February 2022 Infoline Newsletter

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AR Systems, Inc.
"The Healthcare Navigator Company"

Education
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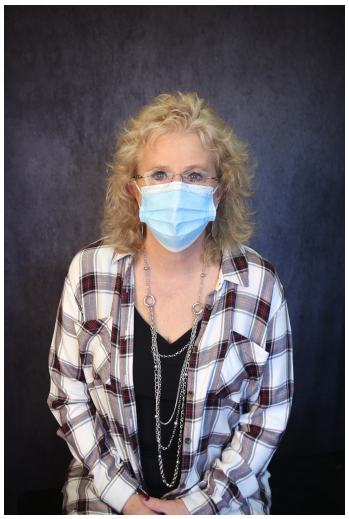
February 2022 Infoline Newsletter



What's New

COVID continues to play a powerful part in our lives – even as we approach the 2 yr mark. I distinctly remember watching CNN and NY Gov Cuomo outline the daily cases, deaths and the many ways medicine was trying to address this new unknown killer. As outlined in John Dalton's "Three Minute Read" February 2022- " America continues with the "pandemic of the unvaccinated" while the rest of us wrestle with pandemic exhaustion. Lest anyone believe that the U.S. is managing its response well, the data in this morning's New York Times clearly shows U.S. as the disgrace of the developed world. Among the 38 member nations of the OECD, only Slovenia, Poland, Lithuania, the Czech and Slovak Republics and Hungary have higher per capita fatality rates than America's 265.3/100,000. "

The stats are staggering even with the 'milder symptoms of Omicron.' (By the way, I am into day 15 of positive with plenty of not-mild symptoms, including the long term inflammation of the neck into the base of my skull/pain. There will be plenty of differing types of 'positive responses' but to say 'mild' is undermining the magnitude of how severe this is…not to mention inability to work, etc. My life matters…as does good citizenship to protect my neighbors, my family, my coworkers and all I come in contact with. Even fully vaccinated and boosted, I could not fight off the exposure from the unvaccinated.)

- Business Insider Feb 2022. “Half of COVID-19 patients hospitalized in the US wouldn’t be there if the US was vaccinated as well as Europe, projections say.” Denmark, Britain/UK and Portugal far outperformed the US in getting populations vaccinated and booster.” USA Winter hospitalizations exceed last year PRIOR to vaccinations. EX) 160,000 COVID pts were in the US hospitals on Jan 19, 2022. USA = 64% vaccinated even with the ease of access/no cost to vaccinations and boosters/42%. Portugal = 90% vaccinated/109,000. Denmark= 81% /91,000. Britain/UK= 71%/100,000. While some countries have reported low vaccinations rates as they struggle to secure vaccination doses, that issue does not apply to the US. (See New York Times article).
- American Red Cross is experiencing the worst blood shortage in over a decade. To find a local drive location: redcross.org/give-blood.html

As of 2-1-2022

- Hospitalizations are starting to fall in some parts of the country. IDAHO: Crisis of care standards were again issued the end of Jan in the populated southern part of the state. Too many patients, many employees out sick, not enough resources. This is the 2nd time in the past 4 months this has occurred. Idaho has a vaccination rate of 53% for 5 and older. National Guard is being called in again to help providers. Non-emergent care is being evaluated -and delayed. 45% positivity rate; down to 35% this week. Unbelievable! (See the webpage for the Special Edition, Sept 2021 InfoLine – Idaho in Crisis)
- Deaths continue to be at last year’s unvaccinated daily average. 1700 average. Deaths in over 65 far exceed any other category. Deaths up while hospitalizations start to fall.
- In the first/2nd surge, average age in the hospital – Medicare age. In the most recent surges – average age under Medicare age. Significant impact to the financial ability of the patient to pay for their hospitalizations and after care. Payers have posted notice (ex UHC) that they will no longer be waiving the copayment due … ABSOLUTELY check with every payer as things are changing. How will the patient who could not work pay for all their healthcare bills? Don’t forget to get uninsured help with Marketplace or Medicaid Expanded or help under the CARES Act..it matters!
- 889,522 deaths in US from COVID. 1million children tested positive the week of 1-17-22. 167,000 parentless children left.. who is caring for them with parents’ deaths?
- Pfizer is finalizing 6mon-5 yr vaccination research and ready to ask for approval. Daycare Centers – very short workers/getting exposed from positive children/more crisis to working families with no daycare.

