AR Systems, Inc.
"The Healthcare Navigator Company"

Education
Compliance
Commitment

May 2021 Infoline Newsletter

What's New

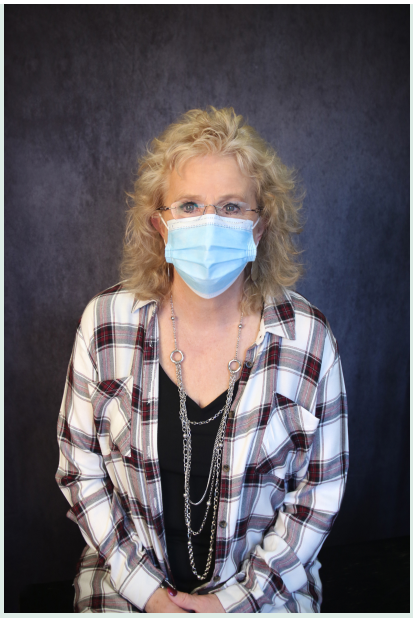
Hi Happy healthy spring! As we look to the spring/summer and the new directives from the CDC, excited about being vaccinated and outside = yahoo! I am hopeful you continue to lead by example as our communities look to our healthcare leaders for guidance and science-based information. It has been an extremely hard 15 months ..for so very many. PS I had a little fun with a recent picture as a reminder that a) our eyes are our best feature and b) I want to remember this time and always stay humble and grateful.

A great group of women leaders were having a dynamic call and one said –'will there ever be a time we don't talk about COVID?" What a happy day that will be but unfortunately, I don't see that in the near future. With approx. 1000 people dying in the US daily, multiple states continue to see 'mini-surges' and the emergence of variants – we have our work cut out to get the country vaccinated, ensure we help others understand it is a very simple process-not political at all – as we keep our friends, family, neighbors and co-workers safe. The biggest case count is with 18-48 yr olds. How can we help this group and others who are hesitant? And then continue to wear those silly masks while we wait to reach the CDC's goal for herd immunity – mostly from vaccinations, plz. So nope, I don't see this conversation ending in 2021 -definitely getting better - but let's hope for a healthy 2022… with healthcare providers having a much better 'picture' of how their finances are functioning in the post-COVID world. We will definitely look different.

National stats: 29.32% fully vaccinated; 42.67% received 1 dosage 580,938 deaths from COVID. 32,477,444 confirmed cases. (Thoughts are with India…and other countries being hit hard)

Perspective- COVID-19 Update

The public health emergency/PHE has been renewed for another 90 days and it was stated that they expect it will continue thru the end of 2021. Why does it matter? CMS has issued 70ish waivers for multiple services and regulations to allow for maximum flexibility during the PHE. When the PHE is lifted, plenty of changes will need to be tracked and



implemented. (However, CMS auditing has resumed effective Aug 2020. We included the link and highlights in the Feb Info Line. Remember all historical Info Lines and updated classes are available on our webpage. Other payers absolutely are auditing…)

Recoupment of Accelerated Payment Amount, Effective 3-21

CMS issues MLN Matters SE21004 stating that the rollout for recoupment will begin 3-20-21. The first year will have recoupments equaling 25% of pre-payment amount, 50% 2nd yr to in-full by 3rd year. Even though there was considerable dialogue to request CMS/congress to make these accelerated payment 'grants/like the CARES funding, Provider Relief Act and Rescue Plan, they are currently still considered a loan with a recoupment plan. Remember, recoupments make our CMS remittances difficult to balance. Be sure to work with your MAC and your internal RA team for consistent tracking of funds and allocating ongoing payments to pt accounts -as remittances can be a challenge. Don't forget to continue to lobby your state and federal legislators to get this revised!

Virtual Care is here to stay -but payer specific coverage

COVID taught us the value of virtual visits -both phone only and phone/visual codes. But each payer is determining what CPT codes they will cover, how much they will pay for each code while the provider community is addressing 40% of seniors don't have internet, bandwidth issues in rural areas and how to ensure the pt is engaged in all aspects of the visit. An ex: CMS is heavily leaning toward no coverage for phone only virtual visits…which is odd as they also reported the 40% stat. An ex: a provider indicated they would not be doing virtual with their Medicaid payer nor United due to the amt they were paying for the virtual. Challenge: Is the cost to the physician/provider the same for in-person vs virtual visit? That will be the next big hurdle to gain appropriate payment. Get your stats ready and watch for coverage limitations, per payer, as we continue to move thru the PHE.

