A PRACTICE MANAGEMENT COMPANY

RMS

Rehab Management Solutions

Rehab People Providing Rehab Solutions.

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I. Billing & Collections — "Life Cycle of a Claim®"

Managed Care

- Credentialing
  - Credentialing file on each provider current to include:
    - Updated Licenses
    - Resumes
    - Diplomas
    - Social Security Card
    - Drivers License
  - Apply for NPI numbers
  - NPI Maintenance
  - Establish to submit claims online with Federally Funded plans
  - Maintain provider credentialing/ re-credentialing requirements
    - Utilization
    - PECOS
    - CAQH
    - Other online resources
  - License verification
  - Comply with all Federally Funded program standards to credentialing
  - Management of malpractice insurance
  - Addition of new clinics and providers to all existing contracts
  - Establish new TIN number
  - Maintain NPPES website to add provider numbers
  - Term providers from contracts and Federally Funded programs
- Contracting
  - Yearly audit with insurance company to verify fee schedules
  - Payer relationship meetings in person
  - Yearly renegotiation of contracts to include fee schedules
  - Work with insurance companies where EOBs are not being paid according to fee schedules and contracts
  - Ongoing knowledge of each payers Provider Manuals
  - Investigate authorization needed for new contracts to proactively have knowledge of rules
  - Yearly review and audit of Medicare fee schedule
  - Yearly monitoring and auditing of fee schedules based upon contracted rates for opportunity to renegotiate for increase
  - Provider relations with payer through "Make a Friend Program"
  - Contracting with both local and national insurance companies, third party payers and networks
  - Management of workman's compensation and MVA contracting
  - Management of online payer portals
  - Maintenance of Electronic Funds Transfers (EFT) for timely payment
  - Apply for and manage all of the applications to allow clinics/providers to submit electronic claims and receive electronic EOBs
  - Comprehension of state laws for specialty programming like workman's compensation, MVA, federally funded programs
  - Review of contract language to negotiate best terms
  - Review and knowledge of contracts for billing and reimbursement standards
  - Keep W-9 updated yearly and sent to payers as requested
  - Ongoing education, webinars

- Research new markets for managed care atmosphere
- Integrate with all areas of the Life Cycle of a Claim®
- Research contracts on a local market and national market
- Work with payers on all clinics and providers in directories
- Integrate with verification team for new plans in the area
- Liaison between the Accounts Receivable team and the payer
  - Work with payers to solve claims issues
- Work with clinics to maintain the compliance of the contracts
- Let payers know of new specialty programming being offered at the clinics or by providers
- Educate the payer community on PT/ OT
- Maintain a managed care list for distribution to referral sources
- Review payer trends to identify areas of maximum reimbursement
- Review practice adjustments to identify areas for maximum reimbursement

Preliminary Systems

- Registration
  - Create an account in the Practice Management Software for each patient
  - Ensure each patient chart/account is set up correctly for such things as dual body parts, workman's compensation, motor vehicle accident, etc.
  - Update patient addresses based on patient updates, clinic updates and returned mail from the USPS
  - Managed claims that were returned due to change in insurance plans
  - Obtain the information of all referring physicians, including: name, address, phone number, UPIN number, NPI number and state license number
  - Register patients via phone to begin building their medical chart
- Verification
  - Call the insurance company for each patient to verify patient eligibility and benefits
    - Coinsurance
    - Copay
    - Authorization/ Referrals
    - Dollar limit
    - Visit limits
    - PT/ OT-specific benefits
    - Claims address
    - Network participation
    - Coverage of specialty programs and services
    - Verify Open and Active Claim for injury cases
      - Workman's compensation
      - Contact attorneys on litigated cases
        - Confirm representation
        - File Lien or Letter of Protection
      - Motor Vehicle Accident
        - Obtain specific medical pay availability
  - Yearly re-verification of all benefits for patients in the program at the new year
  - Contact each insurance company to verify specific coverage of durable medical equipment to find the benefits and any pre-certification or authorization requirements
  - Create welcome letter that explains patient benefits and establishes the patient's financial plan of care to secure reimbursement
    - Identify areas of concern to address with patients on specific policy limitations

- Establish proactive collections of patient responsibility
- Answer any questions from clinic/ provider on patient benefits
- Provide financial agreement / hardship letters
- Provide written self pay agreements
- Proactive communication to patients with their benefits prior to treatment (outline patient financial responsibility)
  - Explain benefits to patient if clinic staff is not comfortable or patient has more detailed questions
  - Provide solutions to patients who struggle with their financial responsibility
  - Establish financial hardship exceptions with patients who are unable to pay, while considering the financial risk for the practice
- Authorization
  - Submit for authorization
  - Follow up on approved authorization for:
    - Number of approved visits
    - Date range
    - Authorization number needed to be put on claims
  - Inform clinic on approval of authorization
  - Tracking/ management of authorization to ensure that patient does not exceed visits authorized or date range
  - Manage PCP referrals with clinic staff to ensure all visits are covered
  - Manage repayment options for dollar limit and visit limit after patient's maximum
  - Weekly review of the Managed Care Audit Form (MCAF)
    - Communication between front desk and Central Office to ensure all authorization guidelines are appropriately managed and reimbursement is secure on all accounts
  - Ongoing management of Medicare therapy cap
  - Manage Medicare compliance guidelines
    - Ensure appropriate certification periods
    - Ensure all plans of care have been signed by the referring physician in accordance with Medicare guidelines
  - Submit authorization if needed for any workman's compensation claims
    - Manage work hardening/work conditioning
    - Functional progress notes
    - Job demands analysis
    - FCE
  - Build relationships with workman's compensation case managers and Nurse Care Managers

Pre-Billing Audit

- Documentation
  - Schedule review to ensure that every patient treated on a date of service is documented to be billed
  - Ensure that appropriate documentation has been completed for each date of service
  - Review each medical record and charge ticket for:
    - Correct spelling of the patient's name (as it appears on their insurance cards)
    - Correct date of service is recorded
    - Provider signature is on all appropriate documentation
  - Review each medical record to ensure medical necessity of services provided
  - Ensure that every code selected to be billed for has appropriate and medically necessary documentation
  - Ensure that everything documented has been selected to be billed correctly

- Compliance
    - Review medical records to ensure compliance standards for each payer are met
    - Any medical record that does not meet all criteria or has an error on it is sent back to the provider to suggest making changes to ensure compliance and complete and correct medical records
    - Ensure that all patient information is received (i.e. prescription, signed and dated welcome letter, copy of insurance cards and signed HIPPA compliance form). If any information is missing, request from clinic and manage until received.
- Patient Management Skills
    - Review medical records to ensure that evaluations, re-evaluations and progress notes are completed throughout plan of care
    - Review documentation to ensure that patient education is documented and billed for
- Modifiers
    - Review each medical record and apply the appropriate modifiers utilizing the CMS (Centers for Medicare & Medicaid services) Correct Coding Initiative list
    - Apply all appropriate modifiers communicating to all payers:
        - Region of body (ex, LT or RT)
        - Communicating a dual body part
        - Communicating extended services
        - Communicating to Medicare whether services are PT or OT
        - Special payer requirements
- CPT coding
    - Ensure utilization of proper CPT codes, HCPC codes, ICD-9 codes and modifiers
- ICD-9 coding
    - Review each patient evaluation and apply appropriate ICD-9 (diagnosis) codes for the patient's plan of care
    - Code each Medicare service applying the appropriate/payable diagnosis (ICD-9) to each CPT code utilizing the diagnosis list from the LCD (Medicare's local coverage determination)
    - Review each patient's ICD-9 codes at the time of re-evaluation to ensure that all treatment has remained constant since initial evaluation
- HCPC Level II coding
    - Ensure that each piece of durable medical equipment is coded with the correct HCPC level II code to communicate to payers what item has been issued to the patient
- Coding Books / Continuing Education(s)
    - Attend annual APTA coding conferences
    - Attend webinars put on by third party vendors, payers, APTA, etc.
    - Subscribe to newsletters, listservs, other communication from third party vendors, payers, CMS, etc.
    - Purchase updated coding books with each year's revisions:
        - ICD-9
        - CPT
        - HCPC Level II

