

Billing & Reimbursement

7TH 2021
EDITION



Learn by Doing

using the
Electronic Health Record

MedTrak *learning*

Rick Schanhals
edited by David A Blaszak

Software licensed by:

ADePT Electronic Solutions, LLC

Development Lab
1847 Ruddiman Drive
North Muskegon, MI 49445

Author

Rick Schanhals CHTS-CP, CHTS-PW

BSE Industrial Engineering, BSE Mathematics
University of Michigan, College of Engineering

Editor

David A. Blaszak

BS Mathematics
Michigan State University

Publications with integrated MedTrak usage include:

Published by ADePT Electronic Solutions, LLC — written by Rick Schanhals

Medical Clinic Workflow • 7th Edition (2021)

Billing and Reimbursement • 7th Edition (2021)

Administrative Medical Assisting • 1st Edition (2021)

Clinical Medical Assisting • 1st Edition (2021)

Clinical and Administrative Medical Assisting • 3rd Edition (2021)

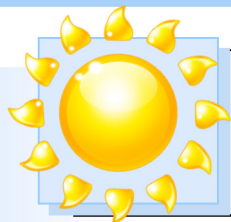
Care Pathways • 5th Edition (2020)

Contents

(as of May 2021)

Preface		5
Chapter 1	Introduction - Revenue Cycle Management (15 minutes)	9
Chapter 2	Logging into MedTrak (15 minutes)	15
Chapter 3	Adding a Patient (15 minutes)	17
Chapter 4	Helpful Tips and Navigation (30 minutes)	31
Chapter 5	Copying Cases (5 minutes)	37
Chapter 6	Unbilled Charges (30 minutes)	41
Chapter 7	Posting Charges to a Bill (20 minutes)	55
Chapter 8	Printing Bills (15 minutes)	65
Chapter 9	Payment Processing (45 minutes)	73
Chapter 10	Accounts Receivable (20 minutes)	95
Chapter 11	Collection Activity (20 minutes)	111
Chapter 12	Refunds (45 minutes)	127
Appendix A	Case Studies (case studies are listed on the next page)	167

Case Studies		
		Page
Ambulatory Clinic		
Patient Responsibility		
UTI - Self Pay	(CL04)	169
Left ear pain - Blue Cross / Blue Shield	(CL05)	173
Abdominal pain - Medicare and Tricare	(CL06)	177
Employee Health		
Annual physical examination for an employee	(EH51)	181
Drug screen only for an employee	(EH52)	185
Workers' Compensation		
Laceration right little finger while working	(WC71)	189
Lower back pain because of an on the job injury	(WC72)	193
Physician's Office		
Patient Responsibility		
Sore throat and cough - Humana	(PO11)	197
Sports physical - Guarantor	(PO12)	201
Emergency Department		
Patient Responsibility		
MVA – multiple injuries - Cigna	(ED21)	205
Dog bite left arm - Aetna	(ED22)	209
Collection Activity		
Non-sufficient funds - self pay	(NSF1)	213
Collection agency - self pay	(CAG1)	217
Bad debt - write-off - self pay	(BDW1)	221
Additional Case Studies		
Physician's Office		
Patient Responsibility		
Thirst, frequency, & fatigue - Blue Cross	(CS07)	225
Routine prenatal examination - Humana	(CS09)	229
Neck and right arm pain - Medicare	(CS12)	233
Palpitations & shortness of breath - Preferred	(CS26)	238
Ambulatory Clinic		
Workers' Compensation		
Right ankle injury - The Accident Fund	(CS36)	243



Preface

What is this book about?

The goal of this book is to provide the health care billing student with the experience of using MedTrak's integrated electronic health record and practice management system to understand the medical revenue cycle management process from line item charge review and posting charges to a bill through payment collections and refunds. With millions of patient visits processed, MedTrak's internet-based system is proven technology that enables the student to operate their own medical facility.

By doing the case studies in this book, the student will do every billing step in the revenue cycle process for the following billing and payer situations:

- Primary care patient with left ankle pain and three payers
- Self pay primary care patient with a UTI
- Primary care patient with left ear pain and Blue Cross insurance
- Primary care patient with abdominal pain and Medicare and Tricare insurance
- Employee health patient for an annual physical examination
- Drug screen patient for an employer
- Workers' compensation patient with a finger laceration
- Workers' compensation patient with lower back pain
- Primary care patient with a sore throat and cough and Humana insurance
- Primary care patient for a youth sports physical and guarantor as the payer
- Primary care patient with multiple injuries from an MVA and Cigna insurance
- Primary care patient with a dog bite and Aetna insurance
- Primary care patient whose check was returned due to non-sufficient funds
- Primary care patient whose account needs to be sent to a collection agency
- Primary care patient whose account needs to be written off as bad debt
- Primary care patient with Type 2 Diabetes and Blue Cross insurance
- Primary care patient for a routine prenatal examination and Humana insurance
- Primary care patient with neck and right arm pain and Medicare insurance
- Primary care patient with shortness of breath and Preferred Care insurance
- Workers' compensation patient with a right ankle injury while shopping at a store

Curricular Features

Students and instructors alike state that MedTrak’s integrated EHR and practice management system is "*easy to learn*", "*easy to use*", and provides a great tool for students to learn "*billing workflow*".

MedTrak is
easy to learn

MedTrak is
easy to use

Students learn
billing workflow

Estimated
Duration

- **Estimated duration** is the amount of time typically needed to complete the chapter.

Learning
Outcomes

- **Learning outcomes** are directly related to the content and case studies covered in the chapter and will be demonstrated by the student through their work products and review activities.

Key Concepts

- **Key concepts** identify the major topics covered.

Self assessments

- **Self assessments** provide feedback to the students to correct any errors and grading for the instructors.

Instructor dash-
board

- **Instructor dashboard** provides up to the second information regarding students’ activity, progress, and grades.

Work Products

- **Work products** provide a way for the student to demonstrate their completion of the chapter.

Review
Activities

- **Review activities** enable students to reinforce the material that they learned in each chapter.

Note to Students

IMPORTANT

This book and associated MedTrak activities use a building block approach to learning the medical billing workflow processes. Read carefully and do all of the steps and you will successfully complete the activities and understand the material covered in this book.

Self Assessment Functionality

MedTrak provides each student with an assessment functionality to check their work before they turn in their assignments. This **Self Assessment** process compares the student's work to the expected input for each chapter and provides a report of the results of the comparison identifying any errors.

Self Assessment
processing

The student activates the **Self Assessment** processing by entering a command on either the Patients screen, the Scheduling screen, the Clinic Status screen, or the Further Review Needed dashboard.

In addition to the identification of any errors made by the student, MedTrak provides a percentage grade for each chapter attempt.

Below is an example of how the student activates the **Self Assessment** for Chapter 3 - **Adding a Patient**.

This is only an example.

Do NOT run the Self Assessment for Chapter 3 at this time.

Example of Self Assessment

1. You should be on the Patients screen
2. Type **SA03** in the Search or any command field
(**SA** stands for self assessment and **03** is the chapter #)
3. Press the **ENTER** key
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA03** report.
7. You must have a 100% (error-free) report before continuing.

In this **Self Assessment** example, the student made four errors when adding Mr. Anderson in Chapter 3 (shown below).

Self Assessment
with errors

How To
correct errors
instructions

Assessment
Summary

Percentage
grading

PAGE - 1 Self Assessment - Billing & Reimbursement - Chapter 3

After fixing your errors, YOU MUST RUN A NEW SELF ASSESSMENT REPORT

1. Start from Main Menu
2. Click 'Patient Registration'
3. Type SA03 and press ENTER
4. Verify that top message says 'Self Assessment sent to printer/queue...'

Patient: ANDERSON, CHARLES T.
 ERROR #1: Address line 2: ' 1234 5 Main St ' should be ' 123 5 Main St '
 ERROR #2: City: ' North Muskegon ' should be ' North Muskegon '
 ERROR #3: Zip: ' 49446 ' should be ' 49445 '
 ERROR #4: Alternate Phone: ' (255) 555-9010 ' should be ' (231) 555-9010 '

** You have 4 errors. **

Chapter 3 --- Attempt #1 score: 78%

Note: You have unlimited attempts - but MedTrak only grades the first 5 attempts of each chapter / case study.

Fix errors by using HOW TO instructions and VIDEO links below.

After fixing your errors, YOU MUST RUN A NEW SELF ASSESSMENT REPORT.

Note: You must achieve 100% on this chapter before proceeding to the next chapter.

HOW TO: Change Patient data
 Start at Main Menu
 Click 'Patient Registration'
 Search and place cursor next to the correct patient
 Click 'Change Patient' --- or type 'ch' and press ENTER
 Correct the data
 Note: Use correct uppercase and lowercase letters
 Click 'Submit' --- or press ENTER
 DONE -> Patient demographics changed
 VIDEO: How to Change a Patient's Demographic Information
<https://www.youtube.com/watch?v=FLAcwvjHqY>

Assessment Summary

Chapter	Attempt 1	Attempt 2	Attempt 3	Attempt 4	Attempt 5	Average
3	78%					78%
Running Score:						78%

After reviewing this report, the student went back into Mr. Anderson's patient demographics and fixed the errors. Then the student ran the **Self Assessment** report again to turn in (shown below).

Self Assessment
no errors

Assessment
Summary

Percentage
grading

PAGE - 1 Self Assessment - Billing & Reimbursement - Chapter 3

** No errors - OK to proceed. **

Chapter 3 --- Attempt #3 score: 100%

Note: You have unlimited attempts - but MedTrak only grades the first 5 attempts of each chapter / case study.

Assessment Summary

Chapter	Attempt 1	Attempt 2	Attempt 3	Attempt 4	Attempt 5	Average
3	78%	94%	100%			91%
Running Score:						91%

Introduction

Revenue Cycle Management

1

Estimated Duration

15 Minutes



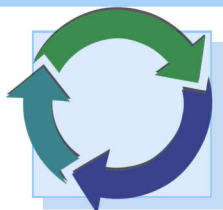
Learning Outcomes

- ▶ A brief understanding of what revenue cycle management means



Key Concepts

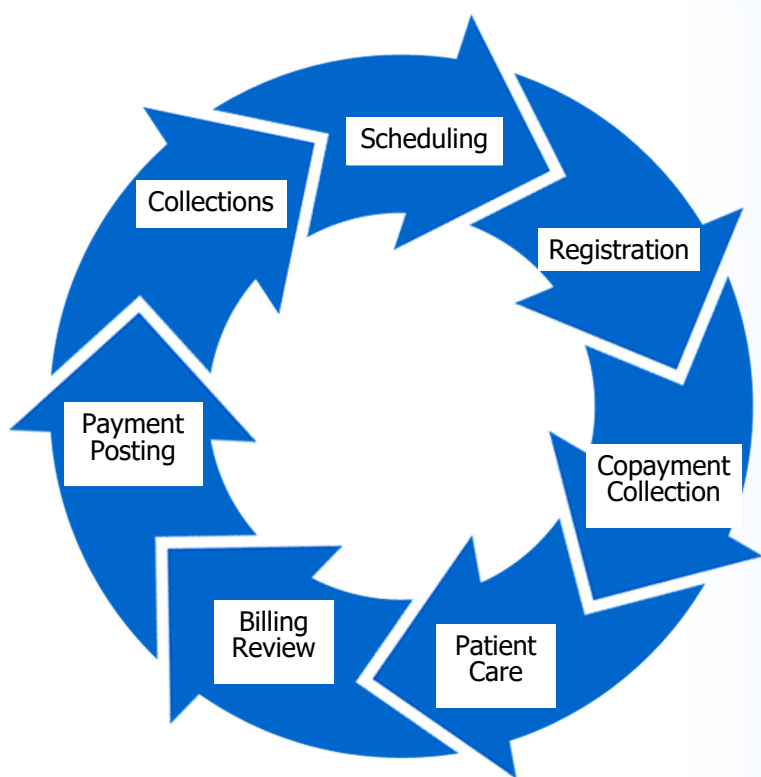
- ▶ Billing workflow
- ▶ Rules-based methodology
- ▶ Revenue cycle management
- ▶ Computer assisted coding
- ▶ Computerized provider order entry



Revenue Cycle Management

Understanding the Revenue Cycle

Revenue cycle management in health care refers to the control of the patient's health care information from the time that they schedule an appointment until their account is paid in full. The health care facility needs to take the necessary steps to be sure that they get paid in a timely manner for the services that they furnish to the patient. Money keeps the health care facility in business. Every phase of the revenue cycle is critical, from scheduling to collecting the final payment.



Management of revenue in health care is complicated by the fact that typically the patient does not pay out-of-pocket for services at the time that they are rendered. Services are delivered by a health care provider to the patient, but the bill is usually sent to a third party for payment.

To reduce the length of time for the revenue cycle for each patient, every step in the care and treatment of the patient must be captured at the point-of-care and in real-time. This means that everyone in the medical facility who cares or treats the patient needs to be sure that the information they enter into the patient's health record is accurate and timely. Every member of the health care team has to take responsibility for their part in the revenue cycle to help keep the medical facility financially viable.

Revenue
Cycle
Management

Major Steps
in the
Revenue Cycle

Importance of registration accuracy

Patient recognition

The first step in the revenue cycle is patient recognition. This means accurately verifying the patient's name and address, phone numbers, and insurance information. If this first step is not done correctly, then the revenue cycle for the patient will be flawed from the beginning and the medical facility might never receive payment for the services rendered to the patient. This means that the scheduler initiates revenue cycle management for each patient and must record the correct billing address, insurance subscriber information, and social security number.

Eligibility verification

Before the visit, eligibility verification is also a best practice that all medical facilities should endeavor to attain. Knowing that a patient's insurance plan will cover the potential health care services that might be rendered eliminates the possibility that the insurance claim will be denied due to an eligibility issue. More than half of denied insurance claims are due to eligibility issues. This not only results in the medical facility not receiving payment for services rendered but also causes the medical facility to spend extra billing personnel time working on the insurance claim denials to get the rejected claims paid.

Importance of billing accuracy

Computer assisted coding

Automating the charge posting process (**computer assisted coding - CAC**) to eliminate the need to use charge slips is an efficient way to accurately record the charges needed for billing. Using a point-of-care electronic health record (like MedTrak) that drives the charges directly from the clinical activity completely removes the need for a charge slip. For example, if the clinical staff orders an x-ray for the patient, the placing of the x-ray order in the **computerized provider order entry (CPOE)** system automatically creates a charge for the x-ray with the correct CPT code. In like fashion, as the clinical staff records any other clinical activity that is billable, the electronic health record system automatically creates the appropriate charges with accurate CPT codes. This type of processing eliminates the need for manual charge posting. The initial billing activity then becomes one of editing billing information to ensure that the billing data is complete and reasonable.

Computerized provider order entry

Another aspect of automated charge posting by the electronic health record is that the charges will exactly match the clinical activity, thus ensuring that the bill is 100% in agreement with the services performed for the patient. Additionally, if the electronic health record is problem-focused then the most likely orders for the presenting problem will appear first for selection by the provider. For example, if the patient presents with a left ankle injury, the x-rays for the left lower extremity display for selection. This helps make the selections of orders by the providers more efficient and accurate to the patient's reasons for being seen at the medical facility.

Charges must match the clinical activity

Using electronic claim submission and electronic remittance payment posting are two more ways to achieve accurate and efficient billing. Automating both of these functions in addition to automatic charge posting saves billing department time that can then be used to follow up on unpaid bills.

Electronic submission and remittance

You will learn more about automated charge posting using MedTrak's problem focused electronic health record as you complete the case studies in this book.

Billing Example in this Book

Charles Anderson hurts his left ankle while walking down some stairs at home. He receives treatment at a local urgent care clinic where the physician diagnoses some internal derangement of the left ankle and refers the patient to an orthopedic specialist.

While at the urgent care clinic, the patient receives the following:

- ◆ An **x-ray** of his left ankle
- ◆ **Ice** treatment for his left ankle
- ◆ An ankle **brace** applied by the clinical staff
- ◆ A **referral** to an orthopedic specialist
- ◆ A **prescription** for ibuprofen
- ◆ Aftercare **instructions** about how to self-treat the injury at home:

The patient has three payers:

- ◆ **Blue Cross / Blue Shield of Michigan** (primary payer)
- ◆ **Nationwide Insurance** (secondary payer)
- ◆ **Self pay** - (tertiary payer)

1. The healthcare facility will send Blue Cross the initial bill for the full amount of the charges.
2. After posting the payment from Blue Cross, the healthcare facility will then bill Nationwide for the balance of the charges not paid by Blue Cross.
3. After posting the payment from Nationwide, the healthcare facility will bill the patient the balance of any charges not paid by the insurance companies.

Chapter 1 - Review Activities

Answer the following questions:

1. Which of the following are a part of the health care revenue cycle?

- A. Billing review
- B. Copayment collection
- C. Collection activity
- D. Scheduling
- E. Payment posting
- F. Registration
- G. Patient care
- H. All of the above

2. Which of the following processes help increase the efficiency and accuracy of health care billing thus improving the results of the revenue cycle?

- A. Electronic claims submission
- B. Electronic remittance posting
- C. Point of care clinical processing
- D. Automated charge posting
- E. Automated insurance eligibility checking
- F. Computer assisted coding
- G. All of the above

Logging into MedTrak

2

Estimated Duration
15 Minutes



Learning Outcomes

- ▶ How to access MedTrak
- ▶ Using your browser
- ▶ Important checkpoints



Key Concepts

- ▶ Application service provider (ASP)
- ▶ Meaningful Use Objectives:
Core #9 - Protect Electronic Health Information

Logging into MedTrak

- ▶ MedTrak is an internet-based, fully integrated EHR (electronic health record) and practice management system that can be accessed anywhere there is an internet connection. While completing the exercises in this book, MedTrak is your **Application Services Provider (ASP)**, thus enabling you to use the same programs and database servers as other students.
- ▶ You do not need to install any software. Every time that you click a button in MedTrak, your work is saved.
- ▶ Write down your MedTrak username and password, and keep it somewhere safe. Protecting electronic health information through the use of unique names and passwords is part of Core Objective #9 of Meaningful Use.
- ▶ Log out of MedTrak by clicking the **Log Off** button.

Browsers and devices

Although MedTrak works with most modern browsers, it works best when run in Google Chrome.



Chrome, Internet Explorer, and Mozilla Firefox are recommended.

Not all of MedTrak’s functionality may work as designed when using other browsers, such as Internet Explorer, Mozilla Firefox, Safari, and Opera.



Other major browsers will work with MedTrak, but functionality may differ.

The use of mobile devices is discouraged. Traditional computers are recommended, due to efficiency of data entry, cursor precision, and internet connectivity.



Mobile devices can access MedTrak, but it is best to use a computer.

Using your browser with MedTrak

When you access your virtual clinic in MedTrak, you should not use your browser buttons for navigation. In order to move from one part of the system to another, you will use MedTrak’s internal links and buttons.



Back button



Favorites & Bookmarks



Refresh button

Please do not use your browser’s navigation functions in MedTrak.

Keys to successful completion of this book

Follow the directions

This book has successfully guided thousands of students in the completion of realistic, hands-on EHR exercises. If you follow the directions carefully, you will complete these exercises with ease.

Complete each step

However, keep in mind that MedTrak uses a building block approach to the exercises in this book. Many of the later exercises are dependent upon successful completion of the exercises that preceded them. Every step is important. Read carefully, and be sure to complete each step in the order presented.

Adding a Patient

3

Estimated Duration
15 Minutes



Learning Outcomes

- ▶ How to add a new patient to the patient database in MedTrak



Key Concepts

- ▶ Audit log
- ▶ Meaningful Use Objectives:
 - Core #3 - Record demographics
 - Core #6 - Clinical decision support
 - Core #9 - Protect electronic health information

Adding a Patient

After logging into MedTrak, the MedTrak Main Menu appears (shown below).

Patient Registration button

To add a patient to the patient database, the administrative assistant clicks the *Patient Registration* button. The Patients screen (shown below) appears.

Add Patient button

*** BEGINNING OF PATIENTS ***				
Select Patient	<input type="checkbox"/>	Aamodt, Richard T.	12/02/1975	374-67-2782 (231) 555-7737
	<input type="checkbox"/>	Aaron, Alice J.	03/22/1981	468-32-9333 (231) 555-5885
	<input type="checkbox"/>	Abbott, Sandy L.	06/14/1984	357-44-9393 (231) 555-6996
	<input type="checkbox"/>	Amaro, Scott C.	05/11/1987	635-76-3833 (231) 555-3737
	<input type="checkbox"/>	Bailey, Darlene M.	06/16/1931	784-73-6333 (231) 555-3868

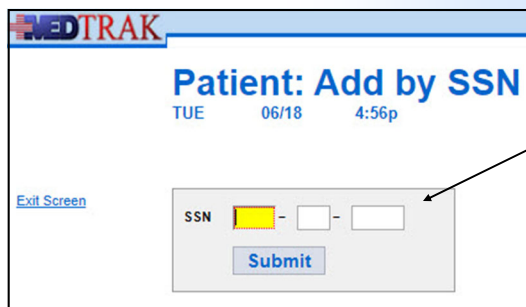
This screen type is called a list processor. List processor screens in MedTrak present the contents of a database of records. In this case, the Patients list processor presents the database of patients.

For this example, the administrative assistant is going to add Charles T. Anderson to the patient database using the information found on Mr. Anderson's patient registration form located at the end of this chapter.

To add a new patient to the patient database, the administrative assistant clicks the **Add Patient** button. The next screen to appear is the Patient: Add by SSN screen.

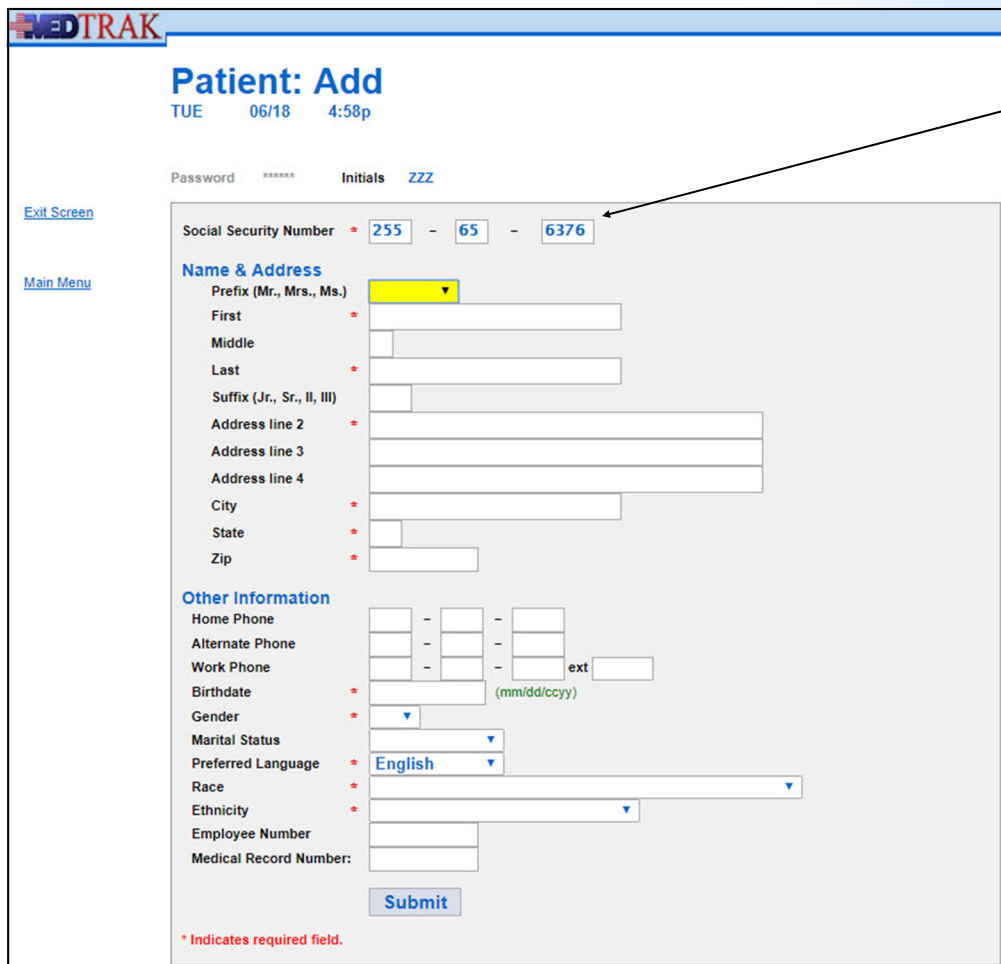
After entering Mr. Anderson’s social number **255-65-6376** (shown on the right), the administrative assistant clicks the **Submit** button.

Some patients will not provide their social security number, and some patients do not have one. If the social security number is unavailable, the administrative assistant enters **999-99-9999** in this field.



Mr. Anderson’s social security number

The next screen to appear is the Patient: Add demographic screen (shown below). If the social security number is already in the patient database, the patient’s demographic information is shown for review. Otherwise, only the social security number is pre-populated. In this example, Mr. Anderson is not in the patient database so only his social security number is on the screen.



Social security number pre-populated

On the Patient: Add demographics screen, red asterisks appear next to the fields that are required. If a required field is not completed, a message appears in **red** below the date and time at the top of the screen and the cursor is placed next to the field that needs information.

Required fields on the screen include the ones for recording demographics which complies with Core Objective #3 of **Meaningful Use**:

Required fields for Meaningful Use

- Date of birth (Birthdate on the MedTrak screen)
- Gender
- Preferred language
- Race
- Ethnicity

The administrative assistant types the information from Mr. Anderson’s patient registration form on the Patient: Add screen (shown below) using appropriate punctuation and capitalization. For example, when entering a street name, the administrative assistant enters “258 West Olive Street” instead of “258 west olive street” or “258 WEST OLIVE STREET.”

MEDTRAK
Patient: Add
 TUE 06/18 4:58p

Password ***** Initials ZZZ

[Exit Screen](#)
[Main Menu](#)

Social Security Number * 255 - 65 - 6376

Name & Address
 Prefix (Mr., Mrs., Ms.) Mr.
 First * Charles
 Middle T
 Last * Anderson
 Suffix (Jr., Sr., II, III)
 Address line 2 * 123 South Main Street
 Address line 3
 Address line 4
 City * North Muskegon
 State * mi
 Zip * 49445

Other Information
 Home Phone 231 - 555 - 7537
 Alternate Phone 231 - 555 - 9010
 Work Phone 231 - 555 - 4552 ext
 Birthdate * 12/02/1975 (mm/dd/ccyy)
 Gender * M
 Marital Status Married
 Preferred Language * English
 Race * White
 Ethnicity * Not Hispanic or Latino
 Employee Number
 Medical Record Number:

* Indicates required field.

Mr. Anderson’s demographic information

When finished, the administrative assistant clicks the *Submit* button. The next screen to appear is the Company: Select screen (shown below).

Company: Select
TUE 06/18 5:05p
Select a company for ANDERSON, CHARLES T...

Search

Available Functions: Select Company, Add Company, Change Company, Company Contacts

*** BEGINNING OF COMPANIES ***			
..Patient Responsibility			2
AB Manufacturing	1234 Truxton Ave		1
Amwal Manufacturing	150 Monroe NW		3
Anderson Pattern	2221 6th Street		4

No company selection at this time

If simply adding a new patient, company selection is not necessary. The administrative assistant clicks the *Exit Screen* button to return to the Patients screen (shown below). Mr. Anderson’s name now appears in the list.

Patients
TUE 06/18 5:08p

Patient Name Change Display Order Active Patients Only Change Detail Display

Search

Available Functions: Select Patient, Add Patient, Change Patient, Patient Notes, Appointments, Payers, Schedule, View Prints, More Functions..., Exit Screen, Main Menu

*** BEGINNING OF PATIENTS ***				
Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737	
Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885	
Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996	
Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737	
Anderson, Charles T.	12/02/1975	255-65-6376	(231) 555-7537	
Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868	
Bradford, Larry J.	07/17/1987	347-27-2722	(231) 555-2442	
Campbell, Susan T.	08/18/1972	274-74-7333	(231) 488-4844	
Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894	
Christianson, Brenda T.	11/12/1980	388-20-3322	(231) 555-3424	
Cooper, Janice B.	01/04/1978	372-82-6383	(231) 555-2772	
Davis, Denise V.	06/06/1976	534-63-4222	(231) 555-7548	
Dolley, Phillip R.	11/17/1985	943-73-9822	(231) 555-3773	
Edwards, Charles L.	03/09/1975	232-86-7444	(231) 555-7474	
Fedder, Nancy L.	07/23/1976	262-89-9833	(231) 555-8833	
Frost, Jean C.	11/23/1975	545-33-8864	(231) 555-3647	
Garcia, Candida T.	06/25/2003	634-47-3893	(231) 555-4884	
Garcia, Michelle A.	01/01/1980	999-99-9999	(231) 555-4884	
Gonzales, Michelle W.	06/23/1978	374-73-8320	(231) 555-8484	

Mr. Anderson is now in the patient database

IMPORTANT

This book uses a building block approach. All these steps must be completed in the correct order.

Do These Steps
3.01 =====>

1. Sign into **MedTrak**
2. Click the **Patient Registration** button
(You should be on the Patients screen)
3. Click the **Add Patient** button
(You should be on the Patient: Add by SSN screen)
4. Type **255 65 6376** in the **SSN** fields
5. Click the **Submit** button
(You should be on the Patient; Add screen)
6. Enter **Charles T. Anderson's** patient demographic data
(Patient registration form is at the end of the chapter)
7. Click the **Submit** button
(You should be on the Company: Select screen)
8. Click the **Exit Screen** button
(You should be back on the Patients screen)
9. Mr. Anderson is now in your patient database

Self Assessment

Do These Steps
3.02 =====>

1. You should be on the Patients screen
2. Type **SA03** in the Search or any command field
(**SA** stands for self assessment and **03** is the chapter #)
3. Press the **ENTER** key
(“**Self Assessment sent to printer/queue...**” appears)
4. Click the **View Prints** button
(The Available User Reports window opens)
5. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
6. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA03** report.
7. You must have a 100% (error-free) report before continuing.

Patient Log

MedTrak records all user actions related to any additions, corrections, and deletions of the patient’s demographic information in a Patient Log. This patient demographics **audit log** enables users to review who made what changes to the patient’s demographics, what changes were made, and when they were made. Recording this health care data in an audit log is part of Core Objective #9 of Meaningful Use.

Audit log

To view the Patient Log for the first patient added, Mr. Anderson, the administrative assistant accesses the patient database by clicking the *Patient Registration* button on the MedTrak Main Menu.

On the Patients screen (shown below), the administrative assistant places the cursor in the command field next to Mr. Anderson and clicks the *More Functions* button.

The screenshot shows the MedTrak Patients interface. At the top, it displays the MedTrak logo, the title 'Patients', and the date/time 'TUE 06/18 5:08p'. Below this are several filters: 'Patient Name' (dropdown), 'Change Display Order', 'Active Patients Only' (dropdown), and 'Change Detail Display'. A search bar with a 'Search' button is present. There are three icons: 'Clinic Status', 'Schedule', and 'Companies'. On the left, a sidebar lists 'Available Functions' including 'Select Patient', 'Add Patient', 'Change Patient', 'Patient Notes', 'Appointments', 'Payers', 'Schedule', 'View Prints', and 'More Functions...'. The main area shows a table of patients with columns for name, birth date, and phone numbers. The row for 'Anderson, Charles T.' is highlighted in yellow, and a cursor is positioned in the empty cell to its left. A callout box points to this cursor with the text 'Cursor next to Anderson'. Another callout box points to the 'More Functions...' button in the sidebar with the text 'More Functions button'.

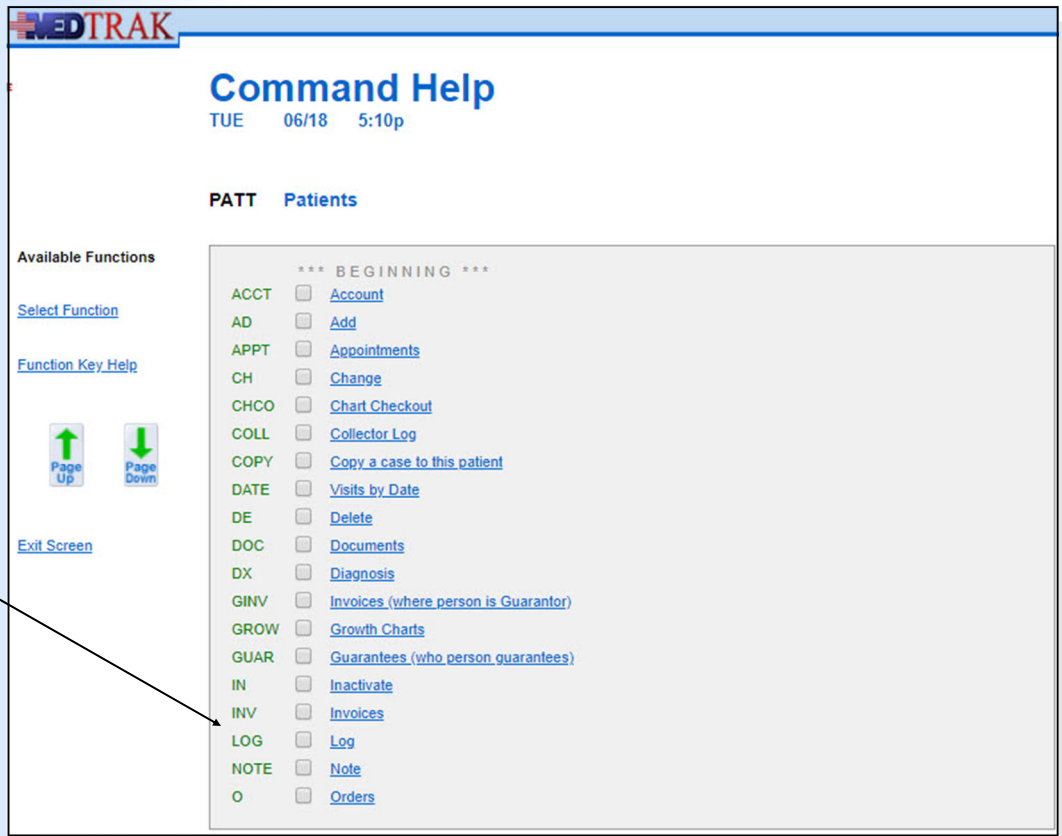
*** BEGINNING OF PATIENTS ***			
Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885
Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996
Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737
Anderson, Charles T.	12/02/1975	255-65-6376	(231) 555-7537
Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868
Bradford, Larry J.	07/17/1987	347-27-2722	(231) 555-2442
Campbell, Susan T.	08/18/1972	274-74-7333	(231) 488-4844
Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894
Christianson, Brenda T.	11/12/1980	388-20-3322	(231) 555-3424
Cooper, Janice B.	01/04/1978	372-82-6383	(231) 555-2772
Davis, Denise V.	06/06/1976	534-63-4222	(231) 555-7548
Dolley, Phillip R.	11/17/1985	943-73-9822	(231) 555-3773
Edwards, Charles L.	03/09/1975	232-86-7444	(231) 555-7474

Cursor next to Anderson

More Functions button

The next screen to appear is the Command Help screen (shown on the next page) for the Patients screen.

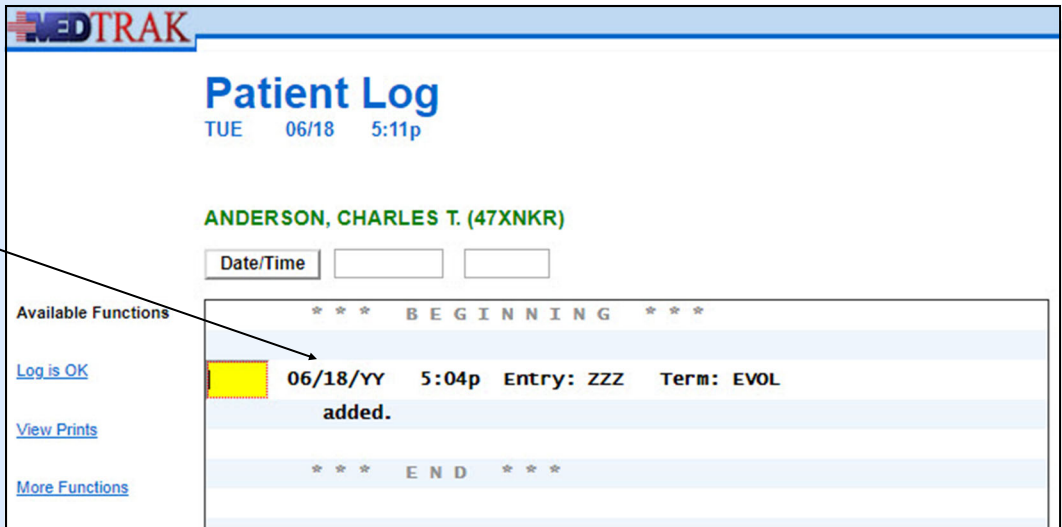
Commonly used functionality is available using the buttons on the left side of the screen. All functionality for the MedTrak screen that you are on is available by clicking the *More Functions* button. The Patient Log functionality is not commonly used, therefore it does not have a button.



Audit log command log

On the Command Help screen for the Patients screen, the administrative assistant selects the Log command either by clicking the checkbox next to it or by clicking the Log command itself (it is a web link button).

The Patient Log for Mr. Anderson appears (shown below). This screen displays the audit log record for the addition of Mr. Anderson's patient record.



Audit log record for Anderson's addition to the patient database

As you can see on this screen, Mr. Anderson's patient demographics record was added by ZZZ at 5:04p on June 18th.

1. Click the *Patient Registration* button on Main Menu
(You should be on the Patients screen)
2. Place the cursor in the command field for **Anderson**
3. Click the *More Functions...* button
(You should be on the Command Help screen)
4. Click the checkbox for the *Log* command
(You should be on the Patient Log for Anderson)

Do These Steps
<==== 3.03

Printing the Patient's Demographic Log

So far, you have learned two ways to activate functionality on a list processor type screen in MedTrak. Clicking a function button located on the left side of the screen is the first way. Clicking the *More Functions...* button and selecting the functionality from the Command Help screen is the second way. Now you will learn a third way. The third way to activate functionality on a list processor screen in MedTrak is to type the command in the command field next to the selected record and press the *ENTER* key.

You will need to produce a print of the Patient Log for this patient to turn in for your assignment. To print the patient log for Mr. Anderson, on the Patient Log screen (shown below), type the print command **pr** in the command field next to the **added** log record and press the *ENTER* key.

The screenshot shows the MedTrak interface for a Patient Log. At the top, it says 'MEDTRAK' and 'Patient Log' with the date and time 'TUE 06/18 5:11p'. Below that, the patient name 'ANDERSON, CHARLES T. (47XNKR)' is displayed. There are input fields for 'Date/Time'. Under 'Available Functions', there are links for 'Log is OK' and 'View Prints'. A table shows a log entry with the command 'pr' entered in the command field. The entry details are: '06/18/YY 5:04p Entry: ZZZ Term: EVOL'. Below the table, the word 'added.' is shown in green. A callout box points to the 'pr' command with the text 'Print Command pr'.

After pressing the *ENTER* key, the Patient Log screen refreshes with the message “**Report sent to printer/queue - use View Prints link...**” at the top of the screen in green. This means that your report, in PDF format, is now in your Available User Reports queue and ready for you to send to a printer or to save on your computer.

To view your report, click the *View Prints* button on the Patient Log (shown below).

View Prints
button

This will open up the Available User Reports screen (shown below) in another window.

Patient Log print
for
Anderson

View Report
button

For this example, the only print that is currently available is the Patient Log report for Mr. Anderson. With the cursor in command field next to this report, click the *View Report* button. The PDF formatted print (shown below) will open up in another window for you to either print or save.

Patient Log PDF
for
Anderson

From the PDF window, you may print a physical copy if you have a printer attached to your computer, or you may save a copy to your hard drive or memory stick.

After printing or saving your patient log, close the PDF window, then close the Available User Reports window.

1. **Be sure that you are still on Anderson's Patient Log**
2. **Place the cursor next to the **added log record****
3. **Type the print command **pr****
4. **Press the *ENTER* key**
(The Patient Log screen refreshes)
("Report sent to printer/queue - use View Prints link..." message appears)
5. **Your report, as a **PDF**, will be available shortly**
6. **Click the *Exit Screen* button**
(You should be back on the Patients screen)
7. **Click the *View Prints* button**
(The Available User Reports window opens)
8. **Find your report (If it does not appear, click the *Refresh* button)**
9. **Place the cursor next to the Log print**
10. **Click the *View Print* button**
(The Patient Log PDF opens in another window)
11. **Print the report or save / download it to your computer**
12. **Close the PDF window**
13. **Close the Available User Reports window**
(You should be back on the Patients screen)

Do These Steps
<==== 3.04

Medical Care Offices

Patient Registration Form

Social Security Number *255 - 65 - 6376*

Name & Address

Prefix (Mr., Mrs., Ms.) *Mr.*

First name *Charles*

Middle initial *T*

Last name *Anderson*

Suffix (Jr. Sr. II, III)

Address line 2 *123 South Main Street*

Address line 3

Address line 4

City *North Muskegon*

State *MI*

Zip *49445*

Other Information

Home phone *(231) 555-7537*

Alternate phone *(231) 555-9010*

Work phone *(231) 555-4552*

Date of birth *12/02/1975*

Gender *Male*

Marital Status *Married*

Preferred language *English*

Race *White*

Ethnicity *Not Hispanic or Latino*

Chapter 3 - Review Activities

Answer the following questions:

1. All patients have a social security number and provide it.

True

False

2. Which of the following patient demographic fields is NOT required for Meaningful Use?

- A. Ethnicity
- B. Race
- C. Gender
- D. Patient name
- E. Preferred language
- F. Date of birth

3. In your own words, state why you think that it is important for the government to track patient demographics for health care purposes.

4. In your own words, state why you think that it is important for EHR systems to keep audit logs.

5. MedTrak keeps which of the following patient information in a log?

- A. When a patient is registered.
- B. When patient demographics are changed.
- C. Who registered a patient.
- D. Who changed a patient's demographic information.
- E. All of the above

```
=====
PAGE - 1                               Patient Log                               06/18/YY
                                         ANDERSON, CHARLES T. (47XNKR)         5:14p
=====
```

```
06/18/YY  5:04p  Entry: ZZZ  Term: EVOL
      added.
```

```
*** END OF PRINT 06/18/YY 5:14p - Healthcare Student ***
```

Helpful Tips and Navigation

4

Estimated Duration
30 Minutes



Learning Outcomes

- ▶ How to identify the common elements on a MedTrak screen
- ▶ How to use the function keys
- ▶ How to use the tab key
- ▶ How to select an item in a list
- ▶ How to select a command from the Help screen
- ▶ How to enter a command
- ▶ How to use multiple commands on the same screen
- ▶ How to search
- ▶ How to use selection boxes



Key Concepts

- ▶ User Guide
- ▶ Common elements
- ▶ Function keys
- ▶ Basic navigation
- ▶ Selecting items
- ▶ Entering commands
- ▶ Searching
- ▶ Selection boxes

MedTrak's Online User Guide



This chapter utilizes the **User Guide** on the MedTrak Main Menu. Because you will reference the **User Guide** throughout the exercises in this chapter, keep it open on your desktop (it is in its own window).

