



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 24
November 2017

Office of Information Technology
Division of Information Technology

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Preface

The Third Party Billing system (ABM) is designed to automate creation of a claim using existing Resource and Patient Management System (RPMS) data. This document describes updates to the Third Party Billing System.

Please review and distribute this addendum to your Third Party Billing staff prior to installing this patch.

1.0 Introduction

1.1 Summary of Changes

Patch 24 provides enhancements and minor corrections to v2.6 of the Third Party Billing application.

1.1.1 Patch 24

Patch 24 contains the following change:

CR9823 - Prior to Patch 24, if a different insurer was selected on a claim in the claim editor, and a different fee schedule was specified in the insurer file for the other insurer, the fees on the claim did not update to reflect the correct fee schedule. In this scenario, billers would have to manually edit each charge amount on the claim. Patch 24 provides new functionality whereby the biller is given the option to have the fees automatically updated when a different insurer is selected in the claim editor.

2.0 Patch 24

2.1 Add/Edit Claim Menu

ABM → EDTP → EDCL

In the claim editor, when the Pick option is used to select a different insurer to bill, it is possible that a different fee schedule is associated with the selected insurer and visit type. Prior to patch 24, the charges on the claim were not updated with the new fees unless the Rebuild Items from PCC (RBCL) option was used to rebuild the claim.

In patch 24, a message will be displayed when a new insurer is picked on page 2 of the Add/Edit Claim option *and* there is a different fee schedule associated with that insurer. A prompt will also be displayed to allow for updating fees on the claim, if desired. If the default of YES is selected at this new prompt, the fees will be changed on the claim to reflect the fee schedule associated with the selected insurer. If the answer NO is selected, the fees will remain, without changes.

This new functionality is designed to work as described if one of the payers has a default fee schedule in Site Parameter Maintenance (SITM,) and one of the payers has a different fee schedule set up within a Visit Type in the Insurer file. If both payers on page 2 of the Edit Claim Data (EDCL) have the same fee schedule associated, there will be no changes when a different insurer is picked.

```
EMC File Preference.....: HOST FILE//
DEFAULT EMC PATH.....: c:\pub\//
Facility to Receive Payments....: 2011 DEMO HOSPITAL
//
Printable Name of Payment Site..: 2011 DEMO HOSPITAL INC
    Replace
Current Default Fee Schedule....: 14//
```

Figure 1 Default Fee Schedule prompt in 3P Site Parameters

```
Select VISIT TYPE..: 131  OUTPATIENT
    ...OK? Yes//    (Yes)

Billable (Y/N/E)....: YES//
Reporting purposes only:
Do you want to replace with another insurer/visit type?
Start Billing Date (create no claims with visit date before)..:
Procedure Coding....: CPT//
Fee Schedule.....: 17//
```

Figure 2 Default Fee Schedule prompt in Insurer File/Visit Type

When a different fee schedule has been specified for a payer that has been selected on page 2, a message will be displayed indicating that another fee schedule has been identified. The next prompt allows for charges on the claim to be automatically updated. If the user answers 'YES,' the message "update complete" displays, and the selected insurer will display on line #1 under the billing entity. All charges within the claim will be updated to reflect the fee schedule associated with the selected insurer.

```

PAGE 2 - INSURER INFORMATION

To: NEW MEXICO MEDICAID          Bill Type...: 131
   PO BOX 10000                 Proc. Code..: CPT4
   SANTA FE, NM  87666          Export Mode.: 837P (HCFA) 5010
                                   Flat Rate...: N/A
.....

          BILLING ENTITY          STATUS          POLICY HOLDER
          =====          =====          =====
[1] NEW MEXICO MEDICAID          ACTIVE          SHIVERS,DUSTIN
[2] MAIL HANDLERS BENEFIT PLAN   PENDING        SHIVERS,DUSTIN
[3] BENEFICIARY PATIENT (INDIAN) PENDING        SHIVERS,DUSTIN
-----
WARNING:073 - EMPLOYER NAME UNSPECIFIED
-----

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N// P2

NEW MEXICO MEDICAID is Currently the Billing Source!

Do you wish to bill MAIL HANDLERS BENEFIT PLAN? YES

**Note** A different fee schedule (#17) has been identified for this
visit type (131).

Do you wish to import those fees into this claim? Yes//  YES

Updates complete
    
```

Figure 3 New message note and prompt displayed in EDCL

If the user answers "NO," the "fees will be left as is" message will display. There will not be a change in fees on the claim.

```

          BILLING ENTITY          STATUS          POLICY HOLDER
          =====          =====          =====
[1] MAIL HANDLERS BENEFIT PLAN   ACTIVE          SHIVERS,DUSTIN
[2] NEW MEXICO MEDICAID          PENDING        SHIVERS,DUSTIN
[3] BENEFICIARY PATIENT (INDIAN) PENDING        SHIVERS,DUSTIN
-----
WARNING:073 - EMPLOYER NAME UNSPECIFIED
-----

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N// P2

MAIL HANDLERS BENEFIT PLAN is Currently the Billing Source!
    
```

Do you wish to bill NEW MEXICO MEDICAID? YES

****Note**** A different fee schedule (#17) has been identified for this visit type (131).

Do you wish to import those fees into this claim? Yes// NO

Fees will be left as is then..

Figure 4 New message note and prompt displayed in EDCL

Acronym List

Acronym	Term Meaning
3P	Third Party
CR	Change Request
EDCL	Edit Claim Data
PCC	Patient Care Component
RBCL	Rebuild Items from PCC
RPMS	Resource and Patient Management System
SITM	Site Parameter Maintenance

Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (888) 830-7280 (toll free)

Web: <https://www.ihs.gov/helpdesk/>

Email: support@ihs.gov