

eClinicalWorks

Business Analysis Department



Workbook: Billing II

Client Name: Kentucky Department of Public Health

10/12/2016

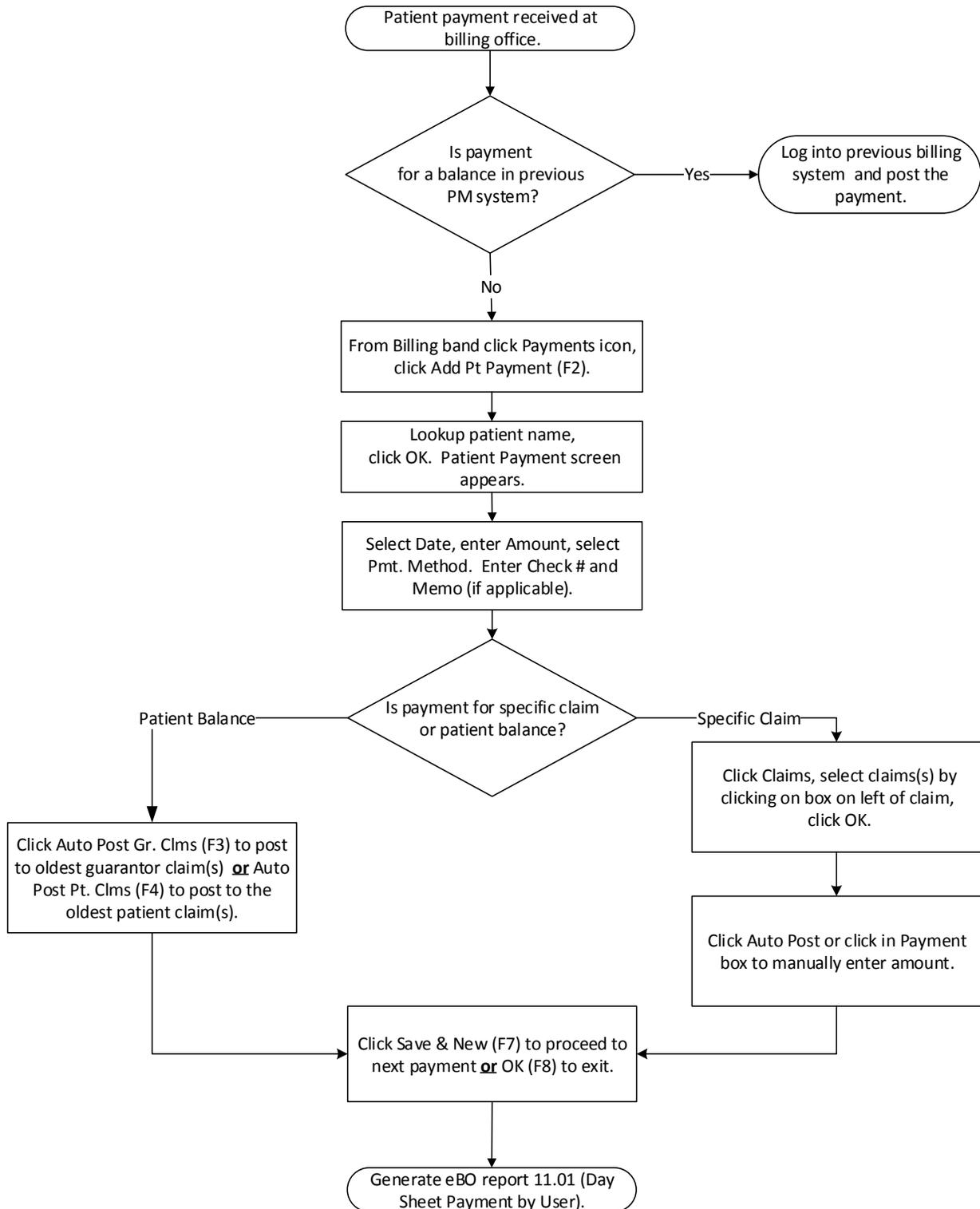
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Patient Payments

Posting Patient Payments from Billing Band



1. From the billing band, click Payments icon.
2. Add Pt Payment (F2).

The screenshot shows the eClinicalWorks interface for the Payments section. The left sidebar has 'Billing' and 'Payments' highlighted with red boxes. The main area contains search filters for Payment From, Posted By, Check #, Payment ID, Balance, and Sort By. At the bottom, the 'Add Pt Payment (F2)' button is highlighted with a red box.

3. Select Patient and click “OK”

The screenshot shows the Guarantors lookup window. The window displays a table of guarantors with columns for Name, DOB, Phone, and Account No. The 'OK' button at the bottom right is highlighted with a red box.

Name	DOB	Phone	Account No.
1 Curran,Jeff A	12/13/1960	561-703-0241	9330
2 Curran,Jeff P	12/13/1960	561-703-0241	9118
3 Curran,Martha M	03/31/1974	561-703-1234	9119
4 Curran,Shannen	11/04/1986	561-703-1234	9120
5 Curran,test q	01/10/2000	561-703-0241	9319
6 Darren,Gary	01/01/1940	555-555-5591	92
7 Darren,Lori	07/23/1979	555-555-5590	91
8 Doe,John		555-555-5500	JD123
9 Glover,Garielle S	06/14/2001	555-555-5584	9337
Glover,Josceline K	05/30/1976	555-555-5584	9336
Hollis,Elizabeth	08/08/1957		9335
Hollis,Lisa	08/08/1975		9325
Hollis,Sally M	08/08/1975		9327
Johns,Robert	05/05/1965		ABC9341
Johnson,Jack	11/25/1989	555-555-5588	89
Johnston,Judy	08/08/1957		9323
Jones,Jennie	03/04/2001	555-555-5504	5
Jones,John	12/03/1984	555-555-5587	88
Jones,John	12/12/1948	555-555-5502	3
Jones,Mary	04/12/1961	555-555-5586	87

4. Enter the details of the patient's payment. Add amount, payment method, and Check No., if applicable.

Patient Payment Date: 11/23/2015

Patient Curran, Jeff P Sel Info Hub Scan(F5)
 DOB:12/13/1960 Age:54Y Sex:M
 Tel:561-703-0241
 Acct No:9118, WebEnabled: Yes

Facility Westborough Medical Associates Sel

Memo

Amount \$ 25.00 25.00

Pmt. Method Check

Check No. 12345

Unapplied Amount: 25.00

Patient Insurance(s) Batch # 1

Insurance	Co Pay
UNITED Healthcare	25.00

5. Scan the payment (optional).

Patient Payment Date: 11/23/2015

Patient Curran, Jeff P Sel Info Hub Scan(F5)
 DOB:12/13/1960 Age:54Y Sex:M
 Tel:561-703-0241
 Acct No:9118, WebEnabled: Yes

Facility Westborough Medical Associates Sel

Memo

Amount \$ 25.00 25.00

Pmt. Method Check

Check No. 12345

Unapplied Amount: 25.00

Patient Insurance(s) Batch # 1

Insurance	Co Pay
UNITED Healthcare	25.00

6. Follow the normal scan document instructions.

Document List

Date	Scanned By	Name
Total Documents: 0		

Description

Add Update Delete View Compare

Scan Options

Show Scan UI Scan to Color Doc
 Turn ADF Off Scan Duplex

Select Scanner

Refresh Edit Ink Edit MODI Edit < > Fit to Screen

Search Medic Scan Scan Close

Payment Posted to a Specific Claim:

1. Select the claims button.

Claims paid (with this payment) Auto Post Gr. Clms (F3) Auto Post Pt. Clms (F4) Auto Post

Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clm Balance	Pat Balance	Payment
----------	--------------	---------	--------------	-------------	-------------	---------

Print Receipt Visits Claims Delete Post CPT Save & New (F7) OK(F8) Cancel(F9)

Posted By Willis,Sam Locked by: 11/23/2015 06:41 PM

2. Select the claim that you want to apply the money to, click OK.

Payment Posting Insurance Based Guarantor Based

Patient Based

Patient: Curran, Jeff P
DOB:12/13/1960 Age:54Y Sex:M
Tel:561-703-0241
Acct No:9118. WebEnabled: Yes

Sel Info Hub Facility: ...

Claim Balance: > 0 Get Claims

Patient Claims

<input type="checkbox"/>	Patient	Claim No	Service Dt	Pvdr	Facilit	Claim Amt	Claim Bal	Patient B	Last Strmnt
<input checked="" type="checkbox"/>	Curran, Jeff P	405	01/16/2009	SW	WMA	197.05	197.05	197.05	08/07/2014
<input type="checkbox"/>	Curran, Jeff P	394	02/02/2009	SW	WMA	265.00	15.00	15.00	02/03/2009

500 < Prev Next > 1-2 of 2 records OK Cancel Apply

3. Click the “Auto Post” button to apply the patient payment against the selected claim(s).
 - a. Note: There has to be a patient balance on this line in order for this button to Auto Post. Otherwise, click in the payment field and manually enter the amount you want to apply to that claim line.

Receive Payments

Patient Payment Date: 01/15/2015

Patient: Curran, Jeff P
 DOB:12/13/1960 Age:54Y Sex:M
 Tel:561-703-0241
 Acct No:9118, WebEnabled: Yes

Facility: Westborough Medical Associates

Amount: \$ 25.00 (input) 25.00 (display)

Pmt. Method: Check

Check No.: 1234567

Unapplied Amount:0.00

Patient Insurance(s):

Insurance	Co Pay
UNITED Healthcare	25.00

Batch # 1

Claims paid (with this payment)

Auto Post Gr. Clms (F3) | Auto Post Pt. Clms (F4) | **Auto Post**

Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clim Balance	Pat Balance	Payment
405	Curran, Jeff P	01/16/2009	abdominal pain	197.05	197.05	25.00

Print Receipt | Visits | Claims | Delete | Post CPT | Save & New (F7) | OK(F8) | Cancel(F9)

Posted By: Willis,Sam | Locked by: | 01/15/2015 02:02 PM

4. Click on the “Print Receipt” button, if a receipt is requested.

Claims paid (with this payment)

Auto Post Gr. Clms (F3) | Auto Post Pt. Clms (F4) | Auto Post

Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clim Balance	Pat Balance	Payment
405	Curran, Jeff P	01/16/2009	abdominal pain	197.05	20.00	20.00

Print Receipt | Visits | Claims | Delete | Post CPT | Save & New (F7) | OK(F8) | Cancel(F9)

Posted By: Willis,Sam | Locked by: | 11/23/2015 05:07 PM

Payment Posted to the Oldest Balance:

1. Click “Auto Post Pt. Claims” – system will post the payment to the oldest patent balance

Receive Payments

Patient Payment Date: 01/15/2015

Patient: Curran, Jeff P
 DOB:12/13/1960 Age:54Y Sex:M
 Tel:561-703-0241
 Acct No:9118, WebEnabled: Yes

Facility: Westborough Medical Associates

Memo:

Amount \$ 25.00
 Pmt. Method: Check
 Check No. 1234567

Unapplied Amount:0.00

Patient Insurance(s): UNITED Healthcare, Co Pay: 25.00

Batch # 1

Claims paid (with this payment):

Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clm Balance	Pat Balance	Payment
405	Curran, Jeff P	01/16/2009	abdominal pain	197.05	197.05	25.00

Buttons: Print Receipt, Visits, Claims, Delete, Post CPT, Save & New (F7), OK(F8), Cancel(F9)

Posted By: Willis,Sam | Locked by: | 01/15/2015 02:02 PM

2. Click “Print Receipt” button, if a receipt is requested

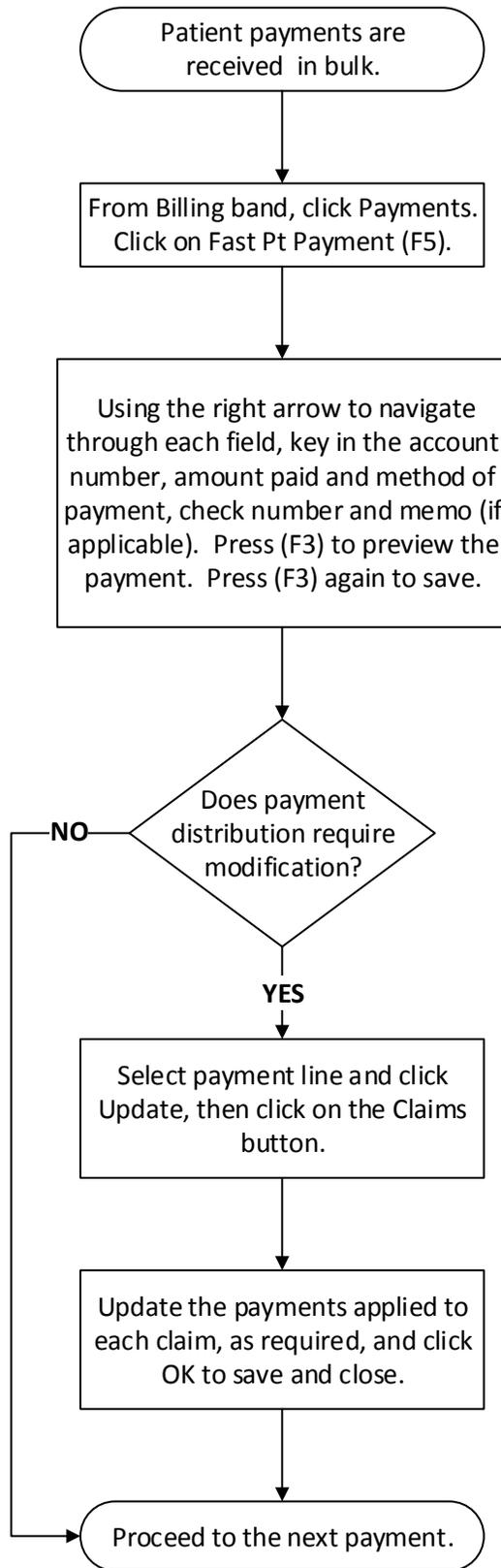
Claims paid (with this payment):

Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clm Balance	Pat Balance	Payment
405	Curran, Jeff P	01/16/2009	abdominal pain	197.05	20.00	20.00

Buttons: Print Receipt, Visits, Claims, Delete, Post CPT, Save & New (F7), OK(F8), Cancel(F9)

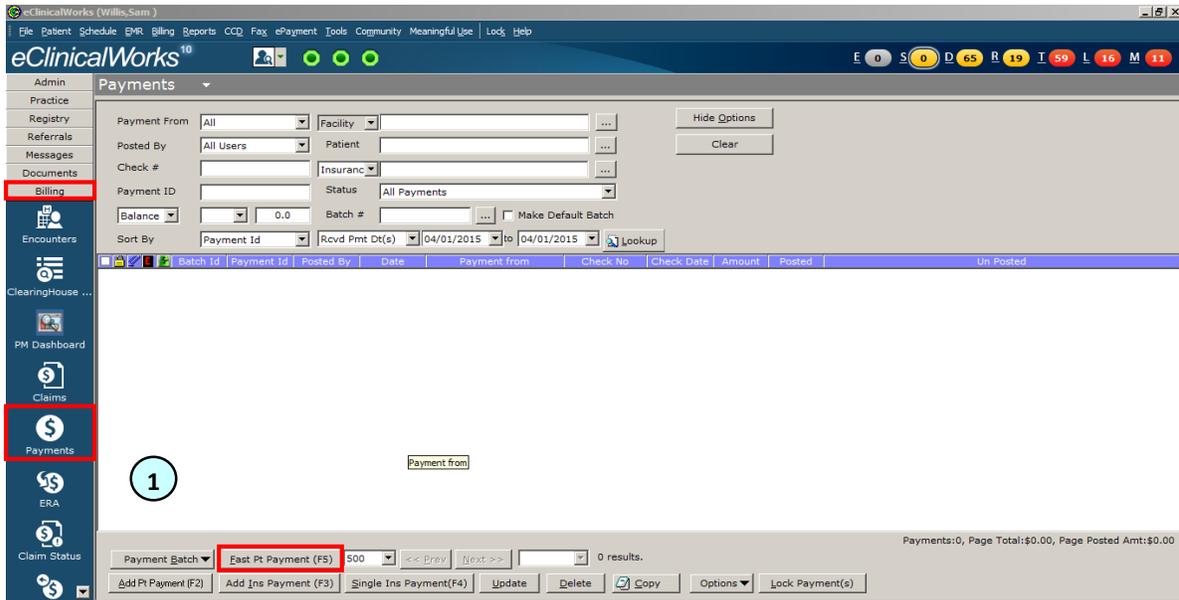
Posted By: Willis,Sam | Locked by: | 11/23/2015 05:07 PM

Fast Patient Payments



This feature allows multiple patient payments to be posted quickly based on account numbers. Once the fast payments are entered, the system automatically applies them to any claims with outstanding balances, starting with the oldest claim. Any remaining amount is then marked as an unapplied amount.

1. From the Billing band, click “Payments” then click “Fast Pt Payment” (F5).



2. Use the right arrow to navigate through each field and key in the account number, amount paid, number corresponding to method of payment (1 = Cash, 2 = Check, 3 = Credit Card), check number, and memo (if applicable).
3. Press (F3) to preview the payment.



4. Press (F3) again to save

Patient Payment - Rapid Entry

<AccountNumber>,<Amount\$>,<PmtMethod>,<CheckNo>,<Memo> **F3 - Preview** **F3 - Save**

Hot Key Entry 9361,100.,2,1234,Enter notes regarding payment if applicable.

Patient Payment

Patient Name	Johnson, Mikayla			
Facility Name	Westboro Medical Associates			
Payment Method	test			
Check No	1234			
Memo	Enter notes regarding payment if applicable.			
Date	04 / 02 / 2015			
Paid Amount	\$100.00			
UnApplied Amount	\$0.00			

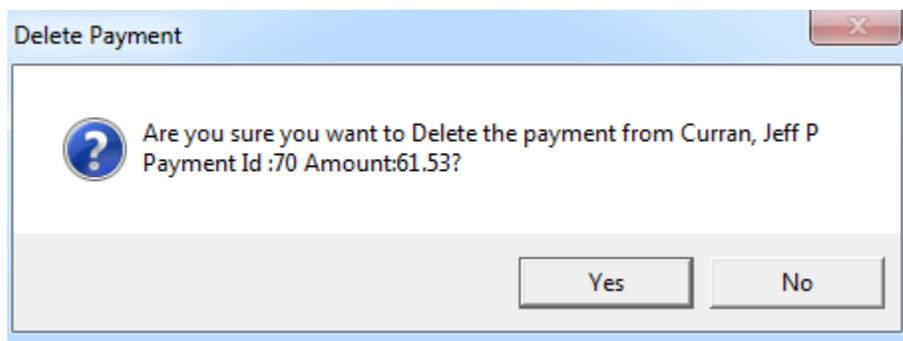
Claim Id	Svc Date	Claim Balance	Pt Balance	Payment
1034	01 / 15 / 2015	\$180.00	\$180.00	\$100.00
Totals:		\$180.00	\$180.00	\$100.00

Deleting Patient Payments

From the Payments screen, click on the payment which needs to be deleted and then click the Delete button.

