ACCC 2023

Oncology Reimbursement MEETINGS

How to Improve Your Revenue Cycle Management

Association of Community Cancer Centers

Ricky Newton, CPA

Director

Cancer Specialists of Tidewater, Ltd

Chief Financial Officer & Chief Operations Officer

Community Oncology Alliance

757-639-4855

rnewton@tidewatercancer.com

rnewton@coacancer.org

Your appeal

GENOMIC HEALTH INC, filed an appeal on your behalf, for the gene testing (Oncotype Dx Genomic Prostate Score) provided to you on January 28, 2019, by Genomic Health, Inc. because you feel the service is medically necessary.

Our decision

We received a recommendation to uphold the denial from an External Reviewer Medical Doctor (MD), who is board certified and specializes in urology. Our Anthem Medical Director Reviewer

MD, who is board certified and specializes in internal medicine denied this request based upon this specialty match review recommendation. Here's why:

We cannot approve your request for gene testing (Oncotype Dx Genomic Prostate Score). We see that the member has prostate cancer. Medical studies do not show this test is as safe and effective for the treatment of this condition when compared to other therapy. For this reason, this service is denied as investigational. We based our decision on Anthem Medical Policy (GENE.00009) Gene-Based Tests for Screening, Detection and Management of Prostate Cancer (eff. 10/01/2019).

Revenue Cycle Oncology Staffing

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

- Determine who the natural leader is and appoint that person, as the leader, while also making their alphabet smaller than others on the team.

Collections Percentage

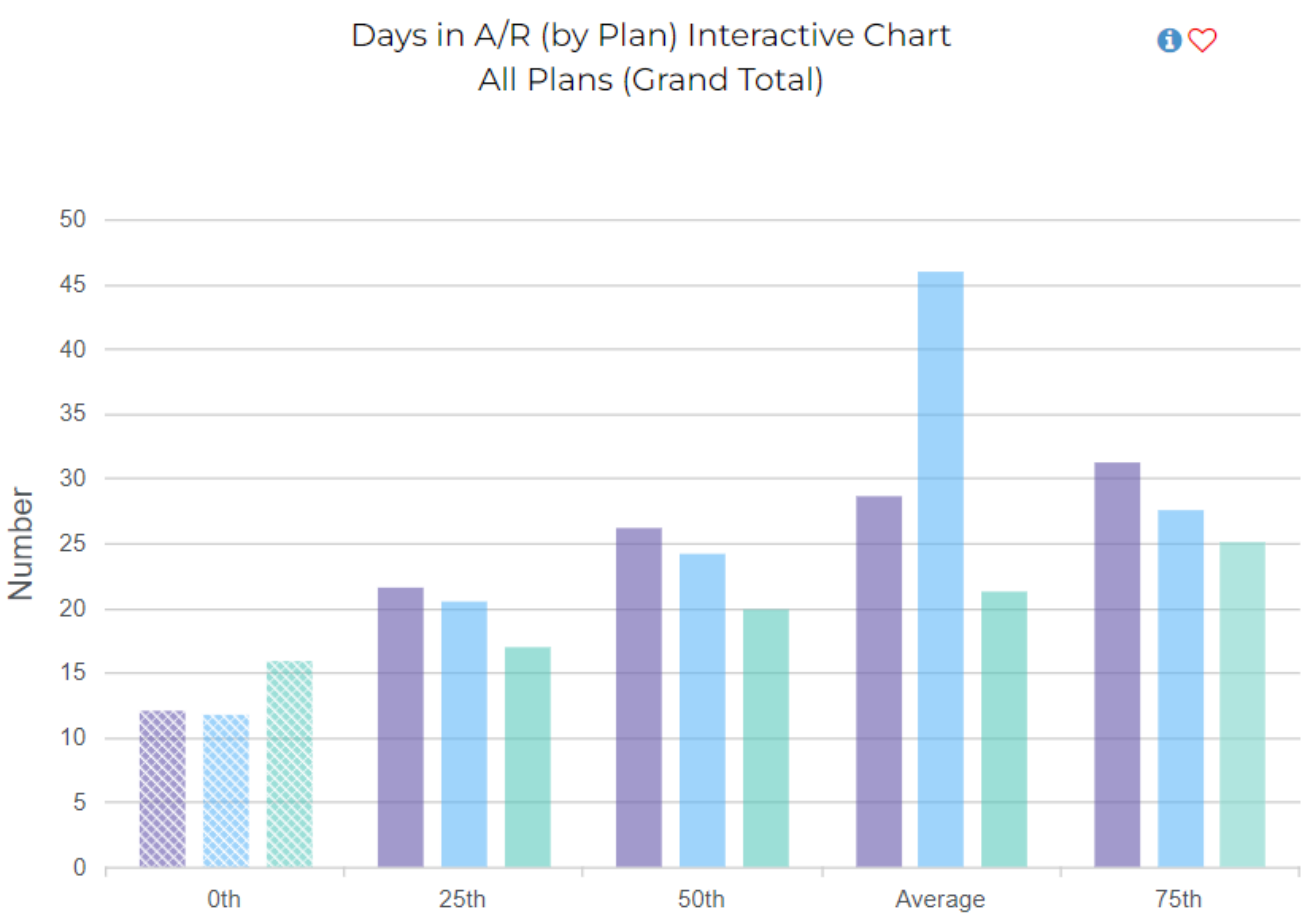
- Total receipts from inception to date = $15,692,907
- Total adjustments associated with receipts = $33,978,801
- Collection percentage = 31.59%
- After $1 million of write-offs with no further collections
- Receipts the same as above
- Total adjustments = $34,978,801
- Collection percentage = 30.97%
- This equals a 0.64% difference

Days in Accounts Receivable (A/R)

- Overall time in A/R at end of 2022 was 29.8 days
- Overall time in A/R for Medicare was 23.2 days
- Overall time in A/R for Anthem was 43.34 days
- Your team works the Anthem A/R hard
- New days in A/R for Anthem in June 2023 becomes 32.45 days
- Overall time in A/R becomes 26.3 days

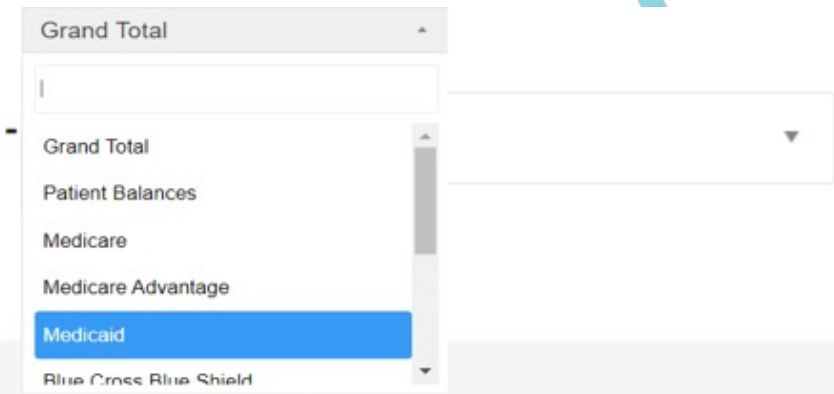
- Most practices are between 20 days to 30 days
- Hospitals tend to be between 30 days to 50 days

COAnalyzer (www.coanalyzer.net): Days in Accounts Receivable



- (●) All Plans (Grand Total)
- ( ) Patient Balances
- ( ) Medicare
- ( ) Medicare Advantage
- ( ) Medicaid
- ( ) Blue Cross Blue Shield
- ( ) Aetna
- ( ) United
- ( ) Tricare
- ( ) VA
- ( ) All Other Plans Combined

