

CRITICAL ACCESS HOSPITAL Reimbursement Strategies and Opportunities

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Quick Fix

Does Medicare Owe You Money

- Many CAHs do not track cost report settlements throughout the year.
- How many of you have had a receivable from Medicare that was not paid until eight months after year end.



Quick Fix

Does Medicare Owe You Money

- Cost report settlements should be estimated monthly or at least quarterly.
- If Medicare owes you money, you can request an interim rate change and a lump sum adjustment.



Quick Fix

Does Medicare Owe You Money

- An interim rate change can be requested if an interim cost report is submitted to the MAC (formerly Medicare Intermediary).
- This new interim rate will be in effect until Medicare receives the next cost report.

Quick Fix

Does Medicare Owe You Money

- The new interim rate usually is accompanied by a lump sum payment.
- The lump sum payment is the difference between the old and new interim rate applied to paid claims back to the beginning of the cost report year.

Is Your Net Revenue Maximized

- Medicare and Medicaid pay for only half of the services provided.
- Other payors do not reimburse on cost.

Is Your Net Revenue Maximized

A charge master review should be performed periodically

1. Review charges
2. Review for proper coding
3. Eliminate outdated codes
4. Compare coding with other facilities for possible overlooked codes



Is Your Net Revenue Maximized

Are your coders up-to-date

1. Regular education

2. Periodic on-site review by outside consultant

Is Your Net Revenue Maximized

Attend the Chargemaster Strategies Session Tuesday at 1:30 for more detailed discussions of these issues

Is Your Cash Flow Maximized

Accounts receivable management is critical

1. Less than 85 days of revenue in accounts receivable
2. Many hospitals have less than 65 days of revenue in accounts receivable
3. If you are above 100 days, serious problems exist



Is Your Cash Flow Maximized

When you measure days of revenue in accounts receivable separate receivable in to categories

1. Clinic should be less than 80 days
2. Nursing home should be less than 45 days
3. Home health should be less than 75 days



Is Your Cash Flow Maximized

- Prompt coding
- Accurate coding
- Accurate billing
- Prompt initial billing
- Prompt secondary billing
- Efficient monitoring of uncollected accounts and follow-up procedures
- Strict collection and credit policy

How Do You Know You Have Been Paid Properly?

- Does your business office have copies of your contracts?
- Are payments periodically compared to the contracts?
- If you do not have a contract with a third-party payor, do you request 100% of charges?

Do You Effectively Use ABNs?

- Non-covered services should not be provided for free
- Without an ABN, the facility cannot bill Medicare or the patient

Does The Business Office Follow-up On Charges That Are Denied In Total Or In Part?

- If the remittance advice identifies non-covered services, a review should occur and corrective action should be taken.
- Too often these non-covered charges are written-off as contractual adjustments without any review or understanding.

Does Your Facility Provide Services That Are Not Required?

- The emergency room should not be the after hours clinic for those that cannot obtain routine services from area primary care clinics.
- Insist on EMTALA compliance through screening rather than full services that are inappropriate.



OPERATING EFFICIENCY

Medicare and Medicaid
Pay For Only Half of Your Costs

Staffing Management Is Important

1. Do you monitor your staffing levels?
2. How do you know you are properly staffed?
3. Can I reorganize and improve staffing efficiency?

OPERATING EFFICIENCY

Medicare and Medicaid
Pay For Only Half of Your Costs

Are Other Costs At The Best Price?

1. Do you participate in group purchasing?
2. Do you periodically request bids for insurance and other contracts?

OPERATING EFFICIENCY

Medicare and Medicaid
Pay For Only Half of Your Costs

Are Inventories At The Proper Level?

1. Do you have an inventory quantity management system?
2. Do you have a pharmacy formulary?
3. Is there a process for adding new supplies?
4. Do you control ordering through a purchase order process?



OPERATING EFFICIENCY

Medicare and Medicaid
Pay For Only Half of Your Costs

Do You Prepare An Annual Budget?

1. Department manager's input
2. Includes volumes
3. Anticipates any changes
4. Do you compare your results to other facilities or industry averages?



OPERATING EFFICIENCY

Medicare and Medicaid Pay For Only Half of Your Costs

- Do You Compare Actual To Budget?
 1. Department manager's responsible
 2. Volume changes cause staffing and other expense changes
 3. If significant, is the budget modified during the year with board approval (for governmental entities, this may be important for compliance purposes)



Do You Have Any Services That Need To Go?

