

## The biggest reimbursement trend for 2020 and the importance of innovative collaboration: 3 Qs with eSolutions CEO Gerry McCarthy

Hospital and health system executives are increasingly being asked to do more with less as costs continue to rise in a climate of regulatory uncertainty. To meet this challenge, hospital leaders and technology companies are working to reimagine the healthcare revenue cycle.

Gerry McCarthy leads this charge at eSolutions, a provider of revenue cycle management technology solutions. Mr. McCarthy has more than 20 years' experience in healthcare information technology. Prior to joining eSolutions, he served as president at TransUnion Healthcare where he oversaw the strategic direction of the division.

Here, Mr. McCarthy answers three questions for *Becker's Hospital Review*.

*Note: Responses edited for length and clarity.*

### **Question: What do you think will be the biggest trend affecting hospital reimbursement in 2020?**

**Gerry McCarthy:** I think baby boomers aging into Medicare will be the biggest trend affecting hospital reimbursement this year. With the increase in Medicare claims, hospitals' percentage of revenue is bound to be affected. As of January 1, CMS began automatically rejecting claims that don't include MBIs (Medicare Beneficiary Identifier). They did this to reduce potential fraud and make healthcare more secure. Now all claims and other electronic transactions without the MBI are being denied. We also have learned that 87 percent of claims in December 2019 were submitted with the MBI number, so that means it's likely that 13 percent of these providers' claims are being rejected today.

### **Q: What determines if a provider and vendor will be good partners?**

**GM:** The best type of partner is one that innovates for the strongest possible partnership. In response to CMS requiring an MBI for processing claims, we conceived and took to market a new tool, eSolutions' MBI Lookup, to help our clients through this transition. CMS is constantly changing reimbursement requirements, so providers need a vendor who can stay in step with CMS to ensure quick and accurate healthcare payments. The eSolutions team works tirelessly to keep current with changing Medicare rules and regulations, then aligning those changes to our product roadmap and overall product strategy.

### **Q: What makes your organization's mission unique?**

**GM:** Our mission is to strengthen providers' revenue health by offering revenue cycle management solutions for providers billing Medicare, Medicaid, Medicare Advantage and commercial insurance. We have been in the Medicare business for over 20 years, and we are experts in Medicare. We also have years of experience in commercial claims processing and reimbursement. It's simple: We want to help providers seamlessly navigate reimbursement so they can focus on what truly matters – their patients.

eSolutions is a CMS approved Network Service Vendor, and our unique connection to Medicare allows eSolutions to deliver more Medicare data quicker than any tool on the market, helping hospitals and providers across the country get paid what they deserve, fast. We also take pride in our connections to more than 5,500 commercial payers through our multi-payer products, our best-in-class analytics tools and our revenue integrity product suite that helps hospitals recover the payments they deserve. ■