

Medical Biller's Checklist

9 Ways medical billing companies can implement top-grade business processes and satisfy their clients

1. Establish clear communication with clients and reinforce the value of accuracy.

Encourage medical practices you take on as clients to send clean, updated information on patients and encounters to expedite payments and minimize resubmissions.

2. Be aware that insurance payers have deadlines to submit claims.

Account for any deadlines in your office processes. These deadlines are called timely filing limits. If a payer denies a claim because you missed the timely filing deadline, you have no appeal rights. Your client forfeits all money they potentially may have collected.

3. To set expectations, get to know each client's payer mix.

Become familiar with the payer mix for each of your clients so that you know how long payment is likely to take—helpful information when setting expectations. Medicare commonly pays within 14 days. Many Blue Cross and Blue Shield payers pay within 14 or 21 days, as does UnitedHealthcare (UHC). However, with some payers—for example, worker's compensation or Veteran's Affairs—it can take 45 to 90 days before the client receives payment.

4. Use practice management (PM) software that supports efficient claims processing.

Your PM system should include automated claim editing features that enable accurate submissions to insurance payers and faster payment turnaround. Particularly important is an integrated clearinghouse to expedite billing. Strong claim processing capabilities increase revenue and profitability for your billing company and keep clients happy.

5. Follow up.

Keep track of unpaid claims. For paid claims, confirm that payers are paying the agreed-upon amounts. Proactively identify claims that need your attention and prioritize them for resolution. Consider using software that helps automate this process. Such software creates an organized list of claims-related follow-up tasks based on rules that you can customize according to your business needs. Well-organized follow up ensures higher payment rates and increased revenue for you and your clients.

6. Use reporting tools to monitor your results.

Reporting is vital for running an effective medical billing company. Your practice management system should include flexible reporting tools to help guide you to areas best optimized and where you have room to improve. Use them to identify the percentages of denied claims, which will also let you know the percentage of clean claims, a key indicator of accuracy levels. You will also want to track the effectiveness of denied claims appeals to determine which denials are worthy of the appeal effort.

7. If Medicare claims are denied, determine first if they are processable.

When a Medicare claim contains incomplete or invalid information, CMS may return it as “unprocessable.” Because Medicare is unable to complete processing and make an initial determination on the claim, you have no appeal rights. You must correct the claim and resubmit it within one year from the date of service.

8. Confirm providers are identified as in-network by payers.

Identification of the physician as out-of-network due to administrative errors is a common cause of denials. For example, out-of-network denials may result if a physician’s national provider identifier (NPI) number is not correctly associated with the Tax ID of the medical practice. Make sure each healthcare provider affiliated with the client’s practice is properly attached to the group from the insurance payer’s perspective—especially if the client contracts out a portion of their professional services.

9. When billing patients, make it easy to pay.

Include information on how to make payments on patient statements. Include links to pay online in emails and text messages. Make easy online payment available through credit cards, Google Pay, Apple Pay, and other flexible payment options.



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