# Entering Payments in Aprima PRM

## Introduction

The Insurance Payment and Responsible Party Payment windows are very similar in their look and functionality, but there are some differences. The differences in the functionality of the windows are discussed below in the procedures for entering payments. Both windows contain the following sliders.

- Transaction Details: This slider displays allocations made from the payment item, and enables you to select a superbill to which you want to make an allocation.

- Attachments: This slider enables you to add and view attachments, such as a scanned copy of the EOB or check, or a letter or other document related to the payment item.

- Financial Summary: This slider displays a list of the transactions within the payment. A transaction is an allocation to one or more charges on a superbill.

When you create a payment item, whether from an insurance payer or a responsible party, you can print a receipt for the payment.

The title bar of the payment window displays information about the payment once it is entered. The title bar displays the payment reference number, the payer, and the payment amount.
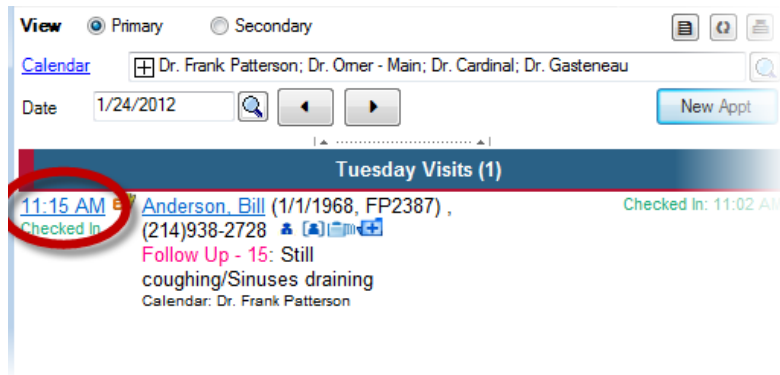
## Saving Payment Information

As you are working in either payment window, you can save your work by selecting the Apply button. This applies your entries to the database, but leaves the window open and active so that you can continue working. The OK button saves your entries and closes the window.

## Posting the Responsible Party Payment at Patient Check-in

A payment from a responsible party may be for a single superbill for a single patient, for multiple superbills for a single patient, or for multiple superbills for more than one patient. Most responsible party payments are received from the responsible party.

Access the patient appointment by selecting the time hyperlink on the desktop. The appointment window will appear.



Access the Account tab in the appointment. Here you will see the amount of the copay and have the opportunity to enter the payment.
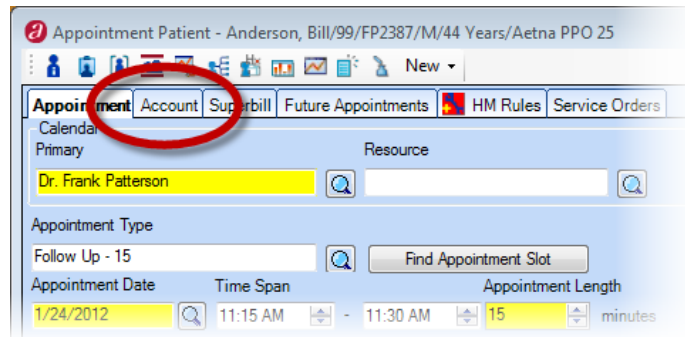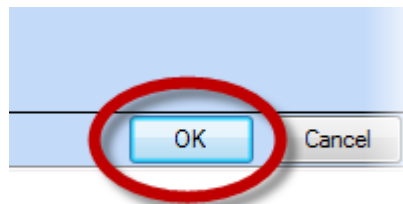
From within the Account tab, enter your payment information.



Automatic copay allocation: The copay will automatically post to the superbill if the amount allowed schedule allows a procedure to populate the copay; the patient has the copay amount on their demographics, and if the superbill and copay are both attached to that appointment. If you see that the copay is not listed on this tab, you can select the account name in the Account field and hit F10 on your keyboard. This will allow you to modify the account and enter the copay if necessary.

1. Review the copay amount - Here the copay amount will display as it was entered in demographics. Be sure to collect and enter the appropriate copay for your provider. If you see N/A, the patient's copay amount is blank. If you see $0.00, the amount of the copay is zero.

2. Amount – This is the amount received by the patient.

3. Method – This is the tender you are posting. Cash, Check, Credit Card

4. Reference – This is required as it is how we catalog our payments. Enter the information that best describes the payment. If it is a check, you can enter the check number. If it is a credit card, you can enter the authorization number. If the payment is a cash payment, you can enter the patient's last name for reference.

