

Net Revenue Matters



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National Blood Donor Month

National Glaucoma Awareness Month

Glaucoma is an eye disease that causes optic nerve damage. The optic nerve carries images from the retina, which is the specialized light sensing tissue, to the brain so we can see. The damage to the optic nerve causes vision loss. Glaucoma progresses slowly, and in the early stages of the disease there may be no symptoms. Experts estimate that half of the people affected by glaucoma do not know they have the disease. Without early detection and treatment, glaucoma can lead to blindness. Glaucoma remains one of the leading causes of blindness in the world today.

While anyone can develop glaucoma, some groups of people are at a higher risk than others. Glaucoma is more likely to occur in African-Americans and Hispanics than in Caucasians. People with diabetes and people with a family history of glaucoma are also at a higher risk of developing glaucoma.



The University of Michigan Kellogg Eye Center lists the following important risk factors:

- ✓ Age
- ✓ Elevated eye pressure
- ✓ African ancestry
- ✓ Hispanic ancestry
- ✓ Thin cornea
- ✓ Family history of glaucoma
- ✓ Nearsightedness
- ✓ Past injuries to the eyes
- ✓ Steroid use
- ✓ History of severe anemia or shock

Glaucoma cannot be cured, but can be controlled. Early diagnosis and treatment is the key to preventing vision loss due to glaucoma. Medicare offers a comprehensive glaucoma screening for Medicare beneficiaries at high risk for the disease. Medicare provides coverage of an annual glaucoma screening for

beneficiaries in at least one of the following high-risk groups:

- Individuals with diabetes mellitus
- Individuals with a family history of glaucoma
- African-Americans age 50 and older
- Hispanic-Americans age 65 and older

A covered glaucoma screening includes a dilated eye examination with an intraocular pressure (IOP) measurement and a direct ophthalmoscopy examination or a slit-lamp biomicroscopic examination.

The following Healthcare Common Procedure Coding System (HCPCS) codes are used to report glaucoma screening services:

- G0117, Glaucoma screening for high-risk patients furnished by an optometrist (physician for Carrier) or ophthalmologist
- G0118, Glaucoma screening for high-risk patients furnished under the direct supervision of an optometrist (physician for Carrier) or ophthalmologist
- The type of service (TOS) code to report with the HCPCS G codes is TOS Q.

The beneficiary must be a member of one of the high-risk groups mentioned to receive a Medicare-covered glaucoma screening. Providers bill for glaucoma screening using the screening (V) diagnosis code of V80.1, Special screening for neurological, eye, and ear disease, glaucoma). For further guidance, contact your Medicare contractor.

Additional Information

To view the Glaucoma Screening Brochure, visit:

<http://www.cms.hhs.gov/MLNProducts/downloads/glaucoma.pdf>

For more information about glaucoma, visit The National Eye Institute:

<http://www.nei.nih.gov/index.asp>

For more information about National Glaucoma Awareness Month, please visit:

<http://www.preventblindness.org/>

Denial Management... How Do You Rate?

Do you know your facility's denial rate? Although industry best practice levels for denial rates differ by source, a range of 5-15% can be considered good, 16-25% average, and denial rates greater than 26% can be considered poor.



What about your facility's denial recovery rate? How is your facility performing when recovering and managing denials? A denial recovery rate greater than 50% can be considered good.

Denial and denial recovery rates may vary by facility, but most facilities find that denials are a significant source of lost revenue. In today's world of limited reimbursement, it is not enough to simply correct and resubmit denied claims. Denials must be tracked, trended, and managed. The root causes of denials must be identified and front-end solutions implemented.

Managing denials can be complex, yet successful denial management is critical to the financial health of a hospital. So how can RMDs manage denials? Below are five steps to get started with the help of the IRM Managed Care Software application.

