

“What Every Medical Practice Must Do to Optimize Workflow and Maximize Revenue While Decreasing Costs”

Don't just trust that your staff is maximizing time and revenue. It is up to you to monitor, analyze and implement ideas with cost effective strategies to operate at the highest efficiency for optimal workflow.

Allowing your staff to run your practice can prove to be a costly and frustrating mistake. In this guide, we tell you some ideas to help you increase your revenue while decreasing costs.

Read this guide and you'll learn:

- ✓ **Why it's important to evaluate your practice on a regular basis**
- ✓ **Ways to improve revenue by maximizing your practice workflow**
- ✓ **Ideas on how to increase the number of patients while decreasing the number of patient cancellations or no-shows**
- ✓ **How to analyze your practice's performance and what information every practice should know**
- ✓ **How DCC Medical Billing can help you achieve your goals**

Provided as an educational resource by:

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Evaluate your practice

All physicians, even those who are not particularly interested in the business side of medicine should familiarize themselves with the basics.

- You should find out how much doctors in your specialty generate in average revenue per year. Revenue means fees collected, not what's charged. These are two completely different numbers due to discounts and write-offs.
- Evaluate how much time your staff is spending on tasks that could be outsourced or by maximizing technology such as patient statements, claim submission, collections, follow-up, posting, etc.
- Identify waste and eliminate it. Of course it won't be possible to eliminate all waste but you may be able to streamline and save some time and money.
- With the number of high deductible insurance plans on the rise, establishing an automated monthly payment plan for patients to pay bills in monthly installments using a credit card will help eliminate paper statements, collections and other follow-up.

Practice Workflow

An inefficient workflow is a problem in any business. In doctors' offices, workflow inefficiencies create longer waits for patients, frustration for office staff and burnout for physicians.

Pre-Visit Scheduling

Pre-visit scheduling is usually done by the front office staff and is the first step to maximizing revenue. It's important to make sure all the patient information is accurate and up to date.

- Register patients
- Schedule appointments and Reduce No-Shows – How many of your patients don't show up for their scheduled appointment? When patients cancel or don't show up, it disrupts your revenue stream as well as your schedule. According to the MGMA, medical practices average a 5% to 7% no show rate¹. If you are seeing 30 patients a day, that's at least 1-2 patients per day that don't show up!
 - The length of time a patient has to wait for an appointment greatly affects the cancellations and no show rate.
 - Approximately 40% of appointments scheduled more than 20 days out get cancelled or are no shows.
 - Schedule appointment requests within one week and always keep a waiting list of patients that can be called in case of a cancelled appointment.

- Include sufficient open time in your schedule to accommodate same-day appointments and make up lost revenue due to cancellations and no-shows.
- Appointment Reminders – Use an automated patient reminder system including phone, text messaging and email to help reduce no-shows.
- Check Patient Eligibility - Your objective in pre-screening insurance eligibility is to determine patient responsibility before check-in; ideally, before the patient ever leaves their home to go to their medical appointment. You need to know what's covered and what's not, preferably before the patient arrives. This also allows your staff to contact patients prior to their appointment so they can contact their payer to try to establish eligibility.
- Make sure you develop a strong relationship between your front desk and billing office to help reduce denials, increase collections and reduce data entry errors.
- Identify Co-Pay Amounts and deductibles – When possible, let patients know before they come into the office for their scheduled appointment what they will owe and the office payment policies.

Check-In

- Confirm demographics – Verify that all demographic information is up to date and accurate. This will help reduce the number of claim rejections due to inaccurate information.
- Email Addresses – Make sure you collect a valid email address from your patients and always confirm that you have the latest one on file.
- Collect co-pays & deductibles – Collecting co-pays when the patient checks in increases cash flow and reduces costs. Unpaid co-pays and deductibles can add up to big losses and higher expenses in trying to collect after the patient leaves.
- Scan insurance cards – Electronically scan and save insurance cards and drivers licenses into your PM or EHR system.
- Collect completed HIPAA forms – Reduce costs by having patients electronically sign any required forms.

Exam

- Coding - If you aren't using an electronic medical record system that offers E & M coding, chances are your aren't billing the proper code. Many providers routinely bill their office visits as a level 3 visit when in actuality they may have enough documentation to support a level 4 or even a level 5 visit. Routine under coding can mean significantly lower revenue.

Conversely, routine over coding may lead to increased risk of audit and even large insurance take backs.

- Health Maintenance Reminders– Improve patient outcomes with automatic health maintenance reminders assuring timely completion of appropriate tests, immunizations, exams, screenings and education. Using health maintenance reminders helps to improve revenue by reminding patients to follow-up for important visits. Most EHR systems offer automatic health maintenance reminders.

Check Out

- Collect outstanding balances – Your check out staff should always try to collect any outstanding patient balances. This help to increase revenue and reduce costs associated with mailing patient statements.
- Schedule next visits – Always try to schedule follow-up appointments at the time of check-out. Scheduling the next visit while the patient is present helps to increase revenue and appointments while reducing the costs associated with your staff having to contact patients.
- Charge entry – Ensure accurate and timely charge entry so claims can be sent on a daily basis.

