



Practice Management Billing Tools for Radiation Oncology

Medical Business Systems

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Whitepaper Objectives:

- To discuss practice management billing tools
- To review system work flow options
- To demonstrate the importance of having an action plan in order to ensure maximum reimbursement



Real-Time Eligibility

- Online verification of your patient's insurance eligibility and policy demographic data
- Dramatically reduce denials due to bad policy information



System Work Flow

**Billing
System**



Patient Inquiry Data



Payer

Active

Inactive



Real-Time Eligibility

- Benefits:
 - Policy data returned by the payer is the most accurate
 - When possible, create the patient's billing data directly from the payer's response



Real-Time Eligibility

- Inquiries can be conducted:
 - On new patients
 - To verify the validity of existing patients' data



Systems Integration/HL7

- Radiation Oncology is unique with three systems that could be integrated:
 - Record and Verify
 - EMR/EHR
 - Billing System



Systems Integration/HL7

- Benefits:
 - Increased Staff Productivity
 - Reduce Missed Charges
 - Improved Data Accuracy
 - Consistency



Without EMR/EHR



Record and Verify

Demographic and/or
Charge Data



Billing System



With R & V and EMR



Record and
Verify

Data



EMR

Data



Billing System

Reflects the most natural work flow



With R & V and EMR



Record and
Verify

Data



EMR

Data



Data



Billing System

In this case, the billing system updates the EMR



With R & V and EMR

Record
and Verify



Data



Billing System

Data



EMR

Data



A fully-integrated solution



Systems Integration/HL7

- The options shown represent just a few of the possible system integration configurations available
- It is important for each practice to consider their work flow and cost when deciding how to integrate distinct systems

I am not sure if
I can bill these
codes on the
same day

Ernie, why
don't you
just use
the
scrubber?

Okey dokey!

The things I
have to do
for my job!!





CCI Edit Rules Scrubber

- Alerts you to violations of CCI Edit rules as defined by the CMS
- For example: Attempting to bill an office visit, like a 99205, and a simulation, 77290, on the same day



Conflict Scrubber

- Alerts you to potential billing issues caused by conflicting billing data
- An example would be an attempt to bill using an incorrect place of service for a particular CPT code



Replacement Rules

- The scrubber may suggest that you replace one CPT code with a different CPT code instead
- For example, replacing a 99245 with a 99205, since the 99245 code is no longer accepted



Custom Splitting Rules

- An example would be the need to separate treatment devices (77334) between two service lines, adding a modifier (76) to the second service line



Payer Specific Rules

- LCDs
- Custom rules used that only execute for specific payers



Authorization Scrubber

- Available with certain billing systems
- Alerts you that a patient's policy requires prior authorization, but the authorization is not present



Auto-Creation of New Charges

- Reminds you to bill certain charges
- For example: bill a 77427 weekly treatment management charge after 5 treatments, or at the end of treatment course with 3 or more treatments



Claim Scrubber Work Flow

Fully Integrated Scrubber – Best Solution

1) System scrubs automatically as charges are captured, or user selects scrub function during capture

2) Biller reviews suggested changes and makes revisions directly within the billing system prior to generating claims



Claim Scrubber Work Flow

External Scrubber

- 1) User exports charge data to be scrubbed by external system**
- 2) Billing staff waits for notification from external system that charges have been reviewed and scrubbed**
- 3) Biller retrieves replies from the external scrubber**
- 4) Biller reviews suggested changes or problems in the external scrubber**
- 5) Biller locates the corresponding data in the billing system and makes the required changes**

