



Welcome back

- Mute upon entry and stay muted unless you are called upon to share.
- Please text any questions into the Chat Box.
- The sessions will be recorded for future viewing.

LEADING THE CHARGE: ENHANCING REVENUE THROUGH APPROPRIATE CHARGING AND LEVELING OF CARE

Meaghan Smith, MSN, RNC-OB, C-EFM



CAPTURE THE CARE. DRIVE THE REVENUE. PROTECT OB SERVICES. |



Speaker Disclosures

No Disclosures



INTRODUCTION

- Delivery Volume:
~3600 births
- OB ED Volume:
~600/month
- Bed Capacity:
 - LD- 10
 - OB ED- 9
 - ORs- 3
 - PP/NSY- 32
 - Antepartum- 15
- Staff-330
- Union Facility
- Only Level IV center in Maine
- MaineHealth System

OBJECTIVES/PURPOSE



Overview of the historical charge practice and misconceptions



Patient charges vs. room accommodation code (level of care)



Payer reimbursement



Collaboration



Implementation at MMC Portland



Questions

THE REVENUE
OPPORTUNITY
— IN —
OBSTETRICS
Already Exists



WE SIMPLY NEED TO
CAPTURE IT.

MISCONCEPTION: BUNDLED PAYMENTS





OB REVENUE

STARTS WITH

ACCURATE BILLING AND APPROPRIATE LEVELS OF CARE



DOCUMENT ACCURATELY

Capture the full scope and complexity of care.



ASSIGN APPROPRIATE LEVELS OF CARE

Match patient acuity with the correct level of service.



BILL CORRECTLY

Use the right codes and modifiers to reflect the care delivered.



IMPROVE REVENUE. SUSTAIN OB CARE.

Accurate billing today protects access to care for tomorrow.



**CAPTURE
THE CARE.
DRIVE THE
REVENUE.
PROTECT
OB SERVICES.**

PATIENT CHARGES VS. ROOM ACCOMMODATION (level of care)

Charges: usually manually drop

- Includes all ad hoc individual patient charges
- Dependent on the patient type: inpatient, outpatient, observation, OB ED
- May not be able to implement the charge as the facility incorporates it into the room accommodation. Example: SpO2 monitoring

Room Accommodation: auto dropped Q24 hour

- Includes the nursing 'time' required to care for the patient
- Level of care
- Charged every 24 hours
- Observation status- charged by the hour
- Each room is pre-set to the lowest level



PATIENT CHARGES

PATIENT CHARGES: CHARGE MATRIX

Epic Cost Center Name	Epic CDM	EPIC CDM Description	Default Revenue Code	Alt Rev Code Identifier	Alt Rev Code	Default CPT Code	Modifier	Alt CPT Identifier	Alt CPT Code	FY24 Price	FY25 Price
MMC LABOR/DELIVERY	200000001	HC ROOM AND BOARD INTENSIVE CARE	0200							10076.24	\$ 10,554.85
MMC LABOR/DELIVERY	206000001	HC ROOM AND BOARD INTENSIVE CARE INTERMEDIATE-ICU	0206							5800.3	\$ 6,075.80
MMC LABOR/DELIVERY	360000004	HC OR 0-2 STAFF PER .5 HR	0360							2144.1	\$ 2,245.95
MMC LABOR/DELIVERY	360000005	HC OR 3 STAFF PER .5 HR	0360							3659.45	\$ 3,833.25
MMC LABOR/DELIVERY	360000006	HC OR 0-.5 HR 4 STAFF	0360							4749.45	\$ 4,975.05
MMC LABOR/DELIVERY	410000027	HC FETAL O2 SAT	0410							279.75	\$ 293.05
