

Part B Insider (Multispecialty) Coding Alert

Part B Revenue Booster: Smooth Sailing: Keep Your A/R Afloat or Suffer the Consequences

Take a look at these ideas to keep your accounts receivable in check.

Easy-to-access EHRs, ICD-10 savvy staff, and keeping up-to-date with your MAC and CMS are just part of the daily essentials to be a Medicare Part B provider today. But, if your practice is always scrambling to make its bottom line despite following these current prerequisites, accounts receivable (A/R) may be to blame.

Some practices inevitably fall behind on reconciling their A/R and collecting the proper payments upfront. Others are simply out-of-the-loop with current MAC policies and procedures or lack quick-to-the-take administrators who understand A/R fundamentals. After all, there are often more medically pressing issues at hand, and patient care oftentimes takes precedence to A/R work.

Problem: Unfortunately, by the time your staff addresses any deficits, you could be looking at a mountain of backlogged A/R, and staring at a balance sheet that is already askew usually only makes matters worse.

If you're behind on your A/R, use this expert advice to catch up, and get the practice's books back to a state of balance.

Curtail Front Desk Faux Pas

There are more lost opportunities to turn around A/R at the front desk than almost any other area of the practice. The smartest collections departments, however, up their game by checking into patients' payment and insurance histories before they come in for their appointments. "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.

Watch for losses at the check-in. With your chart prep behind you and the patient front and center, explain thoroughly what you need from the patient. Before the patient sits down in the waiting room, heads back for the exam, or even worse, leaves, update their information. Consider asking patients to run through this quick checklist every time they walk through the office door:

- Is this the correct spelling of your name?
- Do we have the right address, phone, and email?
- Has your insurance changed?
- Can we have your co-pay upfront?
- Do you understand this service may not be covered by Medicare or your secondary insurance?

As a preemptive strike against long-term A/R headaches caused by forgotten copays or front desk blunders, **Leah Paraschiv, CMPE**, client manager and reimbursement expert at MSOC Health in Chapel Hill, N.C., recommends implementing a credit-card-on-file program, "so that any future balances can be collected as soon as you receive the insurance response; this is the best way to ensure that patient A/R does not continue to grow."

Follow-up. For various reasons, patients may already have balances on their accounts before they make appointments. "You want to inform your patients about any account balances well before their next visit," Kelley says. Waiting too long could confuse the patient, who may not remember the exact nature of the charges.

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. Staff can get overwhelmed during scheduling and many offices now have off-site appointment

desks. If that is the case, make it a practice policy that balances must be paid before treatment is rendered.

Establish a System for Dealing with Claims and Collections

Setting up practice protocols for managing after-the-fact claims and collections is a critical part of the A/R process. Some smaller providers dedicate staff to deal directly with A/R while others outsource to an outside firm.

Reviewing claims often will help your practice determine what's been paid and what you are still owed. "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."

Education is key. Not everyone has a handle on A/R, which is why it's critical to hire certified employees or partners, who have a comprehensive understanding of A/R, Medicare principles, and the rules for the MACs in your jurisdiction. Internal audits done by your certified financial staff will help you uncover who the repeat offenders in your practice are and will also help you discover any discrepancies like overpayments that must be dealt with accordingly.

Be wary of overpayments. If your staff finds a discrepancy during a sweep of the A/R, take care of it immediately. "Even if the provider finds the overpayment, you still owe that to the federal government," said **Carleen Parker**, an NGS Medicare outreach and education consultant in a Sept. 21, 2016 webinar. "And, the federal government requires contractors to recover overpayments immediately."

Duplicate payments, secondary payer issues, and medically unnecessary claims rank amongst the top overpayment gaffes, suggests Parker, and are reasons to get your A/R procedures in check now. "Make sure you are reviewing the LCDs, NCDs, and the policies on preventive services, too," Parker said.

Perform Month-End Closeouts. Always post payments on time to patient accounts and perform a month-end closeout, 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.