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Version 3.5 Overview

- Enhancements
 - Eligibility status and requests are available from the Insurance Coverage section of the Encounter form
 - Encounters in an open Encounter Batch can be moved to another open Encounter Batch
 - Pay/Adj Transaction Sub Codes have been added to the CAR Codes
 - The Ledger has been updated to show Charge Entry Code, TX Sub Code and highlight Services with the C (Collection) status
 - The Encounter Batch has been updated to show Charge Entry Status
 - The Services in Insurance Review row of the Billing Dashboard will now use the Service Balance instead of the Fee to calculate the Dollars column
 - Corrected Claims will now create copies of existing Pay/Adj transactions to the corrected Claim
 - Creating a new Insurance Plan has additional default values.
 - Patient Registration will now check for duplicate persons
- Bug Fixes
 - ERA EOB report doesn't print claim level information if there isn't any service level detail
 - ERA EOB Report isn't printing PLB detail
 - Email address can be saved with trailing spaces
 - EDI Encounter aren't loading Referring Providers
 - Pay/Adj Batch doesn't allow a negative value for Amount
 - Expanded maximum size for eligibility reports from payer
 - Insurance Prep passes subscribers with missing address fields
 - Scheduling Agenda view shows cancelled appointments
 - CMS 1500 errors on some combinations of POS and Patient Name
 - CMS 1500 Claim Run reprint does not print COB pages
 - Encounter incorrectly requires Facility and Admit Date for some POS
 - HL7 SIU messages includes delimiters if they are present in the appointment data
 - Corrected Claims aren't properly handling services with a zero balance
 - Users with the Administrator permission cannot set the Administrator permission on other users

Enhancements

Charge Entry - Eligibility

The Eligibility status and generating an Eligibility request are now available from the Insurance Coverage section of the Encounter form. The status display and request feature are identical to the functionality on the Patient form Insurance Coverage.

Encounter | Accident/Injury | Prep Info | Claim Info | ASC UB-04

ID: 3779 Appt ID: Force to Paper: ☐ Entry Date:

Patient: 17 - Longwood, Susan L DME Claim: ☐ **Request**

Bill Acct: 25 C1 : Longwood, Susan L Site: 1

Insurance Coverage

Refresh Deactivate Up Down Prep Void Details **Eligibility**

	Plan	Subscriber	Policy Number	Copay	Elig	Active
1	Anthem	Longwood, Susan L	454887456411	\$20.00		<input checked="" type="checkbox"/>
2	Railroad Medicare	Longwood, Susan L	1122456789	\$15.00		<input checked="" type="checkbox"/>

Status

Services

Add Delete Move Up Move Down

	DOS Start	Service	HCPCS	Mod	Prov	Description
1	7/10/2012	E1305	E1305		10	Change of outpatient status to inpatient

Charge Entry - Move an Open Encounter to another Batch

Open Encounters can now be moved to another open Encounter Batch or added to a new Encounter Batch. This will be especially useful if you are using Charge Entry Status and need to group Encounters with similar issues.

Encounter: Warren Jr., Stuart A 2/14/1960 Age: 62

File Save Save & Close Save & New Print Ledger Notes On-Demand Correct Claim Change Batch Copy Ref Recall EHR

Encounter Accident/Injury Prep Info Claim Info ASC UB-04

ID: 3720 Appt ID: Force to Paper: Entry Date: 12/30/2019 Batch ID: 736

Patient: 15 - Warren Jr., Stuart A DME Claim: Charge Entry Status:

Bill Acct: 21 BA: Warren Jr., Stuart A Site: 1

Batch ID (will update when the batch to move to is selected)

After clicking the Change Batch button, you will be prompted for the Batch to move the Encounter to.

Change Batch

Move To: New

OK Cancel

The default is to create a new Batch, but you can click the drop down and choose from the existing Open Batches.

Change Batch

Move To: New

Batch ID	Description	User ID	Created	Posting Period
749	test 4	MBS	02/11/2022	202003
748	test 3	MBS	02/11/2022	202003
746	batch move test	MBS	02/11/2022	202003

If you select "New" and click OK, the create Encounter Batch form will open and you will need to complete the required fields and then Save the Batch to continue.

After saving the new Batch or selecting an existing Batch and clicking OK, the Batch ID on the Encounter will update to show the Batch it will be moved to. **You must save the Encounter for the move to be completed.** If you exit without saving changes the Encounter will remain in the original batch.

Pay/Adj Transaction Sub Codes

ERA CAR Codes

Along with the existing function that allows you to define a Transaction Code to use for CAR code during ERA processing, you can now also specify a Transaction Sub Code. You must have a Transaction Code to enter a Sub Code. Both fields are optional and have drop down lists of values. Go to Tables -> Transaction Sub Codes to add/modify Sub Codes.

CAR Code: 243 - Services not authorized by network...

File

Save Save & Close Save & New Print

ID: 243

Description: Services not authorized by network/primary care providers.

Short Description: Missing Authorization

TX Code: WO

TX Sub Code: AUTH

Set Review Status:

Code	Description
AUTH	No authorization
CRED	Not credentialed
TFL	Timely filing

Transaction Batch Report

TX Sub Codes have been added as a column and Totals on the Transaction Batch Report.

Binford North Clinic

Payment & Adjustment Detail Report

Page 1 of 1

TX Sub Code Column

ID	Category	DOS	Service	Prov	Code	Sub Code	Amount
Batch: 842	Created: 04/10/2020	User: MBS	Closed:	Description: Plan Profiles Payment Batch		Batch Total	0.00
Master: 8889	2102 Thomas, Anne Elizabeth	Entry: 04/10/20	Ins: HUM	Ref: CK12547895	User: MBS	Adj:	75.00 Pmt: 85.00
8577	03/30/20	99214 Est Pt Office Visit L4		MW	INSCK		85.00
8578	03/30/20	99214 Est Pt Office Visit L4		MW	UCR		75.00
Master: 8890	100 Jones, Jennifer	Entry: 04/10/20	Ins: HUM	Ref: CK12547895	User: MBS	Adj:	28.00 Pmt: 45.00
8579	08/02/14	99213 *Established Pt Visit L3		JB	INSCK	TFL	45.00
8580	08/02/14	99213 *Established Pt Visit L3		JB	UCR		28.00
Master: 8891	2103 Cameron, Abigail Anne	Entry: 04/10/20	Ins: CS	Ref: CK123654	User: MBS	Adj:	105.00 Pmt: 75.00
8581	03/30/20	99204 Office, outpatient visit for the evaluation new		MW	INSCK		75.00
8582	03/30/20	99204 Office, outpatient visit for the evaluation new		MW	UCR		105.00
Adjustment Total						208.00	
						Grand total	205.00

Payments Summary by TX Code

TX Code Group	TX Sub Code	Description	Total
	INSCK	Insurance Check	160.00
	TFL	Timely filing	45.00

TX Sub Code by TX Code

Payments Summary by TX Sub Code

TX Sub Code Group	TX Code	Description	Total
	INSCK	Insurance Check	160.00
	TFL - Timely filing	Insurance Check	45.00

