

Stroudwater WV CAH Revenue Cycle Learning and Action Network (LAN)

Agenda

WELCOME

COMMON CHALLENGES

- UHC Laboratory Testing Registry

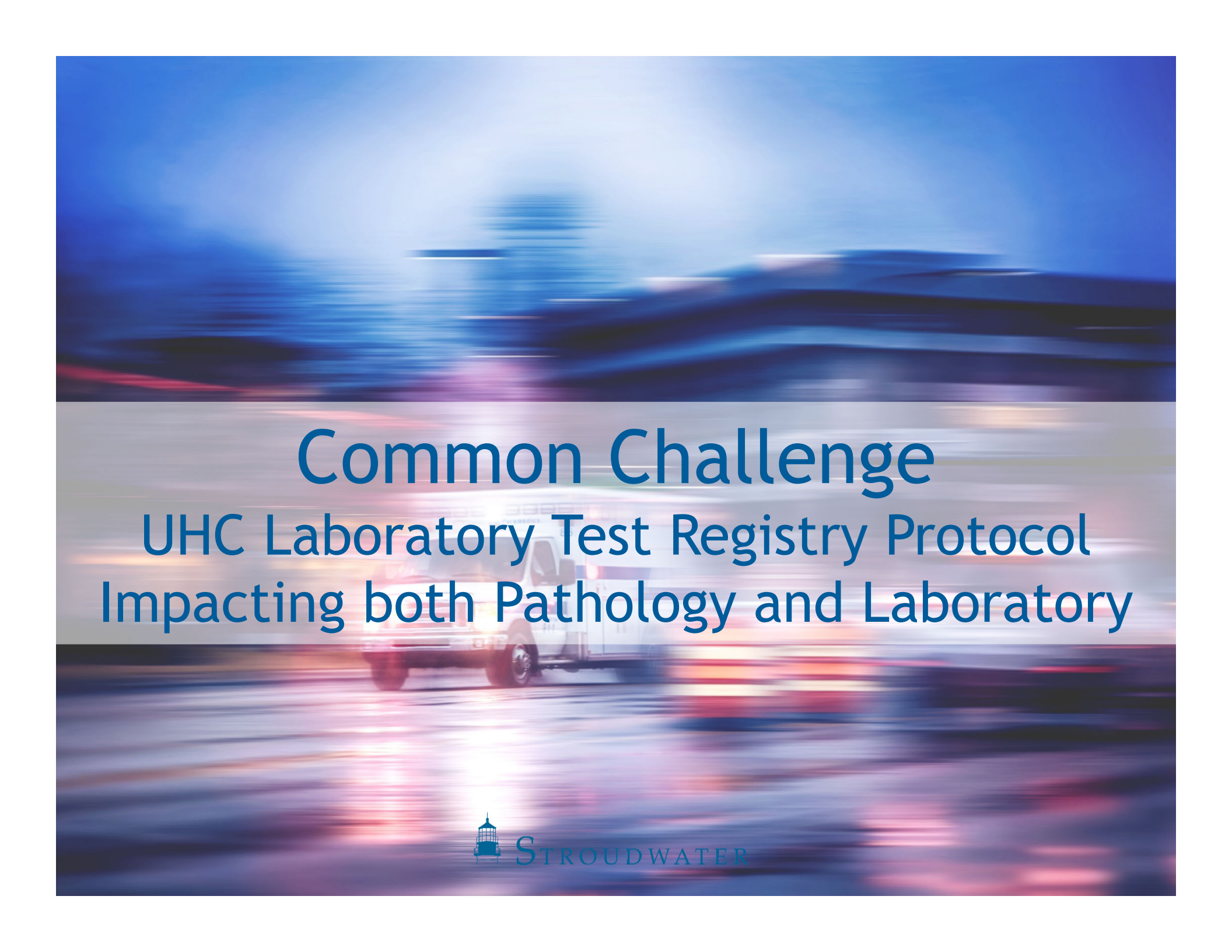
TODAY'S TOPICS

- 2021 Pricing Transparency
- Revenue Cycle Performance Benchmarking

CLOSING COMMENTS



Welcome!



