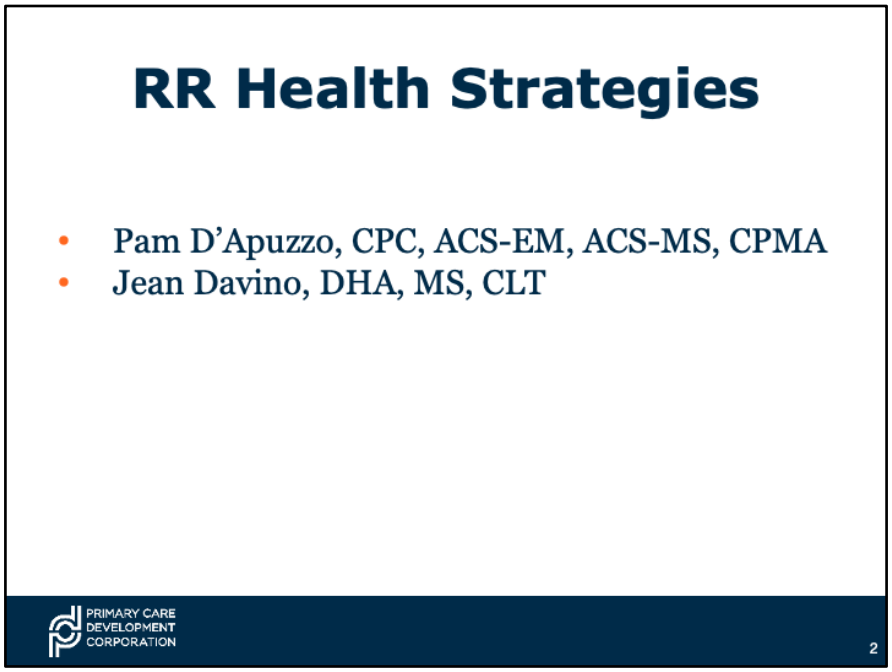
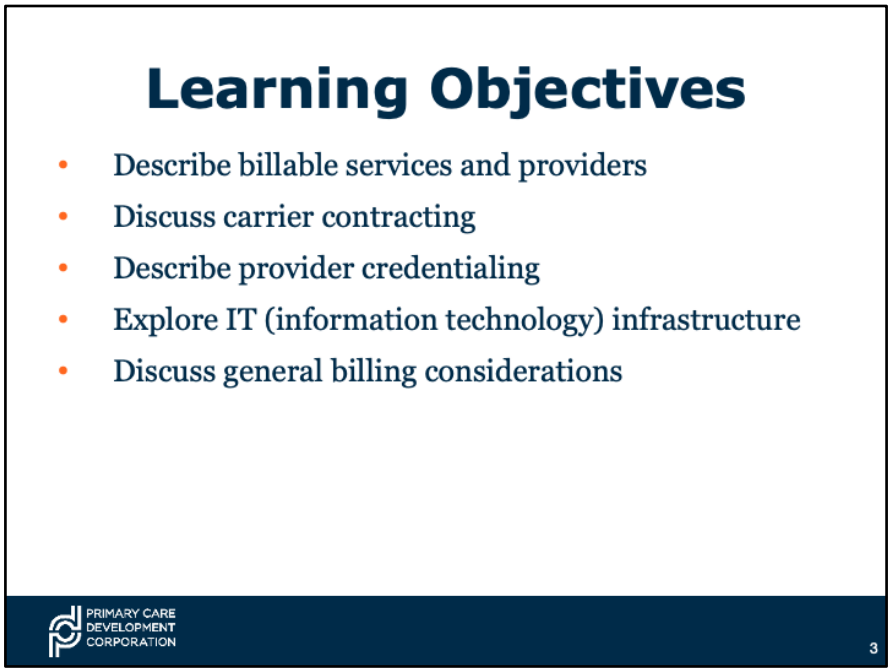
Welcome to the Step by Step: Initiating and/or Enhancing Billable Services Module 4: Revenue Cycle Quality Assurance



Jean – this slide is your opportunity to tell the audience about yourself, your qualifications, and RR Health Strategies.



-Appropriate service options
-Carrier contracting options
-Provider credentialing initiation and tracking
-Essentials of an IT infrastructure
-Staffing the billing department, clearinghouse, electronic fund transfer and lock box

Services and Providers

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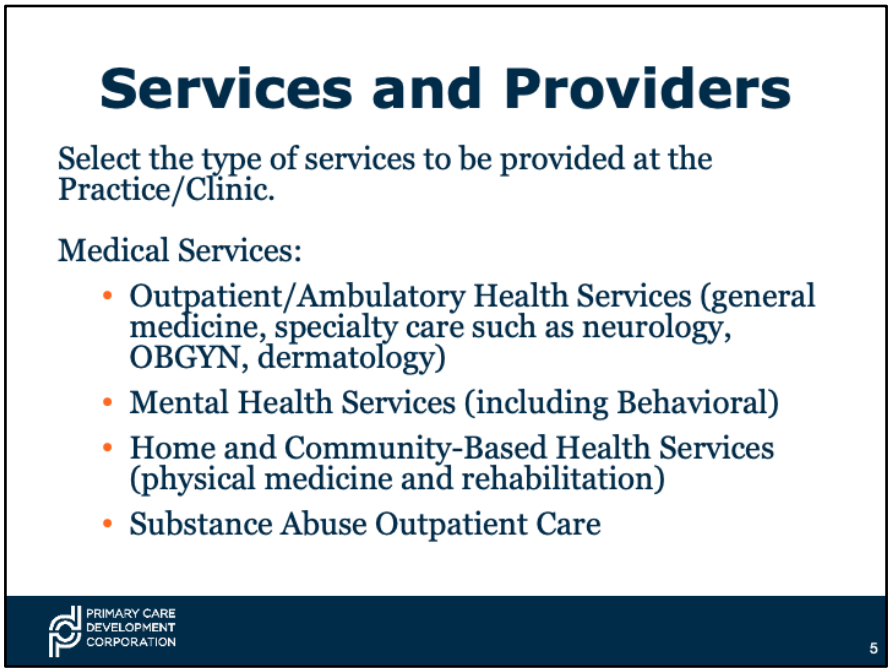
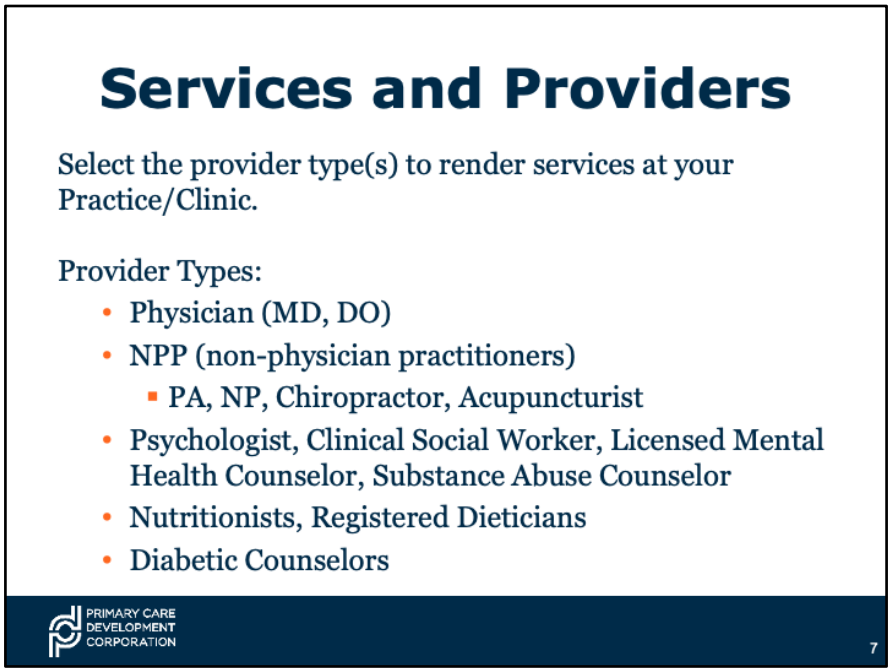


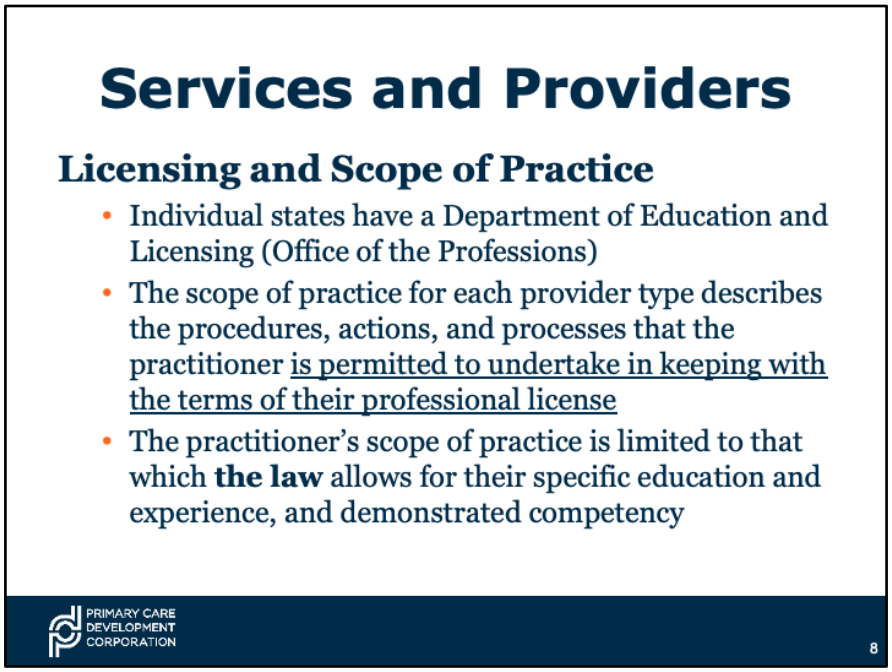
-Services and CPT codes are selected based upon specialty
-CPT code description provides information on who can provide service (MD, NPP, etc.) and location of services (Office, ASC, etc.)

-Expand the availability of health care services to cover a variety of patients – such as the underserved, disadvantaged, geographically isolated, and special needs populations.



-Selecting the types of services to be provided at the practice/clinic will determine the required type of licensed professionals needed to render those services

- Each State has specific professional licensure guidelines, as well as billing guidelines



-Understand the scope of practice for each provider type
-The scope of practice is limited to that which the law allows for specific education and experience and demonstrated competency

Carrier Contracting

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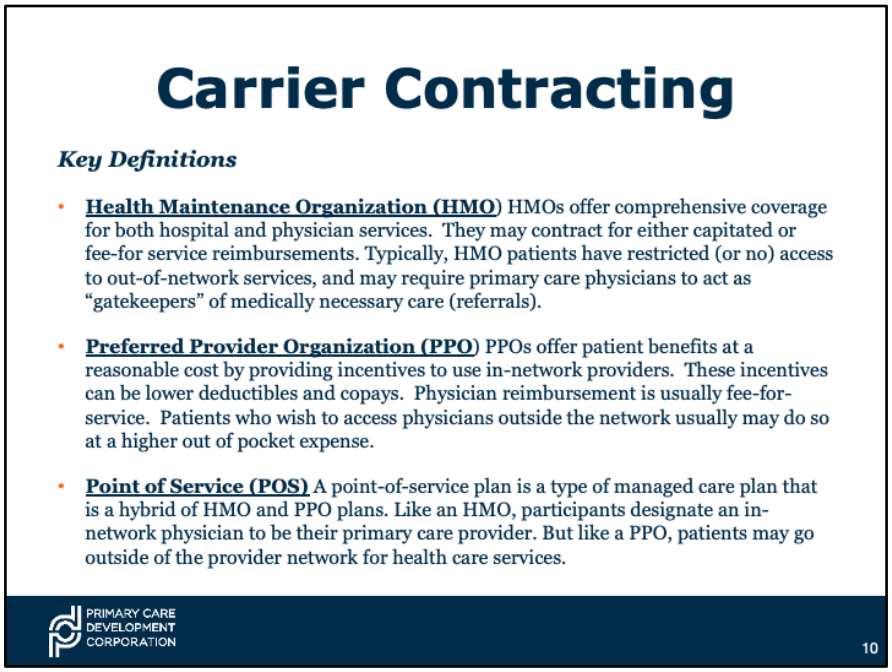
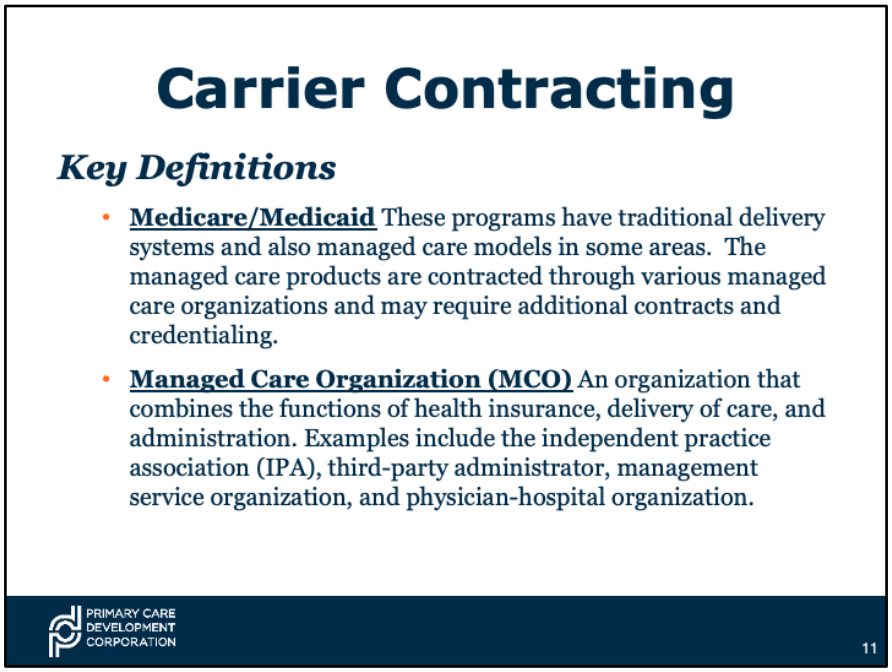
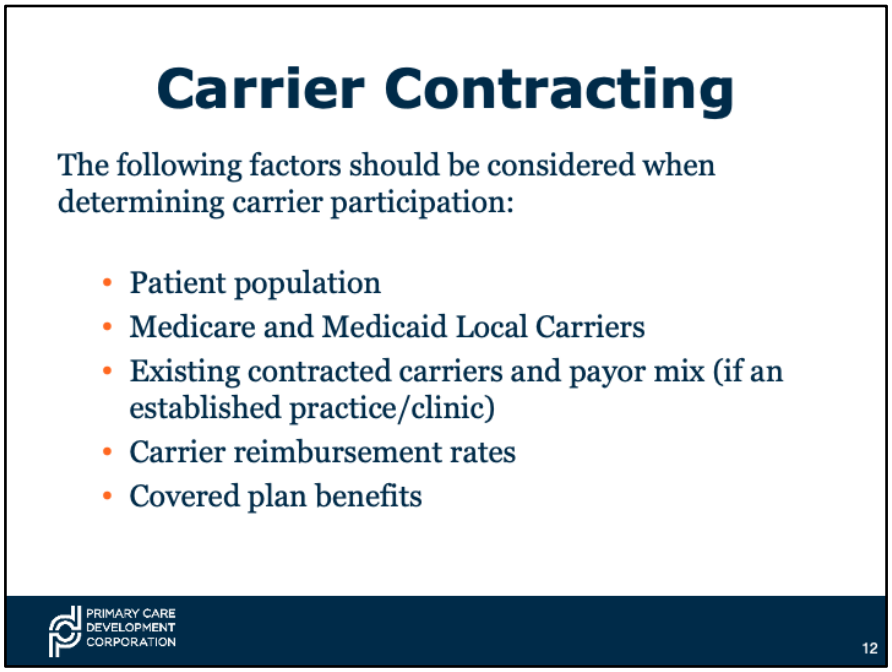


- Elaborate on the different types of current healthcare carrier models
- - Describe the differences between the types of plans allowing for a better understanding of how a plan affects office operations, (authorizations), carrier contracting, finances (deductibles) and other important factors

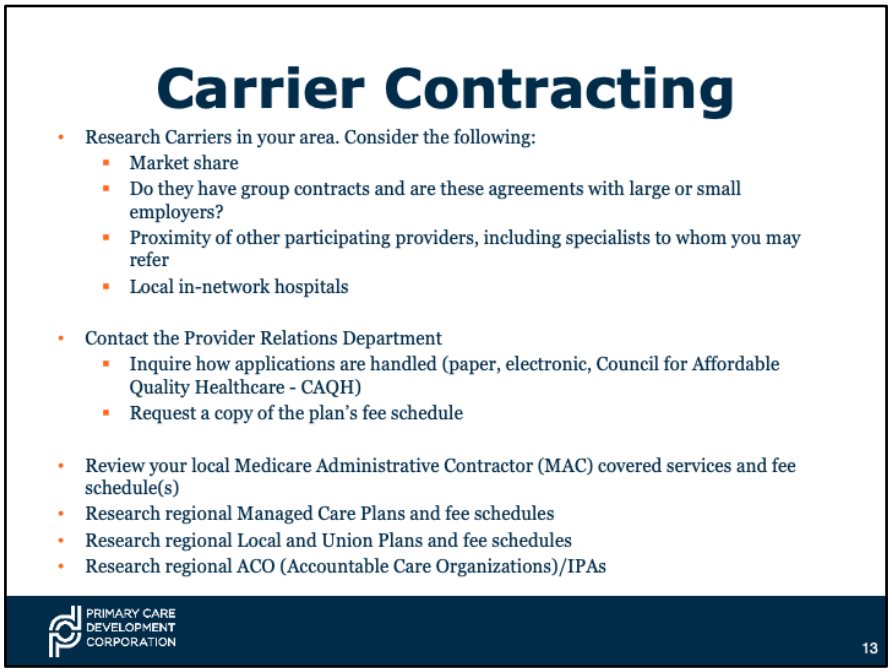


- Elaborate on the different types of Medicare/Medicaid plans
- Explain the federal government's incentive towards enrolling eligible beneficiaries in managed care programs

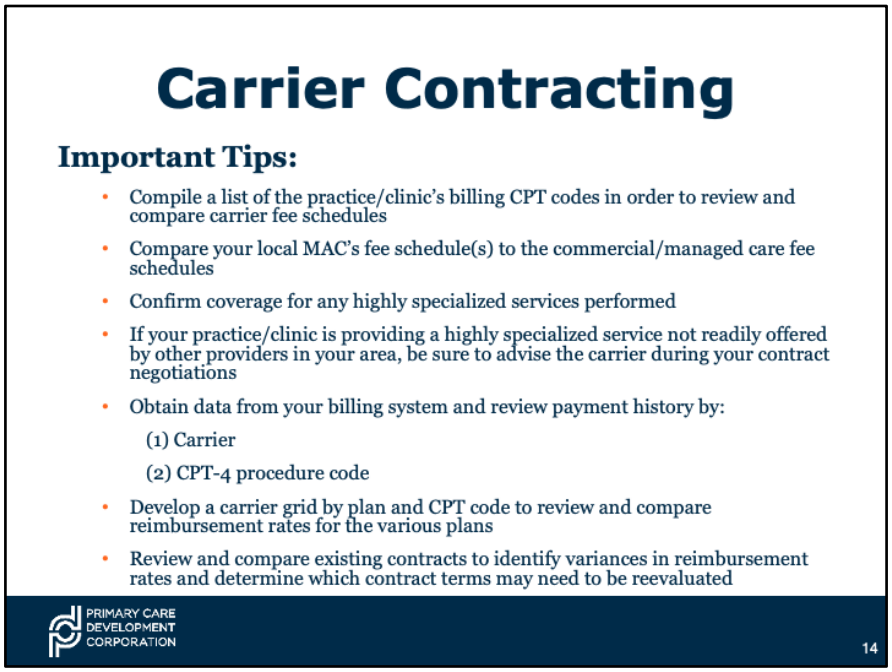


-Discuss the factors that have an effect on carrier participation, such as:

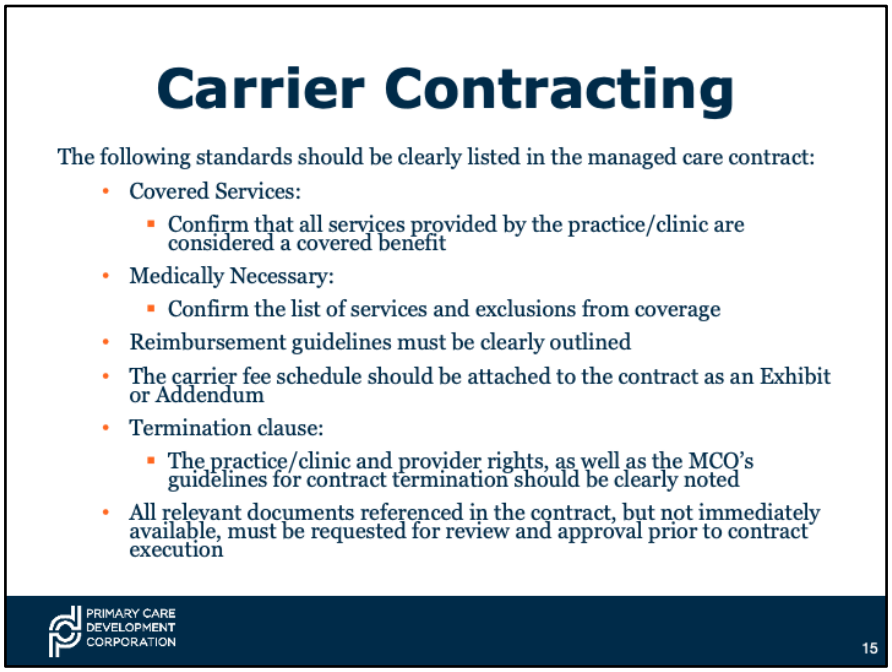
- Patient population (age, economic situation)
- Self-pay patients, financial hardships
- Plan benefits (annual wellness visits, immunizations, laboratory and radiology)
- Financial considerations such as deductible, copays, coinsurance.



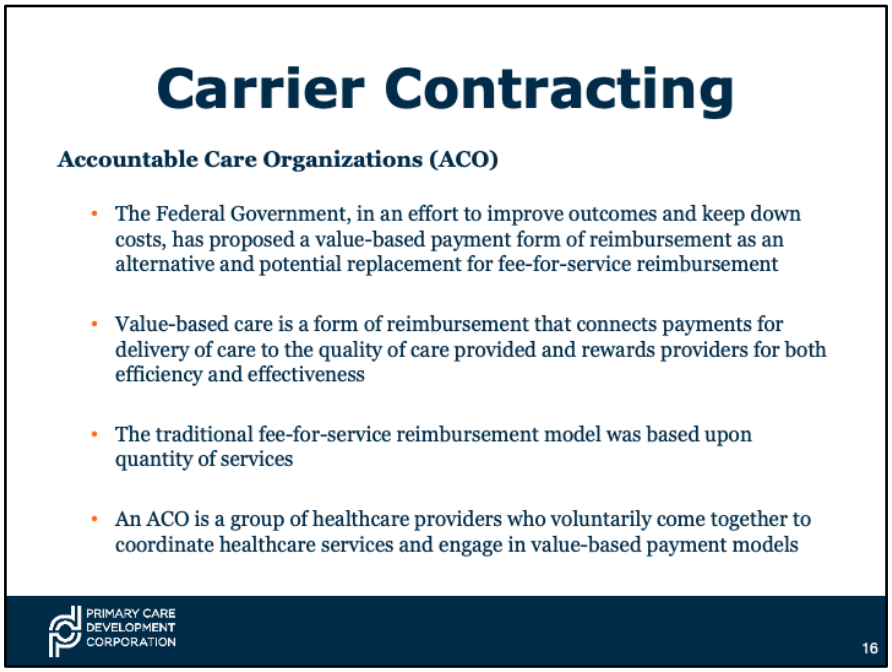
- Discuss how best to determine which carriers work best for each individual practice/clinic
- Evaluate the patient population the practice/clinic serves



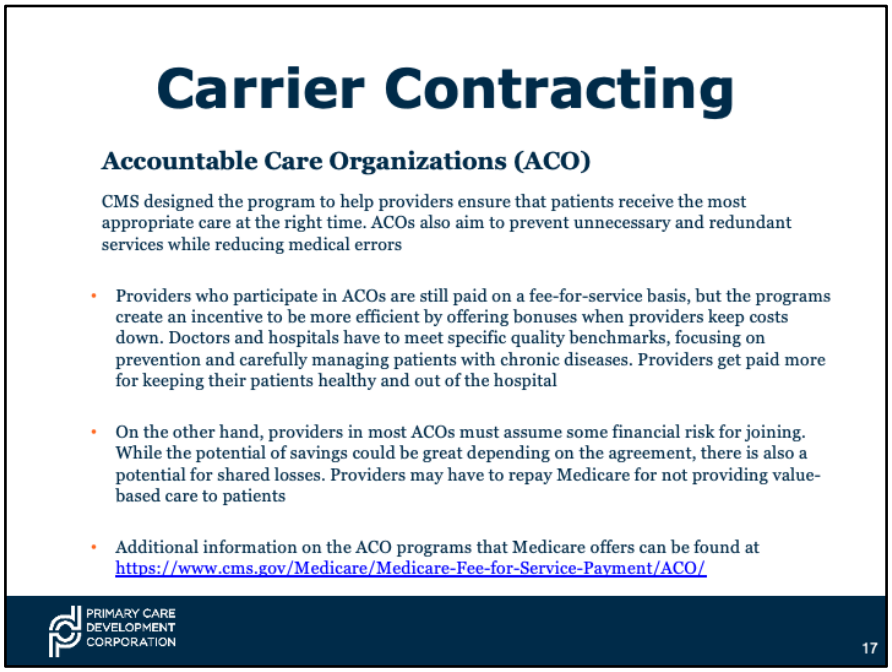
-Review tips and best practices to initiate carrier contracting process



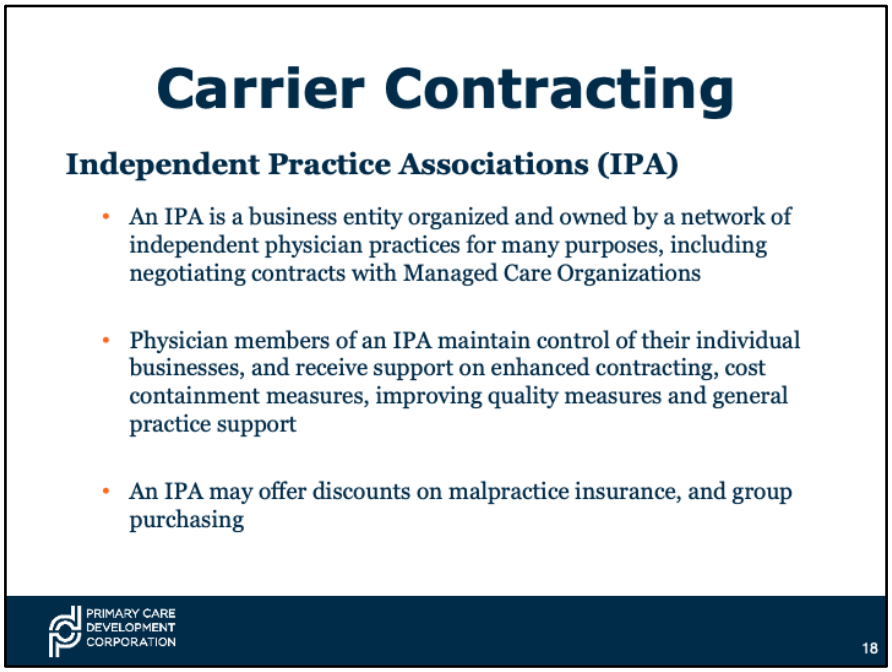
- Review standard terms and guidelines for managed care contracting



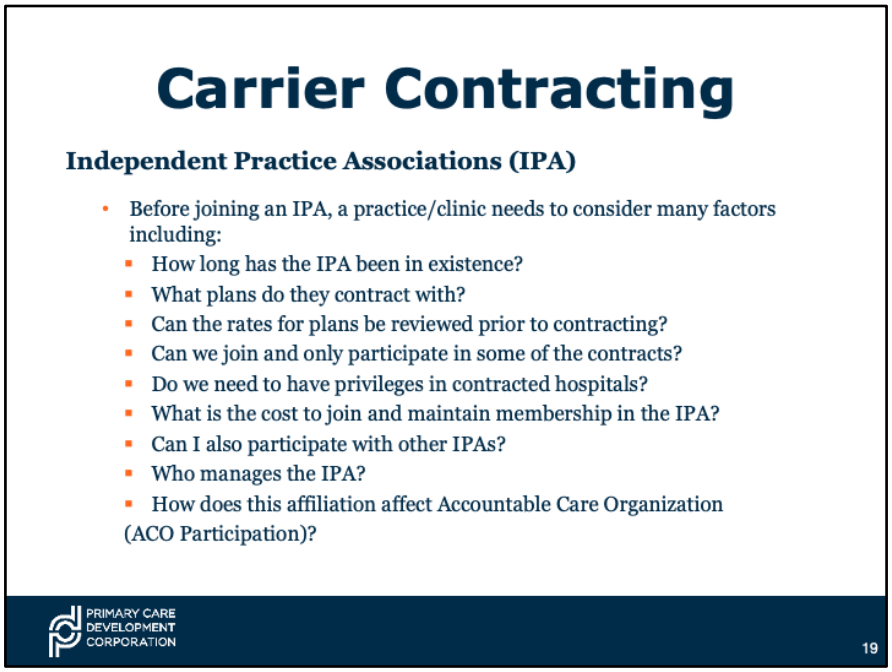
-Review the possibility/consideration of ACO participation
-Review the benefits of joining an ACO, keeping in mind the future value-based care model



