



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Accounts Receivable

(BAR)

Addendum to User Manual

Version 1.8 Patch 23
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Table of Contents

1.0	Introduction.....	1
1.1	Summary of Changes	1
1.1.1	Patch 23	1
2.0	Patch 23.....	8
2.1	Electronic Remittance Advice (835).....	8
2.1.1	2.1.1 Load NEW Import	8
2.1.2	A/R Bill Matching	9
2.1.3	ERA Import Delete.....	11
2.2	Patient Statements	13
2.2.1	Enter/Edit Statement Header Text.....	13
2.2.2	Statement Sorting.....	13
2.2.3	Purge Patient Account Statements.....	14
2.2.4	Rebuild Statements for All Flagged Patients	15
2.3	Debt Letters	16
2.3.1	Debt Management Parameters.....	16
2.3.2	Print Report of Printed Debt Letters.....	19
2.4	Reports	23
2.4.1	New Allowance Category and Insurer Types.....	23
2.4.2	Bill Posting Summary/Transaction Posting History.....	25
2.4.3	List of Standard Adjustment Reason Codes.....	28
2.4.4	Age Day Letter & List.....	29
2.4.5	Transactions Missing UFMS TX Date.....	29
2.4.6	A123 Reimbursable Activity Report	30
2.5	ICD-10 Changes	32
2.5.1	A/R Bill/IHS File	32
2.5.2	Inpatient Primary Diagnosis Report.....	33
2.5.3	Top Payer Report	37
Appendix A:	ERA Import File Status List With Descriptions	38
Appendix B:	Allowance Categories Mapped to 3PB Insurer Types	39
Appendix C:	Standard Adjust Reason Code List.....	40
	Acronym List	41
	Contact Information	42

Preface

The IHS Accounts Receivable application is a financial management system developed by the Indian Health Service (IHS) used to track and manage all billing invoices created by the IHS Third Party Billing (ABM) application. Users of the Accounts Receivable system have the ability to track check data by creating collection batches, post payments manually or electronically via the 835 Electronic Remittance Advice (ERA), print statements and reports and reconcile all posting activity.

Please review and distribute this addendum to your Accounts Receivable staff prior to installation of the patch. Be aware that there is new functionality in this patch that is required to be completed before using any new options.

1.0 Introduction

1.1 Summary of Changes

Patch 23 provides enhancements and minor corrections to Version 1.8 of the Accounts Receivable system. This release also contains ICD-10 modifications.

1.1.1 Patch 23

Patch 23 includes the following fixes and changes for reported issues logged at the RPMS Helpdesk:

Changes to the Electronic Remittance Advice (ERA)

- NOHEAT – A change was made to the Load NEW Import (NEW) option in the ERA Posting menu to automatically detect the type of file that's being imported (v4010 vs. v5010). The user will no longer need to specify the type of file being loaded).
- NOHEAT – A change was made to the ERA matching process so that ERA check numbers that have been used by other locations on the same RPMS database are ignored. In other words, ERA checks will only be matched up with Collection Batches that are associated with the same Location. This will prevent RPMS from incorrectly matching up ERA checks with Collection Batches that were created for a different location.
- NOHEAT – A change was made to the ERA check matching process to prevent new ERA checks from being matched up to old Collection Batches. The ERA matching process will ignore any Collection Batches that are older than 365 days.
- NOHEAT – A change was made to the ERA bill matching processing to allow for DTM 232 and DTM 233 segments not being present in an ERA file. These segments, which contain the bill date(s) of service, are considered to be situational but were previously being treated as required. If these segments are not present in an ERA file, the code will look for the DTM 472 segment, which also contains the bill date of service.
- NOHEAT – A change was made to the ERA Bill Matching option (BLMT) so that the REASONS NOT POST are not displayed during the matching process. REASONS NOT POST, if any, may still be viewed in the Review Postable Claims option (REV) and in the Report ERA Claims option (RPT).
- HEAT62015 – A correction was made to the 835 v4010 to account for payers leaving the date of service segment blank. Before the correction, the ERA would display -1 for the date of service. After the correction, the ERA displays a blank date of service when not populated by the payer in the file.

- HEAT76062 – A modification was made to the ERA Load New Import option to recognize segment delimiters other than ‘*’. The ERA will now recognize any delimiter that the payer uses.
- HEAT79188, 87149 – A change was made to the ERA bill matching process to accommodate changes that payers make to RPMS bill numbers/prescription numbers. Some payers add leading zeros to the RPMS number and some payers strip the leading zero off.
- HEAT80621 – A change was made to the ERA Import Delete option (ERAD) to prevent an ERA file from being deleted from RPMS if anything has been posted from it. The lookup list in the ERAD option was also modified to display the status of each file (Posted, Matched, etc.).
- HEAT83479 – A correction was made to the Check Amount and Check Number for 835 option (TRN) in the ERA Posting menu to prevent the following message from being applied incorrectly to new files: “CANNOT SELECT ERA FILE OLDER THAN 01/01/2012”.
- HEAT106573 – A correction was made to the Post ERA Claims option (PST) in the ERA Posting menu to prevent the following message from being displayed in error: ‘Posting this bill will result in a negative balance on the bill’.
- HEAT106998 – A correction was made to the Load New Import option (NEW) in the ERA Posting menu to prevent an undefined error when loading a file that is missing the payee address. The payee address is not a required segment for 835 files. <UNDEFINED>F+2^DIED

Changes to patient statements

- NOHEAT – A change made to patient statements in patch 22 that may have caused the header information on your statements to be replaced with the system default. Be sure to check your statement header to make sure your facility’s information is still populated. If it has changed, use the Enter/Edit Statement Header Text option (SHDR) in the Patient Account Statement Menu to re-populate your facility’s information.
- HEAT58041 – An issue was reported with patient statements not correctly reporting balances due in the aging summary. This has been corrected.

=====				
** SUMMARY by days due**				

0-29 Days	30-59 Days	60-89 Days	90-120+ Days	TOTAL DUE
\$ 54.03	\$ 0.00	\$ 246.12	\$ 98.67	\$ 398.62
=====				

- HEAT60420 – An issue was reported with patient statements not printing the statement header when printed to paper. This has been corrected.
- HEAT63286 – An undefined error was corrected when printing patient statements <UNDEFINED>ACCOUNT+33^BARMPAS

- HEAT80718 – A new sorting parameter for patient statements was added to the A/R Site Parameter option (SPE) to allow for sorting statements either by account number or by patient name.
- HEAT91646, 95153 – New menu options were added to the Patient Account Statement menu (PAS):
 - PUR – Purge Patient Account Statements (This option allows for previously printed statement runs to be deleted from the system.)
 - REB – Rebuild Statement for All Flagged Pat (This options allows you to rebuild a statement run that was previously created by TaskMan.)
- HEAT131103 – A correction was made to patient statements to prevent an undefined error when the NEW PERSON file is missing the DUZ(2).
<UNDEFINED>INIT+9^BARUTL

Debt Letter Modifications

- NOHEAT – A new report was created in the Debt Management Menu that provides a list of printed debt letters for a user-specified print date, or a user-specified date range. The new option is called Print Report of Printed Debt Letters (DMRP)
- NOHEAT – Two new parameters were added to Debt Management Parameters (DMPS) to allow for printing the Bill Date on debt letters (the date the bill was approved in Third Party Billing) and for determining the printing order of the letters (either by Policy Holder Name or by Insurance Name)
- NOHEAT – The level of user access needed to properly run Debt Letters so that fields are updated correctly behind the scenes has been changed. The level of access is determined in the A/R DEBT MANAGEMENT BILL file.

```

DATA DICTIONARY ACCESS: @
  READ ACCESS: V
  WRITE ACCESS: V
DELETE ACCESS: @
  LAYGO ACCESS: V
  AUDIT ACCESS: @
  DD AUDIT: NO

```

- NOHEAT – A correction was made to Debt Management Menu options to ensure that the Bill Status field is being properly updated to “PAID” when payments and/or adjustments are posted to debt letters bills, bringing the bill balance to zero. The options that will update the Bill Status field are: Letters in the Queue (DMVQ), Letters that Contain Errors (DMER), and Print Letter (DMLP).
- HEAT91638 – A correction was made to debt letters to ensure that the correct date of birth is printed for the patient shown on the letter.
- HEAT116918 – A correction was made to the Print Letter Option (DMLP) in the Debt Management Menu to prevent a READ error that occurs under specific circumstances <READ>SCREEN+6~DIR

- A printer is selected as an output device
 - There are no letters with errors available for printing
- HEAT118346 – A correction was made to the Print Letter option (DMLP) in the Debt Management Menu to prevent an undefined error.
<UNDEFINED>A1+39^BARDMRE

Changes made for ICD-10

- NOHEAT – A field was added to the A/R Bill file called “ICD CODE INDICATOR”. This field will let users know whether a bill was approved using an ICD-9 or ICD-10 primary diagnosis code. This field can be viewed by doing a Bill Inquiry from any of the posting options, or by doing a FileMan Inquiry to the A/R Bill file.
- NOHEAT – Two financial reports were modified to allow for searching bills by user-specified ICD-9 codes, ICD-10 codes, or both ICD-9 and ICD-10 codes. The reports that were modified are the Inpatient Primary Diagnosis Report (IPDR) and the Top Payer Report (PAY).

Changes made for VA billing

- NOHEAT – A new allowance category was created to accommodate VA Billing. This new category is called Veterans Medical Benefit and is mapped to the 3PB Insurer Type of Veterans Administration. Once this new insurer type has been implemented in your 3PB application, you will be able to run reports for this new allowance category.

