Understanding the Interrelated Processes of Great Financial Management and Great Customer Centric Flow

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Framing and Perspective

What really Changed?

Clinical Practice

ASAM Assessment
Group Size
Patient Centered

Operations

SAGE
Staffing - Roles
Timelines

Finance

New Rates

Professional Certification

Reconciliation

Things may not be working as they should.

Documentation

Timelines

Medical Necessity

Son the Issues

Data Entry

Referrals

Resources I never leave home without!

Rates and Standards Matrix
http://publichealth.lacounty.gov/sapc/NetworkProviders/FinanceForms/RatesAndStandardsMatrixFY1718.pdf
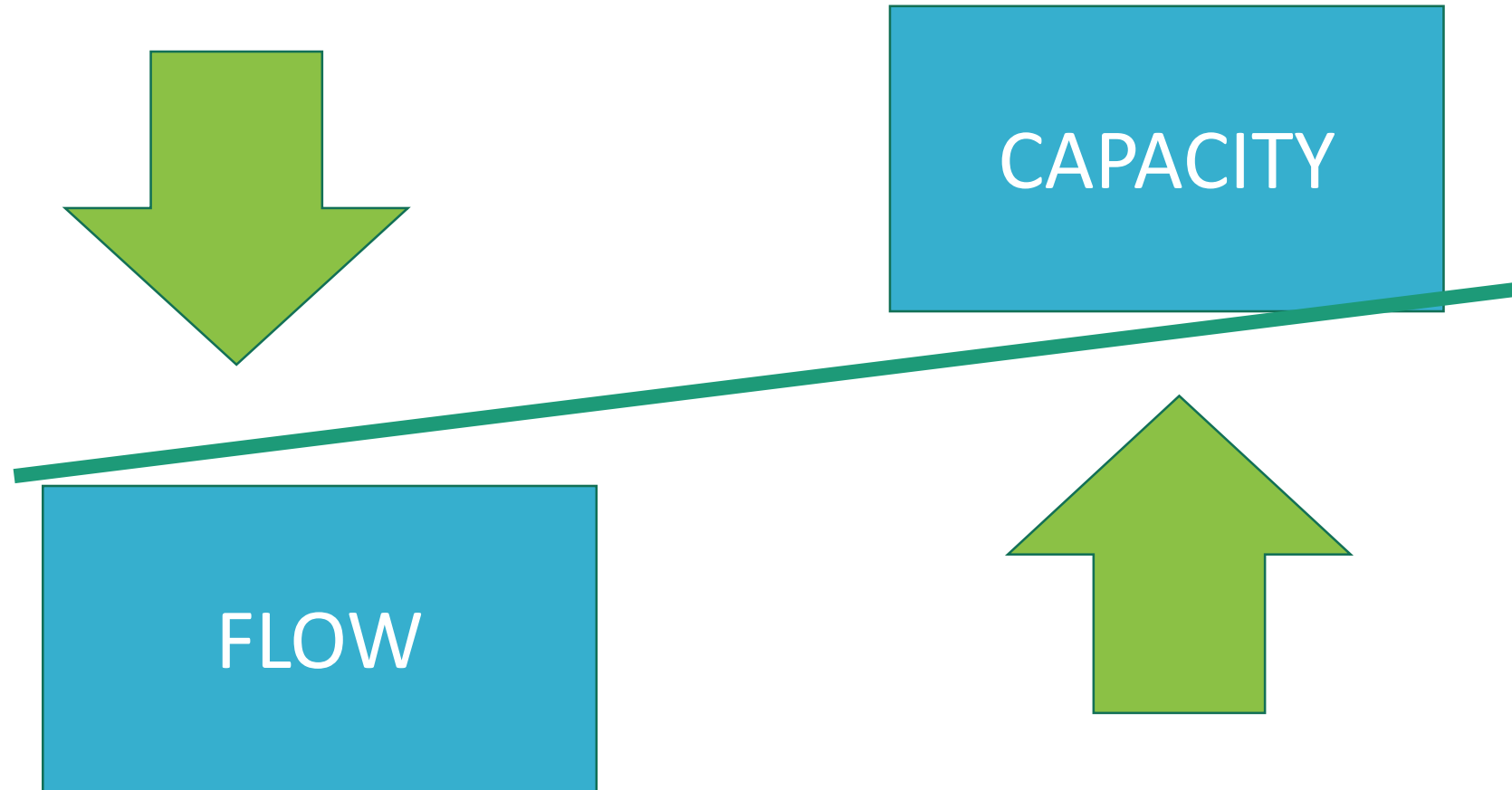
Provider Manual, pages:
http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManual.pdf

