Peace of mind
with our Strategic Medical Business Solutions

VISION INFONET
www.vinfonet.com

MEDICAL **CODING & BILLING**

OUR 20 YEARS OF JOURNEY

Vision Infonet is a 20 year old Medical Billing Service Provider, very noted in contributing high quality Medical Coding and Billing Services to more than 2000 healthcare providers across The United States. We have a dedicated team of certified coders and billers who have expertise in providing highly accurate as well as compliant coding & billing services to clients for several years.

Our Coding team comprises of CPC credentialed coders certified by American Academy of Professional Coders (AAPC) who ensure compliant coding in accordance with NCCI and LCD (Local Coverage decision and medical policies) as per the rules set for each state across the country.

PRACTICE ANALYSIS

A complete practice analysis is done by our billing team on the revenue cycle of the practice. In this analysis, a detailed report is prepared and submitted to the client. Underpaid claims will be targeted to collect 100% of the allowable. Reasons for rejection, denial, or underpayment are outlined and corrected. A report on how the denials can be reduced and how the reimbursement can be increased will be discussed and implemented.

- Highly experienced billers certified by AAHAM (American Association of Healthcare and Administrative Management)
- Expertise & experience in accurate Coding & Billing with HIPAA compliance
- Team dedicated in delivering complete billing services
- Striving for 0% AR & stable practice revenue for the healthcare provider
- Experienced in every segment of the complete revenue cycle

BILLING CYCLE

01 SCHEDULE CONFIRMATION

02 INSURANCE VERIFICATION

03 MEDICAL RECORD'S TRANSCRIPTION / DATA ENTRY

04 SUPERBILL ANALYSIS & CHARGE ENTRY

05 CLAIM SUBMISSION

06 PAYMENT POSTING

07 INSURANCE FOLLOW UPS

08 DENIAL MANAGEMENT

09 PRACTICE ANALYSIS

SCHEDULE CONFIRMATION, INSURANCE VERIFICATION & PRIOR AUTHORIZATION

Patient Schedule Confirmation

Vision Infonet is well experienced in providing efficient and effective schedule confirmation process that increases physicians, administrative staff and patient efficiency of time management. It is a call made to patient as a reminder of his/her scheduled appointment. Our experienced callers communicate with patient/patient relative to remind about the date and time of an scheduled appointment. Our callers are trained to handle the message being conveyed according to the patient`s age and nature of problem.
We call the patient 48 hours prior to the scheduled appointment. If the patient is not available, we leave a voice message or a message to the receiver of the call. We again attempt to reach patient 24 hours prior to the scheduled appointment.

Insurance Verification Service includes

- Verification Primary and Secondary insurance coverage by phone calls or websites.
- Contacting patients for any clarifications

Insurance Verification

Vision Infonet can help practice expeditiously reduce their Accounts Receivables and increase revenue by significantly reducing the impact of ineligibility, and increase the number of "clean" claims sent to insurances. ("clean" claims are both complete and are of patients who are eligible for benefits.) Our verification team plays a vital role in curbing the claim denials and bringing in payments to the health care providers in the first attempt. Less number of denials equal more number of clean claims, which makes a healthy collection practice, leading to a higher inflow of payments in lesser time.

Prior-Authorization

- Obtaining Prior-Authorization Number by Phone or fax
- Obtaining referral from PCP
- Reminding patients about POS collection requirements
- Informing patients about coverage or authorization issue

BILLING

Superbill Analysis and Charge Entry

- Coding the Diagnosis and the Procedures.
- Checking the consistency of the diagnosis with the procedure code.
- Checking for the modifiers in relation to the procedure.
- Assuring best quality before the generation of the claim.
- Accurately assign diagnosis and procedure codes for reimbursement and statistical purposes

Claim Submission

Once the procedure and diagnosis codes are determined, our billers will transmit the claim to the insurance company (payer). This is usually done electronically by formatting the claim as an ANSI 837 file. Electronic Data Interchange (EDI) is used to submit the claims to the payer directly or via a clearing house.
Stringent edits and audits are done by our billing team before the claims are transmitted to ensure submission of complete and clean claims. We have two levels of claim scrubbing. These reduce any underpayments and denials substantially, and provide prompt and accurate settlement of claims.
Level 1: Our QA team does complete checkup of every demographic entry and charge field in the billing software. We audit every detail entered.
Level 2: The quality audit entries are randomly checked for errors. The fields and entries such as patient name, DOB, insurance ID and others are verified for demographic accuracy. Charges entry check-up includes fields such as CPT codes, ICD codes, modifiers, service provider, and referring provider. Claims are then submitted electronically to insurance companies.

Payment Posting

All the insurance and patient payments are applied accurately to the patient account. Our posting services include primary and secondary insurance payment posting, adjustments and transferring co-insurance to secondary insurance (if available) or patient (self pay) posting.

REVENUE RECOVERY

Insurance Follow-ups and Denial Management

Vision Infonet has extensive Knowledge & experience working on outstanding claims of a practice. The company maintains teams whose core focus is to increase the revenue flow and reduce the number of days in Accounts Receivables. These dedicated teams help a practice accelerate their revenue cycle process, confirm higher productivity, receive payments faster, decreases physicians costs, and improve the most important aspect, Patient Service & satification
We also interpret the Payers and Providers contracts, and also analyze, identify the systematic under-payments by Payers.

Our AR process unique expertise

- Conduct an over-all analysis of insurance companies
- Generate unpaid claims report periodically from a client`s billing software and load it into our unpaid claims Tracking software to enable us to track them in a timely manner
- If the software is MDCare, all follow-ups are updated in the PMS itself.
- Appeal to insurance companies for the unpaid claims along with preparing the necessary paperwork and follow up on these claims
- Constant follow-up on unpaid bills to improve the revenue collection
- Apply accurate coding/billing guidelines to get reimbursed by insurance companies
- Collect medical records from the client whenever necessary to submit claims which need information such as medical necessity and pre-existing information. These will be analyzed and submitted to the payers

TRANSCRIPTION / DATA ENTRY

We have experienced Transcriptionists who can transcribe Medical Records accurately & also enter the report into the EMR/EHR as required for Meaningful Use. This will save the physician a great amount of time & also comply with Meaningful Use.

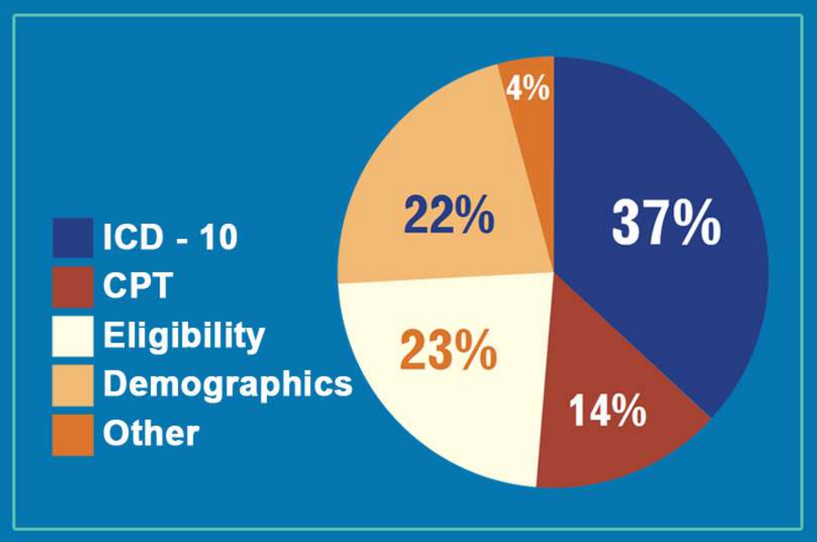
SERVICES WE PROVIDE

Complete Revenue Cycle management includes..

- Insurance Credentialing
- Charge Capture
- Submissions
- Payment Posting
- Denial Management
- Account Receivables
- Patient Statement

DENIALS - MOST COMMON REASONS

- Medical necessity is not met for claim reimbursement
- Improper or Non-usage of modifiers
- Inappropriately bundled services
- Improper demographics or verification of eligibility & benefits, etc
- Necessary / Missing additional information not provided for claim reimbursement
- The pie-chart shows the industry averages of reasons for denials



ADVANTAGES BY CHOOSING VISION INFONET INC

- Faster claim submission (usually done within a day)
- Achieve zero denials on claim submissions
- Speedy reimbursements and high efficiency
- Excellent reporting system
- Experienced, professional, and trained account managers and their teams handle the Revenue Cycle Management
- Compliance to HIPAA guidelines
- Reliable security & confidentiality of patient data
- Decrease the operating costs by as much as 60%

FREE MDCARE WITH BILLING SERVICES

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