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Managing in a Managed Care World: Are you Maximizing Your Efficiency and Reimbursement?

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The thought of managed care worries many providers. We face uncertainty in how we'll be paid, and feel anxious we're not managing operations well enough to capture all of the revenue for the care we're providing. In this piece, we'll explore the basics that will ensure you've built the right foundation to survive managed care, while positioning your organization as a preferred provider.

You're only as good as your data.

Survival in managed care comes back to the strength of your "system", and the quality of information it contains. Is your system paper-based and reliant on manual entry? Is it an electronic health record (EHR) augmented with paper processes? Or, do you have complete automation of your health records and feel like you're already running a tight ship?

Regardless of the type of system, this is a good time to critically examine what's being done well in your organization, and what needs to be shored up. For example, does your pre-admissions process have checks and balances to prevent inaccurate information from flowing downstream to the billing office? The organization is only as good as the quality of its data.

The pre-admissions process is one that is wrought with misinformation, which can lead to unintentionally lost or delayed revenue. Getting the resident's information correct up front can be the difference between getting paid in 45 days, and getting paid in six months.

Do you have tools in place to help you verify insurance eligibility prior to a resident's move-in day? Is the system designed to be set-up with contract requirements, such as carve outs and proper revenue codes? Is there an ongoing insurance review process to make sure a family hasn't changed Mom's coverage, which causes you to bill the wrong managed care plan?

Be top of mind for referrals.

Competition is fierce these days. Not only are you competing with the facility down the road--now there are other types of care providers in the community, caring for people we might have admitted to skilled care just a few years ago.

Being a preferred provider is similar to being picked first for the team in gym class. Hospitals and other referral sources want and need to ensure they're sending referrals to organizations with a proven quality record. Right now you're probably thinking, "Our quality record is outstanding. Of course, they'll send us admissions." Are you sure they know that? You need to market your organization, and demonstrate you are referral-worthy.

Not only is it important to prove you provide high quality care, it's also important to be ready to demonstrate HOW you provide care. This isn't like having to show the math behind your answers. It's more about demonstrating you have solutions to help in the continuum of care. You want referral sources to see that your organization is a strong partner in the community.

The long and short of revenue cycle management.

As it always has been, the burden is on you to ensure billing is accurately coded so you can get paid as quickly and completely as possible. Healthy, reliable cash flow is critical to any skilled nursing organization. Billing managed care organizations can mean longer revenue cycles. Instead of getting paid in 45 days, you might not receive payment for several months. If you bill something inaccurately, you can expect further delays. Ultimately, clean and clinically supported claims are more important than ever in a managed care world.

Embrace tools to help.

Many organizations have excellent paper processes in place, managed by top billing staff. First, give those people a raise-- then find them tools that will make them more efficient. We're human--we're prone to making mistakes. In our business, mistakes can be the difference between making payroll, and not having enough cash on hand to pay your staff.

Today there are powerful tools to help you from start to finish. Some will assist in the management of the full life cycle of a resident – from pre-admission to discharge. There are tools to notify you on whether a resident (or potential resident) has adequate coverage for a stay in your facility. Some billing systems help you keep track of multiple payers with complex contracts and which gets billed first.

You have super stars in your business office. Give them the power to shine even brighter and keep your operation running efficiently in the future.

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Pam Skrzynski, President of PamSki Solutions, has over 25 years of health care management experience in long-term care, serving national and local organizations. Her hands-on experience and former position as a Principal with HW&Co., is the foundation that allows her to help healthcare leadership and in-house counsel leverage the latest technology.

Pam's areas of expertise include: A/R management, software implementations, project management, centralized and decentralized billing services, collections, corporate compliance program auditing, monitoring/assessments, hospital billing, Managed Care/Medicare/Medicaid billing, new business office manager orientation/training, policy and procedure development, provider training/education, regulatory compliance/governmental relations, reimbursement and budgeting, software selection analysis and testing, and she is a certified PointClickCare Trainer. Pam also has extensive knowledge in the acute care and pharmaceutical settings.

Pam's depth of experience is second to none in the restructuring and optimizing of back office policies and procedures for healthcare organizations. With profound knowledge of internal systems and processes, Pam provides impressive detail to support corporate efficiencies for CEOs and CFOs across the country. Helping healthcare providers streamline their claims reimbursement, cost management and corporate compliance systems, Pam has repeatedly facilitated bottom line improvements that don't sacrifice patient care--but improve it.

Pam actively serves on the Ohio Healthcare Association's Reimbursement Committee, Managed Care Subcommittee, and Billing Subcommittee. Pam has been commissioned to speak on industry relevant topics for Kent State University's Gerontology Program for Administrators, Health Information Network, Ohio Healthcare's Business Office Excellence Series, Stark County Area Administrators Network, PointClickCare, and American Healthcare Association. She has been published in Healthcare Collections magazine and often quoted in industry trade journals.
Coast to coast, PamSki Solutions offers a multitude of operational solutions for long-term care, hospitals, pharmacies and senior living markets. PamSki touts over 25 years of experience in solutions for: accounts payable, billing, clinical, compliance, education, federal and state monitors, general ledger, pharmacy to chart audits, PointClickCare implementations, project management, and general consulting.