



AAPC

HEALTHCON

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

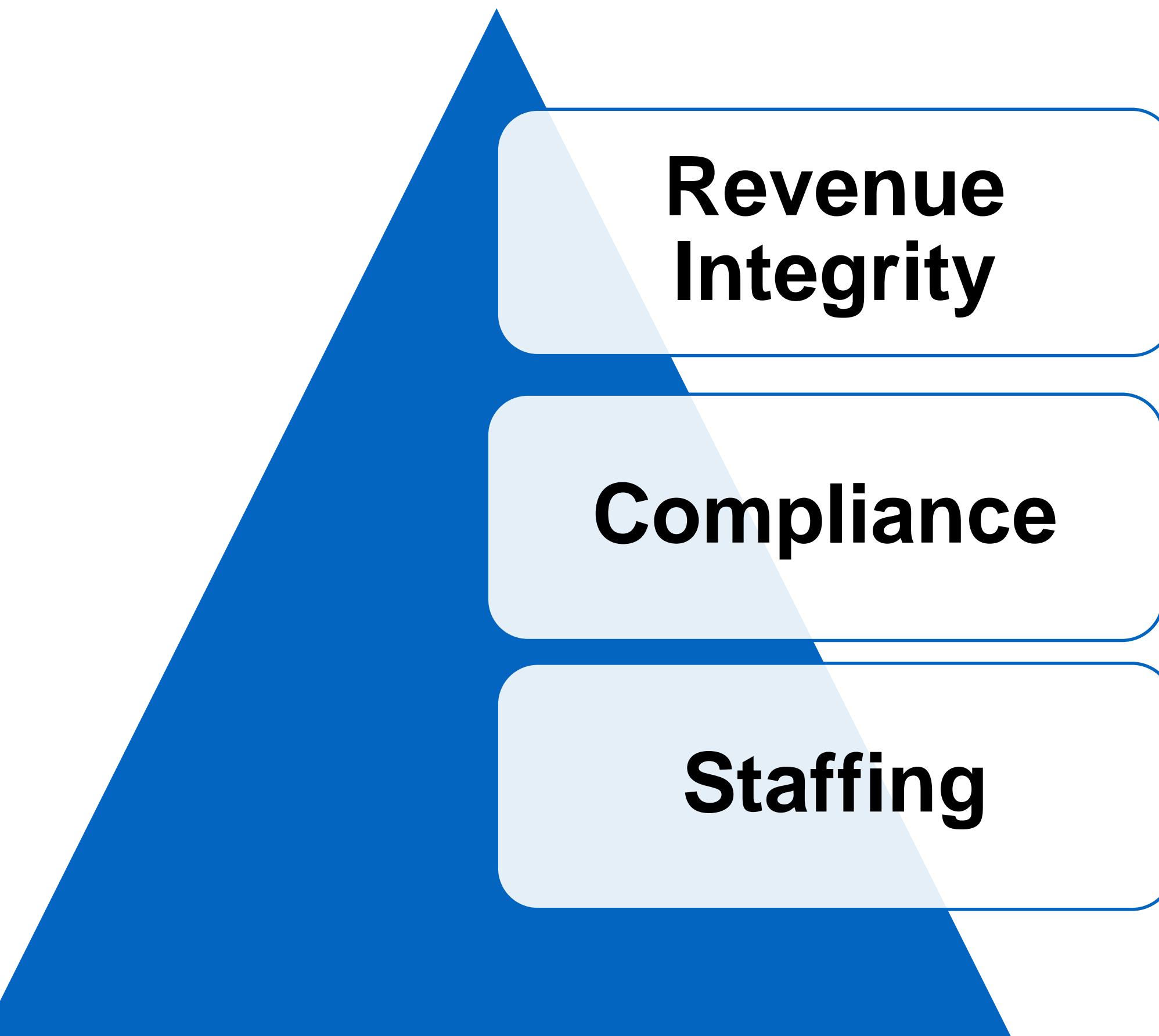
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 **AAPC**
HEALTHCON

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

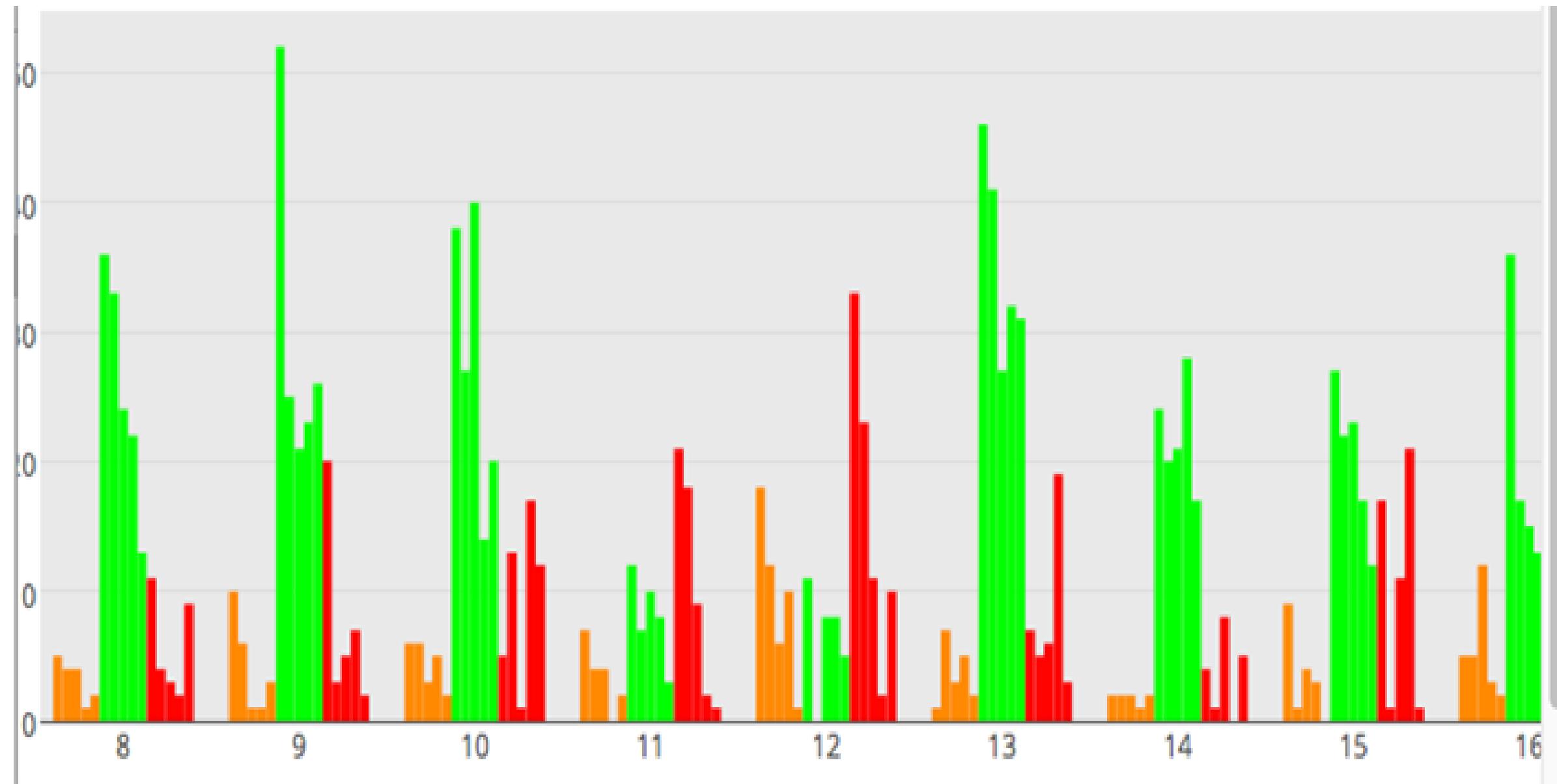
Schedules

Dropped calls

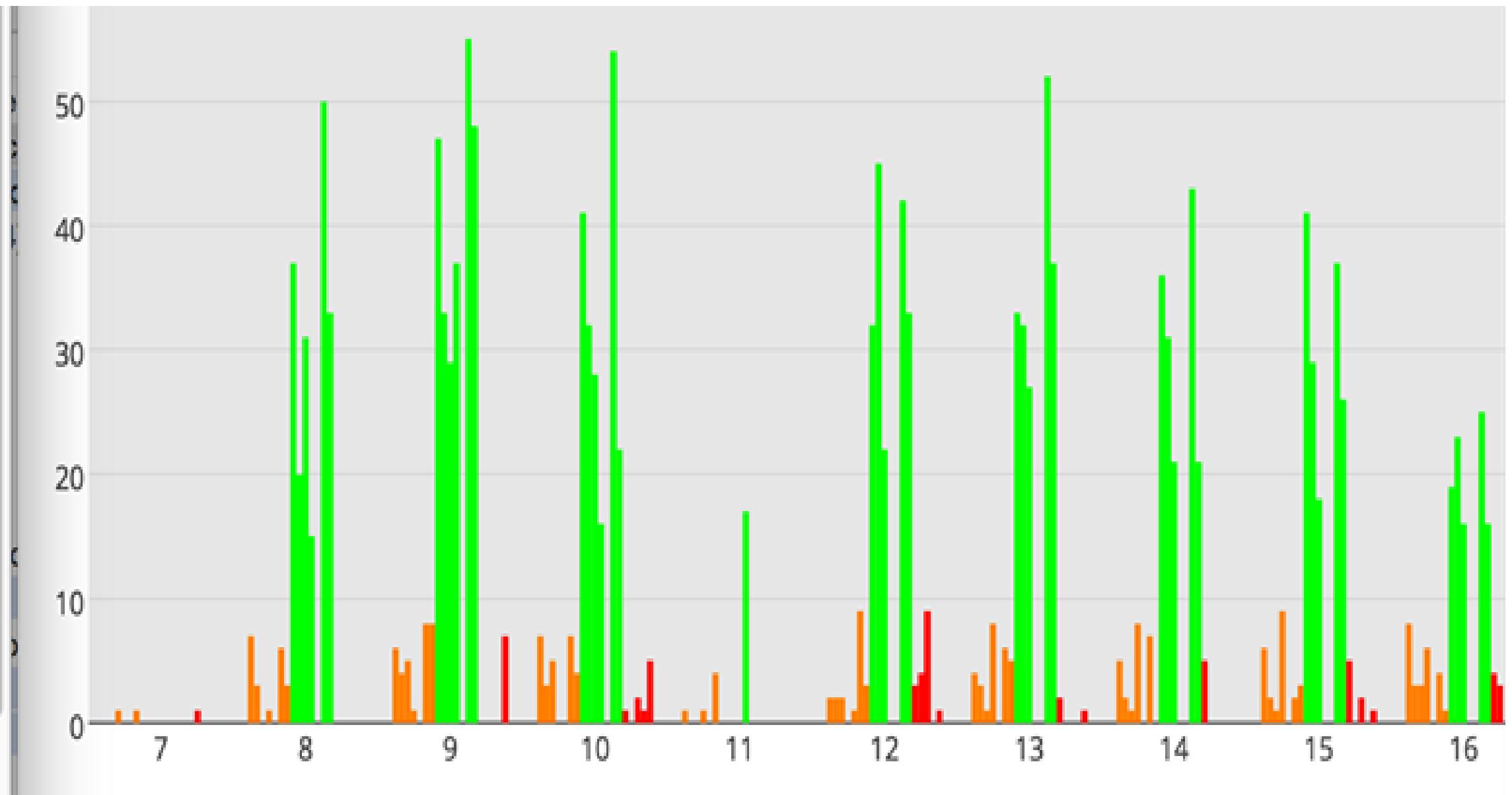
Phone trees

Scheduling Queue

March 5

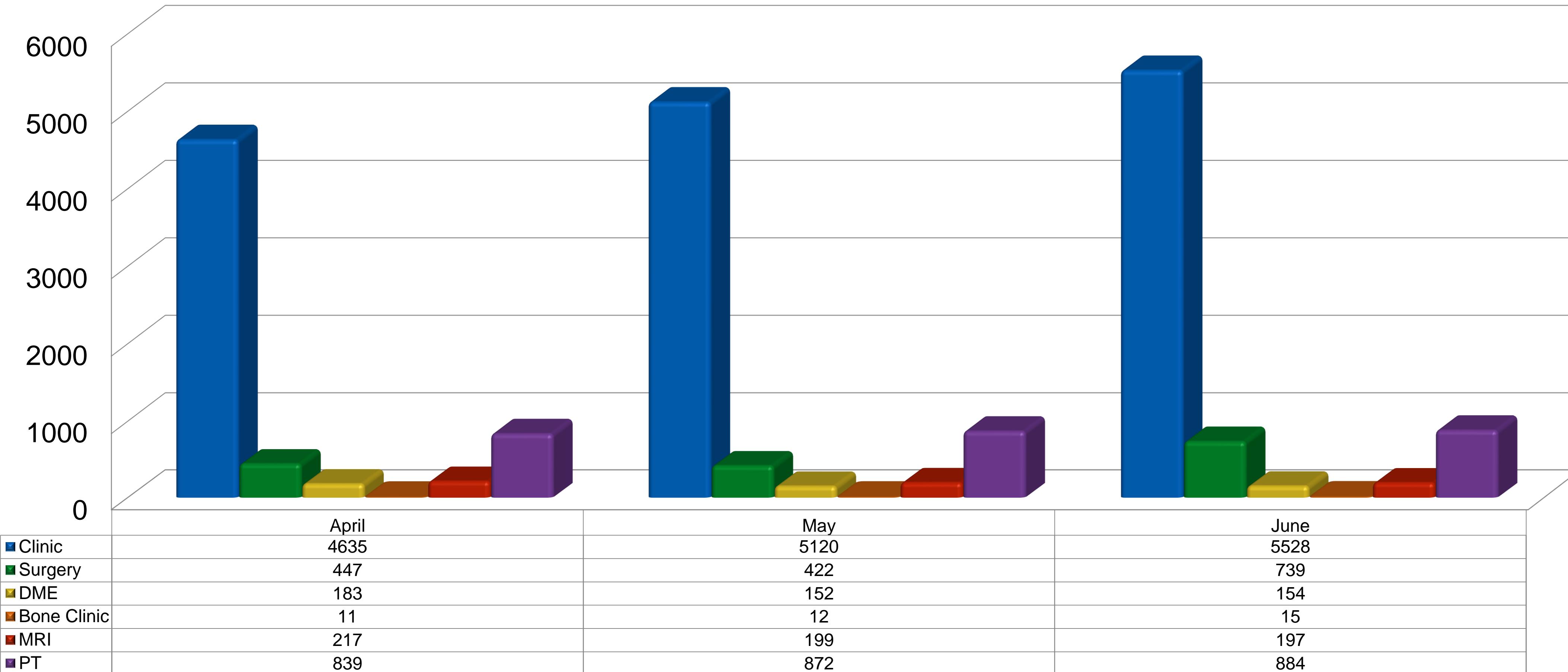