Eligibility Verification (SAGE & Manual Version)
http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/SageVersion-ChecklistEligibilityVerificationServiceAuthorizations.pdf

http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/ManualVersion-ChecklistEligibilityVerificationServiceAuthorizations.pdf

Focus Process Improvement Efforts

To Increase Flow You Have Options

Expensive

- Build More
- Hire More
- "Stock" More

Less Expensive

- Simplify
- Change workflow
- Automate

Patient Flow

- Billing starts with your first interaction with the patient and ends when all possible payments have been posted and any balance has been written off.

- Everybody in the organization plays a role.

The Patient Experience

- What is it like to be your patient?
- Perform a detailed walkthrough and document your patients experience
- Evaluate your findings and improve on the process
- Tie in the ultimate patient experience with the ultimate revenue cycle

Patient View= 3.5 hours
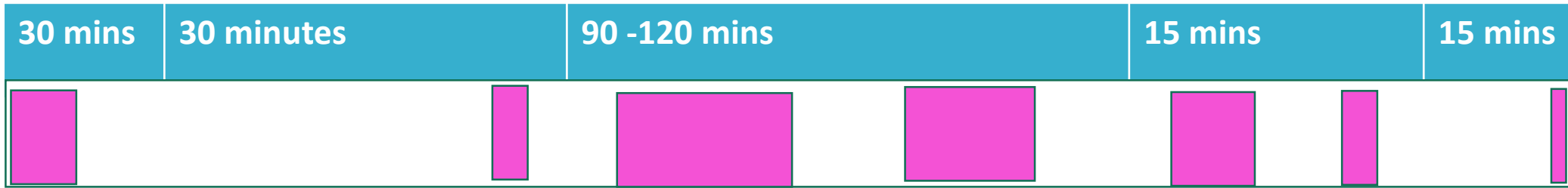
| PT |
| CT |
| VCT |

| 30 mins | 30 minutes | 90 -120 mins | 15 mins | 15 mins |

| Phone Triage 30 min. | → | Welcome Intake 30 min. | → | ASAM 90-120 min. | → | Summary 15 min. | → | Discharge Scheduling 15 min. |

The Vast Unknown?

- Looking into your billing processes can be daunting.
- Where to start….

Which of Your Services are Billable?

- Start with your program descriptions of services and LOC.
- Look at the schedule of services and determine which parts are billable.
- What interactions with patients and staff qualify as a service?
- Make sure the service aligns with the patient treatment plan.
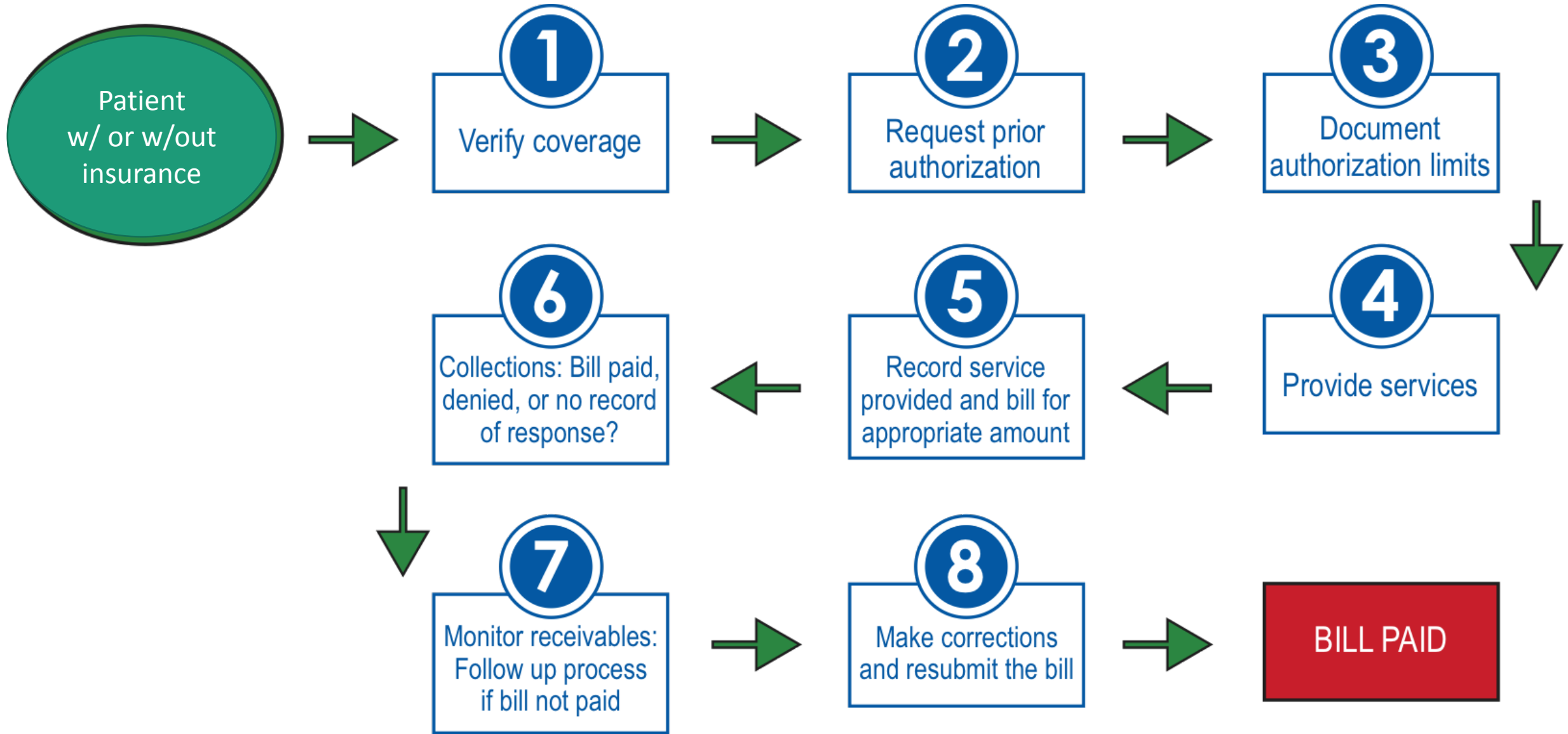- Document the service correctly.

Thinking Differently

- Changing the way we view financial documentation at the front door.

- Recognizing payments as an essential function of the treatment team.

- Recognizing that establishing medical necessity is much easier if we do a more thorough job of reviewing the case.

Billing Practices
Organizational Level

"Who Does What"
Workflow - Assessment

Who does What?

- Engage your staff often in making the transition to the new payment system – this changes people's jobs!

- Adjust and adapt the processes until you have a smooth system.

- Charging for services delivered will change the intake and assessment, Clinical service delivery and discharge processes.

- Current capacity levels should not be considered the new norm

- Set improvement aims and celebrate wins.

