

Health Information Compliance Alert

Home Health Information Technology: Don't Let Your Cash Posting Procedures Open The Door To Losses

Research every adjusted claim for accuracy, expert urges.

If you let your billing software do automatic cash posting, you could be throwing away hundreds of dollars per claim. Many home health agencies (HHAs) don't realize that auto cash posting is a problem, warned billing expert **Melinda Gaboury** in her Oct. 3 presentation "Achieving Efficiencies in Back Office Staffing & Structure" at the National Association for Home Care & Hospice annual meeting in Las Vegas. But it can be siphoning off significant Medicare dollars that you are entitled to.

Background: Auto cash posting occurs when a claim balance is automatically contracted off the books. For example, if a claim for \$2,000 gets paid at \$1,500 and automatically processes through the system, you lose that \$500. Every single adjusted claim must be researched, Gaboury exhorted. "You can't afford to do anything else," she stressed.

If your collector or cash poster looks into the adjustment and finds out it is legitimate, then it's no problem to write it off, Gaboury explained. But you should write off the balances only after doing the research.

Take a Close Look at These Too

Eliminate duplication. One of your biggest money-savers may not be an easy step to take. "There's so much duplication going on" in many HHAs, Gaboury said. That's particularly true for "hard core paper agencies" Gaboury added. Eliminating the duplication will require a thorough study of your paperwork flow from intake to discharge, she advised. And don't expect a transition to electronic medical records to fix your duplication problems. "Those same problems translate into a point of care system," she cautions.

Educate billers. Everyone knows clinical staff need in-services and other forms of professional education. Billers need education too, Gaboury stressed. They should receive every-other month, or at least quarterly education sessions. And you should make sure they receive adequate training on any software you purchase, even when you have to pay for it.

Use software correctly. You are throwing thousands of dollars down the drain if you don't use your software the way it's intended. "You've got to have control of the process of implementing software," Gaboury warned.

For example: Scheduling systems often have a requirement that won't let visits be scheduled without orders in the system. But if you let staff override that because they swear they'll do it later, you're wasting your software's capabilities, Gaboury stressed.

Another example: Gaboury helped an agency whose biller was doing all their billing using an Excel spreadsheet, when she had a pricey software system at her disposal. Why? Because she had stepped into the role of biller unexpectedly and never received training on the software.

Conduct pre-billing audits: While you want to use your software to its fullest, don't believe developers' claims that it will eliminate your need for pre-billing audits. "You can't just leave it up to EMR," said **Michael Horsley**, owner of HHA All Coast Therapy Services Inc. in Lady Lake, Fla.

"Do not trust that your software system is 100 percent protecting you," Gaboury warned. You should conduct pre-billing audits on 100 percent of your claims, she advised. The audits will help you catch billing problems, compliance issues, and will cut down on your denials.

You should check to make sure there's a note for every visit, a plan of care signed and dated by the physician, supplemental orders back signed and dated, and that all visits are covered by orders, counseled Horsley in the presentation. Checking for orders is particularly important because the entire episode will be denied without them, Horsley stressed. And missing orders can put you at risk for fraud and/or survey problems.

Money-savers: You don't need to conduct the pre-billing audit until the end of the episode, Gaboury offered. And the audit can be conducted by billing or clerical staff; it's not a clinical review.

Track orders: Because you can't bill your final Medicare claim until the POC is back, missing orders can significantly delay your billing. But many HHAs let unreturned POCs slip through the cracks. You should track physicians' orders electronically, Gaboury said. If the POC isn't back within 15 days, it's time to resend. If you allow four or five months to go by before you ask the physician to sign again, then you can expect it to take four or five months to get orders going forward, she cautioned.

Tackle F2F documentation. A new wrinkle creating headaches for billers is Medicare's face-to-face physician encounter requirement, Gaboury related. It's important to read the F2F documentation when it comes back from the doctor, she said.

For example: One agency found the physician wrote "patient not homebound" for the narrative, Gaboury said. Other agencies are seeing that the F2F documentation has a totally blank narrative or is lacking a signature or date.

Remember: Under Medicare rules, you are no longer allowed to date stamp signatures. Docs must provide the date themselves.