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Mapping RCM Workflows to Technology Automation and Best Practices

Presented by:
Denise Walsh, CPC, CHSP

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Your Speaker



Denise Walsh, CPC, CHSP

Mrs. Walsh is a Certified Professional Coder (CPC) and a Certified HIPAA Security Professional (CHSP)

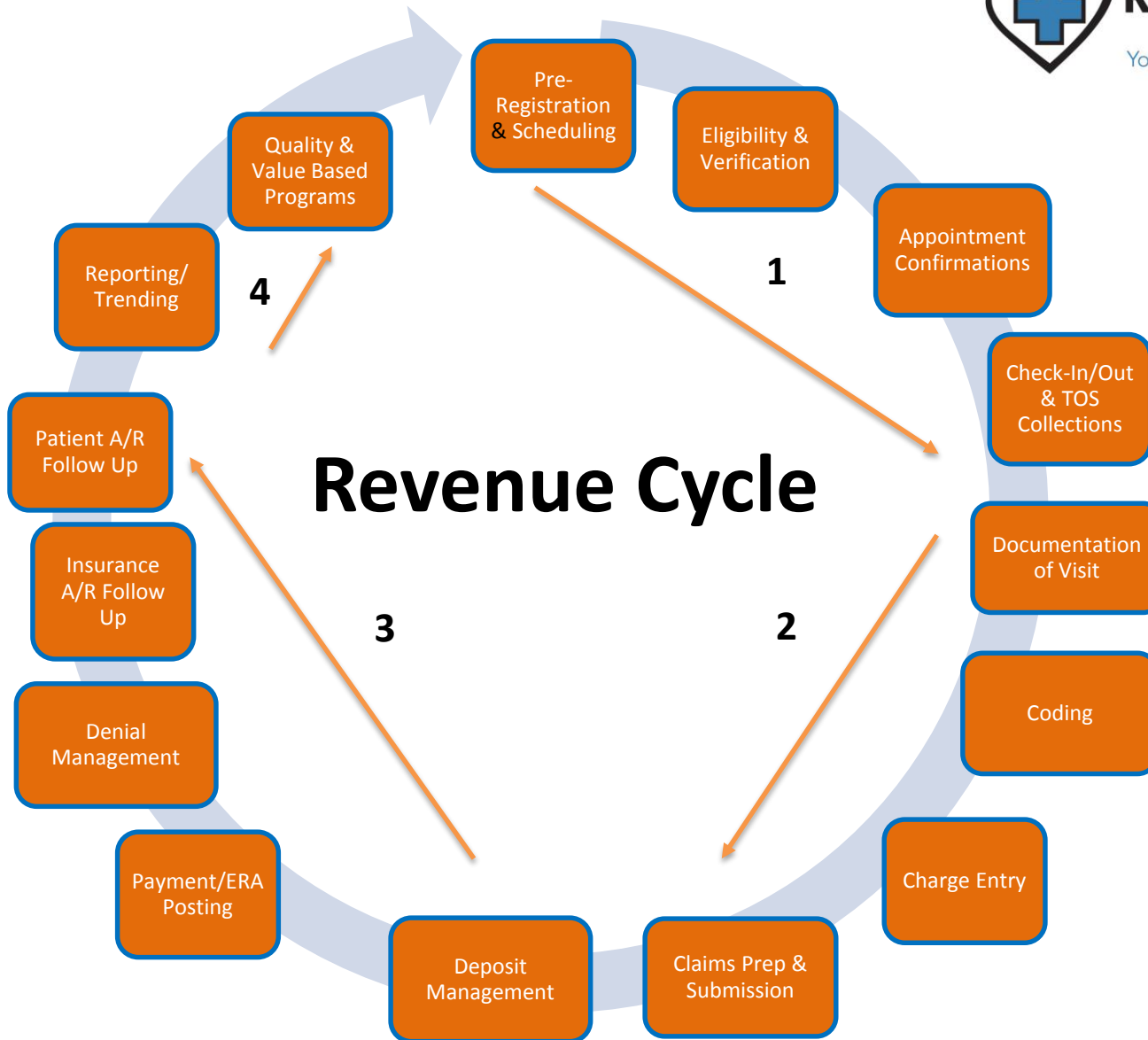
As a consultant, her responsibilities range from assisting clients in the creation and implementation of compliance plans, designing and implementing charge capture and coding systems that maximize reimbursements, and reviewing accounts receivable processes to strengthen revenue capture.

Denise provides consulting support in the review and implementation of EHR/PM systems, ICD-10 and HIPAA Privacy and Security compliance plans for physician practices. She has extensive experience in guiding the credentialing and payer contracting for new and established physicians and practices and lectures extensively on all of the above topics. Mrs. Walsh has also served in the capacity of Revenue Cycle Management Director and Practice Administrator for several specialty practices.

Mrs. Walsh received her BS Degree in Allied Medicine from the Ohio State University and is a member of the American Academy of Professional Coders (AAPC).

