Back Office Best Practices

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PCC 2017 Users' Conference

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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

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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 (csedit)
  - 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 (csedit) or used on the fly

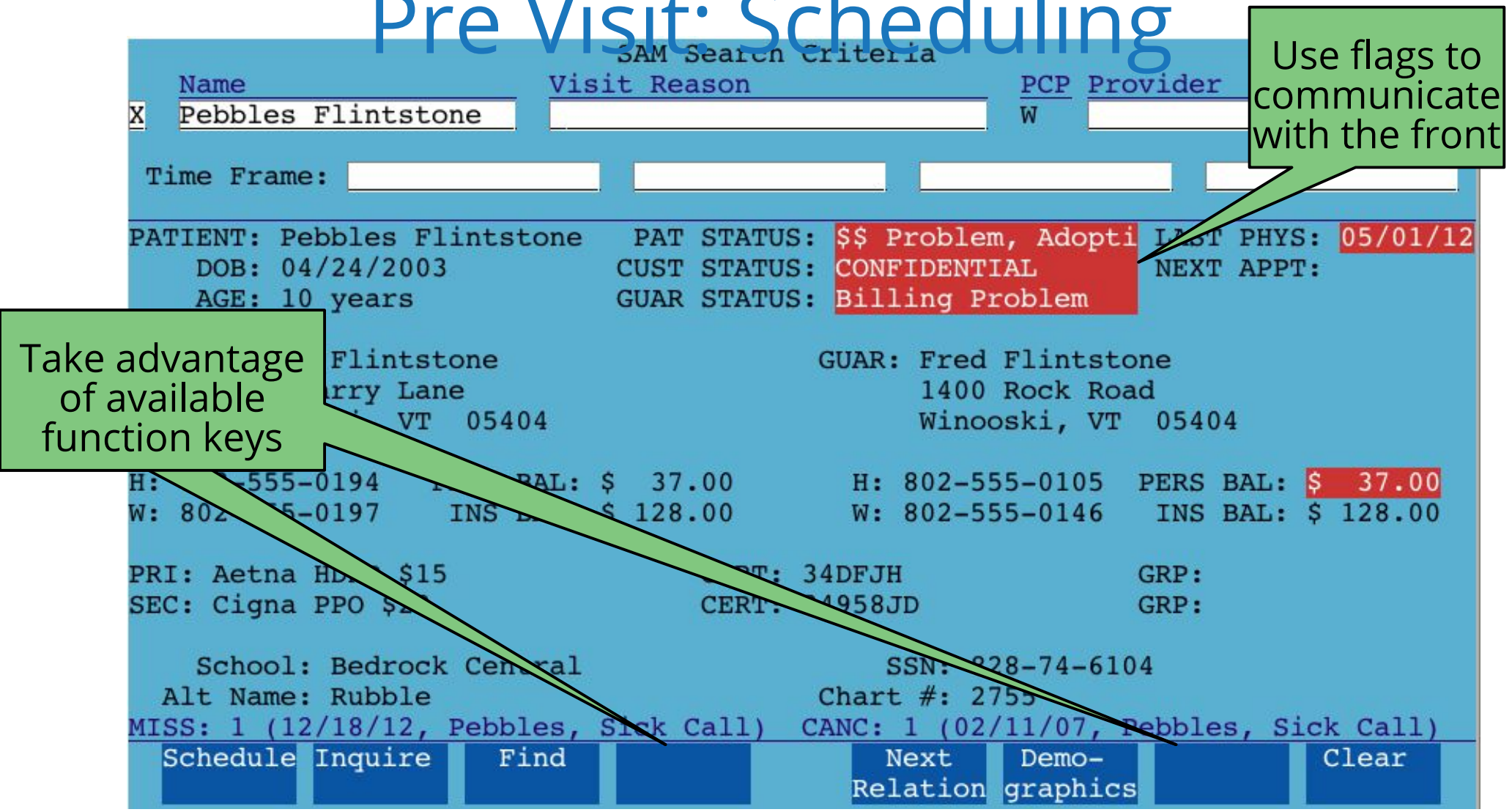
Back Office Best Practices Configuration: Billing Office Prep

- 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



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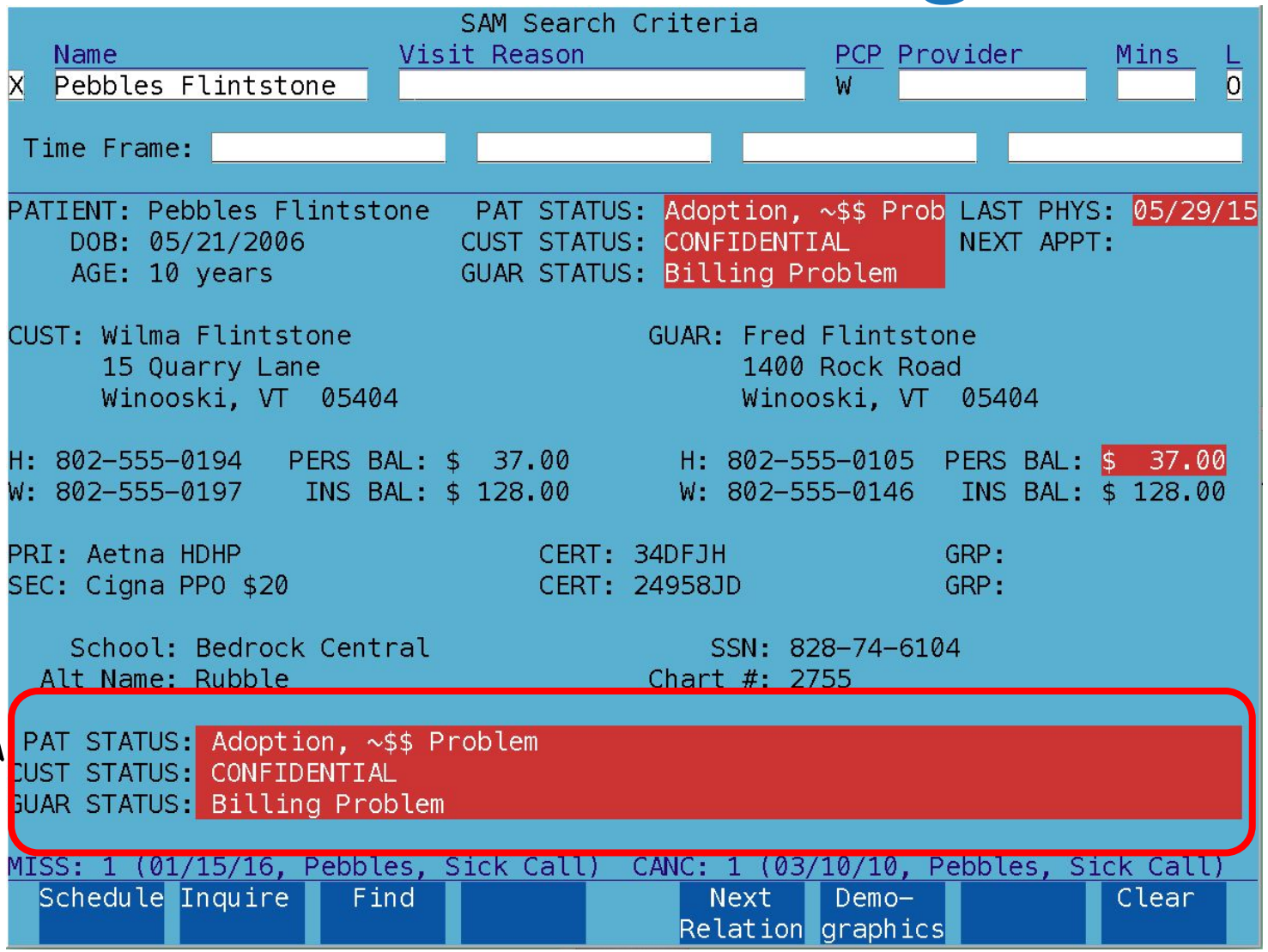
Back Office Best Practices
Pre Visit: Scheduling

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



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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!!!

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Back Office Best Practices

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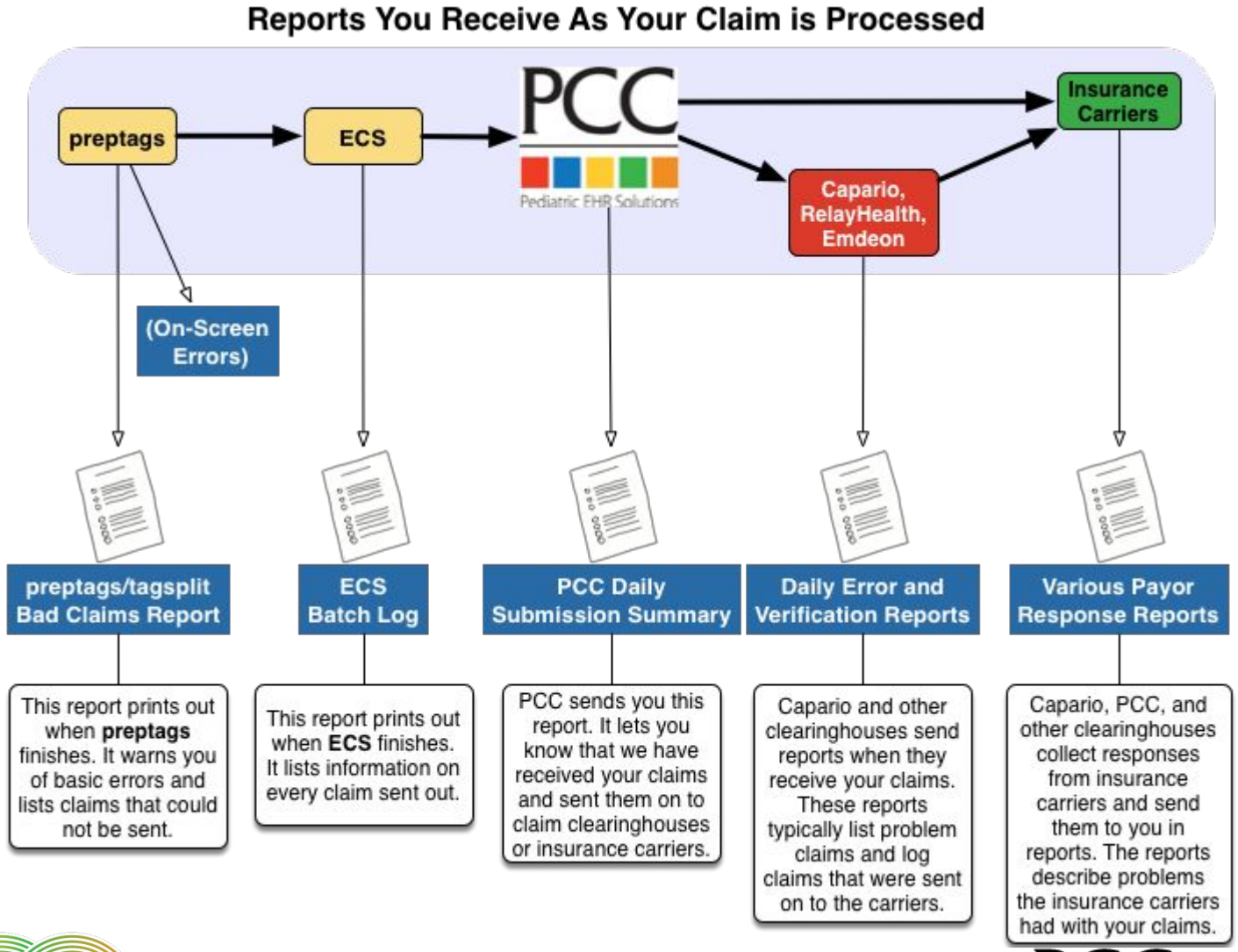
Back Office Best Practices
Claims Submission: Clean Claims