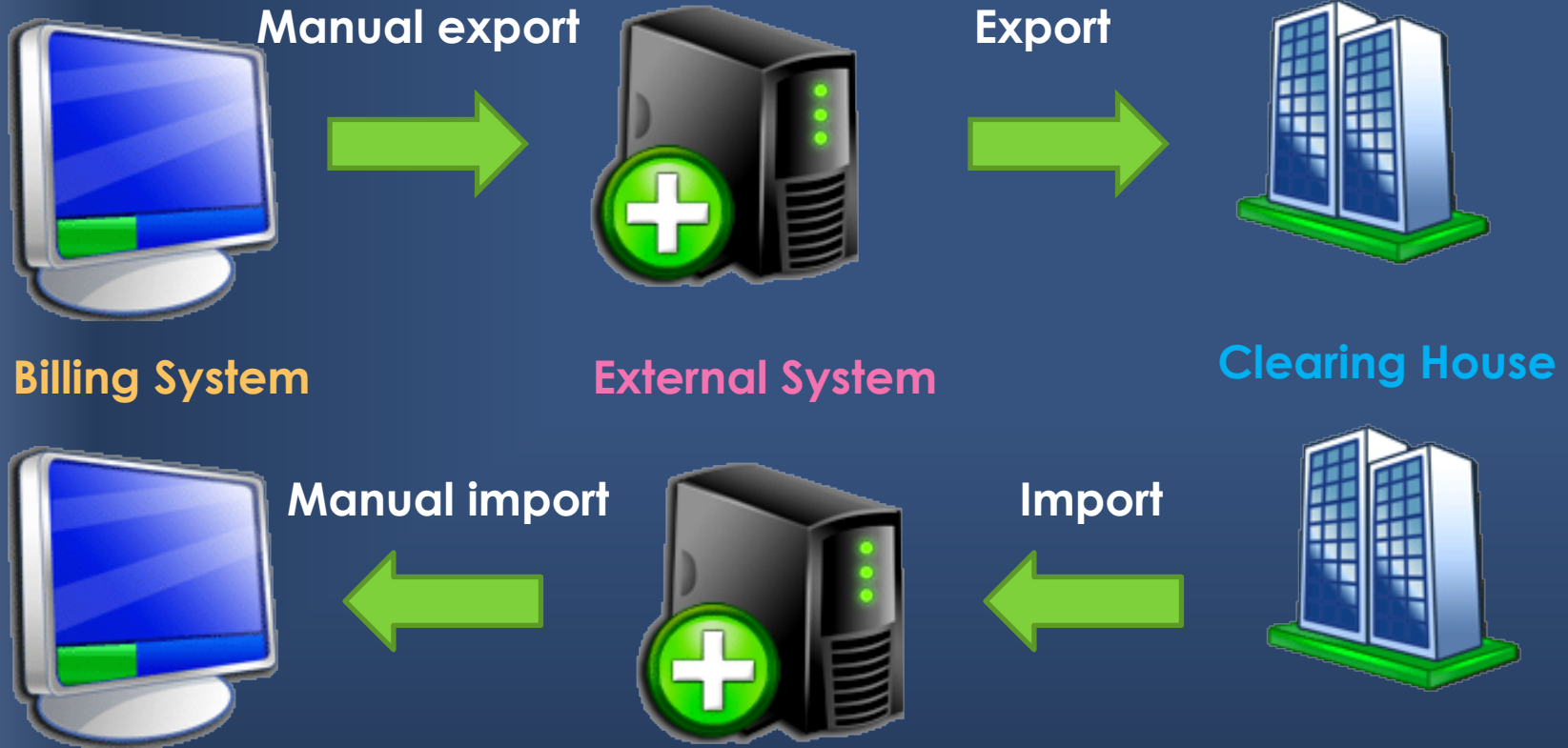


Electronic Claims Processing

- Different Practice Management systems utilize different work flows
- There are advantages and disadvantages to each method



External System



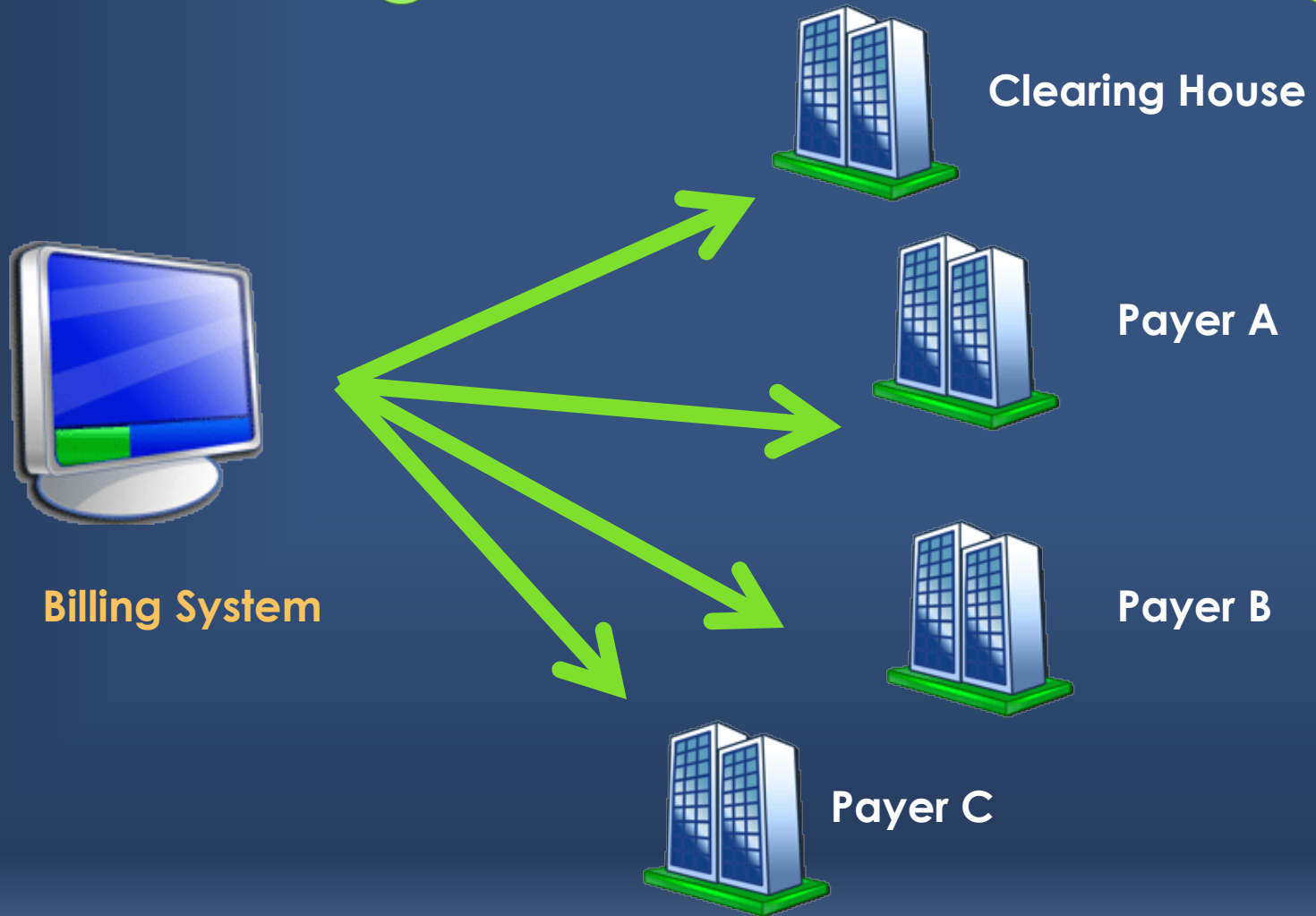


External System vs. Internal System

- The external method as shown is more labor-intensive than other methods
- External requires more steps
- External requires a bigger learning curve
- However, it may be less costly in terms of cash outlay



Internal System Segmented Processing





Internal System Segmented Processing

- May be more cost effective than using a single clearing house for all payers
- However, in terms of staff productivity it could be much more costly
- The need to learn multiple claims transmission and response receipt methodologies could result in staff miscues



Internal System Fully-Integrated Processing





Internal System Fully-Integrated Processing

- Simple and easy to use!
- This method is most efficient, but could make the system more costly
- There is no need to execute separate steps for claims transmission
- Staff is not required to print reports to receive and act on payer responses



Electronic Remittance Advices

- Different PM systems utilize different work flows with ERAs
- These differences relate to system capabilities and how the system is structured



Electronic Remittance Advices

- Consider the fit between your practice's work flow and the billing system's
- PM Systems that automatically receive ERAs increase efficiency



