

MaxSurge Healthcare Solutions

Revenue Cycle Management

The efficient management of your revenue is one of the most important keys to your practice success. Are you *confident* in how your revenue cycle is managed? At MaxSurge Healthcare Solutions, our certified coders and professional revenue cycle management team works diligently to ensure that you receive the highest possible return on your accounts.

Our systematic, comprehensive approach has proven to yield a greater return and production/collection ratio. The increased return revenue more than pays for the fees; and we do all the work! No more falling behind in filing or following up on unpaid claims. Our team works promptly and consistently on all accounts daily. Our daily, weekly, monthly services include the following:

- **Comprehensive Schedule Analysis**

Print daily schedule for review.

- Review the entire schedule for accuracy & double check system of charges & payment posting.
- Review each patient account on the schedule for complete demographics, ledger entry, procedure code & supporting diagnosis codes.
- Add modifiers to medical claims when needed.
- Create or edit medical ailment for trauma cases as needed.
- Review claims for accuracy before filing via paper or ECF [electronic claim filing].
- Confirm credit balance for refunds to patient and/or insurance carrier.

- **Claim Filing with Review**

File claims daily including courtesy filing & pre-treatment claims **with review**

- Anticipate sending any supporting documentation with claims as needed (i.e. x-rays, path reports, notes for worker's compensation) for those insurance carriers that always request it.

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- **EOB Analysis**

Review each insurance EOB before posting.

- Initiate insurance appeal via phone or in writing for any discrepancies on insurance EOBs or questions.
- Daily posting for each line item charged to reflect insurance EOB receipt.
- Daily Bank Deposit
- Excel Spreadsheet
- Initiate insurance request for additional information in order to process claim.
- Line item posting of payments; detailed notes in patient ledger regarding.

- **Secondary Insurance Claim Filing**

Initiate secondary insurance claim filing [if applicable].

- **Patient Billing**

Initiate patient statements after insurance posting.

- **Credit Confirmation**

Confirm credit balance for refunds to patient and/or insurance carrier.

- **Pre-Treatment Notification**

Enter contact notes regarding pre-determination responses on pre-treatment claims.

E-mail or fax P-D responses to office for surgery scheduling.

- **Unpaid Claim Follow-Up**

Follow-up with insurance on all unpaid insurance claims after 31 days service rendered; includes patients' courtesy filing & pre-treatment estimates submitted to insurance.

- **Insurance Documentation Request**

Initiate documentation required by insurance carrier in order to process claim.

- X-ray required to process claim.
- Copy of pathology report for further review.
- Notify patient to provide proof of full time student status to the insurance carrier.
- Copy of other insurance EOB.
- Any other information as requested by insurance in order to process pending claim.

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- **Claim Refiling**
Refile claim if necessary.
- **Collection Agency Research**
Research and compile a list of collection agencies in client's area or potential area.
- **Management of Collection Calls**
Answer any incoming phone calls regarding billing statements or outstanding accounts.
- **Batch Statement Distribution**
Monthly batch statements at the beginning of each month.
- **Outstanding Balance Follow-Up**
Follow-up calls to patients with outstanding balance accounts.
Create & mail budget plan booklet to the patient when payment arrangements are approved.
- Work on resolving patients' accounts via payment with major credit cards and fax payment information to your office for major credit card payment processing.
- Offer alternative financing [Care Credit or DFP] as an alternative payment option. Make payment arrangements if all other avenues have been exhausted, but only as approved by your practice.

- **Collection Accounts Proposal**
Outline of potential accounts for collection agency after sending four statements and attempting to contact patient at least four times.

- **Collection Accounts Submitted**
Submit approved accounts to collection agency.

- **Returned Mail Follow-Up**
Handle all returned mail received.

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- ***Insurance Contracts and Fee Schedules***
- Contact insurance carriers for any provider updates (depends on number of carriers; figured on 10 carriers).
- Notify provider relations of new billing address, office name change, or W9 form update.
- Review insurance fee schedule to see if it's advantageous to be contracted providers with the insurance network.
- Annual review 1099 form for accuracy & notification of corrections (This is only if MSI is posting insurance payments for the client.).

The above services are available "a la carte" or as a full service. Fees are based on a sliding scale ranging depending on the size of your practice and other variables. We are not paid if you are not paid! It's that simple.

For more information or to get our professional team working for you, call our office at 877/MAX-SURGE.

<http://www.maxsurge.net>

