ADVANCED DATA SYSTEMS RCM

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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 with best wishes for a happy, healthy, prosperous, and profitable 2023!

The End: COVID-19's Public Health Emergency

There won't be a Times Square ball drop at midnight, but you can put **May 11, 2023**, on your calendars as the day CMS has designated as the official end date for the COVID-19 public health emergency (PHE). The announcement was made on January 30. For reference, a national emergency was declared on March 13, 2020.

But what does "no more COVID-19 PHE" mean?

To ensure a smooth transition while still protecting everyone's health and well-being, CMS has taken immediate action to *update fact sheets* and other supporting resources to prepare for changes that will occur beginning on May 11.

Here are some encapsulations courtesy of the *Kaiser Family Foundation*:

✓ **Vaccines**

What's changing? Nothing, because the availability, access, and cost of COVID-19 vaccines and boosters, are determined by the **supply** of Federally-purchased vaccines, not by the PHE.

What's the same? As long as federally purchased vaccines last, COVID-19 vaccines will remain free to all people, regardless of insurance coverage. Providers of federally purchased vaccines are *not allowed to charge* patients or deny vaccines based on the recipient's coverage or network status.

✓ **At-Home/Over-the-Counter COVID Tests**

What's changing? These tests may become more costly for those with insurance, and people with traditional Medicare will no longer be able to get these tests at no cost. Those with private insurance and Medicare Advantage (private Medicare plans) will no longer be assured of getting free at-home tests, although some insurers may continue to voluntarily cover them.

For those on Medicaid, at-home tests will be covered at no cost through September 2024. After that date, home test coverage will vary by state.

What's the same? Uninsured people in most states were already paying full price for at-home tests as they weren't eligible for the temporary Medicaid coverage for COVID testing services. Uninsured and other people who cannot afford at-home tests may still be able to find them at a free clinic, community

health center, public health department, library, or other local organization. Additionally, some tests have been provided by mail through the federal government, though supply is diminishing.

✓ **PCR and rapid tests ordered or administered by a health professional**

What's changing? Although most insured people will still have coverage for COVID tests ordered or administered by a health professional, these tests may no longer be free.

- Traditional Medicare will be no cost for the test but could be cost-sharing for the doctor's visit.
- Medicare Advantage and private insurance, the test, and the associated doctor's visit both might be subject to cost-sharing depending on the plan. Some insurers might limit the number of covered tests or require tests be done by in-network providers.
- Medicaid will continue free tests through September 2024, after which states may limit the number of covered tests or impose nominal cost-sharing.
- Uninsured people in the 15 states that have adopted the temporary Medicaid coverage option will no longer be able to obtain COVID-19 testing services, including at-home tests, with no cost-sharing; this program ends with the public health emergency.

As mentioned, **these are encapsulations**. Please see *Kaiser Family Foundation* for more details on each to ensure you're ready for your May 11th aftereffects.

2023 Scorecard on Reprieves for Healthcare

Thanks to the 2022 efforts of hundreds of medical societies, associations, practices, groups, laboratories, and others including "grass roots" individuals with an interest in it, **2023 will provide greatly needed financial breathing room** for healthcare providers.

Some of the more notable bullets include:

- ✓**6.5% cuts** in 2023 Medicare reimbursements have been canceled
- ✓**up to 15%** in laboratory reimbursement cuts were avoided
- ✓split/shared **E/M billing** was delayed until CY 2024
- ✓a number of **telehealth** waivers were extended through 12/31/24 (yes, 24)
- ✓ensured payment parity between **in-office and telehealth encounters** through 2023
- ✓**good faith estimates** delayed as part of the No Surprises Act

While these all certainly represent good news, you'll still want to know **your claims are being submitted for maximum reimbursement**, and with an **almost 100% success rate** on first attempt HCFA, UB, workers compensation, and no-fault clearinghouse submissions.

The phrase "maximum reimbursement" also refers to **E/M coding** being optimized, with alerts whenever E/M coding can be better on any claims.

You'll want to know your **telemedicine visits are properly and cleanly coded**, and that those sessions are kept as scheduled as helped by **interactive reminder texts**.

And **irrespective of the No-Surprises Act**, you'll still want an ability to provide patients with good faith estimates on their **responsibility balances**, and you'll want to know in advance about **out-of-network** (OON) visits. Estimates and OON alerts will **help ensure you're paid** by one of your **largest payer groups: your patients**.

ADS RCM supports (1) **maximized** claims reimbursements, (2) **E/M and NCCI** coding alerts, (3) proper **telemedicine coding** and **reminder texts** for telemedicine and in-office visits, and (4) access to a patient **responsibility estimator** and rules engine-generated **OON alerts**, both on scheduling appointments.

A Medicare Advantage Final Rule

The US Department of Health and Human Services (HHS) has released a final rule that aims to introduce more oversight into the Medicare Advantage risk adjustment data validation and payment process. Under the finalized rule, CMS will not extrapolate audit findings for payment years 2011 through 2017 and will collect non-extrapolated overpayments for plan years 2011 through 2017.

Extrapolation will begin with the plan year 2018 risk adjustment data validation audit using any extrapolation technique that is statistically valid. The audits will center on high-risk plans.

Adjustment factors—also called fee-for-service adjusters or FFS adjusters—will not be a part of the audits. Actuarial evidence will only be used for CMS risk adjustment in Medicare Advantage payments. CMS will not require actuarial evidence for return overpayments for unsupported diagnoses.

Click here for details of the rule.

Lowering Prescription Drug Pricing

The Department of Health and Human Services (HHS) has released three models intended to bring down prescription drug spending for Medicare and Medicaid patients. Synopses on the three models are:

- ✓ The Medicare $2 Drug List (the Medicare High-Value Drug List) model tests standardizing the Part D benefit for high-value generic drugs. It evaluates the impact that this approach would have on three measures: healthcare spending, patient outcomes, and medication adherence.

- ✓ The Cell and Gene Therapy Access (CGT Access) model targets Medicaid beneficiaries. It allows for multi-state agreements with cell and gene therapy manufacturers using outcomes-based payment models. CMS will develop the CGT Access model in 2023 with a test launch in 2026.

- ✓ The Accelerating Clinical Evidence Model targets drug spending for fee-for-service Medicare beneficiaries. Qualifying fee-for-service Medicare Part B providers would be required to participate. HHS believes this model would lessen payer concerns about covering drugs with delayed confirmatory trials or inadequate efficacy data. It would also align manufacturer incentives, pushing them to release drugs faster. HHS directed CMS to launch this model as soon as possible with the involvement of the FDA.

Click here for the report and its details.

Spotlight On: Personal Injury (PI), Workers Compensation (WC), and No-Fault (NF) Patients

If your patient population includes accident victims, you have **some very special needs**, possibly a few about which **you might not even be aware**.

The obvious needs include an ability to submit **often complicated** WC and NF claims cleanly the first time, with accompanying documentation as needed in order to obtain maximized reimbursements as quickly as possible.

You need specialized WC/NF **reports, analytics, and KPIs** for yourself to ensure you're financial and productivity levels are driving successful results.

As mentioned, those are the obvious needs. But what about the more **esoteric**, often **overlooked** requirements? Sometimes these are overlooked simply because **they're not thought to exist**:

- ✓WC, NF, and personal injury patients have **attorneys** who have to be tracked, managed, and otherwise have a handle kept on. In fact, one patient might have multiple attorneys for different cases! You'd need to have the correct attorneys attached to the correct patients, case-specifically.
- ✓Patients' attorneys are high maintenance. **Their staffs** continually prevail upon **your staff** to lookup, retrieve, send, fax, or email a variety of **reports, images, documents**, and **letters**. But their clients are your patients, so what can you do?
- ✓Unless yours is a radiology practice, there's a good chance you sell **purchasable products**. If so, you have to **track inventory**, calculate **sales tax**, and **take payments** that have to be segregated from medical procedure payments. You might even accept payments (or want to) by way of **coupons and gift cards**. (Obviously, purchasable products could apply to non-accident patients as well.)

The question above was, "What can you do?" The answer is, "Plenty," if you engage with MedicsRCM!

The platform we use - MedicsPremier from ADS - to which our clients have unlimited access, **supports solutions to everything mentioned**.

Clients routinely use the **built-in** (no additional cost) **Patient Attorney Database** which easily connects your patients with their attorneys' information, **case-specifically**, eliminating the need for your staff to hunt for attorney information if and when it's needed.

As an option, you can make the system's **Attorney Portal** accessible, empowering attorneys to **self-serve**, on demand **at any time** to retrieve whatever information is needed on their clients (your patients) **without having to disrupt your staff**.

As for **products**, use the **built-in** (no additional cost) **Products Manager** for tracking inventory, calculating sales tax, and for accepting separate payments for purchases, including with gift cards and coupons.