



SOLUTIONS GROUP
HEALTHCARE FINANCE SERVICES

A 4-PART WEBINAR EXPERIENCE

THE REVENUE CYCLE PLAYBOOK



Q3. RED ZONE EFFICIENCY: CLAIMS & BILLING



Asbel Montes
Co-Founder &
Managing Partner
SGS



Griffin Hebert
Business Development
Manager
SGS



Andrea Breaux
Account Manager
Solutions Group



Rachel Cornett
Chief of Staff
**Jan-Care Ambulance &
General EMS**



Asbel Montes
Co-Founder & Managing Partner
Solutions Group

nCite Audit

FIND IT BEFORE THEY DO.

A clinically informed review of your coding, documentation, and compliance—pinpointing where earned revenue is slipping away **before** a payer or auditor finds it first.



REVENUE LEAK
FOUND

POWERED BY
nCite Audit

RevClarity

CALL IN REINFORCEMENTS.

Project-based support across coding, data entry, and A/R follow up, clearing backlogs and stabilizing production **without** adding permanent headcount or a long term commitment.



POWERED BY
RevClarity

Consulting



BUILD A **BETTER** PLAYBOOK.

Pairs your leadership with our revenue cycle experts to turn findings into **lasting** improvements in process, documentation, and reimbursement.



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SGS CONSULTING



Griffin Hebert
Business Development Manager
Solutions Group

PRESENTER

SEPT 19, 2020

CONFERENCE OPENER

25% CAPACITY



VS.

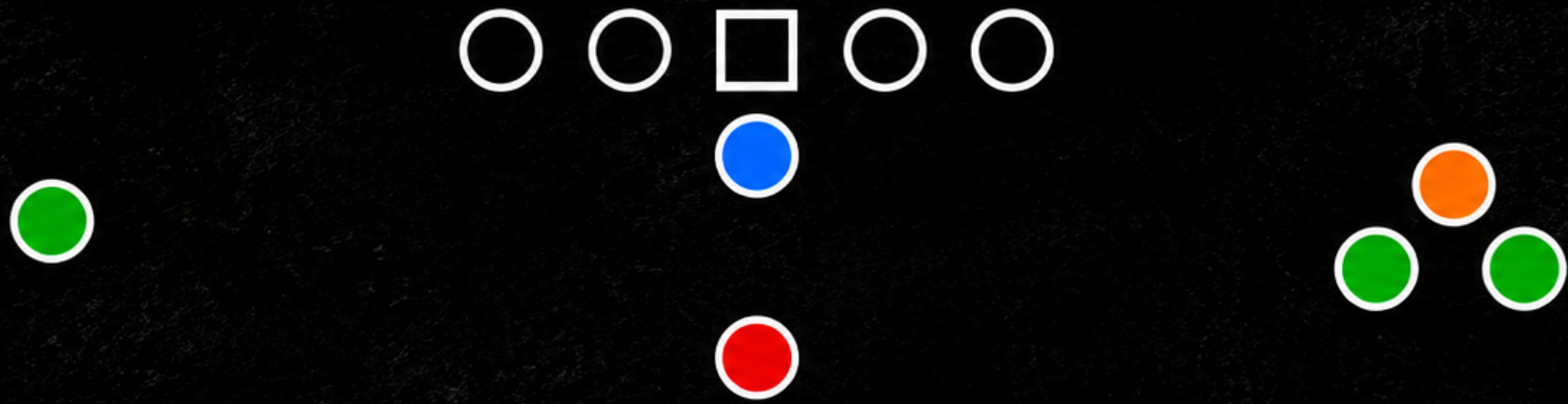


HOME OF THE BULLDOGS

LA TECH

SOUTHERN MISS

FIRST TD:



27

SOUTHERN MISS

10

LOUISIANA TECH



17 PLAYS

74 YARDS

4:52 TIME

4TH & GOAL

14

4TH QUARTER

INCOMPLETE

→ WIN

BALL ON

24

LA TECH

TOL 0

4

QTR

0:14



MAKE THE HIT
WORTH IT



Asbel Montes
Co-Founder & Managing Partner
Solutions Group

- KICKOFF -

SECOND HALF:

WHERE CLAIMS ARE WON OR LOST



CASH POSTING



DENIALS



FOLLOW-UP

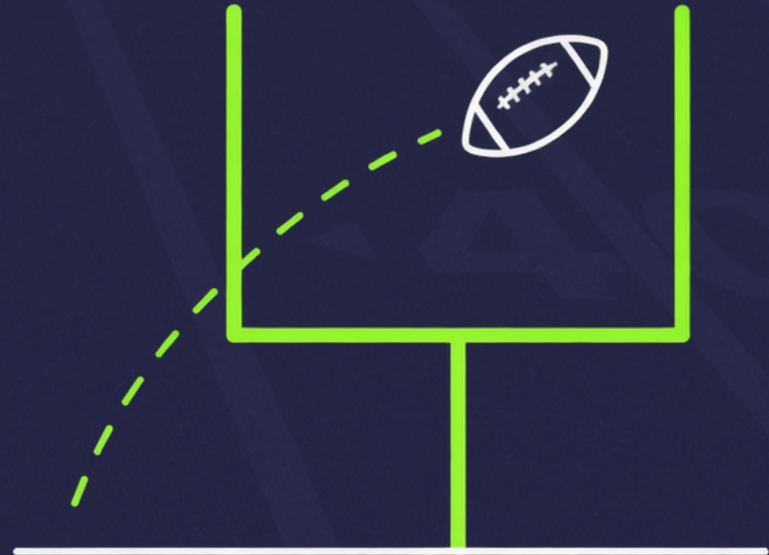


APPEALS

CASH POSTING.

THE EXTRA POINT.

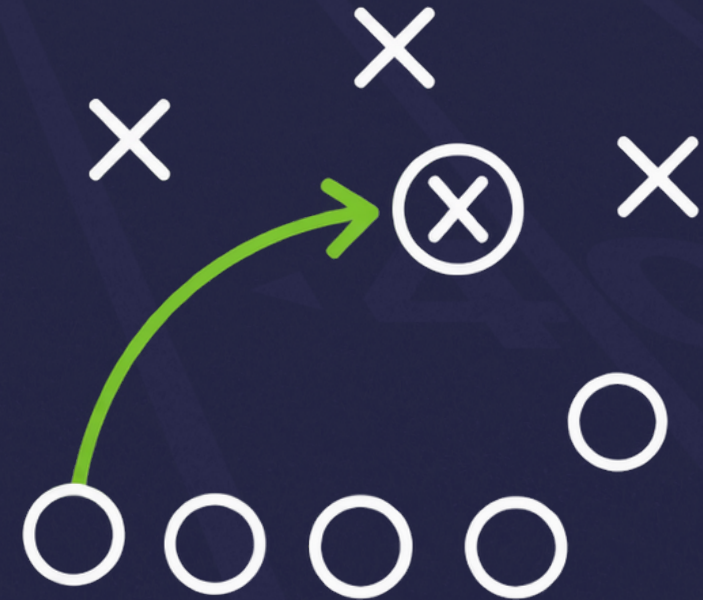
- ✓ **AUTOMATE** THE POSTING
- ✓ **POST** BY LINE ITEM
- ✓ DON'T LET CASH SIT **UNAPPLIED**



DENIALS.

THE TURNOVER.

- + **CONTROLLABLE** vs. **TRUE** DENIALS
- + **FIND THE ROOT CAUSE,**
NOT JUST THE FIX
- + **DEFINE → MEASURE → ANALYZE →**
IMPROVE → CONTROL



FOLLOW-UP.

STAYING ON THE CLOCK.



WORK IT BEFORE IT AGES



90 / 180-DAY AGING BENCHMARKS



DON'T WAIT FOR THE PAYER TO CALL YOU



I APPEALS.

THROWING THE CHALLENGE FLAG.

- ✓ NOT EVERY **DENIAL** IS FINAL
- ✓ **DOCUMENT**, DON'T TEMPLATE
- ✓ KNOW YOUR **WIN RATE**





Rachel Cornett
Chief of Staff
**Jan-Care Ambulance
& General EMS**

01 —

Set yourself up
for excellence.

02

CREW DOCUMENTATION

Crew Documentation

Once a year, every field provider and all billing staff must sit through an **8 hour in person ePCR documentation training** taught by a combination of our compliance director and billing supervisors.

03

CERTIFICATION

Certified Ambulance Documentation Specialist

All EMTs we train and certify must become a

Certified Ambulance Documentation Specialist

through the **NAAC** (*National Academy of Ambulance Compliance*) before we allow them to test their **NR-EMT**. The class is geared towards **EMTs, Paramedics and other field practitioners.**

04

DISPATCH OPERATIONS

Dedicated Medical Support Staff in Dispatch.

Our dedicated Medical Support staff in dispatch:



screen
calls



gather
patient
demographics



gather
insurance
type



submit
prior auths



gather
PCSs



They also get **individual transport contracts** from facilities in special circumstances.



They also **collect payment up front** for calls where insurance will not pay (patient request, lack of medical necessity, lack of reasonableness).

We Verify Before We Bill.

Our compliance team individually screens any **repetitive patient** and does in person on site visits, so we know for sure our facts are correct before we submit to their insurance carrier, and we agree to **take them long term.**

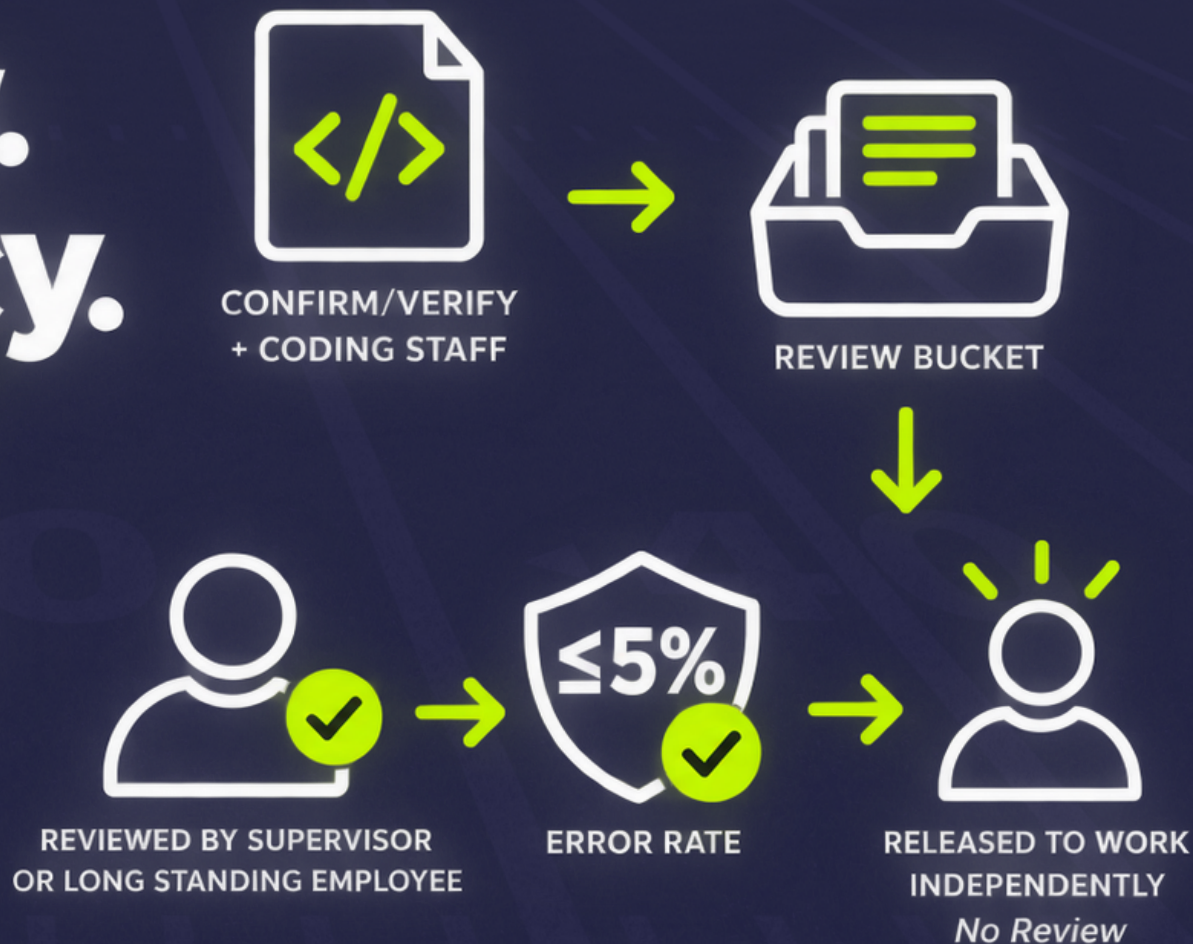


06

CONFIRM/VERIFY + CODING

Built-In Review. Better Accuracy.

Our confirm/verify and coding staff put all of their work into a **review bucket** that has to be reviewed by either a **supervisor** or a **long standing employee**, and they must obtain a **5% or below error rate** before they are released to work on their own with no review.



Qualified People. Stronger Outcomes.

Before a prospective employee can be interviewed, they must pass a standardized reading comprehension and mathematics test at a level we set so we know that they have the capability to train on and retain the complexities of ambulance billing.



PRE-INTERVIEW REQUIREMENT

Standardized reading comprehension and mathematics test.

40 
BILLING STAFF

6 
SUPERVISOR
POSITIONS

OUR STAFF INCLUDES:

**18**

Certified
Ambulance Coders

**15**

Certified
Ambulance
Compliance Officers

**13**

Certified
Ambulance
Privacy Officers

**7**

Certified
Ambulance
Documentation
Specialists

**4**

EMTs

**1**

Paramedic

**1**

RN

Our billing and compliance leadership attend conferences **yearly** to learn what's new in our industry.

We take conference attendance very seriously and although we enjoy the travel, and incorporate some fun, **we are down to business.**

Dinners every evening are team meetings where everyone brings their notes, and we discuss how to incorporate new practices and procedures into our billing and compliance plans.

Our follow up staff are divided by **specific payer types**, so they really become **experts** with the payers that they work with.

We work denials **as soon as they come in** and when we get a denial, if it could affect other trips for the same patient, we work those at that time. **Every account is managed in a way to try to avoid excess patient responsibility.** We believe our patients are currently working or have worked most of their lives to have health insurance and we want to make sure that while remaining compliant, we hold the insurance responsible for the portion that they should pay.

10 |

If we get a coordination of benefits denials, we don't just flip the bill to private, we **make phone calls**, we **send post cards**, whatever is necessary to reach the patient so they can contact their insurance and quickly resolve the coordination of benefits issue.

11

PAYER OVERRIDES & PRIVATE PAY

Our top payers have **payer specific overrides** in our software admin, so we know what to expect from most payers as soon as the trip is verified. **When we work the account, we know how much the insurance should pay.**

If a trip does end up private pay, we **work those accounts** every month as they age, **31-60,** **61-90,** **91-120,** **120-180.**

We leave very little go to outside collections. We exhaust every avenue in house.

12

SCRUBBING & CLAIM STATUS



We utilize Solutions Group to scrub for **Worker's Compensation, third party liability insurance deductible management** for auto accidents and help us with **deductible management** so we can focus on maximizing collections.



Our insurance department uses websites or makes phone calls to check status of claims that age **every 30 days.** Availity is a free website that we utilize to check status of some commercial insurance carriers, Medicare HMOs, and Medicaid MCOs. We don't wait for a denial. As the claim ages, we are working it **every 30 days.**

13

ESTATES & POSTCARD OUTREACH



We heavily research and file against **open estates.** Although this takes a little time, it is our last opportunity for payment, and we dedicate the time it takes to file a Proof of claim on any estate we find.



We have found that when we are unable to reach a patient by phone, **we can send a postcard** and have a lot of success getting the patient or family to call in. It gives them just enough information to get them curious and once they call in, we can update information, ask questions, set up payment plans, etc. Also, mailing a post card costs **\$0.65** vs **\$0.82** and a full letter may not get read.

14

CONTRACT TIPS

If you have any government contracts, **review your contracts, make cheat sheets** to share with your staff, and make sure they are advantageous for both you and the government entity. Follow your contract closely.

If you have a facility that refuses to pay you, **don't be afraid to sever that relationship.** We are doing valuable work and should be compensated.

Have a person dedicated to managing your billing software admin. Too many people working in admin can add to human error and you want your admin to be accurate.

15 | *CONTRACT TIPS*

As the Director, I **meet with my billing supervisors often.** but I also try to get **one on one time** with all billing staff once a month. We use these times to train, discuss issues, make plans for anything that may be falling behind.

Celebrate your wins with your staff.

My staff knows where we are on income, our goal is clear and when we overachieve, we **celebrate it.**

16 |

CONTRACT TIPS

Hold on to your supervisory staff because they are full of historical knowledge. Tabatha has been with me **24 years**, Amber **23 years**, Candice **18 years**, Stephanie **13 years**, Salena **5 years**. They know the ins and outs of every payor; they are my go-to for everything!

The Director of each department, including **Accounts Receivable** and **Compliance** have a seat at the **C-Suite table.** Our thoughts and ideas are valued and decisions about our business are discussed with all C-Suite members before our President makes his decision.



Andrea Breaux
Account Manager
Solutions Group

PRESENTER



Q & A



Andrea Breaux
Account Manager
Solutions Group



Rachel Cornett
Chief of Staff
**Jan-Care Ambulance
& General EMS**

ASK THE EXPERTS



NEXT WEEK:

Q4. COACHING THE CLOSE: LEADING YOUR A/R & COLLECTIONS TEAMS



Asbel Montes
Co-Founder &
Managing Partner
SGS



Griffin Hebert
Business Development
Manager
SGS



Corey Chapman
VP of Client Services
Solutions Group



Chris Holden
CEO
**First Priority
Mobile Healthcare**

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THE
LEADERSHIP
LAB WITH *Asbel Montes*



SCAN TO SUBSCRIBE





Explore the Leadership Platform!

A space for leaders to move beyond survival mode and lead with clarity, intention, and sustainability in every area of life.

ASBELMONTES.COM





SOLUTIONS GROUP
HEALTHCARE FINANCE SERVICES

Let's Stay in Touch



844-784-2300



www.solutionsgroup.com



info@solutionsgroup.com



Dallas, Texas

