Web RePrice™ User Manual

A Manual for the Effective Use of Web RePrice™

1 Introduction and Fundamentals

This section will outline the basics to get you started using WebReprice™ and MedFlow™.

1.1 Introduction to Web RePrice™ and MedFlow™

The Web RePrice™ medical bill review (MBR) system is made up of two components: Web RePrice™, and MedFlow Manager™.

1.1.1 What is Web RePrice™?

- The medical bill review application.

- The Web RePrice™ system is accessed via the Internet through a secured site.

- Multiple users access one application and database from many different locations.

- It is a stand-alone application that may also interact with MedFlow Manager™.

1.1.2 What is MedFlow Manager™?

- The document imaging and workflow management tool that works in conjunction with Web RePrice™.

- Documents – scanned bills, notes, reports, and EORs (Explanation of Review) in various stages of work – can be electronically moved within MedFlow™.

WebRePrice™ and MedFlow™ contain identical buttons and commands, which allow you to perform basic actions the same way, no matter which application you happen to be working in.

1.1.2.1 Scanned Images

In offices that electronically scan their received bills, notes, and reports, the Web RePrice™ system utilizes two monitors during bill input for easier viewing:

- The primary monitor displays the Web RePrice™ bill entry screen.

- The scanned bill image, that is stored in the MedFlow™ component of the system, is displayed on the secondary screen.

If you will not be using the dual monitor set-up, you will need the paper copy of the bills to be reviewed.

1.2 Common Terms

Some common words, phrases, and acronyms of the medical bill review process are defined below.

JEDI – Just Enough Data Input

The JEDI screens are used for entering new data into the system (i.e., Patient, Claim and Provider data).

FS – Fee Schedule

Some jurisdictions have state pricing guidelines for provider services. For auto these states are: Pennsylvania, New York, New Jersey, Florida, Utah, and Hawaii.

UCR – Usual, Customary, and Reasonable

Reviewing a medical bill under this method involves comparing the provider's charges to what other's in the same area are charging for the same services.

For example: A charge reviewed at UCR 80th Percentile means that the charge for that service will be reimbursed at 80% of what providers generally charge for that service in that area. State statute defines what percentile is to be reimbursed in that jurisdiction. The EOB/EOR will reflect whether an adjustment was necessary.

MBR – Medical Bill Review

The process of comparing billed charges (and any supporting documents from the provider) to the jurisdiction's UCR, Fee Schedule, or other coding guidelines.

EOB – Explanation of Benefit

This document is printed from Web RePrice™ and would usually be sent to the patient to explain the reimbursement recommendation, in other words, their insurance benefits.

EOR – Explanation of Review, or Reimbursement

An Explanation of Review is printed from Web RePrice™ and is provided to the insurance carrier to document the bill review recommendations.

An Explanation of Reimbursement is printed from Web RePrice™ and is sent to the provider to explain any reimbursements, or denials of reimbursement, recommended by Web RePrice™.

PDE – Primary Data Entry

The PDE is where the bill information is entered and processed.

1.3 Billing Format

Providers typically submit bills on one of two forms: UB-92 for hospital charges, HCFA 1500 for other provider charges.

The next pages contain copies of each form with numbered fields. You may find these helpful as reference sheets.

HCFA 1500

UB-92

UB-92 form (HCFA-1450), APPROVED OMB NO. 0938-0279

1.4 Objectives

Through your participation in Web RePrice™ and MedFlow™ fundamentals, you will gain competency in the ability to complete Medical Bill Review (MBR) and the use of MedFlow™ Manager.

Web RePrice™ and MedFlow™ Fundamentals will provide you with the following competencies:

- Comprehensive knowledge of the primary data entry (PDE) screen.

- Knowing when and how to navigate between WebRePrice™ medical bill review module and MedFlow Manager™.

- How to use Menus and Dialogue boxes.

- Complete any type of medical bill review for all jurisdictions throughout the United States.

- Get help from the on-line Help Document and from the On-line Call Center.

- Provide customer service feedback to healthcare providers and patients regarding bill status using MedFlow™ Manager.

1.5 Prerequisites

- You should be knowledgeable about basic medical bill review terminology and have the ability to understand the difference between a HCFA 1500 form and UB-92 billing form.

- Computer skills should consist of familiarity with basic Windows operations, the use of a keyboard and mouse.

- The Web RePrice™ application has been installed on your desktop.

- You have been added as a new user to the application.

2 Log In to Web RePrice™

Web RePrice™ is a secure Internet website. In order to access the application, you will need a Web RePrice™ user name and a password; both will be assigned to you.

2.1 Objectives

In this section, you will learn how to:

- Log on to Web RePrice™.
- Understand the different web pages accessed via the logging on process.
- Identify Primary Data Entry (PDE) fields and boxes.

2.2 Logging on to Web RePrice™

Because Web RePrice™ is a secured website you will be required to enter your user name and password multiple times prior to gaining access to the applications.

- Click the **Internet explorer icon** on your desktop.

- If Web RePrice™ is not your default home page, you will need to type http://webreprice.nhr.com in the address bar of your Internet window and press **Enter**.

- A dialogue box will appear instructing you to type your network user name and password. This is your login and password you use when logging into your computer.

- Press **Enter** or click on the OK button.

- Once this is completed, the Concentra Managed Care, Inc. Auto Deploy and Update page may appear depending on your user set-up.
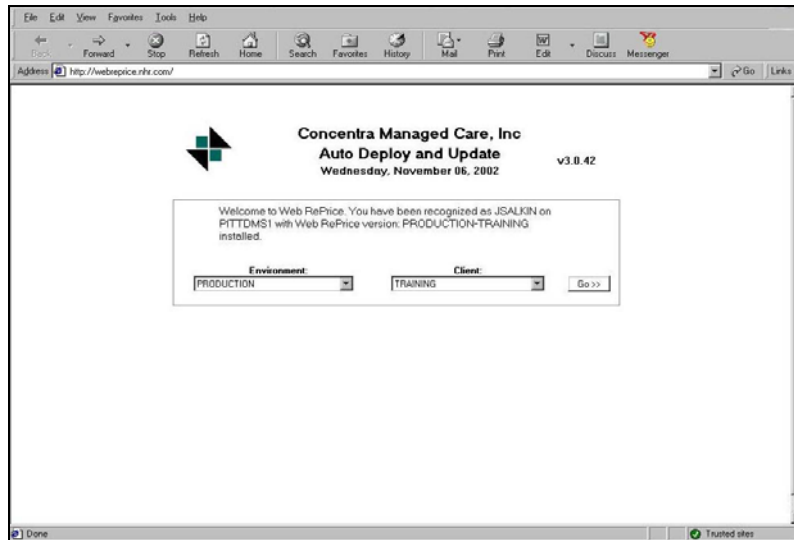
- o Your Environment and Client name will be displayed. The environment will always be Production. If you are working with more than one client database, you must select which client with whom you want to work by clicking on the drop down arrow in the Client field and selecting the desired client.

- **Click** the **Go** button to the right of the Client field and the **Web RePrice™ Home Page** will display.

2.2.1 Web RePrice™ Home Page
The Web RePrice™ Home Page is the access point for the modules located on the left side of the page. Each module is described below:
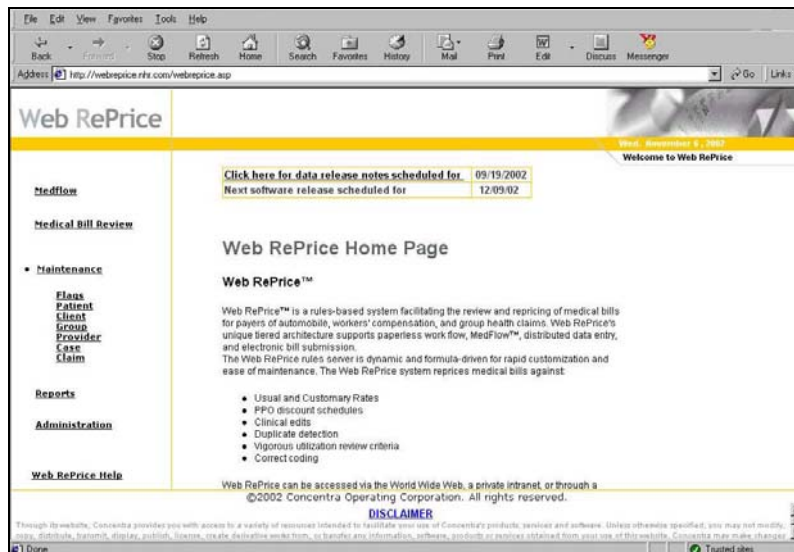
MedFlow
This is the workflow management tool that will assist the medical bill processor in moving the bill images and documents through the process in a time efficient manner.

It also provides an audit trail of where the bill has been in the medical bill review workflow.

Medical Bill Review
This module provides the medical bill processor with the foundation for processing all medical bills.

The Primary Data Entry screen is located within this module.

Maintenance
Click on the **+** sign next to this module to display a menu that allows the MBR processor to make corrections or changes to the claim, case, provider, and/or patient database.

Reports
This module provides the MBR processor access to re-print reports such as the Bill Details report, EOB/EOR report, Information Request report, and the Reconsideration report.

Web RePrice™ Help
This module is a dynamic, fully interactive source for online tutorials, training and support.
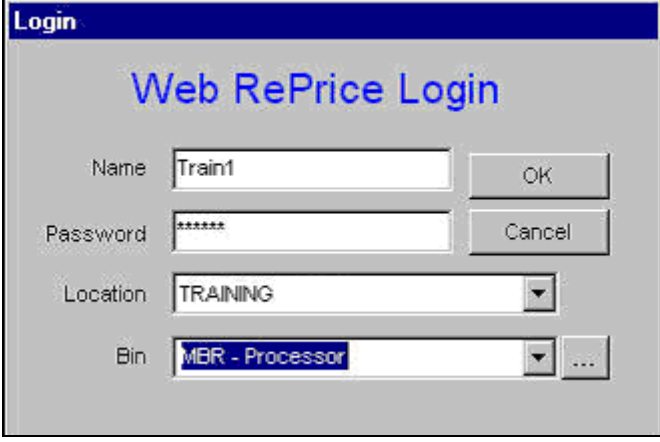
Web RePrice™ Documents
This module provides the users with updates and new release information. A brief description explaining the new enhancements, functionality and updates included in each release are outlined in this section.

Release Dates
Located at the top of the home page, this section is where the dates of new software releases and data updates are published, including links for the release notes outlining what is included in each release.

2.2.2 Accessing the Primary Data Entry (PDE) Screen
▪ **Click** the **Medical Bill Review** module from the home page, and the Web RePrice™ Login box will appear.

- Type your Web RePrice™ user name and password in the fields provided and press **Enter**.

- The **Bin** field will populate with a Title. This is also referred to as a "Hat".

> Depending on the tasks that you are assigned, you may need to change roles. These roles can be assigned their own title, or "hat".
>
> Click the drop down arrow connected to the bin field to display any different hats that you have been assigned.
>
> Examples of hats include: MBR-Processor, Nurse Review, and Reconsideration. More details on this topic will follow in future chapters.

- Press **Enter** or click OK.

- The Primary Data Entry (PDE) screen will open.

2.2.3 Identifying PDE Screen Components

The PDE is where the medical bill data entry processing occurs.

Each component of the PDE is briefly described below, further information on each will be provided in future chapters.

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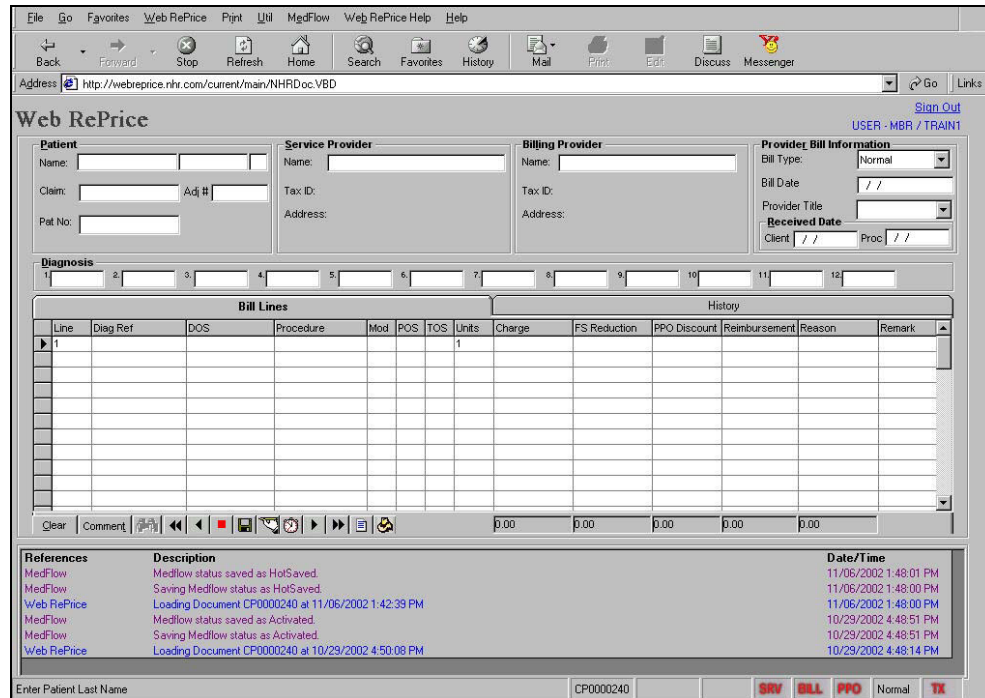
Menu Bar

The Menu Bar gives you access to all the Web RePrice™ options.

- **Click** a Menu Bar item name.
  - ○ A list of related menu commands will display.
  - ○ **Click** on the command you want to use.

Chapter 6 will explain the Menu options in more detail

Sign Out

Click the **Sign Out** link to log out of any module within Web RePrice™.

Processor Identification

Located in the upper right hand side of the PDE screen is the user name.

The hat, a term that described the role being used, will also be displayed. The most common hat is MBR processor.

Bill Header Section

These four components of the PDE are collectively known as the Bill Header. More detail about the Bill Header section will be given in chapter 3.

Diagnosis

The Diagnosis section is used for the entry of the ICD-9 codes required to process a bill.

Bill Lines

The Bill Lines tab is where all the CPT, HCPCS, revenue codes, APC's or DRG's are displayed and rules are applied.

This component of the PDE is discussed in Chapter 4, **Entering Bill Lines**.

History

The History tab can be accessed once the Bill Header information is completed. This tab will display to the right of the Bill Lines tab.

The Historical data for the patient and claim are captured in this box.

VCR Controls

These controls allow the processor to take specific actions with the bill document.

Holding your mouse over a control will display the icon name.

Reference and Activity Box

References	Description	Date/Time
CODE	Line # 2: Reason Code - FS_NJ_$90CAP, selected.	11/6/2002 4:04:38 PM
RULES	Bill AutoSaved	11/6/2002 4:04:35 PM
RULES	Line # 2: Reimbursing $34.29; Fee schedule amount of $34.29 at 100% with a $90 cap.	11/6/2002 4:04:35 PM
Procedure Code	Line # 2: CPT Code - 97140, MANUAL THERAP TECH-1/> REGIONS-EA 15 MIN selected.	11/6/2002 4:04:31 PM
Procedure Code	Line # 2: CPT Code - 97140, MANUAL THERAP TECH-1/> REGIONS-EA 15 MIN selected.	11/6/2002 4:04:30 PM
CODE	Line # 1: Reason Code - FS_NJ_$90CAP, selected.	11/6/2002 4:04:25 PM
RULES	Line # 1: Reimbursing $44.77; Fee schedule amount of $44.77 at 100% with a $90 cap.	11/6/2002 4:04:25 PM

This section displays the input history, (i.e., for example, the narrative description of the entered ICD-9 or CPT codes). Processing rules, flags and edits are also displayed in this box.

Status Bar

| Enter The Date The Service Was Provided | QA1004580 | ERLTEST PIP NJ | NORMAL | SRV | BILL | PPO | HIST | Normal | TX |

Provides specific information about the bill during processing.

3   Entering Medical Bill Header Information

3.1   Objectives
In this section of you will learn how to:

- Enter the Bill Header information into the Primary Data Entry (PDE) Screen. The Bill Header consists of:
  o Patient information
  o Service Provider information
  o Billing Provider information
  o Provider Bill information
    Use JEDI (Just Enough Data Input) screens.

3.2   Reference Help
The Introduction and Fundamentals section of this manual contains example copies of HCFA 1500 and UB92 forms. You may wish to refer to these examples, as the data on these forms will be used for bill entry.

Examples will also be used for step-by-step explanations of the bill entry process.

3.3   Bill Header Components
The Bill Header is composed of four components or sections; Patient, Service Provider, Billing Provider, and Provider Bill Information. Each of these sections will be discussed in detail below.

> When you begin to enter Bill Header information, to save time and keep the database information as accurate as possible, you should first search the database to determine if any part of the Bill Header information is already stored.

This section will teach you how to search for previously saved Bill Header information. And, show you what to do when the information you have is not found in the database.
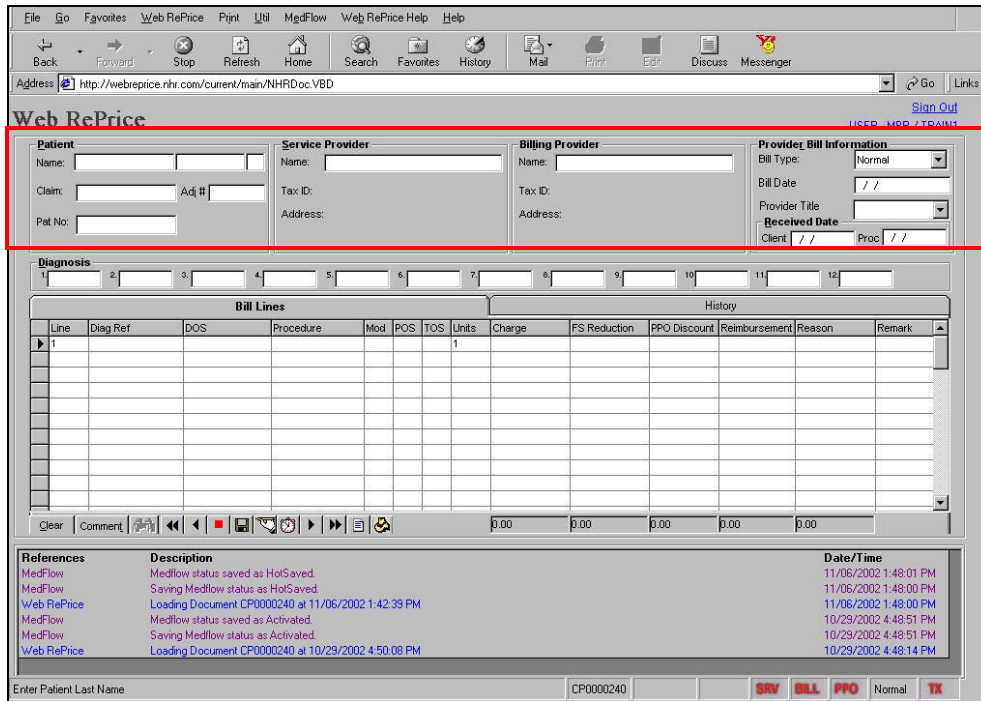
3.3.1 Patient section of the Bill Header:

Upon opening the Primary Data Entry Screen (PDE), the cursor will be located in the Name field in the Patient section of the Bill Header.
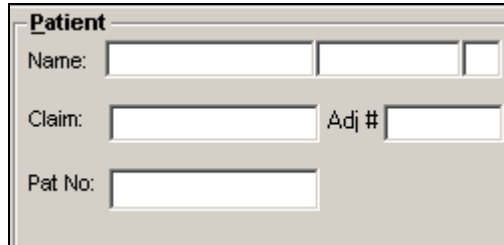
The Patient information stored in Web RePrice™ consists of:

- the patient's full name
- date of birth
- home address including zip code
- gender
- date of death, if applicable

Only the patient name is visible in the Patient section of the Bill Header in the PDE, the remaining information is stored behind the scenes.

Additional components of the Patient section are:

- claim number
- date of loss

- adjuster information
- patient number

3.3.1.1 Completing the Patient Section
In this section, you will search the database for the patient's name and claim number and identify whether or not this information has been previously entered.

- Type the patient's last name in the **Name field** (or, for a narrower search, you can type Last Name, First Name in this field).

> The system looks for names exactly matching the information entered in the name field. If the name is spelled differently in the system than how it was entered in this field, it will not be found.

  o If the **Patient Assistant** screen displays the message **No data** then this patient does not exist in the system with the spelling that was entered.

  o Or, the system may display the patient assistant with all existing patients with the same last name as the one entered. In this case, you will need to review the search results to determine if this patient has previously been saved into the database.

> **Do you have a match?**
> Names can be similar; the Patient Assistant screen may display a list of several patients with the same last name. Look at the first name, address, and other patient information to determine if you have a match.

- If the patient you are searching for is contained in the list, select it by using the arrow keys to highlight the desired patient, or clicking on it, and press **Enter**.

  - The **Use Selected Claim #** will be checked. If a different claim should be used, uncheck the box by hitting the space bar, or clicking in it. Press **Enter**.

  - A list of providers that have been linked to this patient will appear in the **Provider Information** section of the Patient Assistant. To select a provider, press the arrow keys to highlight the correct provider and press the space bar, or click the check box in the **Srv** or **Bill** columns (to move between the two columns, hit the left or right arrow keys). This will select the Service Provider and Billing Provider, respectively. Once complete, press **Enter**, and the Patient Assistant window will disappear, and the selected information will populate in the header section of the PDE.

  - If the required providers are not contained in the list, press **Enter**. The Patient Assistant window will close and the selected information will populate in the header section of the PDE.

- If the patient you are looking for is in the list, but it needs to be modified highlight the patient and press the **Modify & Use Selection** button. The Patient JEDI screen will open with the patient information displayed.

o Edit the patient information and press **OK**. The Patient JEDI will close and the user will be brought back to the PDE with the modified patient selected.

▪ If you cannot find a match for this patient, you may need to enter the patient for the first time into the database. First, you should check to see if the claim has been entered for this, or any other patient before adding the new patient.

o Either press the **Cancel** button on the bottom of the **Patient Assistant** screen to close it or simply press the **JEDI Patient** button located on the same screen.

▪ Enter the **Claim Number** in the **Name** field of the Patient section of the Bill Header.

> **Why are you entering the Claim Number?**
> When people use different abbreviations for names and addresses, a database can end up having the same patient listed several times.
>
> Using the claim number as the identifier for the patient greatly reduces the number of duplicate entries.

- o If the **Patient Assistant** screen again displays the message **No data** then this claim does not exist in the system.

- o Or, the system may display other patients with the same claim number. In this case, you will need to review the search results to determine if the claim has been linked to this patient in the database.

- o If the patient you are searching for is contained in the list, follow the instructions outlined on the previous page to select the correct patient.

- ▪ If the patient is not found in the database when searching by Patient Name and / or Claim Number, it must be entered.

  - o Press **Escape**, or click Cancel on the Patient Assistant screen and you will be returned to the Patient section of the Bill Header.

  - o The Claim Number will still display. Highlight this number and press the delete key.

  - o Your cursor will still be in the Name field. Press **Insert**.

  - o The **Patient JEDI** screen will display.

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	What is a JEDI screen?
	JEDI stands for Just Enough Data Entry.
	The JEDI screens allow you to enter new information into the database. In addition to the Patient JEDI screen, there are Claim, and Provider JEDI screens.

- o Your cursor will be in the Claim Number field of the Patient JEDI screen, enter the claim number and press **Enter**.

- ▪ If the claim exists, the cursor will move to the Last Name field on the Patient JEDI screen.

- ▪ If a message appears saying **No matching item found**, then press **Enter** or click OK. Then press **Insert** to open the Claim JEDI screen.

- The claim number that was entered will display in the claim number field. Press **Enter**.

- Choose **Claim type** in the Claim Type field. You can do this by **typing the first letter** of the claim type, such as "P" for PIP-Auto, and then press **Enter**. Or, you can **click the drop down arrow** located on the right side of the text field to chose the claim type from the menu.

- Enter the **Date of Loss**.

- Enter the case (master claim number) into the **Case field**. The default value for this field is the claim number. Making sure that your cursor is at the end of the case number that you entered, or that appeared as the default: (if the cursor is not at the end of the entry, press **End**), then press **Insert**.

- This will bring you down to the Profile Find field.

- Without entering any information in the text field, **click** on the **Find** button, or press Enter.

> **What are "Clients"?**
> Clients identify to which insurance company the claim belongs. This will only be a factor if you are processing claims for more than one company.

- A list of clients will display in the client window. Using the **arrow keys** on your keyboard, press the down arrow key until you highlight the correct client, then press **Enter**.

- The list of profiles for that client will display. Select the correct profile by pressing the down arrow key. Press **Enter**.

- Type the Policy Number, if applicable and press **Enter**.

- Type the Policy Holder, if applicable and press **Enter**.

- If a Co-payment amount applies for this claim, type the amount of co-payment and press **Enter**.

- Type the deductible amount, if required, and press **Enter**.

- Type the Out of Pocket Limit (OPP Limit field) if required, and press **Enter**.

- Type the Policy Limit, if applicable and press **Enter**.

- Type the Claim Limit, if applicable and press **Enter**.

- Type the Claim Adjustor, if applicable and press **Enter**.

- Type the Adjustor Title, if applicable and press **Enter**.

- Type the Adjustor's Phone Number, if applicable and press **Enter**.

  o Review your data entry for accuracy, **click** the **OK button** and you will return to the Patient JEDI screen.

- Enter the patient's name in the Last Name, First Name, Middle, and Suffix fields, pressing **Enter** after each entry.

- Enter the patient's Social Security Number, Date of Birth, Date of Death (if applicable), and Gender, if you have it, pressing **Enter** after each entry.

- Enter the patient's Phone Number, Street Address and Zip Code, if you have it, pressing **Enter** after each entry. After you enter the zip code field, the city and state fields will automatically populate.

> ⚠ In order to process a bill correctly and utilize the full functionality of the Web RePrice™ application, the patient data must be entered accurately. Without correct information, the application cannot complete edits on gender specific diagnoses and procedures.

- Press **Enter** or click OK to return to the Patient section of the Bill Header.

- The Claim and Patient information you entered now displays in the Patient section of the Bill Header. Press **Enter**.

- Type any adjuster information in the Adj field and press **Enter**.

- Complete the Patient Number field, if necessary, and press **Enter**.

> ⚠ **Don't lose your data!**
> Now that you've entered the claim and patient information, perform a Hot Save to ensure that you don't lose this data if your computer unexpectedly shuts down. Click on the **Hot Save** icon on the VCR Control bar located under the bill lines section on the PDE.
>
> A hot save allows you to quickly save the data you have entered so far, and remain on the screen to enter more.

3.3.2 Service Provider section of the Bill Header:
The second section of the Bill Header contains the Service Provider, or the provider/facility that provided the medical services.

Service Provider
Name: [   ]

Tax ID:

Address:

The Service Provider information includes:

- The name of the provider/facility where the medical services were provided.
- This provider/facility's tax identification number (TIN).
- The provider/facility address where the medical services were provided.

3.3.2.1 Completing the Service Provider Section

If you selected a Service Provider from the Patient Assistant, it will automatically be populated in the bill header. Press **Enter** to move to the Billing Provider section.

However, if the Service Provider was not selected, you will need to search the database to determine if the Service Provider has been previously entered.

- In the **Name field** of the Service Provider box **type the Tax Identification Number** (**TIN**) that is on the bill and press **Enter**. When entering the tax id number it is necessary to use a hyphen (-) between the second and third digits.

> **Why are you entering the provider's TIN instead of the name?**
> When people use different abbreviations for names and addresses, a database can end up having the same provider listed several times.
>
> Using the TIN as the identifier for the provider greatly reduces the number of duplicate entries.

- If only one record with the tax identification number exists in the database, the service provider information will display in the Service Provider section of the PDE. If there is more than one provider with the matching tax identification number the Provider Assistant will display all of the matches.

- Determine if the provider on your bill matches an existing provider in the database.

> **Do you have a match?**
> When determining if the provider is a match pay careful attention to the provider name, tax identification number, and full address, as the Provider Assistant screen will display a list of several providers
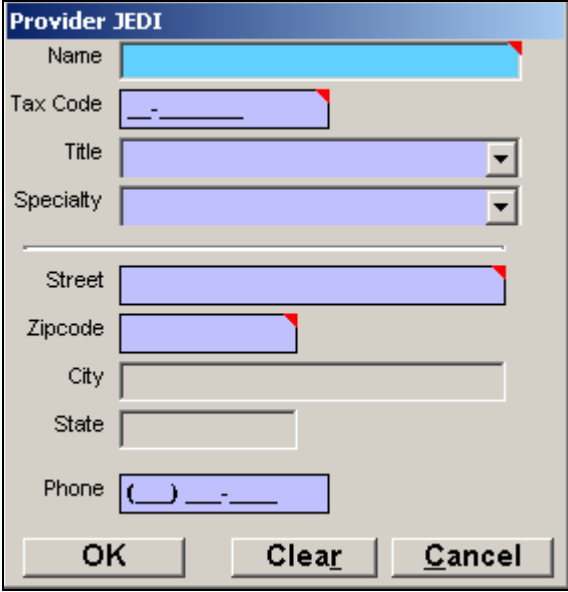
- If the service provider exists within Service Provider Assistant highlight it and press **Enter**.

- If the provider you are looking for is in the list, but it needs to be modified highlight the provider and press the **Modify & Use Selection** button. The Provider JEDI screen will open with the provider information displayed.

- o Edit the provider information and press either **Add** or **Modify**. Pressing Add will add a new record to the database with the modified information. Pressing Modify will modify the existing provider information and not create a new record in the database. The Provider JEDI will close and the user will be brought back to the PDE with the modified provider selected.

- If the tax identification number does not exist, A dialogue box will display as shown:
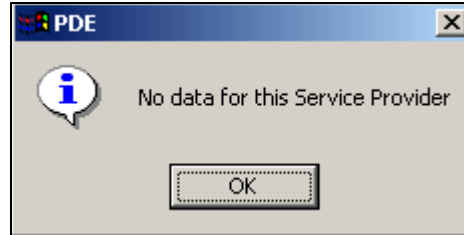
o   Press **Enter** or click OK. You will need to enter the provider for the first time into the database. You will be returned to the Name field in the Service Provider section of the Bill Header.

▪   Highlight the tax identification number and press the **Delete** key. Then, press the **Insert key** on your keyboard. The **Provider JEDI** screen will display.

▪   **Type** the service provider into the **Name field**.

o   If the service provider is an individual, enter the last name, followed by a comma, then the first name. If the service provider is a facility or group, enter the name as it appears on the bill. Press **Enter**.

> Do not enter any titles, such as MD, DO, PT, etc.
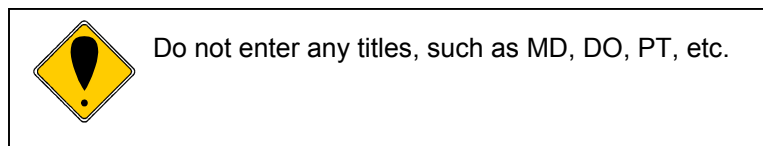
▪   **Type** the TIN of the service provider in the **Tax Code** field. Press **Enter**.

- Select the Provider's title by pressing the **down arrow** key and choosing the title from the list (this field is not required). The title is the professional recognition of the individual such as MD, chiropractor, physical therapist, etc.

- If you know the specialty of the service provider, you can complete the **Specialty field**, it is not a mandatory field. Press **Enter**.

- Enter the street address where the care was rendered, press **Enter**.

- Enter the zip code of the address, press **Enter**.

  o The city and state will populate automatically once the zip code is entered.

- Enter the service provider's phone number if available, press **Enter**.

- Press **Enter**, or click OK and you will return to the Service Provider section of the Bill Header section.

- Press **Enter** to move to the Billing Provider field.

- Remember to Hot Save your header.

3.3.3   Billing Provider section of the Bill Header:
To the right of the Service Provider information is the Billing Provider section of the Bill Header.

The Billing Provider information includes:

- The name of the provider/group/facility that should appear on any remittance check and correspondence.
- This provider/group/facility's tax identification number.
- The provider/group/facility address where any remittance check and correspondence should be sent.

3.3.3.1   Completing the Billing Provider Section
If you selected a Billing Provider from the Patient Assistant, it will automatically be populated in the bill header. Press **Enter** to move to the Provider Bill Information section.
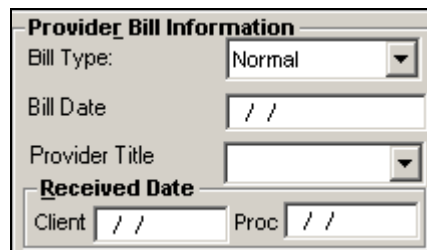
However, if the Billing Provider was not selected, you will need to search the database to determine if the Billing Provider has been previously entered. The Billing Provider field will be populated with the provider entered in the Service Provider field by default.

If the Billing Provider is different than the Service Provider, follow the instructions in the section 3.3.2.1 for searching and/or entering the Provider information.

- Once complete, press **Enter** to move to the Provider Bill Information section of the bill header.

3.3.4   Provider Bill Information section of the Bill Header:
The final section of the bill header captures information that will assist with reporting and, when applicable, drive some of the Web RePrice™ rules engine to assist in the analysis of a medical bill.

The five fields that need to be completed are:

- Bill Type
- Bill Date – not a required field
- Provider Title
- Client Received Date
- Proc. (Processor) Received Date

3.3.4.1   Completing the Provider Bill Information Section
This section will be used to capture information about the bill itself.

<u>**Bill Type**</u>
There are currently numerous bill types to choose from, Normal is the default setting. This field should be changed to indicate the bill type.

If you have an inpatient or outpatient bill (submitted on a UB-92), this field must be changed to indicate Inpatient or Outpatient bill type in order for those bill types to process accurately.

- To choose a bill type, **enter the first one to two letters** of the type of bill, or use the drop down arrow to display the list and select the proper bill type. If you are unclear as to the bill type ask your manager. Press **Enter**.

- Now the system will search the database to verify if either the Service or Billing provider is a member of a PPO.

  o If not, a message will appear in the References and Activity section that there were no PPO's available for the provider selected, and the cursor will move to the Bill Date field.

  o Otherwise, the **PPO Assistant** will appear showing a list of providers with the same Tax Identification Number entered for the Service or Billing Provider.

  o Using the arrow keys, highlight the provider that matches the Name and Address of the Service or Billing provider and press **Alt-O**, or click OK.

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> When choosing a provider from the PPO Assistant, it is very important that the Name and Address match the Service or Billing Provider entered in the Bill Header.
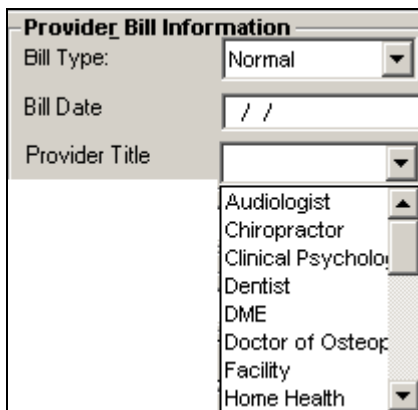
Bill Date:
This field is used to enter the date that the provider created the bill. Enter the date in MMDDYYYY format (it is not necessary to enter the slashes). Press **Enter**.

Provider Title:
There are numerous provider titles to choose from. This field should be changed to indicate the Service Provider's title. The title is the professional recognition of the individual such as MD, chiropractor, physical therapist, etc.

▪ To choose a provider title, enter the first one to two letters of the title, or click the drop down arrow to display the list of available Provider Titles.

▪ If you are unclear as to the provider title ask your supervisor or manager.

> **Enter data accurately!**
> Provider Title is important when processing bills in specific jurisdictions. If you choose the wrong provider type then the reimbursements may not be accurate. It is best to enter this data as accurately as possible at all times.

Client Received Date:
This field represents the date that the insurance carrier received the medical bill in their claims office, or, the date that the bills were scanned into the system.

Depending on the workflow set up for each particular client, this data may be automatically populated with the correct date, Or, it may need to be changed to reflect the date that the carrier received the bill rather than the date it was scanned and imported into the MedFlow Manager™ Workflow Application.

▪ The date needs to be filled out in **MMDDYYYY** format; it is not necessary to enter the slashes (/).

▪ Once you enter the date in the client field, or know that the default date is correct, press **Enter**.

Processed Date:
The process date will automatically **default** to the date that the processor begins to work on this bill.

▪ Press **Enter** to accept this date, or enter a new date in MMDDYYYY format (it is not necessary to enter the slashes)

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4 Entering Bill Lines

Now that all of the bill header information has been entered into the Web RePrice™ database, it is time to enter the specific claim information submitted on the medical bill into the Bill Line section of the PDE.

4.1 Objectives

In this section, you will learn how to:

- Enter ICD-9 codes into the appropriate text boxes.
- Complete the bill lines section of the PDE.
- Understand the Reference and Activity box and how it functions.
- Understand the Status Bar and the role it plays in processing bills.
- Check History for the patient and claim.
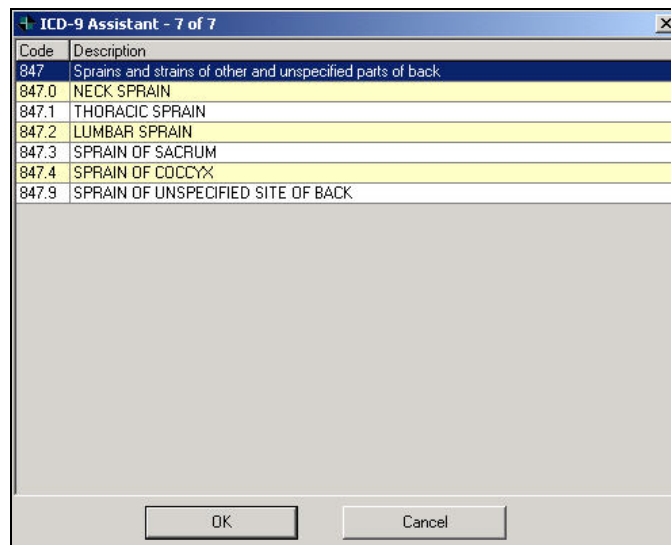
4.2 Diagnosis:

The diagnosis section of the PDE is made up of a line of text boxes to enter the ICD-9 codes into the database. If you fill these boxes and have additional diagnosis codes to enter, the system will automatically scroll to allow you to enter several more.

Entering the ICD-9 Codes:

- Once the bill header information is completed, the cursor will be located in box 1 of the Diagnosis section.

- Enter the first ICD-9 code that is listed on the medical bill, press Enter.

  o If a complete code is not entered, the ICD-9 Assistant will display a list of possible matches.

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- o Highlight the appropriate code using the arrow keys on the keyboard, or double click your selection.
- o The selected ICD-9 code will populate the text box and the cursor will move to the next empty text box in this section.

- Continue to enter the remaining ICD-9 codes that are listed on the medical bill in the remaining text boxes.

