

Part B Insider (Multispecialty) Coding Alert

Part B Revenue Booster: Boost Your A/R Now With These 10 Expert Tips

If you don't scrutinize your accounts receivables, you're probably losing thousands.

You've stayed on top of the coding changes, educated your doctors about new coverage decisions and update your electronic billing systems periodically—so you should be collecting all the money you deserve, right? Not always. Without a way to keep your accounts receivable (A/R) process on track, you could be bleeding cash.

A/R defined: Accounts receivable (A/R) is the money that is owed to the practice. If you aren't aware of what your A/R looks like at any given time, you are leaving out an important piece of the collections puzzle. Follow these ten best practices to set your practice on an improved A/R track and avoid thousands in lost reimbursement.

1. Stop A/R Issues Before They Start. You can head off A/R issues by checking member insurance eligibility before the patient presents to the office, says **Raymond Kelley**, vice president of operations with Bristol Healthcare Services, a medical billing and coding company with offices in Cerritos, Calif. and Chennai, India.

2. Educate the Patient. Once the patient is at your office, collect any copay and coinsurance, and then educate the patient on her out of pocket expenses that may accrue, Kelley says. This step is essential to ensuring that if the patient gets a bill down the line, she won't be shocked since you already explained the potential payments to her.

3. Send Patient Statements. Once you get the insurance payment and remittance advice, send the patient a bill for any applicable balance right away, Kelley advises. Waiting too long could confuse the patient, who may not remember the exact nature of the charges.

4. Tell Patients About Pending Balances Ahead of Time. You want to inform your patients about any account balances well before their next visit, Kelley says. For example, if the patient calls to schedule a follow-up appointment and has a balance, let her know about the charge during that phone call.

5. Remove Untimely Claims From the Workflow. You should review all claims and if any are delayed or in appeals, set them aside, says **Keith O. Tobin** of Medorizon, an Illinois-based medical billing and collections firm. This will allow you to address those issues directly rather than just leaving them in the pipeline with the paid claims.

6. Establish a Proper Workflow Protocol. Your office should create a system for reflecting where any given claim is at any specific point, Tobin says. This way, you can check on a claim and always know where it is, as well as know what the next steps are.

7. Run Reports Periodically. Set a schedule when you'll run reports to identify unpaid claims in the system. "Utilize both activity reports and claim date reports to ensure all claims are worked," Tobin says. You can even configure the reports to run from the oldest date of service to the newest, or you can group them by payer to see where you're recouping the most and the least reimbursement.

8. Stay in Touch With Attorneys for Workers' Comp/Personal Injury Claims. When you encounter these claims, you'll want to stay on top of the proceedings by making periodic calls to the attorneys' offices to get updates. In addition, ensure that your personal injury claims are protected via a lien sent to the attorney, Tobin adds.

9. Know the Guidelines and Processes. If you don't understand the specific payer guidelines, documentation requirements and reconsideration/appeals process, you will have a tough time recouping those more stubborn payments. As policies change, update the physicians in the office as well as the back office staff members, Tobin says.

10. Perform Month-End Closeouts. Always post payments on time to patient accounts and perform a month-end close out, Kelley advises. That way, you are always timely in letting the patient know her balance. If you fall behind, then the whole system falls apart.