Days in Accounts Receivable—COAnalyzer

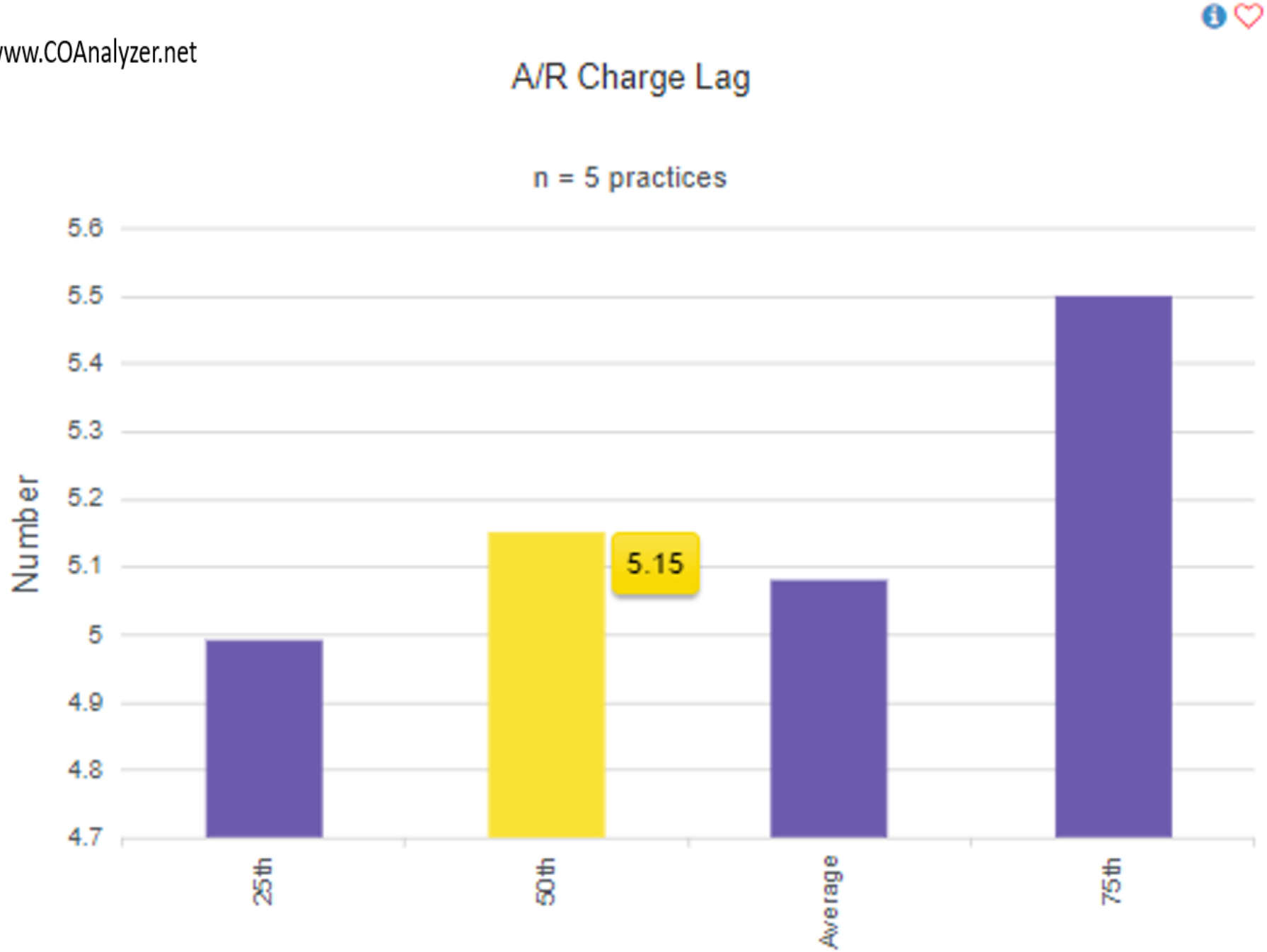


ACCOUNTS RECEIVABLE AGING REPORT -

	Per Hematologist/Oncologist	Practice %tile	25th %tile	50th %tile	Average	75th %tile
0-30 Days	$ 439,389	10%	$ 789,023	$ 1,044,809	$ 999,096	$ 1,263,111
31-60 Days	$ 314,250	80%	$ 126,230	$ 227,403	$ 241,849	$ 295,549
61-90 Days	$ 150,000	90%	$ 54,239	$ 82,417	$ 82,857	$ 109,474
91-120 Days	$ 106,750	90%	$ 38,687	$ 56,450	$ 62,159	$ 86,716
120+ Days	$ 343,750	70%	$ 143,684	$ 268,429	$ 321,196	$ 364,733
Total A/R	$ 1,354,139	30%	$ 1,320,858	$ 1,589,508	$ 1,707,158	$ 2,009,979

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

www.COAnalyzer.net



Charge lag is defined as the time from when a service is provided to a patient until the service is billed.

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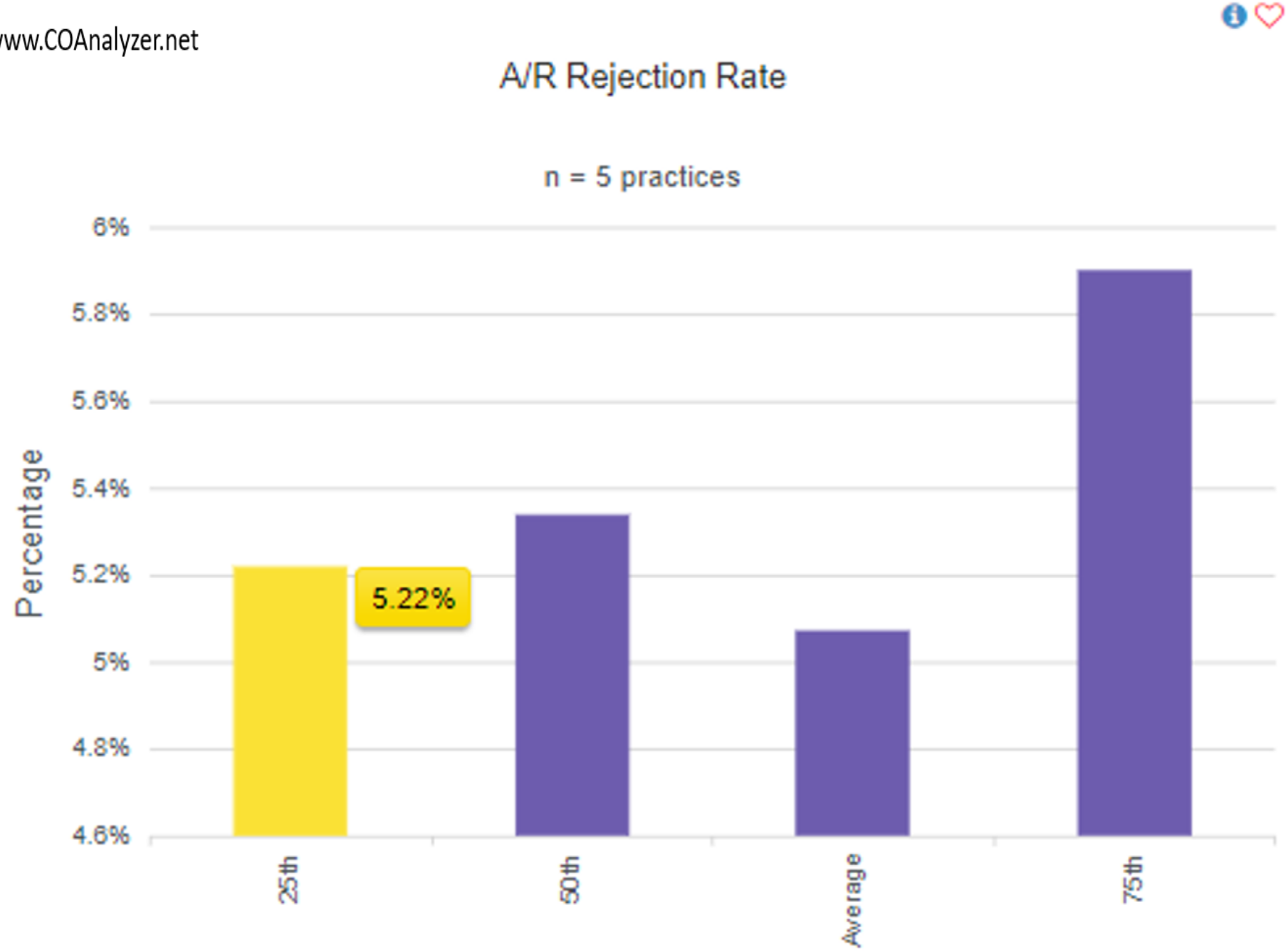

