

North Ottawa Community
Health System

Revenue Cycle Flow



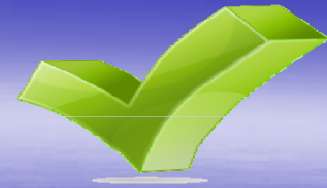
Central Scheduling

- Schedule appointments for:
 - Medical Imaging
 - Diabetic/Nutritional
 - Breast Center
 - Lab Procedures
 - Ambulatory Care Clinic
 - Sleep Center
 - Cardio
 - Community Education

- Screens for:
 - Specific conditions
 - Review prep instructions
 - Request faxed copy of physician's order



Central Scheduling



- Pre-Admission Review: Insurance Verification and Authorizations
 - Verifies insurance coverage through insurance websites for scheduled procedures
 - Ensures authorizations are obtained from physician offices for scheduled procedures (as needed)
 - Review faxed physician-orders for completeness and accuracy
 - Inform patients of co-payments due and attempt to collect via credit card payment.
 - if patient does not want to pay via credit card they are asked again at the registration point to pay their co-pay.

Out of Pocket Expenses

- **Co-payment** — an amount that an insurance company designates for their insurer to pay for specific services.
- **Deductible** — an amount your employer and insurance company set for you to meet yearly via single or family plan.
- **Co-insurance** — an amount your employer and insurance company set for you to meet, per service, if applicable.

Insurance Company Contractual Agreement

- This is an agreement between an insurance company and the hospital.
- In this agreement, there are several detailed requirements for:
 - licensure
 - claim filing
 - fee schedules
 - payment limitations
 - coding requirements
- When we have a contract with an Insurance Company, we agree to accept a designated payment for specific services

Patient Registration

- **Patient Registration Clerks**

- Verify patients demographics when a patient presents for services
- Scan insurance cards, physician orders and ABN's
- Verify insurance coverage via websites
- Check physician orders for completeness and accuracy
- Obtain signed consent for treatments and scan
- Collect co-pays



Coding

- Once an account has been documented and charged it flows to coding
- Proper procedure code/diagnostic codes are administered based on the physicians documentation.
- Depending on the service, coding may add a modifier or a charge to the account.

Patient Accounts: Hospital

- Patient Accounts Responsibilities:
 - Hospital/Urgent Care/Ambulance/Hospitalist Billing/Provider Based Billing
 - Follow up Insurance Billing
 - Remittance Posting and Logging
 - Financial Counselor
 - Cashier
 - System Support Specialist
- Meditech is the Clinical/AR System for NOCH
- Quadax is the Claim Scrubber



Thank you for your time.

Questions?