5. Date – This is the date of the payment. It should match your batch date.

6. Batch – Your default batch should populate here if you selected one upon login.

7. Billing notes – Notes regarding this payment
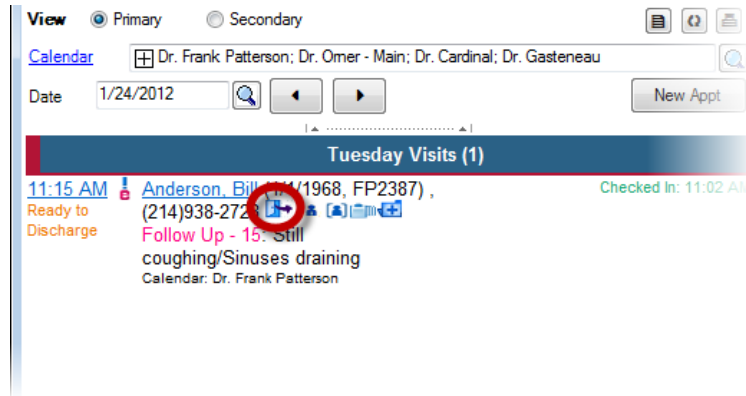
Select OK to save your payment.

If you'd like to print a patient receipt, select the Print Patient Receipt button within the appointment.
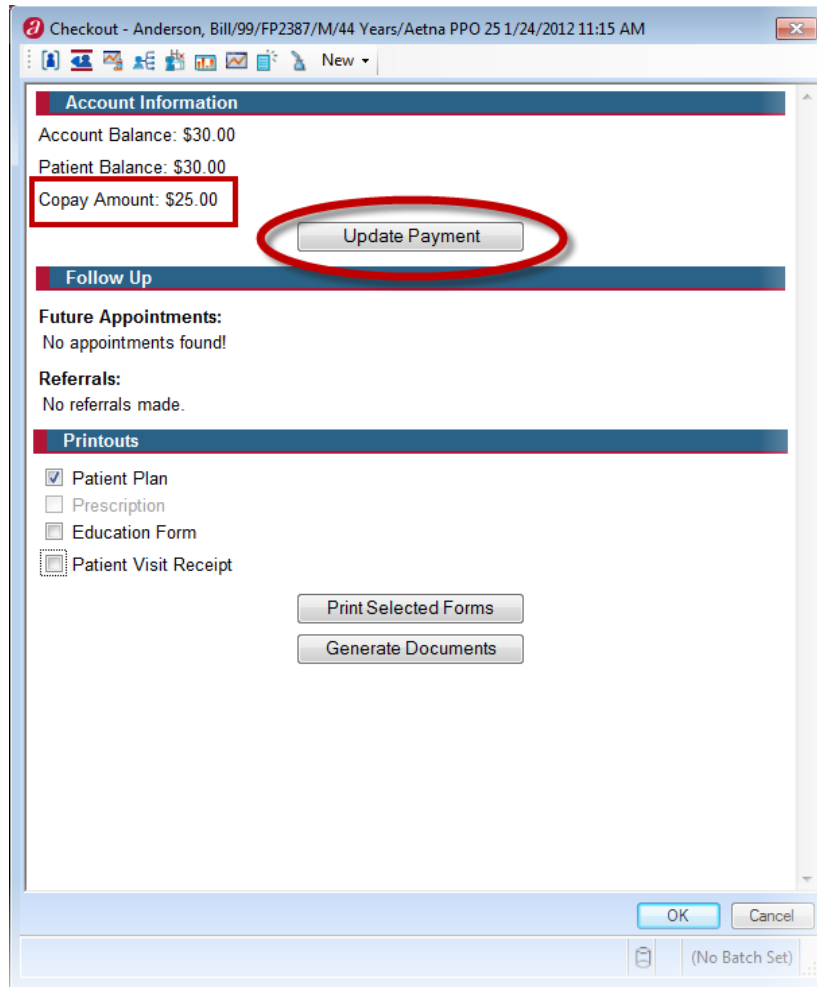
# Posting the Responsible Party Payment at Patient Check-out

Access the patient appointment by selecting the swinging door icon on the desktop. The appointment checkout window will appear.



Once the checkout window has appeared, review to see if the patient has a copay. It will populate here. If so, select the Update Payment button.

The account tab from the patient appointment will appear. Enter the payment as shown below.

1. Review the copay amount - Here the copay amount will display as it was entered in demographics. Be sure to collect and enter the appropriate copay for your provider. If you see N/A, the patient's copay amount is blank. If you see $0.00, the amount of the copay is zero.

2. Amount – This is the amount received by the patient.

3. Method – This is the tender you are posting. Cash, Check, Credit Card

4. Reference – This is required as it is how we catalog our payments. Enter the information that best describes the payment. If it is a check, you can enter the check number. If it is a credit card, you can enter the authorization number. If the payment is a cash payment, you can enter the patient's last name for reference.

5. Date – This is the date of the payment. It should match your batch date.

6. Batch – Your default batch should populate here if you selected one upon login.

7. Billing notes – Notes regarding this payment

Select OK to save your payment.



You will return to the checkout window.
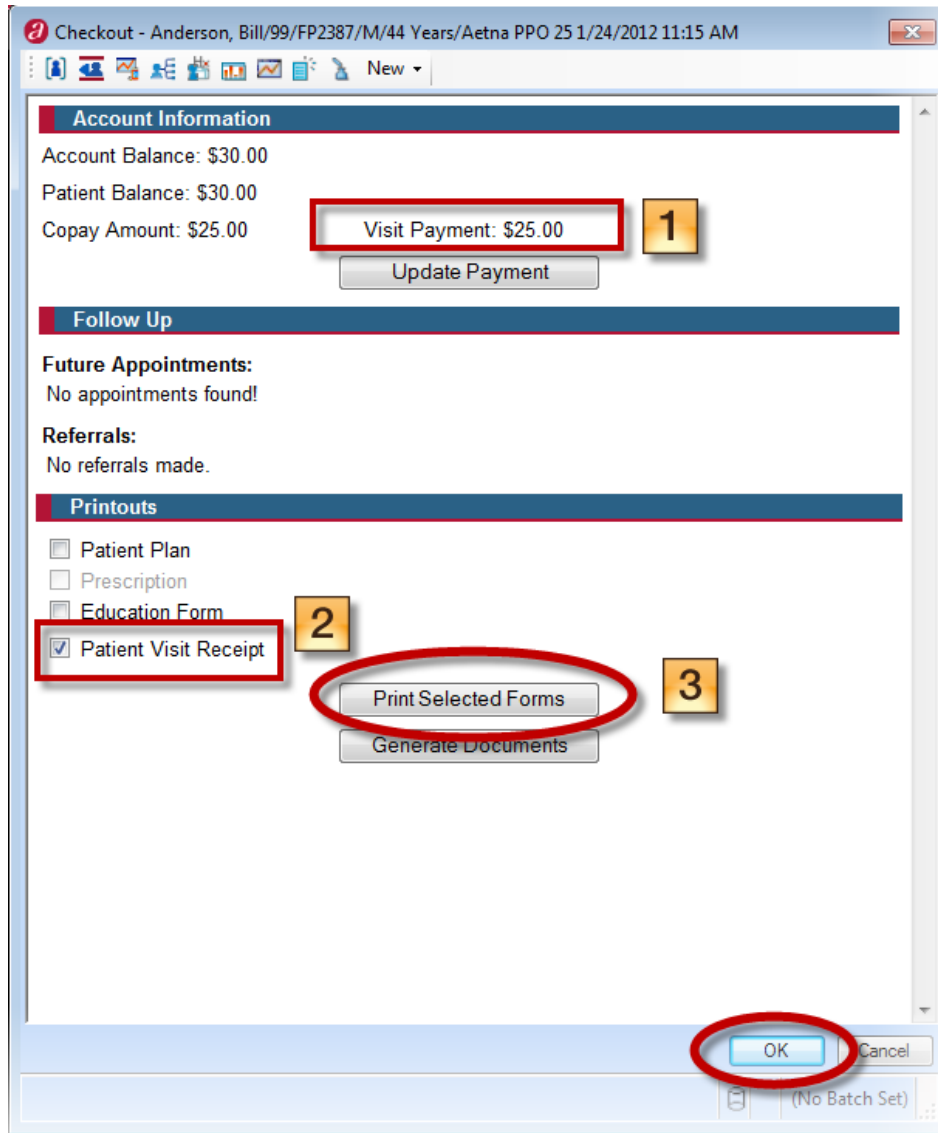
1. Visit Payment – The payment you posted will appear here.
2. Patient Visit Receipt – Select this checkbox if you'd like to print a patient a receipt.
3. Print Selected Forms – When you select this button, your receipt will print.

