

# MEDICSRCM INSIGHTS

**Articles of interest in the World of Revenue Cycle Management,  
Billing, Consolidated Workflow, and Industry News  
From ADS RCM and our MedicsRCM Services**

## Temporary Healthcare Practitioner Licenses

NJ is the last state in the US that does not permit drivers to pump their own gas.

But it's one of only a relative handful of other pioneer states to grant temporary healthcare practitioner licenses to out-of-state physicians, nurses, psychologists, and other licensed workers. Doing so proved effective, according to an analysis conducted by *Rutgers University with data provided by the N.J. Division of Consumer Affairs*.



The study noted how temporary licenses helped NJ facilities staff themselves on the clinical side as COVID's effect on staffing has been, and continues to be, problematic.

Formally known as the COVID-19 Temporary Emergency Reciprocity Licensure program, more than 30,000 healthcare workers from every state have been able to treat residents in other states face-to-face or virtually.

The following percentages are approximate, but according to the study as of January 2021, of the 30,000 temporary licenses, 35 percent went to nurses and nurse practitioners, 27 percent to physicians, 26 percent to mental health providers, 2 percent to respiratory care therapists, with the remaining 10 percent going to an array of disciplines.

An interesting side note to the study showed that some providers relocated to the temporary licensed state. Others did not because of (1) telehealth services, especially for pandemic-related mental health care, and (2) care unrelated to COVID-19.

So while states may still have stringent rules on out-of-state licensed providers, others have been more progressive in an effort to improve their residents' healthcare. Click here for a listing of all states and their licensing regulations as of 8/29/22.

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## Patient Information and Research Data

Patients probably don't realize when they go to a hospital or clinic how often samples of their blood or tissue may get used in ways other than for their specific care.

A University of Michigan study reveals that many patients want to know if their health information or samples will be used in research or to help develop new biomedical products.

They're especially interested in knowing if the same is used by commercial companies vs. researchers or if any patient-identifying information accompanies their samples.

[Click here for the University of Michigan's press release.](#)

## Inflation and Healthcare Costs

The cost of virtually everything (this includes goods and services) has been rising. Unfortunately we all know that, so nothing new there.

To quantify, overall consumer prices since July 2022 rose by 8.5% resulting in a four-decade high consumer price index. But interestingly (or perhaps unfairly?), healthcare costs rose only by about half of that at 4.8% [according to the Kaiser Family Foundation and Peterson Center.](#)



That's because your industry, of course, is different because you get reimbursed by insurance payers, and it's those payers who control rates. But your expenses are going up, and that's precisely the conundrum. You can't charge more for your services, but everyone on whom you rely can charge more for their services, goods, and labor.

The result is providers dealing with spiking costs that are unable to be recouped. For that reason, it could take years before pricing for your services are in sync with the inflation rates of everything else.

Of course you could say that's morally unfair. You're providing healthcare. You're saving lives. You're improving the quality of lives. But your number is 4.8% when everything else is 8.5%.

Pardon the cliché, but it is what it is. And, that's exactly why you need to do whatever you can to ensure (1) as close to 100% of your claims as possible will be submitted cleanly on first attempt, (2) that claims will be at maximized value for each payer, (3) that denials are avoided proactively and that any others are edited and resubmitted within an acceptable time period, and (4) that every patient responsibility balance is paid also within an acceptable period of time.

If you can be assured, or better – guaranteed – of these four points, you'll be in the best financial shape possible at a time when the percentages are against you.

But there's more. The word "labor" was used above referencing how others can charge more for it. For example, service visits, automobile mechanics, private tutors or teachers, private schools for that matter can all charge more for their time/labor, but you can't charge more for yours. So, you're stuck.

Or so it would seem. Because while you can't charge more for your labor, you can dramatically decrease it by leveraging an outsourced workforce as part of a comprehensive, beginning-to-end revenue cycle management service! The outsourced workforce would handle an array of labor-intensive tasks such as:

- ✓ performing eligibility verifications up to four times prior to appointments
- ✓ scrubbing and submitting your HCFA, UB, WC, and NF claims with as close to a 100% success rate as possible on first submissions
- ✓ ensuring claims are at maximized value and with E/M coding and NCCI edit alerts
- ✓ avoiding as many denials as possible proactively and editing/resubmitting others within 72 hours
- ✓ tracking submitted claims in real-time to ensure they're being processed
- ✓ handling appeals

- ✓ reconciling EOBs
- ✓ processing patient statements and fielding calls from patients with statement question

These are only a few of the tasks taken off your shoulders by outsourcing. There's so much more including tools for out-of-network alerts, access to a patient responsibility estimator, expedited intake, interactive reminder texting, insurance discovery when needed, and intelligent scheduling with workflow.

ADS RCM with our MedicsRCM services empowers clients to consolidate their staffing in all of the ways mentioned.

The financial/operational/workflow platform we use – MedicsPremier from ADS – can be accessed by as many users as clients want at no additional cost. That's important since all client data is transparent and accessible on-demand. Because it's at no cost, any fees you're paying now (cloud, support, etc.) are eliminated helping to save even more.

So, with ADS RCM, clients seeing an up to 20% increase in their revenue and sometimes more. When that revenue increase is combined with outsourced staffing, the 8.5% - to - 4.8% ratio is tightened up, helping to level the playing field. And if any technology costs can be eliminated as well, so much the better!

Contact us at 844-599-6881 or email [rcminfo@adsc.com](mailto:rcminfo@adsc.com) for more about how we can help you increase revenue and productivity at a time when resignations and staffing issues continue to impact the industry.

BTW...the very same systems we use, MedicsPremier and the MedicsCloud EHR, are available from ADS if you prefer in-house automation! So contact us as well about either or both of those solutions.

## Novitas News and Links

The following billing and coding articles have been revised to reflect CPT/HCPCS code quarterly updates and/or in response to inquiries:

**[Billing and Coding: Biomarkers for Oncology \(A52986\)](#)**

**[Billing and Coding: Implantable Continuous Glucose Monitors \(I-CGM\) \(A58110\)](#)**

**[Billing and Coding: Independent Diagnostic Testing Facility \(IDTF\) \(A53252\)](#)**

**[Billing and Coding: Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor \(anti-VEGF\), for The Treatment of Ophthalmological Diseases \(A53121\)](#)**

**[Billing and Coding: Luteinizing Hormone-Releasing Hormone \(LHRH\) Analogs \(A56776\)](#)**

**[Billing and Coding: Molecular Pathology and Genetic Testing \(A58917\)](#)**

**[Billing and Coding: NCD Coding Article for Positron Emission Tomography \(PET\) Scans Used for Non-Oncologic Conditions \(A53134\)](#)**

**[Billing and Coding: Pharmacogenomics Testing \(A58801\)](#)**

**[Billing and Coding: Respiratory Pathogen Panel Testing \(A58575\)](#)**

**Enjoy the transition into autumn! Next Up: InSights, October 2022.**



ADVANCED DATA  
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