

Second Edition

HEALTH CARE FINANCE

and the Mechanics of Insurance and Reimbursement

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Dedication

This book is dedicated to the people in my life who, unfortunately, have passed away, but along their way in life, they provided me with insight, understanding, patience, love, and most importantly, the ability to know that what one receives in life must be shared with others, or the tremendous gift they gave me would be lost.

Vincent J. Harrington
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Contents

Preface ix
Acknowledgments xiii
Foreword xv
About the Author xvii

PART I **1**

Chapter 1 Introduction to Healthcare Finance 3
Introduction 3
Accounting Authorities 4
Objectives for Financial Reporting 6
Sources of Financial Data 10
Uses of Financial Data 11
Conclusion 12
References 12

Chapter 2 Financial Management 13
Introduction 13
Financial Accounting 14
Assets 14
Liabilities 16
Net Assets and Equity 17
Revenue 17
Expenses 17
General Ledger 18
Managerial Accounting 19
Budgets 21
Capital Budgets 24
Financial Statements 24

Who Uses Financial Statements 27
Accrual Accounting Method 28
Ratio Analysis 28
Conclusion 29
References 31

PART II **33**

Chapter 3 Introduction to Claims Processing 35
Introduction 35
History of Reimbursement 36
Providers, Suppliers, and Claims 36
Physician Self-Referral Prohibition 47
Financial Liability Protections for Beneficiaries 48
Appeals of Claims 51
Completing the Form CMS-1450 Data Set 52
Conclusion 54
References 54

Chapter 4 Government Payer Types 57
Introduction 57
The History of Medicare 57
Medicaid 66
Other Types of Coverage 67
Conclusion 71
References 71

Chapter 5 Affordable Care Act 73
Introduction 73
The Patient Protection and Affordable Care Act 74

Time Line of the PPACA78
 The Center for Consumer Information
 and Insurance Oversight81
 Conclusion93
 References94

Chapter 6 Managed-Care Organizations ... 95

Introduction.....95
 Health Maintenance Organizations96
 Managed-Care Cost Controls99
 Contract Management and Financial
 Incentives..... 101
 National Committee for Quality Assurance..... 103
 Healthcare Effectiveness Data
 and Information Set..... 104
 Medicare Managed Care..... 105
 Coordinated Care Plan..... 105
 Special Needs Plans..... 106
 Senior Housing Facility Plans..... 107
 Medical Savings Account Plans 107
 Private Fee-for-Service Plans 107
 Religious Fraternal Benefit Plans 107
 Conclusion 108
 References 108

**Chapter 7 Medicare Prospective
 Payment Systems 109**

Introduction..... 109
 History of Prospective Payment Systems 110
 Acute Care Prospective Payment System..... 111
 Billing of Transplant Services..... 121
 Inpatient Rehabilitation Facility Prospective
 Payment System 123
 Inpatient Facility Prospective Payment
 System..... 126
 Calculation of IPF PPS Payment 128
 Health Insurance Prospective Payment
 System 128
 Long-Term Care Hospitals PPS 129

Conclusion 132
 References 132

**Chapter 8 Hospital Outpatient
 Prospective Payment System 133**

Introduction..... 133
 Hospital Outpatient Prospective Payment
 System..... 133
 Home Health Prospective Payment System 139
 Home Health Prospective Payment System
 Consolidated Billing..... 144
 Ambulatory Surgical Center..... 146
 Conclusion 147
 References 147

**Chapter 9 Coding for the Non-Health
 Information Management Professional ... 149**

Introduction..... 149
 The Health Record 150
 ICD History 153
 International Classification of Diseases,
 Tenth Revision, Clinical Modification
 (ICD-10-CM) 155
 Healthcare Common Procedure Coding
 System..... 159
 Evaluation and Management 161
 Conclusion 165
 References 165

**Chapter 10 Revenue Cycle
 Management..... 167**

Introduction..... 167
 Components of the Revenue Cycle 168
 Front-End Process 170
 Middle Process 173
 Back-End Process 177
 Quality Measures for Improvement 178
 Conclusion 178
 References 179

Chapter 11 Healthcare Fraud and Abuse 181

Introduction..... 181
 Medicare Fraud..... 181
 Medicare Abuse..... 182
 CMS Fraud Prevention Initiative..... 182
 Healthcare Fraud Prevention and Enforcement Action Team 183
 Zone Program Integrity Contractors..... 184
 National Benefit Integrity and Medicare Drug Integrity Contractor 184
 Medicare Fraud and Abuse Laws..... 184
 The Center for Program Integrity..... 185
 Top 10 Ways Consumers Can Help Fight Medicare Fraud 185
 False Claims Act 186
 Criminal Health Care Fraud Statute..... 186
 Anti-Kickback Statute..... 186
 Physician Self-Referral Law (Stark Law) 187
 Exclusion e Participation in Federal Healthcare Programs..... 187
 Violation of OIG Exclusion by an Excluded Person 188
 Determining If an Individual or Entity Is Excluded..... 189
 Frequency of Screening and Which Individuals to Screen..... 190
 Physician Self-Referral..... 191
 Physician Compliance Programs..... 192
 Conclusion..... 194
 References 194

Chapter 12 Electronic Health Records and Meaningful Use 197

Introduction..... 197
 Electronic Health Record..... 198
 Meaningful Use..... 199
 Conclusion..... 213
 References 213

Chapter 13 Government Incentive Programs 215

Introduction..... 215
 Pay-for-Performance..... 216
 Hospital VBP Program..... 218
 Hospital Consumer Assessment of Healthcare Providers and Systems 224
 Patient-Centered Medical Homes..... 226
 Independence at Home Demonstration Project..... 227
 Comprehensive Primary Care Plus 228
 Conclusion..... 231
 References 232

Chapter 14 Recovery Audit Contractors ... 233

Introduction..... 233
 Origin and History..... 233
 Goals of the Recovery Audit Contractor..... 235
 The RAC Process from Review to Response..... 236
 Review of the RAC..... 240
 Tools for the Healthcare Administrator 242
 Conclusion..... 243
 References 243

Chapter 15 Introduction to the Mechanics of Hierarchical Condition Categories from a CMS Perspective 245

Introduction..... 245
 Reinsurance..... 246
 Risk Adjustment History 247
 Risk Adjustment Data Submission..... 248
 Risk Adjustment Models Overview..... 248
 Setting of Payments for the HCC Risk Adjustment Model..... 249
 Risk Adjustment Models for CMS-HCC 252
 Prescription Drug HCC..... 256
 Comparison of the CMS-HCC Model with the CMS RxHCC Model..... 257

The Payment Process for Risk Adjustments 258
ICD-10-CM Coding for HCC 262
Conclusion 262
References 262

**Chapter 16 The Application of HCC
in a Physician Practice and Lessons
Learned 263**

Introduction 263
The Purpose of HCC 264
Key Components of an HCC EM Visit 265

The Mechanics of HCC 269
The Mechanics of HCC from a Coder's
Perspective 271
HCC and the CMS 1500 Claim Form 272
Lessons Learned 272
Conclusion 281
References 281

List of Acronyms 283

Glossary 287

Index 301

Preface

In our current healthcare delivery model, the healthcare administrator needs to be more adept in managing not only the financial end of the facility, such as appropriate debits, credits, ratios, and trial balances, but also the reimbursement end that is a feeder to these reports and transactions. As a matter of fact, the financial end has become more involved with, and reliant on, the reimbursement process unlike in years past. In addition, the overall profitability of the healthcare organization rests entirely on their shoulders and is tied to reimbursement and the quality of care provided to the patient. It is imperative that the healthcare administrator knows about all of these areas through the education process and that from their first job postgraduation, they must be aware of these complex reimbursement issues on day one of their employment and not wait until they can learn on the job.

In my years of teaching healthcare finance and healthcare reimbursement at the undergraduate and graduate levels, I looked at several healthcare finance books for the courses I taught, and they all focused on accounting and only touched on a few areas of reimbursement. However, with the rapidly changing environment where reimbursement is the driving force of healthcare facilities, we need to give faculty the tools necessary to educate their students and prepare them to make an impact in the field that they have chosen to pursue. The graduates who have received a robust and comprehensive education in healthcare finance, along with healthcare reimbursement, will

be far more marketable as professionals than those without any formal education in healthcare reimbursement. It is more evident now than ever before that a healthcare facility is not only responsible for quality care but it is also fully responsible for the profit or loss on any given patient stay. This responsibility comes from the integration of the Revenue Cycle into the daily management function of the Healthcare Administrator and that of the Health Information Management professional. All departments are not only worried about their annual budget, but they are also concerned about driving quality, reducing costs, and improving access for the patients. This is happening because the focus on reimbursement is now the driving force in healthcare facilities; processes are integrated across the continuum of care, which makes everyone responsible for the financial success of the facility.

The current topics that a healthcare administrator has to deal with when it comes to reimbursement are the different types of payment arrangements, such as block payments, capitation, and Managed Care. Synonymous with reimbursement these days are diagnosis-related groups and prospective payment systems for acute, inpatient rehabilitation, skilled nursing facilities, home care, outpatient settings, and ambulatory surgical centers. As if the different payment types were not enough, the healthcare administrator has to deal with readmissions, and Case Mix Index and the Recovery Audit Contractors (RAC) who look for overpayments made to a facility.

► What the Text Does for the Student

Healthcare Finance and the Mechanics of Insurance and Reimbursement introduces reimbursement to the healthcare administrator and gives them a comprehensive outlook on who are the payers in health care, the payment systems in health care, basic coding instruction, Revenue Cycle Management, what fraud and abuse are and how they can have a negative impact on your facility, some essential tools that can have a negative impact on your facility if they are not managed daily, such as transfer cases and high cost outliers, and tomorrow's trends. Reimbursement has evolved from a process where hospitals and other healthcare providers were paid for what they did for the patient. This type of retrospective payment system, fee-for-service, is one of the leading causes for healthcare costs spiraling out of control in the 1970s and 1980s. Now, we have a prospective payment system for many of the types of care, such as Inpatient Prospective Payment System and Hospital Outpatient Prospective Payment System. These payment systems allow the healthcare facility to be in full control of their profit or loss on any given patient. Unless the healthcare administrator has a solid foundation of finance and reimbursement, they will not have the necessary skill sets to manage effectively in today's environment.

Other healthcare finance books cover all of the basic functions of accounting, such as business transactions, general ledger, financial statements, depreciation, payroll, expenses, inventories, and interpretation of financial statements. *Healthcare Finance and the Mechanics of Insurance and Reimbursement* will not only cover the basic financial accounting process, but it will also cover things like the interpretation of financial statements in the healthcare arena, which is crucial for the

healthcare administrator as they will need to manage their facilities with these financial statements. Understanding the different ways an insurance company can pay a facility will help the healthcare administrator become more involved in the contract negotiation process and work toward a more favorable contract or better manage the population that is being served.

Along with this, the different types of insurance coverage will be addressed. This will include traditional insurance, managed care, HMOs, Medicaid, and Medicare. Understanding how these payers work is instrumental to the healthcare administrator so that they can better manage their contracts and reimbursement levels and enable their facility to remain profitable. This text will help the healthcare manager to better understand Managed-Care Organizations (MCO), Staff Models, Closed Networks, Exclusive Provider Organizations, and Preferred Provider Organizations, just to name a few. Understanding MCOs and all of their unique characteristics are critical to the healthcare manager, so they can effectively plan budgets, negotiate contracts, and understand the projected utilization vs. the actual utilization needed to break even or realize a profit while servicing the MCO's patients.

