EDUCATIONAL RESOURCES

DMEPOS

Intake Process: Make or Break

Medical Auditing Solutions in partnership with ACHC

Learning Objectives

- We will be learning:
  - The functions of intake department
  - The key role to success of the next step within the organization
  - That some of the intake processes overlap between billing and accreditation

Functions of Intake Department

- Answer the phone, field questions from referral sources and customers, as well as co-workers
- Receive referrals from other healthcare providers
- Obtain Patient Demographics, Insurance Data, Ordering Provider Contact information
- Ensure receipt of a fully complete Prescription
- Data Entry
    - If you are not using an AI platform to auto populate demographics and order information
    - If you are verification, is important

Answering Phones

- Answer the phone timely and friendly
  - Louis Feuer has programs on this. He and I are old school, 3 rings, someone answer, return calls, do what you say. It is impossible to have a redo on the “first impression”
  - Have you been to a business where no on speaks until you are leaving?
- Know your business so, you can field questions
  - From referral sources – what do you provide, what documentation do you need..
    - If your business does not provide, give them the name of someone who does.
  - Customers – what to expect, from time for prior auth, documentation, ordering/shipping the product, to costs, if they ask by phone. We know that’s on the delivery ticket.
  - Co-workers – confirming the address of the patient, provider’s phone number, and more. All kinds of situations come up for field staff from they have the equipment already to the patient doesn’t want it or the doctor had an old address

Receive Referrals & Prescriptions

- These come from hospitals and other providers
- Obtain Patient Demographics,
  - Including Next of Kin or Emergency Contact
- Insurance Plan Data,
  - Know before you hang up if you are an in-network provider
- Ordering Provider Contact information
  - Confirm the location that receives communication on requests for medical records
- Ensure receipt of a fully complete Prescription, Medical Records documenting Face to Face at the time of the referral

Prescription Details

- Elements of a Standard Order Article - Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)
- WOPD – within 6 months prior to setup
- Patient Name (prefer with an identifier ie DOB)
- Date
- General Description
- Quantity to be dispensed and Frequency
- Provider’s Name and NPI with Signature

Prescription Details - Respiratory

- What is not included on the CMS list is most specific policy and accreditation items:
- CPAP/Bipap/Vent Settings and Delivery Method
  - If Oxygen is bled in, the script needs to say that also with liter flow and when to be used
    - Needs to indicate baseline results and titration, prior to adding oxygen.
- Oxygen must include Concentrator and/or Portable, Liter Flow, and Hours per day, Delivery Method
  - Needs to indicate the test results and how they were obtained.
- You need this information to perform an appropriate setup

Medical Records

- The medical records need to demonstrate the following:
- Date Last Seen
- The order for the equipment
- The Diagnosis for need
- All tests must be signed off to indicate the provider saw the test
- The chart note needs to be signed in an acceptable manner
  - How do you remind the providers they need to schedule a follow up visit to ensure the patient is using and benefiting from? Maybe this is a good place to start with the referring person, so they can start that process or find out when the follow up date is so you can create a task

Data Entry

- Data Entry needs to be accurate
- Know which insurance is primary versus secondary
- Know how to read an insurance card
- Verify the insurance benefits for both plans
- Ensure the correct ordering physician is loaded so the SWO prints correctly
- Create your order
- Caution on delivering without having what you know you will need
  - Every provider does this differently
  - You may need a PAR before delivery, for example

Insurance Order to Bill

- This is generic but a good list
- Department of Labor (Workers Comp/Black Lung)*
- UMWA (United Mine Workers)*
- Medicare (if retired or disabled)
- Commercial (if working or spouse is work, before Medicare)
    - Both parents work and have insurance, primary goes by parent whose birthday is first (usually)
- Supplement
- Medicaid (Always the payer of last resort)
    - Note * - if the product is related to a workers claim)

Insurance Cards

- Copy front and back
  - Subscriber Name and Date of Birth
- With so many managed care plans, it may be UnitedHealthcare card, but the real plan will be noted such as Wellmed typically in plan name or in the corner
  - This is critical because
    - You need to send claims to the right EDI/Plan
    - You need to verify the right insurance
    - Personally, just had a doctors office put UMR in as UHC to submit claims, after the verified insurance. Process failed.

Insurance Verification

- This is critical not only at setup but also before resupply or additional orders
  - Need Subscriber Name and Date of Birth, Relationship to Patient all noted in insurance file or claims may be rejected or denied
  - Insurance **Portals** sometimes provide Coordination of Benefit details, some Clearinghouses will
- Between Marketplace and Managed Care plans, this is killing provider revenue
  - Medicaid Plans for hoppers, screen shot or save the insurance verification data
  - Sometimes done the day of ship, you can appeal
- I recommend the automatic insurance verification from some clearinghouses 3-5 days before the next scheduled delivery Catch this before patients get the product. Also, the cost in minimal compared to the lost to the business. Not always great on initial because it's DME.

Way to Find New Insurance

- Always get their traditional Medicaid and Medicare Member numbers
  - Then you can utilize the portals to find the current plan
- Denials for Coordination of Benefits (COB)
  - The plan portals may have information

It’s DME…

- Why not do automated verification on DME for initial setups?
- DME is its own beast, just like mental health and varies --
  - PARs at UCR amount and above (usually $500)
  - PAR some and don’t PAR other items
    - BCBSTX/Carelon is saying no PAR but denying for PAR, print screen!
  - Yearly Max of covered DME, but supplies may not be “DME” or they may be
  - This list is long
  - You may have to stand on 1 leg while barking like a dog and give up the blood of 1st child (LOL)

Customer Calls

- Scheduling and who is coming
- Make sure the patient has a follow-up appointment scheduled OR
- Make sure they understand the "ongoing compliance" requirements
- Explain insurance benefits at the time of scheduling

Ongoing Compliance

- Do any of the attendees do this at “intake”?

Questions?

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Thank you

Angela Miller, CHC, CMC, CDC, CFI
Medical Auditing Solutions LLC
Angela@MedicalAuditingSolutions.com