Keys to Optimizing Peak Financial Performance

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Objectives

Prevent no shows
Ensure clean claims
Coding at the right level
Avoid missing charges
Evaluate Current Processes

- No Show rate
  - Physician/Provider
  - Patient Name
  - Insurance Type
  - Appointment Time
  - Appointment Date (day of the week)

- Staff / Provider input and involvement
No Show Policies

- Reminders calls
  - Automated or Personal contact
  - How far in advance
- Message/Script
- Access reasonable for specialty
  - Triage at scheduling
  - Mid-level cost effective for access
No Show Policies

- Definition of no show and consequences
- Tracking system for contact rate
- Tracking system for no shows
No Show Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>No show, confirmed, spoke with patient</td>
</tr>
<tr>
<td>NU</td>
<td>No show, unconfirmed, left message</td>
</tr>
<tr>
<td>PS</td>
<td>Patient cancelled, same day</td>
</tr>
<tr>
<td>P1</td>
<td>Patient cancelled, 24 hours notice or less</td>
</tr>
<tr>
<td>P2</td>
<td>Patient cancelled, 48 hours notice or less</td>
</tr>
<tr>
<td>RS</td>
<td>Patient rescheduled, same day</td>
</tr>
<tr>
<td>R1</td>
<td>Patient rescheduled, 24 hours notice</td>
</tr>
<tr>
<td>OG</td>
<td>Office cancelled</td>
</tr>
<tr>
<td>OR</td>
<td>Office rescheduled</td>
</tr>
<tr>
<td>DC</td>
<td>Doctor/Provider cancelled</td>
</tr>
<tr>
<td>EX</td>
<td>Patient deceased</td>
</tr>
</tbody>
</table>

*MGMA Connexion, January 2013, page 48*
Checklist to AVOID No Show’s

- Preferred communication method
  - Email, text, phone (all numbers)
  - Confirm information @ time of scheduling
  - Patients repeat back appointment specifics
- Written posted policy, new patients signature
- Postcards/mailers few weeks in advance
Checklist to AVOID No Show’s

• Print future appointments – eliminate legibility issues
• Post future appointments online patient portal
• Schedule accurately – value patients time
Checklist to AVOID No Show’s

• Repeat offenders
  • Schedule time slot that has less effect
  • Limit appointments
• Considering over or double booking
• Consider open or advanced access scheduling
• Develop personal relationships
Checklist to AVOID No Show’s

• Thank patients who cancel reschedule in advance of your no show policy
• Call “no show” patients to reschedule
• Send missed appointment letters
• Call list “short notice” patients
**Before No Show Fee / Incentives / Disincentives**

- Check managed care contracts and government plans to see if prohibited
- Clearly defined written policy
- Comprehensive patient communication plan
- Protocol on how to handle challenges
**Before No Show Fee / Incentives / Disincentives**

- Assess clinical risks of all policies
- Internal policies to collect fees or give incentives
- Can you use current software to track
- Create communication protocol for discharged patients with referring physicians, if clinically appropriate
Disincentives / Incentives for No Shows

• Pre-payment of next visit
• “On time” or 15 minutes before appointment
  • Discount on bill
  • Reward / Gift card drawing
• Charge and send bill for no show
• Discharge excessive no show patients
Disincentives / Incentives for No Shows

• At scheduling, charge a nominal amount on their credit card to be used if they no show
• Miss future appointments, double nominal amount
• Report repeat offenders to insurance carrier
Clean Claims – Scheduling

• Insurance card/s available during scheduling
  • Copy emailed/faxed prior to appointment
• Repeat information back to patient
• No insurance policy
• Required fields for pertinent demographics
• Patients verify coverage prior to scheduling
Clean Claims – Scheduling

- Staff verify coverage prior to scheduling
- Scheduler knows participating plans
- Scheduler knows policy for non-participating
- Referral/Authorization process
Clean Claims – Check In

- Update Insurance Card and Drivers License
  - Copy/scan at every visit
  - Compare insurance card to data in Practice Management System (PM)
  - Enter changes and document action
  - Compare license photo to patient in front of you
Clean Claims – Check In

- Eligibility check ALL visit types
- Verify primary and secondary coverage
- Updated or new patient information in PM
Clean Claims – Billing and Collections

• Contact patients prior to appointments to educate them on their portion of bill
• Prior authorization process
• Work internal edits before claim filed
• Work denials within 24 hours
Clean Claims – Billing and Collections

• Use template letters for appeals
• Track denial types and denial rate
  • Medical necessity, diagnosis and coding
  • Timely filing
  • Duplicates
  • Additional information requested
Coding at the right level

- Use EHR functionality thoughtfully
  - Meet patient needs
  - Document services
  - Bill for what is documented
- Template set up and design
Coding at the right level

- Educate and involve Physicians/Providers
  - Base on audit and trend findings
  - Understand field definitions
  - Payer and Billing requirements
  - Correct data entry
Coding at the right level

- Common Errors – watch shortcuts
  - Charting by exception without asking all questions
  - Obvious abuse or overuse of templates
  - Conflicting information

- Over documenting to get to a higher code is considered fraud
Coding at the right level

The coders adage....

“If it wasn’t documented, it wasn’t done!”

Has evolved into a different warning:

“If it wasn’t done, don’t document it.”
HIMSS Davies EHR Award Winning Case Studies

23 Provider Primary Care Group

E&M coding improvements = $150,000 in additional billed charges annually

1 Provider OB-Gyn

99212 to 99213 increase 17%
New patient 10% increase

www.himss.org/davies
Avoid Missing Charges

• Education
• Communication
• Accountability
Avoid Missing Charges

• Technology
  • Consistency
  • Accuracy
  • Functionality – CPOE, linked codes, “e” superbill

• Benchmark CPT utilization
• Add to new employee orientation
Avoid Missing Charges

• Most Common – Ancillaries

<table>
<thead>
<tr>
<th>Sample Ancillaries Commonly Missed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines/Injections Codes</td>
</tr>
<tr>
<td>Injection Administration Codes</td>
</tr>
<tr>
<td>Tests/Procedures – electrocardiogram, pulmonary function</td>
</tr>
<tr>
<td>Labs/X-rays – Strep tests, throat cultures, urinalysis</td>
</tr>
<tr>
<td>Supplies</td>
</tr>
</tbody>
</table>
Avoid Missing Charges

• Routine Audits
  • Audit open encounters, procedures, tests
  • Use errors/trends for education topics
  • Track $$$ and educate staff on losses
  • Educate on costs
Prior to EHR, **18% of charges** were lost due to errors associated with paper.

14% of the procedures performed at the point of care escaped documentation on the paper.

2% of encounters were never submitted.

2% data entry errors

[www.himss.org/davies](http://www.himss.org/davies)
**Action Steps**

- Use and optimize
  - Business partners expertise
  - Technology functionality
- Train and Educate
  - Get ALL involved
  - Close communication, bi-directional
- Share data and results
- Celebrate Successes
Thanks for attending!

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