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Meet the Presenter…

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On the topic:
Superior Skills for Success in the Front Office
Superior Skills for Success in the Front Office

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The Medical Office

The Medical Office is made up of many integral parts that must work independently and inter-dependently for the overall success of the practice.

Front office staff are vital to any medical office.

You are the “face” of the practice, the first person the patient interacts with.
The Key to the Office-Customer Service

The “FACE”? Why?
Any entity dealing with the public knows customer service is key.
So, the first contact a customer has with any business must be a pleasurable experience.
In a medical practice the front office is just that,
The “FACE” of the practice

Typical Front Office Duties

1. Performs administrative functions, general office duties.
2. Answers the phone, according to the Clinic’s Policies and Procedures; transfers calls.
3. Greets and welcomes patients/clients/visitors in a friendly manner. Directs them to appropriate person or department(s).
4. Schedules patient appointments in accordance with office policy.
5. Obtains and verifies information for new and established patients. Provides the patients with all required paperwork, financial policies, Notice of Privacy Practices, obtains signatures, authorizations, etc.
6. Adheres to all Clinic policies, safety and security, practices confidentiality and privacy protocols in accordance to policies and HIPAA requirements.
7. Provides excellent customer service for patients.
Typical Front Office Duties

8. Maintains the reception area, office files, and front-desk areas in a manner that is organized and neat.

9. Calls patients daily to confirm next day’s appointment. Informs patient of any existing balance noted in computer and request patient be prepared for any payment due at time of visit.

10. Collects payment for service, enters data and/or payment as appropriate.

11. Exercises problem-solving and conflict resolution skills; refers patient complaints to appropriate designated personnel as needed.

12. Attends scheduled department staff and clinical meetings.

13. Performs all duties in support of successful EHR/EPM recordkeeping.

14. Performs other duties as may be required.

Medical Office Protocol

Each medical office depending on the size will have certain protocols, policies and procedures that have been put in place to ensure that daily operations flow smoothly. An important element is knowing the practice’s reporting structure, i.e., the chain of command.

Understand your reporting structure, whether it be a front-line supervisor or the Office Manager.
Customer Service

Customer Service is becoming very important in the realm of healthcare:
The individual in the front office position must be customer service oriented. Let’s break down what that might look like:
– Friendly
– Helpful
– Polite
– ????

Customer Service

Key Elements to success in Customer Service - the “BE’s”
– Be cheerful, Smile, Smile, Smile
– Be professional
– Be courteous
– Be helpful
– Be knowledgeable
– Be efficient
– Be effective
Effective Communication

• Great customer services begins with your ability to assess the needs of the individual seeking service or information.
• Seeing the patient as a customer can help us relate more effectively.
• Understand that communicating is a two-way street. Giving and receiving information.
• Engage in active listening skills.

Customer Service

• Patients often identify with quality of care they are receiving with the level of service they are receiving.
• Patients use external identifiers such as:
  – personal appearance of the staff
  – cleanliness of the facility
  – attitudes of the staff
Customer Service

Relating the patient experience to your own experiences will help you understand that the patient is a consumer of goods and service, just like we are.

Basically, we all have the same needs:

– Feel welcome
– Feel important
– Be understood

Whether it is in person or over the phone, you will at some point experience a disgruntled patient, family member, staff member, etc.

Your ability to handle conflict is very important.

How you handle conflict will either help the matter or make it worse.

Today, many insurance carriers, hospital entities, practices are hiring survey companies to contact patients regarding their experience.

Maintaining a positive professional confident demeanor when dealing with conflict is vital.
Customer Service

Experience teaches us that there are times when we maybe unable to resolve a particular conflict. Here are some ways to avoid letting conflict get out of hand:

– Never raise your voice back to the person
– Interject by repeating their name
– Give the person time to vent without reacting, actively listen to the complaint
– Have a protocol, where you transfer the call to another party. This gives the caller time to decompress

Customer Service and Complaints

• Listen, Listen, Listen
• Don’t take it personal.
• Acknowledge the complaint, write it down.
• Investigate the problem.
• Resolve the issue.
• Respond to the individual making the complaint.
• Use the complaint as a part of your quality assurance plan.
Customer Service and Mistakes

Mistakes are inevitable like forgetting to schedule an appointment or forgetting to return a telephone call.

How we handle mistakes is important to providing great customer service:
– Acknowledge the mistake
– Resolve the issue
– Apologize

Patient Satisfaction

Overall patient satisfaction is the final metric for a successful medical practice. This is how we tie it together:

From the time the patient comes in our door it is important to put your best foot forward and set the tone for the rest of the patient’s experience in your facility.

Focus on the patient as a customer. Customers are necessary for any successful business operation.
Physician and Patient Relations

You cannot discount the impact that the Provider has on patient satisfaction. Patient satisfaction within the face to face encounter begins when the physician enters the exam room and greets the patient. Physicians should be engaged and focused on that particular patient from the very start of the encounter.

Physicians can help increase patient satisfaction by employing a few techniques:

– Start with a warm greeting
– Engage the patient on a personal level
– Showing concern and empathy is a easy as a giving a warm smile, a sincere handshake, a touch on the shoulder, asking about family or pets, commenting about a new haircut.
– Being a good listener
Physician and Patient Relations

Future reimbursements are going to depend largely on the quality of medical care provided and patient satisfaction.

– A patient relates quality care with how they “feel”.
– How a patient feels about the care they receive goes hand in hand with how they feel overall about the practice, translating into their own satisfaction.
– Dissatisfied patients do not participate well in their medical care, this can negatively affect quality scores.

As a front-line staff member, you have a keen insight into the how the patient has perceived the visit.

You can help facilitate a patient centered culture in your facility by providing the best service in your role as medical receptionist.

You can also facilitate a patient centered culture by providing information when a patient has a complaint and working with other staff to advise, educate and correct the complaint.
Knowledge

The individual at the front office must be knowledgeable and this knowledge must cover many areas, such as:

– Compliance
– Scheduling
– Insurance
– Revenue and Receivables
– Basic reconciliation processes
– Time management

Let’s take a closer look at these areas:

Compliance

Compliance encompasses many areas in the medical practice:

– HIPAA
– OSHA
– RISK Management
– Fraud and Abuse
HIPAA

- Understand the components of HIPAA
  - Privacy Component
  - Technical Component
  - Security Component
- Privacy: What is protected
- Technical: Standardizing communication
- Security: How it is protected

Privacy and Confidentiality

- The front office is where the majority of information is gathered.
- Care must be taken to make sure that information is not disclosed to inappropriate parties.
- Obtain appropriate consents for disclosures made to other individuals on behalf of the patient.
- Understand what “minimum necessary” is. Communicating only information that is vital for performing necessary tasks.
- Doing your part to make sure conversations concerning a specific patient are not overhead.
Privacy and Confidentiality

• Front Desk Staff is responsible for knowing what important patient information is protected under HIPAA.
• Staff need to be informed about HIPAA and be ready to assist the patients with questions regarding how the practice will handle their protected health information.
• Notices of Privacy Practices must be given to each patient and an attempt must be made to secure an acknowledgment that the patient received the information.

Privacy and Confidentiality

• Aspects of protecting a patient’s privacy and maintaining confidentiality have to do with workplace controls, such as workstations, telephone conversations, patient charts left on desks, etc.
• Protecting privacy and confidentiality goes outside the office as well. Speaking openly about specific patients in public can breach patient privacy.
Individually Identifiable Health Information

- Name
- Geographic subdivisions smaller than a state
- All elements of dates (except for year)
- All ages over 89 and elements of dates, unless they can be aggregated into a single category (90+)
- Telephone numbers,
- Fax numbers
- Email addressed
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/License numbers
- Vehicle identifiers, serial numbers, including license plate numbers
- Device identifiers and serial numbers
- URL’s
- IP addresses
- Biometric identifiers
- Full face photos
- Any other unique identifying number, characteristic or code

Technical Component

- The technical component deals with standardizing communication under HIPAA as it relates to electronic transmissions between various business associates, namely insurance carriers and clearinghouses.

- Communications relating primarily to insurance coverage and remittance.
Security Component

• Relates to how an entity must safeguard information identified under the Privacy Rule.
• Divided into three categories:
  – Administrative
  – Physical
  – Technical
• Examples are training, contingency, workstation use and access, audit trails and authentication processes.

Front Desk Controls

• Helpful techniques in protecting health information:
  – Who do you receive PHI from?
  – How do you handle the information you receive?
  – How much information do you need to do your job?
  – Who do you share information with?
  – How do you dispose of the information once it is no longer needed?
OSHA

- OSHA- Occupational Safety and Health Administration
- Understanding this regulation is for your benefit. To protect you, the employee.
- The front office staff must be trained and understand the risk of exposure to BBP (blood borne pathogens)
- Must understand safety protocols that have been established for your facility.

Risk Management

- There is a high degree of risk associated with the delivery of healthcare.
- It is in the best interest of a medical practice to identify areas that could potentially put patients at risk of harm, and act on them to prevent and control those risks.
- Developing, implementing and monitoring a risk management program for compliance is key to protecting the practice.
Risk Management

Areas of risk:
- Scheduling and appointment recalls
- Tracking lab results
- Tracking email communications
- Documentation
- Medication management tracking
- Illegibility

Fraud and Abuse

- *Medicare fraud is typically characterized by:
  - Knowingly submitting false statements or making misrepresentations of fact to obtain a federal health care payment for which no entitlement would otherwise exist;
  - Knowingly soliciting, paying, and/or accepting remuneration to induce or reward referrals for items or services reimbursed by Federal health care programs; or
  - Making prohibited referrals for certain designated health services.
- *Examples of Medicare fraud include:
  - Knowingly billing for services not furnished, supplies not provided, or both, including falsifying records to show delivery of such items or billing Medicare for appointments that the patient failed to keep; and
  - Knowingly billing for services at a level of complexity higher than the service actually provided or documented in the file.
- *For more information: [http://www.cms.gov/Outreach-andEducation/Outreach/Partnerships/ FraudPreventionToolkit.html](http://www.cms.gov/Outreach-andEducation/Outreach/Partnerships/FraudPreventionToolkit.html)

*The Medicare Learning Network® (MLN), a registered trademark of CMS*
Examples:
• Incorrect coding
• Medically unnecessary service
• Improper Billing practices (such as, upcoding)
• Billing for services or supplies that were not provided

Fraud and Abuse

Front Desk staff should be aware of these Federal laws governing Medicare fraud and abuse include the:
– False Claims Act (FCA);
– Anti-Kickback Statute (AKS);
– Physician Self-Referral Law (Stark Law);
– Social Security Act; and
– United States Criminal Code
Scheduling

• The front office staff must have a good working knowledge of the computerized scheduling system used in the practice.
• There must be a scheduling protocol in place that was established in coordination with the physician and the office manager.
• An exception plan for walk-ins or other office emergencies.
• Many offices have a waiting list for patients who for various reasons need to see the physician, but no open appointments are available, without a cancellation. When one patient cancels, then the patient on the waiting list is contacted and given the option to accept this opening in the schedule.

Key Elements to Success in Scheduling:

– Organization and a having daily plan.
– Scheduling according to the practice’s protocol.
– Obtaining complete and accurate patient information.
– Appointment Reminder calls the day before scheduled appointments, you may use the opportunity to remind the patient of any balances or co pays due.
– Collection of co pays/deductibles/balances at check in preferably, if not then at check out.
– Knowing the financial policy of the practice.
Insurance

The front office staff must have a good working knowledge of all insurance carriers and plans that the practice has contracted with.

- HMO’s, PPO’s, Managed Care’s
- Co pays, coinsurances, deductible

Well developed and well maintained tools along with protocols for handling each type of plan are essential

The Insurance Realm

- HMO’s: Health Management Organization
  - An HMO is an organization that arranges or provides managed care for health insurance on a pre-paid basis.
  - HMO insurance coverage limits a patient’s medical care to physicians who are contracted with the HMO and have agreed to the terms and restrictions of the contract.
  - Under an HMO, the patient’s care is managed by a PCP, which stands for Primary Care Provider. The PCP becomes the “gatekeeper” for all of the patient’s medical care.
  - Under an HMO, the patient must obtain a referral from the PCP before seeking medical care from any other physician. Seeking treatment outside of this network would result in a higher out of pocket cost to the patient.
  - HMO’s in many cases offer little or no deductible and small co pays for utilizing in-network providers.
The Insurance Realm

• PPO's: Preferred Provider Organization or Participating Provider Organization
  – A PPO is a type of managed care organization of doctors, hospitals and other types of medical providers who have entered into an agreement with an insurer or a third party administrator to provide medical care to covered patients at a reduced rate to the insurers or the TPA's clients.
  – A PPO is less restrictive in who a patient may see as long as they are in the PPO network, as in, not requiring a referral, but usually requires pre-certifications for certain types of testing or hospitalizations.
  – PPO's may have higher premiums, deductibles and co pays.

The Insurance Realm

• Indemnity Insurance- also known as 80/20 plans
  – Traditional coverage that allowed the patient to utilize any physician at any time, usually without referrals or pre-certifications and without any effect on reimbursement.
  – The patient would have a deductible which would be met before the plan would pick up 80% of the cost of the medical service provided. The patient is responsible for the remaining 20%.
  – Also known as FFS or Fee for Service plans.
The Insurance Realm

• Medicare
  – The federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).
  – Has a fixed fee schedule, based on resource-based relative value units for physician services and procedures.
  – Private carriers offer Medicare HMO plans, intended to provide the Medicare program cost savings and enhance the medical services coverage to many patients.

The Insurance Realm

• Supplemental Insurance Plans
  – These plans are offered by various insurance carriers to provide additional coverage for the out of pocket expenses that the patient would be responsible for such as a 20% co-insurance or a deductible.
  – These plans have many coverage options with Plan F providing the most comprehensive coverage.
  – It is important to know the coverage limitations of each supplemental plan.
The Insurance Realm

These are a few, however, there are many other types of insurance plans and terms that the front office staff should be familiar with.

Many carriers provide training and support for providers and their staff.

Remember, our society in general has become more mobile and transient, people change jobs and change insurances more frequently than in the past.

Key Elements to success with Insurance:

– Know the plans your practice accepts and is contracted with.

– Always obtain updated patient information, including address, contact information and insurance carrier.

– Always verify the insurance before each appointment.

– Always know what portion of the visit the patient will be responsible for.
Revenue and Receivables

Due to the influence of managed care organizations with contracted fee schedules, co pays and contractual obligations the role of front office personnel is more vital than ever.

The fact that reimbursements are lower, costs to provide medical services are higher, are all reasons to ensure every effort is made to enhance collections and improve cash flow.

Revenue and Receivables

The financial management of a medical practice or facility revolves around what we call the “Revenue Cycle”.

You will often hear the term, revenue cycle management. Revenue Cycle Management consists of tools/procedures/policies that are put into place to facilitate any, and all activities, both clinical and administrative that will impact revenue generation within the practice.
The Revenue Cycle

Patient Registration → Collections → Time of Service Collections → Accurate Claims Submission → Denials Management

Revenue Cycle Factors

Practice
- # of Patients Seen/Volume
- Fees

Payers
- Claim Payments from Carriers
- Patient Payments/Collections
Revenue and Receivables

Here are some of the processes that can impact the revenue cycle:
- Productivity: Provider and Staff
- Patient volume: # of visits per day/week/month
- Fees for services: Above reimbursement allowables
- Insurance claims: Accurate, timely filing
- Patient payments: Co-pays, deductibles, upfront
- Collections: Follow-up, follow-up, follow-up

Scheduling Impact on Revenue

• Data Gathering Elements
  – Obtain necessary information
  – Accurate data entry of the information obtained
  – Verification of insurance
    • Real-time verification
    • Lead-time
• Patient Visit Volume
  – How many patients can the Physician realistically see?
  – Appointments and Availability
TOS Collection Impact on Revenue

- TOS collections
  - Know what the patient will be required to pay at the time of service
  - Inform the patient at the time of scheduling and when the appointment reminder is made.
  - Have a plan on how to handle those patients who routinely “forget” their obligations.
  - Train your Physician

Claims Processing Impact on Revenue

- Accurate data collection for claims submission
  - Do you have the correct carrier information?
  - Do you have the correct patient information, dob, social, member number?
- Collection of charges and services
  - Make sure each service performed is documented, charged for and posted accurately
- Timely filing
  - Optimally daily insurance filing
Accounts Receivable impact on Revenue

