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**LRPHO NewSource is a
Quarterly Publication for our
Clinical Providers, Office
Management, Staff and
Contracted Facility Members**

NewSource

2nd Quarter Edition

Telehealth Policy Updates: Extensions of Telehealth Access Options

[from telehealth.hhs.gov]

Recent legislation authorized an extension of many of the Medicare telehealth flexibilities that were in place during the COVID-19 public health emergency through September 30, 2025.

The Federal Government took a range of steps to expedite the adoption and awareness of telehealth. Some of the telehealth flexibilities have been made permanent while others are temporary. Telehealth policies allow:

- Medicare patients can receive telehealth services for non-behavioral/mental health care in their home through September 30, 2025.
- There are no geographic restrictions for originating site for Medicare non-behavioral/mental telehealth services through September 30, 2025.
- Telehealth services can be provided by all eligible Medicare providers through September 30, 2025.
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as Medicare distant site providers for non-behavioral/mental telehealth services through September 30, 2025. For an encounter furnished using interactive, real-time, audio and video telecommunications technology or for certain audio-only interactions in cases where the patient is not capable of, or does not consent to, the use of video technology services, payment to RHCs and FQHCs are subject to the national average payment rates for comparable services under the physician fee schedule (PFS) through December 31, 2025.
- An in-person visit within six months of an initial Medicare behavioral/mental telehealth service, and annually thereafter, is not required through September 30, 2025. For FQHCs and RHCs, the in-person visit requirement for mental health services furnished via communication technology to beneficiaries in their homes is not required until January 1, 2026.
- Non-behavioral/mental telehealth services in Medicare can be delivered using audio-only communication platforms through September 30, 2025. Interactive telecommunications system may also permanently include two-way, real-time audio-only communication technology for any telehealth service furnished to a patient in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system, but the patient is not capable of, or does not consent to, the use of video technology.



CARTOON CORNER

FIVE



FUN WAYS TO CELEBRATE AND SPREAD HAPPINESS AT WORK

1 THEMED DRESS-UP DAY

Why not kick off the week with a themed dress-up day? Whether it's "Pajama Day," "Crazy Hat Day," or "Superhero Day," getting everyone involved in a bit of fun can be a great icebreaker and help foster a sense of camaraderie.

2 GRATITUDE WALL

Set up a Gratitude Wall where employees can post notes of appreciation for their colleagues. It's a simple yet powerful way to recognize each other's efforts and build a culture of positivity.

3 OFFICE SCAVENGER HUNT

Spice up the workday with an office scavenger hunt! Hide small prizes or clues around the office and let teams race to find them. It's a fun way to boost teamwork and break up the daily routine with some adventure!

4 WELLNESS ACTIVITIES

Organize some wellness activities like yoga sessions, mindfulness workshops, or even a healthy cooking class. These activities can help reduce stress and promote a healthier work-life balance.

5 SURPRISE TREATS AND CELEBRATIONS

Surprise your team with some sweet treats! Whether it's a surprise donut delivery, a taco truck parked outside, or a catered lunch, a little indulgence can go a long way in boosting morale. Don't forget to celebrate with a small office party or social hour to wrap up the week!

LRPHO DIGITAL FEE SCHEDULE 2025

The LRPHO 2025 Digital Fee Scheduled (formerly known as "Fees on CD") was sent to all LRPHO member offices via email on 4-02-2025.

If your office did NOT receive this email, please contact julie.simpson@hcahealthcare.com immediately and let her know. Thank you!

Board of Directors 2025



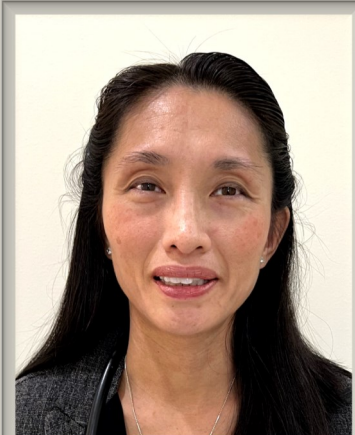
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It is Time to Make Prior Authorization Reform a Reality

[by Bruce A. Scott, MD - ama-assn.org]

Fixing the onerous and inefficient prior authorization process that health plans and benefit managers use to control their costs—while harming patients and burdening physicians in the process—needs to happen now. This is why the AMA, our Federation of Medicine partners, and hundreds of health care organizations are speaking with a unified voice to urge Congress to act. And even though prior authorization reform enjoys strong bipartisan support in Congress, the process continues to needlessly delay care and negatively impact clinical outcomes.

The consequences of Congressional inaction on this issue jump out in the AMA's latest nationwide survey of 1,000 physicians from a broad range of practice settings. For example, more than one in four physicians said prior authorization had triggered a serious adverse event (including hospitalization, permanent impairment or even death) in a patient under their care. Further, 82% of physicians surveyed reported that patients had abandoned treatment altogether due to prior authorization issues with insurers, while 94% said poorer clinical outcomes were directly linked to prior authorization.

Impact on Physicians

Overly burdensome prior authorization processes take a heavy toll on physicians as well. The AMA's 2024 survey indicated that responding physicians completed an average of 39 prior authorization requests each week, with 75% of those surveyed reporting that denials had risen, in many cases significantly, over the past five years. On average, handling those requests for a single physician requires 13 hours of physician and staff time each week, reducing valuable time that could otherwise be spent directly on patient care.

The result? Higher physician burnout, lower practice productivity tied to diverted time and resources, and higher practice costs. The wasteful roadblocks to treatment payers place in front of physicians are even greater when projected across the entire health care system. That's because resources are diverted to ineffective initial treatments (i.e., inappropriate step-therapy requirements), and higher overall utilization results when patients seek emergency care or are hospitalized when their health worsens due to prior authorization denials.

Such denials are routinely issued without explanation or justification, by anonymous reviewers with unknown credentials, and with no guidance on alternative treatment options. Physicians and their patients are left in the dark, with adverse outcomes for patients too often the result. The lack of transparency that permeates the prior authorization process is maddening, but even more dangerous is the harm our patients face when treatment is delayed or denied outright. Their conditions worsen, and the results can be devastating when patients decide to abandon the care they need but cannot obtain.

Role of AI in Prior Authorization

Physicians are also voicing grave concerns that the growing use of unregulated artificial intelligence automation and predictive technologies by health plans will result in an even higher rate of denials, as sound medical judgment is overridden in a process with little to no human involvement. These concerns are well-founded. Evidence compiled by the U.S. Senate Permanent Subcommittee on Investigations shows that the use of automation and predictive technologies has led to higher rates of care denial, suggesting that Medicare Advantage insurers, in particular, are “substituting judgment about medical necessity with a calculation about financial gain.”

Employing automated decision-making to deny more needed care for even more patients is the opposite of the prior authorization reform our nation so badly needs. Physicians must be allowed to bring their training, knowledge of science, and experience to bear in helping patients choose a course of evidence-based treatment through shared decision-making and informed consent—without interference from third-party algorithms and unproven, unsupervised predictive technologies.

I promise you this: The AMA and our Federation of Medicine partners will fight to achieve real and lasting prior authorization reform at the state and federal levels. It is what our patients deserve, what physicians everywhere need, and what our health care system requires.

Multiplan Changes Name and unveils New Brand:



We are excited to announce that MultiPlan has undergone a rebrand to better reflect our vision of creating clarity and driving innovation to realize savings and elevate patient care. As part of this transformation, we have updated our name and logo, and we are now Claritev. The new Claritev brand is a direct reflection of our investment in innovation – expanding what we can deliver to increase the value we create for you and all our constituents.

We couldn't be more excited about this change, but we also know that you may have questions about what this change means for you. The rebrand will have no impact on our existing suite of offerings.

If you have any questions at all about MultiPlan's rebrand, the rationale behind it, or what it means for you, you can find more information on our website: www.claritev.com.

Further questions can be directed to 800-950-7040 or to the Provider Portal on the website.



11th Annual Trauma Symposium

Friday, May 9, 2025

7:30 a.m. - 2:30 p.m.

Randolph Riverfront Center, Downtown Alexandria



**Rapides Regional
Trauma Center**



Topics

- Management of Shotgun Wounds
- Trauma? Stroke? STEMI? Managing Trauma Patients with Serious Medical Issues
- Boating Accidents
- The First Fifteen
- ICU Considerations for the Polytrauma Patient
- Complication Prevention: What Can the Nurse Do?
- Geriatric Trauma Patients
- Case Studies

Patient Survival Stories

- Case Review and Patient Testimonial

Presenters

- Matthew Carrick, M.D.
- Matthew Linger, M.D.
- Jeremy Timmer, M.D., F.A.C.S.
- Samantha Zeringue, M.D.
- Brian Broussard, P.A.
- Shawn Moreau, D.N.P.
- Kirk Smart, R.N., B.S.N.
- Cecil Fairchild, A.A.S., N.R.P., F.P.-C., P.T.-C.

There will be an exhibit area with vendors.

CME and CE applied for.



Registration

Scan the QR code or call 318.769.4440.

No fee for Rapides Regional employees or PHO members. Fee is \$50 for non-employees/non-PHO members.

Questions?

Contact Shawn at 318.769.3747 or Jessica at 318.769.5446 for more information.