CNSU Medical Student Education

Health Care Insurance in the U.S.
December, 2018

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Rogan Consulting

Insurance

- Who funds?
- Who pays?
- Who gets paid?
- For which patients?
- For what services?
- For what reasons?
- Who sets the fees?
- How do you get your share?
- How much money wasted and stolen?
- What will change your practice?
- What about law enforcement?

Format

- General facts and statistics
- Pictures
- Stories
- You may stop me to ask questions (raise your hand)
- “Parking lot” for complicated questions.

Medical School

1972

University of Michigan
Medical School

Internship (PGY 1)

Patient Care 1st Job

1973-1980: Emergency Medicine

Patient Care 2nd Job

1980-1997: General Practice and Urgent Care

Medicare Administration 3rd Job

1997-2003

Medicare Part B Contractor
Medical Director

NHIC Corp.
EDS

Medi-Cal Administration 4th Job

2010-2012

Medi-Cal Claims Contractor

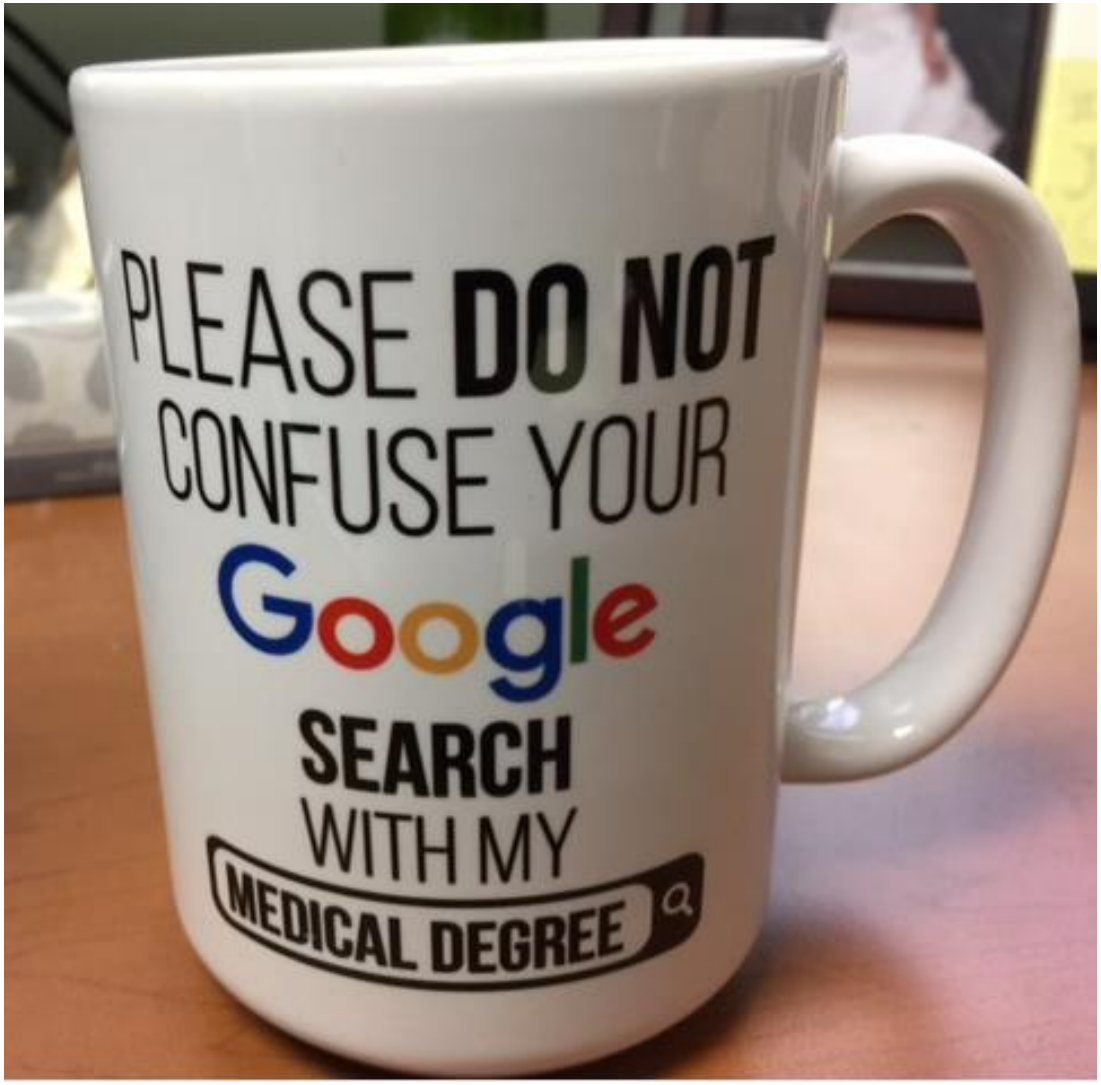
Medical Director

Consultant 5th Job

2003 - Present:

Medicare Consultant

Welcome to Medicine



History of Medical Insurance

1929 Teachers' hospitalization plan- University Hospital, Dallas, TX

1932 Blue Cross of California --- not for profit

1938 Blue Shield of California -- CMA not for profit

1945 Kaiser Permanente -- Dr. Sidney Garfield and Henry. J. Kaiser (industrialist)

1965 Medicare and Medicaid -- LBJ

2010 PPACA* -- Barack Obama

49 years old

*Patient Protection and Affordable Care Act of 2010

Source of $$ / Population/ Share

PLAN SPONSOR	POP.	FUNDED BY
Employer Plans	55%	Employer and employee
Individual Plans -- ACA	4%	Subscribers and Feds
Medicare Part A	18%	Tax on income
Medicare Part B	18%	Premium 25%, Fed 75%
Medicaid	22%	State and Feds
Military/Tricare	3%	DoD
Veterans Administration	3%	Federal
Federal Employees	3%	Federal
Indian Health Service	1%	Federal
Uninsured – refuse to buy	4%	Patients and everyone
Uninsured – undocumented	4%	Patients and everyone

Insurance Payers- Who Remits?

Employer Plans	55%	Private 3rd party administrator
Individual ACA Plans	4%	Indemnity insurance corp.
Medicare Part A	18%	Private admin contractors/MC
Medicare Part B	18%	Private admin contractors/MC
Medicaid	22%	Private admin contractors/MC
Military/Tricare	3%	Private company contractors
Veterans Administration	3%	VA system
Federal Employees	3%	Private 3rd party administrator
Indian Health Service	1%	Private 3rd party administrator
Uninsured – ref to buy	4%	Patients
Uninsured – Undoc	4%	Patients
Pharmacy		PBMs/States

Types of Plans

- **HMO**: Medicare Advantage, Kaiser, Blue Shield HMO
- **PPO**: Limited group of providers = Network
- Patient pays more for services outside the network
- **IPA**: Group of providers organized to serve an HMO (group model)
- **Capitation**: $ PM/PM for a specific list of services – paid to an IPA, Group, or individual physician
- **Fee-For-Service**: all services "a la carte".

Who Is Paid?

- Practitioners: Physicians, NPs, PAs
- Psychologists, LCSW, Audio, OT, PT, Chiro
- Durable medical equipment companies
- Federally Qualified Health Clinics (FQHCs)
- Ambulance
- Home health and hospice
- Pharmacies
- Hospitals
- Skilled Nursing Facilities
- Long term care facilities

F-F-S Fee Schedule – Who sets it?

- Medicare – Fixed Amount– AMA RUC, Feds
- Medicaid – Fixed Amount– State, % of Medicare
- Commercial – Contract, % of Medicare
- Veterans Administration – VA salaries
- S.A. Drugs - Medicaid - contracted discounts
- S.A. Drugs – Medicare – PBMs and retail
- S.A. Drugs – Commercial – PBMs and retail
- P.A. Drugs – Retail plus
- Ambulance – Fixed Amount- feds
- Hospitals – cost adjusted by local market basket
- Nursing Home – like hospitals

S.A. = Self-administered
P.A. = physician administered (IV, IM, some SC)

Fee Schedule HMO

- **Capitation** amount is negotiated between the payer (e.g. Kaiser Health Plan) and the physician group (e.g KPMG) or IPA (e.g. Hill Physicians)
- The group may pay the physician a salary or fee-for-service or flat rate PM/PM (i.e. sub-capitation)
- Under capitation, the provider is the insurer.

Medi-Cal Payments

- FQHC- (Federally Qualified Health Clinic) - Medi-Cal or managed care plan pays the clinic based on its cost to operate. The clinic pays the physician based on a contract.
- Managed care plan: Medi-Cal pays PM/PM
- Fee-for-service providers: Medi-Cal pays via its fee schedule.

How To Bill?

AFTER the service, providers submit a claim with the correct information:

- Which insurance company?
- Who was the patient?
- Cause of the problem?
- What was done?
- Why was it was done?
- Where was it done?
- Who provided the service?

