

Indian Health Service Posting Scenarios

PARTNERSHIP

PHOENIX, AZ

AUGUST 2024



Learning Objectives

Posting basics

Posting from a collection batch

- Payments
- Adjustments

The Electronic Remittance Advice

Other A/R Transactions



IHS Policy – Indian Health Manual

Accounts Receivable or Posting Transactions 5-1.3I

Section 1: Detailed Subsidiary Ledger

- The CEO or (his or her) designee **must post all receipts and adjustments** to the RPMS A/R **no later than three business days** after the receipt of all supporting documentation.

Section 2: Standard Adjustment Reason Codes

- The HIPAA, "Standard Adjustment and Reason Codes" are to be used when posting payments and adjustments into RPMS. Additional local adjustment codes may be used if approved by either, the Director, ORAP, or the Director, OFA.



The Remittance Advice



Identifying Elements from the Remittance Advice

What is the Remittance Advice (RA)?

- Also known as an Explanation of Benefits (EOB)
- Provides detail on how a claim was processed providing payment, adjustment and/or denial details
- May provide adjudication denials for one patient, for one claim or for a list of claims



Key Terms

Term	Definition
Claim Number or Internal Control Number	Reference number created by the payer that is used to identify the claim
Allowed amount	Amount the payer considers a payable benefit for the claim. Not all allowed amounts are paid in full due to patient responsibility
Adjustment	Amount that is deducted from the billed amount for various reasons determined by the payer
Patient Responsibility	Amount the patient is responsible for
Co-Payment	A set dollar amount that is paid by the patient for services rendered
Co-Insurance	A percentage of the allowed amount that the patient is responsible for
Deductible	A dollar amount that must be paid by the insured before the payer begins covering health care costs



Sample Private Insurance Remittance

SAMPLE INSURANCE COMPANY
 P.O. Box 12345
 Any town, MD 98991
 (800) 555-5555

INDIAN HEALTH PROVIDER
 1224 LOCKBOX LANE
 CHICAGO, IL 88778-1233

Policy Holder: LAST NAME,FIRST NAME
 Policy Holder ID: 1111011111-11101
 Group Name: The Grocery Store
 Group Number: 11100111
 Plan Type: High

Patient: Patient, Polly

Claim No: 1234567A-IH-9998 ICN: 10239039023-1110 Provider: Kildare, Kyle NPI: 1039023903

Service Date(s)	Code	Charge Codes	Charge Amount	Allowed Amount	Copay/ Co-Ins	Deductible	Adjusted	Non-Covered	Adjust Code(s)	Amount Paid
03/11/23	11	99213	179.00	89.50	25.00	0.00	64.50	0.00	45	89.50
03/11/23	11	J3490	10.00	0.00	0.00	0.00	0.00	10.00	49	0.00
03/11/23	11	71045	<u>114.00</u>	<u>68.00</u>	<u>0.00</u>	<u>0.00</u>	<u>46.00</u>	<u>0.00</u>	45	<u>68.00</u>
			303.00	130.50	25.00	0.00	110.50	10.00		157.50

Remark Codes
 45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
 49 - Non Covered Charge



Sample Medicare Remittance

MEDICARE PART B P.O. BOX 45041 JACKSONVILLE, FL 322325041										MEDICARE REMITTANCE NOTICE			
INDIAN TRIBAL HEALTH CENTER PO BOX 31001 0664 ALBUQUERQUE, NM 87110-0001										PROVIDER #: DATE:		080099999 3/12/2021	
REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD		
NAME LAST NAME, FIRST NAME			HIC	XXXXX4160A	ACNT (YOUR BILL #)	ICN 2206013060780				ASG Y	MOA MA01 MA18		
080000185	0112	03/02/2023	11	1	99213	63.00	63.00	0.00	25.00	CR-42	38.00 38.00		
080000185	0112	03/02/2023	11	1	81005	13.50	13.50	0.00	0.00		0.00 13.50		
080000185	0112	03/02/2023	11	1	71010	101.50	101.50	0.00	0.00		0.00 101.50		
PT RESP		25.00	CLAIM TOTALS			178.00	178.00	0.00	25.00		0.00 153.00		
ADJ TO TOTALS: PREV PD						INTEREST	0.00	LATE FILING CHARGE		0.00	NET 153.00		
CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD													



