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STAR 2000™

STAR FINANCIALS PATIENT ACCOUNTING REFERENCE GUIDE
Follow-Up Functions Volume

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Reader comments

Any comments or suggestions regarding this publication are welcomed and should be forwarded to the attention of

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Preface

The *STAR Financials Patient Accounting Reference Guide* is a multi-volume document written for all users of the system. The *Follow-Up Functions Volume* provides detail information about the Guarantor and Collector follow-up functions.

The *General Information Volume* is prerequisite reading for all other volumes of the *STAR Financials Patient Accounting Reference Guide*. Successful use of the *Follow-Up Functions Volume* depends on your knowledge of the concepts covered in the *General Information Volume*.

Documentation Conventions

Documentation for McKesson's STAR 2000™ line of products follows these conventions:

Revisions
Text revisions are indicated by a change bar in the left margin. Paragraphs that contain grammatical changes that do not affect content are not marked.

Canadian Documentation
This volume may include documentation for Canadian users of this product. Complete sections of Canadian text are identified by "CN" and "CN Only."

Key Names
Named keys, such as ENTER, SHIFT, CTRL, and ALT, appear in this document in uppercase (capital) letters. Symbol keys display according to the key name, followed by the symbol on the key in parentheses, such as hyphen (-) and asterisk (*).

Key Chords
Key chords are key entries that require you to hold down one or more keys (typically, CTRL, ALT, or SHIFT) before pressing another key. In this document, key chords display as the names of each key in the chord with a hyphen (-) between each (for example, CTRL-ALT-DEL). You should press the keys in the order indicated.

ENTER
ENTER is a key on a computer keyboard used to complete an entry on a STAR system. (This key may also be referred to as NEW LINE or NL in the STAR system.)

Data Entries
Letters or words you enter in response to the system display in **boldface** letters in this document. For example: Enter **Y** for Yes or **N** for No.

Selecting an Entry
This document often instructs you to "select an entry." The method you use to select an entry depends on whether you are using STAR from a terminal or IBM-compatible personal computer. Entry methods include:

- Entering the option number
- Using your arrow keys to highlight the option and pressing ENTER
- Clicking on the option using a mouse or other pointing device (PC only)

For more information about these options, see the *General Information Volume*.

Prompts
System prompts display at the bottom of many STAR screens when the system requests an entry or displays a message. Prompts display in this document italicized and indented from the rest of the text. For example:

Enter patient name--

Field Characteristics

STAR product documentation provides field explanation codes, in addition to a narrative description for each field on a screen. These codes display the maximum length of your entry in the field, the type of entry you make in the field, and whether the field is required. This information displays in the following format:

- DISPLAY ONLY for a field you cannot edit.
- For X-YY-Z field types, where:
  - X is the maximum number of characters permitted in the field:
    - P for a field length determined by a Parameter
    - T for a field length determined by a Table
    - U for a field having an Undefined length
  - YY is the type of entry technique permitted in the field:
    - A for Letters only
    - N for Numerals only
    - C for Characters (including punctuation)
    - AC for Letters and Punctuation only (no numbers)
    - NC for Numerals and Punctuation only (no letters)
    - AN for Numerals and Letters only (no punctuation)
  - Z is the requirement indicator of the field:
    - R if an entry is required to complete the function

      NOTE: Facilities can designate that certain fields be Required. STAR product documentation does not display R for fields designated as Required by a facility.
    - O if an entry is Optional to complete the function
    - C if an entry is Conditionally required or optional
  - For YY-Z field types, where YY is:
    - TABLE LOOKUP for a field that enables you to select from a displayed table. See the *General Information Volume* for more information regarding this entry technique.
    - SPECIAL FORMAT for a field having data entry requirements not conforming to standard format. The field definition contains the specific data entry requirements for the field.
    - DATE for a field subject to the date entry conventions described in the *General Information Volume*.
    - TIME for a field subject to the time entry conventions described in the *General Information Volume*.

    NOTE: For use of the Z position in this format, refer to the explanations for Z under X-YY-Z.

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Chapter 3 - COLLECTOR FUNCTIONS

Introduction

This document contains a detailed description of the account follow-up within the STAR Financials Patient Accounting system. This book contains the following chapters:

Chapter 1: Guarantor Functions

This chapter discusses the guarantor functions within the Patient Accounting System.

Chapter 2: Collector Functions

This chapter discusses the collector functions within the Patient Accounting system.

Appendix A: Collection Codes

This chapter defines the collection codes that are used throughout the Follow-Up system.

Chapter 1 - OVERVIEW

INTRODUCTION

Account follow-up encompasses many different activities within the STAR Financials Patient Accounting system. Follow-up can be generated on the guarantor or account level and can be in the form of letters, statements, or telephone calls. Guarantors and accounts may receive standard follow-up or they may be assigned to specific types of follow-up, such as separate schedules, custom schedules, and payment plans. In addition, for users who are not using the Receivables Workstation, each business office generates its own telephone follow-up workfiles for specially selected guarantors. The Patient Accounting system also provides the ability to contact insurance carriers (or employers) regarding unpaid claims and to process write-offs for accounts which meet the small balance write-off criteria.

Each of these follow-up types is discussed below.

SEPARATE SCHEDULES

The term *separate schedule* implies that an individual account is assigned to its own follow-up schedule and is not part of the guarantor's follow-up schedule. The schedule number that is assigned is based on the financial class of the patient account. For agency processing, the schedule number is assigned based on the collection agency associated with the account. An account on a separate schedule receives its own follow-up and is not part of the guarantor follow-up process. The letters, statements, and telephone follow-up generated include only the account on the follow-up schedule.

A separate schedule is different from a custom schedule in that the custom schedule can be modified to suit the specific needs of the guarantor or account at the individual step level or at the schedule number level. You can modify a separate schedule at the schedule number level only. The follow-up schedule is simply referenced in the patient account record. Any changes to the follow-up schedule table also update the account's separate schedule.

There are four ways that an account can be assigned to a separate schedule:

- On the facility level - By setting the Guar/Account FU field on the Facility Information - PAAR Control parameter to Account, every patient account admitted to the facility receives its own follow-up.

- Specific financial class and patient type - By defining patient type exceptions on a financial class, every patient account admitted with that financial class and patient type is assigned to a separate schedule.

- For a specific patient account - By accessing an account through the Account Revision function, a specific account can be assigned to a separate schedule.

- When an account transfers to agency processing, it is automatically assigned a separate schedule. The schedule number is based on the Pre-Collection follow-up schedule that is in the collection agency code parameter for the Pre-Collection agency.

At any time, an account on a separate schedule can be returned to the guarantor's follow-up schedule. An account in Pre-Collection must be deleted from Pre-Collection before it can return to the guarantor’s follow-up schedule. An account on a separate schedule can also be assigned to a different type of account-specific follow-up, such as a custom schedule or payment plan.

CUSTOM SCHEDULE

A custom schedule can be assigned when it is determined that the guarantor or an individual account requires specific follow-up criteria. Custom schedules are never automatically assigned by the system, but they can be created for a guarantor or account at any time. Only Internal Pre-Collection accounts can be assigned a custom schedule in Pre-Collection. When a guarantor or an account is put on a custom schedule, the assigned follow-up schedule is copied to the guarantor or account record. At this point, the business office may modify the follow-up schedule as desired. Depending on your security level, you can change the follow-up schedule when the account is in AR. You can also modify any fields on the schedule to suit the needs of the guarantor or account.

For example, a guarantor could be a hospital board member who does not want to receive statements at the regularly scheduled intervals. As a result, the business office may place the guarantor on a custom schedule and modify the schedule number and/or intervals to produce follow-up statements less often. If a guarantor is placed on a custom schedule, all of this guarantor's assigned accounts are included on the custom schedule. Individual accounts already assigned to their own account level follow-up schedules, such as account payment plans or account separate schedules, are not affected by the fact that the guarantor is on a custom schedule.

If an individual account is placed on a custom schedule, the system handles this account independently of the guarantor, and the account receives its own follow-up.

At any time, a guarantor or account can be returned to the standard follow-up schedule or to another type of follow-up, such as a payment plan. An account in Pre-Collection must be deleted from Pre-Collection before it can return to the guarantor’s follow-up schedule.

BUSINESS OFFICE FOLLOW-UP

Guarantors are selected for Business Office Follow-Up by either meeting the criteria defined in the Business Office table or by not paying an amount agreed upon (the promise to pay amount) by a certain date (the promise to pay date). Business office workfiles are used for telephone follow-up only; no detail statements or letters are generated from the business office follow-up process. When a guarantor is selected for Business Office Follow-Up, all of the accounts assigned to the guarantor are included. This includes accounts on separate, custom, or payment plan schedules, as well as accounts on the standard guarantor follow-up schedule. Since every facility specifies the business office (through the Facility Information - PAAR Control parameter) that is responsible for accounts on the facility, the business office workfile may contain accounts in more than one facility.

NOTE: Business Office Follow-Up is not available if the Receivables Workstation module is activated.

PAYMENT PLANS

You can place a guarantor or an individual account on a payment plan. Only Internal agency collection accounts can be placed on a payment plan in Pre-Collection. A payment plan should be set up when the guarantor or patient talks to the business office and agrees to pay a specific amount on a periodic basis. The payment amount and the frequency of payments make up the terms of the payment plan. For example, a guarantor may agree to pay $100 every 30 days until the balance is paid in full. The system automatically tracks whether the payment plan amount is paid in the specified time frame. Additionally, the system can automatically generate follow-up when the payment is not received in the specified time frame or if only a partial payment is received.

Steps to Place a Guarantor on an AR and BD Payment Plan

Access the guarantor through Guarantor Functions. Select Guarantor Follow-up and enter P (payment plan) in the Follow Up Type field. It is not necessary to complete any other fields on the screen at this time. When you accept the screen, the system displays a second page where you are prompted to enter the following information:

Plan Amount - Enter the agreed upon payment plan amount to be paid by the guarantor.

Current Amount Due - It is suggested that you enter zero in this field when you are first setting up the payment plan. The current amount due is automatically calculated by the system when the follow-up is generated and, if you enter an amount now, your entry will be added to the calculated current amount due when the follow-up is generated. The calculation method is discussed below.

Delinquent Amount - It is suggested that you enter zero when you are first setting up the payment plan. The delinquent amount is automatically calculated by the system when the follow-up is generated.

Delinquent Date - This is the date on which the guarantor is considered delinquent unless the plan amount is received. This date is system calculated, but you can override it and enter a different date. If the delinquent amount is zero, no delinquent follow-up will be generated. (The date you enter here is valid only if you enter a Delinquent Amount.)

When the system generates follow-up for the payment plan, any date you enter is replaced with a new delinquent date based on the due days and grace days entered on the payment plan schedule definitions.

In addition to the payment plan information, you may decide to override the next follow-up date and sequence number. You can do this by accessing these fields and entering the desired information.

When you accept the screen, the system displays the follow-up schedule assigned to the guarantor. This schedule is the same follow-up schedule that was assigned to the guarantor. It is simply referenced in the guarantor file, so you can modify it to suit the payment plan arrangements. When you set up the plan, be sure the follow-up dates span the delinquency calculations. In other words, the delinquent date should fall between regularly scheduled follow-up.

The delinquent date is calculated by adding the due days to the grace days. This total number of days is added to the follow-up date, and the resulting date becomes the delinquent date.

For example, if the guarantor agrees to pay by the fifteenth of each month and you want to send a monthly statement to remind the guarantor to pay, you should define the schedule such that follow-up is generated a reasonable amount of time before the payment is due. If you define the due days at 15 and the grace days at 5, you want the system to generate follow-up in time to give the guarantor 20 days to receive the statement and mail a payment to be received by the agreed upon day of the month. In this case, you generate the follow-up on the first of each month. The system calculates the delinquent date as the 20th (due days + grace days = 20) and if the payment plan amount is not received by this date, the system generates delinquent follow-up. The next regularly scheduled follow-up is the first of the next month.

The Delinquent F/U Type, Delinquent F/U Message, Partial Payment F/U Type, and Partial Payment F/U Message fields control the type of follow-up that is generated when a payment is not received or if a partial payment is received. If these fields are blank, follow-up types are not generated. Delinquency and partial payment follow-up selection is discussed below.

You might notice that the restart amount and percentage is not displayed. This is because the guarantor either moves forward in the schedule or is resequenced to a previous step when the payment plan amount is received. This is discussed in further detail below.

The resequence balance for new accounts is displayed, and you have the option to modify this field. This field controls whether the guarantor is resequenced in the schedule if a new account is added to the guarantor's payment plan. The guarantor is only resequenced if the account being added to the guarantor's schedule has an account balance that exceeds the entry in this field. Note that the account balance must equal the patient balance; in other words, the insurance balance is zero. The steps by which the guarantor is resequenced are defined on the next page of the follow-up schedule. This field works the same way for payment plan accounts as it does for any other type of follow-up schedule. It is important to remember that the payment plan amount is not automatically altered if a new account is added to the guarantor's responsibility. In other words, just because the overall guarantor balance increases, the payment plan amount does not. The business office should monitor the New Accounts to Guarantors Report on a daily basis to find any accounts that have been added to the guarantor to determine whether individual arrangements should be made with the guarantor to increase the payment plan amount.

After this screen is accepted, the system displays the screen with the sequence and type of follow-up to be generated. The hospital can choose to set up specific follow-up messages pertaining to payment plan accounts.

When you finish making your changes and accept the screen, the payment plan set up is complete, and the system displays the guarantor functions sub-menu.

If at any time you decide to return the guarantor to standard follow-up, you can do so by simply accessing the follow-up type and changing the field from P (payment plan) to the type of follow-up desired.

Steps to Place an Account on a PA, AR, Agency, or BD Payment Plan

When an individual account is placed on a payment plan, the account is considered to be separate from any other account assigned to the guarantor. Follow-up is generated specifically for the account, and only payments received from the account are considered as part of the payment plan arrangements. At any time, you can elect to return the account to the guarantor's follow-up schedule by simply changing the follow-up type on the account from P (payment plan) to G (guarantor). An account in Pre-Collection must be deleted from Pre-Collection before it can return to the guarantor’s follow-up schedule.

Access the account through the Account Revision function, and select Account Follow-up. Enter P for payment plan in the Schedule Type field. Continue to set up the payment plan for the account in the same manner as described above.

If the selected account is in PA (not final billed), the system prompts you to place the account on either a custom schedule or payment plan. If you enter P (payment plan), you are then prompted to enter the plan amount. The system then displays the account follow-up screen, and you are prompted to press ENTER to continue to the next page. The next two pages display the account follow-up schedule. Enter or modify the schedule information to suit the arrangements of the payment plan.

How the AR Payment Plan Works

Follow-up is generated for guarantors and accounts according to the follow-up schedule criteria entered when the payment plan is established. On the day that the follow-up is generated, the system moves the payment plan amount to the current amount due. If the current amount due already has a value, the payment plan amount is added to the current amount due. If there is a pre-paid amount, the system subtracts this amount from the current amount due.

NOTE: When follow-up occurs on payment plan accounts, the current amount due is updated if the guarantor/account is past the due date or if there is no delinquency date. If there is a delinquency date and follow-up occurs before it, the current amount due is not recalculated.

As payments are received and posted, the payment plan is updated as follows:

If there is a delinquent amount, the system decreases this amount first. Next, the amount posted decreases the current amount due. If the payment(s) posted exceed both the delinquent amount and the current amount due, the excess payment amount is considered to be *pre-paid* and is applied towards the next month's payment plan amount due.

This process may continue until the number of days defined in the due days and grace days are exceeded. For example, if the due days are 10 and the grace days are 5, any payments posted from the day the follow-up is generated until the 15 days have passed decrement the current amount due. The payment amount may be paid in several small payments or as one lump payment amount. If a payment is posted which is less than the payment plan amount, the system automatically generates follow-up that night during midnight processing. The type and sequence of the follow-up to be generated is defined on the payment plan as *partial payment follow-up*. If telephone follow-up is selected for delinquent processing, the work is added to the collector's workfile under the selection *delinquent work*.

When the due days and grace days are exceeded, the system checks to determine if the current amount due has been paid to zero. If not, the current amount due becomes the delinquent amount. If there is already an amount in the delinquent amount field, this new delinquent amount is added to the existing delinquent amount. The current amount due is cleared at this time. It is reset to the plan amount when the next regularly scheduled follow-up is generated. At this time, delinquent follow-up is generated. The type and sequence of delinquent follow-up to be generated is defined on the payment plan as *delinquent follow-up*. If telephone follow-up is selected for delinquent processing, the work is added to the collector's workfile under *delinquent work*.

When the next follow-up date is met, the guarantor or account either receives the next sequence in the schedule or a previous step, depending on whether the payment plan amount has been paid in full or not. When the payment plan amount is received, the next follow-up step is automatically resequenced according to the resequence step established in the schedule, and the guarantor or account receives that sequence of follow-up. If a delinquent amount is due, the guarantor must pay the current amount due and the delinquent amount in order to resequence follow-up. For this reason, the follow-up schedule does not have the payment restart amount or percentage fields because they are not necessary for payment plan accounts. If no payment is received or if the partial payment(s) received do not equal the payment plan amount, the guarantor or account advances to the next step in the schedule.

How Letters and Statements Print

Payment plan letters and statements use the same form as other types of follow-up that generate follow-up letters and statements.

The following information prints on letters only:

- **Total Account Balance**

- **Total Amount Due** (If *not* on a payment plan)

The following field prints on detail statements only:

GUARANTOR RESPONSIBILITY
If the account is on a payment plan, this is the Current Amount Due + Delinquent Amount.

The following fields print on both letters and statements:

PAYMENT PLAN AMOUNT
Actual payment amount guarantor has agreed to pay as entered on the collection schedule in Plan Amount. This will always print on the statements and letters.

CURRENT PAYMENT PLAN AMT
Plan amount less any partial payments. If a prepaid amount existed prior to the billing cycle, it will be deducted from the plan amount and reflected in this field at the time of follow-up billing. Example: Plan amount is $50 and $20 was prepaid. The current Payment Plan Amount = $30.

PREPAID AMOUNT
Amount paid prior to guarantor receiving billing cycle. If a prepaid amount exceeds the payment plan amount and credits into the next billing cycle, the excess will print in this field until depleted. Example: Plan amount = $50; Prepaid amount = $100. Follow-up would have Current Payment Plan Amount = $0; Prepaid Amount = $50.

DELINQUENT AMOUNT
If the current payment plan amount becomes delinquent, the amount will move to delinquent amount and the current payment plan amount will be reduced by the delinquent amount.

CURRENT AMOUNT DUE
Calculated as: Current Payment Plan amount less Prepaid plus Delinquent. This is the amount required to bring account current during this follow-up cycle. If the payment plan amount plus the delinquent amount is greater than the account balance amount, the system places the account balance amount in this field and the Current Payment Amount field, and enters zero in the Delinquent Amount field.

All fields always print, even if the corresponding amount is zero.

Example of a Payment Plan

For payment plan processing, the system uses four *buckets*:

- Plan Amount - the agreed upon payment amount
- Current Due - what is expected to be paid before next follow-up
- Delinquent Amount - the overdue amount
- Prepaid Amount - the amount paid in advance (prior to billing)

A guarantor is defined on a payment plan and agrees to pay $100 by the fifteenth of each month, beginning next month. The hospital wants to send a reminder at the beginning of each month.

1. Setting up the plan

   The plan amount is $100.
   The current amount due is zero.
   The delinquent amount is zero.
   There is no pre paid amount.
   The due days + grace days = 20.
   Set the due days = 15.
   Set the grace days = 5.
   The follow-up is monthly; the day of the month is 1.

2. First follow-up generated on the first day of the next month

   The current amount due is set to $100.
   The delinquent amount is zero.

3. No payment received by the 20th; guarantor is now delinquent.

   The current amount due is set to zero.
   The delinquent amount is set to $100.
   Delinquent follow-up is generated.

4. guarantor pays $200 (remember, he only owed $100).

   The current amount due is still zero.
   The delinquent amount is set to zero.
   The pre-paid amount is set to $100.

5. Second follow-up generated on the first day of the next month

   The current amount due is set to $100.
   The pre paid amount is subtracted from the current amount due ($100 - $100 = $0).
   The current amount due is now zero.

INSURANCE FOLLOW-UP

Insurance Follow-up provides the ability to contact insurance carriers and/or employers regarding submitted claims that are unpaid. Follow-up is claim-specific. Each claim is assigned a collector and follow-up schedule at the time of claim submission. Each claim sequence progresses through the follow-up schedule independently. If multiple claims have been submitted for a carrier, it is possible to have multiple follow-up of varying types generated the same day for a single account. Frequency and types of follow-up are determined by the Insurance Follow-up Schedule attached to the carrier/plans. Types of follow-up include:

- telephone entries to the insurance collector's workfile
- tracer claims, or
- letters to the carrier/plan or employer.

Collectors are assigned at the carrier/plan level through Plan Coverage Master, Collections Parameters.

Insurance follow-up begins as a result of the following events:

- Claim submission

- Balance transfer to another carrier either by payment of the preceding carrier's claim or denial of the preceding carrier's claim and the claim has been submitted

- Insurance time-out of the preceding claim and the claim has been submitted.

If a claim has been removed from follow-up, then a payment or adjustment to the claim results in a debit balance and the claim has been submitted, insurance follow-up is restarted. If the carrier has timed-out or is pending time-out status, the system clears the status when follow-up is reset.

In all cases, the claim must be submitted before follow-up is initiated. The claim sequence balance must be greater than zero and meet the minimum balance criteria defined on the collection schedule. Claims submitted while in PA receive follow-up; however, time-out does not occur until a final, adjustment, or late claim for the carrier has qualified for time-out. Claims in PA which have reached the end of their follow-up schedule repeat the last step of the schedule until the carrier is paid in full, the final, late or adjustment claim has timed out, or a balance transfer is made that reduces the balance to below the minimum balance criteria or zero.

Claims added via the Add a Claim function begin follow-up upon submission of the claim.

Follow-up is scheduled once the Wait Days have passed. This field contains the minimum number of days to wait from final billing before follow-up is scheduled. The follow-up continues until the claim or carrier balance becomes a zero balance or a credit balance, either by payment, denial, adjustment or balance transfer. When

insurance cash or adjustments are posted, if the payment is a final payment or if the resulting carrier balance is zero or a credit, the carrier is removed from insurance follow-up and the insurance collector's workfile.

Insurance time-out also causes follow-up to cease. Time-out is the number of days from the date of claim submission (final, late or adjustment claims) defined in the insurance follow-up schedule when liability is transferred either to another carrier or the guarantor. Transfer to the guarantor does not occur until all insurance has been satisfied or timed-out. For example, if a patient is covered by two insurance policies and the first insurance times-out, the balance is transferred to the secondary carrier. If the second insurance times-out, then the balance is transferred to the guarantor. Exceptions occur if the financial class disallows time-out or the Time-out Parameter indicates all time-outs transfer to the guarantor versus the next carrier.

Insurance time-out for interim (cycle) claims does not generate time-out notification to the guarantor. Insurance time-out for final claims generates insurance time-out notification to the guarantor, based on the insurance follow-up schedule.

The Insurance Time-out Exception Report, FFR365, should be reviewed daily to identify accounts that require additional insurance follow-up or transfer of liability. This report prints each night as a part of midnight processing. The report lists those patients who have reached the final step in the insurance follow-up schedule and whose liability has not been transferred to another insurance or to the guarantor. One example of an exception is when the financial class does not allow insurance time-out. As a result, the system does not automatically transfer liability from the carrier, and the final step in the schedule is repeated until the claim is paid or denied.

Exception messages that print on the Insurance Time Out Exception Report include the following:

- Financial class disallows time out - The accounts assigned financial class does not allow insurance time out.
- Primary carrier not timed out - Secondary carriers will not time out if the carrier has outstanding claims for the primary carrier.
- Unmailed claim - The carrier has additional claims which have not been submitted.
- Primary carrier balance not zero - Secondary carriers will not time out while a balance remains on the primary carrier.
- Account balance less than zero - The overall balance of the account is a credit.

NOTE: Only accounts with the message *Financial class disallows time out* repeat the last step of the insurance follow-up schedule until some action is taken on the account. All other accounts remain on the report but do not repeat the last step. In either of these cases, the accounts on this report require manual intervention by the user.

Refer to the *Reports Volume* of the STAR Financials Patient Accounting Reference Guide for a detailed explanation and the frequency of this report.

When all insurance liability has been satisfied due to a balance transfer or cash posting, you can generate a collection letter or detail statement to the guarantor. In order to activate this feature, the fields for Guarantor, Agency, and CCI must be set up in the Balance Designation parameters. There is also an option not to produce the follow-up based on a follow-up date range. This option uses the number of days from zero insurance liability that the system should not produce zero insurance liability follow-up. The system checks the next scheduled guarantor follow-up date, and if this date is within the zero insurance liability follow-up range, then the system does not produce the zero insurance liability follow-up. For example, if this field is set to 10, and the zero insurance liability date is 9/1, the system verifies that there is not a guarantor follow-up scheduled for production between 9/1 and 9/10. If there is a guarantor follow-up scheduled for production on 9/9, then the zero insurance liability follow-up is not produced.

For more information on the feature, please refer to the Balance Designation Parameters in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide.

Access to insurance telephone follow-up is through Collector Functions. You can select Insurance Collector Work or Insurance Collector Workfile by Account.

Choosing Insurance Collector Work displays the options to process telephone follow-up by account or by Carrier/Plan. If Work by Account is selected, a list of accounts in the collector's queue is displayed. Accounts are sorted by date with the oldest follow-up date appearing first. Within the date, accounts are presented by carrier/plan code.

If Work by Carrier/Plan is selected, the sort is by carrier/plan code, oldest follow-up date, then alphabetically with patient's last name. It is recommended that Work by Carrier/Plan be selected to maximize results of insurance contacts.

Insurance Collector Workfile by Account is processed through account look-up. If an account which is not scheduled for follow-up is chosen by the collector, the message No Entries Defined is displayed. The Workfile by Account function should be used in conjunction with the Insurance Collector Workfile Report, FFR400, to select priority accounts that are currently scheduled for telephone follow-up.

When selecting an account through the Insurance Collector Work, the following options are available for either Work by Account or Work by Carrier/Plan. In order to access these options, first select an account. The Insurance Collector Work Processor screen is displayed. On this screen, select field #6, and press **F5** to display a prompt from which you can select Menu (**M**). A menu screen containing the following list of options is displayed:

- **Account Follow-Up** - Displays information regarding selected account's guarantor follow-up status.

- **Guarantor Follow-Up** - Displays last and next follow-up information for the guarantor.
- **Insurance Follow-Up** - Lists the collector, last follow-up, and next follow-up information for the selected account as it relates to the insurance carrier.
- **Guarantor Summary** - Displays number of accounts and balances for all accounts for which the guarantor is responsible in the selected facility.
- **Account Inquiry** - Allows look-up of demographic, medical and financial information on the selected account.
- **Guarantor Payment History** - Displays all payments associated with the selected guarantor.
- **Account Revision** - Allows revision of demographic and financial information for the selected account.
- **Reprint Claims** - Allows an immediate print of UB, 1500, or state claim forms that have been previously produced.
- **Balance Transfer & Claim Disposition** - Allows transfer of liability between insurance carriers or guarantor for the selected account.
- **Telephone Follow-up** - only available if account accessed via Work by Account option. Displays balance, phone numbers and other pertinent information to assist the collector when placing the collection telephone call.
- **Reschedule Telephone Follow-up** - only available if account accessed via Work By Account option. Allows the collector to schedule a call in the near future for those carriers/guarantors that could not be successfully contacted after several attempts.
- **Notes** - Allows entry of collection notes to the selected account.

SMALL BALANCE WRITE-OFF

The Small Balance write-off function is account-specific. Accounts are selected based on criteria defined in the follow-up schedule.

The Minimum Balance field on the follow-up schedule contains the minimum account balance required to continue follow-up events. If the account balance is less than this field, the account is processed as a small balance write-off.

The Minimum Refund field contains the minimum credit balance required to produce a patient refund. If the account has a credit balance equal to or greater than this amount, a refund is processed. If an account balance is less than this amount, it is processed as a small balance write-off. This should be the same as the minimum refund amount defined in the Refund Parameters. Refer to Maintain Facility Information in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide.

The Minimum Attempts field contains the minimum number of follow-up attempts that should be performed before a small balance write-off is processed.

The account balance must be less than the minimum balance field, greater than the minimum refund field, and have met the minimum number of attempts to be selected for small balance write-off. Selection is attempted on the next follow-up date for the account.

As an example, if the account has met the minimum attempts criteria, the account balance is $50.00CR, the minimum balance field is $5.00, and the minimum refund field is $99.00, the account would qualify for small balance write-off.

Using the same parameters as described above, if the account balance was $250CR, the account would be selected for refund and not small balance write-off.

The Small Balance Write-off Exception Report contains accounts that meet the balance criteria but will not be written off due to exceptions which exist. Exceptions include the minimum number of attempts has not been satisfied or insurance is pending on an account, in which case the small balance write-off is not processed and it appears on this report.

Refer to the *Reports Volume* of the STAR Financials Patient Accounting Reference Guide for further information on the Small Balance Write-off Exception Report (FFR370).

INSURANCE SMALL BALANCE WRITE-OFF

The Insurance Small Balance Write-off (ISBWO) function is insurance carrier plan-specific. Accounts are selected based on criteria defined in the insurance follow-up schedule and on the Minimum Refund Amount field located in the Carrier Refund Parameters. Accounts must be in an accounts receivable location for a write-off to be processed for them. The write-off is initiated either by insurance follow-up processing or by the Insurance Small Balance Write-off Exception Optional Batch Job.

The ISBWO functionality uses the following fields in the Insurance Follow-up Schedule Table: ISBWO?, ISBWO Amount, ISBWO Claims, ISBWO Days From Submit Date, and ISBWO Trans Code/Desc. These fields can be modified only on the master insurance follow-up schedule and not on custom insurance follow-up schedules. These fields determine if an insurance carrier plan should be reviewed for an ISBWO, set the minimum insurance balance required for an insurance carrier plan to be considered for an ISBWO, set the upper limit for an ISBWO, and provide options for not considering insurance carrier plans for a write-off, depending on their outstanding claims and when claims have been submitted. The transaction type and code identifying this insurance small balance write-off is always an A for Adjustment and can be defined by the user on the Insurance Follow-up Schedule. The Min Refund Amt field on the Insurance Carrier Refund parameters contains the lower limit for insurance small balance write-offs. Insurance credit balances that are less than this amount are considered for an insurance small balance write-off.

The system reviews insurance carrier plans for an ISBWO when claims receive their scheduled insurance follow-up. It also reviews insurance carrier plans for a write-off when the Insurance Small Balance Write-off Exception Optional Batch Job processes. This optional batch job provides the opportunity to have accounts selected for a write-off before they receive their scheduled insurance follow-up. The ISBWO Exception Optional Batch Job reviews all accounts in an Accounts Receivable location to determine if any of their insurance carrier/plans qualify for an insurance small balance write-off.

Regardless of whether an insurance carrier plan is selected for a write-off on the day it is scheduled to receive insurance follow-up or through the ISBWO Exception Optional Batch Job, the system follows the same process for Insurance Small Balance Write-off. The system creates ISBWO requests for insurance carrier/plans that qualify for a write-off. The ISBWO requests that are generated are processed in the next day's midnight processing. The system verifies that accounts still qualify for the ISBWO prior to writing off the insurance balance. When the write-off requests are processed, the insurance balances are adjusted, and the adjustments appear on the FAR210, Adjustment Posting Detail Report in Batch Zero. Accounts that meet the amount for an ISBWO (defined in field 13, ISBWO Amount) but cannot write off due to an insurance small balance write-off exception appear on the FFR375 and/or the FFR380. Both of these reports have the same format. The difference is that the FFR375 is a daily report generated by midnight processing, whereas the FFR380 is generated by the ISBWO Optional Batch Job. The FFR375 includes insurance carrier plans that meet an ISBWO exception and are scheduled to receive insurance follow-up that day. The FFR380

reports all carrier/plans with accounts in AR that meet an ISBWO exception, regardless of the carrier/plans' scheduled insurance follow-up dates.

The ISBWO occurs in Midnight Processing.

PATIENT CLASSIFICATION UPDATE PROCESS

Changes to the Patient Classification update the classification, the alert status, and suppression of follow-up for all of the patient's accounts in Patient Accounting for all facilities. Changes to the Guarantor Classification also update the classification, alert status, and suppression of follow-up status maintained for all of the guarantor's accounts in Patient Accounting for all facilities. These are the accounts for the guarantor as a patient.

The Admission, Revise Admission, Account Revision, and Revise MPI functions allow updates to the Patient Classification and the Guarantor Classification.

Patient Classification is maintained at the patient level and not the account level. The Patient Classification is stored in one place and applies to all of the patient's accounts. Follow-up is evaluated and generated at the account level; therefore, Patient Accounting must maintain the alert and suppression indicators associated with the Patient Classification separately. Storing the suppression indicator by account also gives you the ability to clear the suppression of follow-up for one account without having to change the patient classification for the patient which would affect any new accounts for the patient. The classification is maintained at the account level in Patient Accounting to promote efficient processing.

At the time a patient is admitted, Patient Accounting updates the alert and suppression indicators for the account based on the current patient classification.

- If the patient classification changes, then all of the accounts associated with the patient in all facilities are evaluated to determine if the suppression indicator is still valid and to update the alert indicator.

- If the new patient classification does not allow suppression of follow-up, then the suppression indicator on Patient Accounting is set to Alert Only, indicating that follow-up to the guarantor is always be produced.

- If the new patient classification allows suppression of follow-up and the previous patient classification did not allow suppression of follow-up, then the suppression indicator on Patient Accounting is set to Suppress, indicating that follow-up is suppressed.

- If the new patient classification allows suppression of follow-up and the previous patient classification also allowed suppression of follow-up, then the current suppression indicator on the account is maintained. Suppress, indicating that follow-up continue to be suppressed. Clear, indicating that follow-up is generated (not suppressed).

Statements, letters, and telephone messages to the guarantor are suppressed based on the setting of the Pat Class Suppress F/Up field for PA and AR follow-up. Insurance Time Out follow-up to the guarantor also is suppressed. Transaction History is updated

stating that follow-up was suppressed. If an account is in Bad Debt, internal agency follow-up is not suppressed.

BAD DEBT PRELIST

The Bad Debt Prelist feature is an optional batch job that automatically selects accounts for potential transfer to Bad Debt, using criteria defined in the follow-up schedule.

You can also manually select accounts to add to the Bad Debt Prelist, using the Bad Debt Prelist function. For more information on this function, see the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide.

When an account is prelisted for bad debt, the system includes the account on the Bad Debt Prelist Report (FFR300). Review this report before processing the optional batch job Transfer AR to BD, which moves the prelisted account to bad debt.

An account can be removed from the bad debt prelist in one of two ways:

- Manually, using the Bad Debt Prelist function
- Automatically, which the system does if it placed the account on the bad debt prelist due to its status and that status changes.

The system removes an account from bad debt prelist and places it on hold if a payment is received after prelist but prior to AR to BD Transfer or if the account has a credit balance.

When the system receives a payment or adjustment on an account that has been prelisted, then all accounts prelisted for that guarantor are placed on prelist hold. Prelisted accounts with the same guarantor that are on a separate or account custom schedule are not placed on hold by the payment or adjustment.

The Transaction History comment for accounts placed on hold due to a payment or adjustment references the account number that received the payment or adjustment.

The following four fields on the follow-up schedule determine whether an account is selected for prelist:

AUTO PRELIST
This field determines whether the account is automatically selected for prelist once it reaches the end of the follow-up schedule. If you enter **No** to this field, the system repeats the last step of the follow-up schedule for the account until the account either reaches a zero balance or is manually prelisted. If you enter **Yes** to this field, the system performs checks against the remaining criteria to determine whether to prelist the account for transfer to bad debt.

PRELIST MAXIMUM BALANCE
If the account balance is greater than the prelist maximum balance at the end of the follow-up schedule, the system repeats the last step until the status of the account changes. Conditions that change the status are that the balance becomes less than

the maximum balance or that the account is resequenced based on receiving a payment that meets the resequence criteria.

PRELIST INSURANCE
This field determines whether the system should prelist an account if insurance is pending on the account. If an account has insurance pending and the guarantor account has completed the follow-up schedule, the system excludes the account with insurance pending from prelist selection. If the account is on a separate, custom, or payment plan schedule and insurance is pending on the account, the system does not select the account for bad debt prelist.

DAYS AFTER INSURANCE
This field sets the number of days the system waits after the final payment has been received from insurance before selecting the account for prelist. This could be considered grace days given to the guarantor to pay any outstanding amount that was not paid by insurance.

PA FOLLOW-UP

This functionality is used to send paper follow-up to accounts in location PA. The follow-up process is only account level (as compared to guarantor level). Only paper follow- up can be sent through this process which includes detail statements and collection letters. Wait steps are another option available. Telephone follow-up is generated by use of the Active Patient Worklist processor. Two different types of PA follow-up methodologies are available. The first type is the standard follow-up as is completed on AR accounts. The second type involves "advanced payment plans". This process allows patients/guarantors to make payments prior to being admitted to the hospital. Examples where this can be used is for maternity stays or procedures resulting in a large patient responsibility balance on elective procedures. The process is activated by users via the PAAR Control Parameter screens. The fields controlling the process are on page 2 of the menu option. "Perform Auto PA f/u?" controls the system initiating the first type of standard follow-up noted above. The users then specify specific financial classes which will receive PA follow-up. The Financial Class table identifies the PA follow-up schedule as well as the Collection Group, which in turns defines who the assigned collector will be. Exceptions can be defined for specific patient types as to the Collection Group used. The PA follow-up schedule will determine whether the payment plan, advanced payment plan, or custom schedule will be carried over with the account when it is transferred to AR.

If PA follow-up is not established for PA accounts, users can still set up specific accounts in follow-up. A parameter in the PA/AR Control screen controls this functionality. The PA F/U Exception Schedule # parameter is on page two of the menu option. If a schedule is defined, users can manually set up PA follow-up on PA advanced payment schedules. In both cases an account number will need to be assigned to the patient. The only schedule which can be assigned is the schedule defined in the PA F/U Exception Schedule # parameter.

After the PA follow-up parameters are set up, the next midnight processing process will establish PA follow-up to the appropriate PA patient accounts. Changing parameters to unselect PA accounts will also become effective after the next Midnight Processing run.

INTERNAL BAD DEBT FOLLOW-UP

Bad Debt accounts can receive only account-level follow-up. Accounts can be placed on account-level payment plans, custom schedules, and separate schedules.

Bad Debt accounts are automatically assigned separate follow-up schedules when they transfer to either an Internal or an External Bad Debt Collection Agency. Bad Debt accounts are assigned a follow-up schedule called an Agency Follow-Up schedule. The type of schedule assigned is dependent on the collection agency that is associated with the account. For example, Internal Bad Debt Collection Agencies assign Agency Follow-up schedules defined as Internal, and External Bad Debt Collection Agencies assign Agency Follow-up schedules defined as External.

The Agency Follow-up Schedule is used to produce Internal and External Bad Debt Follow-up. This schedule controls the timing and type of follow-up used for accounts in Bad Debt. Accounts assigned an Agency Follow-up schedule defined as External can receive follow-up only in the form of a Wait Step. Follow-up in the form of collection letters, detail statements, or telephone calls cannot be generated for Agency Follow-up schedules defined as External. Accounts assigned an Agency Follow-up schedule defined as Internal can receive follow-up in the form of collection letters, detail statements, telephone calls, and Wait Steps.

The general flow of accounts to an Internal Bad Debt Follow-Up Schedule occurs as follows:

1. The hospital sets up a Collection Agency Code whose Agency Type is defined as Internal for Internal Bad Debt.

2. Accounts transfer to an Internal Bad Debt Collection Agency. Accounts can transfer to an Internal Bad Debt Collection Agency through either of the following ways:

    - When accounts transfer to Bad Debt, they are assigned to a Bad Debt Collection Agency.

    - After accounts are in Bad Debt, they can move to an Internal Bad Debt Collection Agency through the Collection Agency to Collection Agency Transfer process.

3. The Agency Follow-Up Schedule and Collector are assigned according to the Collection Agency Code that is associated with the bad debt accounts. Only accounts at an Internal Bad Debt Agency are assigned collectors.

Chapter 2 - GUARANTOR FUNCTIONS

INTRODUCTION

In order to access Guarantor functions, the guarantor must be identified using the standard FPI lookup. If the guarantor was never a patient, the lookup must be done by name or Soundex since a corporate or unit number does not exist for the guarantor. Only guarantors and their accounts can be accessed through this menu selection.

There are six functions within Guarantor functions:

Guarantor Payment History displays all payments associated with the selected guarantor.

Guarantor Summary provides information on any guarantor accounts in PA, AR, and BD. In addition, this function also displays the total balance information on the guarantor's accounts and enables you to view detail on individual accounts.

**** displays and allows revision to the current follow-up schedule dates and steps in the schedule for the guarantor.

NOTE: This is the only place where this information can be changed for the guarantor.

PA Demand Follow-up allows the collector to request a follow-up event for a guarantor's account(s) in PA.

AR Demand Follow-up allows the collector to request a follow-up event for a guarantor's account(s) in AR.

BD Demand Follow-up allows the collector to request a follow-up event for the guarantor's account(s) in Bad Debt.

The guarantor line displays on all screens in the guarantor functions. This line contains the following information:

- Corporate Number - If the guarantor has been a patient, the corporate number displays.
- Guarantor Name - The name of the guarantor.
- Birthdate - The birthdate of the guarantor.
- Phone Number - The phone number of the guarantor.
- Patient Classification - If the patient classification field was updated, the guarantor classification code displays. For example, BRD may display for a board member.

After you access this function and use the FPI Lookup procedure to select a guarantor, the system displays the above options. Each is documented in the order listed above.

GUARANTOR PAYMENT HISTORY

The Guarantor Payment History function displays all payments associated with the selected guarantor. Payments are displayed in reverse chronological order.

When you select this function, the system displays the following screen:

```
            General Hospital Guarantor Payment History Processor
                                                Wed Jun 7, 2006 04:09 pm


           Guarantor Payment History for C00003190, SAA-A,SALLY
                     Total Payments:         $10.00

Date     Account     Name               Code/Description           Amount   Loc
                                        Batch #     Remit #                 Sub Lc
09/04/97 A9716400004 SAA-A,SALLY        P0001/PERSONAL PAYM        $10.00   AR
                                        0                                   FCRV









                       F1Prev Page F2Next Page F7  Exit
```

Field Explanations

DATE (DISPLAY ONLY)
This field contains the date of the payment.

ACCOUNT (DISPLAY ONLY)
This field contains the account number of the patient who is on the payment.

NAME (DISPLAY ONLY)
This field contains the patient's name.

CODE/DESC (DISPLAY ONLY)
This field contains the transaction code and description used to record this payment in this account's transaction history.

PAYMENT AMOUNT (DISPLAY ONLY)
This field contains the amount of the payment.

LOCATION (DISPLAY ONLY)
This field contains the current account location. Valid locations are PA, AR, BD, ARC, and HS.

BATCH # (DISPLAY ONLY)
This field displays the batch number for the payment being displayed.

REMIT # (DISPLAY ONLY)
This field displays the remittance number for the payment being displayed.

SUB LC (DISPLAY ONLY)
This field contains the sub location for the account. The account location of a patient determines which sub locations are available. Valid options are blank, INSR (insurance verification not completed), FCRV (financial counseling), ND (not discharged), DNFB (discharged, not final billed), ACCF (active internal guarantor collections), PCA# (# of AR collection agency), RFBD (reinstated from bad debt), BDP (bad debt prelisted), BDI (bad debt internal collections), and BDE (bad debt external agency).

For more information about sub locations and their corresponding locations, see the *Tables, Masters, and Parameters Volume* of the *STAR Financials Patient Accounting Reference Guide.*

GUARANTOR SUMMARY

The Guarantor Summary function enables you to view summaries of balance information on account for a selected guarantor. The function separates the accounts by account location (PA, AR or BD), to enable you to more easily analyze the guarantor.

The Guarantor Summary enables you to view a guarantor's accounts across facilities, based on whether you have been set up in the system to access multiple facilities. However, the system does not prompt you to enter a facility when you access this function. Instead, the system displays only those accounts within the facilities to which you have been granted access.

NOTE: You must have selected a guarantor before you access this function.

When you select this function, the system displays the following screen:

```
                General Hospital Guarantor Summary Processor
                                                    Mon May 31, 2005 05:20 pm
Corporate    Guarantor Name              Birthdate   Phone              PC
00311388     WEBSTER,DAVID J             05/29/59    (503)255-5336

                                PA Information
 1 # PA Accounts    2 PA Balance       3 Insurance Balance   4 Patient Balance

 5 Last Payment     6 Total Payments   7 Next Follow Up      8 Last Follow Up

                                AR Information
 9 # AR Accounts   10 AR Balance      11 Insurance Balance  12 Patient Balance
   2                        $476.37            $476.37                $0.00
13 Last Payment    14 Total Payments  15 Next Follow Up     16 Last Follow Up
                             $0.00       11/16/90              11/15/90

                                BD Information
17 # BD Accounts              18 BD Balance                    19 Transfer Balance
   1                                $1,016.34                        $1,016.34
                            Total Balance Information
20 Account Balance           21 Insurance Balance         22 Patient Balance
        $1,492.71                        $476.37                  $1,016.34
View accounts? (Y/N) [Y]--
```

The screen header displays the corporate number, name, birthdate, phone number, and patient classification for the selected guarantor. The phone number has a strike-through formatting if it is considered invalid. An asterisk (*) preceding the phone number indicates that it is not acceptable to leave a message for the patient and to use the alternate phone number instead. If the phone number is bolded, it indicates that it is not acceptable to leave a message for the patient.

Field Explanations

PA Information

(Accounts that have not been final billed)

1. # PA ACCOUNTS (DISPLAY ONLY)
This field contains the total number of accounts the guarantor has in account location PA.

2. PA BALANCE (DISPLAY ONLY)
This field contains the total account balance of the guarantor's accounts that are in account location PA.

3. INSURANCE BALANCE (DISPLAY ONLY)
This field contains the total insurance carrier liability of the guarantor's accounts in account location PA.

