

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...

FLU COUNT JUMPS TO 15M CASES

MACKENZIE BEAN – BECKERSHOSPITALREVIEW.COM

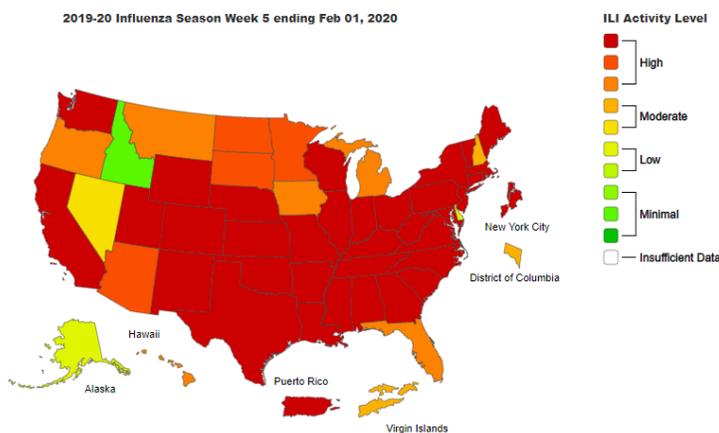
After declining in the first two weeks of the year, flu activity jumped in the week ending Jan. 18, according to the CDC's most recent FluView report.

Six things to know:

1. The CDC estimates flu has caused 15 million illnesses, 140,000 hospitalizations and 8,200 deaths this season.
2. More than half of positive flu tests confirmed in public health laboratories have occurred in Americans under age 25. Only 12 percent involved adults age 65 and older. This trend has led to high levels of outpatient cases and lower levels of flu-related hospitalizations.
3. Thirty-five states experienced high flu-like illness activity in the week ending Jan. 18. Six states experienced moderate activity, eight states experienced low activity and Idaho experienced minimal activity.
4. The CDC confirmed 15 additional pediatric flu deaths, bringing the total to 54 for the 2019-20 season.
5. The flu's geographic spread remained the same for the week ending Jan. 18, with 48 states reporting widespread flu activity.
6. The overall flu-associated hospitalization rate was 24.1 per 100,000 people, up from 19.9 per 100,000 people a week prior. The CDC has recorded 7,013 flu-associated hospitalizations since Oct. 1, 2019.

[HTTPS://WWW.BECKERSHOSPITALREVIEW.COM/QUALITY/FLU-COUNT-JUMPS-TO-15M-CASES.HTML?ORIGIN=QUALITY&UTM_SOURCE=QUALITY&UTM_MEDIUM=EMAIL&OLY_ENC_ID=5689J4239456C9Z](https://www.beckershospitalreview.com/quality/flu-count-jumps-to-15m-cases.html?origin=quality&utm_source=quality&utm_medium=email&oly_enc_id=5689j4239456c9z)

Outlined below is a map of the current ILI (Illness Like Influenza) Activity to date as reported by the CDC:



[HTTPS://WWW.CDC.GOV/FLU/WEEKLY/INDEX.HTM#ILIActivityMap](https://www.cdc.gov/flu/weekly/index.htm#ILIActivityMap)

HUNDREDS MORE AMERICANS EVACUATED FROM CHINA AS CORONAVIRUS DEATH TOLL RISES

CBSNEWS.COM

The deadly new coronavirus continued to spread Tuesday, with more than 24,000 cases and at least 492 deaths confirmed worldwide. The vast majority of the infections, and all but two of the deaths, were in mainland China.

The Pentagon said very early Wednesday that two more chartered flights evacuating about 350 Americans from the virus epicenter in Wuhan, China were scheduled to land in Southern California Wednesday. The first such flight brought 195 Americans to an Air Force Base there last week.

Chinese officials have agreed to let American experts into the country as part of a World Health Organization team in the coming days, and senior members of the Communist Party have admitted "shortcomings and deficiencies" in the country's response. President Xi Jinping declared "a people's war of prevention" against the epidemic Monday, threatening punishment for anyone deemed to be neglecting their duties as control efforts ramped up.

There were 11 cases confirmed in the U.S. as of Tuesday, including six in California, one in Washington state, one in Arizona, two in Illinois and one in Massachusetts. More than 80 other Americans were being tested for the virus.

The U.S. government declared a public health emergency last week and barred foreign nationals from entering the country within two weeks of visiting China, unless they are immediate family members of U.S. citizens or permanent residents. The State Department has warned Americans against all travel to China.

