

The background features abstract, overlapping green geometric shapes in various shades, creating a modern and professional aesthetic. The shapes are primarily triangles and polygons, some solid and some semi-transparent, arranged in a way that suggests movement and depth.

Assessing the Financial Impact *Implementing Medicare Billing: Free Clinic or Fee for Service?*

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DISCLOSURE STATEMENTS

▶ Heidi Verticchio

▶ Financial

- ▶ Employed by Illinois State University
- ▶ Receiving a stipend from CAPCSD for this webinar

▶ Non-financial

- ▶ None to report

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- ▶ Employed by the University of South Carolina
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- ▶ Immediate Past President of CAPCSD, Member of the ASHA Health Care Economics Committee.

Learning Outcomes

- ▶ Compare and contrast the pros and cons of providing free services versus billing for services.
- ▶ Develop a cost analysis to determine if Medicare billing is feasible.

THE CHALLENGE FOR UNIVERSITY CLINICS

- ▶ Balancing clinical teaching with generating income.
- ▶ Changing the mindset of clinical faculty
- ▶ Finding alternate funding sources to support clinic
- ▶ Maintaining support for an on campus clinic

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The text is centered on a white background within this green frame.

CLINICS CURRENTLY BILLING FOR SERVICES...

...BUT NOT MEDICARE
AND THINKING ABOUT GOING TO A FREE CLINIC

BILLING MEDICARE: DETERMINING ITS COST EFFECTIVENESS

- ▶ Contact local MAC for a list of acceptable billing codes and reimbursement at 80%
- ▶ Determine what type of services you will provide to Medicare beneficiaries
 - ▶ Reminder: Individuals under 65 may qualify for Medicare if considered “disabled” by SSI
 - ▶ Hearing evaluations
 - ▶ Speech-Language Evaluations and Treatment
 - ▶ Aphasia
 - ▶ Voice disorders
 - ▶ Neurogenic stuttering
 - ▶ Parkinson’s Disease

BILLING MEDICARE: COST ANALYSIS

- ▶ Determine the number of Medicare eligible patients who received audiology and speech services from previous years' data in your scheduling and/or billing system
- ▶ Determine the average potential income per year based on this data
 - ▶ Also, think about the variety of direct contact hours this could provide to students in our programs.
- ▶ Note: These numbers may need to be lowered depending on how many Medicare beneficiaries you can evaluate and treat given the supervision and paperwork requirements
 - ▶ Medicare patients in Part B require personal supervision (in the room while services are being provided)

BILLING MEDICARE: COST ANALYSIS

- ▶ Itemize tangibles for billing Medicare
 - ▶ Determine how many Medicare patients you can treat in any semester
 - ▶ Determine if you need an additional clinical faculty member
 - ▶ Determine if you need additional staff
 - ▶ Already have a EMR system?
- ▶ Itemize the benefits for billing Medicare
 - ▶ Potential income produced
 - ▶ Patient satisfaction
 - ▶ Time and effort
 - ▶ Training
 - ▶ Paperwork
 - ▶ Fundraising

BILLING MEDICARE: COST ANALYSIS

Calculate potential income generated *minus* cost of implementation

Scenario 1: Need to hire one (1) administrative staff person

Generate \$50,000 from Medicare billing

Covers the cost

Scenario 2: Need to hire one (1) administrative staff person

Need to hire one (1) additional SLP

Generate \$50,000 from Medicare billing

Will not cover the cost of both

Choices: 1) Advocate to upper administration for money to hire SLP and/or additional staff member

2) Advocate for free clinic

COULD YOU, SHOULD YOU GO FREE?

