Billing Collection Policies & Procedures

The billing process begins with prompt and accurate credentialing for the provider and/or medical group. HighPoint Medical's Credentialing Specialists have an in-depth knowledge of insurance carrier guidelines to ensure our clients’ contracts are negotiated to include adequate reimbursement for their region, specialty, and services rendered. During the credentialing process we can also educate our providers on the complexities of payor credentialing and contracting so that we’re provided with all the necessary documentation to submit their claims to all insurance companies as soon as possible. This process closely coincides with the clearinghouse set-up so each insurance company recognizes HighPoint as the billing entity for our clients’ electronic claim submittals.

HighPoint Medical receives daily fee tickets from each client via courier, mail, facsimile, or the most desired method; electronic charge capture. All charges are verified and/or keyed within 24 hours after receipt by HighPoint’s Account Representatives and Coders. Each charge is audited for accuracy prior to billing by using a variety of coding compliance products and logic. The specific event(s) each patient was scheduled for is also compared to the charges to ensure all data coincides. Although all work is double-checked by a HighPoint teammate prior to submission, many of these rules are built into the billing software to streamline and improve our processes. Ongoing research and education is of utmost importance to ensure these ever-changing standards are met for each of our client accounts.

All of HighPoint’s insurance claims are sent daily via electronic claims submission. The Account Representatives follow-up within 7 days to ensure each claim has been received by the appropriate payor. Aging reports are also worked regularly to ensure insurance payments are made. Should a rejection or a denial be received, immediate action is required by the Account Representative to ensure claims are corrected and resubmitted. Clear notes in the billing system are also entered for tracking, consistent follow-up, and further education.

Each week the Account Representatives review our clients’ schedulers to ensure all kept patient appointments have a linked charge. Requests for missing information are entered and tracked on a Pending Log that’s sent to the client, where response is requested within 3 business days. HighPoint’s prompt and clear communications with clients helps ensure insurance reimbursement is received as quickly as possible, and in some cases, in as little as one week after the services were rendered.
All payments are posted within 3 business days after receipt at HighPoint. Insurance allowables are verified to ensure only the appropriate contractual adjustments are being taken. All denials or inaccurate payments are corrected at the time of posting by calling the insurance company and asking them to reprocess. To ensure payor compliance, follow-up dates are entered into the billing system and captured on the Account Representative’s aging reports so prompt and correct payment is again requested if needed. All posted transactions are verified by a HighPoint teammate so each payment, adjustment, and refund is balanced to HighPoint’s Accounting Department records.

All of our client’s patient balances are worked with a standard collections process that follows a 30, 60, 90 and 120 day cycle. Patient statements are generated the day after a new balance is created, and will continue to be sent every 30 days until there’s no remaining balance due. A reminder letter is sent once the balance is aged 30 days, and escalated collection letters are sent each month following. Any time a letter is sent, HighPoint’s dedicated Patient Balance Collectors will call the patient to try and establish a payment arrangement. HighPoint’s collectors understand the delicate balance between persistence and understanding, which results in very successful patient balance collection efforts. Their vast knowledge of the collection laws and regulations are essential when handling bankruptcies, liens, closed-border and/or community property states, statute of limitations, minors, deceased patient accounts, etc. HighPoint’s strong working relationship with our outside collection agency is also beneficial for our clients when all Patient Balance Collector’s efforts have been exhausted.