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┌─────────────┐         ①                    ②                    ③
│  Patient    │    ┌──────────┐         ┌──────────┐         ┌──────────┐
│ w/ or w/out │──▶ │  Verify  │──▶      │ Request  │──▶      │ Document │
│  insurance  │    │ coverage │         │  prior   │         │authorization│
└─────────────┘    └──────────┘         │authorization│      │  limits  │
                                        └──────────┘         └──────────┘
                                                                   │
                                                                   ▼
        ⑥                    ⑤                              ④
  ┌──────────┐         ┌──────────┐                   ┌──────────┐
  │Collections:│◀──    │  Record  │◀──                │ Provide  │
  │Bill paid, │        │ service  │                   │ services │
  │denied, or │        │provided  │                   └──────────┘
  │no record  │        │and bill  │
  │of response?│       │for appropriate│
  └──────────┘         │  amount  │
       │               └──────────┘
       ▼
        ⑦                    ⑧
  ┌──────────┐         ┌──────────┐         ┌──────────┐
  │ Monitor  │──▶      │  Make    │──▶      │ BILL PAID│
  │receivables:│       │corrections│        └──────────┘
  │Follow up │         │and resubmit│
  │process   │         │ the bill │
  │if bill   │         └──────────┘
  │not paid  │
  └──────────┘
```

1 Verify coverage

2 Request prior authorization

3 Document authorization limits

4 Provide services

5 Record service provided and bill for appropriate amount

6 Collections: Bill paid, denied, or no record of response?

7 Monitor receivables: Follow up process if bill not paid

8 Make corrections and resubmit the bill

BILL PAID

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8 Steps of the Billing Process

1. Verify Coverage

2. Request Prior Authorization

3. Document Authorization Limits

4. Provide Services

5. Record Services provided and bill for appropriate amount.

6. Collections: Bill paid or denied?

7. Monitor Receivables: Follow-up with payers

8. Make Corrections and Resubmit Bill

Step 1 Verify Coverage

You will need to verify:

- Patient Eligibility

- Total benefits covered for LOC

- Calendar year and current status

- Authorizations required and the name of the person who gave you the information.

- LACPRS

Step 2 Request Prior Authorization

- Prior Authorization is the process of obtaining approval of coverage for a treatment deliverable. Each payer may use a different term and has a different process.

- Prior Authorization may be obtained at the time of benefits verification. Requesting auth. for the upcoming assessment, eval., session.

- You may request to bill out-of-network if you do not have an in-network contract.

Step 3: Document Authorization Limits

- Record the authorized date (if applicable, name of the person who granted the service)

- Record the authorization/identifying number

- Record the number of authorized units, date range, and next review date.

Step 4 Provide Services

