

# RFI 410-25-82696 Centralized Billing Office and Cost Report

## Exhibit 1

### Centralized Billing Office - Scope of work

#### Purpose:

The contractor shall establish and maintain the operations of a centralized billing office (CBO), provide consulting services for revenue cycle management, and execute coding and billing functions for the Indiana State Psychiatric Hospital Network (ISPHN). These services shall be performed to optimize revenue opportunities while ensuring full compliance with federal and state regulations across all payor sources, including Medicare, Medicaid, managed care, and commercial insurers.

#### **ISPHN is comprised of:**

- NeuroDiagnostic Institute (Indianapolis)
- Evansville State Hospital
- Madison State Hospital
- Richmond State Hospital
- Evansville Psychiatric Children's Center
- Logansport State Hospital

#### **The Contractor will provide the following services:**

- Monthly coding and billing for all patient claims to appropriate payors (Medicare Part A, Medicaid, Commercial Insurers. etc.)
- Monthly coding and billing for all Medicare Part B claims for professional services, as applicable
- Denial management, follow-up, and account resolution
- Ensure appropriate application of adjusted rates
- Collaborate with local ISPHN staff to verify social security payeeship for patients
- Collaborate with local ISPHN staff to ensure payments from "patient banking" are correctly posted to ISPHN accounts
- Perform all provider enrollments and re-validations
- Perform all facility enrollments and re-validations
- Perform periodic chart reviews to ensure appropriate documentation for professional claims, and provide feedback and training to physicians and psychologists
- Identify and implement additional revenue opportunities with support from ISPHN Superintendents
- Provide monthly Revenue Cycle Dashboard reports
- Serve as an administrator for the State's Medicare portal

Upon Patient Admission the Contractor will provide the following services:

***(Approximately 879 admissions in CY 2024 as per the previous contract)***

- Confirm Medicare and Medicaid eligibility.
- Set up health plan profile for billing.
- Set patient up with adjusted rate or indigent health place if applicable.
- Building the Medicare Part D profile on patient encounter when applicable.
- Upload documentation to patient encounter.
  - M1 application
  - Med D card
  - Letters from Social Security
  - Admission Paperwork

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- Review medical records and assign diagnosis codes to all new admissions.  
***(Approximately 879 in CY 2024 as per the previous contract)***
- Review all discharges for additional diagnosis codes as applicable.
- ***(Approximately 818 in CY 2024 as per the previous contract)***
- Billing for all patients claims to appropriate payors (Medicare Part A, Medicaid, Commercial etc.). ***(Approximately 2,648 in CY 2024 as per the previous contract)***
- Billing for all Medicare Part B claims professional services (as appropriate).  
***(Approximately 2,651 in CY 2024 as per the previous contract)***
- Post Medicare and Medicaid electronic remittance advice (ERA) files.
- Denial management/Follow-up/Account resolution
- Ensure appropriate application of adjusted rates  
***(Approximately 1,466 in CY 2024 as per the previous contract)***
- Adjust discharged encounter balances per Adjustment Policy.  
***(Approximately 2,254 adjustments in CY 2024 as per the previous contract)***
- Work with local SPH facility staff to ensure payments from “patient banking” are appropriately posted to SPH accounts
- Perform all provider enrollments and re-validations  
***(Approximately 40 in CY 2024 as per the previous contract)***
- Perform facility re-validations Medicare and Medicaid  
***(Approximately 5 and 6 respectively in CY 2024 as per the previous contract)***
- Perform periodic chart reviews to ensure appropriate documentation for professional claims, and provide feedback and training to physicians and psychologists
- Identify and implement (with support from SPH Superintendents) additional revenue opportunities
- Provide monthly Revenue Cycle Dashboard reports
- Maintain Chargemaster and current rates for all SPH facilities in the State’s electronic health record system
- Update all CPT codes annually and revise rates per the Medicare Physician Fee Schedule in the State’s electronic health record system
- Re-bill inpatient claims when there are Fiscal Year rate changes per Medicaid.
- Monthly meeting with SPH facility Business Office staff
- Work with SPH Business Office and pertinent SPH Administration staff to standardize processes as appropriate
- Develop policies and procedures for standardization

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The Contractor shall utilize the State's electronic health record system, billing system, eligibility verification software, claim scrubber and clearing house to perform the assigned functions outlined above.

Additionally, the Contractor is responsible for executing all required routine support service for the electronic health records system, Charge Services and Patient Accounting including but not limited to the following:

- Manual work arounds
- Revenue Cycle Dashboard Reports
- Participate in the SPH State's electronic health record system workgroup meetings.
  - Lead the patient accounting portion of the State's electronic health record system (EHR) when change of management and EHR upgrades are required for Charge Services, Coding and Patient Accounting through the entire continuum of the revenue cycle including Business Administration, Billing, Patient Access, HIS and Clinical Departments.
- Participate in and perform all functions related to the State's electronic health record system Charge Services and Patient Accounting upgrades, including but not limited to:
- Planning
- Training pertinent SPH Business Office staff on payment posting as applicable
  - Test Script Writing
  - Unit Testing
  - System Testing
  - Integrated Testing Phase 1 and Phase 2
  - Maintenance of the nThrive Claim scrubber and Clearing House

ISPHN expects the Contractor to maintain and revise applicable modules (e.g., Charge Services, Patient Accounts) within the State's electronic health record system to ensure efficient and accurate revenue cycle activities, as necessary.

ISPHN expects the Contractor to optimize collection opportunities and activities and establish a base line of revenue by payor source.

ISPHN grants the Contractor permission to use the State's electronic health record system, and any other system necessary for the contractor to fulfill its contract.