Learning Objectives

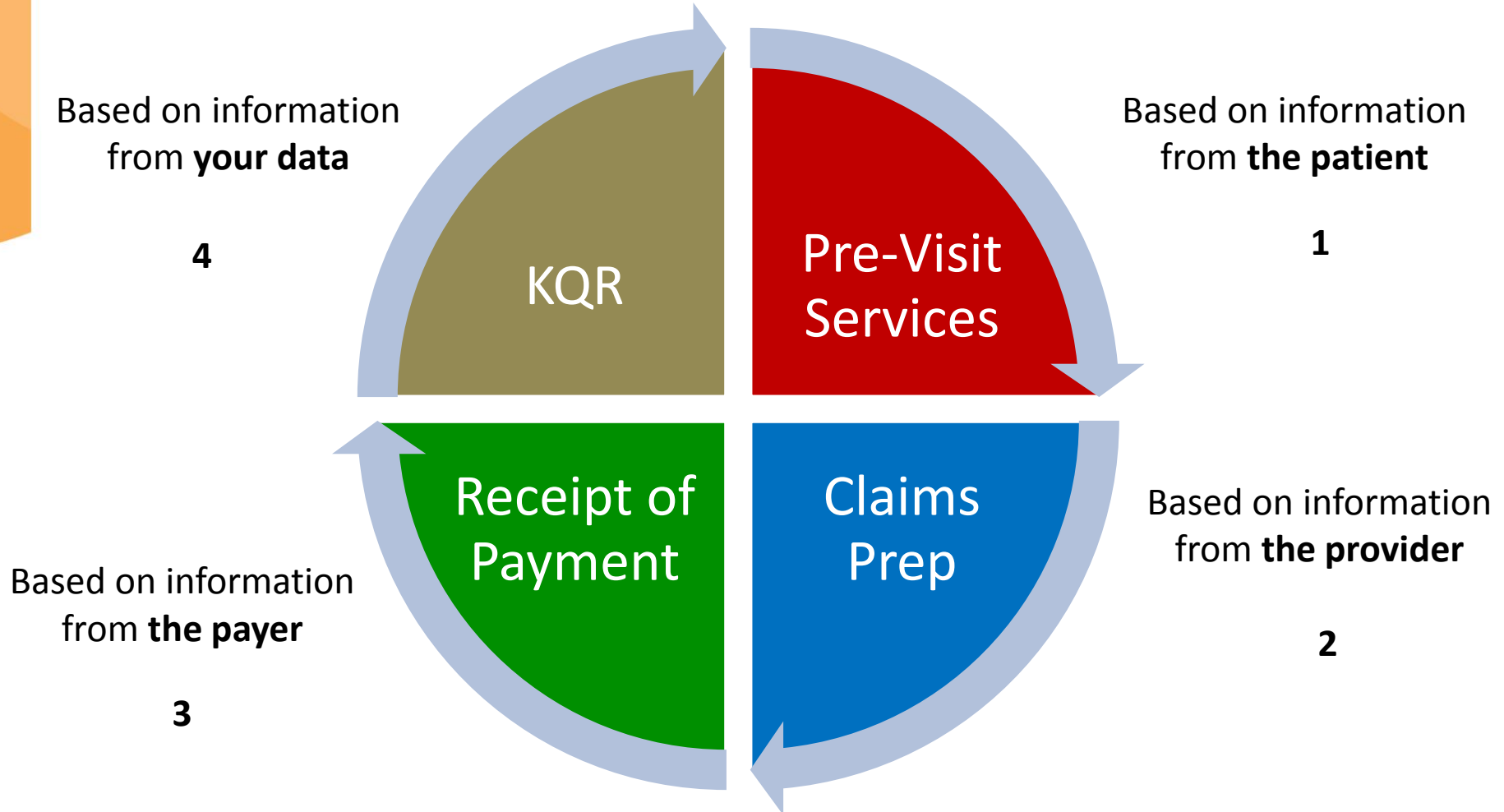
1. Map Revenue Cycle model to technology and best practices
2. Formulate Revenue Cycle improvement strategies for your organization
3. Generate actionable tactics for RCM success



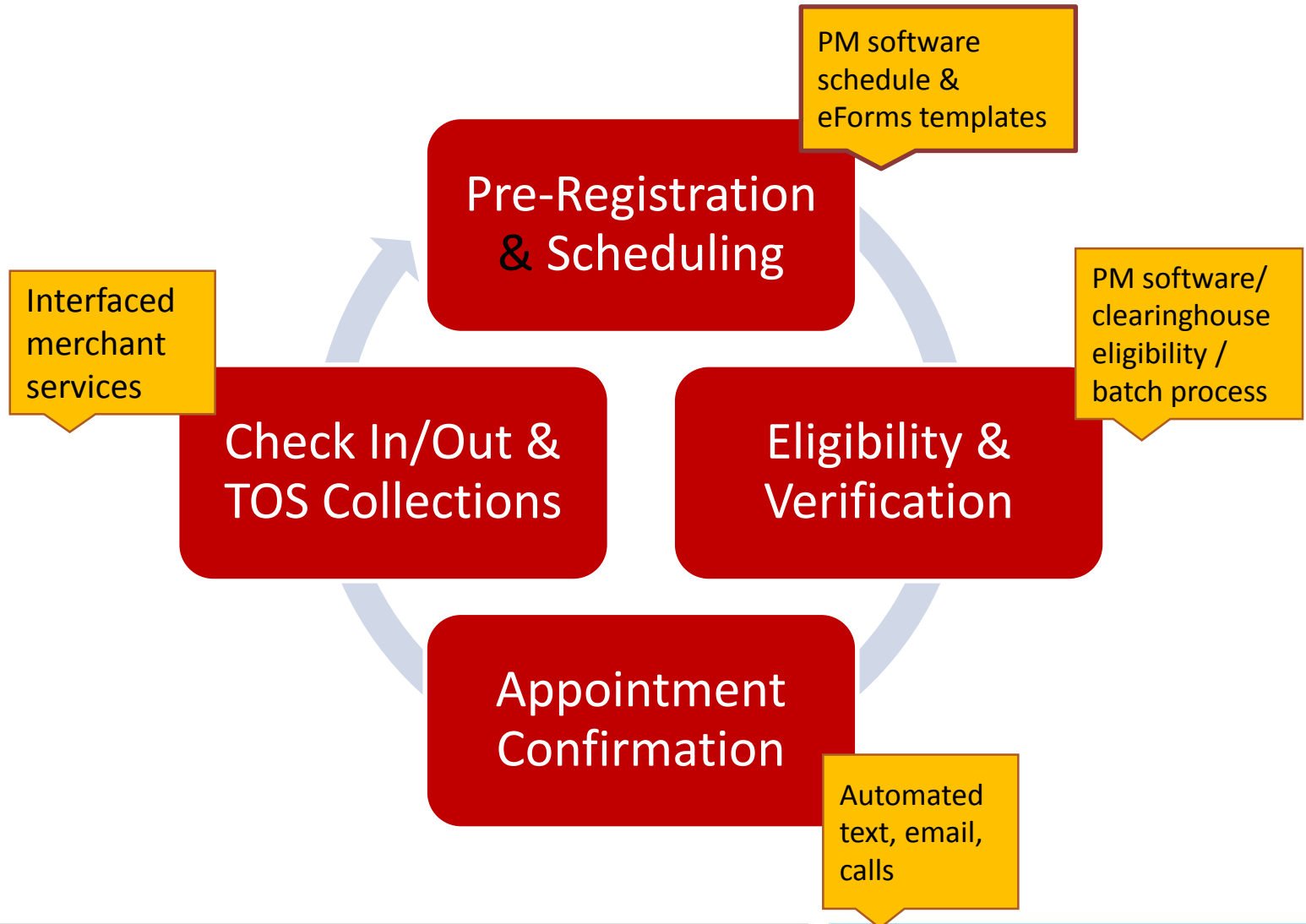
Revenue Cycle

The Revenue Cycle includes all the administrative and clinical functions that contribute to the capture, management and collection of patient service revenue. -HFMA

