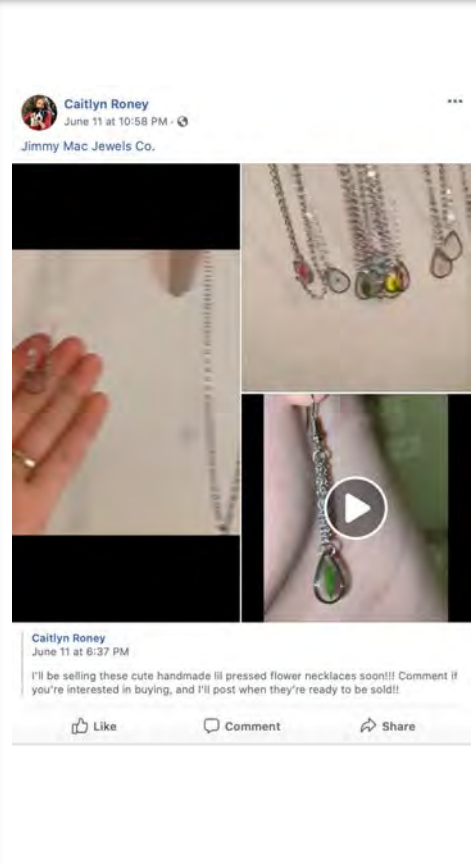


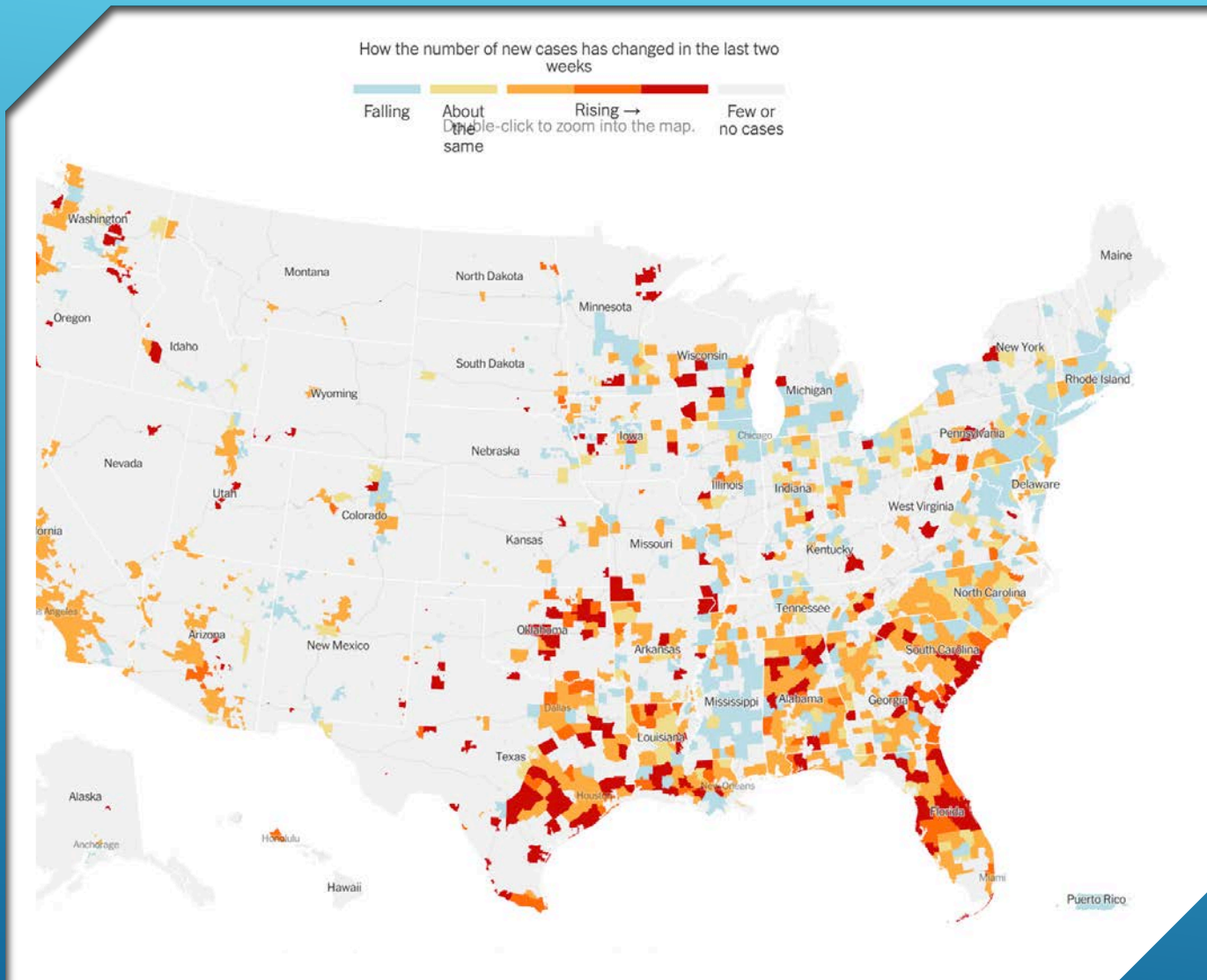
## June 22<sup>nd</sup>, 2020 Webinar/Open Discussion

Hosted by Cindy Pezza,  
PMAC



# WELCOME TO WEEK 15 OF OUR COPING WITH COVID- 19 DISCUSSIONS!





AS REOPENING  
PHASES  
CONTINUE, WE  
ARE SEEING  
SPIKES IN NEWLY  
REPORTED CASES



Last week in Boston, 50 FREE pop-up testing sites were available (by appointment only) for those who recently "attended a large gathering"

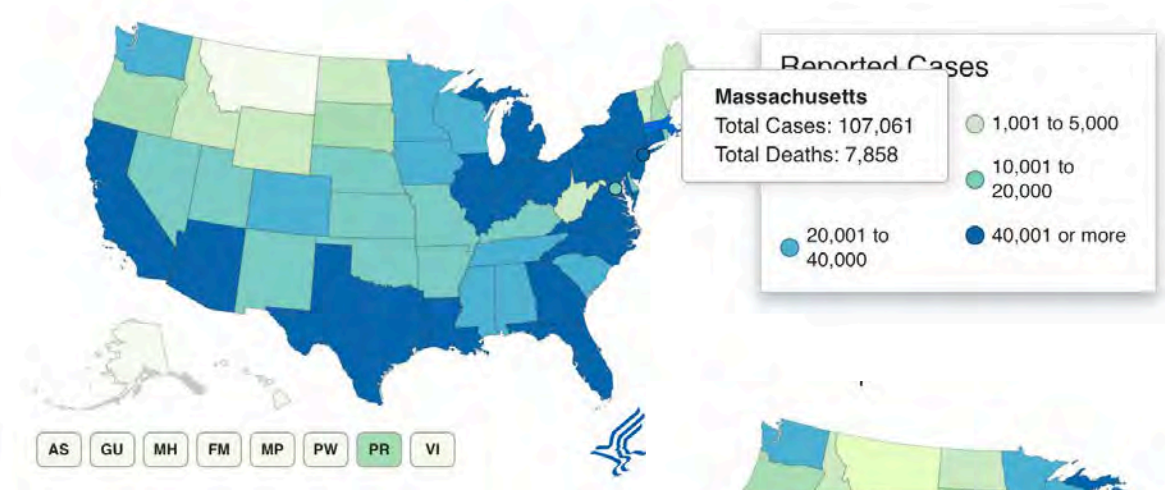
Nearly 16,000 people were tested

HOW WILL THE RECENT DEMONSTRATIONS  
AND PROTESTS AFFECT POSITIVE CASE  
NUMBERS IN THE COMING WEEKS?

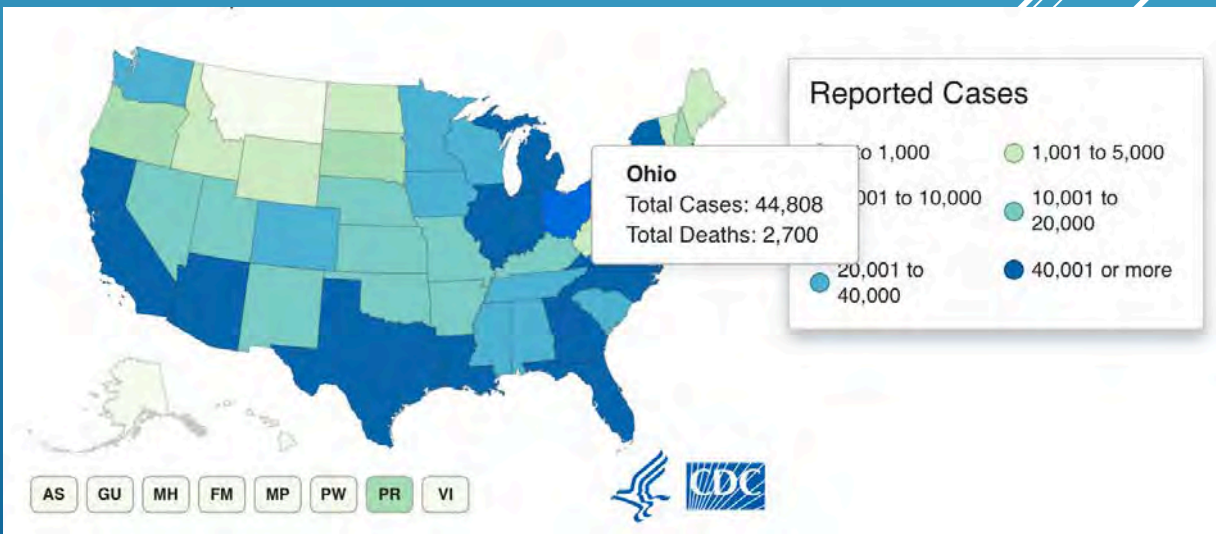
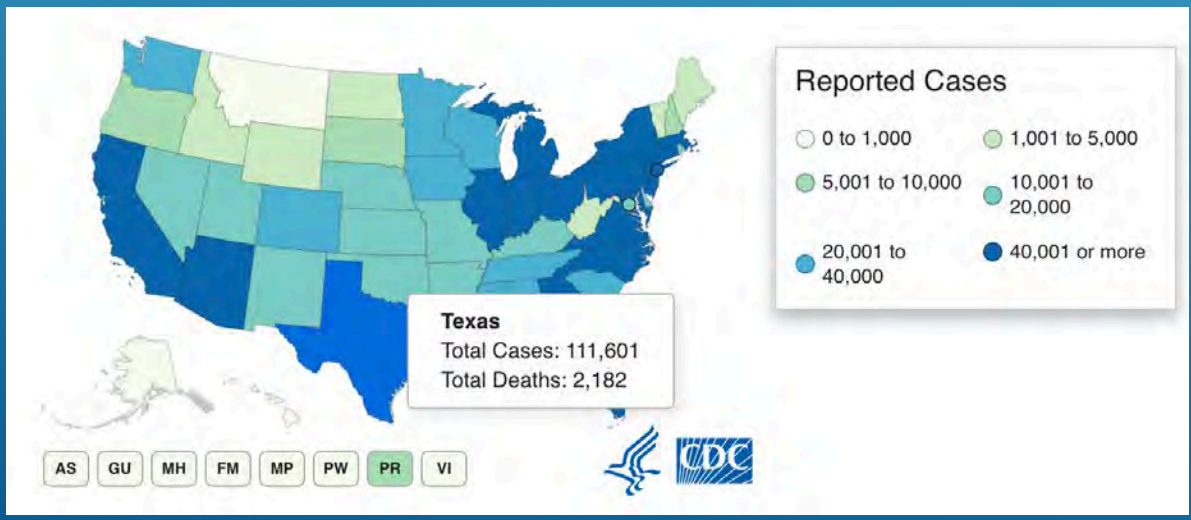
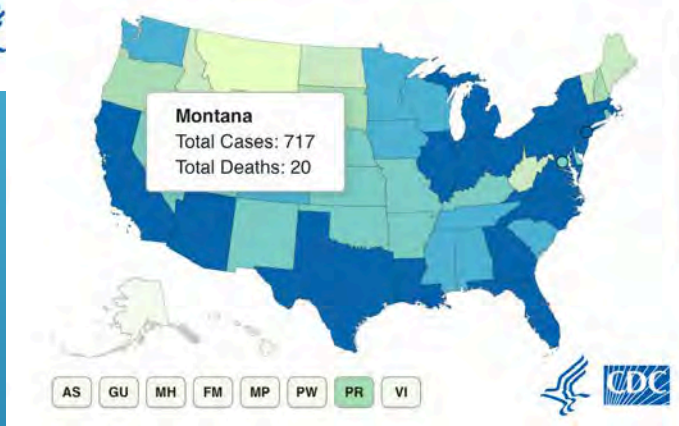
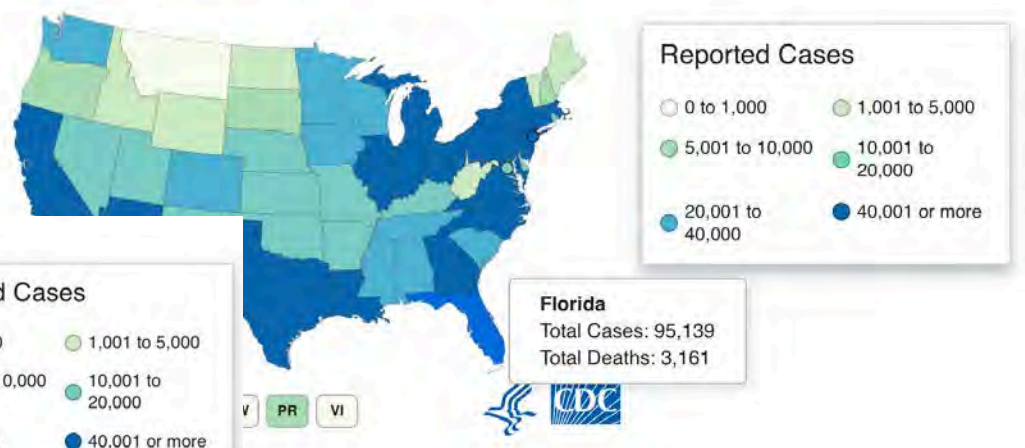
- ▶ A spokesperson for the Boston Public Health Commission said a total of 1,288 individuals were tested over two days at a facility set up in Roxbury
- ▶ The city said 14 of the tests came back positive for COVID-19, or 1.08 percent of the tests.

