COMPUTERS UNLIMITED

TIMS
SOFTWARE | SERVICE | SUPPORT

TIPS FOR ELIMINATING OBSTACLES
AN RCM WHITE PAPER

CLAIM REJECTION
Work rejections by correcting errors and resubmitting the claim.

DENIAL & A/R MANAGEMENT
Follow up on payer denials and outstanding claims that are approaching timely filing limits.

CLAIM VALIDATION & PROCESSING
Check for any missing information and transmit claims to payers right away to reduce DSO.

HOLD MANAGEMENT
Work new and renewal CMNs, prior authorizations, manual holds, and other system holds.

CASH POSTING
Manage daily deposits, adjustments, transfers, recoupments, and patient payments.

FINANCIALS & BUSINESS INTELLIGENCE
Monitor your business needs, with integrated financials and powerful and dynamic BI tools.

ORDER CONFIRMATION & DELIVERY
Make modifications, verify documentation, perform quality assurance checks, and confirm your orders at the point of delivery.

REFERRAL
Collect and review incoming referrals, routing them into a queue to be worked during patient intake.

PATIENT INTAKE
Review referrals and follow up on missing information before processing orders.

INSURANCE VERIFICATION
Confirm insurance eligibility, prior authorization requirements, and patient financial responsibility.

PAYER AUTHORIZATION & DOCUMENT MANAGEMENT
Send requests to payers and submit documentation based on qualifying criteria.

ORDER FULFILLMENT
Provide products to customers in-store, via deliveries, or through drop shipping.

Billing Rules Engine Fee Schedules
The foundation of our platform is based on HCPCs & Payers

BACK - END PROCESS

FRONT - END PROCESS

TIMS SOFTWARE

The internal processes around fulfillment of an order can vary greatly depending on the product mix and size of the organization. The goal here is to fulfill and deliver orders efficiently and accurately so you can obtain a proof-of-delivery signature and move on to the confirmation process. In an effort to not print tickets that are taken to the warehouse and then put in a delivery vehicle, it becomes necessary to have electronic documentation and work queues for this step in the revenue cycle.

If your company is using a drop ship supply house, TIMS can integrate with the supplier to provide all the order information to get the right products delivered to the patient's doorstep. From a product perspective this is an almost hands-free process. The supply house sends back the invoice and tracking number so you have proof-of-delivery and can continue to provide exceptional and seamless customer service.

Using an eDropship supplier is an almost hands-free process.

TIMS *Electronic Delivery* is a native Android® or iOS® app that will let your delivery drivers spend more time in the field providing service and support. Drivers will arrive at the warehouse and gather all the products for the day's deliveries. The delivery route they are shown for the day is fully optimized. When the driver arrives at a stop, they have access to relevant patient and order information on their smart device. At the time of delivery, the driver can update products and quantities directly on the order, and capture the proof-of-delivery signature. Depending on the billing and payment requirements, the driver could also collect cash-on-demand or a credit card payment, and print or email a receipt. All of the updates and new documentation are uploaded to TIMS in real-time so the staff back at the office can view the updates and confirm the order. There is no need for physical paperwork and no delays in providing information.

During the order confirmation stage, you are transitioning from front-end revenue cycle processes to back-end processes. The comfort level you have with billing the order heavily relies on the investment you've made in the documentation management, intake processes, and qualifications. Order confirmation gives your team one last chance to verify documentation, perform deep QA checks, and add modifiers. There is an opportunity here for your confirmation team and intake team to give each other feedback and maintain a low DSO. Revenue cycle management can receive a boost at this stage by having people who can quickly solve any inventory issues that are found so the order can be confirmed.

Back-End Revenue Cycle Management Process

By this point in RCM you have invested a lot of time in your business processes and system setup. You've covered pricing structures, billing rules, intake and confirmation processes, medical coding training, identifying what modifiers are needed, and knowing narrative requirements. The Claims Transmission steps give you one final opportunity to review a claim, its HCPCS and modifiers. The TIMS *Claims Validation* system is capable of holding a claim if an authorization is missing, a CMN is not available, or the date-of-birth is missing. These are just a few examples of how TIMS Software will assist you with this step.

