

# Professionalism Tips Self-Reflection

## Instructions for using this document.

1. Download the document to your desktop.
2. Open document from your desktop.
3. Complete exercise by filling in your responses.
4. Save all changes as you use the document. Please note there are multiple assignments in the document.
5. Follow your facilitators instructions to submit the assignment.

## PROFESSIONALISM

Professionalism encompasses all the components we discuss in this series. A professional is someone who looks and acts the part regardless of the situation. A professional doesn't take shortcuts and has excellent communication skills. Honesty, integrity, dependability, and a positive demeanor are all important trademarks of a true professional. Your demeanor is the way you come across to others. With each patient and professional encounter, it's important to dress according to organizational policy, exhibit a positive work ethic, and communicate appropriately. Consistently demonstrating professionalism in a health care setting will not only heighten the confidence the patient or professional has in you—it'll also increase your own sense of pride for a job well done.

Consider the characteristics of a professional biller and coder. Which of these qualities best describe you? What are two or three areas would you want to improve on? Cite some examples.

RESPONSE

## CUSTOMER SERVICE

When a person receives health care services, they're not only patients—they're also customers. In today's health care environment, patients have more choices than ever. So, it's important to consider the business side of health care includes customer service. Providing excellent customer service to patients means using your billing and coding skills and knowledge in a sincere and courteous way while being responsive to their questions and concerns. Another important factor is having empathy to the patient's situation, whether related to healthcare or financial concerns. The patient may be nervous, upset, in pain, or worried about their health and the financial impact of their condition. These can be serious challenges in a person's life and they may affect how the patient interacts with you.

Let's say, for example, a patient who recently had surgery just finds out a certain piece of medical equipment they need is only covered by insurance after their \$1,500 deductible is met. This patient has been off work for 2 weeks and probably won't be able to go back to work for at least 2 more weeks. Think about what it might feel like as this patient, experiencing this medical event, and now facing high medical bills—all while being off work. It's easy to imagine how stressful this could feel.

As a billing and coding specialist, you're likely to be the person who informs the patient of the costs of the medical equipment. Suppose the patient responds by displaying frustration and states how unbelievably high the cost of the equipment is. Would you firmly respond to the patient with the stated financial policy? Would you try and end the conversation as quickly as possible to avoid conflict? Would you be thinking "after all, it's not your problem and you can't change the patient responsibility requirements of an insurance plan." Or would you respond with empathy and offer solutions?

Sometimes money and medicine make for an uncomfortable conversation. By being empathetic and offering solutions, you will demonstrate your professionalism. For example, hear them out, empathize, offer solutions, and take action. In this situation, some solutions would be to review the patient's insurance and make sure all benefits available are applied, offer a payment plan that is within the facilities' guidelines, or provide information on resources for possible rental or discounted DME. In the example where empathy and solutions were offered, what do you think the patient's customer experience would have been? Contrast that with some of the earlier examples where no empathy or solutions were offered.

Sometimes requesting payment or responding to patient inquiries about financial matters can be uncomfortable. Which qualities best describe customer service to you? Cite some examples of how you would request payment from a patient that has an overdue balance.

RESPONSE

## WORK ETHIC

Having a good work ethic means you understand the value of diligence. You show up for work on time every day and give 100%. You use the computer only for work-related tasks and only check your phone during breaks. You lend a helping hand to coworkers when opportunities arise. Ethical integrity is being honest, dedicated, and trustworthy at all times, regardless if anyone's watching or what the consequences might be.

Let's say a provider approaches you about a situation they're frustrated about. They discover a frequently performed service isn't a service most third-party payers cover. As a billing and coding specialist, you understand not all services are covered by health insurance. But you also want to support the provider and demonstrate your knowledge. You suggest you review those services to see if there's an alternative that is a covered service. It's always important to think critically and ethically in billing, coding, and professional encounters.

What does work ethic mean to you? What qualities and traits do you have that demonstrate your work ethic? How might you respond to a co-worker who does not give 100% on the job?

RESPONSE

## ETHICS APPLIED

The application of ethics is particularly important to billing and coding specialists because it relates to coding and the reimbursement value of claims. These issues have a direct impact to revenue cycle management. Your knowledge and skills about accurate and ethical code assignment influence operational and clinical decisions the organization makes. So, it's important your input as a billing and coding specialist is centered on ethical coding. Always base the code assignment on supporting clinical documentation and according to coding guidelines, regulatory standards, and medical necessity as defined by payers.

Here's an example of ethical coding and its impact to the revenue cycle: A family practice group wants to ensure they're optimizing quality care during preventive care encounters. They task you with researching potential services that are separately reimbursable and will implement appropriate codes you suggest in the Visit Capture screen, sometimes called the encounter form, and into the clinical workflow. After researching potential services, two of the codes you select are for smoking and tobacco use cessation counseling.

This makes you think about the time requirements for certain services and then you go through your list again. The two service codes for smoking and tobacco use cessation counseling are divided based on time spent performing the counseling. For example, an intensive counseling session is greater than 10 minutes (code 99407). You add the counseling time requirements together with the preventive care encounter. After you compile your findings, it's clear the scheduling time slots for preventive care encounters will not allow completion of all services based on the code requirements. You will need to adjust the slots.

What should you do? As a billing and coding professional, you should never disregard the time specifications in the service codes. Consider how adding service codes would improve billed services and revenue cycle and yet impact other aspects such as scheduling time slots. After analysis, you determine an in-service training would be appropriate for providers and staff regarding time requirements for certain services.

Your role as a medical biller and coder requires that ethics apply to your work. One industry expert responded that "independent drive and focus, attention to detail, good communication, strong moral character, and sound technical skills" are the most important qualities and skills for a billing and coding specialist to have. Describe what "ethics applied" means to you and how your role as a biller and coder and your ethics affects the practice and the revenue cycle.

RESPONSE

## CONFIDENCE

Confidence is about having the self-assurance of knowing your position and how to ensure the patient receives the services they need, when they need it. Navigating the billing and coding details of payer requirements can be challenging. Confidence is important in developing trust and fostering open communication with the patient and other healthcare professionals. Your confidence level also tells team members you are secure in your knowledge and you're a trusted member of the team.

However, being overly confident can sometimes result in errors due to overlooking an important detail or making assumptions. While it's important to be confident in your skills, it's also important to have a certain level of humility. Without humility, there's no room to learn or grow. It's important to recognize all members on the health care team are valuable, and each person can learn from one another. Confidence in your knowledge—coupled with a lifelong learning attitude—is a perfect combination for a billing and coding specialist to have. Consider, for example, how confidence and humility can shape your approach to pre-authorizations.

When someone is new to the medical billing and coding profession, how can they demonstrate confidence? What key attributes of confidence do you have? Think about a scenario when you are not sure of the correct code, sequence, or insurance requirement. How would you handle the situation? Are there areas that you could improve on? Describe those.

RESPONSE

## COMMUNICATION

It's necessary for billers and coders to have good communication skills that support patient satisfaction and the revenue cycle. Nonverbal, spoken, and written communication skills are essential to keeping the patient informed and establishing a positive relationship with them. As a billing and coding specialist, you'll be responsible for communicating on a daily basis with patients, their families, providers, third-party payers, and other health care professionals.

Effectively communicating organizational policies about scheduling, privacy, and financial and billing details to patients is important. The inability to do so could result in failed appointments and a lower collection rate of copays and other patient responsibility amounts. It can even impact the patient outcome because effective communication is essential to patient care, like obtaining authorizations and scheduling for specialty treatments or advanced imaging.

A lack of appropriate and timely communication can lead to guessing, misunderstanding, or misinterpretation of information or results that can adversely affect patient satisfaction and the revenue cycle.

Think about all the types of communication (verbal, nonverbal, written, electronic). What type of communication do you personally use the most? Reflecting back on the video and your responsibilities to patients, families, and providers, describe how you would communicate to avoid any misunderstandings. Are there areas that you could improve?

RESPONSE

## DEPENDABILITY

Dependability is about being responsible for completing the tasks or the work that's required of you in your professional role on time. It means being on time every day, fully engaged, and ready to work. It also means accurately completing the tasks you're responsible for in your organization in the time allotted. If you're not available when needed, ultimately you are affecting the revenue cycle. Many billing situations include a timeliness requirement. Managing those requirements for tasks such as timely filing of a claim, timely response to an insurance request for documentation, or timely request for pre-authorization of services for a patient are part of your role. Consider how a dependable billing and coding specialist can make a difference in an organization.

Being dependable is vital to success in your career. Which attributes in the video best describe your dependability? What areas would you want to improve on, and why? Have you ever been in a situation at work where someone was not dependable? Having had that experience, what advice would you give to someone new to the field?

RESPONSE

## PRIORITIZATION

Being able to prioritize tasks is a vital skill every billing and coding specialist should possess. Any given week will have multiple tasks with varying levels of importance, based on factors such as amounts and timing requirements. Billing and coding specialists know the particular details and consequences of these tasks. They understand how preauthorizations can impact reimbursement, claims, and collections. They understand how they intersect with other departments in the organization, and—more importantly—how they impact the overall revenue cycle. Prioritizing can have a great impact on the cash flow within an organization, which helps sustain the organization and the revenue cycle.

Let's say the billing manager asks you to accomplish several tasks during the coming week. Your manager asks you to review payment plans to ensure all are current, review upcoming procedural code updates, and review current patient records to create a scheduling list of preventive care encounters for the front office. Which task would you do first? As a billing and coding specialist, you'll have many important responsibilities that ensure the financial health of the organization.

Sometimes it might feel like you are pulled in many directions. Reflecting on the video, how would you prioritize your work and why would you choose that order? What challenges does not prioritizing create? Describe how what you have experienced in balancing work, school, and life help you prioritize and prepare you for your new career in billing and coding.

RESPONSE