WHAT WE KNOW SO FAR FROM ONE  
POP UP SITE SITE

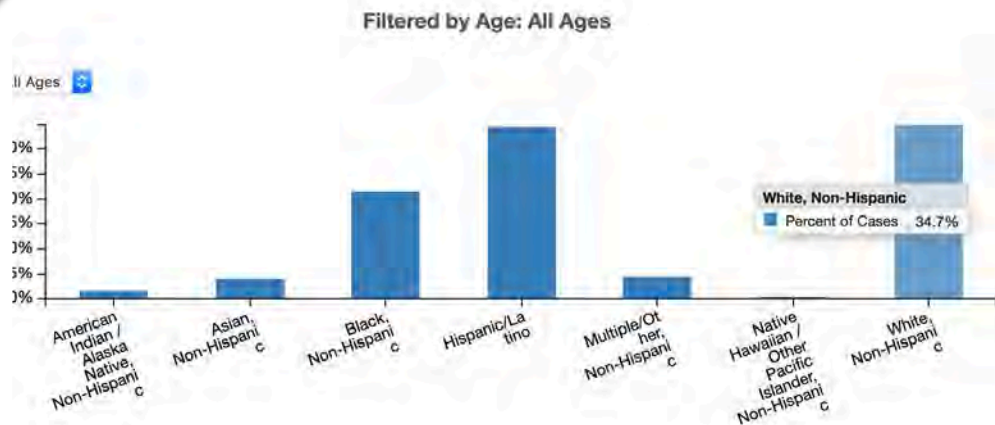




This map shows COVID-19 cases and deaths reported by U.S. states, the District of Columbia, New York City, and other U.S.-affiliated jurisdictions. Hover over the map to see the number of cases and deaths reported in each jurisdiction. To go to a jurisdiction's health department website, click on the jurisdiction on the map.



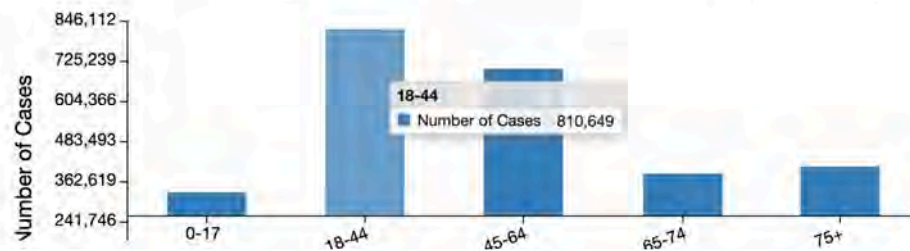
# AS WE LEARN MORE ABOUT COVID-19, ONE THING IS CLEAR . . .



## Cases by Age

The following chart shows the age of people with COVID-19. Hover over each bar or click on the plus (+) sign below the chart to see the number of cases in each age group.

Data were collected from 1,952,347 people, and age was available for 1,949,489 (99.9%) people.



# Your Safety is Our Priority



## PREVENT

Extra cleaning and sanitary precautions ensure your safety

Enhanced prescreening measures are in place for every patient prior to their procedure

Physical distancing safeguards limit close contact in our lobbies, waiting areas, and treatment rooms



## PROTECT

Masks for teammates and patients are provided for added protection and visitors are limited to reduce gathering

Frequent cleaning of high-touch surfaces such as doorknobs, tabletops, countertops, handles, sinks and faucets occur to keep you safe

Thorough cleaning and disinfection occurs in all treatment areas between patient visits



## SUPPORT

For your comfort and convenience, we offer flexible scheduling options which include Telehealth appointments

We provide timely information, updates and resources to help you make smart healthcare decisions

Our team receives ongoing training and guidance to further increase your safety

GASTRO HEALTH 

CONTINUE TO SCREEN, CLEAN AND SMILE WITH  
YOUR EYES TO KEEP PATIENTS, PROVIDERS AND  
TEAM MEMBERS SAFE AND HEALTHY





AND NOW JUST A FEW  
MOMENTS TO DISCUSS  
THE UPDATED "EZ" PPP  
LOAN FORGIVENESS  
APPLICATION FORM AND  
PROCESS

# THE LOAN FORGIVENESS APPLICATION FORM "EZ" APPLIES TO THE FOLLOWING BORROWERS:

- ▶ A self-employed individual, independent contractor, or sole proprietor who had no employees and did not include employee salaries in the computation of average monthly payroll in the original application
- ▶ A borrower that did not reduce annual salary or hourly wages by 25% and did not reduce number of employees or average paid hours
- ▶ A borrower that did not reduce annual salary or hourly wages by 25% and was unable to operate at the same level of business activity due to compliance with requirements established by various federal agencies

ARE YOU CONFUSED YET??



## APPLICANT UTILIZING THE EZ FORM MUST:

- ▶ Maintain documentation supporting their eligibility to utilize the Form EZ.
- ▶ Applicants still need to perform and maintain the calculations internally
- ▶ The SBA can review any loan within six years of the loan forgiveness or repayment date.





- ▶ Covered period options are 24 weeks or 8 weeks; there does not appear to be option at this point to pick a period between 8 to 24 weeks.
- ▶ 24-week maximum cash compensation is \$46,154 for employees (non-owners)
- ▶ Owner-employees, a self-employed individual, or general partners 24-week compensation is capped at the lower of \$20,833 or the 2.5-month equivalent of their applicable compensation in 2019 for the 24-week period. For the 8-week Covered Period, this amount is capped at 8/52 of compensation up to \$15,385.



## EMPLOYEE BENEFIT CLARIFICATION FOR OWNERS:

- ▶ Self-employed individuals, general partners, or owner-employees of an S-corporation health insurance contributions are excluded, since they are already included in their compensation
- ▶ Self-employed individuals or general partners' employer retirement contributions are excluded, since they are already included in their compensation

# FULL TIME EQUIVALENT REDUCTION EXCEPTIONS:

- ▶ A good-faith, written offer to rehire an individual who was an employee on February 15, 2020 was rejected by the employee and the Borrower was unable to hire similarly qualified employees for unfilled positions on or before December 31, 2020;
- ▶ A good-faith, written offer to restore any reduction in hours, at the same salary or wages was rejected by the employee
- ▶ Any employees who (a) were fired for cause, (b) voluntarily resigned, or (c) voluntarily requested and received a reduction of their hours.



# FTE REDUCTION SAFE HARBORS

- ▶ The Borrower is exempt from the reduction in loan forgiveness based on a reduction in FTE employees if the Borrower, in good faith, is able to document that it was unable to operate at the same level of business activity due to compliance with requirements established or guidance by various federal agencies.
- ▶ It appears that no documentation is required to be submitted with the application regarding this safe harbor. However, the application requires the applicant to maintain documentation supporting their certification of reduced business activity due to compliance with requirements established or guidance by various federal agencies.
- ▶ Restoration of full-time equivalent employee levels by no later than December 31, 2020



**Paycheck Protection Program  
PPP Loan Forgiveness Application Form 3508EZ**

**By Signing Below, You Make the Following Representations and Certifications on Behalf of the Borrower:**  
The Authorized Representative of the Borrower certifies to all of the below by **initialing** next to each one.

