PointClickCare®

Reference Guide:

Accounts Receivable Tips

1. During Intake confirm primary payer and any applicable additional payers are entered

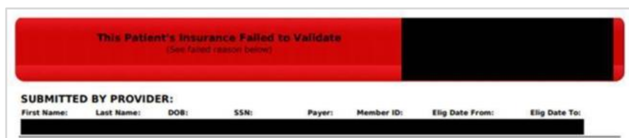
- Always add a self-pay payer as a backup for patient responsibility.
- It is recommended to have a traditional Medicare payer with the MBI on file for any clients utilizing a Medicare Advantage plan in the case that their coverage reverts to the traditional plan.

2. During Intake review client Eligibility Verification Report to ensure the payer is correct

- Review all details - even if the check comes back as Verified! Check coverage dates on PDF (for example, coverage could be active on 6/30 but end 7/1).
- To review a Patient Eligibility Report, select **View** or **Download** from the **Eligibility History** window. Results are color-coded for quick identification of eligibility status.

Green=Active coverage.

Orange=Medicare Advantage or MSP. If Medicare Advantage this is the primary payer entered in the chart. If MSP, then Medicare is the Secondary.



Red=No coverage or error.

3. Review the Outstanding Eligibility Verification Transactions dashboard tile (Updated on the 1st and 15th of every month)

Review all listed items. **Tip:** A batch check can fail due to payer downtime. Each payer has different downtime windows, and PointClickCare tries to avoid them the best we can.

Click the widget to view a table listing details of outstanding eligibility verifications

Outstanding Eligibility Verification Transactions

Eligibility reports that were denied, failed, pending, or had errors in the last 15 days, including patient details.

Patient Name	Enterprise	Branch	Payer - Plan	Member ID	Eligibility Response Date	Eligibility Status	Eligibility Response Message
Stone, Robin	0001380	Home Health of Minnesota	CGS - Medicare - PDGM	123466789	05/15/2020	Denied	Inactive
Wally, Charles	0001664	Home Health of Minnesota	CGS - Medicare - PDGM	1232121321	05/11/2020	Failed	No coverage found for specified service type

4. Run the Unreviewed Appointment Report weekly

Follow up with appropriate teams on **Held/Open** appointments. Run the report by billing frequency to capture all visits.

5. Review Authorizations dashboards tiles weekly

Follow up on any authorizations that are not yet in a **completed** status.

6. Check for claim requirements

- Do not submit a claim until a checkmark appears in the **Clinical Rules Met** column in the **Billing** queue **AND** the claim dates have passed.

Tip**:** The **Claims Console** tracks clinical requirements and is managed by the clinical team until it is time to bill.

- From the **Billing** queue, select **Details** to verify that all clinical requirements are met.

Claim State

✔ Rules Met

Claim/Invoice Number: 000000000008 - 000000000008

✔ **Rules Met:**

- Case Status
- Face To Face Signed
- HIPPS
- OASIS Assessment Completed Date
- OASIS Status
- Order Status
- Release of Information
- Unsigned Orders
- Unverified Visits

7. Before submitting a claim, review all claim details

Select **Print** from the **Actions** menu and review all claim details. We recommend the UB04 with Background or CMS 1500 with Background formats. Verify the following:

- *Start Date*
- *End Date*
- *TOB*
- *Patient Name*
- *Occ Code/Value (if applicable)*
- *Review Charges, make sure HIPPS is on RAP/ HIPPS, Q-Code on Final*
- *Review Dx codes*
- *Ins ID and Auth if applicable*

8. Submit the claim

- **Download** the 837 file and upload to your clearinghouse.
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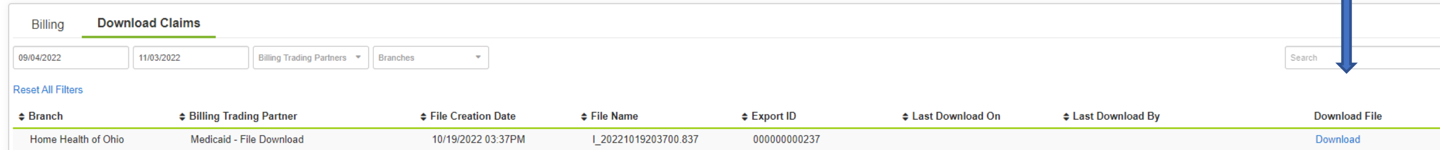

9. Monitor claims in the clearinghouse

10. Utilize the claim follow up feature in the Billing Queue to document actions on claims.

Billing | Download Claims

Add New Claim

Quick Filter Sets

Payers | Plans | Branches | Claim Status | Claim Type | Start Date | End Date | Search

Total Billed Amt: $466,557.81 Total Reimb Bal: $774,590.39

Claim - Invoice	Patient Name	Status	Claim State	Payer - Plan	Claim Type	Claim Dates	Billed Amt	Reimb Bal	Form Type	Follow Up	Actions
000000000004 - 000000000586	Ripley, Eddie	Outstanding	Submitted	Private Pay	FFS - FFS	01/01/2017 - 01/31/2017	$406.00	$406.00	Invoice	11/02/2022	Actions
000000000006 - 000000000006	Alston, Erna	Outstanding	Submitted	Private Pay	FFS - FFS	01/01/2017 - 01/31/2017	$44.00	$44.00	Invoice	Add	Actions
000000000010 - 000000000010	Batts, Irving	Outstanding	Submitted	Payer15 - UHC Passport-FFS	FFS - FFS	01/01/2017 - 01/31/2017	$2,218.06	-$3.00	Institutional Paper		Actions
000000000029 - 000000000029	QAlbert, Salina	Outstanding	Submitted	Payer20 - Passport	FFS - FFS	02/01/2017 - 01/31/2017	$170.62	$170.62	Institutional Paper	Add	Actions
000000000034 - 000000000034	Whitworth, Josefine	New	✔ Rules Met	Payer13 - Caresource Medicare	FFS - FFS	02/01/2017 - 02/28/2017	$0.00	$0.00	Institutional	Add	Actions
000000000037 - 000000000037	Jewett, Scarlett	Outstanding	Submitted	Payer20 - Passport	FFS - FFS	02/01/2017 - 01/31/2017	$215.52	$215.52	Institutional Paper	11/16/2022	Actions
000000000044 - 000000000044	Jernigan, Kimiko	Outstanding	Submitted	Payer14 - Caresource Passport	FFS - FFS	01/01/2017 - 01/31/2017	$322.38	-$0.90	Institutional Paper		Actions

Follow Up

11/02/2022 — *A date signifies a note is present on the claim with a follow up action needed on that date.*

Add

— *A note icon signifies a note is present on the claim with no further action needed.*

Add

Add — *The Add notation, signifies that no follow up notes are present on the claim.*

11/16/2022

11. Import payment files (835 data file) and manage deposits in Agency > Payments

- Ensure all payments are fully and accurately recorded.
- Apply adjustments that impact the reimbursement balance based on the payer remittance advice.
- Utilize the Small Balance bulk adjustment feature regularly to avoid small lagging AR balances.

12. Utilize useful reports and analytics to manage claims

We have multiple key performance indicator dashboards that provide your agency with detailed information regarding your financial performance measurement.

Dashboards

Dashboard	Description
AR Aging	Shows the aging for billed accounts receivable by Agency and Branch.
Agency Collections	Shows the total dollar amount of claims billed each month and how much has been collected.
Cash Posting	Amount of cash posted each month, calculated from the revenue recognition date of applied payments.
Claims Submission	Shows the number of claims submitted over a period of time.
Late Rap Submissions	Shows the percentage of RAP claims submitted after 5 days from the start of the billing period.
Potential LUPAs	Shows patients that have appointments below the LUPA threshold.
Unbilled Revenue	Shows the current amount of unbilled revenue.
Days to Bill Final	Average number of days to submit Final claims for the selected date range, calculated from the claim end date.
Payments Unapplied	Shows all unapplied cash.
Days to Bill Rap	Average number of days to submit RAP claims for the selected date range, calculated from the 30-day billing period start date.
Late NOA Submissions	Shows the percentage of NOA claims submitted after 5 days from SOC.
Unsubmitted NOA	Shows admitted patients with an episode requiring NOA, where the NOA has not yet been submitted.

Reports

Claim Information Report	Provides information about claim status and submission dates, along with the other basic claim information for tracking.
Billed Claim Detail Aging Report	Displays billed claims with an outstanding balance.
AR Aging Report	Provides a listing of patients with an outstanding AR balance, based on the date the service was billed or provided.
Aged AR by Claim	Aged aging by claim. Can only be run by posted period. The data reflects that specific period.

Notes: