



Prevention and Public Health Funds  
Reimbursement Project

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON

Washington State

Local Health Jurisdiction

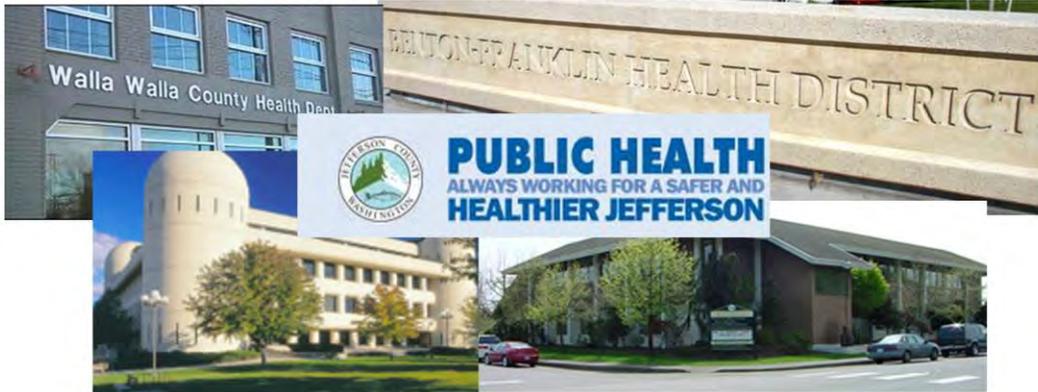
Billing Basics Training

March 19 & 20, 2013

Welcome to this training on Billing Basics for Washington State Local Health Jurisdictions. This training will help you understand basic principles and processes needed for billing private insurance.

*This information is current as of the training dates.*

## Success in Public Health Billing LHJ Billing Mentors



| Benton-Franklin | Grays Harbor County | Jefferson | Spokane | Walla Walla |

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LHJ Billing Mentors from Benton-Franklin Health District, Grays Harbor Public Health Department, Jefferson County Public Health Department, Spokane Regional Health District and Walla Walla Health Department will provide the training.

# Training Goals

## The information you need.

- Resources
- Data
- Set up

By the end of today's training you will be able to identify

- The resources you have and one's you may need.
- Data that needs to be collected.
- And what it takes to set up your office to bill.

## Key Components for LHJs



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These two phases will help LHJs prepare and bill private insurance.

## Getting Started

Identify the services you provide and the ones you want to bill for.

- Who will pay?
- What services will you bill?



Understand what processes you already have in place.

- Do you already bill?
- Is your staff on board?



Identify processes, policies and resources you may need to add or change.

- What do you need to add?
- What needs to change?

*Providing public health services can leave clinics in a bind between balancing goals like preventing communicable disease and running the clinic's business.*

Prepare your clinic for billing.

Identifying the services you provide and the ones you want to bill for.

- Find out if private insurance, Medicaid or Medicare will pay for any of the services you already provide.
- Some insurance plans will require you to bill for all services, others won't.

Understand what processes you already have in place.

- You may already bill Medicaid, Medicare and your clients so you might not need to make that many changes.
- We suggest you include staff in all areas of your clinic.
- Processes and operations often affect every area;
  - Accounting and budget,
  - management to clinicians,
  - reception and billing.

Identifying processes, policies and resources you'll need to begin billing.

- Once you know what your processes are, you can identify what changes are needed to begin billing.
- Changes to your processes are usually led or followed by changes to policies and resources.

# Information

## Provider Identifier Codes

- Taxonomy Codes/Taxpayer Identification Number (TIN)
- National Provider Identifier (NPI)

## Billing Codes – CPT and ICD-9

## Fee Structures

## The Billing Cycle

How to get the provider identifier codes, billing codes you need to bill.

Review your fee structure so it aligns with your billing process, goals and priorities.

Then we'll show you how to get your clinic ready for the typical billing cycle. And we'll wrap it up by talking about the next training opportunities.

# Provider Identifiers Needed for Billing

## Taxonomy Codes

- Provider's type and area of specialty
- Special Coding System
  - Ex. Pediatrics: 20800000X
- [Taxonomy Code Lookup](#)

## Taxpayer Identification Number (TIN)

- Employer Identification Number (EIN)
- Needed to get reimbursed

## Getting help

- Work with your mentor

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The taxonomy code describes the type of services and area of specialty for the provider.

There is a special coding system. Here is the code for a pediatrician.

There is a taxonomy code lookup on the CMS website.

You will also need your providers taxpayer identification number or TIN.

It is also commonly referred to as the Employer Identification Number of EIN.

You need it to get reimbursed by payers.

If the provider doesn't have one, visit the IRS website to apply.

You can work with your mentor to get help obtaining this information.

# NPI (National Provider Identifier)

## What Is It?

- Standard, unique identifier
- Required by HIPAA
- Does not change
- Stays with the provider
- [CMS Fact Sheet](#)

## Who Needs One?

- All physicians or health care providers that render care.
- Individuals or organization
  - Your health officer, facility and providers may already have one.
- Private practice and facilities
- VFC provider Agreement

## How to get it

- You need the taxonomy code and taxpayer ID
- Apply Online: [NPPES](#)
- Apply by mail :[NPI Application/Update Form](#)
- [NPI Lookup](#)
- CALL TO ADD YOUR HEALTH DEPARTMENT 1-800-465-3203 ( Toll-Free)

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Providers must have a National Provider Identifier to bill.  
You need the taxonomy class codes and your taxpayer ID number to get one.

## NPI – What is it?

It is a standard unique identifier for healthcare providers, required by HIPAA.

It never changes and stays with the provider.

You can find more information from a fact sheet developed and published by the Centers for Medicare and Medicaid Services (CMS).

## Who needs one?

All physicians or health care providers that render care.

NPI numbers can be assigned to individual providers or organizations.

Your health officer, facility and providers may already have one through their private practice or facility.

NPI is now required in the VFC provider agreement.

## How to get it.

You need taxonomy and TIN.

Apply online through the NPPES System. National Plan and Provider Enumeration System (NPPES).

Apply by mail completing the NPI application/update form.

You can use the NPI lookup to see if your provider already has a NPI number.

The best way to add your health department to your providers current NPI is to call.

# Understanding Billing Codes

## Codes

- CPT– Describes the service – What you did
- ICD-9 – Diagnosis code - Why you did it

## Managed by the American Medical Association (AMA)

- Coding, billing, practice management, HIPAA
- [AMA Website](#)

## Universal and used by all payers

## You must use it to bill

## Identify the codes you need.

- Most common codes - Cost Benefit Assessment Tool
- Work with your mentor
- System/Software vendor

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There are two main types of codes;

CPT or Common Procedural Terminology

ICD-9 or International Statistical Classification of Disease, the nine stands for version 9.

The coding system lets you report the service and care in a few numbers or characters instead of hand written descriptions and notes.

CPT codes -what you did

ICD codes -why you did it.

The codes are managed by the American Medical Association. Their website has information and help on coding, billing, practice management, HIPAA and more.

Used by Medicare and private insurance companies to pay providers and set their services, coverage and payments rates.

The billing codes you need are based on the services you provide. The cost benefit assessment tool includes the most common billing codes used in our health departments.

Contact your mentor for help. You may want to work with your practice management or billing vendor or your regional billing mentor to get started.

# Be Aware of Your Current Fee Structure

| Fee Schedules  | Fees and Private Insurance   | Standard Fees for Everyone   | Payment Policies  |
|--|--|--|---|
| <ul style="list-style-type: none"><li>• Most already have one</li><li>• Review/ Establish fee schedules and policies</li><li>• If you don't know, ask<ul style="list-style-type: none"><li>• How were the fees set?</li><li>• Who can change it?</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Make sure you collect the maximum amount</li></ul> | <ul style="list-style-type: none"><li>• Medicaid</li><li>• Medicare</li><li>• Private Insurance</li><li>• Self-Pay</li></ul> | <ul style="list-style-type: none"><li>• Sliding fee scale</li><li>• Time of service/Cash discount</li></ul> |

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Reviewing your current fee schedule.

Most of you already have one.

Look at your fee structure, schedule and policies to make sure they don't prevent you from receiving the maximum benefit from billing.

Find out who, in your clinic, can change it.

If you don't know, ask how they came up with the fees.

Your fees may be set too low.

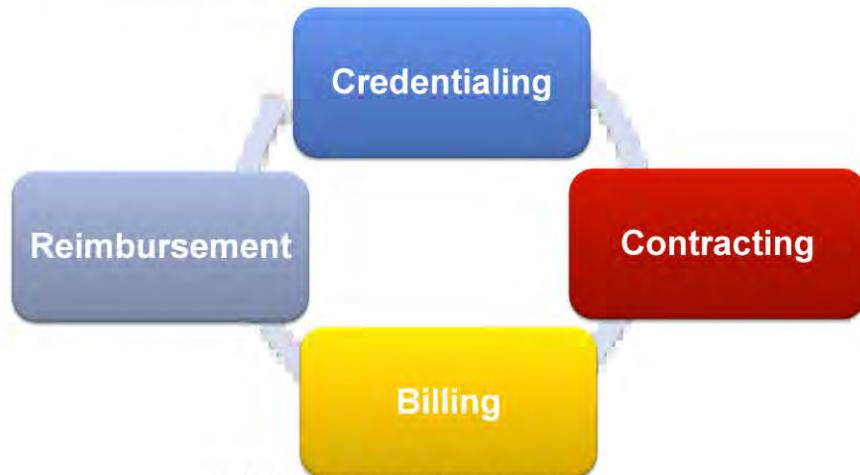
Payments from insurance plans can boost your revenue if your charges are set right.

Consider what your priorities are, who you serve and what those adjustments may mean to your clinic.

Have a standard fee schedule posted for all of your clients; Medicaid, Medicare, private insurance and self-pay.

You can still adjust your fees as needed through a sliding scale or time of service discount policies.

# The Billing Cycle



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The four steps in the billing cycle.

Credentialing  
Contracting  
Billing  
Reimbursement

# Credentialing

What is  
Credentialing?

The process that payers use to  
check and review the provider's  
qualifications.

*It is not the same as contracting in-  
network with an insurance plan or  
professional licensing credentialing.*

Licensure

Training/  
Board  
Certification

Education

Work  
History

Malpractice  
Coverage

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## Credentialing

What is it? This is a process that payers use to check and review the provider's qualifications.

It is not the same as becoming a contracted provider or professional licensing credentialing.

It is often the first step to becoming an in-network provider with an insurance plan. Insurance companies review and verification of the providers training, certification, licensure, hospital or specialty privileges, education and work history and proof of malpractice insurance.

# Credentialing

[Link to Washington Practitioner Application](#)

## Washington Practitioner Application

To use the Washington Practitioner Application (WPA), follow these instructions:

- ❖ Keep an **unsigned** and **undated** copy of the application on file for future requests. When a request is received, send a copy of the completed application, making sure that all information is complete, current and accurate. Please sign and date pages 12 and 14. Please document any YES responses on the Attestation Question page.
- ❖ Identify the health care related organization(s) to which this application is being submitted in the space provided below.
- ❖ Attach copies of requested documents each time the application is submitted.
- ❖ If changes must be made to the completed application, strike out the information and write in the modification, initial and date.
- ❖ If a section does not apply to you, please check the provided box at the top of the section.
- ❖ Expect addendums from the requesting organizations for information not included on the WPA.

