

# Back Office Best Practices

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# Back Office Best Practices

## Overview

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



# Back 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



# Back Office Best Practices

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.



# Back Office Best Practices Configuration

- Insurance Plans
- checkout screens
- Snap Codes Table
- Billing Office Prep



# Back Office Best Practices 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.



# Back Office Best Practices Configuration: checkout screens

- checkout screens
  - Setup using Charge Screen Editor (cseedit)
  - Can vary by visit reason, place of service, and/or provider
  - Setup form fee posting
  - Setup hospital posting
    - Hospital vs. newborn hospital



# Back Office Best Practices 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 (cscedit) or used on the fly





# Back Office Best Practices Configuration: Billing Office Prep

- Develop a financial policy you share with parents.
- Develop guides to educate patients about insurance responsibility.
- Understand most information about patient insurance plans and share the basics with the front desk.



# Back Office Best Practices Pre Visit

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



# Back Office Best Practices

## Pre Visit: Scheduling

Use flags to communicate with the front

SAM Search Criteria

Name	Visit Reason	PCP	Provider
X Pebbles Flintstone		W	

Time Frame:

PATIENT: Pebbles Flintstone PAT STATUS: \$\$ Problem, Adopti LAST PHYS: 05/01/12  
 DOB: 04/24/2003 CUST STATUS: CONFIDENTIAL NEXT APPT:  
 AGE: 10 years GUAR STATUS: Billing Problem

Flintstone GUAR: Fred Flintstone  
 rry Lane 1400 Rock Road  
 VT 05404 Winooski, VT 05404

H: 555-0194 BAL: \$ 37.00 H: 802-555-0105 PERS BAL: \$ 37.00  
 W: 802-55-0197 INS \$ 128.00 W: 802-555-0146 INS BAL: \$ 128.00

PRI: Aetna HD \$15 CERT: 34DFJH GRP:  
 SEC: Cigna PPO \$2 CERT: 14958JD GRP:

School: Bedrock Central SSN: 828-74-6104  
 Alt Name: Rubble Chart #: 2755  
 MISS: 1 (12/18/12, Pebbles, Sick Call) CANC: 1 (02/11/07, Pebbles, Sick Call)

Schedule Inquire Find Next Relation Demo-graphics Clear

Take advantage of available function keys



# Back Office Best Practices

## Pre Visit: Scheduling

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

SAM Search Criteria

Name	Visit Reason	PCP	Provider	Mins	L
X Pebbles Flintstone		W			0

Time Frame: [ ] [ ] [ ] [ ]

PATIENT: Pebbles Flintstone    PAT STATUS: Adoption, ~\$\$ Prob    LAST PHYS: 05/29/15  
 DOB: 05/21/2006    CUST STATUS: CONFIDENTIAL    NEXT APPT:  
 AGE: 10 years    GUAR STATUS: Billing Problem

CUST: Wilma Flintstone    GUAR: Fred Flintstone  
 15 Quarry Lane    1400 Rock Road  
 Winooski, VT 05404    Winooski, VT 05404

H: 802-555-0194    PERS BAL: \$ 37.00    H: 802-555-0105    PERS BAL: \$ 37.00  
 W: 802-555-0197    INS BAL: \$ 128.00    W: 802-555-0146    INS BAL: \$ 128.00

PRI: Aetna HDHP    CERT: 34DFJH    GRP:  
 SEC: Cigna PPO \$20    CERT: 24958JD    GRP:

School: Bedrock Central    SSN: 828-74-6104  
 Alt Name: Rubble    Chart #: 2755

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

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

Schedule   Inquire   Find   Next   Demo-   Clear  
 Relation   graphics



# Back 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





# Back Office Best Practices

## Pre Visit: Eligibility

- Partner's elig program
  - Auto eligibility overnight
    - For all active plans
  - Update policy information as needed through elig, especially **copays!**
  - Use notes for the front desk to see at checkin



# Back Office Best Practices

## 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!!!



# Back Office Best Practices

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# Back Office Best Practices

