



STROUDWATER

**PRACTICE MANAGEMENT:
SCHEDULING**



NOSORH

Upcoming Sessions:

June 9th: Scheduling Templates and Staffing

June 16th: Evaluation of Service Offerings

June 23rd: Vendor Management & Payor Contracting

June 30th: Community Relations & Marketing your RHC

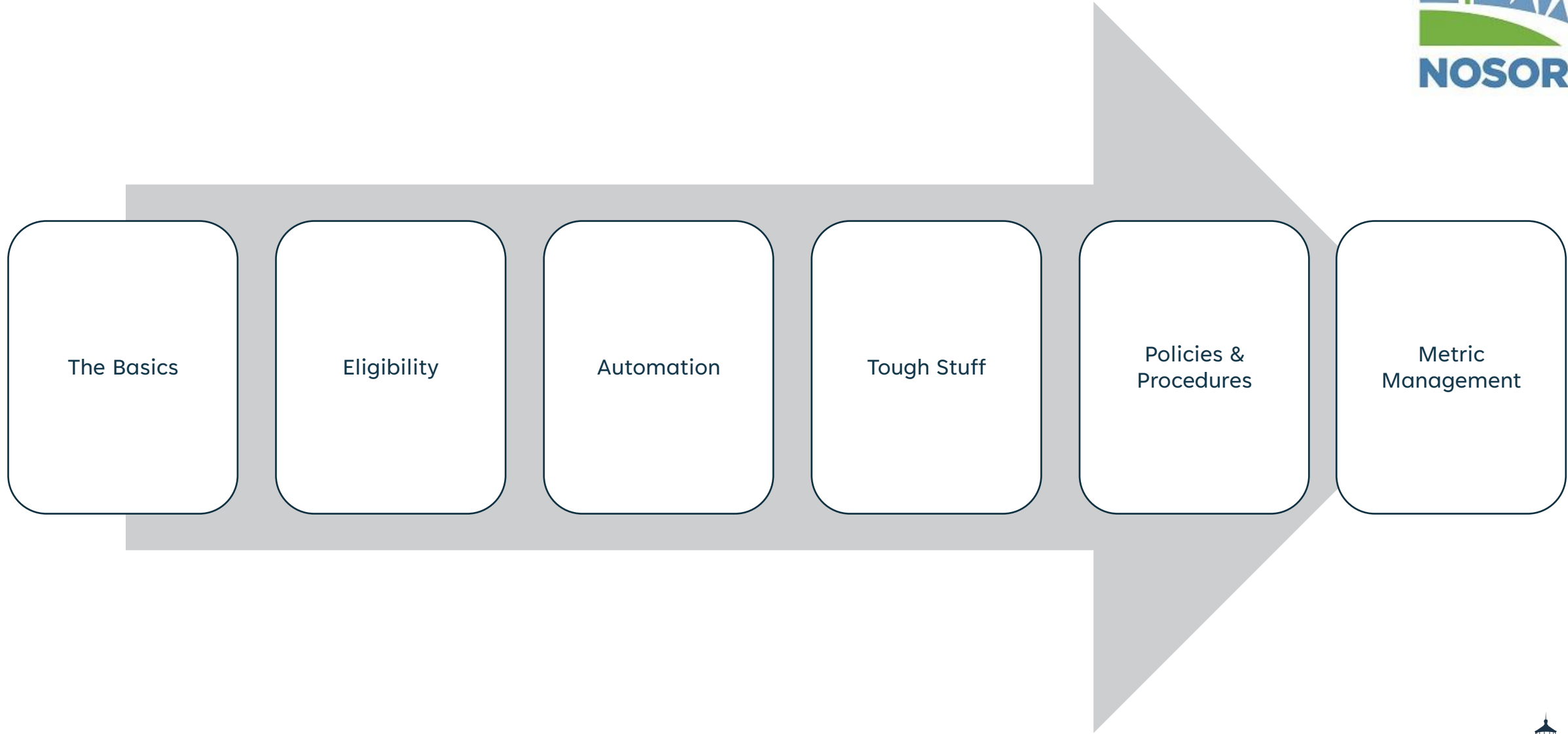
July 14th: RHC-Specific Billing

July 21st: Revenue Cycle Management and Measurement

July 28th: Cost-Report Basics

Thank you to NOSORH for sponsoring this eight-part series on maximizing efficiency and driving operations for independent RHCs. This series is free to all participants and attendees can earn CPE credit for participating.

OVERVIEW





“Leadership, at its core, isn’t about you. It’s about how effective you are at unleashing other people. Full stop. That’s it. That’s the secret. Leadership is about empowering other people as a result of your presence—and making sure that impact continues into your absence.”

-Frances Frei & Anne Morriss

WHY DOES SCHEDULING MATTER?



Improve/Increase Access

Wait times
Acute scheduling
Keep them coming back! (Patient Satisfaction)



Volume

Credentialed Providers
Financial Impact
Setting the tone with the template



Improve Provider & Employee Engagement

Efficient flow
Keeps everyone on the same page
Empowers your team to speak up



Continue to attract referrals

Ability to see patients timely=Happy referring offices!



INSURANCE: VERIFICATION & ELIGIBILITY



What is your process?

- Upon booking
 - Eligibility Check
 - Insurance name, phone, claims address
 - Insurance ID and group number
 - Name of insured
 - Status: Effective dates of policy
 - Day before visit: Re-confirmation
 - Active & In-network status
 - Limitations of the policy
 - Copay and deductibles
 - At Check-In
 - ID Validation
 - Insurance Card
 - ALWAYS collect the copay

How to verify

- Insurance-specific provider hotline (timely)
- EMR integrated system

AUTOMATION



Benefits

- Saves time!
 - Front Office
 - Clinicians
- Consistent
- Patient Engagement
- Patient Satisfaction

EMR Reminders and Updates

- Text, phone, email
 - Decrease cancellations/no-shows
 - Recalls
 - Upcoming preventative screenings, etc.
- Using the portal
 - Test Results
 - Prescription refills

AUTOMATION CONT.



Phone Tree

- Does it make sense?
 - Scheduling (make/change appointment)
 - Prescription refills
 - Nurse line
 - Triage
 - Specialists
 - Billing

Schedule Monitoring

- Managing Cancellations
 - Allow patients to cancel online (reduce phone)
- Waitlist management
- Online booking/rescheduling
 - Real time
- Automated Integration Software (Examples: Practice Fusion, DrChrono, NextGen, etc.)

AUTOMATION CONT.



Referral Management

- Referral requests
- Timely communication
- Tracking
- Reminders
- Reports/Analytics
(patterns, wait times)

Patient Education

- Post-visit care instructions
- Medication adherence
- Preventative care reminders
- Campaigns

THE TOUGH STUFF



- No-Shows & Cancellations
 - Historical data and trends
 - Peak no-show periods
 - Understanding patient demographics and preferences
 - Proactive weather adjustments
- Late arrivals
- Surprise ailments!
- Walk-ins
- Bottlenecks

GETTING AHEAD OF THE BOTTLENECKS



- Inefficient scheduling
- Check-In/Reg Process
- Staffing
 - Ex. Phleb or specialized positions
- Equipment malfunction/Downtime
- Poor coordination of care between clinics/providers
 - Incomplete information
 - Miscommunication
- Overbooking/double-booking
 - When does this make sense?
- Ineffective workflow design
 - Clinic layout
 - Patient flow
- Lack of standardized processes/procedures



NO SHOW/CANCELLATION TEAM POLICY

Define

- No-Shows
- Late Arrivals
- Cancellations
- Reschedules

Process

- What to do in each scenario
- When do we mark them as late vs no show?

Patient Education/Communication

- What does this look like?

Documentation

- Where/How
- Who is notified?

NO SHOW COMMUNICATION

Prompt Communication

- Contacting the patient as soon as possible
- Importance of non-judgmental dialogue
- Assessing the why for the no show?

Rescheduling

- What flexibility can the clinic have to accommodate the patient's needs?
- Are telehealth or home visits feasible?
- Is there access to lunch or extended hours?

Addressing Barriers

- Community resources

PATIENT NON-COMPLIANCE POLICY

Patient Responsibility Policy

- Key components
 - Financial
 - Treatment plan participation
 - Attendance
 - No shows
 - Late arrivals
 - Repeat cancellations
 - Education/Understanding

Discharge Policy

- Levels of non compliance (steps)
- Discharge decision/process
- Appeals process



STANDARDS AND MEASURES – SCHEDULING AND WORKFLOW



- Standardize the patient flow from sign-in to rooming to scheduling the next visit
- Basic checklists will move mountains for hitting quality metrics
- Policies will make no impact if they are not enforced – perform regular audits to make sure policies are sticking (particularly if turnover is a problem)
- Example: Scheduling
 - Practice manager should work with the providers to have a set scheduling template (number of scheduling blocks dependent on the number of rooms and staff per provider)
 - Policy must address the following:
 - Creating an appointment
 - Deleting an appointment – cancellation and no-show policies
 - Waiting list
 - Appointment reminders
 - Appointment prep (required signatures, payments, waivers, insurance verification)
 - Delinquent balances
 - Patient wait time monitoring
 - Walk-ins
 - Follow-up appointments
 - Same-day appointments

METRIC MANAGEMENT



Tracking



Dashboard



Benchmarking

Yourself
MGMA



Team involvement



Use metrics for data-driven decision making





BEST PRACTICE



Always schedule follow-ups

Open your schedule up at least 12-15 months out



Always check eligibility



Downtime procedures



Provider credentialing



Integrate telemedicine



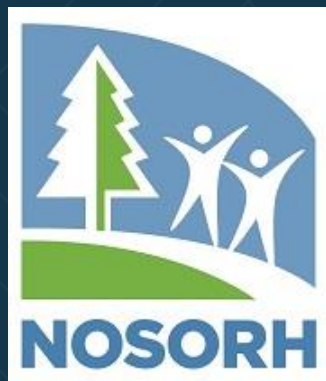
State guidelines

Use this link to understand requirements in your state in response to the end of the COVID Public Health Emergency: <https://medicaid.ncdhhs.gov/End-of-PHE>





QUESTIONS & DISCUSSION



STROUDWATER

THANK YOU

CHECKLISTS & WORKSHEETS



INSURANCE: PRIOR AUTHORIZATION

1. Prior Authorization aka:
 - Precertification
 - Predetermination
 - Preapproval
2. What is Prior Authorization?
 - Approval from a health insurance plan before prescribing specific medications or performing certain medical procedures. Without prior approval, the insurance company can deny payment for the treatment leaving patients with full responsibility for the bill.
3. Why do insurers require this? They are verifying:
 - Medical necessity and up-to-date recommendations
 - Financial reasonableness (Example: has the patient tried the generic form of X medication)
 - Service isn't being duplicated (Especially important for patients with multiple specialists)
 - Ongoing treatment is effective (Example: HBO therapy)
4. Resources
 - Covermymeds.com
 - Insurance Company specific sites
 - Electronic vs phone
 - Some pharma companies
 - PAN- Patient Assistance Network



FRONT OFFICE BEST PRACTICE

- ✓ Is there a checklist in place for the staff's reference to ensure appropriate collection of patient information (i.e., demographics and insurance information)?
- ✓ Is insurance information collected during the initial patient scheduling phone call to the practice? Is it verified online with the insurance carrier?
- ✓ Develop a best-practice for completion of MSP forms
- ✓ Does your practice require and copy a photo ID?
- ✓ Is a Notice of Patient Privacy (NPP) provided to every new patient?
- ✓ Does your practice have a point-of-service collection policy in place?
- ✓ Are patients able to schedule same-day appointments?
- ✓ Can appointments be made online?
- ✓ Are extended or weekend hours available?
- ✓ Does your practice have a set policy regarding appointment reminders, cancellations, and no-shows?

INSURANCE ELIGIBILITY BEST PRACTICE

- ✓ Do you verify eligibility at booking?
 - ✓ Eligibility Check
 - ✓ Insurance name, phone, claims address
 - ✓ Insurance ID and group number
 - ✓ Name of insured
 - ✓ Effective dates of policy
 - ✓ Status
- ✓ Day prior to visit: Re-confirmation
 - ✓ Active & In-network status
 - ✓ Limitations of the policy
 - ✓ Copay and deductibles
- ✓ At Check-In
 - ✓ ID Validation
 - ✓ Insurance Card
 - ✓ Patient Education
 - ✓ ALWAYS collect the copay
- ✓ How to verify
 - ✓ Insurance-specific provider hotline (timely)
 - ✓ EMR integrated system
- ✓ Patient Follow-Up
 - ✓ Unexpected copays
 - ✓ Out of pocket expenses

CLINIC OPERATIONS BEST PRACTICE

- ✓ Are clinical and support staff working at the top of their licensure to maximize efficiency?
- ✓ Is there an organizational chart in place?
- ✓ Does the practice have provider-approved medical guidelines/policies in place (i.e., order sets, triage?)
- ✓ Do staff members have clear roles and responsibilities based on position title?
- ✓ Is your practice meeting the needs of patients (i.e., minimal wait times, urgent care needs, waitlist?)