Billing Office Best Practices

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PCC 2015 Users' Conference
Billing Office Best Practices

Overview

- Take Away
- Pre Visit
- Configuration
- Collections
Billing Office Best Practices

• What is the Take Away?
  – Learning the importance of the front desk and back office working together to collect money.
  – Tools to help
Billing Office Best Practices - Pre-Visit

The processes used prior to when a patient comes in will impact the quality of your claims, increase TOS payments, and help reduce the amount of collections needed.

In short the Front End functions drive the revenue cycle.
Billing Office Best Practices - Pre-Visit

- Scheduling
- Appointment Verification
- Eligibility Verification
- Eligibility Using Partner
- Billing Department Prep
Billing Office Best Practices - Pre-Visit

Scheduling

<table>
<thead>
<tr>
<th>Name</th>
<th>Visit Reason</th>
<th>PCP</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pebbles Flintstone</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use flags to communicate with the front.

Take advantage of available function keys.

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Billing Office Best Practices - Pre-Visit Scheduling

• New Patient Process
  - Who collects insurance information over the phone?
  - F4/F7 can be configured to bring you directly to eligibility and the policy program
  - Remind them to bring their insurance card and copay
Billing Office Best Practices - Pre-Visit
Eligibility Verification

• Partner's elig program
  – Auto eligibility overnight
  – Update policy information as needed through elig, especially copays!
  – Use notes for the front desk to see at checkin
Billing Office Best Practices – Pre-Visit Appointment Verification

• Points to make during appointment verification
  – Verify date, time, and visit reason
  – Verify insurance plan, subscriber, start date, and end date
  – Remind patient
    • to bring in their insurance card
    • payment for expected copay & outstanding balances!!!
Billing Office Best Practices – Pre-Visit
Billing Dept Prep

- Develop a financial policy you share with parents.
- Develop guides to educate patients about insurance responsibility.
- Understand basic information about patient insurance plans and share with the front desk.
Billing Office Best Practices
Configuration: Insurance

• Proper insurance configuration
  – Pending correct procedures
  – Submitting correct procedures
  – Different copays for well vs. sick codes
  – Automatic capitation
  – Support can help you fix any of these not working properly.
Billing Office Best Practices
Configuration: Posting Charges Screens

• checkout screens
  – Setup using Charge Screen Editor (csedit)
  – Can vary by visit reason, place of service, and/or provider
  – Setup form fee posting
  – Setup hospital posting
    • Hospital vs. newborn hospital
Billing Office Best Practices
Configuration: SNAP codes

• SNAP Code Table
  - Use for so procedures are not missed, ie. immunizations
  - Each SNAP code can link up to 21 procedures, each capable of linking to 4 diagnoses codes each!
  - Can be placed on screens using the Charge Screen Editor (csedit) or used on the fly
Billing Office Best Practices
Clean Claims: Post Charges

- Always link diagnoses to procedures
- Certified coder on staff
- Train staff on basic coding scenarios
- Use SNAP codes to reduce missed procedures
- Setup the EEF on the EHR to select the proper CPT codes for orders.
Billing Office Best Practices
Clean Claims

• Verifying quality claims before submitting
  – Daysheet Postings Check (dailycheck)
  – Changing insurance after charges are posted
  – Adding modifiers on the fly in oops!

• Pre-authorization / Referral requirements
Billing Office Best Practices
Collections

- Insurance Collections
- Personal Collections
Billing Office Best Practices
Insurance Collections

- Claims submission
- Posting payments / responses
- Claims follow up
- Claim submission tools and reports
Billing Office Best Practices

Insurance Collections: Claims Submission

Reports You Receive As Your Claim is Processed

- pretags
- ECS
- PCC Daily Submission Summary
- Daily Error and Verification Reports
- Various Payor Response Reports
- Capario, RelayHealth, Endo

pretags/tagsplit Bad Claims Report

- This report prints out when pretags finishes. It warns you of basic errors and lists claims that could not be sent.

ECS Batch Log

- This report prints out when ECS finishes. It lists information on every claim sent out.

PCC Daily Submission Summary

- PCC sends you this report. It lets you know that we have received your claims and sent them on to claim clearinghouses or insurance carriers.

Daily Error and Verification Reports

- Capario and other clearinghouses send reports when they receive your claims. These reports typically list problem claims and log claims that were sent on to the carriers.

Various Payor Response Reports

- Capario, PCC, and other clearinghouses collect responses from insurance carriers and send them to you in reports. The reports describe problems the insurance carriers had with your claims.

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Insurance Collections: Claims Submission

- preptags
- Bad Claims Report
- Sample preptags Bad Claim Report Error

Date: 07/11/15  PCC #: 12345  Patient: Bart Simpson
Guar PCC#: 54321  Cus PCC#: 54321
Claim is for an insurance company no longer on the patient
Charge filed with: UNITED HEALTHCARE BOX 740800 $20

Date: 07/11/52  PCC #: 12345  Patient: Bart Simpson
Guar PCC#: 54321  Cus PCC#: 54321
Procedure Code: ABCDE  Diagnosis code: V20.2 Amount: $ 10.00
The procedure code “ABCDE” is obsolete for the date of service.
Billing Office Best Practices

Insurance Collections: Claims Submission

- Partner Claim Responses
  - ECS Batch Logs

- Clearinghouse/Intermediary Responses
  - Delivered via clearinghouse or gateway
  - Rejected claims are *not submitted* to payers
  - Accepted claims are *submitted* to payers
Billing Office Best Practices

Insurance Collections: Claims Submission

• Finding Electronic Claim Responses in Partner
  – Correct Mistakes (oops)
  – EDI Reports (ecsreports)
Billing Office Best Practices

Insurance Collections: Claims Submission F/U

Electronic Claim Responses in Correct Mistakes (oops)

