Billing Office Best Practices

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PCC 2015 Users' Conference

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Billing Office Best Practices

Overview

- Take Away

- Pre Visit

- Configuraton

- Collections

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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

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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.

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Billing Office Best Practices - Pre-Visit

- Scheduling
- Appointment Verification
- Eligibility Verification
- Eligibility Using Partner
- Billing Department Prep

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Billing Office Best Practices – Pre-Visit
Scheduling

Use flags to communicate with the front

Take advantage of available function keys

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**

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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**

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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!!!**

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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.

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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.

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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

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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.

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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

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Billing Office Best Practices
Collections

- Insurance Collections

- Personal Collections

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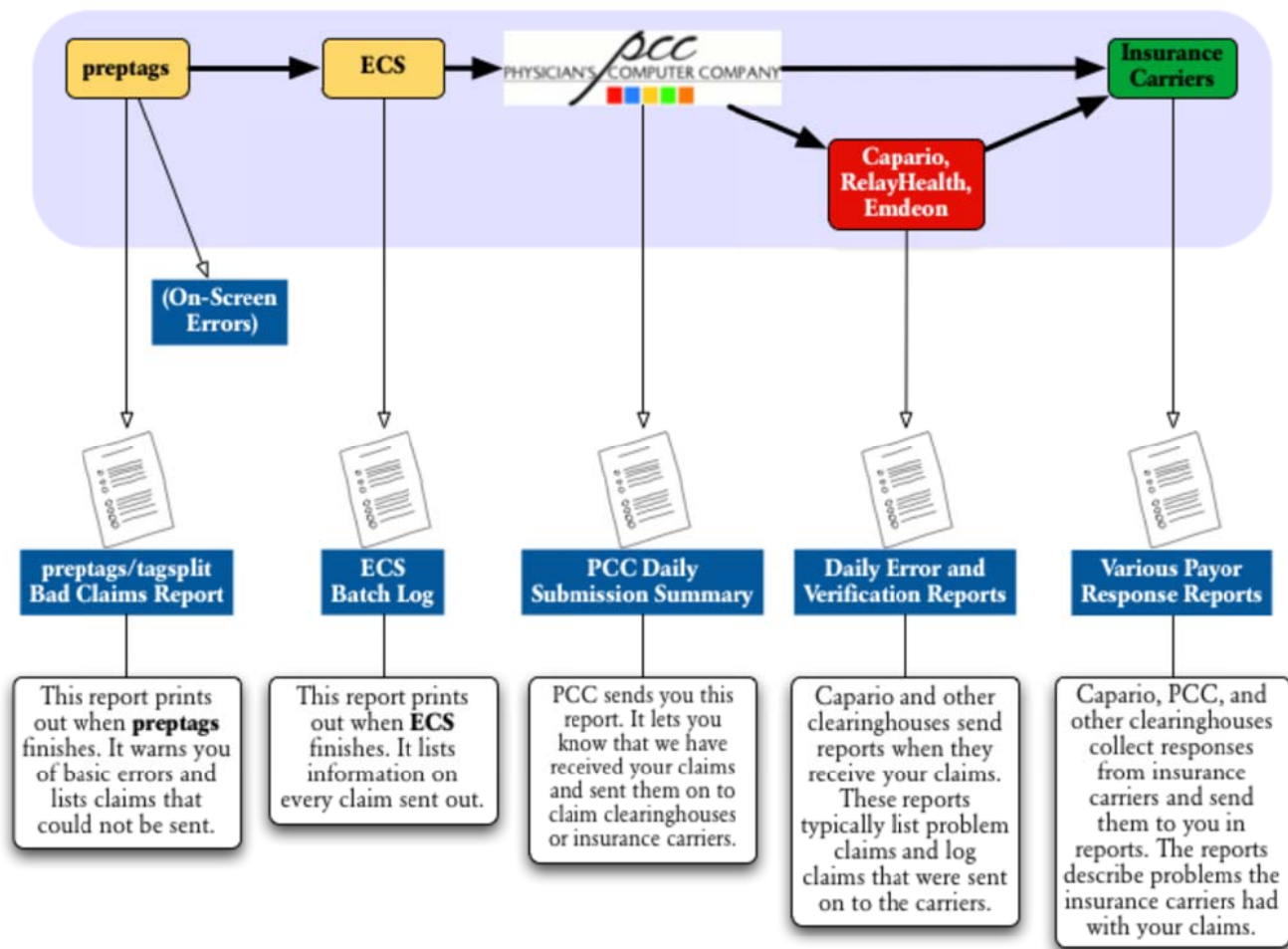
Billing Office Best Practices
Insurance Collections

- Claims submission

- Posting payments / responses

- Claims follow up

- Claim submission tools and reports

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Billing Office Best Practices
Insurance Collections: Claims Submission

Reports You Receive As Your Claim is Processed

Billing Office Best Practices
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.
```

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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

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Billing Office Best Practices
Insurance Collections: Claims Submission

- Finding Electronic Claim Responses in Partner
  - Correct Mistakes (oops)
  - EDI Reports (ecsreports)

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Billing Office Best Practices
Insurance Collections: Claims Submission F/U

Electronic Claim Responses in Correct Mistakes (oops)

DATE	PATIENT	PROCEDURE NAME	DIAG	P	AMOUNT	SUM DUE
1) 12/22/09	Pebbles	Well Child 5-11 yrs	V20.2	Y	195.00	0.00
2)	01/26/10	Ins Pmt -- HUM #0000		Y	115.56	
3)	01/26/10	Ins Adj -- HUM #0000		Y	64.44	
4)	01/15/10	Payor Acknowledged Claim #335370: Your claim has be				
5)	01/15/10	PCC Acknowledged Claim #335370:				
6)	01/15/10	HUMANA ECS #335370				
7)	01/15/10	Claim (from HUMANA) to AVAILITYhumana				
8)	01/14/10	HUMANA claim batched by oops				
9)	12/22/09	TOS Cash Payment		Y	15.00	

Use the <F4> Insurance Status function key to access the claim responses (e.g. lines 4, 5, and 6)

Insuranc Status

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Billing Office Best Practices
Insurance CollectionsZ: Claims Submission
EDI Reports (ecsreports)

EDI Reports - Listing All Report Types

1422 files are listed below.

			Times Printed
05/20/2013			
ECS Batch Log	ECS	2:33pm	0
preptags/tagsplit Bad Claims	ECS	2:31pm	0
Post-N-Track Claim Acknowledgment Report	ECS	1:15pm	0
ERA/EOB Report	ERA/EOB	11:15am	0
ERA/EOB Report	ERA/EOB	8:45am	0
Emdeon Provider Claim Status	ECS	4:00am	0
05/19/2013			
Post-N-Track Claim Acknowledgment Report	ECS	1:15pm	0
ERA/EOB Report	ERA/EOB	11:15am	0
ERA/EOB Report	ERA/EOB	11:15am	0
Availity Electronic Batch Report	ECS	5:45am	0
Availity Electronic Batch Report	ECS	5:45am	0
Emdeon File Status Report	ECS	4:00am	0
Emdeon File Summary Report	ECS	4:00am	0
Emdeon File Detail Summary Report	ECS	4:00am	0
PCC Daily Submission Summary	ECS	1:30am	0

View Selected	Print Selected		Select None		Essentl Reports	Search Selected	Search Recent	List By Type

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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.

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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

Payer			Payee		
NEVADA SUPERIOR HEALTH			PAULI G LAGERS MD		
P.O. BOX 182223			# 112		
			222 UNIVERSITY W BLVD		
LAS VEGAS NV, 374227223			SILVER SPRING MO, 209011969		

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).

Date CPT	Charge	Deduct	Copay/ CoInsur	Personal Other	Total PersDue	Contractual Adjust	Other Adjust	Payment
SONGER, KATHY (Ins ID: U30999999)			PCC ID: 15710 123303				Claim Processed as Primary	
121807 99392	148.00	-10.00	0.00	0.00	10.00	-47.35 45	0.00	90.65
121807 90655	30.00	0.00	0.00	0.00	0.00	-14.03 45	0.00	15.97
121807 36416	20.00	0.00	0.00	0.00	0.00	-15.77 45	0.00	4.23
121807 90465	35.00	0.00	0.00	0.00	0.00	-13.21 45	0.00	21.79
	233.00	-10.00	0.00	0.00	10.00	-90.36	0.00	132.64

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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

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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

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Billing Office Best Practices
Payment Posting: autopip

- Unposted ERA payments are presented by payment date, payor, check number, and check amount

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Billing Office Best Practices
Payment Posting: autopip

```
          Autopost - ERA Select List              Page 1 of 9

Date       Payor                    Check#                    Check Amount
07/27/09   Healthier United         432143214321                   203.10
07/27/09   Healthier United         321432143214                    75.30
07/27/09   Healthier United         213214321432                    51.14
07/28/09   Sergeant Hartford        987698769                       32.54
07/28/09   Sergeant Hartford        876987698                       57.69
07/29/09   Altma                    03210321032                     61.00
07/29/09   Altma                    32103210321                     91.00
07/29/09   Altma                    21032103210                     73.00
07/29/09   Altma                    10321032103                    102.00
07/29/09   Altma                    03210321033                    110.19
07/29/09   Cactus Prickle           4444449                         67.28
07/29/09   Sergeant Hartford        565656560                       75.95
07/29/09   Sergeant Hartford        565656561                      128.29
07/29/09   Sergeant Hartford        565656572                       47.69
07/29/09   Sergeant Hartford        565656591                       77.73
07/29/09   Spindra                  11000000001                    471.59
07/29/09   Total Health Complete    222000001                      271.25
07/29/09   Kingsland Crowns         42                             105.38
07/29/09   Wassalla National Health 88888881                       119.96

 Post        Select     Select    View &          Not Yet
 Payments    All        None      Post            Printed
```

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Billing Office Best Practices
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

          Charge / Payment Posting
_____

              AUTOPIP CONFIGURATION

114. What is the default payment type for autopip? This will override
     PIP_DEFPMT 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

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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

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Billing Office Best Practices
Payment Posting: autopip

- Remittance Advice Remark Code (RARC) and Claims Adjustment Reason Code (CARC) Values

  - RARC Values

    http://www.wpc-edi.com/reference/codelists/healthcare/remittance-advice-remark-codes/

  - CARC Values

    http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/

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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

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Billing Office Best Practices
Payment Posting: erareports

ERA Reports

Date	Payor	Check#	Check Amount	Autoposted
07/29/09	Healthier United	432143214321	$ 241.98	
07/29/09	Healthier United	321432143214	$ 0.00	
07/29/09	Healthier United	213214321432	$ 119.96	
07/29/09	Sergeant Hartford	987698769	$ 105.38	
07/29/09	Sergeant Hartford	876987698	$ 271.25	
07/29/09	Altma	03210321032	$ 471.59	
07/29/09	Altma	32103210321	$ 77.73	
07/29/09	Altma	21032103210	$ 47.69	
07/29/09	Altma	10321032103	$ 128.29	
07/29/09	Altma	03210321033	$ 75.95	
07/29/09	Cactus Prickle	4444449	$ 67.28	
07/29/09	Sergeant Hartford	565656560	$ 110.19	
07/29/09	Sergeant Hartford	565656561	$ 102.00	
07/29/09	Sergeant Hartford	565656572	$ 73.00	
07/29/09	Sergeant Hartford	565656591	$ 91.00	
07/29/09	Spindra	11000000001	$ 61.00	
07/28/09	Total Health Complete	222000001	$ 57.69	
07/28/09	Kingsland Crowns	42	$ 32.54	
07/27/09	Wassalla National Health	88888881	$ 51.14	

| Manual Report | Auto Report | Full Report | Jump To Date | | Search | | | |

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

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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
Insurance Follow Up

- Unpaid claims

- Denial management

- Appeals process

- Partner claims submission tools and reports

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

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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>

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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

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Billing Office Best Practices
Follow Up Tools

- maketags

- insaging

- inscoar – interactive mode

- srs Billing & Collection reports

- ecsreports

- allowedit

- cfs

Billing Office Best Practices
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

  Find                                    Restrict
  Claims                                  with SRS
```

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Billing Office Best Practices
Follow Up Tools: insaging

