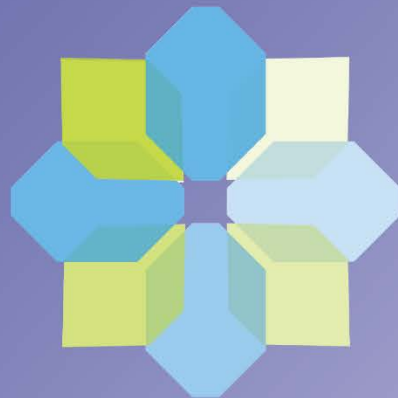




Revenue Cycle Management

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Susan Gadon



2020 NFPRHA
NATIONAL CONFERENCE

Objectives

- **Define importance of revenue cycle management and monitoring**
- **Describe techniques to monitor revenue cycle activities**



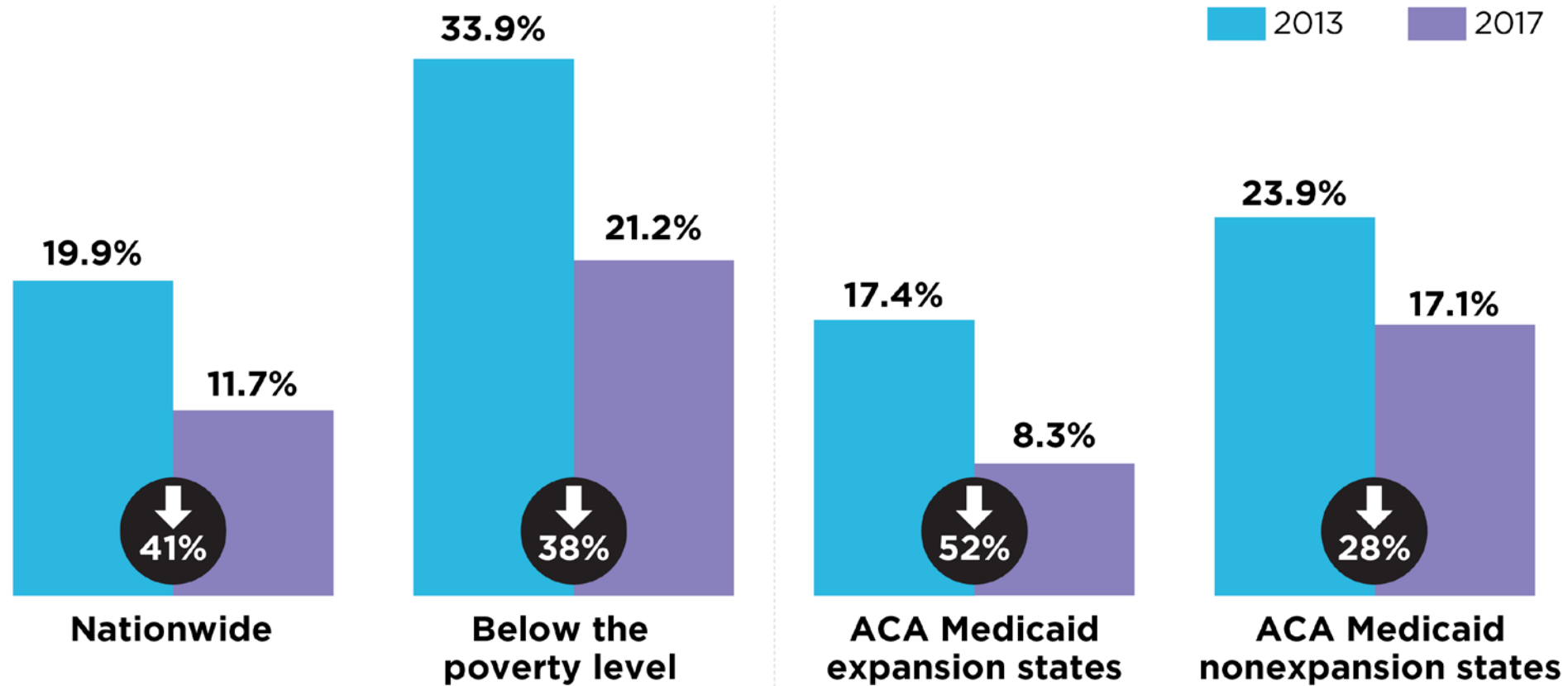
We're already
overworked! Who's
going to do all this?!

What's the point!?
None of my patients
have insurance.

We don't need to!
We get grants to
keep our doors
open!

Fewer U.S. women of reproductive age were uninsured in 2017 than in 2013

% of women aged 15–44 who were uninsured

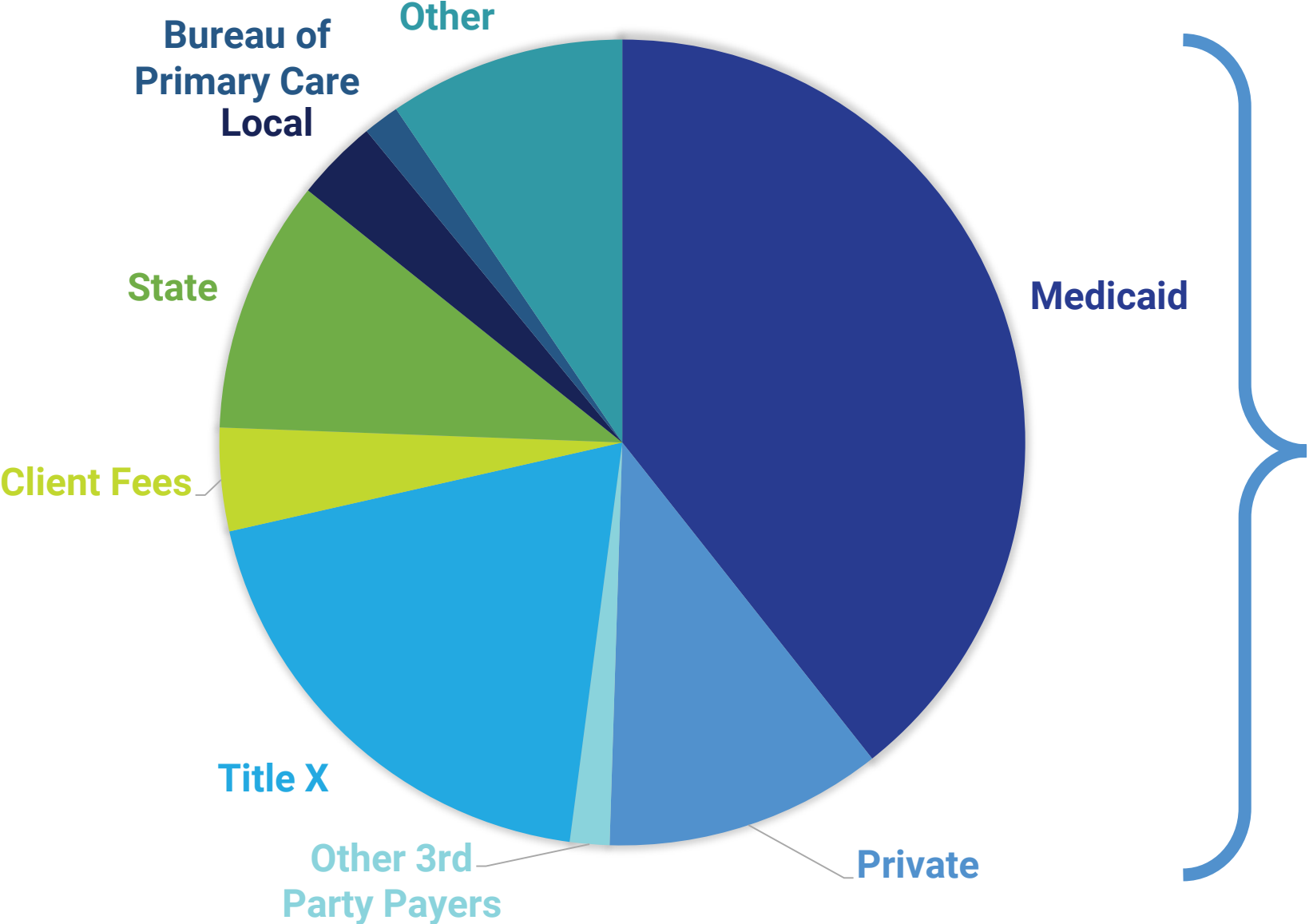


Notes: The federal poverty level was \$20,420 for a family of three in 2017. ACA=Affordable Care Act.

71% of Title X patients had
some form of insurance

83% of insured Title X patients
planned to use insurance

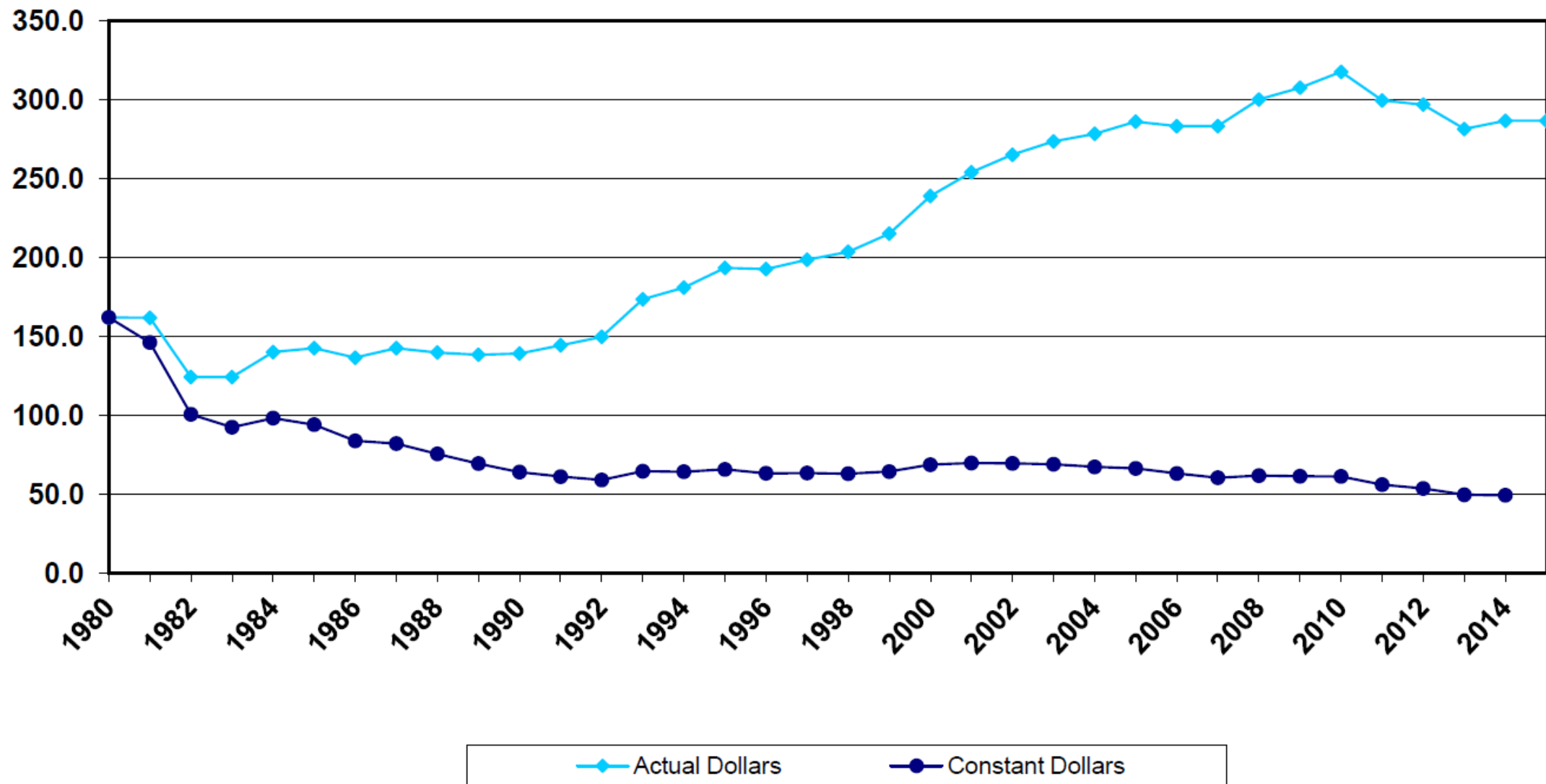
TITLE X PROJECTS: SOURCES OF REVENUE



52%
of
project
revenue
comes
from 3rd
party
payers

Title X Appropriations, FY 1980–2015

(actual and constant dollars, in millions)

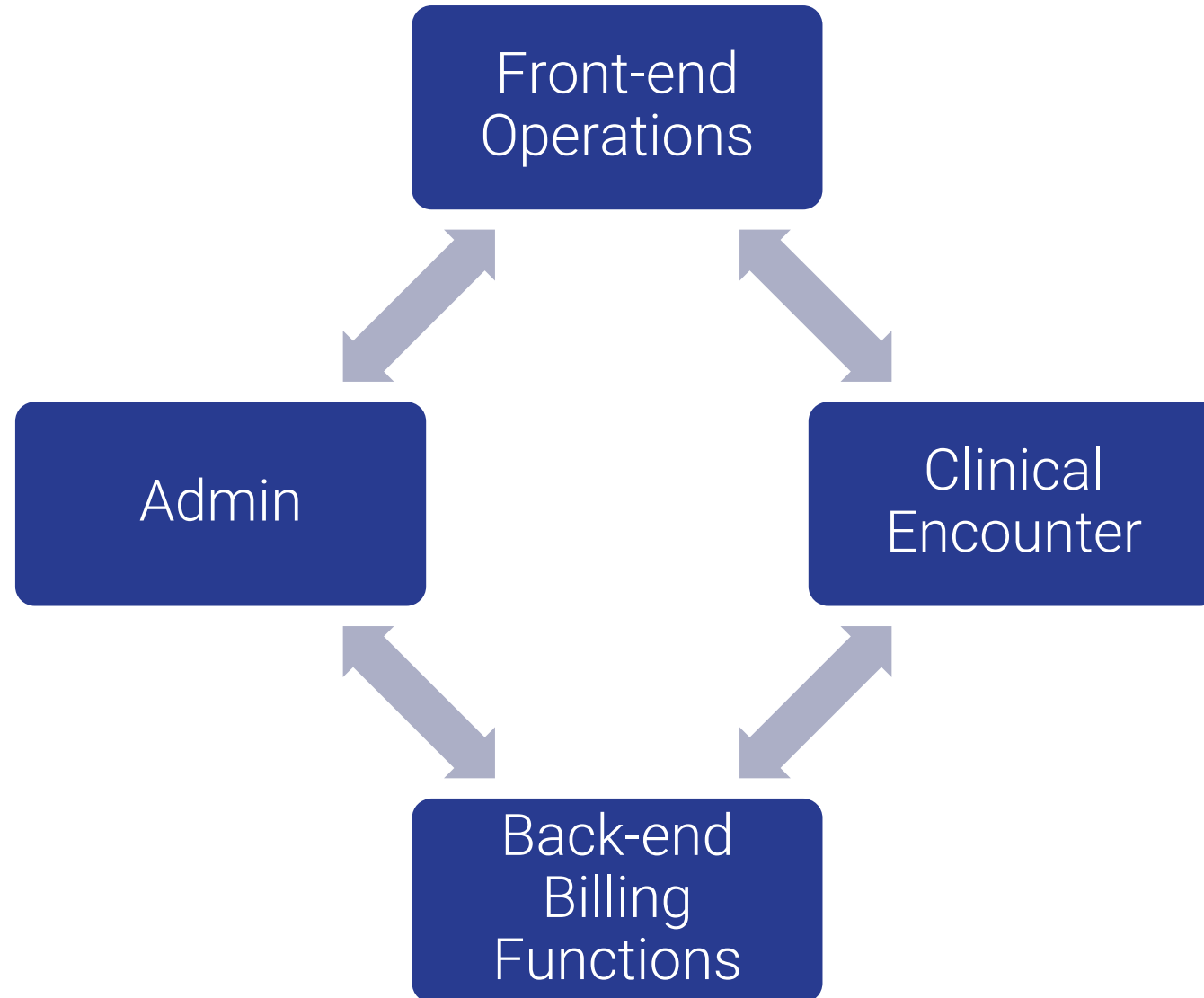


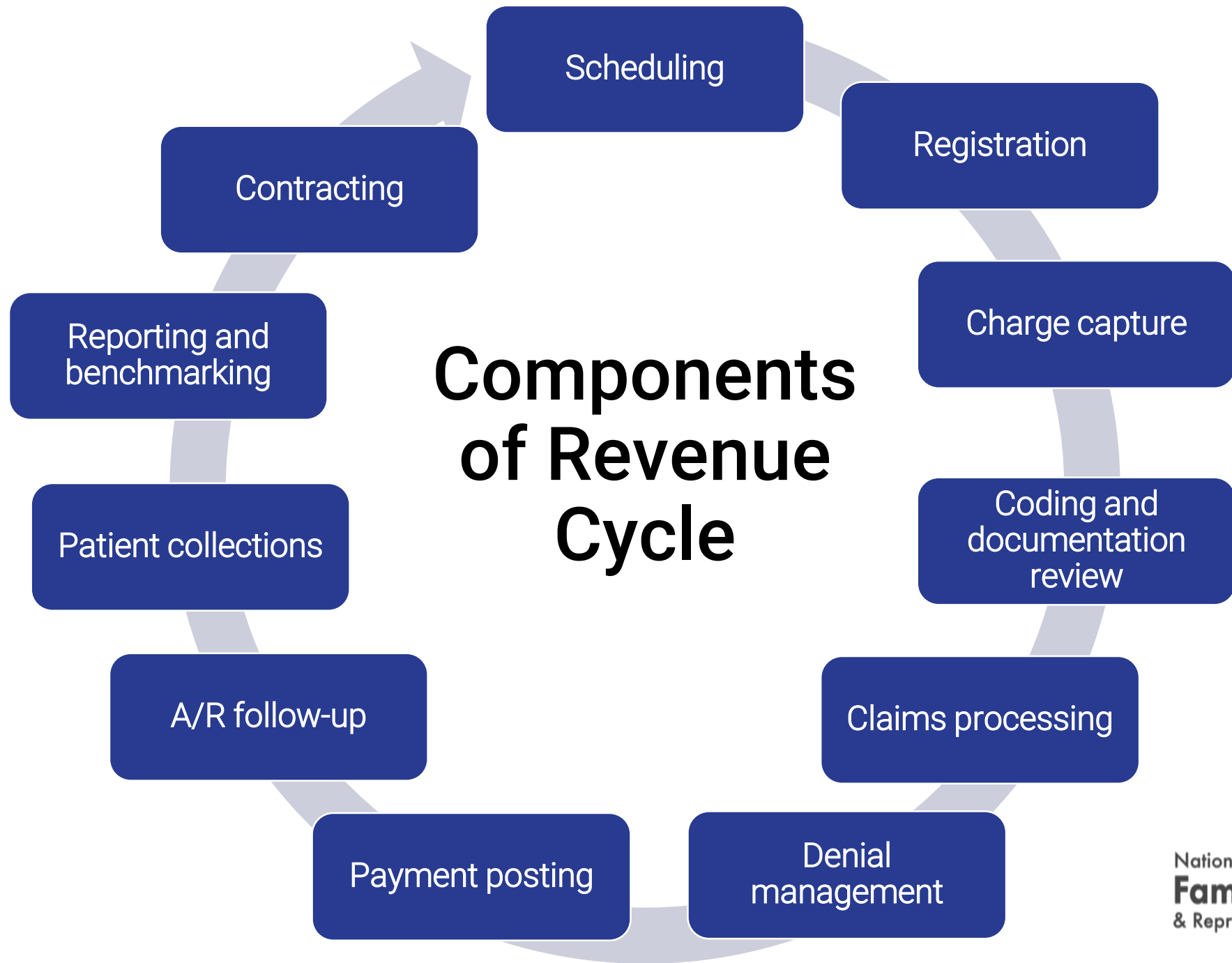


Revenue Cycle Management

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Components of Revenue Cycle





Speakers

Ruth Ulichney

Reimbursement Manager
Maternal and Family Health
Services

Susan Gadon

Independent Consultant
SDG Health



Major Focus on Sustainability

To ensure financial stability by having a clear understanding of financial data and how it relates to the changing reimbursement environment.