Claim Form

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code)

ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE MM DD YY QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

SUPERVISOR FOR SUPPLIER INFORMATION

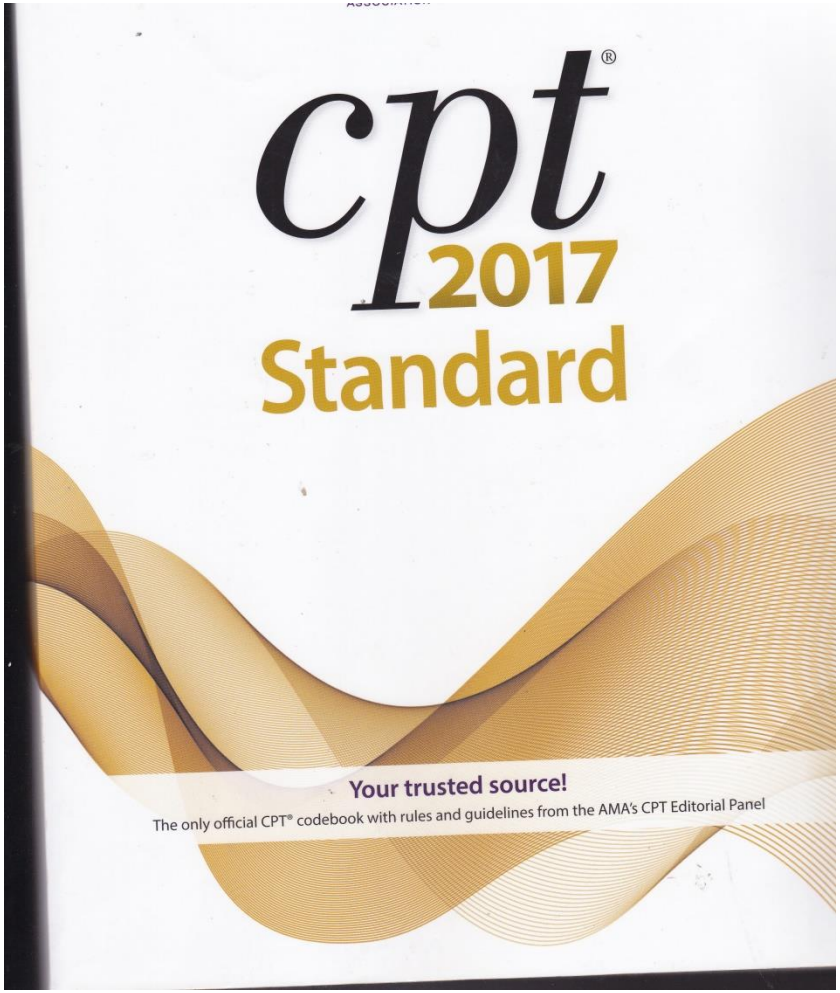
SAMPLE

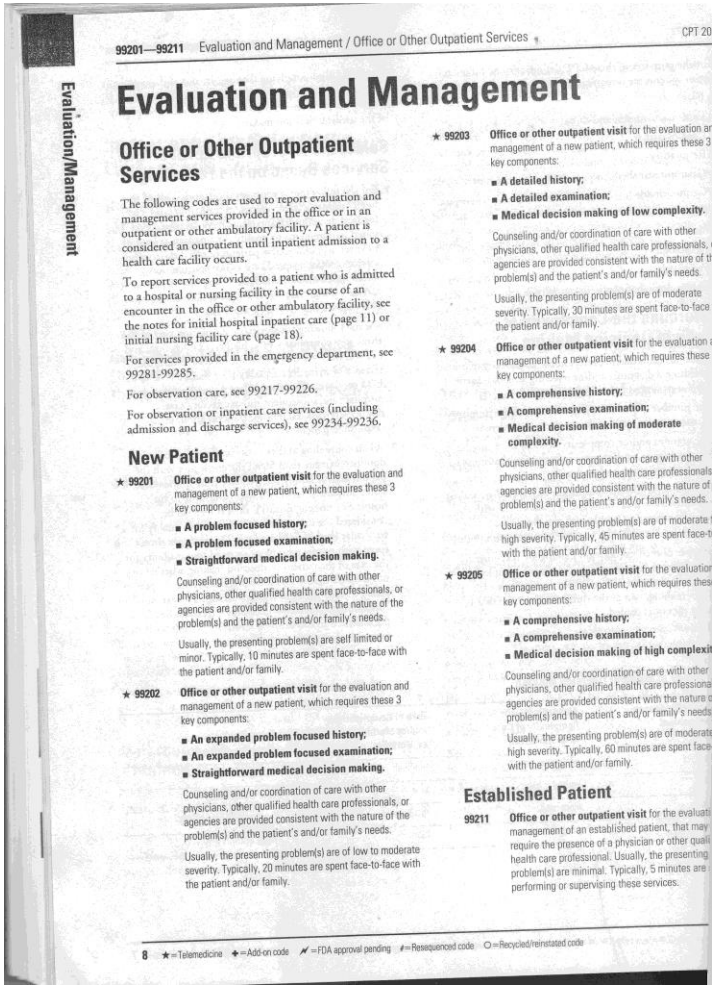
Rogan Consulting 21

Requesting Payment- Billing

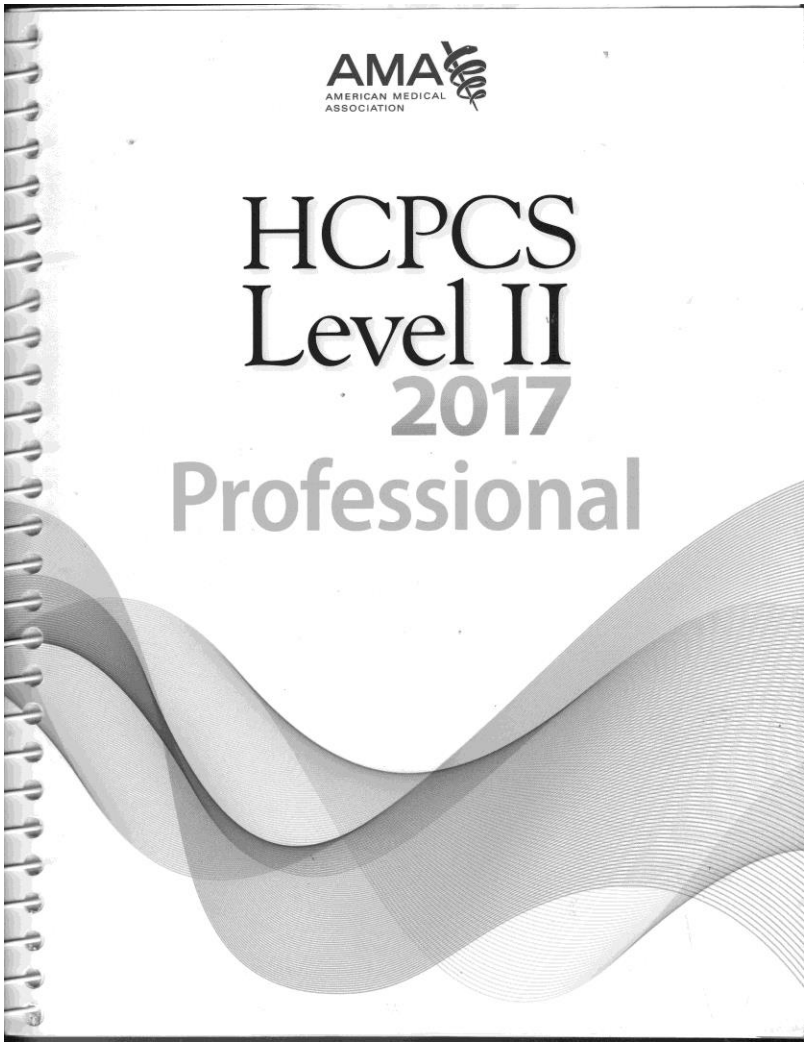
- Which insurance company?
  Blocks 1,4,7,11
- Cause of the problem? 10
- Who was the patient? 2-5
- What was done? 24D
- Why was it was done? 24E
- Where was it done? 24B
- Who provided the service? 33

What was done? Procedures





What was done? Other Services



2017 HCPCS LEVEL II NATIONAL CODES

DRUGS OTHER THAN CHEMOTHERAPY
DRUGS (J0100-J8999)

J0120-J3570: Bill Local Carrier if incident to a physician's service or used in an implanted infusion pump. If other, bill DME MAC.

