Getting Paid in 2022:

What Practices Need to Know

February 25, 2022

Elizabeth Woodcock DrPH, MBA, FACMPE, CPC

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Elizabeth W. Woodcock DrPH, MBA, FACMPE, CPC

Speaker, Author, Trainer

www.elizabethwoodcock.com

- DrPH, Bloomberg School of Public Health, Johns Hopkins University
- MBA, Wharton School of Business, University of Pennsylvania
- BA, Duke University
- Fellow, American College of Medical Practice Executives
- Certified Professional Coder
- Author, 17 textbooks and more than 500 Articles
- Founder and Principal, Woodcock & Associates
- Founder and Executive Director, Patient Access Collaborative
- Adjunct Assistant Professor, Rollins School of Public Health, Emory University
- Former Consultant, Medical Group Management Association; Group Practice Services Administrator, University of Virginia Health Services Foundation; Former Senior Associate, Health Care Advisory Board

Agenda

- Telemedicine
- Medicare Reimbursement
- Sequestration
- Advanced Practice Providers
- No Surprises Act
- Quality Payment Program
- CPT 2022
- New Competitive Landscape
- Patient Financial Accountability
- Conclusion

Resources

Telemedicine

Renewal of Determination That A Public Health Emergency Exists

As a result of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic, on this date and after consultation with public health officials as necessary, I, Xavier Becerra, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby renew, effective January 16, 2022, the January 31, 2020, determination by former Secretary Alex M. Azar II, that he previously renewed on April 21, 2020, July 23, 2020, October 2, 2020, and January 7, 2021, and that I renewed on April 15, 2021, July 20, 2021, and October 18, 2021 that a public health emergency exists and has existed since January 27, 2020, nationwide.

January 14, 2022

https://go.cms.gov/3rqc548

List of Telehealth Services

List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

List of Telehealth Services for Calendar Year 2022 (ZIP) - Updated 01/05/2022

Telemedicine

99217	Observation care discharge	Available up Through December 31, 2023
99218	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99219	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99220	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic
99221	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic
99222	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic
99223	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic
99224	Subsequent observation care	Available up Through December 31, 2023
99225	Subsequent observation care	Available up Through December 31, 2023
99226	Subsequent observation care	Available up Through December 31, 2023

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Telemedicine

"After the PHE ends, Medicare should return to paying the fee schedule's facility rate for telehealth services and collect data on the cost of providing these services. In addition, providers should not be allowed to reduce or waive cost sharing for telehealth services after the PHE. CMS should also implement other safeguards to protect the Medicare program and its beneficiaries from unnecessary spending and potential fraud related to telehealth, including: • applying additional scrutiny to outlier clinicians who bill many more telehealth services per beneficiary than other clinicians; • requiring clinicians to provide an in-person, face-to-face visit before they order high-cost durable medical equipment or high-cost clinical laboratory tests; and • prohibiting "incident to" billing for telehealth services provided by any clinician who can bill Medicare directly."

Telehealth in Medicare after the coronavirus public health emergency

March 2021

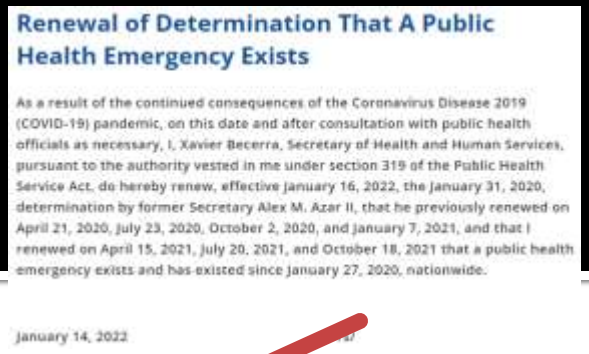
MEDPAC Medicare Payment Advisory Commission

REPORT TO THE CONGRESS

Medicare Payment Policy

GO TO https://www.medpac.gov/document-type/report/

Telemedicine



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January 14, 2022

- Location
- Device
- Services
- Provider
- Payment
- Relationship
- Privacy
- Rx

...however, the states are also involved.

Telemedicine

Medicare Reimbursement

$34.8931 to $34.6062

Medicare Conversion Factor

Used in the payment formula for Medicare reimbursement

Medicare Reimbursement

The payment cut was supposed to be ~ 10%

S.610 - Protecting Medicare and American Farmers from Sequester Cuts Act

117th Congress (2021-2022) | Get alerts

LAW Hide Overview ✕

Sponsor:	Sen. Kaine, Tim [D-VA] (Introduced 03/04/2021)
Committees:	Senate - Health, Education, Labor, and Pensions
Committee Meetings:	05/25/21 10:00AM
Latest Action:	12/10/2021 Became Public Law No: 117-71. (TXT | PDF) (All Actions)
Roll Call Votes:	There have been 3 roll call votes

Tracker:

Introduced > Passed Senate > Passed House > Resolving Differences > To President > **Became Law**

Medicare Reimbursement

Cuts	Phase 1 (Q12022)	Phase 2 (Q22022)	Phase 3 (Q32022)
MCR Physician Conversion Factor Reduction	-0.82%	-0.82%	-0.82%
MCR Sequestration (2% on Payments)	0%	-1%	-2%
PAYGO Sequestration	0%	0%	0%
TOTAL	**-0.82%**	**-1.82%**	**-2.82%**

Notes: MCR Sequestration is applied to the payment, not the allowable. It has been in place since 2011 and is scheduled through 2025. Physicians were relieved of the cut during the pandemic. It is now scheduled to be re-imposed through a phased-in approach, noting that it will rise to 3% in 2030.
The MCR Physician Conversion Factor was expected to be -3.75%; the PAYGO Sequestration was expected to be an additional -4%. These were reversed by the "Protecting Medicare and American Farmers from Sequester Cuts Act," signed into law on December 10, 2021.

