Best Practices

MBA

Revenue Cycle Management

Contracting Review

- High Revenue + Best Patient Care
- Negotiation Skills
- Contract Law
- Financial Analysis

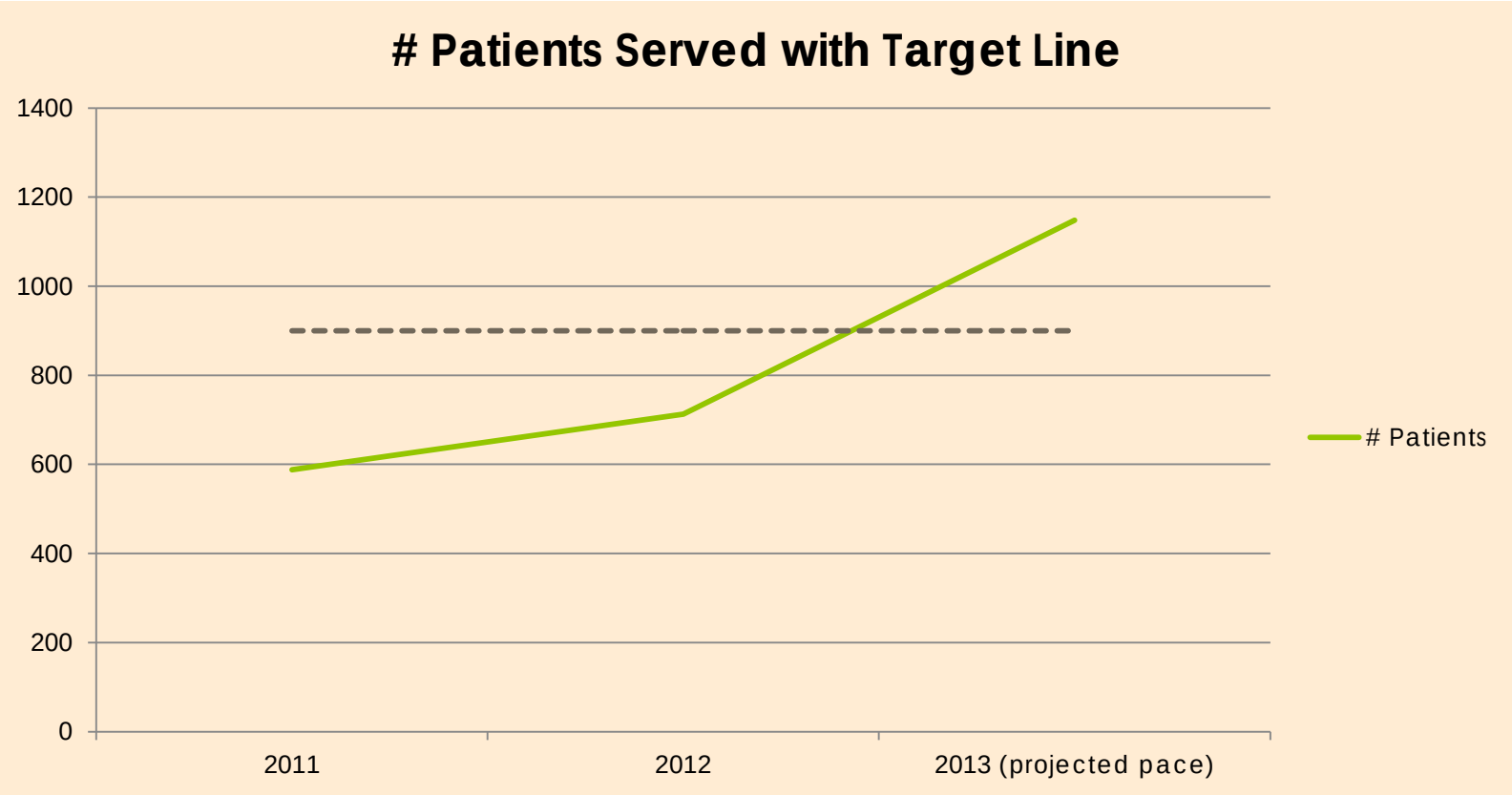
Fee Schedule Review

- Yearly
- Critical analysis of carrier rejections
- Appeals
- ~250% Medicare rates

Productivity Trends

- Each participant needs to be productive
- Productivity monitoring
- RVU's
- Patient access
- Wasted visit time
- No-show rates

Line charts with Run Line



Technology

- Electronic Health Records
- Coding resources
- Appointment scheduling
- Dashboards
- Focus on core tasks of direct patient encounter and direct collection activities
- Intranet

Pre-Authorization

- Patient is ultimately responsible is archaic and unlikely in Indian Health
- Lost revenue and patient dissatisfaction
- Automate
- Use Templates
- Care Team or Medical Records initiate
- Care Teams – Care Coordinators monitor

Insurer Dependency

- Dependency on limited number of payers
- Fee schedule reductions
- Coverage reductions
- Payment freezes
- Bankruptcy
- Other cash flow interruptions
- Coverage for allieds

Claims processing proficiency

- Reduce cost
- Keep cash flow positive
- How did claims processing develop?
- Are we processing the same way we did 10 years ago?

