




CureMD UC'24
Raleigh, North Carolina
Connecting Cure Communities





Strategies for Improving your AR



**Scan QR Code
for Session
Attendance**



Managing Submissions

- Not seeing all your Claims? Or worried you are not?
 - Payer ID must be mapped to a Payer
 - Occupational Invoice
 - Reports -> Claims -> Occupational Invoice by Plan
 - Don't forget the Paper Tab!
 - Run Billing Summary Report to check for Submission Dates
 - Reports -> Misc -> Billing Summary -> All Plans and Choose Date Rang
- Not Ready to Submit?

MAPPING PAYER ID

HOLD IT

HOUSTON WE
HAVE A PROBLEM
(LIST)





Settings



Search

> Practice

> EHR

▼ Billing

Claims Status

Collection Agencies

Diagnosis

Drug

Fee Schedule

Financial Class

Inpatient Billing

Modifier

Patient Adjustments

Payment Comments

Payment Reason

Plan

Plan

Search

Plan	<input type="text"/>	Category	All	Payer ID	<input type="text"/>
Active	All	Electronic	All	Mapped	All

Plan	Payer ID	Electronic	Status
1199SEIU BENEFIT AND PENSION F...	13162	Yes	Active
AAA Trucking	-	No	Active
AARP	-	Yes	Active
AARP Dental Insurance	-	Yes	Active
ABSOLUTE TOTAL CARE	68069	Yes	Active
ACCESS MEDICARE	PAPER	Yes	Active
ACCOUNTABLE HEALTH CARE	MPM23	Yes	Active
ACE	PAPER	Yes	Active
ADVANCED HEALTH	DOC SO	Yes	Active
ADVOCATE HEALTH CARE	36320	Yes	Active
AETNA	-	Yes	Active
AETNA	60054	Yes	Active
AETNA BETTER HEALTH OF FLORIDA	12251	Yes	Active



Holding Claims – Occurs During Charging

Add/Edit Charges

Save Receipt

Test Rocco

Insurance - Appointment - Provider

Primary Plan: 1199SEIU BEN
Secondary: --Select--
Location: Mecklenburg C
Claim Type: Original
Admission:
Rendering: Adsit, Bill

Diagnosis & Procedure

Diagnosis	1.	223	Encounter for immunization	2.	ICD-10	
	3.	ICD-10		4.	ICD-10	

Procedures

	Start DOS	End DOS	Modifier	Dx. Ptr *	Units	Patient \$	Plan \$	Ordering Provider		
<input checked="" type="checkbox"/> 90700 IM	09/28/2024	09/28/2024	0		1	UN \$ 0.00	30.00	--Select--		
<input type="checkbox"/>			0		1	UN \$ 0.00	0.00	--Select--		
							Total:	0.00	30.00	30.00