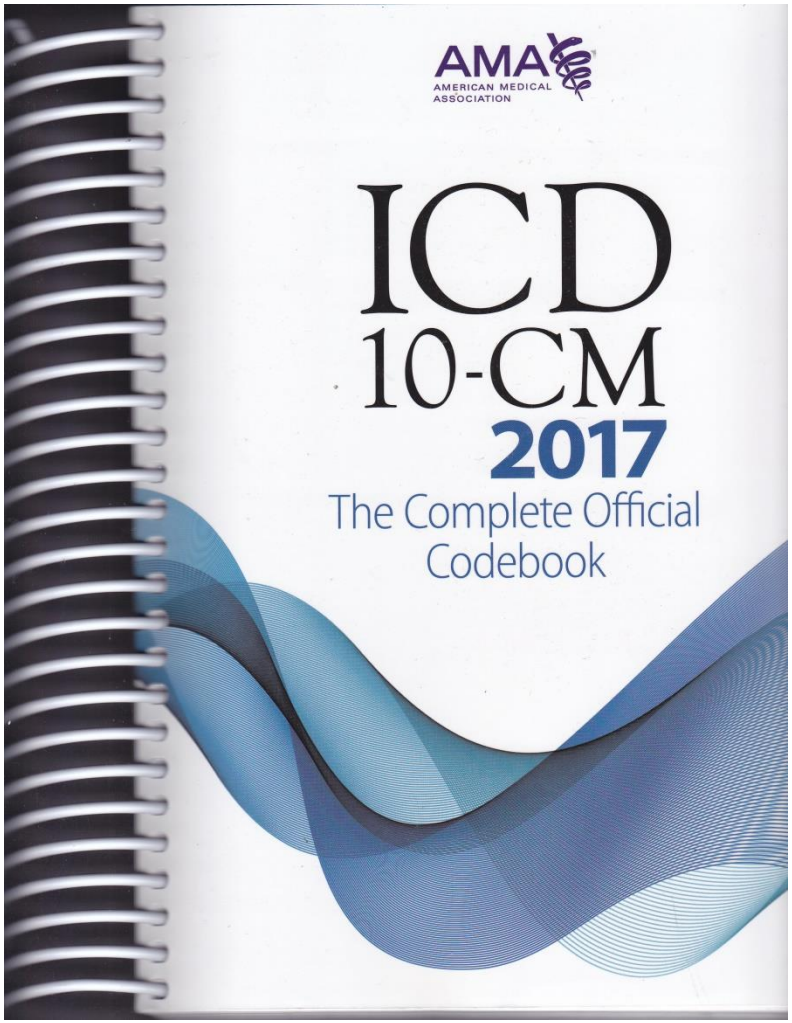
- J0120 Injection, tetracycline, up to 250 mg — K2 K
  Other: Achromycin
  IOM: 100-02, 15, 50
- * J0129 Injection, abatacept, 10 mg — K2 K
  NDC: Orencia
- J0130 Injection, abciximab, 10 (Code may be used for Medicare when drug administered under the direct supervision of a physician; not for use when drug is self-administered) — K2 K
  NDC: ReoPro
  IOM: 100-02, 15, 50
- * J0131 Injection, acetaminophen, 10 mg — N1 N
  Coding Clinic: 2012, Q1, P9
- * J0132 Injection, acetylcysteine, 100 mg — N1 N
  NDC: Acetadote
- * J0133 Injection, acyclovir, 5 mg — N1 N
- * J0135 Injection, adalimumab, 20 mg — K2 K
  NDC: Humira
  IOM: 100-02, 15, 50
- J0153 Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds) — N1 N
  Other: Adenocard
- J0171 Injection, adrenalin, epinephrine, 0.1 mg — N1 N
  IOM: 100-02, 15, 50
  Coding Clinic: 2011, Q1, P8
- * J0178 Injection, aflibercept, 1 mg — K2 K
- * J0180 Injection, agalsidase beta, 1 mg — K2 K
  NDC: Fabrazyme
  IOM: 100-02, 15, 50
- J0190 Injection, biperiden lactate, per 5 mg — E2
  Other: Akineton
  IOM: 100-02, 15, 50
- J0200 Injection, alatrofloxacin mesylate, 100 mg — E2
  Other: Trovan
  IOM: 100-02, 15, 50
- * J0202 Injection, alemtuzumab, 1 mg — K2 K
  NDC: Lemtrada
- J0205 Injection, alglucerase, per 10 units — E2
  Other: Ceredase
  IOM: 100-02, 15, 50
- J0207 Injection, amifostine, 500 mg — K2 K
  Other: Ethyol
  IOM: 100-02, 15, 50
- J0210 Injection, methyldopate HCL, up to 250 mg — N1 N
  Other: Aldomet
  IOM: 100-02, 15, 50
- * J0215 Injection, alefacept, 0.5 mg — K2 K
  NDC: Amevive
- * J0220 Injection, alglucosidase alfa, not otherwise specified, 10 mg — K2 K
  Coding Clinic: 2013, Q2, P5; 2012, Q1, P9
- * J0221 Injection, alglucosidase alfa, (lumizyme), 10 mg — K2 K
  Coding Clinic: 2013, Q2, P5
- J0256 Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg — K2 K
  NDC: Aralast, Aralast NP, Prolastin, Prolastin-C, Zemaira
  IOM: 100-02, 15, 50
  Coding Clinic: 2012, Q1, P9
- J0257 Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg — K2
  IOM: 100-02, 15, 50
  Coding Clinic: 2012, Q1, P8

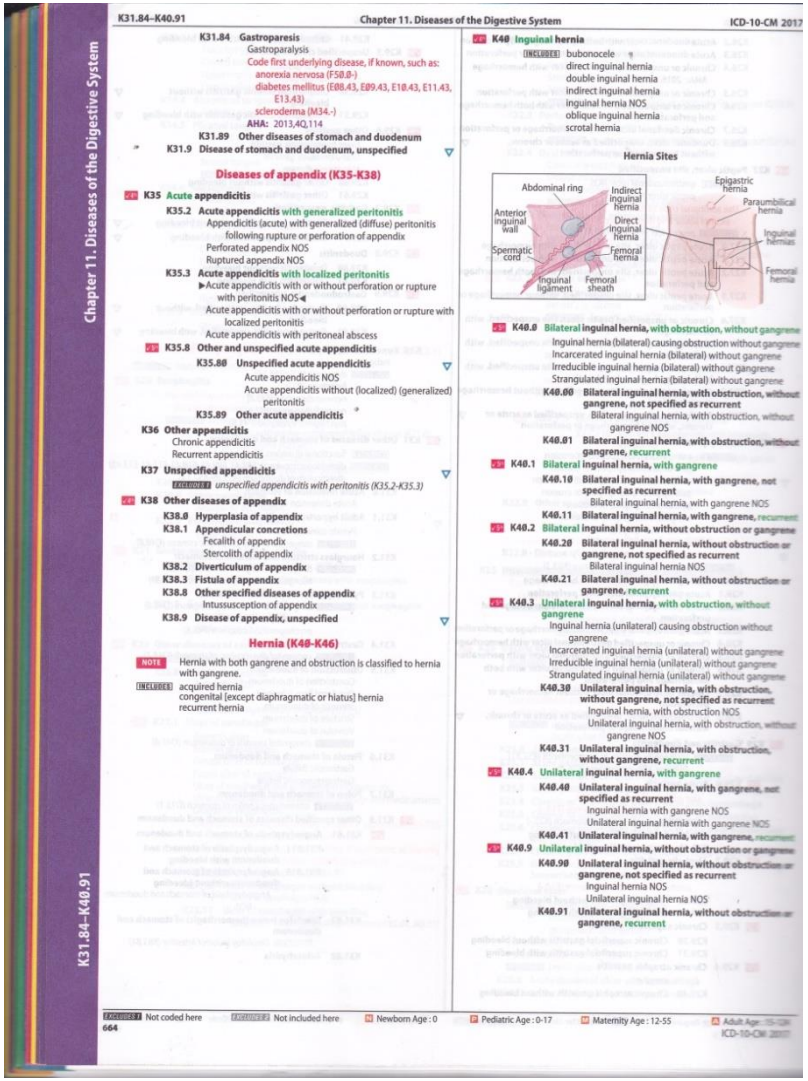
▶ New ↻ Revised ✓ Reinstated ~~deleted~~ Deleted ⊘ Not covered or valid by Medicare
○ Special coverage instructions * Carrier discretion Bill local carrier Bill DME MAC

J0120 – J0257 DRUGS OTHER THAN CHEMOTHERAPY DRUGS

280

Why was it done?





Story- Who Bills?

- ✓ I am a renaissance man!
- ✓ I am a fee for service provider!
- ✓ I do my own billing!

Dr. T

Summary So Far

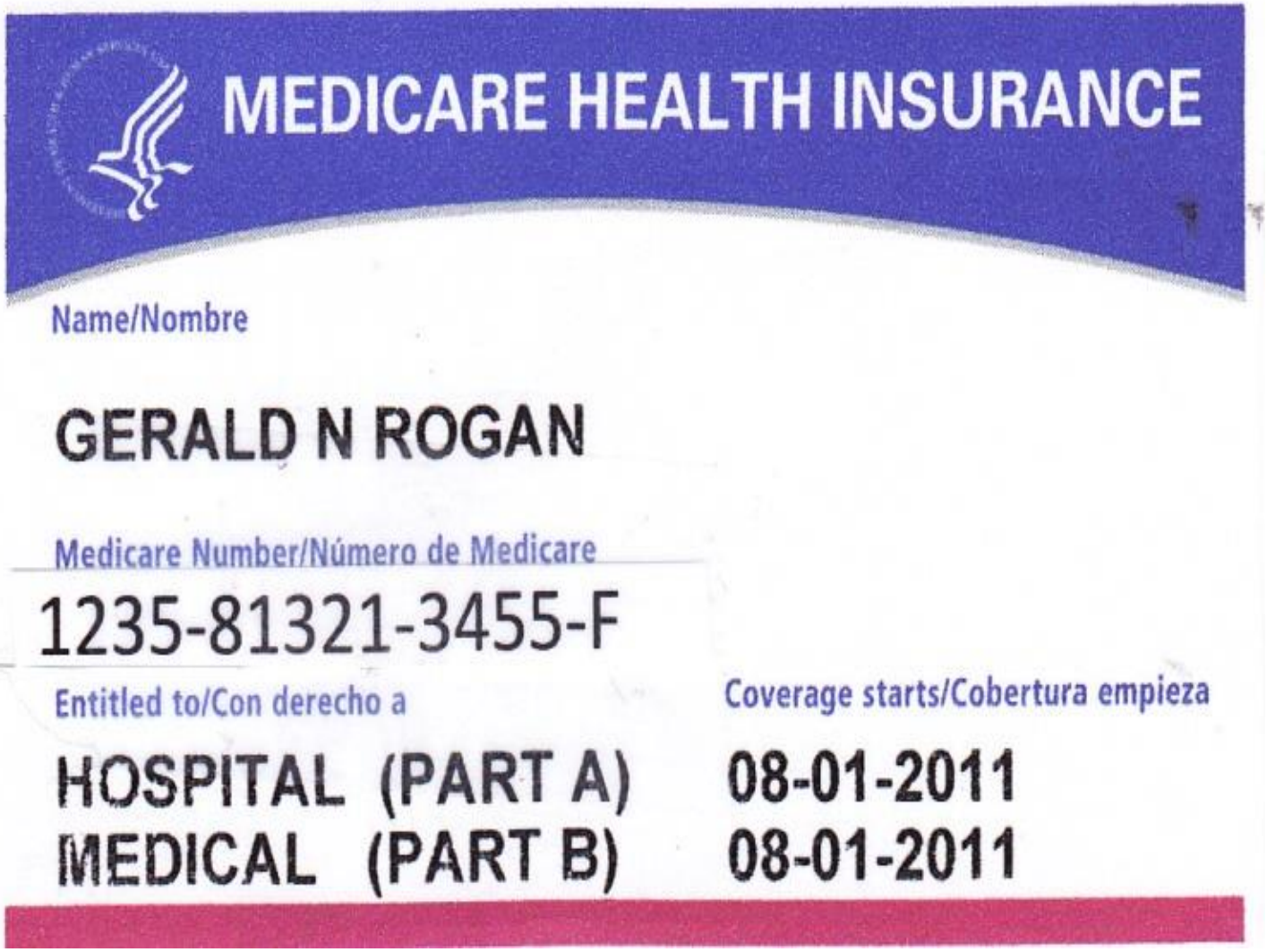
- ✓ History of Insurance
- ✓ Who funds
- ✓ Who pays
- ✓ Who collects
- ✓ Billing

NEXT: Who decides what to do for a patient?

A Service - Who Decides?

- **Physicians** decide how to treat patients.
- **Funders** of insurance decide which benefits are payable.
- Insurance companies and payment contractors decide whether to pay for each specific claim.
- **Medicare** coverage policy leads the industry.

Medicare


MEDICARE HEALTH INSURANCE

Name/Nombre

GERALD N ROGAN

Medicare Number/Número de Medicare

1235-81321-3455-F

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	08-01-2011
MEDICAL (PART B)	08-01-2011

Plan Benefit: To pay or not to pay?

Is the service a benefit of the plan?

Who decides?

- Medicare - Congress
- Medicaid - States with CMS oversight
- Employer plans- the employer
- ACA Plans- the ACA
- HMO: Mirrors FFS + Extras
- Pharmacy: The PBM

Medicare Benefits Outpatient (Part B)

- Illness, injury, repair of a deformity
- Specific primary preventive services
- Specific secondary preventive services
- Physician injected drugs (Part B)
- Self-administered drugs (Part D)
- Specific durable medical equipment
- Dialysis
- Certain Ambulance Transport
- Hospital Outpatient

Medicare Benefits- Inpatient (Part A)

- Hospital inpatient care
- Skilled nursing facility care
- (3 months maximum)
- Home health and hospice care

No Medicare Benefit

- Hearing aids, Eyeglasses, Orthotics
- Some preventive services
- Services outside the U.S.
- Most devices for self-monitoring
- Certain DME items
- Beautification Surgery

Medi-Cal Benefit Decisions

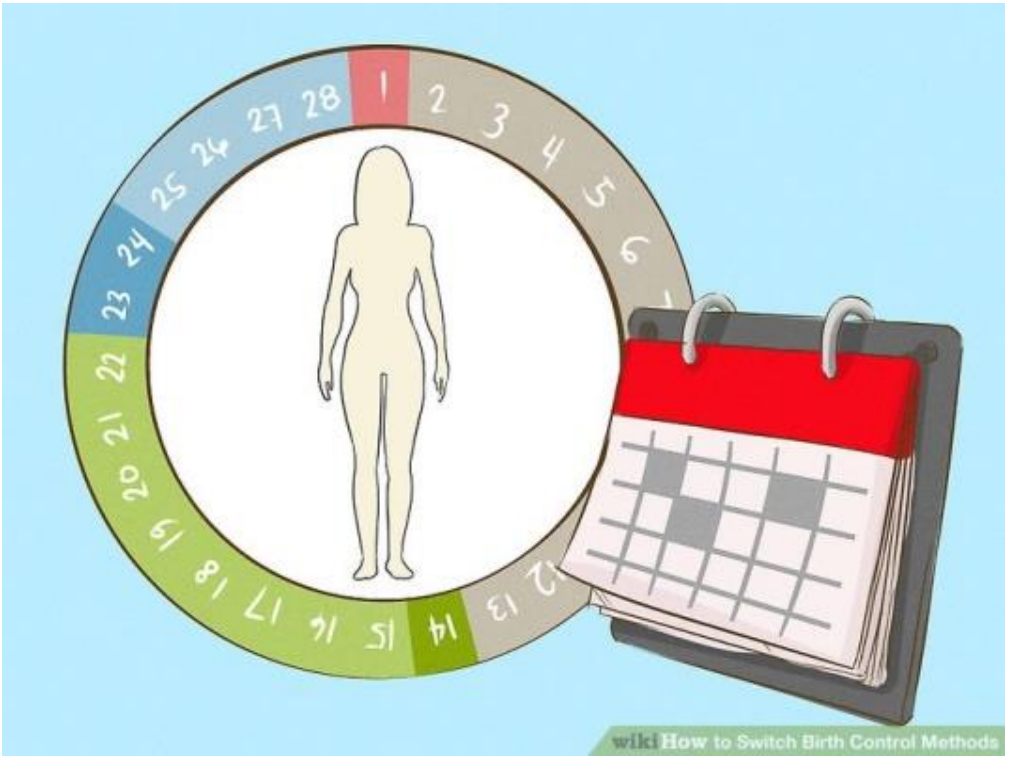
Who is eligible? Poor

- ✓ Prenatal care ..... YES
- ✓ Diagnostic mammogram .... YES
- ✓ Breast cancer treatment ... YES
- ✓ Pap smear ..... YES
- ✓ Cervical cancer treatment ..YES
- ✓ PSA test and prostate cancer Rx?
- ✓ CT scan and pancreas cancer Rx?

