

eClinicalWorks

Business Analysis Department



Workbook: Billing I

Client Name: Kentucky Department of Public Health

10/12/2016

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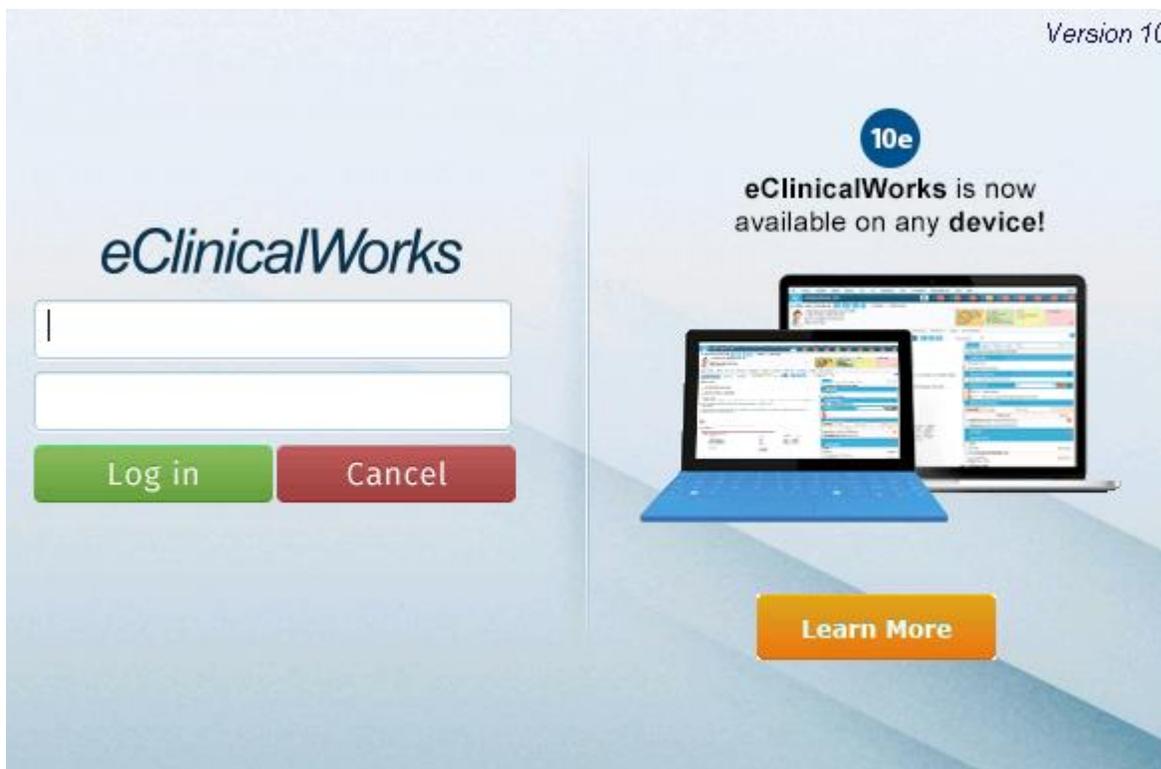
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Overview of the System

Logging in/out of eClinicalWorks

1. To log in to eClinicalWorks, double click the eClinicalWorks icon on your desktop. Enter your login ID and password (case sensitive) and click on “Log In”.

NOTE: Make sure you are in the correct environment. Hover over the icon or click on the icon once on desktop to determine the environment.



2. Click on the  button in the upper right corner of the window to log out

Menu bar and navigation panel (Overview)

Once logged in, eClinicalWorks opens displaying the following graphical control elements:

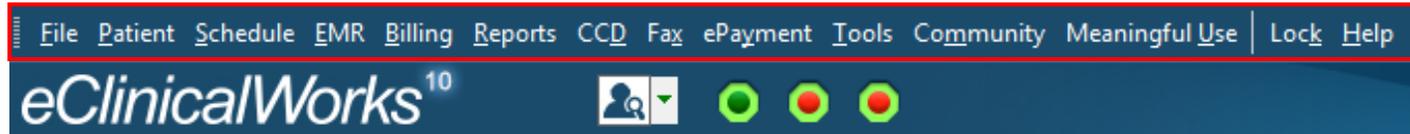
1. Menu Bar
2. Jellybeans
3. Show/Hide Buttons
4. Navigation Band

The screenshot shows the eClinicalWorks interface with several elements highlighted by red boxes:

- Menu Bar:** Located at the top, containing options like File, Patient, Schedule, EMR, Billing, Reports, CCD, Fax, Tools, Community, Meaningful Use, Lock, and Help.
- Show/Hide Buttons:** A set of icons in the top right area used for toggling various interface elements.
- Jellybeans:** A row of colorful circular icons (0, S, D, 20, R, 3, I, 6, L, 18, M, 34) located below the menu bar.
- Navigation Band:** A vertical sidebar on the left side containing various navigation icons and labels such as Admin, Practice, Resource Scheduling, Jones, Mary, Smith, John, Willis, Sam, Office Visits, Lab, Progress Notes, Telephone/We..., Labs/Imaging, Out of Office..., Lookup Encou..., Review Progre..., Registry, Referrals, Messages, Documents, and Billing.

The main content area displays a calendar for November 2015, a list of providers (Jones, Mary, Smith, John, Willis, Sam), and a resource scheduling grid for November 10, 2015, showing time slots and patient appointments.

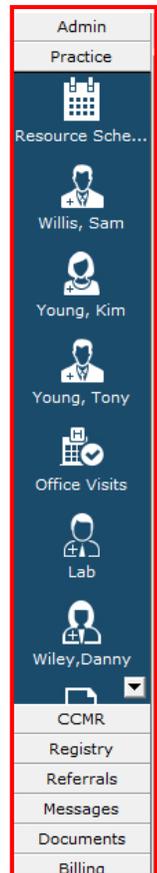
Menu bar and navigation panel – Menu Bar (Overview)



1. At the top left corner of each window is the “Menu Bar” which gives quick access to the following system settings and tools:
 - a. **File Menu** contains options related to the system dictionaries (e.g. insurances, pharmacies, facilities, etc.), security settings, user settings, and other administrative functions.
 - b. **Patient Menu** contains options which allow the user to lookup patients, create new patients, and perform various operations relating to patients.
 - c. **Schedule Menu** contains options used to manage provider/resource schedules.
 - d. **EMR Menu** contains options to customize the EMR functions (e.g. alerts, labs, DIs, order sets, flowsheets, system settings, etc.).
 - e. **Billing Menu** contains options to customize the billing functions (e.g. manage ICD and CPT codes, patient statements, claim configurations, system settings, etc.).
 - f. **Reports Menu** contains options to run Crystal Reports, access various system logs, run production utilities, etc.
 - g. **CCD Menu** contains options to import/export CCD information.
 - h. **ePayment Menu** contains options to configure ePayments.
 - i. **Fax Menu** contains options to access incoming and outgoing faxes as well as to configure the fax server.
 - j. **Tools Menu** and **Community Menu** contains options to configure ePrescribing functions and map local data to community elements.
 - k. **Meaningful Use Menu** opens the “MAQ Dashboard” where Meaningful Use reports are run.
 - l. **Lock Menu** contains options used to lock either the Windows work station or just the eCW application.
 - m. **Help Menu** contains options to access system information and various support tools.

Menu bar and navigation panel – Navigation Panel (Overview)

2. The Navigation Band on the left-side of each window provides navigation to various areas of the system.
 - a. **Admin Band** contains management tools for system dictionaries (Visit Types, Visit Status, Visit Durations, etc.) and other administrative settings. Access to the Admin Band is restricted to system administrators.
 - b. **Practice Band** contains shortcuts to provider/resource schedules and other patient visit management tools (e.g. Progress Note, Out of Office Encounters, Telephone Encounter, Office Visit window, etc.).
 - c. **CCMR Band** contains CCMR features within eClinicalWorks.
 - d. **Registry Band** contains tools used for various system search functions.
 - e. **Referral Band** contains shortcuts to incoming and outgoing referrals.
 - f. **Message Band** contains shortcuts to incoming and outgoing messages (much like basic email).
 - g. **Documents Band** contains document management tools (e.g. patient documents, faxes, eCliniForms, Rx, etc.).
 - h. **Billing Band** contains multiple tools related to billing functions (e.g. encounters, claims, payments, patient statements, ERAs, denial management, refund, etc.)



Menu bar and navigation panel – Jellybeans (Overview)



3. At the top right corner of each window is a row of oval buttons positioned to the right of a single letter. These are workflow elements commonly referred to as “Jellybeans.” The number displayed within the jellybean is unique to each user and indicates the number of items requiring some type of action. Clicking on the letter itself provides the full menu related to the particular category, while clicking directly on the jellybean opens the default window for that category.
- E Jellybean:** Provides access to the ePrescriptions window. The number next to “E” indicates the number of refill request pending approval. This number displays only for the providers and not for any other staff member.
 - S Jellybean:** Provides access to the Office Visits and Resource Schedule windows. The number next to “S” indicates the number of patients marked as Arrived. This number displays only for the providers and not for any other staff member.
 - D Jellybean:** Provides access to documents and faxes pending review. The number next to “D” indicates the number of documents assigned to the logged in user.
 - R Jellybean:** Provides access to incoming and outgoing referrals. The number next to “R” indicates the total number of referrals that have been assigned to the logged in user. Click the “R” jellybean to open the Outgoing Referrals window or click on the letter “R” for access to incoming referrals.
 - T Jellybean:** Provides access to the Telephone/Web Encounters window. The number next to “T” indicates the total number of open telephone, web encounters and action items assigned to the logged in user. Work Queues will be accessed through the Dashboard listed in the T Jellybean.
 - L Jellybean:** The “L” jellybean provides access to the Labs/Imaging/Procedure window. This window opens to the, “To be reviewed” tab. The number next to “L” indicates the combined number of labs, imaging and procedures pending review.
 - M Jellybean:** Provides access to internal messages. User can view, compose, reply to, and delete messages.

Menu bar and navigation panel – Show/Hide Buttons (Overview)



4. Show/Hide Buttons at the top-center of the screen allow user to customize their workspace.
 - a. **Left Show/Hide button** - Show or hide the Navigation Panel (Left Panel)
 - b. **Middle Show/Hide button** - Show or hide the Patient Dashboard (in the Progress Note)
 - c. **Right Show/Hide button** - Show or hide the Patient Right Chart Panel (in the Progress Note)

Patient Dashboard

Curran, Shannen, 27 Y, F Sel Info Hub

6417 Boca Rio Dr
Boca Raton, FL
H:561-703-1234
DOB:11/04/1986
shannen@aol.com

Allergies
 Billing Alert

Wt:02/01/09:125 lbs.
Appt(L):04/18/14(SW)
PCP: Willis, Sam
Language: English
Translator: No

Ins: Aetna
Acc Bal: \$205.84
Guar: Jeff
Gr Bal: \$7,431.89
Ref: Charles, Willis, Sam

CLICK TO EDIT
She is graduating from college in -the spring

SECURE NOTES
Maybe a drug seeker

Medical Summary | OB Summary | Alerts | Labs | DI | Procedures | Growth Chart | Imm/T.Inj | Encounters | Patient Docs | Flowsheets | Notes

SF [dropdown] CP Parent - Martha Curran Enc << 04/18/2014 SW >>

Progress Notes Scribe Orders Quick Search

Patient: Curran, Shannen **DOB:** 11/04/1986 **Age:** 27 Y **Sex:** Female
Phone: 561-703-1234 **Primary Insurance:** Aetna **Payer ID:** 73383
Address: 6417 Boca Rio Dr, Boca Raton, FL-33433
Lab Req No: 9120.24406 **Account Number:** 9120
Provider: Sam Willis, MD **Encounter Date:** 04/18/2014
Appointment Facility: St Vincent Hospital

Subjective:
Chief Complaint(s):
HPI: ▾
Current Medication:
Medical History:
Abdominal pain, appendectomy, abnormal pap smear, abnormal CT scan, abdominal aortic aneurysm, A flutter.
Allergies/Intolerance:
Surgical History:

Send Print Fax Record Lock Details Scan Templates Claim Letters Ink

Overview DRTLA History Order Sets Labs/DI
Curran, Shannen 27 Y, F as of 04/18/2014
Global Alerts
Fasting Follow-Up
patient is on blood thinner
Advance Directive
Problem List
585.3 Chronic kidney disease, Stage III (moderate)
Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled
250.00
272.2 Mixed hyperlipidemia
997.91 Hypertension
Clinical Quality Worksheet
Medication Summary
Group by Date All

Patient Right Chart Panel

Color legend for the Show/Hide buttons:

	Shows the Information
	Hides the Information
	Automatically hides the Information

Profile Configuration

Local Settings

- Local Settings allows user to customize the settings for each machine. The settings allow you to; configure the default appointment facility, map the fax inbox folder to the eClinicalworks application, enable the Dymo Label Printer and 'Dragon Naturally Speaking' software (if applicable), etc.
- To configure 'Local Settings', go to File>Settings>Local Settings.
- The important setting for EMR implementation is 'Show Printer Selection Dialog', 'Dragon Settings' (If applicable), and 'Copy Data To Excel File'.

Local Settings

Local Settings For This Computer Only

Default Appointment Facility
Ton Facility

Fax Inbox Folder
C:\Program Files\eClinicalWorks\SampleDrawings

Dymo Printer Settings

Enable Dymo Label Printing

Dymo Printer Template File

Lab Specimen Label Template File (If different from above Template)

Lab Specimen Label Template File with Bar Code

Show Printer Selection Dialog

Use Microsoft Word for Printing
 HCFA-1500 (12-90)

Appt./Schedule Settings

Show Multiple Bookings Warning

Refresh Multi Resource Schedule every 5 min.

Show All Visits Show Only Billable Visits

Dragon Settings

Dragon Naturally Speaking Voice Recognition Software is used on this computer

Copy Data To:
 Excel File Note: Default Format is Text(.txt).

Pager

Enable JTECH Pager

Manifest File Setting

Select this option if you use different versions of eClinicalWorks client applications or if there are problems in registering eClinicalWorks required DLLs on this computer. Applies to Operating System Versions of Windows XP, Windows Server 2003, Windows Vista, and later.

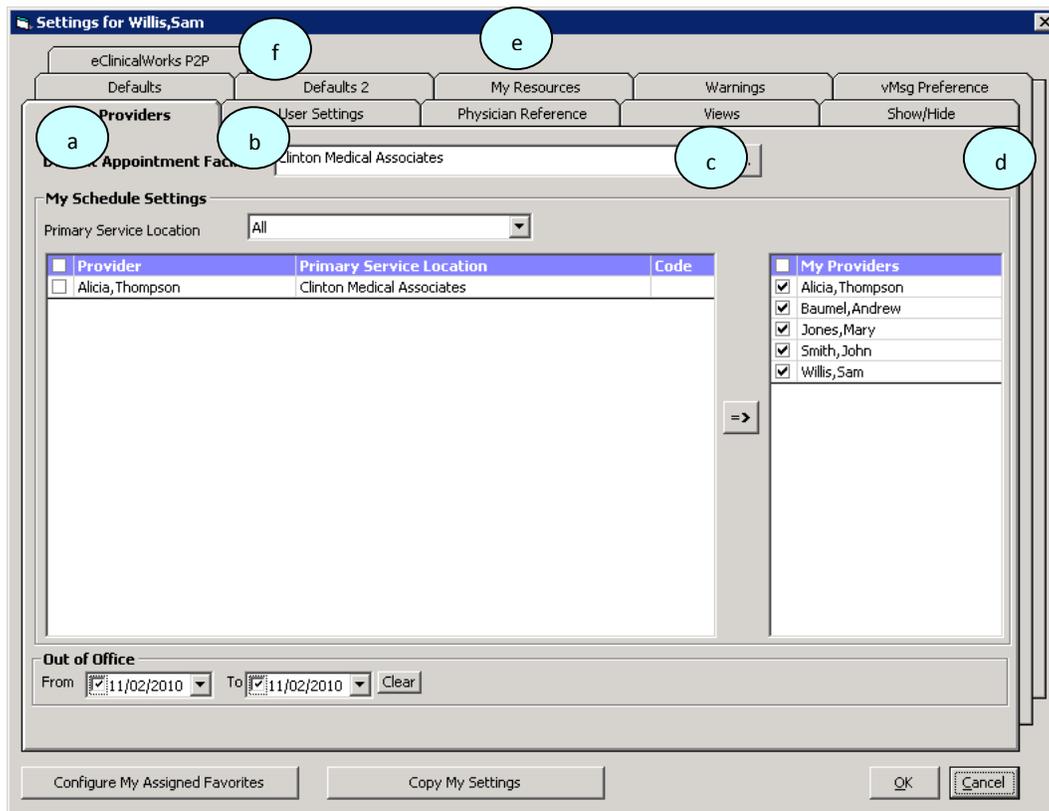
OK Cancel

My Settings

- My Settings allows user to customize system options for his/her profile.
- To configure user settings, go to File> Settings> My Settings. The five important tabs under which the respective settings need to be configured are 'My Providers', 'User settings', 'Views', 'Show/ Hide' and 'My Resources'.

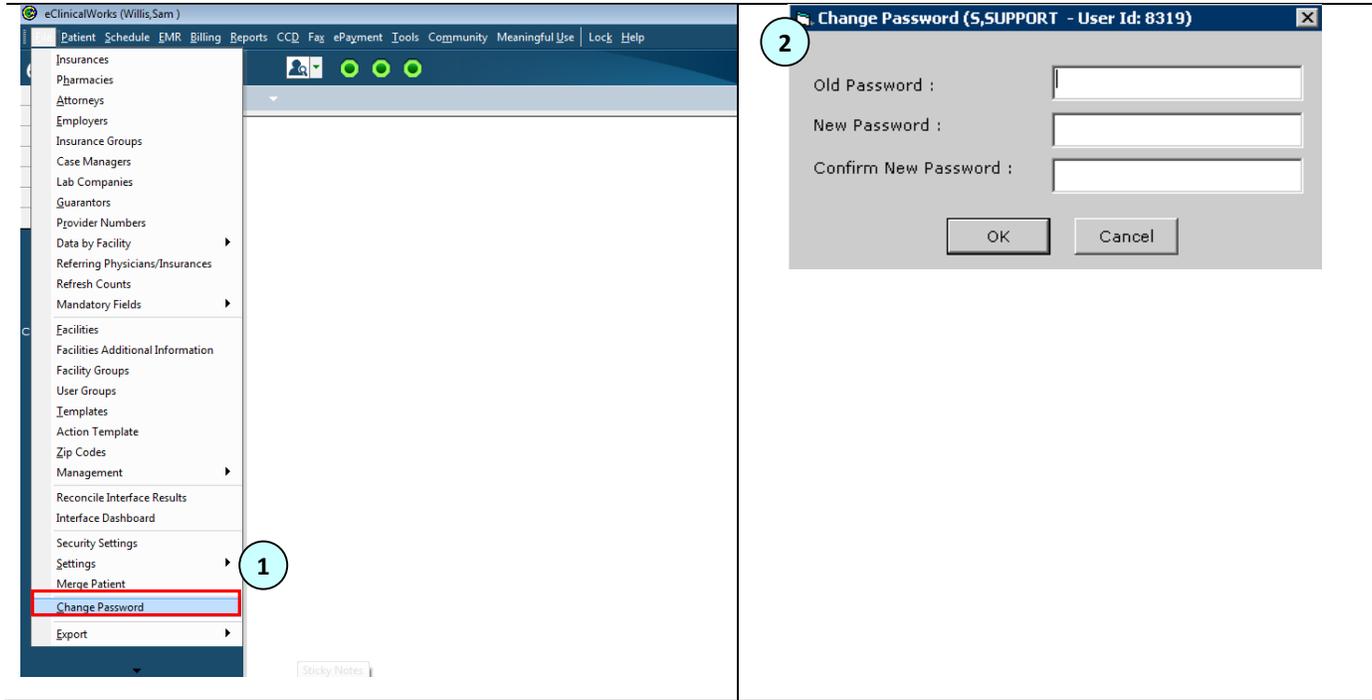
Commonly used Tabs:

- 'My Providers'** tab - Select the providers that the user works for/with, and his/her default location
- 'User Settings'** tab – Enable/Disable system settings such as; enable medication interaction, enable fax refresh rate, select desired home screen, etc.
- 'Views'** tab – Select desired view for the selected screen (modern view or classic view)
- 'Show/Hide'** tab – Show/Hide the selected options in each specified screen
- 'My Resources'** tab – Select the resources that the user works for/with.
- 'Defaults'** tab – Select defaults options.



Change password

1. To change your eClinicalWorks login password, go to File and select “Change Password.”
Enter old password, enter the new password (twice) and click “OK”



Patient Look-up & Demographics

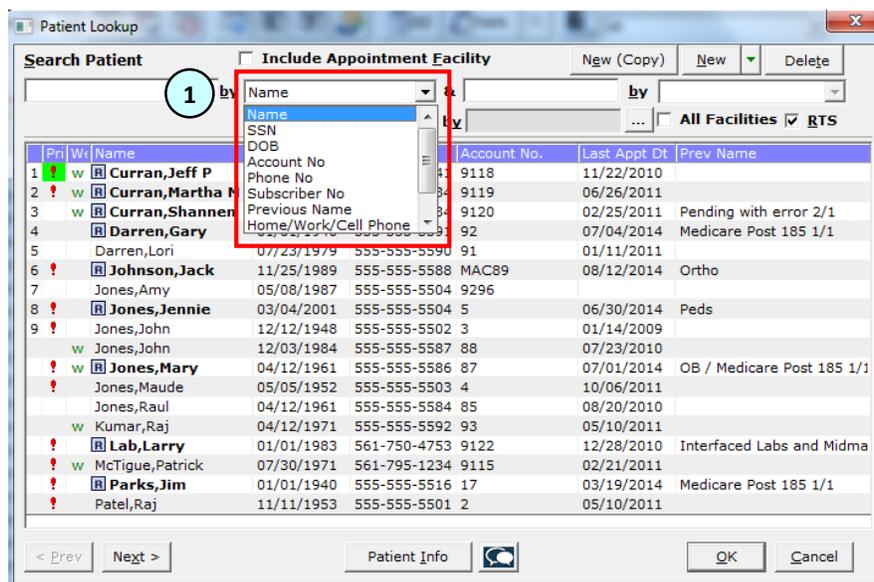
Patient look-up screen and lookup options

When you click on the patient lookup button, the 'Patient Lookup' screen opens and gives you a list of all the patients in the system arranged alphabetically by their last name.



When you click on the icon above, patient lookup screen opens. *Always look for the patient in the system before creating a new one.*

1. The patients can be searched using a combination of different search options such as Name, SSN, DOB, Account No, Phone No, Subscriber No, Previous Name or Home/Work/Cell Phone, Medical Record Number, Guarantor Name and by their default appointment facility.



W-indicates that the patient is web-enabled (patient portal)

- indicates that there is a billing alert for this patient.

Color-indicates that there is a global alert for this patient.

V-indicates that the patient is enabled for eClinical Messenger

Print	W	V	Name	DOB	Phone	Account No.	Last Appt Dt	Prev Name
1			Board & Care,Outreac	01/01/1900		9309		
2			Center City,Deposits	01/01/1900		9314		
3	W		Curran,Jeff P	12/13/1960	561-703-0241	9118	11/22/2010	
4	!	W	Curran,Martha M	03/31/1974	561-703-1234	9119	06/26/2011	
5	W		Curran,Shannen	11/04/1986	561-703-1234	9120	02/25/2011	
6			Darren,Gary	01/01/1940	555-555-5591	92	03/30/2015	
7			Darren,Lori	07/23/1979	555-555-5590	91	11/18/2014	
8			Deposits,All Locations	01/01/1900		9315		
9	!		Johnson,Jack	11/25/1989	555-555-5588	MAC89	03/19/2015	
			Jones,John	12/12/1948	555-555-5502	3	01/14/2009	
	W		Jones,John	12/03/1984	555-555-5587	88	07/23/2010	
	!		Jones,Mary	04/12/1961	555-555-5586	87	03/30/2015	
	!		Jones,Raul	05/05/1952	555-555-5503	4	10/06/2011	
	W		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	
	!		Lab,Larry	01/01/1983	561-750-4753	9122	12/28/2010	Interfaced Labs and Mic
	!	W	McTigue,Patrick	07/30/1971	561-795-1234	9115	02/21/2010	

Real Time Search will dynamically modify the list of patients as the characters are being typed.

The Patient Lookup button also includes a drop-down list that provides quick access to a list of the last five patients whose 'Hub' screen has been viewed. This feature is available to all users. Click on the green drop-down arrow to the right of the patient lookup button to access patient records viewed recently.

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

eClinicalWorks¹⁰

Admin Practice

Office Vis

Providers/Resources

Facility

Appt. Time All Day

11/15/2015

Patient Lookup

Curran, Jeff P

Jones, Mary

Darren, Lori

Johnson, Jack

Johnson, Jack

Creating a New Patient

Click the Patient Lookup icon and click the “New” button.

This is a screenshot of the "Search Patient" form. It includes a checkbox for "Include Appointment Facility". The search criteria are set to "by Name". On the right side, there are three buttons: "New (Copy)", "New", and "Delete". The "New (Copy)" button is highlighted with a red box.

New (Copy): If the new patient being registered is a family member of a patient who already exists in your Lookup database, you can use the “New (Copy)” feature. This feature creates a new patient by copying the demographics from an existing patient into the new patient’s account.

This is another screenshot of the "Search Patient" form, identical to the one above. The "New (Copy)" button is highlighted with a red box.

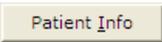
A screen will pop-up where you can select the sections you want to copy over from the existing patient’s demographics.

1. First name, Last name, Date of Birth, & Sex are mandatory fields to complete for the new patient being created.

You have the option to copy the emergency contacts, insurance and/or responsible party to the new patient

This is a screenshot of a dialog box titled "Copy Patient Demographics". It contains a section for "Patient Required Data" with the following fields: "Last Name" (containing "Jones"), "First Name" (empty), "Mi Name" (checkbox), "Date of Birth" (mm/dd/yyyy) (empty), and "Sex" (checkbox). Below this section are three checked checkboxes: "Copy Emergency Contacts", "Copy Insurance", and "Copy Responsible Party". At the bottom right are "OK" and "Cancel" buttons.

Patient Demographics / Information

The Patient Information (Demographics) screen can be accessed by selecting a patient in the “Lookup” screen and then clicking on the  button at the bottom of the screen

Personal Info

Account No 9295 Prefix [] PCP Willis, Sam
 Last Name* Johnson Suffix [] Referring Provider Charles, Andrew
 First Name* Jack MI [] Rendering Provider/ Primary Care Giver Willis, Sam
 Previous Name [] Date Of Birth* 07/15/1957 Age: 58Y
 Address Line 1 44 Clamshell Lane Gestational Age []
 Address Line 2 [] Sex Male Transgender
 City Shrewsbury Marital Status []
 State MA Zip 01581 Country [] Social Security [] Parent Info []
 Home Phone 555-555-5502 Cell No [] Employer Name [] Clear []
 Work Phone [] Ext [] Emp Status [] (None Selected)
 (statements will be addressed to responsible party) Student Status [] (None Selected)
Responsible Party * Select Set Emergency Contact
 Name Johnson, Jack
 Relation 1 Self - patient is the insured
 Last Appt [] Emergency Contact Jones, Mary
 Relation: Spouse
 Address: 123 main
 Acct Balance 0.00 Details Gr. Bal []
 Patient 0.00 Acc Inquiry []
 Next Appt []

Insurances IE New Case

Sliding Fee Schedule Fee Schedule Medicare Fee Schedule Self Pay Add Update Remove

	Name	State	Subscriber No	Rel	Insured	Co Pay	Group No
P	Aetna	MA	392810382	1	Johnson, Jack		29104

Release of Information* Y
 Rx History Consent* U Scan
 Signature Date / /
 Advance Directive []

PCP is the primary care provider for patient. This should only be entered if the PCP is noted on the patient’s insurance card.

Referring Provider is the PCP, unless otherwise specified.

Rendering Provider is the provider who is assigned to the patient in the practice.

Mandatory Fields are indicated by a red asterisk. You cannot save a patient record if a mandatory field is blank.

After adding pt. address, click Validate to make sure address is correct.

Responsible party: the person financially responsible for the patient’s balance. This individual will receive the patient statement.

If there is no insurance(s) for the patient, the ‘Self Pay’ check box **must** be checked.

Current and past insurance information are stored in this section. Any grants or programs that the patient is eligible for will be included in this list.

Additional Info button provides access to additional demographic fields.

Additional Info:

Don't Send Statements Inactive

Street Address (if different from mailing)

Address Line 1
Address Line 2
City
State
Zip

Employer Address

Address Line 1
Address Line 2
City
State
Zip

E	M	P	Pharmacy Name	Address Line 1	City	State	Zip	Tel	Fax
<input checked="" type="checkbox"/>			CVS	232 King St	Westboro, MA	01581	555-552-5555	555-556-5555	
<input checked="" type="checkbox"/>			MailOrder	222 Turnpike Road	Westboro, MA	01581	555-554-5555	555-558-5555	

Check box for "Don't Send Statements" – statements will not go out for this patient.

Check box for "Inactive" – this patient will be listed in the "inactive" patient list in the search screen

Record physical mailing address if there is a PO Box in the previous screen

Adding the Responsible Party:

Responsible Party Is

Self **2**

Another Patient **3** Sel Info

Guarantor **4** Sel Info

OK Cancel

Responsible Party **1** Select Set Emergency Contact

Name Johnson, Jack Emerg

Relation 1 Self - patient is the insured

Last Appt

1. Click the "Select" button in the Responsible Party section of the demographics screen. This is where you will indicate who will receive the patient statement.
2. "Self" is the default and means that the patient is responsible for the balance.
3. If the responsible party is another patient, click on "sel" next to the "another patient" section to locate the patient's name.
4. If the responsible party is not a patient, click on "sel" next to the guarantor section to add demographic information, mailing address, and other details about the guarantor.

Adding patient insurance:

The screenshot shows a software window titled "Patient - Insurance Detail(Jones, Jennie)". The form is divided into several sections:

- Insurance Address:** BCBS, 23 Pearl St, Shrewsbury, MA-01582, Tel: 555-555-5555, Payor Id: SB700 Medigap Id: [blank].
- Source of Payment:** Includes radio buttons for Primary, Secondary, Tertiary, and Terminated. A dropdown menu shows "BL ANSI-Blue Cross/Blue Cross of Massachusetts".
- Subscriber Section:** Contains fields for "Subscriber No" (11113), "Insured's Name" (Jones, John), and "Group No" (11113). A "Co-Pay" field is also present.
- Additional Information:** Includes "Patient Relationship to Insured" (3 Natural Child - Insured has Financial Responsibility) and "Group Name".
- Insurances Section:** Features a dropdown menu set to "Medicare" and a "Pay" dropdown menu with "Add" selected. Buttons for "Update" and "Remove" are also visible.

Numbered callouts and red boxes highlight the following elements:

- 1:** The "Add" button in the "Pay" dropdown menu.
- 2:** The "Primary" radio button in the "Source of Payment" section.
- 3:** The "Subscriber No" field.
- 4:** The "Insured's Name" field.

1. Click on the "Add" button in the insurance section. Search for the appropriate insurance on the "lookup" screen, select the correct insurance and click the "OK" button.
2. Choose the insurance "designation" appropriately (i.e. primary, secondary, or tertiary).
3. Enter the subscriber number and copayment details.
4. Select the "insured's Name" field. In

Patient Hub

The patient Hub is the central repository of the Electronic Health Record (EHR). Any information regarding the patient’s EHR can be accessed through the Hub. The Hub screen can be launched by looking up a patient and double-clicking on the patient’s name from the ‘Lookup’ screen. You can also launch the Hub by clicking on the respective button from the different screens in eClinicalWorks.

You may have limited access to the various sections on the patient Hub screen depending on your role and responsibilities.

Patient Hub (Jones, John)

Jones, John Sel Info
 44 Clamshell Lane
 Shrewsbury, MA-01581
 DOB: **12/12/1948**
 Age: **62 Y** Sex: **M**
 Advance Directive:
 WebEnabled: **No**
 eClinicalMessenger Enabled: **No**
 Account No: **3**

Home: **555-555-5502**
 Work:
 Cell:
 Email:
 Insurance: **Commercial**
 PCP: **Willis, Sam**
 Rendering Pr: **Willis, Sam**

Collection Status:
 Assigned To:

Labs:	0	Tel Enc:	0
DI:	0	Web Enc:	0
Referrals:	0	Documents:	0
Actions:	0	P2P:	0

Last Appt: 01/26/2011 09:00 AM Facility: WMA:Westborough Medical Associates
 Next Appt:
 Bumped Appts: **NONE** Facility:
 Case Manager Hx:

1. The top of the HUB summarizes the patient’s demographic information, account and balance information, last and next visit details and displays the patient’s picture if available
2. The main panel of the HUB includes links to Account Inquiry, Encounters, Billing Alerts, Billing Logs, etc.

New Appt	New Tel Enc	Print Label(s) ▼	Billing Alert	Patient Docs
Letters	Encounters	Medical Summary	Rx	Progress Notes
eCliniForms	Devices ▼	Problem List	Medical Record	Send eMsg
Account Inquiry ▼	Guarantor Bal.	Consult Notes	Letter Logs	Fax Logs
Action ▼	New Web Enc	Flowsheets	Messenger ▼	Billing Logs
ePrescription Logs				

Close

Patient Account Inquiry Screen (HUB)

The Account Inquiry Screen is the centralized place to access patient's financial information.

The screen shows the claims information and the associated payments/adjustments, payment (history), patient statement, etc.

Patient account inquiry screen can be accessed from the patient 'Hub'

The screenshot displays the 'Patient Inquiry Detail' window for patient Curran, Shannen. The interface includes a sidebar with navigation options like 'New Appt', 'Letters', 'eCliniForms', 'Account Inquiry', 'Action', and 'ePrescription Logs'. The main area shows patient information, service dates, and various balance tables.

Patient Information:
 Curran, Shannen
 DOB: 11/4/1986 Age: 27Y Sex: F
 Tel: 561-703-1234
 Acct No: 9120, WebEnabled: Yes

Service Date(s): 01/01/2007 to 04/23/2014

Financial Summary:

	Account Bal.	Patient Bal.	sted Paym	Coll. Bal
Patient	\$180.84	(\$875.00)	\$0.00	\$0.00
Guarantor	\$7,406.89	(\$440.00)	\$0.00	\$0.00

Insurance Age Balance:

	0-30	31-60	61-90	> 90	Total
	-50.00	0.00	0.00	1,105.84	1,055.84

Patient Age Balance:

	0-30	31-60	61-90	> 90	Total
	25.00	0.00	0.00	-900.00	0.00

Collection Cycle Balance:

	C0	C1	C2	C3
	0.00	0.00	0.00	0.00

Claims for the services provided during the selected dates:

Coll	Claim No	Date	Description	Charges	Payments	Adjust	WithHeld	Pt Bal	Ins Bal
	866	04/21/2014	Charges (Pr:SW Fac:)	0.00				0.00	0.00
	864	04/16/2014	Charges (Pr:MJ Fac: WMA	0.00				0.00	-25.00
		04/21/2014	Patient Payment		25.00	0.00	0.00		
	860	04/16/2014	Charges (Pr:SW Fac: WM	0.00				25.00	-25.00
	745	10/26/2012	Charges (Pr:MJ Fac: WMA	0.00				-1,025.00	-25.00
		10/27/2012	Patient Payment		25.00	0.00	0.00		
		10/27/2012	Patient Payment		1,000.00	0.00	0.00		
		10/27/2012	Patient Payment		25.00	0.00	0.00		
	483	09/13/2011	Charges (Pr:SW Fac: WM	539.79				25.00	514.79
	723	02/25/2011	Charges (Pr:SW Fac: WM	120.00				25.00	95.00
	589	11/22/2010	Charges (Pr:SW Fac: WM	208.00				25.00	183.00
	638	08/20/2010	Charges (Pr:SW Fac: WM	0.00				25.00	-25.00
	681	04/27/2009	Charges (Pr:SW Fac: WM	0.00				25.00	-25.00
	568	02/01/2009	Charges (Pr:SW Fac: WM	320.00				0.00	295.00
		02/04/2009	Patient Payment		25.00	0.00	0.00		
Total				\$1,305.84	\$1,125.00	\$0.00	\$0.00	(\$875.00)	\$1,055.84

Buttons at the bottom: Copy, View Details, Alerts, Statements, Pt Payments, Pt gPayments, Get Next, Close.

Claim Details

Overview of the Claim

1. Claims Information; Claim No, Claim Date, Service Date, Patient Info, etc.

2. Add the ICD Codes using the “Add” button or Type directly into the “Code” column. Code can be removed using the “Remove” button.

3. Add the CPT Code using the “Add” button or Type directly into the Code column.

Code(s) can be updated/ removed using the “Update”/ “Remove” Button

Link the CPT to the ICD using the ICD column.

The screenshot shows a software interface for claim management. At the top, there are fields for Claim Number (868), Claim Date (04/20/2014), and Service Date (01/23/2014). Below this is patient information for Martha M. Curran. A red box labeled '1' highlights the patient information fields. The 'ICD & CPT' section contains a table of ICD codes (311, 530.81, 300.00) and a table of CPT/HCPCS codes (99213). A red box labeled '2' highlights the ICD codes table, and a red box labeled '3' highlights the CPT/HCPCS table. A 'Claim Status' dropdown menu is set to 'Pending', with a red box labeled '4' around it. At the bottom, there is an 'Errors' section with a message: 'No errors found in claim. Please change status from pending with errors to Ready to submit.' A red box labeled '5' highlights the 'CodeCorrect' button. At the very bottom, there are 'Header' and 'Data' tabs, with a red box labeled '6' around them.

Code	Name
1 311	Depressive disorder, nc
2 530.81	Esophageal reflux
3 300.00	Anxiety state, unspecifi

Code	POS	TOS	SDOS	EDOS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	Units	Billed F	Provider Id
1 99213	11	1	01/23/2014	01/23/2014								1	\$150.00	

4. Use the claim status to tell the system what to do next with the claim. “Ready to Submit – electronic” (F6) will tell the system to include this claim in the next batch.

6. Header and Data tabs are reviewed on the next page.

5. CodeCorrect button: generates real-time alerts for each charge transaction and identifies transactions that are at odds with current Medicare coverage guidelines. *This is a subscription service.*

Claim Header – Resubmitted Claim:

- Click on Header Button from the Claim Screen
- Information such as Resubmission Indicator or HCFA Box 19 information can be entered.

The 'Claim Header' window includes the following sections:

- Patient Data:** Residence Type, Student Status, Employment Status (dropdowns).
- Claim Editing Indicator / Plan Type:** (dropdown).
- Claim Type:** Medical (dropdown).
- Facility/Lab ID Number:** (text field).
- Facility Type:** (dropdown).
- Resubmittal:** (checkbox, highlighted in red).
- Resubmission Code:** (dropdown, highlighted in red).
- Resubmission Reference Number:** (text field, highlighted in red).
- Miscellaneous Services:** Healthy Kids Services, Family Planning, Sterilization / Abortion (checkboxes).
- Contract Information:** (button).
- Reserved For Local Use (HCFA Paper Claims only):** HCFA 10d, HCFA 19 (text fields).
- Claim Note:** (text area).
- Provider Assignment Indicator (HCFA Box 27):** A (dropdown), Assigned (checkbox).
- Delay Reason:** (dropdown).
- Ambulance Transport Information:** (button).
- Buttons:** OK, Cancel.

Claim Data:

- Click on Data Button from the Claim Screen
- Information such as MVA, Symptom Date, EPSDT, etc. can be entered.

The 'Claim Data' window includes the following sections:

- Is Patient Condition Related To:**
 - a. Employment? (Current or Previous): Yes, No (checkboxes, highlighted in red).
 - b. Accident?: Auto, Non Auto, No (checkboxes, highlighted in red).
 - Place (State): (dropdown).
 - Accident Hour: (text field).
 - External Cause of Accident: (text field).
 - Responsibility Indicator: (checkbox).
- Documentation Indicator (Report Transmission Code):** 3 (dropdown).
- Documentation Type:** (dropdown).
- Attachment Control Number:** (text field).
- Date Documentation Sent:** (text field).
- Release of Information:** Y (checkbox), Sig. Date: (text field).
- Dates Patient Unable to work in current occupation:** HCFA Form Box 16: (text field).
- Hospitalization Dates Related to Current Services:** HCFA Form Box 18: (text field).
- Lab Charges:** Outside Lab? Yes, No, \$0.00 (checkboxes, text field).
- Patient is Pregnant:** (checkbox).
- Symptom:** No Symptom Date (dropdown), Accident/Symptom Date (text field), Date Last Seen (for Podiatric claims) (text field), Initial Treatment Date (text field).
- Similar Symptom:** No (dropdown), Similar Symptom Date (text field).
- Special Program:** Code (text field).
- Was an EPSDT referral given to the patient?:** (checkbox).
- EPSDT Referral Code:** (text field).
- Referring Provider:** Provider ID Type (dropdown), Name (text field), ID (text field).
- Buttons:** OK, Cancel.

Insurance Information:

- From the Insurance and Payments Tab, select the insurance and click “Update”
- Click on Additional Tab to enter information such as Prior Authorization Code

The screenshot shows the 'Invoice - Insurance Detail' window. The 'Additional Information' tab is selected. The 'Prior Authorization No' field is highlighted with a red box. Other fields include 'Assignment of Benefits' (Yes, Benefits Assigned to Provider), 'PPO Identification', 'Payer Claim Office No', 'Subscriber Secondary Identification', and 'Payer Secondary Identifier'.

Updating CPT Information:

- Select the CPT from the Claim and click Update
- CPT Information such as NDC for Immunization can be entered under the Additional Information Tab

The screenshot shows the 'Claim CPT Detail' window. The 'Additional Information' tab is selected. The 'National Drug Code (NDC)' field is highlighted with a red box and contains the value '12345678910'. Other fields include 'EPSDT Indicator', 'Emergency Indicator', 'COB Indicator', 'Review By Code Indicator', 'Hospice Employed Prov Ind', 'CLIA ID No', 'Mammography Cert No', 'National Drug Units', 'Drug UOM', 'Drug Unit Price', and 'CAP Vendor Rx Order No'.

Provider	ID	Name
Ordering Provider		
Referring Provider		
Rendering Provider	333333	Jones, Mary
Supervising Provider		

Modifying Hospitalization Dates:

- Click on Data Button from the Claim Screen

- Enter or edit the Hospitalization dates

Adding Authorizaiton #:

- From the Insurance and Payments Tab, select the insurance and click “Update”

The screenshot shows the 'Insurances & Payments' tab. At the top, there are buttons for 'Add Pt Insurance', 'Add', 'Update', and 'Remove'. The 'Update' button is highlighted with a red box. Below this is a table with columns: Bill To, Name, State, Subscriber No, Rel, Insured, and Group No. The first row contains: P, Aetna, MA, uy765432, 1, Curran, Martha M. Below the table are buttons for 'Add Pt Payment', 'View CPT Pmts', and 'View'. At the bottom, there is a 'Summary' section with a table:

Patient Portion		Total	
Charges	150.00	Charges	150.00
Payments ...	0.00	Payments/Adj	0.00
Balance	150.00	Balance	150.00

- Click on Additional Tab to enter information such as Prior Authorization Code

The screenshot shows the 'Invoice - Insurance Detail' window. The 'Additional Information' tab is highlighted with a red box. The 'Prior Authorization No' field is also highlighted with a red box. The window contains various fields for insurance information, including 'Insurance Address & Billing Info.', 'Source of Payment', 'Claim Filing Indicator', and 'Subscriber' details.

*** Please note that Additional Information mentioned is to be added when needed.**

Adding NDC Code:

- Select the CPT from the Claim and click Update

Code	POS	TOS	SDOS	EDOS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	Units	Billed	Fe	Allowed	Provide
1 99212	11	1	10/06/2011	10/06/2011				1				1	\$41.02	\$41.02	22222	
2 22902	11	1	10/06/2011	10/06/2011				1				1	\$430.22	\$430.22	22222	
3 90700	11	1	10/06/2011	10/06/2011								1	\$0.00	\$10.00	22222	

- CPT Information such as NDC Code or NOC description can be added.
 - NDC code, National Drug Units, and Drug UOM are mandatory fields when the NDC code is required.
 - NOC description **left window** drops the description to the paper claim in box 24a above the date and to the 2400 loop, NTE02 segment in the 837 file (electronic claim).
 - NOC description **right window** drops the description to the 2400 loop, SV101 segment in the 837 file (electronic claim).

Procedure: **Additional Information** Misc. Info

EPSDT Indicator CLIA ID No

Emergency Indicator Mammography Cert No

COB Indicator National Drug Code (NDC) 25316852141

Review By Code Indicator National Drug Units 1

Hospice Employed Prov Ind Drug UOM ME ... Ansi 5010

Drug Unit Price 0.00

CAP Vendor Rx Order No

Purchased Provider

Provider IDs

Provider	ID	Name
Ordering Provider		
Referring Provider		
Rendering Provider	22222	Willis, Sam
Supervising Provider		

Additional Information that may assist in the adjudication of the Service Line Item

Non-Specific Procedure (NOC) Codes Description

Test Results/Measurements

Id:138763 CPT:90700 Desc:DTap

Right Chart Panel

Follow Up

Assigned To [Dropdown] [More]

Start Date 03/23/2016 [More]

Priority Low [Dropdown]

Status Open [Dropdown]

Claim Action [Dropdown]

Recall After [Input] Day(s)

Due Date [Input]

Result Codes [Dropdown]

Notes [Browse...](#)

Insurance Eligibility
Eligibility Report: [Check](#)

Additional Claim Data

Logs **Billing Logs**

Last Updated By: Willis, Sam (sam) 2016-03-23 12:01:50.0
Last Updated By: Willis, Sam (sam) 2016-03-23 12:01:50.0

Assigned claims can be accessed from T jelly bean (My Claims)

- Assign claim to yourself or another user for follow up.
- Enter (optional) Recall After days to change Due Date.
- Due Date is the date the claim is viewable in users Open My Claims
- Click on the Billing Logs to review claim history and previous Notes.
- Click on Logs to review claim Action history.

Billing Logs (Current, Jeff P)

Assigned to: All | Claim | Account | Date | Audit | Classes | 304005:10/14/2015

Log Type	Date/Time	Created By	Description
Claim Action	01/27/2016 09:52:26	Sam Willis (sam)	ResultCode: Requires Provider Review
Claim Action	01/27/2016 09:51:56	Sam Willis (sam)	Action Code: Reviewed Progress Note; ResultCode: Requires Provider Review; RequeueDays: 1
WorkflowRule	01/27/2016 09:51:56	0	[WORKFLOW RULE # 14: Empty Queue] Move to Queue: System
Claim Status	01/27/2016 09:48:23	0	Changed From: Coding Review to Coding Review
WorkflowRule	01/27/2016 09:48:23	0	[WORKFLOW RULE # 2: Coding Review] Move to Queue: Coding Review New, Change Claim Status: Coding Review
Claim Action	12/15/2015 16:20:49	Sam Willis (sam)	Action Code: Reviewed Progress Note; ResultCode: Requires Provider Review; RequeueDays: 1
WorkflowRule	12/15/2015 16:20:49	0	[WORKFLOW RULE # 13: Move to System] Move to Queue: System
Claim Status	12/01/2015 08:03:41	0	Changed From: Coding Review to Coding Review
WorkflowRule	12/01/2015 08:03:41	0	[WORKFLOW RULE # 2: Coding Review] Move to Queue: Coding Review New, Change Claim Status: Coding Review
WorkflowRule	12/01/2015 08:03:30	0	[WORKFLOW RULE # 14: Empty Queue] Move to Queue: System
Claim Status	11/05/2015 11:45:49	0	Changed From: Coding Review to Coding Review
WorkflowRule	11/05/2015 11:45:49	0	[WORKFLOW RULE # 2: Coding Review] Move to Queue: Coding Review New, Change Claim Status: Coding Review

Follow Up Logs

Claim No: 724

Date/Time	Entered By	Action	Notes
2016-01-27 09:48:54.0	Willis, Sam (sam)	Reviewed Progress Note	

Print Close

MyClaims

My Claims Open Completed All Open

Assigned to: Willis, Sam [More]

A/R Follow - up | Claim Status Follow - up | Payment Rejection Follow - up | Assign Claims To

Claim #	Service Dt	Due Dt	Pvdr	Patient	Payer	Claim Status	Charges	Pmts/Adjs	Balance	AssignedTo
11	01/07/2009		TSW	TestEMR10, Jennie	Commercial	Submitted	42.83	0.00	42.83	Willis, Sam

Actions

Overview of the Actions feature

Action feature allows user to create and assign task to different staff members in the system. Actions can be created either from the patient Hub or by clicking on the 'T' alphabet on the top right corner of the screen.

The number of actions assigned to the user presently logged in are indicated here. Click on "Actions" to see all actions

Click here to create a new action.

Telephone Enc (0)
Web Enc (0)
Actions (1)
New Telephone Encounter
New Action

Actions thus created can be assigned to a respective staff member with a message and certain attachments, set a respective status code and can also be made to recur repeatedly over a period of time, if required.

This dashboard can be used to keep track to actions assigned to you as well as other staff members and to check on the status of the actions

Any attachments from the Patient Documents can be included with the action from this section.

The type of action to be performed for the chosen patient can be selected from a custom-built list.

Every action needs to have a 'Status' and a 'Priority' before being assigned to a user.

Recurrent actions can be created using these options.

Working with assigned Actions

To open the Actions assigned to you:

2. Click the letter "T" on the Jellybean section.

Select the desired action

Review the information on the action and take necessary action

Document action taken under the Notes section

Reassign or address the Action.

The screenshot displays the eClinicalWorks interface. At the top, the user is logged in as Willis, Sam. The main window is titled 'Review Actions' and shows a list of actions. A dropdown menu is open, highlighting 'Actions (1)'. Below this, the 'Actions' modal form is visible, showing details for an action assigned to Willis, Sam. The form includes fields for Name, Action Type, Subject, Assigned To, Facility, Start Date, Due Date, Status, Priority, Created By, and Creation Date. The 'Notes' section contains the text 'test completed, please call in 3 days'. The 'Recurrence Pattern' section is also visible, with options for frequency and range of recurrence.

Review Actions

Provider: All Providers | Assigned to: Willis, Sam | Facility: All

Subject contains: []

Actions (1)

Telephone Enc (5)
Web Enc (0)
Dashboard (6)
eCW P2P Patient Records (0)
New Telephone Encounter

Actions

Action | Attachments | Structured

Name: Curran, Jeff P | Select | Info | Hub

Action Type: [] | Subject: General - | Status: Not Started

Assigned To: Willis, Sam | Priority: Normal

Facility: [] | Created By: Willis, Sam

Start Date: Mon, 04/21/2014 12:00:00 AM | Creation Date: 02/04/2009 03:46 PM

Due Date: Mon, 04/21/2014 12:00:00 AM

Add Notes

Notes: test completed, please call in 3 days

Recurrent Action | Last Due: Mon, 04/21/2014 12:00:00 AM

Use existing attachments for recurrent action | Last Done: Mon, 04/21/2014 12:00:00 AM

Recurrence Pattern

Frequency: [] Hour(s) Day(s) Week(s) Month(s) Year(s)

Range of recurrence

No end date

End after [] occurrences

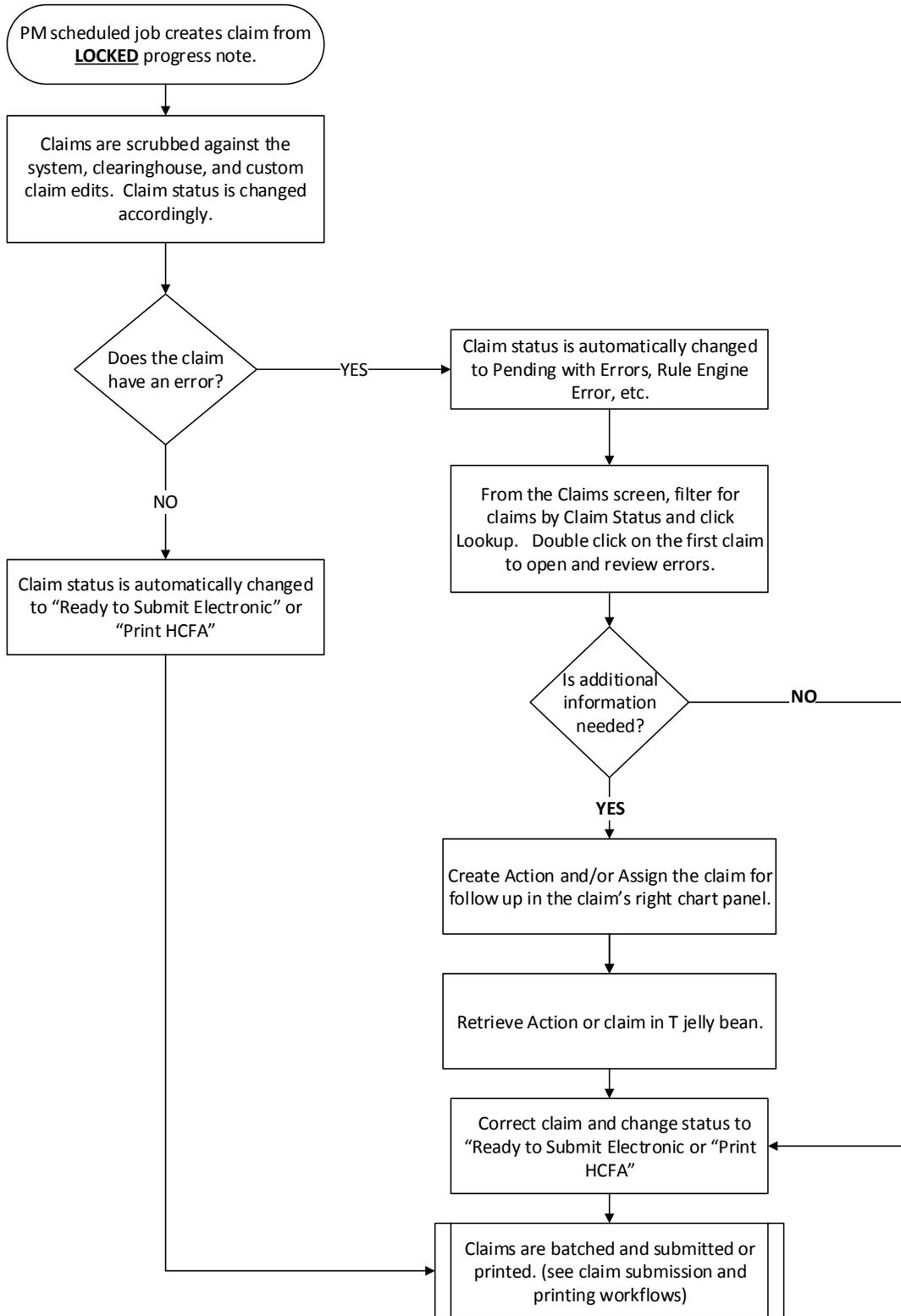
End by: Fri, 02/22/2002 12:00:00 AM

1D 2D 3D 1W
2W 3W 4W 5W
2M 3M 4M 6M

Merge Template [] | OK | Cancel

Claims Creation and Submission

Automated Claim Creation – PM Scheduled Job



Claims are created from locked Progress Note and scrubbed for errors by PM scheduled task.

Claim statuses are automatically changed. Claims without errors will be changed to the status of “Ready to Submit (Electronically) or Print HCFA depending on the payor submission type.

- Claims with status of “Ready to Submit (Electronic) require no additional work.
- Claims with status of Print HCFA must be printed and mailed.
- Claims with errors are changed to status of “Pending with Errors” and other custom statuses based on the custom claim edits.

Working Claims with Errors

1. To work claims with errors, click on the Claims icon in the Billing band.
2. Filter for required date range and Claim Status (Pending with Errors, etc.).

NOTE: Claim statuses will be determined by the type of claim edit and will vary by LHD. It is important that each LHD is aware of all possible claim statuses that must be reviewed and filter for each Claim Status one at a time.

3. Add any addition filters as needed to refine the list of claims further based on Provider, Facility, Insurance, etc.
4. Click “Lookup”.

Coll	Claim #	Service Date	Pvd	Patient	Payer	Status	Charges	Pmts/Adjs	Adjustments	WithHeld	Balance
	849	08/23/2016	TSW	Hollis, Sally M	AETNA HEALTH PLAN	Pending With Er	175.00	0.00	0.00	0.00	175.00
	850	08/23/2016	TSW	Jones, John	Medicare	Pending With Er	51.00	0.00	0.00	0.00	51.00
	851	08/23/2016	TSW	Darren, Lori	Commercial	Pending With Er	245.00	0.00	0.00	0.00	245.00

5. Double click on the first claim to open and review the errors in the Errors tab.
6. If additional information is required, create an Action and/or assign the claim for follow-up. Enter optional Recall After days to delay follow up to a future date.

NOTE: Refer to sections “Actions” and “Claim Details” for more information on these steps.

7. Document changes by entering any applicable notes in the Notes section.
8. Click on “Progress Note” link to view Progress Note if needed.
9. Update the claim as needed and click “Recheck” to confirm the claim does not contain any errors.

10. Change claim status for submission to “Ready to Submit (Electronic) or Print HCFA by clicking on (F6).

Claim status will change based on the insurance plan submission type. Electronic claims will be batched and submitted by automated job. Paper claims should be printed and mailed follow Paper Claim submission workflow.

11. Click “OK” to save and close the claim.

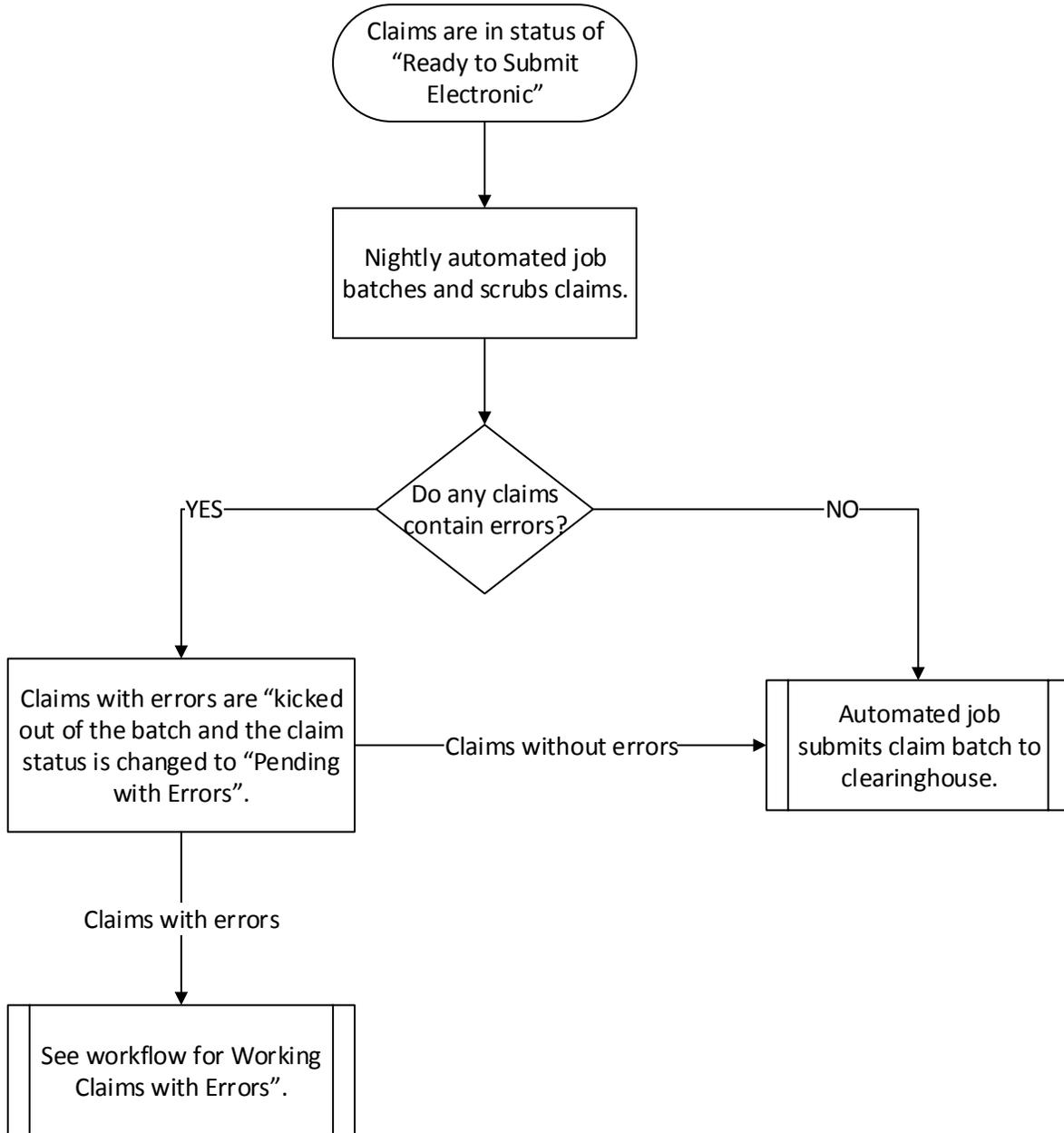
The screenshot shows the 'Claim' form in eClinicalWorks. The 'Claim Status' dropdown is set to 'Pending With Errors'. The 'Errors' tab is active, showing an error for code 99392. The 'Recheck' button is highlighted. The 'Assigned To' dropdown is set to '6'. The 'Notes' field is empty. The 'OK' button is highlighted.

