

# Implementing and Fine-Tuning Revenue Cycle Management Activities

Amanda Kimber  
Mary Bucher

Monday, March 18  
1:45 – 3:00 p.m.



**2019  
NFPRHA  
NATIONAL  
CONFERENCE**





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

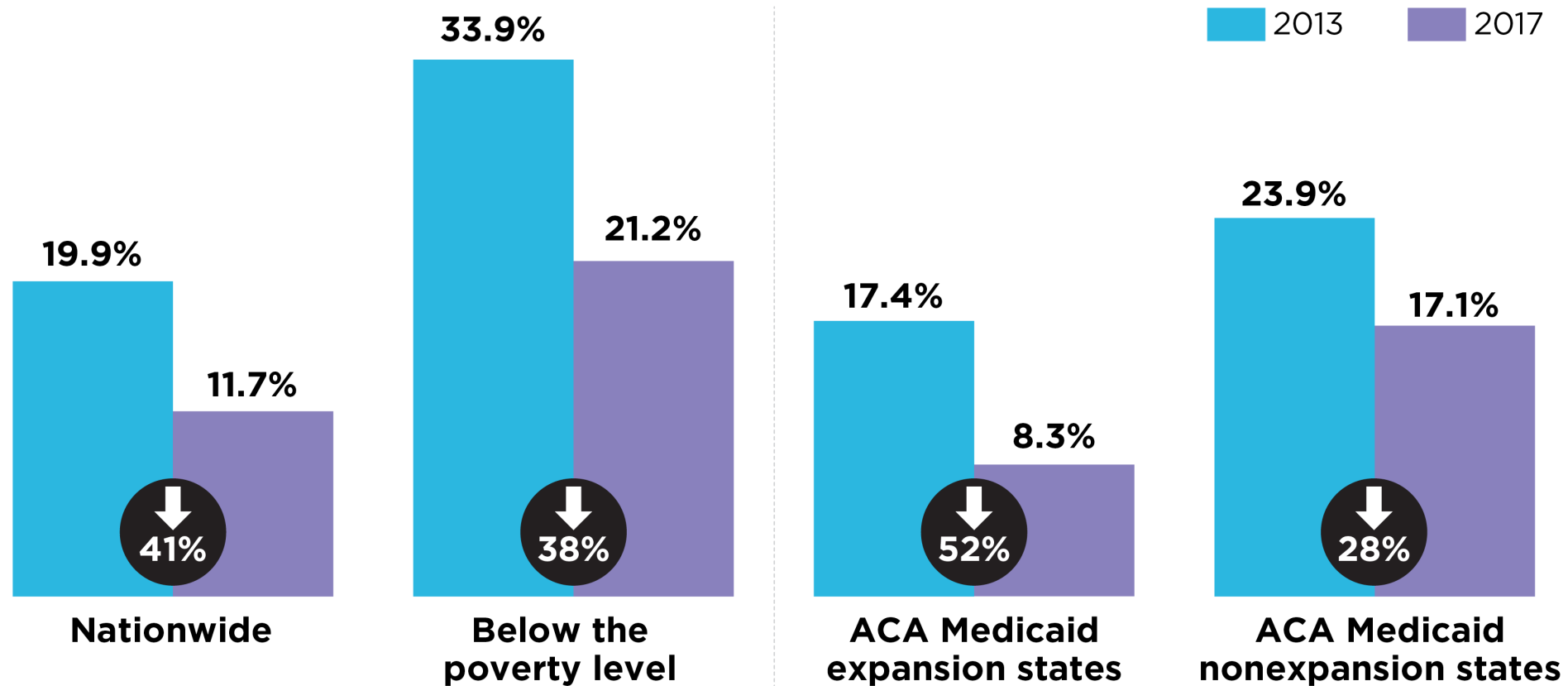
What's the point!?  
None of my patients  
have insurance.

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.