MMC LABOR/DELIVERY	450000137	HC IV INFUSION CONCURRENT	0450	Cost Center	0260	96368				142.4	\$ 149.15
MMC LABOR/DELIVERY	510000096	HC HYDRATE IV INFUSION INITIAL, 31 MINS TO 1 HR	0260			96360				404.7	\$ 423.90
MMC LABOR/DELIVERY	510000097	HC HYDRATE IV INFUSION ADD-ON, EA ADDL HR	0260			96361				83.55	\$ 87.50
MMC LABOR/DELIVERY	510000098	HC THER/PROPH/DIAG IV INF INIT TO 1 HR	0260			96365				652.7	\$ 683.70
MMC LABOR/DELIVERY	510000100	HC THER/PROPH/DIAG INJ SC/IM	0260			96372				154.6	\$ 161.95
MMC LABOR/DELIVERY	510000102	HC TX/PRO/DX INJ NEW DRUG ADD-ON EA ADDL	0260			96375				202.35	\$ 211.95
MMC LABOR/DELIVERY	510000114	HC OFFICE/OUTPT EST LEV 1	0510	Cost Center	0761	99211		Payor - TRICARE - 3085F	G0463G0463G0463G046	128.9	\$ 135.00
MMC LABOR/DELIVERY	510000115	HC OFFICE/OUTPT EST LEV 2	0510	Cost Center	0761	99212		Payor - TRICARE - 3085F	G0463G0463G0463G046	111.2	\$ 116.50
MMC LABOR/DELIVERY	510000122	HC OFFICE/OUTPT EST LEV 5	0510	Cost Center	0761	99215		Payor - TRICARE - 3085F	G0463G0463G0463G046	331.45	\$ 347.20
MMC LABOR/DELIVERY	510000455	HC IV INFUSION ADD-ON EA ADDL HOUR	0260			96366				167.55	\$ 175.50
MMC LABOR/DELIVERY	710000128	HC RECOVERY ROOM 0.5 HR	0710							287.85	\$ 301.50
MMC LABOR/DELIVERY	720000016	HC EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	0720			59412				3557.8	\$ 3,726.80
MMC LABOR/DELIVERY	876815	HC US PREGNANT UTERUS LIMITED 1/> FETUSES REAL TIME	0402			76815				579.25	\$ 606.75
MMC LABOR/DELIVERY	920000001	HC FETAL SCALP NON-ROUTINE BLOOD SAMPLE	0920			36405				167.15	\$ 175.10
MMC LABOR/DELIVERY	920000002	HC US URINE CAPACITY MEASURE	0920			51798				143.7	\$ 150.55
MMC LABOR/DELIVERY	920000003	HC FETAL NON-STRESS TEST	0920			59025				279.75	\$ 293.05
MMC LABOR/DELIVERY	940000017	HC IV INFUSION/PROPH/DG ADDL SEQ UP TO 1 HR	0940	Cost Center	0260	96367				97.7	\$ 102.35
MMC LABOR/DELIVERY	940000021	HC TX/PRO/DX INJ EA ADDL SEQ SAME DRUG ADD-ON	0940	Cost Center	0260	96376				201.45	\$ 211.00
MMC LABOR/DELIVERY	370000092	HC ANES NITROUS OXIDE	0370	Cost Center	0720					900.15	\$ 942.90
MMC LABOR/DELIVERY	360000239	HC OR DELIVERY - LEVEL 1	0360							8852.1	\$ 9,272.55
MMC LABOR/DELIVERY	360000240	HC OR DELIVERY - LEVEL 2	0360							10622.5	\$ 11,127.05
MMC LABOR/DELIVERY	360000241	HC OR DELIVERY - LEVEL 3	0360							12392.95	\$ 12,981.60
MMC LABOR/DELIVERY	360000242	HC OR DELIVERY - LEVEL 4	0360							13809.25	\$ 14,465.20
MMC LABOR/DELIVERY	720000049	HC VAGINAL DELIVERY - LEVEL 1	0720							5311.3	\$ 5,563.60
MMC LABOR/DELIVERY	720000050	HC VAGINAL DELIVERY - LEVEL 2	0720							6727.65	\$ 7,047.20
MMC LABOR/DELIVERY	720000051	HC VAGINAL DELIVERY - LEVEL 3	0720							9206.15	\$ 9,643.45
MMC LABOR/DELIVERY	720000052	HC VAGINAL DELIVERY - LEVEL 4	0720							10622.5	\$ 11,127.05
MMC LABOR/DELIVERY	G0008	PR ADMIN INFLUENZA VIRUS VAC	0771			G0008		Location & Payor - AETI	90471904719047190471	59.45	\$ 62.25

