



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third-Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 32
February 2021

Office of Information Technology
Division of Information Technology

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Preface

The purpose of this addendum is to provide information about the Third-Party Billing (Namespace: ABM) package. The system is designed to automate the creation of a claim using existing Resource and Patient Management System (RPMS) visit data.

Please review and distribute this addendum to your Third-Party Billing staff *prior to* installation of the patch.

Refer to the notes file released with this patch for all other technical documentation.

References to “Change Requests,” “HEAT,” and “Service Now” (or SNOW) will be seen throughout the document. A Change Request refers to a request to update or modify the software to correct or add additional functionality that will support the mission and goals of the Indian Health Service.

Some examples in the manual may contain references to CPT codes. Please review the CPT Code Usage:

CPT Code Usage: Applicable FARS/DFARS Restrictions Apply to Government Use.

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1.0 Introduction

1.1 Summary of Changes

Patch 32 provides enhancements and minor corrections to Version 2.6 of the Third-Party Billing application. This patch *is not* cumulative of prior released patches. Please refer to those patch addendums for additional information.

Note: This addendum is not intended to be a billing/process guide. Consult your Business Office Manager or Area Business Office Coordinator for questions regarding insurer billing requirements and processes regarding billing.

1.1.1 Patch 32

1. Change Request 8924 – HEAT331656 – Reported by Hopi Health Care Center

Corrections have been made to the Pending Claims Report (PCRP). Two issues have been corrected where, if one insurer was selected to print pending data, the system would print all insurers. The second issue corrected was for the Eligibility Status. Prior to the patch, the system was not checking the eligibility status and was incorrectly reporting patients under the wrong status.

2. Change Request 8942 – HEAT313274 – Reported by Mississippi Band of Choctaw Hospital

Corrected the CPT Pages (Page 8A to Page 8K) in the Claim Editor to use the Default Revenue Code, if populated from the CPT file. If a CPT code does not contain a stored Revenue Code, the system will add a default depending on the page the charge was added.

3. Change Request 8943 – HEAT313569 – Reported by Whiteriver Indian Hospital

Fixed an issue where the billing technician was deleting a provider linked to a medication entry. The error would occur when the first prescription prompt was populated, and the user deleted the Rendering/Ordering Provider. The user was being logged out with the following error: <UNDEF>E+48^ABMDE8D.

4. Change Request 9764

Corrected the Split Claim option in Table Maintenance to only split claims where multiple categories exist. Prior to Patch 32, the system would split a single medication refill causing duplicate claims to create. This applies to the auto-split as well as the manual split option in Table Maintenance.

5. Change Request 9771

Modified the split claim option to check the backbilling limit from the Insurer file or from the Site Parameter file in Third Party Billing and inform the user that the backbilling limit has been reached. The user will then have the option to move forward to split the claim or exit from the option. This affects the Split Claim (SCMG) option, Split Claims Billing (STIN) option, and the Claims ID identified as Potential Split Billing Report (SPIN) option.

6. Change Request 9862

Modified the Patient Counts & % By Eligibility Report (located in the Meaningful Use Reports menu) to report the Medicare Beneficiary Identifier (MBI) in place of the Health Insurance Claim Number (HICN). If the MBI is not present, the HICN will continue to print. If neither number is present, "NO MBI/HICN" will print on the report. Also fixed an error (<SUBSCR>WRTEGIG+30^ABMMUEL1) when the Railroad Retirement entry has a HICN but no prefix.

7. Change Request 10026 – HEAT381081 – Reported by the Phoenix Indian Medical Center

Fixed the UB-04 paper form to correctly print the page number in the "Page _ of _" section located on Line 23.

8. Change Request 10210 – HEAT391939 – Reported by South Dakota Urban Health Centers

Removed the All Inclusive Print NDC prompt and the logic associated to this field which is located in the Insurer File. This logic was meant to itemize the medications on the claim form when submitted using the 837I, UB-04, 837P and the CMS-1500 (02/12) claim forms and is no longer needed.

9. Change Request 10335 – HEAT400004 – Reported by the Prairie Band Potawatomi Health Center

Updated the Claim Editor Pages 8C (Revenue Codes Page) and 8D (Medications Page) to allow the user to edit a line item by typing in the line number of the charge the billing technician wishes to edit. Prior to Patch 32, the system would not allow the user to edit line charges numbered 10 and above. This means the user may type **11** instead of **E** then **11**.

10. Change Request 11501

Created a new Employee Productivity Report to replace the existing productivity report located in the PRRP option under the Reports Menu. This new report will provide statistics on approved billed, exported bills, cancelled claims, cancelled bills, pended claims, open claims and closed claims. A detailed, summary and validation report may be generated by one or a group of users. Some additional fields have been populated within the 3P Bill file to allow some of the features of the report to work.

