

Rockin' the Billing Cycle

Presented for



Missouri Alliance for
HOME CARE

1:45 p.m. – 3:15 p.m.
April 27, 2010

Presented by

M. Aaron Little, CPA
Senior Managing **Consultant**

BKD LLP
CPAs & Advisors

BKD Health Care Group
Springfield, Missouri
mlittle@bkd.com

A graphic with a blue background. On the left, a black silhouette of a person is shown in a dynamic, dancing pose, holding a microphone. Behind them, a crowd of silhouettes is shown with their hands raised in the air. Two sets of blue dots, resembling stage lights, are positioned above the crowd. The text 'Rockin' the Billing Cycle' is written in a stylized font in the upper right. At the bottom right, the text 'Presented by' is followed by the 'BKD' logo (in red and black), 'LLP CPAs & Advisors', and the name 'M. Aaron Little, CPA' along with contact information for BKD, LLP in Springfield, Missouri.

Rockin' the
Billing Cycle

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BKD LLP
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M. Aaron Little, CPA
BKD, LLP, Springfield, Missouri
mittle@bkd.com

2

\$1,500,000

80%



4

\$1,500,000

\$4,110





Today's **Objectives**

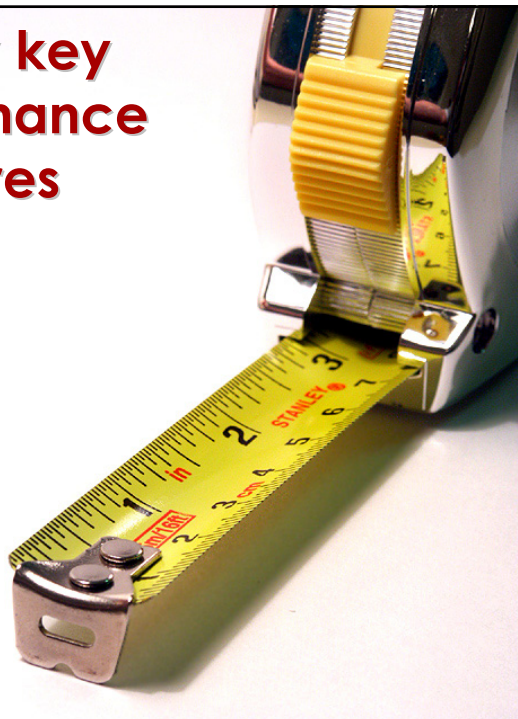
7


- ✓ Identify **key performance measures**
- ✓ **Evaluate & compare** current performance
- ✓ Set **expectations & goals**
- ✓ **Examine processes**
- ✓ **Manage** performance improvement
- ✓ **Prepare** for the future

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Identify **key performance measures**

8






Identify **Key Performance Measures**

9

- ✓ Key performance measure **criteria**
 - **Objective & measurable** across home care programs
 - **Comparable** to industry **benchmarks**
 - **Scalable**
 - By **pay source**
 - By home care **program**
 - By **individual employee**
 - By **personnel team, etc.**

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Identify **Key Performance Measures**

10

- ✓ Four key performance **measures**
 - Days in accounts receivable (**DAR**)/ days sales outstanding (**DSO**)
 - Accounts receivable (**AR**) older than **120 days**
 - **Collections**
 - **Writeoffs**

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Identify Key Performance Measures 11

✓ **DAR/DSO**

- Measures average number of **days to collect AR** &/or average **days of unpaid revenues**
- Must be evaluated in **comparison** to the three other key measures
- Critical to **measure & trend monthly**
- Critical to examine **revenue recognition** model


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Identify Key Performance Measures 12

Net revenues for last 90 days	\$ 350,000
Number of days	÷ <u>90</u> days
Net revenues per day	\$ <u><u>3,889</u></u> (a)
Net AR	\$ 230,000
Net revenues per day	÷ <u>3,889</u> (a)
Average DAR/DSO	<u><u>59.1</u></u> days

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Identify Key Performance Measures

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- **Net revenues**
 - **Customary** visit & nonroutine medical supply (**NRS**) **charges**, *i.e.*, **gross revenues**
 - Plus/minus **contractual adjustments**
 - Computed according to **revenue recognition** model
 - » **Daily** revenue recognition
 - » **RAP/final claim** recognition
 - » **Average length of episode**, *etc.*
 - **Net prorated expected payment**

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Identify Key Performance Measures

14

Gross charges	\$ 275,000
Contractual adjustment	75,000
Net revenues	<u>\$ 350,000</u>

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Identify Key Performance Measures

15

- **Net AR**
 - **Customary** visit & NRS **charges** on episodes that have not yet received final claim payment
 - Plus/minus **allowance for contractual adjustments**
 - Computed according to **revenue recognition** model on episodes that have not yet received final claim payment

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Identify Key Performance Measures

16

- Minus **RAP payments**
 - RAP payments on episodes that have not yet received final claim payment
- **Net unpaid prorated expected payment**

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Identify Key Performance Measures

17

Gross unpaid charges	\$ 475,000
Allowance for contractual adjustments	25,000
Contractual adjustment	(270,000)
Net AR	\$ 230,000

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Identify Key Performance Measures

18

- ✓ AR older than **120 days**
 - Measures the **percent** of total AR older than 120 days
 - Compute based on **date of service**, i.e., **episode begin date**
 - Must be evaluated in **comparison** to the three other key measures
 - Critical to **measure & trend monthly**

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Identify Key Performance Measures

19

AR older than 120 days	\$	15,000
Total AR	÷ \$	<u>230,000</u>
Percent of AR older than 120 days		<u>6.5 %</u>

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Identify Key Performance Measures

20

✓ **Collections**

- Measures the **percent** of **cash received** compared to **net revenues** generated
- The **key** to **reducing** or **maintaining** AR
- Must be evaluated in **comparison** to the three other key measures
- Critical to **measure** & **trend monthly**

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Identify Key Performance Measures

21

Monthly cash collected	\$	95,000
Monthly net revenues	÷ \$	115,000
Collections percentage		<u>82.6 %</u>

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Identify Key Performance Measures

22

✓ **Writeoffs**

- Measures the **percent** of writeoffs compared to net revenues
- Must be evaluated in **comparison** to the three other key measures
- Critical to **measure & trend monthly**

