



# Benefits Checking Plans

Services	Basic Plan	Plus Plan
Insurance Verification	✓	✓
Prior Authorizations / Predeterminations		✓
Implant Benefits		✓
Benefit Sweeping		✓

## Benefits Checking Service Descriptions

### Insurance Verification

Practice Metrix will access applicable patient information via live spreadsheets provided by your office to verify your patient's eligibility and benefits for medical and dental coverage. Network status, deductible/copay, coinsurance, plan maximum, and percentage of coverage will be provided for each patient two weeks prior to their scheduled appointment. By excluding the hassle of estimates from your daily workflow, your staff will be able to focus on patient care and correspondence by simply contacting your patients with the estimate provided by Practice Metrix.

### Prior Authorizations / Predeterminations

For any treatment plans that require prior authorizations/predeterminations, Practice Metrix will ensure timely receipt of the acceptance or denial prior to the patient's arranged date of service for all insurances that accept submission electronically. By obtaining approval for costly procedures, surprise bills to your patients become nearly extinct.

### Implant Benefits

Practice Metrix will check all implant patients' eligibility and benefits. In addition to network status, deductible/copay, coinsurance, plan maximum, and percentage of coverage, we will also check the insurance's downgrade policy (example: D6010 to D5212) and identify any patients with a Missing Tooth Clause. We collect all the necessary information and estimates, while your staff simply contacts the patient.

### Benefit Sweeping

For any patients added to the schedule within the two weeks that estimates are completed for, Practice Metrix will provide estimates upon notice within 3 business days. When an appointment is scheduled within the timeframe of two weeks out, upon notification of the addition, our team will notify you and/or your staff when the estimate is completed so that the patient can be contacted with their financial responsibility. By eliminating the stress of calculating benefits for add-on appointments, your practice will thrive in pre-operative collections.



## Our Coding Solutions

Let us customize a coding service plan that suits your needs.

Practice Metrix is a true partner that takes the time to understand your unique coding requirements by providing the right resources. We ensure that you are getting guaranteed quality and support with the right resources.

### An Integrated Approach for Complex Coding Challenges

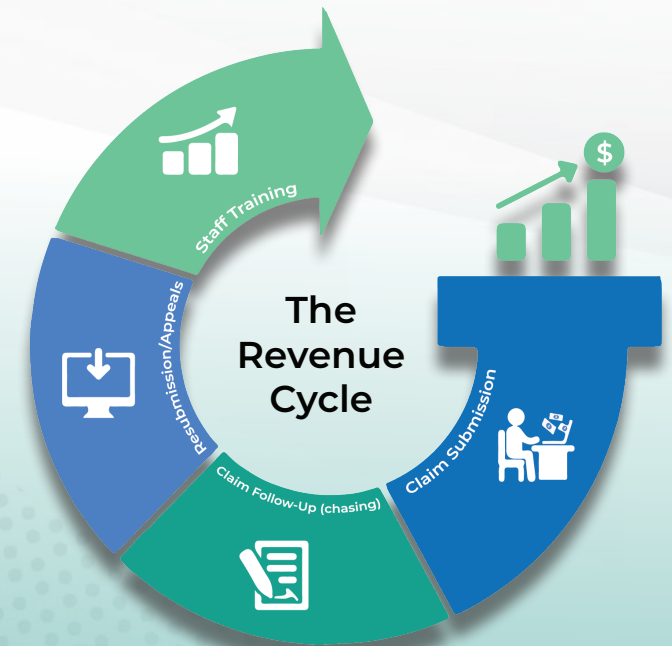
Our certified coding professionals provide unparalleled expertise and proven results.

Practice Metrix offers a comprehensive range of coding services to fulfill the needs of any healthcare provider or organization. Our health information management (HIM) coding experts play a critical role in revenue cycle management. Our coding services help you maintain coding compliance while increasing revenue realization that appropriately reflects the services you provide and the resources used.



## A Flexible Approach to Revenue Cycle Management

Practice Metrix gives you peace of mind, predictability, & increased cash flow.



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# Revenue Cycle Management Plans



## RCM Service Descriptions

Services	Silver	Gold	Platinum
Employee(s) Dedicated to your needs	✓	✓	✓
Bi-Weekly Report Analysis (Aging, Claim Submission, etc.)	✓	✓	✓
Access to Practice Pilot	✓	✓	✓
Balancing of Accounts	✓	✓	✓
Practice Metrix Compiles A/R to Chase Claims		✓	✓
Correct Adjustment Coding/Billing Category Issues		✓	✓
Claim Status Follow Up		✓	✓
Working Denials		✓	✓
Processing Services Rendered			✓
Scrubbing Insurance Queue Daily			✓
Submission of Claims			✓

### Employee(s) Dedicated to Your Needs

A Practice Metrix employee becomes an extension of your team. As your needs may vary, we assign and add dedicated staff members to work with you in order to complete tasks that are time consuming to your clerical staff.

### Bi-Weekly Report Analysis (Aging, Claim Submission, etc.)

We will conduct a bi-weekly analysis of your reports to best ensure the success of your partnership with Practice Metrix. This analysis will provide you with details surrounding all outstanding insurance claims, the aging of outstanding claims, and reconciliation of the allowed disbursements.

### Access to Practice Pilot

The “Pilot” is a comprehensive, real-time reporting and analytical tool that is fully interactive, turning data from many to one or one to many – resulting in actionable, intelligent analytical inferences. The AAOMS approved Oral Surgery dashboard for data visualizations serves as a valuable tool for your key productivity indicators. The application seamlessly works with any database source as well as a standalone to digest big data effortlessly and turn it into actionable decision points.

### Balancing of Accounts

If your patient accounts require timely filing write offs, application of unapplied payments, or overpayment credits/refunds pending issue, our team will reconcile ledgers with these types of issues which may be contributing to your Accounts Receivable Report.

### Practice Metrix Compiles A/R to Chase Claims

Our team will collect and reconcile any accounts associated with your Accounts Receivable independently by utilizing your practice software instead of working on specific accounts/issues provided by your practice.

### Correct Adjustment Coding/Billing Category Issues

It can be difficult to monitor adjustment coding, but it is important to organize any write offs associated with an insurance claim. It can also be difficult to ensure all of your

patients are categorized in the appropriate billing category. The Practice Metrix team will alleviate the tedious task of reviewing patient accounts to ensure bills are sent accurately and your patient ledgers are pristine, providing you with the most accurate analysis of your collections.

### Claim Status Follow Up

Our team will act as a liaison from the time a claim is submitted to the time you receive the payment. Our team will contact the insurance companies to check the status of a claim if you have not received payment after 30 days. Your staff will provide a claims submission report, and we do the work.

### Working Denials

Any claim denials received by your office will be tended to by **your** team members. **Practice Metrix member(s) will alert your team of any additional information needed in order claim resubmission.**

### Processing Services Rendered

“Flipping the Queue”- Verifying all services billed are correct and match the doctor’s notes. Ensuring all diagnosis codes are correct before submitting to insurance queue. Verify claims are being sent to appropriate medical/dental plans. First step of claim submission.

### Scrubbing Insurance Queue Daily

Analyze the claims before they go out to insurance to make sure they are clean and coded correctly to maximize reimbursement. Final step before claim submission. This service is offered in the first 30 days of your consulting engagement, to continue this service would fall under the premium package of the revenue cycle management engagement.

### Submission of Claims

Submit initial claims to insurance. Attach all appropriate documentation for accurate claim processing. If there are any claims pending submission, our team will identify those accounts and ensure the claim is submitted.