**FAQs for Third Party Billing Services**

1. Reference is made to the need to comply with START’s policies and procedures, including IT systems and health screening requirements.  Would it be possible to get copies of the most applicable policies?
   1. Policy and Procedures are currently being updated and not available now.
2. Please provide a breakdown of revenue across the four major lines of business (MATP, Chemical Dependence, Primary Care, and Buprenorphine services).
   1. For 2022 DOS: Article 31: $250,241.17. Article 32: $111,123.11. OTP: $27,739,078.02. Article 28: $105,690.09.
3. Would it be possible to obtain copies of the most recent Article 28 and Article 31 survey reports?
   1. Surveys are not available but can provide the operating certificates for all sites. Please confirm if you would like to see the operating certificates for all sites.
4. Would START be willing to share any reports detailing rejected claims or claims not paid in full, and primary reasons for rejections? Or anything else that would confirm the ‘pain points’ that are giving rise to the solicitation of proposals?
   1. Coding issue
   2. Contracting/ Provider enrollment denial
   3. Duplicate denial
   4. Inclusive denial
   5. Issue with policy
   6. Location denial
   7. Missing EOB from primary
   8. No authorization
   9. No coverage denial
   10. Non-Covered
   11. Payer system configuration denial
   12. Restricted Recipient
   13. Skilled Nursing Facility
   14. Timely filing
5. What % is automated charge vs Manual Charge entry?
   1. As of 2023, all payers come through electronically except MagnaCare and Hamaspik. However, there are instances where a check or certain invoices from a check need to be posted manually. (32 payers: 93.55%)
6. Does START have access to the billing component of eCW?
   1. Per IT, yes. Please note that we use two systems (eCW and 10e11) to bill.
7. What is the biggest pain points you currently experience regarding the Revenue Cycle processes or results?
   1. We use two different practice management systems (eCW and 10e11) which requires us to generate reports to submit to billing company.
8. Can we apply for all payers to be on ERA/EFT?
   1. 99% are EFT.
9. Coding/Auditing Responsibilities- What exactly is expected in this are? Is their prebilling Coding review? Chart Auditing Reviews? Or is this more- guidance based on improper coding presented for billing, analysis of coding patterns for compliance
   1. It is more based on improper coding presented for billing, analysis of coding patterns for compliance
10. Can eCW transmit billing in an 837 format to outside billing systems?
    1. By default, it’s in 837 format and it can be downloaded in batches if need be. The expectation is the claims would be in one new system
11. What % is ERA Vs manual posting in Payment posting process? (Payer split)
    1. As of 2023, all payers come through electronically except MagnaCare and Hamaspik. However, there are instances where a check or certain invoices from a check need to be posted manually. (32 payers: 93.55%)
12. Do we have month close process in Payment posting process?
    1. Month end reports are based on the weekly basis billing. Current billing company uploads our data for and return it for us to do the monthly GL report.
13. What % of eligibility is performed in Managed Care payer portals? (Non eMEDNY)
    1. No one checks managed care payer portals. 100%Emedny.
14. What Rules and Engine and Clearinghouse are currently utilized?
    1. All electronic claims are submitted through Change Healthcare as the clearinghouse, except for Medicaid claims which are sent directly to eMedNY using SOAP services.
15. Does START have any issues with Overseas charge entry/AR Follow up?
    1. We prefer all services to be provided in the USA.
16. What is the frequency for receiving a Deposit log from START? How is it shared through mail or SFTP?
    1. We currently do not provide current billing company any deposit logs. As the billing company can see all payments via the clearinghouse payer portals.
17. What is the breakout of charges by Dept? Ex: Article 31, OASA, Medication Assisted Treatment, Primary Care etc.
    1. For original invoices in 2022: Article 31: $283,583.95. Article 32: $117,790.39. OPT: $27,255,939.86. Article 28: $134,400.93. For original invoices to current: Article 31: $92,249.19. Article 32: $58,889.61. OTP: $13,535,306.32. Article 28: $37,616.86.
18. CPT codes currently billed by each Dept?
    1. Must be able to understand OMH/OASAS Behavioral Health Medicaid Managed Care Plans and HARPS Outpatient Rehabilitation, or Opioid Treatment Program billing methodology.
19. Is any Cleanup Project of Old AR required?
    1. Yes, tracked on an issues log/tracker
20. Is an approved updated provider credentialing list available?
    1. claims submitted institutionally process under the facility (i.e., Medicaid/ Medicaid manage care/ Essential plans). The rendering provider is still listed on these claims, and if the provider is unlicensed, they go out with the unlicensed provider ID instead of individual NPI. Claims submitted professionally process under the individual provider (i.e., Medicare/ Medicare manage care/ Commercial). The exception to this is Medicare OTP bundles, these claims are submitted with the facility as the provider, as per the guidelines. New vendor will be expected to do this.