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## Seamless Transition: How Reticle Transformed Billing Efficiency for a Busy OBGYN Practice

### **Executive Summary**

*Problem: The OBGYN group faced challenges during their migration from a large management company to an independent practice. The physicians had no formal training on CPT codes or the impact of using those codes. They were also overwhelmed with assessing billing performance, struggling with both individual and practice-wide workflows.*

*Outcome: After our intervention, we provided customized billing guidelines, education on procedure codes, and improved billing workflows, resulting in better visibility into key billing performance measures and overall improved financial outcomes.*

### **Introduction**

*The primary objective of this case study is to demonstrate Reticle's ability to take a large physician group with a busy practice and transition them to a separate tax ID smoothly while supporting earnings for the practice.*

### **Background**

*The OBGYN group consists of four physicians who handle an average of 2,000 claims per month. Their services include office visits, in-office procedures, diagnostics, and hospital-based procedures.*

### **Approach and Methodology**

*We conducted a comprehensive review of their billing processes, use of various codes, and overall performance benchmarks. Additionally, we researched industry trends on OBGYN codes and procedures. Meetings with each doctor were held to understand their practice patterns and how they were using the procedure codes they were billing. We also collected feedback from each physician on the current billing workflows.*

*By spending time with each physician, we better understood their concerns and were able to craft individual solutions tailored to each doctor's needs.*

## **Key Action Steps**

### **1. Claims Assessment**

- Conducted a thorough review of claims, identifying common errors such as routine downcoding of denied claims instead of advocating for higher-level codes. We supported the physician in justifying the use of higher-level CPTs or responding to claims altogether when he couldn't get adequate support.

### **2. Customized Billing Guidelines**

- Developed and implemented customized billing guidelines for each provider. We created a "custom cheat sheet" for them that included common occurrences and scenarios they frequently encountered, providing guidance on selecting appropriate procedures when completing their billing.

### **3. Physician Collaboration and Education**

- Engaged with each physician to provide education on procedure codes and billing workflows. The physicians were very responsive and happy to have a billing resource that could provide real-time feedback and support on understanding the billing nuances.

### **4. Timely Submission of Claims**

- Focused on ensuring timely submission of claims for each physician, avoiding timely filing issues due to unlocked encounters.

### **5. Denial Investigation and Appeals**

- Investigated denial reasons and claim rejections to appeal false rejections, particularly focusing on out-of-network claims that were falsely labeled as out-of-network.

### **6. Regular Billing Meetings**

- Conducted regular billing meetings with the providers where they could submit their scenarios and questions. During these calls, we discussed the particular billing items and provided detailed explanations and solutions.

### **7. Ongoing Education and Support**

- Held weekly meetings with the operations team to address billing questions and individual claims, providing ongoing education to help the physicians understand the impact of their current billing workflows, how to make adjustments to maximize performance, and how to get better visibility into key billing performance measures.

## **Results**

*Average Monthly Payments 12 months prior to migration: \$327k*

*Average Monthly Payments After 6 Months: \$362k.*

*Increase in Collections Efficiency: 7.5%*

*Qualitative Results: Improved physician satisfaction, billing structure, and reduced administrative burden.*

## **Conclusion**

*By understanding each practice's services and optimizing their billing processes, we achieved significant improvement in collections efficiency. Our tailored approach and close collaboration with the physician were key to this success.*

## **Call to Action**

*For a consultation or more information on how we can help optimize your practice's billing processes, please contact us at [contact information].*