



- providing current information on health care industry issues and legislation

## Health Care Report Passes in House of Representatives, Goes to President for Signature

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act. This law represents the biggest expansion of federal health care guarantees in more than four decades, and was previously approved in the House of Representatives on March 21<sup>st</sup>, and in the Senate on December 24, 2009.

With the passage of this bill, insurance companies will be prohibited from capping annual and lifetime limits, denying coverage to individuals due to pre-existing conditions, and will prohibit insurance companies from rescinding coverage when an individual gets sick. Additionally, health insurance exchanges will be created to help individuals purchase affordable health care coverage.

In addition to passing the Patient Protection and Affordable Care Act, on March 26, 2010, both chambers of Congress passed what is being referred to as the "fixes" bill. The goal of this bill was to amend specific items in The Patient Protection and Affordable Care Act, such the tax on "Cadillac" health care plans, and removing certain budget related items from the law. President Obama is expected to sign the "fixes" bill by the end of the Month.

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## Three Star Provider of the Month



PTPN is America's largest network of rehabilitation professionals in private practice. PTPN provides a network that stresses professional ethics, clinical expertise, and personal commitment of the independent private practice practitioner to deliver the best value and the highest level of service to both the patient and the payor.

With more than 1,200 offices and over 4,000 therapists throughout the country, PTPN prides itself on offering cost effective skilled services while maintaining strict quality control standards throughout its many locations.

For more information on PTPN, and how they may be able to help meet your needs, please visit their website at: [www.ptpn.com](http://www.ptpn.com).

## HIPAA 5010 Transaction Standards

Version 5010 of the HIPAA standards include a variety of improvements to the structural, technical, and data content currently being transferred electrically in the health care arena. By improving these standards and clarifying these rules, the processing of claims electronically will be vastly improved. Additionally, these new claims transaction standards contain significant improvements for reporting items such as clinical data, reporting of ICD-10-CM diagnosis codes and ICD-10-PCS codes, and will provide the user information to distinguish between principal diagnosis, admitting diagnosis, and external causes of injury.

The implementation of the 5010 HIPAA transaction standards are being implemented in two levels.

**Level I Testing.** During this period, covered entities will perform internal readiness activities to prepare for testing new versions of the standards internally with their partners. It is expected that Level I compliance will be achieved by December 31, 2010.

**Level II Testing.** During this period, external testing activities between covered entities and their partners will occur. It is expected that all covered entities will begin Level II testing by January 1, 2011, and all covered entities will be compliant with the 5010 standards by December 31, 2012.

**H.H.C. Group** is currently working with our partners to assure compliance with all 5010 HIPAA standards, and looks forward to completing this process.

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## The Search for Health Care Bargains in Times of Economic Struggle

While Congress debates health care reform and the economy continues to work its way out of recession, health care costs continue to rise. In reports released from the Centers for Medicare and Medicaid Services, consumer out-of-pocket spending on health care costs increased from \$682 to \$912 per person from 2002-2008.

In an attempt to combat these increased costs, consumers are taking a more active role in looking for ways to reduce their health care expenses. Such methods include reviewing prices at a variety of health care providers or hospitals prior to having procedures or seeking treatment. By reviewing these prices before obtaining treatment, consumers are able to look for the most affordable health care that meets their individual needs.

In addition to contacting individual providers and hospitals independently, consumers often look to websites that compare and contrast prices for various services. One beneficial tool that can be used to help these consumers is for their insurance company to keep accurate, up to date information about services and pricing available to its members. By providing patients with the information to allow them to make informed decisions, both the patient and the insurer are able to obtain quality services at reasonable prices.

The examples below demonstrate recent savings achieved through our **Medical Review Program**. If a claim is unusually high and the provider will not negotiate or does not participate in any of our 230 **plus** contracted PPOs, the claim may be a good candidate for a **Line Item or Comprehensive Bill Review**. Please contact your sales representative or Linda Frances Loch, General Manager of Medical Review Programs, at 301-963-0762 ext. 163 or via e-mail at [l\\_loch@hhcgroup.com](mailto:l_loch@hhcgroup.com) for more information on these programs.

## Medical Review Program Bill Review Examples

### Line item bill review savings examples:

**Case A:** Cornery Bypass

**Case B:** Extreme Immaturity of Infant

**Case C:** Liver Cancer

Bill Amount	Recommended Denial
<b>Case A:</b> \$523,835.15	\$68,786.00 or 13%
<b>Case B:</b> \$491,537.02	\$57,727.10 or 12%
<b>Case C:</b> \$25,776.48	\$7,289.15 or 28%

## Negotiation and Repricing Savings Examples

The examples below demonstrate recent savings achieved through our Negotiation and Repricing Services. If you are currently using only one of our many services, please contact your sales representative or Joe Michaud, Executive Vice President of Sales at 301-963-0762 ext. 110, or via email at [j\\_michaud@hhcgroup.com](mailto:j_michaud@hhcgroup.com) to find out how to access all of our health care cost containment services.

MARCH 2010 EXAMPLES			
TYPE OF SERVICE	AMOUNT BILLED	% SAVED	SAVINGS
NEGOTIATION	\$90,418.12	50%	\$45,418.12
	\$121,013.56	34%	\$41,013.56
	\$42,728.00	50%	\$21,418.60
	\$37,769.84	41%	\$13,769.84
REPRICING	\$58,670.15	20%	\$11,734.03
	\$50,270.10	20%	\$10,054.02
	\$44,143.50	20%	\$8,828.70
	\$23,420.91	30%	\$7,026.27

## Three Star Preferred Provider Program Additions

One of the strengths of **H.H.C. Group** lies in its relationships with providers. We are pleased to announce the following new program members.

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Advanced Orthopedics Medical Center, Hanford, CA 93230	Jandee Anesthesiology PLLC, Newark, NJ 07193
Amy S Burhanna MD LLC, Cape May County, NJ 08210	Jeffrey Smith, San Carlos, CA 94070
Bay Area Hospital, Largo, FL 33779	Kathryn Safford, MD, San Antonio, TX 78291
Beacon Hospice, Longview, TX 75604	Longhorn Health Solutions Inc., Austin, TX 78737
Cardiovascular Clinic of Texas, Houston, TX 77019	Muskogee Community Hospital, Tulsa, OK 74147
Confrancesco Simon MD, McComb, MS 39649	Ocala Neurohospitalists, Ocala, FL 34477
Excell Clinical Laboratory, Edison, NJ 08817	Patriot Medical Transport System, Mechanicsville, MD 20659
Forensic Laboratories, Denver, CO 80217	Philip T. Regala, MD PL, Naples, FL 34102
Gastroenterology Associates, Bettendorf, IA 52722	Reliable Medical Supply Inc., Kansas City, KS 66103
Houston Stat Medical, Houston, TX 77064	Riverside Ambulance Inc., Marked Tree, AR 72365
James Bass, Rolla, MO 65401	Soll Eye PC of PA, Boston, MA 02284
	TCN SVC of Plano and N Dallas, Addison, TX 75001

#### CONTACT INFORMATION

Additional product/services information: visit  
**www.hhcgroup.com** or 301-963-0762 ext. 110.

Repricing support/assistance: please contact  
**appeals@hhcgroup.com** or 301-963-0762 ext. 212.

Medical Review Program support/information: please contact  
**mrp@hhcgroup.com** or 301-963-0762 ext. 163.