RESOURCE AND PATIENT MANAGEMENT SYSTEM

Third Party Billing

(ABM)

Addendum to User Manual

Version 2.6 Patch 45
October 2026

Office of Information Technology
Division of Information Resource Management

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1.0 Introduction

This document provides information for the user pertaining to minor enhancements and corrections included in Third Party Billing v2.6 p45. Distribute this addendum to the billing staff prior to patch installation.

> **Note**: This addendum is not intended to be a process guide. Contact your business office manager or area business office coordinator for questions regarding billing practices.

1.1 Summary of Changes

- FID75571–Updated the Grand Total All Files by Transmission Date report **(**UCSH > RPTS > GTOT**)** to allow for selecting the original **Grand Total All Files by Transmission Date** report or for selecting a new **UFMS Export Summary** report. The **Grand Total All Files by Transmission Date** option was modified to allow for sorting by **Insurer Type** or by **Allowance Category**. The new **UFMS Export Summary** report provides a list of export file names with bill count and bill amount. In addition, both reports allow for exporting as a delimited file that can be imported into Excel.
- FID76002–Updated the following fields to allow for entering a dollar amount of up to $99,999.99: **Rate ($)** field in the visit type portion of the Add/Edit Insurer option (TMTP > INTM > EDIN) and **Charge Amount** field on **Page 8C** of the Add/Edit Claim Data option (EDTP > EDCL).
- FID82403–Added a field to the Add/Edit Insurer option **(**TMTP > INTM > EDIN**)** called **1500 FL11 GROUP NAME/NUMBER** to allow for specifying what, if anything, will populate in box 11 (Insured's Policy Group or FECA Number) of the CMS-1500(02/12) from the patient's insurance entry in Patient Registration.
- FID102358–The maximum dollar amount that can be rolled back from Accounts Receivable has been increased to $9,999,999.99 for each payment, deductible, copay, write off adjustment, non-payment adjustment, and/or penalty adjustment that was posted to a bill. This change was made in response to a helpdesk ticket for a site that was unable to edit an adjustment larger than $99,999.99 on the coordination of benefits page of the Add/Edit Claim Data option (EDTP > EDCL).

2.0 Patch Details

2.1 Add/Edit Insurer–Visit Type Rate ($) Amount

The **Rate ($)** field in visit type portion of the Add/Edit Insurer option (TMTP > INTM > EDIN) was increased to allow for entering a dollar amount up to $99,999.99. This only applies to insurers that are set up to bill the **All Inclusive Mode**.

```
<--------------- BILLING ADDRESS --------------->
(if Different than Mailing Address)
Billing Office.:
Phone Number.......: (505)123-4567//
Contact Person.....: HELPLINE//
Federal Tax ID#....: 123456789//
AO Control Number..: 4411//
Insurer Status.....: BILLABLE//
All Inclusive Mode.: YES//
Backbill Limit (months): 12//
```

Figure 2-1: All Inclusive Mode set to Yes in the EDIN option

When the **All Inclusive Mode** is set to Yes, the **Rate ($)** field will be displayed in the visit type portion of the EDIN option.

```
Revenue Code........: 100//
Revenue Description.: ALL INCLUSIVE R&B//
Bill Type...........: 111//
CPT Code............:
Select START DATE: 1/1/26   JAN 01, 2026
START DATE: JAN 1,2026//
RATE ($): ?
Type a dollar amount between 0 and 99999.99, 2 decimal digits.
RATE ($): 10000.00
```

Figure 2-2: Rate ($) field in the Visit Type portion of the EDIN option

Prior to p45, the maximum dollar amount allowed in the **Rate ($)** field was $9,999.99**.**

```
Revenue Code........: 100//
Revenue Description.: ALL INCLUSIVE R&B//
Bill Type...........: 111//
CPT Code............:
Select START DATE: 1/1/26   JAN 01, 2026
START DATE: JAN 1,2026//
RATE ($): ?
Type a Dollar Amount between 0 and 9999.99, 2 Decimal Digits
```

Figure 2-3: Rate ($) field prior to p45

2.2 Edit Claim Data–Page 8C Charge Amount

The **Unit Charge** field on **Page 8C** of the Edit Claim Data option (EDTP > EDCL) was increased to allow for entering a dollar amount up to $99,999.99.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 8C  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,PATIENT  [HRN:111]                                Claim: 123456
Mode of Export: 837I (UB) 5010
.............................. (REVENUE CODE) ..............................

                                                                      TOTAL
     REVENUE CODE                       CPT  CHARGE   DAYS    UNITS     CHARGE
     ================================ ===== ======= ======= ======= ============

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// A
Select REVENUE CODES: 101       ALL INCL R&B     ALL-INCLUSIVE ROOM AND BOARD

[1]  0101

UNITS: 1
UNIT CHARGE: 0// ?
     Type a dollar amount between 0 and 99999.99, 2 decimal digits.
UNIT CHARGE: 0// 99999.99
DATE/TIME: 8/10/26  (AUG 10, 2026)
CPT CODE:
NDC:


~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 8C  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,PATIENT  [HRN:111]                                Claim: 123456
Mode of Export: 837I (UB) 5010
.............................. (REVENUE CODE) ..............................

