Hospital Billing and Pharmacy
Nich Lohman, PharmD
Hospital Pharmacy Management

Types of Reimbursement

• Fee Schedule
  • CPT (Common Procedure Terminology) Codes
  • Fees based on what procedure was performed
  • DRG (Diagnosis Related Groups)
  • Independent of Charges and LOS
  • Fee Schedules-Allowables
    • No matter what you charge, pay the lessor
  • Private Payors
    • BC/BS
    • Aetna
    • United, etc

Types of Reimbursement

• Charge Based
  • Cost Based, AWP, Manually
  • Percentage of Charged amount
    • MCR see rate (% of cost report)
  • Private Pay
Types of Reimbursement

- Cost Based
- MCR Cost Report
  - Cost + 1%
  - Reimbursable vs Non-Reimbursable costs
  - Allowable vs Unallowable

Reimbursable Costs

- Med/Surg
- OR
- Lab
- Pharmacy
- ER
- Radiology
- PT/OT
- Speech
- Swingbed
- Supplies
- Provider based clinic
- Rural Health clinic

Non-Reimbursable Costs

- Home Health
- Hospice
- SNF
- Non-Provider based clinics
  - RN Diabetes educator clinic
  - RPh Coumadin clinic
- Wellness Centers
- Assisted Living
Allowable Costs

- Must be for patient care
  - IBU 200mg for staff use
  - Employee OutPt Rx
  - Lobbying
  - Advertising
- In Excess of established amounts
  - Reasonable limits on staff/physician pay
- Non-pt revenue offset against “Cost”
  - Outpt Rx
  - Cafeteria

Overhead Allocation

- Total up all the Reimbursable costs Allowable
- MCR wants to allot how much of your Costs are attributable to their MCR patients
  - Movable Equipment (portable X-Ray)
  - Laundry costs (MCR % vs MCR Patient Days %)
  - Square Footage Allocation
    - Goal is to use as much square footage as possible for MCR patients
      - OB/Med/Surg Flex Rooms
- Eventually you end with Dept specific Percentages for costs that get applied to how they reimburse

Cost Pay in VS Pay out

- Once you get a final number for the costs and percentages you “settle up”
  - IF reimbursement > costs, You owe money
  - IF reimbursement < costs, You get money
  - Ideally, it's like paying income tax. Your goal is to break even, maybe get a little refund.
- Hospital Cash Flow
  - Expense changes (increase in drug prices)
    - Inadequate reimbursement throughout the year
“It doesn’t matter, we’re Cost+”

- NO NO NO NO
  - Only if you were 100% MCR
  - In General: you get a flat amount per day, no matter what you spend
    - High Dose Influenza separately billable
    - Inpt Chemo
  - What you can collect and bill before the cost report affects cash flow
    - Get $1000/day, spend $500/day on drugs = $500/day cash flow
    - Get $1000/day, spend $200/day on drugs = $800/day cash flow
  - Cost Report Time: ex: 70% of Rx dept costs are Cost+
    - Take all your drug costs x 0.7 and that (~1%) is what you get from MCR during settle up
    - The other 30% of your patients (BCBS/Private Payers) you need to make up 29% of your costs just to break even.

CAH Inpt Strategies

- Mindset
  - Do everything you can possibly do for pt’s health
  - Do what is required to get the pt to discharge

- Formulary Control
  - Cheapest drug to get the job done
  - Invanz vs Merrem
  - Inhalers
  - Staying on Contract

CAH Inpt Strategies

- Formulary
  - Autosubs – minimize non-formulary
  - Call the prescriber, explain the cost differences

- Inpt Formulary vs Outpt Formulary
  - Invanz Vs Merrem
  - Orbacto Vs Vancomycin

- Shift unreimbursable Inpt costs to reimbursable outpt costs
  - OB postpartum Depo-Provera
  - Vaccines
    - Influenza/Pneumococcus no longer a quality measure
  - Prolia and Procrit
    - Ask if they can be delayed until outpt
Billing Integrity

- Periodically Review your J-Codes
- Periodically Review your Multipliers
- Review your charges for appropriateness

CAH Outpt Strategies

- Review your reimbursements
- Look for classes and margins
  - Procrit vs Aranesp
  - Neupogen vs Granix
  - Vancomycin vs Orbactiv
  - Prolia vs Boniva vs Reclast
  - Orencia vs Remicade
  - IVIG brands
  - Worth a call to the specialists office
- Precert
  - If the drug is new to you, contact pt accounts first

Allowables

- https://www.cms.gov/Medicare/Medicare‐Fee‐for‐Service‐Part‐B‐Drugs/McrPartBDrugAvgSalesPrice/2017ASPFiles.html
- https://www.kmap‐state‐ks.us/Provider/PRICING/RefCode.asp