OBSTETRICAL INPATIENT CHARGE EXAMPLES

Ultrasound*

Fetal non-stress
test

Urine capacity
(bladder
scanner)

Vaginal delivery-
leveled at MMC

Recovery time

OR time

Version

Nitrous Oxide

Cervical dilators:
balloon, miso,
etc

NST CHARGES

Generates
~100-130k in
revenue each
month on
antepartum
unit



DELIVERY LEVELS

MaineHealth Delivery Charges that INCLUDE LABOR

Maternal Charge	Outcome: Vaginal Delivery	Outcome: L&D C-Section Delivery or Operating Room Delivery
720000049 Level 1	<input type="checkbox"/> Uncomplicated singleton vaginal delivery <input type="checkbox"/> Placenta only Delivery <input type="checkbox"/> Intermittent Auscultation Monitoring	<input type="checkbox"/> Scheduled singleton C-Section ≥ 39 weeks gestation <input type="checkbox"/> Artificial Rupture of the Membranes (AROM) (OB Info/L&D Summary)
720000050 Level 2	<input type="checkbox"/> Cervical Ripening (Miso, Cervidil , Foley/EASI is given) (MAR) <input type="checkbox"/> GBS Protocol w/Antibiotic (MAR or OB Info/L&D Summary) <input type="checkbox"/> Narcotics (Nubain or Nalbuphine) (MAR or OB Info/L&D Summary) <input type="checkbox"/> Nitrous Oxide (OB Info/L&D Summary or Surgical Info)	Singleton C-Section with one or more items below prior to the C-Section <input type="checkbox"/> Cervical Ripening (Miso or Cervidil is given) (MAR) <input type="checkbox"/> GBS Protocol w/Antibiotic (MAR or OB Info/L&D Summary) <input type="checkbox"/> Narcotics (Nubain or Nalbuphine) (MAR or OB Info/L&D Summary) <input type="checkbox"/> Nitrous Oxide (OB Info/L&D Summary or Surgical Info)
720000051 Level 3	<input type="checkbox"/> Artificial Rupture of the Membranes (AROM) for Induction or Augmentation ONLY(OB Info/L&D Summary) <input type="checkbox"/> Internal Fetal Scalp Electronic (FSE) Monitoring (Antepartum Flowsheet) <input type="checkbox"/> Pitocin (Oxytocin) Augmentation or Induction (MAR, is given before delivery as 30 units in 500 ML bag)	Singleton C-Section with one or more items below prior to the C-Section <input type="checkbox"/> Internal Fetal Scalp Electronic (FSE) Monitoring (Antepartum Flowsheet) <input type="checkbox"/> Pitocin (Oxytocin) Augmentation or Induction (MAR, is given before delivery as 30 units in 500 ML bag)
720000052 Level 4	<input type="checkbox"/> Post-Partum Hemorrhage and/or Massive Transfusion Protocol (MTP) (OB Info/L&D Summary) <input type="checkbox"/> Magnesium Sulfate Infusion (MAR) <input type="checkbox"/> Heparin IV infusion (MAR) <input type="checkbox"/> Insulin drip infusion (MAR) <input type="checkbox"/> Intrauterine Pressure Catheter (IUPC) (Antepartum Flowsheet) <input type="checkbox"/> Vaginal Birth After C-Section (VBAC) / Trial of Labor After C-Section (TOLAC) (OB Info/L&D Summary) <input type="checkbox"/> Chorioamnionitis (OB Info/L&D Summary or Phy delivery note) <input type="checkbox"/> Hysterectomy (Surgical Info Op note)	<input type="checkbox"/> Singleton C-Section (i.e. Emergent, STAT, Urgent) <input type="checkbox"/> Trial of Labor After C-Section (TOLAC) (OB Info/L&D Summary) <input type="checkbox"/> Post-Partum Hemorrhage and/or Massive Transfusion Protocol (MTP) (OB Info/L&D Summary) <input type="checkbox"/> Magnesium Sulfate Infusion (MAR) <input type="checkbox"/> Heparin IV infusion (MAR) <input type="checkbox"/> Insulin drip infusion (MAR) <input type="checkbox"/> Intrauterine Pressure Catheter (IUPC) (Antepartum Flowsheet) <input type="checkbox"/> Chorioamnionitis (OB Info/L&D Summary or Phy delivery note) <input type="checkbox"/> Twin C-Section Birth (Unscheduled or scheduled) (OB Info/L&D Summary or Phy delivery note) <input type="checkbox"/> Twin Vaginal Birth in Operating Room (OR) <input type="checkbox"/> Placenta Accreta, Increta or Percreta (Surgical Info Op note) <input type="checkbox"/> Hysterectomy (Surgical Info Op note) <input type="checkbox"/> C-Section performed in Main OR (MMC charges stay with OR)

Eff. Oct 1, 2017, M

*Post charge is related to service up to delivery date & time. Of note some of these services can also be done after delivery.

*Evaluate highest level to lowest level. The highest level is the final charge.

*Questions with documentation check with Revenue Integrity team but you can also email BC_UC or call the Nurse Unit Coordinator 662-0056

OUTPATIENT VS. OB ED

Outpatient Levels

Office/Outpatient Est Level 1= \$135

Office/Outpatient Est Level 2= \$116.50

Office/Outpatient Est Level 3= \$129.10

Office/Outpatient Est Level 4=\$222.55

Office/Outpatient Est Level 5= \$347.20

Outpatient Levels

OB ED 1= \$342

OB ED Level 2= \$660.25

OB ED Level 3= \$789.95

OB ED Level 4=\$1360.50

OB ED Level 5= \$2545.15

NURSERY INPATIENT CHARGE EXAMPLES

Hearing Screen

Phototherapy

Car Seat Angle
Test

Circumcision

Bilirubin
Transcutaneous

Measure of
Blood Oxygen
(CCHD)

Metabolic
Screen*

PATIENT CHARGE PROCESS



Historical Process: Secretary drop charges after notified by RN



In Process State: Fields built to clinical documentation in Epic



ROOM ACCOMMODATIONS: LEVEL OF CARE

ROOM ACCOMMODATIONS: OBSTETRICS



Room and Board Private:
\$3045.00



Room and Board Intensive Care
Intermediate ICU: \$6075.80



Room and Board Intensive
Care: \$10,554.85

ROOM ACCOMMODATIONS: NURSERY



Room and Board Nursery Level 1:
\$1348.97



Room and Board Nursery Level 2:
\$4539.08



Room and Board Nursery Level 3:
\$7371.70

PAYORS AND LEVEL OF CARE

- Payers utilize different systems for references to determine criteria for room accommodation/level of care based on illness severity, comorbidities and complications
- MCG (formerly Milliman)= Aetna, Cigna, United
- Interqual= Blue Cross, TRICARE



