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EXPERIENCE

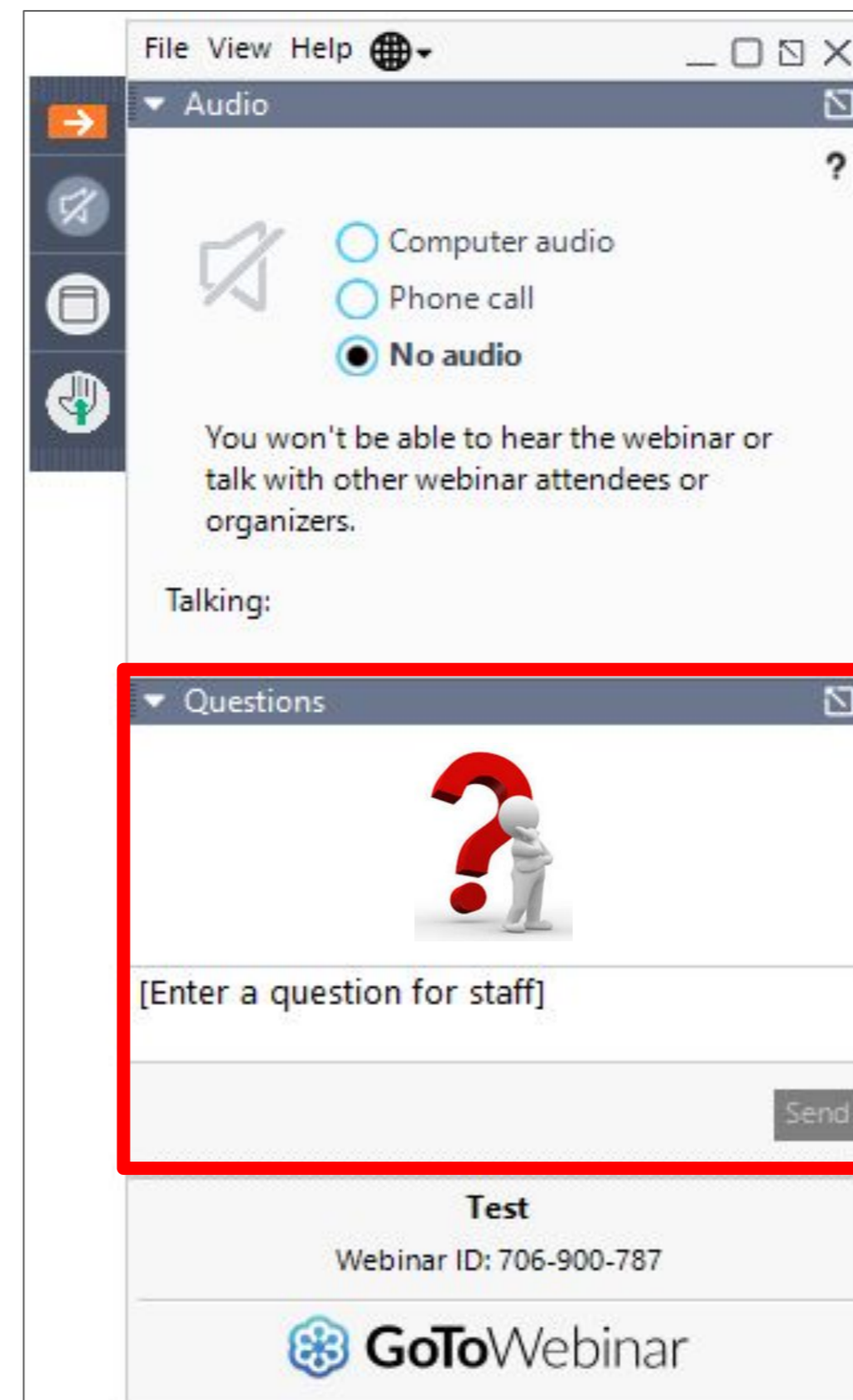
## **COVID-19 Survival Checklist Webinar Series**

Working A/R

# Welcome to OP COVID Survival Webinar Series: **TITLE**

Audience: All

- Attendees will be muted. If you have a question, enter it into the **Questions** box.
- Any unanswered question(s) will be communicated to the Webinar attendees via email.



