

HEALTHCARE FINANCING CURRICULUM

TEMPLE UNIVERSITY INTERNAL MEDICINE RESIDENCY

Medicine Faculty representatives: Larry Ward, MD and Brian Meyer, MD

Temple Representatives: John Cacciamani, MD, Ellen Riccobene, MD, Kathy Kostic, MBA, Tracey Clark, Steven DeBrockey

Aetna representative: Anthony Bonagura, MD

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I. Educational Purpose and Goals

The financing of health care services underlies all of the work that we do as physicians, often in complex and poorly understood ways. Financial resources are becoming increasingly constrained with the rising cost of healthcare. Physicians are, therefore, being confronted more frequently with decisions that are no longer purely “medical” but must also include consideration of costs, insurance, and reimbursements. Few courses are available in medical school or residency to prepare physicians for practicing in this increasingly complicated environment. The purpose of this elective is to introduce the resident to the basics of healthcare financing, so that they will have the appropriate tools to educate themselves more thoroughly about this important topic.

II. Principal Teaching Methods

- a. Temple Staff Interviews – Residents will interview key members of the Temple Administration about their role in the financial management of Temple Hospital, the Department of Medicine and the Temple Health System. These interviews are intended to provide both an overview of healthcare financing and insights into specific aspects of how the financial system impacts the delivery of healthcare services. Each interview will be at least one hour long, and residents may have up to two interviews with specific individuals. Residents are expected to read about the appropriate topic before the interview and prepare specific questions that they want to have answered. The content of the interviews may be used for the resident’s final project (described below).
- b. Aetna Rotation – Residents will meet with several staff members at Aetna, under the direction of Dr. Anthony Bonagura, one of the staff medical directors. Dr. Bonagura is a former Temple resident and faculty member. Residents will have the opportunity to learn about the management of a Health Maintenance Organization. Meetings and interviews at Aetna will cover topics such as contract negotiations with specific providers, the appeals process, and quality improvement initiatives.
- c. Independent guided reading - A core group of articles on different aspects of healthcare financing will be placed on Blackboard. Residents are expected to do additional readings to supplement their knowledge on particular topics.
- d. Project – Residents are expected to turn in a brief written report (four-five pages) on a financing topic of their choice. For example – What are the pros and cons of Governor Rendell’s proposal for universal health insurance in Pennsylvania?

III. Educational Content

- a. Temple Staff Interviews –
 - a. John Cacciamani, MD,MBA – Overview of the US Healthcare system, including:
 - i. General history of health care delivery in the US
 - ii. The development of Medicare and its future as the population ages
 - iii. The development of health insurance and the rise of HMO's
 - iv. The impact of a prospective payment system
 - b. Ellen Riccobene, MD – Hospital/Insurance liaison
 - i. Dr. Riccobene works to ensure that hospital visits are appropriately paid for by the insurance company, and works to prevent hospital days from being denied for services that we provide.
 - ii. This will not be a one hour interview, but instead will be an interactive time with Dr. Riccobene as she reviews patient charts and negotiates with representatives at Blue Cross for reimbursement of the patient's care while they are hospitalized.
 - iii. An emphasis will be placed on learning appropriate documentation skills so that appropriate payments can be made to the hospital for the level of care provided.
 - c. Tracey Clark,CPC – Director of Payor Relations
 - i. Ms. Clark is responsible for ensuring that all physicians in the Health System are appropriately credentialed with the various insurance companies (payors) so that payment can be made for their services.
 - ii. Gain insight into the complex relationship between the Health System and the payors, both private and governmental, and their specific policies on reimbursement for visits and procedures.
 - iii. Understand the role of contract negotiations between the payors and the Health system, and how that affects reimbursements.
 - iv. No specific readings will be required before this meetings, but residents are urged to familiarize themselves with the websites of the large providers, especially:
 1. Medicare: www.cms.gov
 2. PA Medicaid: www.dpw.state.pa.us
 3. Health Partners/Senior Parnters: www.healthpart.com
 4. Keystone Mercy: www.keystonemercy.com
 5. Independence Blue Cross: www.ibx.com
 6. Aetna: www.aetna.com
 - d. Kathy Kostic, MBA – Chief Financial Officer, Department of Medicine
 - i. Understand the management of a Medicine department within an academic health center and the Temple Health System.
 - ii. Discover how programs are initiated, maintained or terminated based on the budgetary constraints of the Department
 - e. Steven DeBrockey – Deputy Chair for Operational and Strategic Planning

