

**BILLING  
AND  
ACCOUNTS RECEIVABLE  
VIEW  
(BAR - VIEW)**

**Visit our website at:**  
**<http://it.ucsfmedicalcenter.org/training/systems>**

## Table of Contents

|  |           |
|--|-----------|
| <b>OVERVIEW .....</b>                                  | <b>1</b>  |
| DESCRIPTION .....                                      | 1         |
| DEFINITION.....  | 1         |
| OBJECTIVES .....                                       | 1         |
| POLICY .....   | 2         |
| <br>   |           |
| <b>ACCOUNTING TERMS .....</b>                          | <b>3</b>  |
| ADMINISTRATIVE WRITE OFF .....                         | 3         |
| BATCH .....  | 3         |
| CREDIT .....   | 3         |
| DEBIT .....  | 3         |
| ACCOUNT BALANCE .....                                  | 3         |
| STATEMENT BALANCE .....                                | 3         |
| <br>   |           |
| <b>ACCOUNTING TERMS .....</b>                          | <b>4</b>  |
| CLAIMS/CHARGES.....                                    | 4         |
| STATEMENT TYPES .....                                  | 5         |
| EOMB/RA.....   | 5         |
| FSC .....  | 5         |
| FINANCIAL STATUS CLASSIFICATION .....                  | 5         |
| ELECTRONIC REMITTANCE ADVICE (ERA) .....               | 5         |
| <br>   |           |
| <b>NAVIGATING BAR.....</b>                             | <b>6</b>  |
| <b>LOGGING INTO IDX</b> .....                          | 6         |
| <b>NAVIGATING BAR</b> .....                            | 7         |
| <b>BAR INQUIRY</b> .....                               | 8         |
| <br>   |           |
| <b>BAR INQUIRY .....</b>                               | <b>9</b>  |
| <br>   |           |
| <b>NAVIGATING BAR – ONE PAGE REFERENCE GUIDE .....</b> | <b>10</b> |
| <br>   |           |
| <b>DICTIONARY INQUIRY.....</b>                         | <b>11</b> |
| ACCESSING THE DICTIONARY FUNCTION .....                | 11        |
| <br>   |           |
| <b>INDEX.....</b>                                      | <b>12</b> |

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## **Overview**

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**Description**      This course is designed to provide a basic overview of IDX Billing and Accounts Receivable (BAR). In this workshop, the trainer guides participants through the procedures for processing charges and payments, producing statements, claim forms and system reports.

In addition, trainers provide participants with hands-on exercises to reinforce the learning experience.

**Definition**      **BAR – Billing and Accounts Receivable – An Application within IDX that allows users to:**

- ◆ View services, charges, payments and adjustments (located on an invoice)
- ◆ Process charges and payments
- ◆ Produce statements claim forms and system reports
- ◆ View dictionaries (FSC, Provider, Billing Area, and Referring Physician)

**Objectives**      At the end of the training session, participants will be able to:

**Section 1**

- ◆ Define Billing and Account Receivables terms and policies
- ◆ Navigate through function and activity screens (Bar Inquiry)
- ◆ View dictionaries (FSC, Provider, Billing Area, and Referring MD)

*Continued on next page*

## Overview

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### Policy

When patients receive services at UCSF, the practices generate an encounter form that specifies the patient's diagnosis and services received. Staff enters the charges into IDX to generate a claim form that is forwarded to the insurance company or medical group. Depending on the type of charge (pro-fee or hospital), IDX extracts the charges into BAR or SMS.

Account Representatives use the BAR application to "work" outstanding accounts until the balance owed to the institution is zero. The Follow Up Representatives are responsible for:

1. Responding to **patient** inquiries regarding their accounts, including balance inquiries, request for copies of bills, and payment arrangements.
2. Reviewing **E.O.Bs** from insurance companies and reworking outstanding accounts, including updating insurance information and posting adjustments, payments, and rejections to accounts.
3. Responding to **insurance company** requests for claim information including request for copies of medical records.
4. Accessing and doing following up on assigned **work files**.

Clinic staff use the BAR application to respond to patient inquiries regarding their accounts, including payment arrangements, balance inquiries, and request for copies of bills.

