ABC Committee MINUTES

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| COMMITTEE members |
| +Shoup, Kristen (Wooster Community Hosp) CHAIR+Arnold, Jane (Firelands Regional) VICE CHAIR\*Davis, J. Nikki (MetroHealth) PAST CHAIR+Alexander, Mary (OhioHealth)+Bevington, Miranda (Knox Community Hospital)\*Brownfield, Kim (Genesis Hospital)+Buehrer, Jan (Fulton County Health Center)+Burkett, Manda (The Bellevue Hospital)+Collins, Julie (TriHealth)\*Cramer, Karin (Cincinnati Children’s Med. Ctr)+Curtis, Radah (Adams County Reg. Med. Ctr)+Evans, Jacque (Licking Memorial)+Fleeman, Missy (Memorial Health System)\*Galusha, Kevin (Mount Carmel/Trinity Health)\*Gifford, Tiffany (UC Health) \*Gornek, Carol (Fisher-Titus Medical Center+Gross, Cindy (Madison Health)+Kushen, Barb (Akron Children’s)+Lauricia, Deb (Cleveland Clinic) +Lowe, Jacob (OSU Wexner Medical Center)+Martucci, Laura (Summa Health Akron)+Reichardt, Nikki (Mary Rutan)+Ridenour, Rhonda (Avita Health System)+Rigdon, Melissa (Aultman)\*Siefring, Kris (Mercer Health)+Smallwood, Diane (Good Samaritan Cincinnati)+Stansfield, Christy (ProMedica Toledo)+Staskey, Angela (Pomerene)\*Wiegerig, Molly (Nationwide Children’s)+Wiley, Kim (Holzer Health System)+Wion, Marlee (Premier Health)+Young, Sandra (Lima Memorial) |
| PRESENTERS |
| +Fugate, Carey (CGS Administrators, LLC)+McFadden, Curtis (CGS Administrators, LLC)+Schwenk, Patsy (CGS Administrators, LLC) |
| **STAFF** |
| +Cardone, Emma+Ellington, Morris+Weaver, Quyen+White, Andy |
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| + present\* absent |

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| I. | **CALL TO ORDER AND APPROVAL OF MINUTES**Chair Kristen Shoup called the meeting to order, and the minutes of the March meeting were approved by the committee.  |
| II. | **CGS UPDATE**Curtis McFadden shared resources related to the end of the public health emergency on May 11th. CGS’s efforts to educate and relay information to providers is ongoing, although guidance from CMS continues to be limited. CGS will release more information and guidance as soon as it becomes available. Members asked questions related to medical dental billing, PAMA for labs, and reporting of DRG downgrades for Medicare Advantage claims.  |
| III. | **ADVOCACY UPDATE**Emma Cardone updated the committee on the State’s SFY 2024-2025 operating budget which passed the House with OHA’s priorities intact (e.g., HFF increase, provider rate increase, etc.). The legislature’s focus is currently on higher education and School Choice, which enables hospital-related provisions to fly under the radar. When meeting with legislators, it is important to continue to stress your organization’s financial situation which helps relay the message that hospitals need these provisions to remain in the budget. It’s critical that hospitals receive this financial support so they can continue to provide services for the community. In terms of process, the budget will now move to the Senate. At the state level, there is a special August election to increase the threshold to 60% to change the constitution. HB 49 (hospital price transparency) is expected to move out of the House soon and OHA’s Advocacy team continues to meet with legislators on the bill. OHA submitted proponent testimony for HB 130 (gold carding) and it will soon have its first floor hearing. OHA also submitted proponent testimony for HB 99 (ED denials) which will also head to the floor. At the federal level, there continues to be focus on 340B, site neutrality, and price transparency. OHA submitted a letter to representatives regarding DSH cuts, 340B, and site neutrality. |
| IV. | **PAYER SCORECARD ROUND 9**Andy Sturgess-White reviewed results from Round 9 of OHA’s Payer Scorecard survey. Denial data is largely the same from previous 2 rounds, with administrative denials continuing to drive provider burden across all payers. All payers tend to initially deny 13% of total charges, consistent compared to the prior year. Over 80% of initially denial charges continue to be administrative denial codes. After working claims back-and-forth, at the cost of ~$250M per year on the provider side alone, payers finally deny <1% of total charges.Members report better outcomes from government payers than from commercial payers. For Medicaid and Medicare payers, the percentage of total charges initially denied largely maintained at 16% and 9% respectively, year-over-year.For Commercial payers, the percentage of total charges initially declined to 17% compared to 19% year-over-year. Leading commercial insurers for initial denials were Anthem ($3.3B, 18% of total charges), Medical Mutual ($1.3B, 19% of total charges), and UnitedHealthcare ($1.0B, 15% of total charges).The committee then discussed ways we can leverage the Payer Scorecard, which includes advocating to state agencies (ODM, ODI) and at the federal level (alongside the AHA) to target ERISA plans. In terms of new pilot projects, members suggested that payers utilize a family of procedure codes for prior authorizations, rather than specific procedure codes.  |
| V. | **PAYER OUTREACH**Morris Ellington updated the committee on his meetings with the payers (Anthem, MMO, Buckeye, UHC). A payer workgroup has been formed to identify issues that are causing hospitals/health systems the most burden and financial strain. The top three issues include: HART issues/Appeals issues; increase in audits (high dollar claims); and PA requirements. The gold carding pilot has kicked off with Buckeye and two OHA member organizations. This pilot includes over 250 CPT codes (Radiology, Vascular, Neurosurgery, Cardiothoracic, ENT). OHA has formed a Payer Strike Force to assist OHA with resolving the most challenging payer issues—meetings will be scheduled with Anthem and UHC. Molina and Anthem have invited OHA to attend their Medicaid provider advisory meetings.The committee voiced concerns around Anthem’s new policy that requires providers to provide Anthem access to their EMRs for ADT data. Most members disputed the policy, but Anthem continues to push the material amendment. Morris also asked for feedback on Anthem’s AIM system and MMO’s new gold carding pilot for radiology services. |
| VI. | **ANTHEM DISCUSSION**Members shared their frustrations around Anthem’s HART process. There are issues with monthly files being rejected and Anthem auto-closing accounts. Members discussed unenrolling in the HART program as it may be better to call the helpline to resolve issues than continue working through the HART process. It was mentioned that Anthem will soon transition the HART program to a new program called PRIME. OHA will ask Anthem to meet with members regarding the HART/PRIME program. |
| VII. | **PUBLIC PAYER DEVELOPMENTS**With limited time, Quyen Weaver opted to skip her review of federal developments and Medicaid access proposed rules to provide the committee time to discuss issues related to ODM’s Next Generation Managed Care program implementation. Members focused on the need for 835 files and cited its growing impact on AR. Members also raised concerns about managed care claims getting lost within the FI and some Medicaid MCOs have contract provisions that requires claims to be submitted with 90 days. |
| VIII. | **ROUNDTABLE**Quyen Weaver reminded the committee of an opportunity between Medicaid MCOs and OHA members to share Medicaid redetermination files. Members were also encouraged to attend OHA’s 108th Annual Meeting from June 12 – 14.  |
| IX. | **ADJOURN**There being no further business to discuss, Chair Shoup adjourned the meeting. |