March 22



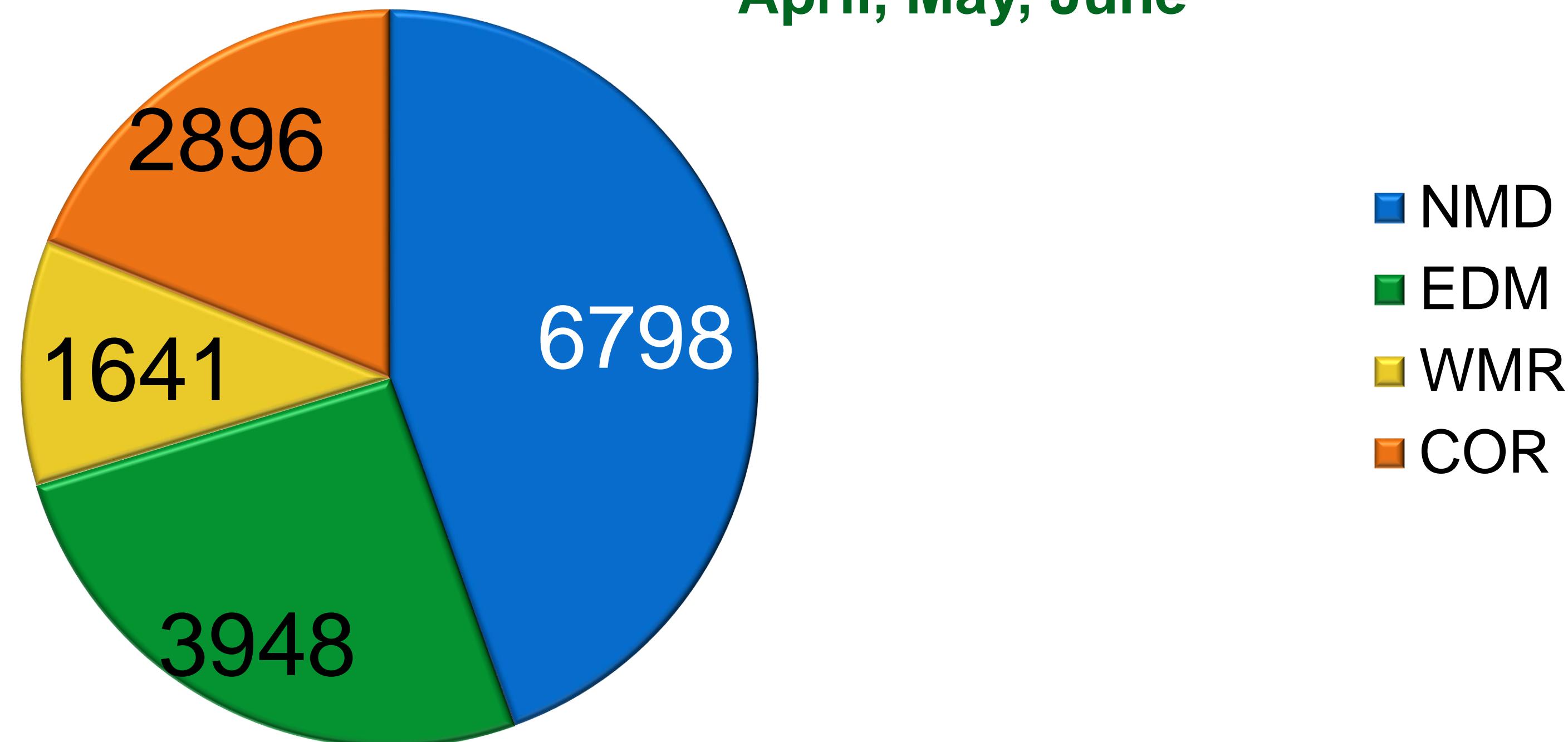
- ▲ Answered calls
- ▲ Timed out calls
- ▲ Abandoned calls

Total Patient Visits Per Month by Type



Clinic Visit Count Per Office/Location

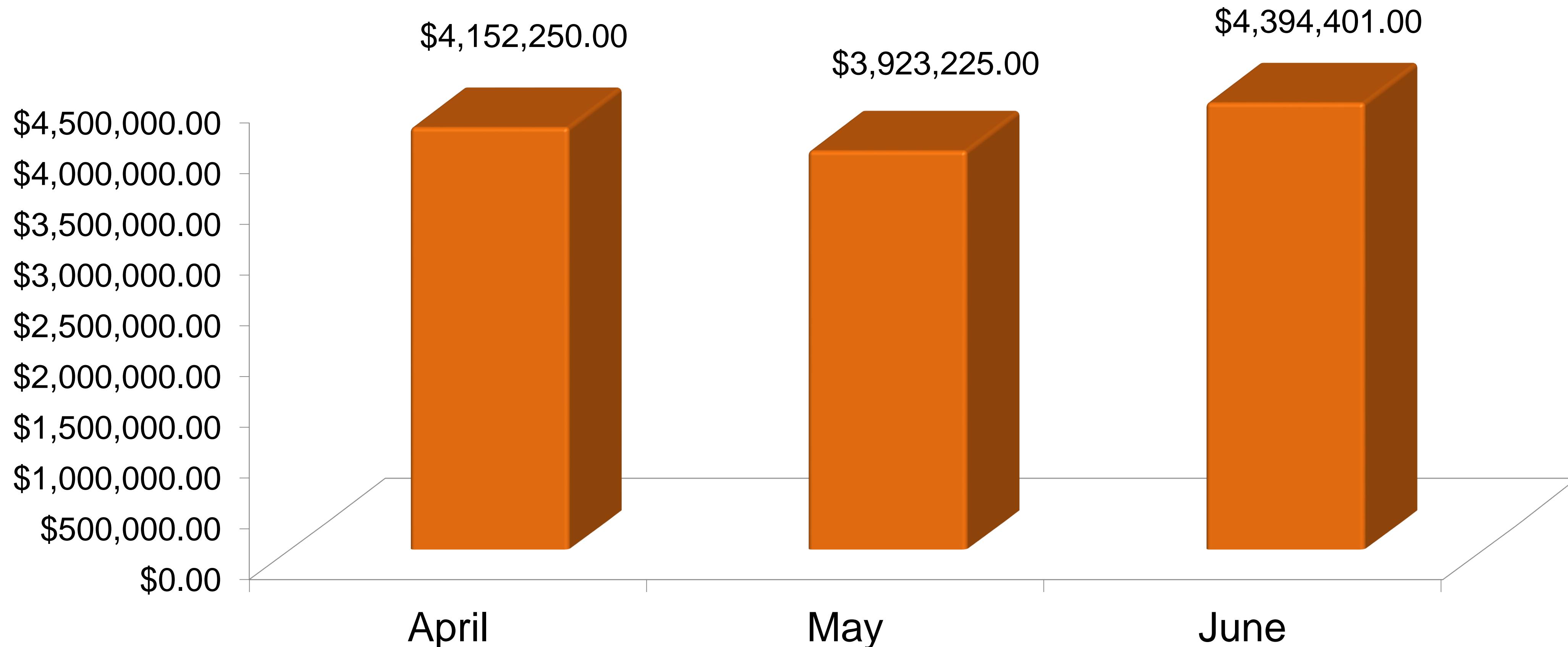
2nd Quarter
April, May, June



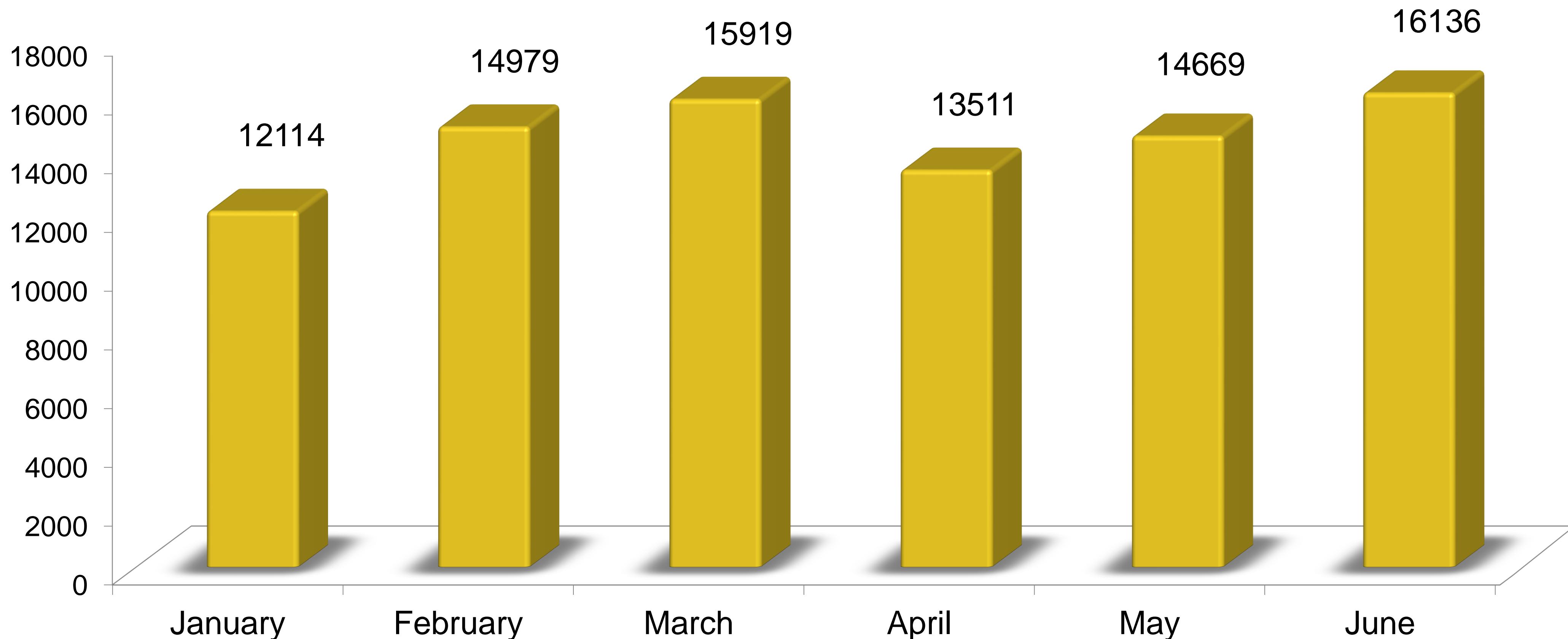
Claims

- Gross charges
- Claims paid
- Outstanding claims
- Clean claims

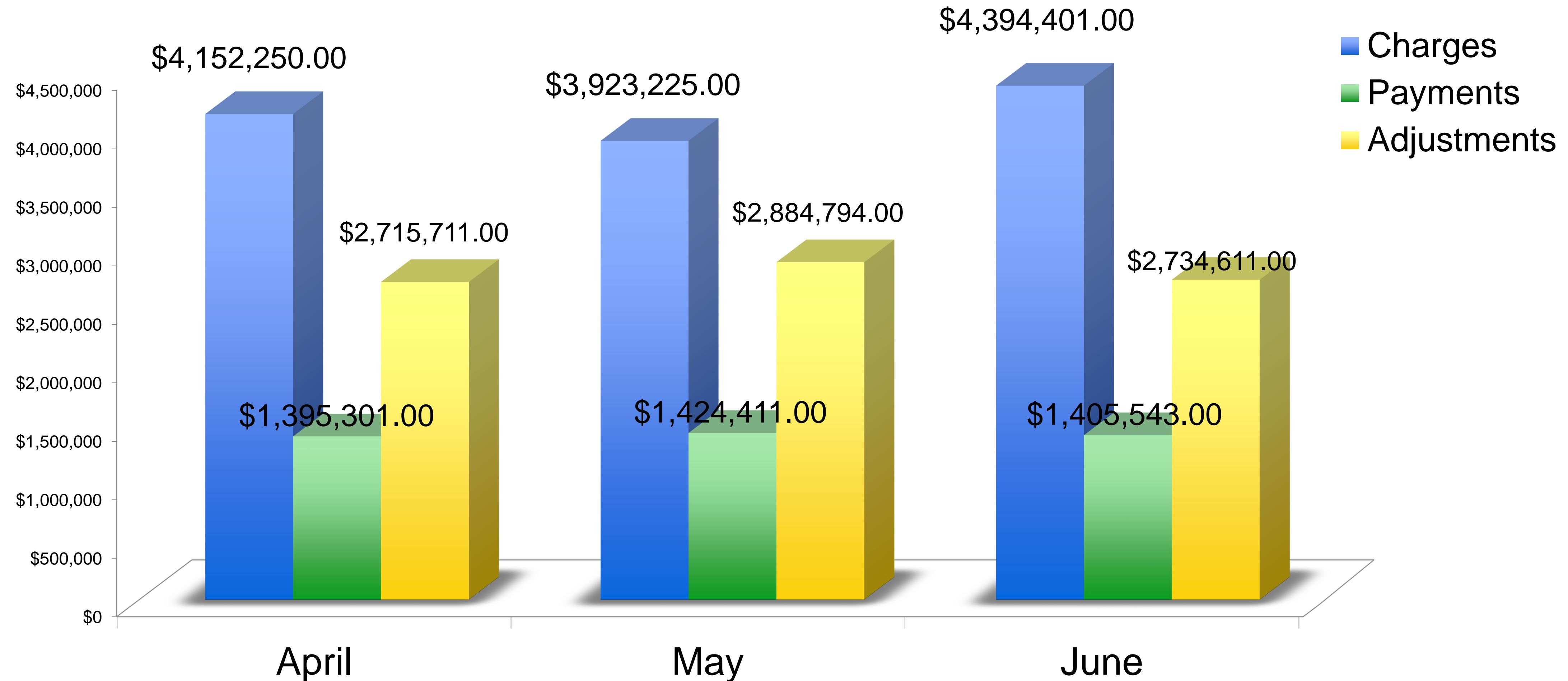
Gross Charges Billed Per Month



Charge Count Billed Per Month

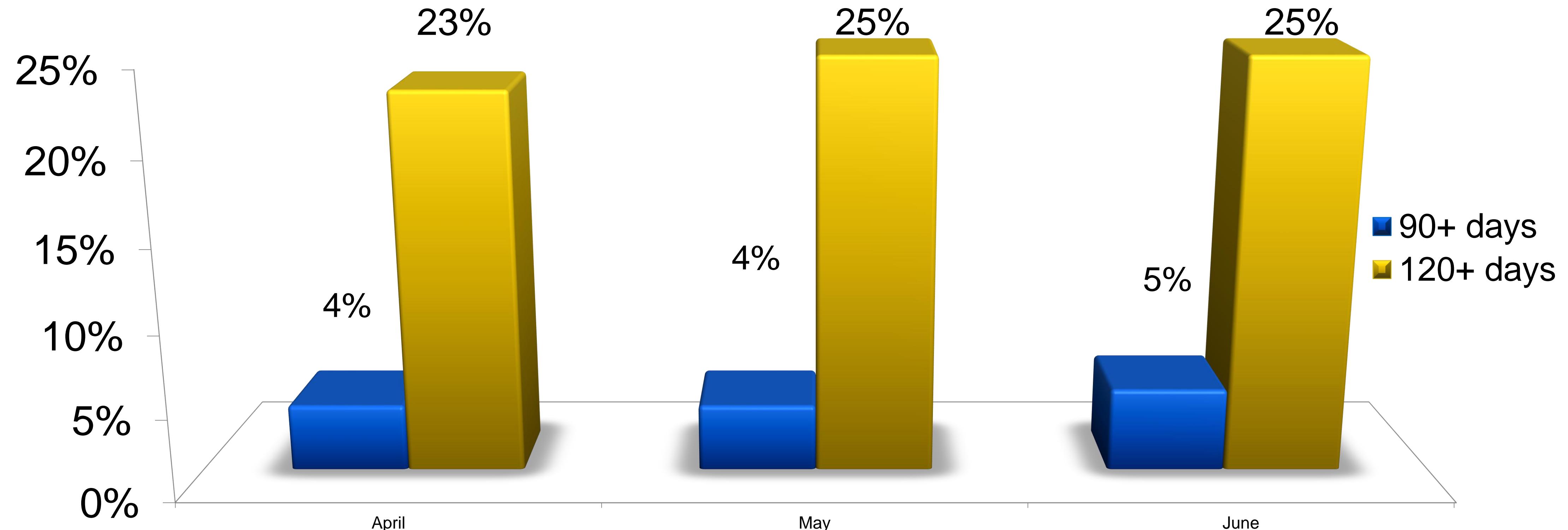


Transaction Type Summary



AR Aging (% of total AR 90+ Days Outstanding)

