



Medical Billing

Are you aware that a part of all medical practice income is lost on account of Under Pricing, Inaccurate Coding, Missed Charges or Unreimbursed Claims?

Have you ever felt that the charges for the medical supplies / services are denied?

You need to streamline your Medical Billing today!

United States of America

Arun Murali
President – US Operations
5546 Primrose Avenue
Indianapolis,
IN 46220
Tel: (317) 698 7309
Fax: (317) 805 7768
Email: akmurali@Pradot™.com

India

T. P Prabhakaran
President & CEO
23/24, 1st Floor,
Infantry Road
Bangalore – 560 001
Tel: 91 80 22865960 / 22865961
Fax: 91 80 51130703
Email: tpp@Pradot™.com

Introduction

Medical Billing refers to the process of preparation and submission of Health Care Claims on behalf of the Health Care Provider to the respective insurance companies for reimbursement

In order to minimize billing and prevent losses, every medical office needs to maintain individual patient accounts for billing and for collecting money. In a small family practice this task may be simple and assigned to the front desk assistant, but in bigger practices and clinics this task is the medical biller's job.

Pradot™ is a company with talented and dedicated billing professionals having extensive knowledge in the area of billing and whose main aim is to ensure prompt reimbursement of your money. We are the experts for your billing needs.

Pradot™ Technologies

Pradot™ is an outsourcing solutions provider for non-core competencies of health care organizations. It has over 225 highly dedicated and talented employees. Its organizational structure embraces an open style management, disciplined problem solving and decision making approach, with a flexible and conducive work environment. Pradot™ recognizes its workforce as an asset and training as an investment.

Pradot™ is well positioned to take advantage of outsourcing of non-core competent activities for global companies with an established out-sourcing infrastructure and corporate strategy.

Outsourcing has proved to be highly cost-effective, efficient and has helped to deliver products to markets faster than ever before. This scenario implies that companies need to form partnerships with outsourcing vendors that have the resources to deliver the highest level of quality, consistency, cost-effectiveness and in the shortest possible time frame, thereby substantially increasing the clients' competitiveness by helping them deliver products to the markets quicker than ever before.





Pradot™ Relieves your Problems

- Specialty Coding
- Transaction Processing from data entry process of Patient Demographic details, Charges and Cash postings.
- Electronic Submission of Claims and Patient Bills.
- Paper Submission of Claims that go with attachments.
- Total Accounts Receivable analysis and follow-up.
- Detailed Financial Reports.
- Ensuring all Payments reach you directly.
- Frequent Audits to minimize rejection rate.
- Effective handling of patient calls.

Pradot's Responsibility

Pradot™ is a company with dedicated billing professionals whose main goal is the prompt reimbursement of your money. As a Medical biller they ensure that proper analysis on every claim / DOS is made before proceeding further. They review patients' insurance coverage (history including lapse if any), the physician's fees, break-up on the COB and Patient's liabilities. They are constantly updated with the various collection methodology, medical terminology, diseases, diagnosis, ethics and legal implications pertaining to the state. Interacting with patients is an art; one needs to understand that a Patient needs special care. It is through patience, courtesy and understanding that a patient caller needs to explain every bit of information being as descriptive as possible, using simple words, keeping in space with the patient's age and understanding. It is important to keep in mind that we work on behalf of the Service provider and the patient is our customer.

Medical Billing Process

1. Data Retrieval :

The Client places the data such as the Patient Demographic Sheets, Charge Sheets, Explanation of Benefits, Medical Records / Office Notes, Denials etc., into a FTP (File Transfer Protocol) or Website. The personnel responsible to retrieve these files will either print the same or place it in a network where the respective group members will have access to it.

2. Coding :

Medical Coding plays a very vital role in the Healthcare Revenue Management System. Just as it is the duty of Hospitals, Physicians and other healthcare providers to render the required healthcare service to the patient, it is mandatory that these providers of service need to be rightly reimbursed for the service rendered. It is only through experienced coding experts that this can be realized. The Medical records are converted into universally recognized codes, which should be used very carefully in order to convey the right information to the insurance carriers and other users. The Medical Codes give information on the Patient's History, Diagnosis, the service provided and the medication advised.

