



Objectives & Goals – Claims Processing

- Open Claims using icon or shortcut
- Perform Pre-Claim Test
- Generate electronic claims
- Send/receive claims to/from a clearing house
- Generate paper claims (HCFA)
- Generate Insurance Statement
- Rebill multiple claims
- See the list of claims, which have been sent to an insurance company either by paper or EMC
- Reprint HCFA
- Hold, unhold an individual & multiple claims
- Edit the charges from claims window

Hot Keys

F2 - Patient Master

F4 - Open Data Entry (Edit) Window

F6 - Charge Posting

F8 - Insurance Receipt

F10 - Check In/Out

Ctrl + F3 - Patient Note

Ctrl + F9 - Collections

F3 - Select Patient

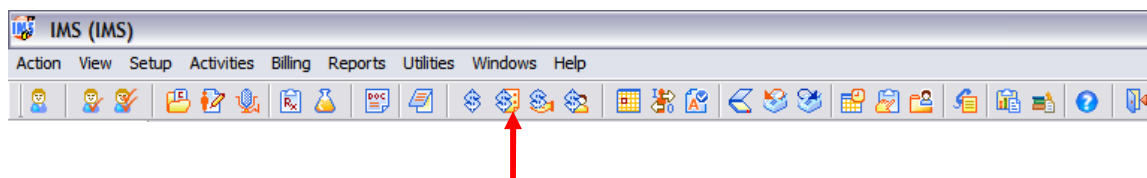
F5 - Open Search Window

F7 - Claim

F9 - Schedule

Ctrl + F2 - Reminder

Ctrl + F6 - Patient Ledger



Click on the Claims icon  on the toolbar or press F7.

NOTES:



Claim(s)

Doctor:	Insurance (?)	Patient (?)	Charge From:	Charge To:	Priority:	Type:	Form:	Retrieve
All	All		00/00/0000	12/24/2007	All	Both	All	

The top panel contains the restrictions that determine which claims appear in the main window. Users can restrict claims by doctor, insurance, date range, primary/non primary and paper/electronic.

With the restrictions set, use the **Retrieve** button to pull up claims meeting the restrictions. The claims appear in the main window. These rows are batches of charges not yet sent on a claim or charges marked for rebill.

	Type	Form	Doctor	Insurance	Priority	Claims	Amount	
10	<input checked="" type="checkbox"/>	Paper	HCFA	Alvarado, CHARLES	Blue Cross Blue Shield Of Il	Primary	41	2777.50
11	<input checked="" type="checkbox"/>	EMC <input type="button" value="v"/>	HCFA	Alvarado, CHARLES	Blue Cross Blue Shield Of Il	Primary	1	266.00
12	<input checked="" type="checkbox"/>	Paper	HCFA	Alvarado, CHARLES	BlueCross BlueShield	Primary	1	84.00

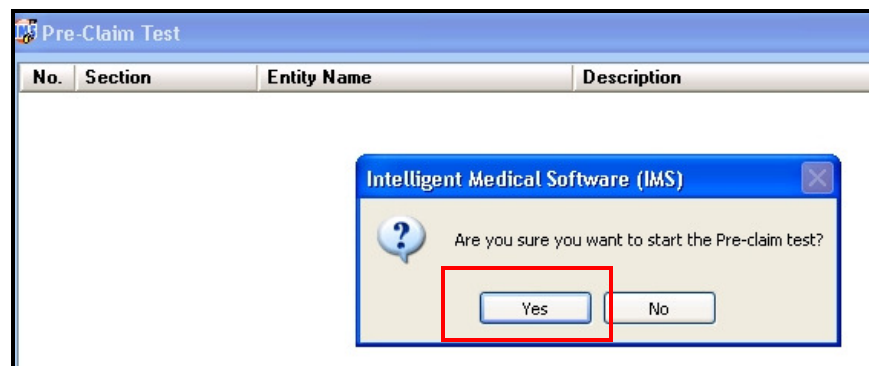
Information such as Type (paper/electronic), Form, Doctor, Insurance, etc is displayed for each claim. Double click on any row to pull up more details such as patients, CPT codes, etc.

