Indian Health Service

AR Standardization

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TITLE ACCOUNTS RECEIVABLE LEAD

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Why Standardization?

WHAT ARE THE PROS AND CONS?

WHAT DOES IT LOOK LIKE IN MODERN ASPECTS?

Cons

- “Why fix what’s not broken?”
- “We don’t have the staff to make change”
- “Most of the time we [Facility] make our goal”
- “I want change but don’t change what I do”

These common expressions hinder the progress of changing/updating processes that been out dated or can no longer accommodate the amount of information passing thru the revenue generating cycle of IHS facilities.

The Pros

- Ensuring that staff execute tasks identically from staff to staff members
- Helps ensure best practices are exploited
- Helps with training methods and accountability
- Increase communication and identifications of trends
- Better quality of reports and reporting within revenue cycle infrastructure

Standardization Posting Techniques within Phoenix Indian Medical Ctr

PIMC AR set out to update Accounts Receivable Posting and Denial Flow processes to ensure efficiency and accountability. This would mean the accounting of how denials are received from alternate resources, storage of correspondence, recording of denials, and flow of denials for follow up.

PIMC is unique in being located inside a major metropolitan area which translates into a large population of Patients with private insurance coverage. The potential of increasing revenue within Private Insurance billing is how workable denials are worked.

PIMC's goal for standardization techniques:

Updating of processes to include standardization wherever possible to ensure denial recording and denial flow efficiency

Accountability and Approach

With Standardization efforts, PIMC revenue cycle leadership used key performance indicators (KPI) when updating processes.

- Key aspects
  - Return on effort ratios
  - Separation of duties and clarifications
  - Accountability on level of work

Private Insurance Standardizations

ORGANIZATION!!

- Identified discrepancies/inconsistencies within processes that contributed to misunderstandings or ambiguity
- Inventoried and consolidated spreadsheets from various tasks and updated to include necessary information for follow up.
- Using most common denial information to:
  - Set a categorization of denials and updated flow information
  - Assignment of specific posting codes for certain denials

Training……..Retraining

AR Team organized several Posting Summits where staff came together to discuss posting methods. During Summits, AR staff did live posting of denials to cover the spectrum of posting.

Back to basics were reviewed of posting Payments, Adjustments, Denials, Recoupments, Forwarding balances, and Offsets. Training included usage of pymt credit posting using proper accounting ledger style posting.

During these Summits best practices were communicated and established in processes. Summits provided key aspects of information for Job Aid creations

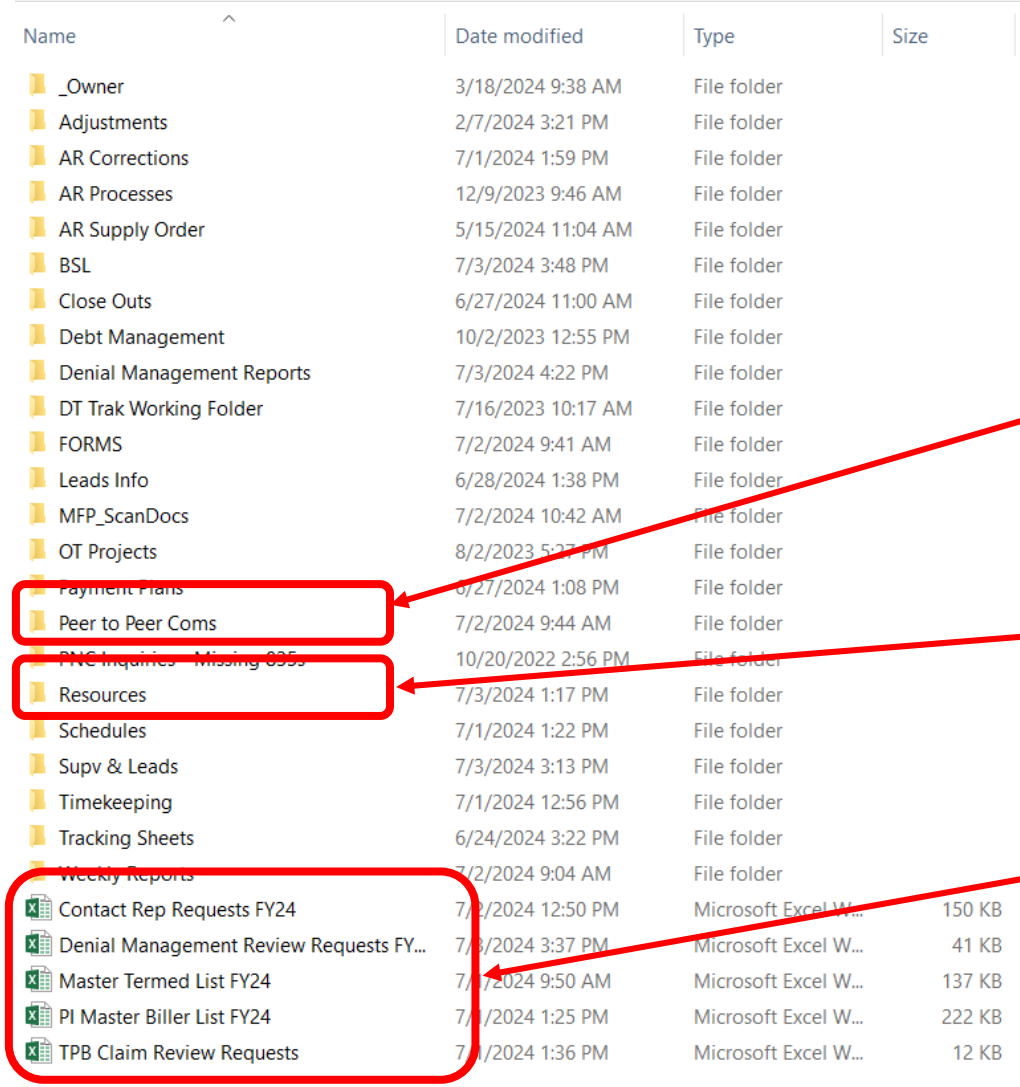
Communicated new standardization of using the most specific posting code possible to ensure proper recording of denial info that can be used for reporting purposes.

Job Aides and References

AR Team created Job Aides and Reference material for staff to have on hand to uphold the new standards.

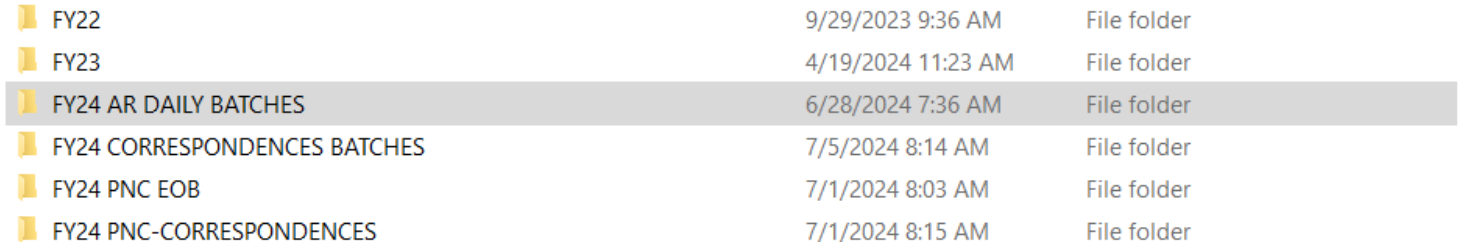
These include:

- Establishing a shared drive for Accounts Receivable usage only
- With the shared drive, we created a communications folders for staff which is used with communicating with EOB pages (work around in sending info with PI)
- Created a Resources folder with reference material covering various aspects of AR tasks.
- Job Aides Created
  - PI Categorization reference sheet with posting guidelines and posting order.
  - Electronic refence sheet of current HIPAA compliant adjustment codes for usage
  - Denial code to RPMS conversion sheet
  - Mapping of F Key for faster entries and/or posting sequences



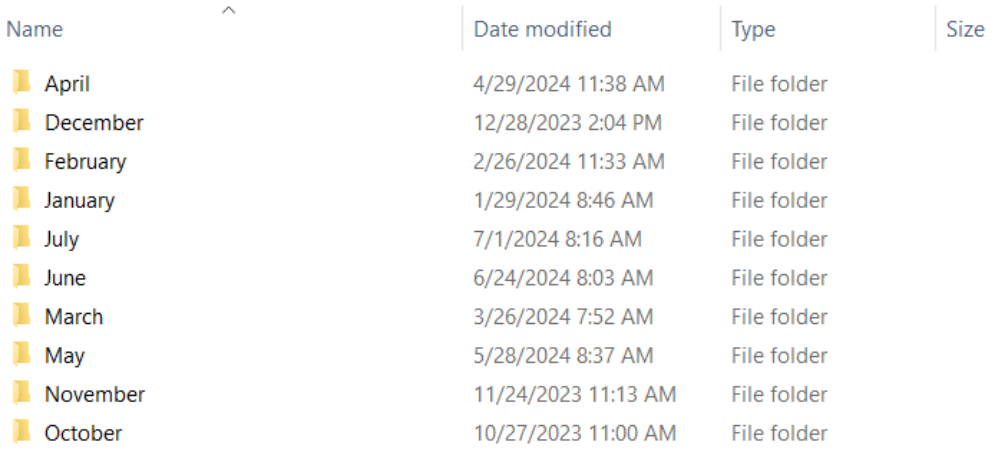
- AR Shared Folder centralizes majority of functional and reference info.
- Communications Folder labeled “Peer to Peer Coms” was created for communication reasons. Helps when sending info with PI or actual info pertaining to certain issues.
- The Resources folder hold Job Aides and Reference sheets so they are available anytime.
- Working spreadsheets are also placed on the main page

E Filing system at the Fiscal Year Level



FY22	9/29/2023 9:36 AM	File folder
FY23	4/19/2024 11:23 AM	File folder
FY24 AR DAILY BATCHES	6/28/2024 7:36 AM	File folder
FY24 CORRESPONDENCES BATCHES	7/5/2024 8:14 AM	File folder
FY24 PNC EOB	7/1/2024 8:03 AM	File folder
FY24 PNC-CORRESPONDENCES	7/1/2024 8:15 AM	File folder

Inside of fiscal year 2024



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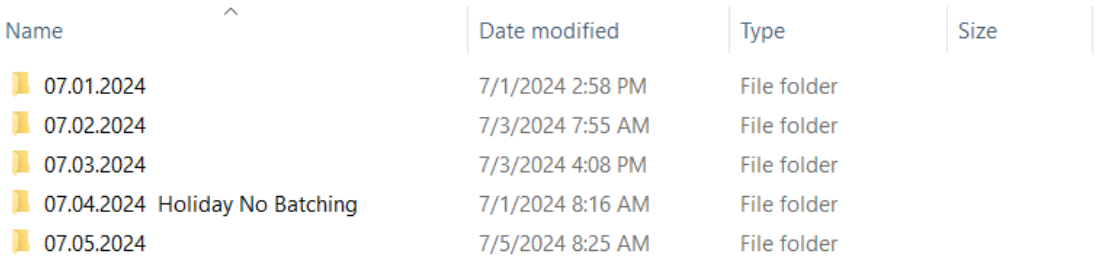
April	4/29/2024 11:38 AM	File folder	
December	12/28/2023 2:04 PM	File folder	
February	2/26/2024 11:33 AM	File folder	
January	1/29/2024 8:46 AM	File folder	
July	7/1/2024 8:16 AM	File folder	
June	6/24/2024 8:03 AM	File folder	
March	3/26/2024 7:52 AM	File folder	
May	5/28/2024 8:37 AM	File folder	
November	11/24/2023 11:13 AM	File folder	
October	10/27/2023 11:00 AM	File folder	



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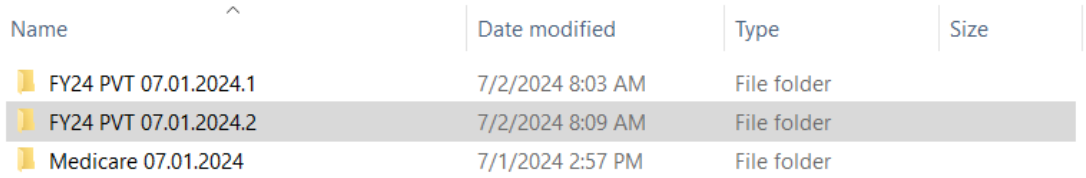
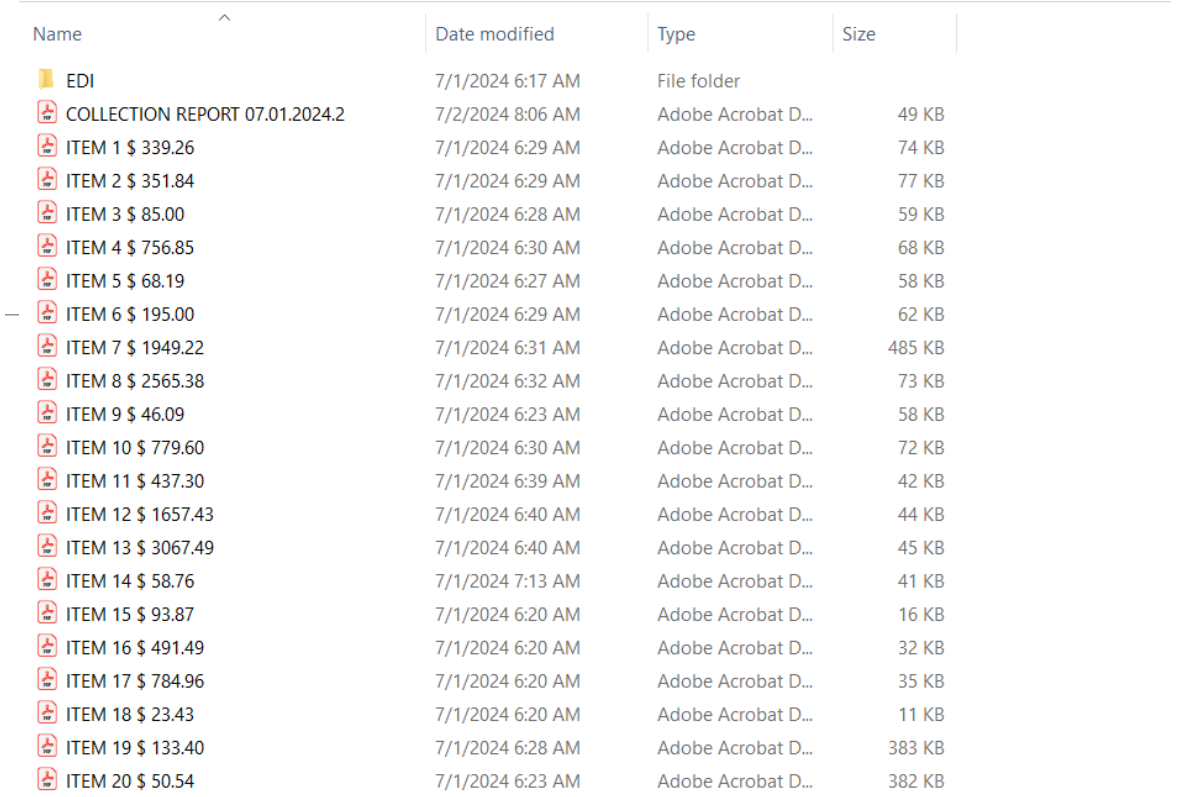
07.01.2024	7/1/2024 2:58 PM	File folder	
07.02.2024	7/3/2024 7:55 AM	File folder	
07.03.2024	7/3/2024 4:08 PM	File folder	
07.04.2024 Holiday No Batching	7/1/2024 8:16 AM	File folder	
07.05.2024	7/5/2024 8:25 AM	File folder	

Month level



Name	Date modified	Type	Size
FY24 PVT 07.01.2024.1	7/2/2024 8:03 AM	File folder	
FY24 PVT 07.01.2024.2	7/2/2024 8:09 AM	File folder	
Medicare 07.01.2024	7/1/2024 2:57 PM	File folder	

Day Level



Name	Date modified	Type	Size
EDI	7/1/2024 6:17 AM	File folder	
COLLECTION REPORT 07.01.2024.2	7/2/2024 8:06 AM	Adobe Acrobat D...	49 KB
ITEM 1 $ 339.26	7/1/2024 6:29 AM	Adobe Acrobat D...	74 KB
ITEM 2 $ 351.84	7/1/2024 6:29 AM	Adobe Acrobat D...	77 KB
ITEM 3 $ 85.00	7/1/2024 6:28 AM	Adobe Acrobat D...	59 KB
ITEM 4 $ 756.85	7/1/2024 6:30 AM	Adobe Acrobat D...	68 KB
ITEM 5 $ 68.19	7/1/2024 6:27 AM	Adobe Acrobat D...	58 KB
ITEM 6 $ 195.00	7/1/2024 6:29 AM	Adobe Acrobat D...	62 KB
ITEM 7 $ 1949.22	7/1/2024 6:31 AM	Adobe Acrobat D...	485 KB
ITEM 8 $ 2565.38	7/1/2024 6:32 AM	Adobe Acrobat D...	73 KB
ITEM 9 $ 46.09	7/1/2024 6:23 AM	Adobe Acrobat D...	58 KB
ITEM 10 $ 779.60	7/1/2024 6:30 AM	Adobe Acrobat D...	72 KB
ITEM 11 $ 437.30	7/1/2024 6:39 AM	Adobe Acrobat D...	42 KB
ITEM 12 $ 1657.43	7/1/2024 6:40 AM	Adobe Acrobat D...	44 KB
ITEM 13 $ 3067.49	7/1/2024 6:40 AM	Adobe Acrobat D...	45 KB
ITEM 14 $ 58.76	7/1/2024 7:13 AM	Adobe Acrobat D...	41 KB
ITEM 15 $ 93.87	7/1/2024 6:20 AM	Adobe Acrobat D...	16 KB
ITEM 16 $ 491.49	7/1/2024 6:20 AM	Adobe Acrobat D...	32 KB
ITEM 17 $ 784.96	7/1/2024 6:20 AM	Adobe Acrobat D...	35 KB
ITEM 18 $ 23.43	7/1/2024 6:20 AM	Adobe Acrobat D...	11 KB
ITEM 19 $ 133.40	7/1/2024 6:28 AM	Adobe Acrobat D...	383 KB
ITEM 20 $ 50.54	7/1/2024 6:23 AM	Adobe Acrobat D...	382 KB

