Lessons Learned from COVID-19
Clean up, Cut Out and Customize
Presented by: Cindy Pezza, PMAC

FPMA
FLORIDA PODIATRIC MEDICAL ASSOCIATION

"They" say hindsight is 2020, and "they" were right!

- Many DPMs utilized (and continue to utilize) the forced pandemic slowdown to channel energy towards what could be controlled during a very uncertain time

- The excuse of "I just don't have time" wasn't a valid one for months on end

This lecture will build on this concept and discuss the lasting benefits of:

- Cleaning up

- Cutting Out

- Condensing AND…

- Customizing

Not only in practice, but in life

Let's begin with Cleaning up A/R and the associated processes to find out how much $$ you are losing

01

This process will include a deep dive and some difficult decision making

02

Controlling/Cleaning up A/R is a constant battle (it's that junk drawer in your kitchen that you try to keep organized but somehow it still lives up to its name)

1

Break it up into Insurance Aging and Patient Aging

2

Remember that we want to see 15% or less of total A/R in the "91-120 bucket" (or worse case scenario the "121-150 bucket")

Anything older than that is often uncollectable

3

Keep in mind that when claims are rejected and resubmitted, they may jump from older to newer buckets (reporting in some billing systems is by date of submission instead of date of service)

Collections and Aging

Inflated and Messy A/R

- Look for OLD, ROUND numbers when running Insurance Aging reports (this usually means that an entire claim or certain line items were not paid; often seen with surgeries and DME; YIKES)

  - Who is watching this and what is the reason that these claims or line items are not being paid (or even responded to by payers)?

  - Are we continuing to bill for codes that are not on our fee schedules?

  - How much $$ are we leaving on the table because of timely filing; claims sitting in user hold, rejected claims that are not being "worked" to find out how to correct and resubmit?

Clean claims help to control rejection rates

- Keeping rejection rates as low as possible is important (5% or less; I used to say 3%, but payers often reject for no reason banking on the fact that you are too busy to follow up)

- The #1 reason for rejection continues to be SIMPLE HUMAN ERROR

- Train your staff to be diligent in their attention to detail

  - Spelling/inputting of patient names (as listed on insurance cards*)

  - Repeating back dates of birth, insurance IDs and best phone number to reach and remind of their appointments

User hold means you cannot submit the claim

- When it comes to billing, nothing bothers me more than claims on "user hold" for reasons that could be resolved in a matter of minutes
  - DLS and PCP not listed
  - Train your staff to ask EVERY Medicare Patient and Medicare Replacement Plan at EVERY visit to verify the name of their PCP and when they were last seen (then make sure this information is entered in order to populate on the claim; don't make your biller look through your notes to find this information)
    - If you do not know where this information needs to be entered, find out (and then make sure every member of your staff knows too)!

Verify Active Coverage at Every Visit

(Reschedule patients rather than let this be a reason for denial)

If your E H R does not have the ability to automatically check eligibility, utilize resources such as Availity or individual carrier provider login sites

The Medicare provider portal recognizes IP addresses, so if you have remote employees or billers who need access, a separate login has to be requested and set up.

If you have one staff member who is the ONLY ONE that knows or uses login information, what happens when they quit, or you let them go?

- Resetting this information is a pain and should be avoided whenever possible

The Devil is in the Details

- If you are not able to "click through" to benefit details through your EHR/PM system, someone on your staff should be calling insurance companies (at the very least for new patients and prior to the first visit each year)

- Even if the details are difficult to decipher, we should know the basics (copay, deductible and how much has been met)

- Many patients do not know or fully understand their member benefits

  - We must make our best effort to educate rather than surprise them with large balances ("patient responsibility")

  - This also helps to enforce our practice financial policy which should be updated each year**

When it comes to Patient Aging, you sometimes have to kiss it good-bye

- When looking at patient aging reports you should;

  - 1. Make sure balances are actually patient responsibility and that there isn't a simple solution such as collecting updated/corrected insurance information and re-submitting or that "covered" custom orthotics were denied and the patient balance reflects the billed amount for 2 units of L3000

  - 2. If it is greater than 120 days old and less than $10, "write it off" but set an alert for the next time the patient comes in to collect it

    - Don't send statements for less than $10

  - 3. Decide if you want to keep looking at the same names (patients who were seen as hospital consults or in outside facilities and didn't have insurance/were "pending Medicaid") or if you want to "kiss it good-bye" which is often the same as turning them over to collection agencies

Give it one last attempt

- During the day of the week (or even part of the day) that you are in surgery or do not have any clinic patients scheduled, have a staff member (the one who is the best "schmoozer") call patients with balances.

  - First checking to make sure we have the correct mailing address as several statements have been sent with no response.

  - No matter if the address is verified or corrected, the patient is then provided the opportunity to pay their balance via credit card over the phone.

  - For larger balances you can have the staff member offer a professional courtesy (discount) in order to keep the patient out of collections.

  - If the patient states that they will promptly mail a check, the staff member makes a note in the chart and thanks the patient for payment in advance.

  You will be surprised how much a well spoken and trusted staff member can collect for you.

- Monthly meetings with billers/RCM companies are essential (you or your administrator should be running monthly practice production as well as insurance and patient aging reports**)

- No matter how "good" or experienced your biller, checks and balances are key

- Cleaning up A/R as much as possible by year's end and prior to "deductible season" starting over is a great way to kick off the new year on the "right foot"

It's not fun, but it has to be done

Now let's move on to Cutting Out/Pairing Down

◈ During the slowest month(s) at the onset of the pandemic many physicians/practice/business owners took a close look at their expenses

  ▢ This included supply costs and unnecessary surcharges as well as employee expenses such as regularly paid overtime

  ▢ They also took advantage of special offers from vendors and discounts on malpractice coverage due to decreased patient volume

Doctors were realizing the importance of quality over quantity (highly trained staff members who wanted to work) and the possibility/benefits of outsourcing tasks

◈ The "New Patient Coordinator" position was established in many practices

◈ Behind the scenes tasks such as eligibility and benefit checks and prior-authorizations were outsourced to "distant assistants" or current staff members who needed to work from home due to child-care issues.

◈ We learned how to run lean while improving efficiency and managing overhead expenses **

Let's move on to Customization

- Annually you should be reviewing office forms and policies to see if they need to be updated.