Medicare Reimbursement

Diagnostic Testing Facilities
+6%

Interventional Radiology
Vascular Surgery
-5%

TABLE 136: CY 2022 PFS Estimated Impact on Total Allowed Charges by Specialty

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Allergy/Immunology	$213	0%	0%	0%	0%
Anesthesiology	$1,626	0%	1%	0%	1%
Audiologist	$56	0%	0%	0%	0%
Cardiac Surgery	$197	0%	-1%	0%	0%
Cardiology	$5,926	0%	-1%	0%	-1%
Chiropractic	$600	0%	0%	0%	0%
Clinical Psychologist	$791	0%	0%	0%	0%
Clinical Social Worker	$849	0%	0%	0%	0%
Colon and Rectal Surgery	$140	0%	0%	0%	0%
Critical Care	$353	0%	0%	0%	0%
Dermatology	$3,336	0%	0%	0%	1%
Diagnostic Testing Facility	$664	0%	6%	0%	6%
Emergency Medicine	$2,445	0%	0%	0%	0%
Endocrinology	$489	0%	0%	0%	0%
Family Practice	$5,557	0%	0%	0%	1%
Gastroenterology	$1,428	0%	0%	0%	0%
General Practice	$361	0%	0%	0%	1%
General Surgery	$1,688	0%	0%	0%	0%
Geriatrics	$170	0%	1%	0%	1%
Hand Surgery	$214	0%	1%	0%	1%
Hematology/Oncology	$1,679	0%	-1%	0%	-1%
Independent Laboratory	$537	0%	0%	0%	0%
Infectious Disease	$620	0%	0%	0%	0%
Internal Medicine	$9,618	0%	0%	0%	0%
Interventional Pain Mgmt	$865	0%	2%	0%	1%
Interventional Radiology	$465	0%	-5%	0%	-5%
Multispecialty Clinic/Other Phys	$133	0%	0%	0%	0%
Nephrology	$2,231	0%	0%	0%	0%
Neurology	$1,313	0%	0%	0%	0%
Neurosurgery	$687	0%	0%	0%	0%
Nuclear Medicine	$48	0%	-1%	0%	-1%
Nurse Anes / Anes Asst	$1,036	0%	1%	0%	0%
Nurse Practitioner	$5,130	0%	0%	0%	0%
Obstetrics/Gynecology	$541	0%	0%	0%	0%
Ophthalmology	$4,218	0%	0%	0%	0%
Optometry	$1,075	0%	0%	0%	0%
Oral/Maxillofacial Surgery	$70	0%	-1%	0%	-1%
Orthopedic Surgery	$3,167	0%	0%	0%	0%
Other	$52	0%	0%	0%	0%
Otolarngology	$1,003	0%	0%	0%	0%
Pathology	$1,030	0%	0%	0%	0%
Pediatrics	$54	0%	0%	0%	0%
Physical Medicine	$999	0%	0%	0%	0%
Physical/Occupational Therapy	$3,850	0%	-1%	0%	-1%
Physician Assistant	$2,723	0%	0%	0%	0%
Plastic Surgery	$311	0%	0%	0%	1%
Podiatry	$1,797	0%	1%	0%	1%
Portable X-Ray Supplier	$83	0%	2%	0%	2%
Psychiatry	$1,015	0%	0%	0%	0%
Pulmonary Disease	$1,424	0%	0%	0%	0%
Radiation Oncology and Radiation Therapy Centers	$1,605	0%	-1%	0%	-1%

Source: https://bit.ly/3tHukVK

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Radiology	$4,257	0%	-1%	0%	-1%
Rheumatology	$523	0%	0%	0%	-1%
Thoracic Surgery	$293	0%	-1%	0%	-1%
Urology	$1,623	0%	0%	0%	1%
Vascular Surgery	$1,107	0%	-5%	0%	-5%
Total	$84,285	0%	0%	0%	0%

* Column F may not equal the sum of columns C, D, and E due to rounding.

Source: https://bit.ly/3tHukVK

Medicare Reimbursement

Physician Fee Schedule Look-Up Tool

Flu Shots

Get information on payment, coverage, billing, & coding for the 2021-2022 season.

Repayment of COVID-19 Accelerated and Advance Payments Began on March 30, 2021

CMS issued information on COVID-19 Accelerated and Advance Payments. If you requested these payments, learn how and when we'll recoup them.

To start your search, go to the Medicare Physician Fee Schedule Look-up Tool.

https://go.cms.gov/3fE3sOa

This free, easy-to-use tool will give you the 2022 rate for any CPT code for Medicare for your location

