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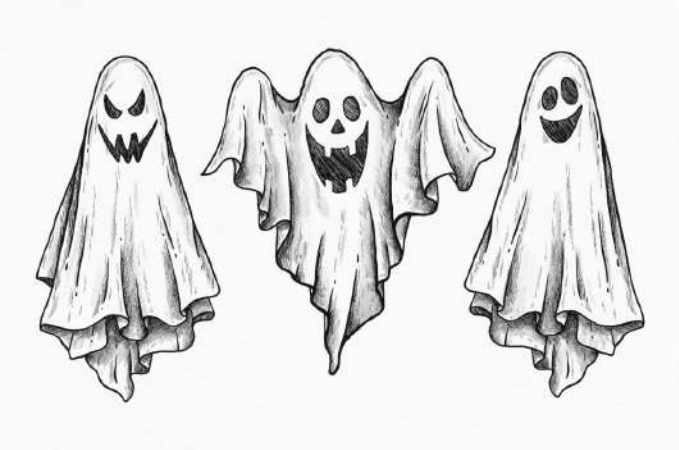
YOUR BILLING BUDDY

Empowering your practice's business!

It feels like we've barely put away the summer flip-flops, shelved the sunscreen, and started school - but the fall onslaught of payer news and things to become aware of is upon us.

BOO! Ghosts are haunting us...!



It's almost Halloween! Time to talk about ghosts. Networks, that is.

My passion, and a quarter-century of experience, is in easing the administrative burdens of clinicians that directly contribute to burnout and subsequent withdrawal from the insurance networks. So I've learned a few things about "ghost" or "phantom" networks.

Yet I read articles authored by so-called "experts," (probably highly paid) and here in the real world, I'm shaking my head in disbelief. It's time for some plain talk.

A "ghost" network is one in which the insurance company directory lists lots of names of "in-network" clinicians. With plenty of names, there should be no trouble finding an in-network therapist and making an appointment. Right?

In theory. In reality, many people aren't able to find in-network therapists with openings.

When a supposedly adequate, or even "full," network turns out to be one in which a significant number of enrollees in a plan can't find a therapist participating in their plan … that's a "ghost" network.

Why do ghost networks exist?

More reasons than you might realize.

In my view from the "trenches," these are the major causes of ghost networks:

1. Inadequate reimbursement rates
2. Econ 101: Basic Law of Supply and Demand
3. Lengthy process for joining insurance networks and lack of transparency.
4. Difficulties with claims process / getting paid / admin issues

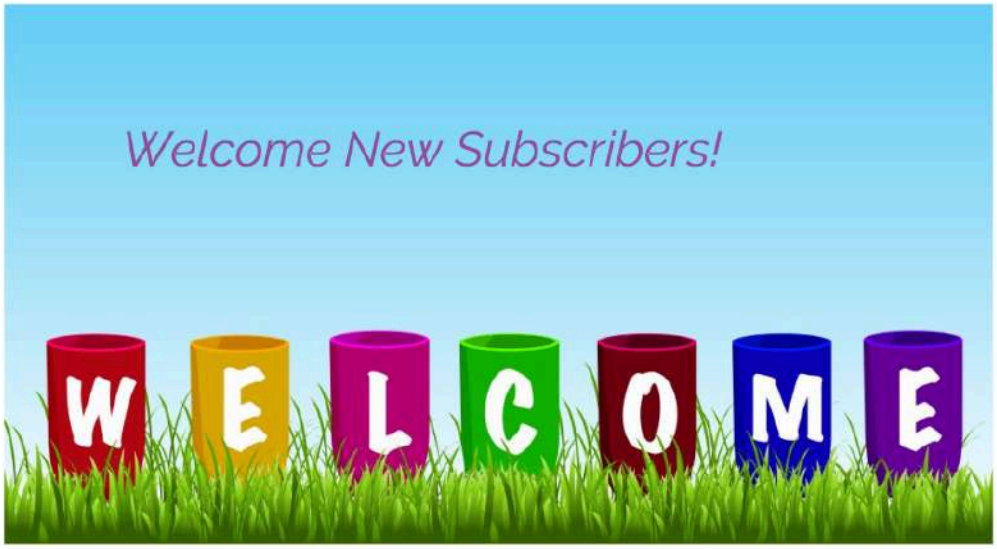
Inadequate reimbursement rates

Payers – via highly paid lobbyists and C-Suite types – imply that therapists are "greedy," and that in-network reimbursement rates are adequate.

Is this true?

