Advanced Data Systems Corporation™
*Innovation and Excellence in Healthcare Systems Since 1977*

ADSVANTAGE

21st Century Cures Act and You

Time was when patients having access to their medical records was a "slowly but surely" process. Well, welcome to the **21st century and the Act that bears its name**!

The 21st Century Cures Act (CA) mandates that a patient's medical records become **available on-demand**, essentially instantaneously to the patient via an app on the patient's **iOS or Android device**.
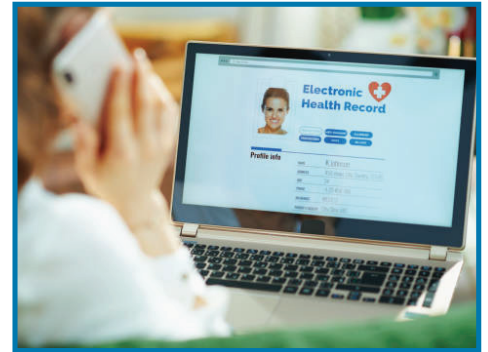
A little history: this type of information sharing isn't a new concept; it began in 1996 as part of the Health Insurance Portability and Accountability Act (HIPAA) which ten years later gave rise to the CA becoming a law in 2016. A provision of the CA took effect in April 2021 stating that **providers may not block or delay patients' access to any "eligible information"** which is stored in their electronic health records; that providers must make a core set of clinical data available to patients in a timely fashion as a way to **encourage interoperability** and portability of health data.

By December 2022, the government wants electronic health records (EHR) vendors to have their apps standardized to accommodate a provider's ability to make the CA an actual reality by **fully digitizing the mobile ability** as originally envisioned in 1996.

End thought: Make sure your practice will be able to make the required information available to patients through your EHR, and perhaps directly to your patients through your own portal. Someone on your clinical or administrative side should be familiar with how the CA will impact on your particular setting.

The MedicsCloud EHR from ADS is enabled to accommodate CA requirements **now**. Click *here* to see how our Medics Me app will help you comply! And, our app is **built using *FHIR* architecture**.

No Surprises Act

Slated to start January 2022, the No Surprises Act will end hospital and other inpatient facilities' charges about which patients are unaware, usually until they've been discharged and often, not until they're back home as those statements begin to arrive.

Frequently, these are out-of-network charges making them that much worse. Some could put patients back in the hospital.

 Facility and billing managers should be especially familiar with the No Surprises Act.

ADS can help with out-of-network (OON) alerts generated by our MedicsPremier system through its Rules Engine enabling you to let patients know about being OON in advance, or perhaps better, for you to select other providers who might be in-network. Click *here* for some general points on the No Surprises Act.

Remote Patient Monitoring: Better Health/More Money

If monitoring vitals such as blood pressure, glucose, EKGs, and more is important in your specialty, then our remote patient monitoring (RPM) option represents a **high-value, dual-value, value-add** (lots of value) for your patients and you.

Our RPM option enables you to track/monitor patients' vitals **remotely in real-time** and **be paid** for doing so. It's a perfect adjunct to our telemedicine platform – which also produces revenue for you – by enabling you to conduct a virtual encounter **and** monitor vitals at the same time. Or, either can be used separately.

You can **dramatically increase revenue** with *our RPM option* right now even without adding a single new patient! You'll be helping to conveniently **keep your patients healthy** while working to **reduce readmissions**.

2022 ICD-10

Just as you were getting comfortable there comes a **litany of ICD updates** for 2022. But it's even worse: the use of these updated "2022" codes **must have started with dates of service as of *10/1/21***!

MedicsPremier gives users crosswalks to new 2022 codes from deleted ones.

Patients will Pay Online if they know a Payment is due!

A plethora of studies and surveys show how people are **likely to pay faster** when they can use their mobile devices. That's true of your patients paying their balances.

ADS supports mobile device payments **directly to you**. And there's an added element: **balance due reminder** texts enable patients to pay **from the reminder**!

Our own balance due texting can be **tracked** making it easy to determine if texts are opened and being responded to. An opened text with no response within a reasonable amount of time may well be a red flag. Unopened texts can also be problematic (**are you being avoided**?)


Enabling patients to pay using their devices will **expedite that segment of your revenue** - and point out any potential issues as well - without you having to play by the traditional 30/60/90 days approach.

Texting patients about their balances - and enabling them to pay directly from those reminders - will no doubt **reduce your patient A/R** while providing you with a **powerful mechanism** for identifying potential payment problems.

Appointment reminder texts will keep efficiency at peak levels whether for in-office or telemedicine visits.

Patients **confirm** or **cancel** from their texts. Cancelations can be quickly called to **reschedule** as **gaps are filled** with new appointments or by moving future appointments into open slots in waitlist fashion.