<table>
<thead>
<tr>
<th>DATE</th>
<th>PATIENT</th>
<th>PROCEDURE NAME</th>
<th>DIAG</th>
<th>P</th>
<th>AMOUNT</th>
<th>SUM</th>
<th>DUE</th>
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<tbody>
<tr>
<td>12/22/09</td>
<td>Pebbles</td>
<td>Well Child 5-11 yrs</td>
<td>V20.2</td>
<td>Y</td>
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<tr>
<td>01/26/10</td>
<td>Ins Pmt</td>
<td>-- HUM #0000</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>01/26/10</td>
<td>Ins Adj</td>
<td>-- HUM #0000</td>
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<td></td>
<td></td>
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<tr>
<td>01/15/10</td>
<td>Payor Acknowledged Claim #335370: Your claim has been</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
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<td>HUMANA ECS #335370</td>
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<tr>
<td>01/15/10</td>
<td>Claim (from HUMANA) to AVAILITYHumana</td>
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<td></td>
<td></td>
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<tr>
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<td>HUMANA claim batched by oops</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>12/22/09</td>
<td>TOS Cash Payment</td>
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Use the <F4> Insurance Status function key to access the claim responses (e.g. lines 4, 5, and 6)
# Billing Office Best Practices

## Insurance Collections

### Z: Claims Submission

#### EDI Reports (ecsreports)

<table>
<thead>
<tr>
<th>Date</th>
<th>Report Description</th>
<th>Type</th>
<th>Time</th>
<th>Printed</th>
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<tr>
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<td>ECS Batch Log</td>
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<td></td>
<td>pretags/tagsplit Bad Claims</td>
<td>ECS</td>
<td>2:31pm</td>
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<td></td>
<td>Post-N-Track Claim Acknowledgment Report</td>
<td>ECS</td>
<td>1:15pm</td>
<td>0</td>
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<tr>
<td></td>
<td>ERA/EOB Report</td>
<td>ERA/EOB</td>
<td>11:15am</td>
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<tr>
<td></td>
<td>ERA/EOB Report</td>
<td>ERA/EOB</td>
<td>8:45am</td>
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<td></td>
<td>Emdeon Provider Claim Status</td>
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<td>4:00am</td>
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<tr>
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<td>ERA/EOB</td>
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<tr>
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<td>ERA/EOB Report</td>
<td>ERA/EOB</td>
<td>11:15am</td>
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</tr>
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<td></td>
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</tr>
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<td></td>
<td>Availility Electronic Batch Report</td>
<td>ECS</td>
<td>5:45am</td>
<td>0</td>
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<tr>
<td></td>
<td>Emdeon File Status Report</td>
<td>ECS</td>
<td>4:00am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Emdeon File Summary Report</td>
<td>ECS</td>
<td>4:00am</td>
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<td></td>
<td>Emdeon File Detail Summary Report</td>
<td>ECS</td>
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</tr>
<tr>
<td></td>
<td>PCC Daily Submission Summary</td>
<td>ECS</td>
<td>1:30am</td>
<td>0</td>
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</table>
Billing Office Best Practices
Insurance Collections: Claims Submission

If you missed Dan and Jan's Mastering Claims Reports class this morning, make sure to check out their presentation on your USB drive or online.
Billing Office Best Practices
Payment Posting

• Autoposting of payments
  – ERA vs EFT
  – autopip
  – RARC and CARC
  – erareports
Billing Office Best Practices
Payment Posting: autopip

• What's ERA?

• What's EFT?
Billing Office Best Practices
Payment Posting: autopip

- ERA is not EFT
  - Most payers allow receipt of either or both
  - Some payers require both
  - Partner doesn't facilitate processing of EFT
Billing Office Best Practices
Payment Posting: autopip

• Sample ERA

<table>
<thead>
<tr>
<th>Payer</th>
<th>Payee</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVADA SUPERIOR HEALTH</td>
<td>PAULI G LAGERS MD</td>
</tr>
<tr>
<td>P.O. BOX 182223</td>
<td># 112</td>
</tr>
<tr>
<td>LAS VEGAS NV, 374227223</td>
<td>222 UNIVERSITY W BLVD</td>
</tr>
<tr>
<td></td>
<td>SILVER SPRING MO, 209011969</td>
</tr>
</tbody>
</table>

Payment Information
Remittance Information Only
Check 871450137
Amount: $132.64

Adjustment Reason Key
45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).

<table>
<thead>
<tr>
<th>Date</th>
<th>Claim</th>
<th>Deduct</th>
<th>CoInsur</th>
<th>Other</th>
<th>Total PersDue</th>
<th>Contractual Adjust</th>
<th>Other Adjust</th>
<th>Payment</th>
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<tr>
<td>121807</td>
<td>99392</td>
<td>148.00</td>
<td>-10.00</td>
<td>0.00</td>
<td>10.00</td>
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<td>90655</td>
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<td>0.00</td>
<td>10.00</td>
<td>-90.36 45</td>
<td>0.00</td>
<td>132.64</td>
</tr>
</tbody>
</table>

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Billing Office Best Practices
Payment Posting: autopip

- How does ERA benefit you?
  - Standardization of presentation format/layout
  - ERA is generally delivered more quickly than a paper/mailed EOB
  - ERA is required for automatic payment posting
Billing Office Best Practices
Payment Posting: autopip

• **autopip** is Partner's automatic insurance payment posting program
  - Why are you not using this program?
• autopip works in conjunction with pip
  - Yes, you'll still need to post some payments the old fashioned way
Billing Office Best Practices
Payment Posting: autopip

Learning to use autopip

- autopip and the autoposting process is documented at
  http://learn.pcc.com/

- Our video tutorial is highly recommended!
  http://downloads.pcc.com/videos/autopost.htm
Billing Office Best Practices
Payment Posting: autopip

• Unposted ERA payments are presented by payment date, payor, check number, and check amount
Billing Office Best Practices
Payment Posting: autopip

<table>
<thead>
<tr>
<th>Date</th>
<th>Payor</th>
<th>Check#</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/27/09</td>
<td>Healthier United</td>
<td>432143214321</td>
<td>203.10</td>
</tr>
<tr>
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<td>Healthier United</td>
<td>321432143214</td>
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</tr>
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<td>32.54</td>
</tr>
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<td>57.69</td>
</tr>
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<td>07/29/09</td>
<td>Altma</td>
<td>03210321032</td>
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<tr>
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<td>21032103210</td>
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<td>07/29/09</td>
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<tr>
<td>07/29/09</td>
<td>Total Health Complete</td>
<td>222000001</td>
<td>271.25</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Kingsland Crowns</td>
<td>42</td>
<td>105.38</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Wassalla National Health</td>
<td>888888881</td>
<td>119.96</td>
</tr>
</tbody>
</table>
Payment Posting: autopip

- Partner auto posting in a nutshell
  - autopip posts the claim payments it can
  - Claim payments which are not auto posted are directed to the Manual Post Report
  - Print the Manual Post Report and post those payments with pip, i.e. the old fashioned way
Billing Office Best Practices

