The meeting will begin shortly

Audio is automatically muted.

Video is automatically disabled.

Must sync phone + computer.
- Locate participant ID in upper left corner of Zoom window
- On your phone, press `participant ID`#

Chat window
To submit any questions, click the “chat” icon in the bottom right of your screen.
Keeping up with COVID-19
Webinar Series

Securing Revenue for Hospitals and Providers in a COVID-19 Environment
Speakers

Jason Cunningham
Senior Director of Revenue Integrity
Central Maine Healthcare

Rebecca Marsh, MBA, CPC, CHC
Senior Vice President, Advisory
nThrive
Objectives for today’s discussion:

1. Understand the current regulation and how to prepare for changes
2. Conduct data analysis and develop a plan to proactively secure revenue
3. Discuss real world examples, including tactics for documentation of workflows, practical account analysis, payer communication, negotiation, and vendor analysis
4. Identify key next steps to begin the transition to virtualization, identify cost savings and understand the basics that drive revenue
Recap of COVID-19 Timeline

**JAN 31**
President declared a public health emergency under the Public Health Service Act

**MAR 6**
President signed Telehealth Services During Certain Emergency Periods Act of 2020 (TSDCEPA)

**MAR 17**
Centers for Medicare and Medicaid Services (CMS) expanded Telehealth Waivers

**MAR 27**
Coronavirus Aid, Relief and Economic Security Act (CARES Act) signed into law with $100 billion in provider relief funds

**MAR 30**
New Laboratory Waivers published
Retro back to 3/1*

**MAR 31**
Secretary of HHS issued Interim Final Rule with Comment Period

**APR 1**
New Diagnosis U07.1 published with updates
Effective 4/1*

**APR 3**
Condition code DR required when the entire claim includes COVID-19 care and Modifier 95 required for telehealth 1500 claims

**APR 7**
New Modifier CS published for cost sharing
Retro back to 3/18*

**APR 24**
HHS weekly distribution of provider relief funds based upon 2018 net revenue and cost report data submitted

**APR 27**
Registration allowed for uninsured patient payments and no new applications accepted for Advanced and Accelerated payments

**APR 30**
IFR expanded teledmedicine for HOPD to include patient’s home and new diagnostics testing specimen collection codes based upon patient location
Retro back to 2/4*

*Keep these dates in mind!
# Recap of COVID-19 Diagnostic Testing

<table>
<thead>
<tr>
<th>Lab Service</th>
<th>CPT / HCPCS Code</th>
<th>Claims Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC RNA based lab test ($36.00)</td>
<td>U0001 CDC 2019 novel coronavirus</td>
<td>2/04/20</td>
</tr>
<tr>
<td>Non-CDC lab test any technique ($51.00)</td>
<td>U0002 COVID-19 using any technique, multiple types or subtypes (includes all targets), for non-CDC developed testing</td>
<td>2/04/20</td>
</tr>
<tr>
<td>Lab specimen collection ($23-25.00)</td>
<td>C9803 Hospital outpatient clinic visit specimen collection (*Hospital outpatient) G2023 Specimen collection for coronavirus 2 (*Free-standing Lab) G2024 Specimen collection for coronavirus 2 (*SNF/Home Health) 99211 Office or other outpatient visit (*Physician clinic)</td>
<td>3/01/20</td>
</tr>
<tr>
<td>Non-CDC lab test RNA based technique ($51.00)</td>
<td>87635 SARS-CoV-2 (Coronavirus disease [COVID-19]), amplified probe technique</td>
<td>3/13/20</td>
</tr>
<tr>
<td>Serology antibody test ($45.23; $42.12)</td>
<td>86328 Immunoassay for infectious agent antibody(ies), (SARS-CoV-2) 86769 Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)</td>
<td>4/10/20</td>
</tr>
<tr>
<td>Lab test using high throughput technology ($100.00)</td>
<td>U0003 Infectious agent detection by nucleic acid (DNA or RNA); amplified probe technique U0004 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC</td>
<td>4/14/20</td>
</tr>
</tbody>
</table>
Recap of COVID-19 Coding

**Condition code DR**
*Disaster Related*
Condition code DR is specific to hospital billing on UB04 claims to identify services related to a national or regional disaster:
3/01/20

**Modifier CR**
*Catastrophe / Disaster Related*
Modifier CR may be reported on either a 1500 or UB04 claim at the line item level
3/01/20

**Modifier CS**
*Cost Sharing*
Modifier CS is a payment modifier that should be sequenced first and is applicable to E/M level services (e.g., office, emergency, observation, SNF, home,) in addition to the laboratory test codes
3/18/20

**ICD-10 Diagnosis**
*Confirmed case:* U07.1 as primary and any secondary codes as applicable  
*Possible exposure:* Z03.818  
*Confirmed exposure:* Z20.828  
*Unconfirmed:* applicable sign/symptom  
4/01/20
Recap of Telehealth Services for Provider and Hospital

<table>
<thead>
<tr>
<th>Medicare Telehealth Visits</th>
<th>Virtual Check-in</th>
<th>E-visits</th>
<th>Other Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common telehealth services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99201-99215 Office or other outpatient visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>99441-99443 Audio-only telephone evaluation and management services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G0425-G0427 Telehealth consultations, emergency department or initial inpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G0406-G0408 Follow-up inpatient telehealth consultations with beneficiaries in hospitals or SNFs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional E/M level visits for emergency, observation and inpatient: <a href="#">Compliant Medicare Telehealth Services</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G2025 Telehealth distant site RHC/FQHC effective 7/1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>G2010</strong> Remote evaluation of recorded video</td>
<td><strong>Online digital evaluation</strong></td>
<td></td>
<td><strong>Remote patient monitoring</strong></td>
</tr>
<tr>
<td><strong>G2012</strong> Brief communication tech-based service</td>
<td><strong>99421</strong> 5-10 minutes</td>
<td><strong>99453</strong> Setup</td>
<td><strong>99454</strong> Device</td>
</tr>
<tr>
<td><strong>G0071</strong> Brief communication tech-based service for RHC/FQHC only effective 3/1</td>
<td><strong>99422</strong> 11-20 minutes</td>
<td><strong>99457-99458</strong> Monitoring</td>
<td><strong>99495</strong> Moderate complexity in 14-days</td>
</tr>
<tr>
<td><strong>99496</strong> High complexity 7-days</td>
<td><strong>99423</strong> 21+ minutes</td>
<td><strong>99411</strong> Chronic complex initial hour</td>
<td><strong>99487</strong> Chronic complex initial hour</td>
</tr>
<tr>
<td><strong>G2061</strong> 5-10 minutes</td>
<td><strong>Online assessment</strong></td>
<td><strong>99489</strong> +30 minutes</td>
<td><strong>99489</strong> +30 minutes</td>
</tr>
<tr>
<td><strong>G2062</strong> 11-20 minutes</td>
<td><strong>G2063</strong> 21+ minutes</td>
<td><strong>99490</strong> Chronic 20 minutes</td>
<td><strong>99490</strong> Chronic 20 minutes</td>
</tr>
<tr>
<td><strong>99491</strong> Provider only +30 minutes</td>
<td></td>
<td></td>
<td><strong>99491</strong> Provider only +30 minutes</td>
</tr>
</tbody>
</table>

*Service includes a facility component charge for HOPD; see also Q3014, Telehealth originating site facility fee, with Revenue code 780, Telemedicine*
Tactics to Secure Revenue
General Data Analysis

**Patient Volume**
- Volume by State, by County, By Facility
- Physician productivity
- Coding patterns
- Procedure utilization

**Patient Revenue**
- Current vs. prior year revenue
- Efficiency and effectiveness of billing / collections

**Payer Analysis**
- Payer mix
- Coding requirements
- Payments vs. Denials received

**DRG Analysis**
- Primary vs. secondary COVID-19 claims
- Symptomatic vs. Asymptomatic patients
Proactive Account Analysis
Focus on General Billing

Aged AR analysis
- High-dollar and high-risk accounts
- Accounts >60 days
- Accounts with no bill date

DNFB and timely filing deadlines

Appeal deadlines by payer

Analysis of claims on hold
- COVID-19 primary claims
- Non-COVID claims

Like balance analysis including low balance review

Health Care Billing Cycle

Claims Submission

Payment Posting

Claims Follow up
Self-pay analysis to determine insurance coverage with HRSA funding available for uninsured patients. Assumes upon registration that providers have completed the following:

- Checked eligibility for any health care coverage
- Accepted defined program reimbursement as payment in full
- Agreed not to balance bill the patient
- Agreed to program terms and conditions and may be subject to post-reimbursement audit review
- Ensured all claims submitted are complete and final with a DOS on or after 2/4/20
Priorities from a Provider Perspective

Regulatory Compliance

✓ HRSA funding program for self-pay encounters

✓ Telehealth billing including professional E/M vs. Audio Only vs. Originating Site (Q3014) and the variance in regulations by payer

✓ State and Health System collaboration on regulatory and reimbursement changes

✓ Monitoring compliance requirements of the Cares Act Funding including balance billing, out of network, etc.
Priorities from a Provider Perspective

Financial Analysis

- Surgical Steering Committee – ramp up of elective surgeries, including authorization processes and monitoring of volume, revenue, etc.
- Telehealth revenue, billing, and reimbursement by payer
- Revenue and AR KPI's – utilize downtime to analyze claim edits and improve clean claim rate
Documentation of New Workflows, Policies and Procedures

Create COVID-19 specific denial write-off codes when adjustments are made to patient responsibility

Document new workflow processes, review with staff, communicate, repeat and monitor

Draft distinct procedures with follow up instruction for patients with coverage related denials
  • Who calls and what is talk track?
  • How do you respond to upset patients?

Document a clear workflow process to prevent balances rolling to the patient post insurance payment
  • With processes and systems being updated ongoing will accounts fall through?
  • Will these accounts be appealed or adjusted?

Develop a well-defined response and workflow for responding to patients who cannot pay previous balances, non-related to COVID-19 POS, especially due to COVID-19 related job loss
  • How is the financial assistance policy shared?
  • Are procedures defined to ensure these claims are processed in a timely fashion?
  • Is there alignment between customer service teams and vendors doing the collection work?
Retro Account Analysis

Denials received with root cause analysis
- Eligibility for COVID-19 and non-COVID-19 patients
- Billing form denials for claims that may have been released prior to a policy being updated/finalized or local payers not being prepared to process claims based on CMS guidelines
- Requested documentation on accounts with COVID-19 and/or COVID-19 related diagnoses
- Diagnostic testing effective dates
- Potential recoup due to retroactive coverage termination

Payer communication and negotiation
- Contract management and modeling
- Proactive communication
- Stop-loss, outlier and lessor-of provisions

Vendor analysis to quantify ROI
- Baseline metrics and lead indicators established
- Monthly KPI performance
Next Steps

Ramping up to “normalcy”
- Transition to virtualization including telehealth, coding, billing, etc.
- Staffing analysis with productivity measures
- Staff education and training, including tools and technology necessary to succeed
- Preparation for second COVID-19 wave, including Medicaid payer authorization for respective review

Cost savings
- Streamline processes with automation
- Consider integration of global services
- Implement a proficient analytics platform to identify patterns/trends/opportunities

Keep to the basics
- CDM review to identify revenue opportunities, ensure compliant billing practices are in place, and improve CDM structure to capture health care costs
- Chart audit to validate accuracy and completeness of compliance, coding, charge capture and claim submission
- Price modeling to ensure defensibility and transparency in preparation for January 1, 2021
From Patient-to-Payment,™ nThrive empowers health care for every one in every community.®