RESOURCE AND PATIENT MANAGEMENT SYSTEM

Accounts Receivable

(BAR)

Patch 19 Addendum

Version 1.8 Patch 19
February 2011

Office of Information Technology (OIT)
Division of Information Resource Management
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1.0 Summary of Changes

Patch 19 provides enhancements to version 1.8 of the Accounts Receivable (A/R) system (BAR).

1. Modifications

- New option added to allow for entering patient prepayments and printing receipts
- New option added to allow for reprinting prepayment receipts
- Modified Collection Entry to allow for batching prepayments
- Standard Adjustment Reason codes will now autopopulate in 3PB
  - When SAR codes are posted in A/R and rolled back to 3PB, they will now automatically populate in the 3PB rolled-over claim. This change was made to prevent the following error message in the 3PB Claim Editor: “ERROR: STANDARD ADJUSTMENT CODE NOT ENTERED FOR ADJUSTMENT.”
  - ABM v2.6 patch 4 is needed for this functionality to work in A/R.
- Modified patient statements to display more information and to sort by visit location and date of service
- New option added for placing all or a portion of a bill’s balance in a status of Sent to Collections (status change)
- Creation of A/R Message Transaction at Export and Re-Export of a 3P bill
  - ABM v2.6 patch 3 is needed for this functionality to work in A/R.
- Modifications to Existing Reports:
  - Modified Treasury Deposit Batch Statistical Report to allow for searching batches by transaction posted date and added two new sort parameters
  - Modified A/R Statistical report to allow for selecting a group number for a specified A/R Account.
  - Modified Transaction Statistical Report to allow for reporting status change transactions, exporting the report as a text delimited file, and excluding Clinic or Visit type
  - Modified the Adjustment & Refund Report to display adjustment type IEN and to display “No A/R Account” if the bill does not have an A/R Account
  - Modified the A/R Bill and Synchronization Report to display more detail
  - Modified the Cancelled Bills Report to allow for reporting by Billing Entity, Date Range, Cancelling Official, Provider, and Eligibility Status
- New Reports:
- Payment Summary Report by Treasury Department Number (TDN)
- Top Payer Report
- Transactions Missing UFMS Tx Date

2. Resolutions to Help Desk Calls

- HEAT 21798–Date of service and billed amount were added to A/R BILL/IHS BILL NUMBER display to help identify bill numbers that are associated with multiple dates of service.
- HEAT 25691–A correction was made to the Aged Open Items Report to prevent an <undefined> error from occurring.
2.0 **Patch 19 Details**

2.1 **Prepayment Collections**  
*(PST–PRE)*

This option was added to allow for entering patient prepayments, such as copayments, and for printing receipts. These payments are stored in the A/R Prepayment file and must be entered into a Collection Batch before they are available for posting. Instructions on batching prepayments are included later in the addendum.

**Note:** If your site uses the cashiering option, make sure you have an open session. Whether or not you use cashiering, you will need to enter your signature code when using the Pre-Payment option.

1. At the “Enter a Department” prompt, type a clinic name or type two question marks (?) for a list to choose from. This is a required field. If nothing is entered, you will be returned to the Posting menu.

2. At the “Payment Type” prompt, type one of the options listed below or type two question marks (?) to choose from a list. This is a required field. If nothing is entered, the following message will be displayed: “This is a required response. Enter ‘^’ to exit.” You will be returned to the “Payment Type” prompt.

3. The remaining Payment Type prompts will differ depending on which Payment Type was selected, as described below.

   a. **CASH:** Enter a dollar amount at the “Credit” prompt.

   b. **CHECK:** Enter a check number at the “Check Number” prompt. Enter a name at the “Name on Checking Account” prompt. This is a free-text field. There is no system restriction on how the field should be populated.

   c. **CREDIT CARD:** Enter one of the following at the “Card Type” prompt or type two question marks (?) to choose from a list.

      i. Enter a name at the “Name on Card” prompt. This is free-text field. There is no system restriction on how the field should be populated.

      ii. Enter a dollar amount at the “Credit” prompt.

   d. **DEBIT CARD:** Use the directions listed above for Credit Card.
Enter your Current Signature Code: SIGNATURE VERIFIED
Enter your Department: FAMILY PRACTICE 28
PAYMENT TYPE:??
Enter a code from the list.
   Select one of the following:
   CA    CASH
   CK    CHECK
   CC    CREDIT CARD
   DB    DEBIT CARD
PAYMENT TYPE:CC CREDIT CARD
CARD TYPE: ??
Enter type of credit card, i.e. Visa, Mastercard, etc...).
   Select one of the following:
   A    AMERICAN EXPRESS
   C    DINERS CLUB
   D    DISCOVER
   M    MASTERCARD
   V    VISA
CARD TYPE: VISA
NAME ON CARD: PATIENT, DEMO
CREDIT: 25.00

Figure 2-1: Selecting a payment type

4. The next prompts allow for entry of a specific bill, patient, or date of service. These prompts work the same way as they do in all the other posting functions. None of these fields are required; however, if nothing is entered at these prompts, the next prompts displayed must be populated.

