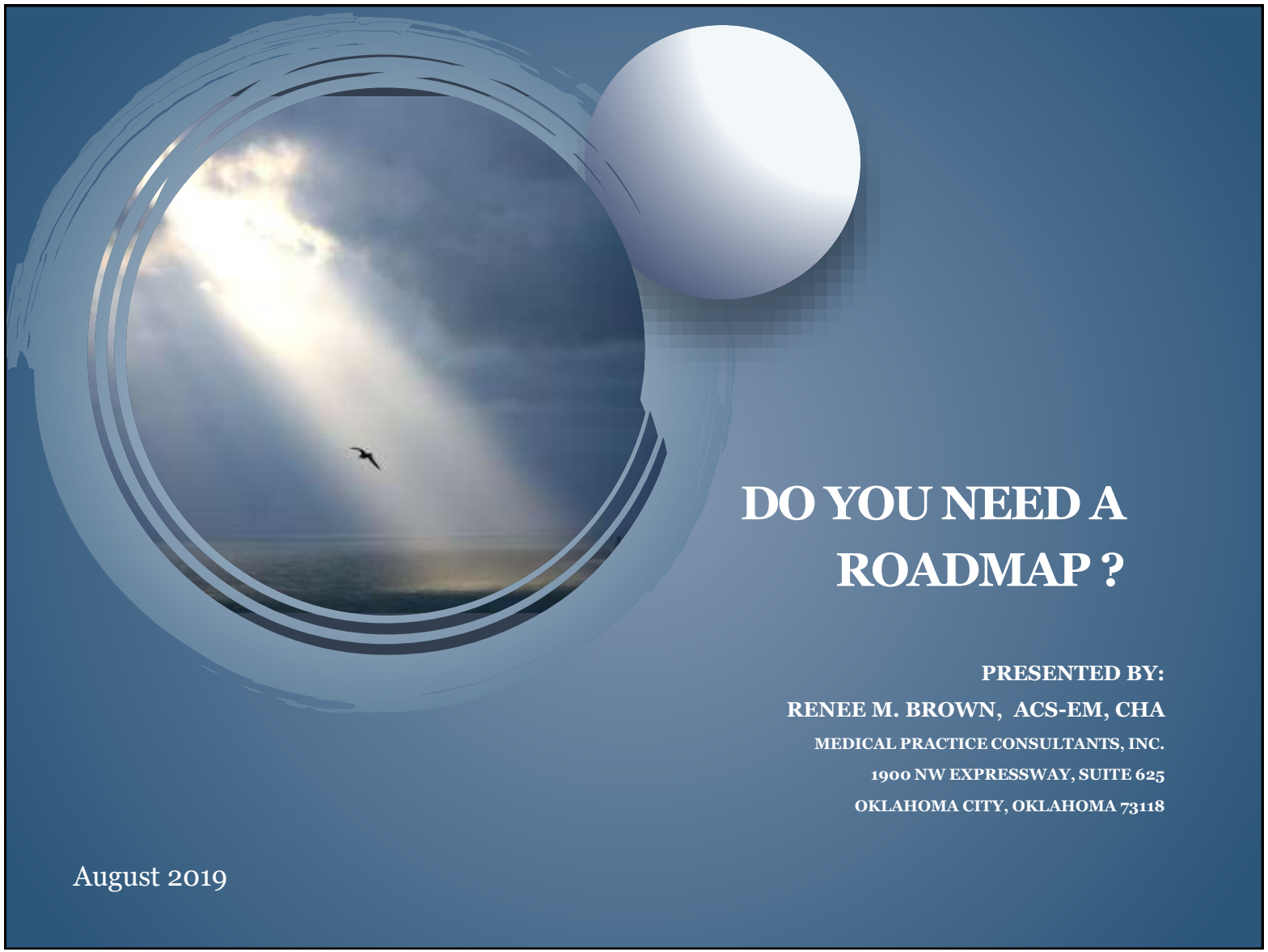

DO YOU NEED A ROADMAP ?

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Objectives
DO YOU NEED A ROADMAP?

