

Increase Payments with the Claims Work List and Collection Tools from NextGen Office PM

Identify missed opportunities and maximize reimbursement

Find old, unpaid claims and get them resolved

Busy days with high claims volume often require you to fully focus your attention on immediate claims submissions, with little time to address resubmissions or clean up outstanding accounts receivable (A/R). This means claims and payment dollars can be left behind.

NextGen® Office PM provides your billing business with tools to proactively identify claims that require attention and work them in a timely manner. The *Claims Work List* creates an organized list of claims-related follow-up tasks. This list is based on rules that you and your staff personalize and manage.

Claims are presented in a work list ordered according to risk level and follow-up date. The Claims Work List leverages risk-based guidelines according to what will work best for your business. Risk level can be assigned from 1 to 5, with five indicating the highest risk, to ensure higher priority claims get attention.

Why use a Claims Work List?

- **Increase claims revenue** – billing staff can focus on unpaid claims that still have an insurance balance in A/R.
- **Improve efficiencies** – billing staff can use filters to narrow down the work list to focus on specific providers, eliminating time-consuming manual searches and pinpointing opportunities to improve collections.
- **Drive results for your clients** – when claims are prioritized to expedite payment, you provide better results for your clients, strengthening relationships and increasing potential for referral business.

NextGen Office PM Claims Work List helps you identify:

- How long a claim has been sitting in A/R
- Which claims you need to follow up on first
- Whether a payer is fulfilling negotiated payment amounts
- Non-payment code issues
- Denied claims
- Underpaid claims

You know your client accounts best; you know your payers. Make the rules work for you to focus attention and efforts more efficiently and increase overall claims payment rates.

Claims Work List rules

- To establish priorities for addressing claims, the tool uses risk and then follow-up days as deciding factors:
 - Risk level: higher risk level trumps lower risk level
 - Follow-up days: the smaller number trumps the larger number of follow-up days
- Claims are populated to the claims work lists every night
- The follow-up date is based on the claim's status date

Claim Category and Claim Activity: Tailor the work list to meet business needs

The table below lists the claim categories and the claim activities that can be selected for a claim work list rule and the associated claim status.

Claim Category	Claim Activity	Claim Status
Not Billed	User Hold	User Hold
Not Billed	System Rejected	NGO Rejected
Pending Payment	Billed	Accepted; Sent to Payer Received
Pending Payment	Payer Rejected	Payer Rejected
Post-Payment	Denied	Denied
Post-Payment	Finalized	Finalized
Post-Payment	In Appeal	Accepted; Sent to Payer; Received; Denied; Finalized

Claims move in and out of a claims work list depending on claim activity. A claim could also move from one claims work list to another. The following are a few examples:

- A Not Billed rule for User Hold claims with a seven-day follow-up will be flagged seven days from the day it was originally put in User Hold. After the claim is billed and pushed to Accepted status, the claim is automatically unflagged from the Not Billed rule.
- A Pending Payment rule for a Billed claim with a 45-day follow-up will be flagged 45 days from the day the claim was put in Accepted Status. After payment is applied to the claim and the status is updated to Finalized or Denied, the claim is automatically unflagged from the Pending Payment rule.
- A Post-Payment rule for Denied claims with a five-day follow up will be flagged five days from the day the claim was changed to Denied.

What's the fastest method to identify unpaid claims issues?

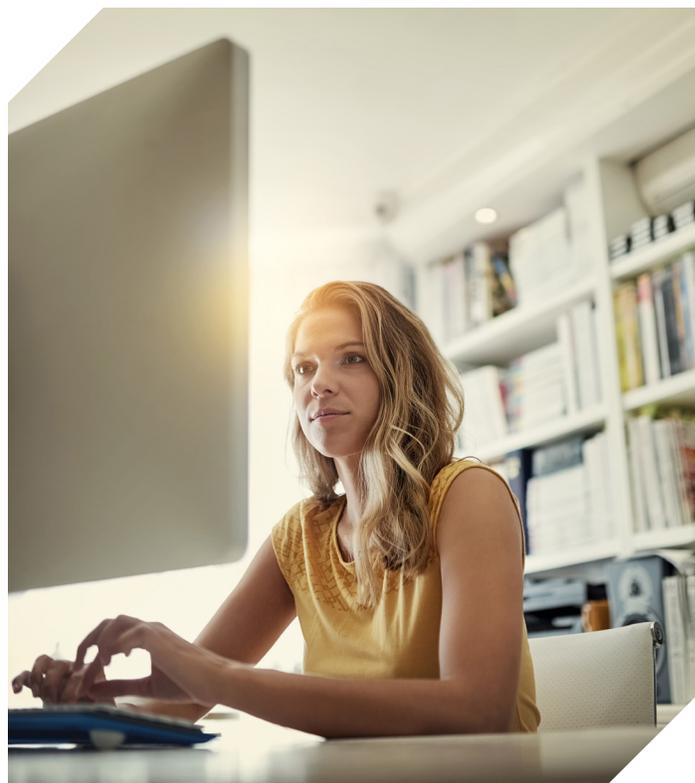
Claim activity status is the most commonly used criteria to identify unpaid claims. If this status is set to billed, you can view all the claims that have been sent out but haven't been reimbursed.

Select rule criteria and drive faster payments

Depending on the claim category, you can prioritize claims according to the criteria listed below:

- Claim Total
- CPT Codes
- Group Codes
- Payer Classes
- Payers
- Reason Codes
- Underpayment Amount

NextGen Office PM lets you organize your workflow around the demands of your business. To optimize your business processes, you can establish criteria according to the needs of your clients and the practice specialties you support.



