Indian Health Service Posting Scenarios & Solutions

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Learning Objectives

Posting basics

Posting from a collection batch

◦ Payments

◦ Adjustments

The Electronic Remittance Advice

Other A/R Transactions

IHS Policy – Indian Health Manual

Accounts Receivable or Posting Transactions 5-1.3I

Section 1: Detailed Subsidiary Ledger
- The CEO or (his or her) designee **must post all receipts and adjustments** to the RPMS A/R **no later than three business days** after the receipt of all supporting documentation.

Section 2: Standard Adjustment Reason Codes
- The HIPAA, "Standard Adjustment and Reason Codes" are to be used when posting payments and adjustments into RPMS. Additional local adjustment codes may be used if approved by either, the Director, ORAP, or the Director, OFA.

The Remittance Advice

Identifying Elements from the Remittance Advice

What is the Remittance Advice (RA)?

- Also known as an Explanation of Benefits (EOB)
- Provides detail on how a claim was processed providing payment, adjustment and/or denial details
- May provide adjudication denials for one patient, for one claim or for a list of claims

Key Terms

Term	Definition
Claim Number or Internal Control Number	Reference number created by the payer that is used to identify the claim
Allowed amount	Amount the payer considers a payable benefit for the claim. Not all allowed amounts are paid in full due to patient responsibility
Adjustment	Amount that is deducted from the billed amount for various reasons determined by the payer
Patient Responsibility	Amount the patient is responsible for
Co-Payment	A set dollar amount that is paid by the patient for services rendered
Co-Insurance	A percentage of the allowed amount that the patient is responsible for
Deductible	A dollar amount that must be paid by the insured before the payer begins covering health care costs

Sample Private Insurance Remittance

SAMPLE INSURANCE COMPANY
P.O. Box 12345
Any town, MD 98991
(800) 555-5555

Policy Holder:	LAST NAME,FIRST NAME
Policy Holder ID:	1111011111-11101
Group Name:	The Grocery Store
Group Number:	11100111
Plan Type:	High

INDIAN HEALTH PROVIDER
1224 LOCKBOX LANE
CHICAGO, IL 88778-1233

Patient: Patient, Polly
Claim No: 1234567A-IH-9998   ICN: 10239039023-1110   Provider: Kildare, Kyle   NPI: 1039023903

Service Date(s)	Code	Charge Codes	Charge Amount	Allowed Amount	Copay/ Co-Ins	Deductible	Adjusted	Non-Covered	Adjust Code(s)	Amount Paid
03/11/23	11	99213	179.00	89.50	25.00	0.00	64.50	0.00	45	89.50
03/11/23	11	J3490	10.00	0.00	0.00	0.00	0.00	10.00	49	0.00
03/11/23	11	71045	114.00	68.00	0.00	0.00	46.00	0.00	45	68.00
			303.00	130.50	25.00	0.00	110.50	10.00		157.50

Remark Codes
45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.
49 – Non Covered Charge

Sample Medicare Remittance

```
MEDICARE PART B                                              MEDICARE
P.O. BOX 45041                                               REMITTANCE
JACKSONVILLE, FL 322325041                                   NOTICE




INDIAN TRIBAL HEALTH CENTER                        PROVIDER #:      080099999
PO BOX 31001 0664                                  DATE:        3/12/2021
ALBUQUERQUE, NM 87110-0001


REND PROV   SERV DATE      POS NOS   PROC   MODS    BILLED    ALLOWED   DEDUCT    COINS          GRP/RC-AMT   PROV PD
_____
NAME LAST NAME, FIRST NAME   HIC XXXXX4160A   ACNT (YOUR BILL #)          ICN 2206013060780      ASG Y   MOA MA01  MA18
080000185   0112 03/02/2023   11  1 99213          63.00      63.00    0.00      25.00   CR-42    38.00       38.00
080000185   0112 03/02/2023   11  1 81005          13.50      13.50    0.00       0.00             0.00       13.50
080000185   0112 03/02/2023   11  1 71010         101.50     101.50    0.00       0.00             0.00      101.50


PT RESP      25.00              CLAIM TOTALS      178.00     178.00    0.00      25.00             0.00      153.00


ADJ TO TOTALS: PREV PD             INTEREST        0.00         LATE FILING CHARGE        0.00   NET       153.00


CLAIM INFORMATION FORWARDED TO: BLUE CROSS BLUE SHIELD
```

