



Service Description Spring 2024 Release Edition

athenaOne[®]

Enhanced Claim Resolution

Published: March 20, 2024

Contents

Introduction 3

 Change Summary 3

1 Onboarding..... 5

 1.1 Onboarding 5

 1.2 Go-Live Date 5

2 Enhanced Claim Resolution 5

Appendix 1: Glossary 10





Introduction

This document describes athenaOne® Enhanced Claim Resolution (“Enhanced Claim Resolution”) provided by athenahealth®, including the division of responsibilities between you and athenahealth. This Service Description applies only to clients who sign an athenahealth services agreement for Enhanced Claim Resolution.

To use Enhanced Claim Resolution, you must be an ambulatory practice using athenaOne® Base or athenaCollector® and athenaClinicals®; Enhanced Claim Resolution is an optional add-on for such services. This document serves as an addition to the athenaOne Base Service Description or the athenaCollector and athenaClinicals Service Descriptions, as applicable, and does not replace those documents.

Change Summary

This document supersedes any earlier service descriptions for Enhanced Claim Resolution. This document will remain in effect until superseded by a subsequent version. Before relying on this document, please confirm with athenahealth that this is the most recently published version.

Spring 2024 Release:

- **Section 1.2. “Go-Live Date”.**
 - Added that Onboarding may alter your Go-Live date or Medical Coding may return work to your practice for completion in the event that the Practice Directive is not complete at the time of your planned go-live date.
- **Section 2. “Enhanced Claim Resolution”.**
 - Added “Practice Directive” subsection.
 - Added “Fee Schedule Setup” subsection.

Minor edits to wording or punctuation are not listed. For all changes prior to the publication of this service description, please see the “Complete Change Summary” posted at <https://success.athenahealth.com/s/article/000013529>.

The remainder of this document is referred to as a “Service Description” in the athenahealth services agreement and is legally binding on clients that sign an athenahealth services agreement that includes the Enhanced Claim Resolution Service. “We” and “our” refer to athenahealth. “You” and “yours” refers to the organization signing the athenahealth services agreement and its staff. Capitalized terms used but not defined in this document have the meanings assigned to them in your athenahealth services agreement.

athenahealth is in the process of rebranding the platforms used to provide our services from “athenaNet” to “athenaOne.” All references to “athenaNet” in your athenahealth agreement are now replaced with a reference to “athenaOne.” The suite of services consisting of athenaClinicals, athenaCollector, and athenaCommunicator (formerly known as “athenaOne”) is now known as “athenaOne Base.”



Co-sourcing. “Co-sourcing” is the division of labor between you and athenahealth that is embodied in Enhanced Claim Resolution. The parties will treat each other respectfully and professionally and shall not engage in discriminatory, harassing, threatening, or otherwise inappropriate conduct.

1 Onboarding

1.1 Onboarding

You must designate an onboarding lead who can serve as a point of contact for us during the onboarding process. During onboarding, your Onboarding Team will work with you to complete the practice intake form and additions to your Fee Schedule, which are required before turning on the service. Your Onboarding Team will provide information to you and your organization that will help us perform Enhanced Claim Resolution.

Please see the athenaOne Product Service Description for additional information about the onboarding process.

New athenahealth Clients. When you include Enhanced Claim Resolution in your athenahealth suite of services, it is added to the onboarding process for athenaOne Base or athenaCollector and athenaClinicals, as well as any other services you purchase. An Onboarding Team will be available to you and your athenahealth project manager as needed during Onboarding.

Existing athenahealth Clients. When you add Enhanced Claim Resolution to your existing suite of athenahealth services, we will provide an Onboarding Team to help you get started with Enhanced Claim Resolution.

1.2 Go-Live Date

Your actual Go-Live Date will be set jointly by you and your Onboarding Team. In order to meet the scheduled Go-Live Date, you must work with us and follow our pre-Go-Live workflow documentation, including completion of the practice intake form and Fee Schedule additions.

In the event that the Practice Directive is not complete at the time of your planned go-live date, Onboarding may alter your Go-Live date or Medical Coding may return work to your practice for completion until such time that the Practice Directive is completed.

2 Enhanced Claim Resolution

With Enhanced Claim Resolution, athenahealth will attempt to resolve claims flagged by the Claim Rules Engine prior to claim submission and claims denied by the payer for reasons defined in the table below, for all payers except for contract, legal, motor vehicle accident (MVA), and corporate billing case policies. This work is subject to the same Minimum Service Commitments as described in Appendix 2: Summary of Minimum Service Commitments of the athenaOne Base Service Description.

The table below summarizes the division of labor between athenahealth and Client with Enhanced Claim Resolution and supplements Appendix 5: Summary of Co-sourcing of the athenaOne Base Service Description. For all tasks allocated to athenahealth set forth below, we will only take the contemplated action or make changes to claims where there is sufficient and appropriate documentation in the applicable patient's medical record to support the action or change. Where we determine additional information or documentation is needed, we will not make changes to the claim until we receive that additional information or documentation from you.



When an appeal or resubmission is determined appropriate by Enhanced Claim Resolution, the Enhanced Claim Resolution team will initiate the process, but a specialized team supported by athenaOne Base will complete and submit the appeal or resubmission.

Practice Directive. The Medical Coding practice directive represents athenahealth's efforts to understand your practice setup and billing configurations. It is required that your practice complete the Practice Directive with as much detail and completeness as possible, in order to provide athena with all relevant information. It is the responsibility of the practice to update the Practice Directive whenever changes to practice setup or billing occur.

Fee Schedule Setup. If your fee schedule includes CPTII codes, that are non-reimbursable, they must be entered in the fee schedule with a value of no more than the payer required amounts. If your fee schedule has CPTII values over the known payer values athena Onboarding will alter the value of the codes to match payer requirements.

Existing athenahealth Clients. When you go live on Enhanced Claim Resolution as an existing athenaOne Base customer, existing billing tasks from your hold buckets within the scope defined in the below table will be worked by Enhanced Claim Resolution according to the following criteria:

- Claim rule scrubs and denials that occurred up to one year prior to Enhanced Claim Resolution Go-Live Date
- Claims that are not overpaid
- Claims that are not fully worked
- Claims without contract, legal, MVA, and corporate billing case policies
- Claims with closed clinical encounters or clinical documents in the patient chart for claim rules and denials related to coding, medical policy, benefits coverage, authorizations and referrals, claim data and formatting, and zero-pay

Enhanced Claim Resolution	Included Services and Capabilities	Excluded, to be provided by Client
Claim Rule Scrub Review	<ul style="list-style-type: none"> • Review, correct, and drop claims flagged for review for the following categories: <ul style="list-style-type: none"> ○ Coding ○ Medical policy ○ Benefits coverage ○ Patient insurance ○ Documentation ○ Authorizations and referrals ○ Claim data and formatting, including institutional claim formatting rules 	<ul style="list-style-type: none"> • Close Clinical Encounters & Orders to allow for claim submission • Provide clinical documentation and/or information in athenaOne when needed and not available in athenaOne • Review and correct claims flagged for review for the following categories: <ul style="list-style-type: none"> ○ Credentialing ○ Custom/Local rules • Create and maintain custom rules • Request local rules as needed • Chart review of all relevant documentation that ensures and confirms appropriate medical codes are listed on the claim
Denials Management	<ul style="list-style-type: none"> • Research and address denials related to the following categories through correction, resubmission, appeal, or transfer/adjustment as is appropriate <ul style="list-style-type: none"> ○ Coding ○ Medical policy ○ Benefits coverage ○ Patient insurance ○ Documentation ○ Authorizations and referrals ○ Claim data and formatting 	<ul style="list-style-type: none"> • Close Clinical Encounters & Orders to allow for claim submission • Provide clinical documentation and/or information in athenaOne when needed and not available in athenaOne • Review and address denials related to the following categories: <ul style="list-style-type: none"> ○ Credentialing ○ Timely filing ○ Duplicate ○ Correspondence ○ Balance reconciliation • When necessary, create custom appeal notes in athenaOne to allow athenahealth to properly submit appeals on your behalf • Chart review of all relevant documentation that ensures and confirms appropriate medical codes are listed on the claim • When needed, contact the patient to verify Coordination of Benefits, policy

		holder information, and/or patient registration
Insurance Credit Resolution	<ul style="list-style-type: none"> • Confirm status of takeback • Determine when an appeal should be initiated when takeback is not valid • Adjust credits confirmed by the payer not requiring a recoupment 	<ul style="list-style-type: none"> • Issue payer refunds where applicable • When not available in athenaOne, provide additional documentation to appeal claims
Zero-paid charges	<ul style="list-style-type: none"> • Re-opening claims with zero-paid charges over \$200 that we believe are pursuable for appeal, correction, or reprocessing by the payer, based on athena network knowledge • Review and address re-opened claims with zero-paid charges through correction, resubmission, appeal, or transfer/adjustment as is appropriate • Enhanced Claim Resolution will initiate the appeal or resubmission process when appropriate for a specialized athena team to complete • Automatic flagging of any charge line item adjusted off that is less than \$200 for your review via the Zero-Pay Review Report in athenaOne 	<ul style="list-style-type: none"> • Re-opening of any charge line item adjusted off that is less than \$200 that was paid at \$0 • Utilizing the Zero-Pay Review Report to identify and re-open claims that were not reopened by athenahealth. • When not available in athenaOne, provide additional documentation to appeal claims
Coding Changes	<ul style="list-style-type: none"> • Certified Professional Coders, with AAPC or AHIMA certification, will make coding changes to resolve claim rule holds and denials • Coding changes will be focused on the charge lines flagged by the claim rule scrub or denied per payer remittance or EOB. Any subsequent changes to charge lines may be made to maintain the coding accuracy of the claim in accordance with the International Classification of Diseases and Related Health Problems, 10th revision, the American Medical Association's Current Procedural Terminology, and the 	<ul style="list-style-type: none"> • Chart review of all relevant documentation that ensures and confirms appropriate medical codes are listed on the claim

	<p>Healthcare Common Procedure Coding System</p> <ul style="list-style-type: none">• Coders will only make changes on the claim that are supported by medical record accessible in Clinicals. Medical records include signed and closed encounters and signed documents in the patient's chart.• Coding changes may include adding, removing, or updating procedure codes, modifiers, diagnosis codes, or place of service codes• We will not support directives to place codes in any order or by default	
--	--	--

Appendix 1: Glossary

Configuration Specialist: during onboarding, an athenahealth employee who will guide you through completing the Enhanced Claim Resolution intake form.

Go-Live Date: means the first day that you are able to utilize any of the Enhanced Claim Resolution services listed in this Service Description.

Onboarding Specialist: during onboarding, an athenahealth employee who will guide you through adding the Enhanced Claim Resolution Service to your workflow.