eClinicalWorks

“PM Train the Trainer” Client/Reseller Program

eClinicalWorks LLC
112 Turnpike Road

eClinicalworks
Train the Trainer Program Syllabus
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<tr>
<td>1/5/10</td>
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Week 1
Welcome to eClinicalWorks Train the Trainer Client/Reseller Program.
Class Introductions.

Day 1: System Administration
(eClinicalWorks Overview/Program Orientation)

1. Administrator
   - Identifying the eCW Administrator ..............................................
   - Identifying Co–Administrator ......................................................

2. Admin Band/Setup Items
   - Adding New Providers.................................................................
   - Adding New Staff members..........................................................
   - Configuring my assigned to favorites...........................................
   - Adding a Resource ........................................................................
   - Logs (Provider, Staff and User).....................................................

Hands on practice #1

3. Facility Setup
   - Facilities....................................................................................... hurricane
   - Facility Groups............................................................................... hurricane
   - Departments.................................................................................... hurricane

4. Security settings
   - Selecting Security Settings by Users..............................................
   - Selecting Security Settings by Role............................................... hurricane
   - Selecting Security by Facility ............................................................ hurricane
   - RX security...................................................................................... hurricane

5. Uploading Signatures and Logos
   - Uploading Signatures and Logos.....................................................

6. Configure Specialty

Hands on Practice #2

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Day 2

1. Defining a Providers Work Schedule
   - Visit Types Codes
   - Visit Type Durations
   - Different types of Progress notes
   - Visit Status Codes
   - Visit Status config under EMR
   - Setting up Regular Working Hours
   - Setting Up a Schedule for a Resource
   - Setting Recurring Hours
   - Visit Type Rules
   - Exceptions to Visit Type Rules
   - Working Hours-Rule Sets
   - Grouping rule sets
   - Blocking Unavailable Working Hours

Hands on practice #3

2. Database Setup/File Menu
   - Pharmacies
   - Entering Referring Physicians
   - Entering Provider Numbers
   - Setting Lab/Di/Procedure/Referral Assistants
   - Associating Referring Physicians with Insurance
   - Configuring Provider Mandatory Fields
   - Configuring Referral Mandatory Fields
   - Configuring Demographic Mandatory Fields (Pre-Reg fields)
   - Employers
   - Attorneys
   - Case Managers
   - RX management
   - ICD management
   - Document Management
   - Manage Supervising Providers
   - Review Questionnaire
   - User Groups
   - Up-To-Date setup

Notes:________________________________________________________________________
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3. Zip Codes
   - Zip Codes

4. Lab companies
   - Lab Companies
   - Configuring Lab company labels

5. Machine and User Settings
   - Local Settings
   - My Settings
   - Out of Office Dates for Providers
   - Copying my settings
   - Configure “My Assign to” Favorites
   - Practice defaults
   - Setting up Scheduled Jobs
   - Authentication Settings
   - Hard Reset Password
   - Unlocking User Accounts
   - Release Concurrent Lock
   - Fax Server Set up

6. Tools
   - eRX setup
   - RX HUB setup
   - Migrate vitals

Hands on Practice #4

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Day 3

1. Creating and Managing the Patient
   - Patient Setup/Demographics
   - Copying a new Patient account
   - Quick Registration
   - Merging Duplicate Patient Accounts

2. Entering New Patient Information
   - Copying Patient Information to a New Patient
   - Entering Personal Information
   - Entering Responsible Party Information
   - Adding Guarantor Information
   - Enter Emergency Contact Information
   - Entering Insurance Information
   - Scanning an Insurance Card
   - Entering a New Case Information
   - Adding Insurances
   - Adding an Advance Directive
   - Setting up an Alert (Global, Billing, Insurance, and MU)
   - Using Mediscan to Enter Patient
   - Web-Enabling a Patient
   - Registry settings/Registry Enabling
   - Adding Patient Contacts
   - Entering Additional Info
   - Scanning an Insurance Card
   - Assigning and Attorney to a Patient
   - Adding a Case Manager
   - Adding a Pharmacy
   - Assigning a Default Facility
   - Adding Photo Identification
   - Updating Family Information
   - Structured Demographics (searchable option)

Hands on practice #5
3. Patient Lookup/Hub

- Patient Lookup
- Patient Hub
- Patient Hub Toolbar
- Patient Hub Buttons/Information
- Training off of the Patient Hub

4. Patient Appointments

- Using Centralized Scheduling
- Individual Physician or Resource Schedule
- Appointment Slot
- Scheduling a Patient Appointment
- Appointment Window Details
- Structured Data in the Appointment window
- Transition of Care(MU)
- Collection of copay
- Multiple Appointment Search and options
- Using the Case Management detail
- Managing incoming Referrals (and the “R” jellybean)
- Copy & Paste Appointments
- Family-link Scheduling
- Bumping Appointments
- Rx eligibility (optional feature)
- Insurance eligibility (optional feature)
- Printing the Physician or Resource Schedule
- Appointment Recurrence

Hands on Practice #6

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Day 4

1. Telephone/Web Encounter
   - Creating a New Telephone Encounter
   - Selecting Complaints for a Telephone Encounter
   - Viewing Log History

2. Addressing a Telephone/Web Encounter
   - Responding to a Telephone/Web Encounter
   - Refilling a Telephone Encounter Prescription Request
   - Conducting a Virtual Visit with a Patient
   - Ordering Lab Tests without an Office Visit
   - Addendums to a Telephone Encounter
   - Unlocking a Telephone Encounter
   - Looking Up a Patients Telephone Encounter

Hands on practice #7

3. Actions
   - Creating an action
   - Reviewing actions

Hands on practice #8

4. Messaging
   - Settings
   - Composing and Sending a New Message
   - Reading and Relying to a Message
   - Deleting a Message
   - Creating an Action out of a Message

Hands on practice #9

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Patient Documents

- Patient Documents .................................................................
- Document Management and Sub folder Creation ................
- Scanning Documents ............................................................
- Sending a Document ............................................................
- Deleting a Document ...........................................................
- Attaching Documents to a Patient’s Record .........................
- Attaching an Entire Document to a Lab/DI .........................
- Editing Document Details/MODI/Ink Edit ............................
- Attaching Part of a Document/Add Pages .............................
- Converting a Fax Image to Text/OCR .................................
- Faxing or Printing Multiple Attached Documents ............
- Attaching a Document to a Telephone Encounter ............
- Searching Documents ...........................................................

Hands on practice #10

5. Reviewing Documents
   - Reviewing Documents ......................................................
   - Marking a Document as Reviewed .................................

6. Inking Documents
   - Inking an Attached Patient Document ..........................

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Day 5

1. Fax Management
   Fax Inbox
   - Managing Incoming Faxes (Fax Inbox vs. Patient Documents)
   - Assigning a Fax
   - Attaching a Fax to a Telephone Encounter
   - Deleting a Fax
   - Attaching a Fax to a Patient Record
   - Deleting Pages from a Fax

2. Fax Outbox
   - Checking Sent Faxes
   - Previewing Faxes
   - Resending Failed Faxes

Hands on Practice #11

3. Bubble Sheets
   - Creating a New Bubble Sheet
   - Using Structured data for Bubblesheets
   - Generating an OMR Template for a Bubble Sheet
   - Linking a Bubble Sheet at Check-In

Hands on Practice #12

4. Recalls
   - Patient Recall
   - Lookup Encounters

5. eClinicalWorks Letters
   - Creating a Letter
   - Saving a Letter
   - Updating a Letter
   - Running a Letter
   - Saving a letter into Patient Documents

Hands on Practice #13

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Week 2
(Front Office Continued)

Day 1:

1. eClinicalWorks Labels
   - Creating Labels .................................................................
   - Updating Labels .............................................................
   - Removing a Label ............................................................
   - Printing Labels .............................................................

2. eCliniforms
   - Category/folder setup for eCliniforms..........................
   - Adding a Document to eCliniforms ..............................
   - Inking an eCliniforms......................................................
   - Attaching an Inked eCliniforms to a Patient Record......
   - Setting Document category for the eCliniforms toolbar.

Hands on Practice #14

3. Voice Messaging
   - Setup ..............................................................................
   - Enabling ........................................................................
   - Sending Voice Messages..............................................

(Front Office Wrap up/QA)

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Week 2  Day 1 Cont.
Billing Set Up

An overview to show features of which pertain to Billing as well as area’s needing to be set up in order to complete an action needed for the Claim.

Overview of Billing Band & Billing Set up
Afternoon Session:

Under File Menu:
- Insurance Setup, Insurance Groups
- Provider Numbers – Practicing & Referring
- Facilities, Facility Groups
- Data By Facility
- Settings, Practice Defaults (Front Office Tab & Options Tab)

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Under Patient Menu:
- Patient Account Detail

Under Billing Menu:
- Fee Schedules
- CPT - All Categories
- ICD - All Categories
- Insurance CPT/ICD9 Combinations – All Categories
- Modifiers – Updating Moodier w/ % and or Ins Rule

Practice bills for employment physicals and needs to send to the potential employer for all patients that come in for that employer.

Exercise: Create a cpt code using description for work physical (ie: emppe) Employer Physical. Any other services such as drug testing or hair analysis, create cpt’s for those as well.
Medicare B receives claims for medical services where Medicare DME receives claims for medical products. Claims for these types of services need to be split out to a separate insurance address.

Exercise: Create two Medicare Insurances, one for MC B, 2nd MC DME (w/different address)

Practice wants all claims for the Nurse Practioner to go out at 80%

Exercise: Set up the NP modifier so when used it will change bill amount to 80%

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Under Billing Menu

➢ Organize – (for use with Dashboards)..........................................................
➢ HCFA Mapping – POS, TOS, Box 19 & Box 24J...........................................
➢ Default Provider Resource Mapping by Insurance.................................
   (New- mapping takes place during the creation of claims)
➢ Default Fee Schedule Provider Mapping..................................................
➢ Medicaid Payers Configuration – All Categories.....................................
➢ Claim Edits – All Categories....................................................................
➢ Claim Edits – ABN Functionality...............................................................)
➢ Associating ABN with orders from the EMR Menu..................................
➢ Lock Hard Close – All Categories > (To Be Demonstrated in Wk 5)...
➢ Reconcile – All Categories (An Admin Functionality)..............................
➢ Clearinghouses – All Categories...............................................................)
➢ Capitation..................................................................................................
➢ Set Up Collection....................................................................................
➢ Set Up Payment Type.............................................................................
➢ Set Up Patient Statements.......................................................................)

A Resource Provider can be a provider who is not credentialed such as Physician Assistance or it can also be a location at the office where a patient is having something done such as an Ultrasounds.

Exercise: Create two resources and map them.
Practice accepts Gift Cards and Debit Cards, this need to be added into the payment options

Exercise: Create payment types needed by practice.

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Day 3
Morning Session:

Under Billing Menu
➢ Code – All Categories (new options)...........................................................
➢ Anesthesia – All Categories .................................................................
➢ Utilities – All Categories.......................................................................
➢ PM Schedule Tasks – All Categories.....................................................
➢ Misc Config Options – All Categories...................................................

For Anesthesia billing certain areas of a claim need to be populated.

Exercise: Find your anesthesia codes and set up all areas needed for billing.

Practice has standard messages that go out on claims for c/p’s not collected

Exercise: Pre build your billing messages.

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Day 4

Under Reports Menu:
- Day Sheet Reports – All Categories (eBO Viewer for new version).
- Provider Payments Based on Posting
- Refund Summary
- Transactions – All Categories
- EMR – All Categories
- Scheduling – Prov. Productivity Rpt
- Report Console – All Categories

At the end of the day staff needs to balance out their cash box. A report is needed to show provider productivity.