Medical Billing & Claims Processing

- Ensure that every patient is billed:
    - For the correct date of service
    - To the correct facility location
    - To the correct provider
    - To the correct patient account and insurance company
    - Under the correct authorization number

- Under the correct diagnosis for the plan of care
- Perform month-end function to ensure that every patient that was treated for every date of service at every location is billed for and all necessary patient information has been received
- Weekly review of all patient accounts to ensure that all accounts have been billed out and due diligence to ensure each account is able to be released to the appropriate payer (Hold Report)
- Review of purchase orders for all durable medical equipment to ensure they were appropriately billed for to ensure no loss of revenue
- Daily billing, both paper and electronic
    - Ensure that everyday, paper and electronic claims are run and transmitted
- Electronic Claims
    - Submit claims electronically to all payers requiring electronic submission
    - Ensure that all electronic claims are formatted to all third party and federal standards
    - Cross check to ensure that all claims that are sent electronic are received by the payers
    - Review all paper reports that are downloaded by our clearing house after each electronic submission
    - Review each electronic claims pre-bill report to ensure that all dates of service are correct, that correct CPT codes are billed, appropriate modifiers are in place and corrected provider and location has been billed
- Comply with payer-specific claims formatting
    - Maintain a paper and electronic claim format for every insurance company, third party payer and federal regulations
    - Update each claim format as insurance companies and federal standards change
    - Continuous follow up with insurance companies to make changes as they begin to accept electronic claims
    - Strive to have as many claims as possible submitted electronically to help speed up the reimbursement process
- Paper Claims (postage included)
    - Attach appropriate medical records to all paper claims
    - Review each claim to ensure that the medical records attached have the correct legal spelling of each patient's name, date of service is correct, all correct CPT codes have been billed, appropriate modifiers have been applied and the correct provider has been billed
    - Fold each claim and place it in an envelope ensuring that we are meeting payer requirements (i.e. claims not folded, stapled or stamped)
    - Apply the appropriate amount of postage to each claim to ensure that claims are mailed and received by the payer

Accounts Receivable Management

- Cash Management
    - Open mail received daily
    - Receive and allocate electronic payments from payers and patients
    - Ensure all credit card payments are deposited in the bank account
    - Deposit money daily into bank account
        - Sorting Operating payments vs. Account payment
        - Balance to ensure all payments are receipted
- Cash Application / Posting
    - Ensure accurate posting of patient payment to account
    - Manage receipt of patient credit card payments
    - Apply insurance payment to patient account
        - Take necessary fee schedule adjustments

        - Ensure payment is correct per contract guidelines
        - Balance clinic receipts and post to appropriate accounts
            - Upfront collections
            - DME purchases
            - Fitness program payment
        - Balance claims in billing software to submit secondary claims electronically
        - Print secondary paper claims and attach appropriate explanation of payment from primary payer
        - Download electronic remittances and ensure accurate posting and discounts
        - Manage any electronic claim rejections from secondary payers
        - Ensure all cash pay and non-posted services are reported on the monthly balancing sheet
        - Take requested adjustments for financial agreements or other non-contracted discount requests
        - Balance billing software daily, weekly and monthly to ensure all receipts are posted
        - Perform monthly close
            - Balance billing software
            - Balance all receipts for the month
            - Complete monthly system purge
            - Print all month-end practice management software reports
            - Scan reports to electronic file system
- Collections
    - Insurance
        - Follow up on all unpaid claims after 30 days of billing
        - Appeal any denied services
            - Submit written appeal to payer which includes reason treatments should be considered for payment; maintain 99 percent success rate on appeals
        - Audit cash posting to ensure correct payment from all insurance based on contracts
        - Manage denials due to lack of benefits with patients to find additional coverage options or establish a repayment plan
        - Manage payer changes to ensure any necessary billing changes are made to secure accurate payment on first submission
        - Watch payer trends with coding denials to proactively address edits – ensure claims specificity for all payers
        - Involve patient proactively with insurance denials
        - Notify patient when insurance company has requested information from them and payment is delayed for such information
        - Identify variances in other processes to ensure accuracy in all systems, resulting in timely reimbursement
        - Manage payer payment policies such as limits on services, CPT codes, or ICD-9 codes
        - Submit requested medical records to payers for payment of services
        - Follow up with workman's compensation adjusters for claim status
        - Follow up with Motor Vehicle Insurance carriers for repayment of services provided as a result of an accident
        - Have a complete understanding of state laws in regards to payment for workman's compensation claims
        - Have a complete understanding of state laws in regards to payment for Motor Vehicle accident claims
        - Have a complete understanding of payment guidelines for all contracted payers
        - Have a complete understanding of payment guidelines of Medicare and the local Medicare contractor

        - Maintain a Medicare claim error rate of less than 1 percent
    - Audit payer over-payments for correct allocation
        - Approve payer requests for refund
    - Maintain days outstanding of less than 90 days
    - Ensure all patient visits are billed accurately and compliantly to all third party payers and federal requirements
    - Review monthly adjustments for areas to improve receipts
    - Consistently collect at greater than 100 percent of net billables
        - Gross billables minus adjustments
- Patient
    - Manage all patient financial charts
    - Manage upfront collections
        - Ensure patients are paying
        - Manage weekly statistics per front desk coordinator
    - Send monthly statements to patients
    - Follow up with patients on unpaid balances
        - Phone calls
        - Letter campaigns
    - Locate new contact information for patients who are unable to be reached
        - Updated addresses
        - Updated phone numbers
    - Prepare delinquent accounts for outside collection agency follow up
    - Apply patient prepayments to specific dates of service
    - Ensure patient balance is accurate and reflective of benefits quoted
    - Discuss financial concerns with patients
        - Set up monthly budget payments
        - Discount balances for prompt payment
        - Discuss financial hardship situations
    - Solidify reimbursement expectations prior to patient treatment
    - Offer several repayment options
        - Credit card
        - Check by phone
        - Mail in payment
    - Attorney / Court accounts
        - Follow up with attorneys on status of litigations for repayment of third party settlements
            - Negotiate and approve settlement on payment

Medical Records

- Maintain electronic files for
    - Medical records
        - Daily charge tickets
        - Daily notes
        - Patient history forms
        - Prescription for therapy services
        - Evaluations
        - Other medical documents
    - Patient financial charts
        - Insurance cards

        - Identification cards
        - HIPAA forms
        - Signed financial policy (welcome letter)
        - Signed consent to treat
        - Insurance appeal letters
        - Adjustment requests
    - Insurance documents
        - EOBs
        - Requests for information
        - Denials
        - Other correspondences
    - Clinic submitted collection logs
    - Clinic schedules
    - Provider credentialing
    - Month end reports from practice management software
- Pull and complete medical record requests when necessary (if clinic is unable)
- Send medical records to attorneys
    - Run billing history to send with records request
        - Ensure accuracy of statement before sending
    - Ensure provider certification of records
    - Invoice for records sent according to federal guidelines
        - Follow up for payment of invoices

Information Management

- Maintain Software
    - Yearly review of fee schedules in practice management software to ensure set up properly
    - Link correct fee schedules and adjustment codes in practice management software to ensure properly billed to insurance companies, based on contracts
    - Management of the system to ensure compliance with all federal compliance regulations. Ensure the practice management software is utilizing the most current version to ensure compliance.
- Back Ups
    - Ensure that daily system back ups are successful to ensure protection of data
    - Store a full weekly back up on tape and take to an off-site location to ensure protection
    - Have a disaster plan in place to ensure that in the event of fire, flood, tornado, etc. data is secure and we would be able to get the system back up and running in a relatively short period of time so that reimbursement and patients are not affected
- Databases
    - Referring physician (including name, address, phone number, NPI number, UPIN number and state license number)
    - Zip codes
    - Insurance plans
        - Phone numbers
        - Claims mailing addresses
        - EDI numbers for submitting claims electronically
        - Claim (both paper and electronic) formats
    - Physical/Occupational therapists billing numbers
    - Fee/allowable schedules
    - CPT and HCPC codes