- These include:
  - Financial policy
  - Orthotic Policy
  - Intake paperwork (and possible alternative/improved methods by which we collect this information)
  - Patient handouts (condition specific, instructional, educational)
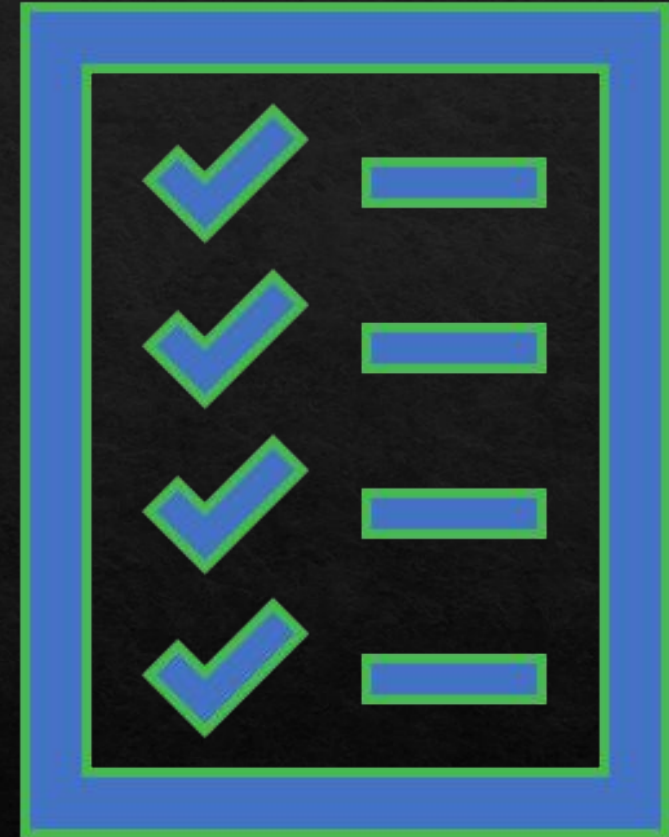
The first time a patient is seen each year

- We should be scanning updated insurance cards (front and back; for payer ID changes and policy updates)

    - Patients should be reminded at the time of appointment confirmation that these will be collected. If a new insurance (carrier, policy or changes to coverage) will be in effect as of January 1st, we must collect the ID# ahead of visit to verify coverage and review benefit details; this helps us to adhere to our own financial policies.

    - We are still seeing patients with old Medicare #s (these need to be updated and could be causing rejections for old claims that you are not aware of)

- Patients should review and sign updated financial policies (including newly implemented such as credit card on file*)

- They should also be prepared to make copayments, deductible deposits or other out of pocket payments at the TOS

    - (Do not surprise them or end up treating for free!)

Make certain that ALL staff members understand your policies and any changes completely (so they can explain to patients in an educated manner)

clover podiatry — Foot & Ankle Specialists, PLLC

Financial Policy

Your insurance policy is a contract that exists between you and your insurance company. Our relationship is with you, the patient, and not the insurance company. If you have questions about your policy, please call the phone number provided on the back of your insurance card. The patient or responsibly party is responsible for their bill being paid in full. Please inform us at every visit of any changes to your insurance coverage.

Please initial each line indicating your understanding of our policies:

___**COPAYMENTS:** It is a requirement of your insurance company that we collect your co-pay. Payment is required before meeting with the doctor.

___**DEDUCTIBLES & CO-INSURANCE:** If you have a high deductible plan, we may collect a **$125** deposit to apply towards your deductible and co-insurance. Any remaining balance after submission to your insurance company is your responsibility.

___**SELF-PAY:** Full payment is due at time of service. A down-payment will be required before seeing the doctor. **At a minimum, an evaluation and management fee will be charged.** Additional procedures/services may be recommended by the doctor. You will be informed of these charges before proceeding with treatment.

___**REFERRAL:** If your insurance plan requires a referral from your primary care doctor, this will be required at the time of your visit. Without a referral available, we may need to reschedule your appointment.

___**NO SHOW:** 24 hours notice is required for cancellation of your appointment and failure to do so will incur a **$50** fee. Failure to provide **24 hours notice** of a procedural visit will incur a **$100** fee.

___**SURGERY CANCELLATION:** Failure to provide **5 business days notice** before surgery will incur a **$500** fee.

___**BALANCES/COLLECTION FEES:** If balance is not collected within 30 days from the postmark date of a mailed statement, a **$12** re-billing fee may be added to each additional statement due to an unpaid balance. Accounts due more than 90 days will be turned over to our collection agency and a **$35** administrative fee will be added.

___**FMLA/DISABILITY/MEDICAL RECORDS:** There is a **$25** charge for having the doctor complete these forms. There is a **$10** fee to obtain a copy of your medical records.

I have read and understand these financial policies.

Patient Name (print):_____

Patient/Responsible Party Signature:_____
Date:_____

PLATTE RIVER — FOOT & ANKLE SURGEONS

Credit Card on File Agreement

Much like other businesses such as hotels or car rental agencies, upon check-in, a member of our staff will ask you to provide a valid credit card which will be stored securely on file. Following claim submission and response from your insurance carrier, if a balance is due (from you, the patient or guarantor), a statement will be sent promptly. If no payment has been made after 30 days, your credit card will be charged automatically. Please note that co-payments and any cash products or services provided are due at the time of service.

Your ability to dispute a charge or question your insurance company's determination of payment will remain unchanged. If you have any questions about our policy, please do not hesitate to ask.

By signing below, I authorize *Platte River Foot and Ankle Surgeons* to store my signature and credit card information securely on-file and to charge my credit card for any outstanding balances when due.

If the credit card that I provide today changes, expires, or is declined for any reason, I agree to promptly provide *Platte River Foot and Ankle Surgeons* with a new, valid credit card of which I will allow them to use for payment processing over the telephone. Even though *Platte River Foot and Ankle Surgeons* is not processing in person, I agree that my updated card may be used with the same authorization as the original card presented.

Credit Card Holder's Signature:_____ Date: _____

☐ Please check this box if you prefer not to receive a statement and would like us to bill your credit card immediately for any balances due after the processing of your insurance.

PLATTE RIVER — FOOT & ANKLE SURGEONS

Frequently Asked Questions Regarding the Credit Card on File Agreement

Do I have to leave my credit card information to be a patient at this practice?
Yes. This is our policy and it is a growing trend in the healthcare industry. Insurance reimbursements are declining and there has been a large increase in patient deductibles. These factors are driving offices to either squeeze more patients into shorter periods of time or to stop accepting insurance. We have decided to focus on becoming more efficient in our billing and collections processes instead.

How much and when will money be taken from my account?
The insurance companies on average take between 2-6 weeks to process submitted claims. Whatever the allowed amount is, your copay, coinsurance, and deductible are taken into consideration. Your individual policy determines what you may owe. Once the insurance explanation of benefits (EOB) is received and posted to your account, you will be sent a statement showing your portion. You will have 30 days to send an alternative form of payment if you prefer. If no alternative payment is received, your patient financial responsibility will be processed.

How do you safeguard the credit information you keep on file?
We use the same methods to guard your credit card information as we do for your medical information. The card information is securely protected by the credit card processing component of our HIPAA compliant practice management system. This system stores the card information for future transactions using similar technologies to an online retailer. Our billing and office staff are not able to see the card number – only the last four numbers, giving us no way to use the card outside of the billing system. The only way to use it is to process a payment in our practice management system.

What are the benefits?
It saves you time and eliminates the need to write checks, buy stamps or worry about delays in the mail. It also drives our administrative costs down because our staff sends out fewer statements and spends less time taking credit card information over the phone or entering it from the billing slips sent in the mail, which are less secure methods than storing the information in our practice management system. The extra time the staff has can now be spent on directly helping the patients, either over the phone, with insurance claims, or in person.

I always pay my bills on time. Why do I have to do this?
The entire billing process is time consuming and wasteful, and the few patients that we do have to send to a collection agency end up costing a lot of money. Reducing unnecessary costs are essential to allowing us to continue to be an in-network provider with most insurance companies.

