

Reimbursement Operations Playbook

2015
Silver Edition

**An operational guide to understanding,
implementing, and managing every
contributing element to healthcare
reimbursement for providers and billing
service operations.**

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This guide establishes a process that creates a functional working environment for healthcare providers and third party billing services. This guide works sequentially through every aspect of a business entities operation that impacts the ultimate goal of timely and accurate reimbursement for services provided. This guide establishes operational guidance, integrity programs, training programs, system efficiencies and then enters a revenue cycle management program to ensure the desired outcomes for the provider and patients served.

Playbook Sequence

- Chapter 1** Understanding Basic Reimbursement Methodologies
- Chapter 2** Applying Coverage to Services Rendered (Clinical Efficacy)
- Chapter 3** Marketing Operations
- Chapter 4** Sales Operations
- Chapter 5** Training Guides – Internal, Sales Team & Customers*
- Chapter 6** Insurance/Payer Interactions
 - Managing Managed Care Relationships
 - Managing Sales in a Mature Managed Care Market
 - Payer Contracting Policy, Acceptance and Credentialing
 - Payer Contract Administration
 - Contract Performance & Compliance Reviews
- Chapter 7** Billing Integrity Plans & Operations
 - Service Specific Guidelines and Processing Criteria
- Chapter 8** Service Intake & Delivery Operations
 - Eligibility, Coverage, and Pre-Authorization Operations
 - Eligibility, Coverage, and Pre-Authorization Training
 - Service Agreements & Medical Orders/Necessity
- Chapter 9** Billing & Data Processing Operations
 - Claims Integrity Interfaces, Assessment Process, & Training Program
 - Claims Deficiency Reporting and Corrective Action Processing
 - Claims and Accounts Receivable System Operations
 - Clearinghouse/EDI/Processing Operations

*Customer guides deliver written methods and standards in which services can be offered, rendered, billed and finally collected.

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Playbook Sequence

- Chapter 10** Revenue Cycle Operations
Claim Acceptance & Rejection Processes
Revenue Recognition Metrics
Efficiency Management (Staff/System Interface)
ERA Integration and Operations
Outcome Metrics – Primary Payer
Auto-Responses and Initial Claims Recovery Program
- Code Based Library Establishment
- Code Based Request for Review and Disclosure
- Code Based Appeals
- Code Based Liability Transfers
Manual Exception Processing Guidelines
Outcome Analysis - Reprocessing & Liability Transfers
Auto-Responses and Secondary Claims Recovery Program
- Code Based Appeals
- Code Based Liability Transfers
- Manual Exception Processing Guidelines
- Advance Appeals Processing
- Collections Process – Level 1 – Internal Operations
- Communications Methodology (Paper)
- Communications Methodology (Verbal)
- Hardship and Repay Programs Program
Collections Process – Level 2 – Customer Interface
Collections Process – Level 3 – External Operations
Collections Process – Level 4 – Executive Resolution Program
- AKA Bulk Claims Performance Review & Recovery
- Dispute Resolution Program – Primary Authority
Dispute Resolution Program – Executive Authority
- Chapter 11** Financial Interface Operations
Contractual Adjustments & Updates
Bad Debt/DSO/Adjustment Management
- Accounts Receivable
- Revenue (Sales/Commission Recovery)
Claims Outcome Metrics
Staff Performance Metrics & Incentives
- Addendum 1** Multidimensional Reimbursement Strategic Plan
Addendum 2 Customer Centric Call Center Operations
Addendum 3 Business Continuity - Response Plan