

Here's your . . .

FREE REPORT

MEDICAL COLLECTIONS AND REIMBURSEMENTS: 9 Things You Should Know to Increase Your Revenue

As a medical professional who does not participate in healthcare networks, we would guess you often find difficulty in maneuvering through the “murky waters” of the major medical insurance companies when submitting claims, and then appealing the low reimbursements the insurance companies pay you. It’s hard to figure out what you are even entitled to as an “out-of-network” provider. Insurance companies treat you like an “outsider” – a nuisance that they have to put up with – and, in some cases, ignore you altogether. Is there a better way to figure out what you should be paid?

And it gets worse...

At some point, after receiving your low reimbursement, using some unexplained internal formula, the insurance company sends you a “refund” request! Yes, now they’re saying they “accidentally” (not sure how that happens) paid you too much money and they want it back. You might appeal their “determination” but, without responding, they simply deduct your hard-earned money from the checks of other patients!

Is that even legal?

The insurance companies thrive on all this chaos. Remember they make money on receiving premiums and holding that money as long as possible. Their continued and inconsistent actions convince us that they like this environment and have no intention of correcting it. The less they can pay, the longer they can keep from paying, the better off they are.

And they have other “tricks” up their sleeves.

Instead of paying you directly, in keeping with the assignment you probably received from your patient, they send the reimbursement check directly to your patient! In many cases, they don't even tell you that unless you ask (probably many times). Then what happens? Some patients keep these checks and deposit it in their own bank accounts. In larger “kept check” situations, patients may file for personal bankruptcy and you never get paid. Is there a way to protect against this?

We are now seeing, for larger and more complicated claims, insurance carriers

“splitting up” a HICFA into 2 parts

and assigning each part to separate claims representatives. You can only imagine what the result of this “hocus pocus” is. Codes get denied for not being included with others (the

“others” now being on the other part of the claim) and the entire claims process slows down and becomes almost impossible to appeal.

Are they doing this on purpose?

If you have read our report to this point, you probably have a lot of questions (certainly more than answers):

1. How do I protect myself?
2. Is my staff handling our claims and appeals correctly?
3. After we've appealed, what further options do I have?
4. How many of my patients are keeping checks?
5. What are we doing about refund requests (if anything)?
6. Why am I even practicing medicine anymore? (just kidding)

There are several things you should know to better equip you and your staff to handle your billings and collections.

First: The insurance companies do not have anything personally against you. Due to their lack of training and organization, they treat everyone like this – you, your patient (their insured) and even their in-network doctors.

Second: Be the representative of your patient. Have all your patients appoint you (and/or your practice) as their designated representative to request information, handle appeals and bring legal action on their behalf.

Third: When getting a procedure or operation pre-approved, ask “How much am I going to get paid?” You probably will not be given you an answer or may say “at the out of network” benefits rate. Whatever they say, be sure you note this in your file.

Fourth: Do all appeals and other correspondence in writing. Phone calls and jotting down who you spoke with is okay for follow-up and part of the administrative record, but actual appeals and reconsiderations should always be in writing, with proof of receipt.

Fifth: Write appeals and correspondence as the patient or on the patient’s behalf. Always mark correspondence (including appeals) to MEMBER APPEALS and send to a specific member department if one exists.

Sixth: Always do two (2) written appeals. It is imperative that you “exhaust” all your administrative remedies before having any law firm take legal action on yours or your patients’ behalves. Most insurance companies require two (2) written appeals and the courts have generally ruled that two is sufficient.

Seventh: With self-insured plans, make sure you send a copy of all appeals to the insured’s employer.

Eighth: Include language in your patient intake paperwork that requires patients to hold any checks they receive IN TRUST for your practice and to pay any such checks over to you within 10 days of receipt. This should secure you as a creditor against the funds and prevent the debt owed to you from being discharged through bankruptcy.

Ninth: Get a good legal team behind you. At the Beinhaker Law Firm, we work with you and your practice to guide you and help you deal with issues as they arise

before you are forced to take legal action. We will clean up your intake package, correct your appeals letters and other correspondence, handle “kept check” collections and better ready your practice so when we need to take legal action, it will lead to a quicker settlement. That comes from having your paperwork in order and following all the rules.

So, I assume at this point, you’re getting the idea. Be organized (more than the insurance companies), systematically handle your appeals, and get a good team behind you (billing, collections, appeals, legal). As a doctor, you want to practice medicine. As a business owner, you want to drive up collections and shorten the time it takes to collect your receivables.

Now, here’s your CALL TO ACTION.

Contact our office for a free consultation. We’ll come and visit you with no obligation. We’ll discuss any cases you are having trouble with, take a look at your patient paperwork and determine how we can help you. A lot of this is about money, but even more of it is about peace of mind and avoiding all this aggravation. Call or Email us today.

info@beinlaw.com

(862) 206-7123



TEL: 908.272.2232 FAX: 908.233.4546
EMAIL: INFO@BEINLAW.COM WEB: WWW.BEINLAW.COM