Dear Physicians,

I will be taking the time out to provide training and give insight for the processes that we have for our procedures. Processes need to be in place and set in motion to prevent less errors within the workplace, which will lead us to ensuring financial stability. Following the procedures my procedures and guidelines will allow you to fill-out, complete, and successfully submit documents. Most importantly this will prevent the trouble of claim denials and appeals. So, in order to make sure everyone is on the same page and understands my procedures, I will plan a meeting that everyone must attend. We will go over each process with examples and allow you to do a trial run as well.

Thank you,

Autumn Gantz

List your resources in APA style format.

**Resource #1**

Describe how this reference will be useful in your Portfolio Project assignment:

This reference will be useful to me in my Portfolio Project Assignment, because it has a whole section about claims and coverage. This website has information on how they determine what services to cover, how they comply by federal laws, and plenty more information.

Type your APA Style reference here: Aetna.com. (2019). *Claims & Coverage - For Members | Aetna*. [online] Available at: https://www.aetna.com/individuals-families/member-rights-resources/claims-coverage.html [Accessed 22 Jul. 2019].

**Resource #2**

Describe how this reference will be useful in your Portfolio Project assignment:

This reference will be useful because it provides claim filing and claim requirements.

Type your APA Style reference here: Amerihealthcaritaspa.com. (2019). [online] Available at: https://www.amerihealthcaritaspa.com/pdf/provider/billing/claims-filing-guide.pdf [Accessed 22 Jul. 2019].

**Resource #3**

Describe how this reference will be useful in your Portfolio Project assignment:

This reference will be useful because it provides statute of limitations and how to file a claim.

Type your APA Style reference here: Insureon. (2019). *What consitutes a workers' compensation claim?*. [online] Available at: https://www.insureon.com/blog/post/2014/05/15/what-counts-as-a-workers-comp-claim.aspx [Accessed 22 Jul. 2019].

**Resource #4**

Describe how this reference will be useful in your Portfolio Project assignment:

This website shows how to properly submit claims and claim requirements.

Type your APA Style reference here: Hnfs.com. (2019). [online] Available at: https://www.hnfs.com/content/dam/hnfs/tn/prov/resources/PowerPoint/TRICARE\_Claims\_Tips.pdf [Accessed 22 Jul. 2019].

In 2017 8.8% (28.5 million) people did not have health insurance coverage, the percentage of people with health insurance was 91.2%. Private health insurance coverage continued to be more dominant then government coverage. People who were covered by the government was at 67.2%. Medicaid had a coverage of 19.3%, Medicare was at 17.7%, paying out of pocket was at 16%, and military coverage was at 4.8%. The average claim denial rate in 2017 was between 5 and 10 percent. The rate that provider should keep claim dial is 5% this is to maximize claim reimbursement revenue. 4.92 percent of claim lines were denied by Medicare, and 27 percent of appeal claims were still held up in appeals process. 90% of claim denials are preventable.

When handling a patient’s account with a past due balance, we will try to attempt to collect the debt before this bill is sent to a collection agency. Our first attempt will be non-invasive, we will send a letter in the mail to alert the patient of the past due balance. If we do not hear from the patient a week after sending the letter out, we will begin to call. Call will only be permitted to be made within the hours of 9 a.m. until 8 p.m. Calls can be made to a patient twice a day if you could not reach the patient the first time. The calls can’t be made back to back, there must be a decent amount of time between each call. Weekend calls are not permitted. Letters will be sent in the mail to collect payment. A letter should be sent out every 3 weeks in the mail. If none of these attempts to collect payment works, the bill will then be sent to a collection agency, lowering the patients credit score. Depending on the amount of the bill legal action will be pursued to collect debt.

When calling a patient to collect debt, collectors must remain professional. Yelling, arguing, or smart comments will not be allowed. When a call is made the collector must address the patients name, making sure that they are talking to the right person. A call should be within the lines of this script “Hello may I speak to Mr. Wilson . How are you doing today? My name is Autumn Gantz, I am calling on behalf of your past due balance with the amount of $100 due to King Medical Center. For the services of a check-up and x-ray exam. Just to inform you this is not a collection agency, but failure to pay this balance will result in the bill being sent to one. Would you like to make a payment today? Thank you for your time Mr. Wilson, have a great day!”.

The first letter collection template:

Dear Mr. Wilson,

You are receiving this letter because you have a past due balance of $100 for the services of a check-up and an x-ray exam given at King Medical Center. We included a copy of your bill with this letter. If you have any questions, please feel free to call us at 123-456-7890. You can make a payment at your convenience over the phone, mail a check, or in person.

Thank you,

Autumn Gantz

The second letter collection template:

Dear Mr. Wilson,

You are receiving this letter because you have a balance of $100 that is now a month past due for the services of a check-up and an x-ray exam given at King Medical Center. Multiple attempts have been made to collect this payment. If we do not receive a payment by the end of the day on Monday, August 5 your bill will be forwarded over to a collection agency. Depending on the amount of your bill, we may also follow up with legal actions. Please reach us at 123-456-7890 if you have any questions. You can make a payment at your convenience over the phone, mail a check or in person.

Thank you,

Autumn Gantz

Autumn Gantz W6P 8/5/2019

The first step for reviewing claims submission and payer reimbursement would be pre-registration. Gathering the patient’s insurance information to put into the database and scanning a copy of the patient’s insurance card. The next step would be verifying the patient’s insurance, by double checking that the practice accepts insurance, and that the insurance covers care. The third step is to record the services provided in the patient’s electronic health records. The next step would to be collect any co-pays, co-insurance, deductibles, and out of pay pocket expenses. The fifth step is to assign patient’s diagnosis with medical codes. Double check that the claim has been completed successfully, then submit the claim to the patient’s insurance company. The last step would be to receive a post payment to the patients account.

Appeal Template:

To whom it may concern,

I regret to inform you that you are receiving this letter because the claim submitted by King Health Care for patient Ashley Smith has been denied. The date of service charges was rendered on 8/1/2019. The patient’s diagnosis for emphysema did not match with the correct medical code. You can refer to the CPT guidelines to appropriately assign the diagnosis to the right medical code and reassess the claim for payment.

Thank you,

Autumn Gantz