# Objectives

**In this session, you will learn to:**

- Utilize the Billing Center to identify Payer A/R
- Utilize the Aging Report to Identify Payer A/R
- Utilize the Billing Center to identify Patient A/R
- Utilize the Aging Report to Identify Patient A/R



# Identify Payer A/R

- New claims
- High dollar
- Rejections
- Secondary claims
- Specific denial types
- Work claims close to timely filing deadlines
- Smaller/older claims

## Activity 1:

**Utilize the Billing Center to identify  
Payer A/R**



# Scenario

In this scenario, we will see how to identify A/R from the Billing Center. We will review what the different categories mean and how you can use these to identify the different problems in your A/R

# Let's Get Started - Billing Center

1. Navigate to the Billing Center Claims A/R tab
2. Ensure the Stage dropdown is set to All Daysheet Claims with A/R
3. Change the radio button to Status Details
4. Unmark the checkbox "Has Patient Balance"

## Activity 2:

**Run Payer Aging report to identify  
Payer A/R**





# Scenario

In this scenario, we will review A/R from the Aging report. You will see how to isolate to the recommended 60-90 days to see what claims are getting close to the timely filing limit.

# Let's Get Started - A/R Aging Analysis

Note: Aging reports are based on daysheeted transactions. In order to run the aging reports, you must, update your AR and have the permission of OP\_Reports\_AR

1. Navigate to Billing in the Blue Ribbon
2. Select the icon for A/R
3. Choose A/R Aging Analysis
4. Select the Insurance A/R - Payer A/R report
5. Ensure the "Show Patient Details" radio button is selected
6. Select Refresh to run the report



# Let's Recap:

In this Section, we took a look at the Billing Center and the Aging Report to help us Identify Payer A/R:

- Billing Center
  - Allows us to review our A/R and see the different categories that our claims may be in.
  - We discussed the claim notes, tasks and claim statuses that allow us to document and track changes that have been made when correcting claims.
- Payer Aging Report
  - Allows us to see our aging by the different aging buckets and Identify A/R before it reaches the timely filing limits for our payers.



# Identify Patient A/R

- Self Pay Patients, if payment was not taken in the office at the time of service
- High dollar outstanding balance
- Balances due to coverage denials
- Smaller/older balances

## Activity 3:

**Utilize the Billing Center to identify Patient A/R**





# Scenario

In this scenario, we will review A/R from the Billing Center. You will see how to isolate to the Patient A/R and what is awaiting collection.

# Let's Get Started - Billing Center

1. Navigate to the Billing Center Claims A/R tab
2. Ensure the Stage dropdown is set to All Daysheet Claims with A/R
3. Change the radio button to Status Details
4. Unmark the checkbox "Has Insurance Balance"

## Activity 4:

# Run Patient Aging report to identify Patient A/R



# Scenario

In this scenario, we will review A/R from the Aging report. You will see how to isolate to the recommended 60-90 days to see what balances are due from our patients that we may attempt to collect.

# Let's Get Started - Insurance A/R -Patient A/R Report

1. Navigate to Billing in the Blue Ribbon
2. Select the icon for A/R
3. Choose A/R Aging Analysis
4. Select the Insurance A/R - Patient A/R report
5. Ensure the "Show Patient Details" radio button is selected
6. Select Refresh to run the report





# Let's Recap:

In this section, we took a look at the Billing Center Claims A/R tab and the Aging Analysis report to help us Identify Patient A/R:

- Billing Center
  - Allows us to review patients with balances due and group those by descending order to see the highest balance first.
- Insurance Payer- Patient A/R Report
  - Allows us to see our patient A/R and isolate by the different aging buckets.

# Things to think about...

- Are you reminding patients that outstanding balances and co pays will be due at the time of service when confirming appointments?
- Sending Patient Statements regularly?
- Do you utilize an Internal collections process and general letters if you do not use a true collection service?
- Do you have a policy in place to get co pay and outstanding balances at check in?
- How is your Front desk relaying a co pay or past balance is due while the patient is at the front desk? Consider saying “Your balance is \$50, how will you be paying today?” vs giving them an option of whether or not to pay today.
- Do you have an online payment option for collecting balances?



# Takeaway Action Plan

- ❑ Review the Billing Center-Claims A/R with the stage of All Daysheeted Claims with A/R to see both the Payer and Patient AR.
- ❑ Work claims with Rejections for the 60-90 day aging buckets to ensure they are worked prior to the payers timely filing limits.
- ❑ Review outstanding patient A/R from the Billing Center and Aging Analysis report to identify outstanding patient A/R.
- ❑ Come up with a plan in your office to ensure employees are tasked with follow-up for both Payer and Patient A/R to ensure your practice is not losing out on money.

# Resources

- [Pediatric Practice Survival Checklist for COVID-19](#)
- [Billing Center-Claims A/R](#)
- [A/R Aging Analysis](#)
- [Print a Statement from the Patient Chart](#)

# Questions







## The OP Way

We are committed to providing the best **pediatric technology**, **resources**, and **community** to drive practice success and quality patient outcomes.

# *Our Mission: Improving Health Through Technology*

