AMERICAN ACADEMY
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Practice Management Essentials

MC03 | Nov. 3, 1:30 – 4:30 p.m.

Moscone Center, San Francisco

American Academy of Ophthalmic Executives® (AAOE®)

6934

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AAOE® Program of 2023

November 3-6, 2023 | San Francisco, CA
Moscone Center

Friday Intensive Class (MCO3)

Practice Management Essentials

Senior Instructor:
Julia Lee, JD

Co-instructors:
Traci Fritz, COE
Joanne Mansour, OCSR
Purnima S. Patel, MD
Ruth Williams, MD

AAOE 2023 | Friday Intensive Class Presenter

Julia Lee, JD

Practice Administrator — Lee Vision Associates, LLC
Principal Consultant — NorthStar Vision Partners, LLC
Senior Instructor

Julia Lee is the practice administrator for Lee Vision Associates, LLC, a solo practice she launched for her husband, Dr. Stephen Y. Lee, in 2021. She is also the Principal Consultant of her own firm, NorthStar Vision Partners, LLC, which supports health care clients in multiple settings. During her prior 15 years in health care administration, Ms. Lee managed large, multi-subspecialty ophthalmology groups along with a high-volume ASC doing approximately 8,000 cases annually. Most recently, she was instrumental in consolidating 16 private practices in the metro Philadelphia region into a single, physician-owned group called Vantage EyeCare, LLC, where she served as CEO until the end of 2020.

Ms. Lee earned her BA from Brown University and JD from Northeastern University School of Law. She will begin her term as chair of the AAOE Board of Directors in 2024. She has previously served on AAOE Board of Directors, AAOE's EHR Subcommittee and Content Committee. She is a recipient of the Secretariat Award and the Achievement Award from the American Academy of Ophthalmology for her contributions to practice management.

Traci Fritz, COA, COE

Executive Director of Children's Eye Care of Michigan
Co-instructor

Traci Fritz began working as the night file-clerk for a two-doctor comprehensive ophthalmology practice while she was still in college. Over the past 29 years, Ms. Fritz has worked in a solo cornea specialist practice, a mid-size, comprehensive ophthalmology practice and a large pediatric ophthalmology practice.

Ms. Fritz holds national certifications in ophthalmic assisting (COA) and ophthalmic administration (COE). She has previously served on AAOE Board of Directors and has been the Executive Director with Children's Eye Care since 2011. Children's Eye Care is a large hybrid-

private/academic group that sees appropriately 40,000 patients annually and trains 26 ophthalmology residents, 50+ medical students, one pediatric ophthalmology fellow and one orthoptic student annually.

Joanne Mansour, OCSR

Ex-officio Member, Past AAOE Board Chair
Practice Administrator — The Virginia Retina Center
Co-instructor

Joanne Mansour began her career in ophthalmology in 1988 in Toronto, Canada working in an academic setting. Ms. Mansour has managed the Virginia Retina Center since it opened in 2004. The practice opened with just three employees, one of which, is her husband, Dr. Sam Mansour. Under her management, the Virginia Retina Center has grown to six locations, four physicians and a growing staff.

Ms. Mansour has served on the AAOE board from 2016 through 2023. She was the Board chair from 2019 to 2021 and guided our organization through the challenging COVID years. She continues to serve on the Content Committee. Ms. Mansour holds certification in retina coding through the AAOE.

Purnima S. Patel, MD

Co-instructor

Dr. Purnima Patel is a board-certified ophthalmologist specializing in medical retina, uveitis and cataract surgery. She was formerly an associate professor of ophthalmology at Emory University School of Medicine and practiced at the Atlanta VA Medical Center and Emory Eye Center from 2010-2021. She started her own practice, ORA VIsion, in September 2021.

Dr. Patel has a special interest in education and was very involved in resident education while at Emory Eye Center. She continues to teach undergraduates and medical students. She currently serves as President of the Georgia Society of Ophthalmology, editor-in-chief on the AAO ONE Network and as a member-at-large for the AAO Board of Trustees. Dr. Patel is also on the Board of Women in Ophthalmology.

Ruth D. Williams, MD

Co-instructor

Dr. Ruth Williams is a glaucoma consultant and partner at the Wheaton Eye Clinic. She is a clinical spokesperson for the Academy and is currently the Chief Medical Editor of EyeNet Magazine. She is also the Vice-Chair of Glaucoma Research Foundation and helps plan their annual Glaucoma360, a meeting that brings together researchers, clinicians, entrepreneurs, investors, and philanthropists with the goal to prevent vision loss from glaucoma and speed the cure.

In 2012, Dr. Williams served as president of the American Academy of Ophthalmology. Prior Academy appointments include Trustee-at-Large and Secretary for Member Services. She led the Ophthalmology Section Council of the American Medical Association (AMA) for nearly a decade and chaired the Surgical and Specialty Section of the AMA. In addition, she served on the board of Women in Ophthalmology and chaired several symposia and its annual clinical conference.

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PRESENTATION HANDOUT SLIDES

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Practice Management Essentials

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Financial Disclosures

- Julia Lee
  - Modernizing Medicine: Consultant/Advisor
  - NorthStar Vision Partners, LLC: Consultant/Advisor
- Traci Fritz, Joanne Mansour, Purnima Patel, Ruth Williams
  - None

Course Overview

Introduction and Foundational Skills

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Core Areas of Practice Oversight

- Financial Management
- Revenue Cycle
- Human Resources
- Practice Operations
- Information Technology
- Compliance and Risk Management

Q&A at the end but ask questions along the way!

Core Skills for Success

- Effective Communication
  - Who, What, Where, When, Why
    - Drives cadence, channel
  - Different tools to consider

- Time Management
  - Stephen Covey's Four Quadrants
  - How and when to delegate
  - Working with outside resources
  - Favorite tips for taming email

Effective Communication

- WHO is your audience?*
  - Doctors, Managers, Staff, Patients, Outside World
- Tailor your “voice”
  - Internal vs. external communications
  - Written vs. verbal communications
  - Level of formality, detail, urgency
- Each communication is opportunity to build trust, respect, relationships

- WHAT are you communicating and WHY?
  - General information and updates
  - Options for decision/action
  - Rationale for new policy
  - Change in protocol
  - Urgent notice
- “What” usually has the “why” built into it – purpose of the communication should be clear

*WHO – Additional Tips

- Doctors
  - Efficient, focused – offer clear rationale and recommendation/options for action
  - Bullet points with action items clearly identified, including due dates
- Managers
  - Clear expectations for goals, projects, policy changes, implementation
  - Regular follow up, feedback, progress notes
- Staff
  - Consistent, timely, respectful
  - Screenshots, cheat sheets, checklists, clear instructions

*WHO – Additional Tips

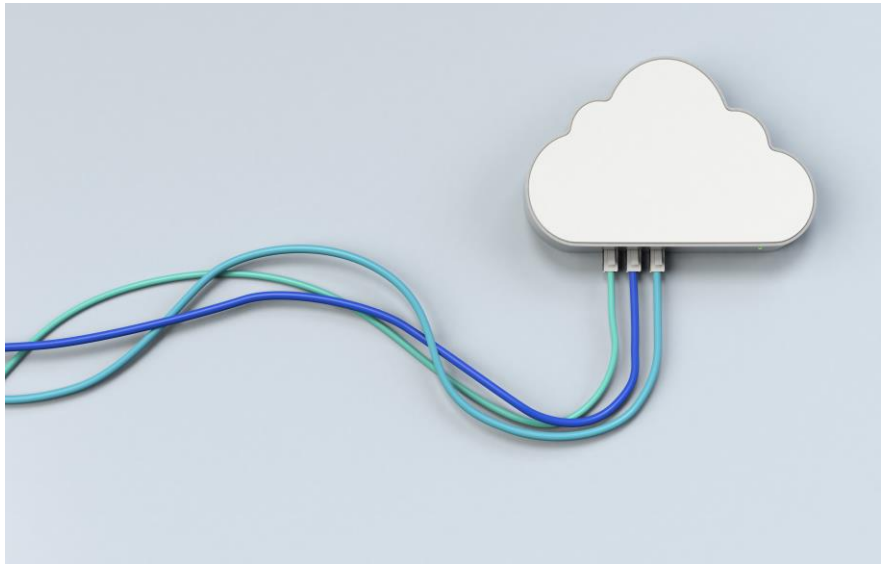
- Patients
  - Consistent, *timely*, respectful at individual level
  - Easy to comprehend and meaningful at operational level
    - FAQs
    - Patient education
- Outside world
  - Professional resources like accountants, attorneys, consultants
    - Ask good questions; seek results
  - Referring providers and their offices
    - Collaborative, two-way, responsive
  - Vendors and account reps
    - Set and communicate expectations for timely responses to questions/issues

Effective Communication

- WHERE and WHEN involve logistics of communication based on audience, content, and purpose
  - Cadence – For recurring communications/meetings, what is the most effective cadence to keep stakeholders informed and engaged?
    - Daily – Team huddles at start or end of day
    - Weekly – Update to physicians
      - Example: “5:15” email each Friday with five updates to be read in under 15 minutes
    - Monthly – Management meeting, physician/board meeting, practice newsletter
    - Quarterly – Patient newsletter, accountant meeting, compliance meeting
    - Annually – Practice wide meeting, physician retreat, accounting or legal review
  - Channel – What is the best channel to use for the communication?
    - In person meeting, web meeting/conference call, email, newsletter, website
    - Sometimes need to use multiple channels for the same communication

Effective Communication

- Tools to consider (many are free and online)
  - Doodle Poll for setting meeting dates/times
  - Survey Monkey for quick group decision-making
  - Google (or other Shared) Drive for documents/files that require collaboration or frequent updates
  - Slack or similar messaging platform
  - Texting - Pros and Cons
- E-mail
  - Subject lines to convey urgency, action items, number of follow-ups
  - Inbox folders for storage, organization
  - Judicial use of CC and Reply All



Time Management

- Stephen Covey's Four Quadrants
- Where do you spend most of your time?
- What changes can you make?
  - Look for recurring "themes"
  - Manage your recurring tasks
  - Set appropriate expectations

Time Management

- Breaking down your responsibilities:
  - Daily tasks – Get these “non-negotiables” done first thing every morning
  - Weekly or biweekly tasks – Select the “optimal” day of the week
  - Monthly tasks – Carve out time for reconciling, running reports, evaluating data
  - Quarterly tasks – Opportunity to identify and analyze trends; set targets and goals
  - Annual tasks – Typically time driven (year end tax planning, insurance renewals, etc.)
- Delegating
  - Small vs. big practice
  - Building teamwork and accountability
  - One-time projects vs. recurring responsibilities
    - TAKING THE TIME (INVESTING) IN TRAINING

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Financial Management

Julia Lee, JD

Monitoring Financial Health

- Daily Cash Report
  - Or daily monitoring of cash position (deposits and disbursements)
- Monthly
  - Balance Sheet
  - Income Statement
    - Also called Profit & Loss (“P&L”)
  - Statement of Cash Flow
- Annually
  - Budgeting
  - Year end tax preparation

Cash vs. Accrual Accounting

- Cash Basis
  - Revenue recorded when cash is actually received
  - Expenses recorded when bills or liabilities are actually paid
  - Easier and more straightforward
    - Money in, money out
  - Most physician practices use cash basis
    - Cash to accrual conversion for reporting to lender

- Accrual Basis
  - Revenue recorded when sale/service occurs
    - Accounts receivable
  - Expenses recorded when incurred
    - Accounts payable
  - Preferred by larger organizations
    - Hospital systems
    - PE backed practices/platforms
  - Considered a more accurate, longer-term picture of financial health

Cash Management

- Daily deposit and disbursement activity (feed into longer period spreadsheet)
  - Reconciling insurance ACH payments to electronic remit files
  - Ensuring sufficient balance to meet operating needs
- Recurring expenses
  - Payroll & Benefits (health insurance premiums)
  - Rent
  - Vendor payments
  - Loan payments
- One-time expenses
  - Expected vs. unexpected
  - Line of credit – use appropriately!

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Balance Sheet

- Summarizes what practice owns/owes
  - What is included depends on cash vs. accrual
- Assets
  - Current – cash in bank account(s), accounts receivable, inventory, prepaid expenses
  - Fixed or Long Term – furniture and fixtures, leasehold improvements, medical equipment, office equipment, accumulated depreciation (nets down fixed assets)
- Liabilities
  - Current – credit card debt, payroll, accounts payable, current portion (12 months) of debt
  - Long Term – equipment or term loans greater than one year
- Equity
  - Includes owner investment (paid in capital) and retained earnings (profit),

Income Statement (P&L)

- Chart of accounts in accounting software drives level of detail
  - Can use sub-accounts or tags
- Reports can include % of total income for each account/category or compare against prior year
  - Included in Quickbooks suite of standard reports
- Income – patient services, research, products, miscellaneous income
  - Minus refunds
  - Minus cost of goods sold
  - Adjusted gross profit

Income Statement (cont.)

- Fixed Expenses
  - Recurring expenses that do not vary with the number of patients treated
  - Rent, payroll for salaried employees, benefits, loan payments, subscriptions, maintenance
  - Will generally rise or fall in stages as practice grows or shrinks
  - Represents level of business risk; must be paid regardless of revenue

- Variable Expenses
  - Proportional to level of business activity
  - Can be recurring, but amount varies month-to-month
  - Payroll for hourly staff, overtime, medical supplies, office supplies
  - Also includes non-recurring, one-time expenses
  - Harder to forecast
    - Goal is to reduce surprises

Cash Flow Statement

- More critical for practices using accrual-based accounting
  - Example: AR as reflected in revenue may be healthy, but if cash inflow does not match it could mean collection efforts are poor and AR days increasing.
- Shows overall liquidity
  - Example: Is there sufficient cash to meet liabilities?
- Shows sources of cash flow
  - Operating activities, investment activities, financing activities (example: cash from loan)
- Ties into balance sheet and income statement, so those need to be accurate for cash flow statement to be reliable

Budgeting

- Formal budgeting vs. financial planning for year ahead
- Key considerations under either approach
  - Overall growth strategy or structure
  - Patient volume, services, and products
    - New subspeciality, optical, refractive surgery, premium lenses
    - Significant reimbursement changes
  - Facilities
    - New office, expansion or consolidation of existing offices, rent increases
  - Providers and staff
    - Changes in compensation, pay increases, benefit changes
  - Capital expenditures
    - New equipment, practice management and/or EHR software, leasehold improvements
    - How to finance? (vendor vs. bank leases/loans for equipment)

Budgeting Tips

- Start with income statement
  - Can export to Excel straight from accounting software
- Revenue
  - Work with billing/revenue cycle manager to forecast any significant changes
  - Providers who will be taking leave, slowing down, or ramping up
- Expenses
  - Particular attention to high recurring expenses that will increase
  - Identify other significant changes
  - Identify possible offsets
- Candid review and discussion with physician owner(s)
  - Set and manage mutual expectations

Year End Tax Planning
(action items flow into following year)

- Work with a good accountant familiar with physician practices
  - Periodic review of books and financials = smoother year end
- Know the legal structure of your practice and impact on taxes
  - Sole proprietorship – owner taxed at individual rate
  - Partnership – owners taxed at individual rates
  - "C" corporation – practice taxed at corporate rate and owners taxed at individual rates
    - Need to spend down income at year end to reduce corporate tax liability
  - "S" corporation – owners taxed at individual rates
  - Limited Liability Company ("LLC") – taxed same as sole proprietorship or partnership
- Funding of retirement, profit sharing, and/or defined benefit plans

Revenue Cycle Management

Julia Lee, JD

Show Me the Money!

