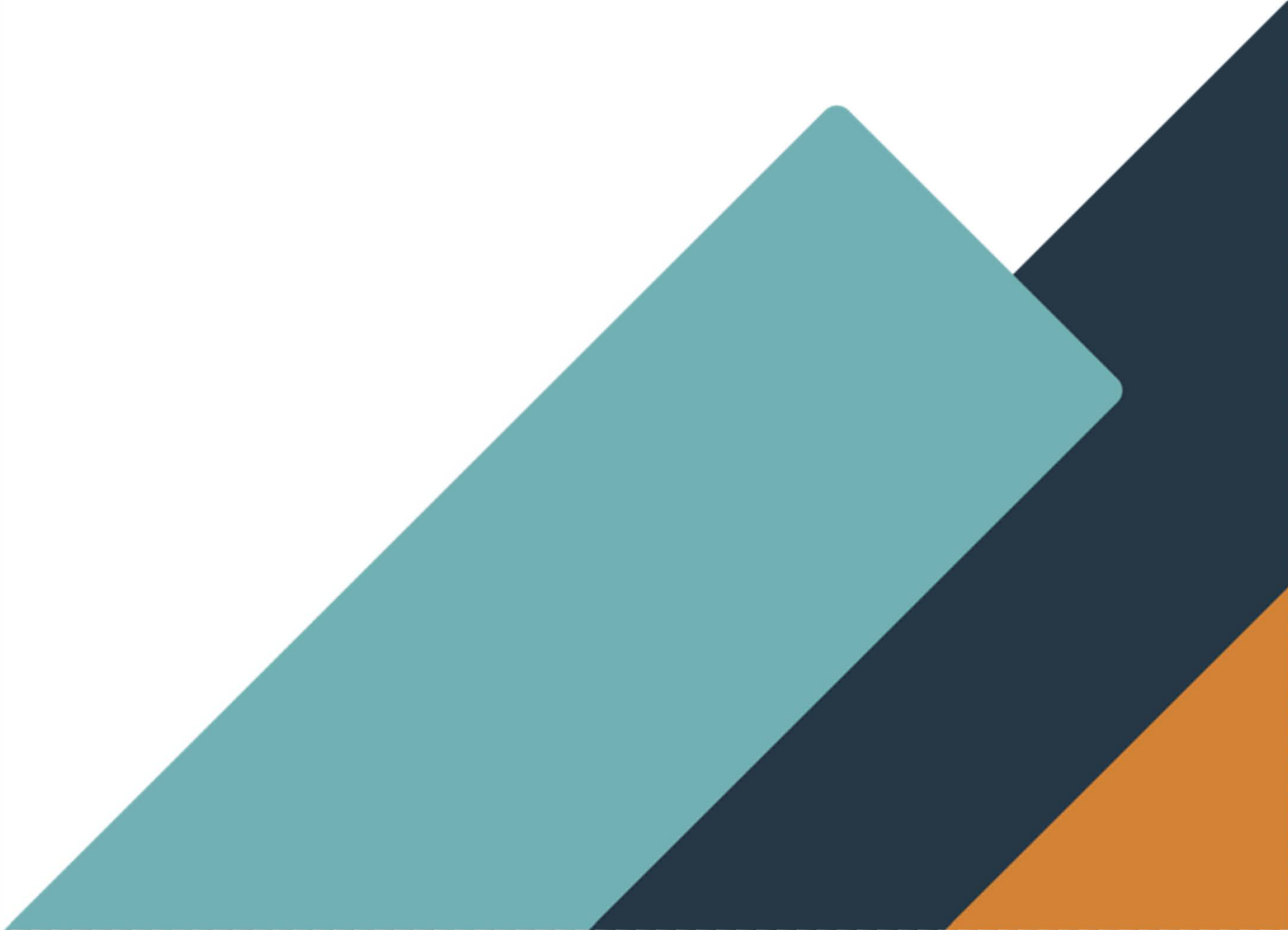


Revenue Cycle Services





RCS – Revenue Cycle Services

Billing and Collections for Skilled Nursing Facilities

Identifying Key Areas of Impact

Presented by Sandy Shur

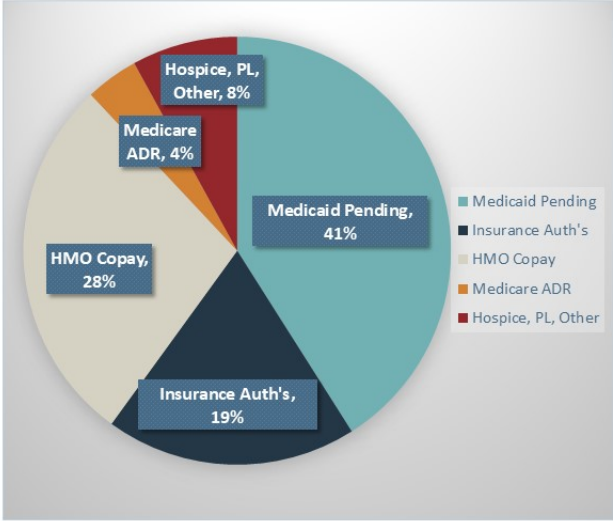
Svp & General Manager



Goal – to Increase cash flow and reduce Bad Debt

- Most common 4 areas that impede the goal
 1. Medicaid Pending
 2. Insurance Authorizations/Extensions
 3. HMO Copays
 4. Medicare ADR Audits

Recent analysis on WO/'s of a large portfolio



Medicaid Pending

Medicaid Pending - The Challenge



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Medicaid Pending - How to address the Challenge



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Insurance Authorizations/Extensions

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Insurance Authorizations



Hospital Referral:
Initial Authorization from the hospital will typically only be for a few days and at the lowest level



Level Fluctuation:
Providers will seek to obtain higher levels, reflective of the level of care the patient is receiving. The authorization can fluctuate down/up midstay



Auth Extensions:
Every few days, medical records need to be sent to extend the authorizations



Discharge Home –Auth Cuts:
Insurance will look to cut authorize as soon as they feel patient can be discharged

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Insurance Challenges – How to address

Facilities must have a process of tracking all the activity with the authorizations

Tracking systems must include

- Initial Auth
- Level
- Extension date
- Level change dates
- Process for appealing cut dates

Facilities must ALSO have a process of billing accurately (first time clean claims) all the data of the shifting details



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HMO Copays

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Insurance/HMO Copays

The Challenge

- HMO Copay rates are increasing every year
- Medicare Secondary Payors, MSP or Gap insurance, do not cover for HMO Copays
- Unpaid HMO Copays are not reimbursed with any program.

How to address this:

- Review the patient's insurance with the patient or family/POA to ensure the patient has the appropriate coverage befitting their care needed at this time in the facility
- If the patient or family/POA elects to remain on the HMO, the admission agreement should include financial method of paying (IE, credit card information)
- Billing and payment processing should be done on a weekly basis and not upon final discharge.

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Medicare ADR Audits

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Medicare ADR Audits

Medicare W/O's - What is changing

- Medicare Audits are increasing
- Pre-pay ADR (additional Document Requests) Audits

Results:

- Claims pending for lengthy period of time, effecting cash flow
- If audits are denied, results can be write off of claims

• How to address this:

- Ensure the Medical records have the proper documentation, for every day and every PDPM rate
- The quicker you can turn around the documents, the quicker the claims will pay and increase the cash flow and prevent write offs

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Thank you

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