Changes made to reports

- NOHEAT – A new report was created in the Posting Menu that allows for exporting a pre-formatted list of standard adjustment reason codes. Create Report Std Adjustment Reason Codes (RADJ)
- NOHEAT – A change was made to the Transactions Missing UFMS TX Date report (UTLT) to allow for filtering transactions that have been marked as ‘Ignored’. A new column called ‘Indian Patient’ was also added to the report.
- NOHEAT – New insurer types were added to the A/R Insurer Type file to accommodate additions to the insurer type file in Third Party Billing v2.6, patch 11. The new insurer types are: FPL 133 Percent (FPL), MCR Managed Care (MMC), MCR Part C (MC), State Exchange Plan (SEP), and Tribal Self Insured (TSI).
- NOHEAT – A new report was added to the Supervisory Functions in the Cashiering Menu to provide data that will be used to evaluate the effectiveness of key agency internal controls related to reimbursement (A-123 Reimbursable Activity Report – A123). Two Federal locations from each Area will be selected as part of this evaluation by Headquarters. Your facility will receive an email from Headquarters and/or ORAP if your facility is selected for this evaluation.

- NOHEAT – A correction was made to the OMB report to prevent an undefined error. <UNDEFINED>TRANS+49^BARDYSV5
- HEAT55217 – An undefined error was corrected in the OMB report <UNDEFINED>BATCH+36^BARDYSV3
- HEAT60464 – An undefined error was corrected in the Transaction Statistical Report (TSR) <UNDEFINED>SUBDSRC+3^BARRADJ2
- HEAT62025 – An issue was reported with the UTLT not reporting transactions that were missing some data in the A/R Transaction file. This issue was site-specific and has been corrected. <SUBSCRIPT>GETDATA+14^BARUTLST
- HEAT74599 – A syntax error was corrected when running the Adjustment & Refund Report. This error occurred when a transaction was found that was missing the Insurer Type. In the future these transactions will be included in the “no Insurer Type” category. This error appears to have been specific to the reporting site. <SYNTAX>PRINT+64^BARTRANS1
- HEAT75133 – The Age Day Letter & List report (ADL) was enhanced to provide the patient’s date of birth, patient’s social security number, and the complete bill number (facility suffix code and patient’s health record number, if site parameters are set to display this information). The ADL report is now locked with the following security key due to the addition of the patient’s social security number being added to the report: BARZ ADL REPORT.
- HEAT80021 – A subscript error was corrected in the OMB Report (Office of Management and Budget). This error was site-specific and was related to a parameter set-up issue. <UNDEF>BATCH+7^BARDYSV3.
- HEAT82979 – A syntax error was corrected in the Collection Report Final option (RFL). <SYNTAX>DIE+4^DIE
- HEAT86006 – A correction was made to the Adjustment & Refund Report (ADJ) to prevent an undefined error when exiting the report at the date prompt. <UNDEFINED>EN+15^BARTRANS
- HEAT102270 – A correction was made to the Age Detail Report (ADT) so that bills with a zero balance are not displayed on the report.

Other changes

- NOHEAT – The Parent Facility Kill option (PFK) was removed from the A/R Manager menu.
- NOHEAT – The A/R Bill file was modified so that the patient’s social security number is hidden from view with the exception of the last four digits. The patient’s social security number will now be displayed like this: xxxxxx1234.
- HEAT54733 – A subscript error was corrected in the OIT re-queuing routine <SUBSCRIPT>SETORIG+2^BARUFEX5

- HEAT62222 – An issue was reported with the View Cashiering Sessions option (VON) that occasionally prevented supervisors from seeing all un-transmitted cashiering sessions. This has been corrected so that supervisors will see all un-transmitted cashiering sessions regardless of the date range set up in site parameters (UFMS DISPLAY DATE LIMIT: T-7//).
- HEAT66991 – An undefined error was reported in the Auto Post Beneficiary option when results of the option were queued to a printer. This has been corrected. <UNDEF>LOOP+21
- HEAT71924 – A correction was made to the View Cashiering Session option (VON) to prevent an error from occurring when printing the export summary screen. <NOLINE>LOOP+4^BARUFSUP
- HEAT73895 – Additional messages were added to the Upload Bill from Third Party Bill File (UPL) to provide the user with more descriptive reasons for why a bill didn't load. One or more of the following messages will be displayed as applicable:
 - Parent site not defined in Site Parameter File
 - Satellite site not defined in Site Parameter File
 - Parent/Satellite marked as “not usable”
 - ‘Date of Service’ is before the visit location activated date
 - ‘Date of Service’ is after the visit location closed date
 - Parent not defined for satellite in Parent/Satellite file
- HEAT76003 – The Bill Posting Summary (BPS) and the transaction posting history were enhanced to provide more information, if desired.
 - T - Add Transaction number to report
 - M - Add Bill Messages to report
 - B - Add both Transaction number and Bill Messages
 - N - Don't add Transaction number and Bill Messages
 - O - Show only Bill Messages
- HEAT76683 – A subscript error was corrected at the ‘Select Command:’ processor in the A/R posting menus. This error occurred when the user entered an extremely long response at the prompt (for example, accidentally depressing a key for an extended length of time). <SUBSCR>0+26^BARPST3
- HEAT77761 – A subscript error was corrected in the Post Unallocated Cash option (PUC). <SUBSCRIPT>EN+45^BARPRT. This error occurred when a transaction in the PUC option was missing the transaction Internal Entry Number (IEN). The PUC option was also modified to provide a message to the user when a transaction is missing any information: ** ERROR – MISSING ALLOCATION INFO IN TRANSACTION # XXXXXX.XXXXXX.

- HEAT80306 – An undefined error was corrected in the OIT re-queuing routine <UNDEFINED>RESEND+2^BARRQ.
- HEAT86250 – A correction was made to the Post Status Change option (PSC) to prevent an undefined error: <UNDEFINED>ASKCOM1+15^BARBAD3
- HEAT88320 – A correction was made to Collections Entry (EN) to prevent the current visit location from being lost when batching checks.
- HEAT89920 – A correction was made to cashiering so that cashiering sessions are now location specific. It was discovered that Tribal parent locations who shared the same database as Federal parent locations were unable to disable cashiering without affecting the Federal location.
- HEAT93190 – Several posting routines were modified to provide information about duplicated bills, which are occasionally created in Accounts Receivable. When a user pulls up a bill number in one of the posting menus and the system finds a duplicate, both bills are marked accordingly.
 - ! – This symbol indicates the bill is a duplicate. There is no corresponding claim in Third Party Billing.
 - d – This symbol indicates the bill is not a duplicate. There is a corresponding claim in Third Party Billing.

Claims for XXXXXXXX,YWWWWW from 10/26/2012 to 10/26/2012						Page: 1
Line #	DOS	Claim #	Billed Amount	Current Payments	Current Adjust.	Current Balance
1	10/26/2012	!1839531A-WPT	60.62	0.00	0.00	0.00
2	10/26/2012	d1839531A-WPT	60.62	0.00	0.00	0.00

2.0 Patch 23

2.1 Electronic Remittance Advice (835)

BAR > PST > ERA

Numerous changes were made to the ERA bill matching to accommodate the different ways that payers send information. The changes happen behind the scenes and will not be apparent to the user when processing the ERA file. Two functional changes will be apparent when processing an ERA file: 1) the transport mode is automatically detected (4010 vs. 5010), and 2) a bill matching detail report has been added to the bill matching option. The bill matching report is designed assist in determining why an ERA claim couldn't be matched to an A/R bill.

2.1.1 2.1.1 Load NEW Import

BAR > PST > ERA > NEW

Prior to patch 23, the user had to select the appropriate transport mode for the ERA file being loaded, as shown in the example below.

```

+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p22          |
+                   Load New Import                   +
|                   INDIAN HEALTH HOSPITAL                |
+-----+
User: CARLTON,GINA          BUSINESS OFFICE          3-OCT-2013 1:09 PM

Enter your Current Signature Code:      SIGNATURE VERIFIED

Select A/R EDI TRANSPORT NAME: ??

Choose from:
AHCCCS
HIPAA 835 v4010
HIPAA 835 v5010
MEDICARE 835 3041.4A

Select A/R EDI TRANSPORT NAME: HIPAA 835 v5010
    
```

Figure 2-1: Example of loading a file prior to patch 23

After the installation of patch 23, the NEW option will automatically detect the transport mode and will let the user know whether it's a 4010 or a 5010.

```

+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p23          |
+                   Load New Import                   +
|                   INDIAN HEALTH HOSPITAL                |
+-----+
    
```

```

User: CARLTON,GINA          BUSINESS OFFICE          3-OCT-2013 1:13 PM

Enter your Current Signature Code:    SIGNATURE VERIFIED
Enter the directory path for the transport file: c:\835files\//
File Name : a5010_009272013.txt

CHECKING FILE FORMAT.....
File type: HIPAA 835 v5010 FILE FORMAT OKAY.

File          Directory          Transport
a5010_009272013.txt    c:\pub\          HIPAA 835 v5010

Do you want to proceed? N//

```

Figure 2-2: Example of loading a file after patch 23 is installed

2.1.2 A/R Bill Matching

```
BAR > PST > ERA > BLMT
```

A report was added at the end of the bill matching process in the BLMT option that allows for printing a detailed report of the bill matching. RA claims are matched up with RPMS bills based on the bill number or RX (prescription) number, the date of service, and the amount billed. The new bill matching report gives you information that is helpful for determining why an ERA claim isn't matched up to an RPMS bill, i.e. ERA date of service does not match RPMS date of service.

ERA claims that are unmatched after the matching process is complete will display a new message to the user indicating unmatched claims exist. A new prompt will display to allow the generation of a report of the matching process.

To display the report of the matching process:

1. Press Enter at the "Do you wish to print report of the matching process? Y//"
prompt.
2. The report may be displayed to the screen, sent to a printer, or exported to an RPMS local directory.

If a large number of unmatched claims display in the matching summary, consider exporting the report to your local RPMS directory so that it may be opened in Microsoft Word or Notepad.

3. Type **NO** and to bypass the printing of the report and press Enter.

```

Matched Bills:    50 for $    361.58
Unmatched Bills:  19 for $    126.45
Total Bills:     69 for $    488.03

LOOKING FOR NON-MATCHED PAYMENTS AGAINST NONPAYMENT BATCHES

```

```

***THE MATCHING PROCESS FOUND SEVERAL UNMATCHED CLAIMS ***
      YOU CAN PRINT NOW A REPORT WITH MORE DETAILS

Do you wish to print report of the matching process? Y// ES

```

Figure 2-3: Example of new unmatched claim message and report prompt in BLMT option

What are you looking for in this report? In the example below there is an unmatched claim (highlighted and bolded). Notice that the ERA claim number and the RPMS bill number match, but the billed amounts and the dates of service do not match. This claim would be marked as unmatched and will not post electronically. In this case the payer may need to be contacted to see why a different billed amount and/or a different date of service is sent rather than the data we sent to them.

```

      Matched Bills:    50 for $      361.58
      Unmatched Bills:  19 for $      126.45
      Total Bills:     69 for $      488.03

LOOKING FOR NON-MATCHED PAYMENTS AGAINST NONPAYMENT BATCHES

***THE MATCHING PROCESS FOUND SEVERAL UNMATCHED CLAIMS ***
      YOU CAN PRINT NOW A REPORT WITH MORE DETAILS

Do you wish to print report of the matching process? Y// ES

DEVICE: HOME//   VT   Right Margin: 80//

=====
      ** Detailed report of the matching process **
      HIPAA 835 v5010                               File:   Chk/EFT#: 000001986
=====
Created: 3130508.172945
PERFORMING TRADITIONAL HIPAA CHECKS...(5010)
-----
PROCESSING ENTRY:    5142  CLAIM 11346981 OVERRIDE: REVERSAL
-----
PROCESSING ENTRY:    4160  CLAIM 10412592A-IH
ERA BILL : 10412592A-IH      ERA BILL TYPE: 1 | Processed as Primary
ERA BILLED: 32      ERA DOS: 20121213
A/R BILLED: 32      A/R DOS: 20121213
BAR BILL : 10412592A MATCHED!
ERA BILL 10412592A-IH MATCHED TO  A/R BILL 10412592A-IH
-----
PROCESSING ENTRY:    4029  CLAIM 10510035A-IH OVERRIDE: REVERSAL
-----
PROCESSING ENTRY:    4033  CLAIM 10510035A-IH
ERA BILL : 10510035A-IH      ERA BILL TYPE: 1 | Processed as Primary
ERA BILLED: 277      ERA DOS: 20130215
A/R BILLED: 181      A/R DOS: 20130123
BAR BILL : 10510035A
ERA BILL 10510035A-IH NOT MATCHED

```

Figure 2-4: Example of the detailed matching report

2.1.3 ERA Import Delete

BAR > MAN > ERAD

Two changes were made to the ERA Import Delete option located in the A/R Manager menu:

- The option has been modified to prevent an ERA file from being deleted if any claims have been posted from it electronically.
- A column was added to the display to distinguish a file’s status, such as built, matched, posted, etc.

A complete list and description of the ERA file status may be located in the Appendix A of this addendum.

Note: This option is locked with the following security key:
BARZ CLEAN.

The ERAD option allows an ERA file to be removed from the ERA history in RPMS so that it can be reloaded as a new file. The most common reason for deleting an ERA file is to “un-do” manual entries that have been added by a user in the Review Postable Claims option (REV). The REV option allows for manually matching claims, manually un-match claims, and manually mark claims to an EXCEPTION status to prevent posting electronically. When an ERA file is deleted from RPMS using the ERAD option and then loaded as a new file, any manual matches that have been made using the Review Postable Claims option are deleted and the file is loaded into RPMS as a brand new file.

Use the following steps to delete an ERA file:

1. At the “Select A/R EDI IMPORT NAME:” prompt, enter the name of the ERA file to delete.
 - a. If the filename is unknown, type two question marks (??) and press Enter to display a list of all ERA files that have been loaded into Accounts Receivable.
2. A summary screen similar to the one in the example below will be displayed. Note that the file’s status is displayed to the far right of the file name after the “Select A/R EDI IMPORT NAME:”prompt. Because the file below is not marked with a status of P for Posted it may be deleted from RPMS.
3. Review the file information carefully to ensure the correct file has been selected. At the “Delete this file?” prompt, type Y for yes and press Enter. The system will display a message indicating the file has been deleted from RPMS.
4. Deleted files may be reloaded into RPMS as a new file using the Load NEW Import option in the ERA Posting Menu.

+ - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - + - +

```

|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p23          |
+                    ERA Import Delete                    +
|                    INDIAN HEALTH HOSPITAL                |
+---+---+---+---+---+---+---+---+---+---+---+---+---+---+
User: CARLTON,GINA          BUSINESS OFFICE          2-MAY-2013 3:29 PM

This is to delete ERA Import file

Select A/R EDI IMPORT NAME: 1004_ERA_05/17/2013  ERN00513.ERN      C

IMPORT: 1004_ERA_05/17/2013
EDI   : HIPAA 835 v5010
ERA   : ERN00513.ERN
Delete this file? N// YES

1004_ERA_05/17/2013  DELETED

```

Figure 2-5: Deleting an ERA File with a Status of CLAIM UNMATCHED

Typing **NO** at “Delete this file?” prompt will re-display the “Select A/R EDI IMPORT NAME:” prompt.

```

Delete this file? N// O

1070_ERA_11/26/2013  NOT DELETED

This is to delete ERA Import file

Select A/R EDI IMPORT NAME:

```

Figure 2-6: Choosing not to delete the selected ERA file

Deleting an ERA file containing a status of POSTED will display the following message:

```

Select A/R EDI IMPORT NAME: 1015_ERA_05/18/2013  ERN00835.ERN      P

This file has one or more posted claims. Cannot delete.

hit ^ to return:

```

Figure 2-7: Message Displayed When Attempting to Delete an ERA File with a Status of POSTED

2.2 Patient Statements

BAR > PAS

2.2.1 Enter/Edit Statement Header Text

BAR > PAS > SHDR

A modification to the patient statement released in patch 22 may have caused header information on the statements to revert back to a system default. Use Enter/Edit Statement Header Text (SHDR) to review and/or edit the statement header for the parent facility. To edit the header, type **Y** at the “Edit?” prompt and press Enter.

```

+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p23          |
+          Enter/Edit Statement Header Text                  +
|          INDIAN HEALTH HOSPITAL                          |
+-----+
User: CARLTON,GINA          BUSINESS OFFICE          11-OCT-2013 7:25 AM

You may enter text that will appear at the top of the account
statements. Typically this will be facility name and address,
business office phone number, point of contact, and special
messages. The statements will print up to 10 lines of text.

TEXT:
          DEPARTMENT OF HEALTH & HUMAN SERVICES
          INDIAN HEALTH HOSPITAL
          TESTING P23 09172013
          YOUR CITY, YOUR STATE 87110

          S T A T E M E N T   O F   S E R V I C E S

Edit? NO// YES

```

Figure 2-8: Reviewing the statement header in the SHDR option.

2.2.2 Statement Sorting

BAR > MAN > SPE

A parameter was added to the Site Parameter Edit option (SPE) in the A/R Manager menu to allow for sorting statements by patient name or by account number. Both options will first sort statements by billing location. If nothing is selected at this prompt, patient statements will continue to sort and print by the account number, which is the default.

```

Select EDI PAYER:
PAS SORTING ORDER: BILLING LOC, ACCOUNT NUMBER// ??

This parameter will allow you to choose how patient statements

```



```

are sorted for printing.  Statements will first be sorted by
(1) billing location and then by account number, or by
(2) billing location and then alphabetically by the patient's last name
based on which option is selected.
If nothing is selected, the print order will default to option 1.
    Select one option how Patient Statement should be sorted before printing.

Choose from:
    1          BILLING LOC, ACCOUNT NUMBER
    2          BILLING LOC, PATIENT NAME
PAS SORTING ORDER: BILLING LOC, ACCOUNT NUMBER// 2  BILLING LOC,PATIENT NAME
UFMS DIRECTORY: c:\pub\//

```

Figure 2-9: Choosing to Sort Statement by Patient Name in the SPE option.

2.2.3 Purge Patient Account Statements

```
BAR > PAS > PUR
```

This new option, located in the Patient Account Statement menu, allows all statement runs to be deleted with the exception of the most recent statement run. The option to retain or delete statement runs using Print All Flagged Patients' Statements (PRA) will no longer be available. All statement runs will be retained and available for printing in the PRA option until the new Purge option is run, or until Kernel deletes the statement run(s) as part of regularly scheduled data cleanup.

When you go into the PUR option, a list of statement runs that are also available in the PRA option will be displayed along with a message indicating which entries may be purged, or deleted. The system will not purge the most recent entry on the list.

```

Select Patient Account Statement Menu Option: PUR  Purge Patient Account Statements

 1  NOV 19, 2013@09:37:05 (PRA)  sorted by Billing location, Patient name
 2  NOV 19, 2013@10:00:03 (PRA)  sorted by Billing location, Patient name
 3  DEC 02, 2013@08:21:42 (PRA)  sorted by Billing location, Patient name
Entries 1-2 can be purged.
OK to purge?? NO// YES
PURGING BARPAS3131119.093705
PURGING BARPAS3131119.100003
LAST ENTRY BARPAS3131202.082142 NOT PURGED.

Enter RETURN to continue or '^' to exit:

```

Figure 2-10:Using the PUR option to delete statement runs

2.2.4 Rebuild Statements for All Flagged Patients

BAR > PAS > REB

This new menu option allows a statement run to be rebuilt for a user-specified date range. This option is especially helpful when one or more statement runs have been automatically purged by the RPMS Kernel without being printed. To rebuild a statement run, do the following:

1. At “Select Beginning Date:” prompt type the beginning date for the statement date range to rebuild and press Enter.
2. At “Select Ending Date:” prompt, type the ending date for the statement date range to rebuild and press Enter.
3. If satisfied with the date range, type **Y** for Yes and press Enter at the “OK to start the re-build process?” prompt.

