Fall Newsletter

August 2021

President's Message

Well, it's that time of year again…where did the summer go? The kids are going back to school, so what are we going to do with all our "free time"? Why not go back to school as well! It may not actually be school, but AAHAM has many learning possibilities to take advantage of.

There are seminars, conferences, certifications, and of course the ANI in October. Our Western Reserve Chapter has our fall conference on September 23rd, and registrations can be submitted through our website. Our December Holiday meeting is also upcoming with information to follow.

AAHAM National will be offering new virtual seminars, and if you have not been able to attend the ANI here is your chance. With it being virtual, there will be less time away from the office and it is more affordable. This is a great way to learn something new or just to refresh on a topic.

AAHAM

Western Reserve Chapter

Notes from Nan

I hope you all are having a spectacular summer so far, enjoying the warm weather and outings/gatherings with family and friends.

Many of the AAHAM Western Reserve Chapter Board of Directors attended Virtual Legislative Days in June to keep our finger on the pulse of the happenings in DC and to assure that we have meaningful and timely information to provide at our meetings. Unfortunately, our June meeting had to be canceled due to very last-minute technical issues. I apologize for any inconvenience that this may have caused and hope to make it up to you with our Virtual Fall Conference line-up.

Our Virtual Fall Conference takes place on **September 23rd** and is an all-day event. You should have already received registration information.

This year's Keynote presentation, titled **"Payers Gone Wild"** will be given by one of my favorite RCM gurus, **Day Egusquiza**, Founder and President AR Systems, Inc. & Patient Financial Navigator Foundation, Inc. Day always delivers the good and not-so-good news with a commonsense approach and practical suggestions for successfully getting ahead of the issues.

Julie Hall, from iRi is rescheduled from June and will present **"Managing the Revenue Cycle with Revenue Integrity Audits"**.

Patsy Schwenk and **Curtis McFadden**, from CGS-J15 POE, also agreed to reschedule their **Medicare Update** presentation to this conference.

Donna Graham and **Nikki Davis**, from Metro Health Medical Center Revenue Cycle Team, will present

"Promoting a Consumerism Culture while balancing Virtual Health Care, Legislation and Reimbursement".

Tim Sheeler, President and CEO of First Credit, RevCare, PayMed Solutions and longtime AAHAM supporter will present **"Self-Pay Challenges to Providers in the Post-Pandemic World"**.

If you are looking to improve your resume and provide an advantage if applying for a new position or promotion, take one of the certification exams. For me, receiving my certifications gave me a tremendous feeling of accomplishment and self-worth.

Regardless of what path you take, the learning opportunities are there for the taking.

Let's show our younger generations that you never have to stop learning!

Have a great fall and "see" you at the seminars!

Sincerely,
Marcie Carek
President, AAHAM Western Reserve Chapter

We'll also have OHA updates, door prizes and much more!! Please watch your inbox for blasts and updates. (Don't forget to check your Junk or Spam folder as messages sometimes end up there) I'm really looking forward to next year's Fall Conference where we can hopefully gather again in person and partake of our usual "after-meeting" activities.

Our December Holiday meeting will be held on 12/3/21. This meeting will be an in-depth review of the Medicare IPPS/OPPS final rules, so be sure to invite your Medicare billing supervisors and managers. More event details to come, stay tuned!

Lastly, our annual joint meeting with Northeast Ohio HFMA is scheduled for 2/17/21. This meeting will likely be an in-person/virtual hybrid meeting for which we will be starting the planning soon.

I hope you are finding the virtual meeting format convenient. As we move forward into 2022, we expect to offer an in-person/virtual hybrid meeting format. As many of you know, I am a strong proponent of taking the time away from work and meeting with your fellow Revenue Cycle professionals in person as much as possible. To me it was even worth using a day of PTO to enjoy the presentations and networking firsthand. Please join us in person, but if that's not possible, watch our blasts for virtual alternatives.

Enjoy the rest of the summer and I'll see you (virtually) in September!!

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Legislative Days

This was a three-day virtual event that took place June 22nd-24th. During this time, the Western Reserve chapter and other AAHAM chapters met with congressional staffers to relay our positions on current legislation taking place in Washington.