Goal is < 20% in total

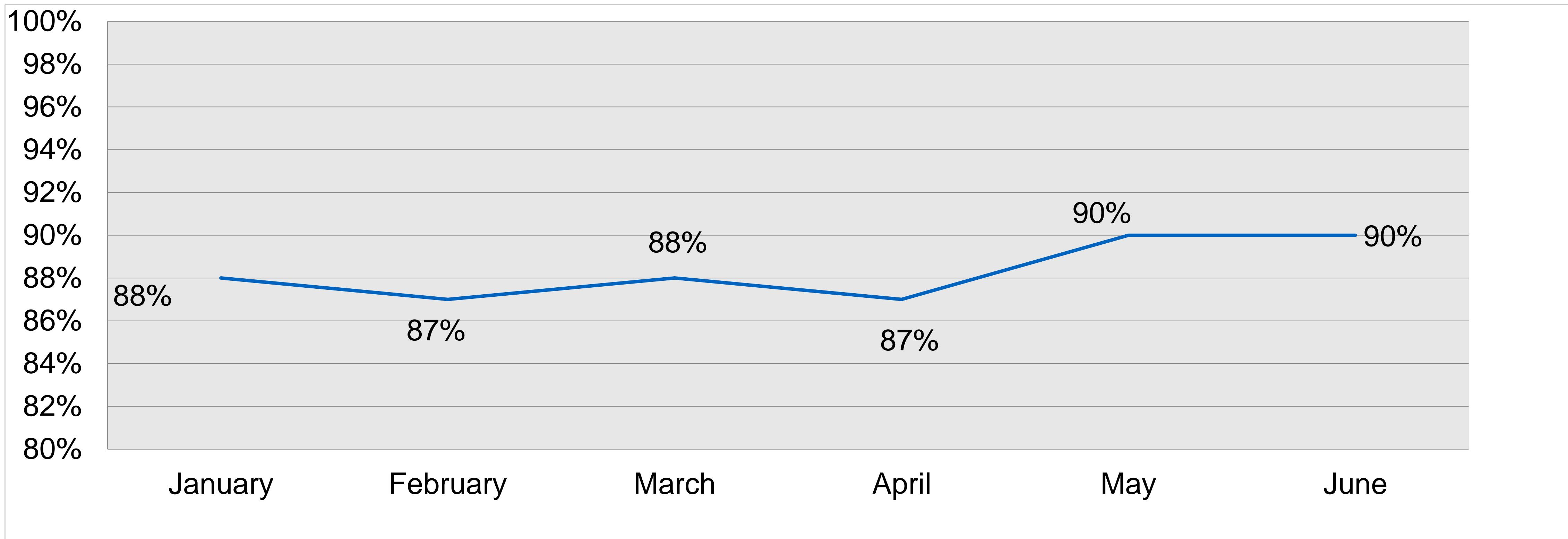


Denials



Clean Claim Rate

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



Errors on Claims

Date	TOTAL to review	Total Reviewed	Scheduling Errors	Front Office Errors	PM issues	% of scheduling issues	% of F.O. issues	% of PM issues
1								
2								
3	267	267	4	1	51	1%	0%	19%
4	252	252	7	0	31	3%	0%	12%
5	288	288	10	0	29	3%	0%	10%
6	199	199	5	0	24	3%	0%	12%

Data Entry Errors

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

Charge Entry Timeline

- Days from date of surgery to claim submission
 - Dictation
 - Signed documentation
 - Coding/Posting

Examples

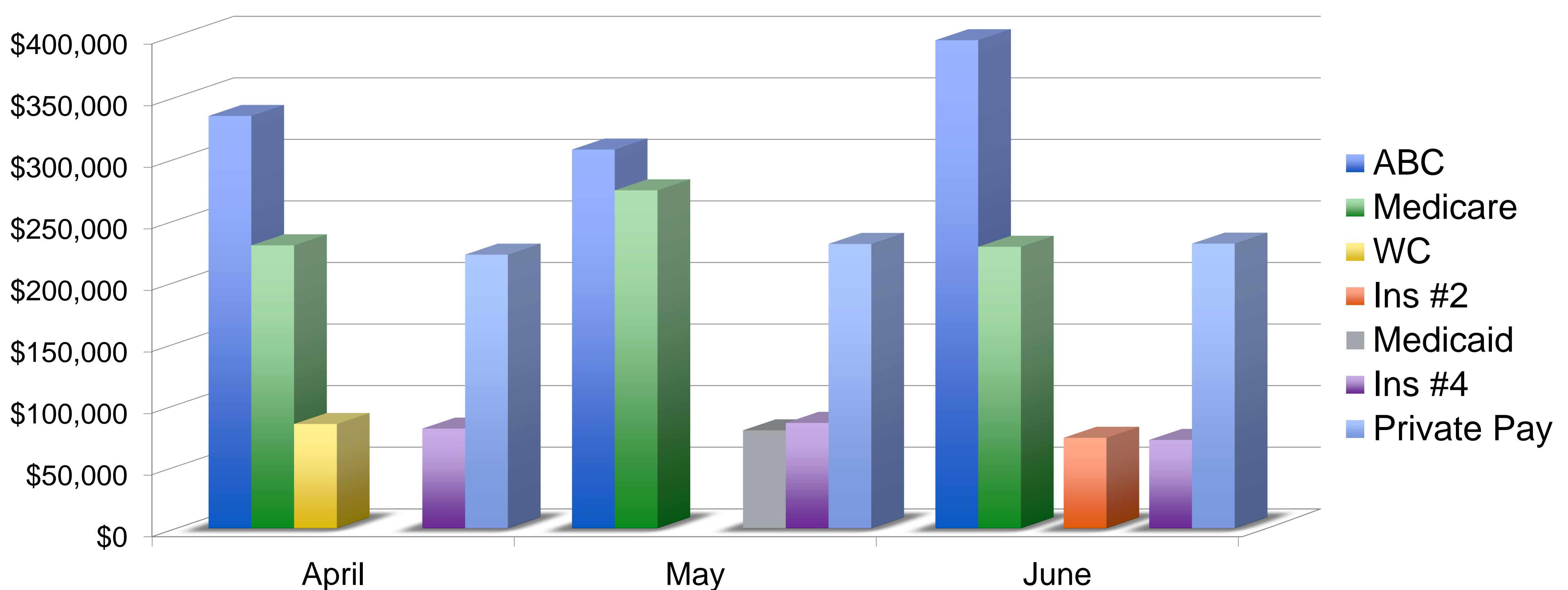
	Bond			Reed			Knight			Stidham			Benson		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
TOTAL Surgeries performed	85	79	109	23	40	44	55	69	86	80	71	94	60	67	80
<i>INCOMPLETE - Need OP report/sign off</i>	0	0	5	0	1	3	2	0	2	0	0	5	0	0	0
% of SX BILLED in NEXT MONTH(S)	66%	52%	61%	30%	40%	27%	58%	46%	49%	50%	70%	39%	35%	22%	26%
Avg SX DOS to CHARGE SHEET receipt (days)	3	4	7	4	4	4	3	5	5	6	12	5	3	3	3
Avg DICTATION completion (days)	7	8	6	8	8	9	7	6	7	10	15	9	1	1	1
Avg CODING days from OP report to posting (days)	7	6	11	2.5	2.4	3.1	5	5	5.7	2.3	3.1	2.7	5.9	6.5	8.4

