Insurance Collections

Lynne Y Gratton, CPPM
PCC 2016 Users' Conference
Insurance Collections

Overview

- Take Away
- Configuration
- Pre Visit
- Claims submission
- Posting payments / responses
- Claims follow up
- Claim submission tools and reports
Insurance Collections

• What is the Take Away?
  - Learning the importance of the front desk and back office working together to collect money.
  - Tools to help
Insurance Collections

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.
Insurance Collections Configuration

- Insurance Plans
- checkout screens
- Snap codes
- Billing Office Prep
Insurance Collections
Configuration: Insurance Table

- 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.
Insurance Collections Configuration: checkout 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
Insurance Collections Configuration: Snap Codes

- SNAP Code Table
  - Use 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
Insurance Collections
Configuration: Billing Office 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.
Insurance Collections
Pre Visit

- Scheduling
- Appointment Verification
- Eligibility Verification
- Eligibility Using Partner
Insurance Collections
Pre Visit: Scheduling

<table>
<thead>
<tr>
<th>Name</th>
<th>SAM Search Criteria</th>
<th>PCP</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pebbles Flintstone</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time Frame:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PATIENT: Pebbles Flintstone</th>
<th>PAT STATUS:</th>
<th>NEXT APPT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB: 04/24/2003</td>
<td>$ Problem, Adopt</td>
<td>05/01/12</td>
</tr>
<tr>
<td>AGE: 10 years</td>
<td>CONFIDENTIAL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GUAR: Fred Flintstone</th>
<th>GUAR STATUS:</th>
<th>SSN: 828-74-6104</th>
</tr>
</thead>
<tbody>
<tr>
<td>1400 Rock Road</td>
<td>Billing Problem</td>
<td></td>
</tr>
<tr>
<td>Winooski, VT 05404</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| H: 802-555-0105 PERS BAL: $ 37.00 | W: 802-555-0146 INS BAL: $ 128.00 |

| PRI: Aetna H.D. $15 | SEC: Cigna PPO $2 | CERT: 34DFJH | GRP: |

| School: Bedrock Central | Chart #: 2755 | MISS: 1 (12/18/12, Pebbles, Sick Call) | CANC: 1 (02/11/07, Pebbles, Sick Call) |

Take advantage of available function keys

Use flags to communicate with the front
Insurance Collections
Pre Visit: Scheduling

Partner screens are now 30 lines long, so take advantage of those 5 lines!

---

**SAM Search Criteria**

<table>
<thead>
<tr>
<th>Name</th>
<th>Visit Reason</th>
<th>PCP</th>
<th>Provider</th>
<th>Mins</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pebbles Flintstone</td>
<td></td>
<td>W</td>
<td></td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Time Frame:**

|               |               |               |               |               |               |               |
|---------------|---------------|---------------|---------------|---------------|---------------|
|               |               |               |               |               |               |

**PATIENT:** Pebbles Flintstone  
**DOB:** 05/21/2006  
**AGE:** 10 years  
**CUST:** Wilma Flintstone  
**Guar:** Fred Flintstone

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Alt Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedrock Central</td>
<td>Rubble</td>
<td>Chart #: 2755</td>
<td></td>
</tr>
</tbody>
</table>

**PAT STATUS:** Adoption, ~$ Problem  
**CUST STATUS:** CONFIDENTIAL  
**GUAR STATUS:** Billing Problem

**LAST PHY:** 05/29/15  
**NEXT APPT:**

**H:** 802-555-0194  
**PERS BAL:** $37.00  
**W:** 802-555-0197  
**INS BAL:** $128.00

**PRI:** Aetna HDHP  
**CERT:** 34DFJH  
**GRP:**

**SEC:** Cigna PPO $20  
**CERT:** 24958JD  
**GRP:**

**MISS:** 1 (01/15/16, Pebbles, Sick Call)  
**CANC:** 1 (03/10/10, Pebbles, Sick Call)

---

**Schedule Inquire Find Next Relation Demo-graphics Clear**
Insurance Collections
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
Insurance Collections
Pre Visit: Eligibility

● Partner's elig program
  − Auto eligibility overnight
    ● Now for all active plans!
  − Update policy information as needed through elig, especially copays!
  − Use notes for the front desk to see at checkin
Insurance Collections
Pre Visit: Appt 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!!!
Insurance Collections
Claims Submission: Clean Claims

- 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.
Insurance Collections

Claims Submission: 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
Insurance Collections
Claims Submission

Reports You Receive As Your Claim is Processed

- 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.

- Insurance Carriers

PCC
Pediatric EHR Solutions

Control Your Future™
Insurance Collections
Claims Submission: Responses

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

Date: 07/11/16  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: 07/11/16  PCC #: 12345  Patient: Bart Simpson
Guar PCC#: 54321  Cus PCC#: 54321
Procedure Code: ABCDE  Diagnosis code: Z23 Amount: $ 10.00
The procedure code “ABCDE” is obsolete for the date of service.
Insurance Collections
Claims Submission: Responses

- 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
Insurance Collections
Claims Submission: Responses

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

**Claims Submission: Responses**

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>
</tr>
</thead>
<tbody>
<tr>
<td>12/22/09</td>
<td>Pebbles</td>
<td>Well Child 5-11 yrs</td>
<td>V20.2</td>
<td>Y</td>
<td>195.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>01/26/10</td>
<td>Ins Pmt -- HUM #0000</td>
<td></td>
<td>Y</td>
<td></td>
<td>115.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/26/10</td>
<td>Ins Adj -- HUM #0000</td>
<td></td>
<td>Y</td>
<td></td>
<td>64.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td>Payor Acknowledged Claim #335370: Your claim has been</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td>PCC Acknowledged Claim #335370:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td>HUMANA ECS #335370</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/15/10</td>
<td>Claim (from HUMANA) to AVAILITYhumana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/14/10</td>
<td>HUMANA claim batched by oops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/22/09</td>
<td>TOS Cash Payment</td>
<td></td>
<td></td>
<td></td>
<td>15.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use the <F3> See Claim Rpt/Bill function key to access the claim responses (e.g. lines 4, 5, and 6)
Insurance Collections
Claims Submission: ecsreports

EDI Reports - Listing All Report Types

1422 files are listed below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Report Description</th>
<th>System</th>
<th>Time</th>
<th>Printed</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/20/2013</td>
<td>ECS Batch Log</td>
<td>ECS</td>
<td>2:33pm</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>preptags/tagsplit Bad Claims</td>
<td>ECS</td>
<td>2:31pm</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Post-N-Track Claim Acknowledgment Report</td>
<td>ECS</td>
<td>1:15pm</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>ERA/EOB Report</td>
<td>ERA/EOB</td>
<td>11:15am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>ERA/EOB Report</td>
<td>ERA/EOB</td>
<td>8:45am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Emdeon Provider Claim Status</td>
<td>ECS</td>
<td>4:00am</td>
<td>0</td>
</tr>
<tr>
<td>05/19/2013</td>
<td>Post-N-Track Claim Acknowledgment Report</td>
<td>ECS</td>
<td>1:15pm</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>ERA/EOB Report</td>
<td>ERA/EOB</td>
<td>11:15am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>ERA/EOB Report</td>
<td>ERA/EOB</td>
<td>11:15am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Availity Electronic Batch Report</td>
<td>ECS</td>
<td>5:45am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Availity Electronic Batch Report</td>
<td>ECS</td>
<td>5:45am</td>
<td>0</td>
</tr>
<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>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Emdeon File Detail Summary Report</td>
<td>ECS</td>
<td>4:00am</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>PCC Daily Submission Summary</td>
<td>ECS</td>
<td>1:30am</td>
<td>0</td>
</tr>
</tbody>
</table>

PCC
Pediatric EHR Solutions
Control Your Future™
Insurance Collections
Claims Submission: Mastering Claim Reports

Check out Justin and Scott's Mastering Claims Reports class Friday at 10:15am for more on EDI reports from PCC, clearing houses, and payers.
Insurance Collections Payment Posting

- Autoposting of payments
  - ERA vs EFT
  - autopip
  - RARC and CARC
  - erareports
Insurance Collections
Payment Posting

● What's ERA?

● What's EFT?
Insurance Collections
Payment Posting

- ERA is not EFT
  - Most payers allow receipt of either or both
  - Some payers require both
  - Partner doesn't facilitate processing of EFT
Insurance Collections  
Payment Posting

- 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, 37427223</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 CPT</th>
<th>Charge</th>
<th>Deduct</th>
<th>Copay/CoInsur</th>
<th>Personal</th>
<th>Total PersDue</th>
<th>Contractual Adjust</th>
<th>Other Adjust</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>121807 59392</td>
<td>148.00</td>
<td>-10.00</td>
<td>0.00</td>
<td>0.00</td>
<td>10.00</td>
<td>-47.35 45</td>
<td>0.00</td>
<td>96.65</td>
</tr>
<tr>
<td>121807 90655</td>
<td>30.00</td>
<td>0.06</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>-14.03 45</td>
<td>0.00</td>
<td>15.97</td>
</tr>
<tr>
<td>121807 36416</td>
<td>20.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>-15.77 45</td>
<td>0.00</td>
<td>4.23</td>
</tr>
<tr>
<td>121807 90465</td>
<td>35.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>-13.21 45</td>
<td>0.00</td>
<td>21.79</td>
</tr>
<tr>
<td></td>
<td>233.00</td>
<td>-10.00</td>
<td>0.00</td>
<td>0.00</td>
<td>10.00</td>
<td>-90.36 45</td>
<td>0.00</td>
<td>132.64</td>
</tr>
</tbody>
</table>