Western Reserves topics for Legislative Days were Improving Seniors Timely Access to Care Act (H.R. 3173) and COVID-19 Medical Debt Collection Relief Act (S.355). Our chapter met with staffers from both Senator Sherrod Brown and Senator Rob Portman offices.

Bill Summaries

H.R. 3173
This bill establishes requirements and standards relating to prior authorization processes under Medicare Advantage (MA) plans.

MA plans must (1) establish an electronic prior authorization program that meets specified standards, including the ability to provide real-time decisions in response to requests for items and services that are routinely approved; (2) annually publish specified prior authorization information, including the percentage of requests approved and the average response time; and (3) meet other standards, as set by the Centers for Medicare & Medicaid Services, relating to the quality and timeliness of prior authorization determinations.

S. 355
This bill temporarily limits certain activities to collect medical debts by health care providers that apply for, or accept, COVID-19 (i.e., coronavirus 2019) financial relief. Health care providers must suspend extraordinary collection actions, such as selling a debt to a third-party collector or placing a lien on an individual's property, until the later of the end of the COVID-19 public health emergency or 18 months after the enactment of this bill.

Health care providers must notify individuals who have entered into medical debt repayment plans that they may request the suspension of payments during such period. Providers must provide reasonable repayment options for individuals once repayments resume, such as extending repayment periods.

The bill also applies specified consumer protections to medical debt incurred for COVID-19-related testing and treatment between February 1, 2020, and 60 days after the COVID-19 public health emergency ends.

For further information and to view AAHAMs position on these topics, please visit our website.

H.R. 3173 -117th Congress (2021-2022): Improving Seniors Access to Care Act of 2021 I Congress.gov I Library of Congress

S.355 - 117th Congress (2021-2022): COVID–19 Medical Debt Collection Relief Act of 2021 | Congress.gov | Library of Congress

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Post Pandemic Revenue Cycle Management 2021

Covid-19 creates top seven major RCM Challenges

Lyman Sornberger, Principal
Lyman Healthcare Solutions

Healthcare professionals and patients have been hit hard by the global coronavirus pandemic. As we move into the post COVID-19 healthcare systems and their consumers of care are adjusting to the "new world" of healthcare delivery. Providers of care are searching for ways to improve collecting for services rendered, adjusting to remote workers, and continue to enhance reimbursement and reduce costs. Patients are now adjusting to access to care, telemedicine, employer and insurance changes, new billing processes introduced, and their preferential treatment as a healthcare consumer.

As the healthcare industry is in the midst of post pandemic damage control, it's time to "rethink" revenue cycle management (RCM), patient advocacy, and explore ways to adapt to new models to benefit their finances and patient's needs. The good news is that improving healthcare services delivery is easier than you may think. Revenue Cycle Management and patient consumerism is challenged by several factors from patient access to the ultimate reimbursement for services rendered.

Let's explore seven (7) ways that to respond to the post pandemic revenue cycle management.

1. **Adapt to "new concepts" Patient Access to Care and Services Provided**

Gone are the days of the per ponderous of services rendered "in person". Prior to COVID-19, 82% of patients did not embrace telemedicine with a fear of insurance coverage and understanding the concept. In 2021 on average 63% have embraced virtual care now. This is a slight decline since late 2020 as patients embrace the in person visit opportunity. Regardless medical professionals will need to adapt to telehealth as a new normal for patient access. From an RCM perspective it noted that on average 40% of denials in 2020 were related to the pandemic. Providers and patients have now adjusted to telehealth and RCM needs to revisit their workflows with the standard scheduling concept.

AAHAM Certifications

Certified Revenue Cycle Executive (CRCE) The CRCE exam is directed to the executive level staff member. The CRCE exam is the highest level of difficulty combining content knowledge of the business with critical thinking and communication skills. It is comparable to earning a CPA or passing the bar exam.

Certified Revenue Cycle Professional (CRCP) The CRCP exam is directed to the supervisor or manager level staff member. It requires in-depth knowledge of focused functional areas of the revenue cycle.

