



# Revenue Cycle Hot Topics

**2025 CAH Conference**  
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**Check In for  
this Session**



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# Hot Topics 2025

## What's Hot?!

- Compliance
- Shrinking Reimbursement
- Pre-Service
- Growing Self-Pay Balances





# Hot Topic #1 Compliance

# Compliance- All Eyes on YOU!

- **Governmental Payors**
  - Current Political Landscape
  - Waste, fraud, abuse- top of mind for government
  - What Does That Mean for Us?
- **Commercial Payors**
  - Enforcement of contract provisions
  - Eyes on them also - what does that translate to?
- **Informed and Empowered Consumers**
  - Financial Responsibility & Transparency
  - Movement to Patient Advocacy
  - Access to Information
    - Digital Health Tools
    - Reviews & Ratings
    - High Media Attention
    - Social Media & Online Communities
  - How can we Control This?



# Compliance Action Plan

# Compliance- Action Plan

- **Rate your organization on good intent**
  - Scale of 1-10
- **Rate your organization on evidencing good intent**
  - Scale of 1-10





# Compliance- Action Plan

- **Compliance matters to everyone!**
- **Be proactive and intentional**
- **Internal compliance plan for billing**
  - Central documentation for policies, processes, procedures, workflows
  - Identify risk areas
  - Grid for Audits- Including all the things
  - Internal and External Audits
  - Common report form to Compliance
  - Conduct and document regular education
  - Create a strong culture of compliance

# Consumer Driven Healthcare

# Informed Healthcare Consumer

- **More Informed and Educated Patients**

- Awareness of Required Transparency
  - Social Media
  - Ad- TV, YouTube, Reels

- **Why Patients Care**

- High-Deductible Plans
- Creative Plans Design to Drive Care
- Restrictive Medical Policies
- Surprise Bills



# Price Transparency-Renewed Focus



# Price Transparency-Executive Order



## The White House issued an Executive Order to increase enforcement of price transparency requirements

- **Why?**
  - *Hospitals and health plans were not adequately held to account when their price transparency data was incomplete or not even posted at all*
- **Benefits**
  - Estimated \$80 billion in savings for consumers, employers, and insurers
  - Employer reduction of healthcare costs by 27% across 500 common services
- **Policy**
  - Promote access to clear and accurate healthcare prices
    - Increase enforcement of price transparency requirements
    - Identify opportunities to further empower patients with price information
    - ***Potential expansion of existing price transparency requirements***

# Price Transparency-Enforcement

Departments of Treasury, Labor, and Health and Human Services must **“rapidly implement and enforce”** the regulations, within 90 days:

- Require the disclosure of the **actual prices of items and services, not estimates**
- Issue updated guidance or proposed regulatory action to:
  - Ensure pricing information is standardized and easily comparable across hospitals and health plans
  - Update enforcement policies to ensure compliance with the transparent reporting of complete, accurate, and meaningful data

**\*May 26<sup>th</sup>, 2025 Deadline\***



**Hot Topic #2**  
**Shrinking Reimbursement**

# Reimbursement Shrinking!

## Insurance Reimbursement Shrinking

- **Why the Shift?**
  - Complex Contract Loads
  - Reimbursement & Medical Policies
  - Line-Item Bundling
  - Level of Care Adjustments
  - Contract Enforcement
  - Payor AI Utilization
- **Getting Paid?**
  - Doesn't Mean You Got Paid Right!





# Top Reimbursement Audit Findings

## 1. Incorrect Contract Loads

- Facility
  - BlueChoice Vs. Network Blue
  - UHC
  - Ambetter
- Professional
  - Incorrect MPFS Utilization (UHC in Particular)
  - Ambetter- Rarely Right

## 2. MA & VACCN Paying Previous Interim Rates

- RHC is especially critical to get rates updated

## 3. Workers' Compensation "PPO" Discount

- High Discounts! Ranging from 5% to 25%

## 4. Professional Fees Paid in Full

- Money left on the table



# Top Reimbursement Audit Findings



- 5. Multiplan Paying Hospital Claims on Professional Fee Schedule**
  - Load is “per TIN, not NPI”
- 6. Labor Epidurals**
  - Different Reporting Requirements Per Payor
- 7. Outpatient Charges Billed On Inpatient Claims**
  - Reimbursement Differential- Medicare Advantage, VA, Medicaid
- 8. Medicare Advantage Method II and CRNA Passthrough**
  - Payment Incorrect or Amendments Not In Place
- 9. CRNA Professional Fee Calculation**
  - Calculator Is a Must!
- 10. GF Modifier**
  - Often Missing!