SI No	Error
1	99392 is only valid for patient ages between 1-4. Please verify patient age and procedure code

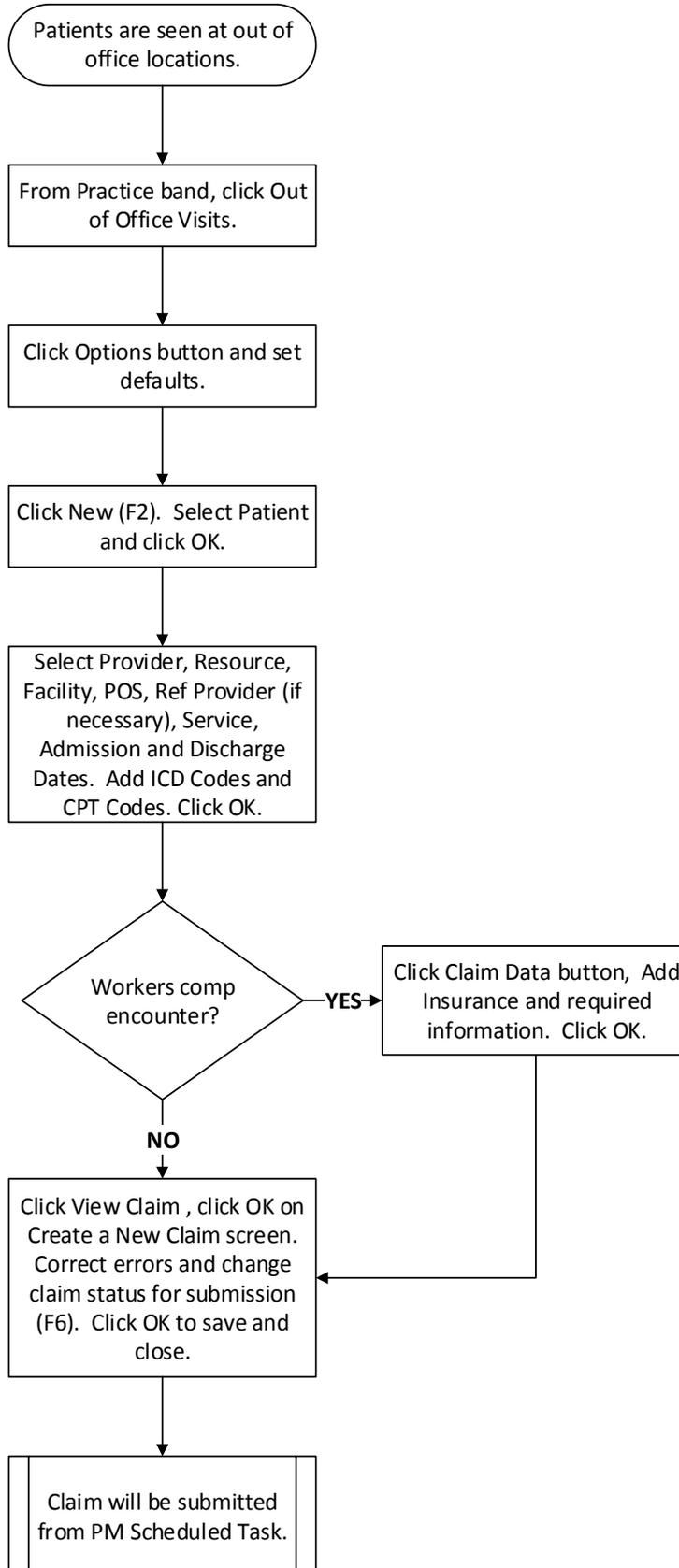
Code	POS	TOS	SDOS	EDOS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	Units	Billed Fc	Provider Id
99392	11	1	08/23/2016	08/23/2016				1				1	\$100.00	333333
81000	11	5	08/23/2016	08/23/2016				1				1	\$75.00	333333

The screenshot shows the 'Progress Notes' window for patient Jennie Jones. The notes describe a follow-up for 3 months of adult onset diabetes. The patient's condition is stable, and the diet has been successful. The frequency of exercise is 2-3 times per week. The frequency of the monitoring schedule is 3 times per day. The results of the last HbA1c are not available. Blood glucose results are evaluated show AM readings. Overall blood glucose levels are well controlled. The kidney function is improving. The feet have no ulcers. Impotence is not a complaint. The cardiovascular review of systems reveals no history of, anidna, The

Automated Claim Submission – PM Scheduled Job

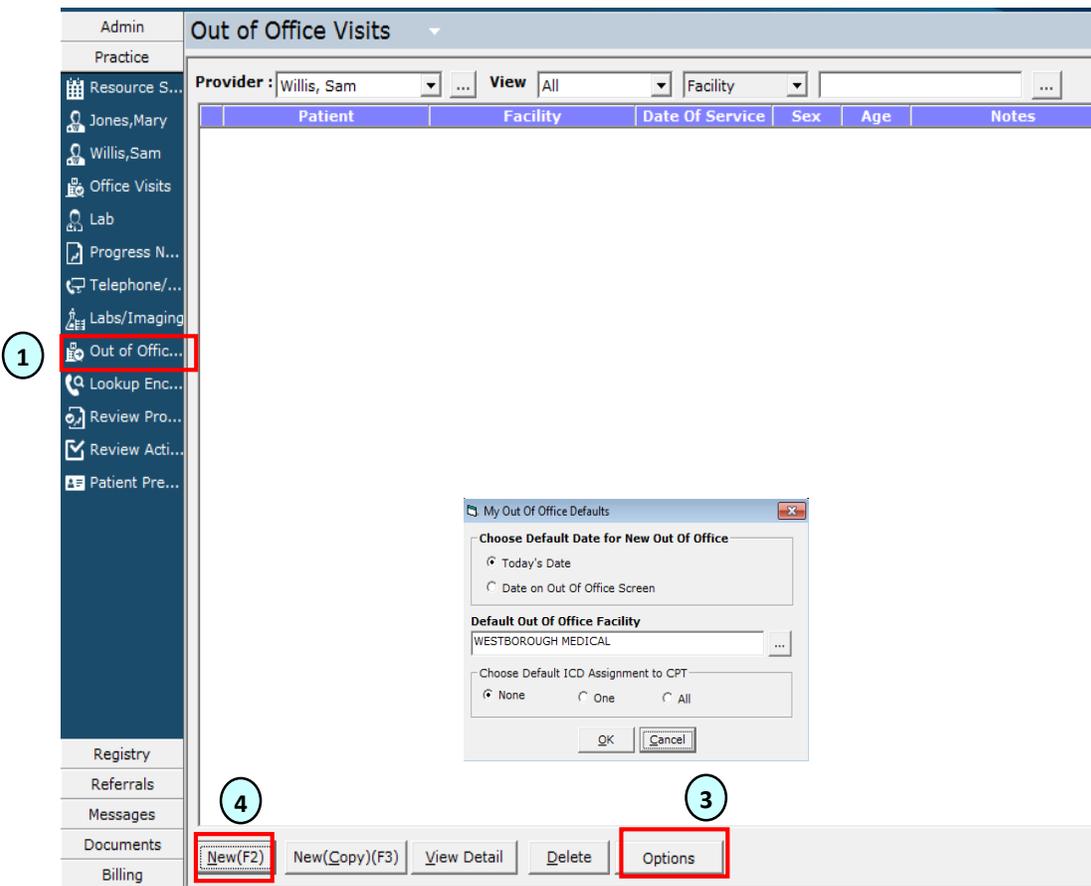
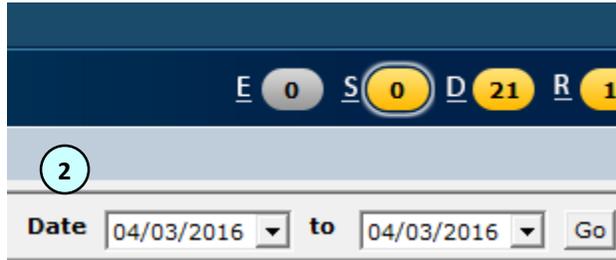


Claim Creation – Out of Office Visit



To create claims from Out of Office Encounters:

1. From the Practice Band, click Out of Office icon.
2. Select date range that you're working on today in the top right corner of the screen.
3. Click "Options" button, New Out of Office Defaults, to set defaults for this data entry session.
4. Click New (F2)"



5. Enter the patient name in the search field.
6. Click "OK to select the patient and close the window.

The screenshot shows a 'Patient Lookup' window with a search bar containing 'joh'. The search criteria are set to 'Name' and 'Active'. A table below the search bar displays the search results. The first row is highlighted in blue and contains the following data:

Pri	Wk	Name	DOB	Phone	Account No.	Last Appt Dt	Previous Name
1		R Johnson, Jack	11/25/1989	555-555-5588	89	07/31/2015	Ortho

Below the table, there is a large empty area with a circled '5' in the top left corner. At the bottom right of the window, there is a circled '6' above the 'OK' button, which is highlighted with a red box. Other buttons include '< Prev', 'Next >', 'Patient Info', and 'Cancel'.

- Enter Provider, Facility, POS, Service Date, Admission Date, and Discharge Date.
- Add Diagnosis and CPT Codes.
- Click "View Claim" to create claim.

The screenshot shows a medical claim entry interface. At the top, there are sections for Patient, Facility, POS, Room No., Service Date, Admission Date, and Discharge Date. A red box labeled '7' encompasses the Facility, POS, Room No., Service Date, Admission Date, and Discharge Date fields. Below this, a red box labeled '8' highlights the 'Add' button in the 'ICD Codes' section and the 'Add' button in the 'CPT/HCPCS Codes' section. A red box labeled '9' highlights the 'View Claim' button at the bottom left. The interface also includes a 'Notes' section and a 'Transferred care' checkbox.

- Click OK to create the claim.

The screenshot shows a 'Create a New Claim' dialog box. It contains patient information for Johnson, Jack (DOB: 11/25/1989, Age: 25Y, Sex: M, Tel: 555-555-5588, Acct No: 89, WebEnabled: No, Elgb Status:). The Encounter Date is set to 09/01/2015. There are three radio button options: 'Create Professional (HCFA) claim' (selected), 'Create Institutional (UB) claim', and 'Create Dental Claim'. A message at the bottom states 'Claim does not exist for the encounter.' The 'OK' button is highlighted with a red box.

11. Fix any errors on claim.
12. Click (F6) to change claim status for submission.

Claim Number: 491 | Claim Date: 11/17/2015 | Service Date: 11/17/2015 | Appointment Facility: WMA:Westborough Medical Ass | POS: 21 | Provider: Willis, Sam

Patient: Johnson, Jack | DOB: 07/15/1957 | Age: 58Y | Sex: M | Tel: 555-555-5502 | Acct No: 9295 | WebEnabled: No

Rendering: Willis, Sam | Supervisor: Willis, Sam

12 Claim Status: Ready to Submit (Electronic)

ICD & CPT

ICD Codes	Code	Name
1	789.36	Abdominal or pelvic swel

Insurances	Name
P	Aetna

CPT/HCPCS	Code	POS	TOS	SDOS	EDOS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	Units	Billed Fe	Provider Id
1	99233	21	1	11/17/2015	11/17/2015								1	\$100.97	333333

Summary | **Errors** | Claim Logs | *Suppressed Errors

SI No	Error
1	ICD1 is blank for procedure 99233
2	ICD-9 code 789.36 is used on or after ICD-10 effective date 10/01/2015

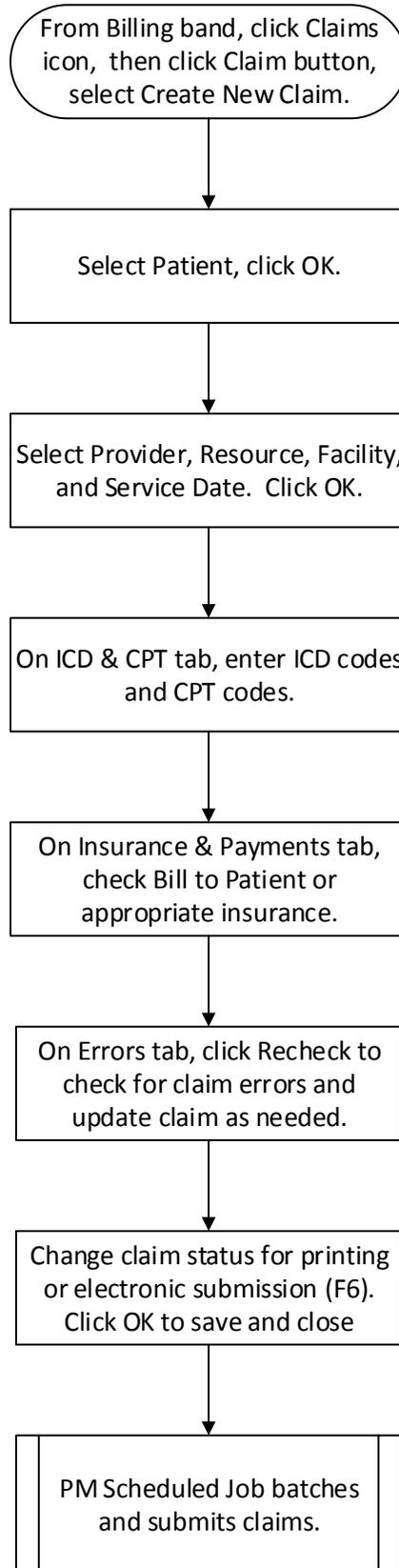
11

Copy | CodeCorrect | Suppress | Recheck

Header | Data | Options | Print HCFA (02-12) | Adjustments | Prog. Notes | OK | Cancel

Claim will be batched and submitted by PM Scheduled job.

Claim Creation from Claims Screen, No encounter



1. From the Claims screen, click on the Claim drop down and select Create New Claim.

The screenshot shows the 'Claims' application interface. At the top, there are various filters and search options. A context menu is open over the 'Claim' dropdown menu, with 'Create New Claim' highlighted in red. A blue circle with the number '1' is placed next to the 'Create New Claim' option. The bottom of the screen shows navigation buttons and a status bar.

Coll	Claim #	Service Date	Pvdr	Patient	Payer	Status	Charges	Pmts/Adjs	Adjustments	Withheld
------	---------	--------------	------	---------	-------	--------	---------	-----------	-------------	----------

< Prev Next > 0 results Claim Billing Claims IPE Lock/Unlock Claims to be submitted : Electronic=12, Paper=1

2. Select Patient and click OK.

The screenshot shows the 'Patient Lookup' dialog box. The search criteria are 'johnson' by Name & Active by All Facilities & RTS. The search results table shows one patient: Johnson, Jack, with DOB 11/25/1989, Phone 555-555-5588, Account No. 89, Last Appt Dt 07/31/2015, and Previous Name Ortho. The 'OK' button is highlighted in red.

Pri	Wt	Name	DOB	Phone	Account No.	Last Appt Dt	Previous Name
1		Johnson, Jack	11/25/1989	555-555-5588	89	07/31/2015	Ortho

< Prev Next > Patient Info OK Cancel

3. In the Create Claim screen, enter Provider and Resource, Facility, and Service Date. Click OK.

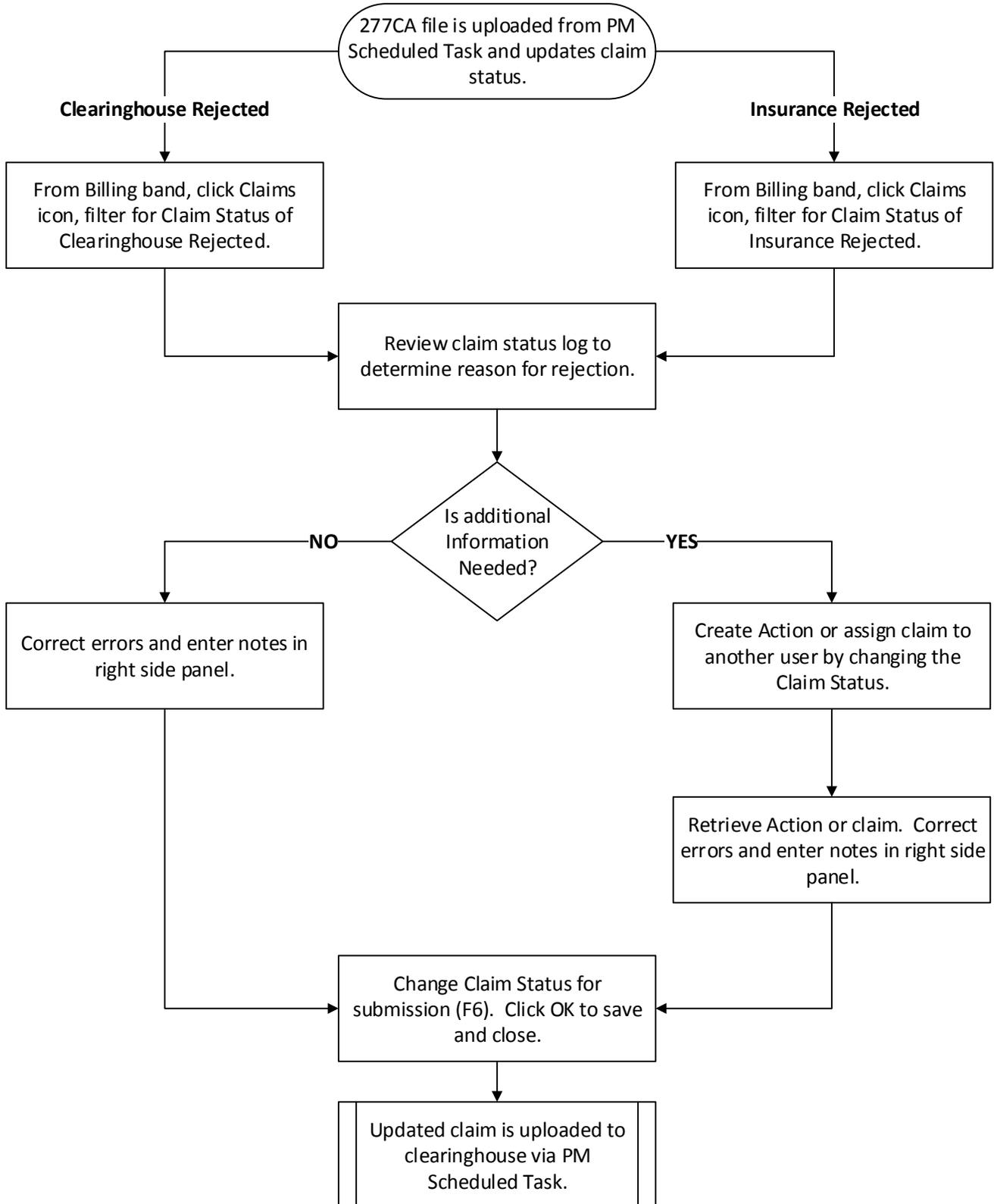
4. Enter CPT codes, diagnosis codes – **See Overview of Claim section for details**

Code	POS	TOS	SDOS	EDOS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	Units	Billed Fx	Provider Id
1	11	1	07/06/2016	07/06/2016				1				1	\$20.00	22222

5. On the Insurance & Payments tab, select the responsible party (Insurance or patient)

6. Change Claim status for submission using (F6) for Insurance claims or selecting “Patient” from the drop down for patient claims.

Clearinghouse Reports Workflow



The Claim Status module will automatically import 277CA files into eClinicalWorks and update each claim included in the file with Clearinghouse and Insurance Accepted or Rejected Claim Status. The system will also update claim level logs with the transaction details, including a detailed explanation of the reason for clearinghouse and/or payer rejections. Clearinghouse Accepted and Insurance Accepted claims do not require immediate follow-up but should be monitored for future payments. Rejected claims must be corrected and resubmitted.

Working Clearinghouse and Insurance Rejected Claims

1. To work Clearinghouse Rejected and Insurance Rejected claims, from the Claims screen, filter based on Submitted Dates (payers can take up to 7 days to respond so set date range accordingly) and Claim Status of Clearinghouse Rejected. Add any additional filters such as Provider, Facility/Practice, or Insurance as needed.
2. Click Lookup to display claims
3. Work claims as required.

The screenshot shows the 'Claims' screen with various filters. The 'Submitted Dt' is set to 07/07/2016 to 07/07/2016. The 'Claim Status' dropdown is set to 'Clearinghouse Rejected'. A 'Lookup' button is highlighted with a red box.

4. If additional information is needed, create and Action or assign claim for follow-up using right chart panel.

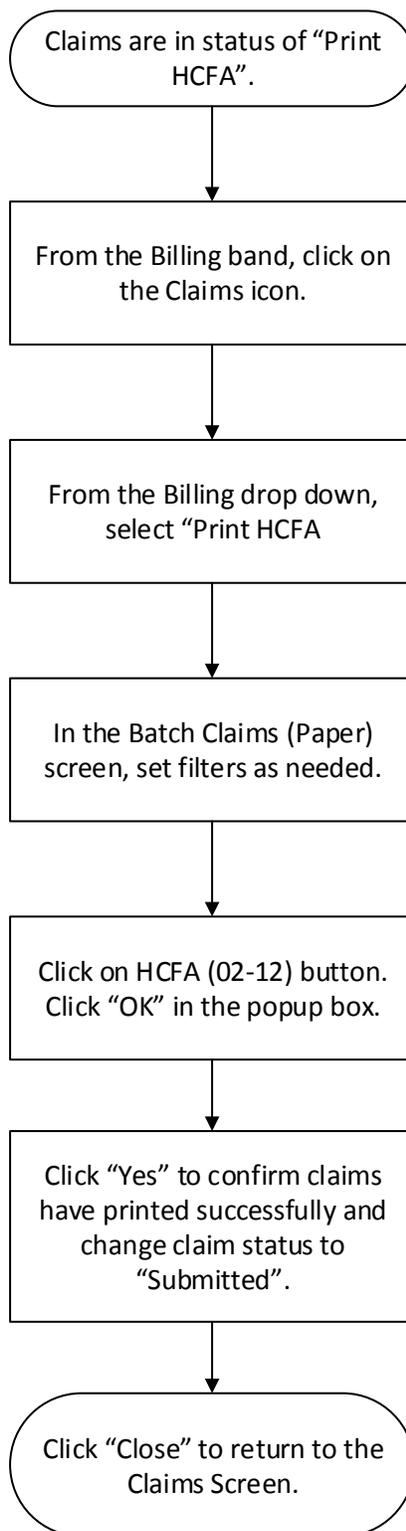
NOTE: See sections on Claim Details and Actions for detailed instructions on working with these features.

5. Change claim status to “Ready to Submit (Electronic)” by clicking (F6).
6. Click OK to save and close the claim.

The screenshot shows the 'Claim' details screen. The 'Claim Status' dropdown is set to 'Ready to Submit (Electronic)'. The 'Claim Number' is 861, 'Claim Date' is 09/15/2016, and 'Service Date' is 09/15/2016. The 'Appointment Facility' is FFM:Framingham Family Medicin. The 'POS' is 11. The 'Provider' is Jones, Mary. The 'Patient' is Johns, Robert. The 'Copay' is \$0.00 and 'Pt. Uncovered Amt.' is \$150.00. The 'Servicing Provider' is Willis, Sam. The 'Resource' is Willis, Sam. The 'Claim Status' dropdown is highlighted with a red box.

7. Repeat steps for Insurance Rejected status.

Creating and Printing Paper Claim (CMS 1500) Batches



1. From the Billing Band, click the Billing button, Print HCFA.

Admin | Practice | Registry | Referrals | Messages | Documents | **Billing** | Claims | Payments | ERA | Claim Status | Refunds | Accounts LookUp | Batches

Claims

Appt Provider: All Patient | Show the following Claims: Locked Claims, Unlocked Claims, Finance Charge Claims, Voided Claims, ShowZero Charge Claims

Service Dt(s): 01/01/2016 to 01/27/2016 | Insurance: | Hide Options

Place of Service: | Facility: | Clear

Claim Status: All Claims | Assigned To User: |

Assigned To: Primary Insurance Only | Balance: 0.00

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

Additional Insurance Condition: | Insurance: | Lookup

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

Coll	Claim #	Service Date	Pvdr	Patient	Payer	Status	Charges	Pmts/Adjs	Adjustments	WithHeld
<input checked="" type="checkbox"/>	721	01/11/2016	SW	Curran, Jeff P	WellCare	Print HCFA	150.00	0.00	0.00	0.00
<input type="checkbox"/>	723	01/13/2016	SW	Hollis, Lisa	Medicare	Print HCFA	187.00	0.00	0.00	0.00
<input type="checkbox"/>	724	01/13/2016	SW	Curran, Jeff P	Cigna	Print HCFA	125.00	0.00	0.00	0.00
<input type="checkbox"/>	739	01/20/2016	TSW	Hollis, Sally M	AETNA HEALTH PLAN	Print HCFA	150.00	25.00	0.00	0.00
<input type="checkbox"/>	740	01/20/2016	TSW	Slidden, John A	Humana	Print HCFA	176.00	0.00	0.00	0.00

< prev | Next > | 1-5 of 5 results | Claim | **Billing** | Claims IPE | Lock/Unlock | Claims to be submitted : Electronic=12, Paper=6

Patient: Hollis, Lisa **DOB:** 08/08/1975 **Phone:**
Address: FL, US
Claim Date: 01/13/2016 **Encounter Date:** 01/13/2016
Provider: Willis, Sam

- Adjust Medicaid Claims
- Split Claims
- Create Claims
- Create Batch
- Print HCFA**
- Print NY Workers' Compensation Board C-4 Form ▶
- Print UB-04
- Print Dental
- Filtered Claims ▶
- Selected Claims ▶
- View Claims Report

2. Select the claims to be printed on paper HCFA forms (all claims will be selected or check off by default) and then click on the “Print New HCFA” button



Once you click on the “Print Batch” button, the claims to be printed will open up as a Microsoft Word document. The respective blank HCFA forms will have to be loaded in the printer before the word document is printed out.

<input checked="" type="checkbox"/>	Claim No	Service Dt	Appt	PayTo	Patient	Payer	Amount	Payments	Balance
<input checked="" type="checkbox"/>	739	01/20/2016	TSW	SW	Hollis, Sally M	AETNA HEALTH	150.00	25.00	125.00
<input checked="" type="checkbox"/>	724	01/13/2016	SW	SW	Curran, Jeff P	Cigna	125.00	0.00	125.00
<input checked="" type="checkbox"/>	740	01/20/2016	TSW	SW	Slidden, John A	Humana	176.00	0.00	176.00
<input checked="" type="checkbox"/>	723	01/13/2016	SW	SW	Hollis, Lisa	Medicare	187.00	0.00	187.00
<input checked="" type="checkbox"/>	721	01/11/2016	SW	SW	Curran, Jeff P	WellCare	150.00	0.00	150.00
Totals							\$788.00	\$25.00	\$763.00

Selected Claims: 5

The claims in the paper batch are displayed here. Using the check boxes before each claim, you can select or remove claims that you do not want to be printed out on a HCFA form, if necessary.

Select a claim from the list and click on the “View Claim” button to open up and view/edit the claim.

Click here to print the selected claims on the most currently used HCFA form.

Print HCFA (individual claim)

Claims can also be printed individually.

From the claim, click on the “Print HCFA (02-12)” button. The Word document will appear in your tool bar. Open the document and print on CMS 1500 form.

Claim

Claim Number	Claim Date	Service Date	Appointment Facility	POS	Hide <
861	09/15/2016	09/15/2016	FFM:Framingham Family Medicin	Sel 11	

Patient Johns, Robert DOB:05/05/1965 Age:51Y Sex:M Tel: Acct No:ABC9341. WebEnabled: No	Info	Hub	...	Copay \$ 0.00 Pt. Uncovered Amt. \$ 150.00	Billing Jones, Mary Rendering Jones, Mary Supervisor Smith, John ... Ctrl
---	------	-----	-----	---	--

Servicing Provider Willis, Sam Resource : Willis, Sam	Claim Status Print HCFA ...	Set Status to HCFA (F7) Set Claim to Electronic (F8) Ready to Submit (F6)
--	--------------------------------	---

ICD & CPT	Insurances & Payments	Additional Information
-----------	-----------------------	------------------------

ICD Codes	Prev Dx	Add	Remove
<input checked="" type="checkbox"/> Map to ICD10			
#	Code	Name	Status
1	A42.1	Abdominal actinomyc	-
*			

#	Name
P	WellCare

No	IH/SO	Type	Name

CPT/HCPCS	Add	Update	Remove	Medicare Edits	Fee Schedule	Charge Master-current									
#	Code	POS	TOS	SDOS	EDOS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	Units	Billed Fee	Provider Id
1	99213	11	1	09/15/2016	09/15/2016				1				1	\$150.00	
*															

Summary	Errors	Claim Logs	Suppressed Errors
---------	--------	------------	-------------------

Billing Notes	TimeStamp	Browse...

Patient Portion	Total
Charges 150.00	Charges 150.00
Payments ... 0.00	Payments/Adj 0.00
Balance 150.00	Balance 150.00

Header	Data	Options	Print HCFA (02-12)	Adjustments	Prog. Notes	CPT Payers	OK	Cancel
--------	------	---------	--------------------	-------------	-------------	------------	----	--------

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 BUSINESS ANALYSIS DEPARTMENT - CREATED FOR LUMIN HEALTH

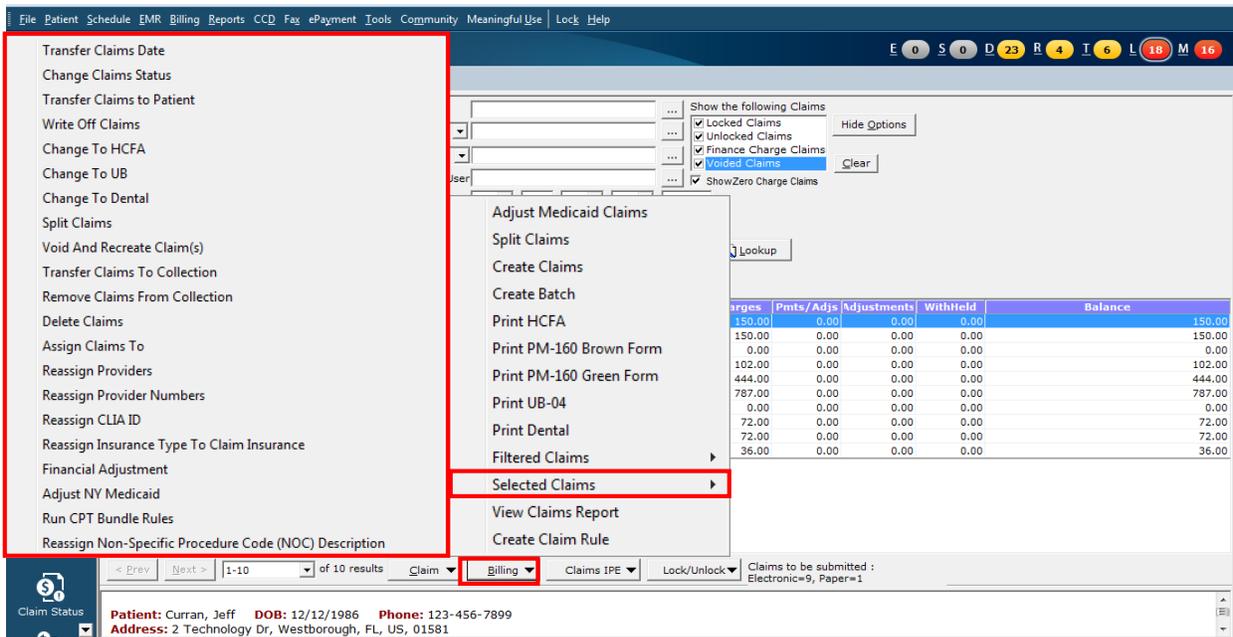
Miscellaneous Billing Workflows

Taking Additional Claim Actions

From the Claim Screen, Coder/Biller can perform multiple tasks using the Billing button. The button provides a quicker and easier way to manage the claims.

Example includes:

-  Batch - Transfer Claims to Patient
-  Batch - Change Claim Status
-  Batch - Write Off Claims
-  Batch - Void and Recreate
-  Batch - Delete Claims



The screenshot shows the Billing software interface with a dropdown menu open. The menu items are:

- Transfer Claims Date
- Change Claims Status
- Transfer Claims to Patient
- Write Off Claims
- Change To HCFA
- Change To UB
- Change To Dental
- Split Claims
- Void And Recreate Claim(s)
- Transfer Claims To Collection
- Remove Claims From Collection
- Delete Claims
- Assign Claims To
- Reassign Providers
- Reassign Provider Numbers
- Reassign CLIA ID
- Reassign Insurance Type To Claim Insurance
- Financial Adjustment
- Adjust NY Medicaid
- Run CPT Bundle Rules
- Reassign Non-Specific Procedure Code (NOC) Description

The 'Billing' button is highlighted in red, and the 'Selected Claims' option in the dropdown menu is also highlighted in red. The background shows a table with columns: Charges, Pmts/Adjs, Adjustments, Withheld, and Balance. The table contains several rows of data, including a total row for 'Filtered Claims'.

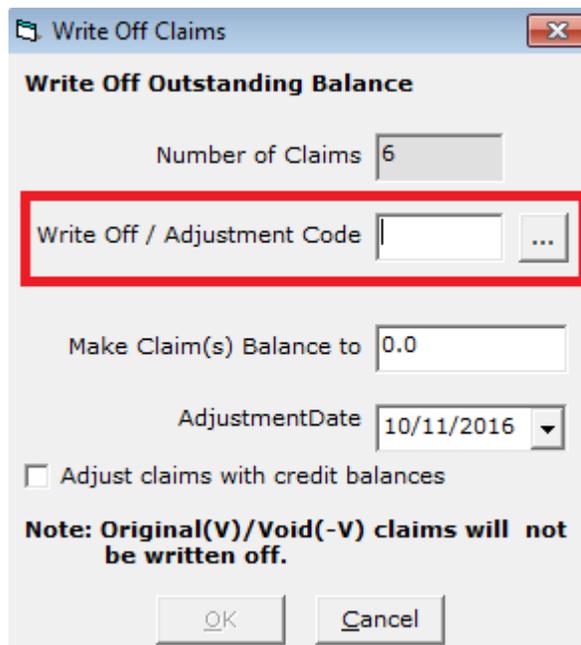
Charges	Pmts/Adjs	Adjustments	Withheld	Balance
150.00	0.00	0.00	0.00	150.00
150.00	0.00	0.00	0.00	150.00
0.00	0.00	0.00	0.00	0.00
102.00	0.00	0.00	0.00	102.00
444.00	0.00	0.00	0.00	444.00
787.00	0.00	0.00	0.00	787.00
0.00	0.00	0.00	0.00	0.00
72.00	0.00	0.00	0.00	72.00
72.00	0.00	0.00	0.00	72.00
36.00	0.00	0.00	0.00	36.00

Write Off Claims in Batch

Claims can be written off in a batch using the workflow described in the Overview of the Billing Band section above.

NOTE: Refer to Overview of Billing Button section for more details

1. Filter for claims to write off using required filters.
2. From the Billing drop down, select "Filtered Claims", then "Write Off Claims"
3. In the pop-up box
 - Confirm the Number of Claims and
 - Select the appropriate Write Off/Adjustment Code.
 - To adjust the claims to an amount other than \$0.00, enter the desired claim balance amount in the "make Claim(s) Balance to" field.
 - Confirm or change Adjustment date
 - Check box to adjust claims with credit balances if appropriate.



Write Off Claims

Write Off Outstanding Balance

Number of Claims 6

Write Off / Adjustment Code [] ...

Make Claim(s) Balance to 0.0

AdjustmentDate 10/11/2016

Adjust claims with credit balances

Note: Original(V)/Void(-V) claims will not be written off.

OK Cancel

Billing Alerts

The process of setting billing alerts is explained below:

From the patient's Hub, click on the "Alerts" button on the top.

1. Click on the "Add" button in the "Patient Specific Alerts" section and choose the alert type as "Billing"
2. Create the alert as required by entering the respective details (such as recall duration, name, etc.).

Patient Hub (Curran, Jeff)

Alerts

Patient: Curran, Jeff

Add New Alerts

Alert Type: Billing

Name: 45 Days

Description:

Recall After: 45 Day(s) Week(s) Month(s) Year(s)

Due Date: 6 / 4 / 2014

Review Billing Alerts

Alert	Frequency	Last Done	Due Date	Notes
45 Days	45 Days		06/04/2014	

Due Only Show EMR Alerts Show Billing Alerts

Add New/Review Notes

Date&Time	Login User	Message
04/20/2014 09:44 PM	Willis, Sam	Payment Setup

Previously set billing alerts, if any, will show up in this section.

Any messages related to the alert set can be put in this section.

- If the front desk staff needs to be alerted regarding the patient's account information, such type of alerts can be set by clicking on the "Billing Alert" button on the patient Hub. (Please see screenshot on next page).

Patient Hub (Curran, Jeff)

Labs	DI	Procedures	Imm/T.Inj	Referrals	Allergies	CDS5
Curran, Jeff 2 Technology Dr Westborough, FL-01581 DOB: 12/12/1986 Age: 27 Y Sex: M Advance Directive: WebEnabled: Yes Messenger Enabled: Yes Last vMsg: Account No: 9331 MRN: 1234567890			Home: 123-456-7899 Work: Cell: Email: jeff.curran@gmail.com Insurance: PCP: Rendering Pr:			
Patient Balance: \$787.00 Account Balance: \$5,097.05 Coll. Balance: \$263.00		Collection Status: C0 Assigned To:		Labs DI Referrals Actions		
Last Appt: 04/11/2014 12:00 PM Next Appt: Bumped Appts: NONE			Facility: WMA:Westboro Medical A Facility: Case Manager Hx:			

Billing Alert for (Curran, Jeff)

Billing Alert Global Alerts Insurance Alert *MU Alert

Show Billing Alert

Given to collection on: **12/17/2013**
 Current collection status: **C0** Coll. Balance: \$263.00

Billing Notes TimeStamp Check Spelling

Willis, Sam 4/20/2014 9:52:14 PM > Cash only for co-pay.
 Patient did not make payment for his visit on 04/11/2014. Please Collect

OK Close

HTN (hypertension) Low Risk

Medication Summary

Group by All

Date

Medication	Action
Medications as of: Today (04/20/2014)	
Coumadin 4 MG Tablet	Continue
Tylenol 325 MG Tablet	Continue
Tylenol Allergy Sinus 2-30-	

Close

New Appt **New Tel Enc** **Print Label(s)** **Billing Alert** **Patient Docs**

Letters **Encounters** **Medical Summary** **Rx** **Progress Notes**

eCliniForms **Devices** **Problem List** **Medical Record** **Send eMsg**

Account Inquiry **Guarantor Bal.** **Consult Notes** **Letter Logs** **Fax Logs**

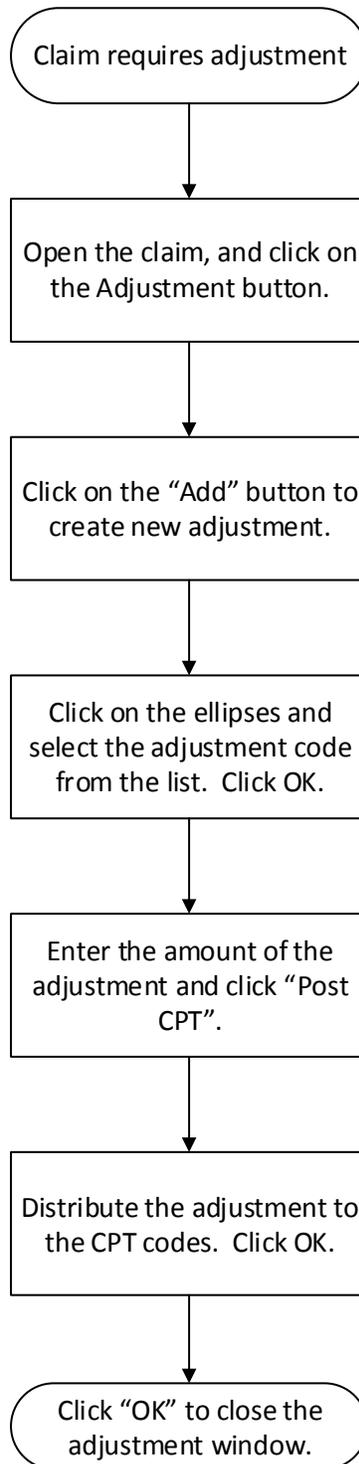
Action **New Web Enc** **Flowsheets** **Messenger** **Billing Logs**

ePrescription Logs

4. Patient specific billing alerts can be recalled using the “Billing Alert Recall” section under the “Billing” band.

The screenshot shows the eClinicalWorks BillingAlertRecall interface. The top navigation bar includes options like File, Patient, Schedule, EMR, Billing, Reports, CCD, Fax, ePayment, Tools, Community, Meaningful Use, Lock, and Help. The left sidebar contains menu items such as Admin, Practice, CCMR, Registry, Referrals, Messages, Documents, Billing, Accounts LookUp, Batches, Printed Claims, Patient Statement..., Collection Mana..., Billing Alert Rec..., and Eligibility Admin... The main content area is titled 'BillingAlertRecall' and contains a filter section with the following fields: 'Look Up By' (Protocol), 'Select Protocol' (promised to pay, 90 Days, 120 D), 'Date(s) From' (1/1/2014), and 'To' (6/30/2014). A 'LookUp' button is located below these fields. A red box highlights this filter section, with an arrow pointing to a text box that says 'Use these filters to pull up recall patients for specific billing alerts set.' Below the filter section is a table with the following columns: Patient, DOB, Sex, Age, Home Phone, Last Done, Due Date, Last Visit, Next Visit, and Status. The table contains one row for 'Curran, Jeff' with DOB 12/12/1986, Sex M, Age 27Y, Home Phone 123-456-7899, Last Done 06/04/2014, Last Visit 04/11/2014, and Status. A red box highlights the 'Billing Alert Rec...' menu item in the sidebar, with an arrow pointing to a text box that says 'This section can be used to print letters for selected patients from the recall list.' At the bottom of the interface, there is a 'Choose Letter' dropdown menu, a 'Run Letter' button, and a set of navigation buttons: Patient Details, New Appointment, Status, Alerts, < Prev, Next >, and Copy.

Adjusting Claim Balances



1. One the Claim Screen, click on “Adjustments”
2. Click on “Add”
3. Click on “...” and select the appropriate Financial Adjustment Code
4. Enter the Amount
5. Post adjustment to the CPT level using the Post CPT (optional)

Claim Number: 868
 Claim Date: 04/20/2014
 Service Date: 01/23/2014
 Appointment Facility: WMA:Westboro Medical Associa
 POS: 11
 Provider: Jones, Mary
 Patient: Curran, Martha M
 DOB: 03/31/1974 Age: 40Y Sex: F
 Tel: 561-703-0241
 Acct No: 9119. WebEnabled: Yes
 Servicing Provider: Jones, Mary
 Resource: Jones, Mary
 Claim Status: Pending

Code	Name	Info
1 311	Depressive disorder, nc	
2 530.81	Esophageal reflux	
3 300.00	Anxiety state, unspecifi	

Code	POS	TOS	SDOS	EDOS	M1	M2	M3	ICD1	ICD2	ICD3	ICD4	Units	Billed Ft	Provider Id
1 99213	11	1	01/23/2014	01/23/2014				1				1	\$150.00	

Summary Errors Claim Logs Suppressed Errors

No errors found in claim. Please change status from pending with errors to Ready to submit.

CodeCorrect Suppress Recheck Next (F10)

Header Data Options Print HCF **Adjustments** Prog. Notes OK Cancel

Patient Statement Billing Message ...

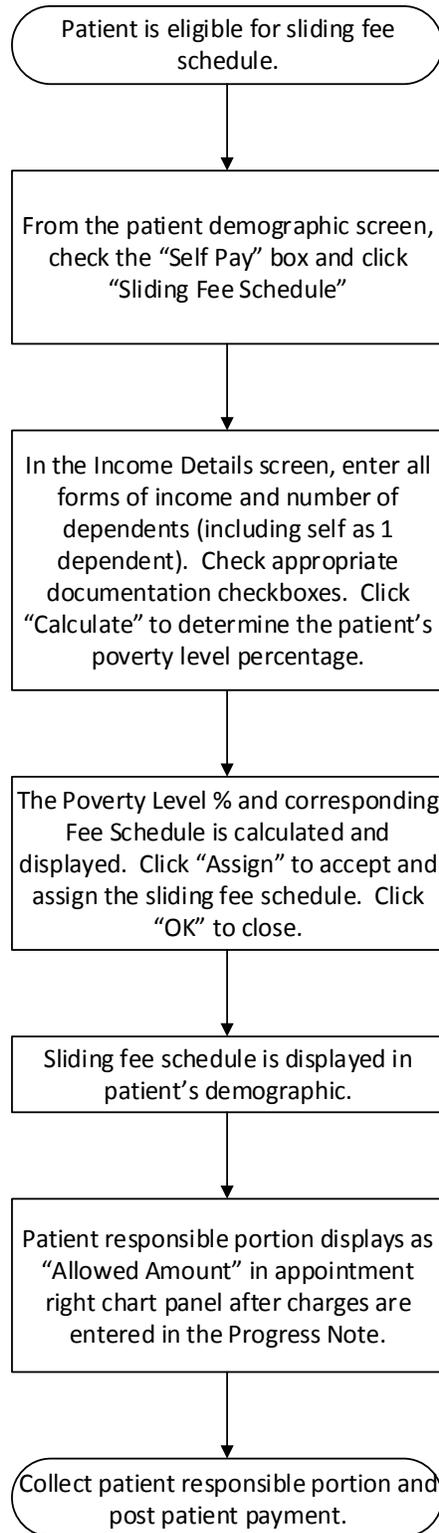
Financial Adjustments **Add** **Post CPT** **Delete**

CPT Posted	Date	Code	Amount
0.00	01/27/2016	SMBAL	10.00

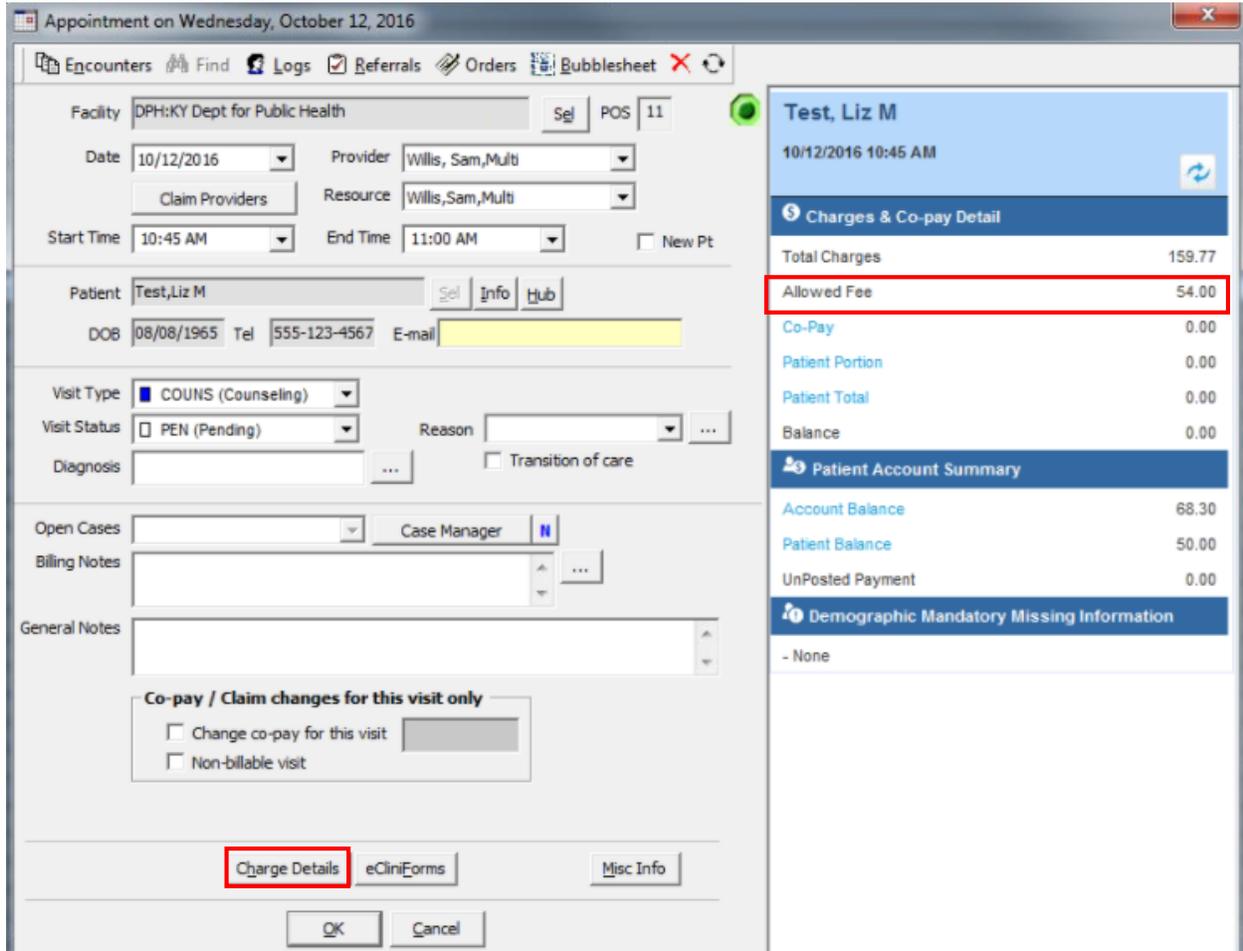
OK Cancel

Special Billing Workflows

Sliding Fee Schedule (screen shots in Front Office Workbook)



After the CPT codes have been entered in the encounter, the patient responsible portion for the sliding fee scale patients is visible in the Allowed Fee field in appointment. the right chart panel



Click on "Charge Details" to open the Patient Charge Detail box

In the Patient Charge Details box, click on “Details” to display the CPT level sliding fee responsibility in the “Allowed Fee” field

Charges & Co-pay Detail

Encounter Date: 10/12/2016 Claim

Total Charges: 159.77 Details

Allowed Fee: 54.50

Co-pay:

Patient Portion: \$0.00

Patient Total: \$0.00

Override Appointment Fee Schedule
(Leave blank for the default configuration)

Fee Schedule:

FollowUp Visit:

Patient Account Summary

Account Balance: 68.30 Details

Patient Balance: 50.00 Gr. Bal

Unposted Payments: 0.00

Co-Pay Close

Charge Details

Billing Data From Encounter (No Claim Exists)

Test, Liz M
DOB:8/8/1965 Age:51Y Sex:F
Tel:555-123-4567
Acct No:26201
Club Status:

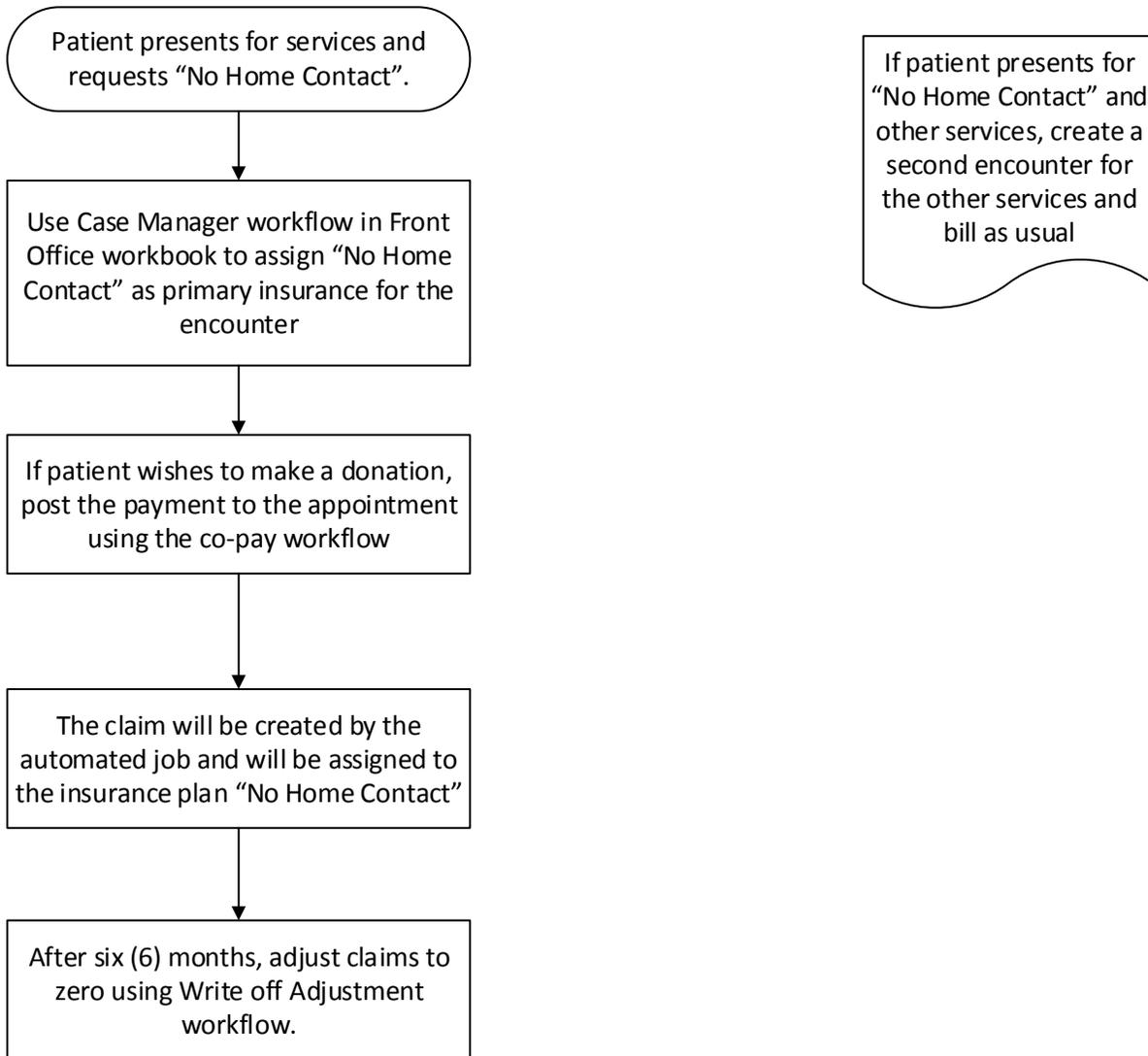
Fee Schedule: **10% Pay(Current)**

Co Pay

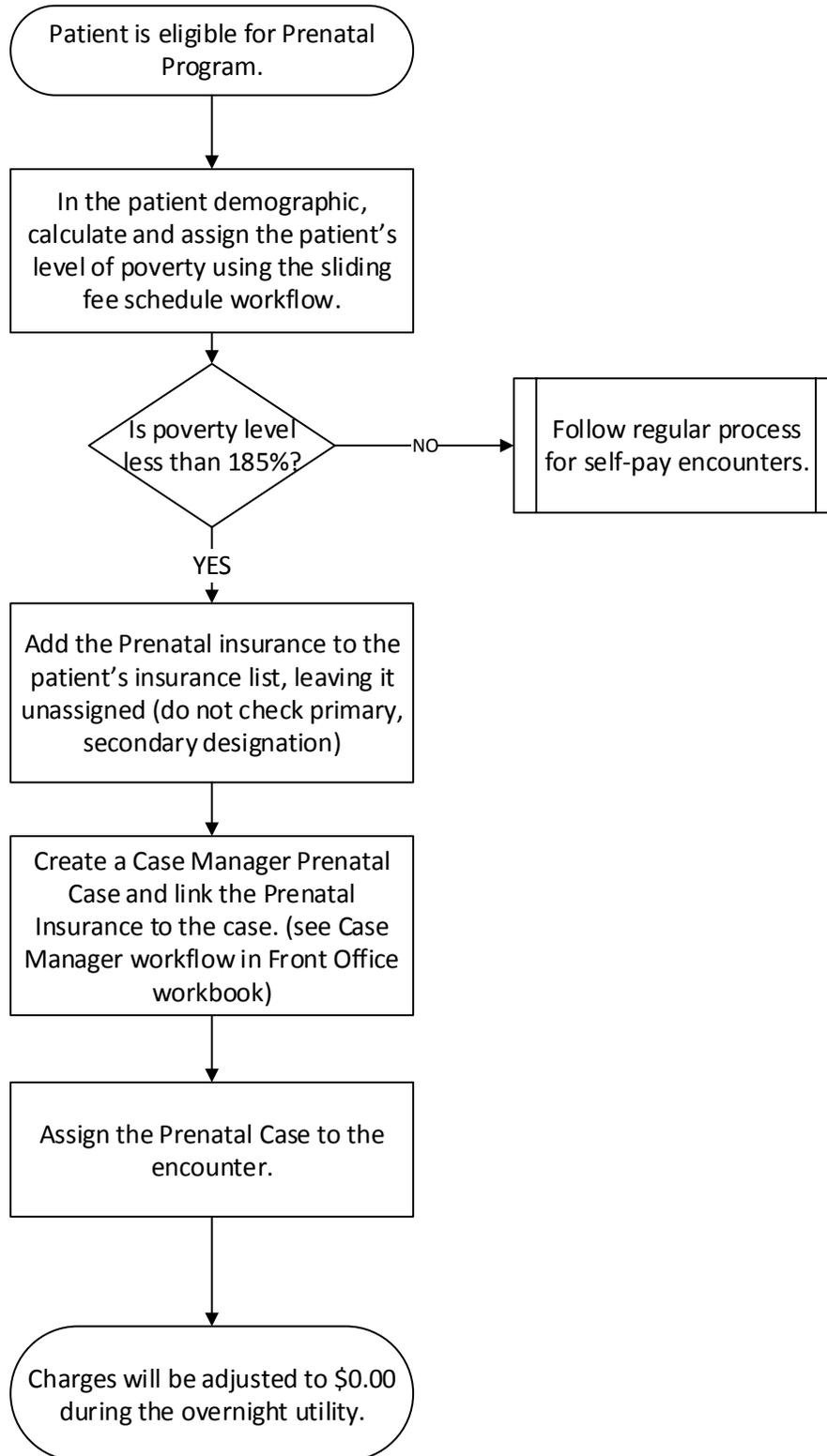
Code	Description	Units	Fee	Allowed Fee	Pt. Portion
99395	PREV VISIT, EST, AGE 18-39	1	111.71	11.00	0.00
S4993	CONTRACEPTIVE PILLS BIRTH C	1	4.64	0.50	0.00
90715		1	43.42	43.00	0.00
Total			\$159.77	\$54.50	\$0.00

Close

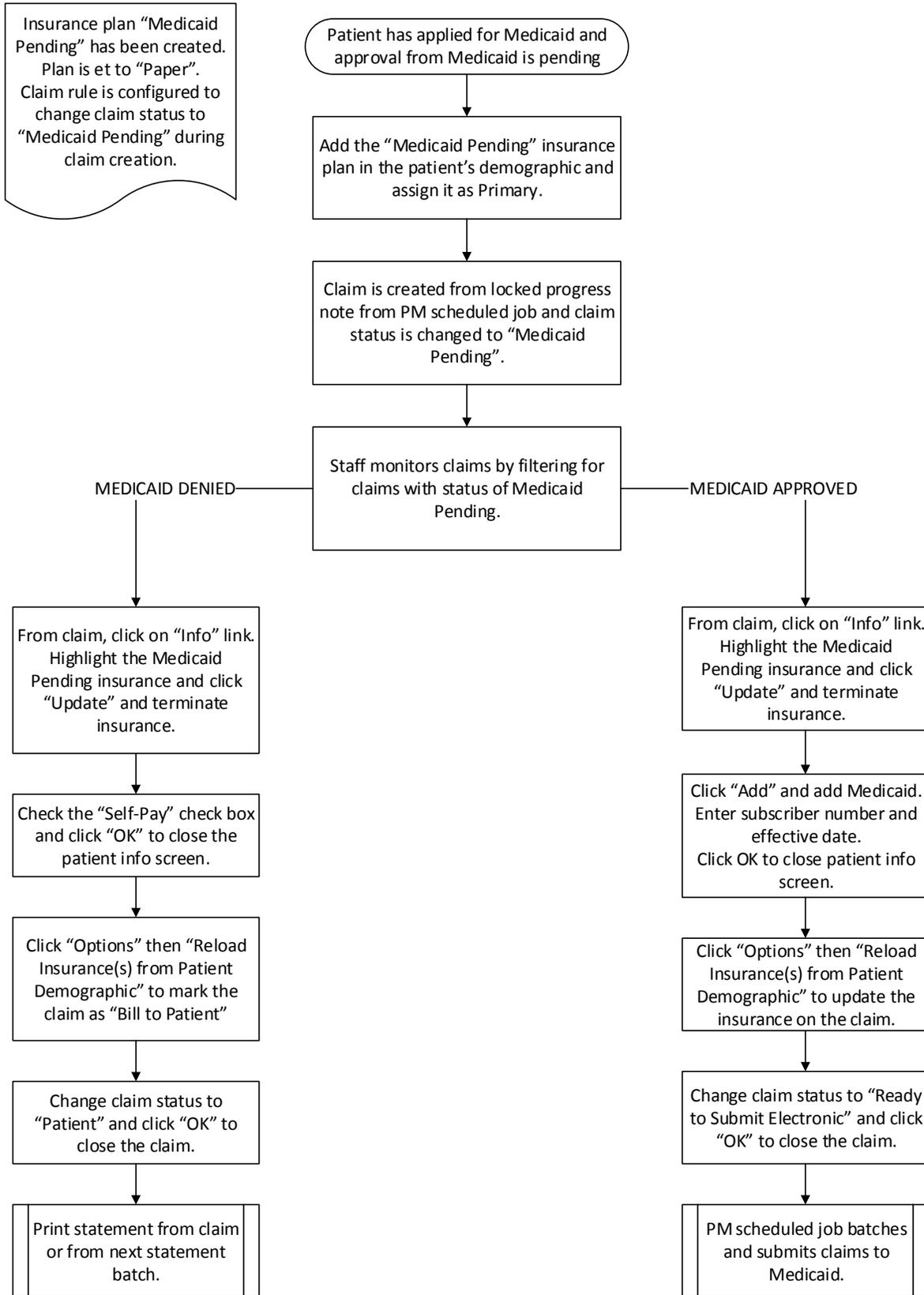
Billing for “No Home Contact”



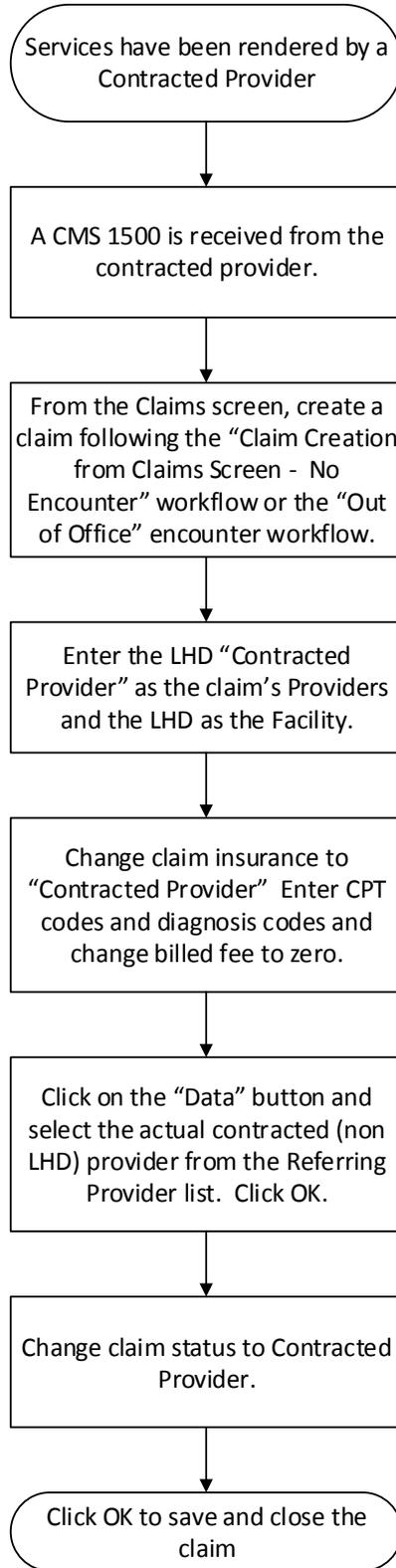
Billing for Prenatal Program



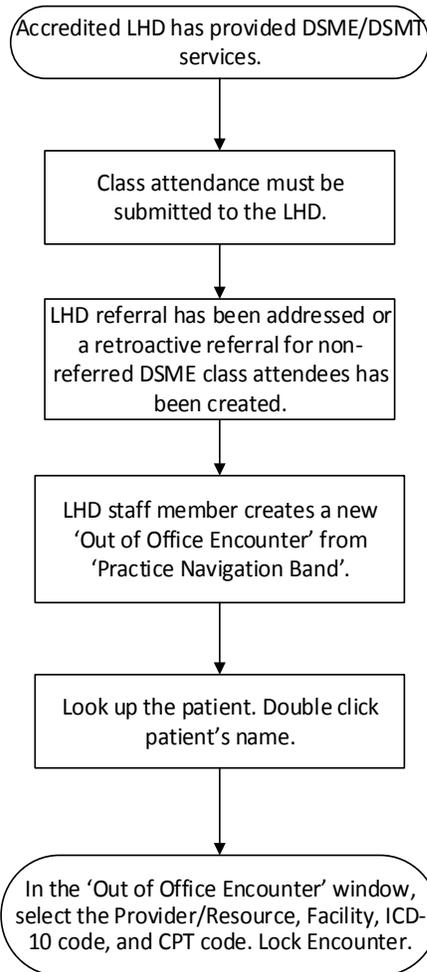
Applied/Pending Medicaid



Billing for Contracted Providers



Billing for DSME



Appendix A: Notices

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