- ICD-9 codes
- Denial codes (for electronic EOBs)

Reporting

- Daily
  - Daily updates on receipts
- Weekly
  - FDC reporting / management
    - Summary of weekly FDC meetings to partner
      - Report on any variance and provide resolution
  - Vitals
  - Flash report
- Monthly
  - Referring physician statistics
  - Billable reports (number of visits, billables, average charge and average CPT code usage by provider/clinic)
  - AR Reports
    - Receipts vs. goals and reasons for any variance
    - Net Billable report
    - Account Receivable Aging
      - Based on date treated
      - Based on date insurance billed
      - Based on date patient billed
    - Adjustment reporting
      - Monthly Practice totals
        - Analysis of top 5 adjustments
    - DME inventory reporting and auditing
    - Monthly close, practice management software reports
    - Statistical Practice Profile reports
    - Front Desk Coordinator Pay for Performance Program (POP)
      - Calculate Payout Amounts based on audit of:
        - Upfront collections
          - Should be collected for each patient visit vs. actual collections
        - Visit compliance
          - Scheduled visits vs. recognized visits
- Reports as requested on requested time frames
  - Zip Code analysis
  - Referring Physician Analysis for specific time frame
  - Variance of registrations received
  - Front Desk Coordinator performance results
  - Payer mix analysis
  - Accounts Receivable analysis
    - Written report of each account, status and follow up
    - Identify areas of concern
      - Provide resolution

Training & Management

- Front Desk Coordinator (FDC)
  - Provide forms for all systems
    - Patient registration forms
    - Insurance verification
    - Authorization tracking
    - Documentation
    - Intake forms
    - Upfront collections tracking
    - Scheduling
    - Financial Policy
    - HIPAA forms
    - Consent to Treat forms
    - Admission logs
    - Communication logs
    - DME Authorization forms
    - Functional Job Demands forms
    - Daily Balance forms
    - Petty Cash logs
    - Plan of Care Certification forms for physician signature
    - Patient surveys
    - Sign-in sheets
  - Complete in depth training on the entire Life Cycle of a Claim®
  - In-person training with new clinic opening or new FDC
    - Registration process
      - Gathering patient demographic information
      - Scheduling patient visits
    - Verification process
      - Training on explaining benefits to patients
      - Training on how to explain upfront collection responsibility to patient
      - Training on how to verify patient benefits
    - Authorization process
      - Obtaining referrals
        - How to work with referring physicians' offices
      - Managing authorization guidelines
        - Authorization form
        - How to ensure all authorization is on file to ensure payment for services
      - Workman's compensation authorization guidelines
        - When to submit appropriate requests
      - Managing Medicare compliance
      - Tracking visits
        - Implement Managed Care Cards
        - Implement Managed Care Audit Form
      - Completing the daily (or weekly) packet of charge tickets
      - Reporting upfront collections
        - Documentation of payment receipts
        - How to complete deposit
        - How to balance receipts

        - Managing petty cash
        - How to navigate through patient financial concerns
            - No benefits
            - Out of network coverage
            - Financial hardships
        - How to manage DME Inventory
        - How to create a great guest experience
        - How to set up a patient chart
        - Establishing performance benchmarks
        - Reviewing new patient paperwork with new patients
        - How to navigate through patient scheduling issues to maximize compliance with plan of care
    - Education with FDC on contract restricts (i.e. Aetna 4 units, per diem plans)
    - Training with clinics on compliance and ways to improve
    - Ongoing weekly meetings to ensure all systems are accurate
    - Follow up on missed benchmarks to identify areas of improvement
    - Review of information received to ensure accuracy
        - Redirect variance in information received
- Licensed providers
    - Education with providers on contract restricts (i.e. Aetna 4 units, per diem plans)
- Documentation training
    - Feedback after review of documentation to ensure meeting medical necessity, compliance and educating on maximizing reimbursement
    - Education on new codes and utilization of current codes after attending continuing education

