

# 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...

## LEGISLATION TO END SURPRISE MEDICAL BILLS HAS HIGH PUBLIC SUPPORT – IN BOTH PARTIES

EMMARIE HUETTEMAN – KHN.ORG

Nearly 8 in 10 Americans support legislation to protect people from surprise medical bills, a new poll from the Kaiser Family Foundation shows. That support persisted no matter which party was asked: 84% of Democrats, 78% of independents and 71% of Republicans said they support surprise billing legislation, according to the poll.

Surprise bills are the unexpected — and often expensive — charges patients receive after getting care from a doctor or hospital not in their insurance network. But Congress has been bombarded by relentless attack ads and deep-pocketed lobbying against legislation that would end surprise billing. And with lawmakers returning to work this week after the summer recess, some of the supporters of legislation on Capitol Hill worry that effort may destroy their chances of passing an effective law. Critics claim that the primary legislation under consideration would result in doctors and hospitals being paid less.

But the KFF poll found 57% of respondents support passing legislation to address the problem even after hearing the critics' argument. And as Democratic and Republican politicians alike discuss dismantling the ACA, whether through implementing a "Medicare for All" plan or ruling the existing law unconstitutional, the poll also found the public has some reservations about making drastic changes to the health system.

Ahead of Thursday night's Democratic presidential debate, the poll found that 55% of Democrats and Democratic-leaning independents prefer a presidential candidate who wants to build on the ACA. About 40% said they prefer one who wants to replace it with a Medicare for All plan, which some advocates such as Democratic presidential candidate Sen. Bernie Sanders suggest would provide a single health plan for the entire country and replace all private insurance.

The poll also found 69% of all Americans support a government-administered public option health plan that consumers could opt into, a policy former Vice President Joe Biden included in his health plan. About 41% of Republicans said they support a public option. The new poll also shows that support for the Affordable Care Act has hit an all-time high among Democrats, with 84% saying they view it favorably. The ACA became law in 2010.

KFF's findings confirm that the Donald Trump presidency has galvanized Democratic support for the ACA, former President Barack Obama's signature domestic policy. The percentage of Democrats who favor the law has increased by 11 percentage points since February 2017.

Among other policy questions, 70% of those surveyed said lowering prescription drug costs should be a major health care-related priority for Congress, and 69% said maintaining the ACA's protections for those with preexisting conditions should be a top priority.

[HTTPS://KHN.ORG/NEWS/LEGISLATION-TO-END-SURPRISE-MEDICAL-BILLS-HAS-HIGH-PUBLIC-SUPPORT-IN-BOTH-PARTIES/](https://khn.org/news/legislation-to-end-surprise-medical-bills-has-high-public-support-in-both-parties/)

## MEDICARE OPEN ENROLLMENT!

Medicare open enrollment is from October 15th and ends December 7<sup>th</sup>. For patients this means the opportunity to select a Medicare managed care plan for the 2020 year that best suits their needs. For providers this means new insurance cards, changing patient information and different carriers to prior authorize. Important questions to ask yourself as well as your Medicare patients:



• Provider question: Am I participating with all Medicare Advantage Plans I wish to participate in?  
 • Patient Question: Have you selected a new Medicare Advantage Plan?  
 • Patient Question: Do you have your new ID card?  
 • Provider Question: Are we verifying benefits and checking for prior authorization prior to servicing this patient to ensure claims process correctly and patients are not surprised by their billing statements?

Important for providers to note is that while traditional Red-White-And-Blue Medicare does not require prior authorization for services, nearly all advantage plans do depending on service and specialty. Failure to meet these requirements prior to servicing the patient can negatively impact your receivables.

## MEDICARE ID CARDS

Medicare transitioned from social security ID numbers to a unique format of MBI numbers. The transition took place from April 2018-April 2019 and the new MBI number is required as of January 2020. Medicare has allowed the submission of either number for the 2019 transition but that will change as of January 2020. Be sure to ask each Medicare patient for a copy of their new ID card in order to ensure correct claims processing after December 31, 2019. Below is a sample of what you should see, note it is no longer a social security number followed by a letter:



## FLU SEASON MAY BE SEVERE, HEALTH OFFICIALS SAY

GABRIELLE MASSON — BECKERSHOSPITALREVIEW.COM



Health officials are predicting the upcoming flu season to be severe, according to *U.S. News & World Report*.

One pediatric flu-related death has already been reported in California. The 4-year-old patient, who had underlying health conditions, tested positive for the

flu earlier this month.

"A death so early in the flu season suggests this year may be worse than usual," Cameron Kaiser, MD, health officer for Riverside County, Calif.'s public health department, said in a press release.

Australia's flu season, which officials use as an indicator of the upcoming season in the United States, was severe and came early this year. Australia's health department reported an increase in flu activity this season, with influenza A constituting 93 percent of reported cases.

The United States' 2018-19 flu season had a "moderate severity," with activity increasing in November and peaking mid-February, according to the CDC. With a 21-week duration, it was the longest flu season in a decade.

The CDC recommends that almost everyone 6 months and older receive the flu vaccine every year.

