PointClickCare[®]

Reference Guide: Retroactive Payer Change with Claim Corrections

Overview

Use this procedure when you need to change an incorrect payer to a correct payer and claims have already been generated for the incorrect payer. This procedure does not follow the same sequence of steps as the traditional payer change workflow due to claim corrections needed.

Note: Due to the downstream impacts of a case, we require a case discharge and readmit for all payer changes.

Procedure

You can follow this procedure once the discharge appointment and documentation has been initiated.

Update the Payer:

- 1. Navigate to the Financial Record in the client record.
- 2. Select Payers tab, click Actions > Edit, add the Coverage End Date, and click Accept.

Payer*	Medicaid		~	Plan*	Medicaid	~
Member ID*	1648164			Group		
Medicare Part D				Humber		
Coverage Start Date*	10/01/2019			Coverage End Date		
Plan Priority*	Secondary		~	Relationship*	Self	~
Subscriber Name*	First			Middle (Optiona	i) Las	t.
Address*						
	City				State	Zip
User Defined 1		User D 2	efined		User Defined 3	
Statement Mess	sage					

3. Add the new payer.

Update the Authorization:

1. Navigate to the Financial Record tab in the client record.

2. Select the **Authorizations** tab and click **Edit** for the authorization that you want to change.

Start Date*	10/19/2019	
Active Inactive Date*	10/19/2019	
	-	
วเสเนร	Not Required	Ý
Status Authorization Number	Not Required	~

- 3. Uncheck the Active box, enter the Inactive Date (same date as start date), and click Accept.
- 4. Click Add and create the new authorization for the correct payer/plan.
- 5. Within the new auth, click **Add** and add the services based on a copy of the original auth. Match all fields so that the appointments can be moved successfully, click **Accept**.

Follow Up Date		
Services Add	Move Appointments	
	* Service	_

6. Select **Authorizations** tab, click **Edit**, **deselect** the Active box and **add** an inactive date, this date should match the end date of the coverage, click **Accept**.

Start Date*	10/19/2019	
Active Inactive Date*	0/19/2019	
318105	Not Required	~
Authorization Number		
Follow Up Date		
7. On the Authorization table, turn of	n Show Inactive.	Show Inactive

- 8. Click **Edit** for the inactive authorization.
- 9. Click Move Appointments.
- 10. From the **New Authorization** dropdown select the correctauthorization, select all dates of service that apply, and click **Accept**. This will generate a new claim for the service dates of the appointments within this authorization so long as the appointments are in a reviewed status.

Update the Claims:

a. Claims that do not have payments or adjustments attached to them:

From the Financial Record Claims tab, under Actions, select **More** > click **Delete**. These claims should not have charges that need to be voided, all charges would have been moved to the new payer during this process and.

b. Claims with a \$0.00 balance that have \$0.00 payments/adjustments attached to them in a "New Status":

From the Financial Record Claims tab, under Actions, select **Claim**> click the **blue claim number**> select **Actions**>select **Mark as Paid**. The claims will remain on record without an impact to the aging.

c. Claims that have payments attached:

Once the charges have been moved to the new payer and claim, a credit balance would remain on under the reimbursement balance of the claim. This credit will remain until that payer recoups the payment that was inaccurately applied. At that time, this claim would move to \$0.00 *"Paid Status"* and will remain on record.

Update the Case Record:

- 1. Navigate to the Case Details tab in the client record.
- 2. Select **Case Details** tab, click **Discharge** button, fill in the discharge dialog pop up with the following:

Discharge		×
Discharge Reason*	Payer Change	~
Medical Discharge Reason* End of Care Date*	30 - Continue as a patient	Ý
Cancel Appointments		
Deny Admittance		
Denial Reason		
Note		
	Accept	Cancel

- a. Discharge reason (Payer Change).
- b. Medical discharge reason (Continue as patient).

c. End of Care Date (last day of coverage from previous payer).

3. Click Accept.

Re-Intake Client:

- 1. Navigate to the Intakes.
- 2. Select Add Intake, type patient name in the case record which will generate the Intake Patient Search from the *Master Patient Index*.

Intake Form Import Patient CCD					
Case	e Record Information				
Anticipated Start Date	Anticipated Start Date				
Patient					
Name (Last, Suffix, First, Middle)* The middle name and suffix are not required	Smith	Suffix	John	Middle Name	DOB*
Nick Name	Nick Name				SSN
Gender*	O Male O Female				Medicaid Number

3. A patient record should already exist, to avoid duplicate records, **select** the *blue enterprise ID* which will bring up a dialog box, click **Accept**, this will modify and prefill the patient demographics into the case record.

Intake Patient Sea	rch : 10 Possible Matches Found Show More						
▲ Enterprise ID	Last Name	First Name	Case Types	Date of Birth	SSN	Medicare MBI	
0001285	Smith	John	No Home Health Cases	01/15/2016	000-00-0002		•
0001376	Smith	John	No Home Health Cases	04/06/1953	111-11-1111		4
0001270	Smith	Mary	No Home Health Cases	09/01/1946	333-22-4444		
0001299	Smith	Mary	No Home Health Cases	09/01/1949	888770000		•
	Select Patient			*			

Patient:	Smith, John Doe (0001285)
Nickname:	
Gender:	Male
Date of Birth:	01/15/2016
Phone #:	
Alternate Phone #:	
SSN:	000-00-0002
Address:	3700 american blvd west Bloomington MN 55431
County:	-
Time Zone:	
Medicare MBI #:	
Medicaid #:	
Residence Type:	
Code Status:	Unknown
Case Records:	No Home Health Cases

4. **Complete** the intake following the intake workflow. The new payer and auth will already be present on the case.

Notes: