

How to Have Effective Communication About Billing and Receivables

Prepared by:
Merrilee Severino
CLA, LLC

INTRODUCING

Lorman's New Approach to Continuing Education

ALL-ACCESS PASS

The All-Access Pass grants you **UNLIMITED** access to Lorman's ever-growing library of training resources:

- ✓ **Unlimited Live Webinars** - 110+ live webinars added every month
- ✓ **Unlimited OnDemands** - Over 3,900 courses available
- ✓ **Videos** - More than 1,900 available
- ✓ **Slide Decks** - More than 3,300 available
- ✓ **White Papers** - More than 2,000 available
- ✓ **Reports**
- ✓ **Articles**
- ✓ **... and much more!**

Join the thousands of other pass-holders that have already trusted us for their professional development by choosing the All-Access Pass.



Get Your All-Access Pass Today!

SAVE 20%

Learn more: www.lorman.com/pass/?s=special20

Use Discount Code Q7014393 and Priority Code 18536 to receive the 20% AAP discount.

*Discount cannot be combined with any other discounts.

How to Have Effective Communication about Billing and Receivables

By: Merrilee Severino, CPC, CPM, CMMP, NC

Effective communication is important in everything, but in matters of money and health matters, it is vital that you are clear. When having meetings with providers about money matters, there are a few things to keep in mind.

1) Keep communication open.

You must be able to talk with your providers. Some people are afraid to approach their providers, but remember they hired you to communicate for them and to them. By not communicating problems quickly, those issues can become harder to correct or become unfixable. When I interview with a practice, I try to imagine how it will be to communicate with the practice and ask questions to disseminate whether it would be a place that I would feel comfortable and respected. I often advise people that when they are interviewing for a job, make sure to read the practice's financial policy. It needs to be something that you can believe in and defend as if it were your own. All staff need to be able to communicate to each other as well, as a lack of communication costs practices in many ways. For example, if a new patient cancels their appointment and that is not communicated to others within the practice, document verification and chart preparation can take hours of a person's time, not to mention the slot in the schedule that should have been filled with another patient.

2) What works for some may not work for others.

I have some clients who I simply email end-of-month reports to and that is enough communication for them. There are others who I don't think have ever opened one of my emails, but I do a weekly phone conference with. You must find out what works for your team. With matters of particular importance, I choose to communicate by phone, text, email, and if that important, I will follow up via US mail.

There are times that the "language" is an issue. Coding by the book, payer rules and guidelines, and provider terminology are all so far from each other that the best thing you can do when you meet with your providers is to bring everything that you have to the table and see if you are all talking about the same thing. What may seem simple to you may be foreign to them and vice-versa. It is important to keep an open mind. Surgery is a great example of this. Local Medicare Review Policies are a great example. I know a lot of providers who do not know that these exist, nor do they know that they have a "comment period" for their voice to be heard. Each time I have told a provider about their ability to be heard, they were genuinely shocked and appreciative. Keep in mind that this is not something that they are taught in medical school and with all they have to keep current on in medicine, how can they know all these ins and outs unless we help?

Earlier in my career, I worked for a group of five neurosurgeons all with such different personalities. I have developed over time the type of personality that will just tell you that we all put our pants on the same way-one leg at a time. Within this group, all the doctors would come and put their billing in an inbox and I would bill it out. After a couple of weeks, one doctor came to me and asked me "What is your problem?" When I asked what he meant, he told me that I was billing everyone else's cases except for his and he wanted to know why. I explained to him that the operative reports were not back on his cases and the other doctors coded theirs so I was able to get them out right away. We proceeded to debate for a bit that the last biller sent them out according to what was on his board (meaning the preoperative plan) and he wanted to know why I couldn't figure that out. He even asked me if I was "slow" and started snickering at me.

I was insulted of course, but understood that he was used to a certain behavior. I explained to him that I had gone back and looked at a few of his cases. I had nicknamed all of the surgeons in this group and he was "Tonka man." I proceeded to show him that I went back through his cases for the past year (which was as far as I could go due to timely filing) and I had found in excess of \$30,000 of lost revenue. He was floored (of course!) and wanted to know how this was possible. I explained that sometimes when he operated that he would change the plan slightly and decide to do a cage, add a bone growth stimulator, or even have to do an additional level of instrumentation. He was stunned to see how these added up because he was adamant that he "never changed" his plan. I thankfully only found one case that had to be refunded because it was cancelled due to the patient failing a urine drug screen on clearance the morning of surgery. This particular surgeon still did not begin to code his own surgeries, but we certainly understood each other better after that and I even got him to help me with some appeal letters. He told me that nobody from the billing department had ever spoken to him before, let alone had spoken to him the way I did that day.

3) What is not important to you may be important to them.

Find out how much information is enough. I worked for a retina practice once that met with the billing department once a week and we reviewed every single adjustment that was not contractual that was over \$5. They were very involved in the appeals process and they were approachable for everything from prior authorization questions and issues all the way through

collections. I also worked for a practice with an owner who did not want to know anything about billing. He told me that as long as he has money in the bank, he was happy. This was not good enough for me. I knew he had been stolen from in the past and I felt it was important he be educated. This was important to me because I had worked for employers who did not "understand" what I did and it was reflected in my evaluations. I was determined this time to effectively and positively educate. I came up with a small "monthly report card" and broke down the piles of reports that the practice management software generated to a one page easy-to-read report with just the highlights for him. After a couple of months, I noticed he was eager to see them. The end result was a bigger paycheck for him and me.

So, you can see from the points above how important communication is with your practice in regards to billing and monetary issues. There is a need to establish effective methods of communication in order to work together well and maximize every dollar that comes in and goes out. There may be a variety of reasons as to why things aren't working well so be sure to make time and find a solution that works best for you all.

Merrilee Severino, CPC, CPM, CMMP, NC, is the President of MS Physician Practice Management and Revenue Consultants, Inc. based in Tampa Bay, Florida. She has over 20 years' experience in billing and practice management and has presented on many subjects for The Coding Institute, Physicians Practice Magazine, PAHCOM, AAPC, POMAA, BC Advantage Magazine, and has been interviewed in many publications.

The material appearing in this website is for informational purposes only and is not legal advice. Transmission of this information is not intended to create, and receipt does not constitute, an attorney-client relationship. The information provided herein is intended only as general information which may or may not reflect the most current developments. Although these materials may be prepared by professionals, they should not be used as a substitute for professional services. If legal or other professional advice is required, the services of a professional should be sought.

The opinions or viewpoints expressed herein do not necessarily reflect those of Lorman Education Services. All materials and content were prepared by persons and/or entities other than Lorman Education Services, and said other persons and/or entities are solely responsible for their content.

Any links to other websites are not intended to be referrals or endorsements of these sites. The links provided are maintained by the respective organizations, and they are solely responsible for the content of their own sites.