion of access. National data indicate that nearly 57% of adults without health insurance coverage do not have a personal healthcare provider, compared to 15% of insured adults. In Colorado, 297,000 uninsured adults indicate that they do not have a personal physician or healthcare provider. Data from the Centers for Disease Control and Prevention indicate that across a wide range of recommended preventive services, uninsured adults are significantly less likely to have received recommended cancer screenings compared to those with insurance. For example, over 50% of uninsured women have not received recommended mammograms compared to less that 23% of their insured counterparts. Colorado data indicates that nearly 56% of uninsured women ages 40-64 have not had a mammogram in the past two years compared to approximately 27% of in-

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***Denver Medical Bulletin**: Johnny E. Johnson, Jr., MD, DMS President and Publisher / Alan Y. Synn, MD, Chair of the Board / Nora E. Morgenstern, MD, President Elect / Randall M. Clark, MD, Treasurer / Kathy Lindquist-Kleissler, Executive Director / Barbara Kamerling, Program Director. The **Bulletin** is the official publication of the Denver Medical Society, established April 11, 1871, as the first medical society in the Rocky Mountain West. Published articles represent the opinions of the authors and do not necessarily represent the official policy of the Denver Medical Society. All correspondence concerning editorial content, news items, advertising and subscriptions should be sent to: The Editor, **Denver Medical Bulletin**, 1850 Williams Street, Denver, CO 80218. Phone (303) 377-1850. Fax (303) 331-9839. Web www.denvermedsociety.org. Email: dms@denvermedsociety.org. Postmaster: Send address changes to 1850 Williams Street.*

Access Debate

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sured women in that age group.

In focusing their attention on creating clinically meaningful quality improvement systems and identifying ways of achieving cost effectiveness which serves the interests of patients rather than the cost cutting goals of payers, Colorado physicians will make it clear that their commitment to healthcare reform is grounded in their concern for the health and well being of their patients and their community. This clarity of vision will also help physicians to counter short-sighted efforts of some payers who attempt to link quality and reform to poorly designed performance measurement systems that rely on low cost as a proxy for high quality. Already, physicians in Colorado have convinced UnitedHealthcare to re-examine physician profiles constructed as part of their Premium Designation program distributed to physicians last October. Based on physician feedback about flaws in the program and the underlying methodology, new profiles are being constructed which will be available in early spring. Elsewhere, organized efforts by state medical societies and the AMA have forced health plans in Washington State and Texas to suspend physician rating programs similarly built upon flawed data and methodology. Physicians are sending a strong message that efforts to bring quality and accountability to the healthcare system must be based on quality improvement programs which are fair and clinically accurate.

This nationwide effort will take time and leadership. In February DMS President Johnny Johnson, MD, and Executive Director Kathy Lindquist-Kleissler will be traveling to Washington D.C. to participate in the AMA National Advocacy Conference which will focus further attention on national efforts to measure physician performance, explore initiatives to address the access to care dilemma, and advocate for physicians and their patients with lawmakers. Joining with physician leaders from across the country, they will learn how to communicate medicine's issues to the new Congress and how to navigate the new political landscape.

About the same time, the Colorado legislature will be considering a bill agreed to by both the physician community and the health plans to bring fairness to the contracting process. Following the veto of SB198 last year, CMS entered into mediation at the request of the Colorado Association of Health Plans. Negotiating down to the wire in anticipation of the 2007 legislative session, both parties were finally able to agree on a set of terms which essentially achieve the goals of SB198 both in detail and purpose. Recognizing that there will still be policy differences to resolve, CMS CEO Alfred Gilchrist commented, "We will continue to talk, probably all the way to the Governor's desk. . .(but). . .right here and right now, two adversaries are trying to do the right thing."

National payers and federal policy makers are waking up to the fact that physicians will not sit silently by as they attempt to transform our badly broken healthcare system. Instead, physicians will speak up loudly and proudly on behalf of their profession and their patients.

Clarifying Non-Participating Physicians' Rights

SB06-213 was signed into law on June 2, 2006. The bill codifies the Division of Insurance's interpretation that the Network Adequacy statute, CRS 10-16-704 (3), requires consumers who receive services at an in-network facility from a non-network provider to be held harmless from charges beyond those of an in-network provider.

What health plans does this requirement apply to?

The law applies to individual, small and large group managed care plans under Colorado law. (Approximately 33% of the insured.) Colorado health insurance laws do not apply to Medicare, Medicaid, the federal employee plans, self-funded health policies, and they typically do not apply to a policy that was issued to an employer located in another state that includes Colorado residents.

When is this statute triggered?

There are several conditions that must be met:

- The services were provided to the consumer at an in-network facility.
- The services are covered benefits under the plan.
- The consumer did not specifically choose a non-network provider instead of an in-network provider at the in-network facility.

