2024 Indian Health Service Partnership Conference

Standardization of Posting within Various Alternate Resources Codes and Methods

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PHOENIX INDIAN MEDICAL CENTER ACCOUNTS RECEIVABLE

Introduction

1. Daily Deposits – EDI/Lockbox

2. Medicare & AHCCCS Deposits

3. Medicare Posting

4. Medicaid Posting

5. Private Insurance Posting

6. Denial Management

7. Debt Management

8. Pharmacy POS Posting

For reference: PIMC's Revenue Goal for FY24: $164 million
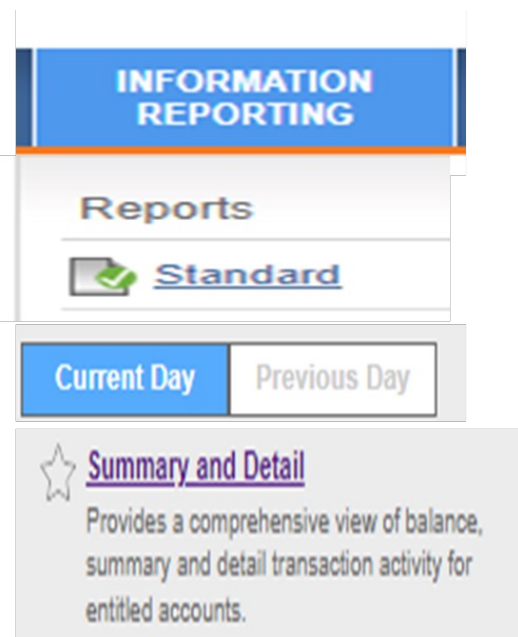
Daily Deposits – EDI/Lockbox

EDI- Steps to saving the Current Day Summary report

Login to PNC Bank--   www.treasury.pncbank.com

INFORMATION REPORTING

Step 1- click on "**Information Reporting**"

Reports

Standard

Then click on **"standard"**

Current Day | Previous Day

Make sure it is on **"Current Day"**

Summary and Detail

Provides a comprehensive view of balance, summary and detail transaction activity for entitled accounts.

Down below you then will click on **" Summary and Detail"** also know as
CDS – Current Day Summary
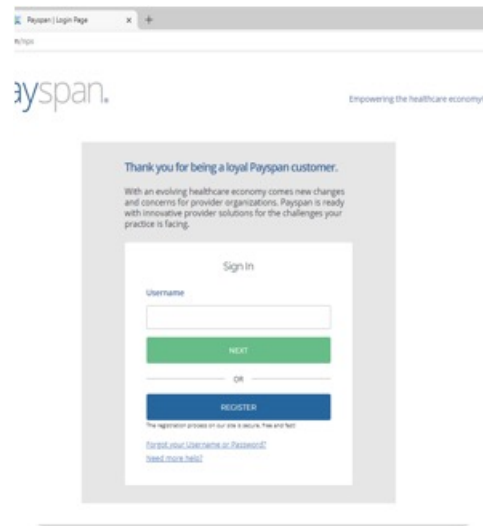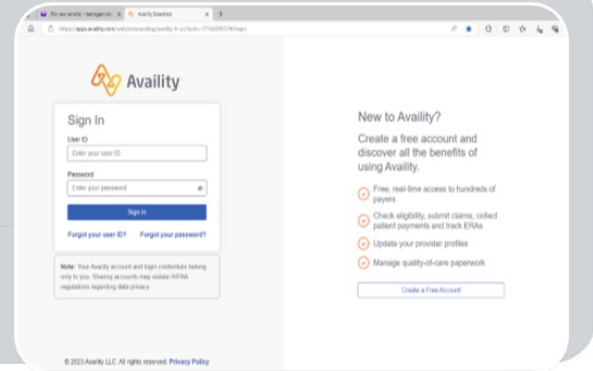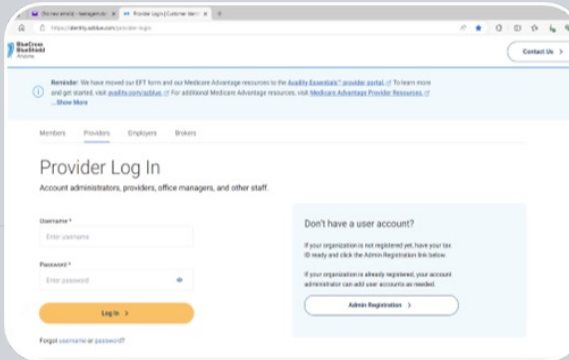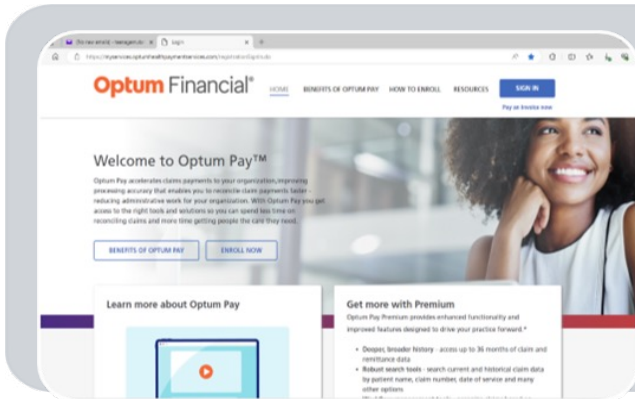
These are just some of the websites we use at our Facility everyday.

*Optum
*BCBS
*Availity
*Echo
*Payspan

835 files from PAO:

We also retrieve EOBS and NO-Pays from 835 files and they come from Area Office just like this in our share drive folder.

Aenta
Ahcccs
Anthem
BCBS OF AZ
BCBS OF MI
BCBS OF NC
BCBS OF NM
Champ
Cigna
Devoted
Medicare
Meritain Echo
Physicians
POS
Tricare
Trilife
UHC
pimc.aet.20240702
pimc.catam.20240702
pimc.cigna.20240702
pimc.trilife.20240702
pimc.uhc.20240702a

- We create folders by Payor name

- Drops in white below come twice a day

- Copy and paste the below white files in our share drive folder label 835

📄	0041	VA
📄	0222	
📄	0262	
📄	1754	
📄	2539	
📄	2577	
📄	3071	
📄	3303	
📄	3847	
📄	4225	
📄	4374	
📄	4955	NOVITAS
📄	5207	
📄	5401	
📄	6613	
📄	7074	
📄	7092	
📄	8171	NOVITAS
📄	CDS	

EDI REMITTANCES from PNC Bank saving files

EDI
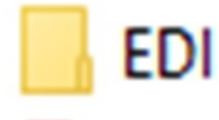
- Orginial files kept here

- PIMC saves these Remittances by the Trace # using the last 4 digits *see example.*

Trace Number:	954530222	**Regular payment/Remittance**
Trace Number:	EFT7064955	**Novitas-Medicare label w/last 4 digits of trace #**

- Novitas(Medicare), Ahcccs and VA Remittance are saved and label while all other Payments for our Facility are label only using the last 4 digits of the trace number

Electronic Filing- PIMC does not print Remits/EOB's **as of FY14 (2014)**

TPB Storage- A file in which we save all documentation received for our facility and separated by folders.