New Regulations – “Be the Patient.” Establish a dynamic Patient Financial Navigator Program.

(Far beyond a financial counselor. See hfm article for more details!)

In this section, I would normally outline many new regulations and discuss rollout implementations. But let’s look at these thru a different lens – the patients. We talk about ‘engage the patient where they are’ yet we use tools and ‘words’ that only some in healthcare actually understand. I also had the privilege to write an article for hfm’s 75th anniversary issue: *“How to engage with patients where they are by balancing automation with the human touch.”* As much as I enjoy reading and learning about lots of digital ‘touches’ – I am reminded again –

The Revenue Cycle Motto:

My patient did not ask to get sick. My patient did not ask to have their bill be so high. My patient did not ask for their insurance to pay so little or deny their claim. My patient did not ask to have their life disrupted by this unexpected illness. How can I help? You are scared and sick. Let me be the Patient Financial Navigator!

Let's see why some of the new regulations and other helpful ideas are extremely beneficial for our patients:

- *No Surprise Bills effective 1-22. Wow!* This is a long time in the making and yes, we have some arbitration issues and notice to patients to work out – why was this bill necessary? The patient is being billed for services that are referenced out by the in-network providers, seeing a consulting provider, anestheologist, pathologist, interpreting providers, and other 'surprise' bills when the pt is unaware of or has any control over these provider referrals. Patients are sick and need our help with both the clinical and the financial. Who is in your network? Ask but likely the providers will not have a master list of contracted payers. Shame on us! Likely WIN for providers: CMS had issued a statement this summer that any post-discharge, post claim change to the patient's claim is not allowed = surprise bill. It was in direct response to the post billing audits done by payers -especially changing inpt to obs long after discharge. STAY TUNED and push this with your internal legal counsel. You are the patient's financial advocate as they will have no idea how to do this.
- *Transparency in effect.* We have had a year to get compliant on multiple fronts- but we continue to hear non-compliance when CMS does webpage reviews. More concerning is from the providers who state: The patients aren't even asking for this info..so why did we spend so much time/money developing it? And of course, posting completive rates. Have you done community outreach to explain how to access and why it is important? Did you send them thru many 'loops' within the webpage to find the info including CPT codes? Patients have no real concept of the 'business of healthcare' so why would they even know to ask or look? As always, the Patient Financial Navigator outreach program should be doing public information spots on how and why? The biggest challenge continues to be: ARE YOU IN NETWORK and what is the allowable? AND how will that impact my out of pocket?
- *Electronic Medical Records*. Yes, we have had a type of 'mychart' for many years but the real challenge is understanding the reports as posted. Remember, sending patients to read the results are excellent- if you have a degree in medical terminology. Otherwise, it is full of words that have no meaning and can add frustration to the follow up. Googling each word trying to understand what it says - having an appt/when? to further discuss/ensuring the provider knows to slow down and SHOW, EXPLAIN for the patient to understand. The EMR is only helpful if the patient sees it that way. Again, what ongoing outreach is being done to enhance this automation?
- *Interoperability is live*. Since 2020/COVID, the need to have ongoing sharing of electronic records – BOTH to read and to UPDATE /interoperability– have presented a huge deficit in coordinated patient care. We says we share information electronically with any provider outside the health system/hospital – but the provider cannot UPDATE the file as they are not on the provider's system. (EX: EPIC. Health system had to refer the pt out of state due to shortage of beds. The records were sent but the update was sent back paper. How did the care team at the original hospital 'SEE' the ongoing care? One was on Epic, one was on Cerner. Or referrals to post-acute care providers. How is all that information automated and updated?
- *Value Based Care*. As I continue to learn more about Value Based Care vs Value Based Payment, I 'see' examples of where abuse/overutilization of testing is occurring. If we had better interactive sharing of information, this could also reduce this problem. EX) Pt referred out of state for a procedure. An heart echo had been done 2 days prior to the transfer. The new facility wanted another test/same one as they liked their results better/trusted their techs better. Wow! Why should anyone pay for this? Why should the payer approve this a 2nd time this close together? The pt would never question this as they are overwhelmed with being transferred and very ill. I hate to admit when I agree with the payer on these type of issues. As we look to develop/create value based care

that includes more financial risk -this pattern will be re-evaluated. However, as I told a UHC rep recently, to ask providers to jump in with tons of financial risk requires TRUST with the payer and the payer's ongoing data – quality, etc. That TRUST is going to be a huge hurdle as we continue down any type of provider/payer VBC relationships. Who develops the quality standards? Who determines high quality care vs low quality care= all tied to VB payment? Oh yeah, doable but let's talk honestly about the provider/payer relationships – beyond the C suite…