This application is submitted to:

### 1. INSTRUCTIONS

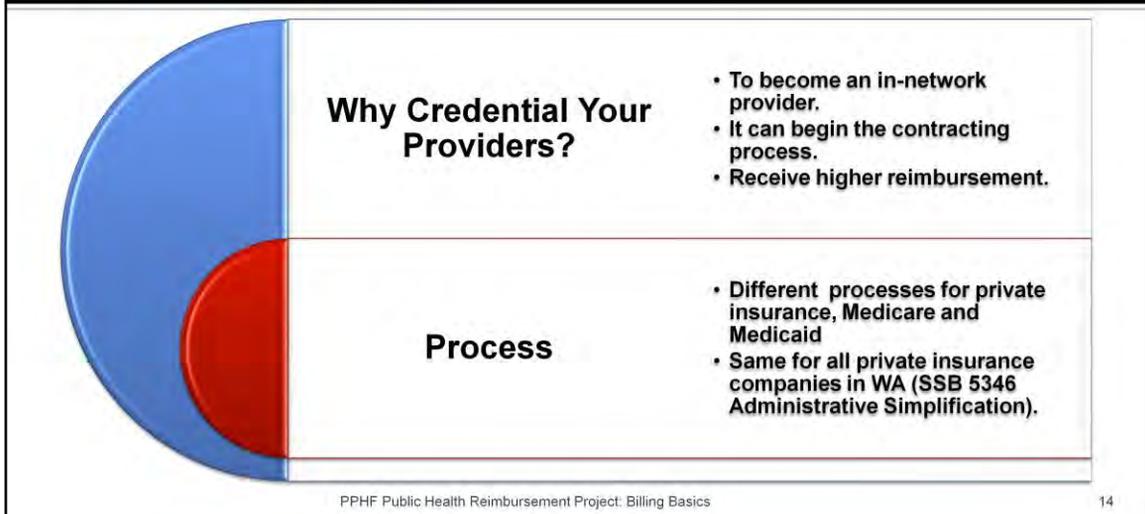
This form should be **typed or legibly printed in black or blue ink**. If more space is needed than provided on original, attach additional sheets and reference the question being answered. *Please do not use abbreviations*. **Current copies of the following documents must be submitted with this application:** (all are required for MDs, DOs; as applicable for other

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There is a standard application that is accepted by all major private insurance plans. Medicaid and Medicare have different processes and requirements. We will provide detailed information about each process in future trainings.

# Credentialing



Providers are not required to be credentialed with insurance plans to bill them.

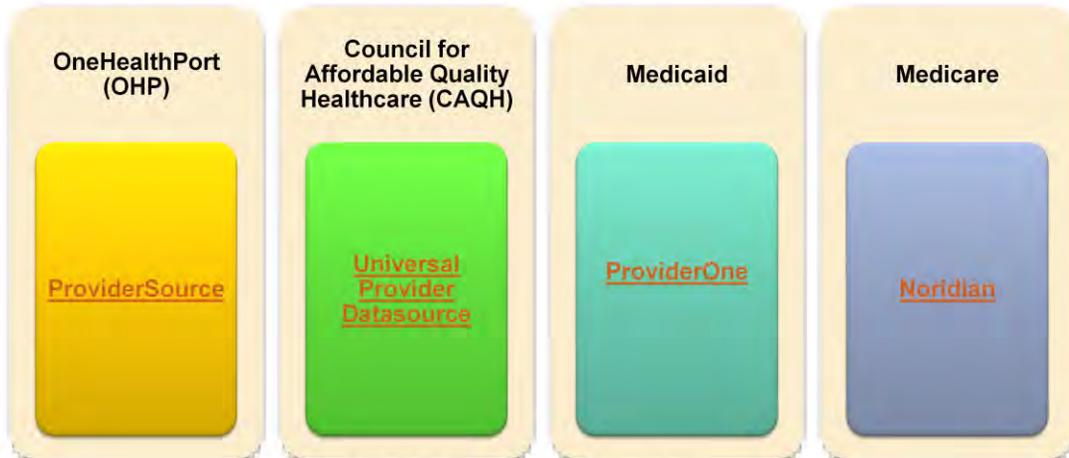
Why get credentialed?

- Credentialing enables the plan to pay at an in-network rate, even without a contract.
- It can begin the contracting process.
  - Call to see if they are accepting new providers and follow their credentialing procedures.
  - The provider must be credentialed before contract negotiations can start.
- Providing services to insured clients can increase your revenue.
- You may get higher payments.
- You may need to go through the credentialing process to receive payment.

The credentialing process is different for private insurance, Medicaid and Medicare. You can either work directly with each payer or use an online credentialing database or work with a vendor.

Most payers have websites that can help you with the process, there are four major resources to use for credentialing.

# Credentialing Resources



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The four resources are One Health Port, the Council for Affordable Quality Healthcare, Medicaid and Medicare.

They each use a vendor to manage online credentialing and data storage.

Provider Source managed by One Health Port.

This online system was developed to support the Administrative Simplification mandate.

All WA insurance companies use ProviderSource.

It is a one stop shop for storing credentialing information online.

These services are currently recommended for all WA providers.

Universal Provider Data source managed by the Council for Affordable Quality Healthcare.

This is a national company used by multiple private insurers.

Note it is recommended that Washington providers use ProviderSource exclusively, but insurers can continue to view and use data from both systems.

You cannot upload or transfer your provider information from one database to another.

Washington State Medicaid uses ProviderOne.

Provider credentialing is included in the enrollment process.

You can apply online through the ProviderOne Enrollment portal.

Print and mail the application.

Medicare contracts with Noridian for Washington State.

These resources provide multiple services. We will share more information about those services in future trainings.

# Contracting with Payers

Contracting with Medicaid and Medicare is required.  
Contracting with private insurance is optional.

