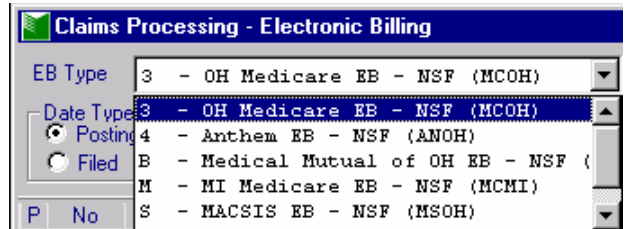


Electronic Claims

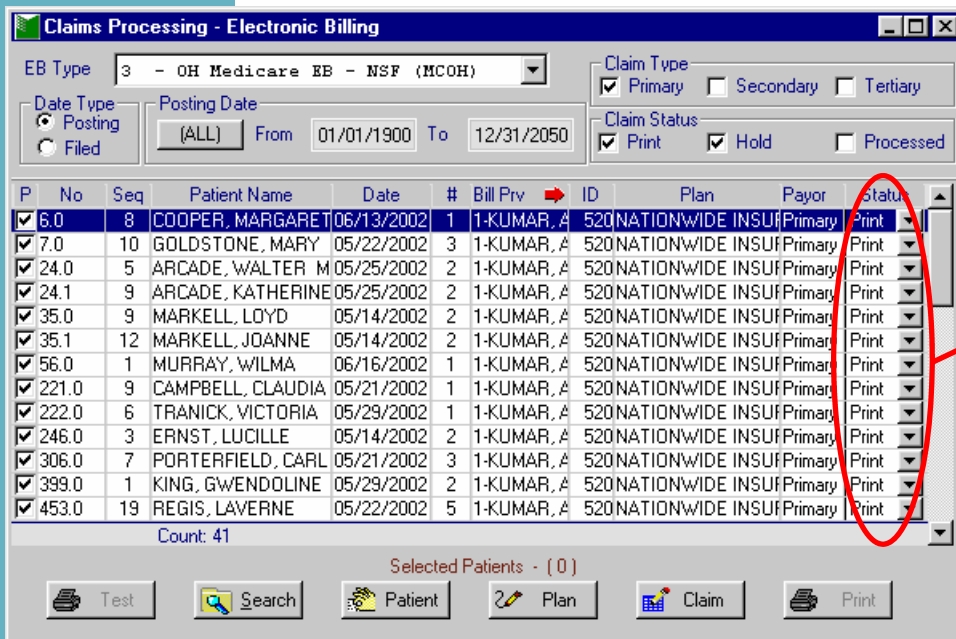
- Direct Submission of Major Claims
- Certified Vendor Status with Area Medicare Carriers
- Edit Claims Prior to Submission
- Summary Report Checks for Errors Before Submitting
- Documentation—add up to 160 characters of text to a procedure
- Electronic Remittance

Electronic claims couldn't be easier! The Claims Processing Screen displays claims for a particular form type. Claims may be selected or de-selected for all patients. In most cases, claims are batch processed and sent all at once. However, claims can be selected and sent individually, if needed.



Claims can be edited from the Electronic Claims area of MicroMD. A patient's claim is selected and the *modify claim* button is clicked to bring up the screen below. From this screen changes can be made to the diagnoses, dates, type of service, place of service, modifiers, etc.

Clicking the **MORE** button on the *Edit Claim* screen displays another screen. This allows corrections to be made to the payment record from the primary plan when printing HCFA-1500 claims to the secondary plans. This screen also has fields available to assist in resubmitting claims to Medicaid.



Easily refile claims individually or by the batch by simply changing the status of the claim(s). Use the drop-down list to change the claim status for individual claims or click the Claim Status Reset icon to change the status for the entire batch.

Electronic Claims and Autoposting

At this point, additional documentation may be added to any procedure relating to this claim. Selecting the **Document icon** displays the document screen. Up to 160 characters can be attached to the CPT code when it is electronically submitted.

Claim Transactions 7.0-GOLDSTONE, MARY F Sequence: 10

Diagnosis1 250.00/0 Diagnosis2 244.9/0 Diagnosis3 719.96/0 Diagnosis4 V04.8/0
 DIAB/1/NO INS/CONTRI HYPOTHYROID DEGEN JOINT DISEASE, VACCINE/FLU

D	From	To	Code	Pos	M1	M2	M3	Description	Fee	Bill	Status	Diag
<input checked="" type="checkbox"/>	9/12/01	9/12/01	99213	11				EST PT QV EXPAND	\$45.00	X		1,2,3
<input checked="" type="checkbox"/>	9/12/01	9/12/01	90659	11				IMMUNIZATION INFL	\$10.00	X		4
<input checked="" type="checkbox"/>	9/12/01	9/12/01	G0008	11				ADM FLU SHOT/MEC	\$5.00	X		4

Employment Related Auto Accident Other Accident State

Injury Const/Illness Lst Seen
 Disability Frm Disability To
 Admission Discharge

Referral 1 SALENDRO, STEVEN PCP 1-SALENDRO, STEVEN
 Service Fac 0

Assignment Family Planning Claim Encounter
 Emergency Prior Authorization # EPSDT

Outside Lab Block 10d
 Lab Charges Block 19

Hospice Provider No Hospice Employed Provider

Save Cancel More

Document - Procedure: G0008

Documentation for procedures can be added at the time of posting or claim submission. The documentation box holds up to 160 characters!

