Do you know how much money your clinic is owed from patients and third-party payers (TPP) for services you have provided in the past year?

☐ Yes

☐ No
Overview

• Revenue Cycle Management
• Selecting and using key performance indicators (KPI’s)
• Improving front end processes
• Monitoring accounts receivable
• Selecting and reading key reports
• Case Study
Learning Objectives

Participants will be able to:

• Recognize the three phases of revenue cycle management

• Understand how to use key performance indicators (KPIs) to improve revenue cycle management (RCM)

• Be familiar with ways to monitor accounts receivable
What is Revenue Cycle Management?

"All administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue."

- The Healthcare Financial Management Association (HFMA)
Revenue Cycle Management

Front-End Phase

Collect Insurance Information
Collect Demographic Information
Collect Co-pays or Other Fees
Insurance Verification

Intermediate Phase

Documentation and Coding
Charge Entry and Claims Submission
Payment Posting
A/R Follow-up and Denials Management
Patient Statements
Collections

Back-End Phase

Appointment Scheduling
Data Analysis and A/R Monitoring
A/R Follow-up and Denials Management
Payment Posting
Patient Statements
Collections

JSI
Key Performance Indicators

What gets measured gets managed...and improves!

• Help identify problem areas
• Show historical trends – enables informed decisions
Key Performance Indicators

• Selecting KPIs:
  - Easy to gather data and calculate
  - No more than 5-7
  - Have largest impact
Examples of KPIs

- Charges
- Payer mix (TPP’s, fee payer)
- Utilization
- Collection rate
- A/R aging
- Claims Denial Rate

*see resources
Key Performance Indicators

- Set benchmarks
  - Industry standards
  - Drawn from experience/internal best practices
  - Legal requirements
- Monitor monthly
Using Key Performance Indicators

1. Select KPIs
2. Set benchmarks
3. Review monthly
Revenue Cycle: Front-End

**Before** service rendered-

Gather *accurate* patient information:

– Demographic information
– Insurance coverage
  ▪ Obtain required authorizations
  ▪ Tip: use electronic verification system (EVS)
– Family size and income
Revenue Cycle: Front-End

**Time of service:**

- Collect fees
  - Cash, credit/debit cards, checks
- Communicate with the patient
  - Charges
  - Collection policies
  - Fees
Revenue Cycle: Front-End

- Implement a contractual obligation tracking chart *
- Ensure “clean” claims are submitted in timely fashion
- Implement electronic verification system (EVS)
- Clinician TPP credentialing *

*see resources
Revenue Cycle: Front-End Reports

• Reports from Practice Management System (PMS) and/or Electronic Health Record (EHR):
  – Not Eligible on Date of Service
  – Kept Appointments with No Charge
  – Incomplete Claims File/Client Visit

• May manually track
Revenue Cycle Management

Front-End Phase:
- Appointment Scheduling
- Collect Insurance Information
  - Collect Demographic Information
  - Insurance Verification
  - Collect Co-pays or Other Fees

Intermediate Phase:
- Charge Entry and Claims Submission
- Documentation and Coding

Back-End Phase:
- Payment Posting
- A/R Follow-up and Denials Management
- Patient Statements
- Collections
- Data Analysis and A/R Monitoring

A/R Follow-up and Denials Management
- Patient Statements
- Collections
- Data Analysis and A/R Monitoring

Payment Posting
- A/R Follow-up and Denials Management
- Patient Statements
- Collections
- Data Analysis and A/R Monitoring

Charge Entry and Claims Submission
- Payment Posting
- A/R Follow-up and Denials Management
- Patient Statements
- Collections
- Data Analysis and A/R Monitoring

Collections
- Payment Posting
- A/R Follow-up and Denials Management
- Patient Statements
- Data Analysis and A/R Monitoring

Data Analysis and A/R Monitoring
- Collections
- Payment Posting
- A/R Follow-up and Denials Management
- Patient Statements
What is Accounts Receivable (A/R)?

- Money owed to your practice for services that you have provided and invoiced
Monitoring A/R

• Monitoring A/R is essential
  - Ensures that expected payments are received in a timely manner
  - Identify trends that slow down the reimbursement process
Monitoring A/R

Compile data:

• Manually track data if no PMS/EHR
• PMS/EHR reports to manage A/R
  - Work with your software vendor to produce/design reports
Example Reports for A/R Management

• Detailed reports from PMS/EHR (or manually compile):
  - A/R Aging
  - Claims Receivable
  - Charges
  - Insurance Payment Trends
  - Denied Claims
Monthly A/R Aging Report

Is important because....

