How Healthy is Your Practice?

Presented by:

Peggy Stilley, CPC, CPC-I, CPMA, CPB, COBGC
Revenue Integrity Auditor
Oklahoma Sports and Orthopedic Institute
Norman, Oklahoma
I am currently the Revenue Integrity Auditor for Oklahoma Sports and Orthopedic Institute in Norman, Oklahoma. I am a member of the Oklahoma City AAPC local chapter and have served as chapter officer for the Pro-Tulsa chapter.

I was previously employed by AAPC, a member of the ICD-10 Training and Education team, and formerly Director of Audit Services. With more than 30 years of experience in the healthcare industry I have seen many changes. I started as a medical assistant, then expanded to billing and coding, and progressed to clinic manager in a teaching facility. My experience extends to specialties including OB-Gyn, Maternal Fetal Medicine, General Practice, General Surgery, Neurology, and currently Orthopedics.
Objectives

Revenue Integrity

Compliance

Staffing
Revenue Integrity

- Appointments
- Claims
- Denials
- Referrals / Authorizations
- Auditing
Appointments

- Schedules
- Dropped calls
- Phone trees
Scheduling Queue

March 5

March 22

Answered calls
Timed out calls
Abandoned calls
Total Patient Visits Per Month by Type

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>4635</td>
<td>5120</td>
<td>5528</td>
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<tr>
<td>Surgery</td>
<td>447</td>
<td>422</td>
<td>739</td>
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<tr>
<td>DME</td>
<td>183</td>
<td>152</td>
<td>154</td>
</tr>
<tr>
<td>Bone Clinic</td>
<td>11</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>MRI</td>
<td>217</td>
<td>199</td>
<td>197</td>
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<tr>
<td>PT</td>
<td>839</td>
<td>872</td>
<td>884</td>
</tr>
</tbody>
</table>
Clinic Visit Count Per Office/Location

2nd Quarter
April, May, June

- NMD: 6798
- EDM: 2896
- WMR: 1641
- COR: 3948
Claims

- Gross charges
- Claims paid
- Outstanding claims
- Clean claims
Gross Charges Billed Per Month

- April: $4,152,250.00
- May: $3,923,225.00
- June: $4,394,401.00
Charge Count Billed Per Month

January: 12114
February: 14979
March: 15919
April: 13511
May: 14669
June: 16136
Transaction Type Summary

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$4,152,250.00</td>
<td>$3,923,225.00</td>
<td>$4,394,401.00</td>
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<tr>
<td>1</td>
<td>$1,395,301.00</td>
<td>$1,424,411.00</td>
<td>$1,405,543.00</td>
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<tr>
<td>2</td>
<td>$2,715,711.00</td>
<td>$2,884,794.00</td>
<td>$2,734,611.00</td>
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<tr>
<td>3</td>
<td>$2,734,611.00</td>
<td>$2,734,611.00</td>
<td>$2,884,794.00</td>
</tr>
</tbody>
</table>

Charges | Payments | Adjustments
AR Aging (% of total AR 90+ Days Outstanding)

Goal is < 20% in total

April: 4% 23%
May: 4% 25%
June: 5% 25%

90+ days
120+ days
Clean Claim Rate

- Measures claims considered “clean” with no rejection on first submission
- Goal is 95%
## Errors on Claims

<table>
<thead>
<tr>
<th>Date</th>
<th>TOTAL to review</th>
<th>Total Reviewed</th>
<th>Scheduling Errors</th>
<th>Front Office Errors</th>
<th>PM issues</th>
<th>% of scheduling issues</th>
<th>% of F.O. issues</th>
<th>% of PM issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>267</td>
<td>267</td>
<td>4</td>
<td>1</td>
<td>51</td>
<td>1%</td>
<td>0%</td>
<td>19%</td>
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<td>252</td>
<td>7</td>
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<td>31</td>
<td>3%</td>
<td>0%</td>
<td>12%</td>
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<tr>
<td>3</td>
<td>288</td>
<td>288</td>
<td>10</td>
<td>0</td>
<td>29</td>
<td>3%</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>4</td>
<td>199</td>
<td>199</td>
<td>5</td>
<td>0</td>
<td>24</td>
<td>3%</td>
<td>0%</td>
<td>12%</td>
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</table>
# Data Entry Errors

