



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Accounts Receivable

(BAR)

Patch 17 Addendum

Version 1.8 Patch 17
April 2010

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

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1.0 Summary of Changes

1.1 Modifications

- A field was added to the A/R Bill file to store the Calculated Allowable Amount.
- A command was added to Post Unallocated Cash for adding comments to a Collection Batch Item.
- A cashiering summary was added to the A/R export.

1.2 Resolutions to Help Desk Calls

HEAT 10739: The lockdown on collection batches was preventing the VIEW and RPT options in the ERA menu from being used to view historical ERA files. The lockdown has been removed from those two options.

2.0 Patch 17 Details

2.1 Calculated Allowable Amount Added to A/R Bill File

A field was added to the A/R Bill File to store the calculated allowable amount. The allowable amount is calculated by adding up the payments, deductibles and/or copayments that have been posted to a bill. This field is populated automatically and can be viewed by typing a **B** for Bill Inquire at the “Select Command” prompt in the posting options.

```
Select Command (Line # 1) : B

OUTPUT BROWSER                      Feb 25, 2010 17:57:16                      Page: 1 of 3
IEN: 7158                           BILL NUMBER: 31514A-IH-1122
ASUFAC-IEN: 232101-7158             A/R ACCOUNT: BCBS OF NEW MEXICO
BILL TYPE: PRIMARY                 BILLED DATE: APR 13, 2009
PARENT LOCATION: INDIAN HEALTH HOSPITAL
A/R BILLING SITE/ASUFAC: 232101
PARENT A/R SERVICE SECTION: BUSINESS OFFICE
ENTRY TYPE: 3P UPLOAD              AMOUNT BILLED: 211
TOTAL BILL AMOUNT: 211             CURRENT BILL AMOUNT: 0
CURRENT BILL STATUS: OPEN          3P IEN (DA): 8399
3P APPROVE DATE: APR 13, 2009@11:26:16
3P PRINT DATE: APR 13, 2009        3P UPLOAD CREDIT: 0
3P DUZ(2): 1575                   PATIENT: MEGABUCKS,SYLVIA
DOS BEGIN: MAR 30, 2009           DOS END: MAR 30, 2009
PATIENT SSN: 505923584            PATIENT TYPE: ??
PATIENT SUFAC/HRN: 1122          VISIT LOCATION: INDIAN HEALTH HOSPITAL
CLINIC TYPE: LABORATORY SERVICES  PRIMARY PROVIDER: MILLS,CHRISTOPHER P
VISIT TYPE: LABORATORY            BEN/NON-BEN: BENEFICIARY
POLICY HOLDER (FT): GARCIA,CHRISTOPHER
POLICY NUMBER (FT): XBP103072463-01
AGE (c): 326                      0-30 (c): 0
31-60 (c): 0                      61-90 (c): 0
91-120 (c): 0                     120+ (c): 211
3P BILL STATUS (c): COMPLETED    ALLOWABLE AMOUNT (c): 150
+      Enter ?? for more actions      >>>
+      NEXT SCREEN                    -      PREVIOUS SCREEN      Q      QUIT
Select Action: +//
```

Figure 2-1: Viewing the calculated allowable amounts

2.2 Comments Added to Post Unallocated Cash (AR - PST - PUC)

A command was added to the PUC option to allow messages to be added to selected Collection Batch Items. To add a message to an item in PUC, select the Add Item Message command (this will be Action Item 4 for Federal facilities and Action Item 5 for Tribal/638/Non-IHS facilities). This will open up the screen editor and allow free text messages to be added to the item. Comments can also be edited or deleted using the Add Item Message command.

Select Posting Menu Option: PUC Post Unallocated Cash

Enter your Current Signature Code: SIGNATURE VERIFIED

Roll-over as you post? NO// YES

#	Credit	Account TRANS DATE	ALLOW CAT	Batch TDN	Item STATUS
1.	250.00	DELTA DENTAL OF NEW MEXICO INC MAR 01, 2010@11:21:08	PRIVATE INS	GINAS MCD DENTAL-02/04/2010-62 DTPL8569985	LETTER
2.	2789.00	DELTA DENTAL OF NEW MEXICO INC MAR 05, 2010@08:10	PRIVATE INS	GINAS MCD DENTAL-01/20/2010-21 TST99000	
3.	1200.00	MEDICAID MAR 05, 2010@08:10:36	MEDICAID	GINAS MCD DENTAL-02/04/2010-13 DEL4458T4	
4.	100.00	MEDICARE MAR 05, 2010@08:11:28	MEDICARE	MEDICARE HMO-12/21/2009-1 98758996	1
5.	400.00	MEDICARE MAR 05, 2010@08:11:35	MEDICARE	MEDICARE HMO-12/21/2009-1 98758996	2
6.	500.00	GOVERNMENT EMPLOYEES HOSP ASSN MAR 05, 2010@08:24:03	PVT INS	INS OPV-01/14/2010-1 123456	1
7.	250.00	UNITED HEALTHCARE-RAILROAD MAR 05, 2010@08:24:39	PVT INS	INS OPV-01/14/2010-2 103429	2