- i. Discuss the role of RVU's in coding and billing, and why they are important for reimbursement
 - ii. Understand the development for a business plan for a practice
 - b. Aetna – opportunities will be arranged for interaction with several staff members from Aetna. Each will discuss their particular job within the organization. Not all staff members will be available at every rotation. Potential topics for discussion include:
 - i. Understand how payment decisions are made
 - ii. Understand the role of precertification in payment decisions
 - iii. Observe an appeals hearing
 - iv. General overview of quality management
 - v. Overview of the credentialing process
 - vi. Member health initiatives
 - vii. Medical economics
 - viii. Network contracting
 - c. Patient characteristics - There will be no direct patient contact in this rotation
 - d. Learning venues – all encounters will take place at Temple Hospital or the offices of Aetna in King of Prussia, PA.
 - e. Structure of the rotation
 - i. One month prior to the rotation, residency personnel will arrange interview dates with the Temple Staff. Should there be a conflict with the resident schedule, they can be contacted at either their TUHS accounts or their phone numbers
 - ii. One month prior to the start of the rotation, residency personnel will contact Anthony Bonagura at Aetna at BonaguraA@aetna.com to arrange a schedule at Aetna. Driving directions to the Aetna headquarters are provided below.
 - iii. Residents continue to attend their weekly primary care Continuity Clinic. There will be **one additional weekly clinic** during this rotation (a total of two half day sessions per week).
 - iv. Residents are expected at TUH on Wednesday mornings for morning report (9-10:00), the Outpatient Block didactics (10-11:30) and Grand Rounds (11:30-12:30).

IV. Principal Ancillary Educational Materials

- a. As above, readings will be available on Blackboard. Residents are encouraged to do additional readings on their own for topics that arise during their rotations. Healthcare issues are routinely covered The New York Times and The Wall Street Journal.

V. Methods of Evaluation

a. Resident Performance

- i. Attendance is mandatory at the Temple Staff interviews and Aetna meetings once the meeting times have been established. These encounters form the bulk of the learning process. Any missed meetings will need to be made up. Residents

will be evaluated on their attendance, as well as the healthcare financing project described above. The papers can be turned into either Dr. Ward or Dr. Meyer. Temple and Aetna staff will be asked to provide feedback regarding resident attendance at meetings. A composite evaluation will be submitted in New Innovations taking each of these areas into account.

b. Program and Faculty Performance

i. Upon completion of the rotation, the Resident completes a service evaluation commenting on the faculty and their experiences during the rotation. Suggestions for improvement in either the content or the structure of the rotation are encouraged.

VI. Institutional Resources: Strengths and Limitations

a. Strengths

- i. Few residency programs have developed a healthcare financing elective. This elective will provide a unique opportunity to learn more about the delivery of health care in the United States, Pennsylvania, and Philadelphia by relying on our own experts here at Temple.
- ii. Few residencies have access to a major insurance provider. This is a unique opportunity for residents to gain insight into the management of healthcare expenses from a payor's perspective.

b. Limitations

- i. There is no direct patient contact in this rotation
- ii. Residents must demonstrate self-motivated and self-directed learning to maximize their educational experience.

VII. Rotation Specific Competency Objectives

By completion of the block rotation, the rotating resident will:

a. Patient Care:

- i. Understand the challenges of providing high quality medical care with limited financial resources available to both providers and payors.

b. Medical Knowledge

- i. Understand how to better document and code for services so that they can be reimbursed appropriately.

c. Interpersonal and Communication Skills

- i. Interact with the Temple Staff members and Aetna staff in a professional and courteous manner.

d. Professionalism

- i. Residents are expected to keep their interview appointments and arrive at them on time. The interviewee must be notified by the resident if there is any change in their schedule.
- ii. Residents are expected to comply with all rules and regulations set forth by Aetna at the start of the rotation. They are expected to treat the Aetna staff members with the same respect that they would staff members at Temple.

- iii. Patient confidentiality in regards to denial/approval of cases when working with either Dr. Riccobene or Aetna must be maintained in accordance with HIPAA regulations.
- e. Practice Based Learning and Improvement
 - i. Exhibit self-directed learning.
 - ii. Understand the importance of coding and documentation for appropriate reimbursement.
 - iii. Understand the circumstances that lead to a denial or approval of care by healthcare payors.
- f. Systems Based Learning and Improvement
 - i. Describe the development of health insurance in the US as a third party payer system for healthcare services.
 - ii. Understand the role of third party payers, such as HMO's, government programs (Medicare and Medicaid), and traditional indemnity insurers in the current healthcare system.
 - iii. Describe the responsibilities that physicians have as providers of care within the third party payer system.
 - iv. Gain insight into the ways physicians can more effectively interact with third party payers to enhance patient care.
 - v. Understand the role of credentialing of physicians in the reimbursement process.
 - vi. Understand the role of contract negotiations between payors and health care providers.
 - vii. Gain an understanding of the role of a business plan for practice, whether it is academic or private
 - viii. Understand how health insurance providers work towards quality improvement in patient outcomes.