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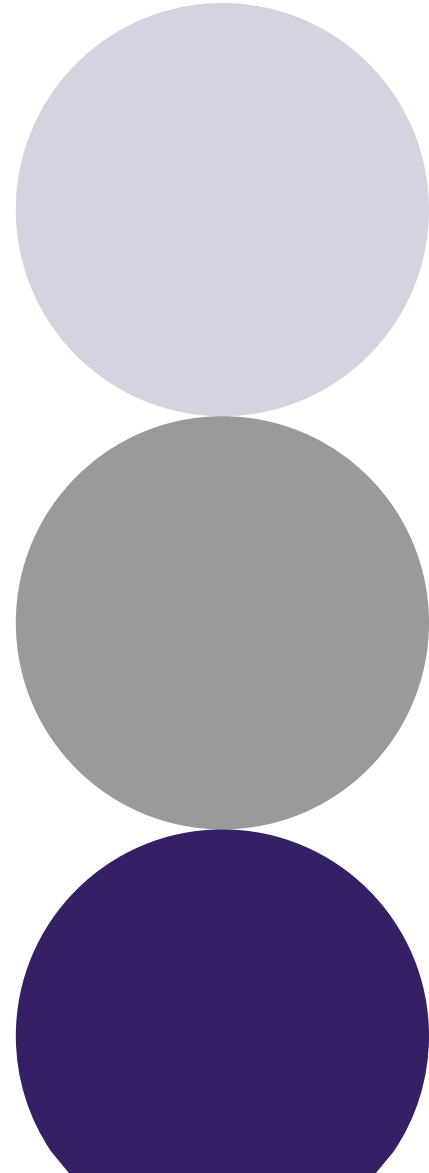
Preventing Revenue Cycle Management (RCM) Catastrophes

Ravi D Goel, MD

Senior Secretary for Ophthalmic Practice



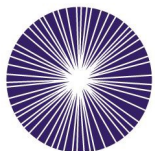
Regional Eye Associates





Financial Disclosure

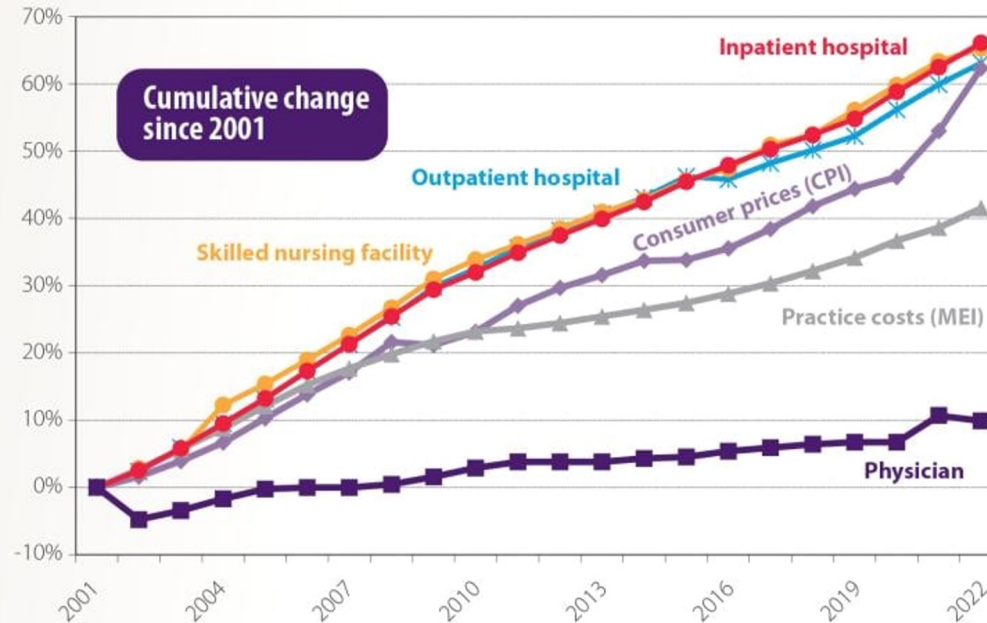
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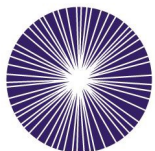
Medicare physician payment is **not** keeping up with inflation. Why are physician services taking a backseat?

Medicare updates compared to inflation (2001–2022)

Adjusted for inflation in practice costs, Medicare physician payment declined 22% from 2001 to 2022.



Sources: Federal Register, Medicare Trustees' Reports and U.S. Bureau of Labor Statistics, American Medical Association, Economic and Health Policy Research, September 2022.



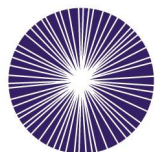
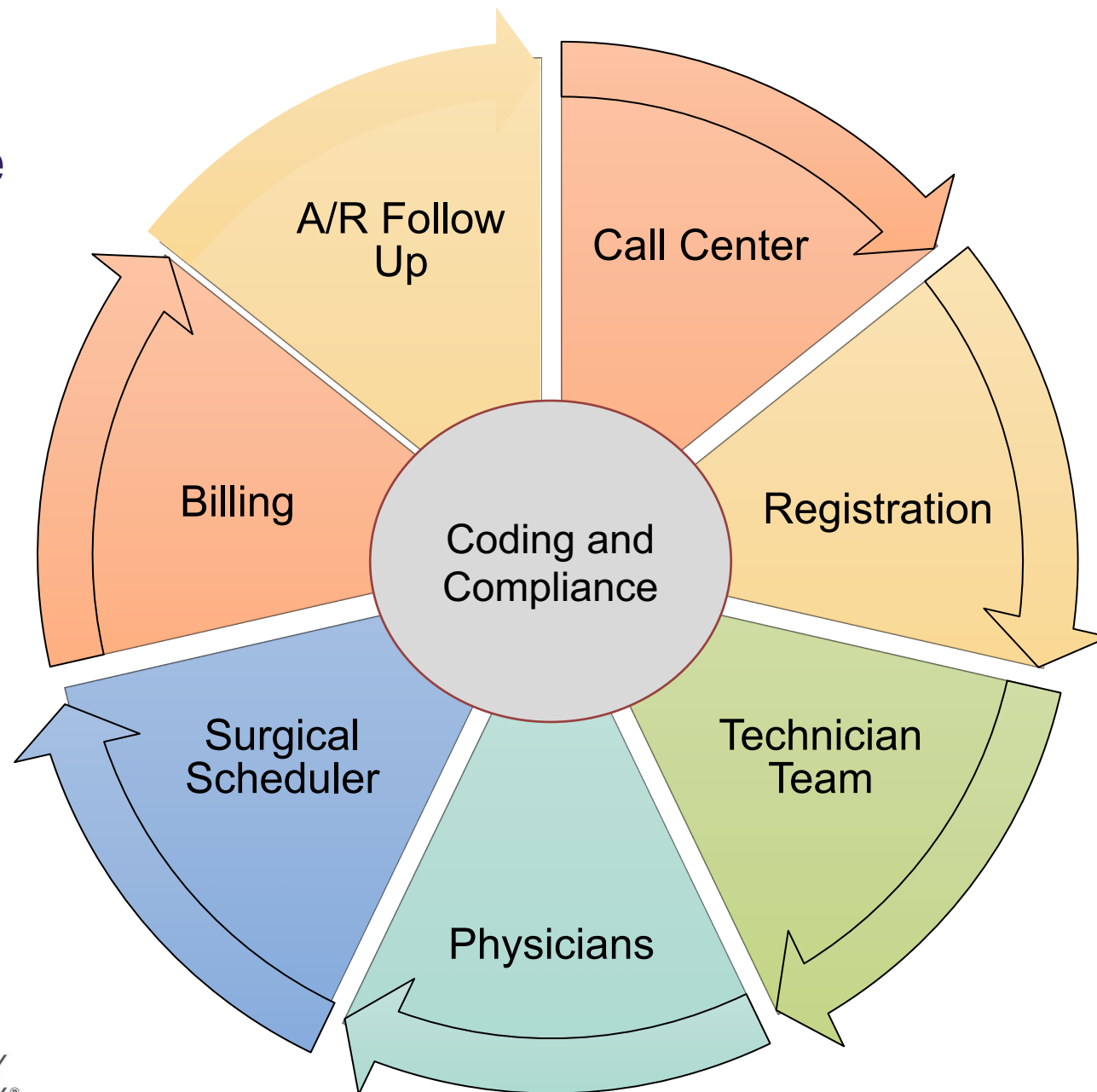
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AMA Principal Economist Kurt Gills

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What is Revenue Cycle Management (RCM)?



Lucentis payments

Noridian Medicare Corneal
Tissue Claims

Anthem BCBS Avastin
Authorization Issue (part 2/
update, from prior post we
made 6/3/23)

Humana Step Therapy

We received notice of Humana's Step Therapy policy, as of January 2024.

I didn't see specific notation regarding patients *already on* "preferred" or "non-preferred" drugs, other than Avastin, as to whether those will bypass the Avastin step & be grandfathered therapy. Does anyone else know more?

Also, I'm assuming that after Avastin is tried, there's no particular requirement for what "preferred" drug can be utilized next. For instance, we're able to jump to Vabysmo or Eylea after Avastin failure, correct? Just want to make sure we understand appropriately.


Thanks for your eyes!