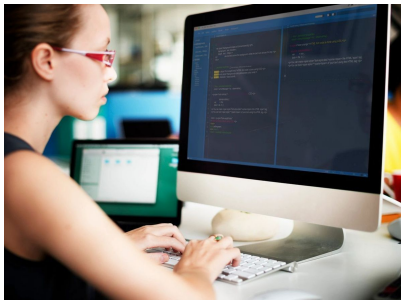
HOT OFF THE PRESS

EXCITING NEWS: HFMA Partners with Boise State University on innovative Master's Degree program

HFMA is proud to partner with Boise State on an innovative Master's Degree program… the unique blend of current and emerging payment models in this curriculum that provides the skills and knowledge that tomorrow's healthcare finance leaders need." HFMA President & CEO, Joseph Fifer, FHFMA, CPA. Yes, it is live! The Master in Population and Health Systems Management (PHSM) Degree- an industry changer. Get more info and to enroll go to https://www.boisestate.edu/phsm/.

Remote Coding Options

- Do you need help with "Just in time remote coding'"—maybe one patient type, maybe maternity coverage, maybe employee dealing with medical issues, maybe vacation coverage- or a longer/more permanent partnership with no minimums and 24/48 hr guarantee turnaround with ready to code accounts? Here anytime you need us-large or small hospitals and employed providers… Love it!



VIRTUAL LEARNING LIBRARY

NEW NEW NEW – ARS Is thrilled to announce an enhanced educational opportunity – Interactive Virtual Training has arrived! In addition to the no-cost powerpt classes, ARS can create a site-specific learning experience that includes subject experts in many diverse topics. For more details look at the new webpage section: Virtual Learning Library. Drop me a note and let's get connected.

While you are on the webpage, take a look at the multiple services we are excited to offer -which includes specific ones for Critical Access hospitals. From coding and documentation integrity audits with up to 2 hrs of education with the telephonic presentation of findings, to remote coding /all size facilities/no volume limit/24-48 hr guarantee to diverse general site-specific education – We are here! With over 200 years of combined experience from our auditing and training teams –we have you covered. Drop me a note and we can chat.

Final Thoughts

As I look to my 2022 ‘thoughts’ – this is the one I am working on and would like to share. *Still stumble…

2021 - Kindness matters

2022 – Gratitude – with thankful heart.

Looking for the ‘half-full’ glass can really be a challenge some days, but saying THANK YOU and THANK YOU AGAIN…it does reflect back on me and I feel good in my heart ….more.
(or…keep smiling and they will keep guessing… LOL)

Have a healthy, safe 2022… thank you for allowing us to be part of your healthcare village… always!~

Where is world is Day?

Come and say hi!

With some remote education and attempting face-to-face, come and say ‘hi’ – virtually or in-person!
Hey, in addition to ‘hot off the press updates with classes – NEW ONE:

Top Payer Audit Challenges and Strategies for Success. Up to 2hrs. WAY FUN

Feb 11th **ICAHN** Observation, drug administration and compliance with billable hrs. Inpt vs obs -why it is to hard?

Feb 16th **Neb HFMA** Revenue Cycle Boot Camp – full day of fun (3 classes: Payers (still) going wild; Attacking MA denials/taking your power back and Top Audit)

Feb 17th **IA HFMA** Revenue Cycle Boot Camp – full day of fun (Same with provider panel too)

Feb 23-25th **Mid-south HFMA** Top Payer Audit Challenges plus provider panel

March 28th **NM HFMA** Attacking MA denials

April 23th **KS & KPAM HFMA** Attacking MA denial – plus lots of line item audits- plus provider panel

April 20th **Preferred Group** Revenue Cycle ed

Region 5 HFMA Webinar to confirm

May 19 **WV HFMA** To confirm topic

Still to come- Fireside Chat with Bill Eikost, Nemadji & Ga HFMA. Way fun! Be watching for a posting..

Info line Subscriptions

If you know someone that might appreciate being added to future Info line Newsletters please have them submit a request through the below link.

Info line Signup

Kind regards,

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