SimiTree

Tips For Streamlining the Insurance Process

Intake

- Get a copy of the patient's insurance card prior to intake
- Contact the payer to confirm coverage and verify benefits
- Request details about prior authorization, coverage limits, copays, and related issues
- When submitting information electronically, be sure that your coding aligns with the payer's system

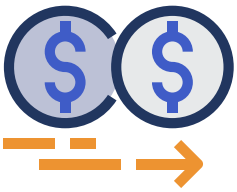
Claim Submission

- Prepare to justify the patient's diagnosis and support treatment planning decisions
- Gather all relevant reports, including the intake assessment and files from the primary care physician and other prior treatment providers
- Include the patient's individualized treatment plan, anticipated step-down progression, and discharge preparations
- Submit all information to payers within a timely manner — ideally within 24 hours

Rejection/Denials

- If a claim is rejected, check the patient's demographic information to make sure all details are accurate
- If a claim is denied, review the explanation of benefits (EOB) to identify the denial reason
- Act on denials and rejections quickly to prevent aging claims or large patient balances

Payment Posting



- Electronic remittance advice (ERA) is the key to a streamlined revenue cycle management (RCM) workstream
- Use payment posting process to quality check any issues, such as denials or other non-payments
- Set up direct deposit to eliminate any need for paper checks