Revenue Cycle Management:
The steps Title X agencies must take to get paid

Webinar 1
Revenue Cycle Management:
Before and During the Client Visit

July 24th, 2013

Family Planning
National Training Center
for Management and Systems Improvement

Intended Audience

Title X grantees and sub-recipient staff who would like to implement a structure for managing revenue that will contribute to long term sustainability of their clinic.

What will be covered during each webinar:

Webinar 1 (Today): Key components of the revenue cycle management process that should take place before the client's appointment and during the client's visit.

Webinar 2 (August 7): Key components of the revenue cycle management process (billing and collections) that take place after the client is seen by the provider.

Webinar 3 (August 29): Negotiating fee schedules and executing contracts with third-party payers.

Training Objectives

Identify the vital components of revenue cycle management that take place before and during the client visit;

Assess the agency's level of capacity to effectively carry out these components of revenue cycle management;

Implement an effective workflow process for these components of revenue cycle management; and

Utilize communication tips to request payment from clients.

Polling Question

Who is participating in today's webinar?

a. **Local public health agency**

b. **State public health agency**

c. **Non-profit organization**

d. **Federal government agency**

e. **Other**

You can cast your vote in the Polling Panel of Webex!

Lou Ann Wilroy, Business Strategies Consultant

RT Welter & Associates

The Revenue Cycle

Title X Guidelines Relevant to Revenue Cycle Management

- No charges for services to individuals below 100% of the Federal Poverty Level (FPL) unless they have insurance

- Clients with incomes over 250% FPL must be charged based on reasonable cost of providing services

- Other clients (100% – 250% FPL) must be charged based on sliding fee scale

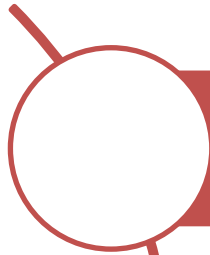- Reasonable efforts to collect charges without jeopardizing confidentiality must be made

What Should Happen Before and During the Client Visit?
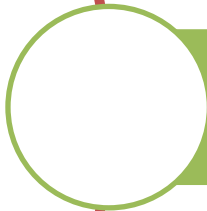
Why is this important to reimbursement?

Common missteps before and during the appointment result in significant revenue loss
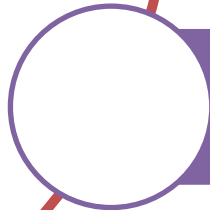
Common Missteps that Result in Revenue Loss

Not obtaining current client information

Failure to collect previous balances

Inconsistency or failure in collecting co-payments

Pre-Visit: Patient Scheduling

Collect as much information as possible by phone at the time of scheduling:

- **Demographics**

- **Insurance Information**

- **Reason for Visit**

Pre-Visit: Patient Scheduling and 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

Pre-Visit: Eligibility and Benefits Verification

Obtain from Client or Insurance Card	Verify with Carrier
• **Client Name**	• **Is authorization required?**
• **Date of Birth**	• **Is a referral required?**
• **Address**	• **Instructions for Claim Submission**
• **Social Security Number**	• **Is there a co-pay?**
• **Insurance Carrier**	• **Is there a deductible?**
• **ID Number**	• **In network or out of network?**
• **Group Number**	
• **Insurance Carrier Phone Number**	

In Network or Out of Network?

- **In Network:** You are contracted with the client's health plan at a negotiated rate.

- **Out of Network:** You are not contracted with the client's health plan.

  - o The client will be responsible for a higher percentage of charges (up to 100%)

In Network or Out of Network?

Out of Network:

- Discuss payment plan with client prior to providing services

- Require payment plan agreement with client

- Include process in policies & procedures and follow consistently

- Ask the patient to assign benefits to your agency, your agency files the claim

- Without assignment of benefits, the client files the claim and the payer reimburses the client directly

- Sample Assignment of Benefits: http://www.ama-assn.org/resources/doc/psa/sample-assignment-benefit.pdf

Agency Capacity Assessment Checklist

✓ **Staffing structure to support data collection at the time of appointment scheduling**

✓ **Mechanism for confirmation calls/texts**

✓ **Practice management or scheduling software**

✓ **Process for e-mailing or mailing forms prior to appointment**

✓ **Resources in place for electronic eligibility/benefit verification**

✓ **Policies & Procedures to outline financial processes**

✓ **Financial policy and agreement signed by clients**

Questions

Polling Question

What types of technology does your agency have in place? (Please choose all that apply.)

a. **Electronic medical record**

b. **Practice management system**

c. **Electronic (computerized) scheduling software**

d. **Insurance coverage and benefits verification software**

e. **Other**

You can cast your vote in the Polling Panel of Webex!

