

Medical Practice Management — Workbook

This workbook turns the course into action for your physician practice. You will trace and fix leaks in your revenue cycle, work up your denials and A/R, stand up the HIPAA documents an OCR investigator asks for first, right-size your staffing against MGMA benchmarks, and design a patient experience that fills the schedule. Work through one section per module, complete the action plan, and fill the included templates with your real numbers and vendors.

Mastering the Revenue Cycle

Diagnose your front-end leaks, tighten eligibility and point-of-service collection, and clean up coding and charge capture so claims are paid on the first pass.

Worksheet: Revenue Cycle Leak Map

Walk your own practice through each revenue cycle stage and record what actually happens today, who owns it, and where money or claims are leaking. Be honest about the steps you skip when the front desk is busy.

Stage (eligibility / prior auth / point-of-service collection / coding / charge capture / submission / posting / denials / patient billing)

What we do today (describe the current process)

Owner / role responsible

Software or tool used (e.g. Tebra, athenahealth, Availity)

Suspected leak (denials, missed charges, uncollected balances, delay)

Estimated monthly dollar impact

Fix to implement and target date

Exercise: Front-End Eligibility and Point-of-Service Collection Design

Design the front-end discipline that prevents denials and bad debt before the visit. Be specific about timing, thresholds, and scripts.

- When and how will you run eligibility (270/271) before each appointment, and who reviews the response and resolves problems?

- Which services in your practice require prior authorization, and how will you track each one to approval before the visit?

- What is your written financial policy, and what exact script will the front desk use to collect copays and prior balances at check-in?

- Will you adopt a card-on-file policy for deductible and coinsurance balances, and how will you obtain and document patient consent?

Checklist: Clean Claim Readiness

- Eligibility (270/271) run automatically 48 to 72 hours before every appointment
- Demographic and insurance fields verified and corrected at registration
- Prior authorizations identified early and tracked to approval before the date of service
- Charge capture reconciled daily: schedule compared against posted charges to catch missed charges
- E/M levels selected on documentation under the 2021 time-or-MDM rules, neither under nor over
- Modifier 25 and other modifiers applied correctly and consistently
- Claim scrubber running payer edits and NCCI checks before submission
- Clean claim rate and first-pass denial rate reported and reviewed monthly

Denials, A/R, and Getting Paid in Full

Build a denial workflow, measure and shrink days in A/R, and collect patient balances against the KPIs that define a healthy revenue cycle.

Worksheet: Denial Categorization and Root-Cause Log

Pull one month of remittances (835s) and sort your denials into categories using the CARC reason codes. Tally each category, then write the upstream root-cause fix so the denial stops recurring, not just gets reworked.

Denial category (eligibility / authorization / coding / medical necessity / timely filing / duplicate)

Common CARC code(s) seen

Number of denied claims this month

Dollar value denied

Recoverable yes/no and appeal deadline

Root cause (which upstream step failed)

Upstream fix and owner

Exercise: Days in A/R and Aging Diagnosis

Calculate your A/R health from your practice management reports and compare against MGMA benchmarks, then decide where to act first.

- What is your current days in A/R (total A/R divided by average daily charges), and how does it compare to the under-40 benchmark?
- What percentage of your A/R is over 90 days old, and is it above the 15 to 20 percent warning line?
- How does your insurance A/R differ from your patient A/R, and which is the bigger problem right now?
- Which three actions (work the denial backlog, fix eligibility, send statements faster, set payment plans) will

move these numbers most, and by when?

Checklist: Patient Collections and KPI Dashboard

- Good-faith estimates provided and patient portion collected at or before the visit
- Card on file with consent used to charge adjudicated patient responsibility
- First statement sent promptly after insurance posts, with online and text-to-pay links
- Payment plans offered for balances above a defined threshold
- Small-balance and bad-debt write-off policy documented and applied consistently
- Net collection rate tracked monthly with a target of 96 percent or higher
- Days in A/R, denial rate, and A/R over 90 days reviewed monthly against targets
- Point-of-service collection rate tracked and trending up

HIPAA and Practice Compliance

Stand up the concrete HIPAA documents and daily habits that protect patient information and survive an OCR investigation.

