

## End-to-End Billing Services

When you partner with athenahealth and Virtual OfficeWare (VOW) you gain access into athenaOne® -- the industry's most adaptable, cloud-based EHR, Practice Management and RCM services helping physicians to:

- ▶ engage with patients
- ▶ simplify the complexities of medical billing
- ▶ maximize revenue

Furthermore, your providers and staff are able to tap into an extensive network of insights that support both your clinical and financial performance.

### Taking it a step further...

VOW has developed an array of billing services practices not only appreciate, but have come to rely on. Our services ensure no one is left to fend for themselves when it comes to implementing, running and managing your practice.

With our billing, coding and credentialing experts aligned with your individual needs, you are able to focus your attention back to patient care and less on convoluted, busy paper work.

### Services Making a Difference

- ▶ Implementation | Training | On-Boarding
- ▶ End-to-End RCM Services
- ▶ Patient Financial Services
- ▶ AR Rundown Services
- ▶ Credentialing | Contracting
- ▶ Virtual Receptionist



## Take a Closer Look

### **I**mplementation | Training | Onboarding

Our services include...

- Project management oversight and ongoing data gathering
- Monitors eLearning progress for client
- Configuration and tablespace build
- Facilitates and monitors progress on special projects, such as interfaces and migrations
- Partners with Account Manager for RCM processes/workflows during implementation
- Client and supporting staff training and coaching
- Partners with athenahealth on clinical and practice management tasks and during client build
- Customization
- Post Go Live Support and Monitoring (30 days)
- Provide Customer Success Manager/Account Manager, Account Specialist and 2 Patient Financial Specialists

### **E**nd-to-End RCM Services

- Insurance claim creation and submission\*
- Monitor and resolve claims that fail the initial scrubbing process
- Monitor and resolve claims that get rejected/denied
- Work appeals and resolve claims with local payer rules
- Review and work under/overpayment and zero payments, assist with unpostables
- Provide medical coding for each patient encounter\*
- Run financial, clinical, and operational reports and review with clients
- Review performance with client leadership and clinicians
- Policy recommendations including local payer policies & edits
- Regular coding/chart reviews and provide guidance/education

### **P**atient Financial Services

- Incoming patient calls to review statements and billing inquiries
- Establishing payment plans
- Posting of patient payments

### **C**redentialing | Contracting\*

- New providers/group enrollments and contracting
- Updating/maintaining info on CAQH & PECOS
- Partnering with you for contract negotiations
- Fee schedule guidance
- Re-validating/and re-contracting
- Maintenance

\*Indicates optional service at an additional charge

### **AR**undown Services

- Correction/submission/appeal of claims
- Payment posting
- Contractual adjustments and special adjustments approved by practice
- Ongoing AR reporting to client
- Final close of project and transition, if necessary

### **V**irtual Receptionist\*

- Taking patient payments/co-payments (with credit card)/fees for service as required for appointments
- Clinical referral intake/requests/inquiries (e.g., renew prescription, pharmacy/provider office requests)

We are an extension of your practice, helping to simplify workflows and billing complexities so that you can focus on more important matters...your patients! Contact us to learn more.