Processing Payments and Adjustments



Cashiering

(A/R → CSH → CIO)

If required by your site, log into a cashiering session prior to posting

- Use the same cashiering session for all posting

Be sure to log out at the end of the day after posting has been completed

```
+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p34          |
+-----+
|          Cashiering Sign In/Sign Out                      |
|          INDIAN HEALTH HOSPITAL                          |
+-----+
User: LUJAN,ADRIAN M          BUSINESS OFFICE          05-MAR-2023 8:11 AM

YOU ARE SIGNING *IN* FOR CASHIERING

Enter your Current Signature Code:      SIGNATURE VERIFIED

                                CASHIERING MODE
                                CASHIERING DISPLAY FOR CASHIER LUJAN,ADRIAN M
                                WITH SESSION ID 3330305.08111      SESSION STATUS: OPEN

Cashiering Function - Payments
Count          -      0          $          0.00

Cashiering Function - Adjustments
CO-PAY         -      0          $          0.00
DEDUCTIBLE     -      0          $          0.00
GROUPER ALLOWANCE - 0          $          0.00
NON PAYMENT    -      0          $          0.00
PAYMENT CREDIT -      0          $          0.00
PENALTY        -      0          $          0.00
WRITE OFF      -      0          $          0.00
Total Adjustments = 0          $          0.00

Cashiering Function - Refunds
Count          -      0          $          0.00
```

The Collection Batch

The Remittance Advice must be batched into a Collection Batch

A copy of the batch must be printed and attached to the Remittance Advice

The batch and RA is provided to the A/R Technician for posting

DATE:	06/18/21	COLLECTIONS REPORT -- FINAL (REPRINT)	INDIAN HEALTH HOSPITAL	PAGE	2
		BATCH:	MEDICAID OPV-03/03/2023-1		
		TDN/IPAC #:	539044		
CHK/IPAC DEPOSIT DATE:	MAR 3, 2023	TOTAL:	4,200.00		
ITEM	RECEIVED	CHECK #	A/R ACCOUNT	DISTRIBUTION	AMOUNT
=====					
		EOB CHECK			
2	03/03/23	10010930903	NEW MEXICO MEDICAID INDIAN HEALTH H	250.00	250.00
3	03/03/23	00191199103	ARIZONA MEDICAID INDIAN HEALTH H	1200.00	1200.00



Select the Collection Batch

Select the Collection Batch

- Type the Batch Name, or
- Type the Batch Date, or
- Type of Check Number

Batch and Item Properties

- The Batch totals display
 - Total Batched Amount
 - Current Amount to Post
- Select the Item to display
 - Total Batched Amount for Item
 - Current Amount to Post for Item

```
Select Batch: MEDICAID OPV-03/13/2023-1 MEDICAID OPV-03/13/2023-1INDIAN HEALTH HOSPIT
===> Total Posted: $ 0.00          ===> Remaining Balance: $ 4200.00

Select Batch Item: 1 1
===> Item Total Posted: $ 0.00      ===> Item Remaining Balance: $ 750.00
```

Select the Claim

Select the Bill to post to

- Type in the bill or prescription number, or
- Type in the name or chart number of the patient
 - System will ask for the Beginning Service Date
- Type in the service date and select the patient from list of claims

Select A/R BILL/IHS BILL NUMBER:

Select PATIENT NAME:

Select Beginning Date:

Select Ending Date:

Select Bill DOS:



Posting Menu Display

```
Claims for LAST NAME,FIRST NAME from 03/09/2023 to 03/09/2023 Page: 1

Batch : MEDICAID OPV      Item : 2
Amount : 4200.00          Amount : 654.00
Posted : 0.00             Posted : 0.00
Unalloc: 0.00            Unalloc: 0.00
Balance: 4200.00         Balance: 654.00

Line #  DOS      Claim #      Billed      Current      Current      Current
-----  -
1  03/09/2023  31449A-IH-2  654.00      0.00        0.00        654.00

Select Command (Line # 1) :
```



Posting Commands – Type ‘??’ to View

Item	Title	Description
A or 2	Adjustments	Allows for posting of adjustments such as Copay, Deductible, Write-Off
B	Bill Inquire	Displays the bill properties such as billed items, provider, etc.
C	Itemized Charges	Allows for posting by line item (currently not in use)
D	Patient Demographics	Display the patient Health Summary
E	Edit a transaction	Allows the user to edit a transaction while posting – cannot edit finalized
H	History of Bill Transactions	Lists the bill history including all posted transactions
I	Insurer Demographics	Displays the insurer data (currently not in use)
M	Message	Allows the user to add a message for the bill, insurer or patient
P or 1	Post Payment	Allows for payment posting
Q or 3	Quit	Allows the user to exit and finalize payment posting
R	Rollover	Allows the user to manually trigger the rollover for the bill
T	Toggle Display	Changes the display to let the user know what has been posted so far



Display of Posting Commands

```
Select Command (Line # 1) : ??
```

```
                Select Command Options
```

```
                -----
```

```
A or 2 = Adjustments (Write-Off, Deductible, Non-Covered, Non-Pay, Penalty)
```

```
B = Bill Inquire
```

```
C = Itemized Charges - allows posting by line item
```

```
D = Patient Demographics
```

```
E = Edit a transaction not yet posted to A/R
```

```
H = History of Bill Transactions ($ only)
```

```
I = Insurer Demographics
```

```
M = Message
```

```
P or 1 = Payment
```

```
Q or 3 = Quit - Ends the data entry for this Patient and allows for posting to  
A/R
```

```
R = Rollover
```

```
T = Toggle Display - Current transaction list.
```


Posting a Payment

Menu Path: BAR → PST → PAY

Review the Remittance Advice for the PAID or AMOUNT PAID for each claim

Perform an occasional review to ensure all payments were processed correctly by the payer

- Reviewing the fee schedule from that payers website
- Be aware of any contracts in place that affect how a claim was paid
- Copayments, Coinsurance and Deductible amounts affect the paid amount



Posting a Payment

Type '1' or 'P' to select the Post command

Type the amount to post

May post summary payment if line item details not needed

Batch and Item details are updated

Proceed to post additional transactions

[Q]uit and [P]ost to finalize posting

```
Batch : MEDICAID OPV      Item : 4
Amount : 4200.00         Amount : 1000.00
Posted : 0.00           Posted : 0.00
Unalloc: 0.00           Unalloc: 0.00
Balance: 4200.00        Balance: 1000.00
```

Line #	DOS	Claim #	Billed Amount	Current Paymtns	Current Adjust	Current Balance
1	03/05/2023	31195A-IH-1071	231.73	0.00	0.00	231.73

```
Select Command (Line # 1) : 1
Payment Amount: 231.73
```

```
Batch : MEDICAID OPV      Item : 4
Amount : 4200.00         Amount : 1000.00
Posted : 231.73          Posted : 231.73
Unalloc: 0.00           Unalloc: 0.00
Balance: 3968.27        Balance: 768.27
```

Line #	DOS	Claim #	Billed Amount	Current Paymtns	Current Adjust	Current Balance
1	03/05/2023	31195A-IH-1071	231.73	231.73	0.00	0.00



Adjustment Posting – Patient Responsibility

Patient Responsibility amounts include Co-Payments, Co-Insurance and Deductible amounts

These amounts are not to be balanced billed to the patient but may be billed to other insurance the patient is eligible for

Payers may “cross over” the adjudication data to the other payer but the claim may need to be submitted with the primary payers remittance (paper claims)