[HTTPS://WWW.CBSNEWS.COM/NEWS/CORONAVIRUS-UNITED-STATES-US-CITIES-CONFIRMED-CASES-WUHAN-CHINA-SYMPTOMS/](https://www.cbsnews.com/news/coronavirus-united-states-us-cities-confirmed-cases-wuhan-china-symptoms/)

ACCORDING TO THE CDC: While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat. It's currently flu season and CDC recommends getting a flu vaccine, taking everyday preventive actions to help stop the spread of germs, and taking flu antivirals if prescribed. If you are a healthcare provider, be on the look-out for people who recently traveled from China and have fever and respiratory symptoms. If you are a healthcare provider caring for a 2019-nCoV patient or a public health responder, please take care of yourself and follow recommended infection control procedures. For people who have had close contact with someone infected with 2019-nCoV who develop symptoms, contact your healthcare provider, and tell them about your symptoms and your exposure to a 2019-nCoV patient. For people who are ill with 2019-nCoV, please follow CDC guidance on how to reduce the risk of spreading your illness to others. This guidance is on the CDC website.

[HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/SUMMARY.HTML#CDC-RESPONSE](https://www.cdc.gov/coronavirus/2019-nCoV/summary.html#CDC-RESPONSE)

THE FIVE BIGGEST CYBERSECURITY THREATS TO A MEDICAL PRACTICE

TODD SHRYOCK AND LOGAN LUTTON – MEDICALECONOMICS.COM

- Phishing attacks** - When a hacker sends an email pretending to be from a trusted entity, such as a bank or insurance company. These emails often request credit card information or login credentials. The emails may look legitimate, and may request users click on a link that might look like a security update or company website, but will actually download malware onto their computer.
- Spear phishing attacks** - A much more targeted version of phishing, with hackers using social media to gain information about the target. Example: Hackers might discover that a medical practice is doing business with a certain supplier and research the names of accounts payable personnel from that company. They then create emails that appear to be coming from specific people from the company and may reference specific projects to add legitimacy. These emails usually request payments, login information or for the user to click on a link that will compromise their computer.
- Poor password management** - Using the same password for all devices makes it easy for hackers to compromise multiple systems. The situation is even worse if physicians use the same password for their home devices. A hacker might be able to steal a password for something off a home computer, then use that same password to access the practice's bank accounts or network.
- Ransomware/Malware** - Ransomware, which locks access to a user's data until they pay a ransom, is one of the most common attacks in healthcare. In many cases, entire hospital systems have lost their data to hackers, who demand large sums of money to release them. Ransomware can devastate a medical practice that doesn't have an adequate backup, and paying the ransom doesn't always guarantee the files get unlocked.
- Connected devices** - More devices are coming with internet connections that add enhanced functions, but also open up new vulnerabilities. Often, devices come either with no passwords or easily accessible default passwords that hackers can exploit. Because the devices are on the network, they can be a gateway to more sensitive information. Older medical equipment can also pose a risk, because they may store patient data and usually don't have sophisticated protection to keep hackers at bay.



[HTTPS://WWW.MEDICALECONOMICS.COM/NEWS/FIVE-BIGGEST-CYBERSECURITY-THREATS-MEDICAL-PRACTICE](https://www.medicaleconomics.com/news/five-biggest-cybersecurity-threats-medical-practice)

5 MOST SEARCHED MEDICAL PROCEDURES FOR COSTS

MORGAN HAEFNER – BECKERSHOSPITALREVIEW.COM

For 2019, the top five medical terms searched using Fair Health's cost tool were:
MRI Knee Dermatological Colonoscopy Physical therapy

Fair Health found similar results in 2018, although "CT scan" was No. 2 and didn't make the list in 2019, while "knee" moved into the top five.

[HTTPS://WWW.BECKERSHOSPITALREVIEW.COM/FINANCE/5-MOST-SEARCHED-MEDICAL-PROCEDURES-FOR-COST.HTML?ORIGIN=RCME&UTM_SOURCE=RCME&UTM_MEDIUM=EMAIL&OLY_ENC_ID=5689J4239456C9Z](https://www.beckershospitalreview.com/finance/5-most-searched-medical-procedures-for-cost.html?origin=RCME&utm_source=RCME&utm_medium=email&oly_enc_id=5689J4239456C9Z)

PHYSICIANS PROPOSE 5 QUALITY MEASURES TO IMPROVE MEDICAL BILLING

SAMANTHA McGRAIL – REVCYCLEINTELLIGENCE.COM

Medical billing quality is a type of medical quality and should be tracked the same way healthcare organizations track medical complication rates and other quality indicators, two physicians from Johns Hopkins University recently argued. In a recent Viewpoint article in *JAMA*, physicians Simon C. Mathews, MD, and Martin A. Makary, MD, MPH, proposed five quality measures to track and improve medical billing quality.