Batch Id	Payment Id	Posted By	Date	Payment from	Check No	Check Date	Amount	Posted
	66	Willis, Sam	06/17/2016	Curran, Martha M			25.00	25.00
1	68	Willis, Sam	07/07/2016	Lab, Larry			552.00	0.00
1	69	Willis, Sam	07/08/2016	Curran, Jeff P			3,000.00	3,000.00
1	70	Willis, Sam	07/08/2016	Curran, Jeff P			-61.53	-61.53
1	71	Willis, Sam	07/08/2016	Curran, Jeff P			15.00	0.00

A warning will ask for confirmation that the payment should be deleted. If so, click Yes



File Patient Schedule EMR Billing Reports CCD Fax Tools Community Meaningful Use Lock Help

eClinicalWorks¹⁰

Admin **Claims**

Practice

Pt. Engagement

Registry

Referrals

Messages

Documents

Billing

Encounters

ClearingHouse ...

PM Dashboard

Claims

Payments

ERA

Claim Status

Refunds

Accounts LookUp

Batches

Appt Provider: All Patient

Service Dt(s): 07/07/2016 to 07/07/2016 Insurance

Place of Service Facility

Claim Status: Encounters Without Claims Assigned To User

Assigned To Balance: 0.0

Payer # Type: All Sort By: Service Date Claim No

Additional Insurance Condition Insurance Lookup

Collection Status Show Claims Not in Collection No. Of Statements >=

Show the following Claims
 Locked Claims
 Unlocked Claims
 Finance Charge Claims
 Voided Claims
 ShowZero Charge Claims

Hide Options Clear

Coll	Claim #	Service Date	Pvdr	Patient	Payer	Status	Charges	Pmts/Adjs	Adjustments	WithHeld
0 Results										

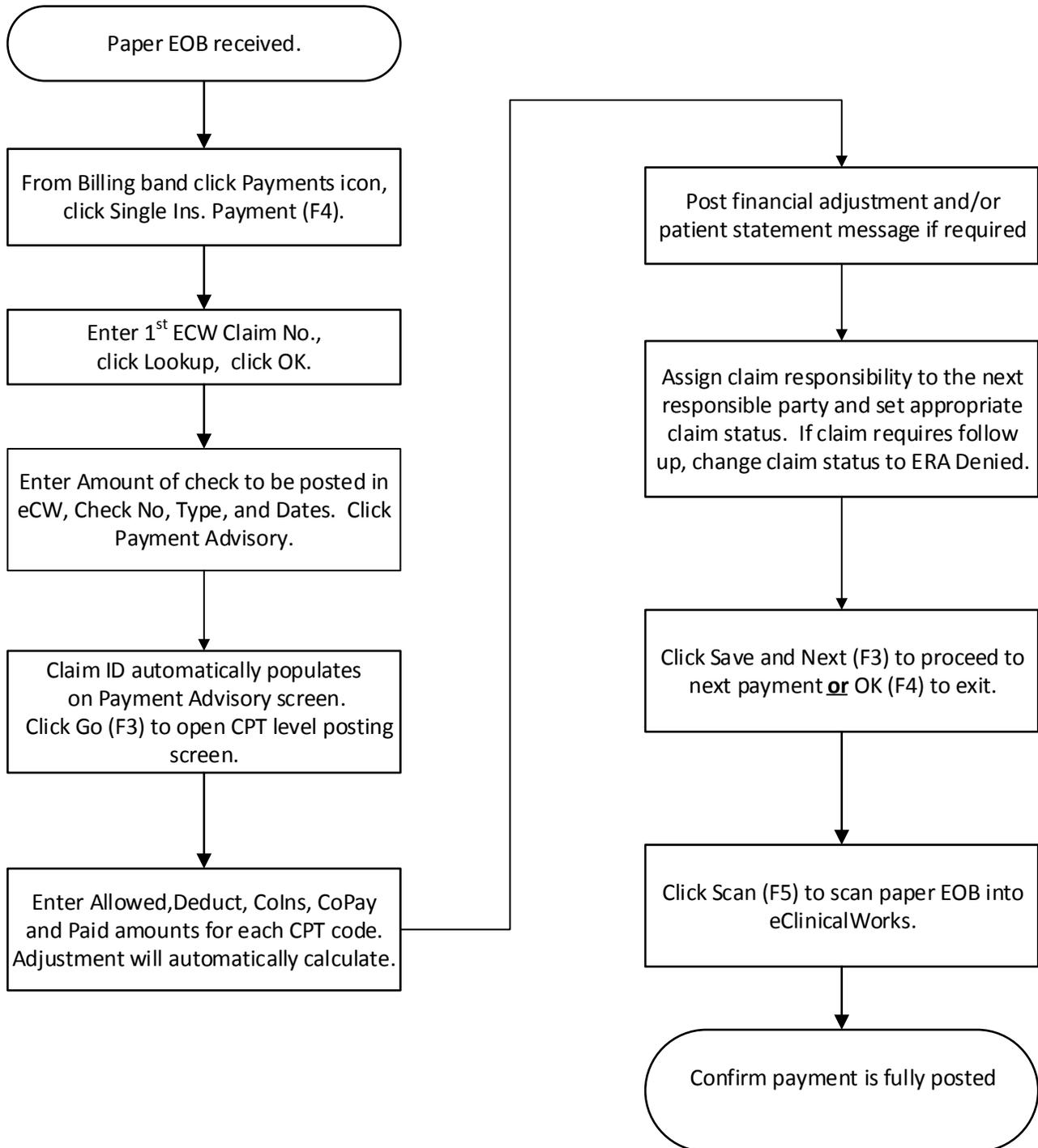
< Prev Next >

Claim Billing Claims IPE Lock/Unlock

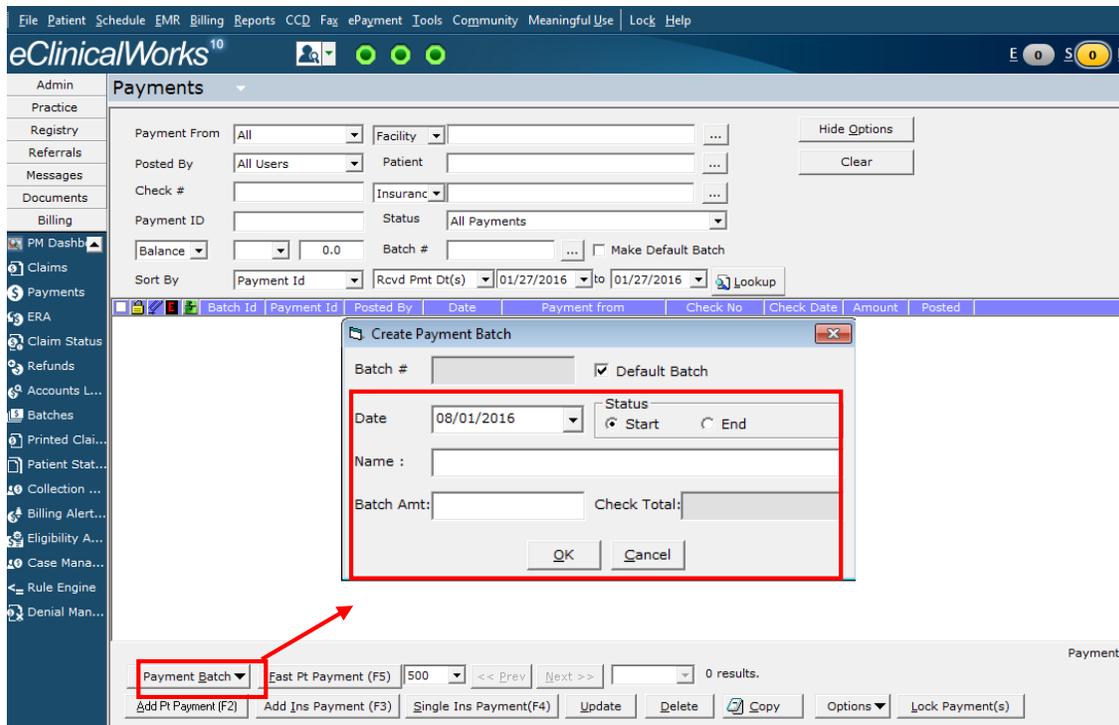
- Create New Claim**
- Create Claim for Encounter
- Update Claim
- Delete Claim
- View Claim Summary
- Print Claim Summary

Insurance Payments

Posting Insurance Payments from EOB's



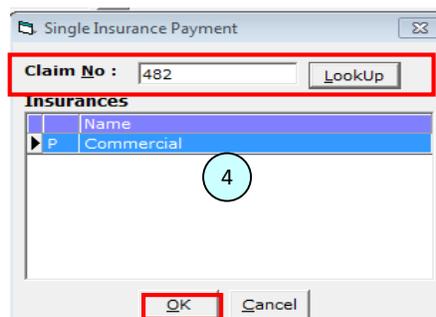
1. From Billing Band, click Payments.
2. **Payment Batches are optional:** If using batch, create new batch by clicking on Payment Batch, then Start Batch. Enter batch details and click “Default Batch”. Otherwise, proceed to next step.



3. Click “Add Single Ins Payment”



4. Enter claim number and click ‘LookUp’. The claim insurance(s) will appear in the box. Highlight the insurance and click “OK”.



- Enter the amount, check number, check date and EOB date. The Received Dt will default to today but can be changed if need.
- Click 'Payment Advisory'

Payments

Insurance Payment Unposted 0.00 Payment ID 127

Insurance Medicare Part A Sel

Address 45 Diamond Ave

City Westborough State MA Phone 555-555-5551

Payment Facility Westborough Medical Associates Sel

Received Dt 03/16/2015

Amount \$ 50.00 Type Check

Check No. 7865432

Batch # 7

Check Date 03/16/2015

EOB Date 03/16/2015

Notes Browse... Time Stamp

Payment Advisory

Posted By Willis, Sam 03/16/2015 02:13 PM Locked by:

It is important that these fields are complete and correct because they will be included when this information is sent with the secondary claim

MediCal CPSP Payment Id: 76, Batch Id: 1
Payment Date: 07/13/2014
Check No: 32454656756, Dt: 07/13/2014

Claims Posted Add Claims(F2) Claim Id 554

Claim No	Service Date	Patient Name
554	06/18/2014	Tracy, Brooke

Payment : 76 Insurance(s) P MediCal CPSP

Claim No : 554 Patient : Tracy, Brooke Provider : Smith, John

Service Date	Code	Units	Rate	Amount	Balance	Charge	Payor												
06/18/2014	11	1.00	Z6200	50.00	45.26	0.00	0.00	0.00	45.26	4.74	0.00								
06/18/2014	11	1.00	Z6202	15.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	CO:97

Total Payment Posted 0.00 45.26 4.74 0.00

Code Assign Claim to BP (F5) BS (F6) BT (F7) PT (F8)

BP (F5) Bill Primary(F5)
BS (F6) Bill Secondary(F6)
BT (F7) Bill Tertiary(F7)
PT (F8) Bill Patient(F8)

Auto Assign Claim

Financial Adjustments Write off \$15.00 (F9) Add Post CPT Delete Current Balance \$ 15.00

Set Claim Status ERA PAYER DENIED ERA PAYER DENIED

Set Status to HCFA (Ctrl-F9) Set Claim to Electronic (Ctrl-F10)

Notes Patient Statement Billing

Save & Next (F3)

7. The claim number will populate the claim ID field>Click Go
8. If required, click on View Claim, Info, or HUB quick links to access these screens.
9. Post the payment to each CPT line.
10. System will automatically transfer the responsibility to the next party and change the Claim Status.
11. If any line item is denied, change claim status to “ERA Payor Denied” and unclick the “Auto Assign Claim” check box to manually assign the claim back to primary. These claims should be worked using the “Working Denied Claims” workflow
12. If a Financial Adjustment is required, click on “Write Off” button and select the appropriate write off code. To post the adjustments at CPT level, choose each adjustment and click on Post CPT. Refer to the section on “Write Off Adjustments” for more details.
13. (Optional) Click ellipsis to bring up a list of pre-determined messages to be added to the patient statement for this visit, or free text a message in the field below.
14. Once the payment is posted and the balances are taken care of, click the “Save and Next” button to complete the posting process for this claim.

15. On the Payment Advisory screen, enter the next claim number and click “Go (F3)”.

Repeat steps 6 -13 above to post all claims on the EOB.

16. Confirm the payment Balance is equal to zero.

17. Click Scan (F5) to Scan the payment

MediCal CPSP
Payment Id: 76, Batch Id: 1 ()
Payment Date: 07/13/2014, EOB Dt: 07/13/2014
Check No: 32454656756, D 13/2014

Check Amount 45.26 \$
Posted Amount 45.26
Balance 0.00

Claims Posted Add Claims(F2) Claim Id Go (F3) Post CPT (F4) Scan(F5) Print Show Msg Codes

Claim No	Service Date	Patient Name	Billed	Allowed	Deduct	CoIns	Copy	Paid	Adjustment	Withheld	Code	Claim Bal.
554	06/18/2014	Tracy, Brooke	65.00	45.26	0.00	0.00	0.00	45.26	4.74	0.00		15.00

Claims: 1 65.00 45.26 0.00 0.00 0.00

Copy Options Lock OK Cancel

Document List
Date Scanned By Name
Description Total Documents: 0
Add Update Delete View Compare
Scan Options
 Show Scan UI Scan to Color Doc
 Turn ADP Off Scan Duplex
Select Scanner
Refresh Edit Ink Edit MODI Edit < > Fit to Screen
Search Medic Scan Scan Close

Follow the scan document instructions

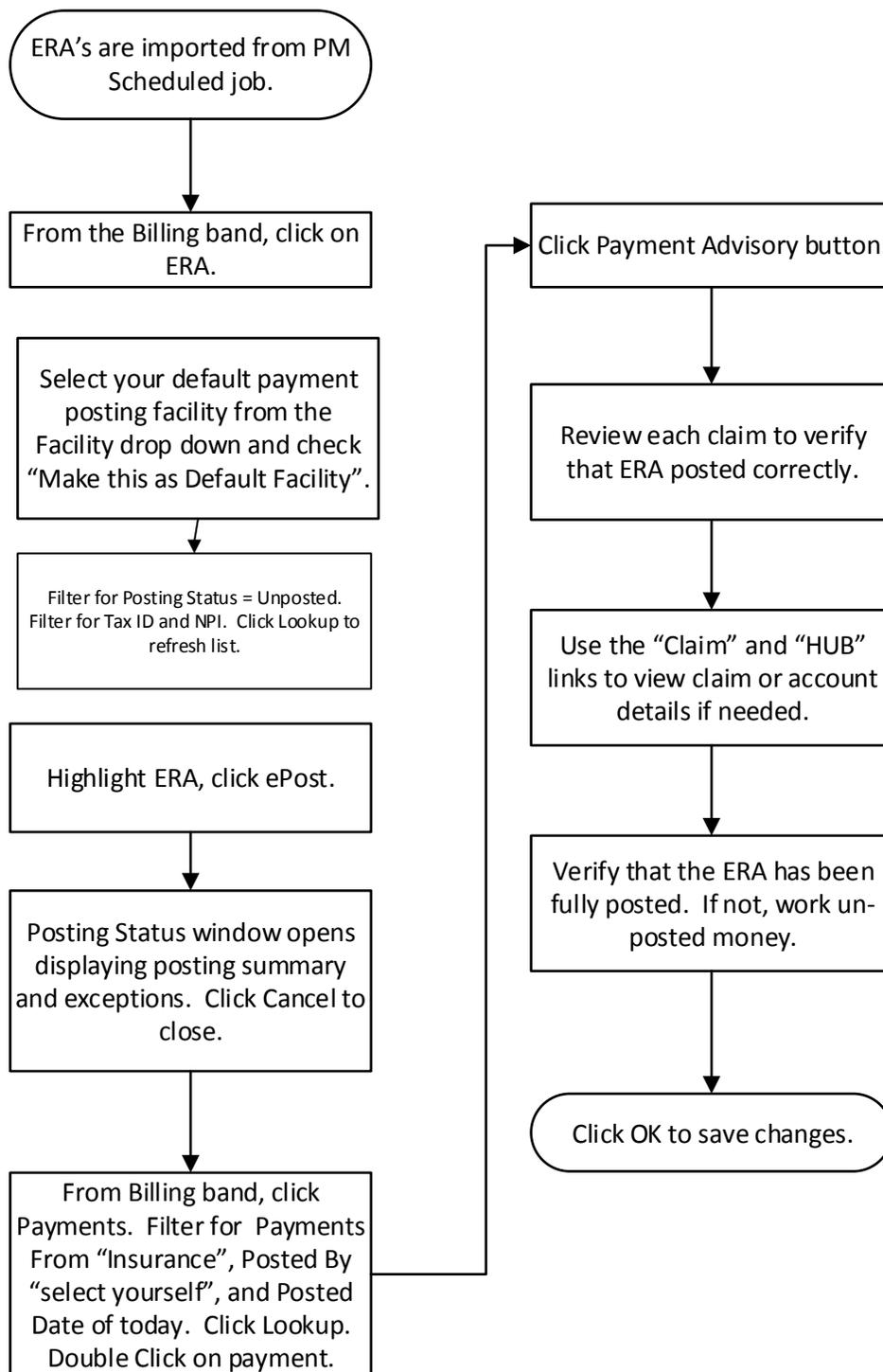
If using optional Payment Batch, End Payment Batch when all payments are posted. Click on “Payment Batch, then End Payment Batch.

Start Payment Batch
End Payment Batch

Payment Batch Fast Pt Payment (F5) 500 << Prev Next >> 0 results.

Add Pt Payment (F2) Add Ins Payment (F3) Single Ins Payment(F4) Update Delete Copy Options Lock Payment(s)

Posting Insurance Payments from ERA's



ERAs will automatically upload at night. You will see the ERAs that have been uploaded in the ERA window

NOTE: It is recommended that receipt of funds is confirmed before ePosting ERA's.

1. From the billing band, click the ERA icon. System will automatically default the list to “unposted” ERAs.
2. Select your payment posting facility from the facility drop down and check the box “Make this as Default Facility”.

Optional: Add any additional filters such as Select Payor, Select Tax ID, or Select NPI as needed to further refine your list of unposted ERA's.

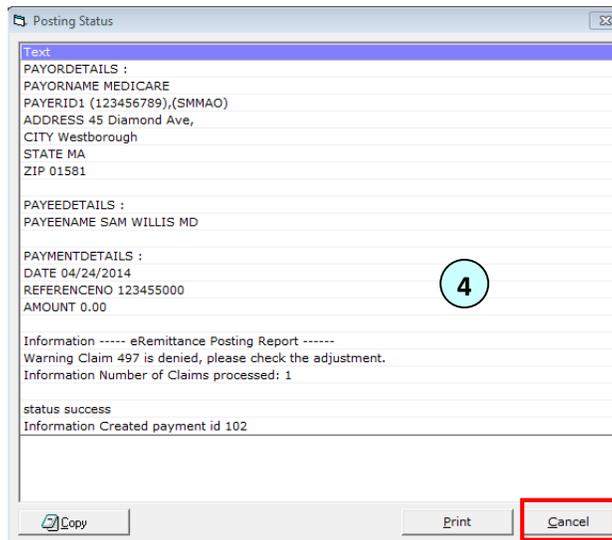
3. Select the ERA that you want to post and click on “ePost”.

The screenshot shows the eClinicalWorks interface for the ERA window. The left sidebar contains navigation icons for PM Dashboard, Claims, Payments, Cost Estimator, and ERA (highlighted with a red circle '1'). The main area is titled 'ERA' and includes the following sections:

- ERA Process:** Includes a 'File' dropdown, 'Import ERA' button, a 'Facility' dropdown menu set to 'WESTBOROUGH MEDICAL' (highlighted with a red box and circle '2'), an 'ePost' button (highlighted with a red arrow and circle '3'), and a 'Mark as Posted' button. A checkbox labeled 'Make this as Default Facility' is checked.
- Filter ERA:** Includes filters for 'Select Posting Status' (UnPosted), 'Select Payor' (ALL), 'Select Posted By' (ALL), 'Select Payee' (ALL), 'Select TaxId' (ALL), and 'Select NPI' (ALL). It also has a 'Payment Id' dropdown and a date range filter from '03/21/2016' to '09/21/2016'.
- ERA Data:** A table with columns: Status, File, Check, Payer, Posted By, Posted Date, Method, Dated, Trace #, and Amount. It lists 19 unposted ERA items from various payors like GHMSI, BLUECROSS BLUESHIELD, and BCBST.
- Transaction Information:** Fields for Payment Id, Posted By, and Posted Date.
- Posting Information:** Fields for Unposted, Page Amt (37,916.70), and Total Amt (145,504.65).
- Navigation:** Includes a page number '15' of '64 results', 'Refresh', 'View ERA', 'Payments', 'Copy', 'Exception report', and 'Options' buttons.

4. The exception report shows a summary of the payment and any exceptions. If desired, click “Print” to print the report or “Copy” to display the details in Text or Excel format. Click “Cancel” to close the window.

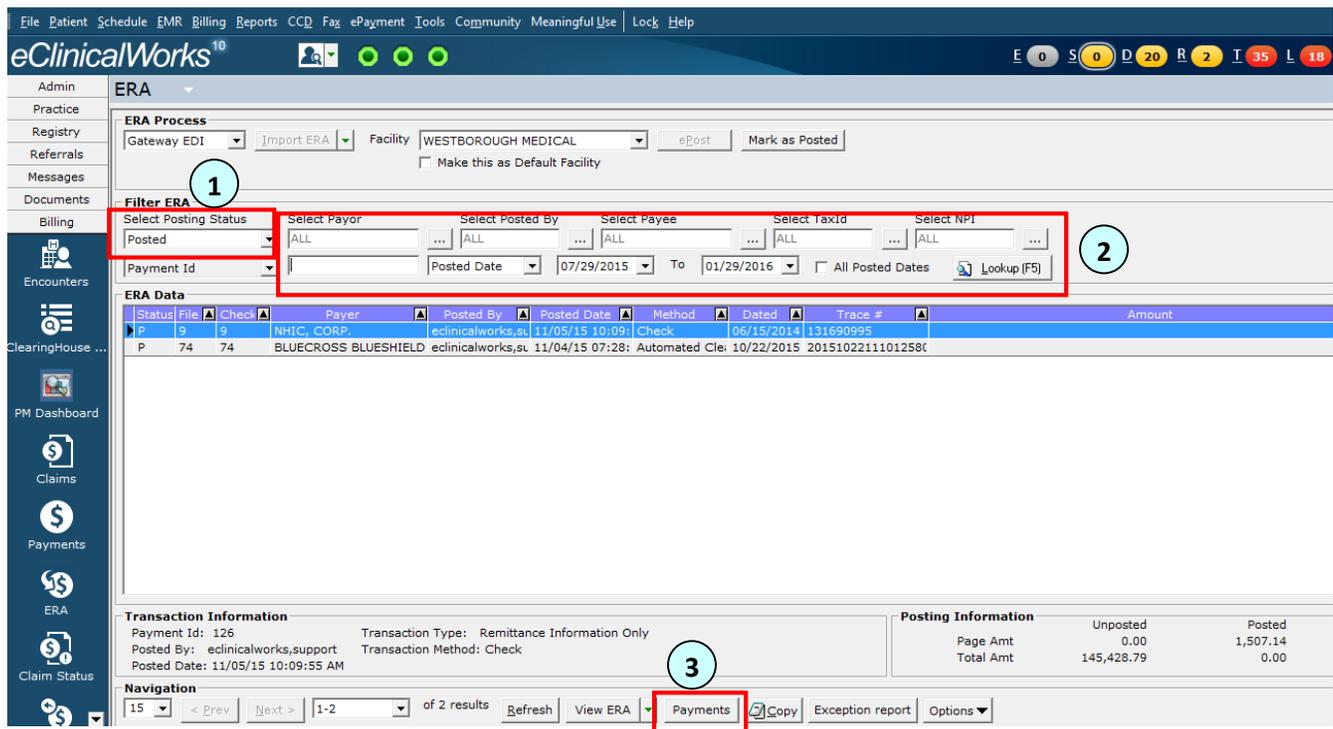
The exception report is always available to view in the ERA window at a later date.



NOTE: The payment posted from the ERA can be viewed from the ERA screen and the Payment screen.

Reviewing the ePosted payment from the ERA screen

1. From the ERA screen, change the filter to Posted.
2. Enter Posted By Date, and any other required filters such as Posted by, Payee, etc. and click Lookup to refresh the screen
3. Highlight the posted ERA and click “Payments”



4. In the Payments screen, click on Payment Advisory

Payments

Insurance Payment Unposted 0.00 Payment ID 126

Insurance: Medicaid NY [Sel]

Address: 110 Ruby Lane

City: Shrewsbury State: MA Phone: 555-555-5552

Payment:

Facility: WESTBOROUGH MEDICAL [Sel]

Received Dt: 01/29/2016

Amount \$ 1,431.28 Type: Check

Check No.: 131690995 Check Date: 01/29/2016

Batch #: 0 EOB Date: 01/29/2016

Notes: Browse... Time Stamp

Created Payment using ERA Procedure

Payment Advisory [4]

Posted By: jclinicalworks, support 11/05/2015 10 Locked by:

5. In the Payment Advisory screen, review claim level Billed, Allowed, Patient Responsibility, Paid, Contractual Adjustments, CAS Codes, and Balances. Double click on the first claim to open.

Payment Advisory

Medicaid NY
 Payment Id: 126
 Payment Date: 01/29/2016 , EOB Dt: 01/29/2016
 Check No: 131690995 , Dt: 01/29/2016

Check Amount 1,431.28
 Posted Amount 1,431.28
 Balance 0.00

Claims Posted Add Claims(F2) Claim Id Go (F3) Post CPT (F4) Scan(F5) View ERA(F6) Delete Show Msg Codes

Claim No	Service Date	Patient Name	Billed	Allowed	Deduct	CoIns	Copy	Paid	Adjustment	Withheld	Code	Claim Bal.
544	05/28/2014	TESTERA2, THOMA	205.00	104.83	0.00	20.97	0.00	83.86	105.17	0.00	CLPO:	15.97
545	05/28/2014	TESTERA3, ANNETT	285.00	104.83	0.00	20.97	0.00	83.86	105.17	0.00	CLPO:	95.97
546	05/26/2014	TESTERA3, ROGER	137.00	69.89	0.00	13.98	0.00	55.91	89.11	0.00	CLPO:	-8.02
547	05/22/2014	TESTERA4, LISA	137.00	69.89	0.00	13.98	0.00	55.91	89.11	0.00	CLPO:	-8.02
548	05/19/2014	TESTERA5, MATTHI	334.00	107.36	0.00	20.87	0.00	86.49	97.64	0.00	CLPO:	149.87
549	05/26/2014	TESTERA6, KATHR	137.00	69.89	0.00	13.98	0.00	55.91	89.11	0.00	CLPO:	-8.02
550	05/28/2014	TESTERA7, ELIZAB	205.00	104.83	0.00	20.97	0.00	83.86	105.17	0.00	CLPO:	15.97
551	05/28/2014	TESTERA8, LILY	137.00	69.89	0.00	13.98	0.00	55.91	89.11	0.00	CLPO:	-8.02
553	05/27/2014	TESTERA9, LEONAF	205.00	104.83	0.00	20.97	0.00	83.86	105.17	0.00	CLPO:	15.97
554	05/28/2014	TESTERA9, MAUREI	205.00	104.83	0.00	20.97	0.00	83.86	105.17	0.00	CLPO:	15.97
555	05/28/2014	TESTERA10, ISABE	205.00	104.83	0.00	20.97	0.00	83.86	105.17	0.00	CLPO:	15.97
556	05/22/2014	TESTERA11, SARAI	137.00	69.89	0.00	13.98	0.00	55.91	89.11	0.00	CLPO:	-8.02
557	05/28/2014	TESTERA12, ANGEL	285.00	104.83	0.00	20.97	0.00	83.86	105.17	0.00	CLPO:	95.97
558	05/22/2014	TESTERA13, JAMES	205.00	104.83	0.00	20.97	0.00	83.86	105.17	0.00	CLPO:	15.97
559	05/19/2014	TESTERA13, CHRIS	335.00	107.83	0.00	20.97	0.00	86.86	127.17	0.00	CLPO:	120.97
560	05/27/2014	TESTERA14, STANL	205.00	104.83	0.00	20.97	0.00	83.86	105.17	0.00	CLPO:	15.97
561	05/26/2014	TESTERA14, STANL	137.00	69.89	0.00	13.98	0.00	55.91	89.11	0.00	CLPO:	-8.02
562	05/27/2014	TESTERA15, PAUL	137.00	69.89	0.00	13.98	0.00	55.91	89.11	0.00	CLPO:	-8.02
563	05/28/2014	TESTERA20, ROSEI	137.00	69.89	0.00	13.98	0.00	55.91	89.11	0.00	CLPO:	-8.02
564	06/11/2014	TESTERA16, PATRI	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	CLPO:	50.00
565	06/11/2014	TESTERA16, STELL	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	CLPO:	50.00
566	06/10/2014	TESTERA6, ALLAN I	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	CLPO:	50.00
567	06/11/2014	TESTERA8, HAROLI	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	CLPO:	50.00

Claims: 24 4,170.00 1,787.67 0.00 356.39 0.00 1,431.28 1,973.33 0.00

Copy Options Lock OK Cancel

6. Review the posted payment and make any necessary changes.
7. Click the "View ERA" link to review ERA for each claim.

Refer to the Insurance Payments – Paper EOB section for details on this screen.

Payment Posting (Medicaid NY)

Account Inquiry Print Options

Payment : 126

Claim No : 543 [View Claim](#)

Patient : TESTERA1, ANNA [Info](#) [Hub](#)

Provider : Jones, Mary

Insurance(s) [Refresh](#)

Insurance(s)	
<input checked="" type="checkbox"/>	P Medicare NY

Payment(s) [View Payment](#)

Paid	Date	Pmt #	Payer
55.91	01/29/2016	126	Medicaid NY

CPT Payments [Check](#) [Fee Schedule](#) [Charge Master-current](#) [CPT Payers](#) [CPT Adjs](#) [CPT Pmts](#) [Show Msg Codes](#)

Service Dt	POS	Units	Code	Billed	Allowed	Deduct	Coins	CoPay	Paid	Adjust	Withheld	Code
05/22/2014	11	1.00	99213	200.00	69.89	0.00	13.98	0.00	55.91	89.11	0.00	CAS:45 CAS:2

Total Payment Posted for Claim from Current EOB Use CPT Totals Show CPT Balances Show FeeSch Allowed [View ERA](#)

Total	Billed	Allowed	Deduct	Coins	CoPay	Paid	Adjust	Withheld	Code
200.00	200.00	69.89	0.00	13.98	0.00	55.91	89.11	0.00	CLP02:1 CLP06:M

Code Assign Claim to BP (F5) BS (F6) BT (F7) PT (F8)

BP (F5) Bill Primary(F5)
 BS (F6) Bill Secondary(F6)
 BT (F7) Bill Tertiary(F7)
 PT (F8) Bill Patient(F8)

Set Claim Status [Auto Assign Claim](#)

Assign Claim To Auto Assign Claim
 Bill Primary
 Update Claim Status
 Patient

Financial Adjustments

Write off \$54.98 (F9) [Add](#) [Post CPT](#) [Delete](#) Current Balance \$ 54.98

CPT Poster	Date	Code	Amount

New Balance \$ 54.98

[Auto Post \(F2\)](#) [Save & Next \(F3\)](#) [Post Payment \(F4\)](#) [Close \(F11\)](#)

Notes

Patient Statement Billing

Line Item Posting Details

Editing of CPT level Deductible / Coinsurance / Co-Payment / Adjustment / Withheld amounts is disabled as these amounts will be calculated from CAS codes posted in the 'CPT Adjs' section.

99213:Office Visit, Est Pt., Level 3

Reviewing the posted ERA from the Payment Screen

1. From the Payments screen, filter for the posted ERA by Date, Posted by, Insurance, etc. and click Lookup
2. Double click on the payment to open

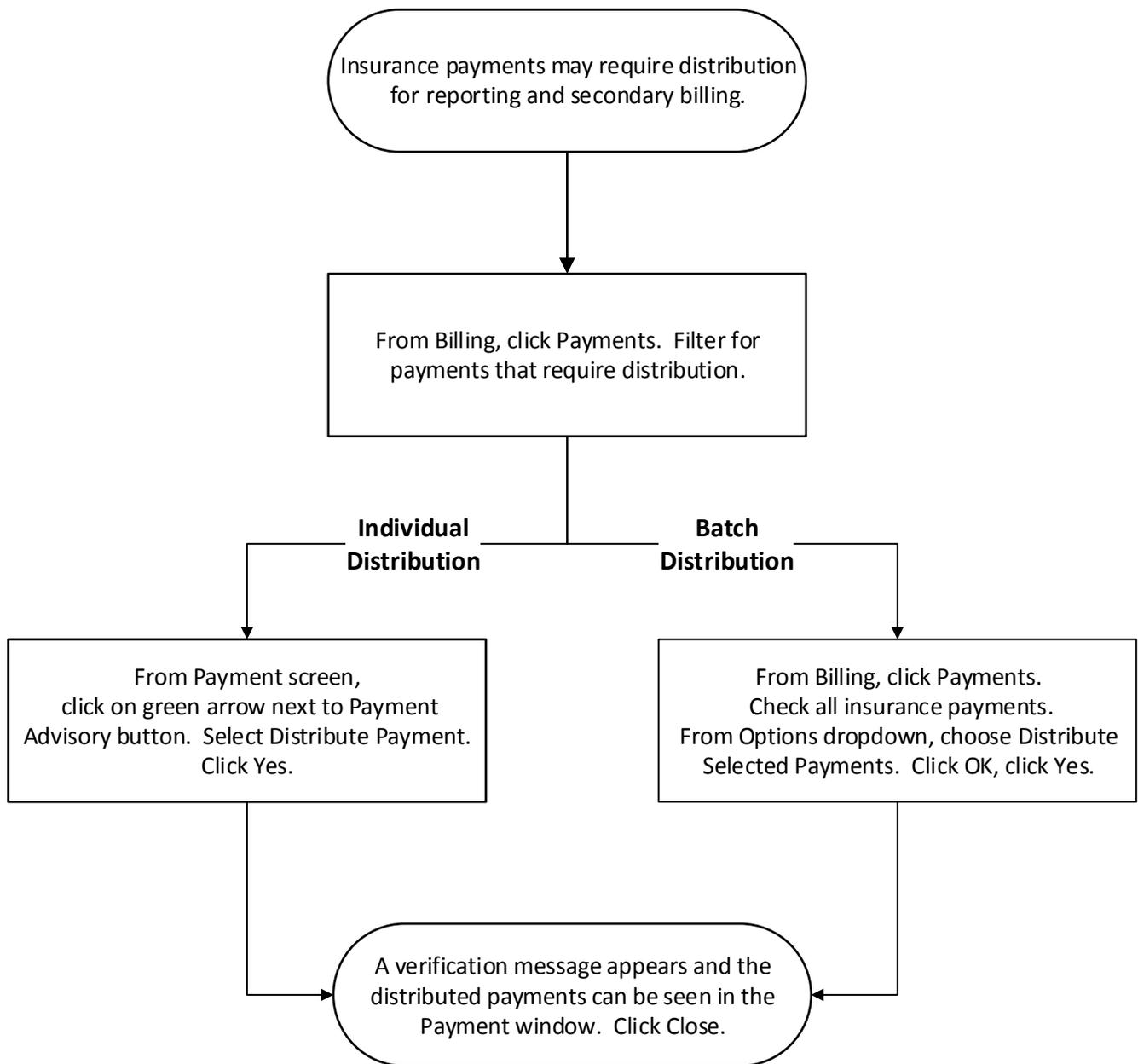
The screenshot shows the eClinicalWorks interface with the 'Payments' screen active. A red box highlights the search filters, and a red callout box points to the 'ePosted' indicator in the table. A red circle with the number '1' is placed over the 'Lookup' button, and another red circle with the number '2' is placed over the first row of the table.

ePosted payments will be indicated by a red "E"

Batch Id	Payment Id	Posted By	Date	Payment from	Check No	Check Date	Amount	Posted	Un Posted
126	eclinicalwork	01/29/2016	Medicaid NY	131690995	01/29/2016	1,431.28	1,431.28		0.00

Follow steps 4-6 in the above process "Reviewing the ePosted payment from the ERA screen".

Distribute Payments-Insurance (Optional)



The Distribute Payment feature will divide one payment into two or more payments based on the claim's insurance. Payments can be distributed individual or in a batch.

Split one payment at a time:

1. From the Billing band, Payment screen, double click on the payment to open.
2. From the green drop down next to Payment Advisory, select "Distribute Payment".

The screenshot displays the eClinicalWorks software interface. On the left is a navigation sidebar with icons for Admin, Practice, Registry, Referrals, Messages, Documents, Billing, Claims, Payments (highlighted with a red box), ERA, Claim Status, Refunds, Accounts LookUp, and Batches. The main window is titled 'Payments' and contains a form for entering payment details. A modal window titled 'Insurance Payment' is open, showing fields for Insurance (Medicaid NY), Address (110 Ruby Lane), City (Shrewsbury), State (MA), and Phone (555-555-5552). Below these are fields for Facility (WESTBOROUGH MEDICAL), Amount (\$1,431.28), Type (Check), Check No. (131690995), Check Date (01/29/2016), Batch # (0), and EOB Date (01/29/2016). A 'Payment Advisory' dropdown menu is open, with 'Distribute Payment' highlighted in a red box. Other options in the menu include View Payment Logs, Lock Payment, and Unlock Payment. The background shows a table with columns for Date, Amount, and Posted, and a 'Payment Batch' dropdown menu.

Split multiple payments in a batch:

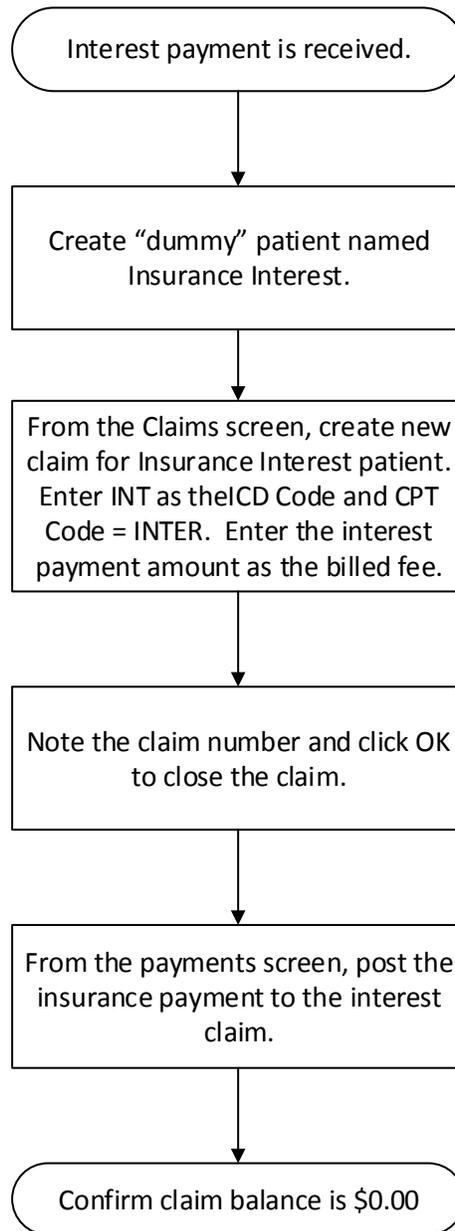
1. From the Billing band, Payments icon, check off payments to be distributed.
2. Click the green drop down next to Options and select “Distribute Payments”

The screenshot displays the eClinicalWorks Payments interface. The sidebar on the left includes navigation icons for Admin, Practice, Registry, Referrals, Messages, Documents, Billing, PM Dashboard, Claims, Payments (highlighted), ERA, Claim Status, Refunds, and Accounts LookUp. The main area is titled "Payments" and contains search filters for Payment From, Posted By, Check #, Payment ID, Status, Batch #, and Sort By. A table lists payment records with columns for Batch Id, Payment Id, Posted By, Date, Payment from, Check No, Check Date, Amount, and Posted. At the bottom, there are navigation buttons like "Add Pt Payment (F2)", "Add Ins Payment (F3)", "Single Ins Payment(F4)", "Update", "Delete", "Copy", "Options" (highlighted), and "Lock Payment(s)". A summary bar shows "Total Amount= \$267,571.44" and "Total Posted Amount= \$1,791.28".

Batch Id	Payment Id	Posted By	Date	Payment from	Check No	Check Date	Amount	Posted
	44	edclinicalwork	01/29/2016	Occ Med	26049	03/23/2015	4,883.43	0.00
	46	edclinicalwork	01/29/2016	BCBS NY Empire	58492854	04/07/2015	4,724.75	100.00
	48	edclinicalwork	01/29/2016	BCBS NY Empire	5657658	04/14/2015	54,723.00	200.00
1	53	Willis, Sam	01/29/2016	Anthem	434574	01/29/2016	1,748.98	0.00
	126	edclinicalwork	01/29/2016	Medicaid NY	131690995	01/29/2016	1,431.28	1,431.28
	143	Willis, Sam	02/01/2016	Cigna			60.00	60.00

New Payment Defaults
Distribute Selected Payments

Posting Interest Payments



1. Create a dummy patient to post the interest to, completing all demographic mandatory fields. Mark patient "Self Pay".

The image shows two screenshots from a medical software interface. The top screenshot is the "Patient Information" window, which includes fields for "Personal Info" such as Account No, Prefix, PCP, Last Name (INTEREST), Suffix, Referring Provider, First Name (PURCHASE DIST), MI, Rendering Provider/Primary Care Giver, Previous Name, Address Line 1, Address Line 2, City, Date Of Birth (01/01/2016), Age (3M 3D), Gestational Age, Sex (M), and Marital Status. The bottom screenshot is the "Insurances" window, showing tabs for "IE" and "New Case". Under "New Case", there are buttons for "Sliding Fee Schedule", "Fee Schedule", "Charge Master", and "Self Pay" (which is highlighted with a red box). There are also "Add", "Update", and "Remove" buttons.

2. Create claim for Interest patient, selecting your main/default provider and your county as the Facility.
NOTE: Follow the workflow for "Claim Creation from Claims Screen – No Encounter" for additional details.

The image shows the "Create Claim" window. It contains the following fields: Provider (Nettles, Jennifer), Resource (Nettles, Jennifer), Facility (Paducah-McCracken County Health Departmer), Service Date (04/04/2016), Patient (INTEREST, PURCHASE DIST), and POS (11). There are "Sel" buttons next to the Facility and Patient fields. Below these fields is a "Select Claim Type" section with radio buttons for "Professional (HCFA)", "Institutional (UB)", and "Dental". There is also a checkbox for "Anesthesia Claim (HCFA)". At the bottom are "OK" and "Cancel" buttons.

3. Enter INT in ICD Code field and INTER in CPT code field. Enter the interest payment amount as the Billed Fee.

Claim * X

Claim Number: 6142 Claim Date: 04/04/2016 Service Date: 04/04/2016 Appointment Facility: 304073.001:Paducah-McCracke POS: 11 Billing: Netles, Jennifer Provider: Netles, Jennifer **Show >**

Patient: INTEREST, PURCHASE DIST Copay: \$0.00 Pt. Uncovered Amt.: \$0.00 Rendering: Netles, Jennifer
 DOB: 01/01/2016 Age: 3M 3D Sex: M Supervisor: Netles, Jennifer **Claim Status:** Patient
 Tel: Acct No: 23853 **Resource:** Netles, Jennifer

ICD & CPT Insurances & Payments Additional Information

Auto map to ICD10

ICD Codes Prev Dx Add Remove

Code	Name		
1 INT	INTEREST		
*			

Insurances **Labs/Diagnostic Imaging/Imm**

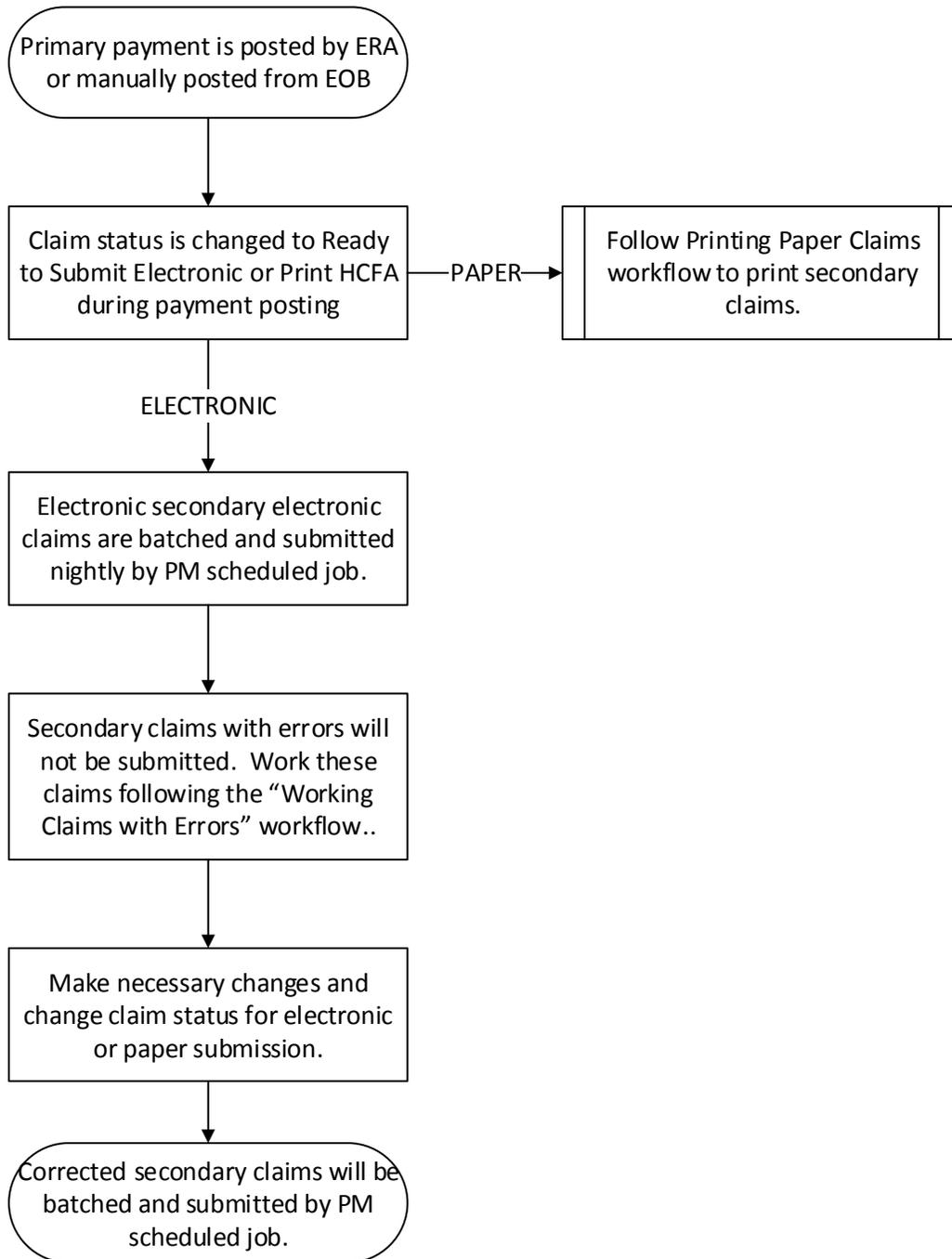
No	IH/SO	Type	Name

CPT/HCPCS Add Update Remove Medicare Edits Fee Schedule: Dental-Dental (07/01/15)

	Code	POS	TOS	SDOS	EDOS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	Units	Billed Fe	Provider Id
1	✓ INTER	11	1	04/04/2016	04/04/2016				1				1	\$2.66	
*	✓														

4. Note claim number and click "OK" to close the claim.
5. From the payments screen, post the insurance payment to the interest claim following the "Post Insurance Payments from EOB" workflow.
6. Confirm the claim balance is \$0.00 after posting the payment.

Secondary Claims



Unposted Payments

It is important that all payments be posted to the claim level.

1. Go to Billing Band, Payments Icon.
1. Filter Status: All Unposted Insurance/Patient Payments (All Dates).
2. Double Click on payment.

The screenshot shows the 'Payments' window with the following filters and data:

- Payment From: All
- Facility: [Empty]
- Posted By: All Users
- Patient: [Empty]
- Check #: [Empty]
- Insurance: [Empty]
- Payment ID: [Empty]
- Status: All Unposted Insurance Payments (All Dates)
- Balance: 0.0
- Batch #: [Empty]
- Sort By: Payment Id
- Rcvd Pmt Dt(s): 08/22/2014 to 08/22/2014
- Lookup button is highlighted.

Batch Id	Payment Id	Posted By	Date	Payment from	Check No	Check Date	Amount	Posted	Un Posted
1	44	Willis, Sam	02/20/2014	Medicare Part A	12344567		100.00	15.00	85.00
4	49	eclinicalwork	03/19/2014	Medicare Part A	12345	03/19/2014	10.00	0.00	10.00
1	61	Willis, Sam	04/30/2014	Medicare Part B		04/30/2014	1.00	-0.50	1.50
1	83	Willis, Sam	08/20/2014	Medicare Part A		08/20/2014	10.00	0.00	10.00

Insurance Unposted Payment

2. Select "Payment Advisory"

The screenshot shows the 'Insurance Payment' window with the following details:

- Insurance: Medicare Part A
- Address: 45 Diamond Ave
- City: Westborough, State: MA, Phone: 555-555-5551
- Facility: Westborough Medical Associates
- Received Dt: 02/20/2014
- Amount: \$ 100.00, Type: Electronic Funds
- Check No: 12344567, Check Date: 08/22/2014
- Batch #: 1, EOB Date: 02/20/2014
- Notes: [Empty]
- Payment Advisory: [Highlighted]
- Posted By: Willis, Sam, 02/20/2014, 01:58 PM
- Locked by: [Empty]

- Balance should be zero – that means that the EOB/ERA is in balance
- You can view the scanned document or ERA from this screen to determine where the unposted money should be applied
- Enter Claim ID and post payment, if applicable. See Insurance Payment Workflow section in this workbook to post the insurance payment.

Payment Advisory

Medicare Part A
 Payment Id: 44, Batch Id: 1 ()
 Payment Date: 02/20/2014, EOB Dt: 02/20/2014
 Check No: 12344567

Check Amount 100.00
 Posted Amount 15.00
 Balance 85.00

Claims Posted Add Claims(F2) Claim Id Go (F3) Post CPT (F4) Scan(F5) Delete Show Msg Codes

Claim No	Service Date	Patient Name	Billed	Allowed	Deduct	Coins	Copay	Paid	Adjustment	Withheld	Code	Claim Bal.
249	01/01/2009	Jones, Mary	133.79	0.00	0.00	21.10	0.00	0.00	45.00	0.00		98.79
480	02/25/2011	Jones, Mary	519.16	0.00	0.00	0.00	0.00	15.00	430.22	0.00		63.94

Claims: 2 652.95 0.00 0.00 21.10 0.00 15.00 475.22 0.00

Copy Options Lock OK Cancel

Patient Unposted Payment

- Open the patient payment.
- Select "Claims".
- Select the date of service that you want to apply the money to.

Payment Posting

Patient Based Insurance Based Guarantor Based

Patient: Jones, Jennie
 DOB: 3/4/2001 Age: 13Y Sex: F
 Tel: 555-555-5504
 Acct No: 5, WebEnabled: No

Claim Balance > 0 Get Claims

Patient Claims

Patient	Claim No	Service Dt	Pvdr	Facilit	Claim Amt	Claim Bal	Patient B	Last Strmt
Jones, Jennie	494	03/07/2014	TJS	WMA	106.10	106.10	0.00	
Jones, Jennie	497	03/13/2014	TSW	WMA	85.00	85.00	0.00	08/07/2014
<input checked="" type="checkbox"/> Jones, Jennie	529	04/30/2014	SW	TTF2	2,830.03	2,830.03	25.00	
Jones, Jennie	490	06/05/2014	SW	WMA	190.00	190.00	105.00	
Jones, Jennie	535	06/05/2014	SW	WMA	25.00	25.00	0.00	
Jones, Jennie	540	06/30/2014	TJS	WMA	80.00	80.00	0.00	
Jones, Jennie	558	07/01/2014	SW	WMA	106.10	106.10	25.00	

500 < Prev Next > 1-7 of 7 records OK Cancel Apply

Print Receipt Visits Claims Delete Post CPT Save & New (F7) QK(F8) Cancel(F9)

Posted By Willis, Sam 03/07/2014 05:10 PM

- Select Auto Post to post the payment to the select line items

Patient Payment

Payment Id 47 **Date** 03/07/2014

Patient Jones, Jennie
 DOB:3/4/2001 Age:13Y Sex:F
 Tel:555-555-5504
 Acct No:5, WebEnabled: No

Facility Westborough Medical Associates **Amount \$** 10.00

Memo **Pmt. Method** Cash

Check No. **Unapplied Amount:**0.00

Patient Insurance(s) **Batch #** 0

Insurance	Co Pay
MediCal FFS	
Student Insurance	
MediCal CPSP	

Claims paid (with this payment)

Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clm Balance	Pat Balance	Payment
529	Jones, Jennie	04/30/2014		2,830.03	25.00	10.00

Posted By Willis, Sam 03/07/2014 05:10 PM

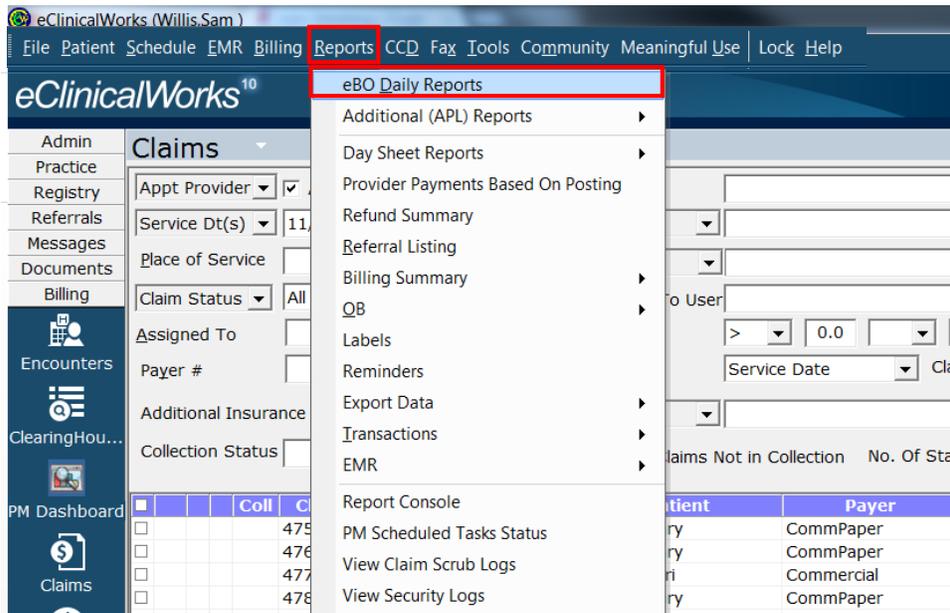
See Patient Payment Workflow section in this workbook for details.

End of Day Process

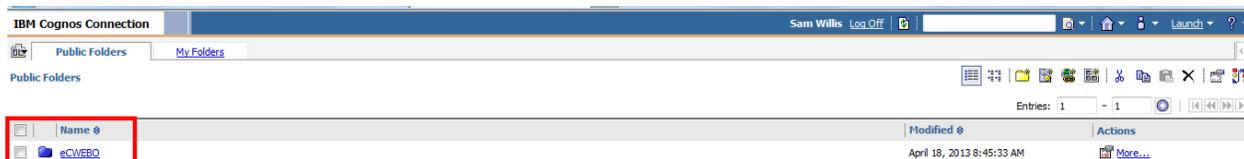
Day Sheet Summary

Once all payments have been posted, you can run a report reflecting all payments posted by user.