Processing Payments and Adjustments

Cashiering

(A/R → CSH → CIO)

If required by your site, log into a cashiering session prior to posting

◦ Use the same cashiering session for all posting

Be sure to log out at the end of the day after posting has been completed

```
        +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
        |            ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p34            |
        +                 Cashiering Sign In/Sign Out                   +
        |                    INDIAN HEALTH HOSPITAL                     |
        +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
   User: LUJAN,ADRIAN M          BUSINESS OFFICE     05-MAR-2023 8:11 AM

YOU ARE SIGNING *IN* FOR CASHIERING

Enter your Current Signature Code:    SIGNATURE VERIFIED

                            CASHIERING MODE
             CASHIERING DISPLAY FOR CASHIER LUJAN,ADRIAN M
           WITH SESSION ID 3330305.08111     SESSION STATUS: OPEN

    Cashiering Function - Payments
         Count                -     0              $      0.00

    Cashiering Function - Adjustments
         CO-PAY               -     0          $      0.00
         DEDUCTIBLE           -     0          $      0.00
         GROUPER ALLOWANCE -      0          $      0.00
         NON PAYMENT          -     0          $      0.00
         PAYMENT CREDIT       -     0          $      0.00
         PENALTY              -     0          $      0.00
         WRITE OFF            -     0          $      0.00
       Total Adjustments    =     0          $      0.00

    Cashiering Function - Refunds
         Count                -     0              $      0.00
```

The Collection Batch

The Remittance Advice must be batched into a Collection Batch

A copy of the batch must be printed and attached to the Remittance Advice

The batch and RA is provided to the A/R Technician for posting

```
DATE:               COLLECTIONS REPORT -- FINAL (REPRINT)           PAGE  2
06/18/21            INDIAN HEALTH HOSPITAL

                    BATCH:  MEDICAID OPV-03/03/2023-1
             TDN/IPAC #:  539044
CHK/IPAC DEPOSIT DATE:  MAR  3,2023
                  TOTAL:     4,200.00


ITEM  RECEIVED      CHECK #      A/R ACCOUNT       DISTRIBUTION      AMOUNT
==============================================================================


             EOB CHECK
2    03/03/23  10010930903     NEW MEXICO MEDICAID                    250.00
                               INDIAN HEALTH H      250.00

3    03/03/23  00191199103     ARIZONA MEDICAID                      1200.00
                               INDIAN HEALTH H     1200.00
```

Select the Collection Batch

Select the Collection Batch

- Type the Batch Name, or
- Type the Batch Date, or
- Type of Check Number

Batch and Item Properties

- The Batch totals display
  - Total Batched Amount
  - Current Amount to Post
- Select the Item to display
  - Total Batched Amount for Item
  - Current Amount to Post for Item

```
Select Batch: MEDICAID OPV-03/13/2023-1          MEDICAID OPV-03/13/2023-1INDIAN HEALTH HOSPIT
      ===> Total Posted: $ 0.00          ===> Remaining Balance: $ 4200.00



Select Batch Item: 1   1
    ===> Item Total Posted: $ 0.00          ===> Item Remaining Balance: $ 750.00
```

Select the Claim

Select the Bill to post to

- Type in the bill or prescription number, or
- Type in the name or chart number of the patient

  - System will ask for the Beginning Service Date

- Type in the service date and select the patient from list of claims

```
Select A/R BILL/IHS BILL NUMBER:

Select PATIENT NAME:
 Select Beginning Date:
 Select Ending Date:

Select Bill DOS:
```

