



## Curbside Consult

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**Q:** *Billing and collections from my office-based services are doing well, but we are perpetually three weeks behind in billing for hospital-based services, have more denials, and do not collect as well. Is there anything we can do to improve this?*

**A:** Collection performance results for off-site services are typically lower than those of office-based services. This tends to be true even in practices that have achieved "best practices" processes. Reasons for the variance in performance range from reliance on patient data or scheduling services provided by a hospital or other entity, physical distances between locations, and even provider notation preferences. While many of these issues are not easily controlled by the practice, there are steps that can be taken to improve the off-site services billing process.

In general, the following "best practices" employed in an office setting should be utilized in all off-site settings as well. Implementing these processes should also result in an immediate collection windfall:

- Utilize a scheduling template within the practice management system for each location, department or treatment area
- Perform advance insurance verification

(IV), including determination of the patient balance responsibility

- Require that patients pay their portion due prior to the date of service (follow current office-based services' procedures for payment plans, discounted services, and/or delay of non-emergent care, if needed, when patient obligations are not met).

In addition, perform this function prospectively:

- On or before the last date of the office-based service before the off-site service is to occur;

dictation, a PDA or any other charge capture mechanism) the day before the off-site date of service. Remember to provide a few extra blank SuperBills and note forms for emergent/add-on services

- Require all documentation and SuperBills to be completed within 24 hours of treatment
- Require delivery of the completed service documentation on the next business day
- Require coding, entry, reconciliation, and billing for those services as per your

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- Upon notification of the need for an off-site service.

The earlier high-dollar service balances are discussed, the easier the prepayment by the patient during pre-operative visits to the office. For all emergent/add-on services, perform IV and attempt to collect the patient portion due from the patient upon receipt of the paperwork from the returning provider.

Also:

- Provide the service-provider with a copy of their off-site schedule and pre-printed SuperBills (eliminate index cards) with office note forms or charts (if not using

office-based policy (which should be no later than 24 hours from the date of receipt)

- Review and monitor all electronic and paper billing edits separately from the office-based services
- Review and monitor all denial, payment, collection, and staff audit reports separately from the office-based services to identify process issues and abnormalities.

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