## Accounting Terms

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| Term                     | Definition  |
|--------------------------|---|
| Administrative Write Off | An account adjustment that represents the amount the institution is unable to collect due either to billing policy or institutional error. This may only be done when requested by a management decision.   |
| Batch                    | A quantity of like or similar objects considered as a group.<br>I.E.: Payment Postings, Rejections, and Adjustments, Co-pay transfers.  |
| Credit                   | The negative (-) balance remaining on an account. Posting a <b>credit</b> to a patient's bill <b>reduces</b> the amount owed on the account.<br>Example: <ul style="list-style-type: none"><li>◆ Posting payments from patient</li><li>◆ Posting payments from an insurance company</li><li>◆ Posting adjustment(s) (Originally incorrectly applied/posted to the account).</li><li>◆ Posting adjustment(s) (Originally not applied/posted to the account).</li></ul> |
| Debit                    | The positive (+) balance remaining on an account. Posting a <b>debit</b> to patient's bill <b>increases</b> the amount owed on the account. Example: <ul style="list-style-type: none"><li>◆ Posting charges (for services rendered) to the patients account</li></ul>  |
| Account Balance          | The total outstanding balance on an account ( <b><i>includes patient and insurance liability</i></b> )  |
| Statement Balance        | The total outstanding balance on an <b><i>account</i></b> ( <b><i>includes patient liability only</i></b> )   |

## Accounting Terms

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| Term   | Definition  |
|--|---|
| <b>Claims/Charges</b>  | <p>A statement generated by the health care provider outlining services provided to the patient.</p> <p>There are two types of claims/charges:</p> <ol style="list-style-type: none"> <li>1. <b>Professional Fee (Pro Fee)</b> — The professional component or fee for a procedure that represents a physician's work.</li> <li>2. <b>Hospital</b> — Charges submitted by the facility that represent services provided within each department/facility.</li> </ol> |
| <p><b>Professional Fee (Pro Fee)</b><br/><b>HCFA 1500</b><br/>Physician charges, including:</p> <ul style="list-style-type: none"> <li>◆ Office visit</li> <li>◆ Hospital visit</li> <li>◆ Consultation</li> <li>◆ Radiologist (reading film)</li> </ul> | <p><b>Hospital Fee (Tech)</b><br/><b>UB 92</b><br/>Facility charges, including:</p> <ul style="list-style-type: none"> <li>◆ Inpatient admissions</li> <li>◆ Radiology Technician</li> <li>◆ Exam rooms</li> <li>◆ Hospital/facility supplies</li> </ul>  |

**How the  
Pro-Fee charges  
are billed**

**How the  
hospital/facility  
charges are billed**

## Accounting Terms

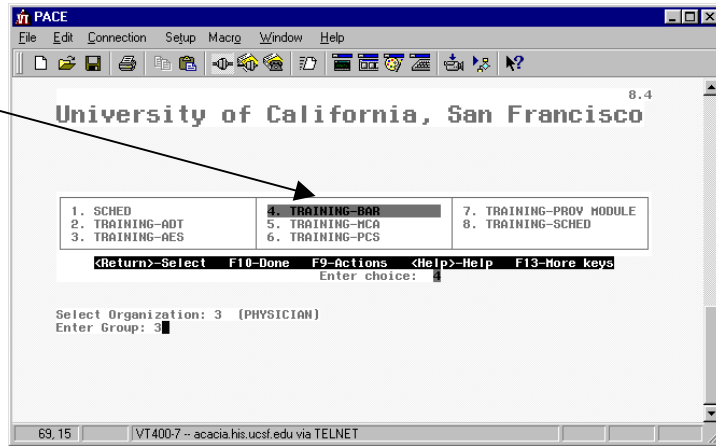
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| Term  | Definition   |
|---|--|
| Statement Types<br><br>These include:<br><b>EOB</b><br><b>Patient statement</b><br><b>EOMB/RA</b> | A form sent to the patient and/or service provider advising of: <ul style="list-style-type: none"><li>◆ Services provided</li><li>◆ Charges billed/considered</li><li>◆ Contracted amount/negotiated rate</li><li>◆ Patient liability (if any)</li><li>◆ Amount paid by insurance company.</li></ul>   |
| FSC<br><br>Financial Status<br><br>Classification   | A code used to group similar types of Payers or large individual Payer types. These codes are used to <ul style="list-style-type: none"><li>◆ Identify and collect billing and follow up information</li><li>◆ Determine if the insurance company or patient should be billed</li><li>◆ Determine if the patient is liable for balance or co-payments</li><li>◆ Track billing and collection activity on financial reports</li></ul> |
| Electronic Remittance<br><br>Advice (ERA)   | An electronic notification advising of the services provided, charges billed and amount paid, denied, or adjusted by the insurance company. (Medicare, Medi-Cal, or Commercial Insurance)  |