Certified Revenue Cycle Specialist (CRCS) This exam is directed to staff who have responsibilities in the revenue cycle with a focus on specific knowledge required in registration (front desk), billing and credit and collections.

Certified Compliance Technician (CCT) The CCT exam is intended to meet employers' annual compliance training requirements and to support individuals with professional compliance responsibilities.

This means new workflows from the traditional face to face visits. Do not reinvent the wheel but instead review the former processes and introduce the changes for virtual care. Explore third party partners and technology to minimize the cost and exposure. Telehealth is a hot commodity in the industry and there are many vendor partners with solutions.

2. **Verify Insurance Status Prior to Offering Service**

No matter whether patient access is now telemedicine or in-person whenever possible recheck insurance coverage. A best practice is to schedule-and then verify coverage within 72 hours revisit the insurance coverage. The pandemic has created an influx of insurance changes. Increased unemployment, new employers, and payer changes have required providers to tighten down their access verification processes. Software tools integrated into your electronic health record system is a leading practice to verify coverage and embraces automation. If you do not have the luxury of a tool and are manual, repurpose staff to the front end and avoid denials and re-work downstream.

After 30 years in RCM management on the provider and vendor side I realize that this does not happen overnight. That is why it is key to create a migration strategy for verification that avoids adding cost and enhances reimbursement. Keep in mind that there is a return on investment for adopting technology vs. human intervention that is worth exploration.

Remember to introduce insurance review as a byproduct to all interactions with the patient. As an example, many would not think that a call from a patient to ask about medication, directions, to parking, to ask about insurance while you have an audience with your customer. It's as easy as do you still have XXX insurance and if not update or triage the call. Do coverage updates in a timely manner and not lose the verification opportunity while you have time with your patient.

3. **Request Payment from Patient Access to ALL Consumers Communications**

Healthcare employees have a fear of asking for money. This is true from clinical practitioners to even staff. I recall trying to move customer service personnel to collectors [now often called patient advocates] and they were very patient savvy but feared asking for money.

Upcoming Events & Certification Exam Dates

September 20-24, 2021
September Exams

October 18-22, 2021
October Exams

November 15-19, 2021
November 2021 exams

December 13-17, 2021
December Exams

2021 PAM WEEK
October 18-24, 2021
National Patient Account Management Day! Recognized as a week-long celebration!

December 3, 2021
Western Reserve Chapter Holiday Meeting
More details to come!

Upcoming AAHAM National Webinars

September 22, 2021
Credit Balances and The Hidden Risks
1:30pm- 3:00pm

November 10, 2021
5 Steps to Becoming an Effective Servant Leader
1:30pm- 3:00pm

December 1, 2021
2022 CPT Updates
1:30pm- 3:00pm

Learn more about these webinars here !!

The key is there is nothing wrong for asking for payment if it is done in a patient friendly manner. A script that is customized to the personnel's role within the health system is beneficial and reduces the fear factor. In fact, I will contend that patients prefer that civil discussion versus and "surprise bill".

That said, the introduction of collecting for former services provided can be more difficult so do not "boil the ocean" with this new process. Did you know that studies show that it costs a minimum of $9.00 for every patient statement? Three bills and it has now cost the provider money to collect a $25.00 co pay.

Keep in mind post pandemic patients out of pocket will even grow greater in the future than the challenge providers had back in 2019. Optimal processes would include a third-party partner to offer a patient loan option. Just ensure that you revisit that new concept to include your payment plan policy and cost and that there is no recourse with the new program.

Remember that it is completely justified to ask for payment when you have interactions with your customer as long as it is in a "patient friendly" manner and offers new options.

4. Send Patients Statements in a Timely and Effective Manner

You would be surprised at the number of health care systems that sit on a patient invoice until their regular billing cycle. The leading RCM practice is to send bills as close to the date of service as possible. Delays with documentation, coding, entry, and edits already create a lag in billing patients. Post pandemic challenges only increased those delays to drop an invoice. If the health system is hampered by antiquated billing software, now would be a good time to do vendor evaluations. Again, there is a return on investment (ROI) with introducing new technology and worthy of exploration. If at this time, that investment is too steep; invest in lockbox/bank efficiencies, early out programs, loan options, and/or statement vendors that are "state of the art" with the use of automation, patient friendly on-line statements, and digital communications. The key is that COVID-19 requires that providers reconsider their traditional billing cycles with new ideas to compliment increased patient balances, higher denials, and delayed reimbursement and negative RCM key performance indicators (KPI's).

