RESOURCE AND PATIENT MANAGEMENT SYSTEM

Accounts Receivable
(BAR)

Patch 4 Addendum

Version 1.7 Patch 4
January 2004

Information Technology Support Center
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Albuquerque, New Mexico

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1.0 Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for Accounts Receivable v1.7. These changes will be integrated into future versions of the software and user manuals and will no longer be considered an addendum at the time of the next release.

Patch 4 of Accounts Receivable version 1.7 contains the following changes:

- Changes to the Load New Import (NEW) ERA Posting Menu option:
  - New HIPAA 835 V4010 transaction format for electronic remittance advice (ERA) processing. (Section 2.1.1)
  - The system verifies the file being uploaded is a HIPAA 835 V4010 file. If the file is not compliant, you will see an error message and the file will not be loaded. (Section 2.1.2)
  - If the bill found on the ERA file is cancelled in RPMS 3P, the bill will not be matched and cannot be posted electronically.
- To accommodate for files that contain more than Check/EFT Trace Number, the ERA Review, Post, and Report functions have been modified to perform these functions by Check/EFT Trace number rather than the entire file.
- Changes to the Review Postable Claims (REV) ERA Posting Menu option (Section 2.2):
  - The system performs a matching of EFT Check/Trace number from the ERA to the Check # of the RPMS Collection Batch/Item.
  - Once the bills for a Check/EFT Trace number have been reviewed, the check is removed from the selection list.
- Changes to the Post ERA Claims (PST) ERA Posting Menu option (Section 2.3):
  - Only Checks/EFT Trace #'s that have been reviewed appear for selection for posting. Therefore, you must review before you post.
  - If posting the ERA bill will result in a negative balance on RPMS, the user is notified and asked if the bill should be posted. If you choose not to post the bill, the system does not post the bill and the user is asked to continue the posting process.
  - If the site parameter is defined for Rollback, immediately after posting of the Check/EFT Trace is complete, you are asked if rollback should occur at this time. If yes, bills are rolled back to 3P then. If no, the bills are flagged and the user must use ROL to rollback.

- The Report ERA Claims (RPT) ERA Posting Menu option has been completely rewritten for the HIPAA 835 file format. (Section 2.4)

- Transactions created via POST ERA CLAIMS will get flagged with an "e". The "e" is displayed when viewing the bill's history.

- When selecting *R* for rollback during the manual posting process, (PST, ADJ or PST, PAY), the bill will rollback even if it has been previously rolled back.

- Updated Standard Claim Adjustment Reason Codes to accommodate reworded, clearer explanations as defined in the AR Standard Claim Adjustment Reason Codes file.

- HIPAA Standard Adjustment Codes Mapped to RPMS. (Section 2.5)

Patch 3
Please see BAR patch 3 notes file.

Patch 2
This document also contains the Patch 2 addendum information for ease of use. Patch 2 released in August 2003, contained the following changes:

- Enhancements to two reports allowing EISS capability:
  - Period Summary Report (PSR)
  - Age Summary Report (ASM)

  When selecting these reports by Allowance Category, all categories, and summary report, a file of the report data will automatically get created on the EISS directory and sent to the ARMS Server where the intranet can find it for web display.

- New menu option: Patient Account Statement (PAS)

  This option allows you to flag patient accounts so that you can print a Patient Account statement. This option will allow you to run individual statements or batch of statements using TaskMan.

Patch 1
This document also contains the Patch 1 addendum information for ease of use. Patch 1 released in June 2003, contained the following changes:

- Enhancements of two reports:
  - Period Summary Report (PSR)

    This report has been rewritten to use the Transaction file. You may run the report for any date range desired. More detail has been added to the report, allowing better tools for reconciliation. The report has two new sorting criteria and one new report type summary. (Section 4.1)

- Age Summary Report (ASM)

  This report has been expanded to allow sorting by Discharge Service. Also, bill level detail has been added, allowing better tools for reconciliation. The report has two new sorting criteria and one new report type summary. (Section 4.2)

Note: This addendum does not include all changes included in BAR v1.7 patch 1, 2, 3, and 4. To see a list of all changes and fixes included in this patch, please see each patch's respective patch notes file.

2.0 Patch 4

2.1 Load New Import option (NEW)

2.1.1 New Transport Option

To comply with HIPAA guidelines, patch 4 adds a new transport option. When selecting an A/R EDI transport name, you can now select the HIPAA 835 v4010 transport option.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |           ACCOUNTS RECEIVABLE SYSTEM - VER 1.7            |
          +                     Load New Import                       +
          |                 UNSPECIFIED SERVICE UNIT                  |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
    User: USER,DEMO             BUSINESS OFFICE     17-OCT-2003 9:56 AM

Enter your Current Signature Code:    SIGNATURE VERIFIED

Select A/R EDI TRANSPORT NAME: ??

   Choose from:
   ACHHHS 835 MODIFIED
   AHCCCS
   HIPAA 835 v4010          <-- New transport option
   MEDICARE 835 3041.4A
   MEDICARE 835 3041.4B

Select A/R EDI TRANSPORT NAME:
```

Figure 2-1: New transport

2.1.2 New Warning Message

When using the HIPAA 835 v4010 option, the system will verify if the file you entered is in the correct HIPAA 835 format. If the file is not compliant, you will see an error message (Figure 2-2:) and the file will not be loaded. Also, if the bill found on the ERA file is cancelled in RPMS 3P, the bill will not be matched and cannot be posted electronically.

```
Select A/R EDI TRANSPORT NAME: HIPAA 835 v4010
Enter the directory path for the transport file: /usr3/xxx/xxx/hipaa/
  Replace
   /xxx/xxx/xxxxx/
File Name : testpsr.txt

File                      Directory                 Transport
testpsr.txt               /xxx/xxx/xxxxx/       HIPAA 835 v4010


Do you want to proceed? N// Y  YES

Enter RETURN to continue:

The file testpsr.txt in directory /xxx/xxx/xxxxx/ is not a HIPAA compliant
835 Remittance Advice.  It cannot be loaded.
```

New warning message

Figure 2-2: New warning message

2.2 Review Postable Claims Option (REV)

This option has been revised to allow for more than one check number to be displayed per remittance advice. Also, the system now matches the EFT Check/Trace number(s) from the ERA to the collection batch/item(s) and displays a message notifying you that there are no matches, a match, or several matches. Once the bills for a Check/EFT Trace number have been reviewed, the check is removed from the selection list.

```
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7          |
           +                 Review Postable Claims                 +
           |                UNSPECIFIED SERVICE UNIT                |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: USER,DEMO             BUSINESS OFFICE     20-OCT-2003 12:22 PM

Select file: 1001_ERA_10/01/2003  OKMCD835.txt         CHK:  1501
                                                      CHK:   555000
There are 2 check(s) for the file 1001_ERA_10/01/2003

Now matching check/EFT Trace #’s on ERA to Check # of Collection Batch/Item..

Check 1501 does not match any existing batch/items.??

55000 previously match to batch ITSC-MEDICAID-09/29/2003-2 Item:  1
     A/R Acct: NEW MEXICO MEDICAID      for:      1,000.00 Bal:  915.68

Done matching check/EFT Trace # of ERA to check # of collection Batch/Item.

Enter Return to continue: [RET]

1) CHECK #: 555000         BATCH: ITSC-MEDICAID-09/29/2003        ITEM:  1
       A/R ACCOUNT: NEW MEXICO MEDI   BATCHED AMT:  1,000.00 BALANCE:  915.68

Please enter the LINE # of the check you wish to REVIEW: 1//
```

Figure 2-3: Using the REV option

2.3 Post ERA Claims (PST)

This option has been revised to only display checks that have been reviewed using the REV option. Also, if posting the ERA bill will result in a negative balance on RPMS, a new warning message has been added that will ask you if the bill should be posted. If you choose not to post the bill, the system does not post the bill and you are asked to continue the posting process.

A new site parameter dependent prompt has been added, prompting you immediately after posting of the Check/EFT Trace is complete. You are asked if rollback should occur at this time. If yes, bills are rolled back to 3P. If no, the bills are flagged and you must use the ROL option to rollback.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7          |
           +                    Post ERA Claims                     +
           |                UNSPECIFIED SERVICE UNIT                |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: USER,DEMO             BUSINESS OFFICE     20-OCT-2003 12:42 PM

Select file: 1001_ERA_10/01/2003   OKMCD835.txt              CHK: 1501
```

The system will only display checks that you have reviewed.

```
1) CHECK #: 1301              BATCH:                           ITEM:
      A/R ACCOUNT:                  BATCHED AMOUNT:   0.00  BALANCE:    0.00

2) CHECK # 1501               BATCH:                           ITEM:
      A/R ACCOUNT:                  BATCHED AMOUNT:   0.00  BALANCE:    0.00

3) CHECK # 55500              BATCH: ITSC-MEDICAID-09/29/2003-2   ITEM: 1
      A/R ACCOUNT: NEW MEXICO MEDI  BATCHED AMOUNT: 1,000.00  BALANCE: 915.68

Please enter the LINE # of the check you wish to POST: 3

Do you want to post ERA Claims for Check 5500 now? n// YES
Post 45377a-zzz-99089 will result in a negative balance on the bill.
Post this bill? No// YES
```

New negative balance message

```
Claim: 45377a <> 45377a-zzz-99089
      Billed: 70.65     Payment: 50.32
      ADJ: 20.32        Pending          Clm/Srvc Lacks Info For Adjud

1 Bills posted to AR
```

New rollback message

```
Do you want to rollback to 3P the bills that just posted? N// No

Ok, marking for rollback the bills that just posted for check 555000
Please use the ROL option when you’re ready to roll them back to 3P

Enter RETURN to continue:
```

Figure 2-4: Using the PST option

2.4 Report ERA Claims (RPT)

This report has been totally rewritten for the HIPAA 835 file format.

Generate an ERA Claim Report

1. Type RPT at the "Select ERA Posting Option:" prompt.
2. Type an A/R EDI import name, or the date/time of the import, or the host file name or a check number that corresponds to an import at the "Select file:" prompt. You can also type ?? to select from a list of recently imported files. The system displays a list of lines that you can choose to report on.
3. Type the line number for which you would like a report at the "Please enter the Line # of the check you wish to Report:" prompt.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7                              |
          +                        ERA Posting                                        +
          |                  UNSPECIFIED SERVICE UNIT                                  |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
    User: TORREZ,JUAN             BUSINESS OFFICE     23-OCT-2003 9:42 AM


   NEW    Load New Import
   VIEW   View Import Header
   REV    Review Postable Claims
   PST    Post ERA Claims
   RPT    Report ERA Claims

Select ERA Posting Option: RPT

Select file: 1006_ERA_10/16/2003      ACL partb dt1008.txtCHK: 881685516

 1) CHECK #: 881685516       BATCH: ** no RPMS match **              ITEM:
    A/R ACCOUNT:                 BATCHED AMT:       0.00  BALANCE:       0.00

Please enter the LINE # of the check you wish to REPORT: 1// [RET]

Reports for:       1006_ERA_10/16/2003
                   ACL partb dt1008.txt          CHK: 881685516
```

Figure 2-5: Using the RPT option (steps 1-3)

4. At the "Enter Response:" prompt, type one or more categories you want included in the report by the one-letter code indicated for each as shown in the example (CRXN).
5. Type D (Detailed), B (Brief - one line), or S (Summary - totals only) at the "Select the type of report:" prompt.
6. Type P (Print) or B (Browse) at the "Do you wish to:" prompt.
7. Type the name of a print device at the "Output Device:" prompt.

```
Enter the list of Claim Status(s) you desire to print, and in the sequence to
be printed out.

C - Claim Unmatched      R - Reason Unmatched     N - Not to Post
M - Matched              P - Posted               X - Claim & Reason
Unmatched
A - All Categories
     Example:   CRXN
Enter response: CRXN

Select the type of report: (D/B/S): Summary - Totals Only

     Select one of the following:
          P         PRINT Output
          B         BROWSE Output on Screen
Do you wish to: P// [RET]RINT Output

Output DEVICE: HOME//[RET]
```

Figure 2-6: Using the RPT option (steps 4-7)

8. The report is displayed as illustrated in Figure 2-7.

```
        WARNING: Confidential Patient Information, Privacy Act Applies
================================================================================
ELECTRONIC CLAIM REPORT - Summary                  OCT 20,2003@13:00   Page 1
FOR FILE NAME: ACL partb dt1008.txt                CHECK/EFT TRACE: 881685516
FOR RPMS FILE: 1006_ERA_10/16/2003 FOR ACL INDIAN HOSPITAL
--------------------------------------------------------------------------------
BATCH: ** No RPMS match **                         ITEM #
--------------------------------------------------------------------------------
MEDICARE PART B                                    MEDICARE PART B
P.O. BOX 1234                                    PH: 8665555708
Anytown, USA 752660156
================================================================================
CLAIM STATUS              BILL COUNT    PAYMENTS   COPAY/DEDUCT   ADJUSTMENTS
--------------------------------------------------------------------------------
CLAIM UNMATCHED               99       2,333.83         589.16       5,985.01
                          ------   ------------   ------------   ------------
   GRAND TOTALS               99       2,333.83         589.16       5,985.01

          ADJUSTMENT Totals:

CLAIM STATUS              BILL COUNT    PAYMENTS   COPAY/DEDUCT   ADJUSTMENTS
--------------------------------------------------------------------------------
               DEDUCTIBLE                                  6.00
               CO-PAY                                    583.16
               NON PAYMENT                             5,985.01
                                                     ============
                                                       6,574.17

                     * * E N D   O F   R E P O R T * *

Enter RETURN to continue or '^' to exit:
```

Figure 2-7: Sample RPT report

2.5 IHS HIPAA Standard Adjustment Codes

Indian Health Service HIPAA

HIPPA Standard Adjustment Codes Mapped to RPMS

Effective A/R v1.7 Patch 4

HIPAA Standard		RPMS			
Code	**Description**	**Code**	**Adjustment Category**	**Code**	**Adjustment Reason**
1	Deductible Amount	13	DEDUCTIBLE	29	Deductible Amount
2	Coinsurance Amount	14	CO-PAY	602	Coinsurance Amount
3	Co-payment Amount	14	CO-PAY	27	Co-Payment Amount
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.	4	NON PAYMENT	604	Code Err Proc Inconst w Mod
5	The procedure code/bill type is inconsistent with the place of service.	4	NON PAYMENT	605	Code Err Proc/BT Inconst w POS
6	The procedure code is inconsistent with the patient's age.	4	NON PAYMENT	606	Code Err Proc Inconst w Pt Age
7	The procedure code is inconsistent with the patient's gender.	4	NON PAYMENT	607	Code Err Proc Inconst w Pt Gdr
8	The procedure code is inconsistent with the provider type.	4	NON PAYMENT	608	Code Err Proc Inconst w ProvTp
9	The diagnosis is inconsistent with the patient's age.	4	NON PAYMENT	609	Code Err DX Inconst w Pt Age
10	The diagnosis is inconsistent with the patient's gender.	4	NON PAYMENT	610	Code Err DX Inconst w Pt Gdr
11	The diagnosis is inconsistent with the procedure.	4	NON PAYMENT	611	Code Err DX Inconst w Procdr
12	The diagnosis is inconsistent with the provider type.	4	NON PAYMENT	612	Code Err DX Inconst w Prov Tp
13	The date of death precedes the date of service.	4	NON PAYMENT	613	Death Precedes Date of Service
14	The date of birth follows the date of service.	4	NON PAYMENT	614	Birth Follows Date of Service

15	Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.	4	NON PAYMENT	615	Pymt Adj Inadeq Auth Number
16	Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	4	NON PAYMENT	616	Clm/Srvc Lacks Info For Adjud
17	Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate.	4	NON PAYMENT	617	Pymt Adj Info Incomplete
18	Duplicate claim/service.	3	WRITE OFF	135	Duplicate Claim/Service
19	Claim denied because this is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.	4	NON PAYMENT	619	Clm Denied work related injury
20	Claim denied because this injury/illness is covered by the liability carrier.	4	NON PAYMENT	620	Clm Den Injry Covrd Liab Carr
21	Claim denied because this injury/illness is the liability of the no-fault carrier.	4	NON PAYMENT	621	Clm Den Injry Covrd NoFlt Carr
22	Payment adjusted because this care may be covered by another payer per coordination of benefits.	4	NON PAYMENT	622	Pymt Adj Care Covrd Diff Payer
23	Payment adjusted because charges have been paid by another payer.	4	NON PAYMENT	623	Pymt Adj Chrgs Pd by Diff Pyr
24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.	4	NON PAYMENT	624	Pymt Adj Chrgs Covrd Capit Agr
25	Payment denied. Your Stop loss deductible has not been met.	4	NON PAYMENT	625	Pymt Den StopLoss Ded Not Met
26	Expenses incurred prior to coverage.	4	NON PAYMENT	626	Expnse Incrrd Prior to Coverag
27	Expenses incurred after coverage terminated.	4	NON PAYMENT	627	Expnse Incrrd Aft Cov Termnatd
28	Coverage not in effect at the time the service was provided.	4	NON PAYMENT	628	Coverage Not in Effect on DOS

29	The time limit for filing has expired.	4	NON PAYMENT	134	Time Limit for Filing Expired
30	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	4	NON PAYMENT	630	Pymt Adj Pt Not Met Requiremts
31	Claim denied as patient cannot be identified as our insured.	4	NON PAYMENT	166	Clm Den Pt Not Identifd Isurd
32	Our records indicate that this dependent is not an eligible dependent as defined.	4	NON PAYMENT	632	Records Indicate Dep Not Elig
33	Claim denied. Insured has no dependent coverage.	4	NON PAYMENT	633	Clm DenInsured No Depend Cove
34	Claim denied. Insured has no coverage for newborns.	4	NON PAYMENT	17	Clm Den Insured no Cov for NB
35	Benefit maximum has been reached.	4	NON PAYMENT	167	Benefit Maximum Reached
36	Balance does not exceed co-payment amount.	4	NON PAYMENT	636	Bal does not Exceed CoPymt Amt
37	Balance does not exceed deductible.	4	NON PAYMENT	637	Bal Does not Exceed Deductible
38	Services not provided or authorized by designated (network) providers.	4	NON PAYMENT	638	Serv Not Auth by Designtd Prov
39	Services denied at the time authorization/pre-certification was requested.	4	NON PAYMENT	639	Srvcs Den At Time Auth Rqsted
40	Charges do not meet qualifications for emergent/urgent care.	4	NON PAYMENT	640	Chrgs DoNotMeet Criteria ER/UC
41	Discount agreed to in Preferred Provider contract.	4	NON PAYMENT	168	Disc Agrmt Pref Prov contract
42	Charges exceed our fee schedule or maximum allowable amount.	4	NON PAYMENT	21	Chrgs Excd Max Allowable Amt
43	Gramm-Rudman reduction.	4	NON PAYMENT	643	Gramm-Rudman Reduction
44	Prompt-pay discount.	4	NON PAYMENT	644	Prompt Pay Discount
45	Charges exceed your contracted/ legislated fee arrangement.	4	NON PAYMENT	645	Chrgs Excd Contrct Fee Arrngmt
46	This (these) service(s) is (are) not covered.	4	NON PAYMENT	122	Services Not Covered
47	This these) diagnosis(es) is (are) not covered, missing, or are invalid.	4	NON PAYMENT	647	Dx not Covered Missing Invald
48	This (these) procedure(s) is (are) not covered.	4	NON PAYMENT	648	Proc Not Covered

49	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam.	4	NON PAYMENT	20	Non Cov Srv Routine Exam
50	These are non-covered services because this is not deemed a `medical necessity' by the payer.	4	NON PAYMENT	169	Non Cov Srv Not Medically Nec
51	These are non-covered services because this is a pre-existing condition	4	NON PAYMENT	19	NonCov Srv Preexsting Cndition
52	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.	4	NON PAYMENT	178	Prov Not Elig to Prov Serv Bil
53	Services by an immediate relative or a member of the same household are not covered.	4	NON PAYMENT	653	Serv by Mbr of Hshld Not Cover
54	Multiple physicians/assistants are not covered in this case .	4	NON PAYMENT	654	Mult Prov Not Cov in This Case
55	Claim/service denied because procedure/treatment is deemed experimental/investigational by the payer.	4	NON PAYMENT	655	Clm Den Froc/Tx Experimental
56	Claim/service denied because procedure/treatment has not been deemed `proven to be effective' by the payer.	4	NON PAYMENT	656	Clm Den Proc not Effc by Payer
57	Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply.	4	NON PAYMENT	657	Pymt Den Info submtd Not Suff
58	Payment adjusted because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.	4	NON PAYMENT	658	Pymt Adj Tx Prov Invalid POS
59	Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.	4	NON PAYMENT	659	Chrgs Adj Mult Surg Anesth Rul
60	Charges for outpatient services with this proximity to inpatient services are not covered.	4	NON PAYMENT	660	Chrgs Outpt Serv Not Covered

61	Charges adjusted as penalty for failure to obtain second surgical opinion.	4	NON PAYMENT	661	Chrgs Adj Penlty No Secnd Opin
62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	15	PENALTY	92	Pymt Den/Reducd No Precrt Auth
63	Correction to a prior claim.	4	NON PAYMENT	663	Correction to Prior Claim
64	Denial reversed per Medical Review.	22	GENERAL INFORMATION	664	Denial Reversed per Med Review
65	Procedure code was incorrect. This payment reflects the correct code.	4	NON PAYMENT	665	ProcCode Incorrect PymtRerCorr
66	Blood Deductible.	13	DEDUCTIBLE	666	Blood Deductible
67	Lifetime reserve days. (Handled in QTY, QTY01=LA)	4	NON PAYMENT	667	Lifetime Reserve Days
68	DRG weight. (Handled in CLP12)	16	GROUPER ALLOWANCE	93	DRG Weight
69	Day outlier amount.	4	NON PAYMENT	669	Day Outlier Amount
70	Cost outlier - Adjustment to compensate for additonal costs.	4	NON PAYMENT	670	Cost Outlr Adj to CompAdd Cost
71	Primary Payer amount.	4	NON PAYMENT	165	Primary Payer Amount
72	Coinsurance day. (Handled in QTY, QTY01=CD)	14	CO-PAY	672	Coinsurance Day
73	Administrative days.	4	NON PAYMENT	673	Administrative Days
74	Indirect Medical Education Adjustment.	4	NON PAYMENT	674	Indirect Medical Educ Adj
75	Direct Medical Education Adjustment.	4	NON PAYMENT	675	Direct Medical Educ Adj
76	Disproportionate Share Adjustment.	4	NON PAYMENT	676	Disproportionate Share Adj
77	Covered days. (Handled in QTY, QTY01=CA)	4	NON PAYMENT	677	Covered Days
78	Non-Covered days/Room charge adjustment.	4	NON PAYMENT	678	Non Covered Days/Room Chrg Adj
79	Cost Report days. (Handled in MIA15)	4	NON PAYMENT	679	Cost Report Days
80	Outlier days. (Handled in QTY, QTY01=OU)	4	NON PAYMENT	680	Outlier Days
81	Discharges.	4	NON PAYMENT	681	Discharges
82	PIP days.	4	NON PAYMENT	682	PIP Days
83	Total visits.	4	NON PAYMENT	683	Total Visits
84	Capital Adjustment. (Handled in MIA)	4	NON PAYMENT	684	Capital Adjustment
85	Interest amount.	4	NON PAYMENT	685	Interest Amount
86	Statutory Adjustment.	4	NON PAYMENT	686	Statutory Adjustment
87	Transfer amount.	4	NON PAYMENT	687	Transfer Amount

88	Adjustment amount represents collection against receivable created in prior overpayment.	21	PENDING	688	Adj Amt Rep Rec Prior OvrPymt
89	Professional fees removed from charges.	4	NON PAYMENT	689	Pro Fees Removed From Charges
90	Ingredient cost adjustment.	4	NON PAYMENT	690	Ingredient Cost Adj
91	Dispensing fee adjustment.	3	WRITE OFF	691	Dispensing Fee Adj
92	Claim Paid in full.	22	GENERAL INFORMATION	692	Claim Paid in Full
93	No Claim level Adjustments.	22	GENERAL INFORMATION	693	No Claim Level Adjustments
94	Processed in Excess of charges.	16	GROUPER ALLOWANCE	694	Processed in Excess of Charges
95	Benefits adjusted. Plan procedures not followed.	4	NON PAYMENT	695	Ben Adj Plan Proc Not Followed
96	Non-covered charge(s).	4	NON PAYMENT	696	Non-covered Charge(s)
97	Payment is included in the allowance for another service/procedure.	4	NON PAYMENT	697	Pymt IncludeAllow for Diff Srv
98	The hospital must file the Medicare claim for this inpatient non-physician service.	21	PENDING	698	Hosp Must File Medicare Claim
99	Medicare Secondary Payer Adjustment Amount.	4	NON PAYMENT	699	MSP Adjustment Amount
100	Payment made to patient/insured/responsible party.	4	NON PAYMENT	23	Pymt Made to Pt/Insrd/Rsp Prty
101	Predetermination: anticipated payment upon completion of services or claim adjudication.	21	PENDING	701	Predetermined Antcptd Pymt
102	Major Medical Adjustment.	4	NON PAYMENT	702	Major Medical Adjustment
103	Provider promotional discount (e.g., Senior citizen discount).	4	NON PAYMENT	703	Provider Promotional Discount
104	Managed care withholding.	4	NON PAYMENT	704	Managed Care Withholding
105	Tax withholding.	4	NON PAYMENT	705	Tax Withholding
106	Patient payment option/election not in effect.	4	NON PAYMENT	706	Pt Pymt Optn/Elect Not inEffct
107	Claim/service denied because the related or qualifying claim/service was not paid or identified on the claim.	4	NON PAYMENT	707	Clm Den Reltd Srv Not Identifd
108	Payment reduced because rent/purchase guidelines were not met.	4	NON PAYMENT	708	Pymt Reduce-Guidelines Not Met
109	Claim not covered by this payer/contractor. You must send the claim to the correct	4	NON PAYMENT	709	Clm not Covered by Payer

	payer/contractor.				
110	Billing date predates service date.	4	NON PAYMENT	710	Billing Date Precedes DOS
111	Not covered unless the provider accepts assignment.	4	NON PAYMENT	711	Not Cov Unlss Prov Acpts Asnmt
112	Payment adjusted as not furnished directly to the patient and/or not documented.	4	NON PAYMENT	180	Pymt Adj Not Furn or Prov toPT
113	Payment denied because service/procedure was provided outside the United States or as a result of war.	4	NON PAYMENT	713	Pymt Den Srv Prov Outside US
114	Procedure/product not approved by the Food and Drug Administration.	4	NON PAYMENT	714	Proc/Src Not approved by FDA
115	Payment adjusted as procedure postponed or canceled.	4	NON PAYMENT	715	Pymt Adj Proc Postponed Cancel
116	Payment denied. The advance indemnification notice signed by the patient did not comply with requirements.	4	NON PAYMENT	716	Pyt Den Adv Indmn Ntc NotCmply
117	Payment adjusted because transportation is only covered to the closest facility that can provide the necessary care.	4	NON PAYMENT	717	Pymt Adj Transp Covrd CloseFac
118	Charges reduced for ESRD network support.	4	NON PAYMENT	718	Charges Redcd for ESRD Support
119	Benefit maximum for this time period has been reached.	4	NON PAYMENT	719	Max Benefits for Time Period
120	Patient is covered by a managed care plan.	4	NON PAYMENT	720	Pt Cov'd by Managed Care Plan
121	Indemnification adjustment.	4	NON PAYMENT	721	Indemnification Adjustment
122	Psychiatric reduction.	4	NON PAYMENT	722	Psychiatric Reduction
123	Payer refund due to overpayment.	22	GENERAL INFORMATION	723	Payer Refund Due to Overpymt
124	Payer refund amount - not our patient.	22	GENERAL INFORMATION	724	Payer Refund Amt - Not Our Pt
125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	4	NON PAYMENT	725	Pymt Adj Due to Billing Errors
126	Deductible -- Major Medical	13	DEDUCTIBLE	726	Deductible - Major Medical
127	Coinsurance -- Major Medical	14	CO-PAY	727	Coinsurance - Major Medical

128	Newborn's services are covered in the mother's Allowance.	4	NON PAYMENT	728	NB Srvc Cov'd in Mothers Allow
129	Payment denied - Prior processing information appears incorrect.	4	NON PAYMENT	164	Pymt Den Prior Info Incorrect
130	Claim submission fee.	4	NON PAYMENT	141	Pymt/Red for Req charges/taxes
131	Claim specific negotiated discount.	4	NON PAYMENT	731	Clm Specific Negotiated Disct
132	Prearranged demonstration project adjustment.	4	NON PAYMENT	732	Pre-Arranged Demo Proj Adj
133	The disposition of this claim/service is pending further review.	21	PENDING	733	Claim Pending Further Review
134	Technical fees removed from charges.	4	NON PAYMENT	734	Tech Fees Removed From Charges
135	Claim denied. Interim bills cannot be processed.	4	NON PAYMENT	735	Clm Den Intrm bill Cannot Proc
136	Claim Adjusted. Plan procedures of a prior payer were not followed.	4	NON PAYMENT	736	Clm Adj Plan Proc Prior Payer
137	Payment/Reduction for Regulatory Surcharges, Assessments, Allowances or Health Related Taxes.	4	NON PAYMENT	730	Claim Submission Fee
138	Claim/service denied. Appeal procedures not followed or time limits not met.	4	NON PAYMENT	738	Clm Den Appeal Proc Not Follow
139	Contracted funding agreement - Subscriber is employed by the provider of services.	4	NON PAYMENT	739	Contracted funding Agreement
140	Patient/Insured health identification number and name do not match.	4	NON PAYMENT	740	Pt ID# & Name do not match
141	Claim adjustment because the claim spans eligible and ineligible periods of coverage.	4	NON PAYMENT	125	Clm Adj Spans Elig/Inelig Date
142	Claim adjusted by the monthly Medicaid patient liability amount.	4	NON PAYMENT	742	Clm Adj Mnth Medcd Pt Liab Amt
143	Portion of payment deferred.	21	PENDING	743	Portion of Payment Deferred
144	Incentive adjustment, e.g. preferred product/service.	4	NON PAYMENT	744	Incentive Adjustment
145	Premium payment withholding	21	PENDING	745	Premium Pmt Withholding
146	Payment denied because the diagnosis was invalid for the date(s) of service reported.	4	NON PAYMENT	746	Pmt Den DX Invalid for DOS
147	Provider contracted/negotiated rate expired or not on file.	4	NON PAYMENT	747	Prv Rate Expired/Not on file

148	Claim/service rejected at this time because information from another provider was not provided or was insufficient/incomplete.	4	NON PAYMENT	748	Clm/Srv Rej Info Incomplete
149	Lifetime benefit maximum has been reached for this service/benefit category.	4	NON PAYMENT	749	Lifetime Ben Max for Srv/Ben
150	Payment adjusted because the payer deems the information submitted does not support this level of service.	4	NON PAYMENT	750	PayAdj No Info for Lgthof Svc
151	Payment adjusted because the payer deems the information submitted does not support this many svcs.	4	NON PAYMENT	751	PayAdj No Info for Lgth of Svc
152	Payment adjusted because the payer deems the information submitted does not support this length of service.	4	NON PAYMENT	752	PayAdj No Info for Dosage
153	Payment adjusted because the payer deems the information submitted does not support this dosage.	4	NON PAYMENT	753	PayAdj No Info for Days Supply
154	Payment adjusted because the payer deems the information submitted does not support this day's supply.	4	NON PAYMENT	754	PayAdj No Info for Lvl of Svc
155	This claim is denied because the patient refused the service/procedure	4	NON PAYMENT	755	Clm DEn Pt Refused Srv/Proc
156	Flexible spending account payments.	22	GENERAL INFORMATION	756	Flex Spending Accts Payable
157	Payment denied/reduced because service/procedure was provided as a result of an act of war.	4	NON PAYMENT	757	Pmt Den/Red Result Act of War
158	Payment denied/reduced because service/procedure was provided outside the United States.	4	NON PAYMENT	758	Pmt Den/Red Outside US
159	Payment denied/reduced because service/procedure was provided as a result of terrorism.	4	NON PAYMENT	759	Pmt Den/Red Result of Terrorsm
160	Payment denied/reduced because injury/illness was the result of an activity that is a benefit exclusion.	4	NON PAYMENT	760	Pmt Den/Red Activity Ben Excl
A0	Patient refund amount.	19	REFUND	800	Patient Refund Amount
A1	Claim denied charges.	4	NON PAYMENT	801	Claim Denied Charges
A2	Contractual adjustment.	4	NON PAYMENT	802	Contractual Adjustment

A3	Medicare Secondary Payer liability met.	4	NON PAYMENT	803	MSP Liability Met
A4	Medicare Claim PPS Capital Day Outlier Amount.	4	NON PAYMENT	804	Medicare Claim PPS Day Outlier
A5	Medicare Claim PPS Capital Cost Outlier Amount.	4	NON PAYMENT	805	Medicare Claim PPS CostOutlier
A6	Prior hospitalization or 30 day transfer requirement not met.	4	NON PAYMENT	806	PriorHosp 30day transf not met
A7	Presumptive Payment Adjustment	4	NON PAYMENT	807	Presumptive pymt adjustment
A8	Claim denied; ungroupable DRG	4	NON PAYMENT	808	Clm Den Ungroupable DRG
B1	Non-covered visits.	4	NON PAYMENT	851	Non-Covered Visits
B2	Covered visits.	4	NON PAYMENT	852	Covered Visits
B3	Covered charges.	4	NON PAYMENT	853	Covered Charges
B4	Late filing penalty.	15	PENALTY	854	Late Filing Penalty
B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	4	NON PAYMENT	855	Pymt Adj Guidelines Not Met
B6	This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty.	4	NON PAYMENT	856	Pymt Adj Due to Type of Prvder
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.	4	NON PAYMENT	857	Prov Not Certified for Proc
B8	Claim/service not covered/reduced because alternative services were available, and should have been utilized.	4	NON PAYMENT	858	Clm Not Covd Altrnt Serv Avail
B9	Services not covered because the patient is enrolled in a Hospice.	4	NON PAYMENT	859	Srvc Not Covd Pt Enrll Hospice
B10	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.	4	NON PAYMENT	860	Amt Reduced Portion of Proc pd
B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.	4	NON PAYMENT	861	Clm transfer to proper payer
B12	Services not documented in patients'	4	NON PAYMENT	862	Service not documented in MR

	medical records.				
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	4	NON PAYMENT	863	Payment made in prev payment
B14	Payment denied because only one visit or consultation per physician per day is covered.	4	NON PAYMENT	864	Pymt Den 1 Vt Per Prov Per Day
B15	Payment adjusted because this procedure/service is not paid separately.	4	NON PAYMENT	865	Pymt Adj Proc Not Pd Separate
B16	Payment adjusted because `New Patient' qualifications were not met.	4	NON PAYMENT	866	PymtAdj New Pt Qualifn Not Met
B17	Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.	4	NON PAYMENT	867	Adj Not Prescr by MD,RX Incmpl
B18	Payment denied because this procedure code/modifier was invalid on the date of service or claim submission.	4	NON PAYMENT	868	Pymt Den Proc Code/Mod Invalid
B19	Claim/service adjusted because of the finding of a Review Organization.	4	NON PAYMENT	869	Clm Adj Post Rev Org Finding
B20	Payment adjusted because procedure/service was partially or fully furnished by another provider.	4	NON PAYMENT	870	PymtAdj Proc Prtly by DiffProv
B21	The charges were reduced because the service/care was partially furnished by another physician.	4	NON PAYMENT	871	ChrgRdc Proc Prtly by DiffProv
B22	This payment is adjused based on the diagnosis.	4	NON PAYMENT	872	Pymt Adj Based on Diagnosis
B23	Payment denied because this provider has failed an aspect of a proficiency testing program.	4	NON PAYMENT	873	Pymt Den Prov Fail Profcy Test
D1	Claim/service denied. Level of subluxation is missing or inadequate.	4	NON PAYMENT	901	Clm Den Level of Sublxtn Inadq
D2	Claim lacks the name, strength, or dosage of the drug furnished.	4	NON PAYMENT	902	Claim lacks Drug Information

D3	Claim/service denied because information to indicate if the patient owns the equipment that requires the part or supply was missing.	4	NON PAYMENT	903	ClmDen Info on Pt Eqpmt Missng
D4	Claim/service does not indicate the period of time for which this will be needed.	4	NON PAYMENT	904	Clm Does Not Show Time Period
D5	Claim/service denied. Claim lacks individual lab codes included in the test.	4	NON PAYMENT	905	Clm Den Lacks Indvdl Lab Codes
D6	Claim/service denied. Claim did not include patient's medical record for the service.	4	NON PAYMENT	906	Clm Den Did Not Includ MR Copy
D7	Claim/service denied. Claim lacks date of patient's most recent physician visit.	4	NON PAYMENT	907	Clm Den Lacks Date of RecVisit
D8	Claim/service denied. Claim lacks indicator that `x-ray is available for review.'	4	NON PAYMENT	908	ClmDen Lacks Indctr Xray Avlbl
D9	Claim/service denied. Claim lacks invoice or statement certifying the actual cost of the lens, less discounts or the type of intraocular lens used.	4	NON PAYMENT	909	ClmDen Lacks Inv Crtfy LnsCost
D10	Claim/service denied. Completed physician financial relationship form not on file.	4	NON PAYMENT	910	Clm DEn MD FinRel Form NotFile
D11	Claim lacks completed pacemaker registration form.	4	NON PAYMENT	911	Clm Lacks Compl Pcmkr Reg Form
D12	Claim/service denied. Claim does not identify who performed the purchased diagnostic test or the amount you were charged for the test.	4	NON PAYMENT	912	Clm Den No Idtfr Who Did DxTst
D13	Claim/service denied. Performed by a facility/supplier in which the ordering/referring physician has a financial interest.	4	NON PAYMENT	913	Clm Den Ordr MD Has Fin Intrst
D14	Claim lacks indication that plan of treatment is on file.	4	NON PAYMENT	914	Clm Lacks Tx Plan on File
D15	Claim lacks indication that service was supervised or evaluated by a physician.	4	NON PAYMENT	915	ClmLacks Indctn Srv Sprvs byMD
W1	Workers Compensation State Fee Schedule Adjustment	3	WRITE OFF	15	Wrkrs comp State Fee Sched Adj

3.0 Patch 2

3.1 EISS Capability

The Executive Information Support System (EISS) is a web-based system that allows authorized users to access specific information regarding finances, travel, etc. This enhancement will allow information from the ASM and PSR reports to pass to EISS when the reports are run under certain criteria.

3.1.1 Site Parameters

In order for the EISS functionality to operate correctly, you must set up four new site parameters through the Site Parameters Edit (SPE) option. The first three items will be automatically populated with data when the Site manager installs the patch. On the EISS (local) path, you will have to find out what path name your local Site manager defined during the installation of this patch. It is recommended that you do not use a public drive to store these files. Once this is defined, follow the instructions in this field.

EISS System: Type the IP address used for sending PSR and ASM Summary data to Web

EISS Username: Type the user name needed to access the remote system receiving the ASM and PSR data.

EISS Password: Type the password needed to access the remote system receiving the ASM and PSR data.

EISS (local) path: Type the directory (path name) on the local system that will hold the ASM and PSR summary data. Since this file holds financial data DO NOT use a public drive to store this file.

1. To access to Site Parameters option, type **SPE** at the "Select Manager Option:" prompt that is located in the Manager menu.

2. Type the name of your site at the "Select A/R Site Parameter/IHS RPMS Site:" prompt.

3. Press the Return key at the "OK? Yes//" prompt to confirm your selection.

4. Follow the prompts as they appear on your screen. Type new parameters at each of the prompts or press the Return key to accept the default response.