1. First, denials must be tracked. All denials can be entered into IRM's Managed Care Software application. This allows for aggregate denial information to be stored in a central location. The detail information for each denial should be entered into the database, including a denial reason.
2. Denials must be analyzed and trended. The IRM Managed Care Software application facilitates analysis of denials by providing reports with various views or sorts of the data. The database reports include, but are not limited to the following:
 - a) Denials by reason
 - b) Denials by insurance
 - c) Denials by physician

3. Identify areas for improvement. To get started, determine the top five denial reasons by number of denials and denial amount. This will influence where resources should be directed to provide education and improve processes.
4. Involve the appropriate staff. Various facility staff must be involved to successfully improve the denial and denial recovery rate. Many facilities find it helpful to create a denial management team or committee. Although the team's members may change as the need arises, representatives from Health Information Management, Registration/Patient Access, Case Management, Nursing, and the Business Office are a must for any denial management team.
5. Share the data and educate. The collection of denial data will lead to a wealth of denial information. It is crucial to share this information with department heads/directors. Once departments begin receiving reliable denial data, education can be focused in needed areas. Also, denial data specific to individual insurance carriers can be valuable information for the Managed Care Department, especially during contract negotiations.

RMDs continue to search for lost revenue, and much can be found in denials. Just remember: In order to maintain a strong denial and denial recovery rate, denials must be tracked, trended, and managed!

Success Stories of a Matured RMD: University Healthcare Completes \$10M Year!



For the RMD at University Healthcare in Augusta, GA, 2007 was a good year... a VERY good year. After year end calculations, the RMD brought in additional revenue of over \$10M – after expenses! The RMD was implemented in April 2004 and under the leadership of Bobbie McAdams, the team has matured, progressed, and continues to progress, in opportunities that benefit the hospital.

Bobbie McAdams credits IRM's CBR database with much of their success. The team utilizes the CBR database for more than just tracking Medicare - they also utilize it to track insurance plans and other projects for metrics tracking. Any account that is worked and results in a payment, or is expected to result in additional payment, is captured within the database. This method allows the RMD to follow accounts through observations and metrics which assists the auditors in staying focused. That focus and consistent use of tools available to them increases revenue. While data has been captured in the past, the use of the CBR database has made trending and reporting better.

A combination of process improvement, code-based reimbursement, and cash collections attributed to the phenomenal year, with cash collections being at the top of that list. For example, the month of March was just under \$1M for cash collections, with money coming in from managed care payment discrepancies and appeals, and more expected from the appeals process.

As cash collections have increased and contributed, process improvement projects have done so as well. Process improvement projects that the team worked through 2007 include: Labor and Delivery which added \$45,500 per month for 12 months; a one-time incident for \$38,000 in charges; a nursery charge captured in 2007 that nets out to \$34,000 and surgery pacemaker charges for \$117,000 per month which will continue to track into 2008. One-time finds and a change in charging practices due to process improvement projects can make a big difference as well.

Another major factor that all RMDs can take to the proverbial bank is that it pays to be a known and trusted department within your facility. Because the RMD at University Healthcare has become just that – a trusted department that gets the job done - they are working more accounts and a larger variety of projects than ever based on referrals from within. When trends are identified through their audits of medical records and bills, they immediately begin working with the impacted departments to review findings and move towards process improvement. These connections with other departments have proven to be very positive in that those departments now contact the RMD to assist with their projects related to services.

Along with continuing the successful trends that the RMD has in place, the team will be looking at process improvements related to denials in 2008. They have just purchased a denial software package and are very excited about being able to track and trend all denials. Never before have they been able to see this information and it is very powerful. They have already established denial workgroups to look at denials related to coordination of benefits and plan to implement another workgroup for pre-certification denials. This is just another example of a project that provides them an opportunity to continue working with departments on their front-end processes that will result in financial gain. 2008 is looking to be another successful year with even more projects and opportunities.

Congratulations to University for all their hard work and perseverance!

Best Practice Forum 2008 - Hotel Reservation Deadline Extended to January 21 - Reserve Now! Register Now!

With our Best Practice Forum just around the corner, please make your hotel reservations for the 2008 Best Practice Forum this week. The resort's deadline to guarantee the greatly reduced room rate has been extended to January 21. Please refer to IRM while making your reservations.

