AR Systems, Inc.
"The Healthcare Navigator Company"

Education
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October 2020 Infoline Newsletter

What's New

HI Happy Oct! Late fall is in full bloom here in Idaho. Grateful that the fires did not burn our home -but we were evacuated. Very hard fire season for so many.. Drier climate and more severe fires and more volume of fires than ever.
In this issue, we have a full slate of topics. Hold on as we tackle: COVID-19/Idaho and family, Tons of payer & regulatory updates and yes, Audits are Back!

Perspective- COVID-19 Impacts

As of today, we have had 231,772 deaths with over 9 mil infected. The long term health impacts are still being determined as each patient is unique in their COVID impact and their recovery.
COVID is very personal so if you are supportive of this administration or the Idaho's complete lack of state leadership – plz delete now. My family has been directly impacted by COVID.
My RN granddaughter and her husband – are now recovered. Our high risk daughter, who has autoimmune issues and is recovering from Mono, has just been diagnosed along with her husband. My 14 yr. old new type I diabetic grandson lives with them. Everyone is working to try to stay safe -but my tolerance of people not wearing masks is now at ZERO. 'Don't take away my freedom. I am happy to get sick, I will accept the risk. It is a myth – an RN posted on her Facebook page /ILL that the swabs were tainted with COVID so it would make Trump look bad." Here is my simple response: Change the pronoun from "I' to "We.' We have laws of the land : I am sure you feel 'safe' driving under the influence, but there is a law that protects the rest of us from your reckless behavior. How is protecting us from COVID any different? A simple, little mask while social distancing -why was this made political? This is a public health emergency which will pass if we act responsibility and stop the misinformation. When your family -high risk members – have this virus and you watch helplessly as a mother /grandmother -while you wait for the next family case and pray it won't – I cannot accept the behavior of so many. Science and medicine have been questioned to the point that the social media 'mouth pieces' are given more creditability. Idaho – I wrote an article for RAC MONITOR this week about the critical levels in Idaho and that our hospitals are 'full' with no where to refer patients. Every day, more cases, less coordinated leadership. I pray you and your family are not impacted directly. I also pray for our front line caregivers (we have 3 in our family) who have to watch the never-ending PHE

with patients – it is mentally exhausting them. When we look back at 2020- will we say – I did enough? I did my part to lead by example? National-NO. State-NO (NBC News 10/29 "GOP Lieutenant Gov. drives around with gun and bible to protest COVID restrictions in Idaho as cases soar. COVID may or may not be real") People who are exposed are NOT getting testing. There are not enough tests -only testing if you have active symptoms -so the spread has already occurred. (Reported from many states, not just Idaho) Taking 14 days without pay is not the answer. (How many people can afford to quarantine for 14 days? PT, minimum wage workers, independent contractors, no benefits) Without the test, people HAVE TO WORK so they risk it and return. Many employers are stating – return to work unless you are actively ill. Our healthcare village must remain strong with clear, concise leadership. Our personal family is all there is. Mom, first, always. (PS COVID infected people are now part of the pre-existing category!! 9.1 M and counting. Yeah, let's eliminate the ACA!!) Article: https://www.racmonitor.com/idaho-reaches-critical-levels-of-covid-patients

Public health emergency was renewed thru Jan 21, 2021. *.

Oct 28th: *Emergency use vaccines and treatment* needed special permission to have Medicare coverage. "CMS is taking steps to ensure all Americans, including the nation's seniors, have access to COVID-19 vaccine at no cost when it comes available. They also released a comprehensive plan with proactive measures to remove regulatory barriers and ensure consistent coverage and payment for the administration of an eventual vaccine." CMS released new Medicare payment rates for COVID vaccine administration: $28.39 single dose vaccines. Requiring a series of two or more dosages, the initial dose administration payment rate will be $16.94 and $28.39 for the final dosage in the series. (Will be geographically adjusted. Those in original Medicare and Medicare Advantage will be able to get the vaccine at no cost.)