Follow-up

- End-of-day review
- Submit & track all claims
 - Enter and file all claims on a daily basis to increase cash flow
 - Verify at the end of the day that all patients that have been scheduled have also been billed
 - Timely filing – Insurance companies have different rules about timely filing. With Medicare, you have 12 months to file, but other insurance companies will not pay if a claim is not filed within 90 days of the visit. Keeping up with timely filing is a must in order to make sure you are capturing all of your revenue.
- Claim Rejections and Follow-up
 - There are many statistics, but one of the most amazing is that 30% of all claims that are rejected are NEVER refiled! You have to have a good system that allows you to keep track of your rejected claims so that you can make sure that you aren't contributing to this 30%.
 - How many denials do you have month to date and how much money does that represent? Are there any patterns that can be identified by examining your denials?
 - Follow-up on uncollected self-pay balances.

- ERA Payment Posting – Enroll in electronic remittance advice with your clearinghouse to save hours of staff time when posting payments.
- Document scanning
- Denial and appeals process
- Generate and mail patient statements
- Patient Collections - How frequently do you bill your patients? How often does the front desk forget to collect co-payments at the time of visit? You should be sending patient statements at least every 30 days. Consistent collection of copayments and statement processing is a key to maximizing your cash flow.

Analyze Practice Performance

It is critical to analyze financials and revenue cycle frequently to manage the practice and improve its profitability. To accomplish this, you need accurate data and the tools to manage and monitor practice operations. Also, by doing your research, you can benchmark your performance against the performance of similar practices. Some ideas in evaluating performance includes:

- Evaluate your first pass claim rate. This is the rate at which your practice's claims get paid by insurers on first submission. Your rate should be at least 90%.
- How many days are your accounts receivables? This represents the average number of days it takes your practice to get paid. This number should be less than 50 days but ideally should be around 30 days.
- What is the percentage of accounts receivable greater than 120 days? A/R 120 days or more is a red flag and should bring to your attention that there are problems within your practice. Your staff may not be following up on claims or handling denials quickly enough.
- What is your net collection rate? The net collection rate is the percentage of potential reimbursement collected out of the total allowed amount. Your net collection rate should be above 95%.
- What is your average reimbursement per encounter? This is the average amount your practice collects per encounter. Depending on your specialty, this number will vary but it is important to know this information.

On a monthly basis, you should also:

- Examine billed, paid, balance, AR (30, 60, 120 days) for each month by facility, doctor, CPT code, and payer.
- Which CPT codes were the best and worst in terms of revenue generated?

- If you have multiple offices or multiple providers, which office and which provider was the most productive?
- Average reimbursement by payer and which ones paid the fastest and slowest.
- Which payers deny the most claims and which ones the least?
- Exam all claim rejections to see how these can be avoided in the future. Was there missing information, a data entry error or something else?

The above performance metrics are critical for any medical practice to gain control over their operations and profitability. These performance metrics must be analyzed over time and is best if you can compare with external benchmarks within your industry.

Ongoing monitoring of these key metrics is essential to improved revenue cycle performance. One way to do so is to streamline and automate the process. With the right tools, a practice can keep a steady eye on key revenue cycle metrics—and experience fewer denials, faster payment, and greater profitability.

How Can DCC Medical Billing Help?

DCC Medical Billing Revenue Cycle Management is a unique billing service that is focused on one thing: To maximize your revenue for your practice as quickly as possible while helping to alleviate costs for your practice.

At DCC Medical Billing, we offer the following:

- Claims Submission
- Denials and Appeals Management
- Credentialing/Contract Management
- Accounts Receivables Management
- Billing and Insurance Follow-up
- Coding and Compliance
- Patient Statements
- Credit Card Processing
- Appointment Reminders
- Eligibility and Benefits Verification
- Practice Performance Metrics
- Web based Practice Management and EHR
- ePrescribing

Our mission is to offer the most innovative revenue cycle management solution available and in the process, make in-house medical billing obsolete. Our team of experienced billing professionals will work to streamline your billing process, maximize your revenues, and increase your bottom line.

Over the past 20 years, we've worked with hundreds of medical practices of every size and specialty. We understand medical work flow on both the billing and clinical side of your practice. We work with your entire team to improve and streamline your whole process. Most practices don't realize that improved cash flow begins at the front desk! Our goal is to make your practice more efficient than it has ever been. And unlike most billing services, we don't just do billing; we have experts in Billing, Coding and Electronic Medical Record (EMR) implementations. DCC Medical Billing wants to be your partner and help transform your practice so that you can do what you do best.....take care of your patients.

- DCC Medical Billing has over 50 years of combined medical billing experience
- All of our staff are US-based employees. No overseas billing!
- We have helped the following specialties:
 - Internal Medicine
 - Cardiology
 - Gastrointestinal
 - OB/GYN
 - Pediatrics
 - Pain Management
 - Orthopedics
 - Pulmonary Medicine
 - Ophthalmology
 - Neurology
 - Behavioral Health
 - Aesthetics and Vein Care
 - Rheumatology
 - Orthotic and Prosthetic

Call today to start your practice transformation – 877-450-4029 or email info@dabbsco.com

References:

Source is from Power Your Practice - <http://www.poweryourpractice.com/revenue-cycle-management/should-you-charge-your-patients-no-show-fees/>

Managing Four Key Revenue Cycle Metrics to Improve Your Practices Financial Health - <http://www.aapcps.com/news-articles/DaysinARandMore.aspx>



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