Pre-Visit: Registration

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)

Pre-Visit: Registration

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

Pre-Visit: 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)**

Visit: Point of Service Collections

Check-Out:

- **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**

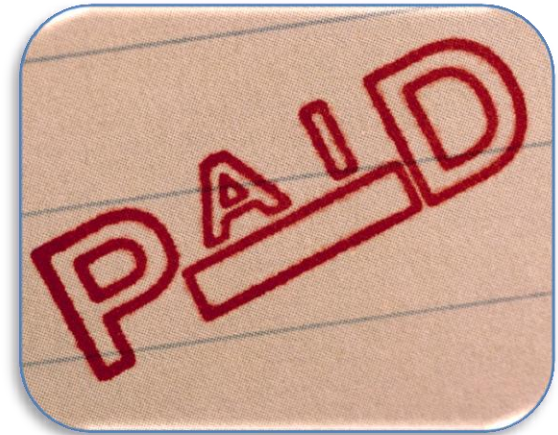# Visit: Point of Service Collections

Check-Out:

- **Collect payment**

- **Provide copy of superbill/receipt**

- **Schedule next appointment**

- **Address questions**

Visit: Charge Capture

Upon Receipt of Payment:

- **Record payment in system IMMEDIATELY**

- **Provide receipt to client**

Agency Capacity Assessment Checklist

- ✓ **HIPAA compliant Policies and Procedures**
- ✓ **Staffing structure and technology in place to support efficient check-in and check-out processes**
- ✓ **Card readers in check-in and check-out areas**
- ✓ **Pre-populated or electronic superbills**

Resources for HIPAA Compliant Policies and Procedures

Priva Plan Associates:

- http://www.privaplan.com/

HIPAA Solutions:

- http://www.hipaasolutions.org/index.htm

HIPAA Compliance Services:

- http://www.hipaacomplianceservices.com/?page_id=272

U.S. Health Care Compliance:

- http://www.ushealthcarecompliance.com

Questions

Tips for Requesting 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 Requesting Payment from Clients

Examples (cont'd.):

- 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

Tips for Requesting Payment from Clients

At Check-Out:

- 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

Typical Reactions & Suggested Responses

"How much do I have to pay?"

Our services are based on a sliding scale to reduce your fee based on your eligibility, and this is what you are expected to pay.

Follow this response by reviewing eligibility policy with client.

Typical Reactions & Suggested Responses

"I can't pay that amount. I don't have the money."

"Can you send me a bill?"

If you pay half today, we will send a bill for the balance due in 30 days.

Follow this response by verifying the client's address.

Typical Reactions & Suggested Responses
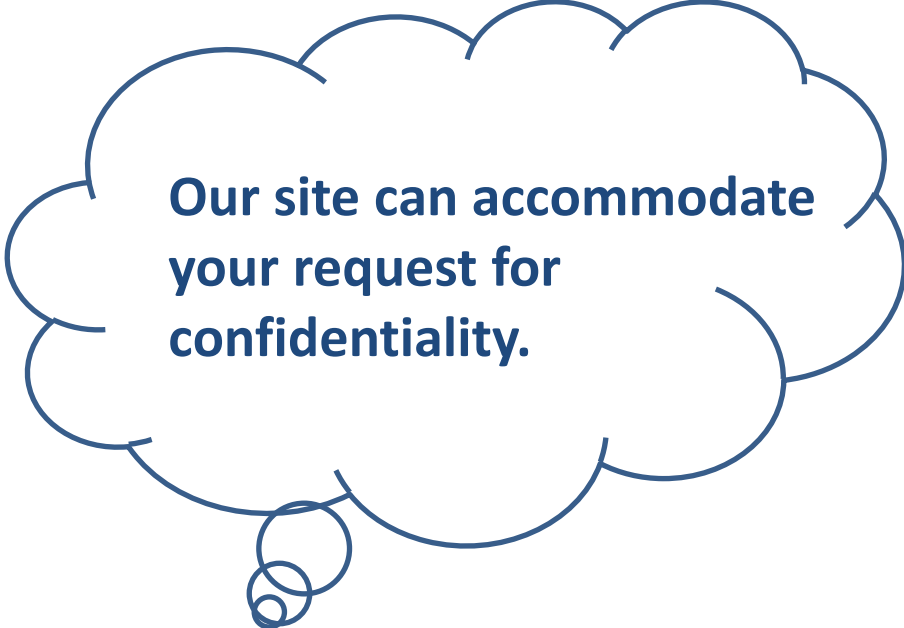
"I've never had to pay before, why do I have to pay today?"

Were you not told you would be expected to pay today?

If the reply is "no", apologize, provide the financial policy and review the expectations.

Typical Reactions & Suggested Responses

"I don't want a bill going to my house or my parents/spouse/partner to know I came here."

Our site can accommodate your request for confidentiality.

Follow this response with reviewing policies and procedures for confidential services.

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

End of Day Charge Capture

Reconcile daily charges

Payments → Match → Superbills → Match → Drawer Total

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

Agency Capacity Assessment Checklist

✓ **End of day process in place to reconcile payments**

✓ **Cash control policies in place**

✓ **Staff trained in effective communication regarding payment collection**

Questions and Discussion

Revenue Cycle Management: Webinar 2
After the Client Visit

August 7th, 2013

2:00-3:30 PM EST

Session Description:

This webinar is the second in a three-part series focused on revenue cycle management at a Title X clinic. This webinar covers the integral steps in the billing cycle that happen after the client visit. Presenters will discuss the claims submission process, and will identify the importance of claims follow-up, and how to utilize technology to maximize collections. Additionally, the webinar provides best practices for accounts receivable and financial management.

Audience Poll:

I thought this webinar was …

- **Too long**
- **Too short**
- **Just right**

You can cast your vote in the Polling Panel of Webex!

Thank You!

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