 Humana Step Th...
2 MB • 19 downloads






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AAOE-Talk

1453 group members

 Members  Resources  Events

Optical Operations
Consulting

Virtual credit cards

Insurance Benefits and Surgery

We schedule surgery and check the patients' eligibility/benefits that day, then discuss with patient an expected amount of what their insurance will cover and what is the patients responsibility. My question is, if any of you do this, also, and if so, how do you handle it for those that are scheduled for the next month or two out? Such as verifying that their insurance is still active prior to surgery. We work ahead probably like 6 weeks out, and we have had a couple of surgeries deny recently due to termination of policy. The patient did not inform us the day of surgery therefore we are "stuck" with the patient's large balance and the trying to collect from the patient after surgery has been done. I would like to be more proactive so that doesn't happen, we begin surgery at 5:45am so trying to verify insurance on the 1st is going to be a challenge. I would appreciate any ideas or suggestions.

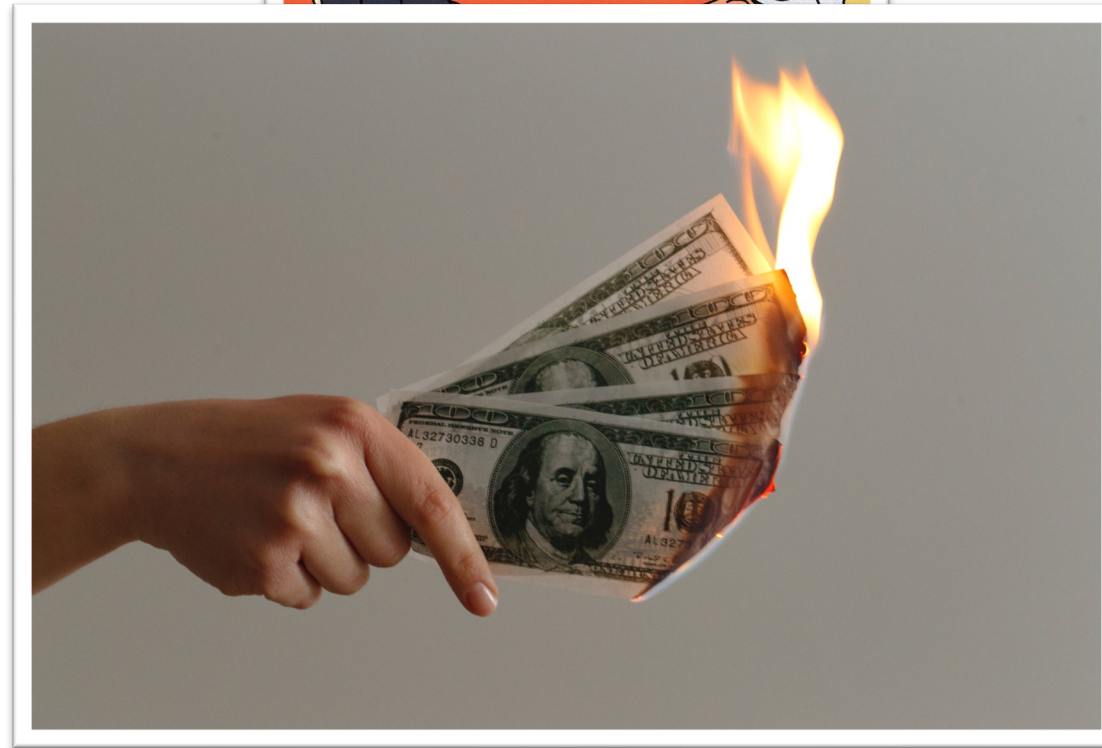
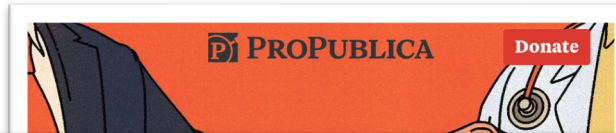
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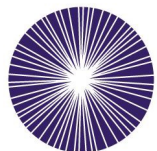
5 comments

Private Reply





by Cezary Podkul
Aug. 14, 5 a.m. EDT



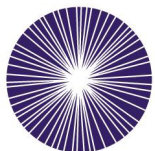
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Unsplash



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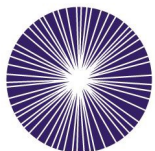
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RaviGoelMD@gmail.com

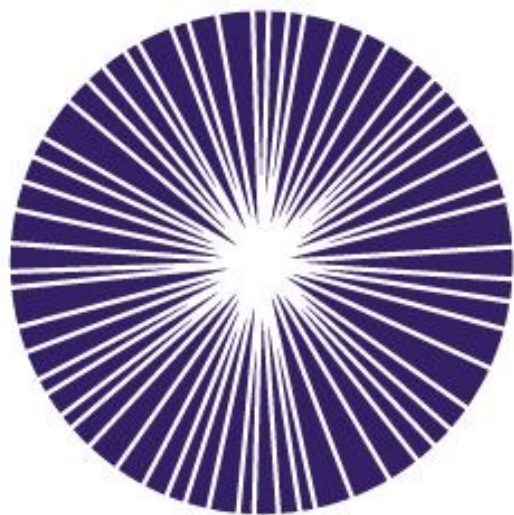
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