- Financial health relies on strong revenue cycle management.
- Creates breathing room
  - To provide outstanding patient care
  - To hire and retain good staff
  - To buy and maintain necessary equipment
- Reimbursement means payment after the fact
  - Highly regulated and complex in our world

Start at the Beginning

- Payer contracting and credentialing
  - Not exactly the same thing!
- Clearinghouse enrollment
  - Eligibility, claim submission (EDI), electronic remits (ERA), electronic payments (EFT)
- Practice management configuration
  - How payers are listed and classified
  - “Add Insurance” as a placeholder payer
- Insurance eligibility checks
  - Automated vs. on-demand
  - Identify demographic or insurance ID errors
  - Clear protocols for front desk to handle various scenarios

Squeaky Clean Claims

- Coding/Charge Entry
  - Appropriate level of exam
  - Additional services
    - Need ordering provider for diagnostic testing
  - Modifiers
  - Correctly linked diagnosis codes
- Claim Submission
  - Submit same or next day – don’t add to AR days out of the gate!
  - Automate claim scrub rules whenever possible
  - Work and resolve held claims, rejections, wrong payer denials daily
    - Avoid timely filing issues

Payments, Adjustments, Denials

- Electronic vs. manual posting
  - Either way, should be “active” process
  - Identify issues, glitches, trends
- Working AR
  - By financial class or payer, highest to lowest
  - Reports that allow billers to drill down into patient chart, insurance information, claim history, etc.
  - Rebalance workload early and often
- Patient statements
  - Daily or weekly
  - Electronic payment options

Patient Payments

- Becoming higher percentage of total practice revenue
  - Copay, deductibles, coinsurance
  - Premium services
    - Cataract surgery – advanced technology lenses
    - Cosmetic procedures
  - Products, contact lenses, optical
- Financial counseling
  - Explaining patient responsibility amounts
- Working patient AR
  - Internal collection efforts
  - Reviewing and collecting balances at return appointments
  - Writing off to bad debt

Reports

- At practice level
  - Charges, payments, adjustments at-a-glance
    - Rolling three-year comparison “flash report”
  - Then broken down by location, financial class, etc. per practice preference
  - Outstanding AR by aging buckets
- Provider productivity
  - Charges, payments, adjustments by service location
  - New vs. established patient appointment volume
    - Can also break out no-charge visits such as post op
  - Current month, year to date, prior year comparison
- Regular reporting and review of trends
  - Meaningful and actionable

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Human Resources Management

Traci Fritz, COE

Human Resources: Structure for Success

- Company Culture
- Organizational Structure
- Leadership
- Recognition
- Mentoring

Human Resources: Structure

- Organizational Chart
  - Defined roles
  - Defined communication lines
- Job Descriptions
  - Evaluate them annually
- Policy and Procedure Manuals

Human Resources : Generative AI

65 percent of Chief Human Resource Officers (CHROs) expect AI to have a positive impact on the HR function over the next two years. That's according to The Conference Board CHRO Confidence Index for the second quarter of 2023.

Source: The Conference Board, May 1, 2023
conference-board.org/press/survey-hr-leaders-expect-AI-to-benefit

Human Resources: Staffing Benchmark Ratios

WEST BLOOMFIELD (29.1)	Jan-23	Feb-23	Mar-23	Apr-23
Supervisor Hours				
Front Desk Staff Hours				
Orthoptist Hours				
Tech Hours				
Location Hours	0.00	0.00	0.00	0.00
Admin Staff Hours (.291)	0.00	0.00	0.00	0.00
Billing Staff Hours (.291)	0.00	0.00	0.00	0.00
Call Center Hours (.350)	0.00	0.00	0.00	0.00
Total WB Hours	0.00	0.00	0.00	0.00
Front Desk FTE	0.00	0.00	0.00	0.00
Front Desk/Call Center Hours	0.00	0.00	0.00	0.00
Front Desk/Call Center FTE	0.00	0.00	0.00	0.00
Front Desk/Supervisor FTE	0.00	0.00	0.00	0.00
Clinic Staff FTE	0.00	0.00	0.00	0.00
Location FTE	0.00	0.00	0.00	0.00
Total WB FTEs	0.00	0.00	0.00	0.00
% of Location/Pract	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
% of Clinic/Practice	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Colletions Per FTE	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
RVUs per FTE	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Tech Effiency	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Patient Exams to Clinical Staff FTE	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Patient Exams to Front Desk/CC FTEs	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Patient Exams to Front Desk/Supervisor FTEs	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Physician Worked Days to Location FTEs	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**
Patient Exams to Location FTEs	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**

PRACTICE	Jan-23	Feb-23	Mar-23
Academic Admin	**0.00**	**0.00**	**0.00**
Admin Staff Hours	**0.00**	**0.00**	**0.00**
Billing Staff Hours	**0.00**	**0.00**	**0.00**
Clinic Supervisor Hours	**0.00**	**0.00**	**0.00**
Front Desk Staff Hours	**0.00**	**0.00**	**0.00**
Call Center Hours	**0.00**	**0.00**	**0.00**
Orthoptist Hours	**0.00**	**0.00**	**0.00**
Tech Hours	**0.00**	**0.00**	**0.00**
Location Specific Hours	**0.00**	**0.00**	**0.00**
PRACTICE HOURS	**0.00**	**0.00**	**0.00**
FTE: Billing	**0.00**	**0.00**	**0.00**
FTE: Business Office	**0.00**	**0.00**	**0.00**
FTE: Tech/Orthoptist	**0.00**	**0.00**	**0.00**
FTE: All	**0.00**	**0.00**	**0.00**
Colletions (Clinical) per FTE	#DIV/0!	#DIV/0!	#DIV/0!
Collections (Practice) per FTE	#DIV/0!	#DIV/0!	#DIV/0!
RVUs per FTE	#DIV/0!	#DIV/0!	#DIV/0!
Tech Effiency	#DIV/0!	#DIV/0!	#DIV/0!
Patient Exams to FTEs	#DIV/0!	#DIV/0!	#DIV/0!

Human Resources: Wages & Benefits

- AcadeMetrics Salary Survey
  - Focus: Staff Compensation, Benefit Packages
  - Survey runs continuously
  - Reports are available immediately and can be filtered by several factors.
  - Time to complete the survey is 10 to 30 minutes depending upon the size of the practice.

aao-ooss-salarysurvey.bsmconsulting.com

Human Resources: Wages & Benefits

Position	Mean	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
Accounts Payable Specialist	$22.11/hr	$16.75/hr	$18.27/hr	$22.00/hr	$26.00/hr	$27.88/hr
Certified Billing Coder	$22.83/hr	$18.00/hr	$19.77/hr	$22.00/hr	$25.00/hr	$28.84/hr
Compliance Director/Manager	$35.75/hr	$25.00/hr	$27.00/hr	$30.95/hr	$43.27/hr	$55.77/hr
Marketing Manager	$31.57/hr	$22.37/hr	$27.03/hr	$29.42/hr	$35.70/hr	$41.20/hr
IT Manager	$41.73/hr	$29.71/hr	$32.00/hr	$40.87/hr	$50.48/hr	$54.71/hr
IT Specialist	$25.81/hr	$19.11/hr	$22.05/hr	$25.63/hr	$27.16/hr	$33.65/hr
Optical Manager	$27.28/hr	$20.00/hr	$22.50/hr	$27.04/hr	$30.25/hr	$35.63/hr

Source: AcadeMetrics Salary Survey, 03/2023
aao-ooss-salarysurvey.bsmconsulting.com

Human Resources: Wages & Benefits

- Health Insurance
  - % of premium paid by practice
    - 100% of premium: 14%
    - 75-99%: 51%
    - 50-74%: 25%
    - Less than 50%: 10%
  - Scope of Coverage
    - Employee coverage only: 53%
    - Family coverage: 42%
    - None: 4%

Source: AcadeMetrics Salary Survey, 09/24/2023

Human Resources: Wage & Benefits

- Retirement (95%)
- Uniform Allowance (71%)
- Life insurance (33%)
- Routine Eye Exams (34%)
- Disability insurance (28%)
- Optical Hardware (24%)
- LASIK Discount (22%)
- Accidental insurance (19%)
- Vision insurance (19%)

Source: AcadeMetrics Salary Survey, 09/24/2023

Human Resources: Remote Work

A June 2023 MGMA Stat poll found 52% of medical groups reported between 1% and 25% of their workforce is remote most of the time; this is a significant increase from the 37% reported in a similar poll from April 2021.

Only 36% of group leaders said they had 0% of their staff with a majority-remote arrangement, down from 44% in the 2021 poll

Source: MGMA Stat poll, June 20, 2023
mgma.com/mgma-stat/healthcares-goldilocks-moment-on-remote-work-medical-groups-settle-into-their-just-right

Human Resources: Recruiting

- Advertising/Recruiting
  - Indeed, Monster, LinkedIn
    - Company Page
    - Testimonials
  - LinkedIn
  - State Allied Health Societies
  - Community Colleges
  - High School Co-op Programs
  - Word of Mouth
- Resumes
  - Reviewing
  - Screening
  - Retention of resumes received even if not interviewed

Human Resources: Interviewing

- The basics to avoid: Age, marital status, religion, nationality, sexual orientation, political affiliation, disabilities, etc.
- Others to avoid or be careful when questioning: Type of military discharge, arrest history, filed bankruptcy, car ownership

Human Resources: Interviewing

- In-person Interviews vs Virtual Interviews
- Reading Signals
  - Open ended questions:
    - Why do you want to leave your current position and what are you hoping would be different about our position?
    - Describe your best, and worst bosses.
    - What accomplishments have made you most proud?
    - What are things you've done on your own to improve?
    - If you were hired for this job, and I asked you to give the me the qualities of what to hire in a coworker, what would those be?

Human Resources: Onboarding

- Effective onboarding is crucial for a smooth transition and successful integration of new staff members.
  - Continue communicating with them before they start.
  - Advanced onboarding.
  - Welcome kit.
  - Group orientations.
  - Welcome breakfast or lunch.
  - Buddy system – assign them a peer mentor.

Human Resources: Training

- Training Is An Investment, Not An Expense
- Identify Their Learning Style
  - Provide multiple ways to learn
- Instructor-Led Training
- Self-directed Learning
  - E-Learning and Online Courses
    - AAOE, BSM consulting
    - Create your own tutorials - Vidyard

Human Resources: Training

Week 3

- ☐ Introduction to vision testing
  - ☐ Proper occlusion
  - ☐ Which eye checked first
  - ☐ LEA, HOTV
  - ☐ Linear vs isolated
  - ☐ Crowding bars
  - ☐ Indications for use of each
  - ☐ Introduction to pinhole including optical effect and indications for use
  - ☐ Indications for use of:
    - ☐ Trial frame
    - ☐ Minus lenses
    - ☐ Checking near vision
    - ☐ Checking OU vision
- ☐ Lensometry revisited
  - ☐ Segmented bifocals
  - ☐ Progressives
  - ☐ Detecting prism
- ☐ Intro to motility
  - ☐ Review H's and where to document
  - ☐ Recording of anomalous movements
    - ☐ Horizontal underaction
    - ☐ Vertical overaction and underaction
  - ☐ Begin evaluating motility of "normal" patients
- ☐ Introduction to dilation
  - ☐ Physiology and purpose
  - ☐ Frequency
  - ☐ Side effects and safety
  - ☐ Communication with parents and patients
  - ☐ Instilling drops
    - ☐ Sterile technique
    - ☐ Safe restraint
  - ☐ Begin dilating
- ☐ Optical "math"
  - ☐ Components of glasses Rx
  - ☐ Plus vs minus cylinder
  - ☐ Rx transposition & practice
  - ☐ Spherical equivalent

Lectures

- ☐ Introduction to extraocular muscle anatomy; introduction to versions and ductions

Reading

- ☐ Optical Center (OMA, p. 195, Box 12.7)
- ☐ Visual Acuity (OMA, p. 117-119, Box 8.1, 8.2, 8.3)
- ☐ Visual assessment (Cassin Chpt 15, p. 157-162, plus table on 165)
- ☐ Ocular motility (Cassin Chpt 21, p. 307-320)

Documents given

- ☐ Doctor dilation preferences

- ☐ Corneal pathology
  - ☐ Exposure
  - ☐ Bell's palsy
  - ☐ Tarsorrhaphy
  - ☐ Ulcers and scarring
- ☐ Retinal holes, tears, detachments
- ☐ Cataracts
  - ☐ Aphakia
    - ☐ Aphakic spectacles & CTL
  - ☐ Pseudophakia

Reading: Cataracts Cassin Chpt 27 (p. 406-410)

Reading: CTL for aphakia Cassin Chpt 23 (p. 343-344)

Created by Lauren Marozas, CO, COT - Children's Eye Care

Human Resources: Policies & Procedures

- Employment Handbook
  - Reviewed by attorney

- Procedure/Compliance Manual
  - BCBS of Michigan is now requiring us to have a written policy on how we handle every detail in the practice (no shows, loss of power, consult requests, etc)

Human Resources: Regulatory

- Exempt Employees
  - Salary vs Hourly – when do you pay overtime?
  - https://www.dol.gov/agencies/whd/fact-sheets/17a-overtime
    - Please note: Sept 2023 Federal Register has posted a proposed rule to revise the FLSA regulation that defines the exemptions for Executive, Administrative, Professional, Outside Sales, and Computer Employees. Significant proposed revisions include increasing the standard salary level to the 35th percentile of weekly earnings of full-time salaried workers. The DOL is also proposing to add to the regulations an automatic updating mechanism that would allow for the timely and efficient updating of all the earnings thresholds.
    - This could increase the minimum earning threshold for exempt (salaried) employees from $35,568 to $55,068!

https://www.federalregister.gov/documents/2023/09/08/2023-19032/defining-and-delimiting-the-exemptions-for-executive-administrative-professional-outside-sales-and

Human Resources: Communicating

- Radical Candor is HIP. The HIP approach is:
  - Helpful. Immediate. In Person. In Public. Doesn’t Personalize.
- Before you give feedback, do these three things to build trust:
  - Get clear in your own mind about how you intend to help, share your intention to be helpful, and offer helpful context.
- Have Regular Career and Professional Development Conversations

Source: 6 Ways to Build Trust With Your Direct Reports Using the Principles of Radical Candor
ttps://www.radicalcandor.com/blog/direct-reports-radical-candor-feedback/

Human Resources: Communicating

- Don’t forget to publicly praise.
  - Meetings
  - Emails
  - Group texts/IMs
  - Newsletters

Human Resources: Counseling

- When creating a counseling process for the practice, an administrator should document the sequence of events to follow for each employee. This gives a guide should the counseling process fail and the employee leave the practice — voluntarily or involuntarily.
- **1st meeting.** Verbal warning – discuss performance issues and action plan.
- **2nd meeting.** Written counseling – discuss non-resolved performance issues.
- **3rd meeting.** Final written counseling – discuss unresolved issues will lead to termination.
- **4th meeting.** Termination. Discuss reason and complete exit checklist.

Source: BSM Consulting, From Counseling to Termination: A Step-by-Step Guide, 2021.

Human Resources: Poll

- How many of you have experienced burn out in the past 24 months?
- How many of you have recently, or currently, feeling states of exhaustion, cynicism or reduced professional efficacy ?

Human Resources: Poll

In September 2022, Microsoft's Work Trend Index published that a global survey of workers across multiple industries and companies found that more than half of managers (53%) report feeling burned out at work.

Human Resources: Supporting Managers

As an Employer:

- Ensure they know you support them.
- Check-in with them regularly.
- Recognize and reward managers' efforts.
- Give managers permission to truly take time off.
- Don't allow strategic incompetence from your team – whether physician or staff.

As an Individual:

- Don't neglect your own growth and development.
- Schedule daily "time outs".
- Overcome your desire to micromanage.
- Learn how to ask for help.
- Don't feel guilty about saying no.
- Practice S.T.O.P. mindfulness.

Human Resources: Manager Burnout

Janice Litvin (a workplace wellness speaker) states when you catch yourself developing negative feelings and thoughts, train yourself to interrupt those thoughts and ask, “Does this situation warrant this degree of angst and anxiety?” And if it doesn’t, choose to think a healthier thought.

