

July 2011
MANITOBA

PMP POST

OCA PATIENT MANAGEMENT PROGRAM



PMP version

The PMP renewal update, version 6000, will be shipped to you after your renewal payment has been processed.

PMP support hours

Monday – Friday
7:30 a.m. – 5 p.m. EST

The OCA Patient Management Program is the leading patient management software for Ontario chiropractors; designed and developed by chiropractors for chiropractors.

PMP contact info:

200 - 20 Victoria St.
Toronto ON M5C 2N8

Support Line:
416-860-7199
Toll free: 1-800-561-7361
Fax: 416-860-0857

www.chiropractic.on.ca
support@chiropractic.on.ca

Peace of mind about your PMP Backup

We've all heard stories in the news about leaks of confidential patient information. Rest assured that PMP backups are encrypted and password protected. If you are not doing PMP backups everyday that you are in the office, call PMP support for guidance. ●

Join us for a Manitoba Health Webinar

A two hour webinar has been organized that focuses on what you need to know for correct creation of Manitoba Health claims. It includes handling rejections, sending claims to MH, downloading remit files, processing claim payments, handling MH rejections, manual payments, and following up on unpaid claims.

Cost: \$25.00

Date: Wednesday, July 27, 2011

Time: 6:00 p.m. - 8:00 p.m. CDT

To register click on the **Register Now** link in the OCA email or type: <https://www2.gotomeeting.com/register/897835963> into your browser. ●

Follow up on Unpaid Claims

Are you keeping track of the claims that you are sending to Manitoba Health, MPI and WCB that remain unpaid? Should you be doing some follow up? The first thing you need to know is whether you have any unpaid claims that are getting old. Claims older than six months may not be paid, so if you haven't done so before, check them now. We'll refer to Manitoba Health in this article but the same procedures apply for MPI and WCB.

Start by producing a report that will show any outstanding claims that have been billed. Go to the **Reports** menu, **Unpaid but billed claims, MH**. Choose the doctor and **Run the Report**. Choose the starting date as six months ago. (Later you can go back to find out about claims that are too old to re-submit. You can then deal with them in a similar manner as below to either pay or write them off).

The produced report will show you any outstanding claims. These are claims you sent to MH that have not been paid. Do you know why? Perhaps they were rejected and have not been changed in PMP. Perhaps MH needed additional information from you that was not submitted. It will take a bit of research but you may want to look at previous payment journals to locate the claim and

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understand the reason for no payment. Some of the claims may have been paid by MH but were not paid in PMP when you processed your remittance file. This can happen if a claim is edited after submission. Refer to page 59 – *Dealing with No Payment Recorded* in your PMP Manual for additional help.

| Unpaid but Billed MH Claims | | | | | | | Page |
|------------------------------------|----------------------|-----------------|--------------|------|---------|---------------|------|
| From: 13-Jan-2011 | | | | | | | |
| To: 13-Jun-2011 | | | | | | | |
| Daniel D. Palmer, DC 321 | | | | | | | |
| Number | Name | Health Card No. | Service Date | Code | Billing | Fee Submitted | |
| 7 | O'Connor, Richard | 123365 | 02-Mar-2011 | SUB | 8506 | 11.00 | |
| 259 | Harris, Cecil | | 04-Mar-2011 | SUB | 8506 | 11.00 | |
| 1098 | Linkie, Madeline | | 04-Mar-2011 | SUB | 8506 | 11.00 | |
| 1186 | Jillings, Mickey | | 04-Mar-2011 | SUB | 8506 | 11.00 | |
| 1215 | MacLeod, Nicholas | | 04-Mar-2011 | SUB | 8506 | 11.00 | |
| 1397 | Adams, Lois | | 17-Feb-2011 | SUB | 8506 | 11.00 | |
| 1495 | Wildey (WCB), Dennis | | 17-Feb-2011 | SUB | 8506 | 11.00 | |
| | | | 02-Mar-2011 | SUB | 8506 | 11.00 | |
| 1584 | Clark, Richard | | 04-Mar-2011 | SUB | 8506 | 11.00 | |
| 1587 | Williams, Joyce | | 04-Mar-2011 | SUB | 8506 | 11.00 | |
| 80102 | Wildey, J. Bruce | | 01-Mar-2011 | SUB | 8506 | 11.00 | |
| 80115 | Crawford, Nina | | 04-Mar-2011 | SUB | 8506 | 11.00 | |
| Total Number of Claims : 11 | | | | | | 132.00 | |

Once you have attempted to clean up and resolve claims you may be left with a few that you cannot determine the reason for non-payment. You can resubmit some claims to MH, but **consider yourself warned**—MH will not be happy to receive tons of claims that were previously paid or rejected. If you do have a large number of unpaid claims that you cannot resolve you have options: get help from PMP support (additional charges may apply if assistance required is significant) or contact Manitoba Health to explain your plight. It is possible to suggest that you resubmit all outstanding claims but *MHSC is under no obligation to accept them*. If you do resubmit you will find out with the next reconciliation, whether claims were previously paid or rejected with an explanation. ●

Thought for the day

If you have a smile to share or an inspirational thought for the day that we can share with other PMP users to make life easier, please let us know. Send your ideas by email to support@chiropractic.on.ca or by fax to 416-860-0857. ●

You can't do anything about the length of your life, but you can do something about its width and depth.

~ Evan Esar

Help with Billings for EHC Insurance Companies

EHC insurance presents a challenge for many offices, especially if you bill the insurance companies on behalf of your patients. We have a few ideas that may help you simplify your billing procedures and make it easier for you to track the accounts of your EHC patients.

Add the following information to your set up menu and patients files:

- List insurance companies under **Setup, Bill/To Employers**.
- Create flags in **Setup, Flags** to identify the more popular insurance companies.
- Go to the patient file. On the **Personal** tab of Patient Information add the flag for the appropriate insurance company, choose **EHC** for the **A/R** type and choose **EHC1** in the **Send Statements To** field. On the EHC tab choose the appropriate insurance company for **EHC1**.
- Using the **Comments** or **Pop-ups** tab in the patient file record the details of the patient's insurance coverage i.e. professions covered, percentage paid, co-pay amounts etc.

Printing Statements for EHC Patients

If you print statements for all patients who have EHC as their A/R Type, PMP will print a statement for all patients under EHC, whether they have a balance or not. To create a statement only for those EHC patients that have a balance please follow these instructions.

- From the **Reports** menu, select **Statements, List of Patients**. Select the doctor and choose **Prepare the Report for this Doctor**. Click **Fill the List Using Patient Query**.
- Checkmark **Balance Due > / =** and type **1** into the field. Checkmark **Patient is on A/R** and select **EHC**.
- You can be more selective about who receives statements by refining the list with last visits dates, flags, etc.
- Click **Accept**, and then **Continue**. Choose any statement options and **Run the Report**.

Use a logical and traceable time frame for billings. i.e. all statements sent to EHC in February cover transactions January only. It will be easier to track payments if the billings are not random. You may want put a copy of the statement in patient's file or keep a binder of statements issued by month so that reconciliation is easier if there is a discrepancy. ●