



Definitive Homecare Solutions

Line Item Financials - Posting & Balance Transfers User Guide

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For a complete list of **CPR+** documentation, please refer to the software's F1 Help.

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PRINTING NOTE FOR TWO-SIDED DOCUMENTS:

This document is designed for two-sided printing. If you are printing the PDF version of this document on a printer that only supports one-sided printing, some blank pages will appear in the final print job. This is normal for two-sided documents and no information is missing with your printed version. For additional printed manuals, please contact D.H.S.

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How to Use this Document

This document is designed to provide you with information that is easy to understand and quickly accessible. However, there are several items to keep in mind when reading and using this document.

Items to Look For:	Description
Button Names and Keyboard Shortcuts / Commands	<p>All buttons mentioned in this document have an associated keyboard shortcut. These shortcuts appear in parenthesis next to the button name and appear in bold (identical to the onscreen counterpart).</p> <p>For example: Click the Select (Enter) button.</p> <p>You can either click the button with the mouse or press the key mentioned in parenthesis.</p>
Keyboard Commands	<p>There may be instances when you need to press a key that does not have an associated button. These keys appear between brackets (<>) and are bold.</p> <p>For example: Press the <F10> key.</p>

Items to Look For:	Description
Field Names	<p>If the sentence mentions entering information in a field, the field name is italicized and in a contrasting font.</p> <p>For example: Enter the last name of the Patient in the <i>Last Name</i> field.</p> <p>The only time this is not true is if the field is followed by a definition. Then the field name is bolded and preceded by a bullet.</p>
Typing Data in a Field	<p>If the sentence mentions entering specific data in a field, the data appears in a different font compared to a field name.</p> <p>For example: Type Yes in the <i>Question</i> field.</p>
Specific Screen Action	<p>If an action occurs after doing something within the application, it is described in italics within parenthesis.</p> <p>For example: Click the Next button. (<i>The Ready to Install screen appears.</i>)</p>
Popup Windows	<p>Many fields within CPR+ have an associated drop-down arrow icon. This icon displays a popup window of related data that can be selected and entered into the identified field.</p> <p>When this option is available, you will see the following text: "Use the associated popup window to..."</p> <p>When you see this text, you can access this popup window in two ways:</p> <ul style="list-style-type: none"> • Click the drop-down arrow icon or • Press the <F10> key while the cursor is in that field. <p>It is important to use these popup windows for consistent data entry throughout the program.</p>
Series of Steps / Actions	<p>There are times when a series of steps or actions (usually two or more) are needed to accomplish a task or open a window. These steps are identified by bolded text and the use of the "greater than" symbol (>).</p> <p>For example: Go to File > Info to view the CPR+ Technical and Setup Information screen.</p>

In addition to the above information, there are several note related icons used in this document.

Icon	Explanation
	This icon represents a relevant note regarding the information being discussed.
	This icon represents an important note that relates to required knowledge for a particular task.
	This icon represents information that can save you time during a particular task.
	This icon represents a warning regarding information that must be understood before continuing.

Chapter 1

Line Item Financials - Posting and Balance Transfers

It has been a long time coming, but Line Item Financials or “LIFE” (Line Item Financial Experience), as we have affectionately named it, is finally here. Transactions that previously were handled at the claim level (invoice) are now handled at the line item level. This includes payments, adjustments, credit / rebills, denials, and transfers to secondary payors. This class will focus on the posting process, specifically as it relates to the scenarios outlined below.

The objectives of moving to line item based financials are:

- To allow a line item to have a balance with multiple payors at once.
- To allow a line item to be moved to another payor independently of any other line item on a claim.
- To allow for the manipulation of line item details: codes, descriptions, dollar amounts; across different payors.
- To allow for co-pay claims to be created without first collecting from a payor.
- To allow posting of cash to a secondary payor without the need to transfer the entire balance of the claim.

The Account Status Screen

The account status screen has changed significantly. Instead of the “checkbox” entries, the screen is now split with the Invoices on the upper portion and the Claims on the lower portion.

Figure 1-1) Account Status Screen

Date	Inv. #	DOS	Revenue Payor	Billed	Expected	Tot. Paid	Tot. Adj.	Balance
12/10/2008	48654	11/14/2008	Medicare For Denial	3841.12	2972.80	.00	.00	2972.80
12/10/2008	49125	11/22/2008	Medicare For Denial	3218.18	2446.36	.00	.00	2446.36
12/10/2008	49336	11/29/2008	Medicare For Denial	2444.04	1788.00	.00	.00	1788.00
09/26/2009	53567	12/05/2008	Medicare For Denial	1850.04	1194.00	.00	.00	1194.00

Date	Claim	Payor	Billed	Expected	Tot. Paid	Tot. Adj.	Balance
09/26/2009	1	Medicare For Denial	1850.04	.00	.00	.00	.00
09/26/2009	2	Aetna	1850.04	1194.00	.00	.00	1194.00



Auto-statusing rules apply at Claim Level. Electronic claims that are in the electronic claim queues will also be highlighted.

To view Invoice transaction history, right click on an invoice in the upper portion of the grid and select View Transaction Summary. This view is similar to how the account status screen is displayed currently. The Print (F7) function will print transactions specific to this invoice.

Figure 1-2) View Transaction Window

Claim	Date	DOS	Payor	Billed	Expected	Trans. Type	Amount	Balance
1	12/10/2008	10/28/2008	Medicare For Denial	5333.22	3578.99	INVOICE	.00	3578.99
1	12/18/2008	10/28/2008	Medicare For Denial	.00	.00	DENIAL	.00	3578.99
1	12/18/2008	10/28/2008	Medicare For Denial	.00	.00	TRANSFER	3578.99	3578.99
2	12/18/2008	10/28/2008	Aetna	5333.22	3578.99	SECONDARY	.00	3578.99
2	01/28/2009	10/28/2008	Aetna	.00	.00	PAYMENT	812.59	2766.40
2	01/30/2009	10/28/2008	Aetna	.00	.00	ADJUSTMENT	215.79	2550.61

Posting to a Claim

The posting process in this model becomes a single point of entry. No longer are there separate functions for posting payments, adjustments, denials and balance

Posting to a Claim

transfers. All of these functions are combined into the **Post to Claim (F8)** function on the Account Status Screen.

Figure 1-3)
Posting Window

Start	Description	HCPC	Expected	Balance	Payment*	Adjustment*	Adjustment*	DEN*	Transfer*	New Balance
12/05/2008	CEFEPIME 2 J0692		484.20	484.20	0.00	0.00	0.00	<input type="checkbox"/>	0.00	484.20
12/05/2008	VANCOMYCIN J3370		115.80	115.80	0.00	0.00	0.00	<input type="checkbox"/>	0.00	115.80
12/05/2008	Per Diem Ant 99501		594.00	594.00	0.00	0.00	0.00	<input type="checkbox"/>	0.00	594.00

Payment	Adjusted	Transferred
\$ 0.00	\$ 0.00	\$ 0.00

* Double Click In Column To Edit Dates/Codes/Payors

The posting screen combines all of the posting functions at the line item level. Across the window the user can see payments, contractual adjustments, other adjustments, denials, transfer amounts and the final balance of the line. Each of these functions is discussed below.

Payment

Enter the amount received in the *Payment* field. As the user navigates from this field, either with the mouse or Tab key, the user is prompted for the Check Number, Date Received and Date Deposited. If multiple line items exist, and the check number is the same for each line item, select the "Use Values as Default?" checkbox. The check number and dates entered for the first line item will apply for each line. If the checkbox is not selected, the Payment Details will prompt after each payment posted so a single posting can be made to a claim line for different posting dates and check numbers.

Figure 1-4)
Payment Details

Payment Details

Enter The Following Information

Check #

Date Received

Date Deposited

Use Values As Default?



The Use Values as Default? checkbox is available for adjustments and denials as well.



The percentage function is a feature that may be used in this and any other numeric field on the form. The percentage function allows the user to enter a percentage amount followed by the “%” key and **CPR+** will calculate the amount to be entered.

Adjustment

Enter the amount to be adjusted in the *Adjustment* field. As the user navigates from this field, either with the mouse, or Tab key, the user is prompted for the Adjustment Code and Date of Adjustment. The percentage function is available for this field as well.

Denial

If a denial is to be posted, check the *DEN* box. As the user navigates from this field, either with the mouse, or Tab key, the user is prompted for the Denial Code and Date of Denial. Additionally, the former logic still holds for expected versus unexpected denials.

Transfer

In the *Transfer* field, enter the amount of this line item that is to be transferred to another payor. The balance of the line is updated dynamically as payments and adjustments are entered. No longer is the user prompted with what to do with the balance: “This payor continues to owe”, “Make an adjustment / write off”, “Bill another payor”. All of these questions are answered on this form. When an amount is entered into this field, the user is prompted for the payor that the balance is to be transferred to.

Function Buttons

The bottom of the posting screen contains several useful function buttons. These functions allow for more streamlined entry in specific payment cases.

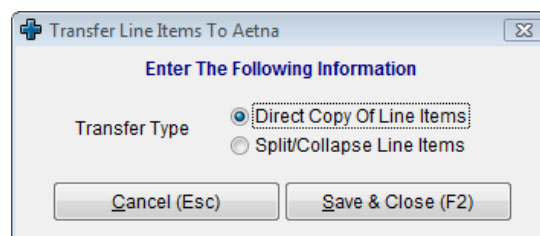
- **Full Payment** - This function allows the user to pay the full balance of all line items in the claim. After the function is called, the user is prompted for a check number and a payment date.
- **Clear Payments** - This function allows the user to reset the payment amounts on the form for all line items.
- **Split Payment** - This function allow the user to enter a bulk payment amount to be split among the line items. This payment split is based on the percentage of the balance that each line item represents.
- **Transfer Balance** - This function will move the remaining balance of all line items to another payor.
- **<Ctrl+F12>** - This function allows the user to enter line item level coordination of benefits information.
- **Double Click** - The double click on the mouse allows the user to reselect a check number, adjustment reason, or transfer payor.

Transferring a Balance

The balance transferring features of the line item based financials model is the largest departure from the legacy model. Transferring a balance means only that. No longer is the user moving an entire claim to another payor, nor even another line item, but, rather just a balance. Each line item on a claim may be transferred in its entirety, partially, or not at all. These transfers can be done to a single payor or multiple payors.

When a balance is selected to be transferred to another payor, the user will be prompted with the patient's list of payors. Once the payor is selected, the user will be prompted with "Do you want to use this Payor as the default? If yes is selected, subsequent transfers will be assigned to the selected payor. If no is selected, the payor prompt will display for each subsequent line item that is transferred. Once all line items have been **worked**, select **Post (F2)**. The user is then given the option of copying the line item directly to the payor or to manipulate the line before creating the claim to the next payor.

Figure 1-5)
Transfer Select Screen



The Direct Copy option permits the user to copy the line items over to the claim as they are. The Split/Collapse option permits the user to manipulate line item information prior to creating the claim.

It is in these manipulations that the user can change descriptions, the number of line items, codes, etc. The user may use the **<Ctrl+S>** function to split line items or add modifiers. The only limitation is that the new line item charges (and expected) must equal the monetary value of the transferred amount. If the balance of a line item is transferred to more than one payor, the user will be prompted with the Transfer Type option for each payor / claim.

When using the **<Ctrl+S>** function, a prompt will appear:

Figure 1-6)
Split Line Item Prompt

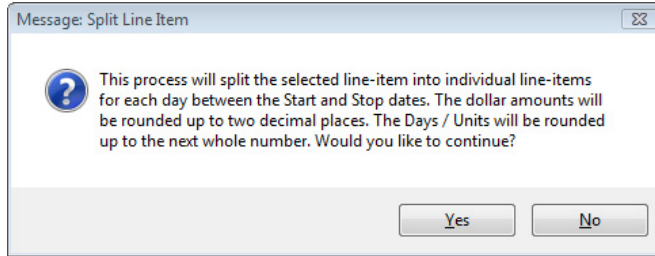
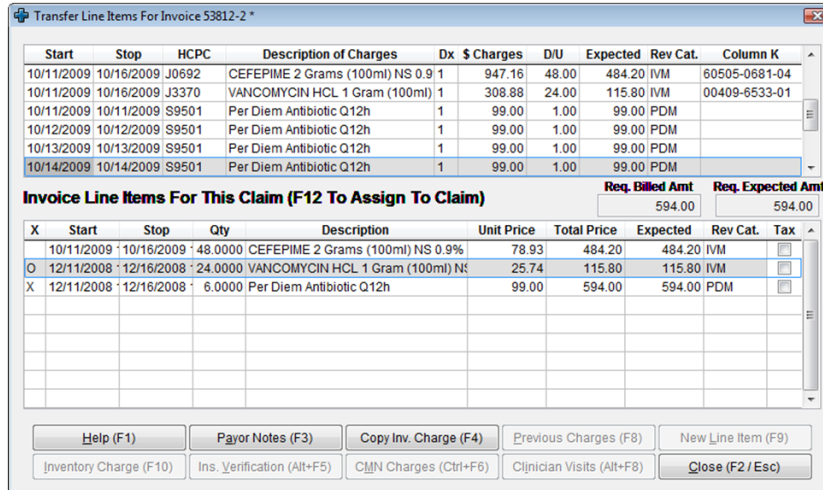


Figure 1-7)
Transfer Line Items



The same options are also available via Batch posting Cash Posting Manager.

Scenarios and Discussion

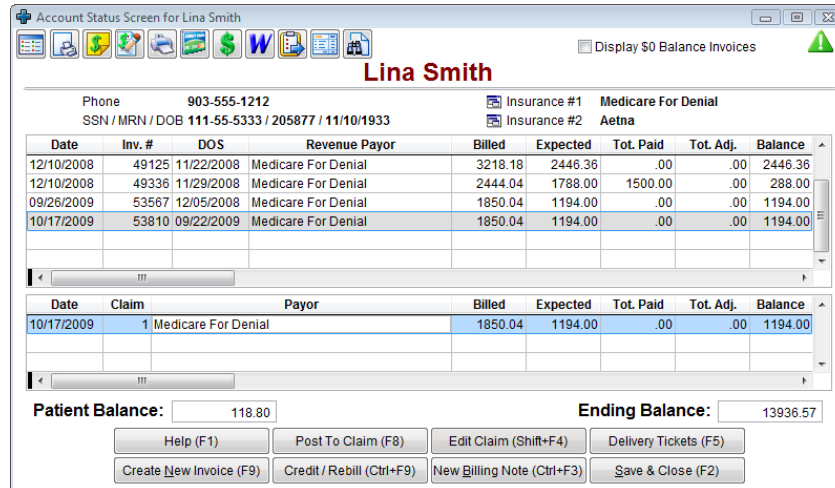
At this point, the instructor will walk through the scenarios outlined in the overview section of this course and entertain functionality questions.

Scenario

Medicare claim that was sent for expected Denial, Creating the Secondary claims and the Patient Claim.