When the re-build process is finished, the system will display the following message: “--- Statements collected.” The statement run will be immediately available in the Print All Flagged Patients’ Account Statements option (PRA) for printing.

```
Select Patient Account Statement Menu Option: REB Rebuild Statements for All Flagged Pat

NOTE: This procedure will *collect* statements for printing.
Statements will be sorted by Billing location, Patient name
When done use the PAS>PRA menu option to print the collected statements.

Select Beginning Date: 9/1/13 (SEP 01, 2013)
Select Ending Date: 9/30/13 (SEP 30, 2013)

OK to start the re-build process? NO// YES
--- Statements collected.
Do you want to send e-mail notification? NO//

Enter RETURN to continue or '^' to exit:
```

Figure 2-11: Using the REB Option to Re-build a Statement Run

If **not** satisfied with the date range entered, press Enter at the “OK to start the re-build process? NO//” prompt to return to the Patient Account Statement Menu.

```
OK to start the re-build process? NO// <enter>

SHDR  Enter/Edit Statement Header Text
FLAG  Flag Patient Accounts for Statements
PRA   Print All Flagged Patients' Account Statements
PRO   Print One Flagged Patient's Account Statement
PUR   Purge Patient Account Statements
REB   Rebuild Statements for All Flagged Pat

Select Patient Account Statement Menu Option:
```

Figure 2-12: Exiting the REB Option Without Rebuilding a Statement Run

2.3 Debt Letters

```
BAR > ACM > DBT
```

2.3.1 Debt Management Parameters

```
BAR > ACM > DBT > DMPS
```

Two new fields were added to Debt Management Parameters: “Print Bill Date on Letter” and “Sort Letters By”.

2.3.1.1 Print Bill Date on Letter

The Print Bill Date on Letter field allows for printing the bill date on the debt letters, if desired. The bill date is the date the bill was approved in Third Party Billing. Use the following to set date on the letter:

1. At the “PRINT BILL DATE ON LETTER:” prompt, type **Y** for Yes and press Enter to print the bill date to print on the debt letters. The default for this field is ‘No’ and if left blank the default will be set and the bill date will not print on the debt letters.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p23          |
+          Debt Management Parameters                        +
|          INDIAN HEALTH HOSPITAL                          |
+-----+-----+-----+-----+-----+-----+-----+-----+
User: CARLTON,GINA          BUSINESS OFFICE          2-DEC-2013 9:20 AM

DEBT LETTER START DATE: JAN 1,2006//
Enter the Maximum number of letters to batch print: 30
//
DEBT LETTER WRITE OFF AMOUNT: 25//
PRINT FACILITY NPI OR PROVIDER NPI ON LETTER: BOTH FACILITY AND PROVIDER
//
PRINT DATE OF BIRTH ON LETTER: YES//
PRINT BILL DATE ON LETTER: ??
    Enter Yes if you would like to print the bill date

Choose from:
    Y          YES
    N          NO
PRINT BILL DATE ON LETTER: Y YES

```

Figure 2-13: Setting Debt Parameters to Print the Bill Date on Debt Letters

If the bill date is selected to print on the debt letters, it will appear in the header of the letter similar to the example below.

First Notice

Date: DEC 02, 2013

PRESBYTERIAN HEALTH PLAN
P.O. BOX 27489
ALBUQUERQUE, NM 87125-7489
TIN: 558555898

Re: Policy Holder: PATIENT, DEMO Policy #: PRES2258877441
Patient: PATIENT, DEMO Date of Service: JAN 31, 2013
Bill Number: 31272B-IHH-1244 Bill Amount: \$125.00
Bill Date: 02/26/2013
Patient DOB: 11/01/1941
Provider NPI: 3310213467 Facility NPI: 7745613100

To the Guardian of PRESBYTERIAN HEALTH PLAN:

This letter is to inform you that the above described account is overdue. Our records show that you are indebted to the United States Government and this account is seriously delinquent.

This notice is to inform you of our intent to refer this debt to Department of Treasury for the purpose of administrative offset under the Debt Collection Improvement Act of 1996, Public Law 104-134. Should the offset process occur, interest and administrative fees will also be applied to the outstanding debt.

You have the right to inspect and copy the Agency's records relating to the debt. You also have the right to present evidence that all or part of the debt is not past due or legally enforceable. If applicable, you may have the opportunity to enter into a re-payment agreement. In order to exercise these rights, the Agency must receive in writing, at the address below, the request of intent and evidence within 30 days from the date of this letter.

Payment in full will terminate administrative offset action.

Please submit payment in full to the following address:

INDIAN HEALTH HOSPITAL
1234 COLLECTIONS LANE
ALBUQUERQUE, NM 87111

If you have any questions, you may contact FRANK B POSTER at 505 999 9999.

Sincerely,

FRANK B POSTER
A/R TECHNICIAN

Figure 2-14: Printing the Bill Date on Debt Letters.

2.3.1.2 Sort Letters By

This parameter was added to allow the user to sort and print debt letters either by cycle, by policyholder name, or by insurance name. If this field is left blank, the default will be applied and the letters will print in the order they did before patch 23 was installed, which is by cycle and then alphabetically by insurer name within each cycle.

```

PRINT BILL DATE ON LETTER: YES//
SORT LETTERS BY: ??

Choose from:
C          BY CYCLE
P          BY POLICY HOLDER'S NAME
I          BY INSURANCE NAME
SORT LETTERS BY: C BY CYCLE

```

Figure 2-15: Setting the Sort Parameter to Print by Cycle Number

2.3.1.3 Modification to Display Changes in Debt Management Parameters (DMPI)

The Inquire to Debt Management Parameters option (DMPI) was updated to include these new parameters. The new report will look similar to the example below, depending on how the debt letter parameters are configured.

```

A/R PARENT LOCATION: INDIAN HEALTH HOSPITAL
=====
EFFECTIVE DATE: JAN 01, 2006      NPI: BOTH FACILITY AND PROVIDER
PRINT DOB: YES                    MAX # OF LETTERS TO PRINT: 30
TOP MARGIN: 0                     LEFT MARGIN: 1
WRITE OFF AMOUNT: 25              PRINT BILL DATE: YES
SORT DEBT LETTERS: BY CYCLE
-----
CYCLE 1    LETTER: DEBT MANAGEMENT LETTER 1      CYCLE PERIOD: 60
CYCLE 2    LETTER: DEBT MANAGEMENT LETTER 2      CYCLE PERIOD: 90
CYCLE 3    LETTER: DEBT MANAGEMENT LETTER 3      CYCLE PERIOD: 120
CYCLE 4    LETTER: DEBT MANAGEMENT LETTER 4      CYCLE PERIOD: 150
-----
INSURER TYPE:
PRIVATE
HMO

```

Figure 2-16: Display of New Fields in the Inquiry to Debt Management Parameters Option.

2.3.2 Print Report of Printed Debt Letters

BAR > ACM > DBT > DMRP

This new menu option was created to provide a list of letters that have been printed (ACM – DBT – DMRP). There are two different ways to run this report. The list of letters may be printed either by selecting one debt letter print date (batch), or selecting a date range of printed letters.

To print a report for one specific debt letter batch date, perform the following:

1. At the “Select scope of the report:” prompt select **B** for Select Batch.
2. If the batch print date is known, type the date at the “Enter the Debt Management Batch Date:” prompt and press Enter. If the exact batch print date is unknown, type two question marks (??) and press Enter to display a list of available batch dates.

```

+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p23          |
+       Print Report of Printed Debt letters               +
|          INDIAN HEALTH HOSPITAL                          |
+-----+
User: CARLTON,GINA          BUSINESS OFFICE          2-NOV-2013 11:56 AM

Select one of the following:

      B          Select batch
      D          Select date from - to

Select scope of the report : B  Select batch

Enter the Debt Management Batch Date: ??

Choose from:
APR 11, 2013@12:43:59
MAY 16, 2013@11:05:13
MAY 20, 2013@15:04:16
JUN 18, 2013@15:56:55
JUL 23, 2013@11:34:35
AUG 23, 2013@12:00:44
SEP 18, 2013@09:03:48
OCT 23, 2013@14:01:57
NOV 26, 2013@14:22:06
DEC 02, 2013@09:23:22

Enter the Debt Management Batch Date: 11/26/2013    NOV 26, 2013
partial match to: NOV 26, 2013@14:22:06
...OK? Yes//    (Yes)

```

Figure 2-17: Running the DMRP Option for One Specific Batch Date

To run the report for a date range, select the following:

1. At “Select scope of the report” prompt, type **D** for **Select Date From - To** and press Enter.
2. At “Enter beginning date” prompt, type a beginning date range and press Enter.
3. At “Enter ending date” prompt, type an ending date range and press Enter.

```

+--+-----+--+-----+--+-----+--+-----+--+-----+--+-----+--+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p23          |
+          Print Report of Printed Debt letters          +
|          INDIAN HEALTH HOSPITAL          |
+--+-----+--+-----+--+-----+--+-----+--+-----+--+-----+
User: CARLTON,GINA          BUSINESS OFFICE          2-NOV-2013 1:47 PM

Select one of the following:

      B          Select batch
      D          Select date from - to

Select scope of the report : D  Select date from - to

Enter beginning date: 9/1/13  (SEP 01, 2013)

Enter ending date: 9/30/13  (SEP 30, 2013)

```

Figure 2-18: Running the DMRP Report for a Date Range

Once a batch date or a date range has been indicated, a cycle for running the report must be selected. ALL is the default for this prompt and provides a report of all debt letters that were printed in the specified batch date. At “Select Cycle to View” prompt, type a cycle number and press Enter, or simply press Enter to accept the default of all cycles.

```

Select Cycle to View: All// ??