Hopefully your business is using a workflow process that helps you process claims every day—even paper claims. When a claim stays in a queue or isn't transmitted as soon as possible you increase your DSO and, therefore, lose potential revenue.

Strong front-end revenue cycle management processes can reduce DSO by 14 - 45 days because a claim won't come back as a denial.

If you are using a clearinghouse, you might be able to outsource paper claims. Waystar, a TIMS Software Partner, has a certain form or payer type in their system that can receive a claim like it is an electronic claim but will print and mail it for you. Waystar will also print the EOBs. Outsourcing such work means you get to spend more time on insurance appeals and the printing and mailing requirements needed for that process.

Patient statements are a type of claims transmission. This time we are transmitting a claim to a patient instead of an insurance company. Monthly patient statements are still being done by some providers; patients are very good at ignoring monthly statements. But, there are better solutions. You could, instead, send an invoice to a patient within a few days of the payment becoming patient responsibility. Then, automatically roll that invoice into a dunning letter series that escalates in tone over the course of several letters. If payment is still not received, these invoices can automatically move into a collection status. This process will improve your collection percentage on patient pay. TIMS Software integrates with several partners that can automate this whole process.

There are several robust integrations available in TIMS Software to give you more flexibility when billing a patient. One of them is Credit-Card Auto Pay. During a routine batch, the system can invoke a payment to pay a balance on a patient statement. TIMS Software can also be setup to handle patient payment plans and financial assistance.

If you need assistance with patient collections, see TIMS Partner - Allegiance Group.

So, what happens when a claim goes to a clearinghouse or payer and something is found to be missing? That claim comes back to you as a 'front-end rejection'. These are preferred over denials; a front-end rejection means something is wrong within the data and it can be corrected and resubmitted, typically the same day. TIMS *Claims Tracking* will help with this process so managers and staff can see how a claim changes during its lifecycle and offer better system setup or staff training to reduce these in the future.

Every front-end rejection needs to be worked every day because they are low-hanging fruit that are simple to fix and resubmit for payment.

You want an effective team posting your cash. Without this, you will see a detrimental ripple effect throughout your whole revenue cycle. If the team is getting behind with postings then you run the risk of your Accounts Receivable (A/R) callers statusing a claim and seeing 'Paid Not Posted'. The A/R team will be working claims but not collecting payments and will show a low productivity rate. A highly-trained cash posting team is also posting adjustments, transfers, recoupments, denials, rejections, and handling missing payer situations. Remember the TIMS *Delivery* mobile app can take patient payments and these will auto-apply; this goes for the TIMS POS system also, and TIMS Software can auto-post ERNs from your clearinghouse.

Pro Tip: Get a lockbox at your bank.

A lockbox is a P.O. Box that the bank has. All the mail from payers and patients is sent to this box. Then, every day, the bank goes in and opens all the mail, scans it, and deposits payments into your bank account. The payments could be turned into 835 or ERN files. Your cash posting team can login to the account and see all the electronic scans, whether payments or correspondence, and work through them all. TIMS Software can be customized to integrate with your lockbox.

There are more accounts, invoices, claims, and denials out there than any A/R team can work no matter how many collectors you have. So, making your team efficient, getting them to work on the highest priority work, using smart work queues and allocation, is critical for this function of your revenue cycle management. Once your team is efficiently posting every denial in a timely manner, there are three main denial work queues to keep track of. Firstly, the New Denials queue is important to post and work as soon as possible so you can get that claim turned around. Secondly, the Claim Status queue is generally the biggest queue and represents all the A/R that has not received a denial or payment. It can be so large that the team lets it fall by the wayside. Thirdly, Claims for Follow-up queue is the claims that have been previously worked but have a follow-up note or tasks. An efficient A/R team is working claims, and always adding a status and a follow-up date. TIMS *Collections Worklist* has a dashboard that visualizes all of these different statuses and priorities so the right people are always doing the right work.

Not all claims are created equal. Now it is time to prioritize the claims. High-dollar claims typically have the highest priority. You may also prioritize by utilizing timely filing limits and appeal limits. This allows your software to bring claims about to reach a limit to the forefront so they show up in a queue to be worked. Setting up your software system to have intelligent prioritization will reduce your DSO and create an efficient collection team.

Pro Tip: Find a software system that allows your A/R team to add notes and tasks. Customer Service is greatly improved when there are open lines of communication between your teams.

