

Comparing Full vs. Lite RCM Solutions

	FREQUENCY	LITE	FULL
IMPLEMENTATION			
Workflow discovery	Beginning	✓	✓
eCW database review and configuration	Beginning	✓	✓
Staff training	Beginning	✓	✓
CLEARINGHOUSE			
EDI set up	As Needed	✓	✓
Enrollment coordination	As Needed	✓	✓
ELIGIBILITY			
Set up and configure nightly eligibility verification process	As Needed	✓	✓
Confirm successful eligibility verification run	Daily	✓	✓
Verify that applicable carriers are added to eligibility receivers	As Needed	✓	✓
Work eligibility verifications exceptions report	Daily	✓	✓
Correct demographic errors and re-submit eligibility	Daily	✓	✓
CLAIM CREATION			
Set up and configure auto claim creation process	As Needed	✓	✓
Attach appropriate medical records or other required documentation	Daily	✓	✓
Confirm successful claim creation job	Daily	✓	✓
Address exceptions and create manual claims as needed	Daily	✓	✓
WORK COMP			
Set up, configure, train case management for work comp	As Needed	✓	✓
UNPOSTED PAYMENTS			
Allocate unposted patient and scanned EOB payments*	Daily	✓	✓
Verify that all payments have been posted prior to month end	As Needed	✓	✓

*Revele claims only



	FREQUENCY	LITE	FULL
MEDICAL CODING			
Verify E/M new vs established patient	Daily		✓
Review and revise modifiers as necessary	Daily		✓
Verify correct diagnosis linkage	Daily		✓
Verify correct number of units if applicable	Daily		✓
Resolve any Code Correct exceptions	Daily		✓
Resolve any rules engine exceptions	Daily		✓
Mark claim as submission ready	Daily		✓
AUTO CLAIM SUBMISSION			
Set up and configure auto claim submission process	As Needed	✓	✓
Confirm successful claim submission job	Daily	✓	✓
Resolve any claim submission exceptions or errors & resubmit	Daily	✓	✓
BATCH VERIFICATION AT CLEARINGHOUSE			
Reconcile and verify batch received and processed	Daily	✓	✓
Correct errors causing submission issue	As Needed	✓	✓
Submit any unprocessed batch	As Needed	✓	✓
Submit any missing batch	As Needed	✓	✓
EDI REJECTIONS			
Process rejection report from clearinghouse	Daily	✓	✓
Resolve rejected claims	Daily	✓	✓
Resubmit corrected claims	Daily	✓	✓
AUTO ERA DOWNLOADS			
Setup and configure auto ERA import process	As Needed	✓	✓
Verify auto ERA import completed	Daily	✓	✓
Obtain verification EFT received by the client	Daily		✓
Auto post ERAs	Daily	✓	✓
Resolve any mismatch errors	Daily		✓
Complete balancing & reconciliation report	Daily		✓



	FREQUENCY	LITE	FULL
PATIENT CREDIT BALANCES			
Analyze patient account for proper posting	Daily	✓	✓
Transfer applicable credit to open patient balance claims	Daily		✓
Review account for adjustments and transfer payment	Daily		✓
True patient credit add to refund request report	Daily		✓
Submit refund request report to the client	Daily		✓
Post refund when client verifies refund sent to patient	Daily		✓
LOCKBOX / EBRIDGE PAYMENTS			
Manually post payments from EOBs	Daily	✓	✓
Manually post payments from patients	Daily	✓	✓
Complete balancing and reconciliation report	Daily		✓
NOP (NOT OUR PATIENT LOG)			
Maintain NOP log	As Needed		✓
Provide NOP log to client	As Needed		✓
Investigate and issue refund request when applicable	As Needed		✓
EPAYMENTS			
Process epayment report from eCW/vendor portal	Daily	✓	✓
Post payments in eCW	Daily	✓	✓
Run epayment reports in epayment portal & eCW for balancing	Daily	✓	✓
Credit Card on File (CCOF) EPAYMENTS			
Implement and train CCOF process	As Needed	✓	✓
Run patient balance report from eCW	Daily		✓
Identify patient balance report from eCW	Daily		✓
Process epayment in vendor portal	Daily		✓
Post applicable payments in eCW	Daily		✓
Run/reconcile epayment reports for reconciliation & balancing	Daily		✓



	FREQUENCY	LITE	FULL
AR MANAGEMENT - UNRESOLVED AGING CLAIMS			
Review unpaid aged claims at appropriate days past DOS	Daily		✓
Assign claims to proper follow up team member	Daily		✓
Review EOB for denial or correspondence	Daily		✓
Correct claim as necessary	Daily		✓
Payer specific edits	Daily		✓
Auto payer follow up claims status inquiry based on payer TAT	Daily		✓
Resubmit claim as reopen, reconsider, appeal, corrected claim	Daily		✓
AR MANAGEMENT - DENIED CLAIMS			
Address denied claims (24-48 hours)	Daily		✓
Investigate reason for denial	Daily		✓
Assign claim to appropriate department for correction	Daily		✓
Resubmit corrected claim	Daily		✓
Create dated follow up task to check status of new claim	Daily		✓
Payer specific corrective action and client education	Daily		✓
Proprietary denial resolution technology	Daily		✓
AR timestamped for visibility and proof of timely filing	Daily		✓
APPEALS			
Formal written appeal with payers for claim adjudication	As Needed		✓
Advanced e-appeals on 900+ payer specific appeal forms	As Needed		✓
Batch appeals for up to 100 claims at a time	As Needed		✓
PATIENT STATEMENTS			
Review account to verify accuracy of patient responsibility	Daily		✓
Download statement batch to clearinghouse	Weekly	✓	✓
Work patient errors (bad address)	Daily		✓
Approve file at statement vendor	Weekly	✓	✓
Verify that file was processed by statement vendor	Weekly	✓	✓
OCCUPATIONAL MEDICINE INVOICING			
eCW configuration and training for Occ. Med	As Needed	✓	✓
Generate and send payer invoice monthly	Monthly		✓



	FREQUENCY	LITE	FULL
CST MONTHLY MEETING & CONSULTING			
Monthly client meeting with Client Success Team	Monthly		✓
Monthly internal dashboard assessment	Monthly		✓
RCM opportunities assessment	Monthly		✓
E-version of monthly dashboard with recommendation	Monthly		✓
Coding E&M bell curve	Monthly		✓
Weekly KPI reporting	Weekly		✓
ScoreCard review and assessment	Monthly		✓
CLIENT SUCCESS TEAM MODEL			
Client Performance Manager	As Needed		✓
Coding Resource Consultant	As Needed		✓
Billing Resource Consultant	As Needed		✓
Revenue Resource Consultant	As Needed		✓
eCW Certified Trainer	As Needed		✓
COLLECTIONS			
Review accounts to verify the number of patient statements and the number of days have been reached per client protocol.	Monthly		✓
Transfer applicable accounts to appropriate collection cycle	Monthly		✓
Send formatted accounts file to collection agency	Monthly		✓
Post collection agency payments to correct account	Monthly	✓	✓
AUDITS - CODING/REIMBURSEMENT/PAYMENT POSTING			
Analyze claim, medical record, EOBs, actions taken on claim	Daily		
Prepare audit results report	Daily		✓
Provide corrective training to staff based on audit results	As Needed	✓	✓
MONTH END PROCESS			
Verify that all charges have been created	Monthly		✓
Verify that all payments have been posted	Monthly	✓	✓
Prepare balance and reconciliation reports	Monthly	✓	✓
Hard close month	Monthly	✓	✓



	FREQUENCY	LITE	FULL
PATIENT ACCOUNTS			
Toll free line for patients with billing questions	Daily		✓
Manage telephone call center for patient billing questions	Daily		✓
Provide support and information to patients with questions	Daily		✓
Provide documentation to patients upon request	Daily		✓
MONTH END REPORTS			
Provide necessary canned reports from eClinicalWorks	Monthly	✓	✓
Process custom report requests from eCW and Titan	Monthly		✓
Import data into Revele performance reporting package	Monthly		✓
TRAINING AND SUPPORT			
Annual CPT updates - specialty specific	Annual		✓
Annual ICD-10 update - specialty specific	Annual		✓
Payer changes/requirements (state & specialty specific)	As Needed		✓
Clinic workflow optimization and training	As Needed		✓
Front desk best practices and system training	As Needed		✓

Questions?

Contact us to get started on RCM Lite or Full today.

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