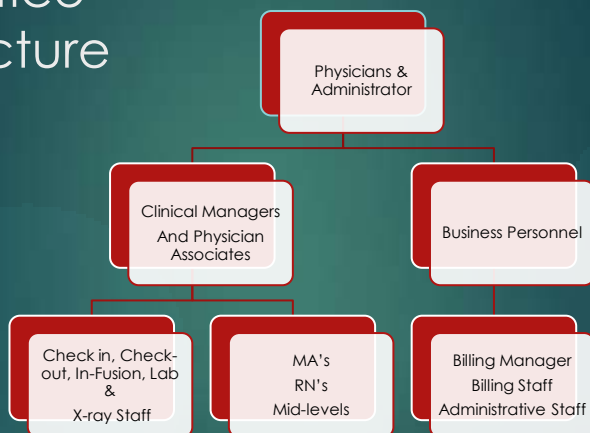


Practice Management CSRO Fellows Conference February 9, 2019

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Arthritis & Rheumatology Associates
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West Palm Beach, FL

Practice Structure



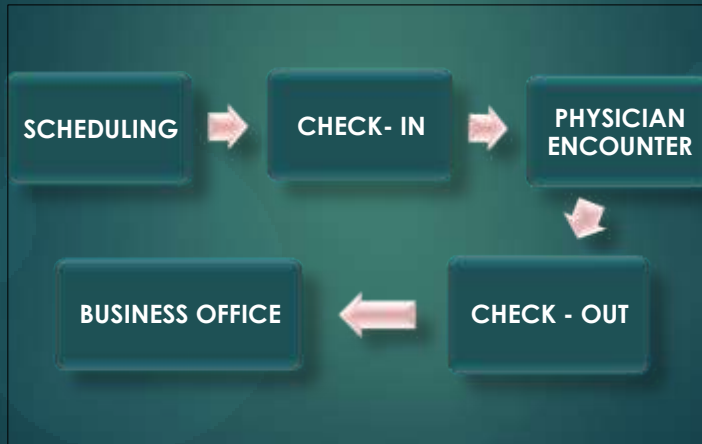
Written Protocols for Every Operation

- Policies and Procedure Manual
- Employee Handbook
- Review protocols regularly with staff
- Staff members require constant supervision, and retraining

Effective Office Management

- Team Work
- Staff training and in-services
- Communication between physician, front office and back office
- Assign Responsibility
- Regularly review staff performance
- Ensure compliance and regulatory standards

Practice Management



Check In

New Patients

- Focus on customer
- Review "Patient Information Form (PIF)"
- Copy of insurance card (both sides) and pharmacy cards
- Obtain Patient Signature
- Check referral status
- Review Office Policies
- Collect co-payment

Established Patients

- Review demographics
- Collect outstanding balances
- Verify insurance and pharmacy information
- Collect outstanding balances
- Check Referral Status

Consequences of Improper Check In

- **Consequences**
 - New number must be tracked down
 - Wasted staff and/or physician time
 - Physician cannot reach patient during workday
 - Cannot implement response to abnormal tests until evening or next day
- **Result: Delayed care and Stress**
- *Stress and wasted time impact quality of care*

Physician Encounter



Physician Encounter

- ▶ Physician obtains history
- ▶ Examines patient
- ▶ Orders diagnostic imaging and laboratory tests
- ▶ Documents in EHR
- ▶ Implements treatment plan
- ▶ Calculates disease activity score
- ▶ Charge Capture
- ▶ Office Visit Level
- ▶ In-Office/Outside Labs
- ▶ Injections
- ▶ Medications
- ▶ Procedures
- ▶ X-rays

Physician Encounter – Diagnosis Coding

- Diagnosis to Support Medical Necessity
- ICD-10 Is more than a method to communicate a patients diagnosis to an insurance carrier to receive payment
- Reduces Compliance Risk
- Diagnosis Codes Support Procedures and Orders
- Paints the Picture for the Payer
- Proper ICD - 10 documentation enables quality patient management and ensures proper reimbursement

Documentation to Support Medical Necessity

**Office
Encounter**

**Tests or
Imaging**

Procedures

Labs

**Outsides
Orders**

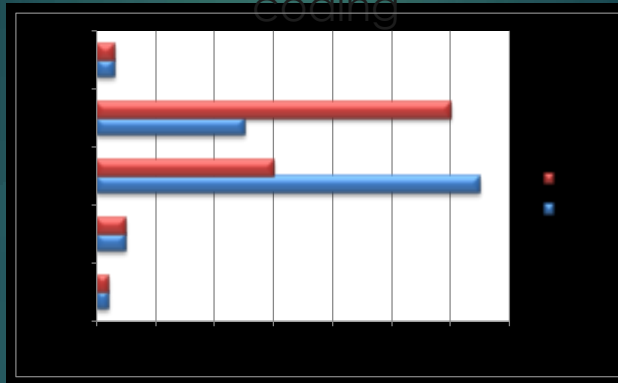
Coding and Documentation

- ▶ Monitor coding and documentation compliance with regularly performed internal reviews
- ▶ Utilize services of coding consultants to perform periodic audits
- ▶ Employ outside consultants through legal council so all findings are attorney-client privilege
- ▶ Managing documentation within practice is vital

Documentation is Key to Everything!

- ▶ Tell the story
- ▶ Support medical necessity
- ▶ Excellent Patient Care
- ▶ Claims Payment
- ▶ Keeping your Money
- ▶ Successful Practice

Consequences of Up-coding and Down-coding



- If documentation and coding protocols were in place and adhered to, proper E&M coding for Level 3 and 4 for these two physicians would have resulted in an increased annual reimbursement commensurate with work done.

Check Out Ancillary Protocols

- Verify physician orders
- Schedule ancillary service in accordance with orders
- Document service provided
- Track services provided in-office and at referral facility
- Tickler or alert system to ensure follow through and patient compliance
- Follow up appointments
- Comply with payer requirements for Ancillary Services
- In office vs. referral lab

Check Out

- ▶ Review follow-up care with patient
- ▶ Provide patient with applicable written/printed instructions
- ▶ Review outside referrals, Imaging, PT, Labs
- ▶ Collect deductibles and coinsurance,
- ▶ Schedule follow up visit

Business Office Management

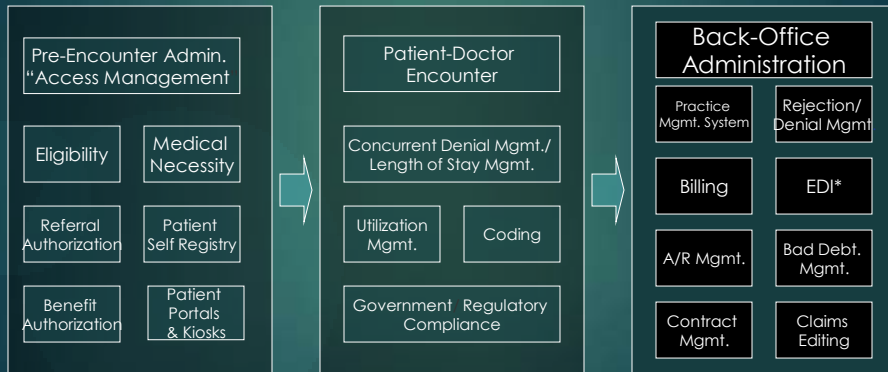


Business Office

- ▶ Define roles
- ▶ Cross train
- ▶ Knowledge of contracts and allowables
- ▶ Updated fee schedules
- ▶ Procedures – Up to Date bundling edits
- ▶ Knowledge of managed care policies and procedures
- ▶ Effective communication

Office Claims Management Process

Every step exists to ensure that each claim is reimbursed correctly



* EDI – Electronic Data Interface

Business Office

- ▶ Conduct daily billing audits
- ▶ Submit claims daily
- ▶ Document proof of timely submission
- ▶ Maintain current fee schedules
- ▶ Track denials by procedure, by department, by doctor
- ▶ Run missing ticket reports

Accounts Receivable Management

- ▶ Accounts Receivables (A/R) is money owed for services rendered
- ▶ Sources of Revenue
 - ▶ Insurance Companies
 - ▶ Foundations/Industry Co-Pay Cards
 - ▶ Patients
 - ▶ Co-pays
 - ▶ Coinsurance
 - ▶ Deductibles

Accounts Receivables Management

- ▶ Robust Practice Management System
 - ▶ Provide Reports
 - ▶ Aged Account Balances
 - ▶ Income by Location
 - ▶ Income by Doctor
 - ▶ Rejected Claims Report
 - ▶ By Doctor
 - ▶ By Location
 - ▶ By Procedure

Features of a Good Practice Management System

- ▶ Robust system for preparation and submission of claims
- ▶ Ability to load and maintain payer fee schedules
- ▶ Ability to track claims
 - ▶ Knowledge of payment terms by payer
- ▶ Ability to scrub claims
- ▶ Modifiers
 - ▶ Diagnosis code and procedure mismatch

Consequences of Improper Fee Schedule

- ▶ Payer reduces all evaluation and management codes by 15%
- ▶ Payer reduces J code reimbursement by 2%
- ▶ Lost revenue to practice
- ▶ Inaccurate data collection by payer

