

9. Secondary Billing Process

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9.1 Creating Secondary Claims

This is the procedure for creating secondary claims. For this process to be successful, keep the following points in mind.

- Ensure that your Accounts Receivable staff is rolling back the payment/adjustment data.
- Have all supporting documentation (primary remittance advice) on hand during secondary billing.
- Never submit the original primary EOB to the secondary payer.
- If the primary EOB contains multiple claims for different patients, cross out patient data not related to the claim being submitted. Do not cross out on the original remittance.

9.2 Printing the Rollback Detail (ROD) Report

Print the Rollback Detail (ROD) report to get a listing of claims with the status of “in edit” mode. This will assist the Biller to quickly identify potential secondary bills.

To access the ROD report:

1. In RPMS Accounts Receivable (AR), select the **Reports** menu.
 - a. In reports, select **Roll Back Reports** (RRM).
 - b. Select **Roll Back Detail** (ROD).
 - c. Type the begin date - this is usually the date you roll back the payment to third party.
 - d. Type the ending date.
 - e. Select the device.

The report displays the

- date roll back
- roll over amount
- bill number

- bill status
- claim status

Statuses in edit mode must be billed to secondary.

2. Press Enter until you reach the **IHS Core Menu**.
 - a. At the IHS Core Menu prompt, type **TPB** (Third Party Billing System) and press Enter.
 - b. At the Third Party Billing System prompt, type **EDT** (Add/Edit Claim) and press Enter.
 - c. In the **Select Claim or Patient** command line, enter the claim number and press Enter.
 - d. Verify the patient's name and date of service. The system prompts "Correct Claim?" Type **YES** and press Enter.
 - e. If the following message appears, the claim is closed and needs to be opened for editing:

"All billing has been completed for this claim number. The claim is closed and uneditable."
3. Press Enter until you reach the IHS Core Menu.
 - a. At the IHS Core Menu prompt, type **TPB** (Third Party Billing System) and press Enter.
 - b. At the Third Party Billing System prompt, type **MGTP** (Claim/Bill Management) and press Enter.
 - c. In the **3P Claim Data Patient** command line, enter the claim number and press Enter.
 - d. The system prompts "Reopen Claim?" type **YES** and press Enter.

The claim is now in Edit mode.
 - e. Return to step #2, and repeat a through d.

4. The repeat process will bring you to the **Claim Summary** menu. Press Enter.
 - a. On **Page 0 - Claim Summary**, check section billing entity to make sure that insurer is active and press Enter.
 - If the patient’s insurance is not active, notify Patient Registration to update information.
 - If date of service is more than 3 months old, the back billing limit may affect the claim being billed. Table Maintenance would need to be adjusted to reflect the older dates. This process is usually done by the Supervisor or Designee.
 - b. On **Page 1 - Claim Identifiers**, check line 2 and make sure the correct visit type has been entered to bill for Secondary. Follow local policy and procedures.
5. Type **B** to return to previous page and press Enter.
6. Type **A** to approve claim and press Enter twice.
7. When the message “Do you wish to approve this claim for billing?” appears, type **YES** and press Enter to approve the claim.

If any non-covered or write-off adjustments have been indicated, the system will notify the user. Enter any additional adjustment amounts if needed.
8. If the amount billed is incorrect, enter **NO** and review the history of the claim.
9. Press Enter twice to return to the Third Party Billing System menu.
10. At the prompt type **PRTP** (Print Bills) and press Enter.
11. At the Print Bills menu prompt, type **EXPR** (Print Approved Bills).
12. Verify mode of export.
13. After the claim is exported (printed), attach the primary EOB and mail claim.