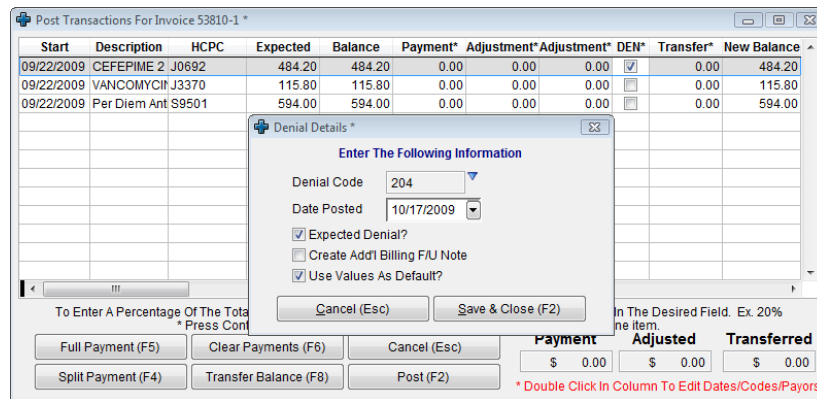
Scenarios and Discussion

Figure 1-8)
Account Status Screen



Post to Claim #1: Check the Denial checkbox, enter Denial details

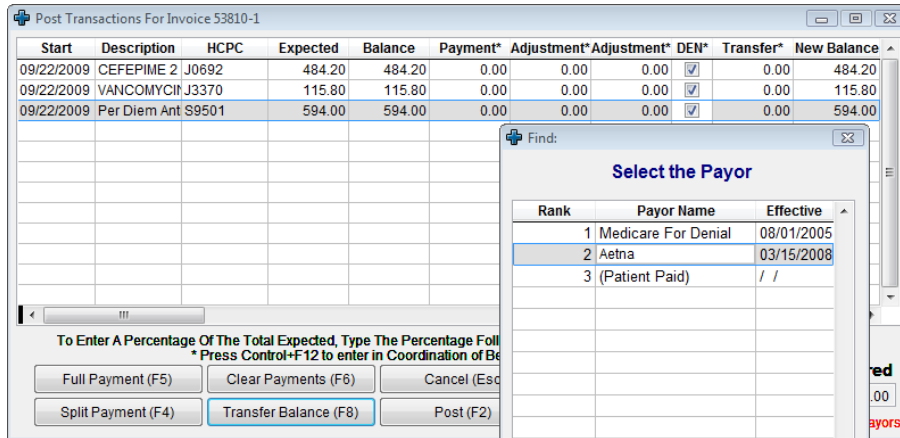
Figure 1-9)
Post Transaction Window



Transfer Balance

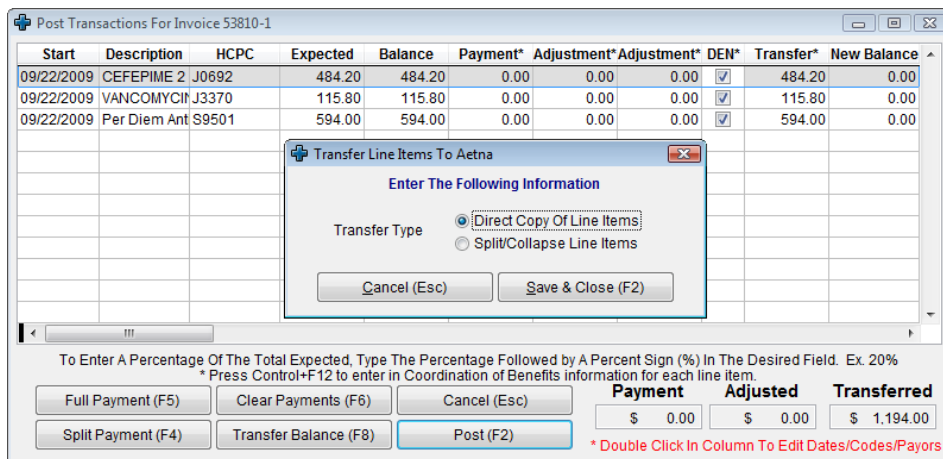
In this scenario, the entire balance will be transferred to the next payor. Use the **Transfer Balance (F8)** button. The Select Payor pop-up will display for selection of next payor.

Figure 1-10)
Transfer to Another Payor



Select **Post (F2)** and the Transfer Line Items / Transfer Type prompt appears. Make a selection, then click **Save & Close (F2)**.

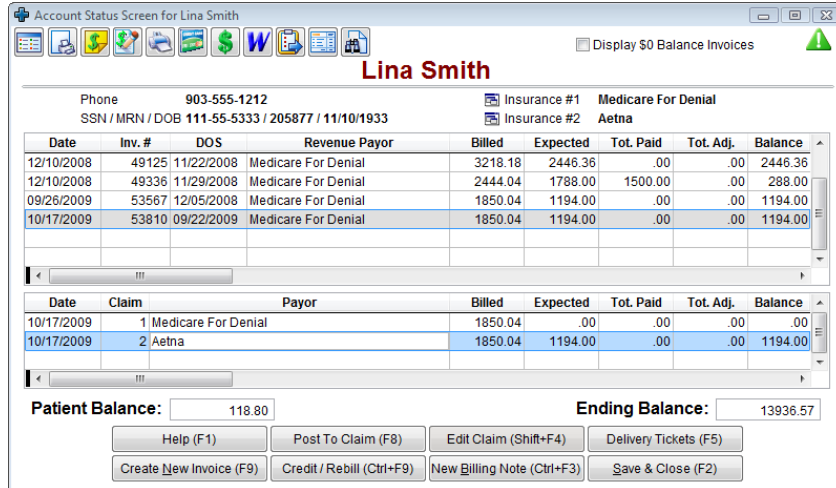
Figure 1-11)
Transfer Line Items



Secondary Claim is created, expected changed to \$0.00 (reduced by the entire denied amount):

Scenarios and Discussion

Figure 1-12)
Account Status Screen



Post to Claim 2 to create Patient Invoice: Post payment made by Secondary payor or just enter amount to be transferred to the patient. The Select payor pop-up will display. Once the payor is selected, the Use as Default prompt will display.