S – stop what you’re doing

T – take a breath

O – notice what’s happening in your body – your thoughts, feelings, emotions and physical sensations

P – proceed mindfully and with intentionality

Human Resources: Culture Development

Significant Anniversaries: flowers delivered, gift given at holiday party with speech by doc
Significant Birthdays: birthday theme shirts & lunch for team

Human Resources: Culture Development

- 2/10 “Souper” Bowl party
- 2/14 Valentine Day pizza party
- 3/6 - 3/10 🙏Employee Appreciation & Random Act of Kindness Week
- 3/17 🍀St Patrick’s Day
- 4/2 Administrative Professionals Day 💻🙏
- 5/2 Baby/Bridal Bash 👶👰at Brown Iron Brewhouse Royal Oak
- 5/4 🎯🔫 May the 4th be With You - All Things Star Wars
- 6/5 Celebrating World Orthoptic Day
- 7/8 National Freezer Pop Day 😎
- 7/17 Celebrating National Peach Month
- 8/4 🍪😋 National Chocolate Chip Cookie Day
- 8/5 CEC Summer Party 🎉 @Comerica Park ⚾
- 8/22 🍨 Ice Cream Social Day
- 9/15 🍂🍁 Donuts, apple & cider to celebrate the upcoming fall season
- 10/2 Let's get Corny for National Popcorn Month 🍿💥
- 10/16 Manager Appreciation Day
- 10/31 🎃 Halloween Party
- 11/7 Celebrating Ophthalmic Tech week

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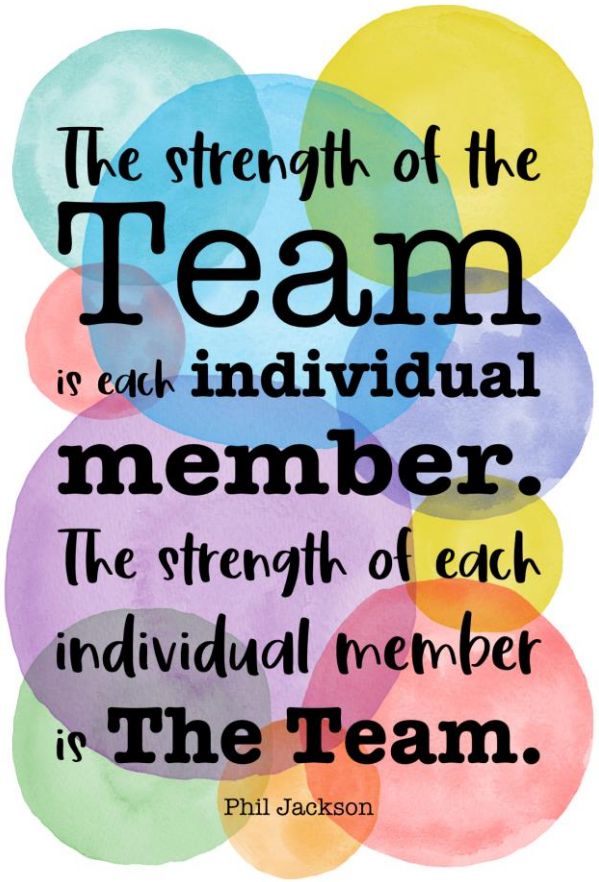
Human Resources: Culture Development

- Training
  - Continuing Education
  - Lunch and learns
  - Productive meetings
- Respect & Empathy
  - Communication and appreciation
- Mentoring

Human Resources: Mentoring



Operational Management

Ruth Williams, MD

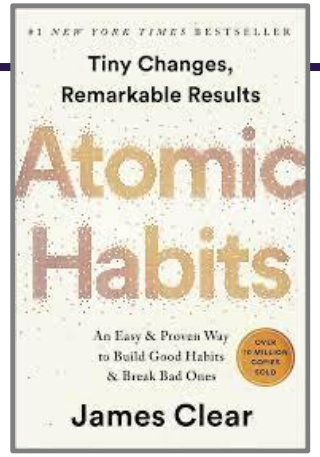
Operational Management: #1 issue

es.®

"Many people have a hard time making decisions because they don't know what is important.

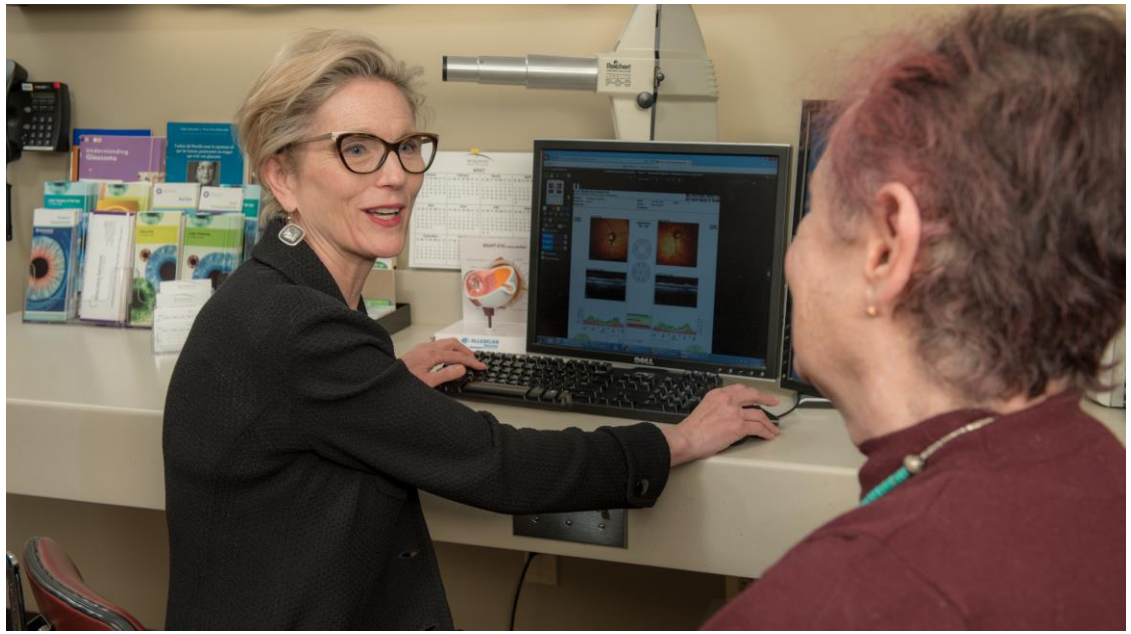
When you have a clear mission and you are completely sure what is important to you, most decisions become easy. Once you're fully committed, you don't need rules for how to spend your time. It's obvious which decision to make. It's clear what to prioritize.

Many people don't need productivity or time management advice. They need conviction."



Optimizing practice resources

- Physician time (and energy)
- Staff engagement



KPIs

- Patient wait times
- Patient volumes
- Patient satisfaction

Patient Wait Times

- Next available appointment

Patient Wait Times

- Next available appointment
- Metrics

Patient Wait Times

- Next available appointment
- Metrics
- One size does not fit all!

Patient Wait Times

- Next available appointment
- Metrics
- One size does not fit all!
- Make wait time a priority

Patient Wait Times

- Next available appointment
- Metrics
- One size does not fit all!
- Make wait time a priority
- Communicate with patients
  - “Your time is just as important as mine.”
  - Tell the truth

Patient Volumes

- Biggest problem is too many patients

Patient Volumes

- Biggest problem is too many patients
- Again, one size does not fit all

Patient Volumes

- Biggest problem is too many patients
- Again, one size does not fit all
- Efficient to add an IOP check or a young myope for a comprehensive exam; hard to add an emergency consult
  - Monocular, wheelchair-bound patient on 02 with high IOP, ocular ischemia, a narrow angle, and a dense cataract

Patient Volumes

- Biggest problem is too many patients
- Again, one size does not fit all
- Efficient to add an IOP check or a young myope for a comprehensive exam; hard to add an emergency consult
  - Monocular, wheelchair-bound patient on 02 with high IOP, ocular ischemia, a narrow angle, and a dense cataract
- Slot for urgent add-on
  - Urgent care ophthalmologist

Patient Satisfaction

- How they are treated!!
  - Back to core values, culture

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Patient Satisfaction

- How they are treated!!
- Patient satisfaction metrics
  - Value
  - Limitations
  - Have procedure to manage patient complaints
    - 9/10 times

Referring Physician Relations

- Same-day letter, phone call, text

Referring Physician Relations

- Same-day letter, phone call, text
- Liberally share my contact info
  - Manager contact info too
  - Make it super easy for referring physician
  - Offer to call patient and set up appointment

Referring Physician Relations

- Same-day letter, phone call, text
- Liberally share my contact info
- Peer-to-peer relationships

Operational changes and improvements

- Empower staff to make tweaks
  - Schedule template
  - Surgical waste

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Operational changes and improvements

- Empower staff to make tweaks
- Okay if new idea is a bust

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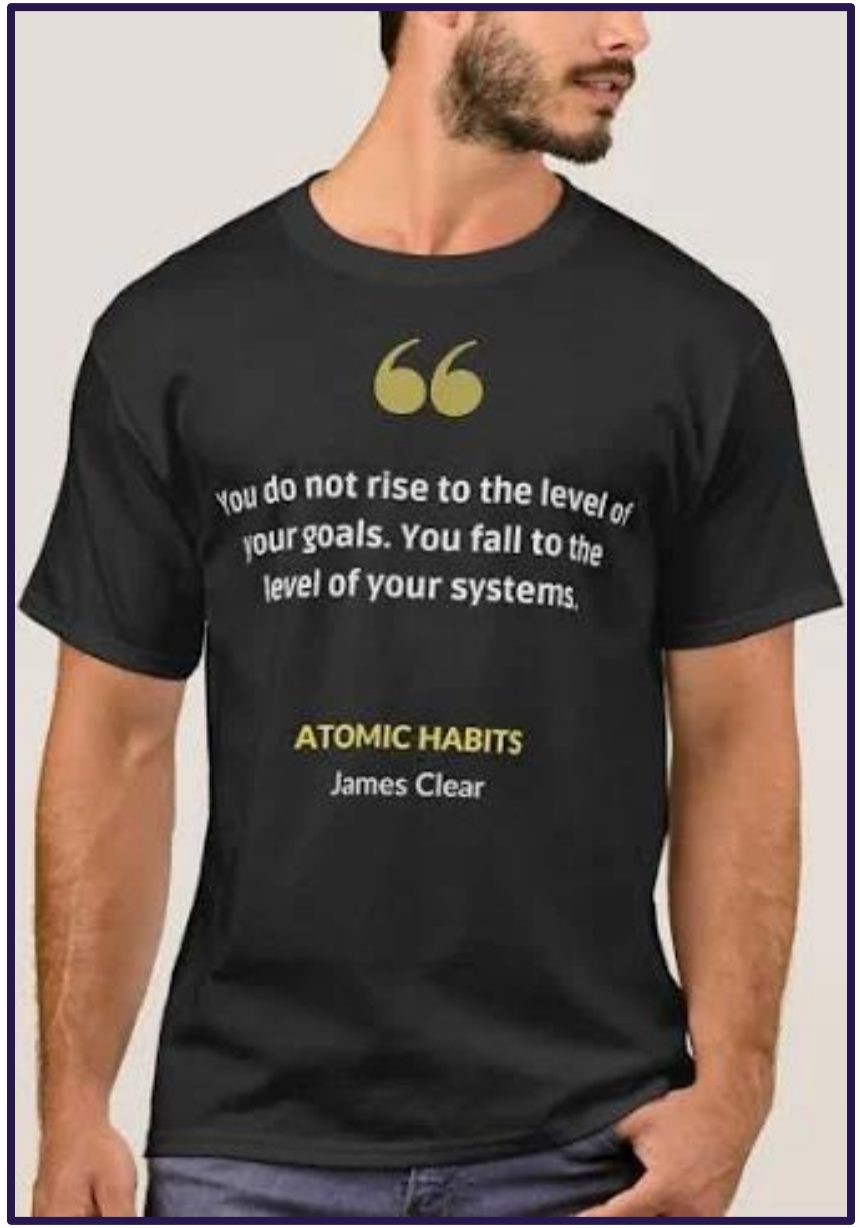
Operational changes and improvements

- Empower staff to make tweaks
- Okay if new idea is a bust
- Monthly managers meeting
  - Interdepartmental teams too


You do not rise to the level of your goals. You fall to the level of your systems.
ATOMIC HABITS
James Clear

Operational Pitfalls

- Too hectic to assess
- Culture is too vertical
- Rigid templates
- Prioritizing physician/staff convenience over patient experience

Pearls

- Match patients to physicians
- FAA approach to no-fault reporting, no-excuse reporting
- Empower everyone to tweak flow, improve efficiency
- Expectation to close every chart, send every letter, answer every message—every day
- L-word

Information Technology Management

Joanne Mansour, OSCR

Data Safety

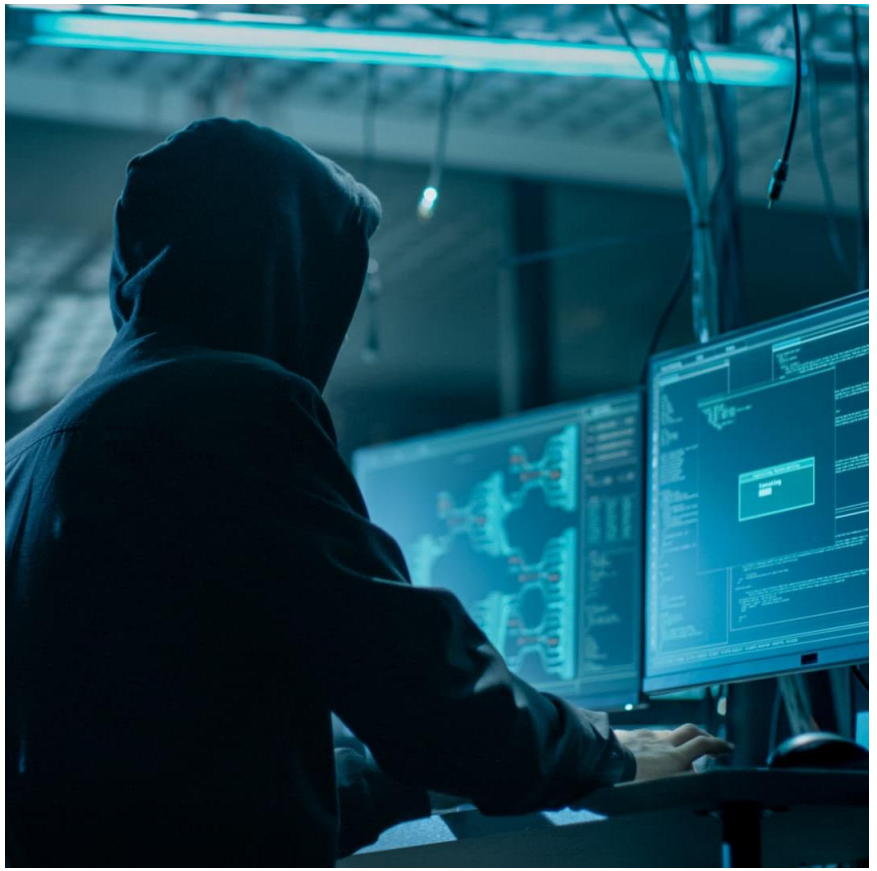
- Confidentiality
  - HIPAA law
    - Protecting patient sensitive data
    - Using HIPAA compliant services
- Integrity
  - Ensuring data is accurate (e.g. diagnoses, allergies, etc)
- Availability
  - Systems & Support are accessible to staff
  - IT environment is stable and always accessible

Cyber Safety is Patient Safety

- Healthcare systems are network connected
  - Imaging devices, payment systems, medical records, in office communication
  - Increasing external connectivity between a variety of medical systems

Remote work increasing

- Systems are accessible to remote workers, but also to attackers
- Additional security precautions need to be in place
- Dedicated IT partners provide the best risk management plan



How to Evaluate an IT partner

- Response Time, esp for mission critical items
- Security Policies
- 24/7 Remote Monitoring And Access To Systems
- Disaster Recovery Plans For Critical Systems
- Open Frequent Communication
- System Maintenance
- Are They Current?
- Monitoring Systems For Malicious Or Dangerous Activity
- Assist In Staff Training
- Proactive Not Reactive

Security Risk Analysis – MIPS requirement

- Employee Responsibilities/Training
- Management of passwords and device access
- Network connectivity
- Encryption
- Facility security
- Disposal of media/hardware
- Breach Notification
- Updated yearly

Budgeting and managing ongoing costs

- In house vs external company
- Cost Expectations
- Different models
  - Flat Rate
    - What does it cover?
    - Addons?
  - Break Fix
    - Availability?
    - Maintenance?
- Special projects

When Bad Things Happen

- Ransomware
- Phishing Emails
- Accidents
- Does your IT team have a disaster recovery plan?
  - Estimated time to recovery
  - Estimated rollback data loss if any

Pearls

- Educate your staff!
  - Youtube/@healthcarecybersecurity/videos
- Maintain your security risk analysis
  - Not just because you have to for MIPS, but because it protects your assets, your patients and your sanity
- If you see something say something IT can always investigate

ORA VISION
Laser Surgery Center

PURNIMA S. PATEL, MD

Purnima S. Patel, MD

Founder and CEO

Practice Management Essentials: Compliance and Risk Management

AAO 2023: San Francisco

ORA VISION
Laser Surgery Center

PURNIMA S. PATEL, MD

I have no relevant financial disclosures

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Regulatory Compliance

- Stay updated with federal, state, and local regulations governing healthcare, such as HIPAA, Medicare, and Medicaid.
- Establish a compliance officer or team to monitor and enforce compliance policies.
- Conduct regular compliance training for all staff to educate them about privacy, billing, and coding regulations.