Select OK to discharge the patient.

# Posting an Insurance Payment

An insurance payer generally will send a single payment for several patients and superbills. When you enter the payment in the database, you will create a single payment item for the entire amount of the payment. Then you will allocate money from that payment to the various patients and superbills.
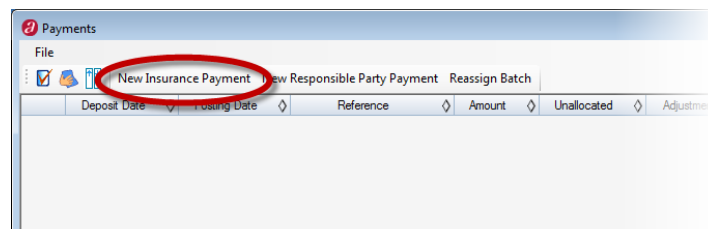
# Creating the Insurance Payment

To create the insurance payments, you will need to be in the Track Payments window.
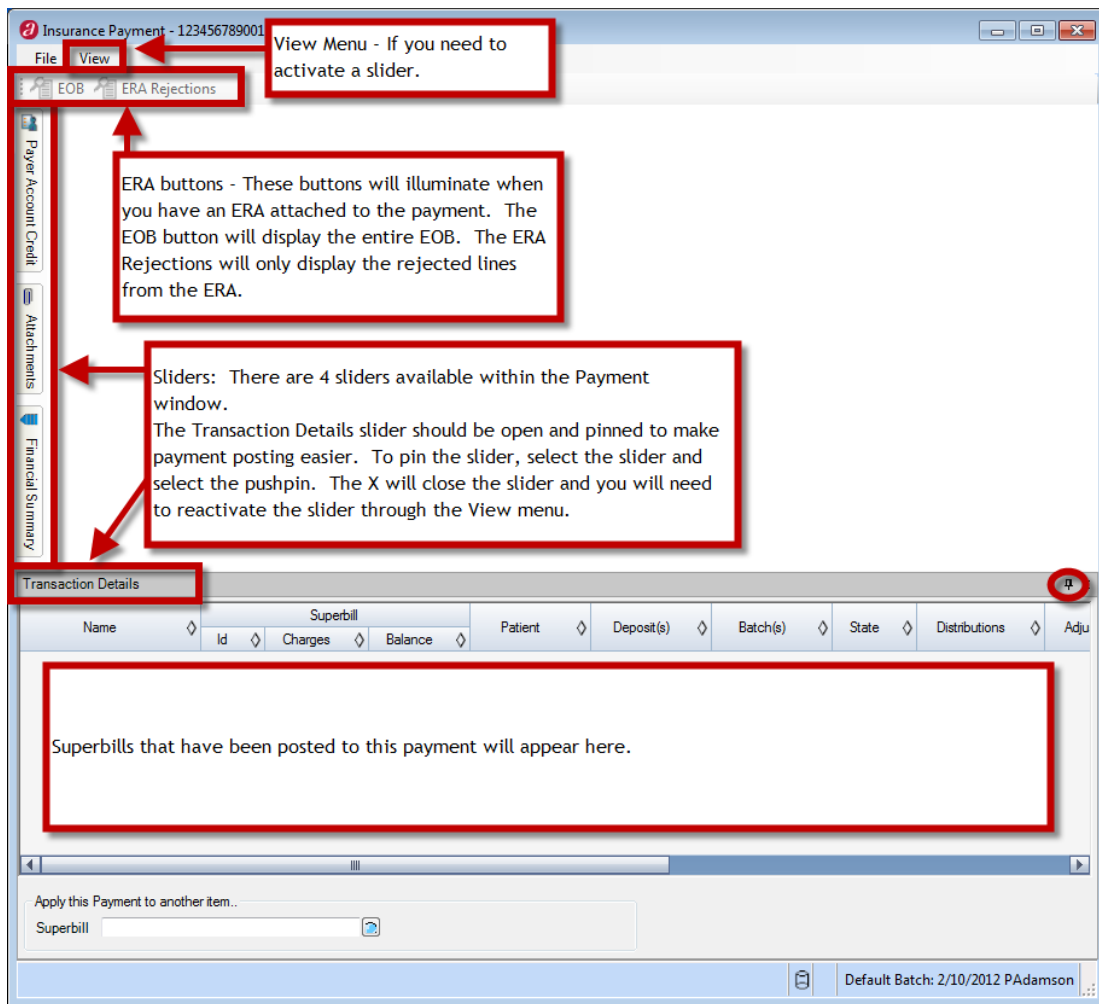
Go to Billing → Track Payments
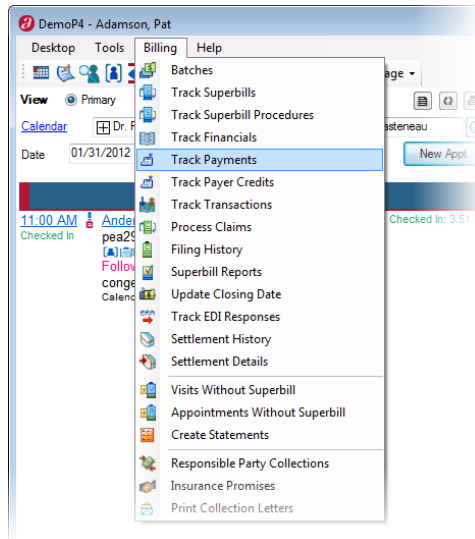


Choose the New Insurance Payment button at the top of the window.



