Navigating Telehealth Billing Amid New Trends in Virtual Care

How To Keep Billing on Track Across Diverse Models of Care Delivery

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While telehealth experienced increasing momentum leading up to the pandemic, COVID-19 dramatically accelerated interest in and adoption of virtual care. By the last week of March 2020, telehealth visits surged 154%[1] compared with the same period in 2019.

Despite evidence of declines from those initial peak rates, these trends have stabilized at a much higher point, 38 times what they were pre-pandemic.[2] This indicates virtual care has serious staying power, even post-pandemic.

Driven initially by necessity because of the public health crisis, telehealth has since become a favored model of care delivery for payers, providers, patients and members thanks to the convenience and ease of use of digital accessibility. While several specialties are particularly suited to telemedicine — including psychiatry and radiology[3] — nearly every discipline has experienced this growth in some way.

By now, many medical offices that didn't have a telehealth program do so now, transitioning to a hybrid model of in-person and digital care. As these models continue to change, however, the digitization of modern-day medicine has complicated billing practices.

How can providers navigate these updates to keep their billing on track? We asked our experts to unpack the pandemic's lasting effects on telehealth billing and how providers can adapt to the changes to keep their businesses thriving in this new environment:

In 2021, telehealth virtual visits have settled at 38 times what they were pre-pandemic, according to data compiled by McKinsey & Company.

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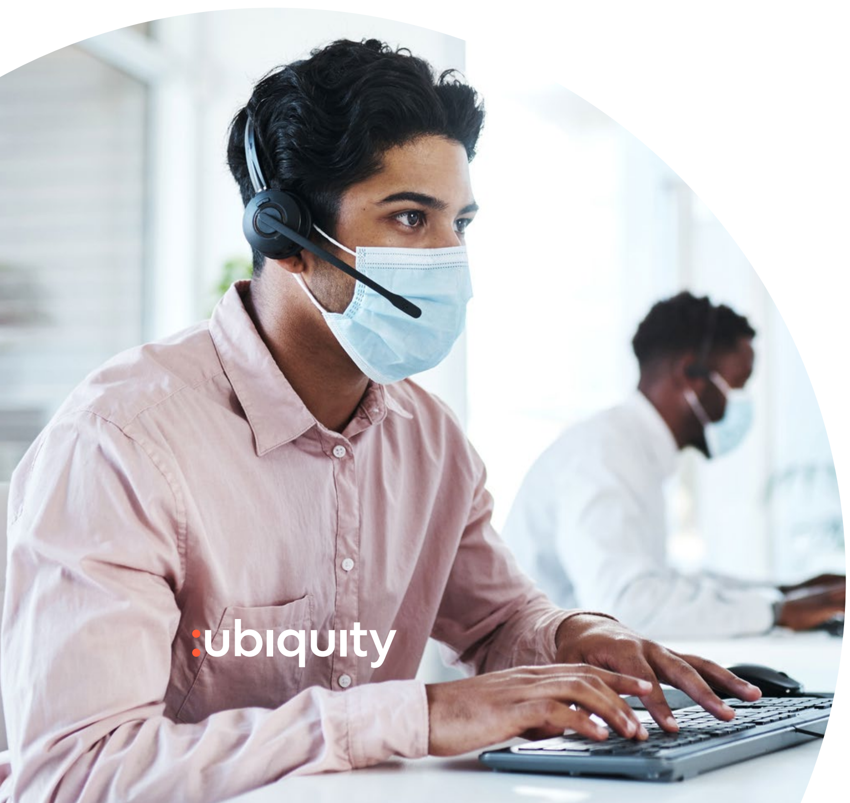

FIND OUT WHERE YOU ARE:

The Current State of Medical Billing

While providers and their advocates have made strides in achieving supportive policies for telehealth service and payment parity,[4] the fast expansion of telemedicine amid COVID-19 has still created a litany of other challenges in medical billing. The most insidious barrier on the front end is not following up on a key question: Did the telehealth appointment actually happen?

That can be difficult to answer, given the glitchy realities of technology as well as patients' limited mastery of such technologies. The current public health environment throws in added complications, explained Carlos Baltodano, vice president of healthcare and government solutions at Ubiquity.

"Since COVID began, the industry has experienced higher percentages of missed appointments simply because it's hard to give a 100% predictability to how much time each NPI will spend with each patient or member," Baltodano said. "Especially now, there will always be circumstances where life just happens and the conversation goes over the allotted time or doesn't happen at all. Maybe the NPI was exposed to COVID in their facility and they unexpectedly had to work from home without access to the telehealth platform. All this uncertainty puts added pressure on medical offices to ensure appointments take place according to the schedule — or get quickly rescheduled, even if they're briefly delayed."

On the back end, billing becomes more complex as virtual care expands its footprint across the continuum. For one thing, the extensive list of billing codes[5] for virtual encounters, remote monitoring and aftercare has added to the administrative intricacies of telehealth billing, particularly amid changing reimbursement models and the move toward value-based care.

But perhaps more broadly, Baltodano suggested that one of the greatest challenges has been the complex and regularly changing fee schedules that are individually negotiated between payers and medical groups.

“A lot of the time, fee schedule complexity generates a high volume of disputes when fee schedules aren’t properly updated or configured into the claims platforms according to what’s in the current contract,” Baltodano said. “To make things even more cumbersome, there is always additional subsection billing coding as well to ensure groups are reimbursed according to time spent or specialty. From a provider’s perspective, you run the risk that your billing system isn’t asking for the correct dollar amount that was most recently negotiated or even capturing all available codes.”