- Provide the services that were authorized.
- Within the specified date range for approved units of service?
- Provided by appropriately credentialed staff member?

- Does the service match the patient centered treatment goals? MAT, Anger Management, Family Therapy, Seeking Safety? RSS?

Step 5 Record Services Provided and Bill for Appropriate Amount

- Services documented in the clinical record?
- Dates of service match dates of charge?
- Correct Signatures and Sign off?
- Correct demographic information?
- Correct data entry?

Step 6: Collections - Bill Paid or Denied

- If the claim was denied, this may be because of problems with the bill not the service.

- You can correct these and re-submit.

- Staff responsible for collecting payment must become familiar with the rules for payers and the payers' rules.

- Each company has it's own set of rules, departments often operate in silos.

- Negotiating the communication barriers within payer systems can be challenging.

Step 7: Monitor Receivables: Follow-Up Process if Bill is not Paid.

- Accounting staff or managers will need to monitor receivables.
- "Aging reports" from your accounting system are best for monitoring this activity.
- An aging report lists accounts receivable balances by customer, detailing the current status or delinquency of the balances owed or owing.
- Pay attention to accounts that are past due.. This may impact your cash-flow.

Step 8: Make Corrections and Resubmit the Bill.

- Why is the claim not being paid?
- Billing error?
- Rejected claim?
- Define the rejected claims specifically: Identifying the reason will enable you to identify the processes you need to adjust and systems that you need to improve.

Do you need to improve?

Create a Flow Chart for each of the billing process steps

- "

Identify problems

Do rapid cycle changes to fix

Communicate changes to everyone who needs to know.
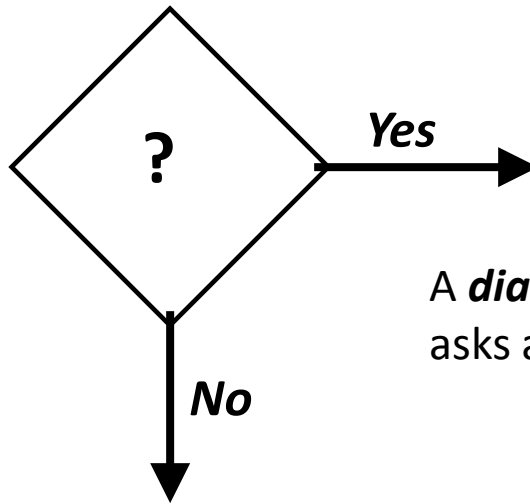
Update the "Who does What Chart".

SASH INQUIRY to Establishing eligibility.

START

SASH calls office

Eligibility is established

END

Key Symbols for Flowcharts

Post-It Notes are great for flowcharting.
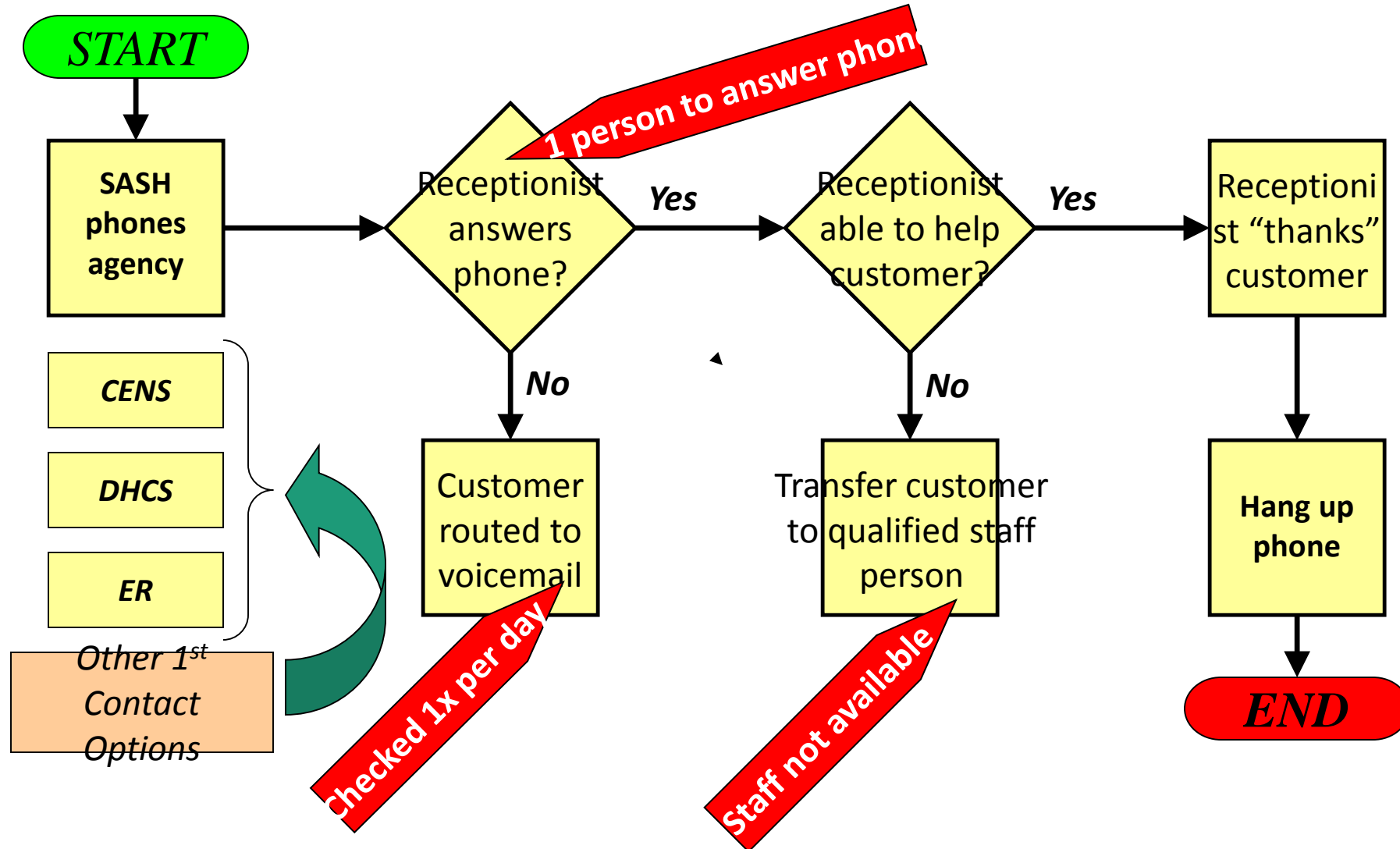
Action

A *square* identifies a step in the process

?

Yes

No

A *diamond* is a decision point in the process and asks a "yes or no" question.

Sample Flowchart

Process name: *SASH Contact (phone call) to Agency Response*

Activity

Flowchart the process you want to work on in your agency

Remember the steps to follow:

1. Define the process you are flowcharting: e.g., **Title** Care Coordination Process *from_____ to_____*

2. Define where the process will:
    Begin and **End**

3. Write down the process steps using the "sticky note paper"

4. Identify **B**ottlenecks and the time lapse to go from one step to the next

5. Identify where the Care Coordination Process Steps occur, Or should occur.

For additional assistance

- Register for the Collaborative

- Contact Amy McIlvaine
  - 916-379-5330
  - amcilvaine@cibhs.org
  - https://www.cibhs.org/

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