Utilizing Delinquent / Aging Reports

This document is designed to accompany the corresponding webinar/video on utilizing the Delinquent and Aging Reports.

eTHOMAS Delinquent/Aging Reports

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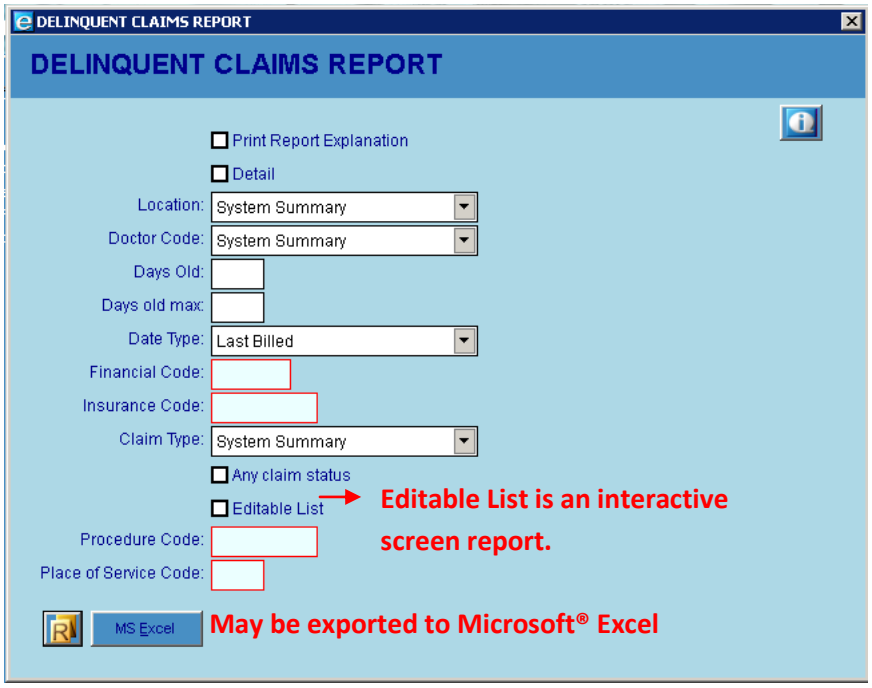
Delinquent and Aging Introduction

The Delinquent and Aging Reports in eTHOMAS have been created to help with the revenue cycle management of a practice. The system's robust reports will certainly aid in early detection of payment issues.

Delinquent Claims Report

The Delinquent Claims Report is a one-stop area for checking the status of claim revenue. The report can be adjusted to your office needs in that it can be generated by a variety of criteria.

To access the Delinquent Claims Report, click on the Reports tab then Financial.



eTHOMAS offers flexibility in its reports. This report may be generated to include:

- Detail of the claim
- Specific Location/Doctor
- Specific Days Old and Days Old Cap (max)
- Specific Financial Code/Insurance Code
- Specific Claim type
- Specific Procedure Code
- Specific Place of Service

Detail:	Will include the individual service dates and transaction information.

Location:	Choose a claim location in which to generate report results. The default is system summary.
Doctor:	Choose a claim doctor in which to generate report results. The default is system summary.
Days Old:	The minimum number of days old to generate report results. Used in conjunction with Date Type.
Days Old Max:	The maximum number of days old to generate report results.
Date Type:	What date to look at when generating results; Last Billed or Claim Date.
Financial Code:	Enter a financial code to generate report results or leave blank to pull all.
Insurance Code:	Enter an insurance code to generate report results or leave blank to pull all.
Claim type:	Choose a claim type or leave as System Summary to pull all.
Any Claim Status:	Generate report results for all claims statuses (unbilled, billed, secondary, tertiary, complete, etc.). By default, only claims in a Billed status will appear on the report.
Editable List:	Check this box to be brought to an interactive report which allows for the editing of claims and patient information.
Procedure Code:	Enter a procedure code to generate report results or leave blank to pull all.
Place of Service:	Enter a place of service to generate report results or leave blank to pull all.

The Delinquent Claims Report will list insurance companies alphabetically and then alphabetically by patient (not by account number). The information included on the Delinquent Claims Report includes the patient's name and account

number, date of birth, claim number, first billed date, last billed date, the dollar amount billed, claim balance, number of days old, contract/Social Security Number, and claim type (if applicable).

The Delinquent Claims Report is an invaluable tool that should be utilized on at least a monthly basis. The Delinquent Claims Report can be used in conjunction with the Aging by Financial Class, although the totals are not meant to match between these two reports. The reason these two reports may not match is because the Delinquent Claims Report does not factor in negative insurance balances while the Aging Reports do. In addition, the Aging Reports produce information based upon the transaction doctor and primary insurance. **The Delinquent Claims Report produces information based upon the doctor and the location inside the claim information.** This report will list claims with an outstanding insurance balance so that the office staff can follow up with those insurance companies.

Tips for using the Delinquent Claims Report

If this is your first time using the Delinquent Claims Report or you have not used it in quite some time, it is recommended to leave all criteria blank. In addition, check the box to select any claim status just in case there are some claims in an odd status that have been forgotten such as Hold, Open, Inquiry, etc.

If you find that this is the case or are unsure, you can use the Other Claim Status feature which is access from the Billing tab. It is recommended to check this area from time-to-time. The Other Claim Status will display each claim status and how many claims are in each status (the system setting DISPLAYBILLCOUNT must be activated to see the number of claims next to each status). So, if there are claims in a Hold status, those claims are just sitting there and not being worked or billed out to the carrier.

Getting the most out of the Delinquent Claims Report

The Delinquent Claims Report is flexible in that it can provide an executive overview when ran with no detail and can provide information on the granular level when generated with detail. Genius Solutions recommends finding a method that works for your office and using that method on a monthly basis. That does not mean not to use the other features of this report. The other rich offerings of this report can greatly benefit a practice looking to capture all of their claims revenue.

Executive Overview

The advantage of running the report with no detail is to get a better idea of what insurance or financial codes are in jeopardy. Again, if this is your first time running the report, leave all the parameters blank. Once you have used the report for a month or two and have been working your delinquent claims you can venture out and use the Days Old. Nowadays with most claims sent electronically, payment should be made within a month, two at the most. The exception to that would be legal cases such as auto and work comp.

Hone in on the Delinquent Payers

Once you have found those payers that are delinquent, generate the reports either using the Editable List or printing the report; sort by insurance code and begin investigating your claims as to why they are not paid.

The report will list the insurance company phone number entered on the Insurance Code in eTHOMAS. The Editable List works well in these instances because the user has quick access to the patient, claim information and policy. Changes may be made to the claim “on the fly” and submitted. It is recommended to make any notations about the conversation with the clam representative right from within the Claim Note on the Claim Information screen.

Why are they Delinquent?

Through your investigative work, is there a pattern? Are specific procedure codes being rejected? Are you catching all of the rejections and edits coming into your office via 999, 277, and payor rejections? If the insurance company doesn’t

have record of the claim, chances are it was rejected on the 277 level before it even made it to the insurance company. Once you are armed with the information you can do something about it!

Aging Reports

There are 6 different Aging Reports each supplying different information for your practice needs. Note, that the Aging and Delinquent Claims Report are not designed to match one another as they pull information differently. The Delinquent Claims Report will generate information based upon the claim level as a whole while the Aging Reports pulls individual transaction amounts or just raw balances of the patient and/or insurance.

Aging by Financial Class

The Aging by Financial Class is a great tool to be used at an executive summary level. This report should help answer the question of "what financial codes have the largest aged balance?".

The Aging by Financial Class will generate balances up to the current date. In addition to providing aged balances by financial code, the report will list the percentage of claims. From this report, your office can make decisions on next steps.

Code	Name	%	Total Balance	00 - 30 Balance	31 - 60 Balance	61 - 90 Balance	91 - 120 Balance	Over 120 Balance

The Aging by Financial Class will list each Financial Code, Name, Percentage of Claims, Total Balance, and break up the balances in the appropriate aging buckets. This is an ideal report to use to make decisions on which financial codes to target first.

Aging by Insurance Code

Similar to the Aging by Financial Class, the Aging by Insurance Code will provide a summary of the balances of each Insurance Code. This report will provide your practice with the information needed to made decisions on which insurance codes have not only the largest balances but those that have the oldest balances.

Code	Name	Total Balance	00 - 30 Balance	31 - 60 Balance	61 - 90 Balance	91 - 120 Balance	Over 120 Balance

Aging by Patient

The Aging by Patient is more of a granular level report which provides patient-specific information for both the Cash and Insurance levels. The Aging by Patient is not designed to match the Aging by Insurance or Aging by Financial, although certain columns may be close as they are closely related reports.

Name / AcctNo	Cash Balance						Insurance Balance						Balance Total
	00-30	31-60	61-90	91-120	Over120	Total	00-30	31-60	61-90	91-120	Over120	Total	

This is an ideal report to delve into the aging of each patient. The report may be generated to exclude patients flagged for collection, which is beneficial when running your office's true aging on patient accounts. In addition, the report may be generated by Patient Type. This can also be a beneficial trigger to isolate specific "types" of patients.

Aging by Patient (2)

The Aging by Patient 2 is very similar to the Aging by Patient except there are more exclusions to the report to use such as excluding credit balances, insurance balances, and patient in collection.

The layout of the report varies from the Aging by Patient but provides the same fundamental information. There is additional information such as the last payment, last statement, and a column to indicate if the patient is flagged for collections or if the patient does not have Statement checked in the patient file.

Name / AcctNo	Phone	TOTAL BALANCE	00 - 30 BALANCE	31 - 60 BALANCE	61 - 90 BALANCE	91-120 BALANCE	Over120 BALANCE	LAST PAYMNT	LAST STMENT	C L

Aging by Patient (Cash Only)

The Aging by Patient (Cash Only) will generate an individual patient-based aging report including the patient last payment and last statement. This is an ideal report to use when reconciling cash balances and finding out the patient's who have the most delinquent OR largest balances.

Name / AcctNo	Phone	Cash Balance						Last Payment	Last Statement
		00-30	31-60	61-90	91-120	Over120	Total		

Aging by Patient (Fixed End)

The Aging by Patient (Fixed End) will generate an individual patient-based aging report that **does not include current payments**. All payments are fixed in time for the given date range. What this means is that the payments are not up to the current date, so if I run the report on 10/1 it will only show the payments that were posted on date 10/1 not up to the current date.

Name AcctNo / Phone #	TOTAL BALANCE	00 - 30 BALANCE	31 - 60 BALANCE	61 - 90 BALANCE	91-120 BALANCE	Over120 BALANCE	LAST PAYMNT	LAST STMENT	C S