As a result of participating in this presentation, learners will be able to:

- Understand connections between each job function for full payment and accurate compliance
- Recognize common gaps or mistakes that negatively impact profitability and compliance
- Recognizing the need for growth & understanding
- Understand the first steps to diagnosing the organizations personal Roadmap to success

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Roadmap Basics

Don't run into a brick wall!!! Get a roadmap -

A roadmap is a strategic plan that defines a goal or desired outcome, and includes the major processes necessary to reach it.

A communication tool for the strategic thinking behind both the goal and the plan.

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Roadmap Through the Revenue Cycle to Compliance

Step One	Step Two	Step Three	Step Four	Step Five
				
Front – End Process	**Medical Records**	**Code Selection**	**Billing Process**	**Compliance**
Say hello to the patient and the work begins	See Patient and Create Document	What you did & Why you did it	Right or wrong payment time begins	When the rubber meets the road

So many steps so little time!

1. Appointment scheduling
2. Check –in process (Say Hello)
3. Registration (demographics & insurance)
4. Referrals Pre-Authorizations
5. Financial counseling
6. Collections at POS
7. HIPAA
8. Check – out process (Say Good-bye)

Roadmap Step One: Front – End Process

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Roadmap
Step One: Front-End Process

1. Appointment scheduling
   - ✓ Develops the patient's expectations
2. Check –in process (Say Hello)
   - ✓You can make or break the relationship
3. Registration (demographics & insurance)
   - ✓Data gathering stage
   - ✓Who is our patient
   - ✓How will the group get paid
4. Referrals - Pre-Authorizations
   - ✓Patients need referrals
   - ✓Providers need pre-authorizations
   - ✓Or both need one of each

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Roadmap
Step One: Front-End Process

5. Financial counseling
   - ✓Collection of past due
   - ✓Guidance on plan
6. Collections at POS
   - ✓Co-payments
   - ✓Deductibles
   - ✓Self Pay
7. HIPAA
   - ✓You must follow rules regarding confidentiality of healthcare information
8. Check – out process (Say Good-bye)

What do each of the eight (8) job functions have in common?

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See Patient - Create Document

That seems easy enough!

1. The rules were established in 1995 & 1997.
2. Since then, there have been additional explanations but no real changes.

Medical Records – Serves five main purposes according to the federal government!

Roadmap Step Two: Medical Records

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Roadmap
Step Two: Medical Records

The medical record facilitates:

1. The ability of the physician and other healthcare professionals to evaluate and plan the patient's immediate treatment, and to monitor his/her healthcare over time
2. Communication and continuity of care among physicians and other healthcare professionals involved in the patient's care
3. Accurate and timely claims review and payment
4. Appropriate utilization review and quality of care evaluations
5. Collection of data that may be useful for research and education

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Roadmap
Step Two: Medical Records

- Physicians should maintain accurate and complete medical records and documentation of the services they provide.
- Physicians should also ensure that the claims they submit for payment are supported by the documentation.
- The Medicare and Medicaid programs may review beneficiaries' medical records.
- Good documentation practice helps ensure that your patients receive appropriate care from you and other providers who may rely on your records for patients' past medical histories. **It also helps you address challenges raised against the integrity of your bills.**

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Roadmap
Step Two: Medical Records

- You may have heard the saying regarding malpractice litigation: "If you didn't document it, it's the same as if you didn't do it." The same can be said for Medicare and Medicaid billing.
- Payers trust you, as a physician, to provide necessary, cost-effective, and quality care. You exert significant influence over what services your patients receive, **you control the documentation describing what services they actually received ….**

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Pick a code any code. We Got Paid! It must be ok!!!???

Code Selection - Serves two main purposes

1. The CPT or HCPCS tells the insurance company what you did.
2. The ICD-10 tells the insurance company why you did it.

Roadmap Step Three: Code Selection

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Roadmap
Step Three: Code Selection

According to AAPC:

"Medical coding is the transformation of healthcare diagnosis, procedures, medical services, and equipment into universal medical alphanumeric codes. The diagnoses and procedure codes are taken from medical record documentation, such as transcription of physician's notes, laboratory and radiologic results, etc. Medical coding professionals help ensure the codes are applied correctly during the medical billing process, which includes abstracting the information from documentation, assigning the appropriate codes, and creating a claim to be paid by insurance carriers."

Roadmap
Step Three: Code Selection

- It is important to know what state and federal coding requirements apply to your practice.
- The Medicaid coding rules vary by state, as do Medicare Advantage plans. Policies of the specific documentation and coding rules are necessary to remain compliant with the state Medicaid plan as well as the federal plans.

Roadmap
Step Three: Code Selection

- Physicians also should ensure that the claims they submit for payment **are supported by the documentation. This applies to the physician and the coder.**
- Payers trust you, as a physician, to provide necessary, cost-effective, and quality care. You exert significant influence over what services your patients receive, you control the documentation describing what services they actually received, and **your documentation serves as the basis for bills sent to insurers for services you provided…**

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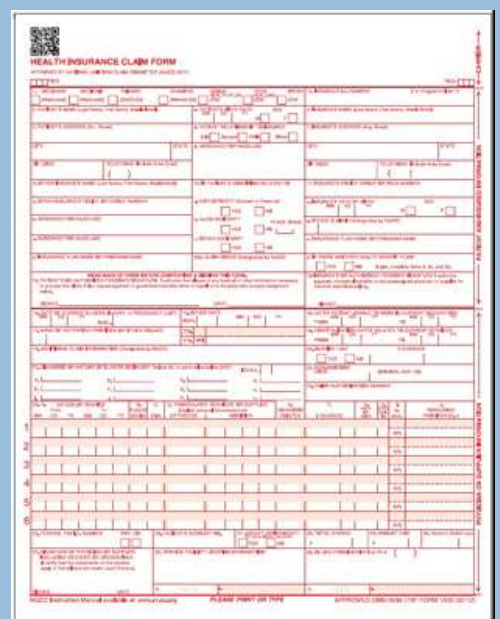
Right or wrong, the clock is ticking!

1. Billing edits
2. Claims to payers
3. Accounts receivable follow-up
4. Statements to patients
5. Payment posting
6. Payment Variance Analysis
7. Denial posting & resolution
8. Reporting results & analysis
9. Review contracts
10. Understand government regulations
11. Understand your billing software

Roadmap Step Four: Billing Process



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Roadmap
Step Four: Billing Process

1. Review contracts
   - ✓Read the policy requirements for coverage of professional fees
2. Understand government regulations
   - ✓Read the regulations/policies for coverage by the government payers
3. Understand your billing software
   - ✓E-Clinical & Greenway (i.e., Prime Suite)

Roadmap
Step Four: Billing Process

4. Billing edits
   - ✓Helps stop errors before submission
5. Claims to payers
   - ✓Results in payment or a denial
6. Accounts receivable follow-up
   - ✓Why didn't you get paid correctly or not at all
7. Denial posting & resolution
   - ✓Post it with a denial code and have a better understanding of future billing

Roadmap
Step Four: Billing Process

8. Statements to Patients
   - ✓Watch your cycle billing
   - ✓Everyone gets a statement if there is an outstanding balance
9. Payment Posting
   - ✓Do you track what you should get paid
   - ✓Do you balance
   - ✓Does you Practice Management "PM" system have a hard close
10. Credit Balances
   - ✓I hope you are doing something with them
11. Reporting results & analysis
   - ✓Your practice cannot survive without a good reporting system

What do each of the eleven (11) job duties have in common?

Roadmap
Step Four: Billing Process

- Keeping up to date with medical billing changes is difficult.
- But it also must be said that mistakes not only can result in lost revenue but also can result in leaving your practice vulnerable to acquisition of insurance fraud.
- Additionally billing the wrong diagnosis can affect a patient's treatment and improper care at another practice.

Roadmap
Step Four: Billing Process

According to the **Office of Inspector General "OIG," examples of improper claims include**:

1. Billing for services that you did not actually render;
2. Billing for services that were not medically necessary;
3. Billing for services that were performed by an improperly supervised or unqualified employee;
4. Billing for services that were performed by an employee who has been excluded from participation in the Federal health care programs;
5. Billing for services of such low quality that they are virtually worthless; and
6. Billing separately for services already included in a global fee, like billing for an evaluation and management service the day after surgery.