FY24 AR DAILY BATCHES- Sorted by month and then by day which then leads to labeling the batches based on how PAO finalizes our **"OKAY TO POST"** status. **Example below**

Name	Name	Name
April	05.01.2024	FY24 PVT 05.14.2024.1
December	05.02.2024	FY24 PVT 05.14.2024.2
February	05.03.2024	FY24 PVT 05.14.2024.3
January	05.06.2024	FY24 PVT 05.14.2024.4
July	05.07.2024	Medicare 05.14.2024
June	05.08.2024	
March	05.09.2024	
May	05.10.2024	
November	05.13.2024	
October	05.14.2024	
	05.15.2024	
	05.16.2024	

The final stage of batching we then have our last phase of printing our COLLECTION REPORT and then ITEMIZING

COLLECTION REPORT 05.14.2024.2	EDI
ITEM 1 $ 48.50	COLLECTION REPORT 05.14.2024.4
ITEM 2 $ 124.61	ITEM 1 $ 56.45
ITEM 3 $ 152.78	ITEM 2 $ 239.51
ITEM 4 $ 556.35	ITEM 3 $ 14.29
	ITEM 4 $ 63.29

April
August
December
February
January
July
June
March
May
November
October
Other Service Unit EOBs
PNC UPLOAD
September
Valerie EDI-LB

CORRESPONDENCES

FY24 CORRESPONDENCES BATCHES

PNC upload – folder for downloads

- Everything is kept by week in this folder and taken out

- EDI Zero Payments folder – Morning deposits for Correspondences

Medicare & AHCCCS Deposits

Preparing Medicare Deposit

Folder created daily – Desktop
◦ Label with current paid date

835 file from PAO prior day/daily drop
◦ See file ending 627a & 628
◦ Utilized daily
◦ File included for EOB retrieval (2ndary payments)

If no 835, utilize Current Summary & Detail report
◦ Locate facility Medicare PTAN #'s

Log into PNC website (EFT receipts save PDF format)
◦ Label as dollar amount

Example Below:

Medicare Folder is completed with ALL documents within folder

> Medicare 06.28.2024

Name

- Medicare A
- Medicare B
- 4494.71
- 34666.00
- MCR B NP DENIALS
- pimc.medicare.20240627a
- pimc.medicare.20240628
- pimc.medicare
- Remit List
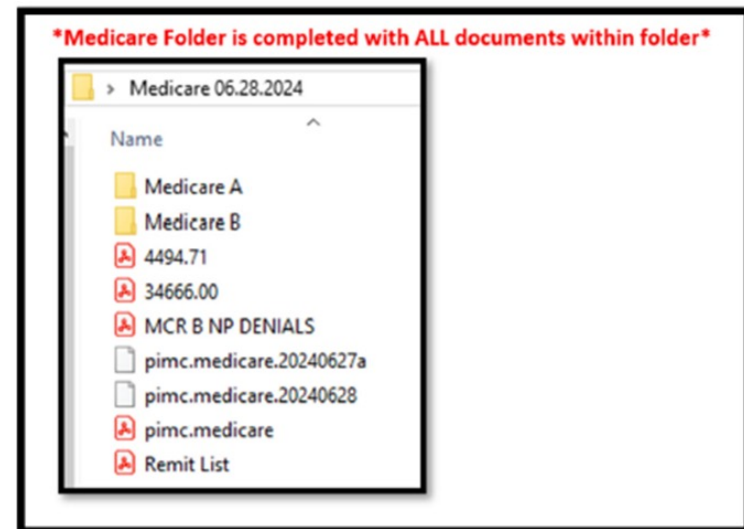
Continue – Medicare Deposit
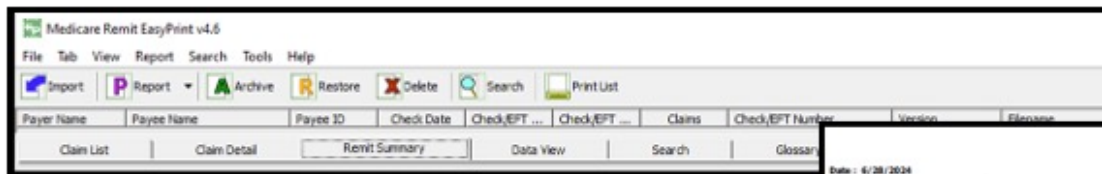
Easyprint software used to obtain & save RA's as PDF

◦Remit List (print list)

◦Denials

Check Date	Check/EFT ...	Check/EFT ...	Claims
06/27/24	0.00	NON	10

◦Remit Summary Tab

◦Indicate: Interest, Forward Balance, With-hold etc.
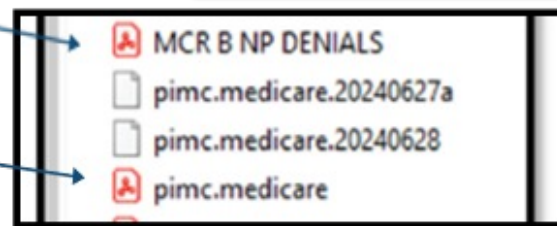
Continue – Medicare Deposit

No-pays batched same day of deposit. If no email sent from PAO by TOD ends, please batch before leaving.

- RPMS:
  - Copy, paste to notepad & save as PDF

MCR B NP 06.28.2024.1

- Email received from PAO ->EDI okay to Post
  - Reprint of Collection Reports (RFL) are now ready
  - Copy (rpms) / Paste (notepad)
  - Verify check #, payor (collection report) and amounts (EDI receipt)
  - Print to PDF (current day folder)
  - Attach EDI receipt (page 2) after Collection Report
  - Mark up done for both A/B
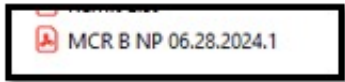
Example: Medicare A 06.27.24

Medicare B done same way

No pays only

Continue – Medicare Deposit

Completed Medicare Folder, consist of the following:

All completed, now move
from Desktop to TPB Storage:

Preparing AHCCCS Deposit

Folder created weekly - Desktop

◦ Label with current paid date

Log into PNC website

◦ Current Summary & Detail report

  ◦ PIMC AHCCCS - Locate Provider #

◦ EFT receipt save/download

  ◦ Current folder in PDF format

  ◦ Label with $ amount

Example of AHCCCS Folder for paid date 05/24/24
EFT receipt saved

> AHCCCS 05.24.24	
Name	Date modified
📄 120196.70	5/24/2024 8:29 AM
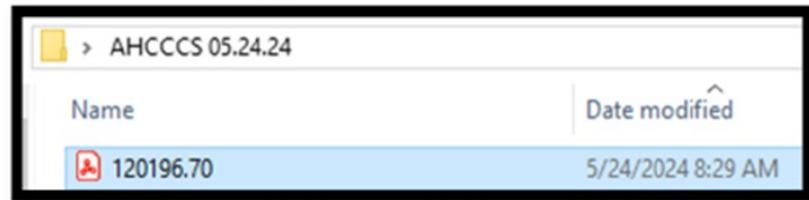
Payment for current day use 835 files from PAO daily drop – AHCCCS file usually drop after 3pm

Continue – AHCCCS Deposit

Email & 835 received from PAO ->EDI okay to Post:

- Reprint of Collection Reports (RFL) are now ready
  ◦ Copy (rpms) / Paste (notepad)
  ◦ Verify check #, payor (collection report) and amounts (EDI receipt)
  ◦ Print to PDF (current day folder)
  ◦ Attach EDI receipt (page 2) after Collection Report
  ◦ Mark up done

- Download 835 File ->PAO drop into PIMC folder
  ◦ Highlight & put over into TPB storage
  ◦ Copy into Folder created on desktop
  ◦ Daily 835 Files Medicare (tracking purpose)
  ◦ PAO folder ->835 file moved AHCCCS folder
  ◦ Indicates transfer complete

Continue – AHCCCS Deposit

-Easyprint software used to obtain & save as PDF format

- Open 835 file to verify
  - Correct payment information
  - Move 835 file from Daily 835 Files Medicare
  - To AHCCCS 05.24.24
  - Print List ->Remit List (example)
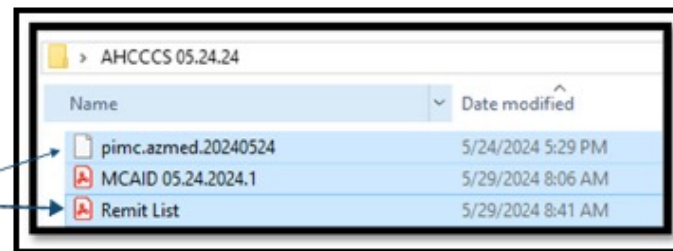
Complete AHCCCS folder consist of the three.

No pay for AHCCCS varies, if received same rule

- batch same day.

AHCCCS batch all complete, now ready to move

from Desktop to TPB Storage.

Ready for ERA Process

> AHCCCS 05.24.24

Name	Date modified
pimc.azmed.20240524	5/24/2024 5:29 PM
MCAID 05.24.2024.1	5/29/2024 8:06 AM
Remit List	5/29/2024 8:41 AM

TPB Storage > FY24 AR DAILY BATCHES > May > 05.24.2024

Name	Date modified
AHCCCS 05.24.2024	5/30/2024 12:32 PM
FY24 PVT 05.24.2024.1	6/3/2024 3:08 PM
FY24 PVT 05.24.2024.2	6/20/2024 12:32 PM
FY24 PVT 05.24.2024.3	6/12/2024 7:53 AM
FY24 PVT 05.24.2024.4	6/5/2024 11:23 AM
Medicare 05.24.2024	5/25/2024 8:48 AM
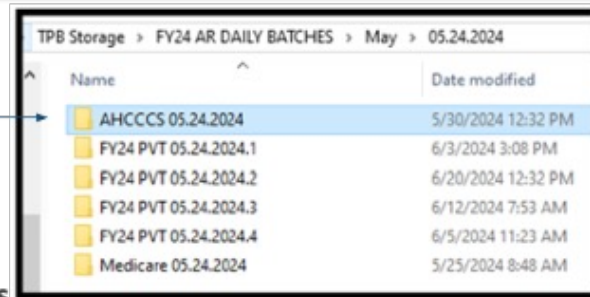
(PIMC start 08/2016)

Medicare Posting

Posting Medicare

◦ Check BSL for open batches

◦ Open Easy Print

  ◦ Import > TPB Storage > FY24 AR DAILY BATCHES > Month > Date > Medicare 01.01.2024 >

    Click on the pimc.medicare.20240711 it will upload in Easy Print

◦ <u>We post right off Easy Print</u>

◦ <u>Check Remit Summary Tab:</u>

  ▪ Forwarding Balances

  ▪ Withholding Balances

  ▪ Interest Payments

  ▪ E3- Settlement withholding

  ▪ C5- Cost Report-Temporary Allowance

Medicare Denials

o Some denials for Medicare- we check these and forward to Third Party Billing for review.

- o 109- Claim/service not covered by this payor
- o 16- Claim/service lacks information or has submission/billing error
- o 24- Charges covered under capitation agreement/managed care plan
- o 97- Benefit Included in payment for another service already adjudicated
- o B9- Patient is enrolled in Hospice

- o A PDF format (denials only) are forward to TPB storage   📄 Medicare Denials FY23
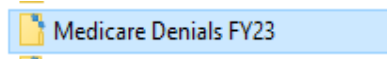
Medicaid Posting
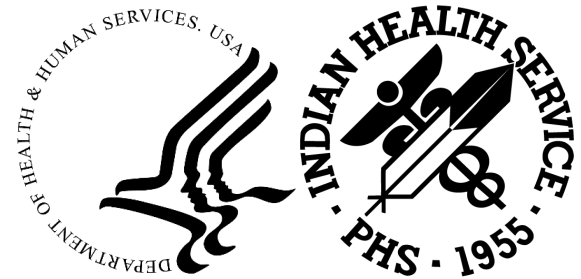
AHCCCS - ERA Posting

What software and RPMS access are needed?

- Access to CORE – file placed in a folder within server that is accessed by RPMS
- RPMS
  - ERA options
  - Capture/Log session function
- Easyprint/PCP (provided by CMS)
  - Allows converting an ERA file into a traditional remittance advice
  - 835 raw data file to be imported & displayed in a user-friendly readable format
- Third Party Billing Share drive

AHCCCS – ERA Process

1. Transfer 835 file using CORE

2. RPMS ERA Options – required for processing an ERA file
   - NEW – Load New Import
   - RPMS – ERA option: BPR – Review & Match ERA to Collection Batch
   - BLMT – AR Bill Matching
   - REVIEW – Claims
   - POST – Post ERA claims

3. Once Posting is done – start clean up
   - RPMS ERA option: RPT – Report ERA Claims --> Print reports within ERA: All Categories, Claim Unmatched, Exceptions
   - Add totals from Claim Unmatched and Exceptions (balance open)
   - Reports print to ADOBE PDF format

4. EasyPrint – print reports print to PDF format
   - Outpatient rollovers – to TPB
   - Profee section

ERA Posting – Clean up

Awareness:

Exporting multiples times – can result in payment/double payments AND multiple denials

Rollover payments –
- Medicare payments: ERA will sometimes post MCD payments to MCR payments that are pending posting (if not caught in Review)
- Private insurance payments: ERA will sometimes post to the secondary claim if claim was already created (exact bill/paid amount)

Private insurance denials: will sometimes come in through the 835 file (rare) accidently mailed to AHCCCS

Yearly rate adjustments are posted manually – from Easyprint

Private Insurance
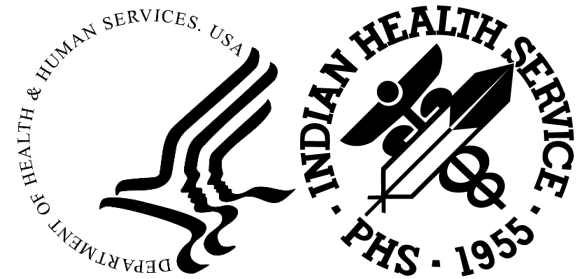
Standardization of PI Posting Techniques

- PIMC AR set out to update Accounts Receivable Posting and Denial Flow streamlines to ensure efficiency and accountability.

- Things to consider:
  - Receipt of denials from alternate resources
  - Correspondence storage
  - Denial recording
  - Denial streamline for follow-up

Goal for standardization:

Updating processes to include standardization wherever possible to ensure accurate denial recording and streamline efficiency

Accountability and Approach

Key aspects
- ◦ Return on effort ratios
- ◦ Separation of duties and clarifications
- ◦ Level of work accountability

Denial Reason Entry Format – AR Message Field

- Standardization of data entered in RPMS
  - Considering the spectrum of denials and our online e-filing system, PIMC AR standardized the format of how denials are to be recorded within the AR Account Messaging Field.
  - Includes pathway to look-up EOBs, quickly
    - At any point in the process, EOBs can be retrieved with reference to the A/R Transaction history and Message field.
  - Allows various department staff access
    - Billers
    - Contact Representatives

- Keep to the msg field format for noting Insurer biller denials in the following order.
  - Page Number
  - Insurance Name
  - Date of the EOB
  - Insurance Claim Number
  - Brief Synopsis of Denial
    - Example

```
*PAGE NUMBER* *PAYOR NAME* *EOB DATE* *INS CLAIM NUMBER*
'SYNOPSIS OF DENIAL REASON.....*POSTER INITIALS*
```

- When posting a Debt Mgmt Denial, use appropriate the following to note the message field

```
*PAGE NUMBER* *PAYOR NAME* *EOB DATE* *INS CLAIM NUMBER* "DEBT
MGMT DENIAL.......*POSTER INITIALS*
```

- Posting of Refund information
  - Poster will post for documentation with general category 22 and code 723
  - Notation of refund in message field is as accordingly

```
*PAGE NUMBER* *PAYOR NAME* *EOB DATE*
'REFUND REQUEST - FWD TO VAL.......*POSTER INITIALS*
```

Job Aides and References

Job Aides and Reference material created for staff to have on hand to uphold the new standards.

These include:

- **Establishing a shared drive** for Accounts Receivable usage only
- Within the shared drive, a **Communications folders** for staff which is used to share EOB/PII pages (instead of using Secure Data Transfer)
- Within the shared drive, a **Resources folder** with reference material covering various aspects of AR tasks.
- Job Aides Created
  - PI Categorization reference sheet with posting guidelines and posting order.
  - Electronic refence sheet of current HIPAA compliant adjustment codes for usage
  - Denial code to RPMS conversion sheet
  - Mapping of F Key for faster entries and/or posting sequences

Job Aide: Posting Categorization

1. Reference to common denials for posting any denials by categorization and subgroups
2. Posting Order
3. Posting Guide of denial follow up
4. Creation of tracking codes Specific for common denials for consideration and reporting

Billing Denials

332	Proc/Rev code inconst w/TOB
604	Proc code inconst w/mod
605	Proc Code/TOB inconst w/POS
606	Proc/Rev Code inconst w/pt age
607	Proc Code inconst w/pt gender
608	Proc Code inconst w/Prov Type
609	DX inconst w/pt age
610	DX inconst w/pt gender
611	DX inconst w/proc
612	DX inconst w/Prov Type
658	Invalid/inappropriate POS
746	Diagnosis invalid for DOS
781	Pymt Adj Proc Code Inv DOS
782	Pymt Adj Modifier Inv DOS
789	NOC/Unlisted Proc Code Used
799	Rev/Proc Code do not match
966	Proc/mod not comp,othr,NCCI
980	Dx inconsist w pt's birth wt
1003	Duplicate Claim/Srv

Request for Information

164	Pymt Den Prior Info Incorrect
300	Incorrect attchmt/documnt rcvd
301	Incomplete or deficient docs
302	Doc reqd to adjudicate clm/svc
616	Clm/Srvc Lacks Info For Adjud
617	Pymt Adj Info Incomplete
748	Clm/Srv Rej Info Incomplete
764	Attachment/Doc not rec timely
956	Info req from prov not rec/suf
957	Pymt Adj Pat. Infor Incmplt
958	Req info not prov for proc

Provider Denials

770	Type of provider not payable
772	Pymt Adj Specialty Provider
785	Rend Prov not Elig to Prvd Svc
857	Prov not cert for proc/svc DOS
870	PymtAdj Proc Prtly by DiffProv

COB

620	Clm Den Injry Covrd Liab Carr
622	Covd by another payer per COB
623	Chrgs pd/adj by another payer
709	Clm not Covered by this Payer
861	Clm transfer to proper payer

Patient Reg Denials

17	Clm Den Insured no Cov for NB
166	Pt cannot be ID'd as insured
626	Expnse Incrrd Prior to Coverag
627	Expnse Incrrd Aft Cov Termnatd
632	Records Indicate Dep Not Elig
633	Clm DenInsured No Depend Cove
740	Pt ID# & Name do not match
930	DOS during lapse in coverage
967	Clm spans elig/inelg cov-PT
969	Clm spans elig/inelg cov-rebi
9506	UNDELIVERABLE

302	use for medical records request
958	EOB request (any payor)
628	Eligibility non spefic coverage issues
1003	Duplciate Claim

Non Disputable Denials

167	Lifetime max benefit reached
640	Criteria for ER/UC not met
655	Clm Srv deemed experimental
656	Proc not deemed as effective
697	Pymt IncludeAllow for Diff Srv
719	Benefit maximum reached
749	Lifetime benefit max reached
760	Injury is a benefit exclusion
964	Proc not paid seperately
865	Pymt Adj Proc Not Pd Separate
1196	Tribal Ins Coverage

Non Covered Services

19	Non Cov Srv PreExist Condition
20	Non Cov Srv Routine Exam
169	Non Cov Srv Not Medically Nec
319	Anesthesia not cov for proc
678	Non Covered Days/RoomChrg Adj
767	Diagnosis(s) not covered
851	Non covered visit
934	Srvc Not Cov Under Ben Plan
696	Non covered charge(s)
941	NDC not elg for rebate not cov

Debt Mgmt Denials

329	Svc not prov by network prov
334	Precert does not apply to srv
337	Referral exceeded
338	Referral absent
639	Service denied at prior auth
797	Precert/Authorization absent
798	Precert/Authorization exceeded
940	Pymt Adj Precert Not Timely
982	Svcs not provided by netwk/pcp
983	Svcs not auth'd by network/pcp

Posting Order

1. Find correct claim
2. Check history and msg field
3. Check bill type to establish Bulk/Itemized posting
4. Validate Posting Info
5. Post payment
6. Sequestration
7. Post Coinsurance
8. Post Copay
9. Post Deductible
10. Post Close out amount
11. Post Denial
12. Note Claim Denial in Msg Field

(13.) interest pymts

Posting Guide

Biller	< $5k + C/O + ROLL + ADD	
	> $5K + OPEN+ + ADD + MBL	
PT Reg	OPEN + ADD + MTL	
NonDisputable	C/O + ROLL	
DCC	C/O + ROLL	
Debt Mgmt	OPEN + TC + ADD	

KEY

C/O	-	Close out Clm Billed Amt
Roll	-	'Y' to roll (except POS + WC)
MTL	-	Add to Master Term List
MBL	-	Add to Master Biller List
Open	-	Post as zero
$5K	-	$5,000.00 Threshold Amt
TC	-	Post Tracking Code 9511
ADD	-	Add Denial info in Msg Field

Job Aide: Posting Categorization

1. Posting Guidelines
2. PIMC information
3. Reminders of standardized formats for Denial info entry
4. Reference to useful reports within RPMS
5. Payment Credit posting reminders
6. Spreadsheets example

Posting PI Reminders

*Be sure to Check both History and Msg field before posting.

Reminder do not post to clms in Debt Mgmt Process, look for indications such as
"1st letter Sent"   "2nd letter sent"   "final letter sent"   "PSC sent to collections"

*Adhere to the message format for the msg field

> Page Number, Name of Insurance on EOB, EOB date, Insurance Claim Number
> Brief Synopsis of denial code (If debt Mgmt denial note "DEBT MGMT DENAIL")

*Be Specific as possible on posting code. To help be more specific refer to Resources available

Posting Reminder/Sequence/Categorization Cheatsheet
Current HIPAA Compliant Adjustment Code Sheet
Denial Code Number to RPMS Posting Code conversion Sheet

*For claims with both Pt Reg and Biller denials, use 616 and note in msg field both denials type are found. Place on Master Biller List

*On Clms with paid/DCC posting AND Debt Mgmt, leave Debt Mgmt lines open per posting sequence

*After closing a claim amount or if re-posting new transactions and result is balance at "0". Be sure to Re-roll Clm for balance reflection in AR & TPB

*Be sure enter "Y" for rolling over of claims after balance is C/O and re-rolling to secondary (except to POS & Wkers Comp). See flip side

* Helpful Reports to expedite posting clms and closing batches

BPS - Bill Posting Summary	CPS - Check Posting Summary	BPP - Batch Posted Pymts	BLRP - Bills Listing	TAR - Transaction Report
AR - PST - BPS	AR - COL - CPS	AR - RPT - BRM - BPP	TPB - RPTP - BLRP	AR - RPT - FRM - TAR

Recoup Posting

After verifying reason for adjustment on 1st claim. Ensure postings reflect which pymt credits are moving within claims.

Posting Pymt Credit TO another clm

2	Adjustment
$	Amount of Pymt Credit
20	Pymt Credit
138	Credit To Other Bill

Posting Pymt Credit FROM another clm

2	Adjustment
$	Amount of Pymt Credit
20	Pymt Credit
139	Credit To Other Bill

Finish each posting with manual "R" to re-roll

Use the running transmittal while posting to record all denials within the batch

For Pt Reg Denials, only use one of the 18 denial reason on the right

PIMC Info

PIMC Info	
LB Address	P
Phy Address	4
Tax Id	
NPI	
Phar NPI	
Profess NPI	
Fax	

Termed

Upload Date	Claim #	HRN#	Amt	DOS	Ins Co	Denial
1/1/2024	XXXXXXXXA	XXXXXX	$9,999.99	1/1/2023	PI	

- No Cov for Newborns
- No Dep Coverage
- Clm spans elig/inelig cov-PT
- Clm spans elig/inelig cov-rel
- Lapse in Cov
- Termed
- DOS before Cov start
- Invalid Grp#
- Invalid Id# info
- Invalid Ins Address Info
- Invalid Pol cy# info
- Invalid Sub info
- Cannot ID PT
- Invalid Pt ID# & Name
- Dep Not Elig
- Return To Sender
- TPA Expired

Master Biller

Entry Date	Claim #	Amt	CODE	Insurance
1/1/2024	XXXXXXXXA	$999.99	616	PI

Job Aide: HIPPA Claims Adjustment Codes Mapped to RPMS

1. Reference guide to specific adjustment codes to record denials.
2. PDF file format - using the search feature to find keywords assists in filtering adjustment/denial codes

Phoenix Indian Medical Center
Accounts Receivable
HIPAA Claims Adjustment Reason Codes Mapped to RPMS
(Current Codes)

HIPAA Claim Adjustment Reason Codes		RPMS Standard Adjustment Reason Codes			
Code	Description	Category		Type	
1	Deductible Amount *Start: 01/01/1995*	13	DEDUCTIBLE	29	Deductible
2	Coinsurance Amount *Start: 01/01/1995*	14	CO-PAY	602	Coinsurance Amount
3	Co-payment Amount *Start: 01/01/1995*	14	CO-PAY	27	Co-payment
4	The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. *Start: 01/01/1995 | Last Modified: 03/01/2020*	4	NO PAYMENT	604	Proc code inconst w/mod
5	The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. *Start: 01/01/1995 | Last Modified: 03/01/2018*	4	NO PAYMENT	605	Proc Code/TOB inconst w/POS

Job Aide: Keyboard F Key Mapping

- Reference to mapping keyboard F keys for faster entries of information
- Customizable for individual use
- Used for Denial sentences for common denials

