


August 2020 Infoline Newsletter



Leading
with Energy
& Excellence

What's New

Hi Happy Aug! Watching the continuing impact of COVID-19 ,+ normal health challenges + the heat + the fires + the destructive winds + hurricanes- did we ever doubt that we will always have challenges in our lives? Now how do we gain a little control to keep us moving forward? Yep, it is the healthcare village! We are strong! Remember all historical Info Lines and free class and reference material are on the

webpage. Enjoy!

Perspective

As of today, we have had 178,693 deaths from the COVID-19 pandemic. Regardless of whether you think it is 'overstated'- does it really matter?

With no vaccine and rampant community spread, it is time to step back and ask: When I look back on 2020, what kind of leader was I? I may work in any related field in healthcare. Did I set the example of how easy it is to help stop the spread – silly little masks and social distancing? When you have a family member directly impacted due to other's careless behavior – it hits home. Now more than ever, it is incredible to look daily at our communities and see the lack of responsibility in all age groups. I will wear a SILLY LITTLE MASK as part of my personal commitment to my country, my neighbors, my family and myself to reduce the devastating impact of COVID-19. And school is starting.

Uplifting idea in difficult times: One of the great physician advisors from a TX health system/ Dr D. shared an idea his pediatric physician wife and caregivers had adopted. Larger pictures of themselves SMILING without the mask. Added to the name badge so everyone can 'see' what they look like SMILING. Wouldn't that be a great idea! I have added a large GRIN/SMILE with a black marker to my paper masks. I know how much a smile can impact anyone we see-including me. Yep, got it!

HOT OFF THE PRESS

Payers gone wild!

United Healthcare:



Postponed until 1-20, United Healthcare has posted a major change in coverage policy for laboratory tests. It will require in-network, freestanding and outpt laboratory claims to contain a lab code- a UHC UNIQUE CODE for the mass majority of lab tests. These UHC-specific codes are in addition to the CPT codes. Providers will have to request and register each lab code. Then the UHC codes will be

placed in the 'comments' of the UB-04. WOW! ACTION IS REQUIRED FROM EACH PROVIDER, HOSPITAL, HFMA and HOSPITAL ASSOCIATION to stop this from occurring.

To date:

Great OK and PA hospital leaders have reached out and brainstormed ideas for action and then took action!! YAHOO!

Discussed a) cost to do it, b) rationale – WHY?, c) violation of the HIPAA Standard Tx/Simplification rules.

AHA has become involved! YAHOO. Plz see the very detailed letter that was sent to UHC challenging the above issue. <https://www.aha.org/system/files/media/file/2020/08/aha-express-concern-forthcoming-unitedhealthcare-change-coverage-policy-laboratory-test-services-8-14-20.pdf>

Action ideas as outlined to explore:

1) Reach out to your local UHC rep. Ask for their assistance in addressing a,b,c.

- 2) They likely won't have any 'power' to do anything but at least you are working on maintaining the relationship.
- 3) Advise the local rep – plz respond within a defined period of time. If not, you will be forced to file a complaint with CMS who oversees the HIPAA enforcement.
<https://www.cms.gov/regulations-and-guidance/administrative-simplification/enforcements/fileacomplaint>
- 4) A dangerous new pattern of payers creating their own coding rules is being addressed. "Where one payer goeth, others followeth."
- 5) Involve your hospital association/use AHA's letter for guidance
- 6) Involve your professional association – HFMA, etc.
- 7) IT ONLY IMPACTS CONTRACT PROVIDERS. Still stay diligent and challenge.
- 8) Thanks to one of the PA hospitals, the following language within the UHC standard contract states: "In the event that Facility believes that a change in the Protocols would result in increased costs for Facility, Facility may provide written notices to United of that belief; any such notice, Facility and United will consult together to the satisfaction of both parties."

Final thoughts: UHC announced they were creating their own Individual Medical Record for their enrollees in 2019.?? SQUEEK and use the regulations (great AHA reference) to say heck-ola-NO!

Medicare to begin auditing for COVID-19 Positive Test Results

On Aug 17, 2020, CMS released a revised MLN Matters SE20015 to announce a change in the application of the 20% increase in the weighting factor for DRGs for individual diagnosed with COVID-19 and discharged during the COVID-19 Public health emergency/PHE. **Beginning Sept 1**, claims eligible for the 20% increase will now REQUIRE a positive COVID-19 lab test documented in the patient's medical record. The test must be the result of viral testing only (i.e. molecular or antigen) consistent with CDC guidelines. A viral test performed within 14 days prior to and up thru the patient's hospital stay will satisfy this requirement. Note that the language states PERFORMED not resulted. The result must be in the patient's inpt medical record even if it is performed outside the hospital's lab. www.cms.gov/files/document/SE20015.pdf (Thanks, Denise, Intersect Healthcare)

WOW! Things to watch for:

From Karen, our Director of Remote Coding and Coding Integrity Audits, she has provided the MS-DRG assignment applicable to claims with the new COVID -19 Dx (U07.1). Remember there is no specifically designated MS-DRG for COVID-19.

MS-DRG for auditing: 177,178,179. 768,783,786,796,805,817,831. 791,793. 853,870, 871. 974, 975,976. We are still waiting on the sample size but a defense audit would be highly recommended. ***If needed, happy to help with any defense/get ready/ensure the results are present audits.***

Proposed Regulations for Traditional Medicare for 2021:

With the intent of allowing the patients to have more flexibility in determining inpt or outpt for ALL traditional Medicare surgeries, it is proposed to eliminate the inpt only rule to be phased in over the next 3 years. WOW! Have to be skeptical here: which pt will understand the Medicare 2 MN rule as all surgeries would now fall under similar justification as total joints do now- inpt or out? And which physician will explain all the rules – not just "you need 2 MNs" but why? We have plenty of non-compliance with the total joint justification now; this will compound the confusion for the patient. Get ready as who said it wasn't all about the money! A huge audit risk for justification of inpt. Hey, think Medicare Advantage who do not usually follow TM rules. Time to get the dashboard /historical info ready: what is each MA plan using to determine inpt surgery now? How can you help them make the right determination if you don't know what they are using? Intensity? Really?? Means something different for each payer.

Medicare to resume routine inspections and enforcement guidelines – audits.

CMS announced the resumption of onsite surveys, non-immediate jeopardy complaint surveys and annual recertification surveys. In addition, CMS is providing guidance on resolving enforcement cases previously put on hold. CMS will expand the desk review policy and re-prioritizing routine state survey agency activities on Clinical Lab Improvement Amendments.

Still to receive clarity: **Beginning with DOS 1-20**, total knees were to begin to be audited

for compliance with documentation requirements to be an inpt. Still on hold until we hear guidance from CMS. ***But, a defense review of your 1 and 0 day stays with a total knee for Traditional Medicare would be highly recommended. Take a look at the free class on our webpage with the 2 sets of CMS guidance for a) justification to have a new knee and b) inpt vs outpt. How many outpt total knees did you have in the past 2 years? If you need help with a review, just let me know.***



Training Partner

ARS has had the privilege of being a training partner with SAI Global/Compliance 360 for over 10 years. This is the only company that

ARS has partnered with as we provide ongoing no-cost national education on many 'hot' topics. Take a look at their services!

SAI Global/Compliance 360 Free webinar Oct 1st "Disruption in the Healthcare Revenue Cycle" (See below in education section)

SAI Global 's Revenue Risk Manager

- * Reduces revenue leaks with always-on, continuous monitoring of claim remittances.
- * Detects at-risk claims early with automatic alerts of ADRs from CMS FISS.
- * Proactively conducts claim compliance audits to improve reimbursements and decrease billing error rates.

Go to [SAI Global's webpage](#) and request a demo. Good stuff!

TID BITS

■ Telehealth

—
CMS
looking
to
make
the
audio/video
a
permanent
benefit
beyond
the
PHE_
Note
—
they
are
not
supporting
telephone
only.
At
this
time,
there
is
no
consensus
with
the
OTHER
Payers
but
recently
there
was
a
request
to
the
insurance
plans
to
make
Telehealth

a permanent benefit. EVERY PAYER HAS THEIR OWN RULES.

■ Challenges

to telehealth nationwide- JAMA Internal Medicine report released the first of Aug indicated that more than 41% of Medicare beneficiaries lacked access to a computer with high-speed internet access at home and almost 41% lacked a smartphone with a wireless data plan. More than a ¼ didn't have either option making it impossible for them to have real-time video visits with a clinician at home. 38% of 13 million seniors

were
not
prepared
for
video
visits
at
all,
mostly
due
to
inexperience
with
technology.
**Additionally,
there
may
be
confusion
over
who
gets
to
have
a
face-
to-
face
with
a
clinician
vs
telehealth
visit
as
today,
the
patient
can
decide.**

■ *Questions*

*on
CPT
codes
included
in
the
CS
modifier
with
Traditional
Medicare.*

Thanks
to
Dr
Hirsch,
R1
RCM,
take
a
look
at
a
great
reference
that
was
recently
published
by
a
MAC.
Hopefully
it
works
for
all
MACs
but

always
double
check.
<https://palmettogba.palmetto/providers.nsf.DocsR/JJ-Part-B>.

■ "CMS urged to delay APP loan repayments, waive interest." Continue to follow the repayment requirements from the advance payments. CMS indicated no delay in the recoupments with the payments being withheld from the remittances until repaid. Have you reached out to your hospital association? Your legislators? Ensure you know how your MAC will do this if it does move forward.
Horrible

Remote Coding Options

Do you need help with "Just in time remote coding"—maybe one patient type, maybe maternity coverage, maybe quarantined employee, maybe vacation coverage- or a longer/more permanent package with no minimums and 24/48 hr guarantee turnaround with ready to code accounts? Here anytime you need us-large or small hospitals and employed providers... Love it!



VIRTUAL LEARNING LIBRARY



NEW NEW NEW – ARS Is thrilled to announce an enhanced educational opportunity – Interactive Virtual Training has arrived! In addition to the no-cost powerpt classes, ARS can create a site-specific learning experience that includes subject experts in

many diverse topics. For more details look at the new webpage section: [Virtual Learning Library](#). Drop me a [note](#) and let's get connected.

While you are on the [webpage](#), take a look at the multiple services we are excited to offer -which includes specific ones for Critical Access hospitals. From coding and charge capture integrity audits with up to 2 hrs of education with the telephonic presentation of findings, to remote coding /all size facilities/no volume limit/24-48 hr guarantee to diverse general site-specific education – We are here! With over 200 years of combined experience from our auditing and training teams –we have you covered. Drop me a [note](#) and we can chat.

Thank you for the opportunity to continue to be a part of your healthcare family. It takes a village ...and our Healthcare Village is Strong!

Upcoming Dynamic Educational Virtual Opportunities



Yes, zoom, GoToMeeting, team meetings – all are my new best friend. (Even with slower rural Idaho connections, we are making it work!)

There are some great upcoming educational opportunities so plz join us! Thanks a ton!

- LA
HFMA
Summer
Institute
Webinar
Sept
3rd
"Revenue
Cycle
Impacts
of
Disruption
–
From
a
patient,
provider
and
payer
perspective."

-
- SAI
Global/Compliance
360
Free
webinar
Oct
1st
"Disruption
in
the
Healthcare
Revenue
Cycle"
This
will
include
disruptions
with
the
payers
along
with
COVID-
19
updates.
<https://www.saiglobal.com/hub/covid->

19-
us-
healthcare-
compliance-
risk-
resources/day-
egusquiza-
disruption-
in-
the-
healthcare-
revenue-
cycle.

*Note:
this
is
the
only
company
we
have
partnered
with
for
over
10
years
to
provide
free
training
in
multiple
areas.
Worth
a
look!

■	AHIA Annual – 2 days	Oct 5 & 6th	"Finding lost revenue and Attacking M
■	Region 2 HFMA	Oct 15th	Disruption
■	NJ HFMA	Oct 15th	Disruption
■	KS AAHAM	Oct 16th	2 classes: Disruption and Charge C
■	COPAM	Oct 20th	still to confirm

Thanks to each of you for being a part of our healthcare village. It is strong! Be sure and continue to set the example – with compassion and strength. You do make a difference. "The Power of One".

Info line Subscriptions

If you know someone that might appreciate being added to future Info line Newsletters please have them submit a request through the below link.

[Info line Signup](#)

Kind regards,

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