



Promoting a Consumerism Culture While Balancing Virtual Health Care, Legislation and Reimbursement

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The MetroHealth System

Leading the way to a healthier you and a healthier community through service, teaching, discovery and teamwork.

- In the past five years, MetroHealth's operating revenue has increased 43% and our number of employees has increased 18%.
- Today, we have 630 providers and 7,900 employees. We provide care at 4 hospitals, 4 emergency departments and more than 33 ambulatory sites throughout Northeast Ohio.
- In 2020, at our hospitals and health centers, we provided more than 1.3 million visits for 150,000 unique patients, 72% of whom are covered by Medicare or Medicaid or uninsured.
- We are home to Cuyahoga County's most experienced Level I Adult Trauma Center, verified since 1992, and Ohio's only adult and pediatric trauma and burn center.

EVOLUTION OF HEALTH



Quadruple Aim via Virtual Care

The diagram is a circle divided into four quadrants around a central blue circle with a white 'M' logo. The quadrants are: top-left (red) 'Better Outcomes' with a line graph icon; top-right (green) 'Provider Experience' with a person icon; bottom-left (orange) 'Lower Cost' with a downward arrow icon; and bottom-right (blue) 'Patient Experience & Access' with a person icon.

Better Outcome

- Standardized care
- Improved access
- Improved compliance
- Improved follow-up
- Improved metrics

Provider Satisfaction

- Work-life balance
- Utilize expertise
- Decrease clerical work
- Patients over paperwork
- Improved engagement

Lower Cost

- Effective extender utilization
- Eliminate unnecessary testing
- Eliminate unnecessary transfers
- Improve recruitment & retentions

Patient Experience & Access

- Fast and convenient
- Cost-effective care
- Remote and/or at-home care
- Continuity of care
- Multidisciplinary care

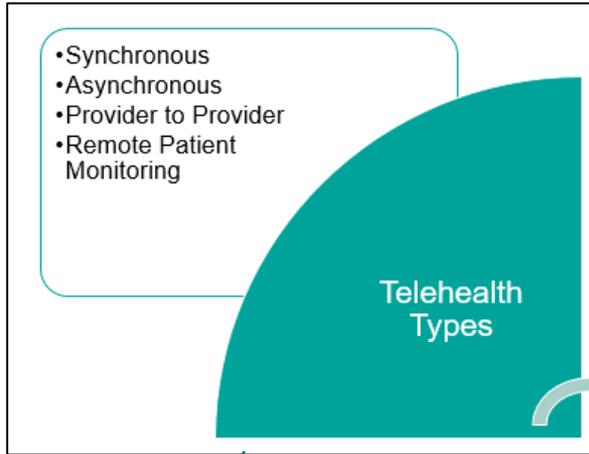
Visit: <https://veemed.com> Email: info@veemed.com

CULTURE – A Catalyst for Transformation

Shifting the Paradigm

COVID 19.....

BALANCE WELLNESS & SICK VISITS
-In-Person
-Video
-Telephonic



SPECIALIZED SERVICES
Added Codes

HOSPITAL IN THE HOME
-Ambulatory with
Remote Monitoring

HOSPITAL IN THE HOME
-Inpatient (DRGs)
-Observation

TELEHEALTH CHARTER

Telehealth eligible services: Primary Care and Specialty

- 1. Visits for new and established patients that promote/maintain continuity of care, with medical decision making not to exceed an Evaluation and Management level 4:**
 - a) New patient described as "office or other outpatient visit" when provided or referred by a primary care provider;
 - b) Established patients described as evaluation and management, inpatient or office consultations, follow up visits, and annual wellness visits.
- 2. Interprofessional consultations, e-consult, or office consultation visits for established patients.**
- 3. Behavioral health, audiology, speech-language pathology, physical therapy, nutrition, respiratory therapy, and occupational therapy services when clinically appropriate or recommended.**

TELEHEALTH CHARTER

Telehealth eligible services: Hospital in the Home

- 1. Remote Patient Monitoring when clinically appropriate for chronic disease management or part of an acute hospital at home episode of care. Remote Patient Monitoring comprises a package of the following:**
 - a) Devices that collect and transmit (to a healthcare professional) a wide range of patient health data from patients, e.g., vital signs, weight, blood pressure, blood sugar, blood oxygen levels, heart rate, and electrocardiograms);
 - b) Professional time spent tracking, monitoring, and interpreting patient health data collected from devices.

