What Does a Medical Practice Manager Do?

Whether the title is manager, medical practice manager, physician practice manager, administrator, practice administrator, executive director, office manager, CEO, COO, director, division manager, department manager, or any combination thereof, with some exceptions, people who manage physician practices do some combination of the responsibilities listed here or manage people who do.

**Human Resources:** Hire, fire, counsel, discipline, evaluate, train, orient, coach, mentor and schedule staff. Shop, negotiate and administer benefits. Develop, maintain and administer personnel policies, wellness programs, pay scales, and job descriptions. Resolve conflicts. Maintain personnel files. Document Worker’s Compensation injuries. Address unemployment inquiries. Acknowledge joyful events and sorrowful events in the practice and the lives of employees. Stay late to listen to someone who needs to talk.

**Facilities and Machines:** Shop for, negotiate, recommend, and maintain buildings or suites, telephones, hand-held dictation devices, copiers, computers, pagers, furniture, scanners, postage machines, specimen refrigerators, injection refrigerators, patient refreshment refrigerators, staff lunch refrigerators, medical equipment, printers, coffee machines, alarm systems, signage and cell phones.

**Ordering and Expense Management:** Shop for, negotiate and recommend suppliers for medical consumables, office supplies, kitchen supplies, magazines, printed forms, business insurance, and malpractice insurance as well as services such as transcription, x-ray reads/over-reads, consultants, CPAs,
lawyers, lawn and snow service, benefit administrators, answering service, water service, courier service, plant service, housekeeping, aquarium service, linen service, bio-hazardous waste removal, shredding service, off-site storage and caterers.

**Legal:** Comply with all local, state and federal laws and guidelines including OSHA, ADA, EOE, FMLA, CLIA, COLA, JCAHO, FACTA, HIPAA, Stark I, II & III, fire safety, crash carts and defibrillators, disaster communication, sexual harrassment, universal precautions, MSDS hazards, confidentiality, security and privacy, and provide staff with documentation and training in same. Make sure all clinical staff are current on licenses and CPR. Have downtime procedures for loss of computer accessibility. Make sure risk management policies are being followed. Alert malpractice carrier to any potential liability issues immediately. Make sure medical records are being stored and released appropriately.

**Accounting:** Pay bills, produce payroll, prepare compensation schedules for physicians, prepare and pay taxes, prepare budget and monthly variance reports, make deposits, reconcile bank statements, reconcile merchant accounts, prepare Profit & Loss statements, prepare refunds to payers and patients, and file lots and lots of paperwork.

**Billing, Claims and Accounts Receivable:** Perform eligibility searches on all scheduled patients. Ensure that all dictation is complete and all encounters (office, hospital, nursing home, ASC, satellite office, home visits and legal work (depositions, etc.) are charged and all payments, denials and adjustments are posted within pre-determined amount of time. Transmit electronic claims daily. Send patient statements daily or weekly. Negotiate payer contracts and ensure payers are complying with contract terms. Appeal denials. Have staff collect deductibles, co-pays and co-insurance and have
financial counselors meet with patients scheduling surgery, those with an outstanding balance, or those patients with high deductibles or healthcare savings plans. Make sure scheduling staff know which payers the practice does not contract with. Liaison with billing service if billing is outsourced. Credential care providers with all payers. Perform internal compliance audits. Load new RBRVS values, new CPTs and new ICD-9s annually. Run monthly reports for physician production, aged accounts receivable, net collection percentage and cost and collections per RVU. Attach appropriate codes to claims for e-prescribing and PQRI. Have plan in place for receipt of Recovery Audit Contractor (RAC) letters. Make friends and meet regularly with the provider reps for your largest payers.

Marketing: Introduce new physicians, new locations and new services to the community. Recommend sponsorship of appropriate charities, sports and events in the community. Recommend sponsorship of patient support groups and keep physicians giving talks and appearing at events. Thank patients for referring other patients. Track referral sources. Recommend use of Yellow Pages, billboards, radio, television, newspaper, magazine, direct mail, newsletters, email, website, blog, and other social media. Prepare press releases on practice events and physicians awards and activities. Recommend practice physicians for television health spots.

Strategic Planning: Prepare ROIs (Return on Investment) and pro formas for new physicians, new services, and new locations. Forecast potential effect of Medicare cuts, contracts in negotiation or over-dependence on one payer. Discuss 5-year plans for capital expenditures such as EMR, ancillary services, physician recruitment, and replacement equipment. Explore outsourcing office functions or having staff telecommute. Always look for technology that can make the practice more efficient or productive.
Day-to-day Operations: Make the rounds of the practice at least twice a day to observe and be available for questions. Arrange for temporary staff or rearrange staff schedules for shortages, meet or speak with patients with complaints, and meet with vendors, physicians and staff. Open mail and recycle most of it. Unplug toilet(s).

Stay Current in Healthcare: Attend continuing education sessions via face-to-face conferences, webinars, podcasts and online classes. Maintain membership in professional organizations. Pursue certification in medical practice management. Network with community and same specialty colleagues. Participate in listservs, LinkedIn and Twitter.

What did I leave out? Take a lunch?

Read my post on “How Much Do Medical Practice Managers Make?” here.