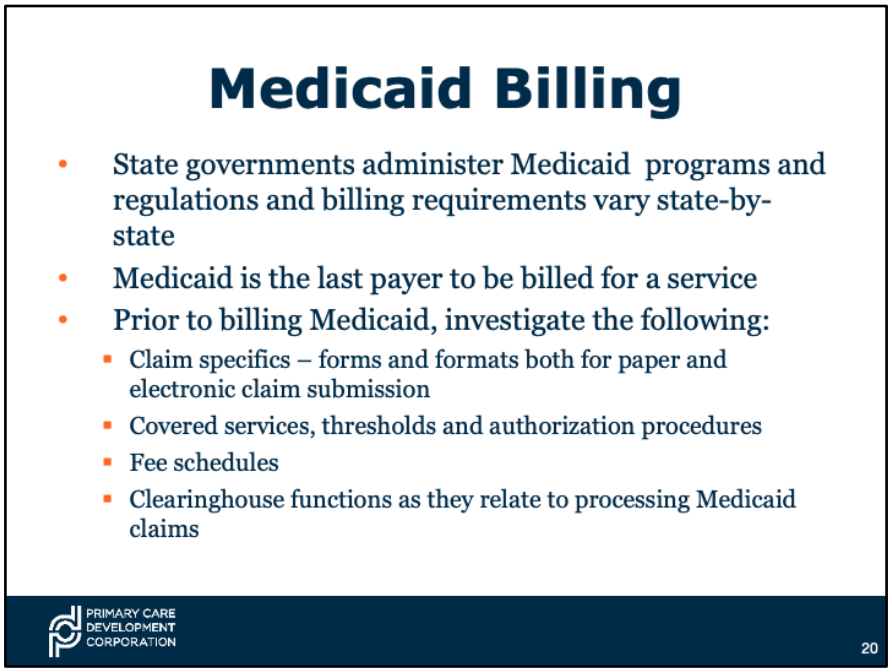
-Practices/clinics considering participating with an ACO, should begin to identify organization specific goals for achieving the three-part aim of improving delivery of care, improving health, and reducing growth in costs through improvement



- IPAs continue to develop initiatives to support physicians in maintaining independent practices.
- IPA can provide contracting and credentialing at lower costs than independent firms or in-house staff



- When considering an IPA, a main goal of the IPA should be clinicians building collaborative relationships to improve population health with the sharing of patient data



Review Medicaid billing requirements that vary based on provider specialties

Provider Credentialing

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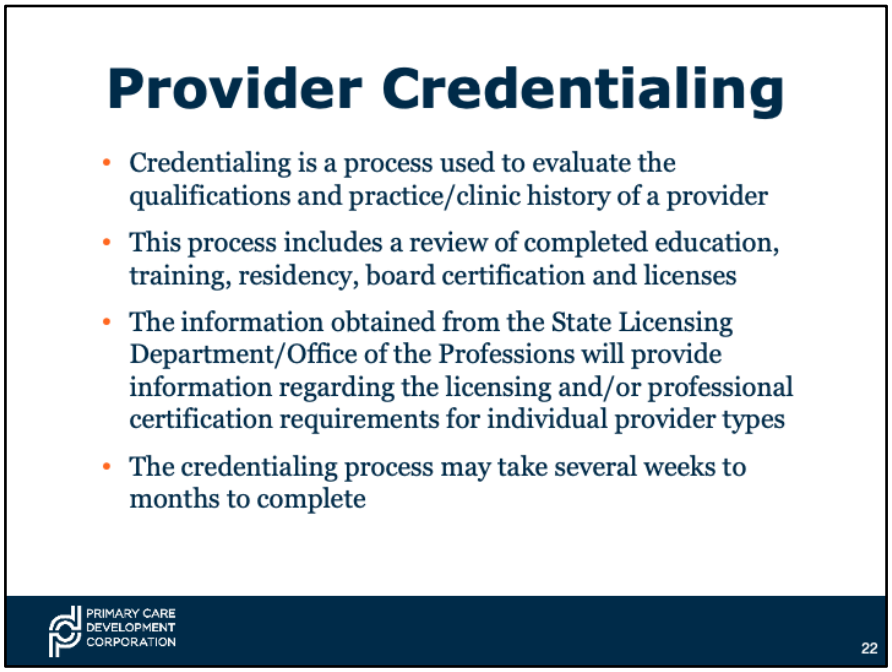
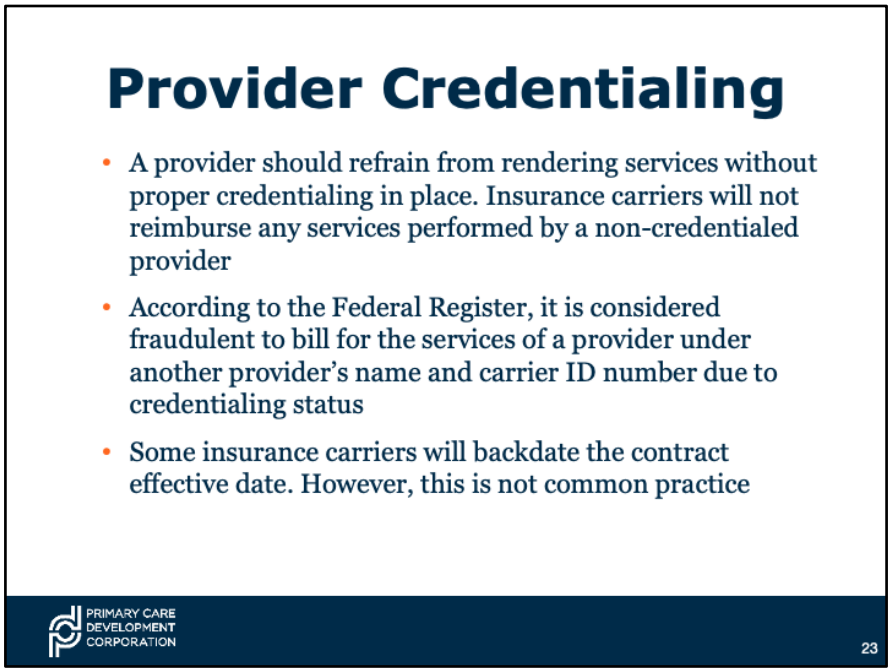
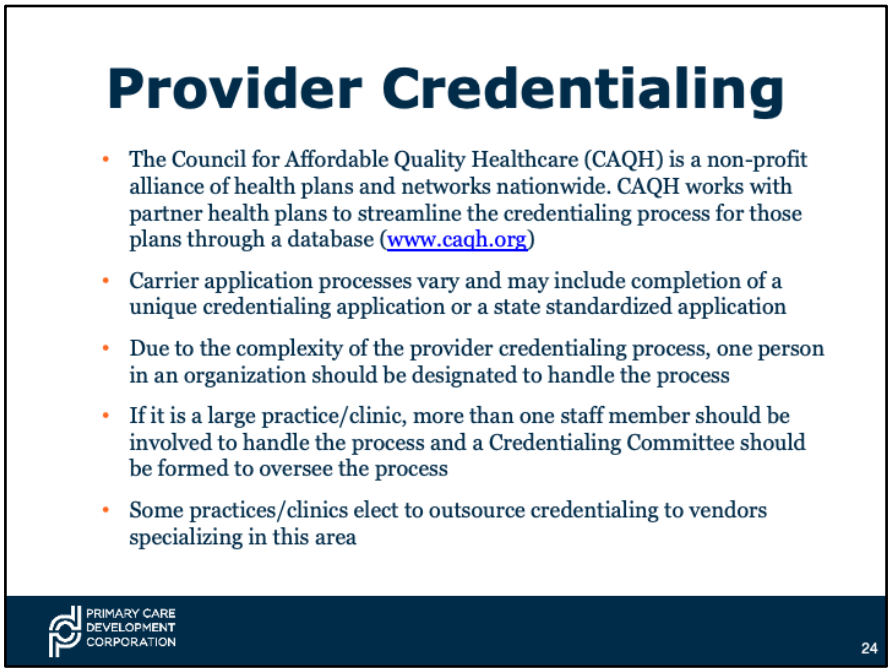


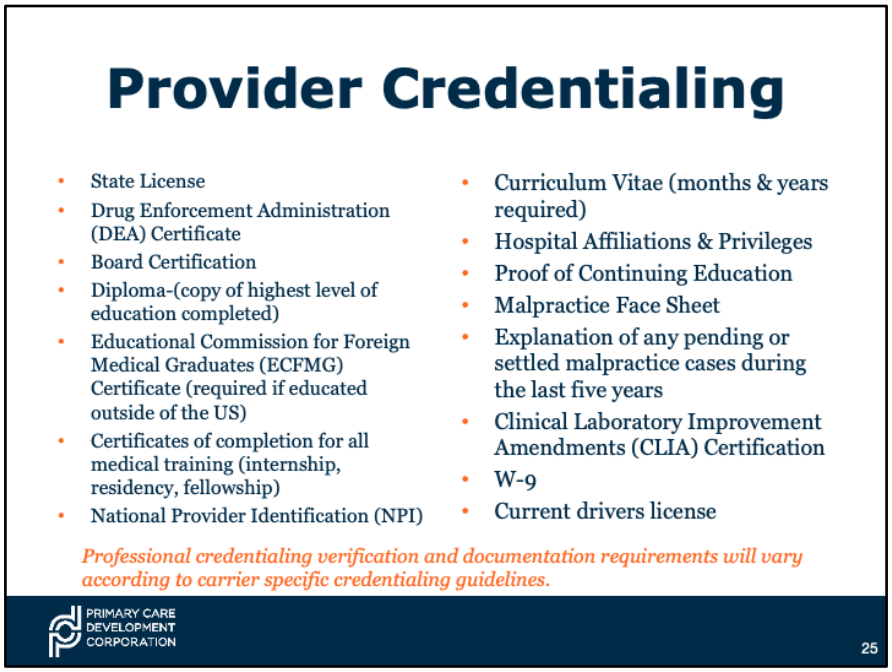
-Credentialing is a tedious verification process of a provider's education, licensure, certification and experience
-Maintaining up-to-date provider files is imperative for both H/R and Credentialing purposes



