2015 User Conference Creating your BLUEPRINT for practice SUCCESS

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HENRY SCHEIN

MicroML

Key Performance Indicators in the Claims Management Process

Presented by: David Henshaw Manager of National Accounts Practice Insight

Session Description

- This session will focus on helping you understand how fast your claims are being paid, the rate of clean claims and denials by procedure code as KPIs to improve financial performance.
- We will introduce a program for qualified practices to participate. This 3 month program will focus on improving KPIs and include exposure to tools designed to assist in managing these KPIs.





Key Performance Indicators - examples

- Clean Claim Rates
- % of Claims Denied
- How fast are you being paid?
- Percent of AR Greater than 90 days
- Average Days in Accounts Receivable
- Billed amount vs. value at time of charge capture
- Gap between date-of-service and date billed
- Percentage of claims denied due to front-end edits vs. due to coding oversights
- Percentage of claims denied due to authorization/referral, insurance information or eligibility oversight
- Blah blah blah



Key Performance Indicators



- Project will focus on:
 - How fast your claims are being paid
 - The rate of clean claims
 - Denials by procedure code





KPI #1 - Clean Claim Rate

- Definition
 - a claim that was accurately processed and reimbursed the first time it was submitted to the payer.
 - Submitting more clean claims and reducing denial rates can be challenging due to complex and changing payer reimbursement policies and procedures
 - The average U.S. provider has a clean claims rate ranging from about 75-85%.



KPI #1 - Clean Claim Rate

- Why Important?
 - Claims get paid faster
 - Optimize reimbursement
 - The average monthly underpayment is \$889*
 - ICD-10 readiness
 - Less expense fixing claims
 - It costs up to \$25 to resubmit a claim*



KPI #1 - Clean Claim Rate

- Practice Insight Tools
 - General Claim Scrubbing
 - Use of custom edits
 - Clinical Claim Scrubbing
 - Denied Claims





Clinical Claim Scrubbing

Alpha II Claimstaker

- Fully Integrated with Practice Insight
- Scrubs both institutional and professional claims
- Custom edits can be created with an advanced "edit wizard"





Clinical Claim Scrub Edits

- Physicians Quality Reporting System (PQRS)
- Correct Coding Initiative (CCI)
- CPT, ICD, and modifier
- Date
- Demographics
- Evaluation and Management (E/M)

- Medical Necessity (LCD/NCD, commercial, proprietary)
- POS
- Provider
- Reimbursement
- Units





Clinical Claim Scrubbing - example

Submitter ID:	MEGAS
Job ID:	1004
Report Engine:	4.6.11
User:	csadmin
Scrub File Name:	\\Megasis1\CS Sample\Demo Data for Sales Staff\multi-specialty.asc
Run Date:	
Submitter:	MEDICAL ASSOCIATES PA

Claim ID	Patient Account	Patient Name	Provider	Payer	Billed Amount
Trace ID					
000001	00052300A	DUPONT, MAXINE	000000531666854	EMPLOYEE INS	\$100.00

52300 This CPT code is not valid when performed for patient at this age.

Reject Claim

Seq	Service Date	POS Code	CPT Code	Modifiers	Diagnoses	Billed	Errors
01	12-25-2004	11	99394		V70.0	\$100.00	52300

99394 PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER APPROPRIATE HISTORY, EXAMINATION, COUNSELING/ANTICIPATORY GUIDANCE/RISK FACTOR REDUCTION INTERVENTIONS, AND THE ORDERING OF APPROPRIATE IMMUNIZATION(S), LABORATORY/DIAGNOSTIC PROCEDURES, ESTABLISHED PATIENT; ADOLESCENT (AGE 12 THROUGH 17 YEARS)

V70.0 EXAM ANNUAL ROUTINE (HEALTH CHECK-UP); EXAM MEDICAL (ROUTINE) (GENERAL); MEDICAL EXAM ROUTINE GENERAL



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KPI #2 - How Fast Are you Being Paid?

Definition

- The time it takes from Date of Service to Date Claim Submitted (and Accepted)to Insurance Payer.
- Claims flagged with status to find claims in various status,
- INVALID, REJECTED, ACCEPTED, PAID, DENIED, others





KPI #2 - How Fast Are you Being Paid?

- Why Important?
 - Faster turnaround time on your money
 - Increased Cash Flow
 - \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$





KPI #2 - How Fast Are you Being Paid?

• Practice Insight Tools:

- Task Manager
- Reporting and Dashboards
- Workflow analysis
- Clinical Claim Scrubbing





Task Manager Tool

Powerful tool to create workflows for all team members that are working claims. You can get as details as you need to assign claim types to employees. Managers can easily see what items team members have outstanding that need to be worked.

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Powerful REPORTING Tools

- DASHBOARDS
- CLEAN CLAIM REPORTS
- DATAMINER
- ICD 10 ANALYSIS
- Staff Productivity
- Claim Aging Report

Reports can scheduled to run automatically as well!





Clean Claim Report

Clean Claim Report

Date Range : 03/26/2013 - 04/02/2013

Upload Date		Total Claims		Clean Claims	Total Error Claims			
03/26/2013	168	\$58,646.50	158 (94%)	\$56,662.00 (97%)	10 (6%)	\$1,984.50 (3%)		
03/27/2013	47	\$14,306.00	41 (87%)	\$13,241.00 (93%)	6 (13%)	\$1,065.00 (7%)		
03/30/2013	102	\$57,703.50	96 (94%)	\$51,362.00 (89%)	6 (6%)	\$6,341.50 (11%)		
04/01/2013	107	\$61,107.87	99 (93%)	\$56,982.37 (93%)	8 (7%)	\$4,125.50 (7%)		
04/02/2013	45	\$15,164.37	42 (93%)	\$14,619.87 (96%)	3 (7%)	\$544.50 (4%)		
Totals	469	\$206,928.24	436 (93%)	\$192,867.24 (93%)	33 (7%)	\$14,061.00 (7%)		

Type of Claim Errors

Upload Date	the second se	ims With Jpload Errors	and the second second	ms With cs Errors		ims With er Errors	Total Error Claims		
03/26/2013	(+) \$ (\$0%)	\$1,714.50 (86%)	0 (0%)	\$0.00 (0%)	(+)2(20%)	\$270.00 (14%)	10 (6%)	\$1,984.50 (3%)	
03/27/2013	(+) 3 (50%)	\$370.00 (35%)	0 (0%)	\$0.00 (0%)	(+) 3 (50%)	\$695.00 (65%)	6 (13%)	\$1,065.00 (7%)	
03/30/2013	(+) 5 (83%)	\$6,021.50 (95%)	0 (0%)	\$0.00 (0%)	(+)1(17%)	\$320.00 (5%)	6 (6%)	\$6,341.50 (11%)	
04/01/2013	(+) 4 (50%)	\$3,066.00 (74%)	0 (0%)	\$0.00 (0%)	(+) 4 (50%)	\$1,059.50 (26%)	8 (7%)	\$4,125.50 (7%)	
04/02/2013	(+) 3 (100%)	\$544.50 (100%)	0 (0%)	\$0.00 (0%)	0 (0%)	\$0.00 (0%)	3 (7%)	\$544.50 (4%)	
Totals	23 (70%)	\$11,716.50 (83%)	0 (0%)	\$0.00 (0%)	10 (30%)	\$2,344.50 (17%)	33 (7%)	\$14,061.00 (7%)	

NOTES:

* A single claim can have multiple error types.

* Initial Upload Errors exclude INFO and WARN errors.

* Deleted Claims Included.

04/20/15

Billing Summit 2015

KPI #3 - Denials by Procedure Code

• HIPAA EDI ANSI Standard Codes.

- Examine reasons for insurance denials.
- Denial Reasons give you an explanation for denial. Examining will help determine what and how to correct. Fix the front end so you don't have to deal with on the back end.



KPI #3 - Denials by Procedure Code

• Why important:

less time spent on denials and follow up

•get paid faster.





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KPI #3 - Denials by Procedure Code

- Practice Insight Tools:
 - Reports
 - Dashboards
 - Task Manager
 - Workflow Assessment
 - ERA and Denial Manager





Powerful REPORTING Tools

- DASHBOARDS
- CLEAN CLAIM REPORTS
- DATAMINER
- ICD 10 ANALYSIS
- Staff Productivity
- Claim Aging Report

Reports can scheduled to run automatically as well!





Task Manager Tool

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ERA and Denial Manager

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892:NATIONAL GOVERN 00805 9890382 8291-10 TSANG.GEORGE 08/25/2008 43235-51 \$390.37 \$195.19 \$156.15 \$0.00 CO-59 \$244.16 / PR-2 \$48 MADI 892:NATIONAL GOVERN 0805 989037 3327.8 TURK.MERCEDES 08/25/2008 43239 \$488.32 \$390.65 \$0.00 PR-2 \$288.49 / PR-2 \$37.66 / MADI 892:NATIONAL GOVERN 0805 989037 737.78 TURK.MERCEDES 08/25/2008 43248 \$488.32 \$393.66 \$0.00 PR-2 \$288.49 / PR-2 \$37.66 / MADI 892:NATIONAL GOVERN 0805 989037 T374.8 TURK.MERCEDES 08/22/2008 43248 \$488.32 \$393.66 \$0.00 PR-2 \$38.49 / PR-2 \$38.49 / MADI 892:NATIONAL GOVERN 0805 989037 T0474.38 RUBINO,KATHERIL 08/27/2008 45338 \$492.45 \$492.45 \$492.45 \$393.96 \$0.00 PR-2 \$38.49 / PR-2 \$37.66 / RADI 892:NATIONAL GOVERN 0805 9890383 995700-3 TORRES,WILBUR 08/25/2008 43239 \$488.32 \$390.66 \$0.00 PR-2 \$38.49 / PR-2 \$37.66 / RADI 892:NATIONAL GOVERN 080	1	892:NATION	IAL GOVERN	. 00805	9769623	44011-6	BECKER, FRANCE	ES 06/25/2008	43239-SG59	\$488.32	\$244.16	\$195.33	\$0.00	OA-22 \$492.	45 / CO-59 \$24	MA01
B32:NATIONAL GOVERN 00805 9890375 3826-10 SMITH.I.RENE 08/26/2008 43239 \$488.32 \$488.32 \$390.66 \$0.00 PR-2 \$98.49 / PR-2 \$97.66 / MADI B32:NATIONAL GOVERN 00805 9890377 73737.8 TURK.MERCEDES 08/26/2008 43234 \$488.32 \$492.45 \$333.96 \$0.00 CO-59 \$195.18 / PR-2 \$97.66 / MADI B32:NATIONAL GOVERN 00805 9890378 18840-5 GOLDEN.RALPH 08/27/2008 45384 \$492.45 \$492.45 \$333.96 \$0.00 PR-2 \$97.66 / PR-2 \$98.49 / PR-2 \$97.66 / PR-2 \$98.49 / PR-2 \$98.49 / PR-2 \$97.66 / PR-2 \$98.49 / PR-2 \$98.49 / PR-2 \$97.66 / PR-2 \$98.49 / PR-2		892:NATION	AL GOVERN	. 00805	9890382	82991-10	TSANG,GEORGE	08/25/2008	45378	\$492.45	\$492.45	\$393.96	\$0.00	CO-B15 \$488	3.32 / PR-2 \$98.	MA01 M/
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Image: Status Messages for Selected Claim 9769623 - Claim Status PAID-ERA VIEW Change Log PRINT Timely Filing EDIT N Status ID Date Source Msg Level Message Message from Support Claim Status Batch ID Batch Number Resp Msg ID Restrict \$1566616 09/15/08 07.01% 02.3 ERA: 04Z4_19 PAID Amount Paid=\$195.33 Pt Resp=\$48.83 Payer Claim ID=0 Processed as Primary, Forwarded to Additional Payer PAID-ERA 210825 0 10934 81566617 09/15/08 07.0 ERA: 04Z4_19 DAID Amount Paid=\$195.33 Pt Resp=\$48.83 Payer Claim ID=0 Processed as Primary, Forwarded to Additional Payer PAID-ERA 210825 0 10934 81566617 09/15/08 07.0 ERA: 04Z4_19 DENIED Amount Paid=\$390.66 Pt Resp=\$0 Payer Claim ID=0908 Reversal of Previous Payment:Remark Codes=MA01 DENIED 210825 0 10134 77800301 08/25/08 03.4 RESP: PRJP00 INFO 08/25/2008: Claim accepted by Receiver ACCEPTED 210825 56533 92211 7777360301 08/25/08 0.3.4 RESP: PRJP00 INFO <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>MAUTIMA</td></td<>																MAUTIMA
Status ID Date Source Msg Level Message Message from Support Claim Status Batch ID Batch ID </td <td></td> <td>592.UNITEL</td> <td>HEALTHCA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>51/4.4/</td> <td></td> <td></td> <td></td> <td></td>		592.UNITEL	HEALTHCA									51/4.4/				
Status ID Date Source Msg Level Message Message from Support Claim Status Batch ID Batch ID </th <th>Ŀ</th> <th>(</th> <th>and the second second</th> <th></th> <th></th> <th></th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>•</th>	Ŀ	(and the second second				-									•
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MicroMD

Practice Insight/MicroMD KPI Improvement Project

This program will focus on the three KPIs in order to maximize reimbursement.

- Perform Analysis of Practice focus on KPIs
- Determine Strategies to Improve KPIs.
- Plan and implement PI Tools
- Training and Orientation
- Monthly check up
- At end of period (3 months) Review benchmarks from beginning of program and compare to end.



Project - KPIIP

- Practice Must:
 - Use Practice Insight and MicroMD
 - Must agree to participate in the program
 - Must be able to devote resource to implement strategies
 - Tools will be provided at no cost for 3 month program.
 - Other requirements
 - 4 initial practices as a pilot



Questions?





2015 MicroMD User Conference