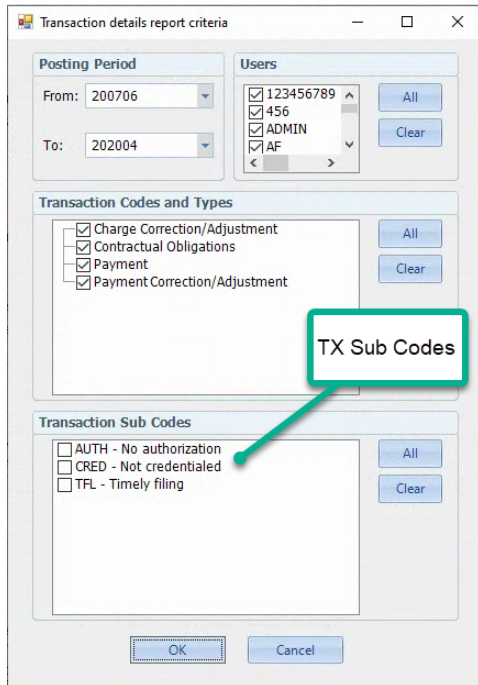
TX Code by TX Sub Code

WinPM Version 3.5 Release Notes

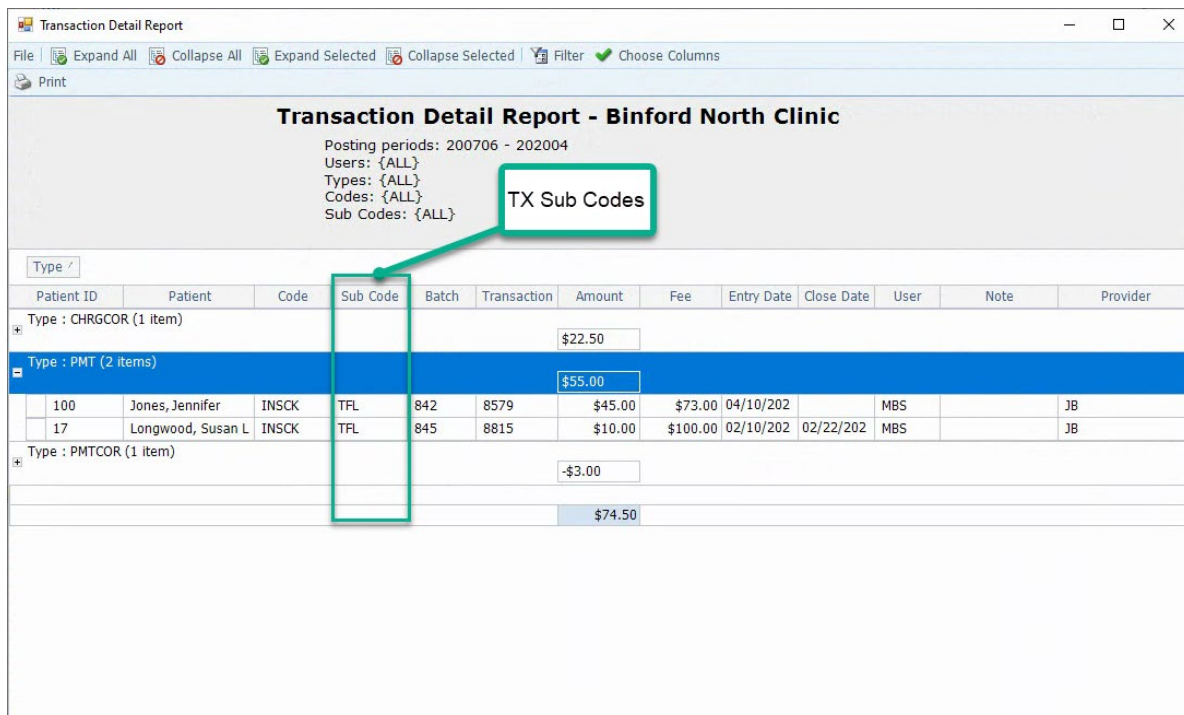
Transaction Detail Report

TX Sub Codes have been added as a criteria and column on Transaction Detail Report

Click one or more of the Transaction Sub Codes to limit the report to those codes. If you don't check any boxes all TX Sub Codes will be included on the report.



The dialog box titled "Transaction details report criteria" contains several sections for filtering the report. The "Posting Period" section has "From" and "To" dropdowns set to 200706 and 202004. The "Users" section has a list box with 123456789, 456, ADMIN, and AF, with "All" and "Clear" buttons. The "Transaction Codes and Types" section has checkboxes for Charge Correction/Adjustment, Contractual Obligations, Payment, and Payment Correction/Adjustment, with "All" and "Clear" buttons. The "Transaction Sub Codes" section has checkboxes for AUTH - No authorization, CRED - Not credentialed, and TFL - Timely filing, with "All" and "Clear" buttons. A green box labeled "TX Sub Codes" points to the "Transaction Sub Codes" section. "OK" and "Cancel" buttons are at the bottom.



The report window titled "Transaction Detail Report - Binford North Clinic" shows the following summary:

- Posting periods: 200706 - 202004
- Users: {ALL}
- Types: {ALL}
- Codes: {ALL}
- Sub Codes: {ALL}

A green box labeled "TX Sub Codes" points to the "Sub Code" column in the table below.

Patient ID	Patient	Code	Sub Code	Batch	Transaction	Amount	Fee	Entry Date	Close Date	User	Note	Provider
Type : CHRGCOR (1 item)												
						\$22.50						
Type : PMT (2 items)												
						\$55.00						
100	Jones, Jennifer	INSCK	TFL	842	8579	\$45.00	\$73.00	04/10/202		MBS		JB
17	Longwood, Susan L	INSCK	TFL	845	8815	\$10.00	\$100.00	02/10/202	02/22/202	MBS		JB
Type : PMTCOR (1 item)												
						-\$3.00						
						\$74.50						

Ledger – Charge Entry Status, Transaction Sub Codes and Collection Highlight

The Ledger now has columns for the Charge Entry Status and Transaction Sub Codes and will highlight Services in the C (Collection) status.

Ledger - PT: 17 Longwood, Susan L

File Get Ledger Notes Print Expand All Collapse All Expand Selected Collapse Selected Apply Credits Update Status Choose Columns

Patient: 17 - Longwood, Susan L

Guarantor:

Billing Account:

Filter by DOS: To Clear

Balance

Patient: \$95.60 Insurance: \$181.92

Collection: \$55.00 Review: \$0.00

Last Patient Payment

Date: 3/3/2022 Charge Entry Status Code \$5.00

DOS	Service	Prov	DX	Description	Fee	S	Status Date	Entry Status	Balance
01/01/2021	99202	MW	B97.8	visit for the evaluation, new	\$100.00	I	03/03/2022		\$0.00
01/01/2021	96372	MW	B97.8	on	\$35.00	I	03/03/2022		\$10.00
07/10/2012	51705	JB	H04.139	Change of cystostomy tube; simple	\$100.00	I	02/09/2022	T3	\$0.00
02/08/2022	COR	AUTH		T: REF 09098	\$22.50				\$0.00
02/08/2022	COR			T: REF 42323	\$22.50				\$0.00
02/08/2022	COR				\$100.00				\$0.00
07/10/2012	51705	JB	H04.139	Change of cystostomy tube; simple	\$100.00	I	02/15/2022		\$67.50
07/09/2012	COPAY	JB		CO-PAY AT TIME OF SERVICE	\$0.00	P	07/09/2012		\$0.00
07/09/2012	99213	JB		*Established Pt Visit L3	\$73.00	P	07/09/2012		\$53.00
03/15/2011	COPAY	CDS		CO-PAY AT TIME OF SERVICE	\$0.00	P	03/15/2011		\$0.00
03/11/2011	99213	MM	T40.5X1A	Established Pt Visit L3	\$70.00	C	03/03/2022		\$55.00
02/21/2011	99213:25	JB	E11.9 401.9...	Established Pt Visit L3	\$75.00	I	03/02/2011		\$62.42
02/21/2011	36415	JB	E11.9 401.9...	Venipuncture	\$11.00	I	03/02/2011		\$11.00
03/25/2010	36415	JB	R05	Venipuncture					\$8.00
03/25/2010	80061	JB	R05	Lipid Panel					\$0.00
03/25/2010	84478	JB	R05	Triglycerides	\$13.00	I	04/27/2011		\$13.00

TX Sub Code

Charge Entry Status Code

Collection Highlight

Encounter Batch – Display Charge Entry Status

A column has been added to the Encounter list on the Encounter Batch detail form to display the Charge Entry Status field if one has been entered on the Encounter.

