

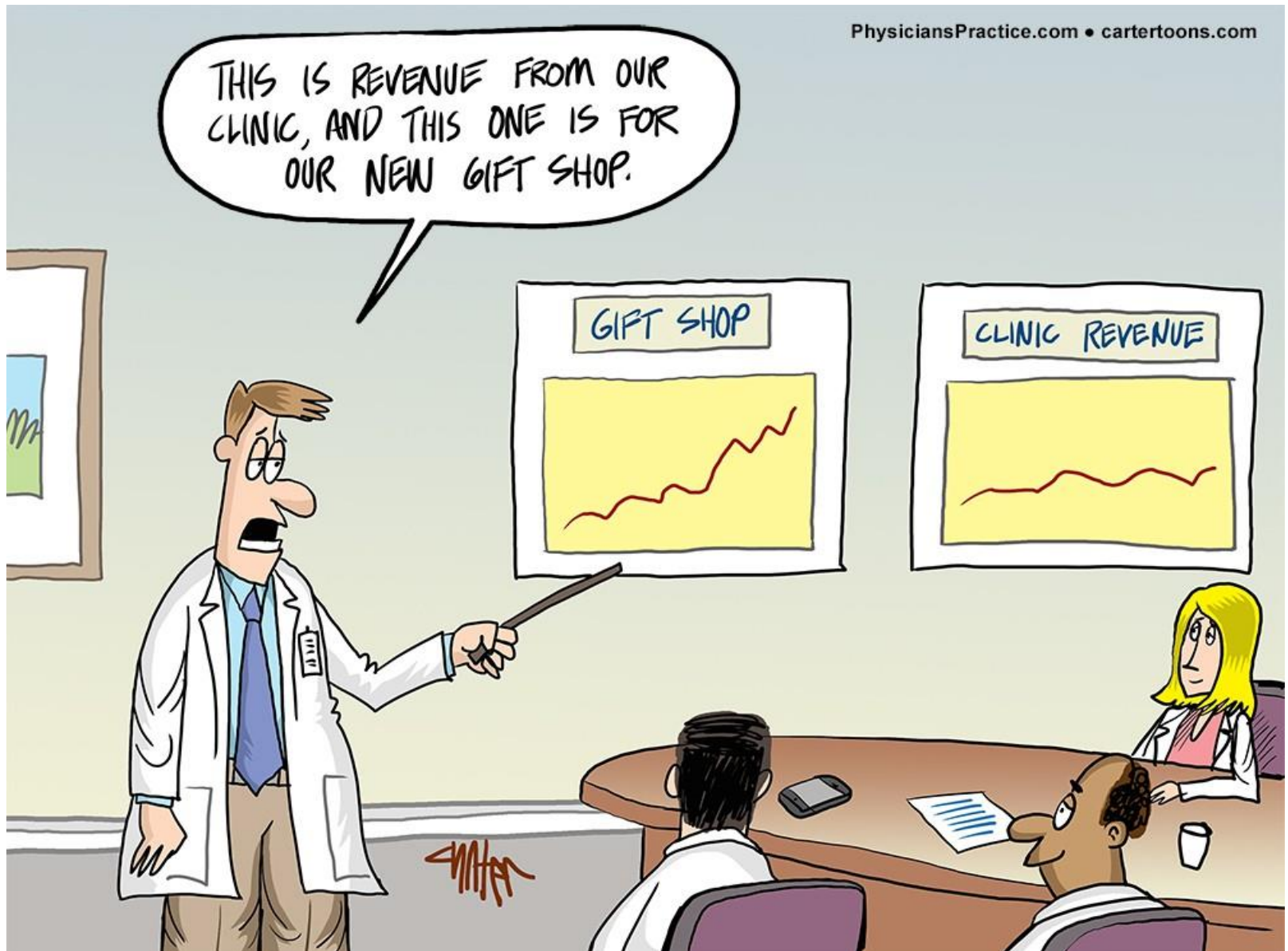
USING METRICS FOR IMPROVED FINANCIAL PERFORMANCE

