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# Revenue Cycle Best Practices:

A presentation for Missouri Public Health

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CONFIDENTIAL

# SMART Health Claims



## Who We Are

We have 30+ years of experience in the government sector—

Our engagements span 35 states, 100s of large counties and 5000 providers offices, with over 70 million Americans covered.



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## What Got Us Started?

- Changing landscape with ACA implementation
- Shifting impact on health organizations
- Increased Medicaid enrollment
- Managed Care, HMOs, Supplemental Plans
- Patients and Providers Lack of Certainty in Coverage



**BlueCross  
BlueShield**

**Medicare**



**UnitedHealthcare**



**Cigna**



**Aetna**



**HealthLink**

**Humana**



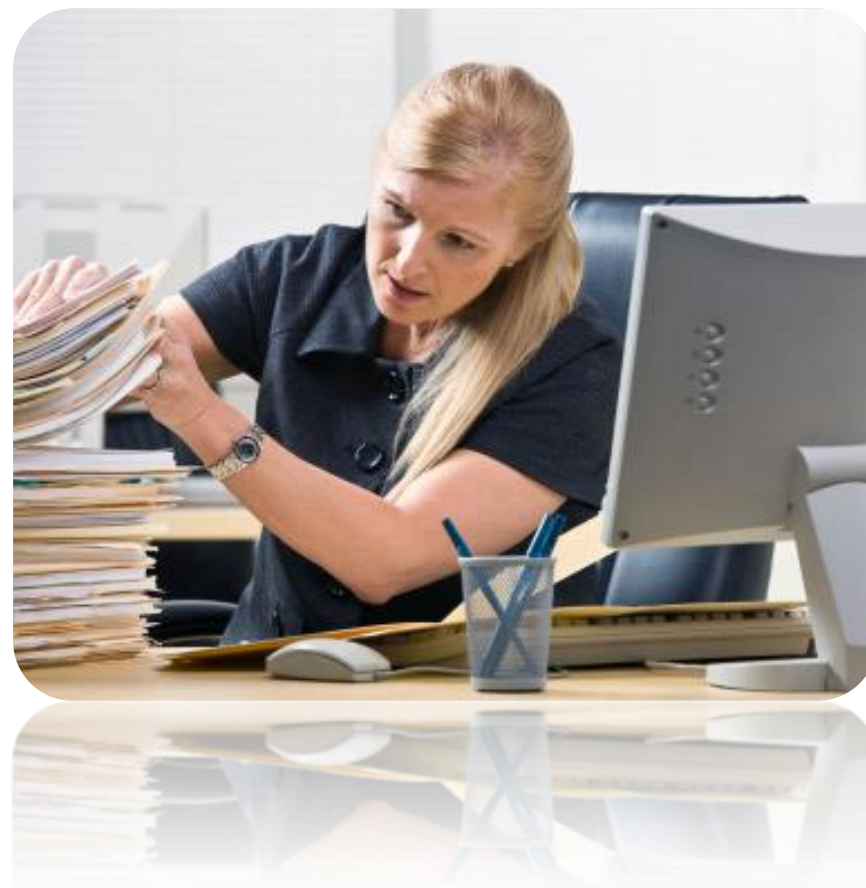
**COVENTRY**

*Health and Life Insurance Company*

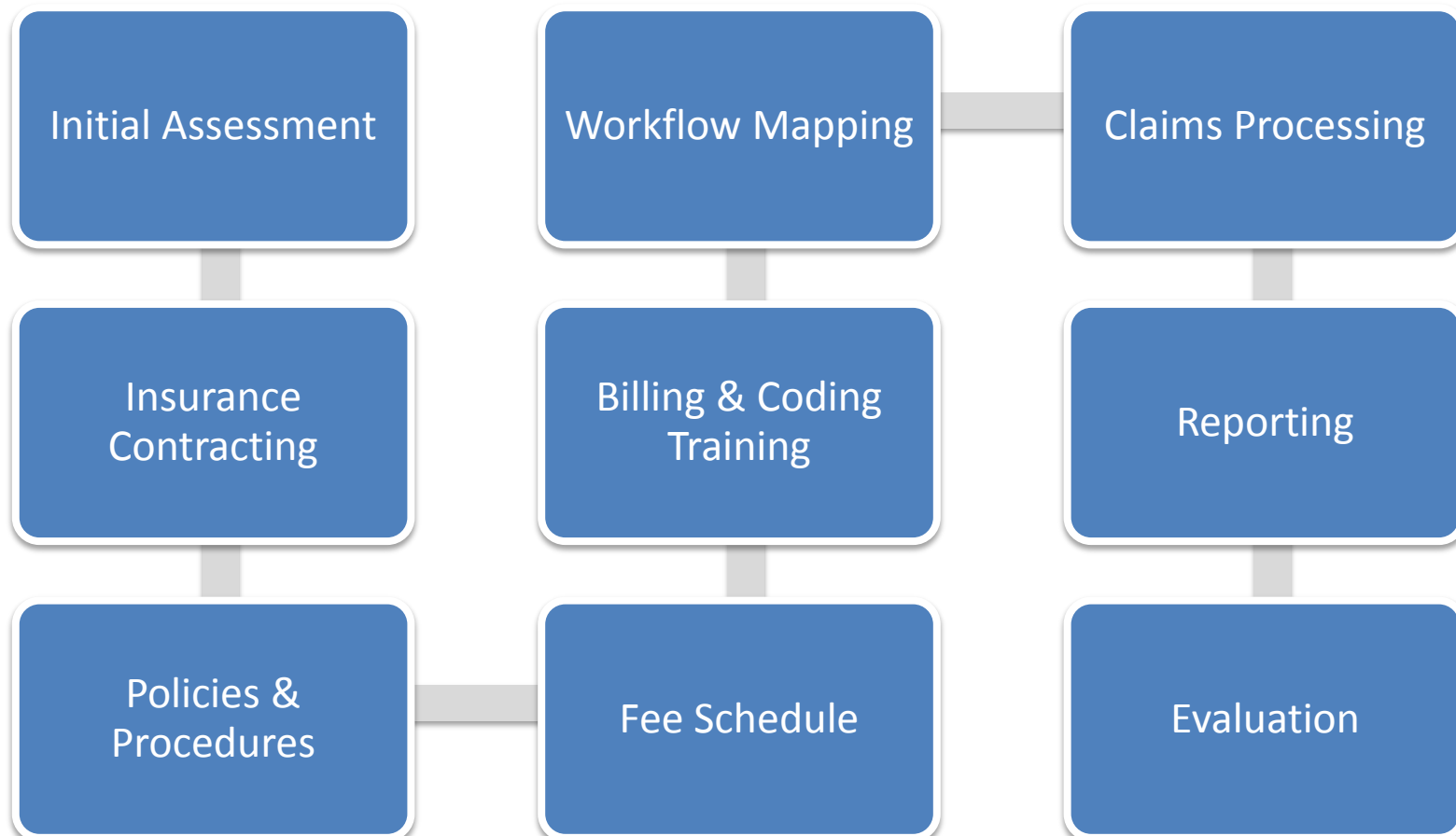
**Medicaid**

## What We Commonly See...

- Overburdened Provider Staff
- Poor Visibility and Claims Follow-up
- Multiple Systems in Use, No Centralized Resource
- Inaccurate Codes/Missing Patient Information
- Delayed reimbursement/reduced revenues
- Complex Payer Environment
- Compliancy issues



## Revenue Cycle Playbook Overview



# SMART Health Claims



## Agenda:

- Policies and Procedures
  - Compliance and Annual Training
  - Fiscal Services Policies



## Compliance and Annual Training

- Confidentiality Statement
- Privacy Practices Statement
- Non-Disclosure Statement
- HIPAA Policy Standard and Annual Review Presentation

# Confidentiality Statement

- **Purpose:**
  - The purpose of this policy is to provide the utmost assurance that information regarding patients will be treated with complete confidence. Any information relating to presenting issues, treatment, medications and any needed follow-up will not be disseminated to any party other than the patient without the patient's written consent for such. IF the patient wishes to allow his/her information to be shared with any other party, they must name the person on the attached Authorization to Disclose Information.
- **Responsible Party:**
  - The staff of the Health Organization is responsible for ensuring that patient information will be treated with the utmost respect and everything related to each visit will be held in the strictest confidence, unless patient permission has been given by completing the attached "Authorization to Disclose Information" form.
- **Procedure:**
  - Discuss policy and review form with patient
  - Patient must acknowledge that they are aware of the principle behind the policy
  - If Authorization to Disclose Information form is completed, patient must identify individual and type of information to be shared
  - If changes need to be made, it is solely the patient's responsibility



# Privacy Practices Statement

- **Purpose:**
  - The purpose of this policy is to be in compliance with all regulations regarding privacy and security of each patient's personal, private information.
  - It provides written confirmation of the Privacy Practices Statement distributed and available to all patients of the health organization.
  - This policy services as both a learning tool for staff of the health organization and confirmation of the privacy practice standards followed by the health organization.
- **Responsible Party:**
  - The entire staff of the Health Organization is responsible to ensure that all patients' private information will be held in the strictest confidence and not shared.
- **Procedure:**
  - Staff makes sure patient is aware of the Privacy Practices Statement
  - Staff offers to provide written copy to patient
  - Staff to review privacy standards at least annually to ensure continued understanding and expectation of awareness

