

## Revenue Cycle Management Best Practices for Public Health Programs

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Erin Edelbrock  
Program Manager, Cardea



## About Cardea

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

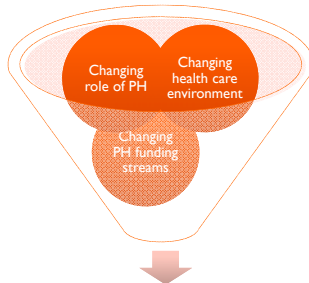
- Training, organizational development, evaluation & research

### STD-related Reproductive Health Training & Technical Assistance Center (STDRHTTAC) for Regions IV, IX and X.

Funded by a cooperative agreement by the Office of Population Affairs, within the Office of the Assistant Secretary for Health in collaboration with the Division of STD Prevention within the Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention.



## Public Health Programs & Revenue



## 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.

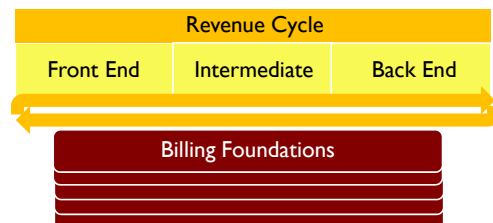


## Revenue Cycle

Front End <i>Pre-Visit</i>	Intermediate <i>Visit</i>	Back End <i>Post-Visit</i>
Steps to collect client info, determine fees, and communicate payment policies prior to the provision of services	Documentation and coding of services	Steps to bill, collect and track payment for services



## Revenue Cycle & Billing Foundations



## Billing Foundation

Third Party Payer Relationships

Leadership & Staff Buy-in

Information System Capacity

Workforce Capacity

Legislative/Policy Landscape

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



## Revenue Cycle Management

### IS NOT...

Only related to billing insurance; it includes collecting patient fees, managing program funds, etc.

### IS...

the management of revenue cycle processes to allow for a steady stream of revenue

Revenue cycle management reflects an important truth—your services have value!



## Best Practices: Front End Processes

### GOALS

- Collect complete and accurate information
- Communicate financial policies to clients
- Collect first-party payments, as appropriate



## Scheduling

COLLECT from the patient:

- Contact and demographic info
- Insurance info
- Reason for visit

COMMUNICATE to the patient:

- Agency financial policies and payment options
- Required documents for visit



## Eligibility/Pre-Authorization

Using the information captured at scheduling...

- Contact insurance carrier to determine eligibility and seek pre-authorization, if applicable

Reduces denials due to incorrect/missing information or insufficient coverage

Reduces time at check-in



## Reminders & Registration

Three opportunities to collect info from and communicate info to the patient:

- Initial scheduling
- Reminder call
- Registration/Check-in



## Registration/Check-in

COMMUNICATE to the patient:

- Agency financial policies and payment options

COLLECT from the patient:

- Any updated contact, demographic, insurance info
- Copy of insurance card, as applicable
- Signed release forms (address confidentiality)
- Co-pays or other fees?



## Front End – Final Steps

- Verify insurance eligibility
- Pre-populate encounter form/superbill



## Best Practices: Intermediate Processes

### GOALS

- Correctly and completely document all clinical care / capture all billable services
- Capture corresponding charges and codes



## Documentation & Coding



## Documentation & Coding

Paper or electronic, either way...

- Documentation, charge capture and coding is a partnership between providers and billing staff
- Charges and codes must be supported by medical documentation



## Best Practices: Back End Processes

### GOALS

- Submit claims/send bills in an accurate and timely fashion
- Pursue all available avenues for reimbursement
- Minimize errors



## Check Out

COMMUNICATE to the patient:

- Charges and account details, including the patient's obligation

COLLECT from the patient:

- Payment, as appropriate (enter immediately)
- Commitment to a payment plan, as appropriate



## Claims Submission

Review and correct claims

- Codes and charges, patient and provider info
- In-house v. Clearinghouse

Timely submission (know your payer's guidelines)



## Remittance Advice and Payment Posting

**Remittance advice:** information sent to a provider explaining how payments, adjustments or denials were applied

**Paid?** Congratulations! Post payment to the appropriate account as soon as possible

**Partially paid or denied?** Don't give up – follow-up!



## Denials Management

- Denials for claim errors; often easily corrected → modify and resubmit
- Denials due to payer error → appeal
- Denials due to lack of coverage for the patient or the service, unpaid deductible/co-ins, etc. → bill secondary payers or patient, as appropriate



## Patient Billing

**Check payer and program rules** (including Medicare, Medicaid, Title X) around balance billing to patients

If balance billing allowed...

- Have written policies and procedures and train staff on how to discuss charges and balances
- Send initial statement as close to visit as possible; follow up with regular, detailed statements
- Provide multiple payment options



## Quality Improvement

### Quality Improvement

- A philosophy/approach
- Driven by staff & clients
- Focuses on systems and processes; builds on strengths
- Assumes that the system, NOT the individual is the root cause of most problems

### Quality Assurance

- A specific activity
- Driven by management
- Focus on policies & procedures; tasks & compliance checks
- Includes performance evaluations
- Seeks to identify problems and make corrections



## A Quality Improvement Plan

- Leadership Involvement — Mission, Goals, Resources
- Team Empowerment—Responsibilities, Timeline
- Customer Focus
- Data Collection—tools; defined indicators, benchmarks
- Process—Plan, Do, Check, Act; continuous
- Celebrate success!

William J. Riley, et al. Realizing Transformational Change Through Quality Improvement in Public Health, J Public Health Management Practice, 2010.



## What are your agency's strengths and areas for improvement?

Front End	Intermediate	Back End
Scheduling Registration Eligibility Verification Fee Determination Patient communication	Clinical Care Documentation Charge Capture Coding Services	Claims Submission Claims Follow-up Denials management Payment posting Balance billing



## 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 and access resources
- Customized training and technical assistance



## Contact Information

Erin Edelbrock  
Program Manager  
erin@cardeaservices.org  
206.447.9538  
www.cardeaservices.org  
@CardeaServices