ADVANCED DATA SYSTEMS RCM

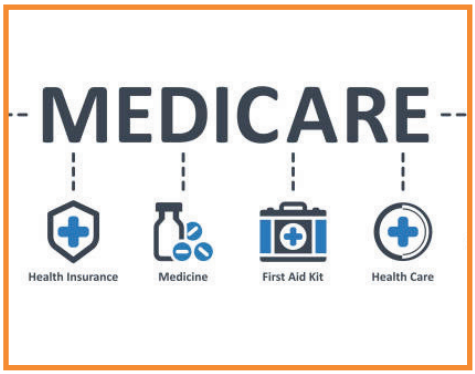
DECEMBER 2022

MEDICSRCM *IN*SIGHTS

Articles of interest in the World of Revenue Cycle Management, Billing, Consolidated Workflow, and Industry News

Presented by ADS RCM and our MedicsRCM services.

The Fight to Prevent Medicare Cuts is Down to the Wire



Even at this late hour, over one million physicians and clinicians continue to prevail upon Congress **to prevent a 4.5% Medicare cut** slated to start on **January 1, 2023**.

All **fifty states' medical associations have signed letters endorsed by the AMA**. A separate letter was endorsed, signed, and sent representing **over one hundred national specialty societies and networks**.

The Medicare payment cuts stem from the expiration of the 3 percent Medicare Physician Fee Schedule increase that Congress enacted through the Protecting Medicare and American Farmers from Sequester Cuts Act.

The AMA explains that providers are also up against a new 1.5 percent budget-neutrality reduction related to payment changes CMS finalized for evaluation and management (E/M) services in the non-office setting.

The letters point out that these cuts are unacceptable and untenable, especially with the **impact of inflation** and the **upheaval caused by the pandemic**.

Bipartisan legislation in the form of the Supporting Medicare Providers Act of 2022 would avert the 4.2% cuts to the physician reimbursement rate. As of this writing, **it's still not too late** to contact your representatives in Congress urging their support of this Act if you're so inclined.

(Note that ADS RCM helps ensure **all** claims, Medicare and otherwise, are submitted for maximized reimbursement at a time when deriving every penny has never been more critical.)

Remote Patient Monitoring: the New Healthcare Monolith!

Automated healthcare platforms in use before COVID-19 include telehealth, portals, kiosks, and texting. Telehealth was significantly elevated, often becoming **the only lifeline way to conduct encounters**. No doubt there are plenty of "**telemedicine saved my life**" stories. Today, it's a standard, routine healthcare technology piece.

The new emerging healthcare monolith is **remote patient monitoring** (RPM) which does exactly as its name implies: it enables you to monitor vitals such as **blood pressure, glucose, EKGs, temperature, weight**, and more **without patients having to come to your location**.

And it will **generate significant revenue** for you, as described below.

Readings are captured from wherever patients are located. If you use an EHR, those readings can flow **directly into patients' EHR profiles** exactly as in-office vitals readings.

RPM **eliminates the need** for the **expensive in-office resources** required to take vitals readings, the **staff and the time needed** to do so, the **intake**, the **waiting room**, the **face-to-face interactions**, etc.

It is **exceptionally convenient** for patients who might have difficulty traveling, or are sick. At the same time, RPM is a powerful tool for **patient engagement** and elevating their **overall experience** with you.

Back to the significant revenue. Claims can be generated for RPM monitorings, assuming you (1) know **how to generate** the claims, (2) use the **correct codes**, and **(3)** you closely scrutinize **the number of monitorings per-patient** to ensure compliance with the payer.

Revenue is even more pronounced when the **devices, implementation, training, and support** are provided **at no extra cost as part of the service**, which is **exactly what we do** as part of **our Medics RPM platform**!

And ***we* monitor your monitorings**, offloading that tedious requirement to ensure your **claims are submitted correctly** by our RPM claims experts for **maximized revenue**.

With ADS RCM submitting your **RPM claims cleanly and correctly**, and with the **devices, implementation, training, and support all included**, you'll have an easy pathway for patients to stay connected and engaged, **conveniently for them and you**!

Our EHR, Telemedicine, and In-House Automation Options:

- ✓ Medics RPM works with the **MedicsCloud EHR** capturing vitals data and inserting it directly into the patient's record, or with **your EHR**, or with **no EHR**.
- ✓ Our **Medics Telemedicine app** is another **revenue-generating** mobile engagement tool, and it's an ideal adjunct to Medics RPM. Or they can operate exclusively of each other.

Contact us for more about Medics RPM and/or Telemedicine. You'll generate new revenue streams and keep patients healthy and engaged at the same time!

Medical Fraud Story of the Month

An orthopedist and an attorney, both NY based, were convicted of defrauding local businesses and their insurance companies of more than **$31 million** through a massive "trip and fall" fraud scheme. The jury verdict on both was unanimous.

In a nutshell, poor, vulnerable, and homeless **people were recruited** to **stage trip-and-fall accidents** and then **undergo medically unnecessary surgeries** performed by the orthopedist to increase the value of their personal injury lawsuits as filed by the attorney.

Common accident sites included cellar doors, cracks in concrete sidewalks, and supposed potholes in front of commercial establishments such as gas stations, diners, and other businesses.

The "accident victims" were driven to chiropractors, imaging centers, and physical therapists **to help justify their knee, shoulder, and back surgeries** as performed by the orthopedist. Patients were paid approximately $1,000 after each surgery, for which the orthopedist obtained approximately **$10,000 also per-surgery**. In all, about 300 medically unnecessary surgeries were performed.

The attorney filed almost **200 fraudulent lawsuits** earning more than $5 million in settlement fees. Click here for the details of the December 16th press release by the US Attorney's office, Southern District of NY.

Consistency in Staffing

Consistency can be good or bad. On staffing, the scene has been **consistently bad** and shows no signs of improvement. So, this is one type of consistency you **don't** want.

What to do?

- ✓ You can attempt on your own to **identify, recruit, and hire** new staff members through employment advertising, job boards, etc. Some may have to be paid-for, others might be at no cost. Either way, you'll have to **weed through the candidates, interview** them, perform **background checks/due diligence**, make **offers**, hope they **say yes**, hope they **arrive on their first day** as anticipated, and hope **they stay**.

  "Hope" is **not a good word here** because if any candidates don't materialize or work out, you're out all of the efforts you expended, especially if it's the third "hope" since, by that point, you might've already gone through all of the onboarding, benefits enrollments, training, etc.

- ✓ You can engage a **staffing service** and pay a fee usually once their candidate is on the job for a specific period such as 30, 60, or 90 days.

  During that time, you'll expend the same resources mentioned above (**onboarding and training the new hire** while providing a **salary** and **benefits**) and pay **the staffing agency** at some point, assuming the person stays in place long enough.

  But at **any point**, the person can leave for something **different, better**, through **capriciousness**, or because there was an episode of "**bad chemistry**" with a coworker. It's especially disconcerting when the candidate leaves **after you've paid the agency** and you have no recourse.

  And now, you're back to Square One.

- ✓ Consider **outsourced staffing** as part of an overall revenue cycle management (RCM) program.

  Admittedly we might be a little biased here, but not really because **it's a *very* cost effective way to address staffing issues**. In fact, you can **proactively rely on RCM** (such as MedicsRCM!) to help bolster, compress, consolidate – pick the word that works for you – your in-house staffing team, especially as "**the great resignation**" and "**quiet quitting**" continue to exist.

  The +300 person MedicsRCM team, at no additional cost as part of our service, is ready to step in almost instantaneously to **work behind the scenes** with features and options to handle **EDI, eligibility verifications, prior authorizations if needed, out-of-network alerts, visuals on patient responsibility estimates, claims**

submission to Medicare/Medicaid, thousands of commercial payers and WC/NF, proactive denial management, claim tracking, patient billing/payments online via text or email with patients calling us when they have questions on their statements.

Appeals are handled, and we even have a highly accurate insurance discovery option when coverage information is wholly or partially missing.

We include **compiling the financial and management reports, KPIs, and analytics** you need and **routinely review the same with you. At the same time**, you maintain **100% transparent, on-demand** access to **all** your data.

MedicsRCM brings **something more to the effort** that's difficult to accomplish through your own staffing efforts or a staffing agency: **we'll guarantee to increase your revenue in 90 days**! That's **in addition to our outsourced workforce** helping to cover in-house positions **without recruiting, hiring, onboarding, training, salaries, raises, insurance, vacation, benefits**, and the **HR issues** that all come with having on-staff personnel.

Recap: your staffing problems can be addressed on your own or with a staffing agency. Both require time, resources, and money, without guaranteeing **that new hires will stay**.

MedicsRCM provides the **outsourced staffing, as noted** with our **AI-architected platforms** enabling us to **guarantee your revenue increase** often by **up to 20%**. Please be in touch to see how we can help **you**.

Saying "No" to No-Shows

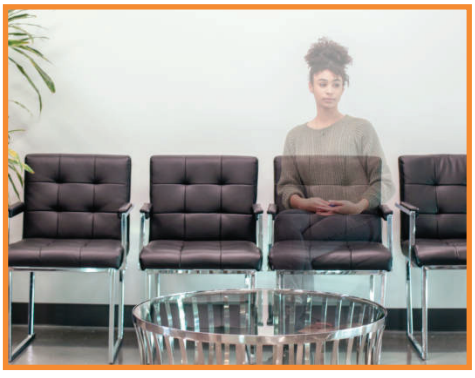
Last-minute emergencies will always happen and are out of anyone's control. Ideally, your "excuse patients" will let you know anytime in advance, or less ideally, at the appointment time.

When patients cancel, you have a fighting chance to fill those slots or at least rearrange resources as needed. When they just don't show up, you not only miss that revenue, but expensive in-office assets – human and mechanical – that were designated are wasted.

(Reminder that some excuses may be overcome through **telemedicine sessions** assuming (1) telemedicine is appropriate for the visit reason and (2) that you have a telemedicine option. More on this follows below.)

A **no-show or a less-than 24-hour cancelation penalty policy** that patients acknowledge can be created and enforced on a per-case basis, perhaps based on the excuse if there is one. You'd establish the penalty amount.

And while you want to take "excuse patients" at their word, you recognize they're often **unverifiable**. ADS RCM clients have access to the **award-winning MedicsPremier scheduler** through which **missed appointment reports** can be generated. Patients who **repeatedly miss or have excuses for missed appointments can be flagged** for future scheduling purposes. Staff can use those flags to reschedule for **off-hours/non-peak times**, making it less harmful if they don't arrive or have an excuse again.



As for **pure no-shows** where there are **no excuses**, many studies (one is https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6710029/) have shown that the primary reason is **forgetfulness**.

An excellent way to help overcome forgetfulness is with automated, **interactive text reminders** where texts are sent to patients shortly after their appointments are scheduled ("Thanks for scheduling your appointmentfor 4:00 p.m. on April 12…"). And where secondary automated texts are generated perhaps **a day or two before** appointments.

Initial and secondary texts would enable patients to **reply to confirm or cancel**, with either response type **automatically entered** into each patient's appointment **on the scheduler**. Cancelations can be quickly called to reschedule, and you can attempt to fill those gaps. You'd also be able to **identify patients who haven't responded** to see about their status.

Texting, as described, is **automated, efficient, hands-off, and effortless, requiring no thinking or manual activity** as a "set it and forget it" mechanism. We have it as our own feature/option, not by way of a third-party texting service. It's ideal for both in-office appointments and telemedicine sessions.

So, your **no-shows** and patients with a **history of excuses** can be managed by having a payment penalty policy and our Medics interactive reminder texts!

Balances Due: our texting option is invaluable as well for **balances due**! Patients can receive **balance-due texts**, and **pay directly back through those texts** via our Medics portal which supports online payments. As such, texting keeps patients **on schedule** and **paying** as soon as balances become their responsibility.

If you're not yet using Medics texting, please contact us for more about it as a feature through MedicsRCM.

Everything you need to Know about Complying with CMS Initiatives

You're dreaming blissfully about providing top-level healthcare without having to comply with so many "or else" initiatives and requirements. And then you wake up.

Here are some of the major **Initiatives du Jour** that may be keeping you up at night:

- ✓The **21st Century Cures Act**, which **among other things**, addresses **not blocking information** and data between patients, their providers, healthcare settings, and treatment centers. See www.healthit.gov/topic/information-blocking for more details.
- ✓The **No-Surprises Act** calls for not billing patients for healthcare charges/services performed for which patients had no knowledge, especially if those patients were **out-of-network** for those services. See https://www.cms.gov/nosurprises for more details.
- ✓The **Appropriate Use Criteria** (AUC), aka **Clinical Decision Support** initiative, will require providers who refer Medicare patients for advanced imaging to obtain a "yes" code from a qualified clinical decision support mechanism (qCDSM platform). If the imaging center provides a CT, MRI, PET, or nuclear study without that code, the imaging center will receive a denial from Medicare. Referrers will no doubt find it more and more challenging to work with imaging centers if they (the referrers) don't have and use a qCDSM.

We have solutions to these initiatives through our ADS MedicsCloud platforms!

- ✓The easily-deployed, FHIR-architected **Medics Me app** will ensure you comply with the 21st Century Cures Act.
- ✓The r**ules engine-driven MedicsPremier system**, accessible by ADS RCM clients, supports a **patient responsibility estimator**, **out-of-network alerts**, and selections of other providers who might be **in-network** helping clients comply with the No-Surprises Act.
- ✓Our **qCDSM** option is integrated with the **MedicsCloud EHR** (available to ADS RCM clients) for on-the-fly approval codes as orders are created for advanced imaging studies. The patient's history, demographics,

and current diagnosis/diagnoses are quickly matrixed, resulting in a “yes” code if appropriate, which is automatically attached to the outgoing order.

So, you can **go back to sleep, even counting initiatives instead of sheep**, knowing we have you covered! Contact us for more about our initiative compliance solutions.

Finding Billable Coverage

Blanket statements can be dangerous, but a relatively inarguable one is that self-pay patients are more **time-consuming and costly** to deal with than those covered by insurance.

Finding (discovering) available coverage whenever and wherever you can is something you’d want to do, but it's **like mining for gold**: it's **tedious** and can often be **fruitless**.

Our **insurance discovery option** is highly accurate (up to 30%), and is **essentially instantaneous** in returning results. Think about it this way: if insurance is findable for three in ten patients who don’t have coverage information, you’d increase reimbursements, decrease the number of uninsured/self-pay patients, and no doubt reduce write-offs.

BTW, our insurance discovery option will also help identify **updated Medicare account numbers** as needed.

Contact us for more about our insurance discovery option and decreasing your number of self-pay/no insurance patients.

From us to you

Best wishes for a wonderful holiday season and a happy, healthy, and prosperous 2023! We’ll see you next month with our January 2023 edition of InSights.

Contact us at 844-599-6881 or email rcminfo@adsc.com for more about MedicsRCM’s services and **our 90 day guarantee** to increase your revenue, or about the MedicsCloud Suite if you prefer using **in-house automation**.