4. PATIENT BALANCE (DISPLAY ONLY)
This field contains the total patient liability of the guarantor's accounts in account location PA.

5. LAST PAYMENT (DISPLAY ONLY)
This field contains the date of the last payment made by this guarantor on accounts in account location PA.

6. TOTAL PAYMENTS (DISPLAY ONLY)
This field contains the total amount of all guarantor payments made for accounts in account location PA.

7. NEXT FOLLOW UP (DISPLAY ONLY)
This field contains the date of the next scheduled follow-up event for the guarantor's accounts in account location PA.

8. LAST FOLLOW UP (DISPLAY ONLY)
This field contains the date of the most recent follow-up performed on this guarantor for accounts in account location PA.

AR Information

(Accounts that have been final billed)

9. # AR ACCOUNTS (DISPLAY ONLY)
This field contains the number of accounts the guarantor has in account location AR.

10. AR BALANCE (DISPLAY ONLY)
This field contains the total account balance of the guarantor's accounts in account location AR.

11. INSURANCE BALANCE (DISPLAY ONLY)
This field contains the total insurance carrier liability of the guarantor's accounts in account location AR.

12. PATIENT BALANCES (DISPLAY ONLY)
This field contains the total patient liability of the guarantor's accounts in account location AR.

13. LAST PAYMENT (DISPLAY ONLY)
This field contains the date of the last payment made by this guarantor on accounts in account location AR.

14. TOTAL PAYMENTS (DISPLAY ONLY)
This field contains the total amount of all guarantor payments made for accounts in account location AR.

15. NEXT FOLLOW UP (DISPLAY ONLY)
This field contains the date of the next scheduled follow-up event for the guarantor's accounts in account location AR.

16. LAST FOLLOW UP (DISPLAY ONLY)
This field contains the date of the most recent follow-up performed on this guarantor for accounts in account location AR.

BD Information

(Accounts sent to a collection agency)

17. # BD ACCOUNTS (DISPLAY ONLY)
This field contains the number of accounts the guarantor has in account location BD.

18. BD BALANCE (DISPLAY ONLY)
This field contains the total account balance of the guarantor's accounts in account location BD.

19. TRANSFER BALANCE (DISPLAY ONLY)
This field contains the balance of accounts for this guarantor when the accounts were transferred from AR to BD.

Total Balance Information

20. ACCOUNT BALANCE (DISPLAY ONLY)
This field contains the total balance due on all accounts for the guarantor.

21. INSURANCE BALANCE (DISPLAY ONLY)
This field contains the total insurance balance due on all accounts for the guarantor.

22. PATIENT BALANCE (DISPLAY ONLY)
This field contains the total balance due from the patient on all accounts for the guarantor.

The system displays the following prompt at the bottom of the screen:

View Accounts? (Y/N) [Y]--

Enter **Y** to display the list of accounts for which the guarantor is responsible, as in the following example.

```
                General Hospital Guarantor Summary Processor
                                                Wed Jun 7, 2006 12:20 pm
Corporate    Guarantor Name              Birthdate   Phone              PC
00001290     ANDERSON,JUSTIN             03/03/59    (770)288-8288      *BRD*
Guarantor/Account - * Custom Sched, # Pymt Plan, @ Separate Schedule
Pt Class - a Alert, s Suppressed F/U, c Cleared
Page:01         PA, AR, BD, ARC, HS Guarantor Accounts
       Account     Patient Name   PT  Disch    FC   Account    Patient Loc      P

( 1) c A9902500002 ANDERSON,DIANE I/P          O    8550.25     457.50 PA/FCRV
( 2) s A9900100039 ANDERSON,CAROL ER  01/01/99 O     100.00     100.00 AR/FCRV  F
( 3) a A9900100040 ANDERSON,CAITL ER  01/01/99 O     100.00       5.00 PA/FCRV
( 4)  @A9900100041 ANDERSON,BAILE ER  01/01/99 S      90.00      90.00 AR/FCRV  F
( 5)   A9900100042 ANDERSON,ITTY  ER  01/01/99 O     100.00     100.00 AR/FCRV  F
( 6) s A9836400001 ANDERSON,DIANE ER  12/30/98 O    1100.00     375.00 AR/FCRV  F









Select Account --
```

The screen heading contains the corporate number, guarantor name, birthdate, phone number, and patient classification for the guarantor. The phone number has a strike-through formatting if it is considered invalid. An asterisk (*) preceding the phone number indicates that it is not acceptable to leave a message for the patient and to use the alternate phone number instead. If the phone number is bolded, it indicates that it is not acceptable to leave a message for the patient.

The next two lines display a legend that identifies the location of the account and the type of schedule to which the account is assigned. For example, BD accounts are highlighted; accounts on payment plans are preceded by a pound symbol (#); accounts on custom follow-up schedules are preceded by an asterisk (*), and accounts on separate schedules are preceded by an at symbol (@). Highlighting of the symbols and associated information also indicates assignment at the guarantor level. For example, a guarantor on a payment plan would have the pound symbol (#) and reverse video highlighting; an account on a payment plan would have a pound symbol (#) and no highlighting. The Guarantor/Account part of the legend demonstrates the shading.

The next line indicates whether follow-up for the account is being suppressed. If the Financial Patient Classification Table had the Suppress F/Up on PA? field set to N when the classification was determined for the account, then “a” is displayed, indicating that follow-up continues to be produced. If the Suppress F/Up on PA? field was set to Y when the classification was determined for the account, and the suppression indicator in Account Status has not been changed to Clear, then “s” is displayed,

indicating follow-up is suppressed. If the Suppress F/Up on PA? field was set to Y when the classification was determined for the account and a user has cleared the suppression indicator in Account Status, then “c” is displayed, indicating follow-up is not suppressed due to a user overriding the value set by the Financial Patient Classification Table.

The main body of the screen contains a listing of all accounts for the guarantor. Each line includes the account number, patient name, patient type, discharge date, financial class, total account balance, total balance due from the patient, account location/sub location, and collection status or maintenance code.

NOTE: In the P field, the maintenance code is displayed. If there is not a maintenance code, the collection status code for the account is displayed.

Enter the option number pertaining to the account you want to display. After you select the account, the system displays the Account Inquiry screen. All the functionality of Account Inquiry is now available for the specific account you selected. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for details.

After you have finished the Account Inquiry process, the system redisplays the list of accounts for the guarantor. Select another account for inquiry or press the ENTER key to exit this function and return to the menu.

GUARANTOR FOLLOW-UP (AR)

This function displays current follow-up information pertaining to the selected guarantor.

This function enables the hospital to place a guarantor and any accounts associated with the guarantor on a specific type of follow-up schedule. This is the only place where the assigned schedule can be defined and modified for the guarantor. A custom schedule is defined for an individual account through the Account Revision function.

Guarantor follow-up is scheduled based on the final bill date of the first account for a guarantor. Subsequent follow-up dates are assigned according to the follow-up schedule of the guarantor.

NOTE: The facility and guarantor must be selected before this function can be accessed.

If the account exists in more than one facility, the system prompts you to select the facility when you access the function.

If all of the guarantor's AR accounts are in follow-up at the account level (Separate, Account Payment Plan, or Account Custom), the system displays the following prompt:

All accounts for guarantor are customized!
Would you like to maintain Business Office Follow-up? (Y/N) [N]

Enter **Y** to access Business Office Follow-up, enabling you to schedule or change guarantor Business Office Follow-up. The system then displays fields you can use to update either Promise to Pay information or Next Date to Check for Follow-up. Enter **N** to return to the Guarantor Functions menu.

If the Schedule Type field on the first account follow-up screen contains either Payment Plan or Custom when you access it, the system displays the following prompts:

Revise Payment Plan (Y/N) [N]?--

or

Revise Collection Schedule (Y/N) [N]?--

If you enter **Y** at either of the prompts, the Payment Plan/Schedule screen is displayed. For details on this screen, refer to “Revising a Payment Plan” on page 2-15.

To create a custom collection schedule for the guarantor, enter **C**. The system displays Custom in the Schedule Type field on the following screen. After you press ENTER, the system displays the following prompt:

Revise Collection Schedule (Y/N) [N]?--

If you enter **N**, the system returns you to the menu. If you enter **Y**, the system displays the collection schedule below and allows you to modify it.

```
               General Hospital Guarantor Follow-up Processor
                                                 Fri Jun 27, 2003 09:25 am
Corporate    Guarantor Name              Birthdate   Phone              PC
00003657     JOHN,BROWN                  05/14/55                       PHL
 1 Collector                             2 Hold F/U?    3 Schedule Type
   11-Smith,Janet                                         Standard
 4 Schedule #      5 Last Follow-up      6 Last Seq #   7 Last Type
   1                 03/05/91              4              D
 8 Last Message                          9 Last Follow-up Balance
   101-SELF PAY DETAIL STMT MESSA          $75.00
10 Promise To Pay Date   11 Amount Promised    12 Date Paid   13 Amount Paid

14 Delinquency Date 15 Delinquent Amt 16 Prepaid Amt  17 Current Due Amt

18 Next F/U Date 19 Next Sequence 20 Next Date To Check For Bus. Off. Phone F/U
   03/06/91         5
21 Healthcare Score/Desc - Date
   300-Possible Charity,Provide Application 06/13/03




Enter field number or '/' starting field number--
```

At the top of the screen, the system displays the guarantor's corporate number, name, date of birth, phone number and patient classification. The phone number has a strike-through formatting if it is considered invalid. An asterisk (*) preceding the phone number indicates that it is not acceptable to leave a message for the patient and to use the alternate phone number instead. If the phone number is bolded, it indicates that it is not acceptable to leave a message for the patient.

Field Explanations

1. COLLECTOR (DISPLAY ONLY)

This field contains the name and number of the collector assigned to the guarantor. A unique collector can exist on accounts that are on a separate schedule account payment plan or account custom schedule.

2. HOLD F/U? (1-A-O)

This field enables you to place follow-up for the guarantor on hold. Entry options are **Y** for Yes or **N** for No; the default is N. If you enter **Y**, all follow-up activity for the guarantor and all the guarantor's accounts stops and does not resume until you enter **N** in this field. This field does not, however, pertain to guarantor accounts that are on account custom schedules, separate schedules, or account payment plans. It also does not pertain to business office follow-up selection.

3. SCHEDULE TYPE (DISPLAY ONLY)
This field identifies the type of schedule on which the guarantor is placed for follow-up purposes. Entry options are **S** (standard), **C** (custom), or **P** (payment plan); the default is S.

NOTE: You should create custom schedules carefully. You can, however, place guarantors who are on custom schedules or payment plans back on standard schedules at any time. Custom schedule steps and follow-up schedules are only updated by accessing the individual guarantor (updates to the follow-up schedules table do not affect any custom schedules or payment plan schedules associated with the guarantor).

If the guarantor has no accounts assigned to his own schedule, the schedule is cleared so that a new one can be assigned at a later date. New assignment is based on the financial class of the account being added to the guarantor.

4. SCHEDULE # (2-N-O)
This field contains the follow-up schedule number assigned to the guarantor and all accounts for which the guarantor is responsible. You can edit this field if the guarantor has accounts in AR.

Fields 5 through 9 contain the last follow-up information for the guarantor's AR accounts that are not on an account custom schedule, separate schedule, or an account payment plan.

5. LAST FOLLOW-UP (DISPLAY ONLY)
This field contains the date on which the last follow-up activity was performed.

6. LAST SEQ # (DISPLAY ONLY)
This field contains the sequence number of the last follow-up activity performed.

7. LAST TYPE (DISPLAY ONLY)
This field contains the last type of follow-up activity performed for the accounts for which this guarantor is responsible according to the follow-up schedule. Possible entries are L (follow-up letter), T (telephone follow-up), and D (detail statement).

8. LAST MESSAGE (DISPLAY ONLY)
This field contains the message number of the last follow-up event. The description comes from the appropriate table depending on the follow-up type.

9. LAST FOLLOW-UP BALANCE (DISPLAY ONLY)
The system displays the balance that was billed to or requested from the guarantor in the last follow-up event.

The Promise To Pay Date and Amount Promised fields are used when a guarantor promises to pay accounts by a certain date. The amount and date are entered in these fields. If the guarantor payment for the amount in the Amount Promised field is not received by the date entered in the Promise To Pay Date field, the guarantor's accounts appear in the Business Office Collector Workfile under Promise to Pay work.

10. PROMISE TO PAY DATE (6-N-O)
This field contains the date on which payment is promised from the guarantor.

11. AMOUNT PROMISED (8-N-O)
This field contains the dollar amount promised by the guarantor by the promise to pay date.

The system updates fields 12 and 13 if the guarantor pays by the date specified in the Promise To Pay Date field.

12. DATE PAID (DISPLAY ONLY)
This field contains the date on which the promised amount was actually paid.

13. AMOUNT PAID (DISPLAY ONLY)
This field contains the actual dollar amount that was paid as the promised amount.

NOTE: Promise to Pay and payment plans are separate processes.

14. DELINQUENCY DATE (6-N-O)
This field, which applies only to payment plan accounts, contains the date on which the guarantor is considered delinquent if the current amount due is not paid. The system calculates this field when follow-up is generated based on the due days and grace days in the follow-up schedule to which this guarantor is assigned, but you can override it. The guarantor is not considered delinquent unless the amount in the Delinquent Amount field is greater than zero.

15. DELINQUENT AMOUNT (8-N-O)
This field contains the payment plan amount that is past due. The entry range is 0 to $999,999.99 (you must enter the decimal point).

16. PREPAID AMOUNT (DISPLAY)
This field contains the prepayment amount. This field displays an amount only if the Prepaid Amount field on the PAAR Control Table is set to Yes. If the account is on a payment plan and has amounts which are prepaid (prior to billing for the periodic plan amount), an amount is displayed in this field.

17. CURRENT DUE AMOUNT (8-N-O)
This field contains the payment plan amount that is currently due. The current due amount plus the delinquent amount equals the full amount due from the guarantor. The entry range is 0 to $999,999.99 (you must enter the decimal point).

18. NEXT F/U DATE (6-N-O)
This field contains the next follow-up date. You can enter a follow-up date only if the Hold F/U? field is blank or contains N. This field enables you to modify the next follow-up date for a guarantor. For example, if there is a reason to send a follow-up event sooner than the schedule indicates or to suspend sending follow-up for a period of time, the follow-up schedule date can be modified.

19. NEXT SEQUENCE (2-N-O)
This field contains the sequence number of the next follow-up event to be performed according to the schedule for this guarantor. This field enables you to modify the next follow-up sequence for a guarantor. For example, if there is a reason to modify the sequence number due to an agreement made with the guarantor, the sequence number can be changed.

20. NEXT DATE TO CHECK FOR BUS. OFF. PHONE F/U (6-N-O)

NOTE: If Receivables Workstation is activated, this field is not displayed, and any subsequent fields are numbered beginning with this field number.

This field contains the date on which the system should again check the guarantor to determine if the criteria is met for business office telephone follow-up. If the criteria is met, the system creates an entry for the guarantor in the business office collector's workfile. This field is displayed only if the guarantor has already qualified for the business office.

21. HEALTHCARE SCORE/DESC-DATE (DISPLAY ONLY)
This field contains the most recently received healthcare score, its description, and the date it was received. The Healthcare Score table (controlled by STAR Patient Processing) designates definitions for healthcare scores or healthcare score ranges. A healthcare score is received in response to a credit check request on a guarantor.

Revising a Payment Plan

To revise a payment plan or a collection schedule (when the Schedule Type field on the Account Follow-up screen contains either Payment Plan or Custom) enter Yes to either of the two prompts that are displayed when you access the screen. The Payment Plan/Schedule screen is displayed.

```
                General Hospital Account Follow-up Processor
                                                Mon Dec 13, 1993 09:57 am
Follow-up Schedules
 1 Schedule #       2 Description
   30                 Guarantor Follow-up
 3 Wait Days         4 Day of Month     5 Day of Week       6 Week of Month
   2
 7 Due Days          8 Grace Days       9 Ins Pending      10 Bill Balance
   10                  5                  Bill                Account
11 Restart %        12 Restart Amount  13 Reseq. Balance   14 Max Paper Bal
    10.00%            $50.00             $250.00             Unlimited
15 Min Balance      16 Min Refund Amt  17 Small Bal WriteOff Trans Code/Desc
   $5.00              $5.00              A0062-OTHER SMALL BALANCE WRITE OFFS
18 Minimum Attempts 19 Auto Pre-List   20 Pre-List Max Bal
   1                   Yes                $3.00
21 Prelist Ins?     22 Days After Ins  23 Bad Debt Transfer Trans Code/Desc
   No                  30                 S0002-AR TO BD TRANSFER
24 Delinquent F/U Type                 25 Delinquent F/U Message



Enter field number or '/' starting field number--
```

NOTE: The system completes this screen with information from the follow-up schedule upon initial definition of the custom schedule. Once the schedule is copied, it is specific for the guarantor and any changes made to the schedule through this function are made for this guarantor only. Changes to the Follow-Up Schedules Table do not update this guarantor's schedule.

Field Explanations

1. SCHEDULE # (DISPLAY ONLY)
This field contains the code identifying the follow-up schedule for the guarantor.

2. DESCRIPTION (30-C-O)
This field contains the description of the follow-up schedule code. You can edit the description if necessary.

3. WAIT DAYS (2-N-R)
This field contains the minimum number of days to wait from final billing before including the guarantor on a follow-up schedule. The entry range is 1 to 99 days. For interval schedules, these days are used to schedule the first event.

Defining Follow-up Frequency

There are three ways to define the frequency of account follow-up: completing the Day Of Month, Day Of Week, Week Of Month, or Interval fields. These options, one of which must be selected, are defined below. The Interval option is entered on the second screen.

4. DAY OF MONTH (2-AN-O)
This field contains the day of the month on which the hospital wants follow-up performed for guarantors assigned to this schedule. Entry options are 1 through 28 or L for the last day of the month. For example, you would enter 15 if you wanted follow-up performed on day 15 of every month.

5. DAY OF WEEK (1-N-O)
This field contains the day of the week on which the hospital wants follow-up performed for the account assigned to this schedule. Entry options are 1 through 7, with Sunday = 1, Monday = 2, Tuesday = 3, . . . Saturday = 7. If this option is selected, guarantors assigned to this schedule receive follow-up once per month on the day entered here.

6. WEEK OF MONTH (DISPLAY ONLY)
This field contains the week of the month during which follow-up is performed for guarantors assigned to this schedule. Entry options are 1 through 4. If you complete the Day Of Week field, you must also complete this field. This field is not required if the Day Of Month field is completed. If this option is selected, the account assigned to this schedule will receive follow-up once a month, during the week entered here and on the day entered in the Day Of Week field.

7. DUE DAYS (2-N-R)
This field contains the number of days used in calculating the due date for payment plan accounts. The entry range is 0 to 99 days; the default is 0.

8. GRACE DAYS (2-N-R)
This field contains the number of grace days allowed after the due days of a payment plan before the guarantor is considered delinquent. The entry range is 0 to 99; the default is 0. The follow-up date plus the due days plus the grace days equals the delinquent date.

9. INS PENDING (1-AN-0)
This field determines what type of follow-up occurs on accounts with pending insurance. Entry options are **B** (bill), **S** (suppress), or **M** (memo); the default value is B.

If you enter **B** in this field, the type of follow-up that occurs depends on how the *Bill Balance* field is set.

If you enter **S** in this field, the following can occur:

- No follow-up occurs until all insurance liability is gone.
- Accounts appear on the Follow-up Suppression report (FFR440) on the days that follow-up occurs.
- Accounts do not have the next step incremented if all accounts attached to the guarantor follow-up schedule are being suppressed.

NOTE: Suppressed accounts become *new accounts* when the insurance liability is gone and uses the resequence parameters in the follow-up schedule.

If you enter **M** in this field, the following can occur:

- A memo message prints for accounts with pending insurance.
- If there is no insurance liability a regular follow-up occurs requesting the entire account balance.
- If one account has insurance liability and the other account does not, memo and regular follow-up are produced. For detail statements, the system attempts to put both types on one piece paper. Collection letters appear on two separate pages.
- If there is one account for a guarantor with both insurance and patient liability, a memo message is sent showing the entire account balance.

10. BILL BALANCE (1-A-R)
This field contains the dollar amount that is requested from the guarantor during follow-up. Entry options are **P** (patient balance) or **A** (account balance); the default is P.

If you enter **P** in this field, the following can occur:

- No memo message is created.
- A request for the patient portion appears with information noting the insurance liability on the paper follow-up.
- No follow-up occurs if there is no patient liability.

NOTE: The account is not considered a *new account* until all insurance liabilities are gone. A new account forces the system to resequence based on dollars and the new account sequence number in the follow-up schedule. Under this scenario if a guarantor had accounts past the end of the schedule and was ready to prelist and has an account that transferred part of the money to the patient, the account would not resequence. This account could then qualify for prelisting prior to receiving follow-up. To keep this from occurring, the Prelist Insurance Flag should be set to No. When the bad debt prelist is run, this account would show as a prelist exception, and repeats the last step of this schedule. Once the insurance liability is gone, the account resequences according to the new account resequence parameters.

If you enter **A** in this field, the following can occur:

- No memo message is created.
- A request for the account balance appears on the paper follow-up.
- Follow-up always occurs.

11. RESTART % (2-N-O)
This field contains the percent of the balance due that must be paid by the guarantor in order to resequence follow-up to another event. Follow-up continues on to the next event (sequence) until this percent is paid. The entry range is 0 to 99.99%.

12. RESTART AMOUNT (8-N-O)
This field contains the minimum amount that must be paid by the guarantor in order to resequence follow-up to another event. Follow-up continues on to the next event (sequence number) until this amount is paid. The entry range is 0 to $99,999.99 (you must enter the decimal point).

13. RESEQ. BALANCE (8-AN-R)
This field contains the minimum balance that is required to cause resequencing of the guarantor in the follow-up schedule if a new account is added to the guarantor's schedule. You can enter up to 999,999.99 (you must enter the decimal point) or U (unlimited); the default is U. The guarantor is resequenced if the account balance of the new account exceeds the amount entered in this field. If you enter U, the addition of new accounts to the guarantor never causes resequencing of the guarantor follow-

up schedule. The patient balance causes follow-up resequencing. This resequence occurs only if there is no insurance liability for the account.

NOTE: When a new account is added to a guarantor who has reached the end of the follow-up schedule, the guarantor resequences to the New Account Restart Step number if the account:

- Meets the resequencing balance criteria, and
- Has a resequencing step entered in the *New Account Restart Sequence Number* field.
- There is no longer insurance liability for Memo, Suppressed, or Bill/Patient accounts, or it is a newly final billed account whose schedule is bill/account.

The exception to this rule exists when the new account resequence steps are not used in the follow-up schedule and a guarantor is past its steps in the follow-up schedule (ready to prelist). This guarantor is resequenced back to its last step in order to avoid any accounts prelisting prior to receiving any follow-up. The resequence balance is not considered under this scenario.

14. MIN BALANCE (8-N-R)
This field contains the minimum account balance that is required to continue sending statements. This amount is the hospital small balance write-off for debit balances. The entry range is 0 to $999,999.99.

15. MAX PAPER BALANCE (8-AN-R)
This field contains the maximum dollar amount balance required for paper follow-up. The entry range is 0 to 999,999.99 or **U** for unlimited. The default is U. If the balance is greater than the maximum paper balance, telephone follow-up occurs. If U is entered, paper follow-up always occurs unless there is a step in the schedule for telephone only.

This field is not accessible if the agency type is CCI or External Agency. If the agency type is CCI, a value of Unlimited is defaulted into the field. If the agency type is External, a value of $0.00 is defaulted into the field. The field is inaccessible since follow up is performed outside of the STAR Patient Accounting system.

An overpayment causes the system to produce paper follow-up if this is less than the value in the Max Paper Balance field. For example, if the Max Paper Balance field is set to 1000 and the overpayment amount is -100 the system takes the absolute value of the overpayment which would be 100 in this scenario and if this is less than the value in the Max Paper Balance field, the system produces paper follow-up. If overpayment amount is greater than the value in the Max Paper Balance field, telephone follow-up is initiated. Overpayment follow-up is only initiated if an account qualifies for appeal follow-up. The insurance f/u schedule needs to have the Appeal field set to Yes. Please see the Denial Tracking Payor table and the Claim Disposition Rules for more information on overpayment denial tracking.

16. MIN REFUND AMT (4-N-R)
This field contains the minimum credit balance required to produce a patient refund. This amount is the hospital small balance write-off amount for credit balances. The entry range is 0 to $99.99.

17. SMALL BAL WRITEOFF TRANS CODE/DESC (4-N-R)
This field contains the transaction code used to update the patient account transaction history and the general ledger. This code is used when an account is automatically written off because it meets the small balance write-off criteria as defined in this follow-up schedule. You can enter the code or a hyphen (-) to display a list of codes under transaction type A (adjustments).

18. MINIMUM ATTEMPTS (2-N-R)
This field contains the minimum number of follow-up attempts that should be performed before a small balance write-off is processed. This field enables the hospital to bill a guarantor as many times as indicated for the small balance of an individual account. A zero indicates no follow-up is performed for the small balance. The entry range is 0 to 99; the default is 0. If the balance rises above the minimum for small balance write-off as indicated in the Min Balance field, the minimum attempts counter is reset to zero for the account. If the balance falls below the minimum balance again, the system begins the minimum attempts again.

19. AUTO PRE-LIST (1-A-R)
This field indicates whether the account should be selected for bad debt pre-listing after the last event (sequence) in the follow-up schedule. Entry options are **Y** for Yes or **N** for No; the default is N. If you enter **N**, the follow-up schedule sequence is repeated when the schedule reaches the last event (sequence) until the account is manually pre-listed for transfer to bad debt. Accounts are eligible for automatic pre-listing only if they have reached the end of the follow-up schedule, have this field set to Y, and the balance of the account is under the maximum prelist balance.

20. PRE-LIST MAX BAL (8-N-R)
This field contains the maximum account balance for automatic pre-listing for possible transfer to bad debt. The entry range is 0 to $999,999.99; the default is 0. If an account balance is greater than the pre-list maximum balance at the end of the follow-up schedule, the last sequence number remains in effect until the balance is less than the pre-list maximum balance or the guarantor pays the restart amount and percentage and is resequenced. This account is not automatically pre-listed until the account balance falls below the defined maximum.

This field should be set to No if the Bill/Patient option is chosen in the schedule. If the field is not set to No, accounts may be sent to bad debt prior to receiving any follow-up. Refer to the *Bill Patient* field for additional information.

21. PRELIST INS? (1-A-R)
This field indicates whether an account with pending insurance payments should be pre-listed for bad debt. Entry options are **Y** for Yes or **N** for No; the default is N. The account is not prelisted if there is pending insurance balance.

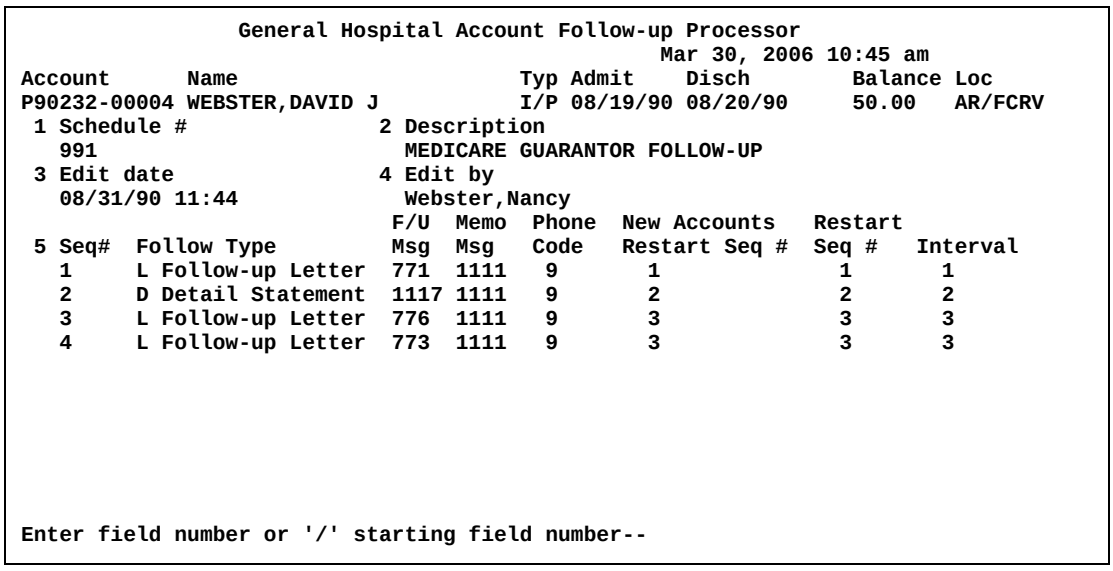
22. DAYS AFTER INS (3-N-R)
This field contains the number of days to wait (up to 999) after the final insurance payment before transferring the account to bad debt. The days after insurance are grace days given to the patient to pay any outstanding amount on the account that was not paid by insurance.

23. BAD DEBT TRANSFER TRANS CODE/DESC (4-N-R)
This field contains the transaction code indicating the transfer of this account from accounts receivable to bad debt. You can enter the code or a hyphen (-) to display a list of valid codes under transaction type S (status transfer). This code is used to update the account transaction history. The transfer to bad debt is controlled by the hospital and takes place for pre-listed accounts.

24. DELINQUENT F/U TYPE (1-A-O)
This field indicates the type of follow-up that is generated when a payment plan account becomes delinquent. Entry options are **D** (detail statement), **L** (letter), or **T** (telephone).

25. DELINQUENT F/U MESSAGE (4-N-R)
This field contains the message that appears on the follow-up type entered in the Delinquent F/U Type field.

When you finish editing this screen, accept the changes, and press ENTER. The system displays the remainder of the guarantor follow-up schedule and allows you to customize the actual follow-up to be generated.



Field Explanations

1. SCHEDULE # (DISPLAY ONLY)
This field contains the code identifying this follow-up schedule.

2. DESCRIPTION (DISPLAY ONLY)
This field contains the description of the follow-up schedule code.

3. EDIT DATE (DISPLAY ONLY)
This field contains the date and time this table entry was last edited.

4. EDIT BY (DISPLAY ONLY)
This field contains the name of the person who last edited this table entry.

5. SEQ # (DISPLAY ONLY)
This field contains a sequential number identifying the order of events for this follow-up schedule. You can define as many events as you wish. The sequence number and the follow-up type and code control the order in which follow-up is performed for the account.

FOLLOW TYPE (1-A-R)
This field contains the type of paper follow-up that is used for this sequence number. Entry options are **L** (follow-up letter), **D** (detail statement), or **T** (telephone).

F/U MSG (4-N-R)
This field contains the follow-up message that appears on the detail statement or letter or that is used for telephone follow-up. You can enter the code (up to four digits) or a hyphen (-) to display a list of valid codes. This message prints on the follow-up type when the guarantor is selected for that event (sequence). If it is a telephone message, the message displays in the assigned collector's workfile.

MEMO MESSAGE (4-N-O)
This field contains the code identifying the memo message that appears on the follow-up letter or detail statement. You can enter the code (up to four numbers) or a hyphen (-) to display list of valid codes. If the Memo/Separate Statement field on the previous screen contains M, this message appears on the guarantor detail statement; if the field contains S, this message appears on the separate detail statements.

PHONE CODE (4-N-R)
This field contains the code identifying the phone message that is used in the collector's workfile if the event is a telephone follow-up. Telephone follow-up occurs if the follow-up type is T for telephone or if the Max Paper Bal field has been exceeded for the carrier for this account. You can enter the code or a hyphen (-) to display a list of valid codes.

NEW ACCOUNTS RESTART SEQ # (2-N-O)
This field indicates the step in the follow-up schedule to which the guarantor is resequenced if a new account is added to the guarantor schedule and the criteria

established in the *Reseq. Balance* field on the previous screen is met. The restart sequence number must be less than or equal to the current sequence number.

RESTART SEQ # (2-N-O)
This field contains the follow-up sequence number that is used if the restart % or amount is met and the account balance is paid by the guarantor prior to the next follow-up date. The restart sequence number must be less than or equal to the current sequence number.

For example, General Hospital A sets up the follow-up sequences below:

Sequence	Paper Follow-up Type/Code	Restart
1	D - Detail Statement	
2	D - Detail Statement	1
3	L - Follow-up Letter	1
4	L - Follow-up Letter	2
5	T - Telephone	2

The follow-up event defined in sequence 1 has been performed on the guarantor and the guarantor has either not made a payment or the payment did not meet the restart percent or amount criteria before sequence 2 is scheduled to occur. The sequence 2 follow-up is performed and the guarantor now pays the restart amount or percent before sequence 3 is performed. Since sequence 3 is now the follow-up event the guarantor would normally receive, the system checks the restart sequence field assigned to sequence 3 because payment has been received. If the restart sequence is 1, the event defined in sequence 1 is performed the next time the guarantor receives follow-up. If the minimum amount is paid, the guarantor can remain at the beginning of the follow-up schedule. If the guarantor does not pay the minimum amount, the follow-up continues through the sequences. Guarantors on payment plans must pay the current amount due and delinquent amount to avoid being delinquent.

Only payments trigger the restart. If new accounts are added to the guarantor, resequencing does not occur and these accounts are treated in the same manner as the others. New accounts may cause resequencing to prior steps, depending on the entry in the New Accounts Restart Seq # field.

This field is optional but it is suggested that you complete it to ensure that guarantors who make payments receive the proper collection messages and are not sent to bad debt.

INTERVAL (3-N-C)
This field contains the number of days between follow-up events. The entry range is 1 to 999 days. This field is completed *only* if the Day Of Month, Day Of Week, and Week Of Month fields are not completed. The first follow-up is scheduled from the final bill date. All subsequent follow-up activity is scheduled from the date of the most recent

follow-up. The number of days between follow-up can vary by sequence number. This field is optional but one interval day should be defined.

After these fields are completed, you have the option of accepting or editing the information on the screen. Accepting the screen completes the transaction.

NOTE: If you change the Schedule Type field from any type to Payment Plan type, the system displays the following screen:

```
                General Hospital Account Follow-up Processor
                                                  Mar 30, 2006 10:45 am
Account      Name                       Typ Admit    Disch        Balance Loc
P90232-00004 WEBSTER,DAVID J            I/P 08/19/90 08/20/90     50.00   AR/FCRV
 1 Collector                              2 Schedule #   3 Schedule Type
   23-CLEMENS,LEONA J.                      991            Payment Plan
                   4 Next F/U Date                5 Next Sequence
                     11/06/90                        1
 6 Plan Amount     7 Current Due Amount  8 Delinquent Amount  9. Delinquency Date
   $100.00           $100.00               $0.00                12/11/90









Enter field number or '/' starting field number--
```

Field Explanations

1. COLLECTOR (DISPLAY ONLY)
This field contains the name and number of the collector assigned to the guarantor. A unique collector can exist on accounts that are on a separate schedule account payment play or account custom schedule.

2. SCHEDULE # (DISPLAY ONLY)
This field contains the follow-up schedule number assigned to the guarantor of this and all other accounts for which the guarantor is responsible.

3. SCHEDULE TYPE (1-A-R)
This field identifies the type of schedule on which the account is placed for follow-up purposes. Entry options are **G** (guarantor), **C** (custom plan), **P** (payment plan), or **S** (separate schedule); the default is G.

4. NEXT F/U DATE (6-N-C)
This field contains the next follow-up date. This field enables you to modify the next follow-up date for the guarantor. For example, if there is a reason to send a follow-up event sooner than the schedule indicates or to suspend sending follow-up for a period of time, the follow-up schedule date can be modified.

5. NEXT SEQUENCE (2-N-R)
This field contains the next activity to be performed according to the follow-up schedule for this account. This field enables you to modify the next follow-up sequence for a guarantor. For example, if there is a reason to modify the sequence number due to an agreement made with the guarantor, the sequence number can be changed.

This field contains the periodic payment amount set up for the payment plan. This is the amount the guarantor has agreed to pay according to the payment plan terms.

7. CURRENT DUE AMOUNT (8-N-R)
This field contains the amount of the payment plan that is currently due. The current amount due plus the delinquent amount equals the full amount due from the guarantor. When you are first setting up the payment plan, you should enter 0 in this field. The system automatically updates the field when follow-up is generated for the guarantor.

8. DELINQUENT AMOUNT (8-N-R)
This field contains the payment plan amount that is past due. When you are first setting up the payment plan, you should enter 0 in this field. The system automatically calculates the delinquent amount when and if the guarantor does not pay according to the payment plan terms.

9. DELINQUENCY DATE (6-N-O)
This field contains the date on which the account is considered delinquent. The system calculates this field based on the due days and grace days in follow-up schedule to which this account is assigned. You do not need to update this field since it is automatically updated by the system when follow-up is generated for the payment plan.

When these fields are completed, the system displays the remainder of the collection schedule screens and allows you to customize the follow-up schedule.

Agency Processing

Agency processing functionality allows you to target accounts in Accounts Receivable (AR) to receive specialized collections.

Accounts in an accounts receivable location do not receive both Guarantor and AR agency follow-up at the same time. Accounts that transfer to Agency Processing are deleted from Guarantor Follow-up. Accounts are reviewed for agency processing at the account level. Once accounts transfer to agency processing, they are automatically placed on a separate schedule. Agency Collection accounts use Agency Follow-up schedules.

PA DEMAND FOLLOW-UP

The PA Demand Follow-up function allows you to send follow-up to the guarantor outside the normal schedule. It enables you to request a follow-up statement or letter for a specific account for a guarantor.

NOTE: The facility and guarantor must be selected before this function can be accessed.

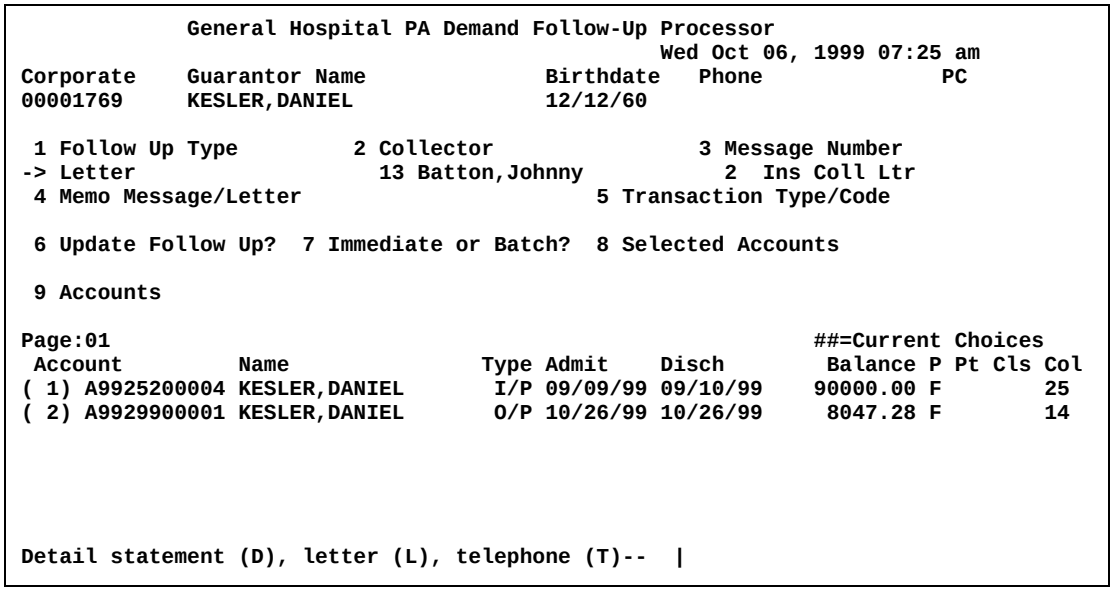
After you select this function, the system displays a screen containing any requests pending for this guarantor. Requests are processed according to the preference indicated in field 7, Immediate or Batch?, on the next screen and are available for lookup or change only prior to the next batch date.

```
            General Hospital PA Demand Follow Up Processor
                                                 Sat May 28, 2005 11:20 am
Corporate    Guarantor Name              Birthdate   Phone              PC
00311388     WEBSTER,DAVID J             05/29/59    (503)255-5336

Page:01
    Seq #   Type             Message #               All/Selected  Update FU?
( 1)   1    Detail Statement Detail Statement Message  Selected      No









Select request # or 'A' to add--
```

The screen header displays the guarantor's corporate number, name, birthdate, phone number, and patient classification. The phone number has a strike-through formatting if it is considered invalid. An asterisk (*) preceding the phone number indicates that it is not acceptable to leave a message for the patient and to use the alternate phone number instead. If the phone number is bolded, it indicates that it is not acceptable to leave a message for the patient.

Information displayed includes the sequence number of the request, the type of follow-up, the description of the follow-up message, whether this request is intended for all or selected guarantor accounts, and whether the next follow-up sequence should be updated or changed because of this request.

When this screen is displayed, you have the option of viewing/editing current requests or adding a new request. The following screen is used for both operations.



The screen header displays the guarantor's corporate number, name, birthdate, phone number, and patient classification.

Field Explanations

1. FOLLOW UP TYPE (1-A-R)
This field contains the type of follow-up that will be generated for the guarantor. Entry options are **D** (detail statement), **L** (letter), or **T** (telephone call).

2. COLLECTOR (3-N-O)
This field contains the collector that appears on the guarantor collection letter. This collector appears on the demand collection letter follow-up and does not replace the collector associated with the account. If this field is blank, the system uses the collector associated with the account. This field is used only for collection letters and is valid only if a collection letter is requested. It is not required. The spoolfiles that are updated by this collector field are:

- FFR106 - PA Demand Collection Letters
- FFR105 - PA Collection Letters

3. MESSAGE NUMBER (4-N-R)
This field contains the code of the message that prints on the detail statement or letter for the guarantor. If the follow-up is telephone, the message appears in the collector's workfile. You can enter the code or a hyphen (-) to display a list of valid codes.

4. MEMO MESSAGE/LETTER (4-N-R)
This field contains the code of the memo message that appears on detail statements or letters. These messages pertain to any guarantor accounts that have pending

insurance and the Follow Up Schedule Ins Pending parameter set to Memo. This field is not required if the Follow Up Type field contains T (telephone).

5. TRANSACTION TYPE/CODE (4-N-R)
This field contains the transaction code that is recorded in the transaction history of the guarantor's accounts that receive follow-up. You can enter the code or a hyphen (-) to display a list of valid codes under transaction type T (collector notes).

6. UPDATE FOLLOW UP? (1-A-R)
This field indicates whether or not the next scheduled follow-up date and sequence should be updated for the guarantor for this request. For example, if follow-up is scheduled every fifteen days starting on the first and you request this follow-up on the fifth, should the next scheduled follow-up be performed on the twentieth or remain scheduled for the fifteenth? You may enter **Y** for Yes or **N** for No; the default is N. In this example, if you enter **Y**, the next scheduled follow-up event would be performed on the twentieth; if you enter **N**, the next scheduled follow-up event would be performed on the fifteenth.

7. IMMEDIATE OR BATCH? (1-A-R)
This field determines if the demand follow-up request should print immediately or in tonight's batch processing. The valid field options are **I** and **B**. If you enter **I** for Immediate, the follow-up is processed in real time. This means that detail statements and collections letters print to the printer specified by the user. If you enter **B** for Batch, the follow-up request is processed in that night's batch processing. The default value for this field is **B** for Batch.

8. SELECTED ACCOUNTS (TABLE LOOKUP-R)
This field determines which guarantor accounts should be affected by this follow-up request. The system displays a list of options that includes:

(1) Selected Standard Accounts
(2) Selected Custom Accounts
(3) Selected Payment Plan Accounts

9. ACCOUNTS (3-AN-C)
This field is required only if the All/Selected Accounts field contains any of the selected options. This field enables you to select the accounts for the guarantor that you want to include on the demand follow-up. The system displays applicable accounts in the format displayed in the example on the next page. Accounts are selected for demand follow-up by entering the corresponding option number, which is then displayed in reverse, blinking video. Accounts can be selected individually or by range. The system displays six accounts per screen.

NOTE: If the follow-up schedule is set to Memo, then the system does not print detail transactions when you perform demand follow-up. This situation remains

even if the demand request is set to update the guarantor's or patient's schedule.

```
Page:01                                                    ##=Current Choices
 Account         Name              Type Admit    Disch       Balance P Pt Cls Col
( 1) A9925200004 MARTIN,DANIEL      I/P 09/09/99 09/10/99    90000.00 F        25
( 2) A9929900001 MARTIN,DANIEL      O/P 10/26/99 10/26/99     8047.28 F        14
```

The screen header displays the account number, name, patient type, admit date, discharge date, balance, collection status, patient classification, and collector.

When the desired accounts are selected, the system displays a list, or, if none are chosen, warns you that no accounts have been selected.

When these fields are completed, you have the option of accepting, editing, or deleting the entered information. Accepting the screen completes the transaction.

AR DEMAND FOLLOW-UP

The AR Demand Follow-up function allows you to send follow-up to the guarantor outside the normal schedule. It enables you to request a follow-up statement, letter, or telephone entry into the collector's workfile for a phone call for a guarantor or a specific account for a guarantor. This function is valid for Guarantor or Internal Pre-Collection follow-up.

NOTE: The facility and guarantor must be selected before this function can be accessed.

After you select this function, the system displays a screen containing any requests pending for this guarantor. Requests are processed according to the preference indicated in field 7, Immediate or Batch?, on the next screen and are available for lookup or change only prior to the next batch date.

```
            General Hospital AR Demand Follow Up Processor
                                                 Sat May 28, 2005 11:20 am
Corporate    Guarantor Name              Birthdate   Phone              PC
00311388     WEBSTER,DAVID J             05/29/59    (503)255-5336

Page:01
    Seq #   Type             Message #               All/Selected  Update FU?
( 1)   1    Detail Statement Detail Statement Message  Selected      No









Select request # or 'A' to add--
```

The screen header displays the guarantor's corporate number, name, birthdate, phone number, and patient classification. The phone number has a strike-through formatting if it is considered invalid. An asterisk (*) preceding the phone number indicates that it is not acceptable to leave a message for the patient and to use the alternate phone number instead. If the phone number is bolded, it indicates that it is not acceptable to leave a message for the patient.

Information displayed includes the sequence number of the request, the type of follow-up, the description of the follow-up message, whether this request is intended for all or selected guarantor accounts, and whether the next follow-up sequence and date should be updated or changed because of this request.

When this screen is displayed, you have the option of viewing/editing current requests or adding a new request. The following screen is used for both operations.

```
               General Hospital AR Demand Follow-Up Processor
                                                  Mon May 31, 2005 07:25 am
Corporate    Guarantor Name              Birthdate   Phone              PC
00001769     KECK, DANIEL                12/12/60

 1 Follow Up Type          2 Collector                3 Message Number
-> Letter                  13 Batton,Johnny              2  Ins Coll Ltr
 4 Memo Message/Letter                          5 Transaction Type/Code

 6 Update Follow Up?  7 Immediate or Batch?  8 All/Selected Accounts

 9 Accounts




Page:01                                                  ##=Current Choices
 Account         Name               Type Admit    Disch       Balance P Pt Cls Col
( 1) A9925200004 KESLER,DANIEL       I/P 09/09/99 09/10/99    90000.00 F        25
( 2) A9929900001 KESLER,DANIEL       O/P 10/26/99 10/26/99     8047.28 F        14
```

The screen header displays the guarantor's corporate number, name, birthdate, phone number, and patient classification. The phone number has a strike-through formatting if it is considered invalid. An asterisk (*) preceding the phone number indicates that it is not acceptable to leave a message for the patient and to use the alternate phone number instead. If the phone number is bolded, it indicates that it is not acceptable to leave a message for the patient.

Field Explanations

1. FOLLOW UP TYPE (1-A-R)
This field contains the type of follow-up that is generated for the guarantor. Entry options are **D** (detail statement), **L** (letter), or **T** (telephone call).

2. COLLECTOR (3-N-O)
This field contains the collector that appears on the guarantor collection letter. This collector appears on the demand collection letter follow-up and does not replace the collector associated with the account. If this field is blank, the system uses the collector associated with the account. This field is used only for collection letters and is valid only if a collection letter is requested. It is not required. The spoolfiles that are updated by this collector field are:

- FFR101 - Demand Collection Letters
- FFR116 - Collection Demand Collection Letters
- FFR100 - Collection Letter
- FFR115 - PC Collection Letter

3. MESSAGE NUMBER (4-N-R)
This field contains the code of the message that prints on the detail statement or letter for the guarantor. If the follow-up is telephone, the message appears in the collector's workfile. You can enter the code or a hyphen (-) to display a list of valid codes.

4. MEMO MESSAGE/LETTER (4-N-R)
This field contains the code of the memo message that appears on detail statements or letters. These messages pertain to any guarantor accounts that have pending insurance and the Follow Up Schedule Ins Pending parameter set to Memo. This field is not required if the Follow Up Type field contains T (telephone).

5. TRANSACTION TYPE/CODE (4-N-R)
This field contains the transaction code that is recorded in the transaction history of the guarantor's accounts that receive follow-up. You can enter the code or a hyphen (-) to display a list of valid codes under transaction type T (collector notes).

6. UPDATE FOLLOW UP? (1-A-R)
This field indicates whether or not the next scheduled follow-up date and sequence should be updated for the guarantor for this request. For example, if follow-up is scheduled every fifteen days starting on the first and you request this follow-up on the fifth, should the next scheduled follow-up be performed on the twentieth or remain scheduled for the fifteenth? Entry options are **Y** for Yes or **N** for No; the default is N. In this example, if you enter **Y**, the next scheduled follow-up event would be performed on the twentieth; if you enter **N**, the next scheduled follow-up event would be performed on the fifteenth.

7. IMMEDIATE OR BATCH? (1-A-R)
This field determines if the demand follow-up request should print immediately or in tonight's batch processing. The valid field options are **I** and **B**. If you enter **I** for Immediate, the follow-up is processed in real time. This means that detail statements and collections letters print to the printer specified by the user. Demand Telephone Follow-Up appears in the workfile for the appropriate collector as soon as you accept the screen. If you enter **B** for Batch, the follow-up request is processed in that night's batch processing. The default value for this field is B for Batch.

8. ALL/SELECTED ACCOUNTS (TABLE LOOKUP-R)
This field determines which guarantor accounts should be affected by this follow-up request. The system displays a list of options that includes:

(1) Guarantor Accounts
(2) Guarantor Custom Accounts
(3) Selected Standard Accounts
(4) Selected Custom Accounts
(5) Selected Payment Plan Accounts

9. ACCOUNTS (3-AN-C)
This field is required only if the All/Selected Accounts field contains any of the selected options. This field enables you to select the accounts for the guarantor that you want to include on the demand follow-up. The system displays applicable accounts in the

format displayed in the following example. Accounts are selected for demand follow-up by entering the corresponding option number, which is then displayed in reverse, blinking video. Accounts can be selected individually or by range. The system displays six accounts per screen.

NOTE: If the follow-up schedule is set to Memo and an insurance balance exists, then the system does not print detail transactions on the detail statement when you perform AR demand follow-up. This is true even if the demand request is set to update the guarantor's or patient's schedule.

```
Page:01                                                    ##=Current Choices
 Account         Name              Type Admit    Disch       Balance P Pt Cls Col
( 1) A9925200004 KING,DANIEL       I/P 09/09/99 09/10/99    90000.00 F        25
( 2) A9929900001 SMART, BOB        O/P 10/26/99 10/26/99     8047.28 F        14
```

The screen header displays the account number, name, patient type, admit date, discharge date, balance, collection status, patient classification, and collector.

When the desired accounts are selected, the system displays a list, or, if none are chosen, warns you that no accounts have been selected.

When these fields are completed, you have the option of accepting, editing, or deleting the entered information. Accepting the screen completes the transaction.

BD DEMAND FOLLOW-UP

The BD Demand Follow-up function allows you to request demand follow-up for accounts that are in a Bad Debt location and have an Internal Bad Debt follow-up schedule.

When you select this function, the system displays the following screen.

```
               General Hospital BD Demand Follow Up Processor
                                                  Sat May 28, 2005 09:51 am
Corporate    Guarantor Name              Birthdate   Phone              PC
00002298     SMITH,MARY                  01/01/55

 1 Follow Up Type                          2 Message Number
   Telephone                                 13 TELEPHONE PROMISE TO PAY
 3 Transaction Type/Code
   T0010-BUSINESS OFFICE TELEPHON
 4 Update Follow Up?  5 Immediate or Batch?  6 All/Selected Accounts
   No                                  2-Selected Custom Accounts
 7 Accounts









Enter field number or '/' starting field number--
```

The screen header displays the guarantor's corporate number, name, birthdate, phone number, and patient classification. The phone number has a strike-through formatting if it is considered invalid. An asterisk (*) preceding the phone number indicates that it is not acceptable to leave a message for the patient and to use the alternate phone number instead. If the phone number is bolded, it indicates that it is not acceptable to leave a message for the patient.

Field Explanations

1. FOLLOW UP TYPE (1-A-R)
This field contains the type of follow-up that is generated for the guarantor. Entry options are **D** (detail statement), **L** (letter), or **T** (telephone call).

2. MESSAGE NUMBER (4-N-R)
This field contains the code of the message that prints on the detail statement or letter for the guarantor. If the follow-up is telephone, the message appears in the collector's workfile. You can enter the code or a hyphen (-) to display a list of valid codes.

3. TRANSACTION TYPE/CODE (4-N-R)
This field contains the transaction code that is recorded in the transaction history of the guarantor's accounts that receive follow-up. You can enter the code or a hyphen (-) to display a list of valid codes under transaction type T (collector notes).

4. UPDATE FOLLOW UP? (1-A-R)
This field indicates whether or not the next scheduled follow-up date and sequence should be updated for the guarantor for this request. For example, if follow-up is scheduled every fifteen days starting on the first, and you request this follow-up on the fifth, should the next scheduled follow-up be performed on the twentieth or remain scheduled for the fifteenth? Entry options are **Y** for Yes or **N** for No; the default is N. In this example, if you enter **Y**, the next scheduled follow-up event is performed on the twentieth; if you enter **N**, the next scheduled follow-up event is performed on the fifteenth.

5. IMMEDIATE OR BATCH? (1-A-R)
This field determines if the demand follow-up request should print immediately or in tonight's batch processing. The valid field options are **I** and **B**. If you enter **I** for Immediate, the follow-up is processed in real time. This means that demand detail statements and collections letters print to the printer specified by the user's default printer defined in the CRT Names table. Demand telephone follow-up appears in the workfile for the appropriate collector as soon as the screen is accepted. If you enter **B** for Batch, the follow-up request is processed in that night's batch processing. The default value for this field is B for Batch.

6. ALL/SELECTED ACCOUNTS (TABLE LOOKUP-R)
This field determines which guarantor accounts should be affected by this follow-up request. Only accounts in a Bad Debt location with an Internal Collection Agency are displayed. Accounts in Bad Debt can only receive account level and not guarantor level follow-up.

The system displays a list of options:

- Selected Separate Accounts - All accounts in a Bad Debt location and on a separate schedule will display.

- Selected Custom Accounts - All accounts in a Bad Debt location and on an account level custom schedule.

- Selected Payment Plan Accounts - All accounts in a Bad Debt location and on an account level payment plan.

7. ACCOUNTS (3-AN-C)
This field enables you to select the accounts for the guarantor that you want to receive demand follow-up. The system displays eligible accounts and accounts are selected for demand follow-up by entering the corresponding option number, which is then displayed in reverse, blinking video. Accounts can be selected individually or by range. The system displays six accounts per screen.

GUARANTOR ZERO BALANCE FOLLOW-UP

The Guarantor Zero Balance Follow-up function allows you to retain zero balance accounts on the guarantor's follow-up schedule until a paper follow-up has been produced. It enables you to show a guarantor that a payment has been received.

The criteria for receiving zero balance follow-up is as follows:

- Zero balance follow-up field is set to Y, and
- Patient payment brings the account to zero balance, and
- Guarantor still has other accounts with an existing balance, and
- The account is not on a custom account, account payment plan, or separate schedule.

The account appears along with other existing accounts and their corresponding follow-up schedule. If telephone follow-up is the next step in the schedule, it appears as an account in telephone follow-up. The next time paper follow-up occurs, the account then *drops off* and never appears again.

NOTE: If this is the only account for a guarantor and it becomes a zero balance, no follow-up occurs since there is no longer a collector or collection schedule.

The Zero Balance Follow-up field is located on the second page of the PAAR Control Maintenance processor. For detailed information about this function, refer to Section 2: Financial System Management in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide.

Chapter 3 - COLLECTOR FUNCTIONS

INTRODUCTION

Collector functions assist collectors in making collection calls to guarantors and insurance carriers for payment of open account balances.

The system selects work for collectors during Midnight Processing based on the next follow-up date and type of follow-up for guarantors and insurance carriers.

The collector functions include the actual workfile which contains the list of new and existing accounts that the system has selected for the collector to work on.

Other functions included for collectors are:

- **Single Bill** - This function allows the collector to request a bill to send to the patient or insurance carrier. This function is used most frequently to request a reprint of a prior bill.
- **Reprint Claim** - This function enables the collector to receive an immediate reprint of a UB, 1500, or state claim form to send out forms to insurance carriers that have misplaced the original copies.
- **Demand Insurance Follow-Up** - This function enables the collector to demand follow-up for insurance claims in either PA or AR.
- **Notes** - This function allows the entry of collection notes for the guarantor or for an individual guarantor's account.
- **Change Collectors - Guarantor Follow-Up** - This function allows temporary or permanent transfer of work from one collector to another for guarantor work.
- **Change Collectors - Insurance Follow-up** - This function allows temporary or permanent transfer of work from one collector to another for insurance carrier work.
- **Change Collectors - Active Patient Workfile** - This function allows temporary or permanent transfer of work from one collector to another for an active patient workfile.
- **Change Collectors - PA Follow Up (Permanent Transfer Only)** - This function allows permanent transfer of accounts in a PA location. Since there are no workfiles for the PA Collector, there is no existing work to transfer.

After you select the Collector Function option, the system prompts you to enter a collector number if you are a supervisor or manager. Enter the collector's code or a hyphen (-) to display a list of valid collectors. Supervisors are allowed to inquire on all collectors for whom they are the assigned supervisor. Managers can inquire on all collectors.

If you are a collector, the system takes you directly to the Collector Functions menu:

```
               General Hospital Collector Functions Processor
                                                  Mon Mar 29, 1999 09:09 am
Collector Functions Input Options

            Option No.  Option
            ---------------------------------------
                1       Collector Workfile

                2       Single Bill
                3       Reprint Claim
                4       Demand Insurance Follow-up
                5       Notes

                6       Collectors - Guarantor Follow Up
    CHANGE      7       Collectors - Insurance Follow Up
                8       Collectors - Active Patient Workfile
                9       Collectors - PA Follow Up (Permanent Transfer Only)


Enter option number--
```

Each of the options available from this menu is explained separately on the following pages.

COLLECTOR WORKFILE

The Collector Workfile is a list of guarantors and accounts with insurance that require telephone follow-up.

The collector workfile contains many functions that assist the collector in making collection calls or performing follow-up with guarantors or insurance carriers. The collector workfile functions include:

Insurance Collector Work - Displays insurance telephone follow-up work assigned to the selected collector.

Guarantor Collector Workfile - Displays guarantor telephone follow-up work assigned to the selected collector.

Business Office Collector Workfile - Displays telephone follow-up work assigned to the specified business office collector.

Active Patient Workfile - Displays telephone follow-up work assigned to the specified active patient collector.

AR Agency Workfile - Displays telephone workfile assigned to an internal AR agency schedule.

Pending/Candidate Workfile - Displays accounts that are being evaluated for the collector.

Internal Bad Debt Workfile - Displays telephone follow-up work assigned to the specified bad debt collector.

The Insurance Collector Workfile by Account, Guarantor Collector Workfile by Account, Business Office Collector Workfile by Account, Active Patient Workfile by Account, AR Agency Workfile by Account, Pending/Candidate Workfile and Internal Bad Debt Workfile by Account functions display the same information as the seven functions above but allow a lookup by specific account or guarantor.

After you select the Collector Workfile option, the system displays the following menu:

```
             General Hospital Collector Workfile Processor
                                                 Tue Mar 25, 2007 10:20 am
Collector Workfile Input Options

            Option No.  Option
            ---------------------------------------
                1       Insurance Collector Work
                2       Guarantor Collector Workfile
                3       Business Office Collector Workfile
                4       Active Patient Workfile
                5       AR Agency Workfile
                6       Pending/Candidate Workfile
                7       Internal Bad Debt Workfile

                8       Insurance Collector Workfile By Account
                9       Guarantor Collector Workfile By Account
               10       Business Office Collector W/F By Account
               11       Active Patient Workfile by Account
               12       AR Agency Workfile by Account
               13       Pending/Candidate Workfile By Account
               14       Internal Bad Debt Workfile by Account

Enter option number--
```

Each of the options available from this menu is explained separately below.

Insurance Collector Work

After you select this function, the system allows you to search through the collector's workfile in one of two ways, as shown below:

```
             General Hospital Insurance Collector Work Processor
                                                 Fri Nov 09, 1990 10:14 am
Collector Workfile Input Options
Page:01                            Work Types
( 1) Work By Account
( 2) Work By Carrier/Plan




 1 Begin Search Date        2 End Search Date
   First                      Last









Enter field number or '/' starting field number--
                    next screen(/) or previous screen(/P) [/]
```

Enter the first option if you want to sort through the workfile entries by account. Enter the second option if you want to sort through the entries by insurance carrier. In either case, the system allows you to specify begin and end search dates; the defaults are first and last, respectively.

WORK BY ACCOUNT

If you select the work by account option, the system displays the following screen:

```
            General Hospital Insurance Collector Work Processor
                                                 Wed Jul 15, 1992 01:23 pm
Page:01
     Last Dt  Ent  Plan Description      CS   Claim Amount  Patient Name         Req
( 1) 07/12/92   2  BLUE CROSS GENERAL P   3      $3,090.00  HALL,SERIES ACCOUNT  D
( 2) 07/12/92   2  AETNA                  3      $1,183.23  JOHNSON,ANDREW
( 3) 07/12/92   1  LINCOLN NATIONAL SUP   2      $2,081.55  PORTER,WALTER
( 4) 07/13/92   1  BLUE CROSS BLUE SHIE   2      $1,001.86  OWENBY,CHARLOTTE









Enter choice--
```

The system displays the date on which the most recent telephone entry was placed in the collector's workfile, the number of entries, the plan description, the claim sequence, the amount of the claim, patient name and the demand request indicator. If any of the entries are created due to a demand request, a value of D is displayed under the REQ column.

Select the entry you want to view. The system displays the following menu.

```
            General Hospital Insurance Collector Work Processor
                                                 Tue Mar 02, 1993 09:39 am
Insurance Plan              CS  Account     Patient Name      Dec    Balance
403000 AETNA LIFE AND CAS    3  90292-00005 FROST,JOHN A           $1,084.21
            Option No.  Option
            ------------------------------------
                1       Account Follow-up
                2       Guarantor Follow-up
                3       Insurance Follow-up
                4       Guarantor Summary

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Clain Disposition
                9       Telephone Follow Up
               10       Reschedule Telephone Follow Up

               11       Notes
Enter option number--
```

The screen header contains the insurance carrier plan number and description, claim sequence, patient account number and name, deceased indicator, and current account balance. If the patient is deceased, an *Y is displayed under the DEC column.

You can access the following options for this account from this menu:

Account Follow-Up - Displays the account follow-up information for the account specified in the screen header. This function allows the insurance collector to monitor the last follow-up received by the guarantor.

Guarantor Follow-Up - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location to view.

Insurance Follow-Up - Displays the collector, last follow-up information, and next follow-up information for the insurance plan and patient account specified in the screen header.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account.

Account Revision - Allows revision of demographic and financial information for an account.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously produced.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account.

Telephone Follow-Up - Displays balance, phone numbers and other pertinent information to assist the collector in making a collection call to the carrier.

Reschedule Telephone Follow-Up - Allows the collector to schedule a call in the near future for those carriers that could not be reached after several attempts.

Notes - Allows entry of free-form or standard notes for the specified account.

Each option is discussed in the order presented above.

Account Follow-Up (PA Account)

After you select the Account Follow-Up option, and the account is in location PA, the system displays the following screen:

```
               General Hospital Account Follow-up Processor
                                                  Tue Nov 27, 2007 11:22 am
Insurance Plan             CS Account     Patient Name        Dec    Balance
500200 1500 BASIC PLAN     2  0708600001  LANGLEY, PAT           $130030.10
 1 Collector                               2 Hold F/U?      3 Schedule Type
   520-Smith, Sharon H                                        Separate
 4 Schedule #          5 Last Follow-up    6 Last Seq #     7 Last Type
   98
 8 Last Follow-up Message                  9 Last Follow-up Amount

10 Payment Plan Type  11 Advanced Amount  12 Outstanding Advanced Amount

13 Delinquency Date   14 Delinquent Amt   15 Prepaid Amt   16 Current Due Amt

17 Next F/U Date      18 Next Sequence
   11/29/07              1
19 Healthcare Score/Desc - Date




Enter field number or '/' starting field number--
```

Field Explanations

1. COLLECTOR (DISPLAY ONLY)
This field contains the name and number of the collector assigned to collect the patient liability for this account. Since there are different follow-up schedule types (for example, custom guarantor, custom account, guarantor payment plan, account payment plan, account separate, and guarantor standard), there is the possibility that multiple collectors might be assigned to different accounts for the same guarantor.

2. HOLD F/U? (1-A-R)
This field enables you to suspend the follow-up schedule for this account. Entry options are **Y** for Yes or **N** for No; the default is **N**. If you enter **Y**, the follow-up activities scheduled for this account are put on hold. This field can be accessed if the account is assigned to any schedule but a guarantor schedule. If the account is part of the guarantor schedule follow-up, a hold must be performed through the Guarantor Functions, Guarantor Follow-up, or by selecting guarantor information.

3. SCHEDULE TYPE (DISPLAY ONLY)
This field identifies the type of schedule on which the account is placed for follow-up purposes - G (guarantor), C (custom plan), P (payment plan), or S (separate schedule).

4. SCHEDULE # (DISPLAY ONLY)
This field contains the follow-up schedule number assigned to this account.

5. LAST FOLLOW-UP (DISPLAY ONLY)
This field contains the date on which the last follow-up activity was performed.

6. LAST SEQ # (DISPLAY ONLY)
This field contains the sequence number of the last activity performed according the follow-up schedule.

7. LAST TYPE (DISPLAY ONLY)
This field contains the last type of activity performed according to the follow-up schedule. Valid types include L-letter, T-telephone call, and D-detail statement.

8. LAST MESSAGE (DISPLAY ONLY)
This field contains the message number of the last follow-up event.

9. LAST FOLLOW-UP AMOUNT (DISPLAY ONLY)
This field contains the amount that was billed to or requested from the guarantor in the last follow-up event.

10. PAYMENT PLAN TYPE (DISPLAY ONLY)
This field contains the code for the payment plan type.

11. ADVANCED AMOUNT (DISPLAY ONLY)
This field contains the amount prepaid by patients/guarantors prior to being admitted to the hospital. Examples where this can be used is for maternity stays or procedures resulting in a large patient responsibility balance on elective procedures.

15. CURRENT DUE AMOUNT (8-N-O)
This field contains the payment plan amount that is currently due. The entry range is 0 to 999,999.99 (you must enter the decimal point).

12. OUTSTANDING ADVANCED AMOUNT (DISPLAY ONLY)
This field contains the payment plan amount that is outstanding.

NOTE: The next three fields contain information only if the account is on a payment plan.

The rest of the fields on this screen can be revised only if the account is on an account custom schedule, account payment plan or a separate schedule.

13. DELINQUENCY DATE (6-N-O)
This field, which applies to payment plan accounts, contains the date on which the account is considered delinquent. The system calculates this field based on the due days and grace days in the follow-up schedule to which this account is assigned. You can, however, override it.

14. DELINQUENT AMOUNT (8-N-O)
This field contains the payment plan amount that is past due. The entry range is 0 to 999,999.99 (you must enter the decimal point).

15. PREPAID AMOUNT (8-N-O)
This field, which applies to payment plans, contains the amount prepaid on this account. The entry range is 0 to 999,999.99 (you must enter the decimal point).

16. CURRENT DUE AMOUNT (8-N-O)
This field contains the payment plan amount that is currently due. The entry range is 0 to 999,999.99 (you must enter the decimal point).

17. NEXT F/U DATE (6-N-C)
This field contains the next follow-up date. You can enter a follow-up date only if the Hold F/U? field is blank or contains N. This field enables you to modify the next follow-up date for an account. For example, if there is a reason to send a follow-up event sooner than the schedule indicates or to suspend sending follow-up for a period of time, the follow-up schedule date can be modified. You cannot access this field if the account has been pre-listed for bad debt.

18. NEXT SEQUENCE (2-N-O)
This field contains the next activity to be performed according to the follow-up schedule for this account. This field enables you to modify the next follow-up sequence for an account. For example, if there is a reason to modify the sequence number due to an agreement made with the guarantor, the sequence number can be changed.

19. HEALTHCARE SCORE/DESC-DATE (DISPLAY ONLY)
This field contains the most recently received healthcare score, its description, and the date it was received. The Healthcare Score table (controlled by STAR Patient Processing) designates definitions for healthcare scores or healthcare score ranges. A healthcare score is received in response to a credit check request on a guarantor.

NOTE: If the Schedule Type field contains either Payment Plan or Custom when you access it, the system prompts you to:

Revise Payment Plan (Y/N) [N]?--

or

Revise Collection Schedule (Y/N) [N]?--

Enter **Y** in either situation, and the system displays the following screen:

```
                General Hospital Account Follow-Up Processor
                                                  Tue Mar 02, 2007 10:14 am
Insurance Plan              CS  Account     Patient Name             Balance
403000 AETNA LIFE AND CAS   3   90292-00005 WEBSTER, DAVID J        $2572.83
 1 Schedule #       2 Description
   30                 Guarantor Follow-up
 3 Wait Days        4 Day of Month       5 Day of Week     6 Week of Month
   0
 7 Plan Amount      8 Due Days           9 Grace Days
   $150.00            30                 5
10 Ins Pending     11 Bill Balance      12 Reseq. Balance
   Bill               Patient            Unlimited
13 Min Balance     14 Min Refund Amt    15 Minimum Attempts
   $9.00              $9.00              0
16 Auto Pre-List   17 Pre-List Max Bal  18 Small Bal WriteOff Trans Code/Desc
   Yes                $10,000.00         A9016-SMALL BALANCE WRITE OFFS
19 Prelist Ins?    20 Days After Ins    21 Bad Debt Transfer Trans Code/Desc
   No                 0                  S0001-BAD DEBT TRANSFER
22 Delinquent F/U Type                  23 Delinquent F/U Message

24 Partial Payment F/U Type             25 Partial Payment F/U Message

Enter field number or '/' starting field number--
```

Field Explanations

1. SCHEDULE # (DISPLAY ONLY)
This field contains the code identifying this follow-up schedule.

2. DESCRIPTION (30-C-R)
This field contains the description of the follow-up schedule code. You can edit the description if necessary.

3. WAIT DAYS (2-N-R)
This field contains the minimum number of days to wait from final billing before including the account on a follow-up schedule. The entry range is 1 to 99 days. For interval schedules, these days are be used to schedule the first event.

Defining Follow-up Frequency

There are three ways to define the frequency of account follow-up: completing the Day Of Month, Day Of Week, or Interval fields. These options, one of which must be selected, are defined below. The Interval option is entered on the second screen.

4. DAY OF MONTH (2-AN-O)
This field contains the day of the month on which the hospital wants follow-up performed for guarantors assigned to this schedule. Entry options are 1 through 28 or **L** for the last day of the month. For example, you would enter 15 if you wanted follow-up performed on day 15 of every month.

5. DAY OF WEEK (1-N-O)
This field contains the day of the week on which the hospital wants follow-up performed for the account assigned to this schedule. Entry options are 1 through 7, with Sunday = **1**, Monday = **2**, Tuesday = **3**, . . . Saturday = **7**. If this option is selected, accounts assigned to this schedule receive follow-up once per month, on the day entered here.

6. WEEK OF MONTH (DISPLAY ONLY)
This field contains the week of the month during which follow-up is performed for the account assigned to this schedule. Entry options are 1 through 4. If you complete the Day Of Week field, you must also complete this field. This field is not required if the Day Of Month field is completed. If this option is selected, the account assigned to this schedule will receive follow-up once a month, during the week entered here and on the day entered in the Day Of Week field.

7. PLAN AMOUNT (8-N-R)
This field contains the periodic payment amount set up for the payment plan.

8. DUE DAYS (2-N-R)
This field contains the number of days used in calculating the due date. The entry range is 0 to 99 days; the default is **0**.

9. GRACE DAYS (2-N-R)
This field contains the number of grace days allowed before the account is considered delinquent. The entry range is 0 to 99; the default is **0**. The statement print date plus the due days plus the grace days equals the delinquent date.

10. INSURANCE PENDING (1-AN-R)
This field indicates the course to take on accounts that have insurance balances outstanding. Valid entries are **B** for Bill, **S** for Suppress, and **M** for Memo.

If you select **B** for Bill, the type of follow-up that occurs depends on how the Bill Balance field is set.

If you select **S** for Suppress, the following occurs:

- No follow-up occurs until all insurance liability is gone.
- Accounts appear on the Guarantor Follow-up Suppression Report on days that follow-up would normally have occurred based on the follow-up schedule.
- If all accounts attached to a guarantor follow-up schedule are being suppressed, their next step is not incremented.

NOTE: Suppressed accounts are considered new accounts when all insurance liability is gone. The new account works in conjunction with the new account resequence parameters in the follow-up schedule.

If you select **M** for Memo, the following occurs:

- A memo message prints for accounts with pending insurance.
- If there is no insurance liability, regular follow-up occurs requesting the entire account balance.
- If one account has insurance liability and another account does not, memo and regular follow-up is produced. For detail statements, the system attempts to put both types on one piece of paper. Collection letters appear on two separate pages as before.
- If one account for a guarantor has both insurance and patient liability, a memo message is sent showing the entire account balance.

11. BILL BALANCE (1-A-O)
This field determines the dollar amount that is requested from the guarantor during follow-up. Valid options are **A** for Account and **P** for Patient. The default is Patient.

If you select **P** for Patient, the following occurs:

- No memo message appears.
- A request for the patient portion appears with information noting the insurance liability.
- No follow-up occurs if there is no patient liability.

NOTE: The account is not considered a new account until all insurance liability is gone. A new account forces the system to resequence based on dollars and the new account sequence number in the follow-up schedule.

Suppose a guarantor had accounts past the end of the schedule and was ready to prelist, and the same guarantor had an account that transferred part of the money to the patient. The account would not resequence and could then qualify for prelisting prior to ever receiving follow-up. To prevent this, set the prelist insurance flag to No. Then, when bad debt prelist is run, the account would appear as a prelist exception and repeat the last step of the schedule. Once the insurance liability is gone, the account resequences according to the new account resequence parameters.

If you select **A** for Account, the following occurs:

- A request for the account balance appears on paper follow-up.
- Follow-up always occurs.

12. RESEQ. BALANCE (8-AN-R)
This field contains the minimum balance that is required to cause resequencing of the guarantor follow-up schedule if a new account is added to the guarantor schedule. You

can enter up to 999,999.99 (you must enter the decimal point) or **U** (unlimited); the default is **U**. The guarantor is resequenced if the account balance of the new account exceeds the amount entered in this field. If you enter **U**, the addition of new accounts to the guarantor will never cause resequencing of the guarantor follow-up schedule. Assuming the criteria in this field is met, the carrier balance must be zero in order for resequencing to occur. This field is not valid for accounts on custom schedules or payment plans.

13. MIN BALANCE (8-N-R)
This field contains the minimum account balance that is required to continue sending statements. This amount is the hospital small balance write-off for debit balances. The entry range is 0 to $999,999.99.

14. MIN REFUND AMT (4-N-R)
This field contains the minimum credit balance required to produce a patient refund. This amount is the hospital small balance write-off amount for credit balances. The entry range is 0 to $99.99.

15. MINIMUM ATTEMPTS (2-N-R)
This field contains the minimum number of follow-up attempts that should be performed before a small balance write-off is processed. This field enables the hospital to bill a guarantor as many times as indicated for the small balance. A zero indicates no follow-up will be performed for the small balance. The entry range is 0 to 99; the default is 0.

16. AUTO PRE-LIST (1-A-R)
This field indicates whether the account should be selected for bad debt pre-listing after the last event (sequence) in the follow-up schedule. Entry options are **Y** for Yes or **N** for No; the default is **N**. If you enter **N**, the follow-up schedule sequence is repeated when the schedule reaches the last event (sequence) until the account is manually pre-listed for possible transfer to bad debt. Accounts are eligible for automatic pre-listing only if they have reached the end of the follow-up schedule, have this field set to **Y**, and the balance of the account is less than the amount in the Pre-list Max Bal field.

17. PRE-LIST MAX BAL (8-N-R)
This field contains the maximum account balance for automatic pre-listing for possible transfer to bad debt. The entry range is 0 to $999,999.99; the default is 0. If an account balance is greater than the pre-list maximum balance at the end of the follow-up schedule, the last sequence number remains in effect until the balance is less than the pre-list maximum balance or the guarantor pays the restart amount and percentage and is resequenced. This account is not automatically pre-listed until the account balance falls below the defined maximum. The balance that is checked (patient or account) is determined by the Select Balance field.

18. SMALL BAL WRITEOFF TRANS CODE/DESC (4-N-R)
This field contains the transaction code used to update the patient account transaction history and the general ledger. This code is used when an account is automatically written off because it meets the small balance write-off criteria as defined in this follow-

up schedule. You can enter the code or a hyphen (-) to display a list of codes under transaction type A (adjustments).

19. PRELIST INS? (1-A-R)
This field indicates whether an account with pending insurance payments should be pre-listed for bad debt. Entry options are **Y** for Yes or **N** for No; the default is **N**. The account is not pre-listed if it has insurance payments pending.

20. DAYS AFTER INS (2-N-R)
This field contains the number of days to wait (up to 99) after the final insurance payment before transferring the account to bad debt. The days after insurance are grace days given to the patient to pay any outstanding amount on the account that was not paid by insurance.

21. BAD DEBT TRANSFER TRANS CODE/DESC (4-N-R)
This field contains the transaction code indicating the transfer of this account from accounts receivable to bad debt. You can enter the code or a hyphen (-) to display a list of valid codes under transaction type S (status transfer). This code is used to update the patient account transaction history. The transfer to bad debt is controlled by the hospital and takes place for pre-listed accounts.

22. DELINQUENT F/U TYPE (1-A-O)
This field indicates the type of follow-up that is generated when a payment plan account becomes delinquent. Entry options are **D** (detail statement), **L** (letter), or **T** (telephone).

23. DELINQUENT F/U MESSAGE (4-N-O)
This field contains the message that appears on the follow-up type entered in the Delinquent F/U Type field.

24. PARTIAL PAYMENT F/U TYPE (1-A-O)
This field contains the type of follow-up that is generated when less than the expected payment plan amount is received on a payment plan account. Entry options are **D** (detail statement), **L** (letter), or **T** (telephone).

25. PARTIAL PAYMENT F/U MESSAGE (4-N-O)
This field contains the message that appears on the follow-up type entered in the Partial Payment F/U Type field.

Account Follow-Up (AR Account)

After you select the Account Follow-Up option, and the account is in location AR, the system displays the following screen:

```
                General Hospital Account Follow-up Processor
                                                  Tue Mar 02, 2007 09:47 am
Insurance Plan             CS Account     Patient Name        Dec    Balance
400100  BLUE CROSS INS OF  8  0613600018  NEW, SALLY                 $2483.58
 1 Collector                             2 Hold F/U?    3 Schedule Type
   926-SMITH, BOB                          No             Guarantor
 4 Schedule #      5 Last Follow-up      6 Last Seq #   7 Last Type
   95                12/28/06              1              D
 8 Last Message                          9 Last Follow-up Amount
   1-DETAIL STATE 1ST STATEMENT            $250.00
10 BD Pre-List                          11 BD Pre-List Date

12 Delinquency Date 13 Delinquent Amt  14 Prepaid Amt   15 Current Due Amt

16 Next F/U Date         17 Next Sequence
   12/03/07                 3
18 Healthcare Score/Desc - Date




Enter field number or '/' starting field number--
```

NOTE: If the account selected location is PA, the system displays the following message:

Set up PA follow up using the exception schedule [N]?--

If you enter Y (Yes), refer to “Account Follow-Up (PA Account)” on page 3-8 for details on the screens used in this function.

Field Explanations

1. COLLECTOR (DISPLAY ONLY)

This field contains the name and number of the collector assigned to collect the patient liability for this account. Since there are different follow-up schedule types (for example, custom guarantor, custom account, guarantor payment plan, account payment plan, account separate, and guarantor standard), there is the possibility that multiple collectors might be assigned to different accounts for the same guarantor.

2. HOLD F/U? (1-A-R)

This field enables you to suspend the follow-up schedule for this account. Entry options are **Y** for Yes or **N** for No; the default is **N**. If you enter **Y**, the follow-up activities scheduled for this account are put on hold. This field can be accessed if the account is assigned to any schedule but a guarantor schedule. If the account is part of the guarantor schedule follow-up, a hold must be performed through the Guarantor Functions, Guarantor Follow-up, or by selecting guarantor information.

3. SCHEDULE TYPE (DISPLAY ONLY)
This field identifies the type of schedule on which the account is placed for follow-up purposes - G (guarantor), C (custom plan), P (payment plan), or S (separate schedule).

4. SCHEDULE # (DISPLAY ONLY)
This field contains the follow-up schedule number assigned to this account.

5. LAST FOLLOW-UP (DISPLAY ONLY)
This field contains the date on which the last follow-up activity was performed.

6. LAST SEQ # (DISPLAY ONLY)
This field contains the sequence number of the last activity performed according the follow-up schedule.

7. LAST TYPE (DISPLAY ONLY)
This field contains the last type of activity performed according to the follow-up schedule. Valid types include L-letter, T-telephone call, and D-detail statement.

8. LAST MESSAGE (DISPLAY ONLY)
This field contains the message number of the last follow-up event.

9. LAST FOLLOW-UP AMOUNT (DISPLAY ONLY)
This field contains the amount that was billed to or requested from the guarantor in the last follow-up event.

10. BD PRE-LIST (DISPLAY ONLY)
This field indicates whether the account has been pre-listed for transfer to bad debt.

11. BD PRE-LIST DATE (DISPLAY ONLY)
This field contains the date the account was pre-listed for transfer to bad debt status.

NOTE: The next three fields contain information only if the account is on a payment plan.

The rest of the fields on this screen can be revised only if the account is on an account custom schedule, account payment plan or a separate schedule.

12. DELINQUENCY DATE (6-N-O)
This field, which applies to payment plan accounts, contains the date on which the account is considered delinquent. The system calculates this field based on the due days and grace days in the follow-up schedule to which this account is assigned. You can, however, override it.

13. DELINQUENT AMOUNT (8-N-O)
This field contains the payment plan amount that is past due. The entry range is 0 to 999,999.99 (you must enter the decimal point).

14. PREPAID AMOUNT (8-N-O)
This field, which applies to payment plans, contains the amount prepaid on this account. The entry range is 0 to 999,999.99 (you must enter the decimal point).

15. CURRENT DUE AMOUNT (8-N-O)
This field contains the payment plan amount that is currently due. The entry range is 0 to 999,999.99 (you must enter the decimal point).

16. NEXT F/U DATE (6-N-C)
This field contains the next follow-up date. You can enter a follow-up date only if the Hold F/U? field is blank or contains N. This field enables you to modify the next follow-up date for an account. For example, if there is a reason to send a follow-up event sooner than the schedule indicates or to suspend sending follow-up for a period of time, the follow-up schedule date can be modified. You cannot access this field if the account has been pre-listed for bad debt.

17. NEXT SEQUENCE (2-N-O)
This field contains the next activity to be performed according to the follow-up schedule for this account. This field enables you to modify the next follow-up sequence for an account. For example, if there is a reason to modify the sequence number due to an agreement made with the guarantor, the sequence number can be changed.

NOTE: If the Schedule Type field contains either Payment Plan or Custom when you access it, the system prompts you to:

Revise Payment Plan (Y/N) [N]?--

or

Revise Collection Schedule (Y/N) [N]?--

Enter **Y** in either situation, and the system displays the following screen:

```
                General Hospital Account Follow-Up Processor
                                                  Tue Mar 02, 1993 10:14 am
Insurance Plan              CS  Account     Patient Name             Balance
403000 AETNA LIFE AND CAS   3   90292-00005 WEBSTER, DAVID J        $2572.83
 1 Schedule #       2 Description
   30                 Guarantor Follow-up
 3 Wait Days        4 Day of Month       5 Day of Week     6 Week of Month
   0
 7 Plan Amount      8 Due Days           9 Grace Days
   $150.00            30                 5
10 Ins Pending     11 Bill Balance      12 Reseq. Balance
   Bill               Patient            Unlimited
13 Min Balance     14 Min Refund Amt    15 Minimum Attempts
   $9.00              $9.00              0
16 Auto Pre-List   17 Pre-List Max Bal  18 Small Bal WriteOff Trans Code/Desc
   Yes                $10,000.00         A9016-SMALL BALANCE WRITE OFFS
19 Prelist Ins?    20 Days After Ins    21 Bad Debt Transfer Trans Code/Desc
   No                 0                  S0001-BAD DEBT TRANSFER
22 Delinquent F/U Type                  23 Delinquent F/U Message

24 Partial Payment F/U Type             25 Partial Payment F/U Message

Enter field number or '/' starting field number--
```

Field Explanations

1. SCHEDULE # (DISPLAY ONLY)
This field contains the code identifying this follow-up schedule.

2. DESCRIPTION (30-C-R)
This field contains the description of the follow-up schedule code. You can edit the description if necessary.

3. WAIT DAYS (2-N-R)
This field contains the minimum number of days to wait from final billing before including the account on a follow-up schedule. The entry range is 1 to 99 days. For interval schedules, these days are be used to schedule the first event.

Defining Follow-up Frequency

There are three ways to define the frequency of account follow-up: completing the Day Of Month, Day Of Week, or Interval fields. These options, one of which must be selected, are defined below. The Interval option is entered on the second screen.

4. DAY OF MONTH (2-AN-O)
This field contains the day of the month on which the hospital wants follow-up performed for guarantors assigned to this schedule. Entry options are 1 through 28 or **L** for the last day of the month. For example, you would enter 15 if you wanted follow-up performed on day 15 of every month.

5. DAY OF WEEK (1-N-O)
This field contains the day of the week on which the hospital wants follow-up performed for the account assigned to this schedule. Entry options are 1 through 7, with Sunday = **1**, Monday = **2**, Tuesday = **3**, . . . Saturday = **7**. If this option is selected, accounts assigned to this schedule receive follow-up once per month, on the day entered here.

6. WEEK OF MONTH (DISPLAY ONLY)
This field contains the week of the month during which follow-up is performed for the account assigned to this schedule. Entry options are 1 through 4. If you complete the Day Of Week field, you must also complete this field. This field is not required if the Day Of Month field is completed. If this option is selected, the account assigned to this schedule will receive follow-up once a month, during the week entered here and on the day entered in the Day Of Week field.

7. PLAN AMOUNT (8-N-R)
This field contains the periodic payment amount set up for the payment plan.

8. DUE DAYS (2-N-R)
This field contains the number of days used in calculating the due date. The entry range is 0 to 99 days; the default is **0**.

9. GRACE DAYS (2-N-R)
This field contains the number of grace days allowed before the account is considered delinquent. The entry range is 0 to 99; the default is **0**. The statement print date plus the due days plus the grace days equals the delinquent date.

10. INSURANCE PENDING (1-AN-R)
This field indicates the course to take on accounts that have insurance balances outstanding. Valid entries are **B** for Bill, **S** for Suppress, and **M** for Memo.

If you select **B** for Bill, the type of follow-up that occurs depends on how the Bill Balance field is set.

If you select **S** for Suppress, the following occurs:

- No follow-up occurs until all insurance liability is gone.
- Accounts appear on the Guarantor Follow-up Suppression Report on days that follow-up would normally have occurred based on the follow-up schedule.
- If all accounts attached to a guarantor follow-up schedule are being suppressed, their next step is not incremented.

NOTE: Suppressed accounts are considered new accounts when all insurance liability is gone. The new account works in conjunction with the new account resequence parameters in the follow-up schedule.

If you select **M** for Memo, the following occurs:

- A memo message prints for accounts with pending insurance.
- If there is no insurance liability, regular follow-up occurs requesting the entire account balance.
- If one account has insurance liability and another account does not, memo and regular follow-up is produced. For detail statements, the system attempts to put both types on one piece of paper. Collection letters appear on two separate pages as before.
- If one account for a guarantor has both insurance and patient liability, a memo message is sent showing the entire account balance.

11. BILL BALANCE (1-A-O)
This field determines the dollar amount that is requested from the guarantor during follow-up. Valid options are **A** for Account and **P** for Patient. The default is Patient.

If you select **P** for Patient, the following occurs:

- No memo message appears.
- A request for the patient portion appears with information noting the insurance liability.
- No follow-up occurs if there is no patient liability.

NOTE: The account is not considered a new account until all insurance liability is gone. A new account forces the system to resequence based on dollars and the new account sequence number in the follow-up schedule.

Suppose a guarantor had accounts past the end of the schedule and was ready to prelist, and the same guarantor had an account that transferred part of the money to the patient. The account would not resequence and could then qualify for prelisting prior to ever receiving follow-up. To prevent this, set the prelist insurance flag to No. Then, when bad debt prelist is run, the account would appear as a prelist exception and repeat the last step of the schedule. Once the insurance liability is gone, the account resequences according to the new account resequence parameters.

If you select **A** for Account, the following occurs:

- A request for the account balance appears on paper follow-up.
- Follow-up always occurs.

12. RESEQ. BALANCE (8-AN-R)
This field contains the minimum balance that is required to cause resequencing of the guarantor follow-up schedule if a new account is added to the guarantor schedule. You

can enter up to 999,999.99 (you must enter the decimal point) or **U** (unlimited); the default is **U**. The guarantor is resequenced if the account balance of the new account exceeds the amount entered in this field. If you enter **U**, the addition of new accounts to the guarantor will never cause resequencing of the guarantor follow-up schedule. Assuming the criteria in this field is met, the carrier balance must be zero in order for resequencing to occur. This field is not valid for accounts on custom schedules or payment plans.

13. MIN BALANCE (8-N-R)
This field contains the minimum account balance that is required to continue sending statements. This amount is the hospital small balance write-off for debit balances. The entry range is 0 to $999,999.99.

14. MIN REFUND AMT (4-N-R)
This field contains the minimum credit balance required to produce a patient refund. This amount is the hospital small balance write-off amount for credit balances. The entry range is 0 to $99.99.

15. MINIMUM ATTEMPTS (2-N-R)
This field contains the minimum number of follow-up attempts that should be performed before a small balance write-off is processed. This field enables the hospital to bill a guarantor as many times as indicated for the small balance. A zero indicates no follow-up will be performed for the small balance. The entry range is 0 to 99; the default is 0.

16. AUTO PRE-LIST (1-A-R)
This field indicates whether the account should be selected for bad debt pre-listing after the last event (sequence) in the follow-up schedule. Entry options are **Y** for Yes or **N** for No; the default is **N**. If you enter **N**, the follow-up schedule sequence is repeated when the schedule reaches the last event (sequence) until the account is manually pre-listed for possible transfer to bad debt. Accounts are eligible for automatic pre-listing only if they have reached the end of the follow-up schedule, have this field set to **Y**, and the balance of the account is less than the amount in the Pre-list Max Bal field.

17. PRE-LIST MAX BAL (8-N-R)
This field contains the maximum account balance for automatic pre-listing for possible transfer to bad debt. The entry range is 0 to $999,999.99; the default is 0. If an account balance is greater than the pre-list maximum balance at the end of the follow-up schedule, the last sequence number remains in effect until the balance is less than the pre-list maximum balance or the guarantor pays the restart amount and percentage and is resequenced. This account is not automatically pre-listed until the account balance falls below the defined maximum. The balance that is checked (patient or account) is determined by the Select Balance field.

18. SMALL BAL WRITEOFF TRANS CODE/DESC (4-N-R)
This field contains the transaction code used to update the patient account transaction history and the general ledger. This code is used when an account is automatically written off because it meets the small balance write-off criteria as defined in this follow-

up schedule. You can enter the code or a hyphen (-) to display a list of codes under transaction type A (adjustments).

19. PRELIST INS? (1-A-R)
This field indicates whether an account with pending insurance payments should be pre-listed for bad debt. Entry options are **Y** for Yes or **N** for No; the default is **N**. The account is not pre-listed if it has insurance payments pending.

20. DAYS AFTER INS (2-N-R)
This field contains the number of days to wait (up to 99) after the final insurance payment before transferring the account to bad debt. The days after insurance are grace days given to the patient to pay any outstanding amount on the account that was not paid by insurance.

21. BAD DEBT TRANSFER TRANS CODE/DESC (4-N-R)
This field contains the transaction code indicating the transfer of this account from accounts receivable to bad debt. You can enter the code or a hyphen (-) to display a list of valid codes under transaction type S (status transfer). This code is used to update the patient account transaction history. The transfer to bad debt is controlled by the hospital and takes place for pre-listed accounts.

22. DELINQUENT F/U TYPE (1-A-O)
This field indicates the type of follow-up that is generated when a payment plan account becomes delinquent. Entry options are **D** (detail statement), **L** (letter), or **T** (telephone).

23. DELINQUENT F/U MESSAGE (4-N-O)
This field contains the message that appears on the follow-up type entered in the Delinquent F/U Type field.

24. PARTIAL PAYMENT F/U TYPE (1-A-O)
This field contains the type of follow-up that is generated when less than the expected payment plan amount is received on a payment plan account. Entry options are **D** (detail statement), **L** (letter), or **T** (telephone).

25. PARTIAL PAYMENT F/U MESSAGE (4-N-O)
This field contains the message that appears on the follow-up type entered in the Partial Payment F/U Type field.

When you finish editing this screen, accept the changes, and press ENTER. The system displays the third account follow-up screen:

```
                General Hospital Account Follow-Up Processor
                                                Tue Mar 02, 2007 10:14 am
Account      Name                  FC Typ Admit    Disch        Balance Loc
A0105000012  KALE,SERIES           SP SER 02/19/01 02/25/01     0.00    AR/FCRV
 1 Schedule #               2 Description
   991                        MEDICARE GUARANTOR FOLLOW-UP
 3 Edit date                4 Edit by
   11/07/07 11:24             Calloway,John

                            F/U  Memo  Phone  New Accts  Rest            Agency
 5 Seq#  Follow Type        Msg  Msg   Code   Rest Seq#  Seq#  Interval  Group
   1     D Detail Statement  1          9      1          1      10

Enter field number or '/' starting field number--
```

Field Explanations

1. SCHEDULE # (DISPLAY ONLY)
This field contains the code identifying this follow-up schedule.

2. DESCRIPTION (DISPLAY ONLY)
This field contains the description of the follow-up schedule code.

3. EDIT DATE (DISPLAY ONLY)
This field contains the date and time this table entry was last edited.

4. EDIT BY (DISPLAY ONLY)
This field contains the name of the person who last edited this table entry.

5. SEQ # (DISPLAY ONLY)
This field contains a sequential number identifying the order of events for this follow-up schedule. You can define as many events as you wish. The sequence number and the follow-up type and code control the order in which follow-up is performed for the account.

FOLLOW TYPE (1-A-R)
This field contains the type of paper follow-up that is used for this sequence number. Entry options are **L** (follow-up letter), **D** (detail statement), or **T** (telephone).

F/U MSG (4-N-R)
This field contains the follow-up message that appears on the detail statement or letter. You can enter the code (up to four digits) or a hyphen (-) to display a list of valid codes. This message prints on the follow-up type when the guarantor is selected for that event

(sequence). If it is a telephone message, the message displays in the assigned collector's workfile.

MEMO MESSAGE (4-N-O)
This field contains the code identifying the memo message that appears on the follow-up letter or detail statement. You can enter the code (up to four numbers) or a hyphen (-) to display a list of valid codes. If the *Insurance Pending* field on the previous screen contains Memo, this message appears on the guarantor detail statement and/or collection letter when insurance is pending on an account.

NEW ACCOUNTS RESTART SEQ # (2-N-O)
This field indicates the step in the follow-up schedule to which the guarantor is resequenced if a new account is added to the guarantor schedule and the criteria established in the Reseq. Balance field on the previous screen is met. The restart sequence number must be less than or equal to the current sequence number. This field is not valid for accounts on custom schedules or payment plans.

RESTART SEQ # (2-N-O)
This field contains the follow-up sequence number that is used if the restart % or amount is met and the account balance is paid by the guarantor prior to the next follow-up date. The restart sequence number must be less than or equal to the current sequence number.

For example, General Hospital A sets up the follow-up sequences below:

Sequence	Paper Follow-up Type/Code	Restart
1	D - Detail Statement	
2	D - Detail Statement	1
3	L - Follow-up Letter	1
4	L - Follow-up Letter	2
5	T - Telephone	2

The follow-up event defined in sequence 1 has been performed on the guarantor and the guarantor has either not made a payment or the payment did not meet the restart percent or amount criteria before sequence 2 is scheduled to occur. The sequence 2 follow-up is performed, and the guarantor now pays the restart amount or percent before sequence 3 is performed. Since sequence 3 is now the follow-up event the guarantor would normally receive, the system checks the restart sequence field assigned to sequence 3 because payment has been received. If the restart sequence is 1, the event defined in sequence 1 is performed the next time the guarantor receives follow-up. If the minimum amount is paid, the guarantor can remain at the beginning of the follow-up schedule. If the guarantor does not pay the minimum amount, the follow-up continues through the sequences.

Only payments trigger the restart.

This field is optional, but it is suggested that you complete it to ensure that guarantors who make payments receive the proper follow-up messages and are not sent to bad debt.

If the account is on a payment plan, the plan amount and delinquent amount must be paid in order for the follow-up to resequence.

INTERVAL (3-N-C)
This field contains the number of days between follow-up events. The entry range is 1 to 999 days. This field is completed *only* if the Day Of Month, Day Of Week, and Week Of Month fields are *not* completed. The first follow-up is scheduled from the claim submission date. All subsequent follow-up activity is scheduled from the date of the most recent follow-up. The number of days between follow-up can vary by sequence number. This field is optional but one interval day should be defined.

After these fields are completed, you have the option of accepting or editing the information on the screen. Accepting the screen completes the transaction.

AGENCY GROUP (TABLE LOOKUP-O)
This field contains the Collection Agency Group code. The field is used to define which Collection Agency is assigned to this claim by use of the Collection Agency Group table. You can enter a code or a hyphen (-) to select one from the Collection Agency Group Codes table. If an agency code is entered in this field, accounts receive a maintenance code of flagged when this follow-up step is processed. Follow-up steps that contain an agency code are called collection steps. There can be multiple collection steps defined on the follow-up schedule.

Guarantor Follow-Up

After you select the Guarantor Follow-Up option, the system displays the Guarantor Follow-Up screen. For details on this function, refer to GUARANTOR FOLLOW-UP (AR) in Chapter 1 of this book.

Guarantor Summary

After you select this option, the system displays the following screen:

```
                General Hospital Guarantor Summary Processor
                                                  Wed Jul 15, 1992 10:15 am
Insurance Plan             CS   Account     Patient Name             Balance
403000 AETNA LIFE AND CAS  3    90292-00005 FROST,JOHN A            $2572.83

                              PA Information
 1 # PA Accounts    2 PA Balance       3 Insurance Balance   4 Patient Balance

                              AR Information
 5 # AR Accounts    6 AR Balance       7 Insurance Balance   8 Patient Balance
   1                      $325.30              $0.00               $325.30
 9 Last Payment    10 Total Payments  11 Next Follow Up     12 Last Follow Up
   05/24/92               $15.00       08/01/92               07/01/92
13 Payment Plan    14 Delinquency Date

                              BD Information
15 # BD Accounts             16 BD Balance                  17 Transfer Balance
   1                                $46.00                          $46.00

                           Total Balance Information
18 Account Balance          19 Insurance Balance         20 Patient Balance
          $371.30                        $0.00                      $371.30

View accounts? (Y/N) [Y]--
```

The screen header displays the Insurance Plan name and number, claim sequence, patient account number and name, and insurance balance.

Field Explanations

PA Information

(accounts that have not been final billed)

1. # PA ACCOUNTS (DISPLAY ONLY)
This field contains the total number of accounts the guarantor has in account location PA.

2. PA BALANCE (DISPLAY ONLY)
This field contains the total account balance of the guarantor's accounts that are in account location PA.

3. INSURANCE BALANCE (DISPLAY ONLY)
This field contains the total insurance carrier liability of the guarantor's accounts in account location PA.

4. PATIENT BALANCE (DISPLAY ONLY)
This field contains the total patient liability of the guarantor's accounts in account location PA.

AR Information

(accounts that have been final billed)

5. # AR ACCOUNTS (DISPLAY ONLY)
This field contains the number of accounts the guarantor has in account location AR.

6. AR BALANCE (DISPLAY ONLY)
This field contains the total account balance of the guarantor's accounts in account location AR.

7. INSURANCE BALANCE (DISPLAY ONLY)
This field contains the total insurance carrier liability of the guarantor's accounts in account location AR.

8. PATIENT BALANCES (DISPLAY ONLY)
This field contains the total patient liability of the guarantor's accounts in account location AR.

9. LAST PAYMENT (DISPLAY ONLY)
This field contains the date of the last payment made by this guarantor on accounts in account location AR.

10. TOTAL PAYMENTS (DISPLAY ONLY)
This field contains the total amount of all guarantor payments made for accounts in account location AR.

11. NEXT FOLLOW UP (DISPLAY ONLY)
This field contains the date of the next scheduled follow-up event for the guarantor's accounts in account location AR.

12. LAST FOLLOW UP (DISPLAY ONLY)
This field contains the date of the most recent follow-up performed on this guarantor for accounts in account location AR.

13. PAYMENT PLAN (DISPLAY ONLY)
This field displays Yes if the guarantor is on a payment plan.

14. DELINQUENCY DATE (DISPLAY ONLY)
This field contains the date on which the guarantor becomes delinquent if the guarantor is on a payment plan.

BD Information

(accounts sent to a collection agency)

13. # BD ACCOUNTS (DISPLAY ONLY)
This field contains the number of accounts the guarantor has in account location BD.

14. BD BALANCE (DISPLAY ONLY)
This field contains the total account balance of the guarantor's accounts in account location BD.

15. TRANSFER BALANCE (DISPLAY ONLY)
This field contains the balance of accounts for this guarantor when the accounts were transferred from AR to BD.

Total Balance Information

(summary of all accounts in this facility)

16. ACCOUNT BALANCE (DISPLAY ONLY)
This field contains the total balance due on all accounts for the guarantor.

17. INSURANCE BALANCE (DISPLAY ONLY)
This field contains the total insurance balance due on all accounts for the guarantor.

18. PATIENT BALANCE (DISPLAY ONLY)
This field contains the total balance due from the patient on all accounts for the guarantor.

The system displays the following prompt at the bottom of the screen:

View Accounts? (Y/N) [N]--

If you enter **Y**, the system displays the list of accounts for which the guarantor is responsible. An example of this screen follows:

```
                General Hospital Guarantor Summary Processor
                                              Wed Jun 7, 2006 12:20 pm
Corporate    Guarantor Name              Birthdate   Phone              PC
00001290     ANDERSON,JUSTIN            03/03/59    (770)288-8288      *BRD*
Guarantor/Account - * Custom Sched, # Pymt Plan, @ Separate Schedule
Pt Class - a Alert, s Suppressed F/U, c Cleared
Page:01         PA, AR, BD, ARC, HS Guarantor Accounts
       Account     Patient Name   PT  Disch    FC   Account    Patient Loc      P

( 1) c A9902500002 ANDERSON,DIANE I/P          O    8550.25     457.50 PA/FCRV
( 2) s A9900100039 ANDERSON,CAROL ER  01/01/99 O     100.00     100.00 AR/FCRV  F
( 3) a A9900100040 ANDERSON,CAITL ER  01/01/99 O     100.00       5.00 PA/FCRV
( 4)  @A9900100041 ANDERSON,BAILE ER  01/01/99 S      90.00      90.00 AR/FCRV  F
( 5)   A9900100042 ANDERSON,ITTY  ER  01/01/99 O     100.00     100.00 AR/FCRV  F
( 6) s A9836400001 ANDERSON,DIANE ER  12/30/98 O    1100.00     375.00 AR/FCRV  F









Select account--
```

The screen heading contains the corporate number, guarantor name, date of birth, phone number, and patient classification for the guarantor.

The next two lines display a legend that identifies the location of the account and the type of schedule to which the account is assigned. For example, BD accounts are highlighted; accounts on payment plans are preceded by a pound symbol (#; accounts on custom follow-up schedules are preceded by an asterisk (*), and accounts on separate schedules are preceded by an at symbol (@). Highlighting of the symbols and associated information also indicates assignment at the guarantor level. For example, a guarantor on a payment plan would have the pound symbol (#) and reverse video highlighting; an account on a payment plan would have a pound symbol (#) and no highlighting. The Guarantor/Account part of the legend demonstrates the shading.

The next line indicates whether follow-up for the account is being suppressed. If the Financial Patient Classification Table had the Suppress F/Up on PA? field set to N when the classification was determined for the account, then “a” is displayed, indicating that follow-up continues to be produced. If the Suppress F/Up on PA? field was set to Y when the classification was determined for the account and the suppression indicator in Account Status has not been changed to Clear, then “s” is displayed, indicating follow-up is suppressed. If the Suppress F/Up on PA? field was set to Y when the classification was determined for the account and a user has cleared the suppression indicator in Account Status, then “c” is displayed, indicating follow-up is not suppressed due to a user overriding the value set by the Financial Patient Classification Table.

The main body of the screen contains a listing of all accounts for the guarantor in this facility. Each line includes the account number, patient name, patient type, discharge date, financial class, total account balance, total balance due from the patient, and account location/sub location.

Enter the option number pertaining to the account you want to display. After you select the account, the system displays the Account Inquiry screen. All the functionality of Account Inquiry is now available for the specific account you selected. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for details.

After you have finished the Account Inquiry process, the system redisplays the list of accounts for the guarantor. Select another account for inquiry, or press the ENTER key to exit this function and return to the menu.

Account Inquiry

The Account Inquiry function enables you to view a patient's admission, medical, and financial information on an account. For detailed information regarding this functions, refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide.

Account Revision

The Account Revision function enables you to view demographic and financial information for an account. For detailed information regarding this functions, refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide.

Reprint Claims

The Reprint Claims function allows an immediate print of a UB, 1500, or state claim form previously produced.

NOTE: When a claim is reprinted, or when a tracer claim is produced through insurance follow-up, the bill type printed on the claim form indicates the bill type of the original claim.

For more detailed information regarding this function, refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide.

Balance Transfer & Claim Disposition

The Balance Transfer and Claim Disposition function enables you to transfer account balance liability amounts between one or more carriers and the patient balance for an account, disposition claims, and change the financial class of an account in account receivable and bad debt.

For more detailed information regarding this function, refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide.

Telephone Follow Up

The Telephone Follow Up function is used to place a telephone call to an insurance carrier for an account selected from the workfile. If selected by carrier, the system groups all accounts for a particular carrier and plan and date for the collector. Telephone follow-up can then take place for several accounts for a carrier by placing one collection call. Accounts are only grouped together if their carrier/plan number and mail to information of the insurance plan is exactly the same.

Accounts are eligible for insurance follow-up when a claim has been submitted and the carrier balance is greater than zero. Accounts are selected for the Collector Workfile for insurance follow-up if:

- Their step or sequence indicates telephone follow-up should be the step.
- The insurance balance for the carrier that is receiving follow-up exceeds the maximum paper balance indicated in the insurance follow-up schedule.
- The insurance carrier is receiving time out and the time out event is Telephone.

After you select the telephone follow-up option, the system displays the following screen:

```
               General Hospital Telephone Follow Up Processor
                                                Wed Nov 21, 1990 02;05 pm

  Carrier Plan  Carrier  Name                    Phone         Ext
    403   000   AETNA LIFE AND CAS               (404)221-1212 325
  Contact                        Group Number     Group Name
  CONTACT'S NAME/"MAIL TO"       GRP # FORM INSPLN GROUP NAME FROM INS PLAN
Account      Patient Name             Bill From  Bill Thru  Claim Amt Claim Dat
P9029200005  FROST,JOHN A             10/19/90   10/19/90      340.30 10/22/90
                                Ins
Insured Name               Rel  Sex Policy Number        Ins Bal        Last Dat
FROST,JOHN A                1   M   121313                  250.30      11/21/90

 1 Telephone F/U Transaction Code  2 Telephone Message          3 F/U Date
   T9300-TELEPHONE FOLLOW-UP         2ND INSURANCE TELEPHONE F    11/23/90
 4 Telephone Message




Enter field number or '/' starting field number--
```

The screen header displays information about the patient and insurance company to assist the collector in making a phone call. The information includes:

- Carrier number
- Plan number
- Carrier name
- Phone number and extension of contact person
- Contact person name
- Group number and name
- Patient account number and name
- Bill from date and bill through date
- Claim amount and submission date
- Insured's name, relation to patient code, insured sex
- Insurance policy number
- Insurance current balance
- Last follow-up date

Field Explanations

1. TELEPHONE F/U TRANSACTION CODE (4-N-R)
This field contains the transaction code that is recorded in the account's transaction history to indicate that follow-up took place. The transaction code comes from the telephone follow-up transaction code entered in Facility Information under PAAR control. You may wish to change the transaction code to something more meaningful to record the follow-up event. For example, you can use this transaction code to log a request for physician information.

2. TELEPHONE MESSAGE (DISPLAY ONLY)
This field displays the telephone follow-up message that is applicable to this follow-up event. It contains a description such as *2nd Insurance Telephone Follow-up* and assists the collector in making the phone call.

3. F/U DATE (6-N-R)
This field contains the date contact was made. This field is required in order for the phone follow-up event to be removed from the collector workfile. Exit this screen by entering a period (.) if the phone call did not occur. If you enter a period (.) to exit this function, the entry is not removed from the workfile. Enter a valid date to mark a successful collection call.

4. TELEPHONE MESSAGE (1-A-R)
This field enables you to view the full telephone message indicated by the entry in the Telephone Message field. Press ENTER, or enter **Y** to display the message. Enter **N** if you do not want to view the message.

Press ENTER to exit the function.

Reschedule Telephone Follow Up

This function enables you to reschedule follow-up for an insurance carrier that you were unable to contact and want to reschedule for another date.

The purpose of this function is to temporarily remove the account from the workfile that the collector was able to contact. It should be used by the collector who made several attempts and found the line was busy or the phone was disconnected. The collector may then send another type of follow-up to the carrier such as a letter or statement. This function removes the account from the workfile and indicates that telephone follow-up has been rescheduled.

After you select the Reschedule Telephone Follow-up function, the system displays the following screen:

```
               General Hospital Telephone Follow Up Processor
                                                 Wed Nov 21, 1990 02;05 pm

  Carrier Plan  Carrier  Name                    Phone         Ext
    403   000   AETNA LIFE AND CAS              (404)221-1212 325
  Contact                        Group Number    Group Name
  CONTACT'S NAME/"MAIL TO"       GRP # FORM INSPLN GROUP NAME FROM INS PLAN
Account      Patient Name              Bill From  Bill Thru  Claim Amt Claim Dat
P9029200005  FROST,JOHN A              10/19/90   10/19/90      340.30 10/22/90
                                Ins
Insured Name                Rel  Sex Policy Number        Ins Bal        Last Dat
FROST,JOHN A                 1   M   121313                  250.30      11/21/90

 1 Schedule #    2 Last Step #      3 Next F/U Date       4 Next Step
   883             2                  11/22/90              3
          5 Next Follow Up Type          6 Next F/U Message Number
            Collection Letter              2ND INSURANCE F/U LETTER
 7 Phone F/U Cancellation Code   8 Telephone Message       9 Telephone Message
   T9300-TELEPHONE FOLLOW-UP       2ND INSURANCE TELEPHON


Enter field number or '/' starting field number--
```

The screen header displays information about the patient and insurance company to assist the collector in making a phone call. The information includes:

- Carrier number
- Plan number
- Carrier name
- Phone number and extension of contact person
- Contact person name
- Group number and name
- Patient account number and name
- Bill from date and bill through date
- Claim amount and submission date
- Insured's name, relation to patient code, and sex
- Insurance policy number
- Insurance current balance
- Last follow-up date

Field Explanations

1. SCHEDULE # (DISPLAY ONLY)
This field displays the follow-up schedule number assigned to the insurance carrier.

2. LAST STEP # (2-N-R)
This field contains the sequence or step number of the current follow-up schedule assigned to the insurance carrier.

3. NEXT F/U DATE (6-N-R)
This field contains the next follow-up date, which is calculated by the system based on the follow-up schedule assigned to the insurance carrier. If the collector wants to reschedule manually, this field should be used to set the date on which follow-up should occur.

4. NEXT STEP (2-N-R)
This field contains the next step or sequence number of follow-up the carrier will receive.

5. NEXT FOLLOW UP TYPE (1-A-O)
This field contains the next follow-up type the system selects for the carrier. You can change this field or leave the next follow-up type as already scheduled by the system. If this field is blank, the carrier receives the proper follow-up type based on the sequence number of the guarantor follow-up schedule. Entry options are Tracer claim (**R**), Letter (**L**), and Telephone (**T**). This field should be set to the appropriate follow-up type to send the carrier for the rescheduled event.

6. NEXT F/U MESSAGE NUMBER (4-N-O)
This field contains the message number and description of the message to include on the next follow-up letter or detail statement or that is included in the collector workfile if the type is telephone. This message is associated with the type specified in the Next Follow Up Type field. You can revise this field to indicate the message you want the insurance carrier to receive for the next follow-up. If this field is left blank, the carrier receives the proper follow-up type based on the sequence number of the guarantor follow-up schedule.

7. PHONE F/U CANCELLATION CODE (4-N-R)
This field contains the transaction code that is recorded in the account's transaction history to indicate that follow-up did not take place. The patient account listed on this screen will be updated with this transaction code.

8. TELEPHONE MESSAGE (DISPLAY ONLY)
This field displays the telephone follow-up message applicable to this follow-up event.

9. TELEPHONE MESSAGE (1-A-R)
This field enables you to view the full telephone message indicated by the entry in the Telephone Message field. Press ENTER, or enter **Y** to display the message. Enter **N** if you do not want to view the message.

Press ENTER to exit the function.

Notes

The Notes function allows the entry of free form or standard notes. At the Guarantor level, the All option is available. This allows you to update notes on all the guarantor's accounts which includes customized, payment plan, and separate accounts. Since notes are stored at the account level, the All option is used for updating and not for viewing notes for all accounts. At the account level, free-form or standard notes are

available to enter or view notes for that particular account. The View All option is available to view all notes for that particular account.

For more detailed information regarding this function, refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide.

WORK BY CARRIER/PLAN

If you select the work by carrier/plan option within the Insurance Collector Work function, the system displays the following screen:

```
             General Hospital Insurance Collector Work Processor
                                                  Wed Jul 15, 1992 02:25 pm
Page:01
     Last Dt  Ent  Plan Description      CS   Claim Amount  Patient Name
( 1) 07/08/92   1  AETNA LIFE AND CASUA   4        $486.20  HARPER,RHONDA
( 2) 07/12/92   2  COLUMBIA HEALTH        1        $204.00  BRUNSTING,JOAN F
( 3) 07/09/92   1  BLUE CROSS GENERAL P   2        $553.70  BARKER,ANNE
( 4) 07/12/92   2  LINCOLN NATIONAL       3        $381.50  MAJORS,SHERMAN









Enter choice--
```

The system displays the list of insurance carriers that have accounts requiring telephone follow-up. For each carrier plan that has accounts selected for follow-up, the system displays the last date on which the claim was selected for telephone follow-up, the number of entries, the carrier plan description, the claim sequence, the claim amount, and the contact person's name. The list is sorted by date selected and mail to person.

Enter the option number corresponding to the carrier/plan entry you want to process. The system displays the screen below.

Entering the workfile by carrier/plan takes you directly into the telephone workfile.

```
            General Hospital Insurance Collector Work Processor
                                                 Wed Jul 15, 1992 05:22 pm
Page:01
  Carrier Plan  Carrier  Name                    Phone        Ext
    403   903   AETNA LIFE AND CAS              503 221-5581 1234
  Contact                      Group Number      Group Name
  MEJEUR,JOSEPH P              4917-38258        HASKELL CORP.
    1 F/U Date        2 Next F/U Date    3 Next Follow Up Type

    4 Next F/U Message Number            5 F/U Transaction Code

  6
 Account     Patient Name             Bill From  Bill Thru  Claim Amt Claim Dat
                                Ins
Insured Name              Rel  Sex Policy Number        Ins Bal        Last Dat
 P9029200005 FROST,JOHN A              03/19/92   03/21/92     340.30  05/20/92
FROST,JOHN A;              1    F                          0




Enter field number or '/' starting field number--
```

The screen header displays information about the patient and insurance company to assist the collector in making a phone call. The information includes:

- Carrier number
- Plan number
- Insurance company name
- Name, extension, and phone number of contact person
- Group name and number
- Insured name, sex, and relation code
- Policy number
- Insurance current balance
- Last follow-up date

NOTE: The information that displays for the insurance company for this screen is information present in the patient's insurance plan demographics. If this information is inaccurate for any patient, use Account Revision to correct the information. Accounts already selected still display with the information prior to selection. The next time the account is selected for follow-up the updated information is displayed.

The screen header displays the carrier and plan numbers, the carrier name, the carrier phone number and extension, the carrier contact, and the carrier group number and name.

Field Explanations

1. FOLLOW-UP DATE (6-N-R)
This field contains the date on which you perform the follow-up. You should enter the current date after the follow-up has been completed. This field must be completed in

order for accounts to be removed from follow-up. Enter a period (.) to exit this screen if follow-up did not occur (accounts are not removed from the workfile).

2. NEXT F/U DATE (6-N-O)
This field contains the next follow-up date. It enables you to modify the next follow-up date for the carrier. For example, if there is a reason to send a follow-up event sooner than the schedule indicates or to suspend sending follow-up for a period of time, the follow-up schedule date can be modified. If you do not enter a date in this field, the system performs the next event according to the assigned schedule.

3. NEXT F/U TYPE (1-A-O)
This field contains the follow-up type of the next event for the carrier. You can change this field, for example, if you want to send a letter instead of a tracer. This field can also be left blank and the proper follow-up type is selected based on the step in the follow-up schedule.

4. NEXT F/U MESSAGE NUMBER (4-N-O)
This field contains the message number and description of the message to include on the next detail statement or letter or in the collector's workfile if the follow-up type is telephone. This message is associated with the type specified in the Next Follow Up Type field. You can revise this field to indicate the message you want the carrier to receive for the next follow-up. If this field is left blank, the carrier receives the proper follow-up type based on the sequence number of the guarantor follow-up schedule.

5. F/U TRANSACTION CODE (4-N-R)
This field contains the transaction code recorded in the account's transaction history to indicate that follow-up took place. The transaction code comes from the telephone follow-up transaction code entered in Facility Information under PAAR control. You may wish to change the transaction code to something more meaningful to record the follow-up event. For example, you can use this transaction code to log a request for physician information.

6. ACCOUNT INFORMATION (DISPLAY ONLY)
The following information appears for each patient:

- Patient account number
- Patient name
- Bill from date and bill through date
- Claim amount and submission date
- Insured's name, relation to patient code, and sex
- Insurance policy number
- Insurance current balance
- Last follow-up date

The system displays function keys at the bottom of the screen when you access this field. If you press the F5 key, the system displays the following prompt:

Display Telephone Message (T), complete menu (M) or return (NL) [NL]?--

Enter **T** to display the telephone message to assist you in making the collection call. The system displays the telephone message at the bottom of the screen.

Enter **M** to display the menu below, which enables you to obtain additional information about an account or enter a note on an account.

```
               General Hospital Collector Workfile Processor
                                                  Wed Jul 15, 1992 02:35 pm
Insurance Plan              CS  Account     Patient Name             Balance
500002 BLUE CROSS GENERAL   1   92174-00001 BAKER,PETER ALLEN        $365.32
            Option No.  Option
            ---------------------------------------
                1       Account Information
                2       Guarantor Information
                3       Insurance Information

                4       Guarantor Summary

                5       Notes

                6       Account Inquiry
                7       Account Revision

                8       Reprint Claims
                9       Balance Transfer & Claim Disposition


Enter option number--
```

The screen header contains the insurance carrier plan number and description, patient account number and name, and current balance for the specified patient.

Account Information - Displays the account follow-up information for the account specified in the screen header. This function allows the insurance collector to monitor the last follow-up received by the guarantor.

Guarantor Information - Displays last follow-up information and allows collector to create a custom follow-up schedule for a guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Insurance Information - Displays only for insurance follow-up. It lists the collector, last follow-up information, and next follow-up information for the selected patient account. Refer to the Collector Workfile - Insurance Collector Work - Work by Account - Insurance Information function in this section for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for more information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision* volume of the STAR Financials Patient Accounting Reference Guide for more information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims* volume of the STAR Financials Patient Accounting Reference Guide.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions* volume of the STAR Financials Patient Accounting Reference Guide.

Notes - Allows account specific collection notes for a guarantor to be entered. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Enter a period (.) and press ENTER to return to the previous screen. When the fields are completed, the system prompts you to accept the screen and then provides you with an opportunity to cancel the follow-up for the account. If you do not cancel the follow-up, the system prompts you to select another carrier and search dates.

Guarantor Collector Workfile

The Guarantor Collector Workfile contains guarantors that have been selected for telephone follow-up. This function provides the necessary information to assist the collector in making a collection call to the guarantor for payment and allows the collector to indicate that contact with the guarantor was made.

Guarantors are eligible for telephone follow-up for accounts in AR. The balance of the accounts combined must also be greater than zero. Guarantors are selected for telephone follow-up if:

- The follow-up event is Telephone.
- If they are on a payment plan, are delinquent, and the delinquent follow-up type is Telephone.
- If the guarantor meets the Business Office Telephone criteria.
- If the guarantor promised to pay and did not satisfy the agreement.

The system automatically removes the entry for the guarantor from follow-up if a cash or adjustment posting causes the new account balance to be zero or a credit.

After you select this function, the system allows you to search through the selected collector's workfile in one of two ways, as shown below:

```
          General Hospital Guarantor Collector Workfile Processor
                                                 Fri Nov 09, 1990 10:17 am
Collector Workfile Input Options
Page:01                            Work Types                ##=Current Choices
( 1) Standard Work
( 2) Delinquent Work




 1 Begin Search Date        2 End Search Date
   First                      Last




Enter field number or '/' starting field number--
                    next screen(/) or previous screen(/P) [/]
```

Enter the first option if you want to list all guarantor standard workfile entries. Standard workfile entries are generated when the follow-up schedule contains a step indicating that telephone follow-up should be performed.

Enter the second option if you want to list all guarantor delinquent workfile entries. Delinquent workfile entries are generated for guarantors or accounts on a payment plan schedules when the agreed upon amount or only portion of the agreed upon amount is paid.

In either case, the system allows you to specify begin and end search dates; the defaults are first and last, respectively.

STANDARD WORK

If you select the standard work option, the system displays the following screen:

```
          General Hospital Guarantor Collector Workfile Processor
                                              Mon Mar 15, 1999 10:45 am
Account      Name                       Type Admit    Disch        Balance  Loc
A92160-00018 SMITH,WINIFRED             I/P  06/08/92 06/11/92     $1746.00 AR

Page:01
     Guarantor/Account - * Custom Sched, # Pymt Plan, @ Separate Schedule
         Orig Dt  Last Dt   Entries  Fac  Name                          Sts     Req
( 1)  #  07/07/92 07/10/92      4     A   ANDERSON,LORETTA                       D
( 2)  @  06/12/92 07/12/92      4     A   PARKER,RHODA









Enter choice--
```

This screen displays the date on which the follow-up entry was originally placed in the collector's workfile, the most recent date a follow-up entry was placed in the collector's workfile, the number of entries, the guarantor's facility indicator, the guarantor name, demand request indicator, and whether the account is on a payment plan.

The Name field displays the guarantor name or patient name if account-level follow-up is being performed. If any of the entries for a particular guarantor were due to a demand request, the demand request indicator displays a value of D under the REQ column.

The system also displays a legend identifying the location of the account and the type of schedule to which the account is assigned. For example, BD accounts are highlighted, accounts on payment plans are preceded by a pound symbol (#), and accounts on custom follow-up schedules are preceded by an asterisk (*), and accounts on separate schedules are preceded by an at symbol (@). Highlighting of the symbols and associated information also indicates assignment at the guarantor level. For example, a guarantor on a payment plan would have the pound symbol (#) and reverse video highlighting; an account on a payment plan would have a pound symbol (#) and no highlighting.

NOTE: This function does not combine accounts for guarantors across facilities. Though it is possible to have more than one facility appear in this function, a guarantor would have a separate entry in this workfile for each facility. A follow-up schedule and collector is assigned to a guarantor by facility.

Select the guarantor you want to view. The system displays the following menu:

```
          General Hospital Guarantor Collector Workfile Processor
                                                Mon Mar 15, 1999 10:45 am
Account      Name                        Type Admit    Disch        Balance  Loc
A92160-00018 SMITH,WINIFRED              I/P  06/08/92 06/11/92     $1746.00 AR
            Option No.  Option
            ---------------------------------------
                1       Guarantor Information
                2       Guarantor Summary
                3       AR Demand Follow Up
                4       Guarantor Payment History

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Claim Disposition
                9       Telephone Follow Up
               10       Reschedule Telephone Follow Up

               11       Notes


Enter option number--
```

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

AR Demand Follow-up - Allows the collector to request a follow-up event for the guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Telephone Follow-Up - Displays balance, phone numbers and other pertinent information to assist the collector in making a collection call to the guarantor or account.

Reschedule Telephone Follow-Up - Allows the collector to schedule a call in the near future for those guarantors that could not be reached after several attempts.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Telephone Follow Up

After you select telephone follow-up, the system displays the following screen:

```
              General Hospital Telephone Follow Up Processor
                                                  Wed Apr 10, 1991 02:46 0m
Corporate  Guarantor Name                Loc    Account     Patient   Insurance
00311704   BROWN,MARY                    AR     $349.00     $342.00       $7.00
Home Telephone #      Employer Name           Work Telephone #  Fac  Type
(494) 003-2222        AA AMBULANCE            (503) 234-5678     P   Delinq
 1 Next F/U Date   2 Next Follow Up Type       3 Next F/U Message Number
   05/07/91          Detail Statement           1ST F/U DETAIL STMT MESSAGE
 4 Telephone F/U Transaction Code  5 F/U Date     6 Telephone Message
   T9300-TELEPHONE FOLLOW-UP      ->               1ST GUARANTOR TELEPHONE F
 7 Plan Amount    8 Current Due    9 Delinquent Amount   10 Delinquent Date
   $25.00                            $10.00                04/11/91
11 Prepaid Amount                12 Telephone Message
   $0.00
13                                                          Last     Last
   Seq Account #   Name                      Acct Bal    Pat Bal  Pymt      F/U

   1   90351-00001 BROWN,MARY                  349.00     342.00 03/07/91 04/07/91



Enter follow up date--
```

The screen header displays the corporate number, guarantor name, account location, account balance for all accounts selected, patient balance for all accounts selected, insurance balance for all accounts selected, home phone number, employer name, work phone number, facility indicator, and schedule type (standard, payment plan or custom) for the guarantor.

Field Explanations

1. NEXT F/U DATE (6-N-R)
This field contains the next guarantor follow-up date, which is calculated by the system. The collector can modify this date to be earlier or later than the next scheduled follow-up.

2. NEXT FOLLOW UP TYPE (1-A-O)
This field contains the next follow-up type for the guarantor. You can change this field or leave as scheduled by the system. If this field is left blank, the guarantor receives the proper follow-up type based on the sequence number of the guarantor follow-up schedule.

For example, the system determines a Detail Statement is the next follow-up type for the guarantor but you want to telephone the guarantor again. Change this field to **T** for Telephone follow-up.

3. NEXT F/U MESSAGE NUMBER (4-N-C)
This field contains the message number and description of the message to include on the next follow-up letter or detail statement or in the collector workfile if the type is telephone. This message is associated with the type specified in the Next Follow Up Type field. You can revise this field to indicate the message you want the guarantor to receive for the next follow-up. If this field is left blank, the guarantor receives the proper follow-up type based on the sequence number of the guarantor follow-up schedule. If you complete the Next Follow Up Type field, you must complete this field.

4. TELEPHONE F/U TRANSACTION CODE (4-N-R)
This field contains the transaction code that is recorded in the account's transaction history to indicate that follow-up has taken place. Each patient account listed on this screen is updated with this transaction code. The transaction code comes from the Telephone Follow-up Transaction Code indicated in Facility Information - PAAR Control screen. You can also change the transaction code to something more meaningful to record the follow-up event. For example, you may wish to use this transaction code in marking a promise to pay, which would save you the extra step of having to use the Notes or Account Notes function.

5. F/U DATE (6-N-R)
This field contains the date on which telephone contact was made. This field is required in order for the phone follow-up event to be removed from the collector workfile.

If telephone contact was not made, enter a period (.) to exit from this field. The guarantor is not removed from the workfile if a date is not entered in this field.

6. TELEPHONE MESSAGE (DISPLAY ONLY)
This field displays the telephone follow-up message that is applicable to this follow-up event. It contains a description such as *2nd Guarantor Telephone* to assist a collector in making the phone call.

NOTE: The next four fields pertain to guarantors who are on payment plan schedules.

7. PLAN AMOUNT (DISPLAY ONLY)
This field contains the periodic payment amount set up for the payment plan if the guarantor or account is on a payment plan schedule.

8. CURRENT DUE AMOUNT (DISPLAY ONLY)
This field contains the delinquent amount plus the payment plan amount that is currently due. The current due amount plus the delinquent amount equals the full amount due from the guarantor.

9. DELINQUENT AMOUNT (DISPLAY ONLY)
This field contains the payment plan amount that is past due.

10. DELINQUENT DATE (DISPLAY ONLY)
This field, which applies to payment plan accounts, contains the date on which the account is considered delinquent. The system calculates this field based on the due days and grace days in the follow-up schedule to which this account is assigned.

11. PREPAID AMOUNT (DISPLAY ONLY)
This field contains the prepayment amount. This field displays an amount only if the Prepaid Amount field on the PAAR Control Table is set to Yes. If the account is on a payment plan and has amounts which are prepaid (prior to billing for the periodic plan amount), an amount is displayed in this field.

12. TELEPHONE MESSAGE (1-A-O)
This field enables you to view the full telephone message indicated by the entry in the Telephone Message field. Press ENTER, or enter **Y** to display the message.

13. ACCOUNT SEQUENCE # (DISPLAY ONLY)
This field lists all the accounts selected for the guarantor for follow-up. The system displays the sequence number, account number, patient name, account balance, patient balance, last payment date, and last follow-up date for each account.

When you access this field, the system displays function keys at the bottom of the screen that allow you to page through the list of accounts. If you press the **F5** key, the system allows you to view the selected account's transaction history. For detailed information regarding the Account Transaction History, refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide.

When these fields are completed, the system prompts you to accept the screen. Accepting it completes the transaction.

Reschedule Telephone Follow Up

This function enables you to reschedule telephone follow-up for a guarantor whom you were unable to contact.

The purpose of this function is to temporarily remove accounts from the workfile that the collector was able to contact. It should be used by the collector who made several attempts and found the line was busy or the phone was disconnected. The collector may then send another type of follow-up to the guarantor such as a letter or statement. This function removes the account from the workfile and indicates that telephone follow-up has been rescheduled.

After you select the Reschedule Telephone Follow Up option, the system displays the following screen:

```
          General Hospital Reschedule Telephone Follow Up Processor
                                                 Wed Apr 10, 1991 02:46 pm
Corporate  Guarantor Name                Loc    Account     Patient   Insurance 016
00311704   BROWN,MARY                    AR     $349.00     $342.00       $7.00
Home Telephone #      Employer Name           Work Telephone #  Fac  Type
(494) 003-2222        AA AMBULANCE            (503) 234-5678     P   Delinq
 1 Schedule #    2 Last Step #      3 Next F/U Date        4 Next Step
                                      05/07/91
    OR     5 Next Follow Up Type          6 Next F/U Message Number
             Detail Statement               1ST F/U DETAIL STMT MESSAGE
 7 Phone F/U Cancellation Code   8 Telephone Message
   T9300-TELEPHONE FOLLOW-UP       1ST GUARANTOR TELEPHON
 9 Plan Amount   10 Current Due 11 Delinquent Amount  12 Delinquent Date
   $25.00                          $10.00                04/11/91
13 Prepaid Amount                  14 Telephone Message
   $0.00
 15                                                          Last     Last
 Seq Account #   Name                    Acct Bal    Pat Bal  Pymt      F/U
 1   90351-00001 BROWN,MARY                349.00     342.00 03/07/91 04/07/91


Enter field number or '/' starting field number--
```

The screen header displays the corporate number, guarantor name, account location, account balance for all accounts selected, patient balance for all accounts selected, home phone number, employer name, work phone number, facility indicator, and schedule type for the guarantor.

Field Explanations

1. SCHEDULE # (DISPLAY ONLY)
This field contains the follow-up schedule number assigned to the guarantor or account.

2. LAST STEP # (2-N-R)
This field contains the sequence number pertaining to the last follow-up event for the guarantor or account.

3. NEXT F/U DATE (6-N-R)
This field contains the date of the next follow-up event for the guarantor or account. This date, which is based on the guarantor's follow-up schedule, is calculated by the system. You can override this date by entering the date on which you want the guarantor or account to be rescheduled for follow-up.

4. NEXT STEP (2-N-R)
This field contains the sequence number of the next follow-up event for the guarantor or account. If you want the next step to be telephone follow-up, you must enter a sequence number that has this follow-up type.

NOTE: If you complete this field, you cannot enter any information in the next two fields.

5. NEXT FOLLOW UP TYPE (1-A-O)
This field contains the next type of follow-up that is received by the guarantor or account. You can change this field or leave as scheduled by the system. If this field is left blank, the guarantor or account receives the proper follow-up type based on the sequence number of the guarantor follow-up schedule. If you complete this field, the system overrides the type of follow-up that would have been generated for this guarantor or account on the next follow-up event; the system does not, however, override the next sequence number.

For example, the system determines a Detail Statement is the next follow-up type for the guarantor, but you want to telephone the guarantor again. Change this field to **T** for Telephone follow-up.

6. NEXT F/U MESSAGE NUMBER (4-N-C)
This field contains the message number and description of the message to include on the next follow-up letter or detail statement or in the collector workfile if the type is telephone. This message is associated with the type specified in the Next Follow Up Type field. You can revise this field to indicate the message you want the guarantor to receive for the next follow-up. If this field is left blank, the guarantor receives the proper follow-up type based on the sequence number of the guarantor follow-up schedule. If you complete the Next Follow Up Type field, you must complete this field.

7. PHONE F/U CANCELLATION CODE (4-N-R)
This field contains the transaction code that is recorded in the account's transaction history to indicate that follow-up did not occur. Each patient account listed on this screen is updated with this transaction code, which comes from the Telephone Follow Up Transaction Code on the Facility Information - PAAR Control screen.

8. TELEPHONE MESSAGE (DISPLAY ONLY)
This field displays the telephone follow-up message that is applicable to this follow-up event.

NOTE: The next four fields pertain to guarantors who are on payment plan schedules and can only be revised through Guarantor Information.

9. PLAN AMOUNT (DISPLAY ONLY)
This field contains the periodic payment amount set up for the payment plan if the guarantor is on a payment plan schedule.

10. CURRENT DUE (DISPLAY ONLY)
This field contains the payment plan amount that is currently due. The current due amount plus the delinquent amount equals the full amount due from the guarantor.

11. DELINQUENT AMOUNT (DISPLAY ONLY)
This field contains the payment plan amount that is past due.

12. DELINQUENT DATE (DISPLAY ONLY)
This field contains the date on which the account is considered delinquent. The system calculates this field based on the due days and grace days in the follow-up schedule to which this guarantor or account is assigned.

13. PREPAID AMOUNT (DISPLAY)
This field contains the prepayment amount. This field displays an amount only if the Prepaid Amount field on the PAAR Control Table is set to Yes. If the account is on a payment plan and has amounts that are prepaid (prior to billing for the monthly plan amount), an amount is displayed in this field.

14. TELEPHONE MESSAGE (1-A-O)
This field enables you to view the full telephone message indicated by the entry in the Telephone Message field. Press ENTER, or enter **Y** to display the message.

15. SEQ ACCOUNT # (DISPLAY ONLY)
This field lists all accounts for the guarantor for follow-up. The system displays the sequence number, account number, patient name, account balance, patient balance, last payment date, and last follow-up date for each account.

When you access this field, the system displays function keys at the bottom of the screen that allow you to page through the list of accounts. If you select the F5 key, the system allows you to view the selected account's transaction history. For detailed information regarding the Account Transaction History, refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide.

When the fields on this screen are completed, the system prompts you to accept the screen. This completes the transaction.

DELINQUENT WORK

Delinquent work is only for guarantors or accounts on payment plans that are delinquent or have only made a partial payment.

If you select the delinquent work option, the system displays the following screen:

```
          General Hospital Guarantor Collector Workfile Processor
                                              Mon Mar 15, 1999 10:45 am
Account      Name                        Type Admit    Disch        Balance  Loc
A92160-00018 SMITH,WINIFRED              I/P  06/08/92 06/11/92     $1746.00 AR

Page:01
     Guarantor/Account - * Custom Sched, # Pymt Plan, @ Separate Schedule
         Orig Dt  Last Dt   Entries  Fac  Name                          Sts
( 1)  #  07/07/92 07/10/92      4     A   LITTLE,SHARON
( 2)  +  06/10/92 07/11/92      3     B   PARKER,RHODA
( 3)  @  06/12/92 07/12/92      4     A   ANDERSON,LORETTA









Enter choice--
```

This screen displays the date on which the follow-up entry was originally placed in the collector's workfile, the most recent date a follow-up entry was placed in the collector's workfile, the number of entries, the guarantor's facility indicator, the guarantor name, and the payment plan status.

Select the guarantor you want to view. The system displays the following menu:

```
          General Hospital Guarantor Collector Workfile Processor
                                                Mon Mar 15, 1999 11:34 am
Corporate    Guarantor Name              Type Admit    Disch        Balance Loc
00311499     WEBSTER,DAVID J              I/P 08/20/90 08/20/90      $50.00 AR
            Option No.  Option
            ---------------------------------------
                1       Guarantor Information
                2       Guarantor Summary
                3       AR Demand Follow Up
                4       Guarantor Payment History

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Claim Disposition
                9       Telephone Follow Up
               10       Reschedule Telephone Follow Up

               11       Notes


Enter option number--
```

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account

location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

AR Demand Follow-up - Allows the collector to request a follow-up event for the guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Telephone Follow-Up - Displays balance, phone numbers and other pertinent information to assist the collector in making a collection call to the guarantor. Refer to the Collector Workfile - Guarantor Collector Work - Standard Work - Telephone Follow Up function in this section for additional information.

Reschedule Telephone Follow-Up - Allows the collector to schedule a call in the near future for those guarantors that could not be reached after several attempts. Refer to the Collector Workfile - Guarantor Collector Work - Standard Work - Telephone Follow Up function in this section for additional information.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Business Office Collector Workfile

The Business Office Collector Workfile function displays telephone follow-up work assigned to the specific business office collector. While guarantor and account level follow-up occurs on the facility level, business office follow-up may include multiple facilities. Each facility specifies the business office that is responsible for its business office follow-up through the Facility Information - PAAR Control parameter.

Guarantors are selected for business office follow-up based on criteria established in the Business Office table. The guarantor must meet all conditions in order to be selected for business office follow-up. If accounts are suppressed or receive memo messages due to pending insurance, these still appear in the business office follow-up. These criteria are:

- Number of days since last payment
- Sequence in the schedule and corresponding balance requirements

The Business Office table enables the hospital to define multiple criteria based on the sequence/step in the schedule, balance, and which balance to use — Patient or Account. For example, the table could be set up as follows:

Seq #	Balance	Patient/Account Balance
2	$5,000.00	Patient
3	$10,000.00	Account

If at least one of the guarantor's accounts is scheduled for sequence #2 and the total patient liability for all the guarantor's accounts is at least $5,000.00, the guarantor is entered in the Business Office Collector Workfile.

NOTE: If there is no payment date for any of the guarantor's accounts, the system uses the final bill date of the guarantor's oldest account to determine if the guarantor meets the criteria for business office follow-up selection. If the difference between the batch date and the final bill date exceeds the days since last payment and the other criteria are met, the system selects the guarantor for business office follow-up.

All accounts assigned to a guarantor are selected for Business Office Follow-Up, regardless of the type of follow-up schedule assigned (for example, custom, separate, or payment plan). The assigned collector is determined by the Business Office table. This business office collector is separate from the collector assigned for regular guarantor follow-up. Once the accounts are selected, they are placed into a business office telephone follow-up workfile. The assignment of the business office collector is not permanent; it is determined each time a guarantor is selected by the system for business office follow-up.

When the business office telephone follow-up is completed for the workfile entry, the collector enters a date that determines when the system should again check this guarantor to determine if the guarantor qualifies for subsequent business office follow-up. In other words, a guarantor is selected for business office follow-up for the first time based on the criteria defined in the Business Office table. After the collector completes this first workfile entry, the system does not check the guarantor again until the date entered by the collector and then creates an entry in the business office workfile only if the guarantor again meets the criteria defined in the Business Office table. If the criteria is not met on this date, the system checks the guarantor again when the guarantor is selected for follow-up according to the assigned follow-up schedule.

Another way guarantors can be placed in the business office workfile is through the entry of *promise to pay* information. When a guarantor agrees to pay a certain dollar amount by a specified day, this information is entered as *promise to pay* information on the guarantor screens. If the promise to pay amount is not received by the specified promise to pay date, the system creates an entry in the business office collector's workfile. The collector can also enter promise to pay information when business office workfile entries are processed.

The system automatically removes the entry for this guarantor from the workfile if cash or adjustment posting causes the new guarantor AR balance to be zero or a credit.

After you select this option, the system allows you to search through the selected collector's workfile in one of two ways, as shown below:

```
        General Hospital Business Office Collector Workfile Processor
                                                Fri Nov 09, 1990 10:17 am
Collector Workfile Input Options
Page:01                            Work Types                ##=Current Choices
( 1) Telephone Work
( 2) Promise To Pay Work




 1 Begin Search Date        2 End Search Date
   First                      Last









Enter field number or '/' starting field number--
                    next screen(/) or previous screen(/P) [/]
```

Enter **1** to list the collector's telephone workfile entries. Enter **2** to list the collector's promise to pay entries. For both types of searches the system enables you to specify begin and end search dates; the defaults are first and last, respectively.

Select **1** and **2** to list both regular telephone work and promise to pay work.

The workfile is sorted by work type. Promise to pay work appears first. The workfile is then sorted by date and an internal guarantor number.

TELEPHONE WORK

If you select the telephone work option, the system displays the following screen:

```
        General Hospital Business Office Collector Workfile Processor
                                                 Wed Jul 15, 1992 03:16 pm
Page:01
     Orig Dt   Last Dt   Entries  Guarantor Name              Type
( 1) 07/14/92  07/14/92      1    BARKER,JIM                 Telephone
( 2) 05/28/92  07/11/92      3    DEACONESS,MYRTLE           Telephone
( 3) 06/14/92  07/14/92      2    HARRISON,WALTER            Telephone
( 4) 05/10/92  07/11/92      3    MAORIS,JANE                Telephone
( 5) 05/21/92  07/14/92      3    PORTER,RICK                Telephone
( 6) 06/10/92  07/11/92      2    SMITH,SUSAN                Telephone









Enter choice--
```

The screen displays the date on which the follow-up entry was originally placed in the business office collector's workfile, the date the most recent entry was placed in the business office collector's workfile, the number of entries, the guarantor's name, and the follow-up type (telephone or promise to pay).

Select the guarantor you want to view. The system displays the following menu:

```
        General Hospital Business Office Collector Workfile Processor
                                                 Mon Mar 15, 1999 05:10 pm
Corporate    Guarantor Name              Birthdate   Phone              PC
00311388     WEBSTER,DAVID J             05/29/59    (503)255-5336
            Option No.  Option
            ---------------------------------------
                1       Guarantor Information
                2       Guarantor Summary
                3       AR Demand Follow Up
                4       Guarantor Payment History

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Claim Disposition
                9       Process Workfile Entry

               10       Notes



Enter option number--
```

The screen header displays the corporate number, name, date of birth, phone number, and patient classification of the guarantor.

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

AR Demand Follow-up - Allows the collector to request a follow-up event for the guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Process Workfile Entry - Allows the business office collector to process the telephone follow-up entries for the selected guarantor.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Process Workfile Entry

After you select the Process Workfile Entry option, the system displays the following screen:

```
              General Hospital Process Workfile Entry Processor
                                                  Wed Jul 15, 1992 03:23 pm
Corporate    Guarantor Name              Birthdate   Phone              PC
00000517     MAORIS,DICK                  11/21/52
 1 Workfile Type        2 Last Pay Date  3 Patient Balance  4 Account Balance
   Telephone Follow Up     05/01/92         $2,310.50          $3,693.70
 5 Next Date To Check For Phone F/U   6 Promise To Pay Date  7 Amount Promised

 8 Transaction Type/Code                    9 Transaction Comment
   T9300-TELEPHONE FOLLOW-UP
10 Display Facility Information?            11 Display Account Information?









Enter field number or '/' starting field number--
```

Field Explanations

1. WORKFILE TYPE (DISPLAY ONLY)
This field identifies the type of follow-up for the guarantor.

2. LAST PAY DATE (DISPLAY ONLY)
This field contains the date on which the last payment was made by the guarantor.

3. PATIENT BALANCE (DISPLAY ONLY)
This field contains the patient balance on the accounts for which the guarantor is responsible.

4. ACCOUNT BALANCE (DISPLAY ONLY)
This field contains the account balance on the accounts for which the guarantor is responsible.

5. NEXT DATE TO CHECK FOR PHONE F/U (6-N-R)
This field contains the date on which the system should check the guarantor and the guarantor accounts to determine if the criteria is met for business office telephone follow-up. If the criteria is met, the system creates an entry for the guarantor in the business office collector's workfile.

6. PROMISE TO PAY DATE (6-N-O)
This field contains the date on which payment is promised from the guarantor. The system checks the guarantor on this date and, if the promised amount has not been paid, creates a new entry in the business office workfile.

7. AMOUNT PROMISED (8-N-O)
This field contains the dollar amount promised by the guarantor by the promise to pay date. If the amount promised is not received by the promise to pay date, the system creates a new entry for the guarantor in the business office workfile.

8. TRANSACTION TYPE/CODE (4-N-R)
This field contains the transaction type and code that is recorded in the transaction history of the accounts for which the guarantor is responsible when the follow-up takes place. All accounts listed in the Display Account Information field have their transaction history updated. The system displays the code from the Business Office table, but you can override it by entering the code (up to four digits) or a hyphen (-) to display a list of valid transaction codes under transaction type T (telephone).

9. TRANSACTION COMMENT (30-C-O)
This field contains any comments you want to make regarding the transaction. These comments can be viewed through the account transaction history function when the follow-up event is recorded.

10. DISPLAY FACILITY INFORMATION (1-A-R)
This field allows you to display facility follow-up information for the guarantor. This information may be helpful before you make the telephone call to the guarantor. Entry options are **Y** for Yes or **N** for No; the default is **Y**. If you enter **Y**, the system displays the following information at the bottom of the screen:

```
Seq  Fac  Account #    Last F/U Date  Last F/U Type  Next F/U Date
   Next F/U Type  Next F/U Msg #  Pay Plan?  Plan Amount  Delinquent Amount
1     P   902320004      11/26/94      Det Stmt        11/27/90
    Det Stmt         1120


               F1Prev Page F2Next Page F6 Reset  F7  Exit   ?
```

The system displays a sequence number, facility code of the guarantor, patient account number, the date on which the last follow-up event took place, the last type of follow-up that was generated for the guarantor's accounts, the date on which the next follow-up event takes place, the next type of follow-up that is generated, the next follow-up message that appears on the detail statement or letter or in the collector's workfile, payment plan indicator, payment plan amount if the guarantor is on a payment plan schedule, and any delinquent amount owed by the guarantor.

The function keys are there to assist you in paging through the entries or exiting the function.

11. DISPLAY ACCOUNT INFORMATION (1-A-R)
This field allows you to display the guarantor's account information. This information may be helpful before you make the collection call to the guarantor. Entry options are **Y** for Yes or **N** for No; the default is Y. If you enter **Y**, the system displays the following information at the bottom of the screen:

```
 Seq Account #   Name                      Acct Bal    Pat Bal   Pymt       F/U
 1   P9023-200002WEBSTER,JONATHAN           1097.11     100.00 11/10/94 11/26/94
 2   P9023-200003WEBSTER,MARTHA              400.00     250.00          11/26/94
 3   P9023-200004WEBSTER,DAVID J             257.40     257.40          11/26/94

     F1 Prev Page F2 Next Page F5 View Trans History F6 Reset  F7  Exit   ?
```

Accounts display in account number order.

The system displays a sequence number, patient account number and name, the account balance, the patient balance, the date on which the last payment was made for the account, and the date on which the last follow-up event occurred for the account.

The function keys are there to assist you in paging through the accounts and exiting the function. In addition, the F5 key allows you to view the selected account's transaction history. For detailed information regarding the Account Transaction History, refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide.

When the fields on the screen are completed, the system prompts you to accept it. Accepting the screen completes the transaction and removes the entry from the business office workfile. The system places an entry in the transaction history of each of the guarantor's accounts, noting that the guarantor was telephoned for business office follow-up.

PROMISE TO PAY WORK

If you select the promise to pay option, the system displays the following screen:

```
        General Hospital Business Office Collector Workfile Processor
                                                Wed Jul 15, 1992 03:16 pm
Page:01
     Orig Dt   Last Dt   Entries  Guarantor Name              Type
( 1) 07/14/92  07/14/92      1    BARKER,JIM                 Promise to Pay
( 2) 05/28/92  07/11/92      3    DEACONESS,MYRTLE           Promise to Pay
( 3) 06/14/92  07/14/92      2    HARRISON,WALTER            Promise to Pay
( 4) 05/10/92  07/11/92      3    MAORIS,JANE                Promise to Pay
( 5) 05/21/92  07/14/92      3    PORTER,RICK                Promise to Pay
( 6) 06/10/92  07/11/92      2    SMITH,SUSAN                Promise to Pay









Enter choice--
```

The screen displays the date on which the follow-up entry was originally placed in the business office collector's workfile, the date the most recent entry was placed in the business office collector's workfile, the number of entries, the guarantor's name, and the follow-up type (promise to pay in this example).

Select the guarantor you want to view. The system displays the following menu:

```
       General Hospital Business Office Collector Workfile Processor
                                                 Wed Nov 28, 1990 05:10 pm
Corporate    Guarantor Name              Birthdate   Phone              PC
00311388     WEBSTER,DAVID J             05/29/59    (503)255-5336
            Option No.  Option
            ---------------------------------------
                1       Guarantor Information
                2       Guarantor Summary
                3       AR Demand Follow Up
                4       Guarantor Payment History

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Claim Disposition
                9       Process Workfile Entry

               10       Notes



Enter option number--
```

The screen header displays the corporate number, name, date of birth, phone number, and patient classification of the guarantor.

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

AR Demand Follow-up - Allows the collector to request a follow-up event for the guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Process Workfile Entry - Allows the business office collector to process the telephone follow-up entries for the selected guarantor.

Notes - Allows account specific collection notes for a guarantor to be entered. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Process Workfile Entry

After you select the Process Workfile Entry option, the system displays the following screen:

```
             General Hospital Process Workfile Entry Processor
                                                 Wed Nov 28, 1990 05:10 pm
Corporate    Guarantor Name              Birthdate   Phone              PC
00311388     WEBSTER,DAVID J             05/29/59    (503)255-5336
 1 Workfile Type         2 Last Pay Date  3 Patient Balance  4 Account Balance
   Promise To Pay          08/22/90         $1,016.34          $1,492.71
 Old  5 Promise To Pay Date  6 Amount Promised  7 Date Paid  8 Amount Paid
        11/27/90               100.00
 New  9 Promise To Pay Date 10 Amount Promised 11 Next Date For Phone F/U Check

12 Transaction Type/Code                   13 Transaction Comment
   T0009-CALLED HOME PHONE WRONG NUMBER
14 Display Facility Information?           15 Display Account Information?









Enter field number or '/' starting field number--
```

Field Explanations

1. WORKFILE TYPE (DISPLAY ONLY)
This field identifies the type of follow-up for the guarantor.

2. LAST PAY DATE (DISPLAY ONLY)
This field contains the date on which the last payment was made by the guarantor.

3. PATIENT BALANCE (DISPLAY ONLY)
This field contains the patient balance on the accounts for which the guarantor is responsible.

4. ACCOUNT BALANCE (DISPLAY ONLY)
This field contains the account balance on the accounts for which the guarantor is responsible.

OLD

5. PROMISE TO PAY DATE (DISPLAY ONLY)
This field contains the date on which payment was promised from the guarantor.

6. AMOUNT PROMISED (DISPLAY ONLY)
This field contains the dollar amount that was promised by the guarantor by the promise to pay date.

7. DATE PAID (DISPLAY ONLY)
This field contains the date on which the promised amount was actually paid.

8. AMOUNT PAID (DISPLAY ONLY)
This field contains the actual dollar amount that was paid as the promised amount.

NOTE: Promise to Pay and payment plans are separate processes.

NEW

9. PROMISE TO PAY DATE (6-N-O)
This field contains the date on which payment is promised from the guarantor. The business office collector enters this information based on the conversation held with the guarantor when the follow-up telephone call was made.

10. AMOUNT PROMISED (8-N-O)
This field contains the dollar amount promised by the guarantor by the promise to pay date. The business office collector enters this information based on the conversation held with the guarantor when the follow-up telephone call was made. If the amount entered is not paid by the promise to pay date, the system creates a new entry for the guarantor in the business office workfile.

11. NEXT DATE FOR PHONE F/U CHECK (6-N-O)
This field contains the date on which the system should check the guarantor and the guarantor accounts to determine if the criteria is met for business office telephone follow-up. If the criteria is met, the system creates an entry for the guarantor in the business office collector's workfile.

12. TRANSACTION TYPE/CODE (4-N-R)
This field contains the transaction type and code that is recorded in the transaction history of the accounts for which the guarantor is responsible when the follow-up takes place. All accounts listed in the Display Account Information field have their transaction history updated. The system displays this code from the Business Office table, but you can override it by entering the code (up to four digits) or a hyphen (-) to display a list of valid transaction codes under transaction type T (telephone).

13. TRANSACTION COMMENT (30-C-O)
This field contains any comments you want to make regarding the transaction. These comments can be viewed through the account transaction history function when the follow-up event is recorded.

14. DISPLAY FACILITY INFORMATION (1-A-R)
This field allows you to display facility follow-up information for the guarantor. This information may be helpful before you make the telephone call to the guarantor. Entry options are **Y** for Yes or **N** for No; the default is Y. If you enter **Y**, the system displays the following information at the bottom of the screen:

```
Seq  Fac  Account #    Last F/U Date  Last F/U Type  Next F/U Date
   Next F/U Type  Next F/U Msg #  Pay Plan?  Plan Amount  Delinquent Amount
1     P   9023200004     11/26/94      Det Stmt        11/27/90
    Det Stmt         1120


               F1Prev Page F2Next Page F6 Reset  F7  Exit   ?
```

The system displays a sequence number, facility code of the guarantor, patient account number, the date on which the last follow-up event took place, the last type of follow-up that was generated for the guarantor's accounts, the date on which the next follow-up event will take place, the next type of follow-up that is generated, the next follow-up message that appears on the detail statement or letter or in the collector's workfile, payment plan indicator, payment plan amount if the guarantor is on a payment plan schedule, and any delinquent amount owed by the guarantor.

The function keys are there to assist you in paging through the entries or exiting the function.

15. DISPLAY ACCOUNT INFORMATION (1-A-R)
This field allows you to display the guarantor's account information. This information may be helpful before you make the collection call to the guarantor. Entry options are

Y for Yes or **N** for No; the default is Y. If you enter **Y**, the system displays the following information at the bottom of the screen:

```
                                                          Last      Last
Seq Account #   Name                        Acct Bal    Pat Bal   Pymt       F/U
1   P9023-200002WEBSTER,JONATHAN             1097.11     100.00 11/10/94 11/26/94
2   P9023-200003WEBSTER,MARTHA                400.00     250.00          11/26/94
3   P9023-200004WEBSTER,DAVID J               257.40     257.40          11/26/94

    F1 Prev Page F2 Next Page F5 View Trans History F6 Reset  F7  Exit   ?
```

Accounts display in account number order. For each account, the system displays a sequence number, patient account number and name, the account balance, the patient balance, the date on which the last payment was made for the account, and the date on which the last follow-up event occurred for the account.

The function keys are there to assist you in paging through the accounts and exiting the function. In addition, the F5 key allows you to view the selected account's transaction history. For detailed information regarding the Account Transaction History, refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide.

Active Patient Workfile

The Active Patient Workfile function displays telephone follow-up work assigned to the specific active patient collector. The system assigns accounts to a collector's active patient workfile based on table criteria established in the Active Patient Worklist Control function. For more information about this procedure, refer to the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide.

Only accounts in location PA accounts are considered for inclusion to the active patient workfile. As such, the active patient workfile typically contains series accounts. Using the Active Patient Workfile Control function, you can exclude accounts based on their financial class or patient type.

The system adds accounts in PA that have not been excluded on the basis of financial class or patient type to the active patient workfile if they meet all of the following criteria:

- The patient or account balance (depending on the setting of the parameter) meets or exceeds the minimum balance.
- The last bill sequence number has been passed.
- The Number of Days since last patient payment has been exceeded. If there has been no patient (or account) payment received, the system calculates the number of days since last payment as the system date minus the admission date.

This workfile provides the collector with a tool to use in monitoring patients receiving ongoing treatment with smaller balances due (for example, a physical therapy patient

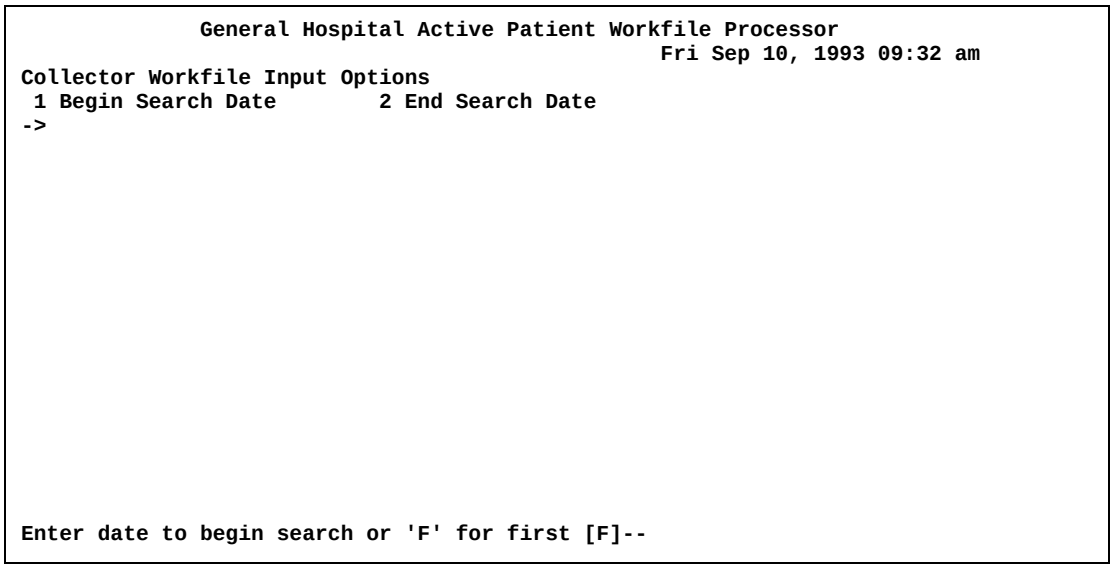
whose patient responsibility is $10 per weekly treatment.) For example, you might set the parameters to select bills with a sequence of 5 with a minimum patient balance of $50, and set the number of days since last patient payment to 60. These parameters would allow sufficient time for billing to occur, insurance to reimburse, and notification to the guarantor of liability (series bill), yet still discover patient payment problems before the $10 per week accumulates a larger debt.

You can also use this workfile to monitor active inpatient accounts by lowering the parameter setting. For example, you might set bill sequence at 0, minimum patient balance of $200, and days since last payment 0. This would select any PA account with a patient balance exceeding $200.

This workfile is created by running the Active Patient Workfile optional batch job. Since this is an optional batch job, you might want to alter the parameters prior to each run to *target* different accounts for collection focus.

If you need to totally clear the workfile and start over with a new set of criteria, you should run the Active Patient Workfile Purge function. For more information about this function, refer to the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide.

When you select this function the system allows you to search through the selected collector's workfile in one of two ways, as shown below:



The system allows you to specify begin and end search dates; the defaults are first and last, respectively. After you specify the dates, the system displays the following screen:

```
              General Hospital Active Patient Workfile Processor
                                                  Fri Sep 10, 1993 09:32 am
Page:01
     Orig Dt  Last Dt   Entries  Guarantor Name       Patient Name
( 1) 07/17/93 09/03/93      3    RAD,JOSEPH          RAD,JOSEPH
( 2) 07/17/93 09/03/93      3    WEAVER,JULIET       WEAVER,JULIET
( 3) 07/17/93 09/03/93      3    SAWYER,HANNAH       SAWYER,HANNAH
( 4) 09/03/93 09/03/93      1    SMITH,MARY          SMITH,MARY
( 5) 09/03/93 09/03/93      1    VONGARDNER,MACY     VONGARDNER,MACY









Enter choice--
```

This screen displays the date on which the follow-up entry was originally placed in the collector's workfile, the date the most recent entry was placed in the Active Patient workfile, the number of times the account was selected for the workfile, the guarantor name, and the patient name for whom the guarantor is responsible.

NOTE: This function does not combine accounts for guarantors across facilities. Though it is possible to have more than one facility appear in this function, a guarantor would have a separate entry in this workfile for each facility.

Select the guarantor you want to view. The system displays the following menu:

```
              General Hospital Active Patient Workfile Processor
                                                 Mon Mar 15, 1999 10:45 am
Account        Name                Type Admit    Disch      Balance    Loc
A05122-00241   WEBSTER,DAVID J     SER  05/12/92             $1,384.56  PA

            Option No.  Option
            ---------------------------------------
                1       Guarantor Information
                2       Guarantor Summary
                3       PA Demand Follow Up
                4       Guarantor Payment History

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Claim Disposition
                9       Process Workfile Entry

               10       Notes


Enter option number--
```

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for all facilities. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

PA Demand Follow-up - Allows the collector to request a follow-up event for the account. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Process Workfile Entry - Allows the collector to process the workfile entries for the selected guarantor.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Process Workfile Entry

After you select the Process Workfile Entry option, the system displays the following screen:

```
              General Hospital Process Workfile Entry Processor
                                                  Mon Mar 15, 1999 10:45 am
Account      Name                       Type Admit    Disch        Balance  Loc
B92195-00003 HALL,FRED                  SER  07/13/92              $833.50  PA

Corporate    Guarantor Name               Birthdate   Phone              PC
00003704     HALL,MITCH                   03/03/30
 1 Last Pat Pay Date   2 Patient Balance   3 Last Acct Pay Date  4 Last Bill Sq
   05/20/92             $800.00             05/17/92              5
 5 Transaction Type/Code                  6 Transaction Comment
   T8888-Active Account Phone F/U
 7 Display Account Information?
   Y









Enter field number or '/' starting field number--
```

Field Explanations

1. LAST PATIENT PAY DATE (DISPLAY ONLY)
This field contains the date on which the last patient payment was made by the guarantor.

2. PATIENT BALANCE (DISPLAY ONLY)
This field contains the patient balance on the account.

3. LAST ACCOUNT PAY DATE (DISPLAY ONLY)
This field contains the date on which the last account payment was posted.

4. LAST BILL SEQ (DISPLAY ONLY)
This field displays the last bill sequence.

5. TRANSACTION TYPE/CODE (4-N-R)
This field contains the transaction type and code that is recorded in the transaction history of the account when the workfile entry is processed. The system displays this code from the Active Patient Worklist Control table, but you can override it by entering the code (up to four digits) or a hyphen (-) to display a list of valid transaction codes under transaction type T (account notes).

6. TRANSACTION COMMENT (30-C-O)
This field contains any comments you want to make regarding the transaction. These comments can be viewed through the account transaction history function when the follow-up event is recorded.

7. DISPLAY ACCOUNT INFORMATION (1-A-R)
This field allows you to display the billing recap account information. This information may be helpful before you make the collection call to the guarantor. Entry options are **Y** for Yes or **N** for No; the default is Y. If you enter **Y**, the system displays billing recap information at the bottom of the screen. For more information about this information, refer to the explanation of the Billing Recap function in the Account Inquiry section of the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide.

When these fields are completed, the system prompts you to accept the screen. Accepting the screen completes the transaction.

Once the telephone follow-up is processed, the system updates the transaction history. The system uses the patient balance as the Transaction Amount and updates the transaction comment with *Active Patient Phone F/U* - concatenated with the transaction comment entered as shown below:

```
             Transaction History Inquiry Processor
                                              Mon Mar 15, 1999 10:45 am
Account      Name         Type Admit    Disch       Balance   Loc
Y99999-99999 Last,First   SER v99/99/99 99/99/99    $999.99   PA

Trans Comment: Active Patient Phone F/U - Transaction Comment

Seq  Tran                            Tran      Post    Tran     Tran
Nbr  Code  Description               Date      Date  Amount Loc Type
1    T9999 Transaction Code Desc  99/99/99 99/99/99 999.99  PA Note
```

AR Agency Workfile

The AR Agency Workfile function provides the necessary information to assist the collector in making a collection call to the guarantor for payment and allows the collector to indicate that contact with the guarantor was made. The function displays the telephone follow-up work assigned to the specific collector. The system assigns accounts to a collector's workfile if all of the following conditions are met:

- the account is in an accounts receivable location
- the account has an agency process status of an L or a P
- the account is on an Agency Follow-Up schedule defined as Internal
- the follow-up event is telephone
- if the account is on a payment plan and is delinquent and the delinquent follow-up type is telephone

- the account balance is greater than zero.

After you select this function, the system allows you to search through the selected collector's workfile in one of two ways, as shown below:

```
          General Hospital Guarantor Collector Workfile Processor
                                                 Mon Mar 31, 1997 10:17 am
Collector Workfile Input Options
Page:01                            Work Types                ##=Current Choices
( 1) Standard Work
( 2) Delinquent Work




 1 Begin Search Date        2 End Search Date
   First                      Last




Enter field number or '/' starting field number--
                    next screen(/) or previous screen(/P) [/]
```

Enter the first option if you want to list all guarantor standard workfile entries. Enter the second option if you want to list all guarantor delinquent workfile entries.

In either case, the system allows you to specify begin and end search dates; the defaults are first and last, respectively.

After you make your selection and choose an account, the system displays the following screen.

```
              General Hospital Collector Workfile Processor
                                                Thu Mar 30, 2007 10:45 am
Account      Name                    FC  Typ Admit    Disch        Balance Loc
A97-08400003 TOWNES,FRANCINE         S1  O/P 03/25/97 03/25/97     2271.78 AR/FCRV
            Option No.  Option
            ---------------------------------------
                1       Collection Status
                2       Telephone Follow Up
                3       Reschedule Telephone Follow Up
                4       Guarantor Summary
                5       AR Demand Follow Up
                6       Guarantor Information
                7       Guarantor Payment History
                8       Account Inquiry
                9       Account Revision
               10       Reprint Claims
               11       Balance Transfer & Claim Disposition
               12       Notes



        Enter option number--
```

Collection Status - Allows the collector to review and update collection data on accounts.

Telephone Follow-Up - Displays balance, phone numbers and other pertinent information to assist the collector in making a collection call to the guarantor or account.

Reschedule Telephone Follow-Up - Allows the collector to schedule a call in the near future for those guarantors that could not be reached after several attempts.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

AR Demand Follow-up - Allows the collector to request a follow-up event for the guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

AGENCY PROCESS STATUS

There are two variations of the Agency Process Status function: one applies to guarantor collections, and the other applies to insurance/claim collections. These menu options/screens can be accessed through the snapshot hotkeys of PC (Int/Ext Agency Collection) and IPC (Insurance Agency Collection) or through the menu option attached to the Bad Debt Management menu option (Account Management, Bad Debt Management). Security for these menu options is completed by giving access to the menus in the character-based system and through the Collector Access module for Receivables Workstation users. If Receivables Workstation is not installed, the snapshot keys of PC and IPC are given to all users. If Receivables Workstation is installed, access to the snapshot hotkeys is controlled by permissions granted through the Collector Access module.

NOTE: If you select the Insurance Agency Collection option, the system displays a list of carriers/plans. You can select the one you want to view from this list. After you select the carrier/plan, the system displays a list of claims for the carrier/plan. You can select the claim sequence you want to view.

After you select an Agency Process Status function (PC or IPC), the system displays the following screen. This screen allows you to specify whether an account should be transferred to a specific collection agency code.

```
                General Hospital Agency Process Status Processor
                                                 Fri Jul 14, 2007 10:51 am
Account      Name                 FC Typ Admit    Disch        Balance Loc
A0614400005  ROSE, BOB             S  ER  05/24/06 05/24/06        0.00 AR /ACCF
Agency Process Status     Status   Agency  Transfer  Agency Collector
P-Agency Auto Transfer   02/27/07  PCOL              7-WORKER,JULIE


 1 Maintenance Code                          2 Maintenance Date

 3 Agency Delete Action

 4 Pending/Candidate Agency Code                      5 Agency Collector

 6 Comments

 7 Reject Reason(s)



Enter field number or '/' starting field number--
```

Field Explanations

For the Agency Process Status option, the screen header displays the Carrier Name, Insurance Plan name and number, and the claim sequence number.

ACCOUNT (DISPLAY ONLY)
This field contains the account number of the patient.

NAME (DISPLAY ONLY)
This field contains the name of the patient.

FC (DISPLAY ONLY)
This field contains the account's financial class.

TYP (DISPLAY ONLY)
This field contains the account's patient type.

ADMIT (DISPLAY ONLY)
This field contains the account's admission date.

DISCH (DISPLAY ONLY)
This field contains the account's discharge date.

BALANCE (DISPLAY ONLY)
This field contains the account's balance.

LOC (DISPLAY ONLY)
This field contains the account's location and sub location. The account location of a patient determines which sub locations are available. For more information about sub

locations and their corresponding locations, see the McKesson-Maintained Information chapter of the *Tables, Masters and Parameters Volume* of the *STAR Financials Patient Accounting Reference Guide.*

AGENCY PROCESS STATUS (DISPLAY ONLY)
This field displays the collection status of an account.

STATUS (DISPLAY ONLY)
This field contains the date of the last Collection Status update.

AGENCY TRANSFER (DISPLAY ONLY)
This field contains the code of the agency associated with the account after transferring to agency collection.

AGENCY COLLECTOR (DISPLAY ONLY)
This field contains the Agency Collector associated with the account.

1. MAINTENANCE CODE (1-A-O)
This field contains the current Maintenance Code of the account. This field can only be updated for accounts in an AR location. For a complete list of maintenance codes, see Appendix A - Agency Collection Codes.

The following chart shows each agency collection type and the statuses it can be changed to from its current status:

If the Agency Collection Type is	And the current status is.....	Status can be changed to.....
CCI	Active	Delete
	Not Selected	Transfer Hold
	Transfer	Hold Unselect Wait One Cycle
	Wait One Cycle	Hold Unselect
External	Active	Delete
	Not Selected	Transfer Hold
	Transfer	Hold Unselect Wait One Cycle
	Wait One Cycle	Hold Unselect

If the Agency Collection Type is	And the current status is.....	Status can be changed to.....
Internal	Active	Delete Transfer
	Not Selected	Transfer Hold
	Transfer	Hold Unselect Wait One Cycle
	Wait One Cycle	Hold Unselect
Insurance Agency Collections	Active	Delete
	Not Selected	Transfer Hold
	Transfer	Hold Unselect Wait One Cycle
	Wait One Cycle	Hold Unselect

2. MAINTENANCE CODE DATE (DISPLAY ONLY)
This field contains the date the code was last updated in the Maintenance Code field.

3. AGENCY DELETE ACTION (1-A-O)
This field determines what should occur to an account when it is manually deleted from either CCI or an external agency**.** The system displays the following prompt after you access this field:

(A)ccount F/U or (G)uarantor F/U or (P)re-list account? (A/G/P) [G]

- If the Guarantor Level F/U option is selected, the system moves the account from agency collections to guarantor level follow-up. The account is added to an existing guarantor follow-up schedule. If there is not an existing schedule, the system assigns a schedule and collector according to the account's financial class and the schedule type is standard.

- If the Account F/U option is selected, the system moves the account from agency collections to regular account level follow-up. The schedule type of the follow-up schedule is separate, and the schedule and collector are assigned according to the account's financial class.

- If the Pre-list account option is selected, the account is deleted from Agency collections, pre-listed for Bad Debt, and assigned a Post Agency Schedule.

The Agency Delete Action field is dependent on the Maintenance Code field. The Agency Col Delete Action field is only accessed if an account is updated with a delete type of Maintenance Code. The default value for this field is the value that is in the Agency Delete Action field located in the PAAR Control Parameters under Maintain Facility Information.

4. PENDING AGENCY CODE (1-A-O)
This field contains the Collection Agency of the Pending/Candidate. To assign an agency to Manual Pending/Candidate, enter a valid agency code or enter a hyphen (-) to select from the Collection Agency Code table. Only Collection Agency Codes with Agency Types of internal, external, or CCI are displayed.

5. COMMENTS (20-AN-O)
This field contains the collection comments.

6. AGENCY COLLECTOR (1-N-O)
This field contains the code and name of the collector for the account.

7. REJECT REASON(S) (4-AN-O)
This field contains the current Rejection Reasons associated with an account. Accounts only display Rejection Reasons if the Maintenance Code is an F for Flagged, C for automatic Candidate, W for Wait One Cycle, or E for Automatic Pending. Also, accounts that have a Maintenance Code of F but have not yet been evaluated by the Agency Processing Batch job cannot have Rejection Reasons.

Pending/Candidate Workfile

The Pending/Candidate Collector Workfile function provides the necessary information to assist the collector in verifying whether the accounts should transfer to Collection. The system assigns accounts to the collector's workfile when an account becomes a Manual or Automatic Pending/Candidate.

Once an account is marked as reviewed, it no longer is displayed in the workfile but is still reflected on the Pending/Candidate Workfile report. Reviewed workfile entries are noted on the workfile report under the reviewed column with an asterisk. Accounts can be marked as reviewed in the following ways:

- selecting an account from the workfile
- accessing the Agency Process Status screen and responding Yes to the prompt: Mark Pending/Candidate Workfile record Reviewed?
- updating the Maintenance Code to a W for Wait One Cycle or a T for Manual Transfer.

After you select this function, the system allows you to search through the workfile in one of two ways, as shown below:

```
          General Hospital Pending/Candidate Workfile Processor
                                                  Tue Apr 01, 1997 09:29 am
Page:01
                                  Work Types
( 1) Workfile By Agency
( 2) All Accounts









Enter choice--
```

Enter the first option if you want to view a workfile for an agency. After you select this entry the following prompt displays:

Enter collection agency code

Enter the collection agency code or a hyphen (-) for a list of agency codes. After you select the agency code, the system displays the accounts for the workfile.

Enter the second option if you want to view all accounts. If the All Accounts option is selected, the system displays all the accounts in the workfile.

After you make your selection, the system displays the following screen:

```
        General Hospital Pending/Candidate Workfile Processor
                                                Tue Apr 01, 1997 12:25 pm
Page:01
      Pending  Account Name        Account #      Balance  Pat Pymt M Agency R
( 1)  03/07/97 SMITH,FRANCINE      A9602600006  17,267.70  08/30/96 E INTR
( 2)  04/01/97 SMITH,STAN          A9704800001      52.25  02/18/97 E INTR
( 3)  04/01/97 SMITH,STAN          A9704100014     485.00           E INTR
( 4)  04/01/97 SMITH,STAN          A9703700004   2,267.50  02/12/97 E INTR









Enter choice--
```

After you select the entry, the following screen is displayed:

```
           General Hospital Pending/Candidate Workfile Processor
                                              Thu Mar 30, 2007 10:45 am
Account      Name                   FC  Typ Admit    Disch     Balance   Loc
B970-4100003 TOMNES,FRANCINE        O   O/P 02/10/97 02/10/97  999999.99 AR/FCRV
           Option No.  Option
           ---------------------------------------
               1       Agency Collection Status

               2       Guarantor Information
               3       Guarantor Summary
               4       AR Demand Follow Up
               5       Guarantor Payment History

               6       Account Inquiry
               7       Account Revision

               8       Reprint Claims
               9       Balance Transfer & Claim Disposition

              10       Notes


  Enter option number--
```

Agency Collection Status - Allows the collector to review and update collection data on accounts.

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

AR Demand Follow-up - Allows the collector to request a follow-up event for the guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Telephone Follow-Up - Displays balance, phone numbers and other pertinent information to assist the collector in making a collection call to the guarantor or account.

Reschedule Telephone Follow-Up - Allows the collector to schedule a call in the near future for those guarantors that could not be reached after several attempts.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

After you select Collection Status, the system displays the following screen:

```
              General Hospital Collection Status Processor
                                                Thu Mar 30, 2007 10:45 am
Account      Name                    FC  Typ Admit    Disch        Balance Loc
A97-08400003 TOWNES,FRANCINE         S1  O/P 03/25/97 03/25/97     2271.78 AR/FCRV

Collection Status     Status   Agency  Transfer  Agency Collector
L-Agency Manual Transfer   03/31/97  INTPCA            13-Smith,Carol

 1 Maintenance Code                          2 Maintenance Date
   D-Delete                                    04/31/97
 3 Delete Action
   Return to Guarantor Follow-up
 4 Pending/Candidate Agency Code             5 Agency Collector
   INTSP-Internal Agency Self Pay              13-SMITH,CAROL
 6 Comments

 7 Reject Reason(s)




Enter field number or '/' starting field number--
```

Field Explanations

ACCOUNT (DISPLAY ONLY)
This field contains the account number of the patient.

NAME (DISPLAY ONLY)
This field contains that name of the patient.

FC (DISPLAY ONLY)
This field contains the account's financial class.

TYP (DISPLAY ONLY)
This field contains the account's patient type.

ADMIT (DISPLAY ONLY)
This field contains the account's admission date.

DISCH (DISPLAY ONLY)
This field contains the account's discharge date.

BALANCE (DISPLAY ONLY)
This field contains the account's balance.

LOC (DISPLAY ONLY)
This field contains the account's location and sub location. The account location of a patient determines which sub locations are available. For more information about sub locations and their corresponding locations, see the McKesson-Maintained Information

chapter of the *Tables, Masters and Parameters Volume* of the *STAR Financials Patient Accounting Reference Guide*.

COLLECTION STATUS (DISPLAY ONLY)
This field displays the Collection Status of an account.

STATUS (DISPLAY ONLY)
This field contains the date of the last Collection Status update.

AGENCY (DISPLAY ONLY)
This field contains the code of the agency associated with the account after transferring to collections.

TRANSFER DATE (DISPLAY ONLY)
This field contains the date that the account transferred to CCI through the Interface. This field is not applicable for Internal agency processing.

AGENCY COLLECTOR (DISPLAY ONLY)
This field contains the agency collector associated with the account.

1. MAINTENANCE CODE (1-A-O)
This field contains the current Maintenance Code of the account. This field can only be updated for accounts in an AR location.

2. MAINTENANCE CODE DATE (6-AN-O)
This field contains the date the code was entered in the Maintenance Code field.

3. AGENCY DELETE ACTION (1-A-O)
This field determines what should occur to an account when it is manually deleted from either CCI or an external agency. The system displays the following prompt after you access this field:

A)ccount F/U or (G)uarantor F/U or (P)re-list account? (A/G/P) [A]

- If the Guarantor Level F/U option is selected, the system moves the account from agency collections to guarantor level follow-up. The account is added to an existing guarantor follow-up schedule. If there is not an existing schedule, the system assigns a schedule according to the account's financial class and the schedule type is standard.

- If the Account F/U option is selected, the system moves the account from agency collections to regular account level follow-up. The schedule type of the follow-up schedule is separate and the schedule is assigned according to the account's financial class.

- If the Pre-list account option is selected, the account is deleted from agency collections, pre-listed for Bad Debt and assigned a Post agency schedule.

The Agency Delete Action field is dependent on the maintenance code field. The Agency Delete Action field is only accessed if an account is updated with a delete type of Maintenance Code. The default value for this field is the value that is in the Agency Delete Action field located in the PAAR Control Parameters under Maintain Facility Information.

4. PENDING/CANDIDATE AGENCY CODE (1-A-O)
This field contains the agency code for the pending candidate. To assign an agency to Manual Pending/Candidates, enter a valid agency code, or enter a hyphen (-) to select from the Collection Agency Code table. Only Collection Agency Codes with Agency Types for external collections are displayed.

5. AGENCY COLLECTOR (1-A-O)
This field contains the agency collector associated with the Pending/Candidate Agency.

6. COMMENTS (20-A-O)
This field contains the collection comments.

7. REJECT REASON (1-A-O)
This field contains the current Rejection Reasons associated with an account. Accounts only display Rejection Reasons if the Maintenance Code is an F for Flagged, C for Automatic Candidate, or E for Automatic Pending. Also, accounts that have a Maintenance Code of F but have not yet been evaluated by the Agency Processing Batch Job cannot have Rejection Reasons.

When the fields on this screen are completed, the system prompts you to accept the screen. This completes the transaction.

Internal Bad Debt Workfile

The Internal Bad Debt Workfile function provides the necessary information to assist the collector in making a collection call to the guarantor for payment and allows the collector to indicate that contact with the guarantor was made. The Internal Bad Debt Workfile function displays the telephone follow-up work assigned to the specific Internal Bad Debt Collector. The system assigns accounts to a collector's workfile if all of the following conditions have been met:

- the account is in a bad debt location
- the account is on an Internal Agency Follow-Up schedule
- the follow-up event is telephone
- If the account is on a payment plan and is delinquent and the delinquent follow-up type is telephone
- the account balance is greater than zero

After you select this function, the system allows you to search through the selected collector's workfile in one of two ways, as shown below:

```
          General Hospital Guarantor Collector Workfile Processor
                                                 Mon Mar 31, 1997 10:17 am
Collector Workfile Input Options
Page:01                            Work Types                ##=Current Choices
( 1) Standard Work
( 2) Delinquent Work




 1 Begin Search Date        2 End Search Date
   First                      Last




Enter field number or '/' starting field number--
                    next screen(/) or previous screen(/P) [/]
```

Enter the first option if you want to list all guarantor standard workfile entries. Enter the second option if you want to list all guarantor delinquent workfile entries.

In either case, the system allows you to specify begin and end search dates; the defaults are first and last, respectively.