- 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



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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

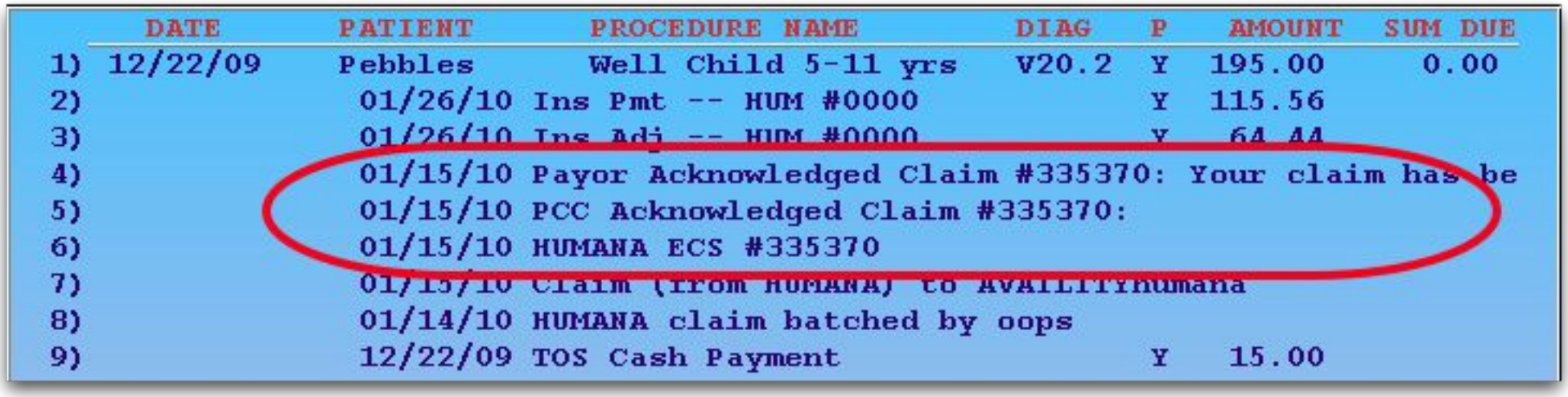
- Partner Claim Responses
  - ECS Batch Logs
- Clearinghouse/Intermediary Responses
  - Delivered via clearinghouse or gateway
  - Rejected claims are not submitted to payers
  - Accepted claims are submitted to payers

