Lynne Y Gratton, CPPM PCC 2016 Users' Conference



Overview

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



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



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.

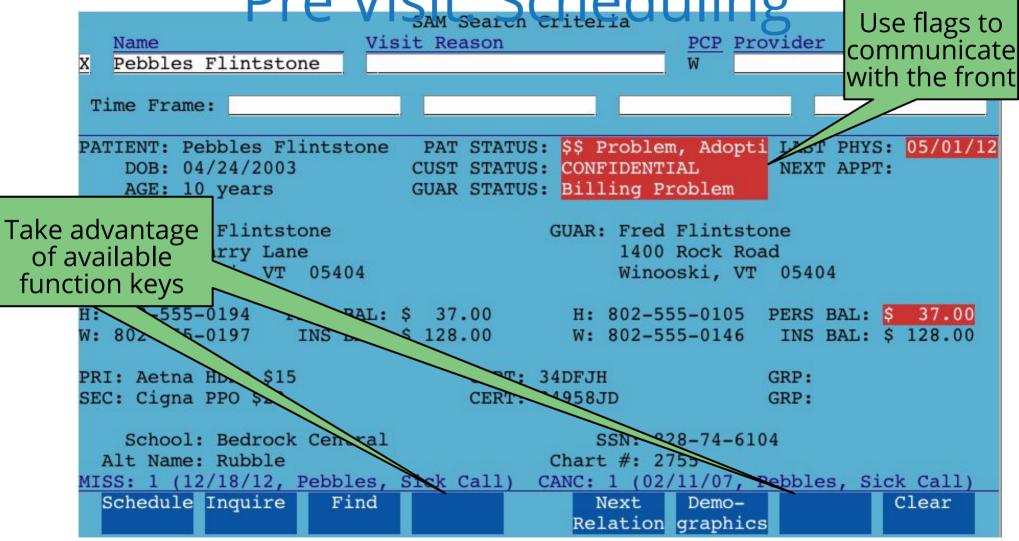


Insurance Collections Pre Visit

- Scheduling
- Appointment Verification
- Eligibility Verification
- Eligibility Using Partner

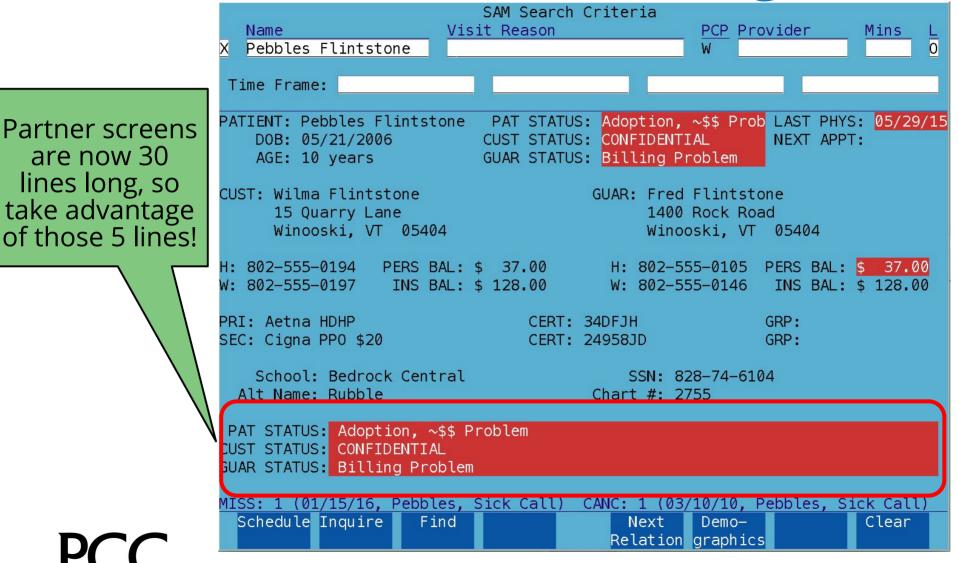


Insurance Collections Pre Visit: Scheduling





Insurance Collections Pre Visit: Scheduling



Pediatric EHR Solutions

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.

