SUCCESSFULLY MANAGING ACCOUNTING CHALLENGES WITH PARTNER

Thursday, July 18, 2013

8:30 a.m. ~ 10:30 a.m.

Maria Horn
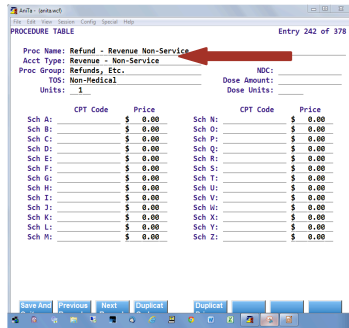
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PARTNER BASICS

- **Procedure Table Accounting Types**
  - **Receipts versus Revenues**
- **Refund (refund) Program**
  - **Refund by patient & refund by account**
  - **Accounting adjustments positive or negative**
  - **Linking the procedures to payments**
- **Payment Types**

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REVENUE ACCOUNTING TYPES

- **Revenue**
- **Revenue - Credit W/O**
- **Revenue -Service Charge**
- **Revenue – Non Service**

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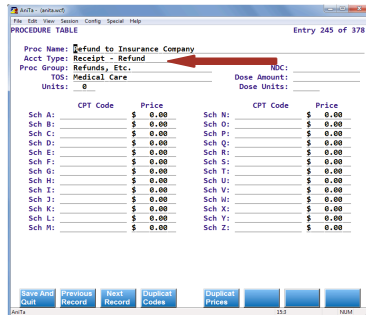
REVENUE DEFINITIONS

- **Revenue**
  - Charges (services) performed by a provider
- **Revenue - Credit W/O**
  - Writing off the credit (keeping the payment)
- **Revenue -Service Charge**
  - Charges that are service fees (charges)
- **Revenue – Non Service**
  - Charges (services) generated by staff

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RECEIPT ACCOUNTING TYPES

- **Receipt**
- **Receipt – NSF**
- **Receipt- Refund**

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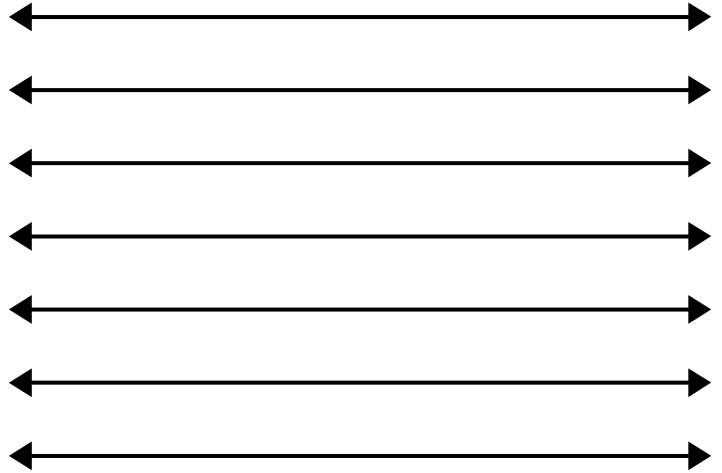
RECEIPT DEFINITIONS

- **Receipt**
  - General reduction to receipts (payments)
  - Negative payments
- **Receipt - NSF**
  - Returned checks (payments)
- **Receipt – Refund**
  - Refunds to patients or payers

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HOW TO MANAGE CREDITS

CREDITS IN PARTNER

- **Liability in accounting terms**
- **Payments in excess of charges**
- **Credits are always personal**
- **Credits are not aged and therefore always current**
- **Artificially reduces A/R**

LOCATING CREDITS WITH PERSVIEW

LOCATING CREDITS WITH srs

CREDITS - REFUNDS

- **Refunds reduce receipts**
- **Credit policy & procedures**
- **Compliance with state laws & payer contracts**
- **Refund to patient or to a payer**
- **Accounting type**
  - *Receipt – Refund*
- **Procedure name may vary**

INDENTIFYING CREDITS IN OOPS

POSTING THE REFUND IN 'refund'


```
File  Edit  View  Session  Config  Special  Help
POSTING ACCOUNTING ADJUSTMENTS                               Page 1 of 2
 First Name: William                    Home Phone: 802-338-2090
 Last Name: Bomgardner                  Cell Phone: 802-488-4824
    Status:

   Address: 39 Privet Drive                      Dependents
                                        Liana Bomgard
      City: West Dover
     State: VT        Zip Code: 05356

    AGING:    0-30    31-60    61-90   Over 90   Old Bal   New Bal
 Personal: $ 15.00CR $  0.00  $  0.00  $  0.00  $ 15.00CR $ 15.00CR
 Insuranc                              $  0.00  $  0.00  $  0.00
 Medicai  PracticeFee                  $  0.00  $  0.00  $  0.00
          Refund - Patient
          Refund - Receipt
    Date  Refund - Receipt - NSF        Amount          Provider
 05/24/13 Refund - Receipt-Refund
          Refund - Revenue Credit W/O -m
          Refund - Revenue Non-Service

    Save   Next                    Print A  Correct  Family   Acct
           Account                 Bill     Mistakes Editor   History
 AniTa                                      42:16            NUM
```

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POSTING & RELINKING



```
File  Edit  View  Session  Config  Special  Help
ITEM   DATE      PATIENT       PROCEDURE NAME    DIAG  SVC BIL  AMOUNT  SUM DUE
 1) 05/24/13  Liana          Refund - Patient  -     N   N    15.00     0.00
 2)            05/11/08 TOS Check Payment #1067       N        15.00
 3) 06/14/08 C Liana         Medication Follow 314.00 W  W    87.00     0.00
 4)            06/30/08 Ins Pmt Capital Blue Cross  W        65.72
 5)            06/30/08 Ins Adj Capital Blue Cross  W         6.28
 6)            06/14/08 TOS Check Payment #1083     W        15.00
 7)            06/14/08 Capital Blue Cross claim batched
 8)            Liana         Same            V58.69 W  W     0.00     0.00
 9)            06/14/08 Capital Blue Cross claim batched
10)            TOS Receipt
11) 06/03/08   Indiv Personal Bill
12) 05/11/08  Liana         ADD Yearly Evalua 314.00 W  W   125.00     0.00
13)            06/22/08 TOS Check Payment #1087     W        15.00
14)            06/02/08 Ins Pmt Capital Blue Cross  W       105.12
15)            06/02/08 Ins Adj Capital Blue Cross  W         4.88
16)            05/11/08 Capital Blue Cross claim batched
17)            Liana         Same            V58.69 W  W     0.00     0.00
18)            05/11/08 Capital Blue Cross claim batched
19)            TOS Receipt
20) 04/09/07   TOS Receipt
21) 04/08/07  Liana         ADD Yearly Evalua 314.00 W  W   125.00     0.00
22)            04/08/07 Ins Pmt BCBS $15copay #1001 W       105.12

 Personal: $   0.00   Correcting William Bomgardner (# 806).
 Insurance: $  0.00   There are 29 more items.
 Medicaid: $   0.00

 Jump to   Generate  SeeClaim  Insuranc        Visit    Unlink &  View Adj  Delete
 Item      Claim     Rpt/Bill  Status          Status   Relink    Reasons   Item(s)
 AniTa                                          24:27             CAP NUM
```

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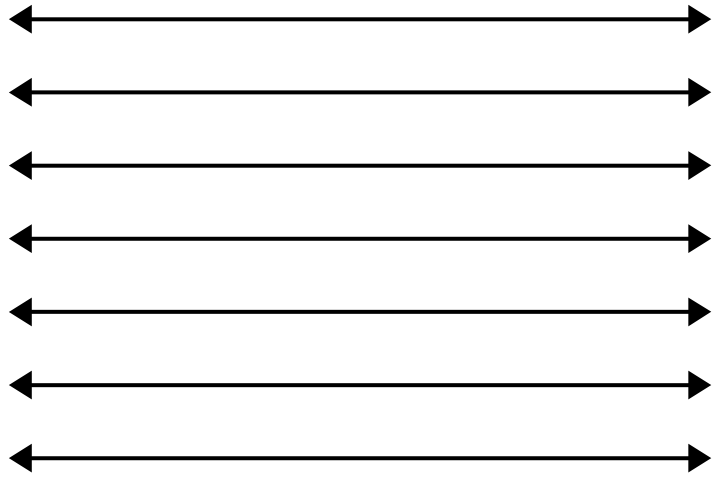
CREDIT DAYSHEET ENTRIES

Narrow


```
Items with a Acct Name of Bomgardner, William
       Transaction
   User    Date    Account Name            Charges  Payments  Adjusts
 -------- -------- -----------------------  -------- -------- --------
 maria   05/24/13  Bomgardner, William (Refund -        15.00-
 maria   05/11/08  Bomgardner, William (TOS Chec        15.00-
 maria   05/11/08  Bomgardner, William (TOS Chec        15.00
 -------- -------- -----------------------  -------- -------- --------
 Total             Acct Name Bomgardner, William  0.00   15.00-    0.00
```

Wide

```
                      ---------------Receipts---------------
                                        Credit    NSF/
                      Cash    Check     Cards     Refunds
                      ------- --------- --------- ---------
                                                   15.00-
                              15.00-
                              15.00
                      ------- --------- --------- ---------
                       0.00    0.00      0.00      15.00-
```

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CREDIT WRITE-OFFS

- **Revenue will increase**
  - **Claiming the money as income**
- **Credit policy & procedures**
- **Compliance with state law & payer contracts**
- **Accounting Type**
  - *Revenue – Credit W/O*

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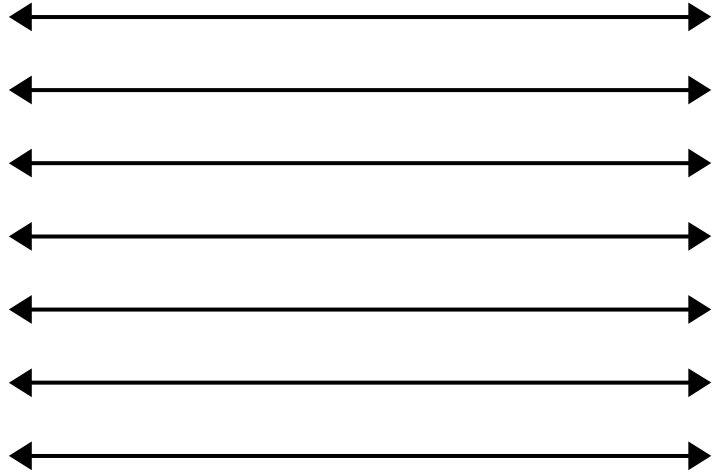
CREDIT WRITE-OFFS

```
Items with a Acct Name of Wilson, Joseph
        Transaction
   User    Date    Account Name              Charges  Payments  Adjusts
-------- -------- ----------------------- --------- --------- ---------
maria    05/17/13  Wilson, Joseph                2.10
maria    11/13/06  Wilson, Joseph (Personal Chec          2.10-
maria    11/13/06  Wilson, Joseph (Personal Chec          2.10
-------- -------- ----------------------- --------- --------- ---------
Total             Acct Name Wilson, Joseph      2.10     0.00     0.00
```

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DAYSHEET BY PROGRAM

```
Posting Date: 05/17/13


Items
        Transaction
   User    Date    Account Name              Charges  Payments  Adjusts
-------- -------- ----------------------- --------- --------- ---------
Total             Program pam                          158.56
Total             Program refund                2.10
Total             Program oops-relink-oops              2.10-
Total             Program oops-relink-post              2.10
-------- -------- ----------------------- --------- --------- ---------
Total             GRAND TOTAL                   2.10   158.56     0.00

                  ACCOUNTS RECEIVABLE

                  $     2.10  Total Charges
                  -   158.56  Total Payments
                  -     0.00  Total Adjustments
                      ----------
                  $   156.46- Change in A/R for 05/17/13
```
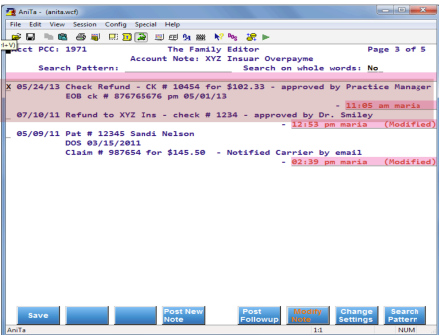
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OVERPAYMENTS

OVERPAYMENT ACCOUNTS

- **Internal accounts**
- **Holding accounts**
- **To manage overpayments**
    - **EOB has over paid on a claim(s)**
    - **Duplicate payment on claim(s)**
    - **Unidentified patient claim(s)**

FAME ACCOUNT NOTES

REFUND & RELINK

INSURANCE TAKEBACKS

TAKEBACKS (FORCED REFUNDS)

- **Payer deducts and reapplies the payment from a previous EOB**
- **Process is same as the refund process**
- **Procedure names should vary**
- **Refund**
    - **Payment made directly to carrier**
- **Takebacks**
    - **Payer deducts payment from EOB**

Slide 1

Date	Payor				Check#		Check Amount	
04/02/13	Other Insurance Company, Inc.				1176874		$ 155.94	
OTHER INSURANCE COMPANY, INC.				PEDIATRICS OF THE FALLS				

Adjustment Reason Key/
45   Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
B5   Coverage/program guidelines were not met or were exceeded.

Date	CPT	Charge	Deduct	Copay/ CoInsur	Personal Other	Total PersDue	Contractual Adjust	Other Adjust	Payment
LOSER, JOHN		(Ins ID: YWP21040391002)				PCC ID: 372 667282 8006		Reversal of Previous Payment	
120612	99214	-180.00	0.00	25.00	0.00	-25.00	4.72 45	0.00	-150.28
120612	99050	-35.00	0.00	0.00	0.00	0.00	35.00 B5	0.00	0.00
		-215.00	0.00	25.00	0.00	-25.00	39.72	0.00	-150.28

Payer Claim Control Number: 121210M27T10
* Claim was denied or had a status other than "Claim Processed"

Date	CPT	Charge	Deduct	Copay/ CoInsur	Personal Other	Total PersDue	Contractual Adjust	Other Adjust	Payment
WEISS, JENNIFER		(Ins ID: HP241398802)				PCC ID: 3139 677207 8210		Claim Processed as Primary	
020513	99213	125.00	0.00	10.00	0.00	0.00	0.00	0.00	115.00
020513	87081	15.00	0.00	0.00	0.00	0.00	5.61 45	0.00	9.39
020513	87880	25.00	0.00	0.00	0.00	0.00	8.78 45	0.00	16.22
		165.00	0.00	10.00	0.00	0.00	14.39	0.00	140.61

Payer Claim Control Number: 1780208Z20L98

Date	CPT	Charge	Deduct	Copay/ CoInsur	Personal Other	Total PersDue	Contractual Adjust	Other Adjust	Payment
FERRICK, NICOLE		(Ins ID: HP241398802)				PCC ID: 720 677207 8210		Claim Processed as Primary	
020513	99213	125.00	0.00	-20.00	0.00	20.00	0.00	0.00	105.00
020513	87081	15.00	0.00	0.00	0.00	0.00	-5.61 45	0.00	9.39
020513	87880	25.00	0.00	0.00	0.00	0.00	-8.78 45	0.00	16.22
020513	99050	35.00	0.00	0.00	0.00	0.00	0.00	0.00	35.00
		200.00	0.00	-20.00	0.00	20.00	-14.39	0.00	165.61

Payer Claim Control Number: 130208M20Q68

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Slide 2

TAKEBACK – OOPS SCREEN

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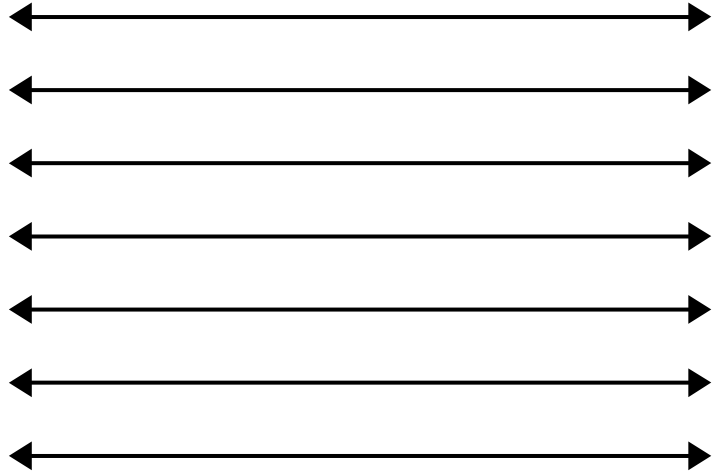
Slide 3

