

Contents

Version 3.8 Overview	2
New Features	3
Payment Posting – Include additional CAR Codes when entering payments.....	Error! Bookmark not defined.
Enhancements	5
Claim Runs - Type column.....	Error! Bookmark not defined.
Collection Export - Additional columns.....	Error! Bookmark not defined.
EDI Payer ID lookup – New portal for Change Healthcare.....	Error! Bookmark not defined.
Bugs Fixed	5

Version 3.9 Overview

- New Features
 - Mass Rebill – select groups of claims to be regenerated
- Enhancements
 - ERA Processing – Improvements for Relay Health ERA
 - Extended logic to match ERA policy number with our coverage
 - Identify the correct encounter service to apply transactions to
 - Crosswalk from ERA EDI Payer ID to Relay CPID
 - Filter out invalid service references
 - Correctly identify payer for PLB posting
 - EDI Claims
 - Only send the primary ICN to subsequent payers for Medicare/Medicaid claims
 - Support dual Billing ID for Change to Relay transitioned customers
 - Enhanced error messages for the import EDI Files function
 - Claim Error processing updated to better support Relay codes and formats
 - Timely Filing letter updated for Relay data formats
 - Prep Report will provide more detail with COB Out of Balance error
 - Eligibility will accept additional coverage codes as active coverage
 - Insurance Aging report added Fee, Facility ID and Facility Name
 - Address verification has been updated to use the new USPS API
- Bugs Fixed
 - Possible Encounter form error with inactive Plan Profiles
 - EDI Claim generation breaks if all service lines are marked to not bill
 - EDI Claims incorrectly include \$0.00 Claim Adjustments in COB
 - Corrected claims are using an incorrect ICN
 - Medicare corrected claims use an incorrect Frequency Code
 - Some Prep Errors are breaking the Prep run.

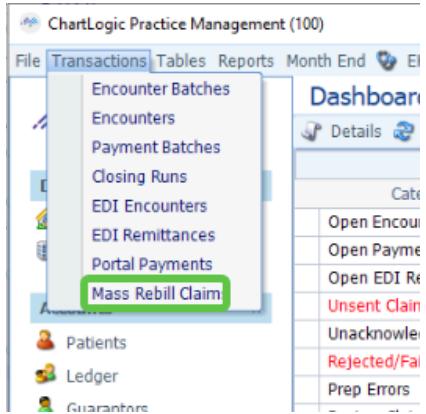
New Features

Mass Rebill

The system will now allow you to select a group of previously generated claims and automatically create Prep Requests so that they can be generated again. The most common reasons you may want to use this feature are:

- A provider has received back-dated enrollment in a plan and the claims previously rejected or paid out-of-network need to be resubmitted so that they are processed under the correct contract.
- A payer has identified an issue with claims they processed on certain dates or for certain dates of service and need the claims resubmitted to be reprocessed.

The Mass Rebill feature can be found on the Transaction menu.



Click Mass Rebill Claims will open the selection form. Here you will enter criteria to select the claims that you want to reprint.



Click the dropdown button in the columns will present a list of values to select from. The dropdown button in the DOS fields will open a calendar. After entering the criteria click "Find Claims" and the form will display the existing claims that match your criteria.

WinPM Version 3.9 Release Notes

	EDI Payer ID	Ins Plan Group ID	Ins Plan ID	Rendering Provider ID	DOS From	DOS To	Claim Date	Encounter ID
1	60054	AET	AET	JB	11/10/2017	11/10/2017		3592
2	60054	AET	AET	MW	04/17/2014	04/17/2014		3340
3	60054	AET	AET	MW	03/21/2016	03/21/2016		3503
4	60054	AET	AET	MW	01/10/2017	01/10/2017		3556
5	60054	AET	AET	MW	02/24/2017	02/24/2017		3562
6	60054	AET	AET	MW	09/07/2017	09/07/2017		3573
7	60054	AET	AET	MW	11/01/2017	11/01/2017		3588
8	60054	AET	AET	MW	11/01/2017	11/01/2017		3589
9	60054	AET	AET	MW	12/19/2017	12/19/2017		3598
10	60054	AET	AET	MW	01/08/2018	01/08/2018		3603
11	60054	AET	AET	MW	01/12/2018	01/12/2018		3604

You can enter additional criteria to further filter the list. You can also select lines by clicking on them and pressing Delete to remove them from the display.

