Hawthorn Connection

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DEALING WITH REJECTION:

Submitting Claims Timely and Accurately to Payers

Rejected claims affect the financial performance of a medical practice by extending the payment cycle and negatively impacting cash flow. At Hawthorn we follow proven processes for making sure claims are submitted correctly the first time, with accurate coding and patient demographic information. We also excel at correcting and resubmitting rejected claims to avoid further delays in processing.

Rejected claims have not been denied by the payer. Rather, they have been returned because they failed to meet data requirements. Claims may be rejected for a variety of reasons, such as incorrect payment information, incorrect provider information and incorrect codes. Hawthorn's approach generates faster payments by minimizing rejected claims and reducing the time interval for resubmitting rejected claims.

Hawthorn's approach generates faster payments by minimizing rejected claims

Most of our claims are received and processed electronically, and claims are sent to insurance carriers within 48 hours. The operation starts when we receive diagnosis and treatment files from hospitals and medical practices. We convert those reports to claims by matching patient demographics, and by verifying CPT-4 codes and ICD-10 codes. If a coder needs more information to code a report correctly, we will contact the physician or the hospital directly.

WE SUBMIT CLEANER CLAIMS

Hawthorn uses two claim scrubbers to ensure clean claims. Our customized billing application includes Coding Editor software that compares client data to the appropriate Local Medicare Review Policy (LMRP) to verify that claims are accurate and complete. Our coding application is superior to other systems because of its flexibility. Edits can be performed before procedures are posted, and edits can be completed on an existing transaction across any date range of transactions. Thus, the system recognizes inaccurate coding during initial transaction entry rather than during claims processing, and claims are reimbursed faster due to the elimination of incorrect codes.

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A second front-end scrubbing and editing application is located within our electronic insurance clearinghouse, Navicure, which captures any medical necessity and bundling issues that might require follow up or correction. Navicure also accepts edits, and Hawthorn requests front-end edits continuously and as required. Rejection reports from Navicure provide user-friendly descriptions of errors needing modification. If our staff members encounter any difficulties with the descriptions we have immediate access to an experienced representative at Navicure who can interpret details of the rejected claims, including unique payer requirements.

WE REFILE REJECTIONS QUICKLY

Errors on rejected claims are received within 24 hours of submission, and we make corrections and refile claims as quickly as possible. Rejected claims are worked daily. We use websites and online accounts provided by major payers for verification purposes, and to track the status of all claims. Our goal is to avoid claim denials due to late filings, so we use rejection reports to correct and re-transmit claims immediately.

Our electronic claims management software is another vital component of our follow up process. This customized software supports claim status tracking, so

we are able to review and resolve rejections more efficiently. While we always concentrate on the first 90 days of the payment cycle, we take the time necessary to resolve payer issues to our standards. In order to capture the largest amount of revenue, we process, file, correct and refile all claims during the first 30 days.

During the on-boarding process Hawthorn works with its clients to complete the programming details that allow accurate information to be received electronically prior to issuing claims. Additionally, Hawthorn has the flexibility to create new front-end edits as needed to meet the need for scenarios that change over time, based on client pricing and discounts.

Hawthorn also performs a stewardship role in behalf of its clients. If we see a pattern of missing claim information or incorrect codes from a particular source, we will raise the issue directly with the client. If additional training is required, we will schedule a training session or coding in-service at the client site.

DIGITAL PATHOLOGY:

The Google ARM

During the 20th century the medical specialties of radiology and pathology used familiar technologies for examining patients and diagnosing illnesses. For radiology, the traditional approach was to view images on film, and for pathology the traditional approach was to view cellular structures on glass slides. For the past 20 years or so, developments in digital radiography have allowed radiologists to eliminate film images and view digital images on computer screens, but the conversion to digital pathology has been more challenging. Progress continues, however, and most experts agree that digital technology will change the way pathologists examine tissues in the near future.

One challenge with digital pathology is that digital scans of glass slides have taken a considerable amount of time to create, and a second challenge has been that digital scans of glass slides produce very large files that are cumbersome to store and share. Cloud technology may be used to address the challenges of storage and retrieval, and a team at Google Brain has announced a new technology that promises to bypass some of the limitations of scanning glass slides.

As described by Google team members Martin Strumpe and Craig Mermel, “The platform consists of a modified light microscope that enables real-time image analysis and presentation of results of machine learning algorithms directly into the field of view. Importantly, the ARM can be retrofitted into existing light microscopes found in hospitals and clinics around the world using low-cost, readily-available components, and without the need for whole slide digital versions of the tissue being analyzed.” In other words, the ARM looks at the same glass slide as the pathologist, and scans are not required. The technology platform uses machine learning algorithms to highlight features of interest for the pathologist who is viewing the glass slide tissue in real-time.

As described by Stumpe and Mermel, the technology does not replace the expertise of the pathologist. Rather, “The ARM can provide a wide array of visual feedback, including text, arrows, contours, heatmaps, or animations, and is capable of running many types of machine learning algorithms aimed at solving different problems such as object detection, quantification, or classification.”

HAWTHORN
PHYSICIAN SERVICES CORPORATION

Addressing Complexity with Certainty