      1 - CYCLE 1
      2 - CYCLE 2
      3 - CYCLE 3
      4 - CYCLE 4
Enter 1, 2, 3, 4 or A to view or all cycles

Select Cycle to View: All//  ALL

```

Figure 2-19: Running the DMRP Option for All Cycles.

A specific Insurer Type and/or a specific Account may be selected as an inclusion parameter for the report. To run the report for a specific Insurer Type and/or specific Account, type the Insurer Type name and/or the Account name in the prompts shown Figure 2-20. To run the report for all Insurer Types and all Accounts, simply press Enter at each prompt.

```

View by Insurer Type: ??

  Choose from:
  GUARANTOR
  HMO
  NON-BEN (NON-INDIAN)
  PRIVATE
  WORKMEN'S COMP

View by Insurer Type:

View by Account: ??

  Choose from:
  21          LOVELACE SALUD
  231         DEMO,PATIENT

View by Account:
    
```

Figure 2-20: Running the DMRP Report for All Insurer Types and all Accounts.

An example of the generated report is shown. What is listed depends on the parameters selected.

Note: The DMRP report can only be viewed on your screen. To print the report, enable session capture or session logging prior to generating the report. The report may be opened using Microsoft Word or Notepad.

```

Printed letters in batch NOV 26, 2013
SEQ  CYCLE  INS TYPE/INS-ACCOUNT                # OF BILLS  AMOUNT
-----
CYCLE 1 Does not contain any queued Letters

1    CYCLE 2 PRIVATE/BC/BS OF MICHIGAN      28          $3,954.20
2    CYCLE 2 PRIVATE/MEDCO HEALTH PRESCRIPTION 1           $63.98
3    CYCLE 2 PRIVATE/UNITED HEALTHCARE      1           $72.00
=====
-- TOTAL:                                30          4090.18

CYCLE 3 Does not contain any queued Letters

CYCLE 4 Does not contain any queued Letters

=====
-- GRAND TOTAL:                          30          4090.18
    
```

Figure 2-21: Example of the DMRP report.

Upon generation of the report, another prompt will display and will allow the bill detail for any of the line items to be displayed on the report. To view the detail for any of the line items on the report, type **Yes** and press Enter at the “Show Detail?” prompt. Select the sequence number when prompted. A detail report similar to the one shown in Figure 2-22 will be displayed.


```

Printed letters in batch NOV 26, 2013
SEQ  CYCLE  INS TYPE/INS-ACCOUNT                                # OF BILLS  AMOUNT
-----
CYCLE 1 Does not contain any queued Letters

1    CYCLE 2 PRIVATE/BC/BS OF MICHIGAN                        28          $3,954.20
2    CYCLE 2 PRIVATE/MEDCO HEALTH PRESCRIPTION                1           $63.98
3    CYCLE 2 PRIVATE/SPIDERWEB                                1           136.87
-----
-- TOTAL:                                                    30          4155.05

CYCLE 3 Does not contain any queued Letters
CYCLE 4 Does not contain any queued Letters
-----
-- GRAND TOTAL:                                             30          4155.05

Show Detail? N// YES

What sequence number:  (1-3): 3

DEC 02, 2013          Debt Letter Print Report                PAGE: 1

A/R PARENT LOCATION: INDIAN HEALTH HOSPITAL                  CYCLE 2
A/R ACCOUNT: SPIDERWEB                                       PERIOD: 60 Days
=====
  HRN  BILL #  PATIENT                SERVICE  BILLED  BILLED  BALANCE
      DATE  DATE  AMOUNT
-----
5036  30473A-I  PATIENT,DEMO          01/22/08 02/21/08  136.87  136.87
-----
TOTAL                1  Bill(s)                136.87  136.87

Press RETURN To Continue ^ to Cancel...:
    
```

Figure 2-22: Example of viewing the bill detail for a line item on the DMRP report.

After viewing the detail report, press Enter to continue. The report will be re-displayed and the option to show detail will appear. To view the detail for another line item, follow the instructions above. If not displayed, the user will be taken back to the Debt Management Menu.

```

Printed letters in batch NOV 26, 2013
SEQ  CYCLE  INS TYPE/INS-ACCOUNT                                # OF BILLS  AMOUNT
-----
CYCLE 1 Does not contain any queued Letters

1    CYCLE 2 PRIVATE/BC/BS OF MICHIGAN                        28          $3,954.20
2    CYCLE 2 PRIVATE/MEDCO HEALTH PRESCRIPTION                1           $63.98
3    CYCLE 2 PRIVATE/SPIDERWEB                                1           136.87
-----
-- TOTAL:                                                    30          4155.05

CYCLE 3 Does not contain any queued Letters
    
```

| | | |
|---------------------------------------------|------------|------------------|
| CYCLE 4 Does not contain any queued Letters | | |
| -- GRAND TOTAL: | ====
30 | =====
4155.05 |
| Show Detail? N// | | |

Figure 2-23: Example Displaying the User Not Running the Report for Detail

2.4 Reports

2.4.1 New Allowance Category and Insurer Types

Recent changes to the Insurer File allows for additional insurer types to be created and for more detailed classification of payers in RPMS. This was done by adding a new file called INSURER TYPE. This file contains entries that were not previously able to be stored into the old TYPE OF INSURER field in the Insurer File. As a result, reports and functions in Accounts Receivable were updated to look at the new INSURER TYPE file. Insurer types are used on reports and other processes in RPMS to classify groups of payers.

Federal locations using RPMS Third Party Billing and Accounts Receivable must use caution at changing the Insurer Type for any payer in RPMS and will need to work with Finance prior to making any changes to the insurer file. Changing the Insurer type will have an effect on the transmission of data to the Federal Financial System (UFMS) and also on certain RPMS processes and reports.

Note: Never change the Insurer Type for any insurer without consulting with your IT Department, Registration Department, Billing and Finance.

The new Insurer Types are:

- FPL 133 Percent (FPL)
- MCR Managed Care (MMC)
- MCR Part C (MC)
- State Exchange Plan (SEP)
- Tribal Self Insured (TSI)
- Veteran's Administration (V)

A new Allowance Category has been added to accommodate billing to the Veterans Administration per the IHS/VA Billing Agreement. The new Allowance Category is called **Veterans Medical Benefit** and is mapped to the new Insurer Type of Veteran's Administration (V). Refer to Appendix B at the back of this addendum for the complete list of insurer types and the mapping logic to the different allowance categories.

Once the new insurer types have been implemented at your facility, reports may be generated for these categories. The next three examples display some of the A/R reports to show how these new selections will appear.

```

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     VETERANS ADMINISTRATION
12     OTHER

Select TYPE of BILLING ENTITY to Display:

```

Figure 2-24: Display of Veterans Administration as a New Billing Entity Available for Selection.

```

Select criteria for sorting: 3 INSURER TYPE

Select one of the following:

H      HMO
M      MEDICARE SUPPL.
P      PRIVATE INSURANCE
F      FRATERNAL ORGANIZATION
T      THIRD PARTY LIABILITY
W      WORKMEN'S COMP
C      CHAMPUS
N      NON-BENEFICIARY (NON-INDIAN)
I      INDIAN PATIENT
G      GUARANTOR
SEP    STATE EXCHANGE PLAN
TSI    TRIBAL SELF INSURED
D      MEDICAID FI
K      CHIP (KIDSCARE)
FPL    FPL 133 PERCENT
R      MEDICARE FI
MD     MEDICARE PART D
MC     MEDICARE PART C
MH     MEDICARE HMO
MMC    MEDICARE MANAGED CARE
V      VETERANS ADMINISTRATION

Select INSURER TYPE to Display:

```

Figure 2-25: Display of the New Insurer Types Available for Selection.

```

Select ONE or MORE of the above INCLUSION PARAMETERS: 8 ALLOWANCE CATEGORY

```

```

Select one of the following:

1      MEDICARE          (INS TYPES R MD MH MC MMC)
2      MEDICAID          (INS TYPES D K FPL)
3      PRIVATE INSURANCE (INS TYPES P H F M)
4      VETERANS          (INS TYPES V)
5      OTHER             (INS TYPES W C N I G T SEP TSI)

Select TYPE of ALLOWANCE CATEGORY to Display:
    
```

Figure 2-26: Display of the New Allowance Category Available for Selection of Veterans.

2.4.2 Bill Posting Summary/Transaction Posting History

```

BAR > PST > BPS
BAR > PST > PAY, ADJ, REF, PUC
BAR > ACM > PSC
    
```

New options were added to the Bill Posting Summary and to the transaction history (the ‘History’ command in most of the posting options) to allow for viewing more information on a bill, if desired. These new viewing options include:

- **Add Transaction number to report (T)** – The A/R transaction internal entry number (IEN) will be added to each posted line of the bill)
- **Add Bill Messages to report (M)** – Bill messages (notes) are displayed.
- **Add both Transaction number and Bill Messages (B)** – The A/R transaction IEN and bill messages are displayed.
- **Don't add Transaction number and Bill Messages (N)** – This is the old view, nothing new is added to the display.
- **Show only Bill Messages (O)** – Only the messages posted to the bill will be displayed, nothing else.

2.4.2.1 Using Bill Posting Summary (BPS)

To view the new options from the Bill Posting Summary, display the data using the Browse option:

1. At the “Select A/R BILL/IHS BILL NUMBER:” prompt, enter a bill number.
2. At the “Do you wish to : P//” prompt, type **B** to Browse and press Enter.
3. At the “Enter a viewing option:” prompt, type one of the available options and press Enter.

```

+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p23          |
+-----+-----+
|                   Bill Posting Summary                   |
|                   INDIAN HEALTH HOSPITAL                 |
+-----+-----+
    
```

```

User: CARLTON,GINA                BUSINESS OFFICE                3-DEC-2013 9:49 AM
Select A/R BILL/IHS BILL NUMBER: 31708A-IHH-102369    0.00    OPEN 02/02/13
NONBEN,PATIENT

Select one of the following:

P          PRINT Output
B          BROWSE Output on Screen

Do you wish to : P// BROWSE Output on Screen

Select one of the following:

T          Add Transaction number to report
M          Add Bill Messages to report
B          Add both Transaction number and Bill Messages
N          Don't add Transaction number and Bill Messages
O          Show only Bill Messages

Enter a viewing option: T Add Transaction number to report

OUTPUT BROWSER                NOV 03, 2013 09:49:16                Page:    1 of    4
List of Transactions for Bill 31708A-IHH-102369

Patient: NONBEN,PATIENT                Beg DOS : FEB 02, 2013
Address: 1234 MAIN ST                End DOS : FEB 02, 2013
ALBUQUERQUE, NEW MEXICO 87109        LST STMT:

Phone #: 505-222-5555                Insurer: BCBS OF NEW MEXICO (FEP)
Balance: 0.00

Trans Dt    By    Trans Type                Amount                Balance
A/R Account                Batch                Item
Transaction #
-----
05/03/2013    BILL NEW                1,377.00                1,377.00
BCBS OF NEW MEXICO (FEP)    NO BATCH                0
3130503.1052

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

Figure 2-27: Example of Adding the A/R Transaction IEN to the Bill Posting Summary

2.4.2.2 Viewing the History While Posting

These new bill viewing options can also be accessed by using the History command from many of the A/R posting options. From the Posting Menu (PST), the new viewing choices are available in the following menu options: Post Payments and Adjustments (PAY), Post Adjustments (ADJ), Post Refunds (REF), and Post Unallocated Cash (PUC) when using the Post to an A/R Bill action. From the Account Management Menu (ACM), the new viewing choices are available in the Post Status Change option (PSC).

After selecting a bill from one of the menu options listed above, type an **H** for History of Bill Transactions at the “Select Command (Line # 1):” prompt and press Enter. Select from one of the available viewing options.

This new functionality is especially helpful for viewing all transactions on a bill along with any messages that have been placed on the bill. Figure 2-28 is an example of what that particular scenario might look like.

| Line # | DOS | Claim # | Amount | Paymnts | Adjust | Balance |
|-------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------|----------|--------|-----------------|
| 1 | 10/01/2013 | 32204-IHH-12563 | 220.00 | 0.00 | 0.00 | 0.00 |
| Select Command (Line # 1) : H | | | | | | |
| Select one of the following: | | | | | | |
| T | Add Transaction number to report | | | | | |
| M | Add Bill Messages to report | | | | | |
| B | Add both Transaction number and Bill Messages | | | | | |
| N | Don't add Transaction number and Bill Messages | | | | | |
| O | Show only Bill Messages | | | | | |
| Enter a viewing option: B Add both Transaction number and Bill Messages | | | | | | |
| List of Transactions for Bill 32204-IHH-12563 | | | | | | |
| Patient: PATIENT, DEMO | | | Beg DOS : OCT 01, 2013 | | | |
| Address: 125896 MAIN STREET | | | End DOS : OCT 01, 2013 | | | |
| ALBUQUERQUE, NEW MEXICO 87109 | | | LST STMT: | | | |
| Phone #: 505-202-2022 | | | Insurer: NEW MEXICO BC/BS INC | | | |
| | | | Balance: 0.00 | | | |
| Trans Dt | By | Trans Type
A/R Account
Transaction # | Batch | Amount | | Balance
Item |
| 10/01/2013 | | BILL NEW
NEW MEXICO BC/BS INC
3131001.084446 | NO BATCH | 220.00 | | 220.00
0 |
| 12/03/2013 | GS | This is an example of a bill
message. GCC
3131203.101917 | | | | |
| 12/03/2013 | GS | PAYMENT
AETNA US HEALTHCARE
TST123654789
3131203.102038 | BO PYMTS-11/26/2013-1 | (100.00) | 1 | 120.00 |
| 12/03/2013 | GS | CO-PAY/Co-Payment Amount
AETNA US HEALTHCARE
TST123654789
3131203.102039 | BO PYMTS-11/26/2013-1 | (25.00) | 1 | 95.00 |
| 12/03/2013 | GS | NON PAYMENT/Chrgs Excd Max Allo
AETNA US HEALTHCARE
TST123654789
3131203.10204 | BO PYMTS-11/26/2013-1 | (95.00) | 1 | 0.00 |

Figure 2-28: Viewing Both Transaction Numbers and Bill Messages Using the ‘H’ Command.

2.4.3 List of Standard Adjustment Reason Codes

BAR > PST > RADJ

This new report was created to provide a list of Standard Adjustment Reason codes. The RADJ report was created specifically as a reference tool for billers when they are working with secondary claims in the Third Party Billing claim editor. This is especially helpful for billing staff that do not have access to the Accounts Receivable system.

This report can only be viewed by exporting to the local RPMS directory. The exported report will be pre-formatted to import into Excel. To generate the report:

1. At the “Enter the directory path for the report:” prompt, make sure that the directory path being displayed is correct. If the directory path is correct, press Enter to proceed.
 - a. The directory path is pulled from the “Default Path:” field in the Site Parameter Edit option (SPE) on the A/R Manager Menu. If there is nothing populated in this field, enter a directory path for exporting the report. Contact the local IT or RPMS Administrator if assistance is needed.
2. Once you have determined the directory path, a message will be displayed letting you know that the report has been sent to the specified directory path and can be found on your server under the name:
“STND_CLAIM_ADJ_REASONS_LIST.CSV.”

```
Select Posting Menu Option: RADJ Create Report Std Adjustment Reason Codes

Will create List of Standard claim adjustment reasons
into a comma delimited file. Use Excel to read / print the list.

Enter the directory path for the report: c:\pub\//

Done: List stored in file: c:\pub\STND_CLAIM_ADJ_REASONS_LIST.CSV
```

Figure 2-29: Generating the RADJ Report.

Opening the report in Excel should display a complete list of Standard Adjustment Reason codes. See Appendix C: for the report example.

2.4.4 Age Day Letter & List

BAR > RPT > ARM > ADL

The Age Day Letter & List was modified to provide additional reporting elements such as the patient’s date of birth, patient’s social security number, and the complete bill number (bill number + facility suffix + patient Health Record Number). Having the complete bill number display on the report is dependent on how site parameters are set up in Third Party Billing. Some sites have the facility suffix and patient Health Record Number appended to the bill number and some do not.

Note: Due to the addition of the patient’s social security number to the ADL report, the report is now locked with a security key. After installation of patch 23, the RPMS Administrator will need to assign the following security key on an ‘as needed’ basis: **BARZ ADL REPORT**.

The report may be generated in the normal fashion for following up on aged accounts. The selection parameters for this report have not changed. The new fields will be visible on the detail portion of the ADL report.

| MEDICARE over 90 days | | 05/06/2013 | | PAGE: 1 | |
|-----------------------|----------------------|-----------------|------------|---------|---------|
| Policy Holder | Policy #
PT. SS # | Claim # | DOS | Amt Bld | Balance |
| PATIENT, DEMO | 009998876A | 29887A | 02/15/2007 | 201.00 | 8.00 |
| Pat: PATIENT, DEMO | 123456789 | IH-32423 | | | |
| Pat DOB: 01/05/1974 | Comment: _____ | | | | |
| TEST, PATIENT | 775533221A | 29890A | 02/15/2007 | 201.00 | 8.00 |
| Pat: TEST, PATIENT | 987654321 | IH-1239 | | | |
| Pat DOB: 01/03/2012 | Comment: _____ | | | | |

Figure 2-30: Display of New Fields on ADL Detail Report

2.4.5 Transactions Missing UFMS TX Date

BAR > CSH > SUP > RPT > UTLT

The UTLT report was modified to allow filtering of transactions that have been marked as being “Ignored”. When a transaction has been marked as “Ignored” it is not considered as being eligible for export to UFMS.

```

+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p23          |
|      Transactions Missing UFMS TX Date                      |
|          INDIAN HEALTH HOSPITAL                          |
|      ** LOGGED INTO CASHIERING MODE **                    |
+-----+
User: CARLTON, GINA          BUSINESS OFFICE          6-NOV-2013 1:37 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// (OCT 01, 2008)

Enter ENDING DATE for the Report: TODAY// T (NOV 06, 2013)

Select one of the following:

    1          NO FILTERING
    2          FILTER I-MARKED TRANSACTIONS

Enter filtering criteria:: 1// 2 FILTER I-MARKED TRANSACTIONS
Enter Path: c:\pub\//
Enter File Name: UTLT_11062013

Searching....

Creating file...DONE

```

Figure 2-31: Generating the UTLT Report Without Including Ignored Transactions.

2.4.6 A123 Reimbursable Activity Report

BAR > CSH > SUP > RPT > A123

This report was created to provide data that will be used to evaluate the effectiveness of key agency internal controls that are related to reimbursement. Two Federal locations from each area will be selected as part of this evaluation by Headquarters. Your facility will receive an email from Headquarters and/or ORAP if your facility is chosen for this evaluation.

Note: If you are asked to run this report, you will be given instructions on how to answer these prompts.

1. At the “Select TYPE of DATE Desired:” prompt, type **1** for **Approval Date** or **2** for **Visit Date** and press Enter.
2. Type the beginning date range for the report and press Enter.
3. Type the ending date range for the report and press Enter.
4. Because this is a delimited report it is best viewed when exported and formatted to Excel. At the “Output DEVICE: HOME//” prompt, type **HFS** for **Host File Server** and press Enter.
5. At the “HOST FILE NAME:” prompt, make sure that the directory path being displayed is correct.

6. You will also need to name your report as shown in the example below. If a directory path is not populated, you will need to manually enter the directory path for exporting your report. Please contact your local IT or site manager if you need assistance with this step.

7. Press Enter through the remaining prompts.

The exported report should be available to retrieve on the directory indicated.

```
Select UFMS Reports Menu Option: A123  A-123 Reimbursable Activity Report

Select one of the following:

    1      Approval Date
    2      Visit Date

Select TYPE of DATE Desired: 2  Visit Date

===== Entry of Date of Service Range =====

Select Beginning Date: 9/1/13  (SEP 01, 2013)
Select Ending Date: 9/30/13  (SEP 30, 2013)

Output DEVICE: HOME// HFS LOCAL
HOST FILE NAME: c:\pub//A123_12032013 ADDRESS/PARAMETERS: "WNS" //

Requested Start Time: NOW//  (DEC 03, 2013@14:10:29)
Task # 22530 queued.
```

Figure 2-32: Running the A-123 Reimbursable Activity Report

The exported report will look similar to Figure 2-23 after it has been formatted to Excel.

| BILL# | A/R ACCT | APPROVAL DATE | APPROVING OFFICAL | BILL AMOUNT | CURRENT | DATE OF SERVICE | INSURER TYPE | STATUS FIELD | VISIT LOCATION |
|-------------------|------------------------------|---------------|-------------------|-------------|---------|-----------------|-----------------|--------------|------------------------|
| 31278A-IHH-100656 | CIGNA | 01/23/2013 | STOUT,CINDY | 250 | 0 | 1/22/2013 | PRIVATE | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31279A-IHH-100002 | AETNA US HEALTHCARE (DENTAL) | 01/23/2013 | STOUT,CINDY | 312.63 | 312.63 | 1/15/2013 | PRIVATE | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31289A-IHH-123456 | NORTH DAKOTA MEDICAID | 01/24/2013 | STOUT,CINDY | 294 | 294 | 1/20/2013 | MEDICAID FI | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31293A-IHH-322111 | EMPIRE FIRE & MAR GRP | 01/25/2013 | STOUT,CINDY | 62 | 62 | 1/15/2013 | PRIVATE | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31294A-IHH-123456 | NORTH DAKOTA MEDICAID | 01/25/2013 | STOUT,CINDY | 294 | 294 | 1/23/2013 | MEDICAID FI | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31295A-IHH-123456 | NORTH DAKOTA MEDICAID | 01/25/2013 | STOUT,CINDY | 294 | 294 | 1/23/2013 | MEDICAID FI | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31296A-IHH-100002 | AETNA US HEALTHCARE | 06/04/2013 | SMITH,CHERYL | 129.07 | 129.07 | 1/20/2013 | PRIVATE | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31299A-IHH-991115 | WORKMEN'S COMP | 02/15/2013 | STOUT,CINDY | 62 | 62 | 1/20/2013 | WORKMEN'S COMP | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31301A-IHH-34292 | PRESBYTERIAN HEALTH PLAN | 01/28/2013 | STOUT,CINDY | 193 | 0 | 1/20/2013 | PRIVATE | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31302A-IHH-34292 | PRESBYTERIAN HEALTH PLAN | 01/28/2013 | STOUT,CINDY | 158 | 158 | 1/10/2013 | PRIVATE | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31303A-IHH-34292 | DENTAL PLAN OF AMERICA INC | 01/28/2013 | STOUT,CINDY | 221.25 | 221.25 | 1/27/2013 | PRIVATE | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31304A-IHH-99108 | MEDICARE | 01/28/2013 | STOUT,CINDY | 273 | 273 | 1/25/2013 | MEDICARE FI | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31305A-IHH-99108 | MEDICARE | 01/28/2013 | STOUT,CINDY | 90 | 90 | 1/25/2013 | MEDICARE FI | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31306A-IHH-99104 | EMPIRE FIRE & MAR GRP | 01/28/2013 | STOUT,CINDY | 62 | 62 | 1/1/2013 | PRIVATE | INITIAL BILL | INDIAN HEALTH HOSPITAL |
| 31307A-IHH-35800 | FDI 133 DEFERMT INSURANCE | 01/28/2013 | STOUT,CINDY | 62 | 62 | 1/19/2013 | FDI 133 DEFERMT | INITIAL BILL | INDIAN HEALTH HOSPITAL |

Figure 2-33: Example of an Exported and Formatted A123 Report.

2.5 ICD-10 Changes

Minor changes were made in the Account Receivable system to accommodate ICD-10 changes and supplement the changes released in Third Party Billing. The changes made to accommodate the ICD-10 implementation are not dependent on any other applications. They were designed to work on databases that have implemented the ICD-10 changes as well as databases that have not implemented the ICD-10 changes. How that works will be explained further in this section.

2.5.1 A/R Bill/IHS File

A new field was added to the A/R Bill/IHS bill file that will let users know whether an ICD-9 diagnosis code or an ICD-10 diagnosis code was used as the primary diagnosis on a bill. This new field is called “ICD CODE INDICATOR (c)”. To view this field:

1. From any of the posting options (PAY, ADJ, etc.), type **B** for Bill Inquire at the “Select Command (Line #):” prompt and press Enter.

The new field is displayed at the bottom of the file after the PRIMARY DIAGNOSIS field.

```

Claims for (msg) PATIENT,DEMO from 07/20/2013 to 07/20/2013 Page: 1
-----
Line #  DOS      Claim #      Billed      Current      Current      Current
      Amount    Payments    Adjust.     Balance
-----
1      07/20/2013  32009A-IHH-12563  103.00    0.00    0.00    0.00
-----
Select Command (Line # 1) : B
-----
OUTPUT BROWSER                      Dec 03, 2013 15:47:45      Page: 3 of 3
-----
+
91-120 (c): 0                        120+ (c): 0
3P BILL STATUS (c): COMPLETED        PRIMARY DIAGNOSIS (c): 276.7
ALLOWABLE AMOUNT (c): 103             ICD CODE INDICATOR (c): ICD-9-CM
-----
Enter ?? for more actions >>>
+  NEXT SCREEN      -  PREVIOUS SCREEN      Q  QUIT
Select Action: +//

```

Figure 2-34: Viewing the New ICD CODE INDICATOR Field.

2.5.2 Inpatient Primary Diagnosis Report

BAR > RPT > FRM > IPDR

Several changes were made to the IPDR report to accommodate ICD-10 diagnosis codes. These changes include:

- Added the ability to search All Diagnoses on a bill, rather than just the Primary Diagnosis
- Added the ability to search ICD-9 codes on a bill, ICD-10 codes on a bill, or both ICD-9 and ICD-10 codes on a bill. The last two options are dependent on having implemented ICD-10 in Third Party Billing.
- Added the ability to search a range of diagnoses and/or individual diagnoses.

To run the report:

1. At the “Select ONE or MORE of the above INCLUSION PARAMETERS:” prompt, type **6** or type **Diagnosis** and press Enter.
2. At the “Select Search DX type:” prompt, type an **A** to search All DX (all diagnoses on bills) or type a **P** to search the primary diagnosis on bills and press Enter.

Note: The DIAGNOSIS parameter is the only required parameter for running the IPDR report.

```

+-----+-----+-----+-----+-----+-----+-----+-----+-----+
|          ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p23          |
|          Inpatient Primary Diagnosis Report                |
|          INDIAN HEALTH HOSPITAL                          |
+-----+-----+-----+-----+-----+-----+-----+-----+
User: CARLTON,GINA          BUSINESS OFFICE          21-NOV-2013 10:14 AM

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

INCLUSION PARAMETERS in Effect for Inpatient Primary Diagnosis Report:
=====

Select one of the following:

1          LOCATION
2          BILLING ENTITY
3          ALLOWANCE CATEGORY
4          DATE RANGE
5          PROVIDER
6          DIAGNOSIS
7          DISCHARGE SERVICE

Select ONE or MORE of the above INCLUSION PARAMETERS: 6  DIAGNOSIS

Select one of the following:
    
```

```

P          Search in Primary DX Only
A          All DX

Select Search DX type :
```

Figure 2-35: Example of the Two Different Diagnosis Searches Available for Searching Bills

- At the “Select ICD Version:” prompt type **9** to search ICD-9 codes, or type **10** to search ICD-10 codes, or type **B** to search both ICD-9 and ICD-10 codes then press Enter.

```

Select one of the following:

9          ICD-9
10         ICD-10
B          Both coding versions

Select ICD Version : 9 ICD-9
```

Figure 2-36: Example of Running the Report for ICD-9 Diagnosis Codes

- If ICD-10 has not been implemented in RPMS either ICD-10 codes or Both ICD-9 and ICD-10 codes are selected, the following message will display and the user will be taken back to the “Select ICD Version:” prompt.

```

Select ICD Version : Both coding versions

NOTE: SOME OF THE ICD-10 INFRASTRUCTURE UTILITIES ARE MISSING.
THIS REPORT CANNOT CURRENTLY PROVIDE ANY DATA BASED ON ICD-10 DX CODES

Select one of the following:

9          ICD-9
10         ICD-10
B          Both coding versions

Select ICD Version :
```

Figure 2-37: Display of Message Received When Selecting ICD-10 Codes Before ICD-10 has Been Implemented

The next prompts allow you to choose a range of diagnosis codes, from a low code to a high code. Depending on whether you chose to report ICD-9 codes or ICD-10 codes, enter a range of codes to report.

- If you do not wish to enter a range of diagnosis codes, press Enter at both of these prompts to be taken to the “Individual ICD-* Code:” prompt.

```

Select ICD Version : 9 ICD-9

Entry of Diagnosis Range ICD-9
=====
Low ICD-9 Code (from) : 401.9 401.9      HYPERTENSION NOS
...OK? Yes// (Yes)
```

```
High ICD-9 Code (to) : 764.01 764.01      LIGHT-FOR-DATES <500G
...OK? Yes//      (Yes)
```

Figure 2-38: Example of Running the IPDR Report for a Range of ICD-9 Codes.