MCG CRITERIA

Intensive Care	Intermediate Care
<p>[Expand All / Collapse All]</p> <ul style="list-style-type: none"> ICU admission may be indicated when need is demonstrated by 1 or more of the following: <ul style="list-style-type: none"> + Vital sign abnormalities + Laboratory findings + Electrocardiogram (or cardiac monitoring) findings + Physical findings + Imaging findings + Severe burns + Specific intervention or monitoring needed + Systemic conditions - Obstetrics and Gynecology diagnoses or procedures, including 1 or more of the following: <ul style="list-style-type: none"> Severe peripartum condition, as indicated by 1 or more of the following: <ul style="list-style-type: none"> Eclampsia Hypertensive emergency (eg, systolic blood pressure greater than 160 mm Hg or diastolic blood pressure greater than 110 mm Hg with end organ damage), with need for IV antihypertensive therapy or invasive hemodynamic monitoring HELLP (hemolysis, elevated liver enzymes, and low platelet count) syndrome Pulmonary edema (eg, due to peripartum cardiomyopathy) Severe arrhythmia Respiratory failure (eg, due to acute respiratory distress syndrome (ARDS) from eclampsia, sepsis, or amniotic fluid embolism, fluid overload, or respiratory depressant drugs (opioids, anesthetic agents) with underlying cardiopulmonary disease) Pulmonary embolism Anaphylactoid syndrome of pregnancy (amniotic fluid embolus) Severe or critical ovarian hyperstimulation syndrome, as indicated by 1 or more of the following^[O]: 	<p>[Expand All / Collapse All]</p> <ul style="list-style-type: none"> Intermediate care admission may be indicated after intensive care treatment (eg, as "step-down" care), or to provide higher level of care than general hospital ward (eg, as "step-up" care in absence of intensive care admission needs) (see Intensive Care Guidelines ^[ISC]), as indicated by 1 or more of the following: <ul style="list-style-type: none"> - Intermediate level monitoring or care needed, as indicated by 1 or more of the following: <ul style="list-style-type: none"> Care requiring nurse-to-patient ratio of 1 to 2 or 1 to 3 (eg, complex wound management, postoperative high-risk patient, profound neuromuscular weakness) Frequent (but less frequent than hourly) monitoring, such as vital signs or neurologic checks Stable chronic mechanical ventilator or long-term weaning needs Noninvasive ventilation^[S] High-flow oxygen therapy^[T] Peritoneal dialysis Frequent pulmonary therapy with endotracheal suctioning (nonintubated or chronic tracheostomy patient) Rapid diuresis for fluid overload Electrolyte, metabolic, or other problem requiring frequent laboratory testing or treatment adjustments Monitoring of continuous high-level epidural anesthesia Titration of IV vasodilator or antiarrhythmic agents Continuous pulse oximetry monitoring Patient who requires short-term inpatient monitoring (eg, cardiac, wound site, perfusion)

INTERQUAL CRITERIA

● CRITICAL, ≥ One:

- Antihypertensive, continuous ^(19, 20)
- DIC and blood product transfusion ⁽²¹⁾
- Eclampsia and neurological assessment every 1-2h ^(22, 23)
- ECMO or ECLS ⁽²⁴⁾

● Heart failure and, Both:

● Finding, ≥ One:

- Arterial $P_{O_2} < 56$ mmHg(7.4 kPa)
- O_2 sat $< 89\%$ (0.89) and $<$ baseline ⁽²⁵⁾
- Diuretic every 1-2h or continuous

● Hemodynamic instability persisting after ≥ 1L of IVF resuscitation or ≥ 1 unit blood product transfusion and, Both: ⁽²⁶⁾

● Finding, ≥ One:

- Heart rate $> 120/\text{min}$
- Systolic blood pressure < 100 mmHg and $<$ baseline
- MAP < 65 mmHg

● Intervention, ≥ One:

- Blood product transfusion
- IV fluid resuscitation $\geq 1L \leq 24h$ ⁽²⁷⁾

- Hemodynamic monitoring, invasive ^(28, 29)

● HELLP syndrome, Both: ⁽³⁰⁾

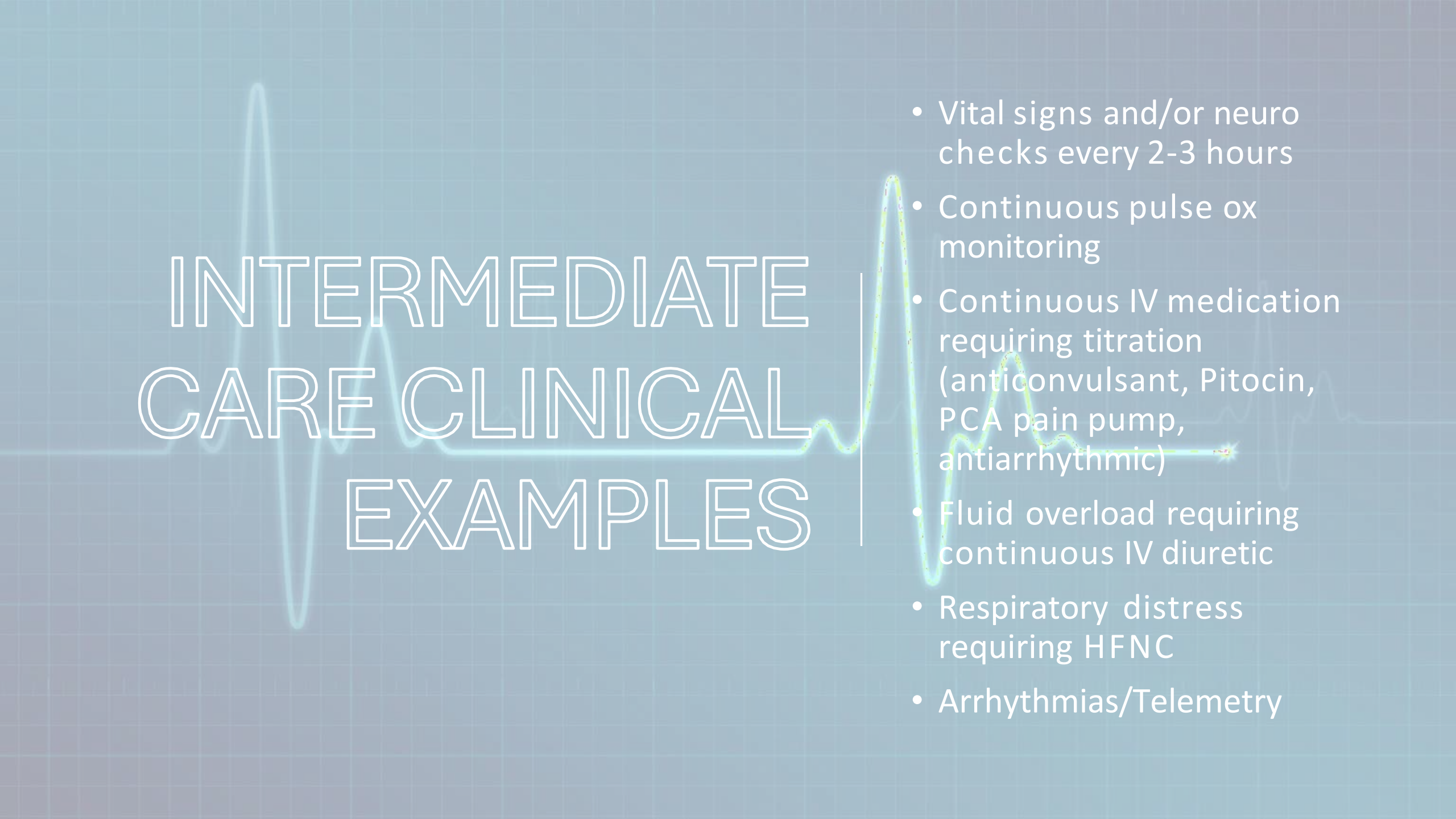
● Finding, ≥ One:

● Lab values, All:

- Platelet count $< 50,000/\text{cu.mm}$ ($50 \times 10^9/\text{L}$)
- AST or ALT $> 2x$ ULN
- LDH ≥ 600 IU/L($10.02 \mu\text{kat/L}$)

● Increased risk of bleeding, ≥ One:

PT $> 1.5x$ ULN or INR > 2.0

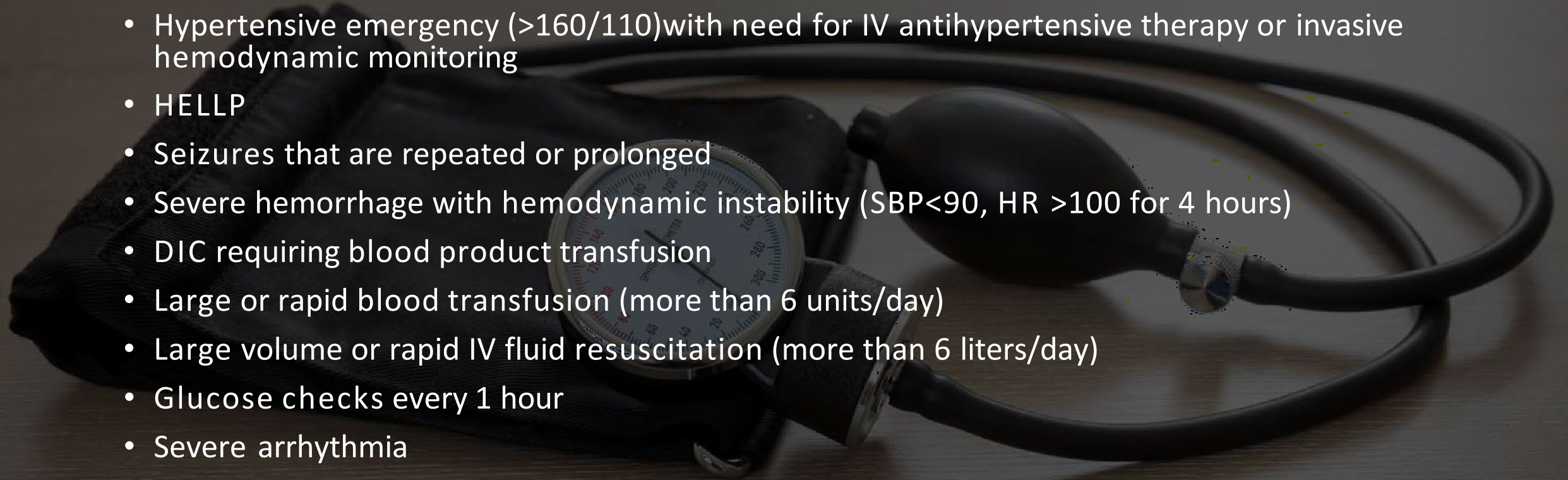


INTERMEDIATE CARE CLINICAL EXAMPLES

- Vital signs and/or neuro checks every 2-3 hours
- Continuous pulse ox monitoring
- Continuous IV medication requiring titration (anticonvulsant, Pitocin, PCA pain pump, antiarrhythmic)
- Fluid overload requiring continuous IV diuretic
- Respiratory distress requiring HFNC
- Arrhythmias/Telemetry

INTENSIVE CARE CLINICAL EXAMPLES

- Magnesium Sulfate
- Hypertensive emergency ($>160/110$) with need for IV antihypertensive therapy or invasive hemodynamic monitoring
- HELLP
- Seizures that are repeated or prolonged
- Severe hemorrhage with hemodynamic instability (SBP <90 , HR >100 for 4 hours)
- DIC requiring blood product transfusion
- Large or rapid blood transfusion (more than 6 units/day)
- Large volume or rapid IV fluid resuscitation (more than 6 liters/day)
- Glucose checks every 1 hour
- Severe arrhythmia
- Mechanical ventilations or CPAP
- Pulmonary embolism
- Respiratory failure (ARDS) from preeclampsia, sepsis, amniotic fluid embolism, fluid overload, respiratory depressant drugs