Do not post using the Non-Beneficiary or Beneficiary Patient adjustment codes to identify the copay or deductible amounts



Posting the Patient Responsibility

Deductible

Type 'A' or '2' to post the adjustment
Type '13' for the Deductible category
Select the appropriate code to post

```
Select Command (Line # 1) : 2
Adjustment Amount: 77.00
Adjustment Category: 13 DEDUCTIBLE DD
Adjustment Type: ??

Choose from:
29      Deductible
666     Blood Deductible
726     Deductible - Major Medical

Adjustment Type: 29 Deductible
```

Co-Payment

Type 'A' or '2' to post the adjustment
Type '14' for the Co-Pay category
Select the appropriate code to post

```
Select Command (Line # 1) : 2
Adjustment Amount: 24.00
Adjustment Category: 14 CO-PAY CP
Adjustment Type: ??

Choose from:
27      Co-payment
602     Coinsurance Amount
672     Coinsurance Day

Adjustment Type: 602 Coinsurance Amount
```



Posting Adjustments

Print a list of the Standard Adjustment Reason codes from RPMS

- Periodically review with all posting staff to confirm which codes will be used for posting certain adjustments
- Used to bill for secondary billing
- Each Adjustment Reason Code has a referencing Internal Entry Number
 - Codes with an Internal Entry Number less than 1000 are reserved for OIT code updates
- Please make every effort to use the HIPAA Standard Adjustment Reason code

Different adjustment types exist such as

- **Non-Payment** – used to post amounts the payer will not cover or denied
- **Write Off** – used to post an adjustment that cancels the debt from the bill
- **Penalty** – used to post penalty amounts imposed by the payer
- **Payment Credit** – used to post payment adjustments



Adjustment Type: Grouper Allowance

Used to post amounts in excess of payments received

- DRG payments for Inpatient services
- For outpatient, payments received above the billed charges for Medicaid Managed Care where the All-Inclusive Rate is paid

Line #	DOS	Claim #	Amount	Paymnts	Adjust	Balance
1	03/05/2023	31195A-IH-1071	231.73	0.00	0.00	231.73

Select Command (Line # 1) : 1
Payment Amount: ~~330~~

Warning - Posted amount exceeds the BILL balance by -98.27 amount

ARE YOU SURE? NO// YES



Posting the Grouper Allowance

Post the Payment which results in an over-posted amount

Type 'A' or '2' to post an adjustment

Type the amount of the adjustment

Select [16] for Payment Credit

Select the appropriate adjustment reason code

```

Batch : MEDICAID OPV      Item : 4
Amount : 4200.00         Amount : 1000.00
Posted : 330.00          Posted : 330.00
Unalloc: 0.00            Unalloc: 0.00
Balance: 3870.00         Balance: 670.00

-----
Line #  DOS      Claim #      Billed   Current   Current   Current
          DOS      Claim #      Amount   Paymnts   Adjust    Balance
-----
  1  03/05/2023  31195A-IH-1071  231.73   330.00    0.00    -98.27

Select Command (Line # 1) : 2
Adjustment Amount: 98.27
Adjustment Category: 16  GROUPER ALLOWANCE      GRPALL
Adjustment Type: 694      Processed in excess of Charges

-----
Line #  DOS      Claim #      Billed   Current   Current   Current
          DOS      Claim #      Amount   Paymnts   Adjust    Balance
-----
  1  03/05/2023  31195A-IH-1071  231.73   330.00   -98.27    0.00

Select Command (Line # 1) :
    
```



Payment Credits

What are payment credits?

- Used to “move” payments from one bill to another
- Used to account for recoupments where the payer takes money from one claim to pay for another claim
- Considered payments on some reports such as MU reports
- Required for federal locations not allowed to reverse payments

Process

- Use PAYMENT CREDIT TO to reverse a payment amount
- Use PAYMENT CREDIT FROM to post the reversed payment amount
- ALWAYS BALANCE YOUR PAYMENT CREDITS!!

