



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

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HELPFUL HINTS FOR OFFICE MANAGERS

- 1. Office Staff should always advise patients when scheduling appointments to bring their health insurance card with them to the appointment.**
- 2. Office staff should create a form that includes a copy of the patient's ID card. When the patient comes in for an appointment they should require the patient to sign the form and date it. Advise the patient that they are signing verification that this is certification by the patient of their present insurance company so bills can be sent to the correct carrier. If you do this you will eliminate a large part of problems we have seen that exist in practices.**
- 3. If a patient has a problem complying to your request of number 2 the practice should have concerns. Patients that are insured will not have any problem with this.**
- 4. If you file paper claims to carriers, check with the carrier 30 days after filing the claim to determine if the carrier in fact has the claim, if you have not received payment.**
- 5. If you use an outside billing company make sure they are advised when payments are posted to avoid the billing company from continuously billing the insurance company.**
- 6. If you file electronically make sure you work the error reports. We have seen where practices get the error reports, save them but never did anything with them.**
- 7. You will know a plan is self-funded if you look at the ID card and it says administered by ----- or it says plan of benefits. Note nowhere will the word insurance be used on these ID cards because it is self funded by the employer. Self-funded plans do not have to comply with State Mandates. The prompt pay law does not apply.**
- 8. If there is office personnel turnover, make sure the new replacements fully understand what is the procedure to file claims.**

- 9. If the practice moves locations make sure each carrier is advised of the new address. We would suggest calling the carrier and advising the new address and ask for confirmation of the change.**
- 10. Tax identification numbers drive the payments to the practice so be careful to make sure you are using the correct number when filing claims.**
- 11. If the carrier is requesting additional information, i.e. (medical records, operative report, etc. create a form that shows the date, legal name of the practice, your tax id number, your full mailing address, phone number and contact at the practice. Copy the request, attach the form with the requested document and send it to the carrier at the address on the request. Follow up on these claims 30 days after submitting the requested information.**
- 12. If you are a contracted provider with a carrier, fully understand the provisions of the contract. For example your responsibilities for reimbursing overpayments, the time frames that a carrier has to pay you, which could vary.**
- 13. Understand your appeal rights with the carrier, and involve the patient to assist in those processes if necessary.**
- 14. If you are having problems with payments we have included complaint forms in the packages. Take the original form and photocopy it for future use. Submit 2 copies (complete) with the form. Use one form for each carrier and provide the bill, the id card, your office notes as to who and when you attempted to resolve the issue with the carrier and mail it to the address on the form.**
- 15. Most insurance companies have websites that will allow patients and or providers to review the claims to determine the status, become familiar with them so you can avoid phone calls to some extent.**
- 16. Read the mail you get from insurance companies which provide updates on procedures, claim contacts, etc. Create carrier files for each carrier you bill to.**
- 17. If the effective date of benefits is less than 1 year, the carrier may look at possible pre-existing conditions which could delay claims processing.**
- 18. Creditable coverage certificates come to the employee from the employer which can offset pre-existing condition limitations with the new carrier. So if you see the individual has been insured less than 1 year ask them if they have a creditable coverage certificate or letter from their previous employer which the new carrier will need to determine if there is any creditable coverage to offset the pre-existing condition limitation under the new plan.**