Notes & Comments

Claim Status: **6. Hold Claim** Responsible Plan: P.1199SEIU BENEFIT AND PENSIC

Debt Setoff

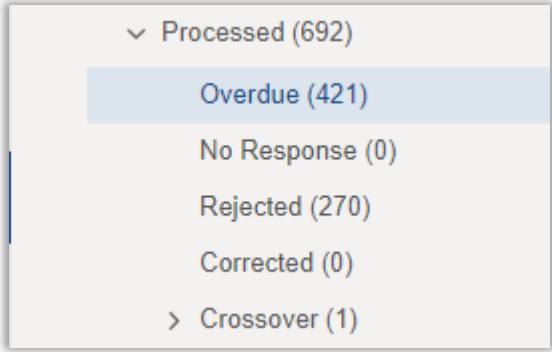


Problem List – Isolating Claims in the Claims Module

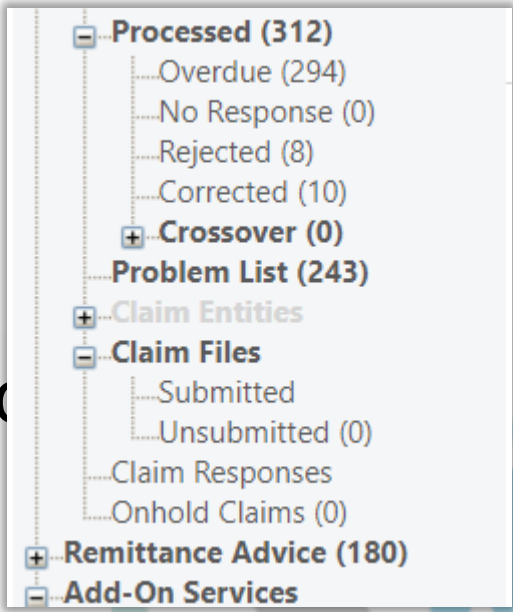
The screenshot shows a web application interface for managing claims. At the top, there are navigation buttons: Search, Move To, Assign, Restore (highlighted with a green box), and Print. On the right, there is a dropdown menu for 'Assigned to Me' with options 'All' and 'Assigned to Me'. Below these are several filter fields: First Name, Last Name, Account No., Insured Id, DOS, Problems, Responsible Plan (set to 'All selected'), Plan Priority (set to 'All'), and Assigned To (set to 'All selected'). There is also a checkbox for 'Include support users' which is checked. A 'Location' dropdown is set to 'All selected'. Below the filters is a table with columns: Patient, Provider/Resource, Responsible Plan, Balance, and Assigned To. The first row shows a patient named 'Smith, Adam' at 'Immunizations Clinic' with 'Medicaid' as the responsible plan, assigned to 'Bradley, Steven'. A red speech bubble points to the 'Patient' column with the text 'To Charge Page'. Another red speech bubble points to the 'Provider/Resource' column with the text 'To Demographic Page'. A third red speech bubble points to the 'Responsible Plan' column with the text 'To Insurance Page'. Below the table, there is a 'Problems' section with a '+' icon. A red arrow points to a 'Pending Review' problem, which is also highlighted with a red box. Below this, there is an 'Attachment' section with a '+' icon. At the bottom, a 'Problem' field contains 'Pending Review' and is highlighted with a red box. On the left side of the interface, there is a sidebar with a search bar and a list of patients. The patient 'Smith, Adam' is selected and highlighted with a red box and a red circle containing the number '1'. The 'Restore' button at the top is also highlighted with a green box.



Overdue Bucket



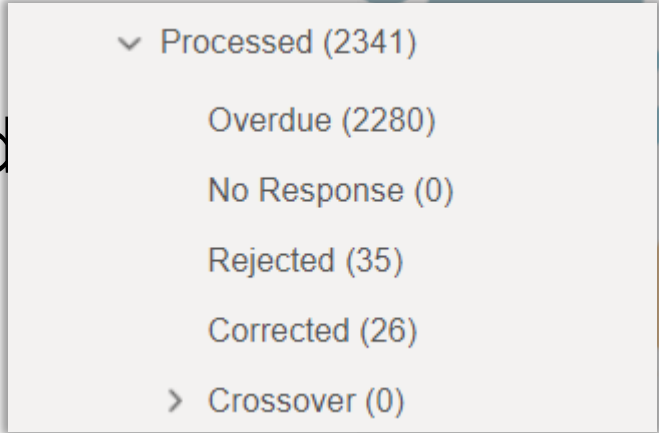
- Processed (692)
 - Overdue (421)
 - No Response (0)
 - Rejected (270)
 - Corrected (0)
 - Crossover (1)



- Processed (312)
 - Overdue (294)
 - No Response (0)
 - Rejected (8)
 - Corrected (10)
 - Crossover (0)
 - Problem List (243)
 - Claim Entities
 - Claim Files
 - Submitted
 - Unsubmitted (0)
 - Claim Responses
 - Onhold Claims (0)
 - Remittance Advice (180)
 - Add-On Services

Submissions that have aged 30 days with no remittance posted

- 3 Main reasons for Overdue items
 - Sharing of Tax ID across multiple Entities at County
 - Enrollments not being completed for new Payers, Locations, or Providers
 - Remittance Bucket not being managed



- Processed (2341)
 - Overdue (2280)
 - No Response (0)
 - Rejected (35)
 - Corrected (26)
 - Crossover (0)

Rejection Management

Claims - Insurance

Search [] Save Back

Problem List (14)

- Claim Entities
 - Practice
 - Location
 - Patient
 - Claim Information
 - Claim History**
- Primary
 - Plan
 - Insurance
 - Plan Address
 - Rendering PIN
 - Billing PIN

Electronic Claims: 2 Paper Claims: 0 Date: 08/16/2024

Secondary Plan

Age: 37 Years 7 Months 2 Days SSN: []

Ph. Home: []

Payment: \$ 0.00 Method: [] Post Date: []

Claim File [X]

Search [] Make Multi-Lines []

Claim Identifier	Patient Name	DOS	Charge Amount	Billing Provider	NPI
Trace Number	Payer Reference	Process Date	Report Date		
Rejected: ACKNOWLEDGEMENT/RETURNED AS UNPROCESSABLE CLAIM-THE CLAIM/ENCOUNTER HAS BEEN REJECTED AND HAS NOT BEEN ENTERED INTO THE ADJUDICATION SYSTEM.MISSING OR INVALID INFORMATION. - RECEIVERO NPV095 Subscriber ID must be 9 or 17 alphanumeric characters.					

