AMB Group

P.I.P. Billing Mastery Training

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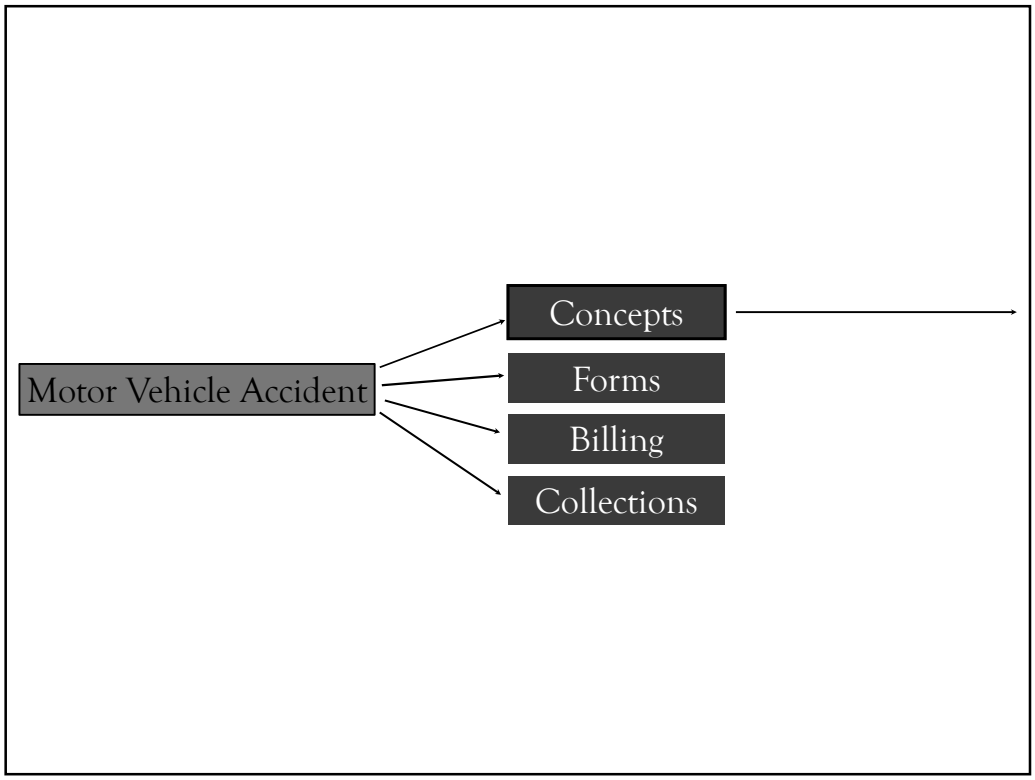


Personal Injury Protection

P.I.P. No-Fault

*Required by FL law for all FL residents who own a motor vehicle
*Basic PIP: medical benefits and wage losses – total $10K
*Deductibles vary per policy from $0 - $1,000
*Medical benefits at 80% of allowed Fee Schedules (insured is responsible for the other 20%)

Requisites:
*Accident occurred while policy in effect
*Initial medical attention must have occurred within 14 days of DOL

More about PIP...

WHO IS COVERED:
*Named insured while driving, using or being passenger in any motor vehicle
*Resident relatives living with insured while driving, using, or being a passenger in any motor vehicle or while pedestrians, if struck and injured by another motor vehicle
*Others injured while driving (with permission)/a passenger in/injured as pedestrian by your insured motor vehicle
*Insured or Insured's resident relatives injured outside of FL, but within US/Canada, while in insured motor vehicle

WHO IS NOT COVERED:
*If passengers or relatives living with insured while driving insured' s car, IF they own a motor vehicle required to be licensed and insured in Florida.
*Treatment for patients who did not seek medical attention within 14 days of DOL

EMC

Emergency Medical Condition

(8) "Emergency medical condition" means:
(a) A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that **the absence of immediate medical attention could reasonably be expected to result in any of the following:**
1. **Serious jeopardy to patient health, including a pregnant woman or fetus.**
2. **Serious impairment to bodily functions.**
3. **Serious dysfunction of any bodily organ or part.**

