WEBINAR

## From Referral to Reimbursement:

# Understanding Revenue Cycle Management

December 2024



# Housekeeping

**This webinar is not a training session**; it is an opportunity to discuss best practices

**This webinar is being recorded**. We will email the recording and slides after the session

**Your camera and mics are turned off**

**Q&A at the end**. Please submit your questions in the Q&A box at any time

**Post session survey**— we'd love your feedback!

# Agenda

- About Me & HHAeXchange
- The Changing Reimbursement Landscape
- Understanding RCM
- Q&A

# Hello!

## Chelsea Smith

Sr. Director of Product
Management, Revenue Cycle

HHAeXchange

# Our Mission

Enable caregivers, families, providers, and payers to deliver the best care in the home.

# HHAeXchange's National Footprint

**150**
MCO CLIENTS

**32**
STATE EVV CONTRACTS

**26,900**
PROVIDER AGENCIES

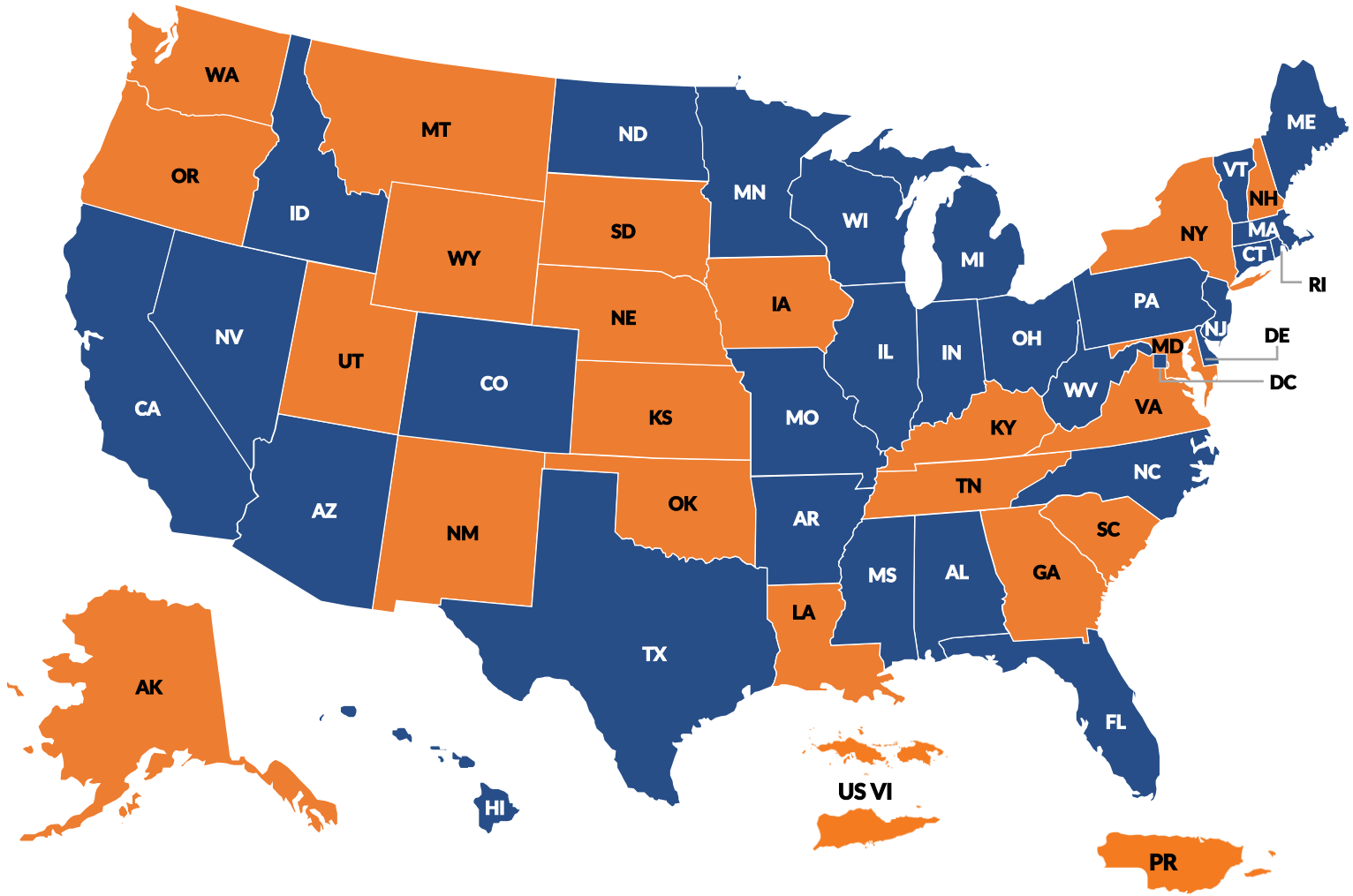
**3.7M**
MEMBERS SERVICED

**473M**
ANNUAL VISIT CONFIRMATIONS

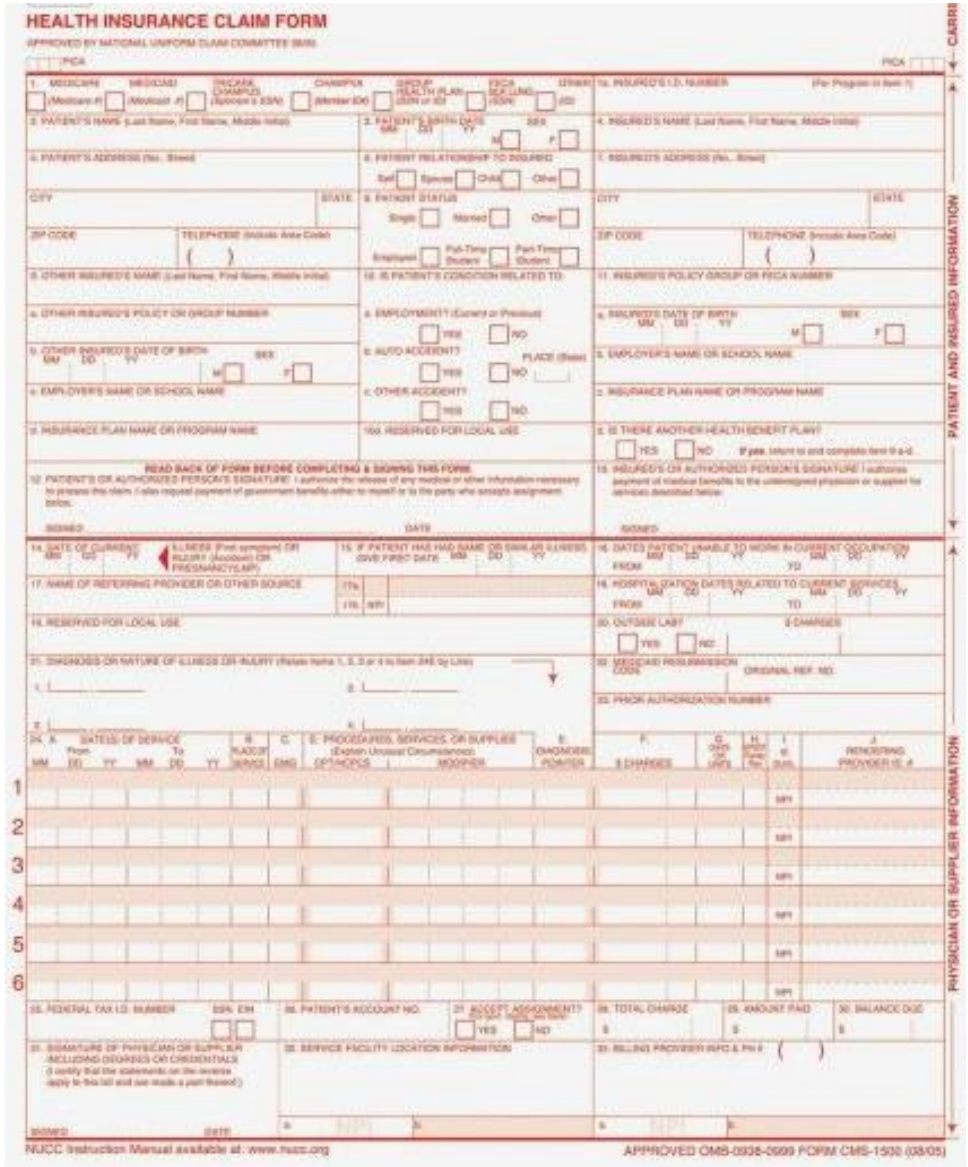
**$40.2B**
ANNUAL PAYMENTS MANAGED

**2.6M**
CAREGIVERS

**1.8M**
ACTIVE BACK OFFICE WORKERS



# Revenue Cycle Management: It's more than billing!


HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID#) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. #

1 NPI

2 NPI

3 NPI

4 NPI

5 NPI

6 NPI

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. b.

33. BILLING PROVIDER INFO & PH # ( )

a. b.

NUCC Instruction Manual available at: www.nucc.org

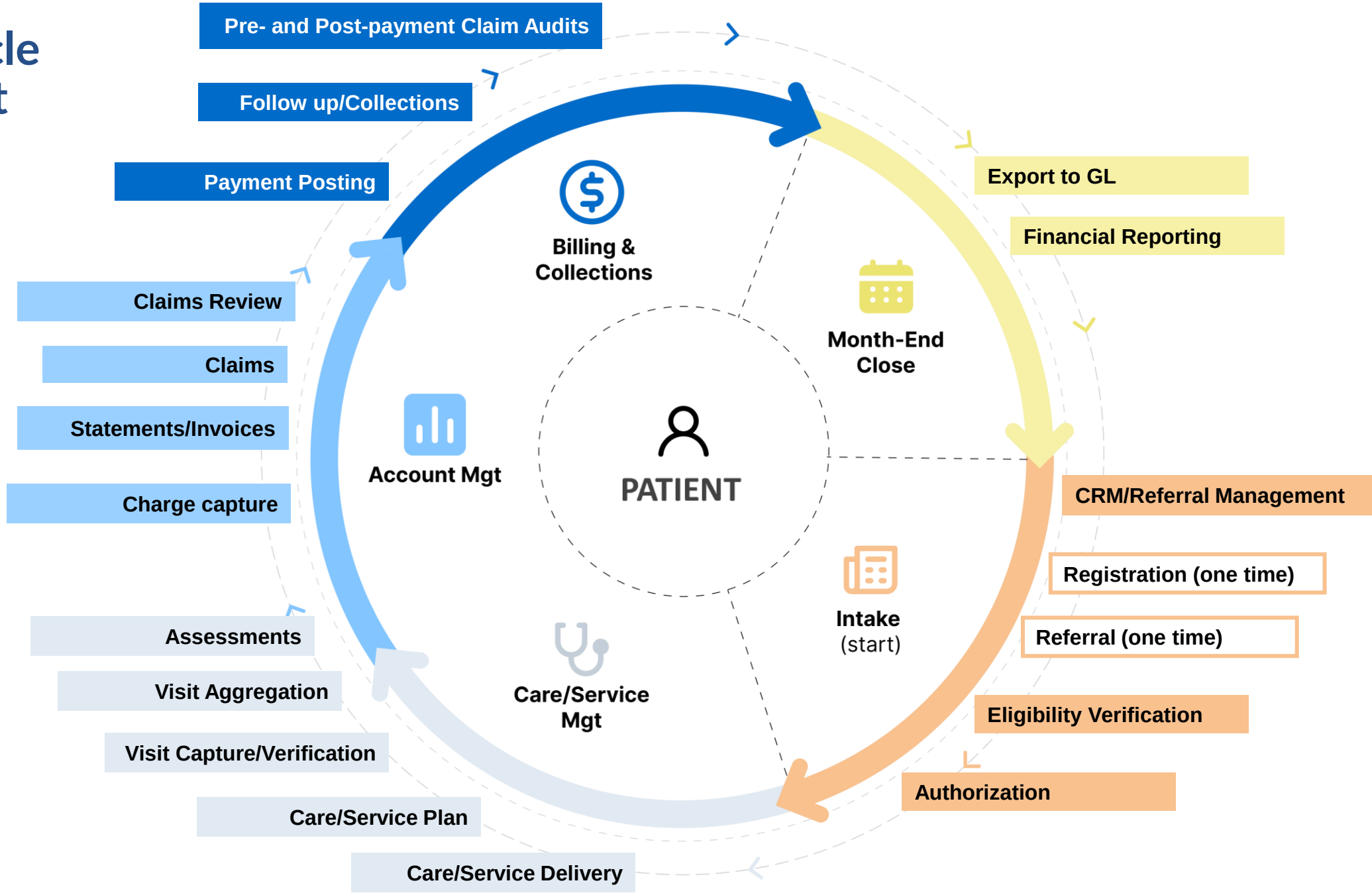
APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

# Revenue Cycle Management

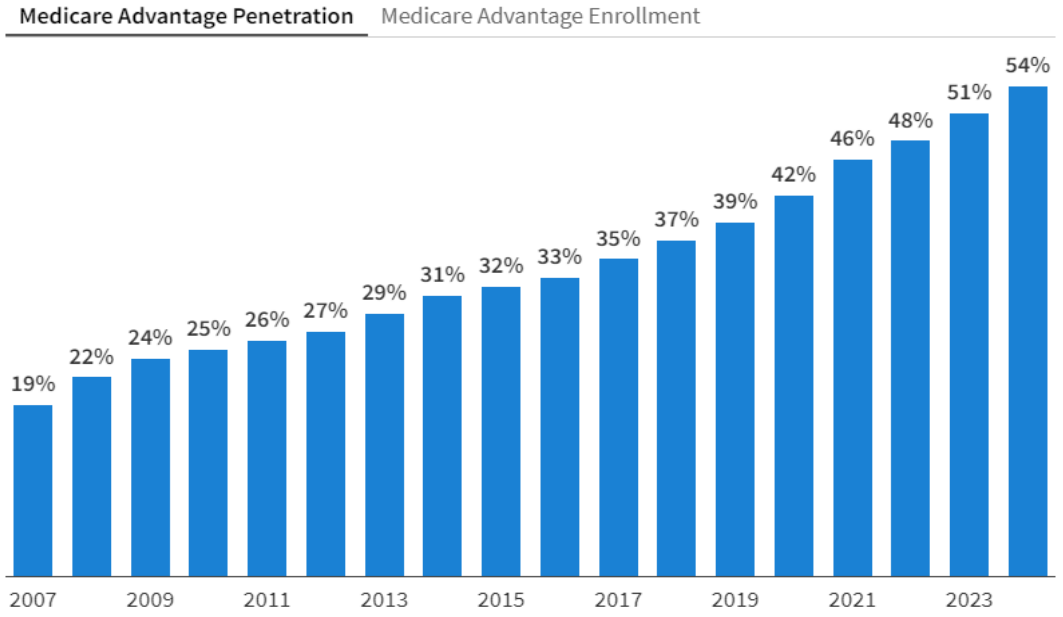


# Changing Reimbursement Landscape

- Medicare Advantage Enrollment steadily rising, and anticipated to be 64% by 2034
- Average Medicare beneficiary has access to 43 MA plans in 2024 (more than double from 2018)
- States increasingly relying on Medicaid Managed Care to provide continuity of coverage, and to improve budget predictability
- 74% of Medicaid beneficiaries enrolled in comprehensive managed care plan

Figure 1

**Total Medicare Advantage Enrollment, 2007-2024**




Note: Enrollment data are from March of each year. Includes Medicare Advantage plans: HMOs, PPOs (local and regional), PFFS, and MSAs. About 60.6 million people are enrolled in Medicare Parts A and B in 2024.

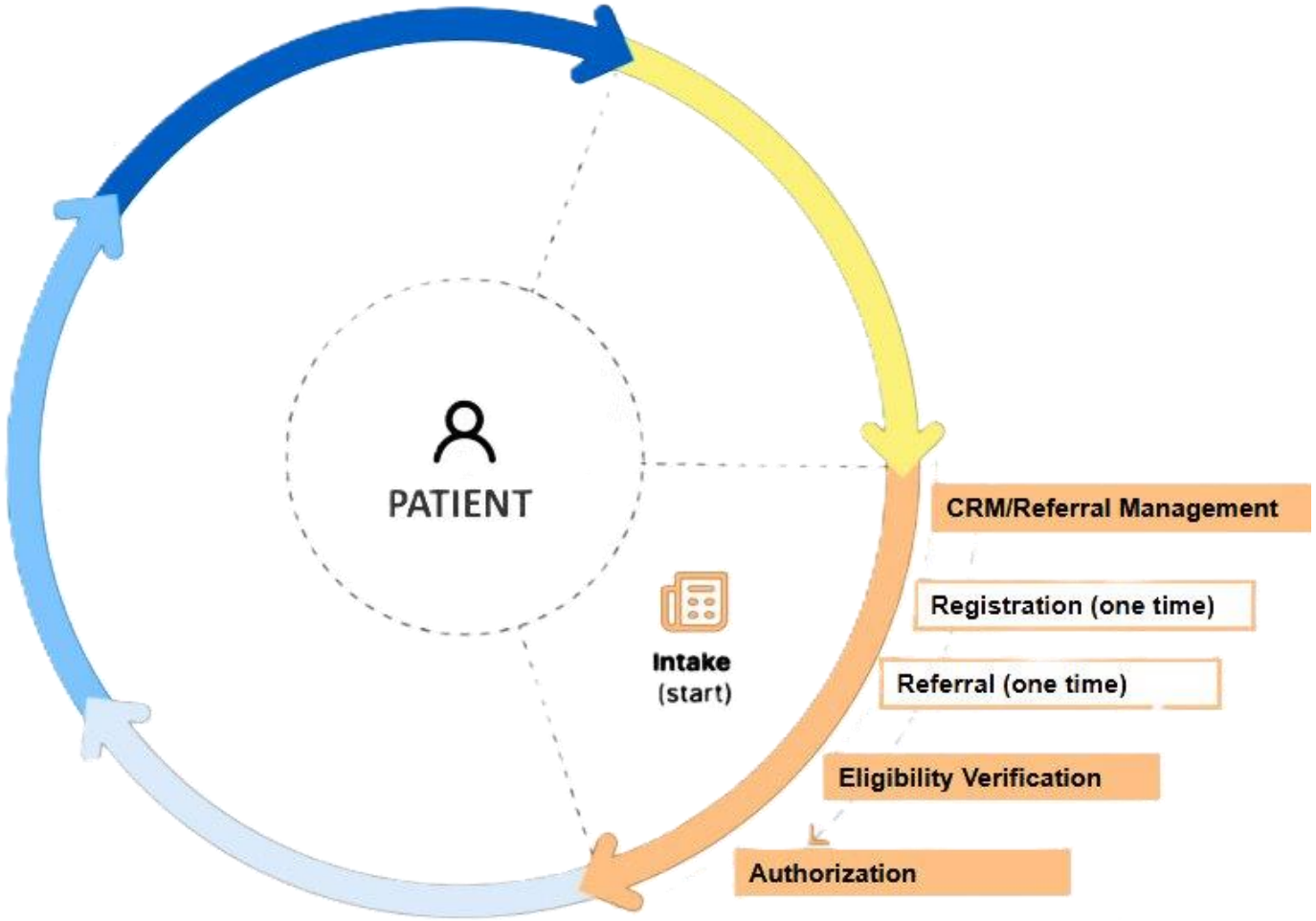
Source: KFF analysis of CMS Medicare Advantage Enrollment Files, 2010-2024; Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2016; CCW data from 20 percent of beneficiaries, 2017-2020; CCW data from 100 percent of beneficiaries, 2021-2022, and Medicare Enrollment Dashboard 2023-2024. • Get the data • Download PNG

KFF

Each MCO has its own policies regarding coverage, rates & billing

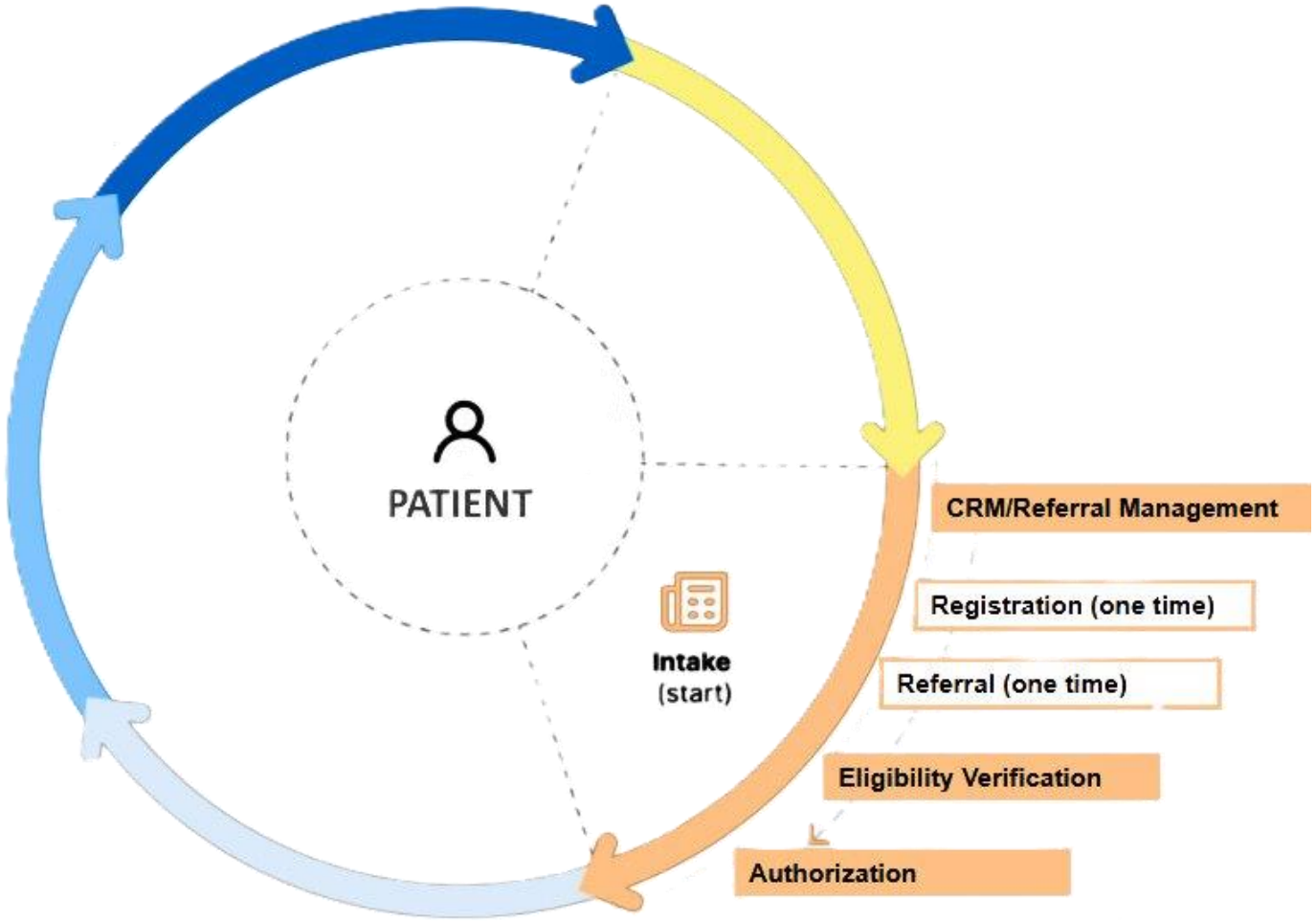
# Eligibility Verification: Why

- All payers should be verified
- Policy is active
- Covered services, treatments, etc.
- Conditions for coverage (prior authorization, physician certification, etc.)
- Any patient financial responsibility (deductibles, co-pays)



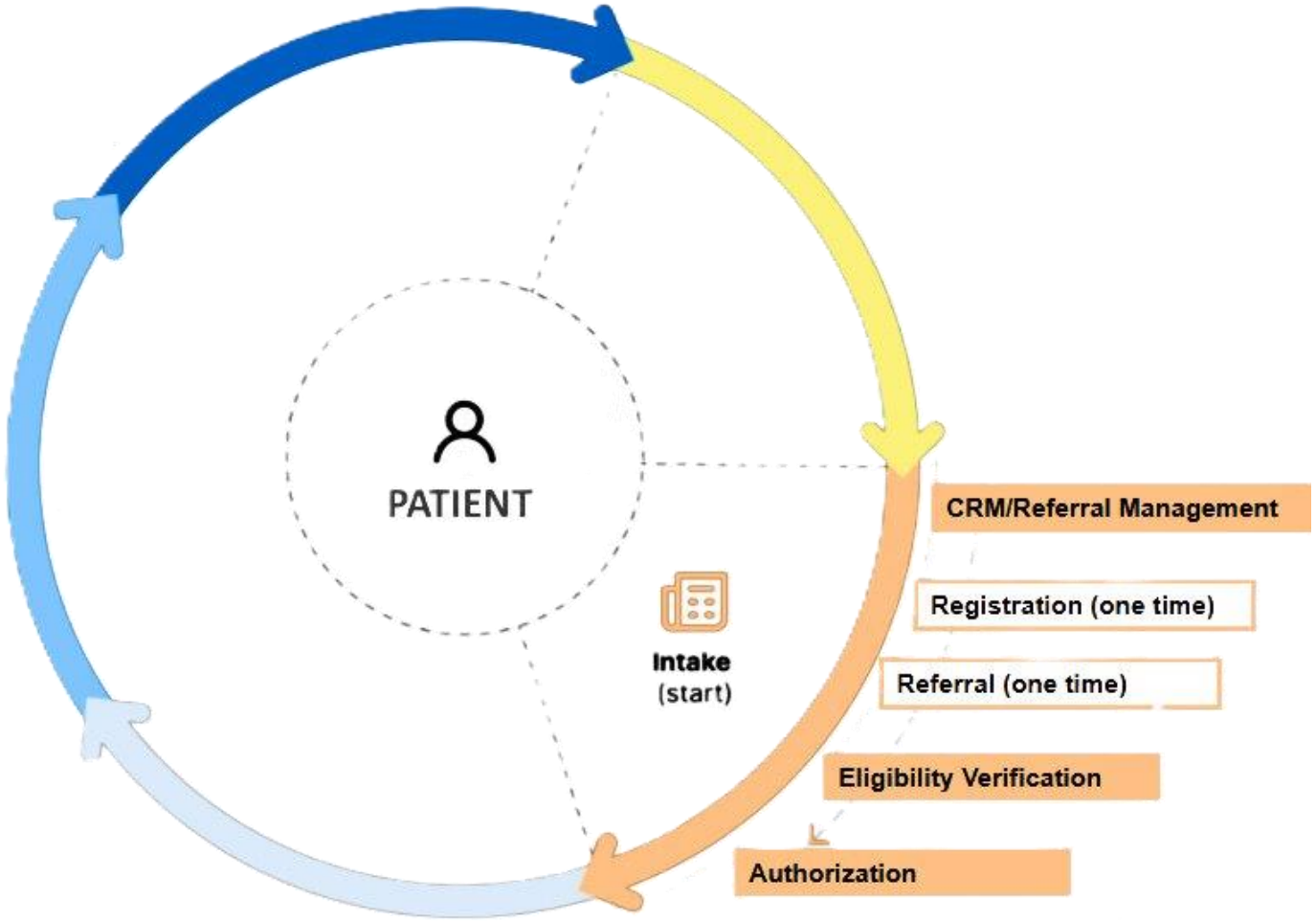
# Eligibility Verification: When

- Referral
- Admission/Start of Care
- Ongoing (at least 2x per month)
- Open Enrollment Periods



