MARCH 2024 EDITION

RCM Life By OP

A monthly newsletter exclusively for OP RCM Practices

CONTACT US

Email our inbox at **rcmlife@officepracticum.com** for urgent issues or non-claim-specific questions. Tickets will automatically be created and routed to your RCM Client Services Specialist.

Working with RCM

Patient Statement Process

As part of your RCM service agreement, OP RCM sends up to 3 statements per patient, per claim. We have gathered some FAQs to help our clients understand our process and other commonly asked questions.

When are statements sent? Between the 1st and 5th business day of the month, statements are queued. The statements are reviewed for client-specific instructions and then batched to send to Waystar for printing.

Is the patient credit report reviewed before statements are sent? Yes, beginning on the last day of the month, our team reviews the patient credit report to apply as many credits as possible.

Can I review my statements before they are sent to Waystar? Yes, you may submit a request to your CSS request to review your statements. Please be prepared to review the statements in 1-2 days to prevent issues.

I didn't review/approve my statements. Why were they sent to Waystar? In order to keep the statement processing moving smoothly, we must receive your approval by the 15th of the month.

Can I make changes to my statements? Yes, your CSS can help you to update the statement template. We can edit a practice address, phone number, or mailing address and add online payment links/QR codes. We can also add a message to statements.

Can I review the template Waystar uses for my statements? Yes, please reach out to your CSS to get a copy of the template.

Industry News

Eligibility Reminder

Reminder to check eligibility, validate, and scan a copy of your patient's insurance card as we enter into a New Year.

Best practice is to scan insurance cards every 6 months and verify the insurance card every encounter. Many subscribers may have a change in their policies or plans as the New year starts.

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Please check out this link in our help about how the validation feature in OP works and understanding validation errors.

"Verifying coverage in advance allows the practice to estimate the total patient responsibility for payment. When patients are informed of their estimated total prior to appointments, they're far more likely to come to the appointment prepared to pay or make payment plans." - The Importance of Patient Eligibility Verification to the Revenue Cycle

Saving Keystrokes

Utilizing Templates to Reduce Documentation Time

Office Practicum comes equipped with several encounter and well visit templates to help make documenting your time with a patient as easy as possible. These templates are extremely helpful with common pediatric diagnoses and well child visits.

Encounter templates provide a starting point for your documentation that can be easily edited to personalize your note. This also helps to ensure you don't miss any key points.

For **well child visits**, the templates allow you to add necessary CPT codes to make sure you don't miss any of the additional services that need to be provided, such as the developmental screening and vision testing.

It's best if these templates align with the Bright Futures guidelines to avoid any unnecessary payment issues. This also ensures that you won't need to manually add the CPT codes to each note.

One good way to save time on documentation is to make sure you have a template for each of your top 10 diagnosis codes.

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