General Financial Questions

How are the financials data structured?

We are using a double entry accounting system. Each transaction is recorded as a journal entry. Each journal entry will balance by having one or more debit and credit posting records with each posting linked to an account. A group of journal entries is tied to a batch. An example of a batch would be an Explanation of Benefits (EOB) Insurance Payment.

In ICE, every journal entry is a new entry. No journal entries are ever amended or deleted. This gives ICE the ability to display the history of any transaction.

What is an adjustment?

An adjustment is an increase or decrease in the amount of a charge or payment. A charge adjustment can be based on the full amount or the remaining amount of a charge, e.g. a discount, a payment refund, or an insurance contractual write-off.

What is a transfer?

A transfer is changing who is financially responsible for the charge, e.g. Patient to insurance

What is an aging bucket?

A period of time where an outstanding charge would be included into. You can have up to ten aging buckets, with the ability to customize the label and colors.

What is an Patient Administrative Charge?

A charge that does not come from charting. The list of administrative charges are customizable by you. Examples might be a returned check fee, charge for missed appointment, duplication of records, etc.

Can I customize the transfers, adjustment, administrative charges?

Yes, in the practice settings under financials. There is no limit to the number of transfers, adjustments and administrative charges.

What is the difference between the Main Ledger tab and Detailed Ledger tab?
The Main tab will order all transactions by date. The Detailed tab will order all billed procedures by date, and show all transactions affecting the procedure indented underneath. Non-billed procedures with a prepayment will also appear, with the prepayment amount underneath.


What does the procedure tab include?
All procedures charted for the patient, regardless if they have any financial transactions. It does not show proposed treatments or procedures defined as "No Longer Necessary".

What is the purpose of the ad hoc statement?
The ad hoc statement will show all the financials transactions within the specified date range. Any payment plans and custom notes will appear at the bottom. This is used to print an on-demand statement as opposed to monthly statement billing.
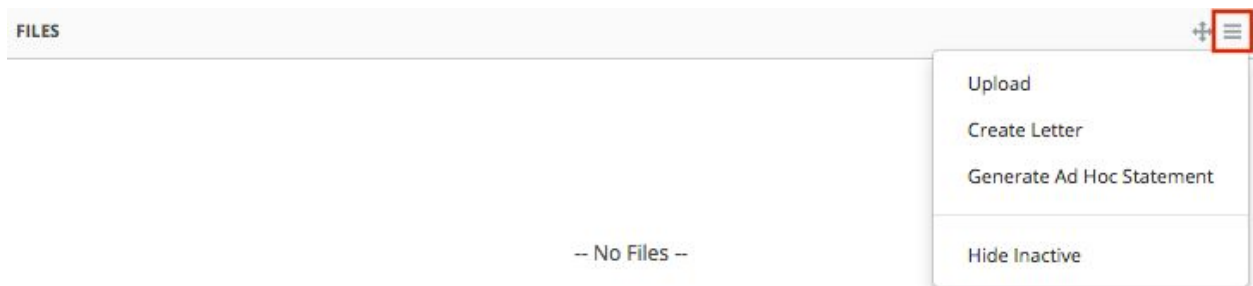
Are there other statements coming?
Yes, we will have summary statements showing only charges that are outstanding.

Can I set up jobs ?
You can set up automated tasks in the system for generating claims and creating charges from a payment plan. Many more jobs will be available in the near future.

Can I report on Patient AR and Daily Income?

Yes, in the reporting tool, we have extensive reporting tools to get AR balances, adjustments, income. Results can be filtered or grouped by patient, clinic group, clinic, date, etc.

Patient Payments and Balance

How does payment allocation work against charges when entering a payment?

Based on the practice setting, if it is set to real time and you use the default view, it will use first in first out FIFO). On the detailed payment view, you can determine which procedures the payment is applied against, including planned procedures. A payment plan can also have payments assigned to it. Other allocation options will be available in the future.

Can I reallocate a payment?

Yes. Double click the payment to reallocate a payment to other procedures or payment plans. By default, only procedures or payment plans that are part of the allocation will appear.

What is a prepayment?

A prepayment is a payment held for a future charge. This includes planned procedures prior to completion and charges from a payment plan.

Do prepayments go against the patient balance?

No. They are separate. If the prepayment becomes unassigned to a payment plan or procedure, and just sits unallocated, then the payment goes against the patient balance. The patient balance is current billed amount outstanding.

What does the Patient Complete Balance include?

The full amount outstanding plus any future payment plan charges for the patient.

Can I view the allocation information of a charge?