                                                                      TOTAL
     REVENUE CODE                       CPT  CHARGE   DAYS    UNITS     CHARGE
     ================================ ===== ======= ======= ======= ============
[1] CHARGE DATE: 08/10/2026
    0101  ALL INCL R&B                      99999.99  1           1    99,999.99
                                                    =======       ============
                                                       1            $99,999.99

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N//
```

Figure 2-4: Page 8C maximum Unit Charge dollar amount allowed in patch 45

Prior to p45, the maximum **Unit Charge** dollar amount allowed on page 8C was $9,999.99.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE 8C  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,PATIENT  [HRN:111]                                Claim: 123456
Mode of Export: 837I (UB) 5010
.............................. (REVENUE CODE) ..............................

                                                                      TOTAL
     REVENUE CODE                       CPT  CHARGE   DAYS    UNITS     CHARGE
     ================================ ===== ======= ======= ======= ============

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit/Mode): N// A
```

```
Select REVENUE CODES: 101       ALL INCL R&B     ALL-INCLUSIVE ROOM AND BOARD

[1]  0101

UNITS: 1
UNIT CHARGE: 0// 10500.00??
     Type a dollar amount between 0 and 9999.99, 2 decimal digits.
```

Figure 2-5: Page 8C maximum Unit Charge dollar amount allowed prior to p45

2.3 Rollback Dollar Amount Fields Increased

The maximum dollar amount that can be rolled back from Accounts Receivable has been increased to $9,999,999.99 for each payment, deductible, copay, write off adjustment, non-payment adjustment, and/or penalty adjustment that was posted to a bill. This change was made in response to a helpdesk ticket for a site that was unable to edit an adjustment larger than $99,999.99 on the coordination of benefits page of the Add/Edit Claim Data option (EDTP > EDCL).

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE A  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,PATIENT  [HRN:111]                            Claim: 123456
..... (PRIOR PAYMENTS/ADJUSTMENTS) .....

Payment Amount....:  (128345.56)        ORIGINAL BILL AMOUNT: 246118.74
Deductible Amount.:      250.00         Current Charges.....: 246118.74
Co-pay/ins Amount.:        0.00         Current Bill Amount.:    250.00
Write Off.........:        0.00
Non-Covered Amount:   117523.18
Penalty Amount....:        0.00
Grouper Allowance.:        0.00
Refund............:        0.00
Payment Credits...:        0.00

[1] INSURER: DEMO INSURANCE             PRIORITY ORDER: 1     STATUS: COMPLETED
      PAYMENT:  (128345.56)
   ADJUSTMENT:      250.00  [13] DEDUCTIBLE     [29] Deductible            [1]
   ADJUSTMENT:   117523.18  [4] NON PAYMENT     [21] Chrgs Excd Max All    [42]

[2] INSURER: TEST INSURANCE             PRIORITY ORDER: 2     STATUS: ACTIVE
------------------------------------------------------------------------------
**Use the EDIT option to populate the Standard Adjustment Reason Code**

Desired ACTION (Add/Edit/Quit): Q// E

Which insurer are you editing:  (1-2): 1
Ok, let's edit DEMO INSURANCE

CLAIM CHECK OR REMIT DATE: T  (AUG 17, 2026)
  [3] PAYMENT     128345.56
  [1] ADJUSTMENT     250.00   [13]DEDUCTIBLE      [29]Deductible           [1]
  [2] ADJUSTMENT  117523.18   [4]NON PAYMENT      [21]Chrgs Excd Max All   [42]
Which transaction:  (1-3): 2
AMOUNT:  (-9999999.99-9999999.99): 117523.18// 12345678.99

Response must be no greater than 9999999.99.

AMOUNT:  (-9999999.99-9999999.99): 117523.18// 117523.00
```

```
ADJUSTMENT CATEGORY: 13:// ^
```

Figure 2-6: Coordination of Benefits page in patch 45

Prior to p45, the maximum dollar amount that could be rolled back from Accounts Receivable was limited to $99,999.99 for each payment, write off adjustment, non-payment adjustment, and/or penalty adjustment that was posted to a bill. Deductibles and copays were limited to $9,999.99.

```
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  PAGE A  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Patient: DEMO,PATIENT  [HRN:111]                          Claim: 123456
..... (PRIOR PAYMENTS/ADJUSTMENTS) .....

Payment Amount....:  (128345.56)        ORIGINAL BILL AMOUNT: 246118.74
Deductible Amount.:      250.00         Current Charges.....: 246118.74
Co-pay/ins Amount.:        0.00         Current Bill Amount.:    250.00
Write Off.........:        0.00
Non-Covered Amount:   117523.18
Penalty Amount....:        0.00
Grouper Allowance.:        0.00
Refund............:        0.00
Payment Credits...:        0.00

[1] INSURER: DEMO INSURANCE             PRIORITY ORDER: 1     STATUS: COMPLETED
      PAYMENT:  (128345.56)
   ADJUSTMENT:      250.00  [13] DEDUCTIBLE     [29] Deductible            [1]
   ADJUSTMENT:   117523.18  [4] NON PAYMENT     [21] Chrgs Excd Max All    [42]

[2] INSURER: TEST INSURANCE             PRIORITY ORDER: 2     STATUS: ACTIVE
--------------------------------------------------------------------------------
**Use the EDIT option to populate the Standard Adjustment Reason Code**

Desired ACTION (Add/Edit/Quit): Q// E

Which insurer are you editing:  (1-2): 1
Ok, let's edit DEMO INSURANCE

CLAIM CHECK OR REMIT DATE: T  (AUG 17, 2026)
  [3] PAYMENT     128345.56
  [1] ADJUSTMENT     250.00   [13]DEDUCTIBLE      [29]Deductible           [1]
  [2] ADJUSTMENT  117523.18   [4]NON PAYMENT      [21]Chrgs Excd Max All   [42]
Which transaction:  (1-3): 2
AMOUNT:  (-99999.99-99999.99): 117523.18//

Response must be no greater than 99999.99.

AMOUNT:  (-99999.99-99999.99): 117523.18// ^
```

Figure 2-7: Coordination of Benefits page prior to patch 45

2.4 CMS-1500(02/12) FL11–Group Name/Group Number

A field was added to the Add/Edit Insurer option **(**TMTP > INTM > EDIN**)** called **1500 FL11 GROUP NAME/NUMBER** to allow for specifying what, if anything, will populate in box 11 (Insured's Policy Group or FECA Number) of the CMS-1500(02/12) from the patient's insurance entry in Patient Registration. It is not necessary to populate this field unless the payer specifically requires one of the four available options.

To view the help-text and the available responses for this field, access the Add/Edit Insurer option (TMTP > INTM > EDIN), select an insurer, and press **Enter** until you get to the **1500 FL GROUP NAME/NUMBER** field. Type a question mark **(**?**)** and press **Enter**.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |        THIRD PARTY BILLING SYSTEM - VER 2.6p45          |
          +                   Add/Edit Insurer                     +
          |                  2017 DEMO HOSPITAL                     |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          User: BILLER,SUPER                      14-AUG-2026 3:27 PM

WARNING: Before ADDING a new INSURER you should ensure that it
         does not already exist!

     Select one of the following:

          1         EDIT EXISTING INSURER
          2         ADD NEW INSURER

Select DESIRED ACTION: 1//   EDIT EXISTING INSURER

Screen-out Insurers with status of Unselectable? Y// ES

Select INSURER:    DEMO INSURANCE     TEXAS     75021
         ...OK? Yes//   (Yes)


<--------------- MAILING ADDRESS --------------->
Street...: PO BOX 1234//
City.....: DALLAS//
State....: TEXAS//
Zip Code.: 75021//

<--------------- BILLING ADDRESS --------------->
      (if Different than Mailing Address)
Billing Office.:

Phone Number.......: (404)444-4444//
Contact Person.....:
Federal Tax ID#....: 123456789//
AO Control Number..: 9874789//
Insurer Status.....: BILLABLE//
Type of Insurer....: PRIVATE//
All Inclusive Mode.:
Backbill Limit (months): 48//
Dental Bill Status.:
Rx Billing Status..: OUTPATIENT DRUGS ONLY//
```

```
Select CLINIC UNBILLABLE:

EMC SUBMITTER ID:
EMC PASSWORD:
EMC TEST INDICATOR:
USE PLAN NAME?: NO//
72 HOUR RULE:
NPI USAGE: NPI ONLY//
TRIBAL SELF-INSURED?:
DISPLAY THE COB PAGE:
ICD-10 EFFECTIVE DATE: OCT 1,2015//
DECIMAL IN 1500 BOX 21 (DX):
1500 FL11 GROUP NAME/NUMBER: ?
     Do not answer this prompt unless the insurer specifically requires one
of
     these four options for FL11.
     Choose from:
       NU       Group Number only
       NA       Group Name only
       BOTH     Group Name AND Number
       BLNK     Leave field blank
1500 FL11 GROUP NAME/NUMBER: ??

     Choose from:
       NU       Group Number only
       NA       Group Name only
       BOTH     Group Name AND Number
       BLNK     Leave field blank
1500 FL11 GROUP NAME/NUMBER:
```

Figure 2-8: New field added to EDIN option for FL11 on the CMS-1500(02/12)

The **1500 FL11 GROUP NAME/NUMBER** field references the **Grp Name/Grp Number** fields on page 4 of the Patient Registration application.

```
IHS REGISTRATION EDITOR             PRIVATE INSURANCE         2017 DEMO HOSPITAL

================================================================================
DEMO,PATIENT                                              HRN:12345  CHS & DIRECT
================================================================================

1) Policy Holder.: DEMO,PATIENT                    |5) Gender: MALE
2) Policy or SSN.: PRI123456789                    |6) Date of Birth: 01/01/1970
3) Effective Date: JAN 01, 2015          |7) PCP:
4) Expire Date...:                       |8) CD Name.....:
-HOLDER'S EMPLOYER INFO-----------------------------------------------------------
9) Status........: FULL-TIME             |10) Employer: INTEL
-INSURER INFORMATION--------------------------------------------------------------
NARRATIVE INSURANCE                      |11) Grp Name: DEMO GRP NAME
   PO BOX 1234                           |    Grp Number: 123456
   DALLAS, TEXAS 75021                   |12) Coverage:
   (404)444-4444       Ins. Type: PRIVATE|13) CCopy: Y        Date:7/1/2024
----Policy Members----PC-----Member #------HRN-----Rel----------From/Thru-------
14) DEMO,PATIENT          PRI123456789    13578   SELF     1/1/2015
--------------------------------------------------------------------------------
***WARNING 017: Coverage Type(s) not defined for the policy (PRI123456789|NARRAT
IVE INSURANCE)
--------------------------------------------------------------------------------
Last edited by: CLERK,MARY on Aug 14, 2026
```

```
================================================================================

ENTER ACTION (<E>dit Data,<A>dd Member,<D>elete Member,<V>iew/Edit PH Addr):
```

Figure 2-9: Grp Name/Grp Number fields on page 4 of Patient Registration

2.4.1 Group Number Only

If the **1500 FL11 GROUP NAME/NUMBER** is set to **Group Number only** and there is a **Grp Name/Grp Number** populated in Patient Registration for that insurer, only the group number will print in box 11 of the CMS-1500(02/12).

```
1500 FL11 GROUP NAME/NUMBER: ?
     Do not answer this prompt unless the insurer specifically requires one of
     these four options for FL11.
     Choose from:
       NU       Group Number only
       NA       Group Name only
       BOTH     Group Name AND Number
       BLNK     Leave field blank
1500 FL11 GROUP NAME/NUMBER: NU Group Number only
```

Figure 2-10: 1500 FL11 field set to Group Number Only in the EDIN option

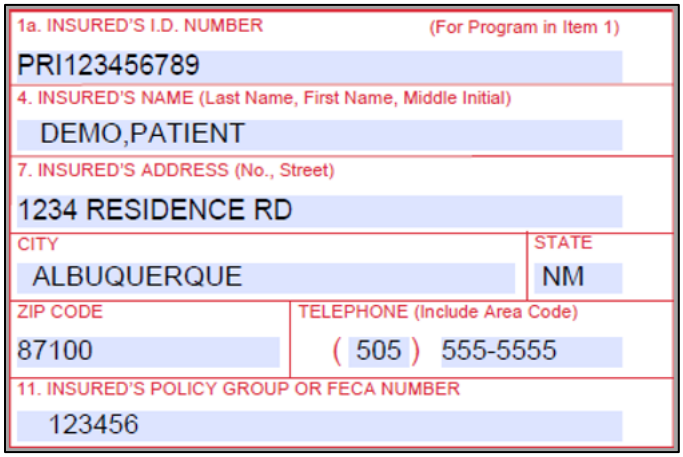


Figure 2-11: Group Number Only in box 11 of the CMS-1500(02/12)

2.4.2 Group Name Only

If the **1500 FL11 GROUP NAME/NUMBER** is set to **Group Name only** and there is a **Grp Name/Grp Number** populated in Patient Registration for that insurer, only the group name will print in box 11 of the CMS-1500(02/12).

```
1500 FL11 GROUP NAME/NUMBER: ?
     Do not answer this prompt unless the insurer specifically requires one of
     these four options for FL11.
     Choose from:
       NU       Group Number only
       NA       Group Name only
       BOTH     Group Name AND Number
       BLNK     Leave field blank
1500 FL11 GROUP NAME/NUMBER: NU Group Name only
```

Figure 2-12: 1500 FL11 field set to Group Name Only in the EDIN option

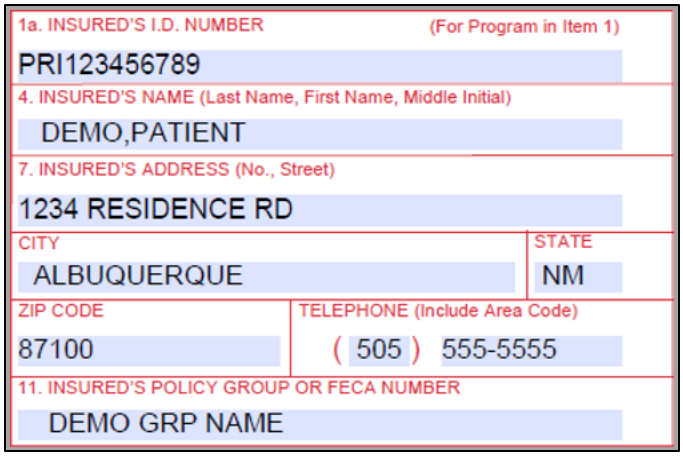


Figure 2-13: Group Name Only in box 11 of the CMS-1500(02/12)

2.4.3 Group Name AND Group Number

If the **1500 FL11 GROUP NAME/NUMBER** is set to **Group Name AND Number** and there is **a Grp Name/Grp Number** populated in Patient Registration for that insurer, both will print in box 11 of the CMS-1500(02/12).

```
1500 FL11 GROUP NAME/NUMBER: ?
     Do not answer this prompt unless the insurer specifically requires one of
     these four options for FL11.
     Choose from:
       NU       Group Number only
       NA       Group Name only
       BOTH     Group Name AND Number
       BLNK     Leave field blank
1500 FL11 GROUP NAME/NUMBER: BOTH Group Name AND Number
```

Figure 2-14: 1500 FL11 field set to Group Name AND Number in the EDIN option

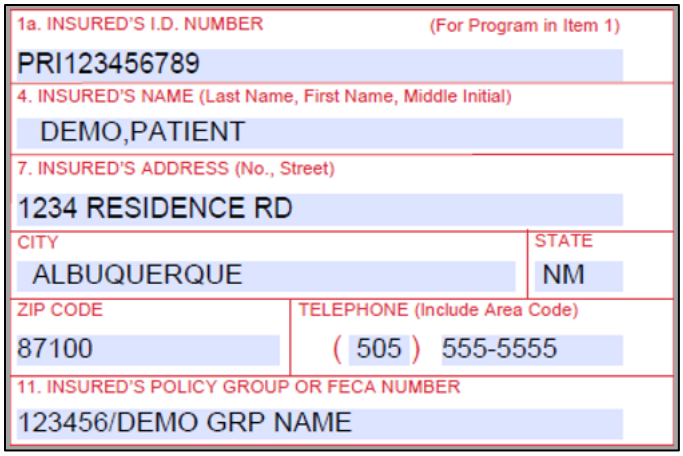


Figure 2-15: Group Name AND Number in box 11 of the CMS-1500(02/12)

2.4.4 Leave Field Blank

If the **1500 FL11 GROUP NAME/NUMBER** is set to **Leave field blank**, nothing will print in box 11 of the CMS-1500(02/12).

```
1500 FL11 GROUP NAME/NUMBER: ?
     Do not answer this prompt unless the insurer specifically requires one of
     these four options for FL11.
     Choose from:
       NU       Group Number only
       NA       Group Name only
       BOTH     Group Name AND Number
       BLNK     Leave field blank
1500 FL11 GROUP NAME/NUMBER: BLNK Leave field blank
```

