September, 2022

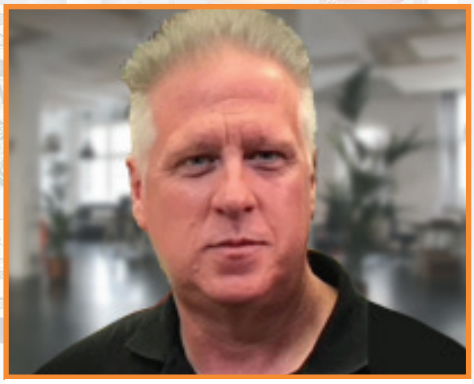
LAByrinth

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

From ADS RCM…a leading provider of outsourced revenue cycle management, billing, financial, operational, and workflow services

www.adsc.com

This Month's Message from Jim:



Jim O'Neill
Sales Manager, Laboratory Services

This month's message picks up from last month about how **missing charges can increase** and **collections can decrease** due to **LIS interface issues**.

I recommend that laboratories take a **two-pronged approach**, as described below. Doing so will ensure that the LIS-to-billing interface is working correctly. A few hours a month can save your laboratory time and revenue.

1. **Electronically reconcile** the monthly or weekly charge file from the LIS with the data received from us.

   Note: The LIS charge file ***must*** be the **actual charges** sent to the billing side, ***not*** an Accession/Order Report of what was received by the LIS!

   Some LIS products **only provide statistical data entered by system operators into the LIS**. An essential report needed for **proper monthly reconciliation** is the one that shows **what actually was sent to the billing side**.

   It's been my 30+ years of experience working with hundreds of laboratories that what the laboratory ***thinks*** they did every month is ***not*** what the RCM vendor received and billed. **Proper reconciliation** will **ensure that every test you report** will be submitted by us. Some **key Identifiers** that should ***always*** be on the LIS Charge File Report are **patient ID, name, accession #/ID**, and **DOS.**

   Auditing on a **set schedule** – perhaps the 2nd Friday of the month for all of the previous month's charges – will provide ample time to reconcile/correct any problems detected.

   2. Perform **manual auditing** by taking a small sample of your daily requisitions (paper and electronic). Requisitions should match the following:

   a. final report
   b. LIS billing export – line items
   c. actual charges in our MedicsPremier billing system

   A manual audit **will ensure** that charges are not missing. A 10% manual audit for **new interfaces** and a 1% to 2% manual audit of **operational interfaces** of all patients/accessions are recommended daily, weekly, or monthly.

Please be in touch if you have any questions or concerns about possible issues with charges getting properly to your billing system/RCM vendor. My email address is **jim.o@adsc.com**.

LIS Billing Interfaces: Avoiding the Minefield

It's an understatement to say how important it is to understand the complexities and nuances of LIS billing interfaces.

Too often, we've seen changes in these interfaces that lead to downstream disasters. Usually, the law of unintended consequences strikes strong here. For example, someone will change one dataset, and two weeks later, there's a substantial front-end edit file from your clearinghouse. That's why solid billing firms run daily checks of the data coming over from the interface to ensure there are no changes.

Your billing company must understand not only the daily interface file but also any changes made and, most importantly, that they have a standard process to audit the data after the changes.

Here's what no longer works: the "old school" method of finding demographics issues via an end-of-month report. With records of daily charge and receipt files, plus up-to-the-minute quantitative dashboards, we can instantly identify changes, avoiding the overwhelming, clearinghouse front-end edit file.

Since the LIS billing interface is the foundation of your RCM process, reviewing it daily and having a strategy for the changes which will inevitably happen, will make a significant difference in how your day-to-day collections actually perform.

Mick Raich, President RCM Consulting
Lighthouse Lab Services/Vachette Pathology
www.vachettepathology.com

Improving Lab ROI with Clean Claim Submissions

Companies experienced the struggle of a reduction in the labor force and a need for more efficient and automated processes, largely due to the COVID-19 pandemic. This holds true for the laboratory testing industry which was hit with increased billing scrutiny under the No Surprises Act.

Coupling that disruption with the recent rise in inflation, the laboratory testing industry is experiencing workforce and regulatory pressures resulting in the need for effective automation solutions.

The Great Resignation in healthcare is largely affecting the diagnostic space, and the industry is expected to brace for more staffing shortages through 2023. Organizations are searching for ways to outsource tasks so they can focus on their expertise.

Laboratories with complex test menus tend to be less sustainable because their current models do not support their clinics. The "Great Resignation" hinders current processes and virtually any laboratory's ability to gain and maintain a competitive edge. Equally concerning is the loss in revenues due to slow pays, no pays, write-offs, and recently enforced uninsured (or self-pays) GFE/AEOBs mandated by the No Surprises Act.

