Summer 2019

NCDS update

A Billing Industry Newsletter for Clients

Keeping your office up-to-date on industry and insurance changes, late-breaking billing & reimbursement news, and general inter-office communication...

Texas is Latest State to Attach Surprise Medical Bills

Ashley Lopez – NPR.org

Texas is now among more than a dozen states that have cracked down on the practice of surprise medical billing. Texas Gov. Greg Abbott, a Republican, signed legislation Friday shielding patients from getting a huge bill when their insurance company and medical provider can't agree on payment.

Senate Bill 1264 is bipartisan legislation that removes patients from the middle of disputes between a health insurance company and a hospital or other medical provider. "We wanted to try to take the patients — get them out of the middle of it — because really it's not their fight," says Republican state Sen. Kelly Hancock, the bill's author.

Surprise medical billing typically happens when someone with health insurance goes to a hospital during an emergency and that hospital is out of network. It also happens if a patient goes to an in-network hospital and the patient's doctors or medical providers are not in network. Sometimes insurance companies and medical providers won't agree on what's a fair price for that care, and patients end up with a hefty medical bill. Consumer advocates in the state have been urging lawmakers to do more to help Texans saddled with surprise medical bills.

Drew Calver is among the many Texans who have dealt with a surprise bill in the past few years. Calver, a high school history teacher in Austin, had a heart attack in 2017. He was rushed to the closest hospital by a friend that day, and doctors implanted stents to save his life. Even though he had health insurance that paid the hospital more than $55,000 for his care, Calver ended up with a bill for $108,951.

Calver and his wife, Erin, fought with the hospital and the insurance company for months with little success, eventually turning to the media. Last summer, Drew Calver told his storyto the Bill of the Month investigation from NPR and Kaiser Health News. Shortly afterward, his bill was slashed to just $332.

"Polling shows us that the top household pocketbook concern for consumers is a surprise medical bill," says Stacey Pogue of the Center for Public Policy Priorities, a think tank that analyzes health and economic issues in Texas. "And that's actually pretty shocking that consumers will say they are more worried about their ability to afford a surprise medical bill than their health insurance premiums [and] their really high deductibles."

In addition to Texas, Colorado and New Mexico also passed legislation to address the problem of surprise out-of-network bills. About half of states offer some legal protections from surprise bills, but only six states had laws that provide "comprehensive" consumer protections, similar to those just passed in Texas. Texas' new surprise-bill law officially goes into effect on Sept. 1, 2020.

https://www.npr.org/sections/health-shots/2019/06/18/733369370/texas-is-latest-state-to-attack-surprise-medical-bills

HBMA Congratulates NCDS Medical Billing on Compliance Accreditation

(Washington) – Today the Healthcare Business Management Association (HBMA) announced that NCDS Medical Billing is now accredited under the HBMA Compliance Accreditation Program for revenue cycle management (RCM) companies (a.k.a., medical billing and medical practice management companies). The HBMA Compliance Accreditation Program assesses compliance with a range of federal healthcare industry regulations, including provisions to protect patient privacy under HIPAA, promote cyber security, and prevent fraud, waste, and abuse in medical billing.

HBMA
HEALTHCARE BUSINESS MANAGEMENT ASSOCIATION

NCDS Medical Billing is an RCM company based in of Cleveland, Ohio that serves health care providers in seven states. "I am proud to join several of my HBMA member colleagues in attaining this high standard of ethics and compliance," said Mick Polo, President of NCDS Medical Billing.

"Through the Compliance Accreditation Program, HBMA strengthens its position as an advocate for ethical practices in medical billing and revenue cycle management. Companies that earn HBMA Compliance Accreditation have gone beyond the requirements of federal regulations by obtaining an independent evaluation and recognition of their practices to protect the confidentiality of patient medical information, ensure the security of their data systems, and prevent fraud," said Kurt Gallagher, executive director of HBMA.

The HBMA Compliance Accreditation Program is the result of the RCM industry coming together within HBMA to establish a process to independently assess the participating company's program to fulfill its obligation to meet regulatory requirements and strengthen practices. The HBMA Compliance Accreditation Program evaluates compliance with HIPAA and with Health and Human Service Office of Inspector General compliance standards on fraud, waste and abuse; the Stark Law, which is designed to prevent conflicts of interest by medical providers in their prescribed patient care; federal Anti-kickback law; and the OIG work plan. The assessment under the HBMA Compliance Accreditation Program includes a comprehensive evaluation of the policies and practices of RCM companies with respect to employee training; security risks, including the security of confidential patient health information; documentation storage and handling; practices to promote compliance with federal regulations; disaster and emergency preparedness plans; and human resources practices, including background check procedures and onboarding.

The program was announced in April 2018 and was officially launched in October 2018 after beta testing by four HBMA member companies.

https://www.hbma.org/news/press-releases/n_hbma-congratulates-ncds-medical-billing-on-compliance-accreditation

CIGNA to Eliminate

Reimbursement for Consultation Codes

Effective October 19, 2019 Cigna has advised they will no longer reimburse the following CPT codes:

99241 99244 99252 99255
99242 99245 99253
99243 99251 99254

To avoid denials providers are encouraged to bill claims without these CPT codes for patients with Cigna coverage. Instead please use the appropriate E&M code describing the service and level.

Cigna is another carrier following the CMS mandate preventing reimbursement on consult codes and was effective 1-1-2010. Please take care to select the appropriate CPT code for your Cigna patients.

https://www.cigna.com/health-care-providers/coverage-and-claims/policies/

Patient Data From EHR Vendors Found for Sale Online

Jackie Drees – BeckersHosptialReview.com

Google Chrome and Mozilla Firefox browser extensions were used to extract and sell users' personal information from more than 50 companies, including EHR providers DrChrono and Kareo, according to the *Washington Post*.

Washington Post technology columnist Geoffrey Fowler and independent cybersecurity researcher Sam Jadali examined the cybersecurity leak. In Mr. Jadali's report "DataSpii: The catastrophic data leak via browser extensions," he noted six Chrome and Firefox browser extensions that shared users' data with marketing intelligence service Nacho Analytics, which offered access to website data for $49 a month, according to the report. Collectively, the six browser extensions gathered data from more than 4 million users. The names of the browser extensions are Hover Zoom, SpeakIt!, SuperZoom, SaveFrom.net Helper, FairShare Unlock and PanelMeasurement.

DrChrono, an EHR vendor, and Kareo, an EHR management software, were listed among the companies whose users' data was exposed on Nacho Analytics' website. From DrChrono, Mr. Fowler and Mr. Jadali found information including patient names, physician names and medications listed. Kareo information exposed were patient names. Kareo told the Post it is working to remove names from its website page data, according to the report.

Since notifying Google and Mozilla of the cybersecurity leak, Google remotely deactivated seven browser extensions and Mozilla deactivated two, the *Post* reports. Mozilla also deactivated a browser extension in February.

A few days after the browser extensions were shut down, Nacho Analytics posted a statement to its website that it experienced a "permanent" data outage and it is no longer accepting new clients, according to the report.

For more information please visit: https://www.beckershospitalreview.com/cybersecurity/patient-data-from-ehr-vendors-found-for-sale-online.html

Senate Won't Vote on Surprise Billing Protections Before August Recess

Kelly Gooch – BeckersHospitalReview.com

The Senate won't vote on legislation that includes a provision to stop out-of-network surprise medical bills before lawmakers leave for the August recess, according to *The Hill*.

"The Senate does not have time before the August recess to consider the bipartisan Lower Health Care Costs Act, which … includes proposals from 74 of our colleagues — 35 Republican and 39 Democratic senators," Senate health committee Chairman Lamar Alexander, R-Tenn., and ranking member Patty Murray, D-Wash., said in a news release.

The Lower Health Care Costs Act — formally introduced by Mr. Alexander and Ms. Murray — addresses surprise medical bills as well as healthcare cost transparency and drug prices.

It passed the Senate health committee June 26, and Mr. Alexander had said he hoped the full Senate would vote on it in July. However, those expectations have been pushed back.

"We are engaged in very productive conversations about this legislation with our colleagues in the Senate and the House and will continue to work during August and into September to move this legislation forward," said Sens. Alexander and Murray.

Since the Senate health committee approved the legislation, there has been resistance from physician and hospital groups over the surprise-billing provision and potential payment cuts, according to *The Hill*.

To settle out-of-network surprise-billing disputes, the legislation requires health plans to pay providers the local median contracted commercial amount that insurers have negotiated with other providers and agreed to in that local area.

But hospital and physician groups generally have indicated they want a legislative fix that ensures patient cost-sharing is based on an in-network rate. They support arbitration to settle out-of-network payment disputes between insurers and providers.

For more information or to read the complete article please visit: https://www.beckershospitalreview.com/finance/senate-won-t-vote-on-surprise-billing-protections-before-august-recess.html

NCDS Perspective: Mick Polo of NCDS Medical Billing took to Washington DC in June to work directly with the HBMA in a grassroots advocacy campaign to voice concerns to congress on behalf of the HBMA and the revenue cycle management industry. The HBMA has recommended Congress take the following actions to improve its legislation:

- **Impose penalties on health plans that cause surprise medical bills due to inaccurate directories, inadequate networks and unreasonable coverage policies requiring those health plans to submit annual reports to Congress related to the number of denied emergency claims**
- **Require a reimbursement rate based on a percentage of allowed charges for the geographic area**
- **Model an arbitration system following that of New York which has successfully implemented a system to resolve disputes using metrics from the Protecting People from Surprise Medical Bills Act**

NCDS will continue to monitor the progress of this legislation and continue to work on behalf of its providers to advocate what is best for physicians and their patients.

Use of Non-Hospital Based Provider-to-Patient Telehealth Grew Nearly 1,400%

Jeff Lagasse – HealthcareFinanceNews.com

From 2014 to 2018, private insurance claim lines for non-hospital-based provider-to-patient telehealth grew 1,393%, according to a new white paper on telehealth from FAIR Health, a national, independent nonprofit organization.

