Stop Living in Denials

A client success story of incredible denial reduction, improved claims processing, and faster reimbursement.
Introduction

West Texas Medical Associates (WTMA) is a 40 provider, physician owned, multi-specialty practice with 16 specialties of medicine, based in San Angelo, Texas.

Mical Boness has been with WTMA for twenty years, the past ten in a leadership role. She is currently the practice’s Claims Management Manager, a position she has held since 2014. When Mical assumed this leadership role, she inherited a billing staff of twenty associates and over 4,000 open denials. Mical was looking for solutions to identify trends in denial causes, gain visibility and transparency into the claims process and billing team’s productivity, and greatly reduce their open denials.

The Challenge

WTMA’s quest for a solution to their open denial situation was part of a larger strategy to improve the efficiency of their overall revenue cycle management.

Prior to working with Encoda, WTMA’s centralized billing office was experiencing several pain points including but not limited to claims processing workflow, relying upon several different systems to work denials, toggling back and forth between the clearinghouse and practice management systems to update and resubmit claims, and had no transparency into the claims process and productivity of each billing office employee.

WTMA had four charge entry specialists retrieving charges electronically and each of them reviewed every single claim prior to submission to ensure claim accuracy. WTMA also had three employees posting remittances and four employees working denials.

Mical did not have a way to know how many claims were received, which claims the billing team touched, what the team did with each claim, and which claims required follow up (and when).

“I had these pain points, I knew exactly what they were, and I was looking for a solution. I knew there had to be a better way.”

Mical Boness
Claims Management Manager, WTMA

There was no transparency or visibility into the claims workflow process or the productivity of each biller.

The billing team was constantly doing busy work prior to focusing on more important claims related tasks. Mical was searching for a way to make the entire workflow process and the results better for her team so they could all be more productive and so the practice could get paid faster with less work involved. She knew that there had to be a better way.

The Solution

Mical met Encoda at the Centricity™ Healthcare User Group (CHUG) Conference in October 2017 and learned about the company’s rejection and denial management solution, Encoda BackOffice™ and Encoda Maestro Analytics™ dashboard reporting platform. Encoda BackOffice is a medical billing platform that vastly improves the processes needed to collect insurance reimbursement and improve revenue cycle performance. Encoda’s patented claim “fingerprint” process and payment poster ensures nearly a 100% match on resulting payer transactions. Payer and client specific business logic is then wrapped around actionable data to drive instructions back to CPS software.
Mical saw a demo of Encoda’s solutions and asked a lot of questions. She knew what her pain points were, and she saw ways to relieve these pain points already solved with Encoda BackOffice. Mical acted quickly and implemented Encoda’s BackOffice solution into her billing department’s daily routine.

**Results**

Mical utilized Encoda BackOffice to create automated, pre and post adjudication rules-based logic to better manage outbound claims and inbound remittances. As a result, WTMA experienced the following results:

1. **One place to work all claims.** WTMA’s billing team no longer logs in and out of Centricity Practice Solution® (CPS) or in and out of the clearinghouse to track down claim information and/or resubmit claims. Encoda BackOffice scrubs and submits claims that are ready to be paid, then automatically places any claims requiring attention in one queue, on one screen to be worked. The claims are then fixed and resubmitted to be paid, while the claim information is updated in CPS. The WTMA team is now focused and only working exceptions instead of looking at every single claim. All claims are now getting submitted and paid much faster than before.

2. **Remittances post automatically.** WTMA created and implemented a set of customized rules that told the system how to handle remittances when they are received. As a result, WTMA’s remittances now post automatically and are no longer touched by the billing team.

3. **Visibility into the claims process and staff productivity.** Mical and WTMA management now have an integrated mechanism in place to track performance of the claims process and the productivity of each staff member. Mical also knows how many claims come in each day, sees how many claims are being worked, knows who is working each claim and understands what is happening with each claim. She can pull up claims to see who has touched them, what was done to them, and what changed.

Mical can also view any notes that were added, modifiers that were changed or added, and see who made the changes.

WTMA and Mical have increased gross collections from 60% to 62%, reduced the number of FTEs from 16 to 12, greatly reduced the number of open denials, successfully automated the charge-entry process, reduced days in A/R, and improved staff productivity.

Mical was a guest speaker at Encoda’s panel presentation during CHUG in November 2018 in Nashville, Tennessee. The quotes below came directly from her commentary on the panel:

- “We don’t look at every claim before it goes out the door anymore. We retrieve and batch them, and Encoda BackOffice stops the ones that my charge entry and coders need to work. They’re just working exceptions instead of looking at every single claim. Our claims are now getting out the door much quicker.”

- “My staff is amazed at how much they can get done. I’ve had them come up to me and say, I’m done, what else do you need me to do? And it’s amazing, it’s a wonderful thing to hear them say that.”

- “Encoda Backoffice has created a way for my people to work only the denials that need to be worked and not be busy with the other side of things. The denials that we're getting for codes that we already know will deny are automatically being written off and my staff doesn’t have to touch those any longer.”
About Encoda

Encoda is a leader in healthcare reimbursement automation and revenue cycle management technology and services that empower medical business offices to cost-effectively collect the most money in the shortest time possible. Clients significantly enhance their revenue cycle management process by licensing the company’s patented, cloud-based, Encoda BackOffice™ platform or contracting for billing services through the Encoda Revenue Assistance Program™.

Encoda BackOffice™ drastically improves the rejection and denial management process, reduces days in A/R, and provides a level of transparency into the billing cycle via Encoda Maestro Analytics™ dashboard reporting that other solutions on the market do not provide.

To learn more about Encoda BackOffice™, Encoda Maestro Analytics™ or Encoda’s Revenue Cycle Management Services, please contact us at info@encoda.com, 813.337.0107 or visit encoda.com.

“Encoda BackOffice pays for itself!”