- **SAVES KEY STROKES!**
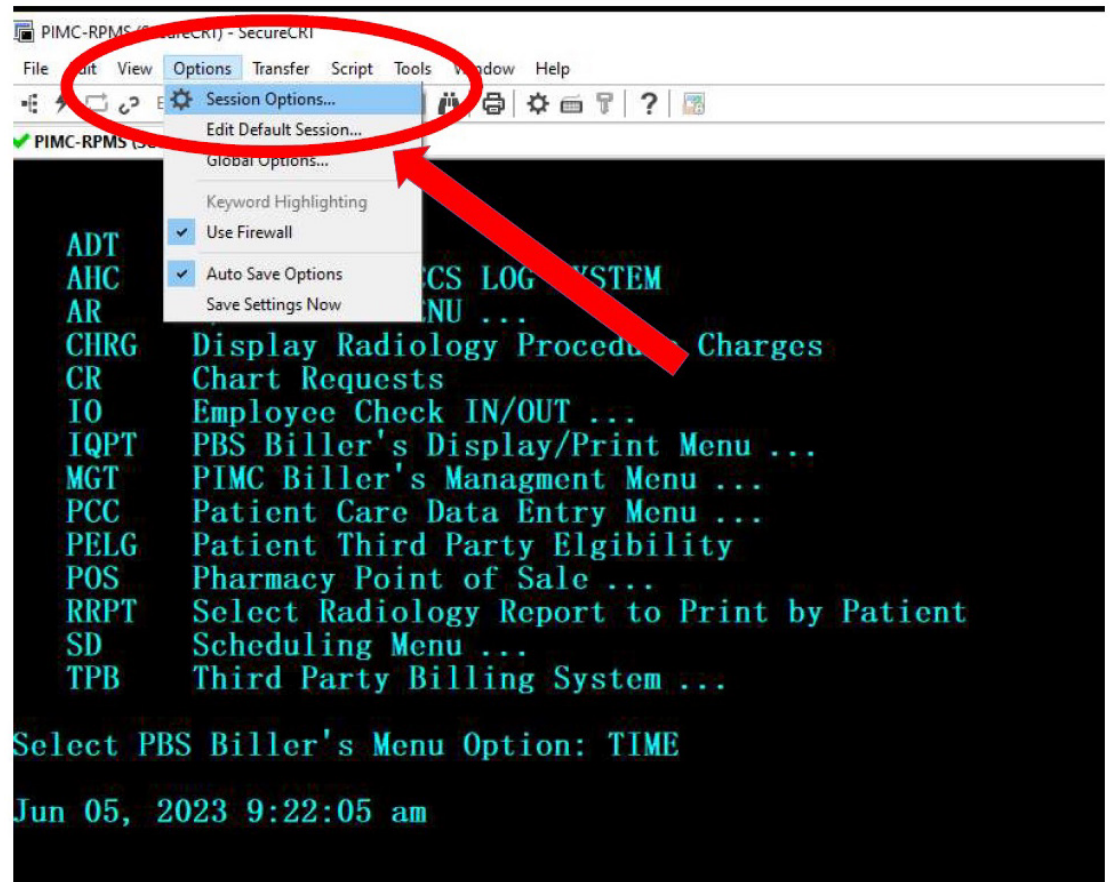
Upon the window for RPMS, select the "Options" tab and scroll down to select the "Sessions Options" button.

Accounts Receivable
Private Insurance Denial Streamline

A/R Technicians post and record every claim payment, adjustment and denial transaction received.

To proactively monitor and address the occurrence of private insurance denials we've categorized similar related denials.

Prime Focused Denial Categorization sets
- Patient Registration
  - Policy related issues (ID#, Group#, Effective dates of coverage)
  - Patient Demographic Issues
- Billing and Coding
  - Missing/invalid claim information
  - Incorrect/invalid code(s)
  - Medical record request

Denial Flow

EDI BATCH DENIALS

LB BATCH DENIALS

CORRESPONDENCE BATCH DENIALS

ADJUSTMENT BATCH DENIALS

AR Posting Level Denials posting by AR are routed in various methods

MEDICAID BATCH DENIALS

MEDICARE BATCH DENIALS

MASTER TERMED LIST
Patient Eligibility Denials

MASTER BILLER LIST
Workable Denials

AR
For Claim Close Out via MTL

Contact Representative Follow up

Contact Rep verification COB issues Via Verfication Spreadsheet

DENIAL MGMT
Review of denials By Billers. Point of Contact for all follow up

Claim requiring close out indicated on MBL

Denials from Medicaid and Medicare are handled by Third Party Billing

FILE PREPARATION CREATED IN EASY PRINT

All denials within batch are sorted into a report for follow up

Corrected Claims needing billing resubmission

Any futher billing is needed is sent to Third Party Billing.

Coding Assistance fowarded to Coding Dept Via Coding Review Spreadsheet

Resubmission

Billers do workable denials and resubmit based on Payor parameters

Forward to Billers for rebilling with corrected info

Third Party Billing rebilling (initial Billing) spreadsheet

Patient Registration

Point of Contact: Contact Reps

Patient Registration denials are recorded and consolidated into an Excel worksheet- **Master Term List**.

- ◦ Excel Log is streamlined to Senior Patient Registration Contact Representatives (CR's)
- ◦ Excel log accessible via Shared drive
- ◦ Data entry includes: Claim#, HRN, Bill Amount, Date of Service, Insurer name, Standardized denial description
- ◦ CR's review and complete all action items, as assigned.
  - ◦ CR sign-off entry includes: Verification date, CR initials, Action Taken, Closure indicator (Y/N)
- ◦ A/R Lead(s) monitor for patient registration completion updates to finalize and clear the closure requests and completed entries.

Master Term List

	A	B	C	D	E	F	G	H	I	J
1	Date	Claim#	HRN	Billed Amt	DOS	Insurance Name	Denial	Verfied Date	CR	CR Action Taken
2	4/15/2024			$ 606.39	7/12/2023	AETNA	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
3	3/29/2024			$ 1,991.00	1/6/2024	GEHA	Claim must be sent to UHC Shared Services			
4	6/6/2024			$ 230.00	2/14/2024	MERITAIN	COB			
5	4/15/2024			$ 725.00	4/27/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
6	4/15/2024			$ 595.00	4/20/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
7	1/5/2024			$ 230.00	6/14/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
8	1/5/2024			$ 230.00	7/17/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
9	4/15/2024			$ 595.00	5/8/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
10	4/15/2024			$ 398.00	4/18/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
11	2/5/2024			$ 595.00	5/26/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
12	2/5/2024			$ 360.00	8/10/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
13	6/5/2024			$ 230.00	7/3/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
14	4/15/2024			$ 852.00	4/17/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
15	4/8/2024			$ 426.00	9.25.2023	UHC	INCRRED PRIOR COV	4/22/2024	JCT	REVER PI/UPDATD ELIG DATES/NO COVG
16	2/2/2024			$ 323.44	10/28/2023	Caremore	TERMED	4/21/2024	JCT	PG 4 UPDATED, NO COVG ON DOS
17	1/18/2024			$ 340.85	10/16/2023	Delta Dental	Not Elig on the DOS	4/21/2024	JCT	PG 4 UPDATED, NO COVG ON DOS
18	4/8/2024			$ 852.00	12/26/2023	GEHA	Primary Payer Info	4/22/2024	JCT	REVER PI ONLY/ACTIVE COVG
19	5/17/2024			$ 590.00	10/21/2020	HUMANA	DOS before Cov start			
20	6/10/2024			$ 250.00	6/29/2021	HUMANA				
21	6/10/2024			$ 370.00	6/20/2021	HUMANA				
22	3/30/2024			$ 230.00	1/17/2024	GEHA	Claim must be sent to UHC Shared Services			
23	6/9/2024			$ 258.37	11/30/2023	BCBSAZ	No record of ID# on file, home plan cannot locate membership			
24	6/6/2024			$ 148.00	1/26/2024	MERCY CARE	COB			
25	1/2/2023			$ 160.00	2/24/2022	MERITAIN HEALTH	CANNOT ID PT	2/29/2024	JCT	PI VRFD, RVWD CLAIM HAS ID/GRP
26	6/6/2024			$ 322.00	1/10/2024	MERCY CARE	COB			
27	6/6/2024			$ 145.00	10/18/2022	MERCY CARE	COB			
28	6/6/2024			$ 322.00	1/17/2024	MERCY CARE	COB			
29	6/25/2024			$ 230.00	2/13/2024	BCBS	TERMED			
30	1/2/2023			$ 852.00	12/2/2023	TRICARE WEST REGION	DEP NOT ELIGIBLE	3/14/2024	JCT	COV TERMED, PG4 UPDATED, FRWD TO AR
31	1/2/2023			$ 159.00	12/2/2023	TRICARE WEST REGION	DEP NOT ELIGIBLE	3/14/2024	JCT	COV TERMED, PG4 UPDATED, FRWD TO AR
32	1/11/2024			$ 571.34	12/13/2023	UNITED HEALTH CARE-1	Coverage termed	4/21/2024	JCT	PG 4 UPDATED, NO COVG ON DOS
33	1/11/2024			$ 230.00	12/13/2023	UNITED HEALTH CARE-1	Coverage termed	4/21/2024	JCT	PG 4 UPDATED, NO COVG ON DOS
34	3/4/2024			$ 571.34	12/13/2023	UHC	TERM	4/21/2024	JCT	PG 4 UPDATED, NO COVG ON DOS

FY'24 | Glossary | AR | CRs | ARC | TO BE RVW'D BY DM | FY2024 (old format)

Master Term List

- Glossary of Terms started for understanding between front-end and back-end of the Patient Business Office.
- Previous version had over 200 different ways to say the same 17 different denials.
- Next phase: complete standardization of Glossary of Terms
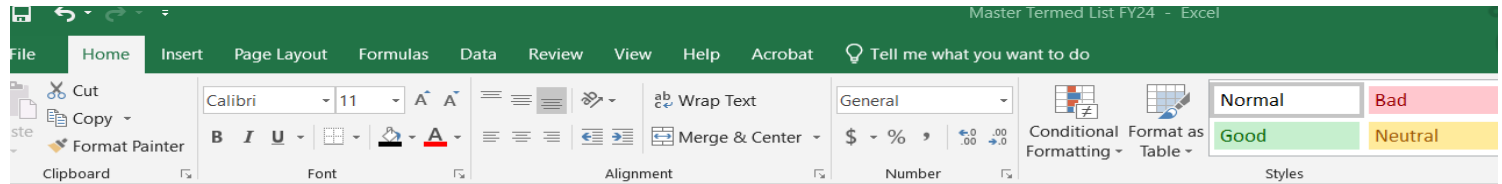
AR Glossary of Terms	
No Cov for Newborns	No coverage for the newborn
No Dep Coverage	No coverage for dependent
Clm spans elig/inelg cov-PT	Claim spans eligible and ineligible periods of coverage
Clm spans elig/inelg cov-rebi	Claim spans eligible and ineligible periods of coverage
Lapse in Cov	Expenses incurred during lapse in coverage
Termed	Expenses incurred after coverage terminated
DOS before Cov start	Expenses incurred prior to Policy effective date
Invalid Grp#	Patient's group number info is invalid
Invalid Id# info	Patient's ID number info is invalid
Invalid Ins Address Info	Billed Insurance Address is invalid
Invalid Policy# info	Patient's Policy Number is invalid
Invalid Sub info	Patients Insurance Info is invalid
Cannot ID PT	Patient cannot be identified as our insured
Invalid Pt ID# & Name	Patient/Insured health identification number and name do not match
Dep Not Elig	Our records indicate the patient is not an eligible dependent
Return To Sender	Undeliverable/Returned envelope letter
TPA Expired	
CR Glossary of Terms	

Billing and Coding Denials

Point of contact: Denial Management Billers

Billing and Coding related denials are recorded and consolidated into an Excel Worksheet- **Master Biller List**

- ◦ Excel log is streamlined to Denial Management Biller(s).

- ◦ Excel log is accessible by all via Shared drive

- ◦ A/R Techs denial entry includes: Date of Entry, Claim#, Claim Amount, A/R Adjustment code, Insurer name

- ◦ Denial Management biller(s) manage, analyze and evaluate each claim along with the health plans reason for denial to validate and/or determine any further actions needed.

- ◦ Denial Management billers complete claim corrective actions and facilitate any further streamline needed to other departments.

- ◦ Prevalent and frequent claim denials and issues are regularly communicated to relevant billing staff.

	Entry Date	Claim #		Amt	CODE	INSURER	DM Wk Date	DM Initials	Comments	C/O
8	5/5/2024		$	450.73	983	ALLWELL WSCC MEDI REPL	6/3/2024	MMB	Submit Notice Ltr 2/ins	NO
9	5/5/2024		$	10,558.00	329	AMBETTER AZ COMPLETE HLTH	6/3/2024	MMB	Submit Notice Ltr 2/ins	NO
10	5/5/2024		$	1,071.47	329	AMBETTER AZ COMPLETE HLTH	6/3/2024	MMB	Submit Notice Ltr 2/ins	NO
11	5/5/2024		$	635.44	329	AMBETTER AZ COMPLETE HLTH	6/3/2024	MMB	Submit Notice Ltr 2/ins	no
12	5/5/2024		$	110.43	329	AMBETTER AZ COMPLETE HLTH	6/4/2024	MMB	Submit Notice Ltr 2/ins NO	
13	5/5/2024		$	322.00	329	AMBETTER AZ COMPLETE HLTH		MMB		
14	5/5/2024		$	321.00	329	AMBETTER AZ COMPLETE HLTH		MMB		
15	5/5/2024		$	230.00	329	AMBETTER AZ COMPLETE HLTH		MMB		
16	5/5/2024		$	1,275.30	329	AMBETTER AZ COMPLETE HLTH		MMB		
17	5/5/2024		$	1,000.20	329	AMBETTER AZ COMPLETE HLTH		MMB		
18	5/5/2024		$	369.19	329	AMBETTER AZ COMPLETE HLTH		MMB		
19	5/5/2024		$	154.78	329	AMBETTER AZ COMPLETE HLTH		MMB		
20	5/5/2024		$	80.00	709	AMERIBEN SOLUTIONS	6/4/2024	MMB	FWD 2/CR ELIG STTUS	NO
21	5/5/2024		$	230.00	329	AMERIBEN SOLUTIONS	6/4/2024	MMB	Submit Notice Ltr 2/ins NO	
22	5/5/2024		$	700.00	329	AMERIBEN SOLUTIONS	6/4/2024	MMB	Submit Notice ltr 2/ins	NO
23	5/8/2024		$	405.22	329	AMERIBEN SOLUTIONS				
24	5/1/2024		$	624.23	302	BANNER	5/28/2024	MMB	SUBMIT MED-NOTES`	NO
25	5/1/2024		$	110.43	302	BANNER	5/28/2024	MMB	SUBMIT MED-NOTES`	NO
26	5/1/2024		$	855.00	302	BANNER	5/28/2024	MMB	SUBMIT MED-NOTES`	NO
27	5/15/2024		$	20,630.00	301	Banner		MMB		
28	5/5/2024		$	148.00	956	BANNER AETNA		MMB	TO LATE 2/CORRECTION	YES
29	5/5/2024		$	7,635.83	302	BANNER AETNA	6/4/2024	MMB	IN/PT FWD TO AMBER	NO
30	5/8/2024		$	322.00	329	BANNER AETNA		MMB		
31	5/1/2024		$	1,273.00	938	BCBS				
32	5/1/2024		$	852.00	628	BCBS				
33	5/1/2024		$	852.00	616	BCBS				
34	5/1/2024		$	8,296.00	302	BCBS				
35	5/1/2024		$	8,463.25	302	BCBS				
36	5/1/2024		$	463.00	616	BCBS				
37	5/5/2024		$	652.80	302	BCBS				
38	5/5/2024		$	135.00	329	BCBS				
39	5/5/2024		$	659.00	616	BCBS				
40	5/5/2024		$	418.11	616	BCBS				

Code	Description
17	Clm Den Insured no Cov for NB
19	Non Cov Srv PreExist Condition
20	Non Cov Srv Routine Exam
21	Chrgs Excd Max Allowable Amt
23	Pymt Made to PT/Insrd/Res Prty
122	Services Not Covered
125	Clm Adj Spans Elig/Inelig Date
134	Time Limit for Filing Expired
141	Regulatory surcharge/allowance
164	Pymt Den Prior Info Incorrect
165	Primary Payer Amount
166	Pt cannot be ID'd as insured
167	Lifetime max benefit reached
168	Disc Agrmt Pref Prov Contract
169	Non Cov Srv Not Medically Nec
178	Prov Not Elig to Provd Serv/Bl
180	Svc not furnished direct to pt
300	Incorrect attchmt/documnt rcvd
301	Incomplete or deficient docs
302	Doc reqd to adjudicate clm/svc
304	No bnfts-Submit svcs to med pl
306	Not payable per mngd care cont
308	Clm not cvrd - pt incarcerated
311	Proc/Srv incnsistnt w/PtHistry
312	Adj for delivery cost(RX only)
313	Adj for shipping cost(RX only)
314	Adj for postage cost (RX only)
315	Adj for admin cost (RX only)
316	Adj, compnd prep cost(RX only)
317	Rebill sep clm/sv for month sv
318	Resub one clm per cal year

JULY 2024 | JUNE 2024 | MAY 2024 | CODE DESCRIPTIONS | APRIL 2024 | MAR 2024 | FEB 2024 | JAN 2024 (Ne...

Debt Management

Debt Management

Targeted on unpaid PI claims denied by health plans for reasons related to:

- Non-Network providers
- Non-contracted providers
- Prior-Authorization/pre-certification absence
- Health plan payment remittance issues.

The claim identification process incorporates work completed by both the AR Technicians and Denial Management Billers.

- AR Techs post a Non-Pay Tracking adjustment code after posting any 'Debt Management' eligible denials/adjustments (i.e. Non-network, Prior-Authorization, etc.) to help with claim identification and reporting.
- Denial Management Biller(s) review and validate the health plans denial.
  - If approved for Debt Management, the claim is streamlined over to Debt Management's working spreadsheets for notice letter processing and tracking.

Debt Management -Process Flow

◦ Debt Management worksheet:
  ◦ All identified Debt Management requests for debt notice letter processing are centralized into this Excel worksheet.
  ◦ Claims are reviewed extensively by Debt Management Biller
    ◦ If further research is needed --> returned to Denial Management Biller
◦ Debt Notice Letters are created
  ◦ Excel Claim Data- Patient Name, Policy Holder, ID#, Insurer Name/address, Insurer Claim#, DOS, Amount Due, reason for debt notice.
◦ Debt Notice Letter creation dates are recorded and tracked for consistent/timely follow-up.
◦ Excel worksheet is continuously monitored and updated to reflect all changes and updates as they occur for each claim
  ◦ ceased notices due to payment receipt
  ◦ PSC packet file name, etc.

Debt Management – PSC Packet

P.I. and Non-Ben only

Debt Packets are created no earlier than 31-days from the Final Notice letter mailing date.

Packet Documentation includes the following:
◦ Excel Debtor Log (All claims listing)
◦ Claim File (PDF)
  ◦ DHHS Memorandum
  ◦ Demand Letter (Final Notice)
  ◦ Claim (Reprint)

Debt Management –PSC Packet cont...

Review of PSC Packets:

1. Prepared by Debt Management Biller
2. 1st Review by AR Lead
3. Final Review by AR Supervisor

Upon Supervisor approval, the A/R Lead then forwards the debt packet to PAO Finance via Secure Data Transfer.

PAO-Finance personnel submits the packet to Program Support Center (PSC) on behalf of PIMC.

Debt Management Packet

Pharmacy POS Posting

Pharmacy POS

Manual posting of all pharmacy related claim payments and adjustments.

Required standardizing the POS process separately
- Has improved our efficiency in reducing posting errors
- Staying informed of future deposits and faster turnaround -all in an effort to enhance the quality of our A/R work performed.
- Daily BSL Run- To identify open balance POS related batches
- Collection Report overview
    - To identify batching errors prior to posting
- 835 - Electronic Remittance Advice
    - Easy Print Software file retrieval
- Standardized Adjustment Category/Type Code set usage –Job Aide Reference
    - Deductible/Copay/Coins/Payment Credit/No payment
- Standardized Posting Order
    - Reversals, Prior Payment Adjustment(s), Negative Paid, Transmission Fee, Payments, Patient Responsibility

POS is a beast in itself! Way too much to include in this presentation...

Any Questions?

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