



Your Presenters

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Key Roles

Practice/Office Manager



IT Manager



Centralized Scheduling



Front Desk - Check In



Nurses and Providers



Front Desk - Check Out



Coding & Billing



Biller & A/R Staff





Office Manager / Practice Manager / Administrator

Core Functions

- Oversee entire practice operations
- HR / Staff management including:
 - establishing detailed Job Descriptions
 - Standard Operating Procedures for each department
 - Competent hiring, disciplining, and terminating of staff
 - Benefits management & enrollments for staff
- Meeting planner and manager regular office meetings to ensure consistent communication
- Oversight or ownership of HIPAA compliance
- Provider credentialing & enrollments
- Review & manage practice financials including Accounts
 Payable & Accounts Receivables
- Ordering supplies

- Management of PEOPLE and PROCESS
- Motivation and enablement of team
- Regulatory/HIPAA awareness and skillsets
- Planning
- Budgeting and budget adherence
- Analytics and data skills
- Communications staff, vendors, patients
- Professionalism



IT Support / Manager

Core Functions

- Maintain smooth and fast operations of EMR, PM, and other core systems including redundancy in case of failure
- Create and work support cases
- Maintain phone systems
- Provide support to staff
- Hardware management
- Ensure Cybersecurity is up to date and provide training to staff
- Manage employee logins, access, and monitor adherence to core practice computer use policies

- Cybersecurity & HIPAA
- Technical skills, e.g. networking
- Application skills
- Vendor management
- Budgeting
- Empathy and training skills helping staff cope with technology



Centralized Scheduling

Core Functions

- Take inbound/outbound calls
- Schedule patients for appointments
- Ensure all patient information is populated in the system
 - Check eligibility & benefits
 - Coordinate Pre-Authorizations and Referrals (if applicable)
 - Communicate patient responsibility prior to the appointment
 - Route calls to appropriate department, if needed

- Payer knowledge including special rules such as dual-coverage.
- Depending upon specialty, able to understand No Surprises Act, create estimates, etc.
- Disciplined and rules-driven approach set up by Practice Administrator
- Communication Skills
 - Empathy
 - Firm and assertive
 - Professional



Front Desk – Check In/Check Out

Core Functions

- Patient check-in including verifying Driver's
 License, Insurance Card (check benefits &
 eligibility, determine patient responsibility),
 HIPAA and other Consent/Disclosure/Financial
 Policy Forms
- Collect Copay/Deductibles and outstanding balances (if applicable)
- Notify clinical staff when the patient is ready
- Check the patient out in the system
- Collect any balances due (if not done at check-in)
 - Verify no additional services have been rendered
 - Answer billing questions, or refer to billing dept.

- System knowledge
- Process knowledge
- Communication Director of 1st impressions:
 - Firm and kind patients may be concerned
- "Re-direction specialists" if there is an overdue balance
- Meticulous ensure all protocols followed



Clinical Staff - Nurses/Providers/etc.

Core Functions

- Patient is seen by a member of the clinical staff
- Key billing vector:
 - Documentation is completed/signed off timely
 - Coding is appropriate and matches documentation
 - Respond to coding inquiries from billing staff
- Technology using all available tools
- Assisting with system configuration, e.g. EHR templates

- Patient management
- Adaptable and flexible
- Willing to learn non-clinical skills to support the business
- Team player
- HIPAA



Coder

Core Functions

- Review provider documentation for proper coding
 - Review any applicable LCDs, medical policies and guidelines frequently
 - Modifiers
 - Diagnosis Codes
 - Diagnosis Pointers
 - CPT Code accuracy

- Coding knowledge/certifications
- Passion for ongoing training and learning
- Medical knowledge
- Technical skills (help configure EHR/PM)
- Educator/communicator



Biller/EDI Specialist

Core Functions

- Review claims
- Validate scrubbing/edits and route appropriately
- Daily claim filing and verification of EDI clearinghouse and then payer acknowledgement
- Rejection management
 - Ensure all patient demographics, insurance and provider information is entered and is correct
- Biller and Coder should work hand in hand to ensure processes are aligned so that you receive clean claims and faster payment

- Detail-focused
- Puzzle-solver
- Technical skills (e.g. software rules configuration)
- Analysis (improve process)



Denial Management and AR Specialists

Core Functions

- AR Specialists/collectors
- Follow up on submitted claims
- Resubmit using best path options
- Work denials, rejections, edits, and appeals in a timely manner
 - Patient collections calls
 - Post payments against claims
 - "No Activity Claims" management and follow up (should be worked within 30-35 days of filing)
 - Biller and Coder should work hand in hand to ensure processes are aligned so that you receive clean claims and faster payment

- Know payer rules
- Researcher
- Process-oriented
- Detail-oriented
- Focused on improvement
- Communicators able to difficult bills to patients who don't want to pay



Other: Credentialing & Enrollment, Pre-Auth, etc.

There are many other potential roles a practice may need depending upon variables such as:

- Practice Size
- Specialty

Examples

- Credentialing and Enrollment Specialists larger practices with more physician turnover and plans to manage
- Surgery/procedure scheduler high dollar/specialty
- Pure patient billing/statements larger practices
- Payment posters high volume
- Quality and cost reporting (e.g. ACO/Medicare, FQHC, etc.)



KEY TAKEAWAYS



Key Takeaways

- Knowledge is power know rules and requirements, know your systems, ensure staff are frequently trained and retrained. Do NOT skimp here
- Understand the data if you're not keeping up with the key data elements such as where is your AR, why you may be seeing increased denials, or lower patient payments, then you'll learn about problems the hard way – when it is too late
- You are part of a team Everyone plays a part in running an effective office
- Don't overburden key roles shortcuts cost you in the long run
- Don't forget your core business remember that the focus is on keeping the
 patient schedule full don't divert staff at the cost of follow ups, quality, patient
 service, and long-term sustainability





Know Who Does What, Focus on Your Business

Your practice is a team, each with a key role. Billing staff need to be focused on billing. Remember that the focus is on keeping the patient schedule full – don't divert staff at the cost of quality, patient service, and long-term revenue.



Data is Critical, Watch for Warning Signs

Ensure you are constantly on top of your operational and management data. Good managers will watch their KPIs and trends. Work on improving and check for negative trends. If you don't make this part of your routine, it may be too late to counter negative impacts.



Do Not Shortcut on Training, Compliance, and Staffing Morale

A practice can run smoothly with the right people and partners in the right places. Too often a practice will be under pressure to share roles. This results in quality gaps that show up in a spiking AR and reduced collections.



ABOUT ARIA

Flexible services to meet the needs of any practice regardless of size, specialty, or technology



ARIA Revenue Cycle Management Services

End-to-end billing as well as carve-out services to meet the unique needs of every practice



Coding Services and **Regulatory Assistance**



Denial and Appeal Management



Aging AR



Detailed Reporting



Credentialing & Enrollment **Services**



Business Process Outsourcing



ARIA RCM Services Ranked #1





Just a few quotes

Congratulations Team on your well-deserved Award!!! have so much confidence that we are in such good hands with the firm's support people and how they handle everything.

Everything that they do is done very well and if asked in a timely manner.

We love working with (our account executives). Thank you so much to them to all of the assistance that we have had for our office.

The reporting is very helpful and the RCM team is responsive

Very happy with the partnership. Our team is very responsive and always pleasant to work with.

I appreciate my RCM team so much. My rep is amazing and always so helpful and quick with any issues I have. They make a great addition to my office staff.

The RCM team is a major asset to our business. Not only have they met their goals over the last few months, but they have been there for any problems that arise regarding our revenue and even helped me print reports for out HSA grant applications.



Q&A





Synchronizing Healthcare.





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