Accept Delete Cancel

Claim Modification

Code	Fee	Allowed	Misc	Ded	Coins	Paid	Ins Paid	Vist1	Vist2
99213	\$45.00	\$38.50	\$0.00	\$0.00	\$5.00	\$38.50			
90659	\$10.00	\$7.00	\$0.00	\$0.00	\$3.00	\$7.00			
G0008	\$5.00	\$3.00	\$0.00	\$0.00	\$2.00	\$3.00			

Totals \$60.00 \$48.50 \$0.00 \$0.00 \$10.00 \$48.50 \$0.00 Due \$10.00

Date Ins Paid 00/00/0000 Patient Amount Paid \$0.00 Ins Type
 Medicaid Resub code/RA Original Flat No/CRN
 # of Attachments Attach1 Attach2 Attach3 Attach4
 Disallowed Cost Contain .00 Remarks
 Disallowed Other .00
 Adjudication Indicator

Auto Payment Posting Day Sheet Date: 06/16/2002

Form Type 3 - OH Medicare EB - NSF 1 Batch

Files microsys.rmt Load

Check No	Check Date	Count	Billed	Allowed	Deductible	Coins	Interest	Other	Paid
113066019	12/08/1997	12	\$5,423.00	\$2,784.87	\$0.00	\$556.99	\$0.00	\$0.00	\$2,227.88

Number	Seq	Name	Billed	Allowed	Paid	Status
356.0	1	ABRAMSON, EMMA L	\$800.00	\$204.91	\$163.93	Auto Process
323.0	1	CASSIDY, LENA M	\$87.00	\$63.29	\$50.63	Auto Process
326.0	1	HARRISON, CLAYTON	\$200.00	\$122.39	\$97.91	Auto Process
307.0	1	KENNEDY, DONNA	\$171.00	\$89.75	\$71.80	Auto Process
307.0	2	KENNEDY, DONNA	\$800.00	\$512.68	\$410.14	Auto Process
307.0	3	KENNEDY, DONNA	\$170.00	\$96.68	\$77.34	Auto Process
355.0	1	PORTER, FRANCES	\$393.00	\$216.12	\$172.89	Auto Process
329.0	1	RICHARDSON, ROSETTA	\$160.00	\$87.31	\$69.85	Auto Process
329.0	2	RICHARDSON, ROSETTA	\$700.00	\$336.58	\$269.26	Auto Process
334.0	2	SIMPSON, VIRGINIA	\$171.00	\$89.75	\$71.80	Auto Process

Claim Status counts Auto: 12 Review: 0 Not: 0

Date	Proc	Line	Billed	Allowed	Deduct	Coins	Interest	Paid	Status
11/10/1997	43246	1	\$800.00	\$204.91	\$0.00	\$40.98	\$0.00	\$163.93	Auto Process

AUTO 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 left. 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 right) 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.

Auto Payment Posting

6/19/02 9:57 Auto Payment Posting Report Page 1 of 2

MICROSYS MEDICAL

NATIONWIDE MUTUAL INSURANCE COMPANY Group No 0475483

Check No 113066019 Date 12/08/1997

Perf	Prov	Serv	Date	POS	Units	Proc	Mods	Billed	Allowed	Deduct	Coins	Writeoff	Paid
Name:	ABRAMSON, EMMA L	HIC:	286058195D	Rent:	1-356.0-1	ICN:	0997330125250	MOR:	MA01	MA18	MA11		
0475483	1110	111097	22	1.00	43246	62	800.00	204.91	0.00	40.98	595.09	163.93	
(TO BE PROCESSED)	Pat Resp:	\$40.98	Claim Totals:	800.00	204.91	0.00	40.98	595.09	163.93				
Crossed Over:	ANTHEM BC/BS												
Name:	CASSIDY, LENA M	HIC:	300126375B	Rent:	1-323.0-1	ICN:	0997330125170	MOR:	MA01				
0475483	1006	100697	11	1.00	99203		87.00	63.29	0.00	12.66	23.71	50.63	
(TO BE PROCESSED)	Pat Resp:	\$12.66	Claim Totals:	87.00	63.29	0.00	12.66	23.71	50.63				
Crossed Over:	Supplemental												
Name:	HARRISON, CLAYTON	HIC:	202146264A	Rent:	1-326.0-1	ICN:	0997330125180	MOR:	MA01	MA18			
0475483	1006	100697	11	1.00	99244		200.00	122.39	0.00	24.48	77.61	97.91	
(TO BE PROCESSED)	Pat Resp:	\$24.48	Claim Totals:	200.00	122.39	0.00	24.48	77.61	97.91				
Crossed Over:	Supplemental												
Name:	KENNEDY, DONNA	HIC:	296122543B	Rent:	1-307.0-1	ICN:	0997330125130	MOR:	MA01				
0475483	0917	091797	21	1.00	99253		171.00	89.75	0.00	17.95	81.25	71.80	
(TO BE PROCESSED)	Pat Resp:	\$17.95	Claim Totals:	171.00	89.75	0.00	17.95	81.25	71.80				