

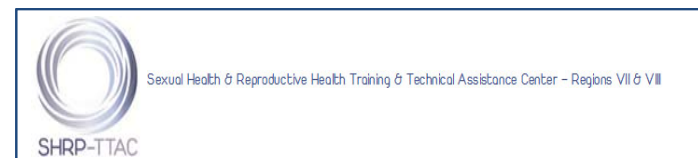
**TRANSITIONING TO BILLING 2: BEST PRACTICES FOR SUCCESSFUL REIMBURSEMENT – *IMPLEMENTING EFFECTIVE REVENUE CYCLE MANAGEMENT PRACTICES AS A KEY ELEMENT OF AGENCY SUSTAINABILITY***

December 17, 2013

1:00 PM Eastern Standard Time (90 minutes)

**Yvonne Hamby, JSI Research & Training Institute, Inc.**

**Hilda Delgado and Lou Ann Wilroy, RT Welter and Associates**



# JSI RESEARCH & TRAINING INSTITUTE, INC.

## Capacity building assistance (CBA) provider

- Monitoring and evaluation
- Organizational infrastructure
- Effective Behavioral Interventions

## Training and Technical Assistance (TTA) provider

Improving capacity in two areas:

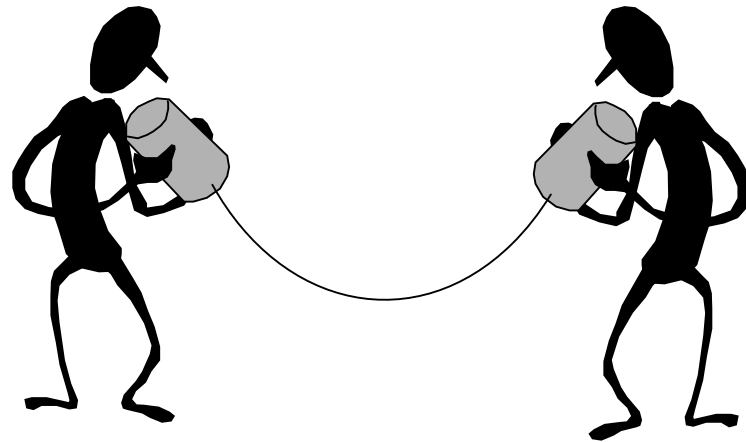
- Bill and get reimbursed by Medicaid and other third-party payers
- Conduct prevalence monitoring of chlamydia and gonorrhea and use data for QI



# WEBINAR BASICS

- Interactive functions

- Polls
- Raise/Unraise hand
- Chat



- Chat to host technical issues

- Chat to everyone or host/presenter for questions or comments



Lou Ann Wilroy  
*Partner, RT Welter*



Hilda Delgado  
*Partner, RT Welter*

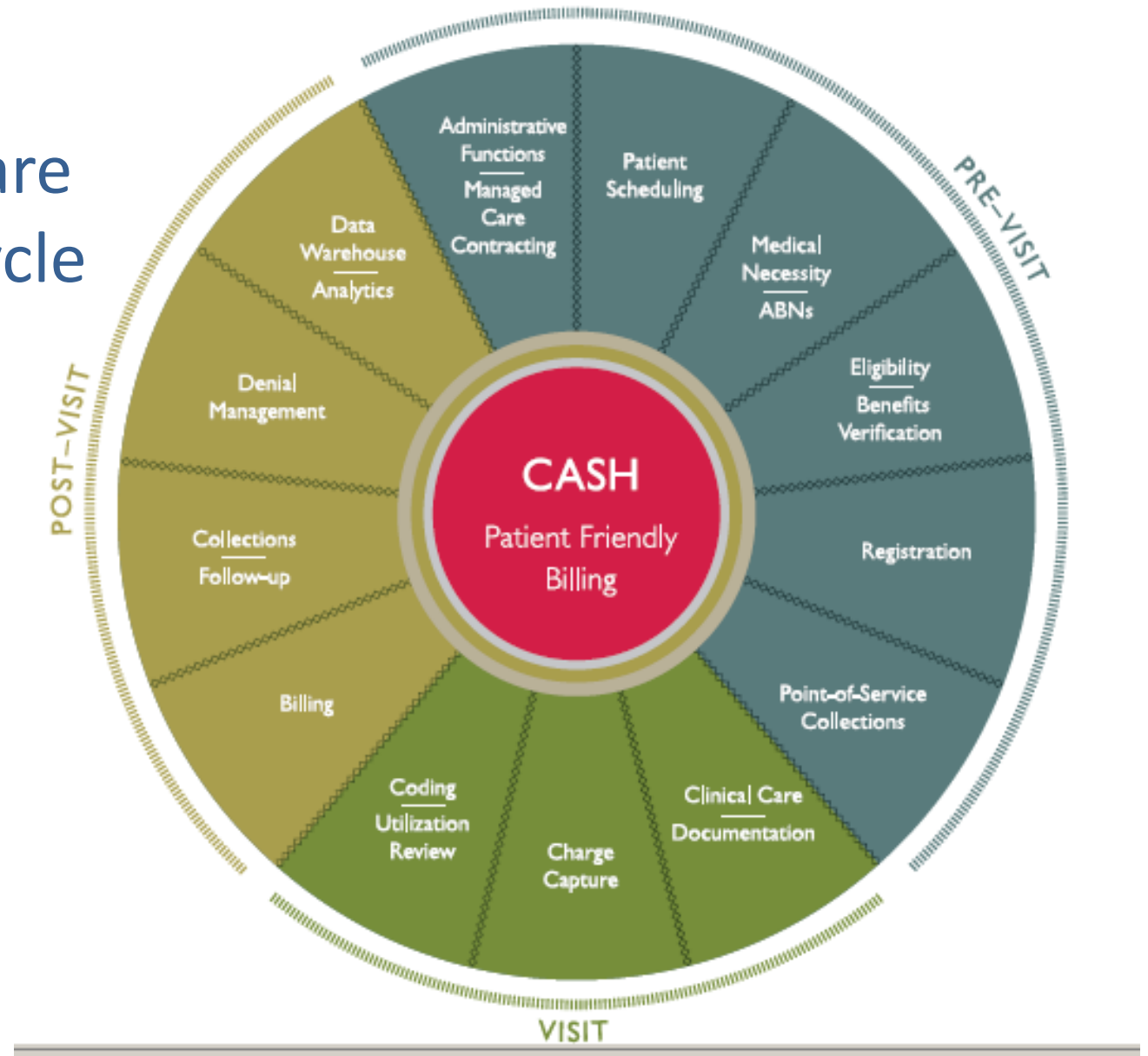
# WEBINAR OBJECTIVES

By the end of the webinar, participants will be able to:

1. Describe the function of a practice management system and electronic medical record (EMR)
2. Describe 4-6 key steps involved in the three stages of the revenue cycle
3. Identify the difference between CPT, ICD-9, and HCPCS codes



# The Health Care Revenue Cycle



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

# APPOINTMENT SCHEDULING

- Collect as much information as possible by phone at the time of scheduling:
- Demographics
- Insurance Information
- Reason for Visit



## APPOINTMENT CONFIRMATION & ELIGIBILITY

- E-mail or mail forms and appointment confirmation
- Call/text confirmation 24 hours prior to appointment
  - Remind client to bring insurance card
  - Verify eligibility and benefits





# CHECK IN PROCESS

Check-in area should be inviting, accessible, and HIPAA compliant

Credit card machine and/or scanning equipment should be within easy access of front desk

Client information should be loaded into system and pre-populated on encounter form/superbill

# THE ENCOUNTER FORM OR SUPERBILL

Includes CPT codes for new, established, and comprehensive visits

Includes ICD-9 codes

Pre-printed with client demographics and outstanding balance (or utilize electronic version with EMR)



## CHECK IN PROCESS

- Obtain copies of insurance cards
- Verify demographics
- Obtain signed paperwork
- Review financial obligations and obtain payment (or provide estimate for collection at check-out)

# CHECK OUT PROCESS

- Provide a private area for financial conversations
- Credit card machine and check scanning equipment should be within easy reach of check-out area
- Confirm the insurance to be billed
- Confirm balance due

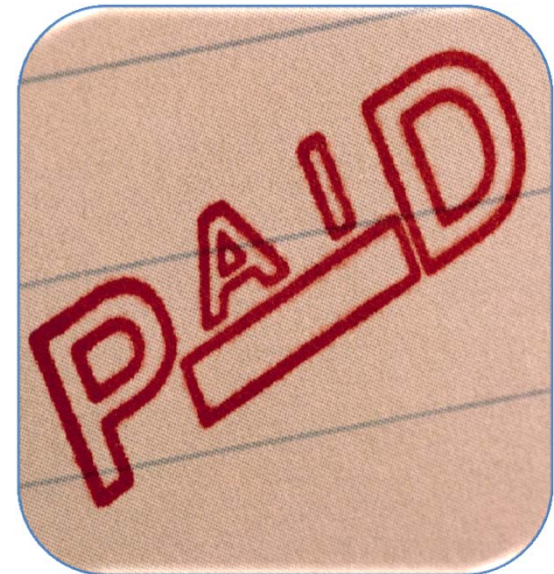


# CHECK OUT PROCESS

- Collect payment
- Provide copy of superbill/receipt
- Schedule next appointment
- Address questions

# CHECK OUT PROCESS

- Upon Receipt of Payment:
  - Record payment in system IMMEDIATELY
  - Provide receipt to client



# POINT OF SERVICE COLLECTIONS



- Billing for co-payments is costly and seldom results in collection
- Failure to collect co-payments required by payers is an insurance contract violation
- Collection of co-payments is standard business practice (most services are paid for at time-of-service)

## TIPS FOR REQUESTING PAYMENT FROM CLIENTS

- Ask how they wish to pay the amount due
- Keep it personal, address client by name
- Be professional, do not try to use humor
- Stay calm, polite, and in control
- Pass the client to a colleague if necessary to change the tone





## TIPS FOR REQUESTING PAYMENT FROM CLIENTS

- Get the client to commit to a date to pay the amount due
- Try not to go beyond 30 days
- Document and follow-up
- Without a firm commitment and follow-up, once the client leaves the clinic, chances of getting paid are reduced by 50%
- After the 60-day mark the chances decrease drastically



# COMMON MISSTEPS RESULTING IN REVENUE LOSS

**Not obtaining current client information**

**Failure to collect previous balances**

**Inconsistency or failure in collecting co-payments**



# END OF DAY CHARGE CAPTURE

Reconcile Superbills with schedule



Reconcile End of Day reports



Complete deposit ticket



Keep cash and checks in a secure location until deposited



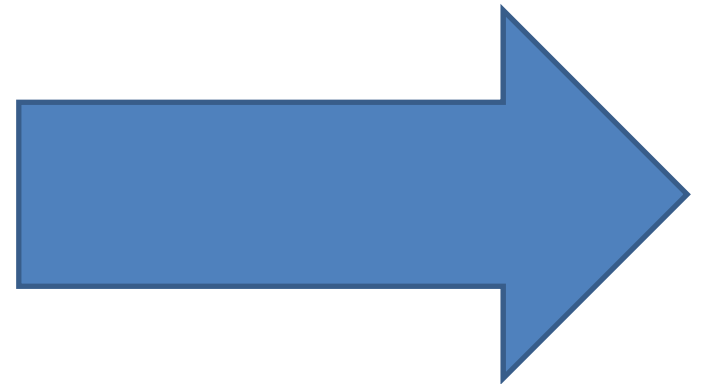
# REVENUE CYCLE MANAGEMENT: AFTER THE CLIENT VISIT

- Practice Management and EMR system
- Coding and Documentation
- Billing/Claims Submission
- Collections and Claims Follow-Up (Denial Management)
- Accounts Receivable

# ANSWER THE POLL

What types of technology does your agency have in place?

- Paper Tracking System
- Electronic (computerized) scheduling software
- Practice management system
- Electronic Medical Record
- Other



# TECHNOLOGY IMPLEMENTATION

Options for automating your clinic:

- Practice Management Systems
- Electronic Medical Record Systems

# CODING & DOCUMENTATION

## What is medical coding?

- *The transformation of services, diagnoses, and supplies into alphanumeric codes*

## Three primary code sets:

- CPT®
- ICD-9 (ICD-10 in 2014)
- HCPCS

# THE TRANSITION TO ICD-10

- Replaces ICD-9 effective October 1, 2014
- Improves ability to:
  - Measure health care services
  - Increase sensitivity when refining grouping and reimbursement methodologies
  - Conduct public health surveillance



# CODING & DOCUMENTATION BASICS

**If it isn't documented, it didn't happen**

**Documentation must be clear, concise, and substantiate medical necessity**

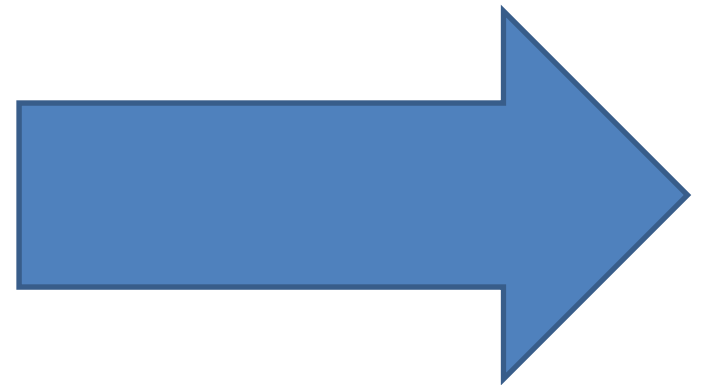
**Coding for services not provided is fraud**

**The medical record provides documentation of assessment, decision-making, and general management of the patient**

## ANSWER THE POLL

Does your organization currently code services you provide?

- Yes
- No
- Not Sure
- Not Applicable



# BILLING & CLAIMS SUBMISSION

- Claims are submitted on the CMS 1500 form
- Make sure all required information is complete
- Technology should be in place to pre-populate claim forms
- Consider submitting claims through a clearinghouse via secure, encrypted data transmission



PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA



APPROVED OMB 0938-0105

CARRIER

### HEALTH INSURANCE CLAIM FORM

PDA PCA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GRO UP HEALTH PLAN (SSW or IP) <input type="checkbox"/> FECA (BLUING) <input type="checkbox"/> OTHER <input type="checkbox"/>		10. INSURED'S ID. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
3. PATIENT'S BIRTH DATE MM   DD   YY		7. INSURED'S ADDRESS (No., Street)	
5. PATIENT'S ADDRESS (No., Street)		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		9. PATIENT EMPLOYMENT Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>	
CITY STATE ZIP CODE TELEPHONE (Include Area Code)		CITY STATE ZIP CODE TELEPHONE (INCLUDE AREA CODE)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		11. INSURED'S POLICY OR UPOR FECA NUMBER	
10. OTHER INSURED'S POLICY OR GRO UP NUMBER		12. INSURED'S DATE OF BIRTH MM   DD   YY	
11. OTHER INSURED'S DATE OF BIRTH MM   DD   YY		13. EMPLOYER'S NAME OR SCHOOL NAME	
12. EMPLOYER'S NAME OR SCHOOL NAME		14. INSURANCE PLAN NAME OR PROGRAM NAME	
13. INSURANCE PLAN NAME OR PROGRAM NAME		15. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes return board complete Item 5and.	
READ BACK OF FORM BEFORE COMPLETING & SENDING THIS FORM.			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (authorize the release of any medical or other information necessary to process this claim. Also request payment of government benefit if other to myself or to the party who accepts assignment below.) SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (authorize the payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNED _____	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LUMP) MM   DD   YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM   DD   YY	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		18. ID. NUMBER OF REFERRING PHYSICIAN	
19. RESERVED FOR LOCAL USE		16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM   DD   YY TO MM   DD   YY	
21. DID YOU SEE OR TREATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24 BY LING) 1. _____ 3. _____ 2. _____ 4. _____		19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE FROM MM   DD   YY TO MM   DD   YY	
		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO # CHARGES _____	
		22. MEDICARE RESUBMISSION CODE _____ ORIGINAL REF. NO. _____	
		23. PRIOR AUTHORIZATION NUMBER _____	
24. DATES OF SERVICE From MM   DD   YY To MM   DD   YY		DIAGNOSIS CODE	
Place of Service		# CHARGES	
Type of Service		DAYS OF OR Family Plan	
PROCEDURES, SERVICES, OR SUPPLIES (Specify unusual circumstances) CPT/HCPCS   MODIFIER		EMG COB	
		RESERVED FOR LOCAL USE	
25. FEDERAL TAX ID. NUMBER SSW EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.	
27. ACCEPT ASSIGNMENT? (or bill only, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$	
29. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEDUCTIONS OR CO-PAYMENTS (I certify that the statement on the reverse apply to this bill and are made a part thereof)		29. AMOUNT PAID \$	
30. NAME AND ADDRESS OF FACILITY WHERE SERVICE WAS RENDERED (Other than home or office)		30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEDUCTIONS OR CO-PAYMENTS (I certify that the statement on the reverse apply to this bill and are made a part thereof)		32. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #	
SIGNED _____ DATE _____		PING _____ OR PG _____	

