Ryan White Funding and the Transition to Billing Insurance Companies

PRIMARY CARE DEVELOPMENT CORPORATION

Presenter

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Learning Objectives

- Why transition from Ryan White grant funding to Billable visits (Billing Insurance Companies)
- What do you need to know to maximize the transition to Billing Insurance Companies
- Who you need on your team
- Behind the scene billing roadblocks that are not talked about?

- Helpful Tips related to COVID-19 billing

Changes in HealthCare Financing

https://www.aidsunited.org/data/files/Site_18/NCIHC%20ASO%20Sustainability%20Brief.pdf

Rapidly changing policy; payer and political environment

Creating sustainable funding streams

Changes in HealthCare Financing

https://www.aidsunited.org/data/files/Site_18/NCIHC%20ASO%20Sustainability%20Brief.pdf

Engage an external facilitator to provide expertise, help guide the process, keep it on track, and provide a neutral voice is best practice.

In order to adapt to the health care finance changes, organizations must develop strategic restructuring and rethink if it is time to widen services to retain and attract patients

What you need to know before billing to Insurance Companies

Do's

- Hire the appropriate staff internal or external
- Invest in training all staff including senior managers in EHR/EMR
- Negotiate appropriate insurance contracts
- Invest in a credentialing department
- Creating a Federally Qualified Health Center (FQHC) or look-alike clinic
- Invest in training providers how to bill, maximize coding and understanding the revenue cycle

Don'ts

- Do not rush the process with developing a solid billing department
- Hire the talent needed to get the job done verses moving unqualified internal staff into positions.

Barriers to a Smooth Billing Transition

- All must be on the same page and understand why the transition is needed
- Not having the right leadership and change agents in place to manage the change can delay the process
- Staff and patients can also delay the transition if not communicated appropriately and timely
- Not planning financially for the transition can delay the billing set-up process (consider diversifying income)

Who is needed in the billing Department?

- Experienced managers that have billed in the past and understand how to manage people and processes
- Experienced/qualified billing staff who have billed in the specific specialty
- Coders are essential not optional in a billing department
- Cross training the entire team helps avoid burnout and boredom.

Behind the scene issues that are not talked about? SHHH!!!

- Is the provider choosing the appropriate code(s)?
- How often do the billers and providers meet to discuss provider behavior?
- Does the billing team waste time correcting the coding submitted by the provider?
- Does the organization invest in provider training?
- Does the organization send senior providers to conferences and seminars? Is the information from the conference shared with the providers seeing patients?

Setting up the appropriate Billing Processes and flows?

- Setting up the Billing Clearing House appropriately
- Invest in an eligibility team to ensure clients health insurance is active, switched or inactive.
- Training staff how to maximize and utilize the EMR and reporting system
- Train senior management how the revenue cycle works and not just reviewing the account receivables and monitoring cash flow.
- Ensure billing and Clinic staff are educated with all federal, state and city updates and processes

One of the biggest issues within Billing/Finance Departments are monthly billing reconciliations?

Helpful Tips

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Billing and Reimbursement

- Commonly Used Codes

BH
90791
90833
90834

PC
99213
99214
36415

Dental
D0274
D0120

Billing and Reimbursement during COVID19 (Cont.)

- Question: Has CMS implemented any changes to help RHCs and FQHCs respond to the serious public health threats posed by the spread of the 2019 novel coronavirus (COVID-19)?

- Answer: Yes. CMS has removed some regulatory requirements and added additional flexibilities to assist RHCs and FQHCs in furnishing services during the COVID-19 Public Health Emergency (PHE). These include a) Expansion of Virtual Communication Services for RHCs and FQHCs to include online digital evaluation and management services using patient portals; and b) Revision of Home Health Agency Shortage Area Requirement for Visiting Nursing Services Furnished by RHCs and FQHCs[1]

1. COVID-19 Interim Final Rule FAQs. Retrieved 4/16/2020. From https://www.cms.gov/files/document/covidfinal-ifc.pdf.

Billing and Reimbursement during COVID19 (Cont.)

- Question: When do these changes go into effect?
- Answer: These changes are in effect for the duration of the COVID-19 PHE and are not permanent.
- Question: Are these changes permanent?
- Answer: These changes are in effect for the duration of the PHE for the COVID-19 pandemic and are not permanent.
- Question: Do these changes apply to all RHCs and FQHCs?
- Answer: Yes. They apply to all RHCs (independent/freestanding and provider-based) and all FQHCs (including grandfathered tribal FQHCs). [1]

1. COVID-19 Interim Final Rule FAQs. Retrieved 4/16/2020. From https://www.cms.gov/files/document/covidfinal-ifc.pdf.

Billing and Reimbursement during COVID19 (Cont.)

- Question: What are "online digital evaluation and management services" in RHCs and FQHCs?
- Answer: Online digital evaluation and management services are non-face-to face, patient-initiated, digital communications using a patient portal, that require a clinical decision that otherwise typically would have been provided in the office. CMS has been paying separately under the physician fee schedule for these services since before the PHE and is expanding the same flexibilities to RHCs and FQHCs.[1]

1. COVID-19 Interim Final Rule FAQs. Retrieved 4/16/2020. From https://www.cms.gov/files/document/covidfinal-ifc.pdf.

Billing and Reimbursement during COVID19 (Cont.)

- Question: Are there specific codes that describe these services?
- Answer: Yes. The codes that have been added for RHCs and FQHCs are:
  - 99421 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
  - 99422 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
  - 99423 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.[1]

1. COVID-19 Interim Final Rule FAQs. Retrieved 4/16/2020. From https://www.cms.gov/files/document/covidfinal-ifc.pdf.

Billing and Reimbursement during COVID19 (Cont.)

- Question: How will Medicare pay RHCs and FQHCs for performing online digital evaluation and management services?
- Answer: The online digital assessment codes are being added to the codes that are billed using HCPCS code G0071, the RHC/FQHC specific code for Virtual Communication Services.
- Question: How can RHCs and FQHCs bill for online digital evaluation and management services?
- Answer: RHCs and FQHCs can bill for online digital evaluation and management services using the RHC/FQHC HCPCS code G0071. The payment for G0071 will be the PFS national non-facility payment rate for HCPCS code G2012 (communication technology-based services), HCPCS code G2010 (remote evaluation services), CPT 99421, CPT 99422, and CPT 99423. The new payment rate is $24.76. [1]

1. COVID-19 Interim Final Rule FAQs. Retrieved 4/16/2020. From https://www.cms.gov/files/document/covidfinal-ifc.pdf.

Billing and Reimbursement during COVID19 (Cont.)

- Question: Can virtual communication services be furnished to both new and established patients?
- Answer: Yes. Virtual communication services may be furnished to both new and established patients during the COVID-19 PHE.
- Question: Is beneficiary consent required?
- Answer: Yes, but during the PHE, it may be obtained at the same time the services are furnished. [1]

1. COVID-19 Interim Final Rule FAQs. Retrieved 4/16/2020. From https://www.cms.gov/files/document/covidfinal-ifc.pdf.

Billing and Reimbursement during COVID19 (Cont.)

- Question: Is there a change in how "homebound" is determined?

- Answer: No. During the PHE, as previously, a patient would be considered "homebound" if it is medically contraindicated for the patient to leave the home. The patient's medical records must document leaving the home is medically contraindicated. For example, a beneficiary could be considered "homebound" if: (1) a physician has determined that it is medically contraindicated for a beneficiary to leave the home because he or she has a confirmed or suspected diagnosis of COVID-19; or (2) where a physician has determined that it is medically contraindicated for a beneficiary to leave the home because the patient has a condition that may make the patient more susceptible to contracting COVID-19. [1]

1. COVID-19 Interim Final Rule FAQs. Retrieved 4/16/2020. From https://www.cms.gov/files/document/covidfinal-ifc.pdf.

Questions?

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