ALH Radiation Oncology RCM Masterclass

Module 4

A/R and patient balances

Module runtime: about 17 minutes

2026 Training Material | 2026 Edition

Module 4 learning objectives

By the end of this module, you will be able to:

01 Rank daily A/R work by deadlines, acceptance, and recoverable value

02 Record the release condition and deadline for every claim hold

03 Calculate gross verified receipts and net cash activity

04 Verify the ledger and secondary coverage before explaining a balance

04

MODULE

A/R and patient balances

Lesson 4.1 Daily A/R priorities

Lesson 4.2 Claim edits and internal holds

Recovery lab Payment recovery

Lesson 4.3 Patient balances and hardship

Daily A/R priorities

ALH EDUCATIONAL RECOMMENDATION

01 Filing and appeal deadlines

02 Unaccepted or blocked claims

03 Recoverable balances and partial payments

04 Follow-up actions due today

BILLING TIP

“Called payer” is not a complete note. Record the finding and the next step.

A/R worklist ranking

FICTIONAL CASE

CASE FACTS

01 A: 95 days old, review due next week

02 B: 25 days old, unaccepted, filing due in 3 days

03 C: 60 days old, partial payment needs review

YOUR TASK

Rank the three accounts, then write the next action, the evidence, and the owner.

Pause and write your answer before the review continues.

Claim edits and internal holds

ALH EDUCATIONAL RECOMMENDATION

A hold is useful only when someone knows what will release it

1. Read the exact edit and field
2. Compare with the source record
3. Request missing records
4. Record the release condition and deadline
5. Use the correct transaction route
6. Verify acceptance, then adjudication

Transmission and payer acceptance

FICTIONAL CASE

CASE FACTS

01 The clearinghouse transmitted the claim

02 The payer rejected the rendering NPI

03 The payer reports no accepted claim

YOUR TASK

Write the next action, the evidence you need, and the person responsible.

Pause and write your answer before the review continues.

Payment recovery exercise

FICTIONAL TRAINING FIGURES

Payments and recoupments

Verified insurance receipts	**$2,000**
Verified patient receipts	**$250**
Insurer recoupment	**($300)**

Other account activity

Contractual adjustments	**$1,500**
Moved to patient responsibility	**$600**
Approved write-offs	**$400**
Appeal decision (unpaid)	**$700**

YOUR TASK

Calculate gross verified receipts and net cash activity. Then identify what belongs outside recovered cash.

Verified cash and other account activity

FICTIONAL TRAINING FIGURES

Category	Amount	Reporting treatment
Gross verified receipts	$2,250	Insurance plus patient receipts
Recoupment	($300)	Show the negative cash activity
Net cash activity	$1,950	Gross receipts less recoupment
Pending favorable decision	$700	Payment follow-up remains open
Noncash account activity	$2,500	Exclude from cash recovery

Noncash total: $1,500 adjustments + $600 transfer + $400 write-offs.

Patient balances and hardship

FEDERAL (No Surprises Act GFE) + OIG GUIDANCE

01 Verified ledger and secondary coverage

02 Clear explanation of the remaining amount

03 Documented dispute or assistance request

04 Approved review and follow-up process

SELF-PAY ESTIMATES | 45 CFR 149.610

A written estimate with the required content and timing. The HHS model notice is optional. A verbal estimate alone is not sufficient.

A disputed patient balance

FICTIONAL CASE

CASE FACTS

01 The patient says the bill was already paid

02 The ledger still shows a balance

03 Staff are preparing another payment request

YOUR TASK

Write the next action, the evidence you need, and the person responsible.

Pause and write your answer before the review continues.

Check your understanding

FEDERAL (No Surprises Act GFE, 45 CFR 149.610)

An uninsured patient asks what treatment will cost. Which response meets the federal good-faith-estimate rule?

A. Give a verbal estimate by phone and note it in the account

B. Issue a written estimate meeting 45 CFR 149.610 content and timing — CORRECT

C. Use the HHS model form, because no other format is allowed

D. Wait until after the first treatment to estimate the charges

Transmitted but rejected

FICTIONAL CASE

The clearinghouse transmitted a claim, but the payer acknowledgment rejected it. What is the next operational step?

A Appeal the claim for nonpayment

B Wait 30 days for the payer to respond

C Send the same claim again without changes

D Resolve the stated rejection and confirm payer acceptance — CORRECT

A decision and a transfer, no payment

FICTIONAL CASE

A favorable appeal decision awards $900, but no payment has arrived. Another $400 moves to patient responsibility. How much verified cash recovery is there?

A $1,300

B $0 — CORRECT

C $900

D $400

References

S11 **CMS.** Providers: Payment Resolution with Patients (No Surprises Act). Page last modified August 26, 2026. https://www.cms.gov/initiatives/no-surprise-billing/overview/policies-resources/providers-payment-resolution-patients

S12 **HHS OIG.** General Questions Regarding Certain Fraud and Abuse Authorities (FAQs). Last updated April 23, 2026. https://oig.hhs.gov/faqs/general-questions-regarding-certain-fraud-and-abuse-authorities/

S14 **eCFR (HHS rule).** 45 CFR 149.610: Requirements for provision of good faith estimates of expected charges for uninsured (or self-pay) individuals. Applicable since Jan 1, 2022; eCFR current as of Oct 2, 2026. https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-149/subpart-G/section-149.610

References

S15 **CMS (CMS-10791, OMB 0938-1433).** Appendix 1: Standard Notice, Right to Receive a Good Faith Estimate of Expected Charges (model notice; use not required). PRA package dated June 16, 2026. https://www.cms.gov/medicare/regulations-guidance/legislation/paperwork-reduction-act-1995/pra-listing/cms-10791

S16 **CMS (CMS-10791, OMB 0938-1433).** Appendix 2: Good Faith Estimate for Health Care Items and Services (model form; use not required). PRA package dated June 16, 2026 (download). https://www.cms.gov/files/zip/cms-10791.zip

Module 4 complete

01 Record the finding and the next step in every A/R note

02 Record the release condition and deadline for every hold

03 Report only verified, reconciled receipts as cash

04 Next: Module 5, bilingual communication and desk tools

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