

# STELLAR GOOD NEWS

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## Stellar Software

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Read previous issues of Stellar Good News on the resources page of our website!

## Changes to Patient Part Estimation

As you're aware, Stellar can keep track of the "Patient's Part" of the total balance on a patient account when using billing codes *Co-Insurance, Deductible Only, Patient Co-Pay or Insurance Co-Pay*. Stellar will then use the supplied percentage or co-pay amount and deductible amount to estimate the amount that the patient will be responsible for and apply it to the patient part field, assisting front-desk collections.

However, if the amount Stellar calculated was incorrect, you would have to post a Raise/Lower Patient Part adjustment from Payments & Corrections, or directly edit the Patient Part field on the patient's Billing tab. Due to this, the PatPart column in the patient's history showing Stellar's estimate might not add up to match the patient part field, thus putting the history and the patient part total out-of-sync.

This has now changed. **The latest update contains a fairly significant overhaul of the patient part estimation process** that we have been working on for some time, which is designed to improve Stellar's estimation capabilities, provide you with finer control of the patient part, and keep the history in sync with the patient part total. **The purpose of these changes is to provide a more reliable and more**

### controllable patient part estimate.

There are three main changes you will notice that are related to this:

**1. The addition of a Pat Part column in the Posting/Daily Transactions screen.** This shows Stellar's estimate of the patient part for each service, and allows you to change it if the estimate is incorrect.

**2. The addition of a Pat Part column in the Insurance Payment screen.** This allows you to refine the patient's part of each service based on the EOB as you post payments.

Recalculate Patient Parts [Patient #7829 2009 TEST]											
Starting Date		Billing Code	Co-Pay	Deductible	Against Deductible (Starting 01/01/2010)						
01/02/2009		Previous Values: Co-Insurance New Values: Co-Insurance	80.00 % 80.00 %	0.00 0.00	Total: 3984.00 Total: 3967.00	Elsewhere: 0.00 Elsewhere: \$0.00					
Show:	Only Insurable Services	+✓ Pat. Pmts:	Starting:	Balance:	Pat. Pad:	Against Deductible:	116.00				
0	Servic	cd	CPT#	Description	Key#	Amount	Old Pat	New Pat	Status	SubmitID	
1	01/02/2009	AT	98940	[CMT 1-2 AREAS]	0011	31.00	10.00	10.00	pending	01/13/09	
1	01/02/2009	WD		Automatic Write Off		4.00	.00	.00			
1	01/02/2009	AT	98940	CMT[1-2 AREAS MEDICARE]	0008	43.00	15.00	15.00	pending	01/13/09	
1	01/02/2009	WD		Automatic Write Off		9.00	.00	.00			
1	01/02/2009	AT	98941	CMT[3-4 AREAS MEDICARE]	0009	55.00	55.00	55.00	pending	01/13/09	
1	01/05/2009	AT	98940	[CMT 1-2 AREAS]	0011	31.00	31.00	31.00	pending	01/13/09	
1	01/05/2009	WD		Automatic Write Off		11.00	11.00	11.00			
1	01/05/2009	AT	98942	CMT[5 AREAS MEDICARE]	0010	11.00	11.00	11.00	pending	01/13/09	
1	01/07/2009	AT	98940	[CMT 1-2 AREAS]	0011	31.00	31.00	31.00	pending	01/13/09	
1	01/07/2009	WD		Automatic Write Off		11.00	11.00	11.00			
1	01/07/2009	AT	98942	CMT[5 AREAS MEDICARE]	0010	11.00	11.00	11.00	pending	01/13/09	
1	01/09/2009	AT	98940	[CMT 1-2 AREAS]	0011	31.00	31.00	31.00	pending	01/13/09	
1	01/09/2009	WD		Automatic Write Off		11.00	11.00	11.00			
New Patient Parts: Auto-Estimate Keep Old Ending/Current: Balance Old Part New Part								4210.00	1004.00	1004.00	Save

**3. The new Recalculate Patient Part screen, which will be automatically displayed when changing the patient's billing information, and in certain circumstances when posting, or by clicking the Recalculate Patient Part button on the patient's Billing tab.** This screen allows you to audit and refine the patient parts stored in the history, or have Stellar re-estimate them for you based on the patient's current billing information by clicking the Auto Estimate button.

