SOP: Claims Submission to Insurance Providers and Follow-up

This SOP details the process for **claims submission to insurance providers and follow-up**, covering the accurate preparation and timely submission of insurance claims, verification of required documentation, communication protocols with insurance companies, tracking claim status, resolving discrepancies or denials, and ensuring prompt reimbursement. The objective is to streamline claims management, reduce errors, and improve the efficiency of insurance claim processing to support financial stability and compliance.

1. Scope

This SOP applies to all staff involved in the processing, submission, and follow-up of insurance claims within the organization.

2. Responsibilities

- **Billing Staff:** Prepare, review, and submit claims, maintain records, and track statuses.
- **Claims Manager/Supervisor:** Oversee claims process, resolve escalated issues, and ensure timely follow-up.
- **Finance Department:** Reconcile payments and address discrepancies.

3. Procedure

1. **Claims Preparation**
    - Review patient records and verify insurance information.
    - Prepare claims using approved software or forms.
    - Ensure all data (diagnosis codes, procedure codes, patient information) is accurate and complete.
    - Attach all required supporting documentation.
2. **Claims Submission**
    - Submit claims electronically via clearinghouse or directly to payer portal, or mail if required.
    - Document submission date and reference number in the tracking system.
3. **Verification & Tracking**
    - Verify receipt and acceptance of the claim by the insurance provider.
    - Log claim information for tracking and follow-up purposes.
    - Monitor claim status regularly (e.g., weekly) until resolution.
4. **Communication & Follow-up**
    - Contact insurance company representatives for claim status updates as needed.
    - Document all communications, including dates, representative names, and details discussed.
5. **Discrepancy & Denial Resolution**
    - Review explanation of benefits (EOB) and denial reasons.
    - Address discrepancies and resubmit corrected claims with supporting documentation.
    - Appeal denied claims according to payer guidelines, documenting all actions.
6. **Payment Reconciliation**
    - Record payments received and reconcile against submitted claims.
    - Escalate unresolved or delayed payments to Claims Manager/Supervisor for further follow-up.

4. Documentation & Record-Keeping

- Maintain all claim and correspondence records in accordance with organization and legal requirements.
- Ensure confidentiality and security of all patient and claim-related information.

5. Compliance

- Follow all applicable laws, regulations, and payer contract requirements.
- Participate in training and updates related to claims processing and compliance as necessary.

6. Review & Updates

- This SOP will be reviewed annually or as needed to ensure continued effectiveness and compliance.