Checklists in the Revenue Cycle

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Checklists in Aviation

Lufthansa Flight 540

Flight engineer was found to have failed to follow the pre-flight checklist and open the engine bleed air valves as required. The result was a stall caused by leading edge flaps left in a retraced position …

Pre-Flight Checklists

- Introduced by Boeing following a 1935 crash of a pro-type B-17 in Dayton, Ohio
- Do you want to get on a plane where the pilot has not gone thru a complete check?

BOEING 747-400 NORMAL PROCEDURES CHECKLIST

POWER UP / SAFETY CHECK

First Officer — Captain

CIRCUITBREAKERS........................CHECKED
BATTERY..ON
STANDBY POWER...................................AUTO
HYDRAULIC DEMAND PUMPS.....................OFF
WINDSHIELD WIPERS...................................OFF
ALTERNATE FLAPS AND GEAR................OFF
GEAR LEVER.......................................DOWN
FLAPS...CHECKED
APU..RUNNING
ELECTRICAL SYSTEM.........SET/APU AVAIL ON
APU BLEED AIR..ON
ISOLATION VALVES.............................OPEN
PACKS...NORMAL

PREFLIGHT

First Officer — Captain

EMERGENCY EQUIPMENT..............CHECKED
FIRE PROTECTION........................CHECKED
INTERRUPT SWITCHES...........................ON
PASSENGER OXYGEN......................NORMAL
STAB TRIM CUTOUT SWITCHES.............AUTO
NAV EQUIPMENT...........................CHECKED
OXYGEN AND INTERPHONE............CHECKED
GEAR PINS.......................................STOWED

TRANSPONDER..SET
SOURCE SELECTORS.................................SET
CLOCKS...SET
CRT SELECTORS.............................NORMAL
PFD..CHECKED
ND..CHECKED
AUTOBRAKES..RTO
EIU SELECTOR....................................AUTO
HDG REFERENCE SWITCH................NORMAL
FMC MASTER SELECTOR.....................LEFT
GROUND PROX SYSTEM...............CHECKED

BEFORE STARTING

First Officer — Captain

HYDRAULIC DEMAND PUMPS........................ ....AUTO, AUX (1 AND 4)
BRAKE PRESSURE.............................NORMAL
FUEL QUANTITY.................................. ____KG
FUEL SYSTEM...SET
X-FEEDS.....................OPEN (1 & 4 CLOSED)
SEAT BELTS SIGN.....................................ON
NOTOC...CHECKED
SHIPS PAPERS..............................ON BOARD
PERFORMANCE DATA.........CHECKED AND SET
V2..SET
LNAV AND VNAV...SET
DOORS...CLOSED

Checklists in Surgery

World Health Organization Safe Surgery Checklist

- Identifies 3 Phases of an operation
  - Before the induction of anesthesia (sign in)
  - Before the incision of the skin (time out)
  - Before the patient leaves the operation room (time out)
- In each phase, checklist coordinator must confirm that the surgery team has completed the listed tasks before it proceeds with the operation

World Health Organization

SURGICAL SAFETY CHECKLIST (FIRST EDITION)

Before induction of anaesthesia ▸▸▸▸▸▸▸▸▸

SIGN IN

- ☐ PATIENT HAS CONFIRMED
  - IDENTITY
  - SITE
  - PROCEDURE
  - CONSENT
- ☐ SITE MARKED/NOT APPLICABLE
- ☐ ANAESTHESIA SAFETY CHECK COMPLETED
- ☐ PULSE OXIMETER ON PATIENT AND FUNCTIONING

DOES PATIENT HAVE A:

KNOWN ALLERGY?
- ☐ NO
- ☐ YES

DIFFICULT AIRWAY/ASPIRATION RISK?
- ☐ NO
- ☐ YES, AND EQUIPMENT/ASSISTANCE AVAILABLE

RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)?
- ☐ NO
- ☐ YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

Before skin incision ▸▸▸▸▸▸▸▸▸▸▸▸▸▸

TIME OUT

- ☐ CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM
  - PATIENT
  - SITE
  - PROCEDURE

ANTICIPATED CRITICAL EVENTS
- ☐ SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
- ☐ ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
- ☐ NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?

HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
- ☐ YES
- ☐ NOT APPLICABLE

IS ESSENTIAL IMAGING DISPLAYED?
- ☐ YES
- ☐ NOT APPLICABLE

Before patient leaves operating room

SIGN OUT

NURSE VERBALLY CONFIRMS WITH THE TEAM:
- ☐ THE NAME OF THE PROCEDURE RECORDED
- ☐ THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)
- ☐ HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)
- ☐ WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
- ☐ SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.

Checklists in Other Industries

- Construction
  - Inspection
  - Safety
- Fast Food
- Manufacturing

How Do We Rate?


Oh, I forgot to collect the co-pay on Mrs. Brown! And I didn't update that insurance. I guess it doesn't really matter. They can take care of it later.

Cost of Reworking a Claim

▪ Staff time	$10.67
▪ Supplies	$ 1.50
▪ Interest	$ 1.75
▪ Overhead	$ 1.00
▪ Total	$14.92

- *© 2009 Walker, Larch, Woodcock.*

Creating a Checklist

What is a checklist?

- Detailed list of repetitive action items
- Job aid used to verify, check or inspect to ensure you don't forget important steps
- Helps to ensure consistency and completeness in carrying out a task
- Used to verify users are meeting the intent of every item on the checklist

Why a checklist?

- Provides consistency
- Ensures higher degree of accuracy
- Takes away the guesswork

Checklist Concerns

- ✓ Excessive dependence may hinder performance with time-critical situations
- ✓ Should not replace common sense
- ✓ Checklists assist people to not forget

A Checklist for checklists

(projectcheck.org)

Development of checklist

- Do you have clear, concise objectives for your checklist?
- Is each item:
  - A critical safety step and in great danger of being missed?
  - Not adequately checked by other mechanisms?
  - Actionable, with a specific response required for each item?
  - Designed to be read aloud as a verbal check?
  - One that can be affected by the use of a checklist?

Development of checklist

- ❑ Have you considered?
  - ❑ Adding items that will improve communication among team members
  - ❑ Involving all members of the team in the checklist creation process?

Making each item clear & concise

- ✓Each item on the checklist should be easily understood by the person using the checklist.
- ✓Tasks should be concise so they are easy to use

Drafting the checklist

- ❑ Does the checklist
  - ❑ Utilize natural breaks in workflow(pause points)?
  - ❑ Use simple sentence structure and basic language?
  - ❑ Have a title that reflects its objectives?
  - ❑ Have a simple, uncluttered, and logical format?
  - ❑ Fit on one page?
  - ❑ Minimize the use of color?

Drafting the checklist

- ❑ Is the font?
  - ❑ Sans serif?
  - ❑ Upper and lower case text?
  - ❑ Large enough to be read easily?
  - ❑ Dark on a light background?
- ❑ Are there fewer than 10 items per pause point?
- ❑ Is the date of creation (or revision) clearly marked?

Group items by category

- ✓ Short checklists do not need categories
- ✓ Longer checklists should be organized into categories for easy navigation
- ✓ Keep it simple!

Checklist Groups

Short Checklist

- ❑ Smile and greet the patient by name
- ❑ Collect copay
- ❑ Collect outstanding balance
- ❑ Verify insurance & update if necessary
- ❑ Verify demographics & update if necessary
- ❑ Arrive patient

Checklist with Grouping

- Collect signatures needed
  - New patient – all registration forms
  - Change of insurance
  - Non-covered services waiver form
  - ABN (Medicare)
  - Consent for treatment
  - Medical history
  - Financial policy
  - Notice of privacy policy
  - HIPAA
- Information required from patient
  - Scan/copy insurance card …

Make each item an action item

- ✓ Essential that each item be an action item!
- ✓ Be specific – break items into smaller action items

Example:

Collect signatures needed

or

Collect items needed

    List each item to be collected

Validation of checklist

- Have you:
  - Trialed the checklist with front line users (either in a real or simulated situation)?
  - Modified the checklist in response to repeated trials?
- Does the checklist:
  - Fit the flow of work?
  - Detect errors at a time when they can still be corrected?

