

Eli's Rehab Report

Reimbursement: Add These Skills to Your Must-Have List For Billing Managers

3 key skills could make -- or break -- your billing and collections program.

While general organizational skills and experience are helpful, these three top skills must be at the top of your checklist when evaluating who should take on your practice's billing:

#1: Coding expertise. Your billing manager must have a good working knowledge of how to code for the services you provide, says **Adrienne Rabinowitz**, billing manager for **Western Monmouth Orthopedic Associates** in Freehold, N.J.

#2: Good front-office skills. Your practice must be able to submit clean claims if you hope to recover money without significant delays. That means your billing manager must be capable of training your front-line staff so they become "highly skilled at doing telephone appeals, explaining situations to patients, and ... writing appeals with a high success rate of additional payments," Rabinowitz says.

#3: Computer skills. Especially in today's high-tech world, your billing manager must be proficient with computers to best understand whether your computer system is serving its purpose, or if it's time for an update. If a practice wants to purchase a system, a computer savvy billing manager should be actively involved in choosing one.

A billing manager's precise role depends on your rehab practice's needs. However, there are certain skills and activities that any billing manager should pay special attention to, such as weekly staff meetings and training sessions, says **Catherine Brink**, president of **HealthCare Resource Management** in Spring Lake, N.J.

Evaluate potential hires or your current billing manager with this list of skills and essential functions, suggests **Joan Elfeld, CCP**, president of **Medical Practice Support Services, Inc.** in Denver, Co.:

- Develop an internal collection procedure that includes billing procedures.
- Perform periodic chart audits to ensure that documentation supports billed charges.
- Implement a process to review all denied charges, and appeal as appropriate.
- Implement a tracking system for activity relating to appeals, collections, pending claims and administrative write-offs.
- Generate management reports that provide the owners/administrators with user-friendly, understandable and accurate financial information.
- Implement a system to follow up all unprocessed charges.
- Review unprocessed charges before automatically rebilling them. Correct any demographic or coding issues at that time.
- Determine the percent of payer mix as it pertains to active patients.
- Generate reports with numbers of new and repeat patients (monthly), number of patients referred and the name of the referring physician or therapist for referred patients, and number of patients referred to other facilities from your office.
- Implement use of documents designated by each payer (e.g., Medicare's advance beneficiary notice [ABN], non-covered service forms, referral and/or authorization forms, etc.).
- Reconcile accounts consistently.