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

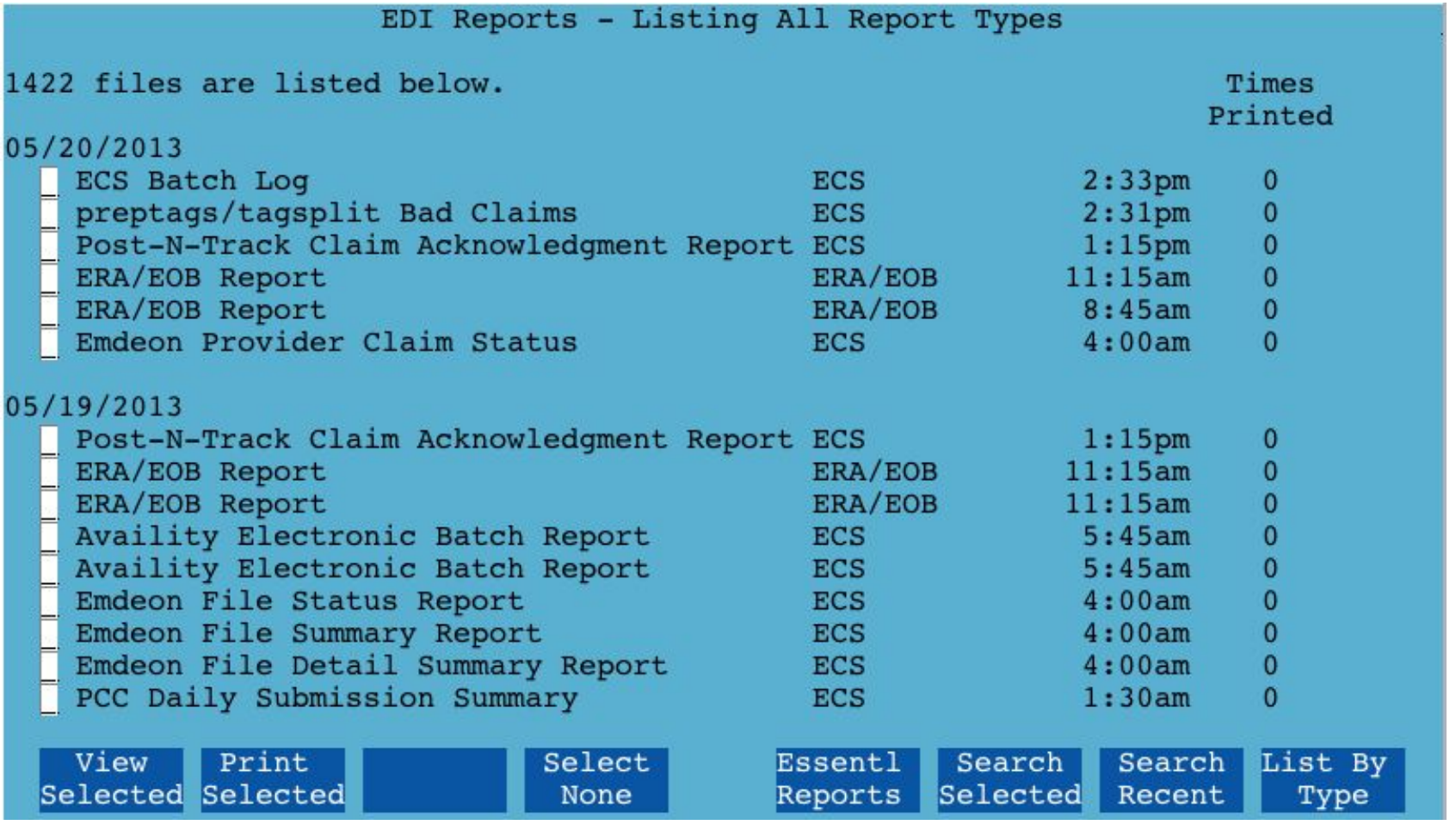
Electronic Claim Responses in Correct Mistakes/oops



	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 AVAILITYhumana				
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)

Back Office Best Practices
Claims Submission: ecsreports



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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.

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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?

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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

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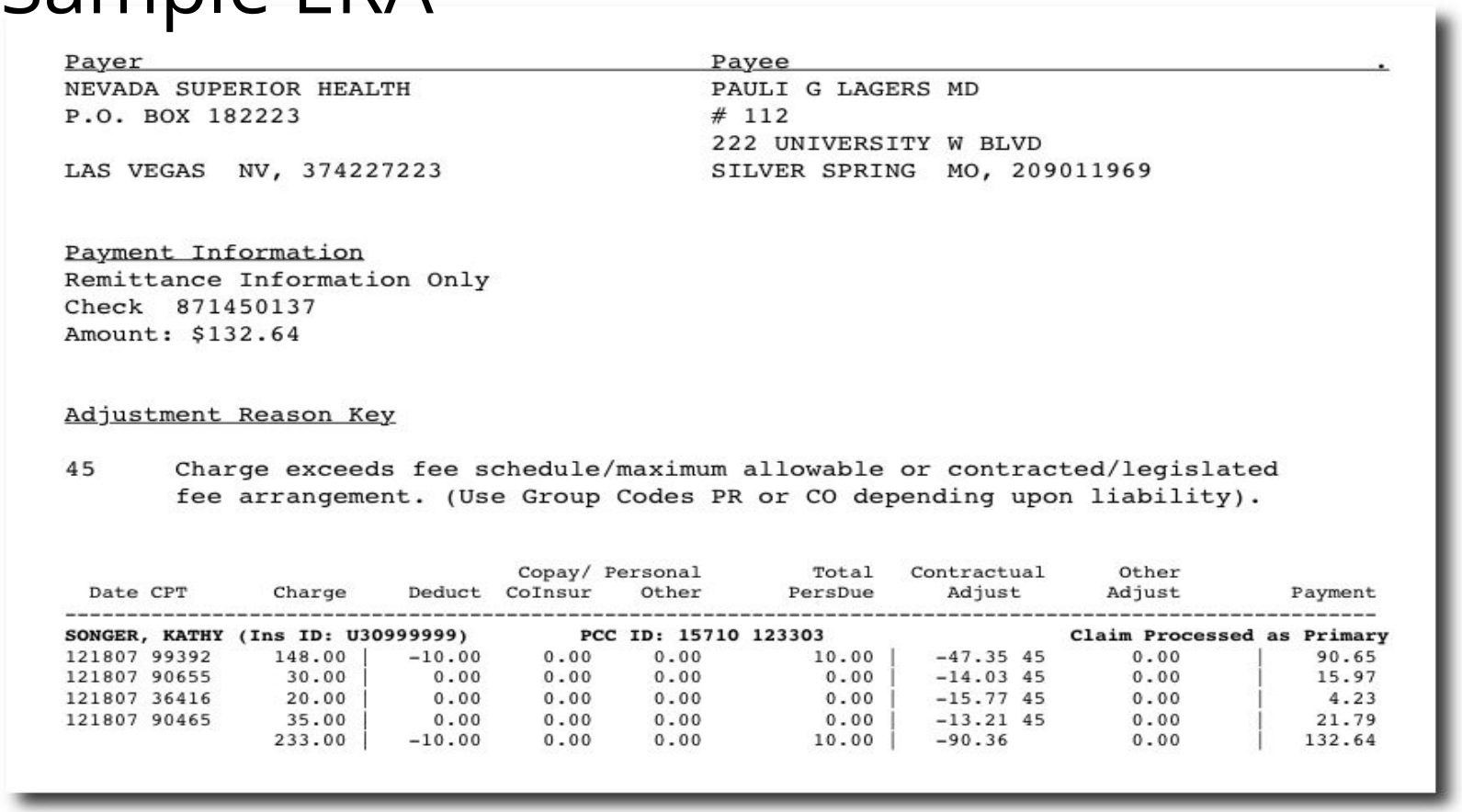
Back Office Best Practices
Payment Posting