CREDIT: 25.00
Select A/R BILL/IHS BILL NUMBER:
Select PATIENT NAME:
Select Bill DOS:

Figure 2-2: Selecting a specific bill, patient, or date of service
5. Payment for DOS: If a bill number was specified in the previous prompts, the
Payment for DOS field will automatically populate with that bill’s date of service.
You may also enter a different date of service, if desired. If a different date of
service is entered from the date of service for the bill number entered, the
following warning message will be displayed: “** Indicates Bill DOS does not
match payment date for service.”

The Payment for DOS field is required only if a bill number was not specified in
the fields described in Step 4. If a bill number has not been specified and you try
to bypass the Payment for DOS field, the following message will be displayed:
“This is a required response. Enter ‘^’ to exit.” A future date of service may be
entered at this prompt (see Step 6 for further explanation).

6. Select Patient is the next field displayed if a bill has not been specified in Step 4.
The patient entered must be a registered patient in the Resource and Patient
Management System (RPMS), but the patient does not need to have any bills in
the system. This allows for entering a prepayment from a registered patient for a
future date of service or for a date of service that has not been entered as a visit in
RPMS yet.

7. The Comments field is the last data entry field displayed. This is a free text field
that allows for up to three lines of text. Keep in mind that the text entered in this
field will be displayed on the patient’s receipt.

8. File, Modify, Quit–Once all the required information has been entered, a
summary screen will be displayed. Available commands will allow for filing the
prepayment and thereby generating a receipt number, modifying the data entered,
or quitting. If the Quit command is selected, all data entered thus far will be lost.

a. File. Choose this command to store the information entered and create a
receipt number. The receipt number will be displayed and you will be given
the option to print a receipt, if desired, and to specify how many copies to
print. Whether the receipt is printed to the screen or to a printer, you will be
returned to the Enter your Department field to enter another prepayment, if
desired.

| 1) PAYMENT FOR DOS:  MAR 15, 2011 |
| 2) CREDIT:           $15.00   |
| 3) DEPARTMENT:       FAMILY PRACTICE |
| 4) PAYMENT TYPE:     DEBIT CARD |
| CARD TYPE:           VISA    |
| NAME ON CARD:        DEMO,CHARLES |
| 5) A/R BILL NUMBER:  |
| PATIENT NAME:        |
| BILL DOS:            |
| 6) PATIENT:          DEMO,CHARLES |
| 7) COMMENTS: PAYMENT RECEIVED FOR UPCOMING SURGERY IN MARCH. GCS |

FILE PREPAYMENT? SELECT (F)ILE, (M)ODIFY, (Q)UIT: FILE

RECEIPT #: CIHA0000000026
Print Receipt? YES/NO YES
Number of copies: 1/
DEVICE: HOME// SLAVE LOCAL Right Margin: 80/

2010 DEMO HOSPITAL
RECEIPT OF PAYMENT
FAMILY PRACTICE
RECEIPT DATE: 12/20/2010

PATIENT: DEMO, CHARLES HRN: 167260
RECEIPT NO: CIHA0000000026 PAYMENT RECEIVE DATE: 12/20/2010
PAYMENT TYPE: DEBIT CARD AMOUNT: $ 15.00
CARD TYPE: VISA
PAYMENT FOR DOS: 03/15/2011
PAYMENT RECEIVED FOR UPCOMING SURGERY IN MARCH. GCS

Enter your Department:

Figure 2-3: Filing and printing a prepayment receipt

b. Modify. Choose this command to make any changes to the information that has been entered. Type two question marks (??) to return a list of items that may be changed.

FILE PREPAYMENT? SELECT (F)ILE, (M)ODIFY, (Q)UIT: MODIFY
SELECT ITEM TO MODIFY: (?? for list) ??
Enter a code from the list.

Select one of the following:

1 PAYMENT FOR DOS
2 CREDIT
3 DEPARTMENT
4 PAYMENT TYPE INFO
5 A/R BILL INFO
6 PATIENT
7 COMMENTS

SELECT ITEM TO MODIFY: (?? for list)

Figure 2-4: Using the Modify command

c. Quit. Choose this command to delete all the information entered thus far.
2.2 Reprint Receipt (PST–RECP)

This option was added to allow for reprinting pre-payment receipts. To reprint a receipt, enter one of the following criteria shown in the example below. You may also type two question marks (??) to display a list of all receipts. After a receipt is selected, you will be given the opportunity to choose the number of copies desired. When using the Reprint option, notice that the receipt will indicate that it is a reprint.

```
+-----------------------------------------------------------------------------+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8                                 |
| +  Reprint Receipt                                                          |
| +  2010 DEMO HOSPITAL                                                       |
| +  ** LOGGED INTO CASHIERING MODE **                                        |
+-----------------------------------------------------------------------------+
User: SISNEROS,GINA GS        BUSINESS OFFICE     20-DEC-2010 3:50 PM
Select A/R PREPAYMENT RECEIPT NUMBER: Enter Receipt Number, Patient, DOS,
Receipt Date: //    CIHA0000000026
Receipt Number: CIHA0000000026
1)  PAYMENT FOR DOS:  MAR 15, 2011
2)  CREDIT:           $ 15.00
3)  DEPARTMENT:       FAMILY PRACTICE
4)  PAYMENT TYPE:     DEBIT CARD
   CARD TYPE:        VISA
   NAME ON CARD:     DEMO,CHARLES
5)  A/R BILL NUMBER:
   PATIENT NAME:      
   BILL DOS:
6)  PATIENT:          DEMO,CHARLES
7)  COMMENTS:  PAYMENT RECEIVED FOR UPCOMING SURGERY IN MARCH. GCS
Print Receipt? YES/NO   YES
Number of copies:  1// 2
DEVICE: HOME// Virtual   Right Margin: 80//
2010 DEMO HOSPITAL
RECEIPT OF PAYMENT
FAMILY PRACTICE
RECEIPT DATE: 12/20/2010   *REPRINT*
PATIENT: DEMO,CHARLES      HRN: 167260
RECEIPT NO: CIHA0000000026  PAYMENT RECEIVE DATE: 12/20/2010
PAYMENT TYPE: DEBIT CARD
CARD TYPE: VISA            AMOUNT: $ 15.00
```
2.3 Batching Prepayments (COL–EN)

Collection Entry was slightly modified to allow for batching prepayments. As with any payment, prepayments must be applied to a Collection Batch before they will be available for posting. There were only two changes made to the batching process.

1. All unbatched prepayments will be displayed when a Collection Batch is opened, regardless of their payment type. The display at this point is informational only. After the display, press the Enter key to continue or a caret (^) to exit.

```
**PAYMENTS EXIST THAT HAVE NOT BEEN BATCHED. PLEASE REVIEW AND ADD TO A COLLECTION BATCH**

1. 20.00 CASH   09/24/10 CIHA00000000004   WEATHERS, STORMY
2.  9.00 CASH   09/30/10 CIHA00000000013   SMITH, SAMMY DOG
3.  7.00 CASH   09/30/10 CIHA00000000014   PATIENT, NOT REAL
4. 250.00 CASH   11/05/10 CIHA00000000018   BRONSON, CHUCKLES
```

2. The unbatched prepayments that will be available for batching depend on which Payment Type is selected. In the example below, the only payments available for batching are the Cash payments. If Credit Card had been selected as the Payment Type, the only entries available for batching would have been the credit card and debit card prepayments.

```
ITEM 1
Up-Arrow at Transaction Type to exit loop and KILL New Entry
PAYMENT TYPE: CASH
```

```
1.  20.00 CASH   09/24/10 CIHA00000000004   WEATHERS, STORMY
2.  9.00 CASH   09/30/10 CIHA00000000013   SMITH, SAMMY DOG
3.  7.00 CASH   09/30/10 CIHA00000000014   PATIENT, NOT REAL
4. 250.00 CASH   11/05/10 CIHA00000000018   BRONSON, CHUCKLES
```
Select Entry to batch or <Enter> to proceed:  2
You selected line 2
2. 9.00 CASH 09/30/10 CIHA0000000013 SMITH,SAMMY DOG

Are you sure this is what you want? YES//
CREDIT:  9.00
A/R ACCOUNT: SMITH,SAMMY DOG SMITH,SAMMY DOG
VISIT LOCATION: 2010 DEMO HOSPITAL
PAYOR: SMITH,SAMMY DOG  

HEADQUARTERS WEST  ALBUQUERQUE  01 NM HOSPITAL 7247
GS NON-BEN-12/20/2010-ITEM: 1 TYPE: CASH BATCH TOTAL: 250
TDN/IPAC: AB11255633 TDN/IPAC AMOUNT: 250.00

===========================================================================
AMOUNT PAID              9.00
A/R ACCOUNT              SMITH,SAMMY DOG
PAYOR                    SMITH,SAMMY DOG
LOCATION OF SERVICE      2010 DEMO HOSPITAL
TREASURY DEPOSIT/IPAC #  AB11255633
===========================================================================
CIHA 2010 DEMO HOSPITAL  $ 9.00

Select one of the following:
E   Edit
D   Delete
F   FILE

Enter response: F//

Figure 2-6: Batching cash payments

### 2.4 Additional Info Added To A/R Bill/IHS Bill Number Display

The date of service and bill amount were added to the A/R BILL/IHS BILL NUMBER display to help identify bill numbers associated with multiple dates of service, such as prescription refills. In any of the posting options, if a bill number is selected that has more than one date of service, the following will now be displayed.

<table>
<thead>
<tr>
<th>CHOOSE 1-3:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 10038 31876A-IH-12770</td>
<td>63.98 OPEN 02/03/10 JONES,CHIPPER</td>
</tr>
<tr>
<td>2 10038 31877A-IH-12770</td>
<td>63.98 OPEN 05/20/10 JONES,CHIPPER</td>
</tr>
<tr>
<td>3 10038 32218A-IH-12770</td>
<td>63.98 OPEN 07/18/10 JONES,CHIPPER</td>
</tr>
</tbody>
</table>

Figure 2-7: Multiple dates of service
2.5 Post Status Change
(ACM–PSC)

This option was added to allow for placing or removing all or a portion of a bill’s balance into a status of Sent to Collections. It works very much like all the other posting options in RPMS. For federal locations, this status change will be captured in cashiering and sent to Unified Financial Management System (UFMS) as an adjustment.

**Note:** If your site uses the cashiering option, make sure you have an open session. Whether or not your site uses cashiering, you will need to enter your signature code.

The first prompts displayed work the same way as in all the other A/R posting functions.

```
Select Account Management Menu Option: PSC  Post Status Change
Enter your Current Signature Code:    SIGNATURE VERIFIED
Select A/R BILL/IHS BILL NUMBER: 1535419B  -CH-12358      25.00   OPEN
03/28/10 SISNEROS,LEO
```

**Figure 2-7: AR posting prompts**

After a bill is selected, a command must be selected. To view a list of available commands, type two question marks (??) at the Command prompt.

```
Select Command (Line # 2) : ??

Select Command Options
-----------------------
S = Set all or a portion of the current balance as "Sent to Collections."
V = Reverse from "Sent to Collections" back into the current balance.
Q or 3 = Quit
H = History of Bill Transactions ($ only)
M = Message
T = Toggle Display - Current transaction list.
B = Bill Inquire
E = Edit a transaction not yet posted to A/R

Select Command (Line # 2) :
```

**Figure 2-8: Select Command Options**

Use the S command to indicate a specified dollar amount has been Sent to Collections. The system will not allow more than the Current Balance amount to be marked as Sent to Collections. The amount being sent to collections will be deducted from the current bill balance.
### Claims for SISNEROS, LEO from 03/28/2010 to 03/28/2010

<table>
<thead>
<tr>
<th>Line #</th>
<th>DOS</th>
<th>Claim #</th>
<th>Billed Amount</th>
<th>Current Paymnts</th>
<th>Current Adjust</th>
<th>Current Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>03/28/2010</td>
<td>1535419A-CH-12358</td>
<td>423.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>2</td>
<td>03/28/2010</td>
<td>1535419B-CH-12358</td>
<td>25.00</td>
<td>0.00</td>
<td>0.00</td>
<td>25.00</td>
</tr>
</tbody>
</table>

Select Command (Line # 2) : S

Amount is added to Sent to Collections amount and deducted from Current Balance.

**STATUS Amount: 250**

*You can’t place more than the current bill amount in collections.*

Enter RETURN to continue:

Amount is added to Sent to Collections amount and deducted from Current Balance.

**STATUS Amount: 25**

Select Adjustment Type: ??

Choose from:

- 990  PSC (PROGRAM SUPPORT CENTER)
- 991  LOCAL COLLECTION COMPANY
- 992  INTERNAL COLLECTIONS

---

### Figure 2-9: Using the S command

Use the V command to reverse a specified dollar amount from collections. The system will not allow you to reverse more than the dollar amount that was sent to collections. It is not necessary to enter a negative amount when using the V command. The system will make the correction calculation. The amount being reversed from collections will be added back to the bill balance.
2.6 Autopopulation of Standard Adjustment Reason Codes in 3PB

When Standard Adjustment Reason codes are posted in A/R and rolled back to Third Party Billing, they will now populate automatically on page A of the Claim Editor in 3PB. The claim must be in a status of Rolled-in Edit Mode and the mode of export must be 837P, D, or I. This change was made to prevent the following 3PB error message in the Claim Editor:

"ERROR: STANDARD ADJUSTMENT CODE NOT ENTERED FOR ADJUSTMENT".

Figure 2-11: Error message

**Note:** ABM v2.6 patch 4 must be installed for this functionality to work in AR.

2.7 New Message Transaction Created at Export of 3P Bill

When a 3P bill is exported or re-exported in an 837 file, an A/R message transaction will be created on the bill. These messages can be viewed either in 3PB or in AR.

**Note:** ABM v2.6 patch 4 must be installed for this functionality to work in AR.

To view the messages in 3PB, use the Inquire about an Approved Bill (IQMG) option. The export messages will appear at the bottom of the file and will look similar to the example below.

```
EXPORT NUMBER RE-EXPORT: OCT 14, 2010@10:13:08
  STATUS: ORIGINAL          GROUP CONTROL NUMBER: 115747
EXPORT NUMBER RE-EXPORT: OCT 23, 2010@11:21:06
  STATUS: REFILE             GROUP CONTROL NUMBER: 115748
EXPORT NUMBER RE-EXPORT: NOV 14, 2010@10:13:08
  STATUS: RECREATED          GROUP CONTROL NUMBER: 115749
```

Figure 2-12: Export messages in 3P bill

In A/R, the export messages can be viewed using the bill message display from any of the posting options. The display will look similar to the example below.
Export statuses are defined as follows:

- Original. Indicates the first time a bill was exported from 3PB
- Refile. Bill was refiled using the REEX option in 3PB
- Recreated. Bill was reexported using the RCEM option in 3PB

### 2.8 Modifications to Patient Statements (PAS–PRA/PRO)

Patient statements were modified to display more detailed information. This information includes visit location, date of service, bill number, provider name, insurance payments, patient payments, adjustments, amount pending from insurance, and patient amount due. The total dollar amount for each column will be displayed.

A new section was added to display patient prepayments. This section does not affect statement totals.

Finally, a prompt was added to the PRA and PRO options to allow a comment to be added to all the statements. The same comment will appear on all the statements being printed. This is a free text field.
Add a patient statement message: THIS COMMENT WILL APPEAR ON ALL STATEMENTS. GCS

Figure 2-14: Adding a comment to statements

The new statements will look similar to the one shown below.

--------------------------
** Figure 2-15: New patient statement **
--------------------------
2.9 Modifications to Existing Reports

2.9.1 Treasury Deposit/Batch Statistical Report (RPB–BRM–TBSL)

This report was modified to allow for searching batches by transaction posted date. Previously, the only date available for this report was the batch opened date. When running this report, a date type will have to be specified as in the example below. This is a required response.

Choosing a Batch date type will provide a list of batches opened within a specified date range. Choosing a Transaction date type will provide a list of batches that are tied to a transaction that was posted within a specified date range.

Enter date type (Batch/Transaction):
This is a required response. Enter '^' to exit
Enter date type (Batch/Transaction): TRANSACTION

Enter beginning POSTING TRANSACTION date: 11/1/10 (NOV 01, 2010)
Enter ending POSTING TRANSACTION date: 11/30/10 (NOV 30, 2010)

Figure 3-1: Choosing dates

Once a date type and a date range have been selected, the user will select how the report is going to be sorted. Previously, the report could be sorted either by allowance category or by TDN. Two additional sorts have been added to this report to allow for sorting by both TDN and then Allowance Category or by Allowance Category and then by TDN.

**Note:** If either of the new sorts is selected (3 or 4), the data will not be broken down by collection batch item, as it is when Sorts 1 or 2 are selected.
Figure 3-2: Sorting by TDN and then by Allowance Category

2.10 A/R Statistical Report
(RPT–FRM–STA)

This report was modified to allow for selecting a payer group number for a specific A/R account. The option to select a printer format or to export the report as a delimited file was also added.

To run the report by payer group number, select Billing Entity as an inclusion parameter. Within Billing Entity, select Specific A/R Account. Once an A/R Account has been specified, one or more group numbers may also be specified. If nothing is entered at the “Group Number” prompt, the report will generate data for all group numbers for the specified A/R Account. In the example below, the report is being generated for Group Numbers 101 and 102 for Blue Cross Blue Shield-Mich.

NOTE:  This report will contain data for VISIT location(s) regardless of BILLING location.

INCLUSION PARAMETERS in Effect for A/R Statistical Report:
=====================================================================  
Select one of the following:
  1  LOCATION
  2  BILLING ENTITY
  3  DATE RANGE
  4  PROVIDER

Select ONE or MORE of the above INCLUSION PARAMETERS: 2 BILLING ENTITY

Select one of the following:
  1  MEDICARE
  2  MEDICAID
  3  PRIVATE INSURANCE
  4  NON-BENEFICIARY PATIENTS
  5  BENEFICIARY PATIENTS
  6  SPECIFIC A/R ACCOUNT
  7  SPECIFIC PATIENT
  8  WORKMEN'S COMP
  9  PRIVATE + WORKMEN'S COMP
 10  CHIP
 11  OTHER

Select TYPE of BILLING ENTITY to Display: 6 SPECIFIC A/R ACCOUNT
Select A/R ACCOUNTS/IHS:  BLUE CROSS BLUE SHIELD-MICH

ENTER IN THE GROUP NUMBER YOU WISH TO REPORT: 101

ENTER IN THE GROUP NUMBER YOU WISH TO REPORT: 102

INCLUSION PARAMETERS in Effect for A/R Statistical Report:
=====================================================================  
- Billing Entity........: BLUE CROSS BLUE SHIELD-MICH
- Group Plan............: 101
- Group Plan............: 102

Select one of the following:
  1  LOCATION
  2  BILLING ENTITY
  3  DATE RANGE
  4  PROVIDER

Select ONE or MORE of the above INCLUSION PARAMETERS:

Figure 3-3: Selecting specific group numbers for an A/R Account

Once all the desired inclusion parameters have been selected, a new prompt will be displayed to allow the user to choose a printer format for the report, or a delimited text format. The example below shows the report in a printer format.
Should the output be in (P)rinter format or (D)elimited file format?  P/D PRINTED

Output DEVICE: HOME// Virtual

=============================================================================
A/R STATISTICAL REPORT DEC 27,2010@17:36 Page 1
for BLUE CROSS BLUE SHIELD-MICH GROUP: 101, 102
at ALL Visit location regardless of Billing Location
at ALL Visit location(s) regardless of Billing Location
============================================================================= 

VISIT NUMBER UNDUP BILLED PAID ADJ UNPAID
TYPE VISITS PATIENTS AMOUNT AMOUNT AMOUNT AMOUNT
-----------------------------------------------------------------------------
2010 DEMO INDIAN HOSPITAL
OUTPATIENT 2 1 494.00 0.00 494.00 0.00
------------------- ----------------- ----------------- ----------------- 
2 1 494.00 0.00 494.00 0.00

TOTAL COVERED INPATIENT DAYS 0

END OF REPORT

Figure 3-4: STA report in printer format

If the Delimited file format is chosen, the report will be exported to your local directory and will have to be formatted. If you are not familiar with exporting reports or your local directory name does not automatically populate at the “HOST FILE NAME” prompt, contact your site manager or local Information Technology (IT) support.

Note: Your host file name will be different than the one in the example below.

Should the output be in (P)rinter format or (D)elimited file format?  P/D DELIMITED

Output DEVICE: HOME// HFS HOST FILE SERVER

HOST FILE NAME: C:\TMP\TMP.HFS// ADDRESS/PARAMETERS: "WNS"//

Requested Start Time: NOW// (DEC 27, 2010@17:42:39)
Task # 7370 queued.

Figure 3-5: Exporting to a local directory
2.11 Transaction Statistical Report (RPT–FRM–TSR)

An addition was made to the Transaction Type inclusion parameter to allow for running the report by Status Change transactions. Status Change transactions were explained earlier in this addendum. These transactions allow for placing or removing all or a portion of a bill’s balance in a status of Sent to Collections. Status Change transactions can be selected by choosing Transaction Type as an inclusion parameter.