It's your choice

- All, Few, None
- More Clients
- More Services
- Higher Reimbursement

There may be fees

- Initial Application
- Different for each plan

It takes time

- Credential First
- Negotiate with Health Plans

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Contracting with Medicaid and Medicare is required if you want to get paid for the services provided to their clients.  
Contracting with private insurance is optional.

You can contract with all plans, a few of the most common plans in your area or none at all.

Contracting can bring in more clients, services higher payment.

NOTE: You may have to submit claims for all services you provide even if they don't pay you.

There is typically no cost to contract with Medicaid.

You may be asked to revalidate with Medicare - \$532.

Private insurance companies application fees differ for each plan.

Some companies will contract with you for all plans in their network; others won't.

Start with the credentialing process.

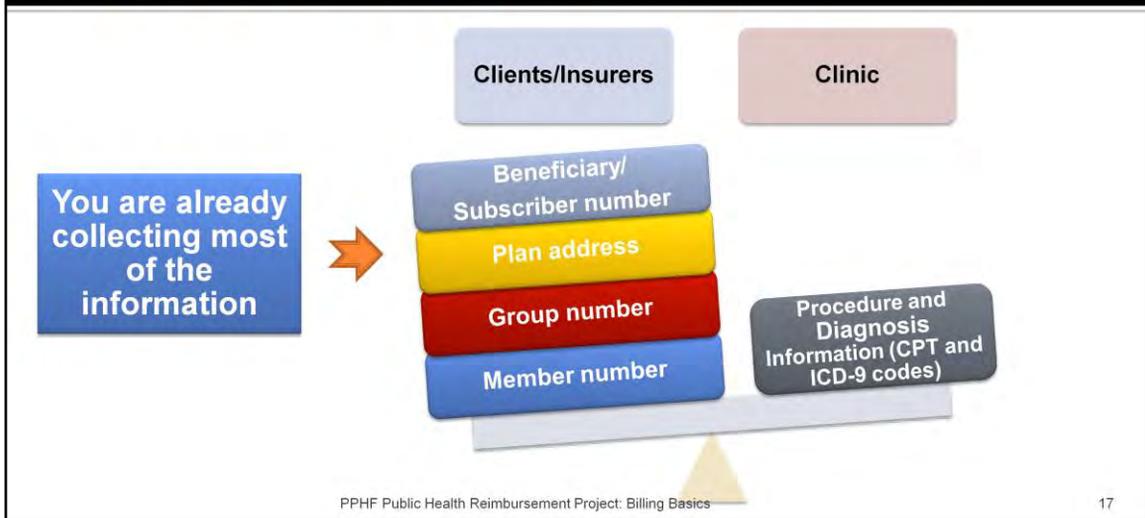
Then the health plan will contact you to begin the contracting process.

Allow time for credentialing and negotiations.

The process can take six months or more.

Whether you decide to contract with plans or not, the billing process is the same.

# Collecting Billing Information



Collect the right Billing Information .

Most of you are already collecting the information you need to bill.  
The information you need can come from different sources.

- Providers
- Clients
- Insurers
- Medicaid /Medicare

Information needed to bill private insurance.

## From Clients/Insurers

Member number

Group number

Plan address

Beneficiary/Subscriber number

Signed consent to treat, bill and/or collect

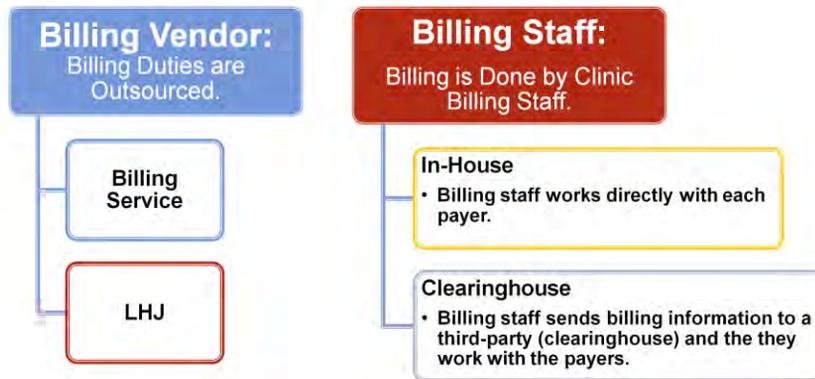
The client's social security number (may be optional)

## From Providers

Procedure and diagnosis information (CPT and ICD codes)

You can also call the insurance plan, Medicaid or Medicare to get the information you need.

# Choose Your Billing Method



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There are multiple billing methods. We gave you information and examples in the Cost benefit assessment tool.

There are basically two options;

1. Pay someone to do it for you by working with a billing service or another LHJ.
2. Have your staff do it.

You will need to be able to record and send your services electronically.

Few payers still allow you to send your claims on paper forms, nearly all transactions are now done electronically.

This means that services are entered into your software system to be used in your billing process.

Working with a billing service or another LHJ to do your billing may be the best choice for you:

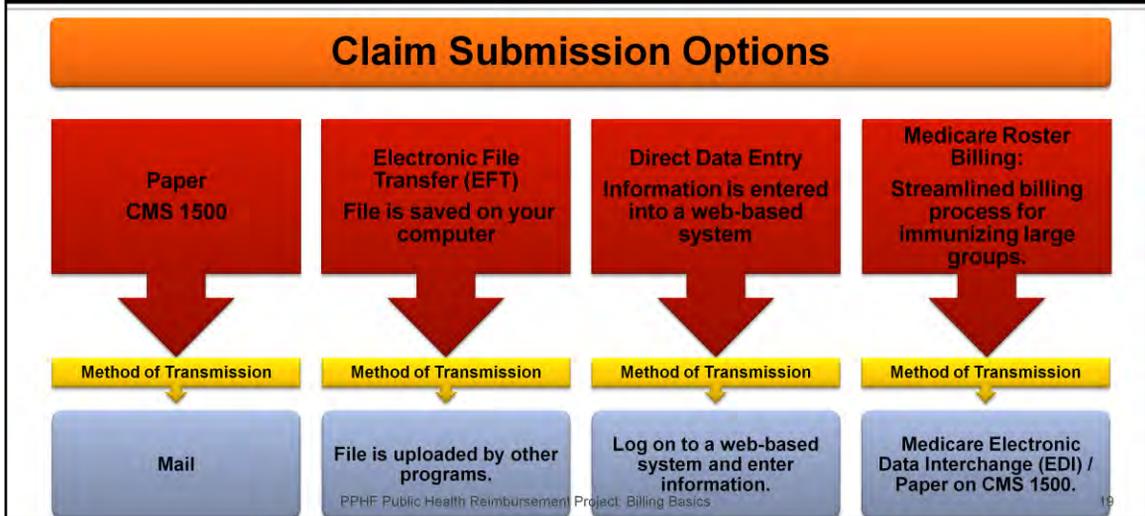
If you serve a lot of clients, have limited staff and time, currently do not bill for any services.

Many of you already bill Medicaid and Medicare and are ready to add private insurance billing.

We suggest working with a billing clearinghouse. A clearinghouse is a company that will check to see if your claims have any formatting errors and send them to private insurance companies for you. Clearinghouses and billing services offer a variety of billing services.

You can search online, ask your billing mentor or work with your software vendor to choose the method that fits your needs.

# Submitting Your Bills (Claims)



You can submit your claims a number of ways

Print them out on CMS 1500 paper forms and mail them. Paper claims are rarely accepted anymore.

Send them using an electronic file transfer that can be uploaded to a website or another program.

Enter the billing information online, through the insurance company website, a vendor or a clearinghouse website.

If you provide immunizations to a large group on the same day, you can Roster bill Medicare

Electronically - Medicare Data Interchange (EDI)  
on paper – CMS 1500

## Tips for Submitting Claims

Use more than one method.

- Send them yourself, use a clearinghouse or billing vendor.

Allow time for training and system testing.

- Get to know how to use the billing products you choose.

Receive payments electronically.

- Take advantage of faster payment and response times by accepting electronic submission offers.

Try it out.

- Contact the billing vendors and clearinghouses you are interested in and ask for a free demo and a trial. This will help you decide if it meets your clinic and billing needs.

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Here are some tips for submitting claims.

Use more than one method.

Send them yourself, use a clearinghouse or billing vendor.

Allow time for training and electronic claims submission testing.

Get to know how to use the billing products you choose.

You can receive your payments electronically.

Take advantage of faster payment and response times by accepting electronic submission offers.

Try it out.

Contact the billing vendors and clearinghouses you are interested in and ask for a free demo and a trial. This will help you decide if it meets your clinic and billing needs.

# Billing Information

Client Payer Provider  
Services Facility

The image shows a standard CMS 1500 Health Insurance Claim Form. An orange oval is superimposed over the top right portion of the form, containing the text "CMS 1500 Claim Form". The form includes various sections for patient information, insurance details, provider information, and a table for procedure coding. The title "HEALTH INSURANCE CLAIM FORM" is visible at the top of the document.

Use the CMS 1500 claim form as a guide to help you collect the information you need.

- It includes information from
- Clients
- Payers
- Providers
- Services
- Clinic/Facility

# Billing Information

## Client

| HEALTH INSURANCE CLAIM FORM  |  |                               |  |   |   |  |  |   |  |  |
|--|--|-------------------------------|--|---|---|--|--|---|--|--|
| <input type="checkbox"/> PICA<br>MEDICARE <input type="checkbox"/> (Medicare #)              MEDICAID <input type="checkbox"/> (Medicaid #)              CHAMPUS <input type="checkbox"/> (sponsor's SSN)              CHAMPVA <input type="checkbox"/> (VA File #)              GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)              FECA BLK (LUNG) <input type="checkbox"/> (SSN)              Other <input type="checkbox"/> (ID) |  |                               |  |   | 1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) |  |  |   |  |  |
| PATIENT'S NAME (Last Name, First Name, Middle Initial)   |  |                               |  | 3. PATIENT'S BIRTH DATE<br>MM    CO    YY   |   | SEX<br>M <input type="checkbox"/> F <input type="checkbox"/> |  | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) |  |  |
| PATIENT'S ADDRESS (No., Street)  |  |                               |  | 6. PATIENT RELATIONSHIP TO INSURED<br>Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> |   | 7. INSURED'S ADDRESS (No., Street)                           |  |   |  |  |
| CITY   |  | STATE                         |  | 8. PATIENT STATUS<br>Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>  |   | CITY   |  | STATE   |  |  |
| ZIP CODE   |  | TELEPHONE (Include Area Code) |  | Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>   |   | ZIP CODE   |  | TELEPHONE (INCLUDE AREA CODE)                             |  |  |

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### From the client

Coverage type

Full name

DOB

Address (street/city, state, zip)