This year's Forum will be hosted at the Floridays Resort Orlando, in beautiful Orlando, Florida. Along with the PI Roundtable, speaking topics will include overcoming operational challenges during the RAC audit process, OIG compliance, Medicare bad debts, and managed care contracting. Brand new for this year will be the addition of the "CBR Academy Awards."

We are also pleased to have Gary Borgstede, author of "The Make It Happen Journey" join us this year to offer a session on the keys to building a high performing team. Along with Mr. Borgstede's speaking career and book writing, he is also the System Vice President for Ochsner Health System in

Louisiana.

Also joining us as the keynote speaker during the dinner reception is Robert Ramsey from Our Lady of the Lake Regional Medical Center in Baton Rouge, LA.

Our optional pre-forum workshops on February 19 are a not-to-be-missed day as well. Chris Martinelli and Kearstin Bradshaw from Intermountain Healthcare in Utah will be providing insights into their query processes for identifying missing charges; IRM's Kristi Stanton will be tackling how to make revenue happen through improved clinical documentation; and Greg Polley from Floyd Medical Center in Rome, GA will do a presentation on a creative way to turn around a service line. While these sessions are optional, they are sessions you will not want to miss!

The Forum outline for planning purposes is as follows:

Monday, February 18, 2008

Travel Day

Tuesday, February 19, 2008

Optional Pre-Forum Workshops

Welcome Dinner / Speaker

Wednesday, February 20, 2008

Full-Day Meeting

Thursday, February 21, 2008

½ Day Meeting

Friday, February 22, 2008

Travel Day

Visit our website for online client registration information or to download information regarding the resort or the agenda:

www.irminonline.com/news_bestpractice.htm

For any other questions or if you need assistance making arrangements with the resort, contact Jennifer Vansant at 760-448-1036.

We look forward to seeing you in sunny Orlando!

Client Corner

Code-Based Reimbursement Project Rollout and Forum Call Calendar for 2008

Continuing in 2008, IRM will present one CBR project per month developed specifically for the CBR analysts, CDM analysts, and RMD Directors. The complete 2008 schedule for project rollouts, topics, and forum discussion calls is as follows:

January 9, 2008

- Project Rollout, 11:30 a.m. Pacific
- Observation and One-Day Stays

January 30, 2008

- Forum Call, 11:30 a.m. Pacific

February 6, 2008

- Project Rollout, 11:30 a.m. Pacific
- Device Dependent APCs

February 27, 2008

- Forum Call, 11:30 a.m. Pacific

March 5, 2008

- Project Rollout, 11:30 a.m. Pacific
- Wound Care

March 26, 2008

- Forum Call, 11:30 a.m. Pacific

April 2, 2008

- Project Rollout, 11:30 a.m. Pacific
- Pain Management

April 23, 2008

- Forum Call, 11:30 a.m. Pacific

May 7, 2008

- Project Rollout, 11:30 a.m. Pacific
- Outpatient Orders (Compliance project)

May 28, 2008

- Forum Call, 11:30 a.m. Pacific

June 4, 2008

- Project Rollout, 11:30 a.m. Pacific
- Spine Surgery

June 25, 2008

- Forum Call, 11:30 a.m. Pacific

July 2, 2008

- Project Rollout, 11:30 a.m. Pacific
- Pathology

July 23, 2008

- Forum Call, 11:30 a.m. Pacific

August 6, 2008

- Project Rollout, 11:30 a.m. Pacific
- Brachytherapy

August 27, 2008

- Forum Call, 11:30 a.m. Pacific

September 3, 2008

- Project Rollout, 11:30 a.m. Pacific
- Moderate Sedation

September 24, 2008

- Forum Call, 11:30 a.m. Pacific

October 1, 2008

- Project Rollout, 11:30 a.m. Pacific
- Radiology Imaging

October 22, 2008

- Forum Call, 11:30 a.m. Pacific

November 5, 2008

- Project Rollout, 11:30 a.m. Pacific
- J Codes

November 26, 2008

- Forum Call, 11:30 a.m. Pacific

For more information, contact your subject matter experts (SME) at IRM - Kristi Stanton or Sheldrian Leflore.

