Addressing the Billing Needs of Special Patient Populations

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Today’s Speaker

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Melissa Ward is a frequent speaker at healthcare conferences, government agencies, and in the community. For the past 20 years, Melissa has specialized in maternal/child healthcare and has held numerous leadership and staff positions in the specialty.

Melissa completed her undergraduate nursing degree at Boise State University and holds a Master’s Degree in Nursing Leadership from Benedictine University.

Melissa is a natural innovative leader with an extensive background in program development, including the implementation of a NICU and a NICU follow-up development clinic, and currently leads the St. Luke’s Health System Unique Family Program, for which she won the 2016 Idaho Distinguished Nurse of the Year and the 2017 Idaho Diaper Bank Community Leader of the Year.
Learning Objectives

• Define the Unique Family and how its structures have changed the healthcare landscape

• Recognize three ways a unique family structure is different from the “traditional” OB family

• Summarize how health systems can establish revenue cycle practices to support the Unique Family
St. Luke’s Health System Overview

• It all started with surrogacy and adoption…

• Eight-hospital health system

• Women’s and children’s service lines largest in the state

• 8,000 deliveries per year
Definitions

• Surrogacy and adoption overlap but are not the same

**Surrogacy**

A surrogate (gestational carrier) intentionally carries a pregnancy/child not genetically related to her for intended parent(s)

**Adoption**

Presumed unintentional biological pregnancy where mother (birth mother) relinquishes rights to adoptive parent(s) to parent child
The words “adoption” and “surrogacy” are often used interchangeably, and many health systems are now recognizing that different family structures have unique needs and do not always fit into the traditional models and care approaches.

At St. Luke’s, our failure to recognize this was resulting in:

- Poor patient satisfaction for these unique populations
- Reputation in community as unknowledgeable
- Lower quality of care
- Uncompensated care

This led to the development of the Unique Family Program.
The Healthcare Landscape Is Changing

• The Unique Family Program guides best practices, policies, processes, and education to support the patient, the families, the community, and the health system

• The program exists to help:
  – Patients with adoption placements
  – Patients with surrogacy arrangements
  – Incarcerated patients
  – Patients with substance use disorders
  – Patients within the migrant community
  – Patients within the refugee community
  – Socially complex families
  – Sexual assault and domestic violence victims
  – Patients within the LGBTQ community
Unique Families Continue to Increase

- It is estimated that surrogacy has increased nationally by 89% since 2014, while adoptions remain steady at 1% of all births

St. Luke’s Health System Statistics
(since 2014)

- 166% increase in surrogacy arrangements
- 50% increase in adoption placements
- 79% increase in Unique Family populations
- 79% increase in generated revenue for Unique Family Program
Why Surrogacy?

• Infertility is a life crisis affecting more than 7 million people in the U.S.

Why Surrogacy?

- Biological connection
- Donor connection
- Less fear
- More control

Anticipate surrogacy to continue to rise with advances in science.
• Pre-Birth Order
  – **Parentage is established during the pregnancy.** The hospital is required to list intended parents on the birth certificate as the legal parents. The surrogate relinquished her rights prior to the birth.

• Post-Birth Order
  – **Parentage is established after birth** when the surrogate relinquishes her rights. The original birth certificate lists the surrogate as the legal mother.
Let’s Talk Surrogacy

- Surrogates are typically residents of the state in which they deliver.
- Surrogates cannot utilize Medicaid for any surrogacy pregnancy-related care.
- Surrogates are to carry private insurance that does not have a surrogacy exclusion or to carry a secondary plan that covers surrogacy-related care.
- Surrogates are the legal mothers until their rights are relinquished in court.
- Do not like to be called the mother and do not consider themselves the mother.
- Do not want to be the healthcare decision-maker or guarantor for the newborn.

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Is the surrogate compensated?
Yes, most are compensated by the intended parents.

Is an agency involved?
It varies. Some surrogacies are independent of agencies.
Let’s Talk Intended Parents and Newborns

- The intended parent(s) might live in the U.S. or have international residence
  - They are not always in the same state as the surrogate
- Estimates are that 25% of surrogacy births have an international connection
  - This is usually due to home country legalities
- There is often a legal contract that includes coverage of all pregnancy-related expenses for
  the surrogate and the newborn
- The baby is not placed on the surrogate’s insurance
  - Most payers will deny claims or recoup reimbursement because of surrogacy diagnosis code
- The intended parent(s) like to be called mom or dad and are the parents of the child
Challenges and Solutions

• A lack of staff knowledge in the health system

We Saw:

• Information and processes were in **silos**

• There were **missed opportunities** to identify surrogacies, which led to incorrect guarantor selection and **uncompensated care**

• Patients, community partners, and staff members were confused and **frustrated**

Our Solution

- Establish a **systemwide** program
- Create and operationalize **standard financial policies** and pathways
- **Collaborate** with community partners
Challenges and Solutions (Cont.)