Medicare Reimbursement

GO TO https://go.cms.gov/3nEukSs

Sequestration

CO104 Managed Care Withholding

United Healthcare

2025

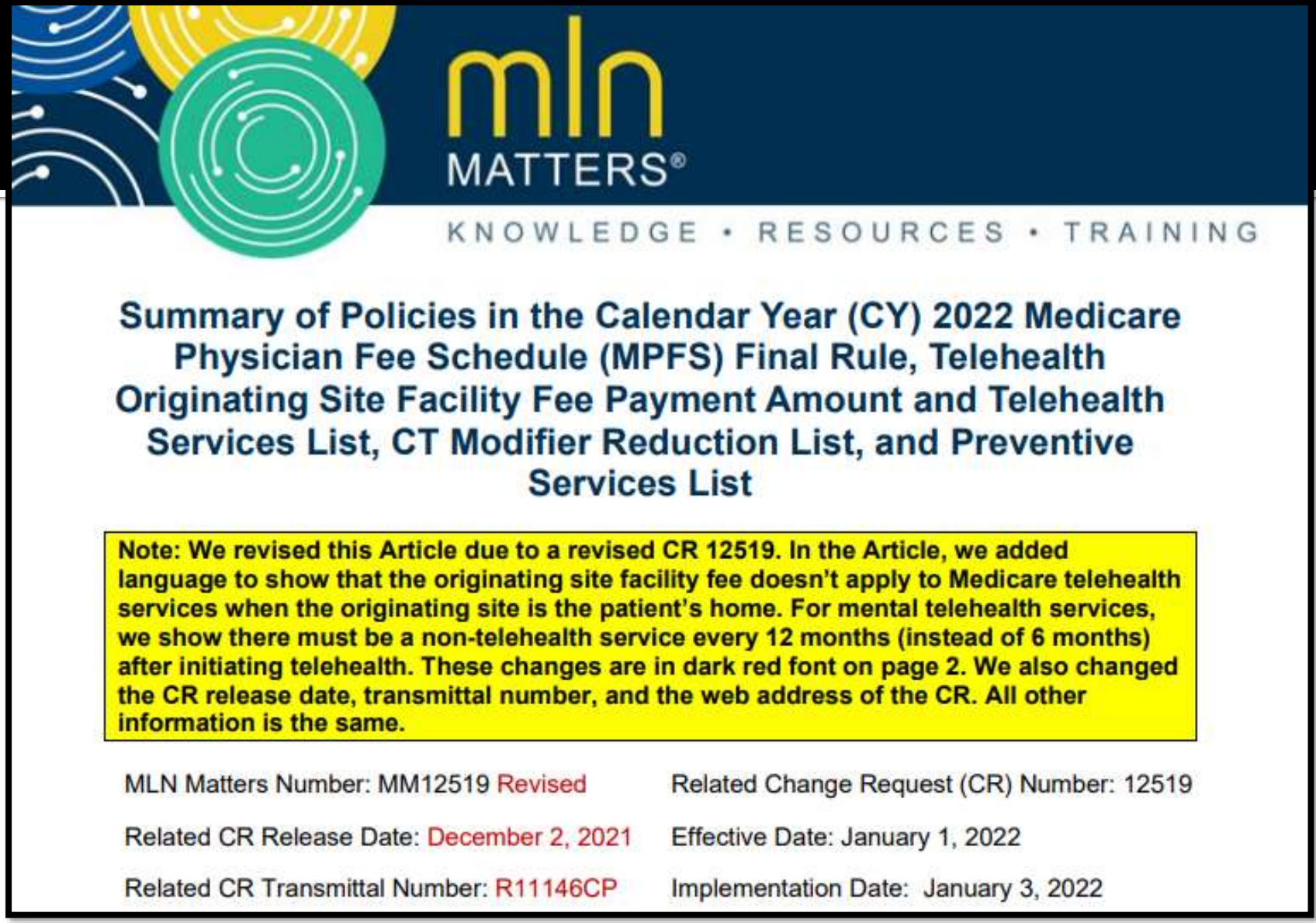
2030

2%

CARC CO253

Adjustment code for mandated Federal, State or Local law/regulation

CARC=Claim adjustment reason code



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Advanced Practice Providers

Billing for Physician Assistant (PA) Services

For CY 2022, we're implementing policy to make direct payment to PAs for their provider services instead of requiring that only a PA's employer or independent contractor must bill for PA services. Effective January 1, 2022, program payment for PA services is 85% of what we pay a physician under the MPFS. We can make payment directly to a PA who bills the program for their services. This change under the PA statutory benefit category now provides PAs with the option to:

- Reassign payment for their services
- Incorporate with other PAs and bill the program for PA services

GO TO https://go.cms.gov/3Af8E4j

Advanced Practice Providers

TABLE 4–4

Total encounters per beneficiary increased but mix of clinicians furnishing them changed from 2014 to 2019

Specialty category	Encounters per beneficiary			Percent change in encounters per beneficiary	
	2014	2018	2019	Average annual (2014–2018)	2018–2019
Total (all clinicians)	20.8	21.7	22.2	1.1%	2.1%
Primary care physicians	3.9	3.6	3.5	–2.4	–2.3
Specialists	12.6	12.7	12.9	0.3	1.1
APRNs/PAs	1.4	2.2	2.5	11.6	10.9
Other practitioners	2.9	3.3	3.4	2.8	4.9

Note: APRN (advanced practice registered nurse), PA (physician assistant). We define "encounters" as unique combinations of beneficiary identification numbers, claim identification numbers (for paid claims), and national provider identifiers of the clinicians who billed for the service. Numbers do not account for "incident to" billing, meaning, for example, that encounters with APRNs/PAs that are billed under Medicare's "incident to" rules are included in the physician totals. We use the number of fee-for-service Medicare beneficiaries enrolled in Part B to define encounters per beneficiary. Components may not sum to totals due to rounding, and percent change columns were calculated on unrounded data.

Source: MedPAC analysis of Medicare claims data for 100 percent of beneficiaries and 2020 annual report of the Boards of Trustees of the Medicare trust funds.

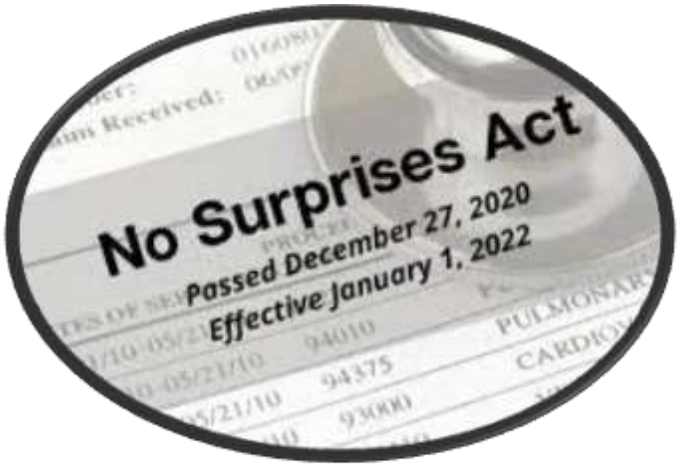
https://bit.ly/34VsTIM

Advanced Practice Providers

- Split/Shared Services
  - By 2023, the practitioner who provides the substantive portion of the visit (more than half of the total time spent) will bill for the visit. For 2022, the substantive portion can be history, physical exam, MDM, or more than half of the total time (except for critical care, which must be more than half of the total time)
  - New modifier: FS

Source: 2022 Medicare Physician Fee Schedule Final Rule

No Surprises Act



Broad-reaching in terms of WHO must comply – and for which patients; consider erring on the side of caution

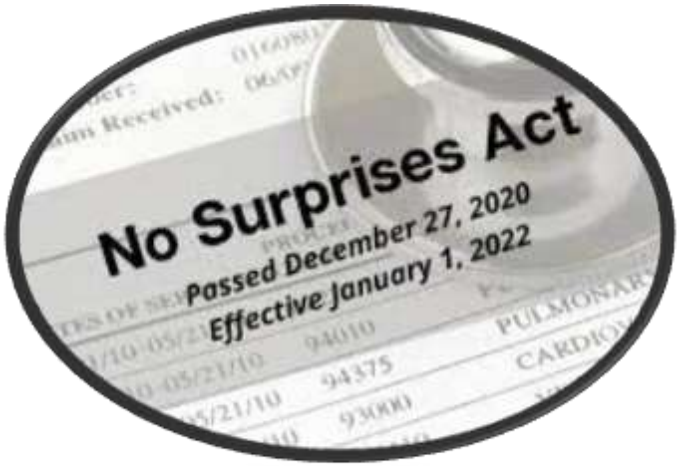
You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost

Under the law, health care providers need to give **patients who don't have insurance or who are not using insurance** an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call [INSERT PHONE NUMBER].