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Patient Privacy

- Safeguard patient information and maintain strict HIPAA compliance.
- Implement secure electronic health record (EHR) systems with access controls.
- Train staff on the proper handling and protection of patient data.

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Billing and Coding

- Ensure accurate and transparent billing and coding practices to prevent fraud or overbilling.
- Regularly audit billing processes to identify and correct errors.
- Keep staff updated on changes in coding guidelines.

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Informed Consent

- Always obtain informed consent from patients before any procedure, explaining risks, benefits, and alternatives.
- Maintain comprehensive records of consent forms.

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Quality Assurance

- Establish a system for ongoing quality assurance and monitoring of clinical practices.
- Conduct regular chart audits to verify the accuracy and completeness of patient records.

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Medical Malpractice Insurance

- Obtain appropriate medical malpractice insurance coverage to protect against legal claims.
- Ensure coverage limits are adequate for the scope of services provided.

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Emergency Preparedness

1. Develop and implement an emergency response plan to handle unexpected events or disasters.

2. Ensure all staff are trained on emergency procedures.

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Credentialing and Licensing

- Keep all licenses and certifications up to date for both the practice and individual practitioners.
- Verify the credentials of staff and providers to maintain the highest standards of care

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Risk Assessment

- Conduct regular risk assessments to identify potential areas of vulnerability within the practice.
- Develop mitigation strategies to address identified risks.

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Patient Communication

- Maintain clear and open communication with patients regarding their conditions, treatment options, and progress.
- Document all patient interactions, including discussions about risks and potential complications.

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Staff Training

- Provide ongoing training and education for staff on safety protocols, infection control, and compliance standards.
- Foster a culture of safety and accountability within the practice.

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Documentation and Record Keeping

- Maintain thorough and accurate medical records, including clinical notes, test results, and treatment plans.
- Ensure records are stored securely and easily retrievable.

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Conclusion

Ophthalmology practices must prioritize compliance and risk management to provide high-quality care while safeguarding the practice's reputation and financial stability.

These strategies help ensure legal and ethical standards are met, creating a safe and trustworthy environment for both patients and healthcare professionals.

Regular monitoring and adaptation to changing regulations are crucial for long-term success.

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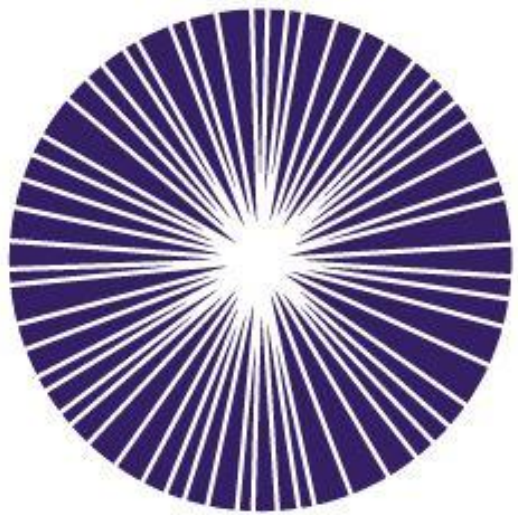
Wrap Up and Questions



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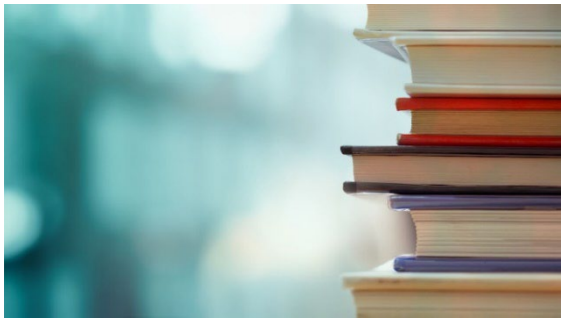

APPENDICES

TIME MANAGEMENT RESOURCES

Time Management Matrix

	Urgent	Not Urgent
Important	**1. The Quadrant of Urgency** - Crises - Pressing problems - Deadline-driven projects, meetings, preparations 	**2. The Quadrant of Quality** - Preparation - Prevention - Values clarification - Planning - Relationship building - Empowerment 
Not Important	**3. The Quadrant of Distraction** - Interruptions, some phone calls - Many pressing matters - Many popular activities - Some emails, reports & meetings - Often deceptive & highjacks time 	**4. The Quadrant of Waste** - Trivia, busywork - Junk emails - Some phone calls - Time wasters - 'Escape' activities 

To learn more, scan the QR code with the camera on your phone or visit www.asl.co.nz/timemanagement

Accounting Solutions
Business Mentors | Chartered Accountants

Time Management Task List

Week of _____

Important + Urgent (Do it now.)	Important + Not Urgent (Decide when to do it.)
1. 2.	1. 2.
Not Important + Urgent **(Decide when to do it or delegate.)**	**Not Important + Not Urgent** **(Delegate or park it.)**
1. 2.	1. 2.

Key Points

How did last week go?

What do you have to complete this week?

PATIENT FINANCIAL RESPONSIBILITY RESOURCES

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[SAMPLE]
Patient Responsibility Fact Sheet

Even if you have insurance and the services are "covered," you may have to pay out of pocket depending on how your medical plan is structured. The key is knowing the difference between copays, deductibles, coinsurance, and your out-of-pocket maximum since all of these are trade-offs for higher or lower monthly premiums.

- **Copay** is a set amount you pay for certain services, most typically a doctor's office visit. Copays may also apply to diagnostic testing/imaging and surgical procedures.

- **Deductible** is a set amount that you must pay before health insurance will begin paying. If the provider is in-network, you get the benefit of the contracted pricing between your provider and the health insurance company, but the "covered amount" is still your responsibility until the deductible is satisfied.

- **Coinsurance** is a set percentage that you pay for services throughout the policy period. For example, if there is 10% coinsurance, you pay that amount for each applicable service and your health plan pays the remaining 90%. If you have a deductible as well, that amount must be satisfied first before coinsurance applies.

- **Out-of-Pocket Maximum** takes all of the above patient responsibility amounts and sets a cap so if you have a policy year with unexpectedly high utilization, there is some protection in place.

Health plans have different combinations of patient responsibility amounts, so read your plan summaries carefully!

For our patients electing advanced technology lenses, any copay/deductible/coinsurance for the "covered" portion of the underlying cataract surgery would be in addition to non-covered fees. Remember, for cataract surgery there are three billing entities: the surgeon (Dr. Lee), the facility (ambulatory surgery center), and anesthesia. If calling your insurance plan to verify costs, the cataract surgery code we most commonly bill is 66984 and our NPI (National Provider ID) is XXXXXXXXXX. For the surgical facilities, the NPIs are as follows:

- Main Line Surgery Center: XXXXXXXXXX
- Surgical Center of South Jersey: XXXXXXXXXX

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For our **Medicare** patients:

- Medicare has Part A coverage for hospital services and Part B coverage for physician/professional services. There is an annual deductible each year and on-going coinsurance of 20% even after the deductible has been satisfied.

- Most patients who use “traditional” Medicare purchase supplemental insurance to pick up the 20% coinsurance amounts and sometimes even the annual deductible.

- Medicare beneficiaries can also choose to sign up with a Medicare Advantage plan, which are managed by commercial insurers, instead of using “traditional” Medicare. They are essentially moving their coverage (hopefully in exchange for lower pricing or additional benefits) to Aetna, Cigna, United HealthCare, or any number of other carriers. However, the patient is typically subject to in-network, prior authorization, and other restrictions, so make sure there is no negative impact on existing care or access to existing providers.

Glossary of Health Coverage and Medical Terms

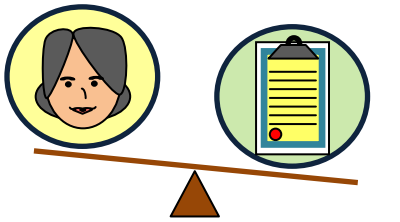
- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- Bold blue text indicates a term defined in this Glossary.
- See page 4 for an example showing how deductibles, co-insurance and out-of-pocket limits work together in a real life situation.

Allowed Amount
Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

Appeal
A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing
When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may ***not*** balance bill you for covered services.

Co-insurance
Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance ***plus*** any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your co-insurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.

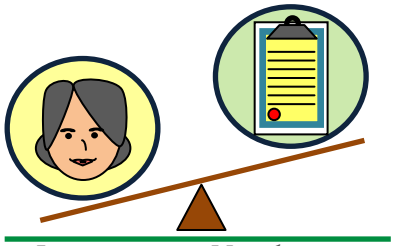


(See page 4 for a detailed example.)

Complications of Pregnancy
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment
A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible
The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



(See page 4 for a detailed example.)

Durable Medical Equipment (DME)
Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition
An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation
Ambulance services for an emergency medical condition.

Emergency Room Care
Emergency services you get in an emergency room.

Emergency Services
Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

Excluded Services
Health care services that your health insurance or plan doesn't pay for or cover.

Grievance
A complaint that you communicate to your health insurer or plan.

Habilitation Services
Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance
A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care
Health care services a person receives at home.

Hospice Services
Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization
Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care
Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance
The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Co-payment
A fixed amount (for example, $15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

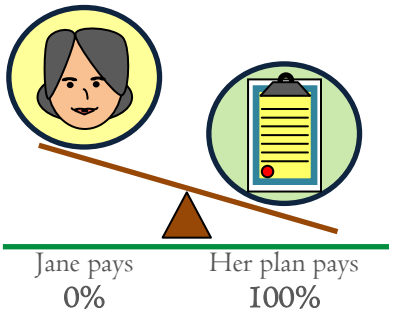
Medically Necessary
Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider
A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Out-of-network Co-insurance
The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do ***not*** contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-network Co-payment
A fixed amount (for example, $30) you pay for covered health care services from providers who do ***not*** contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network co-payments.

Out-of-Pocket Limit


The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

(See page 4 for a detailed example.)

Physician Services
Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan
A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization
A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider
A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium
The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage
Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs
Drugs and medications that by law require a prescription.

Primary Care Physician
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery
Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services
Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care
Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

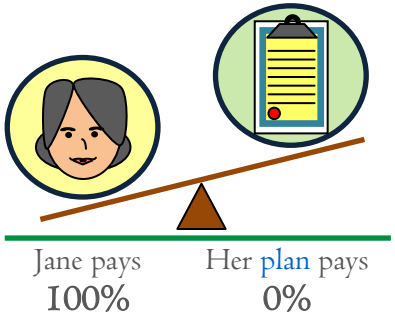
Urgent Care
Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: $1,500 **Co-insurance:** 20% **Out-of-Pocket Limit:** $5,000

January 1st
Beginning of Coverage Period

December 31st
End of Coverage Period

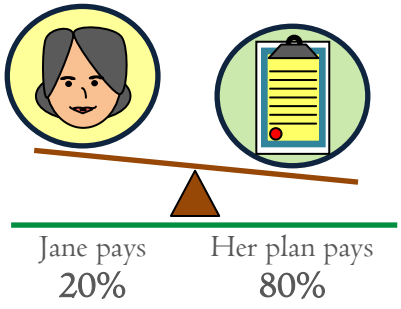


Jane hasn't reached her $1,500 deductible yet

Her plan doesn't pay any of the costs.

Office visit costs: $125
Jane pays: $125
Her plan pays: $0

more costs

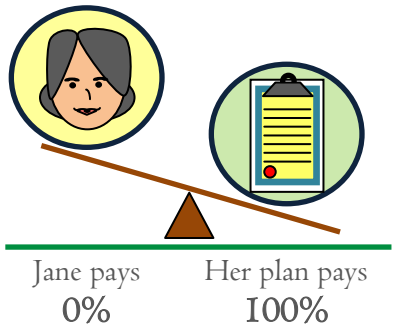


Jane reaches her $1,500 deductible, co-insurance begins

Jane has seen a doctor several times and paid $1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs: $75
Jane pays: 20% of $75 = $15
Her plan pays: 80% of $75 = $60

more costs



Jane reaches her $5,000 out-of-pocket limit

Jane has seen the doctor often and paid $5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: $200
Jane pays: $0
Her plan pays: $200

Human Resources Management

Leadership Podcasts

American College of Healthcare Executives: Healthcare Executive Podcast
Cleveland Clinic: Beyond Leadership
Harvard Business: IdeaCast
Harvard Business: Coaching Real Leaders
Harvard Business: Review on Leadership
Quick and Dirty Tips: Modern Mentor
Radical Candor Podcast with Kim Scott
Society for Human Resource Management All Things Work
Society for Human Resource Management: Honest HR
The Modern Manager with Mamie Kanfer Stewart

Organizations and Online Resources

Society of Human Resource Management current Legislative Tracking Topics on both the state and federal levels:
shrm.org

Background/Credit Checks
Background/Criminal
Disability Employment
Discrimination in the Workplace
Domestic Violence/Workplace Bullying
Employee/Employer Drug Testing
Equal Pay/Comparable Worth
Fair Work Scheduling
Harassment in the Workplace
Holiday Pay
Leave
Mandated Use of E-Verify
Medical Marijuana/Cannabis
Minimum Wage
Misclassification of Workers
Overtime Pay
Payroll Cards
Right to Work
Social Media Passwords
Unemployment Insurance
Union Organizing/Collective Bargaining
Veterans Hiring
Wage Theft
Workers Compensation
Workplace Weapons

American Academy of Ophthalmic Administrators' Salary Survey
aao.org/practice-management/analytics

- AAO launched the Academetrics: Ophthalmic Salary Survey for specific benchmarks related to optometrist, mid-level provider and staff salary data.The survey was developed in affiliation with the Outpatient Ophthalmic Surgery Society (OOSS) to help Academy, AAO and OOSS members benchmark their compensation and benefit packages.
- Reports available only to practices that participate
- Reports are available immediately and can be filtered by several factors
- Time to complete is 10 to 30 minutes depending upon the size of practice
- Benefit for members, no additional fees. You just have to submit your data to see comparisons.