2.0 Patch 32

2.1 Claim Editor Modifications

2.1.1 Default Revenue Code

The billing manager has the ability to link a Revenue Code to a CPT code. Patch 32 has corrected the way the system adds the Revenue Code to the Claim Editor during the claim generation process. Linking a default may be done within the CPT File Menu located in the Table Maintenance Menu.

```
3PB>TMTP>CPTM>MNCP
```

To add a default Revenue Code,

1. Access the **CPT File Maintenance** option (MNCP).
2. At the “Select CPT CODE to Edit” prompt, type the CPT or HCPCS code or the description of the code and press Enter. The system will identify the code or provide listing of codes. Select the code to edit and press Enter.
3. At the “Default Revenue Code” prompt, type the Revenue Code to associate with this entry and press Enter.

```
+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p32          |
+-----+-----+
|          CPT File Maintenance                            |
|          2017 DEMO HOSPITAL                              |
+-----+-----+
User: DEMO,USER                                     3-NOV-2020 11:13 AM

Select CPT CODE to Edit: 99071    PATIENT EDUCATION MATERIALS
                           EDUCATIONAL SUPPLIES, SUCH AS BOOKS, TAPES, AND PAMPHLETS, FOR THE PATIENT'S
                           EDUCATION AT COST TO PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL

DEFAULT REVENUE CODE: 942          EDUC/TRAINING          EDUCATION/TRAINING
```

Figure 2-1: Editing the CPT Code to Add a Default Revenue Code.

Once the entry has been made, it will display for all claims that contain the CPT or HCPCS coded into the visit and if the export mode used is a UB-04 or 837 Institutional claim form. Not every code will need to have a default Revenue Code linked to a CPT or HCPCS. In addition, please follow the billing guidance provided by the payer to ensure that the correct Revenue Code is used for the services provided.

If no Revenue Code has been linked, the system will apply a default code for each page:

- Page 8A-Medical will default to 510.
- Page 8B-Surgical will default to 510.
- Page 8D-Pharmacy will default to 250.
- Page 8E-Laboratory will default to 300.
- Page 8F-Radiology will default to 320.
- Page 8G-Anesthesia will default to 370.
- Page 8K-Ambulance will default to 540.

For pages 8C-Revenue Code and 8H-Miscellaneous, a default Revenue Code will not display.

The billing technician must ensure the correct Revenue Code has been associated to the CPT or HCPCS code for the type of service billing. Use the MNCP option in Table Maintenance to add a default.

2.2 Split Claims

Third Party Billing Version 2.6 Patch 22 introduced new functionality that allows claims, based on payer, to be set up to automatically split for certain services such as laboratory, pharmacy, or radiology charges. The charge category is based on the Claim Editor page where the services would normally display. The user has the ability to set up the system to auto split all charges to another claim or to generate individual claims per charge item. The setup is based on the payer's claim submission requirements.

Note: This functionality may not work with sites that use the Chargemaster (i.e., McManis & Monsalve Associates) if the charges for certain labs, medications, or radiology tests are not set to generate on the appropriate page in the Claim Editor.

Also, the system will not recognize the replacement insurer set up at this time but will be addressed in a future patch release.

The Split Claim functionality is located in the Insurer file in Third Party Billing's Table Maintenance.

3PB>TMTP>INTM

The following shows how a payer would be set up if a claim needed to generate for each Laboratory service for Montana Medicaid. The system was set up to automatically split claims each time the claim generator runs for visits on January 1, 2020.

For additional assistance, work with your tiered system of support to request assistance from the RPMS IT Service Desk.

```

+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p32          |
+                   Claim Split Setup                   +
|                   2017 DEMO HOSPITAL                     |
+-----+
User: USER,DEMO                               22-OCT-2020 12:55 PM

```

This option allows sites to have claims automatically split into multiple claims for billing. The split will occur when the claim generator runs. You can split each page of the claim editor into a new claim, or you can split each individual charge into a new claim. The pages available for splitting are 8D Medications, 8E Laboratory, 8F Radiology, or 8H HCPCS.

NOTE: This option does NOT split claims that have a Service Category of Hospitalization (H) or In Hospital (I).

For example, if you have an outpatient visit with three medications and the setup is done so each charge is on its own claim, you will end up with

```

4 claims --> 1 with the E&M code
           --> 3 with one medication each

```

A different example, if you have an outpatient visit with four labs and the setup is for a page to be on its own claim, you will end up with

```

2 claims --> 1 with the E&M code
           --> 1 with all four lab codes

```

NOTE: all prompts are required

Do you wish to continue? YES

Insurers selected here MUST be the active insurer in order for claims/bills to use this setup!

Select INSURER NAME: MT MEDICAID
(MEDICAID MONTANA)

MONTANA MEDICAID

- PO BOX 8000
HELENA, MT 59604

OK? Y//

Select one of the following:

```

8D      MEDICATIONS
8E      LABORATORY
8F      RADIOLOGY

```

```

      8H          HCPCS
Move Which Section(s)? : 8E LABORATORY
Enter a start date. The DOS on a claim will be compared to this date
to determine if it should be split or not. Claims with a DOS prior
to this date will not split.
Enter START date: 1/1/20 (JAN 01, 2020)

      Select one of the following:

      C          Yes, 1 Claim for each CHARGE
      P          Yes, 1 Claim for each PAGE
      N          No, don't split the claim

Split the claim? : N// C Yes, 1 Claim for each CHARGE

You selected:
      Insurer: MONTANA MEDICAID
      Start Date: 01/01/2020
      Split page: 8E LABORATORY
      Split claim how: 1 Claim for each CHARGE

Do you wish to continue? YES

Saving setup..

Enter RETURN to continue or '^' to exit:

```

Figure 2-2: Setting up the Split Claim Option to Split Laboratory Charges for an Insurer

2.2.1 Backbill Checks

The system will now check the backbilling limit set in Site Parameters or the Insurer file when the options to split the claims are initiated. The user splitting the claim that is past the backbilling limit will see a message that indicates that the payer has a backbilling limit that has exceeded the service date. The user has the ability to override this option and allow the claim to generate.

```

+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p32          |
+          Split Claim Billing          +
|          2017 DEMO HOSPITAL          |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: USER, DEMO          19-NOV-2020 1:42 PM

This menu option is going to take one claim and split it as many times as
necessary to get either 1) one claim with one claim editor page of line items
OR 2) one claim with 1 line item charge. The user will be prompted if they
want the system to automatically find the claims, or if they would rather do
it manually, one claim at a time. Either way, the user will get messages
to the screen telling them the new claim numbers that generated based on
their selection.

This option should be used VERY CAUTIOUSLY since it could generate a LOT of
claims based on how the prompts are answered.

      Select one of the following:

```

```

A      Automatically find and split claims
M      Manually select claims one at a time to split

Select: Manually select claims one at a time to split
Select CLAIM or PATIENT:   PYLE,GOMER
                             M 05-11-1933 XXX-XX-8934 17DH 40292

** VA MEDICAL BENEFIT (VMBP) has a backbilling limit of 12 months **
** Site Parameters has a backbilling limit of 24 months **

You are about to split a claim. Are you sure?? NO//

```

Figure 2-3: Display of the Backbilling Messages when Splitting a Claim

If the insurer has no backbilling limit entered into the insurer file, the system will use the backbilling limit set in Site Parameters and the user will see the following message:

```

** Site Parameters has a backbilling limit of 24 months **

```

Figure 2-4: Display of the Backbilling Limit for the Location when Splitting a Claim

Regardless of where the backbilling limit is set, the user may need to adjust the backbilling limit if they wish to bill the claim. If not, the user will see the active insurer on the claim marked with an Unbillable status.

2.3 New Employee Productivity Report

```
3PB>RPTP>PRRP
```

A new report was added to replace the existing Employee Productivity Report. This was added as a result of a request to provide more accurate and additional reporting data when it comes to reporting on activity performed by the billing technician.

Some of the changes that have been enhanced with this report include:

- Addition of a Validation Report that provides details on each biller's activity which may be imported into an Excel spreadsheet for viewing and sorting.
- Reporting for the visit location the user is logged in to.
- Removing the dollar amount of the approved bill from the report summary. The Validation report will display the dollar amounts of the approved bills.
- Reporting for all billing activity regardless of the bill status. The old Employee Productivity Report removed approved bill counts if the bill was cancelled.
- Expanded display of claim or bill counts of activity ranging from pending and approving claims to bill export and cancellation.

Note: The Third Party Billing system did not start capturing the bill cancellation date until the release of Version 2.5 Patch 12 (in 2007). If the new productivity report is generated for activity prior to 2007, the Cancelled Bills column will report no data.

The old Employee Productivity Report will remain and will be removed in a future update which allows users to transition to the new report. The old report has been assigned the mnemonic of OPRP. No changes have been made to this report.



OPRP Employee Productivity Listing (OLD)

Figure 2-5: Reports Menu Displaying the Old Employee Productivity Report

2.3.1 Exclusion Parameters

Slight changes were made to the way the user selects the data to print on the report. Pay attention to the differences to ensure the proper reporting of productivity data.

2.3.1.1 Location

The system will default the data on the report to the billing location the user is logged in to. If the system was configured to allow other billing locations in this RPMS division, then other locations may be selected and will display on the report. If billing activity is performed in each division (meaning the user will switch their location to bill under each location), then the report will need to be generated in each billing location.

2.3.1.2 Date Range

When Date Range is selected, the system will now ask for the “Activity Date” rather than asking for the Approval Date. The activity date will provide statistics on the billing activity performed for the period requested. The old productivity report only provided statistics on approval activity. This new version of the report expands what the user has access to display.

```

Select ONE or MORE of the above EXCLUSION PARAMETERS: 3  DATE RANGE

    Select one of the following:

        1          Activity Date
        2          Visit Date

Select TYPE of DATE Desired: 1  Activity Date

===== Entry of ACTIVITY DATE Range =====

Enter STARTING ACTIVITY DATE for the Report:  10/1  (OCT 01, 2020)

Enter ENDING DATE for the Report:  10/21  (OCT 21, 2020)

```

Figure 2-6: Selecting the Activity Date Range on the Productivity Report

The system will also continue to report on the Visit Date, if selected. The visit date provides statistics based on the date the patient was seen, rather than when the billing activity occurred.

2.3.1.3 Billing Technician

The “BILLING TECHNICIAN” prompt has been updated to allow the user to print for one person’s activity, all billing staff, all Pharmacy POS staff, or a combination of billing and Pharmacy POS staff claim activity.