Focus on Sustainability

- Opportunities / Improvements
- Centralization and Best Practices
- Revenue Cycle Management

No Money, No Mission!

Assessment Results

- Identified strengths and weaknesses of the reimbursement department
- Improved workflow process for both front end and billing
- Development of revenue reports
- Monthly and quarterly meetings

Strengths of Reimbursement Department

- Accounts Receivable over 90 days were under 10%
- Overall 50% of Accounts Receivable were under 30 days
- Total denials averaged 5%
- Medical billers & health care staff worked well together

Areas of Growth for Reimbursement Department

- Minimal use of performances measures
- No denial management of claims

Revenue Management Reports Include

- Number of claims submitted by month
- Accounts Receivable by month as well as by year
- Denial by Reason
- Monthly & Total FY to Date Third Party Review

External Coding Review

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Overview

- Review coding for appropriate selection
- Identify areas for coding improvement
- Identify areas for improving revenue capture
- 4 sites
- 7 clinicians
- 3-month time period
 - June 1 – August 31, 2019
- 909 visits
 - 4452 de-identified charges

Process

Reviewed charges related to:

- IUD and implant CPT codes
- Depo injections
- Preventive CPT codes
- Evaluation and Management (E/M) CPT codes

Assessment

- Use of diagnosis codes
- Drug/device pairing
- Trends in reimbursement
 - Consistent rates by payer
 - Outliers
- Evaluation and Management
 - Separately identifiable services
 - Leveling

Observations

Implants and IUDs

Code selection

- Implant bundled code underutilized

Charge capture

- 33 completed insertions (implant and IUD)
 - 9% of insertions lacked devices
- 3 discontinued insertions
 - No devices included

Implants and IUDs

Reimbursement rates

Charges for some procedures equal to the reimbursement rate for:

- Implant removal
- IUD insert
- IUD removal

Depo

Code selection

- Diagnosis coding errors
- Inconsistent CPT coding practices
 - Inconsistent use of injection code
 - Inconsistent use of depo drug code

Charge capture

- 8% of depo visits lacked depo drug code
- 4% of charges had possible depo unit errors

Periodic Preventive Visits

271 total periodic preventive visits (66% est.; 34% new)

Reimbursement

- 20% of charges were not reimbursed at all
- 10% reimbursed below anticipated

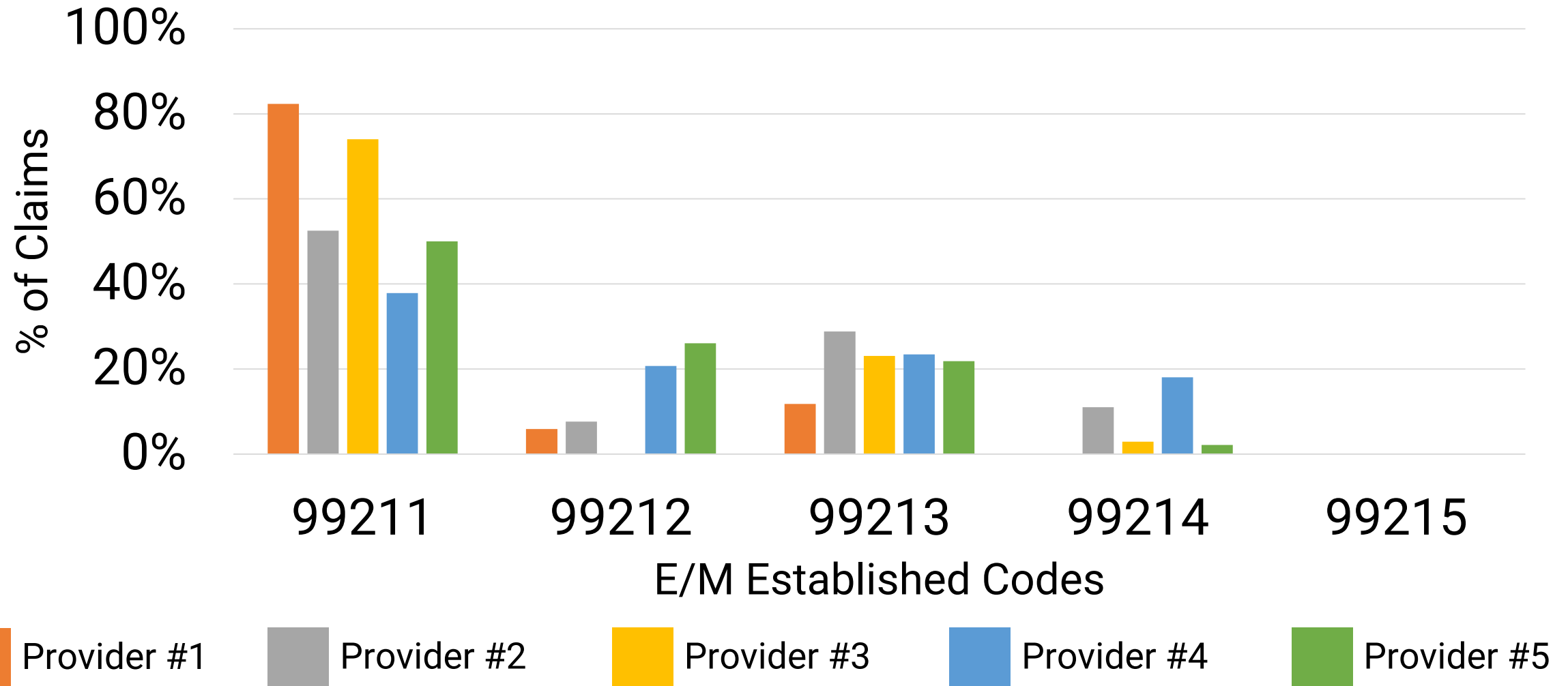
Evaluation and Management (E/M) Visits

516 total E/M visits (97% est.; 3% new)

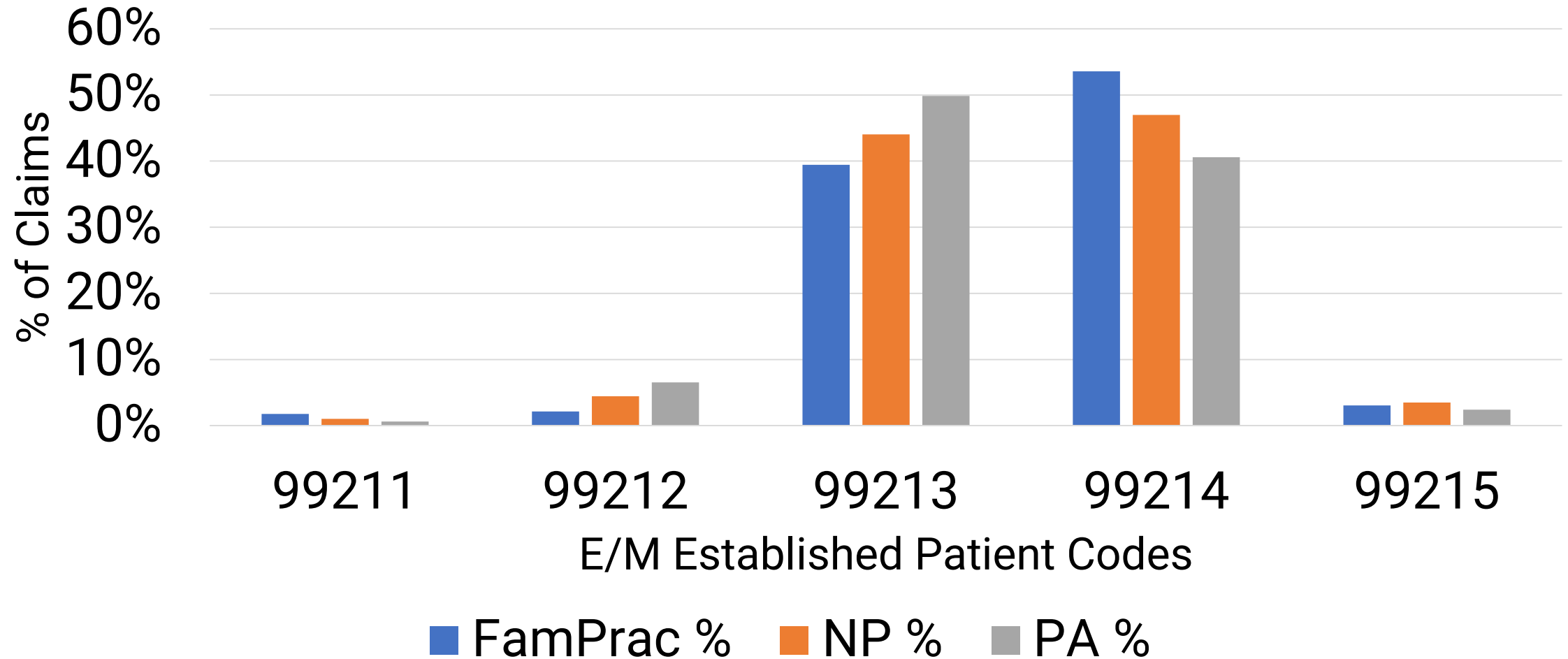
Code selection

- 29% of charges presented with potential coding issues
 - New vs. established E/M
 - E/M with a procedure
 - Unspecified diagnosis codes
- Undercoding is likely

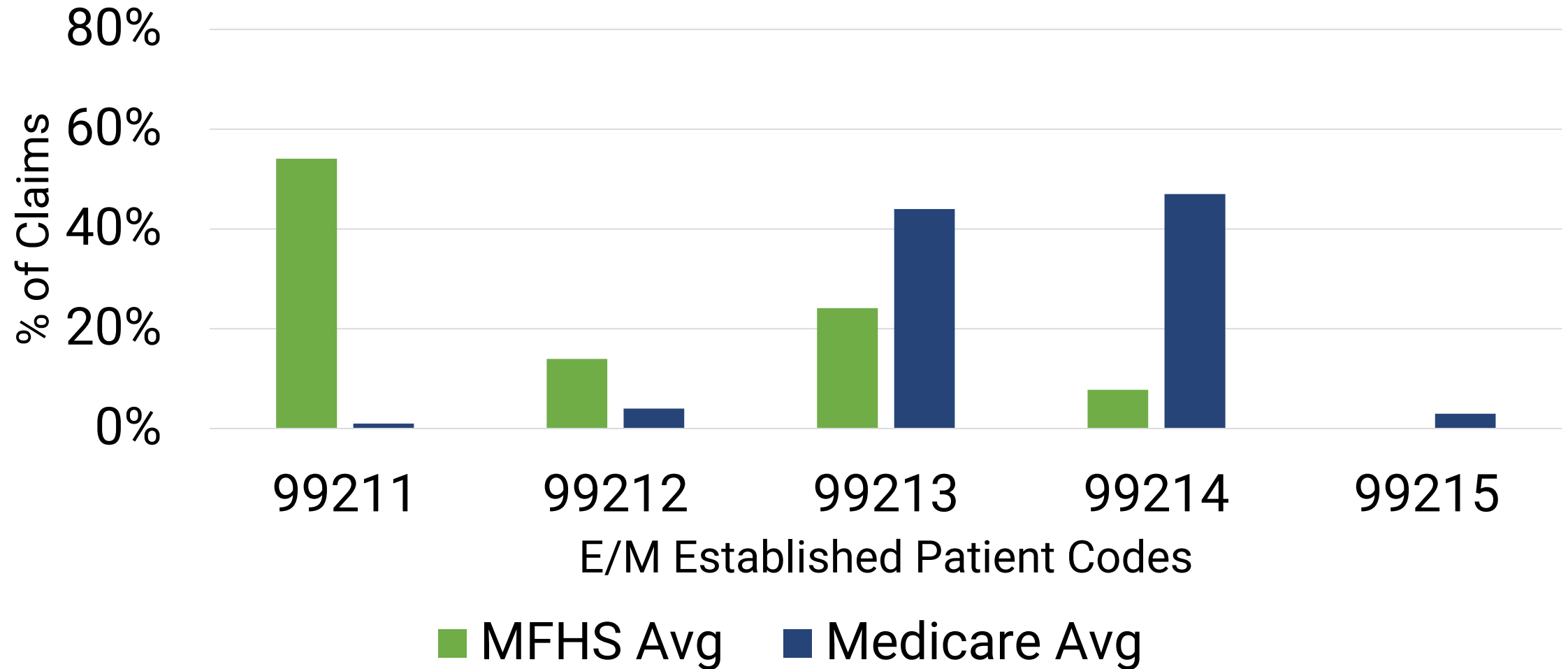
Distribution of E/M established codes, by provider