Scenarios

- Payment recoupment from payer which needs to be posted to other bills



“Reversing” the Payment using Payment Credit

```
Claims for (msg)                                from 03/04/2023 to 03/04/2023 Page: 1

Batch : MEDICARE OPV      Item : 1
Amount : 3109.00          Amount : 3109.00
Posted : 0.00             Posted : 0.00
Unalloc: 0.00             Unalloc: 0.00
Balance: 3109.00         Balance: 3109.00

Line #  DOS      Claim #      Billed   Current   Current   Current
-----  -
1  03/04/2023  31302A-IH-1072  349.00    0.00     0.00     349.00
2  03/04/2023  31303A-IH-1072  324.00    0.00     0.00     0.00

Line #: 2
Select Command (Line # 2) : A
Adjustment Amount: -254.02
Adjustment Category: 20 PAYMENT CREDIT      PAYCRD
Adjustment Type: 138 CREDIT TO OTHER BILL
```

Don't Forget to Reverse the Adjustments!

```
Select Command (Line # 2) : A  
Adjustment Amount: -64.80  
Adjustment Category: CO-PAY CP  
Adjustment Type: Coinsurance Amount
```

```
Select Command (Line # 2) : A  
Adjustment Amount: -5.18  
Adjustment Category: PENALTY PNY  
Adjustment Type: 303 Sequestration-red in fed pymt
```



Trans Dt	By	Trans Type A/R Account	Batch	Amount	Balance Item
03/04/2023		BILL NEW MEDICARE		324.00	324.00
			NO BATCH		0
03/09/2023	AL	e PENALTY/Sequestration-red i MEDICARE 402903		(5.18)	318.82
			MEDICARE PART B-03/08/2023-1		1
03/09/2023	AL	e CO-PAY/Coinsurance Amount MEDICARE 402903		(64.80)	254.02
			MEDICARE PART B-03/08/2023-1		1
03/09/2023	AL	e PAYMENT MEDICARE 402903		(254.02)	0.00
			MEDICARE PART B-03/08/2023-1		1
03/11/2023	AL	PAYMENT CREDIT/CREDIT TO OTHER BIL MEDICARE 538949		254.02	254.02
			MEDICARE OPV-03/09/2023-1		1
03/11/2023	AL	CO-PAY/Coinsurance Amount MEDICARE 538949		64.80	318.82
			MEDICARE OPV-03/09/2023-1		1
03/11/2023	AL	PENALTY/Sequestration-red i MEDICARE 538949		5.18	324.00
			MEDICARE OPV-03/09/2023-1		1

Posting the Payment Credit as a "Payment"

```
Claims for LAST NAME,FIRST NAME from 03/10/2023 to 03/10/2023 Page: 1

Batch : MEDICARE OPV      Item : 1
Amount : 3109.00         Amount : 3109.00
Posted : 0.00           Posted : 0.00
Unalloc: 0.00           Unalloc: 0.00
Balance: 3109.00        Balance: 3109.00

Line #  DOS      Claim #      Billed      Current      Current      Current
-----  -
1  03/10/2023  31406A-IH-99090  1233.13      0.00      0.00      1233.13
2  03/10/2023  31405A-IH-99090   383.00      0.00      0.00      383.00

Line #: 2
Select Command (Line # 2) : A
Adjustment Amount: 254.02
Adjustment Category: 20 PAYMENT CREDIT      PAYCRD
Adjustment Type: 139 CREDIT FROM OTHER BILL
```



What is Unbilled Reimbursement??

Unbilled Reimbursement – Patient Related Reimbursement, BUT, an INVOICE was not submitted for Payment

HPSA (Health Professional Shortage Area)

Interest

Managed Care Fees

Incentive Payments (Not EHR)

Rate Changes (retro payment)

Etc.

NOT to be confused with Administrative Reimbursement (Med. Records Copying, etc.)



Unbilled Reimbursement Process

Add in “new” Insurers to reflect the Manual Bill

- Per Allowance Category
- Use “**UFMS Other**, **UFMS Medicare**, **UFMS Private Insurance**, and **UFMS Medicaid**
- Set Insurer Status to *Unselectable*

Create a Manual Bill Using ADMG

- Menu Path: ABM → MGTP → ADMG
- Use **Demo Patient**
- Use Best Visit Type, Clinic, and DOS to reflect the circumstances
- Will be “Filed” to A/R for Posting



Add the Manual Invoice into Billing (ADMG)

Select a Demo Patient to create entry

Visit Type – Add applicable entry

Clinic Type – Add what best describes services

Service Date – Use batch receipt

Note bill number created (no suffix)

```
Proceed? NO// YES
Patient.....: DEMO,PATIENT           M 06-03-2003 XXX-XX-9102   IHH 2
Visit Type.....: 131  OUTPATIENT
Clinic.....: 01  GENERAL           01
Serv Date From.: 3/1/2023 (MAR 01, 2023)
Serv Date Thru.: MAR 1,2023// <enter>
No. of Visits..: 1// <enter>
Insurer.....: UFMS PRIVATE INSURANCE   - PO BOX 9999
                                                ALBUQUERQUE, ND 87363

OK? Y//

Amount Billed...: 300.00

DEMO,PATIENT has NO ELIGIBILITY for UFMS PRIVATE INSURANCE on MAR 01,2023

File Bill? NO// YES
Bill # 31485 Filed.
```



Posting the Unbilled Reimbursement

Create a Manual Bill (ADMG in TPB) for the proper amount.

Post From the Collection Batch and Collection Item directly to the New A/R Account/Invoice

AVOID Using Unallocated, UNLESS this is a *non-patient* related Reimbursement, entered in a batch as an Error.



Unallocated Cash and Posting Refunds



Unallocated Payment Processing

Use this option to place money into the Unallocated Cash to refund to the payer or transfer to another location

In Post Payments, select the collection batch and item to post into Unallocated

Enter dollar amount and confirm entry

Entry can be retrieved from the PUC option

```
Select Batch: PRIVATE-03/18/2023-1 PRIVATE-03/18/2023-1 2017 DEMO HOSPITAL
===> Total Posted: $ 175.26 ===> Remaining Balance: $ 324.74

Select Item: 1
===> Item Total Posted: $ 175.26 ===> Item Remaining Balance: $ 324.74
Select A/R BILL/IHS BILL NUMBER:
Select PATIENT NAME:
Select Bill DOS:

Do you want to POST any of the unposted balance to UNALLOCATED CASH? NO// YES

Select Batch: PRIVATE-03/18/2023-1 PRIVATE-03/18/2023-1 2017 DEMO HOSPITAL
===> Total Posted: $ 175.26 ===> Remaining Balance: $ 324.74

Select Item: 1
===> Item Total Posted: $ 175.26 ===> Item Remaining Balance: $ 324.74

Enter UNALLOCATED amount: 324.74

Amount: 324.74
OK to Post to UNALLOCATED CASH? YES// YES

Updating Account, Transaction and Batch files now...

Enter RETURN to continue:
```



Refunds

Refunds may requested by the payer for

- Claims that are processed and paid in error
- Claims that are reprocessed and repaid at a different amount
- Payments that made in error to the provider

Every effort needs to be made to notify the payer of overpayments or payments made in error

Payers may elect (and providers may request) the refund to be 'recouped' in a future payment remittance

Two types of refunds will be covered in this session

- Refund from a bill after a payment has been posted (REF)
- Refund from a collection batch (PUC)



Refund from a Bill

Menu Path: BAR → PST → REF

Once finance approves refund and issues a check, process the refund request in RPMS Accounts Receivable

Type 'R' at the Command Line to post the refund amount

Type the dollar amount of the refund

Add the refund reason by selecting the appropriate refund type

Ln #	DOS	Claim #	Billed Amount	Current Payments	Current Adjust.	Current Balance
1)	03/05/2023	31372A-IH-5102	186.50	0.00	0.00	0.00
2)	03/05/2023	31372B-IH-5102	50.00	0.00	0.00	50.00

Select Command (Line # 1) : R
Refund Amount: 87.00
Adjustment Type: 111 PAID IN ERROR

Refund from a Bill - Adjustments

Don't forget to reverse all previously posted adjustments especially if a refund request required reprocessing of the claim

Reverse the adjustment amount by typing a minus sign (-) before the adjustment amount

Use the original adjustment category and type when reversing

Ln #	DOS	Claim #	Billed Amount	Current Payments	Current Adjust.	Current Balance
1)	03/05/2023	31372A-IH-5102	186.50	0.00	-87.00	87.00
2)	03/05/2023	31372B-IH-5102	50.00	0.00	0.00	50.00

Select Command (Line # 1) : **A**
 Adjustment Amount: **-50**
 Adjustment Category: **13** DEDUCTIBLE DD
 Adjustment Type: **29** Deductible

Ln #	DOS	Claim #	Billed Amount	Current Payments	Current Adjust.	Current Balance
1)	03/05/2023	31372A-IH-5102	186.50	0.00	-137.00	137.00
2)	03/05/2023	31372B-IH-5102	50.00	0.00	0.00	50.00

Select Command (Line # 1) : **A**
 Adjustment Amount: **-49.50**
 Adjustment Category: **4** NON PAYMENT NONPAY
 Adjustment Type: **Chargs Exceed Max Allow**



Refund from a Bill - Messaging

Don't forget to add your notes during each step of the refund process

Document when the refund request was received, action taken and when the refund was processed

Ln #	DOS	Claim #	Billed Amount	Current Payments	Current Adjust.	Current Balance
1)	03/05/2023	31372A-IH-5102	186.50	0.00	-186.50	186.50
2)	03/05/2023	31372B-IH-5102	50.00	0.00	0.00	50.00

Select Command (Line # 1) : M

Select Message Level: 1 BILL MESSAGE for bill 31372A-IH-5102

Create a NEW Message (Y/N): YES// YES

```
==[ WRAP ]==[ INSERT ]===== < TEXT >===== [ <PF1>H=Help ]====  
REFUND PROCESSED AND APPROVED BY A.LEWIS AT AREA FINANCE OFFICE.  
PROCESSED REFUND AND FINANCE NOTIFIED CHECK #3198342938 ISSUED 03/18/23/AL  
<=====T=====T=====T=====T=====T=====T=====T=====T=====T>=====
```



Refund from a Collection Batch

Menu Path: BAR → PST → PUC

Collection batch refunds are refunds that are processed for payments received in error

The amount must be posted into Unallocated Cash prior to refunding from the batch

When processing the refund request, use PUC to print a finance letter for the Finance Office to process

Once the refund is approved, use PUC to complete the refund request and remove the amount from Unallocated Cash



Viewing Unallocated Entries

In the Post Unallocated Menu, a list of Unallocated entries will be displayed

Select the entry you wish to work with

Entries with a status of **LETTER** have begun the refund process

```
Select Posting Menu <TEST ACCOUNT> Option: PUC Post Unallocated Cash
Enter your Current Signature Code: SIGNATURE VERIFIED
Roll-over as you post? NO// YES
```

#	Credit	Account TRANS DATE	ALLOW CAT	Batch TDN	Item STATUS
1.	250.00	NEW MEXICO MEDICAID MAR 10, 2023@07:31:32	MEDICAID	MEDICAID OPV-03/13/2023-1 539044	2
2.	324.74	BLUE CROSS/BLUE SHIELD MAR 18, 2023@18:15:10	PRIVATE INSURANCE	PRIVATE-03/18/2023-1 120118	1 LETTER

```
Enter a number (1-1): 1
```



