

RON PIANA: Hello. This is Ron Piana, Executive Editor with Physicians Practice. With me today is Becky DaMoude. Becky is Director of Physician Billing for the North Platte Nebraska Physician Group in North Platte, Nebraska.

Becky is going to tell us how she turned around her A/R days for the group she works with. So Becky, please share some insight on the problems your billing system had and how you tackled them?

00:00:25 BECKY DAMOUE: Well, before we had Navicure, we were struggling with the fact that we didn't have a direct way of following up on claims. We had to either contact the payers directly or utilize those payer websites and since we had chosen to go with Navicure, we have reduced our A/R by over 85 days in just, you know, a little over a year.

We're able to, you know, have a direct site of the claims, the HCFA form that was submitted to the payer so if there's questions we can directly discover those errors that we made. One of the other great features that we enjoy is that we are

able to see the status of the claim and see whether there's any rejections.

With the scrubbing feature that Navicure has it's able to catch a lot of errors that we were having beforehand that we weren't able to discover, such as coding errors, CCI edits, if there were some provider numbers we had in our system wrong, those were going to the payers and then, obviously, with a delay then a denial.

So now being able to see those up front when the claims are submitted, it's really reduced our A/R.

RON PIANA:                   Wow that sounds great. Now Nebraska Physician Group is a multispecialty group. Does that mix pose any particular challenges?

00:01:43   BECKY DAMOUDE:   It really does. We had never been doing anesthesia billing before and anesthesia billing, itself, has many challenges of its own.

And with Navicure, they were really able to help us discover which payers truly like to receive the

claims submitted as anesthesia time whether it be minutes or units and with the clearing house we were using beforehand, they were not able to catch those for us and we were able to recover a lot of dollars as well, so it wasn't so much reducing the A/R, but it also helped us recoup a lot of lost funds.

With multispecialty, there are a lot of requirements. We do behavior health, neurology, ER, anesthesia, oncology, so there's a lot of requirements based on those specialties that Navicure is able to tell us, up front.

These are some of the requirements, such as referring physician, ID numbers, and those types of things and with those edits being able to be caught up front, we were able to correct the claim directly through Navicure without having to go back to our system, correct it, and then get it re-billed again.

We can make those quick changes and get them right out to the payers.

RON PIANA:                    So it sounds like with Navicare, you had immediate notification if there was a problem and to that end, it sounds like your whole billing system has improved; become more in sync with the payers. Is that accurate?

00:03:06      BECKY DAMOUDE:      Yes. That's very accurate. We've really, really reduced the A/R quickly especially when it comes to Medicare. Our denials have greatly decreased.

We don't see the duplicate claims anymore because we're able to see whether or not the payer has received the claim and whether or not we truly need to resubmit. So now, we don't get a duplicate.

With Medicare, a lot of times, if the claim is sitting in process, then -- and before, if we weren't able to -- we didn't have the staff to follow up, so a lot of times the claim just got resubmitted, well when Medicare kicks it back out as being a duplicate.

So our duplicate denials have also decreased. Another feature we are also taking advantage of with Navicure is we use their i-Verify feature and with i-Verify—we have five clinics—we're able to get eligibility responses from the payers before the patient's seen so that we could reduce getting denials stating patients do not have coverage at the time at the time of service.

So that's also been a great feature that we really enjoy.

RON PIANA: In today's challenging economy, has working with Navicure allowed you more time to focus on patient accounts and workflow?

00:04:18 BECKY DAMOUDE: Absolutely. You know we have worked less, the girls have -- with using the old scripts, but with Navicure, then the girls can directly go out, put in the patient's date of service, their last name, their voucher number. There's many ways you can search for a patient's claim and quickly see the activity. We were getting

some -- you know, before we would send out to the payers and they would say that we didn't send the claim in within the time range that we needed to.

So we would get denied for timely filing and with Navicure, you directly see exactly when the payer got that claim and we are now able to dispute, because a lot of times the payer did get the claim and that wasn't the case.

RON PIANA:                   How about staff. Any impact there?

00:04:59   BECKY DAMOUDE:   Greatly. We've actually reduced staff -- actually coming here at the end of the year we will have reduced by four FTEs. We used to have two payment posters and we were able to reduce one of those FTEs because we also started using ERA postings.

So with Navicure, they've greatly helped us with the ERA files and being able to download them -- download those into our system, so we were able to reduce there as well as just on the billing staff.

We'll reduce by three FTEs at the end of the year here for follow up because it's such an easy feature and it's really decreased our denials we were having. We're able to correct the issues.

If we're having issues in some of the clinics, we can directly address those by using a lot of the rejection reports that we can utilize that before you never -- you know, we never had those reports that we could report back to the different clinics whether you had registration errors, whether, you know, we weren't getting the correct demographics in, we weren't using the correct codes and whether it be CPT or a diagnosis code.

So that's really helped us a lot and it's really decreased our staff.

RON PIANA:                   Okay, Becky. Well, thank you so much for sharing this success story with us.