What if there is a payment discrepancy or I have other payment questions?
Please contact our billing department directly to settle payment discrepancies or for other payment questions. This policy in no way compromises your ability to dispute a charge or question your insurance company's explanation of benefits.

Will I still receive a paper statement by mail (or electronically if I prefer)?
Yes. You will receive one statement displaying the amount to be charged to your card in 30 days. If you prefer to pay by an alternative method, you may do so during that period. If you do not wish to make any payment method changes, keep the statement for your records and your card will be automatically charged.

Insert your logo here

Dear Valued Patients,

We thank you for choosing _____ for all of your foot and ankle needs. As we continue to fight the spread of COVID-19 we want to assure you that we are taking every measure to keep doctors, staff members and patients as safe as possible. Aside from properly donning personal protective equipment such as face masks and gloves, frequently washing our hands and performing pre-visit screenings to determine the need to reschedule appointments if a patient is feeling ill or has been in contact with anyone who has tested positive, we have also taken steps to practice social distancing whenever possible and allow additional time for thorough sanitation.

To accomplish limiting contact with others and to expedite visits as efficiently as possible, each patient in our schedule is appointed a specific block of time according to their condition and individual care plan. As a courtesy we call each patient to remind them of their upcoming appointment, providing the opportunity to reschedule if needed. Patients that fail to present for their appointment cause a disruption in clinic flow and can prolong the treatment of others in need.

Because it is our goal to provide the highest quality care in the timeliest manner possible, as of __/__/__ we will be enforcing a strict 24-hour cancelation policy. If you need to cancel or reschedule your appointment and do not contact the office at least 24 hours ahead of the appointment time specifically blocked for you, a $35 fee will be automatically generated. We hope that you understand our position and appreciate the efforts we have made and will continue to make in order to accommodate patients in need.

Stay safe (your area or town) and keep smiling with your eyes behind those masks☺

COVID provided practices the opportunity to enforce cancelation policies for the first time.

Let's hope that continues!

When was the last time you updated the handouts and instructions provided to patients?

At Home Treatment for Infections of the Skin and Nails

At Modern Foot & Ankle Centers we understand that you have many options when it comes to treating unsightly toenails as well as other common conditions including "athlete's foot" or dry, itchy feet. In our years of experience, we have found that a combination of treating at home in conjunction with consistent professional care is the most effective way to significantly improve or completely clear these chronic types of conditions. For this reason, we have personally selected the finest quality, medical grade products for your use at home in between office visits.

Clarus Solution is a topical anti-fungal treatment (including Tolnaftate – a widely used anti-fungal ingredient) which works differently than other topical applications because it is delivered in an oil base and is able to penetrate the nail and the skin surrounding the nail (the root of the fungal infection). The solution works best when applied twice daily starting at the base of the nail and brushing up toward the end (similar to nail polish). As your health is of the utmost importance, this product, along with the entire home care collection, is Paraben free and contains nourishing elements and antioxidants that will stimulate the growth of brighter, whiter nails.

It is important to understand that treatment of fungal toenail infections can be a process of between 6 and 12 months and the only way to achieve optimum improvement is to be consistent with treatment at home while under the care of your physician.

Clarus Cream is a topical anti-fungal treatment for the skin, also containing the active ingredient Tolnaftate, is delivered in a urea and tea tree oil-based cream that is easily absorbed and dries without staining. The cream should be applied once daily to the affected areas of the skin and is safe to use in moderation between the toes. Other topical treatments may worsen infections between the toes as they do not fully absorb and can leave the area moist and open to further complication. Whether you are treating for a fungal infection of the skin or nails, it is important to treat in combination for optimal results.

Since many common and unpleasant foot related conditions like to spread in warm, dark, moist areas (like your shoes) it is imperative that you include them in your home treatment regimen. This final step serves to eliminate further infection and to prevent future re-infection. **Clarus Antimicrobial Shoe Shield** is a highly effective, antifungal, antimicrobial spray containing Nanosilver and Tolnaftate and eliminating odor causing bacteria and fungi on contact.

Because we value our patients, all of the medical grade formulas recommended by our physicians are available conveniently at the time of visit and are accompanied by a money back guarantee, direct from the manufacturer. Modern Foot & Ankle Centers strives to provide the most effective, highest quality products and services available and we thank you for choosing us for all of your podiatric healthcare needs.

Instructions for Use and Care of Walking Boots

Why are we dispensing a Walking Boot? Walking boots are used by people who have suffered a foot, ankle or lower leg injury. These boots are used on those with sprained ankles, soft tissue injuries, fractures or those recovering from foot or lower leg surgery. The boots provide support to the ankle and leg without inhibiting mobility. Walking boots can be pneumatic (able to be inflated for additional compression to control swelling) or non-pnuematic (not inflatable) and are available in both tall and short versions.

Instructions for Use and Important Items to Remember when Wearing a Walking Boot:

1. Protect your lower leg by making sure your skin is moisturized and wearing a high sock (tube sock) under the boot. If you are wearing a walking boot after surgery your physician will instruct you as to how to dress your foot throughout recovery. You should inspect your skin under the brace daily to check for any breakdown. If you notice areas of breakdown, localized redness, or have any issues please call your doctor.
2. Open the boot by detaching the Velcro straps. Most boots will have between two and five Velcro straps depending on your injury and the stability of your ankle. Hold the Velcro straps back with one hand so that the front of the boot is completely opened.
3. Sit down and slide your foot and ankle back into the open boot. Completely detaching and pulling back on the Velcro straps will help your foot slide into the boot without needing to bend your foot or ankle.
4. Release the Velcro straps from your hand. Thread the first Velcro strap (the strap closest to your toes) through the middle of the plastic threading bar on the other side of the boot. Then pull the strap over the bar and back to the other side. You should pull the strap tight enough to restrict foot and ankle movement but not too tight to restrict circulation.
5. Thread and tighten all of the Velcro straps, from the bottom up. If you are wearing a pneumatic walker (one that is able to be inflated to control swelling), use the pump to inflate the liner of the boot until you feel a comfortable amount of compression; this may take quite a few pumps).
6. Get up from your seated position slowly and practice walking in your boot. Instead of walking heel-toe, your foot will roll from your heel to your toe. Walk around your home and up and down your stairs carefully until you feel confident walking in your boot.
7. On the non-walking boot foot, try to wear a shoe that has a substantial sole. This will help to alleviate hip and back pain from walking unevenly.
8. To remove the boot, use the valve to release the air from the liner, loosen all Velcro straps and open the foam liner. Carefully remove your leg. Do not remove the liner from the external brace frame and sole.
9. If the shell or liner of your boot become soiled or dirty, they can be cleaned using a baby wipe.
10. **Driving while wearing a walking boot on either foot is not safe as the device is cumbersome. Please remove the boot if you have to drive and put it back on as soon as possible after safely reaching your destination.**

I have read and understand how to properly wear and care for my walking boot

Patient Name: _____ Signature: _____ Date: __-__-____

What to expect following your treatment And how to care for your plantar wart at home

At Modern Foot & Ankle Centers we make every effort to successfully treat and resolve plantar warts (warts most commonly found on the bottom of the foot) in as few visits as possible. Although we cannot predict exactly how long it will take for the virus (yes, a wart is a virus) to weaken and leave the body, we know from experience that when our patients understand and comply with our structured care plans, they see much faster results.