- ICD-9 procedure codes may also be entered here (required for processing DRG's) if submitted.

In order to correctly process Inpatient bills for those jurisdictions using DRGS, it is important to remember to enter both ICD-9 diagnosis codes and ICD-9 procedure codes from the UB92 form.
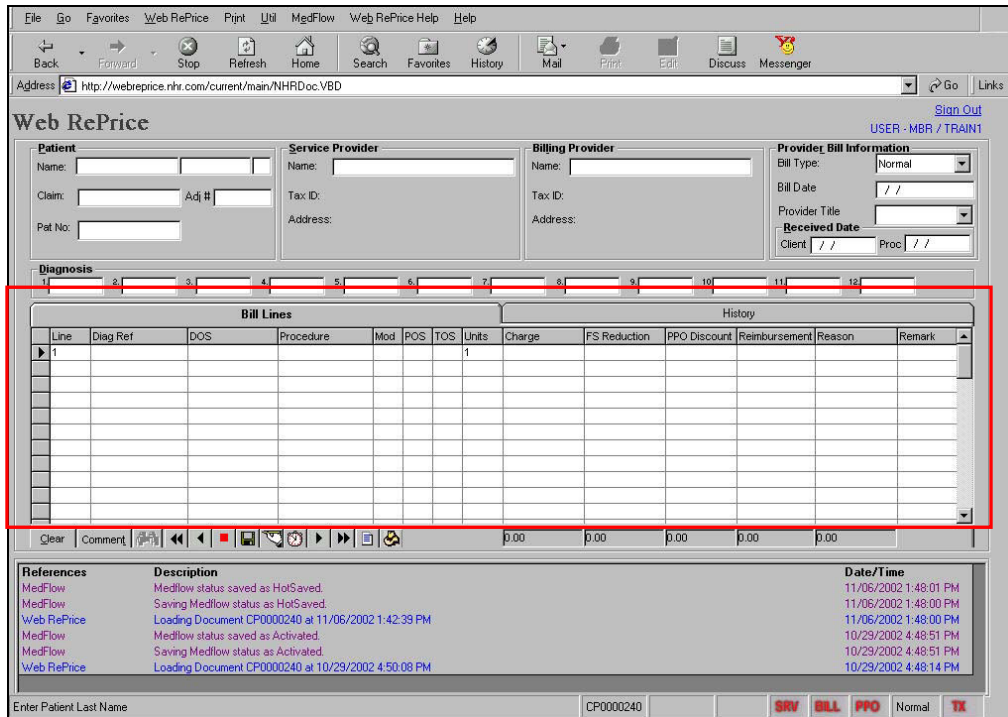
- Once you have entered all of the ICD-9 codes press **Enter** one more time and the cursor will proceed to the Bill Lines section of the PDE.

Providers and billing services will usually identify the first diagnosis as the primary diagnosis and the additional diagnosis codes represent the secondary, or comorbidities, that are addressed during the patient encounter. Comorbidities are secondary diagnoses that may impact on the treatment and recovery of the patient.

4.3   Bill Lines
This section of the PDE, as displayed below, provides you with the fields for entering the specific billed services that are submitted by the provider.

- **Line:** This column will automatically populate with sequential numbers. No data entry is required.

- **Diagnosis Reference (Diag Ref):** This field will automatically default to the same number of diagnoses entered in the diagnosis section above. The reference will be in a numeric representation: 1,2,3,4. If the provider specified different information than the default, enter the information in this column and press **Enter**. **This is a required field.**

- **Date of Service (DOS):** Enter the date of service from the bill in **MMDDYY** format, and press **Enter**. **This is a required field.**

- **Procedure:** Enter the HCPCS/CPT codes in this field, and press **Enter**. Each bill should be submitted with a HCPCS/CPT code. **This is a required field.**

- **Modifier (Mod):** If there is a modifier with the HCPCS/CPT code then enter the modifer, and press **Enter**. Modifiers are two characters that help explain any special circumstances relating to the service that was rendered. Press **Alt** and the **down arrow** keys at the same time to display a list of values.

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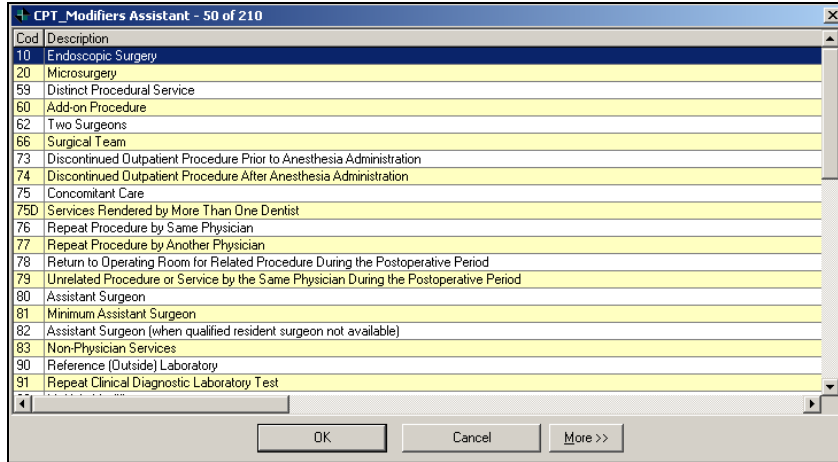
- **Place of Service (POS):** If provided, enter the place of service in this field, and press **Enter**. Press **Alt** and the **down arrow** keys at the same time to display a list of values.
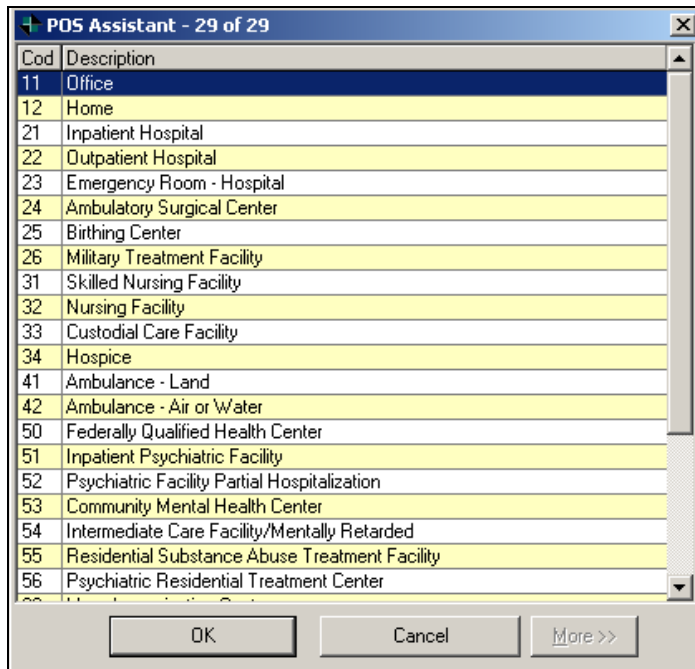
- **Type Of Service (TOS):** If provided, enter the type of service in this field, and press **Enter**. Press **Alt** and the **down arrow** keys at the same time to display a list of values.

