ADVANCED DATA SYSTEMS RCM

WINTER 2021/2022

MEDICSRCM *IN*SIGHTS

Articles of Interest in the World of FQHCs Revenue Cycle Management, Billing, and Consolidated Workflow

Just as rural residents often encounter barriers to the healthcare treatment and services they need, **FQHC management teams also encounter barriers** that impact their ability to stay **financially sound** due to **reimbursement cuts**, claims issues, and **staffing shortages**. ADS RCM provides the knowledge, billing experience, and automation to help you continually **grow your FQHC**.

FQHCs and the 2022 Calendar Year Medicare Physician Fee Schedule (MPFS)

"MPFS" could also mean "Medicare pays fees smaller," FQHCs not excluded.

The details are that **CY 2022 *offsets* any increases to E/M services** that may have been derived by cutting other sections of the fee schedule to maintain **budget neutrality**. Further, Congress provided relief from E/M cuts in 2021 with a 3.75% Medicare increase which helped in what would've been Draconian cuts of almost 10% with:

- ✓ the 4% Pay-As-You-Go (PAYGO) cut being moved to 2023
- ✓ the 3.75% fee cut dropping to 0.75%
- ✓ the 2% sequester cut delayed until April 2022 when it'll start at 1%, and then increase to 2% in July and continue through December

So, FQHCs will see a 0.75% percent reduction from January through March increasing to 1.75% from April through June, and then to 2.75% from July through December 31, 2022. It's definitely better than the 9.75% reductions that could've happened. The avalanche resulted in an abrasion, at least for now.

MedicsRCM, with our **AI rich/rules engine-driven billing platform** and our team of **billing experts** ensures each and every claim is coded for **maximum reimbursement**. Our **E/M coding alerts** and **NCCI editing** work to further ensure being reimbursed correctly, and optimally.

FQHC
REVENUE CYCLE MANAGEMENT

And, the MedicsRCM team operates as an **outsourced workforce** helping to alleviate **client staffing issues/cost**.

You'll want all of that because cuts, to some degree, are coming. **Maximizing revenue** while driving **consolidated staffing** and **technology costs** as **mobility and engagement** for **you and your patients** are supported all make MedicsRCM an ideal, extended resource for you.

FQHC Fun Facts about Telehealth Services, PHE for COVID-19, and Payment Policies

Some new and varied CMS guidelines will impact FQHCs (and RHCs) in 2022. We've nutshelled them as follows:

- ✓***Telemedicine for Mental Health.*** For CY 2022, CMS has expanded the "FQHC mental health visits" definition to **include telehealth encounters which would be paid** at the ***same rate as in-person services***. And based on the ***beneficiary's preference or capability***, visits can be **audio-only** simply by using **modifier 95**.

  There's a "but" but it's not overwhelming: CMS is requiring an **in-person** service or encounter **be provided within six months prior** to that telemedicine session, and then **every 12 months after the session**. Even so, there can be **exceptions** in cases where the **risk of a face-to-face encounter outweighs the requirement for it**. Just be sure to document that in the person's medical record.

  (Note: The **ADS RCM team** is adept at **FQHC billing and coding** for **multiple specialties** including for **mental health and substance use disorders**.)

- ✓***COVID-19 Public Health Emergency (PHE):*** The previous bullet has information specific to FQHCs and mental health. But for FQHC's in general beyond mental health, the authority (which was temporary) to pay FQHCs for providing "distant site Medicare telehealth services" **expires when the PHE ends**. FQHCs will be paid under the Prospective Payment System (PPS).

  As we all know, deadlines on governmental initiatives **frequently change**, often **more than once**. So, will distant site services **actually expire** as soon as the PHE is declared to be over? Theoretically yes, but our Medics Telemedicine platform will **continue to operate**!

- ✓***Payment Policy Updates for your Perusal:***
  - Per the Consolidated Appropriations Act (CAA), FQHCs will begin receiving payment for **hospice physician services** under the FQHC protective payment systems (PPS).
  - The U.S. Department of Health and Human Services (HHS) will allow FQHCs to bill for **transitional care management** (TCM) services furnished for the **same beneficiary during the same service period**, including those that span 30 days. (The MedicsCloud EHR **tracks TCM** and the MedicsRCM team bills for it!)

The Staffing Conundrum

As you no doubt know, a considerable problem today is that **administrative staffing is challenging** to maintain when identifying, recruiting, interviewing, salaries, raises, benefits, retention/turn-over, and an unavoidable array of HR issues are all taken into account.

Yet, this is an **FQHC RCM** newsletter. How can an RCM service provide staffing relief? Let us (MedicsRCM) count the ways:

- ✓our team of almost **300** billers, EDI specialists, and analysts joins with you behind the scenes without missing a beat, alleviating expensive and labor-intensive onsite FQHC staffing

- ✓ our intelligent, rules engine-driven MedicsPremier for FQHC platform – to which you get **no-cost access** as part of our service – automates a myriad of routines **eliminating keystrokes and human intervention**
- ✓ we can **customize the software** to suit our clients' specific needs, invariably leading to reduced infrastructure for them
- ✓ **mobility and engagement** features and options enable patients to **self-serve without requiring staff intervention**

According to a 2020 study by the *Annals of Internal Medicine*, over $812 billion is **spent every year** on healthcare administration which equals nearly $2,500 per capita annually in the US. Just think about **your own administrative costs, particularly in a *multispecialty* environment,** to:

- ✓ perform **eligibility verifications** on **scheduling** and then **at least once** again prior to appointments
- ✓ ensure a given provider is not **out-of-network** and identify any who are in-network when needed
- ✓ determine an approximation while scheduling of **what patients will owe after insurance,** and what their **copayments** will be
- ✓ generate interactive **appointment reminder and balance-due texts**
- ✓ make certain **NCCI editing** is correct whenever claims should be bundled
- ✓ alert on what is now very complicated 2022 **E/M coding** for maximizing revenue
- ✓ actually submit claims once the previous steps have been followed
- ✓ **track submitted claims** in real-time
- ✓ work **denials** and better, actually **prevent them from happening**, proactively
- ✓ handle **appeals**
- ✓ **reconcile EOBs** automatically, ensuring A/R is accurate essentially to the minute
- ✓ submit claims to secondary and tertiary payers, if any
- ✓ process **patient statements** and take calls from patients who have statement questions

These are just some of what our team and automation can do to help FQHCs be more efficient on staffing. And, the financial/management platform we use, MedicsPremier from ADS, is included a no additional cost as part of our service.

When combined with how we've been able to increase clients' revenue by **10% -20%** and even more, the return on investment with MedicsRCM can be **extraordinary**.

Use of Healthcare Revenue Cycle Management Increases

Not surprisingly, **use of RCM in 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**.

Click here for the complete article and its statistics.

2022 ICD: Keeping Everyone on Their Toes

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**!

MedicsRCM gives clients **crosswalks from deleted codes** to the new code or group of codes from which to choose.

There's no need to panic over 2022 ICD coding; MedicsRCM has you covered.

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

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

MedicsRCM 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 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.

Our texting option is an ideal way to keep your productivity and revenue as maximized as possible.

Employer-Sponsored Healthcare Spending Reaches an All-Time High

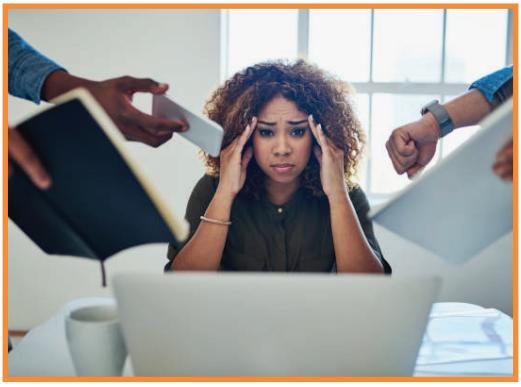
The Healthcare Cost Institute's annual **Health Care Cost Utilization Report** reveals that healthcare spending by employees with employer- sponsored insurance has reached an all-time high.

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.

As mentioned, our **patient responsibility estimator** will help keep your patient A/R manageable at a time when it can easily be unmanageable!

Appeals



If you've ever been involved in claims appeals, you know how **unwieldy** that can be. Working appeals is **inordinately time consuming** on the practice level.

MedicsRCM, as part of our array of offerings, can handle appeals based on any number of criteria and filters.

If you're bogged down in appeals, we can help.

Next-Up: the Spring 2022 edition of InSights for FQHCs. Stay safe, enjoy the rest of the winter, and contact us about driving better revenue and efficiency for your FQHC!

Scan the code or *click here* for our video on working harder to derive less!

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