AR Systems, Inc.
"The Healthcare Navigator Company"

Education
Compliance
Commitment

June 2020 Infoline Newsletter

What's New

Welcome to our exciting new AR System's Info Line Newsletter. The format has changed but the fun updates remain. And remember, all previous issues are posted on the webpage, powerpoint classes for many topics are available at no costs plus great additional reference material.
Let's get started.

Perspective

Hi Happy Healthy June. Unfortunately, every day, we continue to see the devastating story of lives lost to COVID-19.

I definitely got some perspective:

In approx. 4 months/as of June 12- USA has had 117,566 deaths (approx 1000 deaths daily)
20 year war in Vietnam- 58,220 deaths
Yearly influenza virus- CDC estimates 12,000-16,000 die annually since 2010
Quick Study: In approx. 4 months, we have more than doubled the deaths from the yearly average of 'regular' flu and total deaths in a 20 year Vietnam war. Horrible...and without a vaccine, there is little medicine to stop the virus from continuing to spread.

Time to step up as healthcare 'informed'. As members of a proud healthcare profession – regardless of where you work within it – we are the 'truth tellers'. We can easily help our communities understand. But there is plenty of misinformation.

Here are some things I heard this weekend:

"Hospitals are lying about the patient's dying with COVID so they can get more money.'

"It is no worse than the regular flu. The regular flu kills far more people than COVID."

"Healthcare is adding regular flu with COVID flu just to make the numbers look worse."

"If I get it, I get it. No big deal."

Here are some ideas for sharing but keep it very simple:

Hospitals get a flat payment based on a diagnosis from insurance plans and Medicare, not billed charges. For Medicare pts only, Medicare is doing a small add-on to try to cover the high costs of caring for a COVID pt. There must be a valid COVID test which is different than a regular flu test. Each patient has a different reaction to the highly contagious exposure. (PS FYI - CARES Act – temporary DRG adjustment- CMS will multiply the current MS-DRG relative weight for the discharge by a factor of 1.20 when calculating the hospital's operating portion of the IPPS payment. 5-27. GADS! Thanks, Annette/NJ)

Lead by example:

It is a simple thing to do. **Wear a mask in public**. It is my way of saying: "As a good neighbor, as a good citizen and yes, for my family, I will wear a mask to not accidentally infect you and I would ask that you do the same for me and not accidentally expose me.' It is a very easy, simple thing to do. Then allow social distancing to protect each other. The pandemic will end. We will look back and say – "how did I, personally, do in leading my example?"

HOT OFF THE PRESS

COVID-19 Ongoing Education
In April and May, Dr Ron Hirsch, R1 RCM and I taught 10 no-cost webinars: 'COVID-19- Regulation and Payment Updates." It was an amazing journey and one that required almost daily updates to the class. I have posted the last class – May 29th-but realize the information is only current as of the 29th. (EX: CMS published an update to their FAQ on the 29th that changed their ruling on Rehab as part of telehealth. The class does not include that piece as it was published after we sent the class.)

UPDATES: Always stay current with CMS's: **COVID-19 Frequently Asked Questions (FAQs)**

https://www.cms.gov/about-cms/agency-information/emergency/downloads/MedicareFFS-emergencyQsas1135Waiver.pdf

Holy! This is updated and speaks directly to the 1135 waivers. The waivers stay in effect until they are lifted or the end of the public health emergency. Get this document! And yes, it updates.

Idea we shared during the webinars:

Develop a payer matrix. There are many different payer 'rules' for multiple issues. Like waiving of cost sharing, which telehealth codes they will cover and for how long, etc. (EX) Tricare came out and changed their ruling about accepting phone-only codes. EX) Aetna changed decision on waiving prior authorization for inpts or impacted areas only or what did they do and when? With 100s of insurance plans, how are you staying current? As you walk thru the powerpt on ARS's webpage/see below, look for many areas of clarity, payer specific. Log: issues, date of call, date of communication, who you spoke to, how you can stay current if they make changes.

Always go to the source of truth – not hearsay. And yes it is a handful to stay current. But ask every payer –is there a way to get an 'alert' rather than hunting?

