

# Important Data Points for Your Cancer Program's Financial Health

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# Revenue Cycle Oncology Staffing

- Each billing team member has separate section of the patient alphabet
- Obtains all preauthorization
- Patient financial counseling
- Assures coding of claims is correct and then submits claims
- Post payments and remittances
- Follow up on unpaid claims and questions from patients on accounts



# Collections Percentage

- Total receipts since inception to now = \$15,692,907
- Total adjustments associated with receipts = \$33,978,801
- Collection % = 31.59%
- After \$1 million of write-offs with no further collections
- Receipts the same as above
- Total adjustments = \$34,978,801
- Collection percentage = 30.97%
- This equals a .64% difference



# Days in Accounts Receivable

- Overall days in A/R at end of 2017 was 29.8
- Overall days in A/R for Medicare was 23.2
- Overall days in A/R for Anthem was 43.34
- Your team works the Anthem A/R hard
- New days in A/R for Anthem in June 2018 becomes 32.45
- Overall days in A/R becomes 26.3
- Most practices are between 20 to 30 days
- Hospitals tend to be between 30 to 50 days



# Technical Denials Report

Transaction SubSubGroup	January	February	March	April	May	June	July	2011
Eligibility								
00000826 - NO AUTHORIZATION (OUTPATIENT)	-496	1,619	-94		-15,665		1,562	-13,074
<b>Total: Eligibility</b>	-496	1,619	-94		-15,665		1,562	-13,074
Med.Records								
00000835 - TIMELY FILING W/O MED RECORDS					-2,881			-2,881
<b>Total: Med.Records</b>					-2,881			-2,881
Pt Accting								
00000260 - CLOSE ACCOUNT	-18							-18
00000262 - SMALL BALANCE W-O	-57	-85	-140	1	-55	-30	-9	-374
<b>Total: Pt Accting</b>	-75	-85	-140	1	-55	-30	-9	-392
Pt Care								
00000907 - MEDICARE LCD	-17,168	3,038		10,322	-4,334	-7,914	-3,180	-19,237
<b>Total: Pt Care</b>	-17,168	3,038		10,322	-4,334	-7,914	-3,180	-19,237
<b>Total: Technical Denials</b>	-17,739	4,572	-234	10,323	-22,935	-7,944	-1,627	-35,584

**Review A/R adjustments and write-off reports for which you have more control over (such as for timely filing, no preauthorization, appeals being denied, etc.)**



INSURANCE COMPANIES ACCOUNT AGING REPORTS

	<u>OVERPAID</u>	<u>CURRENT</u>	<u>31- 60</u>	<u>61- 90</u>	<u>91- 120</u>	<u>120- 150</u>	<u>&gt;150</u>	<u>TOTAL</u>	<u>&gt;60</u>
FEBRUARY	-3,815 -0.35%	1,002,310 91.46%	79,177 7.22%	13,980 1.28%	4,109 0.37%	126 0.01%	1 0.00%	1,095,888 99.99%	18,216 1.66%
MARCH	-9,955 -0.86%	1,089,917 93.67%	49,670 4.27%	11,704 1.01%	18,256 1.57%	3,954 0.34%	1 0.00%	1,163,547 100.00%	33,915 2.91%
APRIL	-5,439 -0.51%	979,756 91.07%	43,050 4.00%	32,522 3.02%	8,112 0.75%	13,993 1.30%	3,838 0.36%	1,075,832 99.99%	58,465 5.43%
MAY	-6,006 -0.43%	1,298,951 93.75%	71,889 5.19%	7,801 0.56%	1,133 0.08%	348 0.03%	11,195 0.81%	1,385,311 99.99%	20,477 1.48%
JUNE	-6,959 -0.63%	994,191 90.09%	103,818 9.41%	10,807 0.98%	1,502 0.14%	338 0.03%	30 0.00%	1,103,727 100.02%	12,677 1.15%
JULY	-6,281 -0.52%	1,152,745 95.93%	37,908 3.15%	14,259 1.19%	2,060 0.17%	837 0.07%	159 0.01%	1,201,687 100.00%	17,315 1.44%
AUGUST	-4,938 -0.46%	1,017,155 95.18%	23,245 2.18%	19,560 1.83%	7,118 0.67%	822 0.08%	5,633 0.53%	1,068,595 100.01%	33,133 3.10%
SEPTEMBER	-6,267 -0.60%	950,606 90.44%	98,950 9.42%	6,491 0.62%	78 0.01%	864 0.08%	245 0.02%	1,050,967 99.99%	7,678 0.73%
OCTOBER	-6,545 -0.56%	1,026,980 88.59%	120,658 10.41%	16,191 1.40%	843 0.07%	40 0.00%	1,066 0.09%	1,159,233 100.00%	18,140 1.56%
NOVEMBER	-6,906 -0.60%	1,063,303 92.22%	88,694 7.69%	7,178 0.62%	293 0.03%	0 0.00%	421 0.04%	1,152,983 100.00%	7,892 0.68%
DECEMBER	-7,627 -0.75%	930,164 91.13%	84,991 8.33%	12,522 1.23%	474 0.05%	57 0.01%	94 0.01%	1,020,675 100.01%	13,147 1.29%
JANUARY	-3,096 -0.22%	1,270,458 90.48%	127,691 9.09%	8,533 0.61%	330 0.02%	110 0.01%	105 0.01%	1,404,131 100.00%	9,078 0.65%



# Total Aged Accounts Receivables

	Deposit	0 - 30	31-60	61-90	91-120	120+	Total
Patient Total	(\$6,010.19)	\$6,177.45	\$5,234.65	\$4,767.60	\$6,325.68	\$22,925.47	\$39,420.66
%	(15.25)	15.67	13.28	12.09	16.05	58.16	3.44
Insurance Total	\$0.00	\$927,126.26	\$168,565.64	(\$1,041.25)	\$8,640.05	\$2,762.96	\$1,106,053.66
%	0.00	83.82	15.24	(0.09)	0.78	0.25	96.56
<b>Total</b>	<b>(\$6,010.19)</b>	<b>\$933,303.71</b>	<b>\$173,800.29</b>	<b>\$3,726.35</b>	<b>\$14,965.73</b>	<b>\$25,688.43</b>	<b>\$1,145,474.32</b>
%	(0.52)	81.48	15.17	0.33	1.31	2.24	

- Insurance balances over 90 days – If number is high then think of hiring an outside company to catch your staff up and then hold your staff accountable
- Refunds found after 60 days should be refunded immediately

## Order Summary (Includes all orders for this client)

Cost Per Account :

# Assigned:

215

Avg Balance:

\$524.92

Avg Age of Accounts Assigned (Months):

4.2

### Recovery Rate

Total Dollars Assigned:

\$112,857.62

Less mail skips:

- \$12,780.08

Less accounts still active:

- \$460.18

**Net Dollars Assigned:**

**\$99,617.36**

### Total Performance:

**\$11,271.06**

Paid in Full:

\$5,533.65

Cancelled (Fully Resolved):

\$4,125.93

Suspended:

\$1,149.51

Partial Payments:

\$461.97

**% Recovery Rate on Net Dollars Assigned:**

**11.3%**

**% Recovery Rate on Total Dollars Assigned:  
(less mail skips)**

**11.3%**

**% Accounts Responding:**

**32.56%**

Patient balances over 6 months without a payment – Use other billing companies to follow up on collections of these balances

**For every dollar invested,  
For every account assign**

**\$4.20**

**\$52.42**





<b>Assignment Summary</b>	<b># Assigned</b>	<b>\$ Placed</b>	<b>\$ Recovered</b>
Transferred from TSI (Phase 1)	102	82,806.26	961.31
Direct Assign to CMS (Phase 2)	9	8,419.80	277.97
<b>Total CMS Placements</b>	<b>111</b>	<b>91,226.06</b>	<b>1,239.28</b>
<b>Average Balance Assigned</b>		<b>821.86</b>	
<b>Performance Summary</b>	<b># Assigned</b>	<b>\$ Placed</b>	<b>\$ Recovered</b>
Total Assigned	111	91,226.06	1,239.28
Placed in Error, Deceased, Bankrupt	8	11,518.46	0.00
Less Active Accounts	33	30,356.50	81.58
<b>Net Assigned</b>	<b>70</b>	<b>49,351.10</b>	<b>1,157.70</b>
<b>Performance</b>			
Total Recovered			1,239.28
<b>Recovery Rate on Net Assigned</b>			2.51%
<b>Recovery Rate on Total Assigned</b>			1.36%
<b>Account Detail Summary</b>	<b># Assigned</b>	<b>\$ Placed</b>	<b>\$ Recovered</b>
<b>Paid Accounts</b>			
Paid In Full	5	1,057.10	1,057.10
Settled In Full	0	0.00	0.00
Paid Service Fee	0	0.00	0.00
Returned Merchandise	0	0.00	0.00
<b>Open Accounts</b>			
Collection Efforts Continuing	30	24,114.06	81.58
Forward to Phase 3	2	3,898.16	0.00
Legal	1	2,425.86	0.00
<b>Closed Accounts</b>			
Collection Efforts Exhausted	59	46,575.76	100.60
Less: Skip-Cannot Locate	6	1,636.66	0.00
Deceased	4	8,488.17	0.00
Bankrupt / Defunct	2	98.75	0.00
Placed In Error	2	2,931.54	0.00
Disputed-Suit Not Advisable	0	0.00	0.00
Other	0	0.00	0.00

**ACCOUNTS PLACED IN COLLECTIONS –  
PATIENTS WHO HAVE BEEN DISCHARGED FROM PRACTICE**



# Missed Drug Report for Supportive Care

All offices

	INVENTORY BALANCE May	PURCHASES May	INVENTORY BALANCE May	TOTAL USED May		TOTAL BILLED OUT	TOTAL USED	DIFFERENCE
PROCRIT 60K	0	0	0	0				
PROCRIT 40K	0	4	2	2				
PROCRIT 20K	0	0	0	0				
ARANESP 200 MCG	7	14	9	12	J0885	80	80	0
ARANESP 300 MCG	6	3	7	2	J0881	5400	5400	0
ARANESP 100 MCG	2	8	5	5	J2505	48	48	0
ARANESP 150 MCG	0	0	0	0	J1442	2400	2400	0
ARANESP 500 MCG	2	3	2	3				
ARANESP 25 MCG	0	0	0	0				
ARANESP 40 MCG	4	8	11	1				
ARANESP 60 MCG	9	4	7	6				
NEULASTA 6MG	13	60	25	48				
NEUPOGEN 300MCG	2	0	2	0				
NEUPOGEN 480MCG	7	1	3	5				

Office Location 1

	INVENTORY BALANCE May	PURCHASES May	INVENTORY BALANCE May	TOTAL USED May		TOTAL BILLED OUT	TOTAL USED	DIFFERENCE
PROCRIT 60K				0				
PROCRIT 40K	0	4	2	2				
PROCRIT 20K				0				
ARANESP 200 MCG	1	4	3	2	J0885	80	80	0
ARANESP 300 MCG	1		1	0	J0881	1500	1500	0
ARANESP 100 MCG	2	4	3	3	J2505	31	31	0
ARANESP 150 MCG				0	J1442	0	960	-960
ARANESP 500 MCG	1	1	1	1				
ARANESP 25 MCG				0				
ARANESP 40 MCG	1	4	5	0				
ARANESP 60 MCG	3	4	2	5				
NEULASTA 6MG	8	32	9	31				
NEUPOGEN 300MCG	1		1	0				
NEUPOGEN 480MCG	4		2	2				



# Missed Drug Report for Supportive Care

Office Location 2

	INVENTORY BALANCE May	PURCHASES May	INVENTORY BALANCE May	TOTAL USED May		TOTAL BILLED OUT	TOTAL USED	DIFFERENCE
PROCRIT 60K				0				
PROCRIT 40K				0				
PROCRIT 20K				0	J0885		0	0
ARANESP 200 MCG	3	2	2	3	J0881	2260	2260	0
ARANESP 300 MCG		3	1	2	J2505	12	12	0
ARANESP 100 MCG				0	J1442	1440	480	960
ARANESP 150 MCG				0				
ARANESP 500 MCG		2		2				
ARANESP 25 MCG				0				
ARANESP 40 MCG	2		2	0				
ARANESP 60 MCG	3		2	1				
NEULASTA 6MG	1	20	9	12				
NEUPOGEN 300MCG	1		1	0				
NEUPOGEN 480MCG	1			1				

Office Location 3

	INVENTORY BALANCE May	PURCHASES May	INVENTORY BALANCE May	TOTAL USED May		TOTAL BILLED OUT	TOTAL USED	DIFFERENCE
PROCRIT 60K				0				
PROCRIT 40K				0				
PROCRIT 20K				0	J0885		0	0
ARANESP 200 MCG	3	8	4	7	J0881	1640	1640	0
ARANESP 300 MCG	5		5	0	J2550	5	5	0
ARANESP 100 MCG		4	2	2	J1442	960	960	0
ARANESP 150 MCG				0				
ARANESP 500 MCG	1		1	0				
ARANESP 25 MCG				0				
ARANESP 40 MCG	1	4	4	1				
ARANESP 60 MCG	3		3	0				
NEULASTA 6MG	4	8	7	5				
NEUPOGEN 300MCG				0				
NEUPOGEN 480MCG	2	1	1	2				



# Payer Contracting

- New payment methodologies to replace pay for service
  - Oncology Care Model, Episodes of Care, Accountable Care Organizations
- Negotiating in the hospital versus the private practice setting with payers
- Negotiating with employers
- Private payers
  - Focus on the 5 biggest private payers
  - Focus on the CPT codes that are billed out the most when contracting (in the infusion center focus on 96413, 96415, 96367, & 96372) (office 99204, 99205, 99214, & 99215) (hospital 99223 & 99233)



# Contract Negotiation Example

CPT CODE	DESCRIPTION	# OF TIMES PERFORMED All Insurance	COST PER CPT CODE	MEDICARE ALLOWABLE	TOTAL REIMB VS COST
38221	BONE MARROW BIOPSY	9	357.49	170.19	-1,685.70
99201	Office/outpatient visit, new	1	109.75	43.98	-65.77
99202	Office/outpatient visit, new	1	195.42	75.08	-120.34
99203	NP DETAILED, LOW COMPLEX	46	279.05	109.05	-7,820.00
99204	NP COMPREHENS, MOD CMPLX	252	318.27	165.90	-38,397.24
99205	NP COMPREHENS, HIGH	225	413.33	208.45	-46,098.00
99211	ESTAB PT-NP PHYSICIAN	393	39.64	20.02	-7,710.66
99212	PROB FOCUSED, STRTFWD	674	81.39	43.98	-25,214.34
99213	EXPANDED, LOW COMPLX	1103	115.41	72.94	-46,844.41
99214	DETAILED, MOD COMPLX	2576	184.56	108.34	-196,342.72
99215	COMPREHENS/HIGH COMPLX	1541	280.78	146.24	-207,326.14
99221	H&P/LOW	8	179.09	102.62	-611.76
99222	H&P/MODERATE	159	298.48	138.37	-25,457.49
99223	H&P/HIGH	173	416.65	204.87	-36,637.94
99231	HOSP/PROB FOCUS/LOW	338	89.68	39.33	-17,018.30
99232	HOSP/EXPANDED/MOD	652	147.82	72.94	-48,821.76
99233	HOSP/DETAILED/HIGH	546	210.30	105.12	-57,428.28
96360	IV infuse hydration, initial	41	89.30	57.92	-1,286.58
96361	Each additional infuse hour	82	30.01	15.37	-1,200.48
96365	IV infusion therapy/diagnost	860	109.53	70.08	-33,927.00
96366	Each additional hr up to 8hr	692	43.86	18.95	-17,237.72
96367	Additional sequential infuse	2370	64.27	30.39	-80,295.60
96368	Concurrent infusion	960	41.20	20.74	-19,641.60
96372	Therapeutic/diagnostic injec	1913	37.72	25.39	-23,587.29
96374	IV push, single or initial dru	16	85.60	57.21	-454.24
96375	Each addition sequential IV	395	39.86	22.53	-6,845.35
96401	Chemo adminisrate subcut/IM	118	90.10	75.08	-1,772.36
96402	Homonal anti-neoplastic	37	68.47	32.54	-1,329.41
96409	IV push single/initial subst	80	168.64	111.20	-4,595.20
96411	IV push each additional drug	36	101.39	62.21	-1,410.48
96413	Chemotherapy IV one hr initi	1736	230.04	135.87	-163,479.12
96415	Each additional hr 1-8 hrs	1626	60.08	28.25	-51,755.58
96416	Prolong chemo infuse>8hrs pu	53	241.66	140.87	-5,341.87
96417	Each add sequential infusion	820	117.68	62.93	-44,895.00
Total Loss if all patients were reimbursed by Medicare rates for all E&M codes					-1,222,655.73

\$1,222,656  
 Medicare loss if  
 all patients were  
 reimbursed at  
 Medicare rates



# Contract Negotiation Example with Anthem

CPT CODE	DESCRIPTION	COST PER CPT CODE	MEDICARE ALLOWABLE	# OF TIMES PERFORMED Anthem	TOTAL REIMB VS COST-Anthem	New Negotiated Rates	TOTAL New REIMB VS COST-Anthem
38221	BONE MARROW BIOPSY	357.49	170.19	2	-374.60		-374.60
99201	Office/outpatient visit, new	109.75	43.98	0	0.00		0.00
99202	Office/outpatient visit, new	195.42	75.08	0	0.00		0.00
99203	NP DETAILED, LOW COMPLEX	279.05	109.05	12	-2,040.00		-2,040.00
99204	NP COMPREHENS, MOD CMLPX	318.27	165.90	63	-9,599.31		-9,599.31
99205	NP COMPREHENS, HIGH	413.33	208.45	56	-11,473.28		-11,473.28
99211	ESTAB PT-NP PHYSICIAN	39.64	20.02	98	-1,922.76		-1,922.76
99212	PROB FOCUSED, STRTFWD	81.39	43.98	169	-6,322.29		-6,322.29
99213	EXPANDED, LOW COMPLX	115.41	72.94	276	-11,721.72		-11,721.72
99214	DETAILED, MOD COMPLX	184.56	108.34	644	-49,085.68	135.43	-31,639.72
99215	COMPREHENS/HIGH COMPLX	280.78	146.24	385	-51,797.90	182.80	-37,722.30
99221	H&P/LOW	179.09	102.62	2	-152.94		-152.94
99222	H&P/MODERATE	298.48	138.37	40	-6,404.40		-6,404.40
99223	H&P/HIGH	416.65	204.87	43	-9,106.54		-9,106.54
99231	HOSP/PROB FOCUS/LOW	89.68	39.33	85	-4,279.75		-4,279.75
99232	HOSP/EXPANDED/MOD	147.82	72.94	163	-12,205.44	91.18	-9,232.32
99233	HOSP/DETAILED/HIGH	210.30	105.12	137	-14,409.66	131.40	-10,809.30
96360	IV infuse hydration, initial	89.30	57.92	10	-313.80		-313.80
96361	Each additional infuse hour	30.01	15.37	21	-307.44		-307.44
96365	IV infusion therapy/diagnost	109.53	70.08	215	-8,481.75		-8,481.75
96366	Each additional hr up to 8hr	43.86	18.95	173	-4,309.43		-4,309.43
96367	Additional sequential infuse	64.27	30.39	593	-20,090.84	37.99	-15,584.04
96368	Concurrent infusion	41.20	20.74	240	-4,910.40		-4,910.40
96372	Therapeutic/diagnostic injec	37.72	25.39	478	-5,893.74	31.74	-2,858.44
96374	IV push, single or initial dru	85.60	57.21	4	-113.56		-113.56
96375	Each addition sequential IV	39.86	22.53	99	-1,715.67		-1,715.67
96401	Chemo adminisrate subcut/IM	90.10	75.08	30	-450.60		-450.60
96402	Hormonal anti-neoplastic	68.47	32.54	9	-323.37		-323.37
96409	IV push single/initial subst	168.64	111.20	20	-1,148.80		-1,148.80
96411	IV push each additional drug	101.39	62.21	9	-352.62		-352.62
96413	Chemotherapy IV one hr initi	230.04	135.87	434	-40,869.78	169.84	-26,126.80
96415	Each additional hr 1-8 hrs	60.08	28.25	407	-12,954.81	35.31	-10,081.39
96416	Prolong chemo infuse>8hrs pu	241.66	140.87	13	-1,310.27		-1,310.27
96417	Each add sequential infusion	117.68	62.93	205	-11,223.75		-11,223.75
Total loss for on all E&M codes from Anthem patients					-305,666.90		-242,413.36
Total savings if you negotiate 8 E&M codes as shown above							\$63,253.54

\$305,667 actual Anthem loss on E&M codes

\$63,254 savings on having Anthem increase 8 highly-utilized codes

Questions???