Select one of the following:

1. DATE RANGE
2. BILLING ENTITY
3. COLLECTION BATCH
4. COLLECTION BATCH ITEM
5. POSTING CLERK
6. LOCATION
7. PROVIDER
8. ALLOWANCE CATEGORY
9. TRANSACTION TYPE
10. REPORT TYPE

Select ONE or MORE of the above INCLUSION PARAMETERS: 9 TRANSACTION TYPE

Select one of the following:

1. PAYMENT
2. ADJUSTMENT
3. STATUS CHANGE

Select ONE or MORE of the above INCLUSION PARAMETERS:

Figure 3-6: Selecting Transaction Type

The ability to exclude the Clinic or Visit type was added as well as the option to generate the report in a text delimited file. Exporting the report as a text delimited file allows the report to be opened and formatted in Excel. At the “HOST FILE NAME” prompt, a directory path default will be displayed. If you are not familiar with exporting reports or your directory path is not specified, contact your site manager or local IT support. You may also need to confirm that the correct permissions have been assigned to this directory in order to generate a report.

Note: Your host file directory path will be different than the one in the example below.

INCLUDE CLINIC OR VISIT TYPE? ? N// 0
Text-delimited? ? N// YES
DEVICE: HOME// HFS
2.12 Adjustment and Refund Report (RPT–FRM–ADJ)

This report was modified to display the Adjustment Type IEN and to display “No A/R Account” if the A/R Account is missing from the bill. When running the summary report, the Adjustment Type IEN will be displayed in its own column to the left of the Adjustment Type column. When running the detail report, the Adjustment Type IEN will be displayed in the Adjustment Type column next to the adjustment type description.

2.13 A/R Bill and Transaction Synchronization Report (RPT–MRM–ATS)

Changes were made to this report to provide more detail and to make it easier to read. When run for detail, the ATS report will now display the transaction IEN (date/time stamp) for each transaction on the report as well as the original billed amount for each bill. Each bill will be clearly separated by a line.
2.14 Cancelled Bills Report (MAN–RPT–CXL)

Numerous inclusion parameters were added to this report, which include Location, Billing Entity, Date Range, Cancelling Official, Provider, Eligibility Status, and Report Type. The option to sort by Clinic or Visit Type was also added. If run for detail, the report will list the reason a bill was cancelled.

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>HRN</th>
<th>INSURER</th>
<th>VISIT LOCATION</th>
<th>DATE</th>
<th>REASON</th>
<th>BILLS</th>
<th>AMT BILLED</th>
<th>BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Killian, Donald JA</td>
<td>5958</td>
<td>Tricare</td>
<td>2010 DEMO HOSPITAL</td>
<td>Jan 08, 2010</td>
<td>Bill Primary PA</td>
<td>1</td>
<td>22,199.99</td>
<td>22,199.99</td>
</tr>
<tr>
<td>Kuhn, Rachael Deni</td>
<td>3608</td>
<td>Medicare</td>
<td>2010 DEMO HOSPITAL</td>
<td>Jan 03, 2010</td>
<td>Bill Primary PA</td>
<td>1</td>
<td>22,199.99</td>
<td>22,199.99</td>
</tr>
<tr>
<td>Sisneros, Bronson</td>
<td>32520</td>
<td>BCBS NM</td>
<td>2010 DEMO HOSPITAL</td>
<td>Aug 30, 2010</td>
<td>Incorrect Expor</td>
<td>1</td>
<td>22,199.99</td>
<td>22,199.99</td>
</tr>
<tr>
<td>Smith, Sammy Dog</td>
<td>1001</td>
<td>BCBS NM</td>
<td>2010 DEMO HOSPITAL</td>
<td>Aug 11, 2010</td>
<td>Incorrect Expor</td>
<td>1</td>
<td>22,199.99</td>
<td>22,199.99</td>
</tr>
<tr>
<td>Smith, Sammy Dog</td>
<td>1001</td>
<td>UHC</td>
<td>2010 DEMO HOSPITAL</td>
<td>Jul 26, 2010</td>
<td>Incorrect Expor</td>
<td>1</td>
<td>22,199.99</td>
<td>22,199.99</td>
</tr>
<tr>
<td>Taylor, WA-YA ADI</td>
<td>692</td>
<td>Medicare</td>
<td>2010 DEMO HOSPITAL</td>
<td>Jan 06, 2010</td>
<td>Bill Primary PA</td>
<td>1</td>
<td>22,199.99</td>
<td>22,199.99</td>
</tr>
</tbody>
</table>

2.15 New Reports

2.15.1 Payment Summary Report by TDN (RPT–FRM–TDN)

This report is very similar to the Payment Summary Report by Collection Batch except that it allows for reporting by TDN. Either a TDN or a date range must be entered when running this report. If a TDN or a date range is not selected as an inclusion parameter, a warning message will be displayed and the user will be taken back to the selection prompt.
If running the report for a specified TDN(s), select 2 for One or More TDNs. The user may type two question marks (??) to display a list of TDNs, or may simply start entering the desired TDN(s).

NOTE: This report will contain data for the BILLING location you are logged into. Selecting a Visit Location will allow you to run the report for a specific VISIT location under this BILLING location.