Following your treatment in the office, the area will be covered with a dressing or bandaid as well as a felt pad to offload pressure. This should stay in place for the next 24 hours. It is not uncommon to experience some discomfort or tenderness. Our preferred method of treatment includes the use of a very effective chemical substance that weakens the virus and in the process, may form a blister. Before you leave, you will be scheduled in 2 weeks time for follow up treatment and be given a homework assignment including several of our physician only products.

After 24 hours has passed you can remove the dressing and replace it with a clean one (this will protect the area and provide relief if you are having discomfort). By day 3 you can begin using Verrustat, our physician only dispensed at home wart treatment (using an applicator or Q-Tip to apply the medication directly over the wart, avoiding the healthy skin around it). The area should then be covered and kept clean (avoid walking barefoot).
For adults, we recommend applying Verrustat on a daily basis.
For children, your doctor may recommend using it every other or every two days.

In addition, we suggest that you control excessive foot sweating (as this may cause warts to spread or multiply) with our Dry Feet Wipes (which keep the feet free from perspiration and odor for up to a week with one application). Because viruses (like warts) spread best in warm, dark, moist areas, it is highly recommended that you treat all the shoes that you have been wearing since you first noticed your wart. For your convenience we offer Clarus Shoe Spray to eradicate all those "yucky things."

Often times the body tries to protect the wart by creating a painful callus (thickened skin which often feels like walking on a stone). If this is the case, your doctor may recommend Kera-42 (a highly effective urea-based cream) to provide relief between visits.

The last item on the at home "to do" list is to keep all tubs and showers which are shared with family members as clean as possible (with Lysol or a diluted bleach solution). As they say, families share everything. . . including plantar warts!

We thank you for choosing Modern Foot & Ankle Centers for all of your foot and ankle needs and look forward to saying Bye-Bye to that wart!

What about simple processes that become extremely difficult due to staff turnover?

- Map out (or ask staff members who have done it the longest) every step of all the tasks that are performed (for example):
  - Scheduling appointments; essential fields to populate and information to collect
  - Collecting/processing) payments and posting/documenting accurately
  - The instrument sterilization process (from soaking to scrubbing to packing and running the autoclave – correctly!)
  - This may become an eye-opening experience when you realize a "master of none" problem

  Think: If everyone quit tomorrow (or half of my staff was out with COVID, how would I keep this practice going?)

  Checks and balances are important before delegation and trust can make your practice efficient and successful.

Last fall one of my practices decided that enough was enough. . .

Enough mistakes that were consistently costing the practice revenue

Enough bodies in the office (as more staff members were needed to keep up with eligibility and benefit checks, clarification of details, etc.)
    Staff was always complaining about too much
    work and not enough time

Enough dealing with the minutia that was keeping the doctor from being the doctor and the clinic staff from focusing on patient care.

We created a plan to prepare for a smoother year ahead . .

Utilizing the expertise of the remote biller (and an additional part time team member who was hired by the biller) to perform many of the time consuming, burdensome tasks that were bogging down the office staff (and in many cases having to be fixed due to inexperience or lack of attention to detail by the biller anyway).

But first we created checks and balances (remember, you never want any one person to have too much power or the ability to sink the ship if he/she leaves)

◈ With the help of the biller and one experienced office staff member, we created a "Who is responsible for What" list

Examples:

1. The biller would be responsible checking eligibility and benefit information for each patient and relaying this to the office in a way that was easily understood by staff and patients.

2. If a patient required a prior-authorization for MRI, orthotics, etc. this would be performed by a member of the office staff

Think about incorporating basic "Checks and Balances" (sometimes "Old School" is the way to go; the movie and balance sheets)

	A	B	C	D	E	F	G	H
1	Patient Name	Previous Balance	Copay/Deductible		Cash Payment	Check/Check#	CC Payment/Type	Balance Today
21		Sub Totals	Sub Totals		Sub Totals	Sub Totals	Sub Totals	Grand Sub Totals - Initials
41		Totals	Totals		Totals	Totals	Totals	Grand Total- Initials

Further examples of responsibilities:

The biller would be responsible for reminder calls which would also include insurance coverage information (what would be expected at time of visit).

Patients with balances would be made aware as would the office staff (with notes about balances or when applicable if a payment plan had been set up).

The office staff (check in) would only have to follow the instructions as provided by the biller and record applied payments through an improved check and balance system

Less office staff would be needed (and now more then ever, less bodies is important)

As it turned out we were able to let go of a full-time staff member who was not pulling their weight (and was causing many data entry and communication errors).

We were also able to adjust staff schedules so that overtime would not be an issue and adequate coverage would be ensured in the event of absence.

BONUS!

◈ The doctor was able to look at his current schedule to condense office hours (additional/accurate behind the scenes work plus increasingly focused office staff would allow patient flow to increase while maximizing each visit).

　▫ The doctor was excited to have some "me time" back and to have regained control of the systems that were bogging him and the practice down.

Consider what changes you could make to create your own BONUS

Banker's hours are no longer the norm

Let's talk charting/document ation

◈ I receive many emails containing questions like: "How can I spend my Saturday at COSTCO instead of working on chart notes?"

Never ending homework

◈ I often run "open encounter" reports that provoke uncomfortable conversations (incomplete chart notes/encounters = claims that cannot/should not be billed)

◈ Charting and documentation is the bane of existence for many doctors and continues to become a bigger headache with each passing year.

Additional Struggles

If you use one software for EHR (scheduling and charting) and another for PM (Practice Management/Billing/RCM) the lack of interface will create additional work and difficulties in collecting what is owed at TOS.
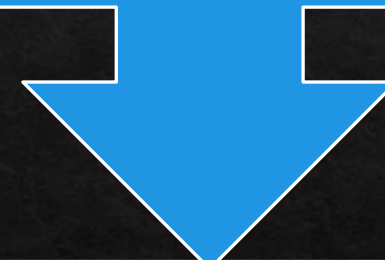
If your biller uses a separate PM system and you do not have access to it, how does your office staff know what to collect based on insurance coverage details (deductibles, copays, co-insurance, etc.)?

These types of situations lead to frequently seen patients with high balances or patients who have paid balances while continuing to receive statements that say otherwise.

Transparency is key

◈ You must check that each patient has active coverage at every visit and know at least the basics (annual deductible, how much has been met, copay amounts, etc.)

◈ If you are not able to do this directly through your EHR/PM system then use alternative methods (Navinet, Availity, individual payer logins, etc.).

◈ Other times you must make the dreaded call to the insurance company and wait on hold for "coverage" details (keeping in mind that "approval is not a guarantee of payment").

◈ YES, this is ALL time consuming but remember, this does not have to be done in the office during clinic hours, it can be done remotely.

◈ **You should have up to date logins for all payer related portals**

How can you make this more manageable moving forward?

✓ The answer is customization and there is no easy way around it

You must learn how to make your EHR work more efficiently by taking the time to customize your blueprints/templates, forms and care plans.

If you spend excessive amounts of time continually changing and editing the set parameters of your blueprints/templates, doesn't it make sense to change them once and save time with each encounter moving forward?

How to begin the process

◈ There is always additional help available from your EHR vendor (but you have to ask and may need to pay for it)

- Some in the form of additional/focused live trainings (this can seem impractical when seeing it done theoretically)

- Others have training resources built into the system that are highly underutilized**

- If you do not have the time or patience (or technological confidence) to do this, employ the help of a staff member to help you.

Again, it will take time, but the benefits of doing so will significantly improve your quality of life.

Encounters: Care Plans

Review the steps necessary to create and/or select a Care Plan during an encounter. Care Plans may be selected from "Administration": "Care Plan," or they may be created at any time as needed.
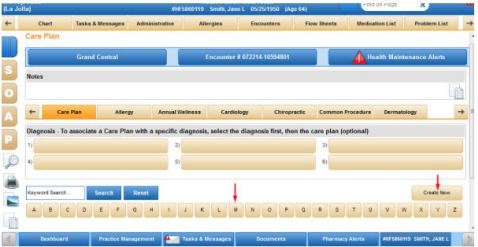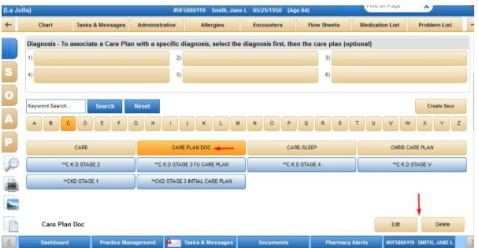
May 9, 2017 . Setup/How To

INSTRUCTIONS:

Review the steps necessary to create and/or select a Care Plan during an encounter. Care Plans may be selected from "Administration": "Care Plan," or they may be created at any time as needed.
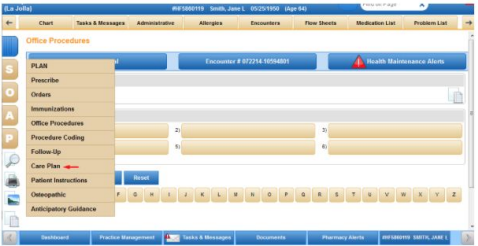
- Click "P" in the "SOAP" bar and select "Care Plan."

- Select a letter or click "Create New."

- Once a care plan is selected, the user has the option to select "Edit" or "Delete."

Remember that kid in elementary school who always received a cool sticker and a special note from the teacher on his/her homework assignments and book reports?

Why do you think he/she received so many accolades from the teacher?

- Was it because he/she spent extra time reading and working on book reports and preparing for class while you were busy playing Pac Man or Super Mario Brothers?

- Or was it because he/she was one of those lucky people that excelled in every subject with little effort?

In either case the teacher's goal was to keep the student motivated to continue their efforts

◈ What if we applied this same principle to the "homework" you now have every clinic day, but instead of powering down Atari or Nintendo (ancient references), you stopped scrolling through Pinterest for new recipes, put your p[hone on Do NOT DISTURB and sat down to focus on making your EHR work for you.

◈ Instead of a gold star though, let's consider what it would be like to complete ALL your chart notes within an hour of your last patient with no more nights and weekends playing catchup .

◈ Wouldn't you also want to continue to make changes that would make charting even more efficient and less time consuming?
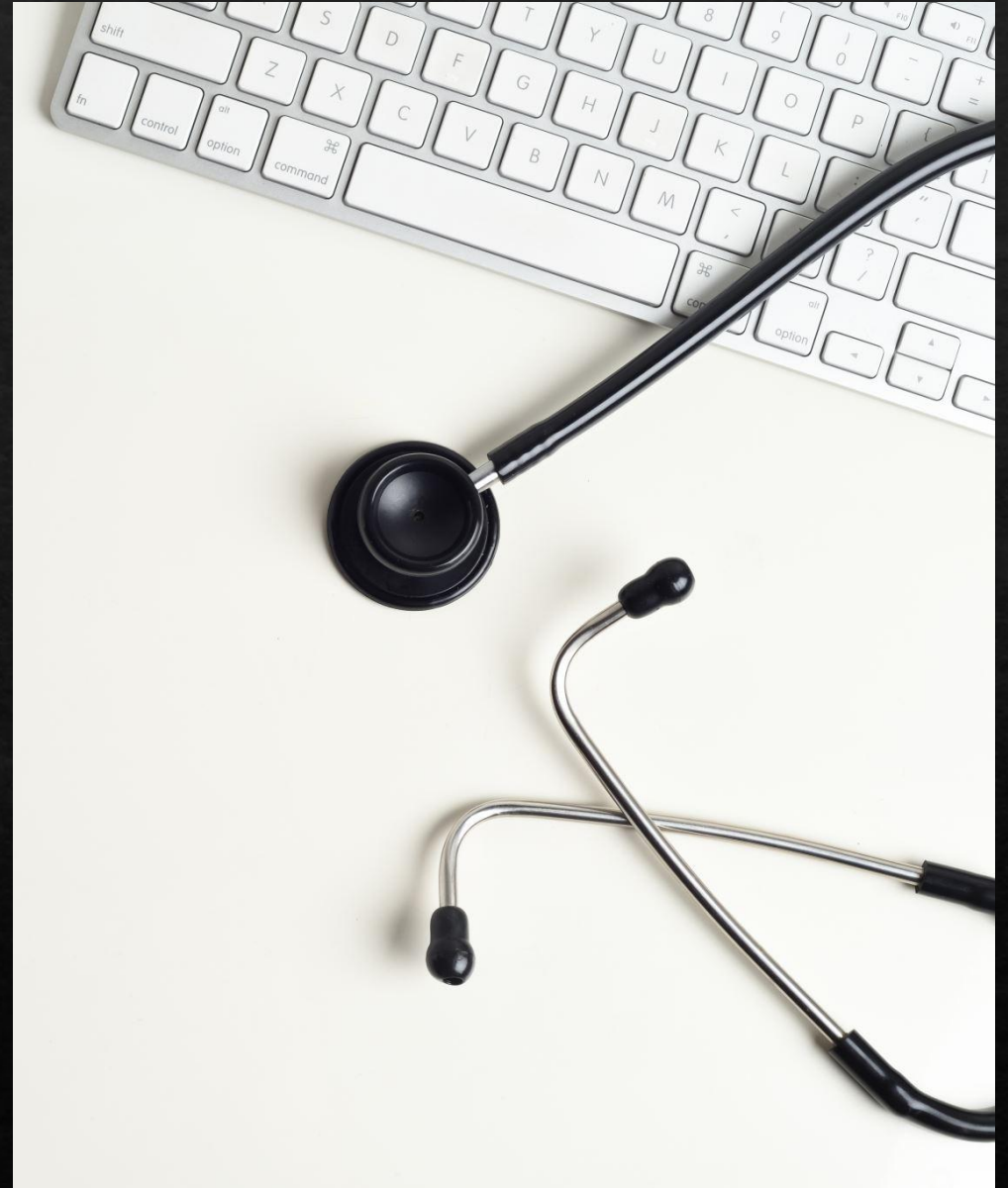
Star student/DPM example:
Dr. Shelly Sedberry who opened her practice in December of 2018 in Joplin, MO

Shelly D. Sedberry, MS, DPM, AACFAS

Podiatric Foot & Ankle Surgeon

- *Yale-trained doctor of podiatric medicine*
- *Board Certified, American Board of Podiatric Medicine*
- *Associate, American College of Foot and Ankle Surgery*

Dr. Shelly D. Sedberry, an Oklahoma native, graduated from the University of Oklahoma in Norman with a Bachelor of Science in professional chemistry and Master of Science in chemistry and biochemistry. She received her Doctor of Podiatric Medicine from the Des Moines University in Iowa. While there she was awarded the Des Moines University Research Award and a University Merit Scholarship.