Payment Posting: autopip

- Use a different default payment/adjustment type than pip to make auto postings easier to see in Partner programs
  - Payment Types table

<table>
<thead>
<tr>
<th>System Files</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge / Payment Posting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AUTOPIP CONFIGURATION

114. What is the default payment type for autopip? This will override PIP_DEFPM is filled in.

Auto Ins Pmt

115. What is the default adjustment type for autopip? This will override PIP_DEFADJ is filled in.

Auto Ins Adj
Billing Office Best Practices
Payment Posting: autopip

• Which payments and adjustments must be manually posted?
  – Those for which the charge amount, CPT, and/or copay doesn't match Partner's data
  – Those which don't relate directly to charges with unpaid insurance balances
  – Denials
Billing Office Best Practices
Payment Posting: autopip

• Which payments and adjustments must be manually posted?
  – Depending on your Partner configuration
    • Adjustment codes which are not predefined as acceptable for auto-posting
    • Payments which do not match the corresponding Partner allowable value
Billing Office Best Practices
Payment Posting: autopip

- Remittance Advice Remark Code (RARC) and Claims Adjustment Reason Code (CARC) Values
  - HIPAA standardized the coding payers use to identify adjustment reasons
  - All payers must use the standard code values in electronic remittance advice
  - Partner's formatted ERA translates the codes to the corresponding text descriptions
Billing Office Best Practices
Payment Posting: autopip

- Remittance Advice Remark Code (RARC) and Claims Adjustment Reason Code (CARC) Values
  - RARC Values
  - CARC Values
Billing Office Best Practices
Payment Posting: autopip

- erareports
  - erareports provides access to archived ERA data separated by check, like autopip
  - All ERA – auto posted, manually posted, and unposted – is presented, separated by payment date, payor, check number, and check amount
  - Search and print functions are provided
### ERA Reports

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>07/29/09</td>
<td>Healthier United</td>
<td>432143214321</td>
<td>$ 241.98</td>
<td></td>
</tr>
</tbody>
</table>

---

**PCC**

Pediatric EHR Solutions

Control Your Future™
Billing Office Best Practices
Payment Posting: autopip

• How do I get started with auto posting?
  • Register to receive ERA from Partner's supported payers at:
    http://www.pcc.com/ERA
  • PCC's EDI Support Team will respond and assist with ERA payer registration as applicable
  • Preview the http://learn.pcc.com/ online documentation for Partner ERA and auto posting
Billing Office Best Practices

Payment Posting: pip

• Posting insurance payments manually, aka pip
  – Payment/Adjustment types to track denials
  – CARC fields can be configured to appear
  – Insurance Allowables / Fee Schedules
# Billing Office Best Practices

## Payment Posting: pip

<table>
<thead>
<tr>
<th>DATE</th>
<th>PROCEDURE</th>
<th>CHARGED</th>
<th>ALLOWED</th>
<th>COPAY</th>
<th>PAYMENT</th>
<th>ADJUST</th>
<th>BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/20/12</td>
<td>99213</td>
<td>$95.00</td>
<td>$89.34</td>
<td>$15.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTALS:** $95.00 $89.34 $15.00

- **Payment Type:** Ins Pmt
- **Adjust Type:** Ins Adj
- **Allow Schedule:** Aetna

**Current Insurance:** Aetna HDHP $15
**Next Insurance:** Cigna PPO $20
**Check Number:**

**CARC Values**

**Allowable values, schedule and config option**

---

**PCC Pediatric EHR Solutions**

**Control Your Future™**
Billing Office Best Practices
Insurance Follow Up

- Unpaid claims
- Denial management
- Appeals process
- Partner claims submission tools and reports

PCC Pediatric EHR Solutions
Control Your Future™
Billing Office Best Practices

Insurance Follow Up: oops

- oops vs. oopsp vs. oops -k
  - oops: prompts for account name / PCC #
  - oopsp: prompts for patient name / PCC #
  - oops -k: prompts for patient name / PCC#, but only shows that patient's charges instead of the entire family
Billing Office Best Practices

Insurance Follow Up: oops

- oops
- Correct insurance <F4>
- Correct diagnoses <F5>
- Correct billing provider <F5>
- Batch corrected claims <F2>
- Unlink/Relink payments <F6>
Billing Office Best Practices
Insurance Follow Up: oops

• oops
  - Coming in Release v6.29 this fall!
    • Updating policies in oops
    • See the CPT code on the first screen
    • Visit based notes
Billing Office Best Practices
Follow Up Tools

- maketags
- insaging
- inscoar – interactive mode
- srs Billing & Collection reports
- ecsreports
- allowedit
- cfs
Follow Up Tools: maketags

- ONLY for special circumstances

**RESUBMIT CLAIMS**

**Age of Charges:**
- 45 or more days old
- from 45 to 90 days old
- **X** for dates from 05/21/12 through 05/20/13

**Charges to Resubmit:**
- **X** Only Unpaid, Pending Charges
- Only Unpaid Charges, Pending or Personal
- All Charges, Paid or Unpaid, Pending or Personal

**Which Insurance Plans:**
- **X** Many Plans
- Just One Plan: 

All Providers: **Yes**

NOTE: the above criteria will be ignored when using F5 (SRS).