60054	AET	AET	MW	01/10/2017	01/10/2017		3556	
60054	AET	AET	MW	02/24/2017	02/24/2017		3562	
60054	AET	AET	MW	09/07/2017	09/07/2017		3573	
▶ 60054	AET	AET	MW	11/01/2017	11/01/2017		3588	
60054	AET	AET	MW	11/01/2017	11/01/2017		3589	
60054	AET	AET	MW	12/19/2017	12/19/2017		3598	
0	60054	AET	AET	MW	01/08/2018	01/08/2018		3603
1	60054	AET	AET	MW	01/12/2018	01/12/2018		3604



You can also click Reset to clear the results and start fresh.

Once the claims you need to reprint are displayed click Request Reprint to have the program create prep requests. You will get a dialog confirming the requests have been created.



The requested claims will process just as your manual prep requests do. They will be included in the next Prep you run and the Encounters that pass the prep will go on to be generated. Any that fail the prep will follow the normal prep errors pattern.

Enhancements

EDI

Numerous improvements have been made to Electronic Remittance Advice posting and EDI Claims generation.

ERA Processing

- Extended logic to match ERA policy number with our coverage
- Identify the correct encounter service to apply transactions to
- Crosswalk from ERA EDI Payer ID to Relay CPID
- Filter out invalid service references
- Correctly identify payer for PLB posting

EDI Claims

- Only send the primary ICN to subsequent payers for Medicare/Medicaid claims
- Support dual Billing ID for Change to Relay transitioned customers

Enhanced error messages for the import EDI Files function

It is very unusual for the system to have an issue importing EDI files, but we have enhanced the error messages that will be produced if there is something wrong. The error message includes important information that will help us identify and correct the issue. Please take a screenshot of error messages to include in your communication with Support.

Claim Error processing updated to better support Relay codes and formats

While we have always supported both the Change Healthcare (OKC) and Relay Health (Exchange) clearinghouses, the shutdown of the Change OKC system and transition of all customers to Relay Exchange has demonstrated a need to further develop Relay Exchange file processing. Claim Status processing has been enhanced to improve processing of the Exchange specific file formats and Payer ID codes.

Timely Filing letter updated for Relay data formats

Relay Exchange does not provide the same level of detail the Change OKC did, but we have improved the processing of Timely Filing letters for Relay Exchange claims to provide as much detail as possible.

Prep Report will provide more detail with COB Out of Balance errors

Resolving COB Out of Balance prep errors is one of the more complicated and confusing parts of billing. The Prep error will now provide the out of balance service's Fee, UCR amount, sum of Claim Adjustments and current balance to assist with resolving the error. The best way to deal with COB issues is to use Electronic Remittance (ERA). When the system posts ERA, balanced payment and adjustment information is automatically posted removing the need to interpret and transpose information from EOB. ERA are available for most payers, contact Support to enroll.

Eligibility will accept additional coverage codes as active coverage

Experience with additional payers has shown that there are additional codes in the Eligibility response that should be considered as active coverage and set the green check status. If you find additional codes that you interpret as active coverage, but the system does not, contact Support so that we may investigate and make changes as needed.

Insurance Aging report added Fee, Facility ID and Facility Name

Additional columns have been added to the Insurance Aging report. These columns do not display by default but are available from the Column Chooser button. When added to the report they may be positioned, sized, grouped and filtered the same as any default column.

Address verification has been updated to use the new USPS API

Our system uses a US Postal Service web function (API) to verify that addresses you enter are correct. The API verifies that the address is known to the USPS, adds the ZIP+4 to a five-digit ZIP Code and can even find the ZIP Code or city for an incomplete address. The USPS is retiring the API we have used and moving to a new version. We have updated our system to use the new API. The new API offers the same functionality as the old and you won't see any difference when entering an address with one exception. We now support a feature provided by the post office to warn when an address has multiple units or some other issue requiring the use of suite, apartment, building or other information to complete the address. When you enter an address that requires secondary information without that information on the Street Address or the Other Address fields you will receive a warning that additional information is required. This is only a warning and if you don't have or don't provide the additional information the system will accept the address as entered.

Bugs Fixed

- Possible Encounter form error with inactive Plan Profiles
 - The Encounter form will no longer create an error with invalid Plan Profile information.
- EDI Claim generation breaks if all service lines are marked to not bill
 - If all the lines of an Encounter are marked to not bill the Encounter will now be skipped.
- EDI Claims incorrectly include \$0.00 Claim Adjustments in COB
 - Only Claim Adjustments with a non-zero amount will be included in the EDI COB segments.
- Corrected claims are using an incorrect ICN
 - Corrected Claims will correctly locate the ICN to include with the claim.
- Medicare corrected claims use an incorrect Frequency Code
 - Medicare requires corrected claims to be sent with the same Frequency Code as original claims. Our EDI generation has been updated to support this payer specific requirement.
- Some Prep Errors are breaking the Prep run.
 - A small subset of Prep error conditions could cause the Prep process to break. These have been corrected.