

# Billing systems: Look beyond claims, invoices

BY JOHN ANDREWS, Contributing Editor

EVERYTHING IN an HME business is connected, so having an IT system that gives providers a panoramic view of their operation makes more sense than having siloed systems designated for specific departments, proponents say.

Given the advanced functionality of modern technology and the affordability of cloud computing, even the smallest companies can afford to have a multi-functional, enterprise-wide system. Automating functions across the board is a bona fide upgrade from the hybrid manual-electronic processes that exist in HME companies, says Ted Jones, president and CEO of Fresno, Calif.-based BFlow.

"I've worked in fast-paced hospital environments with energized staff and infrastructure and HME is overlooked and underserved," he said. "What I've seen in the HME environment is binders everywhere, which is a sign of distracted workflow. By going to full automation, providers have a binder-less system that offers a real-time, in-depth view of what is going on with their business."

Jones' analysis revealed that manual pro-

## CATEGORY Billing systems

### HOLISTIC VIEW

■ **Beyond billing:** Today's IT systems have the functionality to manage all aspects of an HME company, offering a 360-degree view of the business. An integrated system allows management to identify key performance indicators and base decisions on performance data.

### SIMPLIFYING STEPS

■ **Cutting redundancies:** Manually processing claims

cesses for claims management entail 44 steps from intake to adjudication. That process relies heavily on the biller's memory, he said.

Business management—commonly referred to as business intelligence—is a platform that covers more than just billing functionality. It encompasses collections, purchasing, accounts payable and human resources, tying all the processes together, said Esther Apter, president of Suffern, N.Y.-based Medforce Technologies.

"Automation equals efficiencies—that is a simple equation," she said. "The most inefficient part of any process tends to be in the

takes approximately 44 steps from intake to adjudication. By eliminating the need to rely on each biller's memory, an automated system will greatly streamline the process.

### A BETTER EXPERIENCE

■ **A distinct advantage:** With visibility into the entire operation, HME providers can better understand service performance, which can be advantageous in boosting the patient and referral source experience.

handoffs of work from one person to another or from one department to another. A process manager that interacts with all provider systems and automates the handoffs creates a significant noticeable increase in efficiencies."

The benefits to choosing a system that offers front-to-back business management are transparency, ease of use, and often some cost savings, said Chris Dobiesz, president of Davison, Mich.-based Universal Software Solutions.

"If a provider is using a billing system that also has customer service and inventory components that they rely on, then they should

continue to invest in that solution as it is enhanced and expanded," he said. "The biggest mistake we see providers make is repeated unwillingness to break apart an existing business process to rebuild it using newer, more efficient workflows or tools that have been developed in their software."

To be sure, many HME providers have "a spider web of information systems" that are utilized across their business, said Joey Graham, vice president of operations for Charlotte, N.C.-based Prochant.

"The more integration providers can establish across these systems, the more they are able to streamline processes and ensure data accuracy," he said. "One major, current example is the integration of document management systems with front-office workflow systems. This allows providers to track a virtual 'chart' throughout the intake process through fulfillment and on to billing and collections."

While BI is a common and powerful tool, it can also be easily constrained by data scattered across multiple systems, said Patty Harrison, HME content creator for Billings, Mont.-based Computers Unlimited.

BILLING SYSTEMS SEE PAGE 22



## Turning Every Patient Into a Paying Patient<sup>SM</sup>

You are driven to help change lives. But you must strike a balance between providing excellent care and protecting your bottom line. COLLECTPlus, an integrated private pay billing and collection solution, can help you increase your bottom line by recovering more receivables faster.

### COLLECTPlus can help you:

- Increase your cash recovery
- Reduce your collection costs
- Streamline your billing process
- Improve staff efficiency

To learn more, contact Bruce Gehring:  
913-338-4790 x202  
bgehring@allegiance-group.com



## Washington Legislative Conference

May 23 - 24, 2018  
Washington, DC



### SCHEDULE AT A GLANCE

May 23

7:30-9:30 am

Continental Breakfast

12 noon

Lunch & Keynote Address

1:00-5:00 pm

Issue Education & Capitol Hill Meetings

6:00 pm

PAC Reception

May 24

7:30-9:30 am

Breakfast & Retrieve Materials for Hill Meetings

9:30 am-4:30 pm

Capitol Hill Meetings

5:00-6:30 pm

Capitol Hill Reception

AAHomecare's Washington Legislative Conference will once again build on momentum, seek permanent solutions for competitive bidding, reimbursement for HME, educate legislators on the effects of CMS double dipping on oxygen payments, and build on Congressional relationships.

**Your attendance strengthens HME's voice on Capitol Hill!**

 Issue Education

 Capitol Hill Appointments

 Industry Connections

[aahomecare.org/wlc](http://aahomecare.org/wlc)

VGM Group, Inc.

