Enhancing Collections Efficiency: Reticle's Success with a High-Performing Ophthalmology Practice

Executive Summary

Problem: The ophthalmology practice did not have comprehensive visibility into their billing and felt they weren't getting adequate support when they had questions.

Outcome: After our intervention, we provided ongoing support, clear reporting of performance, and improved overall collections.

Introduction

The primary objective of this case study is to demonstrate that a more engaged billing partner, taking a collaborative approach with clients, can significantly improve billing performance.

Background

The practice is a single-doctor ophthalmology practice that handles an average of 500 claims per month, consisting of a mix of office visits and surgeries.

Approach and Methodology

We assessed the clinician's existing EHR to better understand the automations available for claims scrubbing and error catching. We then analyzed all claims data for trends, focusing on the CPT codes used by the physician. We discussed the nuances of using higher-level codes with the physician to ensure proper support in utilizing these codes where possible. This is part of our standard process. During the assessment, we discovered that the physician had opportunities for better workflows around reviewing and resubmitting denials in a timely fashion. Many denials were not getting resubmitted due to lack of follow-up by the previous billing vendor.

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. **Physician Collaboration**
    - Engaged with the physician to understand the rationale behind CPT code usage and provided education on best practices for coding and documentation. The physician was very pleased to have a partner who worked side by side with him on building a better workflow to get all of the claims worked.
3. **Payer Analysis**
    - Evaluated payer contracts and identified opportunities to renegotiate or shift to more favorable payers. This minimized claims that aged out of timely filing after denial or error.
4. • **Denial Management**
    - Addressed the ophthalmologist's biggest issue: the lack of billing engagement on managing denials, rejections, and ensuring timely responses. One of the biggest changes we made was catching claims that were returned as out-of-network and appealing the out-of-network status. The previous biller was auto-posting claims, meaning that they were automatically accepting feedback given by the payer.
5. **Individual Claim Reviews**
    - As part of our value add, we reviewed individual claims for denials, rejections, and other codes applied to adjudicated claims to ensure all issues were addressed promptly and correctly.

Results

Starting Average Monthly Payments: $85,670 Average Monthly Payments After 6 Months: $104,236 Increase in Collections Efficiency: 21.67% Qualitative Results: Improved physician satisfaction 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].