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Roadmap
Step Four: Billing Process

- Payers trust you, as a physician, to provide necessary, cost-effective, and quality care. You exert significant influence over what services your patients receive, you control the documentation describing what services they actually received, and your documentation serves as the basis for bills sent to insurers for services you provided. The Government's payment of claims is generally based solely on your representations in the claims documents. When you submit a claim for services performed for a Medicare or Medicaid beneficiary, **you are filing a bill with the Federal Government and certifying that you have earned the payment requested and complied with the billing requirements.**

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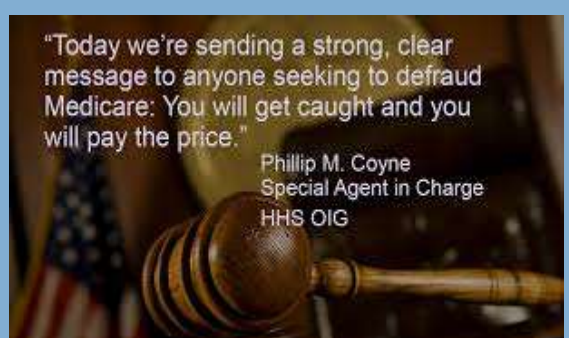
ROADMAP STEP FIVE: COMPLIANCE



Roadmap
Steps Two, Three, and Four = Compliance

- Payers trust you, as a physician, to provide necessary, cost-effective, and quality care. You exert significant influence over what services your patients receive, **you control the documentation describing what services they actually received, and your documentation serves as the basis for bills sent to insurers for services you provided. (Medical Record – Step Two) The Government's payment of claims is generally based solely on your representations in the claims documents. (Code Selection - Step Three)**When you submit a claim for services performed for a Medicare or Medicaid beneficiary, **you are filing a bill with the Federal Government and certifying that you have earned the payment requested and complied with the billing requirements. (Billing Process - Step Four)**

Quote from the Office of Inspector General "OIG"

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Roadmap
FULL CIRCLE

- So what happened to Step One you might ask?
  - ✓"Information gathered at the time of registration is paramount for clean claims submission, authorization for services, and future collection efforts." -AAPC
  - ✓If Step One isn't handled correctly, nothing else can be!!

Roadmap
Step Five – Compliance

- "Compliance – it's such a serious word to a medical biller or coder, and for good reason. When people in the healthcare industry speak about compliance by healthcare providers, they mean that an office or **individual has set up a program to run the practice according to the regulations set forth by the Unites States Office of Inspector General (OIG).** The regulations are designed to prevent fraud and abuse by healthcare providers, and as a medical biller or coder, you must familiarize yourself with the basics of compliance. Not only must you follow rules regarding how to process and bill claims, but you must also follow rules regarding the confidentiality of healthcare information. You can thank something called the Health Insurance Portability and Accountability Act (HIPAA) for setting the bar for compliance."
  - Quote provided by: Medical Billing & Coding for Dummies Cheat Sheet

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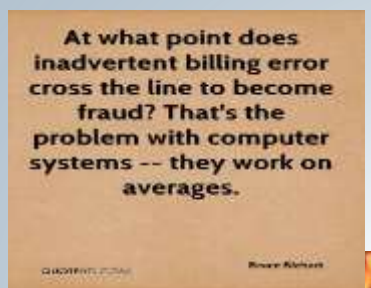
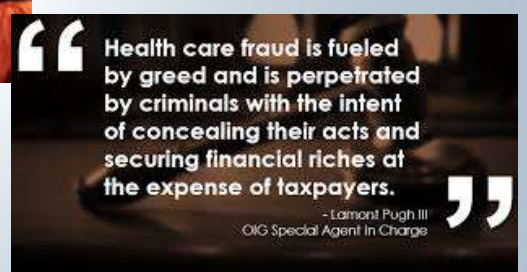
When the rubber meets the road!





IN SUMMARY
Your Take Away

Did we meet the objectives?

- Understand connections between each job function for full payment and accurate compliance
- Recognize common gaps or mistakes that negatively impact profitability and compliance
- Recognizing the need for growth & understanding
- Understand the first steps to diagnosing the organizations personal Roadmap to success

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Questions & Answers

THANK YOU

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