RESOURCE AND PATIENT MANAGEMENT SYSTEM

Accounts Receivable

(BAR)

Patch 19 Addendum

Version 1.8 Patch 19
February 2011

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Division of Information Resource Management
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1.0 Summary of Changes

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

1. Modifications

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

  - Payment Summary Report by Treasury Department Number (TDN)
  - Top Payer Report
  - Transactions Missing UFMS Tx Date

2. Resolutions to Help Desk Calls

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

2.0 Patch 19 Details

2.1 Prepayment Collections (PST–PRE)

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

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

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

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

3. The remaining Payment Type prompts will differ depending on which Payment Type was selected, as described below.
   a. CASH: Enter a dollar amount at the “Credit” prompt.
   b. CHECK: Enter a check number at the “Check Number” prompt. Enter a name at the “Name on Checking Account” prompt. This is a free-text field. There is no system restriction on how the field should be populated.
   c. CREDIT CARD: Enter one of the following at the “Card Type” prompt or type two question marks (**??**) to choose from a list.
      i. Enter a name at the “Name on Card” prompt. This is free-text field. There is no system restriction on how the field should be populated.
      ii. Enter a dollar amount at the “Credit” prompt.
   d. DEBIT CARD: Use the directions listed above for Credit Card.

```
+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8          |
+                 Prepayment Collections                  +
|                   2010 DEMO HOSPITAL                    |
|           ** LOGGED INTO CASHIERING MODE **             |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: SISNEROS,GINA GS        BUSINESS OFFICE     15-DEC-2010 10:47 AM

Enter your Current Signature Code:    SIGNATURE VERIFIED

Enter your Department:    FAMILY PRACTICE     28

PAYMENT TYPE:??

Enter a code from the list.

     Select one of the following:

          CA        CASH
          CK        CHECK
          CC        CREDIT CARD
          DB        DEBIT CARD

PAYMENT TYPE:CC  CREDIT CARD

CARD TYPE: ??

Enter type of credit card, i.e. Visa, Mastercard, etc...).

     Select one of the following:

          A         AMERICAN EXPRESS
          C         DINERS CLUB
          D         DISCOVER
          M         MASTERCARD
          V         VISA

CARD TYPE: VISA

NAME ON CARD: PATIENT,DEMO

CREDIT:  25.00
```

Figure 2-1: Selecting a payment type

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

```
CREDIT:  25.00

Select A/R BILL/IHS BILL NUMBER:

Select PATIENT NAME:

Select Bill DOS:
```

Figure 2-2: Selecting a specific bill, patient, or date of service

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

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

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

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

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

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

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

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

          RECEIPT #:   CIHA0000000026
```

```
Print Receipt?  YES/NO   YES

Number of copies:  1//
DEVICE: HOME// SLAVE  LOCAL    Right Margin: 80//

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

PATIENT: DEMO,CHARLES                  HRN: 167260

RECEIPT NO: CIHA0000000026             PAYMENT RECEIVE DATE: 12/20/2010
PAYMENT TYPE: DEBIT CARD
CARD TYPE: VISA                        AMOUNT: $ 15.00
PAYMENT FOR DOS: 03/15/2011

PAYMENT RECEIVED FOR UPCOMING SURGERY IN MARCH. GCS

Enter your Department:
```

Figure 2-3: Filing and printing a prepayment receipt

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

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

SELECT ITEM TO MODIFY: (?? for list) ??

Enter a code from the list.

     Select one of the following:

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

SELECT ITEM TO MODIFY: (?? for list)
```

Figure 2-4: Using the Modify command

c. Quit. Choose this command to delete all the information entered thus far.

2.2 Reprint Receipt (PST–RECP)

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

```
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8           |
           +                    Reprint Receipt                      +
           |                   2010 DEMO HOSPITAL                    |
           |           ** LOGGED INTO CASHIERING MODE **             |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: SISNEROS,GINA GS        BUSINESS OFFICE     20-DEC-2010 3:50 PM
Select A/R PREPAYMENT RECEIPT NUMBER: Enter Receipt Number, Patient, DOS,
Receipt Date: //    CIHA0000000026

Receipt Number:  CIHA0000000026

1)  PAYMENT FOR DOS:  MAR 15, 2011

2)  CREDIT:           $ 15.00

3)  DEPARTMENT:       FAMILY PRACTICE

4)  PAYMENT TYPE:     DEBIT CARD
    CARD TYPE:        VISA
    NAME ON CARD:     DEMO,CHARLES

5)  A/R BILL NUMBER:
    PATIENT NAME:
    BILL DOS:

6)  PATIENT:          DEMO,CHARLES

7)  COMMENTS:  PAYMENT RECEIVED FOR UPCOMING SURGERY IN MARCH. GCS

Print Receipt?  YES/NO   YES

Number of copies:  1// 2

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

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

PATIENT: DEMO,CHARLES                  HRN: 167260

RECEIPT NO: CIHA0000000026             PAYMENT RECEIVE DATE: 12/20/2010
PAYMENT TYPE: DEBIT CARD
CARD TYPE: VISA                        AMOUNT: $ 15.00
```

```
PAYMENT FOR DOS: 03/15/2011

PAYMENT RECEIVED FOR UPCOMING SURGERY IN MARCH. GCS
```

Figure 2-4: Reprinting a prepayment receipt

2.3 Batching Prepayments (COL–EN)

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

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

```
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8           |
           +                   Collections Entry                     +
           |                   2010 DEMO HOSPITAL                    |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: SISNEROS,GINA GS        BUSINESS OFFICE     20-DEC-2010 4:15 PM

Enter your Current Signature Code:    SIGNATURE VERIFIED
Select A/R COLLECTION POINT/IHS NAME: GS_NON-BEN


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


1.         20.00 CASH   09/24/10 CIHA0000000004   WEATHERS,STORMY
2.          9.00 CASH   09/30/10 CIHA0000000013   SMITH,SAMMY DOG
3.          7.00 CASH   09/30/10 CIHA0000000014   PATIENT,NOT REAL
4.        250.00 CASH   11/05/10 CIHA0000000018   BRONSON,CHUCKLES
Enter RETURN to continue or ‘^’ to exit:
```

Figure 2-5: Unbatched prepayments are displayed

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

```
ITEM 1
Up-Arrow at Transaction Type to exit loop and KILL New Entry
PAYMENT TYPE: CASH
1.         20.00 CASH   09/24/10 CIHA0000000004   WEATHERS,STORMY
2.          9.00 CASH   09/30/10 CIHA0000000013   SMITH,SAMMY DOG
3.          7.00 CASH   09/30/10 CIHA0000000014   PATIENT,NOT REAL
4.        250.00 CASH   11/05/10 CIHA0000000018   BRONSON,CHUCKLES
```

```
Select Entry to batch or <Enter> to proceed:  2

You selected line 2

2.     9.00 CASH 09/30/10 CIHA0000000013 SMITH,SAMMY DOG

Are you sure this is what you want?  YES//
CREDIT:  9.00

A/R ACCOUNT: SMITH,SAMMY DOG  SMITH,SAMMY DOG
VISIT LOCATION:    2010 DEMO HOSPITAL
PAYOR: SMITH,SAMMY DOG//

       HEADQUARTERS WEST       ALBUQUERQUE       01    NM  HOSPITAL  7247
GS_NON-BEN-12/20/2010-1ITEM: 1    TYPE: CASH    BATCH TOTAL: 250
TDN/IPAC: AB11255633               TDN/IPAC AMOUNT: 250.00
===========================================================================
     AMOUNT PAID              9.00
     A/R ACCOUNT              SMITH,SAMMY DOG
     PAYOR                    SMITH,SAMMY DOG
     LOCATION OF SERVICE      2010 DEMO HOSPITAL
     TREASURY DEPOSIT/IPAC #  AB11255633
===========================================================================
CIHA 2010 DEMO HOSPITAL       $  9.00

     Select one of the following:

          E         Edit
          D         Delete
          F         FILE

Enter response: F//
```

Figure 2-6: Batching cash payments

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

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

```
Select A/R BILL/IHS BILL NUMBER: 10038
     1   10038  31876A-IH-12770      63.98   OPEN  02/03/10 JONES,CHIPPER
     2   10038  31877A-IH-12770      63.98   OPEN  05/20/10 JONES,CHIPPER
     3   10038  32218A-IH-12770      63.98   OPEN  07/18/10 JONES,CHIPPER
CHOOSE 1-3:
```

Figure 2-7: Multiple dates of service

2.5 Post Status Change (ACM–PSC)

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

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

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

```
Select Account Management Menu Option: PSC  Post Status Change

Enter your Current Signature Code:    SIGNATURE VERIFIED

Select A/R BILL/IHS BILL NUMBER: 1535419B  -CH-12358      25.00   OPEN
03/28/10 SISNEROS,LEO
```

Figure 2-7: AR posting prompts

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

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

                             Select Command Options
                             ----------------------

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

Select Command (Line # 2) :
```

Figure 2-8: Select Command Options

Use the S command to indicate a specified dollar amount has been Sent to Collections. The system will not allow more than the Current Balance amount to be marked as Sent to Collections. The amount being sent to collections will be deducted from the current bill balance.

```
Claims for SISNEROS,LEO  from 03/28/2010 to 03/28/2010          Page: 1

                                      Billed    Current    Current    Current
Line #  DOS       Claim #             Amount    Paymnts     Adjust    Balance
-----------------------------------------------------------------------------
  1   03/28/2010  1535419A-CH-12358     423.00    0.00       0.00       0.00
  2   03/28/2010  1535419B-CH-12358      25.00    0.00       0.00      25.00

Select Command (Line # 2) : S
Amount is added to Sent to Collections amount and deducted from Current Balance.
STATUS Amount: 250
You can't place more than the current bill amount in collections.

Enter RETURN to continue:

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

STATUS Amount: 25
Select Adjustment Type: ??

   Choose from:
   990          PSC (PROGRAM SUPPORT CENTER)
   991          LOCAL COLLECTION COMPANY
   992          INTERNAL COLLECTIONS
```

Figure 2-9: Using the S command

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

```
Claims for SISNEROS,LEO  from 03/28/2010 to 03/28/2010          Page: 1


                                      Billed    Current    Current    Current
Line #  DOS       Claim #             Amount    Paymnts     Adjust    Balance
-----------------------------------------------------------------------------
  1   03/28/2010  1535419A-CH-12358    423.00    0.00        0.00       0.00
  2   03/28/2010  1535419B-CH-12358     25.00    0.00        0.00       0.00


Line #: 2
Select Command (Line # 2) : V

Amount is added to Current Balance and deducted from Sent to Collections amount.
REVERSE STATUS Amount: 25
Select Adjustment Type: 990  PSC (PROGRAM SUPPORT CENTER)

Claims for SISNEROS,LEO  from 03/28/2010 to 03/28/2010          Page: 1

                                      Billed    Current    Current    Current
Line #  DOS       Claim #             Amount    Paymnts     Adjust    Balance
-----------------------------------------------------------------------------
  1   03/28/2010  1535419A-CH-12358    423.00    0.00       0.00       0.00
  2   03/28/2010  1535419B-CH-12358     25.00    0.00       25.00      25.00
```

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

Figure 2-10: Using the V command

2.6 Autopopulation of Standard Adjustment Reason Codes in 3PB

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

```
“ERROR:  STANDARD ADJUSTMENT CODE NOT ENTERED FOR ADJUSTMENT”.
```

Figure 2-11: Error message

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

2.7 New Message Transaction Created at Export of 3P Bill

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

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

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

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

Figure 2-12: Export messages in 3P bill

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

```
OUTPUT BROWSER             Dec 21, 2010 10:05:40        Page:    1 of    1
Message Display for  1535434A-CH-100100
```

```
OCT 14, 2010
              ORIGINAL ON 3101014.101308, GCN: 115747 REASON:

OCT 23, 2010
       REFILE ON 3101023.112106, GCN: 115748 REASON: ORIGINAL EXPORT
FAILED. GCS

NOV 14, 2010
              RECREATED ON 3101114.101308, GCN: 115749 REASON:  TESTING NEW
MESSAGES. GCS


       Enter ?? for more actions                                      >>>
+    NEXT SCREEN          -    PREVIOUS SCREEN      Q    QUIT
Select Action: +//
```

Figure 2-13: Export messages in A/R bill

Export statuses are defined as follows:

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

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

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

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

Finally, a prompt was added to the PRA and PRO options to allow a comment to be added to all the statements. The same comment will appear on all the statements being printed. This is a free text field.

```
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8             |
           +     Print One Flagged Patient's Account Statement         +
           |                NOT-A-REAL FACILITY                        |
           |           ** LOGGED INTO CASHIERING MODE **               |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: SISNEROS,GINA           BUSINESS OFFICE     18-JAN-2011 1:42 PM

Select Patient-Account:    PATIENT,NONINDIAN
Select Beginning Date: 12/1/10  (DEC 01, 2010)
Select Ending Date: 12/31/10  (DEC 31, 2010)
```

```
Add a patient statement message: THIS COMMENT WILL APPEAR ON ALL
STATEMENTS. GCS
```

Figure 2-14: Adding a comment to statements

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

```
  Statement Date: 01/18/2011                                          Page: 1

NOT-A-REAL FACILITY
2650 FACILITY WAY
ALBUQUERQUE,NM 87109

     PATIENT,NONINDIAN                           STATEMENT PERIOD
     9876 CR 12                                  12/01/2010 - 12/31/2010
     RIO RANCHO, NM, 87100
=============================================================================
        BILLED    INSURANCE     PATIENT   ADJUSTED     INSURANCE    PATIENT
        AMOUNT     PAYMENT      PAYMENT    AMOUNT     OUTSTANDING  AMOUNT DUE
=============================================================================

     LOCATION:  NOT-A-REAL FACILITY

SERVICE DATE: 01/05/11        BILL #: 3264        PROVIDER: ASP
         89.00        0.00        0.00       0.00           0.00        89.00

      ---------   ---------   ---------  ---------      ---------    ---------
         89.00        0.00        0.00       0.00           0.00        89.00


-----------------------------------------------------------------------------
Pre-payments:
 1. Receipt #NAR0000000001    $ 100.00  FOR 08/20/2011      DISCOVER
 2. Receipt #NAR0000000008    $   3.00  FOR 03/04/2010      DEBIT CARD
 3. Receipt #NAR0000000009    $   5.00  FOR 06/01/2011      DEBIT CARD
-----------------------------------------------------------------------------
THIS COMMENT WILL APPEAR ON ALL STATEMENTS. GCS
=============================================================================
** SUMMARY by days due**
-----------------------------------------------------------------------------
 0-29 Days       30-59 Days     60-89 Days     90-120+ Days       TOTAL DUE
 $   89.00       $    0.00      $    0.00      $    0.00          $    89.00
=============================================================================

                         +++PAYMENT DUE UPON RECEIPT+++

** Your Insurance has been billed. You may be responsible for all or
a portion of the billed amount based on your scheduled benefits.
Statement reflects all transactions up to statement date.

This statement is intended for the above named patient, if you have
received this statement in error please notify us immediately.
```

Figure 2-15: New patient statement

2.9 Modifications to Existing Reports

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

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

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

```
            +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
            |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8           |
            +       Treasury Deposit/Batch Statistical Report         +
            |                    2010 DEMO HOSPITAL                   |
            +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
      User: SISNEROS,GINA GS        BUSINESS OFFICE     27-DEC-2010 4:01 PM


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


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

Enter ending POSTING TRANSACTION date: 11/30/10  (NOV 30, 2010)
```

Figure 3-1: Choosing dates

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

Note: If either of the new sorts is selected (3 or 4), the data will not be broken down by collection batch item, as it is when Sorts 1 or 2 are selected.

```
     Select one of the following:

          1         ALLOWANCE CATEGORY
          2         TDN/IPAC NUMBER
          3         BOTH ALLOWANCE CATEGORY AND TDN/IPAC NUMBER SORTED BY ALLOWANCE
CATEGORY
          4         BOTH TDN/IPAC NUMBER AND ALLOWANCE CATEGROY SORTED BY TDN/IPAC
THEN BY ALLOWANCE CATEGORY, SUBTOTAL BY TDN/IPAC
```

```
Sort Report by:: 1// 4  BOTH TDN/IPAC NUMBER AND ALLOWANCE CATEGROY SORTED BY
TDN/IPAC THEN BY ALLOWANCE CATEGORY, SUBTOTAL BY TDN/IPAC

     Select one of the following:

          MCR       Medicare
          MCD       Medicaid
          PVT       Private Insurance
          OTH       Other
          ALL       ALL CATEGORIES

Include Which Allowance Categories: ALL//  CATEGORIES

DEVICE: HOME//   Virtual

DATE: DEC 27,2010@16:08:05                                            PAGE 2
                     TREASURY DEPOSIT/BATCH STATISTICS FOR
                               2010 DEMO HOSPITAL
                         FROM NOV 1,2010 TO NOV 30,2010
                     SORTED BY TREASURY DEPOSIT NUMBER/IPAC

BATCH     COLLECTIONS      UNALLOCATED        REFUNDED     BATCH
TOTAL     PROCESSED       TRUE      TOTAL     FROM BATCH   TRANSFER   BALANCE
============================================================================
TDN/IPAC: GCS0068995 TDN DATE: SEP 19, 2010
ALLOWANCE CATEGORY: MCD
GS_MEDICAID-09/21/2010-1- P
----------  ----------  --------------------  ----------  ----------  -------
5000.00     1302.00     1600.00   3698.00     2098.00        0.00        0.00


ALLOWANCE TOTAL:
----------  ----------  --------------------  ----------  ----------  -------
5000.00     1302.00     1600.00   3698.00     2098.00        0.00        0.00


TDN TOTAL:
----------  ----------  --------------------  ----------  ----------  -------
5000.00     1302.00     1600.00   3698.00     2098.00        0.00        0.00
```

Figure 3-2: Sorting by TDN and then by Allowance Category

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

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

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

```
Select Financial Reports Menu Option: STA  A/R Statistical Report

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

   INCLUSION PARAMETERS in Effect for A/R Statistical Report:
   ====================================================================

     Select one of the following:

          1         LOCATION
          2         BILLING ENTITY
          3         DATE RANGE
          4         PROVIDER

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

     Select one of the following:

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

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

ENTER IN THE GROUP NUMBER YOU WISH TO REPORT: 101

ENTER IN THE GROUP NUMBER YOU WISH TO REPORT: 102

ENTER IN THE GROUP NUMBER YOU WISH TO REPORT:

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

     Select one of the following:

          1         LOCATION
          2         BILLING ENTITY
          3         DATE RANGE
          4         PROVIDER

Select ONE or MORE of the above INCLUSION PARAMETERS:
```

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

Once all the desired inclusion parameters have been selected, a new prompt will be displayed to allow the user to choose a printer format for the report, or a delimited text format. The example below shows the report in a printer format.

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

Output DEVICE: HOME//   Virtual

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

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

TOTAL COVERED INPATIENT DAYS 0

END OF REPORT
```

Figure 3-4: STA report in printer format

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

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

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

Output DEVICE: HOME// HFS  HOST FILE SERVER

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

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

Figure 3-5: Exporting to a local directory

2.11 Transaction Statistical Report (RPT–FRM–TSR)

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

```
     Select one of the following:

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

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

     Select one of the following:

          1         PAYMENT
          2         ADJUSTMENT
          3         STATUS CHANGE

Select ONE or MORE of the above INCLUSION PARAMETERS:
```

Figure 3-6: Selecting Transaction Type

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

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

```
INCLUDE CLINIC OR VISIT TYPE? ? N// O

Text-delimited? ? N// YES

DEVICE: HOME// HFS
```

```
HOST FILE NAME: C:\INETPUB\FTPROOT\PUB\TSR_1.18.2011

ADDRESS/PARAMETERS: "WNS"//
```

Figure 3-7: Excluding a clinic or visit type and exporting

2.12 Adjustment and Refund Report (RPT–FRM–ADJ)

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

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

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

```
        WARNING: Confidential Patient Information, Privacy Act Applies
=============================================================================
DETAIL A/R Bill and Transaction Synchronization ReportDEC 28,2010@12:58   Page 1
at ALL Visit location(s) regardless of Billing Location
=============================================================================
                                              BILL    TRANSACTION
A/R BILL       DOS       A/R ACCOUNT        BALANCE   HISTORY BAL  DIFFERENCE
=============================================================================

       Visit Location: 2010 DEMO HOSPITAL

905508A-CH-1  02/04/2005  BENEFICIARY MED     0.00       432.00      -432.00
   Appr Dt: 02/15/2005@13:50 (3050215.135021)  HRN: 47764           0.00 [ ]

      TR DATE    TR TYPE         A/R ACCOUNT      TR AMOUNT      TR BALANCE
      ---------- --------------  --------------   ----------     ----------
  3050215.135021 BILL NEW        BENEFICIARY ME       216.00         216.00
  3050310.101843 FLAT RATE ADJU  BENEFICIARY ME       216.00         432.00
-----------------------------------------------------------------------------

908681A-CH-1  02/07/2005  BENEFICIARY MED        0.00    432.00      -432.00
   Appr Dt: 02/15/2005@13:24 (3050215.132421)  HRN: 45235          0.00 [ ]

      TR DATE    TR TYPE         A/R ACCOUNT      TR AMOUNT      TR BALANCE
      ---------- --------------  --------------   ----------     ----------
  3050215.132421 BILL NEW        BENEFICIARY ME       216.00         216.00
  3050310.101844 FLAT RATE ADJU  BENEFICIARY ME       216.00         432.00
-----------------------------------------------------------------------------
```

Figure 3-8: Example of revised ATS report

2.14 Cancelled Bills Report (MAN–RPT–CXL)

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

```
        WARNING: Confidential Patient Information, Privacy Act Applies
=============================================================================
 DETAIL Cancelled Bills Report                    DEC 28,2010@14:44   Page 1
 For ALL Visit Locations
 containing ONLY bills with an Open Balance.
=============================================================================
                         Active           Claim      Visit
  Patient         HRN    Insurer          Number     Date         Reason
                                       # BILLS     AMT BILLED        BALANCE
=============================================================================
Cancelling Official:  SISNEROS,GINA GS
     VISIT Location: 2010 DEMO HOSPITAL
          Clinic: GENERAL
KILLIAN,DONALD JA 5958   TRICARE   1522856A-CH  JAN 08, 2010 BILL PRIMARY PA
KUHN,RACHAEL DENI 3608   MEDICARE  1522828A-CH  JAN 03, 2010 BILL PRIMARY PA
SISNEROS,BRONSON  32520  BCBS NM   1535497A-CH  AUG 30, 2010 INCORRECT EXPOR
SMITH,SAMMY DOG   1001   BCBS NM   1535435A-CH  AUG 11, 2010 INCORRECT EXPOR
SMITH,SAMMY DOG   1001   UHC       1535448A-CH  JUL 26, 2010 INCORRECT EXPOR
TAYLOR,WA-YA A-DI 692    MEDICARE  1521002A-CH  JAN 06, 2010 BILL PRIMARY PA
                                        ------    ------------  ------------
                                             6       22,199.99     22,199.99
```

Figure 3-9: Example of revised Cancelled Bills Report

2.15 New Reports

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

This report is very similar to the Payment Summary Report by Collection Batch except that it allows for reporting by TDN. Either a TDN or a date range must be entered when running this report. If a TDN or a date range is not selected as an inclusion parameter, a warning message will be displayed and the user will be taken back to the selection prompt.

If running the report for a specified TDN(s), select 2 for One or More TDNs. The user may type two question marks (**??**) to display a list of TDNs, or may simply start entering the desired TDN(s).

```
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8           |
           +             Payment Summary Report by TDN               +
           |                  NOT-A-REAL FACILITY                    |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: SISNEROS,GINA           BUSINESS OFFICE     21-JAN-2011 10:12 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.

   INCLUSION PARAMETERS in Effect for Payment Summary Report by TDN:
   =====================================================================

     Select one of the following:

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

Must select TDN or Date Range (One or the other, not both): 2 One or more
TDN's Select TDN**: ??

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

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

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

Select Another TDN: GS025889  GS_PRIVATE-01/07/2011-1     GS_PRIVATE
GS025889

   INCLUSION PARAMETERS in Effect for Payment Summary Report by TDN:
   =====================================================================
   - TDN Selected..........: 11232010
                             GS025889

Select Another TDN: GS001258  GS_OTHER-01/05/2011-1     GS_OTHER
GS001258

   INCLUSION PARAMETERS in Effect for Payment Summary Report by TDN:
   =====================================================================
   - TDN Selected..........: 11232010
                             GS001258
                             GS025889

Select Another TDN:
   INCLUSION PARAMETERS in Effect for Payment Summary Report by TDN:
   =====================================================================
   - TDN Selected.........: 11232010
                            GS001258
                            GS025889


     Select one of the following:

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

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

Figure 4-1: List of TDNs

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

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

```
Output to Text Delimited File? ? N// YES

DEVICE: HOME// HFS

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

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

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

```
Output to Text Delimited File? ? N// O


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

==============================================================================================
PAYMENT SUMMARY REPORT BY TDN
JAN 14,2011@11:34   Page 1
Batch Dates:  12/01/2010 to 01/14/2011   LOCATION: WHITE EARTH HEALTH CENTER
BATCHED AMOUNT:  $      24,269.10
==============================================================================================
TREASURY DEPOSIT  COLLECTION  BATCHED    POSTED      TRUE      REFUND     TRANSFER    UNPOSTED
    NUMBER           BATCH    AMOUNT     AMOUNT      UNALL     AMOUNT      AMOUNT      AMOUNT
==============================================================================================
GS001258  GS_OTHER-01/05/2011-1       100.00    100.00     0.00       0.00       0.00    0.00
11232010  CBS MEDICARE-01/06/2011-1   100.00    100.00     0.00       0.00       0.00    0.00
GS025889  GS_PRIVATE-01/07/2011-1   23554.10   13584.00 1099.00       0.00       0.00    871.10
```

```
LOCATION TOTAL      ----         ---------- ---------- ---------- ---------- ---------- -------
                        3           23754.10  13,784.00   1,099.00     0.00      0.00  8,871.10

  REPORT TOTAL     ----         ---------- ---------- ---------- ---------- ---------- -------
                        3           23754.10  13,784.00   1,099.00     0.00      0.00  8,871.10
```

Figure 4-3: Printing the report

2.16 Top Payer Report (RPT–FRM–PAY)

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

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

```
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8           |
           +                   Top Payer Report                      +
           |                  NOT-A-REAL FACILITY                    |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: SISNEROS,GINA          BUSINESS OFFICE     14-JAN-2011 12:08 PM

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

   INCLUSION PARAMETERS in Effect for Top Payer Report:
   =====================================================================

     Select one of the following:

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

Select ONE or MORE of the above INCLUSION PARAMETERS:

This is a required response. Enter '^' to exit.
 A Date Range must be entered for the report.

   INCLUSION PARAMETERS in Effect for Top Payer Report:
   =====================================================================
     Select one of the following:
          1         LOCATION
          2         DATE RANGE
          3         PROVIDER
          4         CLINIC
          5         APPROVING OFFICIAL
          6         PRIMARY DIAGNOSIS
          7         ADJUSTMENT
          8         ALLOWANCE CATEGORY

Select ONE or MORE of the above INCLUSION PARAMETERS: 2  DATE RANGE

     Select one of the following:

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

Select TYPE of DATE Desired: 2  Visit Date

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

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

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

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

     Select one of the following:

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

Select ONE or MORE of the above INCLUSION PARAMETERS:
```

Figure 4-4: Warning message

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

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

```
     Select one of the following:

          1         PROVIDER
          2         CLINIC
          3         APPROVING OFFICIAL
          4         PRIMARY DIAGNOSIS
          5         ADJUSTMENT TYPE
          6         ALLOWANCE CATEGORY

Select a * SORT * Field:

   INCLUSION PARAMETERS in Effect for Top Payer Report:
   =====================================================================
   - Visit Dates from........: 10/01/2009  to: 09/30/2010

SORT PARAMETER in Effect for Top Payer Report: NO SORT SELECTED

Select number of entries to display:  (1-100): 5// 10

=============================================================================
Top Payer Report for ALL BILLING SOURCE(S)         JAN 14,2011@12:32   Page 1
at ALL Visit location under 2010 DEMO HOSPITAL Billing Location
with VISIT DATES from 10/01/2009 to 09/30/2010 Sort by: No Sort Selected
=============================================================================
A/R ACCOUNT                      TX CNT        AMOUNT PD           ALLOWABLE
=============================================================================
NC MEDICAID DNC00                  2953       875,472.12                0.00
MEDICARE                           7996       803,887.79          176,699.47
MEDICAID                           5698       238,001.91            5,175.00
RX PRESCRIPTION SOLUTIONS          2669        53,233.38            3,855.02
BLUE CROSS BLUE SHIELD-N.C.         469        50,121.96           19,567.60
RX D-SILVERSCRIPT                  2982        49,360.60           14,384.06
RX D-YOURX PLAN                    2824        46,710.52           14,483.79
BLUE CROSS BLUE SHIELD-FEP          458        44,334.20            8,838.15
BCBS HEALTHCHOICE                   271        37,063.82               65.20
RX PCS FEP-ONLY                     888        19,545.49            4,145.34

GRAND TOTALS                     27,208     2,217,731.79          247,213.63
```

Figure 4-5: Choosing the sort

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

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

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

Finally, enter a file name. This should be something meaningful that will be easy to locate in your local directory. When the report is finished generating and has been exported, the following message will be displayed: “Searching....DONE.”

```
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
           |          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8           |
           +           Transactions Missing UFMS TX Date             +
           |                  NOT-A-REAL FACILITY                    |
           +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
     User: SISNEROS,GINA           BUSINESS OFFICE     14-JAN-2011 12:59 PM

This report will look through all the A/R Transactions in the selected date
range and report any that have not been transmitted to UFMS.  Caution
should be used when running this report as it could contain a substantial
amount of data depending on your site.

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

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

Enter ENDING DATE for the Report:  TODAY// T  12/31/10 (DEC 31, 2010)
Enter Path: c:\inetpub\ftproot\pub  Replace
Enter File Name: UTLT_1.14.2011

Searching....DONE
```

Figure 4-6: Generating the UTLT report

Please see Appendix A for a copy of the report in Excel format.

Appendix A: UTLT Report

Missing Transaction List for NOT-A-REAL F

TRANS IEN	BILL#	A/R ACCT	INS TYPE	PYMT	ADJ	CR-DEB	TRANS TYPE	CBATCH	CITEM	TDN	3P APPRV DT	UFMS EXP FILE	VISIT TYPE
3110106.164551	3259A-NRF	MEDICARE	MEDICARE FI	$ 50.00		$50.00	PYMT	CBS MEDICARE-01/06/2011-1	1	11232010	01/05/2011@12:46		131
3110119.161535	3179A-NRF	NM BC/BS INC	PRIVATE		$98.00	$98.00	ADJ				07/06/2009@13:54		131
3110120.153350	3262A-NRF	AETNA	PRIVATE		$124.00	$124.00	ADJ				01/05/2011@12:45		131
3110121.155628	3192A-NRF	AETNA	PRIVATE	$3,150.00		$3,150.00	PYMT	GS_PRIVATE-01/07/2011-1	2	GS025889	02/06/2009@13:23		111
3110121.155629	3248A-NRF	AETNA	PRIVATE		$(2,500.00)	$(2,500.00)	ADJ	GS_PRIVATE-01/07/2011-1	2	GS025889	09/02/2009@10:39		131
3110121.155630	3248A-NRF	AETNA	PRIVATE	$2,434.00		$2,434.00	PYMT	GS_PRIVATE-01/07/2011-1	2	GS025889	09/02/2009@10:39		131
END OF REPORT													

Contact Information

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

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Fax:	(505) 248-4363
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