

Making Medicare Pay

Third in a Series of Webinars
Self-funded Health Plans:
How to Reduce Costs Without Changing Coverage

Brought to you by:



HEALTH DECISIONS, INC.

August 2007

***Pioneering Specialists in
Group Health Care
Post-Payment Administration
For Over 20 Years***

Customer Philosophy

Respect for Existing Procedures

Emphasis on Customization

FOCUS on Solutions

August's Webinar - Making Medicare Pay

- **June - Series Overview: How to Reduce Costs without Changing Coverage**
(Podcast available at “Si’s Library” www.healthdecisions.com)
- **July – It All Starts with**
(Podcast available at “Si’s Library” www.healthdecisions.com)
- **September - *Claim Recovery “Yachtsmanship”***
- **October - *The ‘Rx’ for Rx Claims***
- **November – Declaring WARR**

Medicare Realities

The Bad News

- Medicare is not trying to be fair.
- Medicare is trying to shift costs.
- Medicare invests heavily in this:
 - MSP (with and without the IRS)
 - VDSA
 - COBA
 - DEFRA

Medicare Realities

The Good News

- Employers and plans can respond effectively.
- Getting and keeping facts straight is a must.
- Using regulations to your advantage is key.

Today's Webinar

Today's Session Covers:

Common problems employers and plans face.
How to respond effectively.

Today's Session Will:

Lay out a strategy for compliance that balances
Medicare's one-way cost shift.

Highlight the newest facet of Medicare recovery, the
Retiree Drug Subsidy (RDS) under Medicare Part D.

Common Problems

Different Types of Medicare Eligibility Pose Different Challenges	
Aged (and all others)	<ul style="list-style-type: none">• Incorrect classification by employer• Incomplete enrollment by retiree• Incorrect billing by provider
Disabled	<ul style="list-style-type: none">• Aggressive denial by Medicare• Daunting appeals process
ESRD	<ul style="list-style-type: none">• Incorrect first date of dialysis• Erroneous advice from Medicare
COBRA (and group size)	<ul style="list-style-type: none">• Lack of retiree awareness• Lack of payer enforcement

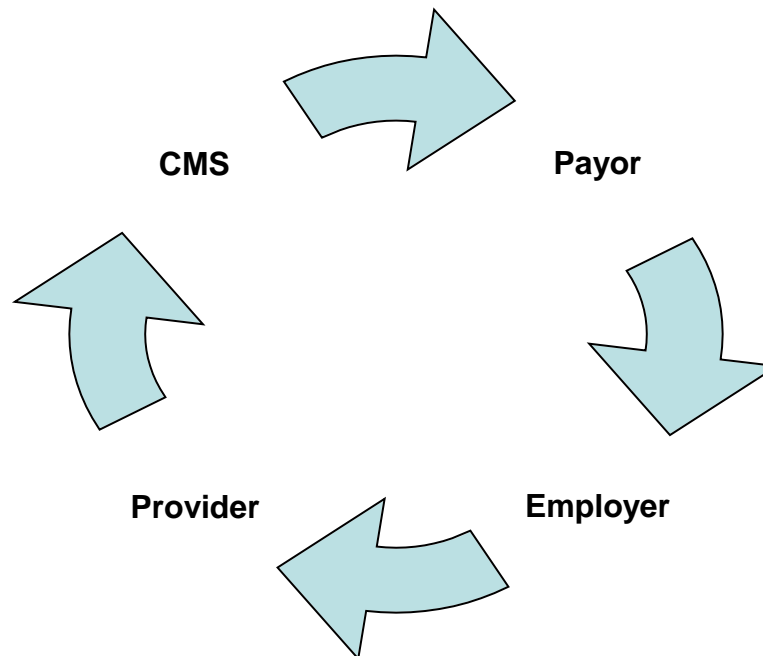
Step 1: Get All the Facts

Source	Aged	Disabled	ESRD	COBRA	Groups Size
Payor	Birth date	Diagnoses/ Procedures	Diagnoses/ Procedures	Enrollment	Marketing
	Internal Indicators in claim, enrollment and administrative records.				
CMS	Medicare Part A & B Effective Dates •VDSA for Mass verifications •Case Specific Verifications				
Employer	Active/Inactive status Active/Inactive group enrollment			Election Status	Employee Size
Enrollee	Medicare Part A & B Entitlement Status				
Provider	Diagnoses/Procedures, Disability History, First Date of Dialysis, Billing History				

Step 2: Put Facts to Use

ALL Facts must be the same.