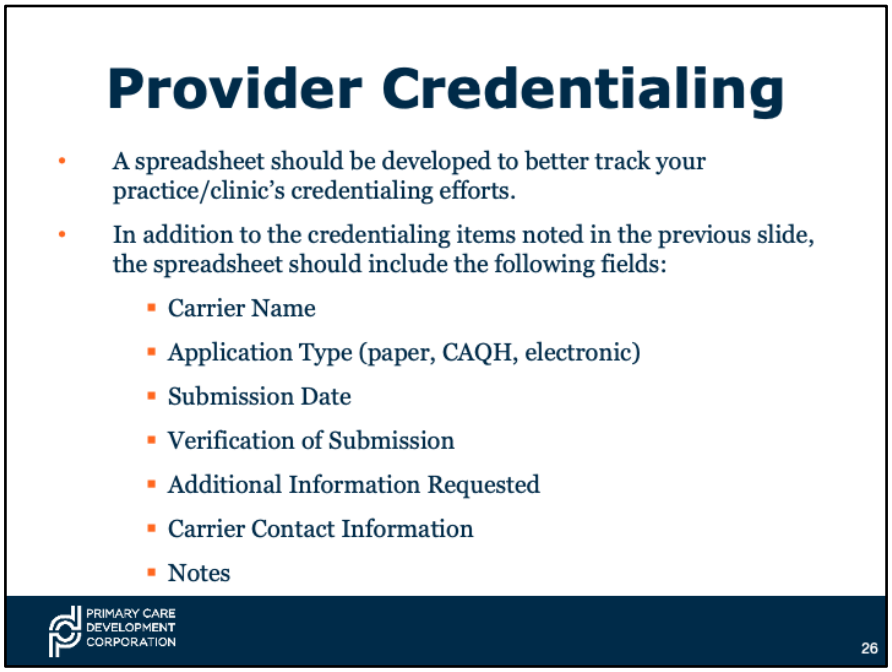
-Services must be billed in the name and NPI # of rendering provider. The only exception exceptions would be Medicare's incident-to guidelines and locum tenens/ reciprocal billing arrangements



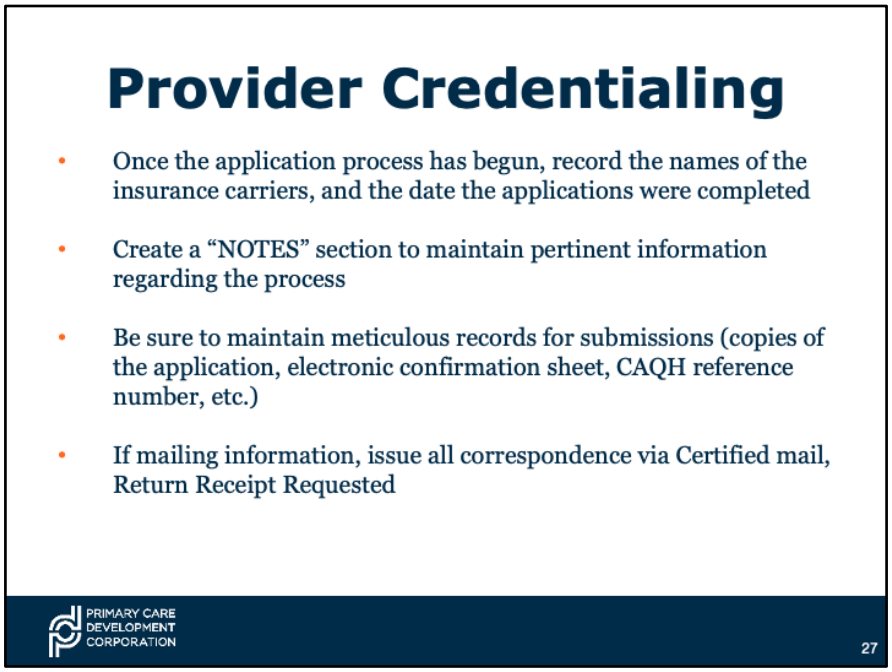
-There is an application process for credentialing, which can either be electronic or paper
-The personnel handling the credentialing process must be extremely detail-oriented and organized



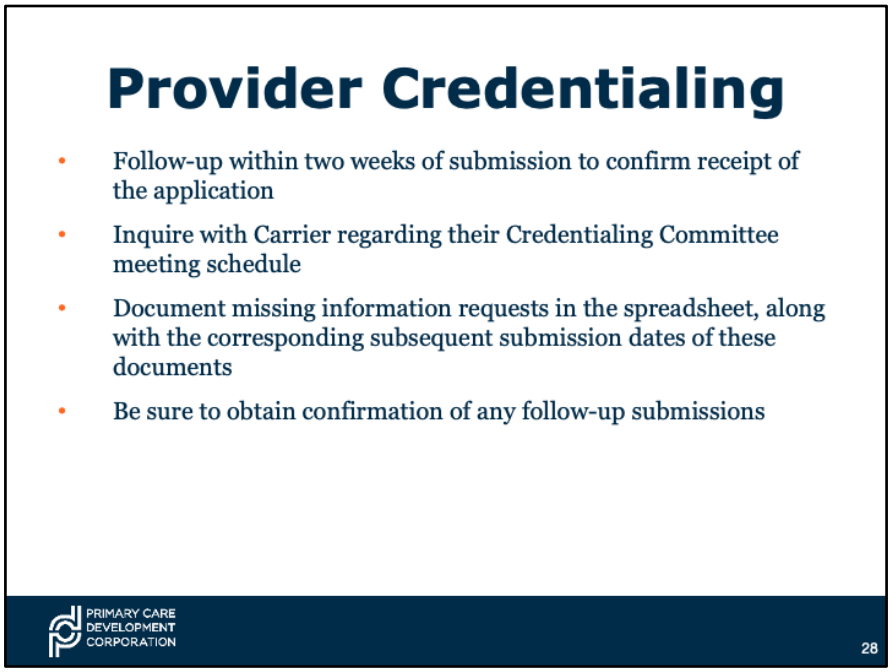
- Credentialing process:
- Check all collected documentation for expiration and/or recertification dates
- If a document has expired, a current document must be obtained prior to submission
- If document scanning is available, create a provider credentialing file and scan all documentation



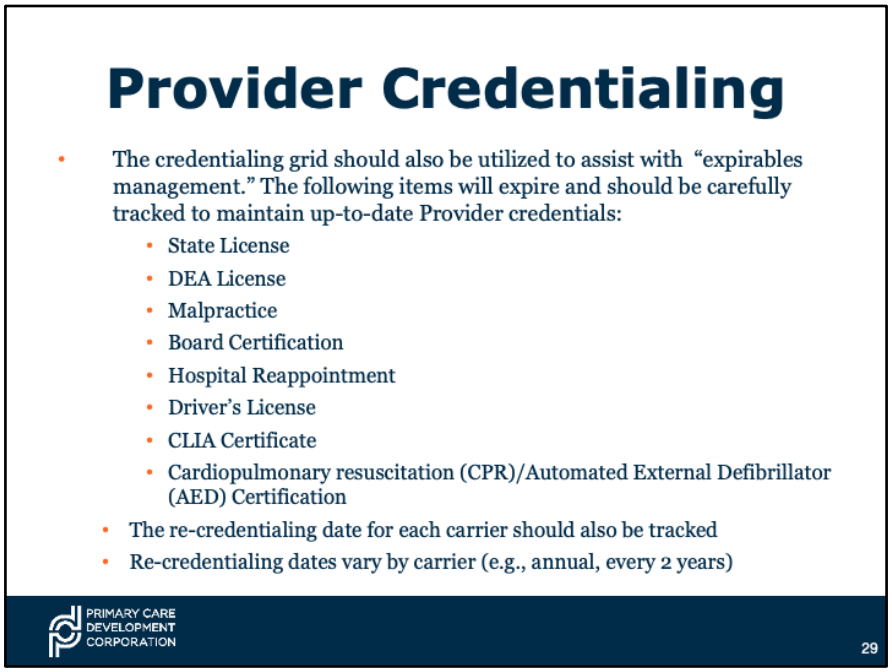
- Explain use of spreadsheet for tracking purposes
- Be careful when entering plan names, as many have similar sounding names (The Empire Plan and Empire BC/BS)
- Complete the application thoroughly



-Although a growing number of payers use the CAQH Universal Provider Datasource® and credentialing software can reduce the paperwork, most practices still manage this information "manually".
-When applications are completed with supporting documentation, scan/copy the application and all of the supporting documentation for internal purposes