ACA Plan Benefit Decision

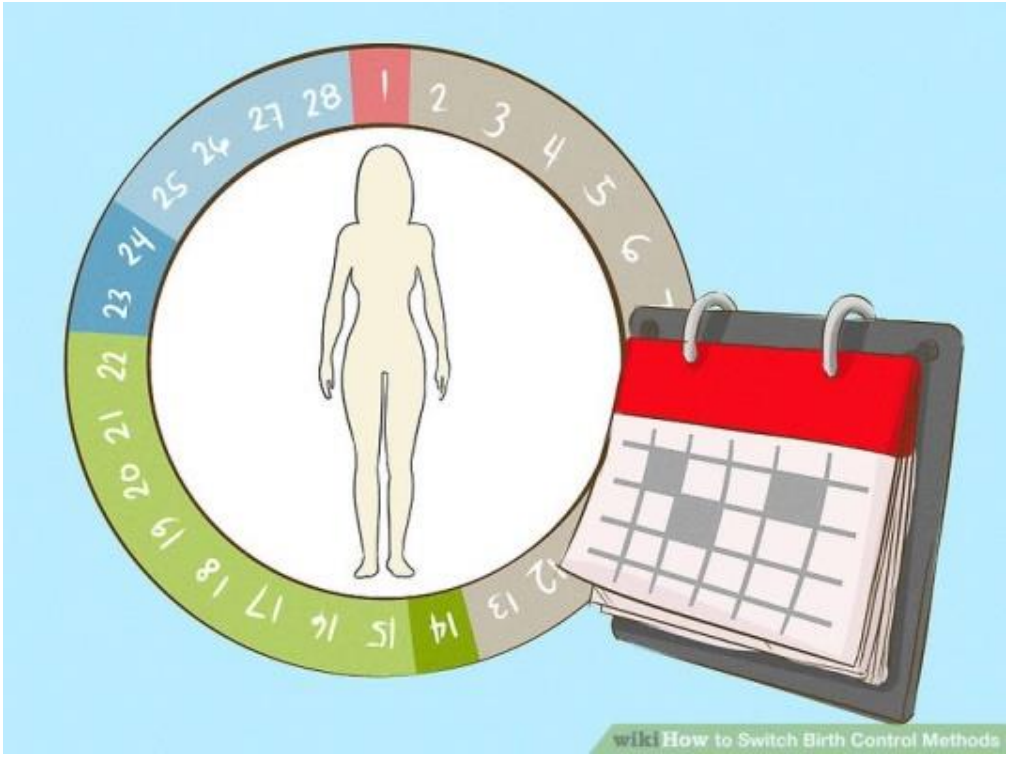
Birth control pills are a benefit for appropriate women

COVERED CALIFORNIA™



Employer Plan Benefit Decision

Birth control pills are <u>not</u> a benefit of our plan.



To pay or not to pay?

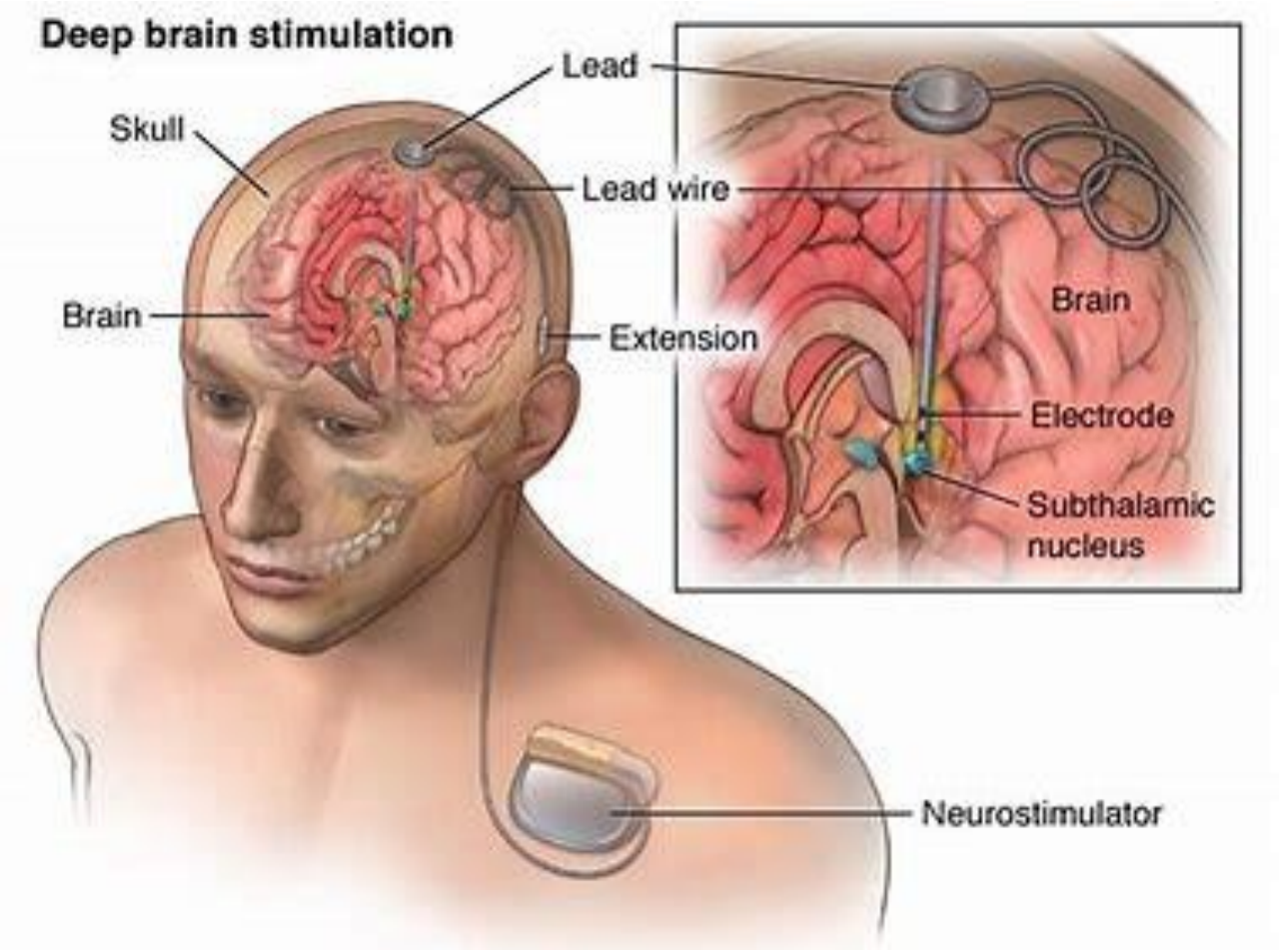
- First Question: Is the service a benefit of your plan - yes or no?
- **Second Question: Medical Necessity –** Is the service reasonable and necessary to diagnose or treat a disease, or to repair a deformity?

Is the Service Medically Necessary?

1862(a)(1)(A)..make (payment for services)…which are… **reasonable** and **necessary** for the **diagnosis** or **treatment** of **illness** or **injury** or to improve the functioning of a malformed body member

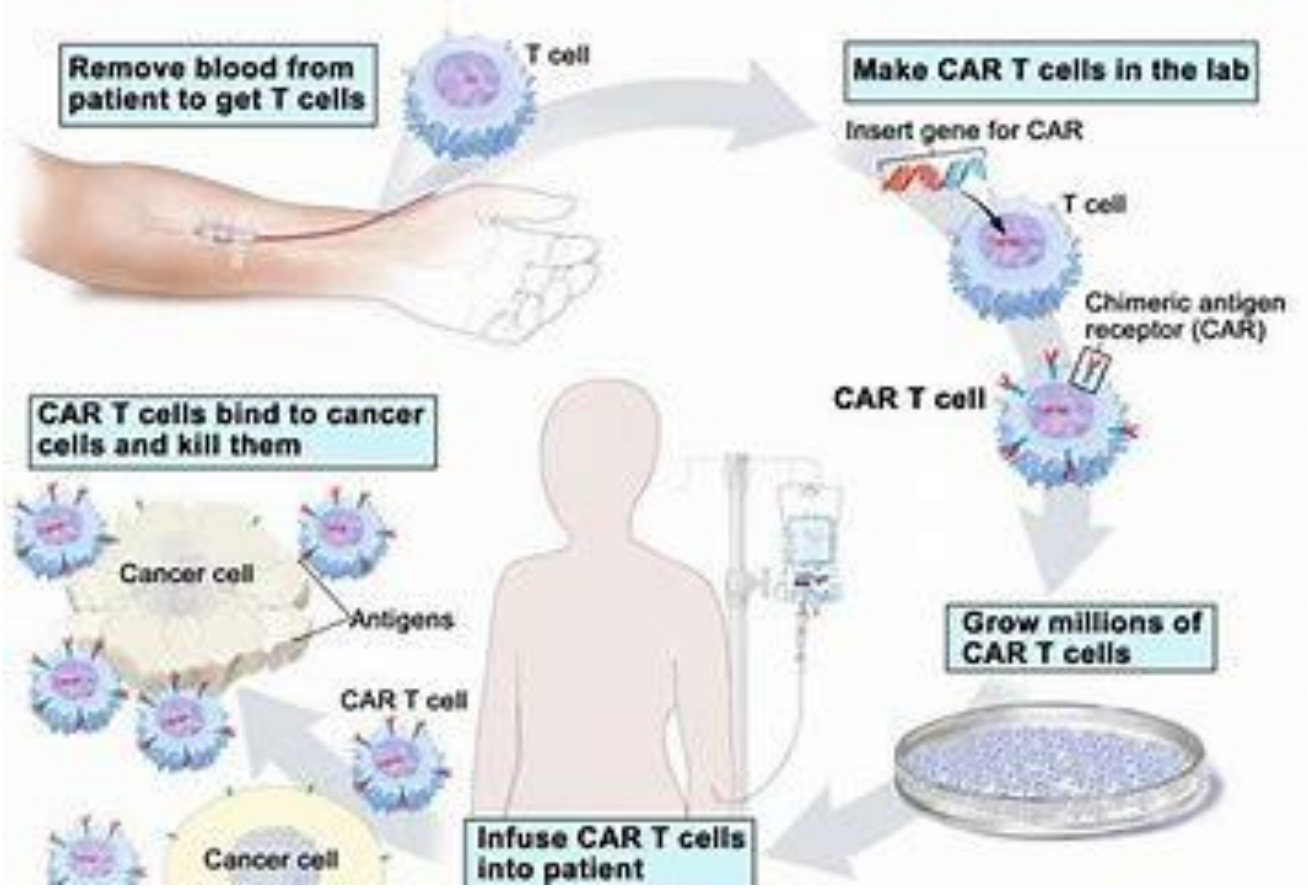
Medicare: Local Coverage Decision

Deep brain stimulation for the treatment of medically refractory Parkinson's disease