Enter a number (1-7): 4

#	Credit	Account TRANS DATE	ALLOW CAT	Batch TDN	Item STATUS
100.00		MEDICARE		MEDICARE HMO-12/21/2009-1	

Action (1=Post to an A/R Bill, 2=Refund, 3=Transfer to another facility, 4=Add Item Message, 5=Exit): 4 Add Item Message

Create a New Message for:

Credit	Account TRANS DATE	ALLOW CAT	Batch TDN	Item STATUS
100.00	MEDICARE MAR 05, 2010@08:11:28	MEDICARE	MEDICARE HMO-12/21/2009-1 98758996	1

PUC Message:

No existing text

Edit? NO// YES

==[WRAP]==[INSERT]===== < PUC Message > =====[<PF1>H=Help]====
 3/4/10 PAYMENT RECEIVED FOR SANTA FE. NOTIFIED FINANCE OF TRANSFER
 REQUEST. GCS

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

Figure 2-2: The Add Item Message command

Comments may also be printed on the Finance letters, as shown below.

Enter a number (1-7): 4

#	Credit	Account	Batch	Item
		TRANS DATE	ALLOW CAT	TDN
				STATUS

100.00		MEDICARE	MEDICARE	HMO-12/21/2009-1
--------	--	----------	----------	------------------

Action (1=Post to an A/R Bill, 2=Refund, 3=Transfer to another facility, 4=Add Item Message, 5=Exit): 3 Transfers

Transfer Amount: : (.01-100): 100//

Select A/R ACCOUNTS/IHS: 229 SANTA FE HOSPITAL

Select one of the following:

P	POST IT
L	PRINT FINANCE LETTER

You are transferring 100 to SANTA FE HOSPITAL.

Would you like to Post this or Print Finance Letter: L// PRINT FINANCE LETTER

****Messages Exist****

Do you want them to print on the letter? YES//

Select device to print Finance letter...

DEVICE: Virtual Right Margin: 80//

TRANSFER LETTER

DATE: MAR 5,2010

FROM: SISNEROS,GINA
INDIAN HEALTH HOSPITAL

TO: Finance Office

RE: Transfer for SANTA FE HOSPITAL for the total of 100.00

COLLECTION BATCH NAME: MEDICARE HMO-12/21/2009-1

CHECK NUMBER: 9876

TREASURY DEPOSIT/IPAC #: 98758996

The above information is provided as a notification of a third party payer balance posted from the RPMS Unallocated bucket in which there is no corresponding account. The check amount belongs to another facility. This letter is to notify Finance to transfer the funds accordingly.

Received by:_____ Date:_____

UFMS Entry by:_____ Date:_____

=====

Comments:

3/4/10 PAYMENT RECEIVED FOR SANTA FE. NOTIFIED FINANCE OF TRANSFER
REQUEST. GCS

Figure 2-3: Comments are printed on the finance letters

2.3 Cashier Summary Added to A/R Export (AR - CSH - SUP - VON)

A cashier summary was added to the A/R export that is displayed when the Transmit Sessions command is selected. It looks similar to the export summary in Third Party Billing and includes the session ID, cashier name, number and total dollar amounts for payments, adjustments, and refunds. The cashier summary (or Export Summary) may also be displayed and printed after the A/R file has been transmitted.

=====

Export Summary Print

MAR 1,2010@11:52:43

Page 1

A/R Location: INDIAN HEALTH HOSPITAL

=====

Please ensure the following information is correct:

SESSION ID	CASHIER	PAYMENTS			ADJUSTMENTS				REFUNDS	
					CREDITS		DEBITS			
3100301.104345	SISNERO	1	60.00	1	25.00	1	-700.00	1	-60.00	
3100301.111422	VALENCI	6	2243.00	5	302.00	0	0.00	0	0.00	

TOTALS:		7	2303.00	6	327.00	1	-700.00	1	-60.00	

Figure 2-4: The cashier summary displays

```

DOS File Being Created'
Please Standby - Copying Data to DOS File c:\inetpub\ftproot\pub\rpms\IHS_AR_RPM
S_RCV_835_232101_20100301_125914_1.08.99.DAT

Enter RETURN to continue or '^' to exit:

Print Summary Screen? Y// ES

=====
Export Summary Print                                MAR 1,2010@11:52:43      Page 1
A/R Location: INDIAN HEALTH HOSPITAL
=====
Please ensure the following information is correct:

SESSION ID      CASHIER      PAYMENTS      ADJUSTMENTS      REFUNDS
                  CREDITS      DEBITS
3100301.104345  SISNERO      1      60.00  1      25.00  1      -700.00  1      -60.00
3100301.111422  VALENCI      6      2243.00  5      302.00  0      0.00  0      0.00
-----
TOTALS:                  7      2303.00  6      327.00  1      700.00  1      -60.00

DEVICE: HOME//      Virtual      Right Margin: 80//

```

Figure 2-5: The Export Summary displays

3.0 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>

Email: support@ihs.gov