## Industry Snapshots: Forecasting 2018

Industry Snapshots: Forecasting 2018 is VGM's free downloadable playbook, which includes 12 articles that cover areas related to compliance, data and security, mega trends, tax bill implications and the economy. Content was developed by VGM's thought leaders and is a high-level overview of a number of pressing topics and opportunities facing providers and vendors alike. Download at [playbook.vgm.com](http://playbook.vgm.com).

WWW.VGM.COM

Industry  
Snapshots:

Forecasting 2018



OxyGo

## OxyCare Total Advantage

Help your patients buy more home healthcare equipment from you with the NEW OxyCare Total Advantage patient financing program. The total in "OxyCare Total Advantage" means a win-win for you and your patients. There is virtually nothing in your store that can't be financed and sold right on the spot. More sales for you. More flexibility for your patients.

[HTTPS://OXYGO.LIFE/FINANCING/](https://oxygo.life/financing/)



## BILLING SYSTEMS

CONTINUED FROM PAGE 18

"Robust integrated business management platforms allow for much wider analysis and perspective—perspectives that cannot be seen when systems, and the data they gather, are bunched up in silos," she said. "An integrated system prevents business processes fragmentation because the entire business process is managed under a single system, not two or more, which can lead to inefficiencies, data duplication and human errors."

### LEVERAGING AUTOMATION

Rob Boeye, HME executive vice president for Lawrenceville, Ga.-based Brightree, says the insight gained from looking across the financial landscape can be used to improve the patient and referral source experience.

"With the compression in the industry, you need to differentiate yourself with patients and referral sources," he said. "The business management platform gives you visibility into all areas of the operation, which provides a deeper understanding of improving service levels. I recommend using management software that improves patient intake from referrals, has a good inventory management system, claims filing that allows auto response and audits and the big one is analytics."

Because cash flow is the lifeblood of the company, analytics charts key performance indicators regarding collections, days outstanding levels and resupply efficiencies. And while cash flow is the lifeblood, inventory is the heart of the HME business, said Wayne Bailey, director of client services for Bonafide Management Services of Thousand Oaks, Calif.

"All business functions must tie directly back to inventory control and management," he said. "Once you put inventory at the heart of your business software, you can establish a program flow that ensures maximum margins. The flow takes into account and adjusts in real time for the cost of the item, reimbursement on the item, CPT code, modifier, compliance documents and payer

requirements."

Kent Barnes, director of marketing for Brentwood, Tenn.-based Team DME!/Spectrum Software echoes the assertions that an integrated system boosts customer service to an optimal level.

"When customers are unable to quickly get information on their order status, can't get issues resolved in a timely manner, or must frequently deal with products being out of stock, they will be less satisfied and less likely to continue purchasing from you," he said. "An integrated software system ensures that customers have the right information and customer experience and that your employees have the instantaneous access to all the customer information they need to service, sell to your customers and make sure you will get paid."

The integration points and whether the application can accept and provide electronic data to ensure more accuracy in sharing patient data should be considered, said Kimberly Commito, director of product management, Home Care Solutions, for Lisle, Ill.-based Medware Information Systems.

"Of course, this brings with it a responsibility to ensure that the application is HIPAA compliant and secure in general," she said. "The ability to accept various forms of electronic payment should be considered as well—credit card, debit card and electronic checks are important to consider."

Another option for providers is to consider a partner for billing and collections, said Bruce Gehring, senior vice president of development, Allegiance Group in Overland Park, Kan.

"You can eliminate the need to manage multiple vendor relationships so you can concentrate on your operations and investigate ways to boost your revenue," he said. "The most important factor to consider is the philosophy of their billing partner. Any partner is an extension of its reputation, so the software/system should be a true partner—following the HME's business rules and treating its customers with respect." HME

## APRIA HEALTH

CONTINUED FROM PAGE 1

sources—with more than 400 branches and a large sales force at its disposal, the provider has no shortage of avenues to get the word out about the platform and its cost saving benefits, which are open to all DME prescribers and providers.

"We bear the burden and the cost of having to service these orders in a market where DME reimbursement rates are declining," said Worden. "So when orders come in at a higher quality, Apria, like all suppliers, benefits from lower-cost processing." HME

## HEED OUTSOURCING STANDARDS

CONTINUED FROM PAGE 6

providers should look for when selecting a reputable outsourcing vendor:

- ✓ All audits should be completed by an outside agency to ensure compliance with standards and safeguards. Vendors lacking an adequate audit trail create uncertainty in the integrity of records and open themselves up to legal liability or criminal activity.

- ✓ The vendor should be SOC 2 compliant, or at a minimum, compliant with SSAE-16 rules. SOC 2 is a set of standards related to the security, processing integrity, availability, confidentiality and privacy of data. This standardized criterion plays an important role in internal risk management and prevention of regulatory oversight.

- ✓ Finding a vendor that conducts onsite visits to production facilities is a must.