OB Update Level of Care

Service:

Level of care:

Accommodation code:

Accommodation code reason:

ACCU Post-Op ACCU Pre-Op Hospital Convenience Medical Necessity Patient Preference

Link Order

Accept Cancel

LEVEL OF CARE STATUS CHANGE

- Charge nurse places OB Update Level of Care Order at the time of status change and the attending clinician will co-sign

PAYER AND REIMBURSEMENT



The insurance payer dictates the amount reimbursed to the facility based on the index used in collaboration with the agreements with the facility



Documentation in the EHR is critical



Policies/guidelines/protocols/procedures support reimbursement

CLAIMS DENIAL

Hospital submits bill

Payer issues denial

Clinical denials team reviews and collaborates with provider

Denials team writes appeal utilizing letter from provider and hospital based documents (guidelines, policies, procedures)

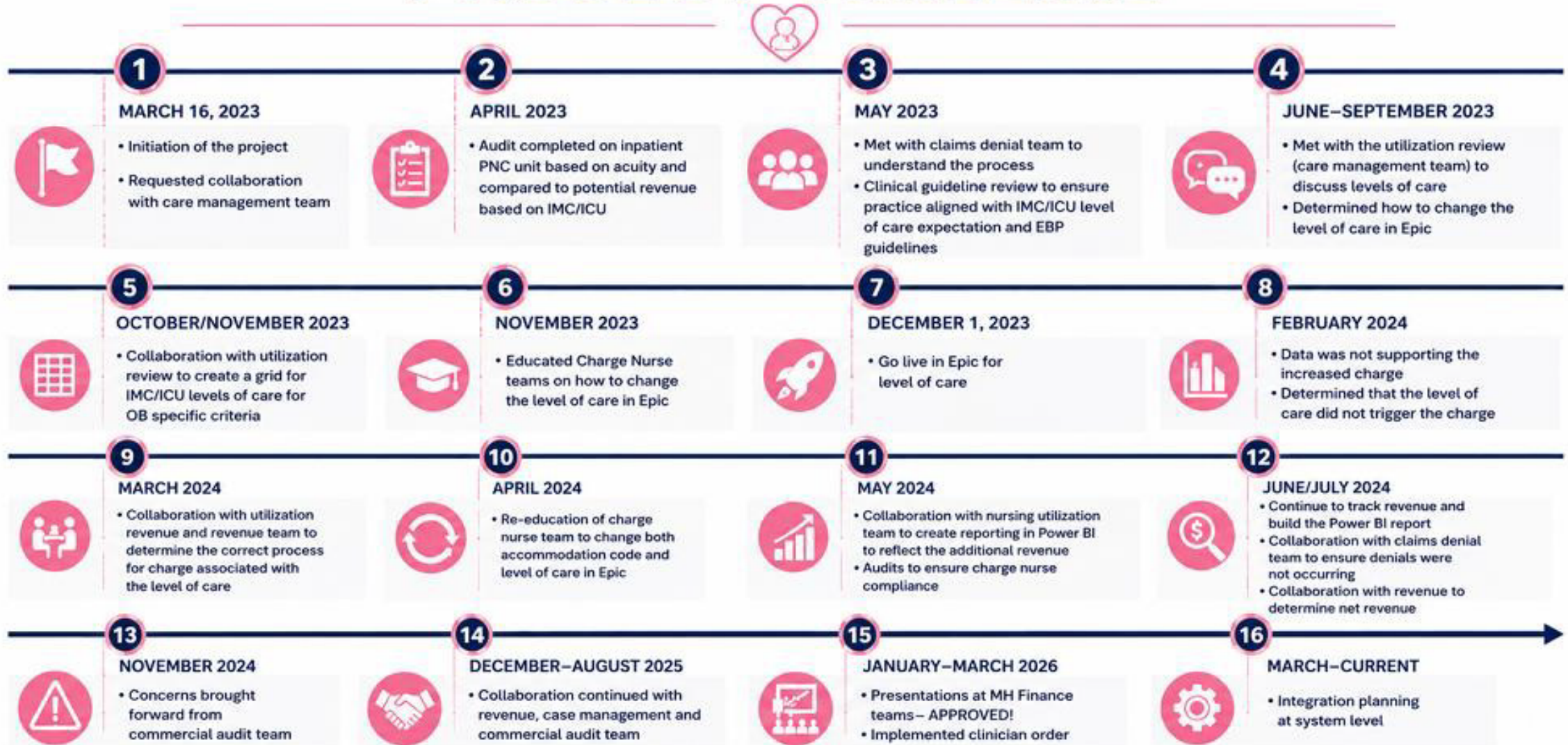
Either gets overturned or appeal continues



