



**LEMONT
SCOTT
GROUP**

Economic Strategy Partners

**education ▲ change ▲ strategy ▲ growth ▲ health
▲ curriculum ▲ nursing ▲ progress ▲ clinics ▲
success ▲ physicians ▲ information ▲ patients ▲
computers ▲ choice ▲ public policy ▲ medical**

As healthcare costs rise, the U.S. reimbursement system has placed financial responsibility squarely in the hands of patients thus promoting and mandating comprehensive transformation. Armed with more responsibility to pay, patients are assessing their options about where to receive care and from whom.

The Lemont Scott Group embraces the vision of the Rural Health and Primary Care outreach models and would like to introduce a multi-faceted approach that assists care providers in articulating to rural health patients why changes in how they access their health care are paramount now more than any other time in our country and state's history while establishing a firm level of understanding with rural health care staff and providers why efficiency and service are directly correlated with patient, clinic and financial outcomes.

Mississippi Rural and Primary Health hospitals and clinics can achieve success in the Mississippi health care market understanding that the real potential for achievement lies in creating fundamental change in how patients access their services and networks for care, creating coherent and realistic billing and collection strategies while possessing organizational capabilities in the clinics to cohesively initiate and manage effective operations for targeted goals.

The following are a list of proactive strategic health initiatives that serve as initial areas of education and consulting in the newly established overarching plan for launching a full and comprehensive approach to the selected hospital or clinics success in the Mississippi rural health market based on new and current mandatory federal requirements.

- Evaluate current hospital or clinic operational flow processes in the specified location for the Mississippi market and establish a baseline for operations that supports optimal patient care and financial outcomes.
- Establish a patient-centered hospital or clinic environment that creates an operational practice geared toward lean-thinking, optimization of practice-provider time, patient access & scheduling, and the patient encounter.
- Evaluate current use of Electronic Health Record systems for use and comprehensive utilization and develop a strategic plan for ensuring that both staff and patients are able to access the appropriate and necessary information related to care.
- Assist in the creation of alternative “careflow” programs that further facilitate the improvement of operations and increase overall provider productivity and building financial capacity.
- Identify opportunities in the reduction of waiting times and maximizes the quality of waiting through the use of multimedia educational alternatives.

The LeMont Scott Group is an Economic Strategy Partnership that is dedicated to assisting local and statewide organizational efforts with building an inclusive and transparent creative & sustainable economy in growing industries having the most significant impact.

As education consulting partners with the Rural Health hospitals and clinics in the areas of financial operations and practice management, our role is to assist in the creation and implementation of a comprehensive organizational business strategy developed together with key executive hospital and clinic leaders then incorporate renewed accountability and expectations through the building and transformation of the rural hospital or clinic infrastructure. The LSG practice strategy is ideal for program & project creation, leadership & client training, and creating a sustainable urban and rural health system throughout the state.

At LeMont Scott Group we fully believe that the way to move people from avenues of “hope” to “change” and “inspiration” to “implementation” is to ensure cities, towns, tribes, organizations and communities establish aggressive and robust strategic rural health care economic development plans that maximize all currently available and new resources while establishing new infrastructures for how today’s patients are engaged and interact with their care providers.

By state agencies taking the lead and establishing best health practices in their rural health system of hospitals and clinics, everyone can realize a positive impact that sets the foundation for a sustainable and growing rural health patient care practice that simultaneously builds pathways out of poor health through personal responsibility, education, prevention and optimal health attainment for everyone.

Identified targeted opportunities for hospitals and clinics listed below include a strong focus on building a financial infrastructure and clinic operations information structure that seek to advance the mission, vision and goals of the specific organization.

- Produce presentation and data information that creates a synergistic relationship with the providers and staff that informs, educates and empowers them to embrace necessary changes for success.
- Establish benchmarks for staff performance expectations and present to Executive Leadership for approval.
- Outline and present “Action Plan” for all target areas of the practice to include but not be limited to Providers Time, Scheduling, Patient Access, Telephones, Expense Management, Patient Waiting, Reception Services, Patient Encounters, EHR Documentation, Prescription Management, Managing Test Results, Practice Services, Technology & Meaningful Use Plans, Financial Fundamentals & Revenue Capture.
- Introduce then utilize an aggressive marketing, social media and text messaging campaign that speaks directly to core audiences of patients, providers, staff and community resource leaders.