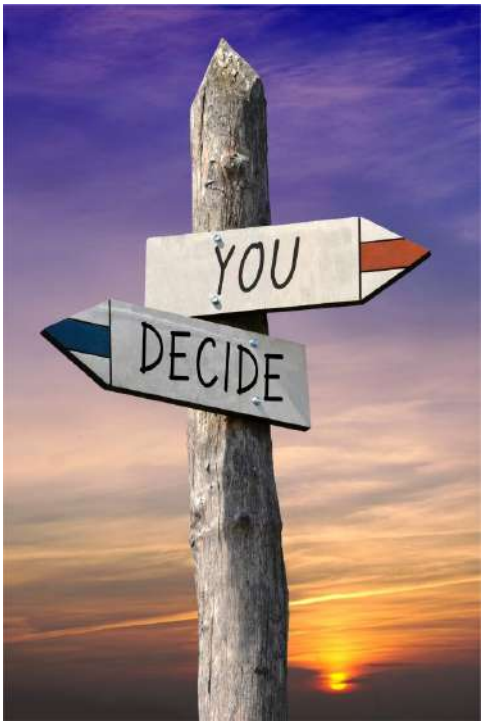
We know it's NOT true! Click here to read the rest.

To fight against these inadequate reimbursement rates, here's a special offer! Until the end of 2023, when you buy the e-reference manual **You CAN get a raise from insurance!** you can send your draft letter to me and receive 15 minutes of feedback - INCLUDED in the price of the download!



Medicare Provider Enrollment 2024: Yes or No?

CMS has announced that LMFT & LPC / LMHC enrollment will start when the 2024 Physician Fee Schedule is finalized. Need help enrolling?



What does Medicare pay?
Will I have trouble getting paid?
Will I be audited constantly?

FIND OUT MORE!

Is there a deadline for deciding to enroll?

Depends. Under current rules, Medicare will backdate enrollment effective dates 30 days prior to the receipt date of the application. Which means that if you want to be enrolled effective January 1, then you must submit your enrollment no later than January 31, 2024.

However, the current situation in Congress / possible government shutdown may delay adoption of the 2024 Physician Fee Schedule, and if that happens, CMS *might* adopt a one-time exception to the current rule. Since no one knows for sure what will happen at this time, stay tuned... I'll keep you informed.

If your enrollment doesn't need backdating to January 1, there is no deadline to apply. Medicare accepts enrollments 365 days a year.

I've heard Medicare's a nightmare....!

You can get these questions answered truthfully! Learn the good - and the bad - of working with Medicare.

This will not be an educational session. Just an hour of conversation with Your Billing Buddy - who has 25 years experience successfully working with Medicare.

This is an important practice decision: don't make it without evaluating the facts!

Bring your questions - and I promise you truthful answers, without pressure!

New workshop events now available due to high demand!

CLICK HERE TO REGISTER!

Other Medicare 2024 Announcements:

- The Part B deductible for 2024 has been set at $240 - an increase of $14 from 2023's deductible of $226.
- Think Medicare is full of red tape? Share your opinion in this survey, open until November 9th.

The most common source of claims payment errors? Credentialing / Provider data

Credentialing is boring and redundant!
How many times do I need to type in my address, Tax ID, NPI(s), license #, etc?

There are three key things to ensure you do when credentialing, or updating provider data:

1. Be sure the data matches how you're billing. **EXACTLY!**
2. Whatever you tell one entity, must match what you tell all other entities.
3. Make sure your NPI data is up to date here: https://nppes.cms.hhs.gov/#/

Information is routinely shared between NPI, CAQH, Availity, and all other portals. Increasingly, I'm finding problems when data differs between payers. And those problems means **YOU'RE NOT GETTING PAID!**

How do I know what all this stuff means and how it translates to claims?

The terminology is confusing!

The insurance payers don't all use the same "language" when enrolling or credentialing. There's no standardization. *(and let's not even TALK about how Medicare is different still!)*

What happens if I move? Change my tax ID? Form a group practice?

These are important to your growth, but improper enrollment will cause
huge financial setbacks.

Sure, you can call the insurance company, but are they giving you correct information?

How do you know?

And that's if you can speak to a human at all...

I feel your pain - and on Friday, November 3rd, I can make credentialing easier!

(Sorry, I can't do anything about boring...)

Join me for a special event: **Credentialing for Billing Success!** Or, register and watch the recording on your own time.

I will show you the connections between CAQH & the applications, with what you put on your claim forms where. And how this information affects what (or if) you get paid!

We'll also discuss how to fix billing caused by enrollment problems.

Don't miss out! Plus, as a special offer, registered attendees can obtain an hour of consulting for 50% off! Just select the add-on when you register!

New in the Store!

Check it out!

Find out more

Are you in California and confused about where to send your Blue claims?

You're not alone!!!

So I created a guide to figure it out. I use it myself - and I've never had a claim rejected for being submitted to an incorrect payer!

And on Friday, December 1st, I'm offering a special webinar for **everyone**, to untangle the complex BCBS mess.

A single case agreement may benefit your client, but is it right for YOU?

Much as you want to help your client...what are you REALLY agreeing to when you sign a single case agreement?

It may not be as simple as *"we'll pay for your client in-network."*

It *could* lead to extra work on your part. Be sure you're ready to take that on!

YOUR BILLING BUDDY

1420 Marvin Rd NE #C464
Lacey, WA 98516
Phone: 360-628-8612