The vendor also needs to have the following basic items included in their standards and safeguards compliance plan:

- ✓ Biometric access controlled production centers;

- ✓ Closed circuit cameras that cover all angles of the production center with a

- minimum of 90 days of video recording;
- ✓ Physically disabled PCs with no PIN drive access, so no files can be saved on a remote device;

- ✓ No cameras or cell phones on the production floor, and lockers should be provided to each employee to store personal items outside of the production floor;

- ✓ White listing is used to control website access, to ensure employees are only able to access approved sites;

- ✓ No email or instant messaging platform is allowed for any employee; and

- ✓ All system access is controlled by an administrator in the United States.

Outsourcing can be a highly effective solution to gain a competitive edge. By leveraging the right outsourcing partner, HME providers can better manage change and move toward a more flexible operating environment. Selecting the right vendor requires very careful evaluation. Look for a vendor that demonstrates expertise, provides compliant solutions that drive efficiencies and ensures you have maximum security to avoid costly mistakes. HME

John Moore is Brightree's vice president of revenue cycle management.

Outsourcing can be a highly effective solution to gain a competitive edge.

## HOME ASSESSMENTS GET PHYSICAL

CONTINUED FROM PAGE 1

CGS Administrators, the MAC for jurisdictions B and C, that nothing short of a "physical assessment" is adequate.

"They're not budging," said Sylvia Toscano, president of Professional Medical Administrators in Boca Raton, Fla., who has been corresponding with CGS. "They say they're going to issue a new checklist or FAQ that states a physical assessment is required, which is not in the LCD."

In an email CGS states that, "Since the MWC is being ordered for in-home use and a home assessment is part of the Medicare requirement, the supplier must do a physical assessment of the home to ensure safety and effective use of the chair within that environment, regardless of where it's delivered."

That last part—"regardless of where it's delivered"—is the kicker, stakeholders say. When providers deliver to homes, they do home assessments directly, but when they deliver to hospitals for discharges they typically do them indirectly.

"No one goes to the home to do an assessment and then delivers to a hospital—if the

patient is in the hospital, they're not even home," Toscano said. "Are providers supposed to deliver to the hospital then follow the patient to their home to do the assessment? Does the date stamp on the assessment have to be prior to delivery? It opens a whole can of worms."

The apparent change also makes providing manual wheelchairs directly from showrooms impractical, stakeholders say.

"It, in effect, ends our ability to deliver manual chairs to a hospital or provide them from our stores," said David Bruinsma, CEO and seating specialist at Colonial Medical Supplies in Altamonte Springs, Fla. "It's concerning."

Stakeholders plan to continue pressing CGS for feedback on why it appears to be changing its stance on indirect home assessments for manual wheelchairs.

"I understand why they're doing it, but it doesn't fit how HMEs operate," Toscano said. HME



Sylvia Toscano

## BID REFORM EFFORTS CONTINUE

CONTINUED FROM PAGE 1

its omnibus bill a statement encouraging" CMS to "promulgate" the IFR.

"It's been a challenge—it's not just a rural issue, it's a national issue," he said.

Beyond immediate relief, AAHomecare continues to work with CMS on long-term fixes to competitive bidding, including pressuring the agency to use historical claims data to determine supplier capacity; and remove its authority to bundle payments for CPAP and standard power wheelchairs.

AAHomecare also plans to more closely monitor the Medicare Payment and Adviso-

ry Committee, after being caught off-guard by a recent report that recommended CMS expand the bid program to include more product categories such as off-the-shelf orthotics and urological supplies. The association has created a workgroup to develop white papers and make recommendations to MedPAC ahead of its next report, expected in June.

"We needed to go on the offense," said Kim Brummett, vice president of payer relations. "We're included in the June report; it probably won't be any better for us." HME

Periodicals postage paid at Yarmouth, ME and additional mailing office. HME News (ISSN 10913823) is published monthly by United Publications, Inc., 106 Lafayette St., PO Box 998, Yarmouth, ME 04096; 207-846-0600. Publisher assumes no responsibility for unsolicited material or prices quoted in the magazine. Contributors are responsible for proprietary classified information.

©2018 by United Publications. All rights reserved. Reproduction, in whole or in part, without written permission of the publisher is expressly prohibited.

Reprints may be obtained from The YGS Group at 717-505-9701, ext. 100.

Back issues, when available, cost \$7 each within the past 12 months, \$12 each prior to the past 12 months. Back issue orders must be paid in advance either by check or charged to American Express, Visa, or Master Card.

HME News is distributed without charge in North America to qualified home medical equipment providers. Paid print subscriptions to those not qualified cost \$65 annually to the U.S. and Canada and \$150 to all other countries. All payments must be made in U.S. funds drawn on a U.S. bank.

For subscriber services, including subscription information, please call 800-869-6882.

POSTMASTER: Send address changes to HME News, PO Box 1888, Cedar Rapids, IA 52406-1888.