A Journey in Financial Improvement
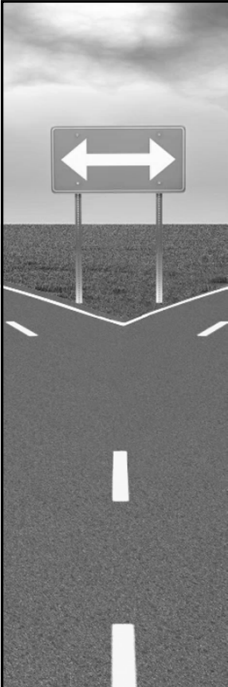## Roundtable Discussion

Iowa Rural Hospital Learning Opportunity Program

Provided by the Iowa Department of Public Health and HomeTown Health through the
HRSA Critical Access Hospital FLEX Grant 2017-2018, Iowa Grant #5888CA04.
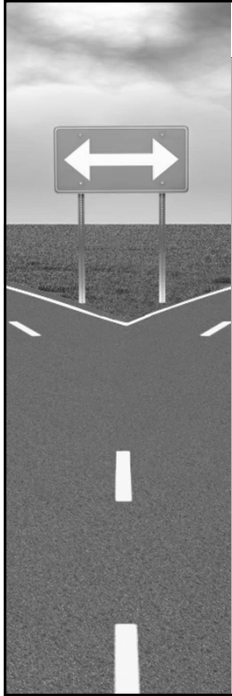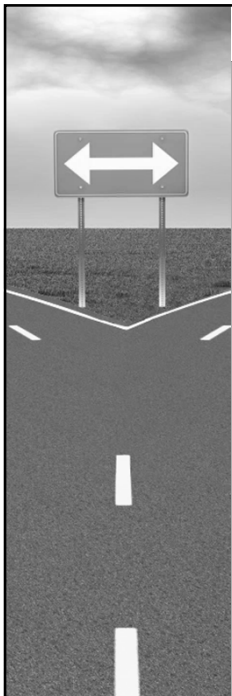
IDPH
Iowa Department
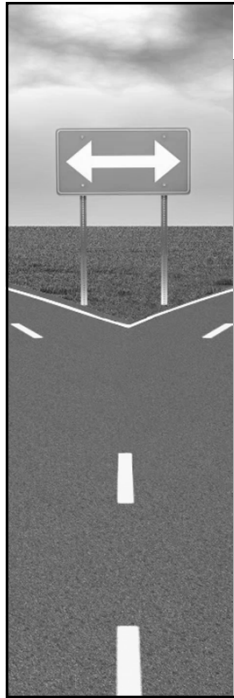of Public Health

HOMETOWN
HEALTH

Learning Outcomes

- Identify the best report for working your AR
- List ideas for new revenue sources
- Describe the importance of tracking registration errors
- List the three top common claims billing errors
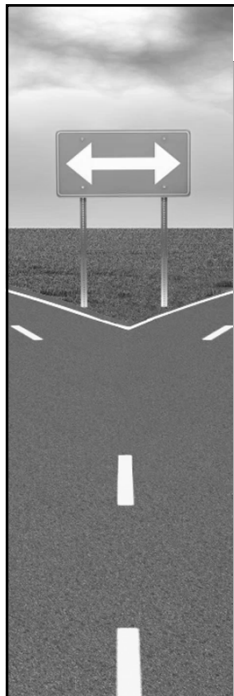
Have you participated in the Rev Up program?
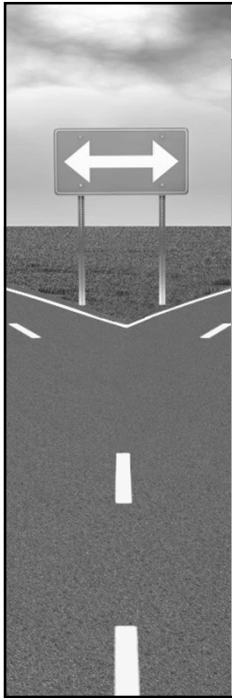
What is your biggest revenue cycle challenge?

Working Your AR

What reports do you use to work your

Accounts Receivable?

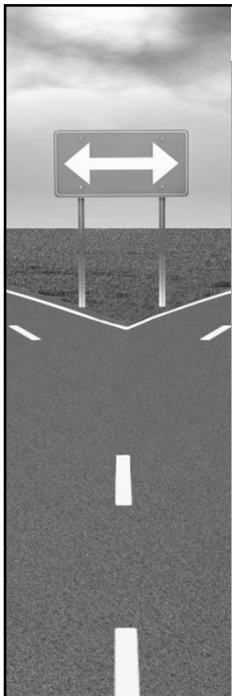# Working Your AR

What is best practice for
managing AR?

Revenue Sources

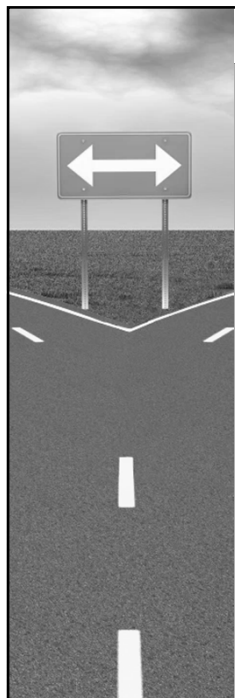What new revenue sources have you implemented in the last 2 years?

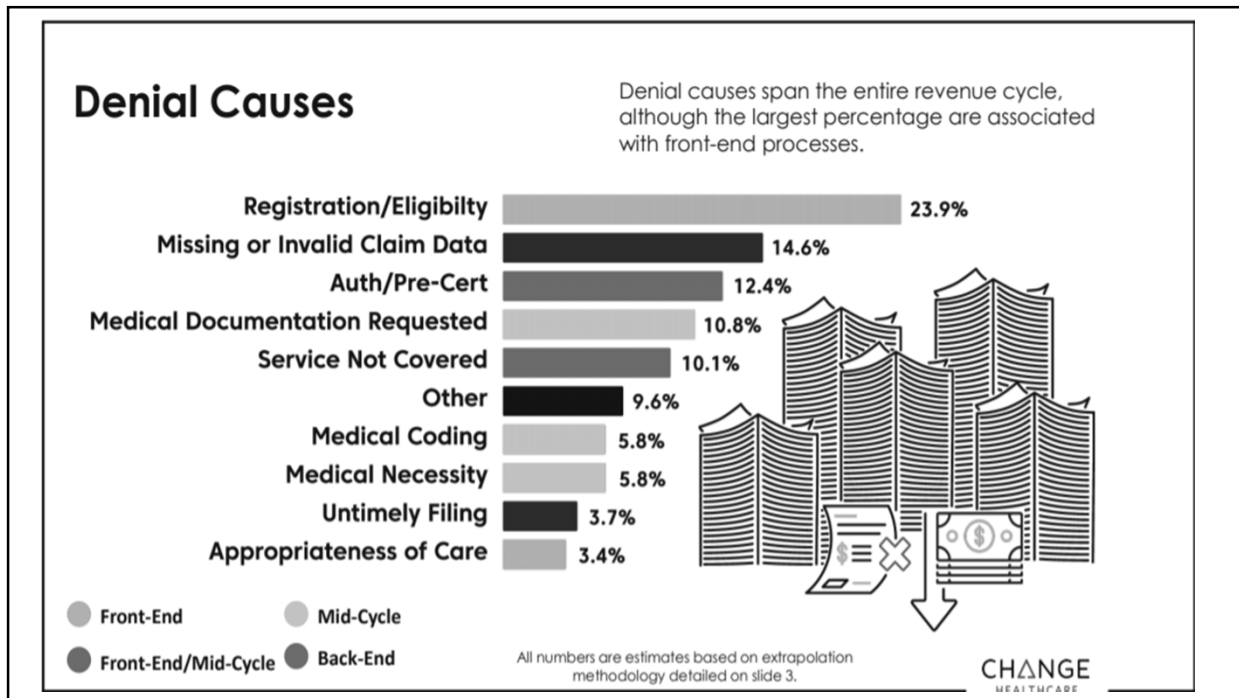# Error Tracking

Do you track errors in Patient Access?

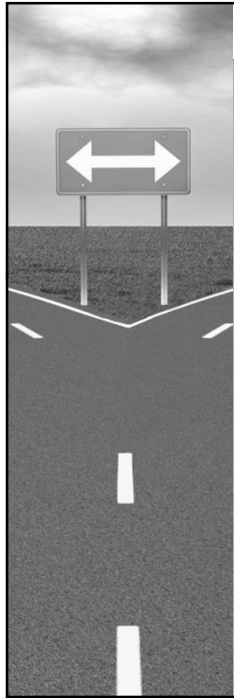If No, why not?

If yes, How has it helped?

Denial Causes

Denial causes span the entire revenue cycle, although the largest percentage are associated with front-end processes.

Cause	Percentage
Registration/Eligibilty	23.9%
Missing or Invalid Claim Data	14.6%
Auth/Pre-Cert	12.4%
Medical Documentation Requested	10.8%
Service Not Covered	10.1%
Other	9.6%
Medical Coding	5.8%
Medical Necessity	5.8%
Untimely Filing	3.7%
Appropriateness of Care	3.4%

Front-End Mid-Cycle Front-End/Mid-Cycle Back-End

All numbers are estimates based on extrapolation methodology detailed on slide 3.
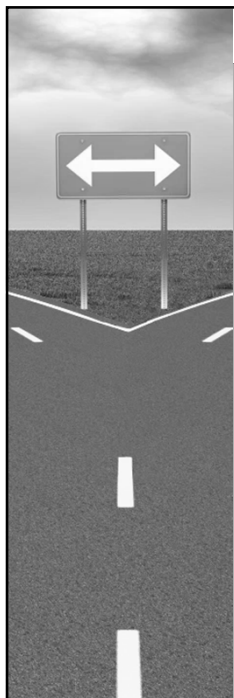
CHANGE HEALTHCARE

Error Tracking

If you track Patient Access errors, what is best practice for improvement?

Billing Errors

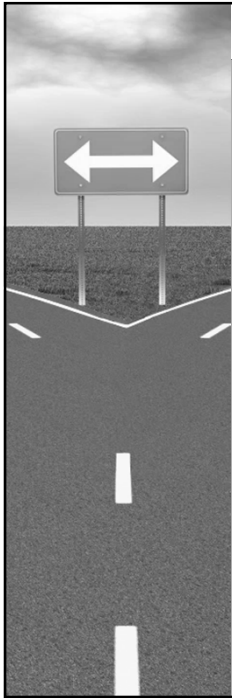## What are the top 3 billing edits you are seeing on your claims?
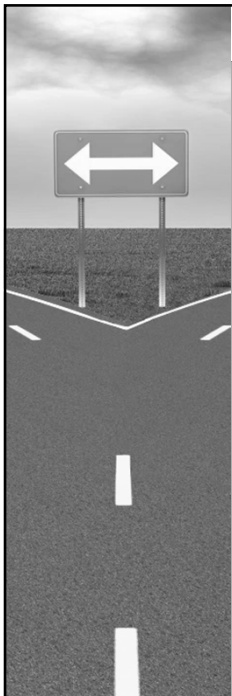
Billing Errors

Duplicate Claim Denials – WPS

- CO18 – Duplicate Claim/Service
- N20 – Service not payable with other service rendered on the same date
- N347 – Payment has already been made by another payer
- M86 – Service denied because payment already made for same or similar procedure in the same time frame

Correcting Billing Errors
## Duplicate Claim Denials – WPS

- Allow 30 days for the claim to process before submitting another claim.
- Before submitting a new claim check the RA for any allowed amount that was applied to the deductible.
- Verify the reason the initial claim wasn't paid, it may have processed correctly.
- Use the WPS portal before resubmitting.
- Follow WPS guidelines for modifiers before resubmitting.