[HTTPS://WWW.BECKERSHOSPITALREVIEW.COM/QUALITY/FLU-SEASON-MAY-BE-SEVERE-HEALTH-OFFICIALS-SAY.HTML?ORIGIN=QUALITY&UTM\\_SOURCE=QUALITY](https://www.beckershospitalreview.com/quality/flu-season-may-be-severe-health-officials-say.html?origin=quality&utm_source=quality)

## MEDICARE BILLING ERROR AFFECTS 411,000 SENIORS

AYLA ELLISON — BECKERSHOSPITALREVIEW.COM

About 411,000 seniors nationwide were double billed for their Medicare premiums in September due to a glitch in the system.

The "process error" affected people who have their Medicare Part B premiums deducted from their bank accounts through Medicare's Easy Pay System, according to the *San Francisco Chronicle*, which cited a statement from CMS.

Roughly 20 percent of the erroneous charges were returned by banks and financial institutions. CMS is working with the Treasury Department to credit other accounts as soon as possible, according to the *Cincinnati Enquirer*.

[HTTPS://WWW.BECKERSHOSPITALREVIEW.COM/FINANCE/MEDICARE-BILLING-ERROR-AFFECTS-411-000-SENIORS.HTML?OLY\\_ENC\\_ID=5689J4239456C9Z](https://www.beckershospitalreview.com/finance/medicare-billing-error-affects-411-000-seniors.html?oly_enc_id=5689J4239456C9Z)

## CARESOURCE TO TRANSITION FROM INSTAMED TO ECHO



Watch for updates from NCDS as we coordinate your EFT transition at the end of 2019. CareSource has chosen to migrate its EFT processing to ECHO Health.

Practice EHR Named Top 20 Most Popular EHR



Practice EHR Named In Capterra's Top 20 Most Popular for Electronic Medical Records Software

Practice EHR has been named a Top 20 electronic medical records (EMR) software product by Capterra, a free online service that helps organizations find the right software. "We are honored to be named to Capterra's Top 20 list," said Khurshid Mughal, CEO of Practice EHR. "It speaks volumes that our clients and customers value Practice EHR's products and services enough to take the time to analyze and submit reviews. We take great pride in producing the best solutions for our clients at a cost-effective price."

For more information on Practice EHR please visit their website at: [www.practiceehr.com](http://www.practiceehr.com)

## REFERRAL PROCESS GOING DIGITAL AS HEALTHCARE PROVIDERS LOOK TO STEM REVENUE LEAKAGE

JEFF LAGASSE — HEALTHCAREFINANCENEWS.COM

"Revenue leakage" -- healthcare providers cringe at the term, because it represents dollars that aren't coming into the system, but could be. Revenue cycle inefficiencies and poor communication around patient financial responsibility are factors that can cause revenue leakage, but it also occurs quite frequently in the area of referrals.

Most adults have been referred to a specialist by their provider at some point in their lives. But how many of them actually follow through and schedule an appointment? The statistics vary, of course, but the number is far short of 100%. And if a patient doesn't follow through with their referral, that's revenue that's lost to the specialist -- as well as a major speed bump on the patient's care journey.

Curtis Gattis, CEO and co-founder of health technology outfit LeadingReach, has noticed a trend that may be contributing to this: a referral system that still relies on paper documents and faxing. It's an outmoded system that often leaves the patient out of the process, and even leaves specialists themselves in the dark about which patients need to schedule an appointment.

Gattis sees culpability on both sides. Specialists and other providers are simply not incentivized financially to get a better handle on referrals; meanwhile, patient apathy can also be a factor, with some perhaps not understanding the importance of, say, a rheumatology appointment. Both patient and provider need to be held to better account in this scenario.

<https://www.healthcarefinancenews.com/news/what-amazon-berkshire-hathaway-jp-morgan-deal-means-payers>

# CMS' FINAL OUTPATIENT, PHYSICIAN PAYMENT RULES FOR 2020: 9 THINGS TO KNOW

AYLA ELLISON -- BECKERSHOSPITALREVIEW.COM

CMS released final rules Nov. 2, which include payment updates for outpatient and physician services and delay action on a proposed price transparency initiative. Here are nine takeaways:

Medicare Outpatient Prospective Payment System

1. Payment update. CMS is increasing OPSS rates by 2.6 percent in 2020 compared to 2019.
2. Site-neutral payments. CMS will finish phasing in a policy adopted in 2018 to make payments for clinic visits site-neutral by reducing the payment rate for hospital outpatient clinic visits provided at off-campus provider-based departments. These off-campus departments will be paid at a rate of 40 percent of the OPSS rate in 2020.

CMS moved forward with the cuts after a Washington, D.C., federal court ruled Sept. 17 that CMS overstepped its authority when it expanded the site-neutral pay policy. CMS said it is considering "whether to appeal from the final judgment."

**CMS.gov**

Centers for Medicare & Medicaid Services

Regarding the changes, AHA Executive Vice President Tom Nickels said: "The final rule's continued payment cuts for hospital outpatient clinic visits not only threatens access to care, especially in rural and other vulnerable communities, but it goes against clear congressional intent to protect the majority of clinic services." He continued, "Now that a federal court has sided with the AHA and found that these cuts exceed the Administration's authority, CMS should abandon further illegal cuts."