PCC Pediatric EHR Solutions  
Control Your Future™
```
Insurance Collections
Payment Posting

- ERAs now contain the four Business Scenarios
  - Additional information required, missing/invalid/incomplete claim
  - Additional information required, missing/invalid/incomplete documentation
  - Billed service not covered by health plan
  - Benefit for billed service not separately payable
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
Insurance Collections
Payment Posting: autopip

- **autopip** is Partner's automatic insurance payment posting program
  - Why are you not using this program?
  - Why are you not using it for all available insurance companies?

- autopip works in conjunction with pip
  - Yes, you'll still need to post some payments the old fashioned way
Insurance Collections
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!
Insurance Collections
Payment Posting: autopip

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

**Payment Posting: autopip**

<table>
<thead>
<tr>
<th>Date</th>
<th>Payor</th>
<th>Check#</th>
<th>Check Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/27/09</td>
<td>Healthier United</td>
<td>432143214321</td>
<td>203.10</td>
</tr>
<tr>
<td>07/27/09</td>
<td>Healthier United</td>
<td>321432143214</td>
<td>75.30</td>
</tr>
<tr>
<td>07/27/09</td>
<td>Healthier United</td>
<td>213214321432</td>
<td>51.14</td>
</tr>
<tr>
<td>07/28/09</td>
<td>Sergeant Hartford</td>
<td>987698769</td>
<td>32.54</td>
</tr>
<tr>
<td>07/28/09</td>
<td>Sergeant Hartford</td>
<td>876987698</td>
<td>57.69</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Altma</td>
<td>03210321032</td>
<td>61.00</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Altma</td>
<td>32103210321</td>
<td>91.00</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Altma</td>
<td>21032103210</td>
<td>73.00</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Altma</td>
<td>10321032103</td>
<td>102.00</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Altma</td>
<td>03210321033</td>
<td>110.19</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Cactus Prickle</td>
<td>44444449</td>
<td>67.28</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Sergeant Hartford</td>
<td>565656560</td>
<td>75.95</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Sergeant Hartford</td>
<td>565656561</td>
<td>128.29</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Sergeant Hartford</td>
<td>5656565672</td>
<td>47.69</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Sergeant Hartford</td>
<td>565656591</td>
<td>77.73</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Spindra</td>
<td>110000000001</td>
<td>471.59</td>
</tr>
<tr>
<td>07/29/09</td>
<td>Total Health Complete</td>
<td>2220000001</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>8888888881</td>
<td>119.96</td>
</tr>
</tbody>
</table>
Insurance Collections
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
Insurance Collections
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
  - ced option

System Files

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
Insurance Collections
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
Insurance Collections
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
Insurance Collections
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
Insurance Collections
Payment Posting

- Remittance Advice Remark Code (RARC) and Claims Adjustment Reason Code (CARC) Values
  - RARC Values
  - CARC Values
Insurance Collections
Payment Posting: erareports

- 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
## Insurance Collections

**Payment Posting: erareports**

<table>
<thead>
<tr>
<th>Date</th>
<th>Payor</th>
<th>Check#</th>
<th>Check Amount</th>
<th>Autoposted</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/29/09</td>
<td>Healthier United</td>
<td>432143214321</td>
<td>$241.98</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Healthier United</td>
<td>321432143214</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Healthier United</td>
<td>213214321432</td>
<td>$119.96</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Sergeant Hartford</td>
<td>987698769</td>
<td>$105.38</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Sergeant Hartford</td>
<td>876987698</td>
<td>$271.25</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Altma</td>
<td>03210321032</td>
<td>$471.59</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Altma</td>
<td>32103210321</td>
<td>$77.73</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Altma</td>
<td>21032103210</td>
<td>$47.69</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Altma</td>
<td>10321032103</td>
<td>$128.29</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Altma</td>
<td>03210321033</td>
<td>$75.95</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Cactus Prickle</td>
<td>4444449</td>
<td>$67.28</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Sergeant Hartford</td>
<td>565656560</td>
<td>$110.19</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Sergeant Hartford</td>
<td>565656561</td>
<td>$102.00</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Sergeant Hartford</td>
<td>565656572</td>
<td>$73.00</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Sergeant Hartford</td>
<td>565656591</td>
<td>$91.00</td>
<td></td>
</tr>
<tr>
<td>07/29/09</td>
<td>Spindra</td>
<td>110000000001</td>
<td>$61.00</td>
<td></td>
</tr>
<tr>
<td>07/28/09</td>
<td>Total Health Complete</td>
<td>222000001</td>
<td>$57.69</td>
<td></td>
</tr>
<tr>
<td>07/28/09</td>
<td>Kingsland Crowns</td>
<td>42</td>
<td>$32.54</td>
<td></td>
</tr>
<tr>
<td>07/27/09</td>
<td>Wassalla National Health</td>
<td>888888881</td>
<td>$51.14</td>
<td></td>
</tr>
</tbody>
</table>
Insurance Collections
Payment Posting: erareports

How do I get started with auto posting?

1. Contact support! They will help you determine which of your payers have ERAs available and help you with any needed paperwork.

2. Preview the [http://learn.pcc.com/](http://learn.pcc.com/) online documentation for Partner ERA and auto posting
Insurance Collections

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