Posting Menu Display

```
Claims for LAST NAME,FIRST NAME  from 03/09/2023 to 03/09/2023          Page: 1

Batch  : MEDICAID OPV      Item    : 2
Amount :   4200.00         Amount  :    654.00
Posted :      0.00         Posted  :      0.00
Unalloc:      0.00         Unalloc :      0.00
Balance:   4200.00         Balance :    654.00


                                          Billed    Current    Current    Current
Line #  DOS         Claim #               Amount    Paymnts    Adjust     Balance
-------------------------------------------------------------------------------------
  1   03/09/2023  31449A-IH-2             654.00       0.00       0.00      654.00



Select Command (Line # 1) :
```

Posting Commands – Type '??' to View

Item	Title	Description
A or 2	Adjustments	Allows for posting of adjustments such as Copay, Deductible, Write-Off
B	Bill Inquire	Displays the bill properties such as billed items, provider, etc.
C	Itemized Charges	Allows for posting by line item (currently not in use)
D	Patient Demographics	Display the patient Health Summary
E	Edit a transaction	Allows the user to edit a transaction while posting – cannot edit finalized
H	History of Bill Transactions	Lists the bill history including all posted transactions
I	Insurer Demographics	Displays the insurer data (currently not in use)
M	Message	Allows the user to add a message for the bill, insurer or patient
P or 1	Post Payment	Allows for payment posting
Q or 3	Quit	Allows the user to exit and finalize payment posting
R	Rollover	Allows the user to manually trigger the rollover for the bill
T	Toggle Display	Changes the display to let the user know what has been posted so far

Display of Posting Commands

```
Select Command (Line # 1) : ??

                        Select Command Options
                        ----------------------
  A or 2 = Adjustments (Write-Off, Deductible, Non-Covered, Non-Pay, Penalty)
  B = Bill Inquire
  C = Itemized Charges - allows posting by line item
  D = Patient Demographics
  E = Edit a transaction not yet posted to A/R
  H = History of BIll Transactions ($ only)
  I = Insurer Demographics
  M = Message
  P or 1 = Payment
  Q or 3 = Quit - Ends the data entry for this Patient and allows for posting to
 A/R
  R = Rollover
  T = Toggle Display - Current transaction list.
```

Posting a Payment

Menu Path: BAR → PST → PAY

Review the Remittance Advice for the PAID or AMOUNT PAID for each claim

Perform an occasional review to ensure all payments were processed correctly by the payer

- Reviewing the fee schedule from that payers website
- Be aware of any contracts in place that affect how a claim was paid
- Copayments, Coinsurance and Deductible amounts affect the paid amount

Posting a Payment

Type '1' or 'P' to select the Post command

Type the amount to post

May post summary payment if line item details not needed

Batch and Item details are updated

Proceed to post additional transactions

[Q]uit and [P]ost to finalize posting

```
Batch  : MEDICAID OPV      Item    : 4
Amount :   4200.00         Amount  :  1000.00
Posted :         0.00      Posted  :        0.00
Unalloc:       0.00        Unalloc:       0.00
Balance:   4200.00         Balance:  1000.00


                            Billed     Current    Current    Current
Line #  DOS        Claim #   Amount    Paymnts    Adjust     Balance
-----------------------------------------------------------------------
   1   03/05/2023  31195A-IH-1071   231.73      0.00       0.00       231.73

Select Command (Line # 1) : 1
Payment Amount: 231.73
```

```
Batch  : MEDICAID OPV      Item    : 4
Amount :   4200.00         Amount  :  1000.00
Posted :    231.73         Posted  :    231.73
Unalloc:       0.00        Unalloc:       0.00
Balance:   3968.27         Balance:   768.27


                            Billed     Current    Current    Current
Line #  DOS        Claim #   Amount    Paymnts    Adjust     Balance
-----------------------------------------------------------------------
   1   03/05/2023  31195A-IH-1071   231.73    231.73       0.00       0.00
```

Adjustment Posting – Patient Responsibility

Patient Responsibility amounts include Co-Payments, Co-Insurance and Deductible amounts

These amounts are not to be balanced billed to the patient but may be billed to other insurance the patient is eligible for

Payers may "cross over" the adjudication data to the other payer but the claim may need to be submitted with the primary payers remittance (paper claims)

Do not post using the Non-Beneficiary or Beneficiary Patient adjustment codes to identify the copay or deductible amounts

Posting the Patient Responsibility

Deductible

Type 'A' or '2' to post the adjustment

Type '13' for the Deductible category

Select the appropriate code to post

```
Select Command (Line # 1) : 2
Adjustment Amount: 77.00
Adjustment Category: 13  DEDUCTIBLE      DD
Adjustment Type: ??

  Choose from:
  29         Deductible
  666        Blood Deductible
  726        Deductible - Major Medical


Adjustment Type: 29    Deductible
```

Co-Payment

Type 'A' or '2' to post the adjustment

Type '14' for the Co-Pay category

Select the appropriate code to post

```
Select Command (Line # 1) : 2
Adjustment Amount: 24.00
Adjustment Category: 14  CO-PAY     CP
Adjustment Type: ??

  Choose from:
  27         Co-payment
  602        Coinsurance Amount
  672        Coinsurance Day

Adjustment Type: 602  Coinsurance Amount
```

Posting Adjustments

Print a list of the Standard Adjustment Reason codes from RPMS
- Periodically review with all posting staff to confirm which codes will be used for posting certain adjustments
- Used to bill for secondary billing
- Each Adjustment Reason Code has a referencing Internal Entry Number
  - Codes with an Internal Entry Number less than 1000 are reserved for OIT code updates
- Please make every effort to use the HIPAA Standard Adjustment Reason code

Different adjustment types exist such as
- **Non-Payment** – used to post amounts the payer will not cover or denied
- **Write Off** – used to post an adjustment that cancels the debt from the bill
- **Penalty** – used to post penalty amounts imposed by the payer
- **Payment Credit** – used to post payment adjustments

Adjustment Type: Grouper Allowance

Used to post amounts in excess of payments received

- ◦ DRG payments for Inpatient services
- ◦ For outpatient, payments received above the billed charges for Medicaid Managed Care where the All-Inclusive Rate is paid

```
Line #  DOS         Claim #            Amount     Paymnts     Adjust     Balance
-------------------------------------------------------------------------------
  1    03/05/2023  31195A-IH-1071      231.73       0.00       0.00      231.73


Select Command (Line # 1) : 1
Payment Amount: 330

Warning - Posted amount exceeds the BILL balance by -98.27 amount

ARE YOU SURE? NO// YES
```

Posting the Grouper Allowance

Post the Payment which results in an over-posted amount

Type 'A' or '2' to post an adjustment

Type the amount of the adjustment

Select [16] for Payment Credit

Select the appropriate adjustment reason code

```
Batch  : MEDICAID OPV     Item    : 4
Amount :   4200.00        Amount  :   1000.00
Posted :    330.00        Posted  :    330.00
Unalloc:      0.00        Unalloc:       0.00
Balance:   3870.00        Balance:     670.00


                                    Billed    Current   Current   Current
Line #  DOS         Claim #         Amount    Paymnts   Adjust    Balance
---------------------------------------------------------------------------
  1    03/05/2023   31195A-IH-1071  231.73    330.00      0.00     -98.27

Select Command (Line # 1) : 2
Adjustment Amount: 98.27
Adjustment Category: 16   GROUPER ALLOWANCE     GRPALL
Adjustment Type: 694              Processed in excess of Charges
```

```
                                    Billed    Current   Current   Current
Line #  DOS         Claim #         Amount    Paymnts   Adjust    Balance
---------------------------------------------------------------------------
  1    03/05/2023   31195A-IH-1071  231.73    330.00    -98.27      0.00

Select Command (Line # 1) :
```

Payment Credits

What are payment credits?
- Used to "move" payments from one bill to another
- Used to account for recoupments where the payer takes money from one claim to pay for another claim
- Considered payments on some reports such as MU reports
- Required for federal locations not allowed to reverse payments

Process
- Use PAYMENT CREDIT TO to reverse a payment amount
- Use PAYMENT CREDIT FROM to post the reversed payment amount
- ALWAYS BALANCE YOUR PAYMENT CREDITS!!

Scenarios
- Payment recoupment from payer which needs to be posted to other bills

"Reversing" the Payment using Payment Credit

```
Claims for (msg)                        from 03/04/2023 to 03/04/2023 Page: 1

Batch  : MEDICARE OPV      Item    : 1
Amount :   3109.00         Amount  :   3109.00
Posted :      0.00         Posted  :      0.00
Unalloc:      0.00         Unalloc :      0.00
Balance:   3109.00         Balance :   3109.00


                                        Billed     Current    Current    Current
Line #   DOS          Claim #            Amount     Paymnts    Adjust     Balance
-----------------------------------------------------------------------------------
  1    03/04/2023   31302A-IH-1072       349.00       0.00       0.00      349.00
  2    03/04/2023   31303A-IH-1072       324.00       0.00       0.00        0.00

Line #: 2
Select Command (Line # 2) : A
Adjustment Amount: -254.02
Adjustment Category: 20  PAYMENT CREDIT      PAYCRD
Adjustment Type: 138  CREDIT TO OTHER BILL
```

Don't Forget to Reverse the Adjustments!

```
Select Command (Line # 2) : A
Adjustment Amount: -64.80
Adjustment Category: CO-PAY          CP
Adjustment Type: Coinsurance Amount
```

```
Select Command (Line # 2) : A
Adjustment Amount: -5.18
Adjustment Category: PENALTY          PNY
Adjustment Type: 303                  Sequestration-red in fed pymt
```

```
Trans Dt    By   Trans Type                           Amount      Balance
                 A/R Account                  Batch               Item
-----------------------------------------------------------------------------
03/04/2023       BILL NEW                             324.00       324.00
                 MEDICARE                     NO BATCH              0
03/09/2023 AL  e PENALTY/Sequestration-red i           (5.18)      318.82
                 MEDICARE                     MEDICARE PART B-03/08/2023-1  1
                 402903
03/09/2023 AL  e CO-PAY/Coinsurance Amount             (64.80)     254.02
                 MEDICARE                     MEDICARE PART B-03/08/2023-1  1
                 402903
03/09/2023 AL  e PAYMENT                               (254.02)      0.00
                 MEDICARE                     MEDICARE PART B-03/08/2023-1  1
                 402903
03/11/2023 AL  PAYMENT CREDIT/CREDIT TO OTHER BIL      254.02      254.02
                 MEDICARE                     MEDICARE OPV-03/09/2023-1  1
                 538949
03/11/2023 AL  CO-PAY/Coinsurance Amount               64.80       318.82
                 MEDICARE                     MEDICARE OPV-03/09/2023-1  1
                 538949
03/11/2023 AL  PENALTY/Sequestration-red i              5.18       324.00
                 MEDICARE                     MEDICARE OPV-03/09/2023-1  1
                 538949
```

Posting the Payment Credit as a "Payment"

```
Claims for LAST NAME,FIRST NAME  from 03/10/2023 tO 03/10/2023              Page: 1


Batch  : MEDICARE OPV       Item   : 1
Amount :  3109.00           Amount :  3109.00
Posted :     0.00           Posted :     0.00
Unalloc:     0.00           Unalloc:     0.00
Balance: 3109.00            Balance: 3109.00


                                      Billed    Current    Current    Current
Line #  DOS         Claim #           Amount    Paymnts    Adjust     Balance
---------------------------------------------------------------------------------
  1    03/10/2023  31406A-IH-99090    1233.13      0.00       0.00     1233.13
  2    03/10/2023  31405A-IH-99090     383.00      0.00       0.00      383.00

Line #: 2
Select Command (Line # 2) : A
Adjustment Amount: 254.02
Adjustment Category: 20  PAYMENT CREDIT      PAYCRD
Adjustment Type: 139  CREDIT FROM OTHER BILL
```

What is Unbilled Reimbursement??

Unbilled Reimbursement – Patient Related Reimbursement, BUT, an INVOICE was not submitted for Payment

HPSA (Health Professional Shortage Area)

Interest

Managed Care Fees

Incentive Payments (Not EHR)

Rate Changes (retro payment)

Etc.

NOT to be confused with Administrative Reimbursement (Med. Records Copying, etc.)

Unbilled Reimbursement Process

Add in "new" Insurers to reflect the Manual Bill
- Per Allowance Category
- Use "**UFMS Other**, **UFMS Medicare**, **UFMS Private Insurance**, and **UFMS Medicaid**
- Set Insurer Status to *Unselectable*

Create a Manual Bill Using ADMG
- Menu Path: ABM → MGTP → ADMG
- Use **Demo Patient**
- Use Best Visit Type, Clinic, and DOS to reflect the circumstances
- Will be "Filed" to A/R for Posting

Add the Manual Invoice into Billing (ADMG)

Select a Demo Patient to create entry

Visit Type – Add applicable entry

Clinic Type – Add what best describes services

Service Date – Use batch receipt

Note bill number created (no suffix)

```
Proceed? NO// YES

Patient........: DEMO,PATIENT            M 06-03-2003 XXX-XX-9102   IHH 2
Visit Type.....: 131  OUTPATIENT
Clinic.........: 01  GENERAL      01
Serv Date From.: 3/1/2023  (MAR 01, 2023)
Serv Date Thru.: MAR 1,2023// <enter>
No. of Visits..: 1// <enter>
Insurer........: UFMS PRIVATE INSURANCE        - PO BOX 9999
                                                 ALBUQUERQUE, ND 87363

 OK? Y//

Amount Billed..: 300.00

DEMO,PATIENT has NO ELIGIBILITY for UFMS PRIVATE INSURANCE on MAR 01,2023

File Bill? NO// YES
Bill # 31485 Filed.
```

Posting the Unbilled Reimbursement

Create a Manual Bill (ADMG in TPB) for the proper amount.

Post From the Collection Batch and Collection Item directly to the New A/R Account/Invoice

AVOID Using Unallocated, UNLESS this is a *non-patient* related Reimbursement, entered in a batch as an Error.

Unallocated Cash and Posting Refunds

Unallocated Payment Processing

Use this option to place money into the Unallocated Cash to **refund** to the payer or **transfer** to another location

In Post Payments, select the collection batch and item to post into Unallocated

Enter dollar amount and confirm entry

Entry can be retrieved from the PUC option

```
Select Batch: PRIVATE-03/18/2023-1    PRIVATE-03/18/2023-1    2017 DEMO HOSPITAL
    ===> Total Posted: $ 175.26       ===> Remaining Balance: $ 324.74


Select Item: 1
    ===> Item Total Posted: $ 175.26        ===> Item Remaining Balance: $ 324.74
Select A/R BILL/IHS BILL NUMBER:
Select PATIENT NAME:
Select Bill DOS:

Do you want to POST any of the unposted balance to UNALLOCATED CASH? NO// YES

Select Batch: PRIVATE-03/18/2023-1    PRIVATE-03/18/2023-1    2017 DEMO HOSPITAL
    ===> Total Posted: $ 175.26       ===> Remaining Balance: $ 324.74

Select Item: 1
    ===> Item Total Posted: $ 175.26        ===> Item Remaining Balance: $ 324.74

Enter UNALLOCATED amount: 324.74

Amount: 324.74
OK to Post to UNALLOCATED CASH? YES//  YES

Updating Account, Transaction and Batch files now...

Enter RETURN to continue:
```

Refunds

Refunds may requested by the payer for
- Claims that are processed and paid in error
- Claims that are reprocessed and repaid at a different amount
- Payments that made in error to the provider

Every effort needs to be made to notify the payer of overpayments or payments made in error

Payers may elect (and providers may request) the refund to be 'recouped' in a future payment remittance

Two types of refunds will be covered in this session
- Refund from a bill after a payment has been posted (REF)
- Refund from a collection batch (PUC)

Refund from a Bill

Menu Path: BAR → PST → REF

Once finance approves refund and issues a check, process the refund request in RPMS Accounts Receivable

Type 'R' at the Command Line to post the refund amount

Type the dollar amount of the refund

Add the refund reason by selecting the appropriate refund type

```
Ln                              Billed      Current     Current     Current
#       DOS      Claim #        Amount      Payments    Adjust.     Balance
----------------------------------------------------------------------------
1) 03/05/2023  31372A-IH-5102    186.50        0.00        0.00        0.00
2) 03/05/2023  31372B-IH-5102     50.00        0.00        0.00       50.00


Select Command (Line # 1) : R
Refund Amount: 87.00
Adjustment Type: 111  PAID IN ERROR
```