Phone number

Marital status

# Billing Information

## Payer/Insurance

| HEALTH INSURANCE CLAIM FORM   |  |   |  |
|---|--|---|--|
| 1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/> |  | 1a. INSURED'S I.D. NUMBER (if OR PROGRAM IN ITEM 1)   |  |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial)   |  | 3. PATIENT'S BIRTH DATE<br>MM   DD   YY   |  |
| 5. PATIENT'S ADDRESS (No., Street)  |  | 6. PATIENT RELATIONSHIP TO INSURED<br>Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> |  |
| CITY  |  | 7. INSURED'S ADDRESS (No., Street)  |  |
| STATE   |  | 8. PATIENT STATUS<br>Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>  |  |
| ZIP CODE  |  | CITY  |  |
| TELEPHONE (Include Area Code)   |  | STATE   |  |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)   |  | 10. PATIENT'S CONDITION RELIEVED BY   |  |
| 10. OTHER INSURED'S POLICY OR GROUP NUMBER  |  | 11. INSURED'S POLICY GROUP OR FECA NUMBER   |  |
| 11. OTHER INSURED'S DATE OF BIRTH<br>MM   DD   YY   |  | 12. EMPLOYMENT? (CURRENT OR PREVIOUS)<br>a. YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |
| 12. EMPLOYER'S NAME OR SCHOOL NAME  |  | b. AUTO ACCIDENT? PLACE (State)<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |
| 13. INSURANCE PLAN NAME OR PROGRAM NAME   |  | c. OTHER ACCIDENT?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |
| 14. IS THERE ANOTHER HEALTH BENEFIT PLAN?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d   |  | 15. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)   |  |
| 16. SIGNATURE   |  | 17. DATE  |  |

### About the Payer/Insurance (From client or insurance company)

- Insured name
- Gender ID number
- Group/Policy number
- DOB if different than client
- Plan name
- additional plan information if relevant
- Signature on file from the client authorizing you to bill for the services

# Billing Information

## Services

| A                  |    | B                |    | C               |    | D   |  | E              |  | G       |  | H                   |  | I   |  | J   |  | K                      |  |
|--------------------|----|------------------|----|-----------------|----|---|--|----------------|--|---------|--|---------------------|--|-----|--|-----|--|------------------------|--|
| DATE(S) OF SERVICE |    | Place of Service |    | Type of Service |    | PROCEDURE, SERVICE, OR SUPPLY (Specify Unusual Circumstances) |  | DIAGNOSIS CODE |  | CHARGES |  | DAYS (PFD) OR UNITS |  | EMG |  | COB |  | RESERVED FOR LOCAL USE |  |
| MM                 | DD | YY               | MM | DD              | YY |   |  |                |  |         |  |                     |  |     |  |     |  |                        |  |
|                    |    |                  |    |                 |    |   |  |                |  |         |  |                     |  |     |  |     |  |                        |  |
|                    |    |                  |    |                 |    |   |  |                |  |         |  |                     |  |     |  |     |  |                        |  |
|                    |    |                  |    |                 |    |   |  |                |  |         |  |                     |  |     |  |     |  |                        |  |
|                    |    |                  |    |                 |    |   |  |                |  |         |  |                     |  |     |  |     |  |                        |  |
|                    |    |                  |    |                 |    |   |  |                |  |         |  |                     |  |     |  |     |  |                        |  |
|                    |    |                  |    |                 |    |   |  |                |  |         |  |                     |  |     |  |     |  |                        |  |
|                    |    |                  |    |                 |    |   |  |                |  |         |  |                     |  |     |  |     |  |                        |  |

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### Services

Diagnosis of condition

Service date

Place and type of service codes –

Place of service examples

Public health clinic – 71

Mass immunization center – 60

Type of Service - 3

Procedure (CPT code)

Charges

Units - (number of units, days, components)

NPI

# Billing Information

## Facility

|   |  |   |   |  |                       |                       |
|---|--|---|---|--|-----------------------|-----------------------|
| 25. FEDERAL TAX ID NUMBER<br>SSN EIN<br><input type="checkbox"/> <input type="checkbox"/>   |  | 26. PATIENT'S ACCOUNT NO.   | 27. ACCEPT ASSIGNMENT?<br>(if gov't claims, see back)<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | 28. TOTAL CHARGE<br>\$   | 29. AMOUNT PAID<br>\$ | 30. BALANCE DUE<br>\$ |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER<br>INCLUDING DEGREES OR CREDENTIALS<br>(I certify that the statements on the reverse<br>apply to this bill and are made a part thereof.) |  | 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE<br>RENDERED (if other than home or office) |   | 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE<br>& PHONE #   |                       |                       |
| SIGNATURE _____ DATE _____  |  | PHONE _____   |   | GROUP _____  |                       |                       |
| (APPROVED BY AMA COUNCIL ON MEDICAL SERVICE (8/88))   |  | PLEASE PRINT OR TYPE  |   | APPROVED OMB-0208-0008 FORM CMS-1500 (12/92) FORM RRB-1500,<br>APPROVED OMB-1215-0008 FORM CMC-1500 APPROVED OMB-0702-0001 (CHAMP) |                       |                       |

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Tax ID number (SSN or EIN)

Patient account number (assigned by clinic or billing system)

Accept assignment if needed - required by Medicare

Charges, prior payments/balances

Facility Address (where services were provided)

Billing Address (where to send payments)

NPI

# Billing Staff

| Responsibilities                                       |
|--|
| Work with Clearinghouse                                |
| Medical Coding   |
| Client Data Entry                                      |
| Claim Data Entry                                       |
| Submit Claims  |
| Claim Follow-up  |
| Handle Insurance Denials and Re-submissions            |
| Submits Claims to Secondary Payers                     |
| Process and Post Payments                              |
| Bill Clients   |
| Work with Collection Agencies/Manage Clinic Write-Offs |
| Respond to Client Inquiries                            |
| Generate Reports                                       |
| Collect payment at time of service                     |

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Here are typical billing responsibilities.

Tip: These duties can be spread out among different staff throughout the clinic.

# Billing Staff & Clearinghouses

Send your claims in just a few steps.

