

## Quick Stats



**Trusted RCM  
Partners of  
800  
providers**

## RCM Checklist End of the year assessment

With end-of-year admin tasks, insurance changes, and end-of-month accounting, it can be overwhelming to manage all the necessary items. Completing the "End of Year RCM Checklist" tasks below will help you identify items that need to be improved upon in 2023!

### Scheduler

- Are you using an electronic scheduler to track patients?
- Are you tracking the patient's appointment status and checking for cancelations, no-shows, and rescheduled appointments?
- Are you searching for all completed patient appointments without charges/claims associated?
- Are you analyzing reasons for canceled appointments? Is it because of the practice, the therapist, or client?
- Are you investigating patient eligibility trends?
- Are you tracking how often your clinical staff saw a patient without Prior Authorization.
- Verification of Benefits – Check for active/inactive statuses for the new year.
  - Is prior authorization required?
  - Is the practice "In Network" or "Out of Network" with the appropriate insurance carrier?
- Are you reviewing procedures with staff regarding patient referrals & authorizations for the new year?
- Are you reviewing procedures with staff regarding patient benefits, eligibility, deductibles, copays, and coinsurance amounts for the new year?



> 4.1 Mn

**Number of  
Successful  
Transactions**



> 1.5 Bn \$

**Value of  
Successful  
Transactions**

## Billing

- Are all claims out of the door in under three days?
- Are all eligible payor claims being submitted electronically?
- Are you ensuring that all the payors accept submitted claims?
- Are you regularly reviewing billing guidelines for each state, plan, and type of ABA service?
- Are you investigating patient eligibility trends?
- Are you tracking how often your clinical staff saw a patient without Prior Authorization secured before offering a service to the patient?
- Are you searching for all missing ERA's/EOBs?
- Are you ensuring that all ERA's/EOBs have been posted/allocated/reconciled?
- Are you tracking the relevant CMS guidelines?
- Are you updated with all the new billing guidelines of 2023 for each payor?
- Are you aware of the critical claim denial trends you faced in 2022? What are your plans to tackle them? (Coding denial trends, Denials related to documentation, denials caused by incorrect credentialing, coverage denials)
- Have you updated practice fees, units/encounter forms, new client intake forms, letters, etc., for the new year?

## Coding

- Are you tracking for recent codes/coding changes?
- Have you checked for CPT codes – new/discontinued CPTs?
- Are all the latest updates in your billing system?
- Have you reviewed CPT and ICD-10 changes with your billing staff?
- Have you reviewed coding guidelines related to each state, plan, and type of service provided?

## Correspondence

- Have you ensured that all correspondence is worked on time?
- Are you tracking your mail/clearinghouse daily for new correspondence?



900+

**RCM  
Specialists  
(AAPC &  
AHIMA  
Certified  
Coders)**



60

**RCM  
Focused  
Bots**

## Session/Soap/Procedure Notes

- Are there open and incomplete SOAP, Session, or Procedure Notes that need to be completed?
- Does the clinical documentation support the POS or Modifiers?
- Are the billed time units validated with the actual Session 'In and Out' times?

## AR Follow up

- Are you prioritizing your A/R cases?
- Are you reviewing accounts to be written off or that need to be sent to a collection agency?
- Do you ensure you respond to denials within five days of receipt?
- Do you appeal with the proper, sometimes payor-specific appropriate items?
- Are you reviewing AR aging to help with budgets and forecast your revenue?
- Have you posted all receivables and deposit funds before the end of the year?
- Do you know which accounts/claims need your immediate attention vs. working them all?

## Payment Posting

- Are you utilizing electronic payment posting for all eligible payors?
- Are all payments posted into your system within 48 hours of receipt?
- Are you validating if balances are applied appropriately?
- Have you reconciled your remittances back to the deposits in your bank account?

## Client Responsibility

- Do you check for deductibles, copays, and coinsurance amounts?
- Do you check for patient referrals?
- Do you check patient collections and patient invoicing cadences?
- Do you have plans to collect and/or manage all the pending patient AR balances and payments?
- Do you check the percentage of patients who pay the first time you send them a client e-Statement?
- Is your patient collection process robust enough to tackle deductibles in 2023?



**Nationwide  
Coverage**  
**80 Clients in  
25+ States**

- Is your Web Patient Payment portal meeting your needs?
- Is your staff being interrupted by patient calls related to outstanding Patient balances?
- Are you ready to tackle deductibles and eligibility checks in 2023?
- Are your patients and/or staff satisfied with your Patient Statement/ eStatement solutions?

## Payor Contract

- Are you tracking insurance contracts for updated rates/rules/ modifiers and verifying the appropriate credentialing status for each provider with each payor and in each state?
- Have you obtained updated fee schedules from contracted Payors?
- Do you check and update your Fee schedule?
- Do you know when you are up for contract renewal with each payor?

## Other Important Points

- Have you checked if you are under any audits or flags?
- Have you examined for Credentialing expiry or up-and-coming requirements?
- Have you assessed the payor mix based on patients seen in the past year? Are your top payors all "in-network"? If not, when are the panels open, to prepare and submit applications to the "out of network" payors that are in your top payors?
- Take a deep dive and evaluate how your billing and coding performances have been going in 2022. Are things getting better, staying the same, or getting worse?

### Important

If the answer to any of these key items above are

*"I'm not sure"*

*"I'm not confident about our RCM (billing or coding) performance"*

*"I don't have time or the staff to do it"*

[\*\*Schedule Free Assessment with RCM Experts\*\*](#)

## Schedule A Free Year End Assessment

Contact us: [www.plutushealthinc.com](http://www.plutushealthinc.com)

or call [\(469\) 242-6053](tel:4692426053)

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