Greg Cutrona

AssuranceMD

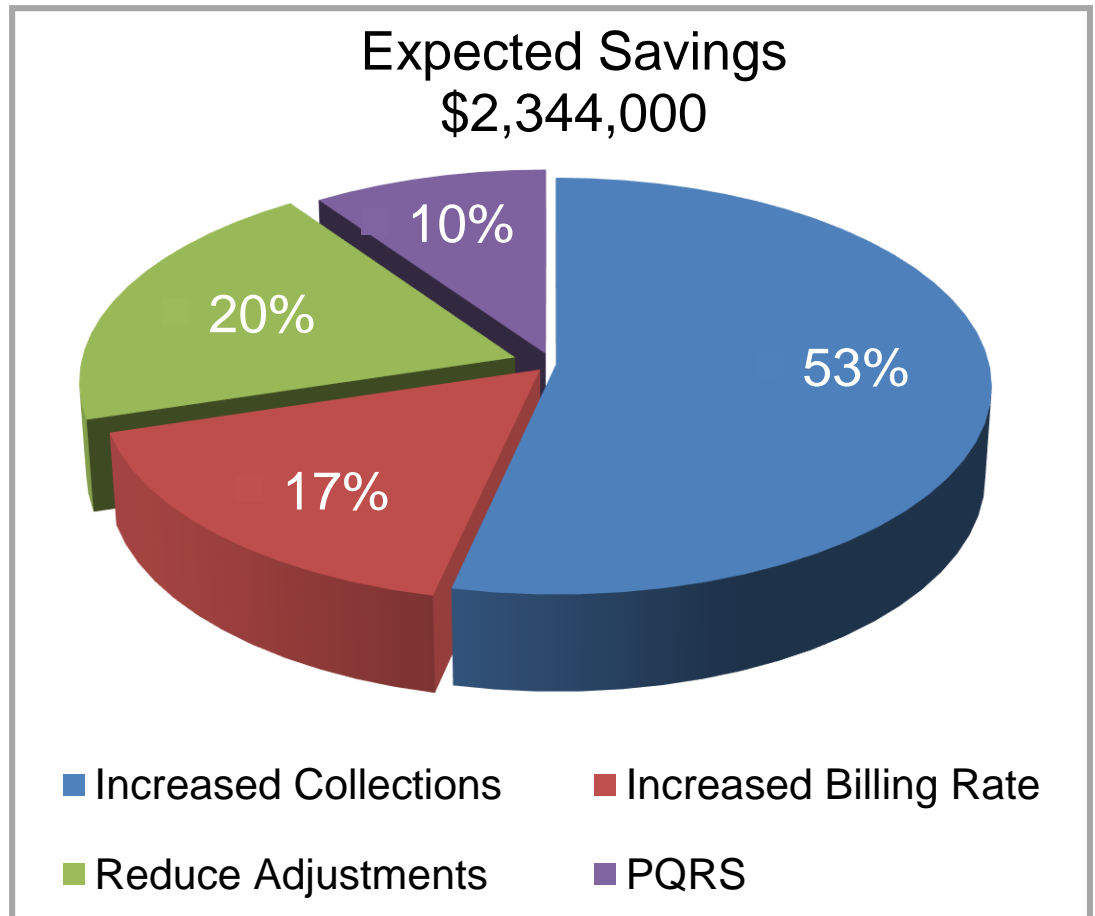
August 9, 2019

It starts with a story . . .



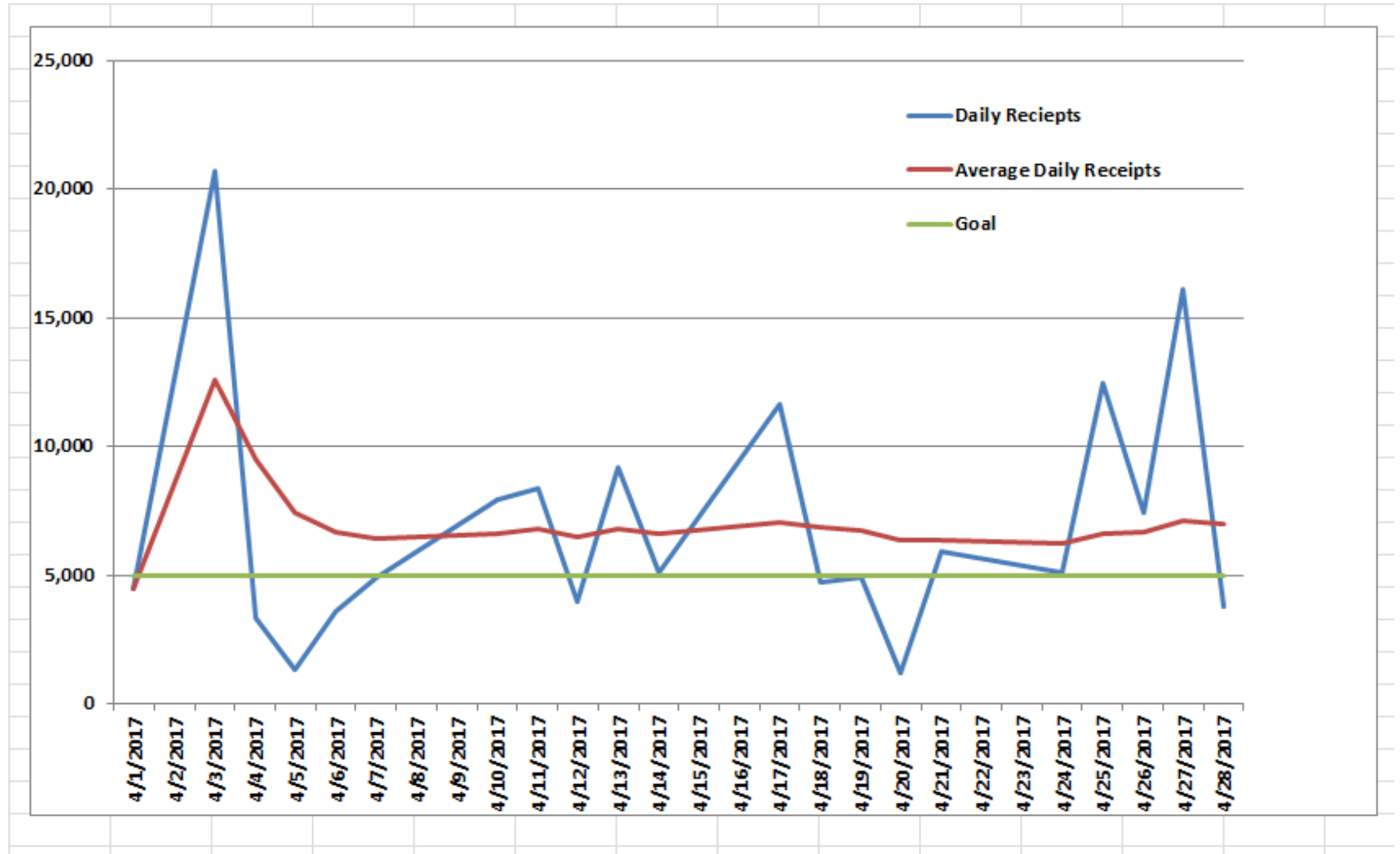
Practice Profitability Portfolio

- A benchmarking analysis is an important step to protecting and securing a practice's overall performance.
- Data analysis allows for meaningful measurement against industry indices and trends.
- Observations and recommendations provide the interpretation of the data analysis to equip the practice for better performance in the future.



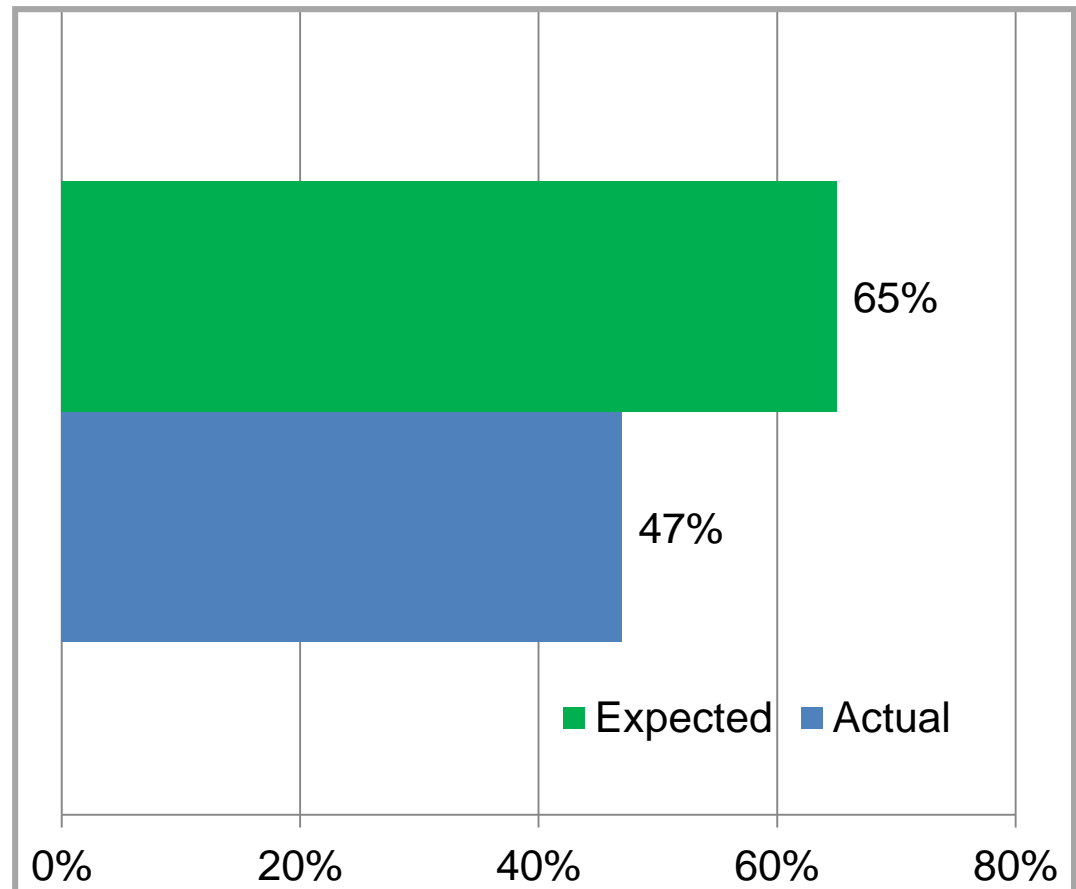
Budgets, Forecast and Goals

- Budget: An estimate of income and expenditure for a set period of time
- Forecast: An estimate of future income and expenditure
- Goals: A process of identifying what you want to accomplish and establishing measurable goals and timeframes. Dreams with a deadline.



