Accounts Receivable Management

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Introduction

The accounts receivable functionality provides with you an automatic process for managing your patient accounts receivable and for managing promises made by insurance payers in regard to the payment of specific superbills.

Setting Up Automated Accounts Receivable

Patient Accounts Receivable

The accounts receivable functionality selects accounts with patient-liable amounts due, generates and sends payment plan and collection letters, monitors account activity, changes the collection status of accounts as a result of that account activity, and sends messages to specified users when expected payments are not received. Although the process runs automatically, you are able to view the collections activity on an account at any time, and if desired, make manual changes to alter how that account is managed by the automatic collections process or to completely remove that account from the process.

A patient account is not subject to the collections process until insurance claims have been filed, and an amount on the account becomes the liability of the patient or the patient’s responsible party. Collection status is determined for responsible parties, not for individual patient accounts. So, if a responsible party is responsible for all the accounts for a family of five, the total due on all the accounts is calculated and used to determine the collection status.

Accounts receivable are processed for your practice as a whole; not for individual providers, care teams, or financial centers.

Account Credits and Overpayments

A responsible party’s collection balance can be difficult to understand if there is an account credit or an overpayment for a patient. The accounts receivable functionality uses the charge amounts on superbills to determine whether the responsible party has an amount due. By definition, an account credit is not associated with a superbill; it is an amount associated with the patient account but not yet applied to any particular superbill. An overpayment is associated with a superbill, but a superbill with a zero or negative balance will not be considered due.

An overpayment amount is used to determine the responsible party’s total collection balance, but it is not used to offset the amounts due on any other superbills. So, if a patient has a superbill with an amount due of $50.00 and another superbill with an overpayment of <$90.00>, the balance is <$40.00>. However, the $50.00 amount due on the first superbill still causes the patient to be in the collections process.
This can be further complicated if the responsible party is responsible for more than one patient. Then, one patient may have a superbill with an amount due of $50.00 and another patient may have an account credit balance or an overpayment of <$90.00>. In this case, the responsible party's the balance is <$40.00>. But again, the responsible party is in the collections process because of the $50.00 amount due for one of the patients.

You may need to review the patient ledgers for all the patients for whom the responsible party is responsible in order to understand the responsible party's collection balance. Collection accounts with a total balance that does not meet your established collection criteria for minimum balance should be promptly reviewed. Any available account credits and overpayments should be redistributed to any remaining superbill balances.

New Responsible Party

If you change the responsible party for an account that is in collections, then the collections cycle restarts. The account is assigned the initial collection status level applicable to the balance due on the account. The status change will take effect the next time the Collection Processing job runs. It is recommended that changes to the responsible party be documented in the Responsible Party Collections History for both the original and the new responsible parties. Any documentation supporting this change can be scanned and uploaded as an attachment to the patient record.

Setup Tasks

To set up the automatic collections process you must:

- Identify or define the accounts receivable lifecycle.
- Determine if a collection fee will be applied, and if so, the amount or percentage of the fee.
- Define the global conditions for the collection process, which automates your accounts receivable lifecycle.
- Define specific collection statuses and the status levels and conditions in your accounts receivable lifecycle.
- Define collection letters for each collection status level.
- Validate the accounts receivable lifecycle setup.
- Schedule the jobs to run the collection process and to generate collection letters on a regular basis.

Patient Accounts Receivable Lifecycle

The accounts receivable lifecycle is simply the process you use to collect outstanding payments. Like any process, an accounts receivable lifecycle generally has several states where decisions are made and actions take place. Aprima PRM enables you to define the states within your lifecycle and the conditions of those states. Then it uses those conditions to determine the action to take for a given responsible party. In Aprima PRM, the states within your accounts receivable lifecycle are called collection statuses, and the conditions
that determine specific actions are called collection status levels. You can define and automate any accounts receivable lifecycle simply by defining the statuses and status levels in that lifecycle.

Your defined status levels will move a responsible party through your accounts receivable lifecycle to an end point. End points are generally that the account is completely paid, the remaining amount due is written off, or the account is turned over to a third-party for collections. When a responsible party completely pays an account in full, the normal processing cycle removes that responsible party from further processing. Similarly, when you write off the remaining balance in an account, you enter an adjustment that makes the account balance zero. Normal processing then removes the responsible party from further processing. However, for accounts that you will turn over to a third-party for collections, you will need to define a final status level. Once a responsible party enters that status level, they will stay in it until the account is paid or written off.