Charge Entry Reports

Charge Entry Stats - Days Count from DOS for Completion

Dec-16 (days)	Dictation	Implant Logs	Days for Coding
Dr. Bond	6	13	4
Dr. Reed	5	11	3
Dr. Knight	4	11	4
Dr. Stidham	4	n/a	4
Dr. Benson	4	12	4
	Dec - 5 days	Dec - 12 days	Dec - 4 days
	Nov - 8 days	Nov - 27 days	Nov - 3 days

Top Five Payers



#1

Denial Report

Svc #	From Date	To Date	POS	EMG	CPT	Mo d	Dx pointer	Units	Charge Amount	Allowed Amount	Co-pay amount
1 Paid	9/20/2016	9/20/2016	11	N	72040		1	1	\$67.81	\$25.99	\$0.00
2 Denie d	9/20/2016	9/20/2016	11	N	99213		1	1	\$113.00	\$0.00	\$0.00
Svc #1	45 Charges exceed contractual fee arrangement. The patient is not responsible for this amount.				Svc #2	165	Payment denied/reduced for absence of /exceeded referral.				

#2

DOS	CPT Code	Units	Charges	Adjustments	Co-pay	Deductible	Co-Ins	Patient	Ins Paid
2/2/2016	29880 AS	1	\$651.00	\$651.00 CO-54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CO-54	Multiple physiciansassistants 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.

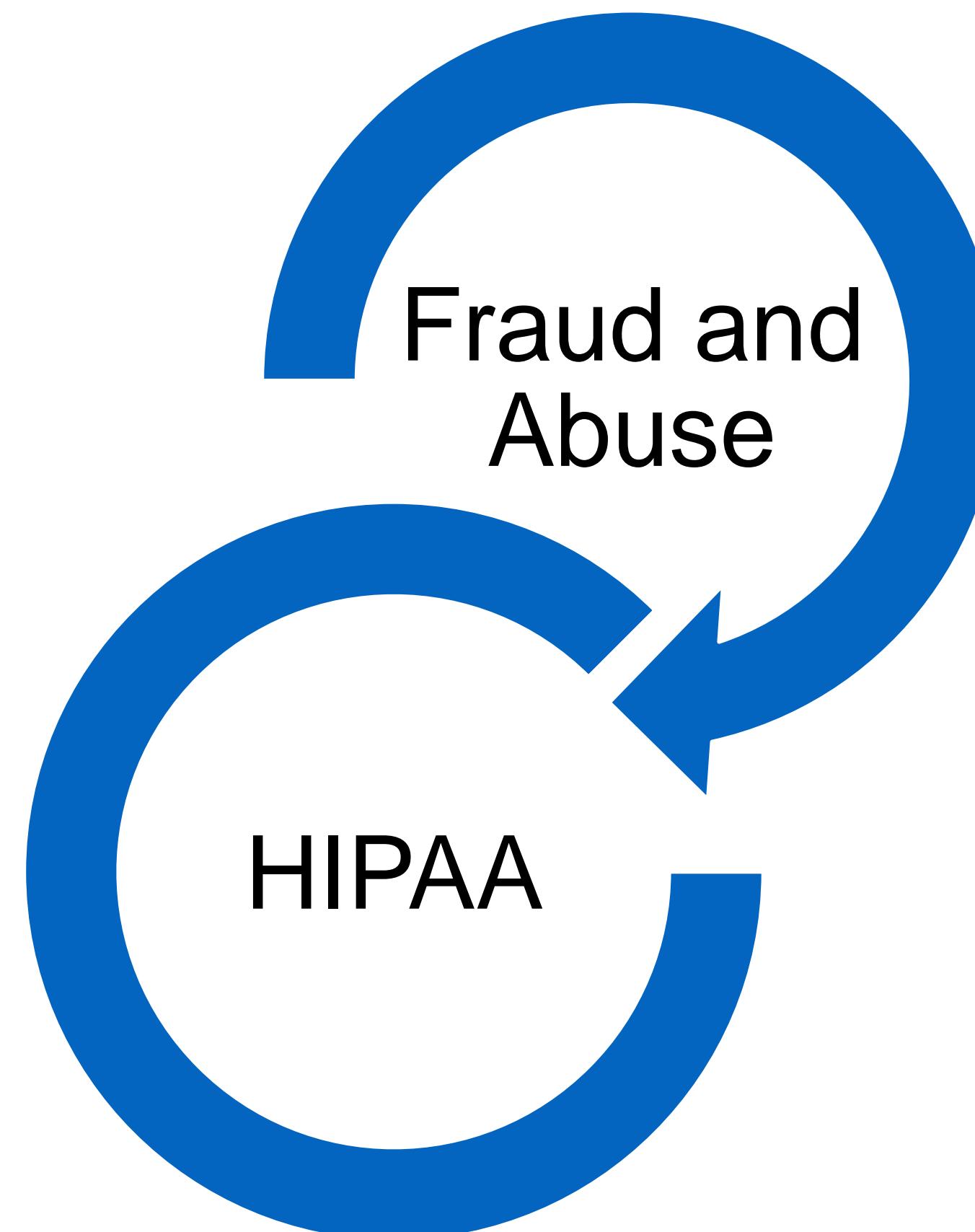
Recommendations:

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.
3. Document the number of views performed for correct radiology codes. Document personal visualization of radiology.

Coder Audits

Coder	11/2016	12/2016	1/2017	2/2017	3/2017	Comment
Michelle	0% 	0% 	0% 	2%		Watch ICD-10
Rhonda	0% 	4%	2%	0% 		
Priscella	13%	10%	3%	7%		Modifiers ★ ICD-10 TP attestation

Compliance



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?
7. Describe a typical day on your current job – what do you like ? What do you dislike?
8. What would your first 30/60/90 days look like in this role?
9. What are you most proud of in your career?
10. 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

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HEALTHCON

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