The following is used to determine each Billing Technician category:

- **One Person’s Activity** – This is the default for this report and is populated with the name of the user who is running the report. If designated as a supervisor (being assigned the Productivity Report Supervisory key), the user has the ability to select one or more billing technician(s) to print statistics on user.
- **All Billing Staff** – This option allows the user to select all billing technicians for reporting. This saves the user from having to select each biller one-by-one. The logic the report uses to determine a billing technician depends on the data on the claim. All activity for claims or bills that do not contain a Visit Type of 901 – Pharmacy POS are excluded from this category.
- **All POS Staff** – This option was requested by users who wish to report on all Pharmacy POS staff who’s bills create an entry in Third Party Billing. The logic for this selection prints activity for claims or bills with a Visit Type of 901 – Pharmacy POS.
- **Both Billing and POS Staff** – This option allows for reporting on all billing technician and Pharmacy POS staff.

```
Select ONE or MORE of the above EXCLUSION PARAMETERS: 4 BILLING TECHNICIAN

Select one of the following:

1          One Person's Activity
2          All billing staff
3          All POS Staff
4          Both Billing and POS Staff

Select:
```

Figure 2-7: Display of Selection Criteria for Billing Technician for the Productivity Report

Users that have been assigned the **ABMDZ EMP PROD REPORT** key will have the ability to view activity for all staff. If the user does not have the key, the system will not allow the user to view the report for any other staff member and will be shown the following message:

```
Select ONE or MORE of the above EXCLUSION PARAMETERS: 4 BILLING TECHNICIAN

Only a user with security key ABMDZ EMP PROD REPORT can run this report for anyone other than themselves
```

Figure 2-8: Display of Message the User Receives if the Security Key is not Assigned

2.3.1.4 Report Type

The user may generate a report using three different report types. An example of each report type is displayed in the next section:

Brief Listing (80 Width)

This report type will print a detailed report to paper or screen and provides more detail than the Statistical Summary report type. This report type provides daily statistics on the activity of each billing technician.

Statistical Summary Only

This default report type provides an overview or summary of statistics by billing technician for all activity that occurred within a visit date or activity period.

Validator (delimited HFS file)

This report type is automatically created as a text file for import into a Microsoft Excel spreadsheet. The report provides greater detail for statistics and for data verification. To generate this report, the user must have access to the RPMS directory and know the directory path to input into the 'Enter Path' field. When adding a Filename, use a filename that is unique and meaningful for quick retrieval from the RPMS server.

```

Select ONE or MORE of the above EXCLUSION PARAMETERS: 9  REPORT TYPE

      Select one of the following:

          1          BRIEF LISTING (80 Width)
          2          STATISTICAL SUMMARY ONLY
          3          VALIDATOR (delimited HFS file)

Select TYPE of LISTING to Display: 3  VALIDATOR (delimited HFS file)
Enter Path: <RPMS DIRECTORY>
Enter filename: <REPORT FILENAME>

```

Figure 2-9: Selecting the Validator Report Type and Entering a Path and Filename

With the exception of the Validator report type, the user will be asked if they wish to select a Visit or Clinic Type to further detail activity information.

```

Select ONE or MORE of the above EXCLUSION PARAMETERS:
Do you wish to include Visit Type or Clinic Type on Report? N// YES

Sort Report by [V]isit Type or [C]linic: V// ISIT TYPE
Select Visit Type: ALL// 131  OUTPATIENT
Select Another Visit Type: 997  PHARMACY
Select Another Visit Type: 998  DENTAL
Select Another Visit Type:

```

Figure 2-10: Selecting the Visit Type Criteria for Reporting on the Productivity Report

2.3.2 Printing the Report

The productivity report may be printed to paper or to screen. If printing the Brief Listing or the Statistical Summary, the user will be asked if they wish to print to paper or to a Host File. Printing to the Host File will place the report into a delimited report for import into Microsoft Excel.

```

      Select one of the following:

          P          Print Report
          H          Print Delimited Report to the HOST FILE

<P> to Print, <H> to Host File: P//

```

Figure 2-11: Selecting the Print Report option or Printing to a Host File

The old productivity report only reported on approved claims whereas the new productivity report will provide statistics for all activity such as:

Table 2-1:Productivity Report Activities Table

Activity	Description	Report Column Header
Claim Approval	Total count of claims that have been approved into bills. This includes manually created bills.	APPRV BILLS
Exported Bills	Total count of bills that have been printed or electronically exported.	EXPORT BILLS
Cancelled Claims	Total count of claims that have been cancelled.	CXL'D CLAIMS
Cancelled Bills	Total count of bills that have been cancelled.	CXL'D BILLS
Pended Claims	Total count of claims that have been placed into a Pending status.	PEND CLAIMS
Re-Opened Claims	Total count of claims that have been opened.	OPEN CLAIMS
Closed Claims	Total count of claims that have been closed manually.	CLOSE CLAIMS

When the report prints, the layout will include the statistics for one billing technician. If a group of billers are selected, the report will list statistics for each billing technician.

The report will print data for each location for claim and bill activity that occur within the billing location. If billing activity is performed in a satellite location, the report will need to be generated at each location. Regardless, the report will print a Grand Total by Location summary for the billing location the user is logged in to.

