MDH Minnesota
Department *of* Health
IMMUNIZATION PROGRAM

Immunization Billing Program Checklist

The following checklist includes important aspects to consider when setting up a billing program. For additional information visit Immunization Program Billing (www.health.state.mn.us/people/immunize/hcp/billing/index.html).

Enrollment

- [ ] National Provider Identifier
- [ ] Taxonomy Number

Contracts

- [ ] Contract applications

Credentialing

- [ ] Credentialing applications

Electronic Funds Transfer (EFT)

- [ ] Sign up for EFT automated services through health plans

Computer Equipment

- [ ] Make sure the proper computer equipment is available

Staffing

- [ ] Hire or assign billing staff

Billing Software

- [ ] Research and choose a medical claims management system that meets your practice needs

Policies and Procedures

- [ ] Create a policy and procedure manual

Health Plan Website Registration

- [ ] Register with each health plan to have access to their secure websites

Appointment Scheduling

- [ ] Create a process to pre-register patients prior to their appointments—possible information to collect that will help perform insurance verification:
  - Patient name
  - Policyholder's name and date of birth
  - Insurance carrier's name
  - Group and policy number
- [ ] Perform insurance verification through medical claims management systems or the health plans' provider portals

Create Forms

☐ Patient Registration form completed for every patient—possible items to include in this form are:

- Account number
- Patient name
- Date of birth and sex/gender
- Contact information: address and phone (cell, home, other)

If patient is a minor, collect:

- Name of parent/guardian and contact information

Insurance information (make a copy of patient's insurance card, front and back):

- Name
- Policy and group number
- Policyholder name
- Policyholder date of birth and social security number

☐ Encounter form – usually filled out by the provider after the patient encounter and could include:

- Patient name
- Reference/Account number to identify and match documentation of services
- Place of service (i.e. office, hospital, etc.)
- Date of service
- Procedure list (practice's most common procedures and their codes)
- Procedure codes (annually updated and books are available for purchase):
  - Current Procedural Terminology (CPT)
  - Healthcare Common Procedure Coding System (HCPCS)
- Diagnosis list (diagnosis codes that apply to the most common procedures)
- Diagnosis codes (annually updated and books are available for purchase):
  - International Classification of Diseases (ICD)
- Amount paid (balance due payments made by the patient at the time of the encounter [i.e. deductibles, co-payments, etc.])
- Patient return (date when the patient should be seen for follow-up)
- Practice and provider information (demographic information and Federal Tax ID number)

Health Insurance Portability and Accountability Act (HIPAA) Privacy Practices

☐ HIPAA Privacy Notice signed by patients

Claims Submission

☐ Data entry into a Practice Management System or a direct data entry system

Reimbursement/payment from Health Plans

☐ Document paper check or Electronic Funds Transfer (EFT) payments

☐ Document paper or electronic Remittance Advice (RA) or Explanation of Benefits (EOB)

☐ After payment is received from the health plan, apply the payment to the patient's account

Claims Denials

☐ Determine why the claim denied and correct the issue

☐ Resubmit the claim