# Non-Disclosure Statement

- **Purpose:**
  - The Purpose of the Non-Disclosure Policy and Statement is to ensure that every employee is aware of the Health Organization's expectation and policy regarding Non-Disclosure of protected information of both patients and the organization.
- **Responsible Party:**
  - The entire staff of the Health Organization is responsible for ensuring that all the patients' and the Health Organizations' private information will not be disclosed to any person or entity that does not have a need to know this information.
- **Procedure:**
  - Upon being hired and annually going forward, each employee will need to sign and date an updated Non-Disclosure form (attached). It is the responsibility of the employee to be aware of the conditions relating to this policy and understand what they mean.
  - The signed Non-Disclosure form will be kept either in each employee's personnel file or in a designated in-service folder to be maintained by a supervisory staff member, and be available for review by any agency who requests evidence of a Non-Disclosure Statement and Policy being in place.

# HIPAA Standard and Policy

- **Purpose:**
  - The Purpose of the HIPAA Standard and Policy is to ensure that the health department is in compliance with any and all State, Federal and Governmental regulations regarding privacy and security of all patient and employee protected information.
- **Responsible Party:**
  - The entire staff of the health department is responsible for ensuring that all patient and health organization protected private information remains secure and that all measures are being taken to ensure this process.
- **Procedure:**
  - Policy Statement
  - Signature
  - Record Keeping
  - Annual Review



## Fiscal Services Policies

- Financial Services
- Fiscal Stewardship
- Community Donation
- Cash Discount
- Hardship Policy and Form



# Financial Services:

- **Purpose:**
  - The purpose of the Financial Services Policy is to address most situations and payment methods being used in an effort to show due diligence toward fairness and consistency. Certain financial situations will be covered in a separate policy.
- **Responsible Party:**
  - The staff of the health department will offer this policy to any patrons who are self-paying at the time of service.
- **Procedure:**
  - Private Insurance Billing
  - Cash Payment/Check Payment
  - Fiscal Stewardship
  - Collection Practices

# Fiscal Stewardship

- **Purpose:**
  - The Fiscal Stewardship Policy is the process utilized by the health department in an effort to demonstrate fair and consistent service to all residents of the department's service area without regard to any mitigating factors. In cases where a patron can provide proof of their inability to render payment for services rendered, a partial or full discount may be granted.
- **Responsible Party:**
  - The staff of the health department will offer this policy to any patrons who are paying in cash at the time of service.
- **Procedure:**
  - Basic Information Statement
  - Existing Relationships/Known Circumstances
  - Case-by-Case Basis



# Community Donation

- **Purpose:**
  - The purpose of the Community Donations Policy is to demonstrate to the citizens of the local area that the health department continues to welcome donations over and above the cost of services received, or donations designed to help cover the cost of services for those less fortunate. Many health departments have a wonderful history of receiving donations from their communities and look forward to the continuation and acceptance of these types of donations.
- **Responsible Party:**
  - The staff of the health department will offer this policy to any patrons who are paying in cash at the time of service.
- **Procedure:**
  - Acknowledgements and Receipt
  - Use of Donations

# Cash Discount

- **Purpose:**
  - The purpose of this policy is to offer a discount to customers who are paying in cash at the time of service, for the ENTIRE SERVICE.
  - Patrons who want the health department to bill their private insurance who have a co-payment are NOT eligible for a cash discount.
  - This policy is not intended to hinder those customers who wish to donate additional funds over and above the cost of services, but rather to serve as an incentive the have the service paid in CASH
- **Responsible Party:**
  - The staff of the health department will offer this policy to any patrons who are paying in cash at the time of service.
- **Procedure:**
  - Decide %
  - Apply discount
  - Issue receipt

# Hardship Policy

- **Purpose:**
  - The purpose of the Hardship Policy is to show good faith compliance with all the rules and regulations that govern medical offices wherein governmental and commercial insurance is being billed.
  - In order to ensure that services can continue for those individuals that may be underinsured or uninsured and that practices are in place to be consistent regardless of financial/insurance status, the Hardship Policy will show due diligence in obtaining needed information for consideration.
- **Responsible Party:**
  - All intake staff and other staff as designated to have front-end communication with potential clients will need to be aware of the Hardship Policy and the parameters that govern it. This is to ensure it is being used only in situations that truly meet criteria so that a consistent methodology can be proven.
- **Procedure:**
  - Uninsured or Underinsured Determination
  - Review of Cash Discount Policy
  - Hardship Waiver Form
  - Superbill/Encounter Forms Completion
  - Record Keeping



## Questions



# SMART Health Claims



## Contact

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