Common Challenge

UHC Laboratory Test Registry Protocol Impacting both Pathology and Laboratory



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Laboratory Test Registry Protocol

Impacting both Pathology and Laboratory



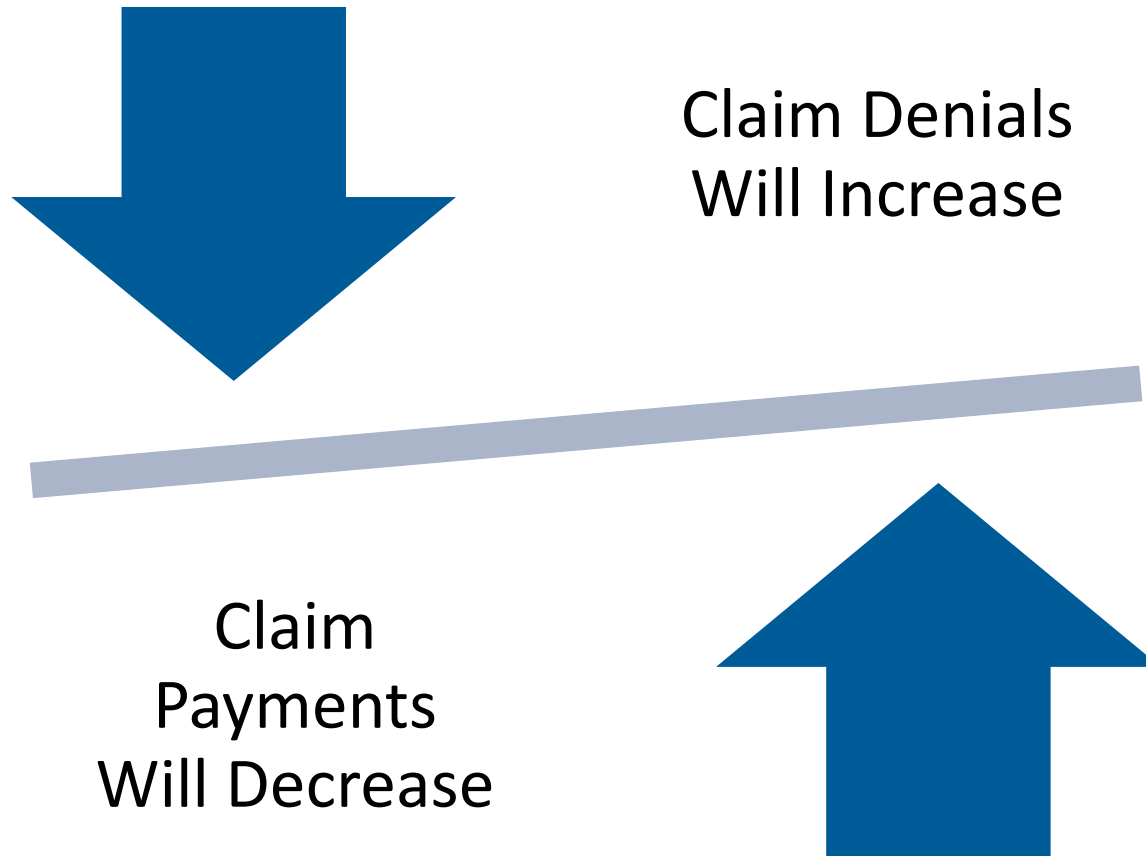
- Impacted Groups
 - In-Network pathology and laboratory groups billing
 - Place of Service (POS) 81, 19, 22
- Effective April 1, 2021
- Test Registration Due March 1, 2021
- Requirements apply to most UnitedHealthcare Commercial, Medicare Advantage, and UnitedHealthcare Community Plan networks
- **Resources Available on UHC Website**
 - UHC Lab Test Registry Website: <https://www.uhcprovider.com/en/policies-protocols/lab-test-registry.html>
 - Other resources on the website:
 - Access the Test Registry
 - Test Registry Quick Reference Guide
 - Test Registry Protocol FAQ
 - Test Registry Tool FAQ
 - Self-Paced User Guide
 - Register for Live Training

How Does UHC Describe This Ruling?