The Medical Coding team at Pradot™ is trained extensively and is certified by AAPC. Their training also includes HIPAA awareness. Our coders are proficient with coding Emergency Room, Rehabilitation, Anesthesiology, Surgical Pathology, Radiology and Cardiology.

3. Patient Demographic & Charge Entry :

This PD sheet contains the personal information of the patient such as, name, date of birth, sex, insurance coverage etc. This information is obtained at the time the patient visits the doctor. The data entry operators capture all information on the PD sheets, cross verify existing patient records and maintains reports on the same.

Charge Sheets are also known as Super Bills or Encounter Forms.

This sheet contains the information such as, the procedure codes, diagnosis codes, the date the treatment was rendered, co-payment amount (if any), the date of the accident (if any), the name of the attending and referring physicians etc. The charge entry operator follows specific guidelines based on the specialty. When certain information provided in the charge sheet is not clear or seems incorrect, the particular charge entry is kept in pending status to be resolved with client's assistance on a regular basis. At Pradot™, the quality of work is maintained by self-audit for both Data Entry and Charge Entry that is finally verified at random by Quality Control.



4. Claims Dispatch :

The next step in the Medical Billing process is the Claims Dispatch. After the charges, the claims need to be dispatched to the respective insurance companies. The claims can be either dispatched electronically or in a paper mode. Electronic Claim Submission (ECS) is highly accepted and the best mode recommended, as it is the only accepted mode that gives us an immediate assurance of the claim transmitted. The Clearing House generates a transmission report on the claims submitted. Since Electronic submission is highly accepted by both federal and commercial Insurance carriers, this reduces the processing period and possible errors in manual data entry and results in faster reimbursement. There are two levels of edit in the ECS transmission process, if the claim is incomplete or not as per the specification it is automatically rejected by the clearing house and / or the payer and a report of reject is instantly received. These claims are thereby rectified and submitted once again. This method helps to reduce the rate of denials.

All claims need to be submitted as per the HCFA specified format, HCFA 1500 for Physician Billing and UB92 for Hospital Billing. In cases where Doctor's notes, Medical Records etc. are required, the submission by paper mode alone is accepted.

5. Cash Posting :

Once a claim is submitted and processed by the insurance carriers, the claims either gets paid or denied and the same is communicated to the Billing office via an EOB (Explanation of Benefits). The EOB received can be accompanied with/without a cheque. The Explanation of Benefits (EOB) gives complete information on the payment / Denial. If payment is received the details such as contracted amount, co-insurance, Patient responsibility and provider write off. If denied, a denial code is mentioned or the reason is explained in brief.

Payment will also be received from various sources like the Patient and other third party payers. This Cash payment is posted as per the cash posting specific guidelines and denials captured. This same is further analyzed and followed up.

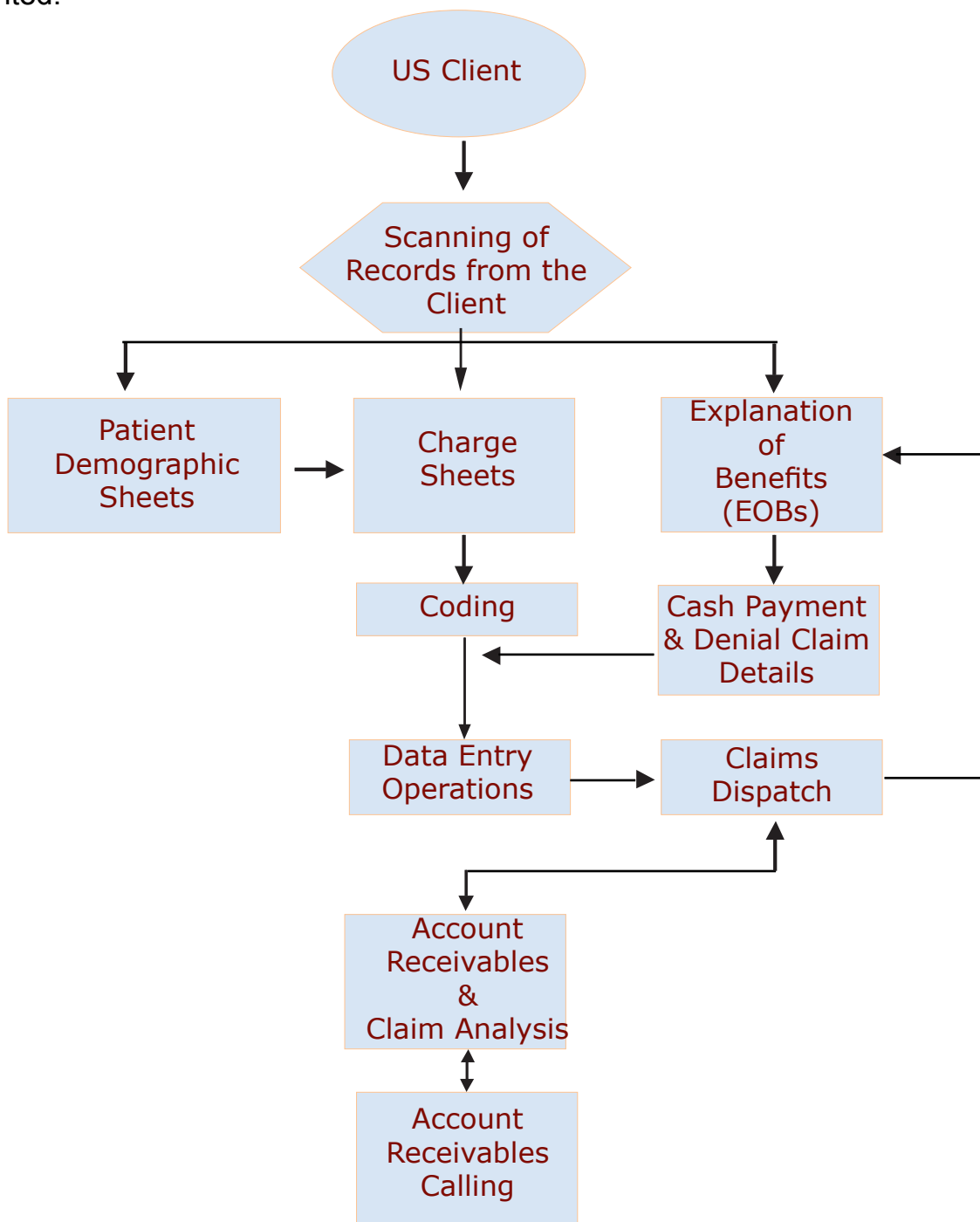
6. Accounts Receivables and Claims Analysis :

An AR analyst further analyzes the outstanding, pending, denied and low paid claims. The main objective is to maximizing collections and timely reimbursements. To identify the issues, the AR analyst generate reports like Patient ledgers, Aged AR reports, AR-call report, Transmission reports; EOB reports on paid, denied and partially paid services etc. A further decision on Appeal, re-submission or AR follow is made. Monthly targets are fixed on estimated collection and set goals to achieve the same.

7. AR Calling :

The main purpose of an AR caller is to solve claim issues at a faster rate and ensure faster and accurate reimbursement. The process involves interaction with the insurance carriers, patients, attorney office, caseworkers, Hospitals (Place of Service) and Physicians (both rendering and referring). AR Calling is one of the main departments in medical billing that facilitates in solving global issues as well as claim-by-claim issues.

Pradot's™ AR callers possess an American neutralized accent. All issues are well analyzed before making the call. The Patient calling team's motive is patience and concern, they interact with patients in a courteous and understanding manner. The AR Calling / follow up team ensure that all information received via the inbound or outbound call is rightly documented.



Conclusion

We work within the client office and as a team, to maximize reimbursement.

Your choice today is what decides your paycheck tomorrow.