Refund from a Bill - Adjustments

Don't forget to reverse all previously posted adjustments especially if a refund request required reprocessing of the claim

Reverse the adjustment amount by typing a minus sign (-) before the adjustment amount

Use the original adjustment category and type when reversing

```
Ln                              Billed     Current     Current     Current
#       DOS      Claim #        Amount     Payments    Adjust.     Balance
----------------------------------------------------------------------------
1) 03/05/2023   31372A-IH-5102  186.50     0.00        -87.00      87.00
2) 03/05/2023   31372B-IH-5102   50.00     0.00          0.00      50.00


Select Command (Line # 1) : A
Adjustment Amount: -50
Adjustment Category: 13   DEDUCTIBLE       DD
Adjustment Type: 29              Deductible
```

```
Ln                              Billed     Current     Current     Current
#       DOS      Claim #        Amount     Payments    Adjust.     Balance
----------------------------------------------------------------------------
1) 03/05/2023   31372A-IH-5102  186.50     0.00       -137.00     137.00
2) 03/05/2023   31372B-IH-5102   50.00     0.00          0.00      50.00


Select Command (Line # 1) : A
Adjustment Amount: -49.50
Adjustment Category: 4   NON PAYMENT      NONPAY
Adjustment Type: Chargs Exceed Max Allow
```

Refund from a Bill - Messaging

Don't forget to add your notes during each step of the refund process

Document when the refund request was received, action taken and when the refund was processed

```
Ln                          Billed    Current   Current    Current
#      DOS     Claim #       Amount   Payments  Adjust.    Balance
----------------------------------------------------------------------
1) 03/05/2023  31372A-IH-5102       186.50       0.00  -186.50        186.50
2) 03/05/2023  31372B-IH-5102        50.00       0.00     0.00         50.00

Select Command (Line # 1) : M
```

```
Select Message Level: 1  BILL MESSAGE for bill 31372A-IH-5102
```

```
Create a NEW Message (Y/N): YES// YES
```

```
==[ WRAP ]==[ INSERT ]==============< TEXT >==============[ <PF1>H=Help ]====
REFUND PROCESSED AND APPROVED BY A.LEWIS AT AREA FINANCE OFFICE.
PROCESSED REFUND AND FINANCE NOTIFIED CHECK #3198342938 ISSUED 03/18/23/AL
<=======T=======T=======T=======T=======T=======T=======T=======T=======T>=====
```

Refund from a Collection Batch

Menu Path: BAR → PST → PUC

Collection batch refunds are refunds that are processed for payments received in error

The amount must be posted into Unallocated Cash prior to refunding from the batch

When processing the refund request, use PUC to print a finance letter for the Finance Office to process

Once the refund is approved, use PUC to complete the refund request and remove the amount from Unallocated Cash

Viewing Unallocated Entries

In the Post Unallocated Menu, a list of Unallocated entries will be displayed

Select the entry you wish to work with

Entries with a status of **LETTER** have begun the refund process

```
Select Posting Menu <TEST ACCOUNT> Option: PUC   Post Unallocated Cash

Enter your Current Signature Code:     SIGNATURE VERIFIED

Roll-over as you post? NO// YES

#     Credit     Account                           Batch                    Item
                 TRANS DATE          ALLOW CAT     TDN                      STATUS
-------------------------------------------------------------------------------------
1.    250.00     NEW MEXICO MEDICAID              MEDICAID OPV-03/13/2023-1    2
                 MAR 10, 2023@07:31:32  MEDICAID      539044
2.    324.74     BLUE CROSS/BLUE SHIELD          PRIVATE-03/18/2023-1         1
                 MAR 18, 2023@18:15:10  PRIVATE INSURANCE120118              LETTER

Enter a number (1-1): 1
```

