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Billing Manager Applet

Updated Bucket and Claim Status Names

The Buckets and Claim Status Names used in the 'Claim and Account Summary' display and in the drop-down lists for Bucket and Status on the Today screen have been updated to be more user-friendly.

Claim and Account Summary		
As of 7/12/16 05:00:00 AM		
Claim/Account Status	#	Total \$
Awaiting Claim File Creation	1	\$50.00
Claim Line Credit Balance	1	\$420.00
Claim Line Denied by Payer	43	\$15,868.00
Claim Line for Resubmission	5	\$728.90
Claim Printed for Payer	11	\$4,535.00
Claim Scrubbing Error	1	\$350.00
Payment Posting Error	1	\$420.00
Pending Patient Statement	51	\$5,228.27
Pending Payer Paper Claim	9	\$1,009.80
Provider On Hold	3	\$1,600.00
Rcvd by Clearinghouse/Payer	448	\$185,642.40
Sent to Clearinghouse	29	\$14,766.00

Print

Advanced Claim Management

Date
☒ - All - Tue, 07/12/2016
☐ From: Tue, 07/12/2016 To: Tue, 07/12/2016
☐ Age of Claim:
 days from Earliest Submit Date

Payor Type: - All -
Ins Plan Type: - All Insurance Types -
Ins Plan: - All Plans -
By Patient: - All Patients -
By Facility: - All Facilities -
Provider: - All Providers -
Referring Provider: - All Referring Prov
Employer: - All Employers -
User: - All Users -
Balance: >= \$
Invoice #:
CPT From: To:
Other A/C#: Starts with

PracticeAdmin Billing Manager

Bucket: Review

Status: Statements Not Going

Apply

NAME

Click R

Claim Scrubbing Error
Rcvd by Clearinghouse/Payer
Provider On Hold
Pending Payer Paper Claim
Pending Patient Statement
Pending Industrial Invoice
Claim Line Unsubmitted
Pending Rebill
Claim On Hold
Claim Line Credit Balance
Payment Posting Error
Claim Processing Error
Concurrency Error
Claim Line Denied by Payer
Claim Line for Resubmission

Bucket and Status Names: Version 7.1 versus 7.2			
Bucket in 7.1	Status in 7.1	New Bucket in 7.2	New Status in 7.2
Awaiting release	Pre-Released	Pending	Pre-Released
Awaiting release	For Review	Pending	For Review
Awaiting release	For Client Review	Pending	For Client Review
Awaiting release	For Billing Approval	Pending	For Billing Approval
Awaiting release	Concurrency	Pending	Concurrency Review
For Follow-up	EHR Import	Pending	Imported Charges
Errors	Import Errors	Pending	Imported Charges Error
Released	Awaiting EDI Submission	Released	Awaiting Claim File Creation
Submitted	In EDI File	Released	Pending Xfer to Clearinghouse
Submitted	EDI File In Transit	Submitted	In Transit to Clearinghouse
Submitted	Submitted by EDI	Submitted	Sent to Clearinghouse
Submitted	EDI File Confirmed	Submitted	Rcvd by Clearinghouse/Payer
Submitted	EDI Claim Confirmed	Submitted	Under Review at Payer
Submitted	Medicare Crossover	Submitted	Medicare Crossover
Submitted	Submitted by Mail	Submitted	Claim Printed for Payer
Submitted	Billed to Patient	Submitted	Statement Printed for Pt
Submitted	Billed to Industrial	Submitted	Invoice Printed for Ind Acct
For Follow-up	Credit Balances	Review	Claim Line Credit Balance
For Follow-up	Denied Svc Details	Review	Claim Line Denied by Payer
For Follow-up	Pending	Review	Claim Pending Resubmission
For Follow-up	Neglected Svc Details	Review	Claim Line Unsubmitted
For Follow-up	On Hold	Review	Claim On Hold
Errors	Processing Errors	Review	Claim Processing Error
Errors	EDI Rejections	Review	Rjctd by Clearinghouse/Payer
Errors	EDI Claim Errors	Review	Claim Scrubbing Error
Errors	Concurrency Errors	Review	Concurrency Error
Errors	Pmt Processing Errors	Review	Payment Posting Error
Released	Pending Invoice	Review	Pending Industrial Invoice
Released	Pending Statement	Review	Pending Patient Statement
Released	Awaiting Printing	Review	Pending Payer Paper Claim
For Follow-up	Pending Rebill	Review	Pending Rebill
Released	EDI Provider Hold	Review	Provider On Hold
For Follow-up	Statements Not Going	Review	Statements Not Going

Names updated in release 7.2 are in bold. The Processing, Collections, and Inactive buckets and their associated statuses were not updated in this release.

Made columns in *Claim and Account Summary* grid sortable

On the Today screen, the *Claim and Account Summary* grid is now sortable by column. Each column with a column headings (Claim/Account Status, #, Total \$) are sortable when clicked on column headings.

Initial sort upon display will be A to Z on Claim/Account Status, Clicking once on a column heading will sort the grid based on the values in that column. Clicking the same column heading again will sort in the opposite direction.

Today	Claim - General	Claim - Details	Claim - Final	
Claim and Account Summary				
As of 7/12/16 05:00:00 AM				
Claim/Account Status	#	Total \$		
Sent to Clearinghouse	29	\$14,766.00		
Rcvd by Clearinghouse/Payer	448	\$185,642.40		
Provider On Hold	3	\$1,600.00		
Pending Payer Paper Claim	9	\$1,009.80		
Pending Patient Statement	51	\$5,228.27		
Payment Posting Error	1	\$420.00		
Claim Scrubbing Error	1	\$350.00		
Claim Printed for Payer	11	\$4,535.00		
Claim Line for Resubmission	5	\$728.90		
Claim Line Denied by Payer	43	\$15,868.00		
Claim Line Credit Balance	1	\$420.00		
Awaiting Claim File Creation	1	\$50.00		

Linked *Move Payment to Other Service Line* feature to additional transactions

On the Claim Transaction History screen, for all payment types, you can now select Move Payment to Other Service Line to move an overpayment from one claim line to another.

Enhanced MSP feature to support MSP Types for Medicare Part A, Medicare DME or RR Medicare

User will be able to add MSP Type values if the Patient has Medicare Part A, Medicare DME or RR Medicare as the secondary payer.

The screenshot shows the 'Patient Insurance' form in the ProviderSuite Billing Manager. The 'Insurance' tab is active, and the 'New' button is highlighted. The form includes fields for 'Insurance Type' (set to 'Secondary Insurance'), 'Relationship to Insured' (set to 'Self'), 'Insured' (with a refresh button), 'Effective Date', and 'Termination Date'. A red box highlights the 'Plan' field, which contains 'MEDICARE OF MS - PART A (157833)'. Another red box highlights the 'MSP Type' dropdown menu, which is open and shows a list of options: 12 - Working Aged, 13 - End-stage renal disease (ESRD), 14 - Automobile/no fault, 15 - Workers compensation, 16 - Federal agency (public health), 19 - Workers' Compensation Medicare Set-aside, 41 - Black lung, 42 - Veterans Administration, 43 - Disability, and 47 - Liability. A red arrow points from the 'Plan' field to the 'MSP Type' dropdown. Below the form, there is a table with columns 'Ins Type', 'Ins Name', 'Insured', and 'Member ID'. The table contains one row: 'Primary Ins', 'BLUE CROSS BL...', 'f', and 'P'. A blue link text 'Double-click a line in the grid to view or generate eligibility inquiries...' is located below the table.

Ins Type	Ins Name	Insured	Member ID
Primary Ins	BLUE CROSS BL...	f	P

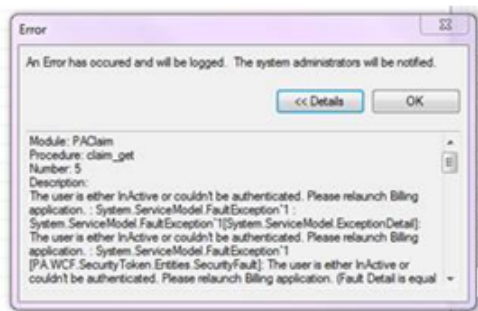
In the electronic claim file, the MSP information will go in:

Loop: 200B

Segment: Subscriber Information

Data Element: SBR05 (required when destination payer is Medicare and Medicare is not the primary payer)

Users will be unable to perform any further action in Billing Manager if that user has been removed from the account (Setup > Users).



If an inactive user clicks on Billing Manager, an error message will appear stating "The user is either InActive or couldn't be authenticated. Please relaunch Billing application."

Added provider fields for Institutional (UB-04/CMS-1450/837I) claims

For accounts where the Facility Billing option is checked on Setup > Facilities, there is a checkbox displayed in Billing Manager when creating a claim that lets the user designate that specific claim as a Facility Bill.

The Facility Bill checkbox option has been moved to the Claim-General tab from Claim-Detail. This should only be checked if the claim is to be submitted as an Institutional (UB-04/CMS-1450/X12.837I) claim.

Once the Facility Bill checkbox is checked, the following fields will appear on Claim - General tab:

ST - PA1 DEMO

Accounting Reports Print GEMs Search Setup Update Cache Help Exit

BillingManager

You have one or more providers that are

Today Claim - General Claim - Details Claim - Final Past Due Account

Patient and Providers

Open Claims New Delete Remove Hold Void

Patient Name: show last LEGGITT, VIKKI (5/6/1958)

A/C #: ST6599 Last Name: LEGGITT

Facility: BRAND NEW TEST FAC (2682) ☒ Facility Bill

Attending Provider: BENNETTO, PEDRO * (30151)

Referring Provider: ADKINS, ALLAN RAY (73441) show last

Rendering Provider: AUTRY, ADAM W (78277) show last

Operating Provider: show last

Other Operating Provider: show last

- Provider is labeled Attending Provider
- Ordering Provider is labeled Rendering Provider
- Referring Provider is labeled Referring Provider
- Supervising Provider is labeled Operating Provider
- An Other Operating Provider field is also shown

Clicking Show Last button next to any of these fields will populate the most recent previous value that was entered in the field.

In the electronic claim file,

- The Attending Provider information will go in loop 2310A
- The Operating Provider information will go in loop 2310B
- The Other Operating Provider information will go in loop 2310C

On UB-04 printed claims,

- The Attending Provider information will go in form locator 76
- The Operating Provider information will go in form locator 77
- The Other Operating provider information will go in form locator 78
- The Referring Provider information will go in form locator 78 (if Rendering and Other Operating are not present)
- The Rendering Provider information will go in form locator 79

Added patient name suffix to printed 1500 claim form

If the patient name includes a Suffix, it will now be included on printed 1500 claim forms.

Improved Filtering by Insurance Plan on Today screen

A defect where the filter on the Today screen would incorrectly reset back to All Insurance Types after the results displayed has been fixed.