• It illustrates how much money is owed
• Categorizes money owed by payment request date
• Allows high level view
Reading A/R Aging Report

• Overall decrease is **good**
• Exceptions:
  - Due to a decrease in the 0-30 days age range
  - Write offs done for denials reasons you are unable to overturn
Reading A/R Aging Report

• Uncover reasons for variances between months
  - Develop strategies to avoid repeat mistakes
• Write off old accounts
<table>
<thead>
<tr>
<th></th>
<th>&lt;=30 Days</th>
<th>31-60 Days</th>
<th>61-90 Days</th>
<th>91-180 Days</th>
<th>181-365 Days</th>
<th>Total</th>
<th>&gt;365 Days</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid 1</td>
<td>$167,564</td>
<td>$83,782</td>
<td>$111,430</td>
<td>$13,908</td>
<td>$387</td>
<td>$377,071</td>
<td>$0</td>
<td>$377,071</td>
</tr>
<tr>
<td>Commercial 1</td>
<td>$82,740</td>
<td>$91,370</td>
<td>$37,773</td>
<td>$16,814</td>
<td>$467</td>
<td>$222,802</td>
<td>$12,434</td>
<td>$235,236</td>
</tr>
<tr>
<td>Patient Fees</td>
<td>$12,969</td>
<td>$8,968</td>
<td>$5,866</td>
<td>$7,101</td>
<td>$2,782</td>
<td>$37,686</td>
<td>$0</td>
<td>$37,686</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$263,273</strong></td>
<td><strong>$184,120</strong></td>
<td><strong>$155,069</strong></td>
<td><strong>$37,823</strong></td>
<td><strong>$3,636</strong></td>
<td><strong>$637,560</strong></td>
<td><strong>$12,434</strong></td>
<td><strong>$649,994</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>&lt;=30 Days</th>
<th>31-60 Days</th>
<th>61-90 Days</th>
<th>91-180 Days</th>
<th>181-365 Days</th>
<th>Total</th>
<th>&gt;365 Days</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid 1</td>
<td>$175,942</td>
<td>$87,971</td>
<td>$43,986</td>
<td>$13,746</td>
<td>$687</td>
<td>$322,332</td>
<td>$0</td>
<td>$322,332</td>
</tr>
<tr>
<td>Commercial 1</td>
<td>$137,089</td>
<td>$18,630</td>
<td>$22,174</td>
<td>$7,392</td>
<td>$250</td>
<td>$185,534</td>
<td>$12,434</td>
<td>$197,968</td>
</tr>
<tr>
<td>Patient Fees</td>
<td>$12,784</td>
<td>$8,230</td>
<td>$5,510</td>
<td>$6,926</td>
<td>$2,568</td>
<td>$36,018</td>
<td>$0</td>
<td>$36,018</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$325,815</strong></td>
<td><strong>$114,831</strong></td>
<td><strong>$71,670</strong></td>
<td><strong>$28,064</strong></td>
<td><strong>$3,505</strong></td>
<td><strong>$543,884</strong></td>
<td><strong>$12,434</strong></td>
<td><strong>$556,318</strong></td>
</tr>
</tbody>
</table>

### A/R by Payer Nov 14

- Medicaid 1
  - <=30 Days: $167,564
  - 31-60 Days: $83,782
  - 61-90 Days: $111,430
  - 91-180 Days: $13,908
  - 181-365 Days: $387
  - Total: $377,071
  - >365 Days: $0
  - Grand Total: $377,071

- Commercial 1
  - <=30 Days: $82,740
  - 31-60 Days: $91,370
  - 61-90 Days: $37,773
  - 91-180 Days: $16,814
  - 181-365 Days: $467
  - Total: $222,802
  - >365 Days: $12,434
  - Grand Total: $235,236

- Patient Fees
  - <=30 Days: $12,969
  - 31-60 Days: $8,968
  - 61-90 Days: $5,866
  - 91-180 Days: $7,101
  - 181-365 Days: $2,782
  - Total: $37,686
  - >365 Days: $0
  - Grand Total: $37,686

- Total
  - <=30 Days: $263,273
  - 31-60 Days: $184,120
  - 61-90 Days: $155,069
  - 91-180 Days: $37,823
  - 181-365 Days: $3,636
  - Total: $637,560
  - >365 Days: $12,434
  - Grand Total: $649,994

