

ABSTRACT: 2013 ELAM Institutional Action Project Poster Symposium

Project Title: Life cycle of Gynecologic Oncology Outpatient Physician Billing: Follow the Money

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Background, Challenge or Opportunity: The Faculty Practice Solution Center (FPSC) has determined performance benchmarks for academic physicians' productivity and clinical revenue

Purpose/Objectives: 1) To map out the portion of outpatient billing process beginning with patient encounter used in the Ob Gyn Department, 2) To identify areas of improvement to improve the efficiency and decrease denials of claims.

Methods/Approach: We mapped the outpatient clinical revenue cycle from the patient encounter to patient bill submission to encompass that part of the cycle which is affected by the physician and office staff. We compared the Ob Gyn faculty to national FPSC benchmarks including denials rates, fee for service in accounts receivable and accounts receivable > 180 days.

Outcomes and Evaluation: The Ob Gyn faculty see patients in two locations, which have distinct office practice billing processes: a centralized model with a dedicated billing supervisor "angel" for Maternal Fetal Medicine, Urogynecology and Reproductive Endocrinology and a decentralized "agnostic" model without a dedicated supervisor for Gynecologic Oncology. The "angel" performs a first level of "scrub" on site which involves reconciling the scheduled patient lists with completed patient bills, verifying the type of visit for appropriate level of service and providing necessary diagnosis codes for billing. This process is facilitated by immediate access to patient charts. Deficiencies in the bills are immediately sent back to the physician for completion, tracked and reported up the chain of command to the Department Chair. Persistent delinquencies affect faculty compensation. The decentralized model has no dedicated supervisor and relies upon each faculty member's assistant to submit patient bills. The first level of "scrub" is performed by the Physician Billing Service and its coders remote from the physician offices and medical charts. Most billing deficiencies that are noted are sent back to the medical assistants for completion which adds additional time to ultimately drop the bill.

	Centralized Angel Model	Decentralized Agnostic Model
# faculty MD	10	5
# patient visits/month	800	400
% outpatient/inpatient billing	75%	50%
% Denials	1%	6%
% Bills require additional coding	2%	5%
Fee for service days in accounts receivable	21 days	35 days
% accounts receivable > 180 days	0%	5%

Conclusion: Ob Gyn faculty compare favorably to national FPSC benchmarks, however, additional physician and medical staff training to identify the key elements for the more timely submission of patient bills would be beneficial. An "angel" provides additional oversight which results in more efficient submission of patient bills with less use of coding personnel and resources, lower denial rates and shorter fee for service days in accounts receivables and fewer accounts receivable > 180 days. We propose that a return on investment analysis supports hiring an "angel" for each 5 faculty within the department.



Two different Outpatient Physician Billing Models in Ob/Gyn: Follow the Money

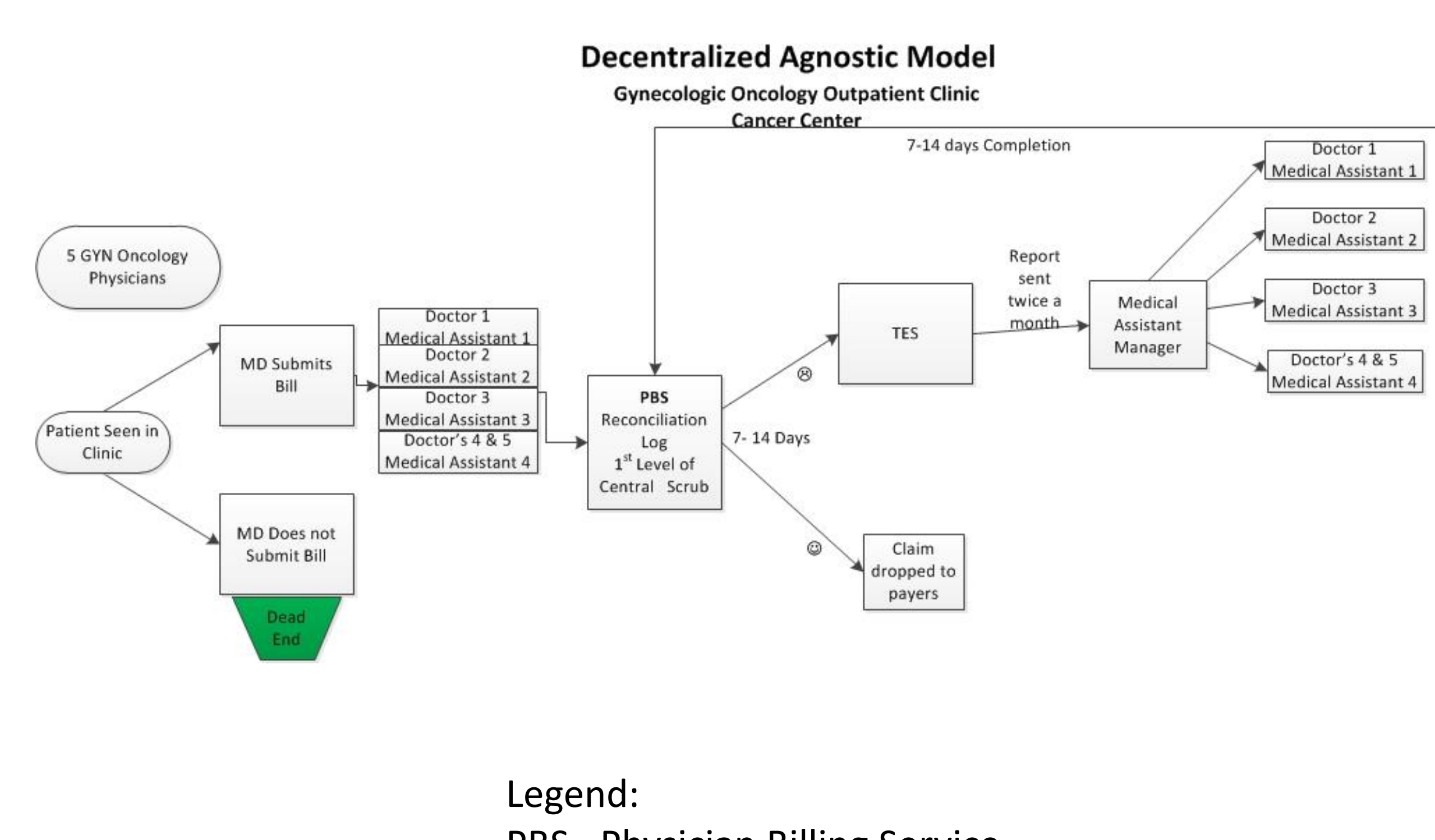
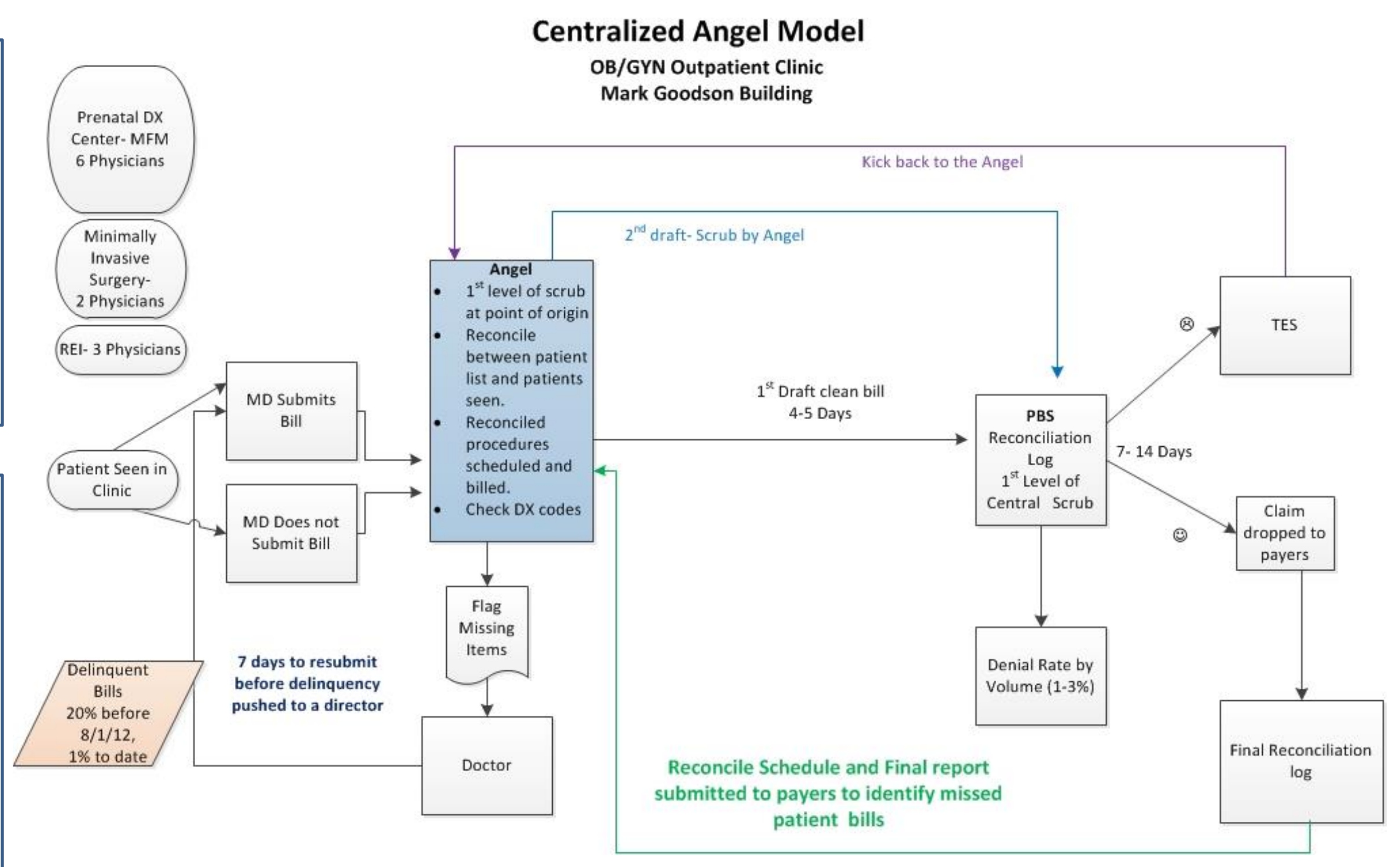
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Background
The Faculty Practice Solution Center (FPSC) has determined performance benchmarks for academic physicians' productivity and clinical revenue

Purpose/Objectives

- 1) To map and compare the outpatient billing process from patient encounter to reimbursement in 2 outpatient clinics
- 2) To compare Ob Gyn faculty to national FPSC benchmarks including denials rates, fee for service in accounts receivable and accounts receivable > 180 days
- 3) To improve the efficiency and decrease denials of claims.

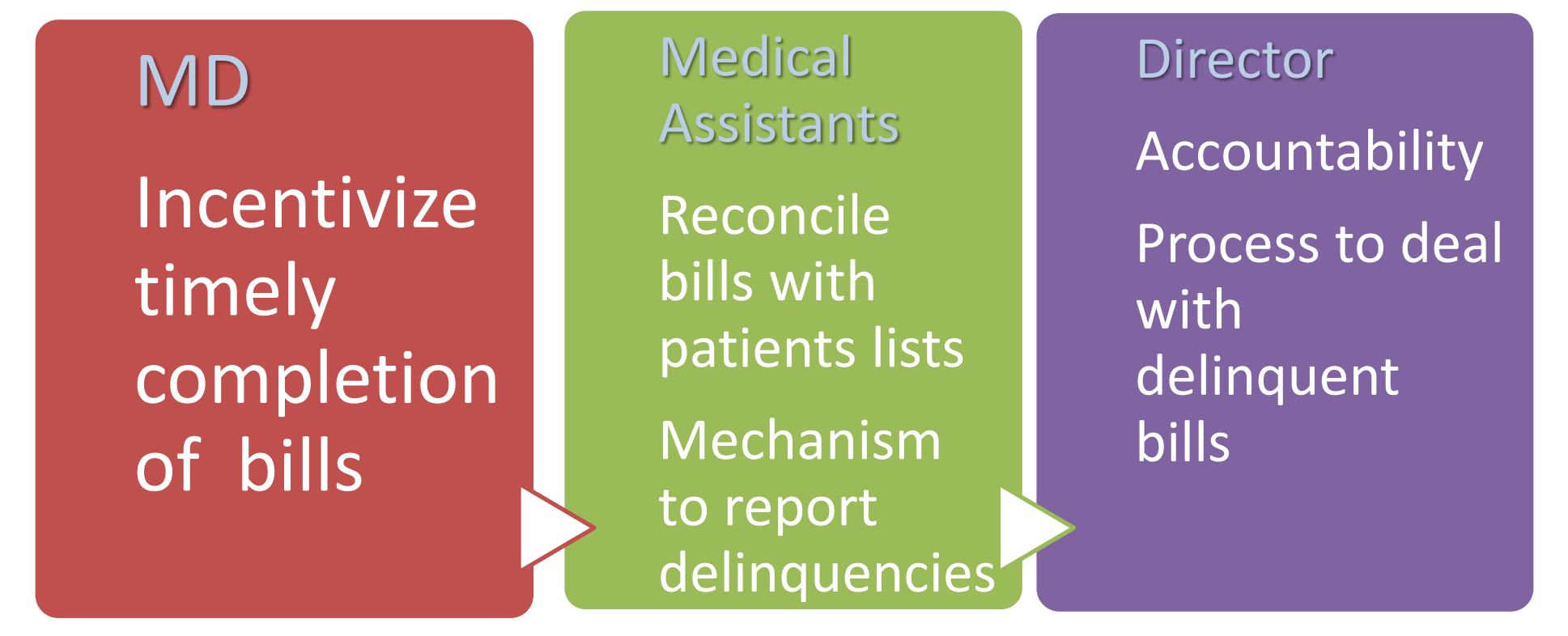


Legend:
PBS= Physician Billing Service
TES= Transaction Editing System

Centralized model with "Angel" performs better

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Opportunities for improvement



Conclusions

1. Ob Gyn faculty compare favorably to national FPSC benchmarks, however, additional physician and medical staff training to identify the key elements for the more timely submission of patient bills would be beneficial.
2. Linking timely submission of patient bills to physician bonuses improves behavior.
3. An "angel" provides additional oversight which results in more efficient submission of patient bills with less use of coding personnel and resources, lower denial rates and shorter fee for service days in accounts receivables and fewer accounts receivable > 180 days. We propose that a return on investment analysis supports hiring an "angel" for each 5 faculty within the department.