

Fine Tuning your Statements

Maurice Rosenbaum, Sandra Girten Knight and
Jan Jennings

2009 HealthSystems
Bi-Monthly Webinar Series
December 1, 2009



Authorized Partner
of HealthSystems
Centricity Physician Office



Agenda for Today

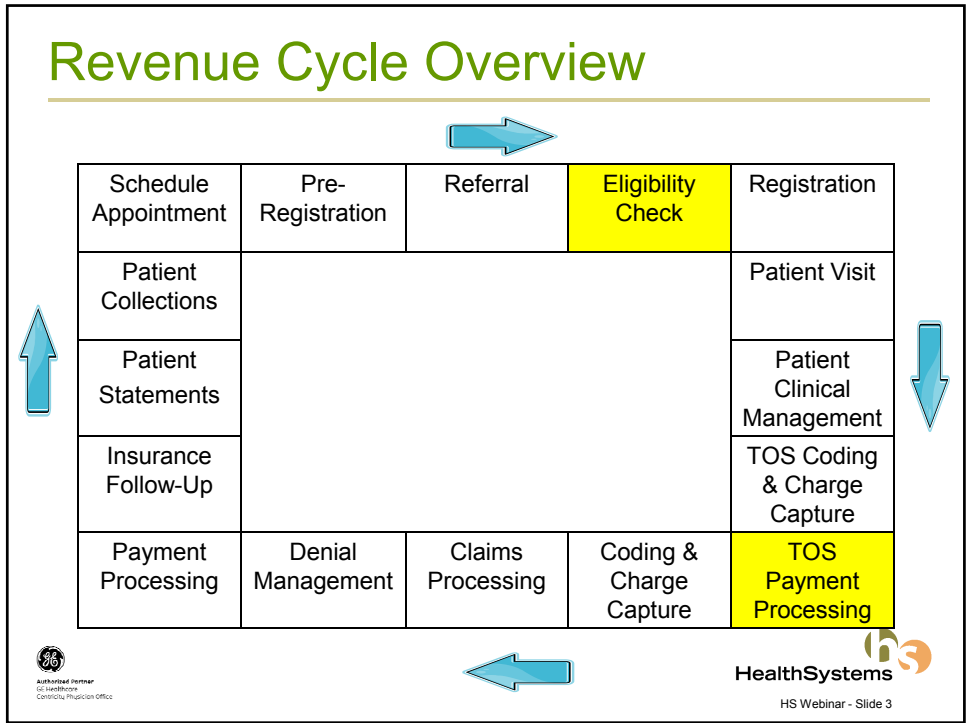
- Patient Balances, Work Flow and Statements
- Statement Options/Dunning Messages
- Statement Cycle/Statement Batch Criteria
- Quick Notes and Remit Processing
- Clean up CPT descriptions
- Electronic Statements – Data Express Options
- Online Patient Payments
- Enrollment and Test Batches
- Collections vs. Bad Debt Visit status



Authorized Partner
of HealthSystems
Centricity Physician Office



HS Webinar - Slide 2



- ## Patient Balances and Statements
- Send statements weekly – 7 days interval – 28 days between statements
 - Use Centricity Collection Module
 - No Courtesy Adjustments – With insurance contracts, you are obligated to collect patient money.
 - No Insurance only – No co pay is a violation of contract.
 - Indigent and hardship cases are exceptions.
- Authorized Partner
 Centricity Physician Office
- HealthSystems
 HS Webinar - Slide 4

Patient Balances and Collection Ltrs

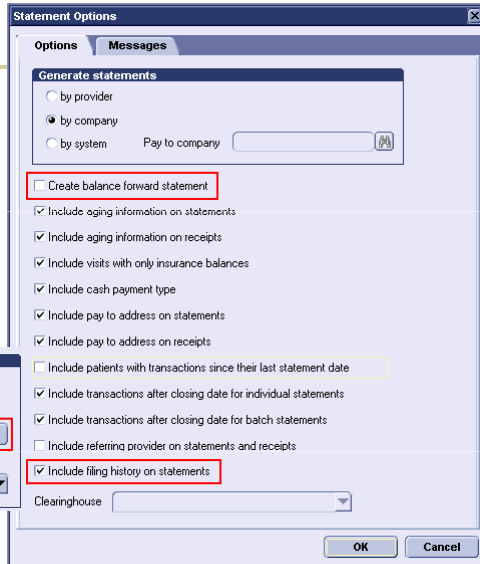
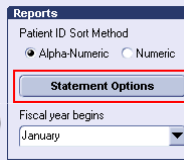
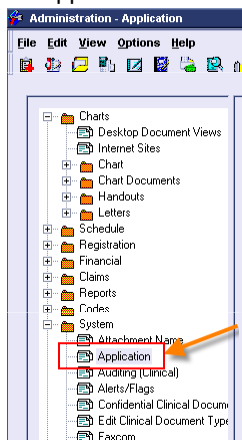
- Be consistent and have a process
- 2 Statements with patient balance
- 45 days – first collection letter as a reminder
- 60 days – second letter – more stern
- Then 15 days based on balance may make additional phone call
- 75 days – Final Notice – 10 days to pay or collection agency or adjust balance as bad debt and add alert note
- Dismiss or fire the patient, if specialty allows
- Patient needs to take responsibility for care



HS Webinar - Slide 5

Statement Options

- Administration > System (folder)> Application> Statement Options



HS Webinar - Slide 6

Statement Options - Explained

- Check **Create balance forward statements** to print statements that include summary rows for balance forward information on statements. New charges are itemized on the first bill. Statements thereafter reflect a balance forward line for previously billed line items.
- Check **Include patients with transactions since their last statement date** to generate statements for patients with transactions occurring since the last statement date, **regardless** of whether they meet the **balance requirements** as stipulated in the reports component. **This will generate statements for zero balance accounts.** The payment is a transaction, so it is included in routine.
- Check **Include transactions after closing date for individual statements** to generate statements for patients with transactions occurring since the last statement and/or closing date. The date of entry is used to determine when the transaction occurred.
- Check **Include transactions after closing date for batch payments** to generate statements for patients with transactions occurring since the last statement and/or closing date. The date of entry is used to determine when the transaction occurred.



HS Webinar - Slide 7

Dunning Messages

- Two Types of Dunning Messages
- Individual Statements
 - These come from Admin / Statement Options
- Batch Statements
 - These come from Reports / Statements

Options	Messages
0-30	Thank you for your payment!
31-60	The balance on this account is over thirty days. Please contact insurance company.
61-90	The balance on this account is over sixty days. Please remit balance.
91-120	The balance on this account is over ninety days. Please pay immediately to avoid collections.
121+	The balance on this account is over 120 days and has been sent to collections.
Receipt Message	Have a Nice Day!



HS Webinar - Slide 8

Statement Cycles

- Run Statements on a weekly schedule
- Interval Days set to 7 days
- Minimum Days Between Statements set to 28
- This insures that all patients get timely statements. Even though your statement cycle is weekly, each patient only gets one statement every 28 days. The generate routine looks at the last statement date, if it has not been 28 days, then no statement is generated for that patient. New patient balances will drop each week from office visits or as a result of insurance payments.



HS Webinar - Slide 9

Statement Batch Criteria

- Range Alphabetic
 - A to Z (all Pts)
- Interval (days)
 - 7 Day Recommended
- Minimum days
 - 28 Day Recommended
- Frequency
 - Weekly



HS Webinar - Slide 10

Quick Notes (always use on transfers!)

- Quick Notes are commonly used messages that you can enter in administration that you will use during payment entry.
- These messages can display on the patient statement.
- Transfer due to deductible
- Transfer due to Co Pay
- Denied by Carrier
- Expired by Carrier
- Returned Check



HS Webinar - Slide 11

Payment Entry – Quick Notes

The screenshot shows a 'Transaction Distribution' window with a table of transactions. A red arrow points to the 'Ded' column header. Below the table, there are fields for 'Quick Pay - \$100.00', 'Resp. Provider', 'Facility', and 'Status'. At the bottom, there is a 'Transaction History' table.

DOS	Code	Fee	Patient B	Insurance	Payment	Adjustment	Adjustment Type	Actual Allowed	Ded	2ndy Deductible	Co-Insurance	2ndy Co-Insurance	Allowed									
	Anthem						Disallowed															
07/27/05	99203	364.00	0.00	231.20			Disallowed						252									
07/27/05	94664	72.00	0.00	57.60			Disallowed						50									
07/27/05	95115	52.00	0.00	41.60			Disallowed						36									
Totals													488.00	0.00	390.40	0.00	0.00	0.00	0.00	0.00	0.00	338

Quick Pay - \$100.00 Amt. Remaining 100.00 Payment 0.00 Adjustment 0.00 Transfer 0.00 ICN

Resp. Provider: Casey MD, Ben G
 Facility: River Oaks Main Spec
 Status: Collection
 Current Carrier: Anthem Insurance
 Billing Note: billing notes
 Visit Note:
 Visit Description:
 Owner: No Visit Owner