You may include payment plan statuses and status levels in your accounts receivable lifecycle. You can define payment plan status levels for varying dollar ranges, so that you can handle them differently. For example, you can handle large amounts more aggressively than lower amounts. You can also define payment plan status levels that enable you to monitor a responsible party who has missed a payment. For example, you can establish a missed payment status level associated with your payment plan status. Then you can define other payment plan status levels to move a responsible party to the missed payment status level if a payment is missed. You can define the missed payment plan status level to keep the responsible party in that status as long as no other payments are missed, and to move to a collection status if another payment is missed.

You may also define collection statuses that you want to handle manually, rather than through the automated process. Simply do not create any status levels for a status that you want to handle manually. A status that does not have a corresponding status level will not be processed automatically. You may define a status level for another status so that it applies the manual status when a responsible party’s payment is insufficient. Once the manual status is applied to a responsible party, that status will be in effect until you change the responsible party’s status from the Responsible Party window.

Below is a process diagram for a sample accounts receivable lifecycle. The boxes are collection statuses, and the diamonds are decision points where the collection job determines what action to take based on the collection status definition and the payment received. This is only an example, and your accounts receivable lifecycle may be very different. It is recommended that you create a similar diagram for your lifecycle in order to correctly identify the statuses, status levels, and their relationships before you begin defining them in the application.
Sample Accounts Receivable Lifecycle
Collection Fees

Collection fees may be included in the automated processing, if desired. If you choose to apply a fee when responsible parties are in collections, the automated process can determine and apply the fee automatically. Collection fees, when used, are defined as part of the collection status levels. Please see the Define Collection Status Levels section for more information on defining these levels.

- The collection fee may be a percentage of the amount owed or a flat fee. When the collection fee is a percentage, the amount of the fee is based on the amount that originally went into collections, not on the amount still due. So, if the amount that went into collections was $1,000, then $1,000 is used to determine the collections fee even if $500 has been paid.

- When a responsible party is responsible for multiple patients and patient accounts, then any collection fee incurred is distributed across all the accounts that have outstanding patient-liable amounts. The fee distribution is calculated based on the percentage that each patient account contributes to the total amount owed by the responsible party. For example, if the responsible party owes $1,000.00, and this consists of $800 for patient account 1 and $200 for patient account 2, then 80% of the collection fee is charged to patient account 1 and 20% of the collection fee is charged to patient account 2. A patient account with no outstanding patient-liable amount will not be charged a percentage of the collection fee.

- A superbill is created for the collection fee when the Collection Processing job is run. If the collection fee is distributed across multiple accounts, then a superbill is created for each account.

- If you use the predefined Collection Fee procedure code for collection fees, then the superbills are marked as “Do Not Claim” so that these charges are not submitted to insurance payers.

- Superbills for collection fees have an ID beginning with the letter ‘C’, followed by an auto-generated number. For example, C0001, C0002, etc.

- Superbills for collection fees must be balanced and closed in the same manner as other superbills.

- Collection fees can be adjusted or waived in the same manner as any other charge.

- Collection fee charges, and the distribution across patient accounts, can be viewed in the Collections History for the responsible party and in the Superbill History.

Payment Plan and Collection Letters

You must define the payment plan and collection letters that will be sent to responsible parties when accounts enter each collection status level. Payment plan and collection letters are generated by the document generation formatting model functionality; however, unlike other documents, payment plan and collection letters are generated in batches initiated by a nightly job rather than one at a time initiated by a user. They are also generated on the server on which the job engine resides, rather than on a user’s client machine.
The following payment plan collection letter formatting models are predefined.

- FirstNoticeAll
- FirstNoticeHigh
- SecondNoticeAll
- ThirdNoticeAll
- FinalNoticeAll
- PaymentPlan

You may want to modify the content or wording of the letters or to modify their format. You may also define your own formatting models for payment plan and collection letters. Please see the Document Generation section and its Document Generation Formatting Models subsection for more information and instructions.

Please note that payment plan and collection letters cannot be generated using the old document generation functionality that uses Microsoft Word to generate documents.

Accounts Receivable Settings

To define your accounts receivable lifecycle, you must define the global settings, statuses, and status levels. These settings must be defined prior to scheduling and running the collection job. If any of the settings are not defined, the job will fail. Please refer to the Accounts Receivable Validation section for instructions on validating your lifecycle once it has been set up.

Define Global Settings for the Collections Process

The global settings for the automated collections process apply to all patient-responsible accounts, all superbill charges on those accounts, and all collection status levels. These settings must be defined prior to scheduling and running the collection job. If any of the settings are not defined, the job will fail.