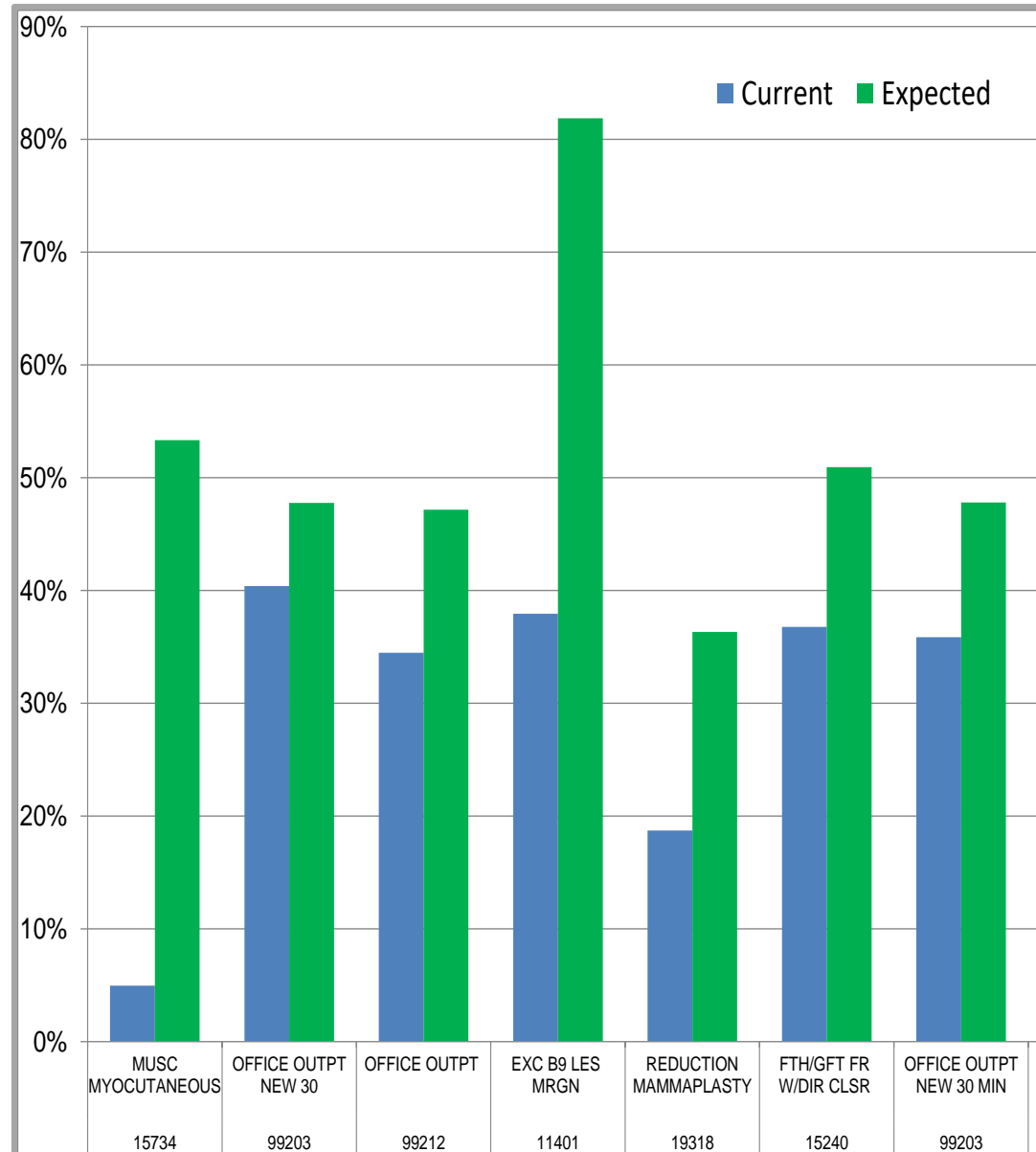
Collection Ratio Discussed and Gross vs. Net

- Collection ratio measures the practice's effectiveness in collecting all legitimate reimbursements.
- Gross collection rate is the total payment received over period of time divided by total charges without write-offs.
- Net collection rate is the amount of money collected on the agreed-upon fees charged.



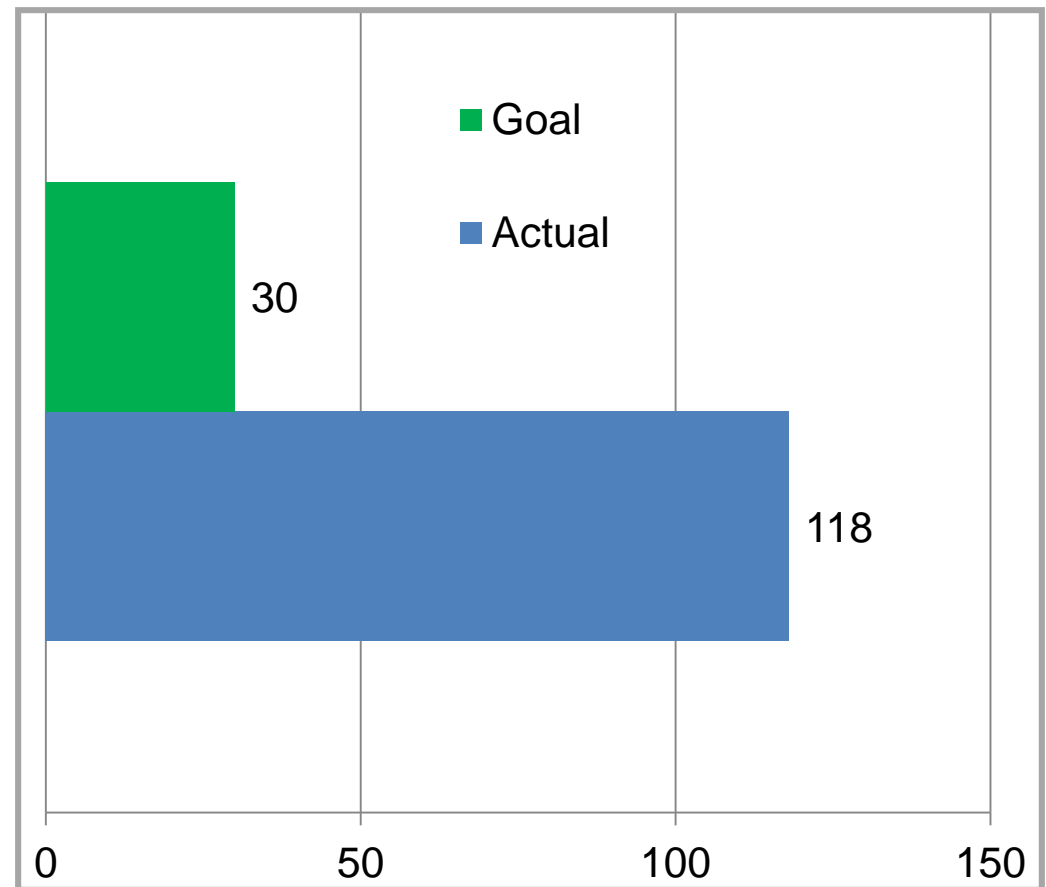
Collection Ratio by CPT

- A CPT code comparison is made between the difference of the allowed amounts and actual reimbursement to capture how much is being lost to write-offs, meeting timely filing requirements, non-contractual adjustments and inferior collection practices.



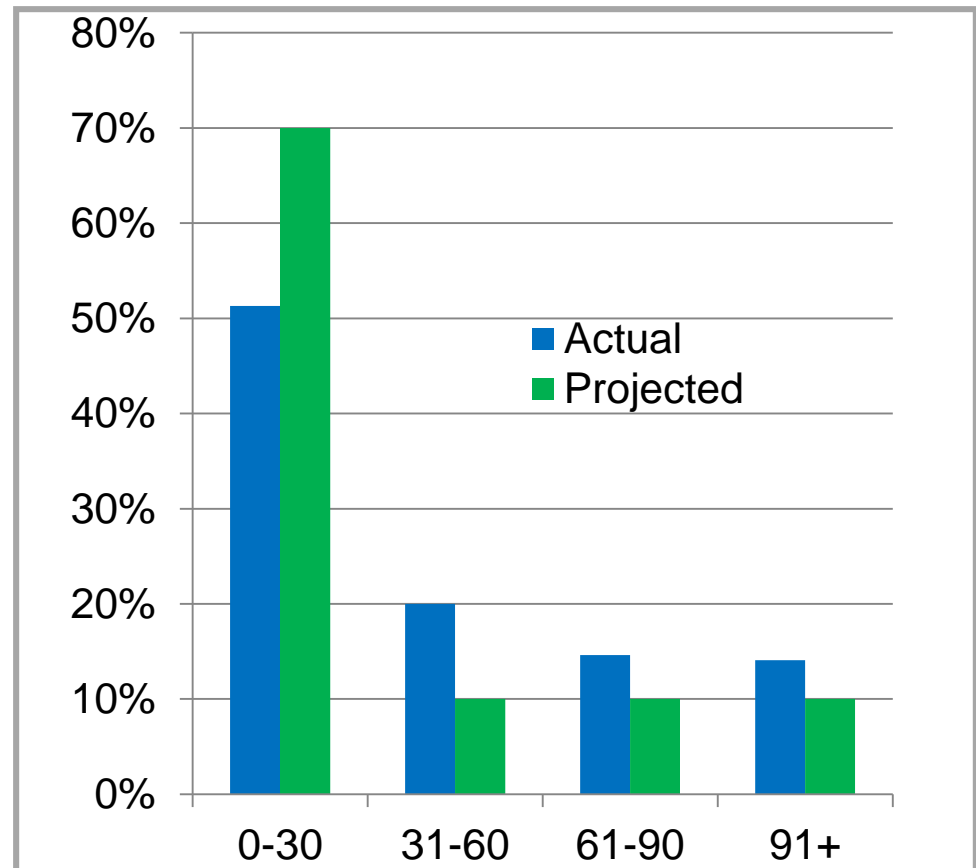
Days in Accounts Receivable

- Days in Accounts Receivable is an industry standard for measuring the length in days amounts owed to the practice by insurance payers, patients and third parties will take to be paid.