Encounter Batch: 740

File

Save Save & Close Save & New Batch Report

ID: 740 Ready To Close: ☐

Description: EDI Encounters

Prac Site: 1 Closed:

Created: 3/10/2020 10:06 AM User ID: MBS

Total Fees: \$160.00 Closing Run: 0

Posting Period: 202003

Encounters

Add Details

ID	Patient	Total Fee	DOS	Prov	Entry Status
3744	Blaz, Josephine	160.00	02/27/2020	MW	CRED

Charge Entry Status

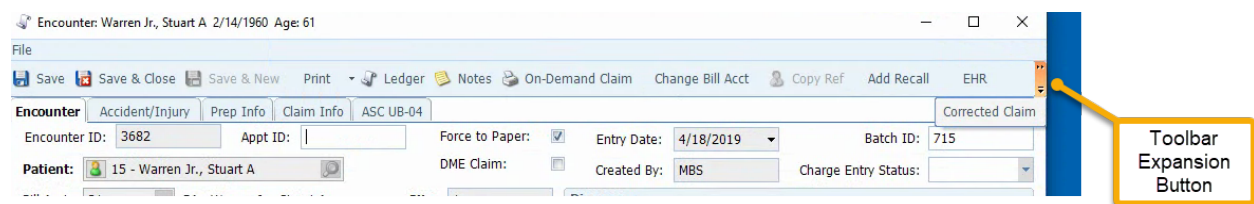
Corrected Claim

The Corrected Claim feature will now properly handle Service with a \$0 balance and will now create copies of any Pay/Adj Transactions on the old services and write-off the transactions on the original. Complete documentation of the feature is included here for context.

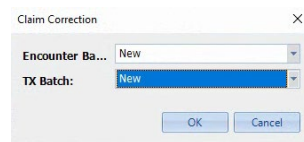
Create the Corrected Claim

When the corrections needed are to a field that is read-only because the Encounter has been closed you can now use the “Correct Claim” feature to adjust off the Service and Pay/Adj Transactions of the original Encounter and create a new Encounter that you can fully edit. The new Encounter will start as an exact copy of the original Encounter but like all open Encounters you may edit all information on the Encounter. The new Encounter will have all the Pay/Adj activity of the original and when a claim is generated it will have the correct coding as a Corrected Claim and include the payer’s Claim Number.

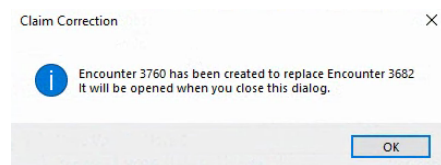
To access the feature, click the “Corrected Claim” button on the main toolbar. If the button is not visible click the toolbar expansion button and then click “Corrected Claim”.



You will then be prompted to select an Encounter Batch and TX Batch (Pay & Adj Batch). This is like the COPAY function where we need to know which batches to put the new Encounter and Adjustment(s) into.



If you select “New” for either the Encounter or TX Batch clicking the “OK” button will bring you to the usual windows to create an Encounter and/or TX Batch. After you have created and saved your new Batches or If you selected existing Batches, you get a confirmation popup.



Click “OK” and the new Encounter will open so that you may make your edits.

(continued on next page)

Pay/Adj Transactions

If you review the batches you selected you will see the new Encounter in the Encounter Batch, a COR adjustment in the Pay/Adj Batch that wrote off the fee of the original Encounter and additional Pay/Adj Transactions as needed to write-off and recreate the Pay/Adj activity. As usual the Encounter will need to be Closed and Prepped to generate a claim.

