# LAByrinth

Industry, Billing, and Operational News for Clinical, Toxicology, Pathology, Genetic, Molecular, and Esoteric Laboratories

From ADS RCM...a leading provider of outsourced revenue cycle management, billing, financia l,operational, and workflow services

This Month's Message from Jim:

This month's message is simple: 2022 is quickly becoming 2023 which is shaping up to be **a noteworthy year for laboratories**. Why? Please watch my new video in which the following is discussed:

✓ Molecular laboratories are facing - and will face - **hard times on the billing side**.

✓ Issues with **MOlDX** reimbursements.

✓ Start-up COVID-19 laboratories opened for two consecutive years, but what type of laboratories **are opening now**? What's trending on that front?

✓ What larger scale **reference laboratories** can do/are doing to **increase their bottom lines**?
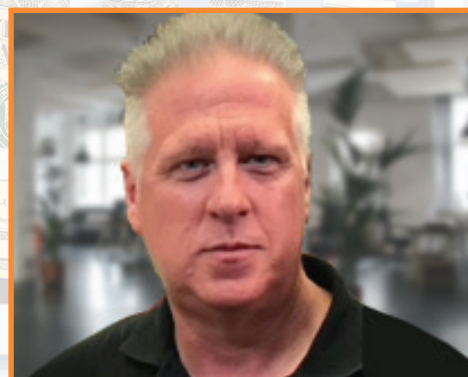
Jim O'Neill
Sales Manager, Laboratory Services

It's a lively, informative, fast-moving presentation and can be seen by *clicking here*.

On behalf of everyone on the ADS RCM team, and certainly from myself personally to you, **best wishes for a happy and healthy holiday season and a great 2023**!

Consistency in Laboratory Staffing

Consistency can be good or bad. On the laboratory in-house staffing front, **consistency is bad** as staffing issues continuing in full force.

What to do?

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

✓ You could engage with a **staffing service**, paying a fee usually once their candidate is on the job for a specific period of time, such as 30, 60 or 90 days.

During that time you'll expend resources **on-boarding and training the new hire** while providing a **salary** and **benefits**, in addition to **paying the staffing agency**. And then very quickly, the personcan leave for something **different, better**, through **capriciousness**, or because there was an episode of "**bad chemistry**" with a coworker.

When any of that happens, as you know it does, **you're out the time, effort, and money** that was put into it. 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 actually a very cost effective way to address staffing issues**. In fact, laboratories can **proactively rely on RCM** (such as MedicsRCM!) to help bolster, compress, consolidate – pick the word that works for you – in-house staffing teams.

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 and thousands of commercial payers, 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 fully or partially missing.

MedicsRCM brings **something more to the effort** that's difficult to accomplish through your own staffing efforts or through those of staffing agency: **we'll guarantee to increase your revenue in 90 days**! That's in addition to our outsourced workforce working for you.

Recap: your laboratory staffing problems can be addressed on your own or with a staffing agency. Both require time, resources, and money after which there's **no guarantee new hires will stay**. Keep in mind "**the great resignation**" and "**quiet quitting**" continue in full force.

MedicsRCM provides outsourced staffing as noted and will guarantee to increase your revenue.

NIH-Supported Self-Test Results Database

Of course laboratories have had a long-established mechanism for reporting results.

Now, there's _www.makemytestcount.org_ for **self/home COVID-19 tests**. The website, under the auspices of the NIH, makes it easy for self-testers to report their **negative or positive results**. Those submitting results are **assured of anonymity**, and **any brand** of home testing kit can be used.

Click here for the article as reported in MLO.

Interesting COVID-19 Side Note on Sexually Transmitted Diseases (STDs)

According to the CDC, **reported cases of STDs declined** during the first few months of the pandemic which the agency attributes to a **drop in testing** because (1) healthcare facilities were overwhelmed with COVID-19 patients, and (2) with others temporarily shutting their doors, there were simply fewer places for individuals to turn for STD screening.

So, it's not necessarily true that occurrences of STDs **didn't actually drop**, but the reporting of it dropped because **the testing for it dropped**. It's a circle of conundrums.

In any case, the CDC data shows a resurgence in STDs by the end of 2020, as testing once again became widely available, with reported cases of gonorrhea, syphilis, and congenital syphilis surpassing 2019 levels.

Staffing Issues, Continued: Picking up once more on laboratory staffing problems as noted in our lead story, the _MLO article_ notes how the pandemic was a major factor in staffing shortages, burnout, and laboratorians retiring. Exacerbating that now is how patients are returning to more routine healthcare visits and tests which will make laboratory staffing shortages that much more difficult to deal with.

Click here for the NIH press release on COVID-19/STD testing.

Vaccine's Effectiveness and Age Discrimination

Unfortunately the Pfizer-BioNTech COVID-19 vaccination appears to discriminate against older patients.

According to _a study by the UT Southwestern Medical Center_ (Dallas, TX), the BioNTech COVID-19 vaccine limits transmission, hospitalization, and death from COVID-19, even when variants of the virus are involved, but its effectiveness weakens as patients get older.

Antibody activities and functions differed by age, with people under 65 carrying significantly more of the activities and functions compared to those over 65. The UTSMC team discovered this could be attributed to different sugars attached to the antibodies. With age, these sugars change and antibody functions diminish.

Click here for the _UTSMC press release_ and full details.

COVID-19 Vaccine Side Effects also Discriminate

Not wanting to leave out younger people, females, and those who got the second dose of the Moderna COVID-19 vaccine, a new paper (Front Public Health 2022; doi: 10.3389/fpubh.2022.975781) reports people in those groups have had more side effects, possibly due to Moderna's higher mRNA concentration.

All of the details can be seen in the _AACC/CLN report_.

Contact us for more about MedicsRCM for your laboratory, or for MedicsPremier (which is used by MedicsRCM) if you'd still prefer to use an in-laboratory platform implemented on our cloud or on your server.

Best wishes for a great holiday season and
a happy, healthy 2023!
See you in January as we kick off the new year
with our next monthly series of LAByrinth.

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