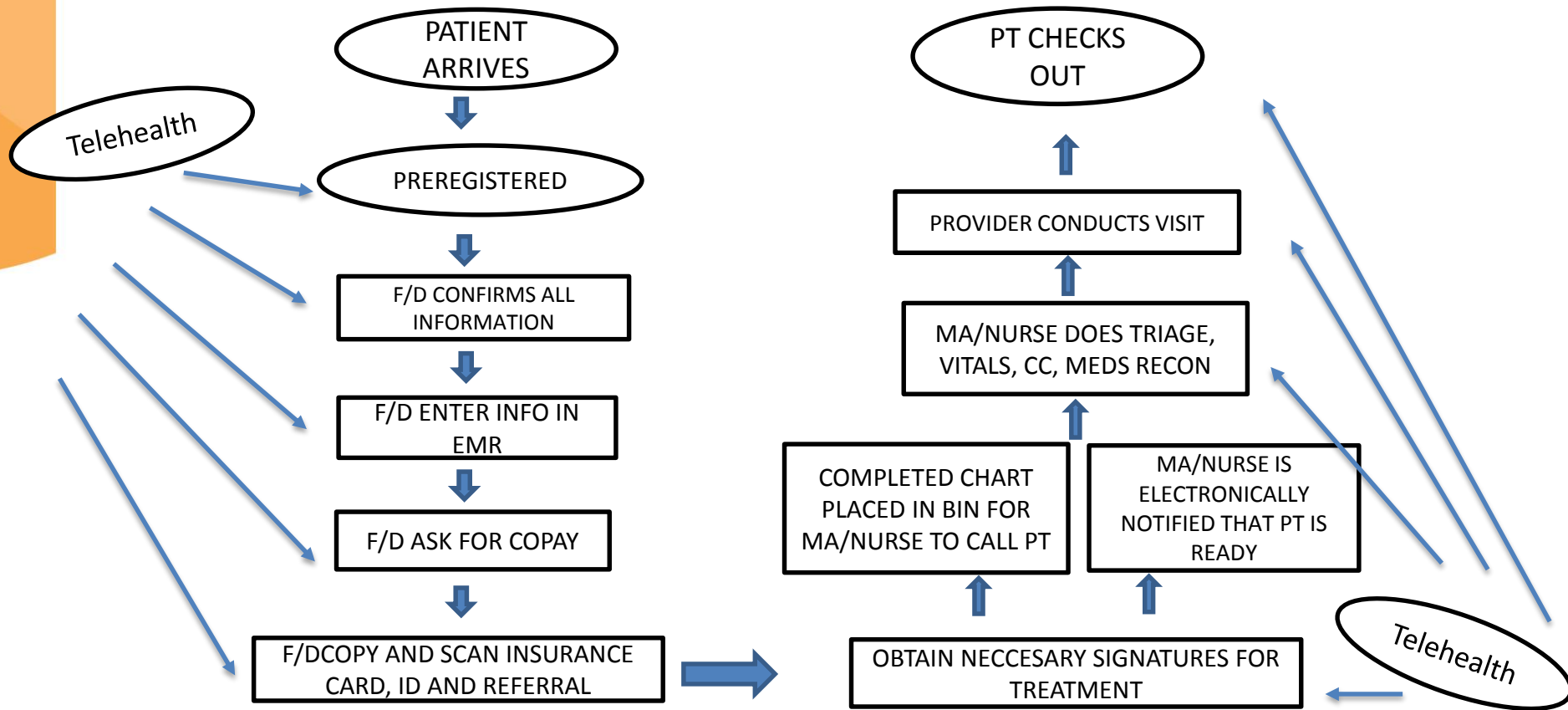
Revenue Cycle Quadrants



1st Quadrant – Patient Access



Recalibrate Registration Workflow



Patient Engagement & Education



facebook



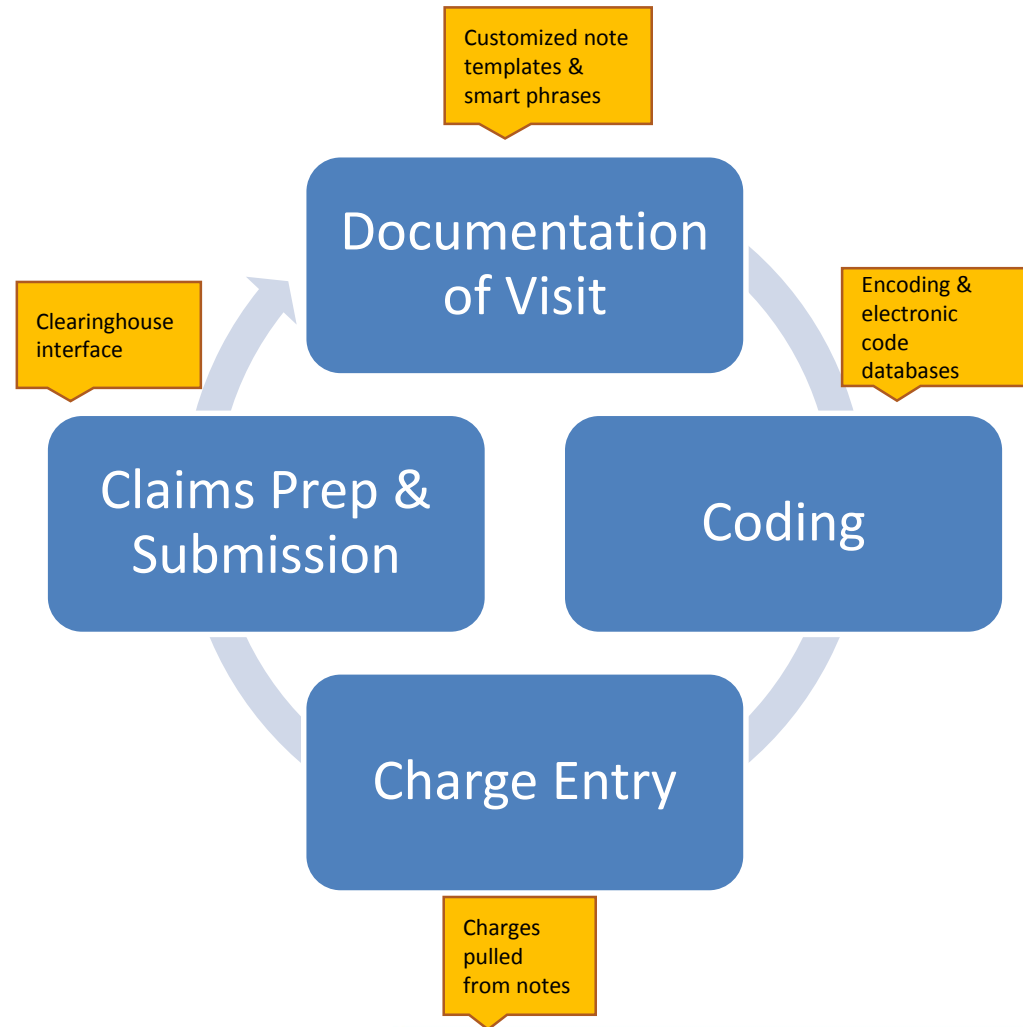
Telehealth Visit Instructions

Mass Clinical Updates

Announcing new Office Hours

Preventive Service Reminders

2nd Quadrant – Mid Cycle

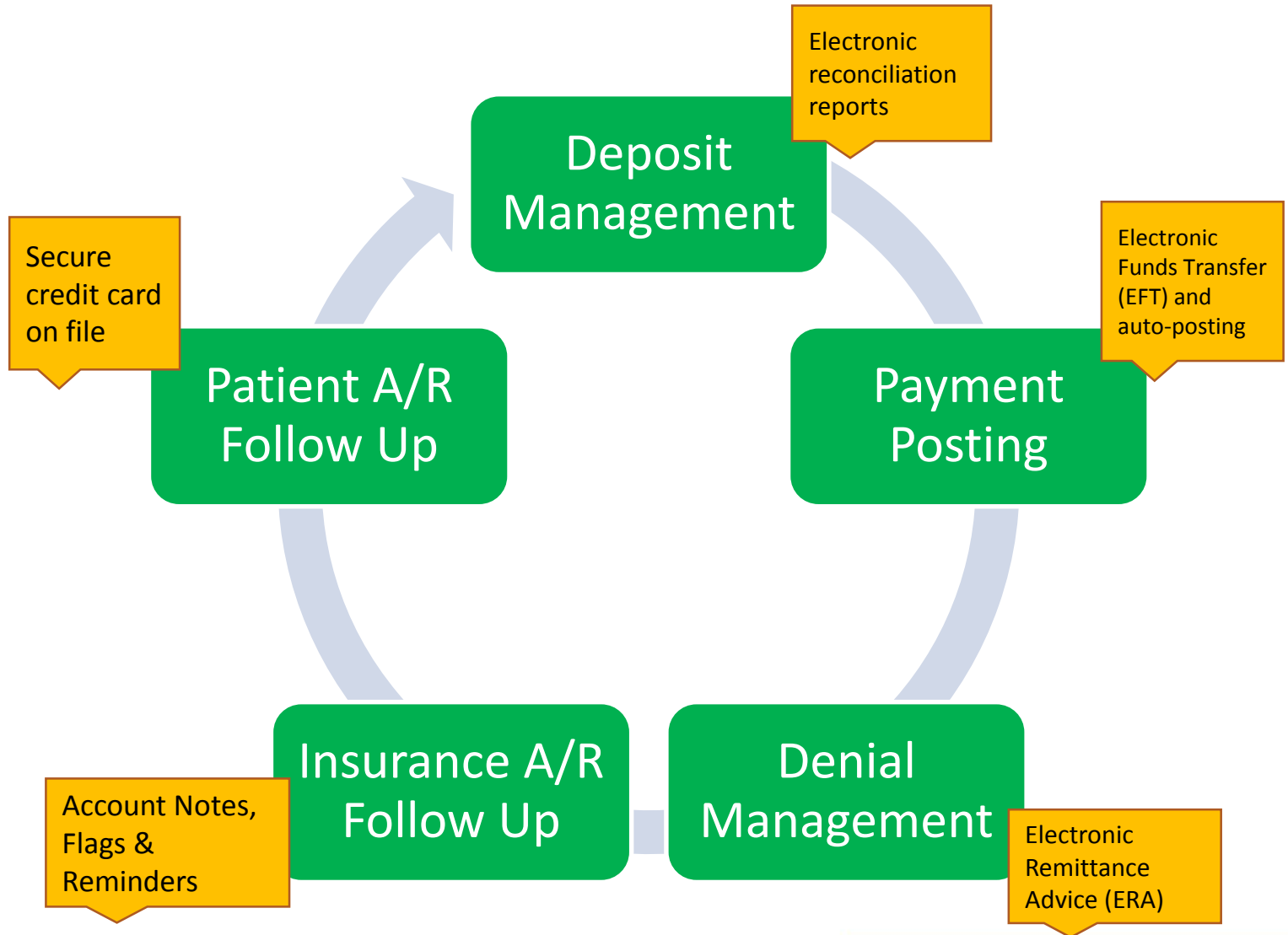


Charge Capture Reconciliation TOS Payment Posting



Patient	Marth Nader
DOS	12/31/2019
Post Date	12/31/2019
Payment Type	Copay
Method	Credit Card
Payment Amount	\$50.00
Apply To	
Unapplied	11/12/2019 \$50.00
Unapplied	10/10/2019 \$50.00
Save & new	Apply Now
Save	Cancel
	Print Receipt

3rd Quadrant – Back End



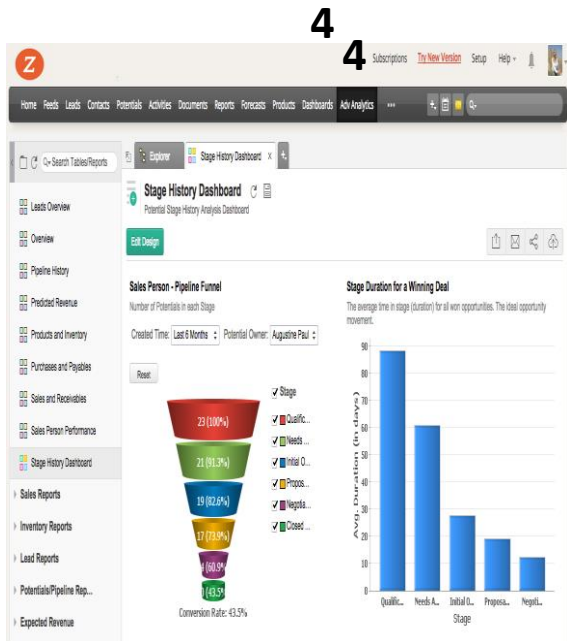
Denial Management

Table 12.3 Preventable Denials

CARC	Description	Resolution
96	Non-covered charges.	Prior to performing or billing a service, ensure that the service is covered under Medicare. Please refer to the CMS Internet-Only Manual, 100-02, Chapter 16. ⁷³
49	Payment is denied when performed/ billed by this type of provider.	Ensure that provider setup in the PM system includes alignment of taxonomy to specialty.
97	The benefit for this service is included in the payment or allowance for another service or procedure that has already been adjudicated.	Verify prior to service being rendered whether the service being billed is bundled into payment for another service or considered part of a global surgical package, or part of a more comprehensive service already billed.
50	These are non-covered services because this is not deemed a “medical necessity” by the payer.	Follow Medicare guidelines, national and local coverage determinations for the service billed. Education of Medicare changes will assist in this process. When applicable, utilize ABNs. ⁷⁴