- Sample ERA



Payer
NEVADA SUPERIOR HEALTH
P.O. BOX 182223

LAS VEGAS NV, 374227223

Payee
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
SONGER, KATHY (Ins ID: U30999999)				**PCC ID: 15710 123303**				**Claim Processed as Primary**	
121807	99392	148.00	-10.00	0.00	0.00	10.00	-47.35 45	0.00	90.65
121807	90655	30.00	0.00	0.00	0.00	0.00	-14.03 45	0.00	15.97
121807	36416	20.00	0.00	0.00	0.00	0.00	-15.77 45	0.00	4.23
121807	90465	35.00	0.00	0.00	0.00	0.00	-13.21 45	0.00	21.79
		233.00	-10.00	0.00	0.00	10.00	-90.36	0.00	132.64

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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

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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!

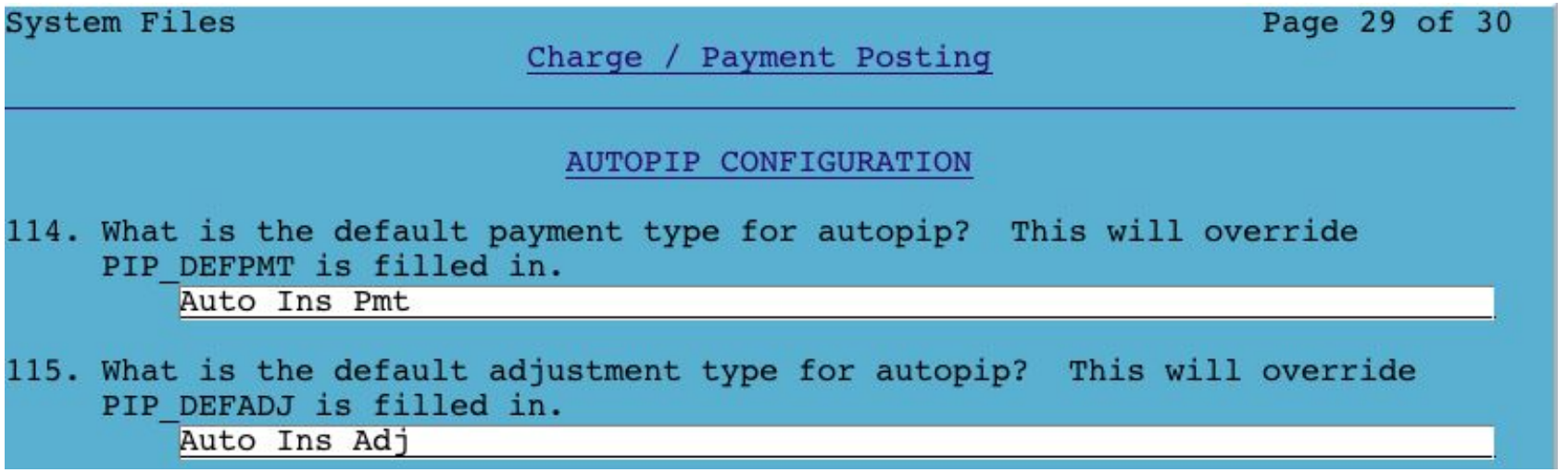
  http://learn.pcc.com/help/auto-post-insurance-payments-video/

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



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/

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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

