A Manage My Practice Classic: 101 Ideas for Increasing Revenue and Decreasing Expenses in Your Medical Practice

Mary Pat's Note: This post has always been popular because it answers one of the most burning questions in Healthcare: "How can I improve my bottom line?" If you have used any of these ideas in your practice- or have some of your own to share- let us know in the comments below!

BUILD ON WHAT YOU'RE CURRENTLY DOING:

1. **Add physician hours** – add evening or weekend hours; start your office hours earlier and end hours later.

2. **Reduce physician time off** – decrease vacation or change weekly days off to 1/2 days off.

3. Set a minimum number of providers to be in the office **seeing patients at all times** the office is open.

4. Have each provider add **one new patient visit** to his/her schedule weekly.

5. Add **ePrescribing** to recoup additional Medicare revenue and streamline prescribing (there are free ePrescribing software packages available, but evaluate them carefully so they don't add more complexity to the system instead of less.)

6. Report **PQRI** measures to recoup additional Medicare revenue.

7. Charge patients an out-of-pocket fee for completing **patient forms** – disability forms, etc. and reserve office visits for treating patients.

8. Choose an **EMR** that qualifies your practice for the ARRA money (although it has been widely promoted that in a larger practice, an EMR and its associated work will cost more than you will get from the government.)

9. If you are in an underserved or rural area, check to see if there might be **grants or funds available** locally, in the state or federally, for adding a service to your practice.

10. If your practice does **Independent Medical Exams (IMEs), reviews records or depositions**, make sure that your fee schedule for such services is current and that the fees are collected before the physician provides the service.

ADD TO YOUR CURRENT SERVICES:

11. Allergy testing & treatment

12. Dispensing pharmaceuticals

13. Dispensing nutriceuticals

14. Dispensing Durable Medical Equipment

15. Group patient visits

16. Coumadin Clinic

17. Heart Failure Clinic

18. Diabetes Education Classes

19. Add primary care to specialty care practices

20. Add specialty care to primary care practices

21. Research

22. Joint Ventures with other practices or hospital

23. Lease space to other entities

24. eVisits (virtual visits or email visits)

25. Elective procedures or services

26. Mid-level providers

27. Walk-in clinic

28. Occupational medicine: drug screens, employment physicals, etc.

29. Hospitalists

30. Medical Director of local nursing homes

31. Complementary & alternative medicine (CAM)

32. Aging in Place services

33. Social worker

34. Concierge practice

35. School team physician

EVALUATE YOUR REVENUE CYCLE MANAGEMENT:

36. Are you **renegotiating payer contracts** regularly?

37. Do your scheduling staff know how to educate patients about what payers you have contracts with and are in network

with and what the **patient's financial responsibility** will be?

38. Do staff know what typical **new patient charges** are to tell the patient?

39. Do you check every **patient's eligibility** for insurance benefits immediately prior to every service?

40. Do you have patients sign a **financial policy** to acknowledge what they are responsible for based on their payer type?

41. Do you **copy the patient's insurance cards** at every visit, or at least compare their current card to the card you have on file? Are you able to scan patient insurance cards and driver's licenses into your practice management (PM) system?

42. Is your PM system able to download the information from the scan into the patient registration screen? If not, do you have a way to **confirm that demographic and insurance information has been entered correctly** from the cards?

43. Are your **charges being posted daily**?

44. Does the person who **provides the service, or a documentation coding specialist, choose the CPT and ICD9 code**?

45. Is the **documentation** for the charges being completed within 24 hours of the service?

46. Is your **encounter form up-to-date** with current CPT and ICD9 codes; do you order smaller batches of them so you can change the codes as new services are added in the practice?

47. Do you check the **CPT and ICDD9 matching** to make sure the codes are valid for the year, the codes adhere to NCCI and LCD edits before you finalize the charges?

48. Do you regularly **audit medical records for coding and documentation** and give providers feedback on where coding

could be improved?

49. Are you using **ABNs for Medicare patients** who want services that Medicare might not pay for?

50. Do you **file claims daily**?

51. Do you **correct claims daily** when they are rejected at the practice management, claims clearinghouse or payer level?

52. Do you **correct claims daily when they are rejected at the claim level** and are not paid for for reasons that can be corrected?

53. Do you have your **contract allowables** in your PM system so you know when you are not being paid correctly by contract?

54. Do you **appeal unpaid or underpaid claims**?

55. Do you **check recoupments** or requests for refunds from payers and make sure they truly should be refunded?

56. Do you send insurance and patient payments to a **lockbox** to be scanned and stored digitally for your staff to post from?

57. Do you make **payment arrangements** in the office for balances after insurance has paid, or payment plans by drafting credit or debit cards?

58. Do you have a **policy of not sending statements**?

59. Do you **collect the patient's portion** of the service at the time of service?

60. Do you **collect fees for elective services** prior to providing these services?

61. Can your patients **make payments online** through your website?

62. Do you file a **claim with a patient's estate** if they have

died?

63. Do you accept **cash only from patients who have passed bad checks**?

64. Do you accept **cash only from patients who have filed bankruptcy** with your practice?

65. Do you inadvertently **see patients who have been dismissed from your practice**?

66. When adding a physician to the practice, do you **timeline the credentialing** appropriately so the physician can see patients with insurance as well as those without?

67. If your new physician is only partially credentialed with payers, do you have him/her see the patients with payers they are credentialed with and **add payers to their schedule load as the credentialing comes through**?

68. Do you **meet with representatives from your largest payers monthly** to establish relationships and bring problems to their attention? (the squeeky wheel theory of payer relations)

69. Are you **pre-certing** everything that needs pre-certification or pre-authorization or pre-notification to be sure the service will be paid?

70. Are you receiving payments via **electronic funds transfer** (EFT)?

71. Are you receiving **explanation of benefits (EOBs) or remittance advice (RA) electronically?**

72. Are you **posting your RA electronically**?

73. Are you **protecting your practice from embezzlement?** (**see my post on this here**.)

74. Is someone in the practice responsible for staying current on **changing coding requirements** for Medicare, Medicaid,

Tricare and commercial payers?

DECREASE EXPENSES:

75. Eliminate **overtime**. Evaluate the need for additional staff (part-time?) vs. overtime.

76. **Send some staff home** (sometimes called “low census”) when there are no patients to be seen.

77. Use **volunteers.** Tap into the local hospital volunteers, or recruit and train your own.

78. Hire an after-school **student** employee to do routine jobs.

79. **Discontinue paying staff for inclement weather closings** when the practice is not open.

80**. Shop everything.** Negotiate existing service contracts. Do not assume anything is non-negotiable. Negotiate the rent.

81. **Get rid of yellow pages advertising.** It rarely brings you new patients and is primarily a place to look up phone numbers. You will still get your white pages listing free with your phone service.

82. Utilize **pre-employment testing** to make sure job applicants have the skills you need.

83. Shop postage machines or look into **stamps.com.**

84. Join a **group purchasing entity** (hospital, professional association, etc.)

85. Improve your **accounting cycle.** Invoices and statements are matched up with packing slips and negotiated prices. Use purchase order numbers.

86. Get the **payment discount** by paying on time or early – ask

vendors for an on-time or early payment discount.

87. Make sure **office supplies** are not going home with the employees. Make sure office supplies that are ordered are “really need” and not “sure would be nice.”

88. Remind patients of their appointments to **decrease no-shows**. Call patients who no-show and attempt to reschedule (unless they feel better!) Track no-shows and evaluate the reasons for them.

89. Consider **charging for no-shows** or dismissing patients for no-shows.

90. Have a good **recall system** in place. If patients leave without scheduling a needed follow-up, make sure that they are called if they have not scheduled within a certain amount of time. Keep track of annual wellness visits and remind patients to schedule them.

91. Take advantage of any **discounts offered by your malpractice carrier** by completing risk management surveys and having speakers give annual updates on decreasing malpractice claims. Some carriers give discounts for managers who are members of **MGMA** or Fellows in the **ACMPE.**

92. Evaluate any **discounts on services or products offered by your physicians’ professional associations** and societies.

93. **Evaluate your leases** – are those big old copiers and faxes worth paying for a service contract?

94. Consider **speech recognition/voice recognition** and eliminate transcription.

95. Review your **computer maintenance contracts.** Are you paying for maintenance on equipment or software that is no longer being used?

96. Take advantage of **online CME** for physicians, midlevel

providers, clinical staff and managers.

97. Make plans to attend face-to-face seminars well in advance to take advantage of **early enrollment discounts and good flight deals.**

98. **Evaluate outsourcing.** Think about outsourcing transcription, coding, billing, pre-authorizations, credentialing, switchboard, payroll, accounting and medical records copying.

99. Replace your **answering service** with an answering machine educating patients on the limited reasons for calling after hours and giving the number of the physician on call.

100. **Destroy archived financial and medical records** that you are paying to store, once you have ascertained that they exceed the required time limit.

101. Hold a **brainstorming session with the staff** and ask for their ideas for increasing revenue and reducing expenses. The people on the front lines will have excellent ideas. In return, do not nickle and dime the staff to death by charging for coffee, reducing parking stipends or eliminating uniform allowances. Keep in mind that for your rank and file staff, having to pay for their own uniforms or paying more for parking might be a deal-breaker that causes them to search for work elsewhere. Try to focus on the bigger items for savings and make sure the staff know you are trying to keep their small benefits in place in appreciation for their work.