Based on our initial meetings and conversations with the rural health hospitals and clinics, LSG would consider the following issues as points of proposal for long term success.

- I. **Billing/Collections Audit** – If no audit has ever been performed we see employees who currently do billing in house and are not cross trained with any other front office staff. The amount of continuing education for these employees is minimal and there is no current evaluation and assessment of their education level and ability to perform their tasks accurately based on expected productivity benchmarks.

LSG would audit the monthly billing statements against the Accounts Receivable, looking specifically at the following:

- a.) Charges versus collections – To determine extent of employee education and productivity level as well as evaluate process flow of billing.
- b.) Days outstanding in Account Receivable Versus Total Days– To understand process flow, who and when accounts are written off and how denials are being worked.
- c.) Operational process flow of billing/collections. The billing and collection process should be seamless for all team players in the front office. All staff should be cross trained to do each other's jobs and there should be a policy and procedure manual that clearly outlines the processes taken on a daily, weekly, and monthly basis that details, clearly, how these processes take place.
- d.) Charge Entry Processes – Who and how charges are entered, how the staff accounts for missing charges, how these charges are coded, and how the staff covers all Federal and States requirements for billing different payors and the fee schedules associated with such billing. This piece of the audit should also deal with Care Plan Oversight (CPO) which has been broken out into a separate category below.
- e.) Claims and Denials Processes – Who works the denials, how they are worked, and how denials are tracked and success rates of working denials. All of these issues are key when working on turning over an A/R within 40 days or less.

The last issue that needs addressing in this piece of the audit is cash flow processes. There typically are no processes in place that check or balance who and how cash is processed. There should be a clear and precise system for handling money and it should be outlined in the policy and procedure manual.

An initial ongoing list of required manuals that should be present in the clinic related to Financial Policies and Procedures will be compared and contrast to a master list and any missing information can be created by the LSG specific for the hospital or clinic based on a comprehensive transcription rate.

II. Policy and Procedure Audit – Understanding that these are Rural Health Clinics(RHC) and there should be policy and procedure manuals that are required to be kept, up-to-date and exemplifying compliance with all state and federal guidelines and mandates allowing the clinic to maintain their rural health clinic status. In addition to the RHC requirements, the clinic should have a standard policy and procedure manual on all processes that take place in the clinic. If this is currently not the case it leaves the clinic and its owners subject to legal ramifications of issues such as HIPPA, Fair Labor Standards, and depending on their total clinic FTE size, EEOC standards. Specifically, the clinic should have the following PnP in place:

- Hiring/Firing practices
- Hours of operation, including all holidays and any other time off.
- Staffing duties per position
- Staffing schedules and cross training schedules
- HIPPA guidelines and policies
- Documentation policies
- Patient Flow processes
- Front Office policies and procedures to include charge entry, daily, weekly, and monthly closing procedures.

The office should also have an organizational structure and a mission/vision statement. These standard office structures that we often see in other businesses are for some reason, often overlooked in medical practices.

III. Continuing Education – The specific areas of education are directly related to the identified areas of opportunity post evaluation of the staff and clinic. If the hospital or clinic is a relatively new organization then the initial education agenda will focus on ensuring an adequate and sustainable infrastructure coupled with a full understanding of the fundamentals of rural health care and patient education and prevention practices.

It is the opinion of LSG that all three areas of immediate concern be assessed in their entirety through an on-site 3 day evaluation and a full Plan of Implementation be developed for correction of deficits if any exists. LSG will do an initial cursory review and education offering for the hospital or clinic upon successful acquisition of a Community Technical Assistance Education/Training/Consult Activity Sub-grant from the Mississippi State Office of Rural Health or direct retainer by the facility.

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