JOURNEY AT MMC



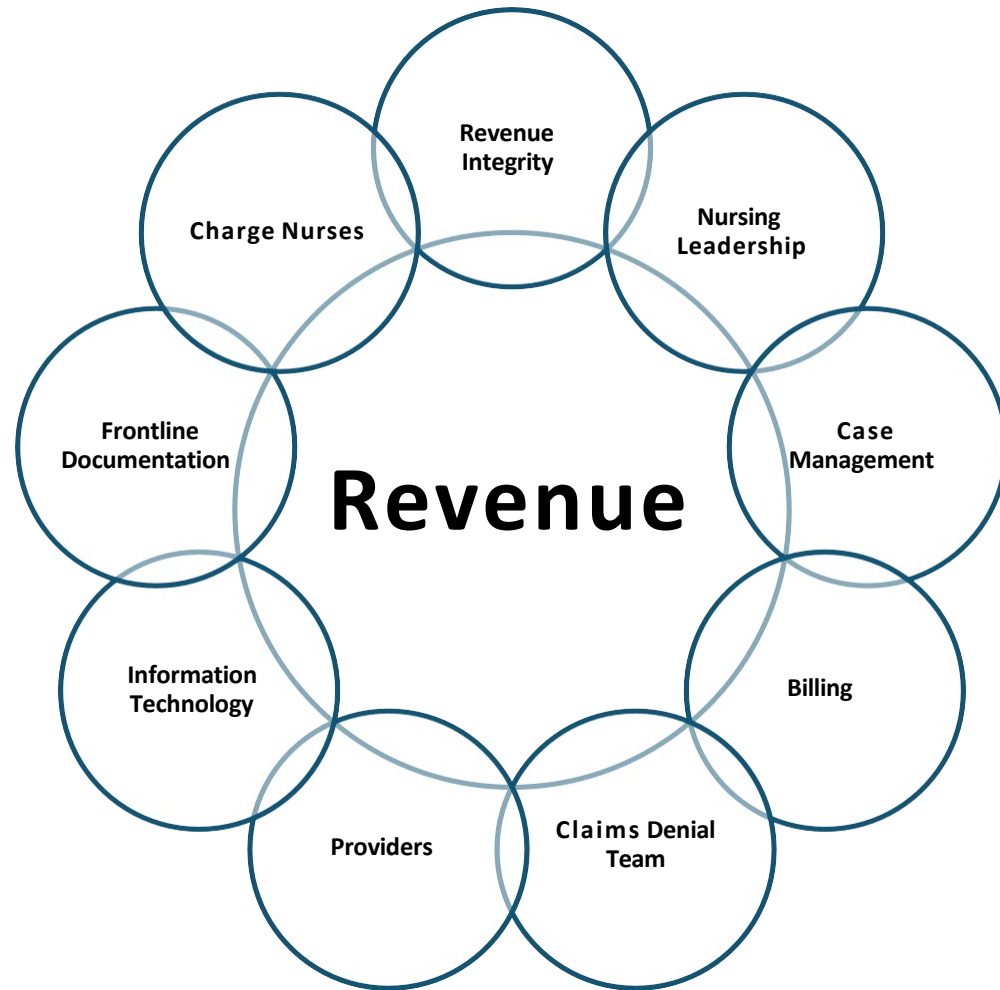
PROJECT TIMELINE



COLLABORATION. DATA. ACTION. **IMPACT.** DRIVING REVENUE. IMPROVING CARE.



IT TAKES A VILLAGE



CASE MANAGEMENT/ UTILIZATION REVIEW

- Reviewed the interqual and mcg data
- **Opportunities:**
- Pivot to real time patient review
- Increase experience in obstetrics





CLAIMS DENIAL/ AUDITS

**Guide the clinical team
to ensure:**

- Relevant clinical documentation
- Unit based guidelines/policies/protocols
- Provider orders



CHARGE NURSE TEAM

- Review clinical status and adjust LOC accordingly via order
- Notification/escalation if necessary



BILLING

- Reviewed charges to ensure 'double dipping' isn't occurring
- Analysis of double dipping for higher revenue

NURSING LEADERSHIP

- Advocacy
- Constant coaching
- Coordination of teams
- Clinical expert
- Guidelines/protocols/procedures/policies
- Audits nursing documentation
- Creation of tools for charge nurses
- Audits of level of care-charge nurse

