

Reference Guide:

Creating a copay/coinsurance invoice from an Episodic claim

Overview

At times it may be necessary to create an FFS copay/coinsurance invoice from an Episodic claim. The software does not transfer balances of differing reimbursement types, example PDGM to FFS. Many payer/plans include co-pays that are the patient's responsibility. To handle a co-pay for a client, you will need to make sure the client has a self-pay payer/plan set as a secondary payer.

Note:

For anything other than self-pay, the claim created would be considered a claim shell ONLY for payment. The software does not handle secondary insurance claims. See the workflow tips below to create a claim shell to apply payment for your AR tracking, you MUST bill secondary insurance claims outside of the software. We recommend utilizing your payer portal or clearinghouse. To handle a co-insurance for a client, you will need to make sure the client has an insurance payer/plan set as a secondary payer.

Procedure

Create adjustment type

1. With admin user privileges, go to **Administration > Financial > Adjustment types**.
2. Click **Add** to add an adjustment type of Episodic Coinsurance/Copay/Deductible linked to a revenue adjustment category.

Tip: You must select the revenue adjustment category only. Transfer Adjustments will not work for conflicting reimbursement types (PDGM to FFS).

Adjustment Types		Add	
Name	Category	Description	
Edit 2% Sequestration	Revenue Adjustment	Sequestration 2% Reduction in Federal Spending	
Edit Bad Debt/Write Off	Write-Off Adjustment	Generic bad debt/write off reasons	
Edit Coinsurance/Copay/Deductible	Transfer Adjustment		
Edit Collections Adjustment	Transfer Adjustment	Collections Adjustment	
Edit Contractual	Transfer Adjustment	Contractual	
Edit Episodic Coinsurance/Copay/Deductible	Revenue Adjustment	Coinsurance/Copay/Deductible	

Home Health Care

Add Self-Pay payer

- 1. Navigate to the client's chart and select **Financial Record > Payers** and click **Add**.
- 2. In the **Plan** tab, select Self Pay (*or insurance*) in the **Payer** field and complete details, being sure to set the **Plan Priority** to Secondary.

The screenshot shows the 'Edit Patient Plan' window with several tabs: Plan, Condition Codes, Value Codes, Occurrence Code, and Span Codes. The 'Plan' tab is active. The form contains the following fields:

- Payer***: Self Pay (dropdown)
- Plan***: Monthly Billing - Visit & Hour (dropdown)
- Member ID**: (text input)
- Group Number**: (text input)
- Medicare Part D**: (checkbox)
- Coverage Start Date***: 10/01/2019
- Coverage End Date***: (text input)
- Plan Priority***: Secondary (dropdown, highlighted with a green box)
- Relationship***: Self (dropdown, highlighted with a green box)
- Subscriber Name***: First (text input), Middle (Optional) (text input), Last (text input)
- Address***: (text input)
- City**: (text input)
- State**: (text input)
- Zip**: (text input)
- User Defined**: 1, 2, 3 (checkboxes)
- Statement Message**: Your portion is due Net 30 (text area)

Set Plan Priority to Secondary.

Note: Relationship refers to the person responsible for the payment. Subscriber Name and Address identify the address that appear on the private-pay statement. If Self is selected for Relationship, subscriber name and address are not required because the information is already in the system.

- 3. Click **Accept**.

Apply adjustment

1. Go to **Agency > Payments**.
2. For the deposit, select **Manage Receipts > Apply Payments**.
3. On the claim line select **Edit**. You will be able to add or edit any adjustments.

The remit may report this adjustment as a **“PR” Patient Responsibility**, however due to the workflow of moving the charge to a **FFS** claim, you would need to edit or add that adjustment and code it to **“OA” Other Adjustments**.

4. Add adjustment:
 - a. Use the following settings when adding/editing the adjustments:

Group Code:
Other Adjustments (**NOT** Patient Responsibility)

Reason Code:
Typically based on remit

Amount:
Total adjustment amount which should bring the claim to zero

Adjustment Type:
Episodic Coinsurance/Copay/Deductible

- b. Click **Accept**.

5. Post deposit when complete and create your self-pay claim/secondary insurance claim shell.

Create a new claim

1. Go to **Client Record > Financial Record > New Claims**.
2. Select **Create New Claim**.
3. Select the payer.

- Self-Pay to bill directly to the patient/Insurance payer to create a claim shell for payment.
- Claim Type: FFS
- Claim Date: First date of the original claim.

Add charge to claim

1. Click **Add Charge**.

2. Complete the add charge screen based on the adjustment amount. For a self-pay claim you can create the charge without any REV or HCPC code.

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For any other payer you **MUST** add 0000 for the REV code and 00000 for the HCPCS code to move the claim to an outstanding status.

View Charge

General Caregiver Misc

Date of Service Start: 09/08/2022 12:00AM Date of Service End: 10/04/2022 12:00AM

Revenue Code: 0000 HCPCS Code: 00000

Modifier 1: Modifier 2: Modifier 3: Modifier 4: Units*: 1.00 Bill Type*: VISIT Rate*: 279.58 Billed Amount: 279.58 Reimbursement Rate*: 279.58 Reimbursement Amount: 279.58 Contractual Allowance*: 0 Authorization: Select Authorization Discipline: Please Select Service: Please Select

Note:

Accept Cancel

For self-pay, if you want your charge description to report on your invoice/claim you can select the Misc. tab and complete the fields and click **Accept** to save.

Add Charge

General Caregiver Misc

Branch GL Number: Visit GL Number: Plan GL Number: SELF-PAY Description: Coinsurance from Medicare Claim 03/18/20-03/31/20

Please return this page with your payment. Thank you.

Account Details		Claim Number	00000000731		
Patient:	Foster, Debbie (0001648)	Branch:	Home Health of Minnesota		
SOC Date:	03/18/2020				
Date	Description	Units/Rates	Charges	Credits	Balance
	Current Charges				
03/18/2020	Coinsurance from Medicare Claim (Visit)	1.00 @ \$36.66	\$36.66		
	Claim 00000000731 Total		\$36.66	\$0.00	\$36.66
	BALANCE DUE				\$36.66

3. When your charge is created, you can print the invoice/claim. **Select** Mark Outstanding when you are ready to bill. For coinsurance claim shells, you will mark outstanding to be able to apply payments.

Tip: The Patient Responsibility Not Forwarded dashboard or report does not work for this workflow.

Useful Reports

- **Adjustment Audit Report** - Provides a listing of all adjustments within a specified date the adjustment was entered or by claim date associated to the adjustment.
- **Claim Information Report** - Shows basic claim information.