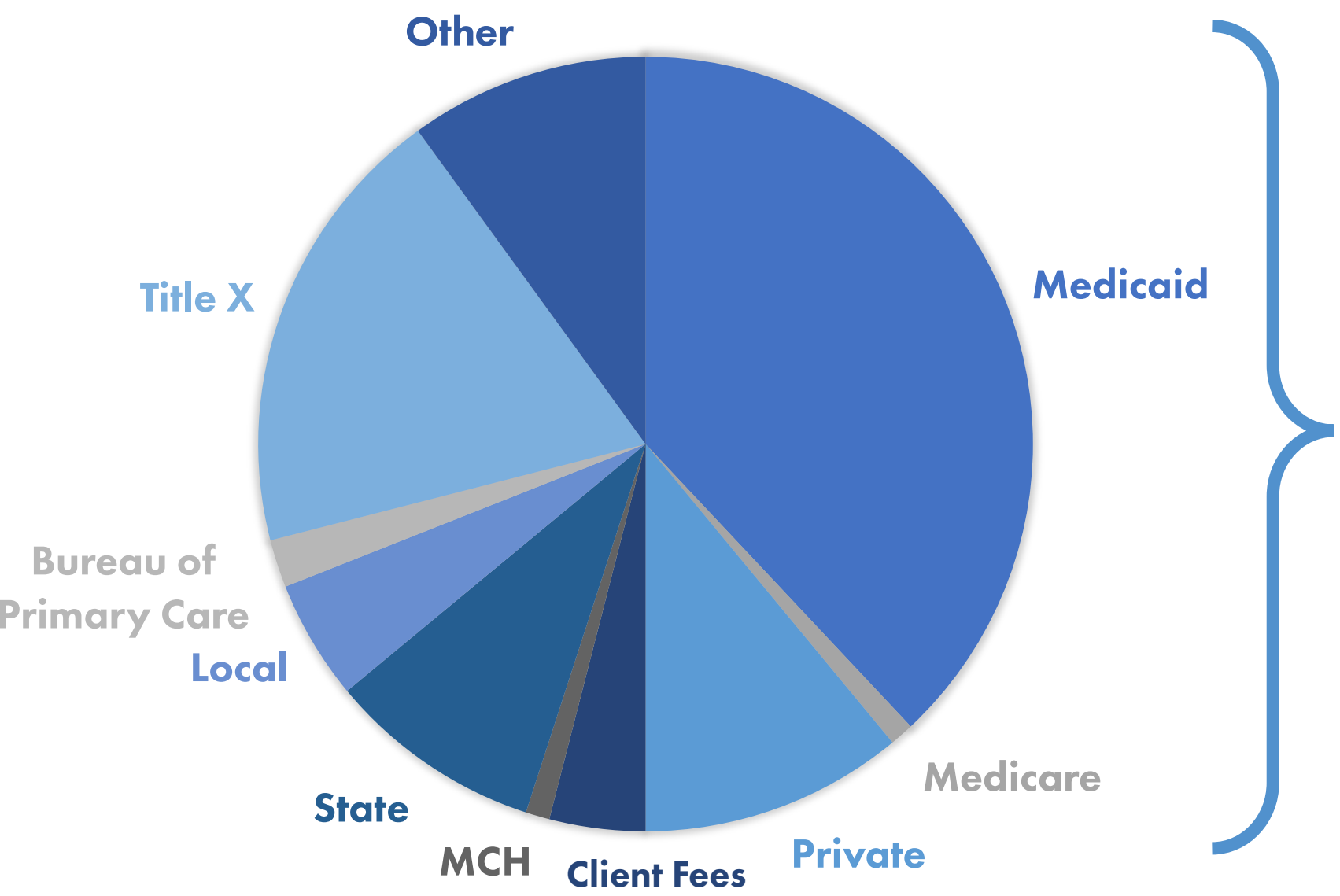


**71%** of Title X patients had some form of insurance

**83%** of insured Title X patients planned to use insurance



# TITLE X PROJECTS: SOURCES OF REVENUE

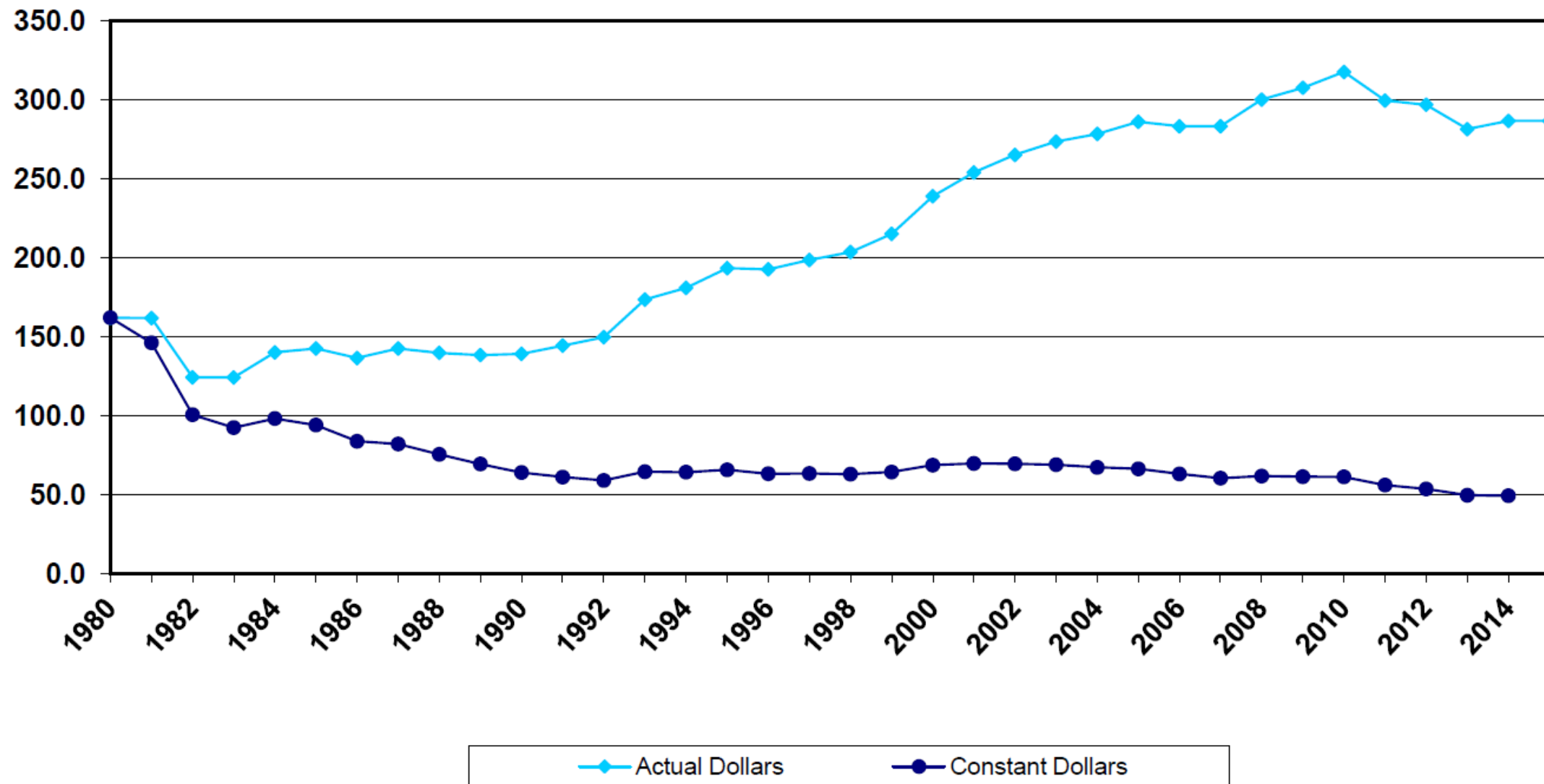


**50%**  
of project  
revenue  
comes  
from 3<sup>rd</sup>  
party  
payers



# Title X Appropriations, FY 1980–2015

(actual and constant dollars, in millions)

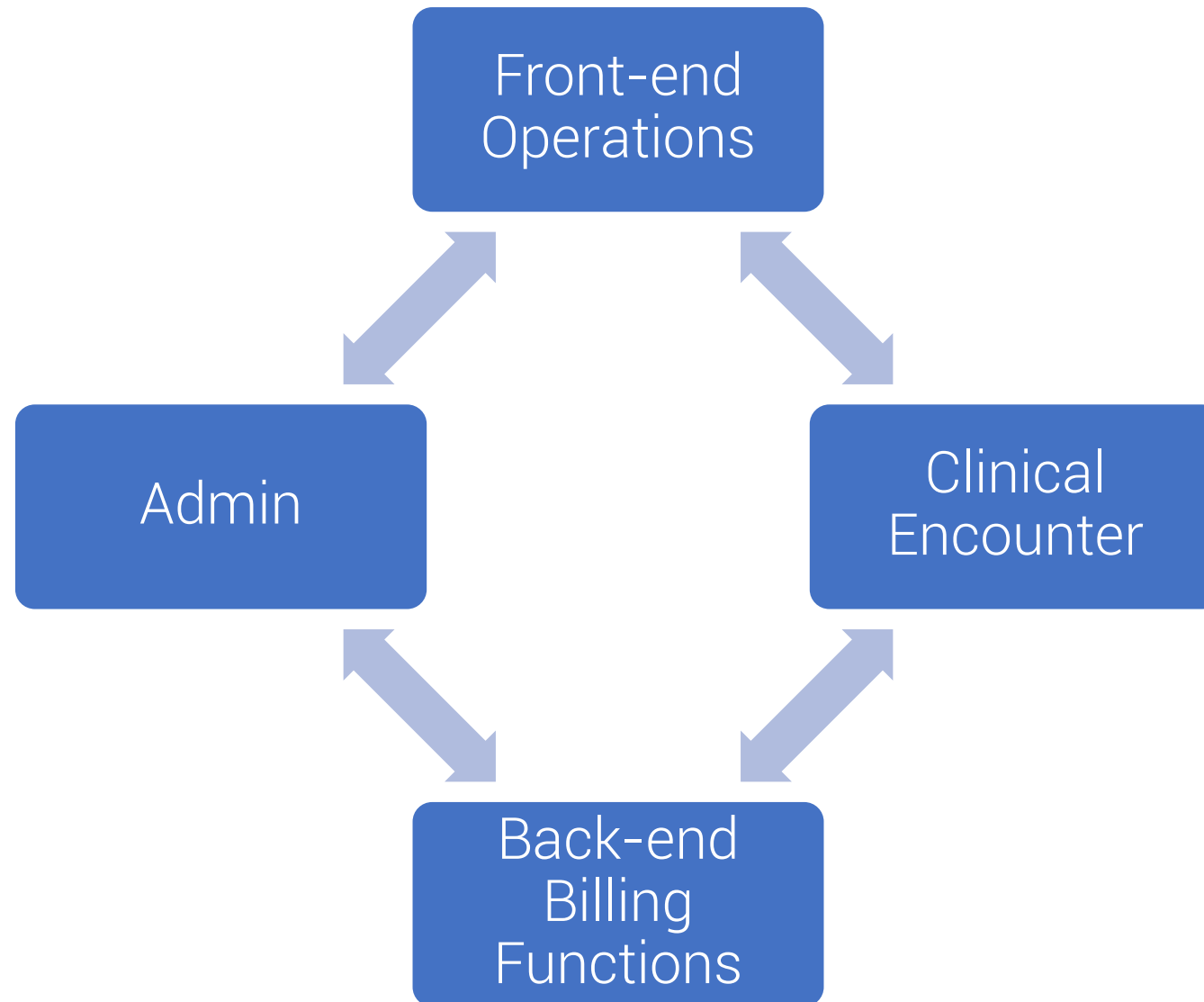


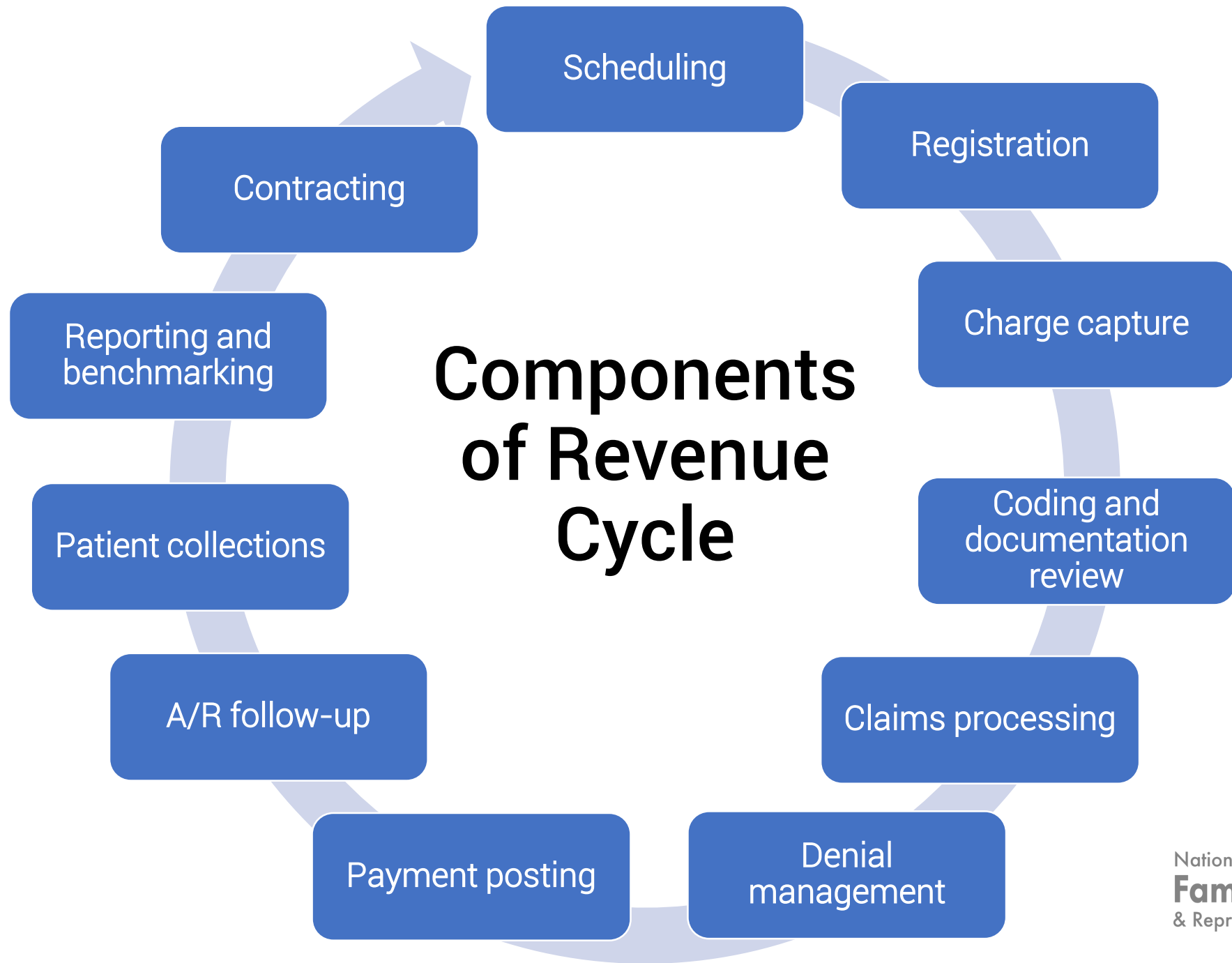


# Revenue Cycle Management

National  
**Family Planning**  
& Reproductive Health Association

# Components of Revenue Cycle





# Family Planning Revenue Cycle Assessment Tool

## PART 1 – Revenue Cycle Management Assessment

**Instructions:** It is recommended that you convene a multi-disciplinary team to review and respond to the questions below, which are broken into categories representing the different steps in the revenue cycle. For multiple choice questions, please select the response that is most applicable to your organization. Please type your responses to open-ended questions directly into the document.

**Abbreviations:**

PMS: Practice Management System

EHR: Electronic Health Record

ERA: Electronic Remittance Advice

A/R: Accounts Receivable

KPI: Key Performance Indicator

## Revenue and Expense Projection Pro Forma

This document is intended to give your practice insight into the potential revenue and expenses associated with incorporating family planning services into your practice.

The worksheets in Tabs 2 and 3 function based on data points that you enter. Please follow the instructions to populate the cells highlighted in blue to the best of your ability. As you make changes to the blue cells, you should notice a corresponding change in other fields within the worksheet.

### Tab 2) Revenue

This worksheet includes a list of services typically offered by your setting type [sorted by Current Procedural Terminology (CPT) code, as well as corresponding description]. Based on information entered into blue cells, the workbook will automatically project potential revenue for services. These projections are derived from a methodology that is based on Medicare reimbursement rates<sup>1</sup>, which is a widely used industry practice for determining third-party payer reimbursement rates.

### Tab 3) Expenses

This worksheet includes space to document possible expenses your site may incur as a result of expanding services to include family planning, including personnel and other costs. It will automatically project potential expenses based on information entered into blue cells.

## Revenue Projection

Practice Assumptions		E&M Distribution New		E&M Distribution Estab		Projections	
	estimated individual family planning visits per year		99201		99211	0	Visits/month
	average % of patient visits that are new patients		99202		99212	0	Weekly E&M
	average % of patients covered by insurance		99203		99213	0	E&M New
	average % of claims paid		99204		99214	0	E&M Estab
			99205		99215		
			99385		99395	\$ 36.04	Med. Conv.
			99386		99396	\$ 41.45	Comm. Conv.

Services <sup>5</sup>		Medicare Rates <sup>2</sup>		Patient Volume <sup>3</sup>	Commercial Insurance Rates <sup>4</sup>	
CPT Code	Code Description	2018 Texas Non-Fac	Texas RBRVS	Patient visits PER WEEK	Reimbursement Per Service <sup>4</sup>	Projected Total Reimbursement <sup>6</sup>
E&M Services						
99201	E + M, new patient, self-limit or minor problem, 10 min	\$ 44.42	1.23	0	\$ 50.98	\$ -
99202	E + M, new patient, low to moderate severity, 20 min	\$ 74.35	2.06	0	\$ 85.38	\$ -
99203	E + M, new patient, moderate severity, 30 min	\$ 105.56	2.93	0	\$ 121.44	\$ -
99204	E + M, new patient, moderate to high severity, 45 min	\$ 160.87	4.46	0	\$ 184.85	\$ -
99205	E + M, new patient, moderate to high severity, 60 min	\$ 202.44	5.62	0	\$ 232.93	\$ -
99385	E + M, new, comprehensive preventative, age 18-39	\$ 129.48	3.59	0	\$ 148.79	\$ -
99386	E + M, new, comprehensive preventative, age 40-64	\$ 150.53	4.18	0	\$ 173.24	\$ -
99211	E + M, established patient, minimal, 5 min	\$ 21.99	0.61	0	\$ 25.28	\$ -
99212	E + M, established patient, self-limited or minor, 10 min	\$ 43.80	1.22	0	\$ 50.56	\$ -
99213	E + M, established patient, low to mod severity, 15 min	\$ 72.46	2.01	0	\$ 83.31	\$ -
99214	E + M, established patient, moderate to high severity, 25 min	\$ 105.56	2.93	0	\$ 121.44	\$ -



1,500	FP visits per year
40%	% of new patient visits
40%	% of patients with insurance
75%	% of claims paid

# Projecting revenue

5%	99201
10%	99202
40%	99203
40%	99204
5%	99205

5%	99211
5%	99212
35%	99213
50%	99214
5%	99215

125	FP visits/month
23	Weekly E&M
9	E&M New
14	E&M Estab

Services <sup>5</sup>	Patient Volume <sup>3</sup>	Commercial Insurance Rates	
Code Description	Patient visits PER WEEK	Reimbursement Per Service <sup>4</sup>	Projected Total Reimbursement <sup>6</sup>
Removal of IUD	1	\$ 107.35	\$ 42.94
UA, by dipstick or tablet reagent, non-auto, w/ micro	10	\$ 4.56	\$ 18.24
UA, by dipstick or tablet reagent, non-auto, w/o micro	0	\$ 4.14	\$ -
Urine pregnancy test	15	\$ 9.95	\$ 59.68

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<b>Projected Insurance Revenue/Week<sup>7</sup></b>	<b>\$ 2,261.01</b>
<b>Projected Insurance Revenue/Month<sup>1</sup></b>	<b>\$ 9,044.06</b>

Wet mount for infectious agents	2	\$ 6.63	\$ 5.31
Chlamydia trachomatis, amplified probe technique	10	\$ 49.74	\$ 198.94
Gonorrhoeae, amplified probe technique	10	\$ 49.74	\$ 198.94
Papillomavirus, human, (HPV) low risk	0	\$ 49.74	\$ -
Papillomavirus, human, (HPV) High risk	0	\$ 49.74	\$ -
Cytology, cervical or vaginal (C/V), thin prep, manual	0	\$ 36.06	\$ -
C/V, fluid, thin prep, automated	10	\$ 30.26	\$ 121.02
Gardasil 9	3	\$ 132.63	\$ 159.15



Revenue			
		Monthly	Annually
Net Revenue <sup>1</sup>		\$ -	\$ -

Expenses			
	One-Time	Monthly	Annually
Physical Practice			
Supplies - reoccurring (e.g. test strips)			
Supplies - one-time (e.g. anatomical model)			
HIT (e.g. changes to EHR templates)			
Training (e.g. insertion training)			
Other			
Subtotal <sup>2</sup>	\$ -	\$ -	\$ -

Physical practice subtotal <sup>2</sup>			\$ -
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	% of Time on Family Planning	Annual Salary	Annual Expense <sup>3</sup>
Personnel - Salaries			
Biller(s)			\$ -
Front office			\$ -
Office manager			\$ -
Medical assistant(s)			\$ -
RN/LPN			\$ -
NP			\$ -



# **LESSONS LEARNED FROM THE PROCESS**

**Mary Bucher, USC Upstate**



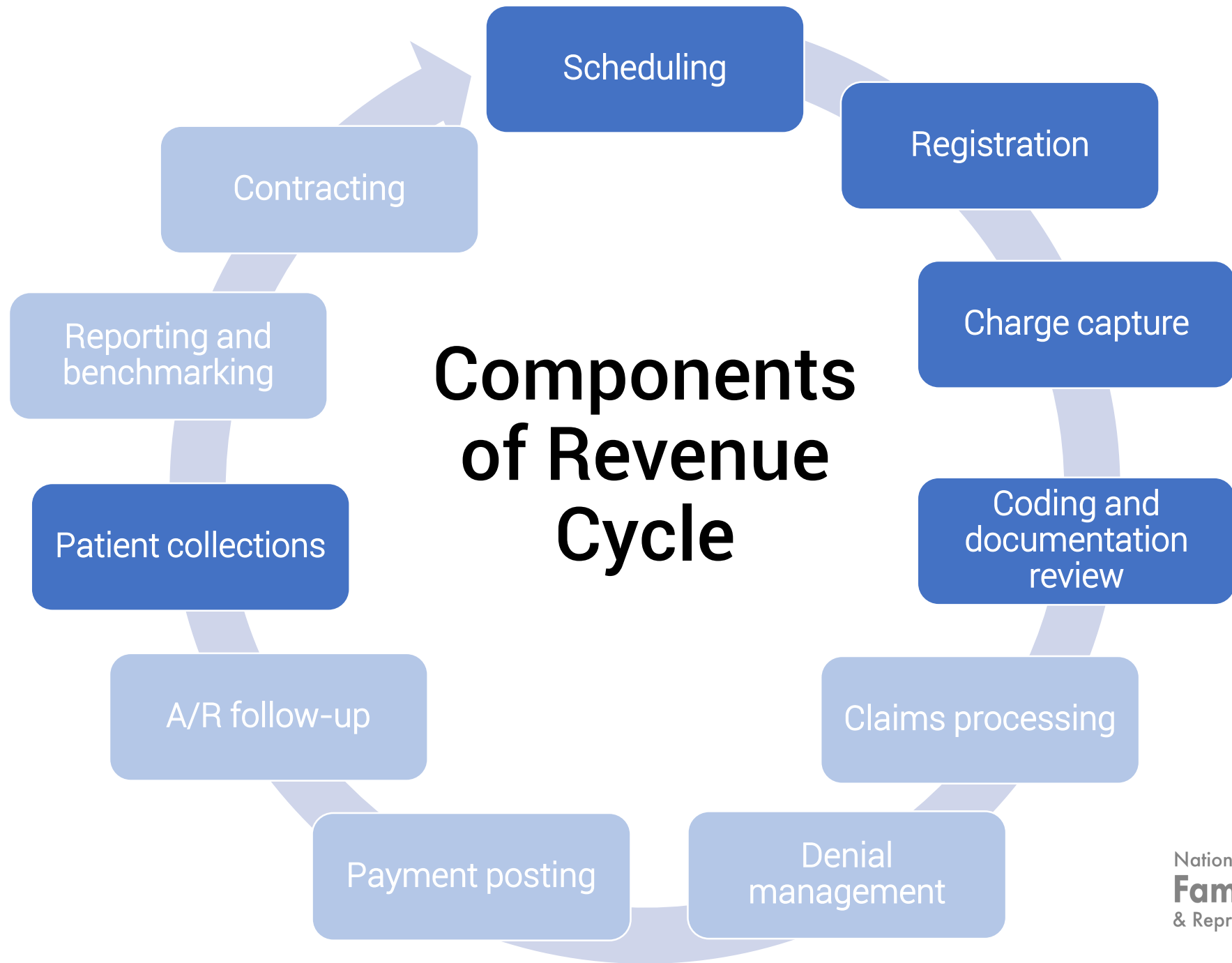
**Regional comprehensive university in  
Upstate South Carolina  
Campus Population: ~ 6,000 & growing  
~66% female students**