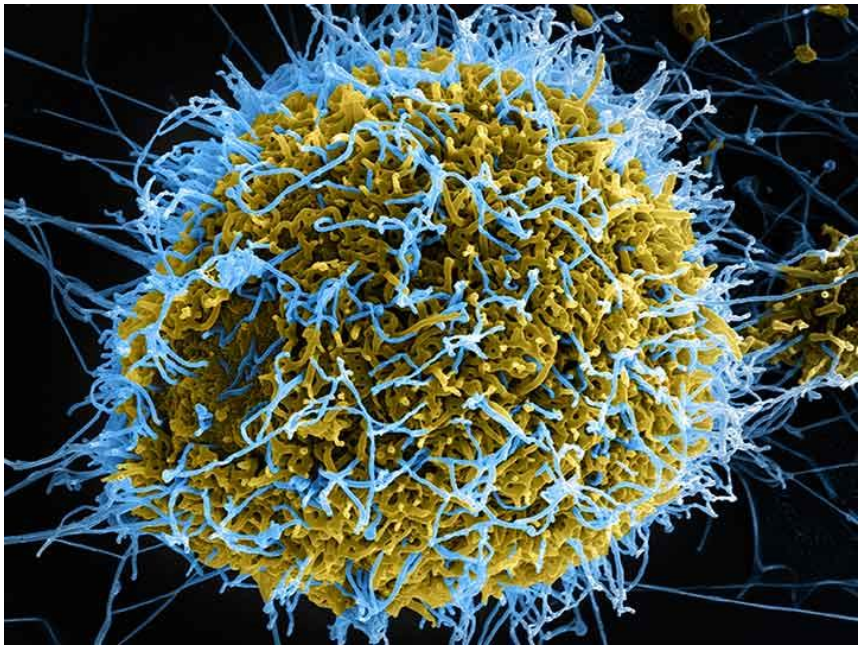
Medicare: National Coverage Decision

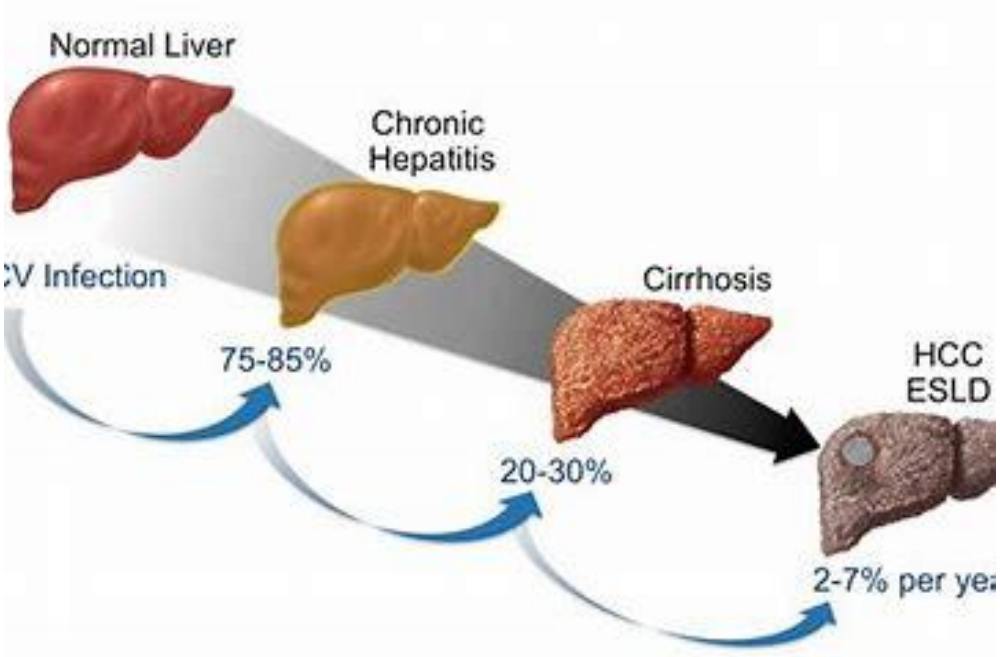
CAR-T therapy is reasonable and necessary to treat Refractory Non-Hodgkin lymphoma



3rd Party Administrator Coverage Decision

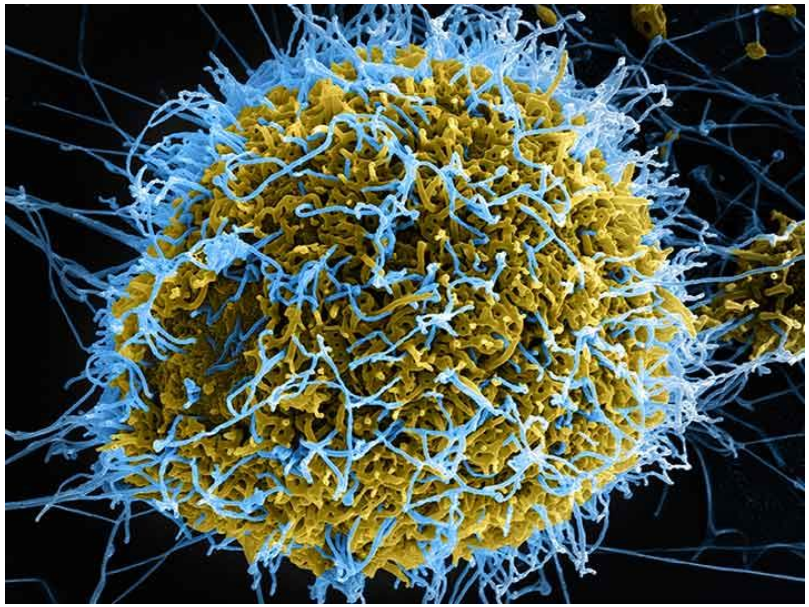
Hepatitis C treatment is covered for all infected patients