When a laboratory test CPT. code or Healthcare Common Procedure Coding System (HCPCS) code is billed, a corresponding test code with a matching test registration will be required for each claim line submitted, or **we'll deny the claim.**

Registering your laboratory services and placing the test code on your laboratory claim doesn't necessarily guarantee that UnitedHealthcare will pay the claim. Payment for covered services is based on the member's eligibility on the date of the service, any claim processing requirements, and the terms of your Participation Agreement.

If You Do Not Register Your Tests



What Does Registration Entail?

UHC Lab Test Registry –Test Registration

- Request access to test registry through Optum
- Access test registry
- Add single test or upload bulk test
- Submit test for each TIN
- Add new test as needed

Test Registration Details

- Test name
- Test code identifier
- Test description
- Master category
 - Category
 - Sub-category
- Procedure code
 - All modifiers
 - Units
 - Units of measure
- Test availability date
- Test available through
- Reflex test
- Lab point of contact

Resources

Stroudwater Associates

- Amy Graham
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 - (M) 561-628-0066

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Meeting Topic

2021 Pricing Transparency

2021 Price Transparency

Hospitals must provide charges in two ways:

1. Comprehensive Machine-Readable File
 - Machine readable-file must include all five types of charges provided by hospital
 - If multiple hospitals operate under a single license with different price lists, each hospital must make available their specific price list
2. Consumer-Friendly Shoppable Services
 - A consumer-friendly list of 300 “shoppable services”
 - CMS defined 70 specific services and the hospital can select the other 230
 - CMS defined “shoppable services” as those that could be scheduled in advance
 - A hospital must select shoppable services that are commonly provided to the patient population

Are you prepared to meet this requirement?

2021 Price Transparency



Shoppable Services Sample

Hospital XYZ Medical Center

Prices Posted and Effective [month/day/year]

Notes: [insert any clarifying notes or disclaimers]

Shoppable Service	Primary Service and Ancillary Services	CPT/ HCPCS Code	[Standard Charge for Plan X]
Colonoscopy	Primary Diagnostic Procedure	45378	\$750
	Anesthesia (Medication Only)	[Code(s)]	\$122
	Physician Services	Not provided by hospital (may be billed separately)	
	Pathology/Interpretation of Results	Not provided by hospital (may be billed separately)	
	Facility Fee	[Code(s)]	\$500
Office Visit	New Patient Outpatient Visit, 30 Min	99203	\$54
Vaginal Delivery	Primary Procedure	59400	[\$]
	Hospital Services	[Code(s)]	[\$]
	Physician Services	Not provided by hospital (may be billed separately)	
	General Anesthesia	Not provided by hospital (may be billed separately)	
	Pain Control	Not provided by hospital (may be billed separately)	
	Two Day Hospital Stay	[Code(s)]	[\$]
	Monitoring After Delivery	[Code(s)]	[\$]

Revenue Cycle Performance Benchmarking

Financial Measures vs. Process Measures

Financial Measures

- Tell you the health of your Accounts Receivable
- Balance Sheet and Cash Flow Monitoring
- Monitors Payor performance

Process Measures

- Tell you the health of your Revenue Cycle Process
- Identify issues within the Process Flow
- Monitors RCM Production

Key Reports

Financial Measures

- ❖ Accounts Receivable (AR) >90 days
- ❖ % of Unbilled Receivables
- ❖ Days Gross Revenue in Discharged Not Final Billed
- ❖ Cash collections as % of Gross Revenue
- ❖ Bad Debt % of Gross Revenue
- ❖ Charity % of Gross Revenue
- ❖ Days in Gross AR
- ❖ Days in Net AR
- ❖ AR by Payor Current Month vs. Last Month vs Prior Year End
- ❖ AR Rollforward

Process Measures

- ❖ % Clean Registered accounts
- ❖ Collections on Deductibles and Co-Pays prior to Service
- ❖ Claims captured in Billing Editor and Clearinghouse
- ❖ Claim Acceptance Rate by Payor
- ❖ Scheduled OP Services that are Pre-registered
- ❖ Self-Pay Patients Receiving Financial Counseling Education



Questions



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- Provider Practice Operations Improvement
- Revenue Cycle Solutions
- Post-Acute Care Operations
- Payor Contracting Advisory
- Staffing & Productivity Improvement
- Cost Report Reviews and Analysis

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