

CASE STUDY – CARDIOVASCULAR BILLING

Collection flow increases with streamlined process and regular follow-ups

Specialty	Cardiovascular
Service offering	Full service Billing
Practice management software	MISYS PM / Tiger

Client's Profile:

This is an Office based group practice with 3 physicians and also physicians visiting various hospitals for surgeries and follow up exams. We took over this account with huge outstanding AR days of 176. Initially we were assigned with all process for Hospital charges and over a period, we were assigned office charges too except patient AR related to the office charges.

Business situation & challenges

- High outstanding AR with 90+ being 76% and AR days of 176.
- Enrollment Issues
- Inconsistent flow of charges
- Claims were processed and paid but were not posted due to non-availability of EOBs and payment details.
- Claims being denied for lack / no authorization
- No follow-up / Lack of follow-up on several claims
- Delay in claim processing due to coding issues

ecare's Strategies and Resolution

(a) **Credentialing:**

Among the three physicians in-group, only one provider was enrolled in most of the carriers. We kept several claims on hold for want of provider numbers for Medicare, Railroad Medicare & Medicaid and carriers like Aetna, UHC & BCBS were processing the other provider claims as OON by which the Physician's revenue was affected. We forwarded corresponding applications to the carriers and enrolled the other two providers in most of the carriers and resolved the payment issues and increased the collections.

(b) **Practice Location & Pay to Address changes:**

When client changed the practice location and Lockbox address, we took prompt action and looked to that revenue was affected by these changes by sending COA & W9 form to the carriers in a short span of time and getting the correct addresses updated in the carrier systems.

(c) **Electronic Services:**

Initially the client was enrolled with few carriers but asked to disenroll for cost reduction. We emphasized the benefits of having the Electronic Services (EDI, EFT, ERA and Remits), set-up to the Client. They accepted our thoughts and approved for the same. Currently we are enrolled with ALL the carriers that have this facility. This has enhanced both the flow of money and

accuracy. Also we have made necessary changes to our master files so that secondary claims go out electronically. We worked towards making the process as paperless as possible.

(d) Medicaid Secondary Claims:

These claims were never getting paid before we took up this account and all claims were sitting in the insurance AR shooting up the 90+ Ar %. We identified the problem that Medicare processing the claim with group NPI and sending crossover claims to Medicaid but our client is not enrolled with group for Medicaid. So crossover claims from Medicare were rejected. We identified the solution on various follow-ups with Medicaid and forwarded claims as per Medicaid requirements and payments started to flow for these claims and are paid till now without any issues.

(e) Effective Follow up:

The major flaw that we found in the earlier billing was inconsistent follow up on accounts receivable. We found that several claims had crossed filing limits with the carriers but we appealed all those claims and majority of them got paid. We have a system wherein we set reminders for subsequent follow-ups and ensure that each claim is paid. All denials are appealed to the carriers appropriately. We ensure that we follow up all claims over 30 days and keep transmission rejections below 2%.

(f) We also enrolled ourselves with various websites wherever applicable for online eligibility and claim status checks to ensure faster and better control of the AR.

(g) Fixing of Targets and achieving the same.

(h) Effective communication via emails and Telephonic conversation

(i) Escalating issues appropriately and accurately with our suggestions for permanent solution

Benefits to the Client with ecare's medical billing solutions

- Close co-ordination with the clients in understanding their current process, identifying areas for improvement and then designs the process flow to achieve the goals.
- Enrolling of Non-par Physicians within a short span of time with Government and Non-Government carriers.
- Fixed all the intricate issues which were hindering the Physician's revenue.
- Defined clear billing rules with the client
- Reduced the 90+AR from 76% to 18%
- Our efficient follow up and Appeals to the insurance carriers, boosted the collection rate thereby reducing the AR days to 38.
- Global issues were identified and resolved immediately so that cash flows did not get affected.
- Obtained access to major hospital Tomball systems thereby resolving issues of lack of Authorization / Medical records, etc. at our end itself rather than have the client spend time on it.