<table>
<thead>
<tr>
<th>Patient</th>
<th>Date created/ scheduled</th>
<th>Who was responsible</th>
<th>Issue</th>
<th>Resolution</th>
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<tbody>
<tr>
<td>1</td>
<td>9/27/2016</td>
<td>Helen</td>
<td>termed 7/1/16</td>
<td>noted PM</td>
</tr>
<tr>
<td>2</td>
<td>10/3/2016</td>
<td>Heather</td>
<td>Golden Rule listed wrong</td>
<td>added correct one</td>
</tr>
<tr>
<td>3</td>
<td>8/18/2016</td>
<td>TJ</td>
<td>policy number wrong</td>
<td>noted PM</td>
</tr>
<tr>
<td>4</td>
<td>57/18/2016</td>
<td>Heather</td>
<td>GEHA listed wrong</td>
<td>added correct one</td>
</tr>
<tr>
<td>5</td>
<td>10/3/2016</td>
<td>Susan</td>
<td>ins. listed wrong</td>
<td>added correct one</td>
</tr>
<tr>
<td>6</td>
<td>9/26/2016</td>
<td>Kristie</td>
<td>termed 7/1/16</td>
<td>noted PM</td>
</tr>
<tr>
<td>7</td>
<td>10/3/2016</td>
<td>Helen</td>
<td>gender missing</td>
<td>guessed</td>
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<tr>
<td>8</td>
<td>10/4/2016</td>
<td>Danita</td>
<td>policy number missing</td>
<td>noted PM</td>
</tr>
<tr>
<td>9</td>
<td>9/19/2016</td>
<td>Helen</td>
<td>TFL listed wrong</td>
<td>added correct one</td>
</tr>
<tr>
<td>10</td>
<td>9/15/2016</td>
<td>Helen</td>
<td>Tricare listed wrong</td>
<td>added correct one</td>
</tr>
<tr>
<td>11</td>
<td>&quot;&quot;</td>
<td>&quot;&quot;</td>
<td>policy holder info missing</td>
<td>pulled from PM</td>
</tr>
<tr>
<td>12</td>
<td>10/4/2016</td>
<td>Meredith</td>
<td>TFL listed wrong</td>
<td>added correct one</td>
</tr>
<tr>
<td>13</td>
<td>9/21/2016</td>
<td>Helen</td>
<td>Tricare listed wrong</td>
<td>added correct one</td>
</tr>
<tr>
<td>14</td>
<td>9/21/2016</td>
<td>Meredith</td>
<td>AARP listed wrong</td>
<td>added correct one</td>
</tr>
<tr>
<td>15</td>
<td>10/3/2016</td>
<td>Heather</td>
<td>termed 8/1/16</td>
<td>noted PM</td>
</tr>
<tr>
<td>16</td>
<td>9/26/2016</td>
<td>Rhonda</td>
<td>policy holder info missing</td>
<td>pulled from Availity</td>
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<tr>
<td>17</td>
<td>9/20/2016</td>
<td>Rhonda</td>
<td>policy holder info missing</td>
<td>pulled from Availity</td>
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<tr>
<td>18</td>
<td>9/27/2016</td>
<td>Heather</td>
<td>Medicare policy number wrong</td>
<td>Guessed</td>
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</tbody>
</table>
Charge Entry Timeline

- Days from date of surgery to claim submission
  - Dictation
  - Signed documentation
  - Coding/Posting
<table>
<thead>
<tr>
<th></th>
<th>Bond</th>
<th>Reed</th>
<th>Knight</th>
<th>Stidham</th>
<th>Benson</th>
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</thead>
<tbody>
<tr>
<td><strong>TOTAL Surgeries</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>performed</td>
<td>85</td>
<td>79</td>
<td>109</td>
<td>23</td>
<td>40</td>
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<tr>
<td><strong>INCOMPLETE - Need</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP report/sign off</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>% of SX BILLED in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEXT MONTH(S)</td>
<td>66%</td>
<td>52%</td>
<td>61%</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Avg SX DOS to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHARGE SHEET receipt (days)</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Avg DICTATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>completion (days)</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Avg CODING days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>from OP report to</td>
<td>2.5</td>
<td>2.4</td>
<td>3.1</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>posting (days)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Charge Entry Stats - Days Count from DOS for Completion

<table>
<thead>
<tr>
<th>Dec-16 (days)</th>
<th>Dictation</th>
<th>Implant Logs</th>
<th>Days for Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Bond</td>
<td>6</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Dr. Reed</td>
<td>5</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Dr. Knight</td>
<td>4</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Dr. Stidham</td>
<td>4</td>
<td>n/a</td>
<td>4</td>
</tr>
<tr>
<td>Dr. Benson</td>
<td>4</td>
<td>12</td>
<td>4</td>
</tr>
</tbody>
</table>

- Dec - 5 days
- Dec - 12 days
- Dec - 4 days
- Nov - 8 days
- Nov - 27 days
- Nov - 3 days
Top Five Payers

ABC
Medicare
WC
Ins #2
Medicaid
Ins #4
Private Pay

April
May
June

$0
$50,000
$100,000
$150,000
$200,000
$250,000
$300,000
$350,000
$400,000
## Denial Report

<table>
<thead>
<tr>
<th>Svc #</th>
<th>From Date</th>
<th>To Date</th>
<th>POS</th>
<th>EMG</th>
<th>CPT</th>
<th>Mod</th>
<th>Dx pointer</th>
<th>Units</th>
<th>Charge Amount</th>
<th>Allowed Amount</th>
<th>Co-pay amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9/20/2016</td>
<td>9/20/2016</td>
<td>11</td>
<td>N</td>
<td>72040</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>$67.81</td>
<td>$25.99</td>
<td>$0.00</td>
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<tr>
<td>2</td>
<td>9/20/2016</td>
<td>9/20/2016</td>
<td>11</td>
<td>N</td>
<td>99213</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>$113.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45 Charges exceed contractual fee arrangement. The patient is not responsible for this amount.</td>
<td></td>
</tr>
</tbody>
</table>

**Svc #1**

- **Svc #2**: Payment denied/reduced for absence of exceeded referral.