Put simply, these virtual care models, which should support the business, are inadvertently imposing administrative strains on offices that have to manage the billing challenges. Missed revenue opportunities inherent in these concerns further affect health care offices, which already struggle with staff burnout, labor shortages and financial pressures.

Worse still, these concerns can affect the patient experience, with risks of incorrect billing and out-of-pocket overpayment. Combined with other frustrations patients may experience on the virtual-care side — such as a lack of provider availability for telehealth appointments, Baltodano noted — these compounding concerns can sour the patient experience.

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RECOGNIZE THE OBSTACLES:

Overcoming Barriers by Rethinking Solutions

As these challenges within virtual care intersect, providers have a unique opportunity to overcome the barriers with a modernized and optimized approach to billing. But there's one caveat: Modernization does not mean complete automation.

"Until the industry solves its core problem of not having enough providers dedicating their time to telehealth 100% of the time, you're going to continue to have denials and misdirected claims that you'll need to deal with," Baltodano said. "And programmatic solutions can't solve for that. What you need is an efficient way of having the human intervention to do insurance follow-up, collect on dollar amounts, and respond to disputes and denials within the overarching nuances of these individually negotiated fee schedules."

Indeed, humans are still — and will always be — a precious resource when it comes to navigating the complexities of the payer-provider reimbursement dynamic. And, Baltodano added, leaning entirely on revenue cycle management (RCM) groups without considering that human skill set can be problematic.

"Imagine a provider's claim is denied while only working with an RCM," he said. "That provider will then call the RCM, who then communicates with the payer, who then communicates back to the RCM, who then communicates to a separate team on the back end to investigate further."

This process creates complexities within preexisting complexities, Baltodano noted, when it could be solved in one go with the right efficient and dedicated team. That is, providers should consider a health care business process outsourcing (BPO) vendor beyond their RCM that has the experience and personnel to skip the back-and-forth.

"Now imagine if you, as the provider, could work with a single point of contact who could do that outbound call on a denial, track down the information, and then resubmit the claim on your behalf in a more straightforward and faster manner," Baltodano said. "This is what the industry needs more of right now, and it's exactly why we're seeing more clients turn to Ubiquity for this specialized and more efficient mix of expertise."

PLAN FOR NEW SERVICE MODELS:

Making Telemedicine Work in a Value-Based Care Model

Another factor to consider when optimizing your telehealth billing is how the process will fit into an increasingly predominant value-based care model in the future. While most of health care[6] embraces traditional fee-for-service — and particularly among physician practices compared with hospitals and health systems — Baltodano suggested that the tide may be changing for everyone quite soon.

"Fee-for-service may still be the better part of the market, but it's declining every year," he said. "In the future, you'll most certainly find that partners and vendors who haven't yet adapted to these changing models may not be equipped to support health care organizations as the pendulum shifts to value-based care."

That's because of the amount of additional billing activities associated with value-based models, Baltodano added.

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"When you're operating under a value-based care model, there's a lot of special attention needed for certain areas that aren't necessarily the case for the more transactional fee-for-service contracts," Baltodano said. "For example, the amount of back-end work with fee-for-service may start and end with each encounter. But with value-based care, the surround-sound clinical activities matter, too, such as what happened before the visit or post-discharge events such as remote monitoring or medication adherence."

Given those extra layers and administrative requirements of value-based care, more data-gathering happens between BPO agents and patients before they even see the provider. This volume of skilled work requires more expansive and experienced infrastructure, such as dedicated support specialists, QA, compliance and training teams who understand the nuances of working in these value models.

"There can be a tendency in this industry to build teams in support of an exclusively fee-for-service business model, but that gives little to no room to transition to value-based care when the time comes," Baltodano said. "You want an adept and agile team from the ground up, which means working with a partner who can demonstrate their expertise and comfortability with these value models from the outset of any partnership."

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EXPLOIT OPPORTUNITIES:

Cutting Through the Complexity With Billing Excellence

The shift toward telehealth adoption has created new opportunities for providers and patients while introducing billing and patient/provider experience challenges within these changing care models. As medical groups navigate these evolving trends within the context of other recent developments, such as value-based care and their own financial and labor pressures, achieving next-generation billing excellence will be key.

Doing that well will require strategic investments in BPO partners experienced in these complexities and the evolving business and policy landscape of the care continuum. With the right collaboration with the right partner, telemedicine can become a more sustainable and profitable fixture of the RCM engine.

Learn how you can transform your billing practices with an advanced BPO at www.ubiquity.com/who-we-are/healthcare-solutions/

Key Takeaways

DISCOVER WHERE YOU ARE:

How are you handling the high volume of missed appointments? Are you managing billing codes correctly and efficiently? Are poor patient experiences in care and billing straining your administrative staff and diminishing ongoing revenue opportunities?

RECOGNIZE THE OBSTACLES:

The healthcare industry has not caught up to telehealth demand, and the current revenue cycle management (RCM) process creates complexities within preexisting complexities. In addition, the drive to modernization and automation can add unnecessary complications.

PLAN FOR NEW SERVICE MODELS:

Value-based care models of the future will offer better service coupled with additional billing activities. The volume of complex tasks will require highly skilled support specialists, an expanded infrastructure, dedicated quality assurance, and periodic compliance training.

EXPLOIT THE OPPORTUNITIES:

Strategic investments in BPO partners already well-versed in both the complexities of telehealth and the evolving policy landscape of the care continuum are a strategic advantage for a more sustainable and profitable RCM engine.

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