4th Quadrant – KPIs

A/R, CPT,
Payer Mix &
Custom
Reports



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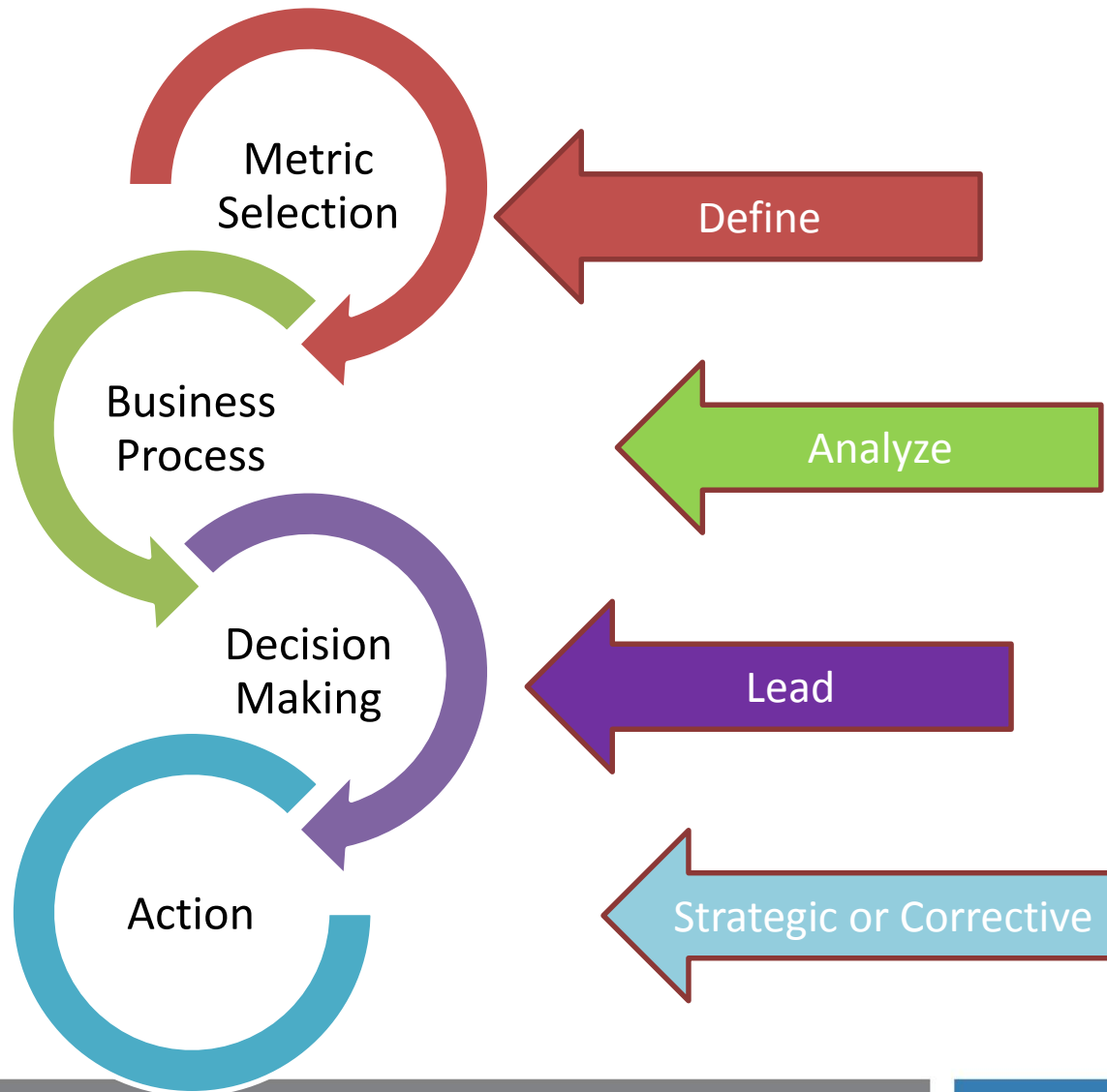
Reporting/
Trending

Quality & Value
Based Programs

Dashboards,
tracking quality
measures & HCC



Key Performance Indicators (KPIs)

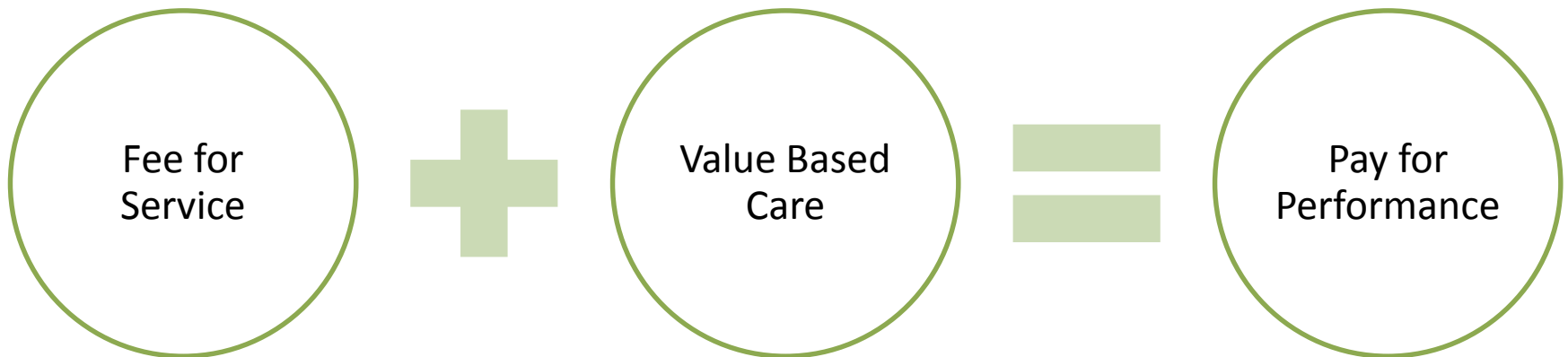


“Key Performance Indicators (KPIs) are defined as metrics used to measure key business processes and reflect strategic performance.”
-Becker’s Hospital Review

Value Based Programs

- Medicare Shared Savings Program (MSSP)
- Quality Payment Program (QPP)
- Merit-based Incentive Program (MIPS)
- MIPS Value Pathways (MVPs)
- APM Performance Pathways (APP)

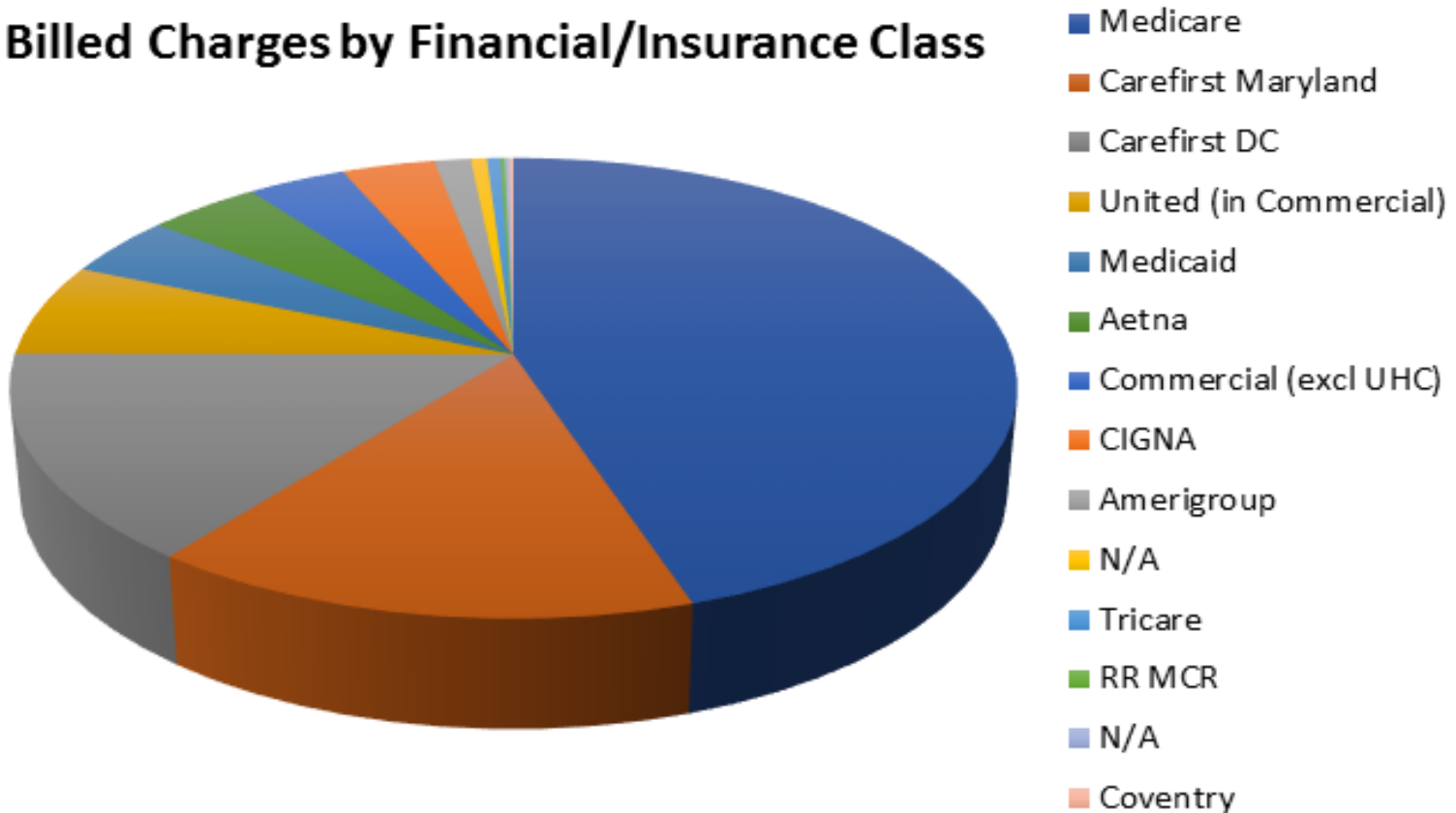
Billing and Coding staff are not routinely included in Value Based Program planning and participation



RCM Focus Areas

Payer Mix Report

Billed Charges by Financial/Insurance Class



Fee Schedule Report

CPT Codes	Description	Charge	Medicare	Payer #1	Volume	VCC Deduct	Value Based ADJ + or -
99203	NP L3	145.00	117.01	125.00	400		
99204	NP L4	220.00	177.92	190.00	300		
99205	NP L5	250.00	223.39	239.00	1500		
99213	Estab L3	100.00	80.46	70.00	750		
99214	Estab L4	125.00	117.58	119.00	100		
99215	Estab L5	150.00	157.40	160.00	1200		
93000	EKG w/Interp	50.00	18.65	25.00	500		
94010	Spiro w/TC mod	50.00	30.06	Not listed	475		
99354	Prolonged / 1 st hr	160.00	139.94	32.00	15		
99490	CCM 20 min	75.00	44.88	38.00	10		
99491	CCM 30 in	120.00	88.83	100.00	5		
99495	TCM Med complex	200.00	177.78	150.00	275		
99496	TCM High complex	300.00	250.82	275.00	2		

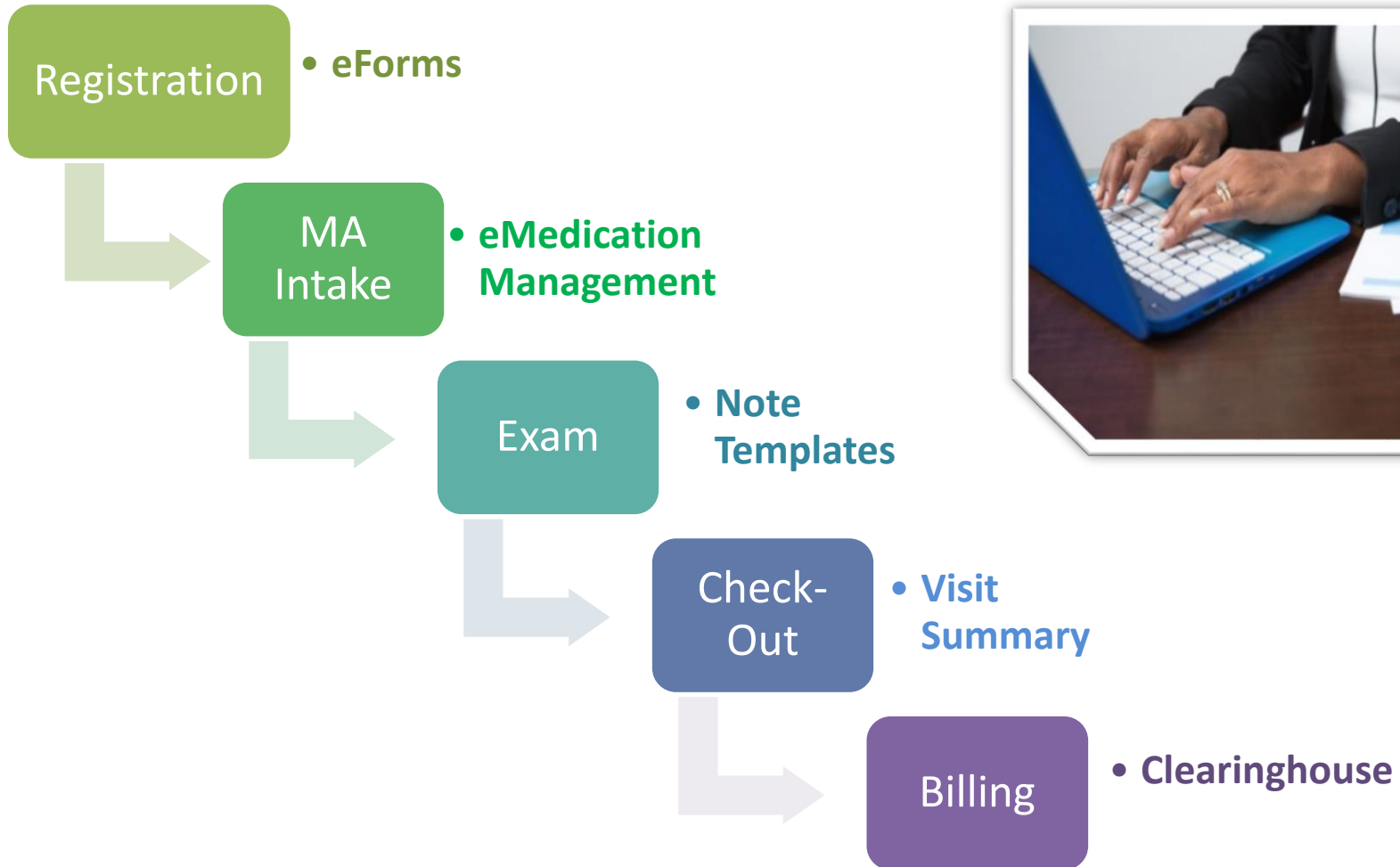
End of Month Report Options

- Gross Charges
- Net Collections
- CPT Productivity
- Top Diagnostic Services
- Referring Providers
- Patient Zip Codes
- Aging Buckets
 - Insurance and Patients

- Payer Mix and Financial Class
- Contractual Adjustments
- Non-Contractual Adjustments
- Site Productivity
- Provider Productivity
- Time of Service Collections

Revenue Integrity Innovation through Mapping Workflows to Technology

Mapping Workflows to Technology





Use of Tech & Structured Data

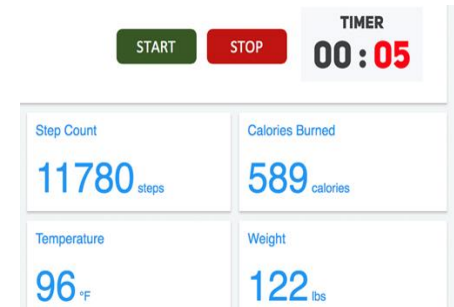
To meet MIPS, APM and other Value Based Program requirements be sure to pull interfaced telehealth medical record information into your EHR in a manner consistent with structured data.

Using Structured Data allows you to pull EMR/PM software data into dashboards and reports.



Select & Implement the Right Technology

- Assess your equipment needs and plan to upgrade periodically. Include warranties with your purchase.
- Determine a budget for equipment and software/licensing and ongoing support services.
- Align your telehealth equipment and peripherals with your telehealth services. (devices, technology, internet capacity/bandwidth by referral sites)
- Assess whether there are differences in technical capability and connectivity to consider if multiple sites are involved.
- Identify a staff or technical resources to TEST your equipment and connectivity prior to go-live and regularly afterward.



Internal Assessments for Maximizing RCM Workflow Efficiency

Internal Assessments

- **Why?** To document and analyze workflows to identify gaps, areas of improvement and successes
- **How?**
 - Document key functions throughout the organization
 - Identify and focus on high priority areas
 - Document leader, processes and required improvements
- **When?** Monthly, Quarterly, Annually
- **Where?** Key functions can be found in Standard Operating Procedure manuals or by conducting staff desk audits



Site Profitability Tool

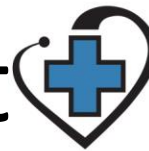
Annual Comparisons	Total Patient Visits		Charges		Adjustments		Net Collections		Expenses	
	Site 1	Site 2	Site 1	Site 2	Site 1	Site 2	Site 1	Site 2	Site 1	Site 2
Prior Year										
Trailing Year										
Year to Date										

Coding Assessment Initiation




	Response
CPT Volumes	
Payer Mix	
Areas of Concern	
# of Encounters per Provider	
Place of Service	
Prospective Review	
Retrospective Review	
Provider Types	
Specialty	
EMR/PM Software	

Compliance Assessment



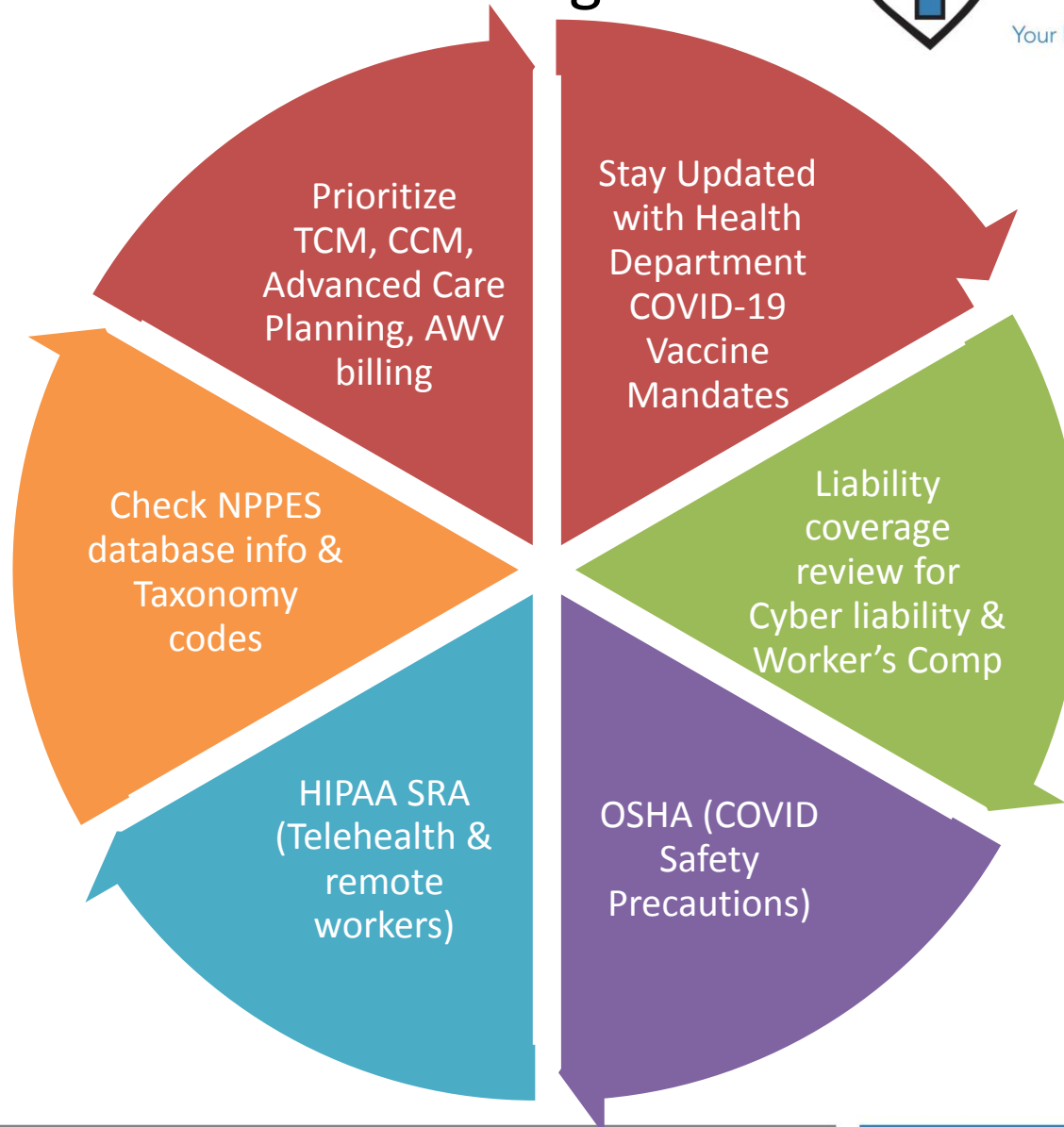
**MEDICAL
REVENUE CYCLE
SPECIALISTS LLC**
Your Practice Transformation Partner

