

Keeping a Pulse on your A/R in NextStep Solutions

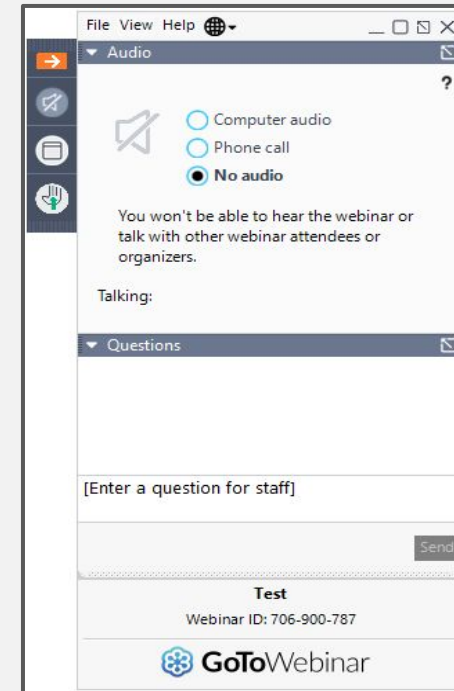
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Housekeeping

- All attendees will be muted.
- Please enter your questions into the Questions box in the Go To Webinar control panel.



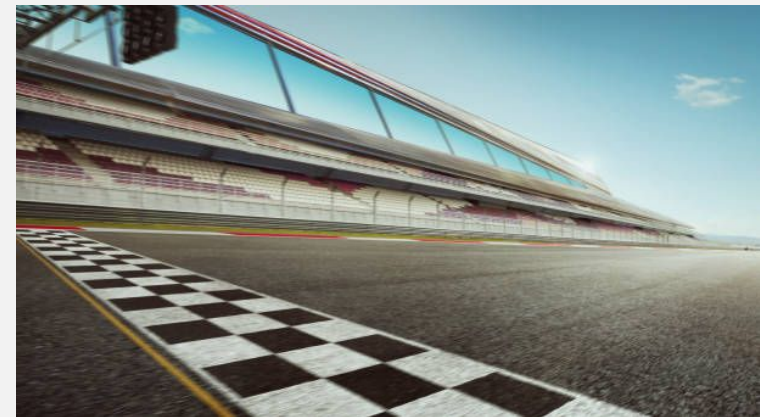


Objectives

- Learn about Key A/R Reports
- Learn Best Practices for working rejections and denials
- Learn how to send statements
- Share your tips for streamlined A/R workflows

Agency's Financial Health

- Impact of an efficient revenue cycle
- Frequent claims submission to ensure continuous cash flow
- Timely filing to avoid delays of payment or non-payment
- Accounts Receivable / Collections Review
 - Track claim trends: A/R, Claims denials
 - Identify any revenue leakage.



Key Performance Indicators

"If you can't measure it, you can't change it." - Peter Drucker

Days in Accounts Receivable

Provider or Agency AR Balance

=

Days in Accounts Receivable

Provider or Practice Average
Charges per Day

Accounts Receivable Balance

\$ 96400

Charges Per Day

\$ 2679

Days in Accounts Receivable

35.98

Accounts Receivable Turnover

$$\frac{\text{Provider / Practice AR Balance}}{\text{Practice Average Monthly Collections}} = \text{Accounts Receivable Turnover}$$

