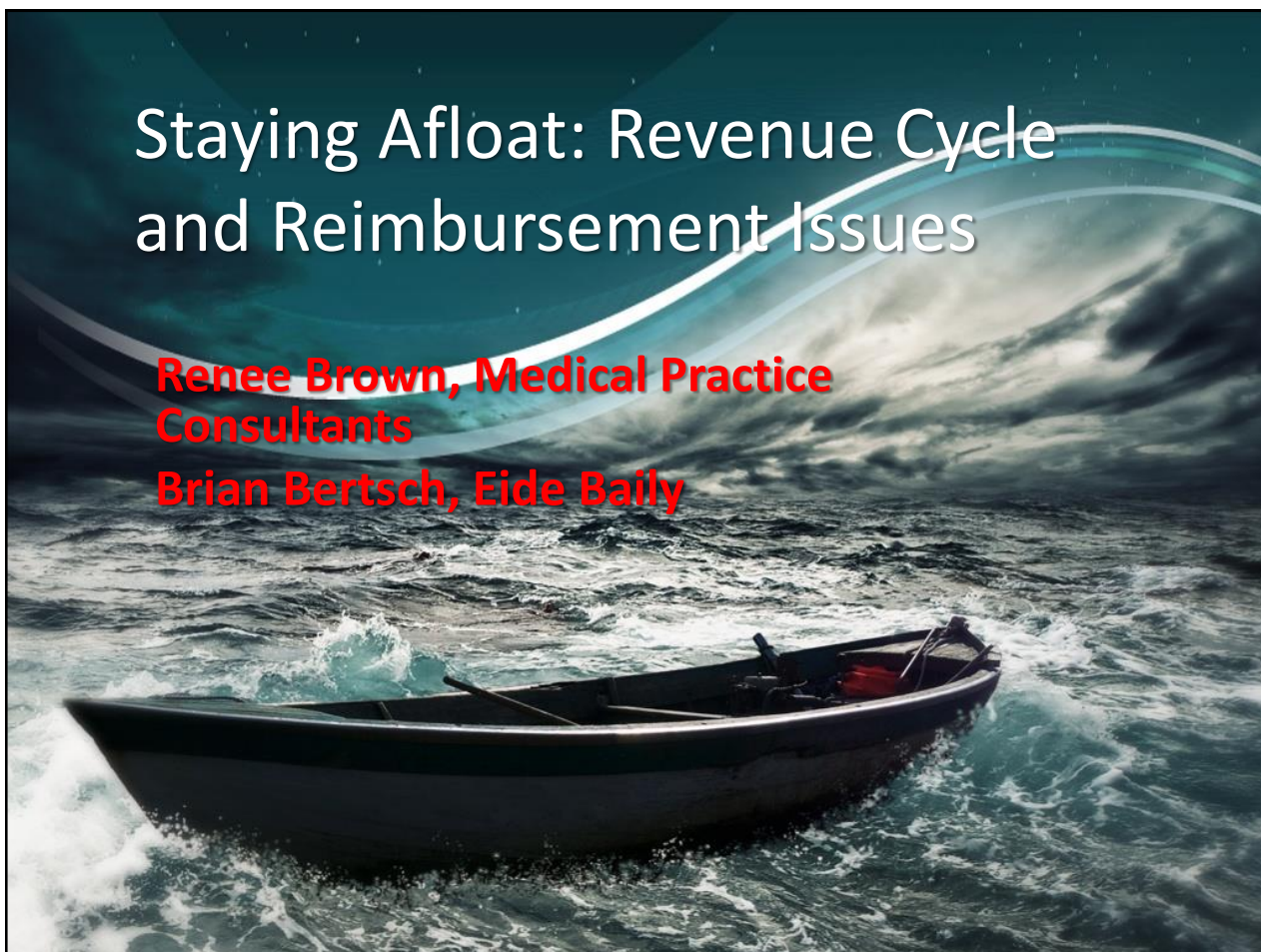


Staying Afloat: Revenue Cycle and Reimbursement Issues

**Renee Brown, Medical Practice
Consultants**

Brian Bertsch, Eide Bailly



Objectives

As a result of participating in this activity, learners will be able to:

- a. Identify common gaps or mistakes in revenue cycle management that negatively impact profitability.
- b. Recognize certain cost reporting, accounting or documentation issues that impact reimbursement.
- c. Understand what steps need to be taken to address common revenue cycle management and reimbursement issues to maximize revenue.



Revenue Cycle

- Fifteen cents of every US healthcare dollar goes toward revenue cycle inefficiencies.
- Of the \$2.7 trillion the country spends annually on healthcare, \$400 billion goes to claims processing, payments, billing, revenue cycle management (RCM), and bad debt.



Revenue Cycle

- The revenue cycle includes all the administrative and clinical functions that contribute to the capture, management and collection of patient service revenue, according to the Healthcare Financial Management Association (HFMA).



Revenue Cycle

- Here is what's involved in the revenue cycle:
 - Charge capture: Rendering medical services into billable charges.
 - Claim submission: Submitting claims of billable fees to insurance companies.
 - Coding: Properly coding diagnoses and procedures.
 - Patient collections: Determining patient balances and collecting payments.
 - Preregistration: Collecting preregistration information, such as insurance coverage, before a patient arrives for inpatient or outpatient procedures.
 - Registration: Collecting subsequent patient information during registration to establish a medical record number and meet various regulatory, financial and clinical requirements.
 - Remittance processing: Applying or rejecting payments through remittance processing.
 - Third-party follow up: Collecting payments from [third-party](#) insurers.
 - Utilization review: Examining the necessity of medical services.



As fee-for-value payments methods take hold, what do **hospitals** need to do differently to improve RCM?



As fee-for-value payments methods take hold, what do **physician practices** need to do differently to improve RCM?



Fee-for-value The Physician Side of the Equation

- What is it?
- What is the goal?
- What you need to know?
- How does it affect your revenue?

Caution: Don't say you did something that you did not do just because you were told to. Understand why and what you are attesting to at all times.



How can **hospitals** strengthen their operating margins amid ACA uncertainty?



What are some specific gaps or mistakes in revenue cycle that you have seen that negatively impact profit?



Revenue Cycle Problems - Physician Offices

- Claim Submission
- Outstanding Accounts Receivable (AR)
- Failure to review EOBs for denials
- Registration & Verification



How is ICD-10 influencing **medical practice** billing and collections?



ICD-10 The Future is Here

- New coding system increased!
- What was at risk?
- What happened?



What cost reporting mistakes do you see or deal with that are the most common or most damaging to **hospitals**?



What recent coding or documentation issues have you seen in **medical practices** that have caused you the most concern?



Coding and Documentation Concerns

- Improper coding both upcoding and downcoding
- Failure to identify a problem using denials
- Failure to understand the difference between medical decision making & medical necessity
- Improper use of NCD, LCD and associated articles
- Failure to submit all medical records to support a service billed under federal audit

Questions

- THANK YOU
 - Renee Brown
 - Brian Bertsch