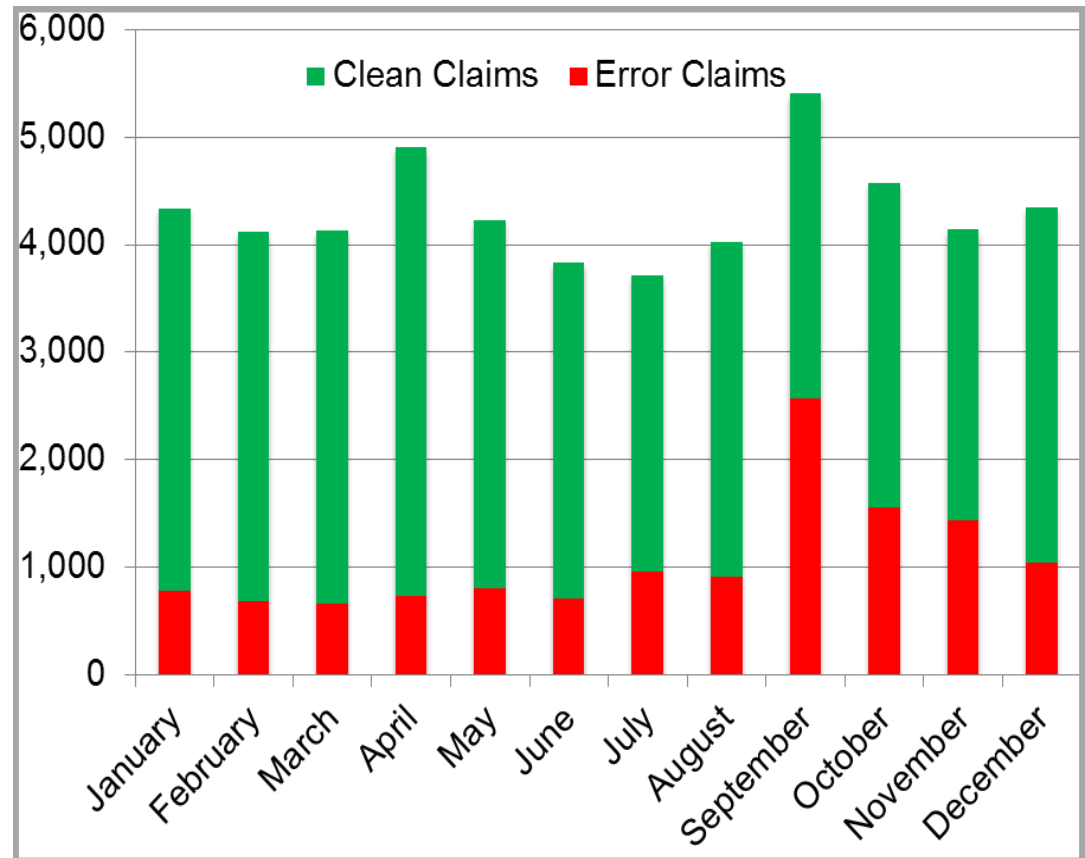
Aging Schedule

- Accounts receivable aging is an analysis comparing the actual accounts receivable aging to the expected accounts receivable aging. Disproportionate percentages in this table indicate an inconsistent policy or procedure in how insurance payer and patient collections are being performed. The proportion by percentage of the total amount of accounts receivable should be 70% 0-30, 10% 31-60, 10% 61-90 and 10% over 90 days.



Claims Denial Rates

- The clean claim report's purpose is to provide a representation of clean claims and error claims over total claims scrubbed.
- Claims can fall into various error categories.
- A clean claim is a claim that is loaded and sent through the system without falling into any of these buckets at any point.



Clinical Claim Scrubber

- A clinical claim scrubber helps reduce denials and ensure your practice sees optimal and timely reimbursement for care rendered. Delivering an easy-to-read, readily actionable response report detailing error causes, a clinical claim scrubber provides all of the information needed to correct claims in an html format, including a link to policy information.

Claim ID	Trace ID	Medical Record Number	Patient Account	Patient Name	Provider	Destination Payer	Billed Amount	Facility
0000	131892402C	000009I	911000009I	WHITTEN, TROY	WELBY, MARCUS	Medicare [09102] MEDICARE	\$601.00	PRIVATE PRACTICE

CW15008	(DATE) The service date is not within the timely filing guidelines for this insurer. Service Date - 3/11/2015	Reject Claim
CW1580	(CPT/HCPCS) This is a Physician Quality Reporting System (PQRS) measure quality data code (QDC) and is a non-payable code used for PQRS numerator reporting only.	Informational Message
CS9000	(QM-MIPS) This claim/encounter includes the correct codes for MIPS measure(s) reporting: 76	Informational Message

Seq	DOS From	DOS To	POS	CPT Code	Modifiers	Units	Diagnoses	Billed	Errors
01	03-11-2015	03-11-2015	11	36580		1	332.0	\$600.00	CW15008
02	03-11-2015	03-11-2015	11	6030F		1	332.0	\$1.00	CW15008 CW1580

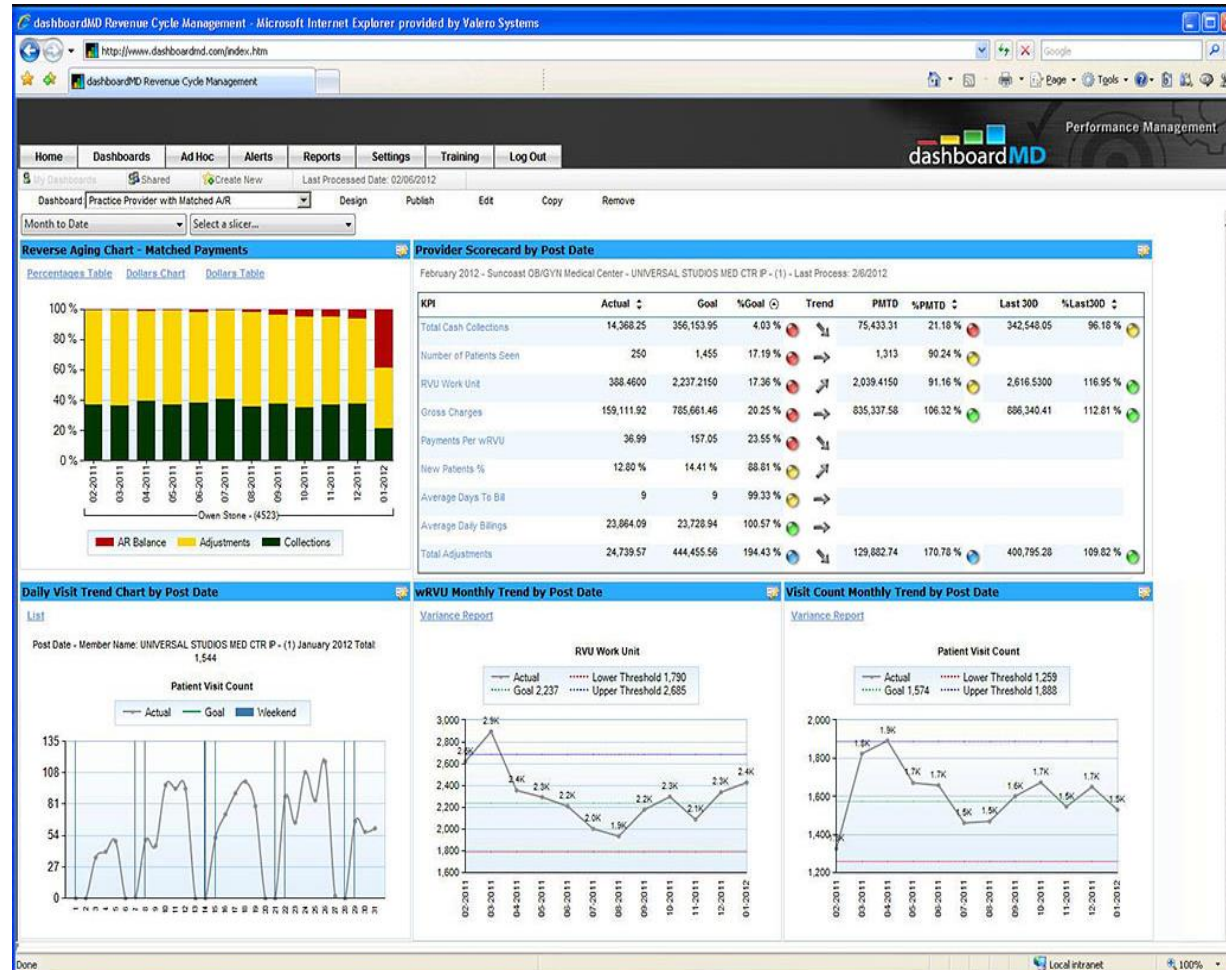
36580 REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, THROUGH SAME VENOUS ACCESS

6030F ALL ELEMENTS OF MAXIMAL STERILE BARRIER TECHNIQUE FOLLOWED INCLUDING: CAP AND MASK AND STERILE GOWN AND STERILE GLOVES AND A LARGE STERILE SHEET AND HAND HYGIENE AND 2% CHLORHEXIDINE FOR CUTANEOUS ANTISEPSIS (OR ACCEPTABLE ALTERNATIVE ANTISEPTICS, PER CURRENT GUIDELINE) (CRIT)

332.0 PARALYSIS AGITANS

Reporting

- Consistent and regular reporting is essential to every practice's financial health. Comprehensive reporting is critical to controlling costs by keeping tabs on lagging collection times, excessive write offs and improper coordination. Reporting also plays a key role in moving forward to new payment models that include MACRA and MIPS. Key Performance Indicator Dashboards provide comprehensive and updated views in real time reporting.



Cost Estimator

- Patient cost estimator is based on eligibility benefits and assumed allowed amounts for procedures selected before a claim has been filed. Patient responsibility may change based on current benefits, actual insurance allowed amounts, and submitted diagnoses/procedures. Estimate does not consider any supplemental insurance policies that the patient may be covered under.

My Eye Center
 123 Anywhere St.
 Houston, TX 77046
 Phone: (713) 123-4567

PAY NOW

Patient Cost Estimation

Name: PATIENT ONE
 Patient Account: 123-456
 Scheduled DOS: 01/11/2017

Insurance: AETNA
 Provider: DOCTOR, SOME

ESTIMATED RATES AND PATIENT DUE

Units	Procedure	Description	Billed	Allowed	Copay	Deductible	Coinsurance	Patient Due
1	66984-79LT	CATARACT SURG W/IOL 1 STAGE	\$2400.00	\$707.67	\$0.00	\$707.67	\$0.00	\$707.67
Estimated Totals			\$2400.00	\$707.67	\$0.00	\$707.67	\$0.00	\$707.67

TOTAL ESTIMATED PATIENT DUE: \$707.67


Payment is due at the time service is rendered.
 Thanks,
 Some Doctor

Patient cost estimation is based on eligibility benefits received from insurance on 01/10/2017 (Elig ID 140103385) and assumed allowed amounts for procedures selected before a claim has been filed. Patient responsibility may change based on current benefits, actual insurance allowed amounts, and submitted diagnoses/procedures. Estimate does not consider any supplemental insurance policies that the patient may be covered under.

Return to Step 1 (Launch) to restart estimation with different procedures, modifiers, or rendering provider
 Return to Step 2 (Calculate) to select different expected amounts or eligibility options

Online Bill Payment

- Streamline the payment process with e-statements and accept payments at the point of service and securely on line.



PayTheBillNow.com
Secure ePayment Services

Statement #6253478C20D4936

Payment History

Payment Status	Payment Date	Payment Method	Payment Tender	Payment Amount	Confirmation #
Paid Status:	Balance Remains.		Balance:	\$453.64	

<p>MAKE CHECKS PAYABLE TO:</p> <p>MEDICAL ASSOCIATES PO BOX 9999 ATLANTA, GA 30301-9999</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">STATEMENT DATE</td> <td style="font-size: small;">PAY THIS AMOUNT</td> <td style="font-size: small;">ACCOUNT NO.</td> </tr> <tr> <td style="text-align: center;">03/15/13</td> <td style="text-align: center;">453.64</td> <td style="text-align: center;">49437</td> </tr> </table>	STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.	03/15/13	453.64	49437
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.					
03/15/13	453.64	49437					
<p>For Billing Questions Please Call: (505) 333-1111</p>							
<p>ADDRESSEE:</p> <p>PIETRO MAXIMOFF 704 QUAKING ISLAND FORT ATLANTA, GA 30380</p>	<p>REMIT TO:</p> <p>MEDICAL ASSOCIATES PO BOX 9999 ATLANTA, GA 30301-9999</p>						

[Make a Payment](#)

DATE	PROVIDER	DESCRIPTION	CHARGES	PAYMENTS	ADJUSTMENTS	BALANCE
2013-10-07	DOCTOR, ANYGUY	Claim:3076, Provider: DOCTOR, ANYGUY				
2013-10-07	DOCTOR, ANYGUY	URINALYSIS, DIP STICK/TABLET REAGENT AUTOMATED, W/O MICROSCOPY	25.00			
2013-10-07	DOCTOR, ANYGUY	URINE CULTURE/COLONY COUNT	65.00			
2013-10-07	DOCTOR, ANYGUY	COMPREHENSIVE METABOLIC PANEL	95.00			
2013-10-07	DOCTOR, ANYGUY	LIPID PANEL	109.00			
2013-10-07	DOCTOR, ANYGUY	THYROID STIMULATING HORMONE TSH	128.00			
2013-10-07	DOCTOR, ANYGUY	CALCIFEDIOL 25-OH VITAMIN D-3	240.00			
2013-10-07	DOCTOR, ANYGUY	ELECTROCARDIOGRAPH, ROUTINE PV/AT	89.00			

People

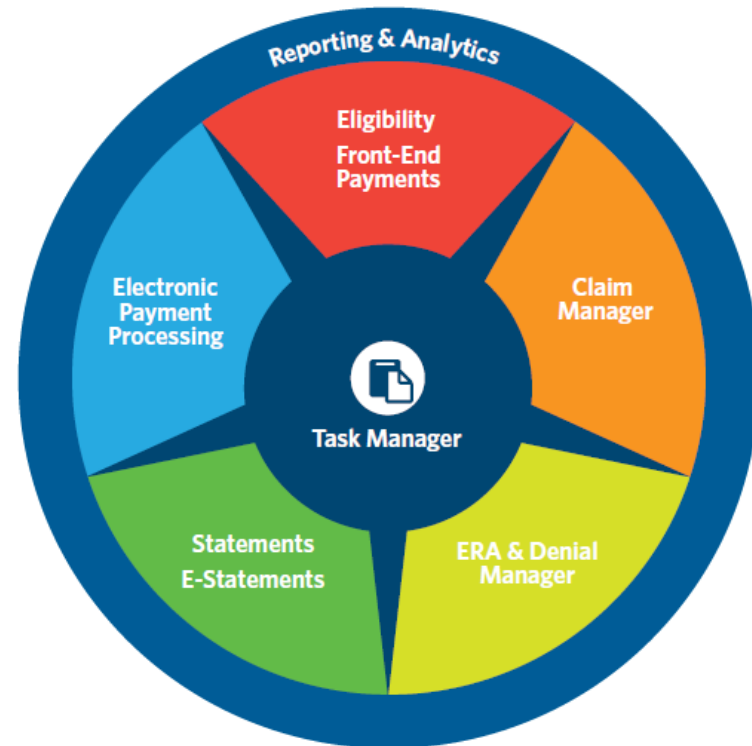
- CCM Certified
- Bi-lingual representatives
- Certified coders and billers
- Dedicated employment service
- Demonstrated commitment through ongoing professional development
- Customer centric
- Diversified experience across service lines: independent providers, hospitals, payers

Defined Process



Claim Clearinghouse

- Superior EDI capability ensures that the all aspects of the claims process is improved including claim submission, clinical claim scrubber, ERA solution, denial management, eligibility, PQRS, statements, ICD-10 and reports.



Eligibility

Front-End Payment Processing

Claim Manager

Clinical Claims Scrubber

Registry Reporting
Powered by Alpha II

Lockbox Services & Automated Payment Solutions

100% ERA Solution

ERA Denial Manager

Statement Manager

Electronic Payment Processing

Reporting & Analytics

The End!



About AssuranceMD

- AssuranceMD helps **maximize revenue, increase profitability** and **improve office efficiency**
- AssuranceMD offers **all-inclusive** or **ala carte** services that combine state-of-the-art **products**, powerful proven **process** and dedicated **people**
- Lead by CPA with **20 years healthcare** financial experience
- Contact information:

Gregory Cutrona, Principal

gcutrona@assurancemd.com

800-258-7150

www.assurancemd.com