- \_\_\_\_\_ The dollar amount for which forgiveness is requested:
- was used to pay costs that are eligible for forgiveness (payroll costs to retain employees, business mortgage interest payments, business rent or lease payments, or business utility payments);
  - includes payroll costs equal to at least 60% of the forgiveness amount;
  - if a 24-week Covered Period applies, does not exceed 2.5 months' worth of 2019 compensation for any owner-employee or self-employed individual general partner, capped at \$20,833 per individual; and
  - if the Borrower has elected an 8-week Covered Period, does not exceed 8 weeks' worth of 2019 compensation for any owner-employee or self-employed individual general partner, capped at \$15,385 per individual.
- \_\_\_\_\_ I understand that if the funds were knowingly used for unauthorized purposes, the federal government may pursue recovery of loan amounts and/or civil or criminal fraud charges.
- \_\_\_\_\_ The Borrower did not reduce salaries or hourly wages by more than 25 percent for any employee during the Covered Period or Alternative Payroll Covered Period compared to the period between January 1, 2020 and March 31, 2020. For purposes of this certification, the term "employee" includes only those employees that did not receive, during any single period during 2019, wages or salary at an annualized rate of pay in an amount more than \$100,000.
- \_\_\_\_\_ The Borrower has accurately verified the payments for the eligible payroll and nonpayroll costs for which the Borrower is requesting forgiveness.
- \_\_\_\_\_ I have submitted to the Lender the required documentation verifying payroll costs, the existence of obligations and service (as applicable) prior to February 15, 2020, and eligible business mortgage interest payments, business rent or lease payments, and business utility payments.
- \_\_\_\_\_ The information provided in this application and the information provided in all supporting documents and forms is true and correct in all material respects. I understand that knowingly making a false statement to obtain forgiveness of an SBA-guaranteed loan is punishable under the law, including 18 USC 1001 and 1571 by imprisonment of not more than five years and/or a fine of up to \$250,000, under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000, and, if submitted to a Federal Reserve institution, under 18 USC 1014 by imprisonment of not more than three years and/or a fine of not more than \$1,000,000.
- \_\_\_\_\_ The tax documents I have submitted to the Lender are consistent with those the Borrower has submitted/will submit to the IRS and/or state tax or workforce agency. I also understand, acknowledge, and agree that the Lender can share the tax information with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of ensuring compliance with PPP requirements and all SBA reviews.
- \_\_\_\_\_ I understand, acknowledge, and agree that SBA may request additional information for the purpose of evaluating the Borrower's eligibility for the PPP loan and for loan forgiveness, and that the Borrower's failure to provide information requested by SBA may result in a determination that the Borrower was ineligible for the PPP loan or a denial of the Borrower's loan forgiveness application.
- In addition, the Authorized Representative of the Borrower must certify by **initialing at least ONE** of the following two items:
- \_\_\_\_\_ The Borrower did not reduce the number of employees or the average paid hours of employees between January 1, 2020 and the end of the Covered Period other than any reductions that arose from an inability to retain individuals who were employees on February 15, 2020, if the Borrower was unable to hire similarly qualified employees for unfilled positions on or before December 31, 2020, and reductions in an employee's hours that a borrower offered to restore and were refused.
- \_\_\_\_\_ The Borrower was unable to operate between February 15, 2020, and the end of the Covered Period at the same level of business activity as before February 15, 2020 due to compliance with requirements established or guidance issued between March 1, 2020 and December 31, 2020, by the Secretary of Health and Human Services, the Director of the Centers for Disease Control and Prevention, or the Occupational Safety and Health Administration, related to the maintenance of standards of sanitation, social distancing, or any other work or customer safety requirement related to COVID-19.
- The Borrower's eligibility for loan forgiveness will be evaluated in accordance with the PPP regulations and guidance issued by SBA through the date of this application. SBA may direct a lender to disapprove the Borrower's loan forgiveness application if SBA determines that the Borrower was ineligible for the PPP loan.

Signature of Authorized Representative of Borrower \_\_\_\_\_

Date \_\_\_\_\_

Print Name  
SBA Form 3508EZ (06/20)  
Page 2

Title \_\_\_\_\_



**Paycheck Protection Program  
PPP Loan Forgiveness Application Form 3508EZ  
PPP Borrower Demographic Information Form (Optional)**

**Instructions**

- Partners.** Veterans (under two) eligibility data is collected for program reporting purposes only.
- Disclosure.** This form requests information about each of the Borrower's Principals. Add additional sheets if necessary.
- Definition of Principal.** The term "Principal" means:
  - For a self-employed individual, independent contractor, or a sole proprietor, the self-employed individual, independent contractor, or sole proprietor.
  - For a partnership, all general partners and all limited partners owning 20% or more of the equity of the Borrower, or any partner that is involved in the management of the Borrower's business.
  - For a corporation, all owners of 20% or more of the Borrower, and each officer and director.
  - For a limited liability company, all members owning 20% or more of the Borrower, and each officer and director.
  - Any individual hired by the Borrower to manage the day-to-day operations of the Borrower ("key employee").
  - Any trustee (if the Borrower is owned by a trust).
  - For a nonprofit organization, the officers and directors of the Borrower.
- Principal Name.** Insert the full name of the Principal.
- Position.** Identify the Principal's position; for example, self-employed individual; independent contractor; sole proprietor; general partner; owner; officer; director; member; or key employee.

Principal Name	Position
Veteran	1-Non-Veteran; 2-Veteran; 3-Service-Disabled Veteran; 4-Spouse of Veteran; X-Not Disclosed
Gender	M-Male; F-Female; X-Not Disclosed
Race (more than 1 may be selected)	1-American Indian or Alaska Native; 2-Asian; 3-Black or African-American; 4-Native Hawaiian or Pacific Islander; 5-White; X-Not Disclosed
Ethnicity	H-Hispanic or Latino; N-Not Hispanic or Latino; X-Not Disclosed

Disclosure is voluntary and will have no bearing on the loan forgiveness decision

**Paperwork Reduction Act.** - You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 20 minutes. Comments about this time or the information requested should be sent to Small Business Administration, Director, Records Management Division, 409 1st St., SW, Washington DC 20540, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503. **PLEASE DO NOT SEND FORMS TO THESE ADDRESSES.**

SBA Form 3508EZ (06/20)  
Page 3



**Paycheck Protection Program  
PPP Loan Forgiveness Application Form 3508EZ**

OMB Control No. 3206-0047  
Expiration date: 10-31-2020

Borrower Legal Name ("Borrower")		DBA or Tradename, if applicable	
Business Address		Business FAX (1015, 1020)	
Primary Contact		Business Phone	
		E-mail Address	

SBA PPP Loan Number: \_\_\_\_\_ Lender PPP Loan Number: \_\_\_\_\_

PPP Loan Amount: \_\_\_\_\_ PPP Loan Disbursement Date: \_\_\_\_\_

Employees at Time of Loan Application: \_\_\_\_\_ Employees at Time of Forgiveness Application: \_\_\_\_\_

EDSL Advance Amount: \_\_\_\_\_ EDSL Application Number: \_\_\_\_\_

Payroll Schedule: The frequency with which payroll is paid to employees is:

☐ Weekly ☐ Biweekly (every other week) ☐ Twice a month ☐ Monthly ☐ Other \_\_\_\_\_

Covered Period: \_\_\_\_\_ to \_\_\_\_\_

Alternative Payroll Covered Period, if applicable: \_\_\_\_\_ to \_\_\_\_\_

If Borrower (together with affiliates, if applicable) received PPP loans in excess of \$2 million, check here: ☐

Forgiveness Amount Calculation:

Payroll and Nonpayroll Costs

Line 1: Payroll Costs: \_\_\_\_\_

Line 2: Business Mortgage Interest Payments: \_\_\_\_\_

Line 3: Business Rent or Lease Payments: \_\_\_\_\_

Line 4: Business Utility Payments: \_\_\_\_\_

AND NOW SWITCHING  
GEARS TO MONITORING  
YOUR PRACTICE AS  
PATIENT VOLUME  
CONTINUES TO INCREASE

BLACK AND WHITE  
DOESN'T LIE

Several thin, parallel white lines of varying lengths and slopes are positioned in the bottom right corner of the slide, creating a sense of motion or a graphic element.



Are you fully aware of  
your current situation?

Metric Management and  
Analysis (via consistent  
reporting) play essential  
roles in the management  
and improvement of any  
practice

THE FINANCIAL HEALTH AND STABILITY OF  
YOUR PRACTICE

► Throughout this portion of the presentation we will discuss potentially untapped revenue sources within your current patient base and commonly overlooked areas of financial loss that could be detrimental to the sustainability of your practice.



# ARE YOU CONSISTENTLY MONITORING YOUR PRACTICE PERFORMANCE?

- ▶ Specified reporting allows comparisons to be made from:
  - ▶ Month to month
  - ▶ Quarter to quarter
  - ▶ Year to year
  - ▶ Same month vs. last year
  - ▶ Provider to provider
  - ▶ Location to location





WHERE DO I FIND  
THESE REPORTS?



CAN MY PM  
SYSTEM EVEN DO  
THIS?



SHOULD I ASK MY  
BILLER/RCM?



WHEN SHOULD I  
BEGIN AND HOW  
OFTEN?



WHAT'S  
CONSIDERED  
GOOD/BAD/UGLY?

# COMMON REPORTING QUESTIONS (BEFORE REPORTING BEGINS)



Within your EHR/PM (billing side or software) there should be lots of options for running detailed and summary reports and setting up automatic reports that run on a specific day each month



If you have a biller or RCM company ask them to do it (always best if you also know how to run practice performance reports)



You should start right away and run reports at least once a month (A/R; aging should be run more often q 2-3 weeks)

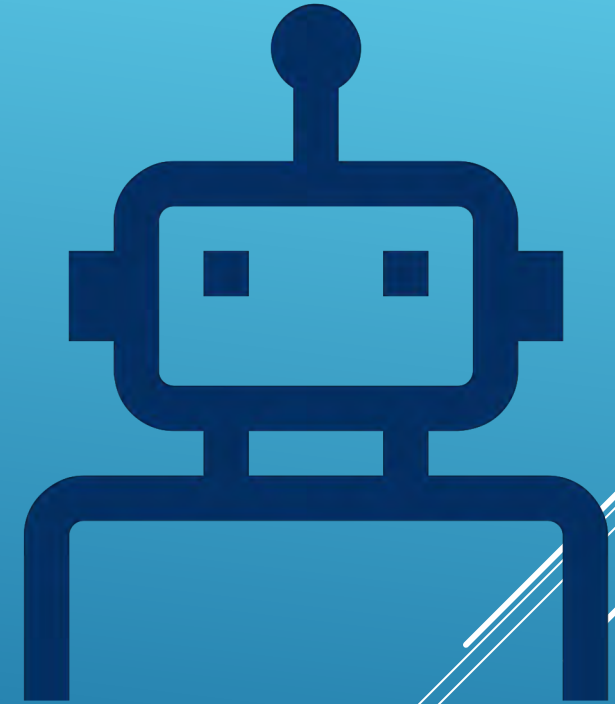


Once you establish baselines for your specific data you will quickly figure out what is good, bad or ugly (in your practice)

# THE ANSWERS

# FIRST AND FOREMOST: ACCOUNTS RECEIVABLE/AGING REPORTS

- ▶ Generate 3 separate summaries and then detailed reports
  - ▶ Total Aging (in buckets; 0-30, 31-60, 61-90, 91-120, 121+)
  - ▶ Insurance Aging Summary(in buckets)
  - ▶ Patient Aging Summary (in buckets)



# WHAT SHOULD I BE LOOKING FOR?

- ▶ Your current A/R (0-30) should be the largest bucket by far
  - ▶ This is the amount that you have billed out in the last 30 days (and are most likely waiting to be paid on)



- ▶ If we are submitting “clean” claims, staying on top claims submission, resubmission of denials or rejections and collecting what is owed at the time of service from our patients, the buckets with claims older than 91-120+ days should be 15% or less than our total Aging.

OLDER BUCKET SHOULD DROP  
DRASTICALLY COMPARED TO 0-30



# WHAT DOES THIS LOOK LIKE?

To reiterate, your current Bucket 0-30 (always largest; means you are busy, billing out a high volume of encounters/charges)

31-60 (much less than the 0-30 bucket)

61-90 (less than the 31-60)

91-120+ (less than 15% of total A/R)

Example: Total A/R (insurance aging) = \$100,000

0-30; \$60,000    31-60; \$24,000    61-90; \$13,000    91-120 \$2500    121+ \$500

## Aging Summary Analysis Report

Age the Report By: Claim Date  
Balance By: Range Insurance Balances  
Collection Status: All

Insurance	Claim Amount	Aggregate (91-120) Days Balance	Aggregate (121-150) Days Balance	Aggregate (151-180) Days Balance	Aggregate (> 180) Days Balance	Total Balance
Integrated Services						
Veterans Choice Program	\$6,630.01	<a href="#">\$0.00</a>	<a href="#">\$0.00</a>	<a href="#">\$0.00</a>	<a href="#">\$3,386.30</a>	<a href="#">\$3,386.30</a>
Vocational Rehabilitation	\$1,000.00	<a href="#">\$0.00</a>	<a href="#">\$0.00</a>	<a href="#">\$0.00</a>	<a href="#">\$1,000.00</a>	<a href="#">\$1,000.00</a>
Wellcare Health Plans	\$1,925.00	<a href="#">\$0.00</a>	<a href="#">\$0.00</a>	<a href="#">\$0.00</a>	<a href="#">\$1,925.00</a>	<a href="#">\$1,925.00</a>
Zenith Insurance Company	\$300.00	<a href="#">\$300.00</a>	<a href="#">\$0.00</a>	<a href="#">\$0.00</a>	<a href="#">\$0.00</a>	<a href="#">\$300.00</a>
Zurich	\$150.00	<a href="#">\$0.00</a>	<a href="#">\$0.00</a>	<a href="#">\$0.00</a>	<a href="#">\$150.00</a>	<a href="#">\$150.00</a>
Summary		\$6,293.73	\$5,334.19	\$5,181.84	\$45,839.31	\$201,566.97
Summary By Percentage		3.12%	2.65%	2.57%	22.74%	100.00%

DON'T ALLOW  
YOUR BILLER OR  
RCM  
COMPANY  
PLAY GAMES  
WITH THE %\$  
ONCE YOU SET  
EXPECTATIONS

# PATIENT RESPONSIBILITY/AGING

Do you continue to see patients that have a substantial balance?

Is your check-in staff aware of patients with balances?

Are they prepared to print a statement for patients who question their balance (and claim to NOT have received a statement)?

Do you allow payment plans to be set up for patients with high balances?

Do you (or your manager) review patient statements before they go out?

Are batch statement mailings causing front desk upheaval?

When do you involve a collection agency or discharge the patient from the practice?

## Aging Summary Analysis Report

Age the Report By: Claim Date      Balance By: Range Patient Balances  
Collection Status: All

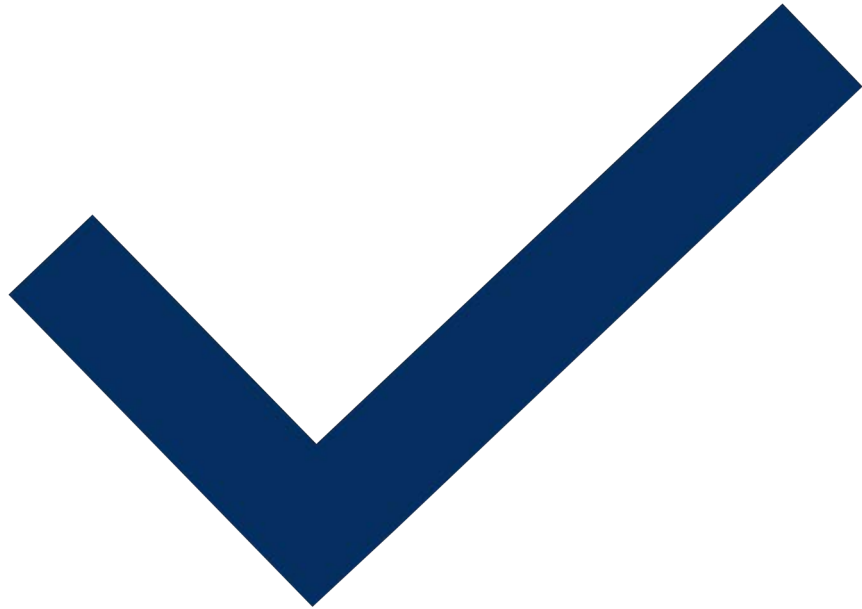
Facility	Claim Amount	Aggregate (0-30) Days Balance	Aggregate (31-60) Days Balance	Aggregate (61-90) Days Balance	Aggregate (91-120) Days Balance	Aggregate (121-150) Days Balance	Aggregate (151-180) Days Balance	Aggregate (> 180) Days Balance	Total Balance
██████████ Medical Center DOP	\$800.00	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$82.14</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$82.14</u>
██████████ Medical Center IP	\$6,135.00	<u>\$0.00</u>	<u>\$41.53</u>	<u>\$200.00</u>	<u>\$0.00</u>	<u>\$643.34</u>	<u>\$357.59</u>	<u>\$180.13</u>	<u>\$1,422.59</u>
██████████ Medical Center SOP	\$1,800.00	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$40.37</u>	<u>\$0.00</u>	<u>\$80.24</u>	<u>\$0.00</u>	<u>\$120.61</u>
██████████ Clinic	\$1,056,586.85	<u>\$2,703.02</u>	<u>\$4,562.67</u>	<u>\$3,273.97</u>	<u>\$1,278.85</u>	<u>\$1,573.23</u>	<u>(\$2,881.61)</u>	<u>\$43,459.13</u>	<u>\$53,969.26</u>
██████████ Surgery Center	\$18,440.00	<u>\$103.72</u>	<u>\$0.00</u>	<u>\$234.46</u>	<u>\$166.99</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$1,009.69</u>	<u>\$1,514.86</u>
St. Vincent's Med Center Inpatient	\$500.00	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$30.63</u>	<u>\$30.63</u>
St. Vincent's Southside Op	\$65,345.91	<u>\$83.57</u>	<u>(\$704.27)</u>	<u>(\$365.29)</u>	<u>\$73.70</u>	<u>\$267.23</u>	<u>\$67.57</u>	<u>\$8,848.84</u>	<u>\$8,271.35</u>
Summary		<b>\$2,890.31</b>	<b>\$3,899.93</b>	<b>\$3,343.14</b>	<b>\$1,559.91</b>	<b>\$2,565.94</b>	<b>(\$2,376.21)</b>	<b>\$53,528.42</b>	<b>\$65,411.44</b>
Summary By Percentage		<b>4.42%</b>	<b>5.96%</b>	<b>5.11%</b>	<b>2.38%</b>	<b>3.92%</b>	<b>-3.63%</b>	<b>81.83%</b>	<b>100.00%</b>



# FALSELY INFLATED AGING REPORTS

- ▶ This is a common issue:
  - ▶ Secondary carrier balances (like Medicaid) not being written off (you cannot balance bill a Medicaid patient) or not automatically crossing over from primary insurer
  - ▶ Your biller or RCM company is not adjusting off appropriately
    - ▶ This happens frequently with orthotic billing
      - ▶ Charge:  $\$500 \times 2 \text{ units} = \$1000$
      - ▶ Allowed:  $\$275/\text{unit} = \$550$
      - ▶ Adjustment:  $\$450$





- ▶ A/R could be inflated or inaccurate due to payments that were received and recorded by never applied due to:
  - ▶ Poor communication between office staff/biller (how does your biller know that payments have been received and how they should be applied)
  - ▶ Deposits, copays or co-insurances taken from patients with high deductible plans that are not properly applied to claims once EOBs are available
  - ▶ Paper checks from small payers or secondary insurances which are in your account but not applied to the patient's ledger (without an EOB, payments cannot be applied)

## POSTED VS. APPLIED PAYMENTS

Often times, rejected, denied or re-submitted claims are not followed-up

Notes are made by the biller or RCM company upon initial rejection/issue/request for additional information that say:

"2/14/19; called and spoke with Kathy at BC, she said that once we re-submit the claim with the appropriate modifier we should see a response within 10 business days"

It is now the middle of April. The claim is still marked as re-submitted without response from BC and no follow up from the billing team.

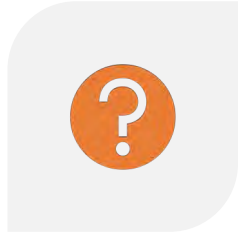
Alerts need to be set to communicate after 10 business days (from 2/14/19) and find out what is going on if the claim is not processing

Most insurers bank on the fact that follow-up does not happen

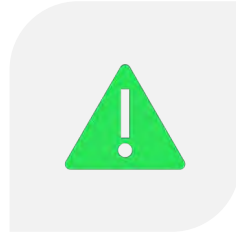
# FOLLOW-UP OR LACK THEREOF...

- ▶ Look for:
  - ▶ Balances over 150 days and under \$10
  - ▶ Old (over 120 days) ROUND numbers
  - ▶ Old LARGE numbers (90 days plus)
  - ▶ Small balances of patients who have not been treated for 2 years or more
  - ▶ Look for problem payers and see if there is an issue with enrollment or a "glitch" in their system

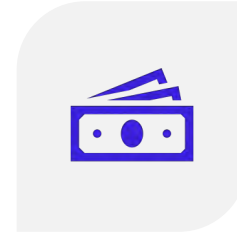
STARTING THE CLEAN UP PROCESS  
(OLD/INFLATED/OUT OF CONTROL A/R)



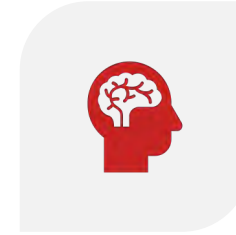
YOU CAN BE CERTAIN  
THAT A % OF  
SERVICES/CLAIMS/LINE  
ITEMS YOU ARE  
PROVIDING/BILLING FOR  
ARE NOT BEING PAID



YOUR BILLER OR RCM  
COMPANY MAY NOT BE  
PERFORMING AT THE LEVEL  
YOU ASSUME (AND  
SHOULD EXPECT)



YOU MAY BE LEAVING  
LARGE AMOUNTS OF  
UNRELINQUISHABLE FUNDS  
"ON THE TABLE"



YOUR PRACTICE MAY  
SUFFER A DOMINO EFFECT  
FROM LOW OR SLOW  
REIMBURSEMENT

# IF YOU ARE NOT MANAGING/MONITORING RECEIVABLES

...

# LESS COMMONLY RUN BUT IMPACTFUL REPORTS

\$0 paid claims (this does exist and is scary to see how much is being adjusted off without your knowledge)

User Hold (claims that cannot be sent to payers because of missing or incorrect information, modifiers, units, etc.)

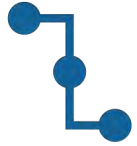
\*\*Claims should be sent to payers (submitted within 48 hours of treating patients); your notes should also be complete

Rejection rate (should be lower than 3%)

Collection rate (according to your charge/fee schedules)

- If you charge twice Medicare allowable, your collection rate should be between 45-50% fluctuating depending on payer mix and cash services provided)





Clearinghouses are great when they perform their function (the bridge between your practice and the payers)



Sometimes claims get stuck in the abyss



Running an open charge report (weekly) will show you how many patients you saw vs. how many claims were billed

If you treated 30 patients today and created 30 encounters (chart notes), 30 claims should be generated, scrubbed and submitted within 48 hours and accepted through the clearinghouse shortly after

If you do not monitor these numbers, timely filing will become a BIG issue!

# "GLITCHES" THAT YOU MAY NOT BE AWARE OF

# CPT ANALYSIS



THIS SHOULD BE RUN AT LEAST QUARTERLY, ESPECIALLY IF YOU ARE NOT MONITORING THE SPECIFIC SERVICES PROVIDED IN YOUR PRACTICE.




THIS REPORT SHOULD BE EASY TO RUN AND CAN BE BROKEN DOWN BY ALL CODES USED OR TOP 20 (IN 0-9 ORDER)




IF MULTIPLE PROVIDERS AND MULTIPLE LOCATIONS, RUN EACH REPORT MENTIONED SEPARATELY (FOR COMPARISON AND CONTINUITY OF CARE)

Each month, reporting should allow you to calculate the average charges and collections per provider, location, etc.



This should be compared to PVV as some collections such as cash products and services may not be reflected in your PM system's report



PVV is calculated by dividing total dollars collected for a set period of time by the total number of encounters during that time.

- Monthly, quarterly and annual PVVs (by provider and location) are essential elements to monitoring practice health

# CHARGES, COLLECTIONS AND PVV

- ▶ If you are trying to establish, maintain or build a well-rounded practice you should closely monitor the services you provide that are most valuable (financially and in terms of referral sources)
- ▶ Examples would be:
  - ▶ Cash products (less than \$100)
  - ▶ Ancillary services (laser, shockwave, orthotics greater than \$100)
  - ▶ Procedures (ingrown toenails, I&Ds, etc.)

## INDIVIDUAL CODE AND SERVICE REPORTING

# PERCENTAGE OF TOTAL PATIENT VOLUME



Injections



Avulsion vs.  
Matrixectomy



Orthotics (cash pay  
and billable; custom  
and medical grade)



DME products



X-rays (are you over-  
utilizing one x-ray  
code out of habit?)

:



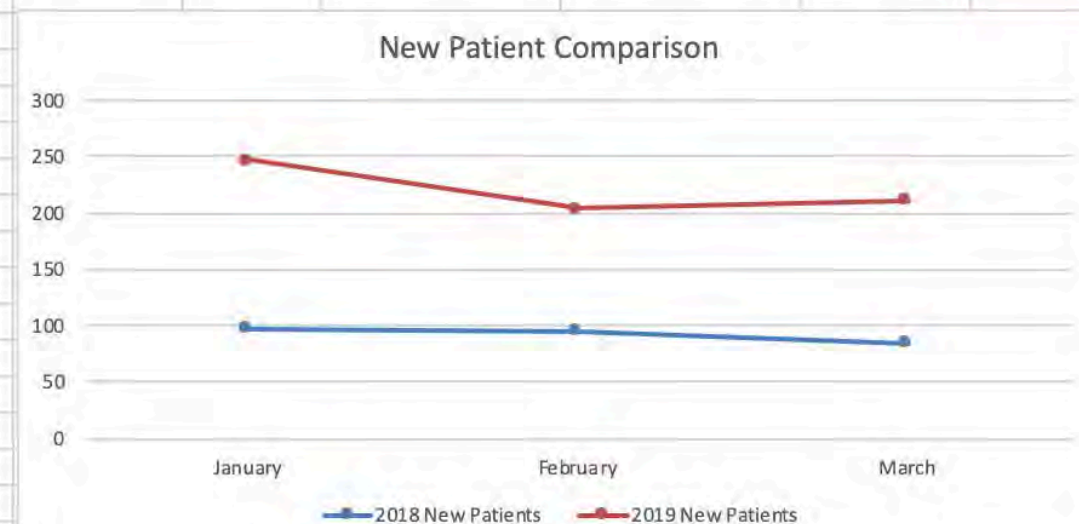
- ▶ Month to Month . . . .
- ▶ Provider to Provider
- ▶ Location to Location
- ▶ Year to Year
- ▶ Reason for visit
- ▶ Referral Source
- ▶ Insurance
- ▶ Age

