

EMERGENCY & URGENT CARE MEDICAL BILLING SPECIALIST SERVICES

Solving Your Greatest Challenges with Little or No Upfront Costs



360 MEDICAL BILLING SOLUTIONS



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24/7

HOW TO REDUCE YOUR STRESS AND MAXIMIZE REVENUES IN YOUR EMERGENCY OR URGENT CARE PRACTICE

Are you an emergency room or urgent care physician group struggling to maximize cash flow and achieve rapid and maximum reimbursement? Perhaps you're looking for a way to reduce costs, assure compliance with everchanging billing and coding requirements, streamline automated billing, and reduce overhead. This report has been prepared by 360 Medical Billing Solutions, a specialist in episodic medical billing for emergency and urgent care. It will empower you with strategies customized and exclusively provided for meeting the diverse needs of emergency and urgent care physician groups.

KEY SERVICE BENEFITS

- ER/Urgent Care Specialization
- Exclusive Account Representative
- Rapid Reimbursement
- Enhanced Cash Flow
- Streamlined Operations
- Moneysaving Practices
- Provider Enrollment
- Management for Stress Reduction
- Technology for Automation & Bill Pay
- Patient Billing Customer Support
- Advanced Reporting and Analysis
- Maximizing Payer Reimbursement Rates

WHY TRUST 360 MEDICAL BILLING SOLUTIONS?

Owners Rob Ross and David Windham have decades of experience as specialists in meeting the diverse needs of emergency and urgent care medical facilities. Through their unique and comprehensive methods, 360 Medical Billing Solutions becomes an extension of your practice, meeting your biggest challenges for compliance, cash flow, rapid reimbursement, streamlined operations, patient billing, efficiency, and revenues.

Through technology and exceptional customer service, 360 Medical Billing Solution eliminates your billing stress while providing your patients with a positive experience that best meets their needs for payment, answers their questions, and reduces complaints. Our consistent 99% clean claim acceptance rate with the insurance carriers allows us to bill and receive payments quickly, thus greatly increasing reimbursement and cash flow for our clients. We offer services with no hidden fees and often with no out-of-pocket costs. Our billing fees are all-inclusive for the services listed and described below.

The best practices we offer are designed for your ultimate success without stress. They are explained in this report and include:

INITIAL STARTUP AND ACCOUNT MANAGEMENT

- Dedicated Client Representative
- Provider Credentialing
- Managed Care Contract Analysis and Negotiation Assistance
- Fee Schedule Analysis
- HL7 Interface Integration for Demographic File and Chart Retrieval
- Chart Analysis
- Contract
- PO Box Establishment
- Bank Account for Deposits

ONGOING SERVICES

- Credit Card Processing
- Electronic Claims Submission and Payment Posting
- Missing Chart Reconciliation
- Provider Enrollment
- Compliance Program
- Email and Text to Pay Services
- Depository Services
- Scanning of EOBs and Correspondence
- NSA and the IDR Process
- Delinquent Account Management
- Complaint Management
- Refund Management
- Collection Agency Management
- Quality Assurance

COMMUNICATION AND REPORTS

- Client Reports
- Dashboard Reports
- Down-coding Reports
- RVU Analysis Reports
- Documentation Education
- Patient Statement Messages
- Patient Account Representative
- On-Site Education

ADDITIONAL AVAILABLE SERVICES

What follows is a description of these services in more detail broken down as initial startup, ongoing services, communication and reports, and additional available services.

INITIAL STARTUP AND ACCOUNT MANAGEMENT

- **Dedicated Client Representative** - As a client of 360 Medical Billing Solutions, your dedicated Client Representative oversees all daily aspects of your account. Your representative has extensive knowledge and experience in the medical billing industry and serves as your primary contact for all issues related to the management and performance of your account. You can expect your representative to coordinate your start up process, communicate with you about all pertinent issues, send you monthly comprehensive reports, work with facility personnel to establish any necessary interfaces, and work with your outside vendors to supply necessary information.
- **Provider Credentialing** - We provide a Credentialing Coordinator for each client to ensure that all providers are properly enrolled with contracted payors. Your coordinator obtains and prepares all necessary applications for each provider in the group and handles the submission process to the respective payor. Additionally, the coordinator ensures that all provider files/billing numbers are renewed when applicable. They provide you with a list of all pending provider issues and outstanding revenues on a routine basis.
- **Managed Care Contract Analysis and Negotiation Assistance** – Our executives have extensive experience in the medical billing industry with a focus on episodic care. This expertise allows us to provide beneficial analysis and assistance for managed care contract proposals presented to your practice. Our knowledge and medical billing services in numerous states gives 360 Medical Billing Solutions a national perspective and benchmark data for analyzing these proposals.
- **Fee Schedule Analysis** - We analyze your current charge master and make recommendations for changes based on market data in your area. We provide an annual review of your fee schedule and let you know of any trends in the market which may require adjustments to your fees.
- **HL7 Interface Integration for Demographic File and Chart Retrieval** - we work with your selected coding vendor or EMR provider to establish an HL7 interface that pulls patient demographic and charge information daily. Our programmers ensure that we can accept and process the files provided by the coding vendor. This interface offers 3 main advantages. First, it allows us to mirror the hospital's/provider's patient registration information. Second, it permits an accurate accounting for every missing record to facilitate reconciliation of all lost charts. Third, it minimizes data entry errors of patient demographic information since it is imported directly into our billing system.

- **Chart Analysis** – To ensure accurate feedback on estimated projections of volume, charges, payments, acuity, and payer mix percentages, it is recommended we review a sample of actual patient records. We audit the sample and provide a comprehensive written analysis. A typical sample includes 4 to 7 days of records from your winter and summer population. If you are new facility, we can discuss your estimated patient volume and collections projections based on market studies.
- **Contract** - Following chart audit/RFP, the establishment of a contractual agreement takes place. We establish a sample contract, send to you for review and feedback, and then prepare a final version for signature approval.
- **PO Box Establishment** - We set-up and maintain PO Boxes where your payments/correspondence are to be mailed. We pick up the mail daily from the PO Boxes for processing correspondence and establishing deposits.
- **Bank Account for Deposits** - We work with you and your banking institution to set up a protocol for making daily deposits. We have no privileges on your accounts other than depository. Your bank provides us with a check scanner that is located in our office and used for making remote deposits to your accounts. If you are using a national bank with a branch in Oklahoma City, we also require deposit slips for your accounts.

ONGOING SERVICES

- **Credit Card Processing** – We manage credit card processing in one of two ways. Our preferred method is for 360 Medical Billing Solutions to utilize your merchant account for credit card payments. This ensures the funds are directly deposited into your bank account. Your website is included on our statements where patients are directed to pay their bills through your merchant account. Another option is for patients to make payments on-line via an app or web page that uses our merchant account. If you choose this option, we provide the app information and website address on patient statements. Transaction fees that we incur through this method are added to your monthly billing invoice.
- **Electronic Claims Submission and Payment Posting** - We submit claims for your services electronically, where applicable, to ensure payment is facilitated as rapidly as possible. This includes all payors who are able to receive electronic claims. Additionally, we post payments received electronically, where applicable. Doing so minimizes payment posting errors.
- **Missing Chart Reconciliation** - One of the best ways a medical practice can maximize their revenue is by accounting and billing for all patient encounters. By establishing an HL7 interface with your selected coding vendor or EMR vendor, we ensure knowledge of all accounts in which we received demographic information but have yet to add any

charge transactions. This makes the process of reconciling lost and/or incomplete charts very efficient and effective.

- **Coding Services** - We work with your selected coding vendor to ensure that coding services are a seamless process for you. We can also assist with coding vendor recommendations whom we have worked with for many years.
- **Compliance Program** – Our services include a fully functioning corporate compliance and quality assurance program directed by our expert compliance officers. In addition, we have dedicated auditors and written auditing systems in place for each function of the billing cycle to review, analyze and educate our staff on proper procedures.
- **Email and Text to Pay Services** – We work in conjunction with your registration staff to obtain clean cell phone and email addresses from your patients. This allows us to rapidly bill patients and collect payments via text or email. Utilizing text to pay and email billings is the newest and most efficient way to bill and receive payments. Patients are happy that they can make their payments via electronic services and avoid the hassle of paper checks and mailing. For patients who prefer paper bills, they reject the text to pay option with a click of a button and their bills are sent via postal service.
- **Depository Services** - Depository services eliminate the need for the additional expenses of a lock box. We prepare and make deposits daily of paper checks received to our client's owned and controlled bank account. Our personnel have depository privileges only for this client account.
- **Scanning of EOBs and Correspondence** - We create an electronic image of all checks, insurance company explanation of benefits, and pertinent correspondence received on your behalf. This imaging system allows us to locate the information at a moment's notice when resolving patient inquiries and when performing quality assurance reviews.
- **NSA and the IDR Process** - The No Surprises Act of 2022 has introduced a new process called Independent Dispute Resolution (IDR), to better fight Payer's lowering reimbursement rates. 360 Medical Billing Solutions utilizes the Open Negotiation period to try to increase lowered reimbursement rates; then we continue to fight for Provider reimbursement through State and Federally overseen Mediation or Arbitration processes in the IDR portals. One example of how IDR produced additional payments occurred during an initial Open Negotiation Period. In one month, we received more than \$100,000 in payments.
- **Delinquent Account Management** – Under the direction of your account manager, we review delinquent accounts in the timeliest manner possible. We have a dedicated department assigned to "aged accounts" and another dedicated department assigned to claims appeals. Our goal is to reduce the number of days in A/R as timely and as efficiently as possible.

- **Complaint Management** – Patients can easily contact us with any questions or complaints. We provide a toll-free patient inquiry line, a dedicated patient inquiry email address, and a fax number on all patient statements and correspondence. All phone calls received during business hours are answered by our dedicated Client Services Team personnel who specialize in resolving account issues. All service-related inquiries/complaints are reviewed by your Client Representative and are sent to you for disposition. We keep on file, your standing discount instructions for routine inquiries about fees.
- **Refund Management** - We handle refunds based on your preference. We can either issue refund checks from our account on your behalf and then add this amount to your monthly billing invoice. A second option is to send you a list of credit balance accounts monthly so that you can process refunds yourself.
- **Collection Agency Management** - We coordinate and transmit files of “bad debt” accounts monthly to a professional Collection Agency of your choosing. Prior to turning accounts over to collections, we work all accounts thoroughly prior to deeming them as “bad debt.”
- **Quality Assurance** – Every department within 360 Medical Billing Solutions has its own QA Director. Besides performing random, monthly Quality Assurance reviews on all personnel performing duties on your behalf, the QA Director meets with each employee to discuss and analyze the results of the review. This written audit is maintained within the employee’s personnel file and serves as the basis for ongoing education.

COMMUNICATION AND REPORTS

- **Client Reports** – Every month, you will receive a comprehensive financial and practice analysis report set. This is designed for your needs and provides a detailed snapshot of your practice in motion. The report set is analyzed thoroughly and includes a full written evaluation by your Client Representative.
- **Dashboard Reports** – As a client of 360 Medical Billing Solutions, you will have direct and immediate access to your financial information via our custom dashboard reporting software. Available at the click of a button from your software, these comprehensive custom dashboard reports allow you to drill down into key components of your practice.
- **Down-coding Reports** – Provider documentation can impact reimbursement and revenues. We supply a list of down-coded records by provider in your monthly report set. In addition to listing each down-coded record, we include the reason for the down-coding, i.e. Level V Down-coded to Level III due to ROS. Also shown is the total estimated amount of lost revenue due to the down-coded record. This report helps to identify provider needs for documentation in continuing education.

- **RVU Analysis Reports** – By supplying us your provider work shift hours, we use RVU reports to give you provider productivity figures such as, number of patients treated per shift, RVU per patient, average number of patients per shift, etc. This is a great tool to determine each provider’s productivity on a monthly basis.
- **Documentation Education** - Documentation education is best accomplished through proper channels of communication between you, your coding vendor, and your Client Representative. Direct feedback in real time with examples of the problem by the coder, helps to resolve problems in a timely manner.
- **Patient Statement Messages** – We understand the complexities of bills and know that patients have a hard time understanding the process. We try to eliminate some of this confusion with our billing statement messages. We put real time messages on statements so that patients have a good understanding of what they are reviewing. We also provide details on how the claim was processed, and clearly identify any portion that is the patient’s responsibility. The back side of the statement is an easy-to-read explanation of what the bill is for and who it is from. We also offer monthly payment plans for patients who demonstrate financial hardship. In addition, there are several ways the patient can pay and contact us with questions. Simply put, the patient is more likely to pay you for the balance due if they have a firm understanding of what they are reviewing, a quick easy method of communicating, and flexible payment options.
- **Patient Account Representative** – As an extension of your practice, we know and value the relationship between a patient and their provider. This makes assisting and communicating with your patients an important priority in our service. We truly care about your patients and appreciate how stressful it is to deal with an illness that brings them to the ER or urgent care. Patients who are respected and treated with compassion are more likely to return to your facility for future services. Our patient account representatives are well trained in communication and demonstrate compassionate behavior. Our monitoring/recording system allows us to replay and track patient calls for auditing and education purposes.
- **On-Site Education** - Depending on your needs, we provide on-site training and education seminars for your providers. These seminars are typically done annually, and include discussion of coding, documentation, and billing topics. Examples of current issues affecting your practice can be provided to assist in the education process.

ADDITIONAL AVAILABLE SERVICES

We work in conjunction with other companies that offer valuable services such as Practice Management assistance. If you have a need for this, we are happy to assist in setting up a meeting.

READY TO REDUCE YOUR STRESS & GROW REVENUES FAST?

Contact 360 Medical Billing Solutions for a Free Consultation and No Obligation Quote. Let us show you how we can increase your cash flow and revenues, save you money, and greatly improve your practice operations – all with little or no upfront costs.



[CLICK HERE TO GET STARTED NOW](#)

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