

## Posting Payments

- Mouse or keyboard control
- Payment Calculation screen—the system tracks the payment history for all plans and for all procedures
- Shows contracted and allowed amounts at the time of posting
- Compares current payment with what was paid in the past
- Posts payment and write-off with a single click
- Pop-up calculator to ease computing payments
- Automatic system prompt for secondary claim printing
- Tracks automatic cross-overs to secondary carriers from Medicare
- Family posting—posts a single check to many family encounters
- Batch Payment Posting—posts quickly to open claims within a specific insurance plan
- AUTO POSTING—electronic remittance automatically posts the payment, write-off, creates a note about cross-overs and amounts to the deductible—and creates secondary claim
- Automatic EOB printing for each secondary claim
- Encounter-specific notes can be created for each visit
- Automatically tracks all claim submissions
- Patient receipts can be quickly printed
- Force statements
- Multiple Payment Profiles

**P**ayment Calculation screen shows the payment history of the insurance plan—allowed amounts, contracted amounts, paid amounts, and write-off amount. This allows you to verify what is being paid according to the EOB, what was contracted to be paid, and what was paid the last time by this insurance plan on that procedure. The values can be edited in the Payment Calculation window, and saved by checking the update field.

**L**ine Item Posting: Posting by line item as well as posting by encounter is accomplished with MicroMD. Since the Payment Calculation screen is displayed by default for all insurance and patient payments, posting is usually as easy as just clicking the "Dollar Bill" icon and dragging it below to the payment screen, or pressing the Ctrl-A key combination. This automatically posts the payment and the write-off amount.

**A**utomatic prompting for the creation of the secondary claim is illustrated at the right. This also allows claims crossed over to the secondary insurance to be tracked, but not duplicated, as in the case of Medicare. Clicking *Process* creates the secondary claim that can then be immediately printed or printed with the entire batch at the end of the day.

**P**artial Claim Payment and Re-filing: The operator can select the procedure lines in the Payment Calculation window to include in drag-and-drop posting. This allows only procedures that have been paid on to be included in the payment posting and allows for easier posting of individual line items. The system recognizes that not all line items have been posted and allows the remaining lines to be re-filed to the insurance company. The primary insurance company remains responsible for the sequence.

# Posting Payments...Continued

**A**UTO POSTING is a form of electronic remittance in which the practice is able to connect to the insurance carrier's computer and download its EOMB for a particular batch of claims. Next, the system displays all of the claims for that batch, as illustrated to the right. **One click**—and the system **automatically** posts the payment, posts the write-off, enters into the patient's record that a secondary claim has been crossed over by the primary (if available), posts to the patient's record the amount applied to the patient's deductible, and creates any secondary claims not being processed by the primary insurance company. Three reports can then be printed: The Auto Payment Posting Report (as illustrated to the left) shows the status of all the claims, the

amount allowed, amount paid, written off, and applied to the deductible, the Exception Report shows what was not posted, and the Secondary EOB report prints the EOB information for every secondary claim that needs to be processed on a separate sheet of paper.

**U**ni-Posting allows you to post a single patient payment to cover all patient-responsible sequences. MicroMD applies the payment to the oldest encounter first and continues to pay off the next oldest encounter until the check is depleted. MicroMD also uni-posts for an entire family. It identifies all non-insurance due encounters and displays the posting date, service date, sequence (encounter) number, the balance of the encounter, the number of charges in the encounter, the provider, and which family member incurred the charges. It then starts with the oldest encounter and continues to apply the check until the check is fully applied, at which time it shows these encounters as paid and updates the balance of the last encounter posted.

**P**ayment Profiles utility allows practices to archive a payment profile for each plan, establishing an effective date for the current payment profile. Practices can include or exclude those common codes not assigned to a specific practice from the archival process.

- MORE FEATURES:**
- Shortcut keystrokes to post & save
  - Patient medical alerts & remarks are displayed
  - Sequence-specific notes are available for each encounter
  - Fast entry into Billing Inquiry from Task Bar
  - Patient receipts can be printed from Print icon
  - Refiling of claims is easy