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Identify **Key Performance Measures**

23

Monthly cash collected	\$	3,000	
Monthly net revenues	÷ \$	115,000	
Writeoff percentage		<u>2.6</u>	%

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Evaluate & compare current performance

24




Excellent

Good

Fair

Poor




Evaluate & Compare Current Performance

25

- ✓ Analyze your current revenue cycle **performance**
 - **Measure** four key performance measures for each of the past six months
 - **Trend** four key performance measures for each of the past six months

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Evaluate & Compare Current Performance

26

- **Compare** four key performance measures to your **expectations**
 - Evaluate whether expectations are **reasonable**
 - Based on **revenue recognition principles**
 - Based on **industry benchmarks**
 - Consider whether your **current performance results** are acceptable
 - Evaluate whether current performance reflects **collective team goal management**

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Evaluate & Compare Current Performance

27

- ✓ Build **performance improvement team**
 - Include various levels of related personnel
 - **Administrative**
 - **Clinical/operations**
 - **Accounting/financial**
 - **Technology**
 - **Billing & medical records**

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Evaluate & Compare Current Performance

28

- ✓ Identify the **processes, trends & other factors driving performance**
 - **Intake** processes
 - Documentation **accuracy, completeness & timeliness**
 - Billing **routines, timeliness & completeness**
 - **Payer mix**
 - **Software** systems
 - Clinical & billing **personnel performance**
 - **Process accountability**

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Set **Expectations & Goals**

30

- ✓ Set **expectations**
 - Minimum **acceptable** performance
 - Consider all performance drivers
- ✓ Set **goals**
 - Desired **optimal** performance
 - Consider all performance drivers
- ✓ Apply **time line**
- ✓ Evaluate **resources**

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Set **Expectations & Goals**

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- ✓ **DAR/DSO**
 - Suggested **expectation**
 - **35 Medicare days** or less
 - **60 total days** or less
 - Suggested **goal**
 - **25 Medicare days** or less
 - **45 total days** or less
 - All **Missouri** agencies, **payers & programs**
 - **59 total days**

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Set **Expectations & Goals**

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- ✓ **AR older than 120 days**
 - Suggested **expectation**
 - **5% or less** of total AR
 - Suggested **goal**
 - **3% or less** of total AR

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Set **Expectations & Goals**

33

- ✓ **Collections**
 - Suggested **expectation**
 - **100% or more** of monthly net revenues
 - Suggested **goal**
 - **110% or more** of monthly net revenues

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Set **Expectations & Goals**

34

- ✓ **Writeoffs**
 - Suggested **expectation**
 - **3% or less** than total net revenues
 - Suggested **goal**
 - **0%** traditional **Medicare**
 - **2% or less** of total net revenues for all payers combined


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35 **Set Expectations & Goals**

- ✓ Apply **time line**
 - How long to achieve **expectations**?
 - How long to achieve **goals**?
 - What are **reasonable** time frames based on performance improvement team analysis?

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36 **Set Expectations & Goals**

Medicare Measures	Performance Range		
	Healthy	Moderate	Poor
DAR/DSO	25 days/ 40 days or less	35 days/ 45 days	45 days or more/ 60 days or more
AR older than 120 days	2% or less	5%	10% or more
Collections	Higher than 100%	100%	Less than 100%
Writeoffs	0%	2%	More than 3%

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Set **Expectations & Goals**

37

✓ Evaluate **resources**

- Are enough knowledgeable **personnel** available to assist in advancing team initiative?
- Are additional **technology** resources required?
- Is **third-party** assistance required?
 - Technology
 - Personnel, etc.

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Examine processes


38



39

- Intake process, initial care delivery
- Assessment & plan of care review & completion, routine documentation completion, data entry
- Routine billing cycle, revenue generation, billing tracking, reconciling, followup & persistence
- Recertification &/or discharge documentation
- Concurrent processes, routine documentation processes, documentation verification processes
- Routine billing cycle, revenue generation, billing tracking, reconciling, followup & persistence
- Payment posting & reconciling

40



Examine Processes

- ✓ Examine **personnel** performance & actual **procedures**
 - Observe **personnel** & **process** from **intake** to **billing**
 - Consider whether procedures are **necessary** & **add value**
 - Assess whether procedures performed by individual personnel **match designated role**

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Examine Processes

- Determine whether procedures **overlap** between personnel
- Evaluate whether procedures are applied **consistently** between personnel
- Evaluate whether procedures are **adequate & timely**
- Consider whether procedures are **overly complex** or **time consuming**



Examine Processes

- ✓ Examine **personnel skills & training**
 - Evaluate whether **personnel skills & abilities** match those needed for designated **role**
 - **Problem solving & critical thinking**
 - **Organization & time management**
 - **Self-directed** vs. **task oriented**
 - **Dependability, accountability** & sense of urgency



Examine Processes

- Evaluate **amount & type** of **training** received in past 12 months
 - Medicare billing & other topics
 - Insurance billing
 - Revenue cycle/accounts receivable management
 - Time management
 - Professional/customer service
 - Software, etc.



Examine Processes

- ✓ Examine **tools** used in all aspects of processes
 - Consider **adequacy & efficiency** of operations/billing **software**
 - Evaluate whether **supplemental software tools** are **needed & used**