Reimbursement

- Evaluate staff ability and expertise
- Sophisticated, knowledgeable, dedicated
- Dedicated staff to collections
- 120 days is not timely
- 45 days critical
- Manage payment denials
- Electronically billed does not guarantee payment or response

Watchfulness

- Manage denials and aging through a professional and diligent approach
- Objective and transparent management of denials
- Fix internal errors
- Reduce unproductive work

Working the Aging

	0-30	31-60	61-90	91-120	120+
Medicare	Biller's Zone		Managers Zone	Executives Zone	Board of Directors Zone
Medicaid					
Aetna					
Blue's					
Cash					
Total					

Access - Front Office

- Interview style registration - Pre-Register new patients
- Annual registration
- Verify eligibility & benefits (training for benefits)
- Reminder phone calls (48+ hours)
- Scripting “What street, last 4 of phone”
- Phone number on memo line of Appointment
- On site enrollment (CHIP, CDP, FP)
- Decision tree of participation contracts
- Empanelment
- Check in & Check out
- Job Sharing (rotation)
- No phones at front window

Scheduling

- Limit back to back long (30 min) visits
- Limit family booking
- Schedule acute visits early, preventive late in day -or- schedule acute on Mon/Fri and preventive mid-week
- Make follow up's in the treatment room
- Huddles – pre visit planning
- Outreach for preventive care visits

Medical Records

- Obtain signatures on Release of Information requests in the treatment rooms (to/from you)
- Run eligibility verifications
- Pre-Authorizations
- Referrals
- Manage through results not just order

Care Teams

- 2 MA's per 1 FTE Provider
- MA or Medical Records prepare med refill requests for providers (monitor FAX)
- Performance Standards
- Screenings
- Pre-Visit Preparation
- Huddles

EHR Implementation

- DON'T extend appointment length
- DO block cushions (10/15 min) each hour then remove blocks as efficiency improves
- DON'T allow providers to rely on .9999
- Teach basic coding to clinical staff (CPC)
- Involve providers in I10 internal trainings

Personnel Management

- Finish credentialing prior to starting work
- Front office reporting to provider causes conflict of priorities with business practices
- Test coding &billing skills of applicants
- Verify credentials of coders
- Seat clinical staff in “pod’s”

Trainings

- Limit number of topics
- Written and signed quizzes for compliance program
- Provide a reference tool as a take away
- Go beyond “Job Description”

Streamline Operations

- Coder/Biller
- Top of licensure for all
- Maximize interoperability
- Prepare for encounters

Billing

- Create claims for all visits
- Will not collect on all – "value" all
- Annual training for Coding updates
- Annual training for Medicare, Medicaid
- Review fee schedule annually
- Electronic claims submission and remittance advice posting (837 and 835)
- Check claim status online – including Medicare
- Be THE resource for "billable" at your site

Collections

- Flat rate collected on check-in for cash clients
- Include preventive services in flat rates (flu/xray)
- Collect co-insurance % at time of service
- Script

Shift Self Pay Forward

- Patient portion of the health care bill
- Increase likelihood of payment
- Decreases cost associated with collecting
- Co-pays
- Estimated co-insurance
- Cash pay flat rate before encounter

Quality Improvement

- Involve all staff on QI Teams
- Mix the department representation
- Teach meeting management & presentation skills
- Use the PCMH 6 standards when developing the teams
- Use PDSA format for documenting QI projects

GPRA Improvement

- Really evaluate at your taxonomies
- Perform chart audits to identify data errors
- Use Paper or Template GPRA screening tools
- Activate EHR reminders
- Assign sections to QI Teams
- OUTREACH
- Know your population
- Prepare for seasonal opportunities

MU Improvement

- Post performance
- Perform chart audits to identify data errors
- Use Paper or Template GPRA screening tools
- Activate EHR reminders
- Assign sections to QI Teams
- OUTREACH

Compliance

- Audit
- Educate
- Open communication
- Hospital Officer resource
- Primary Care Association resources

Discussion

- Not in my job description
- Any new ideas
- Job Sharing
- Influence of PCMH-MU-GPRA on reimbursement system
- Advanced Access
- Scripts