Association of Technical Personnel in Ophthalmology's Technician Salary Survey
atpo.org/ATPONew/Education/Salary_Survey/ATPONew/Salary_Survey.aspx

- ATPO conducts a national salary and benefits survey every two years, in collaboration with the International Joint Commission on Allied Health Personnel in Ophthalmology, Inc. (IJCAHPO).
- Benefit for members
- Non-members can purchase for $50 at https://store.jcahpo.org/detail.aspx?id=SSATPO17&PROMO=ATPO

Medical Group Management Association's Compensation and Production Survey
mgma.com/data/participate-in-an-mgma-survey

- The MGMA Compensation and Production Survey collects data on compensation for medical practice leadership and support staff, physician and nonphysician providers. It also benchmarks productivity by specialty, including provider collections, encounters, work RVUs, etc.
- Benefit for members

US Department of Labor
www.dol.gov/

- Range of topics covering: Disability Resources, Elaws, Equal Employment Opportunity, Health Plans and Benefits, Leave Benefits, Major Laws of DOL, Other Benefits, Posters, Retirement Plans, Benefits and Savings, Spanish Language Resources, Termination, Training, Unemployment Insurance, Wages, Whistleblower Protection, Work Hours, Workers' Compensation, Workplace Safety and Health

ADMINISTRATOR JOB DESCRIPTION

Reports to: Physician Owners, Managing Partner

Summary of Responsibilities: Responsible to the board of directors for the administration, planning and coordination of all business affairs of all corporate entities, except those patient care activities directly involving professional medical judgment. This position also supervises the corporate staff, administrators and office managers, delegating authority and responsibility as needed.

List of Responsibilities/Duties

1. Planning and Development:
    - Monitors the regulatory, social and economic changes in health care and presents recommendations to the board of directors based on an analysis of such information.
    - Presents recommendations to the board of directors for the mission statements, goals and objectives of the organizations.
    - Assists the board in establishment and maintenance of a plan for compliance with all federal, state and local laws and regulations .
    - Presents recommendations to the board of directors for a comprehensive integrated business plan to include each business entity in support of the mission, goals and objectives of the organizations.
    - Develops and maintains relationships with outside entities appropriate to the accomplishment of organizational goals.
    - Coordinates meetings of the executive committee and the doctors as needed.
    - Coordinates with external consultants on projects such as the doctor equity buy-in plan, practice acquisitions and joint ventures.
    - Communicates with *Practice*'s doctors regularly to foster team building, awareness, cooperation and development of leadership skills.
2. Financial and Practice Operations:
    - Provides recommendations to the board of directors for financial policies of all entities.
    - Implements all approved financial policies as well as pertinent local, state and federal regulations pertaining to billing, allocation of payments, collections, write-offs, payroll, etc.
    - Reviews and analyzes the financial and operational performance of all entities, including billing, collecting, insurance processing, payroll, accounts payables, payable, monthly accounting and daily cash management, as well as internal controls and patient care data and staff performance.
    - Provide periodic financial reports to the Board of Directors regarding the financial performance of all entities.
    - Prepares recommendations for an annual budget for all entities prior to each fiscal year and compares budget to actual performance.
    - Reviews and analyzes the utilization of business resources, including personnel, facilities, equipment, records, supplies and capital to achieve optimal efficiency and effectiveness in all areas.
    - Develops proposals for professional employment agreements, managed care programs and other contracts for services as needed.
    - Evaluates leases, participation agreements for managed care programs, proposals for acquisitions or mergers and other contracts for services or equipment.
    - Monitors or conducts feasibility studies for projects selected by the board of directors.
    - Meets regularly with administrators and office managers to review practice operations.
    - Reviews customer satisfaction reports to the board of directors.
    - Reviews implementation of system-wide programs to assess quality, determine problem areas, develop recommendations, implement changes and assess results for improving the satisfaction of patients, managed care plans, employers, referring physicians and others.
    - Reviews reports on appointment scheduling systems, patient follow-up systems and recall systems.
3. Personnel:
    - Reviews the implementation of recruiting, orientation and personnel review programs to insure associates' understanding of *Practice*'s mission and objectives and the importance of attitude, attendance, accuracy, appearance and aptitude in achieving the objectives.
    - Reviews the implementation of personnel policies for adherence and consistency.
    - Ensures the maintenance of personnel records.
    - Provides recommendations to the board of directors for any changes to personnel policies.
    - Assists the board of directors in maintaining cooperative and productive relationships among the professional medical staff
4. Marketing:
    - Conducts and obtains market research to ascertain customer needs and expectations.
    - Develops recommendations for marketing organizational services for the board of directors.
    - Insures implementation of approval plans.
    - Continues development of the corporate website for marketing and patient services
5. Administration of Related Entities:
    - Serves as executive director of *Practice*.
    - Maintains responsibility for all network development and administration and liaison with physicians and their staff.
    - Provides liaison and negotiation for contracts.
    - Oversees claims processing for contracts.

- Coordinates credentialing, marketing and planning.
- Oversees preparation of monthly financial reports and periodic membership utilization reports for the board of directors.
- Develops and maintains relationships with managed care plans to develop new business.

Minimum Education Requirements

- A Bachelor's degree in medical administration, business or a related area is desired.

Minimum Background Requirements

- At least five years management experience in medical group practice required — ophthalmology practice management desired.
- Working knowledge of Medicare, Medicaid, commercial insurance, managed care plans and medical computer billing systems.
- Financial skills and sufficient knowledge of accounting to direct the operation of a computerized general ledger, A/P, A/R, payroll and patient management system.

Minimum Demonstrated Skills

- Demonstrated excellence in management, leadership and organizational skills.
- Demonstrated excellence in communication skills.
- Demonstrated ability to effectively convey ideas and information.
- Demonstrated ability to work cooperatively with others.
- Demonstrated ability to successfully work with physicians and office personnel.
- Must be very positive and enjoy working towards difficult goals.
- Must be a creative idea-generating individual with excellent follow-through abilities.
- Must have a track record as a self-starter, capable of taking initiative, working independently, delegating effectively and achieving beneficial bottom-line results for the organization.

The Americans with Disabilities Act requires that reasonable accommodations be made for qualified individuals to help perform the required duties and tasks of the position. Please let us know at the time you apply for a position if you will need any special accommodations.

I have read and understand my job description.

_____ _____

Employee Signature **Date**

PEDIATRIC OPHTHALMIC TECHNICIAN JOB DESCRIPTION

Reports to: Administrator Director and Physicians

Summary of Responsibilities: Responsible for daily patient care. Ensures the patient feels welcome to the practice and continues to return in order to receive medical care in a caring, professional and empathetic environment. Perform evaluation and treatment of pediatric (and some adult) patients with disorders of the visual system.

Research Expectations: All members of the clinical staff should be actively engaged in communication and problem-solving with clinical team, and research coordinator, to increase quality research activity to further enhance the field of pediatric ophthalmology.

Administrative Responsibilities:

- Checks email daily and responds accordingly.
- Maintains active research certifications as specified by protocol or IRB (i.e. PEDIG visual acuity and stereoacuity tester certifications, CITI training, etc.).
- Accurately documents all patient correspondence.
    - Documents any phone/ email correspondence with patient in medical chart.
    - Documents study participation and all source documents in medical chart, per company policy.

Clinical Responsibilities:

- Knowledgeable of practice research policies. When unsure of protocols, technician is able to locate protocols in the research binder, or will ask the appropriate staff member to make sure study visit is complete.
- Works within skill set. Staff member recognizes own limitations and seeks assistance in order to accurately perform testing. Familiar with which tasks need to be handled by senior staff, CO's, docs, etc.
    - Technician asks for help when necessary and accepts responsibility for errors and their correction.
- Aware of which staff need to perform testing specific to each protocol (vision tested by tech or CO, motility tested by CO, etc.).
- Demonstrates thorough understanding of research protocols.
    - Thoroughly reviews and signs off on understanding of each protocol.
    - Able to accurately determine patient eligibility based on ocular and medical history.
    - Able to educate eligible patients. Comfortable with consenting patients and completing enrollment.
    - Technician is able to answer patient questions regarding research policy, clinical/ research protocol, and study procedures.
- Diligently reviews charts to flag potential research patients.
- Performs a complete exam including all required protocol-specific elements, within scope of position.
    - Familiar with all study forms for efficiency and completeness of exam.
- Accurately and efficiently completes all data sheets and source documents.
- Sends data sheets and source documents to research coordinator in a timely fashion.

Other Example of Duties:

- counseling and education families about diagnosis, prognosis and treatment
- assisting in research projects
- assisting the physicians in daily clinical responsibilities
- maintain an organized, clean and efficient clinic
- routine maintenance, and trouble-shooting, of ophthalmic equipment
- scribing, and assisting on procedures, with the doctor as needed
- community outreach and education, as directed by the physicians and Executive Director
- duties and responsibilities may be added, deleted or changed at any time at the discretion of management, formally or informally, either verbally or in writing
- Communicate with clinical team to manage daily tasks, completed between patients and in down time, daily tasks include:
    - Opening/ closing rooms each day
    - Reviewing charts for potential research patients
    - Assisting front desk staff as needed (re: patient questions and phone calls, scheduling questions, follow up for no show patients, etc.)
    - Addressing charts requiring clinical staff follow up (re: patient questions, med refills, vision reports, etc.)
    - Cleaning instruments. Clinical team must be aware of instrument stock to ensure that instruments are clean ahead of scheduled procedures (ROPs, in office probes, adjustable sutures, etc.). This sometimes means cleaning instruments mid-day to ensure afternoon procedures have clean instruments.
    - Stocking exam rooms
    - Cleaning exam rooms (lenses, toys, exam tools, etc.)
    - Handling stock of aphakic contact lenses

- Monthly ordering and tracking of clinical supplies
- Ordering/ tracking of samples (pharmaceuticals, patches, etc.)
- Perform one month follow up calls for patients newly referred to low vision services

Customer Service Requirements:

- Greet patient verbally and with eye contact when introducing yourself.
- Provide the patient with your name, role and how you will be assisting the doctor with the exam.
- Show the patient, and family, respect at all times. And, if you're having difficulty, have another peer and/or attending assist you.

Typical Physical Demands: Requires prolonged standing, walking, some bending, stooping and stretching. Requires excellent communication skills and a keen understanding of patients with sensory impairment. Must be able to express a caring attitude while performing the tasks required with accuracy and efficiency. Requires normal range of hearing and eye sight to perform necessary testing and reporting of findings.

Performance Requirements:

- Excellent communication skills.
- ability to empathize and communicate effectively and diplomatically with patients and fellow professionals
- the ability to work alone or in a team
- patience
- self-motivation and initiative
- good observational skills
- attention to detail
- organizational skills
- adaptability, e.g. the ability to work with different age groups
- ability to handle emotional situations sensitively.

Education/Experience:

- Bachelor's Degree preferred or
    - Completion of an accredited ophthalmic training program or
    - Completion of AAO Home Study Course or
    - Certified Ophthalmic Assistant (COA), Certified Ophthalmic Technician (COT) or, Certified Medical Technologist (COMT) or
    - One year's experience working in the clinical setting of an ophthalmology, optometric or optical practice

Example of Duties:

- Greets patient and introduces self prior to eye exam.
- Explains to patient what patient should expect from technician's work up and from the MDs.
- Completes a detailed patient history which includes: past medical history (systemic and ocular), family medical history (systemic and ocular), medication history (systemic and ocular), and the chief complaint (reason for the visit).
- Checks patient's uncorrected (when applicable) and corrected visual acuity for distance (snellen, HOTV) and near (jaeger, HOTV).
- Neutralizes eye glasses by manual Lensometry. Able to measure prism in spectacles and mark optical centers.
- Performs: Ishihara Color Vision, Stereo, W4D, Amsler, Confrontational Visual Fields, Extra Ocular Movements, and Titmus stereo testing.
- Performs subjective refraction: cross cylinder technique (if applicable)
- Performs Applanation, iCare or Tono Pen tonometry on patient.
- Performs pupil assessment prior to dilating patient.
- Attend required staff and educational meetings as requested.
- Maintains strictest confidentiality.
- Performs related work as required.
- Abides by the policies and procedures of the clinical department as outlined in the opeations manual.
- OSHA/handwashing.

Performance Requirements: Working knowledge of anatomy and physiology of the eye with a strong emphasis on ocular motility. Understands both the theory and the workings behind specific testing. Knowledge of systemic diseases and their impact on the eyes. Knowledge of the ocular diseases of the techs assigned specialty. Excellent communication skills.

JOB RECRUITMENT POSTING EXAMPLE (written by Chat GPT)

Job Title: Medical Receptionist
Company: [Your Healthcare Practice's Name]
Location: [City, State]

About Us: At [Your Healthcare Practice's Name], we are dedicated to providing high-quality medical care with a focus on patient satisfaction and well-being. Our team of healthcare professionals is committed to excellence, and we are currently seeking a friendly and organized Medical Receptionist to join our team and contribute to our mission of delivering exceptional patient experiences.

Position Overview: We are looking for a detail-oriented and customer-focused Medical Receptionist to be the welcoming face of our practice. As a Medical Receptionist at [Your Healthcare Practice's Name], you will be responsible for providing exceptional front-desk support, scheduling appointments, verifying insurance information, and ensuring that our patients receive the best possible care from the moment they walk through our doors.

Responsibilities:
Greet patients and visitors with a warm and welcoming demeanor.
Answer and direct incoming phone calls to the appropriate departments.
Schedule patient appointments and follow-up visits, coordinating with healthcare providers and staff.
Verify and update patient insurance information, ensuring accuracy and completeness.
Collect co-payments and provide financial information to patients when necessary.
Maintain organized patient records, including filing and data entry.
Handle patient inquiries and requests with professionalism and efficiency.
Assist with administrative tasks, such as managing the waiting area and ordering office supplies.
Collaborate with medical staff to ensure smooth patient flow and optimal patient care.

Qualifications:
High school diploma or equivalent (Associate's degree preferred).
Previous experience in a medical receptionist or customer service role is a plus.
Strong interpersonal and communication skills.
Exceptional customer service skills, with a friendly and patient-centered approach.
Proficiency in using office software, including Microsoft Office Suite.
Excellent organizational and multitasking abilities.
Attention to detail and accuracy in data entry and record-keeping.
Ability to maintain patient confidentiality and privacy.

Benefits:
Competitive hourly wage.
Comprehensive benefits package, including healthcare, dental, and retirement plans.
Opportunities for professional growth and development.
Supportive and collaborative work environment.
Meaningful work that contributes to improving patient care.

How to Apply:
If you are a dedicated and compassionate individual with a passion for providing outstanding customer service in a medical setting, we invite you to apply for the Medical Receptionist position at [Your Healthcare Practice's Name]. Please submit your resume and a cover letter outlining your qualifications and relevant experience to [Email Address].

Join our team at [Your Healthcare Practice's Name] and be a part of our commitment to delivering exceptional healthcare services. We look forward to welcoming you to our team.