- 2. Inclusive of higher-acuity home-based services, such as emergency services or hospital in the home services, for which there is evidence of successful care delivery.**
 - a) Ambulatory
 - b) Observation
 - c) Inpatient

REMOTE MEDICAL MONITORING



Emergency Notification

-ET3 Virtual Visit:

Stay at Home or Ambulance

Digital Thermometer



Smart Scale



Blood Glucose Monitor



Non-Emergent Visits

ECG Monitor



Pulse Oximeter Monitor

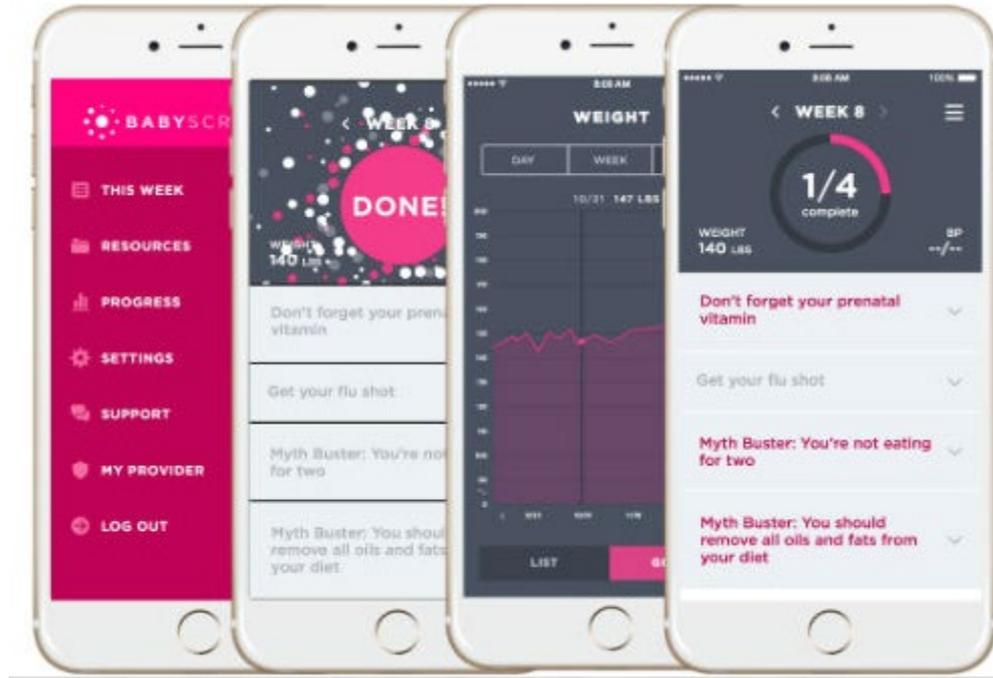


Blood Pressure Monitor



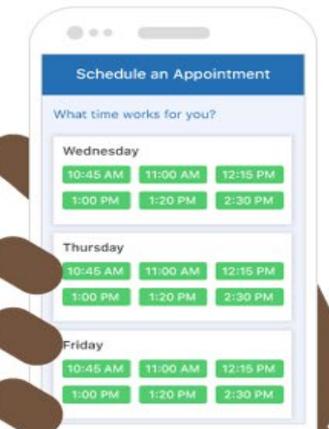
MATERNITY REMOTE MONITORING & EDUCATION

“Make sure criteria is met to be able to code/bill”



VIRTUAL OR IN-PERSON: ONE SIZE DOES NOT FIT ALL

To schedule an appointment, call [216-778-5500](tel:216-778-5500)



 **MetroHealth** | **MyChart**

Schedule an Appointment



1 Choose a Specialty

Community & Employee Health Clinic	Financial Eligibility - Telephone Visit	
Mental Health and Chemical Dependency Assessment	Pharmacy	Primary Care Office Visit

 **Schedule Financial Consultation**

VIRTUAL CARE PROVISIONS PHE & STATE OF OHIO BOARDS

Meeting Provider Obligations

The physician or physician assistant is responsible for communicating with the patient as to whether telehealth is appropriate in a given situation knowing that the standard of care must be met regardless of if the medical diagnosis or treatment is given in-person or via telemedicine. This standard of care includes but is not limited to:

1. Informing patient about telemedicine services provided and obtaining informed consent from patient;
2. Compliance with federal and state laws and regulations related to the privacy of patient health information;
3. Documentation of all telemedicine services provided including:
 - the full name and license number of the licensee;
 - verification of patient identity for the appropriate provision of telemedicine;
 - complete medical record of telemedicine visit including but not limited to patient history, patient exam, testing, and treatment; and
 - referral of patients when medical services cannot be provided by telemedicine to another Ohio licensed medical provider who practices in an area of Ohio that patient can access for in-person medical services.