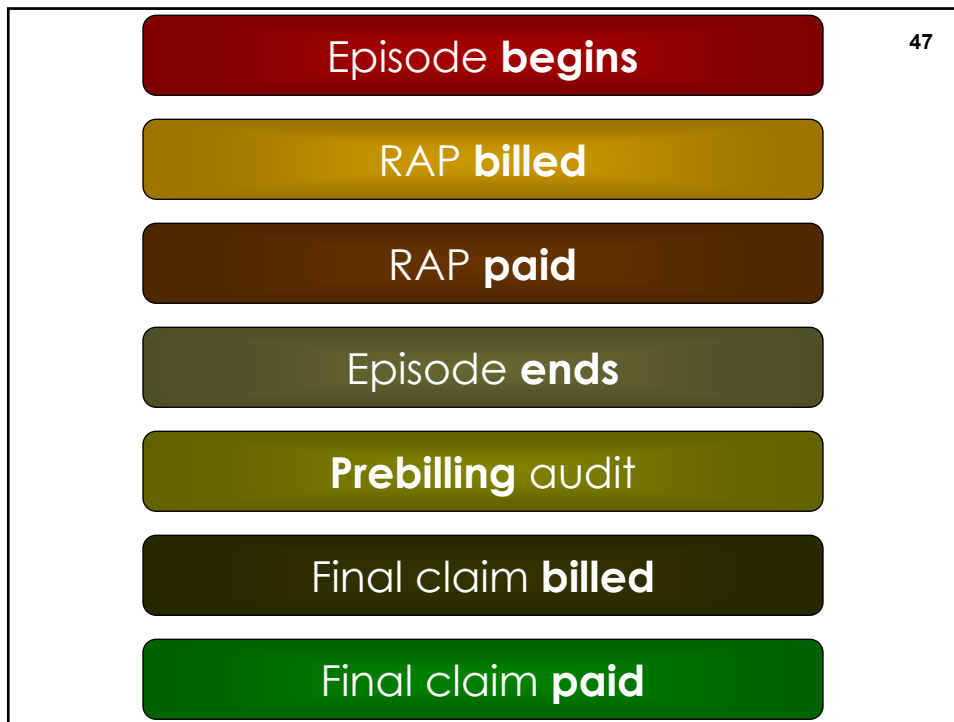
Examine Processes

- ✓ Examine **management oversight**
 - Assess **oversight & ownership** of each process
 - Who's responsible for software data entry?
 - Who's responsible for intake/admission processes?
 - Who's responsible for prebilling audits?
 - Who's responsible for billing followup, etc.?



Examine Processes

- Evaluate **personnel performance management**
 - Assess procedures to **identify, counsel, monitor & hold accountable poor performers**
 - Assess procedures to **identify, encourage & reward high performance**
- Consider whether **tools to manage performance** are **available, adequate & utilized**





Episode **begins**

49

- ✓ Examine **assessment performance variances**
 - Examine assessment timeliness trends
 - Evaluate patient **demographics collection & data entry** practices
 - Examine **care management, clinical team collaboration & case conference** practices

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Episode **begins**

50

Verbal order

10

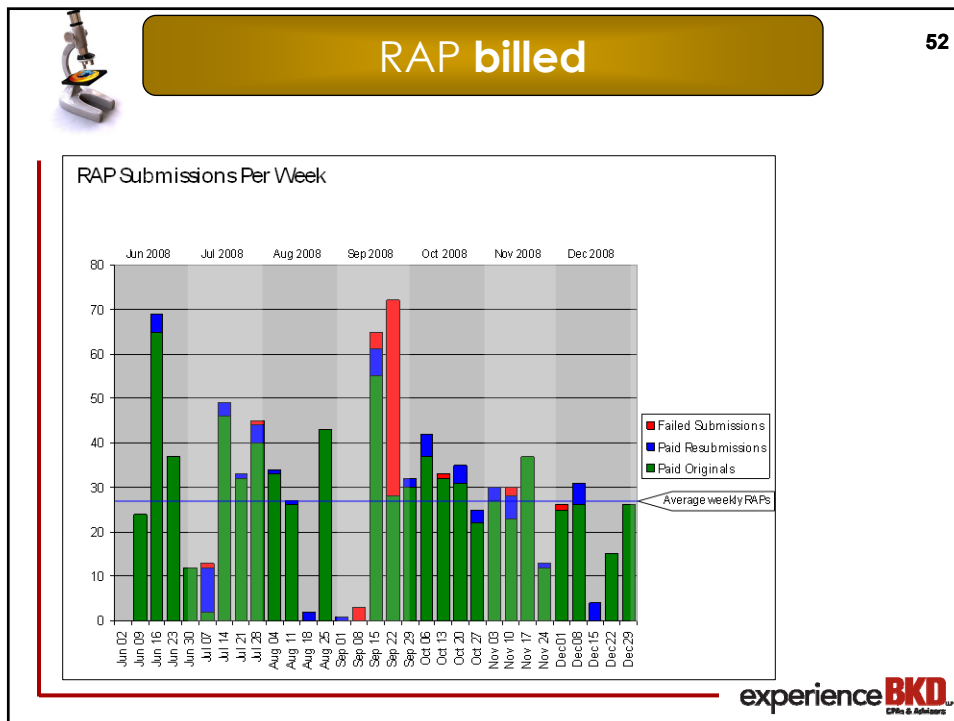
Billable visit

days

OASIS completed


Plan of care completed

RAP billed





54



RAP paid

- ✓ Examine **RAP payment performance**
 - Typically requires approximately **five to eight days** to pay
 - Typical reasons for payment **errors**
 - 38200/38157 **previously submitted**
 - C7070 **hospice benefit overlap**
 - U5233 **Medicare advantage overlap**
 - U538G/U5381 **overlapping episode**

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RAP paid

55

- Confirm processes allow for adequate **followup time**
 - **20%** time spent billing
 - **80%** time spent on followup
- Verify **payment posting** process includes **confirming correct payment**

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Episode **begins**

56

RAP **billed**

RAP **paid**

Episode **ends**

Prebilling audit

Final claim **billed**

Final claim **paid**



Episode **ends**

57

- ✓ Examine episode **billing identification** process
 - Verify that episodes are considered for billing **immediately** at **end of episode**
 - Due to **day 60**
 - Due to **discharge**
 - Verify that software or other tracking tools **immediately** identify potentially billable **episodes**

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Episode **begins**

58

RAP **billed**

RAP **paid**

Episode **ends**

Prebilling audit

Final claim **billed**

Final claim **paid**



Prebilling audit

59

- ✓ Complete on **100%** of claims
- ✓ Rely on **concurrent processes & tracking tools**
- ✓ Verify all **orders** are received, signed & dated
- ✓ Account for all **visits & nonroutine medical supplies**
- ✓ Verify **frequencies & durations**

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Prebilling audit

60

BKD CPAs & Advisors
Sample Home Health Agency
Prebilling Checklist for Medicare Home Health Final Claim Billing
January 31, 2010