Dr. Sedberry completed three years at one of the top podiatric residencies in the nation, Yale New Haven Hospital/VA Connecticut Healthcare System, where she was chief resident. During her time there she authored and co-authored several podiatric studies that were published in peer-reviewed medical journals.

After residency, Dr. Sedberry moved back to the Midwest to open Shoal Creek Foot & Ankle Center in Joplin, Missouri. She created this state-of-the-art facility in order to provide patients in the four-state area with the best treatment options available. She prides herself on treating foot and ankle pain with passion, expertise, and care.

Dr. Sedberry is a highly skilled surgeon credentialed in rearfoot and ankle reconstruction. She is board certified with the American Board of Podiatric Medicine and is an associate of the American College of Foot and Ankle Surgery. She is affiliated with Mercy Hospital Joplin, Mercy Hospital Carthage, Freeman Hospital West, and Northeastern Tribal Health System.

Dr. Sedberry enjoys life in the Midwest with her husband Aaron, and their two Labrador Retrievers, Sunny and Maggie. When she's not treating patients, she can often be found hunting or fishing.

When Dr. Sedberry and I began working together, she had already selected and begun using an EHR/PM system (that we shall not name)

◈ Charting and scheduling were not ideal, and the billing service was outsourced and VERY poorly managed (podiatry billing was a foreign concept and we couldn't seem to make them understand that collections of between 22% were NOT ACCEPTABLE).

◈ Dr. Sedberry was getting busier each month and losing more and more money due to the inefficiency and lack of integration of her current systems

◈ She made the decision to change to switch to a fully integrated EHR/PM system and has done an amazing job at customizing it to fit her needs.

Additional Realizations and Lesson learned
(then and now)

Practices were finally "huddling" and now see the value

◈ Making a concerted effort to meet prior to each clinic day/session to discuss, prepare and anticipate the needs of patients was a great help to many

◈ Doctors: you need to be there along with both front and back office team members (this may mean coming in earlier than you are used to)

Practices learned to fine tune "reason codes" and comments to better prepare (huddle)

There should be more than just NPs and FUs in your schedule!

Example: Follow-up orthotic dispensing (patient will call upon arrival)

Example: Post-op Visit 1 (x-rays and bandage change) (patient will need a wheelchair and is aware that his driver is not permitted into the office)

Example: Post-op Visit 2 (suture removal)

Example: Follow-up matrixectomy (telehealth visit)

Example: New Patient
- Comments: Heel pain x 4 months worsening (patient will need a mask)

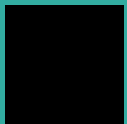# For many, the art of scheduling was finally realized (short staffing played a big part in this and shadowing was key)

By properly scheduling appointments/patients according to reason (visit time), staff should be able to "room" patients with a purpose.

Example: An ingrown procedure can be scheduled alongside an "at risk foot care" visit *without concern.*

Some even began to adjust appointment times for commonly seen conditions and services provided (to reflect actual time in the treatment room rather than doctor time)

Once schedules had been adjusted some common discoveries were made

- A higher level of comprehensive care could be provided to patients (even while limiting contact time).
  - Staff members were trained (or re-trained) to thoroughly evaluate patients prior to the doctor entering the treatment room
    - NLDOCAT and protocols were reviewed in detail
  - Doctors were able to enter treatment rooms better prepared to diagnose and review structured treatment plans with their patients based on formally recorded (and newly modified) protocols
  - Visit Values were significantly higher as a higher percentage of New Patients and "better" conditions were being treated right away

Other "findings"

- As schedule modifications took place, doctors and staff learned how to better accommodate existing patients (spacing out appointments, becoming more cognizant of who "qualifies" for covered care) who presented regularly (RFC) allowing more room for new patients

- In general (not including practices that closed completely in places like NYC) 2020 patient numbers were down an average of 15% from 2019

  - However, with significantly increased NP %s and a higher PVV (as a result of greater adhesion to practice protocols including cash products and services and time to focus on insurance and patient aging), as we entered late summer and fall, practices watched as the revenue gap grew smaller (as compared to 2019).

  - All things considered (including PPP loans, HHS and EIDL grants), many practices reported 2020 as a record year- in a good way!

One of the most common (and painful) realizations/problems was (and still is) finding and keeping loyal TEAM Members

A recent social media post that seems appropriate to share. . .

"The average unemployment weekly payment is now $750. How are Podiatrists going to compete with that? UI is tax free as well. Maybe Sonic figured it out by speaking their language. What are you guys doing?"

Sometimes you just have to speak to them In a way they will understand. "Help wanted" doesn't seem to cut it anymore

SONIC
America's Drive-In.