The Insurance Payment window will open. Here, you will enter the check information.

Here is a layout of the Payment window.



Sliders:

1. Payer Account Credit – This slider allows the user to post the remaining monies to the patient account. This will allocate the money, allowing the batch to be completed, however the money is not allocated to a specific superbill.

2. Attachments – This slider allows you to attach an image for file to this payment. If you are scanning in your paper EOBs, you can attach them directly to the payment, instead of the patients, ensuring patient privacy.

3. Financial Summary – This slider allows you to see the full accounting of this payment. It is updated as soon as you save the payment to the application. You may need to select OK (save the payment), and then Modify the payment to see the information populated.

4. Transaction Detail – This slider is required to post payments as this is the slider used to select the superbills included on the payment. Be sure that you pin this slider so it is always accessible during payment posting.

Enter the payment information requested.

1. Payment Type – This is the tender you are posting. Most likely this will be Insurance Check or Check

2. Batch – Your default batch should appear here.

3. Reference Number - This is required as it is how we catalog our payments. Enter the information that best describes the payment. If it is a check, you can enter the check number or EOB number.

4. Payer – This is the insurance payer that is paying you.

5. Amount Paid – This is the amount received by the payer.

6. Unallocated – This is the amount remaining to be allocated.

7. Deposit Date - This is the date of the payment. It should match your batch date.

8. Comment - Notes regarding this payment. If some of this payment is posted in your legacy system, you can enter that information here. This will help when balancing your deposit at the end of the day.

9.  Superbill – In this field, you will enter the first superbill number on the EOB.

For this training, we will be using a training EOB. Here is the header of the EOB we are posting.



## Posting the Insurance Payment

After entering in the payer and the check number, enter the superbill ID number from the EOB in the Superbill field. This is the account number. Then press the Tab key on your keyboard.
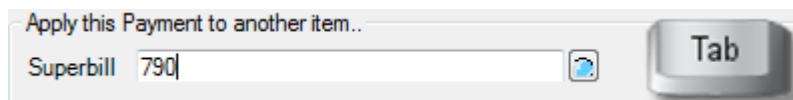


This will open the Transaction window. We will be focusing on the center part of the window first. This is the charge line.
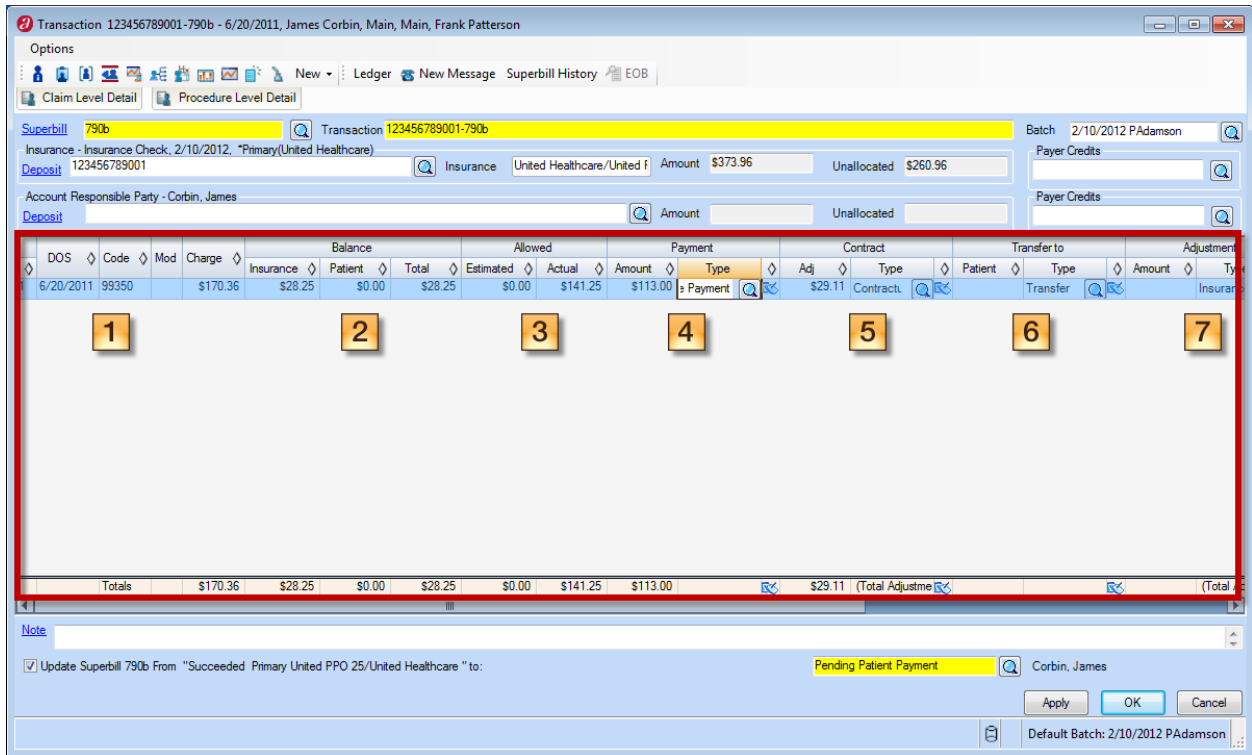
1. This includes the CPT code, modifiers and total charge amount. This comes from the superbill and should match the EOB.





2. This includes the liability columns. These columns display where the liability belongs and change as you post the payment. You will see the total liability equals the patient and insurance liability.