Pediatric Technician: Clinical Training Schedule (created by Lauren Marozas, CO, COT)

Week 1

- [ ] Basic housekeeping functions
  - [ ] Opening and closing exam rooms
  - [ ] Cleaning/sanitizing procedures
  - [ ] Flag system
  - [ ] Chart light & chart placement
  - [ ] Doc faces and room assignments
  - [ ] Grabbing charts and guiding patients toward exit when possible
- [ ] Exam room equipment introduction
  - [ ] Light switches/dimmers
  - [ ] Slit lamp (including handheld)
  - [ ] Phoropter
  - [ ] Penlight
  - [ ] Retinoscope
  - [ ] Direct ophthalmoscope
  - [ ] Indirect ophthalmoscope
  - [ ] 20 & 28D aspheric lenses
  - [ ] Loose lenses including differentiating plus/minus/cyl
  - [ ] Trial frames
  - [ ] Prisms
- [ ] Orientation to patient exam
  - [ ] Appropriate greeting
  - [ ] CEE vs OV
  - [ ] Rooming procedures
  - [ ] Returning from dilation
- [ ] Walkthrough of exam sheet
  - [ ] New patients
  - [ ] Established patients

Lectures

- [ ] Basic ocular and vision system anatomy

Introduction to refractive errors and accommodation

Reading

- [ ] Introduction to Ophthalmic Medical Assisting (OMA Chpt 1)
- [ ] Anatomy and Physiology of the Eye (OMA Chpt 2)
- [ ] Physiologic Optics (Cassin Chpt 14, p. 139-146)
- [ ] Optics and Refractive States of the Eye (OMA Chpt 5)

Documents given

- [ ] Common medical and ophthalmic abbreviations
- [ ] New patient exam sheet
- [ ] Established patient exam sheet

Week 2

- [ ] History taking
  - [ ] Practice recording histories while shadowing
- [ ] Stereoacuity testing
- [ ] Emergencies in Eye Care
- [ ] Introduction to lensometry
  - [ ] Recognizing flipped lenses and how/when to correct
- [ ] M&S System tutorial
  - [ ] Practice
- [ ] Cyracom tutorial and troubleshooting
- [ ] Introduction to amblyopia
  - [ ] Critical period
  - [ ] Detection
  - [ ] Treatment
    - [ ] Occlusion and types
    - [ ] Atropine
  - [ ] Crowding phenomenon
  - [ ] Anisometropia explained
  - [ ] Focus on amblyogenic conditions

Lectures

- [ ] History taking
- [ ] Introduction to amblyopia

Physiology, treatment, amblyogenic conditions

Reading

- [ ] History Taking (Cassin Chpt 15, p. 155-157)
- [ ] History Taking (OMA, p. 113, Box 8.1)
- [ ] Emergencies in Eye Care (Ledford)
- [ ] Patient Interaction, Screening and Emergencies (OMA, Chpt 15)
- [ ] Comprehensive Exam (OMA, Chpt 8)

Documents given

- [ ] History taking cheat sheet

Week 3

- [ ] Introduction to vision testing
  - [ ] Proper occlusion
  - [ ] Which eye checked first
  - [ ] LEA, HOTV
  - [ ] Linear vs isolated
  - [ ] Crowding bars
  - [ ] Indications for use of each
  - [ ] Introduction to pinhole including optical effect and indications for use
  - [ ] Indications for use of:
    - [ ] Trial frame
    - [ ] Minus lenses
    - [ ] Checking near vision
    - [ ] Checking OU vision
- [ ] Lensometry revisited
  - [ ] Segmented bifocals
  - [ ] Progressives
  - [ ] Detecting prism
- [ ] Intro to motility
  - [ ] Review H's and where to document
  - [ ] Recording of anomalous movements
    - [ ] Horizontal underaction
    - [ ] Vertical overaction and underaction
  - [ ] Begin evaluating motility of "normal" patients
- [ ] Introduction to dilation
  - [ ] Physiology and purpose
  - [ ] Frequency
  - [ ] Side effects and safety
  - [ ] Communication with parents and patients
  - [ ] Instilling drops
    - [ ] Sterile technique
    - [ ] Safe restraint
  - [ ] Begin dilating
- [ ] Optical "math"
  - [ ] Components of glasses Rx
  - [ ] Plus vs minus cylinder
  - [ ] Rx transposition & practice
  - [ ] Spherical equivalent

Lectures

- [ ] Introduction to extraocular muscle anatomy; introduction to versions and ductions

Reading

- [ ] Optical Center (OMA, p. 195, Box 12.7)
- [ ] Visual Acuity (OMA, p. 117-119, Box 8.1, 8.2, 8.3)
- [ ] Visual assessment (Cassin Chpt 15, p. 157-162, plus table on 165)
- [ ] Ocular motility (Cassin Chpt 21, p. 307-320)

Documents given

- [ ] Doctor dilation preferences

Common Pediatric Ocular Pathology and Chief Complaints

- [ ] Ocular injuries
  - [ ] Ruptured globe (importance of IOP)
  - [ ] Hyphema (importance of IOP)
  - [ ] Corneal abrasion
  - [ ] Lid laceration
  - [ ] Subconjunctival hemorrhage
  - [ ] Foreign body
  - [ ] Traumatic iritis, cataract
  - [ ] Orbital fractures
- [ ] Conjunctivitis
  - [ ] Infectious
  - [ ] Allergic
  - [ ] Blepharokerato-
- [ ] Other infections
  - [ ] HSV
  - [ ] Cellulitis
    - [ ] Preseptal
    - [ ] Orbital
  - [ ] Endophthalmitis
- [ ] NLDO
- [ ] Lids
  - [ ] Chalazion, hordeolum
    - [ ] Conservative treatment
    - [ ] I&D
  - [ ] Hemangioma
    - [ ] Propranolol
  - [ ] Ptosis
    - [ ] Levator function
    - [ ] Surgical correction
- [ ] Corneal pathology
  - [ ] Exposure
  - [ ] Bell's palsy
  - [ ] Tarsorrhaphy
  - [ ] Ulcers and scarring
- [ ] Retinal holes, tears, detachments
- [ ] Cataracts
  - [ ] Aphakia
    - [ ] Aphakic spectacles & CTL
  - [ ] Pseudophakia

Reading: Cataracts Cassin Chpt 27 (p. 406-410)
Reading: CTL for aphakia Cassin Chpt 23 (p. 343-344)

Week 4

- [ ] Pupil evaluation
  - [ ] Videos?
  - [ ] Hippus
  - [ ] Swinging flashlight/APD
  - [ ] Response to near
  - [ ] Detecting anisocoria and determining whether physiologic
  - [ ] Indications for MD check prior to dilation, including awareness of iris anomalies
- [ ] VA testing of the low vision patient
  - [ ] CF
  - [ ] LP
  - [ ] LP with projection
  - [ ] NLP
  - [ ] LEA cards
  - [ ] How to recognize eccentric fixation
- [ ] IOP
  - [ ] Indications for checking
  - [ ] When to use each method
  - [ ] iCare
    - [ ] Tips for troubleshooting
  - [ ] Tonopen
    - [ ] Proparacaine
    - [ ] How to calibrate
  - [ ] Applanation
    - [ ] Proparacaine and Fluorescein
    - [ ] How to clean applanation tip
  - [ ] How to handle high readings
- [ ] Strabismus and eye muscle surgery (Stage 1)
  - [ ] Intro to corneal light reflexes
  - [ ] Cover testing
  - [ ] Alternate cover testing
  - [ ] Differentiating phoria, tropia, and intermittent tropia
  - [ ] Begin performing CT and alternate cover test to determine:
    - [ ] Direction of deviation
    - [ ] Manifest, latent, or intermittent deviation
  - [ ] Recognize deviations that build
  - [ ] Assess control in intermittent and building deviations

Lectures

- [ ] Intro to strabismus and eye muscle surgery

Reading

- [ ] Pupils (Cassin Chpt 15, p. 169-172 focus on 171-172)
- [ ] Pupillary Reaction (OMA, p. 121, Box 8.4)
- [ ] Strabismus evaluation (Cassin Chpt 20, p. 289-298)
- [ ] Abnormalities of the eye (OMA Chpt 3)

- [ ] Autoimmune disorders
- [ ] Uveitis
- [ ] Diabetes
  Reading: Cassin Chpt 28 (p. 425-426)
- [ ] Optic nerve disease
  - [ ] Hypoplasia
  - [ ] Atrophy
  - [ ] Drusen
  - [ ] “Anomaly”
  - [ ] Papilledema
- [ ] Ocular Hypertension
- [ ] Glaucoma
  Reading: Cassin Chpt 27 (p. 410-417)
  Reading: Cassin Chpt 27 (p. 397-400)
- [ ] Syndromes
  - [ ] NF-1
  - [ ] Marfan’s
  - [ ] Down’s
  - [ ] ASD
- [ ] Microphthalmia
- [ ] Coloboma
- [ ] Retinoblastoma
  - [ ] Enucleation
  - [ ] Prosthetics
- [ ] Other ocular cancers/orbital masses
- [ ] Papilledema checks
  - [ ] Hydrocephalus/shunt
  - [ ] Chiari malformations
  - [ ] Headaches/migraines
  - [ ] Pseudotumor (IIH)
- [ ] Sources of low vision
  - [ ] Optic nerve hypoplasia
  - [ ] Retinal dystrophies
  - [ ] Ocular and oculocutaneous albinism

Weeks 5-6

- [ ] Color vision testing
  - [ ] Indications
  - [ ] HRR vs. Ishihara
  - [ ] How to complete testing forms and record in chart
  - [ ] Overview of types of color deficiency and mode of inheritance
- [ ] Confrontational visual fields
  - [ ] How to perform
  - [ ] When indicated and appropriate to perform
- [ ] Unique exams
  - [ ] Headaches
    - [ ] Common signs of migraines
    - [ ] Intro to convergence including NPC
    - [ ] Near vision
  - [ ] Reading trouble/ learning disabilities
    - [ ] Near vision
    - [ ] Screening for hypoaccommodation
- [ ] Strabismus and eye muscle surgery (Stage 2)
  - [ ] Begin assessing motility in strabismic pts and pts with over/underactions
  - [ ] Overview and goals of horizontal EOM Sx and abbreviations
  - [ ] Introduction to optics of prism
  - [ ] Introduction to PACT
  - [ ] Begin performing PACT
  - [ ] Recognizing and overcoming redress
- [ ] ROP exams
  - [ ] Purpose and timing
  - [ ] Workup including walkthrough of exam sheet
  - [ ] Dilating procedures
  - [ ] How to educate and prepare parents
  - [ ] Setup and how to hold
  - [ ] Handling of instruments
- [ ] P&I
  - [ ] Purpose including brief anatomy overview
  - [ ] Qualifications for in office vs OR
  - [ ] Overview of conservative management tried first
  - [ ] Consent process
  - [ ] Set up and how to hold
  - [ ] Handling of instruments
- [ ] Crawford tube removal
  - [ ] Consent process
  - [ ] Instruments to prepare

Lectures
?

Reading

- [ ] Strabismus evaluation (Cassin Chpt 20, p. 298-305)
- [ ] Infection Control (OMA, p. 101-102; Box 7.1, 7.2, 7.3)
- [ ] Systemic Diseases and Ocular Manifestations (OMA, Chpt 4)
- [ ] Low Vision (OMA, Chpt 13)

Weeks 7-9

- [ ] Vision assessment of the pre- and nonverbal patient
  - [ ] RTL/eye popping reflex
  - [ ] F+F
  - [ ] CSM
  - [ ] Begin to practice on older, cooperative pts
  - [ ] Begin to practice on younger, tougher pts
- [ ] Pharmacology
  - [ ] Antibiotics gtts and ung
  - [ ] Steroids, including effect on IOP, weaning, etc
  - [ ] Glaucoma gtts
  - [ ] Oral medications
  - [ ] Medications with ocular sequelae
  - [ ] Cap colors
  - [ ] Prescription highlights and abbreviations
- [ ] **MD Toolbox training**
- [ ] Strabismus and eye muscle surgery (Stage 3)
  - [ ] Estimating alignment in sensory strabismus or when PACT unable
    - [ ] Hirschberg quantification
    - [ ] Krimsky/modified
  - [ ] Versions and ductions revisited
  - [ ] Incomitant strabismus
    - [ ] Brown Syn
    - [ ] Duane's Syn
    - [ ] Cranial nerve palsies
  - [ ] Oblique dysfunction & consequences
    - [ ] Alphabet patterns
    - [ ] Vertical deviations
  - [ ] Identifying and measuring vertical deviations
  - [ ] Identifying DVDs
  - [ ] Recognizing when secondary measurements are needed
- [ ] Nystagmus workup
  - [ ] Frosted occluder, near vision, OU vision
  - [ ] Null point
  - [ ] AHP
  - [ ] Estimating strabismus
  - [ ] Differentiating latent vs. manifest
- [ ] Pupil pathology:
  - [ ] Adie's/Pilocarpine
  - [ ] Horner's/Apraclonidine & Cocaine
    - [ ] Other signs

Lectures

- [ ] CSM
- [ ] Incomitant strabismus

Reading

- [ ] Pupil pathology (Cassin Chpt 15, p. 172-175)
- [ ] Nystagmus (Cassin Chpt 27, p.. 399-406 [focus on Congenital Nystagmus section])
- [ ] CSM (Cassin Chpt 15, p. 163-163)
- [ ] Ocular Motility: Incomitant Deviations (Cassin Chpt. 22)
- [ ] Pharmacology (OMA, Chpt 6)

Documents

- [ ] Glaucoma medication spreadsheet
- [ ] MD Toolbox tutorial

Common Strabismus

- [ ] Esotropia
  - [ ] Infantile
  - [ ] Accommodative
    - [ ] High AC/A & workup
  - [ ] Monofixational
- [ ] Exotropia
  - [ ] Infantile
  - [ ] Intermittent
- [ ] Sensory strabismus
- [ ] Duane Syndrome
- [ ] Brown Syndrome
- [ ] III N palsy
- [ ] IV N palsy
- [ ] VI N palsy

Ongoing

- [ ] Equipment maintenance and cleaning
  - [ ] Autoclave
  - [ ] Sanitizing goldman applicator
  - [ ] Replacing bulbs/batteries of handheld tools
  - [ ] Troubleshooting slit lamp problems
  - [ ] Troubleshooting computer/M&S problems
  - [ ] Animals- battery replacement and troubleshooting
  - [ ] Reading: Care of Ophthalmic Lenses and Instruments (OMA, Chpt 22)
- [ ] Exam room maintenance
  - [ ] Stocking drawers
  - [ ] Fluorescein replacement
  - [ ] Proparacaine replacement
- [ ] Optical/CTL skills
- [ ] Reading: Fundamentals of Practical Opticianry (OMA, Chpt 12)
  - [ ] Applying fresnel prism
  - [ ] Measuring IPD
  - [ ] Reading: Cassin Chpt 15 (p. 208-211)
  - [ ] Contact lens cleaning and complications
  - [ ] Reading: Cassin Chpt 23 (p. 346-351)
- [ ] Triaging
  - [ ] Routine
  - [ ] Urgent
  - [ ] Emergent
- [ ] Advanced ancillary testing
  - [ ] Keratometry
  - [ ] OCT
  - [ ] VF (and types)
  - [ ] MRI, MRA
  - [ ] A scan, B scan
  - [ ] Manifest refraction
- [ ] Vision reports
  - [ ] For families and school
  - [ ] For insurance companies
- [ ] Low vision reports
  - [ ] Qualifications
  - [ ] Parent education and materials
  - [ ] Difference between counties
- [ ] Low dose atropine
  - [ ] Parent education and materials
  - [ ] Pharmacy info and how to call in
- [ ] **Prior authorizations**

Reading

- [ ] Medical Ethics, Legal Issues and Regulatory Issues (OMA, Chpt 20)
- [ ] Anatomy of the skull and orbit *(Cassin, Chpt 2)*
- [ ] Adjunctive Tests and Procedures (OMA, Chpt 10)
- [ ] Microorganisms and Infection Control (OMA, Chpt 7)
- [ ] Patients with Special Concerns (OMA, Chpt 16)

TRAINING: PROCEDURE & POLICIES

Performing Worth Four- Dot Test

To perform the Worth 4 dot test:

1) Place red/ green filters or glasses on both eyes. Generally the red filter goes over the right eye.

2) Stand at least 10ft from the patient. The patient is asked how many lights are present, what color, and in what formation.

3) One eye sees two red lights. The other eye sees three green ones. When superimposed or fused, four lights are seen; one red at the top, two lateral green ones and a light colored light at the bottom which can be red/ green/ alternating/ white.

4) If a patient has double vision, five lights (two red and three green) should be seen. By interpreting the relative position of these lights, the type of deviation can be determined or verified.

5) If the patient sees only one color, claiming either two red, or three green, they have suppression, or are ignoring or unable to see with one eye.

6) A patient may see four lights with the wrong ones overlapping (e.g. one red merges with aside green one). Ensure the four light response is in the correct formation.

Autoclaving

1. If no debris: Rinse under running water.
    a. For Probes/If visibly soiled with blood or fluids: Spray with enzymatic cleaner. Place in ultrasonic cleaner, then sterilize.
    b. For speculums and depressors, use the toothbrush to manually remove any debris from the looped areas and rinse.
2. Pat instruments to dry and allow to fully air dry. Once dry, place in autoclave pouch and seal.
3. Load all packs into autoclave. Be sure that they will not touch the chamber walls or fall off during autoclaving. Do not overload trays.
4. Place a sterilization indicator on one of the racks.
5. Check the water reservoir. Ensure that the drain valve is closed. Remove the reservoir cover.
    a. Check the water level in the reservoir. Water level should reach the base of the safety valve holder and above the coils of the cooling coil.
    b. Pour distilled water into the reservoir through the opening on top of the autoclave, until it reaches the base of the safety valve holder. Be sure the water level is above the coils of the cooling coil.
6. Turn the autoclave switch on. Be sure that the temperature gauge is set to 273° F (all the way to the right).
7. Move switch to the FILL WATER position. The water should flow into the chamber. Watch the water until it reaches the groove in front of the autoclave door. When the water reaches the groove, switch the autoclave to the STERILIZE position. Close the autoclave tightly. Set the timing knob to 20 minutes.
8. When the timer reaches 0 minutes, a bell will ring indicating the cycle is complete.
9. Turn the knob to the DRY position. When pressure decreases, open the door 1 inch to vent. Set the timing knob to 20 minutes.
10. When the timer reaches 0 minutes, another bell will ring indicating that the drying cycle is complete. Open the door fully and carefully remove instruments (they will be hot). Switch the knob to the 0 position and turn the autoclave off. Leave the door open to allow steam to escape.

TRAINING & CONTINUED COMPLIANCE: PREFERENCE CARDS

Provider Preferences for Exam Work-Up					
Problem	**DOCTOR 1**	**DOCTOR 2**	**DOCTOR 3**	**DOCTOR 4**	**DOCTOR 5**
Dilating Under 6 Mo	Under 3 mo: Tropic +Phenyl; Over 3 Mo: 0.5% Cyclo	Under 3 mo: Tropic +Phenyl; Over 3 Mo: 0.5% Cyclo	Under 3 mo: Tropic +Phenyl; Over 3 Mo: 0.5% Cyclo	Under 3 mo: Tropic +Phenyl; Over 3 Mo: 0.5% Cyclo	Tropic + Phenyl
Dilating 6 Mo to 1 Yr	Cyclo (& Tropic prn)	Cyclo (& Tropic prn)	Cyclo (& Tropic prn)	Cyclo (& Tropic prn)	0.5% Cyclo (& Tropic prn)
New Strab	Orthoptist or attending check prior to dilation	Orthoptist or attending check prior to dilation	Orthoptist or attending check prior to dilation	Orthoptist or attending check prior to dilation	Orthoptist or attending check prior to dilation
Established Strab	Okay to dilate if no major changes and confident in exam; if not orthoptist or attending check prior to dilation	Okay to dilate if no major changes and confident in exam; if not orthoptist or attending check prior to dilation	Okay to dilate if no major changes and confident in exam; if not orthoptist or attending check prior to dilation	Okay to dilate if no major changes and confident in exam; if not orthoptist or attending check prior to dilation	Attending or Orthoptist check prior to dilation
Amblyopia Patients	Check in same method as last exam. Check BOTH crowded and isolated.	Check in same method as last exam. Check BOTH crowded and isolated.	Check in same method as last exam. Check BOTH crowded and isolated.	Check in same method as last exam. Check BOTH crowded and isolated.	Check in same method as last exam. Check BOTH crowded and isolated.
Corneal Abrasions	Dilate if abrasion is healed. if not, defer dilation	Dilate if abrasion is healed. if not, defer dilation	Dilate if abrasion is healed. if not, defer dilation	Dilate if abrasion is healed. if not, defer dilation	Dilate if abrasion is healed. if not, defer dilation
New Patients that have NOT been dilated in ED	Attending check first	Attending check first	If vision down, ask attending if wants to dilate	Attending check first	Dilate for refraction if not 20/20
New Cataracts	Dilate	Dilate	Dilate	Dilate	New: Attending check first Established: Dilate
Aphakic Patients	IOP check if able then dilate	IOP check if able then dilate	IOP check if able then dilate	IOP check if able then dilate	IOP check if able then dilate
New Pt NF-1	Slit lamp before dilation by attending or resident ALWAYS, if + LN, have attending check	Slit lamp before dilation by attending or resident ALWAYS, if + LN, have attending check	Slit lamp before dilation by attending or resident ALWAYS, if + lisch nodules, have attending check	Slit lamp before dilation by attending or resident ALWAYS, if + LN, have attending check	Slit lamp by attending before dilation ALWAYS
Established Pt NF-1	If LN noted on previous exams, slit lamp by attending/ resident then dilate; if no lisch nodules- dilate	If lisch nodules noted on previous exams, slit lamp then dilate; if no lisch nodules- dilate	If LN noted on previous exams, slit lamp then dilate; if no LN on slit lamp by attending/ resident then dilate; if no LN previously and (attending check prior to dilation if no previous LN and + LN today)	If lisch nodules noted on previous exams, slit lamp then dilate; if no lisch nodules- dilate	If LN noted on previous exams-dilate; if no LN previously- attending check before dilation ALWAYS
New or Established JIA	Slit lamp prior to dilation by resident or attending if no findings- dilate. If +C/F attending check	Slit lamp prior to dilation by resident or attending if no findings- dilate. If +C/F attending check	Slit lamp prior to dilation by resident or attending if no findings- dilate. If +C/F attending check	Slit lamp prior to dilation by resident or attending if no findings- dilate. If +C/F attending check	Slit lamp prior to dilation by resident or attending if no findings- dilate. If +C/F attending check
Headaches/Near Blur	nVa, NPC, NPA, Conv Amp, DR and then dilate	nVa, NPC, NPA, Conv Amp, DR and then dilate	nVa, NPC, NPA, Conv Amp, DR and then dilate	nVa, NPC, NPA, Conv Amp, DR and then dilate	NPC, NPA, Conv Amp if X' @ near. Only dilate **if no problems** with near vision/alignment
Ptosis	Dilate	Dilate	Dilate	Dilate	Dilate
New or Established Marfan's	If no findings, dilate. If lenses dislocated, attending check prior to dilation	If no findings, dilate. If lenses dislocated, attending check prior to dilation	If no findings, dilate. If lenses dislocated, attending check prior to dilation	If no findings, dilate. If lenses dislocated, attending check prior to dilation	Attending ALWAYS check first before dilation
New Heterochromia	Attending check	Attending check	Attending check	Attending check	Attending check
Established Pt Heterochromia	Dilate	Dilate	Dilate	Dilate	Dilate
Iris Nevus	Attending check first	Attending check first	Attending check first	Attending check first	Attending check first
If the clinic starts to back up	1. Start putting dilates in for attending to work up. 2. Scribe	1. Start putting dilates in for attending to work up. 2. Scribe	Start putting dilates in for attending to work up	Start putting dilates in for attending to work up	1. Start putting dilates in for attending to work up. 2. Scribe
When pts are late	OK unless end of session - check	OK unless end of session - check	Will not see (unless emergent care) if more than 20 mins late	OK unless end of session - check	OK unless end of session - check
Misc			Do not use I-Care. Hates the spectable indirect		1. All NP- Check near vision if school age (especially if vision down) 2. Put post op #1 in ASAP, they should not wait.

TRAINING & CONTINUED COMPLIANCE: TRIAGE

CONDITION/DISORDER	AGE RANGE	REFERRAL OPTIONS	TODAY	24	1 to 2	1	1 to 2	2 to 4	Routine
Complaints	ANYONE UNDER 18 BUT			HRS	DAYS	WK	WKS	WKS	
	TRY TO FOCUS ON THESE AGES								
Amblyopia									
Asthenopia/Eye Strain/Headaches									
Strabismus (misalignement) - JDB/JDR/CHM clinic: NO adults									
*new sudden, onset within 1-2 weeks that is CONSTANT									
Strabismus surgery in history									
Convergence or Accomodative Insufficiency (JDB/JDR/CHM doesn't see adults)									
Blocked Tear Ducts									
Cataract, Juvenille									
Cataract: Infantile									
Contact Lens Exams for Routine Wear									
Contact Lens Exams for Aphakic Patients									
Double-vision									
*new sudden onset within 1-2 days									
Eyelid redness, chalazion/stye WITH orbital-area swelling									
Eyelid redness, chalazion/stye with NO orbital-area swelling									
Flashes/Floaters, new onset									
Genetic/Development Disorders									
Glaucoma: new patients									
Glaucoma: Est patients who are on meds and overdue for visit									
Infection, discharge or red eye (New Patients)									
Infection, discharge or red eye (Est Patients not TAC/PRN and seen us w/in 2 yrs)									
- WITH pain, light-sensitivity, orbital-area swelling or high-risk pt									
- with NONE of the complaints mentioned above									
Injury, corneal abrasion/foreign body, direct trauma to eye/orbit									
Low Vision Evaluations									
Juvenille Rheaumotoid Arthiritis (aka JIA): New Patients									
Juvenille Rheaumotoid Arthiritis (aka JRA): Est Patients									
Post-op Strab (within few wks) with c/o sudden, drastic change in alignment									
Post-op IO sx (within few wks) with c/o increase in pain and redness									
Ocular Malformations (pupils, cornea, retina, etc)									
- Cloudy Cornea									
- Abornal pupil new onset w/in 1-2 weeks									
- Abornal pupil noticed longer than 3 weeks with no other c/o									
- White pupil									
Orbital/Retinal Tumors (ie retinoblastoma)									
Oculoplastics (ie ptosis, droopy lids)									
Red Reflex Issue									
Retinal Tears/Detachments									
Retinopathy of Prematurity (ROP)									
Retinopathy of Prematurity (ROP) - History of (now older than 6 months)									
Routine, Blurry Vision, Failed Screening, Broke Glasses (?va cov)									
Sickle Cell									
Trauma (FB, possible ruptured globe, chemical in eye, laceration, etc)									
Trauma (Abrasion, bruise)									
Vision Therapy, 2nd Opinion									
*High risk patients: h/o HSV, glaucoma, JRA, h/o retinoblastoma, monocular patients, CL wear or had eye sx within 3 weeks									

TRAINING & CONTINUED COMPLIANCE: INSURANCE PARTICIPATION LIST

Carrier Details and Participation by Provider (updated 05.16.23)

Blue shaded boxes indicate that the Adult Strab patients should be scheduled with these physicians only due to network particpation and surgery location criteria.

INSURANCE CO.	DETAILS	AAI	AOA	SNA	JDB	LIB	EMG	RCR	JDR	LBR	RB	CG
AARP	Common secondary plan to MCR.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Ascension Complete	11/14/22, verified w/provider rep. @ Ascension Complete (**MCR ADV Plan**)	NON	NON	NON	NON	NON	NON	NON	NON	NON	NON	NON
Ascension Personalized Care	**This is a marketplace plan, and EPO (Exclusive Provider Org.) group. Ascension providers/facilities ONLY.**	NON	NON	NON	NON	PAR	PAR	PAR	PAR	PAR	NON	NON
AETNA	PPO/POS/HMO/ETC. No auth for PPO. Others **MAY NEED AUTH**. Defer to PCP if not PPO.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Aetna Better Health of Michigan (MCD HMO)	No Auth needed.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Ambetter fka MeridianChoice (MarketPlace)	**Value/Virtual Access (product line) - NEEDS AUTH**	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
BCBSM	Can have three digit alpha-numeric or alpha prefix followed by 9 numbers as of 4/18	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
BCBSM HPN Ascension	***WE DO NOT PAR*** ***WILL BE SELF-PAY.***	NON	NON	NON	NON	NON	NON	NON	NON	NON	NON	NON
Blue Cross Physician Choice PPO (fka Blue Cross Personal Choice PPO)	Referral required outside Level 1 and Level 2 OSC :Professional Medical Corp, United Physicians,The Physican Alliance, McLaren Oakwood, Macomb Port Huron	PAR	PAR	PAR	PMC	UP	PAR	PAR	MC MPH	UP	PAR	PAR
BCBS Out-of-State	Contract numbers include a mix of numbers and letters. Indicate State or Anthem	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
BCBS Federal Employee (FEP)	**Contract starts with R.**	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
BCBS (FEP) *ADULT patients*	Same as above. Also, Strab exams aren't covered (only diplopia). Pt pay if strab only	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
BCBS ConnectedCare: Henry Ford Health System (GM)	Tier 2 only. Tier 1 needs to go to HF. Offered by GM only. No auth required	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
BCBS ConnectedCare: Ascension Genesys (GM)	Tier 2 only. Tier 1 needs to go to Ascension Genesys. Offered by GM only. No auth required	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Blue Cross Complete (MCD HMO)	No Auth needed. You must enter the **BCBS ID number w/alpha prefix XYU**	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
BCBS MCR Advantage	No Auth needed. NO MCR! ***ALPHA PREFIX IS XYL***	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
BCBS MCR Private Fee for Service	No Auth needed. NO MCR!	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
Blue Care Network (BCN) HMO	**NEEDS AUTH. ***We par/in-network w/BCN Metro Detroit HMO product.***	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Blue Care Network (Sub-Groups ie UM Premier, etc)	**NEEDS AUTH**. Pts must have auth from PCP to schedule. Tier Levels apply	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Blue Care Network/OPNS NETWORK	**NEEDS AUTH**. Pts must have auth from PCP to schedule.	NON	NON	NON	NON	NON	NON	PAR	NON	NON	NON	NON
BCN MCR Advantage	No auth needed. They DO NOT have MCR. They only have BCNMR Advantage **Alpha Prefix is XYR/XYK**	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
BCN MCR Advantage CONNECTED CARE	**NEEDS AUTH**. NO DOC IS PAR WITH CEC	NON	NON	NON	NON	NON	NON	NON	NON	NON	NON	NON
BCN MCR Adavantage NARROW NETWORK	**NEEDS AUTH.** Network must be confirmed on WebDenis only. Please ask patient!!!	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Priority Healthcare*	***ADULT STRABS**. UMR Beaumont must be listed as Beaumont Employee Health Plan not UMR	PAR	PAR	PAR	NON	PAR	PAR	PAR	PAR	PAR	NON	NON
Centivo Ascension St. John	**CAN ONLY SEE DR. GIANFERMI**	NON	NON	NON	NON	NON	PAR	NON	NON	NON	NON	NON
Christian Care Ministry (MedShare)	**Medicare Plans require Pre Notification**	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
CIGNA	PPO/POS/HMO/ETC. No auth for PPO. Others **MAY NEED AUTH**. Defer to PCP if not PPO.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Community Care Associates"Medical Only"	**NEEDS AUTH** Wayne Cty Health Choice for Wayne/Oakland Employers	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Coventry Care Commerical (PPO)	No auth.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Coventry Care MCR Advantage (HMO)	No auth. NO MCR!	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
First Health	TPA for many commercial carriers	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Golden Rule Ins Commerical	Often uses UHC as 'clearinghouse.' Check card.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR

Blue shaded boxes indicate that the Adult Strab patients should be scheduled with these physicians only due to network particpation and surgery location criteria.