This rejection rate is medical claims that contained errors that were found before the claim was processed or accepted by the payer (i.e., coding effort, mismatched procedure & ICD codes or a termed patient policy).

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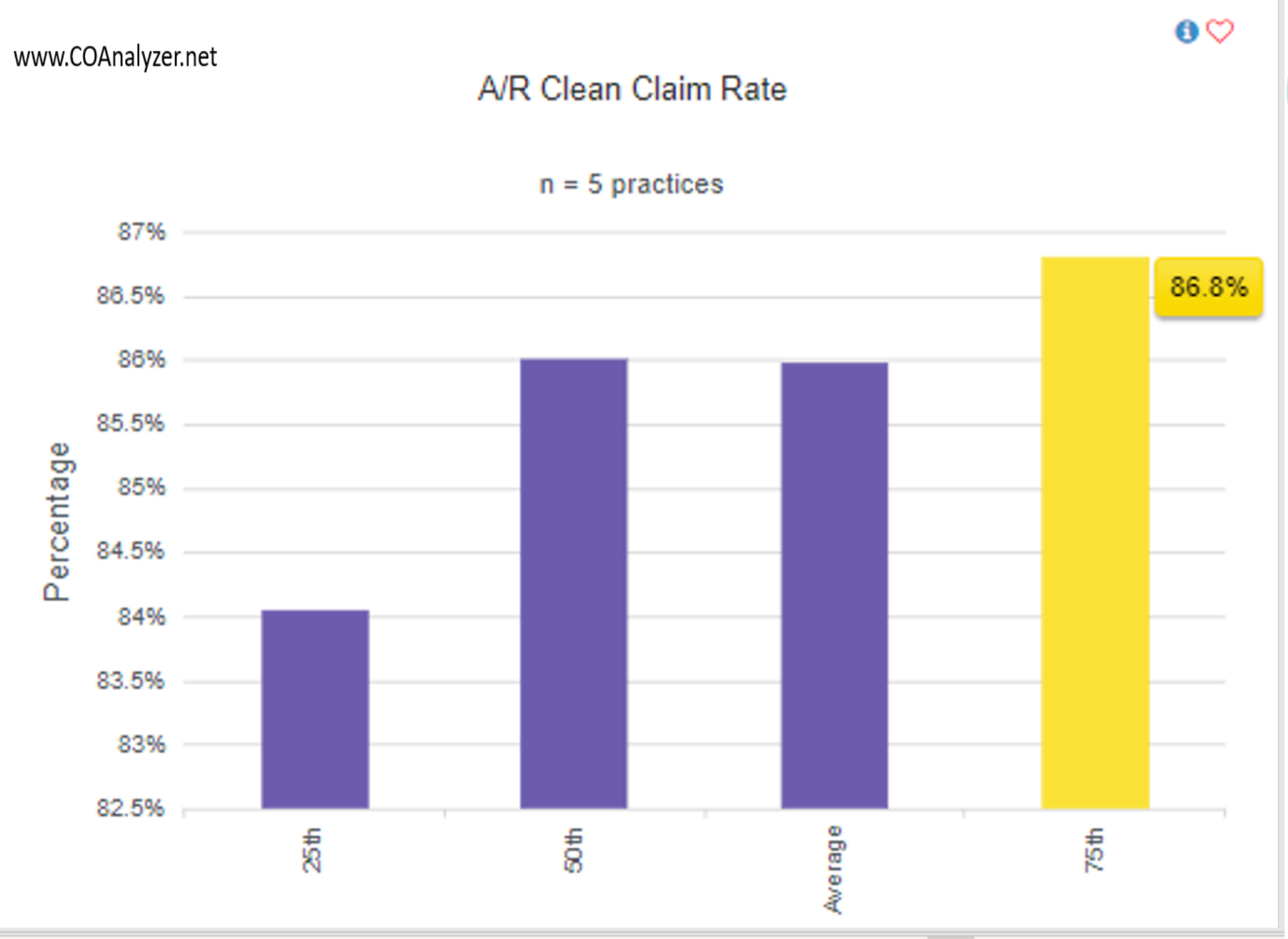

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This represents the percentage of your claims that were accepted by the payer on the initial filing.

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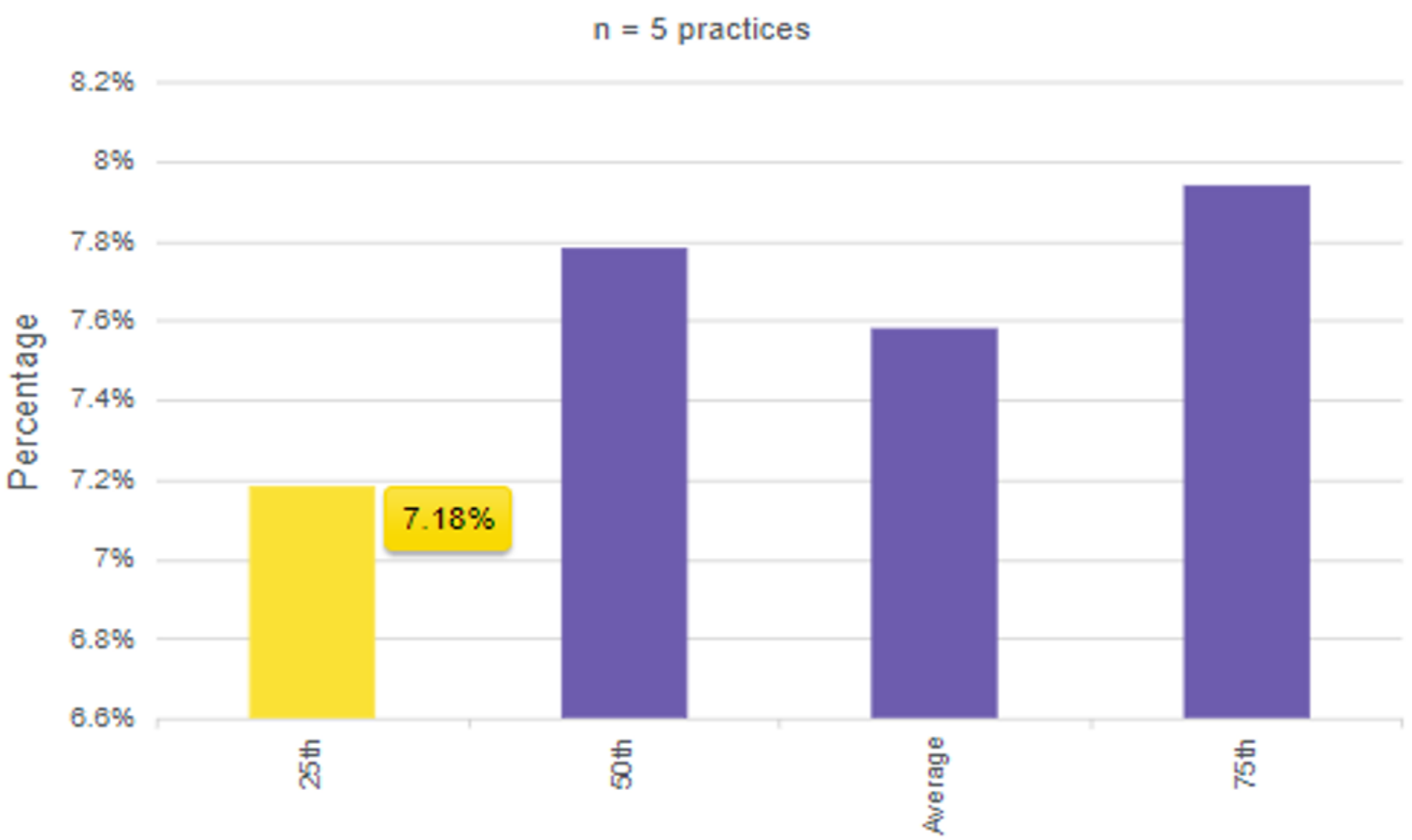

The denial rate represents the percentage of your claims that are denied by payers.