Billing Errors
Missing Information – WPS

- CO16/MA04 – Need payment information re: primary payer
- CO16/MA61 – Missing or Invalid HIC number
- CO16/M52 – Procedure code invalid on date of service
- CO16/M81 – Missing/incomplete/invalid diagnosis
- CO16/N286 – Missing/incomplete/invalid Primary provider
- CO16/M123 – Missing/incomplete/invalid name, strength or dosage of drug furnished
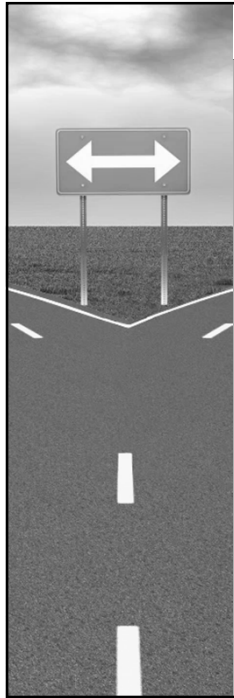
WPS Most Common pre-payment Errors

- Requested documentation not received within 45 days
- Incorrect documentation sent by provider
- Services not documented or No Signature of Provider
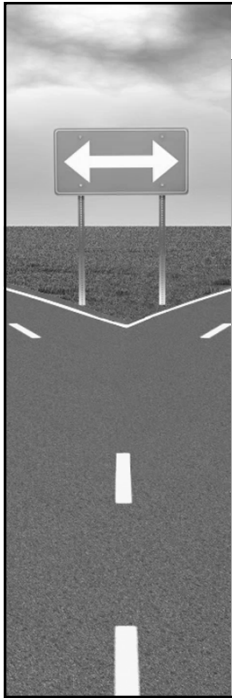- Documentation did not support the level of service billed
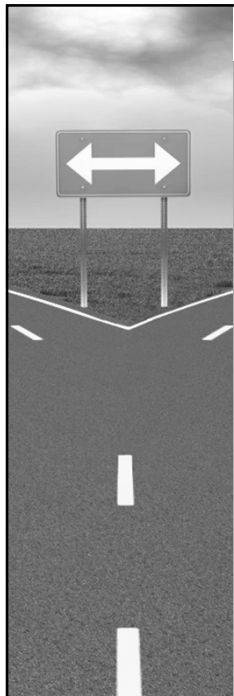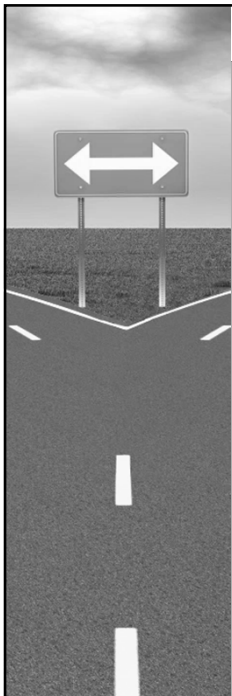
Billing Errors

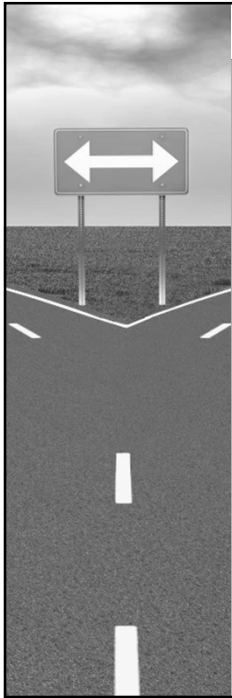What is your best practice when dealing with claim/billing edits?

Who is involved?

Have you attended the chargemaster webinars?

What changes have you made?

Are your managers more involved?

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