



How to Avoid Making Costly Business Office Mistakes

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Objectives:

- Identify the most common business office mistakes for the ASC
- Discuss ways to recognize breaks in processes that will lead to costly business office mistakes
- Formulate action plans to eliminate risks that will impact the ASCs bottom line



Trust in the Process



“The process is the foundation of success. Trust it, embrace it, and let it guide you towards greatness.”

– John Addison, "Real Leadership: 9 Simple Practices for Leading and Living with Purpose" (2016)



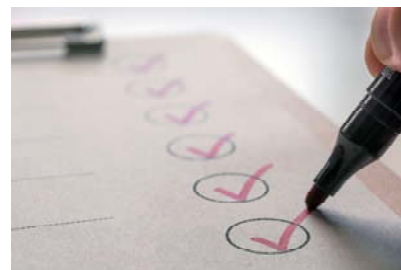
Managed Care Contracts & Fee Schedule



- **Managed Care Contracts**
 - Ensure all staff aware of changes
 - Consider specialties at time of negotiation
 - Create a spreadsheet for contract dates
- **Fee Schedules**
 - Frequently update and set minimum; along with methodology
 - Educate staff on changes

What to consider in a process?

- **Policies and Procedures**
 - Business office
- **People dependent**
 - **Challenges:**
 - When training
 - When positions become vacant
 - New EMR or software systems



Patient Process

- Patient Scheduling
 - Incorrect Procedure / Diagnosis Code or missing information
 - Is the procedure correct for the ASC?
 - Not obtaining all pertinent insurance and demographic information or data entry error
 - Having additional needs for case listed, so that candidacy can be determined early

Patient Process



- Pre-authorization Process
 - Process not completed
 - Process completed, but not read and understood
 - Done early enough to ensure patient understands their responsibilities (co-pays, co-insurance, etc)
 - No surprise billing act
 - Inexperienced personnel doing pre-authorizations

Checks and Balances



- Have adequate experienced staff in your scheduling department
- Ensure for adequate staff with pre-authorization experience
 - And that they understand situations to bring to everyone's attention
- Provide a list of covered and approved cases to the physician offices, their scheduling coordinators and yours
- Train staff in verification process

Checks and Balances

- Ensure the posting sheet or EMR posting template is complete, and required information is present before it can move on to the next steps
- Copies of ID and Front and back of Insurance cards always imperative
- A comprehensive list of covered procedures per carrier
- Have a list prepared for each insurer as to what is needed to get adequate and timely pre-authorizations; if software, automate wherever possible

Checks and Balances

- If implants, which implants work with each commercial payer, are they reimbursed?
- Appropriate Fee Schedule; everyone is aware
- If EMR, ensure that someone is assigned to checking for completeness of the pre-authorization and insurance process on a regular basis
- Train staff in pre-authorization process – have enough trained for call-outs

Patient Process

- Collections prior to surgery
 - Incorrect information from Pre-authorization
 - Inadequate collection process
 - Inexperienced staff
 - Policies inadequate



Checks and Balances



- Ensure for adequate policies regarding collection processes
- Have more than one ASC staff member capable of collecting
- Ensure for enough time to collect before DOS
- Obtain a financial guarantee

Communication with ASC Prior to Surgery Day

- Ensure all information present, demographic, benefits, patient payment, CPT codes, ICD 10, etc.
 - Easier to fix prior to surgery itself
- Surgical Coordinator / Practice Administrator review schedule after ASC posts to ensure accuracy
 - As example, ophthalmology; IOL lenses, specialty or did patient change mind?

