MEDICAL REIMBURSEMENT

Did You Know?
Due to the COVID-19 pandemic medical reimbursement laws and policies have changed for telehealth services

Supplying the Services Needed to Succeed

86% of surveyed physicians say there has been an increased burden caused by prior authorizations over the last five years

01 | Coding & Reimbursement
There are many different types of medical reimbursement and there can be a lot of confusion surrounding this process. Coding and submission of claims is not only tedious but also complex and requires precise information for processing. It is important that your practice has a very thorough record and administrative team as to prevent any delays or rejections with reimbursement claims.

There is a lot of risk associated with the entire claims process in billing, coding, and reimbursement. Many errors can occur from inadequate staff and lack of education in policies and laws. There are services available to help streamline and automate claims, in order to eliminate errors quickly with secure review processes to ensure accuracy. There are also many classes and seminars that offer updates regarding coding and reimbursement.

02 | Claims Management
Claims for any insurance or program must be overseen in a very well outlined and controlled inter-office process. Claims management should be a priority in any practice and should always be reviewed for possible enhancements or beneficial process changes. There are assessments available that can provide valuable feedback and information regarding your offices current claims management. Reviewing overall revenue cycle, inter-office capabilities and constraints will allow office management to make corrections and changes where necessary to allow for a more effective and efficient claims management process.

03 | Claim Roles
With so many roles and different parties involved in the reimbursement process, it is easy to see why human error causes the most obstacles. Depending on your practices billing model the following are all possible roles associated with claims process in a providers practice:

- **Front End Staff** - Capturing insurance data, verifying eligibility, prior authorizations, collecting co-pays, etc.
- **Backend Staff** - Track and resolve billing edits, submit claims, post denials, payment processing, etc.
- **Providers** - Capture accurate charges and conduct completions of clinical documentation.
- **Clinical Staff** - Obtain patient consent and waivers.

Learn More
Contact us today to learn more about the resources available to Matrix GPO members, as well as new and exciting services available to the health care industry. Click here to visit the Matrix GPO website and fill out an enrollment form.

References
https://matrixgpo.com/Content/preferred-portfolio-member

https://revcycleintelligence.com/news/beyond-the-pandemic-telemedicine-reimbursement-and-health-policy

https://www.ama-assn.org/system/files/2020-06/prior-authorization-survey-2019.pdf