Yes. Double-click the charge to get the charge details. All payments, transfers and adjustments will be visible. A charge from a payment plan will also include the payment plan details.

CHARGE DETAILS

$150.00	$0.00	$0.00	$0.00	$0.00
Charge Amount	Charge Balance	Patient Balance	Insurance Balance	Adjustment Total

Charge Details

Hide

Tx Date	Status Date	Post Date	Code	Area	Surf	Description	Tx. Status	Chg. Amt.	Pt. Chg. Amt	Billed To	Ins. Chg. Amt	Billed To	Student Provider	Rendering Provider	Billing Provider	Clinic Group	Cl
2016-06-07	2016-06-07	2016-06-08	D0120	FM		Periodic oral ...	Completed	$150.00	$150.00	George Dre...	$0.00		dgenuis i...	dgenuis-at-...		ICE Clinic G...	IC

Payment Details

Hide

Notes	Payment Date	Description	Total Amount	Allocated Amount	Payment Made By	Pt. Balance	Ins. Balance	Clinic Payment was Collected	Clinic Group	Clinic	Entered By
	2016-06-08	Cash	$150.00	$150.00	George Drew	$0.00	$0.00	ICE Clinic A	ICE Clinic G...	ICE Clinic A	dgenuis-at-iceheal...

Adjustment Details

Show (0)

Transfer Details Show (0)

Notes

-- No Notes --

Make a Payment   Add Transfer | Add Adjustment | Add Note | Close

How is a charge balance aged when the balance is transferred from one account to another?

The aging of the transferred balance starts from the day it was transferred, not the day the charge was created. The breakdown of the charge can be viewed in the charge details screen.

CHARGE DETAILS

$350.00	$350.00	$350.00	$0.00	$0.00
Charge Amount	Charge Balance	Patient Balance	Insurance Balance	Adjustment Total

Charge Aging Bucket Details

Hide

Pt. $157.50	Pt. $192.50
Current	Late

Delta Dental (8885 4254) -$157.50

Charge Details Hide

Tx Date	Status Date	Post Date	Code	Area	Surf	Description	Tx. Status	Chg. Amt.	Pt. Chg. Amt	Billed To	Ins. Chg. Amt	Billed To	Student Provider	Rendering Provider	Billing Provider	Clinic Group	Cli
2017-01-05	2017-01-05	2017-01-05	D2140	30	O	Amalgam - on...	Completed	$350.00	$192.50	Curtis Aged...	$157.50	Delta Dental	Curtis Sh...	curtisshmig...	curtisshm...	CG1	C1

Payment Details Show (0)

Adjustment Details Show (0)

Transfer Details Hide

Notes	Transfer Date	Transfer Code(s)	Transfer Description	Trans. Amount	Entered By	Clinic Group	Clinic	Batch Number
	2017-03-16	Cov Exc	From - Delta Dental	-$157.50	curtisshmigelsky	CG1		156d9d3b-dc55-8...
	2017-03-16	Cov Exc	To - Curtis Aged Tr	$157.50	curtisshmigelsky	CG1		156d9d3b-dc55-8...

Insurance Claims Details Hide

ICE Claim Number	Insurance Payer Claim Number	Insurance Payer	Date Created	Claim Type	Claim Status	Submission Method	EOB Entered

Make a Payment   Add Transfer | Add Adjustment | Add Note | Close

If an account has more than one guarantor, is it possible to assign different guarantors as primary for specific charges?

Not at this time. In the roadmap, we do plan to allow multiple guarantors with percent coverages on all non payment plan charges. EG. Mom covers 75%, Dad covers 25%. We will also be able to assign a payment plan amount to each guarantor.

If the patient has multiple insurance policies, can I see the balance summary for each insurance payer?

Yes. The totals for each insurance payer will appear in the aging buckets.

Payment Plans

What is the difference between the two payment plan types?

A non-ortho payment plan is for all procedures and administrative charges, except ortho procedures. Non-ortho payment plans are for patient accounts only. "Work done" for a procedure is defined when the procedure becomes completed.

An ortho payment plan requires an active ortho treatment plan. Ortho payment plans are for patient and insurance payer accounts. "Work done" for the procedure is based off the ortho treatment plan schedule.

Can partial balances of a procedure be added to a non-ortho payment plan?

Yes. A portion of a charge can be added to a non-ortho payment plan and the other portion can be aged.

How flexible is the payment plan schedule?

Very flexible. You can create a schedule based on occurrences and frequency. From there, you can change each scheduled item by date and amount.

Can I add/remove procedures after the payment plan is created?

Yes, but you will also need to update the payment plan schedule to reflect the new balance.

What happens to the charges and payment plans if I cancel an ortho treatment plan?

The amount of work done on the treatment plan must match the amount billed on the payment plan. Adjustments and or charges will be created to ensure the amount of work done and the amount of work billed equal.

CANCEL TREATMENT PLAN   ⊗

The actual value of the treatment plan must match the actual amount of all payment plans and the adjustment.

Treatment Plan Summary

Name	Value	Earned	Actual	Difference	Start Date	Est. Months	Paused
Treatment Phase Title	$200.00	$16.67	$ 16.67	$0.00	2016-06-16	12	No

Payment Plan/Adjustment Summary

Name	Value	Billed	Actual	Difference	Start Date	Avail. Prepayment	Amt. Outstanding
Carson Drew	$200.00	$0.00	$ 0	$0.00	2016-07-16	$0.00	$0.00
Carson Drew	$200.00	$0.00	$ 0	$0.00	2016-07-16	$0.00	$0.00

Treatment Plan Amount   Payment Plan Total
$16.67   **$0.00**

Cancel Plan   Close Window

Can I have multiple payment plan schedules for a payment plan?

You can have multiple draft payment plan schedules for a payment plan, but only one active payment plan schedule per account per payment plan. Once a draft payment plan schedule is made active, all draft payment plan schedule for the account will disappear.

Main	Pt. Payments	Ins. Payments	Adjustments	Transfers	Procedures	Insurance	Payment Plans	Detailed Ledger

Payment Plan Name | Orthodontic (Draft)

Start Date:	2016-06-16
Adjustment Amount:	$0.00
Final Amount:	$200.00
Total Amount:	$200.00
Clinic Group:	ICE Clinic Group 1
Clinic:	ICE Clinic A

Payment Schedule(s)

Notes	Account Name	Plan Amount	Term	Frequency	Start Date	Down Payment	Payment Amount	Status	Actions
	Carson Drew	$200.00	12	Monthly	2016-07-16	$10.00	$15.83	Draft	
	Carson Drew	$200.00	12	Monthly	2016-07-16	$30.00	$14.17	Draft	

What is the difference between a regular claim and a courtesy claim?

A courtesy claim states the insurance payer will pay the patient instead of the clinic. In most cases, the claim itself is submitted by the patient. In some instances, the clinic will submit the courtesy claim on behalf of the patient. In this case, once the claim is submitted, the clinic does not care about the status of the courtesy claim.

A regular claim is an actual statement of services, submitted by the clinic. The clinic will receive the payment for the claim.

CREATING A CLAIM

What type of claim would you like to create?

| Create a Claim | Create a Courtesy Claim | Cancel |

Insurance Claims and Claim Queues

How are billing and treating providers defined?
At the highest level, they are defined at the clinic group. Billing and treating providers can be set as a whole, or per provider type within a specific date range. This is the same for clinics within the clinic group.

Can I define the billing and treating provider for each insurance payer?
Yes, by clinic or provider type within each clinic per insurance payer.

Can I define the additional provider ID for claims?

Yes, by clinic or provider name within each clinic per insurance payer.

How do I create a claim?

Use the "create a claim" button in the financial section for setting up an automated task.

How are procedures added to a claim?

Procedures are added by treatment dates, insurance policies and expected billing and treating provider defined at the insurance payer>clinic>clinic group levels. If two procedures exist on two different dates, two claims will be created.

Where are the claims held after they are created?

Based on the insurance payer setting, they are held in the electronic or print queue.

Where can I see all the claims for a patient?

Under the claims tab on their financial record. You will be able to see all regular claims, predeterminations and prior authorizations.

Can I move claims between batches?

Yes, during the review claim process by changing the batch type.

Can I make a regular claim a courtesy claim?

Yes, during the review claim process.

How can I view the submission history of a claim?

In the patient financials record, under the claim tab, find the claim and select the history button

	ICE Claim Number	Claim Type	Claim Level	Total	Insurance	Created By	Clinic Group	Date Created	Claim Action	Actions		
	S20170202-0001	Regular Claim	Primary	$350.00	Delta Dental	Curtis Shmigelsky	CG1	2017-02-02	Approved	View	History	Preview ADA Form

Tabs: Main | Pt. Payments | Ins. Payments | Adjustments | Transfers | Procedures | Claims | Payment Plans | Detailed Ledger

Tx Date	Procedure	Area	Surface	Status	Amount
2017-02-02	D2140	3	O	Completed	$350.00

Batch Type	Date Submitted	Status
Paper	Feb 02, 2017	Submitted Manually

CLAIM HISTORY FOR S20170202-0001

Creation Date	Submission Date	Submission Method	Submitted By	Submission Result
2017-02-02	2017-02-02	Paper	Curtis Shmigelsky	

How do I submit a secondary claim with a timely filing restriction?

You can create a claim manually in the patient financials account by selecting the "Create a Claim" button and selecting "Create a Claim Manually"

Make a Payment	Administrative Charge	Add Adjustment	Add Transfer	Add Payment Plan	Create a Claim

CREATING A CLAIM

There are no procedures that need to be submitted to insurance.
You can create a courtesy claim.

Predetermination/Preauthorization (0)	Create a Claim Automatically	Create a Courtesy Claim	Create a Claim Manually	Cancel

CREATING AN INSURANCE CLAIM FOR CURTIS FRANK

			Primary Policy Information		Secondary Policy Information	
Primary Ins. Policy	gn555102 - Capitation - Afl..		Insurance Payer:	Aflac	Insurance Payer:	Aflac
Secondary Ins. Policy	GN949493 - Capitation ... x		Policy Type:	Dental	Policy Type:	Dental
Submission Method	PAPER ELECTRONIC		Group Number:	32422	Group Number:	32422
Claim Level	Primary		Effective From:	2017-02-01	Effective From:	2017-02-01
NEA Number			Effective To:		Effective To:	
Remarks			Subscriber ID:	4234234	Subscriber ID:	12321322
			Rel. to Subscriber:	Self	Rel. to Subscriber:	Self

Procedures for Insurance Claim

Code	Description	Area	Surface	Material	Posting Date	Clinic	Cov. Service	Status	Last Claim #	Last Claim Status	Last Claim Created On	Last Claim Sent On	PD/PA Status
D2140	Amalgam - one ...	3	O	Amalgam	2017-02-02	C1	Yes	Completed					

Create an Insurance Claim   Add Note   Cancel

Can I have multiple open claims for a procedure at a specific level? Eg: Multiple Primary Claims for a D2140.

No. We want to prevent the same procedure getting adjudicated twice with the same insurance policy.

Can I Resubmit a claim after its been submitted

Yes on the patient financials record, under the claim tab, select the "Resubmit" button on the claim.

Regular Claim	Primary	$350.00	Delta Dental	Curtis Shmigelsky	CG1	2017-03-16	Approved	View	History	Preview ADA Form	Save ADA Form	Resubmit

	Procedure	Area	Surface	Status	Amount
	D2160	14	MDF	Completed	$350.00

	Date Submitted		Status	
	Mar 16, 2017		Submitted Manually	

When a print batch is completed, what happens ?

A giant pdf with all the claims is created, plus each claim is added to the patient account, to view under the files tab in the dashboard section.

Predeterminations

What is a Predetermination?

A predetermination is type of claim to determine the coverage for a procedure based on the commercial insurance policy from the insurance carrier.

What is a Prior Authorization?

A prior authorization is type of claim to determine if a procedure is covered for a medicaid policy. In ICE, the workflow for Predeterminations and Prior Authorizations is the same.

What type of forms are used to create predeterminations?

The most common form is the ADA form, but other forms can be configured as well. For Medicaid policies with procedures requiring a prior authorization, the form used to generate the prior authorization can be set at the insurance policy. Going forward, we will refer predeterminations and prior authorizations as predeterminations.

How do I define which procedures require a predetermination?

On the insurance policy, a predetermination can be defined in one of two methods

1) At the insurance policy category.

Coverages and Exceptions

			Maximum	Limit		Deductible Waived	Occurrence	Frequency		Predetermination Required	
Diagnostic	%	▼	70	Monthly	▼	YES⬤▭ NO	0	Monthly	▼	YES⬤ NO	Exceptions
Diagnostic - X Rays	%	▼	70	Monthly	▼	YES⬤▭ NO	0	Monthly	▼	YES⬤ NO	Exceptions

2) As a code exception rule.

What type of procedures can have predeterminations?
Any planned procedure, planned step set, or proposed treatment.

When a procedure requires a one or more predeterminations, can I have move the status of the procedure from planned to in progress or completed before the predetermination is completed?
Yes, but for each predetermination required per policy, the user would have to acknowledge they are excluding the predetermination.

How do I create a Predetermination?
In the patient financial record, select the "Create a Claim" button then select the "Create a Predetermination" button.

CREATING A CLAIM	⊗
What type of claim would you like to create?	

| Predetermination/Preauthorization (2) | Create a Claim | Create a Courtesy Claim | Cancel |

Can I get a Predetermination for a procedure or proposed treatment that does not require one? Yes, during the create predetermination process, you can manually add planned procedures or proposed treatments.

CREATING A PREDETERMINATION FOR JOHN SMITH ⊗

Primary Insurance Policy Delta Dental - Gn493933 (... ▾

Submission Method Paper

Group Number 542344

Show All Planned Procedures and Proposed Treatments YES ⬤NO

Available Procedures for Predetermination

	Code	Description	Area	Surface	Material	Entry Date	Clinic	Estimate	Status	Step Set	Ins Required	Proc Planned	On Pmt Plan
☐	D2150	Amalgam - two surfaces, pri...	28	OL	Amalgam	Mar 13 2017	TC2 te f	PT/INS : $600.00 / $400.00	Planned	No	Yes	Yes	No
☐	D2140	Amalgam - one surface, prim...	22	I	Amalgam	Mar 13 2017	TC2 te f	PT/INS : $600.00 / $400.00	Planned	No	Yes	Yes	No

| Create a Predetermination | | Add Note | Cancel |

Where does the predetermination appear after it is created for the patient?
1) In the claims tab on the patient financial record. The claim type will be predetermination.

	ICE Claim Number	Claim Type	Total	Insurance	Created By	Clinic Group	Date Created	Claim Action	Actions
	S20170313-0003	Predetermination	$2,000.00	Delta Dental	Curtis Shmigelsky	TCG2	Mar 13 2017	Open	Withdrawal Process View Preview PA/

Tx Date	Procedure		Area	Surface	Status	Amount
	D2140		22	I	Planned	$1,000.00
	D2150		28	OL	Planned	$1,000.00

Batch Type	Date Submitted	Status
Paper	March,13 2017	Claim Created

2) The predetermination will appear in the appropriate batch for review based on the insurance payer setting.

PRINT QUEUE

Insurance [Choose an Insurance Payer ▾]   Search By **CLAIM CREATE DATE** PROCEDURE DATE

Created By [Choose an Individual ▾]   From Date [MM DD YYYY 📅]

Clinic Group [Choose a Clinic Group ▾]   To Date [MM DD YYYY 📅]

[View All]

Total Claims : 15 Approved : 8

2017-03-08	D8080		FM			Completed

S20170308-0004	Regular Claim	ortho bugtest4	$1,000.00	test1	System Generate...	TCG2	Mar 8 2017	App Hold	Ed

Tx Date	Procedure	Area	Surface	Status
2017-03-07	D8080	FM		Completed

S20170313-0003	Predetermination	John Smith	$2,000.00	Delta Dental	Curtis Shmigelsky	TCG2	Mar 13 2017	App Hold	Ed

Tx Date	Procedure	Area	Surface	Status
	D2150	28	OL	Planned
	D2140	22	I	Planned

First Previous Page: 2 of 2 Next Last

[Submit Batch] [Print Batch]   [Approve All] Close

How do I process a predetermination?

Under the claims tab, identify the predetermination and select the "Process" button. Set the status of the predetermination as Approved, Denied or Withdrawal. If approved, the authorization number and valid from and to dates are required. For each procedure, enter the amount that was approved.

...ments	Transfers	Procedures	Claims	Payment Plans	Detailed Ledger		

Insurance	Created By	Clinic Group	Date Created	Claim Action	Actions				
Delta Dental	Curtis Shmigelsky	TCG2	Mar 13 2017	Open	Withdrawal	Process	View	Preview PA/PD Form	Save PA/PD Form

	Area	Surface	Status	Amount
	22	I	Planned	$1,000.00
	28	OL	Planned	$1,000.00

How do I attach the predetermination number to an insurance claim?

When the insurance claim is created for a procedure, ICE will check if a predetermination was completed and attach the predetermination number to the insurance claim automatically.

Can I setup a job to automatically expire predeterminations?

Yes. Under Practice Settings -> Automated Tasks -> Expire Predetermination Job.

ICE   PRACTICE   PROVIDER   PATIENT   INDIVIDUAL   RESOURCES   LOGOUT

DASHBOARD   SCHEDULING   INSURANCE   REPORTING   PRACTICE SETTINGS

Filter...

- Internal Practice Setup
- System Update
- + Administrative Notes
- + Charting
- – Financials
  - Ad Hoc Statements
  - Account Buttons
  - Administrative Charges
  - Adjustment Code Groups
  - Adjustment Codes
  - Aging Buckets
  - Allocation Information
  - Automated Tasks

Financials Automated Tasks

Set the schedules for the automated tasks run from Financials.