When you define the global settings, you identify the number of days that an amount is the patient’s liability before collections processing begins. You should review your statement settings on the Configure Practice Settings window to ensure that your statement cycle and your collections liability days correspond. The patient liability days for collections should be defined so that the patient has received a statement and had the opportunity to make a payment before being processed for collections.

You also identify the procedure, provider, financial center, and service site that will appear on the superbills created for collection fees. These items are also used when generating financial reports, and so they determine where the collection fees are recorded and reported.

Aprima PRM includes a procedure code, Collection Fee, which can be used for non-clinical services such as collection fees. You do not have to use the Collection Fee procedure code. However, it is recommended that you use either the Collection Fee code or that you define a new code specifically for this purpose. Using either the Collection Fee code or one you have
defined ensures that collection fees are not associated with any clinical procedure. The advantage of using the provided Collection Fee code, rather than one you have defined, is that the Collection job automatically marks superbills to not be claimed when the Collection Fee code is used.

In Aprima PRM, a provider is a billing entity to which fees and services can be associated. All fees must be associated with a billing entity. Therefore, you need to associate collection fees with a provider. If your practice has only one provider, you may want to simply associate collection fees to that provider. If your practice has multiple providers, associating collection fees to one of them will distort your provider productivity reporting. Therefore, it is recommended that you create a provider to use for only this purpose. When you create this provider, make sure that it is not set up as a billing provider so that claims cannot be filed using it.

If you do not have multiple financial centers, then use the default Main financial center for collection fees. If you are using multiple financial centers, then it is recommended that you create a financial center specifically for collection fees.

It is also recommended that you create a service site specifically for collection fees. Doing so will ensure that collection fees are easily identified in your financial reports and are not included in the fees for services provided associated with any financial center or service site.

To define the global settings:
1. List Editor icon () → Billing → Collection Global
2. Select the Global Settings entry to modify the settings.
3. In the Initial Status field, select the collection status that is to be used for all patient accounts entering collections.
4. In the Patient Liability Days field, enter the number of days for which the patient or other responsible party (not an insurance payer) must have been responsible for the outstanding amount before the account will enter collections. This is typically the total of your statement cycle days and statement due in days.
5. In the Global Sufficient Percentage field, enter the percentage of the amount due that is considered sufficient payment. This percentage is multiplied by the amount due to determine the payment amount that must be made to show progress on the account and keep it from moving to a more aggressive status level for collections.
6. In the Procedure field, select the procedure code that you want all collection fees applied to. You may use the provided Collection Fee code, or you can use another code of your choosing. Superbills that are created with the Collection Fee code are automatically set so that claims are not generated for them.
7. In the Provider field, select the provider to whom all collection fees will be associated. To avoid distorting your productivity reports, it is recommended that you create a non-billing provider to use for only this purpose if your practice has multiple providers.
8. In the Financial Center field, select the financial center to which all collection fees will be associated. If you do not have multiple financial centers, then use the default Main financial center for collection fees. If you are using multiple financial centers, then it is recommended that you create a financial center specifically for collection fees.
9. In the Service Site field, select the service site to which all collection fees will be associated. To avoid distorting your productivity reports, it is recommended that you create a service site specifically for collection fees.

10. Enter the Batch Prefix. This is the naming convention you want used for the batches used for collection fees.

11. Select the Batch User. This is the owner of the batches used for collection fees.

Define Collection Statuses

A collection status is a user-defined state within your accounts receivable lifecycle. You can have statuses that are managed—that is, used in the automatic collections process—and statuses that are unmanaged. Consider naming the statuses that will be managed in a manner that indicates where accounts with that status are in your accounts receivable lifecycle; for example, payment plan, first notice, second notice, and final notice. Consider naming the unmanaged statuses in a way that indicates why accounts with that status are not being automatically processed; for example, hold or disputed. You may want to define a final status, such as Third-Party Collections, that will be the end point of the collections cycle for any account that is not paid. If you also use payment plans, you will want a status for that as well.

1. List Editor icon () → Billing → Collection Status
2. Select the New button.
3. Enter an ID, if desired.
4. Enter a Name for the collection status.

Define Collection Status Levels

A collection status level is a set of conditions for which you want to perform collection activities in a specified manner. A collection status level must be associated with a collection status. You can define multiple levels for a status. This enables you to define different balance ranges for a status, and process those balance ranges differently.

You must define at least one collection status level for each collection status. A valid collection status has one or more associated status levels which collectively comprise all possible balance amounts from $0.00 to infinity, with no duplicated or missing amounts. A valid collection status level has a balance range with a defined ‘From’ amount and a defined ‘To’ amount. The first status level for a status must have a balance range ‘From’ amount of $0.00. The next status level for the status must have a balance range ‘From’ amount that is $0.01 greater than the previous status level’s balance range ‘To’ amount. Thus, if the first status level has a balance range ‘To’ amount of $100.00, then the next status level must have a balance range ‘From’ amount of $100.01. The final status level for a status must have a balance range ‘To’ amount of ‘Greater Than’, indicating any amount greater than its the ‘From’ amount.

Consider naming the status levels in a way that indicates the status and the associated balance range. For example, Payment Plan Less than 1000, First Notice Low, and First Notice High.
1. List Editor icon (🔗) → Billing → Collection Status Level
2. Select the New button.
3. Enter an ID, if desired.
4. Enter a Name for the collection status level.
5. Select the desired Collection Status using the Find icon.
6. Enter the Balance Range for the collection status level.
   - The first status level for a status must have a balance range ‘From’ amount of $0.00.
   - The next status level for the status must have a balance range ‘From’ amount that is $0.01 greater than the previous status level’s balance range ‘To’ amount. Thus, if the first status level has a balance range ‘To’ amount of $100.00, then the next status level must have a balance range ‘From’ amount of $100.01.
   - The final status level for a status must have a balance range ‘To’ amount of ‘Greater Than’, indicating any amount greater than its the ‘From’ amount.
7. Select the payment plan or collection Letter to be generated and sent when the account enters this status and balance range.
   This field is optional; you may choose to not send a letter for some status levels, such as those used for payment plans.
8. If desired, select the Create Patient Remark checkbox. When selected, a predefined popup remark will be generated when a letter is generated for the responsible party. The remark will be generated for all patients associated with the responsible party.
9. In the Expiration area, enter the Number of Days in which a payment is due.
   If the number of days is zero (0), then the only other active field will be Insufficient Status. When an account moves into this defined status, the amount owed is due immediately, the letter is generated, and the account is automatically moved to the identified insufficient status.
   For a final status level that moves responsible parties into third-party collections, you can set any number of days other than zero. You may want to set it at a high number simply to reduce processing.
10. In the Sufficient Status field, select the collection status to be given the account when sufficient payment is received within the defined number of days.
   When the Sufficient Status is the same as the Collection Status entered in step 4, then the status does not change and the account continues to be processed in the same manner as long as sufficient payment is received and the account balance remains within the defined range. A status used for a payment plan might be set up in this manner.
11. In the Insufficient Status field, select the collection status to be given the account when the payment is not sufficient or is not received within the defined number of days.
   For a final status level that moves responsible parties into third-party collections, set both the Sufficient Status and the Insufficient Status to that final status level (that is the Collection Status entered in step 4.)
12. Use the Insufficient Message User and Insufficient Message Group fields to define who will receive a message when a sufficient payment is not received for an account with this status.

13. Use the Insufficient Message Urgency field to define the urgency of the message.

14. If desired, select the Charge Fee and enter a Fixed Fee amount or a Percentage of the total balance to be added to the account when this collection status level expires.
   If a collection fee is used, then that fee will be charged if there is an outstanding amount on the payment due date, whether or not any payment was received.

15. If desired, select the Create Patient Remark on Insufficient Expiration checkbox. When selected, a predefined popup remark will be generated when a responsible party fails to make sufficient payment for this status level. The remark will be generated for all patients associated with the responsible party.

**Accounts Receivable Validation**

There are two tools to help you validate the setup of the collection statuses and status levels in your accounts receivable lifecycle.

The first tool for validating your setup is the List Editor’s Collection Status Level window. This window’s columns display the balance ‘From’ and ‘To’ amounts for the status levels. This enables you to do a quick visual check of the balance ranges of a group of status levels.

The second validation tool is a Validate Setup process which verifies that all active statuses have one or more active status levels, that the status levels for a status properly cover all possible balance amounts, and displays a list of statuses which are not valid. This is done from the Collection Global window.

**Validating Collection Status Levels**

The status levels for a status must collectively comprise all possible balance amounts from $0.00 to infinity, with no duplicated or missing amounts. You can use the List Editor’s Collection Status Level window to do a quick visual check of the balance ranges for all your collection status levels. If you have used an ID or naming convention for the status levels for a given status, you can filter the results on this window to check the balance ranges for a single set of status levels.

In the List Editor’s Collection Status Level window, the From and To columns display the status level’s balance range amounts. The From column will always display an amount. The To column will display an amount when the balance range goes to a specific amount. The To column will be empty when the balance range’s To amount is defined as ‘Greater Than’.

