



Maximize Revenue through Secondary Claims Management

Traditionally, practices have only had two options for medical billing and coding—internal staff or outsource billing services. Both options have advantages and disadvantages, but for most practices, the decision usually comes down to which option the practice believes will yield the greatest revenue. Unfortunately, answering this fundamental question is incredibly difficult. In fact, rarely does either option “live up” to a practice’s expectations.

Whether the billing and coding is done by internal staff or an outsource billing company, the greatest source of frustration for physicians is the high percentage of claims that are never paid and the complete lack of insight as to “why?” From a provider standpoint, if the reason for unpaid claims could be determined, then adjustments could be made in business processes to correct the problem.

That’s where FTGU can help. We believe that there is a 3rd option for medical billing and coding that can greatly reduce the percentage of unpaid claims, significantly increase revenue and clearly identify the reasons for unpaid claims. We call this service **Secondary Claims Management**.

Historically, FTGU has successfully generated revenue for our clients by recovering claims more than 120 days in A/R. Our success is based on a methodology that includes systematically assigning and tracking status on every unpaid claim. We believe that this systematic approach to Insurance A/R recovery is a key component of our ability to recover lost revenue and maximize revenue potential. This methodology, combined with our knowledge and experience in getting insurance claims paid, is what makes FTGU uncharacteristically successful.

Now, FTGU has decided to apply this same methodology to current billing with our Secondary Claims Management (SCM) service. With SCM, we apply the same systematic approach to ALL unpaid insurance claims. It is the logical completion of the Claims Management Lifecycle that we have successfully applied to aged claims.

The focus of SCM is tracking denied claims *from the very first “zero pay.”* We assign a denial code to every zero pay and immediately begin the process of tracking denied claims as we work to get them paid. Clients receive a weekly report identifying the actions FTGU has taken to recover unpaid insurance claims in the 30 to 180 day aging. FTGU works every unpaid insurance claim a minimum of once every 45 days. With this type of approach, Clients have the ability to:

- ✚ Categorize denied claims and identify negative billing and coding trends (Denials Management)
- ✚ Utilize the denial management reports to correct initial coding “mistakes” and/or EMR templates (Corrective Coding)
- ✚ Identify cash flow risks earlier in the revenue lifecycle
- ✚ Correctly identify balances that should be transferred to patient responsibility
- ✚ Correctly identify balances that should be “written off”
- ✚ Reduce the number of claims that transfer to “Core A/R Recovery” status

Besides the aforementioned benefits, the biggest differences between FTGU’s SCM and a traditional “billing service” are:

- ✚ If a Client has invested in a practice management system or currently has an agreement with an existing service provider, FTGU can implement SCM on those platforms
- ✚ The Client maintains control of initial coding, charge entry and claims submission



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As a result, the “transition” to SCM is much smoother than that associated with a traditional billing service; your staff is not expected to learn a new system, your physicians can maintain their relationship with the billers and coders that add value to your practice and the investment in your practice management system is not lost or stranded. This creates a “Win-Win” situation for your practice—you can leverage the investments you have made in staff and technology AND derive an immediate improvement to process, procedures and revenue!

Below, is a comparison of SCM vs. a standard billing service.

FTGU Secondary Claims Management	Typical Billing Service
Client has control of initial coding and charge entry	Does Initial coding and charge entry
Work rejections and provide client feedback	Work rejections (no client feedback)
Assign a denial code and action code to each claim	No granular denial/action codes
Provide weekly denial report to client (claim level)	No weekly denial reports at claim level
Identify trends for corrective coding	No trend reports
Post payments and reconcile to bank deposits	Post payments
Work all zero pays 3x in first 180 days w/full report	Work zero pays 1 or 2 times, no reporting
No whole line item adjustments without investigation	Whole line item adjustments common
Work every zero pay once every 45 days	No methodology
Compare paid claims to fee schedules	Not available

For practices that are looking for a new practice management solution, FTGU can assist by introducing you to one of our partners that offers a premier hosting solution at very competitive rates. Combined with FTGU’s SCM service, this becomes an incredibly efficient and cost effective solution for any practice.

SCM rates are competitive with standard industry rates for traditional billing services. Moreover, SCM delivers the benefits and results that all practices need to maximize revenue and improve their claims management lifecycle.

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