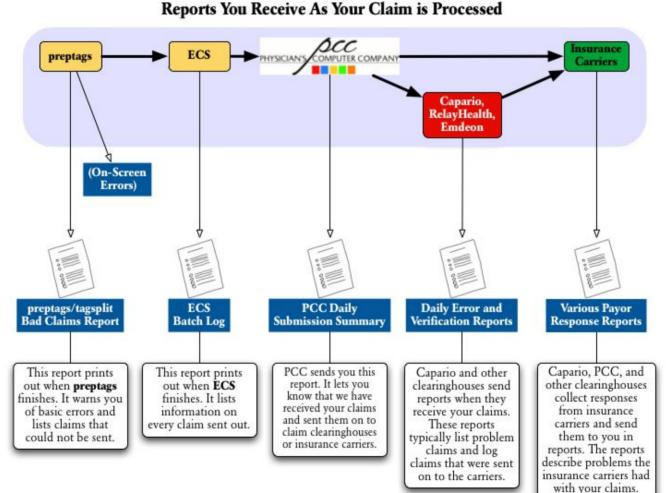


Insurance Collections Claims Submission: Clean Claims

- 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



PCC Pediatric EHR Solutions

- 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.



- 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



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



Electronic Claim Responses in Correct Mistakes/oops

10-	DATE	PATIENT	PROCEDURE NAME	DIAG	P	AMOUNT	SUM DUE
1)	12/22/09	Pebbles	Well Child 5-11 yrs	V20.2	¥	195.00	0.00
2)		01/26/10	Ins Pmt HUM #0000		¥	115.56	
3)		01/26/10	Ins Adi HIM #0000		v	64 44	
4)	/	01/15/10	Payor Acknowledged Claim	n #33537	0:	Your clai	m has be
5)	(01/15/10	PCC Acknowledged Claim	#335370:			
6)		01/15/10	HUMANA ECS #335370				/
7)		01/15/10	CLAIM (ITOM HUMANA) CO A	AVAILITY	num	ana	
8)		01/14/10	HUMANA claim batched by	oops			
9)		12/22/09	TOS Cash Payment		Y	15.00	

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





22 files are listed below.			Times Printed
/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
/19/2013			
Post-N-Track Claim Acknowledgment Report	ECS	1:15pm	0
ERA/EOB Report	ERA/EOB	11:15am	
ERA/EOB Report	ERA/EOB	11:15am	
Availity Electronic Batch Report	ECS	5:45am	
Availity Electronic Batch Report	ECS	5:45am	
Emdeon File Status Report	ECS	4:00am	
Emdeon File Summary Report	ECS	4:00am	
Emdeon File Detail Summary Report	ECS	4:00am	
PCC Daily Submission Summary	ECS	1:30am	ŏ



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.



- Autoposting of payments
 - ERA vs EFT
 - autopip
 - RARC and CARC
 - erareports



• What's ERA?

• What's EFT?



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



Sample ERA

Payer NEVADA SUPERIOR HEALTH P.O. BOX 182223

LAS VEGAS NV, 374227223

Payment Information Remittance Information Only Check 871450137 Amount: \$132.64 Payee PAULI G LAGERS MD # 112 222 UNIVERSITY W BLVD SILVER SPRING MO, 209011969

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/ I CoInsur	Personal Other	Total PersDue	Contractual Adjust	Other Adjust	Payment
SONGER, KATHY	(Ins ID: U30	9999999)	PCC	ID: 15710	0 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



- 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



- 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



Learning to use autopip

 autopip and the autoposting process is documented at

http://learn.pcc.com/

– Our video tutorial is highly recommended!

http://learn.pcc.com/help/auto-postinsurance-payments-video/



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



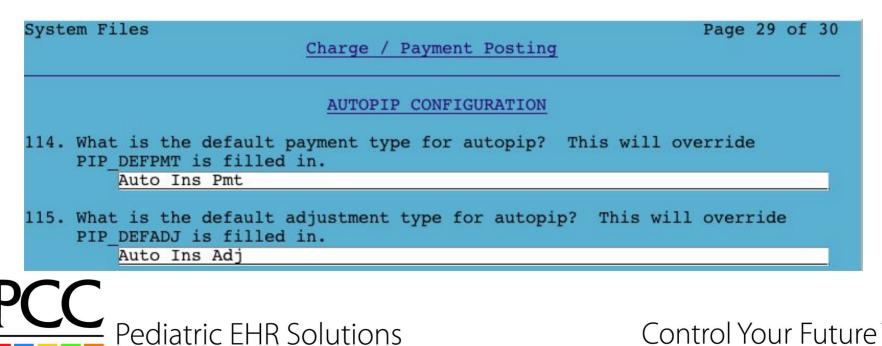
	Autopost - ER	A Select List	Page 1 of 9
Date	Payor	Check#	Check Amount
07/27/09	Healthier United	432143214321	203.10
07/27/09	Healthier United	321432143214	75.30
07/27/09	Healthier United	213214321432	51.14
07/28/09	Sergeant Hartford	987698769	32.54
07/28/09	Sergeant Hartford	876987698	57.69
07/29/09	Altma	03210321032	61.00
07/29/09		32103210321	91.00
07/29/09	Altma	21032103210	73.00
07/29/09		10321032103	102.00
07/29/09	Altma	03210321033	110.19
07/29/09	Cactus Prickle	444449	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	1100000001	471.59
07/29/09	Total Health Complete	222000001	271.25
07/29/09	Kingsland Crowns	42	105.38
	Wassalla National Health	8888881	119.96
Post Payments	Select Select View & All None Post	Not Yet Printed	

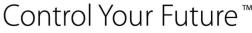


- Partner auto posting in a nutshell
 - autopip posts the claim payments it can
 - Claim payments which are not auto posted are directed to the Manual Post Report
 - Print the Manual Post Report and post those payments with pip, i.e. the old fashioned way



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





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 autoposting
 - 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

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

- CARC Values

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



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

		ERA	Reports		
	Date	Payor	Check#	Che	ck Amount Autoposted
x	07/29/09	Healthier United	432143214321	\$	241.98
	07/29/09	Healthier United	321432143214	Ş	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	444449	\$	67.28
	07/29/09	Sergeant Hartford	565656560	\$	110.19
	07/29/09	Sergeant Hartford	565656561	\$	102.00
1	07/29/09	Sergeant Hartford	565656572	\$	73.00
	07/29/09	Sergeant Hartford	565656591	\$	91.00
	07/29/09	Spindra	1100000001	\$ \$ \$	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	AutoFullJump ToReportReportDate	Search		



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 <u>http://learn.pcc.com/</u> online documentation for Partner ERA and auto posting

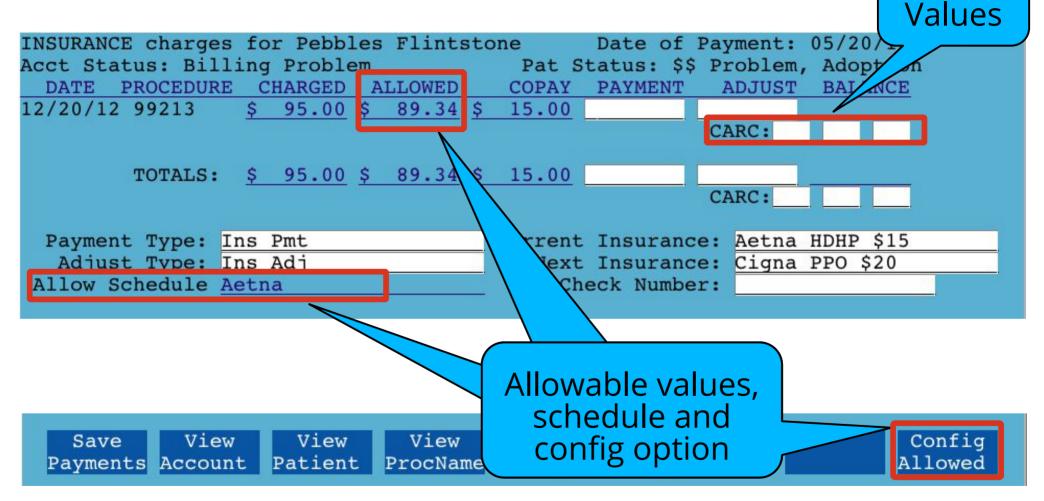


Insurance Collections Payment Posting: pip

- 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





Control Your Future™

CARC

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



- 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



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



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



- 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



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



• ONLY for special circumstances

Pediatric EHR Solutions

RESUBMIT CLAIMS	
Age of Charges: <u>45</u> or more days old from <u>45</u> to <u>90</u> days old X for dates from <u>05/21/12</u> through <u>05/20/13</u>	
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: <u>Yes</u> NOTE: the above criteria will be ignored when using F5 (SRS).	
Include entire visits: <u>No</u> Find Claims With SRS	
	<u> </u>

Insurance Collections Insurance Follow Up Tools: insaging • Use to find insurance companies not paying