## 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.



# Back Office Best Practices

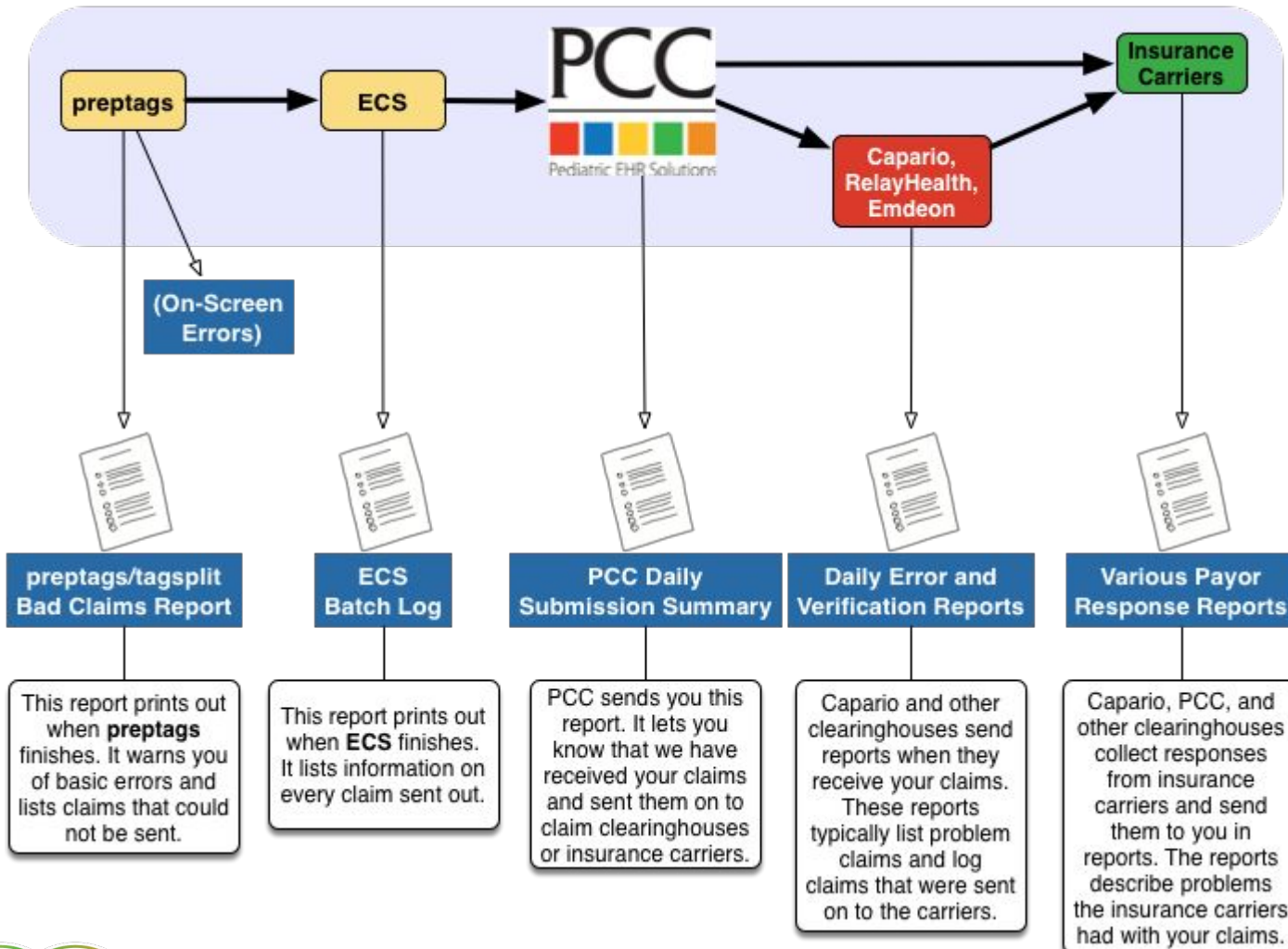
## Claims Submission: Clean Claims

- 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



# Back Office Best Practices Claims Submission

## Reports You Receive As Your Claim is Processed



# Back Office Best Practices

## Claims Submission: Responses

- preptags now part of ECS
- Bad Claims Report
- Sample ECS 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.



# Back Office Best Practices

## 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



# Back Office Best Practices Claims Submission: Responses

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





# Back Office Best Practices

## Claims Submission: Responses

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 AVAILITYnumana					
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)

SeeClaim  
Rpt/Bill



# Back Office Best Practices

## Claims Submission: ecsreports

EDI Reports - Listing All Report Types

1422 files are listed below.

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





# Back Office Best Practices Claims Submission: Mastering Claim Reports

If you missed Justin's Mastering Claim Reports on Wednesday, make sure to download his presentation from the app.



# Back Office Best Practices

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# Back Office Best Practices Payment Posting

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



# Back Office Best Practices Payment Posting

- What's ERA?
- What's EFT?



# Back Office Best Practices 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



# Back Office Best Practices Payment Posting

- Sample ERA

<u>Payer</u> NEVADA SUPERIOR HEALTH P.O. BOX 182223  LAS VEGAS NV, 374227223	<u>Payee</u> PAULI G LAGERS MD # 112 222 UNIVERSITY W BLVD 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
<b>SONGER, KATHY (Ins ID: U30999999)</b>			<b>PCC ID: 15710 123303</b>			<b>Claim Processed as Primary</b>		
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



# Back Office Best Practices 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



# Back Office Best Practices Payment Posting

- 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





# Back Office Best Practices

## 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



# Back 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://learn.pcc.com/help/auto-post-insurance-payments-video/>



# Back 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



# Back 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
  - ced option

```
System Files Page 29 of 30  
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
```



# Back 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



# Back 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



# Back 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



# Back Office Best Practices 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-remark-codes/>

- CARC Values

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





# Back Office Best Practices

## 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



# Back Office Best Practices

## Payment Posting: erareports

- How do I get started with auto posting?
  1. Contact your CA! 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/> online documentation for Partner ERA and auto posting



# Back 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



# Back Office Best Practices Payment Posting: pip

CARC Values

INSURANCE charges for Pebbles Flintstone Date of Payment: 05/20/12  
Acct Status: Billing Problem Pat Status: \$\$ Problem, Adoption

DATE	PROCEDURE	CHARGED	ALLOWED	COPAY	PAYMENT	ADJUST	BALANCE
12/20/12	99213	\$ 95.00	\$ 89.34	\$ 15.00			
TOTALS:		\$ 95.00	\$ 89.34	\$ 15.00			

Payment Type: Ins Pmt Current Insurance: Aetna HDHP \$15  
Adjust Type: Ins Adj Next Insurance: Cigna PPO \$20  
Allow Schedule Aetna Check Number: \_\_\_\_\_

Allowable values,  
schedule and  
config option

Save Payments

View Account

View Patient

View ProcName

Config Allowed



# Back Office Best Practices

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# Back Office Best Practices Insurance Follow Up

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



# Back 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



# Back 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>





# Back Office Best Practices

## Insurance Follow Up: oops

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



# Back Office Best Practices 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



# Back Office Best Practices Insurance Follow Up Tools

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



# Back Office Best Practices

## Insurance F/U Tools: maketags

- ONLY for special circumstances

RESUBMIT CLAIMS

Age of Charges:

45 or more days old

from 45 to 90 days old

for dates from 05/21/12 through 05/20/13

Charges to Resubmit:

Only Unpaid, Pending Charges

Only Unpaid Charges, Pending or Personal

All Charges, Paid or Unpaid, Pending or Personal

Which Insurance Plans:

Many Plans

Just One Plan:

All Providers:

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

Include entire visits:

Find Claims

Restrict with SRS



# Back Office Best Practices

## Insurance 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
<b>Total</b>	<b>62,765</b>	<b>17,702</b>	<b>5,417</b>	<b>2,499</b>	<b>66,480</b>	<b>154,865</b>	
Percentage	41%	11%	3%	2%	43%		



# Back Office Best Practices 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





# Back Office Best Practices Insurance Follow Up Tools

## INSCOAR INTERACTIVE SCREEN

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

X 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

Show  
MoreInfo

Hide  
MoreInfo

WorkWith  
Entry

New  
Pattern

Next  
Match

Previous  
Match

Bop To  
Top



# Back Office Best Practices Insurance Follow Up Tools

- 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.





# Back Office Best Practices Insurance Follow Up Tools

- Billing & Collections
  - Claim Error Report

Claim Error Report (pretags/Proxymed/Emdeon Claims) <span style="float: right;">■ ■ ■ ■ ■</span>									
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



# Back Office Best Practices Insurance Follow Up Tools

- Allowables
  - allowedit
  - srs
    - Allowable Overpayments Report
    - Allowable Underpayments Report
- Learn more about this at [learn.pcc.com](http://learn.pcc.com)



# Back Office Best Practices

## Insurance Follow Up Tools: cfs

### The Special Accounts Editor

Which accounts do you want to look at: ■

- |                             |                             |
|-----------------------------|-----------------------------|
| (o) Overdue                 | (10) Physician Cove         |
| (b) Budget                  | (11) Coordination o         |
| (u) Budget Overdue          | (12) CONFIDENTIALIT         |
| (h) Bills Held              | (13) Missed Appt Fee        |
| (m) Medicaid                | (14) Archived               |
| (d) Delinquent Medicaid     | (15) Form Fee               |
| (l) Late insurance payments | (16) New Patient            |
| (c) Credits                 | (17) <b>Billing Problem</b> |
| (n) Billing Notes           | (18) New Pt Records         |
| (1) Inactive                | (19) Financial Policy       |
| (2) Dismissed               | (20) Records                |
| (3) Employee                | (21) <b>Copay Due</b>       |
| (4) Transferred Out         | (22) 2013 Transferred       |
| (5) <b>Collection</b>       | (23) 2013 Copy Card         |
| (6) Cash Only               |                             |
| (7) <b>Payment Plan</b>     |                             |
| (8) PC(insurance)           |                             |
| (9) Copy Card               |                             |

Check accounts with specific flags used for follow up your office may have created

# Back Office Best Practices Insurance Follow Up Tools

How often to run?

- insaging: Monthly
- inscoar: Weekly
- Gross Collection Ratio: Monthly
- Claim Error Report: Weekly
- cfs: It depends on the status flag



# Back Office Best Practices Insurance Follow Up

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



# Back Office Best Practices Insurance Follow Up

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



# Back Office Best Practices Insurance Follow Up

- Division of work load
  - By carrier
  - By task
    - Claims submission
    - Payment posting
    - Follow up on denials
    - Follow up on unpaid claims





# Back Office Best Practices Insurance 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
- Use inscoar





# Back Office Best Practices

## Insurance Follow Up: Denial Management

- Create denial/appeals procedure
- Automate appeal form letters
- Reminder system for follow up
  - tickle
  - Account flags



# Back Office Best Practices Insurance Follow Up: Denial Management

- CARC Reports in srs
  - CARC Summary Report
  - CARC Insurance Detail Report



# Back Office Best Practices Insurance Follow Up: Denial Management

CARC Summary Report pcc 07/01/2017 08:01:01

CARC Code	Count	CARC Amount	Description
45	14635	\$670,290.43	Charge exceeds fee schedule/maximum allowable or contracted/legis
181	2284	\$83,136.00	Procedure code was invalid on the date of service.
1	5979	\$49,345.53	Deductible Amount
3	4828	\$30,123.00	Co-payment Amount
204	896	\$29,345.00	This service/equipment/drug is not covered under the patient's cu
2	1735	\$2,345.72	Coinsurance Amount
197	21	\$1,523.00	<u>Precertification</u> /authorization/notification absent.
27	196	\$1,245.00	Expenses incurred after coverage terminated.
33	2	\$258.00	Insured has no dependent coverage.
182	5	\$129.00	Procedure modifier was invalid on the date of service.
B20	3	\$0.00	Procedure/service was partially or fully furnished by another pro
B16	1	\$0.00	'New Patient' qualifications were not met.
B10	1	\$0.00	Allowed amount has been reduced because a component of the basic
98	1	\$0.00	The hospital must file the Medicare claim for this inpatient non-
97	1894	\$0.00	The benefit for this service is included in the payment/allowance
96	510	\$0.00	Non-covered charge(s).
94	1	\$0.00	Processed in Excess of charges.
9	2	\$0.00	The diagnosis is inconsistent with the patient's age.
8	1	\$0.00	The procedure code is inconsistent with the provider type/special
7	2	\$0.00	The procedure/revenue code is inconsistent with the patient's gen



# Back Office Best Practices Insurance Follow Up: Appeals

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



# Back Office Best Practices

## Insurance Follow Up: 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



# Back Office Best Practices

## Insurance Follow Up: 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



# Back Office Best Practices

## Insurance Follow Up: 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



# Back Office Best Practices Review

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





# Back Office Best Practices Review

- Pre Visit
  - Scheduling
  - Appointment Verification
  - Eligibility Verification



# Back Office Best Practices Review

- Insurance Collections
  - Claims submission
  - Posting payments / responses
  - Claims follow up
  - Claim submission tools and reports



# Back Office Best Practices

## [learn.pcc.com](http://learn.pcc.com)

- Start with our [Billing and Practice Management](#) page.



# Back Office Best Practices

- Questions?
  - Join myself and Jim Frei at the Collection Roundtable for more discussion next! Or go to Insurance Education 101 for Patients.