Provider/Practice Accounts
Receivable Balance

\$ 150000

Practice Average Monthly Collections

\$ 50000

3.00

NSS Revenue Cycle



Face Sheet

Pt demographics
Insurance Info
Eligibility
Prior Authorization

Posting Charges

Billing Data Box
Service Forms
Scrubbing
Line Items
coding review

Claims Submission

Transmit Claims
837

Payments

EOB
ERA Payment
Payments
835

A/R Follow up

Rejections
Denials
Resubmission

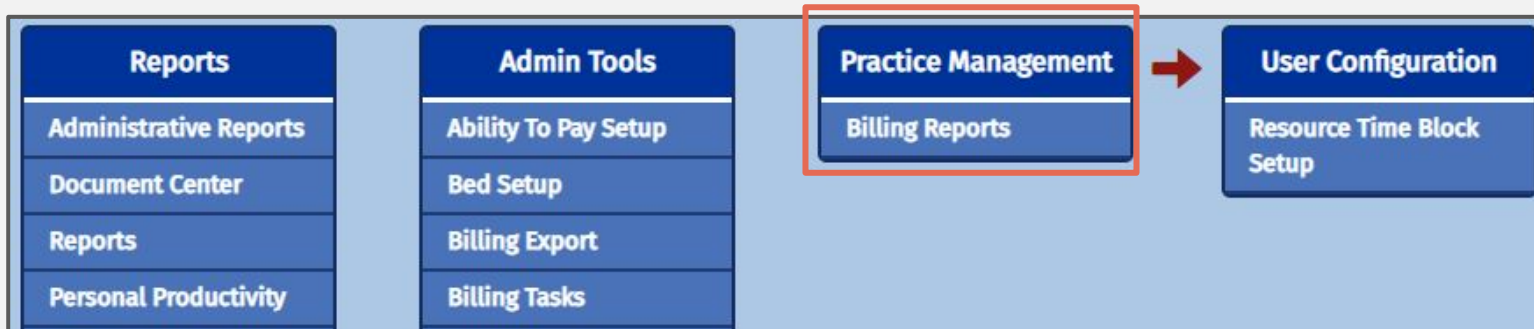
Reports

Billing Services
Dynamics

Aging Reports

Line Item A/R Dashboard

- Line Item A/R -
 - Run report for desired date range to manage Accounts Receivable
 - Line Items w/ OPEN balance



The navigation menu consists of four main categories: Reports, Admin Tools, Practice Management, and User Configuration. The 'Practice Management' category is highlighted with a red box, and an arrow points to the 'Billing Reports' sub-item within it.

Reports	Admin Tools	Practice Management	User Configuration
Administrative Reports	Ability To Pay Setup	Billing Reports	Resource Time Block Setup
Document Center	Bed Setup		
Reports	Billing Export		
Personal Productivity	Billing Tasks		



The 'BILLING REPORTS' dashboard features three main report options: 'BILLING LINE ITEMS', 'LINE ITEM AR BY DATE TYPE', and 'ACCOUNTS RECEIVABLE'. The 'LINE ITEM AR BY DATE TYPE' option is highlighted with a red box. A 'Main Menu' button is located at the bottom center.

BILLING REPORTS		
BILLING LINE ITEMS	LINE ITEM AR BY DATE TYPE	ACCOUNTS RECEIVABLE

Main Menu

Line Item A/R Report



Line Item AR by Date Type Refresh Data

Status: (All) x

Location: (All) x

Payer: (All) x

Party Type: (All) x

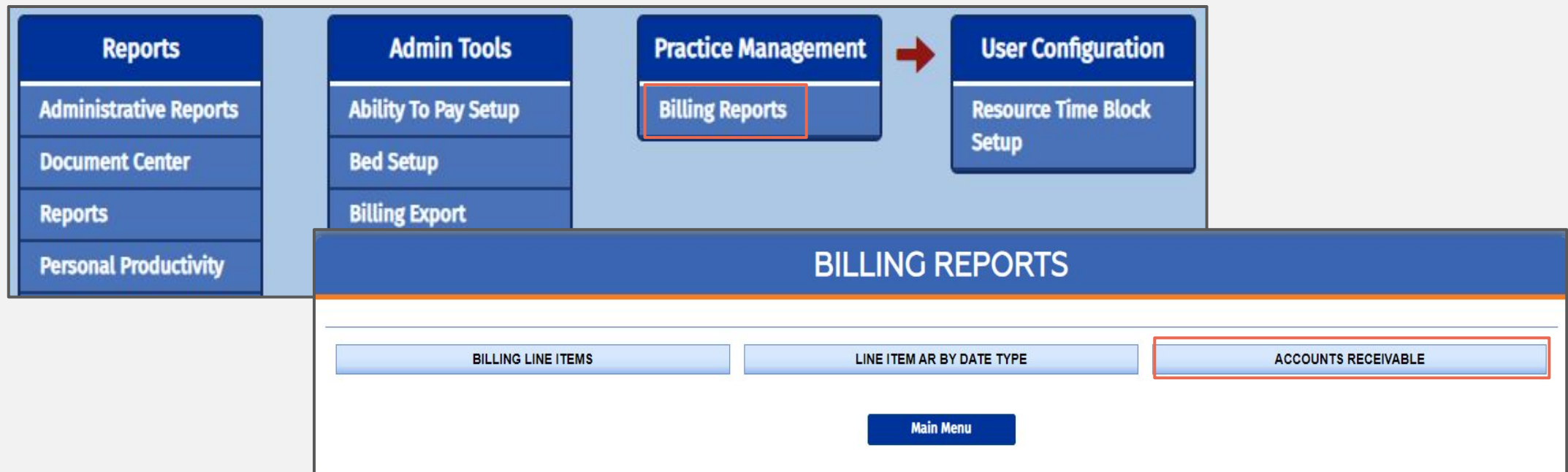
Bucket: (All) x

Procedure Code: (All) x


Detail	Aging Bucket					Grand Total
	0 - 30	31 - 60	61 - 90	91 - 120	121 +	
Blue Cross/Blue Shield	\$39,818.00	\$90.00		\$57.33		\$39,965.33
Medicaid	\$6,139.39	\$39.90	\$60.00	-\$117.62	\$470.00	\$6,591.67
Medicare	\$55,419.37	\$2,451.94	\$23.99	\$2,298.76		\$60,194.06
Other Insurance	\$57,843.42	\$8,127.07	\$1,856.64	\$4,535.00	\$1,190.00	\$73,552.13
Private Pay	\$54,042.89	-\$339.10			-\$82.18	\$53,621.61
Grand Total	\$213,263.07	\$10,369.81	\$1,940.63	\$6,773.47	\$1,577.82	\$233,924.80


Accounts Receivable Report


- Accounts Receivable Report -
 - This report displays amount of outstanding A/R for Aging bucket to see amount sent and not sent for Aging period
 - Provides view of total amount of outstanding A/R for Specific Insurance Payers
 - Provides view into Outstanding Patient A/R




The screenshot shows a software interface with a navigation menu on the left and a main content area. The navigation menu includes 'Reports', 'Admin Tools', 'Practice Management', and 'User Configuration'. The 'Practice Management' menu is expanded, showing 'Billing Reports' highlighted with a red box. An arrow points from 'Billing Reports' to the 'User Configuration' menu. Below the navigation menu, the 'BILLING REPORTS' section is visible, with three sub-menus: 'BILLING LINE ITEMS', 'LINE ITEM AR BY DATE TYPE', and 'ACCOUNTS RECEIVABLE'. The 'ACCOUNTS RECEIVABLE' sub-menu is highlighted with a red box. A 'Main Menu' button is located at the bottom center of the interface.

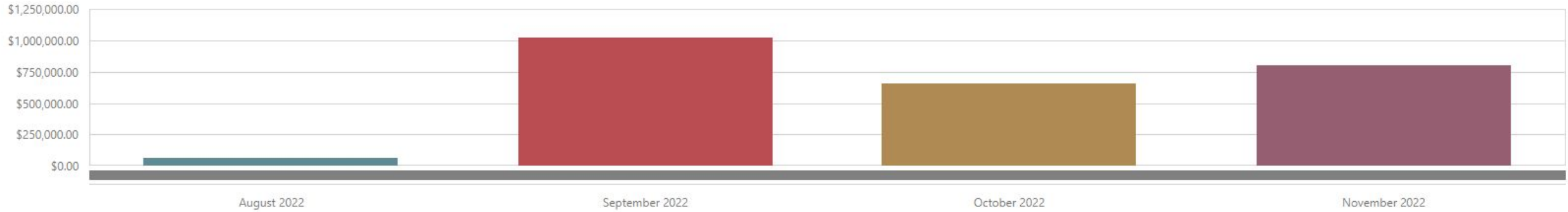
Providers
 (All) 

Program
 (All) 

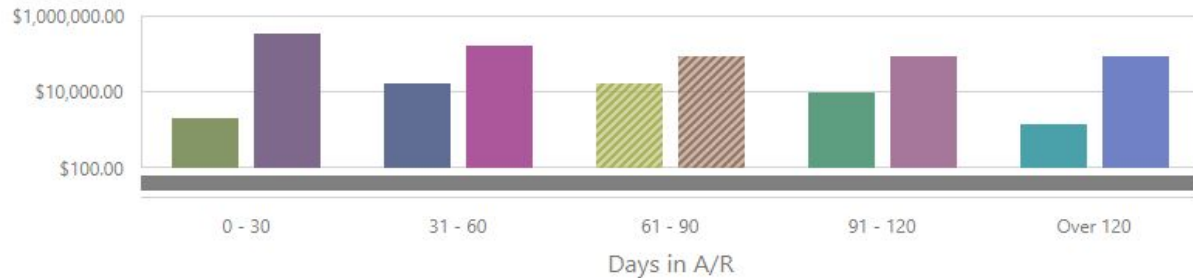
Activity Code
 (All) 

Locations
 (All) 