Collections rules and protocols to identify payment priorities

Now that the insurance company has paid what is due, all that's left is the balance under the patient responsibility category—what the patient owes.

How do you identify patients that still owe, and how do you collect as much as you can? Your staff can try to collect the patient balance or you can turn it over to a third-party collection agency. NextGen Office PM offers two great tools to ensure you're maximizing payments.

1. Collections rules – Patient A/R

Collections rules identify past due accounts requiring additional follow-up to collect on the debt. Establish one or more rules using a variety of criteria according to your business needs.. Examples of criteria include patient balances, aging, payer name, and rendering and billing provider.

Note: Collections rules are scheduled and processed nightly, so you have a fresh list each day, automatically.

- Select the patient responsibility criteria.
- Provider, location, and payer filters are also available.
- Note: The All/Any option is used to indicate whether all or any of the patient responsibility criteria must be met for a charge to be selected by the collections rule.
- In this example, we created a rule where all of the patient responsibility criteria must be met. The maximum days in AR for the patient responsibility is 90 days and it has been 45 days since the last applied payment and the minimum AR balance is at least \$5.00.

Exclude charges

You have the option to exclude charges as well.

- Select **No Exclusions** or **Selected Account Types**.
- If you choose **Selected Account Types**, select the account type and then click **Add** to move it to the right.

Account Actions

Last and most importantly, you have the Actions you want your system to take. Once you've set up these rules, you've designed a personalized action plan for each day.

When the rule is run, account actions indicate what should occur to the selected charge(s).

Account Actions

When Accounts are Flagged by the Rule

Write-Off Balance Reason:
 Hold for Review
 Add to Work List
 Export

Update the Account(s) status: CURRENT ARCHIVED

- **Write-off:** Select the write-off reason for eliminating the patient balance.
- **Hold for Review:** Moves the charge(s) to the Hold for Review tab on the Collections page.
- **Add to Work List:** Assigns the charge(s) to a collections case to be worked by the billing staff. Collections cases are found in the Collections Cases tab on the Collections page.
- **Export:** Exports collections case information to a batch file to be manually sent or queued for automatic transmission to TSI. Exported cases are found in the Exported Cases tab on the Collections page.
- Click **Save**.

Just like the Claims Work List, make the Collections Rules work for you so you can collect more, faster. In addition, expanded payment channels are made available through NextGen® Pay powered by InstaMed, allowing for easy online payment with credit cards, Google Pay, Apple Pay, and other flexible payment options. Improve the ability of your clients to collect payments from patients.

2. Collections Protocol

The Collections Protocol allows you to define the procedure billing staff should follow when working a collections case. Options for steps to take include email, portal message, letter, phone call, financial penalty, and send to collections. You can assign a duration for each step. The same step can be used more than once. Staff members can upload letter templates that can be customized for each case, making the process more efficient.

Administration : Collections Protocol

Use the form below to define your Collections Protocol steps.

Step	Action	Letter Template	File Name	Duration (days)	Options
1.	Send a Letter	Choose File No file chosen	Collection Letter.pdf	14	
2.	Phone Call	Choose File No file chosen		7	
3.	Phone Call	Choose File No file chosen		7	
4.	Financial Penalty	Choose File No file chosen		7	

[Add a Step](#)

- Click **Add a Step**.
- Select an action from the Action menu.
- Indicate the number of days in the Duration menu.
- Enter as many steps as needed.
- **Note:** The **Send to Collections** action can only be used as the last step. After this action is added, no additional steps can be added.

To reorder the steps, delete the necessary steps and add steps as needed. Deleting steps will not negatively affect any existing collections case.

For the Send a Letter action, a PDF with editable form fields can be uploaded and used in bulk. The names of fields that can be populated are:

- Patient First Name = MEMBER_FIRST_NAME
- Patient Middle Name = MEMBER_MIDDLE_NAME
- Patient Last Name = MEMBER_LAST_NAME
- Patient Address Line1 = MEMBER_ADDRESS1
- Patient Address Line2 = MEMBER_ADDRESS2
- Patient City = MEMBER_CITY
- Patient State = MEMBER_STATE
- Patient Zip = MEMBER_ZIP
- Patient Home Phone = MEMBER_HOME_PHONE
- Guarantor First Name = GUARANTOR_FNAME
- Guarantor Last Name = GUARANTOR_LNAME
- Guarantor Address Line1 = GUARANTOR_ADDRESS 1
- Guarantor Address Line2 = GUARANTOR_ADDRESS 2
- Guarantor City = GUARANTOR_CITY
- Guarantor State = GUARANTOR_STATE
- Guarantor Zip = GUARANTOR_ZIP
- Guarantor Home Phone = GUARANTOR_PHONE
- Case Charges = CASE_CHARGES
- Original Responsibility for All Patients in a Case = CASE_PR
- Remaining Balance on a Case = CASE_BALANCE
- Today's Date = DATE

Leveraging these NextGen Office PM Claims Work List tools lets you work more efficiently and effectively. The result is customized, automated processes that help you increase payments received and reduce time to pay.

Looking for more information on work lists? Check out this video: [**Increase Payment Flow Using Claims Work List and Collections >**](#)

BETTER STARTS HERE.

Contact us at **877-523-2120** or email ngosalesteam@nextgen.com for a demo.

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