Place a check mark in the selected lines and use the right panel to perform actions on the selected rows.

Perform a Pre-Claim Test



Click on Pre-Claim icon.



Click on "Yes" to perform Pre-Claim Test.

NOTES:



1. System Parameters		You do not have Meditab use id so you will not be able to transmit electronically.	Warning	
2. Office	Marry Patient : Test, Bhavu	Office City, State and Zip are missing	Required	
3. Office Address - For Billing Address	Marry-Lee, Jacob Patient : Test, Bhavu	City, State and Zip are missing.	Required	
4. Doctor	Lee, Jacob	Medicare Provider no. is missing.	Required	

Click on "Fix Error" button to fix the problem.

For each error found, the user can select to Fix Error and jump directly to the appropriate place in the system. For example, if the referring doctor is missing from the Case, selecting the Fix Error button will open up the Case Detail so the user can enter the referring provider.

These errors are setup as warnings or required. Warnings can be ignored; required errors cannot be ignored. That is to say, users have to fix required errors before continuing with Claims processing. See below for more details on working these errors.

Users can also print the errors to have a hard copy to work off; however, it is quicker to work directly from this list and automatically jump the problem.

Pre-Claim Parameters

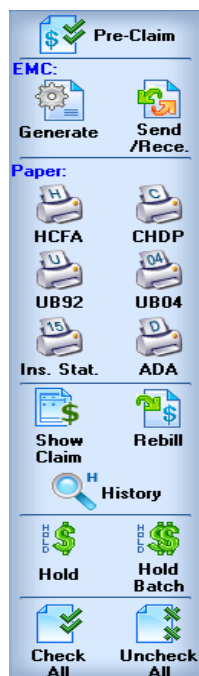
All of the Pre-Claim checks are customizable per payer. From the Setup menu, go to Bill and then Pre-claim Template.

The system comes with a Default Template assigned to all insurances carriers and plans. For this template, all checks are enabled. Use the Add, Copy and Delete button to create and manage different templates. In the lower left corner, select the carrier or plan button to assign the current template to specific carriers or plans.

Section	Description	Severity	Validate
Doctor	Doctor's DOB	Warning	Enable
	Doctor's Specialty	Required	Enable
	Doctor's SSN No	Required	Enable

Each template is organized into various sections (Doctor, Authorization, Patient, etc). Within each section, the various checks are listed. Here we display three provider checks. For each claim that is created, the system will verify that the provider's date of birth, specialty and social security number are entered into the system. If any is missing, then before creating the claim the system will display a warning message and provide users with the opportunity to fix the problem.

NOTES:



In the above example, Doctor's DOB is only a warning (the other two are required), therefore users can create claims without adding the Doctor's DOB to the system; however they cannot create claims without adding the Doctor's Specialty or SSN. Any check can be disabled; any check can be either a warning or required.

For Electronic Claims (EMC), use the **Generate** button to create the claim file that will be submitted electronically. Once a claim is generated, it is removed from this list. See below for more on sending electronic claims.

The **Send/Rece** button opens up the send and receive window which is used after generating electronic claims. See below for more on sending electronic claims. Under **Paper**, click on the icon to create a claim of the type specified.

For example, to create a paper HCFA, simply select the HCFA icon. The system will pull up an image of the form which users can print. IMS supports sending **HCFA**, **UB92**, **UB04** and **Insurance Statements**. Once a claim is printed, it is removed from this list. For the UB forms, a system parameter must be switched on to fully fill out the form. (Setup>> Parameters>> System>> Modules/Features>> Include UB92).

Show Claim shows the detail of the selected line (same as double clicking).

Rebill shows previously billed charges in order to send out another claim. The window opens with restriction options. Users can also rebill from the history button. See below for more information on rebilling.

History displays the history of which charges previously billed. It is similar to Rebill option, but also allows more options including:

- Un-generating electronic claims that have not yet been sent.
- Resending electronic claims
- Reprinting paper claims

Hold Batch allows users to place claims on hold; held claims will not appear in this list. To see held claims, select the **Hold** button. This window will display all held claims that meet the restrictions specified.

Use **Check All** and **Uncheck All** to select rows.

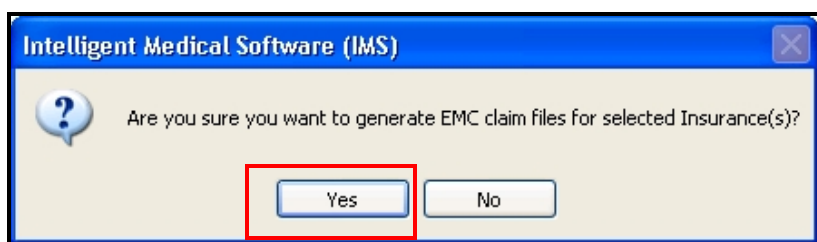
NOTES:

To Generate Electronic claims



Click on Generate icon.

The system will perform any Pre-claim checks before creating the claim forms if the system parameter is set to run the pre-claim check (it will run by default: Setup>>Parameter>>System>>Insurance Claim>>Perform Pre-claim test before Claim).



Click on “Yes” to generate an EMC claim file.

EMC Claim Report (Detail)											
<div>Marry 22 , Phone: (777) 777-7777 Fax: (777) 777-7777 Batch claims data Lee, Jacob</div>											
Batch: 00055		EMC									
Patient	Chart No	Serv. From	Serv. To	CPT	Modifier	Diagnosis(ICD-9)	POS	Charge	Unit	Amount	Current Status
Doctor: Lee, Jacob											
Insurance: America Life insured											
								Generated: 03/21/2008 23:20 system			
1	Test, Bhavu	PT00000031	03/20/2008	03/20/2008	99201	764.24	11	22.90	1	22.90	Generated
2			03/20/2008	03/20/2008	20526	764.24	11	2.00	1	2.00	Generated
3			03/20/2008	03/20/2008	99201	764.24	11	22.90	1	22.90	Generated
4			03/20/2008	03/20/2008	99214	764.24	11	100.00	1	100.00	Generated
5			03/20/2008	03/20/2008	99203	765.27	11	57.20	1	57.20	Generated
										Total Amount:	205.00
										Total Claims:	5

To send/receive claims to/from a clearing house. Click on Send/Receive icon. The Send/Receive button opens up the send and receive window which is used after generating electronic claims. These files are located in a folder that is defined in Setup>>Parameters>>System>>Document Path>>Transfer EMC Files to). The system creates an electronic claim file that can be uploaded to a Claims Clearinghouse. A copy of the electronic file is also sent to the folder on the server IMS>>Billing Documents>>imssned.

NOTES:

	Batch	Doctor	Insurance	Gen. Date	Gen. By	Claims	Amount
1	<input checked="" type="checkbox"/> 00047	Lee, Jacob	America Life insurancd	03/20/2008 12:44 am system		1	45.79
2	<input checked="" type="checkbox"/> 00055	Lee, Jacob	America Life insurancd	03/21/2008 11:20 pm system		5	205.00

Select All Deselect All * Double click on row to view claims. Total: 6 250.79

Current File Status: Estimated Time Left: 0 Sec

All File Status:

Upload Status: Bytes Remaining: 0 Bytes Sent: 0 Files Remaining: 0 Files Sent: 0

Download Status: Bytes Remaining: 0 Bytes Received: 0 Files Remaining: 0 Files Received: 0

Transfer To: D:\CLIENTS\NEW DB\BLANK\billing_documents\transfer ☐ Set as default

 Dialing Number: 15109570488

Click on
Send/Receive button
to send the claims to
Clearing House.

Once a claim is generated, it is removed from this list. See below for more on sending electronic claims.

To Generate Paper Claims



To send paper claims, select the claim lines and then press the button for the paper form.