### A/R by Payer Oct 14

- Medicaid 1
  - <=30 Days: $175,942
  - 31-60 Days: $87,971
  - 61-90 Days: $43,986
  - 91-180 Days: $13,746
  - 181-365 Days: $687
  - Total: $322,332
  - >365 Days: $0
  - Grand Total: $322,332

- Commercial 1
  - <=30 Days: $137,089
  - 31-60 Days: $18,630
  - 61-90 Days: $22,174
  - 91-180 Days: $7,392
  - 181-365 Days: $250
  - Total: $185,534
  - >365 Days: $12,434
  - Grand Total: $197,968

- Patient Fees
  - <=30 Days: $12,784
  - 31-60 Days: $8,230
  - 61-90 Days: $5,510
  - 91-180 Days: $6,926
  - 181-365 Days: $2,568
  - Total: $36,018
  - >365 Days: $0
  - Grand Total: $36,018

- Total
  - <=30 Days: $325,815
  - 31-60 Days: $114,831
  - 61-90 Days: $71,670
  - 91-180 Days: $28,064
  - 181-365 Days: $3,505
  - Total: $543,884
  - >365 Days: $12,434
  - Grand Total: $556,318

### A/R by Payer Sept 14 (22 days)

- Medicaid 1
  - <=30 Days: $248,996
  - 31-60 Days: $140,345
  - 61-90 Days: $69,788
  - 91-180 Days: $31,966
  - 181-365 Days: $14,555
  - Total: $505,650
  - >365 Days: $0
  - Grand Total: $505,650

### A/R by Payer Aug 14 (21 days)

- Medicaid 1
  - <=30 Days: $275,789
  - 31-60 Days: $142,685
  - 61-90 Days: $79,998
  - 91-180 Days: $43,334
  - 181-365 Days: $14,876
  - Total: $556,682
  - >365 Days: $0
  - Grand Total: $556,682

### Monthly A/R Aging
### Monthly A/R Aging

<table>
<thead>
<tr>
<th>A/R by Payer Nov 14</th>
<th>&lt;=30 Days</th>
<th>31-60 Days</th>
<th>61-90 Days</th>
<th>91-180 Days</th>
<th>181-365 Days</th>
<th>Total</th>
<th>&gt;365 Days</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid 1</td>
<td>$167,564</td>
<td>$83,782</td>
<td>$111,430</td>
<td>$13,908</td>
<td>$387</td>
<td>$377,071</td>
<td>$0</td>
<td>$377,071</td>
</tr>
<tr>
<td>Commercial 1</td>
<td>$82,740</td>
<td>$91,370</td>
<td>$37,773</td>
<td>$16,814</td>
<td>$467</td>
<td>$222,802</td>
<td>$12,434</td>
<td>$235,236</td>
</tr>
<tr>
<td>Patient Fees</td>
<td>$12,969</td>
<td>$8,968</td>
<td>$5,866</td>
<td>$7,101</td>
<td>$2,782</td>
<td>$37,686</td>
<td>$0</td>
<td>$37,686</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$263,273</strong></td>
<td><strong>$184,120</strong></td>
<td><strong>$155,069</strong></td>
<td><strong>$37,823</strong></td>
<td><strong>$3,636</strong></td>
<td><strong>$637,560</strong></td>
<td><strong>$12,434</strong></td>
<td><strong>$649,994</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A/R by Payer Oct14</th>
<th>&lt;=30 Days</th>
<th>31-60 Days</th>
<th>61-90 Days</th>
<th>91-180 Days</th>
<th>181-365 Days</th>
<th>Total</th>
<th>&gt;365 Days</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid 1</td>
<td>$175,942</td>
<td>$87,971</td>
<td>$43,986</td>
<td>$13,746</td>
<td>$687</td>
<td>$322,332</td>
<td>$0</td>
<td>$322,332</td>
</tr>
<tr>
<td>Commercial 1</td>
<td>$137,089</td>
<td>$18,630</td>
<td>$22,174</td>
<td>$7,392</td>
<td>$250</td>
<td>$185,534</td>
<td>$12,434</td>
<td>$197,968</td>
</tr>
<tr>
<td>Patient Fees</td>
<td>$12,784</td>
<td>$8,230</td>
<td>$5,510</td>
<td>$6,926</td>
<td>$2,568</td>
<td>$36,018</td>
<td>$0</td>
<td>$36,018</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$325,815</strong></td>
<td><strong>$114,831</strong></td>
<td><strong>$71,670</strong></td>
<td><strong>$28,064</strong></td>
<td><strong>$3,505</strong></td>
<td><strong>$543,884</strong></td>
<td><strong>$12,434</strong></td>
<td><strong>$556,318</strong></td>
</tr>
</tbody>
</table>

