Process Changes for Business Office Operations Required Before PAMS Implementation

Management

- Obtain Administrative Support for implementing the steps within this document and obtain commitment for long-term success.
- Form a Multi-disciplinary Team composed of Administration, Providers, Ancillary staff, Health Information Management and Business Office.
- Define a timeline for Improving Business Processes as identified on this document.
- Identify standard Management reports and timelines for reporting to monitor billing and collection amounts.
- Implement Performance and Productivity Standards based on the different functions below.
- Decide and implement a plan to eliminate backlog in Coding, Billing and A/R Posting. See each Area for target goals.
- Decide on how the facility will keep current with Coding, Billing and A/R posting after the backlog is eliminated.
- Decide on an implementation date for PAMS.
- PAMS Data Conversion. Decide on a time frame of data that your site will want to bring over from the existing Accounts Receivable application to PAMS. Consider management reporting process and the backlog status of the AR accounts.
- Implement cross-training methods for end users and support the use of contract help as necessary
- Define a plan to educate providers on Charge Capture responsibilities.
- Implement the RPMS Laboratory and Radiology package, if applicable.

Check-in

- Implement the check-in function to ensure staff is allocated based on the volume of clinical services and the hours of operation.
- Decide if this function will be combined with Registration functions.

- Decide on centralizing or decentralizing the location of this staff based on volume of clinical services and hours of operation.
- Provide training on the Check-in RPMS module.
- Provide training on determining Order of Billing for the Reason for Visit on every encounter based on the "Group Coordination of Benefits Model Regulation" document.
- Decide if your site will be accepting co-pays, deductibles or cash payments from Non-beneficiary patients in the front office. If so, define the process for processing cash receipts.

Registration

- Review the patient flow of Registration and the clinical workload. Consider decentralizing registration to include both privacy and check-in.
- Decide if this function will be combined with the Check-in function
- Define the process for updating third party eligibility data for Medicare, Medicaid and the top Commercial Insurances. Review the potential of receiving On-Line third party eligibility information via the 270/271 HIPAA Compliant formats.
- Allocate resources to clean up third party related Patient Registration tables including Insurance and Employers
- Before installing Patient Registration 7.1, print the "Patients Errors/Warnings Audit Detailed Report" and allocate resources to clean up the missing errors on this report.
- Train the Registration, Billing and Accounts Receivable staff on the Patient Registration 7.1 software application.
- Install Patient Registration Version 7.1.
- Train staff to interview patients for demographic and third party eligibility information for each encounter.
- Train Registration Staff on Order of Billing based on "Group Coordination of Benefits Model Regulation" document including how to populate each field in Patient Registration Version 7.1.
- After Patient Registration 7.1 implementation, define a system of monitoring on a weekly basis registration errors identified on the "Patients Errors/Warnings Audit Detailed Report" and provide training and feedback to staff on corrective actions.
- Allocate resources to print and correct the Patient Registration error report on a weekly basis to support NPIRS export data.
- Add a Benefits Coordinator to work in collaboration with all Business Office staff.

- Position Descriptions: Review job descriptions and grades for appropriateness related to new processes defined for PAMs. Skill sets of registration include high typing test results, computer skills, interviewing skills, customer service, self-starter skills, verbal and written communication skills and ability to interview based on Insurer eligibility rules.

Coding/PCC Data Entry

- For outpatients, set a standard that coding and PCC data entry will be completed within 72 hours from date of service. (The Site may consider out-sourcing to get to this goal as an optimal performance and for maintaining this level.)
- For inpatients, set a standard that coding and PCC data entry will be completed within 72 hours from discharge date. (The Site may consider out-sourcing to get to this goal as optimal performance and for maintaining this level.)
- Implement the coding function by hiring Certified Coders. (Site may consider out-sourcing to get to this goal)
- If Certitified Coders are on staff, implement a strategy to support the Certified Coders by sending them to yearly training to maintain their CEUs.
- Review and purchase updated coding books including ICD-9, CPT-4 and HCPCs books or provide these tools via an on-line software mechanism.
- Decide on centralizing or decentralizing the location of this staff based on volume of clinical services and hours of operation.
- Decide on dividing these functions from having Coders do coding and PCC Data Entry do data entry based on volume of clinical services and hours of operation.
- Allocate resources to correct the PCC Error report on a weekly basis and monitor compliance.

Billing Office

- Print the facility Operations Summary Report for evaluation of your clinical services and based on this report, define billable services based on top Insurers.
- Print the facility third party billing report for a Fiscal Year to define your top Insurance payers.
- Print the Accounts Summary Management (ASM) report for the past fiscal year to determine a baseline on outstanding accounts.

- Support the billing function by ensuring enough staff is allocated based on the volume of clinical services and the hours of operation.
- Train the staff on billing rules for Medicare, Medicaid and the top commercial payers.
- Implement a plan to have billing functions up to date within five working days from the date of service or discharge date for inpatients, if appropriate. (Site may consider outsourcing to meet and maintain this standard.)
- Provide training to the billing staff on the Patient Account Management System (PAMS).
- Consider implementing electronic claims processing defined on your Payers capabilities to accept the 837 HIPAA compliant formats.
- Implement the procedure of exporting Medicare, Medicaid and commercial insurance claims on a weekly basis.
- If applicable, implement electronic Pharmacy billing.

Accounts Receivable

- Have a system to close your accounts at the end of the month by using the Period Summary Reports and Account Summary Management reports.
- Support the account posting function by ensuring enough staff are allocated based on the volume of clinical services that are billed on a weekly basis.
- Implement a policy and procedure on how the posting staff will post special types of denials based on the AR HIPAA compliant standard Adjustment and Reason Code tables.
- Establish acceptable standards for outstanding A/R and if your site is backlogged in posting, allocate resources to begin the clean-up process.
- Decide on an approach and a timeline for this clean up effort. One option may include doing a massive clean up effort by writing off all outstanding accounts through a specified date range based on the Payers timely filing limit. (Site may consider outsourcing to meet this goal.)
- Establish a Collections Department with procedures on pursuing unpaid accounts by ensuring enough staff is allocated based on the volume of unpaid claims that need follow-up to the Payers.
- Implement a policy and procedure on the process of contacting Payers including documenting electronic notes in the Accounts Receivable or PAMS application.
- Consider implementing electronic posting defined on your Payers capabilities to provide the 835 HIPAA compliant formats for your top payers.