

YOU DO (PRACTICE)	WE DO (QUATRIS HEALTHCO)	THEY DO (ATHENAHEALTH)
<p>Appointment Scheduling</p> <ul style="list-style-type: none"> • Full registration • Verify insurance eligibility • Payment expectations • Obtain authorizations or referrals* • Schedule appointments • Inbound patient calls <p>Check In</p> <ul style="list-style-type: none"> • Scan driver's license & insurance cards • Collect copay, outstanding balance • Collect credit card on file • Update registration information • Confirm insurance eligibility <p>Encounter</p> <ul style="list-style-type: none"> • Chart review and reconciliation from PRS and patient portal • Document patient encounter: intake, exam, in-house procedures, orders, sign-off • Quality Management • Care summary, patient education (portal, distribution) • Appointment follow up/tickers <p>Check Out</p> <ul style="list-style-type: none"> • Schedule follow up appointments <p>Post Visit</p> <ul style="list-style-type: none"> • Clinical inbox review and triage • Results review, triage, notification • Order follow-up <p>Billing</p> <ul style="list-style-type: none"> • Resolve MGRHOLD • Underpayment/overpayment review • Appeal review and collection of provider / patient info • Application of practice approved write-offs • Patient / payer refunds • Zero pay review • Coding* • Resolve missing slips • Resolve HOLD • Self-pay worklist • Approval of financial write-offs • Coding review and charge entry <p>Patient Services</p> <ul style="list-style-type: none"> • Pre-payment plans, payment plans – setup and maintenance • Inbound patient phone call triage • Patient collections review • Pre-payment plans, payment plans parameter approval • Approval of patient collections file • Group call campaign request and approval <p>Ongoing</p> <ul style="list-style-type: none"> • Payer credentialing, contracting and relations • Run financial, clinical and operational reports • Review performance • Policy management • Provider and coding audits 	<p>Ongoing</p> <ul style="list-style-type: none"> • Enrollment tasks assigned by athena • Creation and maintenance of practice created rules • Local template, order set, quick pick management • QM recommendations, support and reporting* • Run financial, clinical and operational reports and review with practices • Review performance with practice leadership and clinicians • Policy recommendations • Provider and coding audit assistance <p>Customer Support</p> <ul style="list-style-type: none"> • Onboarding & training support • Tier 1 internal issue management support • MSO specific CSM and performance coaching • Hardware and software support • Integration build and maintenance inclusive of APIs • Patient portal support • Auto run and delivery of practice performance reports and clinician performance reports <p>Data Conversion</p> <ul style="list-style-type: none"> • Data Conversion from legacy system into athenaNet* 	<p>Appointment Scheduling</p> <ul style="list-style-type: none"> • Automated patient reminder calls and group call campaigns • Live operators for rescheduling (response to outbound call to patient) • Automated patient eligibility checking • Obtain authorizations or referrals* <p>Check In</p> <ul style="list-style-type: none"> • Real time eligibility checking • Process credit cards at time of service (TOS) <p>Encounter</p> <ul style="list-style-type: none"> • Quality Management enrollment and surfacing • eRX and formulary checking • Drug to drug, drug to condition, drug to patient interactions • Order transmission • Care summary, patient education auto generation and push to patient portal <p>Post Visit</p> <ul style="list-style-type: none"> • Document services and document management • Closed loop order management • Automated results calls <p>Billing</p> <ul style="list-style-type: none"> • Coding* • Initial scrub and claim prep • Resolve CBOHOLD/ATHENAHOLD • Claim submission and claim tracking • Patient and payer claims posting and allocation • Translate denials, initiate claim resolution process • Payer follow up • Resolve denials and assist with appeals • Identification of missing slips • Identification of delinquent patient balances • Identification of payer underpayment/overpayment • Zero pay charge identification • Patient and payer refund identification <p>Patient Services</p> <ul style="list-style-type: none"> • Generate and distribute patient statements (mail, portal) • Outbound automated self-pay collections calls • Patient collections file generation • Group call campaign execution • Live operators <p>Ongoing</p> <ul style="list-style-type: none"> • Payer enrollment • Lockbox management • Maintain global insurance package database • Creation and maintenance of global rules • Maintain EDI interfaces • Maintain global pharmacy database • Patient Record Sharing (PRS) • eRX enrollment and support • Global template, order set management • QM enrollment, program maintenance, submission and reporting* <p>*Varies based on client need and QHCO athenahealth contracted services</p>