INSURANCE CO.	DETAILS	AAI	AOA	SNA	JDB	LIB	EMG	RCR	JDR	LBR	RB	CG
Great West Health Plan (GWHP) Commerical	Often uses Cofinity or PHCS as 'clearinghouse.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Health Alliance Plan (HAP) HMO	No auth **UNLESS** PCP/Hosp is Premier/Genesys. **Defer to PCP/GILES NO EPO**	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
HAP Empowered (MCD HMO)	Medical only. No Auth.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
HAP Medicare (Senior Plus, Alliance Medicare)	Medical only. NO MCR! No auth **UNLESS** PCP/Hosp is HF/Premier/Genesys. **Defer to PCP**	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
HAP Pivotal (Henry Ford Primary)	MUST GO TO HENRY FORD	NON	NON	NON	NON	NON	NON	NON	NON	NON	NON	NON
HAP Preferred/TPA Alliance Health/HAP	No Auth needed. Check card for TPA info.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Humana	PPO/HMO/POS. PPO-no auth. Others **MAY NEED AUTH. CHECK CARD FOR CLAIMS ADD.**	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Humana Advantage Commerical	No auth needed. NO MCR!	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
Humana HMO	Select doctors take this. **All other docs WILL NEED AUTH for emergency only.**	PAR	PAR	PAR	NON	PAR	PAR	PAR	PAR	PAR	NON	NON
Humana National POS	**NEEDS AUTH** If no auth, we are allowed to bill patient	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Ingham County Health Plan	**NEEDS AUTH** http://www.ihpmi.org/ihp_faq	PAR	PAR	PAR	NON	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Keenan Health (Garden City and Lake Huron Hospital)****	**Alpha prefix is PHM. EPO Products require auth. Alpha prefix is PHU**	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
McLaren Health Plan Community POS/HMO	No auth needed.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
McLaren Health (MCD HMO)	No auth needed.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
McLaren Advantage Commerical	No auth needed. (You must choose this plan in Allscripts)	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
McLaren Advantage Medicare	No auth. NO MCR!	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
Medicaid (MCD) CSHCS	Physicians must be an **AUTHORIZED** provider and this is **VERY DIAGNOSIS** specific	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Medicaid (MCD) - STRAIGHT		PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Medicaid - ADULTS	Varies by doctors (see to the right) Most will have $3.00 Copay	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
Medicare (MCR)	Be very careful and make certain that haven't switched to an Advantage	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	PAR	NON
MeridianHealth (MCD HMO)	No auth needed.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
MeridianComplete (MCR ADV.)	No AUTH. They DO NOT have Medicare. Only have MERMCD/MR Advantage	PAR	PAR	PAR	NON	PAR	NON	PAR	NON	PAR	NON	NON
Molina (MCD HMO)	No Auth needed.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Molina Medicare Advantage HMO MCD	No MCR! No auth.	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
Molina Medicare Choice Care HMO	No MCR! No auth. (No MCD)	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
Molina Market Place Plans	No Auth.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Paramount (All products) "Medical Only"	**NEEDS AUTH.** Mostly Ohio but has some Michigan. **(AOA/LIB Tier 1, $20 Copay/Higher Deduct.)**	NON	NON	NON	NON	NON	NON	NON	NON	NON	NON	NON
PHCS/MultiPlan	A Clearing House (for TPAs). They just price. Elig/benefits goes thru TPA. See TPA	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Physicians Health Plan (PHP) PPO	No auth needed. *Also called Sparrow PHP*	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Physicians Health Plan (PHP) Commerical HMO	**NEEDS AUTH. Tier 1 is UofM/Tier 2 $OON Apply***Also called Sparrow Health*	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Priority Health Commerical PPO/HMO/POS	No auth needed.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Partners West MI Partners	**NEEDS AUTH.** Narrowed and Tier Networks/Mostly west/middle/north of MI	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Priority Health Choice (MCD HMO)	No auth needed.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Priority Health MCR Advantage Comm	No auth. NO MCR! Only have PH/MCR Advantage	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
Priority Health Narrow Network	**Docs are assigned by hospital affiliation with St. John, St. Joseph, Beaumont**	BEAU	BEAU	BEAU	PAR	BEAU	STJOHN	BEAU/STJOE	PAR	BEAU	NON	NON
Priority Health Short-term Network	**Pre-existing conditions are not covered. Most patients will be self pay!! ***New Website, Go under benefits to see if it is a pre-existing exemption policy.***	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Priority Health Southeast Network (Employer Plan)	**Tier 1 Network for RCR St. Joes only. All other docs/networks are a Tier 2.**	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Railroad Medicare (RRMR)	No auth. Non-typical contract #s (not like MCR)	PAR	PAR	PAR	NON	PAR	NON	PAR	NON	PAR	NON	NON
Sparrow Health PPO	No auth needed. *Also called Physicians Health Plan*	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Sparrow Health Commerical HMO	**NEEDS AUTH. Tier 1 is UofM/Tier 2 $OON Apply***Also called Physicians Health Plan*	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
St John Health Plan aka Ascension	***EMG ADULT STRABS**. Tier 2=more out-of-pocket and must bill BC Prefix **ASY or IOJ**	TIER2	TIER2	TIER2	TIER2	PAR	PAR	PAR	PAR	PAR	TIER2	TIER2
Tricare for Life (retired with MCR)	No auth. Secondary to Medicare.		PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON
Tricare Prime (active duty)	**NEEDS AUTH. You must obtain subscriber SSN & DOB. DOD ID#**		PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Tricare Prime Remote (active duty)	**Auth not required but higher out of pocket costs.We prefer an Auth. Obtain sub SSN,DOB. DOD ID#**		PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Tricare Select (fka Standard)(reserves/retired *no* MCR)	No auth. **You must obtain subscriber SSN & DOB.** Can be Stateside or Overseas		PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Trustmark (formerly NGS/CoreSource)		PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
UMR	UMR Beaumont must be listed as Beaumont Employee Health Plan not UMR.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
United HealthCare Commerical	PPO/HMO/POS/W500. PPO-no auth. Others **MAY NEED AUTH. No Charter/Core *MIONEX req. auth.***	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
United HealthCare Community (MCD HMO)	No auth.	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
United HealthCare Medicare Advantage	No auth. NO MCR!	PAR	PAR	PAR	NON	PAR	PAR	PAR	PAR	PAR	NON	NON
United HealthCare Navigate (MarketPlace)	**NEEDS AUTH** **YOU MUST ASK PT IF THEIR CARD STATES NAVIGATE**	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
VA Community Care Network (fka Tri WEST)	**NEEDS AUTH** Primary insurance. Referred to us from VA Hospital.	PAR	PAR	PAR	NON	PAR	PAR	PAR	PAR	PAR	NON	NON
Veteran's Affair Fee Basis-VA Hospital REFERRED	Always referred from the VA hospital. Will always have referral/auth from VA	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
Vital Care Elite	This is a discount plan. Patient must SELF PAY under PHCS Pricing	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR	PAR
WellCare(MCR Advantage/MCR HMO SNP*)fka MeridianCare	***NO SNP** No AUTH. They DO NOT have Medicare. Only have MER/MR Advantage.	PAR	PAR	PAR	NON	PAR	PAR	PAR	NON	PAR	NON	NON

Evaluation for Supervisor

5- Exceptional
- Extraordinary mastery of job and interpersonal skills.
- May be overqualified for present job.
- Among the few experts in their field.

4- Superior
- Continually beyond expected results.
- Handles job with ease and does more.
- Ready for more responsibility.
- Stands out.

3- Commendable
- A real producer.
- More competent than what would be considered average elsewhere.
- Puts out extra effort and can take on special assignments.
- Work is done quickly and accurately.
- Relied upon for ideas and results.

2- Transitional
- Not yet performing at high level of expectations: new in assignment or in a stretch assignment.
- Most job responsibilities being met.
- Does not produce consistent results and/or ideas.
- May need more direction than most.
- Adequate.

1- Change Needed
- Poor person-job fit.
- Not getting job done.
- Drive or know-how lacking.
- Fails to finish assignments on time.
- Generates large volume of errors.
- Working relationships often poor.

Report on Appraisal of Job Performance:

Summarize the individual's Overall Performance in Terms of Principal Responsibilities in the Position Description:

WORK HABITS	**Comments/Suggestions**
Punctuality	**Always something to work toward having consistency.**
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Attendance	**Prior to pregnancy, it was commented that you were out a lot.**
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Flexibility	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	

JOB SKILLS	***Comments/Suggestions***
Thoroughness & Accuracy	**Excellent**
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Timeliness of Work	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Job Knowledge	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
IT Skills	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Time Management	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Creativity	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Prioritizing Work	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Initiative	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Self-Reliance	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	

Seeking Responsibility	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Team Work	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Budget Oriented	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Follows company policies	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	

INTERNAL/EXTERNAL RELATIONS	***Comments/Suggestions***
Courtesy & Tact	**Shows respect and speaks courteously to others.**
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Telephone Manner	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Willingness to Help	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Accepting Direction	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	
Work Relationships	
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐	

Communications

Able to compose strong written communication to patients, insurance companies and/or related correspondences
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐
Comments:
Able to verbally communicate in professional manner with the physician, patients, insurance companies and/or related correspondences
n/a 1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐
Comments:

Able to build relationships with patients and parents while meeting and exceeding their needs. Places patients, and their parents, needs first.

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Comments:

Professionalism

Demonstrates awareness of confidentiality in regard to patient records and release of information for billing purposes

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Comments:

Shows awareness of fraud/insurance abuse

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Comments:

Demonstrates dedication through dependability, responsibility, and initiative

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Comments:

Maintains ethical and legal standards

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Comments:

Remains calm, shows tolerance in difficult situations and demonstrates emotional stability

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Comments:

Coding

Knowledge of medical terminology and anatomy

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Recognizes primary diagnosis from patient records/encounter form and able to justify procedure(s) with primary and secondary diagnoses

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Understands ICD-9-CM and CPT/HCPCS codes on encounter form

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Aware of modifiers and appropriate use

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Shows knowledge of Evaluation and Management code group and levels

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Comments:

Billing

Shows interest in IT programs & competent in usage (Payerpath, Web-Denis, etc).

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Able to review billing ledgers in PMs and effectively discuss questions from patients regarding bills.

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Able to recognize hospital billing, admit/discharge dates, operative reports and other billing from hospital records

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Aware of the concept of Coordination of Benefits and the Birthday Rule and can apply knowledge to claim form completion

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Comments:

Practice Management

Understands flow of information in medical office and the function of the encounter form

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Understands the practice management system

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Able to reconcile receipts at end of day

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Able to run daily close on computer software and balance

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Post charges and payments

n/a 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ ☐

Comments:

Describe the Individual's Principal Strengths on the Job:

(Consider: Job knowledge, initiative, results orientation, innovation, problem solving, responsiveness to change, energy, drive, commitment, etc.) Attach additional sheet(s) as needed.

Areas for Improvement/Goals

What key factors affect performance? (Consider: Problem solving, output, versatility, planning, communication, job knowledge, teamwork, leadership, interpersonal skills) Indicate goals with strategies for improvement, plus target dates.
Attach additional sheet(s) as needed.

Handling stress better. Learning to not take things personally (ie belligerent adult pt). Not letting personal moods/struggles be very noticeable.

Strategies for Improvement

☐ Training	☐ Coaching	☐ More Time on Job
☐ Special Project	☐ Other	

Comments:

Overall Rating

Total points:
Number of categories assessed in:
Overall rating (Total points/categories):

Job Performance Rating	***Performance Trend***
☐ 5 Exceptional	☐ Improving
☐ 4.5 Superior +	☐ No Change
☐ 4 Superior	☐ Declining
☐ 3.5 Commendable +	
☐ 3 Commendable	
☐ 2.5 Transitional +	
☐ 2 Transitional	
☐ 1 Change Needed	

Supervisor, Executive Director and Managing Partners'
Comments: _____

_____

_____

_____

_____

Employee Signature:_____Date:_____

Supervisor's Signature:_____Date:_____

Executive Director's Signature:_____Date:_____

Employee Evaluation Form - Medical Biller (written by Chat GPT)

Employee Name: Evaluation Period: From _____ To _____

Instructions: This evaluation form is designed to assess the performance of the Medical Biller in their role. Please rate the employee's performance on a scale of 1 to 5, with 1 being "Poor" and 5 being "Excellent." Provide specific comments and examples to support your ratings.

Job Knowledge and Skills:

Knowledge of Medical Billing Practices: 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Coding Accuracy: 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Insurance Claims Processing: 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Productivity and Efficiency:

Timeliness of Bill Submission: 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Claims Follow-Up: 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Attention to Detail:

Accuracy in Documentation: 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Communication and Teamwork:

Communication with Providers and Insurance Companies: 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Collaboration with Team Members: 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Problem-Solving and Adaptability:

Ability to Resolve Billing Issues: 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Adaptability to Changes in Billing Regulations: 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Overall Performance Rating: 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Employee's Self-Assessment (Optional): 1 – Poor 2 – Fair 3 – Satisfactory 4 – Good 5 – Excellent
Comments:

Additional Comments and Development Plan:
Please provide any additional comments on the employee's performance and suggestions for improvement:

Overall Comments and Recommendations:

Supervisor's Name: _____ Date: _____

Employee's Signature (Acknowledgment): _____ Date: _____

Note: After completing the evaluation, discuss the results with the employee to set performance goals and development plans if necessary.

IT Resources

Don't have a Security Risk Analysis?

https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool

- Tool for creating your security risk assessment. Multiple choice questions, threat and vulnerability assessments. Creates a report that can be printed, saved and edited if future changes are made.

Staff Education**

Healthcare Cybersecurity:

https://www.Youtube/@healthcarecybersecurity/videos

Phishing:

https://www.youtube.com/watch?v=XsOWczwRVuc&ab_channel=ilulibyMikeLamb

** I have no relationship with the creators of these videos. Just found them to contain useful training for our staff.

Top 10 Myths of Security Risk Analysis

1. The security risk analysis is optional for small providers.

False. All providers who are “covered entities” under HIPAA are required to perform a risk analysis. In addition, all providers who want to receive EHR incentive payments must conduct a risk analysis.

2. Simply installing a certified EHR fulfills the security risk analysis MU requirement.

False. Even with a certified EHR, you must perform a full security risk analysis. Security requirements address all electronic protected health information you maintain, not just what is in your EHR.

3. My EHR vendor took care of everything I need to do about privacy and security.

False. Your EHR vendor may be able to provide information, assistance, and training on the privacy and security aspects of the EHR product. However, EHR vendors are not responsible for making their products compliant with HIPAA Privacy and Security Rules. It is solely your responsibility to have a complete risk analysis conducted.

4. I have to outsource the security risk analysis.

False. It is possible for small practices to do risk analysis themselves using self-help tools. However, doing a thorough and professional risk analysis that will stand up to a compliance review will require expert knowledge that could be obtained through services of an experienced outside professional.

5. A checklist will suffice for the risk analysis requirement.

False. Checklists can be useful tools, especially when starting a risk analysis, but they fall short of performing a systematic security risk analysis or documenting that one has been performed.

6. There is a specific risk analysis method that I must follow.

False. A risk analysis can be performed in countless ways. OCR has issued Guidance on Risk Analysis Requirements of the Security Rule. This guidance assists organizations in identifying and implementing the most effective and appropriate safeguards to secure e-PHI.

7. My security risk analysis only needs to look at my EHR.

False. Review all electronic devices that store, capture, or modify electronic protected health information. Include your EHR hardware and software and devices that can access your EHR data (e.g., your tablet computer, your practice manager's mobile phone). Remember that copiers also store data. Please see U.S. Department of Health and Human Services (HHS) guidance on remote use.

8. I only need to do a risk analysis once.

False. To comply with HIPAA, you must continue to review, correct or modify, and update security protections. For more on reassessing your security practices, please see the Reassessing Your Security Practice in a Health IT Environment.

9. Before I attest for an EHR incentive program, I must fully mitigate all risks.

False. The EHR incentive program requires correcting any deficiencies (identified during the risk analysis) during the reporting period, as part of its risk management process.

10. Each year, I'll have to completely redo my security risk analysis.

False. Perform the full security risk analysis as you adopt an EHR. Each year or when changes to your practice or electronic systems occur, review and update the prior analysis for changes in risks. Under the Meaningful Use Programs, reviews are required for each EHR reporting period. For EPs, the EHR reporting period will be 90 days or a full calendar year, depending on the EP's year of participation in the program.

COMPLIANCE RESOURCES

- Family Medical Leave Act (FMLA)
  - Fact Sheet #28: The Family and Medical Leave Act | U.S. Department of Labor (dol.gov)
  - Employer's Guide to the Family and Medical Leave Act (dol.gov)

- Fraud and Abuse Laws
  - roadmap_web_version.pdf (hhs.gov)
  - HEAT Provider Compliance Training | Office of Inspector General | Government Oversight | U.S. Department of Health and Human Services (hhs.gov)

- HIPAA Basics and Overview
  - https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html

- New I-9, effective August 1, 2023
  - https://www.uscis.gov/i-9

- Office of Inspector General (OIG) and System for Award Management (SAM) staff member compliance checks – upon hire and monthly/quarterly depending on state Medicaid or other payer mandates to ensure no one is excluded from participation.
  - https://exclusions.oig.hhs.gov/
  - https://sam.gov/content/exclusions
  - https://oig.hhs.gov/documents/special-advisory-bulletins/881/sab-05092013.pdf

- Physician Self-Referral (STARK) Law
  - Physician Self Referral | CMS

- Quality Payment Program (QPP) to verify and check MIPS participation and reporting status.
  - https://qpp.cms.gov/