For what amount is the consumer liable?

Under this statute, the consumer is liable for the in-network deductibles, co-pays and coinsurance for the covered services they receive.

Can a physician balance-bill the consumer?

If the insurance company does not reimburse 100% of billed charges, a physician may balance bill the consumer. The consumer should forward the non-network provider's bill to their managed care plan.

What is the managed care plan supposed to do with a non-network provider's balance bill to a consumer?

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Colorado Foundation for Medical Care Offers Free Cultural Competency Training and Workflow Assessment

If you're reading this at work, look around your waiting room. Do you see anyone with whom you might have trouble communicating? For example, someone whose religious or cultural background are different from yours or someone who speaks a language in which you're not fluent?

If you are like most medical practices, each day you probably see a mix of people with unique cultural backgrounds. The U.S. population is changing with increasingly complex differences in world views and attitudes as well as language and religious differences. The ability to communicate effectively with a varied group of individuals is essential to patient education, compliance, and quality of care.

To help physician practices address cultural communications issues, The Colorado Foundation for Medical Care (CFMC) is promoting a free online program. Physicians can receive up to 9 CME and 3 COPIC ERS points for completing this training, and nurses can receive up to 10.8 CEU hours.

The program offers practical training that will increase the practitioners' understanding of the Office of Minority Health's national standards for Culturally & Linguistically Appropriate Services (CLAS). It can assist in bridging language gaps, including differences that may be very subtle such as difference in age, regional cultural practices, or religious beliefs.

In addition to the credits and discount in malpractice insurance, the first 50 physician practices to sign up by the end of January can receive a free workflow assessment, an estimated value of $2,500. Trained CFMC staff will observe all practice processes during a patient visit and collect data. The data will provide an indicator of where changes could be made that would increase Value Added Time (VAT) for the patient and the quality of care.

"CFMC can improve your staff's communication skills with patients of different cultures through cultural competency training." explained Jane Brock, M.D. and Medical Officer for CFMC. "This self-paced, Web-based training program was developed by the Department of Health and Human Services' Office of Minority Health with extensive input from providers across the nation. We are working with Colorado physicians to enhance their understanding of the complexities involved in providing care for an increasingly diverse patient population."

National sponsors of this cultural competency training include American College of Physicians, American Academy of Family Physicians, American Medical Association, National Hispanic Medical Association, and the National Medical Association. Local sponsors include Colorado Medical Society, Colorado Physicians Insurance Company, and the Colorado Department of Public Health and Environment.

The Colorado Foundation For Medical Care is Colorado's healthcare quality improvement organization. CFMC works collaboratively with government programs, health providers and managed care companies to improve the quality of healthcare.

Get started today. If you are interested in CFMC's cultural competency training or workflow and would like additional information, please visit www.CFMC.org or contact Elizabeth Musson at 720-212-4496 or via e-mail at emusson@cfmc.org.

Eight more registrants needed to guarantee this class. . .

SPANISH FOR THE MEDICAL PROFESSION

January 19, 20 & 21, 2007

EXEMPLA-ST. JOSEPH HOSPITAL
1835 FRANKLIN STREET, DENVER

The Denver Medical Society has invited Rios Associates to offer a three-day intensive, total-immersion learning experience in conversational and medical Spanish for physicians, nurses, PAs and other medical staff. Although challenging, the course is lively and rewarding. This is the eleventh time we have offered this highly popular class.

The cost of the class is $395 for DMS members, $460 for non-members. To register, complete the coupon below and include payment. All payments will be held until we have enrolled 15 people. If we are unable to enroll 15 participants, all checks will be returned and credit card information will be destroyed. No cancellations will be allowed after **January 2, 2007.** Call DMS at 303-377-1850 or email dms@denvermedsociety.org for additional information.

The University of Arizona College of Medicine designates this educational activity for a maximum of **24 hours in category 1 credit towards the AMA Physician's Recognition Award.** A processing fee of $35, payable during class, applies for those seeking CMEs.

Enroll me in *Spanish for the Medical Profession* course offered January 19, 20 & 21, 2007.

Name: _____ Beginner class _____

Address: _____ Intermediate class _____

_____ Phone: _____

Please make checks payable to the Denver Medical Society and mail with registrations to 1850 Williams Street, Denver 80218. You may fax credit card registrations to (303) 331-9839.

