**John Duggan:** This is John Duggan, your host for the American Counseling Association’s 2015 podcast series. Today, I'm speaking with Barbara Carter. Barbara is a mental health biller and owner of CMH Billing. She’s been the owner of this billing agency since 2005. She is an associate of applied science in commercial art and has worked in a career as a full time commercial artist. Several years ago, she became an office manager for a counseling agency and now she happily manages her own billing firm.

Barbara, welcome.

**Barbara Carter:** Thank you. Good morning.

**John:** It's good to have you here. Barbara and I have worked together since 2011. I've had the opportunity to know a little bit about your work and how you help counselors in private practice and would love to just help our members understand some things about working with somebody who can help manage the billing and the claims and the other things that you do. And maybe we can also sneak in some stuff about ICD-10 to help counselors prepare for that. But to start with, Barbara, could you define some of the services that your company that you offer to counselors? How do you help us?

**Barbara:** Well, I try to take the burden of administrative work off of the counselors so that they can concentrate on their patients. For that, I do claims management, intake, credentialing, enrolling to get your electronic payments coming in, a lot of different things and just looking through my desk here this morning and I’m writing an appeal letter to one of the insurance companies to get some things covered, so I do appeals.

**John:** That’s really a wide range of stuff to help with the revenue cycle and making sure that counselors were submitting documents and claims properly and also getting reimbursed in a timely manner which is really important to those that are in private practice. Let’s start with – can you walk us through briefly – like you mentioned, credentialing. How would you help a counselor with that piece?

**Barbara:** Well, one of the first things is to check your CAQH listing and make sure that everything there is up to date, all your addresses, all your work history, and your documents that they need to have. That’s one of the things that is just a task that we take care of and I have counselors who want to get on insurance panels, counselors who want to get off of insurance panels, and everything takes a lot of phone calls and paperwork.

It’s hard to make phone calls when you're seeing clients. It’s hard to make a phone call in between sessions or when you have an hour break. That’s what I do all day long, is make phone calls and fill out paperwork and keep everything running smoothly on the back end.
John: I can speak from experience to say how very important that is so that folks like me, counselors, can really focus on the stuff that we know and love and it’s important that we understand how well this stuff comes together. Just for a minute, in case there’s a member who doesn’t know, can we talk about what CAQH is and how that interfaces because I think that there are a lot of providers out there who aren’t on insurance and some were wondering about how do I get there. CAQH is a universal database and it’s been around for what? Ten years or so?

Barbara: Ten years or so. And more and more people are using it and it’s called the Council for Affordable Quality Healthcare. It’s a non-profit organization that collaborates with healthcare providers and insurers. It gets those two pieces together. Once you get registered in CAQH, then any insurance company that has an interest in paneling you goes there for all your information, for anything that will be on your resume, anything that will be on your CV, anything that will be on your work history, your references, your malpractice insurance certificate, your license. Everything is in one place which saves the provider so much time.

John: Right. Can I use the phrase back in the day, I remember when I had to fill out all of these papers one at a time for each insurance company and the credentialing processes where we pull all of our background information that you described together and hand it over to an insurance panel and say, “I want to become a provider who works with you.” They then take that information, they process it, and then offer a contract. But I remember back when we had to fill one form out and they went on for like 20 or 30 pages for each panel.

Barbara: Absolutely. They do. I'm so happy that they did this because it saves everybody so much time. I'm sure people that work at the insurance company and credentialing, they're happy about it too because it’s all right there and they don’t have to try to decipher every provider’s handwriting.

John: And I think even – because now counselors are empaneled with TRICARE and can also become a community-based provider with the Veteran’s Administration. I think even those organizations are now taking the information from CAQH which is a really great resource. What about the piece with helping a counselor with contracting? Can you describe how you help us out with that?

Barbara: Well, really it’s just about the paperwork Once we find out if an insurance company is accepting new providers in an area, then they’ll send out list of things that they require. There are times when counselors can get contracted with insurance companies even though the panel is closed and that would be if you have a physician or a physician group that would petition for you to be added. Some worker’s comp
physicians, I know are petitioning for a clinical psychologist in my area to be added because they specifically want her because she deals with pain management.

If you have a niche, then you might have a better chance if the panel is closed. But first of all, it just takes a call to provider relations for the insurance company to see if the panel is open, if they're accepting new providers.

**John:** That’s good to know and some insurance panels, I think, do a lot of their request for new providers online and so just being tenacious and persevering if you really want to and just continuing to send those forms.

**Barbara:** Yes, absolutely. I think that there’s a website and you fill out a provider interest form and you can do that every 90 days. I have it on my calendar for a couple of providers every 90 days and go in and fill that form out in the hopes that we’re going to catch an opening.

**John:** I’m a counselor who has worked in private practice for many years and have become very familiar with this process. But for somebody who is new, they’re a new graduate or they’re transitioning from an agency, maybe they’re mid-career and they’re thinking about opening a private practice or they’re taking it to the next step, can you walk us through what does claims management look like from your perspective and how do you help the counselor?

**Barbara:** Well, one of the first questions I always get is what the type of practice management program should a counselor use or they want to know do I even need one. The answer is yes, you need one and actually a lot of it depends on how well a counselor can navigate around the website, how tech savvy they are. If they’re not very tech savvy, then I would recommend something different. But claims management, what I do is I make sure that claims are leaving your practice management system and arriving at the insurance company and being acknowledged as arrived. After it’s been acknowledged that it’s arrived, then you have something to work with if it’s denied, if they say, “We never received it.” You have to have that acknowledgement of arrival.

Then once they have it in hand, they process it. The information comes back electronically to the practice management system. Then I see the report for what is processing, what it’s paying, what’s in charge deductible and make sure all that’s posted correctly. And then I alert the counselor to any discrepancies. And all those little things.

A lot of times, counselors call me interested if I can help them when they start spending 10 to 15 hours a week on just claims management. And there’s a huge learning curve for claims management. If you're just starting out – as a matter of fact, I work with a lot of counselors who are just starting out and they come right out and tell me what I really
want to do is learn how to do this on my own. And I'm like, “That's cool.” They're paying me for my time and I'm more than happy to educate them. At some point, they can tell me that they don't need my services anymore, I'm fine with that because then they're independent and they understand how insurance work and they understand how their program work and they can manage it on their own.

John: And that makes sense and I was also thinking that there can be times when a practice reaches what I'm going to call full capacity when you're booked solid. And as a counselor, it can be invaluable to have a billing assistant or a firm or somebody that is available to help with making the phone calls, getting the amount of the deductible that's due, the co-payment information, and entering that into a system or finding a secure way to communicate that information with the provider. And I think it's important to know, you work off site. You're in Texas.

Barbara: I am in Texas, yes.

John: And my practice, when I had it, was in Maryland.

Barbara: Right.

John: We had a secure way of working together that was HIPAA compliant with the business associate agreement and I say we – that's what you do with all the counselors you worked with. But I think it's important for members to know that technology has made it so that you're able to work from your office setting and support the counselor but you're not actually being a staff person who shows up in their office to actually go through and do the billing.

Barbara: That's absolutely right. And the good thing about that is I'm only going to work on a provider's practice for as many hours as it takes which might be a few as maybe two or three a week, two or three hours a week if everything's running smoothly. And if things need more attention, then that's where I spend my time.

But I've worked with providers now in Maryland, Connecticut, Florida, Nevada, Texas, Arkansas and I'm sure I'm leaving something out. But there are so many insurance companies that they just cross borders. Hiring a biller out of state isn't a problem because of all the programs now that are available that are HITECH and HIPAA compliant. There are companies out there that are making themselves HITECH and HIPAA compliant by the government standards just to market themselves to providers and to – so many people need that security now and there's plenty of ways to get it. There's no reason not to be compliant.
John: And I think it’s important to note that compliance speaks about how we behave as professionals. Whether you're the person doing the billing, whether you’re the counselor who is actually providing the professional services, and you're using electronic health records or billing a service, it’s about our behavior. It’s not like any one practice or software is “compliant” but it’s the way that the whole process works that is meeting those guidelines established by the federal government for us to do our best to protect this information.

Barbara: And really, that is just an off shoot or continuation of confidentiality that our provider already provides to their client. It’s just now, it takes it to the electronic level. Our provider doesn’t go to a dinner party and talk about their clients and saying names and information and so you don’t get on an email or an unsecure website and put in protected health information either. It’s about privacy and you’re already practicing privacy. It’s just takes it to an electronic level.

John: That’s a great point. It’s taking our code of ethics and it’s translating it in a different way. Barbara, you had mentioned email. But how is it that you might communicate with a counselor who is using email to make sure that things run smoothly and are protecting confidentiality.

Barbara: Well, I like to insist that counselors use a HIPAA compliant email and there are several out there and they're not so expensive. They're maybe about $10 a month. I think there are some free ones out there too but I like to have all the bells and whistles and I like to have the ease of use, that one that you pay a little bit more for usage.

I have some counselors who just won’t do it and then if they ever email me with a patient name or any protected health information, then I email them right back and let them know that it’s a breach of confidentiality and I have to do that. I have to kind of scold counselors and say, “I have to tell you this because it affects me when you send protected health information. I have to make a log of the fact that you’ve breached confidentiality with my business.” And if you want to communicate with clients, it’s great to let your clients know that you have a secure email and no one else is going to be able to sign in and read all about it.

John: By having one of these programs whether it’s the freebies or the ones with the bells and whistles, you're able to securely exchange information and then also if you need to set up some stuff doing encrypted messages especially if it’s going out into a physician’s office or something like that, you can set it up so that that message is then retrieved and remains secured which is a great thing. And I think it’s so important for members who are listening to understand that the marketplace has changed significantly. If we look back five, six, seven years ago, an email service if you’re paying for one with all the bells and whistles, may have been $75, $80 a month which was pretty significant for a counselor.
Barbara: Yes, exactly.

John: And nowadays, it’s 10 to $15 a month which is – it’s almost hard to believe. It’s like wow, this is weird.

Barbara: Yes, that has really come down. It really has. We could spend a whole hour talking about HIPAA compliance.

John: I know. I know, and that’s not our goal for today. But one last thing and it’s looking at the services that somebody like you would offer to help a counselor with their practice. One of the things that comes to mind is you had mentioned intake and I think that is an important piece of information if we could spend a couple of minutes talking about that because a counselor certainly knows when they’re meeting a client for the first time, they’re doing their intake paperwork, they’re doing informed consent, notice of privacy practices, all of these things that we do in terms of the counseling relationship but there’s also a lot of stuff that someone like you helps us with: checking insurance, deductibles, copays. Can you just briefly talk about what that process looks like and how you support counselors?

Barbara: Yes. Counselors can either send me the information or they have the client call me or they send me the client’s phone number and I call them. What I need to have in hand to check insurance for a new client would be the client’s insurance card and their driver’s license. Driver’s license contains name and address and date of birth and then the insurance card contains the insurance information and that’s just the beginning. From there, one phone call to the insurance might lead to two or three because insurance policies are becoming so much more complicated. They were so much easier several years ago.

I strongly encourage counselors not to see a client until their insurance has been checked and then to communicate the benefits with the client beforehand and that’s what I do. I check the insurance, get all the details, and then I communicate that to the client, how much their deductible is, what they can expect to pay when they come in to the office, what they should have ready to pay when they come in to the office, how many appointments it’s going to take to meet their deductible and what their copay will be. I think that’s a big help because number one, I find some counselors are not comfortable talking about money to their clients and yet when you are a counselor in private practice, you own a small business and you want that business to make money. You have to become comfortable talking about money with the client.