External System vs. Internal System

- The external method as shown is more labor-intensive than other methods
- External requires more steps
- External requires a bigger learning curve
- However, it may be less costly in terms of cash outlay



External ERA Processing



Billing System

Manual import



External System

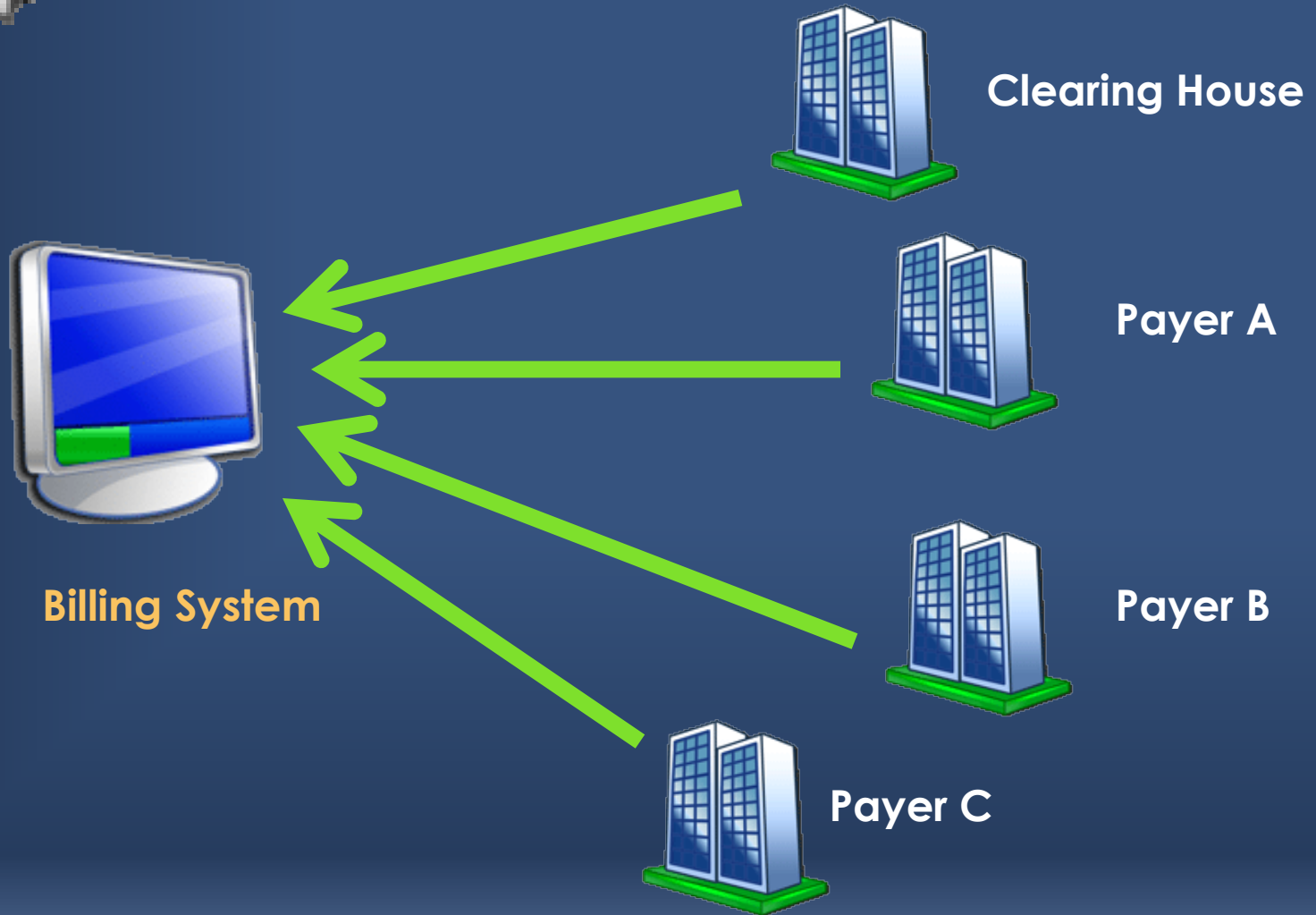
Export



Clearing House



Multiple ERA Processing





Multiple ERA Processing

- In this example, the PM system may or may not be directly connected with the clearing house and/or payers
- If not connected, then ERAs must arrive at an external system to be manually imported



Fully-Integrated Electronic System





Integrated ERAs

- If ERAs can be auto-adjudicated by the system it reduces payment posting work load
- This in turn reduces the time between payment from the primary and generation of the next claim level



Other Considerations

- Systems have varying degrees of oversight related to auto-adjudication
- It is highly beneficial if the billing system is able to create a human-readable ERA



Practice Management Mastery

- Having the necessary tools is critical
- However, without an action plan, it is impossible to master the billing cycle



Practice Management Mastery

- Examine the entire billing cycle and all of its required steps
- Think about your PM System's work flow and how it can mesh with the work flow in your office



Practice Management Mastery

- Divide the billing cycle into categories:
 - Creation of the patient billing chart – could include the use of Real-Time Eligibility



Practice Management Mastery

- Billing Cycle Category Examples:
 - Charge Capture – could include both manual charge creation and data imports from outside systems
 - Claim Scrubbing – may be fully integrated, in which case it would not require a separate task



Practice Management Mastery

- Billing Cycle Category Examples:
 - Claims Generation – paper and electronic
 - Claims Submission
 - Patient Statements – creation and mailing



Practice Management Mastery

- Continue to divide the billing process into categories and divide further into measurable steps
- Be certain to include all aspects of the billing cycle, including the use of practice analytics



Practice Management Mastery

- Next, assess staff members' roles within the practice
- Assign billing tasks based on their roles as well as their individual strengths and weaknesses



Practice Management Mastery

- Assign specific billing tasks to individuals and hold them accountable
- Set measurable timeframes for billing tasks to be performed and completed



Practice Management Mastery

Scheduled Tasks

Task	Schedule	Staff Responsible
Batch Insurer Claims and Mail Paper Claims	Tuesday & Thursday	
Work Claims in Warning Status in Batch Insurer screen	Tuesday & Thursday	
Batch, Review and Mail Patient Invoices	Monday	
Monitor Electronic Claim Batches in Electronic Claims Queue	Daily Monday-Friday	
Clean Up Audit	Wednesday	
Importing Charge Data from Record & Verify software	Tuesday	
End of XRT chart checks(move patients to completed in IS)	Friday	
Work Insurer AR's	Daily Monday-Friday	
Follow up on Denials and Insurer correspondence	Daily Monday-Friday	
Post Payments & Denials	Daily Monday-Friday	
Monitor ERAs	Daily Monday-Friday	
Review & Work Pt Aging	Wednesday	
Review current Patient's Under Mgmt/Treatment questions	Thursday	
Refunds	Once a month	

Ongoing Tasks

Front Office Staff Suggested Duties

Front Office Staff Suggested Duties	Schedule	Staff Responsible
Obtain mini registration from patient to run real time eligibility.		
Create pt chart from real time response and open demographics to add missing information (ssn & phone #)		
Scan copy of pt's insurance cards and drivers license to EMR - documentation tab in Iridium Suite.		
Collect copays or payments from patients and post to patient account.		
Obtain treatment authorization and log results in Iridium Suite connected with the pt's insurer.		

Other Tasks

Task	Schedule	Staff Responsible
Configuration status settings: AR statuses, account adjustment types, etc.	As needed	



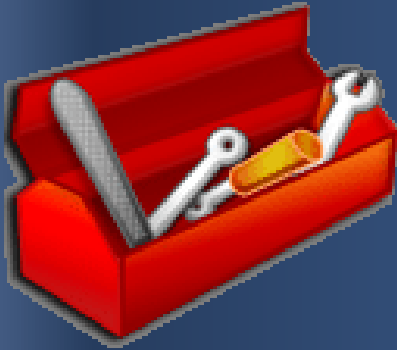
Practice Management Mastery

- As you can see, each task has a specific staff member assigned
- In addition, you can assign days of the week that each task will be carried out



Practice Management Mastery

- Use your Biller Efficiency reports to hold your staff accountable for their productivity



Practice Management Billing Tools

Questions?

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