**In addition, the Patient Part total**

**is now based directly on the amounts stored in the history**, so if you need to change it you must either edit the stored patient parts (usually using the Recalculate Patient Part screen), or post a Raise/Lower Patient Part adjustment (not generally recommended).

You are not required to adjust the estimated patient parts, though it is suggested. If you don't, it will continue working much as is has in the past, with the balance dropping as the insurance pays until it matches or drops below and "clips" the patient part to match the balance (you will receive an alert calling it a "de-facto patient part adjustment"). And as before, when the insurance finishes paying, the balance and patient part total should match.

If you have further questions, please don't hesitate to call us!

## Per-Carrier Allowed Amount Plans

Another change in the latest update is the ability to set up "plans" for carriers or groups of carriers and specify allowed amounts/automatic write-offs, modifiers or co-insurance percentages that should be used only for those patients having that carrier or plan.

Previously the only way to set up automatic write-offs was in the treatment file, and that amount would come up for every carrier, even if their allowed amount was different. The new "plans" allow each group of carriers that you care to maintain to have their own sets of allowed amounts to be brought up as automatic write-offs when posting services, allowing you to better estimate the patient's part at the front desk.

Actually setting up the plans is a little involved, so if you think you would like to do this, please give us a call and we'll explain it further.

## Payment Against Deductible

A further change is the ability to specify the amount that went towards the patient's deductible when posting insurance payments.

If you enter an amount in the new To Deductible box on the insurance payment screen, that

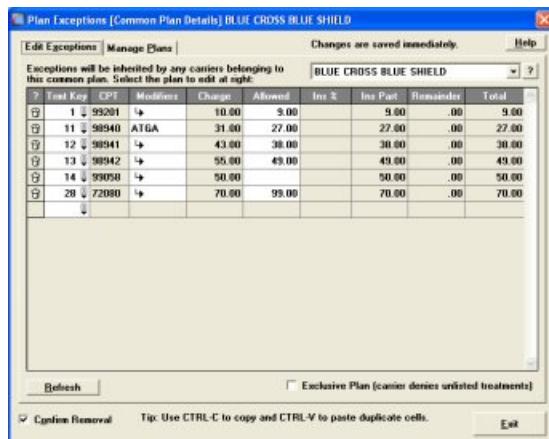
amount will be counted towards the patient's deductible for the selected services, instead of using the service charges minus automatic write-offs. This has the effect of progressively refining the against deductible amount as payments come in, while still allowing Stellar to estimate when the patient has met their deductible and should start having a co-pay applied.

To Deductible:   Met?

If the patient meets their deductible sooner than expected, you can check the Met? checkbox to have Stellar automatically fill in the "against deductible, elsewhere" amount.

## Per-Service Amount Paid

The last major change is the ability to enter and store the specific amount paid on each service if desired (instead of simply marking each service with a Y). You simply click into the Pay? column in the insurance payment screen as before, but instead of putting a Y you enter the amount paid. This can be especially useful to help Stellar calculate the correct automatic insurance discount when there are multiple insurances, and it can be looked up by scrolling the patient's history all the way to the right and looking at the Ins Paid column.



## Health Reform May Not Be as Good for DCs as Hoped

It looks like the three main things in the healthcare reform bill that appeared to benefit DCs (according to the ACA) might not be so helpful after all, at least not for a few years.

Thanks to last-minute bargaining, the pre-existing conditions clause does not take effect until 2014.

The definition of "unreasonable limits" in the lifetime and annual limits provision has not been ironed out yet, leaving the possible imposition of "reasonable" limits in question.

The Harkin amendment may never apply to many insurance plans, and also doesn't take effect till 2014. There may also be issues with the ERISA act, Medicare, and Medicaid.

Source:

<http://thechiropracticjournal.com/news13.php>