Include entire visits: **No**
Billing Office Best Practices

Follow Up Tools: insaging

- Use to find insurance companies not paying timely

<table>
<thead>
<tr>
<th>Ins Group</th>
<th>Current</th>
<th>30-59</th>
<th>60-89</th>
<th>90-119</th>
<th>120+</th>
<th>Total</th>
<th>Percen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>5,676</td>
<td>6,348</td>
<td>3,426</td>
<td>1,746</td>
<td>63,973</td>
<td>81,172</td>
<td>52</td>
</tr>
<tr>
<td>Medicaid</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>46</td>
<td>46</td>
<td>46</td>
<td>0</td>
</tr>
<tr>
<td>Aetna USHC HMO</td>
<td>1,426</td>
<td>180</td>
<td>265</td>
<td>0</td>
<td>0</td>
<td>1,871</td>
<td>1</td>
</tr>
<tr>
<td>Aetna MC &amp; Elect</td>
<td>1,259</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1,259</td>
<td>1</td>
</tr>
<tr>
<td>Aetna Open</td>
<td>2,099</td>
<td>441</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2,540</td>
<td>2</td>
</tr>
<tr>
<td>BCBS</td>
<td>2,521</td>
<td>30</td>
<td>619</td>
<td>38</td>
<td>122</td>
<td>3,331</td>
<td>2</td>
</tr>
<tr>
<td>Capital Blue Cross</td>
<td>10,638</td>
<td>4,950</td>
<td>99</td>
<td>0</td>
<td>588</td>
<td>16,275</td>
<td>11</td>
</tr>
<tr>
<td>Health America</td>
<td>4,873</td>
<td>621</td>
<td>165</td>
<td>0</td>
<td>15</td>
<td>5,674</td>
<td>4</td>
</tr>
<tr>
<td>Keystone HealthPlan</td>
<td>2,028</td>
<td>146</td>
<td>185</td>
<td>40</td>
<td>261</td>
<td>2,660</td>
<td>2</td>
</tr>
<tr>
<td>HealthyKids HMO</td>
<td>371</td>
<td>491</td>
<td>206</td>
<td>0</td>
<td>332</td>
<td>1,400</td>
<td>1</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>13,290</td>
<td>2,310</td>
<td>346</td>
<td>460</td>
<td>913</td>
<td>17,320</td>
<td>11</td>
</tr>
<tr>
<td>Cigna</td>
<td>393</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>393</td>
<td>0</td>
</tr>
<tr>
<td>Highmark Blue Shield</td>
<td>16,922</td>
<td>1,141</td>
<td>0</td>
<td>72</td>
<td>60</td>
<td>18,195</td>
<td>12</td>
</tr>
<tr>
<td>Retired Insurance Plans</td>
<td>1,267</td>
<td>1,043</td>
<td>105</td>
<td>143</td>
<td>169</td>
<td>2,727</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62,765</td>
<td>17,702</td>
<td>5,417</td>
<td>2,499</td>
<td>66,480</td>
<td>154,865</td>
<td></td>
</tr>
</tbody>
</table>

Percentage

41% 11% 3% 2% 43%
Billing Office Best Practices
Follow Up Tools: inscoar

- inscoar generates a list of outstanding claims
  - Interactive gives you access to everything!
    - fame (notes)
    - notjane
    - refund
    - pam
    - pip
    - oops
    - checkout
Billing Office Best Practices
Follow Up Tools: inscoar

INSCOAR INTERACTIVE SCREEN
Use the PgUp and PgDn keys to scroll through this information.

TOTAL: $ 543.00

ACCOUNTS WITH BALANCES PENDING Health America HMO $10/20 ()

Moyer, Donald J. (#1372)
PARTNER: Moyer, Donald J.
Moyer, Jeremy (#2512) (09/30/12) (Δη: 850435296-03, Grp: Moy665)
12/08/2012 O DTaP 90700 V06.1 O $ 45.00
12/08/12 Health America claim batched
12/09/12 Claim (from Health America) to PROXYMEDHamerica

12/08/2012 O HepB/Hib 90748 V06.8 O $ 80.00
12/09/12 Health America claim batched
12/10/12 Claim (from Health America) to PROXYMEDHamerica

----------
$ 125.00

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Billing Office Best Practices
Follow Up Tools: srs

- Billing & Collections
  - Gross Collection Ratio Report

<table>
<thead>
<tr>
<th>Ins Group at Time of Service</th>
<th>Charge Amount</th>
<th>Amount Collected (all pmnts + all adj)</th>
<th>Percent Collected (all pmnts + all adj)</th>
<th>Amount Deposited (all pmnts)</th>
<th>Percent Deposited (all pmnts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal/No Insurance</td>
<td>$10,459.27</td>
<td>$10,459.27</td>
<td>100.00%</td>
<td>$7,535.28</td>
<td>72.04%</td>
</tr>
<tr>
<td>Aetna USHC HMO</td>
<td>$16,768.02</td>
<td>$16,768.02</td>
<td>100.00%</td>
<td>$5,433.00</td>
<td>32.40%</td>
</tr>
<tr>
<td>Aetna MC &amp; Elect</td>
<td>$7,068.30</td>
<td>$7,068.30</td>
<td>100.00%</td>
<td>$5,325.80</td>
<td>75.35%</td>
</tr>
<tr>
<td>BCBS</td>
<td>$30,049.30</td>
<td>$30,049.30</td>
<td>100.00%</td>
<td>$24,710.89</td>
<td>82.23%</td>
</tr>
<tr>
<td>Health America</td>
<td>$47,321.44</td>
<td>$47,321.44</td>
<td>100.00%</td>
<td>$29,077.26</td>
<td>61.45%</td>
</tr>
<tr>
<td>Aetna Open</td>
<td>$11,228.00</td>
<td>$11,228.00</td>
<td>100.00%</td>
<td>$6,699.30</td>
<td>59.67%</td>
</tr>
<tr>
<td>Keystone HealthPlan</td>
<td>$35,695.00</td>
<td>$35,695.00</td>
<td>100.00%</td>
<td>$8,695.28</td>
<td>24.36%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>$149,265.09</td>
<td>$149,265.09</td>
<td>100.00%</td>
<td>$97,110.55</td>
<td>65.06%</td>
</tr>
<tr>
<td>HealthyKids HMO</td>
<td>$24,060.00</td>
<td>$24,060.00</td>
<td>100.00%</td>
<td>$18,452.33</td>
<td>76.69%</td>
</tr>
<tr>
<td>Cigna</td>
<td>$9,115.22</td>
<td>$9,115.22</td>
<td>100.00%</td>
<td>$7,279.12</td>
<td>79.86%</td>
</tr>
<tr>
<td>Capital Blue Cross</td>
<td>$113,431.24</td>
<td>$113,431.24</td>
<td>100.00%</td>
<td>$91,355.80</td>
<td>80.54%</td>
</tr>
<tr>
<td>Highmark Blue Shield</td>
<td>$97,533.57</td>
<td>$97,533.57</td>
<td>100.00%</td>
<td>$78,892.47</td>
<td>80.89%</td>
</tr>
<tr>
<td>Retired Insurance Plans</td>
<td>$51,980.60</td>
<td>$51,980.60</td>
<td>100.00%</td>
<td>$42,161.28</td>
<td>81.11%</td>
</tr>
</tbody>
</table>

$603,975.05 | $603,975.05 | 100.00% | $422,728.36 | 69.99%

Criteria for this report run.
Transaction Date Range: 07/12/11 - 07/11/12
Charge Amount Due selection.
Range is between $0.00 and $0.00.