Transaction Batch: Corrected Claim - Pay/Adj

File Save Save & Close Save & New Batch Report View EDI Remit

Batch ID: 846 Ready To Close: ☐

Practice Site: Closed Date:

Description: Corrected Claim - Pay/Adj

Amount: 0.00

Payor Reference:

Transaction Code: Posting Date: 03/03/2022

TX Sub Code: Adjudicated Date:

Received Date: Created Date: 03/03/2022

Deposit Date: Posting Period: 202003

User: MBS

Transactions

ID	Name	DOS	Service	Plan	Code	Sub Code	Amount
8839	Longwood, Susan Lynne	01/01/2021	99202		INSOK		\$80.00
8840	Longwood, Susan Lynne	01/01/2021	99202		UCR		\$20.00
8841	Longwood, Susan Lynne	01/01/2021	96372		INSOK		\$15.00
8842	Longwood, Susan Lynne	01/01/2021	96372		UCR		\$10.00
8843	Longwood, Susan Lynne	01/01/2021	99202		RI		(\$80.00)
8844	Longwood, Susan Lynne	01/01/2021	99202		RU		(\$20.00)
8845	Longwood, Susan Lynne	01/01/2021	99202		COR		\$100.00
8846	Longwood, Susan Lynne	01/01/2021	96372		RI		(\$15.00)
8847	Longwood, Susan Lynne	01/01/2021	96372		RU		(\$10.00)

Ledger

After the new Encounter is created the ledger will show the original Encounter and new Encounter, the COR Pay/Adj to write off the original Fee and additional Pay/Adj to write off and move the Pay/Adj activity to the new Encounter.

Get Ledger Notes Print Expand All Collapse All Expand Selected Collapse Selected Apply Credits Update Status Choose Columns

Patient: 17 - Longwood, Susan L

Guarantor:

Billing Account:

Filter by DOS: To Clear

Balance

Patient: \$100.60 Insurance: \$181.92

Collection: \$55.00 Review: \$0.00

Last Patient Payment

Date: 2/16/2022 Amount: \$12.58

DOS	Service	Prov	DX	Description	Fee	S	Status	Date	Balance
Totals									
01/01/2021	99202	MW	B97.89	Office, outpatient visit for the evaluation, new	\$1,611.00				\$337.52
03/03/2022					\$100.00	I		03/03/2022	\$0.00
03/03/2022	COR				\$100.00				
02/14/2022	INSOK		ANT	T: 4134234234113	\$80.00				\$20.00
02/14/2022	UCR		ANT	T: 4134234234113	\$20.00				\$0.00
03/03/2022	RI		ANT	T: 4134234234113	\$80.00				\$0.00
03/03/2022	RU		ANT	T: 4134234234113	\$20.00				\$0.00
01/01/2021	96372	MW	B97.89	Therapeutic injection	\$35.00	P		03/03/2022	\$0.00
03/03/2022	COR				\$35.00				
02/14/2022	INSOK		ANT	T: 4134234234113	\$15.00				\$0.00
02/14/2022	UCR		ANT	T: 4134234234113	\$10.00				\$0.00
03/03/2022	RI		ANT	T: 4134234234113	\$15.00				\$0.00
03/03/2022	RU		ANT	T: 4134234234113	\$10.00				\$0.00
01/01/2021	99202	MW	B97.89	Office, outpatient visit for the evaluation, new	\$100.00	I		03/03/2022	\$0.00
03/03/2022	INSOK		ANT	T: 4134234234113	\$80.00				\$0.00
03/03/2022	UCR		ANT	T: 4134234234113	\$20.00				\$0.00
01/01/2021	96372	MW	B97.89	Therapeutic injection	\$35.00	I		03/03/2022	\$10.00
03/03/2022	INSOK		ANT	T: 4134234234113	\$15.00				\$0.00
03/03/2022	UCR		ANT	T: 4134234234113	\$10.00				\$0.00

Original Encounter

Original Pay/Adj

Original Encounter

Original Pay/Adj

New Encounter

New Encounter

Reverse Fee

Reverse Pay/Adj

Reverse Fee

Reverse Pay/Adj

New Pay/Adj

New Pay/Adj

Insurance Plans – New Defaults

When creating a new Insurance Plan there are additional fields with default values in the Claims section. Here is an example of what will be defaulted.