WE ARE ISSUING STIMULUS CHECKS TWICE A MONTH SEE INSIDE
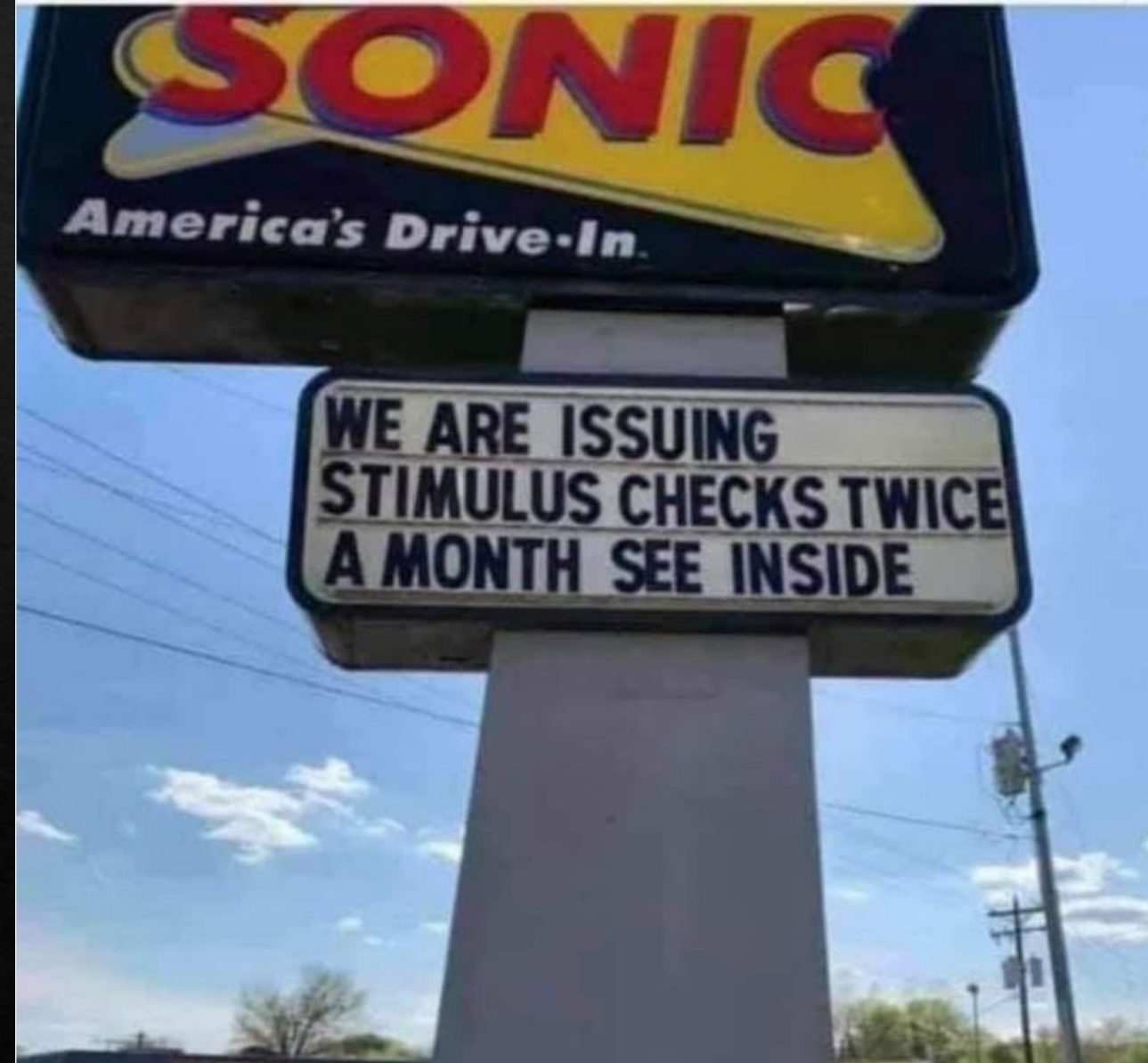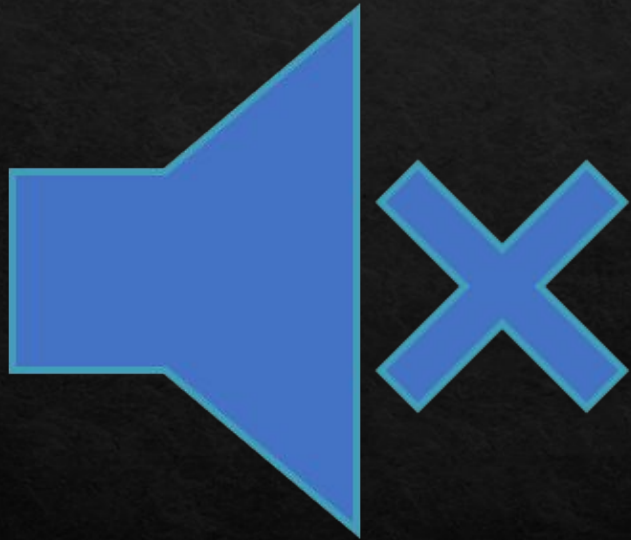
Do any of the following examples sound familiar?

My last two employees left within 3 weeks of hire.

One completely disappeared after a supposed abscessed tooth and the other quit after receiving the new scrubs I purchased for her (and the other staff members so not to make her feel bad about the stained, ill fitting ones she was wearing) and the inserts I gave her to help with the knee problem we soon found out about.

"I'm now up to 3 new employees that have been hired and ghosted me. I'm trying to figure out is it the market, is it what we are asking them to do, dynamics of the office, poor compensation, or just bad choices?"

Question:
Where do you look for employees (good ones)?

You can cast a large net by using platforms such as Indeed, ZIP Recruiter, Monster, etc. but the truth is. . .

◈ There is still no way of avoiding being "ghosted"

Here are some tips:

◈ When you find a potential candidate, see how long it takes them to respond to your first contact.

◈ If they are promptly responsive (keeping in mind that they may currently be employed), set up a time to meet for a Zoom interview and give the applicant a 5-minute grace period for technical difficulties (this has proven to weed out approximately 50% who don't show up).

(At least you can keep charting while you wait;)

Establish your minimum requirements (medical experience, willingness to travel, bilingual) and stick to them. This is your practice and there should be some non-negotiables ("I have to leave by 1:45 everyday" "I recently adopted my three grandchildren")

Try not to think too far ahead

Some of the most successful and motivated employees may be those who are working towards a higher level of education in the medical field.

There are lots of great potential employees who are taking their pre-requisite classes (remote and in-person) to apply to PA school and others who need work experience and to save money before applying to medical school in general.
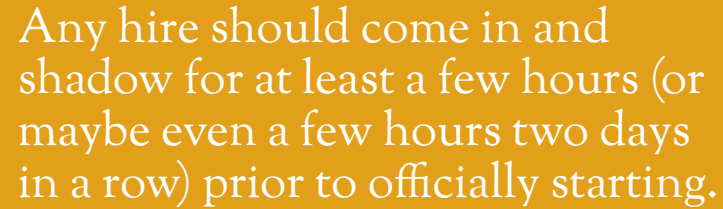
Don't worry about the fact that they will eventually move on. Utilize their willingness to work hard and learn from you for the next __ months-years (teach them to assist, scribe, give them access to my library and make hiring the next employee a more turn-key process).

Even though it is chancy. . .

◇ Externship programs at local schools and training centers are usually looking to place students for a period of 6-8 weeks at a time or longer.

◇ Have the student come in to meet with you and your team prior to starting (to make sure they appear "normal") and then take it day by day and week by week (always having a point of contact at the program if things are not working out).

◇ You never know if an extern will end up staying to work with you (and you have trained them for free).
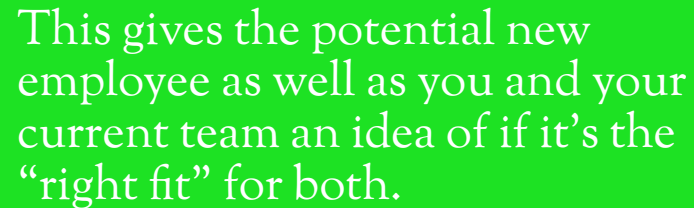
Speaking of coming in prior to starting work. . .

Any hire should come in and shadow for at least a few hours (or maybe even a few hours two days in a row) prior to officially starting.
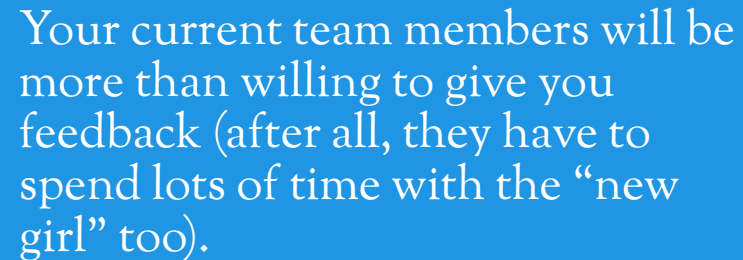
This gives the potential new employee as well as you and your current team an idea of if it's the "right fit" for both.

