**Revenue Cycle Management**  
  
**Referral Intake in Case Management part of the system**

1. Referral comes in.
   1. AH Referral person takes general information about the referral
      * 1. With **Advent** it is one central person
        2. With other clinics it’s the CBC
      1. Capturing new patient demographic info
      2. Who Referring Doctor is
      3. Insurance Info
      4. Other Information
   2. AH verifies insurance is real and in  good standing
      1. AH may have to get authorization to see the patient.
         1. Depends on the insurance
         2. May only get authorization for evaluation
         3. Some Insurances give authorization for eval and treatment at same time
   3. Appointment is Set the patient
      1. Depending on how the referral comes in.
         1. Through Doctor
         2. In Person with referral doc in hand
2. Detailed Intake by Patient at first appointment
   1. Consent documents are signed
   2. HIPPA Release is signed
   3. Health background info
3. At first visit the PT must create plan of care and sign off on it and send back to referring doctor  in order to get paid. (Referring doc does not pay.)
   1. PT performs Eval during initial visit
      1. Provides Services
   2. Plan of Care comes out of the Eval initial visit by the Clinician
      1. Encounter form for that appointment is filled out. Fill in the proper billing codes for the services that were performed.
         1. Procedure Code
         2. Modifier
         3. Diagnosis
      2. This encounter form must be submitted to CBC or Office Staff by end of the day in which the appt occurred.
   3. After appt patient goes to front desk to pay copay if applicable.
      1. CBC enters transaction to record the payment of the copay.
         1. Special Code for Copays
   4. Next appointment(s) are scheduled often at this time

**Entering billing information for Appointment: (Called ‘Charge Entry’) (billing is delayed by 2 days) performed by CBC and office staff**  
Case Management > Specific Patient or Case > List of acknowledged Appointments.

1. Select the appt that I want to enter billing info for from this list and open
2. Working off the hard copy encounter form the CBC / Office Staff inputs the procedures, codes, units performed by the clinician for this specific appt/patient.
   1. Some services like massage would not be pushed to insurance possibly. The CBC/Office Staff put this into the system during this time and separates it.
3. This is done by the office staff each day for each case seen.
4. Clinic CBC must do a day closing.
   1. Record all billing info
   2. Record all copay info that came in that day.
   3. Close the day.

**Revenue Cycle Dept – Amato and Continuum are separate process for this part.**  
**Req: Processing is done a company/group at a time**

1. Wednesday morning RCD comes in and opens up ‘Charge Batches part of the system’ to look at Monday business
   1. One day lag allowing for correction of any issues that may have been entered incorrectly.
   2. Charge Batching is configurable by company (Need to dig into this deeper later)
      1. Primary Insurance – only auto batching currently for primary… can be for others but not being done yet.
      2. Secondary Insurance
      3. Tertiary Insurance
      4. Advent goes out using the UB form.
   3. Auto Batching, if turned on has been done for an entire company. Can be multiple Clinics.
      1. Epremis Agent is outstanding… not ready yet. Sweeps the file automatically
      2. Epremis Acknowledgement that they swept the file
         1. Some information like how many files in it, etc.
   4. RCD clicks on the arrow to push each auto batched file to Epremis / Clearing house
   5. For non auto batched the user can sort, filter and manually batch here for those that are not auto batched already.
      1. Can submit those once batched

**Check Epremis to review and validate corrections that are needed. (Epremis is a third party app)**  
**AH Accounts Receivable Specialists**

* + - 1. Check to see if any claims failed
         1. Open items that failed and see why

Fix issues in the claim directly in Epremis and resubmit inside of Epremis.

* + - 1. Check items that may need to be paper based
         1. Check to be printed back to the clinic cbc where the appointment was taken.
         2. CBC takes it off the printer, pull medical record, copy it, attach it to the claim mail it to the insurance carrier.
      2. All items in Epremis must be manually released by RCD for them to be submitted for payment. (Even the items that didn’t have problems need to be manually released?)

**Receiving Funds**

* Insurance Carriers send money to the electronic lock box account
  + Sent by check
  + ACH/EFT
  + Usually send notification about remittance
  + Hard copy mailed to electronic lock box with check
    - Bank scans it and puts it into the electronic lock box
* Checking Remittance info for the payments
  + Epremis
  + Online into the insurance carrier portals themselves
* Posting Specialists within RCD, pull down report of what was paid
* Post what was paid
* Record balance if under paid back to patient or insurance company
  + Under payment can be a secondary charge. To secondary payer depending on the remittance info.
    - Starts claim process over again. Needs to be manually batched.
      * Creates a charge to the secondary insurance company
      * Batched and sent
        + If not to secondary insurance company it would be billed then to the patient.
  + Auto remittance is on list for June
  + Zero payment or something that needs to be appealed then it’s tasked for follow up. Currently that goes back to the site CBC but should be in the future back with RCM central.

**AR Management**  
\*\*\* Take epremis responses and integrate those into the system. Response codes, etc.

* CBCs are charged with trying to monitor their locations
  + Unpaid amounts
* RCD Specialists
  + Check by Insurance Payer, location, date frame late or no pay claims
    - Find claims that are overdue for payment
      * Log into payer portal to see if reason is given why
      * Log into epremis to check if reason is given there in response
    - Fixing issues or providing updated information to get paid