```
Select Manager Option: SPE  Site Parameter Edit

           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
           +                  Site Parameter Edit                    +
           |                UNSPECIFIED SERVICE UNIT                 |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: USER,DEMO            BUSINESS OFFICE     20-AUG-2003 11:20 AM

Select A/R SITE PARAMETER/IHS RPMS SITE: UNSPECIFIED SERVICE UNIT
                                NM
         ...OK? Yes// [RET]  (Yes)

MULTIPLE 3P EOB LOCATIONS: YES// [RET]
MULTIPLE FISCAL EOB LOCATIONS: YES//[RET]
USABLE: USABLE//[RET]
ACCEPT 3P BILLS: ACCEPT//[RET]
ROLL OVER DURING POSTING: ASK//[RET]
SMALL BALANCE: 5.00//[RET]
Location Type For Reports: BILLING//[RET]
Default Path: /usrx/xxd/duser///[RET]
EISS System: xxx.xxx.xx.x
EISS Username: xxxxx
EISS Password: xxxxx
EISS (local) path: /usrx/xxd/duser
Select EDI PAYER: [RET]

Select A/R SITE PARAMETER/IHS RPMS SITE:
```

4 new site parameters

Figure 3-1: Setting the EISS parameters

3.1.2 PSR for the EISS

In order to have the PSR information pass to the EISS, the report must be run choosing specific parameters. The PSR report MUST be run choosing the following parameters: All allowance categories, summarized by Allowance category/Bill Entity/Ins Type and the Date Range must be defined as the first and last day of the month.

1. To run the PSR for the EISS, type **PSR** at the “Select Financial Reports Menu Option:” prompt that is located in the Reports menu under Financial reports.

2. Type the name of your location at the “Select Visit Location:” prompt.

```
Select Financial Reports Menu Option: PSR  Period Summary Report

           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7          |
           +                 Period Summary Report                  +
           |                UNSPECIFIED SERVICE UNIT                |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: USER,DEMO            BUSINESS OFFICE     21-AUG-2003 9:23 AM

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

Select Visit LOCATION: UNSPECIFIED SERVICE UNIT                        NM
```

Figure 3-2: Running the PSR for the EISS (steps 1 & 2)

3. Type **5** (Allowance Category) at the “Select Criteria for Sorting:” prompt.
4. Press the Return key at the blank “Select Type of Allowance Category to Display:” prompt to select ALL categories.
5. Type **1** (Summarize by Allow Cat/Bill Entity/Ins Type) at the “Select Report Type:” prompt.
6. Type the first day of the month at the “Select Beginning Date:” prompt.
7. Type the last day of the month at the “Select Ending Date:” prompt.
8. Type the name or number of the device to where you want the report printed at the “Device:” prompt.

```
     Select one of the following:

          1         A/R ACCOUNT
          2         CLINIC TYPE
          3         VISIT TYPE
          4         DISCHARGE SERVICE
          5         ALLOWANCE CATEGORY
          6         BILLING ENTITY
          7         INSURER TYPE

Select criteria for sorting: 5  ALLOWANCE CATEGORY

     Select one of the following:

          1         MEDICARE
          2         MEDICAID
          3         PRIVATE INSURANCE (INS TYPES P H F M)
          4         CHIP
          5         OTHER             (INS TYPES W C N I)

Select TYPE of ALLOWANCE CATEGORY to Display: [RET] ALL

     Select one of the following:
```

```
   1         Summarize by ALLOW CAT/BILL ENTITY/INS TYPE
   2         Summarize by PAYER w/in ALLOW CAT/BILL ENTITY/INS TYPE
   3         Summarize by BILL w/in PAYER w/in ALLOW CAT/BILL ENTITY/INS TYPE

Select REPORT TYPE: 1// [RET]  Summarize by ALLOW CAT/BILL ENTITY/INS TYPE

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

Select Beginning Date: 07/01/03  (JUL 01, 2003)
Select Ending Date: 07/31/03  (JUL 31, 2003)

Output DEVICE: HOME// [RET]
```

Figure 3-3: Running the PSR for the EISS (steps 3-8)

The system is capable of printing a hard copy for your files as well as sending the electronic file to EISS. Figure 3-4 shows the visual display as well as the message indicating that the data has been passed to EISS.

```
        WARNING: Confidential Patient Information, Privacy Act Applies
================================================================================
Period Summary Report for ALL ALLOWANCE CATEGORY(S)AUG 21,2003@09:28   Page 1
with TRANSACTION DATES from 07/01/2003 to 07/31/2003
 at UNSPECIFIED SERVICE UNIT Visit location(s) regardless of Billing Location
================================================================================
ALLOWANCE CATEGORY      Billed Amt        Payment     Adjustment       Refund
================================================================================
CHIPS                      788.00           0.00           0.00          0.00
MEDICAID                 1,614.00         412.00           0.00          0.00
MEDICARE                 1,059.00         714.00         345.00          0.00
OTHER                      738.00         492.00           0.00          0.00
PRIVATE INSURANCE        3,406.00           0.00           0.00          0.00
                    ------------ -------------- -------------- -------------
*** VISIT Loc Total      7,605.00       1,618.00         345.00          0.00
                   ============= ========                      ============
***** REPORT Total       7,605.00       1,                                0.00


Please Standby - Copying Data to UNIX File /usrx/dxx/user/BARPSRXXXXXX0000000
00000000000000000000_000000.TXT

Export file /usrx/dxd/user/BARPSRXXXXXX00000000000000000000000000000_000000.TX
T queued up to be sent to -l user:1user/ 000.000.00.0...
```

New message will display

Figure 3-4: Sample of the PSR for the EISS

3.1.3 ASM for the EISS

In order to have the ASM information pass to the EISS, the report must be run choosing specific parameters. The report MUST be run by all allowance categories and summarized by Allowance category.

1. To run the ASM for the EISS, type **ASM** at the "Select Aging Reports Menu Option:" prompt that is located in the Reports menu under Aging reports.

2. Type the name of your location at the "Select Visit Location:" prompt.

```
Select Aging Reports Menu Option: ASM  Age Summary Report

          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
          +                   Age Summary Report                    +
          |                UNSPECIFIED SERVICE UNIT                 |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: USER,DEMO            BUSINESS OFFICE     21-AUG-2003 9:47 AM

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.

Select Visit LOCATION: UNSPECIFIED SERVICE UNIT                          NM
```

Figure 3-5: Running the ASM for the EISS (steps 1 & 2)

3. Type **5** (Allowance Category) at the "Select Criteria for Sorting:" prompt.

4. Press the Return key at the blank "Select Type of Allowance Category to Display:" prompt to select ALL categories.

5. Type **1** (Summarize by Allow Cat/Bill Entity/Ins Type) at the "Select Report Type:" prompt.

6. Type the name or number of the device to where you want the report printed at the "Device:" prompt.

```
    Select one of the following:

          1         A/R ACCOUNT
          2         CLINIC TYPE
          3         VISIT TYPE
          4         DISCHARGE SERVICE
          5         ALLOWANCE CATEGORY
          6         BILLING ENTITY
          7         INSURER TYPE

Select criteria for sorting: 5  ALLOWANCE CATEGORY

     Select one of the following:

          1         MEDICARE
          2         MEDICAID
          3         PRIVATE INSURANCE (INS TYPES P H F M)
          4         CHIP
          5         OTHER             (INS TYPES W C N I)

Select TYPE of ALLOWANCE CATEGORY to Display: [RET] ALL

     Select one of the following:

   1         Summarize by ALLOW CAT/BILL ENTITY/INS TYPE
```

```
   2         Summarize by PAYER w/in ALLOW CAT/BILL ENTITY/INS TYPE
   3         Summarize by BILL w/in PAYER w/in ALLOW CAT/BILL ENTITY/INS TYPE

Select REPORT TYPE: 1// 1  Summarize by ALLOW CAT/BILL ENTITY/INS TYPE

Output DEVICE: HOME// [RET]
```

Figure 3-6: Running the ASM for the EISS (steps 3-8)

The system is capable of printing a hard copy for your files as well as sending the electronic file to EISS. Figure 3-6 shows the visual display as well as the message indicating that the data has been passed to EISS.

```
Age Summary Report for ALL ALLOWANCE CATEGORY(S)   AUG 21,2003@09:48   Page 1
at UNSPECIFIED SERVICE UNIT Visit location(s) under UNSPECIFIED SERVICE UNIT
Billing Location
================================================================================
ALLOWANCE CATEGORY    CURRENT     31-60     61-90    91-120      120+
BALANCE
================================================================================

CHIPS                   0.00      0.00      0.00      0.00  14525.83   14525.83
MEDICAID              399.00      0.00    374.00    187.60 -41936.05  -40975.45
MEDICARE                0.00    158.00      0.00      0.00  13137.71   13295.71
OTHER              623836.00      0.00      0.00   -184.00  24702.57  648354.57
PRIVATE INSURANCE    1577.68      0.00      0.00   2186.75  49932.38   53696.81
                   ======== ========= ========= ========= ========= ==========
                   625812.68    158.00    374.00   2190.35  60362.44  688897.47

Please Standby - Copying Data to UNIX File
/usrx/dxd/user/BARASMXXXXXX000000000000000000000000000000_000000.TXT

Export file
/usr3/dsd/llehman/BARASMXXXXXX000000000000000000000000000000_000005.
TXT queued up to be sent to -l user:1user/ 000.000.00.0...
```

Figure 3-7: Sample of the ASM for the EISS

3.1.4 EISS File Naming Conventions

Table 1 describes the EISS file naming convention

```
BARPSRXXXXXX20030701200307312003082109 28_000005.TXT
```

Position	Description
1-6	Namespace_rpt
7-12	ASUFAC (if null send “xxxxxx”)
13-20	Begin Date of Data (yyyymmdd)
21-28	End Date of Data (yyyymmdd)
29-42	Run Date (yyyymmddhhmmss)
43	Spacer (_)
44-49	Record Count, Right Justify, 0 fill

Position	Description
50-53	File Extension (.TXT)

Table 1: EISS file naming convention

3.2 Patient Account Statement Menu (PAS)

This is a new top-level menu option that allows you to print Patient Account statements. You can flag specific patient accounts to receive statements and then print those statements either by a batch or individually. Through TaskMan you can schedule the statements to be run at specific dates and times. The statement contains all the account activity for a given date range. The statements queued to run through TaskMan can then be run using the PRA option.

See Figure 3-8 for a breakdown of each field in the Patient Account statement.

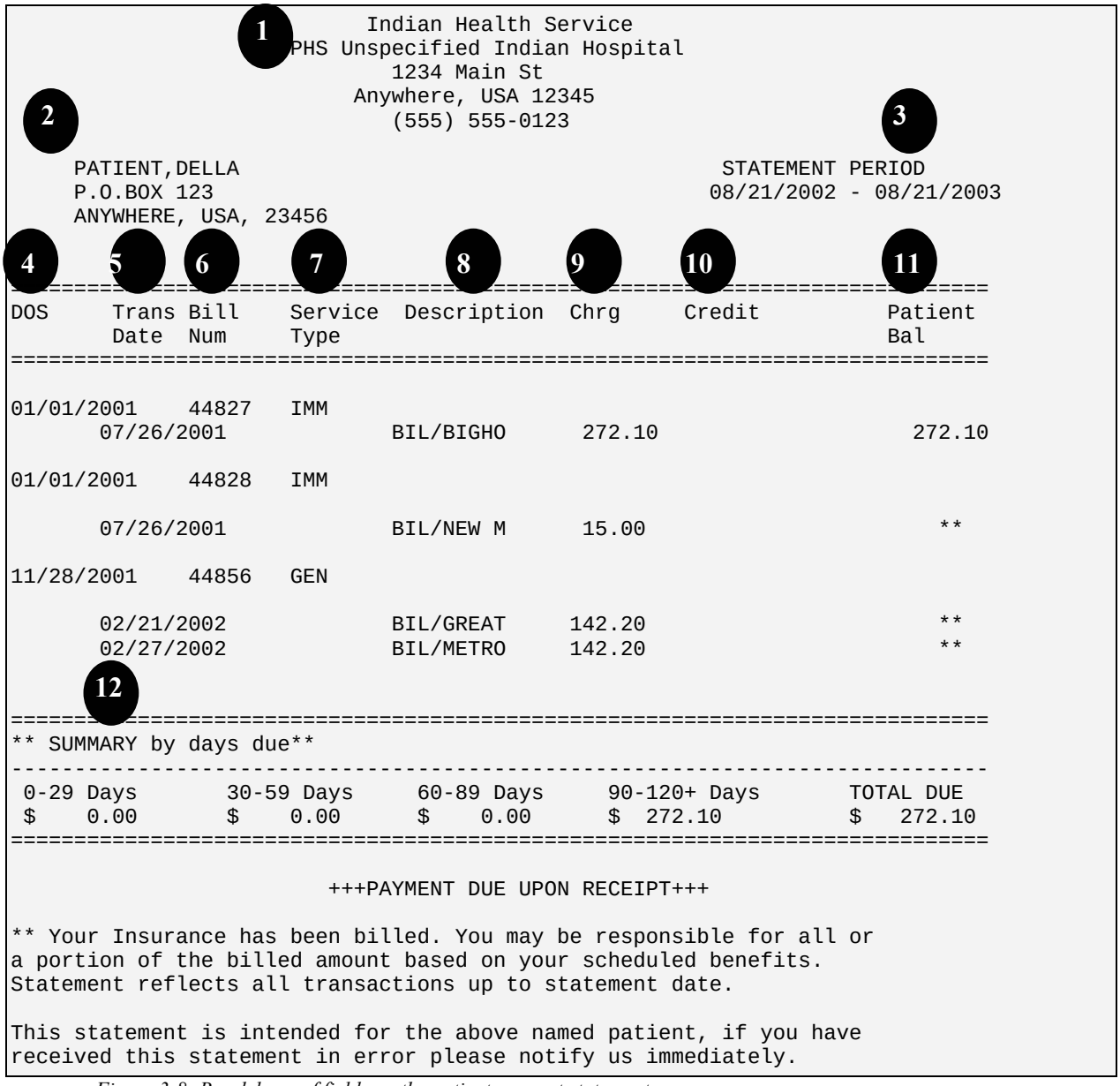

Figure 3-8: Breakdown of fields on the patient account statements

1. The statement header shows your site information. The header will be shown on the top of each page of the statement
2. This field shows the patient's information, including name and address. This information will be shown on the top of each page of the statement.
3. This field the dates of service in which a bill has been submitted.
4. **DOS**: The dates of service.
5. **Trans Date:** The transaction dates, or the dates that the noted transaction took place (i.e. payment received)
6. **Bill Number:** The bill number for each of the dates of service.

7. **Service Type:** The abbreviation for each type of service.
8. **Description:** A brief description of each of the transactions (i.e. billed Medicare).
9. **Chrg:** The amount of each of the charges.
10. **Credit:** This field shows the amount of any credit or payment made to the account.
11. **Patient Bal:** The amount that is due from the patient.
12. **Summary by days due:** This section gives a break down of the age of the patient balance portion of the statement.

To access the Patient Account Statement menu, type **PAS** at the "Select A/R Master Menu Option:" prompt.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
          +                    A/R MASTER MENU                      +
          |                UNSPECIFIED SERVICE UNIT                  |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
    User: USER,DEMO            BUSINESS OFFICE     20-AUG-2003 10:22 AM

   ACM    Account Management Menu ...
   COL    Collection Menu ...
   MAN    Manager ...
   PAS    Patient Account Statement Menu ...
   PST    Posting Menu ...
   ROL    Rollback Bills to 3-Party
   RPT    Report Menu ...
   SVC    Switch Service/Section
   UA     User Assistance
   UPL    Upload from Third Party Bill File

Select A/R MASTER MENU Option: PAS
```

Figure 3-9: Accessing the PAS menu

Sections 3.2.1 through 3.2.5 explain how to use each of the menu options in the Patient Account Statement menu (Figure 3-10).

```
          |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
          +             Patient Account Statement Menu              +
          |                UNSPECIFIED SERVICE UNIT                  |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
    User: USER,DEMO            BUSINESS OFFICE     20-AUG-2003 10:30 AM

   SHDR   Enter/Edit Statement Header Text
   FLAG   Flag Patient Accounts for Statements
   PRA    Print All Flagged Patients' Account Statements
   PRO    Print One Flagged Patient's Account Statement

Select Patient Account Statement Menu Option:
```

Figure 3-10: PAS menu options

3.2.1 Setting up TaskMan to Run Patient Statements

To run a batch of the Patient Account statements, you must first schedule the statements to be queued.

1. To schedule the statements, access TaskMan through the IHS Core menu.
2. Type **SCHEDULE** at the "Select TaskMan Management Option:" prompt.
3. Type **BAR ACCOUNT STATEMENT** at the "Select Option to Schedule or Reschedule:" prompt.
4. Type **Y** at the "OK?" prompt.

```
          Schedule/Unschedule Options
          One-time Option Queue
          TaskMan Management Utilities ...
          List Tasks
          Dequeue Tasks
          Requeue Tasks
          Delete Tasks
          Print Options that are Scheduled to run
          Cleanup Task List
          Print Options Recommended for Queueing

Select TaskMan Management Option: schedule/Unschedule Options

Select OPTION to schedule or reschedule: bar account STATEMENT       Patient
Account Statement
         ...OK? Yes//   (Yes)
```

Figure 3-11: Scheduling the Patient Account statements (steps 1-4)

5. The system will open the Edit Option Schedule screen.
6. Use the arrow keys or the Tab key to move between the prompts.
7. Type the date and time you would like the statements run at the "Queued To Run At What Time:" prompt.
8. Type the scheduling frequency for when you would like the statement queued at the "Rescheduling Frequency:" prompt.
9. Type **SAVE** and the press the Return key at the "Command:" prompt
10. Then type **EXIT** and the "Command:" prompt to exit TaskMan.

```
                          Edit Option Schedule

    Option Name: BAR ACCOUNT STATEMENT
    Menu Text: Patient Account Statement                TASK ID: 9090
  ____________________________________________________________________________

  QUEUED TO RUN AT WHAT TIME: SEP 18,2003@18:00

DEVICE FOR QUEUED JOB OUTPUT:

 QUEUED TO RUN ON VOLUME SET:

      RESCHEDULING FREQUENCY: 1M(18@18:00)

             TASK PARAMETERS:

            SPECIAL QUEUEING:


____________________________________________________________________________
_
Exit     Save     Next Page     Refresh

Enter a command or '^' followed by a caption to jump to a specific field.


COMMAND:                                        Press <PF1>H for help
Insert
```

Figure 3-12: Scheduling the Patient Account statements (steps 5-10)

3.2.2 Enter/Edit Statement Header Text (SHDR)

Use this option to enter or edit the statement header. The header will be displayed at the top of all statements. You will want to include the facility name and address, business office phone number, point of contact, and special messages. The statements will print up to 10 lines of text.

1. To edit or enter the statement header, type **SHDR** at the "Select Patient Account Statement Menu Option:" prompt from the Patient Account Statement menu.

```
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7          |
           +             Patient Account Statement Menu             +
           |                UNSPECIFIED SERVICE UNIT                 |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: USER,DEMO            BUSINESS OFFICE     21-AUG-2003 10:07 AM

   SHDR   Enter/Edit Statement Header Text
   FLAG   Flag Patient Accounts for Statements
   PRA    Print All Flagged Patients' Account Statements
   PRO    Print One Flagged Patient's Account Statement

Select Patient Account Statement Menu Option: SHDR
```

Figure 3-13: Editing header text (step 1)

2. The system will display the current statement header.

3. Type **Y** at the "Edit?" prompt.

4. The system will open the header in your default text editor. Edit or enter the text as you deem appropriate.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
          +            Enter/Edit Statement Header Text             +
          |                UNSPECIFIED SERVICE UNIT                  |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
    User: USER,DEMO            BUSINESS OFFICE     21-AUG-2003 10:07 AM


You may enter text that will appear at the top of the account
statements. Typically this will be facility name and address,
business office phone number, point of contact, and special
messages. The statements will print up to 10 lines of text.

TEXT:
                           Indian Health Service
                      PHS UNSPECIFIED Indian Hospital
                              1234 MAIN ST
                           ANYWHERE, USA 87000
                              (555) 555-1234

  Edit? NO// Y  YES

==[ WRAP ]==[ INSERT ]=============< TEXT >===============[ <PF1>H=Help ]====
                           Indian Health Service
                      PHS UNSPECIFIED Indian Hospital
                              1234 MAIN ST
                           ANYWHERE, USA 87000
                              (555) 555-1234


<=====T=======T=======T=====T=======T=======T=======T=======T=======T>======
```

Figure 3-14: Editing header text (steps 2-4)

3.2.3 Flag Patient Accounts for Statements (FLAG)

Use this option to flag for which patients you would like a statement run. This is a one-time option that allows you to chose which patients will receive a statement.

1. To flag patient accounts, type **FLAG** at the "Select Patient Account Statement Menu Option:" prompt.

2. Either type the name or number of patient at the "Select A/R Account/IHS:" prompt, or type **??** to see a list of patients.

3. The system will display a *YES* or *NO* to the right of the patient's name. Yes means the patient is flagged to receive patient statements, while a No means that the patient is not receiving patient statements.

4. Type **YES** or **NO** at the "Pat Acct Stmt:" prompt.

5. You can repeat this process until you have flagged all patients who need to receive statements.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
          +          Flag Patient Accounts for Statements           +
          |                UNSPECIFIED SERVICE UNIT                 |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
    User: USER,DEMO            BUSINESS OFFICE     21-AUG-2003 10:31 AM


   SHDR   Enter/Edit Statement Header Text
   FLAG   Flag Patient Accounts for Statements
   PRA    Print All Flagged Patients' Account Statements
   PRO    Print One Flagged Patient's Account Statement

Select Patient Account Statement Menu Option: FLAG  Flag Patient Accounts for
Statements


          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
          +          Flag Patient Accounts for Statements           +
          |                UNSPECIFIED SERVICE UNIT                 |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
    User: USER,DEMO            BUSINESS OFFICE     21-AUG-2003 10:31 AM


Select A/R ACCOUNTS/IHS: ??

   Choose from:
   19           PATIENT,DELLA                    YES
   25           PATIENT,NED S
   48           PATIENT,FREDDY                  YES
   51           PATIENT,CAROLYN
   71           PATIENT,ANTHONY J
   73           PATIENT,JACOB JOSEPH
   88           PATIENT,SHARON                   YES
   122          PATIENT,LANDREE                 NO
   126          PATIENT,CARMEN                     NO

Select A/R ACCOUNTS/IHS: 19  VALDEZ,DELLA        YES
PAT ACCT STMT: NO
```

Figure 3-15: Flagging patient accounts

3.2.4 Print All Flagged Patients' Account Statements (PRA)

Use this option to print the statements that have been queued by TaskMan or reprint those statements already printed through the PRO option.

1. Type **PRA** at the "Select Patient Account Statement Menu Option:" prompt.
2. The system will display all dates and times of the jobs that are ready to print.
3. Type the number of the job you would like to print at the "Enter a Number:" prompt.
4. Type **Y** or **N** at the "Do You Wish to Retain the Run to Print Again Enter Yes or No:" prompt.
5. Type the name of a print device at the "Output Device:" prompt.

```
Select Patient Account Statement Menu Option: PRA  Print All Flagged
Patients' Account Statements


          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
          +     Print All Flagged Patients' Account Statements      +
          |                UNSPECIFIED SERVICE UNIT                 |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: USER,DEMO            BUSINESS OFFICE     21-AUG-2003 4:06 PM
Select Account Run time:

 1   AUG 18, 2003@12:33:47
 2   AUG 18, 2003@18:00:01
 3   AUG 21, 2003@10:40:42
 4   AUG 21, 2003@10:41:14
 5   AUG 21, 2003@10:42:03
Enter a number (1-5): 1
DO YOU WISH TO RETAIN THE RUN TO PRINT AGAIN?
Enter Yes or No: N// Y YES


Output DEVICE: HOME// [RET]
```

Figure 3-16: Printing All Flagged Patients' Account Statements

3.2.5 Print One Flagged Patient's Account Statement (PRO)

Use this option to print a single statement for a patient account that is flagged. The statement that is run through this option is then stored as a job and can be reprinted using the PRA option.