DEPOSIT REPORT

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DAYSHEET WIDE

```
Items
Items with a Group of Keystone HealthPlan
                                            -----------Revenue----------   -------------Receipts---------------
            Transaction                                                                            Credit   NSF/
    User    Date      Account Name      Patient Name      Prv Non-Svc Services  Adjust   Cash   Check   Cards   Refunds
    ------- --------  ----------------  ----------------  --- ------- --------  ------   ----   -----   ------  --------
    maria   05/24/13  Ferrick, Arthur   Ferrick, Nicole   CAS                           106.00
    maria   05/24/13  Ferrick, Arthur   Ferrick, Nicole   CAS             5.61            9.39
    maria   05/24/13  Ferrick, Arthur   Ferrick, Nicole   CAS             8.78           16.22
    maria   05/24/13  Ferrick, Arthur   Ferrick, Nicole   CAS                            35.00
    maria   05/24/13  Loser, Kim        Loser, John       CAS                                                   150.28-
    maria   05/24/13  Weiss, Jeffrey    Weiss, Jennifer S CAS                           115.00
    maria   05/24/13  Weiss, Jeffrey    Weiss, Jennifer S CAS             5.61            9.39
    maria   05/24/13  Weiss, Jeffrey    Weiss, Jennifer S CAS             8.78           16.22
    ------- --------  ----------------  ----------------  --- ------- --------  ------   ----   -----   ------  --------
    Total             Group             Keystone HealthPl       0.00    0.00    28.78    0.00  306.22   0.00    150.28-
```

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SRS DEPOSIT REPORT

Deposit Report with Check Number

Payment Class: Insurance Payment

User who Posted	Transaction Date	Acct First Name	Acct Last Name	Amount Collected (all pmts + all adjs)	Check Number
maria	05/24/13	Arthur	Ferrick	$105.00	1176874
maria	05/24/13	Arthur	Ferrick	$9.39	1176874
maria	05/24/13	Arthur	Ferrick	$16.22	1176874
maria	05/24/13	Arthur	Ferrick	$35.00	1176874
maria	05/24/13	Jeffrey	Weiss	$115.00	1176874
maria	05/24/13	Jeffrey	Weiss	$9.39	1176874
maria	05/24/13	Jeffrey	Weiss	$16.22	1176874
				$306.22	
				$306.22	

Criteria for this report run.
Transaction Date Range: 05/24/13 - 05/24/13
Payment Class:

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RETURNED CHECK & CHECK FEE

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RETURNED CHECK & SERVICE FEE

Returned Check & Fee

RETURN CK & FEE - DAYSHEET WIDE

BAD DEBT & COLLECTIONS

BAD DEBT ADJUSTMENT

Collection Agency Payment & Fee

BAD DEBT BILLING INFORMATION

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BAD DEBT/COLLECTIONS OVERVIEW

- Write off bad debt with adjustment
- When and if a recoupement is received
  - oops off original adjustment
  - Post corrected bad debt adjustments
  - Post recovey payment
  - Post Agency Fee
    - *Receipt-Refund*
- Link charges and payments

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REFUND REPORT

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REFUND DETAIL REPORT

RULES & TRUISMS

- **Select correct accounting type**
  - **Revenue (plus) vs Receipt (minus)**
- **Refund (refund) Program**
- **Link payments to procedure**
- **Select appropriate report(s)**
- **Simple is better**
- **Partner is not an accounting system**
  - **Partner provides the information**

QUESTIONS, SUGGESTIONS, TIPS

THANK YOU!

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