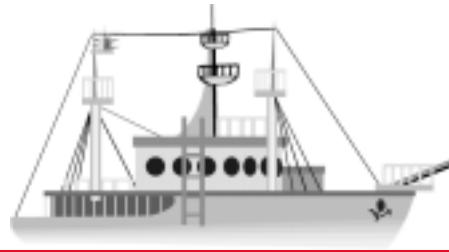




A Voyage of Discovery

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“The real voyage of discovery consists not in seeking new landscapes but in having new eyes.”
—Marcel Proust (French novelist, 1871-1922)

If you apply these words—this philosophy—to any aspect of managing a medical practice, you can transform the usual struggle of realizing consistent revenues in a challenging and ever-changing insurance environment into an interesting adventure.

In the interest of increasing revenues, it is common for physician practices to “seek new landscapes” by:

- opening a second, third or fourth office;
- adding new or additional services; and/or
- adding a physician, or physician extender.

While these approaches may ultimately bring desired results to the bottom line, they may at the same time strain cash flow by escalating overhead costs and burden management with unnecessary human resource responsibilities. Wouldn't it be nice to make more money *without* more work? Hmm...

Why not consider taking a fresh look at how individuals do their jobs? Use “new eyes” to examine, for each physician and staff member, the tools, processes, controls and feedback loops that support the revenue cycle.

Are all jobs and the tools utilized, for all people, designed and implemented to achieve the equally impor-

tant goals of both (1) providing excellent patient care, and (2) ensuring maximum reimbursements? Here are a few ideas to launch the voyage of discovery for your practice.

With your “new eyes,” begin the journey with patient check-in/check-out at the front desk. Is each tool that is used, the registration form and your financial policy, for instance, designed to capture all critical data needed by the insurers? Are staff trained about insurance participation guidelines? Is the appointment schedule properly updated with add-ons and no-shows at end-of-day? Is a daily receipts log used to record all payments received?

Next stop: the exam room and physician's office. Are your encounter forms designed so that the physician can easily record all services performed? Are your physicians adequately trained to understand how to select appropriate services and visit levels? Do they understand how diagnoses may impact reimbursements? Are medical assistants responsible for ensuring that the physicians complete each encounter form? Is there a tight end-of-day process to efficiently prepare dictation, obtain pathology reports, progress notes, etc., and to deliver them to the biller for accurate charge entry?

Side trip: the hospitals, nursing homes and other off-site locations for consults, inpatient services and visits. How do you ascertain that the physicians have recorded services for every patient seen? Do you regularly interface



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with the admissions department to obtain information such as updated inpatient demographic data and authorization numbers?

The main event: your billing department. Is staff required to attend regular in-services to keep up-to-date with specialty-specific nuances, like modifier usage? Do coding personnel have ready access to the physicians to select ICD codes to their highest specificity, select the most descriptive CPT codes, and obtain additional clinical data to support insurance claim appeals? Are the billing staff accountable for daily processes for charge entry, payment posting, balancing to the daily deposit and end-of-day reporting? Do you, as practice manager, have a reliable way to determine the status of charge entry, payment posting, claims processing and claims follow-up? Is monthly reporting performed according to a schedule? Is the schedule followed?

The map: your information system. Explore the full functionality of your practice management system. Who has responsibility for information system updates such as the reimbursement profiles by insurance and revisions to ICD and CPT codes? Does the payment posting software flag accounts when a lower-than-profile payment is applied? A rigorous annual audit of your system's reference files ensures that your practice won't get lost (or lose valuable revenues).

Share the journey: feedback. One of the joys of taking a voyage is telling about the experience. How frequently are physician/staff meetings held? Who is accountable to inform physicians about the error/missing information rate (or error-free rate!) on encounter forms? Are others in your office, such as your appointment scheduler, front desk staff and transcriptionist, informed of their successes/failures in data capture? How does the office announce changes to the fee schedules and/or insurance participation status?

And don't forget the pictures! Visual tools are power-
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ful communicators of your findings. Give some thought to posting a graphical representation of the benchmarks that are meaningful within your practice, such as a bar graph to indicate monthly charges and collections or a line graph to track trends in accounts receivable. Graphs eliminate the need to report exact dollars while publicizing what is important to the financial success of the practice. Some practices build teamwork and pique interest by linking goals in each benchmark category to incentive compensation—for physicians and for staff.

So, make a plan for your next voyage of discovery. You'll be surprised at how "new eyes" can positively alter the view and enjoyment of your medical practice world. Save the landscape seeking for your next out-of-office vacation. ☐

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