If you are needing to gain some efficiencies in your own A/R team, you should take a look at TIMS *Collections Worklist* system. This module in the software is developed for supervisors and managers to setup custom worklists to prioritize and drive work to your A/R or collection team. It pulls real-time data about A/R balance, claims, and EOB. Every action that your team takes on an account creates a status and a note; the team can also add their own comments. Interaction stats are automatically captured so you know how many times a claim has been touched and can research the history. In the TIMS Collections Worklist system the team can generate an appeal, attach all the supporting documentation, and submit it digitally within seconds. All of this documentation goes straight into the TIMS Imaging system so there is no printing required. Managers can also measure and monitor the performance of the collection team and generate efficiency reports.

Supervisors and managers have a lot on their plates and look for ways their software systems can assist with productivity oversight. The TIMS *Adjustment Approval* system allows them to define a threshold dollar amount so certain adjustment amounts aren't being posted without approval. The worklist system drives adjustments to the manager so they can be reviewed and either approved or denied. The collector then receives back a notification about the manager's decision. Supervisors also want to analyze denials and look for future improvements to processes. A Claims Denial Report allows this analysis by order owner, product category, HCPCS, denial code, referral source and more. Another useful report available in TIMS is the A/R Adjustments Report. Use this report to review open or posted adjustments before a cash batch is posted. You can even use this report to review bad debt write-offs. Using the right tools gives supervisors and managers more time to lead their teams and work together on improving processes.

Special Processes

There are other specialty areas within revenue cycle management that can get out of control. Hold Management, dealing with initial or renewal CMNs, rentals, CPAP compliance, prior authorizations, and prescriptions create another set of stresses. You might have orders and resupplies being held up because of state regulations or prescription timelines. The action item here is to ensure you keep a tight rein on these processes. You must give careful thought about which of your teams are responsible for held revenue, review processes and contingencies regularly with the team and use software to put strong policies and intelligent work queues in place.

Additional areas for consideration exist depending on the company and their product lines. Re-Supply is often a separate function within a company with a different team who are solely responsible for this revenue. It is important to think about a Re-Supply program and using software to track the orders coming in and make sure they become a part of the program. Proactively identifying patients and claims that are eligible for oxygen content replacements, reasonable useful lifetime (RUL) equipment replacement, and periodic maintenance are all special areas that can be billed and can create a more consistent revenue stream.

A Definition Of Revenue Cycle Management (RCM)

The revenue cycle includes all the administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue, according to the Healthcare Financial Management Association (HFMA). Your revenue cycle is a complex chain of internal business and standard industry processes. It starts when a referral comes in and ends when you have the cash posted or the A/R worked and adjusted.

Front-End Revenue Cycle Management Process

For HME|DME suppliers, revenue cycle management starts with a referral that is received as clinical documentation. A lot of documentation is still received over fax but some orders and prescriptions may also be received through the mail, eFax, phone call, email, or a referral service. This documentation contains the physician's information, patient demographics, insurance, and product information. Someone or a team of people within the company needs to stay on top of the incoming queue to route or assign the documentation.

Paperless offices are recognizing greater ROI because they are able to receive this clinical documentation digitally and route it through the correct internal workflows using software tools. One such tool, TIMS Inbound Document Routing, receives and keeps all documentation and orders in a single digital repository. The print button is your enemy. If you are clicking 'Print' to process documentation, then you are losing revenue.

The print button is your enemy.

An efficient intake CSR knows right away if the received documentation is complete or requires follow up. Being able to communicate quickly with the physician's office or hospital staff about missing documentation is a sign of an efficient HME|DME supplier with well-trained staff and well-established work queues. TIMS Software helps companies setup billing rules for each payer and product to determine the correct types of documentation and authorizations that will be needed to successfully fulfill and get paid for an order. If documentation is missing at any point in the revenue cycle, the CSR has the tools within TIMS Software to generate and request the right forms. The software monitors the order for a response and alerts the CSR when the documentation has been updated. The pre-established rules let the CSR quickly validate the forms and continue working the order toward fulfillment and payment.

Pro Tip: Training new CSRs is faster and easier when it is the software that keeps track of and implements all the billing rules.

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