Pharmacy Benefit News
Issue # 258 | June 25th, 2015

View in PDF

Stay in Touch!

Specialty Spotlight

"Claim Denied…"

The denial of medical claims may be a major source of frustration for physicians and poses a significant burden to the financial performance of a practice. Claims processing is associated with high administrative costs, and these costs are even greater when rejected claims are not addressed in an appropriate and timely manner by the physician's staff. According to the American Medical Association, recent trends show that the number of claim denials decreased by 47% in 2013, after an increase in 2012. Furthermore, the denial rate for commercial health insurers decreased from 3.48% (in 2012) to 1.82% (in 2013), with Medicare having the highest denial rate and Cigna possessing the lowest – at 4.92% and 0.54%, respectively. However, CMS predicts that claim denial rates are expected to skyrocket by 100-200% upon the transition from ICD-9 to ICD-10 due to mismatches with coding between the provider and the processing-entity.

Commentary:
Due to the administrative costs associated with claims processing, many physicians have decided to outsource this task to third-party organizations. With so many entities involved in claims adjudication, the chance for errors may be even greater. These third party organizations are tasked with the role of playing the "middleman" in order to communicate the concerns of the provider with the insurance company, and vice versa. These discussions are not always effective, and as such, discrepancies arise with regard to diagnosis coding, billing procedures, etc. All these factors may result in a claims denial. As a consequence, the third party organizations that have been created to help alleviate the burden associated with claims processing, may also be contributing to it. It is important that such third party organizations carefully negotiate claims processing protocols, and ensure that both providers and insurance companies agree to the negotiated terms.

Sources: "Kreimer, Susan. "Claim Denials: 15 Ways to Fight Back." *Medical Economics*. 8 May 2014. Web.

Find out more

Patient-Physician Treatment Contract Forms

Patient-Physician Treatment Contract Forms are used by physicians' offices to create goal-oriented therapy that is mutually-understood by both the patient and the physician. This document helps ensure that the patient understands their role and responsibilities regarding treatment (e.g. how to obtain refills, what to do in case of adverse side effects, etc.), and affords him/her the opportunity to express concerns to their provider. The contract also expresses the responsibilities of the health care provider to the patient. The forms found at the link below, which include a generic template and opioid therapy-specific templates, are samples of such a contract.

Commentary:

The benefits of patient contract forms offer greater agreement and understanding between the patient and the physician as to what is expected during the course of treatment. The patient is likely to be more compliant with their medication regimen, and more likely to return to office visits and complete necessary laboratory monitoring parameters like lab draws, etc. Furthermore, they may be more informed about the risks associated with the therapy, especially if they do not comply with the physician's guidance. While these contracts are not legally binding, the implications are such that the patient will do what the physician is instructing, and will understand why. These contracts offer yet another tool for the physician to maintain a stronger presence in the patient's course of treatment.

Examples of Patient Contracts:

https://www.drugabuse.gov/sites/default/files/files/SamplePatientAgreementForms.pdf

http://www.aafp.org/fpm/2010/1100/fpm20101100p22-rt1.pdf

http://vantagephysicians.net/forms/TxContract.pdf

http://www.miec.com/Portals/0/Templates/Medication%20Management%20New.doc

Too Much Testosterone Raises Safety Concerns

The number of prescriptions for testosterone therapy has nearly tripled from 2001. Testosterone originally was intended for men who have difficulty producing male hormones because of damaged or disease of the testes. Recently, more middle aged men are using testosterone therapy to help to alleviate symptoms of aging such as fatigue, muscle wasting, and low libido. It has been a controversial topic as to whether initiating testosterone replacement therapy in men solely based on their symptoms, which come with age, is appropriate. Even though few studies have been done to assess the risk of supplementing testosterone hormone, some studies have shown that it has cardiovascular risks. For this reason the FDA has required all testosterone products to contain a warning label about the potential risks.

Commentary:

There is still controversy that revolves around the long-term use of testosterone for symptoms versus disease state. The FDA recently came up with a Black Box Warning for all testosterone products and stated that it should be avoided in men with pre-existing cardiovascular complications and low testosterone levels who lack an associated medical condition. This was due to two studies that were done, which assessed the cardiovascular safety of testosterone therapy showing an increased risk for cardiovascular events. Due to the lack of long-term studies on the chronic use of testosterone, it is only appropriate to use testosterone therapy for the labeled FDA indications (primary or secondary hypogonadism and HIV patients with muscle wasting). It is inappropriate to use testosterone to enhance strength or mood in every patient or in every HIV patient. Even though it is still a controversy whether to use testosterone therapy in healthy middle aged or older men long-term, we need to raise awareness about when is testosterone therapy truly appropriate for a patient.

Source: 1. The New England Journal of Medicine. "Testosterone-Replacement Therapy." NEJM, November 2014; 371:2032-2034. http://www.nejm.org/doi/full/10.1056/NEJMclde1406595

2. Margo, Katherine. "Testosterone Treatments: Why, When, and How?" American Family Physician. May 2006 (9): 1591-1598.

http://www.aafp.org/afp/2006/0501/p1591.html#afp20060501p1591-b3

Pro Pharma Cloud™

Healthcare management professionals, including Medical and Pharmacy Directors, CEO's, CFO's, and key departmental administrators have enhanced requirements to perform the following types of responsibilities:

- Share a common workspace with team members, store documents, and collaborate on projects.
- Submit, publish, archive, and view data— often from disparate sources, including graphic visualization of that data.
- Quickly find information that is relevant to them, their job function, and their business area.
- Manage the flow of documents and tasks through a workflow system.
- Increase data security by controlling access, inside the corporate network as well as remotely.
- Ability to filter and sort reports to customize organizational and departmental needs.

The Pro Pharma Cloud™ features enterprise-class, HIPAA-compliant security via our vendor's intrusion monitoring and audit procedures. All connections to the Pro Pharma Cloud™ are SSL 3.0 encrypted such that any intercepted communication would contain only encrypted text. Pro Pharma maintains the ability to provide an SOC2 report to any third-party auditor, on an as-needed basis. The Pro Pharma Cloud™ brings together cloud versions of the most trusted communications and collaboration products which deliver feature rich productivity tools. It has been designed to complement our clients' existing reporting and IT infrastructure and features seamless integration with most software and systems.

The Pro Pharma Cloud™ provides increased options for drill-down and drill-through functionality, expanded browser compatibility, and secure mobile solutions designed for tablets and smartphones. Pro Pharma continues to seek and respond to feedback in order to continually improve the quality and utility of the Pro Pharma Cloud™

For more information:
Carol Stern, CEO
(888) 701-5438
carol.stern@propharmaconsultants.com

Find out more →

Pro Pharma Pharmaceutical Consultants, Inc.
has assisted payer and providers for over 29 years to maintain quality while controlling costs.

Pro Pharma Pharmaceutical Consultants, Inc.

P.O. Box 280130
Northridge, CA 91328-0130
Phone No. 888.701.5438 | www.propharmaconsultants.com