Payor's Gone Wild

It is exciting to be teaching this 'never-a-dull-moment' new class to many professional organizations – mostly virtual but some are baby-stepping back to safe-distancing live. (Note: What a grand opportunity to incorporate BOTH -a hybrid meeting! Think of many healthcare professionals you can reach thru desk-top ed/would never get approval to travel for ed! Now the mission of outreach educational can truly be met. And we know how!! The silver lining of the Pandemic.) Hottest classes right now: "Payer's Gone Wild", "Attacking Medicare Advantage Denials – Taking Your Power Back" and the long-time favorite: "Inpt vs Obs -why is it so hard PLUS Total joint anguish – it is all about the 2 MN rule" Yes we teach to individual providers too…)

United Healthcare – I need to take a breath now
Designated Diagnostic Provider – delayed for lab until 7-1-21. Look for United to expand to imaging in 2022 - CT, MRI, PET, Nuclear Med.

After participating in the GA HFMA Payer Panels, the United rep sent me some handout material. Interesting reading. But one of the most important paragraphs:

Why Designated Diagnostic Providers? We are continuing our work toward the Triple Aim of better care, better health and lower costs for United Healthcare members. DDP benefit designs are intended to maximize member benefits for lab services and ensure laboratory services are performed by providers that meet both efficiency and quality requirements. (WOW – means??)

For the provider – a new set of United-specific codes are added to the 837/UB for submission. Even if you are already a participating provider/contracted, you must also have this designation.
It is expected the payment rate for Lab will be different than it was as simply a contracted provider. Have you completed the required paperwork with United? Have you looked at the IT costs to prepare the charge master with United-specific codes in addition to CPT/HCPC? Wow! We would continue to recommend you PUSH your hospital, your hospital association, national AHA, and others as the provider-rep for United is not the ones who can effect change. Are you ready to work as a state and walk away from this? Is it in violation of the HIPAA Standard Tx Act- that all covered entities must follow? Adding to the cost of healthcare for what reason? Lots of push backs that should be explored and pursued.

Value based care – means?
Another concerning piece of 'healthcare language' from United and others – only authorize high value care! Prior authorization is based on the payer's definition – with their own resources used for this definition– high value care. United published that OPTUM, who they own, is looking to become a $100B company thru value based care. Really – or purchasing thousand of physicians, only authorization United-Valued Care = Value based payment. Be careful that we don't start using 'new lingo' as the next-great-thing without doing a complete analysis- PAYER specific. Recent insurance webinar spoke directly to how to reduce the cost of healthcare, i.e. the payment from the payers – by prior authorization high value care only. Based on whose definition? Time to get really busy as reducing unnecessary, over-utilized services is one thing. But the insurance company determining what is high value vs the physician = tons of disputes, delays in appropriate patient care and cost! EX) Physician wanted an MRI to look at a damaged knee. Prior auth said no but would approve an Xray. Doctor said – can't see what he needs. Still no, do the Xray first. Now for the pt who has a high deductible plan gets to pay the allowed amount for the Xray and then again for the MRI after the doctor tries again to get what was originally needed. Pt always pays. Ex) Physician wanted an MRI to see uterus issue. Initial US did not show much , now looking for more issues. Payer said – nope, do another US. After 2 more, finally approved the MRI as condition was not resolving. Pt always pays… for 3 US and 1 MRI.

HOT OFF THE PRESS

Site of Service

In a very fun recent FireSide Chat with Bill Eikost, he asked me what was the one thing I was most concerned about that will impact the Revenue Cycle… (besides the above items, LOL)
Site of Service Prior-Authorizations. Why? The hospital/health system has a contract with the payer. But so does the free-standing surgical center and the free-standing imaging center and every other hospital. So the payer WINS always as they can look around and find the best rate for the request and authorize the service but not to the hospital who requested it. WOW! United has even stated that they will be looking at outside the hospital for all outpt services…unless certain criteria/high risk are identified. Begs the question: Why are you all contracted when there is no loyalty from the payer to direct patients to you? You are simply giving discounts from billed charges and getting what in return? This is especially hard to figure out when you are the only hospital in rural/closest is 40-50 miles away. Where are they directing but to you? And MA plans can't sell in your community without a community network -which is the hospital? Take some power back and re-assess: pricing as hospitals will loose and with everyone knowing each other's rates= there are no secrets. And have the conversation about directing of patients because all the 'great rates' won't matter if you don't get the pts. On the other hand, I heard a physician's group speak about the Transparency issues with massive control of pricing when hospitals are merging, buying practices = what is the incentive to change when you control the market? Are you ready to have this conversation within your own walls , in your community, at home? Oh yeah, this stuff is fun!