2.3.2.1 Statistical Summary – Single Biller

In this example, the billing technician selected the Activity Start Date of 10/01/2020 with an Activity Ending Date of 10/31/2020 keeping the report type as Statistical Summary Only. The user chose not to print the Visit or Clinic Type and printed the report to paper.

```

WARNING: Confidential Patient Information, Privacy Act Applies
=====
EMP PRODUCTIVITY REPORT run by BILLING,TESS      NOV 5,2020@11:27:43   Page 1
for ALL BILLING SOURCES with ACTIVITY DATES from 10/01/2020 to 10/31/2020
for BILLING TECH(S) BILLING,TESS
Billing Location: 2017 DEMO
=====

```

BILLING TECHNICIAN	APPRV BILLS	EXPORT BILLS	CXL'D CLAIMS	CXL'D BILLS	PEND CLAIMS	OPEN CLAIMS	CLOSE CLAIMS
2017 DEMO HOSPITAL BILLING,TESS	5	2	2	1	3	0	3
2017 DEMO HOSPITAL totals:	5	2	2	1	3	0	3
SCHOOL, INSPECIFIED BILLING,TESS	1	0	0	0	0	0	0

SCHOOL, INSPECIFIED totals:	1	0	0	0	0	0	0
ALL LOCATIONS GRAND TOTAL BILLING, TESS	6	2	2	1	3	0	3
=====	=====	=====	=====	=====	=====	=====	=====
ALL LOCATIONS totals:	6	2	2	1	3	0	3
(REPORT COMPLETE):							

Figure 2-12: Display of the Statistical Productivity Report for One Biller

2.3.2.2 Brief Listing – Single Biller

In this example, the billing technician selected the Activity Start Date of 10/01/2020 with an Activity Ending Date of 10/31/2020 keeping the report type as Statistical Summary Only. The user chose not to print the Visit or Clinic Type and printed the report to paper.

WARNING: Confidential Patient Information, Privacy Act Applies							
=====							
EMP PRODUCTIVITY REPORT run by BILLING, DEMO NOV 5, 2020@11:39:23 Page 1							
for ALL BILLING SOURCES with ACTIVITY DATES from 10/01/2020 to 10/31/2020							
for BILLING TECH(S) BILLING, TESS							
Billing Location: 2017 DEMO							
=====							
BILLING TECHNICIAN	APPRV BILLS	EXPORT BILLS	CXL'D CLAIMS	CXL'D BILLS	PEND CLAIMS	OPEN CLAIMS	CLOSE CLAIMS
-----	-----	-----	-----	-----	-----	-----	-----
BILLING, TESS	6	2	2	1	3	0	3
BILLING, TESS							
10/21/2020 17DH	1	0	1	0	0	0	0
10/22/2020 17DH	3	1	1	0	3	0	2
10/23/2020 17DH	0	0	0	1	0	0	1
10/23/2020 SCH	1	0	0	0	0	0	0
10/30/2020 17DH	1	1	0	0	0	0	0
(REPORT COMPLETE):							

Figure 2-13: Display of the Brief Listing Productivity Report for a Single Biller

2.3.2.3 Validator Report – Single Biller

In this example, the billing technician selected the Activity Start Date of 10/01/2020 with an Activity Ending Date of 10/31/2020 keeping the report type as Validator (delimited HFS file). The user chose not to print the Visit or Clinic Type.

The report will generate on the RPMS server. Contact your local RPMS support for assistance with identifying a valid directory to generate the report to. Once the report has been generated, it may be imported into Microsoft Excel and may be formatted to look similar to the example below.

Note: The report will import into Excel using the default formatting that is applied to a spreadsheet. The column width, shading, and bolding of the column header, and applying a format style to each column is set up by the user.

WARNING: Confidential Patient Information, Privacy Act Applies												
=====												
EMP PRODUCTIVITY REPORT run by SUPER BILL NOV 12, 2020 @ 09:06:41 Page 1												
for ALL BILLING SOURCES with ACTIVITY DATES from 10/01/2020 to 10/31/2020												
for BILLING TECH(S) BILLING, TESS												
Billing Location: 2017 DEMO												
=====												
Location	Billing Technician	Activity Date	Claim/ Bill Number	Visit Type	Clinic	Service Date	Active Insurer	Record Type	Amount Billed	Patient	Insurer Type	Eligibility Status
2017 DEMO HOSPITAL	BILLING, TESS	10/21/2020 @10:06:38	402492	131- OUTPATIENT	13-INTERNAL MEDICINE	9/21/2020	MEDICARE	CxlClaim	\$ -	PATIENT 1	MEDICARE FI	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/21/2020 @15:11:29	402501	131- OUTPATIENT	1-GENERAL	9/21/2020	MEDICARE	Approved	\$ 189.00	PATIENT 2	MEDICARE FI	DIRECT ONLY
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020 @07:47:08	395020	131- OUTPATIENT	1-GENERAL	1/4/2013	MEDCO HEALTH SOLUTIONS	Pending	\$ -	PATIENT 3	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020 @07:47:16	395021	131- OUTPATIENT	1-GENERAL	1/4/2013	MEDCO HEALTH SOLUTIONS	Pending	\$ -	PATIENT 4	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020 @07:47:23	395025	131- OUTPATIENT	1-GENERAL	1/8/2013	MEDCO HEALTH SOLUTIONS	Pending	\$ -	PATIENT 5	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020 @07:47:38	395028	131- OUTPATIENT	39-PHARMACY	1/9/2013	MEDCO HEALTH SOLUTIONS	CxlClaim	\$ -	PATIENT 6	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020 @07:48:08	395033	131- OUTPATIENT	39-PHARMACY	1/16/2013	MEDCO HEALTH SOLUTIONS	Closed	\$ -	PATIENT 7	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020 @07:48:29	395039	131- OUTPATIENT	1-GENERAL	1/15/2013	MEDCO	Closed	\$ -	PATIENT 8	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020 @07:53:10	402508A	901-Pharmacy POS	39-PHARMACY	9/22/2020	MEDCO HEALTH SOLUTIONS	Approved	\$ 22.00	PATIENT 9	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020 @12:53:35	402509A	131- OUTPATIENT	67-WOMEN'S HEALTH SCREENING	9/22/2020	MONTANA MEDICAID	Approved	\$ 479.00	PATIENT 10	MEDICAID FI	DIRECT ONLY
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020 @13:04:05	402517A	996- LABORATORY	67-WOMEN'S HEALTH SCREENING	9/22/2020	MONTANA MEDICAID	Approved	\$ 479.00	PATIENT 11	MEDICAID FI	DIRECT ONLY
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020 @13:04:16	402517A	996- LABORATORY	67-WOMEN'S HEALTH SCREENING	9/22/2020	MONTANA MEDICAID	Exported	\$ 479.00	PATIENT 12	MEDICAID FI	DIRECT ONLY
2017 DEMO HOSPITAL	BILLING, TESS	10/23/2020 @07:39:38	402312A	131- OUTPATIENT	13-INTERNAL MEDICINE	1/5/2019	GEHA	CxlBill	\$ 206.00	PATIENT 13	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/23/2020 @07:39:55	402312	131- OUTPATIENT	13-INTERNAL MEDICINE	1/5/2019	OKLAHOMA MEDICAID	Closed	\$ -	PATIENT 14	MEDICAID FI	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/30/2020 @10:45:09	402566A	111- INPATIENT	1-GENERAL	9/27/2020	MEDICARE	Approved	\$11,025.00	PATIENT 15	MEDICARE FI	DIRECT ONLY
2017 DEMO HOSPITAL	BILLING, TESS	10/30/2020 @10:45:21	402566A	111- INPATIENT	1-GENERAL	9/27/2020	MEDICARE	Exported	\$11,025.00	PATIENT 16	MEDICARE FI	DIRECT ONLY
SCHOOL, UNSPEC	BILLING, TESS	10/23/2020 @07:37:26	402535A	131- OUTPATIENT	22-SCHOOL	9/23/2020	ARBOR HEALTH PLAN	Approved	\$ 627.00	PATIENT 17	PRIVATE	CHS & DIRECT

Figure 2-14: Validator Report for a Single User Formatted in Microsoft Excel

2.3.2.4 Statistical Summary with Visit Type– Single Biller

In this example, the billing technician selected the Activity Start Date of 10/01/2020 with an Activity Ending Date of 10/31/2020 keeping the report type as Statistical Summary Only. The user chose to print the Visit Type and printed the report to paper.

```

WARNING: Confidential Patient Information, Privacy Act Applies
=====
EMP PRODUCTIVITY REPORT run by USER,DEMO      NOV 24,2020@20:18:56      Page 1
for ALL BILLING SOURCES with ACTIVITY DATES from 10/01/2020 to 10/31/2020
for BILLING TECH(S) USER,DEMO
Billing Location: 2017 DEMO
=====

```

BILLING TECHNICIAN	APPRV BILLS	EXPORT BILLS	CXL'D CLAIMS	CXL'D BILLS	PEND CLAIMS	OPEN CLAIMS	CLOSE CLAIMS
2017 DEMO HOSPITAL							
USER, DEMO	5	2	2	1	3	0	3
111-INPATIENT	1	1	0	0	0	0	0
131-OUTPATIENT	2	0	2	1	3	0	3
901-Pharmacy POS	1	0	0	0	0	0	0
996-LABORATORY	1	1	0	0	0	0	0
-----	-----	-----	-----	-----	-----	-----	-----
2017 DEMO HOSPITAL totals:	5	2	2	1	3	0	3
SCHOOL, INSPECIFIED							
USER, DEMO	1	0	0	0	0	0	0
131-OUTPATIENT	1	0	0	0	0	0	0
-----	-----	-----	-----	-----	-----	-----	-----
SCHOOL, INSPECIFIED totals:	1	0	0	0	0	0	0
ALL LOCATIONS GRAND TOTAL							
USER, DEMO	6	2	2	1	3	0	3
=====	=====	=====	=====	=====	=====	=====	=====
ALL LOCATIONS totals:	6	2	2	1	3	0	3
(REPORT COMPLETE):							

Figure 2-15: Statistical Summary for a Single Biller using Visit Type

2.3.2.5 Statistical Summary Exported to Excel – Single Biller

In this example, the billing technician selected the Activity Start Date of 10/01/2020 with an Activity Ending Date of 10/31/2020 keeping the report type as Statistical Summary Only. The user chose not to print the Visit or Clinic Type and printed the report to the Host File (HFS).

Note: The report will import into Excel using the default formatting that is applied to a spreadsheet. The column width, shading and bolding of the column header, and applying a format style to each column is set up by the user.