3. 340B program. CMS will continue its policy of paying hospitals 22.5 percent less than the average sales price for certain drugs purchased through the 340B program. The AHA, other hospital associations and several hospitals successfully challenged previous cuts to the 340B program in court.
4. Prior authorization. Beginning July 1, 2020, CMS will implement a prior authorization process for the following categories of hospital outpatient department services: blepharoplasty, botulinum toxin injections, panniculectomy, rhinoplasty and vein ablation.
5. Price transparency. CMS said it will issue a separate final rule regarding a proposal that hospitals disclose payer-specific negotiated rates. The proposal, issued in July, would require hospitals to publish payer-specific negotiated rates for 300 services consumers are likely to shop for, including 70 defined by CMS, in a searchable and consumer-friendly manner. Hospitals that fail to publish the prices could be fined up to \$300 a day.
6. Payment update. After applying the budget-neutrality adjustment required by law, the 2020 Physician Fee Schedule conversion factor is \$36.09, up from \$36.04 in 2019.
7. Evaluation and management coding and payment. The final rule sets separate payment rates for all five levels of coding for evaluation and management visits.
8. Medical record documentation. The final rule allows physicians, physician assistants, and advanced practice registered nurses to review and verify information in a patient's medical record that is entered by other clinicians, rather than re-entering the information.
9. Telehealth services. CMS will add a set of codes, which describe a bundled episode of care for treatment of opioid use disorders, to the list of telehealth services covered by Medicare.

For more information or to read the complete article please visit: [https://www.beckershospitalreview.com/finance/cms-final-outpatient-physician-payment-rules-for-2020-9-things-to-know.html?oly\\_enc\\_id=5689J4239456C9Z](https://www.beckershospitalreview.com/finance/cms-final-outpatient-physician-payment-rules-for-2020-9-things-to-know.html?oly_enc_id=5689J4239456C9Z)

# VOTERS SAY CONGRESS NEEDS TO CURB DRUG PRICES, BUT ARE LAWMAKERS LISTENING

JEFF LAGASSE -- HEALTHCAREFINANCENEWS.COM

House Democrats are poised to pass sweeping legislation to lower drug prices using strategies President Donald Trump has endorsed. A Trump aide urged the Republican-controlled Senate to vote on a different package curbing drug prices that was drafted by a senior Republican.

But at least right now, neither measure appears likely to attract enough bipartisan support to become law.

Nearly 8 in 10 Americans say the cost of prescription drugs is unreasonable, with voters from both parties agreeing that reducing the cost of prescription drugs should be one of Congress' top priorities, according to a poll last month by the Kaiser Family Foundation. With such broad and bipartisan support, why do the odds look grim for Congress to pass significant drug pricing legislation this year? Because whether it's sharing the credit for a legislative victory with the other party or running afoul of the powerful drugmaker lobby, neither Democrats nor Republicans are sure the benefits are worth the risks, according to several of those familiar with the debate on Capitol Hill.

Senate Majority Leader Mitch McConnell, who is a Republican and controls what legislation gets to the Senate floor, has said he will not allow a vote on the House Democrats' legislation. Among other things, the bill written by House Speaker Nancy Pelosi and other Democratic leaders would enable federal health officials to negotiate the prices of as many as 250 of the most costly drugs. Although Trump has endorsed that tactic, most Republican lawmakers oppose it because they are philosophically opposed to interfering with the market.

On Friday, Trump's chief domestic policy adviser, Joe Grogan, said any drug pricing legislation would need bipartisan support, saying of Pelosi's plan: "It is not going to pass in its current form." He said the White House supports the bipartisan package drafted by Sen. Chuck Grassley (R-Iowa), who chairs the Finance Committee, and the committee's top Democrat, Sen. Ron Wyden of Oregon.

But many Senate Republicans in particular are uncomfortable with one of the bill's key provisions: a requirement that drugmakers not raise their prices on drugs covered by Medicare faster than the rate of inflation. Asked whether the White House supports the inflation caps, Grogan said they were "not the administration's proposal, but they are the product of a bipartisan compromise, and they are the route to a bipartisan bill, in our opinion."

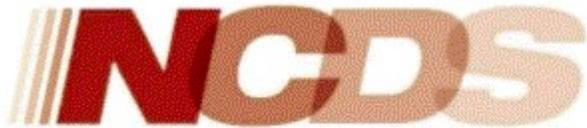
In a recent interview, Grassley spokesman Michael Zona dismissed the call from other Republicans to eliminate the provision. "There's no need," he said. "The bill passed with a bipartisan two-thirds majority in committee, and support's growing for the bill every week among Republicans." While the Senate Finance Committee did vote 19-9 in July to send the Grassley-Wyden bill to the full Senate for consideration, some Republicans who voted to advance it cautioned then that they may not ultimately vote for the bill.



<https://khn.org/news/voters-say-congress-needs-to-curb-drug-prices-but-are-lawmakers-listening/>

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