The study draws on data from FAIR Health's comprehensive repository of over 29 billion private healthcare claim records -- what it says is the largest in the country.

This was a greater increase than for all other types of telehealth studied, and for telehealth overall, and the increase was greater in urban than rural areas. Claim lines for non-hospital-based provider-to-patient telehealth increased 1,227 percent in urban areas, and 897 percent in rural areas.

The four types of telehealth -- the remote provision of clinical services through telecommunications technology -- studied in the white paper were: provider-to-patient non-hospital-based telehealth (i.e., provider and patient communication not related to a hospital); provider-to-patient discharge telehealth (follow-up visits after discharge from an inpatient stay at a hospital); physician-to-patient-emergency department/inpatient telehealth (a patient in the hospital communicating with a physician via telehealth); and provider-to-provider telehealth (consultation between healthcare professionals).

Among the findings are that claim lines related to telehealth overall grew 624 percent from 2014 to 2018. In 2018, non-hospital-based provider-to-patient telehealth accounted for 84 percent of all telehealth claim lines, compared with 52 percent in 2014.

In that same time period, the age group most associated with telehealth overall was that of people from ages 31-40, who accounted for 21 percent of the distribution of all telehealth claim lines. But most of the claim lines -- 82 percent -- for discharge-related provider-to-patient telehealth were associated with those 51 and older.

Sixty-five percent of all telehealth claim lines in that span were associated with women. But for telehealth visits associated with a hospital discharge, 53 percent of claim lines were submitted for women.

The top three reasons people sought treatment from a provider via non-hospital-based telehealth, from most to least common, were acute upper respiratory infections, mood disorders and anxiety, and other nonpsychotic mental disorders.

In 2018, the telehealth diagnosis with the highest rate of patients who had an in-person visit within 15 days of a non-hospital-based provider-to-patient telehealth visit for the same or a very similar diagnosis was heart failure.

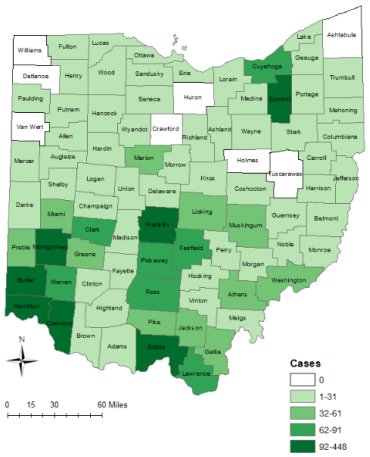
The telehealth white paper expands on a previous FAIR Health white paper that reported on telehealth and other alternative venues of care, such as urgent care centers and retail clinics.

New flexibilities for telehealth reimbursement and expected changes for this year and beyond are making its use more widespread.

For more information please visit the link below: https://www.healthcarefinancenews.com/node/139007

Ohio Hepatitis Outbreak:

Ohio declared a hepatitis A outbreak in June 2018. Since then, the Ohio Department of Health and the CDC have continued to investigate reported hepatitis A cases, leading to about 3,000 diagnosed cases in Ohio as of June 2019. Sixty percent of those cases led to hospitalization and 10 resulted in death. The CDC has provided useful information on the Ohio Department of Health website, identifying case load by county. Additional information can be found at the link below:



https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Hepatitis-Surveillance-Program/Hepatitis-A-Statewide-Community-Outbreak/

Additionally, to encourage vaccinations and patient awareness Buckeye Health has created an informational flyer for providers to download and share with patients.

http://marketvolt.linktodocs.com/483486/781784/BHP%20Hep%20A%20Infographic%207.2.19.pdf

Uber, Lyft see $15B Opportunity in Healthcare: 4 Things to Know

Ayla Ellison – BeckersHospitalReview.com

Ride-hailing giants Uber and Lyft are working to establish a footprint in the nonemergency medical transportation business, but it's unclear how popular on-demand rides to healthcare appointments will be with patients, according to *The Wall Street Journal*.

Four things to know:

1. Nonemergency medical transportation, which is typically paid for by third-party payers, helps elderly patients or those lacking reliable transportation get to healthcare appointments, according to *WSJ*.

2. Uber and Lyft are competing for a slice of the nonemergency medical transportation business, which Dan Trigub, head of Uber Health, estimates is worth $15 billion annually, according to the report.

3. Uber and Lyft have established business units dedicated to nonemergency medical transportation. Uber is working with more than 1,000 healthcare organizations and Lyft recently became a covered transportation option for Medicaid beneficiaries in Arizona, according to *WSJ*.

4. Nonemergency medical transportation could be a lucrative opportunity for ride-hailing companies. However, it's still unclear how popular on-demand rides will be with patients, according to *WSJ*.

For the complete article please visit:
https://www.beckershospitalreview.com/finance/uber-lyft-see-15b-opportunity-in-healthcare-4-things-to-know.html

Maximize Your Revenue

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