5 Small Steps to Get Health Insurance Claim Reimbursement on Time in 2022 (and Boost Team Morale in the Process)

Your medical practice is something you hold close to your heart. You love helping people and seeing your work literally change lives.

But how is your medical billing department doing?

Let's be honest and say it's not the most exciting part of healthcare, but it's a necessity that's worth spending time on to create efficiency. Getting a consistent method put in place to get insurance claims paid on time will help you work smarter instead of harder.

The Best Way to Get Health Insurance Claims Paid on Time is to Avoid Issues before They Occur

We exercise and stretch to avoid injury or unhealthy conditions that would lead to more problems down the road, right? In the same way, tracking on claims to avoid future issues is the best way to avoid late health insurance claim payments.

Build a smooth-running machine of employees to tackle delinquent claims as a unified team.

In a perfect world, we would all have enough staff to cover all the bases, but we are all pulled thin these days, which is why now, more than ever, it's important to have a plan in place and stick to it until it becomes a habit.

Here are 5 ways for you to lead your team to victory when it comes to health insurance claim reimbursement after you submit.

1- Set a Reminder to Check on Health Insurance Claims' Status

Rather than waiting for issues to surface after time has passed, make it a weekly habit to check in on claims your billing department has submitted. Ask staff for their feedback on which day might work best, and then commit to that day and time every-other week.

For example, make every-other Tuesday at 10:00 "Tackle Claims Time" when as many staff members as possible can meet and work together to make progress on delinquent claims. Use the time for employees to shine a light on claims they could use help on or have any questions to pose to other employees.

Knowledge is power–sharing knowledge is even better.

2- Follow the Progress of Recently Submitted Claims

The week after a claim is submitted, follow its path. Gone are the days where we sit back and hope for the best. The beauty of online billing is that we can track progress and give gentle nudges as we see things getting stuck in the process.

No need to do this every day obsessively, but give it a casual check-in.

Again, setting a calendar reminder can be extremely helpful in making this be automatic. When these routines are set in place by everyone on the billing team, the shared goal of increasing health insurance claim payments becomes the fuel that motivates everyone to put in the extra effort.

3- Reward Your Staff's Efficiency Instead of Demanding It

Sing your staff's praises every time they gain ground on a challenging health care claim reimbursement. Create a bulletin board or an electronic newsletter to celebrate wins and efforts. Offer a coffee party or other small incentives every month for your team's focus and attention.

If your team sees their efforts are contributing to a shared vision that's rewarded with appreciation, they're more likely to stay engaged in their work and driven to keep doing well. An appreciated employee is a happier one. Countless studies point to this truth.

4- Run Reports Weekly to Find Delinquencies

Make a calendar reminder to print a claims report every week, and share it with staff. Find a system that works for you to assign specific staff to specific claims, so you're not duplicating efforts.

Address the most delinquent claims on the report. Insurance companies often are banking on the fact that you won't be calling them to follow up. Make the phone calls as efficient as possible by getting to the reason why the claim has not been paid.

Make it a goal to get through 5 calls a day (adjust this number according to your company's size and staffing). Your staff will feel like they are making progress without you setting the bar so high they feel they will fail.

How Long Does It Take for an Insurance Company to Pay out a Claim?

30 days is a realistic amount of time. Mark any claims beyond 30 days as red flags to look into. A phone call never hurts to make sure the insurance company has what it needs to keep the process rolling.

5- Share Information in an Organized Way

As your medical billing staff communicates with health insurance companies, remind them to take thorough notes on any communication made regarding a health insurance claim payment. They should make note of who they spoke to, the date and plan for follow up.

Writing this info on the claim paperwork might be the way you're used to, but consider an online system such as Trello. It's essentially an online to-do list that teams share and can visually see where a task is in the process.

If you're lucky enough to have ample staff where more than one person is handling the billing, sharing information in a collaborative online board is a great way to see everything in one place without relying on Post-it notes not flying away.

The Takeaways on Getting Health Insurance Claim Reimbursement on Time

- Get ahead of the problems before they happen by checking on claims and communicating with insurance companies.

- Make a weekly habit of printing reports and communicating progress/concerns with each other
- Organize, organize, organize
- Set daily goals employees aren't intimidated by
- Celebrate the victories, no matter how small

Start implementing these 5 small steps into your medical practice, and over time fewer issues might arise with getting health insurance claims paid on time. Commit to practices that get you ahead of the ball, so you're not chasing it down the street.