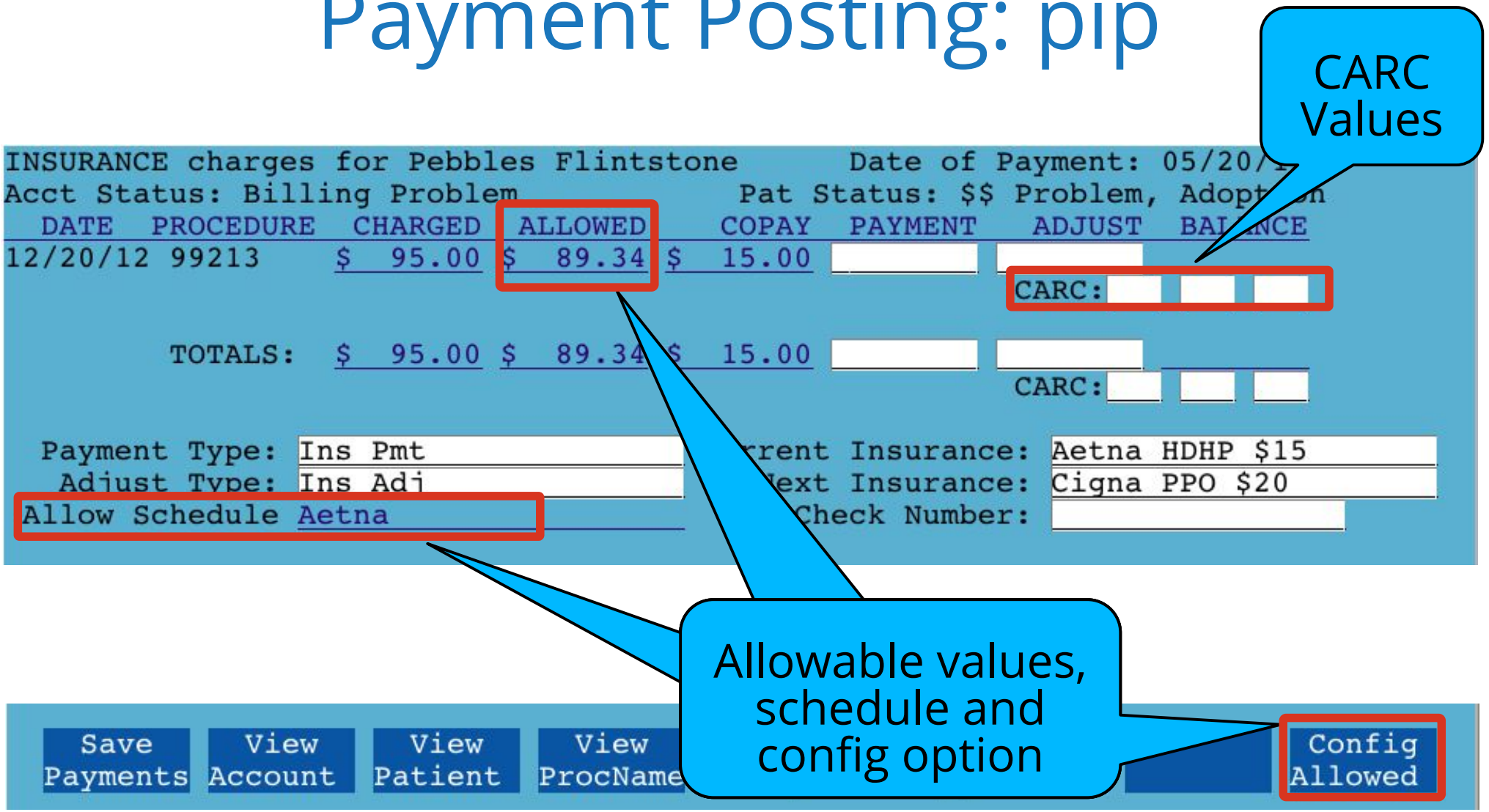
Back Office Best Practices
Payment Posting: erareports

- 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



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

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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