Do These Steps
4.01 =====>

1. **Sign into MedTrak**
(You should be on the MedTrak Main Menu)
2. **Click the *User Guide* button**
(The **User Guide** will open in a new window)
3. **Move the **User Guide** aside to keep it accessible**
4. **In the MedTrak window:**
Click the *Patient Registration* button
(You should be on the Patients screen)

Section 1 - Common Screen Elements



Do These Steps
4.02 =====>

1. **In the **User Guide** window:**
Read **Section 1 - Common Elements**
2. **In the **MedTrak** window:**
Review the different elements on the Patients screen

Section 2 - Function Keys



Do These Steps
4.03 =====>

1. **In the **User Guide** window:**
Read **Section 2 - Function Keys**
2. **In the **MedTrak** window:**
Try the different function keys on the Patients screen

Section 3 - Basic Navigation

1. In the **User Guide** window:
Read **Section 3 - Basic Navigation**
2. In the **MedTrak** window:
Press the **Tab** key to move the cursor down the screen
3. Hold the **Shift** key down and press the **Tab** key to
move the cursor up the screen

Do These Steps
<==== 4.04

Section 3.1 - Selecting Items

1. Place the cursor in the command field next to a patient
2. Press the **ENTER** key
3. On the next screen, click the **Exit Screen** button (**F3** key)
4. Type an **x** and press the **ENTER** key
5. On the next screen, click the **Exit Screen** button (**F3** key)
6. Click the **Select Patient** button under **Available Functions**
on the left side of the screen
7. On the next screen, click the **Exit Screen** button (**F3** key)

Do These Steps
<==== 4.05

Section 3.2 - Entering Commands

1. Place the cursor in the command field next to a patient
2. Click the **Change Patient** button under
Available Functions on the left side of the screen
3. On the next screen, click the **Exit Screen** button (**F3** key)

Do These Steps
<==== 4.06

Do These Steps
4.07 =====>

1. Place the cursor in the command field next to a patient
2. Type the *Change* command - **ch**
3. Press the *ENTER* key
4. On the next screen, click the *Exit Screen* button (**F3** key)

Do These Steps
4.08 =====>

1. Place the cursor in the command field next to a patient
2. Click the *More Functions...* button under *Available Functions* on the left side of the screen (**F1** key)
3. Click the *Change* checkbox
4. On the next screen, click the *Exit Screen* button (**F3** key)

Do These Steps
4.09 =====>

1. Place the cursor in the command field next to a patient
2. Click the *More Functions...* button under *Available Functions* on the left side of the screen (**F1** key)
3. Click the *Change* web link button
4. On the next screen, click the *Exit Screen* button (**F3** key)

Multiple Commands on a Screen



Manual entry offers an additional benefit of being able to run several commands on records consecutively. To change three patient's records using the change command, type **ch** in three command fields (shown on the next page) and press the *ENTER* key. Use the *Tab* key to move to the next field. The change program processes three times in a row - once for each selected record, thus saving time.

You can navigate nearly every screen without taking your hands away from the keyboard.

The screenshot shows the MEDTRAK Patients interface. At the top, it displays 'Patients' and the date/time 'THU 06/20 2:32p'. Below this are filters for 'Patient Name', 'Change Display Order', 'Active Patients Only', and 'Change Detail Display'. A search bar and a 'Search' button are present. There are three icons: 'Clinic Status', 'Schedule', and 'Companies'. A sidebar on the left lists 'Available Functions' such as 'Select Patient', 'Add Patient', 'Change Patient', 'Patient Notes', 'Appointments', 'Payers', 'Schedule', 'View Prints', and 'More Functions...'. The main area shows a table of patients with the following data:

*** BEGINNING OF PATIENTS ***					
	Aamodt, Richard T.	12/02/1975	374-67-2782	(231)	555-7737
	Aaron, Alice J.	03/22/1981	468-32-9333	(231)	555-5885
ch	Abbott, Sandy L.	06/14/1984	357-44-9393	(231)	555-6996
	Amaro, Scott C.	05/11/1987	635-76-3833	(231)	555-3737
	Anderson, Charles T.	12/02/1975	255-65-6376	(231)	555-7537
ch	Bailey, Darlene M.	06/16/1931	784-73-6333	(231)	555-3868
	Bradford, Larry J.	07/17/1987	347-27-2722	(231)	555-2442
	Campbell, Susan T.	08/18/1972	274-74-7333	(231)	488-4844
ch	Carrey, Paula M.	03/05/1966	354-23-5310	(231)	555-6885
	Chadwick, Cliff B.	09/19/1979	457-37-3399	(231)	555-4894
	Christianson, Brenda T.	11/12/1980	388-20-3322	(231)	555-3424
	Cooper, Janice B.	01/04/1978	372-82-6383	(231)	555-2772
	Davis, Denise V.	06/06/1976	534-63-4222	(231)	555-7548
	Dolley, Phillip R.	11/17/1985	943-73-9822	(231)	555-3773

1. On the Patients screen, type the **ch** command next to three patients
2. Press the **ENTER** key
3. When the 1st patient screen appears, click the **Exit Screen** button (**F3** key)
4. When the 2nd patient screen appears, click the **Exit Screen** button (**F3** key)
5. When the 3rd patient screen appears, click the **Exit Screen** button (**F3** key)

Do These Steps
 <==== 4.10

Section 4 - Selection Boxes

1. In the **User Guide** window:
 Read **Section 4 - Selection Boxes**
 (you will use selections boxes during patient registration and clinical processing)

Do These Steps
 <==== 4.11

Searching

Do These Steps
4.12 =====>

1. In the **User Guide** window:
Read **Section 7 - Searching**
2. In the **MedTrak** window:
Practice searching for some patient names

Browsers and Devices

Do These Steps
4.13 =====>

1. In the **User Guide** window:
Read **Section 8 - Browsers and Devices**

Self Assessment

There is no **Self Assessment** report for this chapter.

Copying Cases

5

Estimated Duration
5 Minutes



Learning Outcomes

- ▶ How to copy a case in MedTrak for billing and reimbursement purposes

Copying Cases

In addition to the left ankle pain example case in this book, MedTrak built the following cases for students to copy for billing and reimbursement training from actual cases recorded by our clients.

Ambulatory Clinic

Patient Responsibility

Ambulatory
Clinic

UTI - Self Pay (CL04)

Left ear pain - Blue Cross / Blue Shield (CL05)

Abdominal pain - Medicare and Tricare (CL06)

Employee Health

Employee Health

Annual physical examination for an employee (EH51)

Drug screen only for an employee (EH52)

Workers' Compensation

Workers'
Compensation

Laceration right little finger while working (WC71)

Lower back pain because of an on the job injury (WC72)

Right ankle injury while shopping at a store (CS36)

Physician's Office

Patient Responsibility

Physician's
Office

Sore throat and cough - Humana (PO11)

Sports physical - Guarantor (PO12)

Type 2 diabetes - Blue Cross of Massachusetts (CS07)

Routine prenatal examination - Humana (CS09)

Neck and right arm pain - Medicare (CS12)

Shortness of breath - Preferred Care (CS26)

Emergency Department

Patient Responsibility

Emergency
Department

MVA – multiple injuries - Cigna (ED21)

Dog bite left arm - Aetna (ED22)

Collection Activity

Collection
Activity

Non-sufficient funds - self pay (NSF1)

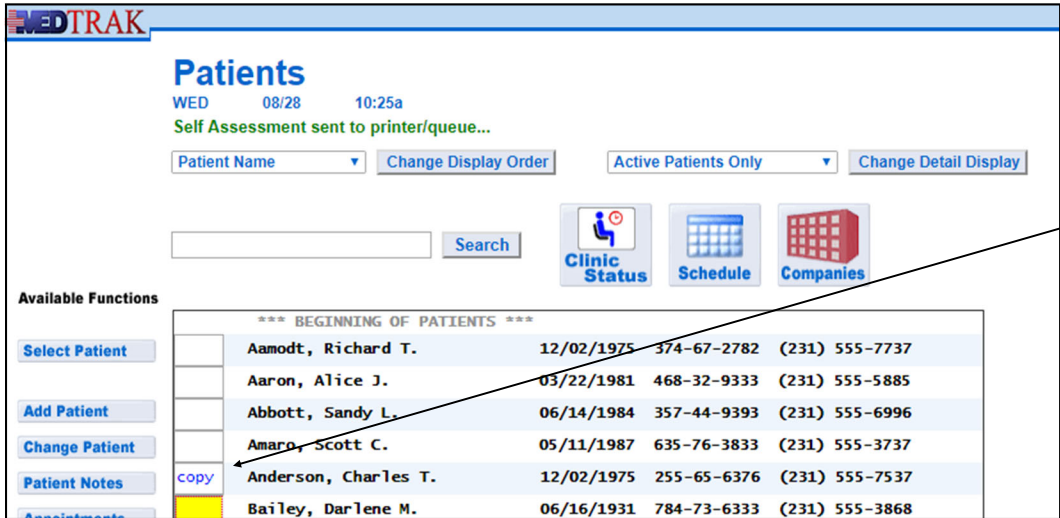
Collection agency - self pay (CAG1)

Bad Debt - Write-off - self pay (BDW1)

To copy a case, add a new patient with the demographic information from the **Case Study** that you wish to copy. Only add the patient’s demographic information, **do not select** a company.

For the example in this book, we added **Charles T. Anderson** as the patient.

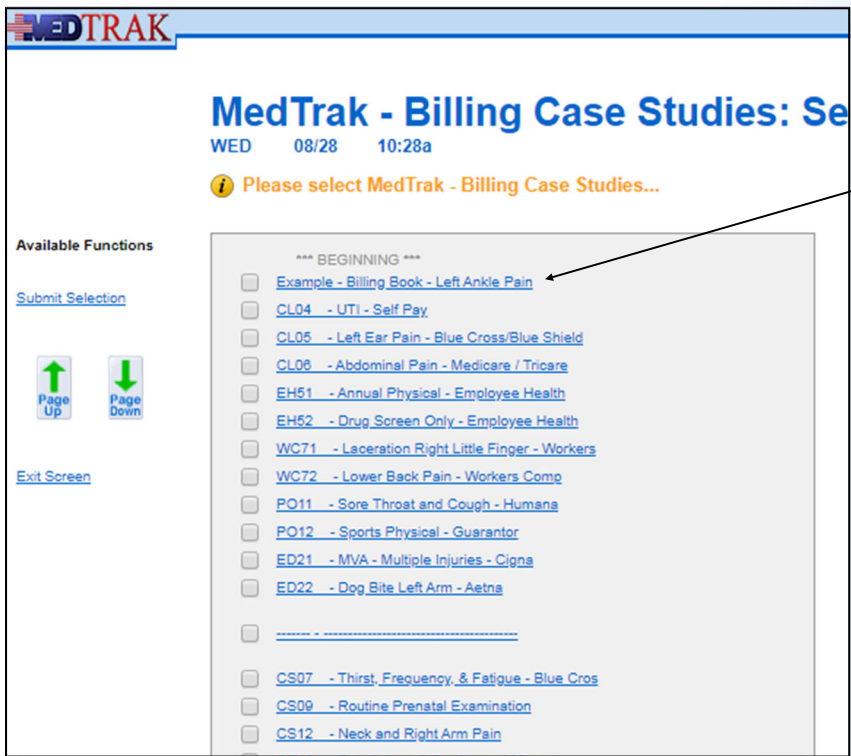
From the MedTrak Main Menu, click the *Patient Registration* button. Place the cursor in the command field next to Mr. Anderson and type the copy command **copy** (shown below).



Copy command

Then press the **ENTER** key.

The next screen to appear is the MedTrak - Billing Case Studies screen (shown below).

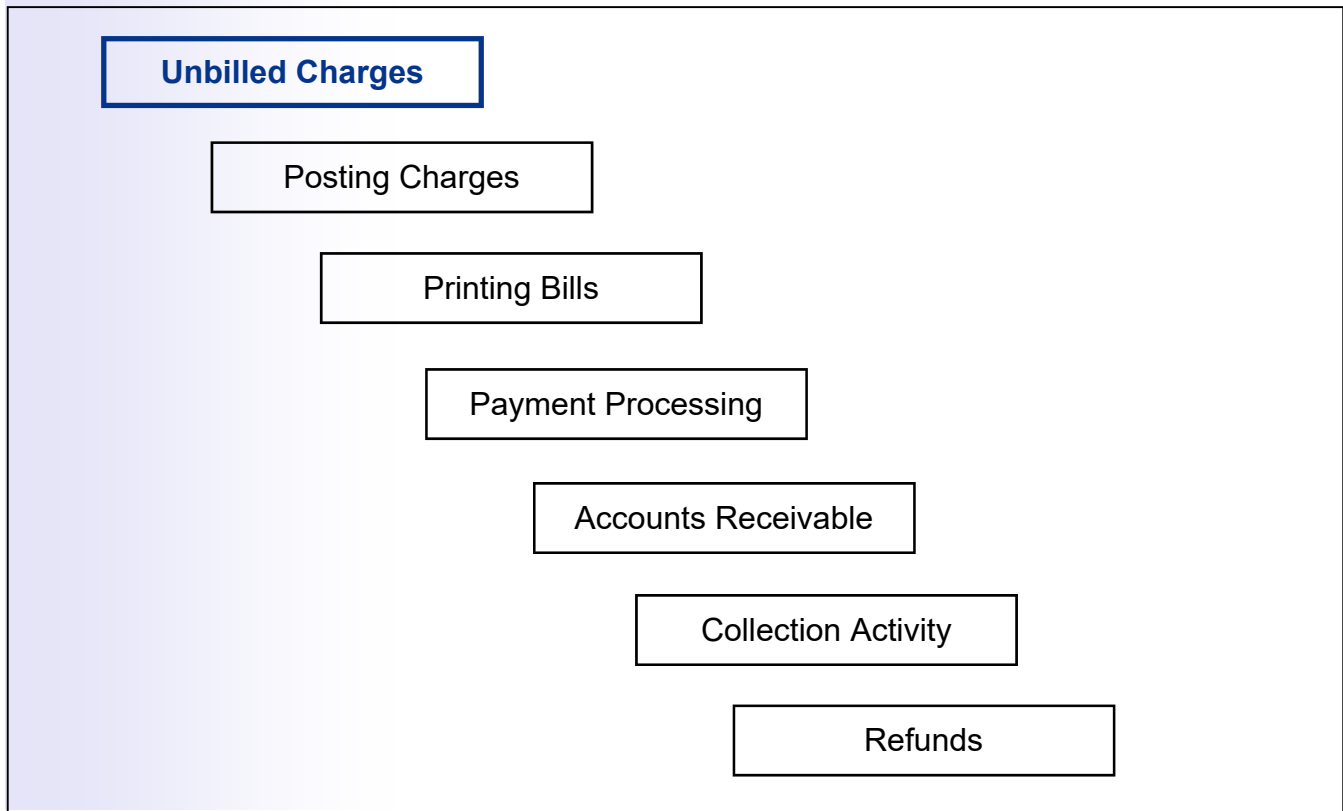


Billing Book Example

Unbilled Charges

6

Estimated Duration
30 Minutes



Key Concepts

- ▶ Billable items
- ▶ Billing coders
- ▶ Super bill
- ▶ Rate tables
- ▶ Line item charge
- ▶ Computer assisted coding (CAC)
- ▶ Billing editors
- ▶ Further review needed
- ▶ Incomplete visits
- ▶ Completed visits
- ▶ Needs authorization
- ▶ Demographics need review
- ▶ Provider notes are incomplete
- ▶ Charges available for review
- ▶ Further review done
- ▶ Transcriptionist

Unbilled Charges

- Billable items
- Billing coders
- Super bill
- Rate tables
- Line item charge
- Computer assisted coding
- Billing editors
- Further review needed

The first step in the medical billing process is to convert the clinical activities to **billable items** to present on the invoice to the payer. In medical facilities that use paper to document the clinical activities, the items listed on paper (typically called a super bill) need to be entered into the billing system. **Billing coders** use the information on the **super bill** plus any other clinical documentation (paper chart) to be sure that all billable items are accurately and completely coded. The coders enter the CPT (Current Procedural Terminology) codes into the billing system along with the appropriate HCPCS codes (Healthcare Common Procedure Coding System) and NDC codes (National Drug Codes).

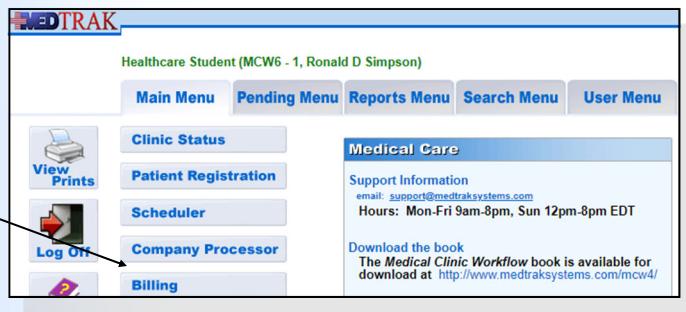
A billing system contains **rate tables** that add the rate to the billable item (**line item charge**) based on the type of visit, the location, and the payer. Different rate tables exist for Medicare, insurance companies, worker’s compensation, employee health, and self pay visits.

With the advent of medical workflow systems like MedTrak, the first step in the medical billing process is now automated and referred to as **computer assisted coding** (CAC). The line item charges including the rate based on the type of visit, location, and payer are automatically created during the clinical processing. This automatic line item charge creation eliminates the need for a coder to manually enter the charges for the visit. The coders now become **billing editors**. They review the billing information to be sure that the line item charges are reasonable and complete. The billing editor has the on-line chart for researching the billable items. If the billing editors have questions about the billable items, they can send a request for further information (**further review needed** (FRN)) to the physician or clinical staff directly in the system. This enables the billing editor to work remotely and completely without paper. The billing editor can be sitting anywhere they have access to the internet.

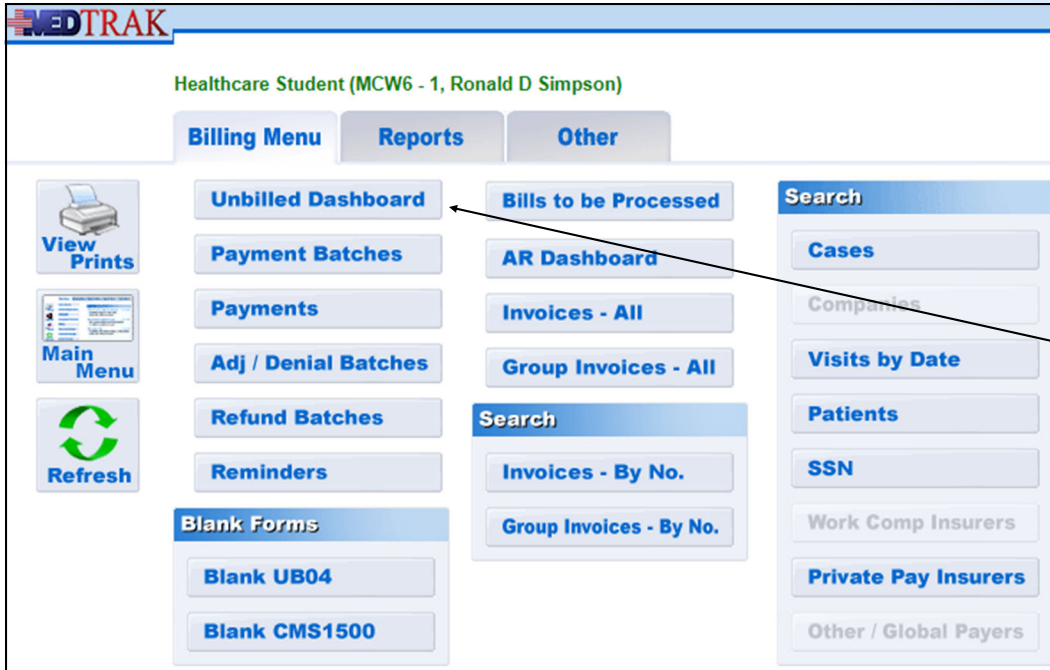
In MedTrak, all of the line item charges created during the clinical visit appear on the Unbilled Charges Dashboard. This dashboard is used by the billing editors to track their workflow and process the line item charges for the encounters (patient visits). The billing managers also use this dashboard to monitor the billing editor’s workload.

To access the Unbilled Charges Dashboard, the billing editor clicks the **Billing** button on the MedTrak Main Menu (shown below).

Billing button



The next screen to appear is the Billing Menu (shown below).



Unbilled Charges Dashboard button

On the Billing Menu, the billing editor clicks the *Unbilled Dashboard* button. The next screen to appear is the Unbilled Charges Dashboard for the location based on the billing editor's location signon information (shown below).



Unbilled Charges Dashboard

Unbilled Charges Dashboard



The Unbilled Charges Dashboard provides a consolidated view of all of the unbilled charges for a particular medical location. To save the billing editors time, MedTrak audits the clinical and billing data for visits and categorizes the visits as follows:

Incomplete Visits

The top portion of the dashboard contains information about charges for patient visits that need further information before they can be billed. Labeled in **red**, the visits (in dollars and cents) found are considered incomplete because the visits still need authorization, the patient or employer demographics needs reviewing, the provider’s history and exam notes are incomplete or some other question about the visit is yet unanswered (further review needed).

These **incomplete visits** are not ready to be posted to an invoice and will be blocked from posting by MedTrak until the issues holding up these visits from billing are removed. Once the issues are cleared up, these visits drop down into the **green** section for **completed visits**, in either the **Charges available for review** or **Further review done** depending on the circumstances.

Needs authorization for treatment – for example: a work comp injury where the worker is bleeding and needs immediate medical attention, but the employer contact is not available to authorize the visit either in person or by telephone. Or in another situation, the insurance company needs to authorize the visit before the patient can be seen, but it is an emergency.

Demographics need review by billing personnel before posting the charges. This category results from name and/or address changes to the patient or the employer that need to be reviewed before the charges will be freed up for posting to an invoice.

Provider notes are incomplete and need to be completed and/or reviewed before releasing the charges for posting to an invoice. The physician’s notes concerning the patient’s history and the physical exam conducted do not have to be completed while the patient is being seen in the medical facility. Once the clinical staff reviews that the physician’s notes are complete, they will release the charges for posting off the Pending / Incomplete Visits screen.

Further review needed charges result from the billing staff sending a further review needed request to the physician or other clinical staff asking a question about the charges related to the visit. Once the physician or clinical staff responds, the charges move down to the **Completed visits** category of **Further review done**.

- Incomplete visits
- Completed visits
- Needs authorization
- Demographics need review
- Provider notes are incomplete
- Further review needed

Completed Visits

Charges available for review include all visits that are ready for posting to an invoice that have not had a **Further Review Needed (FRN)** order on them.

Charges available for review

Further review done includes all visits that are ready for posting to an invoice that have had a **Further Review Needed (FRN)** order on them completed by the physician or clinical staff.

Further review done

Links

The bottom portion of the screen contains links to other information in MedTrak.

Needs authorization

The **Needs authorization** category on the Unbilled Charges Dashboard provides access to visits that are not authorized yet. For worker’s compensation initial visits and employee health initial visits, the authorization information is in the visit record and needs to be updated there. For patient responsibility visits, authorization records are attached to the patient record.

Needs authorization

For this example, the visit did not need authorization, so the visit charges do not appear in this section of the dashboard.

Demographics need review

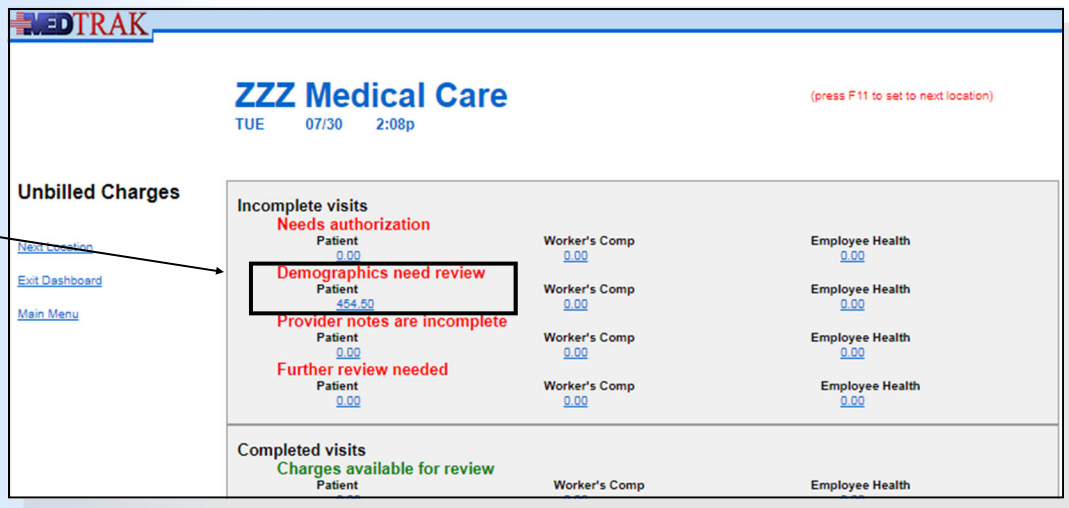
The **Demographics need review** category on the Unbilled Charges Dashboard provides access to visits that need the demographic information (patient or employer name and address, etc.) reviewed before posting another invoice. For each patient and/or employer whose demographic information has changed since the last time the demographic log was reviewed and approved by an authorized person, MedTrak set a **DR** flag (demographics need review).

Demographics need review

Each visit that contains the **DR** flag (demographics need review) requires a review of the patient or company demographic change log. Once the demographic log is reviewed and approved by the billing editor, the **DR** flag for all visits for the patient or employer is cleared.

For this example, Mr. Anderson’s primary payer is Blue Cross / Blue Shield of Michigan. Therefore, his visit charges are totaled in the **Patient** column of the **Demographics need review** section on the Unbilled Charges Dashboard (shown on the next page).

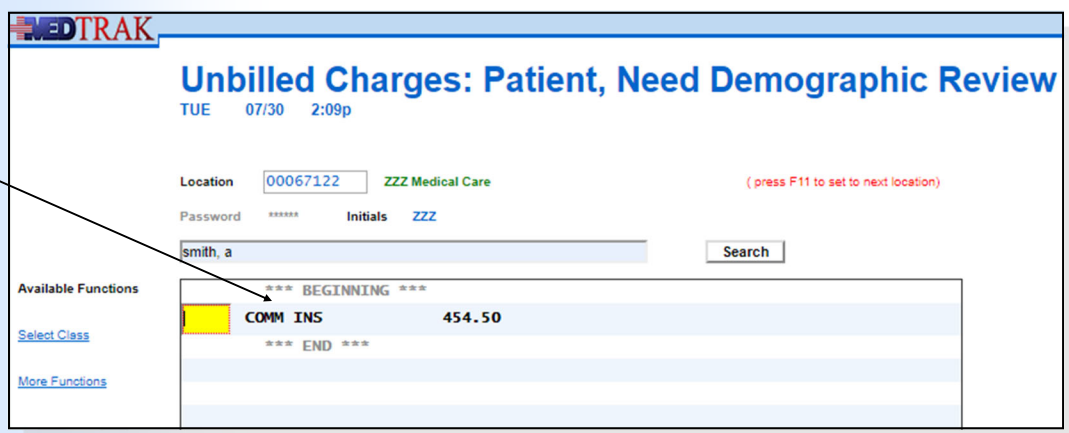
Demographics need review



The billing editor clicks the amount field to access the visits represented by it. In this example the billing editor clicks the 454.50 dollar amount.

Because this is a patient responsibility visit, the next screen to appear is the Unbilled Charges: Patient, Need Demographic Review screen which shows the totals by financial class (shown below).

Commercial Insurance financial class



When processing unbilled charges, billing editors prefer to work one financial class at a time. This processing screen will break down the dollar amount into the different financial classes that it represents.

Mr. Anderson has Blue Cross / Blue Shield of Michigan as his primary insurance company. Blue Cross / Blue Shield of Michigan is a commercial insurance carrier, so the billing editor places the cursor in the command field next to **COMM INS** and clicks the *Select Class* button.

The next screen to appear is the Unbilled Charges: Patient, COMM INS screen. This screen lists all of the visits with unbilled charges that need their demographics reviewed for that medical facility for patient responsibility patients with a financial class of commercial insurance.

These visits are marked with a **DR** flag to indicate that the patient demographics need reviewing (shown on the next page).

MEDTRAK
Unbilled Charges: Patient, COMM INS
 TUE 07/30 2:11p

00067122 Location ZZZ Medical Care (press F11 to set to next location)

DATE View DATE
 DR Flag NEED DEMOGRAPHIC REVIEW

Search

Available Functions
[Select](#)
[Log Review](#)
[Company](#)
[Contacts](#)

*** BEGINNING ***

ANDERSON, CHARLES T.	Blue Cross / Blu	454.50	07/08	DR	I-D
----------------------	------------------	--------	-------	----	-----

*** END ***

Mr. Anderson's visit

Demographics need review flag

Log Review button

To review the demographic changes log for Mr. Anderson, the billing editor places the cursor in the command field next to his visit and clicks the *Log Review* button to see the Patient Log screen (shown below).

MEDTRAK
Patient Log
 TUE 07/30 2:12p

ANDERSON, CHARLES T. (47XNKR)

Date/Time

Available Functions
[Log is OK](#)
[View Prints](#)
[More Functions](#)
 Page Up
 Page Down
[Exit Screen](#)
[Main Menu](#)

*** BEGINNING ***

06/20/YY	3:43p	Entry: ZZZ	Term: EVOL
Payer 'SELF PAY' added.			
06/20/YY	3:43p	Entry: ZZZ	Term: EVOL
Payer 'COMM INS - Nationwide Insurance (03/01/10-?)' added.			
06/20/YY	3:34p	Entry: ZZZ	Term: EVOL
Payer 'COMM INS - Blue Cross / Blue Shield of Michigan (01/01/10-?)' added.			
06/18/YY	5:04p	Entry: ZZZ	Term: EVOL
added.			

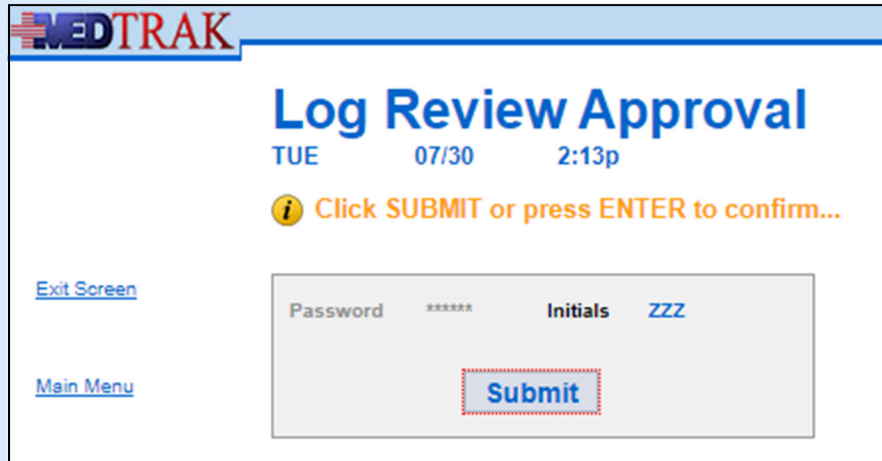
*** END ***

Patient Log for Mr. Anderson

The purpose of tracking and reviewing demographic changes to the patient's or employer's records, is to be sure that no one has made a change that would adversely affect the billing in any way. If an invoice is sent to the wrong address or to the wrong payer, it will be a long drawn out process to learn of the mistake, correct it, and then invoice the right payer or payer address. This type of mistake is costly and could result in never receiving payment for the services.

Mr. Anderson’s demographic log shows when he was added to the patient database. After reviewing the demographic log records for accuracy, the billing editor clicks the *Log is OK* button to clear the **DR** flag (demographic review flag). The Log Review Approval screen appears for confirmation that the demographic changes are correct (shown below).

Log Review Approval screen



The billing editor then clicks the *Submit* button to approve the demographic changes. The Unbilled Charges: Patient, COMM INS screen reappears with Mr. Anderson no longer appearing because his **DR** flag was cleared with the approval of his patient demographic log (shown below). The message “**ANDERSON, CHARLES T. - patient log approved...**” displays at the top.

Message at the top

Mr. Anderson no longer appears



Do These Steps 6.01 =====>

1. **Sign into MedTrak**
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**
(You should be on the Billing Menu)
3. **Click the *Unbilled Dashboard* button**
(You should be on Unbilled Charges Dashboard)

Do These Steps
<==== 6.02

1. Click the **Incomplete visits / Demographics need review / Patient amount**
(You should be on the Unbilled Charges: Patient, Need Demographic Review screen)
2. Place the cursor in the command field next to **COMM INS**
3. Click the **Select Class** button
(You should be on Unbilled Charges: Patient, COMM INS screen)
4. Place the cursor in the command field for **Anderson**
5. Click the **Log Review** button
(You should be on Patient Log screen for Mr. Anderson)
6. Review **Mr. Anderson's** demographic log information
7. Click the **Log is OK** button
(You should be the Log Review Approval screen)
8. Click the **Submit** button
(You should be back on the Unbilled Charges: Patient, COMM INS screen)
(The "**Anderson, Charles T - patient log approved...**" message appears)
(You should not see Mr. Anderson)

When appropriate, the billing editor continues to review demographic logs for the rest of the visits on the screen to clear their **DR** flags.

In this example, the billing editor exits this screen by clicking the **Exit Screen** button. The Unbilled Charges: Patient, Need Demographic Review screen by financial class reappears (shown below). The **COMM INS** financial class no longer appears.

The screenshot shows the MEDTRAK interface. At the top, it says 'Unbilled Charges: Patient, Need Demographic Review' with the date and time 'TUE 07/30 2:15p'. Below this, there are fields for 'Location' (00067122 ZZZ Medical Care), 'Password' (*****), and 'Initials' (ZZZ). A red note says '(press F11 to set to next location)'. There is a yellow highlighted search bar with a 'Search' button. On the left, there are links for 'Select Class' and 'More Functions'. A table area shows '*** BEGINNING ***' and '*** END ***'. A callout box on the right points to the search bar with the text 'No more financial classes to process'.

No more
financial classes
to process

In this example, the billing editor also exits this screen by clicking the *Exit Screen* button. The Unbilled Charges Dashboard reappears (shown below).

The **Incomplete Visits / Demographics need review / Patient** amount is now **zero** (decreased from **454.50**). Mr. Anderson's patient demographic review being approved caused this decrease.

The **Completed Visits / Charges available for review / Patient** amount is now **454.50** (increased from **zero**). Mr. Anderson's patient demographic review being approved caused this increase.

Unbilled Charges

Incomplete visits

- Needs authorization
 - Patient 0.00
 - Worker's Comp 0.00
 - Employee Health 0.00
- Demographics need review** (highlighted)
 - Patient 0.00
 - Worker's Comp 0.00
 - Employee Health 0.00
- Provider notes are incomplete
 - Patient 0.00
 - Worker's Comp 0.00
 - Employee Health 0.00
- Further review needed
 - Patient 0.00
 - Worker's Comp 0.00
 - Employee Health 0.00

Completed visits

- Charges available for review** (highlighted)
 - Patient 454.50
 - Worker's Comp 0.00
 - Employee Health 0.00
- Further review done
 - Patient 0.00
 - Worker's Comp 0.00
 - Employee Health 0.00

Demographics amount decreases

Charges available for review increases

Do These Steps 6.03 =====>

- 1. Click *Exit Screen* button**
 (You should be back on the Unbilled Charges: Patient, Need Demographic Review screen)
 (The **COMM INS** financial class no longer appears)
- 2. Click *Exit Screen* button again**
 (You should be on Unbilled Charges Dashboard)
 (The **Incomplete visits / Demographics need review / Patient** amount should be **zero**)
 (The **Completed visits / Charges available for review / Patient** amount should be **454.50**)
- 3. Click the *Exit Dashboard* button**
 (You should be back on the Billing Menu)

Provider notes are incomplete

The **Provider notes are incomplete** section includes visits that need the **CL** flag cleared (provider's checklist containing history and exam questions). This flag is removed in the **Pending - Incomplete Visits**. This flag (**CL**) removal is the responsibility of the clinical staff and not the billing department. Each visit that contains the provider notes are incomplete flag **CL**, requires someone on the clinical staff to work with the physician to complete the history and exam questions on the doctor's checklist. The physician could dictate their notes and have a **transcriptionist** enter the information in the checklist. After verifying that the notes are complete, the clinical staff uses the **cmcl** command (it stands for completed checklist) on the pending screen next to the visit to clear the flag.

Transcriptionist

For the purposes of this textbook, Mr. Anderson's visit does not need the **CL** flag cleared.

Further review needed

The **Further review needed** section contains visits that the billing department had additional questions about before they could post the charges to an invoice. The billing department creates the further review needed status by placing a **FURTHER REVIEW NEEDED** order on the visit.

For the purposes of this textbook, Mr. Anderson's visit does not use the further review needed functionality.

Charges available for review

Colored in **green**, the visits found in the second section on the dashboard are considered "**completed**" and ready to post to an invoice. Visits are broken down into two categories: **Charges available for review** and **Further review done**.

The **Charges available for review** visits flow from the **Incomplete visits** area for **Needs authorization**, **Demographics need review**, and **Provider notes are incomplete**.

The **Further review done** visits flow from the **Further review needed** category.

In this example, the only flag that needed clearing was the **Demographics Need Review (DR)** flag. Once that flag cleared, Mr. Anderson's visit moved down to the **Completed visits** category for billing.

During the processing of the charges ready for posting to an invoice, the billing editor either posts the charges or sends a further review needed message to the physician asking for clarification of some of the billing information.

Because MedTrak is real-time, the Unbilled Charges Dashboard constantly updates to reflect the current status of the unbilled charges for the medical facility.

Self Assessment

Do These Steps
6.04 =====>

1. You should be on the Billing Menu
2. Click the *Patients* button in the Search section
(You should be on the Patients screen)
3. Type **SA06** in the Search or any command field
(**SA** stands for self assessment and **06** is the chapter #)
4. Press the *ENTER* key
(“**Self Assessment sent to printer/queue...**” appears)
5. Click the *View Prints* button
(The Available User Reports window opens)
6. Find the **Self Assessment** report that you just printed
(If it does not appear, click the *Refresh* button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA06** report.
8. You must have a 100% (error-free) report before continuing.
9. Click the *Exit Screen* button
(You should be back on the Billing Menu)

Chapter 6 - Review Activities

Answer the following questions:

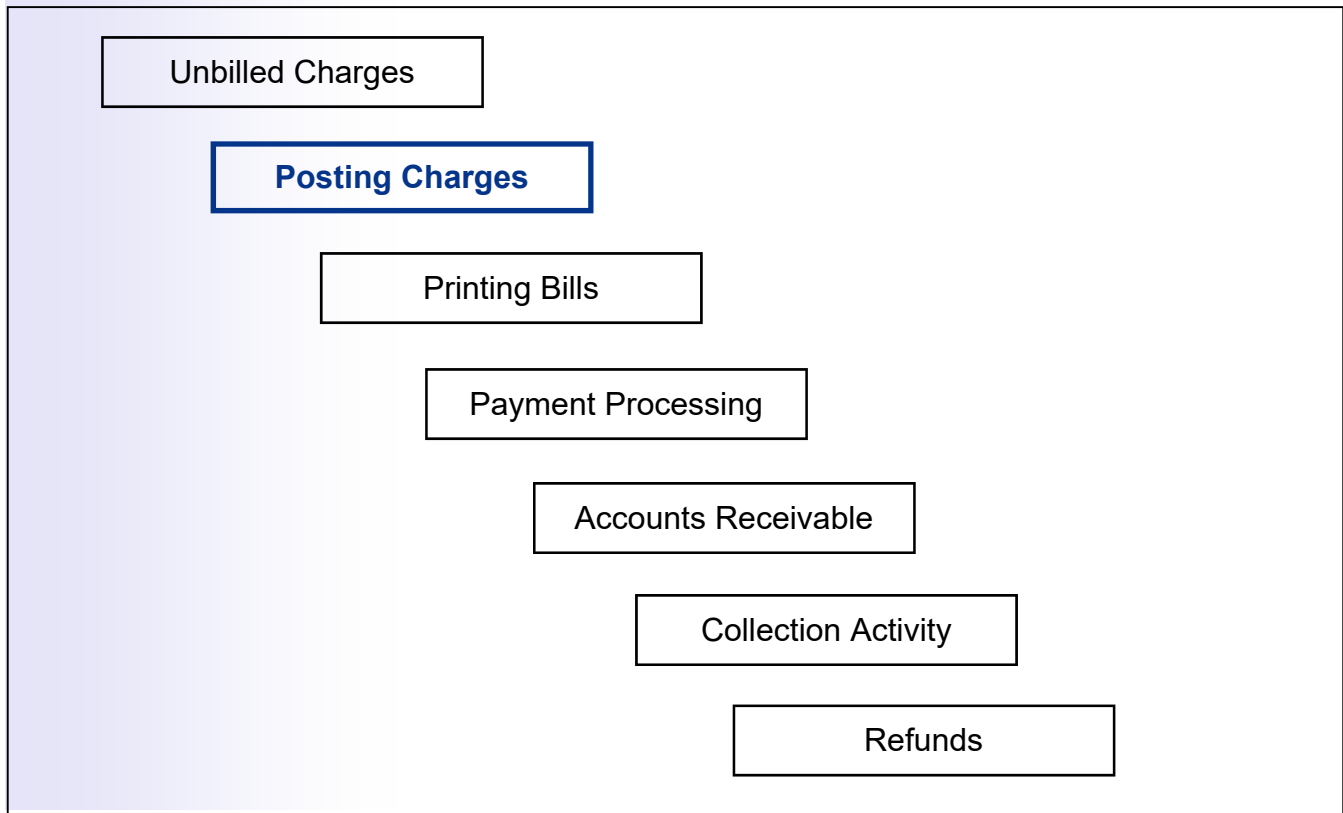
1. Which of the following are criteria that billing systems use to determine the charge for a line item?
 - A. The patient's age and gender.
 - B. The location where the services were performed.
 - C. The payer's allowable rate.
 - D. The type of patient visit.
 - E. All of the above.

This page intentionally left blank.

Posting Charges to a Bill



Estimated Duration
20 Minutes



Key Concepts

- ▶ Billing editor
- ▶ Ready for posting
- ▶ Charges available for review
- ▶ Further review done
- ▶ Financial class
- ▶ Line item charge information
- ▶ Ignored line item
- ▶ Assigning diagnoses to each line item
- ▶ Posting the charges
- ▶ Supplemental information

Posting Charges

The MedTrak Unbilled Charges Dashboard displays the total amount of charges for the patient visits that are ready for posting to an invoice.

Billing editor

The **billing editor**, working with the collaboration of the clinical staff, has:

- Cleared the encounters needing authorization
- Reviewed the demographic changes to the patient and the employers
- Reminded the physicians of the encounters still needing the history and exam completed
- Sent **Further Review Needed** messages to the clinical staff asking for clarification

Ready for posting

The encounters **ready for posting** to a bill are in the following categories:

Completed Visits

Charges available for review

Charges available for review include all visits that are ready for posting to an invoice that have not had a **Further Review Needed (FRN)** order on them.

Further review done

Further review done includes all visits that have had a **Further Review Needed (FRN)** order on them completed by the physician or clinical staff.

To access the Unbilled Charges Dashboard, the billing editor clicks the **Billing** button off the MedTrak Main Menu then clicks the **Unbilled Dashboard** button (shown below).

MEDTRAK

ZZZ Medical Care (press F11 to set to next location)

TUE 07/30 2:19p

Unbilled Charges

[Next Location](#)
[Exit Dashboard](#)
[Main Menu](#)

Category	Patient	Worker's Comp	Employee Health
Incomplete visits	Needs authorization		
	Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
	Demographics need review		
	Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
Provider notes are incomplete	Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
	Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
Further review needed	Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
	Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
Completed visits	Charges available for review		
	Patient 454.50	Worker's Comp 0.00	Employee Health 0.00
Further review done	Patient 0.00	Worker's Comp 0.00	Employee Health 0.00
	Patient 0.00	Worker's Comp 0.00	Employee Health 0.00

Anderson's visit is now ready for posting to an invoice

1. **Sign into MedTrak**
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**
(You should be on the Billing Menu)
3. **Click the *Unbilled Dashboard* button**
(You should be on Unbilled Charges Dashboard)

Do These Steps
<==== 7.01

Charges Available for Review

In this example, the billing editor clicks the **Completed Visits / Charges available for review / Patient** amount (which should be **454.50**). The next screen to appear is the Unbilled Charges: Patient, Ready to Post screen (shown below).

Charges available for review



Commercial insurance financial class

When processing unbilled charges, billing editors like to work one **financial class** at a time. For this example, the only encounter ready for billing is in the **COMM INS** (commercial insurance) financial class.

Financial class

Mr. Anderson has Blue Cross / Blue Shield of Michigan as his primary payer. Blue Cross / Blue Shield of Michigan is a commercial insurance carrier, so the billing editor places the cursor in the command field next to **COMM INS** and clicks the *Select Class* button.

The next screen to appear is the Unbilled Charges: Patient, COMM INS screen. This screen lists all of the encounters for that clinic location for patient responsibility patients with a financial class of commercial insurance (shown on the next page).

Anderson's visit

MEDTRAK
Unbilled Charges: Patient, COMM INS
 TUE 07/30 2:21p
 00067122 Location ZZZ Medical Care (press F11 to set to next location)
 DATE View DATE
 Flag READY TO POST
 Search
 Available Functions
 Select Log Review Company Contacts
 *** BEGINNING ***
 ANDERSON, CHARLES T. Blue Cross / Blu 454.50 07/08 I-D
 *** END ***

In this example, the only patient visit on this screen that is ready for charge posting is Mr. Anderson's visit. This screen displays:

- **Location** - this can be changed by entering a different location number and pressing the *ENTER* key
- **View** - the view of the encounters can be by date of service, patient, and company
- **Flag** - selecting the completed visits total automatically sets the flag to **Ready to Post**
- **Search** - to quickly search for an encounter based on the type of view

The billing editor places the cursor in the command field next to Mr. Anderson's visit and clicks the *Select* button to review the billing information from this visit (shown below).

Anderson's Visit Information

MEDTRAK
Visit Information
 TUE 07/30 2:22p
 ANDERSON, CHARLES T. (47XNKR)
 LEFT ANKLE PAIN (699528-9990) Healthcare Student
 DOS: 07/08/YY Injury: 07/08/YY First: 07/08/YY
 Payer: Patient Responsibility
 Available Functions
 Show Charges More Functions
 *** BEGINNING ***
 Diagnosis
 Derangement Left Ankle, Unspecified (M24.9)
 Level of Service - 99203
 *** END ***

In the body of the screen, the following information displays:

- Any special notes about the billing (if available – for work comp and employee health)
- Diagnoses including **ICD-10** code (all will list if there is more than 1)
- Level of Service CPT code

After reviewing this information, the billing editor clicks the *Show Charges* button. The Visit Charges screen Mr. Anderson’s visit appears (shown below).

MEDTRAK

Visit Charges

TUE 07/30 2:23p

ANDERSON, CHARLES T. (47XNKR)
LEFT ANKLE PAIN (699528-9990) \$454.50

1. M24.9 Derangement Left Ankle, Unspecified

Password ***** Initials ZZZ

*** BEGINNING ***

<input type="checkbox"/>	Office Visit - Level of Service (99203)	150.00
<input type="checkbox"/>	X-RAY LT ANKLE (3W) (73610,LT)	70.00
<input type="checkbox"/>	ICE PACK INSTANT (99070/A9999)	12.50
<input type="checkbox"/>	(RFA): ORTHOPEDIC CONSULTATION (*NONE)	*IGNORE*
<input type="checkbox"/>	X-RAY OVER-READ (OVRRD)	*IGNORE*
<input type="checkbox"/>	LEFT ANKLE APPLIANCE (*PROC)	*HEADER*
<input type="checkbox"/>	ANKLE LACE UP MD (LLE) (99070/L1902,NU) (ANKLUM)	83.00
<input type="checkbox"/>	APPL SPLINT SHORT LEG (29515)	139.00
<input type="checkbox"/>	Rx - IBUPROFEN TABS 800MG (*NONE)	*IGNORE*
	*** END ***	

Available Functions:
[Post Charges](#)
[Change](#)
[Ignore](#)
[Add](#)
[Show Other Info](#)
[Supplemental Info](#)
[More Functions](#)

Page Up Page Down

[Exit Screen](#)
[Main Menu](#)

Anderson’s visit charges

Information about Mr. Anderson’s patient’s visit shows at the top of the screen:

- Name of the patient Anderson, Charles T.
- Reason for the visit Left ankle pain
- Total charges for the visit \$454.50
- Diagnoses appear in the box 1. M24.9 Derangement Left Ankle, Unspecified

In the body of the screen, the following information displays about the line items for posting to the bill:

- Line item description
- CPT code
- CPT modifier (if needed)
- HCPCS code (if needed)
- NDC code (if needed)
- Amount of the charge for the line item

Reviewing the Line Items

Several of the line items appear with an ***IGNORE*** or ***HEADER*** in the charge amount field. MedTrak automatically ignores header information and prescriptions, because these are not billable. The ignored line items provide additional billing information for the billing editor.

Sometimes line items appear with a zero charge amount associated with them. This is also intentional. MedTrak provides line item information with zero charge amounts to notify the billing editor of certain procedures performed for the patient to indicate how involved the visit was. The billing editor manually ignores these zero amount line items before posting the bill.

In this example, the following line items appear automatically ignored by MedTrak:

- **ORTHOPEDIC CONSULTATION**
- **X-RAY OVER-READ** - the charge for this is included in the left ankle x-ray line item
- Header line item for the **LEFT ANKLE APPLIANCE**
- Prescription line item for the **IBUPROFEN TABS 800MG**

Mr. Anderson's line items are a direct result of the clinical activity documented by the physician and the clinical staff. To fix a line item that contains an erroneous code the billing editor places the cursor in the command field next to the line item and clicks the *Change* button. If this occurs, the billing editor will fix this one and send a message to the billing rules manager to correct the rule. That way, the next time this line item is selected, the code will be correct.

Assigning Diagnoses to the Line Items

This example only had one diagnosis. MedTrak, therefore, automatically assigns it to each line item. If the visit had several diagnoses, each line item would need the appropriate diagnoses attached to it for presentation to the payer on the **CMS1500** form.

To associate a line item with a diagnosis, use the following diagnoses numbers in the command field next to the line item and press the **ENTER** key (shown on the next page).

1	only associated with the 1st diagnosis	23	associated with the 2nd and 3rd
12	associated with the 1st and 2nd	234	associated with the 2nd, 3rd, and 4th
123	associated with the 1st, 2nd, and 3rd	24	associated with the 2nd and 4th
124	associated with the 1st, 2nd, and 4th	3	only associated with the 3rd
1234	associated with the 1st, 2nd, 3rd, 4th	34	associated with the 3rd and 4th
13	associates with the 1st and 3rd	4	only associated with the 4th
134	associated with the 1st, 3rd, and 4th		
14	associates with the 1st and 4th		
2	only associated with the 2nd		

Diagnoses association numbers

Posting the Charges

Additionally, other **supplemental information** is needed for some invoices. MedTrak provides access to these supplemental fields through the use of the *Supplemental Info* button.

Supplemental information

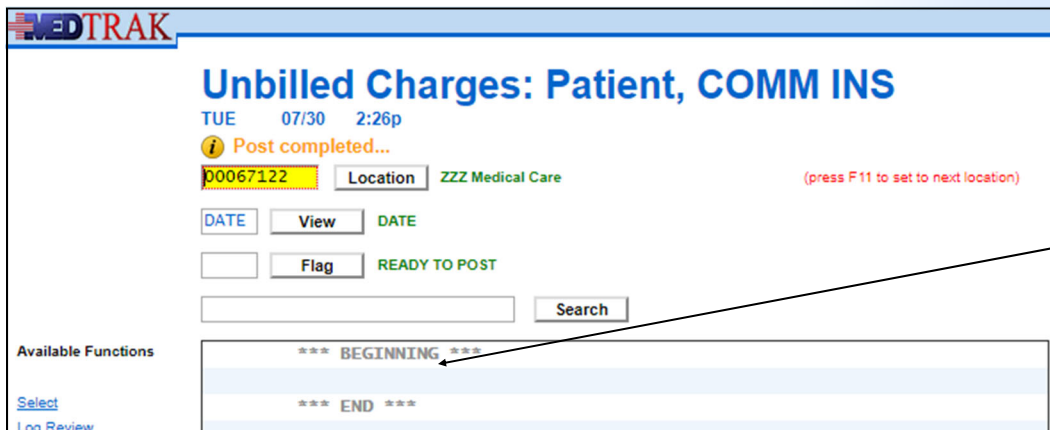
In this example, the billing editor will not be inputting any of the supplemental information fields.

After reviewing all of the charges for accuracy and relevancy, the billing editor posts the charges to an invoice. To post the charges, the billing editor places the cursor in any one of the line item command fields and clicks the *Post Charges* button.

MedTrak performs a number of edits to check the line item charge posting for accuracy and completeness of data. If any of the edits fail, MedTrak will refresh the charges screen with the error message presented in red right under the date and time at the top of the screen. If there are no errors, MedTrak will post the invoice. Some of these line item edits include:

- Line item amount is not zero
- CPT codes exist for each line item (or HCPCS or NDC codes)
- If multiple diagnoses, each line item is associated with a diagnosis.

The Unbilled Charges: Patient, COMM INS screen will reappear with a “**Post completed...**” message at the top. Mr. Anderson’s visit will not be on the screen, because the charges are now posted to an invoice (shown below).



Anderson’s visit no longer appears

The billing editor will continue to process the visits on this screen. When finished, the billing editor clicks the *Exit Screen* button to return to the Unbilled Charges: Patient, Ready to Post screen. From that screen the billing editor can choose another financial class to process, or exit to the Unbilled Charges Dashboard.

In this example, the billing editor clicks the *Exit Screen* button to return to the Unbilled Charges Dashboard. The **Completed Visits / Charges available for review / Patient** amount should be decreased to zero (it was **454.50**) because Mr. Anderson's visit is now posted (shown below).

MEDTRAK

ZZZ Medical Care (press F11 to set to next location)

TUE 07/30 2:28p

Unbilled Charges

[Next Location](#)
[Exit Dashboard](#)
[Main Menu](#)

Category	Insurance Class	Amount
Incomplete visits	Needs authorization	
	Patient	0.00
	Worker's Comp	0.00
	Employee Health	0.00
	Demographics need review	
	Patient	0.00
	Worker's Comp	0.00
	Employee Health	0.00
	Provider notes are incomplete	
	Patient	0.00
	Worker's Comp	0.00
	Employee Health	0.00
Completed visits	Charges available for review	
	Patient	0.00
	Worker's Comp	0.00
	Employee Health	0.00
Further review done		
Patient	0.00	
Worker's Comp	0.00	
Employee Health	0.00	

Anderson's visit charges posted to an invoice

Do These Steps
7.02 =====>

1. Click the **Completed visits / Charges available for review / Patient** amount
(You should be on the Unbilled Charges: Patient, Ready to Post screen)
2. Place the cursor next to **COMM INS**
3. Click the *Select Class* button
(You should be on the Unbilled Charges: Patient, COMM INS screen)
4. Place the cursor next to **Anderson**
5. Click the *Select* button
(You should be on Anderson's Visit Information screen)
6. Click the *Show Charges* button
(You should be on Anderson's Visit Charges screen)
7. After reviewing the line items, click *Post Charges* button
(You should be back on the Unbilled Charges: Patient, COMM INS screen)

1. The message **“Post completed...”** should appear at the top
2. Click the **Exit Screen** button
(You should be on the Unbilled Charges: Patient, Ready to Post screen)
3. Click the **Exit Screen** button again
(You should be on the Unbilled Charges Dashboard)
(The **Completed Visits / Charges available for review / Patient** amount should be **zero**)
4. Click the **Exit Dashboard** button
(You should be back on the Billing Menu)

Do These Steps
<==== 7.03

Self Assessment

1. You should be on the Billing Menu
2. Click the **Patients** button in the Search section
(You should be on the Patients screen)
3. Type **SA07** in the Search or any command field
(**SA** stands for self assessment and **07** is the chapter #)
4. Press the **ENTER** key
(**“Self Assessment sent to printer/queue...”** appears)
5. Click the **View Prints** button
(The Available User Reports window opens)
6. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA07** report.
8. You must have a 100% (error-free) report before continuing.
9. Click the **Exit Screen** button
(You should be back on the Billing Menu)

Do These Steps
<==== 7.04

Chapter 7 - Review Activities

Answer the following questions:

1. For multiple diagnoses visits, should the appropriate diagnoses be assigned to each line item?

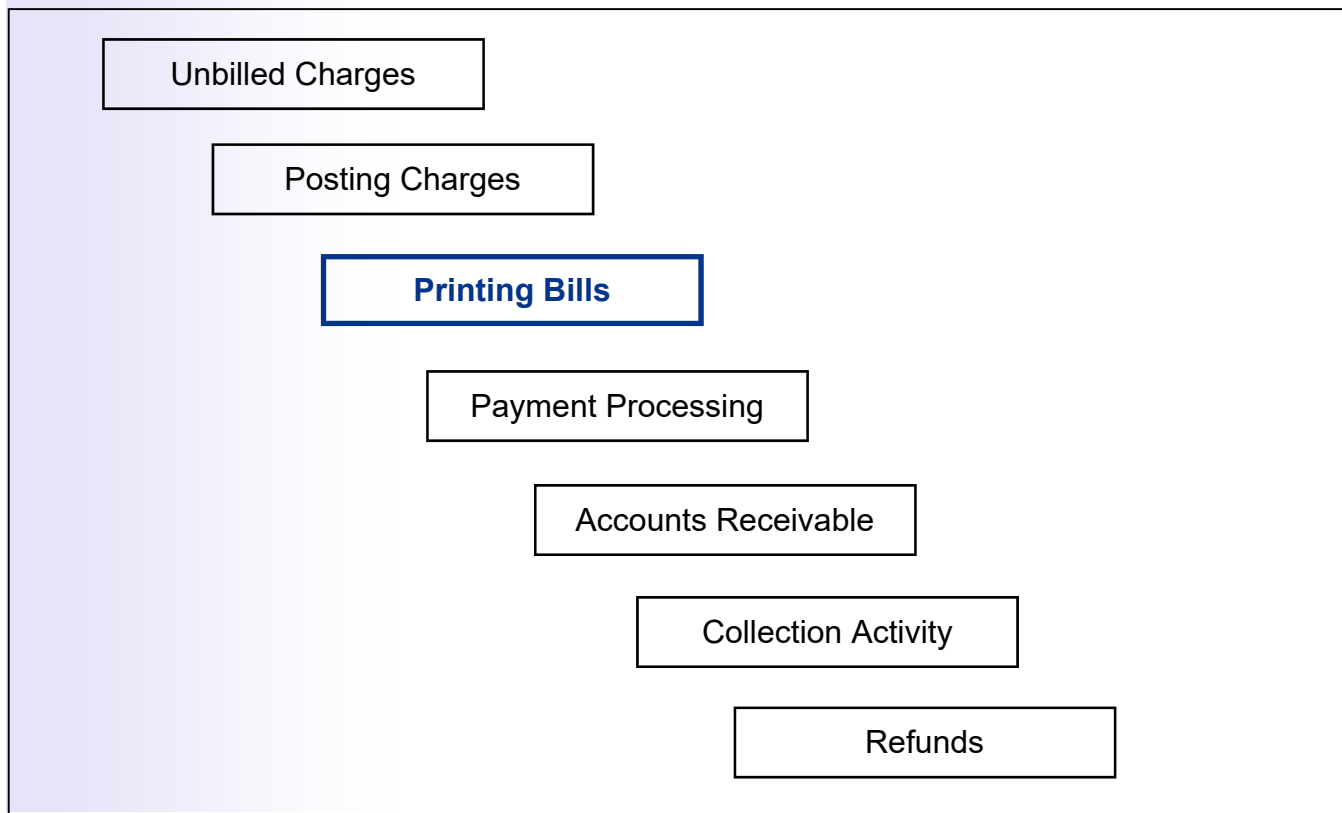
No

Yes

Printing Bills

8

Estimated Duration
15 Minutes



Key Concepts

- ▶ Electronically transmitted
- ▶ Clearing house
- ▶ State required forms for worker's compensation
- ▶ Print bills in batches
- ▶ Invoice processors

Printing Bills

Electronically transmitted

Clearing house

After the billing staff creates the bill for the encounter, MedTrak accumulates the bill along with all of the bills that have not been printed (or **electronically transmitted**) on a Bills Ready to be Processed dashboard. MedTrak allows the user to print bills in batches, individually, or send them electronically to a **clearing house** for transmission to the payer.

To print a bill or transmit it to a payer, the billing staff uses the Bills Ready to be Processed dashboard. The billing staff accesses the Billing Menu off the MedTrak Main Menu then clicks the *Bills to be Processed* button (shown below).

MEDTRAK

Bills Ready to be Processed

TUE 07/30 2:50p

Password ***** Initials ZZZ

Available Functions

- [View bills](#)
- [Print bills](#)
- [View Prints](#)
- [Exit Screen](#)
- [Main Menu](#)

	Number	Amount
Printed		
<input type="checkbox"/> Company - CMS1500	0	0.00
<input type="checkbox"/> Company - Invoices	0	0.00
Company Total	0	0.00
<input type="checkbox"/> Insurance - CMS1500	1	454.50
<input type="checkbox"/> Insurance - Invoices	0	0.00
Insurance Total	1	454.50
<input type="checkbox"/> Patient - CMS1500	0	0.00
<input type="checkbox"/> Patient - Invoices	0	0.00
Patient Total	0	0.00
Printed Sub-total	1	454.50
Electronically		
<input type="checkbox"/> Group Health - CMS1500	0	0.00
<input type="checkbox"/> Work Comp - CMS1500	0	0.00
Electronic Sub-total	0	0.00
Total all bills	1	454.50

Anderson's invoice is ready to be printed

1. **Sign into MedTrak**
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**
(You should be on the Billing Menu)
3. **Click the *Bills to be Processed* button**
(You should be on Bills Ready to be Processed)

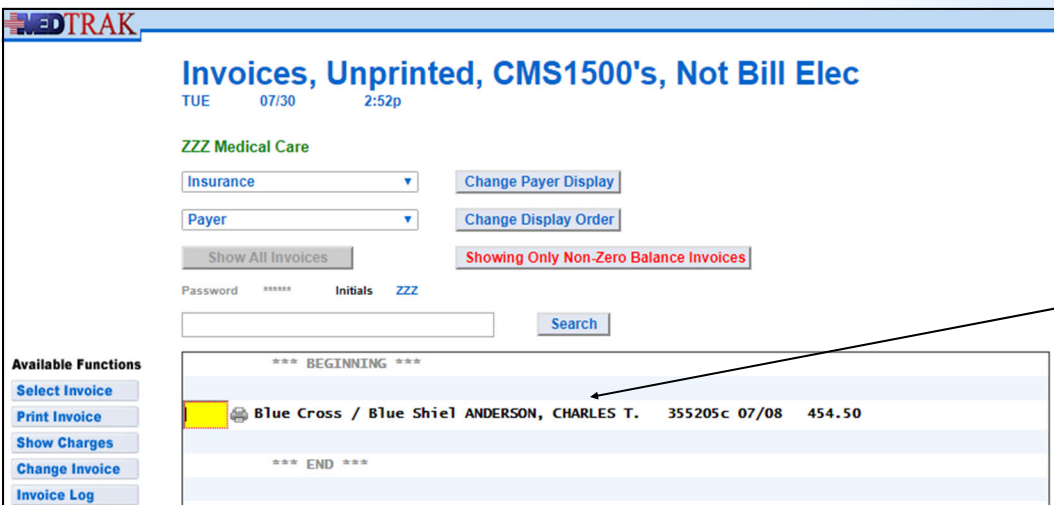
Do These Steps
<==== 8.01

This screen is divided into the different types of bills that a medical entity could send out to payers. Bills will either be printed for mailing or transmitted for electronic submission. Additionally, bills can be mailed to companies (employers), insurance companies, and patients either on a CMS1500 or the MedTrak invoice format. Bills can be electronically sent to clearing houses that handle group health or worker’s compensation. Worker’s compensation requires sending additional supporting information attached to the CMS1500, the patient’s chart and any **required forms based on the state regulations**. For example, the State of California requires that the patient’s chart and a DFR (Doctor’s First Report) accompany the CMS1500 for an initial injury patient visit.

Required forms based on the state regulations

In this example, the payer for Mr. Anderson’s invoice is Blue Cross / Blue Shield of Michigan and the electronic submission flag is not set on for the payer (in the payer profile). So, Anderson’s bill will be in the **Insurance - CMS1500** category of the **Printed** section on the Bills Ready to be Processed dashboard. Typically, the billing staff will **print all of the bills in one category** at a time or transmit all of the bills at the same time. However, for this chapter, you will print just your bill. To locate the bill to print, the billing staff places the cursor in the command field next to the **Insurance - CMS1500** category and clicks the **View bills** button. The next screen that appears is the Invoices, Unprinted, CMS1500’s, Not Bill Elec screen. This screen lists just the one invoice for this example (shown below). Normally, this screen could list many more invoices.

Batch printing of bills



Anderson’s invoice

Invoice processors

This processor is used for all **invoice processors**. That is why it has the following options available:

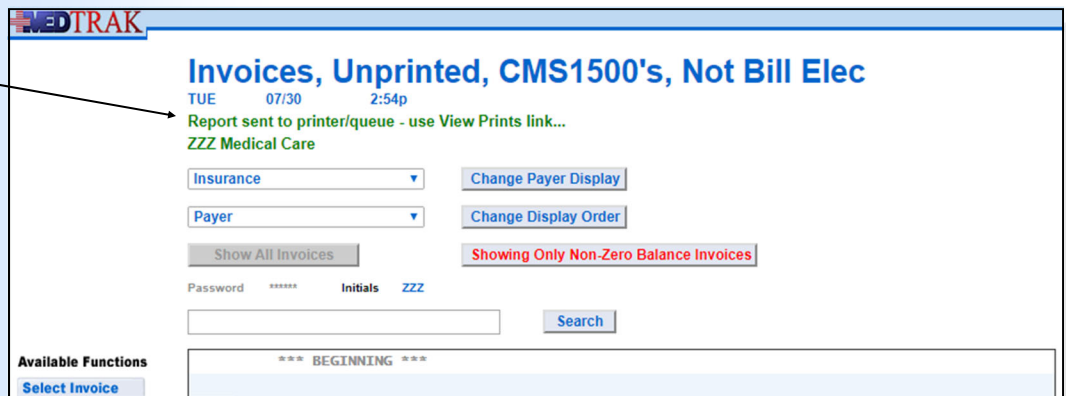
- **Payer Display** - invoices can be displayed by:
 - ▶ All payers
 - ▶ Patient name
 - ▶ Insurance company name
 - ▶ Employer name
 - ▶ Other payer group name
- **Display Order** - the view of the invoices can be sorted by:
 - ▶ Date of service
 - ▶ Payer name
 - ▶ Patient name
 - ▶ Employer name
 - ▶ Invoice number
 - ▶ Case number
 - ▶ Social security number
- **Show All Invoices** - regardless of whether the balance owed by the payer is zero or not
- **Showing Only Non-zero Balance Invoices** - only positive or negative balances
- **Search** - to quickly search for an invoice based on the type of view

Anderson's visit charges posted to an invoice

To print just this one invoice, the billing staff places the cursor in the command field next to Mr. Anderson's invoice and clicks the **Print Invoice** button. MedTrak would send this invoice to the printer assigned to the MedTrak login of the billing staff.

The Invoices, Unprinted, CMS1500's, Not Bill Elec screen refreshes with the message "**Report sent to printer/queue - use View Prints link...**" (shown below). Mr. Anderson's CMS1500 for Blue Cross / Blue Shield of Michigan is now in the PDF queue for you to print as a work product for this chapter.

Print message



The billing staff clicks the *Exit Screen* button to return to the Bills Ready to be Processed screen. The number of invoices ready to print is now reduced by one and the dollar amount is also reduced. In this example, both of these amounts are now zero (shown below).

MEDTRAK

Bills Ready to be Processed

TUE 07/30 2:55p

Password ***** Initials ZZZ

Available Functions

- [View bills](#)
- [Print bills](#)
- [View Prints](#)
- [Exit Screen](#)
- [Main Menu](#)

Printed		Number	Amount
<input type="checkbox"/>	Company - CMS1500	0	0.00
<input type="checkbox"/>	Company - Invoices	0	0.00
	Company Total	0	0.00
<input checked="" type="checkbox"/>	Insurance - CMS1500	0	0.00
<input type="checkbox"/>	Insurance - Invoices	0	0.00
	Insurance Total	0	0.00
<input type="checkbox"/>	Patient - CMS1500	0	0.00
<input type="checkbox"/>	Patient - Invoices	0	0.00
	Patient Total	0	0.00

Insurance - CMS1500 amounts are now zero

1. Place the cursor next to **Insurance - CMS1500** category
2. Click the *View bills* button
(You should be on the Invoices, Unprinted, CMS1500's Not Bill Elec screen)
3. Record the invoice number for use in Chapters 9 & 12
(You will use this number when posting payments)
(Your invoice number is just to the right of the patient's name - do not include the "c")
4. Place the cursor next to **Mr. Anderson's** invoice
5. Click the *Print Invoice* button
(**"Report sent to printer/queue - use View Prints link..."** message appears)
6. Click *Exit Screen* button
(You should be back on Bills Ready to be Processed)
(The **Insurance - CMS1500** value should now be **zero**)
7. Click *Exit Screen* button again
(You should be back on the Billing Menu)

Do These Steps
<==== 8.02

Self Assessment

Do These Steps
8.03 =====>

1. You should be on the **Billing Menu**
2. Click the **Patients** button in the **Search** section
(You should be on the Patients screen)
3. Type **SA08** in the **Search** or any command field
(**SA** stands for self assessment and **08** is the chapter #)
4. Press the **ENTER** key
(“**Self Assessment sent to printer/queue...**” appears)
5. Click the **View Prints** button
(The Available User Reports window opens)
6. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA08** report.
8. You must have a 100% (error-free) report before continuing.

Printing the Blue Cross CMS1500

Do These Steps
8.04 =====>

1. Print or save Mr. Anderson’s CMS1500 that MedTrak sent to your printer/queue
(You should be on the Patients screen)
2. To view your print queue, click the **View Prints** button
3. Find your report (If it does not appear, click the **Refresh** button)
4. Place the cursor next to the print that you want
5. Click the **View Report** button
(The PDF will open in another window)
6. Print the report or save / download it to your computer
7. Close the PDF window
8. Close the Available User Reports window
(You should be back on Patients screen)
9. Click the **Exit Screen** button
(You should be back on the Billing Menu)



Blue Cross / Blue Shield of Michigan
123 South Main Street

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Lansing, MI 48484

Page 01 of 01

PICA

<input type="checkbox"/> PIGA		1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/>		<input checked="" type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURER'S ID. NUMBER (For Program in Item 1) 3976392893	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Anderson, Charles, T				3. PATIENT'S BIRTH DATE 12 02 19YY <input checked="" type="checkbox"/> P <input type="checkbox"/>		4. INSURER'S NAME (Last Name, First Name, Middle Initial) SAME	
5. PATIENT'S ADDRESS (pt., street) 123 South Main Street CITY: North Muskegon STATE: MI				6. PATIENT RELATIONSHIP TO INSURED <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		7. INSURER'S ADDRESS (pt., street) CITY: STATE:	
8. ZIP CODE: 49445		9. TELEPHONE (include Area Code): (231) 5557537		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) _____ c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11. INSURER'S POLICY GROUP OR PIGA NUMBER: 73932 12. INSURER'S DATE OF BIRTH: MM DD YY N <input type="checkbox"/> P <input type="checkbox"/> 13. OTHER CLAIM ID (Designated by NUCC)	
14. OTHER INSURER'S POLICY OR GROUP NUMBER: 48749		15. REFERRED FOR NUCC USE		16. INSURANCE PLAN NAME OR PROGRAM NAME: Blue Cross / Blue Shield of Mi		17. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete Items 6, 8a, and 8b.	
18. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNED Signature on File DATE: 07/30/YY				19. INSURER'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the individual payor or to the supplier for services described below.) SIGNED Signature on File			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM/DD/YY) 07/08/20YY QIANL 431		15. OTHER DATE (MM/DD/YY) QIANL 454 07/08/20YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO 17a. FROM TO 17b. HPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO 19. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
20. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please A-L to service the claim (NIC) ICD 10: 0							
A. M24.9		B. _____		C. _____		D. _____	
E. _____		F. _____		G. _____		H. _____	
I. _____		J. _____		K. _____		L. _____	
22. A. DATES OF SERVICE MM DD YY MM DD YY 07 08 YY 07 08 YY 11		B. PLACE OF SERVICE FMS		C. D. PROCEDURE, SERVICE, OR SUPPLY (Specify Unusual Circumstances) CPT/ICDPCS MODIFIER 99203		E. DIAGNOSIS POINTER A	
1. ZZOffice Visit - Level of Service 07 08 YY 07 08 YY 11 99203 A 150 00 1 0B G66187						L. RECEIVING PROVIDER ID # NP1 1843937798	
2. ZZX-RAY LT ANKLE (3VW) 07 08 YY 07 08 YY 11 73610 LT A 70 00 1 0B G66187						NP1 1843937798	
3. ZZICE PACK INSTANT 07 08 YY 07 08 YY 11 A9999 A 12 50 1 0B G66187						NP1 1843937798	
4. ZZANKLE LACE UP MD (LLE) 07 08 YY 07 08 YY 11 L1902 NU A 83 00 1 0B G66187						NP1 1843937798	
5. ZZAPPL SPLINT SHORT LEG 07 08 YY 07 08 YY 11 29515 A 139 00 1 0B G66187						NP1 1843937798	
6. _____						NP1	
26. FEDERAL TAX ID. NUMBER: 383672622		27. PATIENT'S ACCOUNT NO.: 0000355205		28. ACCOUNT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		29. TOTAL CHARGE: \$ 454 50	
30. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including degrees or credentials) (I verify that the statements on this reverse apply to this bill and are made a part thereof.) Healthcare Student DRENCH 07/30/YY DATE		31. SERVICE FACILITY LOCATION INFORMATION ZZZ Medical Care 1847 Ruddiman Drive North Muskegon MI 49445 ^1335812054^TJ330475815		32. BILLING PROVIDER INFO & PI # (231) 5554759 First Medical Care 1847 Ruddiman Drive North Muskegon MI 49445 ^1335812054^24330475815		33. AMOUNT PAID: \$ 0 00 34. Paid to NUCC Use	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

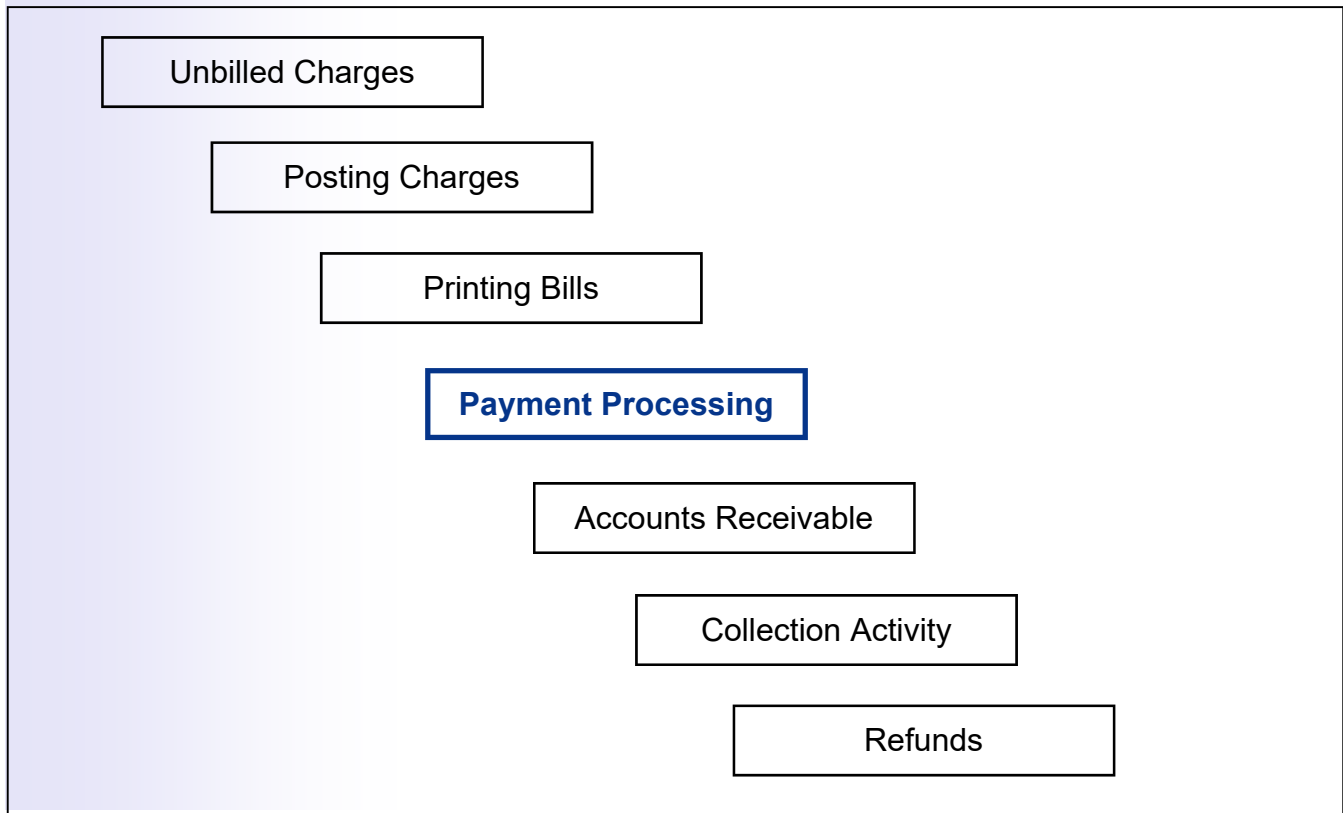
CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

This page intentionally left blank.

Payment Processing

9

Estimated Duration
45 Minutes



Key Concepts

- ▶ Batched totals
- ▶ Weekly deposit
- ▶ Daily deposit
- ▶ Lock box
- ▶ Auditing and control
- ▶ Tax identification number
- ▶ Explanation of benefits
- ▶ Balance bill

Payment Processing



Medical facilities receive payments for services in several ways.

- Some patients pay for services at the collection desk. These payments could be for all of the charges for the visit, or the copayment amount required by the insurance company, or the coinsurance percentage amount required by the insurance company.
- Some payments arrive in the mail from patients, insurance companies, employers, and other payers.
- Some payments are made electronically by the insurance company.

The payments received at the collection desk are typically batch totaled (**batch totals**) for a **weekly deposit** to the bank. Depending on the procedures for the medical facility, the payments collected could be batched on a daily basis.

The payments that arrive in the mail are typically batch totaled for a **daily deposit** to the bank.

Some medical facilities use a service from the bank called a “**lock box**”. Lock box services involve the bank opening mail containing checks from patients and other payers, and depositing the checks to the medical facilities account. The bank will make a copy of the check and send the check copy to the medical facility along with any remittance documentation that the payer included with the check. Using this service facilitates faster access to their payments for the medical facility.

The Payment Batches screen records and tracks the payment batches for the medical facility. A new batch record is added for each deposit made to the bank. For **auditing and control** purposes, the total money in the bank deposit must match the total of the payments in the batch.

The payment entry staff accesses the Billing Menu from the MedTrak Main Menu. On the Billing Menu, the user clicks the **Payment Batches** button to display the Payment Batches screen for that medical entity (shown on the next

Batch totals

Weekly deposit

Daily deposit

Lock box

Auditing and control

Do These Steps
9.01 =====>

1. **Sign into MedTrak**
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**
(You should be on the Billing Menu)
3. **Be sure to have your invoice number from Chapter 8.**
If you do not have it, you can find it on your **Self Assessment** report from Chapter 8. You can also locate it by going to **Invoices - All** off the Billing Menu.
4. **Click the *Payment Batches* button**
(You should be on the Payment Batches screen)

Payment Batches

The Payment Batches screen defaults to displaying only payment batches with unapplied payment amounts. Those are batches with a remaining balance that will be applied to invoices or refunded to the payer. To see all of the payment batches (including closed batches whose balances are zero), the payment entry staff clicks the *Show all balances* button.

For the purposes of this book, MedTrak sets the Payment Batches screen (shown below) to display all payment batches. Currently there are no payment batches.

Defaulted to showing all payment batches

The Payment Batches screen has the following options available:

- **Batch Type** - payment batches can be displayed by:
 - ▶ **Un-submitted** - batches that are not ready for review by a supervisor
 - ▶ **Submitted** - batches that are ready for review by a supervisor
 - ▶ **Approved** - batches that have been reviewed and approved by a supervisor for payment posting to invoices
 - ▶ **All** - all types of payment batches - un-submitted, submitted, and approved
- **Display Order** - the view of the invoices can be sorted by:
 - ▶ Payment batch date
 - ▶ Payment batch number
- **Show all balances** - regardless of whether the balance on the batch is zero or not
- **Show only non-zero balances** - only positive or negative balance payment batches
- **Search** - to quickly search for a payment batch based on sort order

Auditing and control

Some medical facilities separate the payment processing functions for **auditing and control** purposes. They have one group of employees open checks, total them for the bank deposit, and record them in batches. The supervisor then reviews the bank deposit and compares it to the batch totals. If they are in balance, the supervisor approves the batch for application of the payments to the open invoices and the bank deposit for delivery to the bank. Then, another group of employees applies the payments to the open invoices. Only approved payment batches can be applied to open invoices.

For purposes of this book, the payment batches will automatically be approved for payment posting and not require the supervisor to approve them.

For this example, the payment batch total is **\$236.50** and contain two payments:

1. The **\$25.00** copayment from the patient collected by the collection desk person when the patient was done with their visit.
2. A check from Blue Cross / Blue Shield of Michigan for **\$211.50**.

To add a new batch of payments, the payment entry staff clicks the **Add** button. The Payment Batch: Add screen (shown below) contains the data for the example payment batch.

Payment Batch: Add screen

MEDTRAK

Payment Batch: Add

TUE 07/30 3:02p

Password ***** Initials ZZZ

[Tin Help](#)
[Exit Screen](#)
[Main Menu](#)

Batch Number	*****
Date	07/30/YY (mm/dd/yy)
Time	3:02p (hh:mm or hh:mmp)
TIN	master
Description	ZZZ - July 30th
Batch Total	236.50
Batch Amount	*****
Paid	*****
Refunded	*****
Balance	= *****
Status	*****

Adjusted on Invoices *****
 Refunded on Invoices *****

- **Batch Number** - automatically created by MedTrak when the payment batch is submitted
- **Date and Time** - MedTrak also automatically puts in the current date and time. The payment entry staff will change these to match the bank deposit.

- **TIN** - this field is for the **tax identification number** (TIN) for tax reporting purposes. Every medical facility has at least one. A medical facility could have multiple TIN's depending on the legal structure of the business. Income must be reported to the government based on business ownership, medical facilities therefore batch their payments by date and TIN. For this example, the payment entry staff enters **master** for the TIN.
- **Description** - this contains a description of the batch made up by the payment entry staff. In this example, the payment entry staff enters "**ZZZ - July 30th**".
- **Batch Total** - Then the payment entry staff enters the batch total amount of **\$236.50** and clicks the **Submit** button to create the payment batch header record.

1. Click the **Add** button
(You should be on the Payment Batch: Add screen)
2. Leave the **Date** and **Time** fields as loaded by MedTrak
3. Type **master** in the **TIN** field
4. Type your **MedTrak employee initials** and **today's date** in the **Description** field
5. Type **236.50** in the **Batch Total** field (representing \$236.50)
6. Click the **Submit** button
(You should be on Payment: Add screen)

Do These Steps
<==== 9.02

Adding a Payment

The next screen to appear is the Payment: Add screen for adding individual

Payment: Add
screen

Explanation of
benefits

MedTrak automatically sets the **Type** of payment to **Check** (because most payments come in the form of a check). If the payment is made another way (cash, credit card, or money order), the payment entry staff uses the type of payment drop-down list to select the other type of payment.

For the **Source Type** field, the payment entry person uses the drop-down list to select the type of payment source. For this example, the first payment source type will be **Patient/Guarantor**, and the second payment from Blue Cross / Blue Shield of Michigan will have a source type of **Private Insurance**.

The **Pay Inv #** is an important field. To save time, MedTrak allows the payment entry staff to enter the invoice number that the payment is paying. Many times the payer will either record the invoice number on their check or enclose an **explanation of benefits** with the check.

The explanation of benefits (**EOB**) is exactly what its name implies. The EOB explains exactly what the payer is paying and why. Typically, insurance companies do not pay the full amount of the line item charges on an invoice, unless the medical facility bills exactly what the payer is expecting to pay.

On the Payment: Add screen, the payment entry staff records all of the information about the payment:

- **Type** - Check, Cash, Credit Card, etc.
- **Source Type** - source of the payment will be one of the following
 - ▶ **Company** - the patient's employer
 - ▶ **Patient/Guarantor**
 - ▶ **Private Insurance** - Blue Cross or Medicare, or other private insurance company
 - ▶ **Work Comp Insurance** - the employer's insurance company
 - ▶ **Other Payer** - a drug screen third party administrator or drug screen consortium
- **TIN** - this will automatically be filled in from the payment batch information
- **Check #**
- **Date** of the check
- **Pay Inv #** - this is the invoice number that the payment is paying (if the payer records it on the EOB)
- **Amount** of the payment
- **Credit card** information (if the payer used a credit card) is at the bottom of the screen

For the first payment in the batch, the payment entry staff records the payment from the patient for the **\$25.00** copayment amount. The patient wrote check number **978** on **July 30th, 2019** for invoice number **355205** (shown below).

Type Check
Source Type Patient/Guarantor
TIN MASTER
Check # 978
Date 07/30/19
Pay Inv # 355205 (This is Mr. Anderson’s invoice number from the example in this book.)
Amount 25 (representing \$25.00)

MEDTRAK
Payment: Add
 TUE 07/30 3:17p
 No payments in Payment Batch yet - going to Payment: Add...
 Password ***** Initials ZZZ

Available Functions
[Source Types](#)
[TIN Help](#)
[Exit Screen](#)
[Main Menu](#)

Batch 07/30/YY, 3:02p, ZZZ - July 30th (#105404)
 Type
 Source Type
 Source
 TIN
 Check #
 Date (mm/dd/yy)
 Pay Inv # Group Invoice Number
 Amount Adjusted *****
 Paid ***** Ref on Invoice

Anderson’s copayment check information

After recording the payment information, the payment entry staff clicks the **Submit** button. The next screen to appear is the **Patient/Guarantor: Select** screen (shown below) where the source of the payment will be selected.

MEDTRAK
Patient/Guarantor: Select
 TUE 07/30 3:19p
 Select a patient...

Available Functions
[Select](#)
[Add Patient](#)

*** BEGINNING OF PATIENTS ***

<input type="checkbox"/>	Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
<input type="checkbox"/>	Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885
<input type="checkbox"/>	Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996
<input type="checkbox"/>	Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737
<input checked="" type="checkbox"/>	Anderson, Charles T.	12/02/1975	255-65-6376	(231) 555-7537

Place the cursor next to Anderson

The payment entry staff places the cursor in the command field next to Mr. Anderson and clicks the **Select** button.

Do These Steps
9.03 =====>

1. Select **Patient/Guarantor** from the **Source Type** drop-down
2. Leave the **TIN** as loaded from the payment batch
(The **TIN** should be **MASTER**)
3. Type **978** in the **Check #** field
4. Type yesterday's date in the **Date** field (mm/dd/yy)
5. Type **your invoice number** for Mr. Anderson in the **Pay Inv #** field
(Type the invoice number for your invoice that you wrote down when doing Chapter 8 - **not 355205**)
If you do not have it, you can find it on your **Self Assessment** report from **Chapter 8**.
You can also locate your invoice number by going to **Invoices - All** off the **Billing Menu**.
6. Skip the **Group Invoice Number** box
7. Type **25** in the **Amount** field (representing \$25.00)
8. Click the **Submit** button
(You should be on the Patient/Guarantor: Select screen)
9. Place the cursor in the command field next to **Anderson**
10. Click the **Select** button
(You should be on the Payment Posting screen for your invoice)

Posting Payments to Line Items

After selecting the payer, the next screen to appear is the Payment Posting screen for the invoice.

This screen is broken down as follows:

- The invoice information is in the top frame in **green**
- The payment information is in the top frame in **blue**
- The line item information is in the bottom frame and presents up to four line items on one screen

- There are columns of numbers for each line item for:
 - ▶ Billed amount
 - ▶ Total paid by all payments
 - ▶ Total adjusted by all payments
 - ▶ Amount paid by this payment
 - ▶ Up to five adjustment, denial, and write-off codes and amounts
 - ▶ Balance owed
- Totals at the bottom for the entire invoice

The buttons are used to:

- **Submit Payment** - transmit the payment posting information to MedTrak
- **Paid in Full** - automatically enters the paid amount equal to the billed amount for each line item. Use this button only when the total payment amount equals the total of the invoice
- **Adjustment Codes** - displays the list of adjustment, denial, and write-off codes available to the medical facility.
- **Line Item Log** - displays the history of all of the payment and adjustment activity for the line items for this invoice

For this example, the payment entry staff enters the **\$25.00** payment (without the dollar sign or cents included) for the copayment that Mr. Anderson paid towards the cost of his office visit (shown below).

MEDTRAK
Payment Posting
 TUE 07/30 3:20p
 Password ***** Initials ZZZ

Invoice Number 356205 (DOS: 07/08/YY, I-DOC, ZZZ)
 Company .PATIENT RESPONSIBILITY (2)
 Patient ANDERSON, CHARLES T. (47XNKR)
 Case LEFT ANKLE PAIN (609528-9990)
 Payment Source ANDERSON, CHARLES T.
 Detail Check. #978, 07/30/YY, Batch #105404, TIN: MASTER
 Balance 25.00 (Amt: 25.00 Paid: 0.00 Ref: 0.00)

Available Functions
[Submit Payment](#)
[Paid in Full](#)
[Adjustment Codes](#)
[Line Item Log](#)

[Exit Screen](#)
[Main Menu](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit - Level of Service	150.00	0.00	0.00	25			150.00
73610,LT - X-RAY LT ANKLE (3W)	70.00	0.00	0.00				70.00
A9999 - ICE PACK INSTANT	12.50	0.00	0.00				12.50
L1902,NU - ANKLE LACE	83.00	0.00	0.00				83.00

Anderson's copayment amount

The payment entry staff then clicks the *Submit Payment* button. The Payment Posting screen refreshes showing the copayment amount recorded. The payment information at the top of the screen shows that the balance left on Mr. Anderson’s payment is zero (shown below).

Balance left on payment is zero

Copayment recorded

EDTRAK

Payment Posting

TUE 07/30 3:21p

Changes processed -- re-displaying screen...

Password ***** Initials ZZZ

Invoice Number 355205 (DOS: 07/09/YY, I-DOC, ZZZ)
 Company ..PATIENT RESPONSIBILITY (2)
 Patient ANDERSON, CHARLES T. (47XNKR)
 Case LEFT ANKLE PAIN (609528-9990)

Payment Source ANDERSON, CHARLES T.
 Detail Check, #978, 07/30/YY, Batch #105404, TIN: MASTER
 Balance 0.00 (Amt: 25.00 Paid: 25.00 Ref: 0.00)

Available Functions

Submit Payment

Paid in Full

Adjustment Codes

Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
99203 - Office Visit	150.00	25.00	25.00			125.00
- Level of Service						

The **Office Visit – Level of Service** line item shows the total paid is \$25.00. The balance of the line item is now \$125.00.

After reviewing the application of the payment to this invoice, the payment entry staff clicks the *Exit Screen* button to add the next payment to the payment batch. The Payment: Add screen reappears with the message “**Successful add - ready to add another...**” (shown below)

Payment added message

EDTRAK

Payment: Add

TUE 07/30 3:22p

Successful add - ready to add another...

Password ***** Initials ZZZ

Batch 07/30/YY, 3:02p, ZZZ - July 30th (#105404)

Available Functions

Type Check

Source Type Private Insurance

Locate Different Source - Within the Same Source Type

Do These Steps 9.04 =====>

1. Be sure that the cursor is in the **Paid** field for the **Office Visit - Level of Service** line item
2. Type **25** in the **Paid** field (representing \$25.00)
3. Click the *Submit Payment* button
(The **Office Visit** line item balance is now **125.00**)
4. Click the *Exit Screen* button
(You should be back on the Payment: Add screen)
(The “**Successful add - ready to add another...**” message appears)

For the second payment, the payment entry staff records the payment from the private insurance company (Blue Cross / Blue Shield of Michigan) for **\$211.50**. They enclosed an EOB with check number **36722** dated **July 30th, 2019** to pay for invoice number **355205** (shown below).

Type Check
Source Type Private Insurance
TIN MASTER
Check # 36722
Date 07/30/19
Pay Inv # 355205 (This is Mr. Anderson’s invoice number from the example in this book.)
Amount 211.50 (representing \$211.50)

Blue Cross / Blue Shield of Michigan payment information

After entering the payment information, the payment entry staff clicks the **Submit** button. The next screen to appear is the **Entity / Payers: Select** screen for selecting the private insurance. On this screen, the payment entry staff places the cursor next to **Blue Cross / Blue Shield of Michigan** (shown below).

Cursor next to Blue Cross / Blue Shield of Michigan

Do These Steps
9.05 =====>

Then the payment entry staff clicks the *Select Payer* button.

1. Select **Private Insurance** from the **Source Type** drop-down
2. Leave the **TIN** as loaded from the payment batch
(The **TIN** should be **MASTER**)
3. Type **36722** in the **Check #** field
4. Type yesterday's date in the **Date** field (mm/dd/yy)
5. Type **your invoice number** for Mr. Anderson in the **Pay Inv #** field
(Type the invoice number for your invoice that you wrote down when doing Chapter 8 - **not 355205**)
6. Skip the **Group Invoice Number** field
7. Type **211.50** in the **Amount** field (representing \$211.50)
8. Click the **Submit** button
(You should be on the Entity / Payers: Select screen)
9. Place the cursor in the command field next to **Blue Cross / Blue Shield of Michigan**
10. Click the **Select Payer** button
(You should be on the Payment Posting screen for your invoice)

Posting Payments to Line Items

After selecting the payer, the next screen to appear is the Payment Posting screen (shown below)

Payment Posting showing \$25.00 payment from Mr. Anderson

MEDTRAK
Payment Posting
 TUE 07/30 3:26p
 Password ***** Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)
 Company ..PATIENT RESPONSIBILITY (2)
 Patient ANDERSON, CHARLES T. (47XNKR)
 Case LEFT ANKLE PAIN (899528-9990)

Payment Source Blue Cross / Blue Shield of Michigan
 Detail Check, #36722, 07/30/YY, Batch #105404, TIN: MASTER
 Balance 211.50 (Amt: 211.50 Paid: 0.00 Ref: 0.00)

Available Functions
[Submit Payment](#)
[Paid in Full](#)
[Adjustment Codes](#)

Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
99203 - Office Visit	150.00	25.00	0.00			125.00
- Level of Service						

Mr. Anderson's \$25.00 payment information recorded previously is displayed on this screen in the **Total Paid** column.

For this example, the payment entry staff enters Blue Cross / Blue Shield of Michigan's payment and adjustment information to the line items based on the explanation of benefits (EOB) enclosed with the check as listed below:

Office Visit	paid \$25.00. credited \$25.00 for the patient's copayment credited the patient's deductible for \$100.00
X-ray lt ankle	paid \$50.00. adjusted \$20.00 for belonging to a PPO (A01)
Ice instant pack	paid \$5.00. adjusted \$7.50 for belonging to the PPO (A01)
Ankle lace up	paid \$51.50. adjusted \$31.50 for belonging to the PPO (A01)
Appl splint short leg	paid \$80.00. adjusted \$59.00 for belonging to the PPO (A01)

When the payment entry staff places the cursor in a **Code** field for a line item and clicks the **Adjustment Codes** button, the Adjustment Codes: Select screen appears. The first five codes are standard codes that MedTrak provides for everyone to use. After the DD code, the codes are specific to the medical facility (shown on the next page).

BB	for balance billing the line item to the next payer
RB	for rebilling the line item to the current payer
CP	to indicate that the amount next to the code field is the patient's copayment amount
CI	to indicate that the amount next to the code field is the patient's coinsurance percentage amount
DD	to indicate that the amount next to the code field is applied to the patient's deductible

Adjustment Codes

MEDTRAK

Adjustment Codes: Select

TUE 07/30 3:28p

i Please select Adjustment Codes...

Available Functions

[Submit Selection](#)

[Exit Screen](#)

*** BEGINNING ***

- [BB - Balance Bill](#)
- [RB - Rebill](#)
- [CP - Copayment](#)
- [CI - Coinsurance](#)
- [DD - Deductible](#)
- [A01 - Adjustment PPO reduction](#)
- [A02 - Multiple procedure reduction](#)
- [A04 - Billed over fee schedule](#)
- [A05 - Penalty and interest adjustment](#)
- [A06 - RVU reduction](#)
- [A08 - Agreement discount adjustment](#)
- [A09 - Volume discount adjustment](#)
- [A10 - Courtesy adjustment](#)
- [A12 - Clinic error](#)
- [A14 - Med amt billed exceeds OMFS](#)
- [A15 - Med not separately billable](#)
- [A20 - Interest offset](#)
- [A21 - \\$ Bal Adj from MedOccur](#)
- [A22 - \\$ Bal Adj to MedOccur](#)

(continued on next page --- continued on next pa

Balance bill

MedTrak is set up to accept up to five adjustment codes for each line item. If a patient has multiple payers (in this example, Blue Cross / Blue Shield of Michigan is the primary payer and Nationwide Insurance is the secondary payer), the payment entry staff can **balance bill** the office visit line item to the next payer using the **bb** command in the **Code** field for the line item. Notice that codes are not case sensitive, and therefore, can be entered in lower case. There are five line items on this invoice. Each payment posting screen only displays four line items on one screen.

The *Page Down* and *Page Up* buttons act just like the *Submit Payment* button, and they move up a screen or down a screen after recording the payment data that is on the screen. This saves time.

The payment entry staff enters the payment and adjustment information for the Blue Cross / Blue Shield of Michigan payment for the first four line items (shown on the next page).

MEDTRAK
Payment Posting
 TUE 07/30 3:29p
 Password ***** Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)
 Company ..PATIENT RESPONSIBILITY (2)
 Patient ANDERSON, CHARLES T. (47XNKR)
 Case LEFT ANKLE PAIN (600523-9990)

Payment Source Blue Cross / Blue Shield of Michigan
 Detail Check: #36722, 07/30/YY, Batch #105404, TIN: MASTER
 Balance 211.50 (Amt: 211.50 Paid: 0.00 Ref: 0.00)

Available Functions
[Submit Payment](#)
[Paid in Full](#)
[Adjustment Codes](#)
[Line Item Log](#)

[Exit Screen](#)
[Main Menu](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit	150.00	25.00	0.00	25	cp	25	125.00
- Level of Service					dd	100	
73610,LT - X-RAY LT ANKLE (3W)	70.00	0.00	0.00	50	a01	20	70.00
A9999 - ICE PACK INSTANT	12.50	0.00	0.00	5	a01	7.50	12.50
L1902,NU - ANKLE LACE LP MD (LLE)	83.00	0.00	0.00	51.50	a01	31.50	83.00
*** CONTINUED ON NEXT PAGE ***							
TOTAL:	454.50	25.00	0.00	0.00		0.00	429.50

First screen showing Blue Cross / Blue Shield of Michigan payment information

After entering the information for the first four line items, the payment entry staff clicks the *Page Down* button which both submits this screen and advances to the second Payment Posting screen to view the rest of the line items for this invoice. The payment staff enters the payment and adjustment information for the final line item (application of the short leg splint) (shown below).

MEDTRAK
Payment Posting
 TUE 07/30 3:32p
 Paged down...
 Password ***** Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)
 Company ..PATIENT RESPONSIBILITY (2)
 Patient ANDERSON, CHARLES T. (47XNKR)
 Case LEFT ANKLE PAIN (600523-9990)

Payment Source Blue Cross / Blue Shield of Michigan
 Detail Check: #36722, 07/30/YY, Batch #105404, TIN: MASTER
 Balance 80.00 (Amt: 211.50 Paid: 131.50 Ref: 0.00)

Available Functions
[Submit Payment](#)
[Paid in Full](#)
[Adjustment Codes](#)
[Line Item Log](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
29515 - APPL SPLINT SHORT LEG	139.00	0.00	0.00	80	a01	59	139.00

Second screen showing Blue Cross / Blue Shield of Michigan payment information

The payment entry staff clicks the *Submit Payment* button, which refreshes the Payment Posting screen with the payment information updated.

The **\$211.50** payment from Blue Cross is applied to each line item including the associated adjustments. The payment balance is zero. The **\$100.00** invoice balance will now be billed to the secondary payer, Nationwide Insurance (shown below).

Balance left on payment is zero

Payment Posting showing invoice balance of \$100

EDTRAK
Payment Posting
 TUE 07/30 3:33p
 Changes processed --- re-displaying screen...
 Password ***** Initials ZZZ

Invoice Number: 355205 (DOS: 07/08/YY, I-DOC, ZZZ)
 Company: ..PATIENT RESPONSIBILITY (2)
 Patient: ANDERSON, CHARLES T. (47XNKR)
 Case: LEFT ANKLE PAIN (699528-9990)
 Payment Source: Blue Cross / Blue Shield of Michigan
 Detail: Check, #36722, 07/30/YY, Batch #105404, TIN: MASTER
 Balance: 0.00 (Amt: 211.50 Paid: 211.50 Ref: 0.00)

Available Functions:
[Submit Payment](#)
[Paid in Full](#)
[Adjustment Codes](#)
[Line Item Log](#)
[Page Up](#) [Page Down](#)
[Exit Screen](#)
[Main Menu](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
29515 - APPL SPLINT SHORT LEG	139.00	80.00	59.00	80.00	A01	59.00	0.00
TOTAL:	454.50	236.50	118.00	211.50		118.00	100.00

The payment entry staff clicks the **Exit Screen** button to return to the **Payment: Add** screen (not shown).

Do These Steps
9.06 =====>

1. Be sure the cursor is in the **Paid** field for the **Office Visit**
2. Type **25** (representing \$25.00)
3. Place the cursor in the first **Code** field for the **Office Visit**
4. Type **cp**
(This is the code for copayment)
5. Place the cursor in first **Amount** field for the **Office Visit**
6. Type **25** (representing \$25.00)
(This is the copayment amount)
7. Place cursor in second **Code** field for the **Office Visit**
8. Type **dd**
(This is the code for deductible)

Do These Steps
<==== 9.07

1. Place the cursor in second **Amount** field for **Office Visit**
2. Type **100** (representing \$100.00)
(This is the amount that Blue Cross / Blue Shield of Michigan is applying to Anderson's deductible)
3. Place the cursor in the **Paid** field for the **X-ray**
4. Type **50** (representing \$50.00)
5. Place the cursor in the first **Code** field for the **X-ray**
6. Type **a01**
(This is the code for the PPO adjustment)
7. Place the cursor in first **Amount** field for **X-ray**
(The cursor automatically moved to the amount field after entering the code)
8. Type **20** (representing \$20.00)
(This is the PPO adjustment amount for the X-ray)
9. Place the cursor in the **Paid** field for the **Ice Pack**
10. Type **5** (representing \$5.00)
11. Place the cursor in the first **Code** field for the **Ice Pack**
12. Type **a01**
13. Place the cursor in first **Amount** field for the **Ice Pack**
14. Type **7.50** (representing \$7.50)
15. Place the cursor in the **Paid** field for the **Ankle Lace Up**
16. Type **51.50** (representing \$51.50)
17. Place the cursor in the first **Code** field for **Ankle Lace Up**
18. Type **a01**
19. Place the cursor in first **Amount** field for **Ankle Lace Up**
20. Type **31.50** (representing \$31.50)
21. Click the *Page Down* button
22. Be sure the cursor is in **Paid** field for the **Appl Splint**
23. Type **80** (representing \$80.00)

Do These Steps
9.08 =====>

1. Place the cursor in the first **Code** field for the **Appl Splint**
2. Type **a01**
3. Place the cursor in first **Amount** field for the **Appl Splint**
4. Type **59** (representing \$59.00)
5. Click the **Submit Payment** button
6. Check that you entered your payment information properly
(Use the **Page Up** & **Page Down** buttons to switch screens)
(The invoice balance should be 100.00)
7. Click the **Exit Screen** button
(The Payment: Add screen appears again)

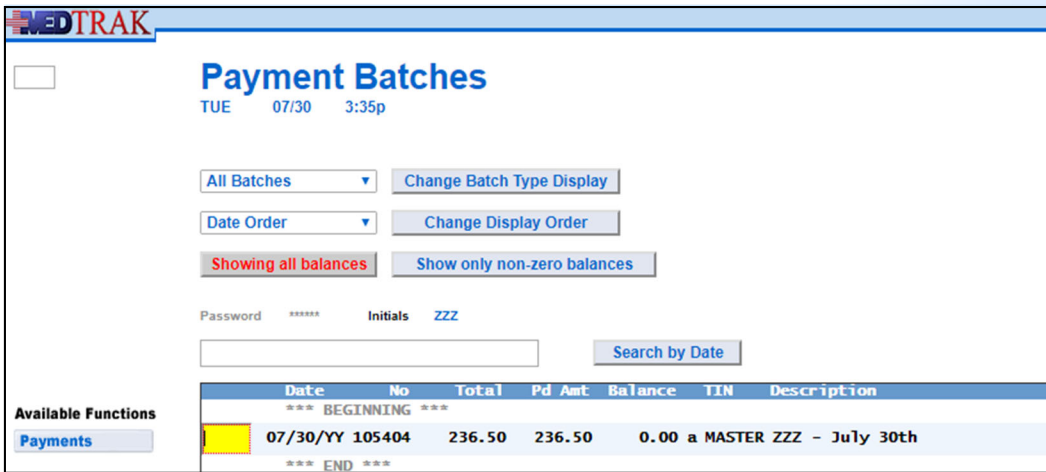
There are only two payments in this batch, so the payment entry staff clicks the **Exit Screen** button on the Payment: Add screen. The next screen to appear is the Payment Batch / Payments screen showing the two payments. One payment is from Mr. Anderson for \$25.00, and the other is from Blue Cross /

Both payments appear in the batch

The screenshot shows the 'Payment Batch / Payments' screen in the MEDTRAK system. At the top, it displays the date and time: 'TUE 07/30 3:34p'. Below that, it shows the batch details: '07/30/YY, 3:02p, \$236.50, ZZZ - July 30th'. There are buttons for 'Payment Date', 'Change Display Order', 'Showing All Payments', and 'Show Only Non-zero Balance Payments'. A search bar is present with 'Password *****' and 'Initials ZZZ'. On the left, there is a sidebar with 'Available Functions' including 'Invoices', 'Group Invoices', 'Add Payment', 'Change Payment', 'Delete', 'Refund', 'Payment Note', 'Log', 'More Functions...', 'Page Up', 'Page Down', 'Exit Screen', and 'Main Menu'. The main table has columns for 'Amount Paid/Ref' and 'Balance'. The table content is as follows:

	Amount Paid/Ref	Balance
*** BEGINNING ***		
07/30 ANDERSON, CHARLES T. - CK#978, 07/30/YY	25.00	0.00
Blue Cross / Blue Shield of Michigan - C	211.50	0.00
*** END ***		

Blue Shield of Michigan for \$211.50 (shown below). Both of these payments have balances of zero, meaning that all of the payments are applied to invoices. The payment entry staff clicks the **Exit Screen** button to return to the Payment Batches screen to add another payment batch (shown on



Payment batch

1. Click the *Exit Screen* button
(You should be on the Payment Batch / Payments)
(Both payments should have a balance of zero)
2. Click the *Exit Screen* button again
(You should be on the Payment Batches screen)
(Your payment batch should have a zero balance)
3. Click the *Exit Screen* button again
(You should be back on the Billing Menu)

Do These Steps
<==== 9.09

Self Assessment

1. You should be on the Billing Menu
2. Click the *Patients* button in the Search section
(You should be on the Patients screen)
3. Type **SA09** in the Search or any command field
(**SA** stands for self assessment and **09** is the chapter #)
4. Press the *ENTER* key
(“**Self Assessment sent to printer/queue...**” appears)
5. Click the *View Prints* button
(The Available User Reports window opens)
6. Find the **Self Assessment** report that you just printed
(If it does not appear, click the *Refresh* button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA09** report.
8. You must have a 100% (error-free) report before continuing.

Do These Steps
<==== 9.10

Printing the Patient Statement for Anderson



You might need to produce a print of Mr. Anderson's patient statement to turn in for your assignment.

Do These Steps
9.11 =====>

1. **Place the cursor in Mr. Anderson's command field**
(You should still be on the Patients screen)
2. **Type *prst* to print Mr. Anderson's statement**
3. **Press the *ENTER* key**
(The Patients screen should refresh with the "Statement sent to printer/queue..." message)
4. **Click the *Exit Screen* button**
(You should be back on the Billing Menu)
5. **Print or save the patient statement for Mr. Anderson**
6. **To view your print queue, click the *View Prints* button**
(This will open another window displaying your PDF print queue called Available User Reports)
7. **Find your report (If it does not appear, click the *Refresh* button)**
8. **Place the cursor next to the print that you want**
9. **Click the *View Report* button**
(The PDF will open in another window)
10. **Print the report or save / download it to your computer**
11. **Close the PDF window**
12. **Close the Available User Reports window**
(You should be back on the Billing Menu)

Chapter 9 - Review Activities

Answer the following questions:

1. A “lock box” service is used by medical facilities for payments received by?
 - A. Patients paying their bill at the collection desk.
 - B. Electronic payments made by insurance companies.
 - C. Regular mail.

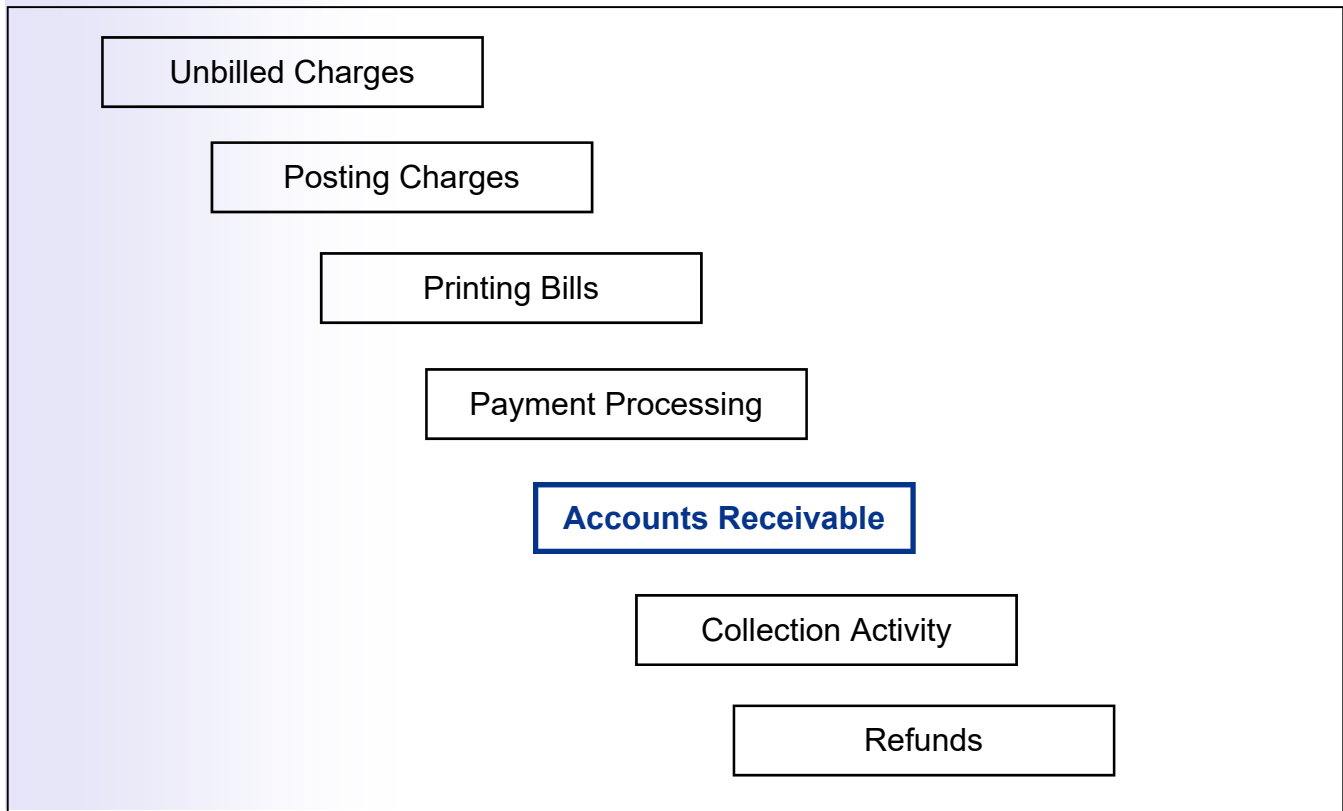
2. Batch totals entered into a billing system should match the bank deposits?
 - No
 - Yes

3. Which of following situations might occur when posting payment information to a line item?
 - A. The balance on the line item is paid in full.
 - B. The balance on the line item is overpaid.
 - C. The balance on the line item is not paid at all but adjusted to zero.
 - D. A portion of the line item is paid leaving a balance due.
 - E. A portion of the line item is paid and the balance adjusted to zero.
 - F. The whole line item amount is denied.
 - G. The line item is credited to the patient’s deductible.
 - H. The line item is credited with the patient’s coinsurance amount.
 - I. The office visit line item is credited with the patient’s copayment amount.
 - J. The line item is re-billed to the current payer.
 - K. The line item is balance billed to the next payer.
 - L. All of the above.

Accounts Receivable

10

Estimated Duration
20 Minutes



Key Concepts

- ▶ No payments
- ▶ Underpaid invoices
- ▶ Overpaid invoices
- ▶ Denied invoices
- ▶ No follow-up
- ▶ With follow-up
- ▶ Payments not yet applied
- ▶ Unidentified payments
- ▶ Debit accounts receivable
- ▶ Credit accounts receivable

Accounts Receivable Aging

To access the Accounts Receivable Aging dashboard (shown below), the billing staff signs into MedTrak, clicks the *Billing* button, and then clicks the *AR Dashboard* button. This dashboard tracks invoices and payments with non-zero balances, including:

- Invoices with **no payments**
- Partially paid invoices (**underpaid invoices**)
- **Overpaid invoices** (where the payer paid more than they owed or two payers paid for the same invoice)
- **Denied invoices** (where the payer denies that they owe for the charges)
- Invoices with **no follow-up** (where no collection activities have been started yet)
- Invoices **with follow-up** (where collection activities have started)
- Payments not yet applied to invoices where the payer is known to the medical facility (**unapplied payments**)
- Payments received from sources where the payer is not known (**unidentified payments**)

- No payments
- Underpaid invoices
- Overpaid invoices
- Denied invoices
- No follow-up
- With follow-up
- Unapplied payments
- Unidentified payments

Accounts Receivable Aging dashboard

MEDTRAK

ACCOUNTS RECEIVABLE AGING

TUE 07/30 5:04p

A/R Aging dashboard successfully refreshed...

Site:

Activity: All Invoices

Follow-up: Both W and W/O

Account Rep:

Available Functions

- [Reset View](#)
- [Refresh Totals](#)
- [Next Time Periods](#)
- [Prev Time Periods](#)
- [Exit Screen](#)
- [Main Menu](#)

A/R	TOTAL	0-30	31-60	61-90
Debit A/R				
Patient (0)	0	0	0	0
Insurance (1)	100	100	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (1)	100	100	0	0
Credit A/R				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0
Unidentified (0)	0	0	0	0

The Accounts Receivable Aging dashboard has two main sections:

- **Debit A/R** - separates by the type of payer and includes all unpaid invoices whether underpaid or with no payments. The total number of invoices included in each displays in parentheses next to the category title. **Debit accounts receivable** represents money that is owed by the payers to the medical facility.
- **Credit A/R** - separates by the type of payer and includes all overpaid invoices, unapplied payments, and unidentified payments. The total number of invoices or payments included in each displays in parentheses next to the category title. **Credit accounts receivable** represents money that is owed by the medical facility to the payers.

Debit accounts receivable

Credit accounts receivable

Total Debit, Total Credit, and Total Net AR - MedTrak displays totals for the debit accounts receivable with individual amounts for the credit categories. Again, the total number of invoices and payments displays in parentheses next to the category title.

The Accounts Receivable Aging dashboard breaks down into aging periods (columns of information) (shown below).

Days	Total unpaid invoices
0-30	Less than 31
31-60	Between 31 and 60
61-90	Between 61 and 90
91-120	Between 91 and 120
121-150	Between 121 and 150
151-180	Between 151 and 180
181-270	Between 181 and 270
271-360	Between 271 and 360
361+	Over 360 (in essence over one year)

Accounts receivable aging periods

Filters are set up to display just the invoices for one medical facility or the entire entity. The billing staff can also filter the dashboard based on the activity (no payment, underpaid, overpaid, and denied), and by invoices with follow-up and without. For invoices with follow-up, the billing staff can filter by the account representative responsible for collecting payment for the invoice.

The accounts receivable aging totals reflect the amounts based on the last time that the dashboard was refreshed by the billing staff. Typically, billing staffs refresh the accounts receivable dashboard each morning to reflect all of the previous day's activity. To refresh the accounts receivable aging, the billing staff clicks the **Refresh Totals** button.

For the purposes of this book, MedTrak automatically refreshes the dashboard each time that it is displayed.

To display the invoices (or payments) in that category for that aging time period, the billing staff clicks the appropriate amount field.

To display the different aging time periods, the billing staff clicks the arrow buttons or the *Next Time Periods* and *Prev Time Periods* buttons.

The Accounts Receivable Aging dashboard is now set to the next set of aging time periods from the previously shown screen (shown below).

ACCOUNTS RECEIVABLE AGING
TUE 07/30 5:06p
Next set of aging periods...

Site: 00067122
Activity: All invoices
Follow-up: With and without
All Invoices
Both W and W/O
Reset View

Account Rep: ALL
Previous Period
Next Period

Available Functions:
Reset View
Refresh Totals
Next Time Periods
Prev Time Periods
Exit Screen
Main Menu

A/R	TOTAL	91-120	121-150	151-180
Debit A/R				
Patient (0)	0	0	0	0
Insurance (1)	100	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (1)	100			
Credit A/R				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0
Unidentified (0)	0	0	0	0

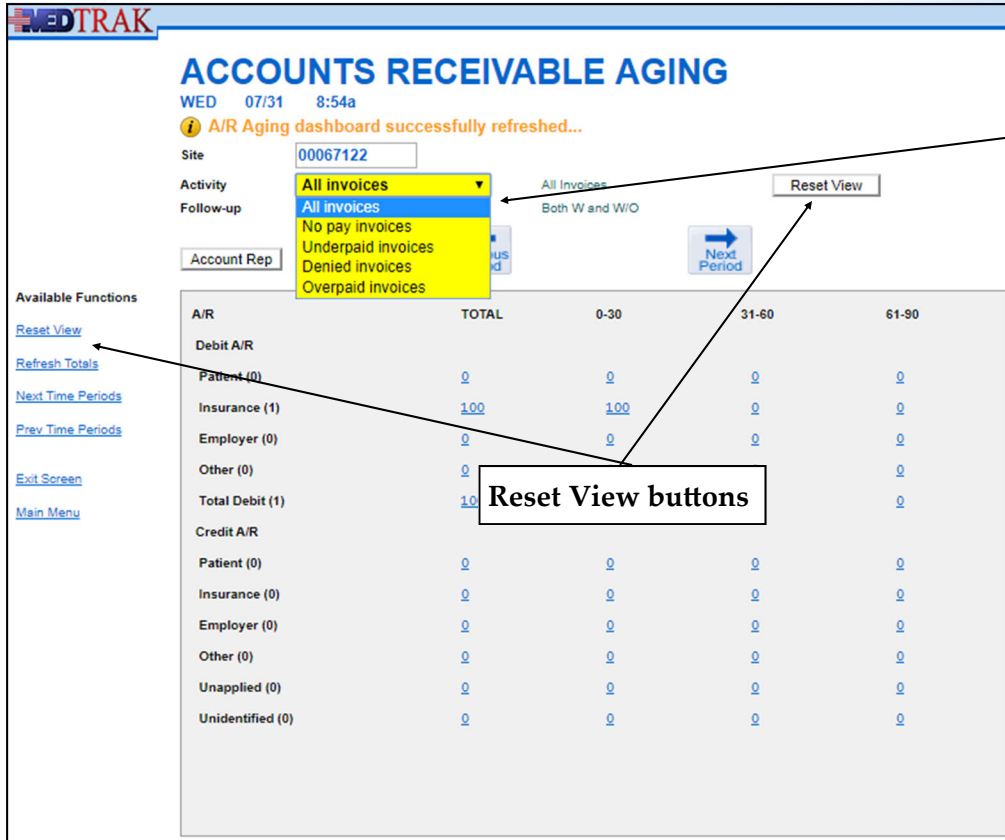
Accounts Receivable Aging dashboard showing next aging time periods

Do These Steps 10.01 ==>

1. **Sign into MedTrak**
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**
(You should be on the Billing Menu)
3. **Click the *AR Dashboard* button**
(You should be on the Accounts Receivable Aging)
4. **Review the information on the dashboard**
5. **Click the *right arrow button* at the top of screen**
(You should be on the 91-120 aging time period screen)
6. **Click the *Prev Time Periods* button**
(You should be back on 0-30 aging time period screen)

Invoice Activity Filter

The **Activity** filter at the top of the screen is a drop-down list. The billing staff clicks the **Activity** drop-down list, selects the invoice activity filter, and then clicks the **Reset View** button at the top right of the screen or the **Reset View** button on the left side of the screen (shown below).



Activity filter drop-down list selection

Reset View buttons

1. Click the **Activity** drop-down list
2. Select the **Underpaid invoices** option
3. Click the **Reset View** button
(You should be viewing the aging for underpaid invoices only)
4. Click the **Activity** drop-down list
5. Select the **All invoices** option
6. Click the **Reset View** button
(You should be viewing the aging for all invoices)

Do These Steps
<==== 10.02

Follow-up Filter

The **Follow-up** filter at the top of the screen is also a drop-down list. The billing staff clicks the **Follow-up** drop-down list, selects the follow-up filter, and then clicks the **Reset View** button at the top of the screen or the **Reset View** button on the left side of the screen (shown below).

The screenshot shows the MEDTRAK Accounts Receivable Aging dashboard. At the top, there are filters for Site (00067122), Activity (All invoices), and Follow-up (With and without). A 'Reset View' button is located at the top right. Below the filters is a table with columns for A/R, TOTAL, 0-30, 31-60, and 61-90. The table shows data for Debit A/R and Credit A/R across various categories like Patient, Insurance, and Employer. A 'Reset View' button is also present on the left side of the screen.

Follow-up filter drop-down list selection

Reset View buttons

Do These Steps
10.03 =====>

1. Click the **Follow-up** drop-down list
2. Select the **With follow-up** option
3. Click the **Reset View** button
(You should be viewing the aging for follow-up invoices only)
4. Click the **Follow-up** drop-down list
5. Select the **With and without** option
6. Click the **Reset View** button
(You should be viewing the aging for all invoices)

Selecting an accounts receivable category

To view the invoices in a category, the billing staff clicks the amount that represents the category and aging period.

On the Accounts Receivable Aging dashboard, the billing staff clicks the **Debit A/R / Insurance** category for the **0-30** day aging period to locate Mr. Anderson's invoice from the last chapter (shown below).

ACCOUNTS RECEIVABLE AGING
TUE 07/30 5:21p
A/R Aging dashboard successfully refreshed...

Site: 00067122
Activity: All invoices
Follow-up: With and without
Account Rep: *ALL
Buttons: Previous Period, Next Period, Reset View

A/R	TOTAL	0-30	31-60	61-90
Debit A/R				
Patient (0)	0	0	0	0
Insurance (1)	100	100	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (1)	100	100	0	0
Credit A/R				

Debit A/R
Insurance 0-30
day aging period

The first screen to appear is the A/R by Balance: Insurance, Age 0-30 screen that displays the payers in total balance owed order (shown below). The payer with the highest total balance appears first on the list.

A/R by Balance: Insurance, Age: 0-30
TUE 07/30 5:15p
A/R Aging dashboard successfully refreshed...

Balance	Count	Category
100.00	1	Total - Insurance, Age: 0-30

Balance	Count	Payer
100.00	1	Blue Cross / Blue Shield of Michigan

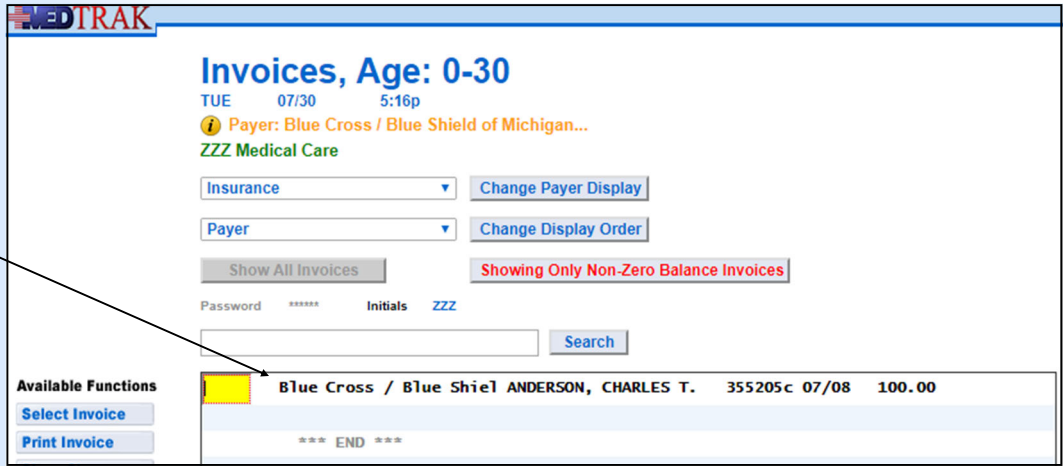
Blue Cross payer
showing one
invoice for
\$100.00

Because Mr. Anderson's invoice's primary payer is Blue Cross / Blue Shield of Michigan, the billing staff clicks the **Blue Cross / Blue Shield of Michigan** name.

The Invoices screen showing the 0-30 day invoices for Blue Cross /Blue Shield of Michigan displays.

The Anderson invoice appears on the first screen (shown below). If the patient’s invoice did not appear on the screen, the billing staff would change the **Payer Display** to be by patient and then use the **Search** function to locate the patient.

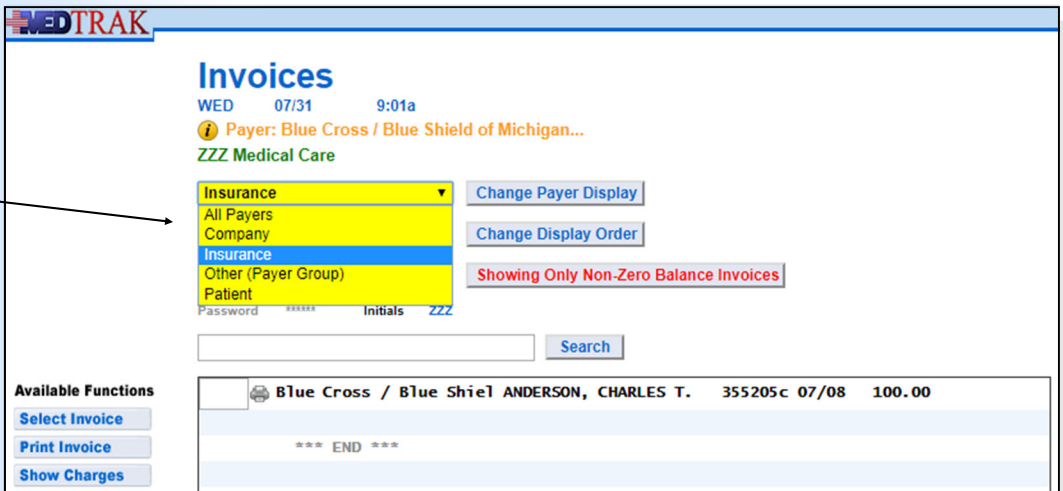
Anderson’s Blue Cross invoice displays



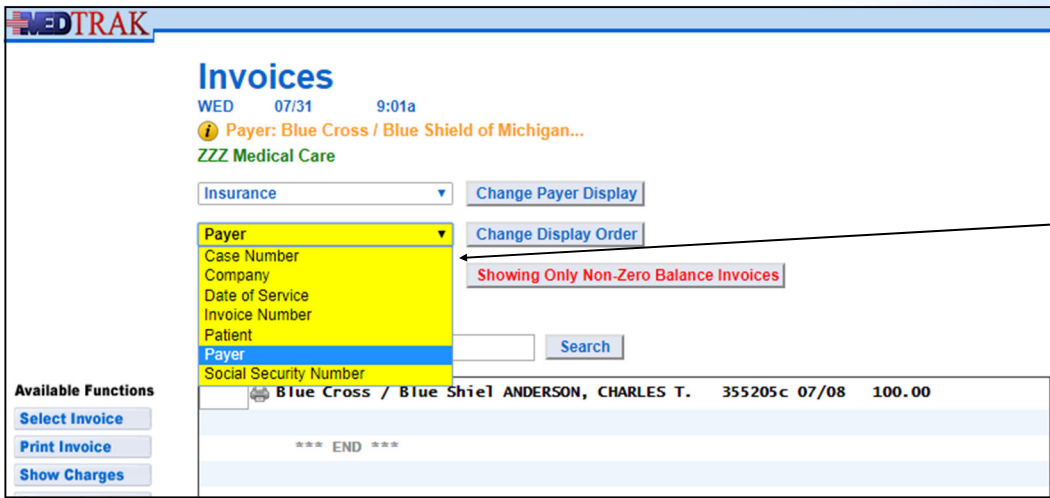
The Invoices screen accessed from the Accounts Receivable Aging dashboard only displays invoices with a non-zero balance.

At the top of the Invoices screen, there is a drop-down list for resetting the **Payer Display**. The billing staff selects a different payer display and clicks the **Change Payer Display** button (shown below).

Payer display drop-down list



Also at the top of the Invoices screen is a drop-down list for resetting the **Display Order**. The billing staff selects a different display order and clicks the **Change Display Order** button (shown on the next page).



Display order drop-down list

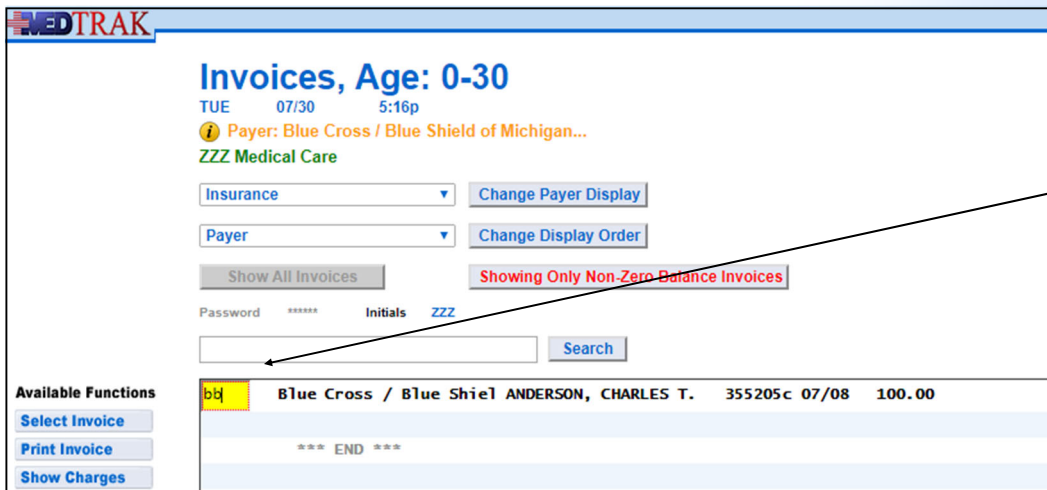
The Invoices screen also has a search function to locate an invoice. The billing staff types in the search parameter in the **Search** field and clicks the **Search** button to reset the display.

Balance billing to the secondary payer ●●●●●●●●●●

In this example, Mr. Anderson has a secondary payer (Nationwide Insurance). Because Blue Cross / Blue Shield of Michigan applied \$100.00 of the office visit to the patient’s deductible, this balance is still outstanding on the invoice.

The billing staff is going to balance bill the \$100.00 to Nationwide Insurance. The payment entry person could have balance billed the invoice by using the **balance billing** command on the line item when posting the Blue Cross / Blue Shield of Michigan payment, but in this example the billing staff will balance bill the invoice using the Invoices screen.

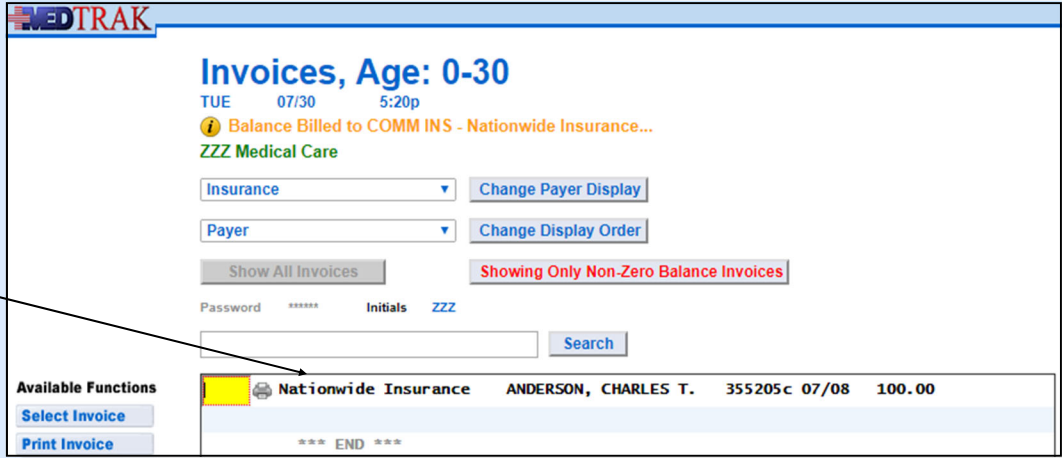
To balance bill the next payer, the billing staff enters the balance billing command **bb** in the command field next to Mr. Anderson’s invoice on the Invoices screen (shown below).



Balance billing command

The billing staff presses the *ENTER* key. The Invoices screen refreshes with the message “**Balance Billed to COMM INS—Nationwide Insurance...**”. The invoice now shows that Nationwide Insurance is the payer.

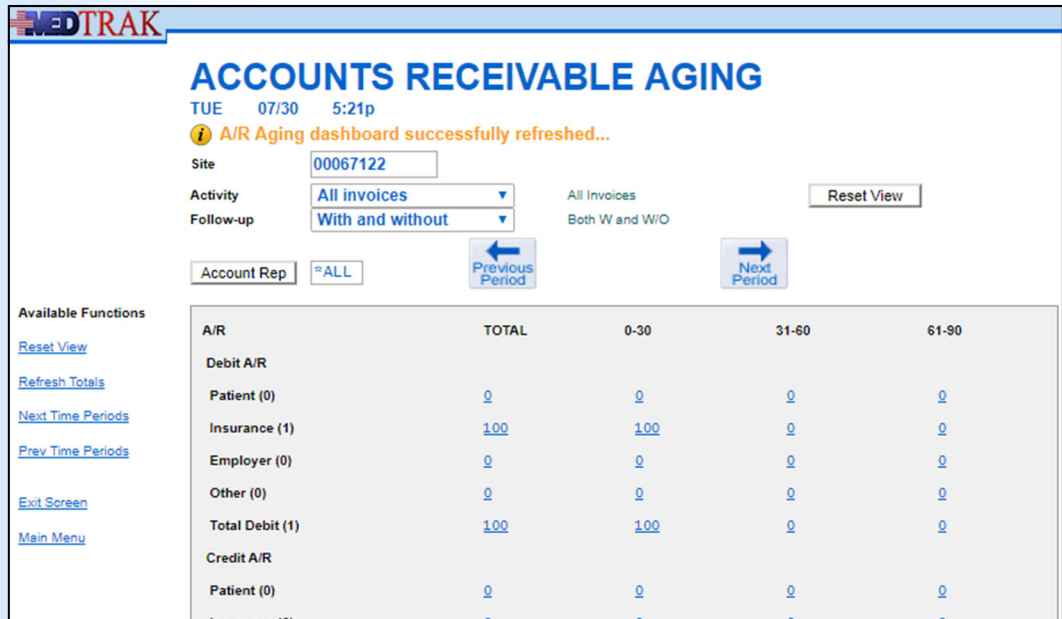
Nationwide is now the payer



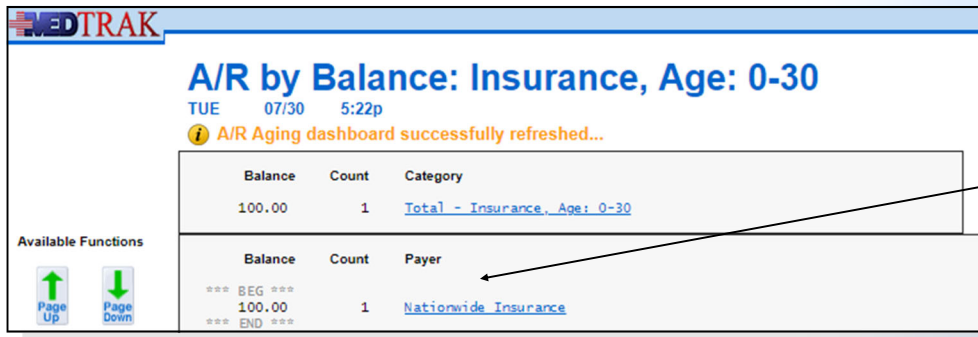
The billing staff clicks the *Exit Screen* button on the Invoices screen and then clicks the *Exit Screen* button on the A/R by Balance screen to return to the Accounts Receivable Aging dashboard (shown below).

The Anderson invoice balance of \$100.00 is now owed by Nationwide

Accounts Receivable Aging dashboard

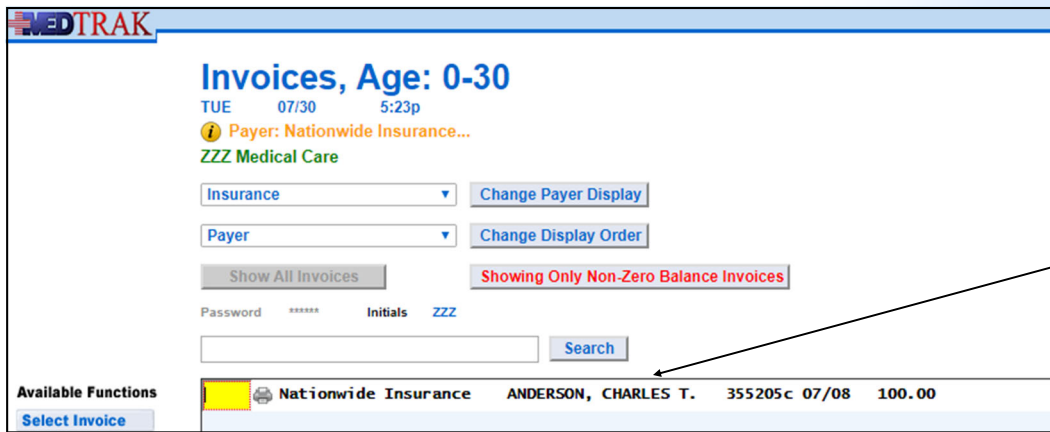


Insurance. For this example, the billing staff will print and send the CMS1500 invoice to Nationwide Insurance. To access the Nationwide invoice, the billing staff clicks the amount in the 0-30 Insurance column. The next screen to appear is the A/R by Balance: Insurance, Age: 0-30 showing that Nationwide has a balance (shown on the next page).



Anderson's Nationwide invoice displays

Selecting Nationwide Insurance displays the Invoices screen showing the Anderson invoice with a balance of \$100.00 (shown below).



Anderson invoice

For this example the billing staff places the cursor in the command field next to Mr. Anderson's invoice and clicks the *Print Invoice* button. The screen refreshes with the message "Report sent to printer/queue - use [View Prints link...](#)"

1. Click the **0-30** category for **Debit AR / Insurance**
(You should be on the A/R by Balance screen)
 2. Click the **Blue Cross / Blue Shield of Michigan** name
(You should be on the Invoices: Age 0-30 screen)
 3. Place the cursor next to Mr. Anderson's invoice
 4. Type **bb** (the balance billing command)
 5. Press the **ENTER** key
(Mr. Anderson's invoice is now balance billed to Nationwide Insurance)
- Note: Do NOT enter the bb command twice.**
6. Click the **Exit Screen** button
(You should be back on the A/R by Balance screen)

Do These Steps
<==== 10.04

Do These Steps
10.05 =====>

1. Click the *Exit Screen* button again
(You should be back on the Accounts Receivable Aging dashboard)
2. Review the **totals** on the dashboard
3. Click the *0-30* category for the **Debit AR / Insurance**
(You should be on the A/R by Balance screen)
4. Click the *Nationwide Insurance* name
(You should be on the Invoices: Age 0-30 screen))
(If you don't find your invoice in the **0-30** category, click the **Total** category)
5. Place the cursor next to **Mr. Anderson's invoice**
6. Click the *Print Invoice* button
(Mr. Anderson's invoice will be in the *View Prints* PDF queue)
7. Click the *Exit Screen* button
(You should be back on the A/R by Balance screen)
8. Click the *Exit Screen* button again
(You should be back on the Accounts Receivable Aging dashboard)
9. Click the *Exit Screen* button again
(You should be back on the Billing Menu)

Self Assessment

1. You should be on the **Billing Menu**
2. Click the **Patients** button in the **Search** section
(You should be on the **Patients** screen)
3. Type **SA10** in the Search or any command field
(**SA** stands for self assessment and **10** is the chapter #)
4. Press the **ENTER** key
(“**Self Assessment sent to printer/queue...**” appears)
5. Click the **View Prints** button
(The **Available User Reports** window opens)
6. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA10** report.
8. You must have a 100% (error-free) report before continuing.
9. Click the **Exit Screen** button
(You should be back on the **Billing Menu**)

Do These Steps
<==== 10.06

Printing the Nationwide CMS1500

1. Print or save Mr. Anderson’s CMS1500 to Nationwide Insurance that MedTrak sent to your printer/queue
2. To view your print queue, click the **View Prints** button
3. Find your report (If it does not appear, click **Refresh**)
4. Place the cursor next to the print that you want
5. Click the **View Report** button
(The PDF will open in another window)
6. Print the report or save / download it to your computer
7. Close the **PDF** window
8. Close the **Available User Reports** window
(You should be back on the **Billing Menu**)

Do These Steps
<==== 10.07

Chapter 10 - Review Activities

Answer the following questions:

1. **Accounts receivable systems track invoices and payments with non-zero balances?**

- No
- Yes

2. **Invoices with balances include which of the following situations?**

- A. Invoices with no payments.
- B. Partially paid invoices (underpaid).
- C. Overpaid invoices – the payer paid too much or two payers paid the same invoice.
- D. Denied invoices where the payer denies owing the charges.
- E. All of the above.

3. **Unapplied payments are payments with balances not used to pay invoices?**

- No
- Yes

4. **Unidentified payments are payments from payers with unlisted phone numbers?**

- No
- Yes

5. **Debit accounts receivable include which of the following?**

- A. Invoices with no payments applied.
- B. Invoices that are partially paid.
- C. Payments made from insurance companies.
- D. Invoices that are overpaid.
- E. All of the above.

6. **Credit accounts receivable include which of the following?**

- A. Unapplied payments.
- B. Unidentified payments.
- C. Invoices that are overpaid.
- D. All of the above.



Nationwide Insurance
PO Box 15016

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Sacramento, CA 95851

Page 01 of 01

PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input checked="" type="checkbox"/> HEALTH PLAN <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURER'S ID. NUMBER (For Program in Item 1) 87497933	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Anderson, Charles, T		3. PATIENT'S BIRTH DATE SEX 12 02 19YY <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
3. PATIENT'S ADDRESS (pt., street) 123 South Main Street CITY STATE North Muskegon MI ZIP CODE TELEPHONE (include Area Code) 49445 (231) 5557537		4. INSURER'S NAME (Last Name, First Name, Middle Initial) Anderson, Susan, K 7. INSURER'S ADDRESS (pt., street) 123 South Main Street CITY STATE North Muskegon MI ZIP CODE TELEPHONE (include Area Code) 49445 (231) 5557537	
5. OTHER INSURER'S NAME (Last Name, First Name, Middle Initial) 6. OTHER INSURER'S POLICY OR GROUP NUMBER 7. REFERRED FOR NUCC USE 8. INSURANCE PLAN NAME OR PROGRAM NAME		9. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? PLACE (State) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 10. CLAIM CODE (Designated by NUCC)	
11. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on File DATE 07/30/YY		12. INSURER'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the individual physician or supplier for services described below. SIGNED Signature on File	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM/DD/YY) 07/08/20YY QIANL 431		15. OTHER DATE QIANL 454 MM/DD/YY 07/08/20YY	
17. NAME OF NEAREST PROVIDER OR OTHER SOURCE 18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO 20. OUTSIDE LAB? & CHARGES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer A-L to service the list) (ICD-9) ICD-9 0 A. M24.9 B. C. D. E. F. G. H. I. J. K. L.	
22. A. DATES OF SERVICE MM DD YY MM DD YY 07 08 YY 07 08 YY 11 B. PLACE OF SERVICE FMSL 99203 C. PROCURED, SERVICE, OR SUPPLIER (Specify Unusual Circumstances) MODIFIER A D. CHARGES \$ CHARGES \$ CHARGES \$ CHARGES \$ 150 00 1 E. REFERRING PROVIDER ID # 0B G66187 NP1 1843937798		23. FEDERAL TAX ID. NUMBER SWR EIN 383672622 <input checked="" type="checkbox"/> X 24. PATIENT'S ACCOUNT NO. 0000355205 25. ACCOUNT ASSIGNMENT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 26. TOTAL CHARGE \$ 454 50 27. AMOUNT PAID \$ 236 50 28. PAID TO NUCC Use	
29. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING ADDRESS OR CREDENTIALS (I verify that the statements on this reverse apply to this bill and are made a part thereof.) Healthcare Student SIGNED 07/30/YY DATE		30. SERVICE FACILITY LOCATION INFORMATION ZZZ Medical Care 1847 Ruddiman Drive North Muskegon MI 49445 ^1335812054 ^TJ330475815	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING ADDRESS OR CREDENTIALS (I verify that the statements on this reverse apply to this bill and are made a part thereof.) Healthcare Student SIGNED 07/30/YY DATE		32. BILLING PROVIDER INFO & PHI # (231) 5554759 First Medical Care 1847 Ruddiman Drive North Muskegon MI 49445 ^1335812054 ^24330475815	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURER INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

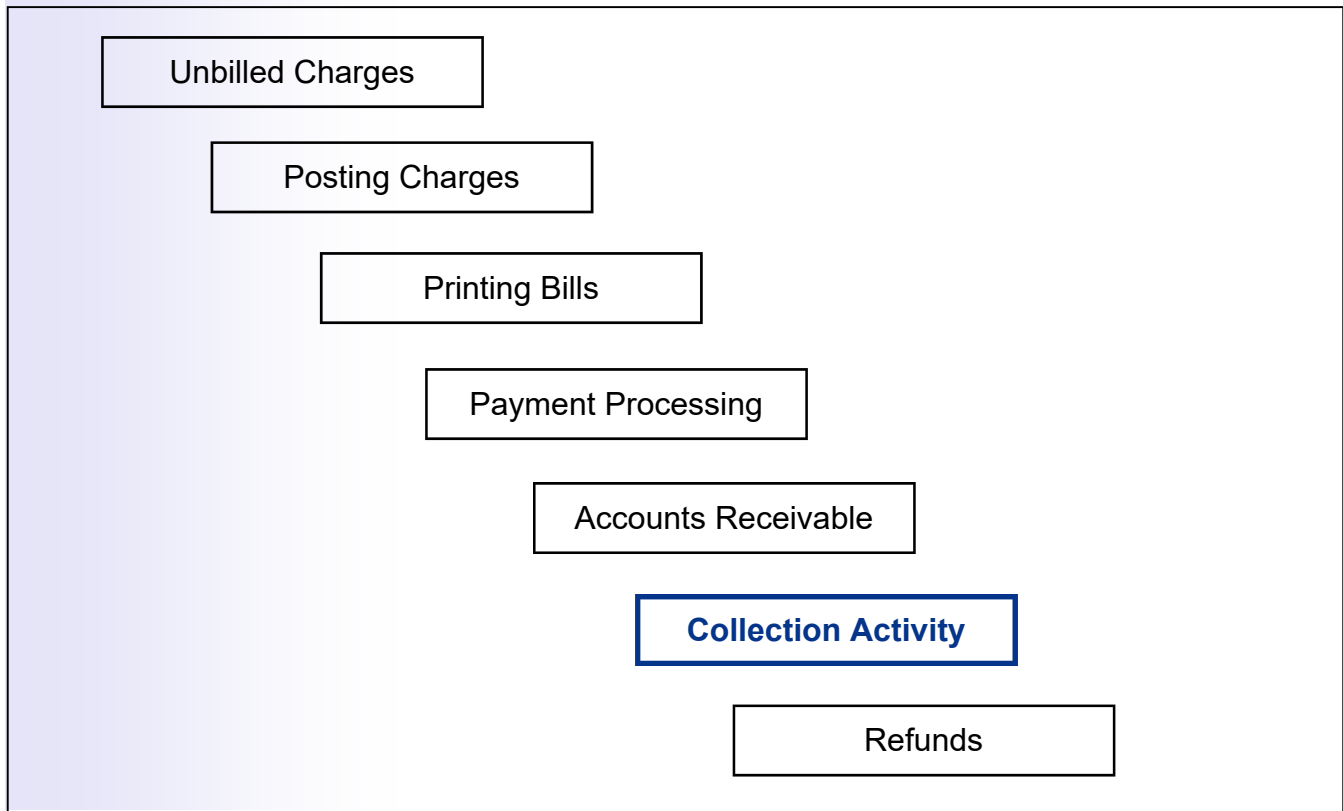
Chapter 10

This page intentionally left blank.

Collection Activity

11

Estimated Duration
20 Minutes



Key Concepts

- ▶ Case / billing activity log
- ▶ Follow-up notes
- ▶ Attaching documents
- ▶ Reminders (ticklers) for follow-up activity

Case / Billing Activity Log

MedTrak provides collection activities to be logged through the use of a Case/Billing Activity Log. The collection staff accesses the Case/Billing Activity Log from the Invoices processor.

In this example, the collection staff uses the Accounts Receivable Aging dashboard to find the invoice to record collection activity.

Collection staff activities include:

Follow-up notes

Attaching documents

Reminders

- Recording **follow-up notes** based on conversations or emails or letters from payers related to paying outstanding invoices.
- **Attaching documents** (both scanned and emailed) related to the collection activity.
- Setting up **reminders** for further follow-up activity.

In this example, the collection staff:

- Records a follow-up note related to an attempted phone conversation with the payer (Nationwide)
- Attaches a document sent by Nationwide denying responsibility for paying the invoice
- Sets up a reminder to call the payer again

The collection staff accesses the Accounts Receivable Aging dashboard from the Billing Menu (shown below).

Accounts Receivable Aging dashboard

MEDTRAK

ACCOUNTS RECEIVABLE AGING

TUE 07/30 5:29p

A/R Aging dashboard successfully refreshed...

Site: 00067122

Activity: All invoices (dropdown) All Invoices

Follow-up: With and without (dropdown) Both W and W/O

Account Rep: ALL (dropdown) Previous Period (button) Next Period (button)

Reset View (button)

Available Functions:

- Reset View
- Refresh Totals
- Next Time Periods
- Prev Time Periods
- Exit Screen
- Main Menu

A/R	TOTAL	0-30	31-60	61-90
Debit A/R				
Patient (0)	0	0	0	0
Insurance (1)	100	100	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (1)	100	100	0	0
Credit A/R				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0
Unidentified (0)	0	0	0	0

Then the collection staff locates the invoice by clicking the amount the **Debit A/R / Insurance / 0-30** aging category on the Accounts Receivable Aging dashboard. The next screen to appear is the A/R by Balance: Insurance, Age: 0-30 (shown below).

A/R by Balance: Insurance, Age: 0-30
TUE 07/30 5:30p
A/R Aging dashboard successfully refreshed...

Balance	Count	Category
100.00	1	Total - Insurance, Age: 0-30

Available Functions: Page Up, Page Down

Balance	Count	Payer
100.00	1	Nationwide Insurance

Nationwide Insurance - one invoice for \$100

Then the collection staff selects the payer (Nationwide) from the A/R by Balance processor. The next screen to appear is the Invoices, Age: 0-30 showing the Nationwide invoice for Mr. Anderson (shown below).

Invoices, Age: 0-30
TUE 07/30 5:30p
Payer: Nationwide Insurance...
ZZZ Medical Care

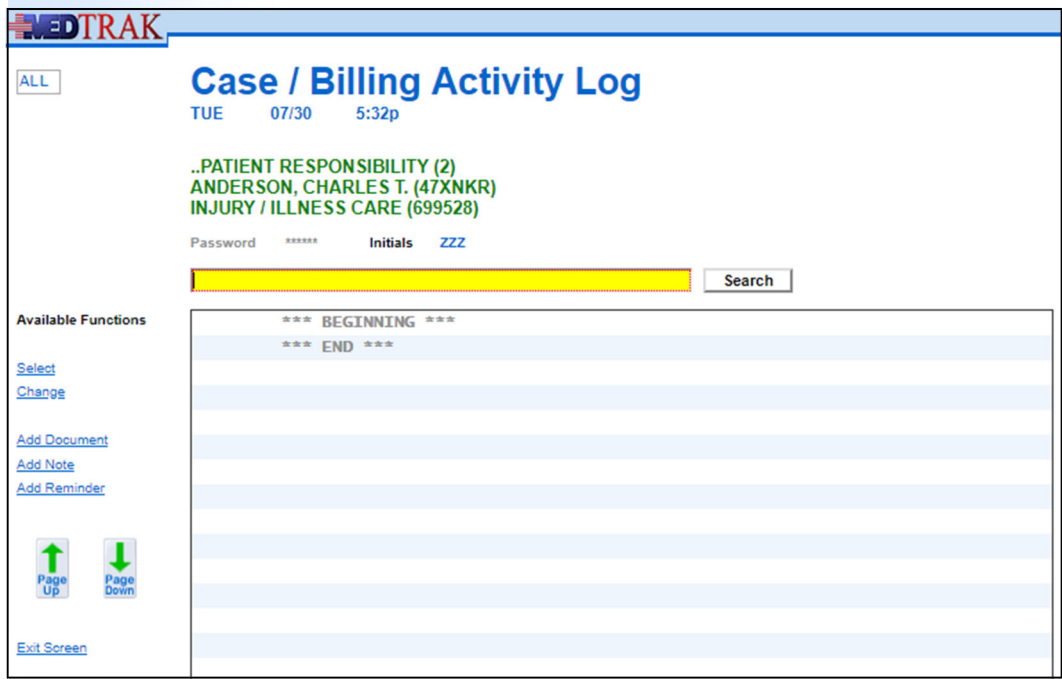
Insurance [v] Change Payer Display
Payer [v] Change Display Order
Show All Invoices Showing Only Non-Zero Balance Invoices
Password ***** Initials ZZZ
Search

Available Functions:
Select Invoice
Print Invoice
Show Charges
Change Invoice
Invoice Log
Information
Online Chart
Activity Log
Supplemental Info

Nationwide Insurance	ANDERSON, CHARLES T.	355205c 07/08	100.00
----------------------	----------------------	---------------	--------

Activity Log button

The collection staff places the cursor in the command field next to the invoice and clicks the **Activity Log** button. The next screen to appear is the Case / Billing Activity Log. Because this is the first time the collection staff is accessing this processor, there are no log entries on the screen (shown on the next page).



Showing no log entries

Do These Steps 11.01 =====>

1. **Sign into MedTrak**
(You should be on the MedTrak Main Menu)
2. **Click the *Billing* button**
(You should be on the Billing Menu)
3. **Click the *AR Dashboard* button**
(You should be on the Accounts Receivable Aging dashboard)
4. **Click the *0-30* category for the *Debit A/R / Insurance***
(You should be on the A/R by Balance screen)
(If you don't find your invoice in the **0-30** category, click the **Total** category)
5. **Click the *Nationwide Insurance* name**
(You should be on the Invoices screen)
6. **Locate your invoice**
(Change the display if needed and use the Search)
7. **Place the cursor next to the *Nationwide Insurance* invoice**
8. **Click the *Activity Log* button**
(You should be on the Case / Billing Activity Log screen)

Billing Notes

When the collection staff records a follow-up billing note in the activity log for the patient’s case, the invoice is automatically considered in follow-up and can be filtered using the **Follow-up** filter on the Accounts Receivable Aging dashboard.

To place the invoice into the **Follow-up** category, the collection staff clicks the **Add Note** button on the Case / Billing Activity Log screen to display the Case / Billing / Note: Add screen (shown below).

Note **Code** field

Each follow-up note requires a three character code in the note **Code** field. To view the available codes, the collection staff clicks the **Code** button to display the Note Codes screen (shown below).

Note Codes selection screen

There are three types of billing note codes:

- **Follow-up notes** - these will automatically put the invoice in the With Follow-up category on the Accounts Receivable Dashboard
- **General notes** - these are just comment notes about the case of billings
- **Refund notes** - these notes relate to refunds of payments on the case

In this example, the collection staff records a follow-up note regarding a phone call made to Betsy Flannery at Nationwide Insurance about the denial letter received from the payer. The collection staff did not reach Betsy and marked the note with a follow-up code of **F01 - Left Voice Message** (shown below).

MEDTRAK

Case / Billing / Note: Add

TUE 07/30 5:33p

..PATIENT RESPONSIBILITY (2)
ANDERSON, CHARLES T. (47XNKR)
INJURY / ILLNESS CARE (699528)

Password ***** Initials ZZZ

Code **F01** Left Voice Message

Available Functions

[Submit Note](#)

[Note Codes](#)

Called Nationwide to discuss payment of \$100.00 invoice. Left a message for Betsy Flannery - 231-858-3737 to call me back. |

Nationwide follow-up note

After selecting the note code and entering the note, the collection staff clicks the *Submit Note* button. The Case/Billing Activity Log reappears showing the follow-up note (shown below). The invoice is now in the **With Follow-up** accounts receivable category.

MEDTRAK

Case / Billing Activity Log

TUE 07/30 5:38p

..PATIENT RESPONSIBILITY (2)
ANDERSON, CHARLES T. (47XNKR)
INJURY / ILLNESS CARE (699528)

Password ***** Initials ZZZ

Search

Available Functions

[Select](#)

[Change](#)

[Add Document](#)

[Add Note](#)

[Add Reminder](#)

*** BEGINNING ***

07/30/YY Note: Called Nationwide to discuss payment of \$100.00 invoice. Left a message for Betsy Flannery - 231-858-3737 to call me back.

*** END ***

Activity Log now showing follow-up note

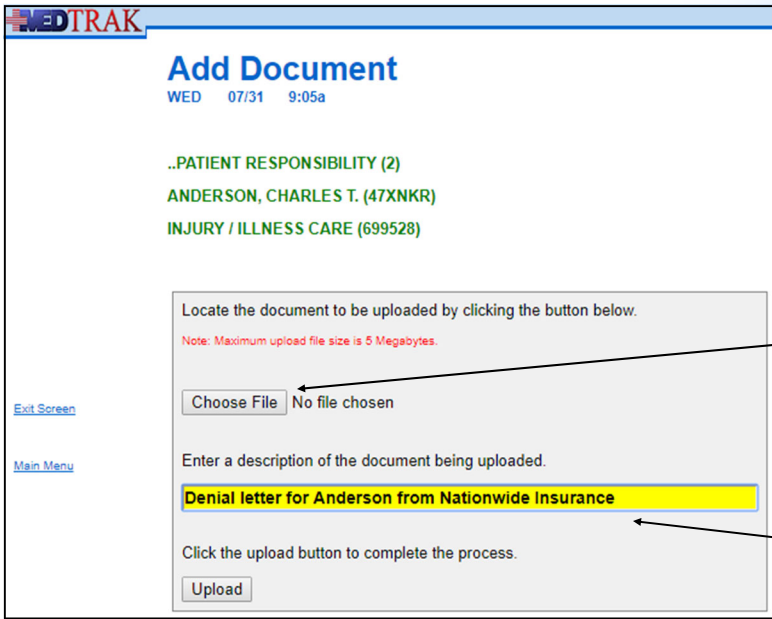
Do These Steps
<==== 11.02

1. **Click the *Add Note* button**
(You should be on the Case / Billing / Note: Add screen)
2. **Click the *Code* button**
(You should be on the Note Codes screen)
3. **Click the *F01 - Left Voice Message* button**
(You should be on the Case / Billing / Note: Add screen)
4. **Type “Called Nationwide to discuss payment of \$100.00 invoice. Left a message for Betsy Flannery - 231-858-3737 to call me back.” in the Note field**
5. **Click the *Submit Note* button**
(You should be back on the Case / Billing Activity Log screen)
(Your note should appear on this screen)

Attaching Documents

MedTrak allows the attaching of foreign documents (documents received from outside the medical facility) to a case. These could be the scanned insurance and photo ID card at the front desk. They could also be scanned denial letters or other billing correspondence from payers.

To attach a document to the Case / Billing Activity Log, the collection staff clicks the *Add Document* button. The next screen to appear is the Add Document screen. This screen might look different on your computer depending on the internet browser you use. In this example, the collection staff types the description of the document (shown below).



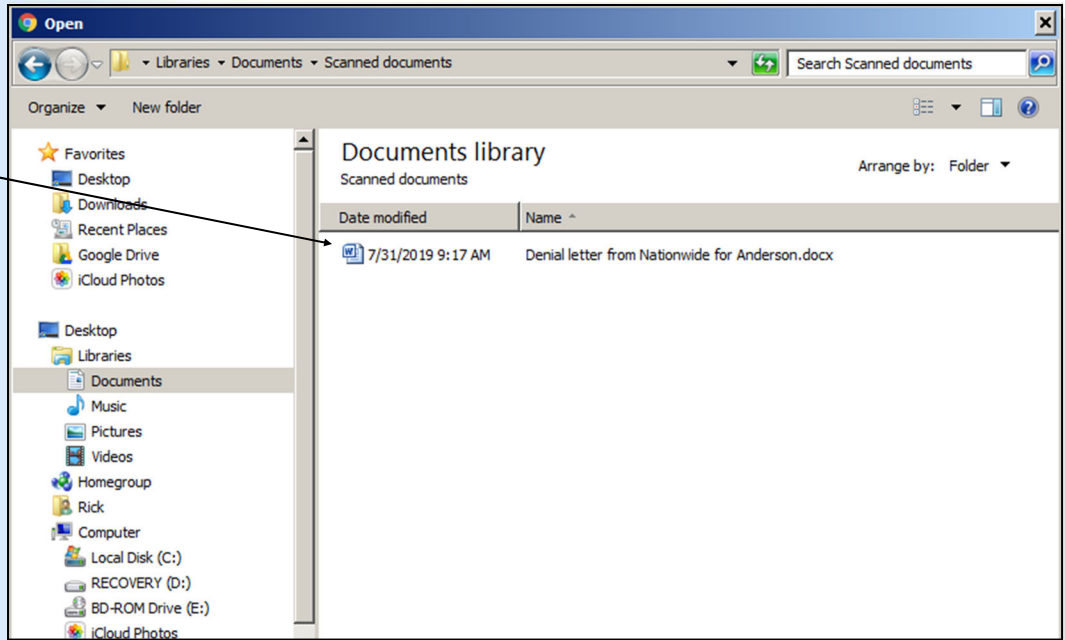
Add Document screen

Choose File Button
This button might be labeled *Browse*

Document description

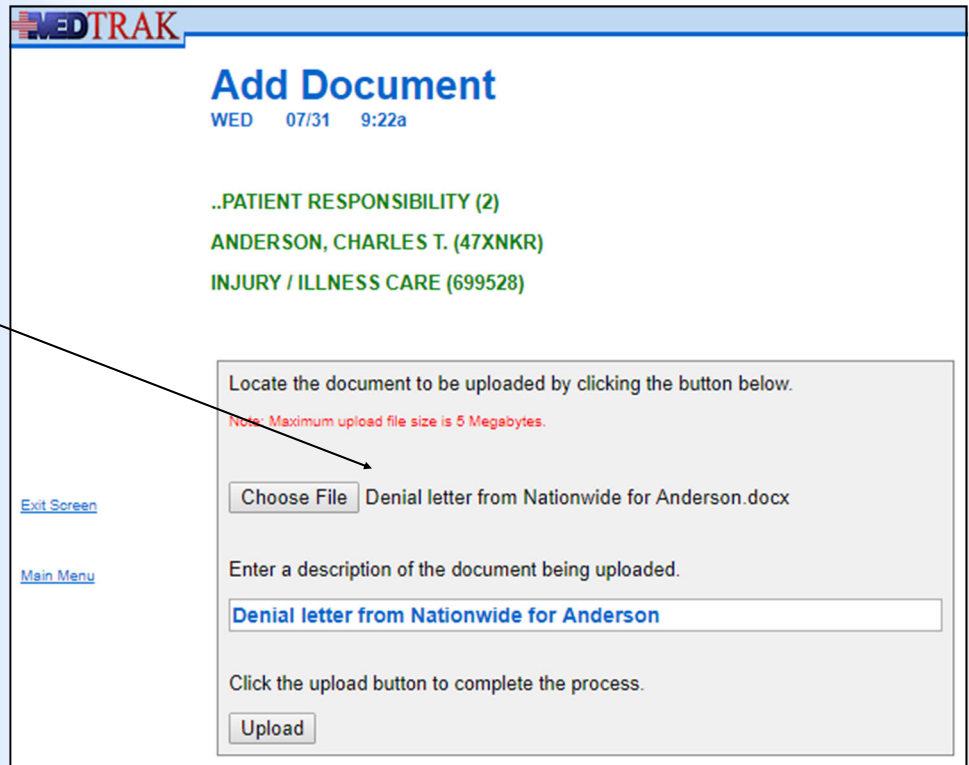
Then the collection staff clicks the *Choose File* (or *Browse*) button to locate the document in the local network (shown below).

Nationwide denial letter

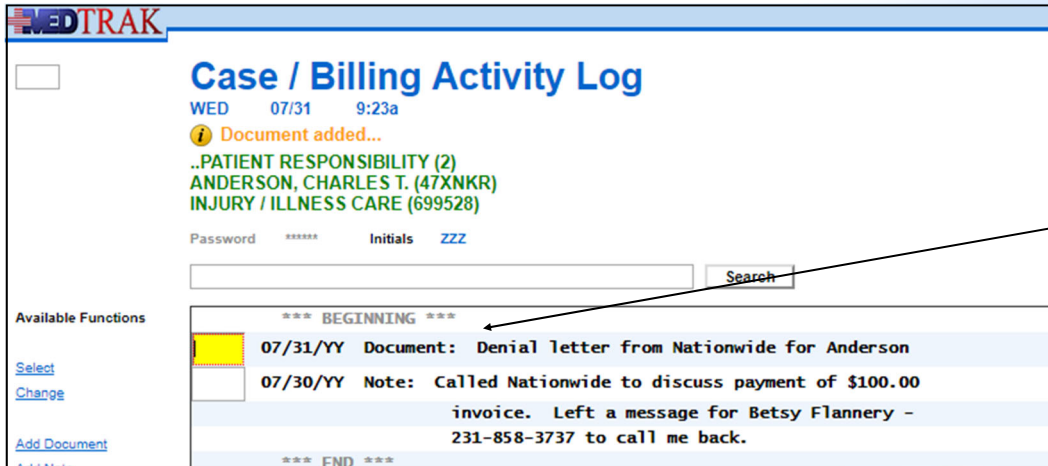


After locating the document in the local network, the collection staff clicks the *Open* button to record the document's local address. Students will locate and select any small document of their choice to upload to MedTrak to represent the Nationwide letter. The Add Document screen refreshes showing the address of the document (shown below).

Nationwide denial letter showing the address of the document



The collection staff clicks the *Upload* button to store the document in MedTrak's server. The Case / Billing Activity Log screen refreshes with the record of the document now appearing (shown below).



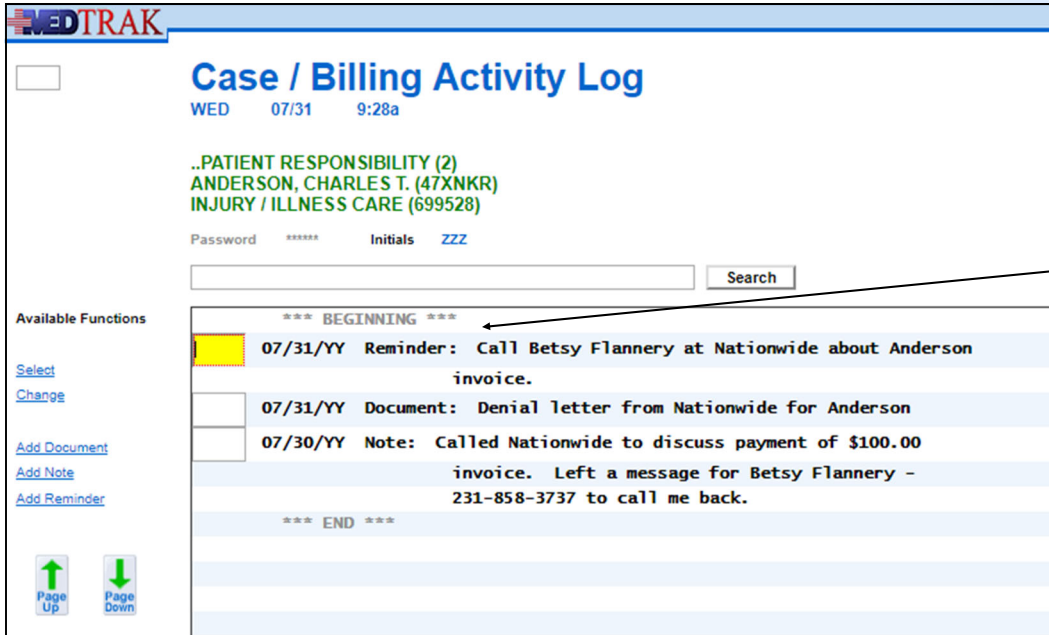
Activity Log
now showing
document

To view the document, the collection staff places the cursor in the command field next to the document and clicks the *Select* button. The attached document will appear in another window.

1. Click the *Add Document* button
(You should be on the Add Document screen)
2. Click the *Choose File* (or *Browse*) button
(You should be on the file selection screen specific to your local computer)
3. Locate and **select any small document** of your choice to upload to MedTrak (to represent the Nationwide letter)
4. Click the *Open* button or make a selection
(You should be back on the Add Document screen)
(Your document's address should be on this screen)
5. Change the document description to "**Denial letter from Nationwide for Anderson**"
6. Click the *Upload* button
(You should be back on the Case / Billing Activity Log)
(Your document's log record should be on this screen)
7. Be sure the cursor is next to your **document's log record**
8. Click the *Select* button
(A window appears displaying your document)
9. Close your document window
(You should be back on the Case / Billing Activity Log)

Do These Steps
<==== 11.03

The collection staff clicks the *Exit Screen* button to return to the Case / Billing Activity Log screen (shown below). The reminder is now part of the log.



Activity Log
now showing
reminder

1. Click the *Add Reminder* button
(You should be on the Case / Billing Reminder screen)
2. Change the **Date** to tomorrow
3. Leave the **Time** as it is
4. Type in a reminder **Description** similar to the example
5. Click the *Submit* button
(The Case / Billing Reminder screen refreshes)
6. Click the *Exit Screen* button
(You should be back on the Case / Billing Activity Log)
(Your reminder should be on this screen)
7. Place the cursor next to each entry and click the *Select* button
(Review each one of your entries)
(Return to the Case / Billing Activity Log after reviewing each entry)

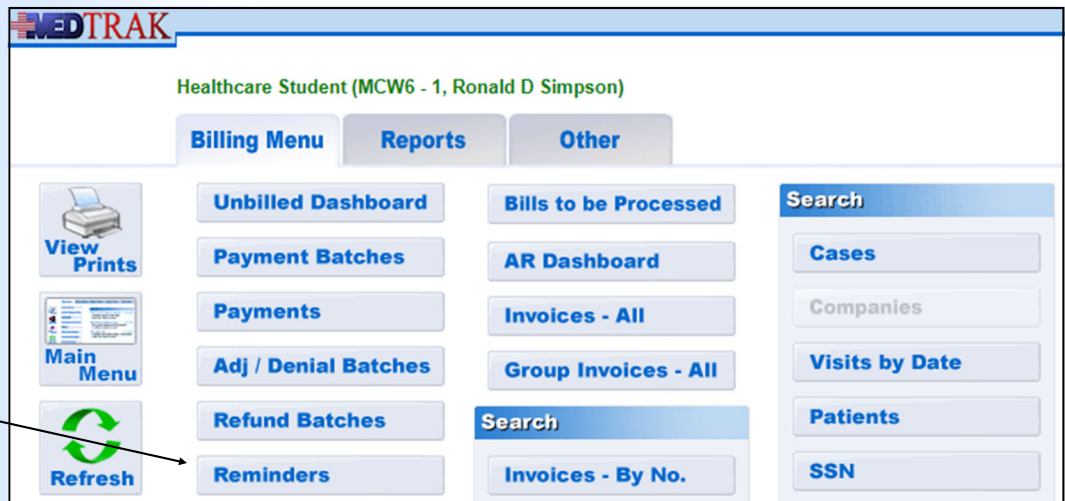
Do These Steps
<==== 11.04

Do These Steps
11.05 =====>

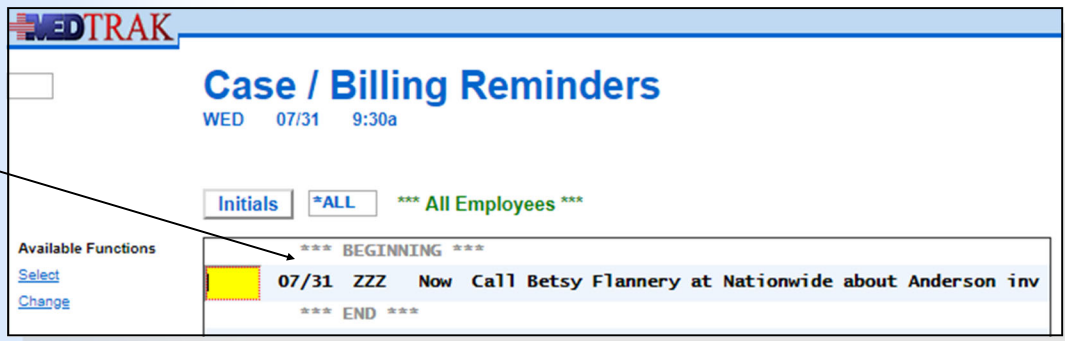
1. Place the cursor in the command field next to any one of the entries on the Case / Billing Activity Log
2. Type the print command **pr**
3. Press the **ENTER** key
 (“Report sent to printer/queue - use **View Prints** link...” message appears)
 (Your Case / Billing Activity Log print is now in your PDF queue)
4. Click the **Exit Screen** button four times to return to the Billing Menu

Reviewing Reminders

To review reminders the collection staff accesses the reminders that pertain to them by clicking the **Reminders** button on the Billing Menu (shown below).



The Case / Billing Reminders screen appears showing the reminder to call Betsy Flannery at Nationwide Insurance regarding the Anderson invoice (shown below).



To filter the reminders, the collection staff types their initials in the **Initials** field and clicks **Initials** button.

The collection staff can select a reminder and change it. They can close the reminder when it is done. They can also access the Case / Billing Activity Log to record more information about the collection activity.

When reminders are closed, they do not appear on this screen anymore, but they do remain on the Case / Billing Activity Log as a record of the collection staff's actions.

1. Click the **Reminders** button on the **Billing Menu**
(You should be on the Case / Billing Reminders screen)
2. Be sure that the cursor is next to your reminder
3. Click the **Close** button
(Your reminder should not appear anymore)
4. Click the **Exit Screen** button
(You should be back on the Billing Menu)

Do These Steps
<==== 11.06

Self Assessment

1. You should be on the **Billing Menu**
2. Click the **Patients** button in the **Search** section
(You should be on the Patients screen)
3. Type **SA11** in the Search or any command field
(**SA** stands for self assessment and **11** is the chapter #)
4. Press the **ENTER** key
(“**Self Assessment sent to printer/queue...**” appears)
5. Click the **View Prints** button
(The Available User Reports window opens)
6. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA11** report.
8. You must have a 100% (error-free) report before continuing.
9. Click the **Exit Screen** button
(You should be back on the Billing Menu)

Do These Steps
<==== 11.07

Printing the Case / Billing Activity Log

Do These Steps
11.08 =====>

1. Print Mr. Anderson's Case / Billing Activity Log
2. To view your print queue, click the *View Prints* button
(This will open another window displaying your PDF print queue called Available User Reports)
3. Find your report (If it does not appear, click the *Refresh* button)
4. Place the cursor next to the print that you want
5. Click the *View Report* button
(The PDF will open in another window)
6. Print the report or save / download it to your computer
7. Close the PDF window
8. Close the Available User Reports window
(You should be back on the Billing Menu)

Chapter 11 - Review Activities

Answer the following questions:

1. **Collection activities include which of the following?**
 - A. Setting up reminders for further follow-up activity.
 - B. Recording notes about conversations related to collection activity.
 - C. Attaching documents to the file related to collection activity.
 - D. All of the above.

=====

PAGE - 1

Case / Billing Activity Log
..PATIENT RESPONSIBILITY (2)
ANDERSON, CHARLES T. (47XNKR)
INJURY / ILLNESS CARE (699528)

=====

07/31/YY
9:32a

07/31/YY Reminder: Call Betsy Flannery at Nationwide about Anderson
invoice.

07/31/YY Document: Denial letter from Nationwide for Anderson

07/30/YY Note: Called Nationwide to discuss payment of \$100.00
invoice. Left a message for Betsy Flannery -
231-858-3737 to call me back.

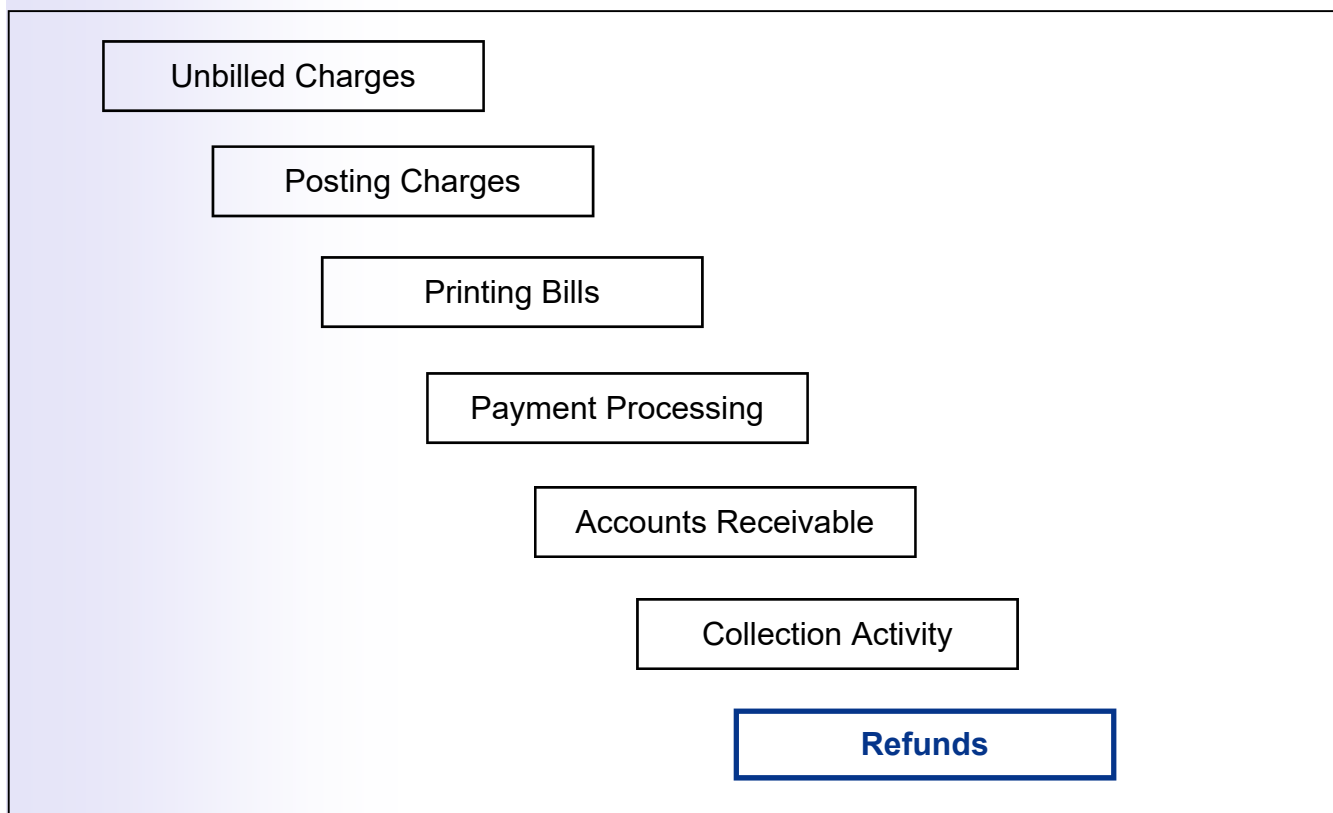
*** END OF PRINT 07/31/YY 9:32a - Healthcare Student ***

This page intentionally left blank.

Refunds

12

Estimated Duration
45 Minutes



Key Concepts

- ▶ Refunds to the payer
- ▶ Unapplied payments
- ▶ Unidentified payments
- ▶ Refunding an overpayment on a line item
- ▶ Refund batch
- ▶ Refund check processing

Refund Processing

Sometimes payers (insurance companies, employers, patients, guarantors) pay money to a medical facility in error. In these situations, the medical facility **refunds to the payer** for all or a portion of the payment:

Refunds to the payer

- Duplicate payments
- Paying more than what they owe
- Paying the wrong medical facility
- Paying for services that another payer already paid

MedTrak allows for the processing of the two basic types of refund situations.

1. Refunding all or a part of payment where there is no invoice to apply the money

Unapplied payment

- A known payer sent in a payment for more than the amount that they owed (**unapplied payment**). This is an unapplied payment because the payment entry staff could not determine which of the payer’s invoices they are paying.

Unidentified payment

- An unknown payer sent in a payment who does not owe you any money (**unidentified payment**). This is an unidentified payment because the payment entry staff could not determine that the payer owed them any money.

Refunding an overpayment on a line item

2. Refunding an overpayment on a line item of an invoice

- A payer paid the same invoice twice with both payments posted on the line items. The payer for some reason sends two checks to pay for the same invoice.
- Two payers paid the same invoice with both payments posted on the line items. Sometimes both the patient and the insurance company pay for the same invoice.
- A payer paid more than what they owed and the excess was posted to one of the line items on an invoice.

Below are the basic workflow steps involved when refunding to a payer:

Refund batch

1. The payment entry staff creates an open **refund batch** to collect the refund information
2. The payment entry staff identifies that a payer should receive a refund
3. The payment entry staff records the amount of the refund
4. The payment entry staff records who should receive the refund check

5. The payment entry staff collects the refunds for a certain period of time into a batch
6. The payment entry staff sends the refund requests to the accounts payable department for refund check processing
7. The accounts payable department writes the refund checks and mails them
8. The accounts payable department sends copies of the checks with the refund requests back to the payment entry staff
9. The payment entry staff records the refund check information in the refund records
10. Once all of the refund request records have refund check information recorded, the refund batch automatically closes

 Refund check
processing

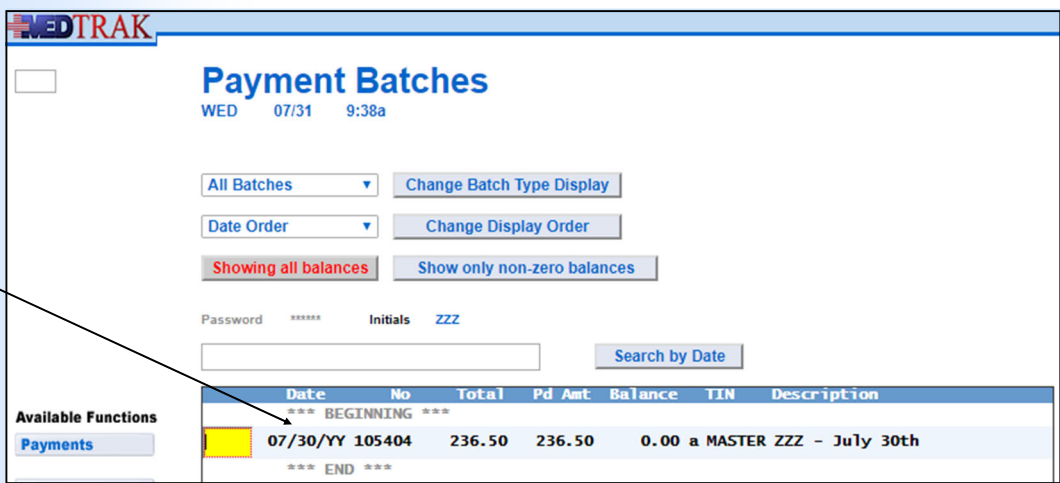
In the example in this book, both the patient and the secondary insurance company send in payments that require the medical facility to refund a portion of them.

- Nationwide Insurance receives the bill for \$100.00 for the office visit and pays \$100.00. Mr. Anderson is actually responsible for a \$20.00 copayment for the office visit and Nationwide indicates this patient obligation on the EOB (explanation of benefits). This means that Nationwide paid \$20.00 more than they were responsible to pay. The medical facility will refund Nationwide \$20.00.
- After reading the EOB from Blue Cross / Blue Shield of Michigan, the patient (Mr. Anderson) assumes that the \$100.00 invoice balance is owed by him. He writes a check for \$100.00, but his obligation was for only \$20.00 (the Nationwide Insurance copayment amount). The medical facility will refund Mr. Anderson \$80.00.

For this example, the payment entry staff records both the Nationwide Insurance payment for \$100.00 and the Anderson patient payment for \$100.00 in the same payment batch.

The payment entry staff accesses the Billing Menu from the MedTrak Main Menu. On the Billing Menu, the user clicks the *Payment Batches* button to display the Payment Batches screen for that medical facility (shown on the next page).

Payment Batches screen showing initial payment batch



Do These Steps 12.01 =====>

1. Sign into **MedTrak**
2. Click the **Billing** button
(You should be on the Billing Menu)
3. Be sure to have your **invoice number** from Chapter 8.
If you do not have it, you can find it on your **Self Assessment** report from Chapter 8.
4. Click the **Payment Batches** button
(You should be on the Payment Batches screen)

For this example, the payment batch total is **\$200.00** and contain two payments:

1. A check from Nationwide Insurance for **\$100.00**.
2. A check from Mr. Anderson for **\$100.00**.

As you learned in Chapter 9, to add a new batch of payments the payment entry staff clicks the **Add** button. The Payment Batch: Add screen appears (shown on the next page).

Below is a description of the fields on this screen.

Batch Number	automatically created by MedTrak when the payment batch is added
Date and Time	MedTrak also automatically puts in the current date and time. The payment entry staff will change these to match the bank deposit.
TIN	master (This is the Tax Identification Number and is required for tax purposes.)
Description	Payments for refund chapter (This contains a description of the batch made up by the payment entry staff.)
Batch Total	200 (representing \$200.00)

EDTRAK

Payment Batch: Add

WED 07/31 9:39a

Password ***** Initials ZZZ

[Tin Help](#)
[Exit Screen](#)
[Main Menu](#)

Batch Number *****

Date (mm/dd/yy)

Time (hh:mm:sa or hh:mm:pm)

TIN

Description

Batch Total

Batch Amount ***** Adjusted on Invoices *****
Paid - ***** Refunded on Invoices *****
Refunded - *****
Balance = *****

Status *****

Payment Batch:
Add screen

1. Click the **Add** button
(You should be on the Payment Batch: Add screen)
2. Leave the **Date** and **Time** fields pre-populated
3. Type **master** in the **TIN** field
(“master” is the tax identification number)
4. Type “**Payments for refund chapter**” in the **Description**
5. Type **200** in the **Batch Total** field (representing \$200.00)
6. Click the **Submit** button
(You should be on the Payment: Add screen)

Do These Steps
<==== 12.02

The next screen is the Payment: Add screen for adding individual payments. For the first payment, the payment entry staff records the **\$100.00** payment from Nationwide Insurance. Nationwide wrote check number **58779** on **July 30th, 2019** to pay for invoice number **355205** (shown on the next page).

Type	Check
Source Type	Private Insurance
TIN	MASTER
Check #	58779
Date	07/30/19
Pay Inv #	355205 (This is Mr. Anderson’s invoice number from the example in this book.)
Amount	100 (representing \$100.00)

Nationwide
payment
information

After recording the payment information, the payment entry staff clicks the *Submit* button.

The next screen to appear is the *Entity / Payers: Select* screen (shown below). The payment entry staff searches for Nationwide Insurance and then places the cursor in the command field next to Nationwide Insurance.

Cursor next to
Nationwide
Insurance

Then the payment entry staff clicks the *Select Payer* button.

Do These Steps
12.03 ==>>

1. Select **Private Insurance** from the **Source Type** drop-down list
2. Leave the **TIN** field as loaded from the payment batch (it should be **MASTER**)
3. Type **58779** in the **Check #** field
4. Type yesterday's date in the **Date** field (mm/dd/yy)
5. Type your invoice number in the **Pay Inv #** field (Type your invoice number from Chapter 8 - **not 355205**)

Do These Steps
 <==== 12.04

1. Skip the **Group Invoice Number** checkbox
2. Type **100** in the **Amount** field (representing \$100.00)
3. Click the **Submit** button
 (You should be on the Entity Payers: Select screen)
4. Type **Nationwide** in **Search** field
5. Click the **Search** button
 (The Entity Payers: Select screen should reset to Nationwide Insurance)
6. Place the cursor next to **Nationwide Insurance**
7. Click the **Select Payer** button
 (You should be on the Payment Posting screen for Mr. Anderson’s invoice)

After selecting the payer, the next screen to appear is the Payment Posting screen for the invoice.

Based on the information included on the EOB (explanation of benefits) from Nationwide Insurance, the payment entry staff posts a payment of **\$80.00** for the office visit and records a **\$20.00** copayment obligation for the patient (shown below).

MEDTRAK
Payment Posting
 WED 07/31 9:44a
 Password ***** Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)
 Company ..PATIENT RESPONSIBILITY (2)
 Patient ANDERSON, CHARLES T. (47XNKR)
 Case LEFT ANKLE PAIN (099528-9990)
 Payment Source Nationwide Insurance
 Detail Check, #58779, 07/31/YY, Batch #105437, TIN: MASTER
 Balance 100.00 (Amt: 100.00 Paid: 0.00 Ref: 0.00)

Available Functions
[Submit Payment](#)
[Paid in Full](#)
[Adjustment Codes](#)
[Line Item Log](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit	150.00	50.00	0.00	80	cp	20	100.00
- Level of Service							

Nationwide payment information

Then the payment entry clerk clicks the **Submit Payment** button. Even though the Nationwide Insurance check is for **\$100.00**, the payment entry staff only posted **\$80.00** of it based on the payment information on the EOB for this invoice.

After reviewing all of the other Nationwide Insurance invoices, the payment entry staff will conclude that the **\$20.00** balance is an overpayment and needs to be refunded to Nationwide Insurance.

The Payment Posting screen refreshes showing the payment information recorded.

The payment information at the top shows that the balance remaining on the Nationwide Insurance payment is **\$20.00** (shown below).

Balance on the Nationwide check is \$20.00

Balance on the invoice is \$20.00

Payment Posting
 WED 07/31 9:46a
 Changes processed --- re-displaying screen...
 Password ***** Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)
 Company ..PATIENT RESPONSIBILITY (2)
 Patient ANDERSON, CHARLES T. (47XNKR)
 Case LEFT ANKLE PAIN (699523-9990)

Payment Source Nationwide Insurance
 Detail Check, #58779, 07/31/YY, Batch #105437, TIN: MASTER
 Balance 20.00 (Amt: 100.00 Paid: 80.00 Ref: 0.00)

Line	Description	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
99203	Office Visit - Level of Service	150.00	130.00	0.00	80.00	CP	20.00	20.00
73610,LT	X-RAY LT ANKLE (3VV)	70.00	50.00	20.00				0.00

The **Office Visit** line item shows the total paid is **\$130.00**. The balance of the office visit is now **\$20.00**.

After reviewing the application of the payment to this invoice, the payment entry staff clicks the *Exit Screen* button.

The next screen to appear is the Invoices Applied by Payment screen displaying the invoices paid by this payment. This screen appears because the payment balance is **\$20.00** (shown below).

Balance left on the payment is \$20.00

Invoice paid with the Nationwide Insurance check

Invoices Applied by Payment
 WED 07/31 9:47a
 Payment balance not 0...
 Password ***** Initials ZZZ

Payment Number 205225
 Source Nationwide Insurance
 Detail Check, #58779, 07/31/YY, Batch #105437

Payment Amount 100.00
 Paid on Invoices 80.00
 Refunded 0.00
 Payment Balance 20.00 Adjusted 0.00

Invoice	Description	Paid	Adj/Ref
355205	ANDERSON, CHARLES T. - ..PATIENT RESPONSIBILI	80.00	0.00

The payment entry staff clicks the *Exit Screen* button to add the next payment to the payment batch.

Do These Steps
<==== 12.05

1. Be sure that the cursor is in **Paid** field for the **Office Visit**
2. Type **80** in the **Paid** field for the **Office Visit** line item
(representing \$80.00)
3. Place the cursor in the first **Code** field for the **Office Visit**
4. Type **cp** in the first **Code** field for the **Office Visit**
(This represents the copayment from Mr. Anderson for Nationwide Insurance)
5. Place the cursor in the first **Amount** field for **Office Visit**
6. Type **"20"** in the first **Amount** field for the **Office Visit**
(representing \$20.00)
7. Click the **Submit Payment** button
(The Payment Posting screen should refresh showing the Nationwide Insurance payment information)
8. Check that your payment information recorded properly
9. Click the **Exit Screen** button
(You should be on the Invoices Applied by Payment screen)
10. Click the **Exit Screen** button again
(You should be on the Payment: Add screen)
(The message **"Successful add - ready to add another..."** should appear)

The Payment: Add screen reappears with the message **"Successful add - ready to add another..."**

On this screen, the payment entry staff records the payment from Mr. Anderson for **\$100.00** (shown on the next page). Mr. Anderson wrote check number **989** on **July 30th, 2019** to pay for invoice number **355205**.

Type	Check
Source Type	Patient/Guarantor
TIN	MASTER
Check #	989
Date	07/30/19
Pay Inv #	355205
Amount	100 (representing \$100.00)

Mr. Anderson's payment

After recording the payment information, the payment entry staff clicks the *Submit* button.

The next screen to appear is the Patient/Guarantor: Select screen (shown below).

Cursor next to Mr. Anderson

*** BEGINNING OF PATIENTS ***			
Aamodt, Richard T.	12/02/1975	374-67-2782	(231) 555-7737
Aaron, Alice J.	03/22/1981	468-32-9333	(231) 555-5885
Abbott, Sandy L.	06/14/1984	357-44-9393	(231) 555-6996
Amaro, Scott C.	05/11/1987	635-76-3833	(231) 555-3737
Anderson, Charles T.	12/02/1975	255-65-6376	(231) 555-7537
Bailey, Darlene M.	06/16/1931	784-73-6333	(231) 555-3868
Bradford, Larry J.	07/17/1987	347-27-2722	(231) 555-2442
Campbell, Susan T.	08/18/1972	274-74-7333	(231) 488-4844
Carrey, Paula M.	03/05/1966	354-23-5310	(231) 555-6885
Chadwick, Cliff B.	09/19/1979	457-37-3399	(231) 555-4894
Christianson, Brenda T.	11/12/1980	388-20-3322	(231) 555-3424
Cooper, Janice B.	01/04/1978	372-82-6383	(231) 555-2772

Do These Steps
12.06 =====>

1. Select **Patient/Guarantor** from the **Source Type** drop-down
2. Leave the **TIN** field as loaded from the payment batch (It should be **MASTER**)
3. Type **989** in the **Check #** field
4. Type yesterday's date in the **Date** field (mm/dd/yy)
5. Type your invoice number in the **Pay Inv #** field (Type your invoice number from Chapter 8 - **not 355205**)

1. Skip the **Group Invoice Number** checkbox
2. Type **100** in the **Amount** field (representing \$100.00)
3. Click the **Submit** button
(You should be on the Patient/Guarantor: Select screen)
4. Place the cursor next to **Mr. Anderson**
5. Click the **Select** button
(You should be on the Payment Posting screen for Mr. Anderson's invoice)

Do These Steps
<==== 12.07

After selecting the payer, the next screen to appear is the Payment Posting screen for the invoice.

The payment entry staff posts the payment from Mr. Anderson for **\$100.00** for the office visit (shown below). Even though the balance due for the **Office visit** is only **\$20.00**, the payment entry staff records the full amount of the payment from patient anyway. At this time, the payment entry staff is not sure who will be credited for the overpayment amount.

MEDTRAK
Payment Posting
 WED 07/31 9:51a
 Password ***** Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)
 Company .PATIENT RESPONSIBILITY (2)
 Patient ANDERSON, CHARLES T. (47XNKR)
 Case LEFT ANKLE PAIN (699528-9990)
 Payment Source ANDERSON, CHARLES T.
 Detail Check, #999, 07/31/YY, Batch #105437, TIN: MASTER
 Balance 100.00 (Amt: 100.00 Paid: 0.00 Ref: 0.00)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit - Level of Service	150.00	130.00	0.00	100			20.00
73610,LT - X-RAY LT ANKLE (3W)	70.00	50.00	20.00				0.00
A9999 - ICE PACK INSTANT	12.50	5.00	7.50				0.00
L1902,NU - ANKLE LACE LP MD (LLE)	83.00	51.50	31.50				0.00

Anderson
payment
information

Then the payment entry staff clicks the **Submit Payment** button.

The Payment Posting screen refreshes showing the payment information recorded. The payment information at the top shows the balance left on the payment is zero (shown on the next page).

Payment Posting
WED 07/31 9:51a
Changes processed --- re-displaying screen...
Password ***** Initials ZZZ

Invoice Number: 365205 (DOS: 07/08YY, H-DOC, ZZZ)
Company: PATIENT RESPONSIBILITY (2)
Patient: ANDERSON, CHARLES T. (47XNKR)
Case: LEFT ANKLE PAIN (669528-9990)
Payment Source: ANDERSON, CHARLES T.
Detail: Check: #999, 07/31YY, Batch #105437, TIN: MASTER
Balance: 0.00 (Amt: 100.00 Paid: 100.00 Ref: 0.00)

Line Item	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
99203 - Office Visit - Level of Service	150.00	230.00	0.00	100.00			80.00-
73610,LT - X-RAY LT ANKLE (3W)	70.00	50.00	20.00				0.00
A9999 - ICE PACK INSTANT	12.50	5.00	7.50				0.00
L1902,NU - ANKLE LACE UP MD (LLE)	83.00	51.50	31.50				0.00
TOTAL:	454.50	416.50	118.00	100.00		0.00	80.00-

Balance on the Anderson check is zero

Invoice showing a credit balance

After reviewing all of the other payment information on this invoice, the payment entry staff will conclude that the **\$80.00** credit balance is an overpayment and needs to be refunded to the patient.

The **Office visit** line item shows the total paid is **\$230.00**. The balance of the **Office visit** line item is now a credit of **\$80.00**. After reviewing the application of the payment to this invoice, the payment entry staff clicks the **Exit Screen** button.

The Invoices Applied by Payment screen is skipped because the balance on this payment is zero.

The Payment: Add screen reappears with the message “**Successful add - ready to add another...**”

Do These Steps 12.08 =====>

1. Place the cursor is in the **Paid** field for the **Office Visit**
2. Type **100** (representing \$100.00)
3. Click the **Submit Payment** button
(The Payment Posting screen should refresh showing the Anderson payment information)
4. Check that your payment information recorded properly
5. Click the **Exit Screen** button
(The Payment: Add screen should appear again)
(The Invoices Applied by Payment screen is skipped because the Anderson payment balance is **zero**)

Because these are the only two payments for this batch, the payment entry staff then clicks the *Exit Screen* button.

The next screen to appear is the Payment Batch / Payments screen (shown below). This screen lists all of the payments in the batch. For this example, the Payment Batch / Payments screen lists both the Nationwide Insurance payment for \$100.00 and Mr. Anderson's payment for \$100.00. The screen shows that there is still a \$20.00 balance on the Nationwide Insurance payment. The screen shows a zero balance on Mr. Anderson's payment indicating the full amount of his payment was posted.

MEDTRAK

Payment Batch / Payments

WED 07/31 9:52a

07/31/YY, 9:39a, \$200.00, Payments for refund chapter

Payment Date Change Display Order

Showing All Payments Show Only Non-zero Balance Payments

Password ***** Initials ZZZ

		Amount Paid/Ref	Balance
*** BEGINNING ***			
07/31	Nationwide Insurance - CK#58779, 07/31/Y	100.00	80.00 20.00
	ANDERSON, CHARLES T. - CK#989, 07/31/YY	100.00	100.00 0.00
*** END ***			

Available Functions

- Invoices
- Group Invoices
- Add Payment
- Change Payment
- Delete
- Refund
- Payment Note
- Log
- More Functions...

Page Up Page Down

Two payments in the batch

After reviewing the payments, the payment entry staff clicks the *Exit Screen* button again to return to the Payment Batch / Payments screen and then clicks the *Exit Screen* button again to return to the Billing Menu.

1. Click the *Exit Screen* button
(You should be on the Payment Batch / Payments screen)
2. Review your payments
3. Click the *Exit Screen* button again
(You should be back on the Payment Batches screen)
4. Click the *Exit Screen* button again
(You should be back on the Billing Menu)

Do These Steps
<==== 12.09

Creating a Refund Batch

To create an open refund batch to collect the refund details, the payment entry staff clicks the *Refund Batches* button on the Billing Menu (shown below).

Refund Batches button



The next screen to appear is the Refund Batches screen (shown below). In this example, there are no open refund batches to display.

To add a refund batch, the payment entry staff clicks the *Add* button.

The next screen to appear is the Refund Batch: Add screen. The date and time are automatically filled in with the current date and time by MedTrak. The payment entry staff types in a description for the batch of “**Anderson refunds**” (shown on the next page).

Refund Batches screen

Add refund batch button



MEDTRAK

Refund Batch: Add

WED 07/31 9:56a

Password ***** Initials ZZZ

[Exit Screen](#)

[Main Menu](#)

Number *****

Date 07/31/YY (mm/dd/yy)

Time 9:56a (hh:mms or hh:mmp)

Desc Anderson refunds

Count ****

Amount *****

Balance *****

Anderson refund batch to be added

Then the payment entry staff clicks the *Submit* button. The Refund Batches screen reappears displaying the newly added refund batch (shown below).

MEDTRAK

Refund Batches

WED 07/31 9:57a

Password ***** Initials ZZZ

Available Functions

Date	Batch#	Count	Batch Amt	Balance	Description
*** BEGINNING ***					
07/31/YY	18823	0	0.00	0.00	Anderson refunds
*** END ***					

Anderson refund batch now in the refund batch list

1. Click the *Refund Batches* button on the Billing Menu
(You should be on the Refund Batches screen)
2. Click the *Add* button
(You should be on the Refund Batch: Add screen)
3. Leave **Date** and **Time** fields as pre-populated by MedTrak
4. Type “**Anderson refunds**” in the batch description
5. Click the *Submit* button
(You should be back on the Refund Batches screen)
(You should see the refund batch that you just added)
6. Click the *Exit Screen* button
(You should be back on the Billing Menu)

Do These Steps
<==== 12.10

Refunding Unapplied Payments

In this example, Nationwide Insurance sent in a check for \$20.00 more than they owed. This \$20.00 is reflected on the Accounts Receivable Aging dashboard in the **Unapplied Payments** section.

From the Billing Menu, the payment entry staff clicks the *AR Dashboard* button (shown below).

AR Dashboard button

Healthcare Student (MCW6 - 1, Ronald D Simpson)

Billing Menu Reports Other

Unbilled Dashboard Bills to be Processed

Payment Batches AR Dashboard

Payments Invoices - All

Adj / Denial Batches Group Invoices - All

Refund Batches Search

Search

Cases

Companies

Visits by Date

Patients

The next screen to appear is the Accounts Receivable Aging dashboard (shown below).

Unapplied payments of \$20.00

ACCOUNTS RECEIVABLE AGING

WED 07/31 9:59a

A/R Aging dashboard successfully refreshed...

Site: 00067122

Activity: All invoices

Follow-up: With and without

Account Rep: ALL

A/R	TOTAL	0-30	31-60	61-90
Debit A/R				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (0)	0	0	0	0
Credit A/R				
Patient (0)	0	0	0	0
Insurance (1)	80	80	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (1)	20	20	0	0
Unidentified (0)	0	0	0	0

To review the **Unapplied Payments**, the payment entry person clicks the total amount field. The next screen to appear is the Payments by Balance screen displaying the unapplied payments totals by payer (shown below).

Click the payer name

In this example, Nationwide Insurance is the only payer with an unapplied payment. To select Nationwide’s unapplied payment, the payment entry staff clicks the payer’s name. The next screen to appear is the Private Insurance / Payments screen displaying the unapplied payment amounts for Nationwide (shown below). To refund the \$20.00 balance to Nationwide, the payment entry staff places the cursor next to the payment and clicks the **Refund** button.

Balance on Nationwide payment

Refund button

1. Click the **AR Dashboard** button on the **Billing Menu** (You should be on the Accounts Receivable Aging)
2. Click the **Total** amount for the **Unapplied** category (You should be on the Payments by Balance screen)
3. Click the **Nationwide Insurance** name (You should be on the Private Insurance / Payments)
4. Place the cursor next to the **100.00** (Nationwide) payment
5. Click the **Refund** button (You should be on the Refund screen)

Do These Steps
<==== 12.11

The next screen to appear is the Refund screen (shown below).

Refund screen for Nationwide Insurance

Refund Codes button

The payment entry staff clicks the *Codes* button to display the available refund codes (shown below).

Refund Codes screen

To select the refund code for an insurance overpayment, the payment entry staff clicks the **R20 - Insurance - overpayment** checkbox. The Refund screen refreshes showing the selected refund code.

The payment entry staff enters the rest of the fields on the Refund screen (shown below).

Amount	20 (representing \$20.00)
Name	Nationwide Insurance
Address Line 2	233 South Main Street
City	Glen Arbor
State	MI
Zip Code	49636

The screenshot shows the MEDTRAK Refund screen. At the top, it says 'Refund' and 'WED 07/31 10:04a'. Below that, there are fields for 'Password *****' and 'Initials ZZZ'. On the left, there are links for 'Exit Screen' and 'Main Menu'. The main form area contains the following information:

- Payment Source:** Nationwide Insurance
- Detail:** Check, #58779, 07/31/YY, Batch #105437
- Balance:** 0.00 (Amt: 100.00 Paid: 80.00 Ref: 20.00)
- On Payment:** (checkbox)
- Refund Batch:** 07/31/YY, 9:56a, Anderson refunds (#18823)
- Refund Code:** R20 (selected), Codes, Insurance - overpayment
- Amount:** 20.00
- Status:** PENDING - NO REFUND CHECK SENT YET
- Name:** Nationwide Insurance
- Address Line 2:** 233 South Main Street
- Address Line 3:** (empty)
- Address Line 4:** (empty)
- City:** Glen Arbor
- State:** MI
- Zip:** 49636
- Submit:** (button)

Nationwide refund screen with data

Then the payment entry staff clicks the **Submit** button.

The next screen to appear is the Refund Detail screen showing the refund just added by the payment entry staff. This screen shows that for the Nationwide Insurance check that a refund of **\$20.00** is pending due to an insurance company overpayment (shown on the next page).

Nationwide refund is now a pending refund

MEDTRAK Refund Detail
WED 07/31 10:05a

Nationwide Insurance, Check, #58779, 07/31/YY, \$100.00

Search Password ***** Initials ZZZ

Available Functions: Add, Change, Delete, Log

*** BEGINNING ***	
On Payment - R20:Insurance - overpayment	20.00p
*** END ***	

The payment entry staff clicks the *Exit Screen* button to return to the Private Insurance / Payments screen to process any other refund of an overpayment by Nationwide Insurance. In this example, the \$20.00 payment was the only unapplied payment for Nationwide, so the payment entry staff clicks the *Exit Screen* button again to return to the Payments by Balance screen to process refunds for any other payers with unapplied payments. Again, in this example, the payment entry staff clicks the *Exit Screen* button to return to the Accounts Receivable Aging dashboard (shown below). The **Unapplied** payments total is now zero.

Unapplied payments total is now zero

MEDTRAK ACCOUNTS RECEIVABLE AGING
WED 07/31 10:07a

A/R Aging dashboard successfully refreshed...

Site: 00067122
Activity: All Invoices
Follow-up: With and without
Account Rep: ALL

Available Functions: Reset View, Refresh Totals, Next Time Periods, Prev Time Periods, Exit Screen, Main Menu

A/R	TOTAL	0-30	31-60	61-90
Debit A/R				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (0)	0	0	0	0
Credit A/R				
Patient (0)	0	0	0	0
Insurance (1)	80	80	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0
Unidentified (0)	0	0	0	0

Do These Steps
<==== 12.12

1. Click the *Codes* button
(You should be on the Refund Codes: Select screen)
2. Click the checkbox for the **R20 - Insurance - overpayment**
(You should be back on the Refund screen)
(The R20 - Insurance - overpayment refund code appears)
3. Type **20** in the **Amount** field (representing \$20.00)
4. Type **Nationwide Insurance** in the **Name** field
5. Type **233 South Main Street** in the **Address Line 2** field
6. Type **Glen Arbor** in the **City** field
7. Type **mi** in the **State** field
8. Type **49636** in the **Zip** field
9. Click the *Submit* button
(You should be on the Refund Detail screen)
10. Click the *Exit Screen* button
(You should be on Private Insurance / Payments screen)
11. Click the *Exit Screen* button again
(You should be on the Payments by Balance screen)
12. Click the *Exit Screen* button again
(You should be back on the Accounts Receivable Aging dashboard)
(The **Unapplied payments** total should be zero)

The Nationwide Insurance refund is now in a pending status and included in the refund batch that the payment entry staff previously added.

Refunding an Overpayment on a Line Item ••••●

In this example, the patient, Mr. Anderson, sent in a check for \$80.00 more than they owed. This \$80.00 is reflected on the Accounts Receivable Aging dashboard in **Overpaid Invoices**.

To review overpaid invoices, the payment entry staff resets the view of the Accounts Receivable Aging dashboard to display only the totals for overpaid invoices.

To reset the view, the payment entry staff clicks the drop-down list for the **Activity** field (shown on the next page).

MEDTRAK

ACCOUNTS RECEIVABLE AGING

WED 07/31 10:07a

A/R Aging dashboard successfully refreshed...

Site: 00067122

Activity: **Overpaid invoices** (dropdown menu open showing: All invoices, No pay invoices, Underpaid invoices, Denied invoices, Overpaid invoices)

Follow-up: All Invoices, Both W and W/O

Reset View

Account Rep: []

Next Period

Available Functions: [Reset View](#), [Refresh Totals](#), [Next Time Periods](#), [Prev Time Periods](#), [Exit Screen](#), [Main Menu](#)

A/R	TOTAL	0-30	31-60	61-90
Debit A/R				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (0)	0	0	0	0
Credit A/R				
Patient (0)	0	0	0	0
Insurance (1)	80	80	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0

Then the payment entry staff selects **Overpaid Invoices** and clicks the *Reset View* button.

After resetting the view to overpaid invoices, the Accounts Receivable Aging dashboard refreshes displaying only information about overpaid invoices (shown below).

MEDTRAK

ACCOUNTS RECEIVABLE AGING

WED 07/31 10:07a

A/R Aging dashboard successfully refreshed...

Site: 00067122

Activity: **Overpaid invoices**

Follow-up: **With and without**

Reset View

Account Rep: ALL

Previous Period

Next Period

Available Functions: [Reset View](#), [Refresh Totals](#), [Next Time Periods](#), [Prev Time Periods](#), [Exit Screen](#), [Main Menu](#)

A/R	TOTAL	0-30	31-60	61-90
Debit A/R				
Patient (0)	0	0	0	0
Insurance (0)	0	0	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Total Debit (0)	0	0	0	0
Credit A/R				
Patient (0)	0	0	0	0
Insurance (1)	80	80	0	0
Employer (0)	0	0	0	0
Other (0)	0	0	0	0
Unapplied (0)	0	0	0	0
Unidentified (0)	0	0	0	0

Only overpaid invoices showing

To view the overpaid invoices for insurance companies, the payment entry staff clicks the total amount for **Insurance** in the **Credit A/R** section of the dashboard.

The next screen to appear is the Invoices, Overpaid, Credit AR (shown below).

Available Functions

- Select Invoice
- Print Invoice
- Show Charges
- Change Invoice
- Invoice Log

*** BEGINNING ***			
<input type="checkbox"/>	Nationwide Insurance	ANDERSON, CHARLES T.	355205c 07/08 80.00-
*** END ***			

Anderson's overpaid invoice

The Nationwide Insurance invoice for Mr. Anderson shows a credit balance of \$80.00. The payment entry staff places the cursor in the command field next to the invoice and clicks the **Select Invoice** button.

The next screen to appear is the Payments Applied on Invoice screen for all of the payments posted to Mr. Anderson's invoice (shown below).

Available Functions

- Select Payment
- Add Payment

*** BEGINNING ***			
<input type="checkbox"/>	Check #978, 07/30/YY - ANDERSON, CHARLES T.	25.00	0.00
<input type="checkbox"/>	Check #36722, 07/30/YY - Blue Cross / Blue Shield of	211.50	118.00
<input type="checkbox"/>	Check #58779, 07/31/YY - Nationwide Insurance	80.00	0.00
<input type="checkbox"/>	Check #989, 07/31/YY - ANDERSON, CHARLES T.	100.00	0.00
*** END ***			

All payments applied to Mr. Anderson's invoice

Anderson check that should have a refund

To refund the overpayment made by Mr. Anderson, the payment entry staff places the cursor in the command field next to the \$100.00 made by Mr. Anderson (not the \$25.00 payment) and clicks the **Select Payment** button.

The next screen to appear is the Payment Posting screen for the \$100.00 payment made by Mr. Anderson (shown below).

Overpayment made by Mr. Anderson

Adjustment Codes button

MEDTRAK
Payment Posting
 WED 07/31 10:16a

Password ***** Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)
 Company ..PATIENT RESPONSIBILITY (2)
 Patient ANDERSON, CHARLES T. (47XNKR)
 Case LEFT ANKLE PAIN (899528-9990)

Payment Source ANDERSON, CHARLES T.
 Detail Check, #989, 07/31/YY, Bal: 4105437, TIN: MASTER
 Balance 0.00 (Amt: 100.00 Paid: 100.00 Ref: 0.00)

Available Functions
[Submit Payment](#)
[Paid in Full](#)
[Adjustment Codes](#)
[Line Item Log](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit - Level of Service	150.00	230.00	0.00	100.00			80.00-
73610,LT - X-RAY LT ANKLE (3W)	70.00	50.00	20.00				0.00

To refund the overpayment of \$80.00 made by Mr. Anderson and posted to the **Office visit** line item, the payment entry staff places the cursor in the first **Code** field next to the **Office visit** line item and clicks the *Adjustment Codes* button.

The next screen to appear is the Adjustment Codes: Select selection screen. On this screen, the payment posting person needs to page down multiple times to display the refund codes (shown below).

Refund codes

MEDTRAK
Adjustment Codes: Select
 WED 07/31 10:15a

Paged down...

Available Functions
[Submit Selection](#)

↑ Page Up
 ↓ Page Down

[Exit Screen](#)

- [D81 - Out of network - MBR responsible](#)
- [D82 - MBR Responsible](#)
- [D83 - Not Medically Necessary](#)
- [D84 - Need Primary Insurance Information](#)
- [R00 - Patient - overpayment](#)
- [R10 - Employer - overpayment](#)
- [R11 - Employer - duplicate payment](#)
- [R15 - Employer - procedure not done](#)
- [R16 - Employer - supply not dispensed](#)
- [R20 - Insurance - overpayment](#)
- [R21 - Insurance - duplicate payment](#)
- [R25 - Insurance - procedure not done](#)
- [R26 - Insurance - supply not dispensed](#)
- [R27 - Insurance - amount billed exceeds OMFS](#)
- [R29 - Insurance - wrong carrier billed](#)
- [R30 - Global payer - overpayment](#)
- [R31 - Global payer - duplicate payment](#)
- [R35 - Global payer - procedure not done](#)
- [R36 - Global payer - supply not dispensed](#)
- [R90 - Patient - Med Occur Payment](#)

(continued on next page --- continued on next pa

The payment entry person selects the **R00 - Patient - overpayment** code by clicking the checkbox. The **Payment Posting** screen reappears with the **R00** code in the first **Code** field. The payment entry staff then enters **80** in the first **Amount** field for the **\$80.00** refund to Mr. Anderson (shown below).

MEDTRAK
Payment Posting
 WED 07/31 10:17a
 Password ***** Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ)
 Company ..PATIENT RESPONSIBILITY (2)
 Patient ANDERSON, CHARLES T. (47XNKR)
 Case LEFT ANKLE PAIN (899528-9990)

Payment Source ANDERSON, CHARLES T.
 Detail Check, #989, 07/31/YY, Batch #105437, TIN: MASTER
 Balance 0.00 (Amt: 100.00 Paid: 100.00 Ref: 0.00)

Available Functions
[Submit Payment](#)
[Paid in Full](#)
[Adjustment Codes](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit	150.00	230.00	0.00	100.00	R00	80	80.00-
- Level of Service							

Anderson's refund information

After entering the code and amount, the payment entry staff clicks the **Submit Payment** button.

The **Payment Posting** screen now reflects the **\$80.00** refund. Both the balance on the **Office Visit** line item and the invoice are now zero (shown below).

MEDTRAK
Payment Posting
 WED 07/31 10:18a
 Changes processed --- re-displaying screen...
 Password ***** Initials ZZZ

Invoice Number 355205 (DOS: 07/08/YY, I-DOC, ZZZ) ** REFUND PENDING: 80.00
 Company ..PATIENT RESPONSIBILITY (2)
 Patient ANDERSON, CHARLES T. (47XNKR)
 Case LEFT ANKLE PAIN (899528-9990)

Payment Source ANDERSON, CHARLES T.
 Detail Check, #989, 07/31/YY, Batch #105437, TIN: MASTER
 Balance 0.00 (Amt: 100.00 Paid: 100.00 Ref: 0.00)

Available Functions
[Submit Payment](#)
[Paid in Full](#)
[Adjustment Codes](#)
[Line Item Log](#)
[Page Up](#) [Page Down](#)
[Exit Screen](#)
[Main Menu](#)

	Billed	Tot Paid	Tot Adj	Paid	Code	Amount	Balance
*** BEGINNING ***							
99203 - Office Visit	150.00	230.00	80.00-	100.00	R00	80.00	0.00
- Level of Service							
73610,LT - X-RAY LT ANKLE (3W)	70.00	50.00	20.00				0.00
A9999 - ICE PACK INSTANT	12.50	5.00	7.50				0.00
L1902,NU - ANKLE LACE UP MD (LLE)	83.00	51.50	31.50				0.00
*** CONTINUED ON NEXT PAGE ***							
TOTAL:	454.50	416.50	38.00	100.00		80.00-	0.00

Balance on the line item is now zero

Balance on the invoice is now zero

The payment entry person clicks the *Exit Screen* button to return to the Payments Applied on Invoice screen (shown below). The \$100.00 Anderson payment now shows a credit of \$80.00 in the **Adj/Ref** (adjustment / refund) column to reflect the pending refund.

Refund of \$80.00 now showing

MEDTRAK

Payments Applied On Invoice

WED 07/31 10:19a

Password ***** Initials ZZZ

Invoice Number	355205		
Company	.PATIENT RESPONSIBILITY (2)		
Patient	ANDERSON, CHARLES T. (47XNKR)		
Case	LEFT ANKLE PAIN (699528-9990)		
Amount	454.50		
Paid	- 416.50		
Adjusted	- 118.00		
Refunded	+ 80.00	Ref Pend	80.00
Balance	= 0.00		

Available Functions Paid Adj/Ref

Select Payment

Add Payment

Page Up Page Down

Exit Screen

		Paid	Adj/Ref
*** BEGINNING ***			
<input type="checkbox"/>	Check #978, 07/30/YY - ANDERSON, CHARLES T.	25.00	0.00
<input type="checkbox"/>	Check #36722, 07/30/YY - Blue Cross / Blue Shield of	211.50	118.00
<input type="checkbox"/>	Check #58779, 07/31/YY - Nationwide Insurance	80.00	0.00
<input checked="" type="checkbox"/>	Check #989, 07/31/YY - ANDERSON, CHARLES T.	100.00	80.00-
*** END ***			

The payment entry staff clicks the *Exit Screen* button to return to the Invoices, Overpaid, Credit AR screen to continue processing refunds for overpaid invoices.

In this example, the payment entry staff clicks the *Exit Screen* button to return to the Accounts Receivable Aging dashboard.

On the Accounts Receivable Aging dashboard, the payment entry staff clicks the *Exit Screen* button again to return to the Billing Menu.

Mr. Anderson’s refund is now in a pending status and included in the refund batch that the payment entry staff previously added.

Do These Steps 12.13 ==>

1. Select **Overpaid** invoices from the **Activity** drop-down list
(You should be on the Accounts Receivable Aging)
2. Click the **Reset View** button
(The Accounts Receivable Aging should now be showing overpaid invoices)
3. Click the **Total for Credit A/R / Insurance amount**
(You should be on Invoices, Overpaid, Credit AR screen)

Do These Steps
<==== 12.14

1. Place the cursor next to **Mr. Anderson's invoice**
2. Click the **Select Invoice** button
(You should be on Payments Applied on Invoice screen)
3. Place the cursor next to **Mr. Anderson's \$100.00 payment**
(Note: Be sure to select Mr. Anderson's \$100.00 payment and * NOT *** his \$25.00 payment)**
4. Click the **Select Payment** button
(You should be on the Payment Posting screen)
5. Place the cursor in the first **Code** field for the **Office visit** which is overpaid
6. Click the **Adjustment Codes** button
(You should be on the Adjustment Codes: Select screen)
7. Page down multiple times to locate the **R00 - Patient overpayment** refund code
8. Click the checkbox for **R00 - Patient - overpayment code**
(You should be back on the Payment Posting screen showing the refund code)
9. Type **80** in the first **Amount** field for the **Office visit**
(representing \$80.00)
10. Click the **Submit Payment** button
(The Payment Posting screen should reflect the refund)
11. Click the **Exit Screen** button
(You should be on Payments Applied on Invoice screen)
12. Click the **Exit Screen** button again
(You should be on Invoices, Overpaid, Credit AR screen)
13. Click the **Exit Screen** button again
(You should be back on the Accounts Receivable Aging dashboard)
(The total for Credit A/R Insurance balance should be zero)
14. Click the **Exit Screen** button again
(You should be back on the Billing Menu)

Submitting a Refund Batch to Accounts Payable ••●

Either on demand or based on a regular cycle, the payment entry staff submits refund batch information to the accounts payable department for payment. The payment entry staff typically fills out a check request for each refund request and prints the refund batch information to send along with the refund requests.

Before sending the refund requests to accounts payable, the payment entry staff accesses the Refund Batches screen (shown below) by clicking the *Refund Batches* button on the Billing Menu.

Current refund batch

To select the refund batch for reviewing and updating the payer address information, the payment entry staff places the cursor in the command field next to the refund batch and clicks the *Select* button.

The next screen to appear is the Refund Master screen displaying all of the refunds in the batch (shown below).

Nationwide and Anderson refunds

The “p” next to the refund amount indicates that it is pending

Both the Nationwide refund and the Anderson refund display. The Nationwide refund is associated with the payment, and Mr. Anderson's refund is associated with the invoice. The **p** to the right of the amount fields indicates that this is still a pending refund, meaning that the refund check has not yet been written and sent to the payer.

The payment entry staff reviews the payer address information for each refund request to be sure that it is complete. To review the address information, the payment entry staff places the cursor in the command field next to the Nationwide refund and clicks the *Change* button. In this example, the payment entry staff filled in the address information for the Nationwide Insurance refund when they created the refund (shown below).

The screenshot shows the MEDTRAK Refund screen. At the top, it says "Refund" with the date "WED 07/31" and time "10:22a". Below that, it shows "Password *****" and "Initials ZZZ". On the left, there are links for "Exit Screen" and "Main Menu". The main content area displays the following information:

- Payment Source:** Nationwide Insurance
- Detail:** Check, #58779, 07/31/YY, Batch #105437
- Balance:** 0.00 (Amt: 100.00 Paid: 80.00 Ref: 20.00)
- Refund Batch:** 07/31/YY, 9:56a, Anderson refunds (#18823)
- Count:** 1
- Amount:** 20.00
- Balance:** 20.00
- Check Number:** *****
- Check Date:** *****YY
- Check Amount:** *****
- Name:** Nationwide Insurance
- Address Line 2:** 233 South Main Street
- Address Line 3:**
- Address Line 4:**
- City:** Glen Arbor
- State:** MI
- Zip:** 49636

There is a red message that says "Check fields closed until Refund Batch submitted". A yellow highlight is under the "Name" field. A blue "Submit" button is at the bottom. A callout box on the right points to the "Name" field with the text "Nationwide refund address information".

The payment entry staff reviews the address information to be sure that it is correct and clicks the *Exit Screen* button to return to the Refund Master screen.

The payment entry staff places the cursor next to the Anderson refund and clicks the *Change* button. The Anderson refund did not have the address information completed, so the payment entry staff enters Mr. Anderson's address information for the refund check (shown on the next page).

MEDTRAK

Refund

WED 07/31 10:23a

Password ***** Initials ZZZ

[Exit Screen](#)

[Main Menu](#)

Payment Source: **ANDERSON, CHARLES T.**
 Detail: Check, #989, 07/31/YY, Batch #105437
 Balance: 0.00 (Amt: 100.00 Paid: 100.00 Ref: 0.00)

Refund Batch: 07/31/YY, 9:56a, Anderson refunds (#18823)

Count: 1
 Amount: 80.00
 Balance: 80.00

Check Number: *****
 Check Date: *****YY
 Check Amount: *****

Check fields closed until Refund Batch submitted

Name: Charles Anderson
 Address Line 2: 522 N Oak Street
 Address Line 3:
 Address Line 4:
 City: Glen Arbor
 State: MI
 Zip: 49636

Submit

Anderson refund address information

After completing the address information, the payment entry staff clicks the *Submit* button to accept the changes. The Refund Master screen reappears (shown below).

MEDTRAK

Refund Master

WED 07/31 10:24a

07/31/YY, 9:56a, Anderson refunds (#18823)

Password ***** Initials ZZZ

Search

Available Functions: [Change](#), [Delete](#), [Un-delete](#), [Log](#)

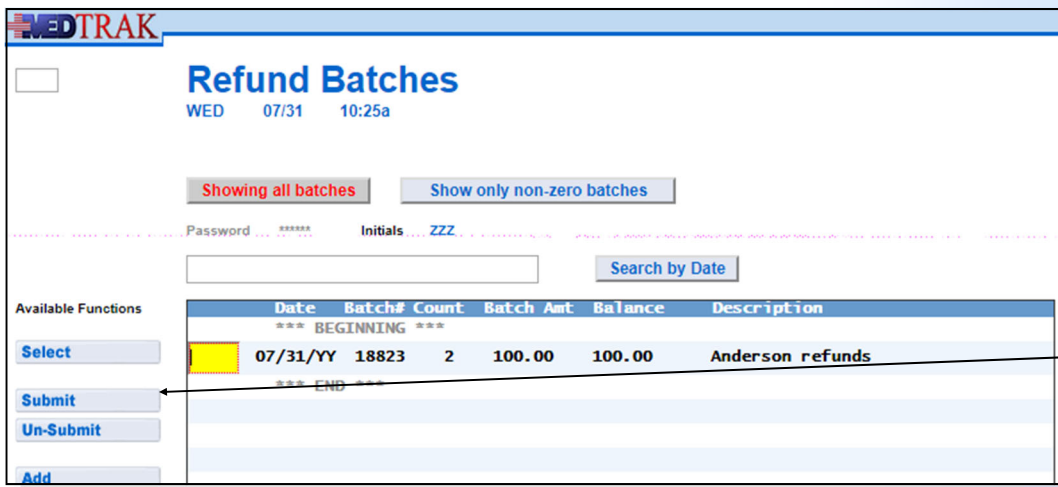
*** BEGINNING ***

<input type="checkbox"/>	Nationwide Insurance, CK#58779, 07/31/YY	20.00p
	On Payment - R20:Insurance - overpayment	20.00p
<input type="checkbox"/>	ANDERSON, CHARLES T., CK#989, 07/31/YY	80.00p
	Inv #355205, ANDERSON, CHARLES T., LEFT ANKLE PAIN	80.00p

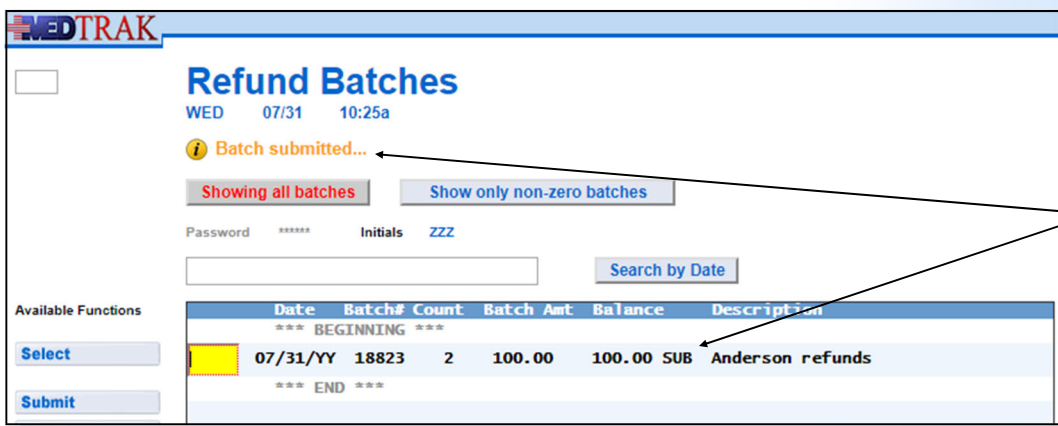
*** END ***

Nationwide and Anderson refunds

The payment entry staff clicks the *Exit Screen* button to return to the Refund Batches screen (shown on the next page).



To close this refund batch and prevent additional refunds from accumulating in it, the payment entry staff submits the batch. To submit the refund batch, the payment entry staff places the cursor in the command field next to the refund batch and clicks the *Submit* button. The Refund Batches screen refreshes with the refund batch now submitted showing **SUB** to the right of the balance and and the message “**Batch submitted...**” at the top of the screen (shown below).



Refund batch is now submitted to accounts payable

1. Click the *Refund Batches* button on the **Billing Menu**
(You should be on the Refund Batches screen)
2. Be sure that the cursor is next to **your refund batch**
3. Click the *Select* button
(You should be on the Refund Master screen)
4. Be sure that the cursor is next to the **Nationwide Insurance refund**
5. Click the *Change* button
(You should be on the Nationwide Refund screen)
6. Verify the address information for the refund check

Do These Steps
<==== 12.15

Do These Steps
12.16 =====>

1. Click the *Exit Screen* button
(You should be back on the Refund Master screen)
2. Place the cursor next to the **Anderson refund**
3. Click the *Change* button
(You should be on the Anderson Refund screen)
4. Type **Charles Anderson** in the **Name** field
5. Type **522 N Oak Street** in the **Address Line 2** field
6. Type **Glen Arbor** in the **City** field
7. Type **mi** in the **State** field
8. Type **49636** in the **Zip** field
9. Click the *Submit* button
(You should be back on the Refund Master screen)
10. Click the *Exit Screen* button
(You should be back on the Refund Batches screen)
11. Be sure that the cursor is next to **your refund batch**
12. Click the *Submit* button to close and submit your batch
(The Refund Batches screen should refresh)
(You should see the message "**Batch submitted...**")
(You should see **SUB** to the right of the balance)
13. Click the *Exit Screen* button
(You should be back on the Billing Menu)

After Accounts Payable Writes the Refund Checks●

The refund batch is in a submitted status until the accounts payable department writes the refund checks and sends copies of the checks back to the payment entry staff. When the payment entry staff receives the check copies, they update the refund check information in the refund master records.

To update the refund check information, the payment entry staff accesses the Refund Batches screen by clicking the *Refund Batches* button on the Billing Menu.

To select the refund batch for updating the check information, the payment entry staff places the cursor next to the refund batch and clicks the *Select* button.

The next screen to appear is the Refund Master screen displaying all of the refunds in the batch.

The payment entry staff updates each master refund record with the refund check information. To update the refund check information for the Nationwide Insurance refund, the payment entry staff places the cursor in the command field next to the Nationwide refund and clicks the *Change* button.

The next screen to appear is the Refund screen. Because this is a submitted batch and the refund is still pending, the check number, check date, and check amount fields now appear.

The payment entry staff enters the refund check information (shown below).

Check Number 7564
Check Date 07/31/19
Check Amount 20 (representing \$20.00)

The screenshot shows the EDTRAK 'Refund' screen. At the top, it displays 'WED 07/31 10:27a'. Below this, there are fields for 'Password *****' and 'Initials ZZZ'. On the left side, there are links for 'Exit Screen' and 'Main Menu'. The main content area is divided into several sections:

- Payment Source:** Nationwide Insurance
- Detail:** Check, #58779, 07/31/YY, Batch #105437
- Balance:** 0.00 (Amt: 100.00 Paid: 80.00 Ref: 20.00)
- Refund Batch:** 07/31/YY, 9:56a, Anderson refunds (#18823)
- Count:** 1
- Amount:** 20.00
- Balance:** 20.00
- Check Number:** 7564
- Check Date:** 07/31/19 (mm/dd/yy)
- Check Amount:** 20
- Name:** Nationwide Insurance
- Address Line 2:** 233 South Main Street
- Address Line 3:** (empty)
- Address Line 4:** (empty)
- City:** Glen Arbor
- State:** MI
- Zip:** 49636

At the bottom of the form is a 'Submit' button. A callout box on the right points to the 'Check Number', 'Check Date', and 'Check Amount' fields with the text 'Nationwide refund check information'.

Nationwide refund check information

Then the payment entry staff clicks the *Submit* button. The Refund Master screen reappears with the Nationwide Insurance refund not in the pending status (no **p** next to the amount) because the payment entry staff recorded the refund check information (shown below).

The "p" is no longer next to the Nationwide Insurance refund amount

*** BEGINNING ***		
Nationwide Insurance, CK#58779, 07/31/YY		20.00
On Payment - R20:Insurance - overpayment	20.00	
ANDERSON, CHARLES T., CK#989, 07/31/YY		80.00p
Inv #355205, ANDERSON, CHARLES T., LEFT ANKLE PAIN		80.00p

To update the refund check information for the Anderson refund, the payment entry staff places the cursor in the command field next to the Anderson refund and clicks the *Change* button.

The next screen to appear is the Anderson Refund screen. The payment entry staff enters the refund check information (shown below).

Check Number 7565
Check Date 07/31/19
Check Amount 80 (representing \$80.00)

Anderson refund check information

Payment Source: ANDERSON, CHARLES T.
 Detail: Check, #989, 07/31/YY, Batch #105437
 Balance: 0.00 (Amt: 100.00 Paid: 100.00 Ref: 0.00)
 Refund Batch: 07/31/YY, 9:56a, Anderson refunds (#18823)
 Count: 1
 Amount: 80.00
 Balance: 80.00
 Check Number: 7565
 Check Date: 07/31/19 (mm/dd/yy)
 Check Amount: 80
 Name: Charles Anderson
 Address Line 2: 522 N Oak Street
 Address Line 3:
 Address Line 4:
 City: Glen Arbor
 State: MI

Then the payment entry staff clicks the *Submit* button. The Refund Master screen reappears with the Anderson refund not in the pending status (no **p** next to the amount) because the payment entry staff recorded the refund check information (shown below).

The "p" is no longer next to the refund amount

The payment entry staff clicks the *Exit Screen* button to return to the Refund Batches screen (shown below). Because this is a submitted refund batch that has the refund check information entered into each refund master, the refund batch is not available anymore. This refund batch is now closed and will not accept additional refund information.

The payment entry staff is done with the refund batch and clicks the *Exit Screen*

Refund batch is now closed

button to return to the Billing Menu.

Do These Steps
12.17 =====>

1. Click the *Refund Batches* button
(You should be on the Refund Batches screen)
2. Be sure that the cursor is next to **your refund batch**
3. Click the *Select* button
(You should be on Refund Master screen)
4. Place the cursor next to the **Nationwide Insurance refund**
5. Click the *Change* button
(You should be on the Nationwide Refund screen)
6. Type **7564** in the **Check Number** field
7. Type **yesterday's date** in the **Check Date** field (mm/dd/yy)
8. Type **20** in the **Check Amount** field (representing \$20.00)
9. Click the *Submit* button
(You should be back on the Refund Master screen)
(The **p** for pending next to the refund no longer appears)
10. Place the cursor next to the **Anderson refund**
11. Click the *Change* button
(You should be on the Anderson Refund screen)
12. Type **7565** in the **Check Number** field
13. Type **yesterday's date** in the **Check Date** field (mm/dd/yy)
14. Type **80** in the **Check Amount** field (representing \$80.00)
15. Click the *Submit* button
(You should be back on the Refund Master screen)
(The **p** for **pending** next to the refund no longer appears)
16. Click the *Exit Screen* button
(You should be back on the Refund Batches screen)
17. Click the *Print* button
(To print your refund batch)
(Your Refund Batch print is now in your PDF queue)
18. Click the *Exit Screen* button
(You should be back on the Billing Menu)

Self Assessment

1. You should be on the **Billing Menu**
2. Click the **Patients** button in the Search section
(You should be on the Patients screen)
3. Type **SA12** in the Search or any command field
(**SA** stands for self assessment and **12** is the chapter #)
4. Press the **ENTER** key
(“**Self Assessment sent to printer/queue...**” appears)
5. Click the **View Prints** button
(The Available User Reports window opens)
6. Find the **Self Assessment** report that you just printed
(If it does not appear, click the **Refresh** button)
7. Review the **Self Assessment** report. If you have errors, fix them and run a new **SA12** report.
8. You must have a 100% (error-free) report before continuing.
9. Click the **Exit Screen** button
(You should be back on the Billing Menu)

Do These Steps
<===== 12.18

Printing the Refund Batch

1. Print or save your **Refund Batch** print
(You should already be on the Billing Menu)
2. Click the **View Prints** button to view your print queue
(This will open your PDF queue)
3. Find your report (If it does not appear, click **Refresh**)
4. Place the cursor next to the print that you want
5. Click the **View Report** button
(The PDF will open in another window)
6. Print the report or save / download it to your computer
7. Close the PDF window
8. Close the Available User Reports window
(You should be back on the Billing Menu)

Do These Steps
<===== 12.19

Chapter 12 - Review Activities

Answer the following questions:

- 1. Which of the following are reasons that health care organizations refund payers?**
 - A. Duplicate payments.
 - B. Payments greater than the amount owed.
 - C. Payments to the wrong health organization.
 - D. All of the above.

- 2. Which of these terms best describes a payment made by an unknown payer to a health care organization?**
 - A. Unapplied payment
 - B. Unidentified payment
 - C. Batch payment
 - D. Duplicate payment

- 3. Which of the following is NOT an example of an overpayment?**
 - A. Insurance company paid the same invoice twice.
 - B. Patient and insurance both paid the same invoice in full.
 - C. Patient paid more than the amount owed.
 - D. Insurance company paid the wrong health care organization.

```

=====
PAGE - 1                               Refund Batch #18823                               07/31/YY
                                       07/31/YY Anderson refunds                               10:32a
                                       Count: 2   Amount: 100.00   Balance: 0.00
=====

Nationwide Insurance, CK#58779, 07/31/YY
  On Payment - R20:Insurance - overpayment                               20.00
                                       -----
                                       Check sent - #7564, 07/31/YY           20.00
-----

ANDERSON, CHARLES T., CK#989, 07/31/YY
  DOS: 07/08/YY, Inv #355205, ANDERSON, CHARLES T., LEFT ANKLE PAIN    80.00
                                       -----
                                       Check sent - #7565, 07/31/YY           80.00
-----

*** END OF PRINT 07/31/YY 10:32a - Healthcare Student ***

```

This page intentionally left blank.

Case Studies

Appendix

A

Case Studies		
		Page
Ambulatory Clinic		
Patient Responsibility		
UTI - Self Pay	(CL04)	169
Left ear pain - Blue Cross / Blue Shield	(CL05)	173
Abdominal pain - Medicare and Tricare	(CL06)	177
Employee Health		
Annual physical examination for an employee	(EH51)	181
Drug screen only for an employee	(EH52)	185
Worker's Compensation		
Laceration right little finger while working	(WC71)	189
Lower back pain because of an on the job injury	(WC72)	193
Physician's Office		
Patient Responsibility		
Sore throat and cough - Humana	(PO11)	197
Sports physical - Guarantor	(PO12)	201
Emergency Department		
Patient Responsibility		
MVA – multiple injuries - Cigna	(ED21)	205
Dog bite left arm - Aetna	(ED22)	209
Collection Activity		
Non-sufficient funds - self pay	(NSF1)	213
Collection agency - self pay	(CAG1)	217
Bad debt - write-off - self pay	(BDW1)	221

To get proper credit when you run the self-assessment processes, be sure to enter the patients' demographic information exactly as they appear in the case studies.

Additional Case Studies

Physician's Office

Patient Responsibility

Thirst, frequency, & fatigue - Blue Cross	(CS07)	225
Routine prenatal examination - Humana	(CS09)	229
Neck and right arm pain - Medicare	(CS12)	233
Palpitations & shortness of breath - Preferred	(CS26)	238

Ambulatory Clinic

Workers' Compensation

Right ankle injury - The Accident Fund	(CS36)	243
---	--------	-----



Case Study – CL04

UTI – Self Pay

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Janet Miller, a new patient with a urinary tract infection (UTI), arrives at the clinic to see the doctor. She says that she has had the symptoms since she left Italy to visit the United States. She has no US health insurance. At discharge, she writes a personal check number 353 for the full amount of the charges.

Social Security No.	377-04-9814
Prefix	Ms.
First Name	Janet
Middle Initial	G
Last Name	Miller
Address	141 First St
City	North Muskegon
State	MI
Zip	49445
Home Phone	(231) 555-7433
Alternate Phone	(231) 555-4578
Birth Date	10 / 10 / 1980
Gender	Female
Marital Status	Single
Preferred Language	English
Race	White
Ethnicity	Not Hispanic or Latino

Patient Registration and Case Copy (Chapters 3 and 5)

- **Add Janet Miller** using the patient demographic information above.
(The patient's demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)
- **Copy case "CL04 – UTI – Self Pay" to Janet Miller.**
(Follow the instructions in Chapter 5 of MedTrak's *Billing & Reimbursement* book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- **Locate Janet Miller's visit** on the Unbilled Dashboard.
(Because she is a new patient, the demographics will need review.)
- **Review the demographics log**; use the **Log Is OK** button to clear the **DR** flag
- **Review the billing information** in the Charges available for review section
*(Clearing the **DR** flag moves the patient's visit into Charges available for review.)*
- **Post the charges** to create an invoice.

Bills Ready to be Processed (Chapter 8)

- **Locate the invoice** on the Bills Ready to be Processed screen.
(Because this is a Self Pay visit, the invoice will be in the Patient - Invoices section.)
- **Use the View Bills** function to locate the invoice.
- **Record the invoice number**.
(You will need this invoice number when you are applying payments.)
- **Print the invoice**.
*(The printed invoice is found in the **View Prints** PDF queue.)*

Applying Payments to Invoices (Chapter 9)

- **Add a payment batch** for **\$108.74 with the exact description** of **CL04-1**
- **Add Janet Miller's payment** of **\$108.74** to the payment batch.
*(The payment **Source Type** is **Patient/Guarantor** and the **Check Number** is **353**)
*(Use the invoice number in the payment record to speed locating the invoice.)**
- **Pay each of the line items** with this payment. There are no adjustments.
(After applying this payment, the invoice balance should be zero.)

Print the patient's statement and run your Self-Assessment report

- **Go to Patient Registration.**
- **Place the cursor next to Janet Miller.**
- **Type *prsz* and press the **ENTER** key to print the patient's statement.**
- **Type *CL04* and press the **ENTER** key to print your self-assessment.**
- **Print the following documents:**

- **Self-assessment for CL04**
- **Patient statement**

*(These prints are found in the **View Prints PDF** queue.)*

This concludes Case Study CL04



Case Study – CL05

Left Ear Pain

Blue Cross / Blue Shield of Michigan

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

James Williams, a new patient with left ear pain, arrives at the clinic to see the doctor. James is a teenager and is accompanied by his mother, Sally Johnson. His left ear started hurting about 4 days ago. He is covered by his mother’s employer’s Blue Cross / Blue Shield of Michigan PPO health insurance. The insurance policy requires a \$10.00 co-payment for the office visit and 15% co-insurance. His mother pays the co-payment and co-insurance with check #454 at discharge.

The insurance company receives a bill for the full amount of the charges. The guarantor’s payment at discharge will cover the \$10.00 co-payment for the office visit and the co-insurance percentage payment for all of the charges. The insurance company’s payment will be for the balance of the invoice minus any PPO adjustments made to each line item.

Social Security No.	269-05-7733
Prefix	Mr.
First Name	James
Middle Initial	T
Last Name	Williams
Address	1200 Moulton St
City	North Muskegon
State	MI
Zip	49445
Home Phone	(231) 555-4544 (mother’s)
Alternate Phone	(231) 555-1923 (mother’s)
Birth Date	06 / 20 / 2001
Gender	Male
Marital Status	Single
Preferred Language	English
Race	White
Ethnicity	Not Hispanic or Latino

Patient Registration and Case Copy (Chapters 3 and 5)

- Add James Williams** with the demographic information above.
*(The patient's demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)*
- Copy case "CL05 - Left Ear Pain – Blue Cross/Blue Shield"** to James Williams.
(Follow the instructions in Chapter 5 of MedTrak's Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- Locate James William's visit** on the Unbilled Dashboard.
(Because this is a new patient, the demographics will need review.)
- Review the demographics log;** use the **Log Is OK** button to clear the **DR** flag
- Review the billing information** in the Charges available for review section
*(Clearing the **DR** flag moves the patient's visit into Charges available for review.)*
- Post the charges** to create an invoice.

Bills Ready to be Processed (Chapter 8)

- Locate the invoice** on the Bills Ready to be Processed screen.
(Because this is a BC/BS insurance visit, the invoice will be in the Insurance – CMS1500 section.)
- Use the View Bills** function to locate the invoice.
- Record the invoice number.**
(You will need this invoice number when you are applying payments.)
- Print the invoice.**
*(The printed invoice is found in the **View Prints** PDF queue.)*

Applying Payments to Invoices (Chapter 9)

- Add a payment batch** for **\$169.27** with the exact description of **CL05-1**
- Add Sally Johnson's payment** of **\$41.46** to the payment batch.
*(The payment **Source Type** is **Patient/Guarantor** and the **Check Number** is **454**)
(Use the invoice number in the payment record to speed locating of the invoice.)*
- Pay the following line items** with this payment.
*(The payment is \$10.00 for the copayment of the office visit and 15% for each of the line items.)
(After applying this payment, the invoice balance should be \$168.28)*

Line Item	Paid	Code	Amount
Office Visit (99202)	23.31		
ENT Tray (A4550)	3.00		
Removal Impacted Cerumen (69210)	15.15		

- **Add the Blue Cross / Blue Shield of Michigan payment of \$127.81** to the payment batch.
*(The payment Source Type is Private Insurance and the Check Number is 58459)
 (Use the invoice number in the payment record to speed locating the invoice.)*
- **Pay and adjust the following line items** with this payment.
(After applying this payment, the invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99202)	50.23	A01	15.20
		CP	10.00
		CI	13.31
ENT Tray (A4550)	12.31	A01	4.69
		CI	3.00
Removal Impacted Cerumen (69210)	65.27	A01	20.58
		CI	15.15

Note: *The A01 code is a PPO adjustment. The CP code identifies the \$10.00 as the copayment from the patient. The CI code identifies the amounts as coinsurance payments from the patient.*

Print the patient’s statement and run your Self-Assessment report

- **Go to Patient Registration.**
- **Place the cursor next to James Williams.**
- **Type prsz and press the ENTER key** to print the patient’s statement.
- **Type CL05 and press the ENTER key** to print your self-assessment.
- **Print the following documents:**
 - **Self-assessment for CL05**
 - **Patient statement***(These prints are found in the View Prints PDF queue.)*

This concludes Case Study CL05



Case Study – CL06

Abdominal Pain
Medicare / Tricare

Billing Training Series

Case Study - CL06

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

George Hernandez, a new patient with abdominal pain, arrives at the clinic to see the doctor. His abdominal pain started yesterday. His primary insurance is Medicare Railroad and his secondary coverage is US Family Health Plan (a Tricare plan).

Medicare Railroad will receive a bill for the full amount of the charges. After receiving the Medicare Railroad payment, US Family Health Plan will receive a bill for the balance. After receiving payment from US Family Health Plan, Mr. Hernandez will be balance billed for what is still left owing.

Social Security No.	691-06-3236
Prefix	Mr.
First Name	George
Middle Initial	R
Last Name	Hernandez
Address	892 Main Ave
City	North Muskegon
State	MI
Zip	49445
Home Phone	(231) 555-5498
Alternate Phone	(231) 555-9898
Birth Date	03 / 14 / 1968
Gender	Male
Marital Status	Single
Preferred Language	Spanish
Race	White
Ethnicity	Hispanic or Latino

Patient Registration and Case Copy (Chapters 3 and 5)

- Add George Hernandez** with the demographic information above.
(The patient's demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)
- Copy case "CL06 – Abdominal Pain – Medicare / Tricare" to George Hernandez.**
(Follow the instructions in Chapter 5 of MedTrak's Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- Locate George Hernandez's visit** on the Unbilled Dashboard.
(Because this is a new patient, the demographics will need review.)
- Review the demographics log**; use the **Log Is OK** button to clear the **DR** flag
- Review the billing information** in the Charges available for review section
(Clearing the **DR** flag moves the patient's visit into the Charges available for review.)
- Post the charges** to create an invoice.

Bills Ready to be Processed (Chapter 8)

- Locate the invoice** on the Bills Ready to be Processed screen.
(Because this is a Medicare visit, the invoice will be in the Insurance – CMS1500 section).
Note: Medicare requires electronic submission of invoices; but for training purposes, the electronic submission rule for Medicare is turned off.
- Use the View Bills** function to locate the invoice.
- Record the invoice number**.
(You will need this invoice number when you are applying payments.)
- Print the invoice**.
(The printed Medicare Railroad invoice is found in the **View Prints PDF** queue.)

Applying Payments to Invoices (Chapter 9)

- Add a payment batch** for **\$70.00** with the exact description of **CL06-1**
- Add the Medicare Railroad payment** of **\$70.00** to the payment batch.
(The payment **Source Type** is **Private Insurance** and the **Check Number** is **154879**)
(Use the invoice number in the payment record to speed locating the invoice.)
- Pay and adjust the following line items** with this payment.
(After applying this payment, the invoice balance should be 33.00)

Line Item	Paid	Code	Amount
Office Visit (99202)	60.00	A27	5.74
		DD	18.74
		BB	
U/A (10P) – DIP (IN CLINIC) (81002)	10.00	DD	10.00
		BB	

Note: The A27 code is a Medicare adjustment. The DD code means that Medicare will apply the amount to the patient's deductible. The BB code means that the balance is to be billed to the secondary payer. Medicare would automatically bill the secondary insurance, but again, for training purposes, you will manually print the balance bill to the secondary payer.

- Locate the invoice** on the Invoices – All screen.

- Print the invoice**
*(The printed US Family Health Plan invoice is found in the **View Prints PDF** queue.)*
- Add another payment batch** for **\$23.00 with the exact description** of **CL06-2**
- Add the US Family Health Plan payment** of **\$23.00** to the payment batch.
*(The payment **Source Type** is **Private Insurance** and the **Check Number** is **358798**)
(Use the invoice number in the payment record to speed locating the invoice.)*
- Pay and adjust the following line items** with this payment.
(After applying this payment, the invoice balance should be 10.00.)

Line Item	Paid	Code	Amount
Office Visit (99202)	23.00	BB	
U/A (10P) – DIP (IN CLINIC) (81002)		BB	

Note: The BB code means that the balance of the invoice is to be billed to the patient.

- Locate the invoice** on the Invoices – All screen.
- Print the invoice**
*(The printed patient invoice is found in the **View Prints PDF** queue.)*
- Add another payment batch** for **\$10.00 with the exact description** of **CL06-3**
- Add George Hernandez’s payment** of **\$10.00** to the payment batch.
*(The payment **Source Type** is **Patient/Guarantor** and the **Check Number** is **789**)
(Use the invoice number in the payment record to speed locating the invoice.)*
- Pay the following line item** with this payment.
(After applying this payment, the invoice balance should be zero.)

Line Item	Paid	Code	Amount
U/A (10P) – DIP (IN CLINIC) (81002)	10.00		

Print the patient’s statement and run your Self-Assessment report

- Go to** Patient Registration.
- Place the cursor next to George Hernandez.**
- Type *prsz* and press the **ENTER** key** to print the patient’s statement.
- Type **CL06** and press the **ENTER** key** to print your self-assessment.
- Print the following documents:**
 - **Self-assessment for CL06**
 - **Patient statement**
*(These prints are found in the **View Prints PDF** queue.)*

This concludes Case Study CL06



Case Study – EH51

Annual Physical – Employee Health

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Steve Lee arrives at the clinic to see the doctor for an annual employment physical for Simpson Industries. He works in maintenance at Simpson. The personnel manager, Sam Johnson sent a written authorization with the employee for the physical.

This case study isolates one physical examination for processing. Typically, companies have the medical facility group all of their employee health bills onto one bill at the end of the month. They do not get individual bills for each drug screen and physical examination.

Social Security No.	375-51-8848
Prefix	Mr.
First Name	Steve
Middle Initial	B
Last Name	Lee
Address	260 Moulton Ave
City	North Muskegon
State	MI
Zip	49445
Home Phone	(231) 555-7422
Alternate Phone	(231) 555-1454
Birth Date	11 / 22 / 1985
Gender	Male
Marital Status	Married
Preferred Language	English
Race	Asian
Ethnicity	Not Hispanic or Latino

Patient Registration and Case Copy (Chapters 3 and 5)

- Add Steve Lee** with the demographic information above.
*(The patient’s demographic information must be exactly as shown above.)
 (Exit from the Company: Select screen.)*
- Copy case “EH51 - Annual Physical - Employee Health”** to **Steve Lee**.
(Follow the instructions in Chapter 5 of MedTrak’s Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- **Locate Steve Lee's visit** on the Unbilled Dashboard.
(Remember, this is an employee health visit.)
- **Review the billing information** in the Charges available for review section
- **Post the charges** to create an invoice.

Bills Ready to be Processed (Chapter 8)

- **Locate the invoice** on the Bills Ready to be Processed screen.
(Because this is an employee health visit, the invoice will be in the Company - Invoices section.)
- **Use the View Bills** function to locate the invoice.
- **Record the invoice number.**
(You will need this invoice number when you are applying payments.)
- **Print the invoice.**
(The printed invoice is found in the **View Prints PDF** queue.)

Applying Payments to Invoices (Chapter 9)

- **Add a payment batch** for **\$110.00 with the exact description** of EH51-1
- **Add the Simpson Industries payment** of **\$110.00** to the payment batch.
(The payment **Source Type** is **Company** and the **Check Number** is **1254**)
(Use the invoice number in the payment record to speed locating the invoice.)
- **Pay each of the line items** with this payment. There are no adjustments.
(After applying this payment, the invoice balance should be zero.)

Print the patient's statement and run your Self-Assessment report

- **Go to** Patient Registration.
- **Place the cursor next to the Steve Lee.**
- **Type prsz and press the ENTER key** to print the patient's statement.
- **Type EH51 and press the ENTER key** to print your self-assessment.
- **Print the following documents:**
 - **Self-assessment for EH51**
 - **Patient statement**

(These prints are found in the **View Prints PDF** queue.)

This concludes Case Study EH51

This page intentionally left blank.



Case Study – EH52

Drug Screen Only – Employee Health

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Roger Young, a new patient, arrives at the clinic for an **Instant UDS** for Simpson Industries. This visit is for a package handler position, and the patient has a written authorization signed by Tom Payton, from human resources.

This case study isolates one drug screen visit for processing. Typically, employers request that the clinic combines (groups) all of their employee health bills onto one invoice at the end of the month. They do not get individual bills for each drug screen and physical examination.

Social Security No.	441-52-7559
Prefix	Mr.
First Name	Roger
Middle Initial	M
Last Name	Young
Address	1400 First St
City	North Muskegon
State	MI
Zip	49445
Home Phone	(231) 555-7878
Alternate Phone	(231) 555-3670
Birth Date	12 / 02 / 1982
Gender	Male
Marital Status	Married
Preferred Language	English
Race	American Indian
Ethnicity	Not Hispanic or Latino

Patient Registration and Case Copy (Chapters 3 and 5)

- Add Roger Young** with the demographic information above.
(The patient's demographic information must be exactly as shown above.)
(Exit from the *Company: Select* screen.)
- Copy case "EH52 – Drug Screen Only – Employee Health" to Roger Young.**
(Follow the instructions in Chapter 5 of MedTrak's *Billing & Reimbursement* book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- **Locate Roger Young's visit** on the Unbilled Dashboard.
(Remember, this is an employee health visit.)
- **Review the billing information** in the Charges available for review section
- **Post the charges** to create an invoice.

Bills Ready to be Processed (Chapter 8)

- **Locate the invoice** on the Bills Ready to be Processed screen.
(Because this is an employee health visit, the invoice will be in the Company - Invoices section.)
- **Use the View Bills** function to locate the invoice.
- **Record the invoice number.**
(You will need this invoice number when you are applying payments.)
- **Print the invoice.**
*(The printed invoice is found in the **View Prints** PDF queue.)*

Applying Payments to Invoices (Chapter 9)

- **Add a payment batch** for **\$40.00 with the exact description** of EH52-1
- **Add the Simpson Industries payment** of **\$40.00** to the payment batch.
*(The payment **Source Type** is **Company** and the **Check Number** is **5487**)
(Use the invoice number in the payment record to speed locating the invoice.)*
- **Pay the line item** with this payment. There is no adjustment.
(After applying this payment, the invoice balance should be zero.)

Print the patient's statement and run your Self-Assessment report

- **Go to** Patient Registration.
- **Place the cursor next to Roger Young.**
- **Type prsz and press the ENTER key** to print the patient's statement.
- **Type EH52 and press the ENTER key** to print your self-assessment.
- **Print the following documents:**
 - **Self-assessment for EH52**
 - **Patient statement***(These prints are found in the **View Prints** PDF queue.)*

This concludes Case Study EH52

This page intentionally left blank.



Case Study – WC71

Laceration Right Little Finger Workers Compensation

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

John Mitchell, a new patient with a cut on the right little finger, arrives at the clinic to see the doctor. He works for Bermingham Manufacturing in management. He states that while inspecting the plant on Division Street today, he walked through a door and caught his right little finger in the door cutting it. Joan Temple, in human resources, called with verbal approval for him to be treated. The clinic will bill Bermingham Manufacturing’s worker’s compensation insurance (The Accident Fund) for this visit. The insurance company is already attached to Bermingham.

Bermingham Manufacturing requires a breath alcohol test and a drug screen on initial injuries to determine if the employee was under the influence of a substance when injured. These tests are automatically ordered by MedTrak based on the employer’s rules.

Social Security No.	339-71-1080
Prefix	Mr.
First Name	John
Middle Initial	R
Last Name	Mitchell
Address	166 Townline St
City	North Muskegon
State	MI
Zip	49445
Home Phone	(231) 555-3733
Alternate Phone	(231) 555-8457
Birth Date	10 / 05 / 1969
Gender	Male
Marital Status	Married
Preferred Language	English
Race	Native Hawaiian
Ethnicity	Not Hispanic or Latino

Patient Registration and Case Copy (Chapters 3 and 5)

- **Add John Mitchell** with the demographic information above.
*(The patient's demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)*
- **Copy case "WC71 – Laceration Right Little Finger – Workers Comp"** to **John Mitchell**.
(Follow the instructions in Chapter 5 of MedTrak's Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- **Locate John Mitchell's visit** on the Unbilled Dashboard.
(Remember, this is a workers compensation visit.)
- **Review the billing information** in the Charges available for review section
- **Post the charges** to create the invoices.
*(The Accident Fund will be billed **\$351.48** for the charges related to the laceration repair).
(Birmingham Manufacturing will be billed **\$60.00** for the breath alcohol test and UDS.)*

Bills Ready to be Processed (Chapter 8)

- **Locate the invoices** on the Bills Ready to be Processed screen.
*(The Accident Fund's invoice will be in the Insurance – CMS1500 section)
(Birmingham Manufacturing's invoice will be in the Company – Invoices section)*
- **Use the View Bills** function to locate the invoices.
- **Record both invoice numbers**.
(You will need these invoice numbers when you are applying payments.) --
- **Print the invoices**.
*(The printed invoices are found in the **View Prints PDF** queue.)*

Applying Payments to Invoices (Chapter 9)

- **Add a payment batch** for **\$411.48 with the exact description** of **WC71-1**
- **Add The Accident Fund payment** of **\$351.48** to the payment batch.
*(The payment **Source Type** is **Work Comp Insurance** and the **Check Number** is **245879**)
(Use the invoice number in the payment record to speed locating the invoice.)*
- **Pay each of the line items** with this payment. There are no adjustments.
*(This invoice has more than four line items on it. Be sure to page down.)
(After applying this payment, this invoice balance should be zero.)*
- **Add the Birmingham Manufacturing payment** of **\$60.00** to the payment batch.
*(The payment **Source Type** is **Company** and the **Check Number** is **58745**)
(Use the invoice number in the payment record to speed locating the invoice.)*
- **Pay each of the line items** with this payment. There are no adjustments.
(After applying this payment, this invoice balance should be zero.)

Print the patient's statement and run your Self-Assessment report

- **Go to Patient Registration.**
- **Place the cursor next to John Mitchell.**
- **Type *prsz* and press the **ENTER** key** to print the patient's statement.
- **Type *WC71* and press the **ENTER** key** to print your self-assessment.
- **Print the following documents:**
 - **Self-assessment for WC71**
 - **Patient statement**

*(These prints are found in the **View Prints PDF** queue.)*

This concludes Case Study WC71



Case Study – WC72

Lower Back Pain Workers Compensation

Billing Training Series

Case Study - WC72

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Jason King, a new patient with lower back pain, arrives at the clinic to see the doctor. He works for Miller Construction as a laborer. He states that while lifting a heavy rock to throw it inside a container, he injured his lower back. His boss, Tom Smith, at Miller Construction verbally authorized the visit. The clinic will bill Miller Construction's workers compensation insurance (Acme Insurance) for this visit. The insurance company is already attached to Miller Construction.

Social Security No.	522-72-0329
Prefix	Mr.
First Name	Jason
Middle Initial	N
Last Name	King
Address	453 Center St
City	North Muskegon
State	MI
Zip	49445
Home Phone	(231) 555-3733
Alternate Phone	(231) 555-8542
Birth Date	01 / 25 / 1973
Gender	Male
Marital Status	Married
Preferred Language	English
Race	Black or African American
Ethnicity	Not Hispanic or Latino

Patient Registration and Case Copy (Chapters 3 and 5)

- **Add Jason King** with the demographic information above.
*(The patient's demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)*
- **Copy case "WC72 – Lower Back Pain – Workers Comp" to Jason King.**
(Follow the instructions in Chapter 5 of MedTrak's Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- **Locate Jason King's visit** on the Unbilled Dashboard.
(Remember, this is a workers compensation visit.)
- **Review the billing information** in the Charges available for review section
- **Because there is more than one diagnosis**, you will need to first assign the appropriate diagnoses to each line item before posting the charges. In this case study, both diagnoses apply to each line item, so type a 12 (representing the first and second diagnoses) in the command field next to each line item and press the **ENTER** key. Do this before posting the charges.
- **Post the charges** to create an invoice.
(Acme Insurance will be billed for the charges related to the lower back injury.)

Bills Ready to be Processed (Chapter 8)

- **Locate the invoice** on the Bills Ready to be Processed screen.
(Acme's invoice will be in the Insurance – CMS1500 section.)
- **Use the View Bills** function to locate the invoice.
- **Record the invoice number**.
(You will need this invoice number when you are applying payments.)
- **Print the invoice**.
(The printed invoice is found in the **View Prints PDF** queue.)

Applying Payments to Invoices (Chapter 9)

- **Add a payment batch** for **\$262.62 with the exact description** of WC72-1
- **Add the Acme Insurance payment** of **\$262.62** to the payment batch.
(The payment **Source Type** is **Work Comp Insurance** and the **Check Number** is **15875**)
(Use the invoice number in the payment record to speed locating the invoice.)
- **Pay and adjust the following line items** with this payment.
(This invoice has more than four line items on it. Be sure to page down.)
(After applying this payment, this invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99204)	185.72		
X-RAY THORACO-LUMBAR (2VW) (72080)	55.00		
IBUPROFEN 800MG TAB #30 (99070)	8.75	A04	3.19
PROPOXY W/APAP 100MG #20 (99070)	7.95	A04	2.90
SOMBRA GEL 4 OZ (99070)	5.20	A04	2.16

Note: The A04 code is a Billed Over Fee Schedule adjustment.