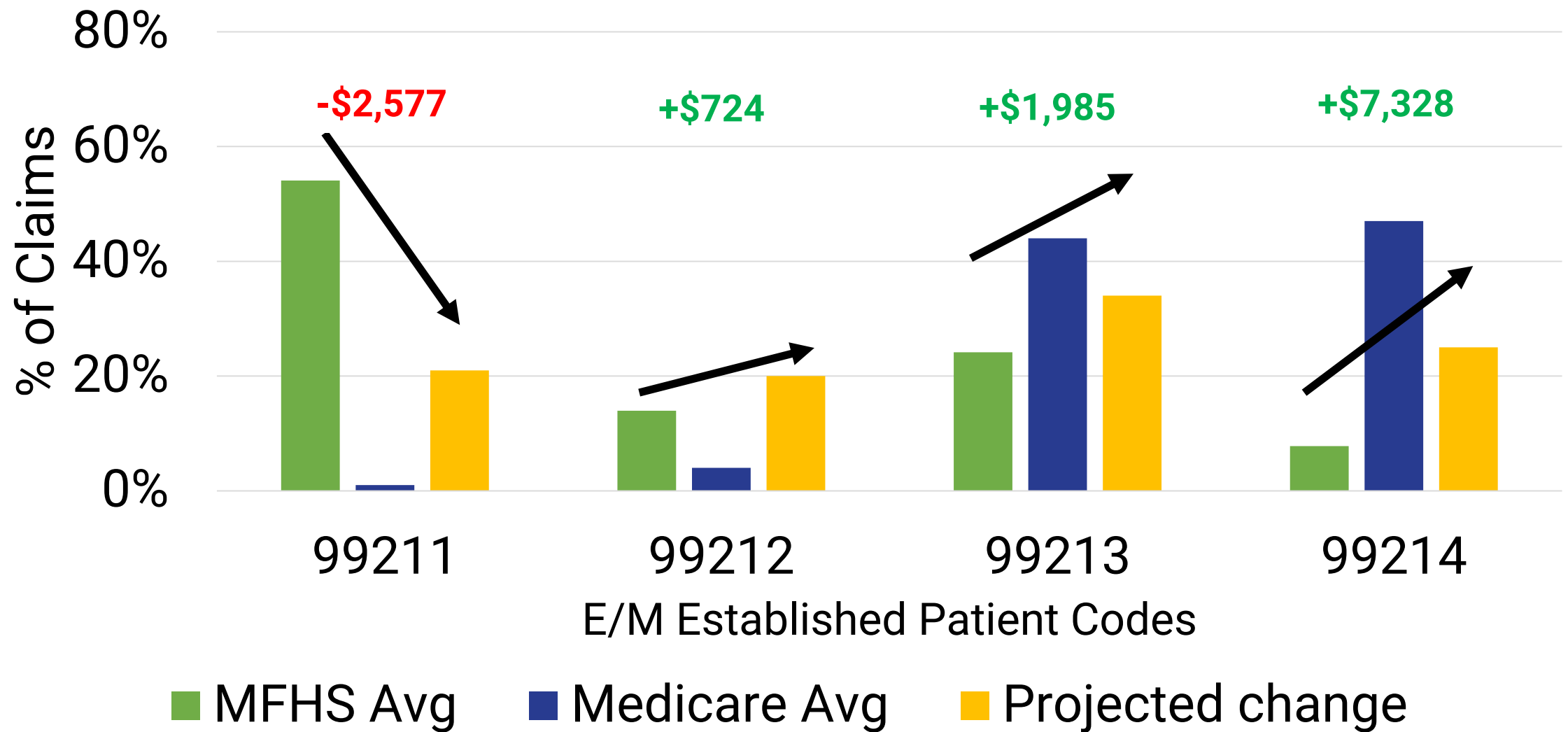
Distribution of E/M established patient codes on Medicare claims, by provider type



Distribution of established patient codes on Medicare claims, MFHS vs National Average



Distribution of established patient codes on Medicare claims, MFHS vs
National Average vs. Projected Post-Intervention Average



	MFHS AVG. REIMBURSE	MFHS AVG	NATL AVG	PROJECTE D CHANGE	NEW TOTAL REIMBURSE	NET CHANGE	ANNUALIZED
99211	\$15.00	54%	1%	21%	\$ 1,575	\$(2,577)	\$(10,308)
99212	\$25.00	14%	4%	20%	\$ 2,500	\$724	\$2,896
99213	\$40.00	24%	44%	34%	\$ 6,800	\$1,985	\$7,940
99214	\$85.00	8%	47%	25%	\$ 10,625	\$7,328	\$29,312
				100%	\$ 21,500	\$7,460	\$29,840

Reimbursements

- Approximately \$7900 in potential revenue to recoup
- Of note:
 - ~ \$2500 in lower-than-expected reimbursements
 - ~ \$4800 in missing devices
- Some codes that appear to be used only for data collection have a charge amount associated to them.
 - Predominantly counseling (99401)
 - May artificially inflate A/R

Summary

Recommendations: charge capture

- Double-check:
 - LARC insertions with devices
 - Depo drug, unit, and injection (as appropriate)
- Review reimbursements to ensure appropriate amount is received

Recommendations: payer-related

- Follow-up with payers to determine ability to get reimbursement for discontinued insertion LARC device
- Review MFHS charges to ensure they reflect cost of services (especially for 11982, 58300, 58301)
- Review payer contracts to clarify coverage of periodic preventive visits

Recommendations: coding

- Review codes in EHR and remove any duplicates
- Conduct further review of E/M coding practices
- Provide targeted coding training to providers related to:
 - Implant procedures
 - Depo drugs and injections
 - Evaluation and Management (E/M)
 - Unspecified diagnosis codes

Takeaways

- Slice your data – it's fun!
 - Devices
 - Units
 - E/M
 - Dollar amount of payments
- Provide continual coding education to staff
- Provide opportunity for staff to ask coding questions

Time for Q&A

THANK YOU



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Resources

- NFPRHA Back-End Bootcamp Training slide deck: www.nationalfamilyplanning.org/file/Sunday-3-18---Back-End-RCM-Bootcamp.pdf
- NFPRHA Revenue Cycle Assessment tool: www.nationalfamilyplanning.org/file/Family-Planning-Revenue-Cycle-Assessment-Tool---FINAL-with-RSF-logo.pdf
- FPNTC Financial Management Toolkit: www.fpntc.org/resources/financial-management-toolkit
- FPNTC Coding Modules: www.fpntc.org/resources/coding-reproductive-health-care-environment-fundamentals-coding-elearning-module-1
- ACOG LARC Coding Guide: www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/Coding-and-Reimbursement-for-LARC?IsMobileSet=false
- ACOG Coding Help Desk: <https://acogcoding.freshdesk.com/support/login>