ADVANTRIX
Medical Billing Redefined

Physical Therapist Practice 2 locations, out of network.

OVERVIEW

Improved Revenue Cycle Management, recaptured lost claims, streamlined benefits-verification and pre-certification processes, overhauled paid-to-subscriber collections and updated coding and modifier usage. Tracking and analytical data made available to client in real-time on secure web platform.

EXPERIENCE

This practice is an independently owned and operated comprehensive orthopedic and neurological physical therapy center which provides physical therapy care for post-operative surgical patients, stroke patients, pediatric patients, Medicare patients, Workers Compensation cases, auto accident cases, general orthopedic, sports and soft tissue injuries.

CLIENT PROFILE

Independent practice serving out of network subscribers.

2 Locations

8 Providers

21k Patient interactions annually

THE ISSUES

- This practice was growing fast and struggling with processes of RCM, patient verification, certification and reporting. Being out-of-network these issues were further exacerbated.

- Having multiple providers and some on rotational/ temp basis – charting and documentation were not being finalized consistently on timely basis, resulting in challenging claim-intake process.

- Inconsistent and delayed claims filing. Weak aging process. Unstructured reporting and analytics.

Issues:

- **Unstructured and chaotic.**

- **Even though the client was growing there was lost revenue.**

- Sizeable portion of revenue being paid-to-subscriber by the insurance was resulting in significant losses. Approximately 30% revenue was being required to be collected from the patients, resulting in delayed and lost revenue.

SOLUTIONS

- Towards the end of 2015 when Advantrix was hired to perform RCM, Advantrix presented a documented process to perform benefits-verification in real- time and undertake pre-certification when and where applicable. This included processes such as customized intake forms, file indexing protocols, file exchange platform – establishing secure HIPAA compliant cloud platform to ensure secure and real-time exchange, eliminating the need to fax/email or call this heavily transacted process – about 15-20 verification/ day and 11 plus authorizations just on this one account.

- A consistent and robust reporting mechanism established to capture all benefits-verification and pre-cert transactions for the day and present to client at the end of day, ensuring that transaction intake at Advantrix does not miss any transaction(s).

  - A consolidated year-to-date report presented weekly – presenting entire data for the whole year (such report presented in csv-xls format allowing for filtering and sorting enabling easy viewing and analysis). Both reports also capture all iterations in the process – providing client with a detailed commentary on the process particularly helpful in pre-certification process as the history of entire process is made transparent and visible to the client.

  - Client also presented with required documentation for pre-certification with all major payers – database constantly updated to reflect updates from major insurances.

- Online/non-admin access established to client EMR allowing to:
  - Procure required documents for pre-certification.
  - Charting review to ensure billing compliance.
  - Billing intake (based on finalized charting).

- Billing processing protocols established to ensure consistency and precision.
  - Consistency of filing claims on fixed days in a week allowing sufficient time to all providers to complete and finalize the charting.

Solutions:

- **Real-time Benefit Verifications.**

- **Detailed patient benefit information at the CPT level.**

- **Rapid Authorization including PIP and Workman's Comp.**

- **Secure document exchange.**

- **Cloud based billing platform.**

- **Customized P2S process.**

- Allowing for easier tracking of filing by client finance team.

- Consolidated payments from payers resulting in consistent cash flow albeit now in consolidated ERA/checks.

- Charge amount on each procedure streamlined on the basis of CMS published RVU index and/or UCRs applicable to client's region.

- Claims scrubbed for coding and modifiers including monitoring of Medicare LCDs and CCI edits.

- Monitoring of physical therapy caps for Medicare filing and applying required modifiers when and if the caps were exceeded.

- Monitoring usage of authorized visits and flagging when and if the patient visits exceeded allowances or near to exhaustion.

- Responding to medical necessity related denials – by providing required documentation (obtained from client EMR) and/or organizing peer-to-peer review.

- Negotiating claims for out-of network claims settlements with the Third-Party Administrators where applicable.

- Paid-to-Subscriber (P2S) – a significant portion of client revenue was completely overhauled, capturing and reporting all P2S payments (including the ones without an ERA or EOB) on pre-determined dates of the month. Exchanging payment details with the client and pushing delinquent accounts to collection.

- Establishing on-line tickets to publish client queries, allowing client to respond online to all such queries.

- Periodic presentations with analysis on billing, collections, denials, resubmission and P2S. Data presented to client during online and in-person meetings.

- Establishing dedicated 'Helpdesk' email and agent support to ensure same day or next business day response to client queries.

- Constantly updated FAQ database capturing knowledge gathered from daily transactions and gathering insight from client queries. This has resulted in better understanding of concepts/processes on both sides and has allowed to reduce the need for repeat queries.

OUTCOMES

After working with Advantrix this client saw their revenues increase by approximately 7% in six months. Consistency, structure and transparency have been the hallmark of the entire process chain.

Seamless synergy across client's in-network and out-of-network RCM across the spectrum of Medicare, Workers Comp, PIP and all major Commercial Carriers.

Benefits verification and pre-certification processes streamlined with constant improvement in data authenticity and delivery time (same day of received until 03:00 PM EDT).

Established Reporting and File Indexing protocols allowing for ready/easy and consistent access to information for both sides. Detailed reporting to ensure vendor accountability.

100% capture of charges.

Identified and streamlined Paid to Subscriber (P2S) payments resulting in a 50% increase in P2S collections.

Robust P2S collection process addressing a major gap in client's revenue collection process. Constantly updated FAQ database.

Advantrix also focused on this client's Paid to Subscriber (P2S) collections resulting in a substantial increase in their overall revenue.

GET IN TOUCH

Contact the team at Advantrix today and learn how our proactive approach and comprehensive services can help you achieve your business goals.

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