Out texting option is an ideal way to **keep your productivity and revenue as maximized as possible**.
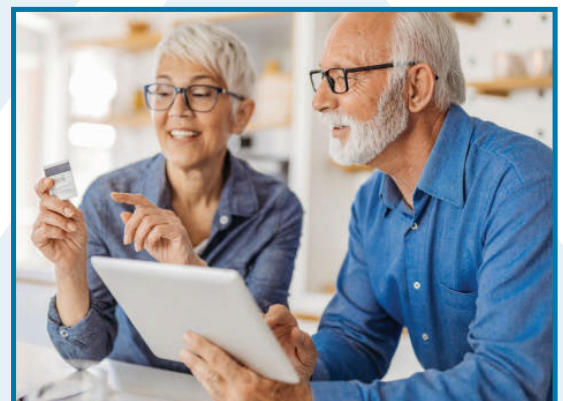
Great Discoveries in Medicine and RCM

There have been **monumental** discoveries in medicine.

Anesthesia. Antibiotics. Vaccines. Stem cell. Genetics. Real and artificial organ transplantation. Mrs. Ferguson's insurance.

Mrs. Ferguson's insurance? Yes, you discovered she had insurance!

If yours is a specialty that has non-face-to-face patients or who have patients presented in emergency situations, you know how many of them have no insurance listed, or partially listed.

This most often occurs with laboratories, radiology, anesthesiology, and urgent care but there are no rules. You might have a problem with "uninsured patients" regardless of your specialty.

Our insurance discovery option is **incredibly accurate** with an over **30% discovery rate**.

So, why not generate a sample report of patients with no insurance.

Then calculate **how many claims you could have submitted if three in ten had insurance**. If yours is an **enterprise organization** and depending on specialties, the amount of revenue could be **extraordinary**. But **any sized setting** can benefit proportionally.

So, while you continue working with the medical discoveries named above and so many others, *let our Insurance Discovery option* help generate revenue on **your** Mrs. Fergusons.

Employer-Sponsored Healthcare Spending Reaches an All-Time High
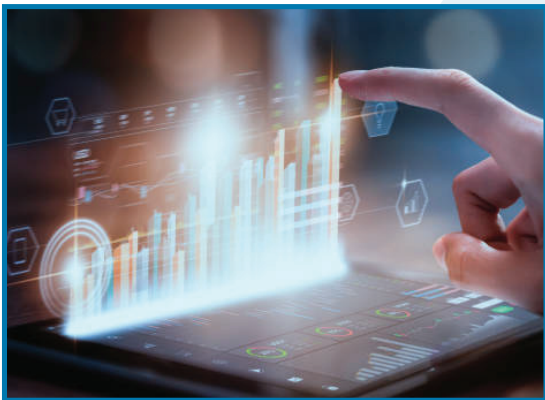
The Healthcare Cost Institute's annual *Health Care Cost Utilization Report* reveals that healthcare spending by employees with employer-sponsored insurance has reached an all-time high.

The October 2021 report says between 2015 and 2019, **spending increased by 21.8%, or by $1,074 per person**. Outpatient visits saw the highest spending increase followed by inpatient services, then by professional services, then by spending on prescription drugs.

Patient out-of-pocket spending increased by $91 per-person for professional services. While the analysis doesn't speak to out-of-pocket increases on the other three segments, we all know that patient responsibility amounts have skyrocketed to the point where any number of reports name **patients as the third-highest payer group in the US** behind only Medicare and Medicaid.

The MedicsPremier *Patient Responsibility Estimator* will help keep your patient A/R manageable at a time when it can easily be unmanageable!

Use of Healthcare Revenue Cycle Management Increases

Not surprisingly, **use of outsourced RCM healthcare is increasing** according to a recent Health Care Finance Management Association survey of 400 industry CFOs and RCM managers at hospitals and health systems across the US.

Among other interesting aspects, the article notes how outsourced RCM is being relied on for **robotic process automation** (RPA) and **artificial intelligence** (AI) to drive both end-to-end improvements in financial margins, and **no-contact patient engagement**.

Interested in Outsourced RCM/Billing Services?

As mentioned in the previous article, the move is definitely on to go with outsourcing. We see ourselves a majority of new clients are opting for *MedicsRCM from ADS RCM*.

MedicsRCM uses the MedicsPremier system which is already familiar to tens of thousands of ADS system operators. That's good because MedicsRCM supports **transparent, on-demand access to all of your data**. You'll always see what we see.

For those clients not using MedicsPremier, learning it couldn't be easier.

And while MedicsRCM generates reports and reviews them routinely with clients, clients can also compile their own reports at any time, to the extent they want.

Some things to consider:

- MedicsRCM has **increased clients' revenue** by as much as **10% - 20%**, and sometimes more.
- The **MedicsPremier system is included** as part of the service helping to **consolidate your technology costs** by eliminating support or cloud hosting fees.
- Our **team of 300+** claims, billing, EDI, and workflow experts **works behind the scenes** to help with **alleviating staffing costs and related issues**, especially with how staffing has been so severely impacted by **COVID-19**.
- **Patients call us**, not you, with statement questions.

If you use the **MedicsCloud EHR**, you can continue with it. If not, it can almost always be included at no additional cost with MedicsRCM. Or **use almost any other existing EHR** interfaced with MedicsRCM, or use **no EHR** with our **electronic superbill**.

Call **800-899-4237, Ext. 2264** or email **info@adsc.com** for more information
on transitioning to MedicsRCM or the MedicsCloud Suite, both without skipping a beat!
Advanced Technology. Simple Solutions.™

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