Technical Denials Report

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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
Total: Eligibility		-496	1,619	-94		-15,665		1,562	-13,074
Med.Records									
	00000835 - TIMELY FILING W/O MED RECORDS					-2,881			-2,881
Total: Med.Records						-2,881			-2,881
Pt Accting									
	00000260 - CLOSE ACCOUNT	-18							-18
	00000262 - SMALL BALANCE W-O	-57	-85	-140	1	-55	-30	-9	-374
Total: Pt Accting		-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
Total: Pt Care		-17,168	3,038		10,322	-4,334	-7,914	-3,180	-19,237
Total: Technical Denials		-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 prior authorization, appeals being denied, etc.

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,	**$4.20**
For every account assign	**$52.42**

Assignment Summary	# Assigned	$ Placed	$ Recovered
Transferred from TSI (Phase 1)	102	82,806.26	961.31
Direct Assign to CMS (Phase 2)	9	8,419.80	277.97
Total CMS Placements	111	91,226.06	1,239.28
Average Balance Assigned		821.86	

Performance Summary	# Assigned	$ Placed	$ Recovered
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
Net Assigned	70	49,351.10	1,157.70

Performance	
Total Recovered	1,239.28
Recovery Rate on Net Assigned	2.51%
Recovery Rate on Total Assigned	1.36%

Account Detail Summary	# Assigned	$ Placed	$ Recovered
Paid Accounts			
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
Open Accounts			
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
Closed Accounts			
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

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Accounts placed in collections—Patients who have been discharged from practice

COAnalyzer: Cost per Current Procedural Terminology (CPT®) Code

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	Total CPT Codes Billed	Provider Cost per Code	Practice Cost per Code	Malpractice Cost per Code	Total Cost per Code	Breakeven Cost
Consultations & New Patients, Office						
99204 Office/Outpatient Visit New.	1,485	$ 219.44	$ 141.28	$ 7.33	$ 368.05	$ 148.61
99205 Office/Outpatient Visit New.	1,045	$ 286.27	$ 168.97	$ 9.42	$ 464.66	$ 178.39
Established Patients, Office (Inclusive of all Modifiers)						
99214 Office/Outpatient Visit Est.	16,790	$ 135.46	$ 103.66	$ 3.49	$ 242.60	$ 107.14
99215 Office/Outpatient Visit Est.	2,800	$ 190.55	$ 130.63	$ 5.23	$ 326.41	$ 135.87
Initial Infusion						
96409 Chemo IV Push Sngl Drug	370	$ 21.67	$ 194.53	$ 2.44	$ 218.65	$ 196.97
96413 Chemo IV Infusion 1 Hr	7,902	$ 25.29	$ 256.30	$ 2.79	$ 284.38	$ 259.09
RADIATION SERVICES						
77014 Radiation Therapy Planning	843	$ 76.76	$ 26.98	$ 1.40	$ 105.13	$ 28.37
77334 Radiation Therapy Planning	312	$ 103.85	$ 36.92	$ 1.74	$ 142.51	$ 38.66

COAnalyzer: Net Medicare Loss, Assuming All Patients on Medicare Fee Schedule

ACCC 2023 Oncology Reimbursement MEETINGS

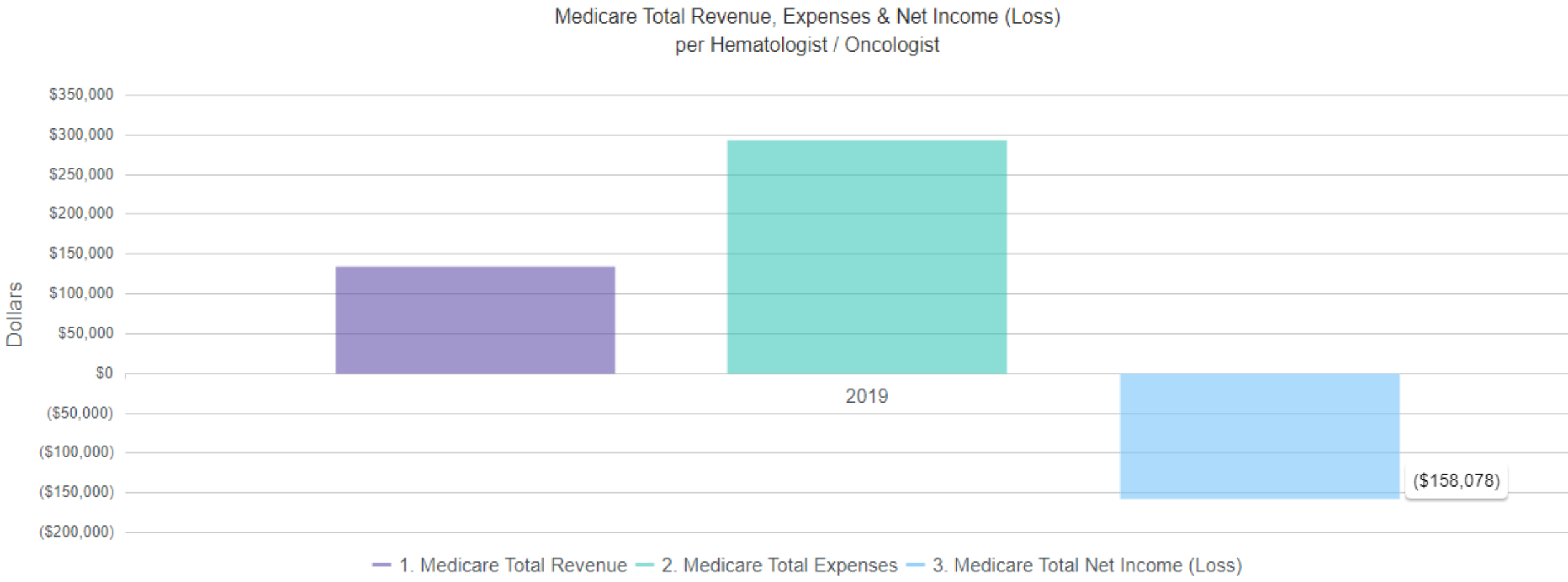
	Total CPT Codes Billed	Overall Income (Loss) if 100% Medicare	Overall Breakeven Income (Loss) if 100% Medicare
Consultations & New Patients, Office			
99204 Office/Outpatient Visit New.	1,485	-$ 301,291.65	$ 24,576.75
99205 Office/Outpatient Visit New.	1,045	-$ 268,565.00	$ 30,587.15
Established Patients, Office (Inclusive of all Modifiers)			
99214 Office/Outpatient Visit Est.	16,790	-$ 2,239,786.00	$ 34,587.40
99215 Office/Outpatient Visit Est.	2,800	-$ 504,196.00	$ 0.00
Initial Infusion			
96411 Chemo IV Push Addl Drug	1,325	-$ 81,196.00	-$ 57,266.50
96413 Chemo IV Infusion 1 Hr	7,902	-$ 1,133,067.78	-$ 933,226.20
RADIATION SERVICES			
77014 Radiation Therapy Planning	843	-$ 50,318.67	$ 14,390.01
77334 Radiation Therapy Planning	312	-$ 25,256.40	$ 7,144.80
Grand Totals		**-$ 8,419,366.97**	**-$ 1,219,248.46**

COAnalyzer: Medicare Patient Revenue Less Total Costs (45% Medicare Patient Base)

ACCC 2023 Oncology Reimbursement MEETINGS

	Total CPT Codes Billed	Estimated Billable for Medicare	Reimbursement per Code	Total Cost per Code	Net Reimbursement per Code	Total Reimbursement per Estimated Billable Codes for Medicare	Total Overall Costs per Estimated Billable Codes for Medicare	Total Net Reimbursement per Code
Consultations & New Patients, Office								
99204 Office/Outpatient Visit New.	1,485	223	$ 165.16	$ 368.05	-$ 202.89	$ 36,830.68	$ 82,075.15	-$ 45,244.47
99205 Office/Outpatient Visit New.	1,045	157	$ 207.66	$ 464.66	-$ 257.00	$ 32,602.62	$ 72,951.62	-$ 40,349.00
Established Patients, Office (Inclusive of all Modifiers)								
99214 Office/Outpatient Visit Est.	16,790	2,519	$ 109.21	$ 242.61	-$ 133.40	$ 275,099.99	$ 611,134.59	-$ 336,034.60
99215 Office/Outpatient Visit Est.	2,800	420	$ 146.34	$ 326.41	-$ 180.07	$ 61,462.80	$ 137,092.20	-$ 75,629.40
Initial Infusion								
96411 Chemo IV Push Addl Drug	1,325	199	$ 58.65	$ 119.93	-$ 61.28	$ 11,671.35	$ 23,866.07	-$ 12,194.72
96413 Chemo IV Infusion 1 Hr	7,902	1,185	$ 140.99	$ 284.38	-$ 143.39	$ 167,073.15	$ 336,990.30	-$ 169,917.15
RADIATION SERVICES								
77014 Radiation Therapy Planning	843	126	$ 45.45	$ 105.14	-$ 59.69	$ 5,726.70	$ 13,247.64	-$ 7,520.94
77334 Radiation Therapy Planning	312	47	$ 61.56	$ 142.51	-$ 80.95	$ 2,893.32	$ 6,697.97	-$ 3,804.65
Grand Totals						**$ 1,076,927.89**	**$ 2,341,552.52**	**-$ 1,264,624.63**
Totals per Hematologist/Oncologist						**$ 134,615.99**	**$ 292,694.07**	**-$ 158,078.08**

COAnalyzer: Overview of Revenue & Expenses for All Medicare Patients



COAnalyzer: Medicare Patient Revenue Less Total Breakeven Costs (45% Medicare Patient Base)

ACCC 2023 Oncology Reimbursement MEETINGS

	Estimated Billable for Medicare	Reimbursement per Code	Breakeven Cost per Code	Breakeven Net Cost per Code	Total Overall Breakeven Costs per Code for Medicare
Consultations & New Patients, Office					
99204 Office/Outpatient Visit New.	223.00	$ 165.16	$ 148.61	$ 16.55	$ 3,690.65
99205 Office/Outpatient Visit New.	157.00	$ 207.66	$ 178.39	$ 29.27	$ 4,595.39
Established Patients, Office (Inclusive of all Modifiers)					
99214 Office/Outpatient Visit Est.	2,519.00	$ 109.21	$ 107.15	$ 2.06	$ 5,189.14
99215 Office/Outpatient Visit Est.	420.00	$ 146.34	$ 135.86	$ 10.48	$ 4,401.60
Initial Infusion					
96411 Chemo IV Push Addl Drug	199.00	$ 58.65	$ 101.87	-$ 43.22	-$ 8,600.78
96413 Chemo IV Infusion 1 Hr	1,185.00	$ 140.99	$ 259.09	-$ 118.10	-$ 139,948.50
RADIATION SERVICES					
77014 Radiation Therapy Planning	126.00	$ 45.45	$ 28.38	$ 17.07	$ 2,150.82
77334 Radiation Therapy Planning	47.00	$ 61.56	$ 38.66	$ 22.90	$ 1,076.30
Grand Totals					**-$ 182,618.18**
Totals per Hematologist/Oncologist					**-$ 22,827.27**

Contract Negotiation Example with Anthem

CPT CODE	DESCRIPTION	COST PER CPT CODE	# OF TIMES PERFORMED Anthem	TOTAL REIMB VS COST-Anthem	New Negotiated Rates	TOTAL New REIMB VS COST-Anthem
38221	BONE MARROW BIOPSY	357.49	2	-374.60		-374.60
99201	Office/outpatient visit, new	109.75	0	0.00		0.00
99202	Office/outpatient visit, new	195.42	0	0.00		0.00
99203	NP DETAILED, LOW COMPLEX	279.05	12	-2,040.00		-2,040.00
99204	NP COMPREHENS, MOD CMPLX	318.27	63	-9,599.31		-9,599.31
99205	NP COMPREHENS, HIGH	413.33	56	-11,473.28		-11,473.28
99211	ESTAB PT-NP PHYSCIAN	39.64	98	-1,922.76		-1,922.76
99212	PROB FOCUSED, STRTFWD	81.39	169	-6,322.29		-6,322.29
99213	EXPANDED, LOW COMPLX	115.41	276	-11,721.72		-11,721.72
99214	DETAILED, MOD COMPLX	184.56	644	-49,085.68	135.43	-31,639.72
99215	COMPREHENS/HIGH COMPLX	280.78	385	-51,797.90	182.80	-37,722.30
99221	H&P/LOW	179.09	2	-152.94		-152.94
99222	H&P/MODERATE	298.48	40	-6,404.40		-6,404.40
99223	H&P/HIGH	416.65	43	-9,106.54		-9,106.54
99231	HOSP/PROB FOCUS/LOW	89.68	85	-4,279.75		-4,279.75
99232	HOSP/EXPANDED/MOD	147.82	163	-12,205.44	91.18	-9,232.32
99233	HOSP/DETAILED/HIGH	210.30	137	-14,409.66	131.40	-10,809.30
96360	IV infuse hydration, initial	89.30	10	-313.80		-313.80
96361	Each additional infuse hour	30.01	21	-307.44		-307.44
96365	IV infusion therapy/diagnost	109.53	215	-8,481.75		-8,481.75
96366	Each additional hr up to 8hr	43.86	173	-4,309.43		-4,309.43
96367	Additional sequential infuse	64.27	593	-20,090.84	37.99	-15,584.04
96368	Concurrent infusion	41.20	240	-4,910.40		-4,910.40
96372	Therapeutic/diagnostic injec	37.72	478	-5,893.74	31.74	-2,858.44
96374	IV push,single orinitial dru	85.60	4	-113.56		-113.56
96375	Each addition sequential IV	39.86	99	-1,715.67		-1,715.67
96401	Chemo adminisrate subcut/IM	90.10	30	-450.60		-450.60
96402	Hormonal anti-neoplastic	68.47	9	-323.37		-323.37
96409	IV push single/initial subst	168.64	20	-1,148.80		-1,148.80
96411	IV push each additional drug	101.39	9	-352.62		-352.62
96413	Chemotherapy IV one hr initi	230.04	434	-40,869.78	169.84	-26,126.80
96415	Each additional hr 1-8 hrs	60.08	407	-12,954.81	35.31	-10,081.39
96416	Prolong chemo infuse>8hrs pu	241.66	13	-1,310.27		-1,310.27
96417	Each add sequential infusion	117.68	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

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$305,667—Actual Anthem loss on evaluation & management codes

$63,254—Savings on having Anthem increase 8 highly utilized codes

Questions?

Association of Community Cancer Centers