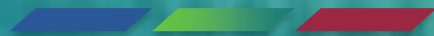




ClaimAssist[®]

"Making Full Recovery"[™]

Presentation for
Twin States AAHAM
September 16, 2022

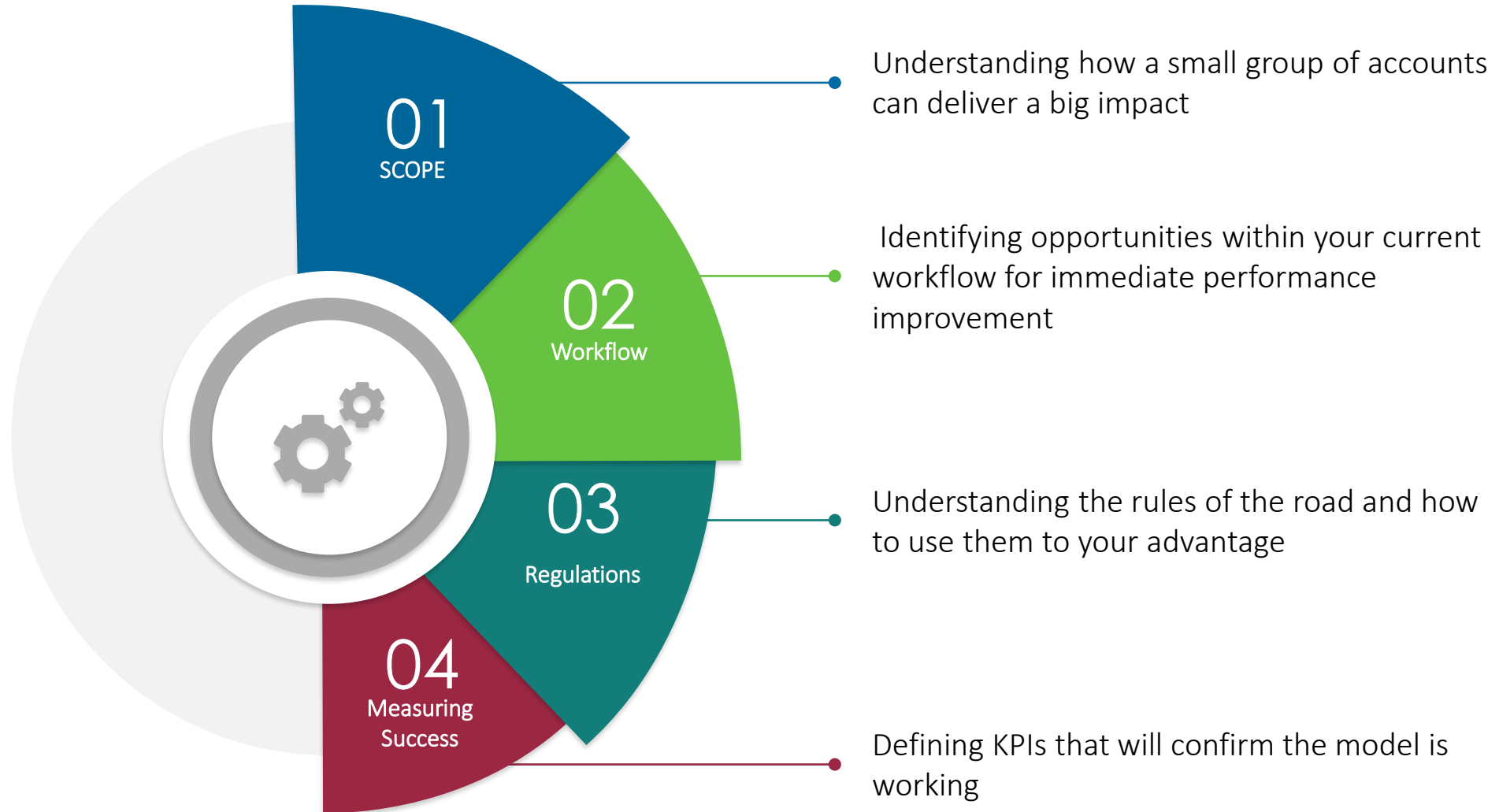




INTRODUCTION

- Michael Good, AVP Operations ClaimAssist
- 17 Years with the Organization all of which has been spent servicing TPL Clients
 - Oversee technical and procedural aspects of our client onboarding
 - Develop and maintain internal workflows
 - Responsible for the performance of the Billing Team, Training/QM as well as Partnership Development
- Always looking for ways to improve our process whether it be automation or procedural changes