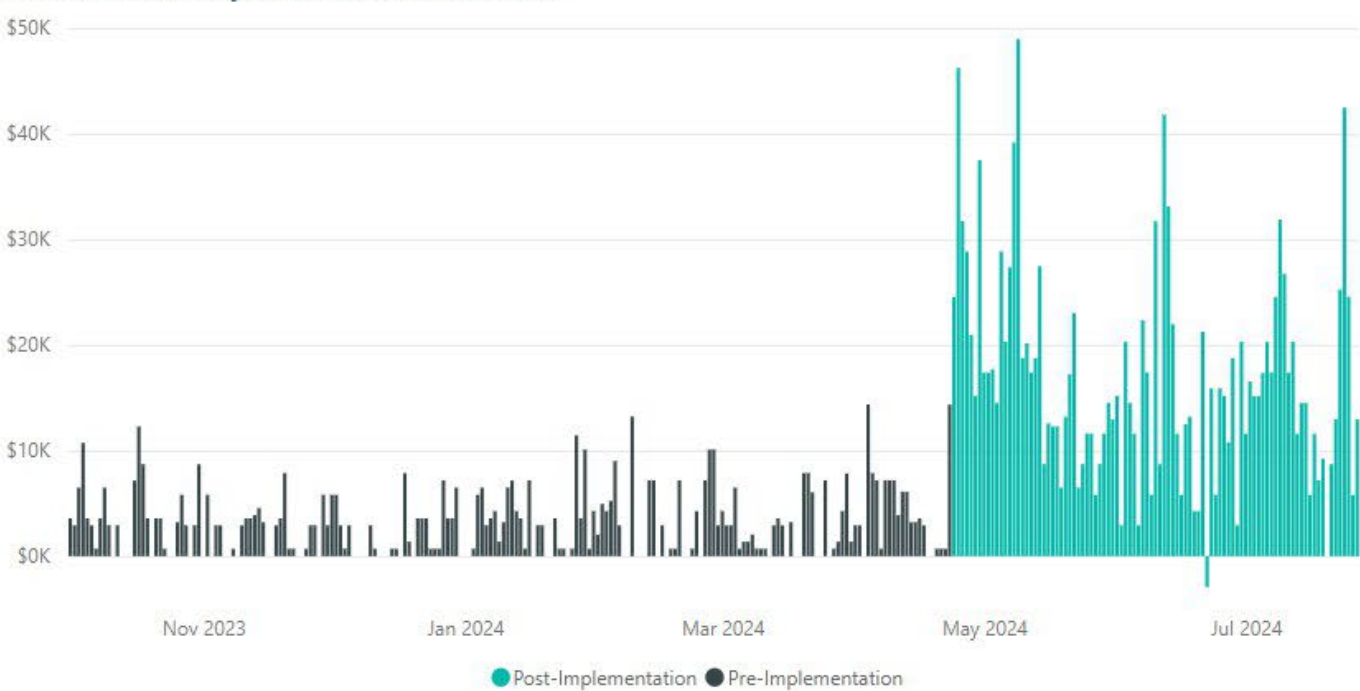


Additional Revenue per Accommodation Code

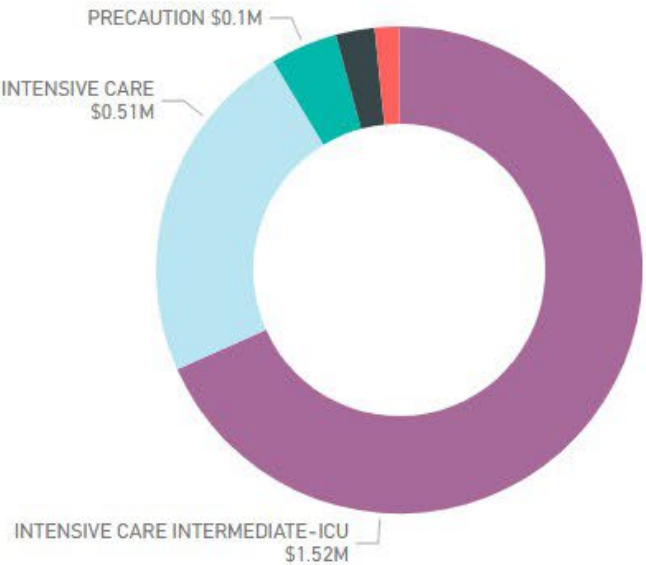
Implementation	ICU	IMC	Newborn	PRECAUTION	SEMI-PRIVATE OB	Year	Additional Revenue
Post-Implementation	\$341,023.92	\$1,203,641.92	\$37,343.53	\$19,141.16	\$0	2023	\$239,765.72
MMC LABOR/DELIVERY	\$107,539.65	\$905,624.81		(\$2,441.56)		Qtr 4	\$239,765.72
MMC MOTHER BABY CARE	\$57,354.48	\$188,069.05		\$15,512.58	\$0	October	\$109,462.68
MMC NEWBORN NURSERY			\$37,343.53			November	\$64,665.88
MMC PRENATAL CENTER	\$176,129.79	\$109,948.06		\$6,070.14		December	\$65,637.16
Pre-Implementation	\$172,063.44	\$318,270.7	\$53,516.89	\$80,260.74		2024	\$1,985,496.58
MMC LABOR/DELIVERY	\$100,370.34	\$101,267.95		\$17,535.96		Qtr 1	\$281,823.92
MMC MOTHER BABY CARE		\$20,253.59		\$50,584.5		January	\$98,752.48
MMC NEWBORN NURSERY			\$53,516.89			February	\$102,313.18
MMC PRENATAL CENTER	\$71,693.1	\$196,749.16		\$12,140.28		March	\$80,758.26
Total	\$513,087.36	\$1,521,912.62	\$90,860.42	\$99,401.9	\$0	Total	\$2,225,262.3

Additional Revenue by Quarter

Additional Revenue by Service Date and Date Status



Breakdown



Wins:

- Recognition that OB patients can be recognized as IMC/ICU patients
- Charge nurse participation
- Revenue increase!

Challenges:

- Length of time
- Bias in OB population
- Health system integration
- Epic challenges in the functionality of changing the level



THE REVENUE OPPORTUNITY IN OBSTETRICS

Already Exists

WE SIMPLY NEED TO
CAPTURE IT.



DOCUMENT THE CARE

Accurate
documentation
tells the true story.



ASSIGN THE RIGHT LEVEL OF CARE

Clinical acuity
drives appropriate
reimbursement.



BILL APPROPRIATELY

Capture all
billable services
and details.



GENERATE REVENUE

Strengthen
financial health.
Protect OB
services.



BETTER CARE

Quality care for
moms and babies.



BETTER OUTCOMES

Better experiences.
Healthier communities.



BETTER FINANCIAL SUSTAINABILITY

Stronger revenue.
Stronger OB programs.



STRONGER COMMUNITIES

Sustainable OB services
for generations.



EVERY DETAIL HAS VALUE. EVERY BIRTH BUILDS VALUE. **LET'S CAPTURE IT.**