## Facility

- **Clinical staffing: 2-3 FTE nursing staff, 3 APRNs**
- **Administrative support & billing staff: 1.5 FTEs**
- **4 exam rooms, large and mini lab**
- **Electronic Health Record (Point & Click)**

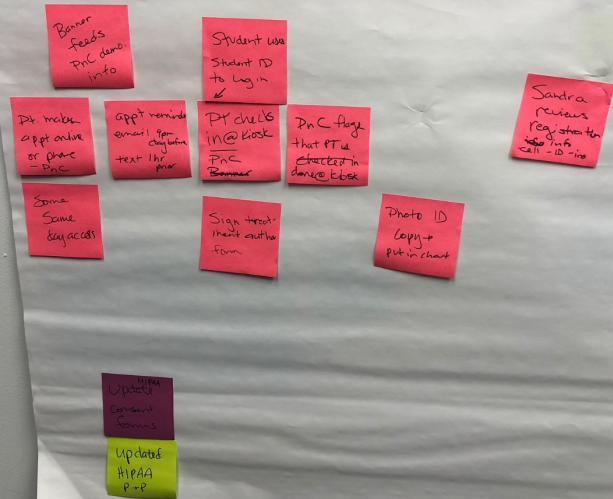
## Fiscal Structure

- **Student Health Fee funded**
- **Small revenue gained from various testing & procedures**
- **Choose Well Grant Funding 2017-2020**
- **Fee schedule for in clinic labs, credit or student account billed**
- **Quest bills insurance when desired for STI testing**
- **Cash pricing or referral when desired for Title X services**

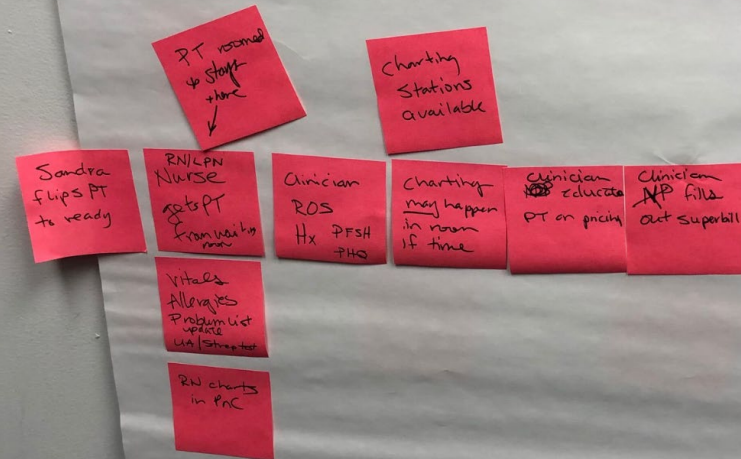


# Process Mapping

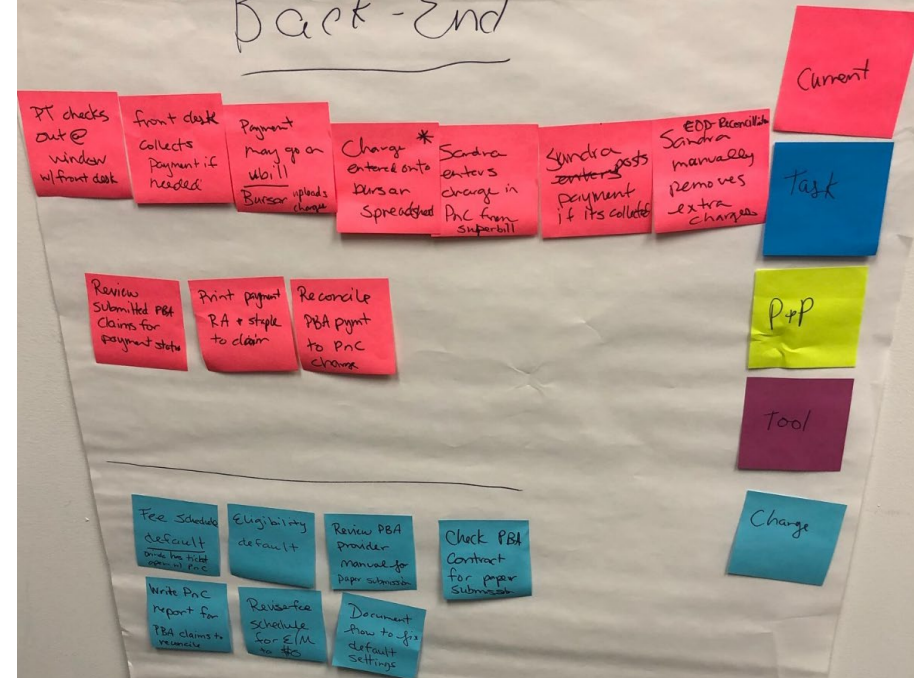
## Front End



## Clinic / Visit /



## Back-End



# Lesson Learned #1: Start with a clean slate

## ***STOP DOING LIST:*** Minimize duplication, identify & resolve errors

AREA	ERROR	Resolution
Scheduling	Pt scheduled & not eligible for services	Stops in systems, guidance on referrals
Registration	Insurance status not accurately captured	Collect on all, create uninsured category
	Patients do not have needed information at time of visit	Info to parents & students at orientation Health literacy initiatives
Charge capture	Fee schedule discrepancies in online, in clinic, in EHR information	Systematize fee schedule updating to annual process
	Inappropriate charge creation – clutter (E&M codes, dx codes)	Ask staff what charges are incorrect, prioritize fixing, clear guidance
Claims processing	Duplication: Electronic and paper claims and tracking systems	Claims processing

## Lesson Learned #2:

# Complex problems require content experts

- Build up your network of helpful, experienced problem solvers and content experts to determine why & how
- Innovation & growth requires information seeking
- Don't create what you can borrow

# Revisiting HIPAA Compliance

- HIPAA Privacy Rules
- HIPAA Security Rules

"Knock knock."  
"Who's there?"  
"Nana."  
"Nana who?"



# Partners in HIPAA Compliance

HIPAA Privacy Officer

HIPAA Security Officer & IT Leadership

Parent organization policies & procedures

Institutional legal counsel

Chief Financial Officer

Partner institutions

NFPRHA & other professional organizations

State & Federal governmental agencies



HIPAA Security Rule



HIPAA Federal Register Statutory Text



















2017 NACUA Cybersecurity Training



cybersecurity-newsletter-july-2018-Disposal



Verizon Data Breach Investigations Report - White Paper

-  SHS.HIPAA.BNR.001 Notification in the Case of Breach of Unsecured PHI
-  SHS.HIPAA.PR.001 Hybrid Entity Organizational Requirements
-  SHS.HIPAA.PR.002 Administrative Requirements
-  SHS.HIPAA.PR.003 Security and Privacy Provisions
-  SHS.HIPAA.PR.004 Business Associates
-  SHS.HIPAA.PR.005 Workforce Training Policy
-  SHS.HIPAA.PR.005.A Transition Provisions
-  SHS.HIPAA.PR.006 Safeguards
-  SHS.HIPAA.PR.007 Compliance & Enforcement
-  SHS.HIPAA.PR.007.A Imposition of Civil Monetary Penalties
-  SHS.HIPAA.PR.008 Computer & Information Usage Agreement - Minimum Necess...
-  SHS.HIPAA.PR.008.A Confidentiality & Security Agreement
-  SHS.HIPAA.PR.008.B Minimum Necessary
-  SHS.HIPAA.PR.009 Sanctions for Violations of HIPAA
-  SHS.HIPAA.PR.010 De-Identified Protected Health Information
-  SHS.HIPAA.PR.011 Privacy Related Complaints



SHS.HIPAA.PR.012 Notice of Privacy Practices



SHS.HIPAA.PR.013 Authorization Requirements



SHS.HIPAA.PR.014 Accounting of Disclosures



SHS.HIPAA.PR.014.A Request for an Accounting of Disclosures



SHS.HIPAA.PR.015 Consent for Uses & Disclosures to Carry Out TPO



SHS.HIPAA.PR.016 Use & Disclosure of Psychotherapy Notes



SHS.HIPAA.PR.017 Access to Protected Health Information



SHS.HIPAA.PR.017.A Request for Access to Protected Health Information



SHS.HIPAA.PR.018 Right of an Individual to Request Restriction of Protec...



SHS.HIPAA.PR.018.A Request for Restrictions of Protected Health Informat...



SHS.HIPAA.PR.019 Right of an Individual to Request Revocation of Protect...



SHS.HIPAA.PR.019.A Request for Revocation of Protected Health Informatio...



SHS.HIPAA.PR.020 Individual Right to Request Confidential Communications...



SHS.HIPAA.PR.020.A Request for Confidential Communications



SHS.HIPAA.PR.021 Right to Amend Records (PHI)



SHS.HIPAA.PR.021.A Request for Amendment of Protected Health Information...



SHS.HIPAA.PR.021.B Acceptance of Request for Amendment of PHI



SHS.HIPAA.PR.021.C Denial of Request for Amendment of PHI



SHS.HIPAA.PR.022 Uses & Disclosures Required by Law



SHS.HIPAA.PR.023 Uses & Disclosures for Law Enforcement Purposes



SHS.HIPAA.PR.024 Uses & Disclosures for Employment Related Decisions



SHS.HIPAA.PR.025 Uses & Disclosures of PHI for Workers' Compensation



SHS.HIPAA.PR.026 Uses & Disclosures for Judicial & Administrative Procee...



SHS.HIPAA.PR.027 Uses & Disclosures for Other Purposes

# IHS HIPAA Security Checklist

HIPAA SECURITY RULE REFERENCE	SAFEGUARD  (R) = REQUIRED, (A) = ADDRESSABLE	STATUS  COMPLETE, N/A
<b>Administrative Safeguards</b>		
<b>164.308(a)(1)(i)</b>	<b>Security Management Process: Implement policies and procedures to prevent, detect, contain, and correct security violations.</b>	
164.308(a)(1)(ii)(A)	Has a Risk Analysis been completed IAW NIST Guidelines? (R)	
164.308(a)(1)(ii)(B)	Has the Risk Management process been completed IAW NIST Guidelines? (R)	
164.308(a)(1)(ii)(C)	Do you have formal sanctions against employees who fail to comply with security policies and procedures? (R)	
164.308(a)(1)(ii)(D)	Have you implemented procedures to regularly review records of IS activity such as audit logs, access reports, and security incident tracking? (R)	
164.308(a)(2)	<b>Assigned Security Responsibility: Identify the security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity.</b>	COMPLETE
164.308(a)(3)(i)	<b>Workforce Security: Implement policies and procedures to ensure that all members of its workforce have appropriate access to EPHI, as provided under paragraph (a)(4) of this section, and to prevent those workforce members who do not have access under paragraph (a)(4) of this section from obtaining access to electronic protected health information (EPHI).</b>	

Inventory of PHI		Potential threats	Likelihood of Event	Magnitude of Impact (Very low, low, moderate, high, very high)	Level of Risk	Security Measures in Place (e.g. exryption, firewall, antivirus, email scans, training, audit access log, expiring passwords, lock and key, vendor due diligence)	Security Measures Needed	Timeline for Implementing future Measures
Desktop Computers		hacking/malware						
Cloud based Network		hacking/malware						
Cloud server		hacking/malware						
Copy machines		failure to scrub data prior to disposal						
Employee Smartphones		theft / loss						
Employee laptops		theft / loss	Moderate	Very high	very high	password protected, encrypted hard drive, lockable carrier	automatic timed logoff  Policy on taking laptops off-site  Education and training	End of Q4 2019
Shredding bins								
Physical servers								
web-based email system		sending PHI to wrong recipient						
Employee offices		natural disaster						



# Lesson Learned #3:

## I still think like a clinician

Sometimes little changes have more ripple effect than you appreciate from your primary lens....

- Administrative staff functions
  - Scheduling
  - Registration
  - Billing
  - Other
- Clinical staff
  - Patient workflow impact
  - Documentation
  - Orders & results
- Other



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



# Research tells us...

High performing organizations have a **culture** that elevates the importance of the revenue cycle.

High performers...

- Master areas important to their particular circumstances. Simply put: **They are good at what they need to be good at.**
- Aren't just good at setting goals; they are **good at how they take action and execute strategies** to achieve these goals.

Healthcare Financial Management Association (HFMA), "Strategies for a High-Performance Revenue Cycle: A Report from the PATIENT FRIENDLY BILLING® Project." 2009.





Es ist Zeit für Ihre Kaffeepause am Nachmittag



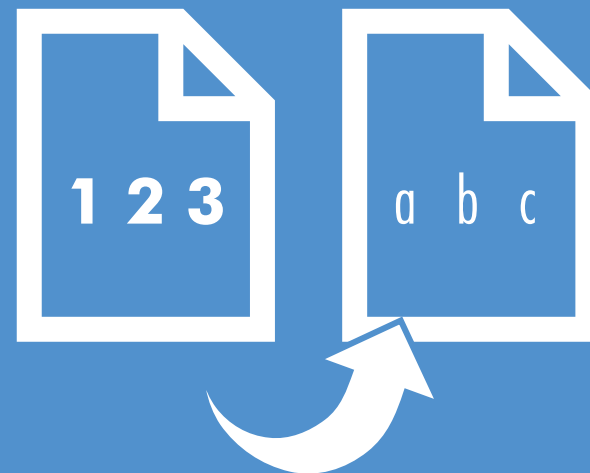
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Es ist Zeit für "Es ist Zeit für Ihre Kaffeepause am Nachmittag" Nachmittag



**narrow in**



**interpret**



# Key Performance Indicator Analysis

National  
**Family Planning**  
& Reproductive Health Association



# Key Performance Indicators

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## Baseline KPI

- Days in A/R
- Aged A/R
- Net collection rate
- Denial rate



# Key Performance Indicators

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## Advanced KPI

- Underpayment review
- Denial appeal rate
- Denial appeal success rate
- Self-pay collections
- First-pass resolution rate
- Clean claim rate



# HOW OFTEN DO YOU COMPARE REIMBURSEMENT WITH CONTRACTED PAYMENT RATES?

JANUARY 31, 2017 POLL  
837 APPLICABLE RESPONSES OUT  
OF 899 TOTAL RESPONSES

[MGMA.COM/STAT](http://MGMA.COM/STAT)  
#MGMASTAT



A healthcare provider in light blue scrubs is sitting at a desk, smiling and talking to a patient. The patient is wearing a red and black plaid shirt and is seen from the side, holding a clipboard. The background is a blurred office setting. The entire image has a blue overlay.

# Coding Audits

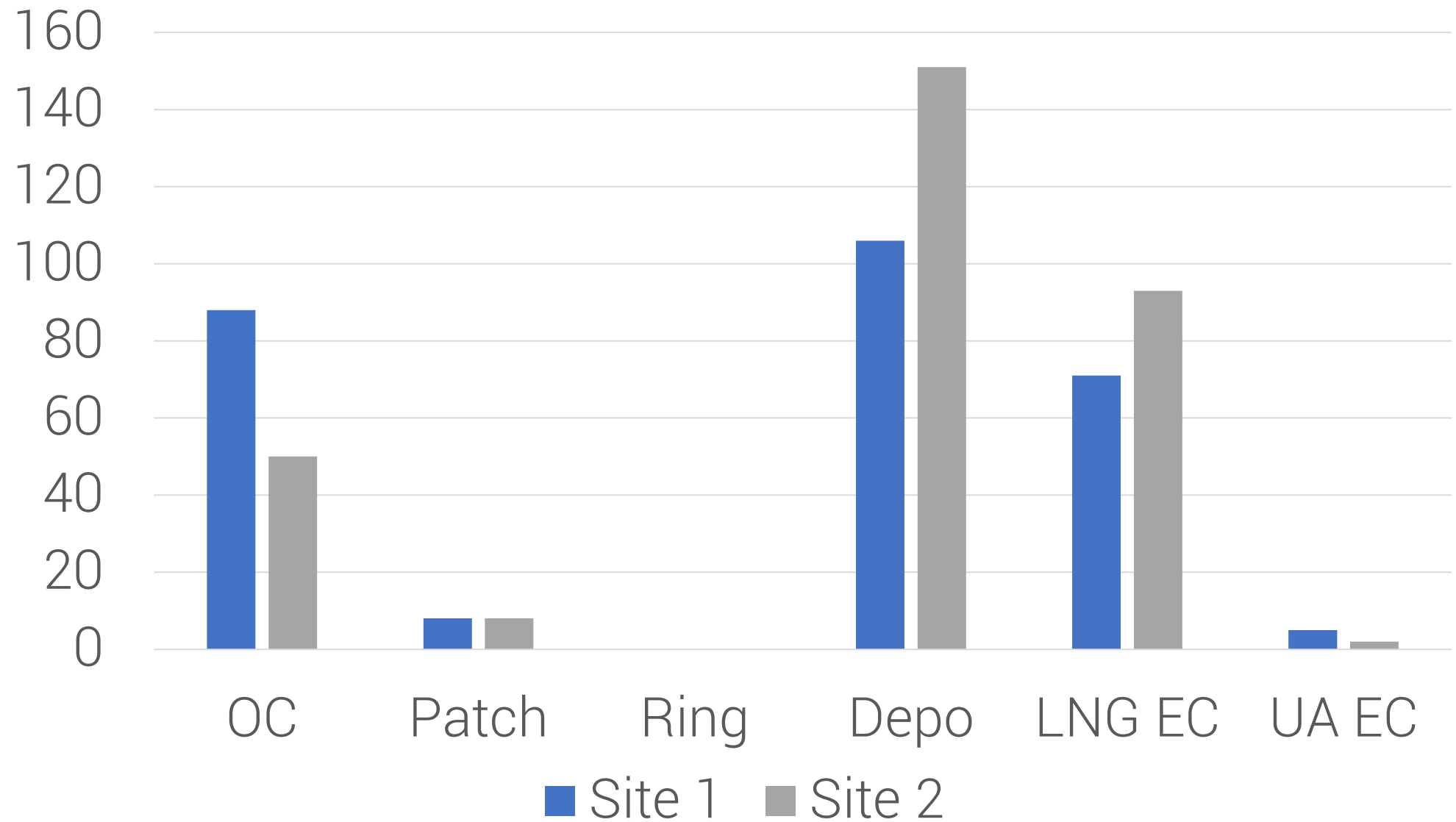
National  
**Family Planning**  
& Reproductive Health Association

