Medical Billing Professionals Support Suite

Changes to Insurance Verification Process

2018-07-10 - Medical Billing Professionals - Comments (0) - General

CHANGES TO INSURANCE VERIFICATION PROCESS

For our Platinum Service, Premium and PremiumPlus Service providers who request insurance verifications, we are making some changes to make the process easier for you.

Increase in the Number of Verifications Allowed Per Month

First, we are INCREASING the number of allowed verifications per billing month to 40 (from 20). (The fee for verifications in excess of 40 per billing month remains at $9.95 per verification). Very few practices have more than 40 new patients per month so this change will greatly improve your ability to obtain accurate eligibility and benefit information.

You No Longer Are Required to Provider a Copy of the Patient's Insurance Card

Second, we have required in the past that your office provide us a scanned PDF copy of the patient's insurance card in order for us to provide

the verification. However, some offices want the verification done prior to the patient coming to the office the first time and they obviously do not have copies of the insurance cards at that time.

Therefore, although we still prefer copies of the insurance cards, we will ATTEMPT to verify insurance benefits contingent upon the below:

- For providers who complete our online patient form, you MUST enter the insurance payer's phone number on the back of the patient's card.Since you will not have a copy of the card if the patient calls to make an appointment, the patient must provide you this information.
- In addition, you must ask the patient if there is a separate phone number for your specialty.
- For example, there may be a phone number for mental health benefits.If so, you should list this second phone number in the Additional Information Section (for example:Mental Health Benefits Phone Number—800-555-1212)
- If it is a Blue Cross Blue Shield plan and it is an out of area plan, you must indicate the plan info in the Additional Information section of the form.For example, if you are in Texas but the patient has Blue Cross Blue Shield of Florida, you would indicate in the Additional Information section of the form Blue Cross Blue Shield of Florida.
- If your office is using an approved EMR like TherapyNotes or ICANotes, we will log into your EMR to obtain the patient demographics.You must ensure that in your EMR that you enter the above required info (payer phone number, any other phone number on the back of the card that is relevant such as for behavioral health benefits, and indicate if it is an out of state BC BS plan)

AGAIN WE PREFER THAT YOU PROVIDE A COPY OF THE PATIENT'S INSURANCE CARD, BUT IF YOU CANNOT WE WILL STILL ATTEMPT TO VERIFY IF YOU COMPLY WITH THE ABOVE. If we are unable to verify based upon some incorrect information, at that time you will be notified that we will need a PDF copy of the front and back of the patient's insurance card to verify.

In addition, we are trying to do the verifications faster for you so you can have the information by the time the patient comes to your office. Generally we will provide the information to you by the next business day. However, we are attempting to provide the information to you the same day. In addition, verifications presently are not being done on Tuesdays so if you request verification on Tuesday (or late on Monday) the results will not be returned to you until Wednesday.

Thanks,

Steve