



# Revenue Cycle Management Services

QTAT Team: Integrity, Honesty, Efficiency and Communication Skills

Quality Turn Around Time



**Medical Coding**

**Medical Billing**

**Account Receivables**

QTAT BPO Solutions Inc is a business process outsourcing company based in United States with its global delivery centers. We provide medical revenue cycle management services in various fields of medicine.



- Preliminary Questionnaire
- Data Collection – Define work scope
- Define workflow process
- Training (Software/ Process Specific)
- Sign letter of intent/ MOU
- Pilot
- Contract and SLA
- Go Live
- Ramp Up



- **Onsite transition team – Senior RCM and client service professionals**
  - Initial client interaction
  - Data collection and analysis
  - Knowledge transfer to offshore delivery team
  - Client interface during training and pilot
  - Audit work before delivering to client
  - Mentoring
  
- **Offshore delivery team – Coding, Billing, AR and client service**
  - Compile client information and requirements
  - Get trained on client specific IT and processes
  - Implement pilot
  - Ramp up
  - MIS report generation



# Medical Coding



- QTAT has AAPC certified coders with years of experience who increase accuracy in code selections with their specialized domain experience.
- Taking the decision to outsource your medical coding can be daunting. We know that the accuracy of your medical coding is something that will hugely affect your medical billing returns, claims denials and rejections. In other words, an error-free coded claim is the key to successful revenue generation.
- At QTAT, we understand the role of error free coded claims in getting the maximum amount of collections, leading to substantial revenue increases.
- Our team has extensive experience with both diagnostic (where the doctor's diagnosis is coded with ICD codes) as well as procedural coding (where medical procedures, equipment and modifiers are coded with CPC and HCPCS codes)
- Our coders are aware that Local Medical Review (LMR) Policies differ from state to state. This is why they prepare coded claims, all the time checking authentic online LMR manuals relevant to the specific location/state/region.

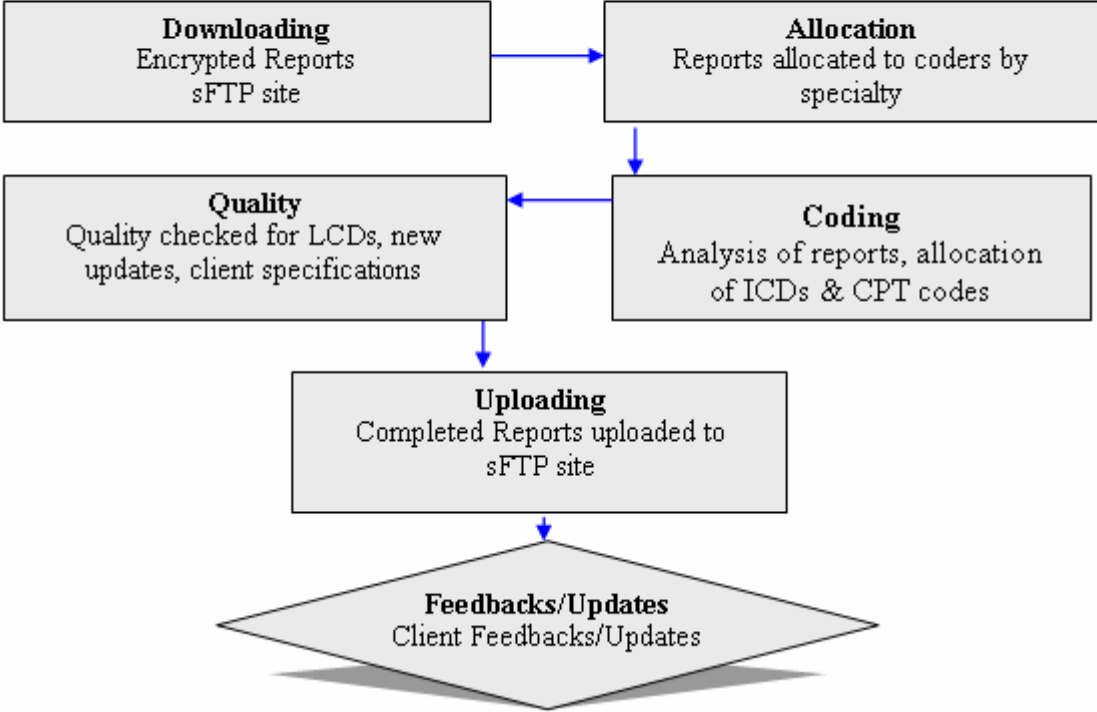


The benefits of our superior radiology medical coding outsourcing include:

- ✓ Strict quality control and random quality audits for better results.
- ✓ Periodic reports showing the status of our coding.
- ✓ Feedbacks on a periodic basis.
- ✓ Coding for multiple documents like superbills, chart notes, fee slips, encounter forms, charge sheets, transcriptions etc.



MEDICAL CODING  
PROCESS FLOW





According to OIG (Office of Inspector General), coding errors, misrepresentation, system integrity and security are among the most common risk areas. From experience, we know that the most common coding errors occur due to the following reasons:

- ✓ Assigning 'any' code
- ✓ Sequencing codes
- ✓ Linking codes
- ✓ Modifying codes
- ✓ Adding modifiers

QTAT's in-house training is centered on reducing the risk areas by:

- ✓ Strictly following CMS and AMA guidelines
- ✓ Specialized coding teams
- ✓ Maintaining an analysis system in which every physician's documentation is tracked.
- ✓ Listing all documentation deficiency errors according and analyze revenue loss.



- ✓ Software: We are familiar with Encoder Pro, CPT, ICD Books, and Flash Codes and can train our coders on any other software.
- ✓ We make special efforts to ensure that your information is kept 100% private and confidential. All our systems are password protected and our work place is fully HIPAA compliant.
- ✓ We sign a Non Disclosure Agreement with you and make sure our employees sign non-disclosure bonds.
- ✓ We use secure VPN tunnels and firewalls for remote access to your data.



# Medical Billing

**Let QTAT help you increase your medical billing revenue!**

Quality Turn Around Time



At QTAT, our team of radiology medical billing professionals are well-versed in all billing procedures.

We cover a wide spectrum of radiology medical billing services including:

- ✓ Patient Demographics
- ✓ Charge entry
- ✓ Claim submission – Electronic/ Paper
- ✓ Payment entry
- ✓ Denial posting
- ✓ Reconciling of accounts

Knowing the changes in the field of medical billing, we update with the latest techniques available. We strive round the clock to provide quality service to a large number of clients including individual physicians, physician groups, multispecialty groups, clinics and free standing diagnostic facilities.

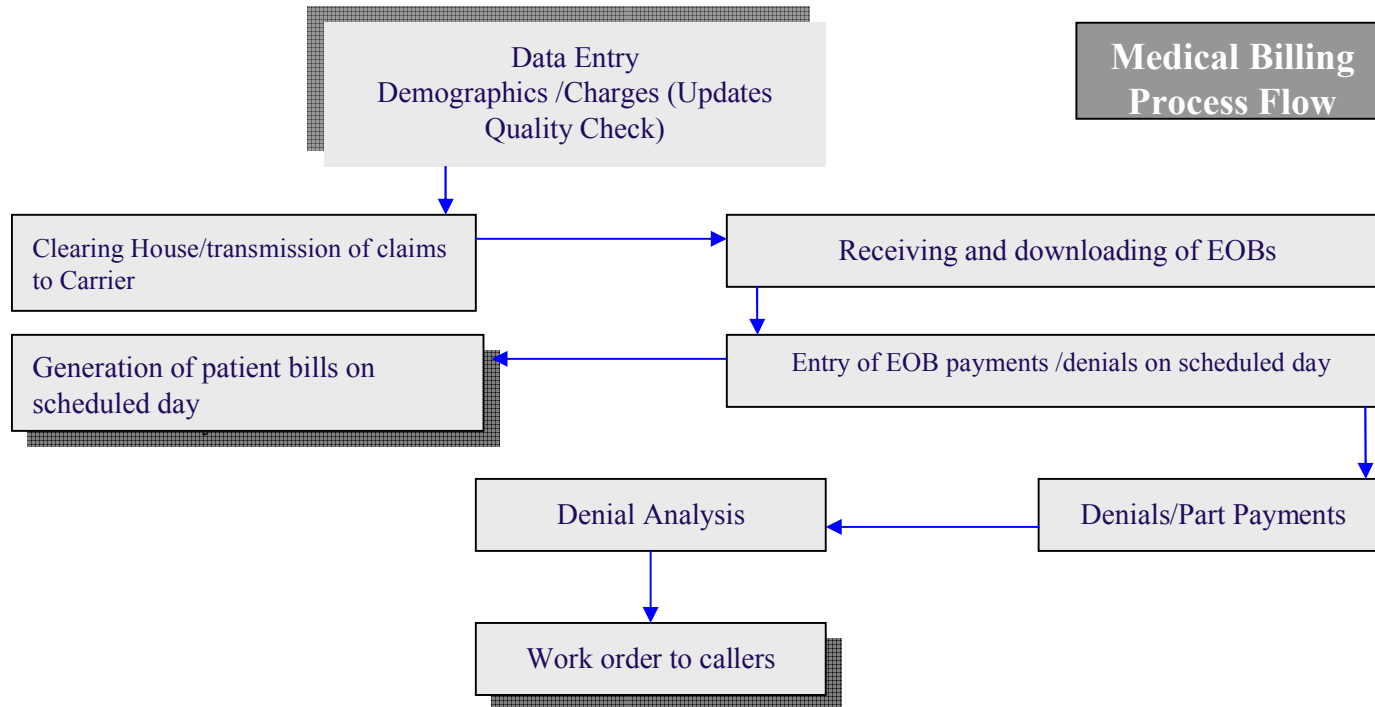


QTAT's radiology medical billing encompasses various advantages such as:

- ✓ We process all the claims within the same-day.
- ✓ We have experience in various billing software's like Centricity, Lytec, Misys, Medisoft, Medic, NextGen, Inception, Eclipse, Medical Manager, e-clinical and many others.
- ✓ All the claims are transmitted electronically and filed after verification.
- ✓ We provide periodic status reports to the clients.
- ✓ Being an HIPAA compliant radiology medical billing company, QTAT supports all major medical insurance companies like Aetna, United, GHI, BCBS, Medicare, Medicaid, Humana
- ✓ Our entire medical billing work force is trained on privacy, security, and confidentiality.
- ✓ We assure timely and accurate electronic and paper claims



# Medical Billing Process Flow





# Account Receivables



- ✓ AR analyst receives the work order from the Cash/Payment Posting department on unpaid claims.
- ✓ Analyst reviews the unpaid claims and allots them to the Calling Associate to resolve the unpaid claims.
- ✓ In order to track outstanding receivables, the Analyst runs an "insurance aging report" on a weekly basis and segregates the claims based on the aging days of the claim such as 30, 60, 90 and over 90 days.
- ✓ The claims are sorted by claim age (oldest to newest) and assigned priorities based on the claim age and insurance filing limit. The focus is on getting the best collections first. They are then passed on to the calling Associate for follow up to collect unpaid and partially paid claims.
- ✓ The Analyst takes action on the calls made to the insurance company, sends any requested information to the insurance company and also re-files the claims if required.



## Denial Analysis

- ✓ AR team lead segregates all unpaid claims due to coding and billing issues and send them to Denial Analysis team.

*(Denial Analysis team consists of well experienced coders and billing associates)*

- ✓ Denial Analysis team analyses the unpaid claim, resolves the issues and resubmit the claims as per insurance guidelines.
- ✓ If any phone appeals can be made from unpaid claims, those claims will be forwarded to AR team for insurance appealing.



## Daily Reports

**Charges:** The files received by QTAT and the transactions entered in the billing software in the form of Electronic Claims submission and Paper claims.

**Payments:** The transactions entered in the billing software and daily assessment of unpaid claims.

**AR:** Calls made to the insurance companies and follow up report on the unpaid claims

## Weekly/Monthly

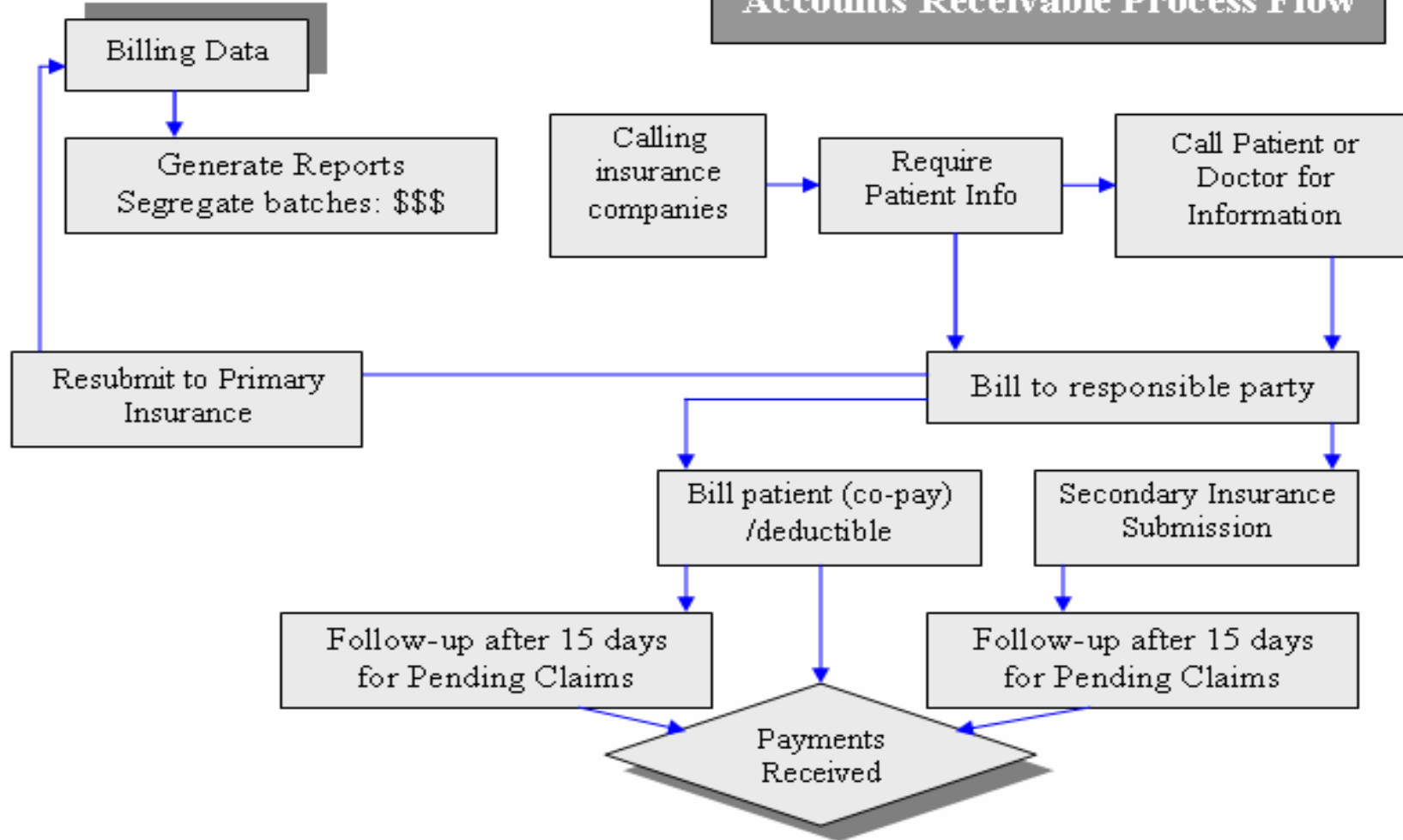
**Charges:** Consolidated Report on the transactions processed for the entire week/month.

**Payments:** Consolidated Report on the transactions processed and the amount collected for the entire week/month.

**Account Receivable:** Reports on the amount collected from the unpaid claims and pending claims for follow up.



**Accounts Receivable Process Flow**





**Thank you**