GOALS FOR THIS PRESENTATION





SCOPE

- TPL (MVA/WKC) comprises anywhere from 1-3% of a Hospital's AR
 - Submission deadlines, processing timeframes for the carrier as well as reimbursement guidelines are maintained by outside forces (the state)
 - Submission method can differ by payer
 - Multiple payers involved means multiple touches
 - Reimbursement evaluation can be convoluted and complicated



SCOPE

- Motor Vehicle Accidents Nationwide
 - Nationally there were 5,215,071 non-fatal accidents in 2020
 - Down 22% from 2019
 - Nationally there were 2,282,015 injured persons resulting from an Motor Vehicle Accident
- Workplace Accidents Nationwide
 - Employers report 2.9 million injury and illness cases in 2020





AUDIENCE PARTICIPATION TIME!

Let's name some reasons that WC and MVA claims don't get paid quickly enough or at all.....

"We never got the medical records"

"We have no employee by that name"

"I have a lawyer handling this"

"Why can't you just bill my health insurance?"

"Your charges are higher than peer facilities"

"I'll talk to my employer to get that information"

"We don't have a claim on file"

"That's not our insured"

"I'm sorry, you have the wrong number"

COMPLICATIONS TO BILLING

PATIENT COMMUNICATION

It is often necessary to chase patient for information



ATTORNEY INVOLVEMENT

Lien statutes are your friend.



PAPER

E-submission is becoming the default method of submission



SMALL PORTION OF A/R

Generally about 2% of your facility's A/R



COMPLICATED REGULATIONS

These should be viewed as a tool not a hindrance



MEDICAL RECORDS

Get ahead of the eventual ask and shave days off cycle time to payment



Workflow

- The process begins right at the point of registration and should be a combination of extracting information while keeping patient experience in mind.
 - On average 5-10% of TPL accounts will need additional information post discharge.
 - Admitting should be asking questions, beyond what the patient has for coverage. The questions should confirm cause of injury, location of accident, has the accident been reported, and if the patient has an attorney at a minimum
 - Brace for having to make post discharge follow up calls.
 - Scheduled services should be viewed as an area where information gathering is controlled and has a solid pre-treatment/authorization process in place.



Workflow

- Confirmation of payer(s) and clean/complete claim submission.
 - MVA claims could, in theory, be paid by three different payers.
 - Med Pay, Health, BI Settlement
 - Know your Lien options!
 - Establish a Lien/Settlement process with thresholds
 - WKC claims should see the necessary supporting documentation go out with the claim. Don't create needless delays!
 - Establish submission expectations at the payer level so they can be incorporated into your workflow (i.e. municipalities).
 - Mindful of forms (i.e. WKC First reports) that need to be sent in addition to the bill and sometimes to a different location.



Workflow

- Intensive follow up and coordination of benefits.
 - While TPL claims can be “slow moving” status checks every 30 days ensures there are no surprises and keeps the “ball” moving
 - Use the state mandated timeframes for response/payment to your advantage
 - In matters of compensability being questioned use the state appeal/assistance process extended to employees
 - Report payers that are noncompliant
 - Establish internal deadlines for payment and intensify follow up
 - Brace for budget year induced delays.



Workflow

- Post Payment Review
 - The WKC arena provides a, albeit complicated, pricing framework. MVA will require a bit more manual tracking
 - Denials should be tracked for trends so as to create fallout routines
 - WKC affords the provider/patient appeal options at the state level
 - MFD
 - Patient vs. Employer hearings
 - Appeals can be manual and take time so look to develop thresholds.



Workflow

1



PATIENT ACCESS

Claims with incomplete or incorrect information at registration account for over 50% of claims that take more than 100 days to be paid.

3

FOLLOW UP

If you haven't heard anything, call and ask... but make sure you're doing so at the right time.

MAXIMUM REIMBURSEMENT

It's all about managing information!

2

MEDICAL RECORDS

Try to get claims out the door with medical records attached the first time and every time.

DENIAL MANAGEMENT

Don't take no for an answer... unless the answer really is no.

