MEDITECH’s Revenue Cycle solution automates billing claim tracking across multiple facilities, including acute, continuing care, and ambulatory, to assist with every aspect of your organization’s billing and collection efforts. Support for both centralized and decentralized billing, along with conflict checking, denial management, and integrated charge capture, all help to reduce AR days and ensure optimal reimbursement.

Through worklists and messaging capabilities, your staff can proactively manage all aspects of patient and guarantor billing details from a single desktop. In addition, our interactive dashboards enable managers to perform drill down reporting on receivables, revenue, cash flow, and business office productivity.

Manage All Processes from a Centralized, Consolidated Desktop

Our Patient Accounting Desktop is a centralized desktop that allows all account representatives to manage their daily workflows. From this desktop, you can view, manage, and process all financial aspects of one or more patient or guarantor accounts—including bills, claims, collections, and denials. Account representatives with proper access can drill down to view and edit multiple layers of the patient or guarantor’s account. They can also readily review registration information and coding data entered on the account. Account representatives are able to:

- Access an Account Summary to preview essential account information, such as: registration type, service, account type, financial class, account status, unbilled charges, and AR balance.
- Seamlessly view all of the guarantor’s patient accounts from a consolidated financial summary screen.
- Add top priority accounts, such as high balance accounts, to a Watch List for close monitoring.
- Obtain visit-specific insurance information as well as all historical insurances.
- Preview a bill with different proration rules and review details from a previous bill.
- View the online claim image and edit the header, footer, and details of paper or electronic claims.
- Seamlessly transition between a summary and EDI view for claim remittance data.
- Review a color-coded timeline of automated collection events depicting when all account activities should occur.
- Post transactions, payments, or charges, and obtain approval for adjustments and refunds.

Streamline Workflow with Automated Worklists and Messaging

To streamline workflow in your patient accounting office, each account representative is automatically pushed daily worklists or tasks for completion. Depending on a person’s responsibilities, assigned accounts will fall on their schedule based on account checks, charge rejections, client tasks, credit balance accounts, danger accounts, denial management, pre-bad debt accounts, and tasks. Using worklists, account representatives are able to:
• Quickly take appropriate action on flagged accounts, transactions, tasks, and account checks.
• Process bad debt accounts, account checks, and HCPCS discrepancies.
• Build individualized worklists to organize accounts based on user-defined criteria.
• Observe high-level, graphical and tabular status views highlighting revenue, cash flow, task stats, denial stats, account check stats, and worklist stats.
• Break down status views by facility, department, insurance, account type, client, or provider.

Using inherent, secure messaging capabilities, account representatives can easily communicate not only with each other, but also with coders, registration staff, and others to rectify discrepancies or missing account information. Messages can be automated based on a transaction, required insurance information, or patient discharge, or even sent directly from a worklist. To simplify messaging on a particular account, you can perform account lookups in data fields to plug in specific patient or guarantor account information.

Establish Consistent Charge Rates Across Your System

Tight integration between Revenue Cycle and the rest of MEDITECH Expanse ensures all departmental, clinical, and ambulatory applications automatically post charges to patient accounts, eliminating lost charges. For example, as laboratory tests are resulted or prescriptions administered, the associated charges automatically post to the patient’s account.

The chargemaster contains current, historic, and future effective dates, along with respective charge amounts for all items and procedures. Whenever mass updates are made to the chargemaster, the system automatically applies new charge amounts based on effective dates. Procedure names can also be spelled out to generate patient-friendly statements. Revenue and statistical information is tracked back to MEDITECH’s General Ledger, while CPT and HCPCS codes can be automatically applied when mapping charges to claim forms.

Determine Expected Reimbursement with Contract Management

Contract management functionality within Revenue Cycle allows your organization to easily enter contract terms in the system to determine expected reimbursements. Account representatives can incorporate the following reimbursement methods: procedure codes, revenue codes, DRG, ICD, or PPS codes, and account type. You can also choose to take adjustments at the time of billing or remittance.

Reduce the Likelihood of Denied Claims through Conflict Checking

Revenue Cycle provides conflict checks to ensure claims contain all necessary information prior to submission. Rejections are sent to worklists, where account representatives can manage and resolve all assigned issues. Worklist capabilities allow staff to filter assigned accounts to prioritize workload, as well as graphically view rejected dollar amounts and performance metrics to monitor productivity. To reduce denials, Revenue Cycle passes accounts through a series of proactive checks prior to claim submission made either directly to payers or through a clearinghouse.