- Services that are not cost-based reimbursed may be the root of the facility's losses?
- Services with low volumes may cause losses even with cost based reimbursement?
- Some services are no longer need by the community?
- Some services can be provided by other providers in the community?

CAH Opportunities

- Reorganize services that are not cost-based reimbursed
 - Sell
 - Split into separate division
 - Close

Do Not Spend Money Just To Increase Reimbursement

- Only a portion of the additional cost is reimbursed
- The remainder comes from your bottom line



Know Which Payors are Reimbursing at Cost

- Medicare
- Medicaid in some states
- Indian Health Services
- TriCare?

Know What Portion of Each Department is Cost-Based Reimbursed

Do you have a

CAH Tool

THE TOOL	Medicare	Cost
	Medicaid	Based
Department	Utilization	Reimb.
Capital - Building		40%
Capital - Equipment		various
Employee Benefits		40%
Admin & General		50%
Operation of Plant		30%
Laundry & Linen		15%
Housekeeping		30%
Dietary		15%
Cafeteria		40%
Nursing Admin		20%
Medical Records		60%
Social services		5%
Adults & Peds	75%	75%
Intensive Care Unit	90%	90%
Nursery	70%	70%
SNF	60%	0%
Operating Room	45%	45%
Labor & Delivery	70%	70%
Anesthesiology	45%	45%
Radiology	47%	47%
Laboratory	60%	60%
Respiratory Therapy	80%	80%
Physical Therapy	60%	60%
Occupational Therapy	90%	90%
Speech Therapy	30%	30%
Electrocardiology	80%	80%
Med Supply	40%	40%
Pharmacy	60%	60%
Emergency	25%	25%
Observation Beds	80%	80%
Rural Health Clinic	50%	35%
Home Health	90%	0%
Physician Clinic	40%	0%



CAH Opportunities

New Capital Projects

- Shortest Useful Life
- Separate Building Components
- Consider Cash Flow Related to New Debts and Capital Projects (depreciation) and Additional Cost-Based Reimbursement. You may be surprised at how little you have to pay out of your own pocket in the first few years.



CAH Opportunities

Capitalization Policy

\$5,000 Limit

Funded Depreciation

Question:

Will Medicare pay for funds transferred to a funded depreciation account?

No!

Medicare will exempt interest earned on funded depreciation from the interest offset process.

CAH Opportunities

Cost Assigned To Departments

- Direct cost – time sheets & accounts payable coding
- Indirect cost – cost report allocations

CAH Opportunities

- Shared staff costs are directly assigned based on time reports
- How accurately does your staff assign costs?
- Where are stand-by costs assigned?
- What happens when costs are shifted from one department to another?

CAH Opportunities

- Can revenue cost centers be separated?
- Are related revenues and expenses being reported in the same cost center?
- Are the same revenue codes being shared with two cost centers?

Increasing Reimbursable Costs

Separating or combining cost
centers

Do you want one radiology
department or five?



CAH Opportunities

- Has the hospital considered changing its method used to allocate cost?
- How accurate is the allocation statistic being used?
- Can support department cost centers be separated?

CAH Opportunities

- Accurate statistical data
 - Meals
 - Square footage
 - Time studies

CAH Opportunities

For a more detailed discussion allocation strategies attend the session Tuesday morning on alternative handling of overhead cost allocations

CAH Opportunities

- Accurate statistical data
 - Patient days
 - Eliminate LDR days
 - Count SNF and NF swing bed days separately

Increasing Reimbursable Costs

- Make sure all expenses at year end are properly accrued.
- Minimize the book value of inventory some hospitals count only medical supplies and the pharmacy.

Increasing Reimbursable Costs

Creating New Cost Centers

Blood – High Costs & High
Medicare/Medicaid Utilization

Inner Ocular Lens - High Costs & High
Medicare/Medicaid Utilization



CAH Opportunities

Swing Bed Conversions

If State Medicaid Payment Less Than Cost

- Available in all states except Oregon until last year.
- Oregon now permits two CAHs to provide additional swing bed services.

CAH Opportunities

Swing Bed Conversions

If State Medicaid Payment Less Than Cost

All other hospitals in Oregon must comply with the following limitations

- Must obtain permission from Oregon to provide Medicaid swing bed services.
- Medicaid patients must be skilled.
- Limited to no more than 5 Medicaid swing bed patients.



CAH Opportunities

Swing Bed Conversions

If State Medicaid Payment Less Than Cost

- Previously unreimbursed nursing home costs become reimbursable acute care costs.
- Additional reimbursement may be \$100,000 to \$400,000 per year.

CAH Opportunities

Avoid Use Of Skilled Nursing Facility
For Medicare Skilled Care

CAH Opportunities

Create Provider-based Rural Health Clinics

Requirements

- Rural
- Health
- Midlevel 50% of the time

Benefits

- Double Medicare and Medicaid managed care reimbursement

CAH Opportunities

For a more detailed discussion of rural health clinic reimbursement issues attend the session immediately following this session

CAH Opportunities

Provider-based Clinic

If Unable To Obtain Provider-based RHC Status

- Method II Billing allows one bill – see proposed CMS changes before electing
- Additional payment may be \$20 to \$40 per visit



CAH Opportunities

Promote Freestanding Rural Health Clinics
owned by the local physicians

Promote creation of FQHCs

10 Bed Exempt Unit

- 10 Bed Rehabilitation Unit
- 10 Bed Psychiatric Unit

Excluded From
Cost Based Reimbursement
25 Set-up Bed Limit
96 Hour AOL Limit

Effective for cost report years
beginning on or after October 1, 2004

10 Bed Exempt Unit

Benefit
or
Impairment



CAH Requirements For Success

- Medicare Advantage Contract Negotiations
- Non-Medicare and Medicaid Contract Negotiations

CRNA Pass Through

Do CAHs still have to apply for CRNA pass through?

Yes!

To receive cost based reimbursement for CRNA services a request must be filed with the Intermediary between October 1 and December 31 of each year.

CRNA Pass Through Cost-Based Reimbursement

- Less than 800 surgeries per year requiring anesthesia
- Less than 2,080 hours of worked time
- Must be in rural county
- Must make a written request between October 1 and December 31 of each year
- Is a calendar year election

If Not Receiving CRNA Pass Through

Can CAHs submit CRNA Method II Bills?

Yes!

Although Method II Billing reimbursement does not exceed cost based reimbursement, combined billing is better than fee scale reimbursement.

CAH Opportunities

- Claiming Medicare Bad Debts
 - Medicaid Crossover
 - Charity Care
 - Others (120 Day Rule)

Emergency Room Availability Expanded to Include Midlevels

On or Off Premises

BEGINNING JANUARY 1, 2005

Emergency Room Availability

- No limit – number of physicians
- Must document cost for availability
- Varies from one Intermediary to the next
- Allocation agreement is critical

State CAH Substitute Criteria Gone January 1, 2006

EXISTING CAHS GRANDFATHERED



The First Rule Of Reimbursement

Do nothing that would jeopardize your
cost-based reimbursement.

CAH Types

- ✓ CAHs (real CAH) that meet federal distance requirements
- ✓ CAHs (necessary provider) met state requirements before 1-1-06
- ✓ CAHs (it) that met old federal requirements but do not meet the current distance requirements

What are the Current Federal Distance Requirements?

- ✓ **35-mile drive to next nearest hospital or CAH**
- ✓ **15-mile drive to next nearest hospital or CAH on secondary roads and/or through mountainous terrain**
(measure only distance on secondary road or mountainous road)

If a CAH Meets the Current Federal Distance Requirements

- ✓ Relocation of CAH approved without additional requirements
- ✓ May establish provider-based location without penalty as long as location also meets current federal distance requirements

Maintaining Cost Based Reimbursement

Do you have to bill for any services that are provided outside the hospital building?

If yes, is this location licensed as part of the hospital?

Example Of Maintaining Cost Based Reimbursement

Physical therapy located in old house across the street from the hospital

- Billed under hospital provider number
- Is not licensed as part of hospital
- Does not meet construction code
- No provider based request has been made



Example Of Maintaining Cost Based Reimbursement

Physical therapy located in old house across the street from the hospital

- Provider-based reimbursement – 75% of charges
- Freestanding reimbursement – 35% of charges

Example Of Maintaining Cost Based Reimbursement

Physical therapy located in old house across the street from the hospital

Do Nothing

- Medicare declares service freestanding
- Medicare recovers overpayment



Example Of Maintaining Cost Based Reimbursement

Physical therapy located in old house across the street from the hospital

License as part of hospital

- Incur cost to meet code
- Request provider based status
- Preserve cost based reimbursement

CAH Opportunities

Medicare Is A Game

- Non-CAH game was poker with 52 cards in the deck
- CAH game is blackjack with 52 cards in the deck

CAH Opportunities

Make Sure You Are
Playing The
Right Game

ANY QUESTIONS?

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