

Billing Process	<p>Note doctors are usually required to authorize or "approve" their bills before being sent.</p> <p>Once a bill has been authorized to be sent, it comes under control of billing or accounting.</p>
Appointment Management	<p>when booking patient appointments, office staff should be able to:</p> <ul style="list-style-type: none"> <li>* pre-enter one or more services to be delivered,</li> <li>* enter services rendered outside the context of a visit (e.g. forms completion),</li> <li>* services rendered outside the office e.g. at a hospital.</li> </ul>
Insurance Management	<p>Each patient's insurers / payers / FRAs:</p> <ul style="list-style-type: none"> <li>* need to be specified, and respective</li> <li>* account number validation schemes need to be defined</li> </ul> <p>Each patients' various insurers, insurance numbers, coverage dates, and "patient pay" details should be kept.</p>
Collection Management	<p>Charges can be sent to a service provider or collection agency. <a href="http://www.patient-pay.com">www.patient-pay.com</a>?</p> <p>Invoice can be sent to a designated physical or e-address. Invoice can be issued and paid at point of care - direct banking?</p>
?	<p>Support nonidentical data and file requirements for each of multiple FRAs within a system.</p>
Data Exchange Formats	<p>"Financially Responsible Agencies" (FRAs). The FRAs dealt with by even a single practice can vary in the extent, nature, coding and field formatting of the required data, as well as the rate payable, transfer file format, timing and protocol for data exchange.</p>

## Payment Management

An entity other than a patient (a patient's corporation; a divorced parent who is not a patient in the practice) may be the payer.

Need to track the "external" contact and accounting information.

One or more public agencies; insurers including extended health programs; and/or health maintenance organizations (HMOs) are designated among the patient's payers.

Billable items could be directed to this person, as above, without the need for a separate contact manager.

Another person who happens to be registered as a patient (e.g. a parent) may be designated the payer.

Patient may designate her own payer(s) for "patient pay" items.

Permit and manage multiple payers per patient.

For any billable item, it will be the circumstance (location, type of facility, timing) and nature of the item (covered or non-covered service) that determines which payer(s) should be designated.

Upon patient account creation, a "default" payer is offered.

Specify and reassign any one payer as the patient's default.

Could be a medical service plan, a principal private insurer, HMO or the patient. Any one insurer will honor ("cover") some billable items, but not all. Some items may only be partly-covered, in which case a second --- typically "extended benefits" --- payer may pay the balance or a part thereof. Patients are accountable ("patient-pay") for any remainder.

Payers may, in some cases, share the same or overlapping sets of fee codes, and/or may pay according to different fee schedules.

Each service will require a "code", a fee amount, and additional details that will vary with the service and payor

Code the service under the appropriate and valid payer. The billing function will assure each payor's requirements and guide a combination of office staff and doctors to complete whatever is the required data entry and coding.

## Activity Based Costing (ABC)

Attach each cost activity to a within-patient cost "object." Attaching just to the patient or their financially responsible agency would be inadequate.

Date, time, account, amount, payment\_method, patient\_or\_supplier\_id, doctor\_id, something\_else" - like GnuCash or Quicken do it.

Linking costs to activities. So a knee surgery entails doctor time, supplies, medicines, facilities, assistant time, X-rays and follow-ups. If the surgery entails multiple visits by the patient, they are lumped into the knee surgery - for reporting purposes, not for paying taxes. The "something-else" would track that.

<http://www.pitt.edu/~roztocki/abc/abctutor/> the knee surgery would be the "cost object". The "something else" denote a knee surgery "type" of object.

Through the attachment of resource "usage" to the consuming activity.

In the case of non-billed "overhead" supplies used at some visits but not others, their planned use or consumption could be attached. This could help staff to assure that the right supplies will be at hand, help manage inventory and enable costing.

Instead of a billing table, we ought perhaps consider it an "activity table"

Billable items should be written into a billing table. Each item should be keyed to the patient and, where the event was an appointment or encounter, to the appointment or encounter.

This would permit pre-entry by staff as well as a review function. This same table could also house data for non-billable items that are pertinent to inventory and ABC support.

"visits" for varying depths and types of assessment, each with their own codes (professionals' time & expertise)

- "procedures" - anything "done" to the patient
- other services (e.g. forms completion, 3rd party report preparation), plus
- administrative fees (e.g. chart copying, missed appointments).

Originating invoices for non patient-related items: ordering supplies, bills payment, work done serving on paid professional committees.

While GnuMed could pass "non-billed" items (resource use) directly into an SQL-Ledger, the "billable" items need a sophisticated system to manage the interactions with various FRAs.

Activity table data should be shared across GnuMed, SQL-Ledger and perhaps FreeB.

<p>Collection Process</p>	<p>Tracking and following up on each transaction through what may be multiple iterations to get it paid. possibly involving refusal and/or a change in FRA.</p> <ul style="list-style-type: none"> <li>- auditable history</li> <li>- report generation</li> </ul>
<p>User Interface for data inputs</p>	<p>how the procedures performed will be loaded and that gets into coding and insurance billing.</p> <p>Practice Management system handles the ledger and the scheduler. Both are needed by FreeB</p>
<p>Transaction Management</p>	<p>Account info to be re-used during a future similar transaction and stored in a template account.</p> <p>If a change has been made to the accounting package's directory of accounts, the change would need to be recognized by GnuMed/ freeBill to stop it passing invalid transactions.</p> <p>report generation</p> <p>auditable history</p> <p>The method by which transactions are passed along</p> <p>How edits are to be handled AFTER a transaction has been passed along</p> <p>How the transactions, once loaded, are to be delivered to multiple payors</p> <p>From which software(s) the transactions should originate</p> <p>Tracking and following up on each transaction through what may be multiple iterations to get it paid, possibly involving refusal and/or a change in FRA</p>
<p>Inventory and Procurement</p>	<p>Staff may use "LOAD SCREENS," forms, to load data on list of suppliers, supplies and their prices.</p> <p>Give suppliers access to these screens so they can keep them updated with their products. May make it a stand-alone application on the net. So if your practice is in Boise, Idaho - only those suppliers show up which have indicated that they will do business there.</p> <p>Good for capturing the costs of any supplies being ordered. Could even permit comparison shopping when a choice of supplier permits. "Load tables" of fee codes (tables of charges that can be applied to patients) may need to be dually available to GnuMed and sql-l. Load tables could contain records whose rates are valid only within a designated range of dates... new services will get paid at a new rate, whereas services previously-rendered (but entered after a delay) would be paid at the "old" rate.</p>

Chart of accounts

A potential set of defaults, but should be completely user configurable.

Patient/Insurance Refunds

Lab Fees

Supplies – Medical

Supplies – Office

Insurance – General Liability

Insurance – Malpractice

Insurance – Group Health

Insurance - 'outside' malpractice

Salaries-Physician

Salaries-Other

Service - Laundry

Service – answering

Service – transcription

Service – Alarm

Service – Facilities maintenance

Service – Computer support

Service - collection

Service - Courier

Service - Mail

Lease

Utilities - telephone

Utilities – ISP

Utilities - Power

Capital Costs - Furniture

Capital costs – equipment, examination

Dues - Licensing

Dues - professional membership

Dues – professional fees collected