3. The Allowed columns reflect the allowed amounts found in the Amount Allowed Schedule attached to the payer/plan. These are maintained in List Editor. The Actual column reflects the allowed amount on the EOB. Enter in the Actual amount allowed to calculate

the contractual adjustment. These fields can be reported on as well to find any discrepancies.

| Allowed | | ALLOWED |
|---|---|---|
| Estimated ◊ | Actual ◊ | |
| $0.00 | $141.25 | 141.25 |
| | | 141.25 |

4. The payment field reflects the payment amount on the EOB. Enter the payment amount here. You can also edit the payment type if you wish by using the Find icon and selecting a new payment type from the list.

| Payment | | PROV PD |
|---|---|---|
| Amount ◊ | Type ◊ | MA01 |
| $113.00 | e Payment 🔍🔗 | 113.00 |
| | | 113.00 |

5. The contractual adjustment will calculate automatically when you enter the actual allowed amount. The adjustment type is defaulted to Contractual Adjustment here as well. If you'd like to change the amount, you can override this entry. If you'd like to enter in another adjustment of a different type, use the adjustment column. You can use the Note icon to enter notes pertaining to the adjustment.

| Contract | | GRP/RC-AMT |
|---|---|---|
| Adj ◊ | Type ◊ | 8321    ASG Y    MOA |
| $29.11 | Contractu 🔍🔗 | CO-45          29.11 |
| | | 29.11 |

6. This allows you to transfer a balance to the patient. Enter the amount of the transfer here and you will see the liability columns reflect the change. You also have the transfer to insurance column further down the line. This is not used for carrier-to-carrier transfers but instead used to move liability from the patient column to the insurance column. You can use the Note icon to enter notes regarding the transfer.

| Transfer to | | | Transfer to | | |
|---|---|---|---|---|---|
| Patient ◊ | Type ◊ | | Insurance ◊ | Type ◊ | |
| | Transfer 🔍🔗 | | ($28.25) ✏ | Trans 🔍🔗 | |

7. The Adjustment column allows you to enter additional adjustments to the line. You can use the Note icon to enter notes regarding the adjustment.



The Transaction window also includes the following sliders:

Claim Level Detail: Enables you to enter and view the claim level adjustments and information required for secondary or tertiary claims. You may also want to enter this information for tracking or reporting purposes. This information is required whe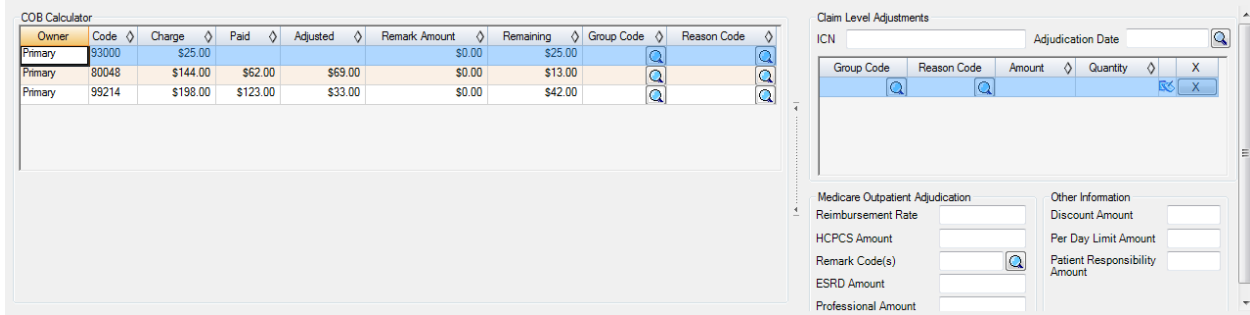n there will be a subsequent secondary or tertiary claim. You may also want to enter this information for tracking or reporting purposes. The information in this section will be automatically populated by ERA processing of payments. You'll enter the following information on the Claim Level Detail slider:

- Group Code: Identify the general category of the payment adjustment.

- Reason Code: Identify reasons for certain actions taken by insurance payers when processing claims. They are used in statement of benefits and electronic remittance advice to explain what was paid or not paid by the insurance payer. May be system or user defined.

- Amount: The amount does not affect the payments or adjustments on the superbill.

- Quantity

- In the Medicare Outpatient Adjudication section, enter the following information as needed.

- Reimbursement Rate

- HCPCS Amount

- Remark Codes. Remittance advice remark codes are used by insurance payers to explain how they handled a payment for a claim or why they handled it the way they did. Include the remark code when entering a payment from a primary insurance payer if the patient has a secondary insurance payer. Secondary and tertiary payers require this information when they process claims.

- ESRD Amount

- Professional Amount

- Discount Amount

- Per Day Limit Amount

- Patient Responsibility Amount

COB Calculator

| Owner | Code | Charge | Paid | Adjusted | Remark Amount | Remaining | Group Code | Reason Code |
|---|---|---|---|---|---|---|---|---|
| Primary | 93000 | $25.00 | | | $0.00 | $25.00 | | |
| Primary | 80048 | $144.00 | $62.00 | $69.00 | $0.00 | $13.00 | | |
| Primary | 99214 | $198.00 | $123.00 | $33.00 | $0.00 | $42.00 | | |

Claim Level Adjustments

ICN    Adjudication Date

| Group Code | Reason Code | Amount | Quantity | X |
|---|---|---|---|---|
| | | | | X |

Medicare Outpatient Adjudication
Reimbursement Rate
HCPCS Amount
Remark Code(s)
ESRD Amount
Professional Amount

Other Information
Discount Amount
Per Day Limit Amount
Patient Responsibility Amount

Procedure Level Detail: Displays the details of all financial actions taken on the procedures. Each action (charge, payment, transfer, etc.) taken on each charge is listed. Each entry also includes the financial batch of the transaction, and the state of that batch.

| | DOS | Code | Mod | Owner | Payer | Payment | Amount | Type | Group Code | Reason Code | Quantity | Batch | State | Transaction | Reversed | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 5/30/2007 | 93000 | | Primary | | | $25.00 | Charge | | | | 070530 Migrate | Closed | | | X |
| 2 | 5/30/2007 | 80048 | | Primary | | | $144.00 | Charge | | | | 070530 Migrate | Closed | | | X |
| 2 | 5/30/2007 | 80048 | | Primary | Medicare | 9876 | $62.00 | Insurance Payment | | | | 01/08/2008 M | Open | 9876-238 | | X |
| 2 | 5/30/2007 | 80048 | | Primary | | | $69.00 | Insurance Adjustment | | | | 01/08/2008 M | Open | 9876-238 | | X |
| 2 | 5/30/2007 | 80048 | | Patient | | | ($15.00) | Transfer to Responsible Party | | | | 070530 Migrate | Closed | | | X |
| 3 | 5/30/2007 | 99214 | | Patient | | | $198.00 | Charge | | | | 070530 Migrate | Closed | | | X |
| 3 | 5/30/2007 | 99214 | | Primary | Medicare | 9876 | $123.00 | Insurance Payment | | | | 01/08/2008 M | Open | 9876-238 | | X |
| 3 | 5/30/2007 | 99214 | | Primary | | | $33.00 | Insurance Adjustment | | | | 01/08/2008 M | Open | 9876-238 | | X |
| 3 | 5/30/2007 | 99214 | | Primary | | | ($165.00) | Transfer to Medicare/MCE | | | | 070530 Migrate | Closed | | | X |
| | | | | | | | | | | | | | | | | X |

# Balancing Transactions for the Coordination of Benefits

When a patient has more than one insurance payer, the payments, adjustments, and remarks for each procedure on a superbill must equal the total charge for the procedure for the secondary insurance payer to accept the claim. A yellow warning message will appear at the top of the window when any procedure on the superbill does not balance and the patient has more than one insurance payer.

You can then use the Coordination of Benefits (COB) Calculator to balance the payment data from the primary insurance payer in such a way that the claim will be accepted by the secondary insurance payer. The COB Calculator is on the Claim Level Detail slider in the Transaction window.

The COB Calculator lists each procedure on the superbill. For each procedure, it shows the liability owner (such as Secondary insurance payer), the charge amount, paid amount, adjusted amount, remark amount, and remaining amount. The remaining amount for each procedure must be $0.00 before you can submit a claim to a secondary or tertiary insurance payer. The COB Calculator also contains columns for group code and reason code so that you can enter a remark to balance the procedure.

Patient payments are not considered by the COB Calculator. You must create a remark explaining a patient payment, such as a copay amount you collected at the time of the visit.
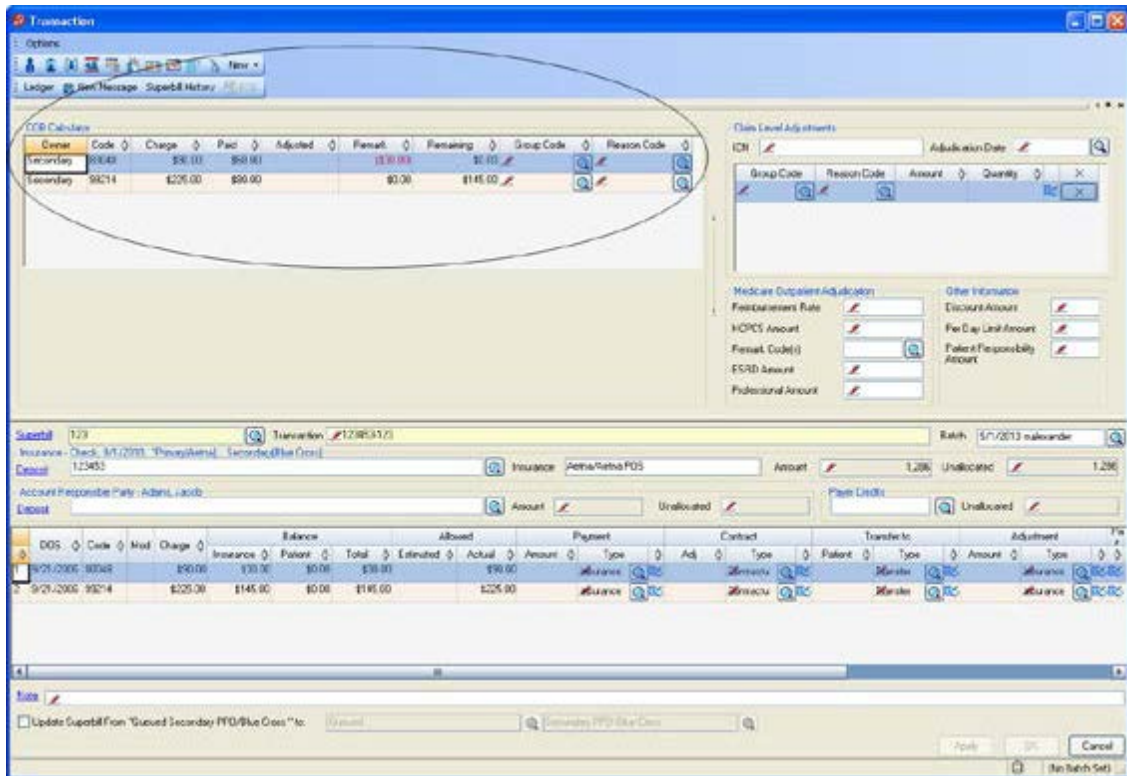
Distribute the payment from the primary insurance payer to the procedures on the superbill.

Enter any adjustments for the procedures.

Use the COB Calculator to create a remark for the remaining amount on a procedure.

Select the Group Code that identifies the general category of the remark, such as patient responsibility.

Select the Reason Code that more specifically identifies the reason for remarking the amount, such as copay.

The Remaining Amount changes to $0.00, and the Remark Amount changes to the amount that had been remaining.

Repeat these steps for each procedure on the superbill.

# Reviewing the Payment

Enter in the information from the EOB in the corresponding fields. Then, review your superbill status.

Your superbill status will be suggested for you depending on the information you entered on the procedure line. If you'd like to update the status to the suggested status, simply select Apply or OK to finish the posting process. If you'd like to change the status, select the status from the Find icon. If you'd like to keep the original superbill status, simply unselect the Update checkbox.



If you have more superbills on this payment to post, select the Apply button. This will keep you in the Transaction window and allow you to enter the next superbill on the EOB in the Superbill field.





If you have completed your posting for this payment, select OK and you will return to the Payment window, allowing you to enter a new payment.



