



Orion Billing Services FAQ's

Question:	Answer:
<p>How does your billing service work?</p>	<p>Based on your needs you will be assigned specific and dedicated billing specialist that you will work directly with. Then on an on-going bases, usually weekly is preferred, you would send us: New patient information, Day sheets, Payment entries, EOB's</p> <p>We will: Enter all of your data Send insurance claims (electronic when possible) Create and send patient statements Track authorizations Follow up on unpaid insurance Create and send to you variety of reports</p> <p>You will receive: Patient payments Insurance payments Explanation of benefit's (EOBs)</p>
<p>OR Specifically the process is:</p>	<ul style="list-style-type: none"> • You send us, a day sheet or charge sheet that list the client that was seen, the date they were seen and the service that was provided. We will then enter that information into our system and send the claims to the insurance company for you. • You receive any payments and all correspondence directly from insurance companies. You send us the all the EOB's, remittance information and correspondence that you receive from insurance so that we can post the payment or denials. • We will then follow up on unpaid claims or denied claims. • We then charge you a monthly percentage based on the amount that you collected (not for the amount charged but the amount of payment collected for your services).
<p>How often do we need to send you patient information?</p>	<p>We prefer weekly or daily. The important thing to remember is to send the patient information on a regular basis. This will help create a more consistent cash flow for you because we will bill on a regular basis. However, it is all dependent on how consistent we receive the data from you.</p>
<p>What format do we send the client data?</p>	<p>We have a secure fax line for your billing specialist which you can send the day sheets, or you can send the data via encrypted email.</p>

<p>What information needs to be on the day sheets?</p>	<p>There is some basic patient information that needs to be sent to us for billing such as name, therapist name, the service, a different charge amount, etc. We have a template that our billing specialist can send to you upon orientation. We want to be able to not create more work for you so we are able to most likely use a current form or documentation that you may already be using to track your services. You will be able to review this with your specialist.</p>
<p>How long does it take for us to get paid?</p>	<p>This can vary for different insurance companies. For most outpatient claims from the time we receive the data, to the time the claims are sent, we have averaged payment within 7-15 days, if it is filed electronically. If the claim is sent paper, then the turnaround may be 14-21 days.</p> <p>*Please keep in mind, there is no guarantee for a time line of how quickly they will get paid or if they will ever get paid on certain claims. However, our billing specialist will work diligently to make sure they do get paid because if the provider isn't getting paid then neither are we.</p> <p>*If it's the first time billing to an insurance company it can take longer if additional information is requested to establish your organization with that company.</p>
<p>What about reports? And how often do you send them? What if I want to check on a patient's balance due?</p>	<p>We have several reports that are available to you. We send them on a weekly or monthly basis; unless you request them more frequently. However, if you need to know a balance immediately, you can call one of our billing specialists and they can get that information to you as soon as possible.</p>
<p>What kind of reports do you send?</p>	<p>It depends on your needs. We have; patient statements, accounts receivable and aging reports, outstanding claims, authorizations, monthly totals and provider totals to name a few. There are other reports we can send in which our specialists will work with you if you have other specific reporting needs.</p>
<p>Do you send the invoice/statements to the clients or do we?</p>	<p>We will prepare the statements and send them to you. It is then your responsibility to send the statements to the clients. A lot of our customers like that because they can add a cover letter or other specific information or stationary from their own organization. We do not make direct contact with your clients.</p>
<p>What billing information do I need to send to get started?</p>	<p>Well first of all, we will send you the transaction service agreement and HIPAA agreement. There will also be a worksheet that will ask questions regarding your business information (name, address, tax id and NPI), provider information, client information (so we can start tracking in the system), active balances, current charge codes and unpaid claims.</p>
<p>Do you track authorizations and how are we notified?</p>	<p>Yes, we do. We notify you via phone and/or a report when we see that authorizations are getting low. This is another reason why it's important to consistently send us data.</p>
<p>What about past claims that are still unpaid? Do you "back bill"?</p>	<p>We are able to resubmit back billing and outstanding claims. However, we will make the current and newest billing a priority above the back billing because we want to make sure those</p>

	<p>services do not turn into back billing. Some back billing will be dependent on the timely filing restrictions with a specific insurance company. We will re-submit any outstanding claims and proceed with our standard follow-up procedures with the insurance company or Medicaid, etc.</p>
<p>How do you track payments?</p>	<p>When you receive any payment for services, such as self-pays, EOB's or contracts, you send us indication of those payments or a copy of the EOB, and we will update the client records.</p>
<p>Why would I send you my self-pay info if you're not sending claims on them? That would be potentially wasting money...</p>	<p>Our service is not just about sending claims to insurance for you, but to really act as a bookkeeper for tracking all payments for the services you provide for your clients. You certainly have the option to withhold information, just as long as you understand that the reports that we send to you may not be complete. And we cannot ensure accuracy for your internal purposes if information is not sent to us.</p>
<p>Can you bill for Medicaid?</p>	<p>Yes, we are partnered to bill in several states, and we are in the process of being setup for all 50 states. Contact us to let us know what state you are billing from and we can verify So I will need to check on your state to verify where it is in the process.</p>
<p>What if you aren't setup to bill for Medicaid in our state?</p>	<p>Each state requirement for Medicaid can vary, so the timeframe on some can range from 1 week to 1 month. However, we do know that working with you can speed up that process.</p>
<p>I've never billed for insurance or Medicaid before, its been all self-pay. However, I'd like to start. What can I do to get setup for this?</p>	<p>For insurance, it depends on what status you would like to bill under for these insurance companies, as in "network" or "non-network" provider. There are some benefits with each. To bill as non-network provider, you don't have to get setup that would fall on us. However, to be an "in-network" provider you would need to apply to each of the insurance companies that you want to be included in order to be accepted.</p> <p>Although we can bill for Medicaid, we do not assist with your organizations (or provider's) actual Medicaid certification.</p>
<p>What's the main difference of billing as a networked or non-networked provider?</p>	<p>There are several differences, but it mainly comes down to the percentage you can get reimbursed for. Generally, there is a higher reimbursement rate for networked providers than non-network, such as 70% vs. 40% respectively.</p>
<p>How do I sign up for your service?</p>	<p>We have 2 forms that you need to sign off on. 1 form is the business associate agreement. This is signed by us and you, which covers HIPAA policy and procedures. The 2nd form is the service agreement, which indicates the terms of the service, percentage charged and form of payment. You can choose from monthly automatic deduction from a credit card or bank account, or we can invoice you for the amount owed each month. This also included the initial requested information questions and worksheet about your organization and billing needs that will assist us with assigning the specialist to you.</p>
<p>Do you perform pre-cert/authorization calls?</p>	<p>That is a different relationship that the provider has with the insurance companies, therefore, we leave that part up to the provider. However, we can provide additional training to</p>

	implement certification and authorization tasks in your organization.
What about calls to get benefits from insurance companies?	This is also left up to the provider to coordinate.
Can you bill for medical services?	Yes.
I've never billed before and don't know anything about billing how can you help me?	We have different levels of the billing service we provide which depends on your goals for billing.
How do I know what billing codes I am suppose to use?	<p>We have a certified coder on staff which will allow us to suggest which billing codes for you to use. As an additional service and for an extra cost We can:</p> <ul style="list-style-type: none"> • Analyze current services and assign the appropriate CPT or revenue codes • Verify with state medical assistance programs for payable codes and determine which services you provide are billable and make suggestions for improvement. • Obtain, review and provide feedback on the state's payable fee schedule • Develop a master charge list by creating a crosswalk of services offered with the appropriate billing code and description