No Surprises Act



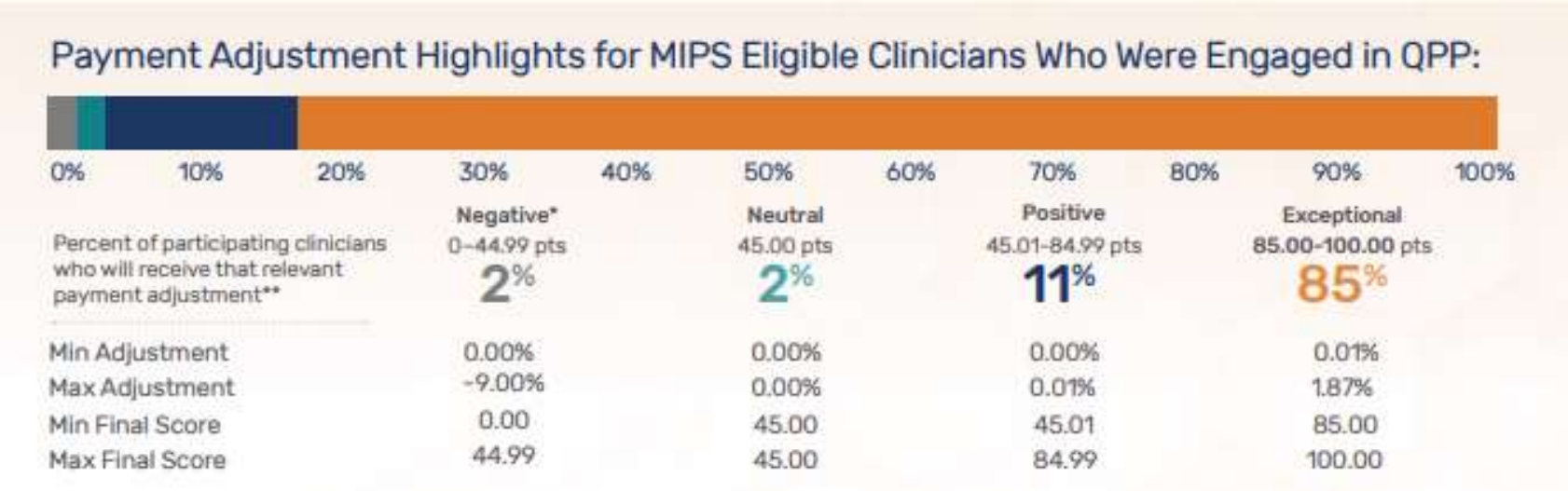
- CMS-1791 - Appendix-HHS PPDR Data Elements for Patients and Providers_v2
- CMS-10791 - Appendix-HHS Good Faith Estimate Data Elements
- CMS-10791 - Appendix-SDRE Confirmation of Receipt of Settlement Notice
- CMS-10791 - Good Faith Estimate Template Notice
- CMS-10791 - PPDR Dispute Initiation Form Notice
- CMS-10791 - Right to Receive a Good Faith Estimate of Expected Charges Notice
- CMS-10791 - Appendix 13 Request for Extension Notice
- CMS-10791 - Appendix-HHS Vendor Management (VM) Data Elements
- CMS-10791 - Appendix-SDR Entity Certification Data Elements
- CMS-10791- PPDR-Payment Settlement Form Notice
- CMS-10791 - PPDR-SDRE Selection Notice
- CMS-10791 - SDRE Declining Eligibility or Need More Information Notice
- CMS-10791 - Supporting Statement
- CMS-10791- PPDR-SDRE Determination Notice

https://go.cms.gov/3AggIlv

Quality Payment Program

- **Performance Year (PY) 2020**
- **Performance Year (PY) 2021**
- **Performance Year (PY) 2022**

Quality Payment Program



https://bit.ly/360ldFN

Quality Payment Program

There are two exception applications available to clinicians in PY2021:

- The Extreme and Uncontrollable Circumstances Exception application allows you to request reweighting for any or all performance categories if you encounter an extreme and uncontrollable circumstance or public health emergency, such as COVID-19, that is outside of your control.

- The MIPS Promoting Interoperability Performance Category Hardship Exception application allows you to request reweighting specifically for the Promoting Interoperability performance category if you qualify for one of the reasons identified below.

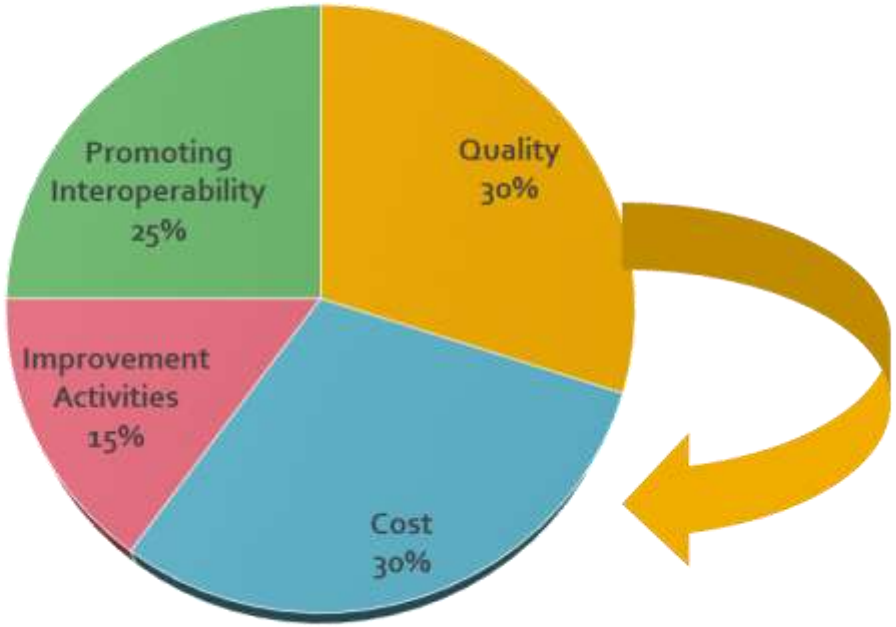
You'll be notified by email if your request was approved or denied. You can also check the status of your application by signing into QPP. If approved, this will also be added to your eligibility profile in the QPP Participation Status Tool on a rolling basis. If your application is approved at the end of the performance year, it may not appear in the lookup tool until the submission window is open in 2022.

January 3, 2022. Submission Window Opens for PY 2021; Closes March 31, 2022

Quality Payment Program

PY2022

- Added two professionals to eligibility: clinical social workers and certified nurse midwives
- Increased the performance threshold to **75 points**
- Changed the weighting of categories…



Quality Payment Program

PY2022

- Increased the ‘exceptional’ performance threshold to **89 points**

…of funding

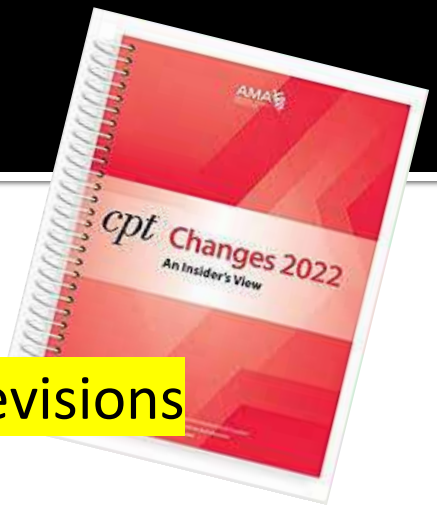
1.79% represents the maximum positive adjustment (bonus) for those who scored 100% in PY2019 – with pay out in 2021. 1.87% was in PY2020 – with pay out in 2022.

Quality Payment Program

What is the Business Case?

How much does trying to get a perfect score cost me?

CPT 2022



249 new codes, 63 deletions, and 93 revisions

- 24 vaccine-specific codes
- 99491 (Chronic care management services) rewritten; addition of 99437, which is "each additional 30 minutes… per month."
- 98975-7; 98980-1: Remote therapeutic monitoring services (e.g., musculoskeletal system status, respiratory system status, therapy adherence, therapy response)
- 99211 description changed; dropped minutes and reference to "minimal" presenting problems
- New "appendix" -- taxonomy for digital medicine services

CPT 2022

Remote Patient Monitoring

- 99453: Initial enrollment
- 99454: Device monthly
- 99457: Initial 20 minutes of monitoring by clinical staff
- 99458: Additional 20 minutes of RPM time allowing general supervision

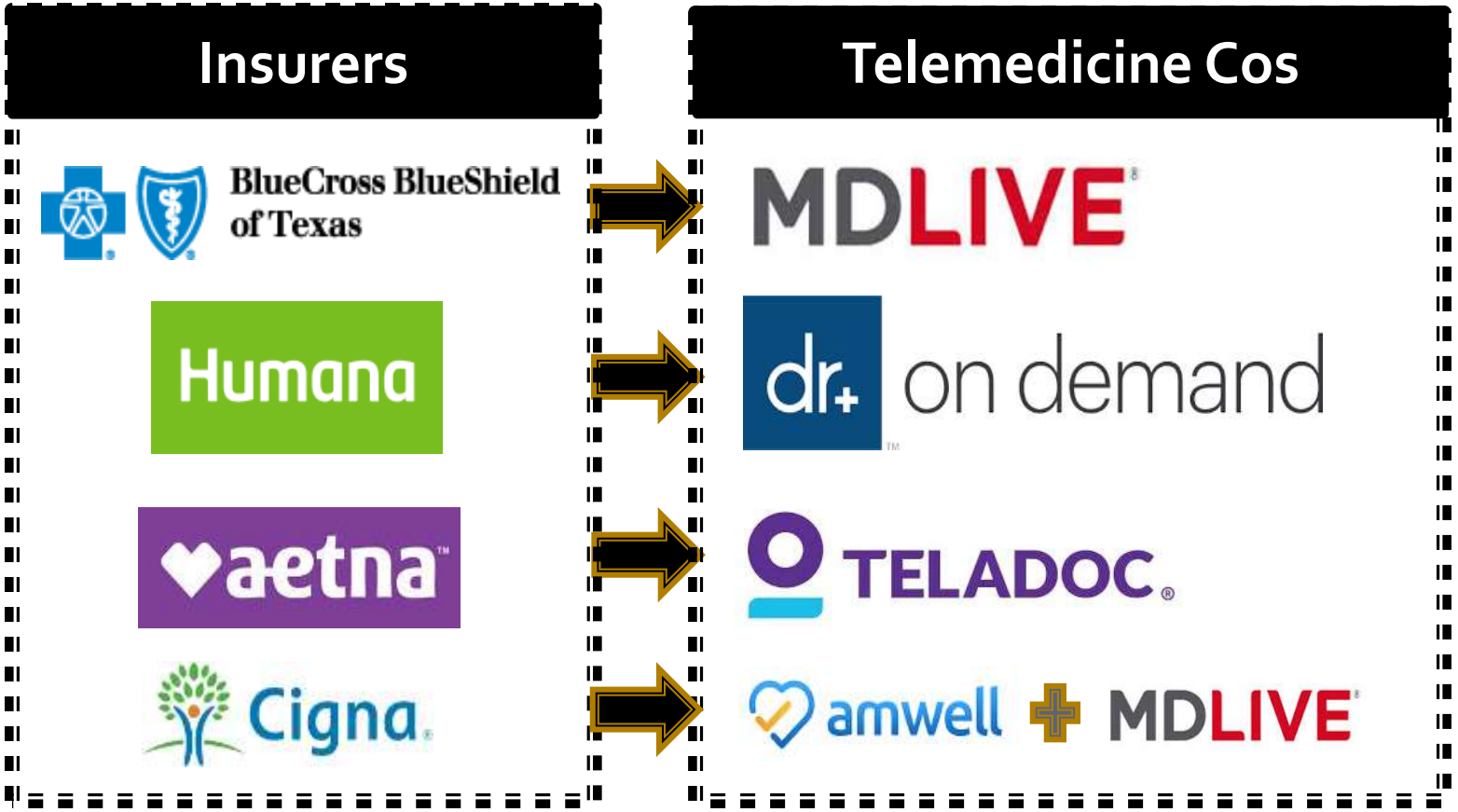
CPT 2022

"[P]ermit a single consent to be obtained for multiple communication technology-based services (CTBS) or interprofessional consultation services…"

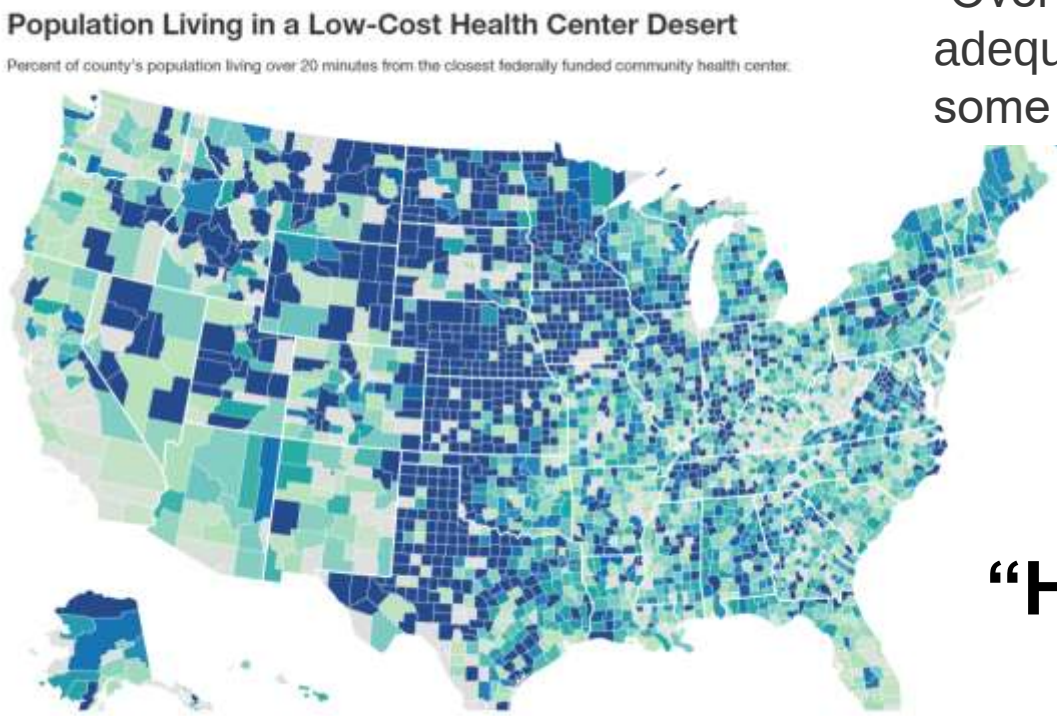
Source: 2020 Final Rule for the Medicare Physician Fee Schedule (published on November 1, 2019 in the Federal Register)

New Competitive Landscape

New Competitive Landscape



New Competitive Landscape



"Over 80 percent of the country lacks adequate healthcare infrastructure in some shape or form…"

-GoodRx Research

"Healthcare Deserts"

https://bit.ly/35ZSfG4

New Competitive Landscape

BEST BUY Health

greatcall.

Strong management team with expertise in serving seniors and caregivers	Industry-leading remote-monitoring platform with peer-reviewed savings	Fast-growing, recurring revenue business

2006 Founded	$300M+ Annual revenue	~1M Seniors
1,200 Employees	3* Caring Centers	

CST

Provides everyday support and solutions to seniors for no charge, paid for by insurance companies
Roughly 100K seniors served on behalf of leading insurers, providers and senior living facilities
Select large insurers have added CST services as a standard benefit with their insurance plans

BioSensics

Builds predictive health solutions for seniors, e.g., fall risk estimation
Acqui-hired Boston-based team of data scientists and engineers
Also acquired platform, algorithms and IP for predictive monitoring

BEST BUY *Third caring center opens later this year in San Antonio

current health

New Competitive Landscape

- Relationships between the payers and employers mean they're in driver seat *(e.g., telemedicine is free, while patient charged a copay to see you)*
- Big money is involved
- Changes traditional paradigm of referrals for care

Patient Financial Accountability

The market has changed – so you must align your processes accordingly

Patient Financial Accountability

…the average person **changes jobs** ten to fifteen times…during his or her career.

- Bureau of Labor Statistics January 2018

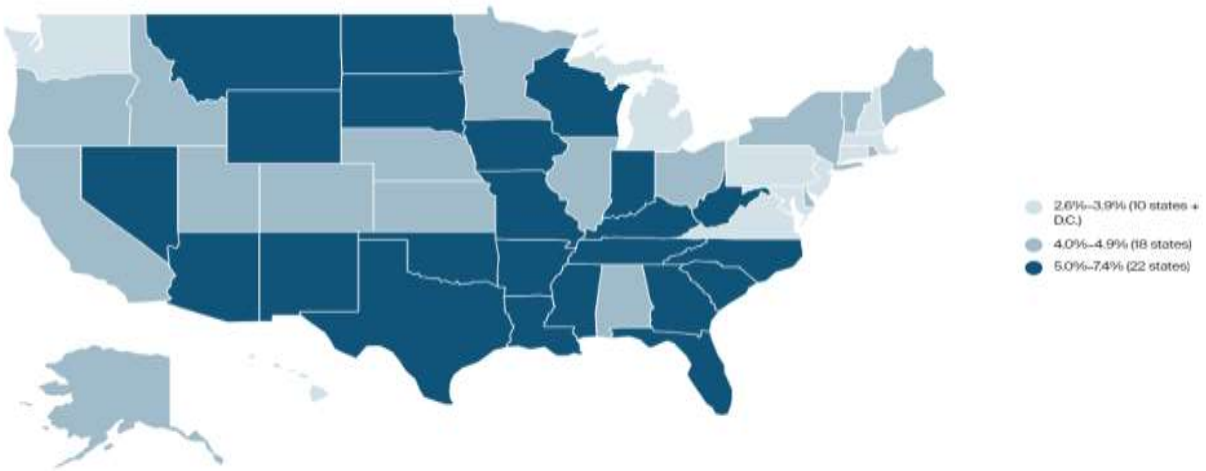
Minimum of…

Of the patients you see today will have changed insurance – and all of your new patients will obviously have new insurance too!

