Building Support and Systems for Billing in Public Health Programs

5/8/13

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Foundations of Billing & the Revenue Cycle

May 8, 2013

Erin Edelbrock
Program Manager, Cardea

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About Cardea

Our Mission: Improve organizations' abilities to deliver accessible, high quality, culturally proficient, and compassionate services to their clients.

- Training, organizational development, evaluation & research

STD-related Reproductive Health Training & Technical Assistance Center (STDRHTTAC) for U.S. Public Health Service Regions VI, IX and X.

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Audience Poll

1. For what types of services would you like to bill? *(select all that apply)*

a. All direct/clinical services
b. STD
c. HIV
d. Family Planning
e. Laboratory
f. Other

2. Are you currently billing Medicaid or other third party payers? *(select one)*

a. No, not billing Medicaid or other third party payers
b. Yes, billing Medicaid only
c. Yes, billing (other) third party payers only
d. Yes, billing Medicaid and other third party payers

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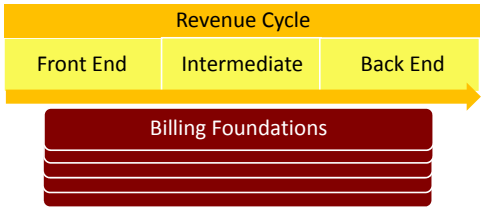
Revenue Cycle & Billing Foundations



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Billing Foundation

- Legislative/Policy Landscape
- Leadership & Staff Buy-in
- Information System Capacity
- Third Party Payer Relationships
- Workforce Capacity

Adapted from *Elements for Successful Immunization Billing Practice, New York State Dept of Health, June 2012*

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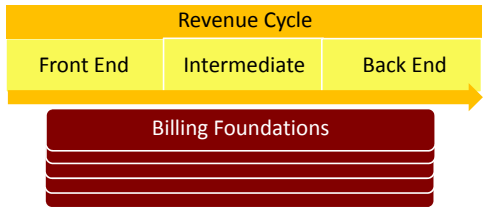
Revenue Cycle & Billing Foundations



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Revenue Cycle

Definition: all administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue

Healthcare Financial Management Association

These functions can be categorized into three parts: Front-End, Intermediate and Back-End processes.

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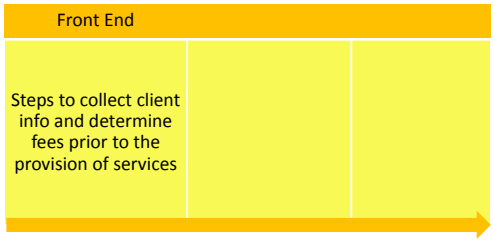
Revenue Cycle



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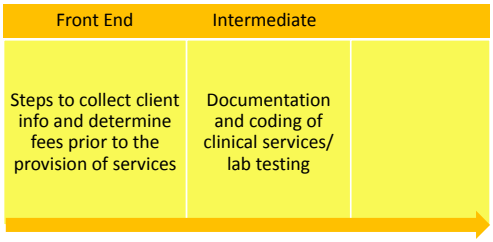
Revenue Cycle



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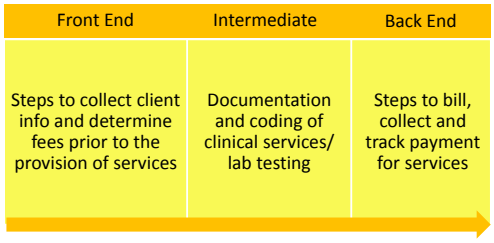
Revenue Cycle



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Laboratory Revenue Cycle

Key Difference: No direct interaction with patients

- Client information, insurance/ program eligibility, and diagnosis code obtained from submitter, rather than directly from patient
- Balances billed to submitter, rather than to patient

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Today's Webinar

Three presentations that address:

- Importance of leadership and staff buy-in
- Utilization of existing partnerships and existing resources
- Systems perspective

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Resources from Cardea

- Case studies of public health programs that are currently billing
- Webinars and other online learning tools
- An online learning community to help you connect with peers
- Customized training and technical assistance

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CA Public Health Billing Project

Kern County's Experience

Denise Smith, BSN, MPA
Director of Disease Control
County of Kern Department of Public Health Services

Kern County Public Health Services Department

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Historically

- Many Public Health Services have been provided free of charge

FREE Vaccines and FREE HIV Testing
(20 minute results)

Kern County Public Health Services

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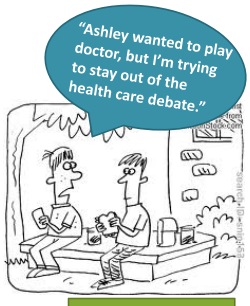
Currently

Diminishing Public Health resources



Affordable Care Act

Kern County Public Health Services

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TODAY

Kern County Public Health Services

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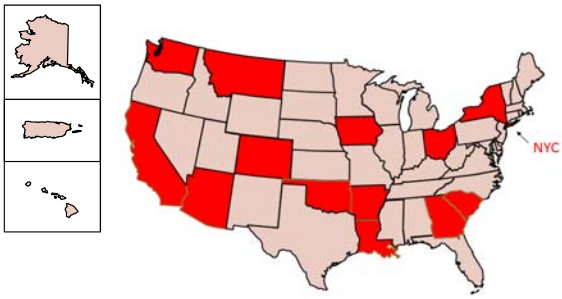
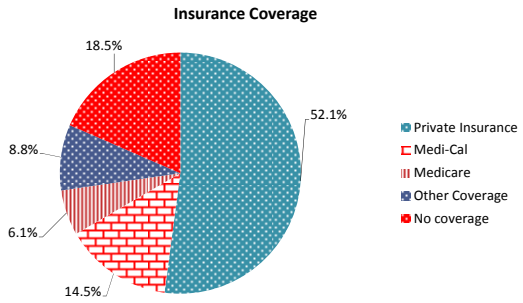
Why We Need to Bill Private Insurance

- Changes to 317 funding
- Existing funding source
- Increase revenue
- Improve customer service

CDC- Funded Planning Grants



CA Insurance Landscape



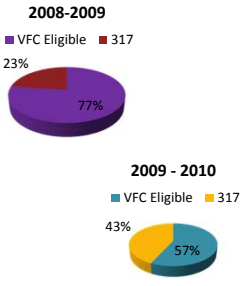
State Capacity Analysis

- Clinical Services:
  - **10%** provide immunizations only
  - **7%** provide immunizations and one other service (i.e., family planning, TB clinic, STD services, HIV services, prenatal services)
  - **25%** provide immunizations and two other services
  - **38%** provide immunizations and three or more other services
  - **8%** provide primary care services including immunizations.

State Capacity Analysis

- Billing Services
  - **11%** bill insurance, Medi-Cal, and Medicare
  - **31%** complete Medicare roster billing only (flu vaccine)
  - **18%** bill Medi-Cal and complete Medicare roster billing
  - **7%** bill Medi-Cal only.
  - **20%** complete no billing and provide services for free or a nominal administration fee.
  - **13%** provide no clinic services at all.

Kern County Landscape



Potential revenue if insurance had been billed

- 2008/09: $210,640
- 2009/10: $228,931

Multi-Department Input

- Explain the benefits of billing
- Get input from everyone for processes and staffing recommendations
- Include representatives from key departments
  - Billing
  - Registration/Clinic Supervisor
  - Clinicians
  - Contracting
  - Management

The Team Approach

Kern's Process

- Updated fee schedule
- Initiated private insurance contracts
- Provider credentialing
- Enhanced insurance verification
- Improved coding & medical documentation
- Developed better clinic flow and staff placement

Updating Fee Schedules

- Assess costs of service
- Utilize available tools
  - Medi-Cal & Medicare rates (cms.gov)
  - Optum Fee Analyzer (1-800-464-3649)
- Sell the idea to BOS

Compliance

- CA Code of Regulations
  - Can't bill Medi-Cal for a service that is provided free to a non-Medi-Cal patient
  - Must ask all patients about insurance
  - Must make an effort to bill other 3rd party insurance

Title 22 Division 3 Subdivision 1 Chapter 3 Article 7 # 51501

Sliding Fee Scale

- The Sliding Rules
  - Determine which services need a sliding fee schedule
  - Determine Methodology
    - US Federal Poverty Guidelines

Initiate Private Insurance Contracts

- Establish mutual benefits
  - Numbers of subscribers
  - Why they come
  - Why service is crucial, and therefore reimbursable
- Build a rapport
  - Document who you talk to and date you phoned
  1. Pay attention

Provider Credentialing

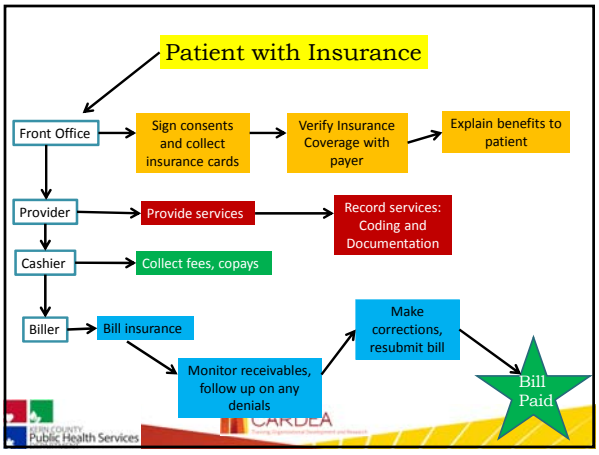
- Council for Affordable Quality Healthcare (CAQH)
- https://upd.caqh.org/oas/
- Nationally recognized
  - Gov't insurance and many private carriers use CAQH
- Maintain regularly

Enhanced Insurance Verification

- Registration properly trained to ask for cards
- Contact the carrier prior to services to verify benefits
- Accurately record tracking # and name of rep
- Relay coverage benefits to patient

Improving Coding and Documenting

- If it isn't documented, it didn't happen!
- Errors occur when documenting is inconsistent, incomplete or illegible.



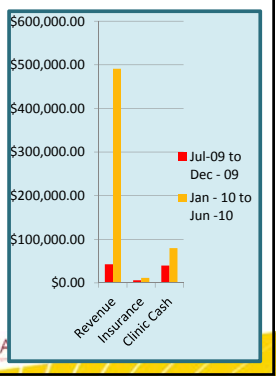
Kern County Pilot Project

- **Tdap Project**

- Billed for Tdap vaccine for 75 subscribers
  - $3,375 at $45/vaccine
  - $1,470 for administration at $20/vaccine
  - (contract amount was $10)
- Collected $2,989 for vaccine (89%)
- Collected $690 for administration fees (92% of contract amount)

Kern County Results

- After hiring an Insurance Specialist:
  - Total Revenue increased from $42,961 (7/09 -12/09) to $491,317 (1/10 – 6/10)
  - Private Ins. revenue increased from $6,087 (7/09-12/09) to between $9,568 and $11,681 for each 6 month period since 1/10.
  - Clinic Fees (Cash from patients) increased by over $40,000 in a 6 month



Barriers

- Contracting with private insurance carriers
- Staff Resistance
- Changing Fee Schedule
- Shared Tax ID
- Accounts Receivable Reporting

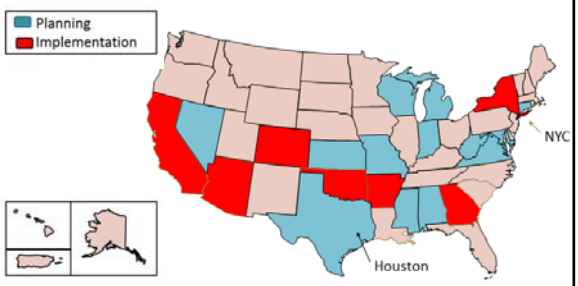
Kern's Billing Toolkit

- Several states have received copies
- Get your copy at:

www.kernpublichealth.com

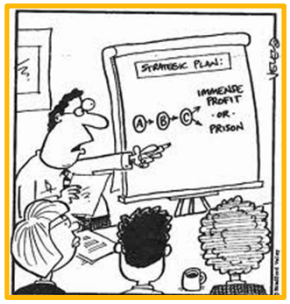
- Click on "Hot Topic"

Implementation Grants & Additional Planning Grants



Duane Kilgus; CDC Stakeholder Meeting, February 1, 2012

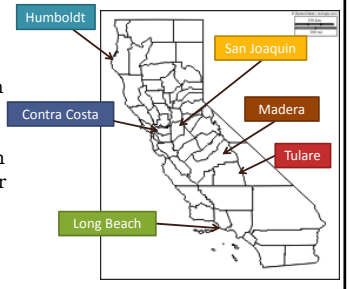
Plans for Implementation



"Stay with me now, people, because in step C, things get a bit delicate."

Implementation in CA Counties

- Six CA counties selected to participate
- On-site training with each site
- Help-line for post-training consultation
- Billing workgroup for the counties
- Webinar training



Training Goals

- Modify training to meet individual needs
- Review charts to identify consistent errors
- Practice dialogues to help employees gain confidence in speaking with patients and health plans
- Work hands-on with billing team to resolve denials
- Follow-up visits to reinforce training and monitor results
- Advanced training when needed

Billing Workgroup

- Monthly Billing Work group
  - All CA counties may participate
  - Resources for complications
  - Share ideas and tips

"Coming together is a beginning, staying together is progress, and working together is success."
- Henry Ford

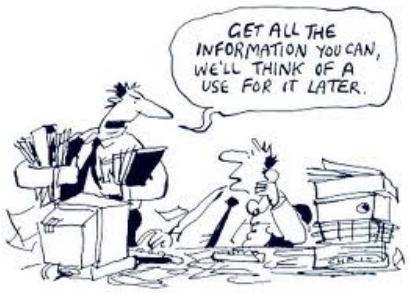
Challenges

- Difficult to get management support in some areas
- Lack of project liaison at some sites disrupted continuity and movement of information to other workers
- Uniqueness of each county made comparisons difficult at times

Components of a successful Billing System

- Use a team approach
  - Get input from all staff
  - Coach staff to work together
  - Give guidance for educating patients
- Make sure everyone knows the policies, procedures and resources
- Acknowledge success and work together to correct errors

Questions?



Increasing provider enthusiasm, participation and success

Diana R. Jolles CNM MS

A Clinician's Perspective

Evaluate three experiences

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SIMPLE

- Bill all services
- Code properly
- Follow up on denials

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barriers

provider participation and success

(1) Mission
(2) Skillset
(3) Culture

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#1 MISSION

Small minds discuss persons

Average minds discuss events

Great minds discuss ideas

Really great minds discuss mathematics

Author unknown

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#2 SKILLSET

"…..well prepared for patient care, but not for the financial aspects of clinical practice. A lack of reimbursement knowledge and skills….."

Kennerly, Susan (2006) Positioning Advanced Practice Nurses for Financial Success in Clinical Practice. Nurse Educator 31 (5) 218-222.

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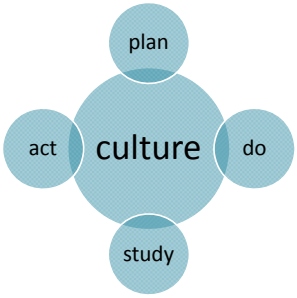
#3 Culture of Quality



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C.R.Y. Case Study

Service	Office Structure	% new grad	% 5 yr turnover	5 yr leadership turnover
c	centralized, coding department, billing department, administrative credentialing	0%	15%	2
r	internal team, no formal coding/billing education no formal credentialing	10%	90%	3
y	internal team, certified biller , informal credentialing	50%	90%	4

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"D"

	First Job 5 years	Second Job 2 years	Third Job 3 years	Fourth Job 3 years	Fifth Job 6 months
YTC	4 years	8 weeks	2 years	< starting job	never
L	2.5 years	4 mos	2.5 years	5 months	never

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CREDENTIALING

Application	Creden-tialing Confirmed	Contract?	Update Due	Notes
DONE	YES	Y	DONE	Linked to FHB
DONE	NO	Y	DONE	Linked to FHB
5 mos in	NO	Y	ASAP	MUST WRITE A LETTER REQUESTING UPDATE OF CREDENTIALING
5 mos in	NO	Y	ASAP	MUST WRITE A LETTER REQUESTING UPDATE OF CREDENTIALING
Done	3/31/08	Y	DONE	Recredentialing due by March 2010
5 mos in	NO	Y	ASAP	MUST WRITE A LETTER REQUESTING UPDATE OF CREDENTIALING
5 mos in	NO	Y	ASAP	MUST WRITE A LETTER REQUESTING UPDATE OF CREDENTIALING
5 mos in	NO	Y	ASAP	MUST WRITE A LETTER REQUESTING UPDATE OF CREDENTIALING
5 mos in	NO	Y	ASAP	MUST WRITE A LETTER REQUESTING UPDATE OF CREDENTIALING
5 mos in	NO	Y	ASAP	MUST WRITE A LETTER REQUESTING UPDATE OF CREDENTIALING
DONE	NO	Y	ASAP	Linked to FHB, BUT taxon. is not on file, must fax to get it added.
5/12/08 Mailed	NO	Y	ASAP	MUST WRITE A LETTER REQUESTING UPDATE OF CREDENTIALING

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FEEDBACK SYSTEMS

Procedure Paid	+ $	-$
58 NSVD	69,619	
38 NSVD		$115,673
25 NSVD		$40,000
25 C/S transfers		$40,000

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Feedback systems

IUD 3 mos	+ $	-$
1 Paid in full	$716	
6 Paid Partial	$1,219	$1,515
12 Not paid		$8,700
	$1,935	$10,215

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OUTSOURCE BILLING

	Before Outsource	1 YR After Outsource
Total Billed	946,651	1,509,340
Total Collected	528,560	617,124

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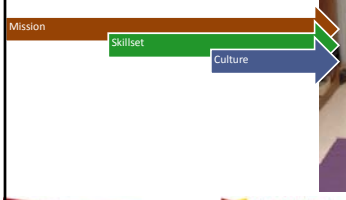
Increasing provider enthusiasm, participation and success



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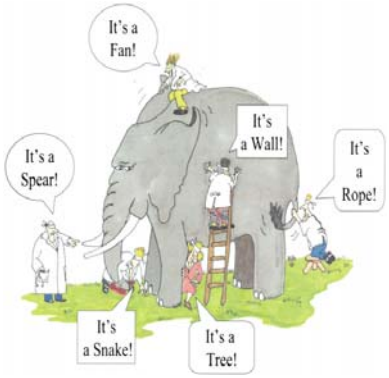

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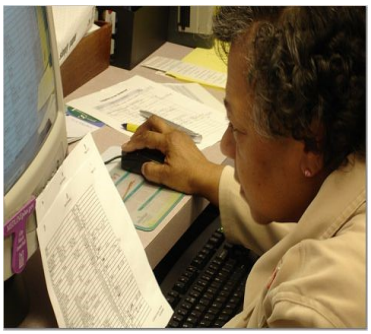

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Q&A

Please submit your questions to the presenters through the Q&A feature.

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Billing in Oregon: A New Frontier

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- 2009 – Lab had a huge budget hole

- Oregon Reproductive Health Program had a contract with Ahlers to bill DMAP

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Pros

- Only required a contract amendment
- Would shift burden off IPP for DMAP patients
- Data transfer was partially set up already
- Would generate revenue!!

Cons

- Required Ahlers to do programming
- Required lab to do programming
- Required enrollment as DMAP provider
- Neither lab nor Ahlers really had billing experience

How were we going to get there?

- Start Simple
- Take advantage of the systems already in place within our organization as a whole
- Utilize the knowledge base we had access to

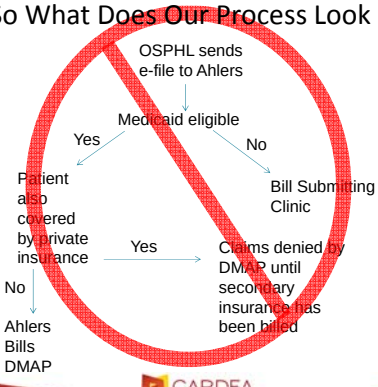
Useful Learnings

- Medicaid requirements
- Program billing is NOT the same as Laboratory billing
- It took a lot longer than anyone thought it would

What Needs to Be Included to Get Paid?

- CPT Code (87801 for the combined test plus a modifier if needed)
- ICD-9 Code (Determined based on IPP criteria at the clinic)
- Established Test Fee
- NPI number of Ordering Provider NOT NPI of the Facility or Clinic

So What Does Our Process Look Like?



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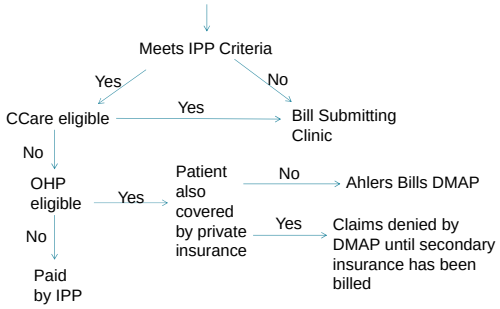
What Our Process Really Looks Like



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How Well Did We Do?

- At startup billed for previous twelve months
- Billed an average of 600 specimens per month
- Claim rejection rate dropped from 20% at beginning to 10% within a few months

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Moving On to Recover More $

- Expand from CT/GC to all tests
- Figure out how to bill 3rd Party payers

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So How'd That Work Out For Us?

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A Few Minor Setbacks

- Our Business Manager was drafted for double duty
- Our Client Services Coordinator (Point Person) retired
- Oregon acquired CCO's
- DMAP changed the rules
- Somebody deleted some very important e-mails

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Oregon & CCO's

- June 2011, governor passed HB3650 proposing system of CCO's
- Agreement with Federal Government to save $11 billion over 10 years
- HHS invested $1.9 billion up front

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A CCO is not the same as an HMO

- Benefits and services are integrated and coordinated
- One global budget that grows at a fixed rate
- Has metrics for safe and effective care
- Local accountability for health and budget
- Local flexibility

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CCO's and Labs

- Nobody really considered labs up front
- DMAP decided to change the way they paid with CCO's

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Things to Take Away

- Make sure $$ you recover are going to stay with you
- Know what your test costs, what CPT codes to use, and what your NPI is
- Assign a dedicated point person to take the lead
- Comb your organization for useful resources before you start

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More Things to take Away

- Know what to expect from those resources if they are external to the lab (e.g. IT, procurement)
- Medicaid is the easiest to start with
- Establish a relationship with your payer(s) up front
- If resources are limited – Contract it out but make sure they have experience with LABORATORY billing

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Remember, It's a Journey!

Chris Biggs
Oregon State Public Health Laboratory
Christianne.biggs@state.or.us

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