Corporate Compliance

- Clinical
    - Walk-through site visits
    - Signage for Federal regulations and OSHA
    - Provider training on Federal regulations
    - Training on Defensible Documentation
    - Develop clinic copy of compliance plan

II. Accounting & Human Resources with Risk Management

Accounting

Cash Management

- Daily deposits
  - Electronics
  - Daily mail (paper checks)
  - Checks by phone
  - Credit card transactions
- Reconcile deposits
- Daily tracking of cleared/uncleared checks
- Transfer funds from local depository bank accounts

Accounts Payable

- Enter all invoices into Quickbook
- Prepare any necessary refunds
- Release payments timely and in-line with cash management
- Complete all journal entries
- Rent payments
  - ACH
  - Checks

Payroll

- Audit all timesheets/timecards
- Process payroll using Paychex software
- Prepare journal entries
- Prepare executive summary
- Prepare reports from payroll information
  - Full time equivalents
  - Patient per provider statistics

Financial Reporting

- Reconcile all bank accounts
  - Medicare
  - Operating
  - Local depository
- Record all expenses paid
- Calculate and record interest on loans
- Generate reports
  - Profit and loss statements
  - Financial balance statements
  - Expense figures for statistical profiling reports
  - Income statements
  - Direct expense statements
  - Summary statements of the above

Taxes
- Sales and use taxes according to each state's regulations
- Year end 1099
- Prep work for K1
- Fixed assests for personal property tax returns on all locations
- Yearly depreciation after personal property tax returns completed
- Preparation for wokers comp audit

Analytics
- Cash projections
- Profitability status
- Distributions
- Profit sharing
- Consult with CPA as needed for tax preparation work
- Reporting to CEO

Human Resources with Risk Management

Recruiting
- Job postings
- Produce terms and conditions and non-compete statements for professional new hires
- Interviews
- Reference checks
- Orientation for new hires
    - Proper documentation for new hire paperwork
    - Explanation of benefits and policies

Administration of Benefits
- Group health benefits
- SIMPLE IRA Plan
- Health Savings Account
- Flex Spend Account
- Short term disability
- Long term disability
- General Life
- Paid Time Off
- Holidays
- Continuing education
- Reimbursement rates for licenses, dues, etc
- Bonus plans
- Elan Credit Card
- COBRA notifications

Payroll
- Enter all new hires into payroll system
- Audit for accuracy of withholding for benefits
- Direct deposit
- Paid time off reporting
- Wage increases

Personnel Records
- Document any pertinent personnel information
- Monitor and maintain records to ensure accuracy of benefits and eligibility status

Terminations & Resignations
- Notification of COBRA qualifying event
- Eligibility of Unemployment benefits
- Proper notification of all benefits in accordance with policy

Communications
- Employee manuals

Risk Management
- Reduction of exposure to risk
  - Professional liability (malpractice) Insurance
  - Worker's Compensation Insurance
  - General liability Insurance
  - Requesting proper documentation from vendors
  - Up-to-date labor law postings
  - Corporate Compliance Manuals
  - Occupational Safety Health Administration (OSHA)
  - Compliance Guide
  - First-reporting of any incidents
  - Liaison to landlords

III. Marketing & Promotions

Web Presence Establishment

- Develop social media and enhance existing accounts
- Optimize major search engine web traffic
- Enhance major search website directory listings
- Design and host website operations

Collateral Development

- Design and print brand-enhancing materials
- Collaborate on best practice graphic design approaches
- Manage shipping logistics for all collateral and promotional orders
- Charge Tickets
    - Creation
    - Daily/weekly updating
- Physical Therapist Presentations
    - Power point presentation design
    - Signage for presentation at facility
    - Postcard mailers to community and past patients
    - Email blasts to past patients
- Print Advertisements
    - Local newspaper ads designed to paper size specs
    - Regional publications
    - National magazines
    - Yellow Pages
    - Church bulletins
    - Cultural publications with the help of translators
- Patient Appreciation Day / Clinic Open House planning and preparation
    - Local print advertisements (newspapers, community happenings magazine)
    - Mailers to past patients and community
    - Email blast to past patients
    - Signage delivered to be hung around community
    - Internal clinic signage to be hung
    - Guidance with food ordering and facility decorating
    - Post event mailers/email to attendees
- Community Sponsorship Guidance
    - Creation of advertising pieces for sports teams
    - Creation of advertising pieces for local fairs
- Designing and ordering of promotional items
    - Waterbottles (plastic or aluminum)
    - Eco Friendly shopping bags
    - Hand sanitizer bottles
    - Chip-clip and emergency contact magnets
    - T-shirts
    - Stress balls
    - Golf tees and balls
    - Pens
    - Stickers

- Collateral creation
  - Brochures
    - General clinic information
    - Motor vehicle accident
    - Understanding your insurance
    - Oncology
    - Women's health
    - Vestibular
    - Occupational Therapy
    - Workers Comp
    - TMD/TMJ
    - Running fitness program
  - Custom new patient folders
  - Past patient birthday cards
  - Past patient follow up post cards
  - Heat pack/ice pack instruction sheets
  - Fitness class posters and flyers
  - Sports equipment fitting flyers
  - Business Stationary
    - Envelope
    - Letterhead
    - Business Card
    - Script Pad
    - Note Pad
    - Appointment reminder card
  - Meet your Physical Therapist clinic displays
  - Newsletters
  - "Outstanding Patient" certificate

Clinic Signage Collaboration

- Design and produce coordinated, message-reinforcing collaterals
- Optimize message, location and collateral for interior and exterior environments
- Consider life cycle of message for permanent and temporary campaigns

Culture and Community Branding

- Develop clinic brand identity and establish equity
- Train staff and customer service representatives
- Requisition specialty promotional items using established vendor relationships

Strategic Media Planning and Outreach

- Plan and coordinate strategic message campaigns
- Research and target optimal media distribution channels
- Create optimized news releases with coordinated distribution
- Plan and execute strategic advocacy and outreach campaigns
- Research and report publicity campaign effectiveness

Referral Relationship Enhancement Advising

- Advise categorization based on three-tier model
- Coach and support reverse currencies model
- Analyze and interpret referring physician statistics
- Create and distribute physician satisfaction surveys
- Support clinic marketing efforts with regular on-site physician visits

IV. Clinical Growth & Development including Specialty Programming

Licensed Professional

Review and Monitor Clinic and Provider Schedule(s)

- Consults in scheduling conflicts
- Coaches scheduling compliance
- Internal Marketing Campaigns / strategies
  - Provider Staff
  - Administration Staff
- Reviews provider time-off schedules
- Reviews clinical staff hiring requests

Growth and Development Meetings

- Conducts regular meetings with licensed provider(s) & staff
  - Via Video Conferencing
  - Phone Conferencing
  - On-site meetings
- Review Clinic Vital Report
- Practice Building strategies
- Coaching compliance
- Teaches Core Competencies
- Coding & Documentation
- Visit Compliance
- Staffing Models
- Suggests and provides reading and study materials

Leadership Development Programs

- Business planning, positioning and forecasting
- Entrepreneur Mentoring

Reporting Analysis

- Volume ~ Visit Compliance
- Referral Statistics
- Payer Mix analysis
- Weekly Vital Signs
- Charge/Visit
- Expense/Visit
- Average Charge / units / visit

Referral Relationship Building

- Referral Analysis
- Coaching and Role Play
- Managed Care education

Documentation Training

- Teaches defensible documentation
- Monitors documentation for compliance and revenue opportunities
- Reviews CPT coding / Code vignettes
- Reviews Medical Necessity guidelines
- Peer to Peer Chart Reviews
- Reviews Requests for Chart Audits
    - Liaison with Provider Staff under any Chart Audit

In-Person Site Visits

- Evaluates treatment protocols for compliance and revenue
- Identifies areas for revenue improvement(s)
- Clinic walk-through for adherence to compliance issues & guest experience(s)
- Coordinates FDC into referral building activities & billing systems
- Identifies market trends / community involvement

Specialty Programing

- Identifies Industries
- Identifies Community need(s)
- Facilitates equipment ordering if necessary
- Facilitates marketing efforts
- Teaches Patient Management Skills for specialty
- Coaches and mentors for success
- Develops strategies for success

V. Project Management

Initial Opening / Clinic Expansion
- Assist in Site Feasibility
- Secure LLC name
- File tax ID number
- Prepare Letter of intent on spaces of interest
- Coordinate an administrative development committee to discuss clinic needs to open
- Coordinate facility design with architect and/or contractors
- Manage facility build out
- Coordinate pre-open and permanent signage

Equipment – Clinical/Office/ Supplies
- Coordination of clinical equipment needs and facilitate ordering
- Coordination of furniture needs and facilitate ordering
- Coordination of Phone/ Fax/ Internet needs
- Facilitate ordering of Phone System
- Coordination of office furniture needs and facilitate ordering
- Facilitate ordering of initial office supplies
- Coordination of office appliances
- Facilitate on-demand IT support
- Manage clinic warehouse inventory and long-term storage needs of equipment

Site Visits
- Manage on-going site visibility and signage optimization
- Support clinic growth endeavors

Legal Support
- Coordinate negotiation of lease or sublease arrangements
- Coordinate negotiation of any rental reductions
- Facilitate all other legal needs and clinic issues arise

Property Management
- Liaison between landlord and clinic for issues with building
- Arrange sublease agreements
- Manage accounting/invoicing for sublease agreements
- Negotiate rent reductions
- Negotiate optimal signage visibility for building

Recruiting
- Assist in recruitment of additional professional staff
- Assist in recruitment of ancillary support

VI. Continuing Education & Affiliations

Affiliations

- American Physical Therapy Association (APTA)
    - Private Practice Section
        - Administrator's Council – past chair
        - Annual Program Committee – member(s)
    - Health & Administration Section
    - Orthopedic Section
        - Occupational Health Special Interest Group
- Wisconsin Physical Therapy Association
- Illinois Physical Therapy Association
- National Athletic Trainers Association
- Rosalind Franklin University of Medicine and Science
    - Student Clinical Rotation
    - Senior Practicum
    - Guest Lecturer
- Sanford Brown College
    - Student 6-week externship
- Wisconsin Safety Council

Continuing Education

- Coding, Reimbursement & Practice Applications (hosted by APTA)
    - Yearly Q1 course for the last 16 years
- Combined Sections Meeting of the APTA
    - Yearly for the last 14 years
- Private Practice Section Annual Conference
    - Yearly for the last 16 years
- Defensible Documentation – APTA
    - 2005 to Present year
- "PQRS Understanding and Applications" – APTA
- "Understanding Service-Based CPT Codes" – Gawenda Seminars (2010 & 2011)
- "Understanding CCI Edits and The 8-Minute Rule" – Gawenda Seminars (2011)
- "Creating a Positive Payment Environment for Your Patients" – APTA/PPS (2010)
- "10 Common Billing Problems for Outpatient Therapy" – HCPro, Inc. (2009)
- Additional course listings available upon request

Lectures

- In-house webinars
    - “Medicare Updates 2011” by Connie Ziccarelli and Kevin Svoboda, PT (2011)
    - “Documentation for Rehab Services: Compliance, Communication and Cash” by Connie Ziccarelli and Kevin Svoboda, PT (2010)
    - “Medicare Requirements” by Larry Briand, MS, PT, ATC; Connie Ziccarelli; Kevin Svoboda, PT; and Emily Monson, PT (2010)
    - “Wisconsin Medicaid Prior Authorization” by Kevin Svoboda, PT and Selena Hoskins (2010)
    - “Workman’s Compensation” by Connie Ziccarelli, hosted by HCPro, Inc. (2006)
- APTA Private Practice Section Annual Conference
    - General session speaker (2004)
    - Roundtable speaker (2003)

Publications

- Private Practice Section’s *Impact* magazine
- *Advance* magazine (PT industry trade publication)