Certified Revenue Cycle Representative

Accounts Resolution

Basic Customer Service

Paramount customer service guideline:

Always treat the patient as you would wish to be treated.

Customer Service

Improving customer service in patient accounts

Include the following:

- Modifying billing formats and statements
- Extending normal business hours for inquiries and complaints
- Making sure that everyone answers the telephone courteously
- Following up on all customer inquiries or complaints within 48 hours
- Including customer service responsibilities in every staff member’s performance plan

Admitting/Patient Access

Dual objectives:

1. Obtaining the necessary information for claims processing
2. Making the encounter for the patient as smooth as possible

Financial Counseling –Self Pay

Key customer care:

- Explain the organization's credit and collection policies and how the policies relate to the patient.
- Anticipate (estimate) charges.
- Determine the patient's ability to pay.
- Provide payment options to the patient

Service Excellence

Suggestions for achieving excellence in customer service include:

- Take time to introduce yourself.
- Explain who you are and what you do.
- Be compassionate, express concern for patient as a person.
- Explain how much time you need and ask if it is a good time to talk.
- Explain information in layman terms and use feedback to make sure the patient understands.
- Speak in a calm voice.
- Listen without interrupting.
- Promise only what you can deliver.
- Do what you say you will do.

Customer Service - Third Party Payers

The best payer customer service:

- submit a clean claim electronically to the payer

Comprehensive access processing

- will minimize the need for follow-up

Insurance Follow-Up for Account Resolution

The clean claim payment cycle should be determined for all major payers and if timely payments are not received, a real-time electronic work list should be queued to initiate immediate follow-up

Insurance Follow-Up for Account Resolution

Effective receivables management

- analyzing the billing and collection process
- eliminating unnecessary steps and bottlenecks

Insurance Follow-Up for Account Resolution

Key focus areas:

- Unbilled backlogs for unverified insurance coverage
- Medical Record processing backlogs
- Missing charges
- Unresolved pre-bill edits
- Billed but not resolved accounts

Liability Payers

Liability payers include

- workers' compensation,
- automobile insurance coverage
- premises medical for property cases

Liens

A lien is a claim against real or personal property that secures payment of a debt or performance of some other act:

- Employee
- Landlord
- Materialman's & mechanic
- Tas

Self-Pay Follow-up

- Patient balance billing
- Bad debt vs. charity

Medicare Bad Debt

All self-pay portions are pursued for 120 days, after which they are referred to an outside agency for collection.

Uninsured and Underinsured

Providers are focusing more heavily on ways to better determine which patients are not able to pay and how to establish payment expectations for those who are able to pay

Federal Collection and Reporting Regulations

The Consumer Credit Protection Act:

- Title I–Truth in Lending Act
- Title III–Restrictions on Garnishment
- Title VI–Fair Credit Reporting Act
- Title VIII–Fair Debt Collection Practices Act

Title I. Truth in Lending Act

The Truth in Lending Act establishes disclosure rules for consumer credit sales and consumer loans

Title III. Restrictions on Garnishment

Maximum limits for wage garnishments, either:

- 25 percent of a worker's disposable earnings per week, or
- The amount by which a worker's weekly wage exceeds 30 times the federal minimum wage ($5.85/hour × 30 = $175.50), whichever is less.

Title VI. Fair Credit Reporting Act

The Fair Credit Reporting Act affects those who "issue or use reports on consumers in connection with the approval of credit." It provides protection of consumers' rights to privacy and limits the use of credit reports.

Title VIII. Fair Debt Collection Practices Act (FDCA)

Applies only to third-party collection agencies that collect consumer debt.

Bankruptcy

The types of bankruptcy and their impact on the patient's financial responsibility to the hospital are governed by the 1979 Bankruptcy Act. Key chapters of the act include the following:

- Chapter 7: Straight bankruptcy
- Chapter 13: Debtor rehabilitation
- Chapter 11: Debtor reorganization

Straight Bankruptcy

- liquidates the debtor's nonexempt property, pays off creditors, and discharges the debtor from his/her debt

Debtor Rehabilitation

Does not liquidate property nor discharge debts. Rather, debtor rehabilitation serves to reorganize a debtor's holdings and instruct creditors to look to the debtor's future earnings

Debtor Reorganization

Types:

- Usually in the nature of a *composition* (reduction in debt),
- An *extension* (more time to pay off the debt),
- A *receivership* (involving the continuing management of the debtor's business or property).

Collection Agency Placement

- Weekly or monthly transfers of accounts are the most common placement frequencies

Collection Agency Advantages

- Collection agencies have tools and trained staff
- Collection agencies will collect appropriately assigned accounts faster than.
- Collection agencies establish a complete documentation record.
- The patient accounts staff will provide increased documentation and improved collection attempts.
- The collection agency can provide feedback on assigned accounts and staff training.
- The assignment of accounts to an agency will provide an incentive to patients to pay accounts timely.

Denials and Appeals

- Medicare Beneficiary appeals
- Any individual (enrolled in Medicare) dissatisfied with the government's claim determination is entitled to reconsideration of the decision and to a hearing

Denials and Appeals

Provider Appeals:

Section 1878 of the Social Security Act and its implementing regulations give a provider of services and other entities, such as health maintenance organizations (HMO), the right to request a hearing on disputed cost reports submitted to their intermediaries.

Medicare Waiver of Liability

Waiver of liability refers to a provision established by Medicare to protect beneficiaries and physicians from liability when services are denied as inappropriate or medically unnecessary

Medicare Appeals Process

Medicare beneficiaries can appeal virtually any issue regarding provision or payment of services, and beneficiaries are regularly reminded of their appeal rights.

Summary

Key concepts

- Customer service is critical
- Motivate payers and patients to resolve accounts in a timely fashion
- Using outside services, including collection agency services, is a legitimate activity in the resolution process

Summary

Key concepts

- Providers must also work within the federal debt collection and reporting statutes
- providers must implement denial appeals when payers have incorrectly denied or incorrectly paid claims