You Have a Billing System

The screenshot shows a software interface for KIPHS PHClinic. The interface includes a header with the logo and name, a version number (6.2.2.3), a date (4 JUN 09 1554), and a login section for System Administrator. A central menu contains various options: Client Register, Appointment Scheduling, Billing, Reporting, Vaccines, Pharmaceuticals, Time Reporting, Medical Record Tracking, e-Lab, System Maintenance, and Preferences. Overlaid on the right side of the screenshot are five numbered steps in colored ovals:

- 1 Create Claim Using Existing Software
- 2 Save claims as a file on your computer
- 3 Logon to your clearinghouse
- 4 Select Upload Claims and Claim Type
- 5 Browse for file, and select Upload

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Here's an example of how your staff can use clearinghouses to help with billing.

You can use your billing software to create a file and upload it to the clearinghouse.

Create your claim using your software system.

Save the claims as a file on your computer.

Logon to your clearinghouse website.

Select upload claims and claim type.

Browse for the file on your computer and select upload.

The clearinghouse does the rest.

Sends confirmation when the upload is complete.

Sends a summary report with details about rejected claims.

Automatically re-bills claims weekly.

Manually checks claims rejected due to eligibility.

Sends your claims to each private insurance company.

# Billing Staff & Clearinghouses

Send your claims in just a few steps.

You Don't Have a Billing System: Clearinghouse Online Entry

The screenshot shows a web-based form for entering a claim. It is divided into several sections:

- 21. FEDERAL TAX ID NUMBER:** Includes fields for TAX ID, SSN, and EIN.
- 22. PROVIDER'S ACCOUNT NO.:** Includes fields for ACCOUNT NUMBER, ASSIGNMENT (YES/NO), and BALANCE DUE.
- 13. SERVICE FACILITY LOCATION AND INFORMATION:** Includes fields for Facility Name, Address, City, State, and Zip.
- 18. BILLING PROVIDER INFO & PHONE #:** Includes fields for Billing Provider Name, Address, City, State, Zip, Telephone, and Rendering Provider (Last, First, MI).
- 19. ORDERING PHYSICIAN:** Includes fields for Ordering Physician (Last, First, MI), Ordering Physician NPI, and Ordering Physician ID.
- 20. ORDERING PHYSICIAN:** Includes fields for C.J.R. and Accident Date.
- 23. MAMMOGRAPHY CERTIFICATE:** Includes a field for Mammography Certificate.
- 24. BILLING GROUP NPI:** Includes fields for BILLING GROUP NPI, BILLING GROUP ID, BILLING GROUP ID QUAL, and BillingType.

Three numbered callouts are overlaid on the right side of the form:

- 1** Select HCFA Insert Claim
- 2** Type in Claim Information
- 3** Click on UPDATE button

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Many clearinghouses and billing services provide an online entry tool. You can input your clinic and service information in real time.

You can also take the information from your current software system and upload it. You can do most of your billing in just a few steps:

Here's how you would do it using Office Ally, a local and experienced billing clearinghouse.

Create your claim

- Log on to the clearinghouse website
- Select HCFA claim form
- Enter your claim, clinic and client information.
- Click on "update."
- Review your file.

Clearinghouses can save time and money. Uploading or entering claims online means your staff can spend less time talking to insurance companies, printing and mailing out claims.

# Billing Staff & Clearinghouses

What method should you choose?

Online  
Data Entry

- Claims are entered one by one
- Can be time consuming
- May not be quicker
- Recommended for few claims/no billing software

Billing  
System

- Multiple claims are uploaded as a batch all at once
- Saves time
- Can upload thousands of claims in minutes
- You need a billing or database system to create upload file
- Data entry is done throughout the visit

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What method should you choose?

Online Data Entry

Each claim is entered one by one.

Can be time consuming.

Recommended for few claims or no billing software.

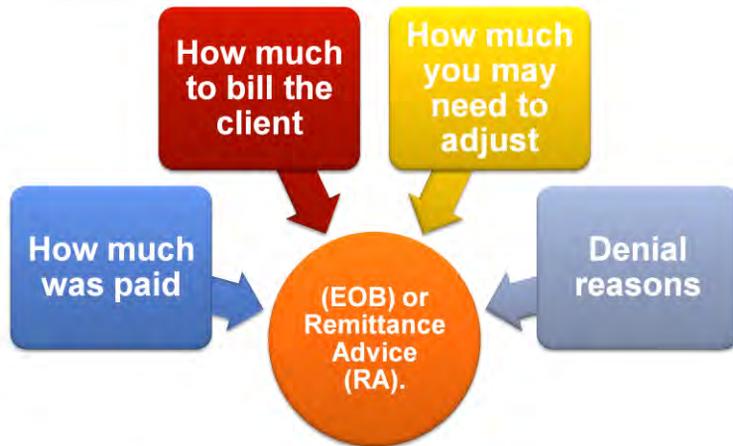
Billing System

Multiple claims are uploaded as a batch all at once.

Saves time.

You need a billing or database system to create upload file.

# Reimbursement Process



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Once your claim is submitted it is processed by the payer they send you a report called an explanation of benefits.

It tells you

How much was paid.

How much to bill the client.

How much you may need to adjust.

Denial reasons.

# Remittance Methods

## Paper

- Remittance and payment come in the mail.
- Payment may not come with the remittance.

## Electronic

- You agree to have payments sent directly to your bank account through and Electronic Funds Transfer (EFT).
- Remittance is mailed or made available for on-line viewing or download for you to enter into your system.

## Auto-Remit

- Payment may come in the mail or EFT.
- Remittance is sent in a file format that is uploaded directly into your system.

### Paper

Remittance and payment come in the mail.  
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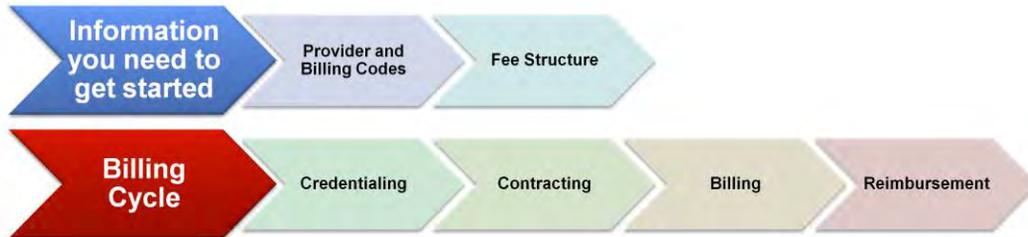
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# Training Re-cap



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## Re-cap

### Information you need to get started

Provider and Billing Codes -taxonomy, NPI CPT and ICD diagnosis.

Fee Structure -Setting it up for maximum reimbursement.

### Billing Cycle

Credentialing – Getting your providers qualified with health plans.

Contracting – Negotiating contracts for reimbursement.

Billing – Creating and submitting claims.

Reimbursement – The processes and methods of reimbursement .

# What You Can Do...Now

| Prepare your Clinic For Billing   |  |   |
|---|--|---|
| If You Do Not Bill at All   | If You Bill Without a Contract   | If You Bill With a Contract   |
| <ul style="list-style-type: none"> <li>• Provider and Service Codes               <ul style="list-style-type: none"> <li>• Taxonomy</li> <li>• NPI</li> <li>• CPT/ICD</li> </ul> </li> <li>• Fees               <ul style="list-style-type: none"> <li>• Schedules</li> <li>• Policies</li> </ul> </li> <li>• Billing Method               <ul style="list-style-type: none"> <li>• Contact a clearinghouse or vendor to set up a demonstration of their services.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Start the credentialing process with the plans you already bill.</li> <li>• Request contracted reimbursement rates from health plans you already bill.</li> </ul> | <ul style="list-style-type: none"> <li>• Bill Everyone</li> <li>• Check to see if you need to update your contract.</li> <li>• Find out if the plans you work with offer online eligibility verification and claim status features.</li> <li>• Ask if you can receive your payments and remittance information electronically.</li> </ul> |

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What can you do now.

Prepare your clinic for billing by identifying what billing processes exist in your clinic.

If you do not do any billing,

Work with your health officer to get the Taxonomy and NPI codes.

This may take a while if you need to apply for an NPI number so plan ahead.

Identify what procedure and diagnosis codes you need to know – CBA.

Review and update your fee schedule and fee policies to support your billing efforts and community priorities.

Consider contacting a clearinghouse or vendor to set up a demonstration of their services.

Depending on your method you will learn the type of billing software or practice management system you need.

If you are billing services without any contracts consider starting the credentialing process with a few plans that you already bill.

You can also request the contracted reimbursement rates from those plans to see if you would benefit from a contract with them.

If you are already contracted and billing some health plans, Medicaid and Medicare

Bill everyone and see what happens

Check to see if you need to update your contract to include more services, update the services you provide, or see if the plan has added any benefits you can take advantage of.

Find out if the plans you work with offer online eligibility and claim status features.

See if you can receive your payments and/or remittance information electronically since you will get quicker responses to your claims and paid faster.

## Getting There



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### We're here to help

Identify where you are in the billing process and what you need help with.  
We will provide training and your mentor can get you on track.

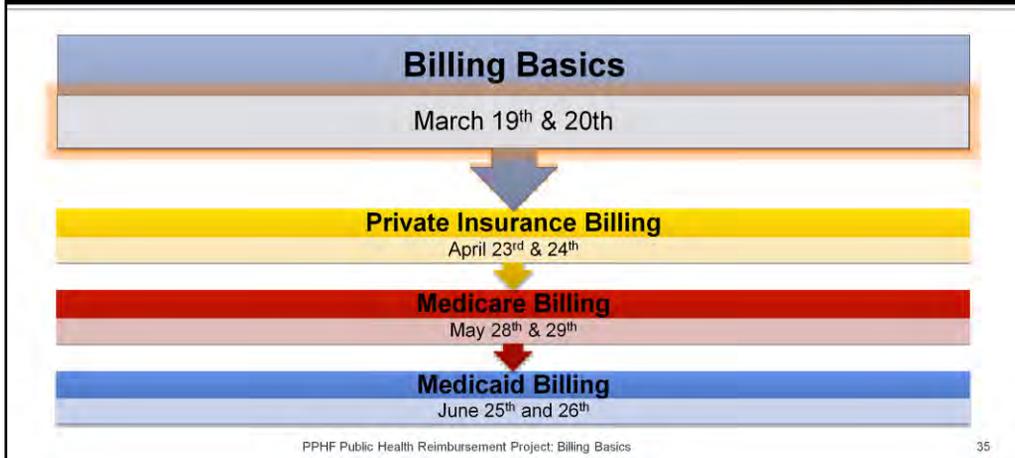
### You have options.

Decide who and how you bill; all plans or just a few.  
Take advantage of the services provided by clearinghouses and online credentialing services.  
Work directly with a billing mentor but you should also work with the companies you want to bill and/or contract with, clearinghouses, and billing vendors to get the guidance you need.

### We can do it together.

Later this year, we will be working with health plans to assist you with the contracting process.  
We are developing a LHJ Billing Network. We will use this network to share ideas, resources and processes, trouble-shoot typical billing problems and connect LHJ billing staff with one another.  
We will develop and share materials and tools to help you implement or improve billing practices.  
We will have our project website and listserv up and ready soon.  
You will receive notice of these resources as they become available.

## Next Steps



We will provide training, mentoring and assistance to help you.

This and the next three billing trainings will help you with decision making, give you more information about billing and prepare you for implementing new and/or improved billing practices.

### Next Steps

Next we will walk through billing private insurance.

After that we'll get you on track with Medicaid and Medicare.

The trainings will be helpful whether you are just getting started or need help trouble-shooting specific billing problems.



Thank you for joining me today for this training and demonstration of Billing Basics for WA State Local Health Jurisdictions.