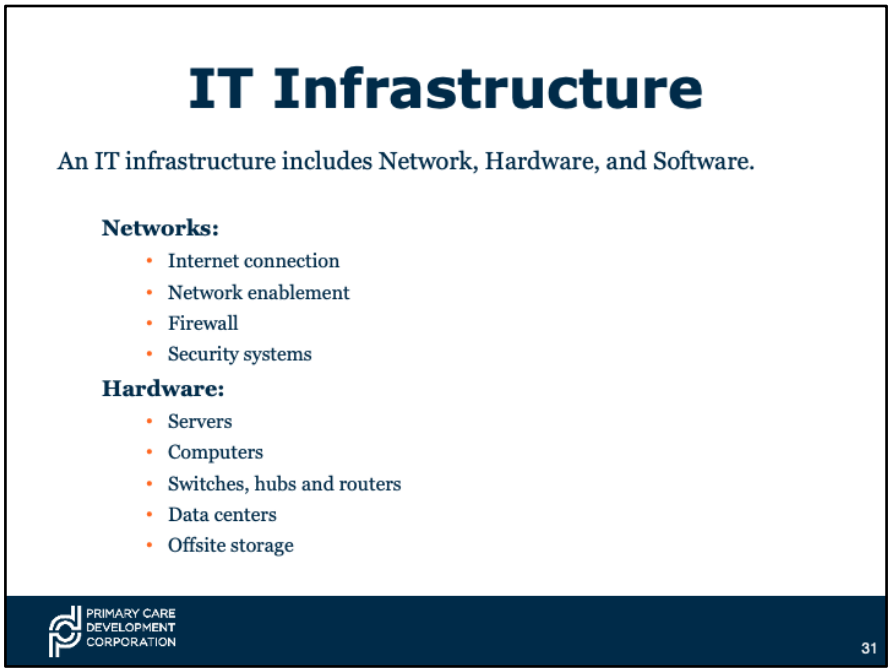


-When speaking with a carrier representative, always be sure to obtain a name and reference number.
-Document all notes and information on the spreadsheet

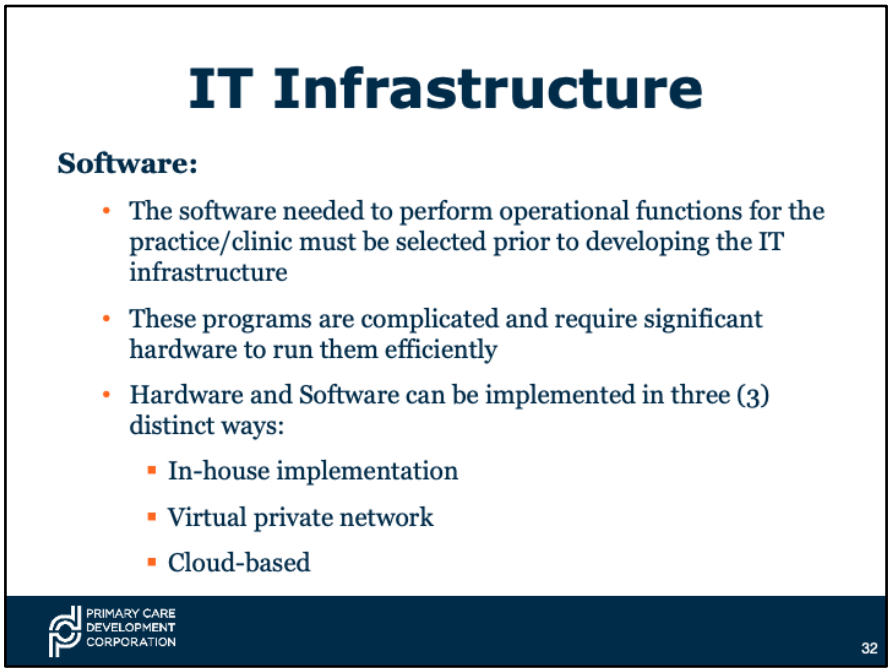


-Track the expiration dates of any documents that can expire. Use the spreadsheet as your tracking tool.
-Expired documentation will halt the re-credentialing process.

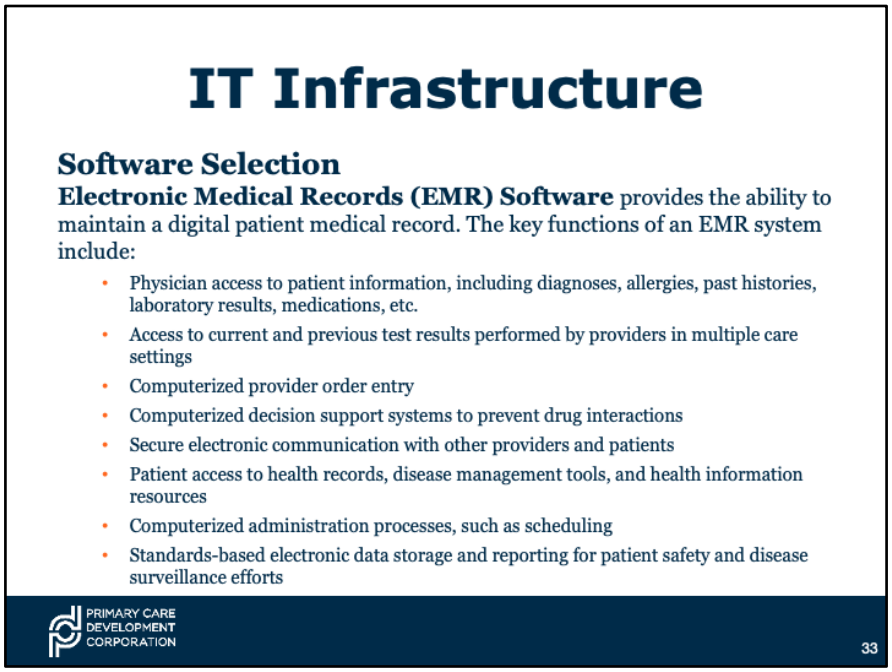
IT Infrastructure



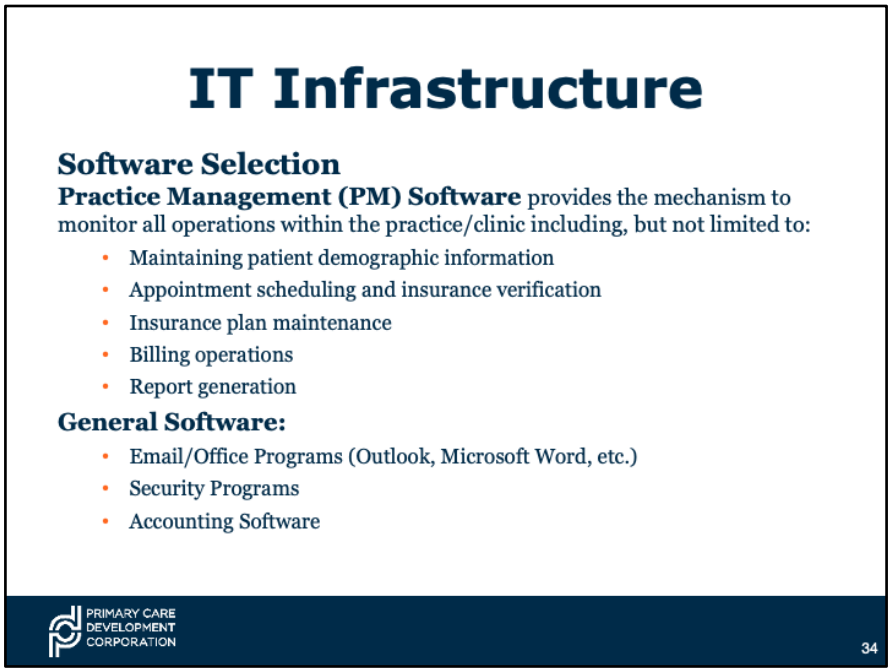
-Review the needs/importance of IT infrastructure for the practice/clinic (e.g., PM, EMR, interfaces)



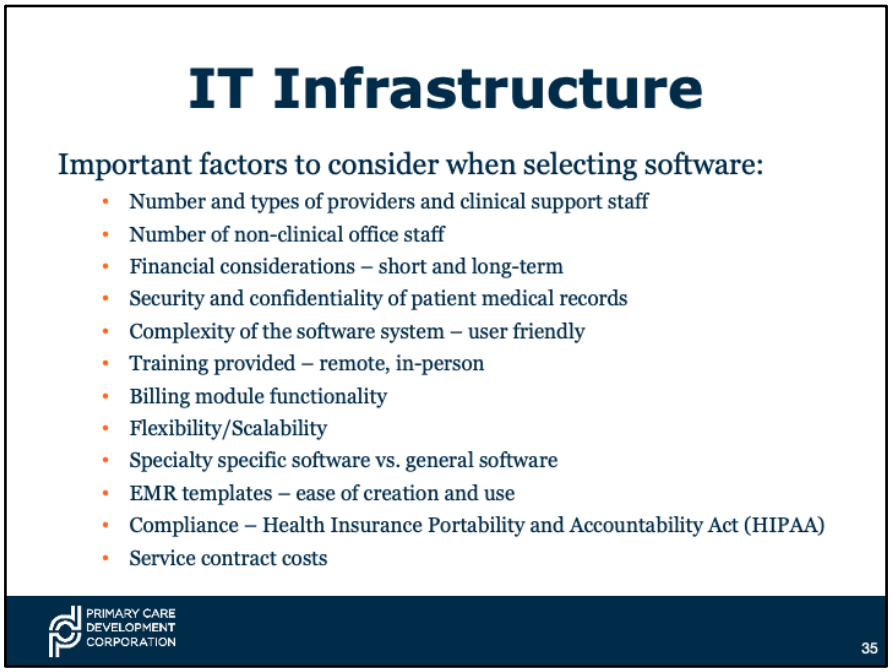
-An IT infrastructure can be costly. Analyze needs and vendors carefully.



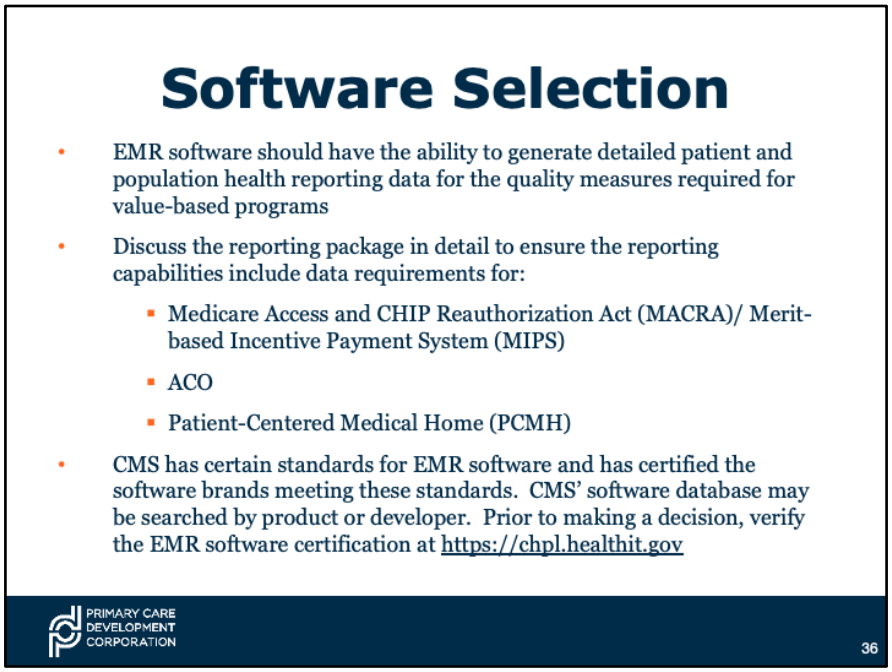
- The EMR system in healthcare has transformed the delivery of patient care.
- Automation of systems, which were once manual, ease the administrative burden of medical staff.
- Better tracking improves the quality of healthcare.



- A practice management system maintains the operations of the practice.
- There are many systems available. Having a better understanding of what functions you need will assist in software selection.



- Keep in mind of possibility of future expansion.
- Perform research and attend software demonstrations to better understand your options.
- Reach out to peers and Software references for their feedback and comments.



- The move to "value-based healthcare" requires the ability to generate many different types of data reports. This data is all necessary for the various incentive and quality programs which exist and are continuing to be developed.
- Be sure the system can produce the reports you will need.

Considerations

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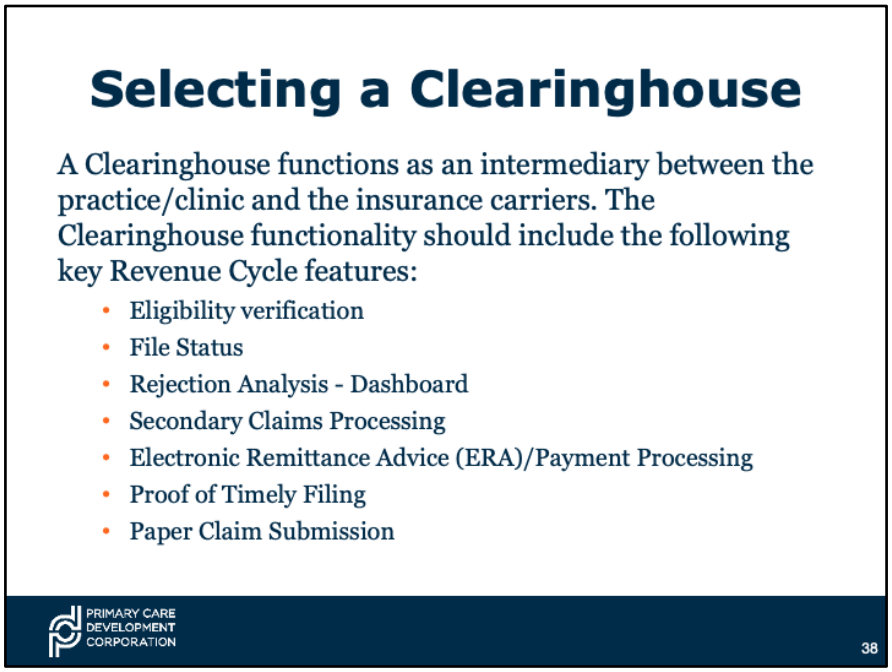
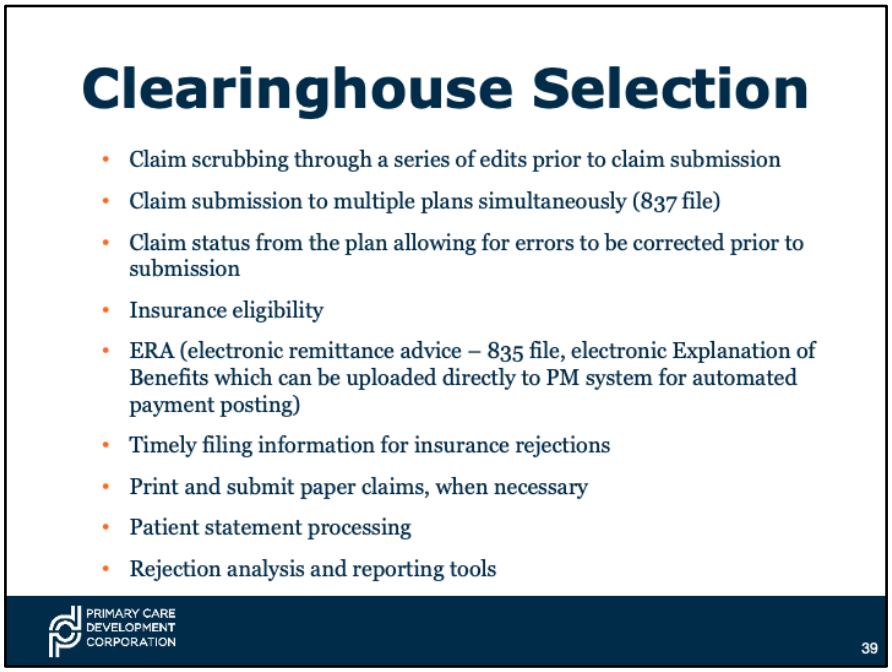
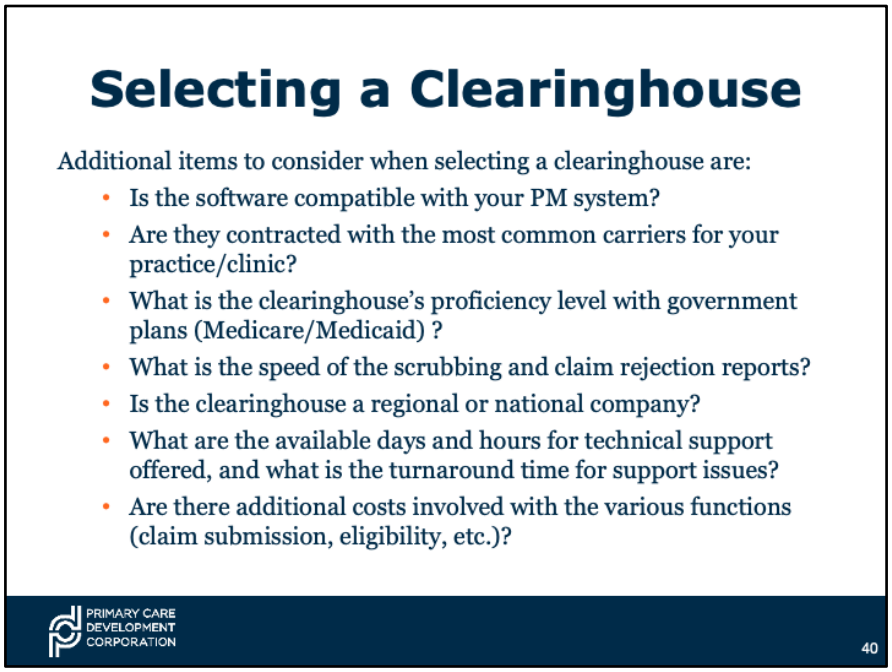


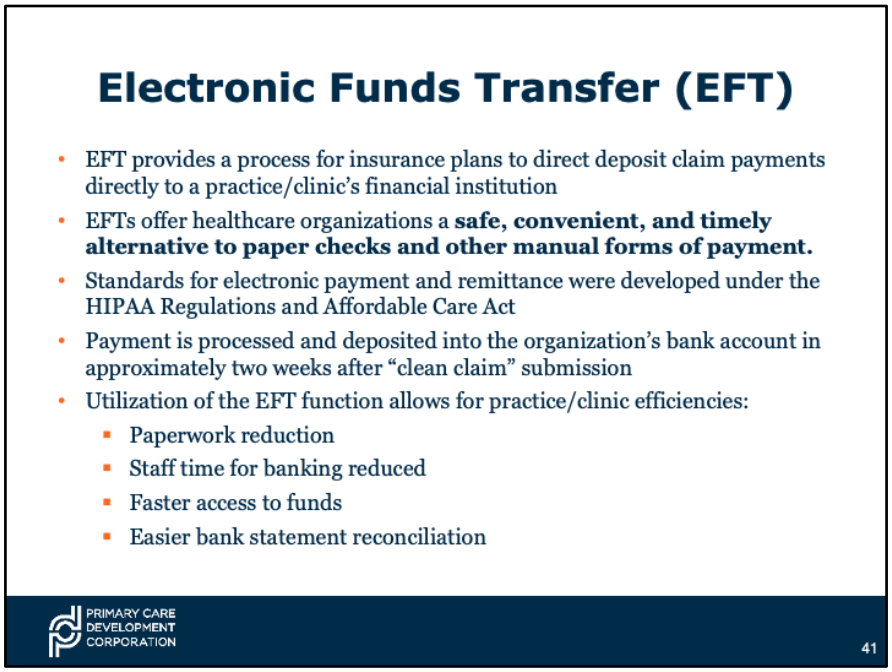
- A clearinghouse is a vital component of the billing operations.