6. If you have chosen to search ICD-9 codes, and you enter an ICD-10 code, the following message will appear. The system will only recognize ICD-9 codes if ICD-9 has been selected for the search. Likewise, the system will only recognize ICD-10 codes if ICD-10 has been selected for the search.

```
Entry of Diagnosis Code ICD-9
=====
Individual ICD-9 Code: K26.2 ??
Answer with ICD DIAGNOSIS CODE NUMBER, or DESCRIPTION
Do you want the entire ICD DIAGNOSIS List?
```

Figure 2-39: Example of Message Received When the Wrong Type of ICD Code is Entered

7. At the “Individual ICD-* Code:” prompt, type an ICD-9 code or an ICD-10 code (depending on which coding version previously selected) and press Enter. There is no limit to the number of codes to be entered.
8. After entering codes, press Enter and a summary of the codes will display. If satisfied with the selection, press Enter at the “Are you OK with this selection?? YES//” prompt.
9. If not satisfied with the selection and to start over, type **N** for No at the prompt and press Enter to be taken back to the “Select Search DX type :” prompt.

```
Entry of Diagnosis Code ICD-9
=====
Individual ICD-9 Code: 401.9 401.9      HYPERTENSION NOS
...OK? Yes//      (Yes)

Added to selection.

Currently selected diagnoses:
401.9

Entry of Diagnosis Code ICD-9
=====
Individual ICD-9 Code: 764.01 764.01      LIGHT-FOR-DATES <500G
...OK? Yes//      (Yes)

Added to selection.

Currently selected diagnoses:
401.9
764.01

Entry of Diagnosis Code ICD-9
=====
Individual ICD-9 Code:
```

```

ICD9          401.9
              764.01

Search ALL (Primary + Other) Diagnosis
Are you OK with this selection?? YES// NO
OK, make a new DX selection

      Select one of the following:

          P          Search in Primary DX Only
          A          All DX

Select Search DX type :
```

Figure 2-40: Selecting Individual ICD-9 Codes and Then Choosing to Make New Selections

10. After making the ICD-9 and/or ICD-10 diagnosis selections, press Enter to get to the INCLUSION PARAMETER summary screen, which should look similar to Figure 2-41.

```

INCLUSION PARAMETERS in Effect for Inpatient Primary Diagnosis Report:
=====
- Diagnosis Range ICD9 from: 401.9 to: 764.09
- Individual Diagnosis ICD9:
    250.00
- Search ALL (Primary + Other) Diagnosis

      Select one of the following:

          1          LOCATION
          2          BILLING ENTITY
          3          ALLOWANCE CATEGORY
          4          DATE RANGE
          5          PROVIDER
          6          DIAGNOSIS
          7          DISCHARGE SERVICE

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

Figure 2-41: Inclusion Parameter Summary Screen

11. Select any other desired inclusion parameters and then press Enter to generate the report.

Depending on the parameters selected, the report should look similar to Figure 2-42.

```

WARNING: Confidential Patient Information, Privacy Act Applies
=====
Inpatient Primary Diagnosis Report                NOV 27,2013@09:55   Page 1
for ALL BILLING SOURCE(S) at ALL Visit location regardless of Billing Location for
ALL Discharge Services for ALL (Primary and Other) Diagnosis ICD-9 from 401.9 to
764.09 and for Individual ALL (Primary and Other) Diagnosis ICD-9 250.00
=====
DIAGNOSIS BILLS   COVERED   AMOUNT   AMOUNT   COPAYS/
                  DAYS      BILLED  PAID     DEDUCTIBLES  ADJUSTMENTS
=====
VISIT LOCATION:  INDIAN HEALTH HOSPITAL
```

| | | | | | | |
|-------------------------------|---|---|----------|------|------|------|
| BILLING ENTITY: MEDICAID | | | | | | |
| DISCHARGE SERVICE: CARDIOLOGY | | | | | | |
| 535.00 | 1 | 1 | 2,034.00 | 0.00 | 0.00 | 0.00 |
| ----- | | | | | | |
| *DSVC | 1 | 1 | 2,034.00 | 0.00 | 0.00 | 0.00 |

Figure 2-42: IPDR report

2.5.3 Top Payer Report

BAR > RPT > FRM > PAY

The changes that were made to the Inpatient Primary Diagnosis Report were also made to the Top Payer Report. The instructions for using these new prompts in the PAY report are identical to the instructions provided in the previous section for the IPDR.

- Added the ability to search All Diagnoses on a bill, rather than just the Primary Diagnosis
- Added the ability to search ICD-9 codes on a bill, ICD-10 codes on a bill, or both ICD-9 and ICD-10 codes on a bill. The last two options are dependent on having implemented ICD-10 in Third Party Billing.
- Added the ability to search a range of diagnoses and/or individual diagnoses.

Depending on the selections made for running the PAY report, it should look similar to Figure 2-43.

```

=====
Top Payer Report for ALL BILLING SOURCE(S)          DEC 3,2013@17:51   Page 1
at ALL Visit location under INDIAN HEALTH HOSPITAL Billing Location
with TRANSACTION DATES from 01/01/2013 to 12/03/2013
for ALL (Primary and Other) Diagnosis ICD-9 from 401.9 to 764.01
and for Individual ALL (Primary and Other) Diagnosis ICD-9 250.00
Sort by: No Sort Selected
=====
A/R ACCOUNT                TX CNT          AMOUNT PD        ALLOWABLE
=====
OKLAHOMA MEDICAID                2              3,202.00         250.00
NEW MEXICO MEDICAID              4              2,072.00         316.00
MEDICARE                        51             1,748.80         8,356.20
NGS MEDICARE                     55             1,387.73         1,058.20
BCBS OF NEW MEXICO               38             1,153.00          600.00

GRAND TOTALS                    150            9,563.53        10,580.40
=====
    
```

Figure 2-43: Example of the new PAY report

Appendix A: ERA Import File Status List With Descriptions

ERA 835 File Descriptions

| Code | Name | Description |
|------|--------------------------|-----------------------------------------------------------------------------------------------|
| B | BUILT | File has been loaded into RPMS but matching hasn't been done yet. |
| X | CLAIM & REASON UNMATCHED | File has been loaded and bill matching has been done with at least one claim being unmatched. |
| C | CLAIM UNMATCHED | File has been loaded and bill matching has been done with at least one claim being unmatched. |
| R | REASON UNMATCHED | File has been loaded and bill matching has been done with at least one claim being unmatched. |
| M | MATCHED | File has been loaded and bill matching has been done with at least one claim being matched. |
| N | NOT TO POST | File has at least one claim in it that has been marked with a REASON NOT TO POST. |
| P | POSTED | File has at least one claim in it that has been posted electronically. |
| E | EXCEPTION | File contains at least one claim in it that has been marked with an EXCEPTION. |

Appendix B: Allowance Categories Mapped to 3PB Insurer Types

Allowance Categories

| Code | Description | Insurer Type Codes |
|------|--------------------------|----------------------------|
| MCR | Medicare | R, MH, MD, MC, MMC |
| MCD | Medicaid | D, K, FPL |
| PVT | Private Insurance | H, M, P, F |
| VET | Veterans Medical Benefit | V |
| OTH | Other | W, C, N, I, T, G, SEP, TSI |

Type of Insurer

| Code | Description |
|------|-------------------------|
| T | 3P Liability* |
| C | Champus |
| K | CHIP (KidsCare) |
| FPL | FPL 133 Percent |
| F | Fraternal Org |
| G | Guarantor |
| H | HMO |
| I | Indian Patient* |
| MMC | MCR Managed Care |
| MC | MCR Part C |
| MD | MCR Part D |
| D | Medicaid FI |
| R | Medicare FI |
| MH | Medicare HMO |
| M | Medicare Suppl |
| N | Non-Ben (Non-Indian) |
| P | Private |
| SEP | State Exchange Plan |
| TSI | Tribal Self Insured |
| V | Veterans Administration |
| W | Workmen's Comp |

* Exempt from all UFMS exports

Appendix C: Standard Adjust Reason Code List

| Standard Adjustment Code | Short Description | RPMS Adjustment Category | RPMS Code | RPMS Adjustment Type |
|--------------------------|-----------------------------------------------------------------------------------|--------------------------|-----------|---------------------------------|
| 1 | Deductible Amount | DEDUCTIBLE | 29 | Deductible Amount |
| 2 | Coinsurance Amount | CO-PAY | 602 | Coinsurance Amount |
| 3 | Co-payment Amount | CO-PAY | 27 | Co-Payment Amount |
| 4 | Procedure code inconsistent w/modifier or modifier missing | NON PAYMENT | 604 | Code Err Proc Inconst w Mod |
| 5 | Procedure code/bill type inconsistent with place of service | NON PAYMENT | 605 | Code Err Proc/BT Inconst w POS |
| 6 | Procedure/Revenue code inconsistent with patient's age | NON PAYMENT | 606 | Code Err Proc Inconst w Pt Age |
| 7 | Procedure/Revenue code inconsistent with patient's gender | NON PAYMENT | 607 | Code Err Proc Inconst w Pt Gdr |
| 8 | Procedure code inconsistent with provider with provider type/specialty (taxonomy) | NON PAYMENT | 608 | Code Err Proc Inconst w PovTp |
| 9 | Diagnosis inconsistent with patient's age | NON PAYMENT | 609 | Code Err DX Inconst w Pt Age |
| 10 | Diagnosis inconsistent with patient's gender | NON PAYMENT | 610 | Code Err DX Inconst w Pt Gdr |
| 11 | Diagnosis inconsistent with procedure | NON PAYMENT | 611 | Code Err DX Inconst w Pt Procdr |

Acronym List

| | |
|-------------|-------------------------------------------|
| 3PB | Third Party Billing |
| A/R | Accounts Receivable |
| ERA | Electronic Remittance Advice |
| FPL | Federal Poverty Level |
| ICD | International Classification of Diseases |
| IHS | Indian Health Service |
| IT | Information Technology |
| MCD | Medicaid |
| OIT | Office of Information Technology |
| OMB | Office of Management and Budget |
| ORAP | Office of Resource Access and Partnership |
| RPMS | Resource and Patient Management System |
| STD | Standard |
| TX | Transaction |
| UFMS | Unified Financial Management System |

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)

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Email: support@ihs.gov