Dynamic Educational Opportunities

Fun stuff – recorded and face- to- face
How many of you have become Zoom whiz kids? At Christmas, I told our family zoom call – I was grateful for Zoom. My director of career counseling daughter in NY who has been remote for 14 months with full days of meetings and student interaction – "Shoot me now…I hate zoom!" It is certainly all about perspective! LOL

SAI Global/Compliance 360
Recently taught "Payer's Gone Wild." Free to listen to: https://www.saiglobal.com/hub/webinars-on-demand/day-egusquiza-payers-gone-wild-audits-challenges-operational-impacts-and-more-oh-my-2-video. Remember – Compliance 360 is the only company we have worked with for over 10 years providing insight and education to their team and the country for free. Definitely worth a look!

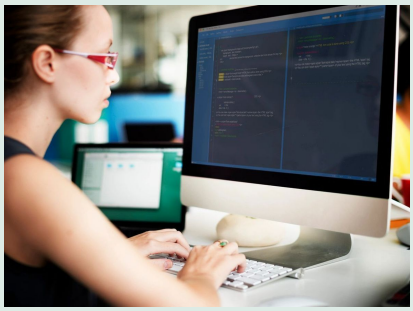
Fireside Chat with Bill Eikost, Sr Business Executive, Nemadji
First 100 days with the Biden Administration. Bill and I had an opportunity to chat again and discuss some pretty interesting 100 days, plus other 'glass half full' yet challenging issues. Bill posted on LINKED-IN with 2 different You-Tube recordings. Yep, one of us is long-winded. Thanks, Bill, for your leadership and willingness to participate in this continuing commitment to outreach.
Loved it!

Part 1: https://youtu.be/eYkd5yfyBh4
Part 2: https://www.youtube.com/watch?v=SweNjeu3RZM

Nebraska HFMA
Payer's Gone Wild ? How to Tame with Technology! Co-teaching with H4-Technology. Should be a pretty dynamic session.
Fri, May 21st.

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

Happy healthy 2021 to you all! I am looking forward to doing a 'bit more face-to- face' at the AL HFMA Meeting in June.. and more remote educational sessions as the chapters decide what works best for them..or a combination of both as we did in IA HFMA earlier in April. Loved it all! Be kind to each other. Lead by example. Keep it simple while you do outreach with your community.

One of our Info Line readers shared a person experience after reading Feb's "Be The Navigator". Thought you would enjoy the read and continue to be inspired. (Remember, all our Community outreach education is part of the Patient Financial Navigator Foundation webpage. Free! Including the Healthcare Buzz articles that are written for a regional

newspaper. You can do it too!)

Susan, Revenue Cycle /UM Leader, from GA. Thank you for sharing..feels good ! Developing an internal Navigator.. YES!!

"Thanks for the update. Like how you mention "consumerism" many times. I always take calls from patients who are frustrated by the insurance companies and yes, by the hospital business office when they receive a huge bill. I love getting into the real root cause of a denial and figuring out how/what/why a denial occurred and if yes, they really do owe the hospital money. There isn't a month that goes by that I don't receive a thank your from a patient in which I unravel the many mysteries of insurance denials and get their claim paid.

I think there should be a small group of "patient claim advocates" in the hospital who have a little bit of clinical knowledge (UR), claims, coding, managed care etc. and take on trying to unravel those difficult or ambiguous denials in which patients are billed. I help out my friends all of the time and I can tell you, not sure if I enjoy better a thank you for taking good care of a sick patient as a bedside nurse, or relieving a huge financial worry when I get a patient's claim correctly paid with little or no patient liability. Patients have no idea what a "certificate of coverage" is – which is where I start first (along w/ an Excel spreadsheet).

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,

Day Egusquiza, Founder and President

AR Systems, Inc & Patient Financial Navigator Foundation, Inc.

Daylee1@mindspring.com

(208)-423-9036

www.arsystemsdayegusquiza.com

www.pfnfinc.com

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