DMS members - $395 **All others - $460**

Payment enclosed _____ ____check ____credit card

VISA ___ MasterCard ___ Card # __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ exp. __ __/__ __

Cardholder Name and Address _____

(if different from registrant) _____

Signature _____

Improving Self-Pay Collections

*The **Denver Medical Bulletin** occasionally features articles by local professionals serving the medical community. Inclusion does not imply DMS endorsement.*

***Question:** How can my practice improve our self pay collections?*

This is a timely question. Original balance self pay accounts and self pay after third party payor balances are increasing for all practices. This is being driven by several factors, including larger co-pays, high deductible plans, fewer employers offering healthcare as a standard benefit to employees, and health savings accounts.

Some proven suggestions for improving your self pay collections:

- Turn your front desk into a collection point. This process should start when patients call to schedule an appointment; make sure that your scheduler can see their account and ask for payment of outstanding balances prior to the appointment or when they arrive at the office.
- Post clear policies at the office that existing patient balances must be paid prior to service.
- Verify/Update insurance and eligibility at each patient visit.
- Collect 100% of your co-pays prior to the patient seeing a provider.
- Take major credit cards.
- Review your statement cycle and messages. Typical statement cycles include a statement every 30 days for 120-150 days. The messages on the statements should be concise and clear, and should escalate in urgency as the account ages. Make certain that patients can send in credit card payments from your statements, and that your statements contain a section that allows patients to add or update insurance information.
- Supplement your statements with a self pay letter 15 days prior to sending a final statement, or prior to the final bad debt write off. This process should be managed through your practice management system, and should only be considered if you can automate this process (if you cannot automate, you may be able to outsource it). The letter can be more specific than the text contained in your statements. Some practices send these out under the name of a collection agency (pre-collection letter) or a legal firm that provides collection letter services.
- Implement a dialer call program. Dialer programs are offered by most collection services at reasonable rates. Dialer calls are computerized messages left for patients asking them to call your office. This drives calls back to your office without utilizing your manpower and time attempting contact.
- Evaluate the effectiveness of your billing staff calling on self pay balances. This may be a difficult choice because the cost benefit may not exist (limited return for high efforts). You may want to select a level of balance to call on (i.e. balances over $100).
- Utilize a collection agency and report non-paying patients to the credit bureau.
- Have clear protocols for payment plans, cash payments for expensive procedures, cash based discounts, charity patients, etc. Make sure your legal representative approves all discount and charity policies.

Does this work? The simple answer is, yes it can. An effective, organized and well managed self pay collection program can improve your collections and help you collect the "marginal" dollars you might otherwise miss. We have seen office based practices collect over 95 percent of their original self pay balances by using variations of the ideas outlined above. Good luck!

About the author: Eric Worthan has managed physician practices and billing offices for the past ten years. He currently serves as the Executive Director of Pinnacle Medical Billing and can be reached at (303) 407-0523 or eworthan@medbizz.com.

Physicians' Rights

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The managed care plan is required by law to hold the consumer harmless from the non-network provider's "balance bill." The managed care plan may attempt to negotiate with the provider to accept the in-network reimbursement amount or another amount. If no agreement is reached, the managed care plan must reimburse the full amount of the provider's charges.

Any problems with compliance of this statute should be reported to the Division of Insurance (DOI) by the consumer. Division of Insurance, 1560 Broadway, Suite 850, Denver, CO 80202; phone: (303) 894-7490; email: insurance@dora.state.co.us.

Office Manager: This one's for you!

Invitation to Join in 2007

The Denver Medical Society's Office Managers Group is beginning its sixth year. The Steering Committee promises you several meetings addressing issues we think will be of great importance to you in the coming year. The format continues to be the same, with each meeting lasting 1 1/2 hours with lunch provided at no extra cost. Now is your opportunity to meet others who share your concerns and experiences, and who seek the opportunity to communicate what they know while learning from others. This group encourages collegiality and confidentiality. Membership is limited to the one person who fits the description of an office manager/practice manager.

Yes, I want to be a member for the 2007 dues year. Enclosed is my check in the amount of **$50.00** payable to the **DMS Office Managers Group** at 1850 Williams St., Denver, CO 80218.

Your name and title: _____
Practice name: _____
DMS Physician Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____ New member? _____ Renewing member? _____
Suggested topics:_____

CMS LiveWire

Did you know the Colorado Medical Society publishes an electronic newsletter for practice managers? The *CMS LiveWire* will bring your practice important updates and information regarding third party payers, coding/billing, upcoming events, and activities. The newsletter is published monthly, and special editions are published when time sensitive issues occur. If your practice is **not** receiving the newsletter, please complete the following.

Office Name: _____
Email Address: _____
Manager: _____

Please add ENews_Editor@cms.org to your address book
to ensure the *CMS LiveWire* is not classified as "junk".

Be sure to visit the CMS new web site designed specifically for the office staff.
http://www.cms.org/officestaff/home.html

Return completed forms to: Marilyn Rissmiller, Colorado Medical Society, Fax: 720-859-7509