HOT OFF THE PRESS

BIG Regulatory updates:

Provider Transparency – expect to go live with all provisions Jan 2021. AHA presented the appeal but it does not appear the judges were going to rule in favor of the industry. Biggest concern: posting the contracted rates with the payers. HOLY! What other industry posts their contracted/competitive rates? I believe DC is very unhappy with hospitals/doctors for surprise bills. It is a very hot topic and one the healthcare industry needs to get busy to address. With this climate, there is plenty of unfavorable decisions being made. (Updated class on webpage: Revenue Cycle Impacts of Disruption- includes Surprise Bill section)

Oh yeah, did we mention that the FINAL RULE on **INSURERS Transparency** issued 10-29: Price transparency requiring most **private health plans (payers)**, including group health plans and individual health insurance market plans, to disclose pricing and cost-sharing information upon request to a participant, beneficiary or enrollee (or his or her authorized representative) including an estimate of the individual's cost-sharing amount for covered items or services furnished by a particular provider. It will implemented in phases -beginning

Jan 2022 to include their in-network negotiated provider rates and in-network drug pricing. Jan 2023- online shopping tool that allows consumers to see negotiated rate between provider and their plan as well as personalized estimate of their out-of-pocket costs for 500 of the most shoppable items and services. Jan 2024- all remaining products including DME. By 2024- all will have real-time pricing information. (Thanks, Bill D/PA) PS Did you know that there are approx. 4,800 MA plans in the country? Each with their own rules.. Shot me now!!

United – Still going Wild
As we shared in Aug, United has mandated that all outpt labs submit their lab charge master for United's unique coding. United has outlined how it should be done/ their spreadsheet, etc. Then United will provide their unique LAB code that must be placed on the narrative line for all outpt claims. WOW! The AHA is challenging; UB-04 committee is concerned; many hospital associations are challenging and we are encouraging you to be very involved in the declaration of the cost to comply… not to mention filing a complaint with CMS that they are in violation of the HIPAA Standard Tx which mandates that all covered entities (Payers and providers) abide by the approved ICD -10 and CPT/HCPC coding rules. They cannot create their own…but they have. We did get an 'informal' update that the implementation date was pushed back from Jan 21 to April 21 but still waiting for a FORMAL notice. Regardless -big question – WHY is United doing this? Administrative burden, violation, already have CPT codes??? (Historical article in Aug Info line, on webpage)
Filing a complaint: https://www.cms.gov/regulations-and-guidance/administrative-simplification/enforcement/fileacomplaint. Remember – CMS oversees all covered entities - not just Medicare.

Interoperability deadline – pushed back to April 2021/interim final rule. **"To be clear, the Office of National Coordinator for Health IT, is NOT removing the requirement advancing patient access to their health information that are outlined in the Cures Act Final Rule. Rather, we are providing additional time to allow everyone in the healthcare ecosystem to focus on COVID-19 response."** Note: Ask your health system: Does your EPIC/CERNER/CPSI/MEDITECH/ETC allow for a) sharing to the healthcare community industry access to 'see' your files from their system and b) do they allow all community or referred providers to UPDATE the primary record with the provider's patient information? ANSWER primarily A only. That is why this is a powerful patient continuity of care issue… Ask the pt if they would like both A & B and that they can get it all on their own device. One stop…

Telehealth CHANGES – payer specific
As we have shared throughout the COVID-19 updates, it is imperative that you develop a payer-specific matrix for all 'waivers', PHE coverage limitations, audit relaxation, and tons of other frequently changing situation. EX) Telehealth is a very hot, hot issue with all payers. United – using their owned providers thru Optum, they are anticipating expanding telehealth WITH THEIR OWN DOCTORS well beyond PHE. Humana- Waived copayments for primary care, behavioral health and telehealth. But 'as we re-enter NORMAL (??) environment, Humans will get the payment models to ensure using appropriate channel for in-office vs telehealth. Anthem & Cigna – very similar. (Becker, 10-20) BIG QUESTION: Who will decide in-person vs telehealth? Are more prior authorization rules going to be implemented? When payment is more for in-person?? Discontinue waiving cost-sharing. **"Starting Oct 1, several health insurers will no longer fully pay the virtual visits under certain circumstances. United Healthcare is ending a 'virtual visit' benefit. Anthem and their affiliates same ."**

(STAT) Estimate $50. Now the healthcare provider has to bill the pt for the small balance for telehealth -cost?

