AAHAM Payor Panel Transcript – 6/16/22

Panelists:
Kristin Goff, CRCE, CRCR, Patient Access Director, OSF Healthcare System
Melissa Cox, Senior Revenue Management Leader, Trinity Health
Christina Hertzberg, EMR Manager Reve. Cycle, Riverside Healthcare
Julie Duke, MJ, MA, RHIA, Chief Rev. Cycle Officer, Blessing Health System
Cheryl Johnson, BS Director of Patient Financial Services, Blessing Health System
Jill Stroot, CRCS, MRA, Director of Patient Access, Blessing Health System
Rena Willey, CRCE, CRHCP, Director of Rev. Cycle, Memorial Hospital
Megan Weaver, Business Officer Director, Mason District Hospital
Tanya Kisler, Chief Compliance Officer, Magnet Solutions
Liz Serie, Senior Director, Product Manager, Experian
Riley Matthews, Experian

Moderator: *Marcus Morrow*, Litigation Attorney, SAC / Legal Counsel, AAHAM Illinois

1. How are providers implementing cross-functional implementation teams for NSA Compliance?

Responses:

OSF Healthcare System (OSF) – OSF's HB and PB divisions are separate; the two divisions have come together to collaborate to ensure employees are aware of the new law). OSF has had to develop a system to ensure the estimates are being processed and generated in a timely fashion.

Memorial – Following in Unity[Point Health]'s footsteps with regard to processing the estimates and notifying the patients within the required time frame; Memorial has rolled out implementation on the hospital side of things first and has conducted training among the clinical employees. As a smaller hospital, Memorial is very grateful to have the help of larger entity available.

2. What tips or tools are you using to update your billing and notification processes to refrain from billing patients prior to whether balance billing protections apply? What are your notice and consent policies?

Responses:

OSF – Non-contract payor claims are automatically classified as underpayment initially. If a patient is provided an estimate ahead of time and the amount is less than $400, they bill the patient.

Trinity Health (Trinity) – "We're using an initial underpayment activity process like OSF."

Riverside Healthcare (Riverside) – Riverside has a long-standing policy requiring that medical groups be in-network.

Blessing Health System (BHS) – BHS is working with vendors to identify the applicable patients upfront (i.e. if they are uninsured), and refraining from doing out-of-network billing.

Memorial – If a patient is covered by a plan that Memorial doesn't contract with, Memorial asks that the patient use Medicare/Medicaid or use a different facility (with exception, of course, for emergency services). Memorial's policy is to notify each patient when they come in.

Mason District Hosp. (Mason) – Mason utilized two different systems (clinical staff is dealing with a more manual process of having to flag the patient status upfront and then the hospital side is working on the other end to process the claim and estimates). Mason is working with a high Medicare/Medicaid population relative to other hospitals and a relatively small percentage of non-insured patients.

3. Do you have agreement between your facilities and provider groups to ensure that disclosure notices are going out from both groups? How are you accomplishing this? Any pushback?

Responses:

OSF – All of OSF's self-pay patients are being processed by a financial clearance team to double-check on coverage before providing estimates.

Memorial – Memorial has experienced some pushback from out-of-network patients when notified of Memorial's policies.

Mason – "No pushback yet."

4. What impacts to your budgets have you seen to implement NSA?

Responses:

OSF – "We've added a couple of FTEs (full time employees)."

Riverside – Riverside was already adding FTEs to create a financial clearance team, but not directly because of NSA; their new FTEs merely coincided with the NSA.

BHS – BHS has not yet added FTEs, but is evaluating the situation and expects to add additional FTEs at some point in the future because of the added workload.

5. Do you intend to use the presumption of the qualifying payment amount as the presumptive OON rate in the federal Independent Dispute Resolution (IDR) process or some other rate? If another rate, what is it based on? Do you intend to comply with the IDR process?

Responses:

Trinity – Trinity has been looking at one particular payor who is paying, but it has been difficult to understand what rate at which they are paying.

Riverside – Riverside has had only one IDR case so far in a claim for which there was no payment; Riverside only just informed the out-of-network payor of the process (not sure what rate will be used).

Memorial – Memorial hasn't gotten there yet, but will probably address the rates to be used on case-by-case basis.

6. What tools are you using to provide Good Faith Estimates?

Responses:

OSF – OSF's estimates are all built within EPIC. OSF enters in a description of the service, inputs the location, inputs the class (i.e. inpatient; outpatient; etc.), inputs the department in which the services were provided, inputs the provider, applies the discount, and the system generates the letter that gets reviewed before being sent to the patient.

Riverside – Riverside is doing almost the same thing as OSF; if the estimate doesn't get generated initially, the system reminds Riverside of the deadline so it can prioritize and manually generate if necessary.

7. Do you have any tips for complying with the updated provider directory requirements?

Responses:

Magnet Solutions (Magnet) – Magnet is assisting clients where they need help developing automated system to generate/issue the estimate statements and later make sure a bill isn't going out that is in violation of NSA.

Experian – Experian's clients are also trying to use automated systems to ensure estimates get generated right away so they can be presented to the patient in a timely fashion.

8. How prepared is your system for the NSA requirements that will become effective 01/01/2023?

Responses:

Memorial – The greatest challenge to being prepared for January 2023 is overcoming the difficulty in figuring out what outside/external providers are charging for purposes of including them in the estimates within the required period.

9. What areas are you struggling to comply with and why?

Responses:

Riverside – "In keeping with what Rena said, the biggest challenge is definitely figuring out what outside/external providers are charging. It's not a figure we have traditionally had at the ready so early in the process."

BHS – BHS does a lot of the billing for many of their external provider partners and has been working with the others to make sure they have those charges available. The NSA is driving staffing concerns for BHS; the 3-day requirement to provide the estimate is creating a strain.

Memorial – The biggest struggle is staff turnover and the education of new staff across 7 clinics (i.e. particularly registration staff).

Mason – "[The best thing to do would be to] get rid of it (panelist laughter). We are currently having to utilize manual efforts to process the uninsured patients; fortunately, they comprise a small percentage of the patient population they handle."

10. If you could change one aspect of the NSA, what would you change? Why?

Responses:

Riverside – "The hang-up for hospitals is having to provide estimated charges for external providers; this is harder to operationalize."

BHS – "The external provider aspect is a huge burden. The turnaround time on the estimates is tight and difficult to operate within."

11. Questions/Comments from Panelists:

Magnet – Even larger clients are having turnover issues – it's a major and unprecedented issue right now. Any way to frame the passing of knowledge from one staffer to another in as seamless a process as is possible is highly recommended.

BHS – "What medium are you using to transmit estimates?"

Riverside – Mails them
Memorial – Mails them
Mason – Mails them