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Billing Office Best Practices

Follow Up Tools: srs

- Billing & Collections
  - Claim Error Report

<table>
<thead>
<tr>
<th>Acct</th>
<th>Acct Last Name</th>
<th>Acct First Name</th>
<th>Pat</th>
<th>Pat First Name</th>
<th>Date of Current Billing Status</th>
<th>Current Billed Message</th>
<th>Transaction Date</th>
<th>Charge Amount</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>477</td>
<td>Gordon</td>
<td>Neeru</td>
<td>733</td>
<td>Jason</td>
<td>07/05/12</td>
<td>Claim (from Private Insurance) to Error</td>
<td>06/29/12</td>
<td>$56.00</td>
<td>$46.00</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$56.00</td>
<td>$46.00</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$56.00</td>
<td>$46.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acct</th>
<th>Acct Last Name</th>
<th>Acct First Name</th>
<th>Pat</th>
<th>Pat First Name</th>
<th>Date of Current Billing Status</th>
<th>Current Billed Message</th>
<th>Transaction Date</th>
<th>Charge Amount</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>428</td>
<td>Keller</td>
<td>Alan</td>
<td>2429</td>
<td>Thomas</td>
<td>07/05/12</td>
<td>Claim (from HealthyKids HMO) to Error</td>
<td>01/28/12</td>
<td>$15.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>931</td>
<td>Wells</td>
<td>Jack</td>
<td>1173</td>
<td>Anna</td>
<td>07/05/12</td>
<td>Claim (from HealthyKids HMO) to Error</td>
<td>06/24/12</td>
<td>$56.00</td>
<td>$46.00</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$71.00</td>
<td>$61.00</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$71.00</td>
<td>$61.00</td>
</tr>
</tbody>
</table>
Billing Office Best Practices
Follow Up Tools: Allowables

- Allowables
  - allowedit
  - srs
- Allowable Overpayments Report
- Allowable Underpayments Report

- The Managing Your Fee Schedule course was yesterday, but you have the presentation and learn.pcc.com to find out more!
Billing Office Best Practices
Follow Up Tools: cfs

The Special Accounts Editor

Which accounts do you want to look at: ☐

- (o) Overdue
- (b) Budget
- (u) Budget Overdue
- (h) Bills Held
- (m) Medicaid
- (d) Delinquent Medicaid
- (l) Late insurance payments
- (c) Credits
- (n) Billing Notes
- (1) Inactive
- (2) Dismissed
- (3) Employee
- (4) Transferred Out
- (5) **Collection**
- (6) Cash Only
- (7) **Payment Plan**
- (8) PC(insurance)
- (9) Copy Card

- (10) Physician Cover
- (11) Coordination of Care
- (12) CONFIDENTIALITY
- (13) Missed Appt Fee
- (14) Archived
- (15) Form Fee
- (16) New Patient
- (17) **Billing Problem**
- (18) New Pt Records
- (19) Financial Policy
- (20) Records
- (21) **Copay Due**
- (22) 2013 Transferred
- (23) 2013 Copy Card

Check accounts with specific flags used for follow up your office may have created.
Billing Office Best Practices
Follow Up

- Challenges
- Unpaid claims
- Denial management
- Appeals process
- Partner claims submission tools and reports
Billing Office Best Practices
Follow Up

- Challenges:
  - Variety of plans covering your families
  - Coding requirements
  - Ever-changing payer 'rules'
  - Claims submission address changes
Billing Office Best Practices
Follow Up

- Division of work load
  - By carrier
  - By task
    - Claims submission
    - Payment posting
    - Follow up on denials
    - Follow up on unpaid claims
Billing Office Best Practices
Follow Up: Unpaid Claims

• Follow up schedule for contacting the carrier
• Call if no acknowledgment of receipt of claims
  – 10 days for paper
  – 3 days for electronic
• inscoar
• srs
Billing Office Best Practices
Follow Up: Denial Management

- Create denial/appeals procedure
- Automate appeal form letters
- Reminder system for followup
  - tickle
  - Account flags
Billing Office Best Practices
Follow Up Tools: Appeals

• Know your payer contacts
  – Claims services representative
  – Provider services representative
  – Claims supervisor
  – Appeals coordinator
  – Medical review manager
  – Medical Director
Billing Office Best Practices
Follow Up Tools: Appeals

• Sample phone call with carrier
  - Have necessary data in front of you
  • inscoar: interactive mode
  - Know the history of the claim
  - Ask for a time estimate for response
Billing Office Best Practices
Follow Up Tools: Appeals

• Sample phone call with carrier
  – Make detailed notes in the Family Editor (fame) or with Releave v6.29 in oops
    • Track start/end time
    • Names, titles, phone number and extension
    • Check numbers and dates
    • Claim id numbers
    • Reference numbers
Billing Office Best Practices
Follow Up Tools: Appeals

• Use Partner to track claims in appeals
  – Add “Appeals” as an insurance group
  – Add “2. Appeals” as an insurance company
  – Pend claims in appeals to this insurance company using oops

• Select “Some Other Insurance”, then “2. Appeals”
  – Use inscoar to keep an eye on them
Billing Office Best Practices
Personal Collections

- Send personal bills
- Post payments
- Work Personal A/R
- Sending an Account to Collections
- Reports
Billing Office Best Practices
Personal Collections: ebills / bills

- Personal bills
  - ebills vs bills
  - Cycle billing
  - Billing messages
  - Finding bills sent in the past
Billing Office Best Practices
Personal Collections: ebills / bills

ebills
- Look more professional
- Submit electronically
- Cost per bill
  - $.79366 first page
  - $.2235 each addtl page

vs

bills
- Plain printing, nothing fancy
- Print in your office
- Folding, stuffing, stamping, and time costs
- More control

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Billing Office Best Practices

Personal Collections: ebills / bills

This is where billing messages go. You can have different messages based on aging of the balance or have a default message.

NOTICE:
This is where a family specific message can go....

Paul M Acker
453 Spring Road
Proctorsville, VT 05153

Send Payment To:
Doctors Office
20 Winooski Falls Way
Suite 7
Winooski, VT 05404
(802) 846-8177

Budget Amount: $50.00

Lauren Acker (Dr. Davidson, Office)
03/17/12 OV Expanded Focus $56.00
06/29/12 Ins Pmt -- North American Health $46.00

Balance Forward $0.00

Last Service: Jul 8, 2012
Last Bill Sent: Jul 10, 2012
Last Pers Pmt: May 6, 2012
Last Ins Pmt: Jul 6, 2012
Hold Bill Till:
Budget Amt: $50.00

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Billing Office Best Practices

Personal Collections: ebills – Diamond Health

### Account billing notes and billing messages

Account billing notes and billing messages appear below the aging section.

### Budget amount

Budget amount appears here if set in frame.

Last Service: Jul 5, 2013
Last Bill Sent: Jul 21, 2013
Last Pers Pmt: Jul 5, 2013
Last Ins Pmt: Jul 20, 2013
Hold Bill Till: 

Budget Amt: $ 93.00
Billing Office Best Practices
Personal Collections: Cycle Billing

• Sending out bills weekly instead of monthly
  – Personal payments come in all month

• Manual cycles
  – Breaking up bills
Billing Office Best Practices
Personal Collections: Cycle Billing

- Partner Cycle Billing
  - Set your cycle to 28 days
  - Run bills weekly
  - When does an account get a bill?
Billing Office Best Practices
Personal Collections: Billing

• Billing Messages
  – Available in ebills and bills
  – By billing aging category

Please choose which billing message you would like to work with:

A) The default message (used when one of the others does not exist)
1) The Normal Bills message
2) The Overdue 30 Day Bills message
3) The Overdue 60 Day Bills message
4) The Overdue 90 Day Bills message
5) The Overdue 120 Day Bills message
Billing Office Best Practices

Personal Collections: Billing Notes

- Account Billing Notes
  - Available in the Family Editor (fame)
  - Use cfs to track which accounts have account billing notes
**Billing Office Best Practices**

**Personal Collections: Personal Payments**

**POSTING PERSONAL PAYMENTS**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>John</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Canning</td>
</tr>
<tr>
<td>Status:</td>
<td>Payment Plan</td>
</tr>
<tr>
<td>Address:</td>
<td>584 Water Street</td>
</tr>
<tr>
<td>City:</td>
<td>Irasburg</td>
</tr>
<tr>
<td>State:</td>
<td>VT Zip Code: 05845</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGING:</th>
<th>0-30</th>
<th>31-60</th>
<th>61-90</th>
<th>0-90</th>
<th>Old Bal</th>
<th>New Bal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal:</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 30.00</td>
<td>$ 30.00</td>
<td>$ 30.00</td>
</tr>
<tr>
<td>Insurance:</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 457.00</td>
<td>$ 457.00</td>
<td>$ 457.00</td>
</tr>
<tr>
<td>Medicaid:</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
<td>$ 0.00</td>
</tr>
</tbody>
</table>

**Date** | **Payment/Adjustment Type** | **Amount** | **Check #** | **Provider** | **Note** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>07/15/13</td>
<td>Personal Check Payment</td>
<td>$ 30.00</td>
<td>1234</td>
<td>Print receipt for this payment</td>
<td></td>
</tr>
</tbody>
</table>

**Webpage Display:**

- **Link Payments** button highlighted

**Images:**

- Visualization of a billing form with personal payment details and an instruction to always link personal payments to specific charges.
Billing Office Best Practices

Personal Collections: billlog

- Researching previously sent bills
  - billlog
  - aka F8 in bills / ebills
## Billing Office Best Practices

### Personal Collections: billlog

<table>
<thead>
<tr>
<th>Date</th>
<th>Who</th>
<th>Date Range</th>
<th>Zip Range</th>
<th>Alphabet Range</th>
<th>Bill Agings</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/20/13</td>
<td>lynne</td>
<td>04/01/03-05/19/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>05/13/13</td>
<td>randy</td>
<td>04/01/03-05/12/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>05/06/13</td>
<td>lynne</td>
<td>04/01/03-05/05/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>04/29/13</td>
<td>erica</td>
<td>04/01/03-04/28/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>04/22/13</td>
<td>lynne</td>
<td>04/01/03-04/21/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>04/15/13</td>
<td>erica</td>
<td>04/01/03-04/14/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>04/08/13</td>
<td>lynne</td>
<td>04/01/03-04/07/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>03/25/13</td>
<td>amanda</td>
<td>04/01/03-03/24/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>03/20/13</td>
<td>erica</td>
<td>04/01/03-03/19/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>03/11/13</td>
<td>lynne</td>
<td>04/01/03-03/10/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>03/04/13</td>
<td>randy</td>
<td>04/01/03-03/03/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
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<td>02/25/13</td>
<td>amanda</td>
<td>04/01/03-02/24/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>02/18/13</td>
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<td>04/01/03-02/17/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>02/11/13</td>
<td>amanda</td>
<td>04/01/03-02/10/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>02/04/13</td>
<td>erica</td>
<td>04/01/03-02/03/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>01/28/13</td>
<td>lynne</td>
<td>04/01/03-01/27/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>01/21/13</td>
<td>lynne</td>
<td>04/01/03-01/20/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>01/14/13</td>
<td>lynne</td>
<td>04/01/03-01/13/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
<tr>
<td>01/07/13</td>
<td>randy</td>
<td>04/01/03-01/06/13</td>
<td>00000-99999</td>
<td>a-z</td>
<td>0,30,60,90,120</td>
</tr>
</tbody>
</table>
Billing Office Best Practices
Personal Collections: billlog

• Accounts Billed
  – See who received a bill
  – Includes the bill amount
  – View the actual bill sent using F1

<table>
<thead>
<tr>
<th>Name</th>
<th>Bill Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achey, Jeremy</td>
<td>$ 147.00</td>
</tr>
<tr>
<td>Acker, Paul M</td>
<td>$ 639.60</td>
</tr>
<tr>
<td>Acord, Nancy</td>
<td>$ 20.00</td>
</tr>
<tr>
<td>Adam, Scott L.</td>
<td>$ 52.00</td>
</tr>
<tr>
<td>Addington, Jeffrey</td>
<td>$ 207.00</td>
</tr>
</tbody>
</table>
Billing Office Best Practices
Personal Collections: billlog

• Accounts Not Billed
  - See who did not receive a bill
  - Includes why they did not receive one

<table>
<thead>
<tr>
<th>Account, Test</th>
<th>#100000</th>
<th>Total bal $ 0.00</th>
<th>is not billable.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acker, Patricia</td>
<td>#28</td>
<td>Total bal $ 0.00</td>
<td>is not billable.</td>
</tr>
<tr>
<td>Adams, Ambrocio</td>
<td>#1962</td>
<td>Total bal $ 0.00</td>
<td>is not billable.</td>
</tr>
<tr>
<td>Adams, Herb</td>
<td>#1348</td>
<td>Personal bal $ 3.26</td>
<td>below cutoff $ 4.99.</td>
</tr>
<tr>
<td>Beltz, Christopher</td>
<td>#671</td>
<td>Total bal $ 26.81CR is not billable.</td>
<td></td>
</tr>
<tr>
<td>Catalani, John</td>
<td>#1092</td>
<td>Flag #4 held bill.</td>
<td></td>
</tr>
</tbody>
</table>
Billing Office Best Practices
Personal Collections: persview

Use your bills cut off balance.

Focus on one aged account at a time.

You may wish to exclude/include by account flag.
Billing Office Best Practices

Personal Collections: persview

### Working with *Individual* Accounts

<table>
<thead>
<tr>
<th>Name</th>
<th>Current</th>
<th>30..59</th>
<th>60..89</th>
<th>90..11</th>
<th>120+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achey, Jeremy</td>
<td>$56.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$56.00</td>
</tr>
<tr>
<td>Acker, Paul M</td>
<td>$505.60</td>
<td>$102.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$607.60</td>
</tr>
<tr>
<td>Acord, Nancy</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Adam, Scott L.</td>
<td>$0.00</td>
<td>$52.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$52.00</td>
</tr>
<tr>
<td>Adams, Herb</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Addington</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Aftoson</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Alberto</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Altman</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Alviani, Michelle</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$293.00</td>
</tr>
<tr>
<td>Anderson, Debra</td>
<td>$31.96</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$1.80</td>
<td>$33.80</td>
<td>$43.20</td>
</tr>
<tr>
<td>Andrews, Josephine</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$150.00</td>
</tr>
<tr>
<td>Angle, Wenshing</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Annunziata, Kimber</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$92.00</td>
</tr>
<tr>
<td>Archer, Brad</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$112.00</td>
</tr>
</tbody>
</table>

Many function keys to help you review each account from one program.

Work With All lets you run commands for each account.
Use form letters to automatically add flags to each account on the list, as well as print a letter.

Print a bill for every account on the list.
Billing Office Best Practices
Personal Collections: Payment Plans

• Setting up a payment plan
  – Create a form letter explaining their responsibilities
  – Update the Budget field in fame
  – Give them a flag so you can easily review the accounts on a payment plan to verify they are paying
Billing Office Best Practices

Personal Collections: Payment Plans

Add the Budget Amt in fame and it appears on personal bills as the due field.

---

**Budget Amt:** $ 93.00

---

**Last Service:** Jan 5, 2013

**Last Bill Sent:** Jan 21, 2013

**Last Pers Pmt:** Jan 5, 2013

**Last Ins Pmt:** Jan 20, 2013

**Hold Bill Till:**

---

**Account Details:**

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION OF SERVICES</th>
<th>CHARGES</th>
<th>PAYMENTS</th>
<th>INS DUE</th>
<th>PATIENT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/24/02</td>
<td>D Detailed HSC</td>
<td>$95.00</td>
<td>$50.00</td>
<td>$0.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>10/24/02</td>
<td>VP Problem Focused</td>
<td>$48.50</td>
<td>$20.00</td>
<td>$0.00</td>
<td>$28.00</td>
</tr>
<tr>
<td>10/24/02</td>
<td>VP Expanded Focus</td>
<td>$60.00</td>
<td>$30.00</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

---

**PCC**
Pediatric EHR Solutions

Control Your Future™
### Billing Office Best Practices

#### Personal Collections: Payment Plans

<table>
<thead>
<tr>
<th>ACCOUNT</th>
<th>CURRENT PHONE</th>
<th>CURRENT LBL 1</th>
<th>LBL 2 PHONE</th>
<th>LBL 2 PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buchanan, John</td>
<td>802-727-6763</td>
<td>802-195-1817</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canning, John</td>
<td>802-250-8812</td>
<td>802-335-5981</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Douglas, William</td>
<td>802-512-8802</td>
<td>802-312-8301</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mcclain, Charles</td>
<td>802-661-4567</td>
<td>802-285-6123</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Payment Plan**

- 30..59
- 60..89
- 90..119
- 120+ (days)

**Last Payment**

<table>
<thead>
<tr>
<th>Buchanan, John</th>
<th>$136.00</th>
<th>11/20/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canning, John</td>
<td>$208.00</td>
<td>06/05/13</td>
</tr>
<tr>
<td>Douglas, William</td>
<td>$45.00</td>
<td>03/07/05</td>
</tr>
<tr>
<td>Mcclain, Charles</td>
<td>$90.00</td>
<td>01/27/13</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$479.00</td>
<td></td>
</tr>
</tbody>
</table>

- Print missed payment plan form letter easily.
- Jump into oops as needed.
- Access coll via fame to see pmts.
- Last payment date includes copays!
Billing Office Best Practices

Personal Collections: notify

- Notify allows you to send account balance information.
  - Hello this is Pediatric Associates calling. Our records indicate that your account is more than 60 days overdue. Please call our office at 800-722-1082 to arrange payment today. Thank you!
Billing Office Best Practices
Personal Collections: Collections

• Sending an account to collection agency, two options
  – Adjust off charges
  – Pend charges to Agency

• Regardless of option selected above:
  – Print charge information for collection agency
Billing Office Best Practices

Personal Collections: Collections-Adjust Chgs

- Run Post Personal Payments (pam)
  - Find account
  - Post Bad Debt/Collection Adjustment and link to charges being sent to collections
  - Add Collection flag to account
  - Update account notes
Billing Office Best Practices
Personal Collections: Collections-Adjust Chgs

POSTING PERSONAL PAYMENTS

First Name: John
Last Name: Canning
Status: Payment Plan
Address: 584 Water Street
City: Irasburg
State: VT Zip Code: 05845