Checklist: OCR-Ready HIPAA Program

- Current, documented security risk analysis covering everywhere ePHI lives (consider the ONC SRA Tool)
- Risk management plan remediating the vulnerabilities the analysis found
- Written Privacy and Security policies adopted, with a designated Privacy Officer and Security Officer
- Signed Business Associate Agreement on file for every vendor that touches PHI
- Workforce HIPAA training completed at hire and at least annually, with dated records kept
- Devices encrypted, unique logins enforced, access role-based, and audit logs reviewed
- Current Notice of Privacy Practices posted and provided to patients
- Breach response plan and staff sanction policy in place

Worksheet: Business Associate Agreement Register

List every outside vendor that creates, receives, maintains, or transmits PHI on your behalf, and confirm a signed BAA is on file for each. Any blank in the signed-date column is a compliance gap to close before sharing more data.

Vendor name

Service provided (billing, EHR/PM, IT support, cloud backup, transcription, answering service, etc.)

Type of PHI they access

Signed BAA on file (yes/no)

BAA signed date

BAA review/renewal date

Owner responsible

Exercise: Everyday Privacy Walk-Through

Walk your physical office and digital workflows as if you were an OCR surveyor or a privacy-conscious patient, and note every gap you can fix this month.

- At the front desk, can other patients see monitors, hear conversations, or read a sign-in sheet that exposes PHI?

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- Which laptops, phones, or drives could hold ePHI, and are they all encrypted so a loss is not a reportable breach?
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- How do staff currently communicate about patients electronically, and are personal texting or consumer email being used instead of a secure channel?
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- If a breach were discovered today, who would do what within the 60-day notification window, and is that written down?
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Staffing, Scheduling, and Patient Experience

Right-size the team against MGMA benchmarks, build a schedule that protects provider productivity, and design a patient experience that fills the schedule.

Worksheet: Staffing Benchmark Audit

Count your support staff FTEs by function and divide by your physician FTEs to get your support-staff-per-physician ratio. Compare against the MGMA benchmark for your specialty and decide whether the answer is to hire, restructure, or fix workflow.

Function (front office / clinical support / business office / management)

Number of FTEs in this function

Physician FTEs in the practice

Support staff per FTE physician (total support FTEs divided by physician FTEs)

MGMA benchmark for our specialty

Are people working at the top of their license? (notes)

Action: hire, restructure, fix workflow, or hold

Exercise: Schedule Template and No-Show Redesign

Redesign your appointment template and no-show defenses so providers stay productive and slots stop going to waste.

- What are your visit types and the realistic time each one needs, and does your current template match those durations?

- How much same-day or open-access capacity will you reserve each day to protect access and reduce leakage?

- What is your current no-show rate, and which combination of reminders, easy rescheduling, waitlists, and policy will get it under 5 percent?

- Will you adopt a daily huddle, and what will the provider, MA, and front desk review in it each morning?

Checklist: Patient Experience That Fills the Schedule

- Automated text and email appointment reminders enabled with easy self-rescheduling
- Same-day waitlist used to backfill cancellations
- Online scheduling and a patient portal available, with reasonable phone hold times
- On-time performance tracked, with proactive communication when running behind
- Upfront cost estimates, clear statements, and online/text-to-pay for a painless financial experience
- Process to ask satisfied patients for reviews and respond professionally to negative ones without disclosing PHI
- Patient survey running with themes reviewed and acted on
- No-show rate, schedule fill rate, and patient retention reviewed monthly

Your Action Plan

1. Pull last month's KPIs from your practice management system: net collection rate, days in A/R, first-pass denial rate, A/R over 90 days, and no-show rate, and write them down as your baseline.
2. Turn on automated batch eligibility (270/271) the night before each schedule and train the front desk to read and resolve the responses before check-in.
3. Adopt a one-page written financial policy with a copay and card-on-file script, and start collecting at the point of service.
4. Stand up a denial work queue: categorize one month of 835 denials by CARC code, assign owners and deadlines, work the recoverable backlog, and fix the top root causes upstream.
5. Calculate days in A/R and read your aging report monthly, setting targets of under 40 days in A/R and under 15 to 20 percent of A/R over 90 days.
6. Complete or update your HIPAA security risk analysis (consider the ONC SRA Tool) and build a remediation plan from what it finds.
7. Fill in the Business Associate Agreement register and obtain a signed BAA from any vendor that touches PHI but does not have one.
8. Run annual HIPAA training for all staff, keep dated records, and do a front-desk privacy walk-through to close everyday gaps.
9. Audit your staffing ratio against the MGMA benchmark, confirm everyone works at the top of their license, and rebuild the appointment template with reserved same-day capacity.
10. Launch no-show defenses (reminders, waitlist, policy) and a daily huddle, then review the full KPI dashboard every month and adjust.