- Use to find insurance companies not paying timely

```
Insurance Company Aging Report - All Providers      05/21/13
```

Ins Group	Current	30-59	60-89	90-119	120+	Total	Percen
Personal	5,676	6,348	3,426	1,746	63,973	81,172	52
Medicaid	0	0	0	0	46	46	0
Aetna USHC HMO	1,426	180	265	0	0	1,871	1
Aetna MC & Elect	1,259	0	0	0	0	1,259	1
Aetna Open	2,099	441	0	0	0	2,540	2
BCBS	2,521	30	619	38	122	3,331	2
Capital Blue Cross	10,638	4,950	99	0	588	16,275	11
Health America	4,873	621	165	0	15	5,674	4
Keystone HealthPlan	2,028	146	185	40	261	2,660	2
HealthyKids HMO	371	491	206	0	332	1,400	1
Private Insurance	13,290	2,310	346	460	913	17,320	11
Cigna	393	0	0	0	0	393	0
Highmark Blue Shield	16,922	1,141	0	72	60	18,195	12
Retired Insurance Plans	1,267	1,043	105	143	169	2,727	2
Total	62,765	17,702	5,417	2,499	66,480	154,865	
Percentage	41%	11%	3%	2%	43%		

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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

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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


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

X Moyer, Donald J. (#1372)
  PARTNER: Moyer, Donald J.
    Moyer, Jeremy  (#2512)  (09/30/12) (ID: 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
```

Show MoreInfo	Hide MoreInfo		WorkWith Entry		New Pattern	Next Match	Previous Match	Bop To Top

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Billing Office Best Practices
Follow Up Tools: srs

- Billing & Collections

    – Gross Collection Ratio Report

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

Claim Error Report (preptags/Proxymed/Emdeon Claims)								

Responsible Party Group: Private Insurance
Current Billing Status: Tagsplit Error/Rejection

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

Responsible Party Group: HealthyKids HMO
Current Billing Status: Tagsplit Error/Rejection

Acct	Acct Last Name	Acct First Name	Pat	Pat First Name	Date of Current Billing Status	Current Billed Message	Transaction Date	Charge Amount	Amount Due
428	Keller	Alan	2429	Thomas	07/05/12	Claim (from HealthyKids HMO) to Error	01/28/12	$15.00	$15.00
931	Wells	Jack	1173	Anna	07/05/12	Claim (from HealthyKids HMO) to Error	06/24/12	$56.00	$46.00
0			0					$71.00	$61.00
0			0					$71.00	$61.00

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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!

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Billing Office Best Practices
Follow Up Tools: cfs

Billing Office Best Practices
Follow Up

- Challenges

- Unpaid claims

- Denial management

- Appeals process

- Partner claims submission tools and reports

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Billing Office Best Practices
Follow Up

- Challenges:

  - Variety of plans covering your families

  - Coding requirements

  - Ever-changing payer 'rules'

  - Claims submission address changes

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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

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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 you 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

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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

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Billing Office Best Practices
Personal Collections

- Send personal bills

- Post payments

- Work Personal A/R

- Sending an Account to Collections

- Reports

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Billing Office Best Practices
Personal Collections: ebills / bills

- Personal bills
  - ebills vs bills
  - Cycle billing
  - Billing messages
  - Finding bills sent in the past

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Billing Office Best Practices
Personal Collections: ebills / bills

ebills   vs   bills

- Look more professional

- Submit electronically

- Cost per bill

  - $.79366 first page

  - $.2235 each addt'l page

- 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

Doctors Office

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

Billing Date 07/10/12	Pay This Amount $ 607.60	Account # 1213
Pmt Method: MasterCard Visa Amex Check		
Card#:		Amt:
Sig:		Exp:

Billing message

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

Account Billing Notes

Paul M Acker
453 Spring Road
Proctorsville, VT 05153

Budget Amount: $ 50.00

Budget / Payment Plans on Bills and in fame

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

Please Detach And Return Top Portion With Your Payment Page: 01

Date of Service	Description of Services From 06/01/12 to 07/10/12	Charges	Payments & Adjustments	Due From Insurance	Due From Patient
	BALANCE FORWARD				$ 0.00

Lauren Acker (Dr. Davidson, Office)
03/17/12 OV Expanded Focus $ 56.00 $ 10.00
          06/29/12 Ins Pmt -- North American Health $ 46.00-

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

Budget amount appears here if set in fame.

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

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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

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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?

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Billing Office Best Practices
Personal Collections: Billing

- Billing Messages

  - Available in ebills and bills

  - By billing aging category