WARNING: Confidential Patient Information, Privacy Act Applies								
=====								
EMP PRODUCTIVITY REPORT run by Technician 1 NOV 24,2020@20:21:03 Page 1								
for ALL BILLING SOURCES with ACTIVITY DATES from 10/01/2020 to 10/31/2020								
for BILLING TECH(S) Technician 1								
Billing Location: 2017 DEMO								
=====								
Location	Billing Technician	Approved Bills	Exported Bills	Cancelled Claims	Cancelled Bills	Pending Claims	Open Claims	Closed Claims
2017 DEMO HOSPITAL	Technician 1	5	2	2	1	3	0	3
SCHOOL, INSPECIFIED	Technician 1	1	0	0	0	0	0	0
SCHOOL, INSPECIFIED	Technician 1	1	0	0	0	0	0	0

Figure 2-16: Statistical Summary for a Single Biller Exported to a Host File and Imported to Microsoft Excel

2.3.2.6 Statistical Summary – Multiple Billers

In this example, the user (who holds the report manager key) selected the Activity Start Date of 10/01/2020 with an Activity Ending Date of 10/31/2020 keeping the report type as Statistical Summary Only The user selected to print for All Billing Staff and chose not to print the Visit or Clinic Type and printed the report to paper.

WARNING: Confidential Patient Information, Privacy Act Applies								
=====								
EMP PRODUCTIVITY REPORT run by SUPER,BILL NOV 5,2020@11:30:47 Page 1								
for ALL BILLING SOURCES with ACTIVITY DATES from 10/01/2020 to 10/31/2020								
for All Billing staff								
Billing Location: 2017 DEMO								
=====								
BILLING TECHNICIAN	APPRV BILLS	EXPORT BILLS	CXL'D CLAIMS	CXL'D BILLS	PEND CLAIMS	OPEN CLAIMS	CLOSE CLAIMS	

2017 DEMO HOSPITAL								
BILLING, TESS	4	2	2	1	3	0	3	
COSTREPORT, CONNIE	59	37	0	0	0	0	0	
MUMM, MAX E	0	0	3	0	0	0	0	
	-----	-----	-----	-----	-----	-----	-----	
2017 DEMO HOSPITAL totals:	63	39	5	1	3	0	3	
SCHOOL, INSPECIFIED								
BILLING, TESS	1	0	0	0	0	0	0	
	-----	-----	-----	-----	-----	-----	-----	
SCHOOL, INSPECIFIED totals:	1	0	0	0	0	0	0	
ALL LOCATIONS GRAND TOTAL								
BILLING, TESS	5	2	2	1	3	0	3	
COSTREPORT, CONNIE	59	37	0	0	0	0	0	
MUMM, MAX E	0	0	3	0	0	0	0	
	=====	=====	=====	=====	=====	=====	=====	
ALL LOCATIONS totals:	64	39	5	1	3	0	3	

(REPORT COMPLETE) :

Figure 2-17: Display of Statistical Summary Productivity Report for Multiple Billers

2.3.2.7 Brief Listing – Multiple Billers

In this example, the user (who holds the key) selected the Activity Start Date of 10/01/2020 with an Activity Ending Date of 10/31/2020 keeping the report type as Statistical Summary Only. The user selected to print for All Billing Staff and chose not to print the Visit or Clinic Type and printed the report to paper.

```

WARNING: Confidential Patient Information, Privacy Act Applies
=====
EMP PRODUCTIVITY REPORT run by SUPER,BILL      NOV 5,2020@11:49:48   Page 1
for ALL BILLING SOURCES with ACTIVITY DATES from 10/01/2020 to 10/31/2020
for All Billing staff
Billing Location: 2017 DEMO
=====

```

BILLING TECHNICIAN	APPRV BILLS	EXPORT BILLS	CXL'D CLAIMS	CXL'D BILLS	PEND CLAIMS	OPEN CLAIMS	CLOSE CLAIMS
BILLING, TESS	5	2	2	1	3	0	3
BILLING, TESS							
10/21/2020 17DH	1	0	1	0	0	0	0
10/22/2020 17DH	2	1	1	0	3	0	2
10/23/2020 17DH	0	0	0	1	0	0	1
10/23/2020 SCH	1	0	0	0	0	0	0
10/30/2020 17DH	1	1	0	0	0	0	0
COSTREPORT, CONNIE	59	37	0	0	0	0	0
COSTREPORT, CONNIE							
10/05/2020 17DH	1	1	0	0	0	0	0
10/06/2020 17DH	4	4	0	0	0	0	0
10/27/2020 17DH	54	32	0	0	0	0	0
MUMM, MAX E	0	0	3	0	0	0	0
MUMM, MAX E							
10/30/2020 17DH	0	0	3	0	0	0	0

```

(REPORT COMPLETE) :

```

Figure 2-18: Display of Brief Listing Productivity Report for Multiple Billers

2.3.2.8 Validator Report – Multiple Billers

In this example, the billing supervisor selected the Activity Start Date of 10/01/2020 with an Activity Ending Date of 10/31/2020 keeping the report type as Validator (delimited HFS file). The user chose not to print the Visit or Clinic Type and is printing the report for all billing staff.

The report does need to be generated on the RPMS server. Contact your local RPMS support for assistance with identifying a valid directory to generate the report to. Once the report has been generated, it may be imported into Microsoft Excel and may be formatted to look similar to the example below.

Note: The report will import into Excel using the default formatting that is applied to a spreadsheet. The column width, shading and bolding of the column header, and applying a format style to each column is set up by the user.