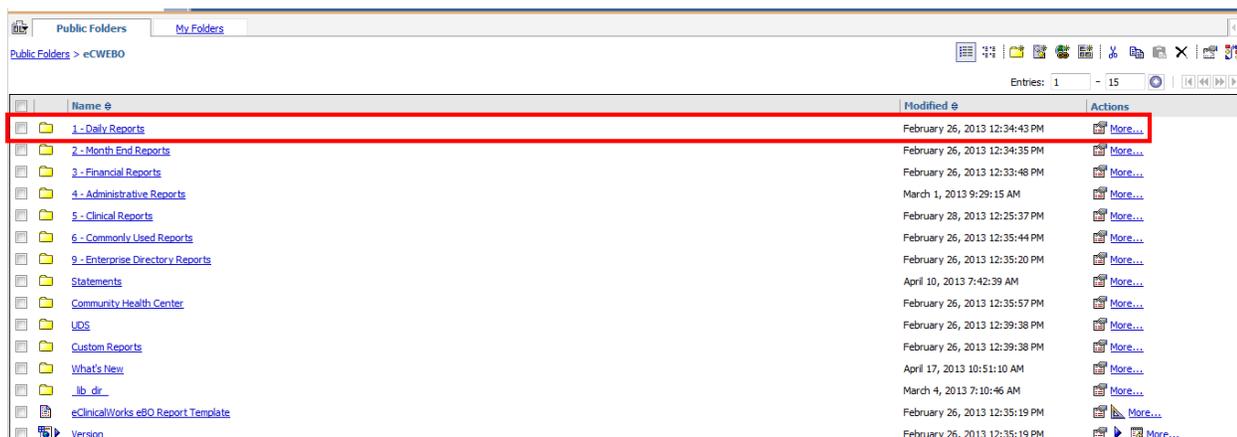
1. From the Reports menu, click eBO Reports.
2. Log into eBO:



3. Select eCWEBO



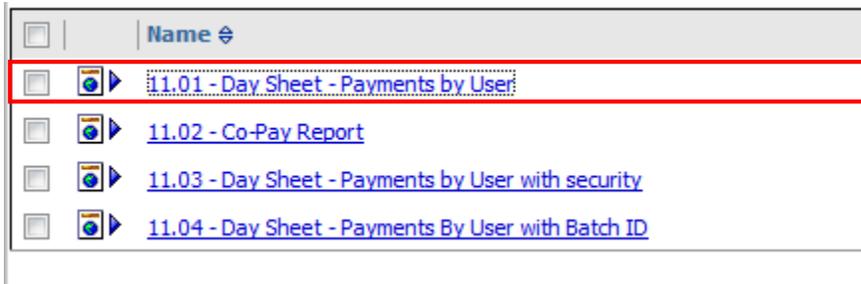
4. Select 1-Daily Report



5. Select 11-Front Office

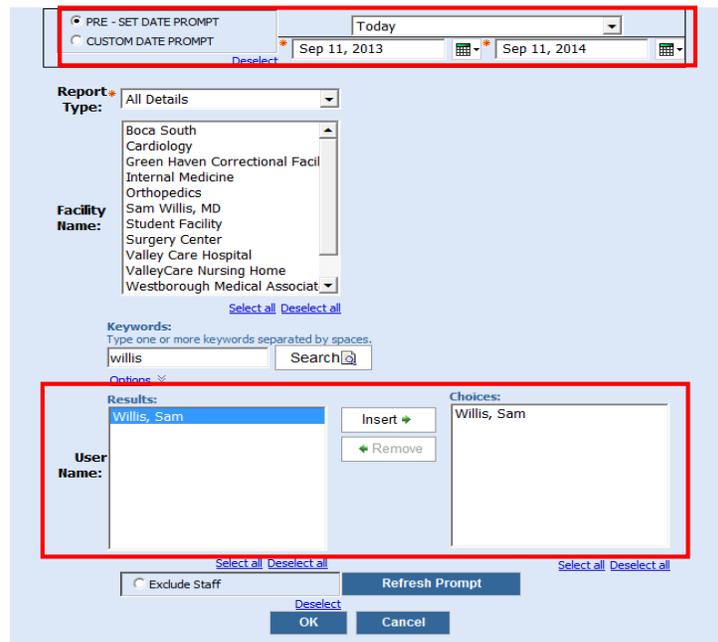


6. Select 11.04 Day Sheet – Payments By User



7. Select Date

8. Select user name



Day Sheet - Payment By User

Date Range: Today
 Facility: ALL Entered by: Willis, Sam

Willis Sam

Westborough Medical Associates

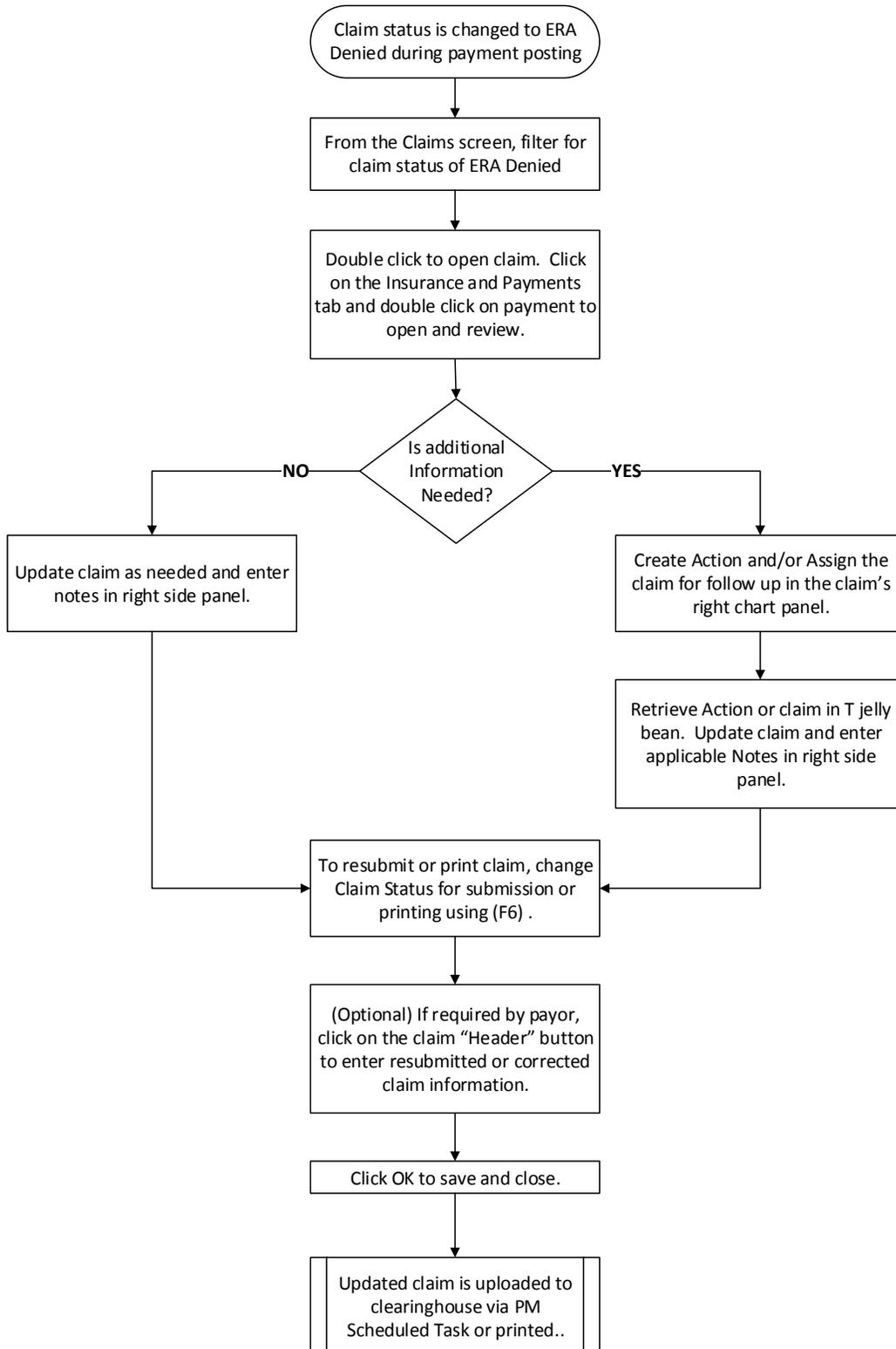
Payor Type	Payment ID	Payment Date	Payor	Check/CC #	Payment Type	Amount
Insurance Payment	90	Sep 11, 2014	MedCal OHP	123465432	Check	\$50.00
	89	Sep 11, 2014	MedCal Managed Care	123465432		\$50.00
Check						\$100.00
Insurance Payment						\$100.00
Patient Payment	91	Sep 11, 2014	Johnson, Jack		Cash	\$10.00
	Cash					
Patient Payment	92	Sep 11, 2014	Jones, Mary		Credit Card	\$10.00
	Credit Card					
Patient Payment						\$20.00
Westborough Medical Associates						\$120.00

Westborough Medical Associates				Cash	Check	Credit Card	Total	
Willis Sam				Amount	\$10.00	\$100.00	\$10.00	\$120.00
Summary				Cash	\$10.00	\$100.00	\$10.00	\$120.00
				Amount	\$10.00	\$100.00	\$10.00	\$120.00

Total Payments	Payments Posted to Claims	Payments Without Claims	Unposted Payments
\$120.00	\$120.00		

Claim Follow Up

Working Denied Claims



1. From the Claims screen, filter for claims with status of "ERA Payer Denied."
2. Enter date range and any other applicable filters such as Facility/Practice or Insurance/Insurance Group
3. Click Lookup to display the list of claims to be worked.

The screenshot shows the 'Claims' search interface. The 'Service Dt(s)' field is set to 08/01/2016 to 10/11/2016. The 'Claim Status' dropdown is set to 'ERA PAYER DENIED'. The 'Lookup' button is highlighted with a red box.

4. Double click the first claim to open and review. Click on Billing Logs to review claim history. Click on Progress Notes to review provider notes.
5. Click on the Insurance & Payments tab and double click the Payment to open. Review ERA/EOB to determine reason for denial.
6. If additional information is needed, create an Action or assign the claim for follow up using the claim right chart panel.

See sections on Working with Actions and Right Chart Panel for more details on assigning claims and creating Actions

The screenshot shows the 'Claim' details view for claim number 802. The 'Insurances & Payments' tab is active. The 'Follow Up' panel on the right shows 'Assigned To' and 'Start Date' fields. The 'Billing Logs' tab is selected in the bottom right.

Id	Date	From	Allowed	Deduct	CoIns	Copay	Paid	Adjust	Withheld	Col
190	06/20/2016	AETNA HEALTH PLAN	250.00	0.00	0.00	0.00	205.00	0.00	0.00	
191	06/20/2016	Medicare NY	0.00	0.00	0.00	0.00	50.00	0.00	0.00	
198	07/01/2016	AETNA HEALTH PLAN	170.00	0.00	20.00	0.00	120.00	90.00	0.00	CL
8	06/20/2016	Refund to Medicare N					-5.00			

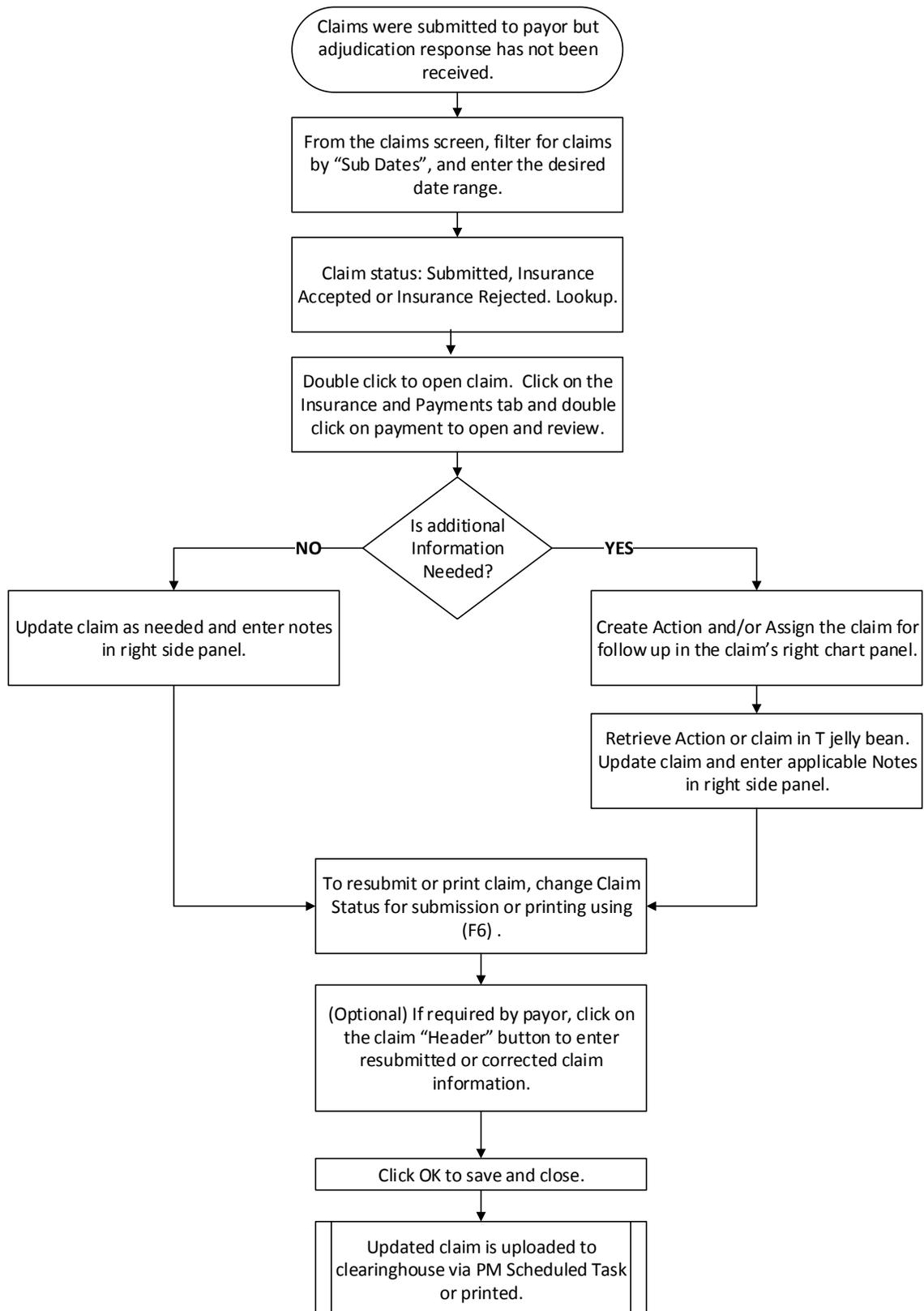
7. Make necessary correction and change the claim status to Ready to Submit (F6).
8. If payor requires Resubmittal details, click on claim Header button and complete required fields.

The screenshot shows the 'Claim Header' dialog box with the following fields and sections:

- Patient Data:** Residence Type (Private Home), Student Status, Employment Status (Employed full-time).
- Miscellaneous Services:** Healthy Kids Services (Yes/No), Family Planning (Yes/No), Sterilization / Abortion (Yes/No).
- Claim Editing Indicator / Plan Type:** Dropdown menu.
- Claim Type:** Medical.
- Facility/Lab ID Number:** Text box.
- Facility Type:** Dropdown menu.
- Resubmittal:** Resubmittal checkbox, Resubmission Code dropdown, Resubmission Reference Number text box (highlighted with a red box).
- Reserved For Local Use (HCFA Paper Claims only):** HCFA 10d, HCFA 19 text boxes.
- Claim Note:** Text area.
- Provider Assignment Indicator (HCFA Box 27):** A dropdown menu showing 'Assigned'.
- Delay Reason:** Dropdown menu.
- Ambulance Transport Information:** Text box.
- Buttons:** OK (highlighted with a red box), Cancel.

9. Click OK to save and close Header
10. Click OK to save and close Claim
11. Continue to work through all claims until complete.

Working Unpaid Claims



1. From the Claims screen, filter for claims submitted to payors with no response.
2. Choose the Claim Status of Insurance Accepted or Submitted to display claims with no response (payment or denial) from payor.
3. Select appropriate date range (use Submitted Dates to display claims based on last submitted date) and any other filters required such as Practice or Insurance.
4. Click Lookup.

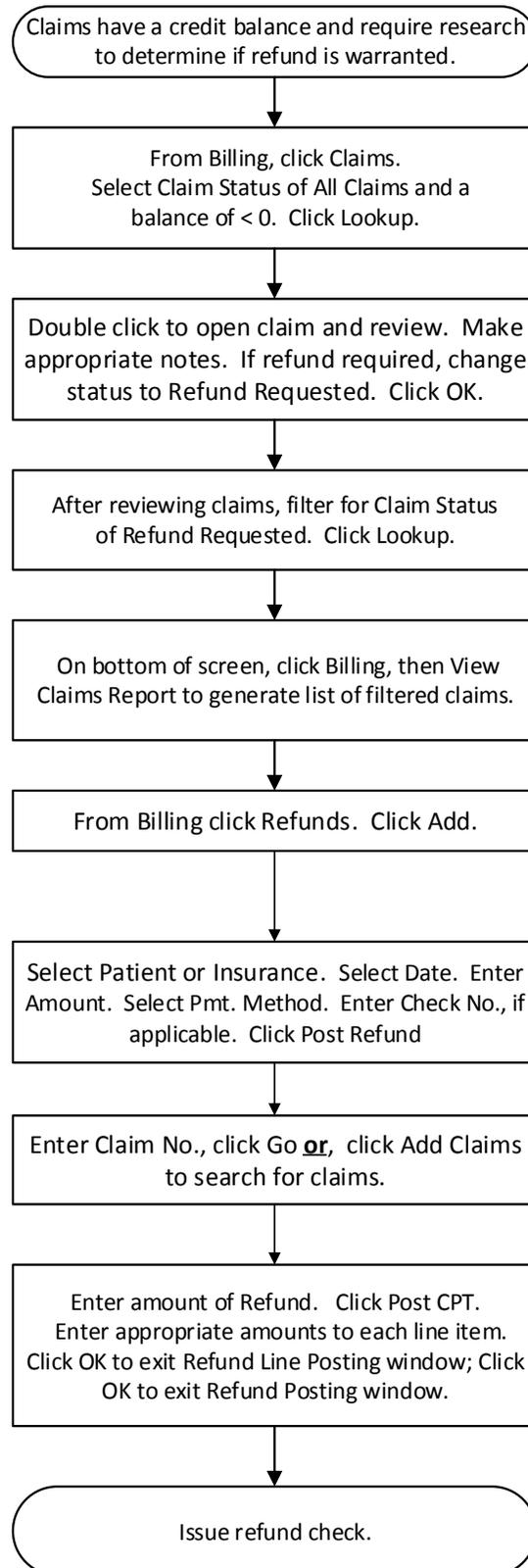
The screenshot shows the 'Claims' application interface. On the left is a navigation menu with items: Admin, Practice, Pt. Engagement, Registry, Referrals, Messages, Documents, Billing, and Claims. The main area is titled 'Claims' and contains various filter fields:

- 'Submitted Dt' (highlighted with a red box) is set to '08/01/2016' to '08/30/2016'.
- 'Claim Status' (highlighted with a red box) is set to 'Insurance Accepted'.
- 'Show the following Claims' panel on the right includes checkboxes for 'Locked Claims', 'Unlocked Claims', 'Finance Charge Claims', 'Voiced Claims', and 'ShowZero Charge Claims'.
- A 'Lookup' button (highlighted with a red box) is located at the bottom right of the filter area.

5. Double click the first claim to open.
6. Click on Billing Logs to review claim history. Research/follow up with payer.

Refer to # 7-11 in above section “Working Denied Claims” to complete this workflow.

Refunds



Identifying Claims to Refund

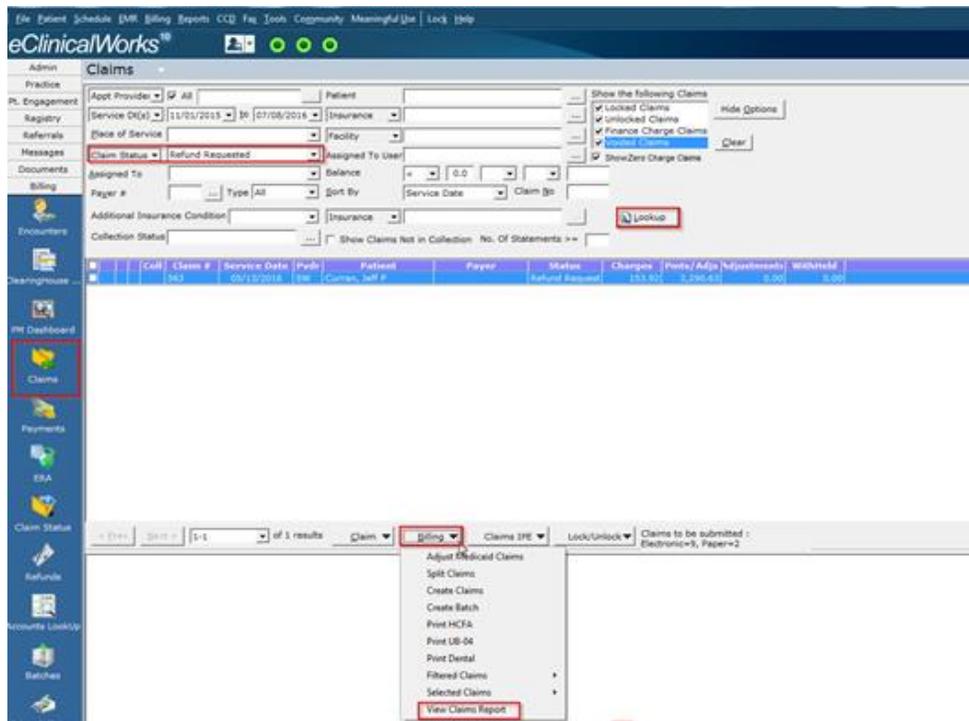
1. From the Billing Band, click Claims. Select the Claim Status of "All Claims". Add additional filters as needed. Choose the Balance < \$0 and click Lookup to display the list of claims with credit balance.

The screenshot shows the 'Claims' search interface. The left sidebar has a 'Claims' button with a dollar sign icon, highlighted with a red box. The main search area has several filters: 'Appt Provider' set to 'All', 'Submitted Dt' from '05/01/2016' to '08/30/2016', 'Claim Status' set to 'All Claims', and 'Balance' set to '<' and '0.0', which is highlighted with a red box. The 'Lookup' button is highlighted with a red box. The right sidebar shows options for 'Show the following Claims' with checkboxes for 'Locked Claims', 'Unlocked Claims', 'Finance Charge Claims', and 'Voided Claims'.

2. Double click on the claim to review. If refund is warranted, change the claim status to Refund Requested, add optional Notes as needed, and click OK to save and close the claim.

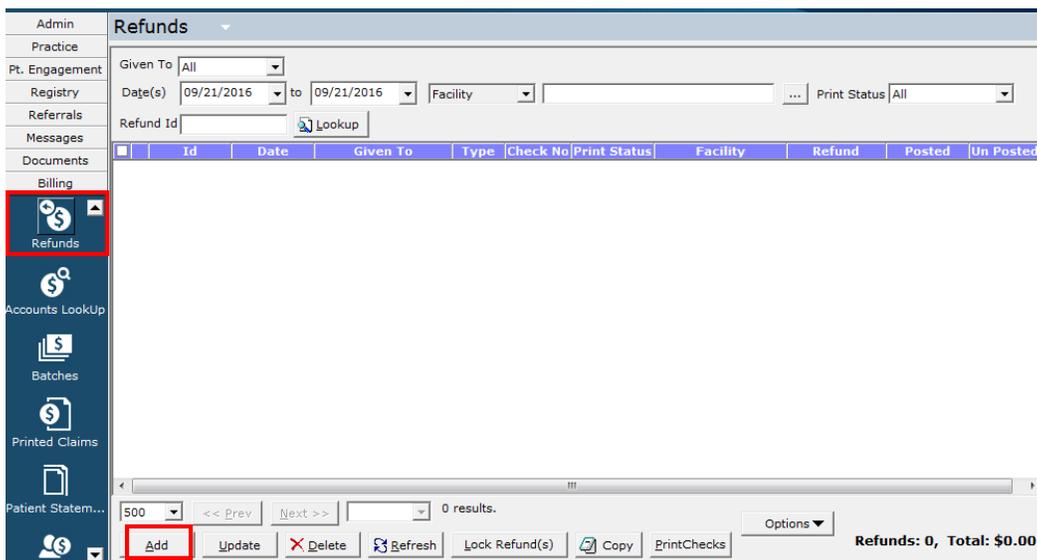
The screenshot shows the 'Claim' review window. The 'Claim Status' dropdown is set to 'Refund Requested' and highlighted with a red box. The 'Notes' field is highlighted with a red box. The 'OK' button is highlighted with a red box. The window displays claim details for Claim Number 563, Claim Date 05/13/2016, Service Date 05/13/2016, and Appointment Facility WMA:Westborough Medical Ass. The patient is Curran, Jeff P. The 'Insurances & Payments' section shows a table with one row: 'Medicare-Training' with a paid amount of 2,290.63. The 'Errors' section shows one error: 'ANSI 5010: Loop 2300 CLM10 - Patient Signature Source code can only have value 'P', where as it is B'. The 'Notes' field is empty and highlighted with a red box.

- Once all claims have been reviewed, change the Claim Status filter to Refund Requested and click Lookup.
- Click Billing and choose View Claims Report to produce an excel spreadsheet of all accounts ready for refunds.



Creating Refunds

- From the Billing Band, click Refunds icon.
- Click Add to create a new refund.



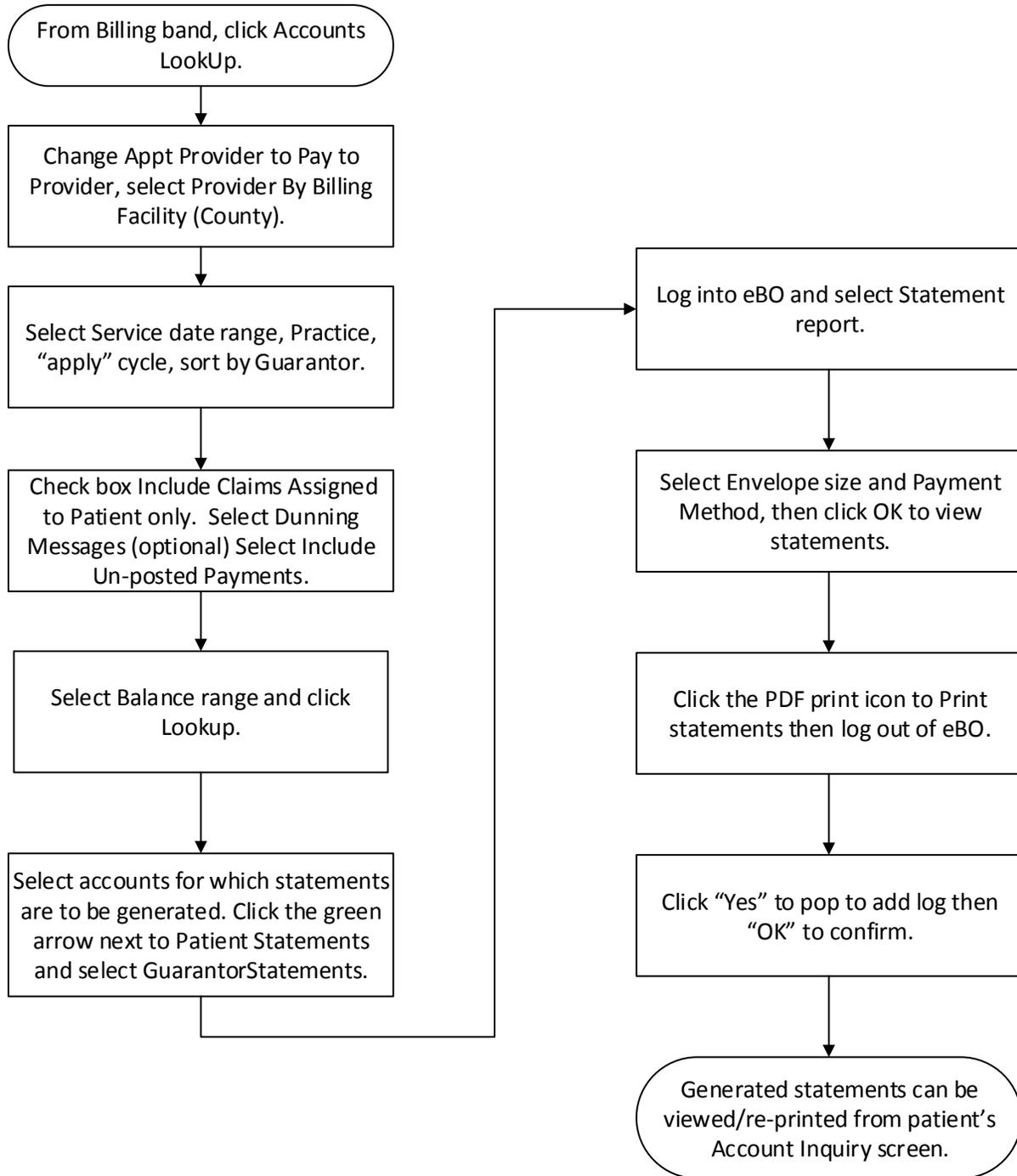
3. In the Given To drop down, select Patient/Guarantor or Insurance.
4. In the Name field select the name for the refund
5. Enter the Date, Amount, Pmt Method, and Check No.
6. Click on the "Post Refund" button to find the claim(s) against which the refund is being posted.

7. Choose claim based tab, select the claim(s) and enter the amount in the refund field.
8. Click on Post CPT to post the refund at CPT level.

Claim #	Service Date	Patient Name	Refund	Pt. Balance	Balance
397	1/7/2009	Johnson, Jack	10.00	35.00	52.83

Working with Patient Balances

Guarantor Statements



Patient Statements

NOTE: Patient Statements must be generated by County and generated and printed one County at a time.

1. From the Billing Band, click on the Accounts Lookup icon
2. Click the drop down next to Appt Provider(s) and change filter to “Pay to Provider”
3. Uncheck the “All” button and click on the ellipses.

The screenshot shows the eClinicalWorks Accounts Lookup interface. The 'Pay To Provider' dropdown is selected, and the 'All' checkbox is unchecked. The 'Accounts Lookup' icon in the left sidebar is highlighted with a red box.

4. To select Providers:
 - In the Select Provider(s) pop up box, View field, click the drop down next to “All Providers” and change filter to “Providers by Billing Facility”
 - In the Facility field, click the ellipses to select your County (this should be the providers default Billing Facility in Admin>Provider)
 - Check the box next to Providers to select all providers.
 - Click “OK”

The screenshot shows the 'Select Provider(s)' dialog box. The 'View' dropdown is set to 'Providers By Billing Facility', and the 'Facility' field is set to 'WMA:Westborough Medical Associates'. The 'Providers' checkbox is checked, and the names 'Jones, Mary', 'Smith, John', and 'Willis, Sam' are listed with their respective checkboxes checked. The 'OK' button is highlighted with a red box.

5. Set the remaining filters:

- Select the appropriate Service Date range
- Click the drop down next to “Facility” and change filter to “Practice”.
- Click on the ellipses and select your Practice (County) from the Practice List pop up.
- In Patient Stmt Cycle filter, select “Apply – Guarantor based” to apply 30-day cycle.
- Select “guarantor Name, Patient” in Sort Order filter.
- Check box “Include Claims Assigned to Patient only”.
- (Optional) Check “Dunning Messages” to include system generated dunning messages based on claim aging and “Include Unposted Payments” to include accounts with payments not posted to encounters/claims.
- Set the Acct(Claim) Balance amount as required.

6. Click “Lookup” to generate list of patients.

The screenshot shows the 'Accounts LookUp' form with the following highlighted fields:

- Service Date(s): 01/01/2015 to 10/12/2016
- Practice: Your County
- Include Claims Assigned to Patient only:
- Dunning Messages:
- Include Unposted Payments:
- Acct(Claim) Bala: > 10.00
- Patient Stmt Cycle: Apply - Guarantor based
- Sort Order: Guarantor Name, Patient
- Lookup button

7. To review accounts (optional), highlight patient and click “View Account” button to open the patient’s Account Inquiry screen.

8. Check box to select patients.

9. Click the green drop down next to Patient Statement and select “Guarantor Statements”.

	C	Account No	Guarantor Name	Patient	DOB	Amount	Payments	Balance	Pt Balance	Pt Unposted
<input checked="" type="checkbox"/>		91	Darren, Lori	Darren, Lori	07/23/1979	117.00	0.00	117.00	117.00	0.00
<input checked="" type="checkbox"/>		9118	Doe, John	Curran, Jeff P	12/13/1960	58.00	40.00	18.00	18.00	211.00
<input checked="" type="checkbox"/>		9325	Hollis, Lisa	Hollis, Lisa	08/08/1975	200.00	0.00	200.00	200.00	20.00
<input checked="" type="checkbox"/>		ABC9341	Johns, Robert	Johns, Robert	05/05/1965	150.00	0.00	150.00	150.00	0.00
<input checked="" type="checkbox"/>		87	Jones, John	Jones, Mary	04/12/1961	200.00	50.00	150.00	150.00	110.00
<input checked="" type="checkbox"/>		5	Jones, Maude	Jones, Jennie	03/04/2001	160.00	0.00	160.00	160.00	0.00
<input checked="" type="checkbox"/>		9338	Paige, Neil M	Paige, Neil M	07/04/1974	192.00	0.00	192.00	192.00	0.00

The screenshot shows the bottom part of the interface with a dropdown menu open over the 'Patient Statements' button. The dropdown menu has 'Guarantor Statements' selected. The 'View Account' button is also highlighted in red.

Records: 7 Page Balance: \$987.00 Total Balance: \$987.00

10. Print Statements in EBO (eBO login screen should automatically pop up after generating statements)

- In the eBO Log on screen, enter your eCW User Name and Password, click OK.



The screenshot shows the 'Log on' window with a title bar containing 'Log on' and 'Help x'. Below the title bar, it says 'Please type your credentials for authentication.' There are two input fields: 'User Name:' and 'Password:'. At the bottom, there are 'OK' and 'Cancel' buttons. On the right side, there is a copyright notice: 'Licensed Material - Property of IBM Corp. (C) Copyright IBM Corporation and its licensors 2005, 2009. IBM, the IBM logo, and Cognos are trademarks of IBM Corp., registered in many jurisdictions worldwide.'

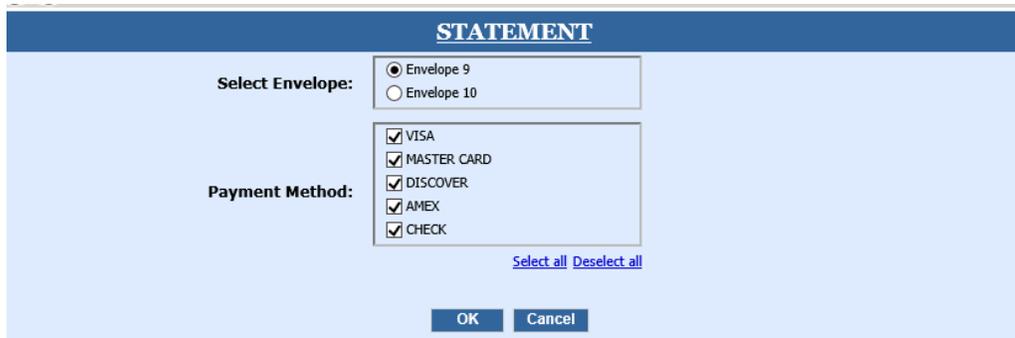
- Click eCWEBO folder, then the Statements folder



- Click the blue hyperlink for “Guarantor Statement by Billing Facility PDF”



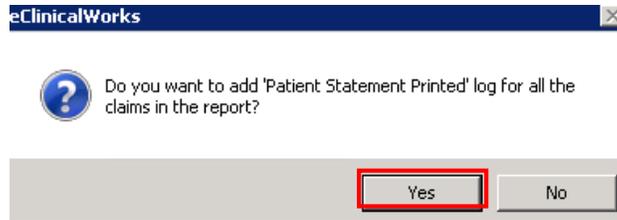
- Select Envelope size and accepted Payment Methods and click OK.



The screenshot shows a window titled 'STATEMENT'. It has two sections: 'Select Envelope:' and 'Payment Method:'. Under 'Select Envelope:', there are two radio buttons: 'Envelope 9' (selected) and 'Envelope 10'. Under 'Payment Method:', there are five checkboxes: 'VISA', 'MASTER CARD', 'DISCOVER', 'AMEX', and 'CHECK', all of which are checked. Below the checkboxes, there are links for 'Select all' and 'Deselect all'. At the bottom, there are 'OK' and 'Cancel' buttons.

11. Print Statements in PDF

12. Click “Yes” to create log for statements in patient account



Re-printing statements for a patient

Statements that have already been generated for a patient can be viewed or re-printed upon the patient's request from the 'Account Inquiry' section on the patient's Hub.

1. Select Account Inquiry
2. Statements
3. Click on the date of the statement you would like to print

The screenshot displays the 'Patient Inquiry Detail' window for a patient named '007, Test'. The window is divided into several sections:

- Patient Information:** 007, Test, DOB: 1/1/1999, Age: 11Y 11M, Sex: M, Tel: 555-444-3434.
- Account Balances:**

	Account Bal.	Patient Bal.	Unposted Payments
Patient	\$5,299.95	\$898.55	\$70.00
Guarantor	\$10,630.57	\$2,202.79	\$73.00
- Account Inquiry Section:** A sidebar on the left contains buttons for 'Labs', 'DI', 'Immuniz', 'New Appt', 'Letters', 'eClinForms', 'Account Inquiry' (highlighted with a red box), and 'New Action'.
- Statements - Test 007:** A table listing generated statements with columns for 'Date' and 'Balance'. The first row, dated 11/12/2010 with a balance of -40.00, is highlighted with a red box.

	Date	Balance
1	11/12/2010	-40.00
2	11/12/2010	-40.00
3	11/12/2010	-40.00
4	11/11/2010	656.55
5	10/29/2010	-40.00
6	08/13/2010	82.05
7	07/20/2010	69.74
8	06/17/2010	809.50
9	06/17/2010	809.50
10	06/17/2010	809.50
- Summary Table:** A table at the bottom right showing financial totals.

Total	\$7,921.95	\$924.00	\$1,398.00	\$0.00	\$968.55
- Buttons:** At the bottom, there are buttons for 'Copy', 'View Details', 'Alerts', 'Statements' (highlighted with a red box), 'Pt Payments', 'Get Next', and 'Close'.

Billing for Contracts (P8)

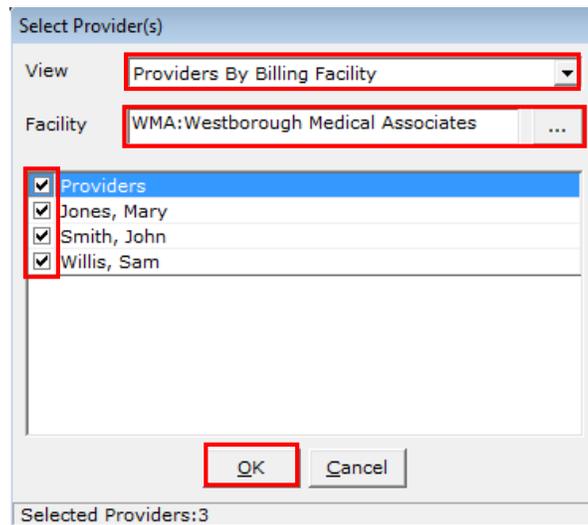
NOTE: All contract payors should be included in the “Contracts P8” Insurance group. When claims are created by the automated job, the claim status of all claims in this group will automatically change to “Contracted Services”.

