



# MEDICSRM *INSIGHTS*

## Articles of interest in the World of Revenue Cycle Management, Billing, Consolidated Workflow, and Industry News - from ADSRCM and our MedicsRCM Outsourced Services -

This month's issue of InSights includes articles on topics from ABN forms to the cost of postage.

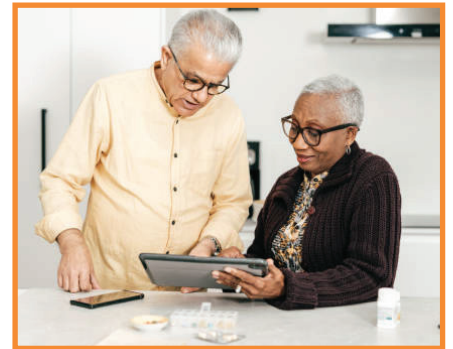
### Reminder about Medicare ABN Form Rules

You probably know this but as a half-year reminder, Medicare Advanced Beneficiary Notice (ABN) form rules went into effect this past June. Failure to comply with those rules will almost assuredly increase your audit risk and reduce your revenue.

That's because they (Medicare) are - and have been - keeping a microscopic eye on when and how you have patients sign ABNs and specifically, whether you utilize the mandatory or voluntary ABN forms correctly. The wrong selection can expose your practice to a costly, time-consuming audit, hefty fines, and lost revenue.

The problem is in figuring out when a patient's Medicare ABN form should be mandatory or voluntary, and then, is it easy for you to access the correct form?

[Click here](#) for details from CMS. You'll have to know what form to use for which patient, but we make it easy to select the appropriate one by having them uploaded and ready to access!



### Empire and Fidelis: What's in a Name?

What's in a name? Plenty if the names are Empire and Fidelis.

- ✓ All Fidelis Care QHPs will be known as Ambetter from Fidelis Care.

Fidelis Care's Medicaid Managed Care (MMC), Child Health Plus (CHP), Managed Long Term Care (MLTC), Health and Recovery Plan (HARP), and Essential Plan (EP) will continue under the Fidelis Care brand.

[Click here](#) for the Fidelis/Ambetter details.

- ✓ Empire BCBS will be changing to Anthem. There will be new Provider Services phone number (800-450-8753) and there are other changes to note.

[Click here](#) for the BCBS/Anthem details.

Both of these will take effect on January 1, 2024, so please read up on each assuming either or both have relevance to your practice.

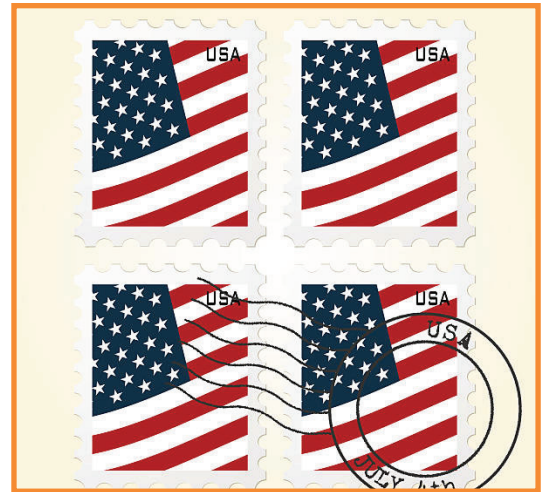
(ADSRM is ready for the changes helping to take unnecessary pressure off our clients.)

## Postage? What Postage?

Mark your calendars for 1/21/24. It seems like a random, oddball date but that's when postage is due to increase by approximately 2%. And then it'll happen again in July. And then probably again in January, 2025 and then...

It won't be long before postage on a plain vanilla mail piece will be \$1.00.

You can take an active hand in avoiding postage altogether – at least as far as your patient statements are concerned – if you have:



- ✓ balance-due texting with a built-in payment mechanism enabling patients to pay directly through their texts, and/or
- ✓ emailable statements also with a built-in payment capability, and/or
- ✓ a patient portal that supports online payments directly through it

Any or all of these options will not only eliminate postage for statements, but also the need to print the statements themselves, the envelopes, the folding, stuffing, sealing, and physical mailing of them. PLUS, you're able to actually track your texts and emails, see if they've been received, opened, paid attention-to, or ignored. None of that is possible with regular mailed statements.

Of course you'll need some paper statements as a last-ditch backup for patients who don't text, have email, or access to a computer, or if texts/emails are returned as undeliverable. Those must revert automatically to paper and then ideally, to an offsite fulfillment resource that handles the grunt work which still helps your practice.

But overall, your number of patient statements and their collateral expenses (such as ever-increasing postage) and material should be dramatically reduced.

(ADSRM supports balance-due texting, emailable statements, and a patient portal, all as described. And as part of our service, patients are directed to call us - not you - if they have statement questions!)



## All Part B Medicare Beneficiaries: Your New Deductible is Calling

Effective 1/1/24, the annual deductible for all Medicare Part B beneficiaries will be \$240, increasing by \$14 over 2023's annual deductible of \$226.

[Click here](#) for those details.

## Healthcare Spending Growth Normalized

Other than “We Won the Lottery!!!,” those are the four words everyone in healthcare has been longing to hear.

But yes, according to HealthAffairs.org, healthcare spending grew 4.1% in 2022 which is faster than the 3.2% spending growth in 2021, although still notably slower than the rate of 10.6% in 2020. But, things are looking up.