The screenshot shows the 'Insurance Plan: {new}' window. The 'Claims' section is highlighted, showing the following default values:

- ID Qualifier: G2
- Claim Filing Code: (empty)
- Form Type (P): 1500_0212
- (I): UB-04
- ICD Year Starts: October
- Use HCPCS Level 2: ☐
- Require Member #: ☐
- Send Zero Fee Svc: ☐
- Eligibility Request: Provider

The 'Contract' section shows the following default values:

- Contracted: ☐
- Accept Assignment: ☐
- Supervised Can Bill: ☐
- Bill Individual: ☐
- Timely Filing Days: 0

The 'EDI' section shows the following default values:

- EDI Receiver: (empty)
- EDI Payer ID: (empty)
- EDI COB: 3
- Inst EDI Payer ID: (empty)
- Manual COB Posting: ☐
- Send Member Numbers on EDI: ☐
- EDI Elig ID: (empty)

The 'Note' field is empty, and the 'Inactive' checkbox is unchecked.

Patient Registration – Check for Duplicates

After entering the last name, gender and date of birth, the Patient form will now warn you if a Patient/Guarantor/Subscriber already exists with those same values.

The screenshot shows the 'Patient: {new}' form in WinPM Version 3.5. The 'Demographics' tab is selected, displaying various patient information fields. A modal dialog box titled 'Possible Matching Records' is overlaid on the form, indicating a potential duplicate entry. The dialog contains the text: 'The following possible matching record(s) were found: Smith, Jack PatientID: 93'. An 'OK' button is visible at the bottom right of the dialog.

After clicking OK you can close the form without saving and use the person identified in the message or continue with the registration if you are certain they are different people.

Bugs Fixed

- ERA EOB Report doesn't print claim level information if there isn't any service level detail
 - Claim level information now prints regardless of the presence of service level details.
- ERA EOB Report isn't printing PLB detail
 - The PLB information will now be printed at the end of the report.
- Email address can be saved with trailing spaces
 - Email address leading and trailing spaces are now trimmed. There is no other validation of email addresses.
- EDI Encounters aren't loading Referring Providers
 - Referring Providers will now display on the EDI Encounters grid if that option has been enabled.
- Pay/Adj Batch doesn't allow a negative value for Amount
 - You can once again enter negative amounts for the Batch Amount.
- Expanded maximum size for eligibility reports from payer
 - Eligibility Results (X12 271) can now be up to 1,000,000 characters.
- Insurance Prep passes subscribers with missing address fields
 - The Prep will now generate errors if the address information is missing on the Subscriber.
- Scheduling Agenda view shows cancelled appointments
 - Cancellations will no longer appear on the grid.
- CMS 1500 errors on some combinations of POS and Patient Name
 - Paper claims with Home as the Place of Service and a Patient with a middle name will no longer cause the Claim Run to break.
- CMS 1500 Claim Run reprint does not print COB pages
 - COB pages will be included if requested by the user when prompted.
- Encounter incorrectly requires Facility and Admit Date for some POS
 - Facility is now required on IH, OH, HER, SNF, NH, PFI, IRF
 - Admit date is now required on IH, SNF, NH, PFI, IRF
- HL7 Scheduling messages include HL7 delimiters if they are present in the appointment data
 - HL7 SIU messages will replace delimiters (|, ^, &, ~) in the note field with a dash.
- Corrected Claims aren't properly handling services with a zero balance
 - Corrected Claim logic has been updated. See the full note above under Enhancements for details.
- Users with the Administrator permission cannot set the Administrator permission on other users
 - Administrator users can now update all permissions.