# Where and how to look?

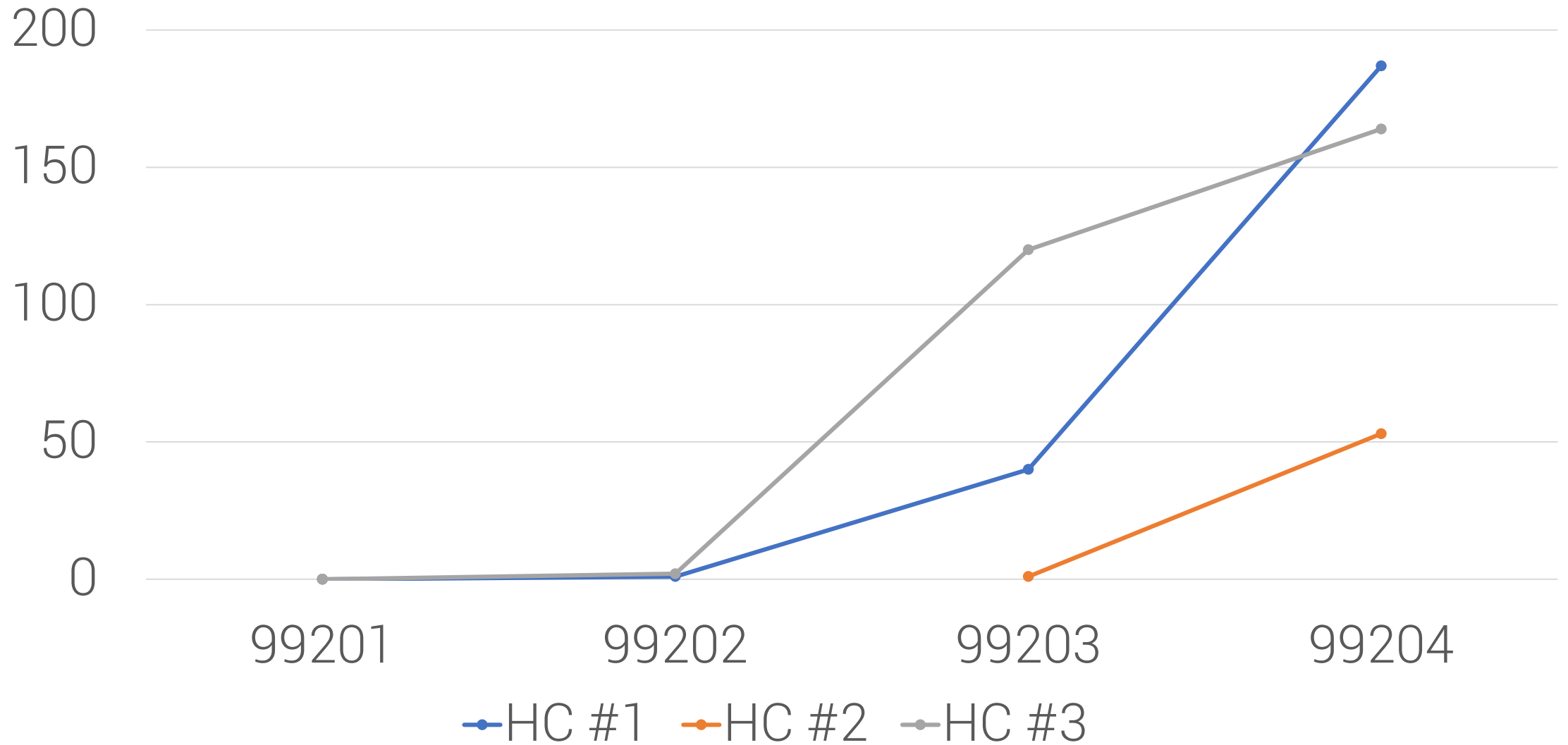
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- Compare codes on fee schedule to covered services of contracted payers
- Review charges over a 3-6 month period of time
  - Compare to fee schedule to look for trends in codes not used
  - Compare between sites to identify inconsistencies
  - Compare E/M codes to:
    - Industry standards
    - Across providers