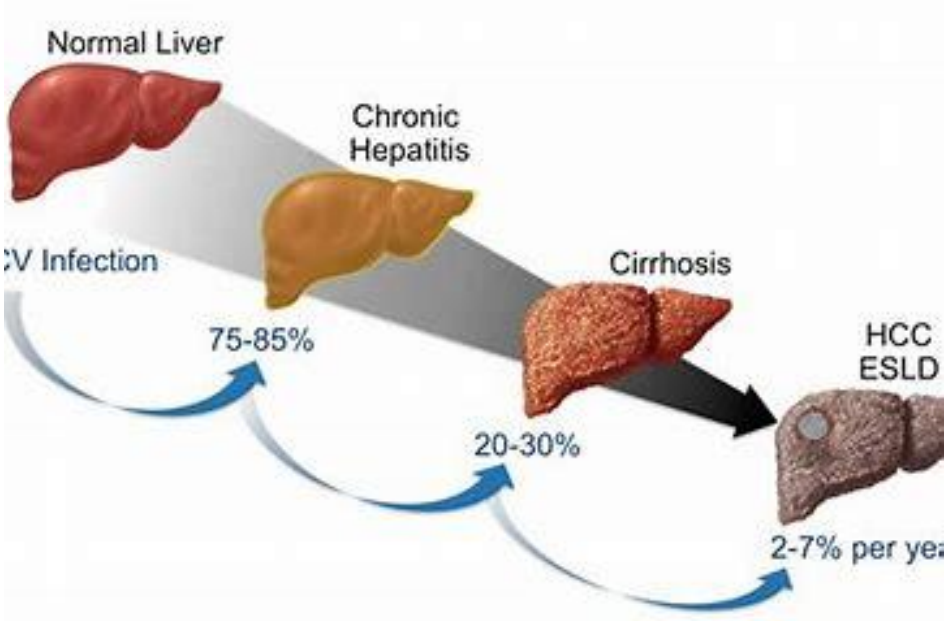




Medi-Cal Coverage Decision

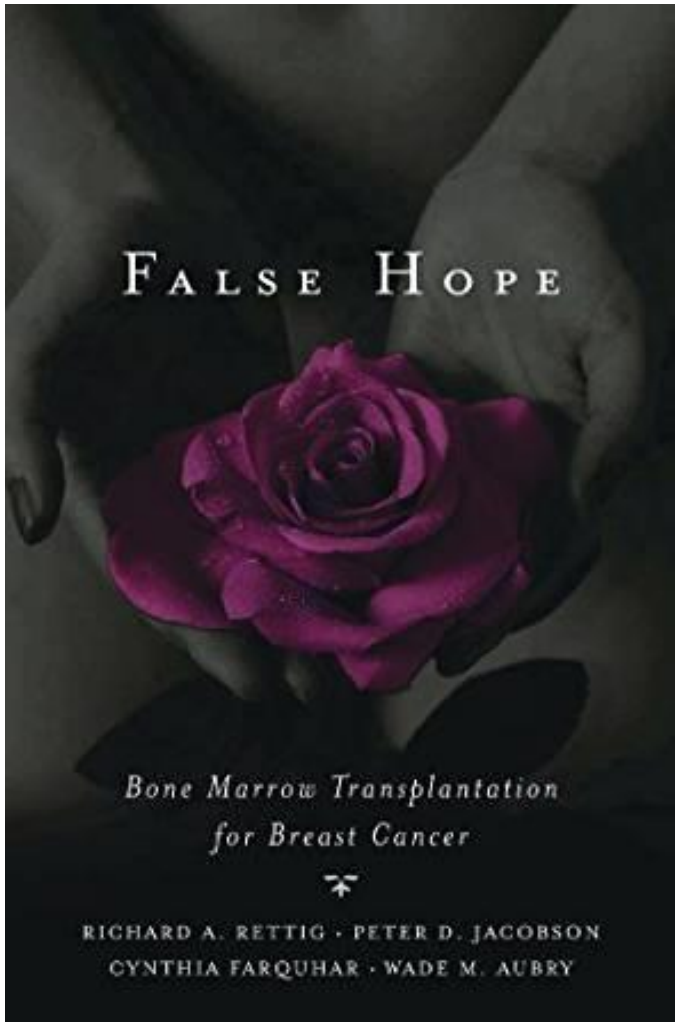
Hepatitis C treatment is limited to recipients with significant liver damage





Court and Legislative Coverage Decision

High dose chemotherapy with stem cell transplant is reasonable and necessary to treat refractory metastatic breast cancer.



Summary So Far

- History of Insurance
- Who funds
- Who pays
- Who collects
- Billing
- Who decides

How much does this cost?

Health Care Cost/Benefit

- **1930** L.E. = **60y** 58(m) 62(f)
- $23/p ($314 in 2015$)- 3.5% of GDP
- **2015** L.E. = **80y*** 77(m) 82(f)
- $9,536/p**----------15% of GDP

* 33% increase in longevity

**3,036% increase in cost

Cost increase 92X> outcome increase

2018 est. ---------- 18% of GDP

L.E. is declining

Total Cost for Care

- Total Spend is **$3.8 trillion** 18% of GDP (est)
  - 330 million persons = $11,515/p
  - 12.3% Switzerland (2017) (1/3rd less)
- Medicare **$593 billion** in 2018
  - 59.5 million persons = $11,750/p

What costs so much money?

https://www.cdc.gov/nchs/fastats/health-expenditures.htm

https://www.pgpf.org/chart-archive/0170_international_health_spending_comparison

Selected Death Rates*

1. Heart 635k
2. Cancer 583k
3. **Medical error 250k**
4. **Accidents 161k**
   MV= 40k
5. COPD 155k
6. Stroke 142k
7. Dementia 116k
8. **Diabetes 80k**
9. Lung infection 51k
10. **O.D. 68k (h, c, o)**
11. CRF 50k
12. **Suicide: 45k**
13. **Murder: 19k**
14. **HIV 6k (2015)**

* https://www.healthline.com/health/leading-causes-of-death#suicide

What drives the cost of health care? 1

- Total Spend = **$3.8 T** = 18% GDP
- Waste and abuse = 30% = **$1.4 T**
- Fraud = 3 % = **$114 billion**
- No copay? Cost is irrelevant.
- For profit insurance companies?
- Multiple Payers?
- Multiple Funders?
- What about rationing?

What drives the cost of health care? 2

- Limited self-reliance
- Unhealthy behavior
- Unconstrained prices for selected products – P.A. Drugs
- Defensive medicine?
- Price is unknown in advance
- No price competition
- Direct to consumer advertising

Waste, Abuse, Fraud

- **Waste** is collecting for a medically unnecessary service the physician reasonably believes is needed
- **Abuse** is collecting for a medically unnecessary service the physician knows is not needed/covered.
- **Fraud** is collecting money for a service not provided

Waste Example

- An otherwise healthy patient with a cough and no fever is diagnosed with mild bronchitis.
- The physician orders a chest X-ray and a complete blood count.

Abuse Example

- A patient presents to the emergency room with chest pain.
- The cardiologist performs a cardiac catheterization test.
- The test is normal. An intravascular ultrasound is ordered.
- It is misread to show disease.
- The patient receives a CABG.

Abuse Example

CABGs for 700+ healthy patients

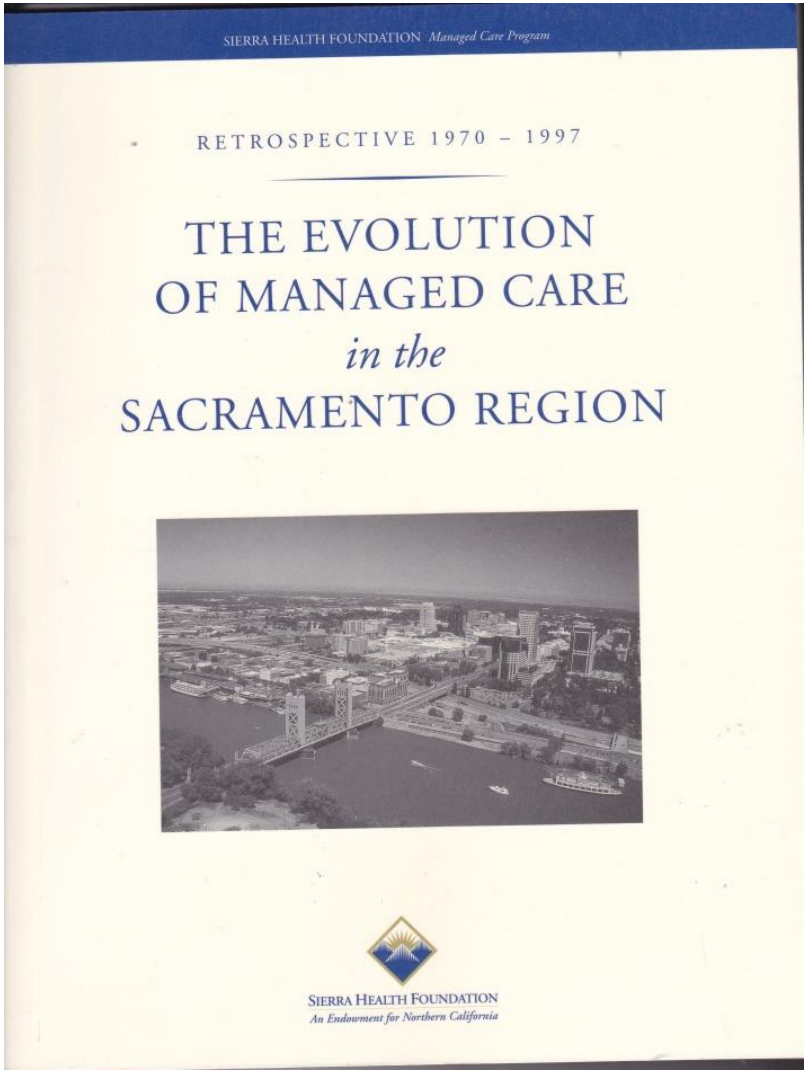
Control waste, abuse, and medical errors

Medical error 250k deaths per year

- Hospital medical staff peer review
- Analyze cause of errors and take corrective action
- When all else fails and a medical disaster occurs, perform a root cause analysis.

* https://www.healthline.com/health/leading-causes-of-death#suicide

Solution to Waste - Managed Care?



