Transitioning to Billing 1: Assessing your Capacity to Successfully Manage Revenue as a Key Element of Agency Sustainability

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Capacity building assistance (CBA) provider

- Monitoring and evaluation
- Organizational infrastructure
- Effective Behavioral Interventions

Training and Technical Assistance (TTA) provider

Improving capacity in two areas:

- Bill and get reimbursed by Medicaid and other third-party payers
- Conduct prevalence monitoring of chlamydia and gonorrhea and use data for QI

Webinar Basics

- Interactive functions
  - Polls
  - Chat
- Chat to organizer for questions or technical issues
- Open phone lines for discussion
  - Watch background noise

Learning Objectives

- Understand billing choices that are available to your organization
- Identify 2-4 cultural shifts to becoming a billing organization
- Describe two of the key steps involved in the pre-visit stage of the revenue cycle
- Differentiate between credentialing and contracting

Understanding the Impact of the Law

- The environment in which health care is delivered is changing.
- The ACA will expand insurance coverage by about 30 million people when it is fully enacted in 2014.
- More opportunities for the advancement of community based care and prevention

The Affordable Care Act and Expanded Coverage

- Medicaid Expansion
  - Being implemented in at least 26 states
- Health Insurance Marketplace
  - Required by the Affordable Care Act
  - States may participate in either state or federal marketplaces www.healthcare.gov
  - Participating qualified health plans must contract with “Essential Community Providers” (ECPs)
  - Centers for Medicare & Medicaid Services list of ECPs:

    https://data.cms.gov/dataset/Non-Exhaustive-List-of-Essential-Community-Provide/ibqy-mswq#column-menu

Organizational Culture Change

- What are the needs of your community?
- What programs and services do you currently provide?
- How can you adapt to meet community needs?
- What models are available to promote sustainability?
- Will you make the decision to change your service mix and/or bill insurance?
- How will this shift impact the clients you serve?
- How do you have conversations with your clients about money?
- How will you adopt best business practices for receiving third party reimbursement?

CHAT YOUR ANSWERS

Do you think billing third party payers may or will fit the culture of your organization? Why yes or why not?

Billable Models

Billable Model	Key Steps Needed
1. Establish a contract with FQHC/clinic or other partner	• Establish formal partnership • Determine services that can be billed by FQHC/clinic • Establish value for each service • Keep track of services provided • Invoice FQHC/clinic for services provided
2. Bill the State for MCD services	• Determine providers & services that are reimbursable by State MCD • Determine medical codes and establish system to track services provided • Establish system to determine Medicaid eligibility for clients/patients • Bill State directly for services provided
3. Bill MCD and other third party payers *Note: you can outsource your billing to a billing agency*	• Determine reimbursable providers and services, and rate • Determine medical codes and establish system to track services provided • Establish system to determine third party payer for clients/patients • Collect co-pay/fee • Bill MCD and other third party payers for services provided

Answer the Poll

Which model do you think best fits the culture of your organization?

- Shifting to billing for services does not fit with the culture of my organization
- Model 1: Establish a contract with FQHC/clinic or other partner
- Model 2: Bill the State for MCD services
- Model 3: Bill MCD and other third party payers directly
- Outsource Billing
- Another model not listed in these examples

Examples of Providers and Services Provided by CBOs and/or STD Clinics

PROVIDERS:

- Medical Providers including: MD, PA, NP, RN, LPN, MA
- Mental Health Providers
- LCSW
- Dental Providers

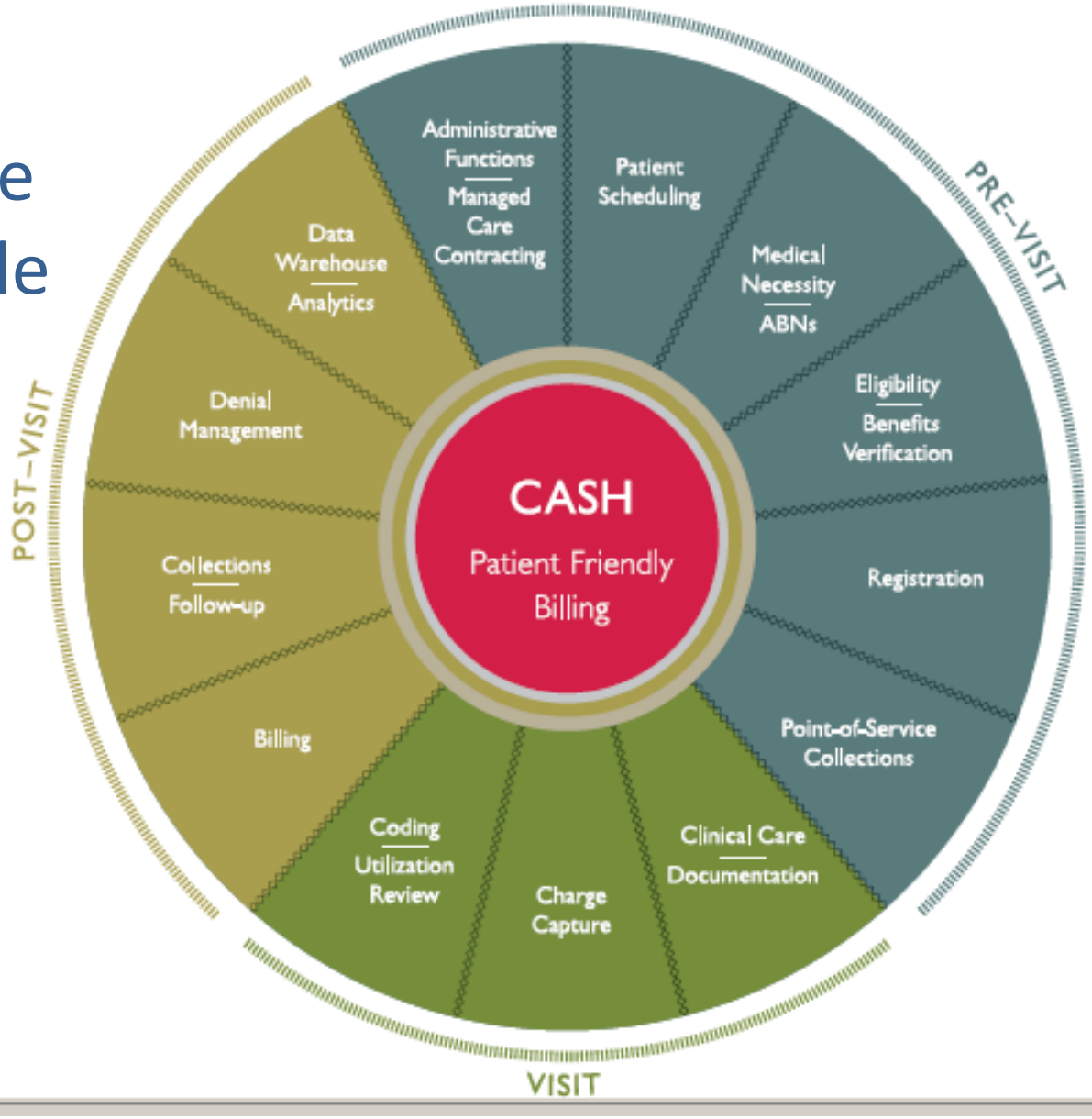
SERVICES:

- HIV Testing and Counseling
- STD Testing and Treatment
- High Intensity Behavioral Counseling related to STD Prevention
- Linkage to Care & Patient Navigation/ Care Coordination/ Case Management
- Oral Health
- Substance Use Detox
- Housing
- Medical Transportation

Health Care Business Basics

- Clients/Customers
- Products/services
- Pricing
- Documentation
- Obtain payment for services