Patient: Episode Dates: to

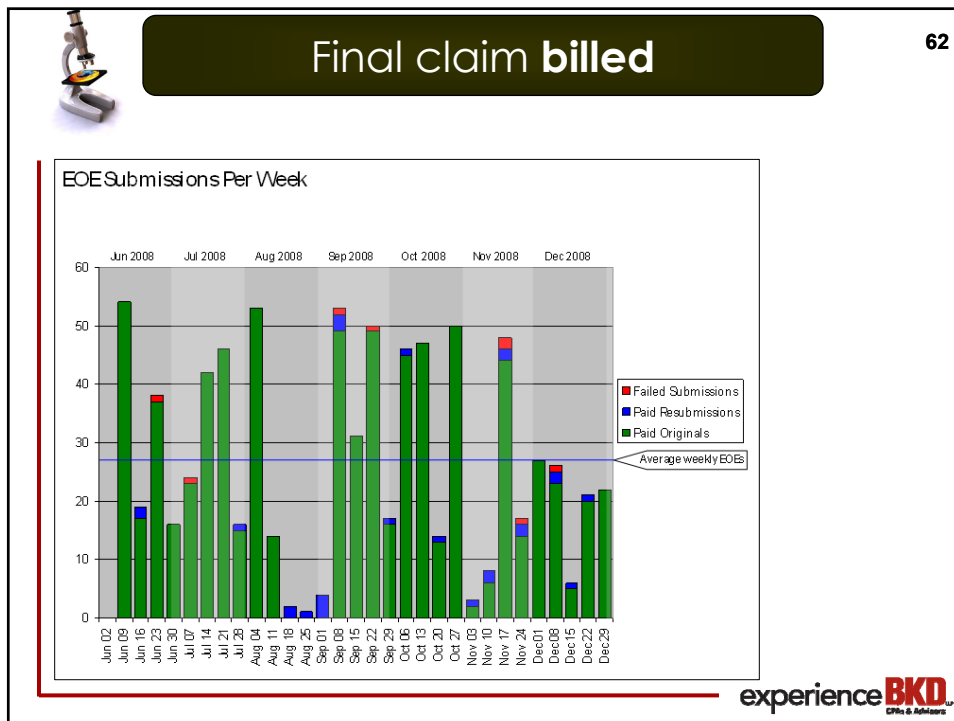
The following has been verified for this Medicare home health episode.

- All billable visits and nonroutine medical supplies are accounted for and present on the final claim
- All billable visits were performed according to physician ordered frequencies
- The certification/recertification (CMS 485/plan of care) has been received signed and dated by the physician
- All interim/PRN orders for additional visits or services have been received signed and dated by the physician

Verified By: _____
Date: _____

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Final claim **billed**

63

- ✓ Examine **variances** in **final claim billing performance**
 - Confirm processes allow for adequate **followup time**
 - **20%** time spent billing
 - **80%** time spent on followup
 - Lack of clinical &/or billing **personnel & process accountability**
 - Limited **personnel skills & resources**
 - Lack of **priority**

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Episode **begins**

64

RAP **billed**

RAP **paid**

Episode **ends**

Prebilling audit

Final claim **billed**

Final claim **paid**



Final claim paid

65

- ✓ Examine **final claim payment performance**
 - Typically requires a minimum of **14 days** to pay
 - Verify **payment posting** process includes **confirming correct payment**
 - Typical reasons for payment **errors**
 - 31147 **nonroutine medical supplies**
 - 32226 **missing units of service**

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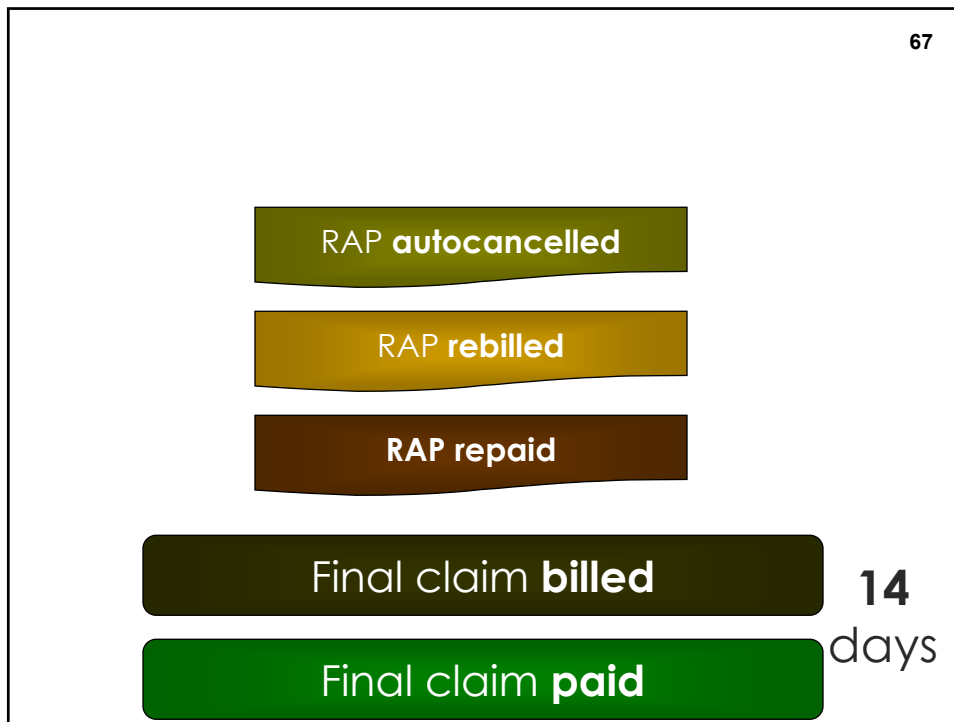



Final claim paid

66


- 31755/32907 **service dates**
- 38200/38157 **previously submitted**
- C7070 **hospice benefit overlap**
- C7080 **inpatient overlap**
- U5233 **Medicare advantage overlap**
- U538G/U5381 **overlapping episode**
- 38107 **no paid RAP on file**


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 **Manage Performance Improvement** 69

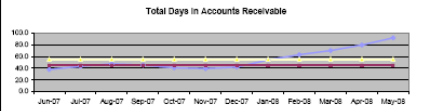
- ✓ Develop **dashboard management reports to monitor key performance measures**
 - Review **monthly**

