

A novel solution to augment the collection efforts to patient self-pay balances.

By Weaver Hickerson

Healthcare IT professionals have one of the most challenging jobs in the industry, carrying vast responsibilities but often lacking the required resources to fulfill organizational needs. This is especially true for physician practices where IT budgets are commonly deficient and technology resources scarce.

Healthcare's technology boom benefited physician practices and their billing partners in many ways, but technology also comes with challenges. From managing newly adopted applications to cybersecurity risks, there's much to consider for today's IT professionals in physician practices—keeping systems and processes running efficiently is just the start of good patient care.

So, how can healthcare IT professionals employed by physician practices, billing agencies, and coding vendors overcome these challenges? Moreover, what steps can their organizations take to mitigate the risk of IT failures negatively impacting the professional fee revenue cycle? It all begins with a holistic view of the network's infrastructure.

This article summarizes the top three IT challenges faced by private medical practices and their billing partners. The article also provides expert recommendations on how to solve these challenges—even when resources are scarce, and budgets are tight.

1 IT Security, Privacy, and Data Integrity

As the technology landscape evolves, so does data security, privacy, and integrity challenges for physician practices. Data security, privacy, and integrity needs go beyond check-the-box HIPAA compliance to encompass both sides of the IT ecosystem: technology and operational processes. Every HIPAA covered entity (CE), business associate (BA), and third-party vendor involved in the delivery of healthcare shares responsibility.

IT SECURITY: Patients' protected health information (PHI) must be kept safe, secure, and out of the grasps of cybercriminals. This includes EMR data, patient charts, and billing transactions. PHI in every format is at risk. The use of electronic versus paper records opened the door to new challenges and IT requirements.

For example, in addition to providing a secure and reliable environment in which to share, store, and manage PHI, practices must also be able to produce detailed evidence of their systems' ability to meet HIPAA's security rules. This should include log management, data backups, and encryption security of all electronic communications, as well as routine risk analysis and risk-management planning.

PRIVACY PROCESSES: From a privacy perspective, the onus lies on practices to uphold patient confidentiality through strong record management policies, procedures, and staff education. See the HIPAA Privacy Rule for a full scope on properly protecting health information through workflow and processes.

DATA INTEGRITY: Finally, healthcare data accuracy is paramount to ensure consistent patient care, facilitate clinical communication, and drive compliant billing processes.



Inaccurate, incomplete, and erroneous data has become a common problem in healthcare organizations—from minor issues such as claims rejections to significant medical complications.

While these challenges are common and continuing to grow, the resources to manage them are difficult to find in most physician practice settings. Many practices can't afford a dedicated HIPAA compliance, privacy, or security officer. The same applies to BAs and third-party vendors. In these situations, organizations have several options to bridge the gap:

- Contract with an outside privacy and security firm for ongoing assessments and staff training.
- Tap into online resources for physician practices (including those provided by healthcare associations like HBMA and others).
- Designate and educate one staff member to focus on privacy, security, and data integrity (even if this person wears multiple hats).
- Rely on your BAs and third-party vendors to oversee the systems they provide, document HIPAA compliance and provide staff training as part of their business associate agreement (BAA).

The Three Cs of Effective Coding in Professional Fee Revenue Cycle



- **CENTRALIZE INFORMATION:** Collect data from multiple sources, including who was seen, their demographics and insurance information, and the charges chosen by providers.
- **CHECK DOCUMENTATION:** Determine what's missing before the case is submitted to the coding queue, including which providers are missing notes, which cases are on hold for other data, and reconciliation of cases.
- **CONVEY RESULTS:** Alert providers of documentation gaps, coding queries and missing notes for compliance coding, including the medical necessity of wound care services.

Beyond IT security, privacy, and data integrity, management of the professional fee revenue cycle is another common technology challenge facing physician practices and their billing partners.



Coding and Billing Technology Workflow

Submitting a claim and receiving reimbursement from the payer involves much more than just pushing a button. Providers must gather data across multiple systems, build efficient workflows, implement safeguards to catch errors before billing, and establish a streamlined process for managing claims rejections and denials.

The most critical steps in professional fee revenue cycle are coding and billing. Moreover, within this area, IT disconnects with hospital feeder systems that represent a common complaint. Coding and billing are interrupted when hospital patient data does not flow correctly into physician practice EMRs.

The process becomes even more crucial when using an outside agency for medical billing and coding processes. In these instances, workflow and data “handshakes” are critical. One hiccup leads to a domino effect of challenges, fraying the entire process.

For example, the biggest challenge at a large specialty organization was lack of control over information inputs from multiple, disparate sources. With nearly 800 hospital-based specialists delivering care nationwide, details such as visit dates, patient demographics, insurance coverage, patient care charges, and clinical documentation were all received in different formats.

The absence of standard data formats across feeder EMRs, EHRs, and other data sources hindered the organization's ability to receive and collect this information efficiently. Staff was spending exorbitant amounts of time to obtain and verify clinical documentation on the front end to ensure correct and compliant coding on the back end. The organization also lacked the ability to know when documentation was missing and notify providers BEFORE claims were coded and submitted.

The best way to combat this type of IT breakdown in coding and billing workflow is to invest in a verifiable chain of custody for each chart and piece of data. Verifiable chain of custody

ensures each data element is tracked through the system and process. Chain of custody is kept secure and moves through the billing workflow as quickly as possible. Problems are identified early in the coding and billing workflow to prevent claim rejections.

System integration within medical practices represents the final most common IT challenge facing physicians today.



System Integration Within Physician Practices

Larger practices and medical groups generally have multiple systems, each requiring manual intervention to transfer documents and data from system to system. This common practice of siloed (or stovepipe) systems, can lead to processing delays, increased labor expenses, and unnecessary duplication of work when the proper integrations are not in place.

To resolve these problems, it is necessary to integrate these systems where possible and enable interoperability, eliminating the need for manual intervention. The HL7 Interface is a widely known, but underused system interface that was touted as a proven interoperability tool for healthcare. Within a practice, stovepipe systems need to know what is happening with each other (scheduling, nursing, etc.) These are often done using real-time HL7 interfaces.

A few ways to improve success with system integrations include:

- Ensure the EMR is built to suit the physician practice and the different moving parts.
- Deliver the proper training so clinical staff can use the system properly and effectively.
- Insist on HL7 interface support and collaboration from all IT vendors and third-party service providers.

Building a Right-Sized Technology Team

Healthcare and technology can be a challenging environment to navigate. It is imperative to grow a strong technology team based on the size of your organization and the complexity and sophistication of your technology needs. It is also important to continuously evaluate the attributes necessary to carry out the required tasks.

When building your technology, ensure that candidates have the following:

- Experience with small/medium sized businesses, and limited technology budgets
- Familiarity with your specific industry, workflow, and processes
- Specialty in a precise area of need, determined by education, certifications, and experience
- Ability to work with different stakeholders within the organization

With the right technology and team, your practice can be efficient and effective, allowing your organization to be competitive in a technology-driven day and age.

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Resources

- ¹ <https://www.mgma.com/getattachment/Advocacy/Advocacy-Statements-Letters/Advocacy-Letters/September-7,-2018-MGMA-shares-comprehensive-comme/MGMA-comments-in-response-to-2019-PFS-QPP-NRPM.pdf.aspx?lang=en-US&ext=.pdf>
- ² <https://www.lightspeedinc.com/top-5-roadblocks-in-healthcare-revenue-cycle-it/>
- ³ <http://medicaleconomics.modernmedicine.com/medical-economics/news/top-4-technology-challenges-2015?page=full>
- ⁴ <http://www.forbes.com/sites/robertszcerba/2014/04/30/technology-insights-to-help-hospitals-navigate-the-perfect-storm/>



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Six common coding and billing workflow challenges that cause productivity loss, claims denials, and reimbursement delays:

- Omissions and errors in patient information and insurance eligibility status
- Faulty front-end system interfaces to receive data from other systems, including hospital systems
- Out of date or incorrect payer edits
- Delayed communications with clinicians to fill or clarify documentation gaps
- Backlogs of rejected or denied claims
- Inability to communicate electronically with payers