

What Causes Low Collections?

Low Collections	Low Volumes	<input type="checkbox"/>	How many billable services do you provide?	
		<input type="checkbox"/>	What is the mix of billable services?	
	Charge Entry Backlog	<input type="checkbox"/>	When are outpatient and inpatient charges entered with respect to date of service ("lag time")?	
		<input type="checkbox"/>	Do you have the appropriate staff to enter the charges?	
	Low Fees	<input type="checkbox"/>	When did you last review your fee schedule?	
		<input type="checkbox"/>	Identify your top 40 codes, extract an EOB for each code from a sample of payers. Do the allowances match your fees? If so, they are too low.	
	Coding Practices	<input type="checkbox"/>	Have the codes and/or levels of code that you bill for shifted towards codes with lower or no reimbursement?	
	Credentialing	<input type="checkbox"/>	Have the providers for whom you are billing been credentialed by all carriers? If not, what is the status of their applications?	
	Low Reimbursement	Payer Mix	<input type="checkbox"/>	What is your payer mix (based on charges) for your top five payers during the past 12 months and the prior 12 months?
			<input type="checkbox"/>	Calculate the average gross collection for each payer, and utilize a weighted average based on your payer mix to determine estimated gross collection rate.
		<input type="checkbox"/>	Has your payer mix shifted towards payers with lower allowance schedules?	
		<input type="checkbox"/>	Are there services for which your payers have discontinued payment and/or are considered non-covered services?	
	Excessive Adjustments	<input type="checkbox"/>	What is the amount of contractual adjustments your practice made during the past 12 months?	
		<input type="checkbox"/>	What is the amount of non-contractual adjustments your practice made during the past 12 months?	
		<input type="checkbox"/>	Can your billing system verify that payments from insurance companies received on every claim are appropriate?	
	Excessive Denials	<input type="checkbox"/>	What is the percent of claims that are denied during the first submission?	
		<input type="checkbox"/>	Identify your five major denials by category (e.g., coding, incorrect/incomplete registration, patient not eligible on date of service, no referral/pre-authorization)	
	Inefficient Followup	<input type="checkbox"/>	What is your policy regarding insurance followup after the claim is received (I.e., the "appeal" process)?	
		<input type="checkbox"/>	What is your policy regarding insurance followup after the claim is submitted but has not been paid (I.e., no response from the payer)?	
		<input type="checkbox"/>	What is your policy regarding patient followup, to include statements, telephone calls, and payment plans?	
	Front-End Processes	<input type="checkbox"/>	With regard to the denials above, what percent were due to mistakes made during the registration process (demographics or insurance)?	
		<input type="checkbox"/>	Are you editing your CPT, modifiers and ICD-9 codes to ensure accuracy (based on payer guidelines)? [assumes you document appropriately]	
		<input type="checkbox"/>	Are you verifying insurance and benefits eligibility, if applicable?	
		<input type="checkbox"/>	Are you collecting the patient's portion of the bill at the time of service (co-payment, co-insurance, balance)? Can you accept a credit card and/or an ATM card?	
		<input type="checkbox"/>	Are you collecting on past-due balances at the time of service?	
	Payment Posting Backlog	<input type="checkbox"/>	When are payments entered with respect to their receipt by the office? When are they deposited at the bank?	
		<input type="checkbox"/>	Do you have the appropriate staff to enter the payments? Are they categorizing adjustments correctly?	