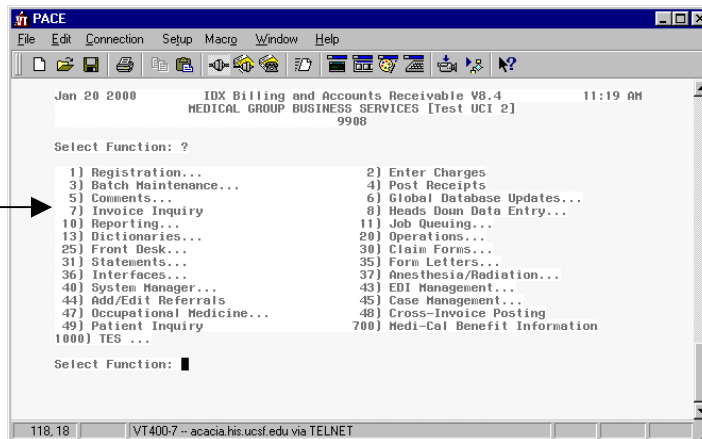
## Navigating BAR

### Logging into IDX

- 1) Access the PACE program from your desktop computer screen.
- 2) Select Option 4 -- Training Bar, Organization 3, Group 3 to access the BAR training environment.



- 3) At the Select function prompt, enter a <?> to see a list of options. Refer to the screen display and select Function 7, Invoice Inquiry.



## Navigating BAR

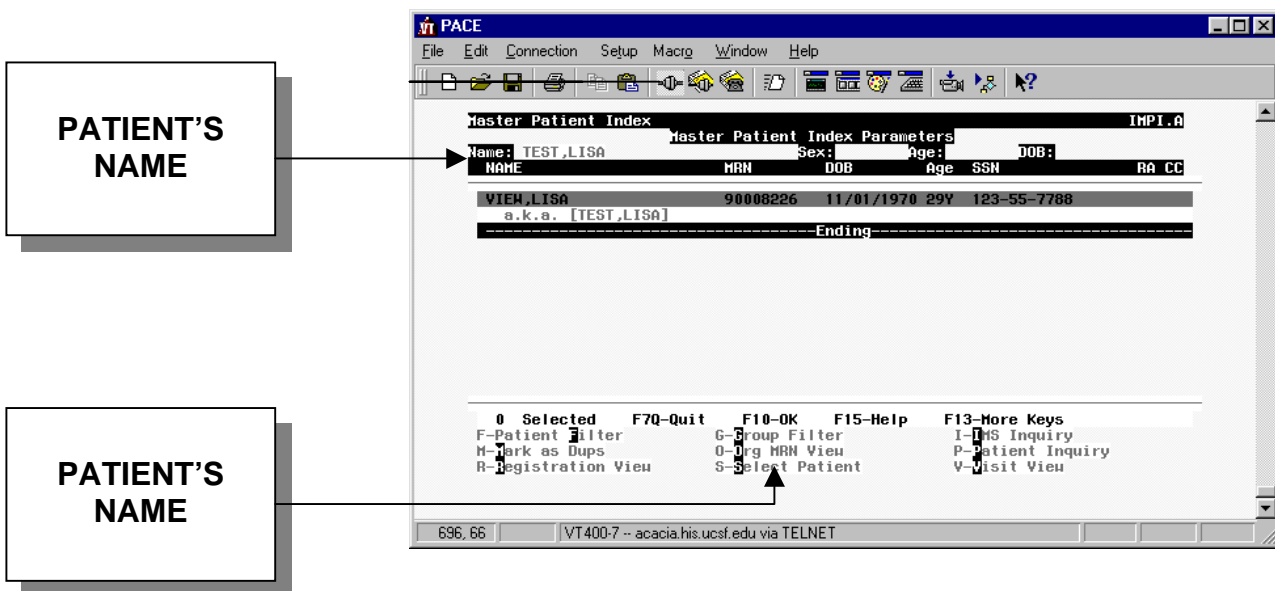
### Navigating BAR

4) At the Patient Name prompt, type the patient's name and press enter.

**Note:**

***Always use the appropriate naming convention method to select the correct patient account.***

5) Locate the patient and enter **S** to select the patient.



**\*NOTE:**

***ALWAYS USE ALL CAPITAL LETTERS WHEN ENTERING/UPDATING INFORMATION IN BAR.***



Navigating BAR

**BAR Inquiry** 9) Press enter and the screen prompts "Invoice." Type a <?> for a listing of the invoices attached to the patient's account.

All invoices  
 (Including  
 non-zero  
 balance  
 invoices).

| Invoice       | Serv Date | Patient   | Phys    | Loc | Ho     | BA | Charges | FSC | Balance |
|---------------|-----------|-----------|---------|-----|--------|----|---------|-----|---------|
| 4) 8000045    | 11/26/99  | LISA VIEH | D CAMPA | PS1 | UCHIMC |    | 89.00   | SBT | 0.00    |
| Visit #: 5120 |           |           |         |     |        |    |         |     |         |
| 3) 8000044    | 12/07/99  | LISA VIEH | D CAMPA | PS1 | UCHIMC |    | 0.00    | BTC | 0.00    |
| Visit #: 5134 |           |           |         |     |        |    |         |     |         |
| 2) 8000043    | 09/30/99  | LISA VIEH | D CAMPA | Z3A | UCHGHZ |    | 424.52  | SBT | 12.52   |
| Visit #: 4402 |           |           |         |     |        |    |         |     |         |
| 1) 8000042    | 10/15/99  | LISA VIEH | N ASCHE | P05 | UCHSKP |    | 171.00  | SBT | 171.00  |
| Visit #: 4404 |           |           |         |     |        |    |         |     |         |
| Total         |           |           |         |     |        |    | 684.52  |     | 183.52  |

Use Action Code  
 B (toggle) to  
 view Non-zero  
 balance invoices  
 only.

| Invoice       | Serv Date | Patient   | Phys    | Loc | Ho     | BA | Charges | FSC | Balance |
|---------------|-----------|-----------|---------|-----|--------|----|---------|-----|---------|
| 2) 8000043    | 09/30/99  | LISA VIEH | D CAMPA | Z3A | UCHGHZ |    | 424.52  | SBT | 12.52   |
| Visit #: 4402 |           |           |         |     |        |    |         |     |         |
| 1) 8000042    | 10/15/99  | LISA VIEH | N ASCHE | P05 | UCHSKP |    | 171.00  | SBT | 171.00  |
| Visit #: 4404 |           |           |         |     |        |    |         |     |         |
| Total         |           |           |         |     |        |    | 595.52  |     | 183.52  |
| End           |           |           |         |     |        |    |         |     |         |

Use Action Code E  
 (toggle) to view Non  
 Expanded/Contract  
 invoices only.

## Navigating BAR – One Page Reference Guide

| <i>To Look for . . .</i> |  | <i>Do this . . .</i>   |
|--------------------------|--|--|
| <b>1</b>                 | Date of Birth<br>Medical Record number<br>Social security number   | At the Select Function prompt, select 7, Invoice Inquiry. Enter patient's name and select the patient.   |
| <b>2</b>                 | Group number<br>FSC number<br>Patient's address<br>Employer address  | Patient's phone number<br>Registration dates<br>Subscriber ID number<br>Cert/Policy number   |
| <b>3</b>                 | Current Statement balance<br>Last Patient payment  | At the Select Function prompt, select 7, Invoice Inquiry. Enter patient's name and select the patient and press enter (twice)  |
| <b>4</b>                 | Adjustments<br>Admission date<br>Balance<br>Batch number<br>Billing area<br>Billing provider<br>Charges<br>CPT Code/Procedure<br>Diagnosis 1<br>Description of diagnosis | Discharge date<br>Discount Hospital<br>Invoice FSC<br>Location<br>Payments<br>Posting date<br>Procedure/CPT Code<br>Referring physician<br>Rejection code<br>Service date<br>Service description |
| <b>5</b>                 | Balance<br>Billing area<br>Charges/Total charges<br>FSC<br>Hospital  | Invoice number<br>Location<br>Physician<br>Service date<br>Visit number  |
| <b>6</b>                 | Patient payments<br>Posting dates  | At the Invoice prompt, enter a ?, Select the correct invoice number, select T (More actions), and P (Patient Account Summary)  |
| <b>7</b>                 | Insurance payments (per invoice number)<br>Patient payments (per invoice number)<br>Total balance  | At the Invoice prompt, enter a ? and press enter. Select the correct invoice number, Select T (More actions), P (Patient Summary), and V (View payments).  |
| <b>8</b>                 | Contractual adjustment<br>Description (of service)<br>Detailed adjudication (pg 2)<br>Insurance payment<br>Posted amount<br>Posting date                                 | Procedure code<br>Procedure Description (pg 2)<br>Rej. Code Description (pg 2)<br>Service date<br>Service Description  |
| <b>9</b>                 | Billing Physician (full)<br>Claim FSC<br>Claim number<br>Diagnosis 1 to 10 (pg 3)<br>Division  | Patient Type<br>Rejection codes (pg 2)<br>TES Batch number<br>TES Encounter<br>TES FSC   |
| <b>10</b>                | Admitting physician<br>Attending physician<br>Chief complaint  | Referring provider (detail)<br>Primary provider  |

## Dictionary Inquiry

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Dictionary Inquiry is a reference tool within IDX that stores specific data. The four dictionaries that account representatives use most often include:

1. Financial Status Classification (FSC)
2. Provider
3. Billing Area
4. Referring Physician

### Accessing the Dictionary Function

At the Invoice prompt, enter a **?**, select the appropriate invoice and select **D** (View detail) and **I** (More Inquiries) and **D** (Dictionary Inquiry).

Press **<F10>** or **<F7-Q>** to exit the Dictionary Inquiry Function.

| Dictionary Name/#                                     | Displays...  |
|---|--|
| Financial Status Classification Dictionary # 19       | <ul style="list-style-type: none"><li>• Claim form information for the FSC</li><li>• Reporting category</li><li>• Patient or insurance liability FSC (determination)</li></ul>   |
| Provider (physicians) Dictionary # 3 (see note below) | <ul style="list-style-type: none"><li>• Provider division</li><li>• Blue Shield, Medi-Cal and Medicare billing numbers</li><li>• State License number</li><li>• UPIN numbers</li><li>• Office phone number and address</li></ul> |
| Billing Area Dictionary # 202                         | <ul style="list-style-type: none"><li>• Description of Bill Area</li></ul>   |
| Referring Physician Dictionary # 123 (see note below) | <ul style="list-style-type: none"><li>• UPIN numbers</li><li>• License number</li><li>• SMS referring number</li></ul>   |

**Note:**

*The physician's name valuing the Attending Provider field is invalid. The physician listed is a **Resident** or is not currently listed in the Attending Provider dictionary with a PIN#. Contact Michael De Lane in the Medical Staff Office (MSO) at (415) 476-4029 to have the physician added to the dictionary.*

## Index

### A

Accessing the Dictionary Function,  
11  
Account Balance, 3  
Accounting Terms, 3, 4, 5  
Administrative Write Off, 3

### B

BAR Inquiry, 9  
Batch, 3

### C

Claims/Charges, 4  
Credit, 3

### D

Debit, 3  
Definition, 1  
Description, 1, 11  
Dictionary Inquiry, 11

### E

Electronic Remittance Advice (ERA),  
5  
EOMB/RA, 5

### F

Financial Status Classification, 5, 11  
FSC, 1, 5, 8, 11

### N

Navigating BAR, 6, 7, 8, 9, 10  
Navigating BAR – One Page  
Reference Guide, 10

### O

Objectives, 1  
Overview, 1, 2

### P

Policy, 2

### S

Statement Balance, 3  
Statement Types, 5