POLL

Emergency Medical Condition Determination

EMC

*No deadline
*Negative EMC –PIP limit $2,500 (must be done by a PROVIDER of approved specialty)
*Positive EMC – PIP up to $10K (by any PHYSICIAN within approved specialties (physician, advanced nurse practitioner, dentist, physician's assistant, in person or record review).
*Once EMC provided to carrier: payment due within 10 days
*If requested per F.S. 627.736(6)(b), carrier required to reimburse expense of EMC

Medpay

Medical payments MPC

*Optional coverage in addition to P.I.P.
*Patient responsibility amounts, such as deductible and 20% co-insurance
*Medical expenses in excess of P.I.P. benefits

WHO MAY NOT BE COVERED:
*Resident relatives living with insured: while driving, using or being a passenger in insured's vehicle
*Others: while driver, passenger or pedestrian injured by insured's vehicle

B.I.

Bodily Injury | Liability Insurance

*Optional Coverage to cover damages to injured parties when insured is at fault
*Drivers with previous accidents or violations (e.g. DUI) may be required to carry BI
*Policy covers at least 10/20

TNCs

Transportation Network Companies | Ridesharing Service

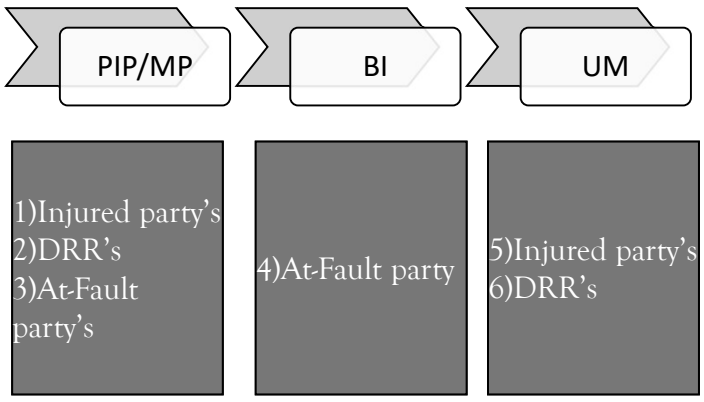
*F.S. 627.748 defines TNCs and insurance requirements
*If driver is logged on but NOT engaged, BI 50K/100K
*If driver is logged on AND engaged, BI $1MM; UM min. $250M
*If driver is logged OUT, driver's personal policy applies

U.M.

Uninsured/Underinsured Motorists

*Optional coverage when a driver is involved in an accident with a motorist who either is not carrying insurance at all or is not carrying enough insurance to cover the damages and/or injuries they cause.
*Covers damages or personal injuries suffered as a result of the accident exceed the amount of coverage of the negligent driver or, if the negligent driver had no injury coverage
*Limits at least 10/20

Which insurance covers the patient?



Dec Page

Auto Insurance Coverage Summary

This is your Renewal Declarations Page

progressiveagent.com
Online Service
Make payments, check billing activity, update policy information or check status of a claim.

1-800-274-4499
To report a claim.

The coverages, limits and policy period shown apply only if you pay for this policy to renew.

Your coverage begins on November 22, 2016 at 12:01 a.m. This policy expires on May 22, 2017 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle, unless the policy contract or endorsements indicate otherwise. The policy contract is form 9611A FL (07/13). The contract is modified by form A139 FL (06/14).

Drivers and resident relatives

	Additional information
Mariah Karie	Named insured
Will Schmidt	

Outline of coverage

2015 HONDA CIVIC 4 DOOR SEDAN

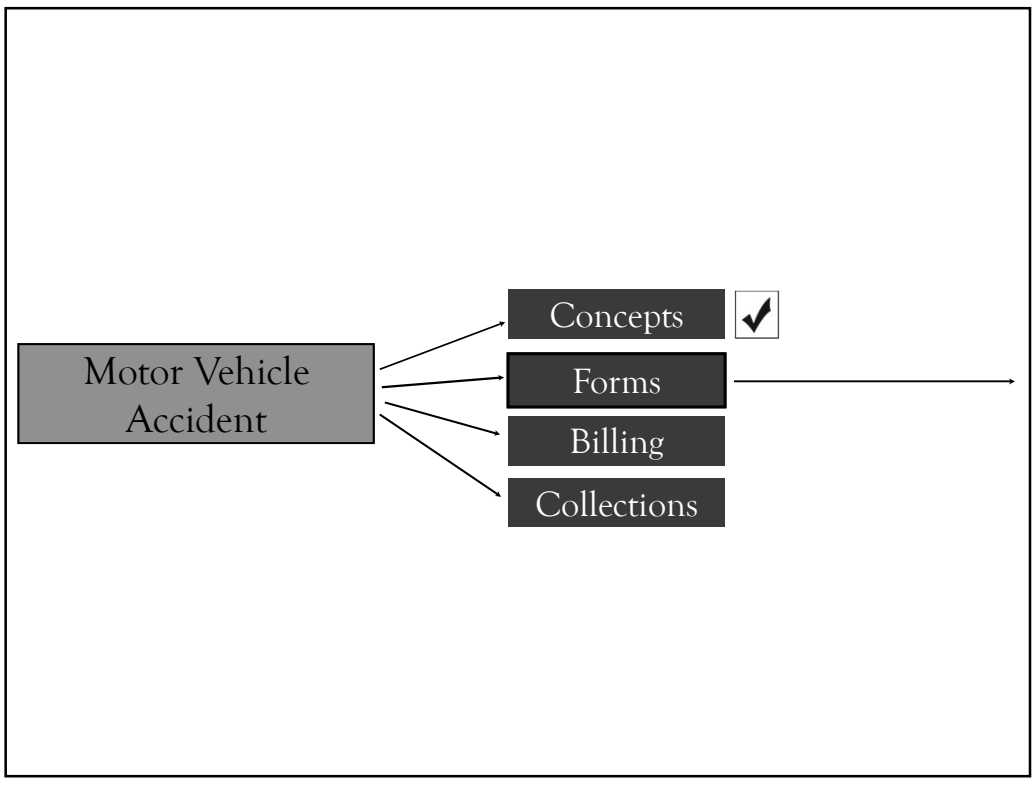
VIN 19XAM3F44FE114443

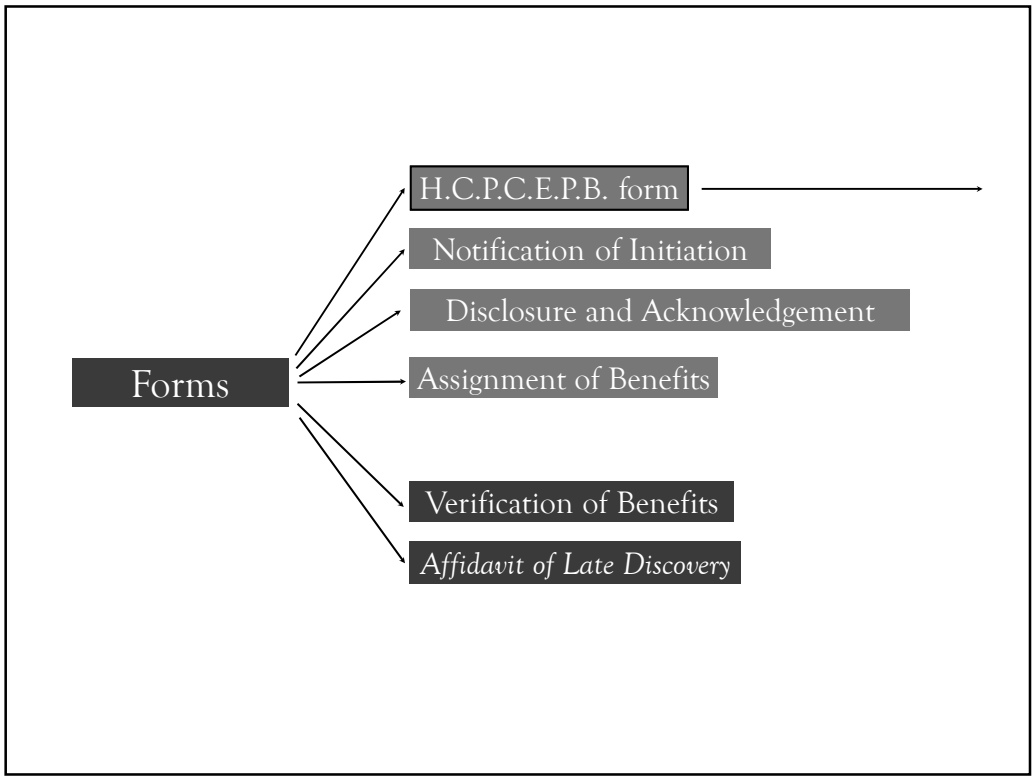
Garaging ZIP Code 33166

Primary use of the vehicle: Commute

SAMPLE

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	$25,000 each person/$50,000 each accident		$177
Property Damage Liability	$10,000 each accident		158
Personal Injury Protection	$10,000	$1,000/person	246
Deductible applies to You and Dependent Relatives			
Uninsured Motorist	Rejected		--
Comprehensive	Actual Cash Value	$1,000	58
Collision	Actual Cash Value	$1,000	392
Rental Reimbursement	up to $30 each day/maximum 30 days		34
Total premium for 2015 HONDA			**$1,065**





Health Care Provider Certification of Eligibility for PIP Benefits

H.C.P.C.E.P.B.

*Required for all physicians as of March, 2008
*One ORIGINAL submission per carrier
*Filled out appropriate fields only, signed and notarized.
*Mail original via certified mail
*Copy of form sent on special file, including certified receipt and delivery confirmation
*New patients, only send copy of original submission

Notification of Initiation

N.O.I. Notification I.O.T.

*Notifies the insurer that the patient started treating
*Extends claims filing timeframe from 35 to 75 days
*May help catch wrong insurer's information timely

*Patient Name, Claim No, DOA, and Insurer's address
*Due date is 21 days from first visit (3 weeks)
*Send *NOI* to carrier, along with *D&A* and *AOB*
*Mail Certified or Fax with confirmation

FLORIDA STATUTES

"Title XXXVII INSURANCE Chapter 627 INSURANCE RATES AND CONTRACTS
627.736 Required personal injury protection benefits; exclusions; priority; claims.~
(5) CHARGES FOR TREATMENT OF INJURED PERSONS.~

(c)1. With respect to any treatment or service, other than medical services billed by a hospital or other provider for emergency services as defined in s. 395.002 or inpatient services rendered at a hospital-owned facility, the statement of charges must be furnished to the insurer by the provider and may not include, and the insurer is not required to pay, charges for treatment or services rendered more than **35 days before the postmark date of the statement**, except for past due amounts previously billed on a timely basis under this paragraph, and except that, if the