WARNING: Confidential WARNING: Confidential Patient Information, Privacy Act Applies Patient Information, Privacy Act Applies												
=====												
EMP PRODUCTIVITY REPORT run by SUPER,BILL NOV 12,2020@17:36:42 Page 1												
for ALL BILLING SOURCES with ACTIVITY DATES from 10/01/2020 to 10/31/2020												
for All Billing staff												
Billing Location: 2017 DEMO												
=====												
Location	Billing Technician	Activity Date	Claim/ Bill Number	Visit Type	Clinic	Service Date	Active Insurer	Record Type	Amount Billed	Patient	Insurer Type	Eligibility Status
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020@12:53:35	402509A	131-OUTPATIENT	67-WOMEN'S HEALTH SCREENING	9/22/2020	MONTANA MEDICAID	Approved	\$ 479.00	PATIENT 9	MEDICAID FI	DIRECT ONLY
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020@13:04:05	402517A	996-LABORATORY	67-WOMEN'S HEALTH SCREENING	9/22/2020	MONTANA MEDICAID	Approved	\$ 479.00	PATIENT 10	MEDICAID FI	DIRECT ONLY
2017 DEMO HOSPITAL	BILLING, TESS	10/22/2020@13:04:16	402517A	996-LABORATORY	67-WOMEN'S HEALTH SCREENING	9/22/2020	MONTANA MEDICAID	Exported	\$ 479.00	PATIENT 11	MEDICAID FI	DIRECT ONLY
2017 DEMO HOSPITAL	BILLING, TESS	10/23/2020@07:39:38	402312A	131-OUTPATIENT	13-INTRENAL MEDICINE	1/5/2019	GEHA	CxlBill	\$ 206.00	PATIENT 12	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/23/2020@07:39:55	402312	131-OUTPATIENT	13-INTERNAL MEDICINE	1/5/2019	OKLAHOMA MEDICAID	Closed	\$ -	PATIENT 13	MEDICAID FI	CHS & DIRECT
2017 DEMO HOSPITAL	BILLING, TESS	10/30/2020@10:45:09	402566A	111-INPATIENT	1-GENERAL	9/27/2020	MEDICARE	Approved	\$11,025.00	PATIENT 14	MEDICARE FI	DIRECT ONLY
2017 DEMO HOSPITAL	BILLING, TESS	10/30/2020@10:45:21	402566A	111-INPATIENT	1-GENERAL	9/27/2020	MEDICARE	Exported	\$11,025.00	PATIENT 15	MEDICARE FI	DIRECT ONLY
2017 DEMO HOSPITAL	COSTREPORT, CONNIE	10/5/2020	402480A	131-OUTPATIENT	13-INTERNAL MEDICINE	8/1/2020	UNITED HEALTH CARE	Exported	\$ 4,470.00	PATIENT 16	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	COSTREPORT, CONNIE	10/05/2020@16:10:09	402480A	131-OUTPATIENT	13-INTERNAL MEDICINE	8/1/2020	UNITED HEALTH CARE	Approved	\$ 4,470.00	PATIENT 17	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	COSTREPORT, CONNIE	10/6/2020	402481A	131-OUTPATIENT	13-INTERNAL MEDICINE	8/1/2020	UNITED HEALTH CARE	Exported	\$ 4,946.00	PATIENT 18	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	COSTREPORT, CONNIE	10/6/2020	402482A	131-OUTPATIENT	13-INTERNAL MEDICINE	8/1/2020	UNITED HEALTH CARE	Exported	\$10,926.00	PATIENT 19	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	COSTREPORT, CONNIE	10/6/2020	402483A	131-OUTPATIENT	13-INTERNAL MEDICINE	8/1/2020	UNITED HEALTH CARE	Exported	\$17,673.00	PATIENT 20	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	COSTREPORT ,CONNIE	10/06/2020@10:06:59	402482A	131-OUTPATIENT	13-INTERNAL MEDICINE	8/1/2020	UNITED HEALTH CARE	Approved	\$10,926.00	PATIENT 21	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	COSTREPORT, CONNIE	10/06/2020@10:51:34	402483A	131-OUTPATIENT	13-INTERNAL MEDICINE	8/1/2020	UNITED HEALTH CARE	Approved	\$17,673.00	PATIENT 22	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	COSTREPORT, CONNIE	10/06/2020@11:21:58	402484A	131-OUTPATIENT	13-INTERNAL MEDICINE	8/1/2020	UNITED HEALTH CARE	Approved	\$17,957.33	PATIENT 23	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	COSTREPORT, CONNIE	10/27/2020	402524A	131-OUTPATIENT	13-INTERNAL MEDICINE	9/1/2020	UNITED HEALTH CARE-HMO	Exported	\$ 446.00	PATIENT 24	PRIVATE	CHS & DIRECT
2017 DEMO HOSPITAL	COSTREPORT, CONNIE	10/27/2020	402525A	131-OUTPATIENT	13-INTERNAL MEDICINE	9/1/2020	UNITED HEALTH HMO	Exported	\$ 11.00	PATIENT 25	PRIVATE	CHS & DIRECT

Figure 2-19: Validator Report for a Single User Formatted in Microsoft Excel

Acronym List

Acronym	Term Meaning
AMA	American Medical Association
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
DX	Diagnosis
HCPCS	Healthcare Common Procedure Coding System
HFS	Host File Server
HICN	Health Insurance Claim Number
IHS	Indian Health Service
MBI	Medicare Beneficiary Identifier
NDC	National Drug Code
RPMS	Resource and Patient Management System
SNOW	Service Now
TPB	Third Party Billing
VA	Veterans Administration

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