Batch Level according to the Collection Report

Posting Categorization Job Aide

- Reference to common denials for posting any denials by categorization and sub groups
- Also with noted Posting Order which was part of the standardization
- Posting Guide of denial follow up
- Also allocated specific adjustment codes for high occurring denials for consideration and reporting
- Page 1 of 2

Billing Denials	
332	Proc/Rev code inconst w/TOB
604	Proc code inconst w/mod
605	Proc Code/TOB inconst w/POS
606	Proc/Rev Code inconst w/pt age
607	Proc Code inconst w/pt gender
608	Proc Code inconst w/Prov Type
609	DX inconst w/pt age
610	DX inconst w/pt gender
611	DX inconst w/proc
612	DX inconst w/Prov Type
658	Invalid/inappropriate POS
746	Diagnosis invalid for DOS
781	Pymt Adj Proc Code Inv DOS
782	Pymt Adj Modifier Inv DOS
789	NOC/Unlisted Proc Code Used
799	Rev/Proc Code do not match
966	Proc/mod not comp,othr,NCCI
980	Dx inconsist w pt's birth wt
1003	Duplicate Claim/Srv
Request for Information	
164	Pymt Den Prior Info Incorrect
300	Incorrect attchmt/documnt rcvd
301	Incomplete or deficient docs
302	Doc reqd to adjudicate clm/svc
616	Clm/Srvc Lacks Info For Adjud
617	Pymt Adj Info Incomplete
748	Clm/Srv Rej Info Incomplete
764	Attachment/Doc not rec timely
956	Info req from prov not rec/suf
957	Pymt Adj Pat. Infor Incmplt
958	Req info not prov for proc
Provider Denials	
770	Type of provider not payable
772	Pymt Adj Specialty Provider
785	Rend Prov not Elig to Prvd Svc
857	Prov not cert for proc/svc DOS
870	PymtAdj Proc Prtly by DiffProv
COB	
620	Clm Den Injry Covrd Liab Carr
622	Covd by another payer per COB
623	Chrgs pd/adj by another payer
709	Clm not Covered by this Payer
861	Clm transfer to proper payer

Patient Reg Denials	
17	Clm Den Insured no Cov for NB
166	Pt cannot be ID'd as insured
626	Expnse Incrrd Prior to Coverag
627	Expnse Incrrd Aft Cov Termnatd
632	Records Indicate Dep Not Elig
633	Clm DenInsured No Depend Cove
740	Pt ID# & Name do not match
930	DOS during lapse in coverage
967	Clm spans elig/inelg cov-PT
969	Clm spans elig/inelg cov-rebi
9506	UNDELIVERABLE

302	use for medical records request
958	EOB request (any payor)
628	Eligibility non spefic coverage issues
1003	Duplciate Claim

Non Disputable Denials	
167	Lifetime max benefit reached
640	Criteria for ER/UC not met
655	Clm Srv deemed experimental
656	Proc not deemed as effective
697	Pymt IncludeAllow for Diff Srv
719	Benefit maximum reached
749	Lifetime benefit max reached
760	Injury is a benefit exclusion
964	Proc not paid seperately
865	Pymt Adj Proc Not Pd Separate
1196	Tribal Ins Coverage
Non Covered Services	
19	Non Cov Srv PreExist Condition
20	Non Cov Srv Routine Exam
169	Non Cov Srv Not Medically Nec
319	Anesthesia not cov for proc
678	Non Covered Days/RoomChrg Adj
767	Diagnosis(s) not covered
851	Non covered visit
934	Srvc Not Cov Under Ben Plan
696	Non covered charge(s)
941	NDC not elg for rebate not cov

Debt Mgmt Denials	
329	Svc not prov by network prov
334	Precert does not apply to srv
337	Referral exceeded
338	Referral absent
639	Service denied at prior auth
797	Precert/Authorization absent
798	Precert/Authorization exceeded
940	Pymt Adj Precert Not Timely
982	Svcs not provided by netwk/pcp
983	Svcs not auth'd by network/pcp

Posting Order

1. Find correct claim
2. Check history and msg field
3. Check bill type to establish Bulk/Itemized posting
4. Validate Posting Info
5. Post payment
6. Sequestration
7. Post Coinsurance
8. Post Copay
9. Post Deductible
10. Post Close out amount
11. Post Denial
12. Note Claim Denial in Msg Field

(13.) interest pymts

Posting Guide

Biller	< $5k + C/O + ROLL + ADD > $5K + OPEN + + ADD + MBL
PT Reg	OPEN + ADD + MTL
NonDisputable	C/O + ROLL
DCC	C/O + ROLL
Debt Mgmt	OPEN + TC + ADD

KEY

C/O	-	Close out Clm Billed Amt
Roll	-	'Y' to roll (except POS + WC)
MTL	-	Add to Master Term List
MBL	-	Add to Master Biller List
Open	-	Post as zero
$5K	-	$5,000.00 Threshold Amt
TC	-	Post Tracking Code 9511
ADD	-	Add Denial info in Msg Field

Posting Categorization Job Aide

- Reminder of Posting Guidelines
- References of PIMC information for payor communication
- Reminders of standardized formats for Denial info entry
- Reference to useful reports within RPMS
- Pymt Credit (moving monetary amounts) posting reminders
- Transmittal Example Usage
- Page 2 of 2

Posting PI Reminders

PIMC Info

LB Address	P
Phy Address	4
Tax Id	
NPI	
Phar NPI	
Profess NPI	
Fax	

[redacted]

Be sure to Check both History and Msg field before posting.

Reminder do not post to clms in Debt Mgmt Process, look for indications such as
"1st letter Sent" "2nd letter sent" "final letter sent" "PSC sent to collections"

Adhere to the message format for the msg field

Page Number, Name of Insurance on EOB, EOB date, Insurance Claim Number
Brief Synopsis of denial code (If debt Mgmt denial note "DEBT MGMT DENAIL")

Be Specific as possible on posting code. To help be more specific refer to Resources available

Posting Reminder/Sequence/Categorization Cheatsheet
Current HIPAA Compliant Adjustment Code Sheet
Denial Code Number to RPMS Posting Code conversion Sheet

*For claims with both Pt Reg and Biller denials, use 616 and note in msg field both denials type are found. Place on Master Biller List
*On Clms with paid/DCC posting AND Debt Mgmt, leave Debt Mgmt lines open per posting sequence
*After closing a claim amount or if re-posting new transactions and result is balance at "0". Be sure to Re-roll Clm for balance reflection in AR & TPB
*Be sure enter "Y" for rolling over of claims after balance is C/O and re-rolling to secondary (except to POS & Wkers Comp). See flip side
* Helpful Reports to expedite posting clms and closing batches

BPS - Bill Posting Summary	CPS - Check Posting Summary	BPP - Batch Posted Pymts	BLRP - Bills Listing	TAR - Transaction Report
AR - PST - BPS	AR - COL - CPS	AR - RPT - BRM - BPP	TPB - RPTP - BLRP	AR - RPT - FRM - TAR

Recoup Posting

After verifying reason for adjustment on 1st claim. Ensure postings reflect which pymt credits are moving within claims.

Posting Pymt Credit TO another clm

2 Adjustment
$ Amount of Pymt Credit
20 Pymt Credit
138 Credit To Other Bill

Posting Pymt Credit FROM another clm

2 Adjustment
$ Amount of Pymt Credit
20 Pymt Credit
139 Credit To Other Bill

Finish each posting with manual "R" to re-roll

Use the running transmittal while posting to record all denials within the batch

For Pt Reg Denials, only use one of the 18 denial reason on the right

Termed

Upload Date	Claim #	HRN#	Amt	DOS	Ins Co	Denial
1/1/2024	XXXXXXXXA	XXXXXX	$9,999.99	1/1/2023	PI	

Denial
No Cov for Newborns
No Dep Coverage
Clm spans elig/inelg cov-PT
Clm spans elig/inelg cov-rebi
Lapse in Cov
Termed
DOS before Cov start
Invalid Grp#
Invalid Id# info
Invalid Ins Address Info
Invalid Policy# info
Invalid Sub info
Cannot ID PT
Invalid Pt ID# & Name
Dep Not Elig
Return To Sender
TPA Expired

Master Biller

Entry Date	Claim #	Amt	CODE	Insurance
1/1/2024	XXXXXXXXA	$999.99	616	PI

Mapping of current HIPAA compliant Adjustment Code Job Aide

- PIMC AR uses this electronic file in locating specific adjustment codes to record denials.
- Using search feature to find keywords will bring forward different adjustment codes and bring a higher possibility of having the most specific denial codes

Phoenix Indian Medical Center
Accounts Receivable
HIPAA Claims Adjustment Reason Codes Mapped to RPMS
(Current Codes)

HIPAA Claim Adjustment Reason Codes		RPMS Standard Adjustment Reason Codes			
Code	Description	Category		Type	
1	**Deductible Amount** *Start: 01/01/1995*	13	DEDUCTIBLE	29	Deductible
2	**Coinsurance Amount** *Start: 01/01/1995*	14	CO-PAY	602	Coinsurance Amount
3	**Co-payment Amount** *Start: 01/01/1995*	14	CO-PAY	27	Co-payment
4	**The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.** *Start: 01/01/1995 | Last Modified: 03/01/2020*	4	NO PAYMENT	604	Proc code inconst w/mod
5	**The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.** *Start: 01/01/1995 | Last Modified: 03/01/2018*	4	NO PAYMENT	605	Proc Code/TOB inconst w/POS

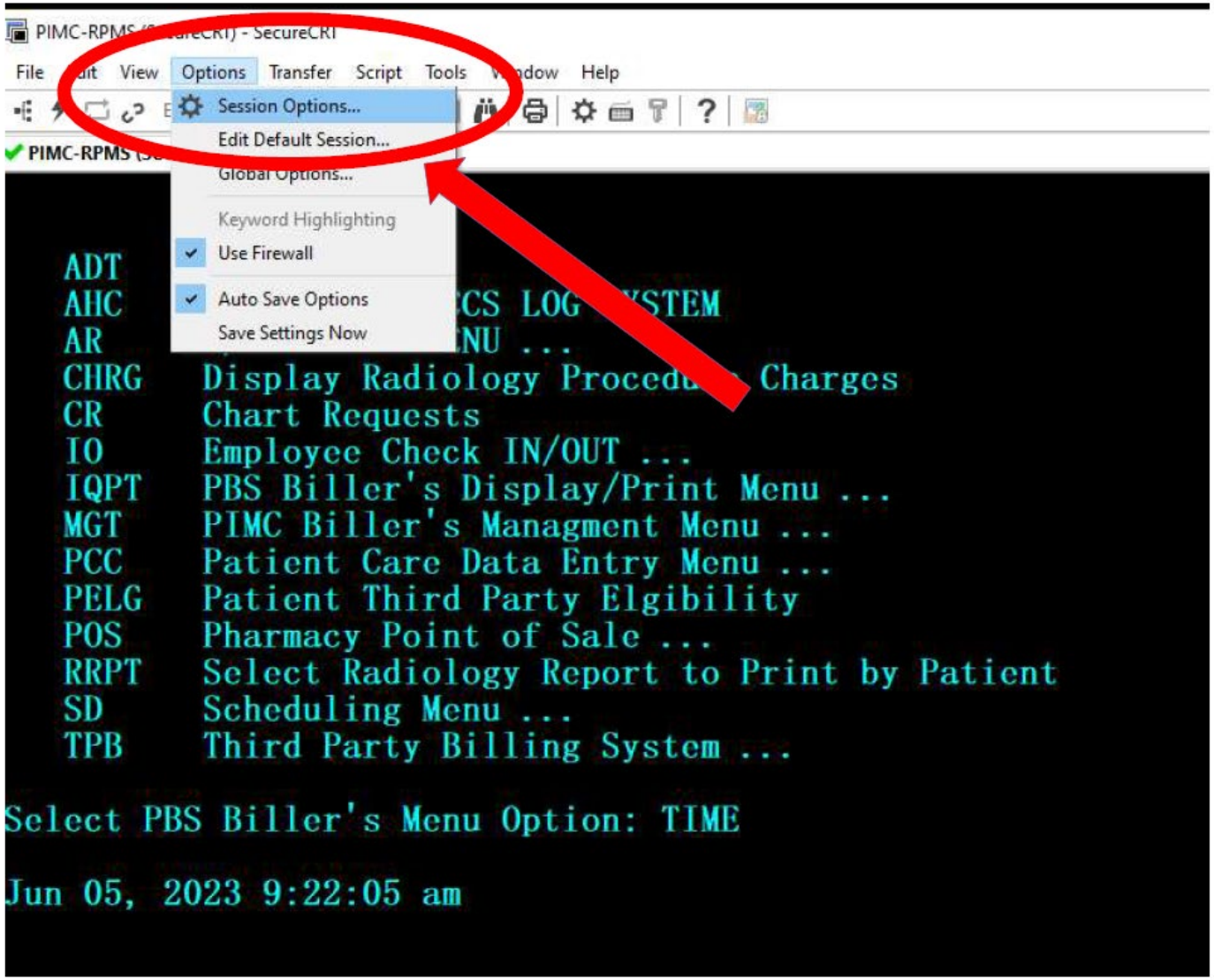
Denial Code to RPMS conversion Sheet

- A reference sheet (encouraged to be available screen side) is used when EOBs have numbered denial info.
- If the denial reason is basic at best then effort would be using the remark codes if available

DENIAL CODE	RPMS CODE	DENIAL CODE	RPMS CODE	DENIAL CODE	RPMS CODE	DENIAL CODE	RPMS CODE	DENIAL CODE	RPMS CODE	DENIAL CODE	RPMS CODE
A1	801	31	166	108	708	160	760	213	943	270	320
A5	805	32	632	109	709	164	764	215	945	271	321
A6	806	33	633	110	710	166	766	216	946	272	322
A8	808	34	17	111	711	167	767	219	949	273	323
B1	851	35	167	112	180	169	769	222	952	274	324
B7	857	39	639	114	714	170	770	223	953	275	325
B8	858	40	640	115	715	171	771	224	954	276	326
B9	859	44	644	116	716	172	772	226	956	278	328
B10	860	45	645	117	717	173	773	227	957	279	329
B11	861	49	20	118	718	174	774	228	958	280	330
B12	862	50	169	119	719	175	775	229	959	281	331
B13	863	51	19	121	721	176	776	231	961	282	332
B14	864	53	653	122	722	177	777	232	962	283	333
B15	865	54	354	128	728	178	778	233	963	284	334
B16	866	55	655	129	164	179	779	234	964	285	335
B20	870	56	656	130	730	180	780	235	965	286	336
B22	872	58	658	131	731	181	781	236	966	287	337
B23	873	59	659	132	732	182	782	238	967	288	338
4	604	60	660	134	734	183	783	239	969	289	339
5	605	61	661	135	735	184	784	240	980	290	340
6	606	69	669	136	736	185	785	242	982	291	341
7	607	70	670	137	141	186	786	243	983	292	342
8	608	74	674	139	739	188	788	246	986	293	343
9	609	75	675	140	740	189	789	249	989	294	344
10	610	76	676	142	742	190	790	250	300	295	345
11	611	78	678	144	744	192	792	251	301	296	346
12	612	85	685	146	746	194	794	252	302	297	347

F Key mapping Job Aide

- A Job Aide reference to mapping f keys to faster entries of information
- Used for Denial sentences for high occurring denials for faster entry and less typing
- Also used to posting sequences (Medicare and POS) for flat rate posting done by hand. With a push of one button, f key can post pymt, coinsurance, adjustment amount, & even manual rolling of claim.
- **SAVES KEY STROKES**



Upon the window for RPMS, select the “Options” tab and scroll down to select the “Sessions Options” button.

Denial Info Entries

Considering the spectrum of denials plus our online filing system, PIMC AR standardized the format of how denials are recorded within the AR Account Messaging Field.

At any point in the process, EOBs can be used with the posting path way and Message Field info.

Keeping in accordance of key aspects allowed to AR to find common ground with various tiers of the Revenue Cycle when follow up was needed. This was important due to number of recording levels for denials.

- Keep to the msg field format for noting Insurer biller denials in the following order.
    - Page Number
    - Insurance Name
    - Date of the EOB
    - Insurance Claim Number
    - Brief Synopsis of Denial
        - Example

```
*PAGE NUMBER* *PAYOR NAME* *EOB DATE* *INS CLAIM NUMBER*
'SYNOPSIS OF DENIAL REASON....*POSTER INITIALS*
```

- When posting a Debt Mgmt Denial, use appropriate the following to note the message field

```
*PAGE NUMBER* *PAYOR NAME* *EOB DATE* *INS CLAIM NUMBER* "DEBT
MGMT DENIAL.......*POSTER INITIALS*
```

- Posting of Refund information
    - Poster will post for documentation with general category 22 and code 723
    - Notation of refund in message field is as accordingly

```
*PAGE NUMBER* *PAYOR NAME* *EOB DATE*
'REFUND REQUEST - FWD TO VAL.......*POSTER INITIALS*
```

Denial Flow and Management

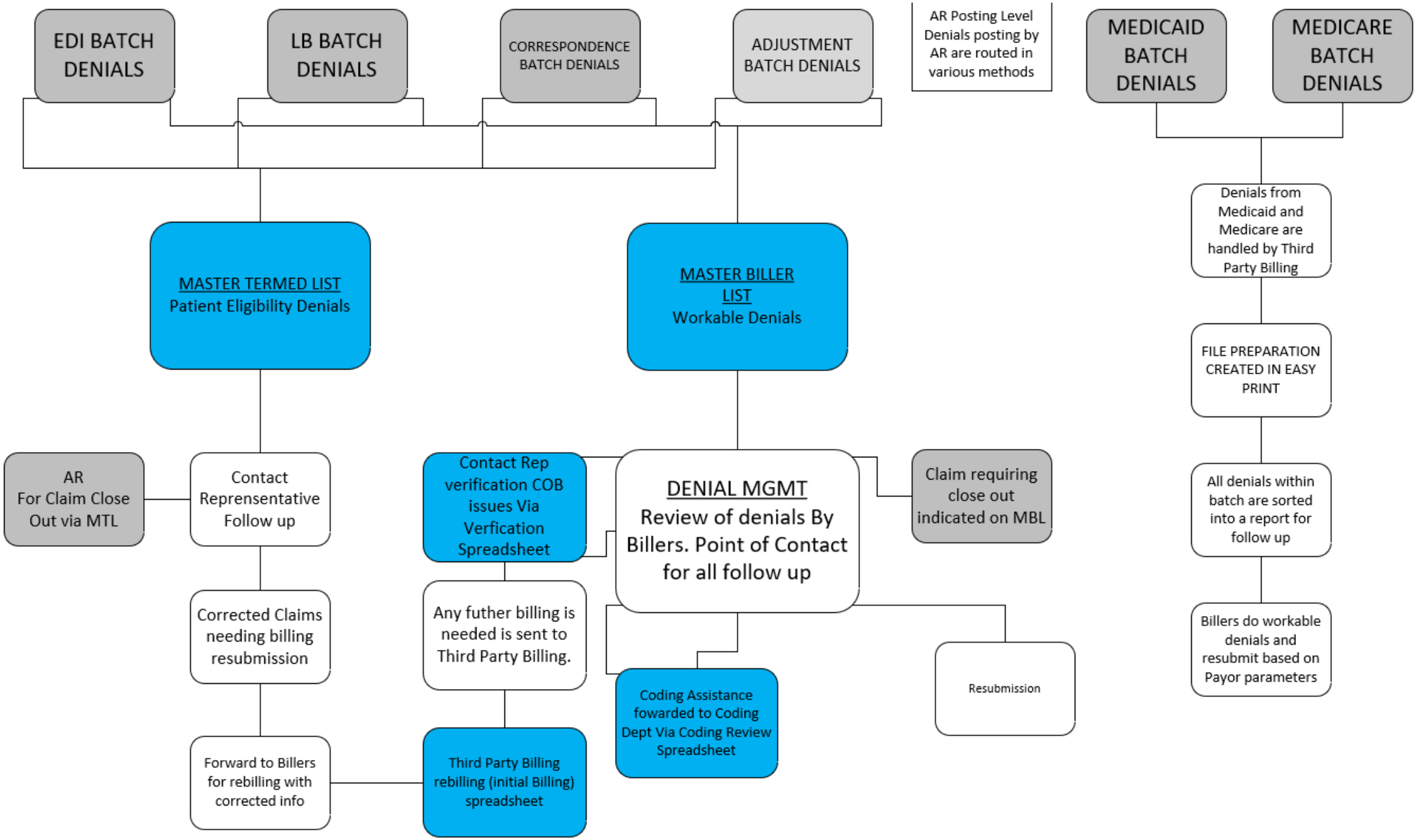
With standardization efforts under way within AR, efforts were considered for denial flow from AR to proper follow up destinations.

Private Insurance denial info is currently received in 4 types of batching sourced from 5 areas. Batching consists of EDI, Lockbox, Adjustment, and Correspondence Batches (Zero pays?).

Along with Denial Flow organization allowed the standardization of spreadsheets that would allow information to pass thru to Patient Reg, Coding, and Billing depts, plus created standards of info communicated with associated time frames.

We kept the KPIs ‘top of mind’; Return on Effort Ratios, Separation of Duties & Clarification, and Accountability of Level of Work