Use to find insurance companies not paying timely

Insurance Company Aging	Report -	HII IIOV	IUCID	05/21/	10		
Ins Group	Current	30-59	60-89	90-119	120+	Total	Perce
Personal	5,676	6,348	3,426	1,746	63,973	81,172	52
Medicaid	0	0	0	0	46	46	
Aetna USHC HMO	1,426	180	265	0	0	1,871	
Aetna MC & Elect	1,259	0	0	0	0	1,259	
Aetna Open	2,099	441	0	0	0	2,540	1
BCBS	2,521	30	619	38	122	3,331	
Capital Blue Cross	10,638	4,950	99	0	588	16,275	1
Health America	4,873	621	165	0	15	5,674	
Keystone HealthPlan	2,028	146	185	40	261	2,660	1
HealthyKids HMO	371	491	206	0	332	1,400	
Private Insurance	13,290	2,310	346	460	913	17,320	11
Cigna	393	0	0	0	0	393	1
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	
Total	62,765	17,702	5,417	2,499	66,480	154,865	
Percentage	41%	11%	3%	28	43%		



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



INSCOAR INTERACTIVE SCREEN

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

ACCOUNTS WITH BALANCES PENDING Aetna HDHP ()

Entry

Flintstone, Fred (#1980) Flintstone, Dino (#3335) (03/29/12) (34DFJH) 01/16/2016 0 OV Expanded Focus 99213 372.30 79.00 D \$ 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 Show Hide WorkWith Previous New Next Вор То

Pattern

Match



MoreInfo MoreInfo

Х

Control Your Future™

Match

Top

Billing & Collections

- 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	\$51,9 <mark>80.6</mark> 0	100.00%	\$42, <mark>161.28</mark>	<mark>81.1</mark> 1%
	\$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.



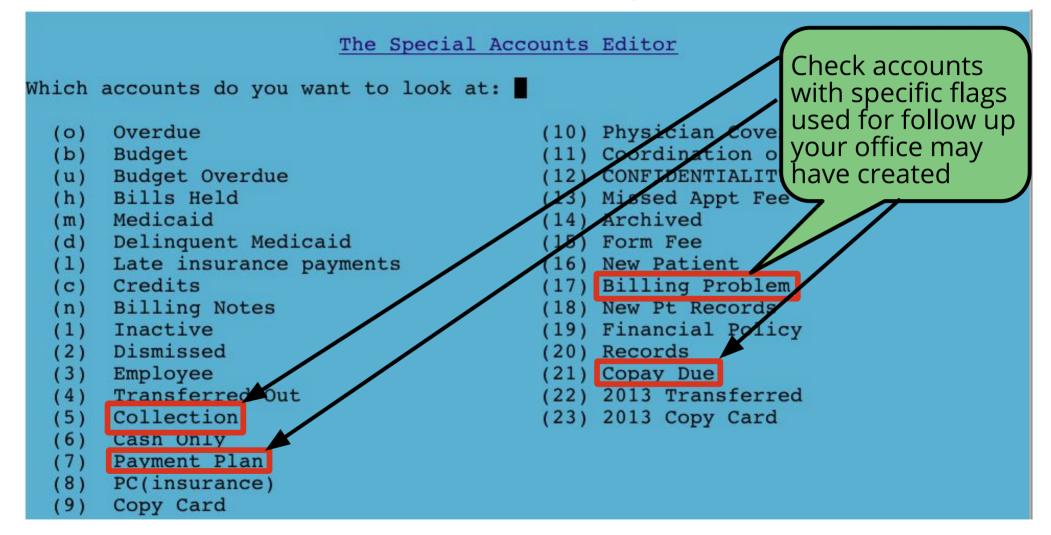
- Billing & Collections
 - Claim Error Report

urrent Billing Statu	is: 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
	roup: HealthyKid					\$38.00	940.00
esponsible Party G urrent Billing Statu Acct Acct Last Name		Is HMO	Date of Current Billing Status	Current Billed Message	Transaction Date		Amount Due
esponsible Party G urrent Billing Statu Acct Acct Last	is: Tagsplit Error Acct First	<u>s HMO</u> /Rejection Pat Pat First	Current Billing			Charge	
esponsible Party G urrent Billing Statu Acct Acct Last Name	us: Tagsplit Error Acct First Name	ls HMO /Rejection Pat Pat First Name	Current Billing Status	Message Claim (from HealthyKids	Date	Charge Amount	Amount Du
esponsible Party G urrent Billing Statu Acct Acct Last Name 428 Keller	us: Tagsplit Error Acct First Name Alan	As HMO /Rejection Pat Pat First Name 2429 Thomas	Current Billing Status 07/05/12	Message Claim (from HealthyKids HMO) to Error Claim (from HealthyKids	Date 01/28/12	Charge Amount \$15.00	Amount Du \$15.0



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







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



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



- 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



• Know you payer contacts

- Claims services representative
- Provider services representative
- Claims supervisor
- Appeals coordinator
- Medical review manager
- Medical Director



- 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



• 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



- 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 <u>Billing and Practice</u> <u>Management</u> page.



Insurance Collections

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

