



Physicians Caring for Texans

Billing Company Evaluation Matrix

Billing Company to Provide:

- Contract provided to clients
- Billing compliance plan
- Performance/benchmark standards
- Customer service guidelines
- Company fee schedule
- Three current and three past client references
- Sample of all patient collection letter templates
- Sample of reports provided to clients

Discussion Questions	Vendor 1	Vendor 2	Vendor 3
<p>Q1. What is your company background? At minimum include: number of years in business, number of active clients, what specialties are represented and/or specialized in, and number of clients in Texas.</p>			
<p>Q2. How are your fees determined (e.g., based on a percentage of net collections, percentage of billed charges, per-claim fee, or range of number of claims per month)? Include at a minimum, all fees for: initial set-up, paper claim submission, statement generation, adding new providers, charge entry, patient registration, documentation of charges not billable to payers or patients, working AR/ collections, management of patient payment plans, custom report generation, software licenses, updates or maintenance, software interfaces, staff training, and any other.</p>			
<p>Q3. If your fees are based on a percentage of net collections or billed charges, what are your current percentage ranges for primary care and specialty practices? Do you provide a discount for monies collected at the time of service by client staff?</p>			
<p>Q4. Do you carry errors and omissions insurance? Are all of your staff bonded?</p>			
<p>Q5. Have you ever been investigated in a fraud and abuse case, or provided billing services to a client that has? If yes, what was the outcome(s)?</p>			
<p>Q6. What is your onboarding/ conversion process, and how long does it take?</p>			
<p>Q7. Do you outsource to staff or entities in foreign countries? If yes, may clients opt out of foreign outsourcing? If yes, may they opt out without incurring an additional fee?</p>			

Q8. What is your billing staff-to-client ratio?			
Q9. How often does your staff meet with clients to review reports, discuss accounts, etc.? Do you meet in person or via conference call?			
Q10. Is one staff member assigned as lead liaison for each client account? Does the liaison lead a team? If so, how is workload distributed across teams?			
Q11. Is your staff assigned to clients or to specific billing functions?			
Q12. Do you measure billing staff productivity? If yes, how?			
Q13. Are there any billing processes your company does not perform? If yes, what are they?			
Q14. What information technology do you use? Is it proprietary?			
Q15. How is information transmitted between clients and your company (e.g., mailed paper, paper scanned and emailed, electronic download, etc.)?			
Q16. Can clients access your system to perform queries; update records; and generate demand reports, account statements, and superbills?			
Q17. When is your system backed up, and where are the back-ups stored?			
Q18. If a client wants to terminate its contract, what is your process? In your opinion, how easy and transparent is termination?			
Q19. Who owns client data if a contract is terminated?			

Short-Answer Questions	Vendor 1	Vendor 2	Vendor 3
Q1. How do you handle old accounts receivable?			
Q2. Do you get the client's permission before turning accounts over to a collection agency?			
Q3. Do you follow state escheat laws for returning unclaimed payments?			
Q4. Who makes decisions regarding bad debt, write-offs, etc.?			
Q5. Are insurance payments posted electronically?			
Q6. What procedures are followed to verify that an adjustment is in accordance with managed care contracts?			
Q7. What is your process for deposits (e.g., lockboxes, other)?			
Q8. Do you handle all documentation to insurance payers and private-pay patients? If not, what is not handled?			
Q9. What is your process for handling problems, such as incomplete or incorrect billing information?			
Q10. Do you submit claims directly to payers or through a clearinghouse? If clearinghouse, which one?			
Q11. How are claim rejections tracked and resolved?			
Q12. How many certified coders do you have on staff?			
Q13. Are charges confirmed against an appointment schedule or service log?			
Q14. Are billing staff allowed to change CPT/ICD-10 codes without client permission?			
Q15. How often do you submit claims?			
Q16. Payments are posted _____ days after receipt.			
Q17. How are denied claims posted?			
Q18. Denied claim are reviewed and resolved within _____ days.			
Q19. How are zero payments (deductibles) posted?			
Q20. Are payments posted by line item or by the total amount of the claim?			
Q21. How often do you generate and mail patient statements?			
Q22. Is there a threshold below which an account balance is not billed?			
Q23. Delinquent patient balance follow-up begins after _____ days.			

Q24. Delinquent insurance balance follow-up begins after _____ days.			
Q25. How often do you run a credit balance report?			
Q26. Do you run aged accounts receivable reports by billing date or date of service?			
Q27. Do billing staff handle patient phone calls regarding billing questions?			
Q28. Patient inquiries are handled within _____hours.			
Q29. How often are your company's regularly scheduled virus checks?			
Q30. Does your company use a firewall to protect against hackers?			
Questions for References	Vendor 1	Vendor 2	Vendor 3
Q1. How many providers are in your practice?			
Q2. How long have you used this company's services?			
Q3. Has the billing company satisfactorily carried out its commitment?			
Q4. Has your cash flow been impacted positively? If not, what was the impact?			
Q5. Was the conversion process handled efficiently?			
Q6. Have you encountered any hidden costs?			
Q7. How helpful is the billing company to your individual needs and questions?			
Q8. What, if any, problems have you experienced?			
Q9. What, if any, patient complaints have you received about the billing company?			
Q10. Does the company stay up to date on industry and regulatory changes?			
Q11. Would you recommend this company?			

Misc. Information:
