

Healthcare Banking Bulletin

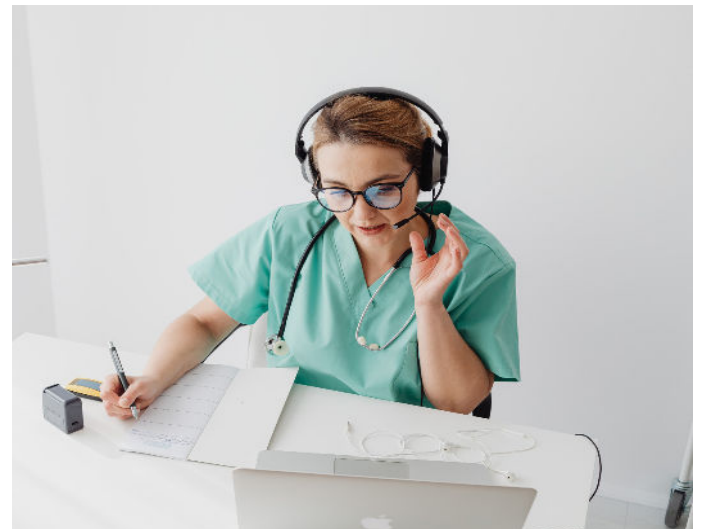
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*New Year,
New Insurance:
5 Steps for Billing
Success in 2023*

This isn't the first time we've discussed this and full transparency, it probably won't be the last. Though patients have plan changes throughout the year, January 1 is always going to be a significant date to collect new insurance information because of the huge quantity of individuals whose plans expire/renew at the end of each year.

If you've been following along then you know we believe in verifying the insurance information for every patient at every visit. Whether you have or haven't been able to implement that in your organization, this is the time to do a big push of accurate data collection. These five steps will help your team get prepared for 2023.

1. Educate Front Desk and Intake Staff: The biggest thing you can do to support performance improvement is to let your staff know how important they are. This doesn't mean just telling them what they did wrong.



This means teaching them how your facility gets paid (i.e. claims processing and the revenue cycle) and all the things that happen that can prohibit your facility from being paid like eligibility-based denials.

2. The Power of Waiting: All patients have a period of time in which they are waiting. The waiting room is a given, as is the exam room but there are also elevators, bathrooms, and intake stations. Print and post colorful signs with large print lettering that remind patients it is time to update their insurance information at the front desk.

3. The Power of Outreach: Not all patients will find themselves waiting in your facility in January. Use your social media pages and patient portal communication capabilities to send a notice to patient that it is time to review and confirm patient information. You can also change hold music to an insurance update reminder for patients.



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4. Use Automation: There are some practice management/scheduling systems that prohibit check-in until the patient has updated or signed to confirm their insurance information is accurate as presented. Does your system have this capability? If so is it implemented? If not, how hard is that to implement?
5. Capitalize on Their Presence: When you have the patient standing in front of you at check-in, you are speaking to the patient when their interest level in talking to you is the highest. After they have been seen and treated their sense of urgency to return your calls is significantly decreased. At check-in verify the patient's insurance and demographic information. Use words that trigger their memory like the name of the street they live on, the name of the insurance carrier they have, and the last four numbers of their phone number.

We've cited it [before](#), but it's important enough to say again, "92% of denials come from data-entry errors made by front desk staff". This means that getting ahead of benefit changes through patient outreach and informing staff of the importance are more than worth the time it takes to do so. If you want to look at the cost of not doing these things, take a look at our article from March on [Denials](#) and the driving forces or revisit our [Spring 2022 Denial Management presentation](#) and get ahead for 2023.

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