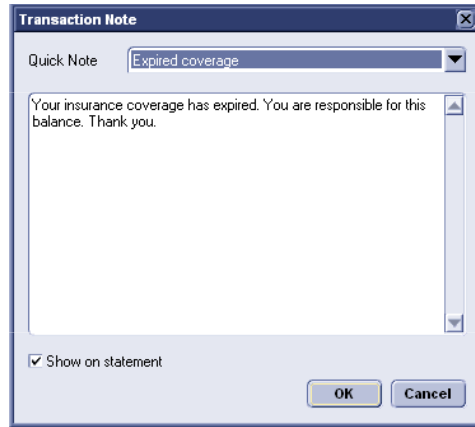
Transaction History

Payer	Payment	Adjustment	Date	Source	Transfer	Batch	Created By	Modified By
River Oaks Main Spec	0.00	97.60	07/30/2007	Patient	0.00	River Oaks Main Spec	mlm	mlm



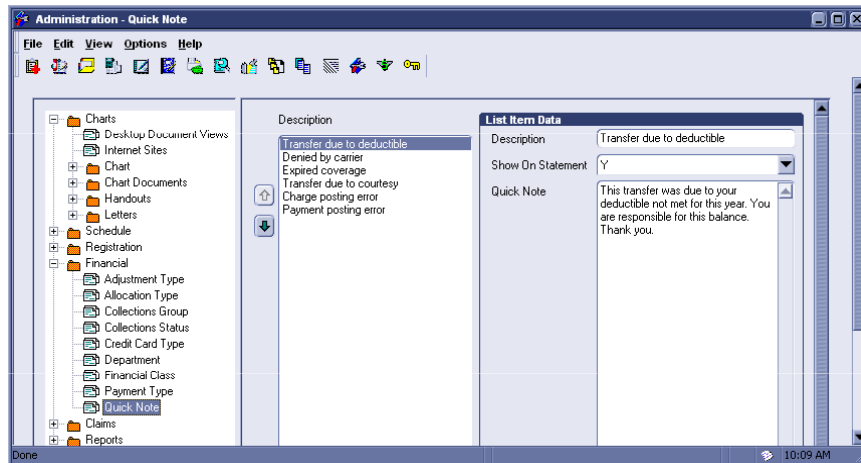
HS Webinar - Slide 12

Payment Entry – Quick Notes



HS Webinar - Slide 13

Add Quick Notes in Administration



HS Webinar - Slide 14

Sample Quick Notes

- These are the quick notes I use most (Thanks to Donna G.)
 - Your insurance carrier applied this balance to your **annual deductible**. If believe your claim has been processed incorrectly you must contact your insurance carrier. However, the balance is now due from the patient.
 - Your insurance states the balance due is your **"co-insurance" and/or "deductible"** responsibility. If you believe your claim has been processed incorrectly you must contact your insurance carrier. However, the balance is now due from the patient.
 - Insurance denied stating that information requested from the patient/insured was not provided or was insufficient/incomplete.
 - Your insurance carrier says you were **not covered on this date of service**. If you believe the claim was processed incorrectly you must contact the insurance carrier. However, the balance is now due from the patient.
 - Your insurance has **denied your claim as a pre-existing condition**. If you believe the claim was processed incorrectly you must contact the insurance carrier. However, the balance is now due from the patient.
 - We have **filed these charges to your insurance company** as a courtesy. As of this date payment has not been received. We must now require payment from you and have you deal with your insurance company regarding reimbursement.



CPT Code Descriptions (and ICD-9's)

- Simplifying and severely shortening your CPT Code Descriptions will help your statement be more readable! Also, consider removing ICD-9's.

Find Procedure

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Code: 992 Description: []

CPT Code: [] Specialty: (all)

Show Inactive Procedures

Code	Description
99201	Office or other outpatient visit, new patient, focused
99202	Office or other outpatient visit, new patient intermediate
99203	Office or other outpatient visit, new patient, detailed
99204	Office Visit, new patient, comprehensive
99205	Office or other outpatient visit, new patient, high complexity.
99211	Office visit of established patient, minimal
99212	Office visit established patient focused
99213	Office visit, expanded
99214	Office Visit Level detailed
99215	Office or other outpatient visit, comprehensive
99217	Observation care discharge day management (I) his code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these three components: a detailed or comprehensive history; a detailed or comprehensive examination
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical de
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical de
99221	Initial hospital care, per day, detailed/straightforward
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decisi
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decisi
99231	Subsequent hospital care, per day, focused
99232	Subsequent hospital care, per day, expanded
99233	Subsequent hospital care, per day, complex

Good and short

A bit long...