---

### #2

<table>
<thead>
<tr>
<th>DOS</th>
<th>CPT Code</th>
<th>Units</th>
<th>Charges</th>
<th>Adjustments</th>
<th>Co-pay</th>
<th>Deductible</th>
<th>Co-Ins</th>
<th>Patient</th>
<th>Ins Paid</th>
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<tbody>
<tr>
<td>2/2/2016</td>
<td>29880 AS</td>
<td>1</td>
<td>$651.00</td>
<td>$651.00 CO-54</td>
<td>$0.00</td>
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<tr>
<td>CO-54</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Multiple physicians/assistants are not covered in this case.
Denials

- Bundled
- Don’t pay add-on codes
- Missing modifiers
- MUE
Referrals/ Authorizations

- Referral sources
- Authorization requirements
Auditing

- Schedule
- Type of audit
- Education provided
Types of Audits

• Random
• Focused
• Prospective
• Retrospective
Audit Policy

- Baseline audit for all established and onboarding providers
- Annual audit thereafter
- 90% compliance required
- Below 90% will require monthly monitoring of the targeted area. (review of issues identified in the baseline audit)
- Once 90% compliance is met, provider returns to annual audit schedule
- 70% compliance or less requires prospective review of identified issues (EM, office procedures, surgical problems)
- Audit results will be reviewed with individual provider, and provided to Administration.
Audit Report

Number of services Reviewed: 15
Overall Compliance: 83%

Audit Findings
1. The sample includes 15 dates of service selected from the October/November appointment schedule
2. Fifteen dates of service were reviewed for E/M levels audited with 93% compliance. One date of service supports a higher level than reported.
3. One date of service appears to be a shared visit that should be billed to the PA.
4. Documentation states Intake form is reviewed and signed. The form is not consistently signed in SRS.
5. Documentation of radiology findings should indicate independent or personal review of the films. Several dates of service reporting radiology lacked the number of views performed.
6. The ICD-10-CM codes for follow-up of arthroplasty were not supported in documentation.

Recommendations:
1. Shared visits are not billed in the out-patient setting. Incident-To does not apply to new patient encounters as no plan of care has been established.
2. Document the “personal visualization” of radiology. This can have an impact on the complexity of Medical Decision Making.
# Coder Audits

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td></td>
<td>Watch ICD-10</td>
</tr>
<tr>
<td>Rhonda</td>
<td>0%</td>
<td>4%</td>
<td>2%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Priscella</td>
<td>13%</td>
<td>10%</td>
<td>3%</td>
<td>7%</td>
<td></td>
<td><strong>Modifiers ICD-10 TP attestation</strong></td>
</tr>
</tbody>
</table>
Compliance

Fraud and Abuse

HIPAA
Fraud / Abuse

- **Fraud** is defined as knowingly submitting claims, receiving payment, or inducing rewards or referrals to receive federal healthcare dollars for services where entitlement does not exist.

- **Abuse** as a practice that, either directly or indirectly, result in unnecessary costs to the Medicare Program.
HIPAA

- Record all requests for records
- Exception of TPO
- Business Associates
Staffing

- Leadership and Management
- Hiring and Retention of employees
Staffing

- Interviewing Process
- Policies, Procedures
- Training & Expectations
**Interview Questions**

1. Tell me about your first job – what did you like/dislike about this job? What did you learn from this job that you carry forward today?

2. Did you have a boss/mentor that you admired? What did you like/dislike about him/her?

3. In what kind of work environment do you work best?

4. What skills would you like to acquire to move ahead?

5. Give me an example of a time when you had set a goal for yourself and tell me how you set out to accomplish it.

6. Tell me about a time when you improved a task or job?

8. Describe a typical day on your current job – what do you like? What do you dislike?

9. What would your first 30/60/90 days look like in this role?

10. What are you most proud of in your career?

11. What do you see as my role (your supervisor) in your daily work life?
Training

- Billing Software
- EMR/Chart Organization
- Office Flow
- Credentialing/Contracts
- Physician Preferences
- Office Policies
Difficult people come in every conceivable variety.

- Some talk constantly and never listen
- Others must always have the last word
- Some are intolerable regarding change
- Others criticize anything that they did not create or do not understand.
- Difficult coworkers compete for power, privilege and the boss’s positive approval – to your detriment.
Whoever gossips to you will gossip about you.

Spanish Proverb
© quotes.snydle.com
Food for Thought

It really is better to hire no one than to hire the wrong one!!!

More damage is done by discontent & gossip than a sharp blade!
Conclusion

- Continue Education
- Be Proactive
- Welcome Change