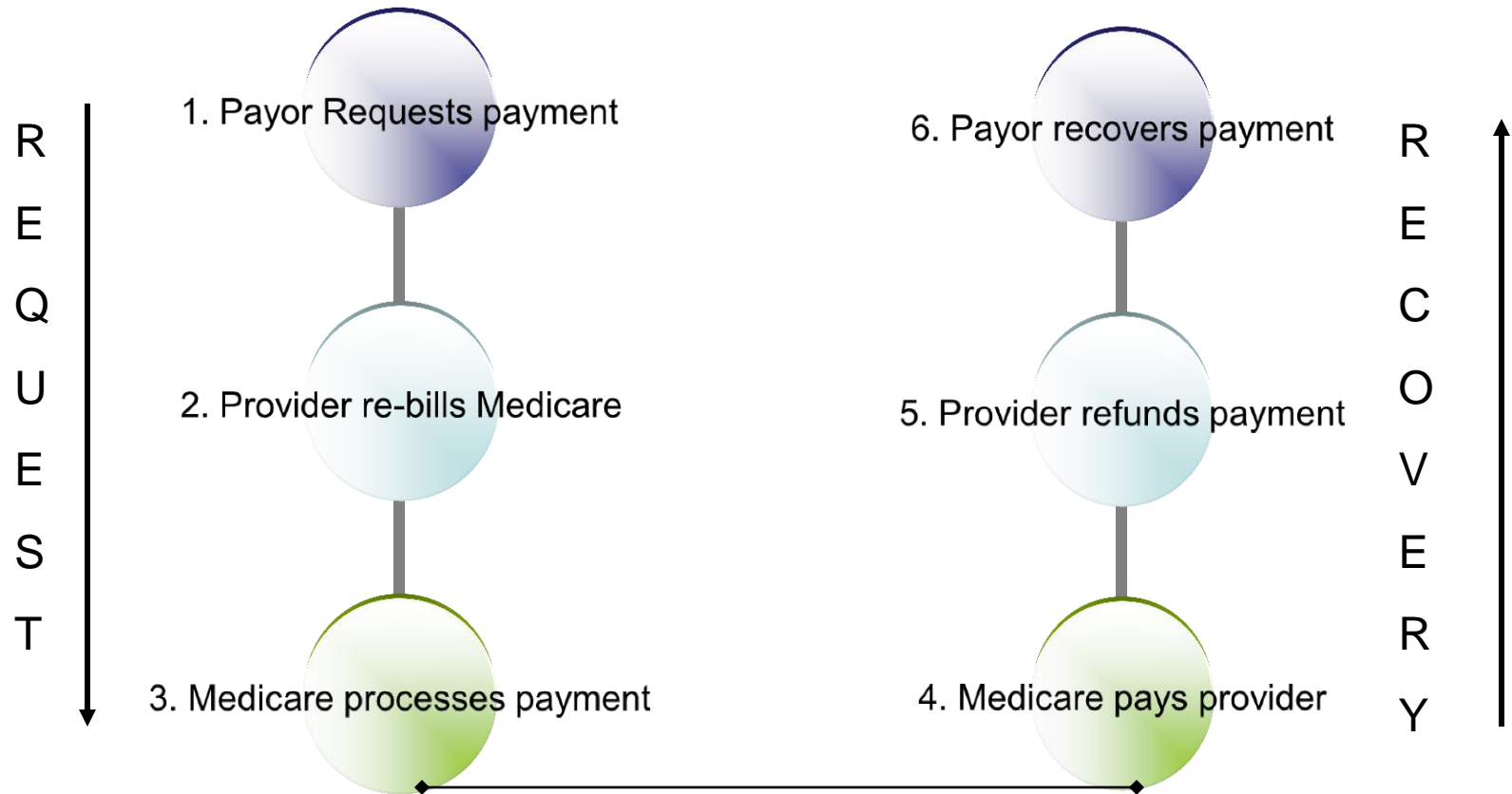
ALL Parties must agree.



Step 3: Make Your Case

Different Types of Medicare Eligibility Entail Different Responses	
Aged (and all others)	<ul style="list-style-type: none">• Make corrections to enrollment classification• Support Medicare enrollment
Disabled	<ul style="list-style-type: none">• Option 1: Personal Advocate• Option 2: Legal Advocate (tied to LTD)
ESRD	<ul style="list-style-type: none">• Document care history
COBRA (and group size)	<ul style="list-style-type: none">• Enforce regulations

Step 4: Medicare Collection



Closing Thoughts

Medicare is not your enemy; but it is not your ally either.

You need to be as aggressive as Medicare in enforcing payment liability.

For More Information Contact

si@healthdecisions.com

We will arrange for a private consultation to answer questions and discuss options.