

Claims

Accessibility

Accuracy

Timeliness



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The Claims department focus for this past year included high quality service, accessibility, accurate and timely claims payment, and a close professional relationship with our Providers.

- The Document Control staff is responsible for opening, sorting, scanning and linking all claim documents received within the department. During the past fiscal year, they received and were responsible for handling a total of 72,715 claim documents - an average of 6,060 per month.
- The Reimbursement staff worked hard at researching and responding to a total of 81,334 claim corrections received from our provider community on denied claims and are currently averaging an eleven day turnaround time with these documents.
- The department as a whole has orchestrated many processes to eliminate time consuming reviews, and this has resulted in more streamlined claim processing, leaving our staff more time to concentrate on quality improvement and provider assistance.
- During the past fiscal year, improved processes have reduced the percentage of claims that require manual review from 39% to 24%.
- The Claims staff, working with Provider Services, has devoted considerable time and resources to facilitate electronic billing for as many of our providers as possible. Accurate electronic billing translates directly to a faster turnaround for claims processing, resulting in faster payments.
- Each Claims Customer Service Representative (Claim Representative) was given a monthly goal for Provider visits. Provider outreach is now at its highest with over 80 visits for the first half of 2010, including both on-site visits and conference calls.
- Six Provider Billing Workshops, for both beginning and advanced billing staff, were held in the first half of 2010, concentrating on the most recent billing and regulatory changes relating to claims billing for all CenCal Health programs.

We will continue to strive for improvement in all areas of the Claims Department and look forward to providing the most efficient and accurate claims payment for our provider community.

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