```
Make        Prepare                                   Print       Edit                    View
Changes     Bills                                     One Bill    Bill Msg                Bill Log
```

```
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
```

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Billing Office Best Practices
Personal Collections: Billing Notes

- Account Billing Notes

  – Available in the Family Editor (fame)

```
Acct PCC: 1                  The Family Editor              Page 4 of 5
                  Account Billing Note: John Canning
    Search Pattern: [                    ]  Search on whole words: No

X 04/16/12 Please remember to pay a minimum of your payment plan amount. Thank
           you!
                                         - 02:26 pm lynne    (Modified)
```

  – Use cfs to track which accounts have account billing notes

```
                   The Special Accounts Editor          Page 1 of 1

Which accounts do you want to look at:
   (c)  Credits                        (17)  Billing Problem
   (n)  Billing Notes                  (18)  New Pt Records
   (1)  Inactive                       (19)  Financial Policy
```

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Billing Office Best Practices
Personal Collections: billlog

- Researching previously sent bills
  - billlog
  - aka F8 in bills / ebills

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Billing Office Best Practices
Personal Collections: billlog


```
                    Bill Log - Bill Batch Listing

   Date       Who       Date Range         Zip Range     Alphabet Range  Bill Agings
X 05/20/13  lynne     04/01/03-05/19/13  00000-99999  a-z            0,30,60,90,120
  05/13/13  randy     04/01/03-05/12/13  00000-99999  a-z            0,30,60,90,120
  05/06/13  lynne     04/01/03-05/05/13  00000-99999  a-z            0,30,60,90,120
  04/29/13  erica     04/01/03-04/28/13  00000-99999  a-z            0,30,60,90,120
  04/22/13  lynne     04/01/03-04/21/13  00000-99999  a-z            0,30,60,90,120
  04/15/13  erica     04/01/03-04/14/13  00000-99999  a-z            0,30,60,90,120
  04/08/13  lynne     04/01/03-04/07/13  00000-99999  a-z            0,30,60,90,120
  03/25/13  amanda    04/01/03-03/24/13  00000-99999  a-z            0,30,60,90,120
  03/20/13  erica     04/01/03-03/19/13  00000-99999  a-z            0,30,60,90,120
  03/11/13  lynne     04/01/03-03/10/13  00000-99999  a-z            0,30,60,90,120
  03/04/13  randy     04/01/03-03/03/13  00000-99999  a-z            0,30,60,90,120
  02/25/13  amanda    04/01/03-02/24/13  00000-99999  a-z            0,30,60,90,120
  02/18/13  lynne     04/01/03-02/17/13  00000-99999  a-z            0,30,60,90,120
  02/11/13  amanda    04/01/03-02/10/13  00000-99999  a-z            0,30,60,90,120
  02/04/13  erica     04/01/03-02/03/13  00000-99999  a-z            0,30,60,90,120
  01/28/13  lynne     04/01/03-01/27/13  00000-99999  a-z            0,30,60,90,120
  01/21/13  lynne     04/01/03-01/20/13  00000-99999  a-z            0,30,60,90,120
  01/14/13  lynne     04/01/03-01/13/13  00000-99999  a-z            0,30,60,90,120
  01/07/13  randy     04/01/03-01/06/13  00000-99999  a-z            0,30,60,90,120

  Accounts  Accounts
  Billed    NotBilld
```

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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

```
          Bill Log - Listing of Accounts Billed

   Name                        Bill Amount
X  Achey, Jeremy               $ 147.00
   Acker, Paul M               $ 639.60
   Acord, Nancy                $  20.00
   Adam, Scott L.              $  52.00
   Addington, Jeffrey          $ 207.00