Denial Flow

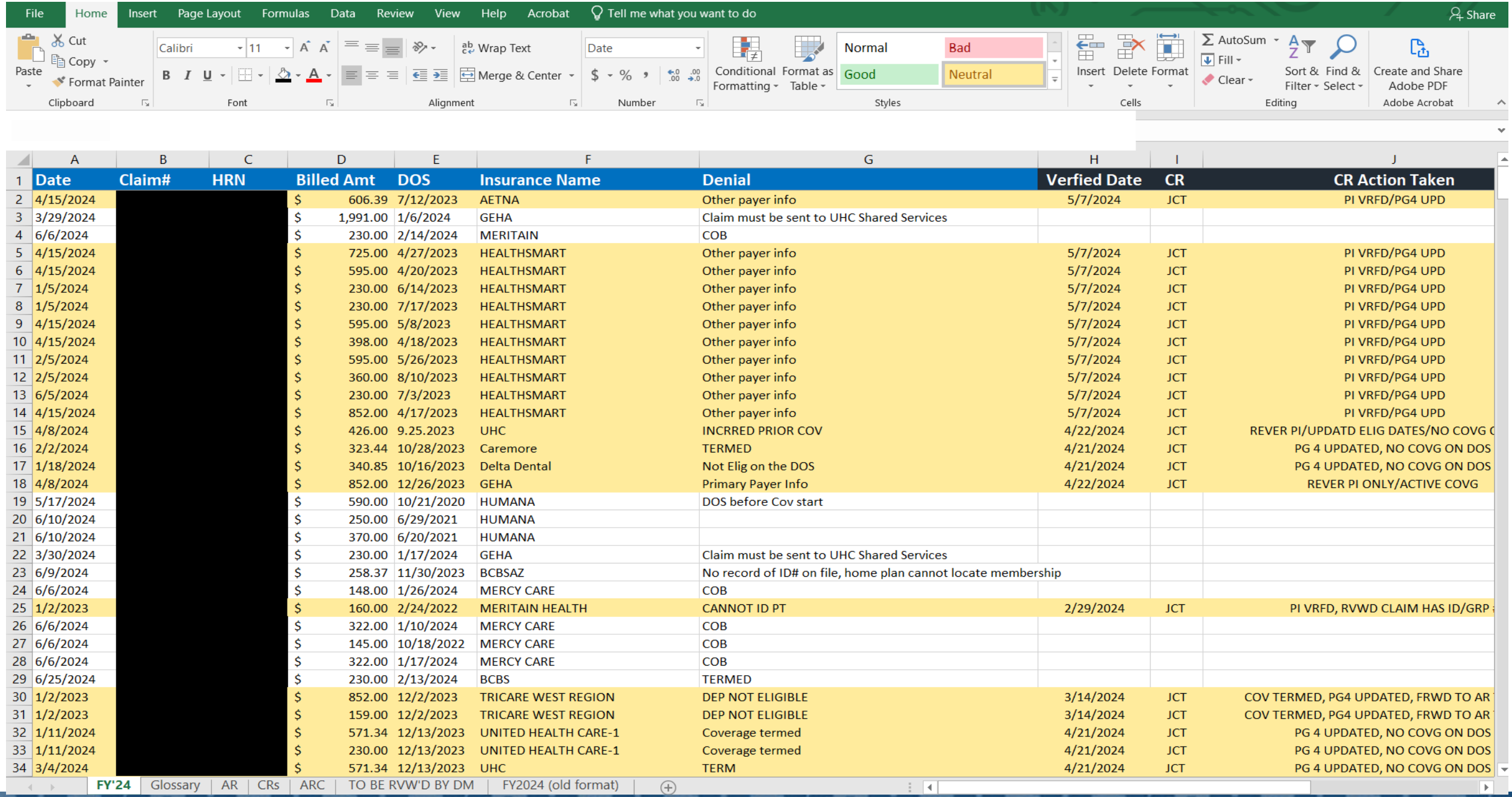

EDI BATCH DENIALS
LB BATCH DENIALS
CORRESPONDENCE BATCH DENIALS
ADJUSTMENT BATCH DENIALS
AR Posting Level Denials posting by AR are routed in various methods
MEDICAID BATCH DENIALS
MEDICARE BATCH DENIALS
MASTER TERMED LIST
Patient Eligibility Denials
MASTER BILLER LIST
Workable Denials
Denials from Medicaid and Medicare are handled by Third Party Billing
FILE PREPARATION CREATED IN EASY PRINT
All denials within batch are sorted into a report for follow up
Billers do workable denials and resubmit based on Payor parameters
AR
For Claim Close Out via MTL
Contact Reprensentative Follow up
Contact Rep verification COB issues Via Verfication Spreadsheet
DENIAL MGMT
Review of denials By Billers. Point of Contact for all follow up
Claim requiring close out indicated on MBL
Corrected Claims needing billing resubmission
Any futher billing is needed is sent to Third Party Billing.
Coding Assistance fowarded to Coding Dept Via Coding Review Spreadsheet
Resubmission
Forward to Billers for rebilling with corrected info
Third Party Billing rebilling (initial Billing) spreadsheet

Master Term List

With a vast amount of denials coming through the AR dept. Updating of processes was needed to account for various sources of PI denials.

Master Term List is excel spreadsheet which consolidated Patient Eligibility denials from the various batches into one centralized location. AR tech would post the denial and record the denial on transmittal, a spreadsheet is used to keep track of the denials within a batch. Upon completion of posting batch, all recorded denials are then copy & pasted to Master List for follow up.

One of the recorded data items is HRN number. Once all denials are consolidated follow up efforts focus on working denial based on HRN. Working HRN allows patient verification once regardless of multiple claims, multiple DOS, and multiple Batch locations. This process alleviates constant reworking.



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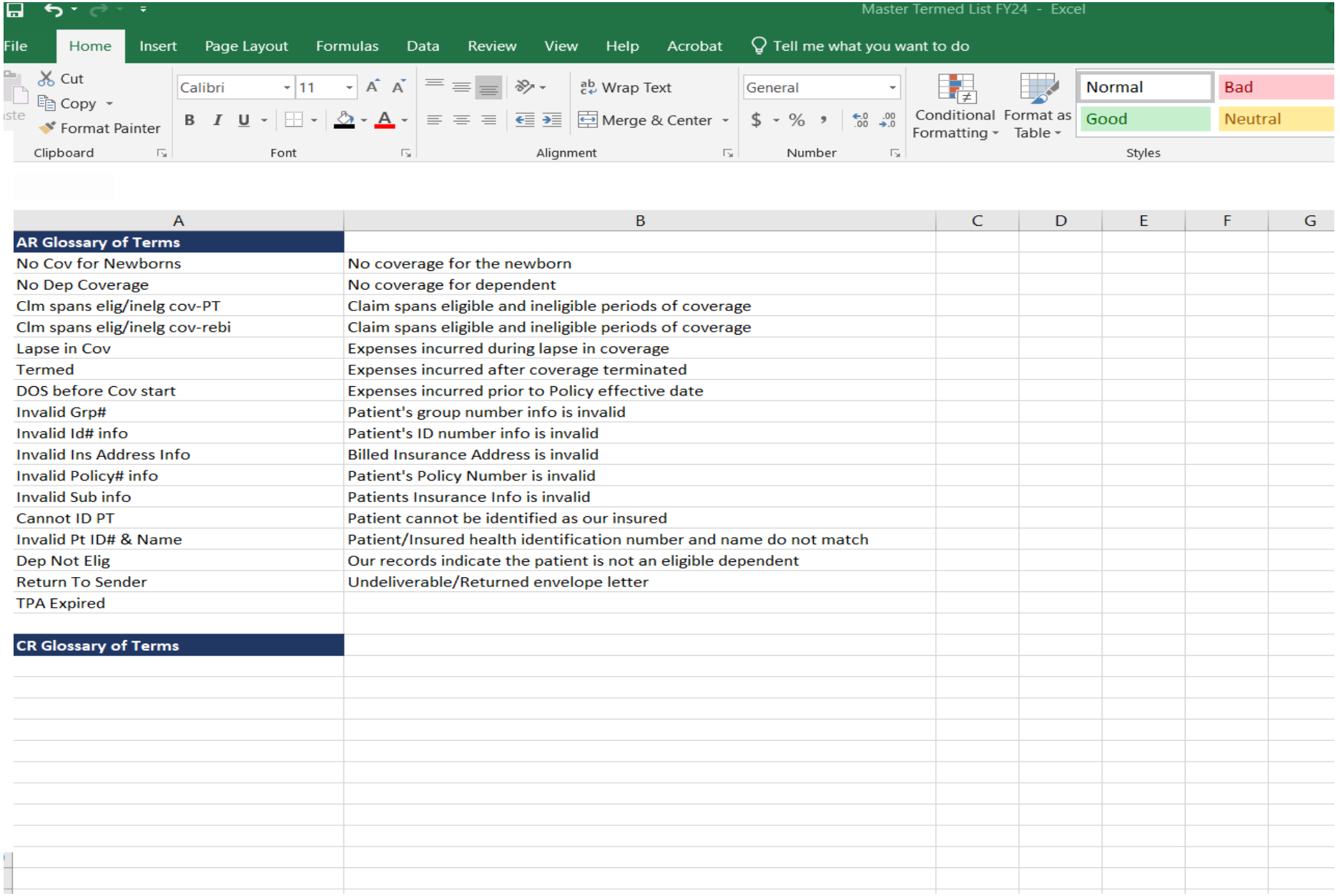
	A	B	C	D	E	F	G	H	I	J
1	Date	Claim#	HRN	Billed Amt	DOS	Insurance Name	Denial	Verfied Date	CR	CR Action Taken
2	4/15/2024	[redacted]	[redacted]	$ 606.39	7/12/2023	AETNA	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
3	3/29/2024	[redacted]	[redacted]	$ 1,991.00	1/6/2024	GEHA	Claim must be sent to UHC Shared Services			
4	6/6/2024	[redacted]	[redacted]	$ 230.00	2/14/2024	MERITAIN	COB			
5	4/15/2024	[redacted]	[redacted]	$ 725.00	4/27/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
6	4/15/2024	[redacted]	[redacted]	$ 595.00	4/20/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
7	1/5/2024	[redacted]	[redacted]	$ 230.00	6/14/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
8	1/5/2024	[redacted]	[redacted]	$ 230.00	7/17/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
9	4/15/2024	[redacted]	[redacted]	$ 595.00	5/8/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
10	4/15/2024	[redacted]	[redacted]	$ 398.00	4/18/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
11	2/5/2024	[redacted]	[redacted]	$ 595.00	5/26/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
12	2/5/2024	[redacted]	[redacted]	$ 360.00	8/10/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
13	6/5/2024	[redacted]	[redacted]	$ 230.00	7/3/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
14	4/15/2024	[redacted]	[redacted]	$ 852.00	4/17/2023	HEALTHSMART	Other payer info	5/7/2024	JCT	PI VRFD/PG4 UPD
15	4/8/2024	[redacted]	[redacted]	$ 426.00	9.25.2023	UHC	INCRRED PRIOR COV	4/22/2024	JCT	REVER PI/UPDATD ELIG DATES/NO COVG C
16	2/2/2024	[redacted]	[redacted]	$ 323.44	10/28/2023	Caremore	TERMED	4/21/2024	JCT	PG 4 UPDATED, NO COVG ON DOS
17	1/18/2024	[redacted]	[redacted]	$ 340.85	10/16/2023	Delta Dental	Not Elig on the DOS	4/21/2024	JCT	PG 4 UPDATED, NO COVG ON DOS
18	4/8/2024	[redacted]	[redacted]	$ 852.00	12/26/2023	GEHA	Primary Payer Info	4/22/2024	JCT	REVER PI ONLY/ACTIVE COVG
19	5/17/2024	[redacted]	[redacted]	$ 590.00	10/21/2020	HUMANA	DOS before Cov start			
20	6/10/2024	[redacted]	[redacted]	$ 250.00	6/29/2021	HUMANA				
21	6/10/2024	[redacted]	[redacted]	$ 370.00	6/20/2021	HUMANA				
22	3/30/2024	[redacted]	[redacted]	$ 230.00	1/17/2024	GEHA	Claim must be sent to UHC Shared Services			
23	6/9/2024	[redacted]	[redacted]	$ 258.37	11/30/2023	BCBSAZ	No record of ID# on file, home plan cannot locate membership			
24	6/6/2024	[redacted]	[redacted]	$ 148.00	1/26/2024	MERCY CARE	COB			
25	1/2/2023	[redacted]	[redacted]	$ 160.00	2/24/2022	MERITAIN HEALTH	CANNOT ID PT	2/29/2024	JCT	PI VRFD, RVWD CLAIM HAS ID/GRP
26	6/6/2024	[redacted]	[redacted]	$ 322.00	1/10/2024	MERCY CARE	COB			
27	6/6/2024	[redacted]	[redacted]	$ 145.00	10/18/2022	MERCY CARE	COB			
28	6/6/2024	[redacted]	[redacted]	$ 322.00	1/17/2024	MERCY CARE	COB			
29	6/25/2024	[redacted]	[redacted]	$ 230.00	2/13/2024	BCBS	TERMED			
30	1/2/2023	[redacted]	[redacted]	$ 852.00	12/2/2023	TRICARE WEST REGION	DEP NOT ELIGIBLE	3/14/2024	JCT	COV TERMED, PG4 UPDATED, FRWD TO AR
31	1/2/2023	[redacted]	[redacted]	$ 159.00	12/2/2023	TRICARE WEST REGION	DEP NOT ELIGIBLE	3/14/2024	JCT	COV TERMED, PG4 UPDATED, FRWD TO AR
32	1/11/2024	[redacted]	[redacted]	$ 571.34	12/13/2023	UNITED HEALTH CARE-1	Coverage termed	4/21/2024	JCT	PG 4 UPDATED, NO COVG ON DOS
33	1/11/2024	[redacted]	[redacted]	$ 230.00	12/13/2023	UNITED HEALTH CARE-1	Coverage termed	4/21/2024	JCT	PG 4 UPDATED, NO COVG ON DOS
34	3/4/2024	[redacted]	[redacted]	$ 571.34	12/13/2023	UHC	TERM	4/21/2024	JCT	PG 4 UPDATED, NO COVG ON DOS

FY'24 Glossary AR CRs ARC TO BE RVW'D BY DM FY2024 (old format)

- Second generation version of our Master Term list required its own version of standardization as well with only allowing 17 different denials reasons. A glossary was entered to establish for non AR staff on the full definition of denial info.
- Previous version had over 200 different ways to say the same 17 different denials.
- Next phase will be to work with Patient Reg staff on a standardization of verification terms



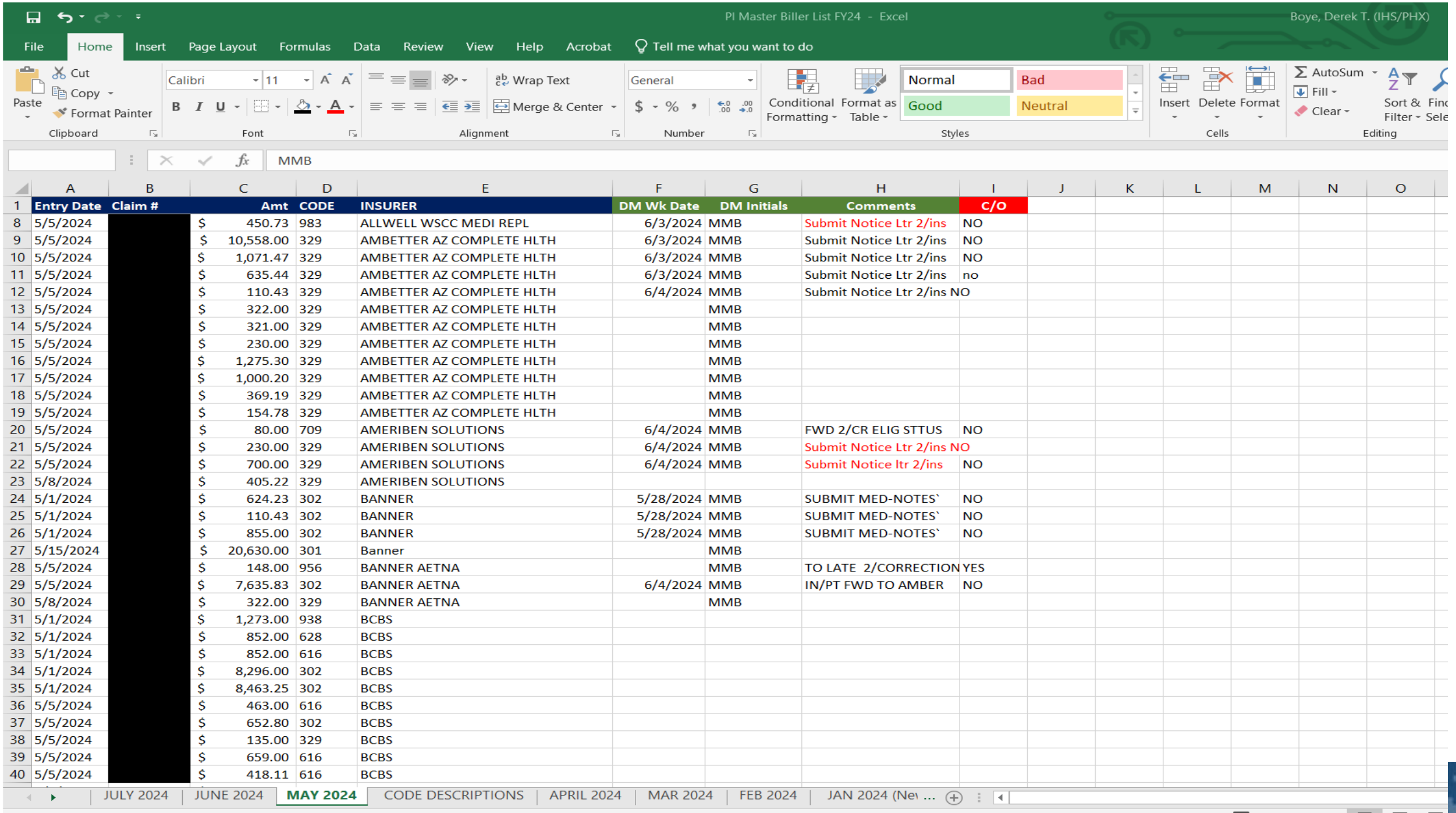
A	B	C	D	E	F	G
AR Glossary of Terms						
No Cov for Newborns	No coverage for the newborn					
No Dep Coverage	No coverage for dependent					
Clm spans elig/inelg cov-PT	Claim spans eligible and ineligible periods of coverage					
Clm spans elig/inelg cov-rebi	Claim spans eligible and ineligible periods of coverage					
Lapse in Cov	Expenses incurred during lapse in coverage					
Termed	Expenses incurred after coverage terminated					
DOS before Cov start	Expenses incurred prior to Policy effective date					
Invalid Grp#	Patient's group number info is invalid					
Invalid Id# info	Patient's ID number info is invalid					
Invalid Ins Address Info	Billed Insurance Address is invalid					
Invalid Policy# info	Patient's Policy Number is invalid					
Invalid Sub info	Patients Insurance Info is invalid					
Cannot ID PT	Patient cannot be identified as our insured					
Invalid Pt ID# & Name	Patient/Insured health identification number and name do not match					
Dep Not Elig	Our records indicate the patient is not an eligible dependent					
Return To Sender	Undeliverable/Returned envelope letter					
TPA Expired						
CR Glossary of Terms						

