M. Jayson Meyer

SYNERGY BILLING

Presents

SYNERGY TALKS

RECOVERING LOST REVENUE

Using UDS data to identify revenue opportunities

We are the Experts

SYNERGY

Synergy Billing is the industry's leading revenue cycle management firm working exclusively with Federally Qualified Health Centers (FQHCs). For more than 15 years we have helped health centers enhance revenue and increase access to health care. In addition to being identified in 2016 as #767 on the Inc. magazine list of the 5,000 fastest-growing companies in America, the company has also been recognized as one of only 50 Florida Companies to Watch and was identified by Healthcare Tech Outlook as one of the top 10 US-based revenue cycle management companies.

M. JAYSON MEYER

Jayson is the founder and CEO of Synergy Billing. He started his career as a teenage entrepreneur and was featured on Oprah Winfrey in November of 2000. He founded Synergy Billing in 2006 with the mission of advancing the health center movement. Today, Synergy Billing is the nation's leading company in revenue cycle management and expert claim processing for Federally Qualified Health Centers. Jayson himself was named Young Professional of the Year by the Daytona Beach News-Journal in 2016 and was honored as one of the Orlando Business Journal's "40 Under 40" in 2020.

SYNERGY TALKS

The Challenge

2020 was a year full of historical changes and challenges for all of us. Increased pressure of caring for employees, communities, patients, and our families presented new and uncharted challenges. During this global pandemic, FQHCs have faced their own specific challenges as they shared in the burden of staffing shortages, fluctuating patient volume, uncollected patient payments, and delivering new services with evolving government and payer guidelines while experiencing longer delays in payment. Most health centers saw their aged receivables increase by 40%. The one constant in healthcare in change. Assessing your current condition and stabilizing revenue has never been more important.

Agenda

- Learn to “ADPIE”
  - **A**-ssess
  - **D**-iagnose
  - **P**-lan
  - **I**-mplement
  - **E**-valuation

- Learn how to assess your current billing operations and develop a recovery roadmap by doing the following:
  - Utilizing UDS Data to identify $ opportunities
  - Evaluate current staff and the roles they perform
  - Evaluate internal processes and technology
  - Evaluate aging unpaid claims
  - Analyze aging claims to determine common root causes and payment risk factors
  - Develop strategies for prioritizing the work and preventing bad debt
  - Evaluating how new services are delivered, billed, and reimbursed

- The most common problems impacting other FQHCs during the COVID-19 Public Health Emergency (and how to avoid them)

SYNERGY TALKS

Utilizing UDS Data to Identify $ Opportunities

M. Jayson Meyer, Founder

- How much bad debt is "acceptable"?
- Are adjustments and write offs too high?
- How effective is the CBO at converting billed revenue to cash?
- Are there opportunities to collect more?

UDS

UDS Reporting

Table 9D: Patient Related Revenue (Scope of Project Only)

Retroactive Settlements, Receipts, and Paybacks (c)										
Line	Payer Category	Full Charges This Period (a)	Amount Collect This Period (b)	Collection of Reconciliation /Wrap Around Current Year (c1)	Collection Reconciliation /Wrap Around Previous Years (c3)	Collection of Other Retro Payments: P4P, Risk, Pools, Withholds etc (c3)	Penalty/ Payback (c4)	Allowances (d)	Sliding Discounts (e)	Bad Debt Write Off (f)
3.	Medicaid Non-Managed Care	1,965,171	1,115,037	0	421,488			510,395		
2a.	Medicaid Managed Care (capitated)	1,125,952	341,544					584,308		
2b.	Medicaid Managed Care (fee-for-service)	3,985,499	956,090	538,939	47,369			2,256,916		
3.	Total Medicaid (Line 1+2a=+2b)	7,076,522	2,412,671	536,939	468,857			3,351,619		
4.	Medicare Non-Managed Care	3,776,304	1,306,161	43,978	32,369			2,341,672		
5a.	Medicare Managed Care (capitated)									
5b.	Medicare Managed Care (fee-for-service)									
6	Total Medicare (Line 4+5a+5b)	3,776,304	1,306,161	43,978	32,369			2,341,672		

UDS

How to find your Collection Rate

Retroactive Settlements, Receipts, and Paybacks (c)										
Line	Payer Category	Full Charges This Period (a)	Amount Collect This Period (b)	Collection of Reconciliation/ Wrap Around Current Year (c1)	Collection Reconciliation/ Wrap Around Previous Years (c3)	Collection of Other Retro Payments: P4P, Risk, Pools, Withholds etc (c3)	Penalty/ Payback (c4)	Allowances (d)	Sliding Discounts (e)	Bad Debt Write Off (f)
3.	Total Medicaid (Line 1+2a+2b)	7,076,522	2,412,671	536,939				3,351,619		

Charges Allowances (payments)

$7,076,522 - $3,351,619 = $3,724,903

Allowances (payments) Net Charges Collection Rate

$2,412,671 ÷ $3,724,903 = **64%**

SYNERGY TALKS

Staffing Challenges

From the start of the COVID-19 pandemic, the role of frontline workers in medical practices and hospitals has been crucial. The top challenges have been:

- Staff shortages due to layoffs, illness, stress-related care, or family needs.
- Staff performing roles without appropriate training.