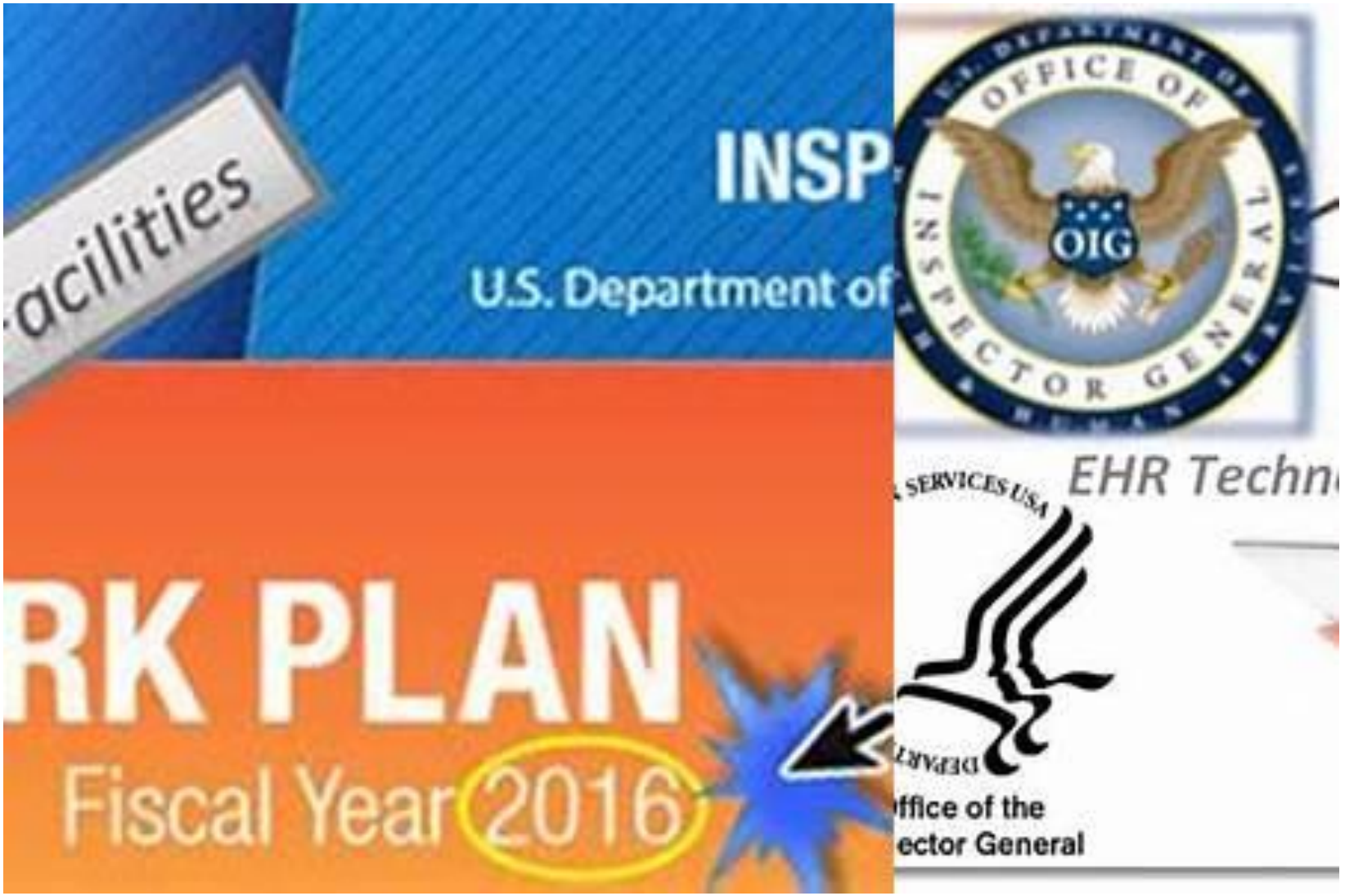
Managed Care Benefits

- No incentive to do more than needed
- Promote services without an office visit
- No competition for patients
- Encourage sub-specialization
- Additional patient benefits
- Coverage is the same as F-F-S plans
- The risk -- denial of necessary care by the provider

Who Monitors Waste and Abuse

- Hospital medical staff peer review committee
- Claims payment contractor/insurer
- Office of the Inspector General
- Insurance company compliance department

OIG-HHS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Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

HYPERBARIC OXYGEN THERAPY

Its Use and Appropriateness

JUNE GIBBS BROWN
Inspector General

OCTOBER 2000
OEI 06-99-00090

RECOMMENDATIONS

Our results show that a significant percentage of HBO2 is provided inappropriately. Either HBO2 should never have been used (not a covered diagnosis), excessive treatments were provided, or documentation of services was not available.

To address concerns raised in this report, we recommend that the Health Care Financing Administration:

- **Initiate its national coverage decision process for HBO2.**

  This review is requested because (1) questions persist concerning the appropriate usage of HBO2, (2) there are program integrity issues surrounding significant inappropriate payments, and (3) there are conflicting carrier and intermediary policies. Considering the overlap of HBO2 with other wound-care procedures, this review might consider HBO2 within the broad context of wound care and in terms of its relative cost-effectiveness.

- **Improve policy guidance:**

  1. Provide clear descriptions of covered conditions;
  2. Propose additional ICD-9 codes as needed to more closely parallel covered conditions;
  3. Establish a clear physician attendance policy;
  4. Consider establishing training requirements;
  5. Consider incorporating clinical standards of patient selection and treatment protocols designed with the aid of hyperbaric physicians; and,
  6. Specify medical record documentation requirements.

- **Improve oversight:**

  1. Require contractors to initiate edits and medical review procedures which insure that uncovered diagnoses are not paid and high treatment thresholds are subject to review.
  2. Explore the establishment of a registry of facilities and/or physicians providing HBO2 to improve communication and facilitate monitoring.

HHS-OIG Recommendations to CMS

Recommendations Unimplemented by CMS

- *CMS should implement …surety bonds for … other providers*
- *CMS should collect … data from Part D plan sponsors, … to identify … potential fraud and abuse*

https://oig.hhs.gov/reports-and-publications/compendium/

Changing Health Care Delivery

Who can control waste?

- Managed care:
  - ✓ Employer plans
  - ✓ Medicare C = 36%
  - ✓ Medi-Cal = 90%
- Comprehensive delivery systems
  - ✓ e.g. CHF penalties
  - ✓ ACOs
- Fragmented services are becoming non-competitive.
- Fraud remains a nightmare!

What about Fraud?

- Example: A Medi/Medi patient is paid to go to a clinic for tests
- Medicare pays for a prostate ultrasound.
- Records show the U.S. was done through the abdominal wall
- The U.S. must be transrectal
- Crooks leave the U.S.
- Provider avoids jail. Repays $1m

Who Stops Fraud?

- OIG office of Investigations
- California Department of Audits and Investigations
- FBI
- US Attorney
- Grand Jury
- Pay and Chase
- Compare to credit card fraud

Summary

- ✓ History of Insurance
- ✓ Who funds
- ✓ Who pays
- ✓ Who collects
- ✓ Billing
- ✓ Benefit categories
- ✓ Coverage and medical necessity
- ✓ Cost of care
- ✓ Waste and Abuse
- ✓ Managed care
- ✓ Changing Health Care Delivery
- ✓ Fraud
- ✓ Law Enforcement

QUESTIONS?

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BREAK TIME!

DISCUSSION QUESTIONS 1

1. Does the State of California have the legal authority to enact a single source of funding plan?
2. What would you propose to lower the cost of medical liability (malpractice) insurance?
3. Should medical malpractice cases be handled trough an administrative law judge instead of superior court?
4. Should a losing plaintiff pay for the costs to defend a lawsuit?
5. Do physicians in the U.S. make too much money or not enough?
6. Do Medicare beneficiaries pay a reasonable share of it?
7. Could Medicare expand coverage to younger persons?
8. What remedies do you propose for undocumented persons to obtain health care insurance?
9. Is access to health care services the same or different across various insurance/government plans?
10. Would you favor free medical school tuition in exchange for x years of public service?

DISCUSSION QUESTIONS 2

11. Should Medical Insurance Companies be not-for-profit?
12. How does one control waste within an institution?
13. Does a hospital medical staff peer review process help control waste?
14. Why cannot our government do a better job preventing fraud?
15. Why are physician administered drugs prices not negotiated?
16. How can a manage care plan defraud our government?
17. How can a PBM commit fraud?
18. If I have questions about billing and running my physician's office, who can help me?
19. If I disagree with a payer about the medical necessity of a service for a particular patient, may I appeal the non-payment?
20. If an insured patient wants a service that is not a benefit of the plan, may I provide it? May I charge retail?
21. It is viable to run a medical business without dealing with insurance?
22. How do we avoid medical errors?

DISCUSSION QUESTIONS 3

23. Do we have a functioning medical marketplace? Explain.
24. Do we have a process to perform a root cause analysis for a large case of abuse in a hospital setting?
25. When you read a report of a discovery of more than $10m of improper payment made over several years, is it a story of success or failure for program integrity? Explain.