- Identifying a Unique Family pregnancy

**We Saw:**
- Missed revenue
- Insurance and Medicaid billed incorrectly
- Patient, community partner, and health system leader dissatisfaction

**Our Solution:**
- Develop a standardized pathway for Unique Family identification
- **Partner with the community** to identify early and to reach those not using the health system for prenatal care
- Designate a revenue cycle Unique Family champion
Challenges and Solutions (Cont.)

- Ensuring charges for Unique Family patients were captured correctly

**We Saw:**

- Unique Family charges were hard to separate from non-pregnancy charges, which could have resulted in a protected health information **breach**
- These challenges could have **increased revenue cycle workloads**

**Our Solution**

- Create Unique Family **bundled episodes** that enable program-related HB and PB charges to be bundled separately from any other charges or diagnoses
Challenges and Solutions (Cont.)

- Accurate coding to reflect that accounts are related to surrogacies

We Saw:

- Financial recoups for insurances with exclusions or noncovered charges
- These challenges could have increased revenue cycle workloads

Our Solution

- **Code** Unique Family accounts on first visit or identification, such as for surrogacy
- Create a revenue cycle work queue to gather further info
Challenges and Solutions (Cont.)

• Ensuring HIPAA compliance

We Saw:

• PHI breaches
• Rising uncompensated care
• Patient and community dissatisfaction

Our Solution

✓ Establish a PHI Releases Protocol
✓ Ensure intended/adoptive parents have access to their infant
✓ Provide PHI access to community partners to facilitate financial collaboration
Challenges and Solutions (Cont.)

• Identifying the newborn’s guarantor

  • Surrogates and birth mothers having responsibility for babies’ costs
  • Inappropriate Medicaid applications when other financial means were available

We Saw:

Our Solution

✓ Create Unique Family “button” to financially separate birth mother and newborn in the EHR/accounting system

✓ Create a Newborn Guarantor Financial Form to be signed by the financially responsible party

✓ Provide a 25% discount for self-pay patients and patients who pay within 30 days of statement date
Challenges and Solutions (Cont.)

- Difficulty collecting newborn charges from a surrogacy delivery

We Saw:

- Trouble collecting from out-of-state or international intended parents after newborn’s discharge
- Complicated international collection processes

Our Solution

- Establish a deposit requirement for estimated newborn hospital and professional charges in surrogacy arrangements
- Collect deposit prior to birth and collect any remaining costs before discharge
Questions?

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• **Objective:** Track surrogacy accounts to ensure proper reimbursement
• **Background:** Once surrogacy accounts are billed, the follow-up work queues can help track aging and volume of accounts to drive any required follow up
• **Steps:** There are two follow-up work queues for billed surrogate accounts
  – WQ 1292: SBO – SURROGACY BIRTH PATIENT ACCOUNT FOLLOW UP contains birth patient accounts attached to a surrogate guarantor
  – WQ 1291: SBO – UNIQUE FAMILY NEWBORD FOLLOW UP contains newborn accounts registered to a Unique Family
Appendix – Surrogacy SIPOC

Suppliers

- Intended Family
- Birth Patient
- Lawyer/Intermediary

Inputs

- Notification of new birth patient from external provider
- Surrogacy legal agreement
- Surrogacy trust
- Non-SLHS providers

Process

1. Identify and register birth patient
   - Document pre-authorization and/or legal agreement
   - Register patient type if needed
   - Create bundled episode
   - Create Surrogate Guarantor
   - Retroactive review of existing accounts

2. Review and bill prenatal accounts
   - Work RB DNB WQ - net episode, guarantor, and coverage

3. Register and bill newborn account
   - Flag birth patient as unique family case
   - Work Patient WQ - register newborn to intended family
   - Generate and follow up on bills

4. Close surrogacy episode
   - Follow up on and resolve outstanding balances
   - Close Bundled Episode

Outputs

- Newborn registered as a dependent to the intended family
- Completed bundled episode with correct encounters attached
- Resolved surrogacy account balances (prenatal, delivery, and post-partum)
- Completed legal/fiduciary agreements
- Reports and metrics on surrogate account reimbursement and status

Customers

- Intended Family
- Birth Patient

Ownership Key

- Unique Family Manager/Coordinator
- Patient Financial Advocate/Patient Access
- SBO/Revenue Cycle