4

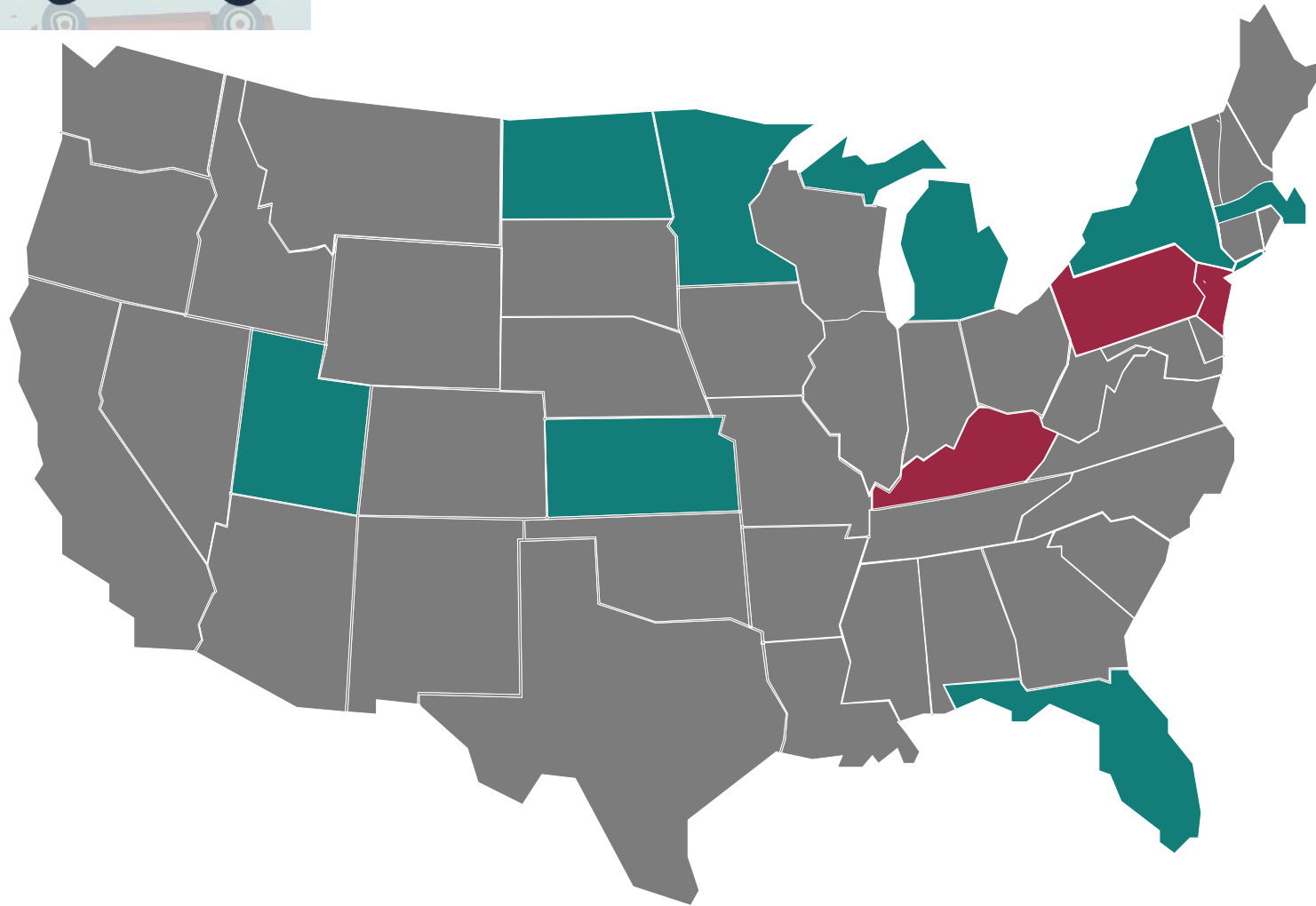


REGULATIONS





Fault vs No-Fault



- Fault
- No Fault
- Optional



Regulations: MVA

New Hampshire

- Only state in the country where auto insurance is not required. Yet, not the state with the most uninsured motorists, that distinction belongs to Mississippi.
- IF you buy insurance, you must buy at least:
 - \$25,000 per person bodily injury insurance up \$50,000 per accident
 - \$25,000 in property damage insurance
 - At least \$1,000 of Medical Payments (Med Pay) insurance
- Critical to vet out potential coverage stream to tie into.
- Insured has the right to choose whether you bill their health insurer or their med pay as primary

Vermont

- You must buy at least:
 - \$25,000 per person bodily injury insurance up \$50,000 per accident
 - \$10,000 in property damage insurance
- Medical Payments (Med Pay) coverage is optional