That's no Rejection, it's a Denial

- All Denials should be posted and worked from the Denial Section of the Billing Module
 - Billing -> Payments -> Denials
- Organized by Denial Code
- Example 1 -> Reason 04 “The Procedure Code is Inconsistent with the Modifier used or Required Modifier is Missing”
- Example 2 -> Reason 05 “The Procedure Code is Inconsistent with Place of Service”



Denial Worklists

Pending In Process Resolved Pending Denials Detail

Search Appeal HCFA Electronic Claim Assign Move to In Process All

Search By: Group By:

04 - The procedure code is inconsistent with the modifier used or a required modifier is missing. \$ 1031.07

Denial	Patient	Appointment	Procedure	Program Plan	Denial Date	Reason Code	Amount	User
<input type="checkbox"/>		05/13/2024 03:00 PM	90471	IM	08/09/2024	04	20.45	
<input type="checkbox"/>		06/12/2024 10:30 AM	90471	RF	07/30/2024	04	20.45	
<input type="checkbox"/>		06/10/2024 01:30 PM	90471	IM	08/12/2024	04	20.45	
<input type="checkbox"/>		12/13/2023 04:45 PM	99395	FP	08/07/2024	04	208.74	
<input type="checkbox"/>		12/07/2023 03:00 PM	99395	FP	08/07/2024	04	208.74	
<input type="checkbox"/>		06/18/2024 12:45 PM	90472	IM	07/08/2024	04	20.45	

Search

- Custom Views
- Search
 - Appointment
 - eSuperBill
 - Quick Charge
- Payments
- Custom Views
 - Todays Unpaid
- Search
 - Appointment
 - Batch
 - Denials

Reason	No. of Procedure(s)	Amount \$
02 - Coinsurance Amount	1	20.45
04 - The procedure code is inconsistent with the modifier used or a required modifier is missing.	54	2050.68
05 - The procedure code/bill type is inconsistent with the place of service	93	14706.41
06 - The procedure/revenue code is inconsistent with the patients age.	13	561.56

Example 1 – Im

REND PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GPR/RC-AMT	PROV PD
NAME		HIC 957760917L	ACNT CM1D61E52557	ICN 24M998484300	ASG Y	MOA N519 N130 N674					
1972645422	0725 072524	M1	1	90471	SL	20.45	0.00	0.00	0.00	CO-4	20.45 0.00
					REM: N519						246.47 0.00

Pending In Process Resolved Pending Denials Detail Post Payments Add/Edit Charges

Save Receipt Problem List Provider Notes Statement Payment Claim

Unapplied \$0.00 Plan Bal \$397.84 Patient Bal \$0.00

Insurance - Appointment - Provider Place of Service 71. Public Health Clinic

Primary Plan United Healthcare Cor Referral PAN Copay 0.00 Paid

Secondary --Select-- Referral PAN Adv. --Reason

Location Start DOS 07/25/2024 End DOS 07/25/2024 Transaction 07/25/2024

Claim Type Original Original Ref #

Admission Discharge Dates Add New Dates Condition Codes

Rendering --Select-- Billing Referring EPSDT Ref.Code

Diagnosis & Procedure

Diagnosis	1.	2.	3.	4.
	Z23 Encounter for immunization	ICD-10	ICD-10	ICD-10

Procedures	Start DOS	End DOS	Modifier	Dx. Ptr *	Units	Patient \$	Plan \$	Ordering Provider
90471 IM	07/25/2024	07/25/2024	SL 1	1	1	0.00	20.45	--Select--
90677 IM	07/25/2024	07/25/2024	SL 1	1	1	0.00	246.47	--Select--
90713 IM	07/25/2024	07/25/2024	SL 1	1	1	0.00	0.00	--Select--
90700 IM	07/25/2024	07/25/2024	SL 1	1	1	0.00	0.00	--Select--
90472 IM	07/25/2024	07/25/2024	SL 1	1	2	0.00	40.90	--Select--
					1	0.00	0.00	--Select--

Total: 0.00 307.82 307.82

Example 2 – Incorrect Place of Service

Pending In Process Resolved Pending Denials Detail Post Payments Add/Edit Charges