Intelligent Medical Software (IMS)

Are you sure you want to generate Paper claim for selected Insurance(s)?

Click on "Yes" button to print
HCFA form.

NOTES:



The system will pull up a preview window with the claim forms from which users can print the claims. Whether or not the forms are actually printed, they are marked as sent within the system. The system will perform any Pre-claim checks before creating the claim forms if the system parameter is set to run the pre-claim check (it will run by default: Setup>>Parameter>>System>>Insurance Claim>>Perform Preclaim test before Claim).

For paper claims, charges are placed on the same claim if they are for the same patient, provider and insurance. To restrict this logic see Charge Posting Tips section on the Print CPT on same HCFA check box. The order of the charges on the claim is defined by a system parameter: Setup>>Parameter>>System>>Insurance Claim>>Sort Field in HCFA Form.

HCFA-1500 (Without NPI)			
		LIFE INSURANCE CORPORATION OF INDIA 44 HOLTSVILLE, NY,00501	
	X	325356353	
GUPTA, ANSHU	11 02 1986	X	GUPTA, ANSHU
SOUTHERN ROAD	X	SOUTHERN ROAD	
FISHERS ISLAND	NY	X	FISHERS ISLAND NY
06390		06390	
		325356353	
	X	11 02 1986	X
	X		
	X	Life Insurance Corporation Of	

Rebiling Claims

Charges can be edited and rebilled from the patient ledger, collection module, charge posting and claims processing.

NOTES:

This is how users can rebill charges, fix the charge and create another claim from the claims processing:



Use the Rebill button on the right side to open up a selection window. Select which claims to rebill and select the rebill button. Now users can edit claim information and send out a new claim. Rebill option is different than resend; rebill allows users to edit and change the charges to fix rejections; resend creates a copy of the claim already created, this option does not allow users to edit or change the charge.

Users can edit charges and rebill claims from the Claim module. On any claim line, double click to see the detail of that line, the patients, CPTs, diagnoses, etc. To edit a bill, double click on that line and the Charge Posting window opens up. Users can edit the charge and change billing items.

	Patient	Serv. From	Serv. To	CPT	Diagnosis(ICD-9)	POS	Charge	Unit	Amount	Note
1	Smith, Theodore	03/13/2003	03/13/2003	99214	413.0, 250.00, 401.1	11	133.00	1	133.00	
2	Smith, Theodore	05/05/2008	05/05/2008	99211	413.0, 250.00, 401.1	11	100.00	1	100.00	
3	Smith, Theodore	05/06/2008	05/06/2008	99213	250.00	11	84.00	1	84.00	
4	Smith, Theodore	05/19/2004	05/19/2004	99215	300.02	11	194.00	1	194.00	
5	Smith, Theodore	05/05/2008	05/05/2008	99213	413.0, 250.00, 401.1	11	84.00	1	84.00	

History of claims sent to an insurance company either by paper or EMC



Click on History icon.

1	00058	Lee, Jacob	America Life insurancd	HCFA	EMC	2	1250.00	Generated	0
2	00057	Lee, Jacob	America Life insurancd	Ins. Stat.	Paper	6	250.79	Sent	0
3	00056	Rathod, Deny	Life Insurance Corporation Of India	HCFA	Paper	1	100.00	Sent	0
4	00054	Lee, Jacob	America Life insurancd	HCFA	Paper	1	100.00	Sent	0
5	00053	Lee, Jacob	Medicare	HCFA	Paper	1	250.00	Sent	0
6	00052	Lee, Jacob	America Life insurancd	HCFA	Paper	1	250.00	Sent	0

List of claims which have been generated or sent to an insurance company.

NOTES:

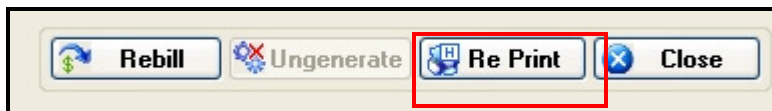
To Reprint HCFA



Click on History icon.