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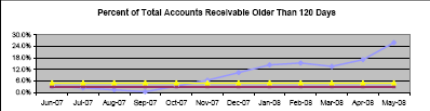
 **BKD** LLP **BKD Health Care Group**
Home Health Operations Dashboard Reports
CPAs & Advisors CPAs & Advisors **Billing Operations Performance Trend Analysis** 70

Your Home Care

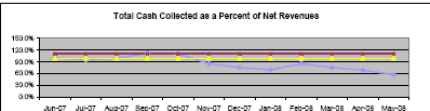
Total Days in Accounts Receivable



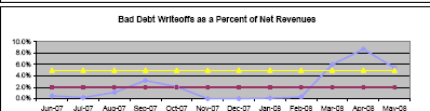
Percent of Total Accounts Receivable Older Than 120 Days



Total Cash Collected as a Percent of Net Revenues




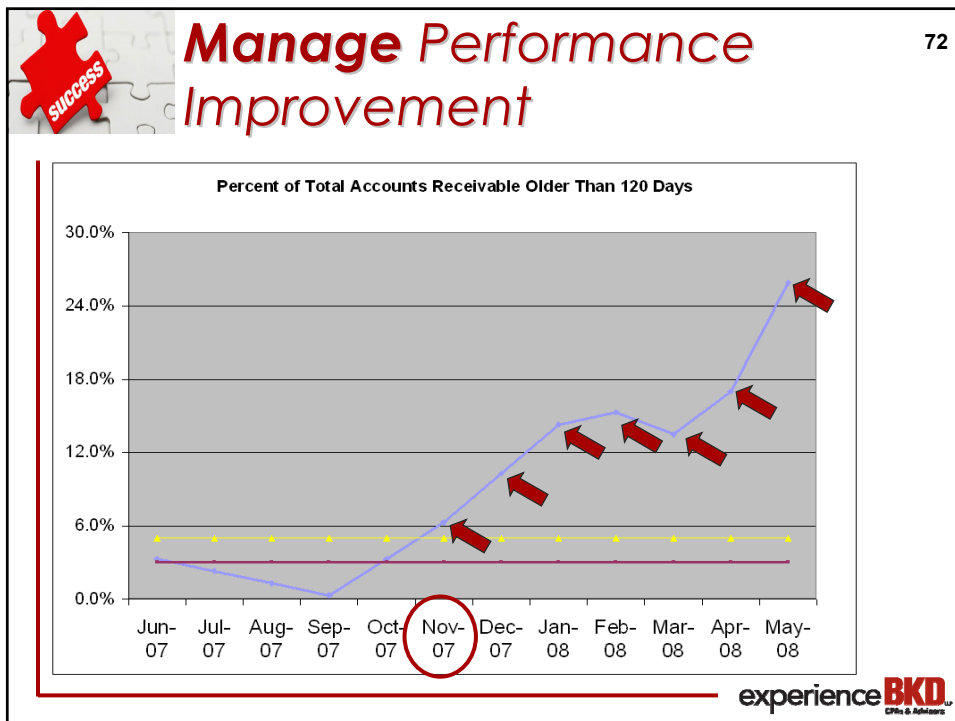
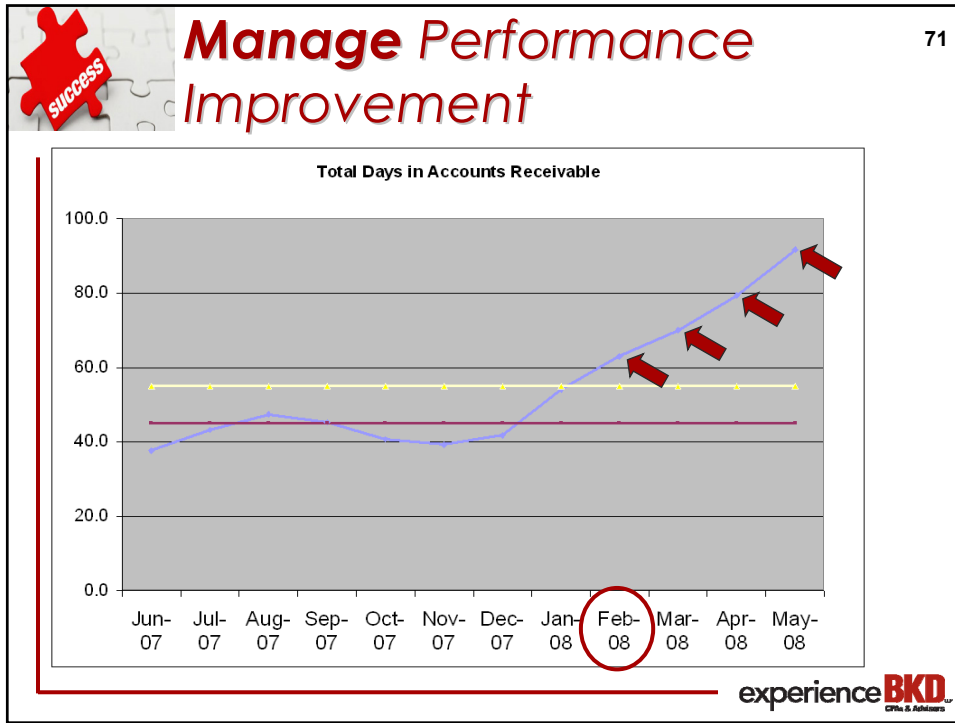
Bad Debt Writeoffs as a Percent of Net Revenues

