Hawthorn
Solution
Revenue Cycle Management

Hawthorn Physician Services 10820 Sunset Office Drive, 3rd Floor, St. Louis, MO, 63127 800-899-5757

DEALING WITH REJECTION:

Three tough questions about your current billing company

Rejected claims affect the financial performance of your medical practice by extending the payment cycle and negatively impacting cash flow. Consider how you're currently managing your rejected claims:

1. Are my claims being submitted timely and correctly?
2. Are my rejected claims being corrected and resubmitted immediately?
3. Am I being informed and educated about why my claims were rejected?

You want the reassurance that comes with knowing your medical billing company follows timely and thorough procedures for handling rejected claims. You deserve a partner that will pursue your rejected claims relentlessly.

WE GENERATE FASTER PAYMENTS

At Hawthorn Physician Services we follow proven processes for making sure claims are submitted correctly the first time, with accurate coding and patient demographic information, and our diligence has produced a 98% acceptance rate on first time claims. We also excel at correcting and resubmitting rejected claims to avoid further delays in processing.

Rejected claims are not the same as denied claims. Rather, rejected claims have not been accepted by the payer's system. They have been returned unprocessed because they failed to meet data requirements, such as incorrect patient information and incorrect codes. Hawthorn's approach generates faster payments by minimizing rejected claims and reducing the time interval for resubmitting 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 files to claims by matching patient demographics, and by verifying CPT-4 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

We use 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 entry rather than during claims processing, and claims are reimbursed faster due to the elimination of incorrect codes.

Our scrubbed claims are reimbursed faster due to the elimination of errors, missing information and incorrect codes.

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.

Errors on rejected claims are received from Navicure with 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 we 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.

WE CAPTURE MORE REVENUE

Our internal electronic claims management software is another component of our follow up process. This customized software supports claim status tracking, so we can review and resolve rejections more efficiently. While we concentrate on the first 90 days of the payment cycle, we take time 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.

We follow a proven process for managing rejected claims. We process, file, correct and refile all claims in the first 30 days.

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 coding in-service session at the client site.

Hawthorn is focused exclusively on serving hospital-based medical practices. We serve medical practices with average billing amounts in a range between $60 and $400, and we track every claim or patient bill, no matter how small. We retain accounts longer and work them harder, so we recover more revenue and place fewer bad debts with collection agencies. No other revenue cycle management company can match our dedication. We pursue our clients' bills and claims relentlessly.

THE HAWTHORN ADVANTAGE

The practice of medicine is becoming more technically advanced and more complex. Hospitals and medical practices are facing managed care competition, new legislation and federal mandates.

Physicians are burdened by tasks and procedures that increase their workloads. Insurers are demanding steeper discounts and reducing fees.

Physicians can adopt strategies for improving their financial performance—if they have access to accurate performance metrics and professional consulting.

At Hawthorn we address complexity with certainty. Our approach is based on a set of promises we call The Hawthorn Advantage. The Hawthorn Advantage is built on two professional platforms that produce incremental value for hospital-based physician practices:

Professional Management. Hawthorn's Professional Management Platform defines our principles and promises—our assets and actions. We have high expectations of ourselves and we have spelled out what others can expect of us.

Professional Advocacy. The Professional Advocacy Platform describes our approach to responsive oversight in behalf of physicians. This set of value-added professional services improves the overall performance of our client practices.

Our processes are not only more efficient, they also generate big-picture data with insights about emerging trends—what's working, what's not working, who's paying and who's not paying—valuable information that physicians and practice managers can use to develop strategies for continuous improvement.

Visit www.hawthorngrp.com to learn how we can maximize your reimbursements, improve your cash flow and increase your profitability.

HAWTHORN
PHYSICIAN SERVICES CORPORATION

Addressing Complexity with Certainty