The following screen shot shows examples of valid and invalid balance ranges. In this example, there is one status level for the New to Collections status. You can see that it has a valid balance range because the From column displays $0.00 and the To column is empty indicating it is ‘Greater Than’.
There are two status levels for the First Notice status. The First Notice status level has a balance From $0.00 and To $199.99, and the First Notice - High Dollar status level has a balance range From $200.00 and the To column is empty indicating it is ‘Greater Than’. Together, these two status levels provide a valid balance range for the First Notice status.

In this example, there are also two status levels for the Second Notice status. This status does not have a valid balance range. The status level Second Notice has a From amount of $0.00 and a To amount of $200.00. The Second Notice - High Dollar status level has a From amount of $201.00. This means that balance amounts from $200.01 to $200.99 are not included in any status level. Therefore, the Second Notice status does not have a valid balance range. To make this valid, the Second Notice - High Dollar status level should have a From amount of $200.01.

The Payment Plan and Payment Plan - High Dollar status levels in the example provide an invalid balance range for the Payment Plan status. In this case, the balance range is not valid because there amounts that are included in the balance ranges of both status levels because both status levels display an empty To amount indicating they are both “Greater Than.” To make this valid, the Payment Plan status level should have a To amount of $499.99.

1. List Editor icon ( ) → Billing → Collection Status Level
2. Enter an ID or partial Name to narrow the search if desired, and select the Search button.
3. Sort the status level entries by ID or Name by selecting the column heading.

Validating the Accounts Receivable Lifecycle

Validating your accounts receivable lifecycle which verifies that all active statuses have one or more active status levels and, that the status levels for a status properly cover all possible balance amounts. Then it displays a message box that either says the setup is valid or displays a list of statuses which are not valid. A status a may be invalid because it does not have any active status levels associated with it or because the balance range of all the active status levels associated with the status is not valid.
Perform this task after you have set up all your statuses and status levels, and have done a visual check of the status level balance ranges as described in the previous section.

1. List Editor icon (تضامن) → Billing → Collection Global
2. Select the Global Settings entry, and select the Modify button.
3. Select the Validate Setup button.
4. When the validation process is complete a message box will display.
   a. Note the statuses which are not valid.
   b. Select the OK button to close the message box, and select OK again to close the Collection Global window.
   c. Review the statuses and status levels which were not valid, and correct any problems.

Configure the Collection Jobs and Job Schedules

Configure the Collection Jobs

You must configure the jobs for the automated collection process and the job to generate the collection letters.

1. List Editor icon (تضامن) → Integration → Jobs
2. Select the Include Inactive Items checkbox, and select the Search button to display all active and inactive jobs.
3. Select the Collection Processing job, and select the Modify button.
4. Select the users or user groups to be notified when an error occurs in the collection processing job.
5. Select the OK button.
6. Select the Create Collection Letters job, and select the Modify button.
7. Select the users or user groups to be notified when an error occurs in the collection letter generation job.
8. Select the OK button.

Schedule the Collection Jobs

The Collection Processing job determines responsible party balances and generates the messages when insufficient payment is received. The Create Collection Letters job generates the letters for all responsible parties at all collection status levels. It also attaches a copy of the letter to the responsible party record, and updates the responsible party’s collection status, if appropriate.
It is recommend that you schedule the collection jobs to run during off hours, such as overnight. When scheduling these jobs, make sure that the collection jobs and the database backup job will not be running at the same time. Schedule the Collection Processing job to run first. Schedule the Create Collection Letters job enough later to ensure the processing job has completed before it starts. The jobs must run on the same calendar day in order for letters to be produced; so, schedule both jobs to run before midnight or both to run after midnight. Schedule both collection jobs such that they finish prior to the initiation of the database backup job, or so that they initiate after the database backup has completed.

1. List Editor icon (_critical) → System → Job Schedule
2. Select the Include Inactive Items checkbox, and select the Search button to display all active and inactive jobs.
3. Select the Collection Processing job schedule, and select the Modify button.
4. Define the Repeat Parameters to specify when the job is to run.
   a. Select the Perform This Job frequency using the Find icon.
   b. Enter start date and time to begin the schedule.
   c. Enter the recurrence parameters for the selected job frequency.
5. Enter an ID and Notes, if desired.
6. Select the Create Collection Letters job schedule, and select the Modify button.
7. Define the Repeat Parameters to specify when the job is to run.
   a. Select the Perform This Job frequency using the Find icon.
   b. Enter start date and time to begin the schedule.
   c. Enter the recurrence parameters for the selected job frequency.
   d. The Date Last Entered New Collections Status parameters should be empty for normal processing of the job. When this field is empty, the job uses the current system date for processing. In rare instances when it is necessary to rerun the job for a specific date, the desired date can be entered in this field and the Run Immediately button selected. Once the job has run, the date must be deleted from this parameter field. If the date is not removed, that date will be used every time the scheduled job runs, resulting in duplicate letters for the accounts with a collection status.

Transferring Balances to the Automated Accounts Receivable Process

Practices that are transferring account balances from another practice management system can put outstanding balances into the account receivable process immediately, rather than waiting for the process to catch them. This is done by creating a custom procedure code that, when included on a superbill, causes that superbill to go directly into the accounts receivable process. Thus, it overrides the defined liability days and global sufficient percentage settings.

While the override option is intended for transferring balances into the automated accounts receivable process, you can also use it for any item that you want to move directly into the process.
To use an override, you must create a custom procedure code to be used for the override, define that override code in the Collections Global Settings window, and then enter the override procedure code on any superbills you want to immediately move into the automated accounts receivable process. When the nightly collections job runs, all superbills that have the override procedure code on them will be entered into the process at the appropriate status level based on balance amount.

Create a Custom Procedure for Accounts Receivable Override

1. List Editor (Clinical → Procedure Code
2. Select the New button.
3. In the Add Procedure Codes from Master List window, select the Add Custom Code radio button and select the OK button.
4. In the Procedure window, enter a Code that identifies its purpose.
5. Select a Code Type.
6. Enter a Short Description and Long Description. These descriptions should clearly identify the purpose of the custom code.
7. Leave all other fields empty.

Define an Override Procedure

1. List Editor (Billing → Collection Global
2. Select the Global Settings entry, and select the Modify button.
3. Select the Enable Override Procedure checkbox.
4. In the procedure field, search for and select your override procedure code.

Insurance Accounts Receivable

The accounts receivable functionality provides an automated process for managing promises made by insurance payers in regard to the payment of specific superbills. You can record, track, and follow up on any promise that an insurance payer makes regarding a claim or claims that are not processed and paid in a timely manner. When you create an insurance promise, you identify the insurance payer and plan, the contact person for that insurance plan, the superbill or superbills for which the promise is made, the amount promised for each superbill, and the follow-up date by which the payment should be received. An entry is made in the history of the superbills that you associate with the promise.

It is important to understand that the accounts receivable management function does not process insurance claims. You submit claims to insurance payers using the Process Claims window, and then manage them using the Filing History and Superbill History windows and the Insurance Aging report.
Setup Tasks

To use the accounts receivable functionality for insurance-liable amounts, you must:

- Schedule the job for insurance promise processing.
- Create insurance contacts for the insurance payers and plans. The contact is the person who commits to paying the outstanding claim. You can also create general contacts for an insurance payer, such as the representative who verifies all patients’ insurance coverage or a representative who handles all oncology cases. Please refer to the Insurance Contact section of this guide for instructions.
- Create insurance promises for any superbill or superbills that a payer commits to paying by a specified time. Creating insurance promises is explained in the Practice Management User’s Guide.
- Monitor the payment of promises using the Insurance Promise Filter window. Monitoring payment of promises is explained in the Practice Management User’s Guide.

Configure the Insurance Promise Job and Job Schedule

Configure the Insurance Promise Job

You must configure the Promise Nightly Processing job for the automated collection process and the job to generate the collection letters.

1. List Editor icon ( ) → Integration → Jobs
2. Select the Include Inactive Items checkbox, and select the Search button to display all active and inactive jobs.
3. Select the Promise Nightly Processing job, and select the Modify button.
4. Select the users or user groups to be notified when an error occurs in the collection processing job.
5. Select the OK button.

Schedule the Insurance Promise Job

1. List Editor icon ( ) → System → Job Schedule
2. Select the Include Inactive Items checkbox, and select the Search button. This displays all active and inactive jobs.
3. Select the Promise Processing job schedule, and select the Modify button.
4. Accept the default Repeat Parameters selections which specify when the job is to run.
5. Enter an ID and Notes, if desired.
Insurance Contact

Use the Insurance Contact window to create a record for any person that you contact at an insurance payer. Contacts may be related to specific superbills and commitments made on them, or may be general contacts for an insurance payer, such as the representative who verifies all patients’ insurance coverage or a representative who handles all oncology cases.

1. List Editor icon (→) → Demographics → Insurance Contact
2. Select the New button.
3. Search for and select the Insurance Payer for which this person is a contact.
4. Search for and select the Insurance Plan for which this person is a contact.
5. Enter a First and Last name for the insurance contact. You may also enter additional information, such as Title, Middle name, and AKA Name.
6. Enter the contact’s Phone Number and Phone Type.
7. Enter the contact’s Email address if desired.
8. Select the contact’s gender, if desired.
9. Enter an ID and Notes, if desired.

Using Automated Account Receivable

Accounts Receivable Management for Responsible Parties

Aprima PRM’s accounts receivable management functionality provides with you an automatic process for managing your patient accounts receivable. It selects accounts with patient-liable amounts due, generates and sends payment plan and collection letters, monitors account activity, changes the collection status of accounts as a result of that account activity, and sends messages to specified users when expected payments are not received. Although the process runs automatically, you are able to view the collections activity on an account at any time, and if desired, make manual changes to alter how that account is managed by the automatic collections process or to completely remove that account from the process.

A patient account is not subject to the collections process until insurance claims have been filed, and an amount on the account becomes the liability of the patient or the patient’s responsible party. Collection status is determined for responsible parties, not for individual patient accounts. So, if a responsible party is responsible for all the accounts for a family of five, the total due on all the accounts is calculated and used to determine the collection status.
If you change the responsible party for an account that is in collections, then the collections cycle restarts. The account is assigned the initial collection status level applicable to the balance due on the account. The status change will take effect the next time the Collection Nightly Processing runs. It is recommended that changes to the responsible party be documented in the Responsible Party Collections History for both the original and the new responsible parties. Any documentation supporting this change can be scanned and uploaded as an attachment to the patient record.

Collections are processed for your practice as a whole; not for individual providers, care teams, or financial centers.

Accounts receivable management is optional functionality. If your practice is using this functionality, your administrative user will have entered the settings and created the necessary statuses and status levels for your practice’s accounts receivable life cycle. Your administrative user will also have defined and enabled the collection letter templates that you will use.

Once the accounts receivable management functionality has been set up and the jobs have been initiated, the process will run automatically. You can then:

- Process any messages generated by the process
- Monitor the accounts receivable using the Account Responsible Party Filter window.
- Print the generated collection letters using the Print Collection Letters window.
- Enter and update any responsible party demographic, collection, and statement information using the Responsible Party window.

**Process Accounts Receivable Messages**

Messages are generated when an expected payment is not received within the specified time period and when a payment is received but is insufficient. The conditions for generating a message, the users or user groups to receive the message, and the urgency of the message are defined in the collection status level.

The message text includes the name of the responsible party, the payment amount expected, the payment amount received, and whether or not any previous payments were received.

Desktop → Message Time Stamp or Note icon ( )

**Monitor Accounts Receivable**

The Account Responsible Party Filter window lists the accounts that must be followed up on in some way. You can use it to create a work list for the staff member who will contact the responsible parties. The window includes the responsible party, the collections balance, payment amount due, payment due date, collection status, and collections status level.
1. Billing → Responsible Party Collections

2. Enter the selection criteria for the report. This may include:
   - Minimum number of days since last payment
   - An alpha range for responsible party last name or corporation names
   - Collection status
   - Balance range

3. Enter -1 as the Maximum Items Returned. This ensures that all accounts matching your selection criteria are included on the report. If you enter an amount, only that many accounts will be included, even if more accounts match the criteria.

4. If you want to save these criteria as a search filter, select the Save As button and give the filter a name.

5. Select the Search button to display the responsible party accounts matching your search criteria.

6. To access the Responsible Party Account report, select the External ID link for the desired account.

7. To access the Account Responsible Party window, select the Name link for the desired account.

**Print Collection Letters**

The Print Collection Letters window enables you to select the letters you wish to print. Collections are put into the print queue as they are generated. The letters remain in the print queue until deleted.

The letters are saved as attachments to the responsible party records unless they are deleted from the print queue. If you are not going to print and mail the letter to the responsible party, you should delete it so that it is not kept as an attachment.

1. Billing → Print Collection Letters

2. Select the letters that you wish to print. Use the Select All (.selectAll) icon to select all the letters in the print queue.

3. Select the button for the action you wish to take.
   - Print Letters prints the selected letters.
   - Print and Remove prints the selected letters and removes them from the print queue.
   - Remove From Queue removes the selected letters from the print queue.
**Responsible Party**

The Account Responsible Party windows allow you to enter Responsible Party demographic information, manually change collection information and statement information.

