



## Top 5 Game Changes to Improve A/R and Increase Revenue

### Be S.M.A.R.T.

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# CPa Medical Billing Company

- Established in 2001, CPa Medical Billing is a privately owned and operated company located in Branford, CT (just outside of New Haven, CT).
- Services range from consulting to stand alone electronic claims submission to full practice management including EHR and A/R recovery.
- Created to be a customer service oriented alternative to the big national billing services.
- Our clients range from small, one provider offices, to large medical groups with 100+ providers.
- Our team has extensive experience billing for multiple specialties.
- In 2016, CPaMB has performed billing for 200+ providers, including specialties from Internal Medicine, Family Practice, Pediatrics, Cardiology, Orthopaedics, Podiatry, Dermatology, Behavioral Health, Dental, Physiatry, Chiropractic, Physical Therapy and more .....

# CPaMB Mission Statement

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At CPa Medical Billing our mission is to provide clients premier revenue cycle services focused on medical billing, clean claim submissions and ultra fast reimbursement through extraordinary billing services, innovative software technology, and best in class customer service while adhering to our principles of honesty, integrity, ethics and compliance.

# Carmen Pascarella

## **Carmen Pascarella, CPC – President**

Carmen has 20+ years in health care management in various roles of medium to large multi-specialty groups. Most recently, he served as CFO to a large multi-specialty group for 7 years where he helped create a seamless and virtually paperless medical billing system, while bringing the practice to a profitable status. Carmen's expertise includes medical billing management, purchasing, third party contract negotiations and overall practice financial management. Throughout his career, he has focused on creating flexible, high performance environments that deliver lower costs while improving productivity, quality, staff morale and customer satisfaction. Carmen is an expert in deploying technology and management resources to support medical practices that thrive even in today's challenging conditions. He holds an accounting degree from Bentley University and is a Certified Professional Coder through the AAPC.

- 17+ years of Centricity end user experience
- Early adapter for CPS2006
- Served as a GE customer end user task force for 4/5 years.

# Revenue Cycle Management & CPS

The definition of **Revenue Cycle Management** in healthcare is the process of managing and maximizing your practices revenue; from scheduling, registration & claims processing, to payment processing and denial management; and everything in between.

There are many vital pieces to maximizing a practices revenue and Centricity Practice Solutions helps in many areas if fully utilized. We will look at several areas (Be SMART):

**S**etup

**M**aximizing Charge Revenue

**A**utomation/Utilization of CPS

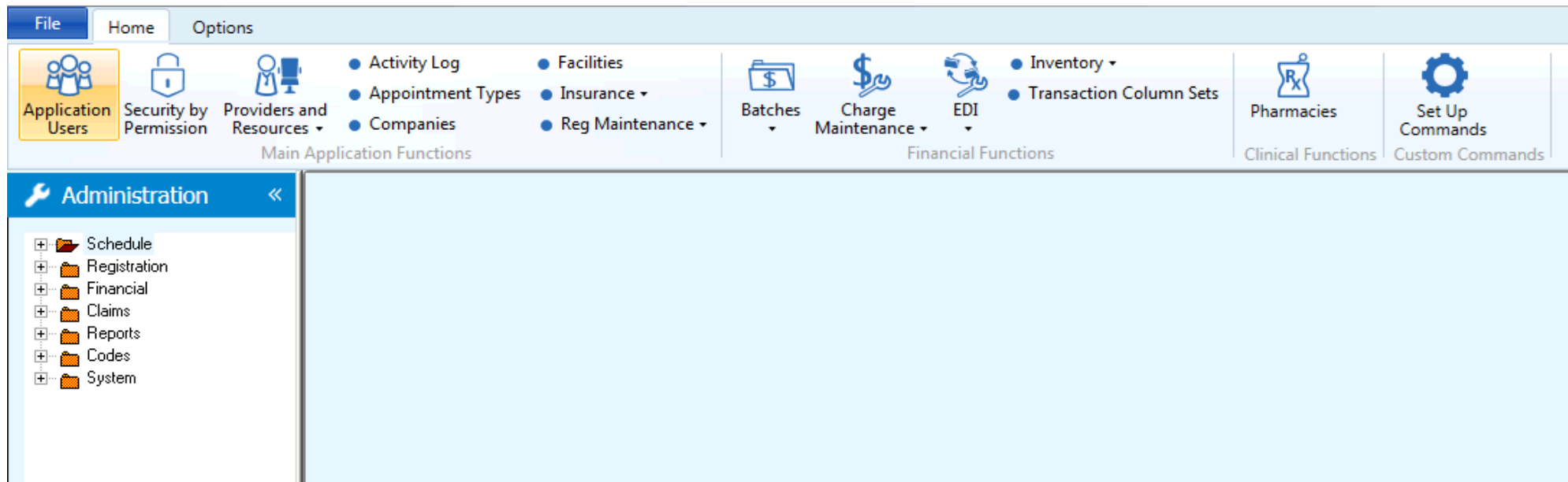
**R**esources available in CPS

**T**imeliness

# Revenue Cycle Management & CPS

## Setup

System setup is critical to keeping accounts receivable clean and cash flow positive. Review all setup to make sure CPS is being optimally utilized.



# Revenue Cycle Management & CPS

## **S**etup (Cont'd)

The obvious – Companies, Facilities, Insurance, Providers/Resources, etc.....

**Procedures/ Fee Schedules** – Strategic Pricing. Review fee schedules regularly. Be sure your fees are maximizing your revenue. “\$0” contractual adjustments should NEVER be seen.

**Quick Notes** – Quick Notes provide an easy method for defining commonly used text that can be linked to a transaction (for example, an adjustment, transfer, or payment) in Payment Entry. You can also print these notes on statements.

**Visit Owner** – You can create a category identification that you can then assign to a visit for sorting purposes in addition to other criteria. Setup using Claim Adjustment Reason Codes. For complete list, see <http://www.wpc-edi.com/reference/>.

# Revenue Cycle Management & CPS

## **M**aximize Charge Revenue

Scrubbing all charges prior to claims being released daily will help maximize revenue as well as minimize the time you wait for revenue to be received. **A clean claim is a paid claim.**

- Utilizing Charge Management. Charge Management in CPS allows the flexibility to review and scrub your charges in many different ways. Whether you sort by batch, CPT code, DX code, or patient, your charge entry staff can easily review and scrub claims prior to submission.
- Centricity EDI Hosted Claims Manager™ is a rules-based, front-end clinical editing tool that allows you to review claims before submission. Hosted Claims Manager offers database editing functionality and a flexible rules engine that applies your customized rules to payer-specific contracts before claim submission, helping to reduce claim denials, shorten the accounts receivable cycle and increase the timeliness of collections.



# Revenue Cycle Management & CPS

## Automation/Utilization of CPS

- Insurance Card readers
- Automated Visit Reminders (phone, email, text)
- Electronic Charge Capture (from CPS EMR or outside EMR)
- Electronic Statement and Online Bill Pay
- Centricity EDI

# Revenue Cycle Management & CPS



## Reporting in CPS

### Date of Entry vs Date of Service

- Date of Entry → Accounting Reports
- Date of Service → Management Reports

# Revenue Cycle Management & CPS

## Our Favorite “Canned” Reports

Reimbursement Summary – Financial Folder - Run by Financial Class, Insurance Carrier, Insurance Group or Department

The screenshot displays a software interface for report configuration. On the left, a tree view shows a folder named 'Financial' containing various reports. A green arrow points from the text 'Reimbursement Summary – Financial Folder' to the 'Reimbursement Summary' report in the list. On the right, the configuration panel for the selected report is shown. It includes fields for 'Resource', 'Provider', 'Facility', 'Company', 'Insurance', 'Insurance Carrier', and 'Insurance Group'. There are radio buttons for 'Exclude' (selected), 'Selection', 'All', 'Carrier', and 'Group'. There are also radio buttons for 'Date of Service' (selected), 'Date of Entry', 'None', 'First Page', and 'Separate Page'. A 'Group by' dropdown menu is set to 'Financial Class'. There are also 'From Date' and 'To Date' input fields.

# Revenue Cycle Management & CPS

## “Canned” Reports - Reimbursement Summary (cont’d)

The Reimbursement Summary report tracks charge, payments, and adjustments by Department, Financial Class, or Insurance Carrier/Group. It tracks the total charges and provides patient/insurance allocation, patient/insurance payments, patient/insurance adjustments, and collections percentages. Charges are included on the report based on the batch entry date. Any transactions applied to those charges are included, regardless of their entry date.

This report is useful as an overall summary of how your office was paid by patients and insurance carriers during a specified time frame. It is also useful in specifically determining how services for a specific department, financial class, or insurance carrier/group that were billed during a specific date range have been paid to date.

Note: Only charges on the Reimbursement Summary report will balance to other Financial Summaries. Transactions will not, because of the way transactions are included. Deposits are not included in this report, since they are not allocated to specific charges.

# Revenue Cycle Management & CPS

“Canned” Reports - Daily Financial Summary – Financial Folder - Run by Date of Entry

The screenshot displays a software interface for report configuration. On the left, a tree view under 'Reports' shows the 'Financial' folder expanded, with 'Daily Financial Summary' selected. On the right, configuration options are shown:

- Provider: [Text Field]
- Facility: [Text Field]
- Group By: [none] (dropdown)
- Date:  Date of Service,  Date of Entry
- From Month: [Text Field]
- To Month: [Text Field]
- Footer: [Text Field]
- Criteria:  None,  First Page,  Separate Page

Green arrows point from the text above to the 'Daily Financial Summary' report in the tree and the 'Date of Entry' radio button.

# Revenue Cycle Management & CPS

## “Canned” Reports - Daily Financial Summary (cont’d)

The Daily Financial Summary report provides a daily summary of the charges, payments, and adjustments for specified months. You can use it to examine charges and collections by doctor, facility, or both on a daily basis. In addition, company, user, and batch information can be viewed on this report.

This report only lists a summary total for charges, payments, and adjustments on the days within the month range you specify, along with the beginning and ending accounts receivable. It does not list detailed information for patients and their visits.

This summary of transactions is useful as a quick balancing tool for the total daily transactions. The Payments column represents net payments (including negative transactions). This report is designed to closely correspond to bank statement totals.

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# Revenue Cycle Management & CPS

“Canned” Reports - Aging by Financial Class – Accounts Receivable Folder - Run by Date of Service or Date of Entry

The screenshot displays a software interface for configuring reports. On the left, a tree view shows the 'Reports' folder expanded to 'Accounts Receivable', with 'Aging by Financial Class' selected. On the right, a configuration panel includes the following fields and options:

- Company: [Text Input]
- Facility: [Text Input]
- Provider: [Text Input]
- Age: (all) [Dropdown]
- Group by: (none) [Dropdown]
- Date Type:  Date of Service  Date of Entry
- End Date: today [Text Input]
- Show percentages
- Footer: [Text Input]
- Criteria:  None  First Page  Separate Page

# Revenue Cycle Management & CPS

## “Canned” Reports - Aging by Financial Class (cont’d)

The Aging by Financial Class report lists accounts receivable for patient and insurance balance totals by financial class. The totals are separated by aging category. The difference between this report and the Procedure Date Aging by Financial Class report is that this report takes all account activity (for example, balance forwards and transferred balances) into consideration when aging the balances. The Procedure Date Aging by Financial Class report ages based on the Date of Service/Date of Entry of the procedures only and does not restart based on other account activity.

This report is useful in analyzing what financial classes generate the highest percentage of accounts receivable and where those figures fall in the aging categories, which could assist in collections efforts or financial planning for your office. Specifically, this report could be used to analyze negotiated contracts with various insurance carriers according to their assigned financial class. The Aging by Financial Class report could also be used to market your practice to desired financial classes that may not be represented at the desired level within the accounts receivable.



# Revenue Cycle Management & CPS

If you can't find a report that meets your need in CPS, it CAN be written.

Our Favorite report in our database was written for us. Below shows the criteria and the report.

The screenshot displays a software interface for report selection and search. On the left, a tree view shows a hierarchy of reports under the 'CPa Medical' folder. The right side contains search criteria fields.

Field	Value
From Date	
To Date	
Provider	
Facility	
Company	
Group By	(none)

**Reports List:**

- Reports
  - Accounts Receivable
  - Active
  - Administrative
  - Collections
  - Component Specific
  - CPa Medical
    - Adjustments Summary
    - Billing Status Analysis Expanded
    - Copy Response Processor Settings
    - Custom CPA Patient Balance Report
    - Financial Summary By Financial Class
    - Monthly Financial Summary
    - Staff Productivity Log
    - Top 100 Diagnosis Codes
    - Total Patients Seen by Provider by Ledger

# Revenue Cycle Management & CPS

	<u>Charges</u>	<u>Payments</u>	<u>Adjustments</u>
Aetna	\$19,224.00	\$12,111.30	\$7,876.64
BCBS	\$66,476.00	\$43,050.18	\$28,881.98
Cigna	\$32,508.00	\$20,610.92	\$14,316.79
Commercial	\$5,915.00	\$5,110.07	\$2,969.19
Connecticare	\$25,917.00	\$17,643.17	\$11,285.39
Medicare	\$56,140.00	\$29,614.31	\$30,629.35
Self Pay	\$2,726.00	\$3,216.05	\$402.65
United Health Care	\$6,370.00	\$5,187.45	\$2,182.19
	<u>\$215,276.00</u>	<u>\$136,543.45</u>	<u>\$98,544.18</u>

This data shows us on a monthly basis if problems are on the forefront. The data is accumulated in a spreadsheet for trending analysis.

# Revenue Cycle Management & CPS

GROSS CHARGES - 2016									
Financial Class	January	February	March	April	May	June	July	Totals	% of Total
Aetna	\$1,275	\$975	\$3,950	\$7,026	\$2,815	\$4,020	\$1,220	21,281	3.0%
Blue Cross	46,636	49,749	53,356	42,610	42,764	47,923	27,055	310,093	43.3%
Harvard Pilgrim	16,728	19,082	21,006	13,914	16,023	17,806	12,114	116,673	16.3%
Medicare	6,825	9,280	7,325	8,275	6,925	8,225	9,580	56,435	7.9%
Tufts	15,485	14,289	15,030	11,563	13,572	14,641	11,081	95,661	13.4%
United Health Care	13,423	8,909	10,033	10,448	10,135	10,609	3,675	67,232	9.4%
<b>Monthly Totals</b>	<b>\$106,538</b>	<b>\$105,990</b>	<b>\$121,647</b>	<b>\$101,138</b>	<b>\$96,880</b>	<b>\$110,815</b>	<b>\$73,065</b>	<b>716,073</b>	
% Change from last yr									
Payments - 2016									
Financial Class	January	February	March	April	May	June	July	Totals	
Aetna	\$282	\$1,198	\$326	\$1,090	\$1,937	\$1,367	\$982	7,182	1.9%
Blue Cross	17,644	22,826	29,599	24,214	24,401	18,192	17,524	154,400	39.9%
Harvard Pilgrim	14,299	8,048	17,146	11,818	11,275	9,717	11,793	84,096	21.7%
Medicare	2,541	2,228	3,552	2,518	3,501	2,688	2,287	19,315	5.0%
Tufts	10,601	6,675	12,102	10,038	6,270	8,328	8,864	62,878	16.3%
United Health Care	3,898	7,000	4,561	4,112	7,513	4,750	5,169	37,003	9.6%
<b>Monthly Totals</b>	<b>\$50,681</b>	<b>\$50,012</b>	<b>\$72,223</b>	<b>\$58,409</b>	<b>\$58,424</b>	<b>\$47,501</b>	<b>\$49,470</b>	<b>386,720</b>	
% Change from last yr									
CONTRACTUAL ADJUSTMENTS/WRITE-OFFS - 2016									
Financial Class	January	February	March	April	May	June	July	Totals	
Aetna	\$942	\$3,241	\$654	\$2,551	\$4,741	\$1,964	\$2,586	16,679	5.1%
Blue Cross	18,601	19,788	29,456	22,486	25,903	16,855	15,911	149,000	45.3%
Harvard Pilgrim	7,148	3,488	6,772	4,322	5,334	3,993	4,628	35,685	10.8%
Medicare	5,798	3,191	6,619	4,677	6,117	5,328	4,099	35,829	10.9%
Tufts	5,857	4,501	5,348	5,834	3,289	4,195	4,137	33,161	10.1%
United Health Care	5,129	6,406	4,608	5,195	5,962	4,474	4,138	35,912	10.9%
<b>Monthly Totals</b>	<b>\$45,078</b>	<b>\$42,362</b>	<b>\$60,053</b>	<b>\$49,595</b>	<b>\$54,650</b>	<b>\$39,937</b>	<b>\$37,522</b>	<b>329,197</b>	

# Revenue Cycle Management & CPS

A/R Adjustment - 2016								
Financial Class	January	February	March	April	May	June	July	Totals
Aetna	\$51	(\$3,464)	\$2,970	\$3,385	(\$3,863)	\$689	(\$2,348)	(2,580)
Blue Cross	\$10,391	\$7,135	(\$5,699)	(\$4,090)	(\$7,540)	\$12,876	(\$6,380)	6,693
Harvard Pilgrim	(\$4,719)	\$7,546	(\$2,912)	(\$2,226)	(\$586)	\$4,096	(\$4,307)	(3,108)
Medicare	(\$1,514)	\$3,861	(\$2,846)	\$1,080	(\$2,693)	\$209	\$3,194	1,291
Tufts	(\$973)	\$3,113	(\$2,420)	(\$4,309)	\$4,013	\$2,118	(\$1,920)	(378)
United Health Care	\$4,396	(\$4,497)	\$864	\$1,141	(\$3,340)	\$1,385	(\$5,632)	(5,683)
<b>Monthly Totals</b>	<b>\$10,779</b>	<b>\$13,616</b>	<b>(\$10,629)</b>	<b>(\$6,866)</b>	<b>(\$16,194)</b>	<b>\$23,377</b>	<b>(\$13,927)</b>	<b>156</b>
Percent Collection - 2016								
Financial Class	January	February	March	April	May	June	July	Totals
Aetna	23.0%	27.0%	33.3%	29.9%	29.0%	41.0%	27.5%	30.1%
Blue Cross	48.7%	53.6%	50.1%	51.9%	48.5%	51.9%	52.4%	50.9%
Harvard Pilgrim	66.7%	69.8%	71.7%	73.2%	67.9%	70.9%	71.8%	70.2%
Medicare	30.5%	41.1%	34.9%	35.0%	36.4%	33.5%	35.8%	35.0%
Tufts	64.4%	59.7%	69.4%	63.2%	65.6%	66.5%	68.2%	65.5%
United Health Care	43.2%	52.2%	49.7%	44.2%	55.8%	51.5%	55.5%	50.7%
<b>Monthly Totals</b>	<b>52.9%</b>	<b>54.1%</b>	<b>54.6%</b>	<b>54.1%</b>	<b>51.7%</b>	<b>54.3%</b>	<b>56.9%</b>	<b>54.0%</b>

# Revenue Cycle Management & CPS

## T

imeliness

- Timely Filing – Should never happen. Scrub and submit claims daily.
- Review your billing Criteria. Ticket statuses should be reviewed daily.
  - Good Status –Filed Succeeded, Paid
  - Bad Status require constant review – New, In Progress, Sent, Batched, Approved, Approved Failed, Filed Rejected
- Process your Remittances daily, including your Denials and \$0 EOBs.
  - Critical so that any rejections can be worked within any timely filing deadlines. Utilize Owner Codes as Claim Adjustment Reason Codes (CARC) that we discussed in Setup. Billing Criteria allows you to pull your rejections by owner or (CARC) for easy processing and for resubmission.

# Revenue Cycle Management & CPS

## ➤ Utilize Billing Criteria!!

Billing Criteria allows you to pull and sort tickets/claims with insurance balances for any given period of time.

Filter by Insurance Group, Insurance Carrier or many other criteria.

Work in your 30 – 90 day window. KEEP it clean.

When 30 – 90 day window is complete, review everything else.

The screenshot shows a 'Billing Criteria' dialog box with the following fields and options:

- Patient:** (all) [dropdown]
- Guarantor:** (all) [dropdown]
- Ticket #:** [text input]
- Status:** (all) [dropdown]
- Claim Status:** (all) [dropdown]
- Financial Class:** (all) [dropdown]
- Resp. Provider:** (all) [dropdown]
- Resource:** (all) [dropdown]
- Facility:** (all) [dropdown]
- Company:** (all) [dropdown]
- Owner:** (all) [dropdown]
- Minimum Visit Balance:** [text input]
- Minimum Visit Insurance Balance:** [text input]
- Minimum Visit Patient Balance:** [text input]
- Minimum Visit Deposit:** [text input]
- Date:** From 09/26/2016 To 09/26/2016
- Date Selection:**  Visit  Entered  Last Filed  All
- Filing Method:**  All  Paper  None  Electronic
- Method:** (all) [dropdown]
- Current Carrier:**  All  Secondary  Primary  Other
- Insurance Carrier:** (all) [dropdown]
- Insurance Group:** (all) [dropdown]
- Show hidden new visits
- Include only visits awaiting unretrieved charges
- Buttons:** Reset, OK, Cancel

# CPaMB White Paper

CPa Medical Billing (CPaMB) was brought into Client to assist with their revenue cycle management. The client was in financial despair with only 9 days cash on hand, a ballooning Accounts Receivable, and an internal billing department which had fallen months behind with charge entry and payment and denial entry. After two months of consulting, CPaMB was asked to take over the entire revenue cycle management piece for the client.

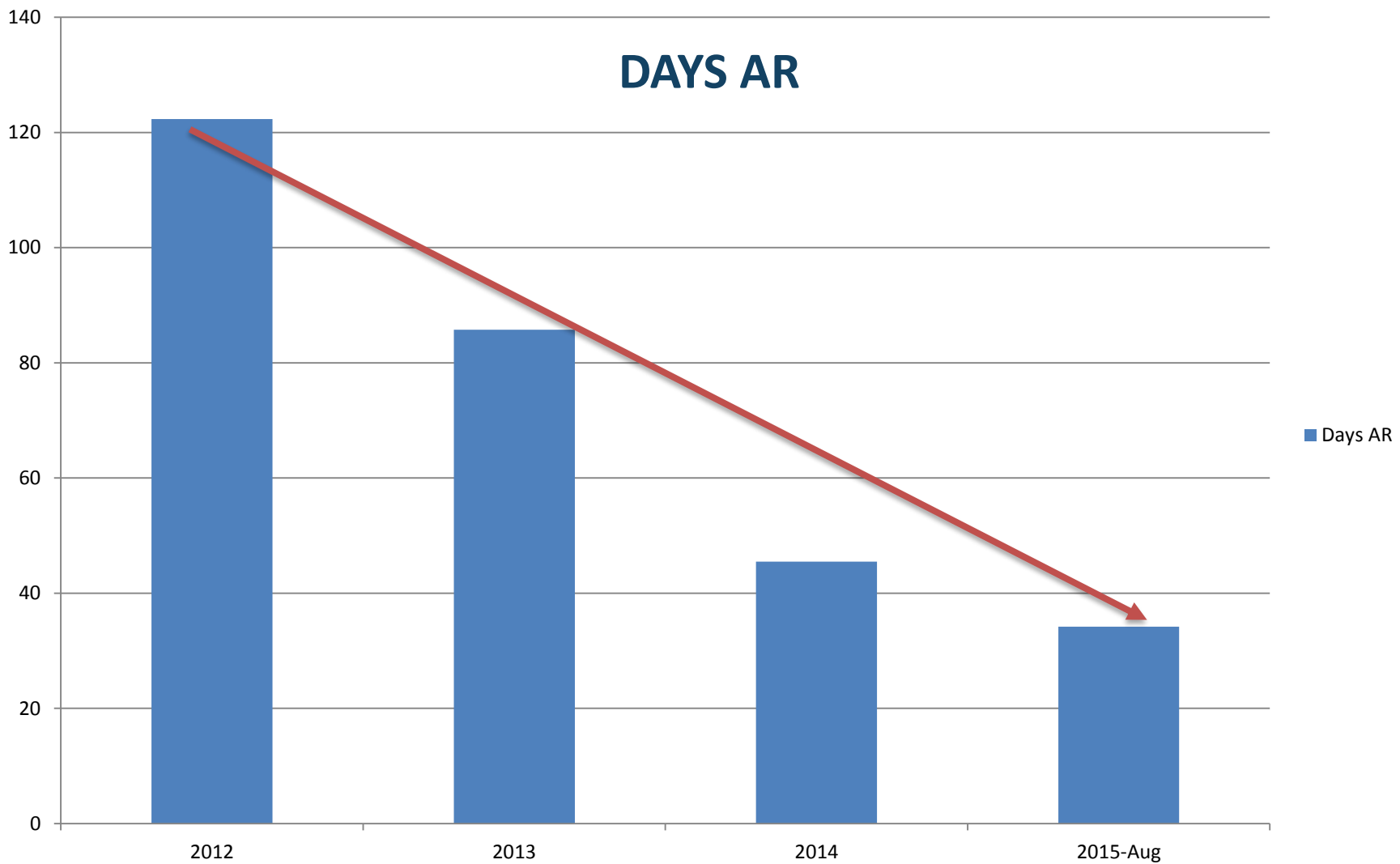
CPaMB's initial findings included (but not limited to):

- Poor workflow processes for electronic capture of charge entry
- Delay in remit payment and denial postings
- Lack of A/R follow-up
- Credentialing issues with many third party payers
- Referral/Prior Authorization issues for many services
- Provider signoff of office notes and billing charges

CPaMB's knowledge of the GE Centricity Practice Solution (CPS) along with an experienced billing staff has made dramatic improvements in most processes. Some of these include:

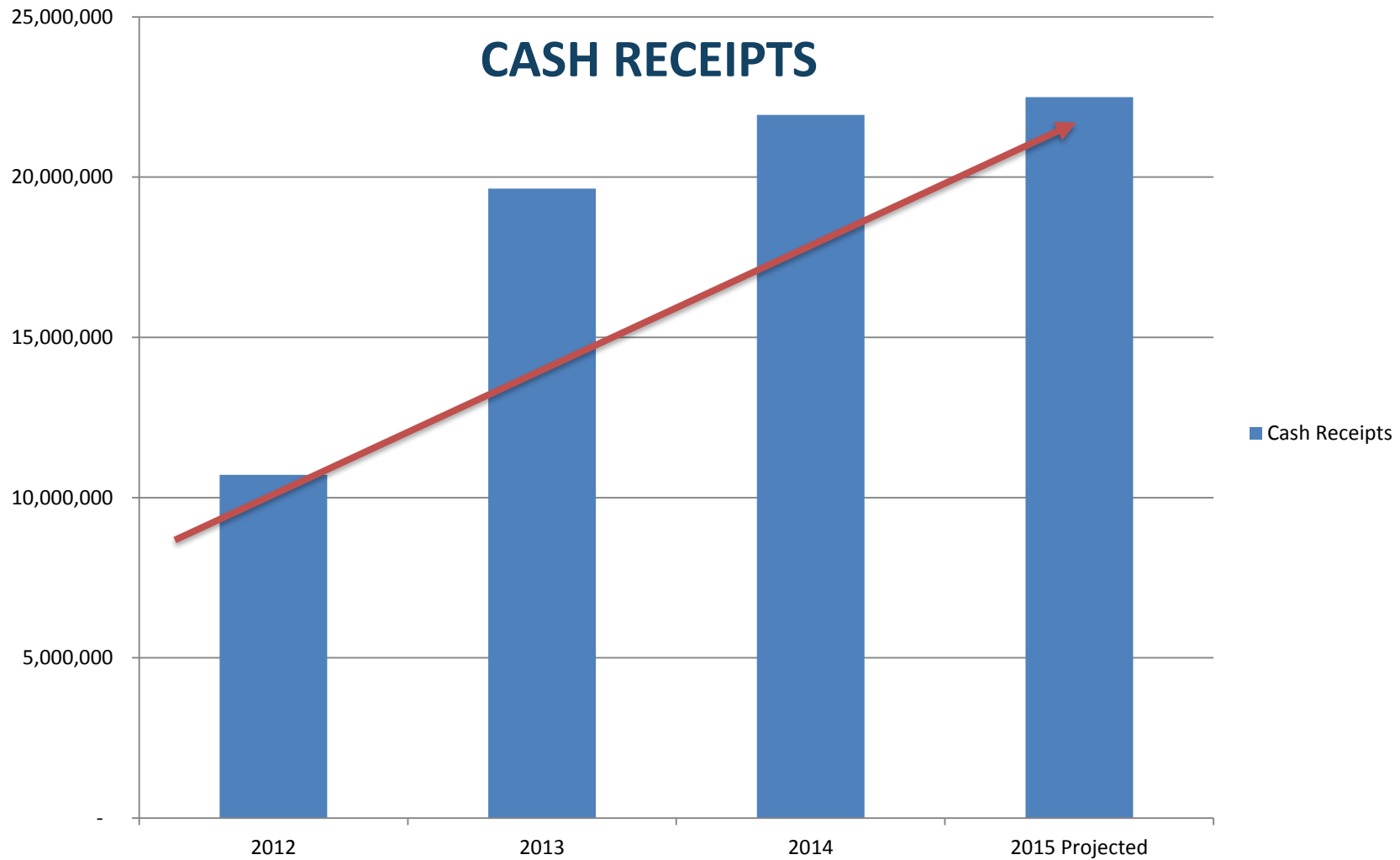
- 95% of all charges are captured within 48 hours
- Remit payment and denial postings are processed daily
- Any denials/rejections are reviewed within 24 hours of receipt
- Worked with provider staff around getting referrals and prior authorizations resulting in great improvements