If you have selected the Pending Patient Payment status, this will move the remaining liability to the patient automatically. You will receive a verification window to remind you that the transfer is taking place.
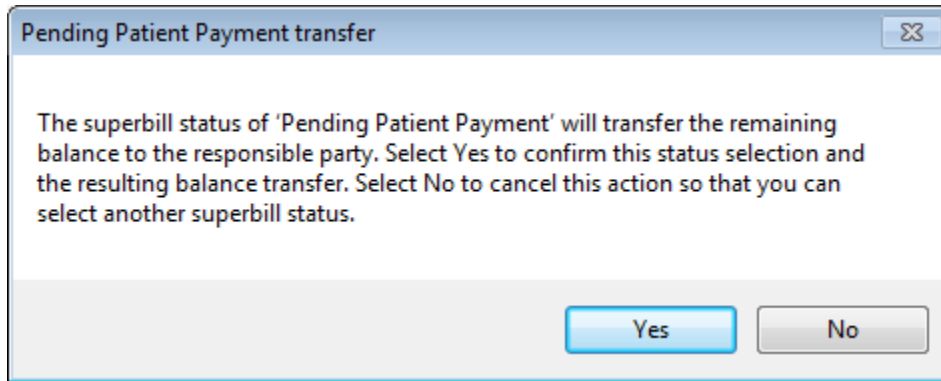
After you have posted all the superbills on your EOB, select OK. This returns you to the Payment window.
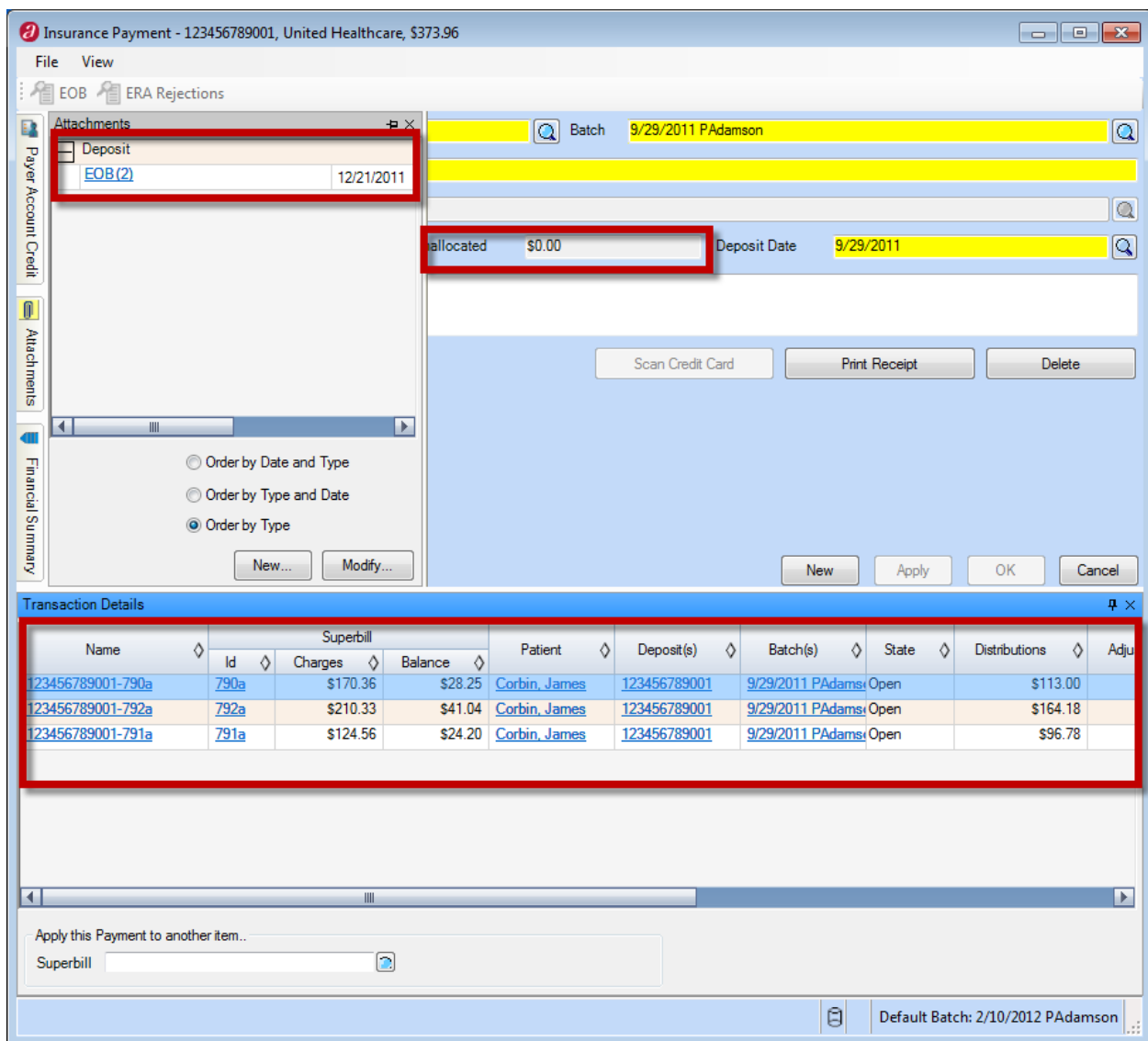
Review the superbills on the Transaction Details slider. This will display a list of all the superbill transactions, the superbill ID, the distributions, and a delete button in case an error has been made.

Also, your amount unallocated should be $0.00.

From this window, you can attach or review a scanned copy of the EOB on the Attachment slider.

Then, select New to begin a new payment, repeating these steps.



# Allocating a Payment to a Payer Credit

When you receive a payment that you do not want to allocate to a superbill, either in full or in part, you can allocate the money to the payer's account as a payer credit. This generally happens when a responsible party overpays for services already rendered or pays in advance for services that will be rendered in the future.

Because a payer credit is allocated from a payment, you must associate it with a provider, service site, and financial center. This enables you to track the money and ensures that your financial reports are correct.