provider submits to the insurer a notice of initiation of treatment within **21 days** after its first examination or treatment of the claimant, the statement may include charges for treatment or services rendered up to, but not more than, **75 days before the postmark date of the statement**. The injured party is not liable for, and the provider shall not bill the injured party for, charges that are unpaid because of the provider's failure to comply with this paragraph. Any agreement requiring the injured person or insured to pay for such charges is unenforceable."

Standard Disclosure & Acknowledgement Form

D&A | Standard Disclosure

*Confirms that services listed were actually rendered
*Services were explained by the provider
*Patient was not solicited for those services
*Patient has right to inform carrier of fraud and earn a reward

*Original must be submitted to the carrier
*Signed by both the patient/guardian and provider, on the same date, at the end of the first date of service
*Copy kept on file
*No deadline

FLORIDA STATUTES

"(e)1 Title XXXVIIINSURANCE Chapter 627 INSURANCE RATES AND CONTRACTS627.736 Required personal injury protection benefits; exclusions; priority; claims.– .

1. At the initial treatment or service provided, each physician, other licensed professional, clinic, or other medical institution providing medical services upon which a claim for personal injury protection benefits is based shall require an insured person, or his or her guardian, to execute a **disclosure and acknowledgment form**, which reflects at a minimum that: a. The insured, or his or her guardian, must countersign the form attesting to the fact that the services set forth therein were actually rendered; b. The insured, or his or her guardian, has both the right and affirmative duty to confirm that the services were actually rendered; c. The insured, or his or her guardian, was not solicited by any person to seek any services from the medical provider; d. That the physician, other licensed professional, clinic, or other medical institution rendering services for which payment is being claimed explained the services to the insured or his or her guardian; e. If the insured notifies the insurer in writing of a billing error, the insured may be entitled to a certain percentage of a reduction in the amounts paid by the insured's motor vehicle insurer."

Assignment of Benefits

A.O.B.

*Insured is authorizing insurance carrier to reimburse medical provider for services rendered
*Right of provider to request P.I.P. payment log from carrier
*Right of provider to file a demand for payment and lawsuit if payment is not received accordingly from carrier (PIP Suit)
*Does not guarantee payment

*Always keep on file
*Insurance specific
*Required for demand for benefits by provider
*Required by some carriers for obtaining benefit or any information regarding the claim

Verification of Benefits

*Confirm patient's information
*Claim information for billing
*Adjuster's name and contact info
*PIP coverage, deductible, Medpay
*Status of coverage investigation – follow up
*UM
*BI – patient's attorney

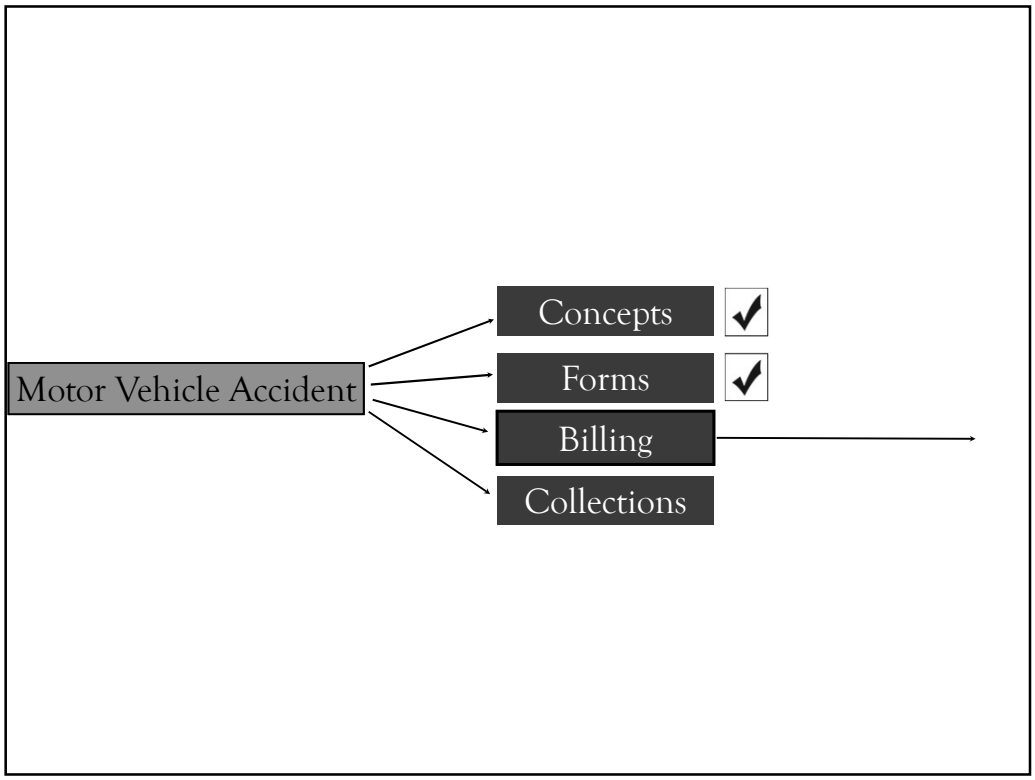
SOME ONLINE PROVIDER PORTALS

- GEICO — Partners.geico.com
- PROGRESSIVE — Progressive.com/claims
- esurance — Esurance.com/find-your-claims-rep
- FOREMOST INSURANCE GROUP — www.hpcs.com/eClaims/ClaimantSelfService/medicalProviderLoginAndRegistration.action
  Includes: FARMERS INSURANCE, BRISTOL WEST INSURANCE GROUP, 21st Century insurance

Affidavit of Late Discovery

*Statement under oath that insurance information was received late
*Submit to carrier as soon as information is received- within 35
*Attach proof of when correct information was received
*Doctor's original signature notarized
*Include copy of original submissions to incorrect carriers & POM/EOBs

*Patient Name, Claim No, DOA
*Indicate Insurer's address
*Send *D&A*, *AOB, HCPCEPB, and any EOBs/POM*
*Keep proof of submission on file



Billing

Submission

*Must send provider's report with each bill
*Report matches services billed and units
*Report indicates patient's name, DOA and Date of Service
*Treating provider's full name and credentials on report
*Providers fully documenting based on level of service
*Beware of cookie-cutter treatments