Your current team members will be more than willing to give you feedback (after all, they have to spend lots of time with the "new girl" too).

Use your social media platforms and community connections and ask your staff to do the same

◈ You never know when a "friend" or someone's aunt or cousin is looking for a job and may be a great fit!

◈ Pay attention everywhere you go for employees with exceptional customer service skills (medical experience isn't necessary)

◈ Once you have a lead, please have the most social media savvy member of your team stalk them!

◈ Social media posts say a lot about who we are☺

Be careful when hiring relatives of current staff members

If the new hire doesn't work out, you don't want to lose current staff.

Set clear boundaries of work/personal

The same goes when you are working with a family member/spouse/partner (be professional)

Question: Are you offering any incentives/bonuses/PTO/401K/ medical insurance to entice employees?

If you are not offering benefits and keep getting less than desirable applicants/employees, maybe you should change your approach.

- I have not seen sign on bonuses or incentives that begin on day one of employment

- Most small practices believe they cannot afford to offer medical insurance (but what is the actual cost of not providing it for your employees)?

  - Employees who are provided health insurance stay longer and miss less work (retention save significant amounts of $).

- If you do not offer medical insurance, hiring part time employees limits the expectation of benefits.

- PTO should not begin until at least 90 days of employment for even full-time staff

As a wise DPM once told me; "Don't be greedy when it comes to paying your staff" (or at least the ones that you want to keep)

Higher hourly rates should mean a higher level of employee with more experience and the intention to stay.

90-day probationary periods may lead to an increase in pay depending on performance (so even if the employee begins at a lower rate than requested, they have incentive to work hard and meet goals)

PTO (holidays) for part time employees after 90 days is up to you but should be based on the average number of hours worked per day (example: an employee who averages 25 hours a week would be paid 5 hours holiday pay)

Get creative

Practice goals for cash product sales, collections, new patients scheduled and seen, etc. could mean bonuses for staff (win-win).

- *Teach your protocols and have staff help you to carry them out consistently.*

If a potential employee seems to be the right fit but NEEDS health insurance, a monthly stipend could be offered in lieu of providing insurance (they could pay for their own and use the stipend towards it).

401Ks or profit-sharing incentives should only be offered/provided with longevity of employment (but some employees would rather a $1/hour raise than opportunity for investments)

Question:
What's acceptable to ask of your MA or front desk person to do?

Answer: Anything that has been clearly stated in your job description (discussed prior to hiring and provided in writing after). Be sure to stress that even though each person/position has specific duties, a TEAM effort is essential to maintaining positive patient flow and working cohesively.

◈ "No one is too good to answer the phone or sweep up toenails."

◈ Cross training is an essential part of creating a well-oiled machine.

Question: How do we avoid overwhelming new hires while ensuring they are properly trained and up to speed in a reasonable amount of time?

I believe that overwhelming new hires contributes to higher ghosting rates

Start with what is most important. . .

◈ Providing excellent customer service and quality care to your patients and keeping them moving.

◈ Worry about the EHR later!

◈ This should not be the top priority immediately when training.

◈ Have the new employee shadow everyone (including the doctor) to get a feel for the flow of the office (have them follow patients all the way from check in to check out).

◈ They MUST TAKE NOTES and ASK QUESTIONS

◈ If they aren't doing either, they are not engaged or learning.

Provide educational resources and set realistic expectations

Do not expect that a new employee fully understands or can perform a task until they have watched, been educated and done it repeatedly.

Utilize the staff training videos in the PEP library, online training modules within your EHR, provide training tools (cheat sheets, guides, etc.) and meet frequently.

Every individual learns differently so if one way is not working, try a different approach.

Do not expect them to know and understand everything after just a few weeks. There is always more to learn.

Just get through the day and worry about the rest later (inputting of visit information).

Remember, quality patient care should be top priority.

Date: ___/___/___ Pt. Name: _____ NP/EP Appt Time: _____ Arrival Time: _____

Prev. Bal: $_____ Copay/Ded/Deposit: $_____(_____) PCP: _____ PCP DOS: ___/___/___

Diabetes: Y/N____ Sugar/A1C:_____/_____ Vitals: HT: _____ WT: _____ BMI: _____ BP: ____/____

T:_____ P:_____ R:_____ Meds Checked: Y N Allergies or new allergies:_____

Chief Complaint: (N)_____ (L)_____ (pic below)

(D) ____ Days/Weeks/Months (O) Sudden/Gradual Injury Y/N ____/10 pain scale) (C) aching, burning, dull, sharp, stabbing, throbbing, tingling, constant, intermittent (A) _____ (T) _____ inserts Y/N

Orders:
_____
_____
_____
_____
_____
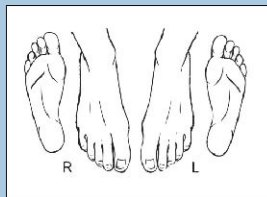
Additional Notes by DPM:
_____
_____
_____
_____
_____

Vascular
Pulses –
RT __ /4
LT __ /4
Hair growth Present absent
Edema Present absent

Musculoskeletal
Bunions RT LT
Tailor's Bunion RT LT
Pes Planus RT LT
Cavus RT LT
Hammertoe RT LT
Muscle Strength Normal
Abnormal

Neurological
Sharp
RT   normal abnormal
LT   normal abnormal
Monofilament
RT   normal abnormal
LT   normal abnormal
Vibratory
RT   normal abnormal
LT   normal abnormal

Labs: Culture_____ Biopsy _____
(Type) Punch/ Shave/ _____ (other)

Specimen sent to Bako ___/___/___

X-ray Views: RT/LT B/L 73630, 73620, 736___

Findings: RT/LT Normal Abnormal

Dermatological
Texture
Normal Cracked Fissured Dry
Nails
Fungal Dystrophic Discolored
RT 1,2,3,4,5   LT 1,2,3,4,5
Incurvated RT 1,2,3,4,5
LT 1,2,3,4,5   Infected Non-Infected
Callused
RT 1,2,3,4,5 LT 1,2,3,4,5
plantar medial lateral dorsal
distal
Wound ___cm X ___cm X ___cm
___cmX ___cmX ___cm

Patient to return in: _____ Days/Weeks/Months PRN _____
Scheduling Notes: _____

DME: Cam walker L4361/Ankle brace L1902/Rigid Ankle L1971/Nightsplint L4397

Other: _____ _____ Compliance docs signed and witnessed: ____ Notes: _____

CASH PRODUCTS/SERVICES:

Clarus Sol/Clarus Cream/Clarus Spray/ Footsteps/Dry Wipes/MacerRx/ Amerigel Kit/Subzero

CBD Muscle Rub/Reparel Sleeve/Verrustat/Kera-42/Kera Nail Gel/NeuRx/ Budin Splint/Nail Polish Hydro Cream/Heel Cup/

Other _____

Form updated 01/28/21

As we continue to navigate in the nearing Post COVID Era, we should expect to encounter new challenges. Stay diligent in your efforts and utilize the resources and individuals around you who are also exploring unchartered territory. We are all in this together☺️

Now it's time to share your COVID lessons

Thank you for joining me!