Proper assessment and planning will help you optimize use of your current resources and "call in for back up" when you need it.

ASSESS

What staffing issues are affecting my business?

- Are the right people doing the right things?
- Is everyone trained to perform their role efficiently without causing errors?
- Do I have staff shortage causes that can be addressed internally or outsourced?

DIAGNOSE

What problems were identified in my assessment?

- ❑ Are there training gaps or technical limitations?
- ❑ Are the roles and responsibilities clearly defined?
- ❑ Are challenges related to “quantity” or “quality”?
- ❑ Are we monitoring workload and capacity?

PLANNING

Set your goals and develop a plan:

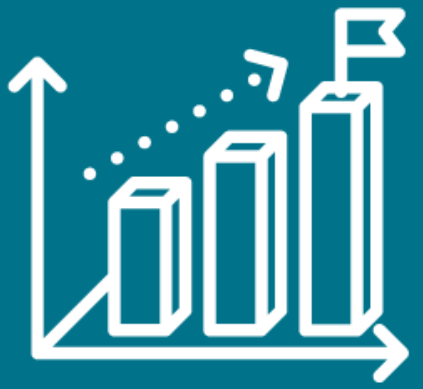
Objective: To have the right staff performing the right roles efficiently.

- Assess staff effectiveness in current roles to determine if role changes or outsourcing is needed
- Assess your internal training processes to identify gaps in process or knowledge
- Assess reasons for staff shortages to determine what can be addressed internally and what may be best to outsource. For example, do you have a COVID-related action plan for unexpected absences that includes a remote work policy for eligible employees?

IMPLEMENT

Set a due date for completion and follow your plan.

EVALUATE



- Was your goal achieved?
- Did your plan address all diagnosed staffing issues?
- Do you need to take further actions, and if so, what are they?

PROCESSES & TECHNOLOGY

Internal processes and technology use are the bedrock of successful revenue management. Do your internal processes and technology drive clean claim processing, or do they actually cause errors that delay payment? Some common challenges are:

- Multiple claims generated for different services on the same date of service
- Practice Management software configuration issues
- Front desk processes are incomplete resulting in missing information required for billing
- Payer system update delays causing rejections

PROCESSES AND TECHNOLOGY

ASSESS

What processes and technology issues are affecting my business?

- Do I have a complete front end billing process developed to capture the information needed to bill claims?
- Does my process create any errors (such as duplicate billing)?
- Do I have frequent Practice Management software errors?
- Do I have a high volume of clearinghouse rejections?

DIAGNOSE

What problems were identified in my assessment?

- Front desk patient check in process is missing a critical step
- Multiple clinicians are starting claims for the same date of service
- Payer claims are configured to go out in the wrong claim format
- COVID-19 procedure codes are not configured in software for billing

PLANNING

Set your goals and develop a plan:

Objective: My internal office processes and technology capture needed billing information to correctly bill payers for services rendered.

- Assess internal processes to ensure that patient demographics, active insurance information for the date of service, and services provided are captured and coded for error free billing
- Update software configurations to correct identified errors

EVALUATING PROCESSES AND TECHNOLOGY

IMPLEMENT

Set a due date for completion and follow your plan.

EVALUATE

- Was your goal achieved?
- Did your plan address all diagnosed staffing issues?
- Do you need to take further actions, and if so, what are they?

MANAGING AGING UNPAID CLAIMS - EVALUATION

Accounts Receivable Aging reports are one of your most valuable tools for helping diagnose the financial health of your practice. The first step in successful management of unpaid claims is to understand the numbers. When reviewing Aging reports, evaluate for the following:

- How many unpaid claims are awaiting payment from insurance?
- How many unpaid claims are denied?
- How many unpaid claims are rejected?

MANAGING AGING UNPAID CLAIMS - ANALYZING

The second step in successful management of unpaid claims is analyzing denials and rejections for common root causes. Common things to look for are:

- Is the same payer denying all claims with the same denial reason code?
- Is the same service code being denied by all payers?
- Is there a high volume of rejections or denials received for a certain location, provider, or time frame?
- Is there a high volume of unpaid claims approaching or past timely filing limits?

Having staff with the experience necessary to accurately identify failure reasons and make the necessary corrections to get claims paid is crucial.

MANAGING AGING UNPAID CLAIMS

ASSESS

What is my total outstanding A/R what are the causes?

- How many unpaid claims are awaiting payment; denied; rejected?
- Of the denied and rejected claims, are there common reasons?
- Are there contracting, credentialing, or technology issues (internally or with the payer) preventing successful claim processing?

MANAGING AGING UNPAID CLAIMS

DIAGNOSE

What problems were identified in my assessment that require action?

- Provider identified that was not contracted with the payer billed on the date of service (resulting in rejections).
- Payer system is not updated to accept newly released COVID-19 codes (resulting in rejections)
- Medicare FQHC claims containing traditional preventive CPT codes (99381-99397) are denied.
- 200 rejected Medicare claims with dates of service over 365 days.

MANAGING AGING UNPAID CLAIMS

PLANNING

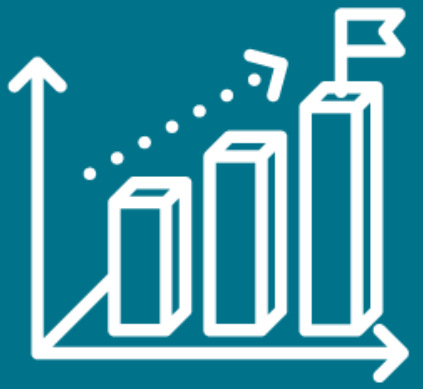
Set your goals and develop a plan:

Objective: Rejected and denied backlog are grouped by root cause reasons and appropriate response plans are developed. This will assist with focusing on what is payable and what is not.

IMPLEMENT

Set a due date for completion and follow your plan.

EVALUATE



- Was your goal achieved?
- Did your plan address all diagnosed staffing issues?
- Do you need to take further actions, and if so, what are they?

STRATEGIES FOR PRIORITIZING AGING UNPAID CLAIMS

The healthcare industry is constantly changing. Synergy has found that focusing on the following key factors can make prioritizing your aging claims work manageable:

- What is nearing timely filing?
- What can generate cash quickly?
- What is past timely filing?
- What has been touched (last billed) most recently?

STRATEGIES FOR PRIORITIZING AGING UNPAID CLAIMS

ASSESS

Where do I focus my resources and in what order?

- Identify claims/payers nearing timely filing limit within the next 45 days
- Identify unpaid claims still within timely filing by payer that have not been touched in 45 days or more
- Identify claims past timely filing limit

STRATEGIES FOR PRIORITIZING AGING UNPAID CLAIMS

DIAGNOSE

What problems were identified in my assessment?

- 1500 claims identified for payer with short timely filing limit approaching in 30 days. Of these, 1000 have not been touched in 45 days.
- 700 claims identified in rejected status (they have not been received and adjudicated by payer at all)
- 350 claims identified well outside of timely filing (older than 365 days)

STRATEGIES FOR PRIORITIZING AGING UNPAID CLAIMS

PLANNING

Set your goals and develop a plan:

Objective: Unpaid claims that are still payable will be worked to final resolution in prescribed order and claims identified as past payer timely filing will be adjusted if appropriate.

STRATEGIES FOR PRIORITIZING AGING UNPAID CLAIMS

IMPLEMENT

Set a due date for completion and follow your plan.

EVALUATE

- Was your goal achieved?
- Did your plan address all diagnosed staffing issues?
- Do you need to take further actions, and if so, what are they?

ADAPTING DURING A PUBLIC HEALTH EMERGENCY

While strategy and consistency will always be valuable to immediate operations, agility was the biggest fundamental needed to tackle the different administrative needs caused by the COVID-19 pandemic. New services and delivery methods coupled with continually changing payer guidelines made billing extra challenging. Virtual services can be confusing as some payers had existing virtual service coverage and guidelines prior to the temporary guidelines now in place with CMS. Best practice remains to review specific payer guidelines before billing.

WHAT COVID-19 BILLING LESSONS DID WE LEARN?

The top 5 causes for errors and rejections during the COVID-19 Public Health Emergency were found to be state and payer specific in nature:

- POS (place of service) code errors
  - Incorrect POS code was used per payer guideline.
- Modifier errors
  - Incorrect or missing modifier per payer guideline
- Qualifying code errors
  - Service code billed is not qualified for telehealth per payer guideline.
- Payer or provider system configurations
  - Payer telehealth guidance was released prior to payer internal system configuration needed accept billing codes.
- Originating site (where the patient is) vs. Distant site (where the provider is) billing guidelines not followed.
  - Payer is billed for inappropriate services per payer guidelines.

Thank you for attending!

Contact Ronnie Reeves to get Synergy's help collecting the oldest ***insurance*** balances (greater than 90 days)

- NO Long term contracts
- NO up front fees
- 100% contingency based

386.675.4709 – Ronnie@synergybilling.com