Creating the Refund Request

Select '2' to refund

Confirm the dollar amount and payer name

Select the refund type to post to

Print the finance letter to start processing

```
#      Credit      Account      Batch      Item
      TRANS DATE      ALLOW CAT      TDN      STATUS
-----
250.00      NEW MEXICO MEDICAID      MEDICAID OPV-03/13/2023-1

Action (1=Post to an A/R Bill, 2=Refund, 3=Transfer to another facility, 4=Add I
tem Message, 5=Exit): 2 Refund

Refund Amount: 250.00//      <-CONFIRM AMOUNT AND PRESS <ENTER>
A/R Account: NEW MEXICO MEDICAID//      <-CONFIRM PAYER AND PRESS <ENTER>
Adjustment Type: 111 PAID IN ERROR

      Select one of the following:

      P      POST IT
      L      PRINT FINANCE LETTER

You have entered 250 as a Refund to NEW MEXICO MEDICAID.
Would you like to Post this or Print the Finance Letter: L// PRINT FINANCE LETTER

Select device to print Finance letter...
DEVICE:
```



Refund Letter

Submit the following letter to finance with all supporting documentation

The Unallocated item will display 'LETTER' to indicate a letter was printed

REFUND LETTER

DATE: JUNE 15, 2023
FROM: LUJAN, ADRIAN M
INDIAN HEALTH HOSPITAL
TO: Finance Office
RE: Refund NEW MEXICO MEDICAID for the total of 250.00

COLLECTION BATCH NAME: MEDICAID OPV-03/13/2023-1
CHECK NUMBER: 10010930903
TREASURY DEPOSIT/IPAC #: 539044

The above information is provided as a notification for Finance to process a refund check to a third party payer due to:

111 PAID IN ERROR

This letter is to notify Finance to refund the funds accordingly and to manually adjust the information in UFMS. Attached is supporting documentation.

The balance is documented in the RPMS Unallocated bucket until this transaction is completed by Finance. Please notify us by this form that the check has been issued.

Received by: _____ Date: _____

Check Issued: _____ Date: _____

Posting the Refund

In PUC, select the item to post the refund

Confirm entries and type 'P' to Post the entry

File all documentation related to refund

```
Action (1=Post to an A/R Bill, 2=Refund, 3=Transfer to another facility, 4=Add I
tem Message, 5=Exit): 2 Refund

Refund Amount: 250.00//          <-CONFIRM AMOUNT AND PRESS <ENTER>
A/R Account: NEW MEXICO MEDICAID// <-CONFIRM PAYER AND PRESS <ENTER>

Adjustment Type: 111 PAID IN ERROR

      Select one of the following:

          P          POST IT
          L          PRINT FINANCE LETTER

You have entered 250 as a Refund to NEW MEXICO MEDICAID.
Would you like to Post this or Print the Finance Letter: L// POST IT

ARE YOU SURE YOU WISH TO POST THIS NOW?? N// YES
```

Roll Back to 3P

When posting is complete, the system will prompt to Roll Back

Roll back checks for other resources to bill and opens the claim for additional billing

Roll back completes the claim and bill in Third Party Billing

Select Action (P/M/C): P

Please wait... Posting Transactions....
CHECKING A/R BILL 402248A-DIH-999987

Reviewing Bill 402248A-DIH-999987
5865

BILL	402248A-DIH-999987	>PAYMENTS<		>ADJUSTMENTS<	
BILLED	300.26	3-P CRD	0.00	NON-PAY	48.00
PAY TOT	175.26	PAYMENTS	175.26	DED	77.00
ADJ TOT	125.00	PAY CRD	0.00	CO-PAY	0.00
		WR OFFS	0.00	PENALTY	0.00
		GROUPE	0.00	STC	0.00
		REFUND	0.00	TOTAL ADJ*	125.00
ROLLOVER	125.00	TOTAL PAY*	175.26		

Pat: LAST NAME, FIRST NAME Visit Type.: OUTPATIENT
Bill Status:

Original bill approved with the following:

P: BLUE CROSS/BLUE SHIELD
S:
T:

CHECKING FOR UNBILLED SOURCES.
NONE