Electronic Statements – DataExpress

- Electronic statements maximizes staff efficiency and productivity (No more folding and stuffing)
- Means you can send statements more frequently with less effort from the practice
- Presents a professional (color) image of your statements
- Reduces overall cost of postage, envelopes & printing (Includes return envelope) – Need Total Cost to compare
- NCOA (Address Correction) Reduces postage cost of bad addresses
- Enhances your overall patient collections



HS Webinar - Slide 17

Online Patient Payment Options

- Patients can view statements online and make easy payments.

InstaMed Online

Gwinnett Pediatrics & Adolescent Medicine
601A Professional Drive
Suite 370
Lawrenceville, GA 30045
(770) 995-0023

Secure Login
Please login to view your statements and payment history, and access your profile.
Email:
Password:
LOGIN [Forgot your password?](#)

Not registered yet?
[Click here to register!](#)
[Why register?](#)

Patient Information
*Bold fields are required

Account No.
Name
Address
City
State ZIP

Payment Information

Card Holder Name
Card Type
Card Number Exp Date / / (MM/YY)
CVN [What is this?](#)
Amount



HS Webinar - Slide 18

Enrollment Process and Test Batches

- Enrollment Form and Process (easy)
- Test Batch
- Approval of sample statements
- Ready to transmit first live batch



HS Webinar - Slide 19

New Collections / Visit Correspondence

Collections

Automatically move visits to collections
if patient balance is greater than and is at least days old

Automatically move visits to collections
if insurance balance is greater than and is at least days old

Automatically move visits to collections
if total balance is greater than and is at least days old

Warn if accessing a patient in collections

Warn if accessing a patient in bad debt

Guarantor-based collection letter

Warn if accessing a guarantor having an active payment plan

Resp Provider: Casey MD, Ben G Visit Description: Status: Collection

Visit info. **Filing (1)** **Notes** **Charges** **Trans.** **Corr.** **Claims**

Guarantor	Chamberlain, Lisa S	Visit Balance	Total	Insurance	Patient
Phone 1	(214) 723-8512 [] Home	Date in Collection	\$336.00	\$0.00	\$336.00
Phone 2	(214) 669-0123 [123] W/ok	Days since date in Collection			92

Collection Status: Final Demand Next Contact: 10/19/2009

Update correspondence/collections information

Additional ticket(s) to update:

No additional tickets

Update all tickets

Update selected tickets

Next contact date: 12/11/2009

Collection status: Final Demand

Show paid tickets:

Save as default:

Items to save

Contact date:

Collection status:

Correspondence notes:

Balance	Ageing	Ticket num	Patient name	Visit date	Visit status	Collection status	Patient ba
		000240	Chamberlain, Lisa	08/09/2005	In Progress		10.00
		000230	Chamberlain, Lisa	09/06/2005	In Progress		129.00
		<input checked="" type="checkbox"/> 000066	Chamberlain, Lisa	07/18/2005	Collection	New	90.00



HS Webinar - Slide 20

Bad Debt vs. Collections

Collection Bad Debt Write-off

Visit DOS	Visit DOE	Patient name	DOB	Ticket Number	Visit Charge	Visit Payment	Visit Adjustment	Visit Ins	Visit Pat
Transaction DOS	Transaction DOE	DOE	Description	Payer	Check #	Payment	Adjustment	Insurance	Patient
07/18/2008	07/18/2008	Lisa S Chamberlain	09/14/1979	000006	\$118.00	\$25.00	\$0.00	\$0.00	\$90.00
		Ben O Casey MD							
02/22/2009	02/22/2009	Payment		Chamberlain, Lisa			(\$19.97)	\$0.00	
03/18/2009		Visit Transferred to Collection							
03/24/2009		Visit Removed from Collection							
06/18/2009		Visit Transferred to Collection							
07/04/2009		Visit Removed from Collection							
08/19/2009		Visit Transferred to Collection							
10/09/2009		unable to contact patient by phone							

Summary:
 Total Charges: \$451.00
 Total Payments: \$25.00
 Total Adjustments: \$0.00
 Insurance Balance: \$0.00
 Patient Balance: \$426.00

Questions and Answers



Thank you for attending!
 Maurice, Sandra and Jan

We value your feedback



HS Webinar - Slide 22