The first proposed metric determines if healthcare organizations routinely provided the cost of procedures in a clear and organized way to patients. Although bills have been listed in medical codes and terms in the past, patients must be able to decipher the information given to them.

The second metric asks if prices were readily available by patient demand to include a quality measure and price transparency.

The third metric recommends that healthcare organizations track if patients have the right to speak with an appropriate individual about any bill concerns. Ensuring patients have this resource can prevent errors can be corrected and provide accommodations to patients before a problem arises.

The fourth metric looks into whether health systems are suing patients, which is a violation of the core mission of hospitals: to be a safe place for individuals with illness or injury.

The fifth and final metric proposed addresses two matters. First, the measure addresses the double standard of expecting patients who are paying out of pocket to pay more than others for the same care. Second, the quality measure assesses if patients are charged directly for complications that were due to a serious adverse event. This may include wrong-side surgery or operations to remove a retained foreign body, according to Mathews and Makary.

Healthcare organizations should adopt these medical billing quality measures to guarantee patients are not only receiving high-quality clinical care, but also a top-notch financial experience.

Financial harm resulting from medical care should not be separated from clinical consequences of care, as both of these aspects have a significant influence on the health and well-being of patients. Medical bills accounted for 58% of all debt in 2019, researchers cited from a 2019 Consumer Finance survey of five million people. And 64% of 1,000 patients said that they delayed or neglected seeking medical care in the past year because of medical bill concerns, according to a February 2018 report.

Patients with private or no insurance oftentimes receive bills with prices that exceed the allowable Medicare amount. Yet, healthcare organizations are failing to provide patients with healthcare cost expectations to help them shoulder the financial burden of medical care.

The physicians from Johns Hopkins advised measurement organizations such as CMS, Leapfrog Group, US News, and other organizations that have a core goal to provide transparency and the utmost quality of care to patients to incorporate medical billing measures into their quality assessments. "Recognizing that billing quality is valuable information, a more holistic and patient-centered set of outcomes also could be measured for benchmarking and performance improvement," Mathews and Makary concluded.

[HTTPS://REVCYCLEINTELLIGENCE.COM/NEWS/PHYSICIANS-PROPOSE-5-QUALITY-MEASURES-TO-IMPROVE-MEDICAL-BILLING](https://revcycleintelligence.com/news/physicians-propose-5-quality-measures-to-improve-medical-billing)



IMPORTANT PECOS UPDATE FOR MEDICARE ENROLLMENTS

Effective April 2020 PECOS will be implementing **Multi-Factor Authentication (MFA)** to better protect your information and identity. Multi-Factor Authentication (MFA) is a security system that requires more than one method of authentication from independent categories of credentials to verify the user's identity for a login or other transaction

What Devices Can I Use? • You can use a mobile Phone (SMS or Voice), landline phone (Voice), or Email address (Email)

What this means: If NCDS is providing your enrollment services we will require an access code that is time sensitive in order to complete your services in PECOS. This will require your availability to send this information to us within a short period of time. Please make sure your account is properly set up to facilitate this access and be available to communicate this information to our team of professionals servicing your enrollment needs. For questions or further information please contact Susan at susank@ncdsinc.com or Erin at erint@ncdsinc.com. Taking the time to ensure this is set up properly will keep enrollment maintenance and additional projects/updates moving at a timely pace.

Please see the helpful links below for more information on this Medicare update as well as how to ensure your account is set up correctly.

[HTTPS://PECOS.CMS.HHS.GOV/PECOS/LOGIN.DO#HEADINGLV1](https://pecos.cms.hhs.gov/pecos/login.do#headinglv1)

[HTTPS://WWW.CMS.GOV/OUTREACH-AND-EDUCATION/OUTREACH/NPC/DOWNLOADS/2019-07-30-MFA-PRESENTATION.PDF](https://www.cms.gov/OUTREACH-AND-EDUCATION/OUTREACH/NPC/DOWNLOADS/2019-07-30-MFA-PRESENTATION.PDF)

WHAT PHYSICIANS IN PRIVATE PRACTICE THINK ABOUT THEIR JOB

LOGAN LUTTON AND TODD SHRYOCK – MEDICALECONOMICS

A new report from PatientPoP, a software company specializing in patient engagement, examined what healthcare providers think of private practice, including their needs, successes, and desires to see and care for more patients. Here are the key findings:

Healthcare providers define practice growth as having more patients (70.5%) and more staff (30.0%), while greater profit was ranked third in importance (30.1%).