Figure 2-16: 1500 FL11 field set to Leave field blank in the EDIN option

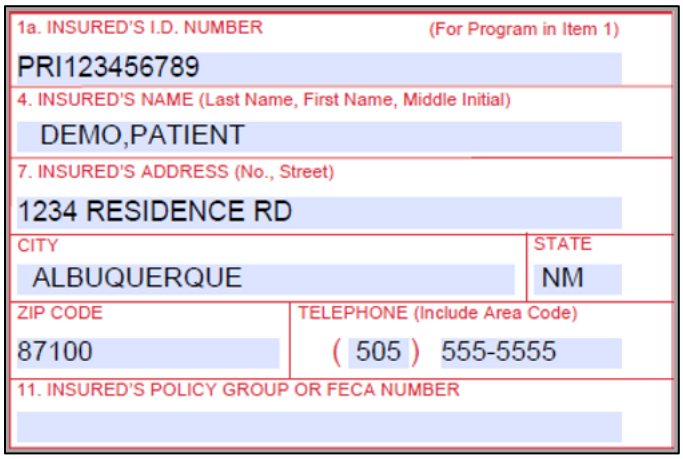


Figure 2-17: Box 11 of the CMS-1500(02/12) set to Blank

2.5 Grand Total Report All Files by Transmission Date

The Grand Total All Files by Transmission Date report (UCSH > RPTS > GTOT) was updated to allow for selecting the original **Grand Total All Files by Transmission Date** report or for selecting a new **UFMS Export Summary** report. In addition, the **Grand Total All Files by Transmission Date** report now allows for sorting by **Insurer Type** or by **Allowance Category**, and both reports allow for exporting as a delimited file. These changes were requested to assist with RPMS to UFMS file reconciliation.

The following is an example of the Grand Total All Files by Transmission Date report prior to p45. In the summary portion of the report, bill counts and dollar amounts were broken down by **Budget Activity**, or insurer type.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |        THIRD PARTY BILLING SYSTEM - VER 2.6p44          |
          +       Grand Total All Files by Transmission Date        +
          |                    2017 DEMO HOSPITAL                   |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          User: BILLER,SUPER                       11-AUG-2026 8:06 AM

Select beginning export: T   AUG 11, 2026
  partial match to:  AUG 11, 2026@08:05:22       BILLER,SUPER
         ...OK? Yes//   (Yes)


Select ending export: T   AUG 11, 2026
  partial match to:  AUG 11, 2026@08:05:22       BILLER,SUPER
         ...OK? Yes//   (Yes)

Enter DEVICE: HOME//   VT

                    ***** UFMS EXPORT RECONCILIATION PAGE *****       Page: 1
LOCATION: 2017 DEMO HOSP
EXPORT DATE: AUG 11, 2026@08:05:22
FILE NAME: IHS_TPB_RPMS_INV_602015_20260811_080522_2.06.44k.DAT
================================================================================
                          Approved    | Excluded      Cancelled   Cxl'd    Ben
 Session/User              Bills      |  Bills          Bills     Claims  Bills
                                      |
3260708.101942/BILLER,A  3   1,175.28 | 0      0.00  0      0.00    3       0
                                      |
3260709.12571/BILLER,C   1     179.00 | 0      0.00  0      0.00    0       0
                                      |
3260709.134154/BILLER,A  3     438.00 | 0      0.00  0      0.00    0       0
--------------------------------------------------------------------------------
TOTALS:                  7   1,792.28 | 0      0.00  0      0.00    3       0


                             UFMS EXPORT SUMMARY                     Page: 1
LOCATION: 2017 DEMO HOSP
EXPORT DATE: AUG 11, 2026@08:05:22
FILE NAME: IHS_TPB_RPMS_INV_602015_20260811_080522_2.06.44k.DAT
EXPORT(S) RESENT:  <<NONE>>
================================================================================
    BUDGET ACTIVITY           BILL CNT     AMOUNT     EXCL.CNT     EXCL.AMT
--------------------------------------------------------------------------------
```

```
SESSION ID: 3260708.101942      BILLER: BILLER,AMY
SESSION ID: 3260709.12571       BILLER: BILLER,CHARLIE
SESSION ID: 3260709.134154      BILLER: BILLER,AMY
-------------------------------------------------------------------------------
2017 DEMO HOSPITAL
   MEDICAID FI                 1 bill        80.00          0 bills      0.00
   MEDICARE FI                 1 bill       179.00          0 bills      0.00
   PRIVATE                     4 bills    1,354.28          0 bills      0.00
   VETERANS ADMINISTRATION     1 bill       179.00          0 bills      0.00
     Total for facility        7 bills    1,792.28

     TOTAL BILLS:              7 bills    1,792.28          0 bills      0.00

--- EXPORT SUMMARY ------------------------------------------------------------
  MEDICAID FI                 1 bill        80.00          0 bills      0.00
  MEDICARE FI                 1 bill       179.00          0 bills      0.00
  PRIVATE                     4 bills    1,354.28          0 bills      0.00
  VETERANS ADMINISTRATION     1 bill       179.00          0 bills      0.00
-------------------------------------------------------------------------------

     TOTAL EXPORTED:          7 bills    1,792.28

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

Figure 2-18: Grand Total All Files by Transmission Date prior to p45

2.5.1 Grand Total All Files by Transmission Date – Insurer Type

To run the Grand Total All Files by Transmission Date report as it was prior to p45 (sorted by insurer type), enter a beginning export date and an ending export date, then select **Grand Total All Files by Transmission Date**, **Insurer Type,** and **Print Report**.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |        THIRD PARTY BILLING SYSTEM - VER 2.6p45          |
          +       Grand Total All Files by Transmission Date        +
          |                   2017 DEMO HOSPITAL                    |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          User: BILLER,SUPER                       11-AUG-2026 9:07 AM

Select beginning export: 7/30/26   JUL 30, 2026
  partial match to:  JUL 30, 2026@11:19:38       BILLER,SUPER
         ...OK? Yes//   (Yes)


Select ending export: 7/30/26   JUL 30, 2026
  partial match to:  JUL 30, 2026@11:19:38       BILLER,SUPER
         ...OK? Yes//   (Yes)

     Select one of the following:

          S         UFMS EXPORT SUMMARY
          G         GRAND TOTAL ALL FILES BY TRANSMISSION DATE

EXPORT SUMMARY OR GRAND TOTALS: UFMS EXPORT SUMMARY// GRAND TOTAL ALL FILES BY T
RANSMISSION DATE

     Select one of the following:
```

```
          I         Insurer Type
          A         Allowance Category

Sort by: A// Insurer Type

     Select one of the following:

          P         Print Report
          H         Print Delimited Report to the HOST FILE

<P> to Print, <H> to Host File: P// rint Report
Enter DEVICE: HOME//   VT

                    ***** UFMS EXPORT RECONCILIATION PAGE *****       Page: 1
LOCATION: 2017 DEMO
EXPORT DATE: JUL 30, 2026@11:19:38
FILE NAME: IHS_TPB_RPMS_INV_606415_20260730_111938_2.06.45k.DAT
================================================================================
                         Approved    | Excluded      Cancelled   Cxl'd    Ben
 Session/User             Bills      |  Bills          Bills     Claims  Bills
                                     |
3260729.113733/BILLER,A  1     265.00 | 0      0.00  0      0.00    0       0
                                     |
3260729.135428/BILLER,C  2   27,586.30| 0      0.00  0      0.00    0       0
--------------------------------------------------------------------------------
TOTALS:                  3   27,851.30| 0      0.00  0      0.00    0       0

                            UFMS EXPORT SUMMARY                     Page: 1
LOCATION: 2017 DEMO
EXPORT DATE: JUL 30, 2026@11:19:38
FILE NAME: IHS_TPB_RPMS_INV_606415_20260730_111938_2.06.45k.DAT
EXPORT(S) RESENT:  <<NONE>>
================================================================================
    INSURER TYPE              BILL CNT     AMOUNT     EXCL.CNT     EXCL.AMT
--------------------------------------------------------------------------------
SESSION ID: 3260729.113733      BILLER: BILLER,AMY
SESSION ID: 3260729.135428      BILLER: BILLER,CHARLIE
--------------------------------------------------------------------------------
2017 DEMO HOSPITAL
   MCR PART D                  1 bill        265.00        0 bills      0.00
   PRIVATE                     2 bills    27,586.30        0 bills      0.00
     Total for facility        3 bills    27,851.30

     TOTAL BILLS:              3 bills    27,851.30        0 bills      0.00

--- EXPORT SUMMARY ------------------------------------------------------------
  MCR PART D                  1 bill       265.00          0 bills      0.00
  PRIVATE                     2 bills   27,586.30          0 bills      0.00
--------------------------------------------------------------------------------

     TOTAL EXPORTED:          3 bills   27,851.30

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

Figure 2-19: GTOT sorted by Insurer Type

The delimited report provides export file summary information and is intended to be exported to your site's Host File Server (HFS) and imported to Excel. At the **Enter Path** prompt, verify that the default directory displayed is correct. If it is correct, press **Enter**. If it is not correct, you may change it. If you're not sure and need assistance with your site's directory path, contact your IT/RPMS administrator.

At the **Enter filename** prompt, type a name for the report and press **Enter**. Do not include blank spaces in the report name. Use an underscore (_) instead, as shown in the example below.

```
     Select one of the following:

          P         Print Report
          H         Print Delimited Report to the HOST FILE

<P> to Print, <H> to Host File: P// H  Print Delimited Report to the HOST
FILE
Enter Path: g:\pub\//
Enter filename: GTOT_INSTYPE_20260730
Enter RETURN to continue or '^' to exit:
```

Figure 2-20: Exporting the Delimited Report

Access your site's export directory, find your report, and open it with Notepad. The report data will be delimited with a caret (^) and will look similar to the example below.

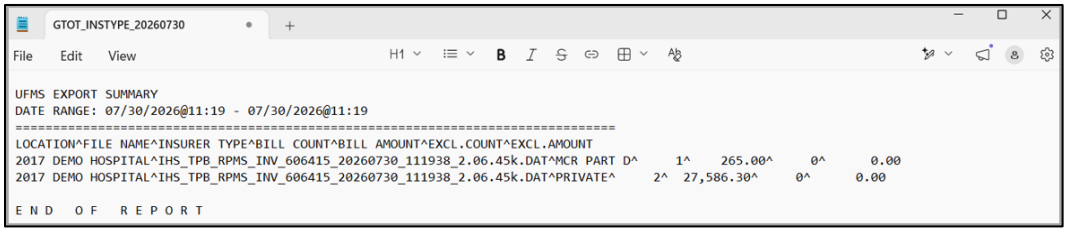


Figure 2-21: Delimited GTOT report by Insurer Type as viewed in Notepad

Import the report into Excel using a caret (^) as the delimiter. When you are done formatting, the report will look similar to the example below.

	A	B	C	D	E	F	G
1	UFMS EXPORT SUMMARY						
2	DATE RANGE: 07/30/2026@11:19 - 07/30/2026@11:19						
3	==========						
4	LOCATION	FILE NAME	INSURER TYPE	BILL COUNT	BILL AMOUNT	EXCL.COUNT	EXCL.AMOUNT
5	2017 DEMO HOSPITAL	IHS_TPB_RPMS_INV_606415_20260730_111938_2.06.45k.DAT	MCR PART D	1	265.00	0	0
6	2017 DEMO HOSPITAL	IHS_TPB_RPMS_INV_606415_20260730_111938_2.06.45k.DAT	PRIVATE	2	27,586.30	0	0
7							
8	END OF REPORT						

Figure 2-22: Delimited GTOT report by Insurer Type, imported to Excel

2.5.2 Grand Total All Files by Transmission Date–Allowance Category

The Grand Total All Files by Transmission Date report sorted by **Allowance Category** is identical to the **Insurer Type** option. The only difference is the bill counts and dollar amounts are sorted by allowance category.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |        THIRD PARTY BILLING SYSTEM - VER 2.6p45          |
          +       Grand Total All Files by Transmission Date        +
          |                   2017 DEMO HOSPITAL                    |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          User: BILLER,SUPER                       11-AUG-2026 11:59 AM

Select beginning export: 7/30/26   JUL 30, 2026
  partial match to:  JUL 30, 2026@11:19:38       BILLER,SUPER
         ...OK? Yes//   (Yes)


Select ending export: 7/30/26   JUL 30, 2026
  partial match to:  JUL 30, 2026@11:19:38       BILLER,SUPER
         ...OK? Yes//   (Yes)

     Select one of the following:

          S         UFMS EXPORT SUMMARY
          G         GRAND TOTAL ALL FILES BY TRANSMISSION DATE

EXPORT SUMMARY OR GRAND TOTALS: UFMS EXPORT SUMMARY// GRAND TOTAL ALL FILES BY T
RANSMISSION DATE

     Select one of the following:

          I         Insurer Type
          A         Allowance Category

Sort by: A// llowance Category

     Select one of the following:

          P         Print Report
          H         Print Delimited Report to the HOST FILE

<P> to Print, <H> to Host File: P// rint Report
Enter DEVICE: HOME//   VT

                    ***** UFMS EXPORT RECONCILIATION PAGE *****       Page: 1
LOCATION: 2017 DEMO
EXPORT DATE: JUL 30, 2026@11:19:38
FILE NAME: IHS_TPB_RPMS_INV_606415_20260730_111938_2.06.45k.DAT
================================================================================
                         Approved    | Excluded      Cancelled   Cxl'd    Ben
 Session/User              Bills      |  Bills          Bills     Claims  Bills
                                      |
3260729.113733/BILLER,A  1     265.00 | 0      0.00  0      0.00    0       0
                                      |
3260729.135428/BILLER,C  2   27,586.30| 0      0.00  0      0.00    0       0
--------------------------------------------------------------------------------
TOTALS:                  3   27,851.30| 0      0.00  0      0.00    0       0

                             UFMS EXPORT SUMMARY                     Page: 1
```

```
LOCATION: 2017 DEMO
EXPORT DATE: JUL 30, 2026@11:19:38
FILE NAME: IHS_TPB_RPMS_INV_606415_20260730_111938_2.06.45k.DAT
EXPORT(S) RESENT:  <<NONE>>
================================================================================
    BUDGET ACTIVITY           BILL CNT     AMOUNT     EXCL.CNT     EXCL.AMT
--------------------------------------------------------------------------------
SESSION ID: 3260729.113733      BILLER: BILLER,AMY
SESSION ID: 3260729.135428      BILLER: BILLER,CHARLIE
--------------------------------------------------------------------------------
2017 DEMO HOSPITAL
   MEDICARE                   1 bill        265.00        0 bills      0.00
   PRIVATE INSURANCE          2 bills    27,586.30        0 bills      0.00
     Total for facility       3 bills    27,851.30

     TOTAL BILLS:             3 bills    27,851.30        0 bills      0.00

--- EXPORT SUMMARY ------------------------------------------------------------
  MEDICARE                   1 bill        265.00        0 bills      0.00
  PRIVATE INSURANCE          2 bills    27,586.30        0 bills      0.00
--------------------------------------------------------------------------------

     TOTAL EXPORTED:          3 bills    27,851.30

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

Figure 2-23: GTOT sorted by Allowance Category

The delimited report provides export file summary information and is intended to be exported to your site's Host File Server (HFS) and imported to Excel. At the **Enter Path** prompt, verify that the default directory displayed is correct. If it is correct, press **Enter**. If it is not correct, you may change it. If you're not sure and need assistance with your site's directory path, contact your IT/RPMS administrator.

At the **Enter filename** prompt, type a name for the report and press **Enter**. Do not include blank spaces in the report name. Use an underscore (_) instead, as shown in the example below.

```
     Select one of the following:

          P         Print Report
          H         Print Delimited Report to the HOST FILE

<P> to Print, <H> to Host File: P// H  Print Delimited Report to the HOST FILE
Enter Path: g:\pub\//
Enter filename: GTOT_ALLOWCAT_20260703
Enter RETURN to continue or '^' to exit:
```

Figure 2-24: Exporting the Delimited Report

Access your site's export directory, find your report, and open it with Notepad. The report data will be delimited with a caret (^) and will look similar to the example below.

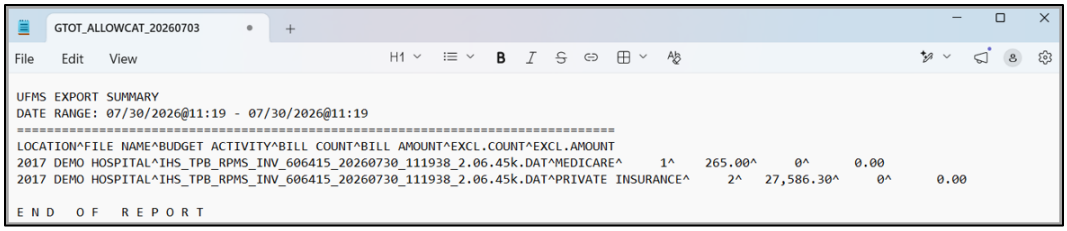


Figure 2-25: Delimited GTOT report by Allowance Category as viewed in Notepad

Import the report into Excel using a caret (^) as the delimiter. When you are done formatting, the report will look similar to the example below.

	A	B	C	D	E	F	G
1	UFMS EXPORT SUMMARY						
2	DATE RANGE: 07/30/2026@11:19 - 07/30/2026@11:19						
3	==========						
4	LOCATION	FILE NAME	BUDGET ACTIVITY	BILL COUNT	BILL AMOUNT	EXCL.COUNT	EXCL.AMOUNT
5	2017 DEMO HOSPITAL	IHS_TPB_RPMS_INV_606415_20260730_111938_2.06.45k.DAT	MEDICARE	1	265.00	0	0
6	2017 DEMO HOSPITAL	IHS_TPB_RPMS_INV_606415_20260730_111938_2.06.45k.DAT	PRIVATE INSURANCE	2	27,586.30	0	0
7							
8	END OF REPORT						

Figure 2-26: Delimited GTOT report by Allowance Category, imported to Excel

2.5.3 UFMS Export Summary

The **UFMS Export Summary** option provides a list of UFMS export file names and their associated bill counts and bill amounts based on the export dates that are entered. This report is intended to assist with UFMS file reconciliation.

```
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          |         THIRD PARTY BILLING SYSTEM - VER 2.6p45           |
          +       Grand Total All Files by Transmission Date          +
          |                    2017 DEMO HOSPITAL                     |
          +-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+-+
          User: BILLER,SUPER                        11-AUG-2026 1:10 PM

Select beginning export: 7/9/26   JUL 09, 2026
     1   7-9-2026@11:53:30       BILLER,SUPER
     2   7-9-2026@11:54:31       BILLER,SUPER
CHOOSE 1-2: 2  7-9-2026@11:54:31     BILLER,SUPER

Select ending export: 7/30/26   JUL 30, 2026
  partial match to:  JUL 30, 2026@11:19:38       BILLER,SUPER
         ...OK? Yes//   (Yes)

     Select one of the following:

          S         UFMS EXPORT SUMMARY
          G         GRAND TOTAL ALL FILES BY TRANSMISSION DATE

EXPORT SUMMARY OR GRAND TOTALS: UFMS EXPORT SUMMARY//

     Select one of the following:

          P         Print Report
          H         Print Delimited Report to the HOST FILE

<P> to Print, <H> to Host File: P// rint Report
```

```
Enter DEVICE: HOME//   VT

                              UFMS EXPORT SUMMARY                     Page: 1
LOCATION: 2017 DEMO
DATE RANGE: 07/09/2026@11:54 - 07/30/2026@11:19
================================================================================

                                                              BILL          BILL
    FILE NAME                                                COUNT        AMOUNT
--------------------------------------------------------------------------------
IHS_TPB_RPMS_INV_606415_20260709_115431_2.06.45k.DAT          66        11,588.69
IHS_TPB_RPMS_INV_606415_20260730_111938_2.06.45k.DAT           3        27,851.30

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

Figure 2-27: UFMS Export Summary, Print Report option

The delimited report provides export file summary information and is intended to be exported to your site's Host File Server (HFS) and imported to Excel. At the **Enter Path** prompt, verify that the default directory displayed is correct. If it is correct, press **Enter**. If it is not correct, you may change it. If you're not sure and need assistance with your site's directory path, contact your IT/RPMS administrator.

At the **Enter filename** prompt, type a name for the report and press **Enter**. Do not include blank spaces in the report name. Use an underscore (_) instead, as shown in the example below.

```
     Select one of the following:

          P         Print Report
          H         Print Delimited Report to the HOST FILE

<P> to Print, <H> to Host File: P// H  Print Delimited Report to the HOST FILE
Enter Path: g:\pub\//
Enter filename: GTOT_EXPORTSUMM_202607090730
Enter RETURN to continue or '^' to exit:
```

Figure 2-28: Exporting the Delimited Report

Access your site's export directory, find your report, and open it with Notepad. The report data will be delimited with a caret (^) and will look similar to the example below.

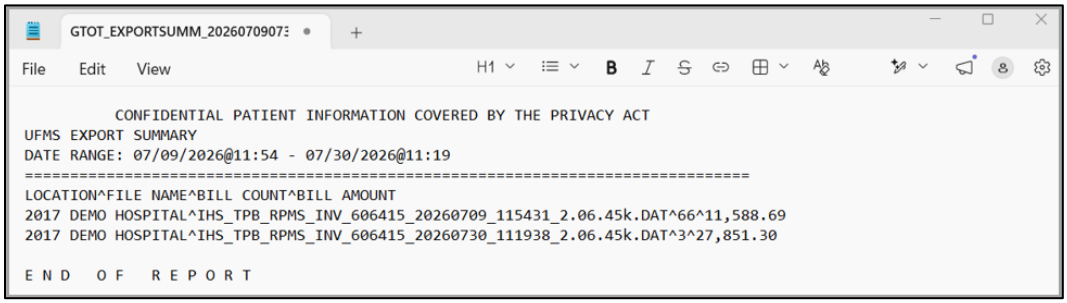


Figure 2-29: Delimited UFMS Export Summary as viewed in Notepad

Import the report into Excel using a caret (^) as the delimiter. When you are done formatting, the report will look similar to the example below.

	A	B	C	D
1	CONFIDENTIAL PATIENT INFORMATION COVERED BY THE PRIVACY ACT			
2	UFMS EXPORT SUMMARY			
3	DATE RANGE: 07/09/2026@11:54 - 07/30/2026@11:19			
4	==========			
5	LOCATION	FILE NAME	BILL COUNT	BILL AMOUNT
6	2017 DEMO HOSPITAL	IHS_TPB_RPMS_INV_606415_20260709_115431_2.06.45k.DAT	66	11,588.69
7	2017 DEMO HOSPITAL	IHS_TPB_RPMS_INV_606415_20260730_111938_2.06.45k.DAT	3	27,851.30
8				
9	END OF REPORT			

Figure 2-30: Delimited UFMS Export Summary, imported to Excel

Acronym List

Acronym	Meaning
837	An electronic file used to submit patient claim information to payers
3P	Third Party
A/R	Accounts Receivable
CMS	Centers for Medicare and Medicaid Services
FECA	Federal Employees' Compensation Act
FID	Feature Identification (a number assigned to a change request)
FL	Form Locator (a term used for the boxes on a medical claim form)
HFS	Host File Server
IHS	Indian Health Service
OIT	Office of Information Technology
RPMS	Resource and Patient Management System
UFMS	United Financial Management System

Contact Information

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