 MEDICAL REVENUE CYCLE SPECIALISTS LLC Your Practice Transformation Partner	
Practice Area	Observation
Internal Controls	
CLIA	
HIPAA Training	
HIPAA Policy Manual	
Notice of Privacy Practices	
BA List & Business Associate Agreements	
Security Risk Assessment	
Red Flags Policy	
Billing Compliance Manual (OIG)	
Transporting PHI between Sites	
Medical Record Destruction/Shredding	
Equipment Destruction	

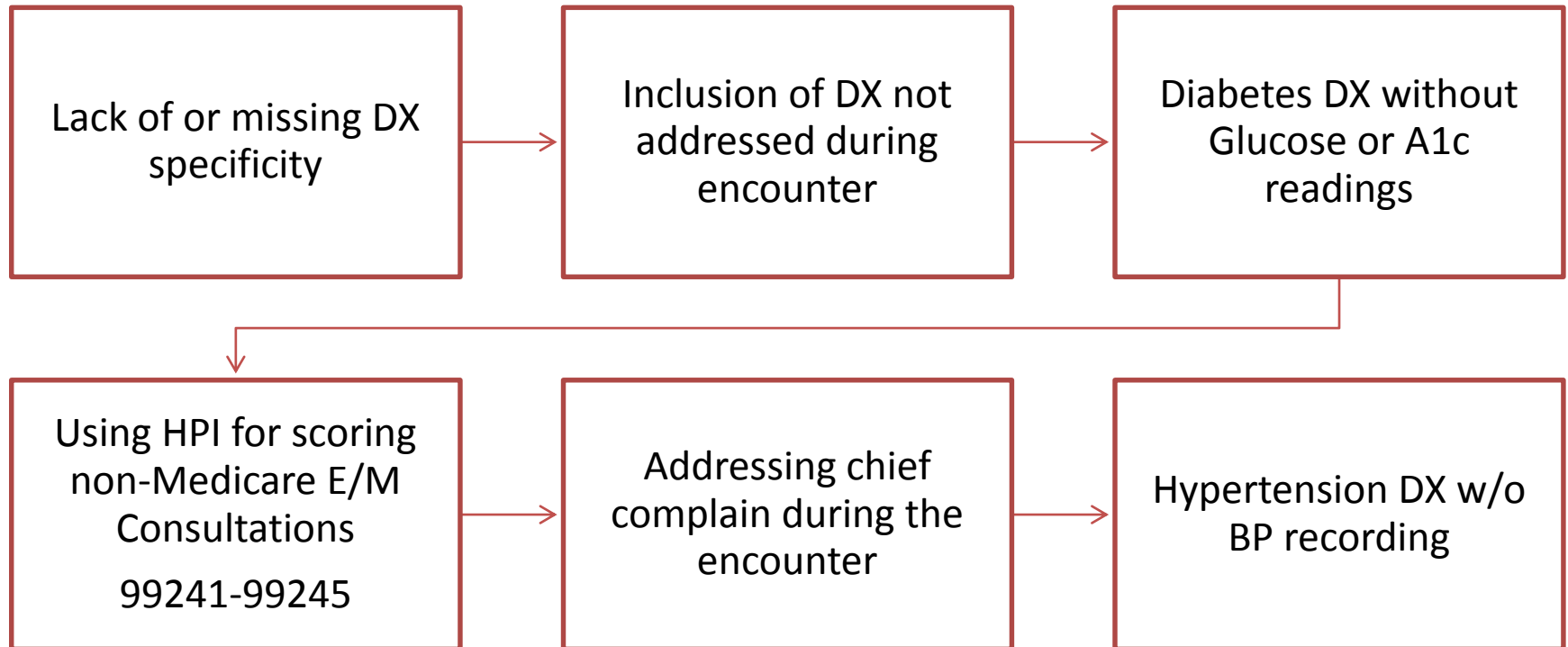
Areas to Review in Your Organization



**MEDICAL
REVENUE CYCLE
SPECIALISTS LLC**
Your Practice Transformation Partner



Areas to Review for Coding & Documentation Compliance

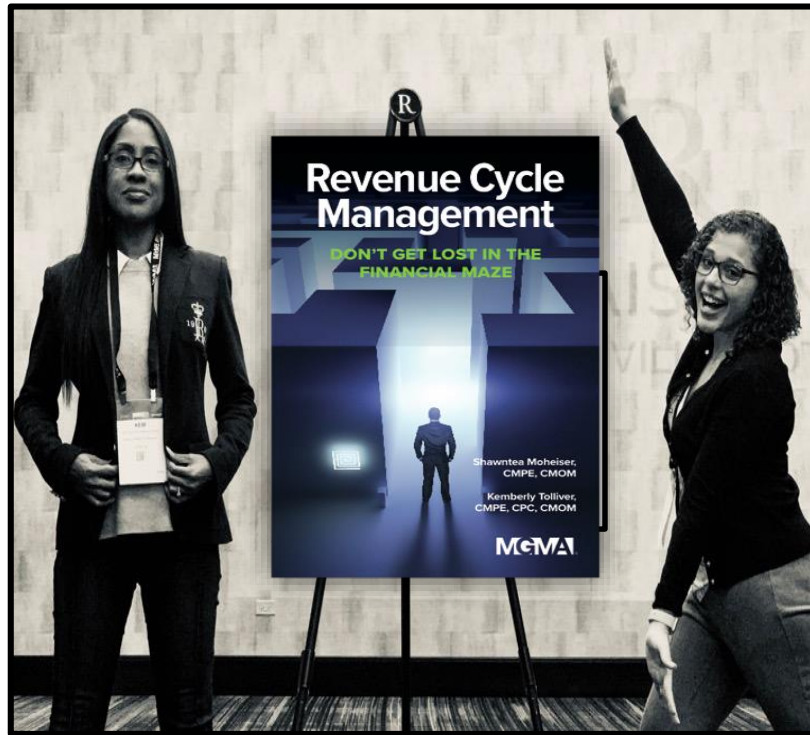


Healthcare Industry Resources

AAPC	https://www.aapc.com/
AHIMA	http://www.ahima.org/
HIMSS	https://www.himss.org
MGMA	https://www.mgma.com
PMI	https://www.pmimd.com
HFMA	https://www.hfma.org
CMS	https://www.cms.gov/
QPP	https://qpp.cms.gov
OIG	https://oig.hhs.gov

Resource Alert

MGMA's Revenue Cycle Management *Don't Get Lost in the Financial Maze*



**“Slice of
Healthcare”
Podcast:**



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