Posting: 0-30 31-60 61-90 Over 90 Old Bal New Bal
Personal: $ 0.00 $ 0.00 $ 0.00 $ 208.00 $ 208.00 $ 208.00
Insurance: $ 0.00 $ 0.00 $ 0.00 $ 279.00 $ 279.00 $ 279.00
Medicaid: $ 0.00 $ 0.00 $ 0.00 $ 0.00 $ 0.00 $ 0.00

Date: 07/15/13 Payment/Adjustment Type: BadDebt/Collection Amount: $ 208.00

Link the adj to the charges
Add Collection flag and notes to the account
Post the adjustment

Save Next Account Post A Refund Link Payments Print A Bill Correct Mistakes Family Editor Acct History
Billing Office Best Practices

Personal Collections: Collections-Adjust Chgs

- When you receive a payment from the collection agency do one of the following two options, then add a note in fame.
  - Delete the bad debt adjustment you posted and post the payment using a payment type that indicates the payment was from a collection agency.
  - Post a "Collection Income" adjustment in the refund program and then post a Collection Payment against that adjustment using pam.
Billing Office Best Practices

Personal Collections: Collections-Pend Agency

• Partner configuration needed for this option
  – Add “Collection” as an insurance group
  – Adding “1. Collection Agency” as an insurance company
• This makes it easier to find in oops
Billing Office Best Practices

Personal Collections: Collections-Pend Agency

- Partner configuration needed for this option
  - Add "Collection" as an insurance group
  - Adding "1. Collection Agency" as an insurance company
- Go into Correct Mistakes (oops) for this account and change the charges to pend the 1. Collection Agency
  - Add Collection flag and notes to the account
### Billing Office Best Practices

#### Personal Collections: Collections-Pend Agency

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DATE</th>
<th>PATIENT</th>
<th>PROCEDURE NAME</th>
<th>DIAG</th>
<th>SVC</th>
<th>BIL</th>
<th>AMOUNT</th>
<th>SUM</th>
<th>DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>10/20/12</td>
<td>10/20/12</td>
<td>Other claim batched</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>08/06/12</td>
<td>C John</td>
<td>Well Child 5-11 y V70.0 C C</td>
<td>95.00</td>
<td></td>
<td></td>
<td>95.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>08/07/12</td>
<td></td>
<td>Claim (from Other) to enbcbs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>08/06/12</td>
<td></td>
<td>Other claim batched</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td></td>
<td>John</td>
<td>Respiratory Flow 493.81 C C</td>
<td>28.00</td>
<td></td>
<td></td>
<td>28.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>08/07/12</td>
<td></td>
<td>Claim (from Other) to enbcbs</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>08/06/12</td>
<td></td>
<td>Other claim batched</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td></td>
<td>John</td>
<td>Spirometry Simple 493.81 C C</td>
<td>70.00</td>
<td></td>
<td></td>
<td>70.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>08/07/12</td>
<td></td>
<td>Claim (from Other) to enbcbs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>08/06/12</td>
<td></td>
<td>Other claim batched</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td></td>
<td>P John</td>
<td>Same 737.30 C C</td>
<td>0.00</td>
<td></td>
<td></td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>08/07/12</td>
<td></td>
<td>Claim (from Other) to enbcbs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>08/06/12</td>
<td></td>
<td>Other claim batched</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>01/30/12</td>
<td>C John</td>
<td>OV Expanded Focus 917.8 G G</td>
<td>56.00</td>
<td></td>
<td></td>
<td>56.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>03/06/12</td>
<td></td>
<td>Ins Pmt Direct Blue #110088 G</td>
<td>42.00</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>58</td>
<td>03/06/12</td>
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<td>4.00</td>
<td></td>
<td></td>
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<tr>
<td>59</td>
<td>02/01/12</td>
<td></td>
<td>Claim (from BCBS) to BCBS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Personal: $208.00 Correcting John Canning (#1).
Insurance: $279.00 There are 189 more items.
Medicaid: $0.00

---

*Find the charges*

*Hit F4 to pend to the new collection agency insco*
# Personal Collections

## Post Visit – Collections: Pend Charges

<table>
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<tr>
<th>ITEM</th>
<th>DATE</th>
<th>PATIENT</th>
<th>PROCEDURE NAME</th>
<th>DIAG</th>
<th>SVC</th>
<th>BIL</th>
<th>AMOUNT</th>
<th>SUM</th>
<th>DUE</th>
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<td>C John</td>
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**Personal:** $ 208.00  
**Insurance:** $ 279.00  
**Medicaid:** $ 0.00  

Type in the numbers for the charges going to collection.
Billing Office Best Practices

Personal Collections: Collections-Pend Agency

Some Other Insurance allows you to choose any insurance company.

The 1. sorts the Collection Agency to the top of the list.
### Changing Insurance Information

#### John Canning

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Now hit F1 to save and the charges will be pending collection.
Billing Office Best Practices

Personal Collections: Collections-Pend Agency

- Use insaging and inscoar to review charges pending the “1. Collection” insurance company.
- Post payments using pip
  - Leave balance pending “1. Collection” or adjust off
- Update notes on the account in fame
  - Post a follow up to the original note
Billing Office Best Practices
Personal Collections: Collections-Other Reports

• Smart Report Suite (srs)
  – Billing & Collections Reports
    • Accounts with Credit Balances
    • Collection Worksheet for Appointments
    • Copay Collection Ratio
    • Insurance Eligibility Report
    • Insurance Eligibility Report for Same Day Appts
Billing Office Best Practices Review

• Pre Visit
  – Scheduling
  – Appointment Verification
  – Eligibility Verification
  – Billing Department Prep
Billing Office Best Practices Review

- Configuration
  - Insurance Configuration
  - Charge Screen Configuration
  - SNAP codes
- Posting Charges
Billing Office Best Practices Review

- Insurance Collections
  - Claims submission
  - Posting payments / responses
  - Claims follow up
  - Claim submission tools and reports
Billing Office Best Practices Review

- Personal Collections
  - Send personal bills
  - Post payments
  - Work Personal A/R
  - Sending an Account to Collections
  - Reports
Billing Office Best Practices
learn.pcc.com

- Click on Partner
  - Click on Insurance Billing

- Click on Personal Billing
  - http://learn.pcc.com/Content/Partner/PersonalBilling/PersonalBillingIntro.htm
Billing Office Best Practices Review

- Questions?
  - At 3pm this afternoon head to the Collection Roundtable for more discussion with myself, Maria, and Dan.