Welcome!

Please put your name, pronouns, practice name, and role in the chat.

You can ask questions via the chat we will monitor it as we go along. We will also pause for questions periodically.

These slides and the recording will be made available on the Practice Innovation Program website.

https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices

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Practice Innovation Program
UNIVERSITY OF COLORADO
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Department of Health Care
Policy & Financing
HCPF

Is your EHR Working For You? Capturing Billing Opportunities

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Department of Family Medicine

Objectives

1. Review Technology. Is your technology working for you?

2. How to setup a billing claims audit tool.

3. How to build a rules engine and template manager to capture accurate billing.

IS YOUR EHR WORKING FOR YOU?

CAPTURING YOUR BILLING OPPORTUNITIES

TROY A KALL CPC CPB

CLINICAL BILLING SPECIALIST

CAPTURING BILLING OPPORTUNITIES

Is your Tech working for you?

Using your rules manager for successful claim scrubs

Technology

Audits

Rules manager

Are you auditing? Are you using the information you gain?

IS YOUR TECHNOLOGY WORKING FOR YOU?

- Does your EHR have integrated billing or an interface with a billing software

  - Integrated/interfaced billing is your best option for gathering, coding, and billing for services you provide

    - If you use two systems make sure the interface is well built and has two way communication built in

  - Do you use an outside billing service

    - Get involved in their process

    - Preform your own audits

    - Help set your rules engine

    - Ask for a denials report each month

    - Have set meetings to discuss audits and denials

    - Have final say on what claims can be written off as uncollectible

- Do you have a Champion user for your system?
  - A designated IT staff or Tech savvy provider or lead RN is the best bet for a champion
  - They should know all parts of your system and have a working knowledge of the help files and tutorials
  - They should keep up with updates and provide training when updates happen
  - They should train and support a billing super user

DELEGATE A CHAMPION USER

Is your technology working for you?

ARE YOU AUDITING DENIALS AND TIMELY FILING?

- Denials
  - what are your top ten, how can you get it to a top 3
    - Identify your top denials and use your technology to clean these claims before they get filed.
    - Contact your payors that regularly deny claims for the same thing over and over, identify the error. Learn what the payor wants, it may not be what you normally send.
    - Change workflow to create cleaner claims and easier appeals
    - Timely filing and pre-cert needed not obtained should never be in your top ten or 3
      - Make timely filing a denial of the past, be sure your encounters are closed and billed in 48 hours. This gives you time to react if your claim is returned and you need to bill a different payor.
      - Prior authorizations and referrals should be secured before the visit, have protocol for rescheduling if you are delayed in obtaining the PA. Don't just see the patient because they showed up.

- Timely filing
  - are notes being completed in 24-48 hours, what will it take to get you there
  - Are claims being filed electronically every day
  - Identify your oldest outstanding claims and work them by balance
  - Are you sending paper claims? Let your clearing house decide

ARE YOU AUDITING YOUR PATIENT BALANCES?

- Self pay/ patient balances can bottle neck and are hard to collect the older they get
  - are you working them twice a month. Do you offer sliding scale or payment plans that meet the patient needs.
  - Follow up on payment plans monthly
  - Collect your copays and coins upfront
  - Collect your deductibles upfront
  - Communicate with the patient what their cost share is
    - The more the patient understands the better you will be paid
    - If you have a denial that needs patient involvement, get them involved.
    - (my least favorite denial, 'more info needed from patient'.)

ARE YOU AUDITING WHAT YOU BILL?

- Billing Super user
- what to look for
  - Alert fatigue
    - Are your alerts relevant, is everyone reading them
    - Set alert rules, not everything needs to be an alert
  - Coding rules
    - Are your providers coding, have you helped them learn how?
    - Do you use coding rules and are coding rules followed?
    - Bring coding errors and coding denials to the team. Create a process to reduce each type of denial
    - Are you coding for what is done not for what will get paid. Use your system to guide your rules (more about this later)
      - Some codes will be denied, every time. These services will never be reviewed for future fee schedule if the payor doesn't know how often the code could be used
      - Don't unbundle codes. It slows claim processing and leads to revenue audits by payors
    - Don't get creative, follow coding guidelines, modifiers 25, 59 and 33 are not a catch all.

- Modifier over use
    - Just because you can and get paid does not mean you should
    - Know your modifiers, use them, watch for when payors drop them to reduce payment.
- Payor specific rules
    - Learn your payor specific wants and set your EHR rules to follow them
- Is there a payor being missed? Make sure you touch every payor each month.
- Claims should legally be paid in 30 days, make sure all claims over 30 days are touched, noted, and followed.
    - Someone owes you interest

AUDITING WHAT YOU BILL

What the billing super user should look for

RULES MANAGER/EDITOR FOR SCRUBBING CLAIMS

- There is no easy way to check claims before they go out the door, not true

  - Rules managers in EHR systems can reduce denials in one quick scrub. They are easy to use and many come pre packaged from your clearing house or software supplier.