The other thing is that counselors need to know that information as well. They need to have it as well, but they know the breakdown and how much to collect at each appointment. And then there are the surprises. Surprises that come in are that you may
be a Blue Cross Blue Shield provider but you are not a Magellan provider. However for this particular plan, even though the card says Blue Cross Blue Shield, the mental health may be handled by Magellan, the mental health may be handled by New Directions, might be handled by any number of third party company, third party payers.

And if you just take the insurance card at face value for mental health, you’re going to run into trouble probably a third of a time. You're going to run into trouble. And having trouble with a third of your practice income is a big deal. That’s a big deal.

**John:** Right, and I think that’s a great point because running into trouble could look like I've imagined or I presumed that I'm in network I can see this client and I may go three, four, five sessions and then find out that without having checked those benefits which is what you help with that all of a sudden, you find out you’ve given that time away. You cannot recoup it at least through the claim.

**Barbara:** Right. It can be three or four sessions because if you’re working with a third party payer, they can take up to 45 days to process and you can see someone three or four times in 45 days.

**John:** Yes. And I'm also thinking we're talking, Barbara, about the intake process and your checking this information as a client comes in to the practice. But this stuff also needs to be checked come January, January 1st.

**Barbara:** Yes. It used to be, years ago like you said. You remember a time when it was all the same when someone came to me and said here’s my insurance card and it said they were Bell Helicopter employee, I know exactly what the benefits were and that is no longer true. We used to track employers and say how many – we have someone that has that employer so now I have an idea of the benefits. But with the new healthcare programs that are out there, it's supposed to make it better for everybody but it has not made it better for the provider because the policies have just tripled, even more. They're just fractured. There's so many policies for every company and even big employers who offer their employees several policies to pick from and they're all different so you have to call before an appointment to check the benefit.

**John:** And as you're saying to make sure that we do that the beginning of every year, too. January 1st and insurance companies, the panels will not give us information on December 31st about coverage changes and so sometimes a client will have a change in their policy or they may have the exact same policy and come January 1st, a lot of times we had to go back through and do this whole process again. What’s your deductible, what’s your copay?
Barbara: Right, exactly. Part of it is to educate the public on a product that they pay for. They pay for the insurance and yet they don’t know what their benefits are and like you said, come January 1st, it’s a game changer even just a change in copay. People pick their policies usually in October, customer service systems for the insured for your client, they do get updated January 1st or January 2nd but the provider systems don’t get updated until the middle of the month of January. There’s usually a two-week gap that, even myself and I give it a lot of grace because I know it’s happening but even I can feel a little antsy, a little out of control. I have to wait a couple weeks before I can check these clients check their insurance because the systems just aren’t updated.

John: That is extremely frustrating. You’re trying to provide continuity of care and best practices and every January, you just don’t know. You could find out early February or mid-February, we find that you maybe ever worked for part of your case load and you’re just not going to get insurance claims reimbursed and that’s when you have to, I guess as a counsel, look at your policies and procedures and your contracts with clients to determine how do you handle payment in the time when a claim is denied. But that just gets tricky for everyone, so it’s really good to be organized and document ahead of time.

How about shifting gears for a minute and helping listeners understand what are some of the differences between claims support or a billing company, so somebody like yourself who helps a counselor versus maybe a larger firm that’s out there. What are some of the differences?

Barbara: One of the big differences is in the counselor’s pocketbook because a lot of the larger firms out there charge a percentage of your billables. They charge 6%, 7%, 8% so look at what you bill on a monthly basis. I work with an hourly fee and I keep tracking in five minute increments. Some days I work in your practice 25 minutes, another day might be an hour and 50 minutes and that’s how I’m keeping track. We also found differences with some billing companies that they didn’t know the ins and outs of the insurance in your state. They weren’t as educated about some of the third party payers and things. I actually spent time educating the billing company person on a few of the little things that were sliding and not getting taken care of.

And another thing we found too was that billing companies, they have large accounts. I do all small practice. If you are a mental health hospital or something, you might be using billing company A, B, C and if it’s a small provider, you come into billing company A, B, C, you may not get the attention that your account needs, it just doesn’t create the volume for them.

John: A lot of what the differences could be the knowledge base, personal attention so working with somebody like you who has a small firm, a small agency versus a larger billing company or firm which has huge – they need hospital accounts or they could
have clinics and stuff like that. Someone like you is able to provide a lot more individual attention and do research on cases and helping a provider or counselor whereas a big firm, if you’re not really pulling in that much they’re not going to be as inclined to give you some attention, some personal support. What about helping a counselor understand when they’re ready to make that leap, to reach out to somebody who does billing and claims and say, “Hey, I need support.”?

Barbara: Yes. I find that counselors call me when they’re spending over 10 or 15 hours a week on their claim that I’ve heard that so many times. I’m spending this time, spending all this time and it’s a huge learning curve for counselors that it’s frustrating too. If you’re frustrated, that’s one of the first questions I ask someone who calls me about working with me as what is frustrating you the most? And are you getting your information to come back in electronically or you’re still posting by typing everything into your computer when the paperwork comes in the mail? I ask them what are you not getting to that’s important but it’s just not getting done because administration is the first thing that’s going to go out the window when you have a thriving practice because you have patients that need your attention, humans beings instead of numbers and paperwork.

I ask them what is it about the numbers and the paperwork that you’re ignoring that you know needs to be taken care of and that’s where we start. And then I also get calls from new counselors starting out, like I said, that want to learn the ropes from both seasoned counselors who are overwhelmed and new counselors that want to learn the rope.

John: And some of the seasoned counselors have learned the ropes and …

Barbara: That’s right, and are overwhelmed.

John: Right, “I’m so overwhelmed. Help me.” And it’s a very important professional service. And of course, I think it’s – we may not have noted it at the beginning of the podcast but when you’re working with the counselor, you always prepare a Business Associate Agreement. It’s called a BAA, it’s something that’s required of HIPAA. Can we talk for just a minute about what that looks like?

Barbara: Absolutely.

John: What are you doing? What are some of the things that are important about a Business Associate Agreement when you’re working with a counselor?

Barbara: Well, I let counselors know that a Business Associate Agreement actually protects them. It protects them because I spell out what it is I use, what programs I use that’s all HIPAA compliant, and the steps to privacy that I’m going to take with their information, what my responsibility is with their information. It would be crazy not to
have a Business Associate Agreement with anyone that you’re handing over client information.

It’s actually required by law and the one that I use is copied from the CMS website and it’s all very technical jargon and legal jargon but it’s just everything it needs to and then I provide a recap which just says that I am going to be confidential with your information. That’s one of the most important things about what I do and I expect you to be confidential as well and use the right software to communicate with me.

John: One of the things that is asked of us is to continually do education and training and take different steps to learn about HIPAA and HITECH even if we’ve already gone through a series of courses. It’s always important to continue to refresh for you and anyone that’s working on your end. You do that too, right?

Barbara: Oh, absolutely. Yes, I meet with people that I work with and we actually go over a lot more than you would even think. We go over where their computer is located, can the public see it, how do they keep their notes, do they shred their notes? And also their hardware; if you get a new hard drive, you have to destroy the old hard drive, completely destroy and not just wipe it clean and sell it on eBay. You have to destroy it.

We talk about destruction of fax machines, destruction of printers. So many of these electronics now keep in their memory the items that have gone through it and that is all part of the picture too is making sure stuff gets destroyed when it’s no longer as good – usable for you.

John: And it’s not as though you just go to your local computer place and say, “Hey, destroy this.” We’ve actually got to do the diligence and go out and find the company that is certified and is going to give us a chain of custody receipt and a destruction receipt that says this item has been destroyed and then you got to go back into your – for the counselor, go back to the compliance planner for somebody like you go back into your folder where you keep that documentation to say, “Hey, this was appropriately destroyed. This was something that was appropriately removed based on the guidelines.”

Barbara: Yes, I keep a log of changes, new hardware coming in, all of that.

John: This is good. I get a feeling that I may get some more calls from people about how to navigate this and set that stuff up so it’s good for us to remember and to know what you’re doing from your end as a professional who’s supporting a counseling practice.
Barbara: Yes, and when a counselor wants to hire a billing person, those are the important questions. “What do you do with your old hardware?” Because their practice is at risk if someone is negligent in how they destroy the old hardware.

John: What other questions should a counselor be asking if they're looking for a biller?

Barbara: I think one of the most important questions is communication style, that we want to be sure that we’re communicating well and do they prefer email? How much do they want to know about what's going on? I get a sense in some counselors are confused by details some want all the details, so that's why the personal touch is so important so that you're communicating with someone who understands you and what you need. A good question is if they've ever worked with anyone in your state before. If you’re already speaking to someone who’s out of state, are they familiar with your state? Are they familiar with the insurance companies that are prevalent in your area?

John: Of course, one of the really important things for all of us to be checking is there's the Office of the Inspector General. There's a big database out there so if somebody has ever had an adverse incident whether they're a provider or they're a support agency or something, it's like we have to disclose that too. “Yes, I've had an incident” and some people just can't be independently contracted or hired. It’s important to be able to ask that question and say, “You know what, I'm clean. I'm able to provide the service. There's never been an adverse incident.”

Barbara: One source to find a biller, if you are thinking that you might be ready for one is to call the support for the practice management system that you're using and see if they have anyone they recommend because that would be someone that they know is familiar with their program, the one that you use, and also that they know that they have recommended before and haven’t ever heard anything negative about. That's just one source, one place to go to.

John: Sometimes it’s important to get two or three names just like if you’re giving a referral to a client to see a physician or something like that. You want to get two or three names and make some calls and do some interviews and see how that personal touch plays out, how the relationship plays out in that process of –

Barbara: Absolutely.

John: How about if we shift gears for a minute because we are still preparing for the shift to the ICD-10 and I'm wondering what wisdom or what guidance you might have for counselors who are in the process of preparing for that or someone may be listening to the podcast shortly after and they're still trying to make heads or tails. And I will just jump in Barbara, and say it’s important for counselors to go to some of the webinars and other resources that we have on our website and learn about the diagnostic part that is
associated with the DSM-5, that the DSM is the manual that the professional that counselors will use if in their practice they’re diagnosing and working with insurance claims or helping a client with particular condition, that we use that manual in the United States to go ahead and diagnose and make that assessment.

And then we shift over to ICD-10 which starts on October and that’s the stuff that has to do with submitting the claim. It’s a little bit different. We’re using two different resources but what do you experience, Barbara, with this preparation to use the ICD-10 in October?

Barbara: Well, I read online where the ICD-10 is going to have approximately five times as many diagnoses as the ICD-9. That was scary. That was scary news. What I'm telling providers is actually two things; one is to put a little money aside in case there any glitches in there, claims aren’t getting paid as quickly in October and into November as they normally do in case there’s a disruption in the revenue flow.

And then the other is to do a little homework and if you see 30 clients a week, take a week, take those 30 clients, and do the mapping or get a mapping of ICD-9 to ICD-10 mapping card or mapping crosswalk. But I tell counselors, yes, to go ahead and invest in a crosswalk so that they can change their diagnosis codes on October 1st from the ICD-9 to the ICD-10. And there are some out there that looked good. I've looked at them that are $30 or so. Some of the programs, some of the practice management systems are doing that internally where you put in a diagnosis and it will show you what the ICD-10 will be but you still have to make choices so you still have to know the code. And the codes are going to be around now. This is a permanent change, so it’s something everybody needs to get educated on moving forward.

John: In terms of submitting claims, they're mandated. I think the only exceptions that are out there – they're mandated by HIPAA and the only exceptions might be a particular may be employee assistance program or some state worker’s compensation. I think Federal Worker’s Compensation has stated that even though they're not mandated to follow it that they're choosing to follow it. But essentially for all other third party payers, this is what we've got to use to submit the claims.

Let’s back up for a second and look at that other part where you said preparing if claims aren’t getting paid. What might be some reasons why claims wouldn’t get paid?

