Revenue Cycle Wheel - Overview

Revenue Cycle Wheel

The Revenue Cycle wheel is broken down into 5 categories designed to assist the practice with the workflow of processing claims. These categories are Prepare, Submit, Manage, Post, and Collect. Clicking on a category section will open a list of sub-tasks specific to that category. Clicking the center of the wheel will toggle the display between categories for the practice and categories for the current user.

Prepare

The Prepare category represents claims that the next step is to be sent to insurance or patient. The screen allows you to toggle the amount view from counts to dollar amount, Export the list to Excel, and to get more Information, such as when the counts being viewed were last updated. All of the claims in this category fall into 4 different sub-categories. If a sub-category is labeled with a down arrow then the user can click on the sub-category label to expand it to see more detailed information. The magnifying glass on the right of each line shows up as a hover option. Clicking this icon will open the selected group of claims in the Billing Query screen with the exception of Missing Claims which opens the Missing Superbills screen.

- Missing Claims - Appointments that have been checked in or checked out but do not yet have a claim created.
- Missing Data - Claims that have been created but are missing a necessary piece of data that is required before the claim can be sent out.
- Ready for Processing - Claims that are currently ready to be sent out.
- Claim Issues - Claims that are failing some level of validation rules.

Submit
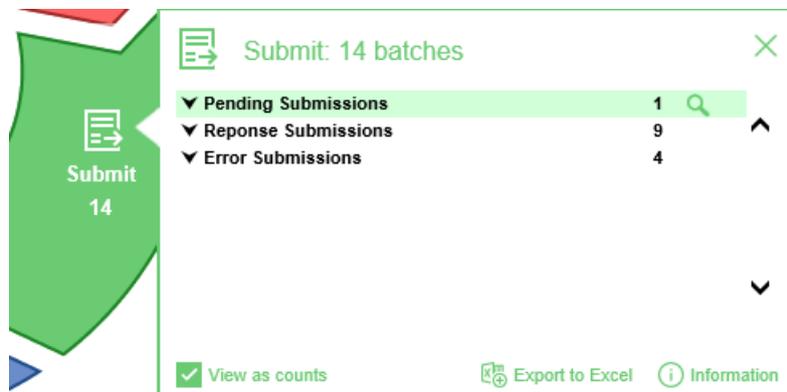
The Submit category represents Claim Submissions that currently exist in the system. These fall into one of 3 sub-categories. Clicking on the sub-category will display the types of submissions that make up the count. These could be 837 Electronic Claims, 837 Institutional Claims, Paper Claims, or Statements. Clicking the magnifying glass on the right of each line will open the Claim Submissions screen with the detail information for the sub-category that was selected.

- Pending Submissions - Submissions that have been created but have not been sent out. These submissions are waiting to be reviewed and processed.
- Response Submissions - Submissions that have been created, sent out, and are now waiting a response from the payer.
- Error Submissions - Submissions that contain at least one error. These submissions need to reviewed and the error needs to be resolved, ignored, or excluded from the submission batch.

Manage

The Manage category represents claims in your system displayed by claim status. In addition, the bottom line represents claims that have been sent out and have not received any response from the payer after 7 days. Clicking the magnifying glass on the right of any line will open the claim list for the claim status selected in the Billing Query screen. Claim Statuses are custom defined by each practice so this category will vary from site to site; however, they can be classified as one of 4 different types.

- Rejected Claims - Claims that were sent out and have been rejected by the clearinghouse or the payer.
- Denied Claims - Claims that have been adjudicated by the payer and have received an EOB Denial.
- In Progress - Claims that have been sent out from the system and are still waiting to receive a response from the clearinghouse/payer.
- Hold - Claims that have been placed on Hold by a user and are not to be billed at this time.
- Biller Defined - All other statuses fall into this category. As practices define new claim statuses and apply them to CARC codes and specific workflows those statuses will show up here. One example may be a CO-16 Request for Additional Information displayed in the Info. requested from the office sub-category above. If you have any questions about setting up Biller Defined claim statuses for your practice please reach out to our support team.

Post

The Post category represents insurance and patient payments that are available to be posted into the system. Clicking on each sub-category will expand the list to display more detailed information regarding the data in that sub-category. Clicking the magnifying glass to the right of each line will open either the deposits, posting, or receipts screen displaying the detailed data for the selection. Post is broken down into 4 sub-categories.

- New Deposits - Deposits that have been downloaded or manually added to the system that are still in New status and have not yet been posted into the system.
- Receipts - Receipts that have not been applied yet to the system. These can be New receipts but also

Receipt Errors.

- Deposit Errors - Deposits that have been added to the system but contain errors that need to be addressed prior to posting.
- Posting Errors - Posting Errors represent claims where the deposit was posted but during posting, errors were found at the claim level.
- Payment Plans - Payment Plans represent payment plans that are in a past due status.

Collect

The Collect category represents the claim balances in the system that are awaiting payments. Clicking on each sub-category will give an aging bucket breakdown of the claim balances. Clicking the magnifying glass will open the Aging Analysis report with the selected group of claims pulled up.

- Aging - Insurance - Claims that have been billed to insurance and are awaiting payment from the insurance company.
- Aging - Patient - Claims that have been billed to patient and are awaiting payment from the responsible party.