T-Bones Annual Conference 2020

The Good, The Bad and The Ugly: How COVID-19 Has Affected Our Revenue Cycle

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Today's Climate in Healthcare

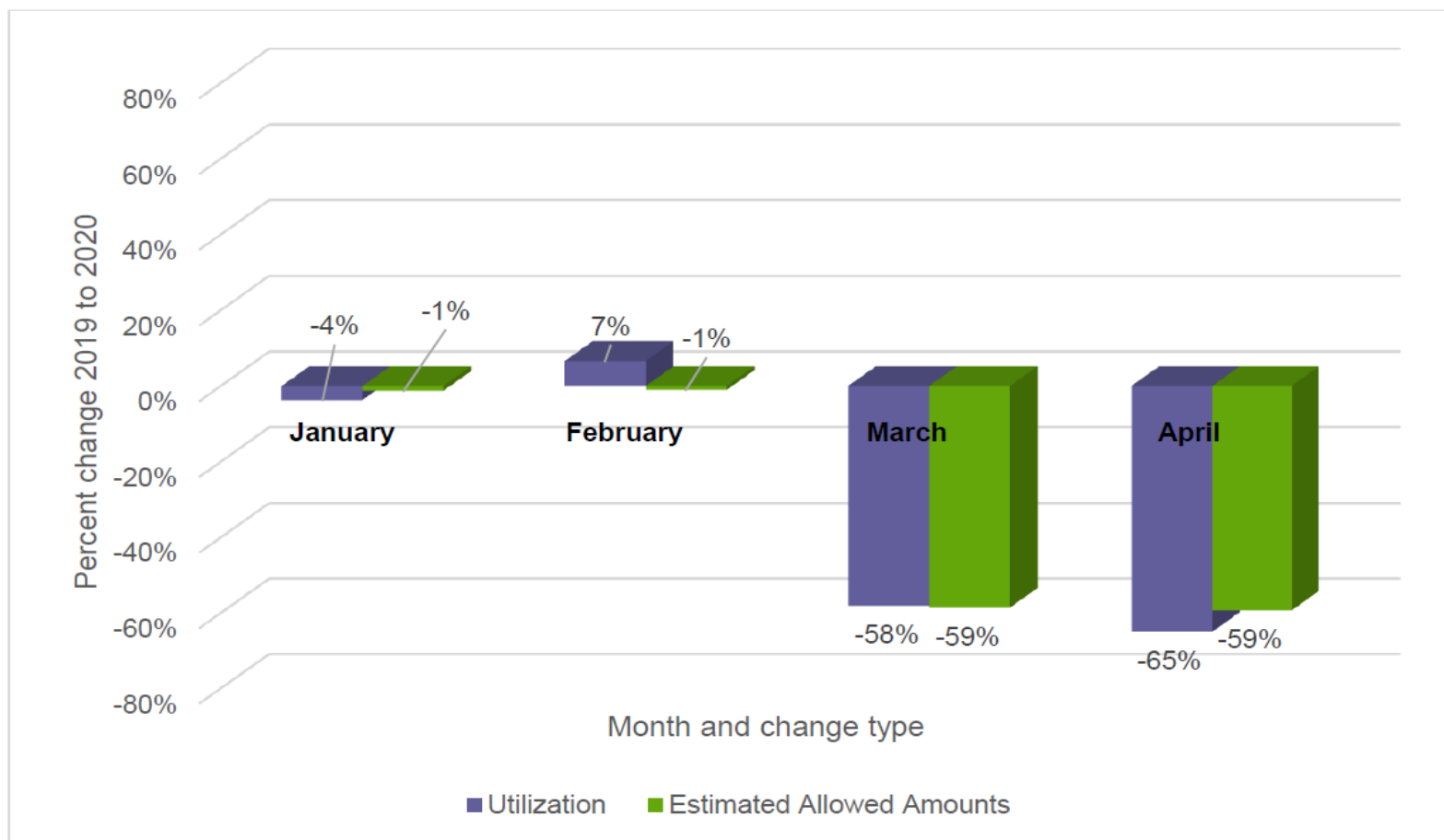Brittain-Kalish
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The Bad

Orthopedics

Figure 8. Monthly percent change in orthopedic utilization and revenue based on total estimated allowed amounts from CPI-adjusted 2019 to 2020, nationally

Fairview Health Study

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Top Five Orthopedic Procedures

Five most common orthopedic procedures **by utilization**, with rank number, January through April 2020

CPT Code	Description	January	February	March	April
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	1	1	1	1
99203	OFFICE OUTPATIENT NEW 30 MINUTES	2	2	2	3
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	3	3	3	2
20610	ARTHROCENTISIS ASPIRATION &/OR INJECTION MAJOR JOINT/BURSA W/O ULTRASOUND	4	4	4	4
99204	OFFICE OUTPATIENT NEW 45 MINUTES	5	5	5	8
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	12	10	10	5