Barbara: Well, you know there are so many pieces to the puzzle of getting claims paid especially for mental health because things aren’t as direct because there are third parties involved. There's your practice management system, there's the insurance company, and then there could be a third party payer involved and that’s four electronic processes that have to manage this new information and we’re just putting our trust in the systems. I'm getting those emails and providers are probably getting them too that
they're clearing houses, testing that the insurance is going through testing and everybody is going through testing hoping that on October 1st, everything's just going to click right along with no disruption but I do worry about disruptions because there's disruptions every January when all of the insurance has changed. There are problems that arise one or two here or there with people with new policies or the information didn't get uploaded or software problems.

The counselor should be prepared for a little downturn in income depending on how their claims go through, it'll be great if everything just flows as smooth as it supposed to but that rarely happen.

**John:** I think we’re working off of a best hunch and knowing that as you're saying, even checking new insurance policies for a client that's already established in a practice when you’re doing that for 20, 30 people can get very complex and there can be a drop in revenue at the first quarter that with this type of a change, we need to be also preparing for and setting aside a little bit of our practice revenue and stuff just in case there is – let’s say there’s 25% of the claims that get bounced back. You’d want to have a little money on hand because it’s going to make for a difficult fourth quarter.

**Barbara:** And 25% is lower than the predicted third, so that’s what I read that people are predicting – that people who work in ICD-10 who were monitoring it, who are responsible for its implementation are saying 30%.

**John:** Wow. Imagine that –

**Barbara:** That surprises me.

**John:** Yes, imagine that 30% of a counselor's income may not come through right away so we want to be prepared for that. How do you imagine – let’s say that a claim does get rejected. How do you imagine the appeals process is going to look because one of the things that I've learned is that ICD-10, you mentioned all these new codes that are coming in, it's focusing on greater specificity. With specifying means that the counselor also needs to be documenting well and documenting sometimes more specifically in greater detail. It doesn't mean like “he said, she said” in the content of therapy but looking at the signs and the symptoms and if somebody has pain and how do all these things measure up in terms of the diagnosis that has been submitted on the claim.

But if there's a rejection and I'm a counselor and I've got 25% or 30% of my claims getting rejected, how do you imagine this process working to get that money back, to recoup it?
Barbara: Right. I think that the rejection reasons are going to be varied, as varied as the insurance companies that you’re sending them into. It could be that your decimal point is off where it could be – you’ve not used the mental health code so you’re going to need to know the codes and enter them correctly and it could be, like I said, a clearinghouse problem or an insurance problem. It’s going to depend on what the problem is. I think that a lot of times when the new stuff happens and an insurance company is not ready for it, they tell us just to either hold the claims for two weeks and try again or to continue to send everything even though it will get denied because once they fixed the system, all of that is supposed to get then dropped again and rerouted through.

But what it’s going to take more than – what it’s going to take is perseverance on the provider’s part to make sure that they do get rerouted through, that things are starting to move where they were held up.

John: It sounds like you would help a counselor by monitoring their systems it reports back from the insurance company. Is that the stuff that’s called the remittance advice?

Barbara: The electronic remittance advice or your counselors are still receiving their remittance in paper, the explanation of benefits, then it’ll be important to read all that and to watch the reason codes, why is stuff getting rejected.

John: We should get a code that tells us to reason why the rejection’s happening and it sounds like you’re anticipating that most of it is just resubmitted again at some point. Do you think that there’ll be a need at some stage of the game to start putting together letters and requests for documentation to get paid?

Barbara: I don’t think so. I don’t think so for most practices, for most across the board, clients – I think it’s going to roll smoothly for clients or for counselors who use diagnosis codes for depression and anxiety. I have some counselors that are worried about adjustment disorder diagnoses that those will – you need to be more specific now on your adjustment disorder diagnoses and that has raised some concerns about whether or not those will still be covered. But that’s not really a processing issue.

