

A rustic wooden barn with a corrugated metal roof stands in a field at sunset. The sun is low on the horizon, casting a warm glow over the scene. In the background, there are rolling hills and mountains under a cloudy sky. A vertical white line is positioned to the left of the main text.

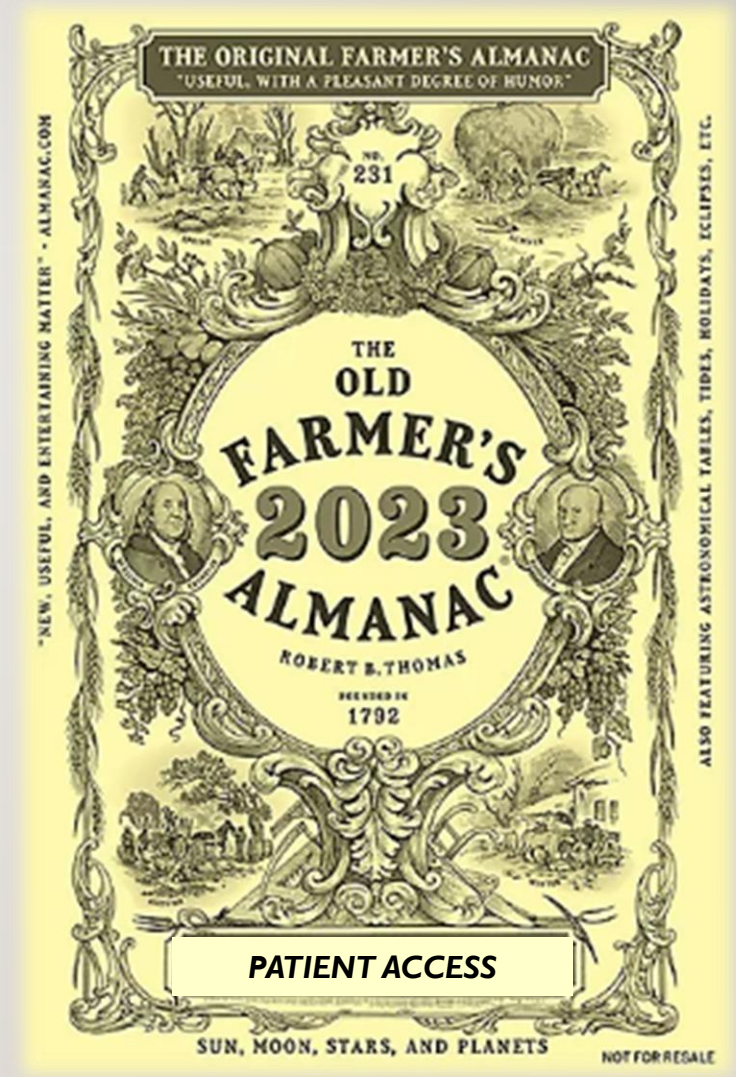
AAHAM TWIN STATES
ANNUAL CONFERENCE

PATIENT ACCESS

ERIN BAGGETT
TEGRIA RCM

AGENDA

- Introduction
- Patient Access - Farmer's Almanac Predictions
- Assess the Farm
 - Workforce
 - Equipment
 - Planting Season
 - No Surprises Act
 - Price Transparency

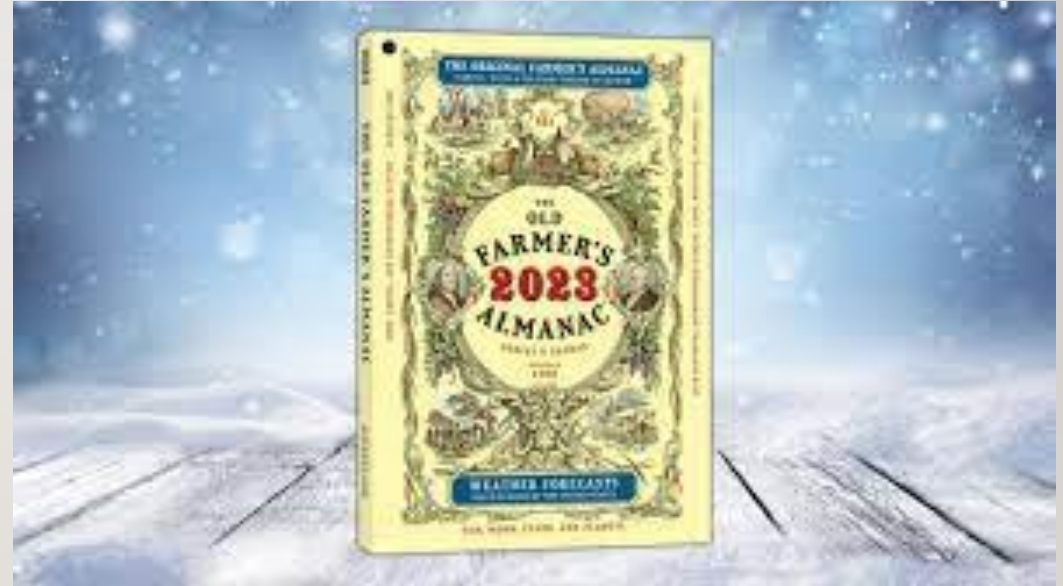


INTRODUCTION

- 24+ years progressive Patient Access Leadership experience
- Revenue Cycle & Ambulatory Patient Access
- Passion for creating *Culture of Consistency*
- ACMs and Community Healthcare Systems



PREDICTIONS?





ASSESS THE FARM

- Workforce
- Equipment

WHAT ARE YOU
EXPERIENCING
ON THE FARM?





WORKFORCE

WORKFORCE – STAFFING

Recruitment/Retention

Covid Burnout

Competitive Market

Salary/Wages

Vacancy Rates



WORKFORCE - STRATEGY

Recruitment/Retention

- HR Partnership
- Incentives/Bonuses
- Remote Work
- Flexible Schedules

Covid Burnout

- Performance Incentives

Competitive Market

- Team Engagement
- Career Ladders
- Flexible Scheduling
- Remote Work

Salary/Wages

- Market Reviews

Vacancy Rate

- Outsourcing/Insourcing



EQUIPMENT



EQUIPMENT – TECHNOLOGY/PROCESSES

What equipment can you use to increase production when your workforce is low?

- Review Existing Workflows/Processes – Gain Efficiency
- Remote Work
- Leveraging EHR functionality – Are you up-to-date?
 - Preservice Opportunities
 - Work queues
 - Prioritize Workloads
 - AI/Robotics
 - Exception Based Work
- Remove Waste!



PLANTING SEASON

- No Surprises Act
- Price Transparency

NO SURPRISES ACT - OVERVIEW

Consolidated Appropriations Act of 2021 – “No Surprises Act”

- No Balance Billing
 - Out-of-network emergency services
 - Non-emergency services by out-of-network providers during patient visit (unless notice/consent)
 - Notice & Consent Exceptions – emergency medicine, anesthesiology, pathology, radiology, and neonatology
 - Publicly disclose patient protections against balance billing
 - Covered air ambulance services by out-of-network ambulance providers
 - Instances where balance billing is prohibited, cost sharing for insured patients is limited to in-network levels or amounts

Resource:

<https://www.federalregister.gov/documents/2022/08/26/2022-18202/requirements-related-to-surprise-billing>

NO SURPRISES ACT – GOOD FAITH ESTIMATES

- Good Faith Estimates – Uninsured or Self-pay
 - Providers must give good faith estimate of expected charges to uninsured and self-pay patients at least 3 business days before a scheduled service, no later than 1 business day after the date of scheduling
 - When the service is scheduled at least 10 business days before such item or services is scheduled to be furnished, the good faith estimate must be provided no later than 3 business days after the date of scheduling
 - When a good faith estimate is requested by an uninsured (or self-pay) individual, the good faith estimate must be provided no later than 3 business days after the date of the request
 - Any changes to scope of a good faith estimate must be provided no later than 1 business day before the items or services are scheduled. Scope of a good faith estimate does not exceed 12 months.
 - Must be provided in written form either on paper or electronically.
 - Patients can start a Patient-Provider Dispute Resolution Process within 120 calendar days of the date of the original bill when the billed charges are in excess of \$400 or more than the good faith estimate.