# Real Life Examples!

- **BCBS Adjudication of Q5121 (Avsola):**
  - Actual Allowable: \$347
  - Expected Allowable: \$12,487
  - NO denial, CO-45 Contractual
  - Patient received injection three times over a few months, resulted in loss \$36,420
- **UHC Contract Load**
  - Loaded in contract at 87%, actual contract rate was 96%
  - Incorrect load spanned over an 8 year period
  - Estimated loss for one year was \$365,000 (\$3 million loss over 8 years)
  - UHC only adjudicated 12 months back due to contract language

# Reimbursement Validation

## Key Elements for Accurate Analysis

- **Data Sources**
  - Zero Balance Report
  - Payment & Adjustment Reports
  - Payment Variance Modules
- **Identification**
  - Claims Adjusted In Full
  - Professional Fees Paid in Full
  - Hospital Claims- % of Charges (Simple Formula)
  - Professional Claims- Easy to Spot Trends
- **Payor Insights**
  - Verify Contract Load
  - Opportunities for Contract Re-Negotiation
- **Tolerance Thresholds**
  - Define Reasonable Variance Thresholds
  - Investigate Repeat Outliers





**Hot Topic #3**  
**Pre-Service**

# Mind Shift!

## So Much More Than Just “Prior Auth”

### Why the Mind Shift?

- Payor Shift from Prior Authorization to Medical Policy Review
- Restrictive Benefit Plans
- Complex Eligibility
- High Out of Pocket Costs



# Financial Clearance

**Mind Shift → Financial Clearance**

## **What Does This Mean?**

- A Team That Performs:
  - Eligibility & Benefits
  - Medical Necessity Clearance (Prior Auth, Med Policy Review, etc)
  - Propensity to Pay
  - Pre-Payment
  - Good Faith Estimate
  - Scheduling Once Cleared

# Centralize

- **Why?**
  - Cross Coverage
  - Breaks Down Department Silos
  - Singular Team Ownership
  - Multidisciplinary Team
    - Clinical and Financial





# Tactical Tips!

## Tactical Tips!

- **Benefit Verification Prior to Obtaining Prior Authorization**
  - Patient may not have benefits to cover the service, even if a prior auth is obtained!
  - Payor's eligibility/benefits and prior auth departments are often disconnected
- **Pre-Determination**
  - Inquire if medical policy applies and if pre-determination is allowed
- **Prep Providers for Peer-to-Peer Reviews**
  - Provide medical policy!
- **Matrix of Contract & Payor Policy Provisions**
  - Type of IP criteria utilized
  - Allowance to bill patients for non medically necessary services via waiver

# ABN FAQ

## ABN Frequently Asked Questions:

- Can I use ABNs for MA Patients?
  - No, ABNs are only for traditional Medicare Patients
- When Can I Not Issue an ABN?
  - Medically Unlikely Edit (MUE)
  - Coerce patients in an emergency or under great duress
  - Charge for part of a service when payment is made via a bundled payment
  - Medicare covered items or services
- Can I Pre-Fill ABNs
  - Yes, but if using pre-printed, clearly indicate on the ABN which portions of the pre-printed information are applicable to the patient
- Can I Use an ABN For Inpatient Stays?
  - No, utilize HNN forms

# Insurance Waivers

## Commercial & Medicare Advantage

- **Develop Waiver**

- Submit Claim to Payor
- No Way to Communicate the Signed Waiver to Payor
- Typically Denied to Provider Liability
- Know Contractual Language

- **Self-Pay Elect Form**

- Safest!

- **Payor Driven Waivers**

- Some Medicare Advantage plans have their own waiver that must be approved PRIOR to services being performed
  - Aetna MA-Pre-service Organization Determination



**Hot Topic #4**  
**Growing Self-Pay Balances**

# Self Pay: To State the Obvious It's Growing

- **More Revenue = More Self-Pay**
  - As gross charges increase, higher self-pay percentage result
- **High-Deductible Plans Are the New Normal**
  - Increasing deductible and out-of-pocket amounts
  - 45% increase in post-insurance balances since 2020
- **Uninsured- True Self-Pay**
  - Impact of Medicaid Disenrollments



# Self-Pay: A Call to Action

- **Self-pay is now a core pillar of financial performance**
- **Not addressing self-pay will sink your ship!**
- **No longer an “add on” duty**



# Tips to Address Self-Pay

- **To Outsource or Keep In-House?**
  - Current Trends
  - Key considerations for Third-Party Partners
  - What to weigh before keeping it internal
- **Small Town Realities**
  - Balancing act- How to Collect and Not Tick off The Community
  - Awkward Comingling – You’re calling patients you also sit next to at church
- **Patient-friendly Payment Options & Consistent Follow Through**
  - Ditch internal long-term financing
  - Offer realistic, short-term in-house plan
  - Offer long-term solutions- Creative Options
- **Monitor Self-Pay KPIs closely**
  - Details to Follow

# Tips to Address Self-Pay

- **Pre-Service Work**
  - POS Collections
  - Pre-Service Estimate Financial Counseling
- **Communication**
  - Use Resources to connect with your audience





# Self-Pay KPIs- A Few to Consider



- Focus on Ratios, Not Just Raw Dollar
  - A/R Days
  - Percentage Over 90 & 180
  - Percentage Revenue to Gross
  - Collection Percentage to Total Self-Pay A/R
  - Agency Listings/Performance
  - Collection Percentage True Self Pay & SP after Insurance
  - Bank Loan Stats
  - Point of Service Collection Percentage