Generate Multiple Bill Types, One Statement, Claim Forms, and Track Remittances

Your organization can automatically generate an unlimited number of bills (e.g., final, interim, date range, and late) based on facility-defined billing cycles by insurance and account types. You can also create one statement combining all acute and ambulatory charges captured throughout MEDITECH Expanse. Supported claim formats include the UB04, 1500, and 837 I/P, with each claim containing a unique
reference number to ensure accurate posting of payments, adjustments, and denials to both the account and claim level. Other features of Patient Accounting include the ability to:

- Collect and record patient co-pays prior to discharge, and provide receipts.
- Provide one patient-friendly statement, with a clear description of all charges.
- Submit claims to insurance companies electronically.
- Electronically post 835 batches to the appropriate claim.
- Perform secondary billing based on receipts/elapsed days without activity.
- Generate cycle statements, including patient messages and automatic interest posting.

**Track, Analyze, and Prevent Denials**

Using denial management capabilities, your account representatives can efficiently analyze and track current sources of denials to prevent them in the future. Denial information is automatically routed to the appropriate person's worklist when receiving electronic remits from payers via ANSI 835 or when posting remit batches. Your organization has the flexibility to determine user follow-up responsibility, and staff can then manage the appeals process by:

- Tracking and updating the current status of denials and documenting notes.
- Reviewing pertinent information for denial reason to follow up appropriately.
- Documenting payments received as “Recovered Amounts.”
- Analyzing denials through our extensive reporting and productivity tools.

**Follow up on Collections to Minimize AR Days**

Using our centralized Collection Support features, staff can follow up on outstanding balances and process account or guarantor tasks, notes, and letters. Seamless integration between Registration, Abstracting, Authorization and Referral Management, and Patient Accounting enable the sharing of financial notes created in different departments across multiple facilities. In addition, a visual representation of automated collection stream events display in a color-coded chart by days/buckets for each account. Account representatives can expand or compress the number of days displayed, and even add, remove, or alter events in the collection stream timeline. When managing collections, users can:

- Create tasks attached to a specific category—such as bill, charge code, coding, and management review—and assign deadlines and account representatives.
- Enter free or quick text notes on patient or guarantor accounts and view notes and reminders.
- Direct communication across all departments.
- Generate letters for new accounts, existing bills, or non-billing related activity.
- View all insurance balances for a single patient or guarantor.

To automate the distribution of bad debt accounts, your organization can define criteria for submitting accounts to a collection agency via a standard interface. For example, over 120 days outstanding and three letters sent. Staff can also compile and transfer accounts to bad debt status per organization-defined criteria.

**Proactively Monitor Performance Using the Financial Status Desktop**

MEDITECH’s Financial Status Desktop is an interactive reporting tool, which can be used by management to monitor your organization's financial health. From this desktop, managers can access high-level graphical or tabular views of your receivables, revenue, cash flow, RVUs, membership, and registration statistics, claims, monitored worklists, billing tasks, account checks, and insurance denials. Managers are able to:

- View daily, monthly, and yearly statistical displays and trend financial data.
- Select any desktop view to print or download as a tab delimited .TXT file.
● Select and copy a specific set of standard views for regular monitoring.
● Access General Ledger data relevant to your financial status and drill down to the specific GL account for more details.
● Monitor staff productivity by reviewing the number of outstanding tasks per account representative.
● Review provider revenue by responsible, admitting, and performing physician or surgeon.
● Establish organizational goals and compare with current financial statistics.

Dive Deeper into Revenue Cycle Data using Business and Clinical Analytics

In addition to MEDITECH’s Financial Status Desktop, MEDITECH’s Business and Clinical Analytics solution provides self-service analytics, enabling your organization to visualize and use data to drive operational efficiency and maximize financial performance. Using our versatile Revenue Cycle dashboards, executives, directors, and managers can evaluate key performance indicators and analyze billing data trends across your patient population. You will also identify the top sources of revenue; assess good and bad payers; monitor cash flow; forecast future receivables; better understand the relationship between charges and receipts as well as patient volumes and charges. Additional user-defined dashboard views can also be created using the self-service analytics tool, Visual Insight, available within Business and Clinical Analytics.

Realize the Benefits of Integration

System-wide integration improves reimbursement by minimizing lost charges, reducing claim rejections due to missing information, and lowering AR days. Benefits include:
● Automatic receipt of charges from other MEDITECH applications.
● Receipt of diagnosis and procedure codes from Abstracting.
● Bi-directional updates of demographic and insurance data via Registration.
● Submission of billing and patient refund data to the General Ledger.
- Scanning and indexing billing documents via Scanning and Archiving.
- Submission of patient and insurance refund information to Accounts Payable.
- Access to view, edit, and create referrals via Authorization and Referral Management.
- Comprehensive financial and revenue cycle analysis through Business and Clinical Analytics.

For more information, contact a MEDITECH Marketing Consultant.