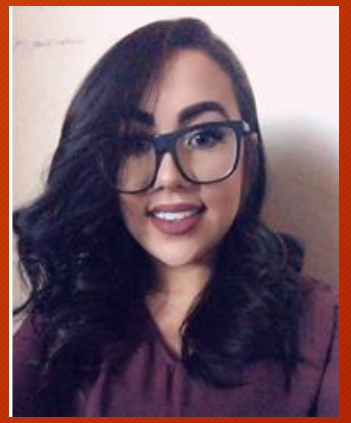
Revenue Cycle Management

Increasing Financial Sustainability

Kids First Health Care

Keeping kids healthy today & for all of their tomorrows

Devra Fregin
Director of Practice Management



Kayla Ortiz
Manager of Quality/Compliance & Revenue

Who is Kids First Health Care?

Kids First Health Care is a Non-Profit Pediatric School Based Health Organization that was established in 1978. We opened the first School Based Health Care in Colorado and one of the first in the nation. We currently operate a total of 8 school based health centers in partnership with 4 school districts in Adams County.

https://www.kidsfirsthealthcare.org/

KFHC Billing and Revenue Timeline

1978 KFHC Opened

2004	Began billing insurances
2012	Hired a Practice Manager/Contracted with Medicaid to become a delegated practice
2013	Implemented an EMR and outsourced billing/ Began Meaningful Use initiative
2014	Began training providers on coding and billing
2014-2018	Focused on quality improvement initiatives and correct coding
2018	Received financial analysis and practice assessments which determined need for oversight of revenue
2019	Hired Revenue Manager/ EMR optimization/ Training and auditing of notes and coding

Roles our Employees Play in Revenue Management

Front Medical Assistants

- Obtain patient demographics and insurance information
- Enters Patient information into EMR
- Verifies insurance prior to visit and delegated PCMP for Medicaid
- Collects patient's copays and statement balances

Roles our Employees Play in Revenue Management

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Back Medical Assistant

- Add codes for services they provide(ex: labs, immunizations, etc.)
- Reviews superbill(claims) to ensure provider isn’t missing codes for services provided
- Validates and corrects claim information prior to submitting to outsourced billing

Roles our Employees Play in Revenue Management

Nurse Practioner

- Codes for diagnosis
- Codes for services rendered
- Validates and corrects claim information prior to submitting to outsourced billing
- Correcting billing based off denials

Key Components in Revenue Cycle Management

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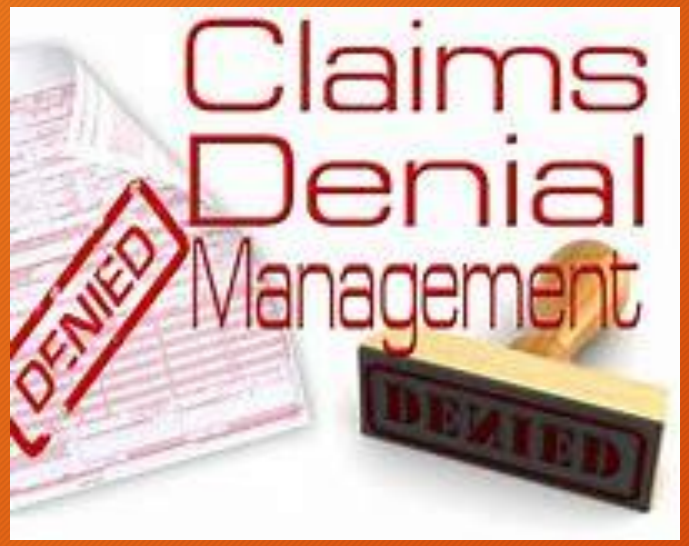
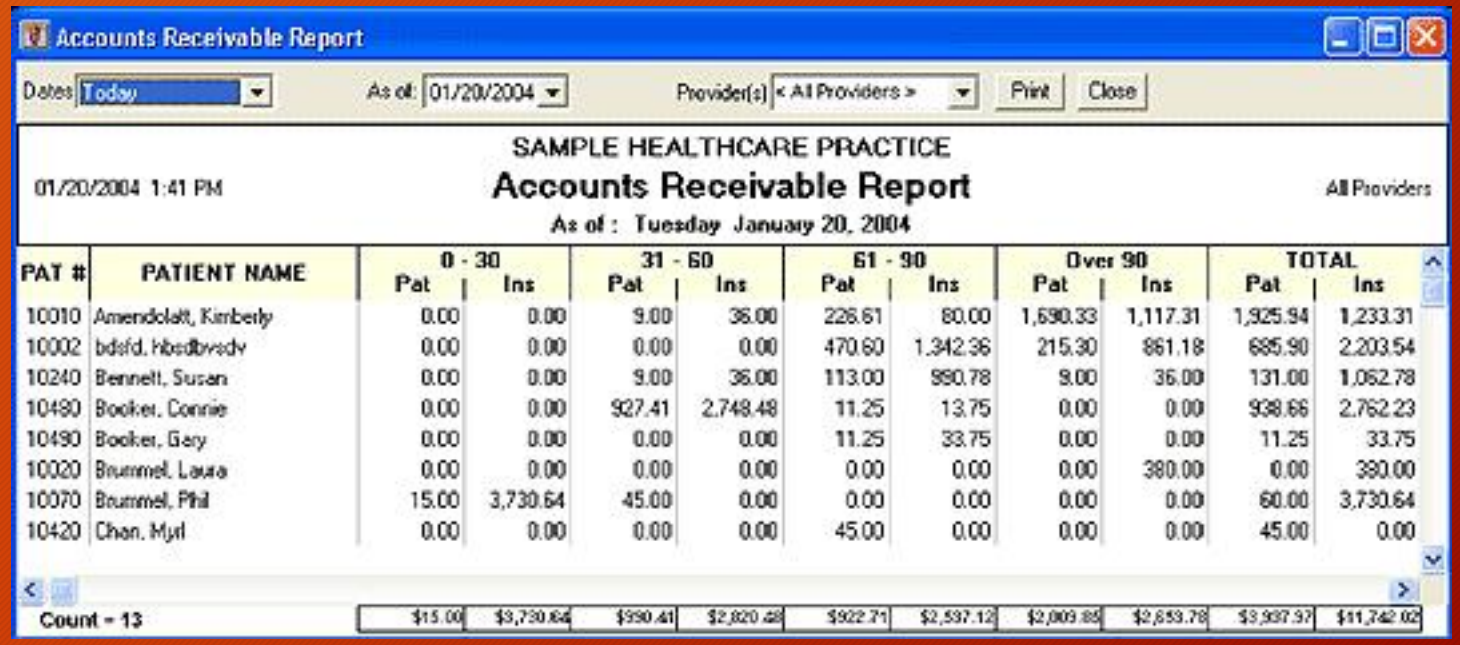
Denial Management



- Understanding what is being billed vs what is being paid
- Using reports to identify common denials
- Providing training and education on common denials
- Working your denials in a timely manner
- If billing is outsourced work closely with outsourced company to understand denials and ensure that they are doing what is needed to resolve and manage denials ***SELF ADVOCATE***
- Understand your contracts for payers as well outsourced billing
- Verify eligibility prior to visit to ensure coverage and allow patients to work through coverage issues
- Monitor and follow-up on A/R

Importance of Managing an A/R

- A/R is your aging report
- This will help you identify denials or open balances within certain date ranges
- This will help you manage working timely denials
- Allow you to identify large balances as well



Accounts Receivable Report

Dates: Today | As of: 01/20/2004 | Provider(s): < All Providers > | Print | Close

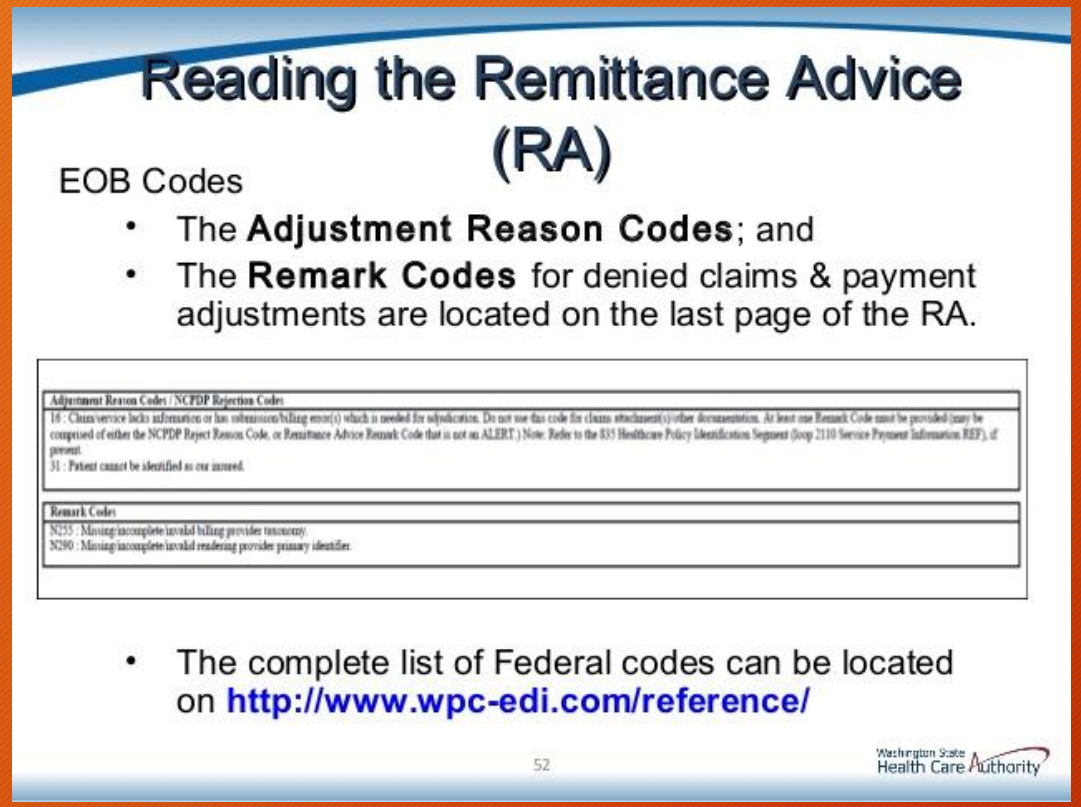
SAMPLE HEALTHCARE PRACTICE

01/20/2004 1:41 PM — **Accounts Receivable Report** — All Providers

As of : Tuesday January 20, 2004

PAT #	PATIENT NAME	0 - 30		31 - 60		61 - 90		Over 90		TOTAL	
		Pat	Ins	Pat	Ins	Pat	Ins	Pat	Ins	Pat	Ins
10010	Amendolatt, Kimberly	0.00	0.00	9.00	36.00	226.61	80.00	1,690.33	1,117.31	1,925.94	1,233.31
10002	bdsfd, hbsdbvsdv	0.00	0.00	0.00	0.00	470.60	1,342.36	215.30	861.18	685.90	2,203.54
10240	Bennett, Susan	0.00	0.00	9.00	36.00	113.00	990.78	9.00	36.00	131.00	1,062.78
10480	Booker, Connie	0.00	0.00	927.41	2,748.48	11.25	13.75	0.00	0.00	938.66	2,762.23
10490	Booker, Gary	0.00	0.00	0.00	0.00	11.25	33.75	0.00	0.00	11.25	33.75
10020	Brummel, Laura	0.00	0.00	0.00	0.00	0.00	0.00	0.00	390.00	0.00	390.00
10070	Brummel, Phil	15.00	3,730.64	45.00	0.00	0.00	0.00	0.00	0.00	60.00	3,730.64
10420	Chan, Myri	0.00	0.00	0.00	0.00	45.00	0.00	0.00	0.00	45.00	0.00
Count = 13		$15.00	$3,730.64	$990.41	$2,820.48	$922.71	$2,537.12	$2,009.63	$2,853.78	$3,937.97	$11,742.02

Importance of Denial Reports



- Denial reports will give you your ERA codes from the 835 files(Remittance Advice)
- This will allow you to identify common trends in denials

Training and Education

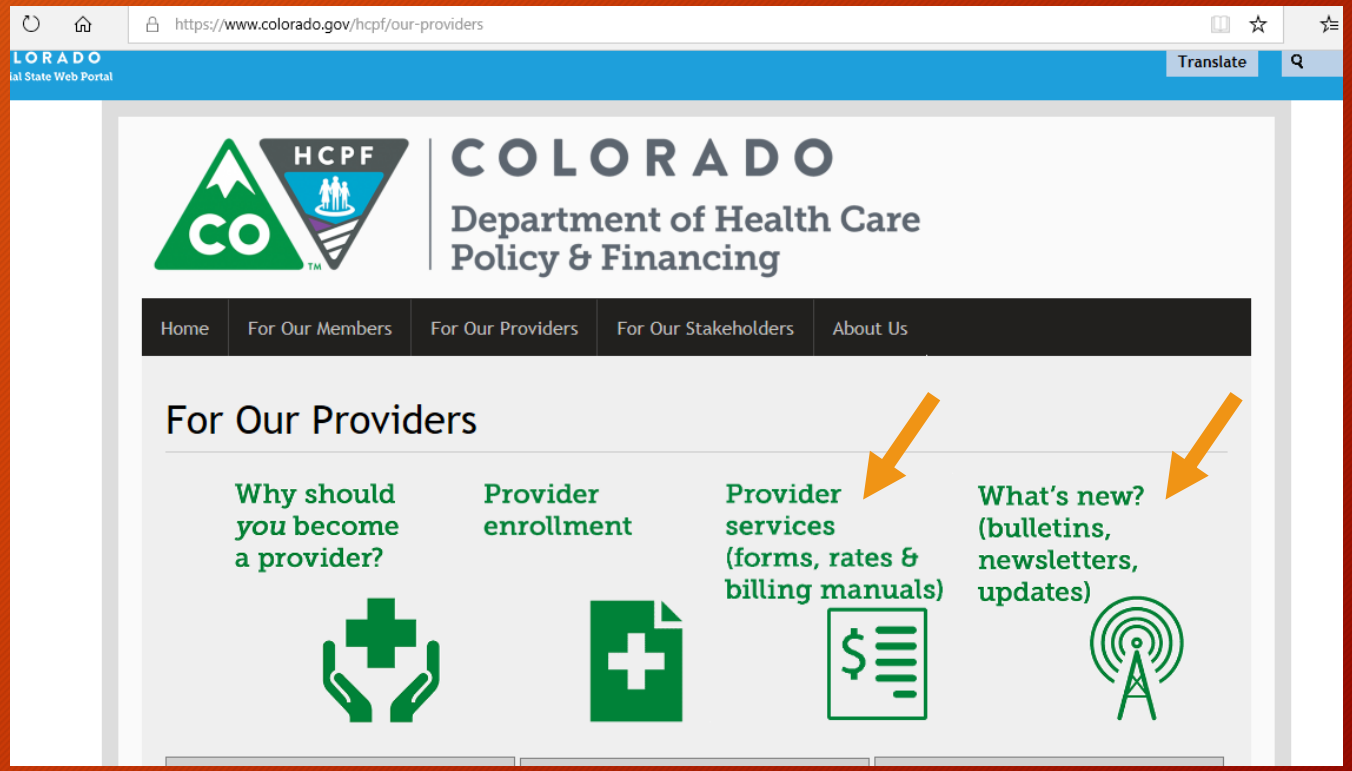
- Provide clear on boarding training
- Clarify roles and responsibilities
- Provide education on how every ones roles and daily functions play a role in revenue
- Ensure front desk understands patients benefits and covered services and provide on going training as insurances change
- Provide education to staff regarding frequency limitations
- Provide ongoing training for providers on coding, common denials, and findings when doing on-going audits

Staffing and Clinic Flows

- Understanding of generated revenue for each clinic based off data from previous months and normal trends
- Staffing clinics based off of clinic volume and generated revenue
- Adjusting clinics based of needs and demands to generate additional revenue
- Set productivity based on revenue and needs

Resources

- https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Downloads/835-Flatfile.pdf
- https://www.colorado.gov/hcpf/our-providers
- https://www.colorado.gov/hcpf/provider-rates-fee-schedule



Questions and Answers