Title	Frequency	Days	Time
Earned Income Schedule Job	Daily		1:10 pm
Payment Plan Schedule Job	Daily		1:10 pm
Pause Orthodontic Treatment Job	Daily		1:10 pm
Resume Orthodontic Treatment Job	Daily		1:10 pm
Create Insurance Claims Job	Daily		1:10 pm
Expire Predeterminations Job	Daily	✕ Wednesday	12:30 pm

Batch Payments Management

How do I manage lockboxes?

In Practice Settings -> Financials -> Lockbox Management

What is a payment batch?

A payment batch is a list of payments grouped together as a batch. Payments can be entered over multiple days until the max size of the payment batch is reached.

How do I create a new payment batch?

In Practice -> Payments -> Batch Payments. Select "Add New Batch"

Can I limit the number of payments in a payment batch?

Yes. In Practice Settings -> Financials -> General Settings -> Max Batch Size

Can I link the batch summary to the payment batch?

Yes, the batch summary can be linked in two ways:

1. Uploading the batch summary file from the computer
2. Scanning the batch summary document with an approved scanner installed on the local machine.

CREATE NEW BATCH

Lockbox	TD Lock Box ▾
Batch Number	3423
Deposit Date	2017-03-15
Amount	2000

Attach Batch Summary   Scan Batch Summary

Save Batch   **Add Note**   Cancel

How do I add a payment to a payment batch?

In Practice -> Payments -> Batch Payments, identify the payment batch and select the "Payments" button. In the payments batch window, select "Add Payment"

Can a payment in a batch come from an Insurance Payer or Patient?
Yes.

Can I link the EOB to the payment?
Yes, the EOB can be linked in two ways
1. Uploading the batch summary file from the computer
2. Scanning the batch summary document with an approved scanner installed on the local machine.

How do I search for payments within ICE?
In Practice -> Payments -> Find Payments.

Batch Payment Allocation

Can I manage contractual adjustment codes?

Yes. In Practice Settings -> Financials - > Adjustment Codes. When creating a new adjustment code, select "Contractual Adjustment"
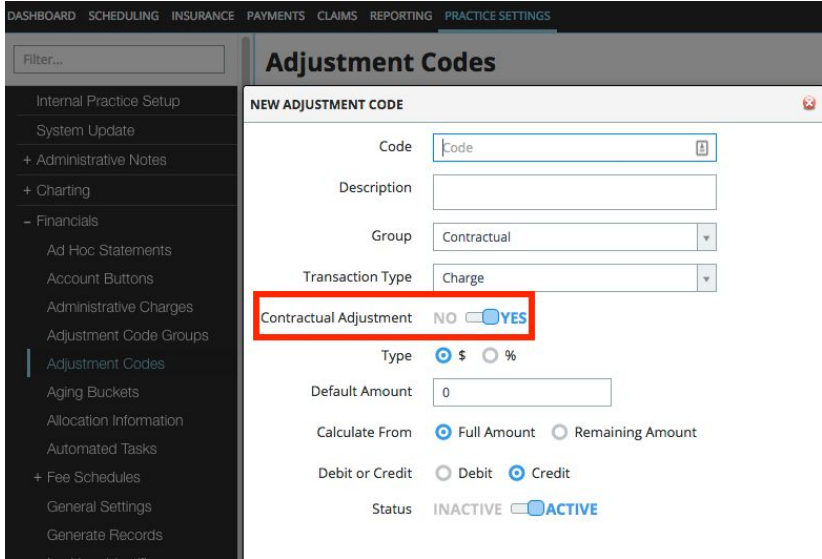
Can I manage insurance denial codes?

Yes. In Practice Settings -> Financials - > Adjustment Codes, When creating a new adjustment code, select "Insurance Denial Code"
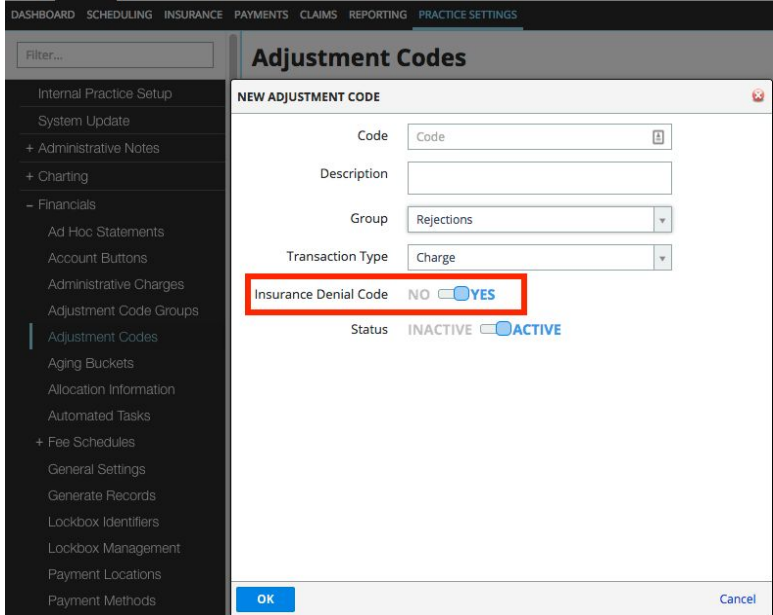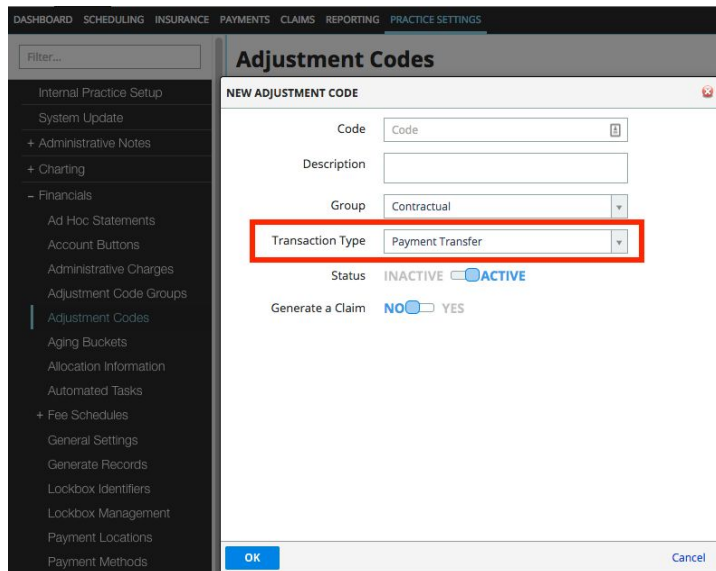
What is a payment transfer?

A payment transfer is the transfer of unallocated funds on a payment from one account to another. Example. If an insurance payer expected to pay $90.00 but paid $100.00, the unallocated $10.00 could be transferred to the patient or another insurance account.

Can I create my own payment transfer codes?

Yes. In Practice Settings -> Financials - > Adjustment Codes. When creating a new adjustment code, select the transaction type: "Payment Transfer"

What is an administrative charge for an Insurance Payer?

An administrative charge for an Insurance Payer is used to track non patient payments on a batch payment. Examples include Interest Payments and HMO Payments.

What is the payment method "Credit"

The payment method credit is a type of payment generated from a payment transfer. The payment method acts in the same as any other payment method. This allows the payment to be allocated, assigned or refunded.

Can the regular adjustments be debit adjustments on payment allocation?

Yes, the adjustment can be a debit or credit.

How do I allocate an insurance payment to insurance balances patient account?

Load the batch with the payments and select the "Allocate" option on the payment you wish to allocate.

Once the allocation screen is displayed, how do I allocate the insurance payment on insurance balances for the patient?

1) Search for the patient you wish to allocate the insurance payment
2) Enter the payment amount you wish to allocate

What kind of transactions can I do in conjunction to allocating the payment?

A procedure can have one or more of the following types of transactions
1) Denial Code
2) Contractual Adjustment
3) Regular Adjustment
4) Charge or Payment Transfer
5) Negative Payment

Do I have any options to show/hide columns when doing any payment allocation?

Yes. In Practice Settings - > Insurance -> EOB, the following columns can be shown or hidden.
1) Claim Number
2) Claim Create Date
3) Claim Submission Date
4) Procedure Description

What charges will show up by default once I select my patient when allocating a payment?

Any charges associated with that insurance payer where the claim has been submitted.

Can I hold an allocation on a patient account?

Yes. In the payment allocation screen, select "Hold Payment"

How does the allocation on hold affect the patient balance and payment allocation?

The payment is still tracked as allocated, but the allocation is not posted on the patient account. The ensures that payment amount is held for the patient and the payment amount cannot allocated to another patient.

Can I deny part or all of a claim?

Yes. For each procedure, the user will enter the denial code. If multiple procedures are part of the same claim, one procedure can be set to a denial code and another can be allocated.

What is a negative payment?

A negative payment is a payment made by the insurance carrier based on an incorrect fee. For example: A claim is submitted for a procedure with the fee of $100. The insurance payer was expected to cover 45%, ($45). Before the claim is adjudicated, the fee is reduced by 20% to $80.00. Insurance is now expect to pay $36.00.

After the adjustment, the EOB is returned with the insurance payer making a payment of $45.00 instead of $36.00 for the procedure. Now we have a $9.00 negative payment.

What options do I have to use negative payments and how does each negative payment option work?

Four options are available:
1) Transfer the negative payment to the patient as Patient Credit
2) Refund the negative payment amount to the insurance payer.
3) Refund the full payment amount designated for the patient and generate a corrective claim and insurance refund.
4) Transfer the payment to the Insurance Payer to be used on a future EOB.

Can I allocate a batch payment to an Insurance Payer?

Yes.
1) In the batch payments screen, select the "Non Pt Pmt" button.
2) Enter an administrative charge and amount

How can I see all the allocations I have entered for the batch payment?

In the batch payments screen, select the "History" button on the payment. All transactions per line item will be listed in chronological order.

Can I reallocate the allocation on a charge once the original allocation is saved?

Yes.
1) In the allocation history, select the "Allocation" button on the procedure you want to reallocate.
2) The allocation screen will be displayed with the allocation that was applied.
3) Make any allocation changes and select save.

How does ICE track the reallocation on a batch payment?

The original allocation is reversed out so the charge is returned to its original state. The new allocation is applied from the original state. In the allocation history, two new transactions will appear. The reversing of the original transaction and the new allocation.

How can I link the "Insurance Credit" for a payment?

1) Select the insurance payer for the payment
2) Select "Add Credit" on the payment screen
3) Search for the credit
4) Select the credit and the amount of each credit you wish to add to the payment.
5) Select "Add Payment to Allocation"

How can I allocate the insurance credit linked to a payment once my patient is selected?

1) Enter the insurance amount you want to allocate.
2) On the charge, double click the insurance amount.
3) Select the credit and the amount you wish to use for the allocation.

ADD INSURANCE CREDIT TO CHARGE

Procedure Code: D2140   Treatment Date: Feb 09, 2017   Tooth/Area: 27   Surface: M

Insurance Credit to Allocate to Charge : [10]   Total Amount Added : $0.00   Total Insurance Credit to Allocate for Patient : $10.00

Current Insurance Credit

		Patient Name	Date of Credit	Treatment Date	Proc Code	Surface	Area	Amount to Add	Amount Available	Amount Allocated	Initial Amount
PDF	☑	Curtis NP Ins ...	2017-03-16	2017-02-09	D2140	O	28	10	$10.00	$0.00	$10.00

Add   Close

Refunds

How do I manage refund codes?

In Practice Settings -> Financials -> Refund Codes

How can I see how much insurance credit is linked to an Insurance Payer?

In Practice -> Payments -> Insurance Payer Credit. The credit is broken down into two categories

1) Credit expected to be refunded.
2) Credit expected to used allocated to a future EOB.

How do I generate a refund for the Insurance Payer?

Select refund credit from the Insurance Payer Credit screen

What kind of credit can I refund to an Insurance Payer?

You can refund any credit associated with the Insurance Payer, including credit designated for a future EOB.

Can I put the insurance refund on hold?

Yes. When you generate the credit, you can set the status of the credit to "In Progress"

Can I cancel the insurance refund after the refund is posted?

Yes, by loading the refund and setting the status of the refund to cancelled.

How do generate a refund for the patient?

Search for the payment in the "Find Payments" screen and select the "Refund" button

What funds are available to refund to a patient?

Any payments with an amount that is not allocated and not assigned.

How do I make more funds from the payment available to be refunded for the patient?

Load the payment details and deallocate or unassign the payment.

What validations are in place before I post a refund to a patient?

1) Any outstanding balance for the patient or insurance
2) Any payment plans for the patient or insurance
3) Any future appointments
4) Any procedures planned or in progress

Can I set the status of a patient refund to hold?

Yes, by setting the status of the refund to "In Progress"

Can I cancel the patient refund?

Yes, by loading the refund and setting the status of the refund to cancelled.

How can I see what refunds a patient has pending when viewing the patient financials record?

Yes, by clicking on the "Pending Refunds" total in the patient details screen.

Do pending patient refunds affect the patient balance?

No. The funds are only locked to prevent the funds getting used in another transaction. Once the refund is *posted*, the patient balance will be updated.

Can I refund an patient payment to the Insurance Payer?

Yes. When you are generating the refund, you can select who the refund is for.