*Always keep Proof of Mailing (POM)
*Print claims by DOS
*Keep pending reports list, if any, prioritize by DOS

Collections

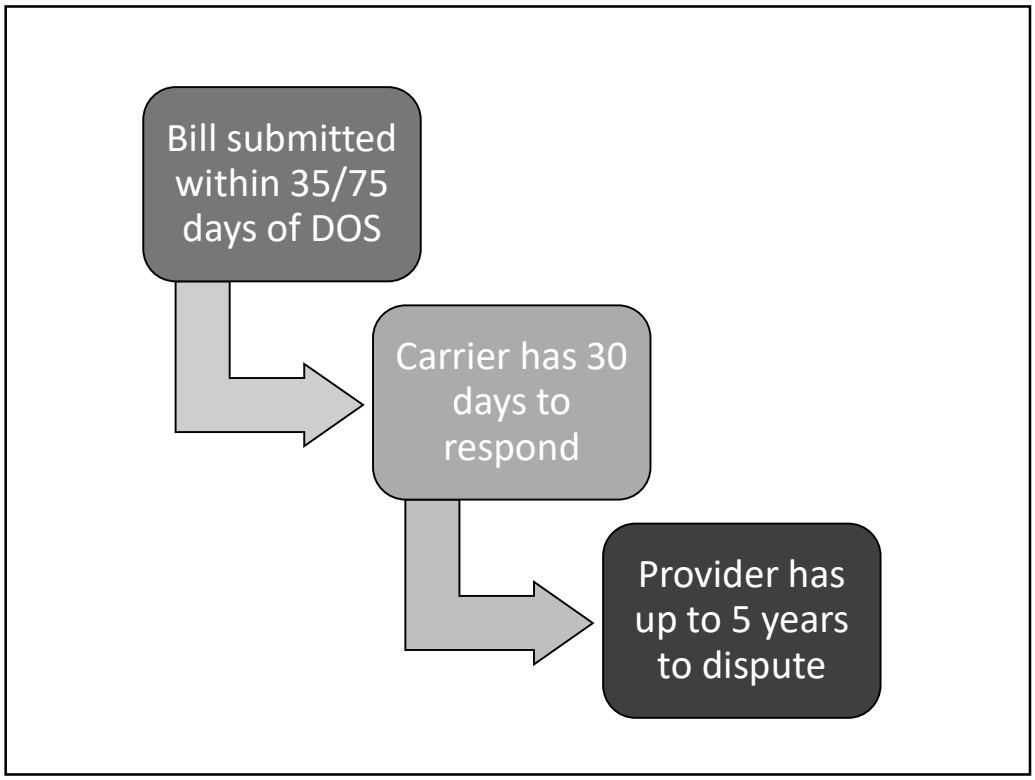
*Carriers have 30 days to respond to claims (60 additional days if reason for Fraud)
*Fee Schedule based on 200% MCR (Current v. 2007) or 100% Worker's Comp
*Balance billing to patient is prohibited
*Must attempt to collect patient responsibility amount: deductible, co-insurance (exception for pending settlements)
*Run AR report regularly to catch unpaid claims

*Check billing cycle timelines	*Exhaustion
*Modifiers	*Verification of coverage
*CPTs missing or fewer units	*Quality of PIP Carriers
*Documentation	*OVs

FLORIDA STATUTES

"Title XLVI CRIMES -Chapter 817 FRAUDULENT PRACTICES

817.234 False and fraudulent insurance claims.-
(7)(a) It shall constitute a material omission and **insurance fraud, punishable** as provided in subsection (11), **for any service provider**, other than a hospital, **to engage in a general business practice of billing amounts as its usual and customary charge, if such provider has agreed with the insured or intends to waive deductibles or co-payments**, or does not for any other reason intend to collect the total amount of such charge. With respect to a determination as to whether a service provider has engaged in such general business practice, **consideration shall be given to evidence of whether the physician or other provider made a good faith attempt to collect such deductible or co-payment. This paragraph does not apply to physicians or other providers who waive deductibles or copayments or reduce their bills as part of a bodily injury settlement or verdict."**



If bill is paid

*Review all Fee Schedule
*Mark any issues (NCCI, MPPR, ATD@FS, etc)
*Scan in the system (DOS, docs, issues, pt acct#, date/batch)
*Post payment according to FS paid – more accurate AR
*Beware of checks with F&F language
*Send out for review to PIP attorney

If bill is NOT paid

*Do not call adjusters - SEND OUT FOR PIP SUIT!
*Be proactive: provide relevant documents
*Follow up with requests from attorney
*Request periodic reporting on status – keep a tracker

Issues

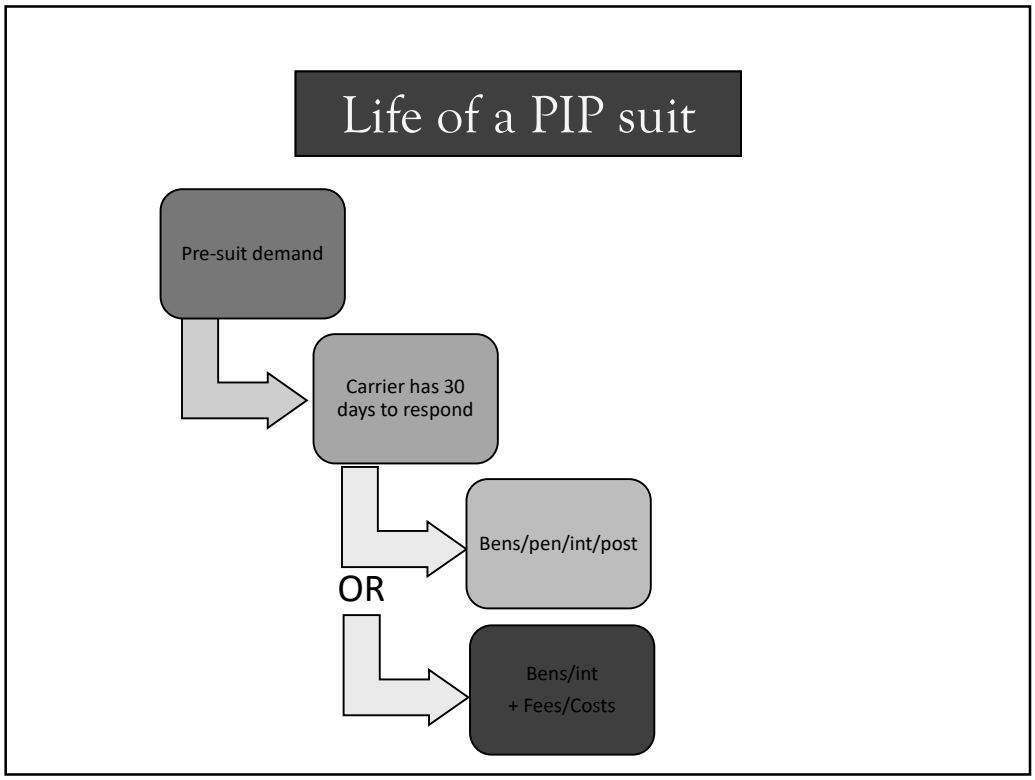
*Untimely Filing	*Benefits Exhausted
*Bill not received	*IME Cut-off
*Coverage investigation	*ATD@FS
*Material Misrepresentation	*NCCI
*14-day requirement not met	*MPPR
*EMC request	*No PIP
*EMC Cut-off	*BA

PIP Suits

PIP Demands

Pre-suit demand

*Claim must be overdue
*Filing must be made within 5 years
*Claim was submitted properly and timely
*Benefits NOT exhausted
*Patient signed AOB
*Pre-suit demand must be filed before lawsuit (including AOB and itemized ledger)
*No Full & Final checks cashed



Balance Billing

Do NOT bill Patient if

*The carrier paid less than amount billed per agreement
*Provider failed to bill timely
*Provider failed to obtain required authorizations
*Provider's documentation did not justify treatment
*Provider billed wrong carrier

DO bill Patient if

*Patient did not seek treatment within 14 days
*Patient was not covered for date of service
*Patient did not respond to carrier's requirements for EUO, IME
*Services were not covered (Acupuncture, Massage, Supplies, etc)
*Bill was applied to Deductible or co-insurance
*Policy benefits were exhausted
*Patient received payment directly

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Fax number: (850) 523-1888
By Email: figaclaimsworkflow@agfgroup.org
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