CMS delays start date of Radiation Oncology Payment Program after industry criticism. (HIMSS) Big financial hit with this change so ensure you have researched it well. CMS Verma- plans to push back date until July 2021` to give the radiology and oncology community more time to adjust to the change.

Physician new E&M coding guidelines are a go for Jan 2021. These are largest E&M guideline changes since 1997, essentially changing the way physicians document office/outpt codes 99202-99215. Goal to ease administrative burden changes: 99201 is eliminated and coded 99202-99215 are revised. Documentation includes a medically appropriate history and/or examination. Code selection is based on medical decision making or total time on date of encounter. Considerable concurrent auditing of the physician's documentation to support the new levels should start asap to reduce audit risk. Plus contracting language/productivity/RVUs should be addressed.

AUDITS, AUDITS, AUDITS – are back!

CMS announced the resuming of audits (routine??) on Aug 4th. As much as the industry believed it would not be focused audits by the RAC, MAC or other govt groups – they have started. Additionally, the OIG has already aggressively begun auditing with 33 areas focused on telehealth. (Already issued fraud findings.. DOCUMENT AND AUDIT ASAP) Expect ALL payers to audit Telehealth -visual and phone or phone only. Too easy to document incorrectly or the math is wrong. EX: minute ranges = levels. Now do the math -is it possible the doctor actually did that much time per code? Also did the provider use a 5-10-15-20 always amt of time threshold? Wow = looking for audit variances. Real time!

Other hot spots:

RAC: Total knee and total hip arthroplasty: Medical necessity and documentation requirements. NOTE: There are very specific documentation requirements that CMS issued in 2017. Get the class from our webpage: Inpt vs Obs -why I love the 2 MN rule PLUS total joint anguish. PLUS MANY MORE Posted RAC audit areas. https://www.cms.gov/research-statistics-data-systems/monitoring-programs/medicare-FFS-compliance-programs/recovery-audit-program/approved-RAC-topics. NOTE: SC 300 bed hospital has received a request for 8 hip and 6 knee records. It has started!

SMRC: Examples including inpt hospice, botulinum toxins, polysomnography, inpt rehab, spinal fusion. MORE!

MAC: Part A, Part B and DME. Pre-claim reviews: The new prior-authorization/July 2020 for potential cosmetic procedures billed as covered outpt. (You knew this was going to happen!)

(Thanks, Marcy U/ SAI Global/Compliance 360 – a training partner of ARS for many years! Good products)

Other focused audit areas:

ILL hospital – Cardiac Rehab and Pulmonary rehab. Looking for plan of care, PCP involvement in rehab process and psychosocial assessment. Many record requests..for a small'ish' program.

Hey, am I the only one that realizes our healthcare providers are all being hit by COVID -19 surges? Every state?? Nuts…

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.

Thank you for the opportunity to continue to be a part of your healthcare family. It takes a village …and our Healthcare Village is Strong!

Dynamic Educational Opportunities

EDUCATIONAL FUN
In addition to the exciting Region 9 HFMA virtual meeting,
Nov 17th: 'Revenue Cycle Impact of Disruption – patient,

payer, provider", there is a way cool additional adventure I have started with Bill Eikost, VP for Nemadji. He reached out to me last month and we started: **"A fireside chat with Day and Bill." It was Bill's brainchild as we discuss hot topics, patient impact areas and yes, those crazy payers gone wild.** We just finished one and Bill has posted it on YouTube. https://www.youtube.com/watch?v=l_huLCpZEks . Bill also has a linked in account where he posted these. Thanks a ton, Mr. Bill. (Bill is well known to us as Mr. HFMA. Nemadji provides a back-end data analytics recovery solution called Eligibility Detection that looks for insurance on older aged accounts that didn't previously have insurance attached. To learn more, www.nemadji.org.)

Compliance 360 Recent Webinar
Feel free to access the attached link for the recent disruption webinar. : : https://www.saiglobal.com/hub/webinars-on-demand/day-egusquiza-disruption-in-the-healthcare-revenue-cycle

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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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