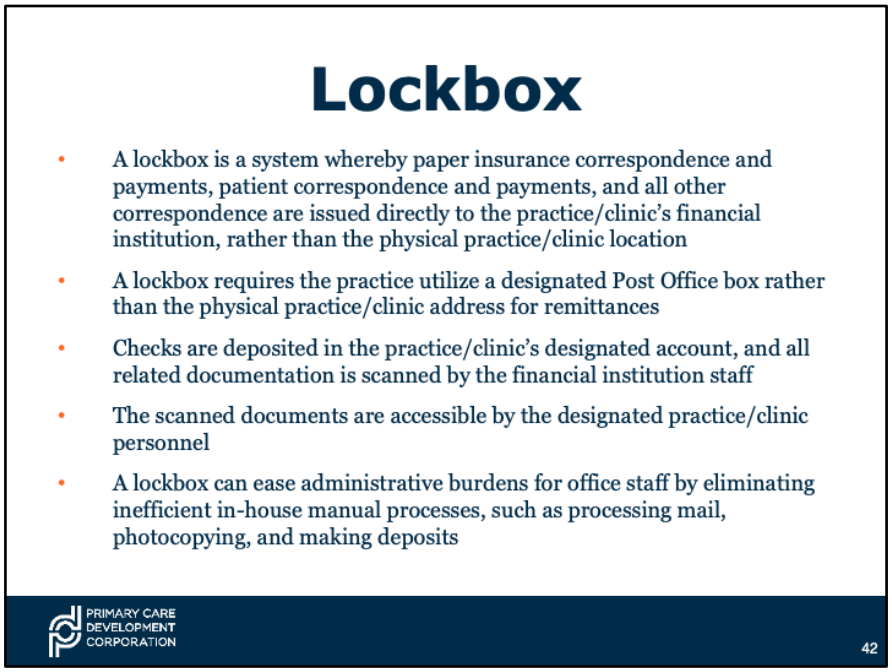
- Clearinghouse performs a diverse set of operations necessary for revenue cycle management
- It allows immediate correction of claims for resubmissions.
- There should be extensive user training to better understand the system functionality and reports.



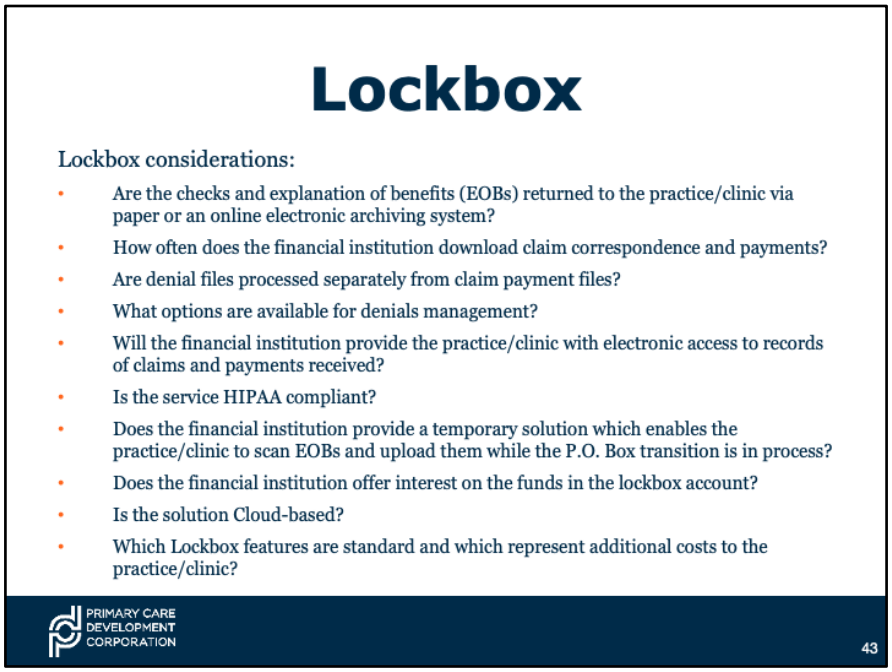
- There are a variety of different medical billing software vendors. Each vendor creates a claim file in a different format. It may be an ANSI file or a print image file or a variation of these
- Each insurance payer has different requirements for submitting electronic claim files
- A CMS 1500 claim is the paper format that it universally used. This paper format is converted to an electronic format and uploaded to the clearinghouse for submission to the carriers.
- There are other claim formats, such as a UB-04 for facility claims.



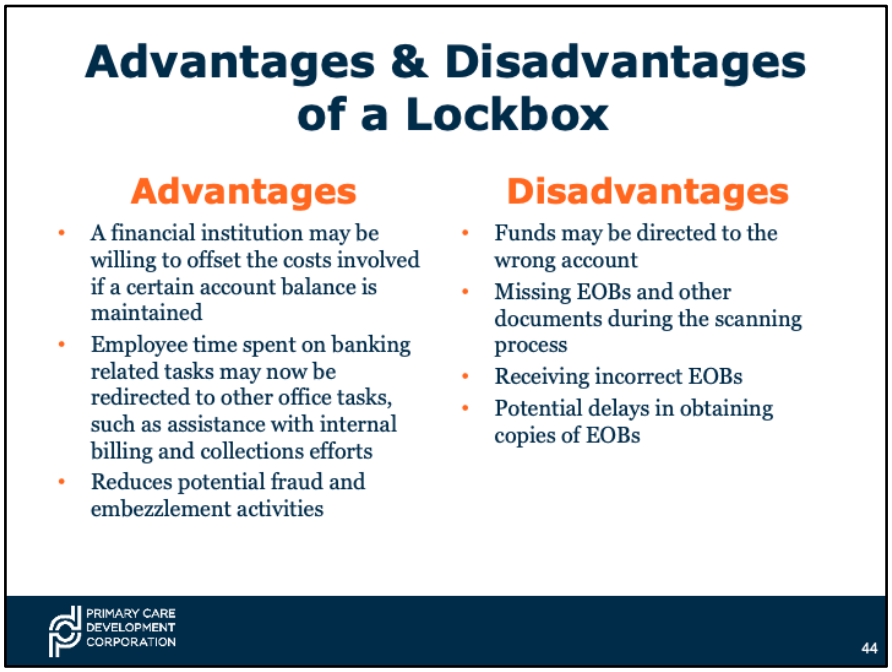
- Use of EFT will streamline payments to the practice/clinic.
- Many carriers only utilize EFTs for reimbursement.



- Lockbox helps medical practices streamline HIPAA-compliant mail processing and same-day check deposits.
- Electronic access to scanned documents, including EOBs, simplifies key office and billing processes.



Process:
1. Practice mail arrives directly to the lockbox service.
2. Lockbox service
    a. Opens all mail and archives it in a document management system including scanning and indexing for future retrieval,
    b. Makes images available to practice or Billing Service via a secure, encrypted Web site;
    c. Deposits all checks received that day
3. Practice administrative staff has direct access to web-driven interfaces for mail and check queries and reports.



- Interactive conversation of how the attendees perform their banking functions presently

Case Study

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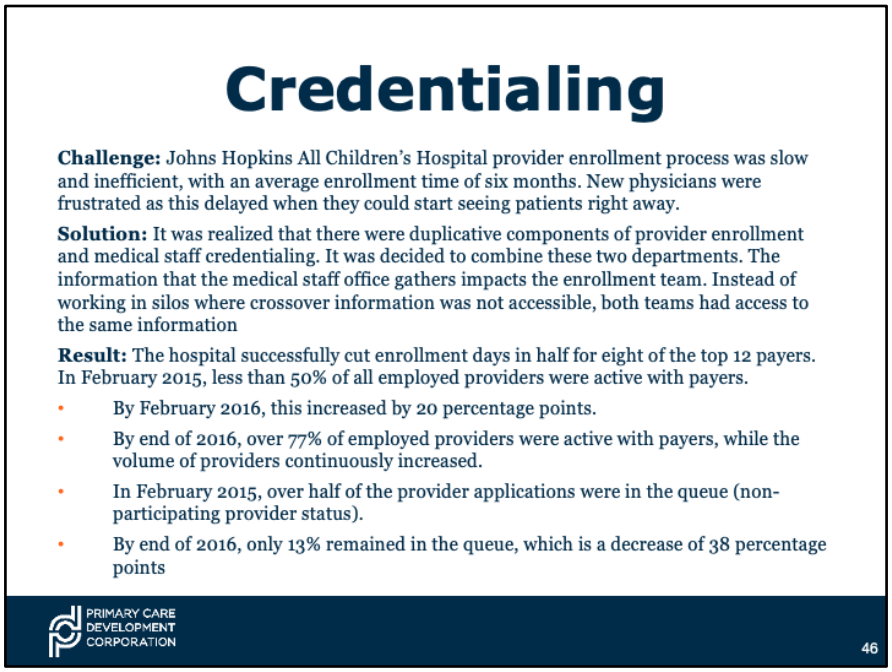

Case study: Is your organization on board with your onboarding process? (n.d.). Retrieved from https://credentialingresourcecenter.com/articles/case-study-your-organization-board-your-onboarding-process

Module 1 Highlights

- Selection of medical services and provider types to best suit the Practice/Clinic's mission and goals
- Strategies for optimal contract negotiations with carriers
- Provider credentialing techniques
- IT Infrastructure development
- Clearinghouse considerations for positive Revenue Cycle outcomes
- EFT and the cash flow advantages
- Utilization of a Lockbox for streamlining the collection and payment processes

Module 1 Mini-assignment

- Prepare a list of proposed services and provider types you are considering for your practice/clinic
- Create a spreadsheet of your existing carriers, including initial contract dates, expiration dates, and any known CPT Codes and their associated fees or provide your current carrier contract spreadsheet
- Prepare a provider credentialing grid as described in the "Provider Credentialing" section or review and update your current grid
- List all current practice/clinic software and any challenges you may be experiencing
- If you have a Clearinghouse, list the advantages and disadvantages of the system
- Draft a list of questions regarding utilization of EFT
- Draft a list of questions regarding utilization of Lockbox