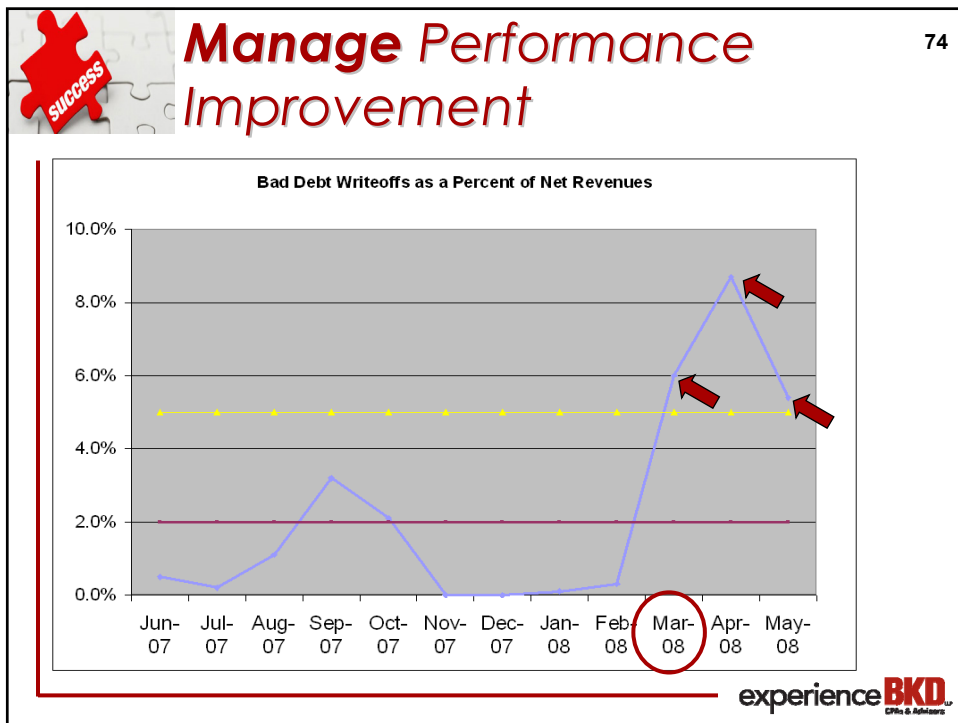
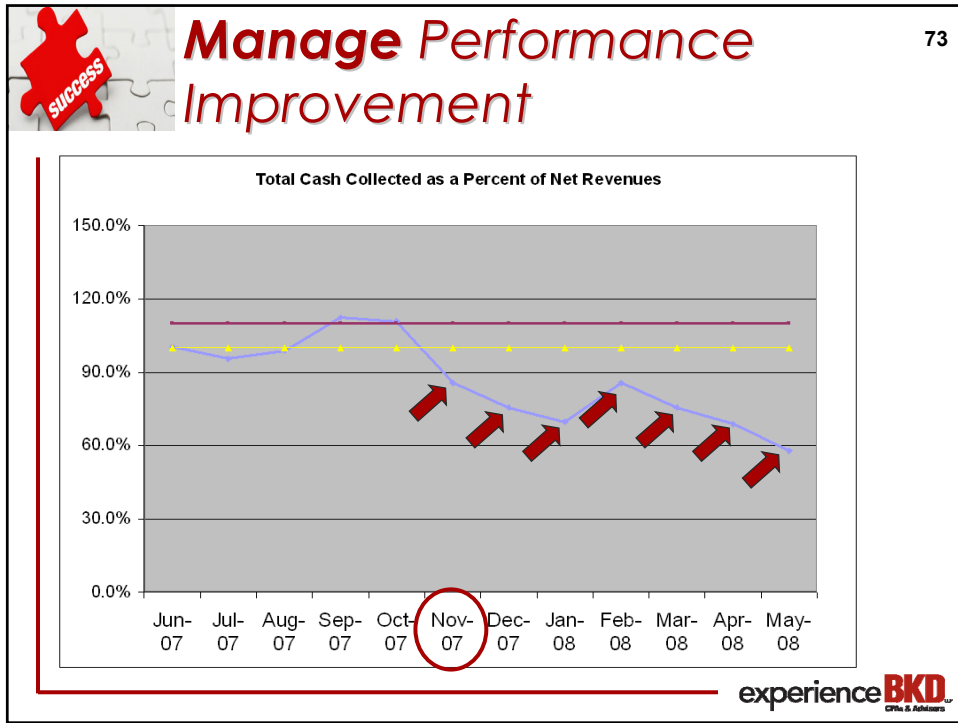



■ Actual Performance ■ Targeted Goal ■ Expected Minimum

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Manage Performance Improvement

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- ✓ Use dashboard reports to **manage performance**
 - **Drill-down** into process details when variances are identified
 - Analyze **days required to bill** RAPs, final claims & monthly non-Medicare claims
 - Analyze **prebilling audit** procedures

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Manage Performance Improvement

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- Analyze timing of & procedures observed for **billing followup activities**
 - **Prioritized** monthly **aging followup**
 - **Written summary** of **followup activities** on all accounts older than **120 days**
- Require **written summary** of performance expectation variances
- Utilize objective dashboard data to **reward high performance & counsel poor performance**

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Manage Performance Improvement


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Sample Home Health Agency
Home Health Outcome Based Performance Incentive Results
Performance as of December 31, 2009

Employee Identification					Performance Incentive					
Employee Name	Position	ID No.	Hire Date	Branch Location	Maximum incentive compensation \$ 5,000					
John Doe	Billing personnel	1000	01/01/07	Oklahoma City, OK						
Performance Data										
Formula										
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
					(A) - (B) + (C)	(E) - (D) + (F)	(F) - (G) + (H)		Incentive = (D) x (H) + (I)	
Performance Measures	Incentive Category	Expected Minimum Performance Measures	Optimal Performance Goals	Actual Performance Results	Maximum Success Measures	Actual Success Measures	Percent of Optimal Goals Achieved	Maximum Incentive Weight	Performance Incentive Compensation	
Average days in accounts receivable	Quality	60.0	45.0	57.2	15.0	2.8	18.7%	25.0%	\$ 234	
Accounts receivable older than 120 days	Quality	8.0%	3.0%	5.2%	5.0%	2.8%	56.0%	15.0%	\$ 420	
Collections	Quality	100.0%	110.0%	98.2%	10.0%	-1.8%	-18.0%	10.0%	\$ (90)	
Writeoffs	Quality	3.0%	0.0%	1.4%	3.0%	1.6%	53.3%	15.0%	\$ 400	
Attendance	Personnel	95.0%	100.0%	92.0%	5.0%	-3.0%	-60.0%	15.0%	\$ (450)	
Personnel evaluation scores	Personnel	85.0%	95.0%	98.0%	10.0%	13.0%	100.0%	10.0%	\$ 500	
Billing compliance scores	Compliance	90.0%	100.0%	99.0%	10.0%	9.0%	90.0%	10.0%	\$ 450	
Performance incentive results								29.3%	100.0%	\$ 1,464 @
Performance Summary										
		Your Performance								
Category	Weight	Current	Target	Ratio	Base compensation		\$ 45,000			
Compliance	10%	11%	19%		Performance incentive compensation		\$ 1,464 @			
Personnel	25%	8%	15%		Total fiscal year compensation		\$ 46,464			
Quality	65%	10%	35%							