Regulations: MVA

- New Hampshire Liens:
 - Must include:
 - Name and address of injured person
 - Date of the accident
 - Name and location of the hospital
 - Name of the person alleged to be liable
 - Filed in Office of Clerk in the town where the hospital is located
 - Must be filed within 10 days after the patient has been discharged
 - Must be filed before any payments have been made
 - Served to:
 - Alleged liable party (and attorney if applicable)
 - Insurance carrier (if applicable)



Regulations: MVA

- Vermont Liens:
 - Must include:
 - Name and address of injured person
 - Date of the accident
 - Name and location of the hospital
 - Name of the person alleged to be liable
 - Filed in Office of Clerk in the town where the hospital is located
 - Served to:
 - Injured party (and attorney if applicable)
 - Alleged liable party (and attorney if applicable)
 - Insurance carrier (if applicable)



Regulations: WKC

VERMONT: RULE 40

- Great summary document:
- <http://labor.vermont.gov/wordpress/wp-content/uploads/medical-fee-adjusters-manual.pdf>
- “establishes a medical fee schedule that sets the maximum allowable payments to health care providers for workers’ compensation medical services”
- “reimburses approximately 9,000 medical procedures by amounts that are comparable to private insurance reimbursement.”



REIMBURSEMENT SPECIFICS

- Payment should be made within 30 days of confirmed receipt
- Reimbursement for hospital revenue codes: 83% of total charges
- Reimbursement for physician services: approximately 9,000 procedures listed in fee schedule. If no code is listed for an ambulatory service, payment reverts to 83% calculation
- DMEPOS: 83% of billed charges or 150% of cost, whichever is less
- Prescription drugs: lower of billed charges or red book wholesale amount plus a \$3.15 dispensing fee
- Supplemental reports: \$10 per page, not to exceed \$70



REGULATION DETAILS

NEW HAMPSHIRE

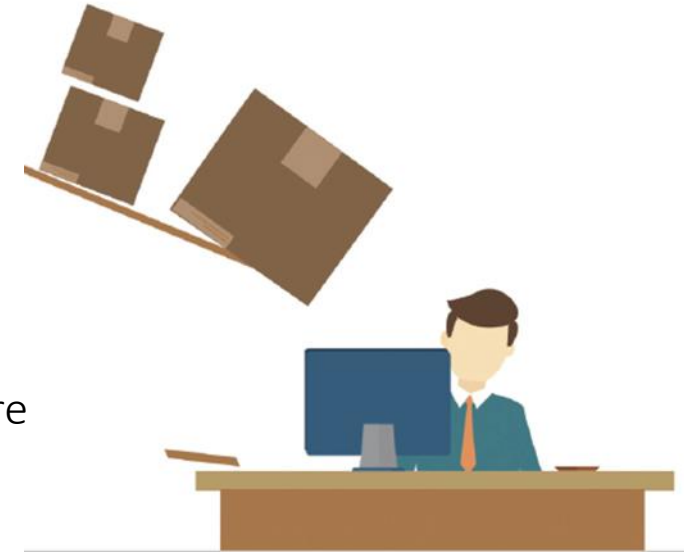
Department of Labor Web Site:

“The carrier has the obligation to pay the cost of medical, hospital and remedial care related to the injury.

The carrier has thirty (30) days from the date of receipt of the invoice or statement to make payment or deny the bill. The denial must be in writing to the injured employee, copy to the provider and to the Labor Department, provide a reason for the denial and advise the employee of their right to request a hearing. Failure to make payment or to deny within thirty (30) days will result in a fine of up to \$2,500.00.”

Real Deal:

- Up until a few years ago, hospitals were getting 100% reimbursement
- In 2015, the NH House eliminated the requirement that carriers pay total charges, without defining what a “reasonable” payment is





Measuring Success





Measuring Success

- Measuring a workflow's performance via the proper set of KPIs ensures efficiency or identifies opportunities for improvement.
 - Examples of KPIs geared toward TPL performance
 - % of accounts unable to be tagged with a payer of record and sent along to Self-Pay
 - % of accounts coming back from Self-Pay with found insurance
 - Cycle time to payment
 - Number of touches needed within that timeframe



Measuring Success

- Using payment timeframes, payment percentages as well as denials can be a means to identifying process deficiencies.
 - MVA cycle time to payment 45 – 90 days
 - WKC cycle time to payment 30 – 45 days
 - Denials by payer and reason
- Benchmarks are like records are meant to be broken.



QUESTIONS





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THANK YOU!

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