Telehealth Reimbursement and wRVU

		2020										
		CPT	Description	Time Allowed	RVU	Reimbursement						
						Medicare Professional	Medicare Facility	Medicaid Professional	Medicaid Facility			
Typical Video Visit Code	99201	New Patient Straightforward	10 minutes	0.48	\$	44.31	\$	26.65	\$	23.55	\$	170.00
	99202	New Patient Straightforward	20 minutes	0.93	\$	50.51	\$	26.65	\$	19.39	\$	170.00
	99203	New Patient Low MDM	30 minutes	1.42	\$	75.65	\$	26.65	\$	30.64	\$	170.00
	99204	New Patient Moderate MDM	45 minutes	2.43	\$	129.38	\$	26.65	\$	52.23	\$	170.00
	99205	New Patient High MDM	60 minutes	3.17	\$	168.92	\$	26.65	\$	102.47	\$	170.00
	99211	Established Patient - Minimal Problem	5 minutes	0.18	\$	9.19	\$	26.65	\$	5.16	\$	170.00
	99212	Established Patient Straightforward	10 minutes	0.48	\$	25.82	\$	26.65	\$	11.92	\$	170.00
	99213	Established Patient Low MDM	15 minutes	0.97	\$	51.24	\$	26.65	\$	23.12	\$	170.00
	99214	Established Patient Moderate MDM	25 minutes	1.5	\$	78.77	\$	26.65	\$	37.12	\$	170.00
	99215	Established Patient High MDM	40 minutes	2.11	\$	111.22	\$	26.65	\$	53.36	\$	170.00
Typical Phone Visit Code	99441	Telephone Call	5-10 minutes	0.48	\$	25.82	\$	26.65	\$	10.41	\$	170.00
	99442	Telephone Call	11-20 minutes	0.97	\$	51.24	\$	26.65	\$	20.85	\$	170.00
	99443	Telephone Call	21-30 minutes	1.5	\$	78.77	\$	26.65	\$	30.95	\$	170.00

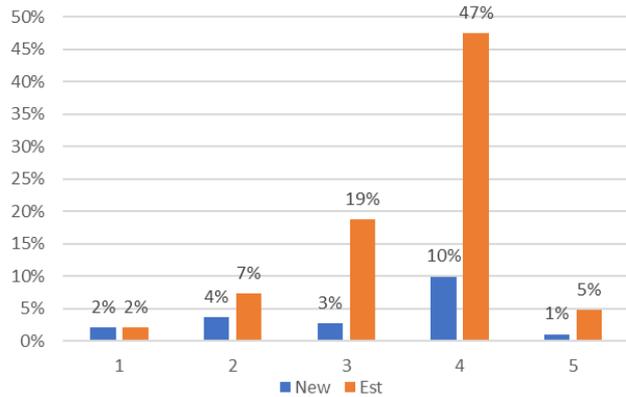
		2021										
		CPT	Description	Time Allowed	RVU	Reimbursement						
						Medicare Professional	Medicare Facility	Medicaid Professional	Medicaid Facility			
Typical Video Visit Code	99201	CPT Code Eliminated 1/1/2021										
	99202	New Patient Straightforward	15-29 minutes	0.93	\$	48.95	\$	27.02	\$	20.84	\$	-
	99203	New Patient Low MDM	30-44 minutes	1.6	\$	82.90	\$	27.02	\$	32.94	\$	-
	99204	New Patient Moderate MDM	45-59 minutes	2.6	\$	134.86	\$	27.02	\$	56.15	\$	-
	99205	New Patient High MDM	60-74 minutes	3.5	\$	183.02	\$	27.02	\$	102.47	\$	-
	99211	Established Patient - Minimal Problem	5 minutes	0	\$	-	\$	27.02	\$	5.55	\$	-
	99212	Established Patient Straightforward	10-19 minutes	0.7	\$	35.57	\$	27.02	\$	12.81	\$	-
	99213	Established Patient Low MDM	20-29 minutes	1.3	\$	66.70	\$	27.02	\$	24.85	\$	-
	99214	Established Patient Moderate MDM	30-39 minutes	1.92	\$	98.46	\$	27.02	\$	39.90	\$	-
	99215	Established Patient High MDM	40-54 minutes	2.8	\$	144.90	\$	27.02	\$	57.36	\$	-
Typical Phone Visit Code	99441	Telephone Call	5-10 minutes	0.7	\$	35.57	\$	27.02	\$	10.41	\$	-
	99442	Telephone Call	11-20 minutes	1.3	\$	67.08	\$	27.02	\$	20.85	\$	-
	99443	Telephone Call	21-30 minutes	1.92	\$	98.84	\$	27.02		Not allowed in 2021		-