For more information about managing performance incentives contact M. Aaron Little with BKD, LLP at: mlittle@bkd.com







Manage Performance Improvement

78

- ✓ Recognize early **performance warning signs**
 - **Variations** in key performance measures
 - Personnel **absences** or **turnover**
 - Changes in **technology** providers
 - **Volume growth**
 - Shifting personnel **attitudes**
 - **Reassignment** of duties





Manage Performance Improvement

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- ✓ Invest in process enhancement
 - **Collaborate** with performance improvement team
 - Initiate **process & personnel** evaluation
 - Billing **clearinghouse** services
 - **Billing/claims** reporting services
 - External billing **operations assessment**
 - Personnel **training**

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Prepare for the future

80






81

Prepare for the **Future**

✓ **Patient Protection & Affordable Care Act of 2010**

- Effective **January 1, 2010**
 - Requires face to face physician encounter for each certification
 - New timely filing standard
 - One year from date of service
 - All services prior to January 1, 2010, must be paid by December 31, 2010

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Manage Performance Improvement

- Effective **April 1, 2010**
 - 3% rural rate add-on (*through 2015*)
- Effective **July 1, 2010**
 - Requires referring physicians to be enrolled in Medicare program
- Effective **January 1, 2011**
 - 1.00% reduction in market basket
 - 2.50% reduction in rates for outlier budget realignment

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Manage Performance Improvement

83

- 2.71% reduction in rates for case-mix creep (*per previous legislation*)
- 10.00% agency-specific outlier cap
- New plan to be submitted to Congress for 'value-based purchasing'
- Effective **2013**
 - Pilot program to be implemented for health care payment bundling, including home health

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Manage Performance Improvement

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- Effective **2014**
 - Year one of rate rebasing limited to 3.5% reduction
 - Report due to Congress on Medicare payment revisions to ensure access to care & payment for illness severity
- Effective **2015**
 - Year two of rate rebasing limited to 3.5% reduction
 - MedPAC report to Congress on rebasing

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Manage Performance Improvement

85

- Potential implementation of payment revisions from report submitted in 2014 to be carried out over four year period
- Effective **2016**
 - Year three of rate rebasing limited to 3.5% reduction
- Effective **2017**
 - Final year of rate rebasing limited to 3.5% reduction

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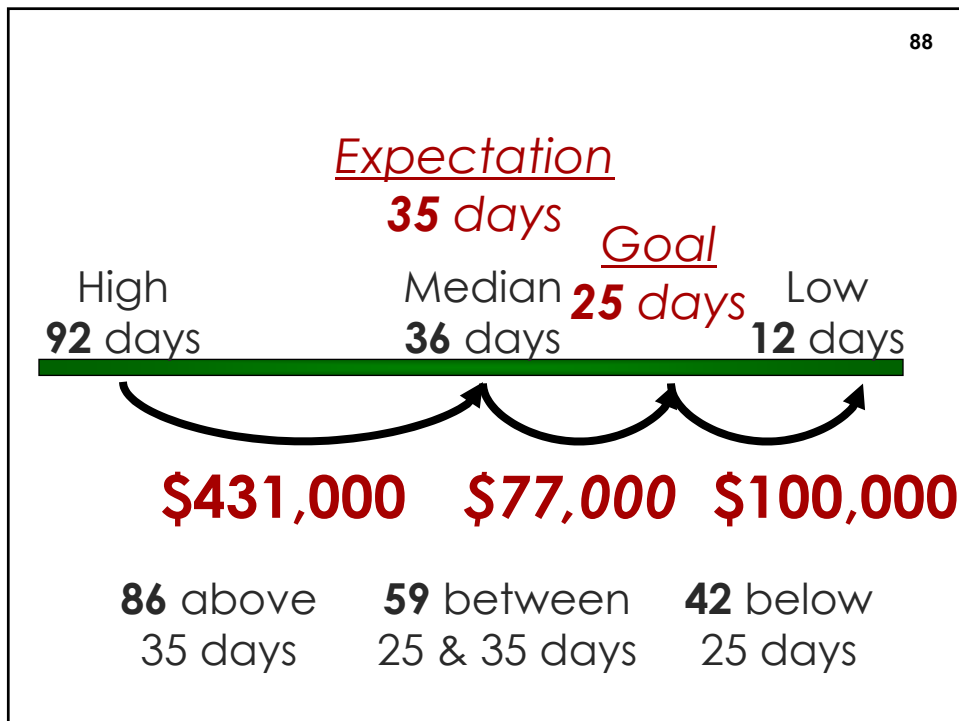


86

87

\$1,500,000

80%





90

Summary

- ✓ Identify **key performance measures**
- ✓ **Evaluate & compare** current performance
- ✓ Set **expectations & goals**
- ✓ **Examine processes**
- ✓ **Manage** performance improvement
- ✓ **Prepare** for the future

experience **BKD**
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*Rockin' the
Billing Cycle*

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Attachment A

Sample Prebilling Checklist



Sample Home Health Agency
Prebilling Checklist for Medicare Home Health Final Claim Billing
January 31, 2010

Patient: Episode Dates: to

The following has been verified for this Medicare home health episode.