INCLUSION PARAMETERS in Effect for Payment Summary Report by TDN:
=====================================================================  
Select one of the following:
  1  LOCATION
  2  One or more TDN's
  3  DATE RANGE
Must select TDN or Date Range (One or the other, not both): 2 One or more TDN's Select TDN**: ??

Choose from:
11232010 CBS MEDICARE-01/06/2011-1 CBS MEDICARE 11232010
GC00258896 GS_OTHER-01/12/2011-1 GS_OTHER GC00258896
GS001258 GS_OTHER-01/05/2011-1 GS_OTHER GS001258
GS0023669 GS_MEDICARE-01/12/2010 GS_MEDICARE GS0023669
GS025889 GS_PRIVATE-01/07/2011-1 GS_PRIVATE GS025889

Select TDN**: 11232010 CBS MEDICARE-01/06/2011-1 CBS MEDICARE
11232010

INCLUSION PARAMETERS in Effect for Payment Summary Report by TDN:
=====================================================================  
- TDN Selected..........: 11232010
Select Another TDN: GS025889 GS_PRIVATE-01/07/2011-1 GS_PRIVATE GS025889

INCLUSION PARAMETERS in Effect for Payment Summary Report by TDN:
=====================================================================  
- TDN Selected..........: 11232010
GS025889
Select Another TDN: GS001258 GS_OTHER-01/05/2011-1 GS_OTHER GS001258

INCLUSION PARAMETERS in Effect for Payment Summary Report by TDN:
=====================================================================  
- TDN Selected..........: 11232010
GS001258
GS001258
Select Another TDN:
INCLUSION PARAMETERS in Effect for Payment Summary Report by TDN:

- TDN Selected........: 11232010
  GS001258
  GS025889

Select one of the following:

1   LOCATION
2   One or more TDN's
3   DATE RANGE

Must select TDN or Date Range (One or the other, not both):

Figure 4-1: List of TDNs

Once the desired inclusion parameters have been selected, the user will be given the opportunity to export the report as a text delimited file. The file will be exported to your local directory and will have to be formatted. If you are not familiar with exporting reports or your local directory name does not automatically populate at the “HOST FILE NAME” prompt, contact your site manager or local IT support.

Note: Your host file name will be different than the one in the example below.

Output to Text Delimited File? ? N// YES

DEVICE: HOME// HFS

HOST FILE NAME: C:\INETPUB\FTPROOT\PUB\TDN_1.21.11 ADDRESS/PARAMETERS: "WNS"/

Figure 4-2: The “Host File Name” prompt

If you choose to print the report to your screen or to your printer, note that the output will be 132 columns. The report will be most easily read by changing your terminal display to 132 and changing the Right Margin output to 132.

Output to Text Delimited File? ? N// O

Output DEVICE: HOME// VIRTUAL   Right Margin: 80// 132

PAYMENT SUMMARY REPORT BY TDN
JAN 14,2011@11:34   Page 1
Batch Dates: 12/01/2010 to 01/14/2011   LOCATION: WHITE EARTH HEALTH CENTER
BATCHED AMOUNT: $ 24,269.10

TREASURY DEPOSIT  COLLECTION  BATCHED    POSTED      TRUE      REFUND     TRANSFER    UNPOSTED
NUMBER           BATCH    AMOUNT     AMOUNT      UNALL     AMOUNT      AMOUNT      AMOUNT
GS001258  GS_OTHER-01/05/2011-1       100.00    100.00     0.00       0.00       0.00    0.00
11232010  CBS MEDICARE-01/06/2011-1   100.00    100.00     0.00       0.00       0.00    0.00
GS025889  GS_PRIVATE-01/07/2011-1   23554.10   13584.00 1099.00       0.00       0.00    871.10
2.16 Top Payer Report
(RPT–FRM–PAY)

This report was developed to be used as a tool in identifying top payers based on user-specified criteria. The report will provide a listing of payers who paid the most money for the claims that fall within the parameters selected. It will also list the number of transactions involved.

The only parameter that is required when running this report is the date range. If a date range is not selected, the following warning message will be displayed and you will be taken back to the “Select ONE or MORE of the above INCLUSION PARAMETERS” prompt.

![Image of report output]

NOTE: This report will contain data for the BILLING location you are logged into. Selecting a Visit Location will allow you to run the report for a specific VISIT location under this BILLING location.

INCLUSION PARAMETERS in Effect for Top Payer Report:
=====================================================================
Select one of the following:

Select ONE or MORE of the above INCLUSION PARAMETERS:
This is a required response. Enter '^' to exit.
A Date Range must be entered for the report.

INCLUSION PARAMETERS in Effect for Top Payer Report:
=====================================================================
Select one of the following:
Select ONE or MORE of the above INCLUSION PARAMETERS: 2 DATE RANGE

Select one of the following:

1 Approval Date
2 Visit Date
3 Export Date
4 Transaction Date
5 Batch Date

Select TYPE of DATE Desired: 2 Visit Date

========== Entry of VISIT DATE Range ==========

Enter STARTING VISIT DATE for the Report: 10/1/2009

Enter ENDING DATE for the Report: 09/30/2010

INCLUSION PARAMETERS in Effect for Top Payer Report:
- Visit Dates from........: 10/1/2009 to: 09/30/2010

Select one of the following:

1 LOCATION
2 DATE RANGE
3 PROVIDER
4 CLINIC
5 APPROVING OFFICIAL
6 PRIMARY DIAGNOSIS
7 ADJUSTMENT
8 ALLOWANCE CATEGORY

Select ONE or MORE of the above INCLUSION PARAMETERS:

Figure 4-4: Warning message

Once the desired inclusion parameters have been chosen, you may choose one of six ways to sort the data. If a sort type is not selected, the data will be displayed in order of the payer who paid the most, then the next higher payer, etc.