The main bullets are:

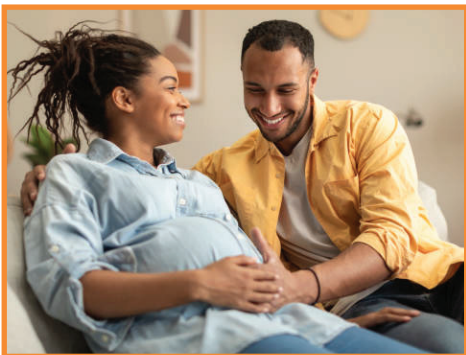
- ✓ Health spending growth started to normalize last year when spending spiked as the federal government funneled funds into combating the pandemic.
- ✓ U.S. healthcare spending in 2022 hit \$4.5 trillion which was an all-time high according to new CMS data published in the Health Affairs report.
- ✓ While strong growth in Medicaid and private insurance spending last year was offset by declining federal spending as the pandemic eased, federal spending on public health has remained slightly elevated above pre-pandemic levels.

So, there's some reason to feel good. Win the lottery and you'll feel even better.

[Click here](#) for the article.

## CMS Launches Efforts to Improve Maternal Health Outcomes and Access to Care

A new care delivery model to address maternal health outcomes and increase pregnancy and postpartum care access has been approved by CMS.



Known as the Transforming Maternal Health (TMaH) model, the initiative will be in effect for ten years and support state Medicaid agencies in improving health outcomes for people with Medicaid and Children's Health Insurance Program (CHIP) coverage.

Participating state Medicaid agencies will receive funding and technical assistance to improve care quality and facilitate access to maternal health providers including midwives, freestanding birth centers, and doula services. The effort is expected to reduce cesarian sections for low-risk pregnancies, lower utilization of pain medication during birth, enhance shortened labor times, and diminish postpartum anxiety and depression rates.

Entities achieving a CMS Birthing-Friendly designation will identify them as facilities focusing on maternal health. States will also work on implementing evidence-based practices, such as monitoring pregnant patients at home who are diagnosed with conditions that can lead to pregnancy-related complications. This includes developing personalized birth plans that reflect each patient's physical, social, and mental health needs.

Maternity care providers in participating states will screen for and address health-related social needs such as limited access to nutritious food, substance use disorder, and housing insecurity by connecting patients to community-based organizations.

The TMAH application period opens in Spring 2024. The pre-implementation period will span three years, from January 2025 to December 2027, to prepare participants for model implementation. Selected state

Medicaid agencies may receive up to \$17 million over the ten-year period to support model implementation.

[Click here](#) for the CMS TMAH press release.

## 21st Century Cures Act: Interoperability Compliance Weakly Operable

According to a new survey, less than half of healthcare organizations (41%) said they're able to completely comply with the interoperability rules set forth in the 21st Century Cures Act.

As a reminder the 21st Century Cures Act is designed to support the secure exchange of health data among payers, providers, and consumers/patients.

[Click here](#) for the survey's details.

(While a majority of healthcare organizations themselves may not be fully prepared for it, the MedicsCloud EHR - which our clients can access - is 21st Century Cures Act certified helping you to comply!)

## Ongoing Laboring with Healthcare Labor Issues

According to a recent Healthcare Dive report, widespread staffing shortages continue as a result of COVID-19. So much so, in fact, that competition for labor has led some healthcare entities to raise wages and strengthen hiring and retention efforts.

Even so, many entities report about burned-out workforces, high turnover, and heightened labor costs. Hand-in-hand with that is how many physicians and nurses are considering leaving their professions altogether, citing factors like high stress, click fatigue and stagnant wages.

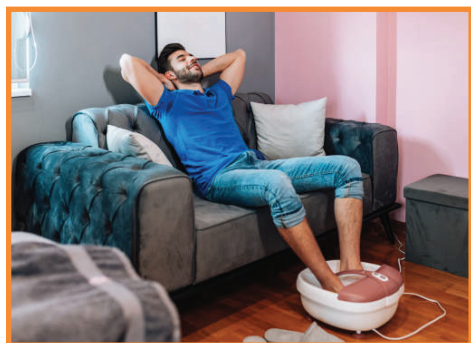


[Click here](#) for the article and details.

(Your in-house EDI/billing/claims/analytics staffing issues can be consolidated with our behind-the-scenes outsourced workforce as a built-in part of our service maximizing your workflow and efficiency.)

## Healthcare Fraud Story of the Month

Closing out the year's articles on fraud with this one where a Miami, FL grand jury indicted a TX man for his alleged role in a \$60 million wire fraud/kickback scheme involving false Medicare claims for medically unnecessary durable medical equipment (DME), genetic tests, and medications for foot baths.



A total of eight counts on a variety of fraud and kickback schemes have maximums of 5, 10, and 20 years for each based on what the particular count calls. At age 48, he could essentially be facing a lifetime of imprisonment.

[Click here](#) for the Justice Department's details.





Wishing you happy holidays and a healthy and prosperous 2024!

Next: Starting 2024 with InSights for January

Contact us at [800-899-4237](tel:800-899-4237), Ext. 2264 or email [info@adsc.com](mailto:info@adsc.com) for more about services and platforms from ADSRCM for driving revenue and productivity with our workflow and staffing solutions, or about the AI-driven MedicsCloud Suite from ADS if you prefer in-house automation. (ADSR

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