

### Clean Claims: Preparation Before Submission

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## Housekeeping



- All attendees will be muted.
- Please enter your questions into the Questions box in the Go To Webinar control panel.



## **Objectives**



### During this session we will learn:

- The importance of Clean Claims submission
- Leveraging Eligibility and update Insurance if applicable
- Optimize Revenue with the Billing Services Dynamic
- Scrub and Post Electronic Charges
- Resolve Billing Status Errors
- Successfully Submit Clean Claims





# Do you currently have a Clean Claim Submission process in your Agency?

### Why prepare for clean claims?



- 1. Avoid rejections and denials
- 2. Ensure timely filing
- 3. Reduce days in A/R
- 4. Receive quick payment adjudications







## What is your Agency's Clean Claim Rate?



## Industry Standard for Clean Claim Rate



## Clean Claim Rate



Recommended Frequency: Daily

### Let's Do The Math

Number of Clean Claims / Total Number of Claims Submitted = % Clean Claims



## Eligibility



### Importance of Checking Eligibility:

Eligibility inquiries allow agencies to verify a customer's insurance coverage information and receive a real-time response from the payer.

### Verification information may include:

- 1. Copay
- 2. Coinsurance
- 3. Deductible
- 4. Annual limits

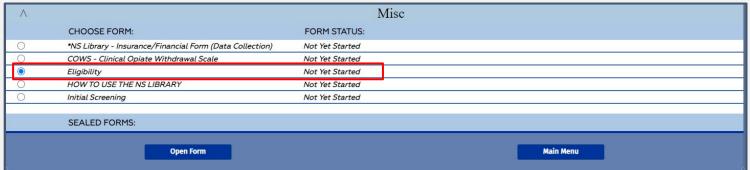
## **Eligibility Caveats**



- Contracted with Trizetto
- Payer's enrollment must be completed
- NextStep Setup: Eligibility Maintain Users setup
- Eligibility has been set up with agency's preferred methods

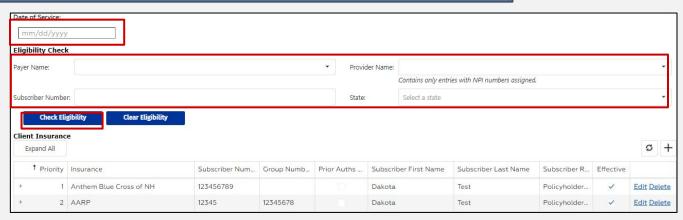
## **Eligibility Methods**





#### Forms:

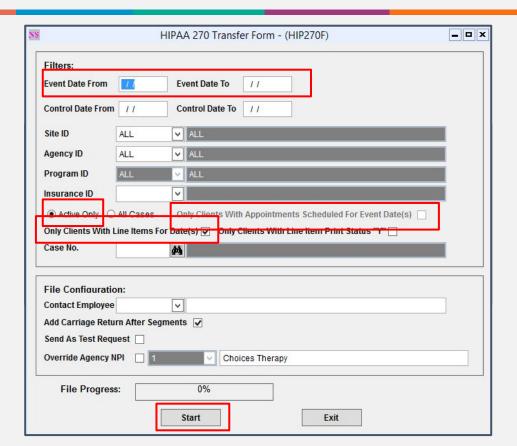
- Select the Form
- Enter info for all fields
- Click Check Eligibility button



## **Batch Eligibility**



- Event Date: Date of Service
- Active Only
- Deselect "Only Clients with Line
   Items for Date" checkbox
- "Only Clients with Appointments
   Scheduled for Event Dates"



## **Eligibility Results**





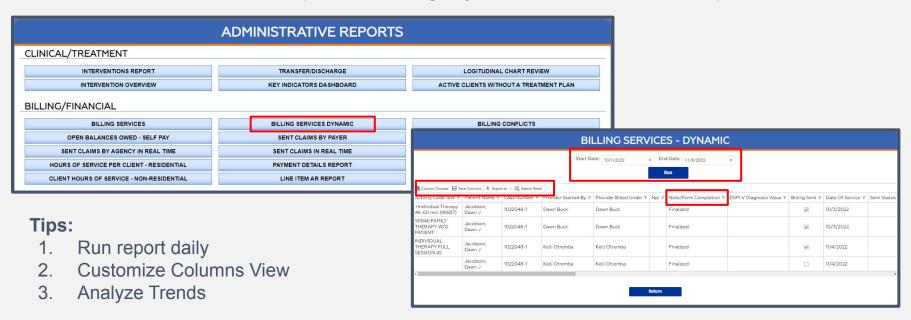
## Billing Services Dynamics Purpose NEXTSTEP

- 1. Provides a list of services from Forms & Notes
- 2. Allows users to easily see finalized and unfinalized Forms/Notes
- Insight into Revenue not captured

## Billing Services Dynamic



Path: Main Menu > Reports Category > Administrative Reports



## **Billing Services Dynamics**







### **Scrub Services for Internal Errors**

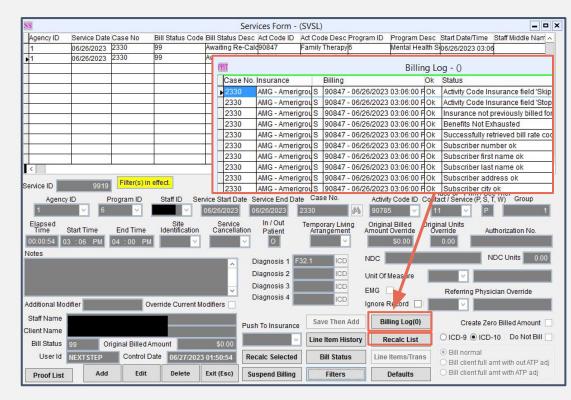


#### **Helpful Tips:**

- Organize Visible Columns on Service Form
- 2. Process Clinical Services daily
- 3. Scrub with Recalc Button
- 4. Leverage <u>Bill Status Code and</u>
  <u>Resolutions</u> resource

#### **Action Items:**

- Assess top bill status errors to identify areas for improvements
- 2. Develop a communication plan to resolve issues



## **Scrub Claims for Coding**



**Path:** File > Billing > Line Items

#### **Service Lines**

#### Service lines Info

- Service providers, Activity codes, DSM-5, Place of Service
- Does not contain Activity Code Billing Info
  - Billing Rates
  - Overrides created for Activity
     Codes
  - Insurance information
- No linked CPT Procedure codes info

#### - VS -

#### **Line Items**

#### Line Items Info

- Contains billing information
  - Insurance info, Activity codes,
     Linked Procedure codes, DSM-5,
     Modifiers, Billing rate
- Able to see payments info from payers & patient
- Able to review claim rejections/denials.
- Able to modify/perform corrected claims

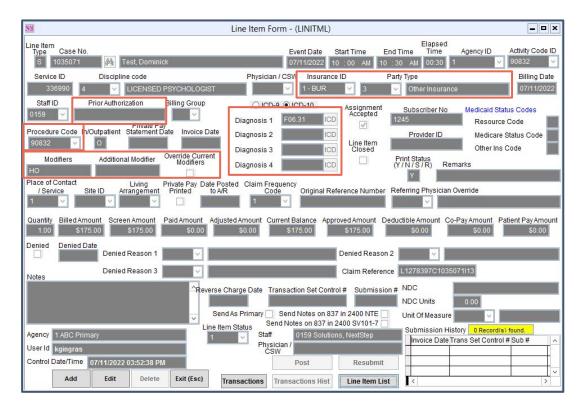
## **Scrub Claims for Coding**



### What do I Review?

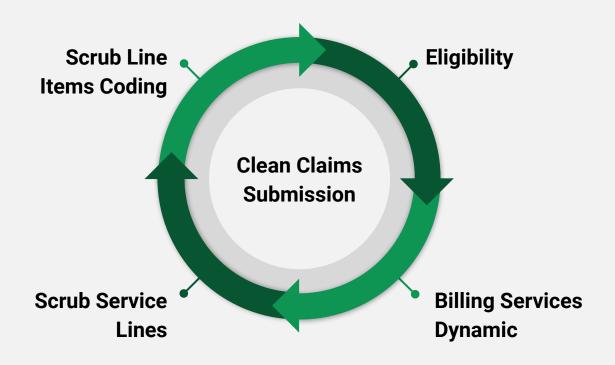
- Applicable Insurance Info
- Prior Authorization Info
- Verify Procedure code
- Diagnosis
- Add/Remove Modifiers





### **Process**







### Claims Submission Best Practice

#### **Transmission**

Batch file for each Format Type daily

#### **Invoice Date**

Update Print Status

after each

transmission

#### **CH Collaboration**

Work in conjunction
with your Clearinghouse
to identify rejected
claims quickly



### **Action Plan**



#### Action

Leverage the Billing Services Dynamic Report to identify uncaptured/unsent billing service activities.

#### Solution

Review with rendering clinicians/providers to complete and finalize.



#### Action

Utilize the Resolution Resource to work through Bill Status Code Errors

#### Solution

Identify Trends - setup errors, staff entry, missing information



#### Action

Review Line Items for proper coding.

#### Solution

Prevents rejections or reduced adjudication reimbursements

### Conclusion



- By utilizing Eligibility we are informed if client has active coverage w/ a policy.
- Processing the Billing Services Dynamics on a regular schedule will allow your practice to recognize and take actions on Forms/Notes that have not been finalized, therefore, not leaving revenue on the table.
- 3. Working Bill Status codes and reviewing line items will ensure accurate codings are on claim lines prior to submission.
- 4. Acquired workflow tools to improve clean claims submission to reduce rejections, denials, timely filing, and continued cash flow in your practice.



## THANK YOU





## **Questions**







### Resources

- Billing Services Dynamics Report
- Bill Status Codes and Resolution Help Article
- Insurance Eligibility Verification QRG
- NextStep Continuing Education Series Help Center Page
- 602 W. Office Center Drive, Suite 350 Fort Washington, PA 19034



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