I think if we prepare a little bit ahead of time and realize that since the codes have more specificity, you may need to be prepared to ask more questions in order to get the right diagnosis. That’s what I was telling my counselors, is to look at what you’re using now. Look at the new codes and what are those questions that you’re going to need to ask in order to make this new diagnosis, how long has this been going on, how disruptive is it in your life, severity --
John: All those good diagnostics and I think that making sure that the counselor is documenting that information in the either initial assessment or the follow up progress note, finding some ways to document that. And of course with the DSM-5, we’ve been teaching our members that there are different assessments that are available and as long as we’re going through and documenting and monitoring the levels of anxiety or depression or pain or what have you and the impairment of functioning that it will be important for us to keep that in the chart.

Barbara: Absolutely. Documentation is going to be key. Whenever you’re calling benefits, they always have this little disclaimer that is based on medical necessity. I think as insurance dollars tighten up, insurance companies now they have so many more insured. They’re paying – I think money is going to tighten up and I think that they are going to require more medical necessity documentation. That’s where you worry for the counselors on adjustment disorder comes into play because those are difficult to document, difficult to prove long term necessities.

John: Yes, we need to make sure we get those referrals from a physician if it’s required for some diagnoses and making sure that that’s documented in the chart and sometimes just having a nice either a special form from the state or for the insurance plan or just a consultation note from let’s say a primary care physician that says “so and so has panic disorder. They’ve been in the hospital emergency room three times and they’re in need of ongoing treatment and here are the medications” and just a short note from a physician. You want to be doing that coordination of care but I think that information can also help someone like you who is there to help the counselor manage the business side of this practice and the claims and all.

Barbara, we’re coming up toward the end of our time and I’m sure that there are going to be so many questions from members and we could probably have talked for an hour on the ICD-10 and probably another hour on how it is to set up a practice and all that stuff.

Barbara: Yes, absolutely. A lot of time.

John: One thing I’d like to end with – I usually end with this question. The American Counseling Association has more than 56,000 members, most of whom are clinicians. Is there anything I haven’t asked you that you’d like our members to know about?

Barbara: I guess, that’s a great question, John. I think that I would like your members to know that you don’t have to one, do it alone. There are people such as myself out there with years and years of experience that are here to help. I am excited to be in the offsite back office helping counselors with the administrative part because I believe in the importance of mental health in the United States today. There are lots of good billers out there that will help your practice.
And the other thing is don’t let the fear of what it might cost you to bring a billing person on board keep you from investigating the possibility because the time that you’re spending chasing down and fixing problems, I do that all the time. Billers do that all the time so we’re quicker at it and may know a little bit more than you do. Don’t be afraid of what it might cost and don’t be afraid to reach out.

John: Those are good suggestions and it’s like making a decision to maybe work with an accountant or a lawyer or another professional that when you said some counselors will call you and they’ll say, “Gosh, I’m spending 10 to 15 hours a week doing all this paperwork, making all these calls.” Break it down, what's the return on investment for 10 to 15 hours if you could break that down and look at changing 15 hours to 5 hours for the counselor and transferring some of that support over to a professional biller who can help manage the practice from that perspective. That’s an extra 10 hours where somebody could be getting rest, where they could be seeing more clients or doing so many other things more effectively.

Barbara: And one other thing to say about that is that while the counselor may be spending 10 to 15 hours on this problem, it’s not how much time I’m going to spend on it. I’m going to be able to accomplish all of that in a much shorter period of time.

John: You know the systems, you know how to get through and to make it happen and the questions to ask.

Barbara: Right.

John: Yes, good advice, good suggestions, Barbara. Thank you so much for your time today. I really appreciate you joining me.

Barbara: Oh, that’s wonderful, John. Look forward to doing it again.

John: Thanks to Barbara Carter who is a mental health biller and an incredible support person, one of many who are out there to help professional counselors manage private practice.

To view links to this program, to send an email, or to write to the presenter or the host, please go to www.counseling.org and click on the podcast page. This is John Duggan, your host for the ACA 2015 podcast series. Till next time, so long, and make it a good day.