

tional limitations.

- Letters of attestation lacked the supporting medical records.
- Supplier-created mobility evaluation forms were submitted as a substitution for medical record data.
- The claim lacked a date stamp verifying the supplier received the physician order within 45 days.

Some denials arise when treating physicians complete the entire patient exam and functional assessment without referring the assessment to an occupational or physical therapist, the industry source said. Medical records that include therapist assessments “are more likely to be in compliance with the policy because clinicians will readily assess the patient’s strength, range of motion, ambulation status, and hand dexterity for drive controls, in addition to the recommended array of information required by policy,” the source wrote. “However, clinical evaluations are not possible in all geographic regions of the country and some

physicians prefer to do their own assessment and physical exam.”

Additionally, the source said, certain requirements — such as the documentation of the face-to-face exam date — were initially misunderstood by many in the wheelchair industry. More recent talks between the industry and TriCenturion, however, have “greatly helped to attain clarity,” the source added.

Signifying an odd if minority trend, a small percentage of the denials came because the suppliers simply failed to respond at all to requests for information. In Jurisdiction A, 4 percent of the audited denials were based on non-responses; in Jurisdiction B, the figure was 11 percent.

“A non-response equals an offset, the money is taken back,” the source wrote, “so it is hard to understand why this even occurs.”

Based on the high denial rates, TriCenturion says it will continue with its claims-auditing exercises.

SCULLY, FRIST JOIN EFFORT TO COVER LOW-INCOME UNINSURED

A group of influential health policy makers this week announced the formation of a nonprofit group dedicated to initially providing coverage for low-income District residents not eligible for Medicaid or SCHIP, with plans to expand to several other cities.

The Health Coverage Foundation (HCF), co-founded by Capitol Health Group Chair Michael Bromberg and his wife Marlys, already boasts a star-powered board of directors, including former CMS Administrator Thomas Scully, former Senate Majority Leader Bill Frist (R-TN) and presidential candidate Bob Kerry, formerly a senator from Nebraska.

Several senior executives representing powerful health care industry sources have also signed on, including Alan Miller, CEO of Universal Health Services, James “Denny” Shelton, Chair/CEO of Triad Hospitals and M. Keith Weikel, COO of Manor Care. Alex Azar, vice president of corporate affairs and communications for drugmaker Eli Lilly and Co., and Malachi Mixon, CEO of Invacare Corp., also sit on the board.

The group aims to raise \$5 million over its initial two years. Brombergs donated \$250,000 in seed money to kick off the effort.

Jennifer Higgins, of the Capitol Group, said the foundation has been under development since late August 2007. “We expect to accelerate our fund raising efforts in the coming months, then focus on isolating potential organizations — in DC and several other cities yet to be determined — that are aligned with our mission to provide private coverage for the uninsured,” she said.

According to its Web site (www.healthcoveragefoundation.org), the foundation plans

to collaborate with social and religious organizations to help identify residents in need of coverage. “Our focus, generally, is on providing assistance to the ‘working poor,’ that low-income urban population which for the most part is ineligible for public health coverage via Medicaid or SCHIP,” Higgins said.

One beneficiary advocate said that while the concept

is admirable, it really doesn’t lead to public policy reform or private sector changes and cost savings that are really necessary to cover the 46 million Americans, including 9 million children, without health insurance. Even if the foundation collects its goal of \$2.5 million per year, family policies cost in excess of \$12,000 per year, which means this initiative would likely cover around 200 families, the source said. But, he

added, “that is 200 families more that didn’t have health insurance previously, so it is good and should be applauded.”

Asked if members have discussed ways to drive down health care costs, Higgins said no, not yet. “The Health Coverage Foundation was created ... with charitable rather than political motives in mind,” she said. “There is a hope that any efforts — private or public — around expanding coverage for the uninsured would also seek to address the inefficiencies in the current health care delivery system”

However, she pointed out, the uninsured and underinsured often lack a stable primary care home and often use emergency rooms as their sole means health care services. “Providing some of these patients with adequate private coverage is just one way to minimize that cost burden on our nation’s health care system,” she said.

**Health Coverage
Foundation aims to raise
\$5 million to cover
District residents**
