Raphael Health Center

HAYES
MANAGEMENT CONSULTING

Optimizing the business of healthcare

CHUG

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Centricity Healthcare User Group

Billing Cleanup using Task Management
Our Story at Raphael Health Center

PRESENTED BY

Coartney McKinney, Quality Data Analyst/EMR Application Specialist ~ Raphael

Angela Hunsberger, Senior Healthcare Consultant ~ Hayes

Meet Your Hayes Consultant

» **Angela Hunsberger**

- Senior Healthcare Consultant
- Ambulatory Services Team

YEARS OF EXPERIENCE:	Sixteen
SYSTEMS KNOWLEDGE:	GE Centricity Practice Management (Millbrook), EMR (Logician), Centricity Practice Solutions (CPS), Centricity Analytics, GE EDI, & McKesson Clearinghouse, Docutrak, Visual Form Editor, CCC forms, Kryptiq Secure Messaging, Patient Portal, and ePrescribe, HL7, LinkLogic, Microsoft Office, Microsoft CRM, Microsoft , SharePoint. Allscripts Enterprise EHR version 11.2
KEY RESPONSIBILITIES:	Implementation, System Build, Project Management, Training, Testing PM/EMR system and workflow optimizations, EMR VFE forms, PM/EMR training, billing, EDI clearinghouse, revenue cycle analysis

Fun personal fact: Angela lives in Indianapolis and got her start as an Optician for two providers for over seven years!

Meet Your Raphael Health Center Expert

» **Coartney McKinney**

- Quality Data Analyst

YEARS OF EXPERIENCE: Two

SYSTEMS KNOWLEDGE: Centricity Practice Solution (CPS), Centricity Practice Analytics, i2i Tracks, Liaison EMR-Link, Microsoft Office, SharePoint, Patient Portal

KEY RESPONSIBILITIES: Quality and UDS reporting using i2i Tracks and Practice Analytics, development of strategy improvement for quality issues, patient portal and Link Logic management, support and training for PM/EMR, workflow improvement between billing team and clinical staff

Fun personal fact: Coartney played Division I Varsity Women's Rugby at Eastern Illinois University

About Raphael Health Center (RHC)

» About Raphael

- Raphael Health Center (RHC) was created in 1994, staffed by volunteers, in response to an unmet need for quality and affordable medical services.

About Raphael Health Center (RHC)

Mission:

"The Raphael Health Center mission is to provide community-based, full service health care of the highest quality with respect and dignity for all people including the underserved and uninsured within a setting that shares the love and healing of Jesus Christ."

About Raphael Health Center (RHC)

» About Raphael

- PCMH Level II Recognition
- Federally Qualified Health Center

» Services Include:

- Medical Care
- Prenatal Care
- Dental Care
- Behavioral Health Care

Louis Winternheimer, MD
Raphael Health Center

About Raphael Health Center (RHC)

» Today RHC has 44 staff members including the following providers:

- 4 family practice physicians
- 2 physician assistants
- Nurse practitioner
- Behavioral therapist/psychologist
- Dentist
- Dental hygienist

Rhonda Stephens DDS
Raphael Health Center

Agenda

» Our Approach to Billing Cleanup

» Steps Taken:

- Imported *all* EMR Charges

- Reviewed *all* unpaid visits

- Created Task Management Queues as needed

» Our Findings

» Conclusion

» Questions?

OUR APPROACH

Our Approach

» Hayes Optimization led us to improve system use and enhance our workflows. Then the Life of a Patient Visit training exposed a backlog of billing that needed addressed

» We needed a method for cleaning up billing and we knew Task Management was now available but we were unsure how to get started using it

Task Management

Our Approach

» Where did we start and how did we prioritize?

» We looked at one big bucket of charge tickets in PM

» We broke the bucket into smaller buckets and worked on them...one at a time

Our Approach

» ## Our buckets were created using:

- Visit Owners
- Task Management Queues
- NOTES, NOTES, NOTES!
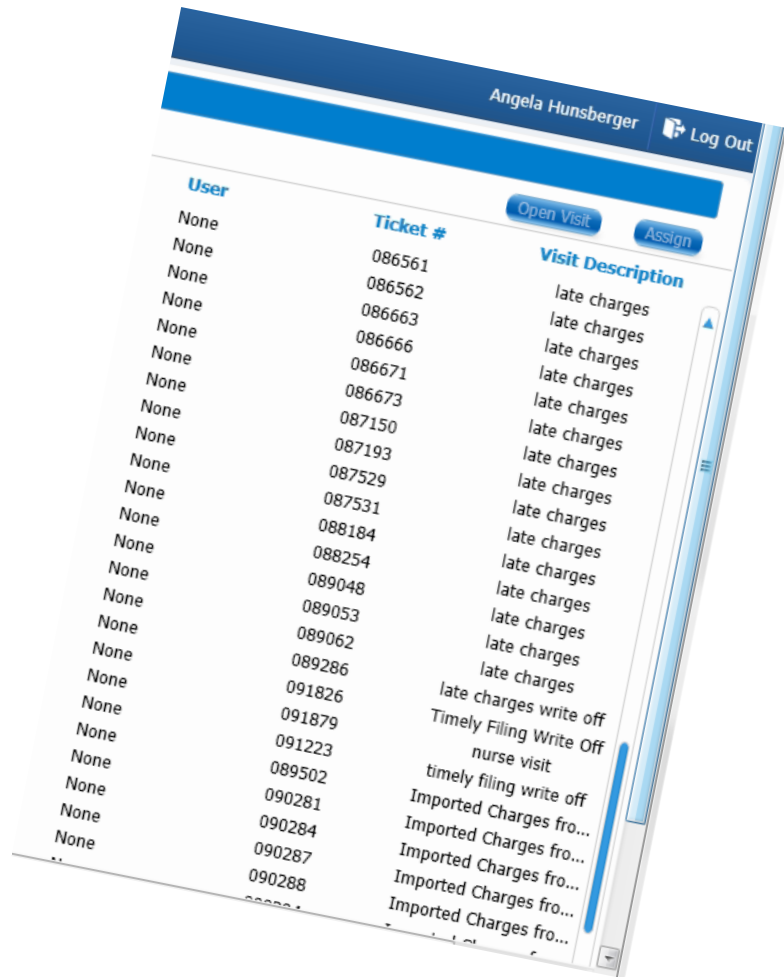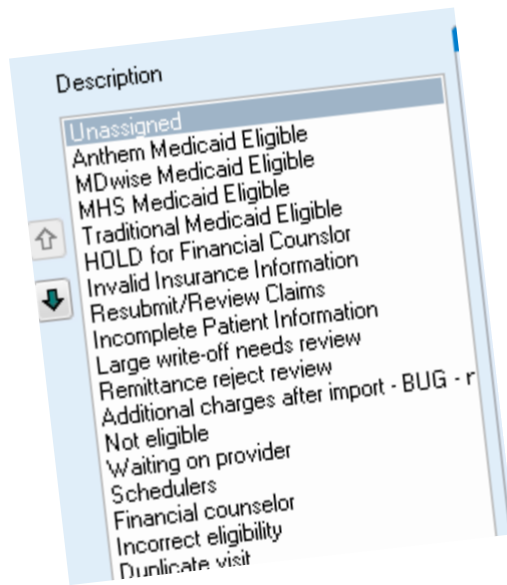
Our Approach

» At this point, we were simply creating buckets and not making any financial changes

» We did not want to upset metrics since they will fluctuate as progress is made

» This step is important if you want to use Task Management Reports

EMR CHARGE IMPORT

Import *All* EMR Charges

» Charges were not always being caught and imported to PM

» We prioritized this bucket to avoid timely filing limits and to see ALL the tickets we need to work

» Found more than 100 tickets that had charges awaiting import

Import *All* EMR Charges

YES indicates EMR charges are awaiting import

Import *All* EMR Charges

» 120 and newer were addressed by the billing reps

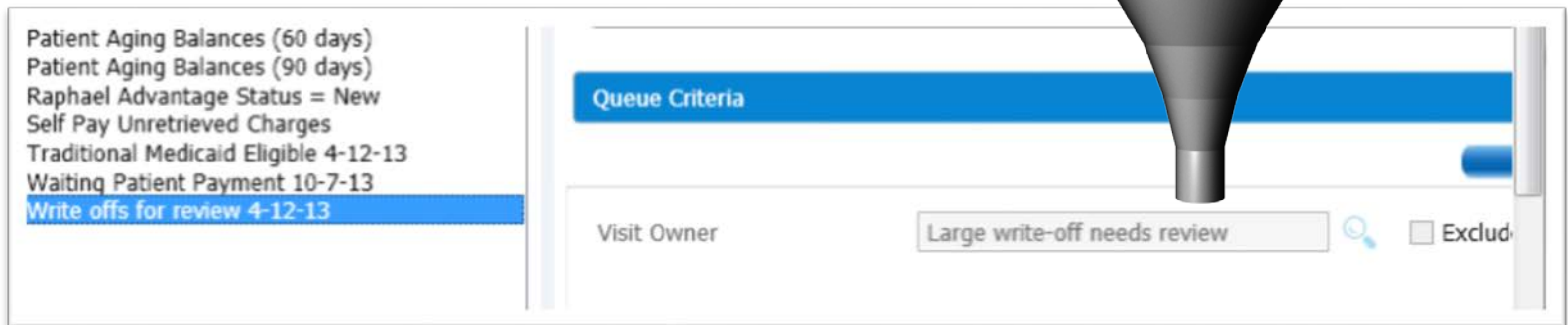» We addressed visits older than 120 days and grouped the tickets into categories:

- Medicaid MCO
- Commercial insurances
- Medicaid Traditional
- Medicare Part B
- Self pay
- Everything else
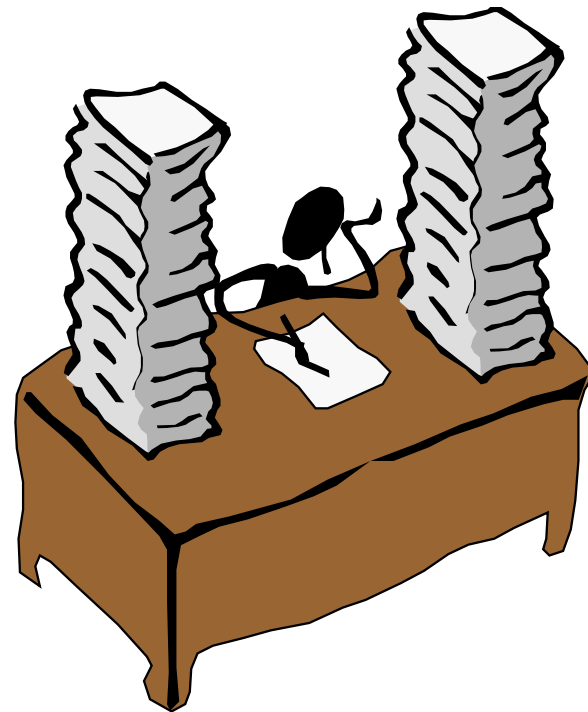
Import *All* EMR Charges

» As we imported charges, we made a "Write Off" Visit Owner and tagged the visits that were too old for insurance filing

» We made a Task Management queue to grab this Visit Owner

Patient Aging Balances (60 days)
Patient Aging Balances (90 days)
Raphael Advantage Status = New
Self Pay Unretrieved Charges
Traditional Medicaid Eligible 4-12-13
Waiting Patient Payment 10-7-13
Write offs for review 4-12-13

Queue Criteria

Visit Owner   Large write-off needs review   ☐ Exclud

Import *All* EMR Charges

Results of importing EMR Charges:

More than 1,000 CPT codes were imported totaling around $30K.

Import *All* EMR Charges

» What did these visits include?

- Duplicate tickets
- Zero dollar visits
- Timely filing write off
- Write off due to additional charges that should have been billed with charges on original claim
- We even found tickets that CAN STILL BE filed to insurance!

REVIEW UNPAID CHARGES

Review *all* unpaid charges

» Now that all the charges have been imported, we looked at all visit statuses that were not in the status of PAID

- We reviewed the definition of EACH visit status as a refresher

TIME OUT: Visit Status Refresher

» Let's take a time out!

» It is important to understand each visit status in "The Life of a Visit" in Centricity

TIME OUT: Visit Status Refresher

» Visits typically go through 7 steps before they are paid.

» This knowledge will help you set reasonable expectations on how long a visit should be in each status along with the next action items on unpaid tickets.

» Let's take a quick look..

1 **2** **3** **4** **5** **6** **7**

NEW → In Progress → Approved → Batched → Sent → Filed Succeeded → Paid

Waiting Patient payment

Filed Rejected

Collection

Overpaid

Filed

Bad Debt

Approve Failed

Hold

Secondary, Tertiary, & Other

Refile

Balance Forward

Refund
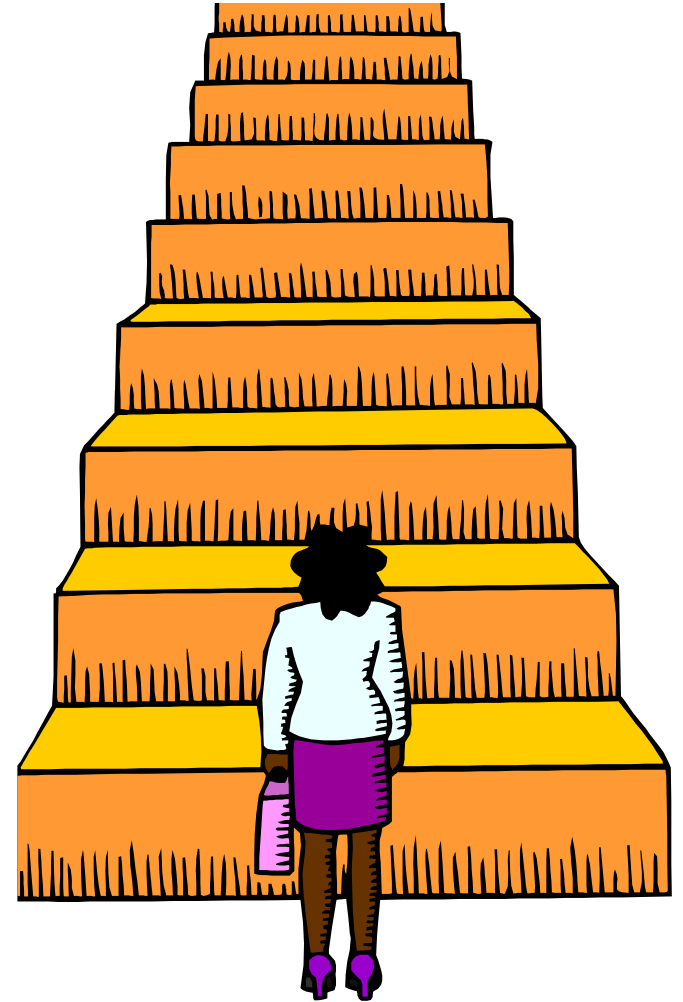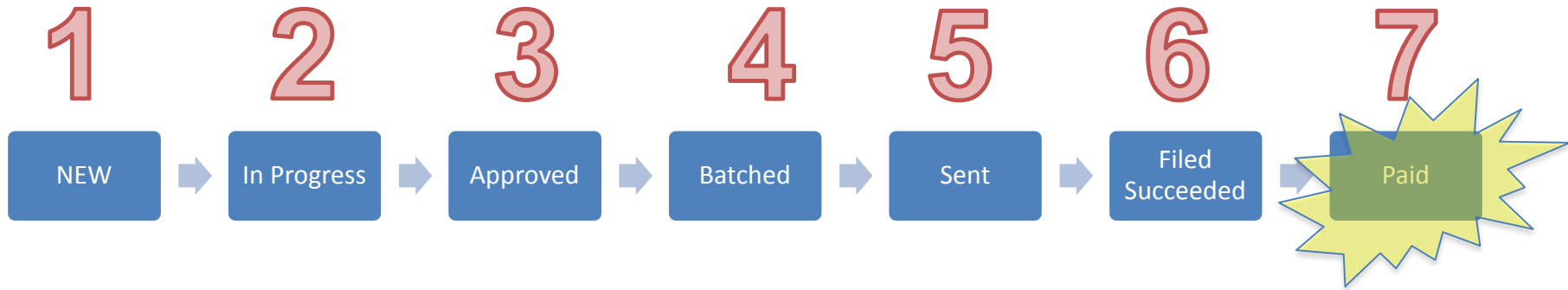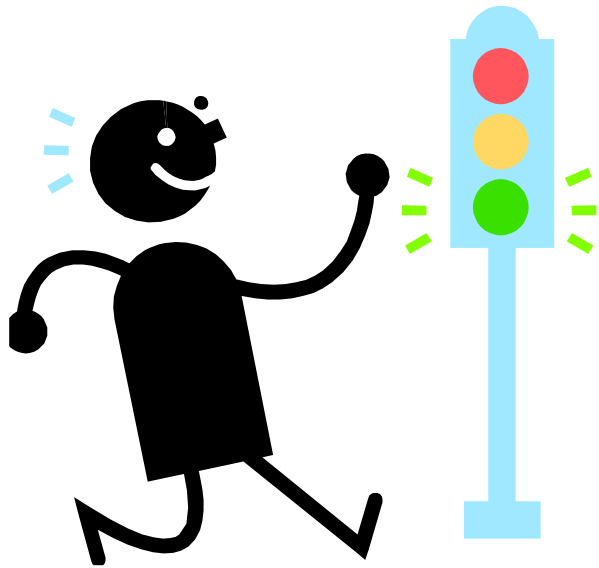
» Okay, now that we reviewed the meanings of Visit statuses, let's continue…

Email me if you want a copy of the reference guide that illustrates the workflow for the visit status lifecycle for paper and electronic claims. ahunsberger@hayesmanagement.com

Review *all* unpaid visits

» Using the visit statuses, the 120 day old+ visits were then grouped into smaller buckets using the following categories:

- Medicaid MCO
- Medicaid Traditional
- Medicare Part B
- HIP
- Raphael Advantage
- Commercial insurances
- Everything else

Review *all* unpaid visits

» Starting with Medicaid MCO, we audited each visit status. We then repeated these steps for each category. Here was our template for the statuses:

- New
- In Progress
- Approved
- Approved Failed
- Refile
- Filed
- Batched
- Sent
- Filed Rejected
- Filed Succeeded = filtered for last filed date older than 120 days
- Waiting Patient Payment
- Collection
- Overpaid
- Balance Forward
- Refund
- Bad Debt (only looking at these with a visit balance)
- HOLD

Review *all* unpaid visits

In all, there were 1,193 tickets that needed worked!

Ticket Status Cleanup Project from Oct-Dec 2013						
Current numbers as of 12-20-13 for Facility of Raphael only (does not include dental)						
All ticket counts for DOS 1-1-99 to 6-30-13						
The yellow cells represent an estimate of the 850 total visits flipped to Paid with a script						
	Medicaid MCO	Medicaid Traditional	Medicare Part B	HIP	Raphael Advantage	Commercial Insurances
New	*141*	43	11	3	*141*	18
In Progress	8	11	0	0	2	0
Approved	20	0	0	0	*141*	2
Approved Failed	12	0	0	0	*141*	0
Refile	0	0	0	0	0	0
Filed	4	0	0	1	1	0
Batched	0	0	0	0	0	0
Sent	0	0	0	0	0	0
Filed Rejected	5	0	0	0	0	2
Filed Succeeded (last filed over 45 days)	10	13	2	30	0	*141*
Waiting Patient Payment	3	0	0	0	0	18
Collection	0	0	0	0	0	8
Overpaid	6	1	0	0	27	13
Balance Forward	0	0	0	0	0	0
Refund	0	0	0	0	0	0
Bad Debt (with a balance)	7	1	0	0	0	9
HOLD	*141*	6	23	1	21	5
Tickets NOT in PAID Total Count:	357	75	36	35	474	216

Review *all* unpaid visits

» Worked one bucket at a time.
- Determined timely filing limit per insurance
- Tagged with Visit Owners as needed
- Reached out to billing rep as needed
- Built new Visit Owners and Queues as we went
- Researched and cleaned up "No Show" visits and "No Charge" visits on the spot
- Opened GE Support tickets as needed

TASK MANAGEMENT QUEUES

Task Management Queues

Here is a recap of the Visit Owners and Task Management Queues we created during our project:
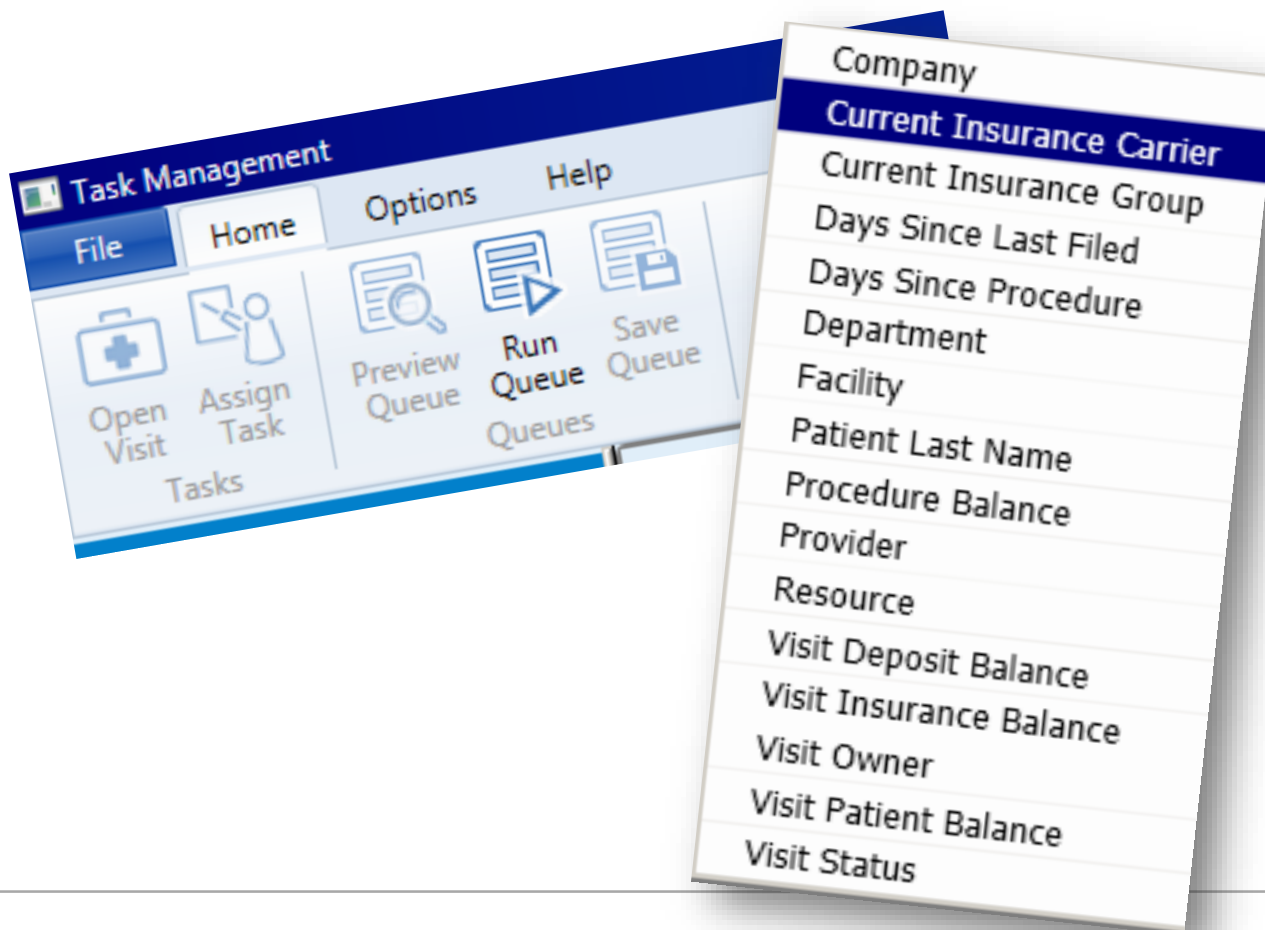
Task Management Queues

» **Anthem Medicaid Eligible**

» **Traditional Medicaid Eligible**

» **MHS Medicaid Eligible**

Waiting on Insurance eligibility

» The financial counselor assigns a visit owner when a patient is eligible for Medicaid. Once eligible, it is the billing reps' responsibility to update the visit with the correct insurance and submit the claims. This queue was created to track the visits to ensure the insurance is updated and filed accordingly.

Task Management Queues

» **Self Pay Unretrieved Charges**

» **Medicare Part B Unretrieved Charges**

Late Charges bucket

» This queue was created to capture late charges. These charges were pulled from EMR after the initial retrieval. We noticed many of these charges were immunizations and were able to identify a problem in the nurse's immunization administration workflow.

Task Management Queues

» Check claim for possible submission

Can we send to Insurance?

» The billers were asked to check this queue on a daily basis. Any claim found that remained within the timely filing limit was placed in this queue for the billers to determine whether the claim could still be filed. Many claims were found with an outdated allocation set and financial class and were therefore being missed.

Task Management Queues

» **Medicaid Traditional Timely Filing**

» **Medicaid MCO Timely Filing**

These need adjusted off due to timely filing

» Claims outside of the timely filing period were placed in these queues to eventually be adjusted off. The queue allowed us to track the total amount to be adjusted off due to timely filing.

Task Management Queues

» Medicaid MCO Insurance Unpaid Claims

Claim was filed, where is payment?

» We built this queue because this is a large payor for Raphael. This queue was built to track claims past X amount of days since filed that are still unpaid.

Task Management Queues

» Patient Aging Balances (30 days)

» Patient Aging Balances (60 days)

» Patient Aging Balances (90 days)

» Waiting Patient Payment

Patient Collections bucket

» Collecting on patient amounts due is always challenging. These queues assisted us in tracking the patients who have a balance.

Task Management Queues

» Credit Balance Tickets (All)

Overpaid/Credits bucket

» The credit balance queue shows all tickets containing a patient credit. We found that money being collected for co-pays, deductibles, medicine etc., were not being allocated properly and/or conveyed to a cloned ticket. The billers were asked to work on this queue and allocate the patients' deposits appropriately.

Task Management Queues

» Visit Status Maintenance Queues

Approved Status older than 5 days bucket

» Each ticket has a maximum number of days that it should spend in each status. These queues show any tickets that have exceeded the time limit.

Task Management Queues

"What does Task Management offer that I can't get from the Billing Criteria screen?"

- Task Management provides an additional layer of tracking with the statuses

- Task Management shares some similarities to the Billing Criteria Screen, but Task Management Inquiries can be SAVED to run again and again

- Task Management provides more filters than the Billing Criteria Screen

- Task Management queues are good for working tickets. But the TRACKING and REPORTS are an added bonus.

OUR FINDINGS

Our Findings

» **Roll up your sleeves**

- Work on some buckets yourself or with another billing representative rather than assign the "regular" biller to it

- You will uncover opportunities or problems that are typically overlooked either knowingly or not

- Immersing yourself in this project helps you get to know the billing codes and have educated discussions across every team and department

Our Findings

» **Don't jump to conclusions!**

- Don't make an assumption based on looking at a single ticket. Pull up the entire patient account so see exactly where the account stands.

- When you start to look at a bucket, don't gasp because it looks large. It may not be what you think. Once you take a closer look, the balances could be ZERO or the ticket may be in the wrong status.

Our Findings

We found some workflow issues, identified the root causes and developed a plan to correct the issues.

Example: eligibility project to research and improve quality and reduce denials on the front end with training and process improvement

Example: found an increasing amount of overpaid tickets due to a payment plan recently being introduced; reviewed payment plan workflow and training to correct root cause of issue

Our Findings

We found red flags. For example, Visits that were never filed to insurance and were adjusted off with no explanation in the notes.

- BEST PRACTICE: Audit visits on a regular basis to see if adjustment types are being used appropriately and whether the EMR and PM charges match. Look at the visits to see if the coding is appropriate for the level of service provided.

Our Findings

» **Learning Opportunities!**

- As you are cleaning up billing, look at the root cause of issues and pay attention if you see red flags

- Tag these visits with "Learning Opportunity" Visit Owners and review and discuss with staff.
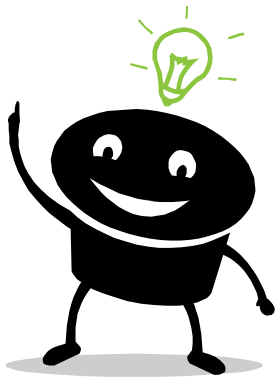
Example: Why do we have so many duplicate visits in Centricity for the same patient for the same date of service? Duplicate visits were caused because users were hand entering charges and then also importing EMR charges.

Our Findings

» Old Dusty Visits - How far back are you going to keep balances?

» Overpaid visits – credit balances are still included in your AR and need cleaned up too.

» Dental cases attached to medical visits in error. These needed voided and cloned and refiled.

» We had to void and clone and convey a lot of tickets to correct them

Our Findings

» Late Charges

- Providers/nurses were entering charges after the initial charges were already entered and filed to insurance. In some cases, the new charges were entered weeks after the initial DOS.

» Unreported Issues

- Discovered a problem that was never reported. We just "lived with it because it didn't happen a lot."

- Referral Orders sometimes cross over to the PM billing and they are not supposed to. This was a simple fix in Admin Referral Order setup.

» **Visits slipping through the cracks of CPS**

- Sometimes visits had an incorrect Financial Class so they were not getting worked

- Billing representatives filter for "their work" by Financial Class. So if a ticket had the wrong one, it wasn't getting addressed

Our Findings

» **Notes without Dates**

- Some visits appeared to be worked but the notes did not have a date so you couldn't tell if it was *currently* being worked.

» **Claims that reached the payor but never got processed. The claim filing history indicates billing kept resubmitting the claim.**

» **System Defects**

- Example: Ticket voided but billing spreadsheet shows balance. Inside ticket shows no balance.

Our Findings

» **USE YOUR SUPPORT!!**

- You are probably paying a quarterly fee whether you ask 1 question or 50. Take advantage of the vast knowledge you are paying for!

- Sometimes, they will provide invaluable solutions or training and will not even charge you extra!

Our Findings

» **Caution!** We found tickets that LOST the prompt for charges awaiting import!

» You read that right.

» When you go into a ticket where charges are awaiting import, you get a popup box that asks you if you want to import the charges. If you choose incorrectly, the prompt goes away forever.

- The only way to catch this is to audit and then manually enter the charges

*Note: These popups may have been reworked to eliminate this problem in future CPS versions.
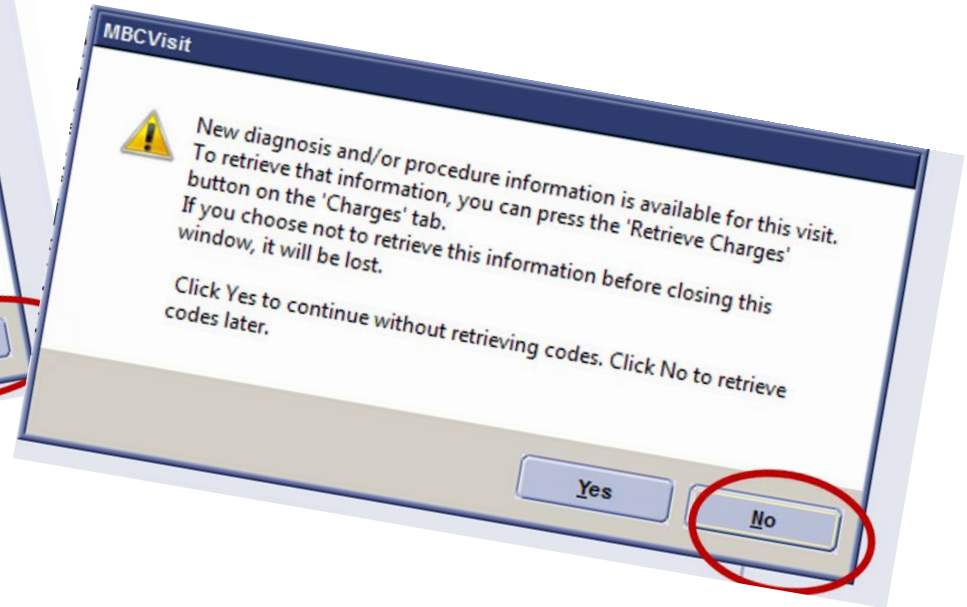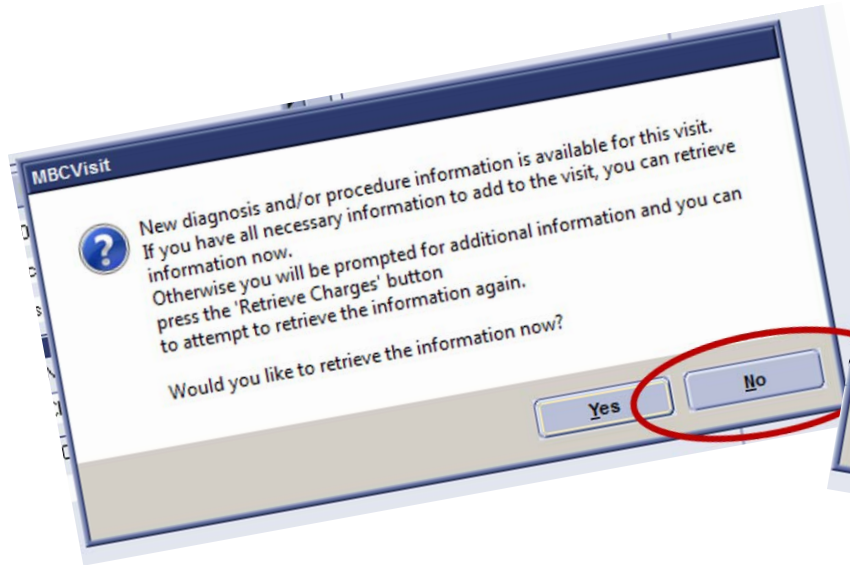
Our Findings

» We got **HELP**

» We reached out to support and other vendors for customizations to CPS to help us clean up the billing

- **Active Report** to make mass adjustments for insurance balances (custom report request)

- **Script to update visits automatically** Countless visits with a zero balance that need to be in a paid status. (We asked for a script rather than manually flipping them. This saved us tons of time).

Our Findings

» Think outside the box

- **Visit Owner Utility** to assign or unassign visit owners in mass across multiple patients. (Not possible at this time).

- Reach out to your support department and ask vendors who can make custom add-on solutions for CPS

- Not all requests were possible, but it never hurts to ask and keep asking!

- It's FREE to ask!

Our Findings

» It's not enough to get a ticket to a zero dollar balance and into the "paid" visit status

» Many reports and metrics are driven from Visit Data.

- The allocation set and Financial Class must be correct. Don't take shortcuts. You must void and clone to fix if it is hard closed.

Our Findings

COMMUNICATE before, during and after this project.

COMMUNICATE with the billing reps on what is going on before you start touching visits they would otherwise be responsible working on. Let them know the date range you are going to conquer.

- Let them know WHY you are working on a specific bucket so they understand and appreciate the help.

COMMUNICATE with the staff as issues come up. Address red flags immediately to correct major issues.

COMMUNICATE the goals and the results of the project. Celebrate your success!

Our Findings

» ## Look Again

- If you are getting scripts run to clean up billing and flip visits to paid, look at the queue after the script is run because you may have missed a bucket you meant to include in your request

» ## Task Management isn't the ONLY tool

- You can't rely on Task Management alone because it lacks filtering capabilities. You still have to look in Billing to look at everything.
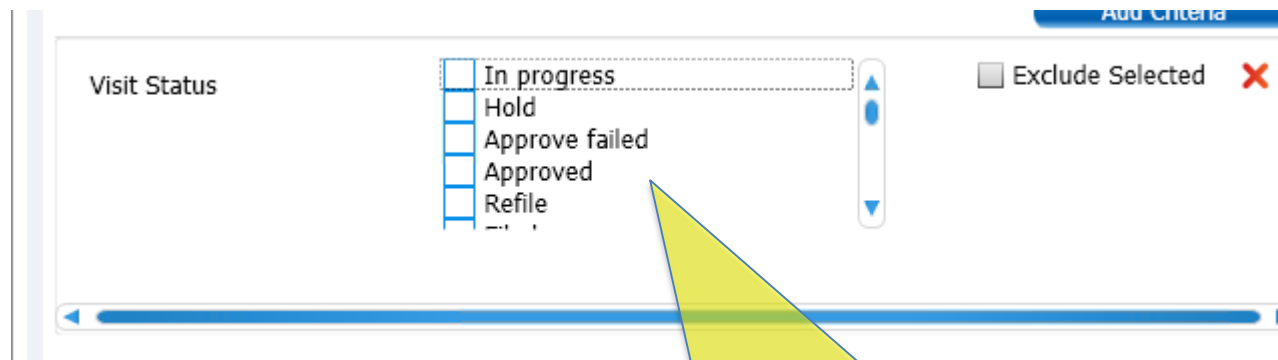
Notice, you can't filter for EVERY billing status. (NEW is not an option)

Our Findings

» Learn and understand your options for working queues

- Group Queues
- Individual Queues

» Remember to use your Task Management Reports!

» Visits can belong to more than one queue

» Use it to track:

- visits for a new provider
- visits for a certain facility
- visits for a certain procedure
- appeals

CONCLUSION

Conclusion

» We budgeted approximately 50 consulting hours

- Coartney spent additional hours behind the scenes working the buckets, reengineering workflows to fix issues, and working with the billing staff.

» Working on this on and off, it took about two months to clean up

» We stayed flexible. Things come up and you have to work around them but still keep the project a priority.

Conclusion

» **Metrics are difficult to collect**

- We carefully documented all the metrics we could throughout the project. However, it is difficult to capture data because visit data will fluctuate as you work on the project.

» **Our metrics (Our strategy)**

- Specific batches were used to catch all old imported charges. Charge Management was used to report on the metrics

- Used Task Management Reports were used to capture data for a moment in time

- We manually counted visits (and captured financials for that moment in time) and recorded them on an Excel spreadsheet.

Conclusion

» The total number of tickets in UNPAID visit status was reduced from 1,193 to 288

» That's a 76% reduction!

» Approximately 850 were flipped to paid using a script and 343 were manually worked

Conclusion

	All Insurances BEFORE	All Insurances After
New	357	39
In Progress	21	32
Approved	163	2
Approved Failed	153	0
Refile	0	0
Filed	6	2
Batched	0	0
Sent	0	1
Filed Rejected	7	1
Filed Succeeded (last filed over 45 days)	196	1
Waiting Patient Payment	21	25
Collection	8	7
Overpaid	47	29
Balance Forward	0	0
Refund	0	0
Bad Debt (with a balance)	17	6
HOLD	197	143
Tickets NOT in PAID Total Count:	1193	288

» Questions?

Hayes' Contact Information

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  317.430.7405 (cell)

» Visit our website – sign up for our blog!

www.HayesManagement.com