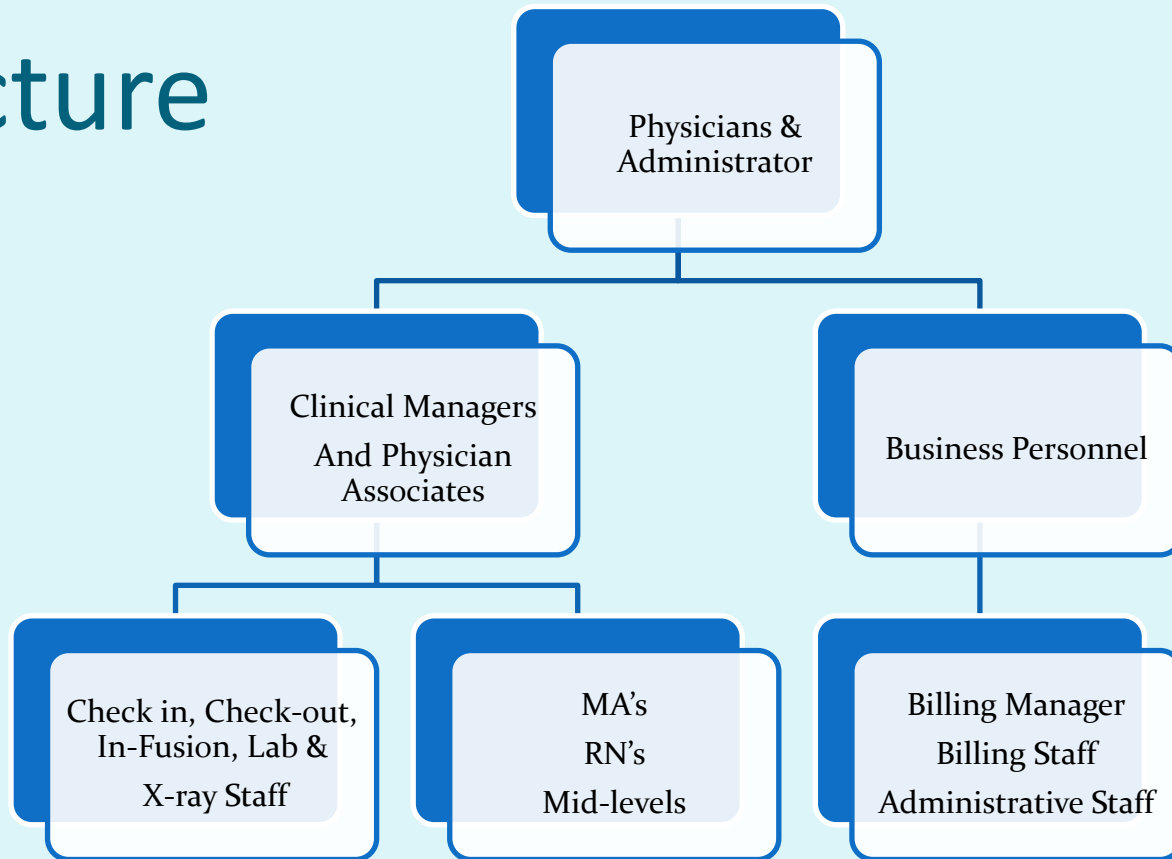




Practice Management CSRO Fellows Conference February 20, 2016

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Practice Structure



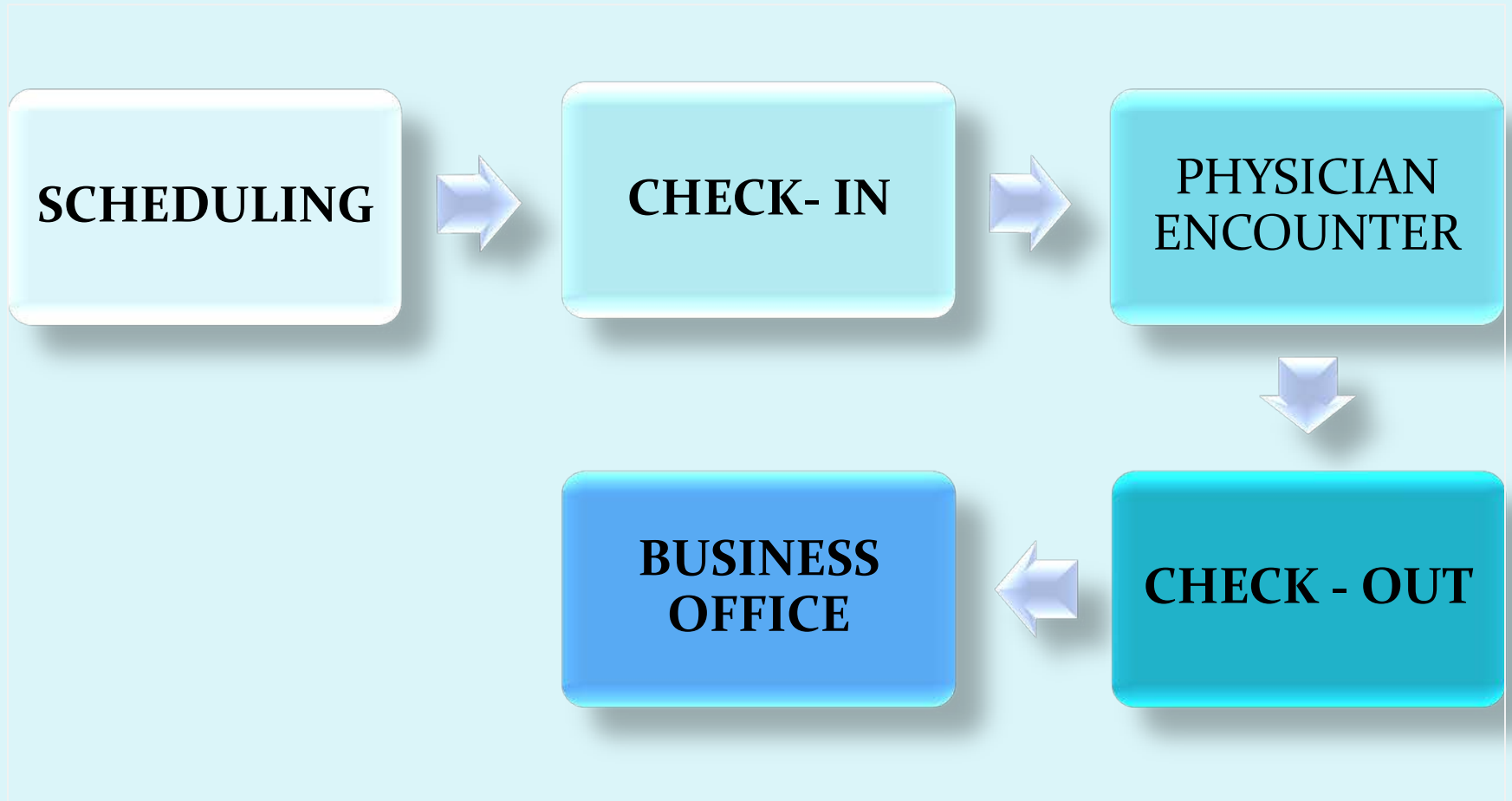
Written Protocols for Every Operation

- **Policies and Procedure Manual**
- **Employee Handbook**
- **Review protocols regularly with staff**
- **Staff 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



Scheduling

- First Impression
- Professionalism
- Set the expectations
- What does the patient need to bring to their appointment
- Cancellation policy

Check In

New Patients

- Focus on customer -smile and greet patient
- Review “Patient Information Form (PIF)” with patient
- 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 co-pays at check-in

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
- Enters data in to EHR
- Implements treatment plan
- Calculates disease activity score
- Charge Capture
- Office Visit Level
- In Office 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**

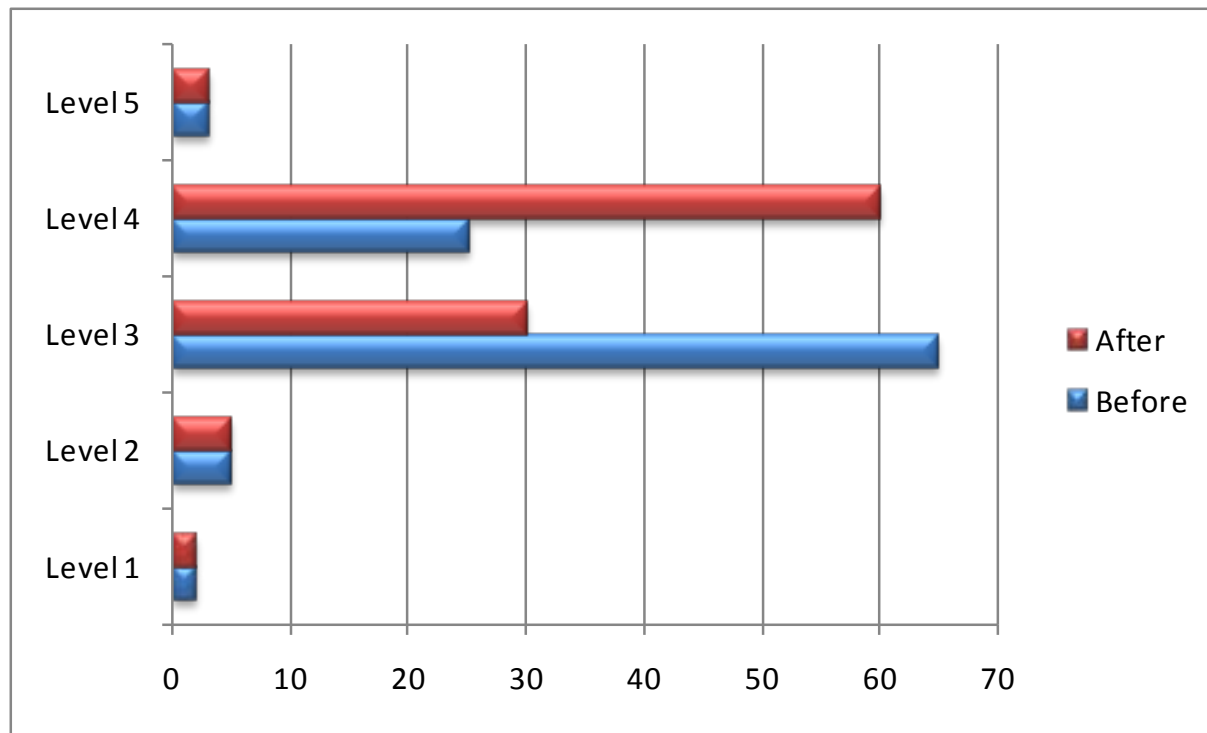
Coding and Documentation

- 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

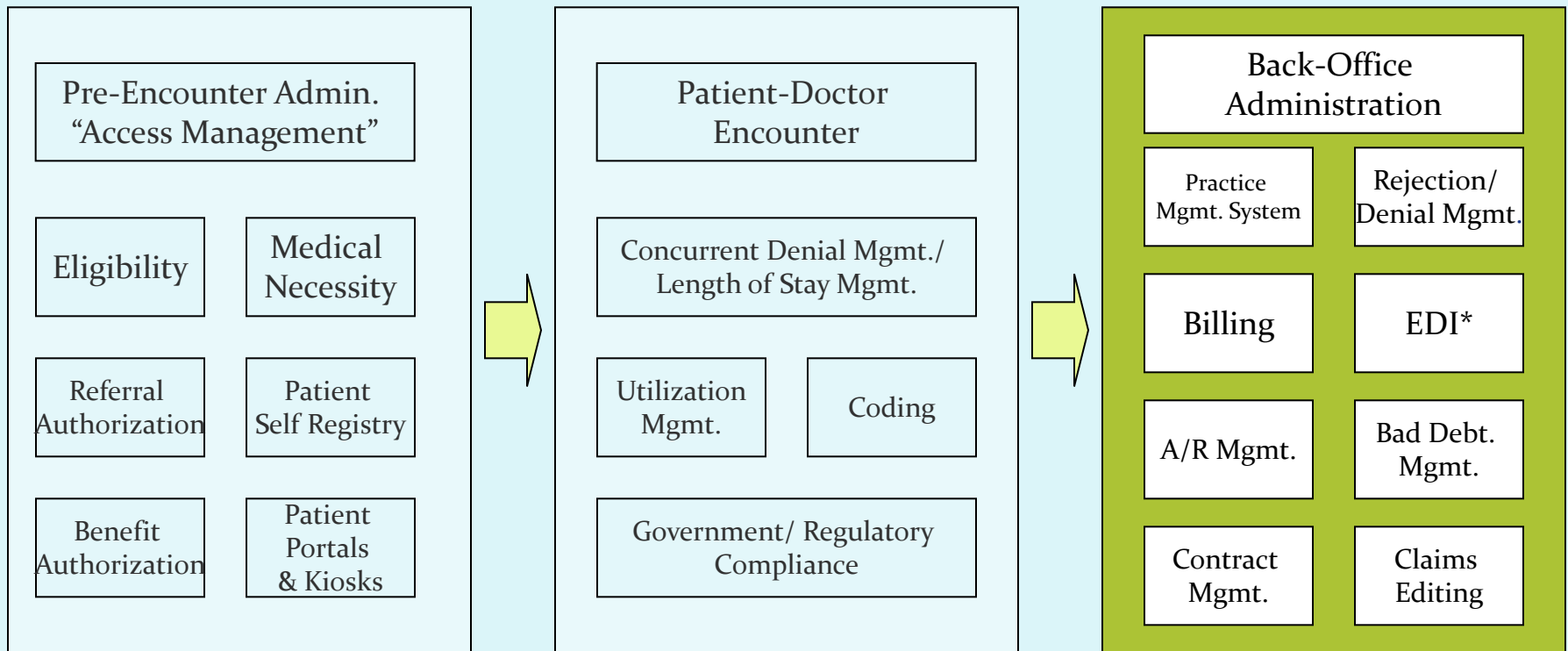


Business Office

- 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 increase the likelihood that each claim is reimbursed



* 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



Thank You