00043	Lee, Jacob	Life Insurance Corporation Of India	HCFA	Paper	1	150.00 Sent
00048	Lee, Jacob	America Life insurancd	HCFA	Paper	2	102.00 Sent
00046	Lawe, Susan	Medicare	HCFA	Paper	2	3.40 Sent
00045	Hales, Linda	America Life insurancd	HCFA	Paper	1	45.79 Sent
00044	Lee, Jacob	America Life insurancd	HCFA	Paper	2	350.00 Sent
00043	Rathod, Susan	CIGNA	HCFA	Paper	2	200.00 Sent

Select claim from the list



Click on Reprint button.

To Hold and Unhold an Individual Claim.



Click on Show Claim icon.

	Patient	Serv. From	Serv. To	CPT	Diagnosis
1	Test_new, Test_new	11/21/2007	11/21/2007	20526	0.02

Double click on claim.

NOTES:

S	CPT*	Diagnosis* (ICD-9)	Modifier	POS*	Charge	Unit*	Copay	Amount	Hold
1	20526	0.02		11	50.00	1	10.00	50.00	<input type="checkbox"/>

50.00

Perf. Doctor: Hales, Linda Billed Date: 11/21/2007
 Doctor: Hales, Linda Entered By: system
 Case: General - 00001 - 11/20/07 Autho. No.:
 Note: Office: 00001

Insurance: America Life insured (1123113) P Paid
 CIGNA (C002) C002 S To be claimed

Case Autho. Fee Sch. Other Dx Patient Dx CHDP Ok Cancel

Check Hold box to hold the claim.

To Hold and Unhold Multiple Claims

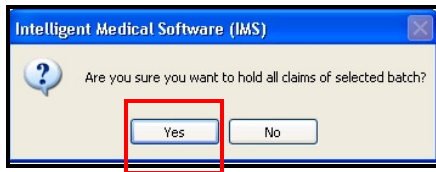
<input checked="" type="checkbox"/>	Paper	HCFA	Hales, Linda	CIGNA
<input checked="" type="checkbox"/>	Paper	HCFA	Lee, Jacob	Life Insurance Corporation Of India
<input checked="" type="checkbox"/>	Paper	HCFA	Patricks, Mark	America Life insured

Check box to select multiple claims

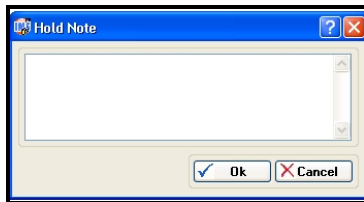


Click on Hold Batch button.

NOTES:



Click on Yes to hold the claims.

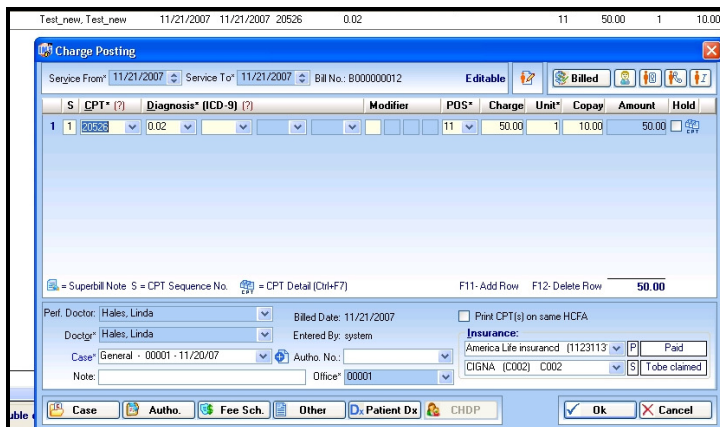


Enter hold note.

To Edit the Charges From Claims Window



Click on the Show Claim button, and then double click the correct row.



Edit the charges details.

Parameter Settings

Located under Setup >> Parameters >> System and Setup >> Parameters >> User. Both have various parameters listed under Billing, Charge Posting, Payment Posting and Insurance Claim.

NOTES:
