Physician Group Billing
A Complete Revenue Cycle Solution

A Case Study by:

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Introduction

Roper St. Francis Healthcare is anchored by Roper Hospital and Bon Secours St. Francis Hospital. The health system includes 644 beds and more than 90 facilities and physician offices conveniently located throughout the South Carolina region. Roper St. Francis is Charleston’s only private, not-for-profit hospital system with a specific focus on community outreach. Roper has nearly 800 doctors and is Charleston’s largest private employer with 4,700 employees. This program was tailored to meet the needs of 35 emergency room doctors and physician assistants.

Problem Statement

In today’s aggressive revenue cycle environment it is necessary to partner with a billing company focused on both outcomes and customer service. Roper felt their requests for services, site visits and various business needs were not being met by their current vendor. In addition, Roper St. Francis wanted to streamline and improve its Emergency Department Physicians Group’s revenue center and tighten its Billing to Collections processes. In order to accomplish this, Roper St. Francis decided to embark on a new billing partnership with MDS.

The Challenge

The challenge to MDS was to efficiently execute a plan of implementation. MDS needed to credential the ER doctors, gain access to facility systems, modify payment arrangements and create electronic file transfers of information. MDS also desired to understand the facility’s coding and billing policies and developed a working relationship with the previous billing vendor.
The MDS Solution

MDS customized its End to End Revenue Cycle program based on work process needs and ideas identified through preliminary discussions.

MDS’ tailored solution for Roper St. Francis resulted in an onsite coding specialist (OCS). The OCS was developed to reconcile all charts and partner with hospital management by working directly with physicians on a daily basis for improving, missing or clarifying chart documentation – resulting in more accurate billing and reimbursement.

MDS provided denial prevention claim scrubbing on all claims. Prior to billing claims are scrubbed with both insurance carrier and custom created rules/parameters for clean claim submissions the first time – reducing denials below the industry average (Figure 1).

The End to End Revenue Cycle program integrated MDS’ Extended Business Office and Bad Debt Collections Divisions with seamless account transfer and follow up on patient balances.

Implementation Methodology

To minimize cash flow interruptions for Roper St. Francis during the billing company transition and ramp-up period, credentialing/provider enrollment was a priority. Timely and efficient physician enrollment is a key component ensuring cash collections are not interrupted.

MDS launches new clients by systematically engaging the enrollment process – starting with supplying clients with our ONEFORM™ to obtain all the information and documents needed to enroll the physicians with any insurance carrier. Once the ONEFORMS™ are completed, MDS fills out the applications and obtains signatures at a hosted “Dine & Sign” event at the facility.
On an on-going basis MDS tracks all physicians’ individual licenses and sends reminders when an expiration date is approaching.

The implementation plan engages the MDS IS programming team through a conference call to introduce and begin working directly with the client’s IS department. The teams developed the file transfers for placements, system connectivity and verification of file transfers.

MDS employs a dedicated programming staff and proprietary software. We integrated our proprietary software with our practice management system to promote flexibility and thoroughness for Roper St. Francis.

Flow charts and diagrams are furnished for further understanding and process review. Site visits are held prior to and after the “go live date” to ensure satisfaction at the hospital and physician level.

To provide and maintain excellent communication, Roper St. Francis participates in a monthly conference call, monthly FOCUS-mail and quarterly on-site education sessions performed by MDS’ Coding and Compliance Administrator.

Once implemented the effects of the MDS End to End Revenue Cycle Solution began. For example: MDS has a growing net collection percentage of 92% at both locations 1 & 2, and 96% at location 3 since the implementation. (Figure 2) Additional detailed benefits are listed below.

**Benefit 1- MDS’ AR Resolution Experience**

Accounts are seamlessly cycled through the revenue process. MDS has a tenured team of certified coders and insurance professionals that expeditiously code and bill claims. Patients receive statements in the name of
Roper St. Francis as part of a step procedure that ensures continuity. MDS mails these statements and skip traces returned bad addresses.

MDS receives daily placements, lockbox payments, notes and cancellation files and ensures full reconciliation to the hospitals’ databases and cash reconciliation application.

Most patient balances reside with MDS Billing for a period of 120 days. After such time uncollectible patient balances are seamlessly interfaced directly to MDS’ primary collection division. Reports are provided for tracking and performance results for these bad debt accounts.

**Benefit 2 – Self Pay Dialing Campaigns**

MDS recognized the national increase in self-pay accounts, and increased awareness for the need to collect money earlier in the revenue cycle for Roper St. Francis.

MDS' teams of skilled collectors work hundreds of accounts every day through a predictive dialing system. This process returned an added benefit to Roper St. Francis by discovering billable insurance through patient contact conversations. The effect is decreased bad debt turnover. (Figure 3)

**Benefit 3 – Reporting & Education**

As part of the communication process, MDS provides detailed reports noting total collections, net collections percentage, bad debt recoveries, age analysis, and direct account feedback that assist in pinpointing problematic areas such as registration errors, eligibility, coverage termination, etc.

MDS also provides frequent educational group sessions for Roper St. Francis ED physicians to discuss and pro-
The OCS provides real-time physician education, accurate chart reconciliation, and resolves charting issues timely.

Benefit 4 - Technology

The MDS clean claim technology and appeal processes have delivered results better than industry averages for this client’s demographic area. The YTD initial denials are less than 5.5% of gross revenue, and final denials around 2% or less.

Submitting clean claims also allows for faster payments. The MDS denial prevention claim scrub uses both insurance carrier edits as well as custom edits built from MDS’ 20+ years of experience. Roper St. Francis’ AR days dropped by over 10 days. (Figure 4)

Summary

Roper St. Francis and MDS committed to a successful implementation and performance outcomes. The results demonstrate that the challenges were overcome and a partnership was created.

The End to End solution centers around the client’s needs and is modified accordingly. By tailoring to client’s needs, the MDS customer service model and results oriented focus blend perfectly in achieving patient and business office satisfaction.

MDS is able to quickly implement a customized revenue cycle solution to improve cash flow at the facility level. Typically, the period from contract execution to acceptable/approved placement files at the operational level is less than 45 days.

For additional information please contact Estelle Welte at (772) 559.8782.
MDS is a proven, trusted and innovative leader in revenue cycle management. For 25 years MDS has successfully partnered with multiple hospitals and respected health systems across the nation. We understand the specific demands and concerns of the provider community, and it is reflected in our unparalleled client service and performance value.