- Notes:
- 1) From 3/1/2020 - 11/15/2020 Medicaid and Medicaid HMO plans allowed for billing of a facility fee for telehealth visits. The amount we were paid for that service was paid via an EAPG grouper and therefore was not a straightforward fee for service payment. Amounts listed were typical.
 - 2) Under the PHE, CMS allows for billing of a modified facility fee - Q3014 Telehealth Originating Site Fee.
 - 3) The codes listed here are the most commonly utilized telephone codes, however they are not the only telehealth codes available for billing.
 - 4) Payor rules allow for the billing of different codes under different circumstances. The codes listed here are typically used as video and telephone but are not necessarily exclusive.

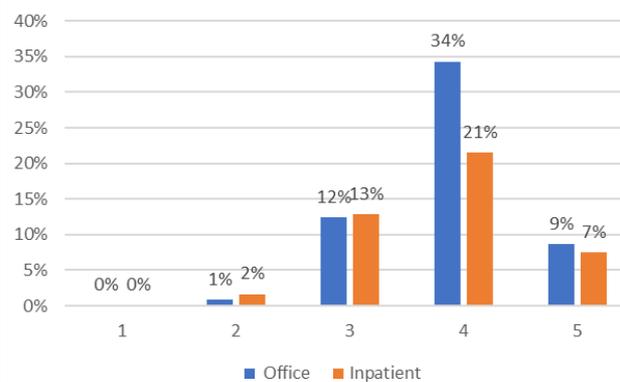
Visit Service Mix: Example

	2020	2021 Annualized
Visits (video & in person)	7,535	7,407
Telehealth Phone	3,825	6,089
Office Consults	649	406
Inpatient Consults	502	509
Inpatient	755	1,095