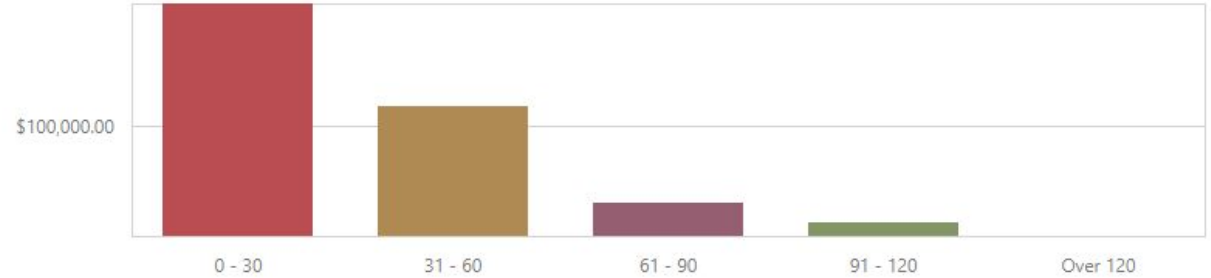
A/R History



Total A/R



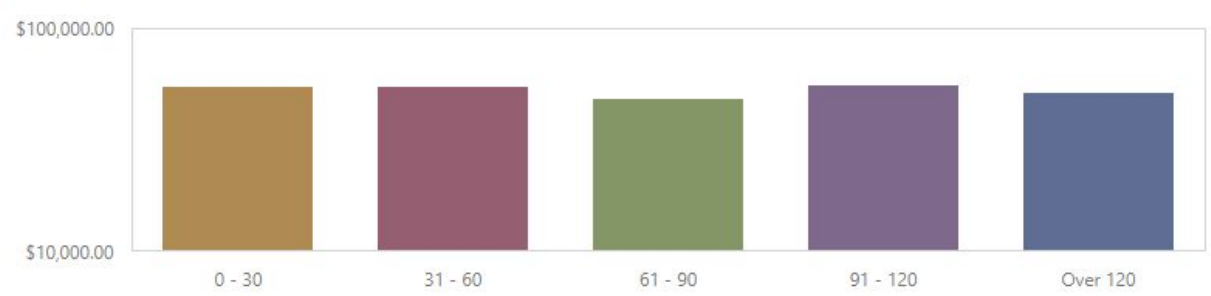
Insurance A/R



Grid 1

Date o...	Activity Code	Case N...	Provider	Balance	Sent St...
9/18/2...	90837T - Psychotherapy 60 m...	2446		\$25	SENT
9/17/2...	90837T - Psychotherapy 60 m...	1414		\$15	SENT
9/17/2...	90837T - Psychotherapy 60 m...	2720		\$20	SENT
9/17/2...	90837T - Psychotherapy 60 m...	3136		\$20	SENT
9/17/2...	90837T - Psychotherapy 60 m...	5623		\$180	SENT
9/16/2...	90791 - Diagnostic Interview	5457		\$190	SENT

Patient A/R



Where Do I Start?

- Become familiar with rules and issues specific to payers
- Create a plan to work your A/R
 - New Claims
 - High dollar
 - Rejections
 - Specific denial types
 - Smaller / with older balances claims

Rejection/Denials Best Practices



- Utilize the Working Queue
- Correct claims using Line Items Form
- NSS Best Practice Workflow for claims corrections
- Submit claims appeal if applicable
- Work in conjunction with your clearinghouse

The Working Queue

Transaction Details

Transaction Type	Transaction Amount	Transaction Note	Transaction Note Description	Claim Adj Group Code	Claim Adj Group Description	Post?
P	95.00					<input checked="" type="checkbox"/>
A	105.00	45	Charge exceeds fee schedule/maximum allowable or contrac	CO	Contractual Obligations	<input checked="" type="checkbox"/>

Txn Total: \$200.00

2 Record(s) found.

Client Open Line Items

Client	Procedure Code	Start Time	Insurance	Billed Amount

0 Record(s) found.

Post

Cancel

Line Item Filters Form



Filter Options

- Specific client
- Date range
- Specific Insurance or Party Type
- Print Statuses
- Denied (Y/N) - Check box

A screenshot of a software window titled "Line Item Filters Form - (LINFILF)". The window contains a form with various filter options. The "Denied (Y/N)" field is highlighted with a red box and has a "Y" entered. Other fields include Agency ID, Case No., Clinician ID, Event Date Range, Billing Date Range, Control Date Range, User ID, Activity Code ID, Site ID, Insurance ID, Party Type, Procedure Code, Billing Group, Print Status (Y/N/S/R), Ignore Private Pay, Closed (Y/N), Transaction Set Control #, Line Item Status, Denied Date Range, and Service ID. The form has "Ok" and "Cancel" buttons at the bottom.

