ADVANCED DATA SYSTEMS RCM

SPRING 2022

# MEDICSRCM *IN*SIGHTS

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

## CMS Coverage Transparency: the Final Rule is Final

Health plan price transparency is designed to help consumers know the cost of a covered item or service **before receiving care**.

So, beginning **July 1, 2022**, most group health plans and issuers of group or individual health insurance will begin posting pricing information for most of their covered items and services. This pricing information can be used by third parties, such as researchers and app developers to help consumers better understand the costs associated with their health care.

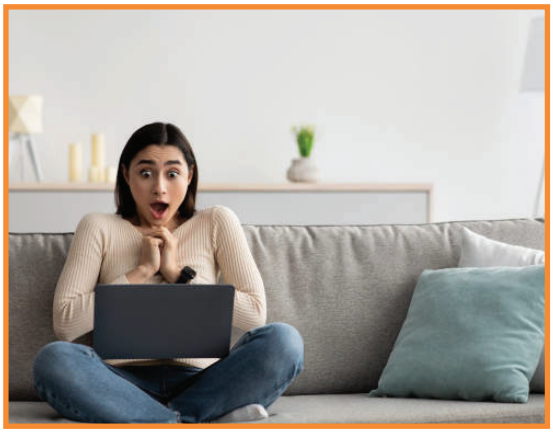
More will go into effect starting on January 1, 2023, and January 1, 2024 which will provide additional access to pricing information and enhance consumers' ability to shop for the health care that best meet their needs.

Some of the salient Final Rule points include:

- ✓ Originally set to take effect Jan. 1, CMS delayed it for six months over concerns with the time and effort it would take payers to come into compliance with the new policy.
- ✓ The rule requires payers to disclose **in-network** provider rates for covered items and services, **out-of-network** allowed amounts and billed charges for all covered items and services, and **negotiated rates and historical net prices** for covered prescription drugs administered by providers.
- ✓ Prices **must be posted** in **machine-readable files** containing the following sets of costs for items and services:
  - **In-network rate file**: rates for all covered items and services between the payer and in-network providers.
  - **Allowed amount file**: allowed amounts for and billed charges from out-of-network providers.
- ✓ Payers not in compliance could face **fines of up to $100 per day for each violation** and for **each individual affected** by the violation.

So, all of your payers should have a good number of rates published by the time you read this. ***Click here*** or copy/paste **https://www.cms.gov/healthplan-price-transparency** for details and additional information.

## Two Surprise Acts



SURPRISE!!!!! Walking into that on your birthday is good. It's a party and everyone's having a blast.

SURPRISE!!!!! The patient has just gotten a "snail mailed" statement or a balance due text for medical charge(s) about he or she had no knowledge. That's bad.

It's not only bad, it's prohibited thanks to the **No Surprises Act**. At this point you're probably familiar with the Act, but to recap:

- ✓patients must be **made aware of all charges** that are not covered by their insurance; they can't receive statements as described above
- ✓if the patient has insurance but you're out of network, **you can't bill for more than what their insurance would've reimbursed** had you been in network, and then you can't balance bill
- ✓there must be **transparency on patient pricing** and **good faith estimates** for uninsured and self-pay patients such that they can attempt to identify less expensive alternatives

In order to comply, you'd need a way to be **alerted proactively** about a patient's status so that you, in turn, can alert the patient. Having access to an accurate **patient responsibility estimator** is obviously important.

MedicsRCM supports these types of features through the platform we use, the AI-enabled, rules engine-driven MedicsPremier system from ADS. With clients having no-cost access to it, they're able to obtain immediate **out-of-network alerts** for their providers in general, or for specific procedures by provider. And then, its patient responsibility estimator produces accurate estimates for expected procedures.

In a nutshell, **we'll support you in complying with the No Surprises Act** and help you **avoid costly penalties** while ensuring your patients know exactly how things would go.

## Laboratory Fraud: Unpleasant but Newsworthy and Teachable

Payment of bribes (there's no way to sugarcoat that) in exchange for lab test orders is something to be avoided at all costs both by the bribe-givers and the bribe receivers. Unfortunately, it was not avoided in a recent east Texas laboratory case.


In a nutshell, **the CEO of a multi-hospital health system and seven physicians** faced federal Anti-Kickback Statute (AKS) charges for accepting "illegal inducements" in exchange for ordering clinical laboratory tests. It's a little unusual since violations in these types of cases are **generally brought against the laboratory**; this particular AKS case **went the other way**.

The defendants agreed to repay **$1.1 million** to the federal government to settle the allegations.

***Click here*** for details.

# Wisely Putting Patients First: Health-wise and Revenue-wise

Your **entire reason for existing** is to provide **tier one healthcare** to keep your patients **as healthy as possible**, to **reduce admissions and readmissions** into inpatient settings to the best of your ability, to **keep them engaged**, and to provide an **enhanced patient experience**.

At the same time, patients no doubt represent **one of your largest payer groups**. Tying together everything mentioned above *and* having **patients produce revenue** seems daunting especially if you're experiencing **staffing issues** as an in-house effort. And, **your automation** might not be helping.

Interestingly, a May 17, 2022, MGMA Stat poll asked medical groups which areas are the most important for new managers to learn. With 553 applicable responses to the poll, the majority (31%) pointed to

- ✓Revenue cycle (27%)
- ✓Human resources (26%)
- ✓Analytics (11%)
- ✓Other (6%), of which the most common response was "all of the above."

There's no need to flounder because really, **none of this is daunting** since ADS RCM and our MedicsRCM services – which *includes* our outsourced workforce of billing, coding, EDI and workflow specialists – can dramatically alleviate your staffing issues. Add to that our AI architected, rules engine-driven MedicsPremier platform replete with proactive and post-service patient payment tools that virtually ensure they will pay.

Clients also benefit from having their claims optimized for maximum reimbursement and with a nearly 100% success rate on first attempt clearinghouse submissions.

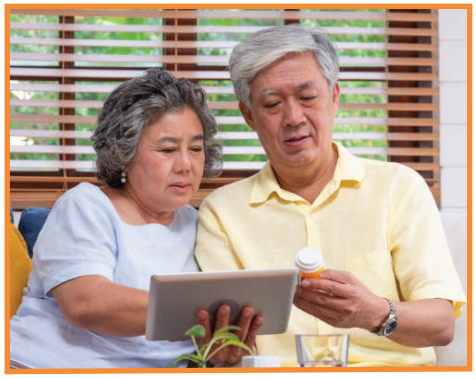
And then, there are the operational and engagement/mobility features for keeping your patients connected with you.

While administrators consider their settings the revenue centers they should be, cost factors such as staffing and technology can severely impact that revenue at the worst possible time which is now.

On the other hand, with (1) MedicsRCM clients' revenue routinely increased by 10% - 20%, and (2) with their staffing issues consolidated, and (3) with technology costs eliminated since we include MedicsPremier access at no additional cost, MedicsRCM almost always becomes a no-cost service even with collection percentages factored in!

You'll put your patients first health-wise, and we'll put **you** first revenue and efficiency-wise!

## A Double Shot of Great News: The COVID-19 Public Health Emergency (PHE) will End but until then there's new telehealth guidance from HHS!



Any informal watercooler discussions on how there will really never be a post-pandemic world are just that: watercooler discussions. That's because no less than the U.S. Department of Health and Human Services (HHS) just released new guidance surrounding **telehealth and HIPAA compliance** following **the eventual conclusion of the COVID-19 public health emergency** (PHE).

So let's go with how there will be an eventual conclusion.

As for telehealth, throughout the pandemic, HHS instituted **various flexibilities tied to the PHE** that waive many of the generally applicable rules governing Medicare telehealth services.

In their new guidance content (the link above), HHS does provide helpful clarifications as to when the Office for Civil Rights will stop utilizing enforcement discretion, as well as important points on **audio-only telehealth visits** which were not reimbursable under Medicare prior to the pandemic.

But **HIPAA enforcement discretion** was **not waive-extended** by Congress for the five months following the conclusion of the PHE, whenever that's declared.

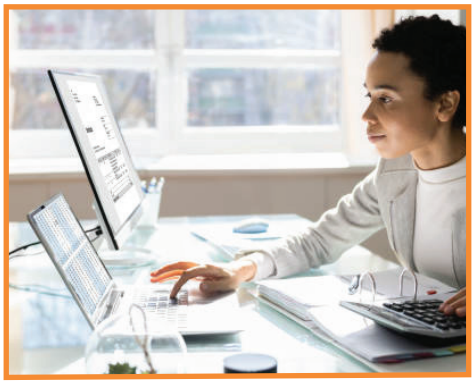
To ensure that **everyone engaged in Medicare-related telehealth** is aware of their obligations immediately following the expiration of the PHE, MGMA Government Affairs (and perhaps other associations/organizations) will release information on the reintroduction of HIPAA requirements for audio-visual and audio-only telehealth services.

Note: the **MedicsCloud EHR** which is available to MedicsRCM clients in almost any specialty for comprehensive **click-free/hands-free clinical charting** utilizes its own (not a third party) **Medics Telemedicine app** for easy-to-invoke remote sessions. Encounter data flows directly into the patient's MedicsCloud EHR chart and then is billed seamlessly by MedicsRCM in virtually one unified action.

Clients can also retain their **existing EHRs** if preferred, interfaced with MedicsRCM.

Irrespective of the PHE's conclusion, the Medics Telemedicine app represents perhaps the **ultimate patient engagement** and mobility tool! Let your ADS RCM Account Manager know if you have interest in the app.

## Your Survival Depends on Financial and Operational Analytics



It's not an overdramatic statement. Financial and operational/productivity analytics, reports, dashboards, and key performance indicators (KPIs) present an **unambiguous picture of how things are going now**, how they **went before**, and yes…**how they will go in the future** assuming your reporting resource supports **predictive analytics**.

Actually, having financial and operational predictive analytics is perhaps **the most important weapon in your reports quiver** because they'll help guide you to take corrective action if things look a little unsettling on the horizon. Conversely (which everyone wants), if things look good you'd be able to see how they could be made **even better**.

According to **MGMA**, other statistics need to be managed and reported on as well including **quality and value-based analytics**. MGMA's survey showed more than half (55%) of primary care practices actually **added data analytics staff** to accommodate the shift to value-based care.

MGMA reported among practices that added new technology to enable their value-based care efforts, 90% said they added data analytics/reporting platforms.

Adding data analytics staff as mentioned above – or really **any back-of-the-house administrative staff** – is already a sore point. But no doubt it's needed because of the **current staffing crunch** on retaining existing personnel and identifying/recruiting potential new staff to fill vacancies or for additionally-needed positions.

We're proud in being able to keep you up to date on analytics without you having to hire an entire team of analytics experts!

So then what's needed is (1) staff to assist with reporting as noted, and (2) access to whatever analytics resource is being used.

MedicsRCM satisfies **both**. Our +300 outsourced team of billing, coding, claims, EDI, and workflow experts has helped clients **consolidate their staffing** along with **associated expenses** and **HR issues**. On the financial and analytics side, the system we use - MedicsPremier from ADS - is **AI-architected**, **rules engine**-driven, and supports the all-important **predictive analytics** needed to ensure your outlook is optimistic.

Our **analytics team produces the data** clients need and routinely **reviews it** with them. But because clients have full, transparent, **on-demand access** to their data, administrators, for example, can view and create reports or dashboards **at any time to the extent they want**, save and name them so they **compile automatically** without having to recreate them, and then can even export reports to Excel.

Operating efficiently and profitably with the analytics and reporting you need are hallmarks of our MedicsRCM service.

## Palmetto Updates


- ✓Each quarter, the Fiscal Intermediary Shared System (FISS) is updated to include new logic for claims processing, pricing, etc.

  When the release is installed, Palmetto GBA places a temporary hold to ensure the release is installed properly. During this time, claims with dates of service on or after July 1, 2022, will be held in the status/location listed below and may be released before or on July 14, 2022, to continue processing.

| Reason Code | Location Status | Description |
|---|---|---|
| WW999 | SMFISS | Holds All Claims |

Providers should be reminded that Medicare claims processed by the 30th day from claim receipt are considered timely. Beginning on the 31st day from receipt, interest will be applied to clean claims that have not been processed. A "clean" claim is one that does not require the Medicare Administrative Contractor to investigate or develop external to their Medicare operation on a prepayment basis.

Please click the link or copy and paste it for more details:
***https://palmettogba.com/palmetto/jja.nsf/DID/2HHDRLXHE9#ls***

✓Comprehensive Error Rate Testing Program Report: Sample Reduced for Reporting Year 2023

CMS reduced the number of claims in the Comprehensive Error Rate Testing program report for reporting year 2023.

JJA~General, JJB~General, JMA~General, JMB~General, JMHHH~General, Railroad Medicare~General - Railroad Medicare

Visit ***https://www.palmettogba.com/*** for more details and items of interest.

## Novitasphere Updates

The CMS Identity Management (IDM) System requires **annual role certifications** for all Novitasphere roles. The certification requirements were implemented in July 2021. As a result, all Novitasphere roles established before July 2021 will need to be certified no later than July 15, 2022. **Any roles not certified by July 15 will be removed**.

Steps to follow include:

- ✓ Approve all Novitasphere End User roles associated to your organization(s) prior to July 15. Failure to meet this deadline will result in your end users not being able to access Novitasphere.
- ✓ For detailed instructions, refer to the IDM annual certifications (JH)(JL) webpage.
- ✓ Be assured that your role will be certified in a timely manner. The Novitasphere Help Desk staff have been busy certifying all office approver and office backup approver roles to meet this deadline.
- ✓Discuss this requirement with your office approver and ensure your role is certified before the July 15 deadline.
- ✓**If you lose your role**, follow the "Steps to regain Novitasphere access following role removal due to inactivity" by clicking ***here***.

You may receive an email from IDM advising you to log in a request certification. Please disregard that email. It is not necessary to request the certification. It's best to be proactive and ensure all roles are certified prior to July 15.

## ICD-10-CM Diagnosis Codes: Fiscal Year 2023

Reminder that fiscal year 2023's ICD-10-CM diagnosis code files and guidelines are available on the 2023 ICD-10-CM webpage. These codes are effective for discharges and patient encounters on or after October 1, 2022. Click her for the details or copy and paste: ***www.cms.gov/medicare/icd-10/2023-icd-10-cm***.

Some big changes are coming in **E/M coding** as well for 2023. The MedicsRCM team is well versed in ICD-10 and E/M, and our AI-rich/rules-engine driven billing platform (MedicsPremier from ADS) have our clients covered on these complicated coding issues, and more.

## Staffing Issues Continue Unabated

It's enough that practices, groups, and laboratories can be suffering on the **clinical side** with shortages of providers and technicians. In the case of laboratories, for example, some are **directly connecting with phlebotomy and histology schools** to attract candidates right from the source.

The other side of the laboratory is often besieged as well. We're talking about the **billing/coding/ financial/-claims/appeals/workflow/EDI/patient receivables staff**. Help on that front should be available as part of engaging with a full-service billing/revenue cycle management service.

For example, MedicsRCM, with our +300 person outsourced team of "back-of-the-house" experts along with our **AI-architected, rules engine-driven** automation platform (MedicsPremier from ADS), helps to **consolidate our laboratory clients' staffing issues** by performing or providing.

There's more with **mobility, portals, kiosks**, and **scanning**.

So while we can't help with your laboratory's clinical and technician staffing, we **can** help with administrative and back-of-the-laboratory staffing issues.

## A Note on ADS RCM and our MedicsRCM Services

You're encouraged to be in touch to see how **we'll guarantee to increase your revenue in 90 days** while streamlining your **staffing issues** and consolidating, if not eliminating your **current technology costs**.

MedicsRCM is ideal for **any specialty**. You'll be impressed how our +300 person team of coding, HCFA/UB/WC/NF billing, workflow, and analytics experts can positively change your financial picture and streamline your operation.

And if you still prefer to use an **in-house platform**, the same MedicsCloud Suite we use can be implemented by ADS!

Contact ADS RCM at **844-599-6881** or email **rcminfo@adsc.com** for more on our services and systems, and the 90 day guarantee.

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