1. Type **PRO** at the "Select Patient Account Statement Menu Option:" prompt.
2. Type the patient name or number at the "Select Patient Account:" prompt. You can also type **??** to see a list of flagged patients.

3. Type the beginning date of the statement at the "Select Beginning Date:" prompt.

4. Type the ending date of the statement at the "Select Ending Date:" prompt.

5. Type the name of a print device at the "Output Device:" prompt.

```
Select Patient Account Statement Menu Option: PRO Print One Flagged Patient's
Account Statement


          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
          +     Print One Flagged Patient's Account Statement       +
          |                UNSPECIFIED SERVICE UNIT                 |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
    User: USER,DEMO            BUSINESS OFFICE     21-AUG-2003 4:23 PM


Select Patient-Account: ??

   Choose from:
   19           PATIENT,DELLA
   48           PATIENT,FREDDY
   71           PATIENT,ANTHONY J
   88           PATIENT,SHARON

Select Patient-Account: 71 PATIENT,ANTHONY J
Select Beginning Date: T-900  (MAR 04, 2001)
Select Ending Date: T  (AUG 21, 2003)


Output DEVICE: HOME// [RET]
```

Figure 3-17: Printing One Flagged Patient's Account Statement

4.0 Patch 1

4.1 Period Summary Report (PSR)

This report has been rewritten to use the Transaction file. You may run the report for any date range desired. More detail has been added to the report, allowing better tools for reconciliation. Also, new parameters have been added , providing better report customization. The report can be run using the same parameters as the AGE summary report. Discharge and Insurer Type are two new sorting criteria selections. New summarizing report type by Bill w/in Payer w/in Allowance Category/Billing Entity/Insurer Type when Allowance Category, Billing Entity or Insurer Type is selected as the sorting criteria.

> **Note:** This report will contain data for Visit location(s) regardless of Billing location.

Running the new PSR report

1. Type **PSR** at the "Select Financial Reports Menu Option:" prompt in the Financial Reports menu located in the A/R Reports menu.

2. Type the name of a location at the "Select Location:" prompt or press the Return key at the blank "Select Location:" prompt to select ALL locations. If you enter a location name, you will only be allowed one location.

```
   ADA    Advise of Allowance RPT
   PSR    Period Summary Report
   STA    A/R Statistical Report
   TAR    Transaction Report

Select Financial Reports Menu Option: PSR  Period Summary Report

          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
          +                Period Summary Report                    +
          |               UNSPECIFIED HEALTH CENTER                  |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
    User: User, DEMO             BUSINESS OFFICE     4-JUN-2003 10:21 AM

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

Select Visit LOCATION: [RET] ALL
```

Figure 4-1: Running the new PSR report (steps 1-2)

3. Type the number of one of the options (1-7) at the "Select Criteria for Sorting:" prompt. See Figure 4-2 for a list of your options. Steps 3a-3g provide will information on each of the options.

```
     Select one of the following:

          1         A/R ACCOUNT
          2         CLINIC TYPE
          3         VISIT TYPE
          4         DISCHARGE SERVICE
          5         ALLOWANCE CATEGORY
          6         BILLING ENTITY
          7         INSURER TYPE

Select criteria for sorting: 6  BILLING ENTITY
```

Figure 4-2: Using the new PSR report (step 4)

a. If you select 1 (A/R Account), type an A/R account number at the "Select A/R Account:" prompt. If you want to select ALL A/R accounts, press the Return key at a blank "Select A/R Account:" prompt. After typing the first account number, you can type another A/R account number at the "Select Another A/R Account:" prompt. You may also type ?? to see a list of available options.

```
Select criteria for sorting: 1  A/R ACCOUNT

Select A/R Account: ALL//  UN-ALLOCATED
Select Another A/R Account: NEW MEXICO BC/BS INC
Select Another A/R Account: [RET]
```

Figure 4-3: Using the new PSR report (step 4a)

b. If you select 2 (Clinic Type), type a clinic name at the "Select Clinic:" prompt. If you want to select all clinics, press the Return key to accept the default of All. You can type another clinic name at the "Select Another Clinic:" prompt. You may also type ?? to see a list of available options.

```
Select criteria for sorting: 2  CLINIC TYPE

Select Clinic: ALL// CARDIAC          02
Select Another Clinic: Pediatric          20
Select Another Clinic: [RET]
```

Figure 4-4: Using the new PSR report (step 4b)

c. If you select 3 (Visit Type), type a visit type at the "Select Visit Type:" prompt. You can type another visit type at the "Select Another Visit Type:" prompt. If you want to select all visit types, press the Return key to select the default of ALL. You may also type ?? to see a list of available options.

```
Select criteria for sorting: 3  VISIT TYPE

Select Visit Type: ALL// 2  EPSDT W/O REFERRAL
Select Another Visit Type: 111  INPATIENT
Select Another Visit Type: [RET]
```

Figure 4-5: Using the new PSR report (step 4c)

d. If you select 4 (Discharge Service), type a discharge service at the "Select Discharge Service:" prompt. You can type another discharge service at the "Select Another Discharge Service:" prompt. If you want to select all discharge services, press the Return key at a blank "Select Discharge Service:" prompt. You may also type ?? to see a list of available options.

```
Select criteria for sorting: 4  DISCHARGE SERVICE

Select Discharge Service: ALL// [RET] ALL
```

Figure 4-6: Using the new PSR report (step 4d)

e. If you select 5 (Allowance Category), select from the list of options and type the number of an allowance category at the "Select Type of Allowance Category to Display:" prompt. If you want to select all categories, press the Return key at a blank "Select Type of Allowance Category to Display:" prompt.

```
Select criteria for sorting: 5  ALLOWANCE CATEGORY

     Select one of the following:

          1         MEDICARE
          2         MEDICAID
          3         PRIVATE INSURANCE (INS TYPES P H F M)
          4         CHIP
          5         OTHER             (INS TYPES W C N I)

Select TYPE of ALLOWANCE CATEGORY to Display: [RET] ALL
```

Figure 4-7: Using the new PSR report (step 4e)

f. If you select 6 (Billing Entity), select from the list of options and type the number of billing entity at the "Select Type of Billing Entity to Display:" prompt. If you want to select all categories, press the Return key at a blank "Select Type of Billing Entity to Display:" prompt.

```
Select criteria for sorting: 6  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

Select TYPE of BILLING ENTITY to Display: 1  MEDICARE
```

Figure 4-8: Using the new PSR report (step 4f)

g. If you select 7 (Insurer Type), select from the list of insurer types and type the number of insurer type at the "Select Insurer Type to Display:" prompt. If you want to select all categories, press the Return key at a blank "Select Insurer Type to Display:" prompt.

```
Select criteria for sorting: 7  INSURER TYPE

     Select one of the following:

          H         HMO
          M         MEDICARE SUPPL.
          D         MEDICAID FI
          R         MEDICARE FI
          P         PRIVATE INSURANCE
          W         WORKMEN'S COMP
          C         CHAMPUS
          F         FRATERNAL ORGANIZATION
          N         NON-BENEFICIARY (NON-INDIAN)
          I         INDIAN PATIENT
          K         CHIP (KIDSCARE)

Select INSURER TYPE to Display: [RET] ALL
```

Figure 4-9: Using the new PSR report (step 4g)

4. If you selected the sort criteria of Allowance Category, Billing Entity, or Insurer Type, you will prompted to select what type of report you would like from a list of options. Type the number of the report type at the "Select Report Type:" prompt.

```
    Select one of the following:

   1         Summarize by ALLOW CAT/BILL ENTITY/INS TYPE
   2         Summarize by PAYER w/in ALLOW CAT/BILL ENTITY/INS TYPE
   3         Summarize by BILL w/in PAYER w/in ALLOW CAT/BILL ENTITY/INSTYPE

Select REPORT TYPE: 1// 2 Summarize by PAYER w/in ALLOW CAT/BILL ENTITY/INS
TYPE
```

Figure 4-10: Using the new PSR report (step 5)

5. Type the beginning date you would like to include in your report at the "Select Beginning Date:" prompt.

6. Type the ending date you would like to include in your report at the "Select Ending Date:" prompt.

7. Type the name of an output device at the "Output Device:" prompt.

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

Select Beginning Date: T-365  (JUN 04, 2002)
Select Ending Date: T  (JUN 04, 2003)


Output DEVICE: HOME// [RET]
```

Figure 4-11: Using the new PSR report (Step 6-8)

8. A report similar to Figure 4-12 will print. The report will vary depending on the criteria you selected.

```
       WARNING: Confidential Patient Information, Privacy Act Applies
================================================================================
Period Summary Report for ALL INSURER TYPE(S)      JUN 4,2003@11:14   Page 1
 Sorted by PAYER with TRANSACTION DATES from 06/04/2002 to 06/04/2003
 at ALL Visit location(s) regardless of Billing Location
================================================================================
INSURER TYPE            Billed Amt        Payment     Adjustment       Refund
================================================================================

*** VISIT Location: UNSPECIFIED HEALTH CENTER


MEDICAID FI
 MEDICAID PRESBY             0.00           0.00          39.00          0.00
 NEW MEXICO MEDI           344.00       1,184.00           0.00        378.00
                  -------------- -------------- -------------- -------------
 ** Ins Type Total          344.00       1,184.00          39.00
378.00
PRIVATE INSURANCE
 BCBS OF NEW MEX             0.00          25.00           1.49          0.00
 LOVELACE HEALTH           106.00           0.00           0.00          0.00
 NEW MEXICO BC/B           372.37           4.90           0.00          0.00


       WARNING: Confidential Patient Information, Privacy Act Applies
================================================================================
Period Summary Report for ALL INSURER TYPE(S)      JUN 4,2003@11:16   Page 2
 Sorted by PAYER with TRANSACTION DATES from 06/04/2002 to 06/04/2003
 at ALL Visit location(s) regardless of Billing Location
================================================================================
INSURER TYPE            Billed Amt        Payment     Adjustment       Refund
================================================================================

 PRESBYTERIAN HE            96.00          98.00          11.96          0.00
                  -------------- -------------- -------------- -------------
**Ins Type Total           574.37         127.90          13.45          0.00
                  -------------- -------------- -------------- -------------
```

```
***VISIT Loc Total          918.37       1,311.90          52.45        378.00
                     =============== ============== ============== =============
***** REPORT Total          918.37       1,311.90          52.45        378.00
```

Figure 4-12: Using the new PSR report (step 9)

4.2 Age Summary Report (ASM)

This report has been expanded to allow sorting by Discharge Service. Also, bill level detail has been added, allowing better tools for reconciliation.

Note: Insurer type abbreviations are listed below:

H	HMO
M	MEDICARE SUPPL
D	MEDICAID FI
R	MEDICARE FI
P	PRIVATE INSURANCE
W	WORKMEN'S COMP
C	CHAMPUS
F	FRATERNAL ORGANIZATION
N	NON-BENEFICIARY (NON-INDIAN)
I	INDIAN PATIENT
K	CHIP (KIDSCARE)

Running the improved ASM report

1. Type **ASM** at the "Select Aging Reports Menu Option:" prompt in the Aging Reports menu located in the A/R reports menu.

2. Type the name of a location at the "Select Visit Location:" prompt. To select ALL locations, press the Return key at a blank "Select Visit Location:" prompt. If you enter a location name, you will only be allowed one location.

```
   ADL    Age Day Letter & List
   ADT    Age Detail Report
   AGE    Age Report
   AOI    Age Open Items Report
   ASM    Age Summary Report

Select Aging Reports Menu Option: ASM  Age Summary Report

           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.7           |
           +                    Age Summary Report                   +
           |            UNSPECIFIED HEALTH CENTER                    |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: USER,DEMO             BUSINESS OFFICE     4-JUN-2003 11:30 AM

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.


Select Visit LOCATION: [RET] ALL
```

Figure 4-13: Using the new ASM report (steps 1-2)

3. Type the number of one of the options (1-7) at the "Select Criteria for Sorting:" prompt.

```
    Select one of the following:

         1         A/R ACCOUNT
         2         CLINIC TYPE
         3         VISIT TYPE
         4         DISCHARGE SERVICE
         5         ALLOWANCE CATEGORY
         6         BILLING ENTITY
         7         INSURER TYPE

Select criteria for sorting:
```

Figure 4-14: Using the new ASM report (step 4)

a. If you select 1 (A/R Account), type a A/R account number at the "Select A/R Account:" prompt. You can type another A/R account number at the "Select Another A/R Account:" prompt. If you want to select all A/R accounts, press the Return key at a blank "Select A/R Account:" prompt. You may also type ?? to see a list of available options.

```
Select criteria for sorting: 1  A/R ACCOUNT

Select A/R Account: ALL// 2  UNSPECIFIED HEALTH CENTER
Select Another A/R Account: 3  UN-ALLOCATED
Select Another A/R Account: [RET]
```

Figure 4-15: Using the new ASM report (step 4a)

b. If you select 2 (Clinic Type), type a clinic name at the "Select Clinic:" prompt. You can type another clinic name at the "Select Another Clinic:" prompt. If you want to select all clinics, press the Return key to accept the default of All. You may also type ?? to see a list of available options.

```
 Select criteria for               NIC TYPE

Select Clinic: ALL// CARDIAC          02
Select Another Clinic: PEDIATRIC          20
Select Another Clinic: [RET]
```

Figure 4-16: Using the new ASM report (step 4b)

c. If you select 3 (Visit Type), type a visit type at the "Select Visit Type:" prompt. You can type another visit type at the "Select Another

Visit Type:" prompt. If you want to select all visit types, press the Return key to select the default of ALL. You may also type ?? to see a list of available options.

```
 Select criteria for

Select Visit Type: ALL// [RET] ALL
```

Figure 4-17: Using the new ASM report (step 4c)

d. If you select 4 (Discharge Service), type a discharge service at the "Select Discharge Service:" prompt. You can type another discharge service at the "Select Another Discharge Service:" prompt. If you want to select all discharge services, press the Return key at a blank "Select Discharge Service:" prompt. You may also type ?? to see a list of available options.

```
 Select criteria for                          SERVICE

Select Discharge Service: ALL// OTHER                        14
Select Another Discharge Service: Pediatrics                        11
Select Another Discharge Service: [RET]
```

Figure 4-18: Using the new ASM report (step 4d)

e. If you select 5 (Allowance Category), select from the list of options and type the number of an allowance category at the "Select Type of Allowance Category to Display:" prompt. If you want to select all categories, press the Return key at a blank "Select Type of Allowance Category to Display:" prompt.

```
Select criteria for sorting: 5  ALLOWANCE CATEGORY

     Select one of the following:

          1         MEDICARE
          2         MEDICAID
          3         PRIVATE INSURANCE (INS TYPES P H F M)
          4         CHIP
          5         OTHER             (INS TYPES W C N I)

Select TYPE of ALLOWANCE CATEGORY to Display:
```

Figure 4-19: Using the new ASM report (step 4e)

f. If you select 6 (Billing Entity), select from the list of options and type the number of billing entity at the "Select Type of Billing Entity to Display:" prompt. If you want to select all categories, press the Return key at a blank "Select Type of Billing Entity to Display:" prompt.

```
Select criteria for s

     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

Select TYPE of BILLING ENTITY to Display:
```

Figure 4-20: Using the new ASM report (step 4f)

g. If you select 7 (Insurer Type), select from the list of insurer types and type the number of insurer type at the "Select Insurer Type to Display:" prompt. If you want to select all categories, press the Return key at a blank "Select Insurer Type to Display:" prompt.

```
Select criteria for s

     Select one of the following:

          H         HMO
          M         MEDICARE SUPPL.
          D         MEDICAID FI
          R         MEDICARE FI
          P         PRIVATE INSURANCE
          W         WORKMEN'S COMP
          C         CHAMPUS
          F         FRATERNAL ORGANIZATION
          N         NON-BENEFICIARY (NON-INDIAN)
          I         INDIAN PATIENT
          K         CHIP (KIDSCARE)

Select INSURER TYPE to Display:
```

Figure 4-21: Using the new ASM report (step 4g)

4. If you selected the sort criteria of Allowance Category, Billing Entity, or Insurer Type, you will prompted to select what type of report you would like from a list of options. Type the number of the report type at the "Select Report Type:" prompt.

5. Type the name of an output device at the "Output Device:" prompt.

```
    Select one of the following:

    1         Summarize by ALLOW CAT/BILL ENTITY/INS TYPE
    2         Summarize by PAYER w/in ALLOW CAT/BILL ENTITY/INS TYPE
    3         Summarize by BILL w/in PAYER w/in ALLOW CAT/BILL ENTITY/INSTYPE

Select REPORT TYPE: 1// 2  Summarize by PAYER w/in ALLOW CAT/BILL ENTITY/INS
```

```
TYPE

Output DEVICE: HOME//
```

Figure 4-22: Using the new ASM report (steps 5-6)

6. A report similar to Figure 4-23 will print. The report will vary depending on the criteria you selected.

```
        WARNING: Confidential Patient Information, Privacy Act Applies
================================================================================
Age Summary Report for ALL BILLING SOURCE(S)       JUN 4,2003@12:19   Page 1
at ALL Visit location(s) under UNSPECIFIED HEALTH CENTER Billing Location
================================================================================
BILLING ENTITY     CURRENT     31-60     61-90    91-120      120+    BALANCE
================================================================================

MEDICAID
 MEDICAID CIMARRON     0.00      0.00      0.00      0.00   6828.56   6828.56
 MEDICAID LOVELACE     0.00      0.00      0.00      0.00   4128.52   4128.52
 MEDICAID PRESBYTER    0.00      0.00      0.00      0.00   4408.03   4408.03
 MONTANA MEDICAID      0.00      0.00      0.00      0.00    172.00    172.00
 NEW MEXICO MEDICAI    0.00    378.00      0.00      0.00  53199.12  53577.12
                  --------- --------- --------- --------- --------- ----------
BILL ENTITY TOTAL      0.00    378.00      0.00      0.00  68736.23  69114.23

MEDICARE
 MEDICARE              0.00      0.00      0.00      0.00  12901.73  12901.73
                  --------- --------- --------- --------- --------- ----------
BILL ENTITY TOTAL      0.00      0.00      0.00      0.00  12901.73  12901.73

NON-BENEFICIARY PAT


        WARNING: Confidential Patient Information, Privacy Act Applies
================================================================================
Age Summary Report for ALL BILLING SOURCE(S)       JUN 4,2003@12:20   Page 4
at ALL Visit location(s) under UNSPECIFIED HEALTH CENTER Billing Location
================================================================================
BILLING ENTITY      CURRENT     31-60     61-90    91-120      120+   BALANCE
================================================================================

 PRESBYTERIAN HEALT    0.00      0.00      0.00      0.00   2077.26   2077.26
 UNITED HEALTH CARE    0.00      0.00      0.00      0.00    442.19    442.19
 WEA INSURANCE         0.00      0.00      0.00      0.00    371.64    371.64
                  --------- --------- --------- --------- --------- ----------
BILL ENTITY TOTAL      0.00      0.00      0.00      0.00  54258.64  54258.64

WORKMEN'S COMP
 WORKMEN'S COMP        0.00      0.00      0.00      0.00    114.20    114.20
                  --------- --------- --------- --------- --------- ----------
BILL ENTITY TOTAL      0.00      0.00      0.00      0.00    114.20    114.20
                 ========= ========= ========= ========= ========= ==========
                       0.00    378.00      0.00      0.00 136617.09 136995.09
```

Figure 4-23: Using the new ASM report (step 7)

4.3 Setting PSR and ASM Parameters

> **Note**: If you want the PSR and ASM to balance, the Location for Reports in A/R SITE PARAMETER must be set to VISIT.

```
Select A/R SITE PARAMETER/IHS RPMS SITE:      DEMO HOSPITAL
MULTIPLE 3P
MULTIPLE FIS
USABLE: USABLE//[RET]
ACCEPT 3P BILLS: ACCEPT//[RET]
ROLL OVER DURING POSTING: ASK//[RET]
SMALL BALANCE: 5.00//[RET]
Location Type For Reports: VISIT// or BILLING
```

Figure 4-24: Setting up your site parameters

Based on the site parameter setup, you will see a message when running the following reports.

- Age Detail Report
- Age Summary Report
- Bills Listing Report
- A/R Statistical Report
- Transaction Report

If site parameter is set to BILLING, you will see this message when running the above reports.

> **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.

If site parameter is set to VISIT, you will see this message when running the above reports.

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

5.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the ITSC Help Desk by:

Phone: (505) 248-4371 or
(888) 830-7280

Fax: (505) 248-4199

Web: http://www.rpms.ihs.gov/TechSupp.asp

Email: ITSCHelp@mail.ihs.gov