When you allocate money from the payer credit to a superbill charge, you may change the provider, service site, and/or financial center if needed. So for example, if a responsible party pays in advance for a surgical procedure, you will want to allocate the payer credit to the provider who will perform the surgery, the service site where the surgery will be performed, and the financial center that is appropriate. If however, the surgery is actually performed by another provider, when you allocate the payer credit amount to the surgery charges, the allocation is made to the provider related to the charge. This will move the amount from the provider who was expected to perform the surgery to the provider who actually performed it.

From the Payment window, if you have an unallocated amount which needs to be allocated as a payer credit, select the Payer Account Credit slider, and select the checkbox for "Allocate Remaining as Payer Credit." Select the billing provider, service site and financial center to be associated with the payer credit.
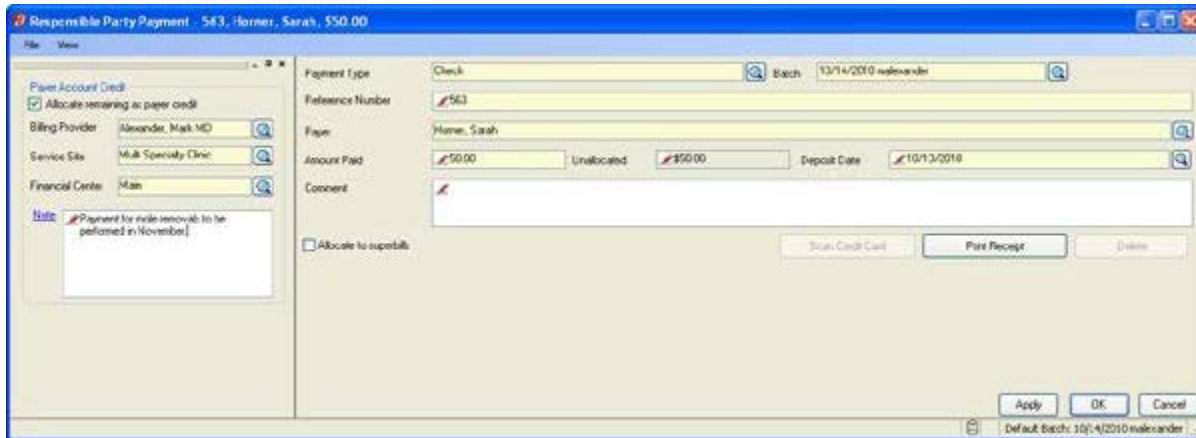
# Allocating Money from a Payer Credit to a Superbill Charge

When a responsible party or an insurance payer has a payer credit, you can allocate money from that payer credit to charges on a superbill. The Payer Credit window is very similar in appearance and functionality to the Responsible Party Payment window and Insurance Payment window. You allocate payment amounts to charges from a payer credit in the same way as you allocate payment amounts to charges from either of the Payment windows.

From the Track Payer Credits window, enter the desired search criteria, and select the Search button to display a list of payer credits matching your search criteria.

The Available Balance column displays the amount of the payer credit available to be allocated to charges.

Select the Payer Credit hyperlink for the payer credit you want to allocate.

In the Payer Credit window, select the Transaction Details slider.

In the slider, select the desired Superbill. This opens the Transaction window.

If the responsible party has one or more payer credits, then Find icon will contain a red checkmark. Any payer credits with the same provider, service site, and financial center as the superbill will be automatically displayed in this field.
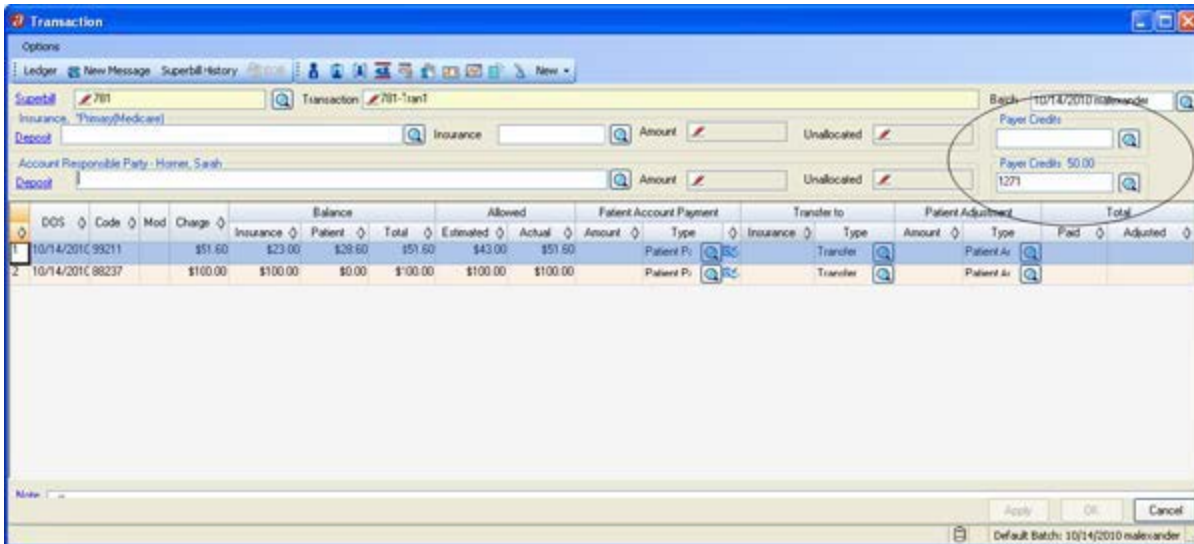
Enter any payments or adjustments, as needed in the applicable fields. In the Patient Account Payment field, enter any amount to be paid with the available credit.

Select the Apply button to save your entries in the database and continue working in this window.

Select the OK button to save your entries and close the window.

# Reviewing Payer Credits

It is recommended that you review payer credits at least once a week. This will help you ensure that payer credits are allocated to charges in a timely manner.

In the Track Payer Credits window, you can select the Payer Credit hyperlink to access the Payer Credit window to review the details of a payer credit. You can select the Deposit Reference hyperlink to access the Payment window for the payment from which the payer credit was created.

The Amount column displays the full amount of the payer credit. The Available Balance column displays the amount available to be allocated to charges.