



January 22, 2018

During these first few weeks of 2018, Compliance Specialists, LLC has seen an increase in denials from Medicare related to eligibility issues. Patients have enrolled in a Medicare Advantage Plan and did not notify the front desk at the time of check-in. This is likely because they do not fully understand what a Medicare Advantage Plan is.

Medicare Advantage Plans take the place of Medicare. Any charges, both professional and facility (hospital) that would have been sent to Medicare need to be filed to the Medicare Advantage Plan. Patients with Medicare Advantage Plans still have their Medicare Card, but they also have a new card from the Advantage Plan carrier. Unfortunately, many of these plans have a shorter claim filing deadline, often 90 days, so not getting the correct information up front may result in no payment.

There are some things an office can do to assist in getting the correct information from the patient.

- 1) Ask the patient to see all of their insurance cards, rather than asking for their Medicare card. You can expect the patient to show you lots of cards. If you know a plan is an Advantage Plan set the insurance up in your billing system. If you are unsure, take copies of all of the cards and contact the insurance company. They will be able to tell you if they are an Advantage Plan.
- 2) Verify eligibility using online tools, IVR systems or phone calls to insurance companies. The time spent getting this right the first time will save you from working a denial and delaying payment.
- 3) Once you have identified an Advantage Plan coverage will not change until January 2019. You do not have to check eligibility each time the patient comes in.
- 4) Finally, keep a copy of the insurance cards front and back and make them available to those responsible for the billing. It is so much easier to pull and review a card copy instead of trying to connect with the patient.

Insurance billing is a complicated process. I feel that I learn something new all of the time and I have been doing this for many years. Just think how confused our patients must be!

Ann Bina
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