# CPaMB White Paper

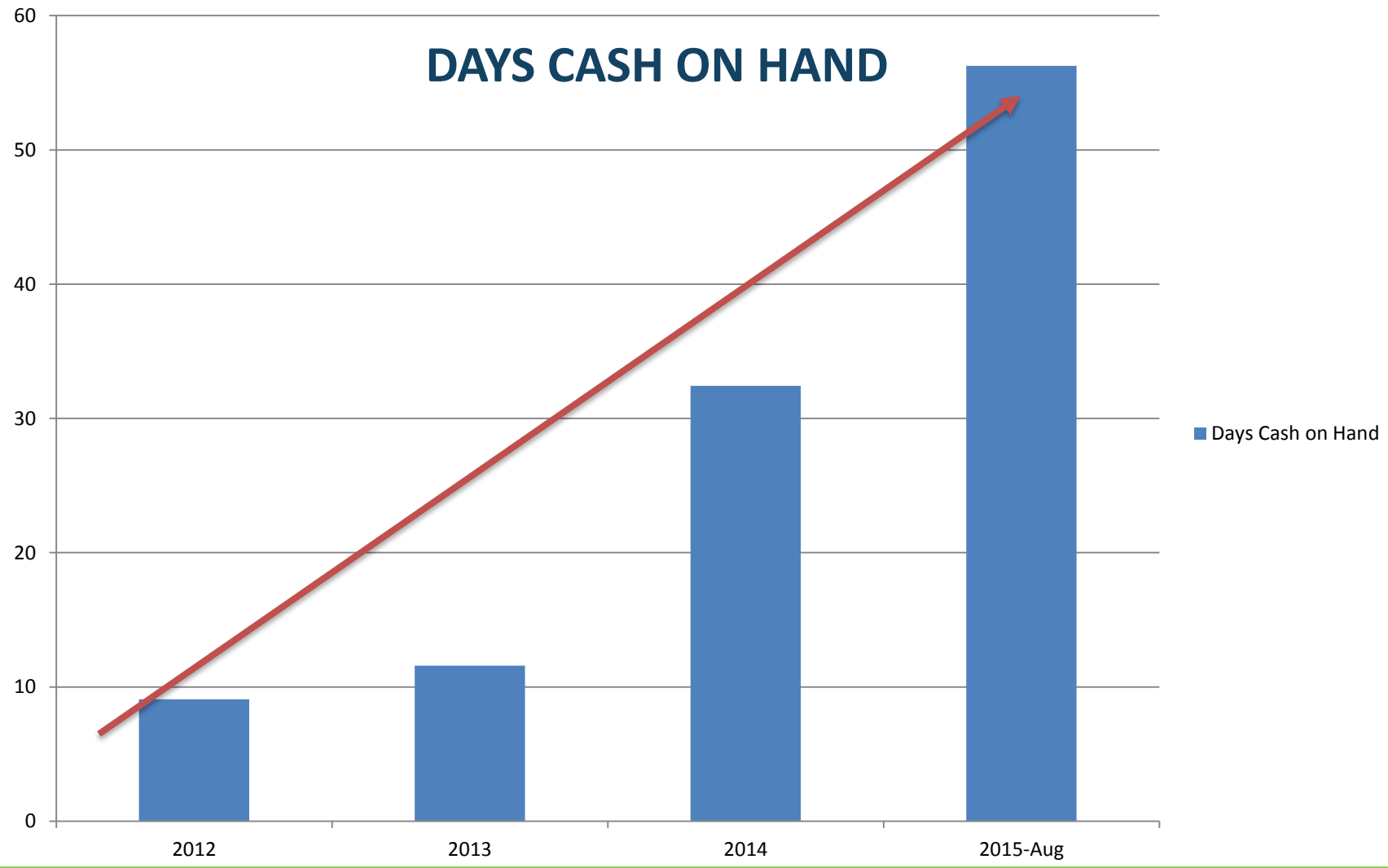




# CPaMB White Paper



# CPaMB White Paper



# Financial Summary for Success Story

	Before CPaMB	With CPaMB	Improvement
Days AR	122 days	34 days	↑259%
Cash Receipts	10.7 Million	22.5 Million	↑110%
Days Cash on Hand	9 days	56 days	↑520%

Our commitment to providing high quality, detail oriented, customer friendly services, has resulted in a dramatic improvement in cash flow, a reduced accounts receivable, and the ability to stabilize the financial health of the organization. Furthermore, the practice was able to eliminate significant administrative/billing space reducing overhead cost while also eliminating staffing HR issues (Hiring, training, payroll, sick days, etc.).

CPaMB has become the offsite Billing Department for this FQHC and a true partner in assuring success for the practice.

# QUESTIONS