Surgical Day



- Patient Check In
 - Verify ID and Insurance Cards
- Verify Procedure
 - Ensure the procedure is correct with CPT and prospective ICD 10s present
- Verify Implants match posting sheets
 - Ensure Implants present and are correct

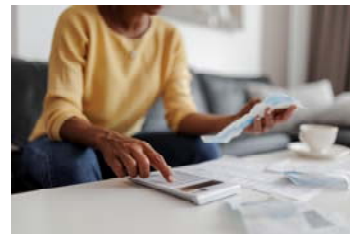
Circulating Nurse

- Helpful to communicate changes to Surgical Coordinator
 - Were there any changes in the case?
- Verify with surgeon at the end of case the definitive CPT codes and order
 - Ensures for proper coding & billing
- Verify with surgeon at the end of case the definitive ICD 10s and order
 - Again, ensures for proper coding & billing
 - Important to be compliant

Circulating Nurse

- What if the surgeon adds a procedure or technique and you don't have the proper codes?
 - Helpful to report to Charge nurse or directly to billing department to ensure nothing is missed
 - Do not assume billing will pick this up off the operative report
 - More communication may = less missed revenue

Post Procedure



- **Superbill**
 - If you use, ensure it is completed
 - Any questions, catch the surgeon same day, if possible
- **Timely Dictation**
 - It is important this happens quickly to ensure timely receipt
- **Operative Report**
 - Ensure it is accurate
 - If using a template, ensure any changes are added
 - Ensure it is completed and signed

Paperwork / Closing EMR Charts

- At end of case day, ensure all paperwork and EMR charts are complete
- Communicate any changes at end of the day that may have been missed
- All paperwork that is needed by the billing department is submitted
- Copies or uploads of implant documentation is included in the medical record.

Paperwork / Closing EMR Charts

- Ensure all surgeons who dictate understand the need for a detailed and completed operative report ASAP as time equals money.
 - If you have a surgeon who notoriously late, ensure this is brought up in QA or to the Medical Director for assistance.
 - Have cheat sheets present for specific needs or details of operative reports



Coding

- Have an experienced ASC Coder who understands:
 - Payer billing
 - Contract guidelines
 - Claim form types
 - Modifier Usage
 - Multiple Procedure Discount Language
 - Ordering

Accounts Receivable

- Rejections or Denials
 - Correct or resubmit within 24 hours
 - Most common: No Prior Auth, Medical Necessity,
 - Poor Documentation, Implants
- Understand why it was denied
 - Use as learning experience for billing team
 - Don't waste time on uncollectable balances
- Follow contract appeal procedures

Educate and Communicate



Help Reduce Costly Errors

- Automate processes where applicable
 - Takes away human error
- Update Business office policies
 - Share updates with everyone!
- Frequent Meetings with the Billing Office
 - Have a Business Huddle, include surgeons and clinical staff to ensure everyone on same page
 - Discuss challenges for problem solving

Work with Billing Team or Company Utilize RCM to your Advantage

Create KPIs that are specific to your ASC

Understand the areas for improvement and use their experience for making improvements

Leverage their experience to your advantage

EMR System Reporting

- Use the EMRs reporting to ensure accuracy
- Leverage your reps to help ensure you are using it in the best way possible
- Discuss best practices with colleagues who have the same system



Facing the Challenges Head On



- Stay up to date with regulatory changes
 - Update policies and procedures often
- Spend the money to keep your in-house billing team up to date with conferences / webinars
- Train the trainer
 - Ensure all job descriptions / processes are written and housed in an easily accessible place so that anyone would be able to pick up and assist.

Facing the Challenges Head On

- Implement an “Action Plan” for when people quit or leave, that get placed immediately into effect.
- Have multiple people trained for same roles
- Don't let revenue fall between the cracks!

Implementing a New System??

- A Most Vulnerable Situation
 - Ensure a representative from each department helps with implementation
 - Talk through the process so that each touch point is examined and covered

Strategy Planning

- ASCs facing reimbursement challenges and physician pay cuts
 - Strategies to maximize profits
 - Could mean stopping non-profitable procedures at the center – weigh out ROI
 - Improve processes and streamline workflows

Questions??

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References

ASCs Biggest Threats 2023

- Patsy Newitt

7 Common Errors When Billing ASCs

- 247 Medical Billing Services