Exercise: Run a Day Sheet Payments by User then run again by All Users (to see difference)

Office Manager wants to know what Sam Willis accessed in the system.
Exercise: Run the Access Log Report

Provider has requested a report capturing productivity for the day, he also wants a report at the end of the week for the whole week.
Exercise: Run the provider productivity report for the day. Run again for the week.

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Under Billing Band
- Review each icon/module under billing band
- Review all filters within the icon/module showing how they can be used.

Exercise: In the Encounters module set filters to look up Done encounters for Sam Willis. Not look up for Locked encounter.

Exercise: In the claims screen set filters to look up all encounters w/o a claim for the week.
Exercise: In the payment module look up all patient payments you entered.

Exercise: In Accounts Look Up module, filter for all patient balances >0 who are ready for a statement.

Exercise: In Batch module set filters to search for batches that Sam Willis created for the past two months.

Class should practice searching criteria’s in each module

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Day 5
Full Day Session:

➢ Complete Set Up Hands On Practice.........................................................
➢ Training Discussion ....................................................................................
➢ Wrap-up........................................................................................................

Class participation in complete workflow of new patient, appointment in office and out of office, collection of co pay at appointment level, posting charges from office visits billing data, etc.
Week 3  Billing  Trainer

Day 1:
Billing for Out of Office Visits – Bringing into IPE

- Creating Out of office Encounters
- Using “Done” in 8.0.100 in out of office encounters
- Room Number and Resource added to encounter and Out of Office Screen
- Utilizing Save and New, Save and Copy

Dr has seen patients at the hospital and has given all slips to the biller for charge entry.

Exercise: Create an out of office encounters and mark as Done

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(Option 1) Creating Claims PM Only – using Office Visit Screen

- Enter charges from Office Visit Screen
- Use Encounters Module for claim creation pulling in the Out of Office ...
- Scrub a claim
- Claim error messages
- Set the claim status
- Submitting Claims
- Printing Batch Reports
- Printing HCFA’s
- Utilizing ITS/Track Log
- Download Acknowledgement Report (Emdeon)
- Printed Claims Log

Exercise: For your patients complete process as above.

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(Option 2) Creating Claims **PM Only** - Using Claims Screen

- Look up all Encounters W/O Claims.................................................................
- Turn encounters into claims one at a time OR Create Claims based on Date Range.................................................................
- Added Resource in Create Claim window......................................................
- Added S/P Search on Claims Screen also........................................................
- Additional Sort Options on Claims Screen....................................................
- Filter for Pending Claims for Charge Entry..................................................
- Changing Appointment Provider/Resource inside Claims..............................
- **For all claims, that are Hard Closed, changes can only be made if the claim is Voided & Recreated.**
- Setting the claim status and OR using Claims IPE Filtered/All........................
- Submit Batch from Claims Screen.................................................................
- Submit Batch and Print HCFA’s/1500’s from Claims IPE...............................  
- Added a column ‘Submitted By’ in the Claim Submission Logs window
  *Can also now view as HCFA for printed claims (paper claims) as well as electronic claims.*
- ICD9 Change Log Added.................................................................................  
  *Changes logged such as, who added, removed or reordered on the claims window. Also logs time.*
- Repeat Steps as above for Batches and Clearinghouse Reports...........  
- Repeat steps for Utilizing ITS/Track Log.........................................................

**Exercise:** For your patient, put patient on the schedule for two consecutive dates (1/5/11 & 1/6/11) and complete process as above.

**Notes:**

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(Option 3) **Creating Claims Using EMR**

- Create claims from **Encounters Icon** for “Done” Encounters or “Locked” Encounters **New Self Pay sort filter added**
- Create Batch IPE All or IPE Selected..............................................................
- Process claims .........................................................................................
- Working Errors on claims.................................................................
- **Suppress Claim Edits On Claims—suppress $0 edit**.................................
  *This is a Security Attribute: “Allow user to suppress the claim errors on claim”*
Exercise: For your patients date of service, complete process as above,

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Week 3
Day 2:

Clearinghouses

- Downloading Clearinghouse Reports.........................................................
- Downloading reports by Importing (not interfaced w/eCW).........................
- Use of Clearinghouse Dashboard .................................................................
- Downloading Clearinghouse Rpts Automatically as Schedule Job..............
- Set Up a list of users to whom a mail will be sent regarding the status of the clearinghouse report download, whether it failed or was successful. There is a provision to select a sender, from whom a message will be sent (to a selected group of users) regarding the status of clearinghouse reports download. The receiver of the message will view the message through the M Quick-Launch Button (jelly bean).
- Setting up the Mailing List..............................................................................

From the Billing menu select PM Scheduled Tasks to display a drop-down list.

a. Enter the task name in Configuration Name field
b. Enter the name of the Clearinghouse by selecting a name from the drop-down list in the Name field.

c. Check the boxes to specify the type of claims for which clearinghouse reports will be downloaded: Professional, Institutional, and Dental.

d. To configure the receiver of mail for reports, click the More button (…) next to the Mail From field:

e. Select the user and click OK.

➢ **Review Clearinghouse Reports**

➢ **Review Clearinghouse Reports enhancements ( Billing)**

Go to Billing>Clearinghouse>Review Clearinghouse Reports

Will only come in if using the scheduled job process.

➢ The Notes and Review columns have been moved to the left.
➢ Outstanding/Reviewed/All tabs have download dates range filter.
➢ In the Review Clearinghouse Reports screen, Back(R) And Next(R) buttons have been added. Clicking on these buttons will mark the report as ‘Reviewed’ and move to the previous or next page:

### Working Rejected Claims

➢ Working rejections from clearinghouse/insurances
➢ Using My Claims Feature
➢ Simulate Regenerating a Batch
➢ Simulate Saving a Batch Locally
Exercise: Using your patients claim, assign that claim to yourself.

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Non Appointment Claims

- Create Dummy Codes for Billing............................................................
- Creating claims without an appointment.............................................
  Examples: Return Check Fee’s to Pt, Capitation Incentive, Interest Claims, or Claim for Product.

Exercise: Using your patient, create a claim for Sun Block.

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Week 3
Day 3:
Payments

- Payment Batches- Start and End............................................................
- Patient Payments (Normal vs. Fast)......................................................
- Patient Payment – select claims by last statement sent column............
- Scan Check...........................................................................................
- Posting Patient Payment at Claim Level................................................
- Insurance payments (Normal vs. Single)................................................
- Split Payments- Ex:BC Pymt split so HMO, Indem, PPO portion shows in pymt screen for same check........................................................................
- EOB Date – auto populated from Check Date field..............................
- Scan EOB.............................................................................................
- ERA – Importing Files- New Interfaces...................................................}
- ERA –New FilterOptions........................................................................
- View ERA on Hard Closed payments...................................................
- Look up by Payer ID and Trace#............................................................
ERA – Marking as Posted

ERA - Deleting/Un-Delete Files

*The file check is now restored*

Viewing/Printing of ERA’s

Exercise: Using your patients claim you created for Sun Block, post a patient payment to that claim.

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Capitation

- Posting Cap Adjustments
- Posting Quarterly Cap Incentives
- W/O Cap Claims as Schedule Job

2ndary Claim Submission

- 2ndary Claim Submission
- 2ndary Electronic Submission
- Printing ERA or EOB for 2ndary Paper Claims

Exercise: Create a batch with your claim to submit to the 2ndary carrier.

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Accounts Lookup

- Look Up Patients for Statements
- Setting Alert
- Moving Credits
- Generating Statements
- Look Up Guarantor Statements
- Send ePatient Statements
Exercise: Do a search for all patients with balance >0 and <= to $5.00, then do a batch patient write off.

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Week 3
Day 4:

Collections

Same screen 3 months into using eCW, client now ready to use internal collections

Before Sending Patient Statements Following Should Be Done

➢ Search for Accounts Ready for Collections .............................................
➢ Create Payment Plan Using” Billing Alert Recall” .................................
➢ Move Account to Collections ..................................................................
➢ Move Claim to Collections ....................................................................... 
➢ Uploading accounts/claims to Trans World ..............................................

Exercise: Search for patients ready to be moved to collections based on number of statements sent. Move one account to collections.

After moving accounts into collections search for Pts Ready for their next (3rd) Statement. Same process as above for statements

Collection Manager

➢ Updating Collection Letters .....................................................................
➢ Search Patients By Cycle .......................................................................... 
➢ Printing Collection Letters ......................................................................
➢ Move Patients to another cycle ..................................................................

Exercise: Search for the patient you transferred to collections and produce the collection letter.
Billing Alert Recall

- Look Up Billing Alert Recalls by Protocol
- Suppress Alert
- Move Pt to Collections and run Default Letter

**Exercise:** Look up your patient by your protocol

Refunds

- Search for Credits/Acc’s Look Up
- Single Refund
- Batch Refund Posting
- Printing Refund checks
- Maximizing the use of Printed/Ready to Print options

**Exercise:** Have client set up two MC insurances, one for DME and then practice the split.
Misc Billing Features 2

- Scheduled Jobs

- PM Scheduled Tasks

  "What's the benefit of using PM Scheduled Tasks?"
  - Saves time
  - Automated Process
  - Saves billers working hours so indirectly saves money
  - Faster process
  - Improves Account Receivable.
  - Machine independent so Reduces Manpower
  - Paperless functionality.
  - Real time insurance eligibility check available.

  Tons of work done in after hours in few minutes

- Claim> Create Claim Rule

- Codes> Payment Rejection Status Codes

- Setting Up Case Manager

- Eligibility (optional)

- Eligibility Logs

- Financial Adjustment Enhancements

  Colors show in financial adjustment listing

  - In the Patient Inquiry Details window (select an account to view from Accounts Lookup window, the Patient Inquiry Detail window will open), the financial adjustment codes will be displayed in color.

  - Validating Against Master List – No Duplicates

    If an adjustment code has already been used in claims, then they cannot be deleted and the code cannot be changed from the Billing>Codes>Adjustment Codes window. The Code box is grayed and disabled, so the user cannot change the code. The description can be updated at any point, irrespective of whether the code has been used in claims. A tooltip has been added to the box mentioning how many claims have used the adjustment code. If the code has not been used in any claims, they can delete or update the code.

  - To delete/update an adjustment code, go to Billing menu>Codes>Adjustment Codes>select a code and click Update/Delete

  - The following screenshot shows the Code box as disabled (grayed), and a
number of claims in which the code has been used:

And tooltip displays if the user selects a code that has been used in claims, and tries to delete it, the system gives a message:

**Security “manage access”**

**A new security attribute has been introduced:** Manage access to adjustment codes. When this security attribute is disabled for a user, they cannot Add/Update/Delete the Financial Adjustments Codes from Billing menu>Codes>Adjustment Codes. These buttons are grayed out.

If the user clicks on the Security Info button, then the security key that controls this is displayed:

The user is now prevented from creating duplicate adjustment codes

- Posting Adjustments at CPT level – balance displayed so users know amt to post
In the Financial Adjustments Posting at CPT level, CPT Level balance is now displayed so that the practice will know how much to post.

**Exercise: Using your patient set up a Work Comp case**

**Exercise: In Payment Rejection Status Codes, set up your rejection codes using either standard codes or user defined codes.**

**Notes:_________________________________________________________________
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**Week 3**  
**Day 5:**  
**Hard Close -**

- *No Hands on for the Hard Close. Trainer will demonstrate.*
  - Lock/Close Options..............................................................................................
  - Lock Payments/Refunds.......................................................................................  
  - Lock Adjustments.................................................................................................
  - Hard Close Options..............................................................................................
  - Performing a Hard Close......................................................................................
  - Void and Recreate claims....................................................................................
  - **Redistribute Patient Payment after Hard Close.................................................**

This new functionality is designed to replace the manual process our clients use today to redistribute Hard Closed patient payments to other claims.

**Example:** Patient paid $50 that was applied to one claim. Later, this payment was included in a Hard Close period. Now the practice determines that the patient’s copayment was only $25, so they want to redistribute the original hard-closed payment, applying $25 to another outstanding claim. Manually, the practice creates a new zero-dollar payment for today’s date (zero because no actual money is received to show up on the Daysheet). They manually apply - $25 (negative $25) to the first claim and $25 (positive $25) to another claim for this patient.

Original Patient Payment for $50 is Hard Closed – Received Date 11/1/2010
On the original hard closed patient payment, click the arrow beside the “Print Receipt” button and select the Redistribute Payment menu option.

Note: This option is only available on hard closed patient payments.

The Patient payment redistribution window opens, displaying both the claim-level posting and CPT-level posting if the original payment was posted at the CPT level.

Click on the Claims button at the bottom of the window to select other claims to re-distribute this payment to.
The selected claim(s) are added to the Patient payment redistribution window.

In this window, update both claims – claim and CPT level – to reflect the new distribution of the original hard closed payment.

The system automatically creates a new zero-dollar payment, using the current date as the Received Date (default) and applying both reverse postings at the claim and CPT level (if originally posted at the CPT level) of the original claim(s) and applying positive postings at the claim and CPT level of the newly selected claim(s).

The original payment has been marked as “Redistributed” and labeled with the new system-created payment ID.
The patient’s account displays both payments as expected.

Exercise: Using your patients claim, void and re-create it

Notes:_________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Rule Engine
- Creating a Claim Edit Rule
- Set up Queues –Billing>Organize>Work Queue Manager
- Codes>claim Action codes>Result codes
- Creating a Work Flow Rule

Exercise:
- Create a claim edit rule
- Create a billing queue
- Create action and result code

- Creating a Work Flow Rule
- Working your Dashboard Queues

Reports
- Crystal Reports
- PM Dashboard (eBO/Cognos)
- Report Console

Billing Review (review of the entire process)/Q & A
- Wrap-up
- Training Discussion
- Workflow Questions
- Q&A

Sample Report Explanations Attached

SELF STUDY & TESTING
Suggested Reports for Billing Office  Month End Reports
APL/eBO  Reports

1) **Account Summary Aging** – Summary Acc Analysis Tab, can be run under Pivot Table Tab for large practices. If no filter selected then everything is selected.
   
   **Define Aging Group** – you can define your own aging by typing the # 250,260 so on.
   
   **Date Range Filter** – “A/R as of Today” Picks today’s date, goes back 2 years
   
   Our reports always pull by Billing Start Date in background.

2) **Day Sheet** – Charges, payments, adjustments, refunds. By Billing Date for accurate info. Make sure these claims are Not modified after running this report. If wanting to match APL to Crystal reports then run by Appointment Provider.
   
   Export values to XLS = day to day (basis) charges. (Transaction Report in eCW will show any modifications to claims) Can dump all reports into excel. Payments are based on Posting Dates

3) **Charges – Payments Summary** – Under Summary Acc Analysis tab, date range, shows all the charges for this date with payments associated to these charges.

4) **Insurance Claim Aging Detail** - check procedure detail = shows at the cpt level.
   
   Aging starts when claim is created. 2ndary claims will start the aging of that claim as current once transferred. Last page of report will have totals. Will also show group totals.

5) **Insurance Cross Tab Analysis** – Payments based on posting dates (same as Receive Date) By individual, Insurance Group by Provider. This show’s number of patients, cpts, charges, payments, etc.

6) **Procedure Code Production Analysis** – Under production analysis. Prov. Facility detail, unassociated, billed charges. Pivot can sort by procedure and units (Yr to Dt, Mo.to Dt will compare to date selected)

   *Un-posted CPT = cpts that are selected in report yet monies are not associated to it

   *Un-posted Pymts = when selecting a cpt or group of cpts, if $amt comes up as this, then this means “money posted to OTHER cpts not listed in search.”:

**NOTE:** Run
- **Daily Financial Summary** under Mgmt Rep’s
- **Procedure Code Production Analysis**
- **Income and Production** under facility
- **Payments by Facility**
- Year to Year Monthly Financial Summary by Unassociated Payments – Beg/End A/R match.
- Misc2 – charges payments by claim rendering provider – A/R Bal’s

**Month End Reports**

- **Account Summary Aging** – this report should be run using Billing (Claim) Date on the morning of the 1st. This report will show the aging of all outstanding charges. The total at the end of the report is the outstanding A/R at the point in time this report is run. This aging report is dynamic. This reports on outstanding charges only. As soon as a payment or refund is processed that affects any of these outstanding charges the total will change.

- **Day Sheet Summary Report** – this report should be run using Billing (Claim) Date for month’s date range. This report will show the total charges, payments adjustments write-offs, refunds, etc. for this month. Payments on this report are actual payments received and may or may not be associated with the charges reported. This is a picture of the activity during this time frame. When this report is run using Billing (Claim) Date the numbers are static.

- **Monthly Financial Summary** – Found under Facility analysis Tab, this report should be run using Billing (Claim) Date. This report shows the Beginning A/R, actual charges, actual payments, adjustments, withheld, write-offs, refunds, un-posted payments and Ending A/R. If the time frame specified is for more than one month, each month will be reported. This report is broken down by Facility, then Provider, with a total page at the end. When this report is run using Billing (Claim) Date the numbers are static.

- **Procedure Code Production** – leave bland for all cpts. Run by Provider Facility, Patient detail Filter. This report will give you production for all cpts with patient names for each cpt.

**Note:** A/R not equaling Yr to Yr?
If using ERA won’t match. eCW only considers 4 adj codes, therefore the A/R balance is different. Item Key –Consider ERA Adjustments.

**Glossary for Reports (Billing)**

**Provider Types:**

- Appt Provider – one on which schedule is made
- Rendering Provider – one on whom claims are made
- Pay to Provider – one who’ll be paid for those claims
- Resource Provider – one on which schedule is made and non credentialed

Dates:
- Service Date – the date Pt came in (True Charges), claim wasn’t created
- Billing Date – the date the actual claim was created (Accountants are more interested in that) *Billing dates are Important*
- Transaction Date – fixes charges permanently e.g.: P if I made a $100. Transaction in July and added something in August, if run by Billing Date it will change totals for July but w/trans, it will be different.

Types of Groups:
- Facility Groups
- Insurance Groups – esp. same Payor Id’s
- CPT Groups – e.g.: All labs, X-Rays, Office Visit’s To see combined totals
- ICD’s – All Diabetes, All Shots, etc.

Management Reports:
- Daily Financial Summary Report –uncheck bottom checkbox ALWAYS (Only for Minnesota)
- YTD n- 1 date less than date you selected (A/R of that date)
- A/R – Acct’s Receivable
- MTD –Month to Date
- Year – Year Monthly Financial Summary. Compare months of previous yeat to this year. e.g.: Jan 2005 to Jan 2006
- A/R Management Report – A/R = charges + refunds – adjustments
- EOM – End of Month

Facility Analysis
- Collections Analysis – Collection % age report. Mainly charges for which payments are associated.

Col% = payments/charges   Adj% = fin.adj/charge   Con% = Ins Adj/Charges
Net% = 1-Balance/Charges   Balance = Charges > -Payments > -Ins Adj > -Ins Withheld > -FinAdj > +Refunds