

MEDICSRCM INSIGHTS

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

Presented by ADS RCM and our MedicsRCM services.

Denial Prevention and Redirected Workforces

Two major topics at September's RCM Virtual Summit included denial prevention and workforce staffing.

Denial Prevention: In the "old days," you needed teams of people to deal with editing and resubmitting denied claims. Today high-powered tools can be leveraged to avoid denials proactively through pre-submission alerts.



So, instead of the "submit and pray" strategy hoped for by insurance payers, submitters can fix errors first, dramatically reducing after-the-fact new denials that mount up on top of those previously denied.

The phrase "so many denials" was used above, which means it's unrealistic to expect total denial prevention. Some claims will invariably slip through and be denied. For those, you'd want their denial reasons clearly displayed, suggestions for edits, and then a way to quickly resubmit those claims all from one view without having to jump from window to window.

In essence, with denial prevention and on-the-fly editing/resubmitting, you could achieve zero denials.

(ADS RCM supports denial prevention and management as described through the AI-architected, rules engine-driven MedicsPremier billing platform to which clients have unlimited access. MedicsPremier is also available from ADS if an in-house system is preferred.)

Outsourcing your Workforce: Labor shortages continue to be a problem in all industries, including healthcare because keeping a staff in place, even remotely, can be a challenge.

And then, whether staff is in-office or working remotely, salaries, benefits, vacations, HR issues, etc., represent undeniable expenses and administrative headaches.

An increasingly popular alternative is to engage with an RCM service that has its own workforce ready to work behind the scenes for its clients helping to consolidate their in-house staffing.

Tasks and features such as eligibility verifications, out-of-network alerts, access to a patient responsibility estimator, claim submission, claim tracking, denial prevention/management (as mentioned), EOB reconciliations, appeals, patients with statement questions calling the RCM service instead of the client, insurance discovery when coverage information is missing, and even the extraordinarily time consuming job of determining about prior authorizations - and then getting them when needed - can all become part of working with an outsourced workforce.

It's undeniable how healthcare settings become much more efficient and economical when they can offload tasks such as those described above.

(ADS RCM with our +300 person outsourced team of billing, coding, EDI, workflow, and analytics experts bolster our clients' in-house staffing. And, it's all at no additional cost as part of our MedicsRCM services.)

New CPT® Codes for COVID Boosters

The AMA has added **eight new CPT codes** relative to new Moderna and Pfizer-BioNTech bivalent COVID-19 boosters. They were created due to the omicron variant, which now accounts for the majority of positive cases.

The Food and Drug Administration had amended the emergency use authorizations for these boosters to be given as a single booster dose at least two months following primary or booster vaccination. They contain two messenger RNA components: one for the original COVID-19 strain and the other for the more common BA.4 and BA.5 sub-variants of the aforementioned dominant omicron strain.



The same day as the FDA's announcement, AMA released the new CPT codes for the bivalent COVID-19 booster doses so providers can document and bill for administering boosters as soon as the vaccine doses are available this fall. [Click here for FDA's details.](#)

National Directory of Healthcare Providers

It seems almost impossible how this hasn't happened decades ago, but CMS is now asking for input on creating the first national directory of healthcare providers and services. They (CMS) issued a request for information (RFI) on October 5 seeking input on creating the directory.

The CMS press release notes that a directory would be a powerful resource for patients in their attempt to identify providers who resonate with patients' needs. It would also help patients compare health plan networks, facilitate care coordination, and more.

[Click here for the entire CMS press release.](#)

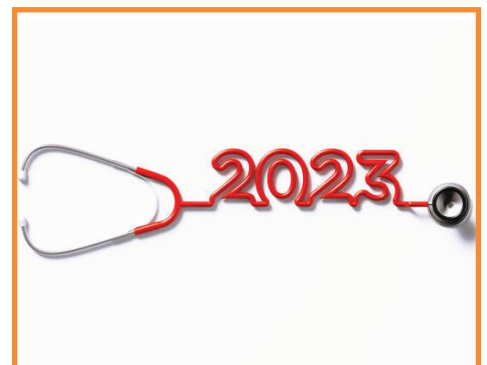
Medicare Finalizes 2023's Payment and Quality Reporting Changes

On November 1, the Centers for Medicare & Medicaid Services (CMS) released [the final 2023 Medicare Physician Fee Schedule \(PFS\) rule](#).

Besides having **significant payment implications**, there are **new requirements** for Merit-based Incentive Payment System (MIPS) and alternative payment model (APM) participation options.

The Bullet Points:

- ✓ 2023's Medicare payment rates for physician services have a conversion factor of \$33.0607 and \$20.6097 for Anesthesia (a decrease of -4.47% and -4.42%, respectively, over final 2022 rates);
- ✓ Finalizes implementation of provisions of the Consolidated Appropriations Act, 2022 that extend the application of certain Medicare telehealth flexibilities for an additional 151 days after the



end of the COVID-19 public health emergency (PHE), such as allowing telehealth services to be furnished to patients in their homes;

- ✓ Extends flexibilities to permit split/shared E/M visits to be billed based on one of three components (history, exam, or medical decision-making) or time until 2024;
- ✓ Expands access to behavioral health by permitting marriage and family therapists, licensed professional counselors, and others to furnish behavioral health services under general supervision instead of direct;
- ✓ Maintains the MIPS performance threshold at 75 points for the 2023 MIPS performance year/2025 payment year;
- ✓ Adds five new MIPS Value Pathways related to nephrology, oncology, neurological conditions, and promoting wellness for voluntary reporting beginning in 2023; and
- ✓ Creates an advanced incentive payment pathway for certain low-revenue, new-entrant accountable care organizations to bolster participation in the Medicare Shared Savings Program. MGMA submitted detailed comments in response to the proposed rule in September. Be on the lookout for a more detailed analysis of the final changes to physician payment policies and the Quality Payment Program (QPP) in the coming weeks.

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The Patient Payment Experience: what a Misnomer!

Have you heard enough about the patient payment experience? We think it's overused, overcomplicated, overbearing, and is actually a misnomer. Very simply, here's what you need for it:

- ✓ **Out-of-network (OON) alerts** ideally while scheduling appointments or secondarily, anytime point prior to arrival so patients can be prepared to adhere to your financial policy on OON visits. BTW, OON alerts will help you comply with the No Surprises Act.

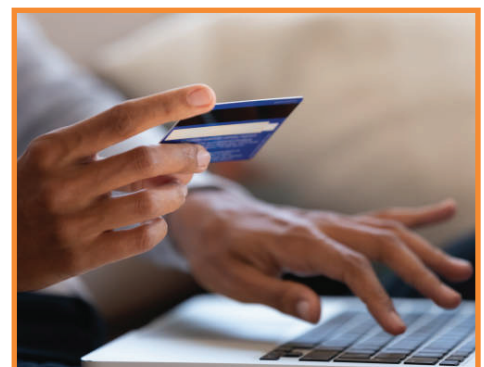
MedicsRCM supports OON as described and even provides you with an ability to select from a list of your in-network providers, if any.

- ✓ **Eligibility verifications** also ideally while scheduling appointments and then at least a few times again prior to appointments. If verifications at any point become a problem, those patients can be notified in advance about problems with their insurance coverage.

MedicsRCM empowers clients with verifications on scheduling through our MedicsPremier scheduler, and then we perform up to four additional verifications prior to appointments.

- ✓ You'll want access to a **patient responsibility estimator** again while scheduling appointments so patients can be made aware of good approximations of what they'll owe after insurance reimburses. And then as patients leave, closer approximations can be given based on today's actual procedures.

Estimating is a proven way to keep patient balances tightly managed. You might even be able to get full or partial payments in advance as allowable by patients' insurance payers and/or obtain acknowledgements by patients about paying their responsibility balances.



MedicsRCM supports access to its MedicsPremier platform's patient responsibility estimator.

- ✓ You'll want interactive **balance due texting to patients'** devices and/or **emails** such that patients can **pay you directly** securely online by way of our patient portal.

MedicsRCM supports text and email options and can make the MedicsPremier portal available for online payments, and so many additional **patient self-service functionalities** making your practice **exponentially more efficient**.

- ✓ Extra credit: depending on your specialty, you may need access to an accurate **insurance discovery** option when coverage information is partially or entirely missing. MedicsRCM supports that.

Now for the misnomer: if **anyone** needs a good patient payment experience, it's **you!**

You're the one who has to be paid. Not only does MedicsRCM support that, we'll actually **guarantee to increase your revenue in 90 days** over whatever service or in-house system you're currently using.

You're encouraged to be in touch to see how MedicsRCM can enhance your revenue, efficiency, and yes, **payment experiences for everyone!**

Inflation = Healthcare Revenue Deflation

Inflation, increased **patient responsibility** amounts, and the **rising cost of healthcare** as reported by the US Consumer Price Index can be problematic for you and your patients. Delayed or completely avoided care can have consequences for both parties. Unfortunately, choices at times are made between food and healthcare according to a University of Michigan poll.

It all adds up to items already mentioned:

- ✓ You'll want to be empowered to **provide care as cost effectively as possible**. Working with an **outsourced RCM workforce** and with tools such as telehealth and remote patient monitoring (see next) help **reduce in-office infrastructure and resource usage**.
- ✓ You'll want to know that every claim is submitted for **maximized reimbursement** per-payer, that **denials will be prevented** proactively and that any others will be **edited and resubmitted quickly**.
- ✓ You'll want patients to **know what they'll owe** and give them convenient ways to pay.

So, patients could well be deciding between paying you, their streaming services, cellphone service providers, and buying food. Why are you thinking you'd be the lowest priority of the four? Because you probably are.

That's why every dollar to you counts, and why MedicsRCM relentlessly pursues those dollars for you.



Telehealth and Remote Patient Monitoring

On the heels of articles about the importance of providing healthcare as economically and resourcefully as possible comes the following on telehealth and remote patient monitoring (RPM), both of which help drive those goals.

- ✓ Telehealth, as you already know, facilitates remote encounters. And, encounter types are expanding almost daily from what started as simple, routine sessions. They're excellent for keeping patients engaged, enabling them to be seen from almost anywhere.

There's no intake, no issues about social distancing and masks, and essentially the healthcare provider is the only office resource needed.

Telehealth sessions generate revenue but they must be billed-for correctly including with maximized E/M coding (also needed for in-office encounters).

MedicsRCM supports the Medics telehealth app through the MedicsCloud EHR which can be accessed by MedicsRCM clients. It's an incorporated feature, not a third party utility.

- ✓ Remote patient monitoring (RPM) is a next generation/now generation capability for monitoring patients' vitals making it convenient for them and you to track blood pressure, glucose, EKGs, and more through easy-to-use devices on both ends.

As with telehealth, RPM is excellent for keeping patients engaged and healthy without expending lots of office resources, and for generating revenue since RPM monitoring is reimbursable assuming you know the rules and codes.

MedicsRCM knows how to bill for RPM and our option for it is embedded into the MedicsCloud EHR.

Telehealth and RPM can make beautiful music together. Or, each can be implemented separately as needed. They'll keep your patients connected to you while producing revenue through minimized office effort. MedicsRCM supports both.



Contact us at [844-599-6881](tel: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**.



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