1. Desktop → Find Patient
2. Select patient to access the patient’s demographic window.
3. Select the Account tab.
4. Select the appropriate insurance account hyperlink to access the account detail.
5. Use the Find icon next to Responsible Party to Search for the Responsible Party.  
   **Note:** By default, the Patient’s name is included as the Responsible party.
6. To modify, select the Modify button to open the Responsible Party window.
7. Select the radio button for the appropriate type, Corporation or Person.
8. Enter the required information for the Responsible Party.
9. Select OK to close the Responsible Party window.
10. Select OK to close the search window.
11. Select OK to close the patient’s Account window.

**View the Collections History**

You can view a chronological list of all collections activity for a responsible party. You can also enter a note regarding collections activity.

You can follow the progress of a responsible party through your accounts receivable life cycle using the new and initial statuses. If the responsible party progresses normally through the cycle, you will see the statuses you’ve defined in your collection life cycle appear in order. You will also be able to identify any manual interventions in the progression of the statuses, as well as by the content of the Note and Reason fields.

1. Either:
   - Tools → List Editor → Billing → Responsible Party
   - Billing → Responsible Party Collections
2. Search for and select the desired responsible party.  
   **Note:** In the Responsible Party window, the application searches the entire person table. In the Responsible Party Collections window, the application searches only responsible parties who have an outstanding balance with a status in your accounts receivable life cycle.
3. Select the History button. The Collection History includes:
   - Date: The date the action occurred.
   - Note: Text entered by users. (See step 4.)
Reason: A description of the activity. This column contains the name of the user for user-entered notes.

Initial Status: The collections status of the account prior to this action.

Initial Level: The status level of the account prior to this action.

New Status: The collections status as a result of this action.

New Level: The status level as a result of this action.

4. To enter a new note:
   a. Select the New Collection Note button.
   b. Select New.
   c. Enter a Name for the note.
   d. Enter an ID, if desired.
   e. Select a message type, using the Find icon. This field is optional, but will allow you to search for specific types of message (such as Claim Errors).
   f. Enter the content of the note.

Accounts Receivable Management for Insurance Payers

The Accounts Receivable Management functionality (also called Collections) now includes insurance payers as well as responsible parties. This provides you an automated process for managing promises made by insurance payers in regard to the payment of specific superbills.

It is important to understand that the accounts receivable management function does not process insurance claims. You submit claims to insurance payers using the Process Claims window, and then manage them using the Filing History and Superbill History windows and the Insurance Aging report.

Accounts receivable management functionality enables you to record, track, and follow up on any promise that an insurance payer makes regarding a claim or claims that it has not processed and paid in a timely manner. When you create an insurance promise, an entry is made in the history of the superbills that you associate with the promise.

You can also create entries for insurance contacts who you work with for certain claims or types of claims.

The job for processing insurance promises is named Promise Nightly Processing. You must set up this job, and set up a job schedule for it in order to process your insurance promises. Processing identifies whether the insurance liable portion of the balance on a superbill has been paid by the defined follow up date.
Insurance Payer Promise

Use this window to create an insurance payer’s promise to pay a specific superbill or superbills.

1. Either:
   - Billing → Insurance Promises
   - Billing → Track Superbills → select superbills → Create Insurance Promise button
   - Superbill → Create Insurance Promise button
2. Select the New button from the toolbar.
3. Enter an ID, if desired.
4. Select the Insurance Contact who made the commitment.
5. In the Contact Date field, enter the date the contact made the promise.
6. In the Follow Up Date field, enter the date the contact commits to make the payment.
7. If desired, define who will receive a message if the promise is paid or not paid by the specified date.
   - In the Paid area, select a User or user Group who will receive the message if payment is made.
   - In the Unpaid area, select a User or user Group who will receive the message if no payment is made by the follow-up date.
8. Select the Add button to associate a superbill to the promise.
   Superbills will be selected if the promise is made from the Track Superbills or Superbill windows.
   a. Enter the search criteria, and select Search.
   b. Select the desired superbill.
9. Repeat step 8 to associate additional superbills with the promise to pay, if desired.
10. Enter any Notes, if desired.

Insurance Promise Filter

Use this window to list the insurance payer promises.

1. Billing → Insurance Promises
2. Enter the desired search criteria. You can search by:
   - Insurance contact
   - Insurance payer and/or plan
   - The date or dates on which promises were made
   - Amounts greater than a specified amount
• Completed promises; that is, promises that have been fully paid
• Expired promises; that is, promises that have pasted their follow-up date and have not been fully paid

3. Select the Search button.
4. Select the Contact Name link to access information on the insurance contact.
5. Select the Promise Made date link to access information on the promise.