Print the patient's statement and run your Self-Assessment report

- **Go to** Patient Registration.
- **Place the cursor next to Jason King.**
- **Type *prsz* and press the *ENTER* key** to print the patient's statement.
- **Type *WC72* and press the *ENTER* key** to print your self-assessment.
- **Print the following documents:**
 - **Self-assessment for WC72**
 - **Patient statement**

*(These prints are found in the **View Prints** PDF queue.)*

This concludes Case Study WC72



Case Study – PO11

Sore Throat and Cough – Humana

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Mary Brooks, a new patient with a sore throat and cough, arrives at the physician’s office to see the doctor. She started coughing last week, and now she has a sore throat and loss of appetite. The physician’s office will bill her insurance company, Humana. Humana requires a \$25 copayment. Mary pays the copayment with check #574 at discharge.

The insurance company receives a bill for the full amount of the charges. The patient’s \$25 copayment will be applied to the office visit. The insurance company sends an EOB (but no payment) that indicates that the patient was responsible for the \$25 copayment and that the rest of the office visit is applied to Mary Brooks’ deductible. Mary will be billed for the balance that was applied to her deductible.

Social Security No.	288-11-2661
Prefix	Ms.
First Name	Mary
Middle Initial	A
Last Name	Brooks
Address	126 Third St
City	North Muskegon
State	MI
Zip	49445
Home Phone	(231) 555-3868
Alternate Phone	(231) 555-5467
Birth Date	03 / 14 / 1957
Gender	Female
Marital Status	Single
Preferred Language	English
Race	Black or African American
Ethnicity	Not Hispanic or Latino

Patient Registration and Case Copy (Chapters 3 and 5)

- Add Mary Brooks** with the demographic information above.
(The patient’s demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)
- Copy case “PO11 – Sore Throat and Cough – Humana” to Mary Brooks.**
(Follow the instructions in Chapter 5 of MedTrak’s Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- Locate Mary Brooks' visit** on the Unbilled Dashboard.
(Remember, this is a patient responsibility visit.)
- Review the demographics log**, use the **Log Is OK** button to clear the **DR** flag
- Review the billing information** in the Charges available for review section
- Post the charges** to create an invoice.
(Humana will be billed **\$132.38** for the charges related to the sore throat and cough visit.)

Bills Ready to be Processed (Chapter 8)

- Locate the invoice** on the Bills Ready to be Processed screen.
(Humana's invoice will be in the Insurance – CMS1500 section.)
- Use the View Bills** function to locate the invoice.
- Record the invoice number**.
(You will need this invoice number when you are applying payments.)
- Print the invoice**.
(The printed invoice is found in the **View Prints PDF** queue.)

Applying Payments to Invoices (Chapter 9)

- Add a payment batch** for **\$25.00 with the exact description** of **PO11-1**
- Add Mary Brooks' copayment** of **\$25.00** to the payment batch.
(The payment **Source Type** is **Patient/Guarantor** and the **Check Number** is **574**)
(Use the invoice number in the payment record to speed locating the invoice.)
- Pay the following line item** with this payment.
(The payment is \$25.00 for the co-payment of the office visit.
(After applying this payment, the invoice balance should be \$107.38.)

Line Item	Paid	Code	Amount
Office Visit (99203)	25.00		

- Add an adjustment batch** for the Humana adjustment **with the exact description** of **PO11-2**
(Use the **Adj / Denial Batches** functionality from the **Billing Menu**.)
(Humana will recognize the \$25.00 co-payment and apply the balance to the deductible.)
- Add the Humana adjustment** to the adjustment batch.
(The payment **Source Type** is **Private Insurance**.)
(Use the invoice number in the payment record to speed locating the invoice.)

- **Adjust the following line items** with this adjustment.
(After applying this adjustment, the invoice balance should still be \$107.38.)

Line Item	Paid	Code	Amount
Office Visit (99203)	*****	CP	25.00
		DD	107.38
		BB	

Note: The CP code recognizes the patient’s co-payment. The DD code means that Humana will apply the amount to the patient’s deductible. The BB code means that the balance is to be billed to the patient.

- **Locate the invoice** on the Invoices – All screen.
- **Print the invoice**
(The printed invoice for your patient is found in the **View Prints PDF** queue.)
- **Add another payment batch** for **\$107.38 with the exact description** of **PO11-3**
- **Add Mary Brooks’ payment** of **\$107.38** to the payment batch.
(The payment **Source Type** is **Patient/Guarantor** and the **Check Number** is **585**)
(Use the invoice number in the payment record to speed locating the invoice.)
- **Pay the following line item** with this payment.
(After applying this payment, this invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99203)	107.38		

Print the patient’s statement and run your Self-Assessment report

- **Go to** Patient Registration.
- **Place the cursor next to Mary Brooks.**
- **Type *prsz* and press the ENTER key** to print the patient’s statement.
- **Type *PO11* and press the ENTER key** to print your self-assessment.
- **Print the following documents:**
 - **Self-assessment for PO11**
 - **Patient statement**

(These prints are found in the **View Prints PDF** queue.)

This concludes Case Study PO11



Case Study – PO12

Sports Physical – Guarantor

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Tommy Flores, a new patient, arrives at the clinic with his father, Jack Taylor, to see the doctor for a sports physical for school. This visit is not covered by insurance. At discharge, the father writes check number 766 to cover the cost of the physical for his son.

Social Security No.	484-12-4604
Prefix	Mr.
First Name	Tommy
Middle Initial	W
Last Name	Flores
Address	2341 First St
City	North Muskegon
State	MI
Zip	49445
Home Phone	(231) 555-9855
Alternate Phone	(231) 555-0976
Birth Date	11 / 23 / 2002
Gender	Male
Marital Status	Single
Preferred Language	English
Race	White
Ethnicity	Hispanic or Latino

Patient Registration and Case Copy (Chapters 3 and 5)

- Add Tommy Flores** with the demographic information above.
*(The patient’s demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)*
- Copy case “PO12 – Sports Physical – Guarantor”** to **Tommy Flores**.
(Follow the instructions in Chapter 5 of MedTrak’s Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- Locate Tommy Flores’ visit** on the Unbilled Dashboard.
(Because this is a new patient, the demographics will need review.)
- Review the demographics log**; use the **Log Is OK** button to clear the **DR** flag
- Review the billing information** in the Charges available for review section
*(Clearing the **DR** flag moves the patient’s visit into Charges available for review.)*
- Post the charges** to create an invoice.

Bills Ready to be Processed (Chapter 8)

- Locate the invoice** on the Bills Ready to be Processed screen.
(Because this is a guarantor visit, the invoice will be in the Patient - Invoices section.)
- Use the View Bills** function to locate the invoice.
- Record the invoice number.**
(You will need this invoice number when you are applying payments.)
- Print the invoice.**
(The printed invoice is found in the **View Prints** PDF queue.)

Applying Payments to Invoices (Chapter 9)

- Add a payment batch** for **\$47.00 with the exact description** of **PO12-1**
- Add Jack Taylor's payment** of **\$47.00** to the payment batch.
(The payment **Source Type** is **Patient/Guarantor** and the **Check Number** is **766**)
(Use the invoice number in the payment record to speed locating the invoice.)
- Pay the line item** with this payment. There is no adjustment.
(After applying this payment, this invoice balance should be zero.)

Print the patient's statement and run your Self-Assessment report

- Go to** Patient Registration.
- Place the cursor next to Tommy Flores.**
- Type prsz and press the ENTER key** to print the patient's statement.
- Type PO12 and press the ENTER key** to print your self-assessment.
- Print the following documents:**
 - **Self-assessment for PO12**
 - **Patient statement**

(These prints are found in the **View Prints** PDF queue.)

This concludes Case Study PO12

This page intentionally left blank.



Case Study – ED21

MVA – Multiple Injuries – Cigna

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Nancy Reyes, a new patient, arrives in the emergency department complaining of neck, back, and shoulder pain due to a motor vehicle accident. Two days ago, Nancy was driving a company car off company time and hit a parked car head-on. She is covered by her employer’s Cigna health insurance. The insurance policy requires a \$25 copayment for the office visit. The patient pays the copayment with check #1119 at discharge.

The insurance company will receive a bill for the full amount of the charges. The patient’s \$25 copayment will be applied to the line item for the office visit. The insurance company’s payment will be for the balance of the invoice minus any adjustments.

Social Security No.	331-21-7720
Prefix	Ms.
First Name	Nancy
Middle Initial	F
Last Name	Reyes
Address	1122 Main St
City	North Muskegon
State	MI
Zip	49445
Home Phone	(231) 555-7548
Alternate Phone	(231) 555-5822
Birth Date	09 / 25 / 1980
Gender	Female
Marital Status	Single
Preferred Language	English
Race	White
Ethnicity	Hispanic or Latino

Patient Registration and Case Copy (Chapters 3 and 5)

- **Add Nancy Reyes** with the demographic information above.
*(The patient’s demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)*
- **Copy case “ED21 – MVA – Multiple Injuries – Cigna” to Nancy Reyes.**
(Follow the instructions in Chapter 5 of MedTrak’s Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- Locate Nancy Reyes' visit** on the Unbilled Dashboard.
(Since this is a new patient, the demographics will need review.)
- Review the demographics log**; use the **Log Is OK** button to clear the **DR** flag
- Review the billing information** in the Charges available for review section
(Clearing the **DR** flag moves the patient's visit into the Charges available for review.)
- Because there is more than one diagnosis**, you will need to first assign the appropriate diagnoses to each line item before posting the charges. In this case study, both diagnoses apply to each line item, so type a 12 (representing the first and second diagnoses) in the command field next to each line item and press the **ENTER** key. Do this before posting the charges.
- Post the charges** to create an invoice.

Bills Ready to be Processed (Chapter 8)

- Locate the invoice** on the Bills Ready to be Processed screen.
(Because this is a Cigna insurance visit, the invoice will be in the Insurance – CMS1500 section.)
- Use the View Bills** function to locate the invoice.
- Record the invoice number**.
(You will need this invoice number when you are applying payments.) _____
- Print the invoice**.
(The printed invoice is found in the **View Prints** PDF queue.)

Applying Payments to Invoices (Chapter 9)

- Add a payment batch** for **\$160.20 with the exact description** of ED21-1
- Add Nancy. Reyes' copayment** of **\$25.00** to the payment batch.
(The payment **Source Type** is **Patient/Guarantor** and the **Check Number** is **1119**)
(Use the invoice number in the payment record to speed locating of the invoice.)
- Pay the following line item** with this payment.
(The payment is \$25.00 for the co-payment of the office visit.)
(After applying this payment, this invoice balance should be \$160.72.)

Line Item	Paid	Code	Amount
Office Visit (99204)	25.00		

- Add the Cigna payment** of **\$135.20** to the payment batch.
(The payment **Source Type** is **Private Insurance** and the **Check Number** is **25455**)
(Use the invoice number in the payment record to speed locating the invoice.)

- **Pay and adjust the following line item** with this payment.
(After applying this payment, this invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99204)	135.20	A01	25.52
		CP	25.00

Print the patient’s statement and run your Self-Assessment report

- **Go to** Patient Registration.
- **Place the cursor next to Nancy Reyes.**
- **Type *prsz* and press the *ENTER* key** to print the patient’s statement.
- **Type *ED21* and press the *ENTER* key** to print your self-assessment.
- **Print the following documents:**
 - **Self-assessment for ED21**
 - **Patient statement***(These prints are found in the **View Prints PDF** queue.)*

This concludes Case Study ED21



Case Study – ED22

Dog Bite Left Arm – Aetna

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

A new patient arrives in the emergency department with a dog bite to her left arm. Kathy Peterson was washing her dog when it turned on her and bit her. She is covered by a PPO through Aetna health insurance.

Aetna will receive a bill for the full amount of the charges. Aetna's payment will be for the less than the full amount with some adjustments. Kathy will then be balance billed for the remainder, but her payment has not yet arrived.

Social Security No.	516-22-6297
Prefix	Ms.
First Name	Kathy
Middle Initial	H
Last Name	Peterson
Address	116 Fowler St
City	North Muskegon
State	MI
Zip	49445
Home Phone	(231) 555-5853
Alternate Phone	(231) 555-4213
Birth Date	06 / 12 / 1975
Gender	Female
Marital Status	Married
Preferred Language	English
Race	White
Ethnicity	Not Hispanic or Latino

Patient Registration and Case Copy (Chapters 3 and 5)

- Add Kathy Peterson** with the demographic information above.
*(The patient's demographic information must be exactly as shown above.)
 (Exit from the Company: Select screen.)*
- Copy case "ED22 – Dog Bite Left Arm – Aetna"** to **Kathy Peterson**.
(Follow the instructions in Chapter 5 of MedTrak's Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- **Locate Kathy Peterson's visit** on the Unbilled Dashboard.
(Because this is a new patient, the demographics will need review.)
- **Review the demographics log**; use the **Log Is OK** button to clear the **DR** flag
- **Review the billing information** in the Charges available for review section
(Clearing the **DR** flag moves the patient's visit into the Charges available for review.)
- **Because there is more than one diagnosis**, you will need to first assign the appropriate diagnoses to each line item before posting the charges. In this case study, both diagnoses apply to each line item, so type a 12 (representing the first and second diagnoses) in the command field next to each line item and press the **ENTER** key. Do this before posting the charges.
- **Post the charges** to create an invoice.
(Aetna will be billed for the charges related to the dog bite.)

Bills Ready to be Processed (Chapter 8)

- **Locate the invoice** on the Bills Ready to be Processed screen.
(Because this is an Aetna insurance visit, the invoice will be in the Insurance - CMS1500 section.)
- **Use the View Bills** function to locate the invoice.
- **Record the invoice number**.
(You will need this invoice number when you are applying payments.)
- **Print the invoice**.
(The printed invoice is found in the **View Prints** PDF queue.)

Applying Payments to Invoices (Chapter 9)

- **Add a payment batch** for **\$140.20** with the exact description of **ED22-1**
- **Add the Aetna payment** of **\$140.20** to the payment batch.
(The payment **Source Type** is **Private Insurance** and the **Check Number** is **514668**)
(Use the invoice number in the payment record to speed locating of the invoice.)
- **Pay and adjust the following line items** and balance bill the invoice with this payment.
(After applying this payment, this invoice balance should be \$21.18)

Line Item	Paid	Code	Amount
Office Visit (99203)	90.20	A01	21.00
		BB	
X-RAY LT FOREARM (2VW) (73090, LT)	50.00	A01	13.00
		BB	

- **Locate the invoice** on the Invoices – All screen.
(This invoice is still outstanding to the patient and is on the Accounts Receivable dashboard.)
- **Print the invoice.**
(The printed invoice is found in the View Prints PDF queue.)
(There is a balance left on this invoice of \$21.18.)

Print the patient's statement and run your Self-Assessment report

- **Go to** Patient Registration.
- **Place the cursor next to Kathy Peterson.**
- **Type *prsz* and press the **ENTER** key** to print the patient's statement.
- **Type *ED22* and press the **ENTER** key** to print your self-assessment.
- **Print the following documents:**
 - **Self-assessment for ED22**
 - **Patient statement**
*(These prints are found in the **View Prints** PDF queue.)*

This concludes Case Study ED22



Case Study – NSF1

Non-sufficient Funds

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Before doing this case study, be sure that case study CL04 is 100% accurate.

Janet Miller (from Case Study CL04), paid \$108.74 for her visit charges with check number 353. She is a **Self Pay** patient because she did not have health insurance. The bank has returned her check to your medical facility due to non-sufficient funds (NSF). Janet did not have enough money in her checking account to cover this check. Janet's payment needs to be cleared from MedTrak, and then she needs to receive an invoice.

Use your knowledge of MedTrak gained from the previous case studies to locate Janet Miller and her payment in order to remove it. To remove her payment, blank out the **Paid** fields on the Payment Posting screen. Then print an invoice to send to her.

Patient Location and Patient Invoice

- Locate Janet Miller** by searching on the Patients screen.
- Access Janet Miller's invoice** by using the invoice command (**inv**) next to the patient.
(You should be on the Patient / Invoices screen showing an invoice with a zero balance.)

Locating the Invoice and Payment

- Display the payments attached to the invoice** by clicking the **Select Invoice** button.
(You should be on the Payments Applied on Invoice screen showing one payment of \$108.74.)
- Display the payment** by clicking the **Select Payment** button.
(You should be on the Payment Posting screen.)
- Clear the Paid amount** for both of the line items and click the **Submit Payment** button.
(The invoice balance should now be \$108.74.)
- Exit from the Payment Posting screen.**
(You should be back on the Payments Applied on Invoice screen showing no payments.)
- Exit from the Payments Applied on Invoice screen.**
(You should be back on the Patient / Invoices screen showing an invoice with a balance of \$108.74.)

Collection Activity

- **Display the activity log for the invoice** by clicking the **Activity Log** button.
(You should be on the Case / Billing Activity Log screen showing no entries.)
- **Add the following note** using the general follow-up note code of **F05**:
“Patient’s check number 353 was returned by the bank due to non-sufficient funds. Patient was then re-billed for the \$108.74.”
- **Print the Case / Billing Activity Log** using the print command (**pr**) next to any log entry.
(The print shows your follow-up note about the returned check and the invoice rebilling.)
- **Exit from the Case / Billing Activity Log** screen.
(You should be back on the Patient / Invoices screen showing an invoice with a balance of \$108.74.)
- **Print the invoice** to send to the patient.
(The invoice will be in the View Prints queue.)
- **Exit from the Patient / Invoices** screen.
(You should be back on the Patients screen with the cursor next to Janet Miller.)

Print the following reports and run your Self-Assessment report

- **You should be on the Patients** screen with the cursor next to Janet Miller.
- **Type prsz and press the ENTER key** to print the patient’s statement.
- **Type NSF1 and press the ENTER key** to print your self-assessment.
- **Print the following documents:**
 - **Self-assessment for NSF1**
 - **Patient statement**
 - **Patient Invoice**
 - **Case / Billing Activity Log**

(These prints are found in the **View Prints PDF** queue.)

This concludes Case Study NSF1

This page intentionally left blank.



Case Study – CAG1

Collection Agency

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Before doing this case study, be sure that case study NSF1 is 100% accurate.

Janet Miller (originally from Case Study CL04 and then from Case Study NSF1), was re-billed \$108.74 for her visit charges after her original check was returned by the bank due to non-sufficient funds. Janet has failed to respond to your repeated billings and is now over 90 days in arrears. Your medical facility's policy regarding overdue accounts calls for the payer's account to be sent to collections. Your medical facility currently uses Trans-Nation Credit Recovery for collecting past due accounts.

Use your knowledge of MedTrak gained from the previous case studies to locate Janet Miller and her invoice in order to send the invoice to the collection agency. Then print the invoice to send to the collection agency.

Patient Location and Patient Invoice

- Locate Janet Miller** by searching on the Patients screen.
- Access Janet Miller's invoice** by using the invoice command (**inv**) next to the patient.
(You should be on the Patient / Invoices screen showing an invoice with a \$108.74 balance.)

Locating the Invoice

- Send the invoice to collections** by using the send to collections command (**stc**) next to the invoice.
(You should be on the Entity / Payers: Select screen showing one collection agency.)
- Select Trans-Nation Credit Recovery** and then click the **Select Payer** button.
(You should be back on the Patient / Invoices screen showing the payer is Trans-Nation Credit Recovery.)

Collection Activity

- Display the activity log for the invoice** by clicking the **Activity Log** button.
(You should be on the Case / Billing Activity Log screen.)
- Add the following note** using the general follow-up note code of **F05**:
"Patient has not responded to multiple attempts over 90 days to collect the balance due. Patient's account sent to Trans-Nation Credit Recovery for collection."
- Print the Case / Billing Activity Log** using the print command (**pr**) next to any log entry.
- Exit from the Case / Billing Activity Log screen.**
(You should be back on the Patient/ Invoices screen showing an invoice with a balance of \$108.74)

- **Print the invoice** for Trans-Nation Credit Recovery.
(The invoice will be in the View Prints queue.)
- **Exit from** the Patient / Invoices screen.
(You should be back on the Patients screen with the cursor next to Janet Miller.)

Print the following reports and run your Self-Assessment report

- **You should be on the Patients screen with the cursor next to Janet Miller.**
- **Type *prsz* and press the **ENTER** key** to print the patient's statement.
- **Type **CAG1** and press the **ENTER** key** to print your self-assessment.
- **Print the following documents:**
 - **Self-assessment for CAG1**
 - **Patient Statement**
 - **Trans-Nation Credit Recovery CMS-1500**
 - **Case / Billing Activity Log**

*(These prints are found in the **View Prints PDF** queue.)*

This concludes Case Study CAG1

This page intentionally left blank.



Case Study – BDW1

Bad Debt Write-off

Billing Training Series

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Before doing this case study, be sure that case study CAG1 is 100% accurate.

Janet Miller (originally from Case Study CL04, then Case Study NSF1, and then Case Study CAG1), was re-billed \$108.74 for her visit charges after her original check was returned by the bank due to non-sufficient funds. She failed to respond to your repeated billings. You then sent her account to Trans-Nation Credit Recovery for collection. Trans-Nation Credit Recovery has attempted to locate her and has notified you that they have not been successful.

Use your knowledge of MedTrak gained from the previous case studies to add an adjustment batch to write off Janet's \$108.74 invoice. Locate Janet Miller and then her invoice and add a note to the activity log that you wrote-off the invoice as a bad debt.

Writing Off the Invoice

- **Add an adjustment batch with the exact description** of **BDW1-1**. The TIN is **master**.
*(Use the **Adj / Denial Batches** functionality from the **Billing Menu**.)*
- **Add Janet Miller's adjustment** to the adjustment batch.
*(The **Source Type** is **Patient/Guarantor**.)*
(Use the invoice number in the adjustment record to speed locating the invoice.)
- **Write off each of the line items** using the adjustment write-off bad debt code of **W06**.
(After applying this adjustment, the invoice balance should be zero.)

Patient Location and Patient Invoice

- **Locate Janet Miller** by searching on the Patients screen.
- **Access Janet Miller's invoice** by using the invoice command (**inv**) next to the patient.
(You should be on the Patient / Invoices screen showing an invoice with a zero balance.)

Collection Activity

- **Display the activity log for the invoice** by clicking the **Activity Log** button.
(You should be on the Case / Billing Activity Log screen.)
- **Add the following note** using the general follow-up note code of **F05**:
"Trans-Nation Credit Recovery was not able to locate this patient. Therefore, this invoice is being written off as a bad debt."
- **Print the Case / Billing Activity Log** using the print command (**pr**) next to any log entry.

- **Exit from** the Case / Billing Activity Log screen.
- **Exit from** the Patient / Invoices screen.
(You should be back on the Patients screen with the cursor next to Janet Miller.)

Print the following reports and run your Self-Assessment report

- **You should be on the** Patients **screen with the cursor next to Janet Miller.**
- **Type** *prsz* **and press the** *ENTER* **key** to print the patient's statement.
- **Type** *BDW1* **and press the** *ENTER* **key** to print your self-assessment.
- **Print the following documents:**
 - **Self-assessment for BDW1**
 - **Patient Statement**
 - **Case / Billing Activity Log**

*(These prints are found in the **View Prints PDF** queue.)*

This concludes Case Study BDW1

This page intentionally left blank.



Thirst, Frequency, & Fatigue

Blue Cross of Massachusetts

Billing Case Study – CS07

Evan T. Mulls, an established patient, presents with a new onset of excessive thirst, frequent urination, and fatigue. The results of several lab tests indicate that he has type 2 diabetes mellitus. He is covered by his Blue Cross of Massachusetts health insurance which does not have a copayment.

The insurance company will receive a bill for all of the charges and pay the bill in full.

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Medical Care Offices

Patient Registration Form

Social Security Number *101 - 55 - 5002*

Name & Address

Prefix (Mr., Mrs., Ms.) *Mr.*

First name *Evan*

Middle initial *T*

Last name *Mulls*

Suffix (Jr. Sr. II, III)

Address line 2 *553 Memorial Drive*

Address line 3

Address line 4

City *Chicopee*

State *MA*

Zip *01020*

Other Information

Home phone *(413) 222-1010*

Alternate phone

Work phone

Date of birth *02/10/1970*

Gender *Male*

Marital Status *Single*

Preferred language *English*

Race *White*

Ethnicity *Not Hispanic or Latino*

Case Study - CS07

Patient Registration and Case Copy (Chapters 3 and 5)

- **Add Evan T. Mulls** from **patient registration** using the demographic information from the previous page.
(The patient's demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)
- **Copy case "CS07 – Thirst, Frequency, and Fatigue – Blue Cross"** to **Evan T. Mulls**.
(Follow the instructions in Chapter 5 of MedTrak's Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- **Locate Mr. Mulls' visit** on the Unbilled Dashboard.
(Remember, this is a patient visit.)
(Because you just added this patient, you will need to review the demographics log.)
- **Review the demographics log**; use the **Log is OK** button to clear the **DR** flag
- **Review the billing information** in the Charges available for review section
(Clearing the **DR** flag moves the patient's visit into the Charges available for review.)
- **Post the charges** to create the invoice.
(Blue Cross of Massachusetts is the primary insurance and will be billed **\$207.00** for the charges related to the visit for Mr. Mulls.)

Bills Ready to be Processed (Chapter 8)

- **Locate the Blue Cross of Massachusetts invoice for Mr. Mulls** on the Bills Ready to be Processed screen.
(Because this is a Blue Cross invoice, the invoice is in the Insurance – CMS1500 section.)
- **Use the View bills** function to locate the invoice.
- **Record your invoice number for use in posting the payment.**
- **Print the invoice.**
(The Blue Cross CMS1500 invoice is found in the **View Prints** PDF queue.)

Applying Payments to Invoices (Chapter 9)

- **Add a payment batch** for **\$207.00** with the exact description of **CS07-1**.
- **Add the Blue Cross of Massachusetts payment** for **\$207.00** (check #54215)
(Use the invoice number in the payment record to speed locating the invoice.)
(If you don't have your invoice number, you can find it in *Invoices All*.)

- **Pay the following line items** with this payment.
(This invoice has more than four line items on it. Be sure to page down.)
(After applying this payment, the invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99213)	100.00		
CBC W/DIFF W/PLATELET (85025)	15.00		
COMP METABOLIC PANEL (80053)	30.00		
LIPID PANEL (80061)	42.00		
U/A (10P)-DIP (IN CLINIC) (81002, clinc)	20.00		

Print the patient’s statement and run your Self-Assessment report

- **Go to Patient Registration.**
- **Place the cursor next to Mr. Mulls.**
- **Type *prsz* and press the ENTER key** to print the patient’s statement.
- **Type *cs07* and press the ENTER key** to print your self-assessment.
- **Print the following documents:** (to turn in for your assignment)
 - Self-assessment for CS07
 - Patient statement
 - CMS-1500 insurance form

*(These prints are found in the **View Prints** PDF queue.)*

This concludes Case Study CS07.



Routine Prenatal Examination

Humana

Billing Case Study – CS09

Ms. Julia A. McNaire is seen in the OB/GYN office, for a routine 28-week prenatal examination. Patient had two previous full-term, normal vaginal deliveries, without complications. Patient has no prior medical history noted. Patient is not currently on any medications. The doctor did a routine prenatal examination, and listened to the baby's heart rate, which was 148 bpm and strong. Doctor ordered a 1-hour routine Glucose monitoring test for the patient, from the lab, prior to patient leaving appointment. The doctor explained, the patient will be required to drink a sugary drink in a certain amount of time (1/2 hour), and then have to wait 1-hour upon completion, before having her blood drawn, to determine a Glucose level.

The doctor reviewed the lab results later that evening, and noted it was an abnormally high Glucose level. The doctor diagnosed the patient with Gestational Diabetes. The doctor called the patient on the phone with the results of the critical test result for the blood work, and advised the patient on some better nutritional habits (including eating less sugary foods), and drinking more water. The patient agreed to try to incorporate these healthier habits into her daily activities while she was pregnant. Patient states there is no past medical history of Diabetes in her family. The patient was scheduled to be seen at her next prenatal appointment.

She is covered by her Humana health insurance which does not have a copayment. The insurance company will receive a bill for the all of the charges and pay the bill in full.

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Medical Care Offices

Patient Registration Form

Social Security Number *101 - 00 - 1001*

Name & Address

Prefix (Ms., Mrs., Ms.) *Ms.*

First name *Julia*

Middle initial *A*

Last name *McNaire*

Suffix (Jr. Sr. II, III)

Address line 2 *5 Alcove Road*

Address line 3

Address line 4

City *Southwick*

State *MA*

Zip *01077*

Other Information

Home phone *(413) 444-0001*

Alternate phone

Work phone

Date of birth *06/11/1982*

Gender *Female*

Marital Status *Single*

Preferred language *English*

Race *White*

Ethnicity *Not Hispanic or Latino*

Patient Registration and Case Copy (Chapters 3 and 5)

- **Add Julia A. McNaire** from **patient registration** using the demographic information from the previous page.
(The patient's demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)
- **Copy case "CS09 – Routine Prenatal Examination – Humana"** to **Julia A. McNaire**.
(Follow the instructions in Chapter 5 of MedTrak's Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- **Locate Ms. McNaire's visit** on the Unbilled Dashboard.
(Because you just added this patient, you will need to review the demographics log.)
- **Review the demographics log**; use the **Log is OK** button to clear the **DR** flag
- **Review the billing information** in the Charges available for review section
(Clearing the **DR** flag moves the patient's visit into the Charges available for review.)
- **Post the charges** to create the invoice.
(Humana is the primary insurance and will be billed **\$115.00** for the charges related to the visit for Ms. McNaire.)

Bills Ready to be Processed (Chapter 8)

- **Locate the Humana invoice for Ms. McNaire** on the Bills Ready to be Processed screen.
(Because this is a Humana invoice, the invoice is in the Insurance – CMS1500 section.)
- **Use the View bills** function to locate the invoice.
- **Record your invoice number for use in posting the payment.**
- **Print the invoice.**
(The Humana CMS1500 invoice is found in the **View Prints** PDF queue.)

Applying Payments to Invoices (Chapter 9)

- **Add a payment batch** for **\$115.00** with the exact description of **CS09-1**.
- **Add the Humana payment** for **\$115.00** (check #97589)
(Use the invoice number in the payment record to speed locating the invoice.)
(If you don't have your invoice number, you can find it in Invoices All.)

- **Pay the following line items** with this payment.
(After applying this payment, the invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99213)	100.00		
Glucose 1 Hour (82950)	15.00		

Print the patient’s statement and run your Self-Assessment report

- **Go to** Patient Registration.
- **Place the cursor next to Ms. McNaire.**
- **Type *prsz* and press the ENTER key** to print the patient’s statement.
- **Type *cs09* and press the ENTER key** to print your self-assessment.
- **Print the following documents:** (to turn in for your assignment)
 - Self-assessment for CS09
 - Patient statement
 - CMS-1500 insurance form

(These prints are found in the [View Prints PDF queue.](#))

This concludes Case Study CS09.



Neck and Right Arm Pain

Medicare and Keystone Blue

Billing Case Study – CS12

Mr. James L. Makis , an established patient, arrives at the medical office complaining of neck and right arm pain. His neck pain has been worsening over the last two years. Recently, he has been experiencing some numbness and a tingling sensation in his right arm going down to his thumb. He has no other symptoms or pertinent medical history.

His primary insurance is Medicare and his secondary insurance is Keystone Blue. Medicare applies the \$100.00 charge for the office visit to Mr. Makis' deductible. There is no copayment with Medicare, but Keystone Blue requires a \$25.00 copayment. Medicare will pay part of the bill as will Keystone Blue. Mr. Makis will pay the remaining balance.

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Medical Care Offices

Patient Registration Form

Social Security Number *721 - 33 - 6056*

Name & Address

Prefix (Mr., Mrs., Mr.) *Mr.*

First name *James*

Middle initial *L*

Last name *Makis*

Suffix (Jr. Sr. II, III)

Address line 2 *544 River Road*

Address line 3

Address line 4

City *Springtown*

State *CO*

Zip *80002*

Other Information

Home phone *(970) 555-5050*

Alternate phone

Work phone

Date of birth *01/21/1951*

Gender *Male*

Marital Status *Married*

Preferred language *English*

Race *Black*

Ethnicity *Not Hispanic or Latino*

Patient Registration & Case Copy (Chapters 3 and 5)

- **Add James L. Makis** from **patient registration** using the demographic information from the previous page.
(The patient's demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)
- **Copy case "CS12 – Neck and Right Arm Pain – Medicare"** to **James L. Makis**.
(Follow the instructions in Chapter 5 of MedTrak's Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- **Locate Mr. Makis' visit** on the Unbilled Dashboard.
(Because you just added this patient, you will need to review the demographics log.)
- **Review the demographics log**; use the **Log is OK** button to clear the **DR** flag
- **Review the billing information** in the Charges available for review section
(Clearing the **DR** flag moves the patient's visit into the Charges available for review.)
- **Post the charges** to create the invoice.
(Medicare is the primary insurance and will be billed **\$173.53** for the charges related to the visit for Mr. Makis.)

Bills Ready to be Processed (Chapter 8)

- **Locate the Medicare invoice for Mr. Makis** on the Bills Ready to be Processed screen.
(Because this is a Medicare invoice, the invoice is in the Insurance – CMS1500 section.)
- **Use the View bills** function to locate the invoice.
- **Record your invoice number for use in posting the payment.**
- **Print the invoice.**
(The Medicare CMS-1500 invoice is found in the **View Prints** PDF queue.)

Applying Payments to Invoices (Chapter 9)

- **Add a payment batch** for **\$51.20** with the exact description of **CS12-1**.
- **Add the Medicare payment** for **\$51.20** (check #1258756)
(Use the invoice number in the payment record to speed locating the invoice.)
(If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line items** with this payment.

(After applying this payment, the invoice balance should be \$115.00.)

Line Item	Paid	Code	Amount
Office Visit (99213)	0	dd	100.00
X-ray C-spine (Complete) (75052)	51.20	a27	7.33

Note: The DD code means Medicare will apply the amount to the patient's deductible. The A27 code is a Medicare adjustment.

- **Add a payment batch** for **\$83.00** with the exact description of **CS12-2**.
- **Add the Keystone Blue payment** for **\$83.00** (check #56589)
 (Use the invoice number in the payment record to speed locating the invoice.)
 (If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line items** with this payment.
 (After applying this payment, the invoice balance should be \$30.00.)

Line Item	Paid	Code	Amount
Office Visit (99213)	75.00	cp	25.00
X-ray C-spine (Complete) (75052)	8.00	a01	2.00

Note: The CP code acknowledges the patient's copayment. The A01 code is a PPO adjustment.

- **Add a payment batch** for **\$30.00** with the exact description of **CS12-3**.
- **Add the James L. Makis copayment** for **\$30.00** (check #456)
 (Use the invoice number in the payment record to speed locating the invoice.)
 (If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line items** with this payment.
 (After applying this payment, the invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99213)	25.00		
X-ray C-spine (Complete) (75052)	5.00		

Print the patient's statement and run your Self-Assessment report

- **Go to** Patient Registration.

- **Place the cursor next to Mr. Makis.**
- **Type *prsz* and press the *ENTER* key** to print the patient's statement.
- **Type *cs12* and press the *ENTER* key** to print your self-assessment.
- **Print the following documents:** (to turn in for your assignment)
 - Self-assessment for CS12
 - Patient statement
 - CMS-1500 insurance form

(These prints are found in the [View Prints](#) PDF queue.)

This concludes Case Study CS12.



Palpitations & Shortness of Breath

Preferred Care & Fortress Medical

Billing Case Study – CS26

Mr. Rodger M. Rookie, a new patient, arrives at the medical office complaining of heart palpitations and shortness of breath. He has intermittent episodes of irregular heart beat that causes mild shortness of breath and a general sense of malaise, but no chest pain.

Mr. Rookie has been evaluated over the past year by another doctor and has documented episodes of atrial fibrillation recorded on a Holter monitor. He is being treated for ongoing benign hypertension with an ACE inhibitor. He admits to being non-compliant with his medication as prescribed. Otherwise, he is in good health.

His primary insurance is Preferred Care and his secondary insurance is Fortress Medical, which is his wife's insurance policy. Preferred Care has a \$30.00 copayment and Fortress Medical has a \$25.00 copayment. Preferred Care will pay part of the bill as will Fortress Medical. Mr. Rookie will pay the remaining balance.

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Medical Care Offices

Patient Registration Form

Social Security Number *452 - 32 - 6154*

Name & Address

Prefix (Mr., Mrs., Mr.) *Mr.*

First name *Rodger*

Middle initial *M*

Last name *Rookie*

Suffix (Jr. Sr. II, III)

Address line 2 *154 Williams Street*

Address line 3

Address line 4

City *Longmeadow*

State *MA*

Zip *01106*

Other Information

Home phone *(413) 555-2234*

Alternate phone

Work phone

Date of birth *03/02/1965*

Gender *Male*

Marital Status *Married*

Preferred language *English*

Race *White*

Ethnicity *Not Hispanic or Latino*

Patient Registration & Case Copy (Chapters 3 and 5)

- **Add Rodger M. Rookie** from **patient registration** using the demographic information from the previous page.
(The patient's demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)
- **Copy case "CS26 – Palpitations & Shortness of Breath"** to **Roger M. Rookie**.
(Follow the instructions in Chapter 5 of MedTrak's Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- **Locate Mr. Rookie' visit** on the Unbilled Dashboard.
(Because you just added this patient, you will need to review the demographics log.)
- **Review the demographics log**; use the **Log is OK** button to clear the **DR** flag
- **Review the billing information** in the Charges available for review section
(Clearing the DR flag moves the patient's visit into the Charges available for review.)
- **Because there is more than one diagnosis**, you will need to first assign the appropriate diagnoses to each line item before posting the charges. In this case study, both diagnoses apply to each line item, so type a 12 (representing the first and second diagnoses) in the command field next to each line item and press the **ENTER** key. Do this before posting the charges.
- **Post the charges** to create the invoice.
*(Preferred Care is the primary insurance and will be billed **\$150.00** for the charge related to the visit for Mr. Rookie.)*

Bills Ready to be Processed (Chapter 8)

- **Locate the Preferred Care invoice for Mr. Rookie** on the Bills Ready to be Processed screen.
(Because this is a Preferred Care invoice, the invoice is in the Insurance – CMS1500 section.)
- **Use the View bills** function to locate the invoice.
- **Record your invoice number for use in posting the payment.**
- **Print the invoice.**
*(The Preferred Care CMS-1500 invoice is found in the **View Prints** PDF queue.)*

Applying Payments to Invoices (Chapter 9)

- **Add a payment batch** for **\$40.20** with the exact description of **CS26-1**.
- **Add the Preferred Care payment** for **\$10.20** (check #56488)
(Use the invoice number in the payment record to speed locating the invoice.)
(If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line item** with this payment.

Line Item	Paid	Code	Amount
Office Visit (99203)	10.20	dd	139.80
		cp	30.00

Note: The DD code means Preferred Care will apply the amount to the patient's deductible. The CP code acknowledges the patient's copayment.

- **Add the Roger M. Rookie copayment** for **\$30.00** (check #487)
(Use the invoice number in the payment record to speed locating the invoice.)
(If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line item** with this payment.
(After applying this payment, the invoice balance should be \$109.80.)

Line Item	Paid	Code	Amount
Office Visit (99203)	30.00		

- **Add a payment batch** for **\$62.75** with the exact description of **CS26-2**.
- **Add the Fortress Medical payment** for **\$62.75** (check #25789)
(Use the invoice number in the payment record to speed locating the invoice.)
(If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line items** with this payment.
(After applying this payment, the invoice balance should be \$47.05.)

Line Item	Paid	Code	Amount
Office Visit (99213)	62.75	dd	47.05
		cp	25.00

Note: The DD code means Fortress Medical will apply the amount to the patient's deductible. The CP code acknowledges the patient's copayment.

- **Add a payment batch** for **\$47.05** with the exact description of **CS26-3**.

- **Add the Rodger M. Rookie payment for \$47.05** (check #1526)
(Use the invoice number in the payment record to speed locating the invoice.)
(If you don't have your invoice number, you can find it in Invoices - All.)
- **Pay the following line items** with this payment.
(After applying this payment, the invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99213)	47.05		

Print the patient's statement and run your Self-Assessment report

- **Go to** Patient Registration.
- **Place the cursor next to Mr. Rookie.**
- **Type *prsz* and press the ENTER key** to print the patient's statement.
- **Type *cs26* and press the ENTER key** to print your self-assessment.
- **Print the following documents:** (to turn in for your assignment)
 - Self-assessment for CS26
 - Patient statement
 - CMS-1500 insurance form

(These prints are found in the [View Prints](#) PDF queue.)

This concludes Case Study CS26.



Right Ankle Injury

The Accident Fund

Billing Case Study – CS36

Peeverell L. Samuels, a student, slipped and fell while shopping with his mother at the Candy Company. He was injured yesterday. The Candy Company's workers compensation insurance company will pay the costs of his medical care. An x-ray of his right ankle does not show a fracture.

The Accident Fund will receive a bill for the all of the charges and pay the bill with adjustments.

This case study is based on actual medical information recorded during a patient visit made to a medical facility that uses MedTrak.

Medical Care Offices

Patient Registration Form

Social Security Number *642 - 31 - 9502*

Name & Address

Prefix (Mr., Mrs., Ms.) *Mr.*

First name *Peverell*

Middle initial *L*

Last name *Samuels*

Suffix (Jr. Sr. II, III)

Address line 2 *2225 Scenic Drive*

Address line 3

Address line 4

City *West Springfield*

State *MA*

Zip *01089*

Other Information

Home phone *(413) 223-2002*

Alternate phone

Work phone

Date of birth *02/15/2010*

Gender *Male*

Marital Status *Single*

Preferred language *Other*

Race *Native Hawaiian or Other Pacific Islander*

Ethnicity *Not Hispanic or Latino*

Patient Registration and Case Copy (Chapters 3 and 5)

- **Add Peverell L. Samuels** from **patient registration** using the demographic information from the previous page.
(The patient's demographic information must be exactly as shown above.)
(Exit from the Company: Select screen.)
- **Copy case "CS36 – Right Ankle Injury – The Accident Fund"** to **Peverell L. Samuels**.
(Follow the instructions in Chapter 5 of MedTrak's Billing & Reimbursement book.)

Unbilled Charges Dashboard (Chapters 6 and 7)

- **Locate Mr. Samuels' visit** on the Unbilled Dashboard.
(Remember, this is a workers compensation visit - not a patient visit.)
(Because this visit is under the company, there is no demographics log to review.)
- **Review the billing information** in the Charges available for review section
(Remember, this is a workers compensation visit - not a patient visit.)
- **Because there are three diagnoses for Mr. Samuels**, you will need to first assign all three diagnoses to each line item before posting the charges. To do so, type a 123 (representing the first, second, and third diagnoses) in the command field next to all line items and press the **ENTER** key. Do this before posting the charges.
- **Post the charges** to create the invoice.
(The Accident Fund will be billed **\$195.00** for the charges related to the visit for Mr. Samuels.)

Bills Ready to be Processed (Chapter 8)

- **Locate The Accident Fund invoice for Mr. Samuels** on the Bills Ready to be Processed screen.
(Because this is The Accident Fund invoice, the invoice is in the Insurance – CMS1500 section.)
- **Use the View bills** function to locate the invoice.
- **Record your invoice number for use in posting the payment.**
- **Print the invoice.**
(The Accident Fund CMS1500 invoice is found in the **View Prints** PDF queue.)

Applying Payments to Invoices (Chapter 9)

- **Add a payment batch** for **\$150.00** with the exact description of **CS36-1**.

- **Add The Accident Fund payment for \$150.00** (check #25789)
(Remember, this is a workers compensation insurance company.)
(Use the invoice number in the payment record to speed locating the invoice.)
(If you don't have your invoice number, you can find it in Invoices All.)
- **Pay the following line items** with this payment.
(After applying this payment and adjustments, the invoice balance should be zero.)

Line Item	Paid	Code	Amount
Office Visit (99203)	120.00	a04	30.00
X-RAY RT ANKLE (3VW) (73610, RT)	30.00	a04	15.00

Note: The A04 code means the line item was billed over the authorized fee schedule.

Print the patient's statement and run your Self-Assessment report

- **Go to Patient Registration.**
- **Place the cursor next to Mr. Samuels.**
- **Type *prsz* and press the ENTER key** to print the patient's statement.
- **Type *cs36* and press the ENTER key** to print your self-assessment.
- **Print the following documents:** (to turn in for your assignment)
 - Self-assessment for CS36
 - Patient statement
 - CMS-1500 insurance form

*(These prints are found in the **View Prints** PDF queue.)*

This concludes Case Study CS36.