• Claims re-filing
  – Every time you resubmit a claim, it is worth less

• Statement sending
  – Every time you send a statement to the patient, you are increasing overhead and the percentage of collections goes down

• The longer an account remains unpaid, the chance of collecting is significantly reduced

• Keep you receivables to a minimum

Revenue and Receivables

The front office staff plays a key role in the effective capturing of revenue. Through,
  – Effective communication
  – Enhanced knowledge of insurance plans
  – Efficient skills for obtaining information and entering the data correctly
  – Superior interpersonal skills – it takes the whole team to ensure a healthy bottom line.
Knowledge in the Revenue Cycle

Studying to gain an enhanced knowledge of insurance plans provides the Front Desk Staff with vital information regarding plan details, such as copays, deductibles, referral requirements, carve-outs, timely filing requirements, etc.

Knowing this information and communicating it to other key medical office staff is vital.

Communication in the Revenue Cycle

Effective Communication is telling, listening and hearing. Front Desk Staff acts as a pivotal point for communication throughout the entire patient encounter. The interaction between the Front Desk Staff and other key members of the medical office must promote a positive environment to ensure the accurate exchange of information.
Electronic Data in the Revenue Cycle

In today's world of computers and electronic data transmissions a medical practice relies heavily on the abilities of the Front Desk Staff to interpret and translate information correctly into a practice management system.

It is the practice management system that takes that information, records the daily activity of patient information, medical services, patient charges, and collections to formulate an accurate medical record for the patients encounters for that day as well as produces an insurance claim and/or patient bill to be submitted to the carrier/patient.

Detail in the Revenue Cycle

- In addition to working in a practice management system and understanding the importance of accurate data collection and entry, some understanding of basic accounting as daily balancing, bank deposit preparation, and cash reconciliations, as these skills may be required depending on the practice.

- You must make sure that all charges for all services and all monies that should have been collected have been collected and posted properly and balance. Let’s take a look at some typical end of the day processes.
Processes that Impact the Revenue Cycle

End of the Day processes could include:
- Ensuring all charges are entered or have been captured in the EMR system correctly.
- Entering any missed charges into the EMR system.
- Totaling the amount of the charges.
- Totaling the amount of the money received.
- Balancing back to the EMR or practice management system.
- Preparing the deposit slip for the bank
- Balancing the cash drawer
- Reporting any overages or shortages to the appropriate person in the practice, a supervisor or office manager.

Making a Positive Impact

Recapping: Keys Elements to success with revenue and receivables:
- Knowing what co pays and/or deductibles will be due from each patient the day of the appointment.
- Reviewing account balances of scheduled patients prior to the day of the appointment.
- Making the patient aware of any payments that will expected on the day of the appointment.
- Ensuring that if the expected payments can't be collected at the time of the appointment, that the patient speaks to the appropriate staff member to make appropriate financial arrangements.
- Making sure all charges and payments are balanced back to the EMR system.
- Making sure all cash drawer monies are balanced and any discrepancies are reported.
Organization and Time Management

- Being organized is essential in carrying out your duties as the Front Office Staff.
- Planning your routine can systematically improve your efficiency.
- Having communication protocols keep everyone on your team connected and informed.
- Daily morning huddles can help everyone prepare for what’s ahead, including difficult patients, unexpected delays or emergencies.

Skills for Success in the Front Office

We have covered important components and essential skills for success in the front office. Depending on the size of the medical practice, the front office may be responsible for other duties.

It is important to prioritize the responsibilities as well as the tasks assigned to the position.

Effective time management is crucial to having a front desk that operates efficiently and can effectively make a positive impact on the bottom line.
Rate Your Front Desk Skills

• I have a understanding of my job responsibilities.
• I understand state and federal regulations that impact my job.
• I know and understand current policies and procedures in my practice.
• I practice good customer service skills.
• I consider myself a team player
• I am proactive in problem solving and conflict resolution.

Questions?

• Thank you for your attendance!!

• Get your questions answered on PMI's Discussion Forum:
  http://www.pmimd.com/pmiForums/rules.asp

• Contact information: gwright@pmiMD.com