- **A/R Sept 14 (22 days)**: $248,996
- **A/R Aug 14 (21 days)**: $275,789
## Monthly A/R Aging

<table>
<thead>
<tr>
<th>A/R by Payer Nov 14</th>
<th>&lt;=30 Days</th>
<th>31-60 Days</th>
<th>61-90 Days</th>
<th>91-180 Days</th>
<th>181-365 Days</th>
<th>Total</th>
<th>&gt;365 Days</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid 1</td>
<td>$167,564</td>
<td>$83,782</td>
<td>$111,430</td>
<td>$13,908</td>
<td>$387</td>
<td>$377,071</td>
<td>$0</td>
<td>$377,071</td>
</tr>
<tr>
<td>Commercial 1</td>
<td>$82,740</td>
<td>$91,370</td>
<td>$37,773</td>
<td>$16,814</td>
<td>$467</td>
<td>$222,802</td>
<td>$12,434</td>
<td>$235,236</td>
</tr>
<tr>
<td>Patient Fees</td>
<td>$12,969</td>
<td>$8,968</td>
<td>$5,866</td>
<td>$7,101</td>
<td>$2,782</td>
<td>$37,686</td>
<td>$0</td>
<td>$37,686</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$263,273</strong></td>
<td><strong>$184,120</strong></td>
<td><strong>$155,069</strong></td>
<td><strong>$37,823</strong></td>
<td><strong>$3,636</strong></td>
<td><strong>$637,560</strong></td>
<td><strong>$12,434</strong></td>
<td><strong>$649,994</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A/R by Payer Oct14</th>
<th>&lt;=30 Days</th>
<th>31-60 Days</th>
<th>61-90 Days</th>
<th>91-180 Days</th>
<th>181-365 Days</th>
<th>Total</th>
<th>&gt;365 Days</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid 1</td>
<td>$175,942</td>
<td>$87,971</td>
<td>$43,986</td>
<td>$13,746</td>
<td>$687</td>
<td>$322,332</td>
<td>$0</td>
<td>$322,332</td>
</tr>
<tr>
<td>Commercial 1</td>
<td>$137,089</td>
<td>$18,630</td>
<td>$22,174</td>
<td>$7,392</td>
<td>$250</td>
<td>$185,534</td>
<td>$12,434</td>
<td>$197,968</td>
</tr>
<tr>
<td>Patient Fees</td>
<td>$12,784</td>
<td>$8,230</td>
<td>$5,510</td>
<td>$6,926</td>
<td>$2,568</td>
<td>$36,018</td>
<td>$0</td>
<td>$36,018</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$325,815</strong></td>
<td><strong>$114,831</strong></td>
<td><strong>$71,670</strong></td>
<td><strong>$28,064</strong></td>
<td><strong>$3,505</strong></td>
<td><strong>$543,884</strong></td>
<td><strong>$12,434</strong></td>
<td><strong>$556,318</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A/R Sept 14 (22 days)</th>
<th>$248,996</th>
<th>$140,345</th>
<th>$69,788</th>
<th>$31,966</th>
<th>$14,555</th>
<th>$505,650</th>
<th>$0</th>
<th>$505,650</th>
</tr>
</thead>
<tbody>
<tr>
<td>A/R Aug 14 (21 days)</td>
<td>$275,789</td>
<td>$142,685</td>
<td>$79,998</td>
<td>$43,334</td>
<td>$14,876</td>
<td>$556,682</td>
<td>$0</td>
<td>$556,682</td>
</tr>
</tbody>
</table>
Resolving Unpaid or Rejected Claims

- Prioritize claims with no payment
- If a claim not paid or rejected within 45 days, investigate
- Prioritize repeat issues and large $ unpaid claims
  - Focus older than 90 days first
Resolving Unpaid or Rejected Claims

• Partial payments, investigate:
  - Write-off?
  - Rebill remaining amount?
    ▪ To the insurance company
    ▪ To the client

• Claims may have more than one denial reason
Resolving Unpaid or Rejected Claims

• Call the TPP claims representative
  - Ask questions
  - Foster a good relationship!
• Eliminate future denials of those investigated
  - Document findings
  - Provide feedback
# Claim Receivable Listing for all Clinics/all Plans

From 7/01/2015 to 7/31/2015

<table>
<thead>
<tr>
<th>Client #</th>
<th>Beginning Amount</th>
<th>Date of Service</th>
<th>Charges Date</th>
<th>Credits Date</th>
<th>Charges Amount</th>
<th>Credits Amount</th>
<th>Payments Date</th>
<th>Payments Amount</th>
<th>Ending Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.00</td>
<td>6/17/15</td>
<td>7/7/15</td>
<td></td>
<td>282.00</td>
<td></td>
<td></td>
<td>282.00</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>235.00</td>
<td>5/28/15</td>
<td></td>
<td>7/7/15</td>
<td>150.00</td>
<td>85.00</td>
<td></td>
<td>150.00</td>
<td>250.00</td>
</tr>
<tr>
<td>3</td>
<td>0.00</td>
<td>6/5/15</td>
<td>7/7/15</td>
<td></td>
<td>251.00</td>
<td></td>
<td></td>
<td>251.00</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>72.00</td>
<td>5/26/15</td>
<td></td>
<td>7/7/15</td>
<td>72.00</td>
<td>72.00</td>
<td></td>
<td>72.00</td>
<td>0.00</td>
</tr>
<tr>
<td>5</td>
<td>0.00</td>
<td>6/2/15</td>
<td>7/7/15</td>
<td>72.00</td>
<td>275.00</td>
<td></td>
<td></td>
<td>275.00</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>0.00</td>
<td>6/2/15</td>
<td>7/7/15</td>
<td>72.00</td>
<td></td>
<td></td>
<td></td>
<td>72.00</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>250.00</td>
<td>1/14/15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>250.00</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>72.00</td>
<td>6/11/15</td>
<td></td>
<td>7/7/15</td>
<td>47.00</td>
<td>47.00</td>
<td></td>
<td>47.00</td>
<td>0.00</td>
</tr>
<tr>
<td>9</td>
<td>72.00</td>
<td>6/10/15</td>
<td></td>
<td>7/7/15</td>
<td>72.00</td>
<td>72.00</td>
<td></td>
<td>72.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10</td>
<td>72.00</td>
<td>3/11/15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>72.00</td>
<td></td>
</tr>
</tbody>
</table>
Case Study

- State Family Planning Grantee
- Focus on 3 health department sites
- Challenges:
  - Identifying metrics
  - PMS problems:
    - generating/interpreting reports
    - system capabilities/limitations
Case Study

- Identified key PMS reports to run and frequency
- Selected indicators, developed KPIs
  - Interpret/analyze data (questions)
  - Identify what stands out (issues)
  - Compare months (trends, progress)
<table>
<thead>
<tr>
<th></th>
<th>JULY</th>
<th>AUGUST</th>
<th>SEPT</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinic A</td>
<td>Clinic A</td>
<td>Clinic A</td>
<td></td>
</tr>
<tr>
<td>Total Charges</td>
<td>$14,607</td>
<td>$15,882</td>
<td>$16,958</td>
<td>over $18,000</td>
</tr>
<tr>
<td>Total Client Charge</td>
<td>$6,878</td>
<td>$8,533</td>
<td>$7,930</td>
<td>over $1000</td>
</tr>
<tr>
<td>donation</td>
<td>$627</td>
<td>$834</td>
<td>$1,023</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>over $1000</td>
</tr>
<tr>
<td>Fees Receivable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prev Bal</td>
<td>$3,554</td>
<td>$3,599</td>
<td>$4,023</td>
<td></td>
</tr>
<tr>
<td>Charge</td>
<td>$2,296</td>
<td>$2,825</td>
<td>$2,904</td>
<td></td>
</tr>
<tr>
<td>Fee Payment/Refund</td>
<td>$2,406</td>
<td>$2,995</td>
<td>$2,694</td>
<td>over $3000</td>
</tr>
<tr>
<td>End Bal</td>
<td>$3,559</td>
<td>$4,023</td>
<td>$4,250</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ins Billing Receivables</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning Receivables</td>
<td>$9,042</td>
<td>$9,788</td>
<td>$14,518</td>
<td></td>
</tr>
<tr>
<td>Charges</td>
<td>$4,785</td>
<td>$14,747</td>
<td>$6,298</td>
<td></td>
</tr>
<tr>
<td>Credit</td>
<td>$4,039</td>
<td>$10,017</td>
<td>$10,797</td>
<td></td>
</tr>
<tr>
<td>Payment</td>
<td>$2,799</td>
<td>$5,050</td>
<td>$6,827</td>
<td>over $7,000</td>
</tr>
<tr>
<td>Ending Receivables</td>
<td>$9,788</td>
<td>$14,518</td>
<td>$6,019</td>
<td></td>
</tr>
<tr>
<td>Cred/Beg Rec+Chrg</td>
<td>29%</td>
<td>41%</td>
<td>52%</td>
<td>over 55%</td>
</tr>
<tr>
<td></td>
<td>JULY (Clinic A)</td>
<td>AUGUST (Clinic A)</td>
<td>SEPT (Clinic A)</td>
<td>Benchmark</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------</td>
<td>-------------------</td>
<td>----------------</td>
<td>-----------</td>
</tr>
<tr>
<td><strong>Utilization (JUL)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ins 1</td>
<td>4</td>
<td>58</td>
<td>29</td>
<td>106</td>
</tr>
<tr>
<td>Ins 2</td>
<td>3</td>
<td>54</td>
<td>15</td>
<td>76</td>
</tr>
<tr>
<td>Ins 3</td>
<td>0</td>
<td>9</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>IXSD</td>
<td>3</td>
<td>10</td>
<td>16</td>
<td>35</td>
</tr>
<tr>
<td><strong>New and TOT TPP</strong></td>
<td>10</td>
<td>131</td>
<td>64</td>
<td>231</td>
</tr>
<tr>
<td><strong>New/Tot TPP</strong></td>
<td>8%</td>
<td>28%</td>
<td>23%</td>
<td>35-45%</td>
</tr>
<tr>
<td>100% slide</td>
<td>89</td>
<td>48%</td>
<td>101</td>
<td>50%</td>
</tr>
<tr>
<td>75% slide</td>
<td>22</td>
<td>12%</td>
<td>36</td>
<td>18%</td>
</tr>
<tr>
<td>50% slide</td>
<td>23</td>
<td>12%</td>
<td>32</td>
<td>16%</td>
</tr>
<tr>
<td>25% slide</td>
<td>19</td>
<td>10%</td>
<td>17</td>
<td>8%</td>
</tr>
<tr>
<td>Full fee</td>
<td>12</td>
<td>6%</td>
<td>16</td>
<td>8%</td>
</tr>
<tr>
<td>Unknown</td>
<td>22</td>
<td>12%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOT PATIENTS</strong></td>
<td>187</td>
<td>202</td>
<td>179</td>
<td></td>
</tr>
<tr>
<td>Fee Payer %</td>
<td>95%</td>
<td>68%</td>
<td>84%</td>
<td>50-70%</td>
</tr>
<tr>
<td>Incomplete CVR</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Case Study

• Identified and resolved:
  - Insurance Company #1 contract
  - Insurance Company #2 issue
  - Denials management
  - Incomplete Client Visit Report (CVR)
  - Donations
Case Study

• Implemented best practices - front desk and exit area
  - Accurate Family Size and Income
  - Missing information for TPPs
  - Identify/collect fees
  - Accept cash, debit, credit cards
  - Develop and communicate policies
  - Implement EVS
Case Study

• Billing
  - Weekly TPP billing
  - Monthly fee payer invoices
  - Collection agency

• Educate team
  - Monthly review
  - Learn from each other when more than 1 clinic involved
Resources

- Go to stdtac.org to access the billing toolkit and request training and technical assistance.
More Resources

• Patient intake form (English/Spanish)
  http://stdtac.org/wp-content/uploads/2016/05/Intake-Form_ENG-SPN_STDTAC.docx

• Clinic Flow: Best Practices for Integrating Billing

• Credentialing Tracking Workbook
  http://stdtac.org/wp-content/uploads/2016/05/Credentialing_Tracking_Workbook_Final.xlsx

• Contractual Obligations Tracking Worksheet
  http://stdtac.org/wp-content/uploads/2016/05/TPP-Contractual-Tracking-Tool_STDTAC.xlsx

• Financial Dashboard
  http://stdtac.org/wp-content/uploads/2016/05/Financial-Dashboard-6.3.15.xlsx
Thank you for attending this webinar!

Please don’t forget to complete the evaluation that will pop up on your screen once you close WebEx.

For more information, visit stdtac.org.