   View                        Sort By      Sort By
   Bill                        Name         Amount
```

Billing Office Best Practices
Personal Collections: billlog

- Accounts Not Billed

  - See who did not receive a bill

  - Includes why they did not receive one

```
            Bill Log - Accounts Not Billed
_____

Account, Test        (#100000)     Total bal $    0.00    is not billable.
Acker, Patricia      (#28)         Total bal $    0.00    is not billable.
Adams, Ambrocio      (#1962)       Total bal $    0.00    is not billable.
Adams, Herb          (#1348)    Personal bal $    3.26    below cutoff $    4.99.
Beltz, Christopher   (#671)         Total bal $  26.81CR is not billable.
Catalani, John       (#1092)    Flag #4 held bill.
```

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Billing Office Best Practices
Personal Collections: persview

Billing Office Best Practices
Personal Collections: persview

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.

```
                        WORKING WITH *ALL* ACCOUNTS

  Name              Current      30..59      60..89      90..119       120+        Total
X Caruso, Donald   $   56.00   $    9.00   $  139.20   $   17.40   $    0.00   $  212.60
  Caven, Rene      $    0.00   $    0.00   $    0.00   $   10.00   $    0.00   $   10.00
  Harris, Mark A.  $    0.00   $    0.00   $    0.00   $   54.91   $    0.00   $   54.91

   Main                                                  Form      Print       See
   Menu                                                 Letters    Bills      Totals
```

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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

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Billing Office Best Practices
Personal Collections: Payment Plans

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

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Billing Office Best Practices
Personal Collections: Payment Plans

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

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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

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Billing Office Best Practices
Personal Collections: Collections-Adjust Chgs

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.

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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

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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

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Billing Office Best Practices
Personal Collections: Collections-Pend Agency

ITEM	DATE	PATIENT	PROCEDURE NAME	DIAG	SVC	BIL	AMOUNT	SUM DUE
43)	10/30/12	10/30/12 Other claim batched						
44)	08/06/12	C John	Well Child 5-11 y	V70.0	C	C	95.00	95.00
45)		08/07/12	Claim (from Other) to enbcbs					
46)		08/06/12	Other claim batched					
47)		John	Respiratory Flow	493.81	C	C	28.00	28.00
48)		08/07/12	Claim (from Other) to enbcbs					
49)		08/06/12	Other claim batched					
50)		John	Spirometry Simple	493.81	C	C	70.00	70.00
51)		08/07/12	Claim (from Other) to enbcbs					
52)		08/06/12	Other claim batched					
53)	P	John	Same	737.30	C	C	0.00	0.00
54)		08/07/12	Claim (from Other) to enbcbs					
55)		08/06/12	Other claim batched					
56)	01/30/12	C John	OV Expanded Focus	917.8	G	G	56.00	0.00
57)		03/06/12	Ins Pmt Direct Blue #110088	G			42.00	
58)		03/06/12	Ins Adj Direct Blue #110088	G			4.00	
59)		02/01/12	Claim (from BCBS) to BCBS					

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

Jump to Item	Generate Claim	SeeClaim Rpt/Bill	Insuranc Status		Visit Status	Unlink & Relink	View Adj Reasons	Delete Item(s)

Find the charges

Hit F4 to pend to the new collection agency insco

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Personal Collections
Post Visit – Collections: Pend Charges

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

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Billing Office Best Practices
Personal Collections: Collections-Pend Agency

Changing Insurance Information   Page 1 of 1
John Canning

	DATE	PATIENT	PROCEDURE NAME	DIAG	SVC	BIL	AMOUNT	SUM DUE
44	08/06/12PC	John	Well Child 5-11 yr	V70.0	C	C	95.00	95.00
		Insurance:	1. Collection			Copay:	$ 15.00	
47	08/06/12P	John	Respiratory Flow V	493.81	C	C	28.00	28.00
		Insurance:	1. Collection			Copay:		
50	08/06/12P	John	Spirometry Simple	493.81	C	C	70.00	70.00
		Insurance:	1. Collection			Copay:		

Now hit F1 to save and the charges will be pending collection

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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

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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

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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

    - http://learn.pcc.com/Content/Partner/InsuranceBilling/InsuranceBillingIntro.htm

  - 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.