Housekeeping

- All attendees will be muted.

- Please enter your questions into the Questions box in the Go To Webinar control panel.
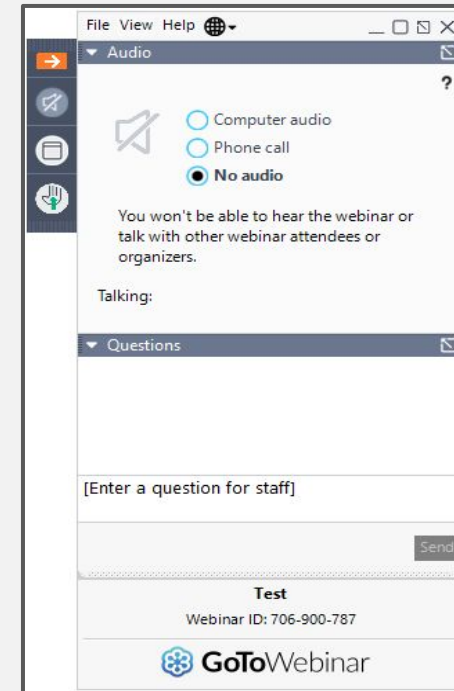
Objectives

- 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.
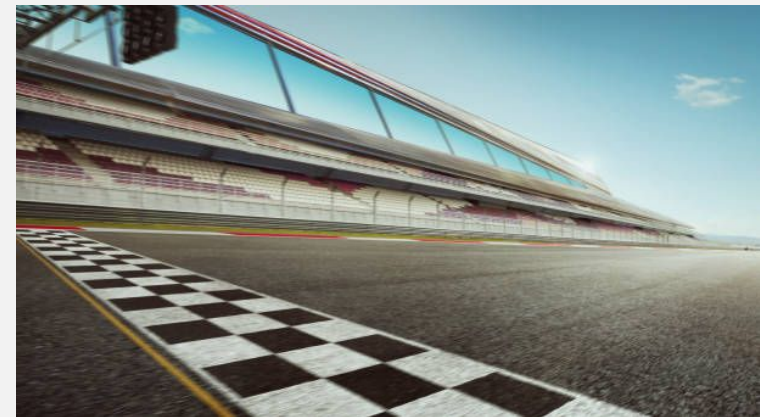
Key Performance Indicators

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

Days in Accounts Receivable

$$\frac{\text{Provider or Agency AR Balance}}{\text{Provider or Practice Average Charges per Day}} = \text{Days in Accounts Receivable}$$

Accounts Receivable Balance

$ 96400

Charges Per Day

$ 2679

Days in Accounts Receivable

35.98

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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
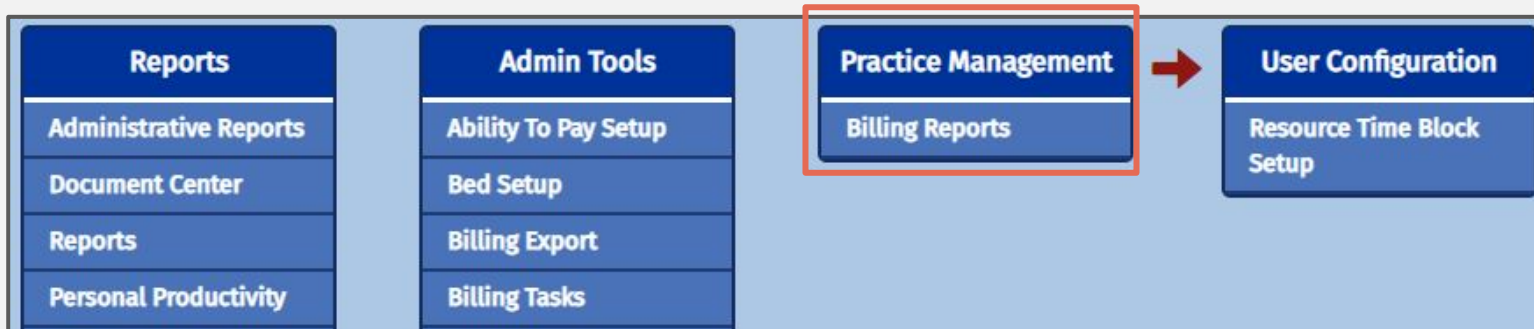
Rejections
Denials
Resubmission

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

Line Item A/R Report

NEXTSTEP
CONTINUING EDUCATION SERIES

Line Item AR by Date Type ▼   Refresh Data ⬆ ⚙

Status	Location	Payer	Party Type	Bucket	Procedure Code
(All) ✖ ▼	(All) ✖ ▼	(All) ✖ ▼	(All) ✖ ▼	(All) ✖ ▼	(All) ✖ ▼
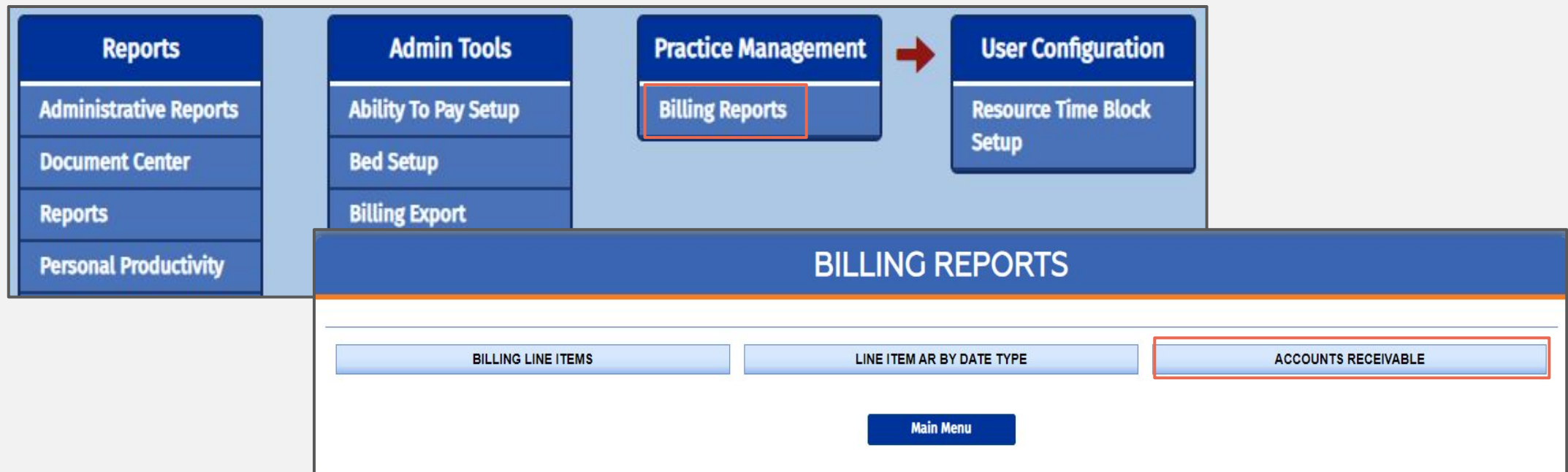
Detail		Aging Bucket		By Payer		Aging Detail by Date Type	
	0 - 30	31 - 60	61 - 90	91 - 120	121 +		Grand Total
▸ Blue Cross/Blue Shield	$39,818.00	$90.00		$57.33			$39,965.33
▸ Medicaid	$6,139.39	$39.90	$60.00	-$117.62	$470.00		$6,591.67
▸ Medicare	$55,419.37	$2,451.94	$23.99	$2,298.76			$60,194.06
▸ 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

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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

Refresh Data

Providers
(All) ✕ ▾

Program
(All) ✕ ▾

Activity Code
(All) ✕ ▾

Locations
(All) ✕ ▾

A/R History

| | August 2022 | September 2022 | October 2022 | November 2022 |

Total A/R

Days in A/R: 0 - 30, 31 - 60, 61 - 90, 91 - 120, Over 120

Insurance A/R

0 - 30, 31 - 60, 61 - 90, 91 - 120, Over 120
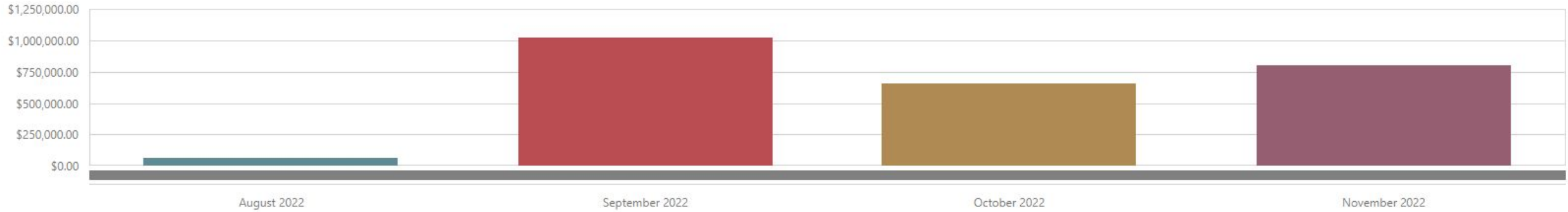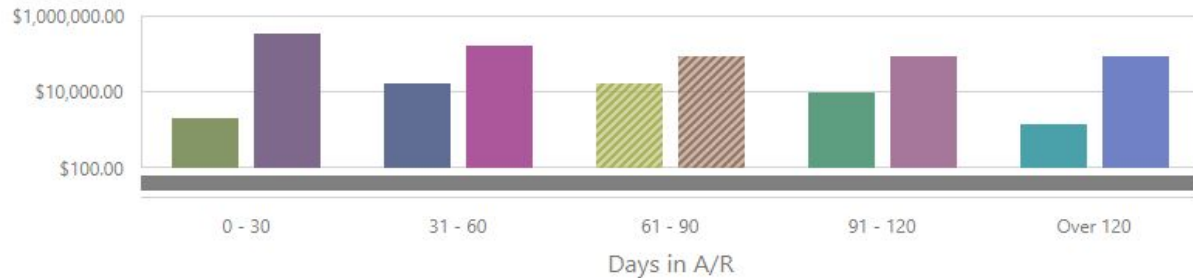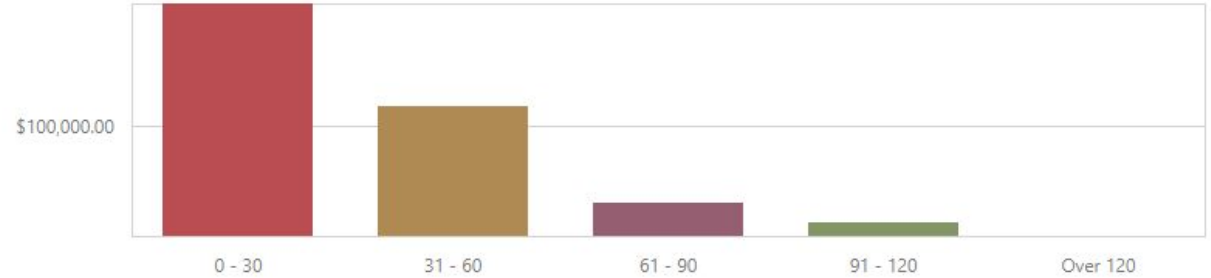
Grid 1

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

0 - 30, 31 - 60, 61 - 90, 91 - 120, Over 120
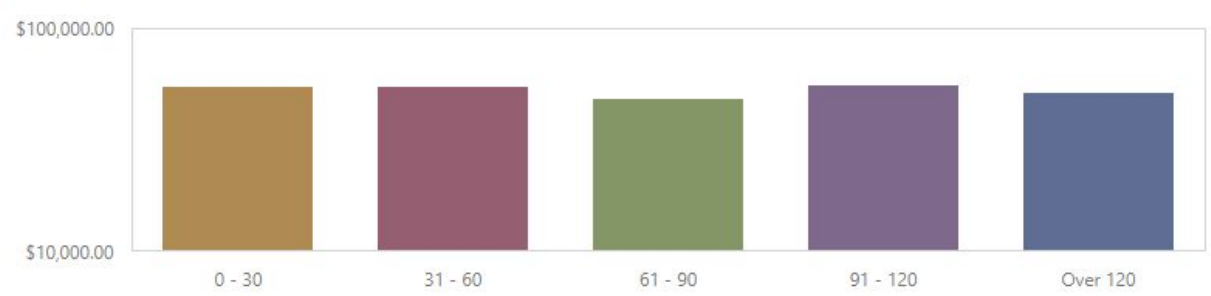
Where Do I Start?

- 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					☑
A	105.00	45	Charge exceeds fee schedule/maximum allowable or contrac	CO	Contractual Obligations	☑

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

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

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

NEXTSTEP
CONTINUING EDUCATION SERIES

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

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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