Source: Fair Health: Healthcare Professionals and the Impact of COVID-19

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Five Orthopedic Procedures

Five most common orthopedic procedures by **total estimated allowed amounts** with rank number – January – April 2020

CPT Code	Description	January	February	March	April
27447	ARTHROPLASTY KNEE CONDYLE & PLATEAU MEDIAL/LATERAL COMPARTMENTS	1	2	5	24
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	2	1	1	1
27130	ARTHROPLASTY ACETABULAR/PROXIMAL FEMORAL PROSTHETIC AUTOGRAFT/ALLOGRAFT	3	3	6	16
99203	OFFICE OUTPATIENT NEW 30 MINUTES	4	4	2	2
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	5	5	3	3
20610	ARTHROCENTISIS ASPIRATION &/OR INJECTION MAJOR JOINT/BURSA W/O ULTRASOUND	6	6	4	4
99204	OFFICE OUTPATIENT NEW 45 MINUTES	9	9	8	5

Source: Fair Health: Healthcare Professionals and the Impact of COVID-19

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Telehealth / Telemedicine in Texas

PAYER	NEW PTS	EST PTS	Modifier	POS	Audio & Visual	Audio Only
AETNA	99202-99205	99212-99215	95	11*	X	Follow Medicare
BCBSTX	99202-99205	99212-99215	95	11*	X	Same as Audio/Visual
CIGNA	99202-99205	99212-99215	GQ	11	X	Same as Audio/Visual
HUMANA	99202-99205	99212-99215	95	11	X	Same as Audio/Visual
UHC	99202-99205	99212-99215	95	11*	X	Same as Audio/Visual
Medicare Part B	99202-99205	99212-99215	95	11	X	
	99441 98966**	99441 98966**	95	11		5-10 minutes, Audio only
	99442 98967**	99442 98967**	95	11		11-20 minutes, Audio only
	99443 98968**	99443 98968**	95	11		21-30 minutes, Audio only

Key Points – Medicare and COVID-19

- Loosened restrictions on types of devices and popular applications that allow for video chats can provide telehealth services
  - Yes: Apple Facetime, Facebook Messenger, Google Hangouts, Skype
  - No: Facebook Live, Twitch, TikTok
- Physicians are encouraged to notify patients of potential security risks
- The Office of Civil Rights (OCR) will use discretion in collecting penalties for "the good faith use of telehealth". HIPAA rules are loosened.

- Telehealth visits can be billed for any established patient in any location.
- Considered and paid the same as in-person visits
- To provide telehealth services from home, providers currently enrolled in Medicare must:
  - Update their profile by adding their home address which becomes the location where they are providing services
  - Have the group practice update their enrollment with the provider's home location. This is if the provider reassigns their benefits to that practice.
- How do you do that?
  - Access the toll-free hotlines for each Medicare Administrative Contractor (MAC)

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The Ugly

And Then……..

- Climbing unemployment rate
  - 26.5 million Americans claimed unemployment by the end of September
  - Individuals postponing non-emergency care from clinic visits to inability to pay
  - Federal reserve projections upwards of 7.3 million workers and their family members will become uninsured by the time the pandemic has run its course
- Medicaid enrollment grew by 2.3 million people at the beginning of the pandemic
- Growth in consumer financial responsibility – defining trend in recent years
  - That growth has outstripped both inflation and wage growth
  - Payment for health insurance deductibles increased by 229% over 7 times the 31% rate of increase in wages in the same time period (Kaiser Family Foundation)
- Lack of guidelines from CMS

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The Good

What Have We Changed?

In a recent **survey** conducted by KLAS and the Center for Connected Medicine, top health system leaders agreed that revenue cycle management is the area in healthcare that has the greatest need for innovation and disruption.

- Redefine relationships with patients and families communicate on a proactive basis through new digital technologies

- Reimagine care delivery

- Catapulted into telehealth/ telemedicine

- Caused more innovation in the revenue cycle

- Break down silos

- Industry shift to more patient driven care

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What Do We Do Now?

- Consider your patient a partner
- Optimize self-pay
    - Use digital tools
        - Use digital tools on the front-end
        - Price estimation
        - Assess propensity to pay
        - Use a flexible communication infrastructure
- A/R Management
    - Automate processes
        - Check patient eligibility
        - Online and mobile capabilities
    - New diagnosis and procedure codes result in denials
        - Leverage analytics tools to track staff productivity
        - Automatically route outstanding claims to specific queues – claim status and denial reasons

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Final Thoughts

- Proof Your Practice For a Second Wave

- Improve your Documentation

- Think Differently, Be Innovative

- Create a strategy to move forward and succeed

- Engage with Your Patients

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Thank You

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Your Speakers

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