Creating the Refund Request

Select '2' to refund

Confirm the dollar amount and payer name

Select the refund type to post to

Print the finance letter to start processing

```
#     Credit      Account                       Batch                        Item
                  TRANS DATE          ALLOW CAT    TDN                      STATUS
----------------------------------------------------------------------------------
  250.00          NEW MEXICO MEDICAID            MEDICAID OPV-03/13/2023-1

Action (1=Post to an A/R Bill, 2=Refund, 3=Transfer to another facility, 4=Add I
tem Message, 5=Exit): 2  Refund


Refund Amount: 250.00//                <-CONFIRM AMOUNT AND PRESS <ENTER>
A/R Account: NEW MEXICO MEDICAID//     <-CONFIRM PAYER AND PRESS <ENTER>
Adjustment Type: 111   PAID IN ERROR

     Select one of the following:

         P          POST IT
         L          PRINT FINANCE LETTER

You have entered 250 as a Refund to NEW MEXICO MEDICAID.
Would you like to Post this or Print the Finance Letter: L// PRINT FINANCE LETTER

Select device to print Finance letter...
DEVICE:
```

Refund Letter

Submit the following letter to finance with all supporting documentation

The Unallocated item will display 'LETTER' to indicate a letter was printed

```
 REFUND LETTER

DATE:          JUNE 15,2023

FROM:          LUJAN,ADRIAN M
               INDIAN HEALTH HOSPITAL

TO:            Finance Office

RE:            Refund NEW MEXICO MEDICAID for the total of 250.00

        COLLECTION BATCH NAME: MEDICAID OPV-03/13/2023-1
        CHECK NUMBER: 10010930903
        TREASURY DEPOSIT/IPAC #: 539044



The above information is provided as a notification for Finance to process
a refund check to a third party payer due to:

                    111 PAID IN ERROR

This letter is to notify Finance to refund the funds accordingly and to manually
adjust the information in UFMS. Attached is supporting documentation.

The balance is documented in the RPMS Unallocated bucket until this transaction
is completed by Finance. Please notify us by this form that the check has been
issued.
                    ------------------------------------

Received by:_____ Date:_____

Check Issued:_____ Date:_____
```

Posting the Refund

In PUC, select the item to post the refund

Confirm entries and type 'P' to Post the entry

File all documentation related to refund

```
Action (1=Post to an A/R Bill, 2=Refund, 3=Transfer to another facility, 4=Add I
tem Message, 5=Exit): 2   Refund


Refund Amount: 250.00//                    <-CONFIRM AMOUNT AND PRESS <ENTER>
A/R Account: NEW MEXICO MEDICAID//    <-CONFIRM PAYER AND PRESS <ENTER>

Adjustment Type: 111   PAID IN ERROR

     Select one of the following:


          P          POST IT
          L          PRINT FINANCE LETTER

You have entered 250 as a Refund to NEW MEXICO MEDICAID.
Would you like to Post this or Print the Finance Letter: L// POST IT


ARE YOU SURE YOU WISH TO POST THIS NOW?? N// YES
```

Roll Back to 3P

When posting is complete, the system will prompt to Roll Back

Roll back checks for other resources to bill and opens the claim for additional billing

Roll back completes the claim and bill in Third Party Billing

```
Select Action (P/M/C): P

Please wait... Posting Transactions....
CHECKING A/R BILL 402248A-DIH-999987


Reviewing Bill 402248A-DIH-999987
5865
BILL        402248A-DIH-999987>PAYMENTS<            >ADJUSTMENTS<
BILLED           300.26      3-P CRD         0.00    NON-PAY          48.00
PAY TOT          175.26      PAYMENTS      175.26    DED              77.00
ADJ TOT          125.00      PAY CRD         0.00    CO-PAY            0.00
                             WR OFFS         0.00    PENALTY           0.00
                             GROUPER         0.00    STC               0.00
                             REFUND          0.00    TOTAL ADJ*      125.00
ROLLOVER         125.00      TOTAL PAY*    175.26

Pat:       LAST NAME,FIRST NAME              Visit Type.: OUTPATIENT
                                             Bill Status:


   Original bill approved with the following:

      P: BLUE CROSS/BLUE SHIELD
      S:
      T:


CHECKING FOR UNBILLED SOURCES.
NONE
```