Whether or not a sort type is selected, choose how many entries to display.

Select one of the following:

1 PROVIDER
2 CLINIC
3 APPROVING OFFICIAL
4 PRIMARY DIAGNOSIS
Figure 4-5: Choosing the sort

2.17 Transactions Missing UFMS Tx Date (CSH–SUP–RPT–UTLT)

This report searches A/R transactions within a user-specified date range and reports the transactions that are missing the UFMS transmission date. This report was developed to assist federal locations in reconciling RPMS balances to UFMS balances. The report must be exported to a local directory and formatted. If you need assistance with exporting and formatting reports, please contact your site manager or local IT support staff.

At the “Starting Transaction Date” prompt, type the start date and press Enter. The system will default to 10/1/2008 because this is the effective date for UFMS file transmissions. Type an end date or press Enter to accept the default of the current date.

Finally, enter a file name. This should be something meaningful that will be easy to locate in your local directory. When the report is finished generating and has been exported, the following message will be displayed: “Searching....DONE.”
This report will look through all the A/R Transactions in the selected date range and report any that have not been transmitted to UFMS. Caution should be used when running this report as it could contain a substantial amount of data depending on your site.

============ Entry of TRANSACTION DATE Range =============

Enter STARTING TRANSACTION DATE for the Report: 10/01/2008 // 12/1/10 (DEC 01, 2010)

Enter ENDING DATE for the Report: TODAY // T 12/31/10 (DEC 31, 2010)

Enter Path: c:\inetpub\ftproot\pub Replace
Enter File Name: UTLT_1.14.2011

Searching....DONE

Figure 4-6: Generating the UTLT report

Please see Appendix A for a copy of the report in Excel format.
## Appendix A: UTLT Report

**Missing Transaction List for NOT-A-REAL F**

<table>
<thead>
<tr>
<th>TRANS IEN</th>
<th>BILL#</th>
<th>A/R ACCT</th>
<th>INS TYPE</th>
<th>PYMT</th>
<th>ADJ</th>
<th>CR-DEB</th>
<th>TRANS TYPE</th>
<th>CBATCH</th>
<th>CITE M</th>
<th>TDN</th>
<th>3P APPRV DT</th>
<th>UFMS EXP FILE</th>
<th>VISIT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3110106.1</td>
<td>64551</td>
<td>3259A-NRF</td>
<td>MEDICARE</td>
<td>MEDICARE-RE FF</td>
<td>$ 50.00</td>
<td>$50.00</td>
<td>PYMT</td>
<td>CBS MEDICARE-01/06/2011-1</td>
<td>1</td>
<td>11232010</td>
<td>01/05/2011 @12:46</td>
<td></td>
<td>131</td>
</tr>
<tr>
<td>3110119.1</td>
<td>61535</td>
<td>3179A-NRF</td>
<td>NM BC/BS INC</td>
<td>PRIVATE</td>
<td>$98.00</td>
<td>$98.00</td>
<td>ADJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>07/06/2009 @13:54</td>
</tr>
<tr>
<td>3110120.1</td>
<td>53350</td>
<td>3262A-NRF</td>
<td>AETNA</td>
<td>PRIVATE</td>
<td>$124.00</td>
<td>$124.00</td>
<td>ADJ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>01/05/2011 @12:45</td>
</tr>
<tr>
<td>3110121.1</td>
<td>55628</td>
<td>3192A-NRF</td>
<td>AETNA</td>
<td>PRIVATE</td>
<td>$3,150.00</td>
<td>$3,150.00</td>
<td>PYMT</td>
<td>GS_PRIVATE-01/07/2011-1</td>
<td>2</td>
<td>GS025889</td>
<td>02/06/2009 @13:23</td>
<td></td>
<td>111</td>
</tr>
<tr>
<td>3110121.1</td>
<td>55629</td>
<td>3248A-NRF</td>
<td>AETNA</td>
<td>PRIVATE</td>
<td>$(2,500.00)</td>
<td>$(2,500.00)</td>
<td>ADJ</td>
<td>GS_PRIVATE-01/07/2011-1</td>
<td>2</td>
<td>GS025889</td>
<td>09/02/2009 @10:39</td>
<td></td>
<td>131</td>
</tr>
<tr>
<td>3110121.1</td>
<td>55630</td>
<td>3248A-NRF</td>
<td>AETNA</td>
<td>PRIVATE</td>
<td>$2,434.00</td>
<td>$2,434.00</td>
<td>PYMT</td>
<td>GS_PRIVATE-01/07/2011-1</td>
<td>2</td>
<td>GS025889</td>
<td>09/02/2009 @10:39</td>
<td></td>
<td>131</td>
</tr>
</tbody>
</table>

END OF REPORT
Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT User Support (IHS) by:

**Phone:** (505) 248-4371 or (888) 830-7280  
**Fax:** (505) 248-4363  
**Web:** [http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm](http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm)  
**E-mail:** support@ihs.gov