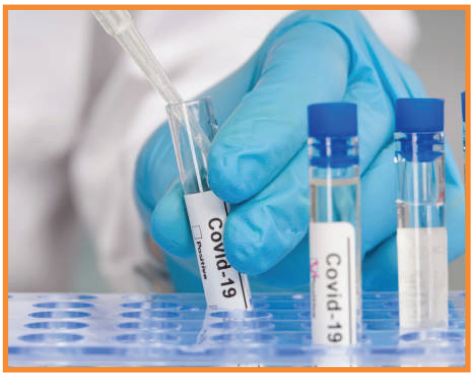
As a No Surprises Act reminder, laboratories, providers, and facilities must provide health plans (or patients directly) with reasonable estimates of the amounts they may charge patients. Those estimates must be supplied within 1-3 days of the scheduled care. Health plans must also offer an advanced explanation of patient benefits before services are rendered, also within 1-3 days of the good faith estimate submitted by the laboratory/provider/facility. Although penalties are not yet enforced, fines reportedly will be **$10,000 per incident** for those three groups.

Economic Impacts on the Laboratory Industry can be felt in areas of staffing, incomplete claim submissions, missing patient benefit info, lack of streamlined automation, coinciding client support, and many other spaces. Giving patients greater price transparency of their out-of-pocket costs enhances the overall patient experience by making the patient aware of the cost of the medical service in advance.

As a result of the Act, laboratories/health systems/providers/facilities are implementing technology to streamline their administrative burdens. Functionality, accuracy, compliance, security, and flexibility are all imperative in today's daunting climate. Working with a vendor solely focused on laboratories will equip all of the players impacted by the No Surprises Act with the tools needed to navigate its challenges.

Lisa Luck, Account Executive
Careviso
www.careviso.com

With COVID Test Funding Gone, Laboratories Consider Their Next Move



When the COVID-19 pandemic began, diagnostic laboratories across the US dropped everything to provide the country with an ample supply of rapid PCR tests. Fueled by a massive influx of federal funding, the laboratory industry "stepped up to the plate" and met that urgent medical need.

Now, it's back to business as usual, yet business is anything but usual as laboratories begin to navigate a post-COVID market, absent federal funding and heightened testing demand.

The federal government ***stopped funding COVID testing*** for uninsured patients in late March 2022, following a ***downturn in demand*** for COVID tests since January 1. Fewer people feel the ***need to test*** due to milder symptoms, at-home rapid tests being more accessible, and restrictions relaxed across the US and the world. Along with the testing decrease, testing facilities also face ***potential investigations*** by the US Department of Justice related to inadequate efforts to verify whether patients were truly uninsured.

The pandemic also exposed vast inefficiencies across the healthcare ecosystem – with laboratory orders clogging up ***fax machines*** and healthcare professionals suffering from severe burnout. While effort is needed in the near term to streamline workflow, the silver lining for laboratories is that automation can drive revenue growth, cost savings, and increased productivity, offsetting the impact of waning demand and lost federal funding.

Organizations that were able to quickly adapt to electronic transactions of health information during the pandemic thrived, while those who struggled to adapt suffered. According to the CAQH Index, healthcare organizations can ***save* $17.6 billion *through automation***. McKinsey likewise did the math and estimated ***$15 billion in reduced administrative cost*** related to automation.

Undoubtedly, now is the time for laboratories to start investing in technology that will automate their clinician customers' workflows from beginning to end. What's needed is a secure, no-code, healthcare integration and automation platform that converges patient information into a single "pane of glass."

Even more, a laboratory should be able to provide its own branded application allowing its clinician customers to operate multiple patient care applications at once, accessing all the information they need in real-time, in one place. In that way, the clinician can automatically provide the laboratory with a full view of the patient, at

the time of order, from medications and diagnosis codes to verified insurance information and up-to-date billing.

Laboratories can increase revenue and save time and resources by eliminating the administrative burden of tracking down patient records. Most importantly, laboratories can elevate patient care by relying on complete and current information and focusing their energy on the patient rather than the administrative burden.

Gregory A. Stein, CEO
Shadowbox

Temporary Healthcare Practitioner Licenses

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

But also a state of firsts, NJ is among a few 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 the Rutgers press release*.**

CLIA Fees and an Extended Comment Period

Last month's LAByrinth had an article on CLIA laboratories and updated proficiency testing. Now we report about the Centers for Medicare and Medicaid Services (CMS) extending their comment period by thirty days on their proposed rulemaking notice.

You'll have **until September 26, 5:00 p.m. EDT** to provide any comments.

Click here for Federal Register details.

Laboratory Security and Fraud Alert

Last month's fraud article in LAByrinth was about Theranos.

This month is about how the FBI is alerting healthcare industry employees to fraud schemes/scams where bad actors (unfortunately, some are excellent actors) impersonate law enforcement or government officials to extort money or steal personally identifiable information (PII).

We could go into the specifics and mechanics of how the scamming takes place, but we don't want to be an unintended resource for any amateur scammers. In other words, we don't want to provide directions on how to do this.

No legitimate law enforcement agency will call any provider or patient and demand money be paid for not appearing in court as scheduled, or an arrest warrant will be issued. But if the fine is paid, everything will be cleared up, a raid on the premises will be avoided, revoking medical licenses will be canceled, and so on.

Of course there was no appearance! That's because there was no notification, and that's because there was no court date. That's the scam.

If a caller aggressively demands payment in various forms, especially via prepaid cards, wire transfers, and cash sent by mail or inserted into cryptocurrency ATMs, think "scam." Again, no legitimate law enforcement agency or officer would do this.

Any legitimate investigation or legal action will be done in person or by official letter.

Because the bad guys are great at what they do, you could already be a victim. If so:

- ✓ Immediately cease all contact with the scammers.
- ✓ Notify your financial institutions and safeguard any financial accounts. Contact your local police and the FBI IC3 at ***www.ic3.gov*** to file reports with both.
- ✓ Be sure to keep any financial transaction information, including prepaid cards and banking records, and all telephone, text, or email communications.

Click here for the FBI's advisory and why/how the healthcare industry has attracted this unwanted attention.

Security Side Note: always be sure your laboratory's financial, operational, and patient data is secure.

- ✓ If your in-house platform is **cloud-based**, make sure the vendor's remotely-hosted servers are fully protected with up-to-date anti-intrusion/anti-malware software and that the hosting resource itself is secure
- ✓ If your in-house platform resides **on your local in-laboratory server**, be sure your anti-intrusion/anti-malware protections and operating system are current, that you perform back-ups at least once daily, and that the back-up media is kept secure should it be needed to restore data
- ✓ If you use an **outsourced billing/revenue cycle management company**, ask for their security information/certificates

(ADS RCM is fully protected as described, as is the MedicsPremier system from ADS for laboratories that prefer in-house billing/operations automation. ***Click here for our quick security video***.)

Laboratories Thrive when Less can be More!

Anything thrives whenever less can be more, but how does that apply specifically to laboratories?

On clinical staffing, laboratories are in dire straits keeping in-house personnel onboard and then identifying and recruiting new clinical staff to fill immediate gaps. Longer term, laboratories are engaging with colleges to pre-recruit potential candidates directly upon their graduation. Perhaps your laboratory is doing that as well.

So, the “less is more” premise might not fit your clinical side because you probably need a minimum number of technicians to handle your laboratory’s testing/analysis/reporting. You wouldn’t need more than the number required, but you could be hard-pressed with less than that number.

"Less is more” absolutely applies to your laboratory’s administrative and back-of-the-house effort when the combination of (1) outsourced staffing and (2) AI architected/rules engine-driven automation are at work for you. Ideally, they are a single entity under one resource, such as ADS RCM and our MedicsRCM services.

Our +300 outsourced workforce of billing, coding, EDI, workflow and analytics professionals can help consolidate your laboratory’s staffing requirements.

And then, utilizing the MedicsPremier billing, financial, and operations platform from ADS, your laboratory will benefit by up to a 20% increase in revenue, eligibility verifications, out-of-network alerts, a patient responsibility estimator with online patient payments, proactive denial alerts with other denials edited/resubmitted within 72 hours, real-time claim tracking, EOB reconciliations, and so much more. There’s even an insurance discovery option ideal for laboratories when patients’ coverage is wholly or partially missing.

The same MedicsPremier system is available from ADS if in-laboratory automation is preferred.

Contact ADS RCM for more about MedicsRCM and how we can help you thrive with less, and how we almost always become a no-cost service for our clients when factoring the revenue increase (which we’ll guarantee!), staffing consolidations, and no technology expense since MedicsPremier is included as part of our service. Contact us as well if you’re interested in MedicsPremier. Both can be integrated with virtually any LIS/LIMS.

Small and Monkey: Meet the Poxes (and their Vaccines)

The US Department of Health and Human Services (HHS) will provide $11 million to Grand River Aseptic Manufacturing (GRAM) for GRAM to finish producing JYNNEOS, a vaccine approved to prevent smallpox and monkeypox.

The funding will enable GRAM to get additionally-needed equipment and to recruit/train production staff. GRAM would be nine months ahead of schedule based on what’s generally needed for this type of work.

Click here for details from HHS.

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***.

To Laboratories from Novitas

Billing and Coding: Molecular Pathology and Genetic Testing (A58917)

Billing and Coding: Pharmacogenomics Testing (A58801)

Billing and Coding: Respiratory Pathogen Panel Testing (A58575)

AMP 2022, PHOENIX!

If you're attending the **November AMP conference in Phoenix** please stop by booth number is **1003**; Jim O'Neill and Gene Spirito will be there!

Advanced Data Systems RCM

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