The Health Care Revenue Cycle



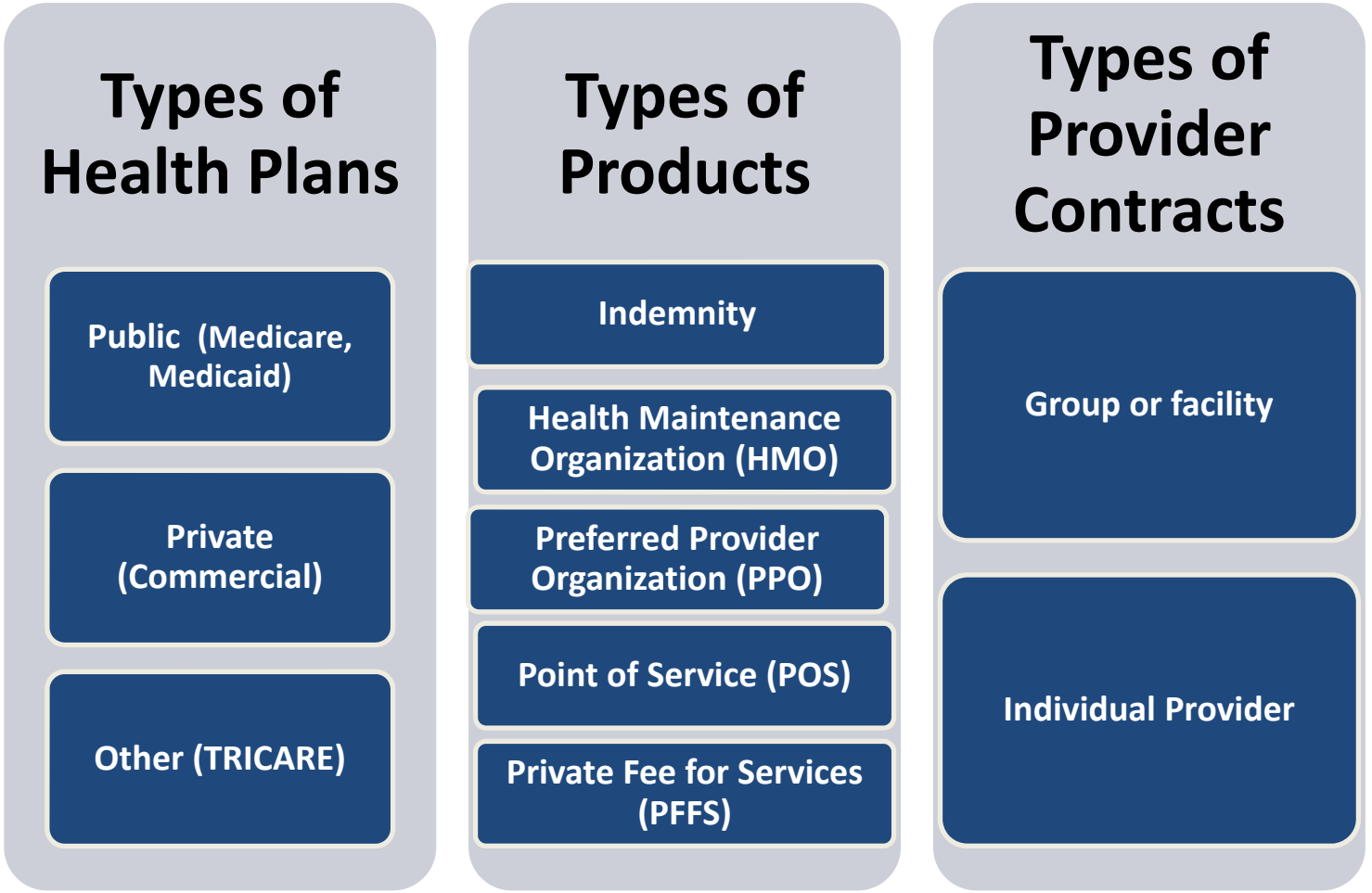
Source: Health Data Management: "*Revenue Cycle Management*" June 2008

Answer the Poll

Does your organization currently have contracts with Medicaid and/or other third party payers?

- Yes
- No
- Not Sure
- Not Applicable

Contracting with Health Plans



Health Plan Contracts: Key Components

- Definitions
  - Clean Claim
  - Contracting Payer
  - Covered Services
  - Notification of Policy Changes
- Obligations
  - Health Plan Obligations
  - Provider Obligations

Unacceptable Contract Provisions

1. Restricted access to fee schedules.
2. Fee schedule applies to non-covered services.
3. Lack of clarification regarding entities with access to contract and discounts.
4. Payer prohibits provider from establishing panel limits and practice parameters.
5. Any reference to “most-favored-nation.”
6. Nonstandard coding, billing, or claims submission requirements.
7. Cumbersome (or manual) referral or prior authorization process.
8. Timely filing less than 90 days.
9. Health plan able to amend the contract without your signature.

Tips for Negotiating Fees

- Conduct a cost analysis
- Set a fee schedule for your services
- In negotiating with health plans:
  - Start high
  - Share that the plan is reimbursing lower than other plans based on your fee schedule analysis
  - Prepare to wait…and wait….
  - Prepare to negotiate
  - If you are not satisfied with the final offer, consider discontinuing the contracting process

Credentialing

- Credentialing is NOT contracting
- Credentialing is the process of verifying and validating background and qualifications for providers
- Allow at least 3-6 months to complete the process
- Council for Affordable Quality Healthcare (CAQH): centralized database used by most commercial health plans: www.caqh.org
- Direct enrollment required for Medicare and Medicaid

Credentialing & Contracting: Ongoing Process

- Review contracts and fee schedules at least every 2-3 years
- CAQH requires quarterly attestation for credentialing
- Make sure new providers are credentialed and affiliated with health plans
- Make sure re-credentialing requirements are met

In Network or Out of Network

- In Network: You are contracted with the client's health plan at a negotiated rate.
- Out of Network: You are not contracted with the client's health plan.
  - The client will be responsible for a higher percentage of charges (up to 100%)

In Network or Out of Network

Out of Network:

- Discuss payment plan with client prior to providing services
- Require payment plan agreement with client
- Include process in policies & procedures and follow consistently
- Ask the patient to assign benefits to your agency, your agency files the claim
- Without assignment of benefits, the client files the claim and the payer reimburses the client directly
- Sample Assignment of Benefits:

  http://www.ama-assn.org/resources/doc/psa/sample-assignment-benefit.pdf

Eligibility & Benefits Verification

Obtain from Client or Insurance Card	Verify with Carrier
• Client Name	• Insurance Carrier Phone Number for Claims Issues
• Date of Birth	• Is authorization required?
• Address	• Is a referral required?
• Social Security Number	• Instructions for Claim Submission
• Insurance Carrier & Phone Number	• Is there a co-pay?
• ID Number	• Is there a deductible?
• Group Number	• In network or out of network?

Outsourcing Revenue Cycle Management

- Eligibility verification
- Clearinghouse services (claims submission)
- Claims follow-up
- Patient statement services
- Collections
- Contracting & Credentialing

Wrap-Up

- Your observations
- Questions

  Go to: http://cba.jsi.com/events and click on *Transitioning to Billing: Webinar Q&A*

- Evaluation

  https://www.surveymonkey.com/s/V8ZSBYY

Resources

- JSI CBA: cba.jsi.com or e-mail cba@jsi.com
- JSI SHRPTTAC: http://shrpttac.jsi.com/
- Council for Affordable Quality Healthcare (CAQH): www.caqh.org
- Cost Analysis resources: http://www.fpntc.org/training-and-resources/webinar-recording-it-pays-to-know-your-costs-why-and-how-to-conduct-an-0
- National Association of Insurance Commissioners (NAIC): www.naic.org

THANK YOU FOR YOUR TIME & PARTICIPATION!

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