Contents

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.

ProviderSuite

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.


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)

Added automatic expiration of Billing Manager access if the user is removed from the account

Users will be unable to perform any further action in Billing Manager if that user has been removed from the account (Setup > Users).
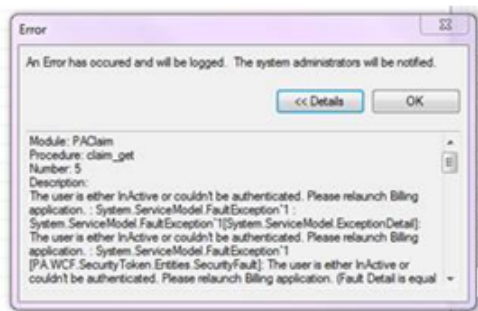
If an inactive user clicks on Billing Manager, an error message will appear stating "The user is either InActive or couldn't be authenticated. Please relaunch Billing application."

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:

- 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.