For providers that define growth as having more patients, 30.7% say they already achieve an ideal patient volume. For those focused on profit, only one in four say revenue is currently strong. While 72.7% of providers are satisfied with their practice's current level of success, while 11% are dissatisfied.

Providers' wish list for their practices:

- 1) Easier workflow
- 2) Less administrative work
- 3) More revenue
- 4) Greater patient volume
- 5) Better patient communication



What providers find most important to practice success:

- Delivering a top in-person patient experience: 67.2%
- Communicating with patients digitally: 34.9%
- Having strong online patient reviews: 30.5%
- Ranking high in online search results: 26.7%
- Having a high-performing website: 22.3%

[HTTPS://WWW.MEDICALECONOMICS.COM/NEWS/WHAT-PHYSICIANS-PRIVATE-PRACTICE-THINK-ABOUT-THEIR-JOB](https://www.medicaleconomics.com/news/what-physicians-private-practice-think-about-their-job)

DOCTORS PUSH BACK AS CONGRESS TAKES AIM AT SURPRISE MEDICAL BILLS

RACHANA PRADHAN – NPR.ORG

When Carol Pak-Teng, an emergency room doctor in New Jersey, hosted a fundraiser in December her guests, mostly doctors, were pleased when she steered the conversation to surprise medical bills.

This was a chance to send a message to Washington that any surprise billing legislation should protect doctors' incomes in their battle over payments with insurers. Lawmakers are grappling over several approaches to curtail the practice that can leave patients on the hook for huge medical bills, even if they have insurance.



As Congress begins its 2020 legislative session, there is evidence the doctors' message has been received: The bills with the most momentum are making more and more concessions to physicians.

As surprise medical billing has emerged as a hot-button issue for voters, doctors, hospitals and insurers have been lobbying to protect their own bottom line. In taking their cause to politicians, doctors have waged an extraordinary on-the-ground stealth campaign to win over members of Congress. For patients, getting an unexpected bill for a treatment they thought was covered by insurance can be financially devastating. Surprise bills are sometimes triggered when patients unwittingly see a doctor out of network.

Fixing this is ultimately a fight between doctors and insurers over rate-setting and reimbursement. But as more patients balk at surprise bills, lawmakers are under pressure to protect patients. In turn, powerful lobbying forces have activated to protect doctors and insurers who don't want to pay the price for a fix.

The main message physicians are using to bring lawmakers into their corner? "We just want to be paid a fair amount for the services rendered," Pak-Teng says.

"There are many things that Republicans and Democrats sincerely disagree about in this body," Pak-Teng's congressman, Malinowski said. "I don't think that this is one of them. I don't see any philosophical difference amongst us about whether people should be stuck with massive surprise medical bills."

Doctors say they are taking the brunt of the criticism for the burden of surprise billing.

Little has been as powerful in shaping surprise billing legislation as the clout of hospitals and their doctors, many of whom are, in fact, employed by private equity-backed companies and armed with years of experience shaping surprise billing legislation at the state level. They are throwing in a lot of money to lawmakers ahead of the 2020 elections. Four physician organizations that have heavily lobbied on surprise medical bills and have private equity ties — the [American College of Emergency Physicians](#), [Envision Healthcare](#), [US Acute Care Solutions](#) and [US Anesthesia Partners](#) — gave roughly \$1.1 million in 2019 to members of Congress, according to a Kaiser Health News analysis of Federal Election Commission records.

The biggest recipients, from all four PACs combined, were Reps. Donna Shalala, D-Fla., and Stephanie Murphy, D-Fla., who each received \$26,000. Sen. Thom Tillis, R-N.C., took in \$25,500, Senate Majority Leader Mitch McConnell, R-Ky., got \$25,000, and Rep. Brett Guthrie, R-Ky., received \$22,500.

PLEASE SEE THE LINK BELOW FOR THE FULL ARTICLE:

<https://www.npr.org/sections/health-shots/2020/02/12/804943655/doctors-push-back-as-congress-takes-aim-at-surprise-medical-bills>

Maximize Your Revenue

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