Figure 1-13)
Transfer to Payor

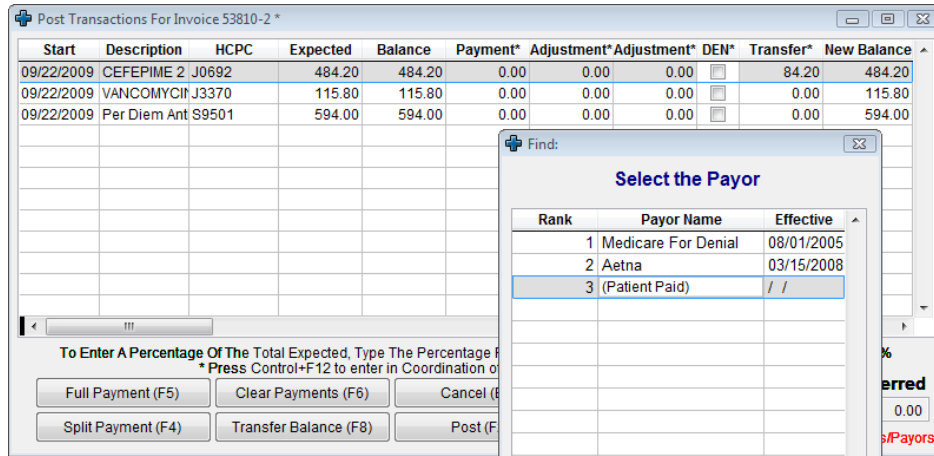
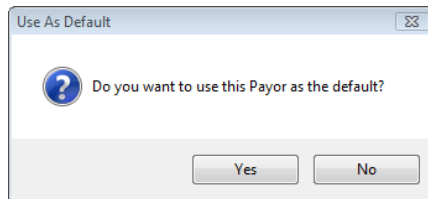


Figure 1-14)
Use Payor as Default



Select **Post (F2)** and the Transfer Line Items / Transfer Type prompt appears. Make a selection, then click **Save & Close (F2)**.

Figure 1-15)
Account Status Screen

Lina Smith

Phone 903-555-1212 Insurance #1 Medicare For Denial
 SSN / MRN / DOB 111-55-5333 / 205877 / 11/10/1933 Insurance #2 Aetna

Date	Inv. #	DOS	Revenue Payor	Billed	Expected	Tot. Paid	Tot. Adj.	Balance
12/10/2008	49125	11/22/2008	Medicare For Denial	3218.18	2446.36	.00	.00	2446.36
12/10/2008	49336	11/29/2008	Medicare For Denial	2444.04	1788.00	1500.00	.00	288.00
09/26/2009	53567	12/05/2008	Medicare For Denial	1850.04	1194.00	.00	.00	1194.00
10/17/2009	53810	09/22/2009	Medicare For Denial	1850.04	1194.00	.00	.00	1194.00

Date	Claim	Payor	Billed	Expected	Tot. Paid	Tot. Adj.	Balance
10/17/2009	1	Medicare For Denial	1850.04	.00	.00	.00	.00
10/17/2009	2	Aetna	1850.04	1000.00	.00	.00	1000.00
10/17/2009	3	Lina Smith	1850.04	194.00	.00	.00	194.00

Patient Balance: 312.80 Ending Balance: 13936.57

Buttons: Help (F1), Post To Claim (F8), Edit Claim (Shift+F4), Delivery Tickets (F5), Create New Invoice (F9), Credit / Rebill (Ctrl+F9), New Billing Note (Ctrl+F3), Save & Close (F2)

The expected amount for the secondary claim is reduced by the amount that was transferred to the patient.

Payments can continue to be posted to Claims 2 and 3.

Figure 1-16)
Accounts Receivable - Detail Report

ACCOUNTS RECEIVABLE - DETAILED								
Amount Expected as of 10/17/2009 By Invoice Date								
Inv #	Date Billed	DOS	Payor	Total A/R	0-30	31-60	61-90	91
49125-1	12/10/08	11/22/08	Medicare For Denial					
49336-2	12/18/08	11/29/08	Aetna					
53567-2	09/26/09	12/05/08	Aetna		1,075.20			
53567-3	09/26/09	12/05/08	Smith, Lina		118.80			
Total A/R for Smith, Lina:				\$12,742.57	1,194.00			