  - Use your system to its max

    - Push the limits and see what your rules manager can do

    - Super users should be well trained in the claims manager, template builder, and override review.

      - Templates are not just for notes, many template builders can connect codes to procedures so the providers will not have to memorize codes or carry large cheat sheets. Map your Procedures, questionnaires and vaccines. Everyone will thank you.

      - If someone overrides a rule you will want to know. Set your system to run an override report before those claims go out. Have someone check all overrides before claims are sent.

CLAIM SCRUBBING TO DO LIST
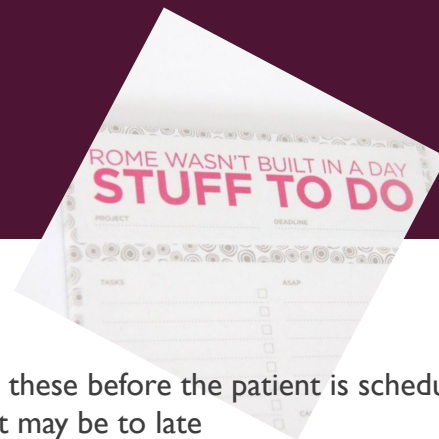
- Coding review

  - Use your denials to create cleaner claims in the future. If you have a denial that you have to appeal often, find out why and scrub for those coding errors.

- Modifier review

  - What modifiers do you use regularly, set a rule to check and make sure they are entered

  - What modifiers are being over used or incorrectly used. Make a rule to review these.

  - Remember, just because you are paid now does not mean that you wont be recouped during a payor audit

- Canned rules set

  - Can you read and understand them?

  - Can you edit them

  - Are they helping

- PA/referral needs

  - Set up protocol to obtain these before the patient is scheduled. If you do it after they are seen it may be to late

- Unspecific Diagnosis

  - Get those back to the providers to code to the most specific diagnosis.

- Use non billable procedure codes (custom) for services that will never bill or be covered.

- Set up your sliding scale in your system so everyone can enter POI and set up a plan for patients.

- Give coding advice

  - If you are able to write encounter rules, make sure the coding advice to the providers is understandable.

- Template mapping

  - Take the time and map your procedures, orders, and vaccines

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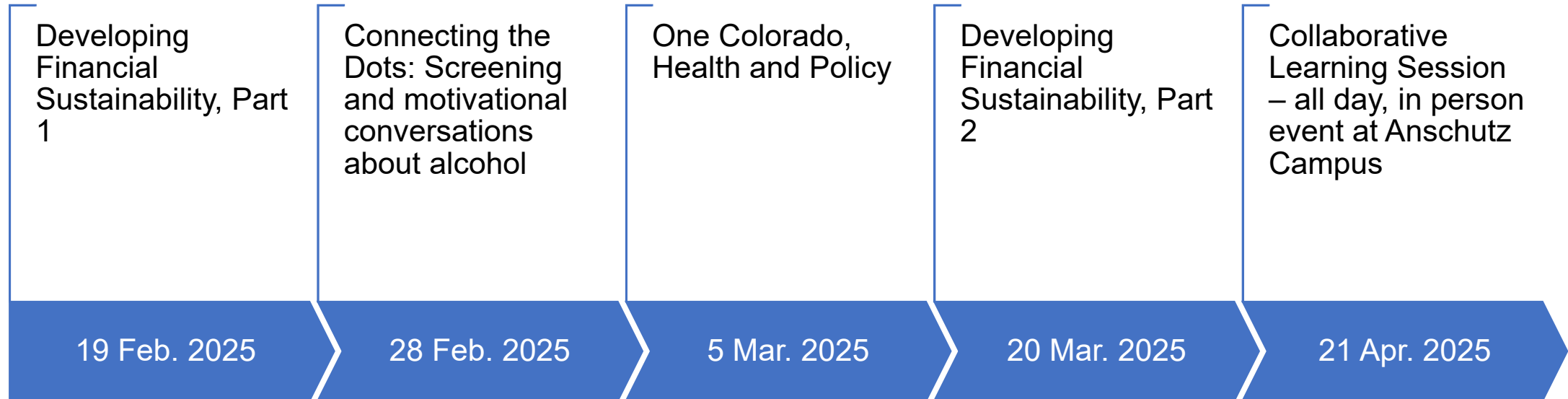Kathy.Cebuhar@cuanschutz.edu

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Upcoming events

Developing Financial Sustainability, Part 1	Connecting the Dots: Screening and motivational conversations about alcohol	One Colorado, Health and Policy	Developing Financial Sustainability, Part 2	Collaborative Learning Session – all day, in person event at Anschutz Campus
19 Feb. 2025	28 Feb. 2025	5 Mar. 2025	20 Mar. 2025	21 Apr. 2025

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THANK YOU!

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