Patient Financial Accountability

Average deductibles amounted to 5 percent or more of median income in 22 states.

Average deductible as percent of median state income



Note: Single and family deductibles are weighted for the distribution of single-person and family households in the state.

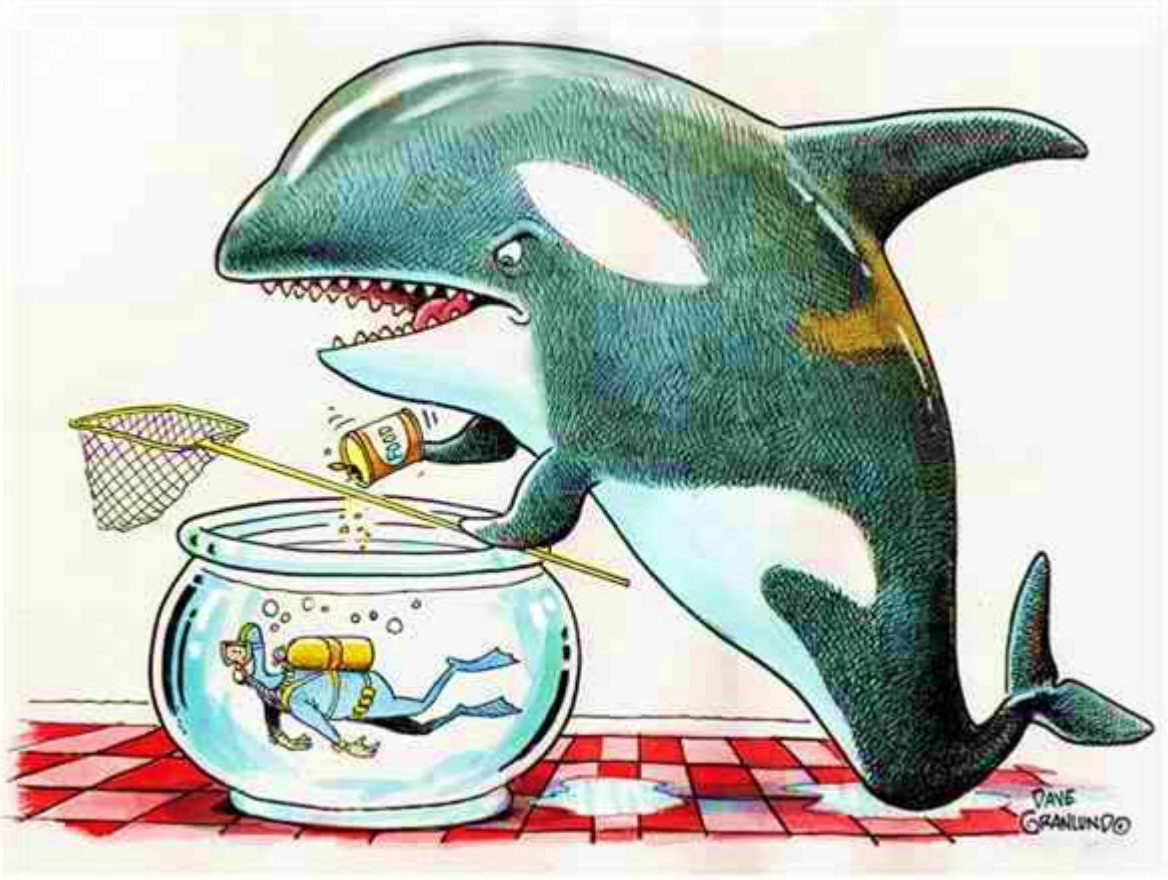
Data: Deductibles — Medical Expenditure Panel Survey–Insurance Component (MEPS–IC), 2020; Median household income and household distribution type — analysis of Current Population Survey (CPS), 2020–2021, by Mikaela Springsteen and Sherry Glied of New York University for the Commonwealth Fund.

Source: Sara R. Collins, David C. Radley, and Jesse C. Baumgartner, State Trends in Employer Premiums and Deductibles, 2010–2020 (Commonwealth Fund, Jan. 2022). https://doi.org/10.26099/m5dt-5f70

Patient Financial Responsibility on the Rise

Patient Financial Accountability

<u>The Patient</u> is Defining the Success of your Revenue Cycle

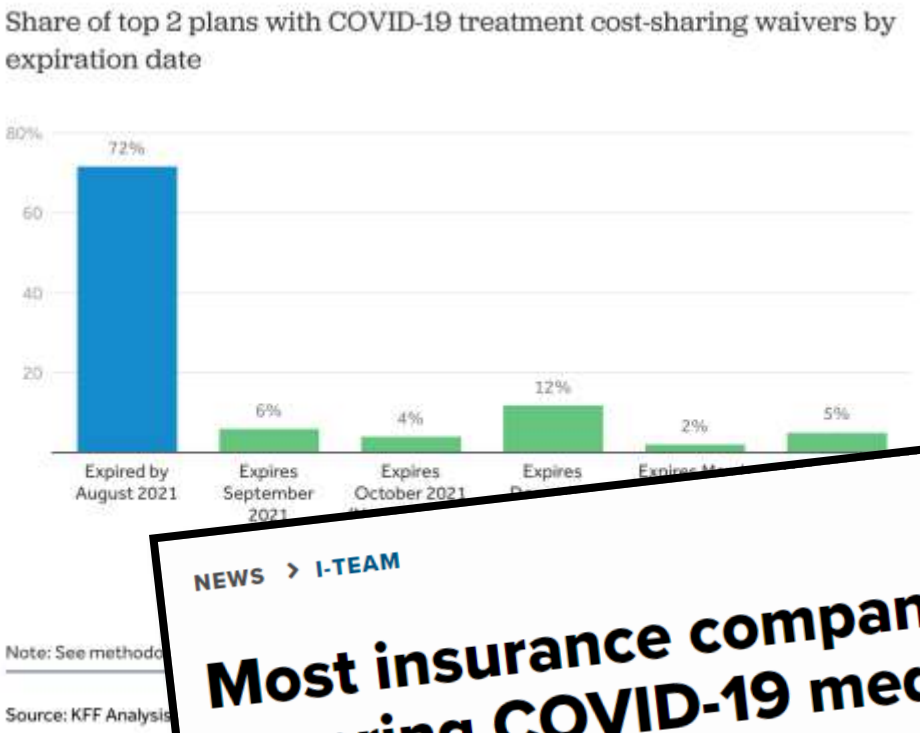


Patient Financial Accountability

Rejection Messages

Expenses incurred prior to coverage.
Expenses incurred after coverage terminated.
Patient cannot be identified as our insured.
Our records indicate the patient is not an eligible dependent.
Lifetime benefit maximum has been reached.
Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.
Patient/Insured health identification number and name do not match.
Patient has not met the required eligibility requirements.
Expenses incurred during lapse in coverage.
This care may be covered by another payer per coordination of benefits.
Claim spans eligible and ineligible periods of coverage, this is the reduction for the ineligible period.

Patient Financial Accountability



NEWS > I-TEAM

Most insurance companies no longer fully covering COVID-19 medical treatment

Patient Financial Accountability

Patient Financial Accountability

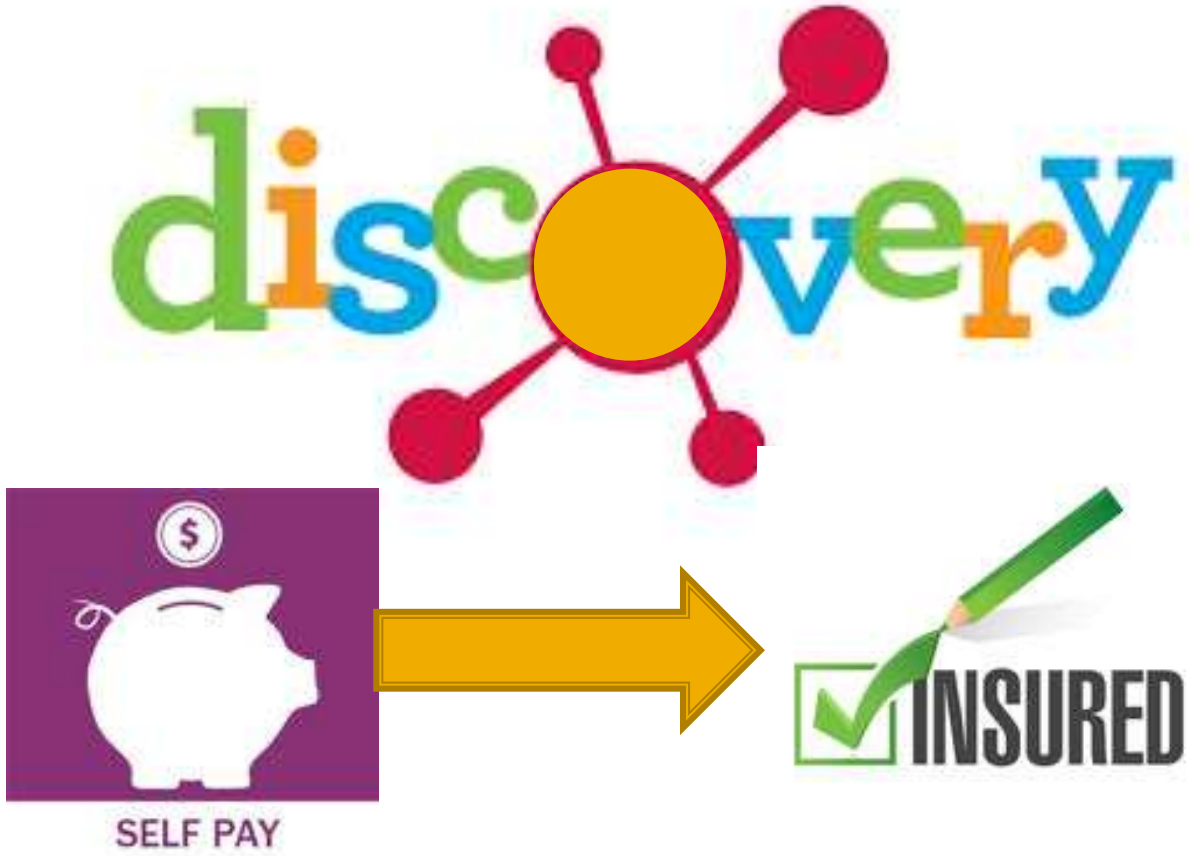
Increase in claim denials reported by medical practices across the United States

With careful planning and execution, 75% can be reversed*

*OIG Report: Medicare Advantage Appeal Outcomes and Audit Findings Raise Concerns About Service and Payment Denials (September 2018). "CMS cited 56 percent of audited contracts for making inappropriate denials."
https://oig.hhs.gov/oei/reports/oei-09-16-00410.pdf

Patient Financial Accountability

Patient Financial Accountability



Patient Financial Accountability

Focus on Patient Financial Experience

- Getting it Wrong → Patient Loses

Offer Team Incentives

- Wear Jeans for a Day; Give Time

Create Eligibility Certification

- Develop a Basic Skills Test → Certified!

Introduce a new Title

- Front Office Representative → Specialist

Create a Professional Pathway

- Front Office Specialist → Business Office

Conclusion

- Telemedicine
- Medicare Reimbursement
- Sequestration
- Advanced Practice Providers
- No Surprises Act
- Quality Payment Program
- CPT 2022
- New Competitive Landscape
- Patient Financial Accountability

Question & Answer Session

If a question requires research, we will take your name and email address for Elizabeth to respond.

Our Presenter

Elizabeth W. Woodcock, DrPH, MBA, FACMPE, CPC
Woodcock & Associates
Speaker, Author, Trainer
Atlanta, Georgia
404-373-6195
www.elizabethwoodcock.com

Thank You!

Live Q & A with Elizabeth Woodcock

Q & A

Elizabeth W. Woodcock DrPH, MBA, FACMPE, CPC
Speaker, Author, Consultant
woodcockandassociates.com

WOODCOCK & ASSOCIATES

Index # WCA1210210552A

This program meets AAPC guidelines for 1.0 CEUs. Can be split between Core A and all specialties except CIRCC for continuing education units.

UPCOMING WEBINARS

Coming this Summer…

Employment Law Updates for 2022

We're excited to have employment law attorneys from Watkinson Laird Rubenstein as our guest presenters!

www.jrcpa.com/healthcare