Save Receipt Problem List Provider Notes Statement Payment Claim

Barber Tenequa Unapplied \$0.00 Plan Bal \$132.73 Patient Bal \$0.00

Insurance - Appointment - Provider Place of Service **71. Public Health Clinic**

Primary Plan	<input type="text" value="United Healthcare"/>	Referral	<input type="text"/>	PAN	<input type="text"/>	Copay	<input type="text" value="0.00"/>	<input type="checkbox"/> Paid
Secondary	<input type="text" value="--Select--"/>	Referral	<input type="text"/>	PAN	<input type="text"/>	Adv.	<input type="text"/>	<input type="text" value="--Reason--"/>
Location	<input type="text" value="Northwest Health Dep"/>	Start DOS	<input type="text" value="02/09/2024"/>	End DOS	<input type="text" value="02/09/2024"/>	Transaction	<input type="text" value="08/09/2024"/>	
Claim Type	<input type="text" value="Original"/>	Original Ref #	<input type="text"/>					
Admission	<input type="text"/>	Discharge	<input type="text"/>	Dates	<input type="text" value="Add New Dates"/>		Condition Codes	<input type="text" value="Se"/>
Rendering	<input type="text" value="--Select--"/>	Billing <input checked="" type="checkbox"/>	<input type="text" value="--Select--"/>	Referring	<input type="text"/>	EPSDT Ref.Code	<input type="text" value="--Select--"/>	

Diagnosis & Procedure

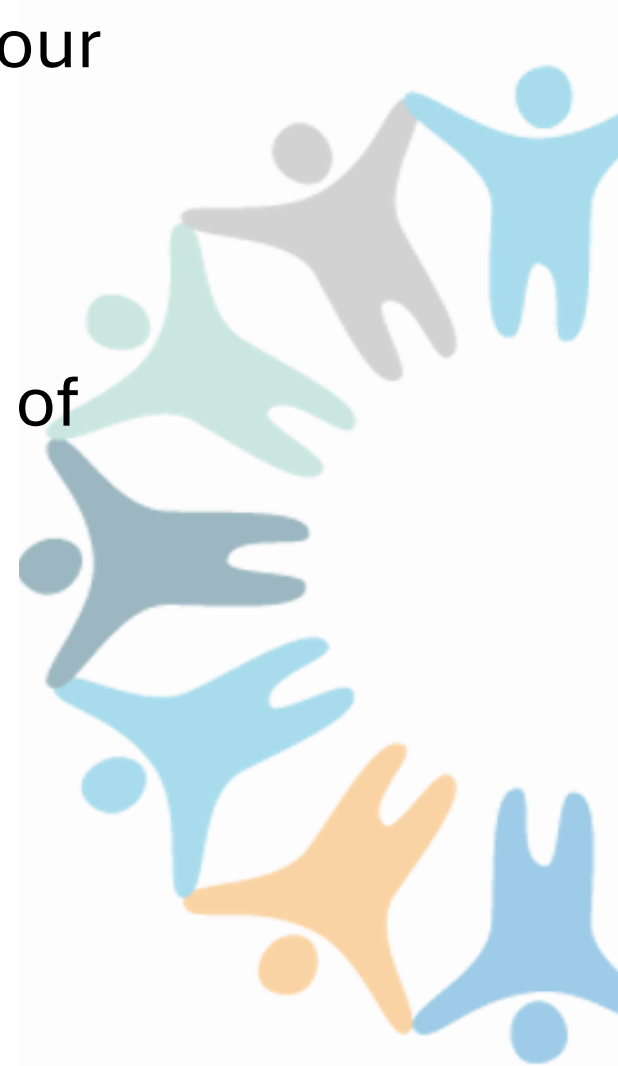
Diagnosis	1.	<input type="text" value="ICD-10"/>	postpart	2.	<input type="text" value="ICD-10"/>
				4.	<input type="text" value="ICD-10"/>

Procedure	Start DOS	End DOS	Modifier	Dx. Ptr *	Units	Patient \$	Plan \$	Ordering Provider
<input checked="" type="checkbox"/> 99501 CM	<input type="text" value="02/09/2024"/>	<input type="text" value="02/09/2024"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="132.73"/>	<input type="text" value="--Select--"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="\$ 0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="--Select--"/>
Total:						<input type="text" value="0.00"/>	<input type="text" value="132.73"/>	<input type="text" value="132.73"/>

Post Natal Home Assessment Service

Helpful Reports/ Dashboards to Review

- First Pass Pay Rate: Great for evaluating how successful your Initial vs Follow Up submissions are
 - Reports -> Health Department -> First Pass Pay Rate
- Financial Overview: Comprehensive review of outstanding of financials for your practice
 - Billing -> Financial Overview



Thank you.