PROS AND CONS TO FREE S-L-H SERVICES

PROS

- ▶ Equal access
- ▶ Improve public health
- ▶ Less paperwork
- ▶ Encourages entrepreneurship

CONS

- ▶ Perception of the word “free”
- ▶ Longer wait lists
- ▶ Possible abuse of the system
- ▶ No such thing as “free - no cost attached
- ▶ Providing students with experience with this population
 - ▶ Adult disorder population
 - ▶ Coding/Billing experience

FINANCIAL IMPACT OF FEE FOR SERVICE VERSUS FREE CLINIC

- ▶ Itemize all tangible operating expenses/costs
 - ▶ Staffing costs (wages, fringe, etc.)
 - ▶ Clinical faculty
 - ▶ Administrative staff
 - ▶ The price of materials and equipment
 - ▶ Computers/printers
 - ▶ Electronic Medical Records system
 - ▶ Postage (shipping, handling, etc.)
 - ▶ Real estate (rented offices, etc.)
 - ▶ Utilities (electricity, water, etc.)

BUDGET

▶ University of South Carolina

- ▶ 35%/65% split center/department
 - ▶ Leased space
 - ▶ Utility costs
 - ▶ Faculty and staff salaries
- ▶ All other center operating expenses
 - ▶ Computers/printers for student lab
 - ▶ Monthly EMR costs
 - ▶ Materials and Tests
 - ▶ iPads for use in therapy
 - ▶ Travel expenses to state association

▶ Illinois State University

- ▶ Primarily supported by College and University
 - ▶ Clinic supports minimal salary
 - ▶ Non-continuous employees
- ▶ Clinic dollars support
 - ▶ Annual EMR costs
 - ▶ Professional development and travel
 - ▶ Student wages
 - ▶ Equipment costs

FINANCIAL IMPACT OF FEE FOR SERVICE VERSUS FREE CLINIC

- ▶ How much income from insurance reimbursement contributes to your budget?
- ▶ How will these costs be absorb? Who? What?
 - ▶ Do you have a development office to help raise money?
 - ▶ Do you have a yearly capital campaign? An ongoing method for contributions from former patients, alumni, NSSLHA chapter, etc.?
 - ▶ Donations - Should be done officially through your foundation office. Over the counter cash donations are discouraged
 - ▶ Foundation grants

KNOWLEDGE AND INTERESTS OF UNIVERSITY ADMINISTRATORS

- ▶ Dean and Chair
 - ▶ Is “hands off” as long as we meet our budget for clinic income
 - ▶ Does provide help with staff salaries
 - ▶ Understands other monetary commitments (EMR for e-billing, statistics)
 - ▶ Risk of an audit
 - ▶ In your presence audit
 - ▶ Behind the scenes audit

KNOWLEDGE AND INTERESTS OF UNIVERSITY ADMINISTRATORS

▶ Chair

- ▶ Interested in broad-based information
- ▶ Medical necessity
- ▶ Supervision requirement
- ▶ Need/variety of student contact hours
- ▶ Skilled versus unskilled
- ▶ Paperwork involved
- ▶ Cost involved

SELLING IT: MEDICARE BILLING

- ▶ Be prepared with figures from your cost analysis and budget
- ▶ It is the law
- ▶ Incentives: economic, moral, and social.
- ▶ Make sure they know exactly what seeing Medicare patients can do for your clinic
 - ▶ Diversify patients seen in terms of age and disorder (CAA)
 - ▶ Brand your clinic as a place for where over 65+ can be seen (PR)
 - ▶ Build doctor referrals
- ▶ This generation will be treating you

SELLING IT: MEDICARE BILLING

- ▶ Inform them what research says about, for example, “chronic aphasia”
- ▶ Invite to observe and/or tell a back story
- ▶ Scarcity Principle - Anticipate the regret you might have if you miss out by not acting fast enough. This is our chance to help our community
- ▶ Try to get them emotionally invested. What would it mean to the patients if the clinic were to help?

SELLING IT: FREE SERVICES

- ▶ Be prepared with figures from your cost analysis and budget (Include intangibles in your cost analysis (supervision time, paperwork, etc.)
- ▶ Have a plan for how you will generate income lost by going to free services



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