Healthcare Finance and the Mechanics of Insurance and Reimbursement addresses not only the basic finance and accounting tools for the healthcare administrator but also the full picture of reimbursement, including Charge Description Master (CDM) and Revenue Cycle Management. The CDM is a tool that automatically manages up to 70% of the charges in a hospital. The CDM is managed by both the Finance Department and the Health Information Management Department. If this tool is not accurate, it is highly likely that the facility revenue will not be accurate. It can either be understated or overstated. If it is understated, then costs need to be cut or programs that are not profitable need to be eliminated. But, without the CDM

being accurate, some of the programs could be losing money or their revenue could be understated. With regard to overstating revenue, this usually generates a visit from your payers or the federal government (OIG or CMS) and can lead to charges of fraud, abuse, or both.

Revenue Cycle Management is not a new tool for the healthcare administrator, but a process that has evolved from a fragmented system of individual departments, each managing a single part of the revenue process of a system that has integrated all sections that handle the revenue process, into one function called the Revenue Cycle. The revenue for a healthcare facility has evolved from an accounting- and finance-driven area with cost reports to a Revenue Cycle process in that insurance companies and other payers reimburse the facility based on the services provided to the patient. It is critical for the Finance Department and Health Information Management to communicate on a daily basis to see about charts that are not coded yet, audits from payers, and Case Mix Index issues. If the healthcare administrator is not well versed in the Revenue Cycle, he or she stands to have a very short career in that healthcare facility.

Finally, the text addresses Electronic Medical Records. This is generally a costly project to undertake, but it is also another way to receive reimbursement from the government that can help to cover the expense of catching up to the electronic age. In *Health Care Finance and the Mechanics of Insurance and Reimbursement*, the basics of healthcare finance will be covered along with Electronic Health Records (EHR) and Meaningful Use, which will assist the healthcare administrator to not only be up to speed with current topics

but also be able to act on and implement the changes necessary to meet the standards set forth in the recent health reform bill in the Obama Administration.

Now, it is clear to me that if we provide access to the information that includes Health Care Reimbursement to the Health Care Administration student, they will be better equipped to function in the healthcare environment today. This ever-changing environment has shifted from the process-oriented environment of cost reporting to a fully integrated Revenue Cycle Management-focused environment. I had to learn this process on my own, as did many of the current Vice Presidents of Health Care Finance and/or Vice Presidents of Revenue Cycle Management because it is not offered in many of the Health Care Administration programs. However, there is one thing that none of us can forget. There is a patient in the middle of all of this, and we need to keep our facilities providing the highest quality care for the patient, and at the same time understand the revenue streams and remain profitable and be able to change with the times. This includes access, technology, cost reduction, and increased quality delivered to the patient. And, last but not least, we must be able to survive in an era of Pay-for-Performance, Medical Home Models, and Value-Based Purchasing where the Healthcare Administration student needs to be well versed in all future trends in health care. Bringing healthcare reimbursement to the forefront can have a significant impact in the education process of Healthcare Administration programs because, after 30 years of the same approach, I think it is time for a change.

Acknowledgments

I really do enjoy teaching and feel that everyone learns differently. I pride myself in taking the time to get to know all the students in the class and to make sure that I figure out how each one learns. This process is accomplished by timely and accurate communication in class through discussions, assignments, and e-mails. I find that my experience in the healthcare arena was started by someone who believed in me and mentored me through my early years. This person is my sister, Ruthann, and without her help, I would not be where I am today. So, with that said, I do what I do in the healthcare field and the classroom because I want to give back what was given to me.