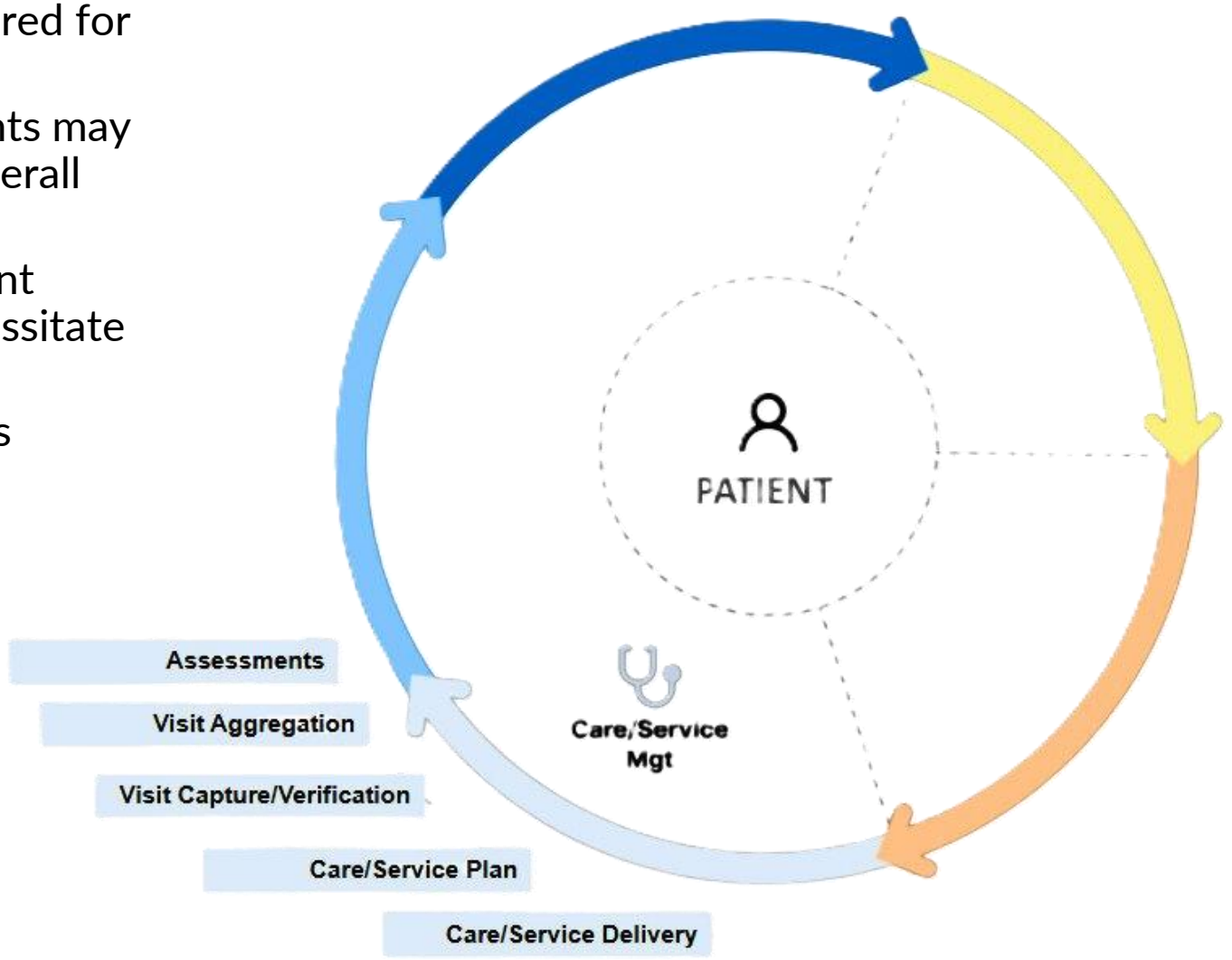
# Authorizations

- Know when required
- Understand services & diagnoses included
- Monitor Utilization & Redetermination Dates
- Monitor proper level of Authorization



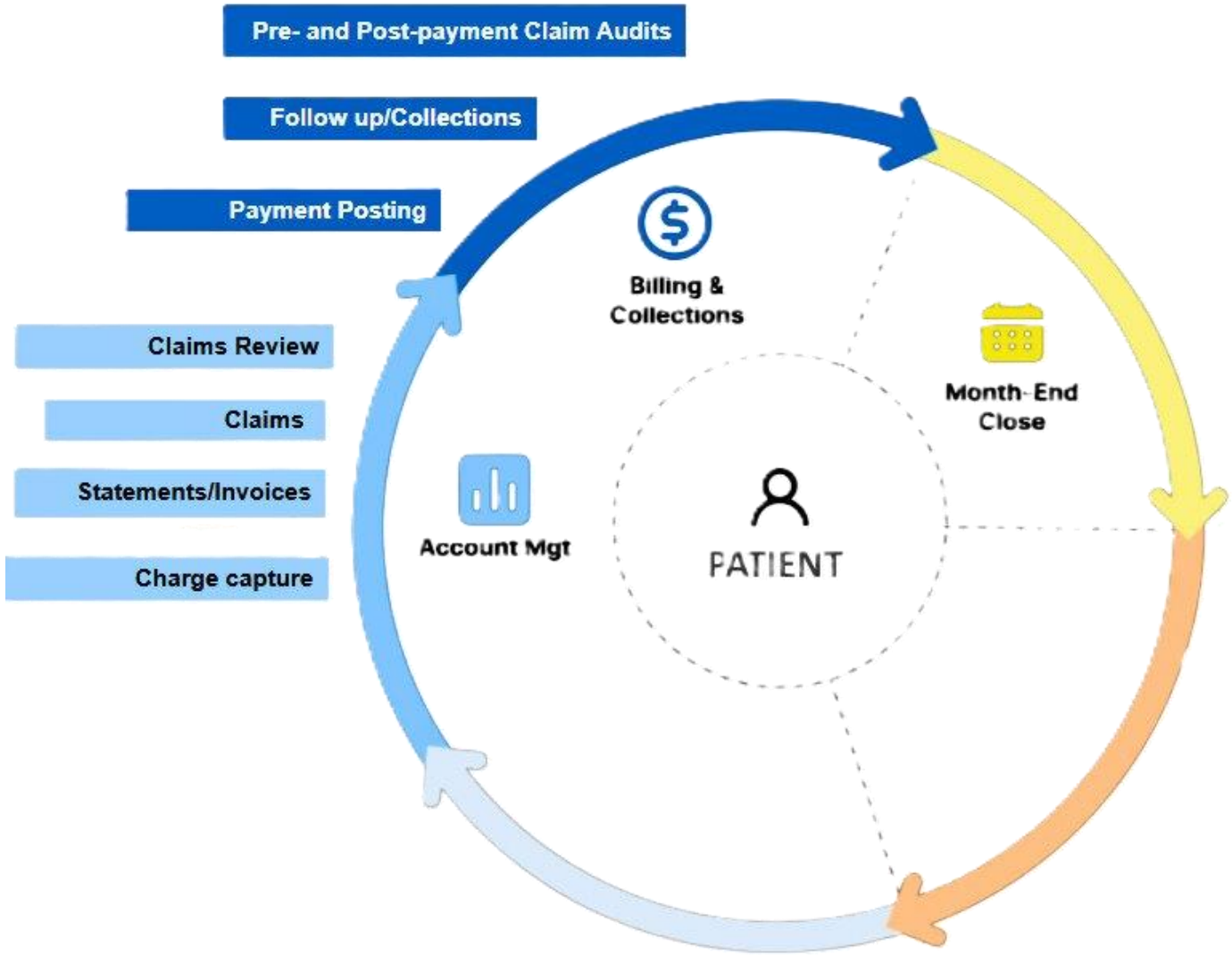
# Care/Service Management & Coordination