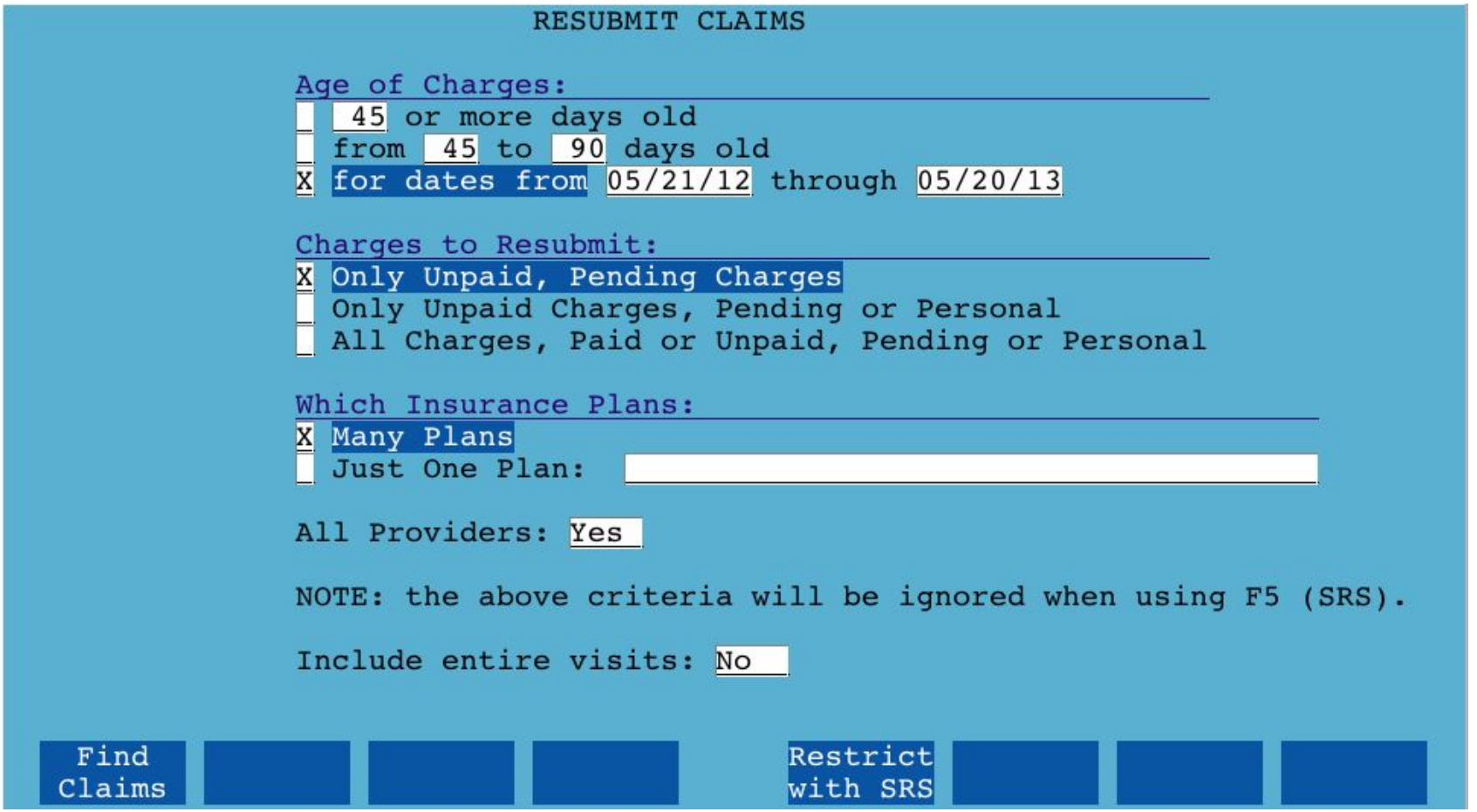
- Recent Changes in oops
  - Generate Claim, Insurance and Visit Status possible by Claim ID or transaction date.
  - Original Claim Amount
  - Business Scenarios, in the ERA report

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



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
Total	62,765	17,702	5,417	2,499	66,480	154,865	
Percentage	41%	11%	3%	2%	43%		

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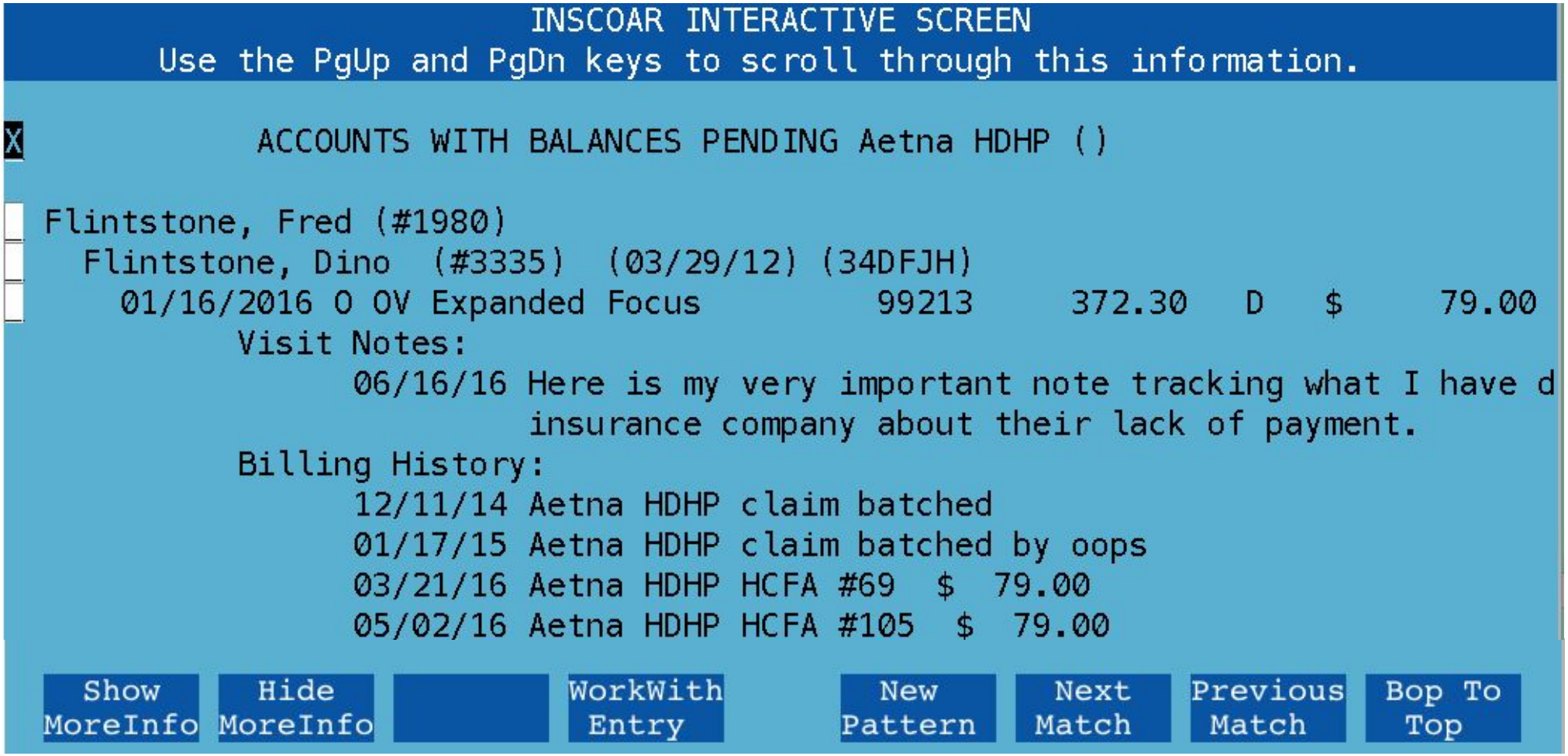
Back Office Best Practices
Insurance Follow Up Tools