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

# THE CLAIMS CLEARINGHOUSE

- Standardizes claim information and submits to payers
- Prevents errors and allows you to catch and correct errors within minutes rather than days or weeks
- Fewer claims are delayed or rejected
- Reduces reimbursement time to under ten days
- Submits electronic claims in batch all at once, rather than submitting separately to each individual payer
- Provides a single location to manage all claims



# CLAIMS FOLLOW UP

- Payment should be received within 10-15 days
- Reasons for delay
  - Never received
  - Denied
  - Pending additional information



# DENIAL MANAGEMENT & APPEALS

Set a dollar amount for claims to be appealed



Review the denial reason



Submit the appeal within 7 days of receiving the denial notice



Ask the client for assistance



Review the conditions of your contract with the payer



# ACCOUNTS RECEIVABLE

- Accounts Receivable = money owed to the clinic
- Account Aging:
  - 0-30 days
  - 31-60 days: greater chance of receiving payment
  - 61 – 90 days: top priority
  - Over 90 days: chance of receiving payment decreases significantly





# COLLECTIONS FROM CLIENTS

- Monthly billing: send statements to all clients at the same time each month
- Cycle billing: send groups of statements every few days or weekly
- Generate statements from practice management software or outsource
- “1, 2, 3 strikes, you’re out”
- Follow debt collection laws and observe professional guidelines



# TIPS FOR COLLECTING PAYMENT FROM CLIENTS

- Communicate the Expectations in Advance
- Examples:
  - Display prominent but tasteful signage in the clinic, i.e. *“Your insurance company requires that we collect your co-payment.”*
  - Send a letter outlining your financial policy to each client.
  - Create a brochure or flyer outlining the financial policy and display in waiting room and check out area.



# TIPS FOR COLLECTING PAYMENT FROM CLIENTS

- *Examples (continued):*
  - Post the financial policy on the website
  - Include an announcement about the financial policy on recorded telephone message
  - Upon check-in, have clients read and sign a financial agreement
  - Remind clients of the policy when they call to make appointments, and provide estimates of what they will owe, if feasible



# WRAP-UP

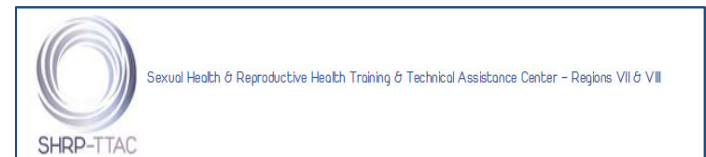
- Your observations



- Questions

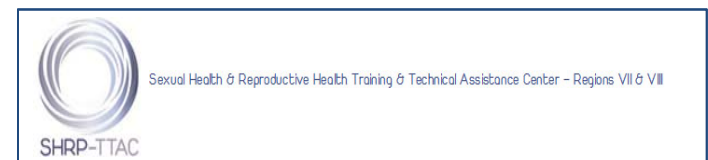
Throughout December and January you can submit your questions to: <http://cba.jsi.com/events> and click on *Transitioning to Billing: Webinar Q&A*

- Evaluation



# RESOURCES

- JSI CBA: [cba.jsi.com](http://cba.jsi.com) or e-mail [cba@jsi.com](mailto:cba@jsi.com)
- JSI SHRPTTAC: <http://shrpttac.jsi.com/>
- Coding for STI Services: Region I STD TAC--  
[http://stdtac.org/files/2013/08/STDTAC\\_Coding\\_Webinar\\_Slides2.pdf](http://stdtac.org/files/2013/08/STDTAC_Coding_Webinar_Slides2.pdf)
- Shifting to Third-Party Billing Practices for Public Health STD Services: Policy Context and Case Studies: National Coalition of STD Directors  
<http://www.ncsddc.org/sites/default/files/media/finalbillingguide.pdf>
- Issue Brief: Billing and Reimbursement: National Alliance of State & Territorial AIDS Directors -- <http://nastad.org/docs/NASTAD-Report-HD-Billing-Survey-April-2013.pdf>



# THANK YOU FOR YOUR TIME & PARTICIPATION!



**CBA@JSI** | CAPACITY BUILDING ASSISTANCE

High-quality, cutting-edge services to help community-based organizations in the U.S. deliver effective HIV prevention services.



Sexual Health & Reproductive Health Training & Technical Assistance Center – Regions VII & VIII

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