- Documentation may be required for payment
- Documentation & Assessments may impact rates (directly or in overall FFS rate calculations)
- Can identify changes in patient status/level of care that necessitate changes in authorization
- Value Based Payment Models



# Billing Basics

- Claim Form
- Claim population rules/requirements
- Electronic Billing
- Timely Filing Limits (New & Adjustment Claims)

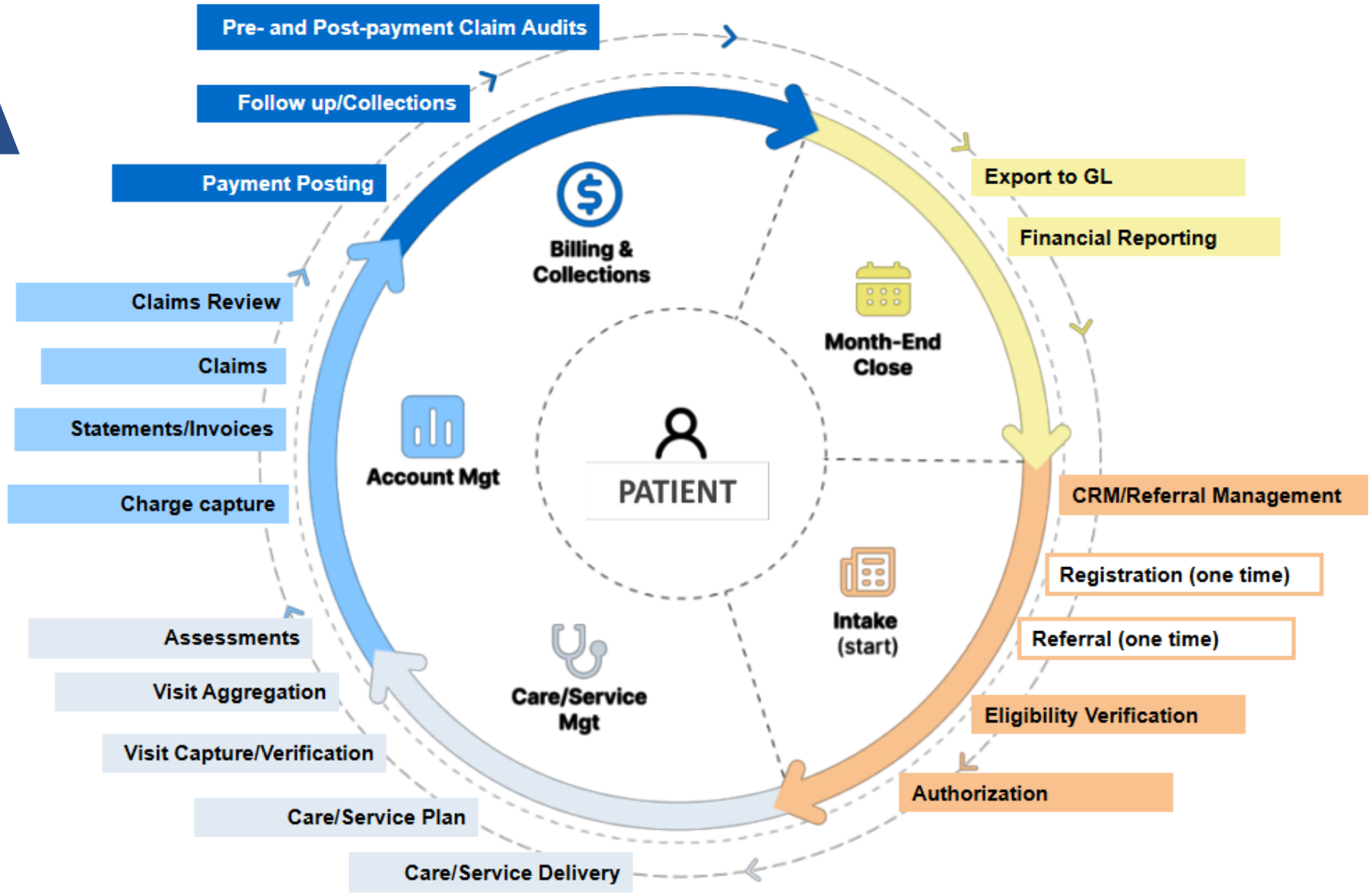


# Maximize Cashflow

Know the Claims Processing/Adjudication Timelines for predominant payers

**15-Day Claim Processing Timeline**


# Q&A



# Thank You!