Validation of checklist

- Can the checklist be completed in a reasonably brief period of time?
- Have you made plans for future review and revision of the checklist?

The Pre-Visit

What is the pre-visit?

Actions you need to take BEFORE the patient is seen in your practice

What is the pre-visit?

It's a PROCESS

- Takes place before the visit
- Determines patient's ability to pay for services to be rendered by your practice

Does your practice prepare for a patient clinically?

- ✓Prepare the exam rooms for patients?
- ✓Review the patients chart?
- ✓Get ready for the patient????

SHOULDN'T YOU DO THE SAME FOR YOUR BUSINESS?

Prepare, prepare, prepare

- ✓ Capture patient demographics
- ✓ Current insurance information
- ✓ Verify eligibility and benefits
- ✓ Determine financial responsibility BEFORE the visit
- ✓ Set financial expectations
- ✓ Do you need to get a pre-authorization or referral?

Pre-visit checklist – Items to consider

1. Does patient have a prior account balance?
2. Verify insurance coverage and benefits eligibility.
3. Does patient have a co-payment?
4. What co-insurance and deductibles does patient have?
5. Are there pre-authorizations required for visit?

Pre-visit checklist

6. Update demographics and insurance if required.
7. Does patient have a history of no-shows?
8. Does patient have a collection history?

Pre-visit – Customer service

What can you do to improve the pre-visit experience?

- ✓ Make the initial patient contact the best it can be – train your staff in customer service

Pre-visit - Customer Service

- Let’s talk!
- Prepare a script
  - Greeting
  - Your practice name
  - Your name
  - How may I help you?

Pre-visit – Scheduling

Scheduling

- When was the last time you took a look at appointment scheduling?
- Are you using all of the functionality?

New Patient Registration Packet

- Do all units send new patient registration packet
- Are forms available on web site
- Can forms be completed on line
- Do forms get sent back prior to appointment

Is this part of your checklist????

The Patient Encounter

Patient encounter defined

Actions you need to take AT THE TIME the patient is seen in your practice

Are you ready when the patient arrives?

- ✓ Do you review all scheduled patients for prior balances before the appointments?
- ✓ Do you attempt to collect all prior balances at time of service?
- ✓ Do you collect co-payments at time of service?
- ✓ What is your policy if a patient does not pay?

Patient Visit – Customer service

What can you do to improve the patient visit experience?

- ✓Train your staff in customer service

Patient Arrival Checklists

- ✓ Accurate Registration
- ✓ Insurance Verification and Benefits Eligibility (if not already conducted)
- ✓ Scan or Copy ID Cards
- ✓ TOS Payment
- ✓ Past Due Amounts

Waiting

Two Options

1. Reduce the *time* to wait
    - Improve front desk processes
    - Establish ‘realistic’ scheduling techniques
2. Improve the *quality* of the wait

What are your expectations of staff?

- Performance rates
- Error rates
- Are you working with billing office to see what types of denials relate back to the front office?

Back End Processes

Charge capture checklists

- Who is responsible for capturing charges?
- Who reconciles charges to visits?
- What is your charge lag time?

Ensuring all charges are captured

- Office and outpatient charges
- Surgery charges
- Hospital charges
- Lab charges
- Tests (global, professional, technical)
- Injections
- Supplies

AMA Claims Process Check List

- Do you prepare and submit accurate claims in a timely manner?
- Do you update and verify patient insurance coverage and eligibility information prior to each visit to make sure you submit eligible claims to the correct payer?
- Do you have a process for reviewing payments for accuracy?
- Do you review EOB’s and ERA’s for delays, denials and reductions?

AND IT GOES ON!

AMA Practice Management Center Physician Claims Process Check List

Clean claims checklist

- Assignment of benefits
- Authorization missing
- Invalid CPT
- Insurance policy/group number incorrect
- Missing admin/discharge date on hospital charges
- NPI number missing
- Missing modifiers
- Patient information incorrect (gender, birthdate, etc.)

EDI checklist

- Claim run submitted
- Verification that run received and submitted
- Claim log to ensure runs are not missing
- Statement log to ensure runs are not missing

Denial follow up checklists

This is the problem	This is what I need to do to fix the problem	This is the Action Code I need to apply in Task Management	This is the Status Code I need to apply in Task Management	Do I need to send a claim or form letter?	Do I put in a review date?	Is a note required?	Can I transfer the task to another queue?
Past Filing Limit Claim sent within timely filing period	1. Confirm posting date. 2. Confirm claim/bill date. 3. If claim was sent within timely filing period, provide POTF. 4. Appeal with payer.	Claim is Appealed Action Code Appeal1 followed by Appeal2	Status Code is APPEAL	Depends on payer. Send appropriate documentation.	Yes. 15 Days	Yes - See Notes Template for Timely Filing	No
Past Filing Limit Claim was not sent within timely filing period	1. Confirm posting date. 2. Confirm claim/bill date. 3. If claims was not sent within timely filing period, document history in Task Management,\. 4. Use appropriate action code and transfer to Write Off Queue.	Action code is automatically TRANSF because you are transferring to WRITE OFF queue.	You will transfer so status will be TRANSF.	No	No	Yes - See Notes Template for Timely Filing	Yes to WRITEOFF

A/R Follow Up

This is the problem	This is what I need to do to fix the problem	This is the Action Code I need to apply in Task Management	This is the Status Code I need to apply in Task Management	Do I need to send a claim or form letter?	Do I put in a review date?	Is a note required?
No response from payer and payer says no claim on file	1. Call payer or go check payer website 2. If payer says no claim on file or cannot locate claim on website, rebill with proof of timely filing attached 3. If billed through eCommerce, print POTF and attach to claim and rebill 4. If billed on paper, print claim detail for that claim only and attach to claim and rebill	RFCLM indicating claim was rebilled to insurance	PEND indicating you will follow up on the task if it is not paid by the review date.	Yes with POTF	Yes - 45 days	Yes - See Notes Template for Timely Filing Notes A/R Follow Up
Charge is in A/R queue and we have a response from the payer in paper form that has not been pushed to Denial Queue	1. Call payer and payer acknowledges claim and denial 2. Obtain copy of EOB with denial from payer or web site 3. Post denial to charge which forces to Denial Queue 4. After Denial is posted and Task is in Denial Queue, Edit the Task in A/R queue and complete it	FRCDEN to indicate the charge had a denial posted	COMPL to complete it out of A/R Follow up Queue	No	No	Yes - Denial received & posted. Completed out of A/R Follow Up

Account Collections checklists

- Implementation Checklist
  - Steps required to convert Collections Plus to Account Collections
- Collections processes checklists
  - Define your process

Monitor, Report, Audit

Claim Denials

- Eligibility Denials
  - Look at last 6 months
  - By Payer
  - By POS

Leading Performance Indicators

Error Rate due to front-end billing	**<2 percent**
Time of service collections	
Copayments	100%
All other time of service payments	75%

Source: 2009 Walker, Woodcock, Larch.

Leading Performance Indicators

Claim edits and denials due to registration and referrals	**<2 percent**
Percentage of insurance verified	98 percent
Number of patients cleared prior to visit (Cleared defined as demographic and insurance date necessary for claims processing verified with the source for information.	90 percent

Source: 2009 Walker, Woodcock, Larch.

Questions?

Resources

- AMA Practice Management Center Physician Claims Process Check List
- Boeing Preflight Checklists 747
- Business Performance Resource (www.bpir.com)
- Gawande, Atul. *The Checklist Manifesto*. MGMA 2008.
- Medical Group Management Association. *Performance and Practices of Successful Medical Groups. 2011 Report Based on 2010 Data*. Metropolitan Books, 2009.

Resources

- Walker Keegan, Deborah, Woodcock, Elizabeth and Larch, Sara. *The Physician Billing Process Second Edition. MGMA 2009.*
- World Health Organization Safe Surgery Checklist (http://www.who.int/patientsafety/safesurgery/ss_checklist/en/)

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