Managed Care Database Update Reminder: Change the Audit End Date

This is a reminder to change the audit end date in the Data Manager screen. In order to pull reports for accounts that are audited in 2008, please do the following to each Managed Care database once:

- Open the Managed Care Screens
- Before loading data on the Data Manager screen, change the Audit End Date to: 12/31/2008

If you have any questions, please contact Jennifer Huddleston at 760-448-1045 or Andrew Miller at 760-448-1055.



Upcoming Events! TCG Audio Conference Topic Schedule for 2008



February 2008

- 14th: Audio Conference, 10:00 a.m. Pacific
RAC Update
- 21st: Audio Conference, 10:00 a.m. Pacific
Coding Electrophysiology Studies

March 2008

- 13th: Audio Conference, 10:00 a.m. Pacific
Coding Pain Management Services
- 27th: Audio Conference, 10:00 a.m. Pacific
Coding and Documentation of Wound Care Services

April 2008

- 15th: Audio Conference, 10:00 a.m. Pacific
*Intro to Medicare Reimbursement Series:
DRG 101*
- 24th: Audio Conference, 10:00 a.m. Pacific
Orthopedic Series: Casting, Splinting, Strapping

May 2008

- 13th: Audio Conference, 10:00 a.m. Pacific
Orthopedic Series: Knee Arthroscopy
- 29th: Audio Conference, 10:00 a.m. Pacific
*Intro to Medicare Reimbursement Series:
APC 101*

June 2008

- 17th: Audio Conference, 10:00 a.m. Pacific
OB-GYN Procedures
- 26th: Audio Conference, 10:00 a.m. Pacific
Orthopedic Series: Shoulder Arthroscopy

July 2008

- 15th: Audio Conference, 10:00 a.m. Pacific
Orthopedic Series: Spine Surgery
- 29th: Audio Conference, 10:00 a.m. Pacific
Bill Presentation

August 2008

- 12th: Audio Conference, 10:00 a.m. Pacific
Cystoscopies
- 28th: Audio Conference, 10:00 a.m. Pacific
Screening Tests

September 2008

- 16th: Audio Conference, 10:00 a.m. Pacific
ICD-9-CM Updates for 2009 (Part 1 of 2)
- 18th: Audio Conference, 10:00 a.m. Pacific
ICD-9-CM Updates for 2009 (Part 2 of 2)

October 2008

- 23rd: Audio Conference, 10:00 a.m. Pacific
*Vascular Interventional Radiology Series:
Catheterization Procedures*
- 30th: Audio Conference, 10:00 a.m. Pacific
*Vascular Interventional Radiology Series:
Imaging Procedures*

November 2008

- 11th: Audio Conference, 10:00 a.m. Pacific
*Vascular Interventional Radiology Series:
Vascular Transcatheter Procedures*
- 20th: Audio Conference, 10:00 a.m. Pacific
OIG Work Plan for 2009

December 2008

- 16th: Audio Conference, 10:00 a.m. Pacific
CPT/HCPCS Updates for 2009
- 18th: Audio Conference, 10:00 a.m. Pacific
OPPS Updates for 2009

Check our website for more information and to register throughout the year, or call!

www.IRM-TCG.com
760.448.1022

Net Revenue Matters is a monthly publication of Integrated Revenue Management, Inc. (IRM) and is offered as an informational service. Due to the nature of this publication, examples cited and advice given must often be general in nature and may not apply to a particular facility or situation. Thus, IRM does not warrant or guarantee the information contained will be applicable or appropriate in any particular situation. Each facility will have to evaluate their specific opportunities and take such action as to best meet their business needs. To find out more about a given subject, or for information tailored to your specific circumstances, contact an IRM professional.

If you have questions or would like to submit information for a future newsletter, please contact:

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