Others who were of great help along the way were Dr. Twila Weiszbrod from St. Joseph's College of Maine, who is the Program Director for the Healthcare Administration Program. Twila was not only instrumental in supporting me with encouraging dialogue along the way, but she also provided me with her insight into the need for focusing more on reimbursement in a healthcare administration program to support the current and future trends in the healthcare market. Her direction and insight were invaluable, and I can't thank her enough. And my sister Ruthann, who was instrumental

in guiding me into health care through medical records as a teenager and ultimately to a teaching role that really opened my eyes to the issues that we face in health care. Her genuine belief in me and guidance helped me to become the person that I am today. Then there was one person who stepped up to help at the last hour with Hierarchical Condition Categories (HCC). His name is John Sullivan from Premera Blue Cross. John was very helpful in gathering information for the HCC material presented in the book. John and I never met before our emails back and forth regarding information on HCCs. Through his help and research, I was able to develop additional material used in the Discussion Questions and Case Studies for the students to engage in and learn from in these chapters.

Most importantly, I acknowledge my wife Kathy and our daughter Michaela. The time spent away from the family to complete this book was significant, and without their support and understanding, none of this would be possible. So, I say thank you to Kathy and Michaela. And since the second book is now complete, maybe this time we will stop eating out every night and start cooking again. Probably not.

Foreword

I have been in the healthcare industry for many years as a consultant, an executive, and now as an educator. The foundation of this book on healthcare reimbursement has always been one of the most critical factors in understanding healthcare operations. Over the past several years, considerable attention has been given to Revenue Cycle Management such as front-end, middle, and back-end processes to address many financial challenges the U.S. healthcare system faces today. While some parts of the Revenue Cycle process are very involved and may differ by provider and location, the necessary steps required are the same across the industry.

An essential aspect of this book is the initiation of the learner into the language of healthcare reimbursement. This book provides significant value to professionals, educators, and students with a comprehensive overview and awareness of finance and reimbursement, including claims processing, government payer types, prospective payment systems, coding, and government incentive programs,

to name a few. The content in this book provides the student to understand key concepts that guide administrators. The author, Kevin Harrington, has made considerable effort to ensure that the principles, processes, and ever-changing reimbursement models are up to date with the industry. This second edition offers educators and students exposure and understanding of Hierarchical Condition Categories (HCCs), and Comprehensive Primary Care Plus (CPC+), a multi-payer care delivery and payment model. As value-based purchasing (VBP) and Pay-for-Performance (P4P) systems are rapidly spreading across the healthcare sector, think of this book as an essential companion and survival guide, as the nation shifts from volume to value-based reimbursement.

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About the Author

Michael K. Harrington, MATS, MSHA, RHIA, CHP, has more than 30 years of experience in health care in areas such as Health Information Management, managing home-care companies on a local and regional level, and consulting in the post-acute sector. He is a leading authority on healthcare reimbursement and Revenue Cycle Management (RCM) and has extensive experience in implementing the RCM model in physicians' offices and other healthcare organizations outside of the acute-care setting.

After starting out in the healthcare field in a home care company as a coordinator, Harrington quickly advanced into managing home care companies that handled durable medical equipment, specialty home infusion, high-tech respiratory services, and specialty biologicals, and repositioned these companies by using reimbursement and quality clinical care as the cornerstones to his success. In addition to managing home care companies, Harrington started to teach and was part of the adjunct faculty at Gwynedd Mercy College, Temple University, and St. Joseph's University in the Philadelphia area. His focus has always been

in healthcare reimbursement when teaching, but he has instructed in other areas, such as Healthcare Policy, Healthcare Ethics, Healthcare Delivery, Computerized Medical Records, and Healthcare Law. Recently, Harrington has been named Program Director over the Health Administration Department for St. Joseph's College of Maine. His responsibilities include the Undergraduate Health Administration, Health Information Management, Long-Term Care, Radiologic Science Administration Programs, and a Graduate Level Health Administration Program.

Harrington earned his bachelor's degree from LaSalle College and his master's degree from Independence University (formerly California College for Health Sciences). Harrington also earned his Registered Health Information Management (RHIA) credentials at Alabama State University. He is an active patient advocate and is a much sought-after speaker, on a global basis, in the areas of healthcare reimbursement, healthcare finance, and healthcare operations.

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