Master Biller List

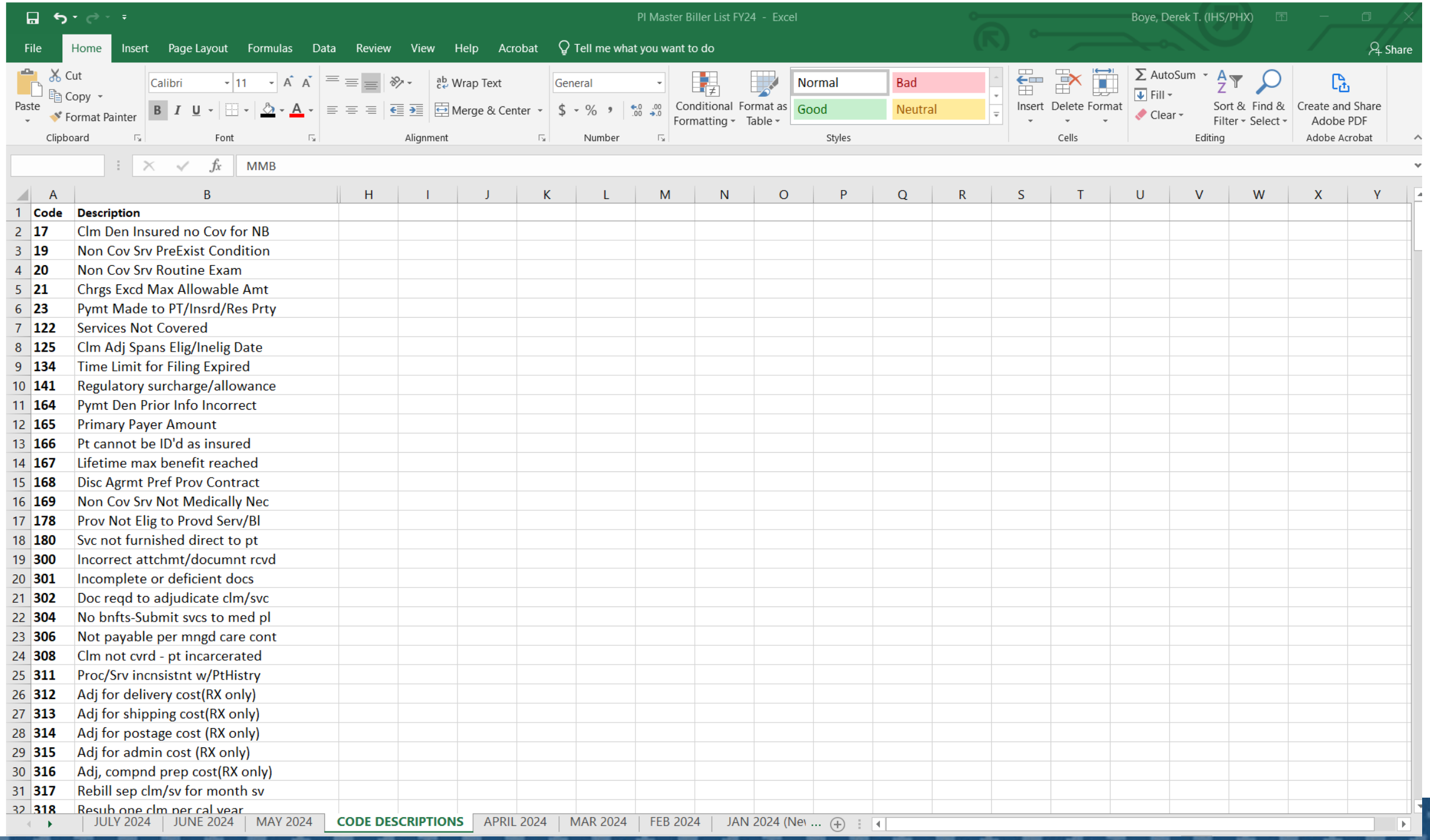
Like the Master Term List, the Master Biller gives PIMC some advantages based on the need for more payor specifics. PIMC Denial Mgmt team consist of 3 Billers that work with specific PI payors.

Master Biller List allows spreadsheet to be sorted by Payor Names and within that assortment, denial codes are also recorded to give Denial Mgmt an idea of how to prioritize denial follow up

Accounting for the number of times a denial is recorded, only posting code number is given. With the Spreadsheet is a tab with Denial code reasons; simply click on “Code Descriptions” tab and search code number, and full denial reason is located.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Entry Date	Claim #	Amt	CODE	INSURER	DM Wk Date	DM Initials	Comments	C/O						
8	5/5/2024	[redacted]	$ 450.73	983	ALLWELL WSCC MEDI REPL	6/3/2024	MMB	Submit Notice Ltr 2/ins	NO						
9	5/5/2024		$ 10,558.00	329	AMBETTER AZ COMPLETE HLTH	6/3/2024	MMB	Submit Notice Ltr 2/ins	NO						
10	5/5/2024		$ 1,071.47	329	AMBETTER AZ COMPLETE HLTH	6/3/2024	MMB	Submit Notice Ltr 2/ins	NO						
11	5/5/2024		$ 635.44	329	AMBETTER AZ COMPLETE HLTH	6/3/2024	MMB	Submit Notice Ltr 2/ins	no						
12	5/5/2024		$ 110.43	329	AMBETTER AZ COMPLETE HLTH	6/4/2024	MMB	Submit Notice Ltr 2/ins NO							
13	5/5/2024		$ 322.00	329	AMBETTER AZ COMPLETE HLTH		MMB								
14	5/5/2024		$ 321.00	329	AMBETTER AZ COMPLETE HLTH		MMB								
15	5/5/2024		$ 230.00	329	AMBETTER AZ COMPLETE HLTH		MMB								
16	5/5/2024		$ 1,275.30	329	AMBETTER AZ COMPLETE HLTH		MMB								
17	5/5/2024		$ 1,000.20	329	AMBETTER AZ COMPLETE HLTH		MMB								
18	5/5/2024		$ 369.19	329	AMBETTER AZ COMPLETE HLTH		MMB								
19	5/5/2024		$ 154.78	329	AMBETTER AZ COMPLETE HLTH		MMB								
20	5/5/2024		$ 80.00	709	AMERIBEN SOLUTIONS	6/4/2024	MMB	FWD 2/CR ELIG STTUS	NO						
21	5/5/2024		$ 230.00	329	AMERIBEN SOLUTIONS	6/4/2024	MMB	Submit Notice Ltr 2/ins NO							
22	5/5/2024		$ 700.00	329	AMERIBEN SOLUTIONS	6/4/2024	MMB	Submit Notice ltr 2/ins	NO						
23	5/8/2024		$ 405.22	329	AMERIBEN SOLUTIONS										
24	5/1/2024		$ 624.23	302	BANNER	5/28/2024	MMB	SUBMIT MED-NOTES`	NO						
25	5/1/2024		$ 110.43	302	BANNER	5/28/2024	MMB	SUBMIT MED-NOTES`	NO						
26	5/1/2024		$ 855.00	302	BANNER	5/28/2024	MMB	SUBMIT MED-NOTES`	NO						
27	5/15/2024		$ 20,630.00	301	Banner		MMB								
28	5/5/2024		$ 148.00	956	BANNER AETNA		MMB	TO LATE 2/CORRECTION	YES						
29	5/5/2024		$ 7,635.83	302	BANNER AETNA	6/4/2024	MMB	IN/PT FWD TO AMBER	NO						
30	5/8/2024		$ 322.00	329	BANNER AETNA		MMB								
31	5/1/2024		$ 1,273.00	938	BCBS										
32	5/1/2024		$ 852.00	628	BCBS										
33	5/1/2024		$ 852.00	616	BCBS										
34	5/1/2024		$ 8,296.00	302	BCBS										
35	5/1/2024		$ 8,463.25	302	BCBS										
36	5/5/2024		$ 463.00	616	BCBS										
37	5/5/2024		$ 652.80	302	BCBS										
38	5/5/2024		$ 135.00	329	BCBS										
39	5/5/2024		$ 659.00	616	BCBS										
40	5/5/2024		$ 418.11	616	BCBS										



Code	Description
17	Clm Den Insured no Cov for NB
19	Non Cov Srv PreExist Condition
20	Non Cov Srv Routine Exam
21	Chrgs Excd Max Allowable Amt
23	Pymt Made to PT/Insrd/Res Prty
122	Services Not Covered
125	Clm Adj Spans Elig/Inelig Date
134	Time Limit for Filing Expired
141	Regulatory surcharge/allowance
164	Pymt Den Prior Info Incorrect
165	Primary Payer Amount
166	Pt cannot be ID'd as insured
167	Lifetime max benefit reached
168	Disc Agrmt Pref Prov Contract
169	Non Cov Srv Not Medically Nec
178	Prov Not Elig to Provd Serv/Bl
180	Svc not furnished direct to pt
300	Incorrect attchmt/documnt rcvd
301	Incomplete or deficient docs
302	Doc reqd to adjudicate clm/svc
304	No bnfts-Submit svcs to med pl
306	Not payable per mngd care cont
308	Clm not cvrd - pt incarcerated
311	Proc/Srv incnsistnt w/PtHistry
312	Adj for delivery cost(RX only)
313	Adj for shipping cost(RX only)
314	Adj for postage cost (RX only)
315	Adj for admin cost (RX only)
316	Adj, compnd prep cost(RX only)
317	Rebill sep clm/sv for month sv
318	Resub one clm per cal year

Future Ideas For Updating and Standardization

- Fast tracking Debt Mgmt Denials with tracking code
- Revenue Cycle Glossary
- With specific posting code standardizations and assigned posting codes, using reports to identify trends.
- Updating of Training Materials
- Working with Other tiers of Revenue Cycle on possible standardization efforts but also having written references located in central location for accessibility. If at anytime updating or process change occurs, reference material ca be changed/updated and communicated to staff.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