How our hospitals are bleeding millions in PIP dollars

As a hospital collection attorney, I'll just come out and say it — our hospitals are often in the taxing position of being stuck with you — whether you can pay the bill or not; and even generally whether you intend to pay or not.

It's the law and we follow it. Which means that in these tough economic times where fewer people have insurance and fewer people with insurance have plans that pay without medical review denials, claim processing delays, payment cuts, duplicate record requests, utilization capitations and just plain stonewalling — emergency service providers more than ever need to ensure that they don't leave dwindling insurance dollars on the proverbial table.

So where have our hospitals been bleeding money?

Well, sadly to say — pretty much everywhere — but the most prominent (and seemingly avoidable loss) has been PIP. The numbers are measurable and the collection formula can be boiled down to one fairly neat sentence: Since January 1, 2008, nearly all hospital bills processed by PIP insurance and Auto Medical Payments Coverage have been cut by a flat 25% and most such reductions were improperly taken and can be collected for the hospital by PIP attorneys at little or no fee to the hospital.

What happened? How did the hospitals miss this revenue?

The short answer is that they believed the PIP insurers who falsely told them that this was the law until an appellate court said otherwise in November 2011 (and two more appellate courts followed suit in 2012). The result has been that hospitals, since November, have begun dusting off unpaid accounts receivable to tune of tens (if not hundreds) of millions of dollars.

Add to the equation that well-tooled PIP insurance collection attorneys can do the hefty work of auditing this massive claims pool at no fee to the hospitals. This often underutilized insurance law provides that PIP insurers who owe an overdue claim must also pay interest, penalties and sometimes the hospital’s attorney’s fees in addition to the benefits owed to the hospital and we can see why some PIP insurers are pumping millions of dollars into making yet another “PIP fix” (the 4th in roughly a decade) a top legislative priority.

So, how did the bleeding start? A little historical look may first be helpful.

The 2007 PIP Law

In an effort to slam the brakes on PIP fraud, the Florida legislature in 2007 passed a sweeping new PIP law that sought to dramatically cut reimbursements to most medical providers including hospitals.

If you’re questioning how implementing deep cuts in emergency provider payments could be geared to eliminate PIP fraud (as opposed to simply fattening insurer profits) you’re not alone.

Nonetheless, what passed in 2007 was a sweeping fee schedule that promptly began a slash and gash to hospital reimbursements. Specifically, PIP insurers immediately began announcing that effective Jan. 1, 2008 that they were authorized by the new law to cut reimbursements to 75% of the hospital’s usual and customary charge. And so, starting Jan. 1, 2008, nearly all auto insurers started applying a flat 25% cut to nearly every hospital allowance and hospitals (believing that to be the law) began accepting the reduced payments.

The Hundred Million Dollar Hitch

There was one BIG problem for PIP insurers: The law didn’t actually say what they thought it said. In fact, what the law provided was that an insurer may limit reimbursement to 75% of the hospital’s usual and customary charge but nearly every PIP policy still said that the insurer will pay the provider’s “reasonable” charge for the medical provider’s services.
Fred Grimm writes that the feds shouldn’t be surprised that the state has sent disabled children into nursing homes, since the rate they get for kids is more than double what they’re paid to care for the elderly.

Federal program Healthy Start has helped FL
09/07/12 Sarasota Herald-Tribune
Kathy Silverberg writes that Healthy Start helped bring down the infant mortality rate in Florida, and rejects the call for the federally-funded program to end since the need can’t be fulfilled without government aid.

Finally, Democrats defend health care act
09/06/12 Tampa Bay Times
Two years after passage of the Affordable Health Care Act, during which Republicans have freely trashed it and soured public opinion, the Democrats are finally speaking up.

Mr. Ryan: Don’t mess with Medicare
09/05/12 Special to Health News Florida
Teca Cameron writes that she moved from Jamaica to Florida in search of a better life, and ended up as a caregiver for the elderly, with no benefits or health insurance for herself. Now, she worries what will become of her patients if they lose Medicare.

Failing those with mental illness
09/05/12 Our Healthy Policy Matters
Paul Giornifido shares the story of how he and other policymakers have failed those with mental illness, including his own son, who suffers from schizophrenia.

GOP forgets to mention its $16-trillion sop to seniors
08/30/12 Managed Care Matters
Consultant Joe Paduda says the political party that claims to be fiscally responsible forfeited that title when a Republican Congress and president passed the Medicare drug plan; it added more to the deficit than the Affordable Care Act.

Planned Parenthood a lifesaver for cancer patient
08/30/12 Tampa Tribune
Joe Henderson writes about Susan McPartland, who, with a small sign outside the GOP convention, is letting Republicans know that Planned Parenthood saved her life through a mammogram.

In other words, the insurance companies left in place policies that promised full coverage — not 75% coverage — and courts have now said that the insurance policy’s promise to pay more was controlling over the law’s option to pay less. Put simply, insurance companies jumped the gun and started taking reductions before their policies were updated and legally entitled them to do so.

The End Result for Hospitals
In short, hospitals and other medical providers have been systematically gashed by 25% on nearly every claim submitted to auto insurance since January 1, 2008 and most of this is collectable.

Consider the astonishing dollars. For a typical 800-bed Florida hospital that figure translates to an average of $1.5 to $2.5 million dollars at issue! Multiply that by the nearly 200 hospitals in Florida and the dollars at stake from this colossal insurance industry blunder start to look astounding. And so does the insurance industry’s unrelenting appetite for a legislatively bailout to once again “fix” PIP.

What to Expect for the Future
Insurance industry lobbyists have already promised to come back next year to Tallahassee to “fix the fixes” they keep doing to Florida’s PIP system and to add even more “provider-unfriendly” proposals — namely capping or eliminating the penalties and attorney’s fees that insurers have to pay the hospital when they wrongfully deny or cut your claim.

What Hospitals Can Do to Stop the Bleeding (or keep insurers from re-opening the wound)?
One word: fight! Let our legislators in Tallahassee know that the law’s late payment penalties and attorney’s fees provisions are what empower hospitals to engage the legal teams needed to uncover and fight the kind of multi-million dollar haircuts that have been done to our hospitals for close to five years.

The insurance industry says it’s all just a glitch, “Don’t worry. Trust us,” they assure through venered smiles: “We’ll come back and fix it next year with yet another PIP reform.”

I for one as a revenue auditor have found millions of reasons not to trust them. But who knows? Maybe once this latest “fix” is done they’ll start looking at that promised rate cut we’ve been watching for . . . I mean reimbursement cut we’ve been watching for . . . Yeah, maybe then.

Russel Lazega
Attorney and author
Medicare threat

08/30/12 PolitiFact

Paul Ryan’s comments about Medicare Wednesday night were highly misleading. Neither President Obama nor the health-care law literally cut funding from the Medicare program’s budget.

Worst state for health: Oklahoma

08/29/12 Our Healthy Policy Matters

Paul Giovfrido writes that the three worst states in the country for health all have all rejected a Medicaid expansion. While Florida escaped the bottom of the list overall, it ranked 43rd for how it directs its current Medicaid funds.

Health law claim in RNC speech ‘mostly false’

08/29/12 PolitiFact

PolitiFact ruled that a former Democratic congressman’s comment during the Republican National Convention that the health law requires people to purchase insurance even if they can’t afford is “mostly false.”

Schools can help end hunger

08/28/12 Tampa Bay Times

Bill Maxwell writes that Americans should be ashamed that some 16 million children regularly go to school with empty stomachs. Many teachers are using their own money to help their hungry students, but the the bipartisan Child Nutrition Improvement and Integrity Act should help with funding.

PolitiFact: What you’ll hear at the convention

08/28/12 PolitiFact

As the Republican Convention begins tonight in Tampa, many things will be said about the current administration regarding everything from the economy to health care. How many of them are true?

Checking the facts on Medicare claims

08/24/12 Palm Beach Post

“The best advice to voters might be to mute the sound whenever a Medicare ad by either party comes on television,” shares Laura Green as she tries to find the truth in the claims.

Rehab center director tells his side

08/23/12 Tampa Tribune

Dr. Craig Lichtblau, director of the Florida Institute for Neurologic Rehabilitation, writes that the “scathing report” of the facility by Bloomberg News was misleading and dishonest. He says that even though he granted the reporter an interview, his side of the story never made it in.
Best state for health? Not FL
08/22/12 Our Healthy Policy Matters
Paul Gionfriddo writes that while Florida leads in Medicare billing for elder care, the state ranked 33rd for overall health.

Akin, FL should both apologize to women
08/22/12 Palm Beach Post
The GOP congressman's apology for his insensitive rape comment might've been long overdue, Frank Cerabino writes, but so are apologies from Floridian Republican leaders.

HCA more often does right than wrong
08/20/12 CRT Capital Group
Sheryl R. Skolnick, Ph.D., an analyst who specializes in hospitals, looks at the recent coverage of the HCA chain by the New York Times and was taken aback by the writers' attempt to weave a tale of greed and callous disregard.

Health-care bubble may be about to burst
08/20/12 Care and Cost
Consultant Brian Klepper notes the ridiculous variation in prices for the same health-care service and warns that the free market may be coming to this sector, as it has to others.

Don’t settle for ‘a lack of common decency’
08/17/12 Fort Myers News-Press
From test results to squeezing in appointments, Dr. John Agnew writes that certain doctor's office mistakes should indicate you deserve better.

My life, my body, my decision to die
08/16/12 Florida Voices
Tom O'Hara writes that Florida could make a trying time for its elderly citizens a little less traumatic if they would at least adopt euthanasia laws passed out West.

The ‘magical thinking’ of Paul Ryan
08/14/12 Our Healthy Policy Matters
Paul Gionfriddo writes that Rep. Paul Ryan's "Path to Prosperity" proposal, which would overhaul Medicare, won't improve care or lower costs.

Flashing a gun changes everything, in the wrong way
How our hospitals are bleeding millions in PIP dollars | Analysis & Opinion | Health News Florida

08/13/12 Tampa Bay Times
Sue Carlton writes that Florida's law against carrying firearms out in the open makes sense. But if the NRA gets its way in the next legislative session, Floridians could be packing heat out in the open.

Scott backs Surgeon Gen. into corner with Docs vs. Glocks
08/08/12 Special to Health News Florida
If you enjoyed watching the Scott administration botch the TB outbreak, Dr. Marc Yacht writes, stay tuned for its next mess: the appeal of Docs vs. Glocks.

Patients must be protected from abuse at brain-injury center
07/30/12 Florida Voices
Rosemary Goudreau, editor of Florida Voices, says the governor should immediately appoint a monitor to the brain-injury facility in Wauchula, where patient abuse is horrific. Part of the problem is fragmentation of responsibility among three health agencies.

FL reporters got it wrong on Medicare cuts
07/27/12 Columbia Journalism Review
CJR columnist Trudy Lieberman says that Miami Herald reporters added to seniors' suspicion of the health law by getting the facts wrong.

Elton John chides FL’s chintziness on AIDS funding
07/19/12 Palm Beach Post
Columnist Frank Cerabino says Florida's health funding plan appears to be inviting rock stars to do charity concerts.

With no TB hospital, maybe Publix could spare one of its stores
07/11/12 Palm Beach Post
Frank Cerabino writes that since the state has given Publix tax credits to remodel its stores, maybe the grocery chain could donate one to take in contagious, homeless TB patients.

Make Medicaid expansion a deal states can’t refuse
07/10/12 Our Health Policy Matters
Health consultant Paul Gionfriddo suggests that the court decision leaves room for Congress to encourage states to cover the poor by, say, cutting bakers' payments by 1/4 of 1 percent. That would cost states more than they'd pay to expand Medicaid.

Scott's falsehoods show he’s blinded by the Right
07/09/12 Orlando Sentinel
Former State Rep. Dick Batchelor says Gov. Rick Scott keeps misleading the public about the Affordable Care Act, placing many of Florida's poorest citizens at risk of going without health care.

**Medicare doctor pay is a mess that we must fix**

07/08/12 Care and Cost
Consultant Brian Klepper says former federal health chiefs from both parties agree the AMA-run process for setting doctor pay is wildly flawed, yet no one has the political will to fix it.

**Why is no one shocked at pimping of foster kids?**

07/02/12 Miami Herald
Fred Grimm said he can't understand why no one noticed that four of six teenage kids in one foster home were turning tricks instead of going to school.

**Ruling won’t come close to fixing a sick system**

06/25/12 Palm Beach Post
Randy Schultz writes that however the Supreme Court rules on the health law, what happens at the polls will matter less than what happens in doctors’ offices.

**Public health losing jobs, insurance bureaucracy grows**

06/19/12 Our Health Policy Matters
Health consultant Paul Gionfriddo writes that public health, which has doubled our life expectancy over the last century, accounts for just 3 percent of our nation's health spending, while insurance administration is 6 percent and growing.

**DCF paid hush money in sex case**

06/13/12 Florida Voices
Florence Snyder writes about how a political appointee at Dept. of Families and Children sexually harassed an office chief who will now collect $150,000 from taxpayers.

**UN declares Florida a ‘rogue state’ (satire)**

06/13/12 Borowitz Report
Humorist Andy Borowitz writes that the United Nations, upset with FL Gov. Rick Scott's purge of voter rolls, may dispatch a team of observers from such democracies as Egypt and Libya.

**Study shows dramatic abuse of opioids in workers' comp**

06/06/12 Managed Care Matters
Workers' comp expert Joe Paduda says there really is no rationale for doctors to prescribe narcotics -- intended for breakthrough pain in cancer cases -- for short-term injuries.