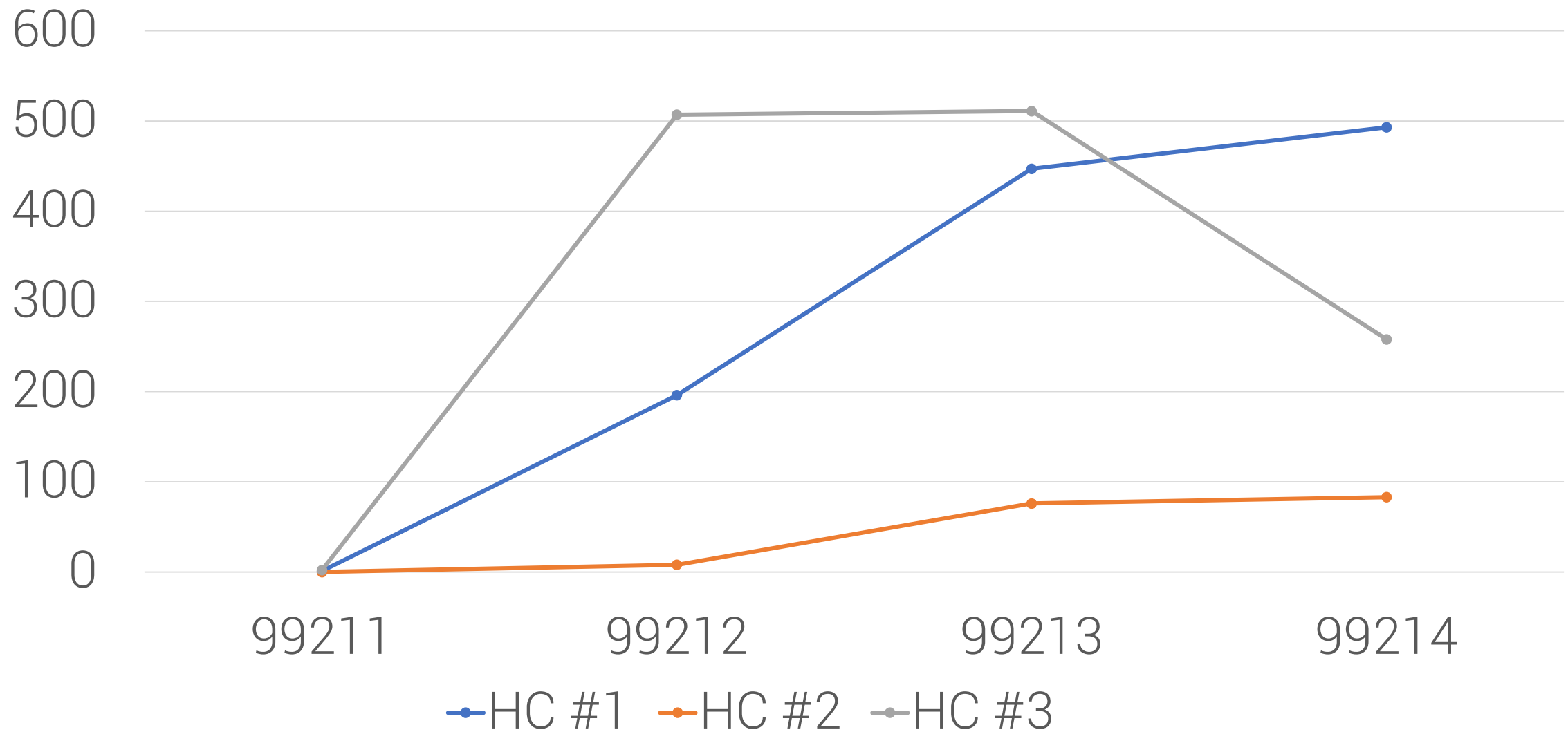
# Frequency of Contra Dispensed



# New Evaluation and Management Visits

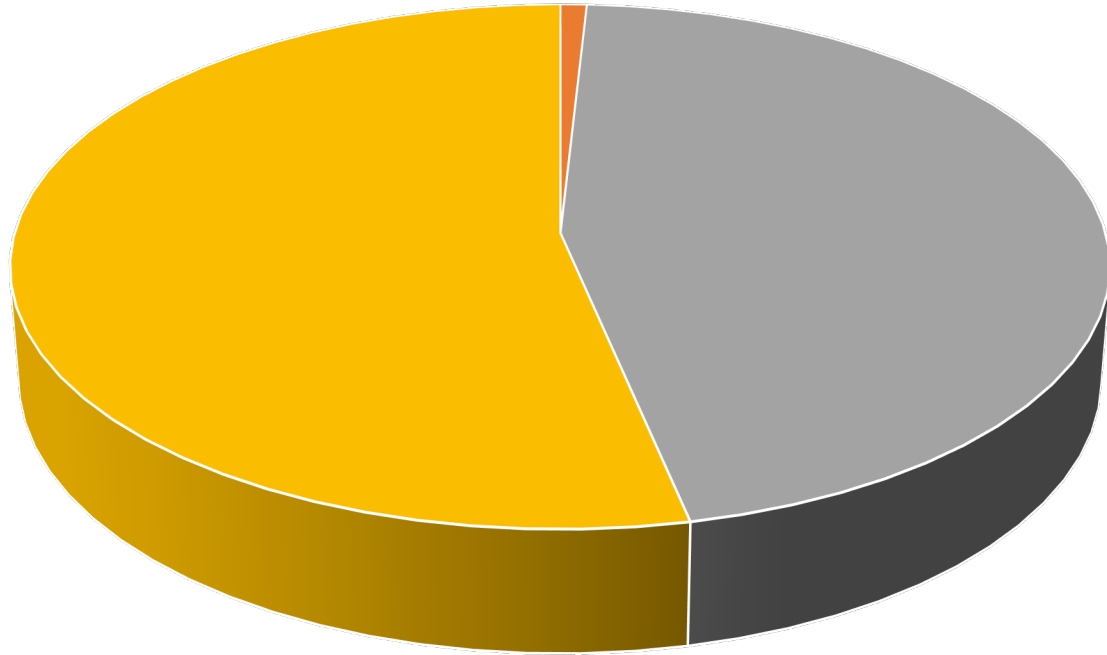


# Established Evaluation and Management Visits

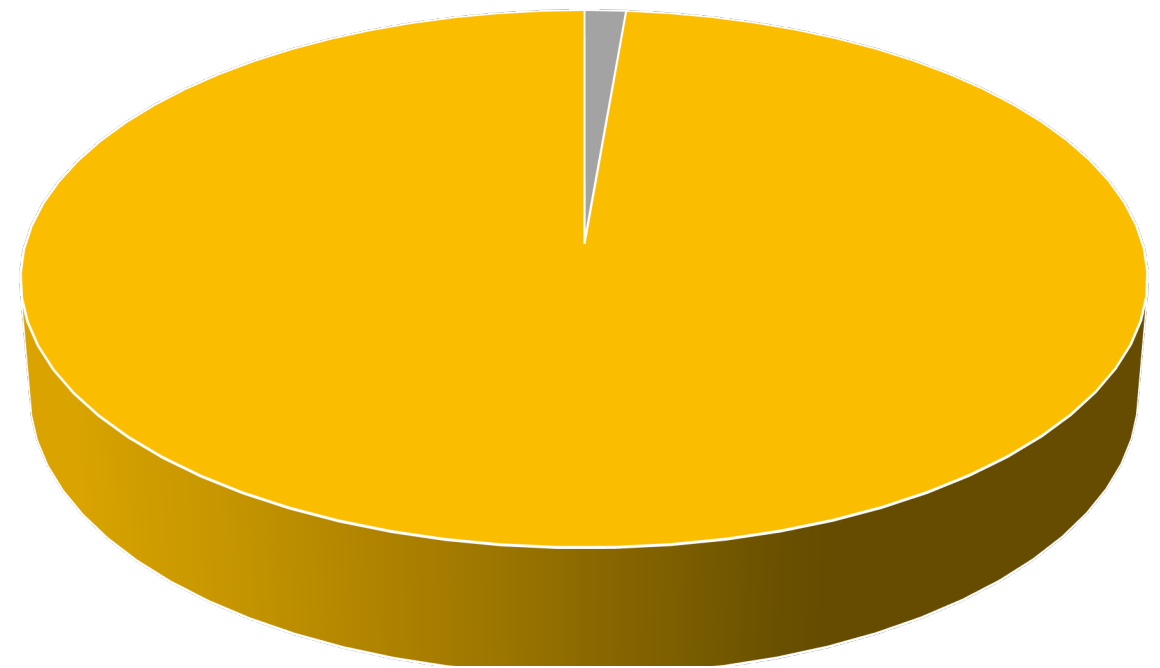


# New Evaluation and Management Visits

Provider 1



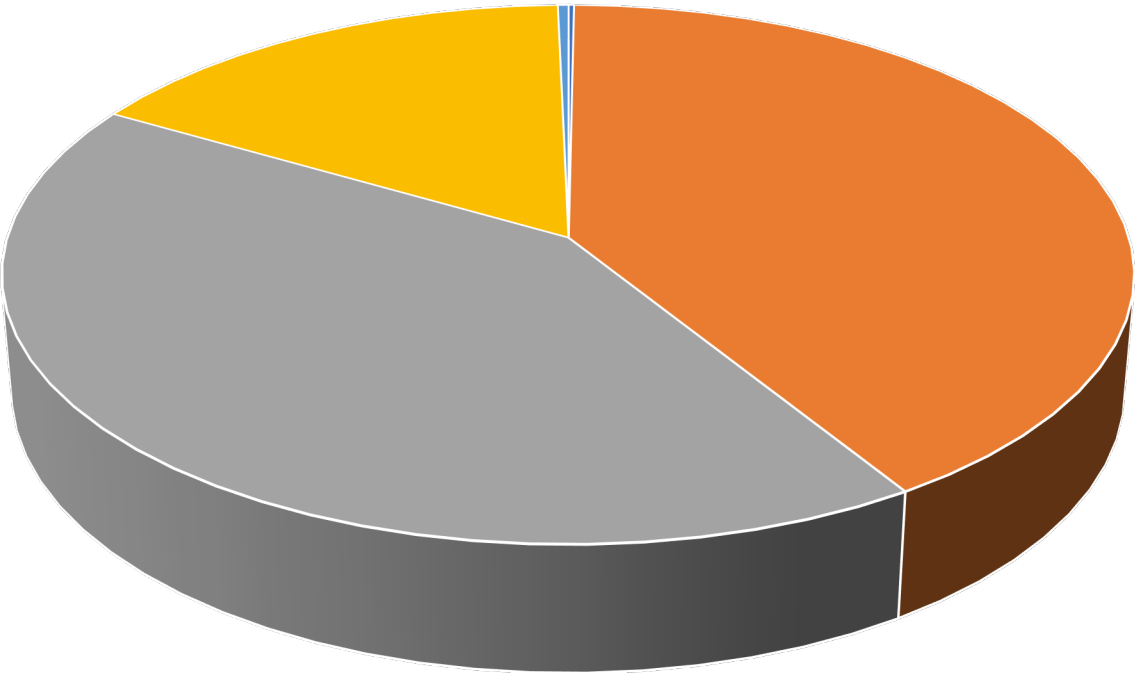
Provider 2



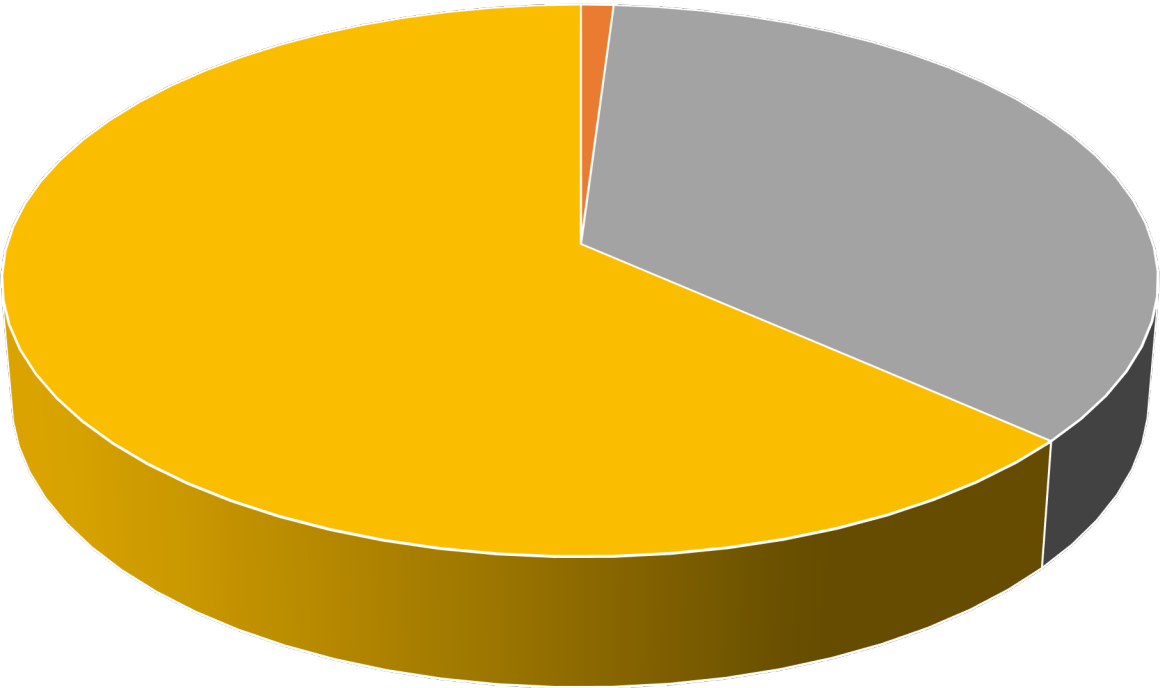
■ 99201 ■ 99202 ■ 99203 ■ 99204 ■ 99205

# Established Evaluation and Management Visits

Provider 1

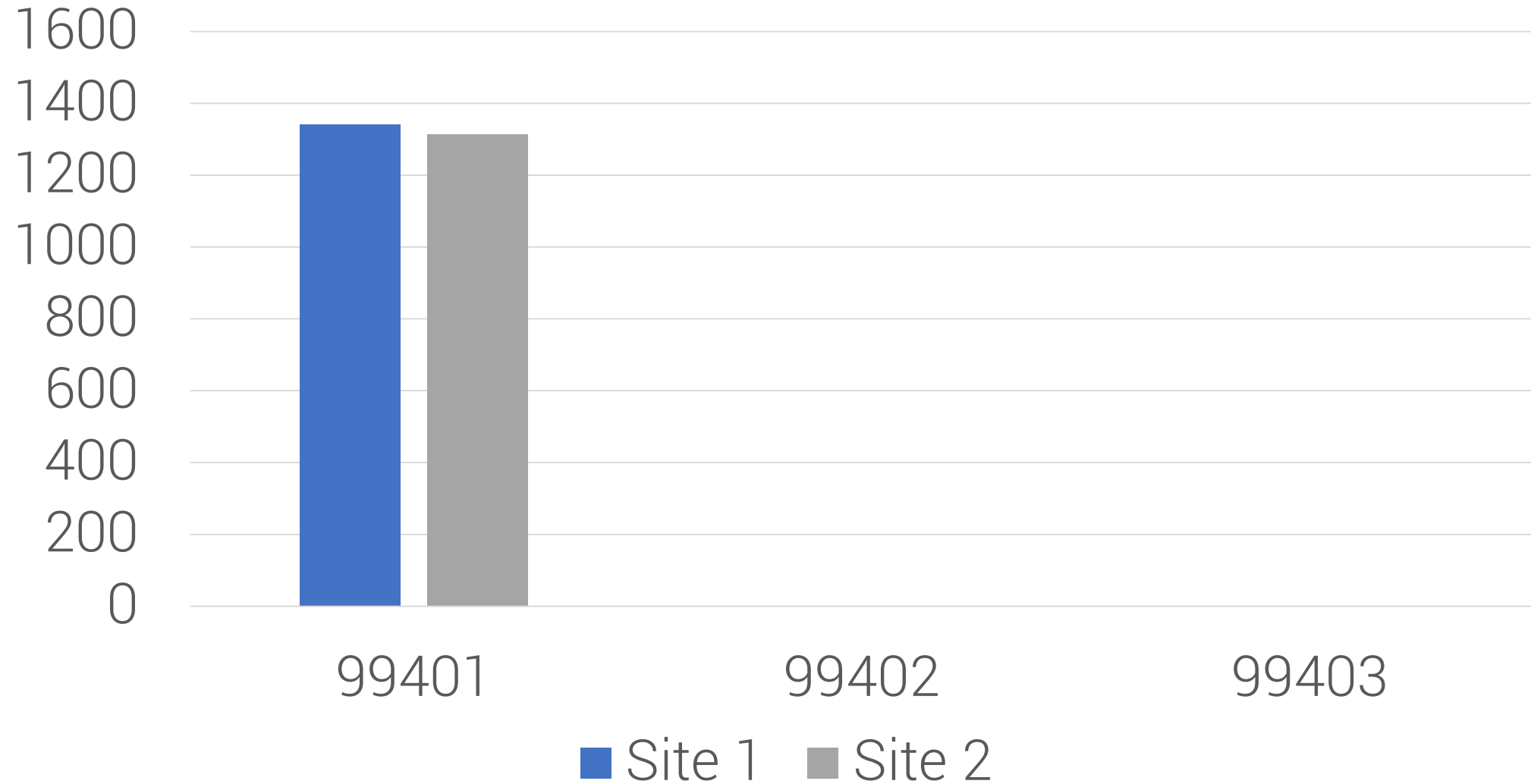


Provider 2



■ 99211 ■ 99212 ■ 99213 ■ 99214 ■ 99215

## Education and Counseling Visits






	99401	99402	99403	
Reimbursement	\$ 19.00	\$ 30.00	\$ 41.00	
				Total
Original	2654	0	0	
	\$ 50,426	\$ -	\$ -	\$ 50,426
Conservative	2256	265	133	
	\$ 42,864	\$ 7,950	\$ 5,453	\$ 56,267
Moderate	1991	398	265	
	\$ 37,829	\$ 11,940	\$ 10,865	\$ 60,634

**What would you  
do if you found  
these results?**

# Coding Resources



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

## Coding

[Home](#)[Solutions](#)[Tickets](#)

How can we help you today?

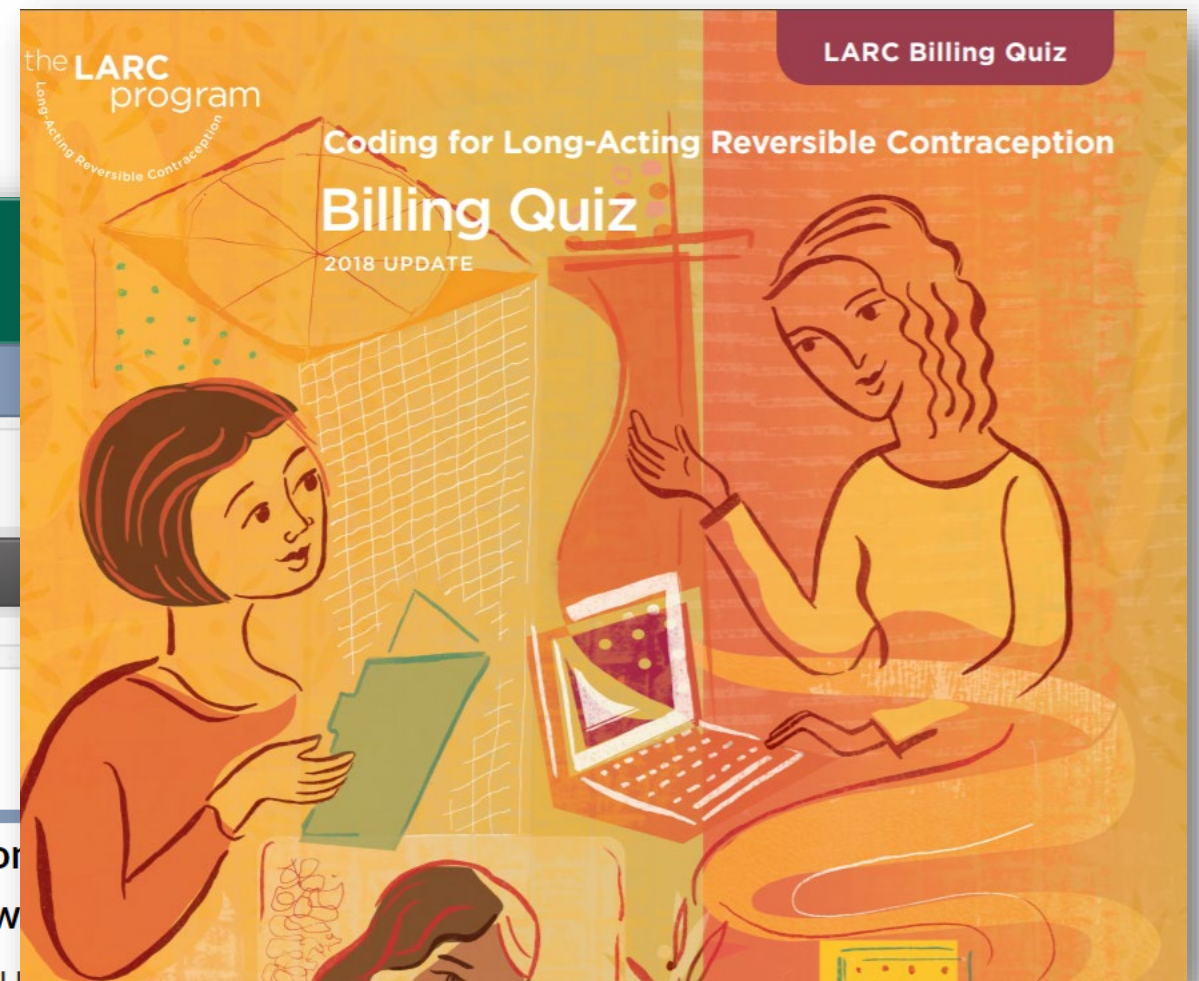
### Knowledge base

Check to see if your coding question has already been answered in our knowledge base, coding news, and learn more about ACOG's coding workshops and webinars.

#### TOP CODING QUESTIONS OF THE MONTH (41)

- March 2019: ICD-10 Category O26 vs O99
- February 2019: Ureterolysis
- January 2019: CPT Code 58661 and Modifier 50
- December 2018: Endometrial Biopsy
- November 2018: Choosing the Correct Diagnosis Code for Medicare Preven...

[See all 41 articles](#)



#### FREQUENTLY ASKED QUESTIONS (19)

- Sperm Washing CPT codes 58323 vs. 89260
- Reporting a Service with Modifier 22
- Normal First Pregnancy vs Other Normal Pregnancy
- Same Day Admission and Discharge Services
- Failed IUD Insertion

[See all 19 articles](#)

**How do you fine-tune  
your revenue cycle?**

A large magnifying glass with a silver handle and a black rim, centered on the page. The lens is a large, light gray circle with a subtle gradient.

Es It's time for your afternoon coffee break!tag

# Thank you!

Contact Amanda Kimber at  
[akimber@nfprha.org](mailto:akimber@nfprha.org) or 515-710-8882

# Resources

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- NFPRHA Back-End Bootcamp Training slide deck: [www.nationalfamilyplanning.org/file/Sunday-3-18---Back-End-RCM-Bootcamp.pdf](http://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](http://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](http://www.fpntc.org/resources/financial-management-toolkit)
- FPNTC Coding Modules: [www.fpntc.org/resources/coding-reproductive-health-care-environment-fundamentals-coding-elearning-module-1](http://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](http://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/Coding-and-Reimbursement-for-LARC?IsMobileSet=false)