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5. Invest in Training and Patient Education

Covid19 makes the introduction 501R look like nothing. The pandemic requires health care professionals to embrace new staff instructions, patient guidance, and a review of internal and external communications. In-classroom training and/or with the increase in remote workers-online education is crucial now more than ever. The creation of tutorials with regular weekly interactions with personnel is extremely beneficial. Include standard scripts for any patient interactions and do not leave little for subjective communications.

Now, you are not here to create robotic responses but with frequent solid education you can minimize your risk and promote patient advocacy. Post pandemic there is a huge need for education and pulling personnel to a classroom for a crash course is likely not to succeed.

Adopt a weekly and monthly education (electronic or paper) from the top with modified similar communication from the tiered management that is custom to their respective areas. Revisit all information that your patients receive or have access to [website, letters, reminders, statements, etc.] for guidance.

Rethink any and all changes that you make and where your systems shares that education internally and externally. Create a communication change management tool to track all adjustments made and a "parking lot' of items to review in the future. Consider a shared drive as a resource tool for any materials adjusted with education and communications. Since the training and education is critical post covid, revisit if the health system should introduce a third party to assess all materials and create the current and future tools. Do not underestimate the after the pandemic the prioritization with solid training and education in RCM.

6. Review Financial Statements and Historical Accrual Assumptions

Historically, healthcare providers typically received reimbursements from private insurers or government programs such as Medicare, Medicaid, and Contracted Commercial payers in a fee-for-service model. Patients were largely left out of the process. At that time providers could reasonably predict reimbursement and create budgets. Keep in mind that the U.S. government committed to a 75% shift of reimbursement from fee for service to value-based compensation in 2020.

But now, post Covid-19, the health care industry is forced to revisit reimbursement assumptions and their accounting principles. The impact of patient balances uncollected is staggering. Providers currently collect only approximately $16.00 out of every $100 owed once patient accounts are sent to collections. The change in payer mix, increased uninsured and underinsured, and new payer contracts have created huge challenges for health systems' CFO's, controllers, and accountants. Reserves will need modified with the aforenoted reimbursement shifts. There will be a trickle-down effect to RCM processes and leadership should be prepared to respond to any fluctuations. Providers need to be sensitive to the fact that the "dust" has not settled post pandemic and therefore should be "conservative" with their adjustments but know that it will be required.

7. Work with a Third-Party Partner for Revenue Cycle Management

Healthcare systems can use revenue cycle management software in-house if they feel confident about their information technology team's capacity to support this kind of a resolution. Another consideration with or with the "best of breed" technology platforms for a short- or long-term solution is a solid associate. Known in the past as a vendor or third party; the new term for an extension to a provider's business is partner. No longer is this consideration taboo yet a health systems leading practice. Using this concept allows providers to focus on industry changes, improving their bottom line, and promoting their brand. Post COVID-19 created an environment to rethink traditional RCM theories and encourage best practices.

My former RCM bosses in healthcare continued to tell me that "patients can have the greatest clinical experience, but my bills could cause a patient to never return". A theory that is difficult to prove but it goes without saying that the No Surprise Billing Act is in front of that assumption. RCM leadership often have a mental barrier that they can do it better on their own internally. The pandemic experience requires that we rethink that mindset. After all there is enough to do to appreciate a solid partner can make a world of difference. The key with the health system extended [not "outsourced] concept is that there is a solid return on investment (ROI), it is the associate's niche, and there is a value proposition to the new relationship.

In summary, post COVID-19 has forced health care leaders to review and consider modifications with processes in revenue cycle management. I have always said that if you "didn't like change you wouldn't be in healthcare". The aforementioned seven challenges are worthy of the evaluation of a health systems RCM response to post pandemic. The success of the future is in the hands of health care leader's constant self-reflection of business strategy.