Line Item Form

Steps for Successful Claims Corrections Submission

1. Review the Denial Reason
2. Take steps to make corrective action.
3. Update Claim Frequency Code
4. Update Original Reference Number
5. Change Print Status to R
6. Uncheck **Denied** checkbox
7. Notes box: Document the date, correction made to claim, staff initials.
8. Remove record from working Queue

The screenshot shows the 'Line Item Form - (LINITML)' interface. Key fields and their values are as follows:

- Line Item Type:** S
- Case No.:** 1610
- Event Date:** 10/27/2022
- Start Time:** 02:00 PM
- End Time:** 03:00 PM
- Elapsed Time:** 01:00
- Agency ID:** 01
- Program ID:** 5
- Service ID:** 14394
- Discipline code:** 16
- Physician / CSW:** LCMHC
- Insurance ID:** 1 - ANTHB
- Party Type:** 2
- Activity Code ID:** 90837
- Staff ID:** 0223
- In/Outpatient:** O
- Billing Group:** [blank]
- Diagnosis 1:** F60.3
- Diagnosis 2:** [blank]
- Diagnosis 3:** [blank]
- Diagnosis 4:** [blank]
- ICD-9 / ICD-10:** ICD-10 selected
- Number in Group:** 1
- Subscriber No.:** [blank]
- Provider ID:** [blank]
- Invoice Date:** 11/08/2022
- Print Status:** N
- Claim Frequency Code:** 1
- Original Reference Number:** [blank]
- Denied:** (highlighted)
- Denied Date:** 11/15/2022 (highlighted)
- Denied Reason 1:** 200 - Expenses incurred during lapse in coverage (highlighted)
- Notes:** [Redacted text area] (highlighted)
- Claim Reference:** L89795C161019
- Transaction Set Control #:** 2688
- Submission #:** 1
- Program:** 5 Individual Adult Therapy
- Control Date/Time:** 11/17/2022 08:34:58 AM

Buttons at the bottom include: Add, Edit, Delete, Exit (Esc), Transactions, Transactions Hist, and Line Item List.

Rejections & Denials Plan

Identify the Problem:

- Prior authorization
- Missing or incorrect information
- Procedure not covered by payer
- Duplicate claims
- Exceeded timely filing limit
- Expenses incurred during lapse in coverage

Reduce Patient A/R w/ Statements



**Self Pay
Payer**

Do your clients/patients have a Self Pay in their insurance record?

Copay

Were copay information entered in insurance policy entry

**Unapplied
Payments**

Were unapplied patient payments applied to line item balances?

Printing Statements

Prev Client Next Client Edit Client Find Client Prev Date Next Date Day Week Month List Preview **Reports** Setup

Reports

Filter Reports

- Appointment List
- Appointment Note Exception List
- Appointment Status Summary
- Balances for Scheduled Patients
- Daily Schedule by Resource
- Deposit Report - Billing
- Deposit Report - Billing with Names
- DetailedStatement
- DetailedStatement1
- Patient Demographics
- Patient Notes
- Receipt
- Referring Provider Summary
- Scheduler Payments
- Statement - Complete History**
- Status Changed Report
- Superbill

Patient: All

Service Date: All

No Start Date

No End Date

Quick Print Preview Close



STATEMENT
As Of 11/17/2022 Acct# 960

Date	Procedure Code	Description	Diagnosis	Rendering Provider	Charges Paid	Balance
09/23/2022	90837	90837			\$20.00 \$0.00	\$20.00
10/06/2022	90837	90837	F33.1		\$20.00 \$0.00	\$20.00

Total Balance
\$40.00

Next Appointment
12/16/2022 9:00:00 AM

Action Plan

- ❑ Create and implement a process for clean claims submissions
- ❑ Work claims with Rejections for 60-90 day aging buckets to ensure they are worked prior to payer's timely filing limits
- ❑ Correct denials from ERA/EOB payment postings
- ❑ Leverage your clearinghouse for claims statuses
- ❑ Perform regular financial health analysis by running A/R reports and send patient statements

Conclusion

- Keeping a pulse on your financial metrics allows an agency to gain insight on the financial health.
- Establishing a good & accurate A/R process will help reduce days in A/R, ensures timely filing and receive quick claim adjudication

Resources



NextStep Help Center Articles

- [Billing Help Center Articles](#)
- [Billing/Financial Reports](#)

If you have questions related to our topic today, please contact Support:

1. Email Support @ support@nssbehavioralhealth.com
2. Call Support @ 248-309-3402, option 3
3. Click on the Support Hub Button on the NextStep Solutions Help Center

If you would like to have 1:1 training, or would like more information on Keeping a Pulse on your NextStep A/R, please contact your account manager:

1. Email Account Managers @ accountmanagers@nssbehavioralhealth.com

Questions



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