MedBillsAssist

Medical Claims Solutions

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Medical Records

There is really two sides to this story.
1. Patients rights to receive a copy of their records upon request. 2. The move to electronic health records nationwide.
There are a number of reasons a person want to have a copy of their own records. The person may want to verify that the information is correct, may have a dispute about billing, they may need to file an appeal, and so on.
The Federal law named HIPAA is commonly used as a reason for delay in providing those records to the patient. Doctors, hospitals and other healthcare providers using it as an excuse of protecting your privacy. As a patient I can ask: who's privacy is protected when I cannot access my own records? Bottom line, as per HIPAA law copies of the records must be made accessible in 30 days, even if the associated medical bill have not been paid. Then there is the fee. States regulates how much a person needs to pay for the copy of their records. Most paper copies are about 75 cents a page. X-rays and other imaging cost more. Some entities will charge the fee while others not.

The most absurd story I can tell you is when a Texas hospital asked for the HIPAA authorization to be notarized and then they accepted a faxed copy.

Electronic records are another story. The Affordable Care Act includes provisions to institute electronic health records. It even gives funding to do so. Unfortunately, like many other laws our congress forgot to think it through. There are at least three companies that offer the service. Unfortunately, they are not comparable. Effectively, one hospital can use one software, another one use a different one and doctor practices yet another. Exchanging information within is not available. The concept of nationwide medical records sharing is scaring a wits out of me. In the light of the recent Anthem Blue Cross security breach, another one at Premera Blue Cross, makes me worried about my, and your medical records. If an organization that size cannot keep our information safe how do we expect a smaller hospital or physician practice to do so?

Quote of the Quarter

Quote "Many seniors with dementia are receiving risky mind-altering medications,"

Senator Thomas R. Carper of Delaware, the senior Democrat on the Homeland Security and Governmental Affairs Committee

Restrictive Insurance Policies under ACA

The Affordable Care Act now applies to most insurance policies we have. In my experience it is a mixed blessing.
The good new is the elimination of pre-existing conditions, first dollar coverage for preventive care and mental health equality.
The bad news is the reintroduction of extensive managed care. For most policies this was a thing of a past. But the ugliness of a gatekeeper policies resurfaced.
What does gatekeeper means?
More calls to the doctors: every time you want to see a specialist in your insurance network you must ask your primary care physician to fax a referral form to your insurance, and specialist. This is a burden for the patient, and the primary care physician. It can delay necessary and timely treatment and clogs up the already busy primary care physician's office.
Insurance companies have no mercy. No referral to a specialist, no payment.
The other problem with these new policies is the small network.
People like to have the doctors whom they like and trust. HMO policies dictate that a person receives care from in network medical providers. If your doctor does not participate in the network the only choices you have is replacing that doctor, or pay for services on your own.
It is a tedious process to figure out which doctor is in network with a specific policy. Anthem Blue Cross in CT has about 50 different networks. Calling the insurance company to inquire is dubious at best.
Just yesterday I got an earful of misinformation from Blue Cross.

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Nursing Home Problems

Every few years there is a new report about understaffing in nursing homes, and another, about the overuse of psychotic drugs.
The most recent report was released by the Government Accountability office in early March.
The same problems are reported as they have been in the past three decades.
There are two types of nursing home patients. 1. short term receiving rehabilitation care. 2. long term receiving daily custodial care.
Medicare and insurance companies pay for rehabilitative care in a nursing home settings. Patients receiving physical, occupational and speech therapies to recover from an illness.
Custodial care is not a true medical service. Therefore neither Medicare, nor medical insurance will pay for care. This type of care is simply assisting the patient with daily life tasks. There are limited coverage available from Long Term Care policies and a few others. Custodial care is mostly paid either privately or by Medicaid.
Quality standard enforcement is in the hand of the states.
There has been several proposals to allocate more federal funding, but the Health Care Financing Administration have not increased the minimum levels of staffing in nursing homes, due to the high cost in funding.
Presently less than 36 cents in every dollar spent on care. The rest is going to shareholders, CEOs, administration and spending capital.

Definitions:

HIPAA: Health Insurance Portability and Accountability Act

ACA: The Patient Protection and Affordable Care Act. Commonly refer to as ACA, and/or Obamacare

EHR: Electronic Health Records

12 ACA Facts

1. All legal US residents are eligible to sign up
2. Policy choices depends on the state of residence
3. Subsidies are available for those who qualify
4. Open enrollment ended on February 15, 2015
5. Special enrollment is available for those who qualify
6. People with Medicare coverage are not eligible to participate
7. Employer sponsored health insurance more likely offers more coverage and protection
8. Signing up through the Insurance Exchanges are optional
9. People can purchase private insurance from brokers or directly from insurance companies
10. People presently on COBRA can wait until their policy ends , then sign up for an ACA insurance plan; it is called special enrolment
11. A promise from President Obama , if you like your insurance plan you can keep it, was just a misguided promise. Policies created after March 2010, that did not comply with the ACA were terminated , never to be reinstated again. Policies issued prior to 2010 could have been grandfathered based on the discretion of the insurance company
12. The actual penalty for not having medical insurance is estimated to be 1% of taxable income in 2014, or a minimum of $95

Legal Issues or Who is in Trouble this Time?

Value Options has a new name following the settlement with New York State Attorney General. Now named Beacon Health Options has to reform its claims process and pay a $900,000 penalty. The company is well know for managing mental health claims for a number of insurance companies. They have been found violating mental health parity laws by denying behavioral claims twice and addiction recovery services four times as often in comparing to medical and surgical claims. The New York State Attorney General's office is in a process of investigating health insurance companies compliance with mental health parity laws.

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