

STREAMLINING AND OPTIMIZING YOUR PRE-BILLING INSURANCE VERIFICATION PROCESS

An organized and repeatable verification process ensures that billing is efficiently handled, patient expectations are met, and the entire interaction is a positive one. Patient access is a critical piece of the healthcare management revenue cycle. Centralized information ensures faster and more efficient payments, reduced debts, and patient satisfaction.

Even more importantly, verifying the insurance coverage upfront for procedures or equipment results in fewer claims being denied simply because of a date change or policy modification that voids a previously issued policy. The pre-billing insurance verification process therefore facilitates maximizing insurance reimbursements. Following are several tips for optimizing the pre-billing process:

- During the initial communication with the patient, capture all healthcare and insurance data. This prevents duplication should the patient require additional services or equipment. Data can be shared across the healthcare network; as needs change and evolve, patient data is available to address questions and new orders.
- Ensure your system includes automated reminders of payment obligations. An optimized system includes a process for analyzing patient history and insurance data so that when the patient is contacted, likelihood of payment is improved.

- Make a variety of payment options available, including manual payments, patient financing, online bill payment, patient self-service portals, and check deposit services. Ensure the patient is aware of the various options for insurance co-payments.
- Publicly post coverage policies that outline the criteria for equipment that requires pre-authorization. Clearly providing information upfront benefits the patient and the provider. With policy data immediately available, critical information can be approved more quickly and time is not lost chasing after details.
- Automate retrieval of information to eliminate the middleman. Instead of relying on a staff person to communicate and provide appropriate details, automation allows the provider to receive the information up front. By integrating data into coordinated online systems, and providing tools to pull that data when you need it, you optimize your process, your revenue, and the satisfaction of all involved.

Analytix Solutions specializes in developing Medical Billing Solutions that optimize many aspects of the medical billing process, including the insurance verification process. For more information on our services or to find out more about our complimentary pilot project, visit us at:

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