- All billable visits and nonroutine medical supplies are accounted for and present on the final claim
- All billable visits were performed according to physician ordered frequencies
- The certification/recertification (CMS 485/plan of care) has been received signed and dated by the physician
- All interim/PRN orders for additional visits or services have been received signed and dated by the physician

Verified By: _____

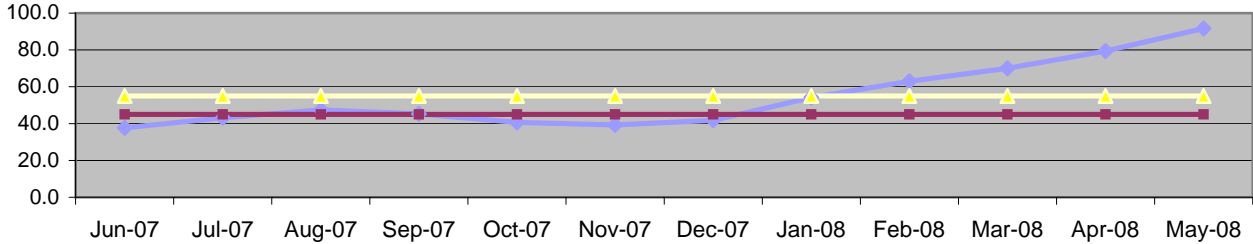
Date: _____

Attachment B

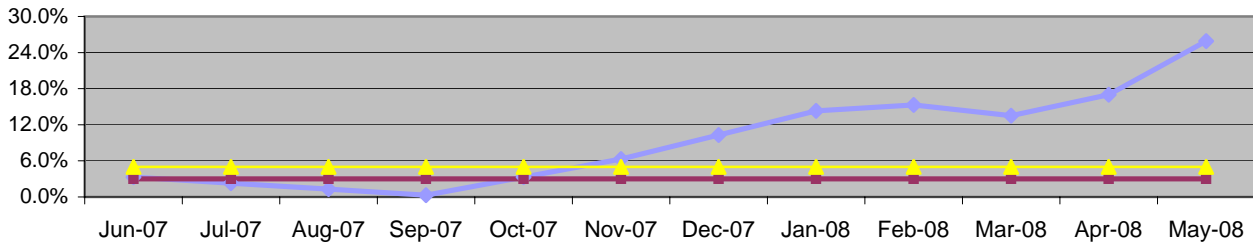
Sample Billing Performance Trend Analysis

Your Home Care

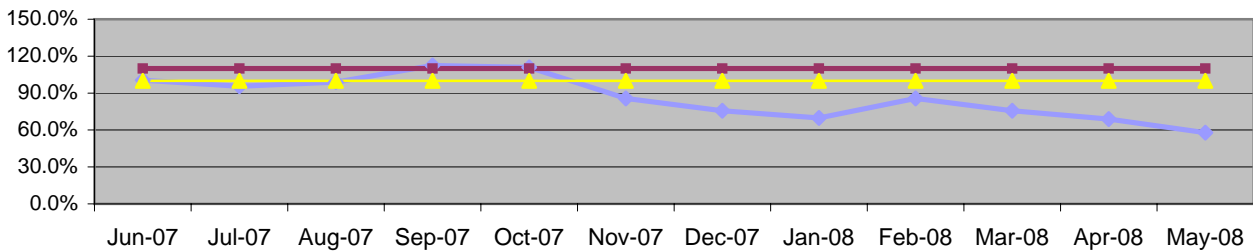
Total Days in Accounts Receivable



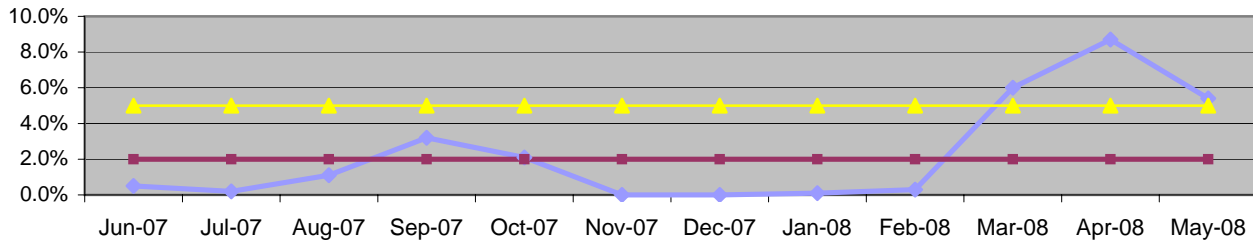
Percent of Total Accounts Receivable Older Than 120 Days



Total Cash Collected as a Percent of Net Revenues



Bad Debt Writeoffs as a Percent of Net Revenues



■ Actual Performance
 ■ Targeted Goal
 ■ Expected Minimum

Attachment C

Sample Performance Incentive Worksheet



Sample Home Health Agency
 Home Health Outcome Based Performance Incentive Results
 Performance as of December 31, 2009

Employee Identification					Performance Incentive				
Employee Name	Position	ID No.	Hire Date	Branch Location	Maximum incentive compensation \$ <u>5,000</u>				
John Doe	Billing personnel	1000	01/01/07	Oklahoma City, OK					
Performance Data									
Formula		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
					(A) - (B) = (D)	(A) - (C) = (E)	(E) ÷ (D) = (F)		Incentive x (F) x (G) = (H)
Performance Measures	Incentive Category	Expected Minimum Performance Measures	Optimal Performance Goals	Actual Performance Results	Maximum Success Measures	Actual Success Measure	Percent of Optimal Goals Achieved	Maximum Incentive Weight	Performance Incentive Compensation
Average days in accounts receivable	Quality	60.0	45.0	57.2	15.0	2.8	18.7%	25.0%	\$ 234
Accounts receivable older than 120 days	Quality	8.0%	3.0%	5.2%	5.0%	2.8%	56.0%	15.0%	\$ 420
Collections	Quality	100.0%	110.0%	98.2%	10.0%	-1.8%	-18.0%	10.0%	\$ (90)
Writeoffs	Quality	3.0%	0.0%	1.4%	3.0%	1.6%	53.3%	15.0%	\$ 400
Attendance	Personnel	95.0%	100.0%	92.0%	5.0%	-3.0%	-60.0%	15.0%	\$ (450)
Personnel evaluation scores	Personnel	85.0%	95.0%	98.0%	10.0%	13.0%	100.0%	10.0%	\$ 500
Billing compliance scores	Compliance	90.0%	100.0%	99.0%	10.0%	9.0%	90.0%	10.0%	\$ 450
Performance incentive results							29.3%	100.0%	\$ 1,464 @
Performance Summary									
		Your Performance							
Category	Weight	Current	Prior						
Compliance	10%	11%	19%			Base compensation		\$ 45,000	
Personnel	25%	8%	15%			Performance incentive compensation		\$ 1,464 @	
Quality	65%	10%	35%			Total fiscal year compensation		\$ 46,464	