



## Executive Director Update

It has been a challenging month or two, and NLPHO is here to support you and your staff as you begin to reopen. I'm aware some of you never closed, and we say THANK YOU for being on the frontline treating local COVID-19 patients! You stood in the gap when we needed you the most. Our goal is to assist you with any contracting/claims issues and provide insight as we receive information that can assist you moving forward from this crisis. It has been a difficult time, but I believe there are some opportunities we can work together on. Please let us know if or how we can assist you!

*Monica Pittman*



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## Retain Customers Using the HEART Strategy

A crisis is a challenging time, a time of testing and also of opportunity. We did some research and found a great article, *Ensure That Your Customer Relationships Outlast Coronavirus*, by Ted Waldron and James Wetherbe that offers a proven crisis communication strategy called the HEART framework. It has clear guidelines on **what you should say and not say to customers during or after a crisis**. Here are the key components:

**Humanize your company** – The article states “Let your consumers know that your company understands the dire social circumstances at play and cares about more than simply reaping profit during this difficult time. Empathize with those affected by COVID-19 and spell out the steps you are taking to help customers, employees, and other stakeholders.” This should be done via your social media sites as well as by email.

**Educate consumers about how to interact with your company** – COVID-19 rules / regulations keep changing,

causing a lot of confusion. Clearly tell your patients about all the changes to your operation. This shows you are being proactive and working to keep them safe.

**Assure patients your values remain** – Patients need reassurance you will continue to provide services they know and trust; so, reassure them about your core values and new innovative services.

**Revolutionize what consumers value about your business** – A crisis forces you out of your comfort zone and standard operating procedures, thus it creates an opportunity for you to innovate, add new services, and to re-imagine how you will engage your customers.

**Tackle the future** – Address how long any revised operating procedures or schedule will remain in place or that you are continually evaluating the situation. Keep patients abreast of changes as they happen; and more importantly, demonstrate how your organization is going above and beyond in all aspects of your service delivery. Not only will this give them hope, it will inspire confidence.

## Opportunities:

**Virtual services** such as telehealth, chronic care management (CCM), electronic behavioral health screening, and remote monitoring are services that can be added quickly and that do not require significant upfront investment, if any. The NLPHO already has a preferred cloud-based, HIPAA compliant behavioral health screening vendor and has identified a chronic care management company that has a 90 percent patient retention rate. Both services can add significant revenue and utilize existing patient populations.

**Use email messages and newsletters** since these have been proven to be the most effective with the four key generations: 1) Millennials (1981-1997), 2) GenXers (1965-1980), 3) Boomers (1946-1964), and 4) Matures (1945 or earlier). According to a Community Brands member engagement study, "Millennials are the generation most open to receiving communications via social, mobile, and text; however, email remains king across all generations."

# Rebounding from the COVID-19 Shutdown



*As Louisiana opens back up, we wanted to highlight a few items to help you do it successfully.*

### The Quality Payment Program (QPP):

CMS announced that Merit-based Incentive Payment System (MIPS) eligible clinicians (individual clinicians, small practices, groups, and virtual groups) who have not submitted any MIPS data by April 30, 2020 will qualify for the "automatic extreme and uncontrollable circumstances policy" and will receive a neutral payment adjustment for the 2021 MIPS payment. For 2020 data submission, CMS is evaluating options for providing relief around participation and data submission for 2020. Earlier CMS indicated no data is required for Q1 – Q2, and that they would use Q3 – Q4 to determine your 2020 performance. Since we are unsure what CMS will do, it is best that you get your quality measure strategy together and begin to execute in Q3 through Q4!

For hospitals, CMS will not count data from Q1 –Q2 2020 for performance or payment programs.

Data does NOT need to be submitted to CMS for this time period. If Q1 data for the Hospital-Acquired Condition Reduction Program and the Hospital Value-based Purchasing Program has already been submitted, it will be used for scoring in the program where appropriate.

### Human Resource Issues:

A SHRM (Society of Human Resource Management) certified professional recommended the following items as you bring people back to work.

**1) Employee Accommodations** – Of the people not wanting to come back to work, she indicated employees are falling into three categories: a) totally afraid for their health to come back, b) they are needed to take care of a family member at high risk, or c) they are at high risk due to their age and chronic conditions. Either way, you may be on the hook to accommodate their needs; so, make sure you get professional guidance from

an HR or legal professional before making some tough decisions about employment.

### 2) Essential Employee Training

– It is incumbent upon you to train your employees on COVID-19 basics, the proper way to wear personal protective equipment (PPE), and on the protocols unique to your clinic or hospital. **You must prove** you have done everything possible to keep your employees safe; therefore, use the FREE, *SURGE* Soft Skills online **Coronavirus 2019 – What You Need to Know** basic course available at <https://www.myopango.com/surge-advisors/>. The course is available 24/7 and has a downloadable completion certificate upon passing the quiz at the end. **If you conduct your own training**, you must have a sign-in sheet for those taking the class and keep copies of the actual course objectives and course content covered in order to have necessary documentation for any court cases, should you get sued.

# COVID-19 Payer Updates

*We've been busy and have some payer updates for you!*

## **CARES Act – Medicare 2% Sequestration:**

Aetna MA, Coventry MA, Dignity Health Plan MA, and Peoples Health MA will follow the CARES ACT – 2% Sequestration which provides a bi-weekly PIP & Pass-Thru Payments Health Clinic productivity standard exemptions for COVID-19 as of April 28, 2020.

In accordance with §3709 of the Coronavirus Aid, Relief and Economic Security (CARES) Act, signed on March 27, 2020, the 2% payment sequestration reduction applied to all bi-weekly PIP and Pass-Thru Payments has been suspended through December 31, 2020. All bi-weekly PIP and Pass-Thru payments will be adjusted for a 2% increase outside of their normal reviews for the bi-weekly payments starting with the remittance on May 22, 2020. Individual rate notification letters will not be issued.

Any questions regarding your bi-weekly payments PIP or Pass-Thru payments should be directed to our Reimbursement Team at

[NovitasReimbursement@novitas-solutions.com](mailto:NovitasReimbursement@novitas-solutions.com)

<https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00228303>

## **Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19- Updated April 30, 2020**

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

## **List of Covered Telehealth Services Temporary PHE for the COVID-19 Pandemic**

## **Telehealth continued:**

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

All Rights Reserved. For LAMMICO insureds and practice staff only- Telehealth Billing and Coding Matrix located on their website or contact NLPHO for a copy.

Aetna COVID-19 Telemedicine FAQs- Billing and Coding, Patient Coverage, and Provider Resources

<https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq/telemedicine.html#acc-link-content-section-responsivegrid-copy-responsivegrid-accordion-1>

## **New Medicare Advantage Payer**

### **Dignity Health Plan** is

a new, Louisiana provider owned and operated, Medicare Advantage Health Plan for beneficiaries living in long term care facilities. The all-in-one plan includes Medicare Parts A, B, and D, and currently has 2000 covered lives. Dignity is unique in that each member is assigned a Nurse Practitioner and a Case Manager that work together to coordinate care so that the right care is provided in the right setting often eliminating unnecessary admissions to the hospital. The Nurse Practitioner will handle all authorizations, eliminating that burden from the provider. In addition, Dignity provides both transportation and an escort with each member to every appointment.



## **New & Expanded Flexibilities for RHCs & FQHCs**

There are new and expanded flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) during the COVID-19 Public Health Emergency (PHE).

**Note:** CMS revised this article on April 30, 2020, to provide CMS-MLN Matters Number: SE20016

- Additional claims submission and processing instructions
- Information on cost-sharing related to COVID-19 testing
- Additional information on telehealth flexibilities



## Turn Credit Balances into Revenue Opportunities

*“Resolving credit balances can bring your organization out of the red and into the green,” said Vanessa Moldovan, CPC, CPMA, CPPM. “Credit balances need to be given the same amount of time and attention as debit balances because they can hide a mountain of collectible revenue.”*

### Common causes of credit balances include:

1. Adjustments are made incorrectly.
2. Contractual adjustments posted do not match what is on the explanation of benefits (EOB)/electronic remittance advice (ERA).
3. The insurance carrier incorrectly applies patient cost-sharing amounts.
4. Payment posting is accidentally duplicated.
5. The patient or insurance carrier is paid twice.
6. Multiple carriers are inadvertently paid such as Workers’ Compensation and commercial carriers.
7. The secondary carrier is processed and paid as the primary carrier.
8. There are charge entry errors or corrected claims.

According to the article, “Incorrect adjustments are the biggest culprit in hidden collectible revenue; there are many instances when an adjustment can cover up an unpaid line item.”

Source: <https://www.aapc.com/blog/49353-turn-credit-balances-into-revenue-opportunities/>

“In the middle of difficulty lies opportunity.”

Albert Einstein

“Good things come out of bad things if you have the right perspective.”

John Maxwell

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