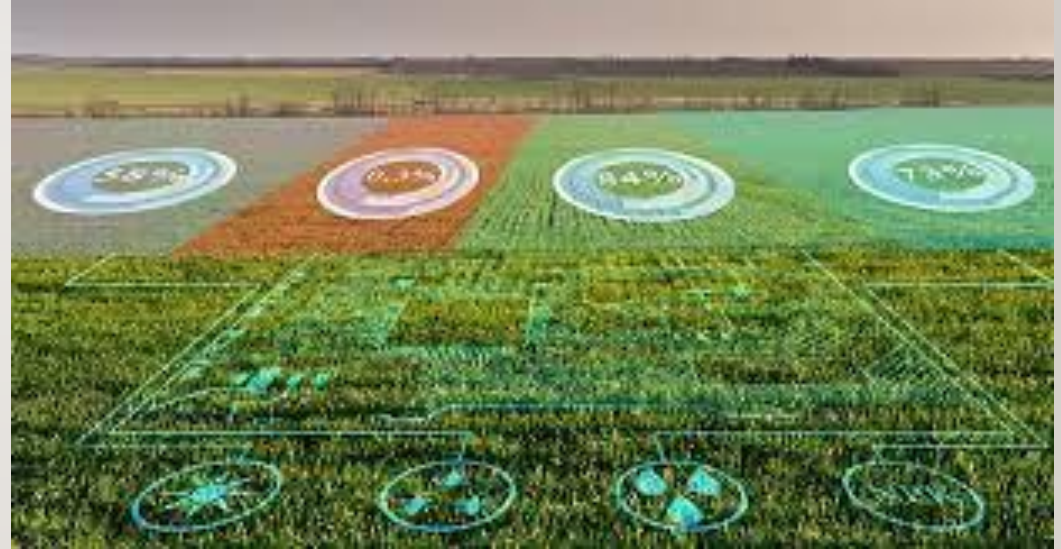
Resource: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-Good-Faith-Estimate-Patient-Provider-Dispute-Resolution-Process-for-Providers-Facilities-CMS-9908-IFC.pdf>

PRICE TRANSPARENCY - OVERVIEW

- As of January 1, 2022, hospitals operating in the United States are required to provide pricing information in a clear and accessible way:
 - Comprehensive machine-readable file with all items and services
 - Display of shoppable services in a consumer-friendly format
- CMS defines “Hospital” – *“means an institution, in any State in which State or applicable local law provides for the licensing of hospitals...including institutions such as critical care hospitals, specialty hospitals, and state owned or operated facilities other than those deemed compliant”*.
- CMS defines “Standard Charge” – *“means the regular rate established by the hospital for an item or service provided to a specific group of paying patients...”*.

Resource: <https://www.cms.gov/files/document/hospital-price-transparency-frequently-asked-questions.pdf>

HOW DO WE MANAGE THE CROPS?



CROP MANAGEMENT – WHAT WORKS?

- People
 - Centralized Price Transparency Team – have subject matter experts solely focused on estimates
 - Partner with the experts (outsource work to reduce internal staffing shortages – You are not alone)
- Process
 - Assess existing workflows/processes to align with compliance standards for NSA and Price Transparency
 - Measurable Data Tracking
- Technology
 - Review Your EHR – Do you have a Robust Real-Time Eligibility Tool?
 - Work Queue/Priority Algorithms for Self-pay Patients
 - Estimate Automation/Auto-finalization
 - Automated Mail/Email/Text Estimate Notifications

QUESTIONS



RESOURCES

- <https://www.federalregister.gov/documents/2022/08/26/2022-18202/requirements-related-to-surprise-billing>
- <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-Good-Faith-Estimate-Patient-Provider-Dispute-Resolution-Process-for-Providers-Facilities-CMS-9908-IFC.pdf>
- <https://www.cms.gov/files/document/hospital-price-transparency-frequently-asked-questions.pdf>

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