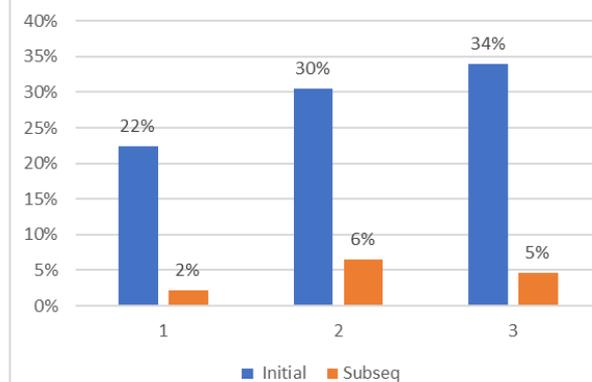
2020 Distribution of Visits



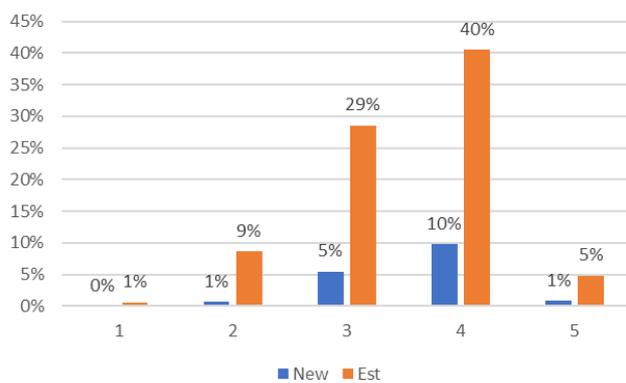
2020 Consults



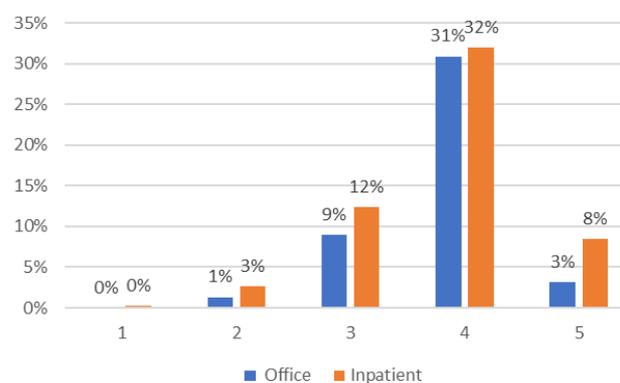
2020 Inpatient



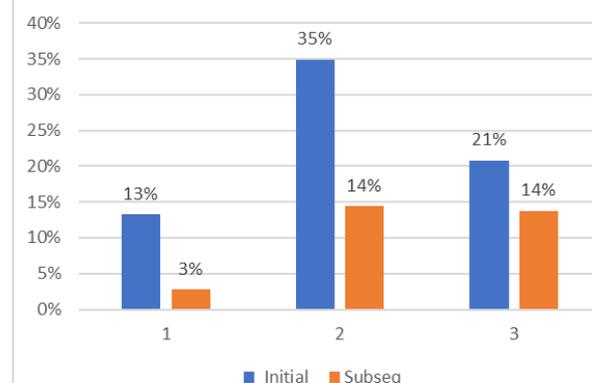
2021 Distribution of Visits



2021 Consults



2021 Inpatient



Executive Summary

Daily Executive PULSE Dashboard
Services through 8/31/2021

	Prior Work Day vs. PWDE				Trend 10-Day Graphic Trend	August				
	8/31/21	PWDE*	±/	% ±/		Cur MTD	Forecast	Bud/Tar	±/	% ±/
UTILIZATION										
Average Daily Census (ADC) †										
ADC - COVID 19 ††										
ADC - Observation * †										
ADC - IP in ED * †										
Hospital in the Home Census - Ambulatory										
Hospital in the Home Census - IP and OBSV										
Prentiss Census										
Average Length of Stay (acute)										
Admissions										
ED Admissions *										
COVID-19 Admissions *										
OR Cases - Inpatient										
OR Cases - Outpatient										
ED Visits										
Visits - In-Person (office/clinic only)										
Visits - Telehealth										
Total Visits - In-Person + Telehealth										
ACCESS AND CAPACITY										
wRVUs										
wRVUs per Clinical FTE										
Appointment Lag - New Patients (days)										
Appointment Lag - Estab. Patients (days)										
No Show % (current period understated)										
Slot Utilization % (% of regular slots)										
P Occupancy % (Staffed Beds)										
NSC Call Abandonment Rate %										
NSC Service Level %										
LABOR MANAGEMENT										
Total FTEs										
Regular										
Part time										
PRN										
Vacation										
Sick										
FMLA										
Total Hours										
Regular										
Part time										
PRN										
Vacation										
Sick										
FMLA										
REVENUE & EXPENSE PROFILE										
Gross Revenue - Inpatient (\$M)										
Gross Revenue - Outpatient (\$M)										
Gross Revenue - Total (\$M)										
Estimated Net Revenue (\$M)										
Gross Revenue - Telehealth (\$M) - incl. in above										
Estimated Telehealth Net Rev. (\$M) - incl. in above										
Days Cash on Hand										
Days Cash on Hand, incl. Advanced Stimulus Funds										
CARBS/Advanced Stimulus Funds (\$M)										
PAYOR MIX										
Medicare										
Medicaid										
Commercial/Other										
Employee Health Plan										
Self Pay										
# Calendar Days >>>	1	5				31	31	31		
# Working Days >>> ‡	1	5				22	22	22		

* Included in totals
 † Midnight census from ADT
 ‡ Includes weekends only, excludes holidays
 § Prior Workday Equivalent (PWDE) is an average of most recent 5 weekdays, excludes holidays