KEEP TRACK OF NEW PATIENTS, EXISTING  
PATIENTS, REFERRAL SOURCES AND MORE

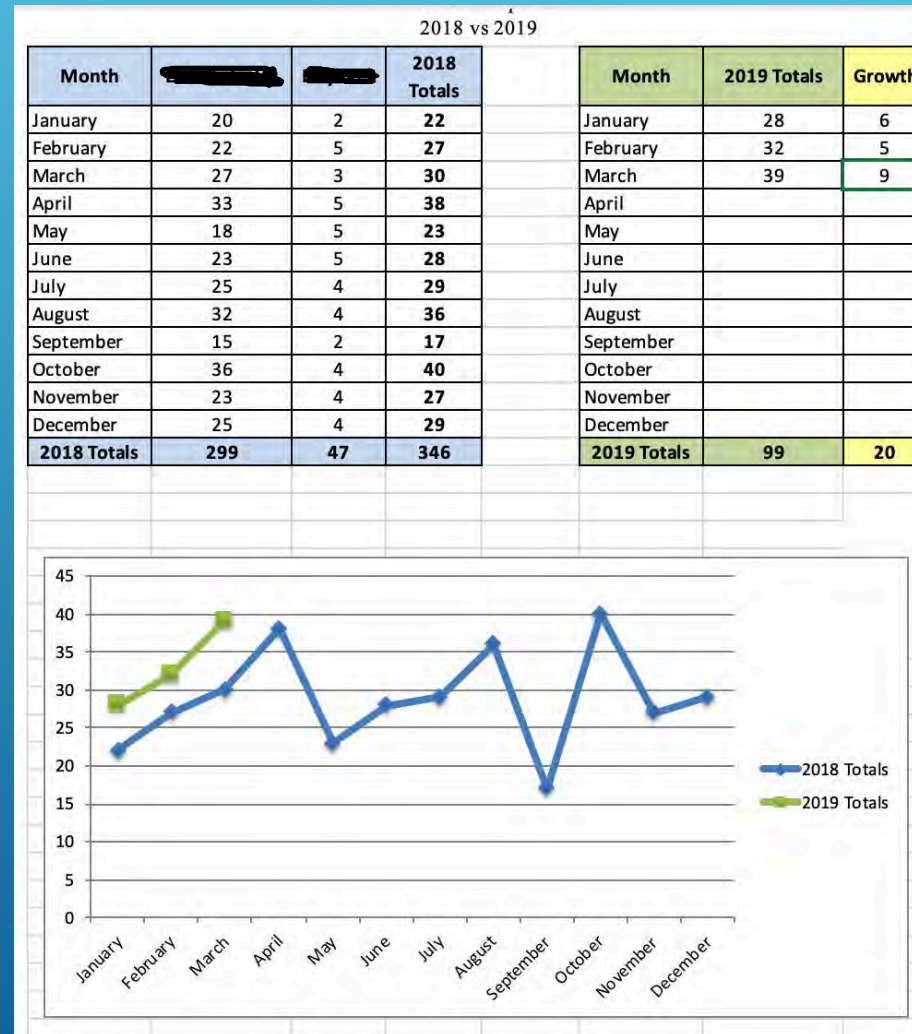
New Patient Comparison  
March 2018 vs March 2019

Office	Physician	Total Seen	Office	Physician	Total Seen
KW	[REDACTED]	44	KW	[REDACTED]	98
KW	[REDACTED]	10			
KW Total		54	KW Total		98
AT	[REDACTED]	12	AT	[REDACTED]	29
AT	[REDACTED]	19			
AT Total		31	AT Total		29
2018 Total 85			2019 Total 127		

Month	2018 New Patients	2019 New Patients	Growth
January	98	149	51
February	95	109	14
March	85	127	42
Total	193	258	65



# SOMETIMES THROUGH REPORTING YOU FIND OUT THAT LESS IS MORE!





We use it to improve and change the way we are practicing



We compare ourselves to ourselves month to month and year to year



We use the black and white in front of us as benchmarks and trends and to set goals increasing our adherence to practice protocols(in the front and back office) and to improve the care we provide to our patients

# WHAT DO WE DO WITH ALL OF THIS DATA?

# AUTOMATE THE PROCESS OF REPORTING



Create custom reports (the ones that you find the most valuable to your practice and needs) and save the as “favorites” to run automatically on the same day each month or quarter.



Block off your schedule once a month for a formal report meeting and LOOK closely at what you are leaving on the table and what more you should be going after!



Is up to you. . . . SO. . .



Adapt with the changes that have been handed to you



Create a new road map when detours and road blocks get in your way



Improve your mindset and focus on the things you can control now



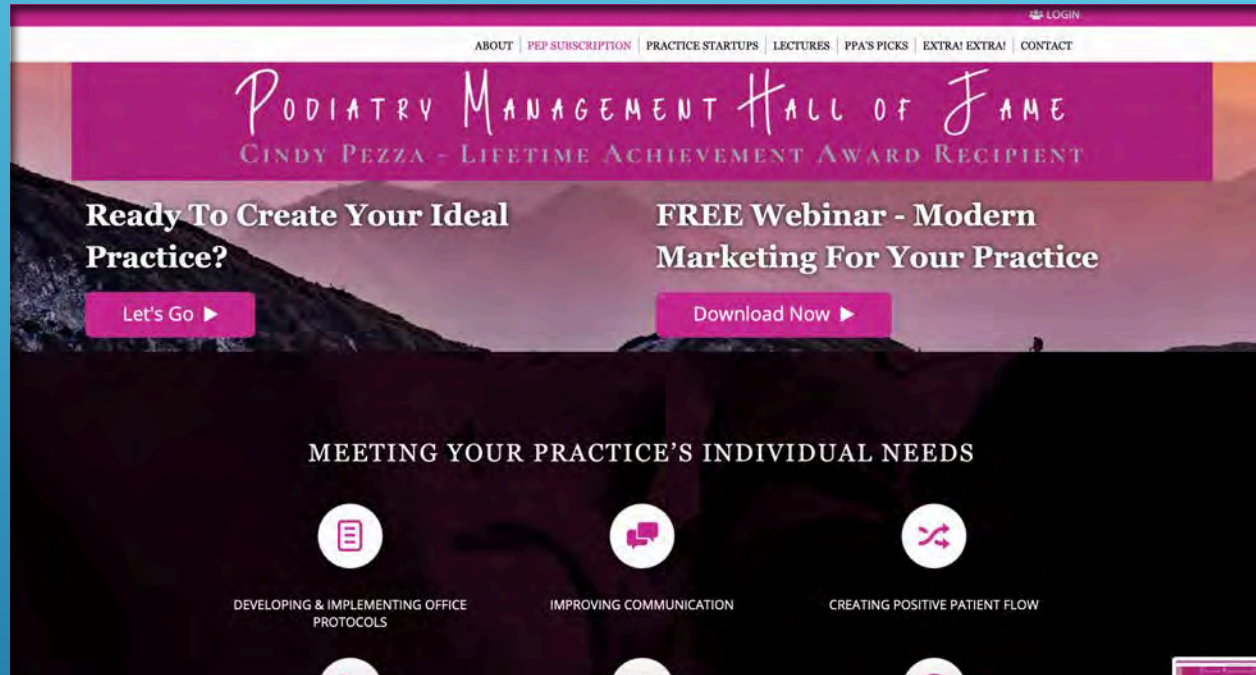
Use your resources and stay connected to the pulse of your practice



What you don't know may be hurting you

# THE SUCCESS OF YOUR PRACTICE





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