Insurance Collections
Payment Posting: pip

Allowable values, schedule and config option

CARC Values
Insurance Collections
Insurance Follow Up

- Unpaid claims
- Denial management
- Appeals process
- Partner claims submission tools and reports
Insurance Collections
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
Insurance Collections
Insurance Follow Up: oops

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

- oops
  - Recent Changes
    - Updating policies in oops
    - See the CPT code on the first screen
    - Visit based notes
Insurance Collections

Insurance Follow Up: oops

- Recent Changes in oops
  - Generate Claim, Insurance and Visit Status possible by Claim ID or transaction date.
  - Original Claim Amount
  - Business Scenarios, in the ERA report
Insurance Collections

Insurance Follow Up Tools

- maketags
- insaging
- inscoar – interactive mode
- srs Billing & Collection reports
- ecsreports
- allowedit
- cfs
Insurance Collections

Insurance Follow Up Tools

- 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 Claims
Restrict with SRS
Insurance Collections

Insurance 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>Percent</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>0</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>Total</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>
<tr>
<td>Percentage</td>
<td>41%</td>
<td>11%</td>
<td>3%</td>
<td>2%</td>
<td>43%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Insurance Collections
Insurance Follow Up Tools

- inscoar generates a list of outstanding claims
  - Interactive gives you access to everything!
    - fame (notes) / notjane
    - refund
    - pam / pip
    - oops
    - checkout
    - visit notes
ACCOUNTS WITH BALANCES PENDING Aetna HDHP ()

Flintstone, Fred (#1980)
Flintstone, Dino (#3335) (03/29/12) (34DFJH)
01/16/2016 0 0V Expanded Focus 99213 372.30 D $ 79.00

Visit Notes:
06/16/16 Here is my very important note tracking what I have d
insurance company about their lack of payment.

Billing History:
12/11/14 Aetna HDHP claim batched
01/17/15 Aetna HDHP claim batched by oops
03/21/16 Aetna HDHP HCFA #69 $ 79.00
05/02/16 Aetna HDHP HCFA #105 $ 79.00
Insurance Collections

Insurance Follow Up Tools

- 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 pmts + all adj's)</th>
<th>Percent Collected (all pmts + all adj's)</th>
<th>Amount Deposited (all pmts)</th>
<th>Percent Deposited (all pmts)</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>
<tr>
<td></td>
<td>$603,975.05</td>
<td>$603,975.05</td>
<td>100.00%</td>
<td>$422,728.36</td>
<td>69.99%</td>
</tr>
</tbody>
</table>

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.
Insurance Collections
Insurance Follow Up Tools

- 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>0</td>
<td></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>0</td>
<td></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>
</tbody>
</table>

PCC Pediatric EHR Solutions
Control Your Future™
Insurance Collections
Insurance Follow Up Tools

- Allowables
  - allowedit
  - srs
  - Allowable Overpayments Report
  - Allowable Underpayments Report
- Learn more about this at learn.pcc.com
Insurance Collections

Insurance Follow Up Tools: cfs

The Special Accounts Editor

Which accounts do you want to look at: [ ]

- Overdue
- Budget
- Budget Overdue
- Bills Held
- Medicaid
- Delinquent Medicaid
- Late insurance payments
- Credits
- Billing Notes
- Inactive
- Dismissed
- Employee
- Transferred Out
- **Collection**
- Cash Only
- **Payment Plan**
- PC(insurance)
- Copy Card
- Physician Covered
- Coordination of Benefits
- CONFIDENTIALITY
- Missed Appt Fees
- Archived
- Form Fee
- New Patient
- **Billing Problem**
- New Pt Records
- Financial Policy
- Records
- **Copay Due**
- 2013 Transferred
- 2013 Copy Card

Check accounts with specific flags used for follow up your office may have created
Insurance Collections
Insurance Follow Up

- Challenges
- Unpaid claims
- Denial management
- Appeals process
- Partner claims submission tools and reports
Insurance Collections
Insurance Follow Up

- Challenges:
  - Variety of plans covering your families
  - Coding requirements
  - Ever-changing payer 'rules'
  - Claims submission address changes
Insurance Collections
Insurance Follow Up Tools

- Division of work load
  - By carrier
  - By task
    - Claims submission
    - Payment posting
    - Follow up on denials
    - Follow up on unpaid claims
Insurance Collections
Insurance Follow Up Tools: 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
Insurance Collections

Insurance Follow Up Tools:
Denial Management

- Create denial/appeals procedure
- Automate appeal form letters
- Reminder system for followup
  - tickle
  - Account flags
Insurance Collections
Insurance Follow Up Tools: Appeals

- Know you payer contacts
  - Claims services representative
  - Provider services representative
  - Claims supervisor
  - Appeals coordinator
  - Medical review manager
  - Medical Director
Insurance Collections

Insurance 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
Insurance Collections

Insurance Follow Up Tools: Appeals

- Sample phone call with carrier
  - Make detailed notes in the Family Editor (fame) or Correct Mistakes (oops)
    - Track start/end time
    - Names, titles, phone number and extension
    - Check numbers and dates
    - Claim id numbers
    - Reference numbers
Insurance Collections

Insurance 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
Insurance Collections Review

- Configuration
  - Insurance Configuration
  - Charge Screen Configuration
  - SNAP codes
- Billing Office Prep
- Posting Charges
Insurance Collections Review

- Pre Visit
  - Scheduling
  - Appointment Verification
  - Eligibility Verification
Insurance Collections Review

- Insurance Collections
  - Claims submission
  - Posting payments / responses
  - Claims follow up
  - Claim submission tools and reports
Insurance Collections
learn.pcc.com

- Start with our Billing and Practice Management page.
Insurance Collections

- Questions?
  - Join myself and Romni at the Collection Roundtable for more discussion.