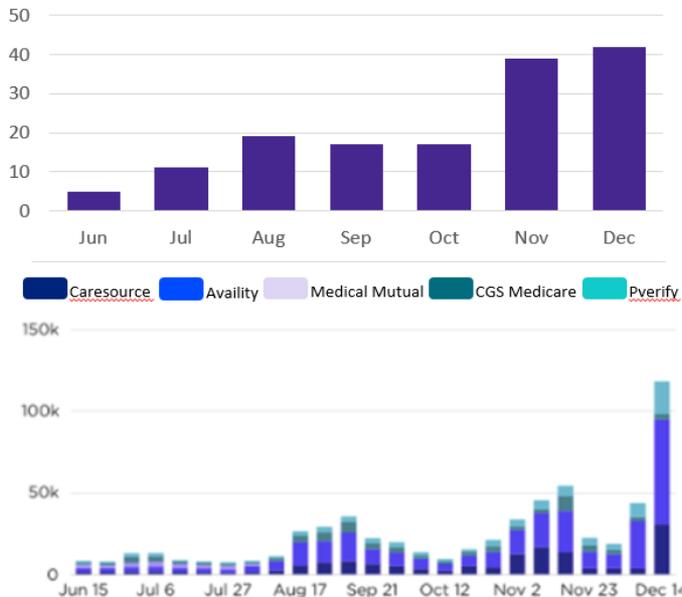
***VIRTUAL CARE FOR PATIENTS MOTIVATED RC
ENHANCEMENTS***

NEW REALITY

Consumer self-service error volume increased causing denials

Eligibility QA

MetroHealth eligibility bot activity promotes quality by having multiple validation points that could not be supported from an expense perspective by FTEs



Human Power Equivalent:
The number of humans that are needed to do an equal amount of work as our AI partner.

42.7 HPEs at the end of 2020

99.86% Reliability

OUTCOME

Accelerated RPA Quality Assurance for all registration/eligibility

Results

- January 2020: **51.55% accuracy** (\$22.25M)
- December 2020: **93.2% accuracy** (\$58.22M)
- February 2021: **93.2% accuracy** (\$327M)
- **57% FTE reduction due to attrition**

WORKFORCE MANAGEMENT

ADMISSIONS



OUTCOME

SHIFTED TO TELEPHONE INTERVIEWS

- Insurance Eligibility Interviews
- MOON/IM Patient Interviews
- Electronic Signatures



**45% increase
in patient
interviews**



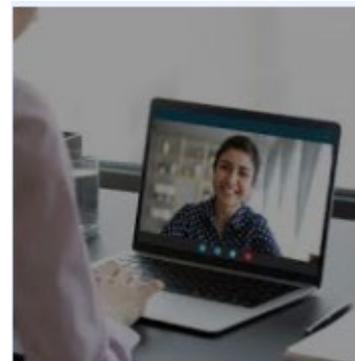
WORKFORCE MANAGEMENT

FINANCIAL COORDINATION



OUTCOME

SHIFTED TO TELECONFERENCING FC INTERVIEWS



Financial Counseling

Annual FC Visits
30,000

15-20% decrease in No Show Rates
16% increase Medicaid Conversion

NEW REALITY

Expedite leveraging technology

- Medical Records request & submission for Humana (98%) and Anthem launched within last few months
- MMO Claims & Medical Records continues to have approximately 6-12 days from request to submission

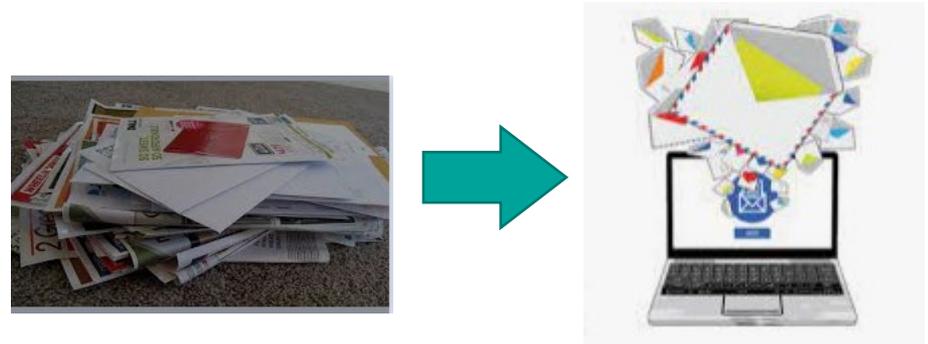
- Receipt of required paper via mail will be digitized as feasible (In test currently)

OUTCOME

Payor Platform Solutions



Mail Digitization



PRICING TRANSPARENCY AND SURPRISE BILLING

PRICING TRANSPARENCY

AHA, Premier and others have solicited comments to report back to CMS as to the proposed requirements. Are you and your vendors ready

CMS proposes to amend several of hospital price transparency policies (45 CFR part 180) to improve compliance. Specifically, CMS proposes:

- Increase the amount of penalties for noncompliance through the use of a scaling factor based on hospital bed count;
- Prohibit certain conduct that CMS has concluded are barriers to accessing standard charge information.
- ***CMS also clarifies the expected output of hospital online price estimator tools. CMS notes that an issue occurs with respect to a hospital that chooses to use an online price estimator tool in lieu of posting its standard charges for the required shoppable services in a consumer-friendly format.***

Concern is that CMS is now interpreting their 2021 published language differently than as defined prior. CMS states these price estimator tools fail to satisfy the requirement if

- do not tailor to a person's single estimated amount for service
- provide historical average, or prior ranges
- utilize benefits entered by consumer

SURPRISE BILLING – BE PREPARED

- ✓ **Surprise Billing: Qualifying Payment Amount, Notice and Consent, Disclosure on Patient Protections Against Balance Billing, and State Law Opt-in (CMS-10780/OMB control number: 0938-NEW)**

- ✓ **Model Disclosure Notice Regarding Patient Protections Against Surprise Billing Instructions for Providers and Facilities (For use January 1, 2022)**

- ✓ **Standard Notice and Consent Documents Under the No Surprises Act Instructions (For use by nonparticipating providers and nonparticipating emergency facilities)**

SURPRISE BILLING COMPLIANCE INVENTORY			
	Inventory of Hospitals/Providers Referral or Contracts that are OON	Buildings/Clinics	Built in Core Software/ Web/Electronic/ Paper
Notification Pathways			
Signage			
New Patient; Admissions Packets			
Ensure Participating and Out-of- Network Payers up to date			
Patient Bill of Rights			
CMS Consent Form			
Hospital's/Providers Treat & Consent Form(s)			
Core Software System Set up			
-Out of Network Flag with User Name/Date Default in Core Software			
-RC Workflows:			
Provider/Staff Required Education			
What else?????			

- Dictates which services can be performed
- How to bill
- How to get reimbursed



COVID-19 Frequently Asked Questions for Providers

Updated: Aug. 11, 2020

With the changes that have taken place for health insurance providers in response to the COVID-19 crisis, Medical Mutual has received many questions from providers regarding our policies and coverage. To assist you, we have prepared the following FAQ. These responses apply to all lines of business.

Updates to this FAQ will be made as more guidance from local and federal governments and other agencies is made available. **New information is highlighted in yellow.**

UTILIZATION MANAGEMENT PROCESSES

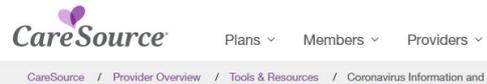
Medical Mutual's utilization management processes are evolving with state and federal regulatory guidance issued in response to the COVID-19 spread throughout Ohio and the nation. The answers to the questions reflect our current understanding of hospital bed capacity and the need for providers requesting up-to-date information on bed



Telehealth Billing Guidelines During COVID-19 State of Emergency

Applies to dates of service on or after March 9, 2020 until end of State of Emergency

Revised 5/21/2020 (added procedure codes & originating site clarification)



COVID-19 Provider Resource Center



Coverage and Payment Related to COVID-19 Medicare

[Original Medicare](#)

Diagnostic Tests

Medicare Part B, which includes a variety of outpatient services, covers medically necessary clinical diagnostic laboratory tests when a doctor or other practitioner orders them. Medically necessary clinical diagnostic laboratory tests are generally not subject to coinsurance or deductible.

Medicare Part B also covers medically necessary imaging tests, such as computed tomography (CT) scans, as needed for treatment purposes for lung infections (not for screening asymptomatic patients). For those imaging tests paid by Part B, beneficiary coinsurance and deductible would apply.

If the Part B deductible (\$198 in 2020) applies to the Part B services, beneficiaries must pay all costs (up to the Medicare-approved amount) until the beneficiary meets the yearly Part B deductible. After the beneficiary's deductible is met, Medicare pays its share and beneficiaries typically pay 20% of the Medicare-approved amount of the service (except laboratory tests), if the doctor or other health care provider accepts assignment. There's no yearly limit for what a beneficiary pays out-of-pocket.

CMS issued a public health news alert on February 13¹¹, which has additional information about the new Healthcare Common Procedure Coding System (HCPCS) code (U0001) for health care providers and laboratories to bill for a laboratory testing patients for SARS-CoV-2. HCPCS is



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COVID-19: Telemedicine FAQs

Last update: July 10, 2020