1. From the Billing Band, click on the Accounts Lookup icon
2. Click the drop down next to Appt Provider(s) and change filter to “Pay to Provider”
3. Uncheck the “All” button and click on the ellipses.

The screenshot shows the eClinicalWorks Accounts Lookup interface. The top navigation bar includes 'File', 'Patient', 'Schedule', 'EMR', 'Billing', 'Reports', 'CCD', 'Fax', 'Tools', 'Community', 'Meaningful Use', 'Lock', and 'Help'. The user interface displays various filters and options for account lookup, including 'Pay To Provider' (set to 'All'), 'Service Date(s)' (01/01/2015 to 10/12/2016), 'Place of Service', 'Collection Status', 'Patient Stmt Cycle', 'Sort Order', and 'Assigned To User'. The 'Accounts Lookup' button in the left sidebar is highlighted with a red box.

4. To select Providers:

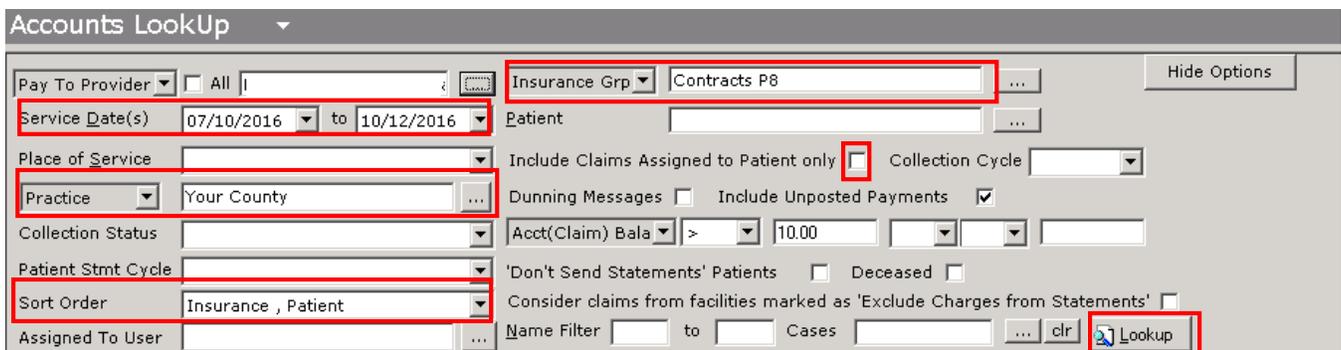
- In the Select Provider(s) pop up box, View field, click the drop down next to “All Providers” and change filter to “Providers by Billing Facility”
- In the Facility field, click the ellipses to select your County (this should be the providers default Billing Facility in Admin>Provider)
- Check the box next to Providers to select all providers.
- Click “OK”



5. Set the remaining filters:

- Select the appropriate Service Date range
- Click the drop down next to “Facility” and change filter to “Practice”.
- Click on the ellipses and select your Practice (County) from the Practice List pop up.
- Select “Insurance, Patient” in Sort Order filter.
- Select the Insurance **OR** change filter to Insurance Group and select “Contracts P8” to generate invoices for all payors.
- UN-check box “Include Claims Assigned to Patient only”.
- (Optional) Check “Include Unposted Payments” to include accounts with payments not posted to encounters/claims.
- Set the Acct(Claim) Balance amount as required.

6. Click “Lookup” to generate list of patients.



7. Check boxes to select accounts.

8. Click on the drop down next to Patient Statements and select “Payor Invoice”

9. Print Statements in EBO (eBO login should automatically pop up after statements or log into eBO from Reports
 - In the eBO Log on screen, enter User Name and Password, click OK.

-  [5 - Clinical Reports](#)
-  [6 - Commonly Used Reports](#)
-  [8 - APL Reports](#)
-  [9 - Enterprise Directory Reports](#)
-  [Statements](#)

screen
generating
menu)
your eCW

[Help](#) x

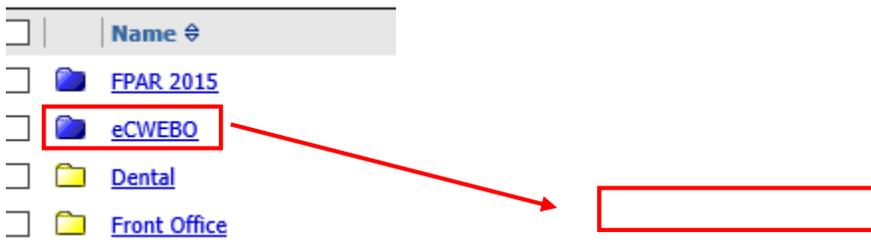
Please type your credentials for authentication.

User Name:

Password:

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- Click eCWEBO folder, then the Statements folder



- Click the blue hyperlink for "Guarantor Statement by Billing Facility PDF"

<input type="checkbox"/>		Patient Statement Report Billing Facility	April 25, 2013 2:05:48 PM	   More...
<input type="checkbox"/>		Patient Statement Report Billing Facility PDF	April 25, 2013 2:06:19 PM	   More...
<input type="checkbox"/>		Payer Invoice Report	May 14, 2013 6:38:56 PM	   More...
<input type="checkbox"/>		Payer Invoice Report By Billing Facility	April 25, 2013 2:08:46 PM	   More...

- Select Invoices to be printed

Payer Invoice Report

Select Invoice:

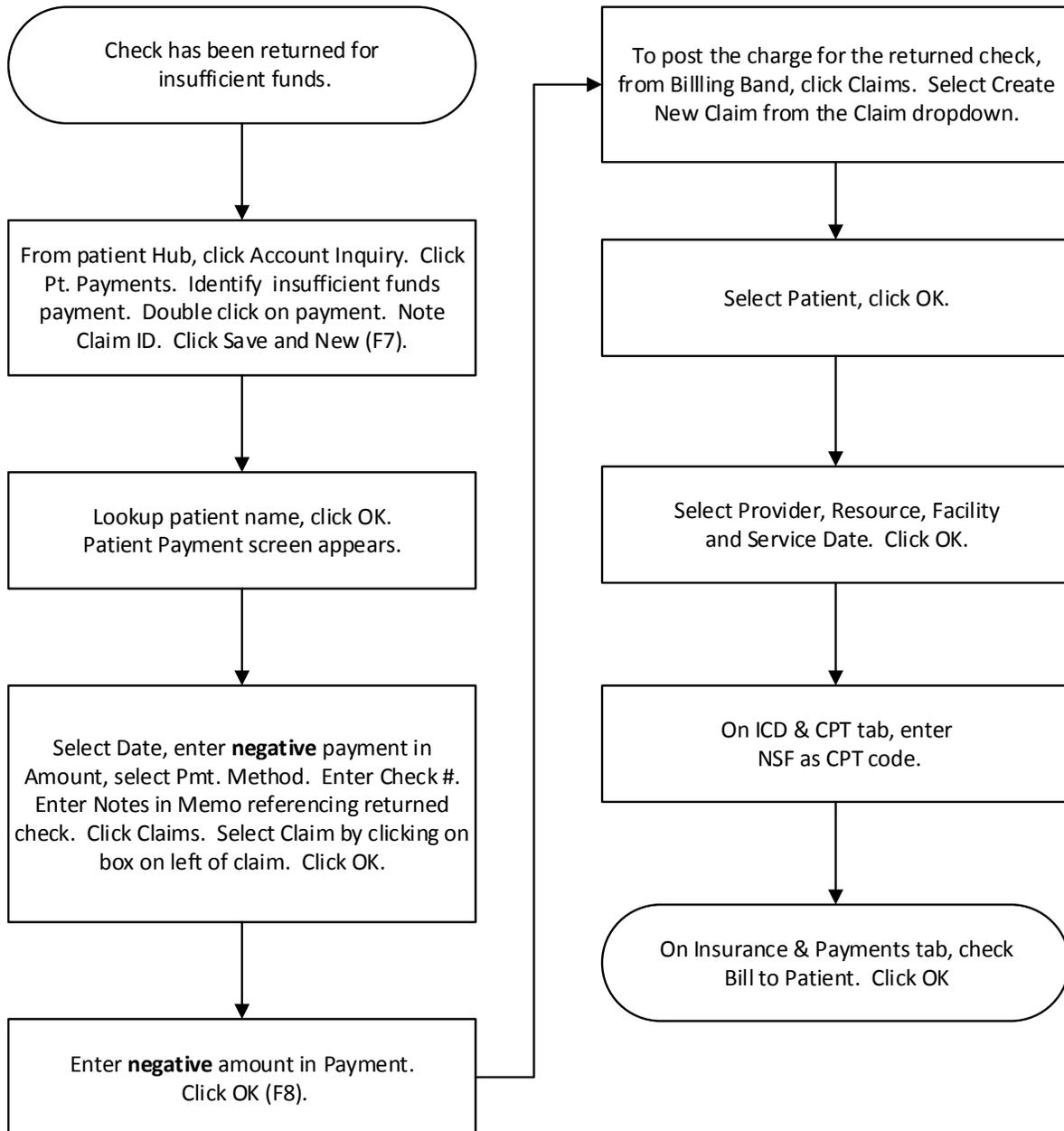
7997
8305
8723
8765
9122
9150
9155
9329
9342
9425
9453

[Select all](#) [Deselect all](#)

10. Print Invoices in PDF

Returned Check

Returned Check Workflow



File Patient Schedule EMR Billing Reports CCD Fax Tools Community Meaningful Use Lock Help

eClinicalWorks

Patient Hub (Curran, Jeff P)

Curran, Jeff P Home: 561-703-0241 Work: Cell: Email: Jeff.curran@ecclinicalworks.com

DOB: 12/13/1960 Age: 55Y Sex: M Insurance: eClinicalWorks

Referring Pr: Willis, Sam Rendering Pr: Willis, Sam

Account No: 9118

Patient Balance: \$1,862.79 Collection Status: Labs - 2

Account Balance: \$3,615.47 Assigned To: Dt 2

Coll. Balance: \$0.00 Referrals: 1

Last Appt: 07/06/2016 09:30 AM Facility: WMA:Westborough Medi

Next Appt: 07/12/2016 09:15 AM Facility: WMA:Westborough Medi

Bumped Appts: NONE Case Manager Hx:

Account Inquiry

Account Bal Patient Bal. Jstd Paym Coll. Bal

Patient	\$3,615.47	\$1,862.79	(2,016.71)	\$0.00
Guarantor	\$4,926.66	\$1,737.79	(1,891.71)	\$0.00

Insurance Age Balance

0-30	31-60	61-90	> 90	Total
0.00	195.05	81.53	1,476.10	1,752.68

Patient Age Balance

0-30	31-60	61-90	> 90	Total
0.00	-153.92	0.00	0.00	0.00

Collection Cycle Balance

C0	C1	C2	C3	PP
0.00	0.00	0.00	0.00	0.00

Receive Payments

Patient Payment

Patient: Curran, Jeff P DOB: 12/13/1960 Age: 55Y Sex: M Tel: 561-703-0241 Acct No: 9118, WebEnabled: Yes

Facility: Westborough Medical Associates

Memq: returned check

Amount: \$ 3,000.00

Pmt. Method: Cash

Check No.:

Unapplied Amount: 0.00

Patient Insurance(s)

Insurance	Co Pay
eClinicalWorks	
Medicare-Training	25.00
UNITED Healthcare	25.00

Claims paid (with this payment)

Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clm Balance	Pat Balance	Payment
394	Curran, Jeff P	02/02/2009	abdominal pain, back	172.05	0.00	25.00
522	Curran, Jeff P	08/27/2015		0.00	0.00	153.92
524	Curran, Jeff P	01/05/2016		0.00	0.00	153.92
565	Curran, Shannan	01/28/2016		85.37	0.00	25.00
485	Curran, Jeff P	02/09/2016		0.00	0.00	25.00

Print Receipt | Visits | Claims | Delete | Post CPT | Save & New (F7) | OK(F8) | Cancel(F9)

Posted By: Willis, Sam | Locked by: | 07/08/2016 09:53 AM

Patient Inquiry Detail

Curran, Jeff P DOB: 12/13/1960 Age: 55Y Sex: M Acct No: 9118, WebEnabled: Yes

Service Date(s) 01/01/2002 to 07/08/2016

Facility: All

Billed To: All

Insurance: All

Collection Status: All

Only Show Claims with No. Of Statements >=

Show Claims Not in Collection

Claim Balance: All

Show Voided Claims | Show CPT Financial Adjs. | Show CPT Payments | Show CPT Payment Totals | Lookup

Claims for the services provided during the selected dates

Coll Claim No	Date	Description	Charges	Payments	Adjust	Withheld	Pt Bal	Ins Bal
535	06/30/2016	Printed patient statement						
	04/28/2016	Charges (Pr:SW Fac: WM)	20.00				0.00	20.00
	06/30/2016	Printed patient statement						
	06/30/2016	Printed patient statement						
530	03/31/2016	Charges (Pr:SW Fac: WM)	61.53				0.00	0.00
	07/08/2016	Patent Payment		61.53	0.00	0.00		
	04/06/2016	ePatientStatement Subm						
	06/30/2016	Printed patient statement						
	06/30/2016	Printed patient statement						
521	03/29/2016	Charges (Pr:MJ Fac: WMA)	153.92				0.00	153.92
	06/30/2016	Printed patient statement						
	06/30/2016	Printed patient statement						
520	03/28/2016	Charges (Pr:SW Fac: WM)	153.92				0.00	153.92
	06/30/2016	Printed patient statement						
	06/30/2016	Printed patient statement						
Total			\$2,765.97	\$963.29	\$203.92	\$0.00	(\$153.92)	\$1,752.68

Copy | View Details | Alerts | Statements | Pt Payments | Get Next | Close

Receive Payments

Patient Payment

Patient: Curran, Jeff P DOB: 12/13/1960 Age: 55Y Sex: M Tel: 561-703-0241 Acct No: 9118, WebEnabled: Yes

Facility: Westborough Medical Associates

Memq: returned check

Amount: \$ -61.53

Pmt. Method: Cash

Check No.:

Unapplied Amount: -61.53

Patient Insurance(s)

Insurance	Co Pay
eClinicalWorks	
Medicare-Training	25.00
UNITED Healthcare	25.00

Claims paid (with this payment)

Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clm Balance	Pat Balance	Payment
530	Curran, Jeff P	03/31/2016		0.00	0.00	-61.53

Print Receipt | Visits | Claims | Delete | Post CPT | Save & New (F7) | OK(F8) | Cancel(F9)

Posted By: Willis, Sam | Locked by: | 07/08/2016 01:44 PM

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eClinicalWorks¹⁰

Admin **Claims**

Practice

Pt. Engagement Appt Provider: All Patient Show the following Claims

Registry Service Dt(s): 11/01/2015 to 07/08/2016 Insurance: Locked Claims

Referrals Place of Service: Facility: Unlocked Claims

Messages Claim Status: Refund Requested Assigned To User: Finance Charge Claims

Documents Claim Status: Assigned To: Balance: 0.0 Voided Claims

Billing Payer #: Type: All Sort By: Service Date Claim No: ShowZero Charge Claims

Encounters Additional Insurance Condition: Insurance: Lookup

Collection Status: Show Claims Not in Collection No. Of Statements >>

ClearingHouse ...

PM Dashboard

Claims

Payments

ERA

Claim Status

Refunds

Accounts LookUp

Batches

0 results

Claim Billing Claims IPE Lock/Unlock Claims to be submitted: Electronic=9, Paper=2

Create New Claim

Create Claim for Encounter

Update Claim

Delete Claim

View Claim Summary

Print Claim Summary

Patient Lookup

Search Patient Include Appointment Facility New (Copy) New Delete

by Name & by

All by All Facilities RTS

Pri	W	Name	DOB	Phone	Account No.	Last Appt Dt	Prev Name
1	!	R Curran, Jeff P	12/13/1960	561-703-0241	9118	07/06/2016	
2	!	R Curran, Martha M	03/31/1974	561-703-1234	9119	07/06/2016	
3	!	R Curran, Shannen	11/04/1986	561-703-1234	9120	04/18/2016	Pending with error 2/1
4	!	R Darren, Gary	01/01/1940	555-555-5591	92	03/30/2016	Medicare Post 185 1/1
5	!	Darren, Lori	07/23/1979	555-555-5590	91	01/11/2011	
6	!	R Johnson, Jack	11/25/1989	555-555-5588	89	07/06/2016	Ortho
7	!	R Jones, Jennie	03/04/2001	555-555-5504	5	05/05/2016	Peds
8	!	Jones, John	12/12/1948	555-555-5502	3	01/14/2009	
9	!	W Jones, John	12/03/1984	555-555-5587	88	07/23/2010	
!	!	R Jones, Mary	04/12/1961	555-555-5586	87	03/30/2016	OB / Medicare Post 185 1/1
		Jones, Maude	05/05/1952	555-555-5503	4	10/06/2011	
		Jones, Raul	04/12/1961	555-555-5584	85	08/20/2010	
	!	W Kumar, Raj	04/12/1971	555-555-5592	93	05/10/2011	
!	!	R Lab, Larry	01/01/1983	561-750-4753	9122	01/26/2016	Interfaced Labs and Midma
	!	W McTigue, Patrick	07/30/1971	561-795-1234	9115	02/21/2011	
	!	R Parks, Jim	01/01/1940	555-555-5516	17	07/06/2016	Medicare Post 185 1/1
	!	Patel, Raj	11/11/1953	555-555-5501	2	05/10/2011	
	!	R Samacughi, Lono	04/12/1951	555-555-5517	18	03/30/2016	Pending with error 2/1

< Prev Next > Patient Info OK Cancel

Create Claim

Provider: Willis, Sam

Resource: Willis, Sam

Facility: WMA:Westborough Medical Associates Sel

Service Date: 07/08/2016

Patient: Curran, Jeff P Sel

POS: 11

Select Claim Type

Professional (HCFA) Anesthesia Claim (HCFA)

Institutional (UB)

Dental

OK Cancel

Claim # 605 | Claim Date: 07/08/2016 | Service Date: 07/08/2016 | Appointment Facility: WMA:Westborough Medical Ass | POS: 11 | Provider: Willis, Sam

Patient: Curran, Jeff P | DOB: 12/13/1960 | Age: 55Y | Sex: M | Tel: 561-703-0241 | Acct No: 9118 | WebEnabled: Yes

Service Provider: Willis, Sam | Resource: Willis, Sam

Claim Status: Pending

ICD & CPT: NSF (Non Sufficient Funds) | ICD Code: NSF | CPT/HCPCS: NSF

Code	POS	TOS	SDOS	EDOS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	Units	Billed Fe	Provider Id
NSF	11	1	07/08/2016	07/08/2016				1				1	\$50.00	

Summary: Charges 0.00, Payments 0.00, Balance 0.00 | Total: Charges 50.00, Payments/Adj 0.00, Balance 50.00

Claim # 605 | Claim Date: 07/08/2016 | Service Date: 07/08/2016 | Appointment Facility: WMA:Westborough Medical Ass | POS: 11 | Provider: Willis, Sam

Patient: Curran, Jeff P | DOB: 12/13/1960 | Age: 55Y | Sex: M | Tel: 561-703-0241 | Acct No: 9118 | WebEnabled: Yes

Service Provider: Willis, Sam | Resource: Willis, Sam

Claim Status: Pending

Insurances & Payments: Bill to Patient (checked)

Bill To	Name	State	Subscriber No	Rel	Insured	Group No
P	eClinicalWorks	MA	1234	1	Curran, Jeff P	
S	Medicare-Training	MA	123467988a	1	Curran, Jeff P	

Summary: Charges 0.00, Payments 0.00, Balance 0.00 | Total: Charges 50.00, Payments/Adj 0.00, Balance 50.00

Working with Hard Closed Transactions

Redistribute Patient Payments

Redistributing payments is available only for hard closed payments. It permits the moving of a payment from one claim to another without voiding and recreating the claims.

1. On the original hard closed patient payment, click the green dropdown beside the “Print Receipt” and select “Redistribute Payment.”

Receive Payments

Patient Payment

Payment Id 211 **Date** 02/18/2015

Patient Johnson, Mikayla
DOB:1/1/1975 Age:40Y Sex:F
Tel:
Acct No:9361, WebEnabled: No

Facility Westboro Medical Associates

Memo

Amount \$ 72.00
Pmt. Method Check
Check No. 1234

Unapplied Amount:0.00

Batch # 0

Claims paid (with this payment)

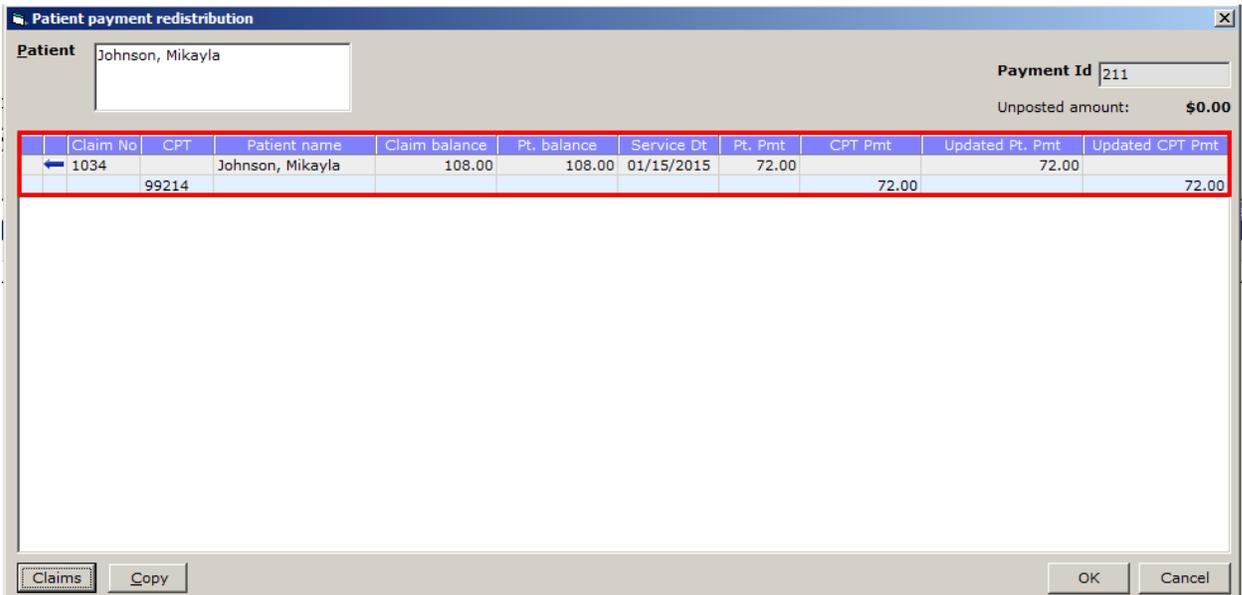
Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clm Balance	Pat Balance	Payment
1034	Johnson, Mikayla	01/15/2015		108.00	108.00	72.00

Print Receipt [dropdown] View Payment Logs
Lock Payment
Print Billing Summary and Receipt
Post CPT Save & New (F7) OK(F8) Cancel(F9)
Redistribute Payment

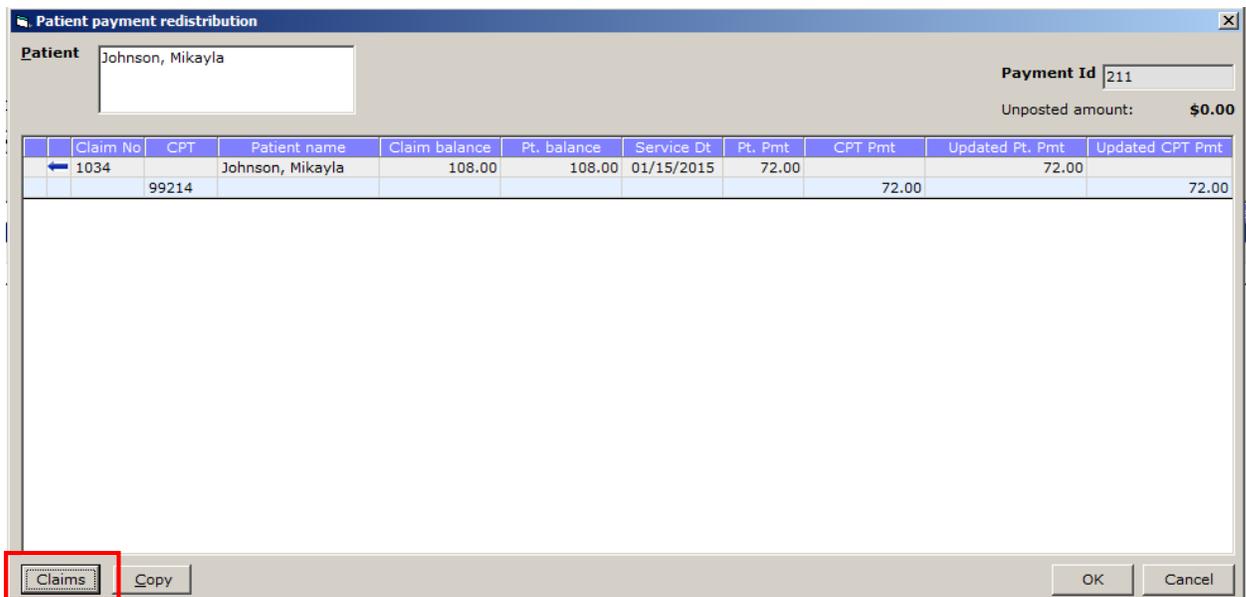
Posted By Willis, Sam Willis, Sam 04/02/2015 08:39 AM

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.



- To select other claims to redistribute this payment to, click "Claims" at the bottom of window.



2. Select correct claim(s). Click "OK."

Payment Posting

Patient Based | Insurance Based | Guarantor Based

Patient: Johnson, Mikayla
 DOB:1/1/1975 Age:40Y Sex:F
 Tel:
 Acct No:9361. WebEnabled: No

Facility: []

Claim Balance: [] > [] 0 [Get Claims]

Patient Claims

	Patient	Claim No	Service Dt	Pvdr	Facilit	Claim Aml	Claim Bal	Patient B	Last Stmt
<input type="checkbox"/>	Johnson, Mikayla	1034	01/15/2015	SW	WMA	180.00	108.00	108.00	
<input checked="" type="checkbox"/>	Johnson, Mikayla	1035	02/16/2015	SW	WMA	72.00	72.00	72.00	
<input type="checkbox"/>	Johnson, Mikayla	1036	03/16/2015	SW	WMA	150.00	150.00	150.00	

500 < Prev Next > 1-3 of 3 records

OK Cancel Apply

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

Patient payment redistribution

Patient: Johnson, Mikayla

Payment Id: 211

Unposted amount: \$0.00

	Claim No	CPT	Patient name	Claim balance	Pt. balance	Service Dt	Pt. Pmt	CPT Pmt	Updated Pt. Pmt	Updated CPT Pmt
←	1034	99214	Johnson, Mikayla	108.00	108.00	01/15/2015	72.00	72.00	0.00	0.00
→	1035	99212	Johnson, Mikayla	72.00	72.00	02/16/2015	0.00	0.00	72.00	72.00

Claims Copy OK Cancel

- A new zero-dollar payment is created using the "Received Date" and applies a negative payment to reverse the original payment and applies a positive payment to the new claim.

Receive Payments

Patient Payment

Patient Johnson, Mikayla
 DOB:1/1/1975 Age:40Y Sex:F
 Tel:
 Acct No:9361, WebEnabled: No

Facility Westboro Medical Associates

Memg

Payment Id 214 **Date** 04/03/2015

Amount \$ 0.00

Pmt. Method Check
 Check No. 1234

Unapplied Amount:0.00

Patient Insurance(s)

Insurance	Co Pay

Batch # 0

Claims paid (with this payment)

Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clm Balance	Pat Balance	Payment
1034	Johnson, Mikayla	01/15/2015		180.00	180.00	-72.00
1035	Johnson, Mikayla	02/16/2015		0.00	0.00	72.00

Print Receipt | Visits | Claims | Delete | Post CPT | Save & New (F7) | OK(F8) | Cancel(F9)

Posted By Willis, Sam | 04/02/2015 08:39 AM

- The original payment has been marked “Redistributed” and labeled with the new system-created payment Id.

Receive Payments(Redistributed to 214)

Patient Payment **Redistributed**

Payment Id 211 **Date** 02/18/2015

Patient Johnson, Mikayla
 DOB:1/1/1975 Age:40Y Sex:F
 Tel:
 Acct No:9361, WebEnabled: No

Facility Westboro Medical Associates

Memo

Amount \$ 72.00
 Pmt. Method Check
 Check No. 1234
 Unapplied Amount:0.00

Patient Insurance(s) 0

Insurance	Co Pay

Claims paid (with this payment)

Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clm Balance	Pat Balance	Payment
1034	Johnson, Mikayla	01/15/2015		180.00	180.00	72.00

Posted By Willis, Sam Locked by: Willis, Sam 04/02/2015 08:39 AM

6. The patient's account displays both payments.

Patient Inquiry Detail

Patient: Johnson, Mikayla
 DOB:1/1/1975 Age:40Y Sex:F
 Tel:
 Acct No:9361, WebEnabled: No

Service Date(s): 01/01/2007 to 04/03/2015

Facility: []

Billed To: All

Insurance: [] All

Claim Balance: [] All

Show Voided Claims Show CPT Financial Adjs.
 Show CPT Payments Show CPT Payment Totals

Claims for the services provided during the selected dates

Claim No	Date	Description	Charges	Payments	Adjust	WithHeld	Pt Bal	Ins Bal
1036	03/16/2015	Charges (Pr:SW Fac: WM/	150.00				150.00	0.00
1035	02/16/2015	Charges (Pr:SW Fac: WM/	72.00				0.00	0.00
	04/03/2015	Patient Payment		72.00	0.00	0.00		
1034	01/15/2015	Charges (Pr:SW Fac: WM/	180.00				180.00	0.00
	04/03/2015	Patient Payment		-72.00	0.00	0.00		
	02/18/2015	Patient Payment		72.00	0.00	0.00		
Total			\$402.00	\$72.00	\$0.00	\$0.00	\$330.00	\$0.00

Buttons: Copy, View Details, Alerts, Statements, Pt Payments, Pt gPayments, Get Next, Close

Moving Money from One Patient to Another after a Hard Close

If you discover that a patient payment has been posted to a wrong account after it has been hard closed, you will need to make a financial adjustment on both accounts.

Locate the claim that has the wrong patient payment linked to it:

1. Click Adjustments

The screenshot shows the 'Claim' window with the following details:

- Claim Number:** 662
- Claim Date:** 10/23/2013
- Service Date:** 10/23/2013
- Appointment Facility:** PMA:Pleasanton Medical Associi
- POS:** 11
- Patient:** Darren, Gary (DOB: 01/01/1940, Age: 73Y, Sex: M)
- Insurances & Payments:** Shows ICD-9 Codes (V70.0 Routine general medical exa) and CPT/HCPCS (PHYS 11 1 10/23/2013 10/23/2013).
- Summary:** Shows Patient Portion (Charges: 100.00, Payments: 10.00, Balance: 90.00) and Total (Charges: 100.00, Payments/Adj: 10.00, Balance: 90.00).
- Buttons:** Header, Data, Options, Print HCFA (New), **Adjustments** (highlighted), Prog. Notes, CPT Payers, OK, Cancel.

2. Enter the amount that you want to transfer with a (-) negative in from of it

The 'Claim Adjustments' dialog box shows the following table:

Date	Code	Amount
11/16/2013	PERROR	-10.00

Buttons: OK, Cancel

3. Patient Balance is correct now on the original claims

Claim

Claim Number: 662 Claim Date: 10/23/2013 Service Date: 10/23/2013 Appointment Facility: PMA:Pleasanton Medical Associi POS: 11 Provider: Willis, Sam

Patient: Darren, Gary DOB: 01/01/1940 Age: 73Y Sex: M Tel: 555-555-5591 Acct No: 92. WebEnabled: No

Service Provider: Willis, Sam Resource: Willis, Sam

Copy: \$10.00 Pt. Uncovered Amt.: \$90.00

Claim Status: Contract Billing

Set Status to HCFA (F7) Set Claim to Electronic (F8) Ready to Submit (F6)

ICD-9 & CPT Insurances & Payments Additional Information

ICD-9 Codes Prev Dx Add Remove

Code	Name		
1	V70.0 Routine general medical exa	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Insurances Labs/Diagnostic Imaging/Imm

Name	No	IH/SO	Type	Name
P eClinicalWorks - Clinic				

CPT/HCPCS Add Update Remove Medicare Edits Fee Schedule Master Fee Schedule

	Code	POS	TOS	SDOS	EDOS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	Units	Billed Fe	Provider Id
1	PHYS	11	1	10/23/2013	10/23/2013				1				1	\$100.00	
*															

Summary Errors Claim Logs Suppressed Errors

Billing Notes TimeStamp Browse...

Patient Portion		Total	
Charges	110.00	Charges	100.00
Payments ...	10.00	Payments/Adj	0.00
Balance	100.00	Balance	100.00

Header Data Options Print HCFA (New) Adjustments Prog. Notes CPT Payers OK Cancel

Go to the claim that you want to post the money to:

4. Click Adjustments

The screenshot shows the 'Claim' window with the following details:

- Claim Number:** 677
- Claim Date:** 11/15/2013
- Service Date:** 11/15/2013
- Appointment Facility:** VCHIP:Valley Care Hospital
- POS:** 21
- Patient:** Darren, Lori (DOB: 07/23/1979, Age: 34Y, Sex: F)
- Provider:** Willis, Sam
- Claim Status:** Ready to Submit (Electronic)

The 'Adjustments' button at the bottom of the window is highlighted with a red box.

5. Enter the amount that you want to transfer to this patient

The 'Claim Adjustments' dialog box contains the following table:

Date	Code	Amount
11/16/2013	PERROR	10.00

The 'Amount' cell in the table is highlighted with a red box.

6. The balance is correct on both claims now without overstating your payments

Claim

Claim Number: 677 Claim Date: 11/15/2013 Service Date: 11/15/2013 Appointment Facility: VCHIP:Valley Care Hospital POS: 21 Provider: Willis, Sam

Patient: Darren, Lori DOB: 07/23/1979 Age: 34Y Sex: F Tel: 555-555-5590 Acct No: 91. WebEnabled: No

Copay: \$20.00 Pt. Uncovered Amt.: \$173.67

Rendering: Willis, Sam Supervisor: Willis, Sam

Claim Status: Ready to Submit (Electronic)

ICD-9 & CPT Insurances & Payments Additional Information

ICD-9 Codes Prev Dx Add Remove

Code	Name
1 250.00	Diabetes mellitus without m

Insurances

Name
P Commercial

Labs/Diagnostic Imaging/Imm

No	IH/SO	Type	Name
----	-------	------	------

CPT/HCPCS Add Update Remove Medicare Edits Fee Schedule Master Fee Schedule

Code	POS	TOS	SDOS	EDOS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	Units	Billed Fe	Provider Id
1 99223	21	1	11/15/2013	11/15/2013				1				1	\$193.67	

Summary Errors Claim Logs *Suppressed Errors

Billing Notes TimeStamp Browse...

	Patient Portion	Total
Charges	183.67	Charges 193.67
Payments ...	0.00	Payments/Adj 10.00
Balance	183.67	Balance 183.67

Header Data Options Print HCFA (New) Adjustments Prog. Notes CPT Payers OK Cancel

Void and Recreate Claims

When a CPT code needs to be added/removed/changed on a claim *in a billing period that has been hard closed*, the void/recreate process will need to be followed. This method will ensure that the changes are captured in the current month instead of changing the previous month's figures.

1. Open the claim to be voided and created – click the “Options button at the bottom left. Select “void and Recreate”
2. The header of the claim window will now read “Claim<Voided to:{claim #}, Copied to: [claim #]”

The screenshot shows a medical billing software interface. The window title is "Claim <Voided To: 532, Copied To: 533>". The main area displays claim details for claim number 474, dated 07/22/2010, with a status of "Closed". A context menu is open over the "CPT/HCPCS" table, with "Void And Recreate Claim" highlighted in red. The menu also includes options like "View Logs", "Print Claim Summary", "Reload Insurance(s) from Demographics", "Reapply Modifier Percentages", "Re Assign Provider Numbers", "Convert To Dental", "Convert To UB", "Delete Claim", "UnLock Claim", "Void And Split Claim", "Split Claim", "Update Claim Status(277)", and "My Settings".

Code	Name	ICD	Units	Billed Fe	Provider Id
E005.3	Activities involving tram		1	\$68.55	22222
274.02	Chronic gouty arthropat		1	\$418.85	22222
799.29	Other signs and sympto		1	\$430.22	22222

ICD	Units	Billed Fe	Provider Id
D1	2	3	

ICD1	ICD2	ICD3	ICD4	Units	Billed Fe	Provider Id
				1	\$68.55	22222
				1	\$418.85	22222
				1	\$430.22	22222

Portion	Total
20.00	Charges 917.62
20.00	Payments/Adj 20.00
0.00	Balance 897.62

Claims

Appt Provider: All Patient: Jones, Jennie

Service Dt(s): 11/09/2013 to 11/09/2013 Ins Grp: Facility: Claim Status: All Claims Assigned To User: Balance: 0.0 Prescription Number: Type: All Sort By: Service Date Claim No: Additional Insurance Condition: Insurance: Lookup

Collection Status: Show Claims Not in Collection No. Of Statements >=

Show the following Claims: Locked Claims, Unlocked Claims, Finance Charge Claims, **Voided Claims**, ShowZero Charge Claims

	Coll	Claim #	Service Date	Pvdr	Patient	Payer	Status	Charges	Pmts/Adjs	Adjustments	Withheld
<input type="checkbox"/>		672	11/09/2013	SW	Jones, Jennie		Patient	0.00	200.00	0.00	0.00
<input checked="" type="checkbox"/>	-V	672	11/09/2013	SW	Jones, Jennie		Patient	0.00	-200.00	0.00	0.00
<input type="checkbox"/>		673	11/09/2013	SW	Jones, Jennie		Patient	0.00	200.00	0.00	0.00

- The system will create a second claim that is an exact mirror opposite of the original claim and a “live” claim that can be edited as needed
- Any payments and/or adjustments linked to the original claim will now be linked to the “live claim”
- The voided and new claims will have the claim status of the original claim. It is important that the status be the same for the *original claim and the voided claim* or the patient balance will be incorrect in account inquiry and patient statements
- The claim status on the “live” claim can be changed

It is important that all changes are made on the “live” claim

Appendix A: Notices

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