- 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



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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.

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Back Office Best Practices Insurance Follow Up Tools

- Billing & Collections
  - Claim Error Report

Claim Error Report (preptags/Proxymed/Emdeon Claims)

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

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

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

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

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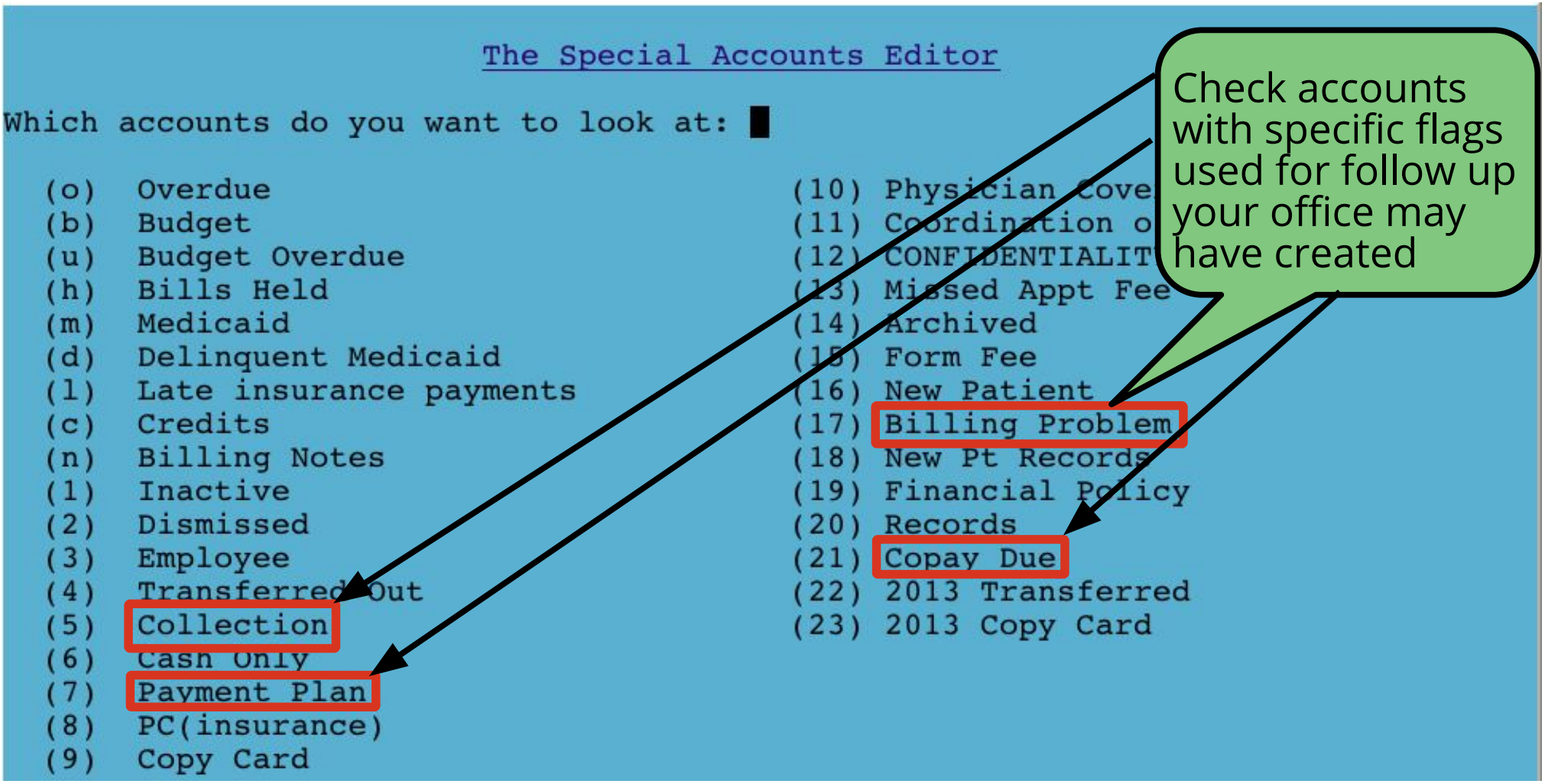
Back Office Best Practices
Insurance Follow Up Tools

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

Back Office Best Practices
Insurance Follow Up Tools: cfs



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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

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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

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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	Precertification/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

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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

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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

- 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.