After you make your selection and choose an account, the system displays the following screen.

```
        General Hospital Internal Bad Debt Workfile Processor
                                              Thu Mar 30, 2006 10:45 am
Account      Name                    FC  Typ Admit    Disch        Balance Loc
A97-07600005 ALBERTS,PATRICE         S1  O/P 03/17/97 03/17/97     5463.09 BD/FCRV
            Option No.  Option
            ---------------------------------------
                1       Guarantor Information
                2       Guarantor Summary
                3       AR Demand Follow Up
                4       Guarantor Payment History

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Claim Disposition
                9       Telephone Follow Up
               10       Reschedule Telephone Follow Up

               11       Notes


Enter option number--
```

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

AR Demand Follow-up - Allows the collector to request a follow-up event for the guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision* volume of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Telephone Follow-Up

After you select telephone follow-up, the system displays the following screen:

```
              General Hospital Telephone Follow Up Processor
                                                  Wed Apr 10, 1991 02:46 0m
Corporate  Guarantor Name                Loc    Account     Patient   Insurance
00311704   BROWN,MARY                    BD     $349.00     $342.00       $7.00
Home Telephone #      Employer Name           Work Telephone #  Fac  Type
(494) 003-2222        AA AMBULANCE            (503) 234-5678     P   Delinq
 1 Next F/U Date   2 Next Follow Up Type       3 Next F/U Message Number
   05/07/91          Detail Statement           1ST F/U DETAIL STMT MESSAGE
 4 Telephone F/U Transaction Code  5 F/U Date     6 Telephone Message
   T9300-TELEPHONE FOLLOW-UP      ->               1ST GUARANTOR TELEPHONE F
 7 Plan Amount    8 Current Due    9 Delinquent Amount   10 Delinquent Date
   $25.00                            $10.00                  04/11/91
11 Prepaid Amount                 12 Telephone Message
   $0.00
13                                                          Last     Last
   Seq Account #   Name                      Acct Bal    Pat Bal  Pymt      F/U

   1   90351-00001 BROWN,MARY                  349.00     342.00 03/07/91 04/07/91



Enter follow up date--
```

The screen header displays the corporate number, guarantor name, account location, account balance for all accounts selected, patient balance for all accounts selected, insurance balance for all accounts selected, home phone number, employer name, work phone number, facility indicator, and schedule type (separate, payment plan or custom) for the guarantor.

Field Explanations

1. NEXT F/U DATE (6-N-R)
This field contains the next guarantor follow-up date, which is calculated by the system. The collector can modify this date to be earlier or later than the next scheduled follow-up.

2. NEXT FOLLOW UP TYPE (1-A-O)
This field contains the next follow-up type for the guarantor. You can change this field or leave as scheduled by the system. If this field is left blank, the guarantor receives the proper follow-up type based on the sequence number of the guarantor follow-up schedule.

For example, the system determines a Detail Statement is the next follow-up type for the guarantor but you want to telephone the guarantor again. Change this field to **T** for Telephone follow-up.

3. NEXT F/U MESSAGE NUMBER (4-N-C)
This field contains the message number and description of the message to include on the next follow-up letter or detail statement, or in the collector workfile if the type is telephone. This message is associated with the type specified in the Next Follow Up Type field. You can revise this field to indicate the message you want the guarantor to receive for the next follow-up. If this field is left blank, the guarantor receives the proper

follow-up type based on the sequence number of the guarantor follow-up schedule. If you complete the Next Follow Up Type field, you must complete this field.

4. TELEPHONE F/U TRANSACTION CODE (4-N-R)
This field contains the transaction code that is recorded in the account's transaction history to indicate that follow-up has taken place. Each patient account listed on this screen is updated with this transaction code. The transaction code comes from the Telephone Follow-up Transaction Code indicated in Facility Information - PAAR Control screen. You can also change the transaction code to something more meaningful to record the follow-up event. For example, you may wish to use this transaction code in marking a promise to pay, which would save you the extra step of having to use the Notes or Account Notes function.

5. F/U DATE (6-N-R)
This field contains the date on which telephone contact was made. This field is required in order for the phone follow-up event to be removed from the collector workfile.

If telephone contact was not made, enter a period (.) to exit from this field. The guarantor will not be removed from the workfile if a date is not entered in this field.

6. TELEPHONE MESSAGE (DISPLAY ONLY)
This field displays the telephone follow-up message that is applicable to this follow-up event. It contains a description such as *2nd Guarantor Telephone* to assist a collector in making the phone call.

NOTE: The next four fields pertain to guarantors who are on payment plan schedules.

7. PLAN AMOUNT (DISPLAY ONLY)
This field contains the periodic payment amount set up for the payment plan if the guarantor or account is on a payment plan schedule.

8. CURRENT DUE AMOUNT (DISPLAY ONLY)
This field contains the delinquent amount plus the payment plan amount that is currently due. The current due amount plus the delinquent amount equals the full amount due from the guarantor.

9. DELINQUENT AMOUNT (DISPLAY ONLY)
This field contains the payment plan amount that is past due.

10. DELINQUENT DATE (DISPLAY ONLY)
This field, which applies to payment plan accounts, contains the date on which the account is considered delinquent. The system calculates this field based on the due days and grace days in the follow-up schedule to which this account is assigned.

11. PREPAID AMOUNT (DISPLAY ONLY)
This field contains the prepayment amount. This field displays an amount only if the Prepaid Amount field on the PAAR Control Table is set to Yes. If the account is on a payment plan and has amounts which are prepaid (prior to billing for the periodic plan amount), an amount displays in this field.

12. TELEPHONE MESSAGE (1-A-O)
This field enables you to view the full telephone message indicated by the entry in the Telephone Message field. Press ENTER, or enter **Y** to display the message.

13. ACCOUNT SEQUENCE # (DISPLAY ONLY)
This field lists all the accounts selected for the guarantor for follow-up. The system displays the sequence number, account number, patient name, account balance, patient balance, last payment date and last follow-up date for each account.

When you access this field, the system displays function keys at the bottom of the screen that allow you to page through the list of accounts. If you press the F5 key, the system allows you to view the selected account's transaction history. For detailed information regarding the Account Transaction History, refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide.

When these fields are completed, the system prompts you to accept the screen. Accepting it completes the transaction.

Reschedule Telephone Follow Up

This function enables you to reschedule telephone follow-up for a guarantor whom you were unable to contact.

The purpose of this function is to temporarily remove accounts from the workfile that the collector was able to contact. It should be used by the collector who made several attempts and found the line was busy or the phone was disconnected. The collector may then send another type of follow-up to the guarantor such as a letter or statement. This function removes the account from the workfile and indicates that telephone follow-up has been rescheduled.

After you select the Reschedule Telephone Follow Up option, the system displays the following screen:

```
          General Hospital Reschedule Telephone Follow Up Processor
                                                  Wed Apr 10, 1991 02:46 pm
Corporate  Guarantor Name                Loc    Account     Patient   Insurance 016
00311704   BROWN,MARY                    AR     $349.00     $342.00       $7.00
Home Telephone #      Employer Name           Work Telephone #  Fac  Type
(494) 003-2222        AA AMBULANCE            (503) 234-5678     P   Delinq
 1 Schedule #    2 Last Step #      3 Next F/U Date        4 Next Step
                                      05/07/91
    OR     5 Next Follow Up Type          6 Next F/U Message Number
             Detail Statement               1ST F/U DETAIL STMT MESSAGE
 7 Phone F/U Cancellation Code   8 Telephone Message
   T9300-TELEPHONE FOLLOW-UP       1ST GUARANTOR TELEPHON
 9 Plan Amount   10 Current Due 11 Delinquent Amount  12 Delinquent Date
   $25.00                          $10.00                04/11/91
13 Prepaid Amount                   14 Telephone Message
   $0.00
 15                                                          Last     Last
 Seq Account #   Name                     Acct Bal    Pat Bal  Pymt      F/U
 1   90351-00001 BROWN,MARY                 349.00     342.00 03/07/91 04/07/91


Enter field number or '/' starting field number--
```

The screen header displays the corporate number, guarantor name, account location, account balance for all accounts selected, patient balance for all accounts selected, home phone number, employer name, work phone number, facility indicator, and schedule type for the guarantor.

Field Explanations

1. SCHEDULE # (DISPLAY ONLY)
This field contains the follow-up schedule number assigned to the guarantor or account.

2. LAST STEP # (2-N-R)
This field contains the sequence number pertaining to the last follow-up event for the guarantor or account.

3. NEXT F/U DATE (6-N-R)
This field contains the date of the next follow-up event for the guarantor or account. This date, which is based on the guarantor's follow-up schedule, is calculated by the system. You can override this date by entering the date on which you want the guarantor or account to be rescheduled for follow-up.

4. NEXT STEP (2-N-R)
This field contains the sequence number of the next follow-up event for the guarantor or account. If you want the next step to be telephone follow-up, you must enter a sequence number that has this follow-up type.

If you complete this field, you cannot enter any information in the next two fields.

5. NEXT FOLLOW UP TYPE (1-A-O)
This field contains the next type of follow-up that is received by the guarantor or account. You can change this field or leave as scheduled by the system. If this field is left blank, the guarantor or account receives the proper follow-up type based on the sequence number of the guarantor follow-up schedule. If you complete this field, the system overrides the type of follow-up that would have been generated for this guarantor or account on the next follow-up event; the system does not, however, override the next sequence number.

For example, the system determines a Detail Statement is the next follow-up type for the guarantor, but you want to telephone the guarantor again. Change this field to T for Telephone follow-up.

6. NEXT F/U MESSAGE NUMBER (4-N-C)
This field contains the message number and description of the message to include on the next follow-up letter or detail statement, or in the collector workfile if the type is telephone. This message is associated with the type specified in the Next Follow Up Type field. You can revise this field to indicate the message you want the guarantor to receive for the next follow-up. If this field is left blank, the guarantor receives the proper

follow-up type based on the sequence number of the guarantor follow-up schedule. If you complete the Next Follow Up Type field, you must complete this field.

7. PHONE F/U CANCELLATION CODE (4-N-R)
This field contains the transaction code that is recorded in the account's transaction history to indicate that follow-up did not occur. Each patient account listed on this screen is updated with this transaction code, which comes from the Telephone Follow Up Transaction Code on the Facility Information - PAAR Control screen.

8. TELEPHONE MESSAGE (DISPLAY ONLY)
This field displays the telephone follow-up message that is applicable to this follow-up event.

NOTE: The next four fields pertain to guarantors who are on payment plan schedules and can only be revised through Guarantor Information.

9. PLAN AMOUNT (DISPLAY ONLY)
This field contains the periodic payment amount set up for the payment plan if the guarantor is on a payment plan schedule.

10. CURRENT DUE (DISPLAY ONLY)
This field contains the payment plan amount that is currently due. The current due amount plus the delinquent amount equals the full amount due from the guarantor.

11. DELINQUENT AMOUNT (DISPLAY ONLY)
This field contains the payment plan amount that is past due.

12. DELINQUENT DATE (DISPLAY ONLY)
This field contains the date on which the account is considered delinquent. The system calculates this field based on the due days and grace days in the follow-up schedule to which this guarantor or account is assigned.

13. PREPAID AMOUNT (DISPLAY)
This field contains the prepayment amount. This field displays an amount only if the Prepaid Amount field on the PAAR Control Table is set to Yes. If the account is on a payment plan and has amounts which are prepaid (prior to billing for the monthly plan amount), an amount displays in this field.

14. TELEPHONE MESSAGE (1-A-O)
This field enables you to view the full telephone message indicated by the entry in the Telephone Message field. Press ENTER or enter **Y** to display the message.

15. SEQ ACCOUNT # (DISPLAY ONLY)
This field lists all accounts for the guarantor for follow-up. The system displays the sequence number, account number, patient name, account balance, patient balance, last payment date, and last follow-up date for each account.

When you access this field, the system displays function keys at the bottom of the screen that allow you to page through the list of accounts. If you select the **F5** key, the

system allows you to view the selected account's transaction history. For detailed information regarding the Account Transaction History, refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide.

When the fields on this screen are completed, the system prompts you to accept the screen. This completes the transaction.

Insurance Collector Workfile by Account

This function enables the collector to access a single account for follow-up without paging through the entire workfile. This function is useful in selecting high dollar balances for priority calling. The Insurance Collector Workfile report can be used to help select these high dollar accounts.

The actual telephone process works the same way as entering via the Insurance Collector Work function.

After you select this function, the system prompts you to select a facility (if this is a multifacility installation) and then displays the following prompt:

Enter account, `C`corporate, `S`social security or `U`unit number,name, or `-`name for soundex--

Select an account by entering the account number or using the FPI lookup procedure as described in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide.

You can only access accounts that are in the workfile for insurance follow-up.

The system displays the list of accounts for the selected patient, as shown below:

```
      General Hospital Insurance Collector Workfile By Account Processor
                                                  Mon Mar 15, 1999 10:45 am
Account      Name                        Type Admit    Disch      Balance Loc
             WEBSTER,DAVID J                                      $0.00
Page:01                  AR, BD Patient Accounts
     Account     PT  Admit    Disch    FC   Account    Patient  Insurance Loc
( 1) P9023200004 I/P 08/19/90 08/20/90 13    757.40     257.40     500.00 AR









Select account--
```

The screen heading contains the account number, account name, admission type, discharge date, account balance, and account location.

The main body of the screen contains a listing of all accounts for the patient. Each line includes the account number, patient type, discharge date, financial class, total account balance, total balance due from the patient, total balance due from insurance, and account location.

Select the account you want to view. The system displays the following screen:

```
      General Hospital Insurance Collector Workfile By Account Processor
                                                  Mon Mar 15, 1999 10:45 am
Account      Name                        Type Admit    Disch        Balance Loc

Page:01
     Date     Carrier Name                    Patient Name
( 1) 11/04/90 ADJUSTCO/W.C.                   WEBSTER,DAVID J









Enter choice--
```

Select the carrier you want to view. The system displays the following menu:

```
      General Hospital Insurance Collector Workfile By Account Processor
                                                    Thu Nov 29, 1990 01:32 pm
Insurance Plan                  Account     Patient Name            Balance
150998 ADJUSTCO/W.C.            90232-00004 WEBSTER,DAVID J         $500.00
            Option No.  Option
            ---------------------------------------
                1       Account Follow-Up
                2       Guarantor Follow-Up
                3       Insurance Follow-Up
                4       Guarantor Summary

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Claim Disposition
                9       Telephone Follow Up
               10       Reschedule Telephone Follow Up

               11       Notes

Enter option number--
```

Account Follow-Up - Displays the account follow-up information for the account specified in the screen header. This function allows the insurance collector to monitor the last follow-up received by the guarantor and modify the next follow-up information desired.

Guarantor Follow-Up - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Insurance Follow-Up - Displays the collector, last follow-up information, and next follow-up information for the insurance plan and patient account specified in the screen header. Refer to the Collector Workfile - Insurance Collector Work - Work by Account - Insurance Information function in this section for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously produced. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Telephone Follow-Up - Displays balance, phone numbers, and other pertinent information to assist the collector in making a collection call to the carrier. Refer to the Collector Workfile - Insurance Collector Work - Work by Account - Telephone Follow Up function in this section for additional information.

Reschedule Telephone Follow-Up - Allows the collector to schedule a call in the near future for those carriers that could not be reached after several attempts. Refer to the Collector Workfile - Insurance Collector Work - Work by Account - Reschedule Telephone Follow Up function in this section for additional information.

Notes - Allows entry of free form or standard notes for the specified account.

Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Guarantor Collector Workfile by Account

This function enables the collector to access a single guarantor for follow-up without paging through the entire workfile. This function is useful in selecting high dollar balances for priority calling. The Collector Workfile report can be used to help select these high dollar guarantors.

The actual telephone process works the same way as entering via the Guarantor Collector Workfile function. The only difference is the way the guarantor is accessed.

After you select this function, the system displays the following prompt:

Enter account, `C`corporate, `S`social security or `U`unit number,name, `-`name for soundex--

Select a guarantor by entering one of the numbers specified or using the FPI lookup procedure as described in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide. Only guarantors that are in the workfile for guarantor follow-up can be accessed via this function.

The system displays the list of accounts for the selected guarantor, as shown below:

```
      General Hospital Guarantor Collector Workfile By Account Processor
                                                Tue Nov 27, 1990 01:53 pm
Corporate    Guarantor Name              Birthdate   Phone              PC
Page:01
     Date     Fac  Guarantor Name             Patient Name        Pymt Pln  Sts
( 1) 11/06/90  P   WEBSTER,DAVID J           (all std. accts)
( 2) 11/09/90  P   WEBSTER,DAVID J           (all std. accts)
( 3) 11/12/90  P   WEBSTER,DAVID J           (all std. accts)
( 4) 11/14/90  P   WEBSTER,DAVID J           Webster,Benjamin        Yes     D









Enter choice--
```

This screen displays the date on which the entry was made to the collector's workfile; and the guarantor's facility indicator, name, and the accounts for whom the guarantor is responsible.

NOTE: If the guarantor has any delinquent accounts (which can occur only if the patient is on a payment plan), the system displays the patient name, the payment plan indicator, and D in the Sts field.

Select the guarantor you want to view. The system displays the following screen:

```
          General Hospital Guarantor Collector Workfile By Account Processor
                                                Tue Nov 27, 1990 01:53 pm
Corporate    Guarantor Name              Birthdate   Phone              PC
00311388     WEBSTER,DAVID J             05/29/59    (503)255-5336
            Option No.  Option
            ---------------------------------------
                1       Guarantor Information
                2       Guarantor Summary
                3       AR Demand Follow Up
                4       Guarantor Payment History

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Claim Disposition
                9       Telephone Follow Up
               10       Reschedule Telephone Follow Up

               11       Notes


Enter option number--
```

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

AR Demand Follow-up - Allows the collector to request a follow-up event for the guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Telephone Follow-Up - Displays balance, phone numbers, and other pertinent information to assist the collector in making a collection call to the guarantor. Refer to the Collector Workfile - Guarantor Collector Work - Standard Work - Telephone Follow Up function in this section for additional information.

Reschedule Telephone Follow-Up - Allows the collector to schedule a call in the near future for those guarantors that could not be reached after several attempts. Refer to the Collector Workfile - Guarantor Collector Work - Standard Work - Reschedule Telephone Follow Up function in this section for additional information.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Business Office Collector Workfile by Account

This function enables the collector to access a single guarantor for follow-up without paging through the entire workfile. This function is useful in selecting high dollar balances for priority calling. The Collector Workfile report can be used to help select these high dollar guarantors.

The actual telephone process works the same way as entering via the Business Office Collector Workfile function. The only difference is the way the guarantor is accessed.

After you select this function, the system displays the following prompt:

Enter account, `C`corporate, `S`social security or `U`unit number,name, `-`name for soundex--

Select a guarantor by entering one of the numbers specified or using the FPI lookup procedure as described in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide. Only guarantors that are in the workfile for guarantor (business office) follow-up can be accessed via this function.

The system displays the list of accounts for the selected guarantor, as shown below:

```
     General Hospital Business Office Collector W/F By Account Processor
                                                  Tue Nov 27, 1990 10:46 am
Corporate    Guarantor Name              Birthdate   Phone              PC
Page:01
     Date      Guarantor Name                        Type
( 1) 11/24/90  WEBSTER,DAVID J                       Telephone
( 2) 11/26/90  WEBSTER,BENJAMIN                      Promise to Pay









Enter choice--
```

This screen displays the date on which the follow-up entry was made to the business office collector's workfile, the guarantor name, and the workfile type.

Select the guarantor you want to view. The system displays the following screen:

```
     General Hospital Business Office Collector W/F By Account Processor
                                                 Tue Nov 27, 1990 10:46 am
Corporate    Guarantor Name              Birthdate   Phone              PC
00311388     WEBSTER,DAVID J             05/29/59    (503)255-5336
            Option No.  Option
            ---------------------------------------
                1       Guarantor Information
                2       Guarantor Summary
                3       AR Demand Follow Up
                4       Guarantor Payment History

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Claim Disposition
                9       Process Workfile Entry

               10       Notes



Enter option number--
```

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

AR Demand Follow-up - Allows the collector to request a follow-up event for the guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Process Workfile Entry - Allows the business office collector to process the telephone follow-up entries for the selected guarantor. Refer to the Collector Workfile - Business Office Collector Workfile - Telephone Work - Process Workfile Entry and the Promise to Pay - Process Workfile Entry functions in this section for additional information.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Active Patient Workfile by Account

This function enables the collector to access a single active patient account for follow-up without paging through the entire workfile. This function is useful in selecting high dollar balances for priority calling. The Collector Workfile report can be used to help select these high dollar guarantors.

Once you have accessed the desired account, the processes used from this function work the same way as entering via the Active Patient Workfile function. The only difference is the way the account is accessed.

After you select this function, the system prompts you for the facility, if this is a multifacility installation. After you identify the facility, the system displays the following prompt:

Enter account, `C`corporate, `S`social security or `U`unit number,name, `-`name for soundex, or `/`EPN--

Select the account using the FPI lookup procedure as described in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide. Only accounts that are in the active patient workfile can be accessed via this function.

Once you have identified the account, the system displays the following screen:

```
       General Hospital Active Patient Workfile by Account Processor
                                              Mon Mar 15, 1999 10:45 am
Account      Name                        Type Admit    Disch        Balance Loc
A92195-00007 HARRISON,EDWARD             SER  07/13/92              $925.00 PA
            Option No.  Option
            ---------------------------------------
                1       Guarantor Information
                2       Guarantor Summary
                3       PA Demand Follow Up
                4       Guarantor Payment History

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Claim Disposition
                9       Process Workfile Entry

               10       Notes



Enter option number--
```

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for all facilities. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

PA Demand Follow-up - Allows the collector to request a follow-up event for the account. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Process Workfile Entry - Allows the collector to process the workfile entries for the selected guarantor.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

AR Agency Workfile by Account

This function enables the collector to access an account for follow-up without paging through the entire workfile. This function is useful in selecting high dollar balances for priority calling. The Collector Workfile report can be used to help select these high dollar guarantors.

Once you have accessed the desired account, the processes used from this function work the same way as entering via the AR Agency Workfile function. The only difference is the way the account is accessed.

After you select this function, the system prompts you for the facility, if this is a multifacility installation. After you identify the facility, the system displays the following prompt:

Enter account, `C`corporate, `S`social security or `U`unit number,name, `-`name for soundex, or `/`EPN--

Select the account using the FPI lookup procedure as described in the *General Information* volume of the STAR Financials Patient Accounting Reference Guide. Only accounts that are in the active patient workfile can be accessed via this function.

Once you have identified the account, the system displays the following screen:

```
          General Hospital AR Agency Workfile Processor
                                          Thu Mar 30, 2007 10:45 am
Account      Name                    FC  Typ Admit    Disch        Balance Loc
A97-08400003 TOWNES,FRANCINE         S1  O/P 03/25/97 03/25/97     2271.78 AR/FCRV
            Option No.  Option
            ---------------------------------------
                1       Agency Process Status
                2       Telephone Follow Up
                3       Reschedule Telephone Follow Up
                4       Guarantor Summary
                5       AR Demand Follow Up
                6       Guarantor Information
                7       Guarantor Payment History
                8       Account Inquiry
                9       Account Revision
               10       Reprint Claims
               11       Balance Transfer & Claim Disposition
               12       Notes



       Enter option number--
```

Agency Process Status - Allows the collector to look at collection data on accounts.

Telephone Follow-Up - Displays balance, phone numbers and other pertinent information to assist the collector in making a collection call to the guarantor or account.

Reschedule Telephone Follow-Up - Allows the collector to schedule a call in the near future for those guarantors that could not be reached after several attempts.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

AR Demand Follow-up - Allows the collector to request a follow-up event for the guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Pending/Candidate Workfile by Account

This function enables the collector to access a pending/candidate workfile entry without paging through the entire workfile.

Once you have accessed the desired account, the processes used from this function work the same way as entering via the Pending/Candidate Workfile function. The only difference is the way the account is accessed.

After you select this function, the system prompts you for the facility, if this is a multifacility installation. After you identify the facility, the system displays the following prompt:

Enter account, `C`corporate, `S`social security or `U`unit number,name, `-`name for soundex, or `/`EPN--

Select the account using the FPI lookup procedure as described in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide. Only accounts that are in the active patient workfile can be accessed via this function.

Once you have identified the account, the system displays the following screen:

```
          General Hospital Pending/Candidate Workfile Processor
                                                Thu Mar 30, 2007 10:45 am
Account      Name                     FC  Typ Admit    Disch     Balance   Loc
B970-4100003 TOMNES,FRANCINE          O   O/P 02/10/97 02/10/97  999999.99 AR/FCRV
            Option No.  Option
            ---------------------------------------
                1       Agency Process Status

                2       Guarantor Information
                3       Guarantor Summary
                4       AR Demand Follow Up
                5       Guarantor Payment History

                6       Account Inquiry
                7       Account Revision

                8       Reprint Claims
                9       Balance Transfer & Claim Disposition

               10       Notes


  Enter option number--
```

Agency Process Status - Allows the collector to look at collection data on accounts.

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for the selected facility. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

AR Demand Follow-up - Allows the collector to request a follow-up event for the guarantor. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Internal Bad Debt Workfile by Account

This function enables the collector to access a single bad debt account for follow-up without paging through the entire workfile. This function is useful in selecting high dollar balances for priority calling. The Collector Workfile report can be used to help select these high dollar guarantors.

Once you have accessed the desired account, the processes used from this function work the same way as entering via the Internal Bad Debt Workfile function. The only difference is the way the account is accessed.

After you select this function, the system prompts you for the facility, if this is a multifacility installation. After you identify the facility, the system displays the following prompt:

Enter account, `C`corporate, `S`social security or `U`unit number,name, `-`name for soundex--

Select the account using the FPI lookup procedure as described in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide. Only accounts that are in the active patient workfile can be accessed via this function.

Once you have identified the account, the system displays the following screen:

```
       General Hospital Bad Debt Workfile by Account Processor
                                          Mon Mar 15, 1999 10:45 am
Account      Name                       Type Admit    Disch        Balance Loc
A92195-00007 HARRISON,EDWARD            SER  07/13/97              $925.00 PA
            Option No.  Option
            ---------------------------------------
                1       Guarantor Information
                2       Guarantor Summary
                3       BD Demand Follow Up
                4       Guarantor Payment History

                5       Account Inquiry
                6       Account Revision

                7       Reprint Claims
                8       Balance Transfer & Claim Disposition
                9       Process Workfile Entry

               10       Notes



Enter option number--
```

Guarantor Information - Displays last and next follow-up information for the guarantor, as well as promise to pay and payment plan delinquent information. If the guarantor has accounts in AR and BD, the system prompts you to select the account location you want to view. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Summary - Provides information on any guarantor accounts in PA, AR, and BD for all facilities. In addition, this function also displays the total balance information on the guarantor's accounts and allows you to view detail on individual accounts. Refer to the Guarantor Functions section in this volume for additional information.

BD Demand Follow-up - Allows the collector to request a follow-up event for a bad debt account. Refer to the Guarantor Functions section in this volume for additional information.

Guarantor Payment History - Displays all payments associated with the selected guarantor.

Account Inquiry - Allows lookup of demographic, medical, and financial information on an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Account Revision - Allows revision of demographic and financial information for an account. Refer to the *Account Inquiry and Revision Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Reprint Claims - Allows an immediate print of a UB, 1500, or state claim form previously released. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Balance Transfer & Claim Disposition - Allows transfer of account balance liability amounts between one or more carriers and the patient balance for an account. Refer to the *Account Transactions Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

Process Workfile Entry - Allows the collector to process the workfile entries for the selected guarantor.

Notes - Allows entry of free form or standard notes for the specified account. Refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide for additional information.

SINGLE BILL

This function enables you to generate a request for a single account rather than a batch of accounts and provides you with the ability to reprint a bill and rebill an account.

For more detailed information regarding this function, refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide.

REPRINT CLAIM

This function allows an immediate print of a claim form previously released. For more detailed information, refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide.

NOTE: When a UB claim is reprinted, or when a tracer claim is produced through insurance follow-up, the bill type printed on the claim form indicates the bill type of the original claim.

DEMAND INSURANCE FOLLOW-UP

This function enables the collector to demand follow-up for insurance claims in either PA or AR. You can select to send a tracer claim or collection letter, or generate an entry for telephone follow-up in the workfile.

When you select this function, the system prompts you to identify a facility, if this is a multifacility installation. Enter the facility for the account for which you want to demand insurance follow-up on a claim. The system then prompts you to identify the account for which you want to demand insurance follow-up on a claim. After you identify the account, the system displays a summary screen displaying the carrier(s) and plan(s) assigned to this account:

```
              General Hospital Demand Insurance Follow-up Processor
                                                Mon Mar 15, 1999 10:45 am
Account      Name                          Type Admit    Disch        Balance Loc
P92175-00321 PARKER,JESSE L                O/P  06/23/92 06/23/92     $321.91 AR

    COB    Carrier                                Plan                    Page:01
( 1) 1  403-AETNA                            000-AETNA L&C
( 2) 2  403-AETNA                            038-AETNA/PRO FEES









Enter choice--
```

Select the carrier for which you want to demand insurance follow-up for a claim. The system displays the following screen:

```
          General Hospital Demand Insurance Follow-up Processor
                                                Mon Mar 15, 1999 10:45 am
Account      Name                        Type Admit    Disch        Balance Loc
P92175-00003 MCCARTHY,PATRICIA A         O/P  06/23/92 06/23/92     $321.91 AR

                      COB 1    403-AETNA    000-AETNA L&C
                                                                       Page:01
     Claim  Adj    Bill     Bill        Liab         Claim          Ext   P
      Seq   Clm    From     Thru                      Amt           Clm   D
( 1)   1         06/23/92 06/23/92      $255.80     $255.80

Enter choice--
```

This screen displays a list of claims for the selected carrier/plan. Select the claim for which you want to demand insurance follow-up. The system checks to ensure that the claim has been submitted. If the claim has not been submitted, the following message displays the following message and returns you to the preceding screen:

Claim Not Submitted!

If the claim has been submitted the system displays the following screen:

```
            General Hospital Demand Insurance Follow-up Processor
                                                Thu Mar 30, 2006 10:45 am
Account      Name                    FC  Typ Admit    Disch        Balance Loc
A0009100004  KELL,FRANCINE           PK  OP  03/31/00 03/31/00     519.76  AR/FCRV

     COB 1   917-PATRICE'S  COMERCIAL    001-PATRICE'S COMMERCIAL    CS 1

 1 Follow Up Type                      2 Message Number
->
 3 Transaction Code/Type              4 Ins Collection Letter To Guar Message









Tracer claim (R), Letter (L) or Telephone (T) --  |
```

Field Explanations

1. FOLLOW UP TYPE (1-A-R)
This field determines the type of follow-up activity to be performed on this claim. Entry options are **R** (tracer claim), **L** (letter), or **T** (telephone).

When you identify the type of follow-up to perform, the system checks to ensure that there is not already a pending request for the same type of insurance follow-up. If there is a pending request for the same type of insurance follow-up, the system completes the remaining fields with the selections from the previous request and displays the following prompt:

Cancel Pending Request? (Y/N) [N]--

Enter **Y** to cancel the pending request. Enter **N** or press ENTER to retain the pending request and remove your entry from this field.

2. MESSAGE NUMBER (4-AN-C)
This field determines the letter or message to be used for this follow-up.

The entry to this field depends on your entry to the Follow Up Type field. If you selected to send a tracer claim, the system does not allow you to access this field. If you

selected to send a follow-up letter, the system prompts you for the insurance follow-up letter to use. If you selected to make a telephone follow-up entry in the collector's workfile, the system prompts you for the telephone message to use.

Enter the message code or use a hyphen (-) to display and select from a list of appropriate codes.

3. TRANSACTION CODE/TYPE (4-AN-C)
This field determines the transaction code to be associated with the demanded follow-up. The system displays this code in the account's transaction history.

The transaction code from the PAAR control maintenance function is displayed automatically on your screen. You can also edit the transaction code or use a hyphen (-) to display and select from a list of codes.

4. INS LETTER TO GUAR MESSAGE (2-N-O)
This field determines if an Insurance Follow-Up Letter for the Guarantor is generated when an Insurance Follow-Up Letter is generated for the insurance carrier/plan through the Demand Insurance Follow-Up Processor. This field also controls what message prints on the first page of the Insurance Follow-Up Letter to the Guarantor. This field is only valid if the Follow-Up Type field is defined with the option for a insurance follow-up letter.

When you finish entering the information to this screen, accept the changes and press ENTER.

As a result of this function, the system performs the following actions during Midnight Processing:

- If you selected to demand a tracer claim, the system spools the tracer claim with regular UB, 1500, or state claim forms.

- If you selected to demand a follow-up letter, the system spools the letter to the FFR155 spool file. If you completed the Ins Letter to Guar Message field, a Demand Insurance Follow-up Letter to the guarantor also is generated. It spools to the FFR156.

- If you selected to demand telephone follow-up, the system creates an entry in the collector's workfile.

- The system generates an entry in the account's transaction history, displaying the claim sequence number and the fact that Demand Insurance Follow-up was requested. If you completed the Ins Letter to Guar Message field, an entry is generated in transaction history reflecting that an insurance letter to the guarantor was produced.

Archived claims cannot receive demand insurance follow-up. If an attempt is made to do so, the error message *Claim archived, cannot do follow-up* is displayed on your screen.

NOTES

This function allows you to enter free form or standard notes for a specified account. For more detailed information, refer to the *Billing and Claims Volume* of the STAR Financials Patient Accounting Reference Guide.

CHANGE COLLECTORS - GUARANTOR FOLLOW UP

This function enables a supervisor or manager to transfer accounts from one collector's workfile to another collector. This function transfers accounts that are in AR and BD. This function can be used when one collector has more work than can be completed or is on vacation and the supervisor or manager temporarily or permanently transfers accounts from one collector to another. It is also used when a collector is no longer employed at the hospital and all work must be reassigned to other collectors.

NOTE: Collectors may not transfer work unless they are designated as supervisors or managers in the Supervisor/Manager field of the Collectors table.

You cannot transfer work to a collector who has been deleted from the system or filed as deleted. If you attempt to transfer work to a collector who has been filed as deleted, the system displays *Collector has been deleted!* If you attempt to transfer work to a collector who has been deleted from the file, the system displays *Invalid entry*.

After you select this function, the system displays the following screen:

```
      General Hospital Change Collectors - Guarantor Follow Up Processor
                                                Tue Jun 16, 1992 10:47 am

 1 All Accounts/Single Guarantor/Single Separate Account
   All
 2 Beginning Guarantor Last Name          3 Ending Guarantor Last Name
   AAA                                      MZZ
 4 New Collector                          5 Transfer Existing Work Only?
   1-LAURO,SALLY ANN                        No
 6 Business Office Work
   Yes









Enter field number or '/' starting field number--
```

Field Explanations

1. ALL ACCTS/SINGLE GUARANTOR/SINGLE SEPARATE ACCT (1-A-R)
This field determines if all guarantor accounts, the accounts of a specific guarantor, or a single individual account should be transferred. Entry options are **A** (transfer all accounts), **G** (transfer accounts for a specific guarantor), or **C** (transfer a specific account); the default is A.

If you enter **G** to transfer accounts for a specific guarantor, the system displays the standard FPI lookup prompt. Identify the guarantor using the FPI lookup procedure as explained in the *General Information* volume of the STAR Financials Patient Accounting Reference Guide. You can only enter a guarantor assigned to the selected

collector.

If you enter **C** to transfer a specific account, the system displays the standard account identification prompt. Identify the account by entering the account number or by using the FPI lookup procedure as explained in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide. You can only enter an account assigned to the selected collector.

If you enter **A** to transfer all accounts, the system displays All in this field and transfers all accounts assigned to the collector to the new collector.

2. BEGINNING GUARANTOR LAST NAME (3-A-C)
This field identifies the beginning range of the guarantor last name for whom work should be transferred. The default beginning letter is A. This field is required if the All Accts/Single Guarantor/Single Separate Acct field contains A.

3. ENDING GUARANTOR LAST NAME (3-A-C)
This field identifies the ending range of the guarantor last name for whom work should be transferred. The default ending letter is Z. This field is required if the All Accts/Single Guarantor/Single Separate Acct field contains A.

4. NEW COLLECTOR (TABLE LOOKUP)
This field contains the code and name of the collector to whose workfile these accounts are being transferred and/or the collector who will be responsible for these accounts from now on. You must select a collector from the displayed list. Only those collectors assigned to the supervisor or manager are displayed.

5. TRANSFER EXISTING WORK ONLY? (1-A-R)
This field indicates whether the collector's existing workfile entries only are transferred to the new collector or the actual assigned collector (and hence all future work) is transferred to the new collector. Entry options are **Y** for Yes to transfer existing work only or **N** for No to transfer both new and delinquent work; the default is N.

Enter **Y** to indicate a new collector will be responsible for this call only and a permanent change is not necessary. Press ENTER, or enter **N** to indicate that existing work should be transferred and the change in collector is permanent.

This field indicates whether business office work should be transferred. Entry options are **Y** for Yes to transfer business office work in addition to collector work or **N** for No to not transfer business office work; the default is Y.

After you accept the screen, the system displays the following message and transfers the collector work as requested:

Updating...Please Wait

CHANGE COLLECTORS - INSURANCE FOLLOW UP

This function enables a supervisor or manager to transfer accounts from one insurance collector's workfile to another collector. This function can be used when one collector has more work than can be completed or is on vacation and the supervisor or manager temporarily or permanently transfers accounts from one collector to another. It is also used when a collector is no longer employed at the hospital and all work must be reassigned to other collectors.

NOTE: Collectors may not transfer work unless they are designated as supervisors or managers in the Supervisor/Manager field of the Collectors table.

You cannot transfer work to a collector who has been deleted from the system or filed as deleted. If you attempt to transfer work to a collector who has been filed as deleted, the system displays *Collector has been deleted!* If you attempt to transfer work to a collector who has been deleted from the file, the system displays *Invalid entry*.

After you select this function, the system displays the following screen:

```
      General Hospital Change Collectors - Insurance Follow Up Processor
                                                 Tue Nov 27, 1990 10:51 am

 1 All Accounts/Single Carrier-Plan/Single Account
   All
 2 New Collector                          3 Transfer Existing Work Only?
   18-HALL,BETH J                           No









Enter field number or '/' starting field number--
```

Field Explanations

1. ALL ACCOUNTS/SINGLE CARRIER-PLAN/SINGLE ACCOUNT (1-A-R)
This field determines if all carrier accounts, the accounts of a specific carrier, or a single individual account should be transferred. Entry options are **A** (transfer all accounts), **P** (transfer accounts for a specific carrier/plan), or **C** (transfer a specific account); the default is A.

If you enter **C** to transfer a specific account, the system displays the standard account identification prompt. Identify the account by entering the account number or by using the FPI lookup procedure as explained in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide.

If you enter **P** to transfer accounts for a specific carrier/plan, the system displays the following prompt:

Enter carrier code or '-' for a list --

Enter a carrier code or a hyphen (-) to display a list of carriers. After you select a carrier, the system displays the following prompt:

Enter plan code of '-' for a list --

Enter a plan code or a hyphen (-) to display a list of valid plan codes.

If you enter **A** to transfer all accounts, the system displays All in this field and transfers all accounts assigned to the collector to the new collector.

2. NEW COLLECTOR (3-N-R)
This field specifies the code and name of the collector to whose workfile these accounts are being transferred and/or the collector who will be responsible for these accounts from now on. Enter a collector code or a hyphen (-) to display a list of valid collectors who are assigned to the supervisor or manager.

3. TRANSFER EXISTING WORK ONLY? (1-A-R)
This field indicates whether the collector's existing workfile entries only are transferred to the new collector or the actual assigned collector (and hence all future work) is transferred to the new collector. Entry options are **Y** for Yes to transfer existing work only or **N** for No to transfer both new and delinquent work; the default is N.

Enter **Y** to indicate a new collector is responsible for this call only and a permanent change is not necessary. Press ENTER or enter **N** to indicate that existing work should be transferred and the change in collector is permanent.

After you accept the screen, the system displays the following message and transfers the collector work as requested:

Updating...Please Wait

CHANGE COLLECTORS - ACTIVE PATIENT WORKFILE

This function enables a supervisor or manager to transfer active patient workfile accounts from the workfile of one collector to another collector's workfile. Some examples of when you would use this function include when one collector has more work than can be completed or is on vacation and the supervisor or manager transfers accounts from one collector to another. You would also use this function when a collector is no longer employed at the hospital and all work must be reassigned to other collectors.

NOTE: Collectors may not transfer work unless they are designated as supervisors or managers in the Supervisor/Manager field of the Collectors table.

You cannot transfer work to a collector who has been deleted from the system or filed as deleted. If you attempt to transfer work to a collector who has been filed as deleted, the system displays *Collector has been deleted!* If you attempt to transfer work to a collector who has been deleted from the file, the system displays *Invalid entry*.

When you select the Change Collectors - Active Patient Workfile function, the system displays the following screen:

```
            General Hospital Transfer Active Patient Work Processor
                                                 Thu Jul 09, 1997 09:35 am
Collector Functions Input Options

Page:01                     Transfer TO Collectors
( 1) 11-Morris,Jan
( 2) 130-Underwood,Ted
( 3) 22-Porter,David
( 4) 3-Waters,Rhonda
( 5) 45-Albertson,Terri
( 6) 9-Brown,Sherman
( 7) 997-Halloway,Sue









Enter choice--
```

This screen displays the collectors to whom you can transfer active patient workfile accounts. The system assumes you are transferring active patient workfile accounts from the collector you identified when you first selected Collector Functions from the Account Management menu.

Select the option number of the collector to whom you want to transfer active patient workfile accounts. The system then displays:

Transfer Active Patient work from collector A to collector B? (Y/N) [N]--

Where A is the number of the collector you selected when you first accessed the Collector Functions and B is the number of the collector you selected from the preceding screen.

If you do not want to transfer active patient work from the identified collector to the identified collector, enter **N** or press ENTER. The system exits the function and returns you to the Collector Functions menu.

If you do want to transfer active patient work from the identified collector to the identified collector, enter **Y**. The system displays the following message:

Processing Transfer!

The system then returns you to the Collector Functions menu.

CHANGE COLLECTORS - PA FOLLOW UP

This option allows a permanent transfer of PA accounts from one collector to another. It is used when a collector is no longer employed at the hospital and all work must be reassigned to other collectors. Since no PA telephone workfiles are generated, there is no existing work to transfer as is the case for the AR change collector function.

NOTE: Collectors may not transfer work unless they are designated as supervisors or managers in the Supervisor/Manager field of the Collectors table.

You cannot transfer work to a collector who has been deleted from the system or filed as deleted. If you attempt to transfer work to a collector who has been filed as deleted, the system displays the message: *Collector has been deleted!* If you attempt to transfer work to a collector who has been deleted from the file, the system displays the message: *Invalid entry*.

After you select this function, the system displays the following screen:

```
       General Hospital Change Collectors - PA Follow Up Processor
                                                 Fri Mar 26, 1999 10:51 am

 1 All Accounts/Single Carrier-Plan/Single Separate Account
   All
 2 Beginning Guarantor Last Name         3 Ending Guarantor Last Name
->
 4 New Collector?                        5 Current Collector









Enter field number or '/' starting field number--
```

1. ALL ACCTS/SINGLE GUARANTOR/SINGLE SEPARATE ACCT (1-A-R)
This field determines if all guarantor PA accounts, the accounts of a specific guarantor, or a single individual account should be transferred. Entry options are **A** (transfer all accounts), **G** (transfer accounts for a specific guarantor), or **C** (transfer a specific account); the default is A.

If you enter **G** to transfer accounts for a specific guarantor, the system displays the standard FPI lookup prompt. Identify the guarantor using the FPI lookup procedure as explained in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide. You can enter any guarantor on the system. The system does not notify you if no PA patient accounts are linked to the guarantor and assigned

to the 'from" collector. When a PA patient account is linked to the 'from' collector for the guarantor, the system transfers the account to the new collector.

If you enter **C** to transfer a specific account, the system displays the standard account identification prompt. Identify the account by entering the account number or by using the FPI lookup procedure as explained in the *General Information Volume* of the STAR Financials Patient Accounting Reference Guide. You can only enter an account assigned to the selected collector. If the account is not attached to the 'from' collector, the following message is displayed:

Account Not Assigned to Current Collector

If you enter **A** to transfer all accounts, the system displays All in this field and transfers all accounts assigned to the collector to the new collector.

2. BEGINNING GUARANTOR LAST NAME (3-A-C)
This field identifies the beginning range of the guarantor last name for whom accounts should be transferred. The default beginning letter is A. This field is required if the All Accts/Single Guarantor/Single Separate Acct field contains A.

3. ENDING GUARANTOR LAST NAME (3-A-C)
This field identifies the ending range of the guarantor last name for whom accounts should be transferred. The default ending letter is Z. This field is required if the All Accts/Single Guarantor/Single Separate Acct field contains A.

4. NEW COLLECTOR (TABLE LOOKUP)
This field contains the code and name of the collector to whom these accounts are being transferred and who will be responsible for these accounts in the future. You must select a collector from the displayed list. Only those collectors assigned to the supervisor or manager are displayed.

5. CURRENT COLLECTOR (DISPLAY ONLY)
This field indicates the collector who is responsible for this account prior to the transfer. This field is only displayed if a single account is transferred.

EXTERNAL AGENCY PROCESS FUNCTIONS

The options in this function allow you to assign a collection agency to patient accounts and insurance claims and to create data files to send to the agency for use in guarantor and insurance collections.

The assignment of collection agencies is based on a collection group rather than a specific agency code. The collection agency group is based on patient indicator and dollar amount, with the ability to define facility-specific exceptions by patient type and/or financial class. Guarantor external agency collections apply only to accounts in location AR. Insurance external agency collections apply only to accounts in location PA and AR.

Account and claims can be transferred from one agency to another systematically, through follow-up schedule definitions, or manually, through online screens.

Accounts sent to the External Agency are taken out of follow-up in the STAR Patient Accounting system to prevent a double collection process from occurring.

To access the External Agency Process Functions, select Financial System Management from the main menu, then select Interface Functions, Agency Processing Interfaces, External Agency Process. The system displays the following screen:

```
                General Hospital External Agency Process Processor
                                                  Thu Aug 16, 2007 04:07 pm
External Agency Process Input Options

            Option No.  Option
            ----------------------------------------
                1       Manual Datafile Download
                2       Manual Delete of Agency Datafiles
                3       Agency Reconciliation Report/File



Enter option number--
```

Each function in the External Agency Process function is discussed below.

Manual Datafile Download

This function is used to manually download files which did not complete automatically during Midnight Processing.

After you select this function and enter a facility, a screen is displayed which lists all files residing on the STAR Patient Accounting system:

```
                  General Hospital Manual Datafile Download Processor
                                                  Wed Jul 12, 2006 12:31 pm
External Agency Process Input Options

Page:01                    Files for Model Hospital A
( 1) Created 07/06/06 0133 for agency MIKEGA
( 2) Created 07/06/06 0133 for agency MIKEII
( 3) Created 07/06/06 0133 for agency MIKEIN
( 4) Created 07/07/06 0134 for agency MIKEGA
( 5) Created 07/07/06 0134 for agency MIKEII
( 6) Created 07/07/06 0134 for agency MIKEIN
( 7) Created 07/08/06 0134 for agency MIKEGA
( 8) Created 07/08/06 0134 for agency MIKEII
( 9) Created 07/08/06 0134 for agency MIKEIN
(10) Created 07/09/06 0133 for agency MIKEGA
(11) Created 07/09/06 0133 for agency MIKEII
(12) Created 07/09/06 0133 for agency MIKEIN
(13) Created 07/10/06 0133 for agency MIKEGA
(14) Created 07/10/06 0133 for agency MIKEII
(15) Created 07/10/06 0133 for agency MIKEIN
(16) Created 07/11/06 0133 for agency MIKEGA

Enter choice--
                        next pg(/ or PG DN)  Search(TAB)
```

After you select an interface file, the system displays the file name on the screen. The file name displays the UNIX path defined in the Collection Agency Code table, followed by the file name.

```
         General Hospital Manual Datafile Download Processor
                                                  Wed Jul 12, 2006 12:31 pm
External Agency Process Input Options




File Name [A_MIKEGA_060712_1233_163.DAT]
```

After you press ENTER, the following message is displayed:

Regenerate file created 07/06/06 0133 for agency MIKEGA? (Y/N) [Y]--

File Name-- /hbo/tmp/A_MIKEGA_060712_1233_163.DAT

To regenerate the file, enter **Y** (Yes). If you don't want to regenerate the file, enter **N** (No). If you enter N (No), the download process is not started, and the initial download menu is displayed. If you enter Yes, the system displays the following message, when the file download completes successfully:

EXT PC File Regeneration Successful!

Manual Delete of Agency Data Files

This function is used to manually delete the STAR Patient Accounting copy of outbound data files. After you select this function and enter a facility code, you can select the collection agency from the Collection Agency Code table. After you select a Collection Agency Code, a screen is displayed which lists all files residing on the STAR Patient Accounting system:

```
          General Hospital Manual Delete of Agency Datafiles Processor
                                                  Wed Jul 12, 2007 12:47 pm
External Agency Process Input Options

Page:01                              Files
( 1) Interface File for 01/31/02 1547
( 2) Interface File for 01/31/02 1611
( 3) Interface File for 01/31/02 1618
( 4) Interface File for 05/15/03 1454


Enter choice--
```

After you select the file you want to delete, the following prompt is displayed:

DELETE file created 07/06/06 0133 for agency MIKEIN? (Y/N) [Y]---

If you enter **Y** (Yes), the data file is deleted as a foreground job. If you enter **N** (No), the data file is not deleted, and the initial menu is displayed.

Agency Reconciliation Report/File

This function is used to run the Agency Reconciliation report (FFR671) and/or file, which allows a hospital to reconcile with the collection agency as to which accounts are assigned to the agency. The report can only be requested through this function.

When this function is accessed, the system requires to you select a facility code, then an external agency. After you enter an external agency, the following prompt is displayed:

Generate (R)eport, (D)ata File, or (B)oth for agency MIKEGA? (R/D/B) [B]--

You have the following entry options:

- If you enter **R** (Report), the following prompt is displayed:

  Generate Report for agency MIKEGA? (Y/N) [Y]--

You can enter **Y** (Yes) to generate the FFR671 report or **N** (No) not to generate the report and to exit the screen.

- If you enter **D** (Data File), the following message is displayed:

File Name [A_MIKEII_RECON_060712_1306_163.DAT]

After you press ENTER, the following message is displayed:

Generate Data File for agency MIKEII? (Y/N) [Y]--

File Name-- /hbo/tmp/A_MIKEII_RECON_060712_1306_163.DAT

To regenerate the file, enter **Y** (Yes). If you don't want to regenerate the file, enter **N** (No). If you enter N (No), the download process is not started, and the initial download menu is displayed. If you enter Yes, the system displays the following message, when the file download completes successfully:

Ext Agency Reconciliation Data File Successful!

- If you enter **B** (Both), the following prompt is displayed:

  Generate Report and Data File for agency MIKEGA? (Y/N) [Y]--

  File Name-- /hbo/tmp/A_MIKEGA_RECON_060712_1312_163.DAT

  To generate the file and the report, enter **Y** (Yes). If you don't want to generate the file and report, enter **N** (No). If you enter N (No), the process is not started, and the initial download menu is displayed. If you enter Yes, the system displays the following message, when the file generation completes successfully:

  Ext Agency Reconciliation Data File Successful!

MANUAL NOTES UPLOAD

This function is used to manually upload freeform and standard note files for accounts in locations PA, AR, and BD into patient account notes and transaction history data. The type of notes being processed are Patient, Guarantor (all accounts), Guarantor (in guarantor level followup) and Contract. You can manually upload notes before or after Midnight Processing, if for some reason the batch process did not run as expected through midnight processing or a file was received during the day and users preferred to have the information applied to the patient accounts. The note file specifications are defined in the *General Information Volume* of the *STAR Patient Accounting Reference Guide* (Chapter 2, Interface File Functions, Notes Upload File Format).

The general process flow is an agency (or multiple agencies) creates a data file (or multiple files) that is loaded into a UNIX directory accessible from STAR Patient Accounting. he note file is processed automatically during Midnight Processing or manually by a user. The file is then renamed by the system (.bak) to prevent double processing of the notes. Midnight Processing analyzes UNIX directories defined in the Collection Agency Code table and the Patient Compass Parameter screen for .nte files.

To access this function, select **Financial System Management** from the main menu. Select **Interface Functions**, **Agency Processing Interfaces**, **Manual Notes Upload**.

After the Manual Notes Upload menu option is selected, a screen similar to the following is displayed.

```
                General Hospital Bad Debt Management Processor
                                                    Thu May 18, 2006 10:18 am
Agency Processing Interfaces Input Options

Page:01                        Notes Upload Files
( 1) /hbo/tmp/mike1.nte
( 2) /hbo/tmp/mike2.nte
( 3) /hbo/tmp/mike3.nte









Enter choice --
               end select(NL)  next pg(/ or PG DN)  Search(TAB)
```

When a file is successfully uploaded, it is renamed to .bak from .nte. Only those files defined as .nte are displayed in subsequent screens. The process traverses through the Collection Agency Code table entries, locates the UNIX path parameter, and determines files ending with .nte extensions:

NOTE: If .nte files don't exist in the specified UNIX directories (as defined in the Collection Agency Code table), the following message is displayed.

Error: No Collection Agency note files to upload.

After you specify a file or files and press ENTER, the following prompt is displayed:

Are you sure you want to apply this file? (Y/N) - . File Name: /home/emp/patnotes.nte

If you enter **N** (No), the system returns to the previous screen. If you enter **Y** (Yes), the notes are applied, and the system returns to the previous screen.

When the notes are posted to the account, the Transaction History date/time stamp is used to create the Notes Upload Summary report (FFRNU) and Notes Upload Exceptions report (FFRNUE). Finally, the function renames the file(s) to .bak.

PATIENT COMPASS INTERFACE

The Patient Compass interface allows for the integration between STAR Patient Accounting and Patient Compass™. Patient Compass has the capability to format statements to be more easily interpreted, provide online access to account information and online bill pay, and may combine balance information from various sources such as STAR and the physician's office. The Patient Compass Interface Parameters are used to define general information needed to process Patient Compass interface files.

There are two versions of the Patient Compass Interface, and each is documented separately:

- For documentation on the Patient Compass Classic interface, see "Patient Compass Classic" on page 3-128.
- For documentation on the Patient Compass 2.0 interface, see "Patient Compass 2.0" on page 3-134.

Patient Compass Classic

The implementation of this interface on the STAR system includes completing the Patient Compass parameter screen and defining when two optional batch jobs are to be run. Summary and detail files are generated for both types of batch jobs. The optional batch jobs are

- 124 - Patient Compass - Full

  The full file process defines when all accounts are sent, taking the user-defined parameters into consideration. The Full process takes precedence over a Summary run..Both summary (patinfo.dat) and detail (detailinfo.dat) files are generated with a Full run processes.

- 123 - Patient Compass - Summary

  The summary process only creates the patinfo.dat file which contains summary level patient information.

The IS staff needs to perform file maintenance within the UNIX directory defined for Patient Compass. These files may be large and may not be need to be maintained for an extended period of time.

To access this function, select **Financial System Management** from the main menu. Select **Interface Functions**, **Patient Compass Interface**, **Patient Compass Classic**.

```
                General Hospital Patient Compass Interface Processor
                                                        Thu Apr 23, 2009 10:00 am
Patient Compass Classic Input Options

            Option No.  Option
            ---------------------------------------
                1       Patient Compass Manual Download
                2       Patient Compass File Purge
                3       Patient Compass Interface Parameters









Enter option number--
```

PATIENT COMPASS MANUAL FILE DOWNLOAD

This option is used to manually download a summary file, detail file, summary incremental file, or a detail incremental file to the UNIX directory defined on the Patient Compass Interface Parameters screen.

After you select this function, the system prompts you to select a facility (if this is a multifacility installation) and then displays the following screen:

```
                General Hospital Patient Compass Manual Download Processor
                                                    Thu May 01, 2009 12:03 pm
Patient Compass Classic Input Options

Page:01                    Files for Model Hospital A
( 1) Created 04/06/09 0221 - Summary
( 2) Created 04/06/09 0221 - Detail
( 3) Created 04/07/09 0221 - Summary
( 4) Created 04/07/09 0221 - Detail
( 5) Created 04/08/09 0221 - Summary
( 6) Created 04/08/09 0221 - Detail









Enter choice--
```

The screen lists the existing interface files on STAR Patient Accounting. After you select an interface file, the system displays the file name on the screen.

```
          General Hospital Patient Compass Manual Download Processor
                                                  Wed Mar 07, 2007 12:03 pm
Patient Compass Interface Input Options




File Name [04062008_HospGroupName_A_patinfo.dat] 04062008_HospGroupName_A_patinfo.dat
```

After you press ENTER, the following message is displayed:

Regenerate summary file created 04/06/08 0206? (Y/N) [Y]-- .
File Name-- /hbo/tmp/.4062008_OrgNameID9_test_A_patinfo.dat

To regenerate the file, enter **Y** (Yes). If you don't want to regenerate the file, enter **N** (No). If you enter N (No), the download process is not started, and the initial download menu is displayed. If you enter Yes, the system displays the following message, when the file download completes successfully:

Patient Compass File Regeneration Successful!

PATIENT COMPASS FILE PURGE

This option is used to delete data files stored on STAR Patient Accounting. Once the file(s) are deleted, you cannot resend a data file to the UNIX directory and on to Patient Compass.

After you select this function, the system prompts you to select a facility (if this is a multifacility installation) and then displays the following screen:

```
           General Hospital Patient Compass File Purge Processor
                                                  Thu May 01, 2009 12:03 pm
Patient Compass Classic Input Options

Page:01                    Files for Model Hospital A
( 1) Created 04/06/09 0221 - Summary
( 2) Created 04/06/09 0221 - Detail
( 3) Created 04/07/09 0221 - Summary
( 4) Created 04/07/09 0221 - Detail
( 5) Created 04/08/09 0221 - Summary
(6) Created 04/08/09 0221  - Detail







Enter choice--
```

After you select the file and press ENTER, the following message is displayed:

DELETE Summary file created 04/06/08 0221? (Y/N) [Y]--

To delete the file, enter **Y** (Yes). If you don't want to delete the file, enter **N** (No).

PATIENT COMPASS INTERFACE PARAMETERS

The parameter screen is used to define general information needed to process the Patient Compass interface files, such as the UNIX directory path where interface files are stored and whether the system should include or exclude accounts based on various filters, and the format of the charge, payment, adjustment and refund data.

These parameters can be completed with guidance from Patient Compass implementation staff.

After the Patient Compass Interface Parameters menu option is selected, a screen similar to the following is displayed.

```
          General Hospital Patient Compass Interface Parameters Processor
                                              Wed May 06, 2009 09:58 am
Patient Compass Classic Input Options

( 1)GZIP Command Path   :
( 2)UNIX Directory Path : hbo/tmp/
( 3)Precollect Accts    : Exclude
( 4)Consolidation ID    : Social Security Number
( 5)File Retention Prm  : 0
( 6)Organization ID     : OrgID
( 7)Organization Name   : OrgNameID9
( 8)Location (metadata) : LocationName
( 9)Test Mode           : Yes
(10)Edit By             : Moore,Mike
(11)Edit Date/Time      : 02/13/09 1402
(12)Run Date            :
(13)Run Start Time      : 11/24/08 0205
(14)Run Stop Time       : 11/24/08 0205
(15)Number of Accts     : 38




Enter field number or '/' starting field number--
```

Field Explanations

1. GZIP COMMAND PATH (8-AN-R)
This field specifies the path for access to the GZIP command used to compress the detail and summary files. The files written to STAR's UNIX directory are stored as a .gz file type. To determine the location of this software, the UNIX person can type *whereis gzip* at the UNIX command prompt to get a path which is used to complete this parameter. An example format of this data is */usr/bin/*.

When this field is accessed, the following prompt is displayed:

GZIP UNIX directory path (i.e. hbo/tmp/)--

2. UNIX DIRECTORY PATH (8-AN-R)
This field determines where the summary and detail interface files are stored after being generated. When this field is accessed, the following prompt is displayed:

UNIX directory path (i.e. hbo/tmp/) --

You can enter the UNIX directory path for the summary and detail files, in the following format: **hbo/tmp/**. It may be beneficial to create a directory specifically used by Patient Compass. This directory is also used to store payment files (.pmt) and notes (.nte) to be uploaded automatically into STAR Patient Accounting through Midnight Processing. Separate UNIX directories by vendor may facilitate data security.

If no agencies are selected, the field shows no entries.

When an agency code is flagged as inactive or deleted from file within the Collection Agency Code table, the entry is automatically removed when the user accesses this field and saves changes. The code is not automatically removed when the entry is deleted from file or filed as deleted.

Enter new (I)nclude or (E)xclude accounts assigned to a collection agency--

3. PRECOLLECT ACCTS (1-A-R)
This parameter defines whether AR accounts placed with external collection agencies (inclusive of CCI accounts) are included in the summary and detail interface files. When this field is accessed, the following prompt is displayed:

Enter new (I)nclude or (E)xclude accounts assigned to a collection agency--

You can enter **I** (Include) to include AR accounts in the interface files or **E** (Exclude) to exclude AR accounts from the interface files.

4. CONSOLIDATION ID (1-A-R)
This parameter defines whether accounts are consolidated on statements or online information based on either the social security number or the person's corporate number assigned by STAR. When this field is accessed, the following prompt is displayed:

Enter new (C)orporate or (S)ocial Security number--

You can enter **C** to consolidate the statements based on corporate number or **S** to consolidate them by social security number.

5. FILE RETENTION PRM (2-N-R)
This field defines how long the STAR copy of the detail and summary files are maintained on STAR Patient Accounting. This parameter is used during Midnight Processing when the old files are purged systematically. When this field is accessed, the following prompt is displayed:

Define the number of prior files to maintain on STAR (0-99)--

You can enter a value from **0** to **99**. The recommended value is two, since the data files are generated daily. The files may be large, and you may want to limit the amount of disk space needed to store the data

The following is an example of how this works:

If the File Retention Prm is set to 0, zero previous files are retained and the system retains only the current file. If today's date is 02/12/09, the system would never purge the current date automatically, so 02/12/09 would exist. No files should exist for prior dates, for example for 2/11/09, 2/10/09, 2/09/09, since the parameter was set to 0.

If multiple Patient Compass files are being created in the same day, they cannot be purged. This may occur if multiple runs of Midnight Processing are occurring in the same day. If File Retention Prm is 0 and the Patient Compass interface is being run daily, the system purges the file created yesterday and creates a new file.

6. ORGANIZATION ID (10-AN-R)
This information is used in the header record for the summary file. When this field is accessed, the following prompt is displayed:

Enter the Organization ID --

7. ORGANIZATION NAME (20-AN-R)
This information is used in the header record for the summary file. When this field is accessed, the following prompt is displayed:

Enter the Organization Name --

8. LOCATION (METADATA) (10-A-R)
This information is used to complete the metadata section of the detail file. If the field is left blank, the Location line of the metadata section is not created. When this field is accessed, the following prompt is displayed:

Enter the new Location--

9. TEST MODE (1-A-R)
This parameter is used in the naming of the detail and summary interface file(s). When this field is accessed, the following prompt is displayed:

Test mode (Y/N)-- |

If you enter **Y** (Yes), the system adds the literal _**test** to the file name. If you enter **N** (No), the system does not include the literal.

Below is a sample name where the file is in a test mode:

04052007_ORGNAME_test_A_patinfo.dat

04052007_ORGNAME_test_A_detailinfo.dat

10. EDIT BY (DISPLAY ONLY)
This information displays the name of the last person to update the screen.

11. EDIT DATE/TIME (DISPLAY ONLY)
This information displays the last date/time the screen was updated.

12. RUN DATE (DISPLAY ONLY)
This date represents the last Midnight Processing date a summary or summary/detail interface file was requested.

13. RUN START TIME (DISPLAY ONLY)
The date/time stamp reflects when the summary or summary/detail process started.

14. RUN STOP TIME (DISPLAY ONLY)
The date/time stamp reflects when the last process completed.

15. NUMBER OF ACCTS (DISPLAY ONLY)
This field reflects the number of accounts reviewed and included in the summary and summary/detail process.

Patient Compass 2.0

The implementation of this interface on the STAR system includes completing the following:

- Patient Compass Interface Parameter screen - This screen is used to define general information needed to process the Patient Compass interface files for Version 2.0, such as the UNIX directory path where interface files are stored, whether the system should include or exclude accounts based on various filters, and the format of the charge, payment, adjustment and refund data.

- Patient Compass Run Schedule parameters - These parameters govern when the Patient Compass Interface 2.0 runs. Typically, each day of the week should be defined so that the interface runs daily. This screen also determines if the hospital is storing an account index of the accounts that went to Patient Compass. If the hospital stores an account index then it can use incremental processing. The incremental process for the Patient Compass Interface provides the option of selecting accounts based on trigger events. Following is a list and explanation of trigger events:

TRIGGER EVENTS FOR INCREMENTAL PROCESSING

- Patient and Guarantor Page Triggers

  When a trigger changes on a guarantor, all associated accounts for the guarantor will be triggered. For example, if the city was updated in the guarantor address all associated accounts for the guarantor would be triggered. When the following information is updated on the Patient page and/or Guarantor page, the system will trigger the account to go to Patient Compass on the next incremental run:

  - Entitle
  - Name
  - Address
  - City
  - State
  - Zip
  - Entitle
  - Language
  - Sex
  - Social Security Number
  - Birthday
  - Country
  - Address Line 1
  - Address Line 2
  - Address Type Mail To/Alternate Address
  - Corporate Number
  - Medical Record Number

- Triggers in other areas:

- When the following information is updated, the system triggers the account to go to Patient Compass on the next incremental run:
  - Charges
  - Adjustment Bill
  - Late Bill
  - Payments for both Insurance and Patient
  - Adjustments for both Insurance and Patient
  - Refunds for both Insurance and Patient
  - Balance Transfers and Insurance Time Outs
  - Change in financial class.
  - Transfer from a Bad Debt location
  - Change in Balances.
  - Change in Account Location
  - Change in Insurance Carriers
  - Met Zero Balance Days Criteria
  - Met Bad Debt Transfer Date Criteria
  - Met Agency Criteria
  - Un-archive of accounts
  - Transfer to Bad Debt
- Update of the following information in follow-up: Delinquent Date; Payment Plan Delinquent Amount; Payment Plan Pre-Paid Amount; Putting an account on a payment plan; Updating the schedule type from guarantor/account level and account/guarantor level.
- Generating of Demand or Standard Follow-up associated with a dunning code.

RESULT OF TRIGGERING ACCOUNTS

Accounts that are triggered to go to Patient Compass are included on the FARPC2, Patient Compass Audit Report. The FARPC2 report is produced when the Patient

Compass interface processes. if the Produce FARPC2 field is completed with a Yes on the Patient Compass Interface Parameters.The trigger reason which indicates why the account went to Patient Compass is on the report. An account could meet various conditions for being triggered to Patient Compass but only one is displayed on the FARPC2 report. Here is a list of trigger reasons that display on the report:

Valid Trigger Reasons for an Incremental file Include:

- Zero Balance

  This trigger reason indicates the account met the Zero Balance Days.

- Charges

  This trigger reason indicates that a charge was posted to the account.

- Payment

  This trigger reason indicates that a payment was posted to the account.

- Adjustment

  This trigger reason indicates that an adjustment was posted to the account.

- Refund

  This trigger reason indicates that a refund was posted to the account.

- Balance Transfer

  This trigger reason indicates that a balance transfer was posted to the account.

- Financial Class Change

  This trigger reason indicates that a financial class change was posted to the account.

- Change in Balances

  This trigger reason indicates that either the Delete Financial Activity process or the Insurance Timeout process occurred on the account.

- Change in Insurance Carriers

  This trigger reason indicates that an insurance carrier/plan was added, resequenced or deleted.

- Archive

  This trigger reason indicates that the account is longer valid for Patient Compass.

- Un-archive Account

  This trigger reason indicates that the account was archived but has been unarchived and is now valid for Patient Compass.

- Adjustment Bill

  This trigger reason indicates that an adjustment bill was generated for the account.

- Late Bill

  This trigger reason indicates that a late bill was generated for the account.

- Demand Bill

  This trigger reason indicates that a demand bill was generated for the account.

- Agency Criteria

  This trigger reason indicates that an agency change resulted in the account being triggered.

- Transfer from BD

  This trigger reason indicates that an account was transferred from a bad debt location and now qualifies for Patient Compass.

- Change in Accnt Location

  This trigger reason indicates that the account location associated with a patent has changed. An example of an account location change is when an account is admitted and is assigned a PA location. If a hospital is including PA accounts, then the account will trigger for Patient Compass. Other examples of an account location update are when an account moves from a PA to an AR location or an AR to BD location.

- BD Transfer Date

  This trigger reason indicates that the bad debt transfer date caused the account to be included in the interface.

- Follow-up Information

  This trigger reason indicates that a change in follow-up information caused the account to be included in the index.

- Guarantor Info

  This trigger reason indicates that a change in guarantor information caused the account to be included in the index.

- Patient Info

  This trigger reason indicates that a change in patient information caused the account to be included in thindex.

- Account Info

  This trigger reason indicates that a change in account information caused the account to be included in the index.

- Manual Trigger

  This reason displays if the user goes to the Patient Compass Status screen and manually requests that the account be sent to Patient Compass.

- Update Run

  This trigger reason displays if the user requests an Incremental Update run.

- Full Run

  This trigger reason displays if the user requests a Full run and is retaining the Account Index.

To access this function, select Financial System Management from the main menu. Select Interface Functions, Patient Compass Interface, Patient Compass 2.0. Each option is explained in the following pages..

```
                  General Hospital Patient Compass 2.0 Processor
                                                 Wed Feb 23, 2011 04:59 pm
Patient Compass 2.0 Input Options

            Option No.  Option
            ---------------------------------------
                1       Patient Compass Manual Download
                2       Patient Compass File Purge
                3       Patient Compass Interface Parameters
                4       Patient Compass Statistics
                5       Patient Compass Run Schedule
                6       Patient Compass Status
              7     Restart/Stop Patient Compass Run









Enter option number--
```

PATIENT COMPASS MANUAL FILE DOWNLOAD

This option is used to manually download Patient Compass files produced from the Full, Incremental or Incremental Update run of the interface to the UNIX directory defined on the Patient Compass Interface. Parameters screen. The Patient Compass Interface produces two file types when the interface processes and each of these files is available to be manually downloaded. These are the two file types available for manual download:

1. Patient Account Summary (patinfo.dat) - This file contains summary level data for each patient account.

2. Patient Account Detail file (detailinfo.dat) - This file contains information about charges that the patient has incurred, payments they have made on this account and any patient adjustments. This file contains information at an individual item level or summarized based on categories depending on user defined parameters.

Once a file is purged either automatically or manually, the data file is not available to be downloaded through this option. After you select this function, the system prompts you to select a facility (if this is a multi-facility installation) and then displays the Patient Compass Manual Download Screen. The screen lists the existing interface files on

STAR Patient Accounting. The options available are the Summary and the Detail Files. The Patient Summary (patinfo.dat) and Patient Detail (detailinfo.dat) files are the two files that are contained in both the Full and the Incremental Interface run. After you select an interface file, the system displays the file name on the screen. After you press ENTER, a message is displayed prompting to regenerate the file. Here is an example of the prompt:

Regenerate summary file created 04/06/08 0206? (Y/N) [Y]-- .

File Name-- /hbo/tmp/04062008_OrgNameID9_A_patinfo.dat

To regenerate the file, enter Y (Yes). If you don't want to regenerate the file, enter N(No). If you enter N (No), the download process is not started, and the initial download menu is displayed. If you enter Yes, the system displays the following message, when the file download completes successfully:

Patient Compass File Regeneration Successful!

PATIENT COMPASS FILE PURGE

This option is used to manually delete data files stored on STAR Patient Accounting for Version 2.0 of the Patient Compass Interface. Files can also be purged automatically through the File Retention Prm field on the Patient Compass Interface Parameters screen. Once the file(s) are purged, you cannot resend the data file from STAR to the UNIX directory and on to Patient Compass. The data file is not available on the Patient Compass Manual Download screen. After you select this function, the system prompts you to select a facility (if this is a multi- facility installation) and then displays the Patient Compass File Purge screen. The system prompts you to select a facility (if this is a multifacility installation) and then displays the following screen:

```
          General Hospital Patient Compass File Purge Processor
                                                  Thu May 01, 2009 12:03 pm
Patient Compass Interface Input Options

Page:01                    Files for Model Hospital A
( 1) Created 04/06/08 0221 - Summary Incremental
( 2) Created 04/06/08 0221 - Detail Incremental
( 3) Created 04/06/08 0221 - Summary
( 4) Created 04/06/08 0221 - Detail









Enter choice--
```

After you select the file and press ENTER, the following message is displayed:

DELETE Summary file created 04/06/08 0221? (Y/N) [Y]--

To delete the file, enter Y (Yes). If you don't want to delete the file, enter N (No).

PATIENT COMPASS INTERFACE PARAMETERS

The parameter screen is used to define general information needed to process the Patient Compass interface files, such as the UNIX directory path where interface files are stored, whether the system should include or exclude accounts based on various filters and the format of the charge, payment, adjustment and refund data, and whether you want run Patient Compass 2.0 as well as creating a a test file for Patient Compass 2.0 before Patient Compass 2.0 is active.

NOTE: These parameters should be completed with guidance from Patient Compass implementation staff.

After the Patient Compass Interface Parameters menu option is selected, the following screen is displayed.

```
          General Hospital Patient Compass Interface Parameters Processor
                                              Tue Jun 28, 2011 07:29 pm
Patient Compass 2.0 Input Options

 1 GZIP Command Path                                          2 Produce FARPC2
                                                                Yes
 3 Ver 2 Active Date
   05/30/2009
 4 Organization ID          5 Organization Name        6 Location (metadata)
   OrgID                      OrgNameID9                 LocationName
 7 UNIX Directory Path                                        8 PA Accounts
   hbo/tmp/                                                   Include
 9 AR Agency CCI           10 AR Agency Internal      11 AR Agency External
   PK,CC,ABC,JOHNNY,PMKA      PKC,INTPCA                 CCM,XXX
12 BD Internal Accts       13 BD External Accts
   PKFACB,PMKINT              AGENCY,BDEXT,KLE,PMK++
14 Charge Format           15 Payment/Adj/Ref Format  16 Consolidation ID
   UB Revenue Code            Transaction Code           Social Security Number
17 File Retention Prm      18 Zero Balance Days       19 BD Transfer Date
   0                          999                        01/01/2000
20 Max Number of BD Accnts 21 Test Mode            22 AR/BD Zero Chg Conv Accts
   Unlimited                                          Both




Enter field number or '/' starting field number--
```

Field Explanations

1. GZIP COMMAND PATH (8-AN-R)

This field specifies the path for access to the GZIP command used to compress the detail and summary files. The files written to STAR's UNIX directory are stored as a .gz file type. To determine the location of this software, the UNIX person can type whereis gzip at the UNIX command prompt to get a path which is used to complete this parameter. An example format of this data is /usr/bin/.

When this field is accessed, the following prompt is displayed:

GZIP UNIX directory path ((i.e. usr/bin/)----

2. PRODUCE FARPC2 (1-A-O)
This field determines if the FARPC2, Patient Compass Audit Report, is produced when the Patient Compass Interface runs. When this field is accessed, the following prompt is displayed:

Produce FARPC2 (Patient Compass Interface Audit Report) when Patient Compass download is performed? (Y/N) [N]-- |

You can enter Y (Yes) to produce the report.

3. VER 2 ACTIVE DATE (6-N-R)
This field determines the date that the Patient Compass 2.0 version of the interface is active. Valid values are a date equal to the current date or a future date. To delete the date, access the field press ENTER. When this field is accessed, the following prompt is displayed:

Enter date on which you want to start using Version 2 of the Patient Compass Interface-

These parameters are set by facility. If the Ver 2 Active Date field hasn't been set for a facility, and the Patient Compass Classic parameters are defined, the Patient Compass Classic Interface would run for the facility if the Patient Compass Classic Optional Batch job is defined for the facility.

The system reviews the Ver 2 Active Date field to determine if Patient Compass Version 2.0 is Active. If Patient Compass 2.0 is active, a production file is generated for Version 2.0 when the interface runs for version 2.0. If Patient Compass Version 2.0 isn't active, a test mode file can be created when Version 2.0 runs. If the current Midnight Processing date is greater than or equal to the Ver 2 Active Date, Patient Compass Version 2.0 is active, and the test mode can't be used. If the Ver 2 Active Date field is blank or the current Midnight Processing date is less than the Ver 2 Active Date, Patient Compass isn't active.

4. EDIT BY (DISPLAY ONLY)
This information displays the name of the last person to update the screen.

5. EDIT DATE/TIME (DISPLAY ONLY)
This information displays the last date/time the screen was updated.

6. ORGANIZATION ID (1-A-O)
This field contains the organization ID. This information is used in the header record for the summary file. When this field is accessed, the following prompt is displayed:

Enter the Organization ID --

7. ORGANIZATION NAME (1-A-O)
This field contains the organization name. This information is used in the header record for the summary file(patinfo.dat.gz). When this field is accessed, the following prompt is displayed:

Enter the Organization Name --

8. LOCATION (METADATA) (1-A-O)
This field contains the location. This information is used to complete the metadata section of the detail file (detailinfo.dat.gz). If the field is left blank, the Location line of the metadata section is not created. When this field is accessed, the following prompt is displayed:

Enter the new Location--

9. UNIX DIRECTORY PATH (1-A-O)
This field determines which directory in UNIX the summary(patinfo.dat. gz) and detail (detailinfo.dat.gz) interface files are downloaded to after being generated. When this field is accessed, the following prompt is displayed:

UNIX directory path (i.e. hbo/tmp/) -

Enter the UNIX directory path for the summary and detail files, in the following format: hbo/tmp/. It may be beneficial to create a directory specifically used by Patient Compass.

10. PA ACCOUNTS (1-A-O
This parameter controls whether all accounts in a PA location are included or excluded in the full and incremental interface files.

When you access this field, the system displays the following prompt:

Should PA accounts be (I)ncluded or (E)xcluded-- |

You can enter E to exclude all accounts or I to include all accounts.

If this field was previously defined and is updated. the following warning message is displayed on the screen:

Do you want to update the field PA Accounts today? (Y/N)--

You can enter Y for Yes, update the field or N for No, don't update the field. The next run of Patient Compass adds the PA accounts if the field was set to Include. If the field is set to Exclude, a Stop Code value of Yes is sent for accounts that were already sent to Patient Compass.

If the parameter is changed to Include, all qualifying PA accounts are sent in the next run of the Patient Compass Interface. If the parameter is changed to Exclude, PA

accounts are sent to Patient Compass with STOP=YES if the account exists in the Patient Compass Account Index and an update run for location PA is executed.

NOTE: Using one of these options can impact system performance and/or available disk space. Make sure that you consult with technical resources for your system before scheduling these jobs.

Please contact Patient Compass before updating this parameter because changes are required in Patient Compass to ensure that your data continues to be processed by Patient Compass as expected.

11. AR AGENCY CCI (1-A-O

This parameter controls whether CCI accounts with active status are included in the interface files. When you access this field, the system displays the Included CCI Agencies table. Select the entries you want to include in the interface files and press ENTER, and the system displays them in the field. For example:

Example: AGYABC, AGYDEF,AGYGHI++

A ++ indicates that additional agencies have been selected.

If this field has been defined and is updated the following warning message displays on the screen:

Do you want to update the field AR Agency CCI today? (Y/N)--

You can enter Y for Yes, update the field or N for No, don't update the field. The next run of Patient Compass adds the CCI accounts if the field was set to Include. If the field is set to Exclude then a Stop Code value of Yes is sent for accounts that were already sent to Patient Compass.

If AR Agency CCI is changed, then the criteria for Patient Compass accounts is changing. This means that the number of records selected in the next run of the Patient Compass Interface can be large.

An increase in the volume of data sent to Patient Compass can impact system performance and/or available disk space. Make sure that you consult with technical resources for your system before making these changes.

Please contact Patient Compass before updating this parameter because changes are required in Patient Compass to insure that your data will continue to be processed by Patient Compass as expected.

12. AR AGENCY INTERNAL (1-A-O)

This parameter controls whether internal AR agency accounts with active status are included in the interface files.

When you access this field, the system displays the Included Int AR Agencies table. Select the entries you want to include in the interface

If this field has been defined and is updated the following warning message displays on the screen:

Do you want to update the field AR Agency Internal today? (Y/N)--

Indicate Y for Yes, update the field or N for No don't update the field. The next run of Patient Compass will automatically add the AR Agency Internal accounts if the field was set to Include. If the field is set to Exclude then a Stop Code value of Yes will be sent for accounts that were already sent to Patient Compass.

If AR Agency Internal is changed, then the criteria for Patient Compass accounts is changing. This means that the number of records selected in the next run of the Patient Compass Interface can be large.

An increase in the volume of data sent to Patient Compass can impact system performance and/or available disk space. Make sure that you consult with technical resources for your system before making these changes.

Please contact Patient Compass before updating this parameter because changes are required in Patient Compass to insure that your data continues to be processed by Patient Compass as expected.

13. AR AGENCY EXTERNAL (1-A-O)
This parameter controls whether External Agency accounts with active status are included in the interface files.

When you access this field, the system displays the Included Ext AR Agencies table. Select the entries you want to include in the interface files and press ENTER, and the system displays them in the field.

If this field has been defined and is updated the following warning message displays on the screen:

Do you want to update the field AR Agency External today? (Y/N)-

Indicate Y for Yes, update the field or N for No don't update the field. The next run of Patient Compass will automatically add the AR Agency External accounts if the field was set to Include. If the field is set to Exclude then a Stop Code value of Yes will be sent for accounts that were already sent to Patient Compass.

If AR Agency External is changed, then the criteria for Patient Compass accounts is changing. This means that the number of records selected in the next run of the Patient Compass Interface can be large.

An increase in the volume of data sent to Patient Compass can impact system performance and/or available disk space. Make sure that you consult with technical resources for your system before making these changes.

Please contact Patient Compass before updating this parameter because changes are required in Patient Compass to insure that your data continues to be processed by Patient Compass as expected.

14. BD INTERNAL ACCTS (1-A-O)
This parameter controls whether BD accounts assigned to an agency where collections are maintained within STAR are included in the interface files. When you access this field, the system displays the Included Int BD Agencies table. Select the entries you want to include in the interface files and press ENTER, and the system displays them in the field. If no agencies are selected, the field shows no entries. Note,

If this field has been defined and is updated the following warning message displays on the screen:

Do you want to update the field BD Internal Accts today? (Y/N)--

Indicate Y for Yes, update the field or N for No don't update the field. The next run of Patient Compass adds the Internal BD Agency accounts if the field was set to Include. If the field is set to Exclude then a Stop Code value of Yes is sent for accounts that were already sent to Patient Compass.

If BD Internal Accts is changed, then the criteria for Patient Compass accounts is changing. This means that the number of records selected in the next run of the Patient Compass Interface can be large.

An increase in the volume of data sent to Patient Compass can impact system performance and/or available disk space. Make sure that you consult with technical resources for your system before making these changes.

Please contact Patient Compass before updating this parameter because changes are required in Patient Compass to insure that your data will continue to be processed by Patient Compass as expected.

15. BD EXTERNAL ACCTS (1-A-O
This parameter controls whether BD accounts assigned to an agency where collections are maintained within STAR are included in the interface files. When you access this field, the system displays the Included Int BD Agencies table. Select the entries you want to include in the interface files and press ENTER, and the system displays them in the field. If no agencies are selected, the field shows no entries. Note,

If this field has been defined and is updated the following warning message displays on the screen:

Do you want to update the field BD External Accts today? (Y/N)--

Indicate Y for Yes, update the field or N for No don't update the field. The next run of Patient Compass adds the external BD Agency accounts if the field was set to Include. If the field is set to Exclude then a Stop Code value of Yes will be sent for accounts that were already sent to Patient Compass.

16. CHARGE FORMAT (1-A-R)
This parameter defines the format of charge data in the detail file.The options are to send data in Detail or to summarize by Revenue Code or Proration Summary Code. Both summarization options are methods of generating patient bills.

When you access this field, the system displays the following prompt:

Create charge data in (D)etail, or summarize by (U)B Revenue Code or (P)roration Summary Code format--

You can enter D for Detail, U for UB Revenue Code, or P for Proration Summary Code.

If this field has been defined and is updated, the following warning message is displayed on the screen:

Do you want to update the field Charge Format today? (Y/N)--

You can enter Yes to update the charge format. If the charge format is changed, the format for records sent to Patient Compass is different. To ensure all records in Patient Compass use the same format, schedule a Run Type of Full or schedule a Run Type of incremental and select locations for which accounts should be re-sent to Patient Compass in an update run. An update run is similar to a Full run except the system sends accounts that qualify to Patient Compass and also sends accounts that previously qualified but no longer qualify per current parameter settings. A full run only sends accounts that qualify for Patient Compass.

Please contact Patient Compass before updating this parameter because changes are required in Patient Compass to ensure that your data continues to be processed by Patient Compass as expected. Scheduling a Full or Update run can impact system performance and/or available disk space. Make sure that you consult with technical resources for your system before scheduling these jobs.

17. PAYMENT/ADJ/REF FORMAT (1-A-R)
This parameter defines the format of payments, adjustments, and refund type transactions. The options are to send data in detail or summarized by transaction code. When you access this field, the system displays the following prompt:

Create transactions in (D)etail or summarize by (T)ransaction Code-

You can enter D for Detail or T for Transaction Code.

If this field has been defined and is updated the following warning message is displayed on the screen:

Do you want to update the field Pay/Adj/Ref Format today? (Y/N)--

If Pay/Adj/Ref Format is changed, the format for records sent to Patient Compass is different. To ensure all records in Patient Compass use the same format, schedule a Run Type of Full or schedule a Run Type of Incremental and select locations for which accounts should be re-sent to Patient Compass in an update run. An update run is similar to a Full run except the system sends accounts that qualify to Patient Compass and sends accounts that previously qualified but no longer qualify per current parameter settings. A full run only sends accounts. Please contact Patient Compass before updating this parameter because changes are required in Patient Compass to insure that your data will continue to be processed by Patient Compass as expected.

Scheduling a Full or Update run can impact system performance and/or available disk space. Make sure that you consult with technical resources for your system before scheduling these jobs.

18. CONSOLIDATION ID (1-A-O)

This parameter defines whether accounts are consolidated on statements or online information based on either the social security number or the person's corporate number assigned by STAR. When this field is accessed, the following prompt is displayed:

Consolidate by (C)orporate, (S)ocial Security number, or (H)NE Number--

HNE can be selected as the Consolidation ID regardless of the File Format being used.

- The HNE number option allows customers to consolidate across their enterprise if they have the Passport Interface which assigns HNE numbers.
- You can enter **C** to consolidate the statements based on corporate number or **S** to consolidate them by social security number.

If the choice for Consolidation ID is changed, the change needs to be coordinated with Patient Compass and existing records in Patient Compass need to be updated.

A warning message on STAR reminds users to perform those tasks and does not allow the field to be changed until a response of Y for Yes is made to the following prompt:

Do you want to update the field Consolidation ID today? (Y/N)--

If Consolidation ID is changed, the format for records sent to Patient Compass is different. To insure all records in Patient Compass use the same format, schedule a Run Type of Full or schedule a Run Type of Incremental and select locations for which accounts should be re-sent to Patient Compass in an update run. An update run is similar to a Full run except the system will send accounts that qualify to Patient Compass and send accounts that previously qualified but no longer qualify per current parameter settings.A full run only sends accounts that qualify for Patient Compass.

Please contact Patient Compass before updating this parameter because changes are required in Patient Compass to ensure that your data will continue to be processed by Patient Compass as expected.

Scheduling a Full or Update run can impact system performance and/or available disk space. Make sure that you consult with technical resources for your system before scheduling these jobs.

19. FILE RETENTION PRM (1-A-R)
This field defines how long the STAR copy of the detail and summary files is maintained on STAR Patient Accounting. This parameter is used during Midnight Processing when the old files are purged automatically by the system. When this field is accessed, the following prompt is displayed:

Define the number of prior files to maintain on STAR (0-99)--

You can enter a value from 0 to 99. The recommended value is two, since the data files are generated daily. The files may be large, and you may want to limit the amount of disk space needed to store the data.

The following is an example of how this works:

If the File Retention Prm is set to 0, zero previous files are retained and the system retains only the current file. If today's date is 02/12/09, the system would never purge the current date automatically, so 02/12/09 would exist. No files should exist for prior dates, for example for 2/11/09, 2/10/09, 2/09/09, since the parameter was set to 0.

The purge logic determines the number of files created for Ptient Compass 2.0 excluding any files not created before the date that the purge logic is processing. The older files in this group are removed so the number of files available for the manual download matches the number in the File Retention Prm field. If multiple Patient Compass files are being created in the same day, they cannot be purged. This may occur if multiple runs of Midnight Processing are occurring in the same day. If File Retention Prm is 0 and the Patient Compass interface is being run daily, the system purges the file created yesterday and creates a new file.

20. ZERO BALANCE DAYS (1-A-O)
This parameter allows zero balance accounts in locations AR and BD to be sent in the interface files for the defined number of days since going to zero balance.

When you access this field, the system displays the following prompt:

Define the number of days after zero balance to send [0]--

You can enter a number from 0 to 9999 (inclusive). To accept zero as the default, press ENTER or enter 0.

If this field has been defined and is updated the following warning message displays on the screen:

If Zero Balance Days is changed, then the criteria for Patient Compass accounts is changing. This means that the number of records selected in the next run of the Patient Compass Interface can be large.

Do you want to update the field Zero Balance Days today? (Y/N)--

You can indicate Y for Yes, update the field or N for No don't update the field.

This parameter doesn't pertain to credit balance accounts. Accounts with an Account Credit Balance will automatically be included in the interface if a Full or Incremental Update run is processed for the associated location. Also, a credit balance account will go to Patient Compasss if a trigger event resulted in the account being sent. With the incremental processing, Patient Compass needs to know about all of the activity on the account so that they have the most current data about the account.

21. BD TRANSFER DATE (1-A-O)
This field determines by date which bad debt accounts will be sent to Patient Compass. For example, if you enter a date of 01/01/07, all accounts that transferred to bad debt after 01/01/07 are sent to Patient Compass.

Send BD Accounts to PCOMP with Transfer Date on or after (enter date)--

22. MAX NUMBER OF BD ACCNTS (1-A-O)
This field determines the maximum number of bad debt accounts that can be sent in an interface file. If more accounts are selected by the system, the system continues to send accounts on subsequent interface runs.

Enter maximum number of BD accounts to transfer in a run or `U` for Unlimited (U)

NOTE: It is recommended that you set this field to Unlimited. If you have a lot of bad debt accounts that you are sending, you might want to consider setting a max number in this field. If a maximum number of BD accounts is defined, Patient Compass should be advised of the setting of the field.

23. TEST MODE (1-A-R)
This parameter is used in the naming of the detail and summary interface file(s). When this field is accessed, the following prompt is displayed:

Test mode (Y/N)-- |

If you enter Y (Yes), the system adds the literal _test to the file name. If you enter N (No), the system does not include the literal. For example, the following name identifies the file is in a test mode:

04052007_ORGNAME_test_A_patinfo.dat

This field can be updated only if the Ver 2 Active Date field is blank or greater than today's date. If Patient Compass 2.0 is active, the Test Mode field for Version 2.0 is updated to blank when the interface runs. Version 2.0 is active if the current Midnight Processing date is greater than or equal to the Ver 2 Active Date..

When the Test Mode for Patient Compass 2.0 is employed, all of the functionality of the interface is available including maintaining the Patient Compass Account Index. Test mode allows you to run the Production version of Patient Compass Classic and the Test Mode version of Patient Compass 2.0 concurrently. The Unix files produced for the Test Mode 2.0 version of Patient Compass have the word test in the name of the file.

24. AR/BD ZERO CHG CONV ACCTS (1-A-O)
This field is used to indicate whether you want to include converted AR and/or BD accounts for which no charges exist in Star Patient Accounting. The following prompt is displayed:

Include Zero Charge Converted Accounts from (A)R, B(D), or (B)oth locations? (A/D/B)--

- If **A** for AR is used, an AR account with no charges in STAR Patient Accounting which was added to Star Patient Accounting via a conversion, Add AR Master, or Add BD Master is included in the Patient Compass 2.0 interface. Using this parameter provides the opportunity to include the converted accounts added using a conversion, Add AR Master, or Add BD Master.

- If **D** for BD is used, a BD account with no charges in Star Patient Accounting which was added to Star Patient Accounting via a conversion, Add AR Master, or Add BD Master is included in the Patient Compass 2.0 interface. BD accounts without charges in Star Patient Accounting are not included in the Patient Compass 2.0 interface. Using this parameter provides the opportunity to include converted accounts added using a conversion, Add AR Master, or Add BD Master.

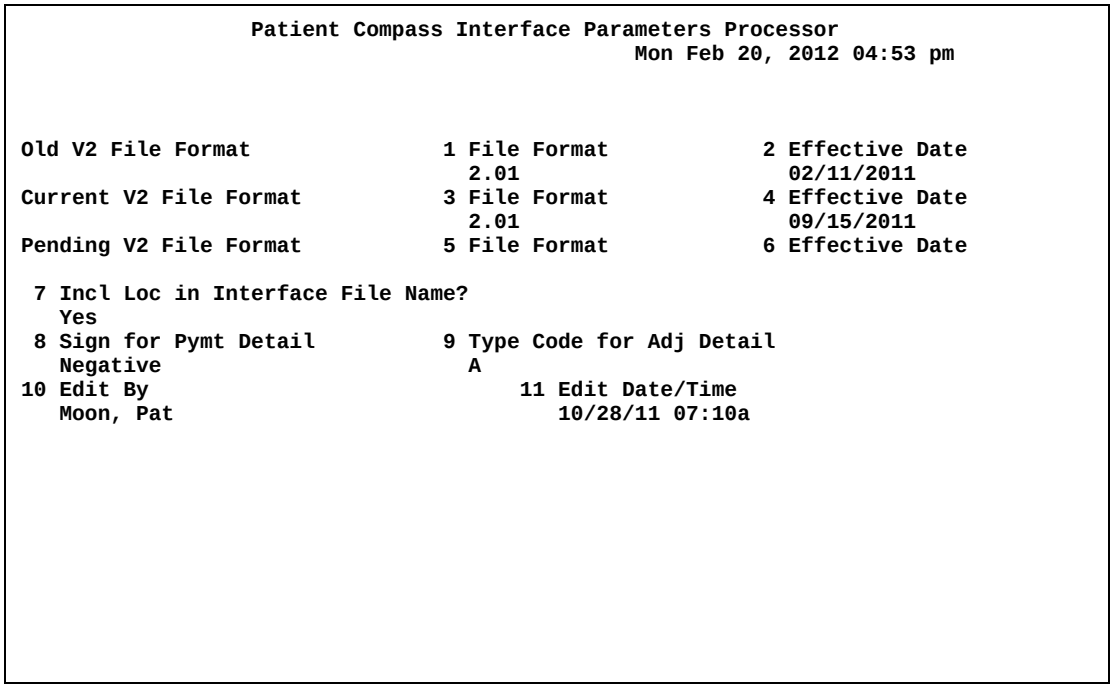
- If **B** for both is used, both AR and BD accounts with no charges in Star Patient Accounting that were added to Star Patient Accounting via a conversion, Add AR Master, or Add BD Master are included in the Patient Compass 2.0 interface.

Using this parameter provides the opportunity to include converted accounts added using a conversion, Add AR Master, or Add BD Master since typically AR and BD accounts without charges in Star Patient Accounting are not included in the Patient Compass 2.0 interface. Note, AR and BD accounts that are converted accounts added using a conversion, Add AR Master, or Add BD Master that don't have charges and have a zero balance are sent to Patient Compass in Version 2.0 only if they meet the Zero Balance Days Criteria on the Patient Compass Parameters for Version 2.0. The Zero Balance Days Criteria require a zero balance date to determine if an account qualifies to be sent to Patient Compass. If there isn't a zero balance date then the account won't be sent to Patient Compass.

Press ENTER to display the second screen. This screen is used to update the Patient Compass Interface to send data for the following fields in the Patient Compass File Format of 2.01:

- **Guarantor Email Address- field 80 in the Patinfo file**
- **Patient Email Address- field 81 in the Patinfo file**
- **Agency Code- field 76 in the Patinfo file. This field sends the collection agency code value associated with an account to the patinfo summary record. Patient Compass provides the field in the interface record that should be populated with the information. This is for collection agencies in AR and BD locations, and it doesn't include External Insurance Collection Agencies. This field is populated only if an account is active at a collection agency.**
- **Patient Adjustments- field 77 in the Patinfo file**

In order to send the above fields associated with the 2.01 file format the hospital must select the 2.01 file format.



Field Explanations

1. OLD v2 FILE FORMAT (DISPLAY ONLY)
This field contains the file format before it was changed.

2. EFFECTIVE DATE (DISPLAY ONLY)
This field contains the effective date of the old V2 file format.

3. FILE FORMAT (DISPLAY ONLY)
This field contains the pending V2 file format. In Midnight processing, the next time the interface runs the system uses the value in the pending file format field and populates this field.

4. EFFECTIVE DATE (DISPLAY ONLY)
This field contains the effective date of the pending V2 file format.

5. FILE FORMAT (TABLE LOOKUP-O)
This field is used to schedule a change in file format. When this field is accessed, the following screen is displayed:

```
                General Hospital Patient Compass Interface Parameters Processor
                                                  Thu Jul 14, 2011 10:05 am
Patient Compass 2.0 Input Options

Page:01                  V2 Patient Compass File Formats
( 1) File Format 2.00 (F9853)
( 2) File Format 2.01 (F10684)









Select file format equaling or preceding current file format--
```

You can choose a file format that equals or precedes the current file format. In Midnight processing, the next time the interface runs, the system uses the value in the pending file format field and populates the current file format field. The drop down list of valid file formats also lists the STAR STI number that is associated with the file format, for informational purposes.

WARNING MESSAGE FOR CHANGING FILE FORMAT FIELD

A warning message is displayed when the file format field is updated to alert the hospital of the impact of changing the file format. The alert message is as follows:

If File Format is changed, then the format for records sent to Patient Compass is different. To insure all records in Patient Compass use the same format, schedule a Run Type of Full or schedule a Run Type of Incremental and select locations for which accounts should be re-sent to Patient Compass in an update run. An update run is similar to a Full run except the system will send accounts that qualify to Patient Compass AND send accounts that previously qualified but no longer qualify per current parameter settings. A full run only sends accounts that qualify for Patient Compass.

Please contact Patient Compass before updating this parameter because changes are required in Patient Compass to ensure that your data continues to be processed by Patient Compass as expected.Scheduling a Full or Update run can impact system performance and/or available disk space. Make sure that you consult with technical resources for your system before scheduling these jobs.

The following prompt is displayed after the warning message:

Do you want to update the field File Format today? (Y/N)

6. EFFECTIVE DATE (6-AN-R)
If the file format was changed, this field displays the following prompt:

Enter Effective Date for Pending V2 File Format--

You can enter the date the file format is to be changed.

7. INCL LOC IN INTERFACE FILE NAME? (1-A-O)
This parameter indicates whether Location should be included in the Patient Compass Interface File Name. The parameter can be used for any file format. When this field is accessed, the following prompt is displayed:

Include Location in Interface File Name? (Y/N)--

If the parameter has a value of Yes, Location is included in the interface File Name, and the following pieces are concatenated to create the file name:

- **Date**
- **Underscore**
- **Organization Name**
- **Underscore**
- **Facility Code**
- **Location Name**
- **Underscore**
- **File name (detailinfo.dat or patinfo.dat)**

If the interface is being used in the test mode, then "test" continues to appear after Organization Name.

The change to the Interface File Name should not be made without consulting Patient Compass to ensure operation of the Patient Compass Interface will continue uninterrupted. If the value for "Incl Loc in Interface File Name?" changes between Yes and No where a blank response equates to No, then the following warning message appears.

Please contact Patient Compass before updating this parameter because changes are required in Patient Compass to ensure that your data will continue to be processed by Patient Compass as expected.

8. TYPE CODE FOR ADJ DETAIL (1-A-R)
This field determines if the Item Format Code in the detailinfo file is preceded with an A or a P for adjustment type transactions which include patient adjustments and insurance adjustments. If this field is set to a value of A, the Item Format Code for an adjustment transaction would have a value of either AS3 (if summarizing transactions) or A4.

When this field is accessed, the following prompt is displayed:

Use A or P for Adjustment Type Code in the detailinfo file?--

9. EDIT BY (DISPLAY ONLY)
This field contains the name of the person who last updated the screen.

10. EDIT DATE (DISPLAY ONLY)
This field contains the date the screen was last updated.

PATIENT COMPASS STATISTICS

This function displays information concerning runs of Patient Compass.

After the Patient Compass Statistics menu option is selected, the following screen is displayed.

```
            General Hospital Patient Compass Statistics Processor
                                                Tue May 05, 2009 09:16 pm
Patient Compass 2.0 Input Options

 1 Date for Current Run     2 Start Time for Curr Run  3 End Time for Curr Run

 4 Run Prm                                             5 Test Mode for Curr Run

 6 Date for Previous Run    7 Start Time for Prev Run  8 End Time for Prev Run
   08/02/09                   08/03/09 0226              08/03/09 0227
 9 Previous Run Prm                                   10 Test Mode for Prev Run
   Incremental,,MNP
11 Number of Accts         12 Number of PA Accnts     13 Number of AR Accnts
   42                          0                         42
14 Number of BD Accnts     15 Number of ARC Accnts
                                    0                          0


Press NL--
```

Field Explanations

1. DATE FOR CURRENT RUN (DISPLAY ONLY)
This field contains the date of the current run. If there is a value in this field it indicates that a run is in process for the day or it will process at the time indicated in the Start Time for Curr Run field. This field typically is blank if your runs process in Midnight Processing. If Patient Compass runs in Midnight Processing and your run isn't finished for the day when you access this screen then you would see a value in this field.

2. START TIME FOR CURR RUN (DISPLAY ONLY)
This field contains the run start time of the current run. If there is a value in this field it indicates that a run is in process for the day or it will process at the time indicated in this field. This field will typically be blank if your runs process in Midnight Processing. If Patient Compass runs in Midnight Processing and your run isn't finished for the day when you access this screen then you would see a value in this field.

3. END TIME FOR CURR RUN (DISPLAY ONLY)
This field contains the run end time of the current run. This field will typically be blank if your runs process in Midnight Processing.

4. RUN PRM (DISPLAY ONLY)
This field if the run type was a Full, Incremental or Update Incremental. It will also indicate when the run was scheduled to run. For example, if it was scheduled for a specific hour or in MNP. If a run was scheduled as a Full and in MNP it would reflect the following data in the field:

Full,,MNP

If the run was an Incremental Update run for AR that processed in MNP it would reflect Incremental,AR,MNP.

5. TEST MODE FOR CURRENT RUN (DISPLAY ONLY)
If the current run for Patient Compass 2.0 is using Test Mode, a value of Yes is displayed in this field.

6. DATE FOR PREVIOUS RUN (DISPLAY ONLY)
This field contains the date of the last Patient Compass run.

7. START TIME FOR PREV RUN (DISPLAY ONLY)
This field contains the start time of the last Patient Compass run.

8. END TIME FOR PREV RUN (DISPLAY ONLY)
This field contains the end time of the last Patient Compass run.

9. PREVIOUS RUN PRM (DISPLAY ONLY) (DISPLAY ONLY)
This field contains the run parameters associated with the last Patient Compass run and when the run processed. Example- Incremental, MNP.

10. TEST MODE FOR PREV RUN (DISPLAY ONLY)
This field indicates whether test mode was used

11. NUMBER OF ACCTS (DISPLAY ONLY)
This field contains the total number of accounts sent to Patient Compass on the last run.

12. NUMBER OF PA ACCNTS (DISPLAY ONLY)
This field contains the total number of PA accounts sent to Patient Compass on the last run.

13. NUMBER OF AR ACCNTS (DISPLAY ONLY)
This field contains the total number of AR accounts sent to Patient Compass on the last run.

14. NUMBER OF BD ACCNTS (DISPLAY ONLY)
This field contains the total number of BD accounts sent to Patient Compass on the last run.

15. NUMBER OF ARC ACCNTS (DISPLAY ONLY)
This field contains the total number of ARC (archived) accounts sent to Patient Compass on the last run. If an ARC account is sent it is because it is being sent with a STOP Code of Yes. For example, if an account qualified for Patient Compass (such as an account in AR) and then the account was archived and no longer qualified, the system sends the archived account over to Patient Compass with a Stop Code of Yes.

PATIENT COMPASS RUN SCHEDULE

The following parameters govern when the Patient Compass Interface 2.0 runs. The fields need to be defined for each day of the week that you want Patient Compass to process. Typically each day of the week should be defined so that the interface runs daily.

This screen also determines if the hospital is storing an account index of the accounts that went to Patient Compass. If the hospital stores an account index then it can use incremental processing. The incremental process for the Patient Compass Interface provides the option of selecting accounts based on trigger events instead of always sending all accounts to Patient Compass in a Full/Detail File daily. When specific information is updated the system triggers an account to go to Patient Compass on the next incremental run. This process sends only qualifying accounts that have activity

since the last interface run. Incremental processing is more efficient and maximizes system performance.

```
          General Hospital Patient Compass Run Schedule Processor
                                                 Tue May 05, 2009 09:22 pm


 1 Pt Comp Account Index      2 Edited By                   3 Edit Date
   Yes                          Moon,Pat                      12/12/08 05:06pm

            Full or Incremental    Locations for Update Run    Start after MNP
Monday         4 Mon Run Type      5 Mon Loc to be Updated      6 Mon Start Hr

Tuesday        7 Tue Run Type      8 Tue Loc to be Updated      9 Tue Start Hr
                  Incremental
Wednesday     10 Wed Run Type     11 Wed Loc to be Updated     12 Wed Start Hr
                  Incremental
Thursday      13 Thu Run Type     14 Thu Loc to be Updated     15 Thu Start Hr
                  Incremental                                     MNP
Friday        16 Fri Run Type     17 Fri Loc to be Updated     18 Fri Start Hr
                  Incremental                                     MNP
Saturday      19 Sat Run Type     20 Sat Loc to be Updated     21 Sat Start Hr

Sunday        22 Sun Run Type     23 Sun Loc to be Updated     24 Sun Start Hr
                  Incremental
Enter field number or '/' starting field number--
```

1. PT COMP ACCOUNT INDEX (1-A-R)
This field defines whether the system retains an index of accounts that is needed for any Incremental processing. When this field is accessed, the following prompt is displayed:

Do you want to maintain the Account Index for Patient Compass? (Y/N) [N]----

You can enter Yes, create an account index or No, don't create an account index. If you enter Yes, you can select Incremental processing and update runs for specified locations (PA, AR, BD). If you enter No, you can select only a full run and therefore Incremental processing can't be scheduled.

NOTE: If you don't retain an account index, the Patient Compass Audit Report, FARPC2, and the Patient Compass Status screen won't be available because the information isn't stored. Also the account index totals on the FARPC1 report won't be populated if you don't retain the account index.

2. EDITED BY (DISPLAY ONLY)
This field contains the name of the person who last updated the screen.

3. EDIT DATE (DISPLAY ONLY)
This field contains the date the screen was last updated.

4. MON RUN TYPE (1-A-C)
This field contains the Run type of Full or Incremental. When this field is accessed, the following prompt is displayed:

Select (F)ull or (I)ncremental for Monday-- |

You can enter Full or Incremental. You can enter Full only if the Patient Compass Account Index field is set to No, do not maintain the account index. If the Patient Compass Account Index field is set to Yes, maintain the account index, you can schedule an incremental fun for selected account locations (AR, BD, PA). To schedule an update run, select incremental and then select the update run in the Mon Loc To Be Updated field. Valid locations are PA, AR and BD. An update run is similar to a Full run except the system sends accounts that qualify to Patient Compass and also sends accounts that previously qualified but no longer qualify per current parameter settings. A full run only sends accounts that qualify for Patient Compass.

5. MON LOC TO BE UPDATED (TABLE LOOUP-C)
This field is defined if the hospital wants to schedule an Update run of the interface. Valid values are the locations of PA, AR or Bad Debt. This field can be accessed only if the Account Index field is set to Yes and the Monday Run Type field is set to Incremental. When this field is accessed, the following prompt is displayed:

Select account locations to perform an update run for Monday--

You can select one or more account locations for the update run.

6. MON START HR (6-AN-C)
This field determines what time the interface should start processing on Monday.Valid values are a specified time or in midnight batch processing. When this field is accessed, the following prompt is displayed:

Key `M` to run in midnight processing or key the earliest hour in which to start processing for Monday [M]--

You can enter an M to run in Midnight Processing or enter an hour when the interface should run such as 8 for 8am. The system evaluates the run parameters in Midnight Processing and if they are set to run in MNP, the interface starts processing.If an hour is defined in the run parameters then the system sets the time for the current run to begin processing. For example, if the hour defined is 8, the system sets the current run time to 8 and does not start the interface during MNP. If a user updates the Start Hr during the day, the system won't run the interface for the time specified during the day it was updated. The system needs to set the time for the current run during MNP.

NOTE: The rest of the fields on the screen are the same as the ones defined above for Monday except that they are associated with a specified day of the week (Tues-Sun):

PATIENT COMPASS STATUS

This screen displays information associated with accounts that were selected to go to Patient Compass. The screen also allows you to manually trigger an account so that it goes to Patient Compass the next time the interface processes. The values on this

screen are displayed according to how the information existed when the account information was formatted for Patient Compass. It can be different then the current information in STAR.

```
            General Hospital Patient Compass Status Processor
                                                Tue May 05, 2009 09:24 pm
Account      Name                 FC Typ Admit    Disch        Balance Loc
A00004-01398 MOORE,ASB            A  OPC 07/19/07 07/19/07        0.00 PA /DNFB
 1 Transfer to Patient Compass Date   2 Stop Code Value

 3 Patient Location When Transferred

 4 Follow-up Type                     5 Schedule Type

 6 Last F/U Date            7 Last F/U Seq. #          8 Last F/U Type

 9 Total Payment Plan Amt Due        10 Pmt Plan Delinquent Amt or Pre-paid Amt

11 Delinquent Date                   12 Collection Agency

13 Last Demand Bill Date

14 Trigger for Patient Compass Update
   No
```

Field Explanations

1. TRANSFER TO PATIENT COMPASS DATE (DISPLAY ONLY)
This field contains the last date that the account transferred to Patient Compass.

2. STOP CODE VALUE (DISPLAY ONLY)
This field indicates if the account had a Stop Code of Yes at the time of transfer to patient compass. If the account had a Stop Code of No then the field will be blank. This field corresponds to field 46 in the Patient Summary file.

3. PATIENT LOCATION WHEN TRANSFERRED (DISPLAY ONLY)
This field contains the location of the account when transferred to patient compass. This field corresponds to field 34 in the Patient Summary file.

4. FOLLOW-UP TYPE (DISPLAY ONLY)
This field indicates if the follow-up schedule was defined as an account or guarantor level schedule at the time the account was sent to Patient Compass. Valid values are Account or Guarantor.

5. SCHEDULE TYPE (DISPLAY ONLY)
This field indicates if the follow-up schedule was defined as a custom, payment plan or separate schedule type at the time the account was sent to Patient Compass. Valid values are Custom, Payment Plan or Account.

6. LAST F/U DATE (DISPLAY ONLY)
This field indicates the last date for guarantor follow-up at the time the account was sent to Patient Compass.

7. LAST F/U SEQ # (DISPLAY ONLY)
This field indicates the last f/u sequence # for guarantor follow-up at the time the account was sent to Patient Compass.

8. LAST F/U TYPE (DISPLAY ONLY)
This field indicates the last follow-up type for guarantor follow-up at the time the account was sent to Patient Compass. Valid values are blank, Detail Statement, Letter, Telephone or Wait.

9. TOTAL PAYMENT PLAN AMT DUE (DISPLAY ONLY)
This field indicates the Total Payment Plan Amt Due at the time the account was sent to Patient Compass.

10. PMT PLAN DELINQUENT AMT OR PRE-PAID AMT (DISPLAY ONLY)
This field indicates the payment plan amount or the pre-paid amount at the time the account was sent to Patient Compass.

11. DELINQUENT DATE (DISPLAY ONLY)
This field indicates the delinquency date for guarantor follow-up at the time the account was sent to Patient Compass.

12. COLLECTION AGENCY (DISPLAY ONLY)
This field indicates the collection agency at the time the account was sent to Patient Compass.

13. LAST DEMAND BILL DATE (DISPLAY ONLY)
This field indicates the last demand bill date for guarantor follow-up at the time the account was sent to Patient Compass.

14. TRIGGER FOR PATIENT COMPASS UPDATE (1-A-O)
This field allows the user to manually trigger an account to go to Patient Compass. The field contains a default value of No which indicates do not manually trigger the account for Patient Compass. To manually trigger an account, access the field and respond Y for Yes to the prompt:

Do you want to trigger this account to be evaluated for the Patient Compass Interface? (Y/N)

If you enter Yes, the system returns the following message to indicate the account has been triggered:

Account triggered to be evaluated for Patient Compass Interface!

Restart/Stop Patient Compass Run

The interface run for a facility can be restarted if the job was aborted or zapped. Also, a run of the interface can be stopped temporarily by a user. If a run of the interface aborted, was zapped, or was stopped, it must be restarted and completed before another run of the interface can occur for a subsequent date.

If no parameters have been established for Patient Compass 2.0 for the facility, the following message is provided and the user is exited from the processor.

No Patient Compass 2.0 parameters exist for facility!

If Patient Compass 2.0 is not active for the facility, the following message is displayed and the processor closes.

Patient Compass 2.0 is not active for facility!

Otherwise, the Restart/Stop Patient Compass Run screen is displayed which is the same as the Patient Compass Statistics screen, except it has the logic to restart/stop job. See "Patient Compass Statistics" on page 3-156 for details on this screen.

```
                General Hospital Restart/Stop Patient Compass Run Processor
                                          Fri Jul 09, 2010 07:43 am

 1 Date for Current Run  2 Start Time for Curr Run  3 End Time for Curr
   07/08/10                07/09/10 0743
 4 Run Prm                                          5 Test Mode for
   Incremental,,MNP
 6 Job Aborted Before Completion
   Yes Evaluate PA Accnts
 7 Date for Previous Run 8 Start Time for Prev Run  9 End Time for Prev
   07/07/10                07/08/10 0214              07/08/10 0215
10 Previous Run Prm                                11 Test Mode for
   Incremental,,MNP
12 Number of Accts      13 Number of PA Accnts     14 Number of AR

15 Number of BD Accnts     16 Number of ARC
```

If the previous run of the interface is incomplete and not running, the Job Aborted Before Completion field contains a value of Yes, followed by the one of the following processing steps that occurred when the job stopped:

- **Evaluate if Run Needed**
- **Start of Process**
- **Evaluate PA Accnts**
- **Evaluate AR Accnts**
- **Evaluate BD Transfer Accnts**
- **Evaluate BD Demand Bill Accnts**

- **Evaluate BD Accnts 1**
- **Evaluate BD Accnts 2**
- **Evaluate BD Accnts 3**
- **Evaluate BD Accnts 4**
- **Evaluate Accnts To Be Archived**
- **Evaluate Archived Accnts**
- **Download**
- **Mnt Patient Compass Status**
- **Purge Work Files**

One of the following messages may be displayed, depending on the status of the job:

- **If a run of the job is scheduled to occur later in the day because the hourly batch job feature is being used, the following message is displayed, and the user exits from the processor after pressing ENTER.**

  Job run has been scheduled. No changes allowed. Press ENTER.

- **If the job is not running, is not incomplete, and a run for yesterday's MNP completed, then the following message appears and the user exits from the processor after pressing ENTER.**

  No current run of the job is underway. Press ENTER.

- **If the job is not running, is not incomplete, MNP is not running, and a run for yesterday's MNP did not occur, the following prompt is displayed:**

  No run was completed for yesterday's MNP. Do you want to attempt that job run? (Y/N) [N]-

  If a response of Y is keyed, then the MNP run for yesterday is started for the facility. The parameters in Patient Compass Run Schedule determine how the job operates.

- **If the job is running but not completed, then Date for Current Run (Field 1), Start Time for Curr Run (Field 2), and Run Prm (Field 4) will be present. End Time for Curr Run (Field 3) will not be present because the job is incomplete. Job Stopped Before Completion will not be present because the job is running. If the job is running but not completed, then one of two scenarios can occur.**

  - **If the job is running, not completed, and a pending request exists to stop the job, the following prompt appears because there is no need to request another stoppage of the job:**

Pending request to stop job exists. Monitor console to confirm stoppage. Press ENTER.

- **If the job is running, not completed, and no pending request exists to stop the job, the following prompt is displayed:**

  Do you want to stop the current run of the job? (Y/N) [N]--

  If the response is not Y for Yes, the user exits the processor. Otherwise a request to stop the jobs is recorded, and the following confirmation message is displayed.

  Request to stop job was recorded. Monitor console to confirm stoppage!

  The interface program checks periodically to see if the job should be stopped. This is done in conjunction with capturing re-start information. If the job is stopped early by the user, the following message is displayed on the console. Y signifies the facility code in the message. This run of the interface must be completed before another run can be made.

  IM Patient Compass Int run stopped for facility Y

  If the system determines that the last run stopped, then Job Stopped Before Completion contains Yes, followed by the processing underway when the job aborted, was zapped, or was stopped by a user. If the system determines that the last run stopped, then the following prompt is displayed:

  Do you want to re-start the current run of the job for MM/DD/YY? (Y/N) [N]--

  If Y for Yes is not keyed, then the user exits the processor. If Y for Yes is keyed, then the run is re-started per the last check point taken in the program. The run is identified on the console by Patient Compass Integration Re-start. Note that a standard run is identified on the console by Patient Compass Integration.

Patient Compass Interface Run

If a previous run of the Patient Compass Interface is determined to be incomplete when an attempt is made to run the job, then the following message is displayed on the console and processing does not occur. The system is expecting a restart of the previous run to be performed so it is completed before a new run occurs. Y represents the facility and X represents the ID in the following message.

IM Patient Compass Int run is underway for Y. No run done. (ID X)

Patient Compass Interface Parameters

If Patient Compass Interface Parameters for Patient Compass 2.0 is selected and the previous run for the facility is incomplete but not running, then no changes to the interface parameters can be made. The following message is displayed followed by the display of the interface parameters.

No updates can be made until stopped run is complete!

Patient Compass Run Schedule

If Patient Compass Run Schedule for Patient Compass 2.0 is selected and the previous run for the facility is incomplete but not running, no changes to the run schedule can be made. The following message is displayed followed by the display of the run schedule.

No updates can be made until stopped run is complete!

Patient Compass Statistics

If Patient Compass Statistics for Patient Compass 2.0 is selected and the previous run for the facility is incomplete but not running, then Field 3 (End Time for Curr Run) will be blank but the other fields for the current run will have data. The fields are Date for Current Run (Field 1), Start Time for Curr Run (Field 2), Run Prm (Field 4), and Test Mode for Curr Run (Field 5). If the previous run is incomplete and not running, the new Field 6 (Job Stopped Before Completion) will contain Yes followed by the processing occurring when the job stopped. One of the following process steps can appear in Job Stopped Before Completion (Field 6):

- **Evaluate if Run Needed**
- **Start of Process**
- **Evaluate PA Accnts**
- **Evaluate AR Accnts**
- **Evaluate BD Transfer Accnts**
- **Evaluate BD Demand Bill Accnts**
- **Evaluate BD Accnts 1**
- **Evaluate BD Accnts 2**
- **Evaluate BD Accnts 3**
- **Evaluate BD Accnts 4**
- **Evaluate Accnts To Be Archived**
- **Evaluate Archived Accnts**
- **Download**
- **Mnt Patient Compass Status**
- **Purge Work Files**

Appendix A - AGENCY PROCESSING CODES

REJECTION REASON CODES

The Rejection Reason Codes are used to identify why an account fails for agency collection. These codes are used by CCI, Internal Collection, and External collection (guarantor and insurance). These blocks are displayed for Flagged and Pending/ Candidates on the Agency Collection Status Screen. Also, the Pending/Candidate Workfile, Pending/Candidate Workfile Report, Pending/Candidate Rejection Report and Agency Rejection Report contain the rejection reason codes. The determination of which code is displayed is based on the user-defined Priority Sequence definition within the Pre-Collect Information table (Tables, Financial Table Maintenance). The codes that have an asterisk (*) are the fatal rejection reason codes. The system reviews accounts for these conditions first, regardless of the priority assigned. Accounts that meet a fatal rejection reason are automatically unselected for agency collection consideration.

NOTE: Rejection Reason Codes are used for both guarantor and insurance accounts, except for the following, which are not used for insurance:

- Minimum Reselect Days Block (30
- Days Ins Payment Low Block (39)
- Patient F/U Count Low Block (40)
- Payment Plan (91)

Rejection Reason #	Rejection Reason Description
12	PATIENT BALANCE TOO LOW BLOCK
16	WAIT ONE CYCLE
22	PATIENT BALANCE TOO HIGH BLOCK
23	ACCOUNT BALANCE TOO LOW BLOCK
25	ACCOUNT BALANCE TOO HIGH BLOCK
*29	STEP OR SCHEDULE CHANGE BLOCK
30	MINIMUM RESELECT DAYS BLOCK
*33	INSURANCE BALANCE BLOCK
34	DAYS FROM DISCHARGE LOW BLOCK
35	DAYS FINAL BILL LOW BLOCK
39	DAYS INS PAYMENT LOW BLOCK
40	PATIENT F/U COUNT LOW BLOCK
42	PATIENT PAYMENT BLOCK
46	CHURCH CODE BLOCK

Rejection Reason #	Rejection Reason Description
48	PATIENT TYPE BLOCK
57	INSURANCE CARRIER BLOCK
58	INSURANCE CARRIER-PLAN BLOCK
59	OCCUPATION CODE BLOCK
62	FINANCIAL CLASS BLOCK
*64	AR/BD STATUS BLOCK
*78	F/U HOLD BLOCK
*79	PATIENT CLASS SUPPRESSED BLOCK
87	ZIP CODE BLOCK
88	PATIENT INDICATOR BLOCK
*90	INVALID ADDRESS BLOCK
91	PAYMENT PLAN
*92	PRECOLLECT INFO NOT DEFINED
*93	APPEAL F/U BLOCK
94	CLAIM FORM TYPE BLOCK

The following provides a definition of the rejection reason codes.

12 PATIENT BALANCE TOO LOW BLOCK
This block is valid for Flagged, Automatic and Manual Pending/Candidates:

- For Flagged and Automatic Pending/Candidates, this rejection reason corresponds to the Min Patient Balance field in the Pre-Collection Information Inclusion Parameters.

- For Manual Pending/Candidates, this rejection reason corresponds to the Min Balance field on the Agency Collection Follow-Up Schedule.

16 WAIT ONE CYCLE
This code is valid for Automatic and Manual Pending/Candidates. This reason occurs for Pending/Candidates whose Maintenance Code is updated with a W for Wait One Cycle.

22 PATIENT BALANCE TOO HIGH BLOCK
This block is valid for Flagged, Automatic and Manual Pending/Candidates. This rejection reason corresponds to the Max Patient Balance field in the Pre-Collection Information Inclusion Parameters.

23 ACCOUNT BALANCE TOO LOW BLOCK
This block is valid for Flagged, Manual and Automatic Pending/Candidates. This rejection reason corresponds to the Min Acct Balance field in the Pre-Collection Information Inclusion Parameters.

25 ACCOUNT BALANCE TOO HIGH BLOCK
This block is valid for Flagged, Manual and Automatic Pending/Candidates. This rejection reason corresponds to the Max Acct Balance field in the Pre-Collection Information Inclusion Parameters.

***29 STEP OR SCHEDULE CHANGE BLOCK**
This block is valid for Flagged, Manual and Automatic Pending/Candidates. This rejection reason occurs if a follow-up event has occurred since the account flagged or became a manual or automatic pending/candidate. This rejection also occurs if the collection agency, follow-up schedule, or follow-up schedule type is different from when the account flagged or became a manual or automatic pending/candidate.

30 MINIMUM RESELECT DAYS BLOCK
This block is only valid for CCI Flagged and Automatic Candidates. This rejection reason corresponds to the Reselect Days field in the Pre-Collection Information Inclusion Parameters.

***33 INSURANCE BALANCE BLOCK**
This block is valid for Flagged, Automatic and Manual Pending/Candidates. This rejection reason corresponds to the Pending Ins Balance field in the Pre-Collection Information Inclusion Parameters.

34 DAYS FROM DISCHARGE LOW BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to the Min Days Discharge field in the Pre-Collection Information Inclusion Parameters.

35 DAYS FINAL BILL LOW BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to the Min Days Final Bill field in the Pre-Collection Information Inclusion Parameters.

39 DAYS INS PAYMENT LOW BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to the Min Days Ins Payment field in the Pre-Collection Information Inclusion Parameters.

40 PATIENT F/U COUNT LOW BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to the Min # Paper F/U field in the Pre-Collection Information Inclusion Parameters.

42 PATIENT PAYMENT BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to Min Days Patient Payment field, Patient Payment Amt field, and Patient Payment % field in the Pre-Collection Information Inclusion Parameters.

46 CHURCH CODE BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to the Church Codes field in the Pre-Collection Information Exclusion Parameters.

48 PATIENT TYPE BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to the Patient Types field in the Pre-Collection Information Exclusion Parameters.

57 INSURANCE CARRIER BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to the Insurance Carriers field in the Pre-Collection Information Exclusion Parameters.

58 INSURANCE CARRIER-PLAN BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to the Insurance Plan field in the Pre-Collection Information Exclusion Parameters.

59 OCCUPATION CODE BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to the Occupation Codes field in the Pre-Collection Information Exclusion Parameters.

62 FINANCIAL CLASS BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to the Financial Classes field in the Pre-Collection Information Exclusion Parameters.

***64 AR/BD STATUS BLOCK**
This block is valid for Flagged, Automatic and Manual Pending/Candidates. This rejection reason will occur for accounts that are either Flagged or are Candidates for CCI and have been Pre-listed for Bad Debt or transferred to Bad Debt.

***78 F/U HOLD BLOCK**
This block is valid for Flagged, Automatic and Manual Pending/Candidates. This rejection reason will occur for accounts that are on Follow-Up Hold.

***79 PATIENT CLASS SUPPRESSED BLOCK**
This block is valid for Flagged, Automatic, and Manual Pending/Candidates. This rejection reason occurs for accounts with a Patient Class Suppression.

87 ZIP CODE BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to Zip Codes field in the Pre-Collection Information Exclusion Parameters.

88 PATIENT INDICATOR BLOCK
This block is valid for only Flagged and Automatic Pending/Candidates. This rejection reason corresponds to the Patient Indicator field in the Pre-Collection Information Exclusion Parameters.

90 INVALID ADDRESS BLOCK
This block is a user-defined exclusion parameter within the Pre-Collection Information. This applies to both the guarantor and insurance external pre-collect processes.

91 ACCOUNTS ON A PAYMENT PLAN
This block is for accounts on a payment plan, which cannot be transferred to an external agency.

92 - PRE-COLLECT INFO NOT DEFINED
This block is a priority block that prevents an account from being transferred to an external agency. The information which is missing should be defined in the Pre-Collect Information Table (Tables, Financial Table Maintenance). This applies to a definition specific to a Guarantor or Insurance definition as applicable to the account. The second reason for this block is that an agency follow-up schedule is not defined in the Collection Agency Code table.

93 - APPEAL F/U
This block is a priority block that prevents a claim from going to an external agency when the claim is in an Appeal status. Appeal status coincides with the Denial and Appeal process within STAR Patient Accounting.

94 – CLAIM FORM TYPE BLOCK
This block is used if the specific claim type is not a valid type. The claim is blocked from being sent to Insurance collection. Valid claim types are B, Z, X, R, J, L, 1, N, and T.

MAINTENANCE CODES

The following provides a list of the maintenance codes and their description.

C CCI Candidate
This code indicates an account is an Automatic Candidate for CCI. This maintenance code is system generated and cannot be manually entered by the user. Candidates are evaluated for transfer to CCI when the Agency Processing Batch Job is processed in midnight processing.

F Flagged
This code indicates an account is Flagged for Pending/Candidate consideration. An account becomes flagged through the Follow-Up Process. This maintenance code is system generated and can't be manually entered by the user. Accounts that are Flagged are evaluated for Pending/Candidate when the Agency Processing Batch Batch Job is processed in midnight processing.

H Hold
This code indicates an account is on Hold from agency collection. This maintenance code can only result by a manual update by the user. Upon accepting this Maintenance Code, the system updates the Agency Processing Status to H for Hold.

V Manual Delete - ADMINISTRATIVE
This code is a type of CCI Agency Collection Delete Maintenance Code. Upon accepting this code, the system goes to the Agency Delete Action field and prompts for a delete action of returning to account level or guarantor level follow-up or bad debt pre-listing the account. After this code has been saved, the Pre-Collection Status is updated with a Delete status code of V for Administrative Delete. This maintenance code can only be entered by the user.

A Manual Delete - ARRANGEMENTS
This code is a type of CCI Agency Collection Delete Maintenance Code. Upon accepting this code, the system goes to the Agency Delete Action field and prompts for a delete action of returning to account level or guarantor level follow-up or bad debt pre-listing the account. After this code has been saved, the Pre-Collection Status is updated with a Delete status code of A for Arrangements Delete. This maintenance code can only be entered by the user

Y Manual Delete - CHARITY
This code is a type of CCI Agency Collection Delete Maintenance Code. Upon accepting this code, the system goes to the Agency Delete Action field and prompts for a delete action of returning to account level or guarantor level follow-up or bad debt pre-listing the account. After this code has been saved, the Pre-Collection Status is updated with a Delete status code of C for Charity Delete. This maintenance code can only be entered by the user.

I Manual Delete - INSURANCE
This code is a type of CCI Agency Collection Delete Maintenance Code. Upon accepting this code, the system goes to the Agency Delete Action field and prompts

for a delete action of returning to account level or guarantor level follow-up or bad debt pre-listing the account. After this code has been saved, the Pre-Collection Status is updated with a Delete status code of I for Insurance Delete. This maintenance code can only be entered by the user.

LG - Manual Delete - LEGAL
This code is a type of CCI Agency Collections Delete Maintenance Code. Upon accepting this code, the system goes to the Agency Delete Action field and prompts for a delete action of returning to account level or guarantor level follow-up or bad debt pre-listing the account. After this code has been saved, the Pre-Collection Status is updated with a Delete status code of LG for Manual Delete Legal. This maintenance code can only be entered by the user.

X Manual Delete - SENT IN ERROR
This code is a type of CCI Agency Collection Delete Maintenance Code. Upon accepting this code, the system goes to the agency delete action field and prompts for a delete action of returning to account level or guarantor level follow-up or bad debt pre-listing the account. After this code has been saved, the Pre-Collection Status is updated with a Delete status code of X for Sent in Error Delete. This maintenance code can only be entered by the user.

T Transfer
This code indicates the account is a Manual Pending/Candidate. This code can only be entered manually by the user. Accounts that are Manual Pending/Candidates are evaluated for Pre-Collection when the Pre-Collection Batch Job (PCJ) is processed in midnight processing.

U Unselect
This code is used to unselect a Flagged, Automatic or Manual Pending/Candidate. This code can be entered manually by the user and is used by the system to automatically unselect accounts. Accounts are automatically unselected by the Pre-Collection Batch Job if they fail for a fatal rejection reason code. Also, Automatic Pending/Candidate accounts are automatically unselected by the system if the accounts receive a follow-up event that is a Pre-Collection step, or meet the criteria for the Schedule/Step rejection reason.

W Wait One Cycle
This code is used to update Automatic or Manual Pending/Candidates to make the Pending/Candidates wait one PCJ run before being evaluated for transfer to Pre-Collection.

P) Agency Auto Transfer
An account/claim can be transferred from one agency to another through the follow up schedule step definition. When the account is transferred, the code of P is used.

L) Agency Manual Transfer
When a user manually transfers an account or claim to an agency, the code of L is used.

E) Pending Transfer
This code reflects an account or claim which is pending transfer to an external agency.

N) External Agency Auto Delete
This code represents a deletion from an agency due to the reasons of: 1) insurance balances; 2) small balance write-off completed; 3) transfer to bad debt; 4) agency deletion; 5) zero balance; 6) maximum balance reached; or 7) patient class.

F) External Agency Finished
The account or claim has completed the external follow-up steps and is transferred out of external collections.

D) Delete from an External Agency
This applies to accounts and claims.

STATUS CODES

The following provides a list of the status codes and their definition. Status Codes cannot be entered directly on accounts. These codes occur as a result of a manual or automatic maintenance code update.

B CCI Auto Del INSURANCE BAL
This code is a type of CCI Agency Collection Delete. This status code is system generated and cannot be manually entered by the user.

R) CCI Auto Delete Payment Arrangement
This code is a type of CCI Agency Collection Delete. This status code is system generated and cannot be manually entered by the user.

K CCI Auto Del
This code is a type of CCI Agency Collection Delete that occurs if an account meets any of the following criteria:

- An account's Follow-Up schedule changes from the one that was associated with the account when it transferred to CCI. In this scenario, the delete is displayed as CCI Auto Del SCH CHG.
- An account's location changes from accounts receivable to bad debt. In this scenario, the delete is displayed as CCI Auto Del BD STAT.
- An account's collection agency changes from the one that was originally associated with the account when it transferred to CCI. In this scenario, the delete is displayed as CCI Auto Del AGY CHG.
- An integrity problem with the data on the account. In this scenario, the delete is displayed as CCI Auto Del DATA.
- The Max balance of the account is greater than or equal to the max balance field on the Pre-Collection Information Parameters. In this scenario, the delete is displayed as CCI Auto Del MAX BAL.

S CCI Auto Del SMALL BAL
This code is a type of CCI Agency Collection Delete for small balance. This delete occurs if the patient balance is less than or equal to the Min Balance field on the Follow-Up Schedule. This status code is system generated and cannot be manually entered by the user.

Z CCI Auto Del ZERO/NEG BAL
This code is a type of CCI Agency Collection Delete for zero or credit balance accounts. This status code is system generated and can't be manually entered by the user.

V CCI Manual Del ADMINISTRATIVE
This code is a type of CCI Agency Collection Delete. This status code is generated by manually updating the Maintenance Code of an account with a V for Administrative Delete.

A CCI Manual Del ARRANGEMENTS
This code is a type of CCI Agency Collection Delete. This status code is generated by manually updating the Maintenance Code of an account with an A for Arrangements Delete.

BK)CCI Manual Delete Bankruptcy
This code is a type of CCI Agency Collection Delete. This status code is generated by manually updating the Maintenance Code of an account with a BK for Manual Delete Bankruptcy.

Y CCI Manual Del CHARITY
This code is a type of CCI Agency Collection Delete. This status code is generated by manually updating the Maintenance Code of an account with a Y for Charity Delete.

I CCI Manual Del INSURANCE
This code is a type of CCI Agency Collection Delete. This status code is generated by manually updating the Maintenance Code of an account with an I for Insurance Delete.

X CCI Manual Del ERROR
This code is a type of CCI Agency Collection Delete. This status code is generated by manually updating the Maintenance Code of an account with an X for Sent in Error.

O CCI Auto Transfer
This code indicates an account is an Automatic Transfer to CCI. This code is system generated and results when an Automatic Candidate transfers to CCI.

M CCI Manual Transfer
This code indicates an account is a Manual Transfer to CCI. This code is system generated and results when a Manual Candidate transfers to CCI.

G CCI Finished
This code indicates an account at CCI has met the days to be at CCI. An account is finished with CCI when it has completed its CCI Agency Collection Follow-Up Schedule.

J CCI Finished PAYMENT
This code indicates an account at CCI has met the days to be at CCI and has received a payment while it was at CCI. An Account is finished with CCI when it has completed its CCI Agency Collection Follow-Up Schedule.

H Hold
This code indicates an account is on Hold from Agency Collection. This status code is generated by manually updating the Maintenance Code of an account with an H for Hold.

GROUP WORDS

The following provides a list of group words.

FLA - This code represents accounts that are Flagged for agency collection. The corresponding Maintenance code is F for Flagged.

CAN - This code represents accounts that are either manual or automatic Candidates for CCI. The corresponding Maintenance codes are T for Manual Pending/Candidate or C for Automatic Candidate.

W1C - This Wait One Cycle code represents accounts that were manual or automatic Pending/Candidates that are waiting one PCJ run before being evaluated for transfer to agency collection. The corresponding Maintenance code is W for Wait One Cycle.

ACT - This code represents accounts that are active at Internal or CCI Agency Collection. Active accounts include accounts that are manually or automatically transferred to agency collection. The corresponding Maintenance codes are M for Manual CCI Transfer, O for Automatic CCI Transfer, L for Manual Agency Transfer, and P for Automatic Pre-Collection Transfer.

DEL - This code represents account that were active at Internal or CCI Agency Collection but have been manually or automatically deleted from either Internal or CCI Agency Collection.

The corresponding Maintenance codes are:

Manual Deletes
A for Arrangements
I for Insurance
V for Administrative
X for Sent In Error
Y for Charity

Manual Agency Deletes
D for External Agency Delete

Automatic Deletes
B for Insurance Balance
S for Small Balance
K for Step schedule Change or AR/BD Status Change or Agency Code Change or PA Record Missing
Z for Zero/Neg Balance

Automatic Agency Process Deletes
D for External Agency Delete

FIN - This code represents accounts that are finished at CCI and either received or did not receive a payment while at CCI. The corresponding Maintenance codes are G for Finished at CCI or J for Finished with Payment at CCI.

HLD - This code represents accounts that are blocked from ever transferring to agency collection. The corresponding Maintenance code is H for Hold.

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■ Reader Comment Form ■

We value your suggestions for improving our documentation. Please use this form to evaluate the Follow-Up Functions Volume of the STAR Financials Patient Accounting Reference Guide for Release 18.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	❑	❑	❑	❑
Accuracy of information	❑	❑	❑	❑
Completeness of information	❑	❑	❑	❑
Clarity of information	❑	❑	❑	❑
Amount of overview information	❑	❑	❑	❑
Explanation of processes	❑	❑	❑	❑

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