Uninsured funds. Thanks to a great OK group, we have been following the challenges with inputting the uninsured claims thru Optum/owned by United Healthcare. They have also been networking with other hospitals to try to learn from each other. As of today, here are some challenges they have experienced. (Remember, when the money is gone, it is gone.) A) can't get any outpt claims thru if there were other items except the COVID lab test/have worked with other sites to figure out a way. B) big issue with getting the professional/1500 claims thru. Still not accepting most of the time. They have allocated many, many, hrs of IT to try to get their claims submitted and pass edits. You cannot send a corrected claim rebill but the edits are allowing the sites to 'fix' claims and then rebill as 'first time'. They are not failing edits.

Affordable Care Act. I have shared in previous Info Lines the power of the Marketplace/Exchange in the ACA. Patients who have lost their insurance due to a life event/loss of job CAN qualify under the special enrollment section. Then they may get help with insurance premiums and the insurance companies can help with meeting the need of the newly uninsured.

Telehealth time based coding. Over the course of approx. 30 days, CMS has changed the guidelines for determining the level of Telehealth visit. Time based can be an easier method but it can also open the site up for MAJOR audits when the time billed is not 'logical' in the course of day. Key- preventive audits now. Simple but necessary – add up all the time/visits billed for a usual day. Does it exceed the normal time in a billable day? Now look over time and closely watch the bell curve for the telehealth visits. Time = levels so risk that the actual time is documented. Can you help the provider thru your electronic documentation? Time to adapt.

Yes, payers and groups are continuing to discuss the virtues of telehealth services—beyond COVID. It is amazing to see the new flexibility being created and allowed for ALL specialties. Of course, some of 'skeptics' are a bit concerned with: When will the payer allow an in-office visit vs telehealth and are we looking at more prior-auth PRIOR to any office visit? Each payer gets to set their own rules. (It could be all about the money…just saying!) Fun- as I am continuing to be a good student – I saw a cool article about how the State of WA is adapting a robust telehealth program for all their employees– using an app that has the pt take a picture, input their own stats, (do we always tell the truth about our weight??) and then the doctor has all the information plus a picture of the issue/like a rash and off they go. Less expensive to the pt. But less payment to the provider too. Eyes open on this one.

Beginning or rescheduling Elective procedures. Remember, all pre-op work up /testing must be done no sooner than 2 weeks prior to surgery. Therefore, all the rescheduled pts will need a 2nd set. Is the hospital or the insurance company ensuring the pt does not owe a 2nd set of out of pocket expenses? Same for prior authorizations- most insurances are honoring prior authorizations for up to 6 months from date of request but always double check and document same.

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 '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

8th Annual Physician Advisor and Utilization Review Boot Camp – on pause for 2020. We are in a 'pause' due to COVID-19 and the impact to our healthcare communities. We will be re-assessing 2021 with next step ideas as we get closer. Thanks to so many of you for your years of support. It matters!

CMS is starting prior authorization for certain outpt procedures, effective 7-1-20. Yep, CMS has proceeded with the 5 groupings of outpt hospital procedures where prior authorization will be required for TRADITIONAL Medicare patients. The prior authorization rests entirely on the hospital but will impact the providers if it is not done correctly. It does not impact any provider except outpt hospitals. (If the doctor is doing the Botox injections in his office or his surgery center, it is not required.) The MACS will begin accepting the required information on June 17th. Go to CMS's webpage for the training material. The Unique Tracking Number/UTN will be required on the UBs in FL 1-18/per CMS call on 5-28. Still plenty of potential bumps as only the pt and the hospital will be notified of acceptance or rejection/not the physician.

30.7M were uninsured from Jan -June 2019. 34 M are uninsured currently. (NCHS May 2020)

Which specialties bill out of network the most? Per Healthcare Costs Institute. 1st: Emergency Medicine 44% inpt 49% outpt 2nd: Pathology 44% inpt 33% outpt; 3rd Radiology 28% inpt 33% outpt; 4th Anesthesiology 26% inpt 32% outpt

2020 Medicare Trustee Report Released 4-27-20. 'The Medicare Hospital Insurance (HI) Trust Fund continues to run annual shortfalls and is projected to be depleted by 2026. The Trustees project that the overall participation rate for Medicare Advantage plans will continue to increase – from about 40% in 2020 to 42% in 2026 and about 43% by 2029. Enrollment is projected to grow from 25M in 2020 to 29.9 M in 2025 and 33.1 M in 2029.'

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!

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,

Day Egusquiza, Founder and President

AR Systems, Inc & Patient Financial Navigator Foundation, Inc.

Daylee1@mindspring.com

(208)-423-9036

www.arsystemsdayegusquiza.com

www.pfnfinc.com