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- ▪ **Units:** Enter the number of units in this column, and press **Enter**. **This is a required field.**

> If the same procedure code is entered on more than one line for the same date of service, you will need to bundle the number of units and billed charges into one line to avoid false duplicates.

- **Charge:** Enter the total charges for the line, and press **Enter**. **This is a required field**.

- For each subsequent line, the Line number, Diagnosis reference, and DOS will default to the entry on the previous line. Press Enter to accept the default, or enter the desired information, if different.

- **Fee Schedule Reduction (FS):** This column represents the reduction taken on the total charges. The reduction could be due to a fee schedule or usual and customary reduction. This field will show $0.00 if no reduction is taken. This field is automatically calculated, no data entry is allowed.

- **PPO Discount:** If the Billing and/or Service Provider belong to a PPO network, and the client has chosen to purchase PPO access services, then you may note an additional reduction in this field. Upon printing, or save and move, a message box will appear prompting the user to select whether or not a PPO discount should be applied. If yes, the discount will automatically calculate and display in this column. This additional reduction is taken off of the amount after the UCR or fee schedule reduction. This field is automatically calculated, no data entry is allowed.

- **Reimbursement:** This column represents the recommended reimbursement amount calculated by Web RePrice™. This field is automatically calculated, no data entry is allowed.

- **Reason:** The Reason column will provide you with the rationale for the reduction. It may indicate a fee schedule reduction or a UCR reduction. A description for the Reason Code will appear in the References and Activity section of the PDE.

- **Remark:** In some instances, the reason code may also require further explanation. This field will allow you to add additional remarks so that when you send the EOB/EOR to the providers, they will have a comprehensive understanding of how and why they were reimbursed

The last row in the bill lines section will display totals for each monetary column.

| 180.00 | 60.30 | 0.00 | 119.70 | 60.30 |

Total Charges | Total FS Reduction | Total PPO Reduction | Total Reimb | Total Savings

> When you are finished entering all of the bill lines it is a good idea to make sure that the Total Charges in this section add up to the total charges on the bill.

4.4   History Tab

The history tab allows you to view historical data for the patient, claim and provider – or any combination of the above.

▪ To access the History option, click on the tab labeled History. The bill header information must be filled in before viewing history.
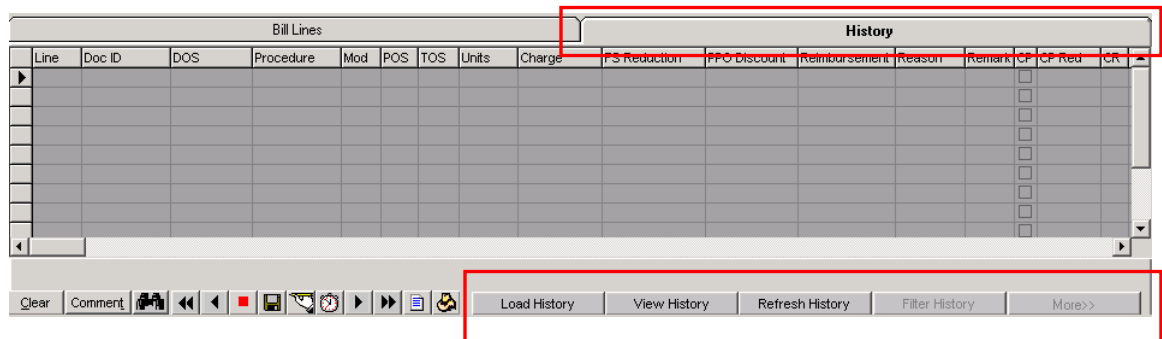
Load History

▪ Click on the Load History button, and the following message will appear:
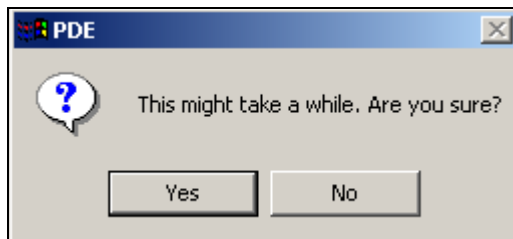
o Click Yes and the data will be loaded into the history screen.

View History

▪ Click on the View History button and the following window will appear:

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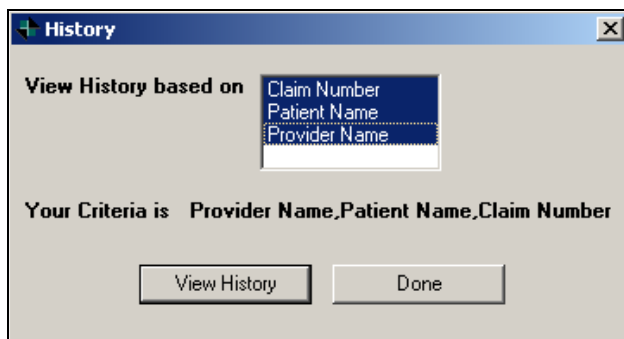
- The default criteria are Claim Number, Patient Name and Provider Name. This means that all history data with the same Claim Number, Patient Name and Provider Name as that entered in the bill header will be loaded.
-
    o Change the history that is loaded by clicking on the highlighted criteria option to remove it.
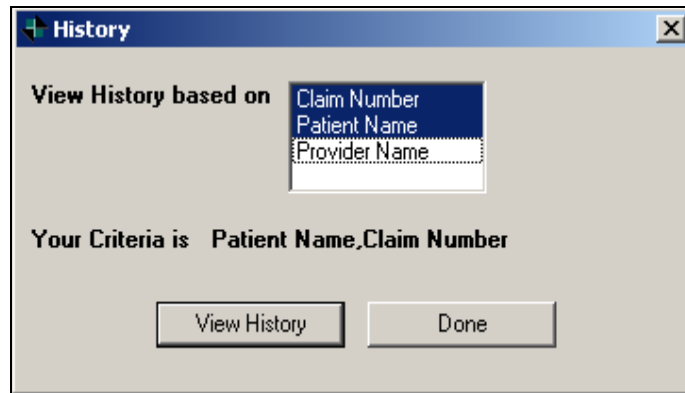
Refresh History
- This option will remove any filter that has been placed on the loaded history.

Filter History
- This option allows you to filter the history data on certain criteria. Click on the Filter History button and the following window will display:
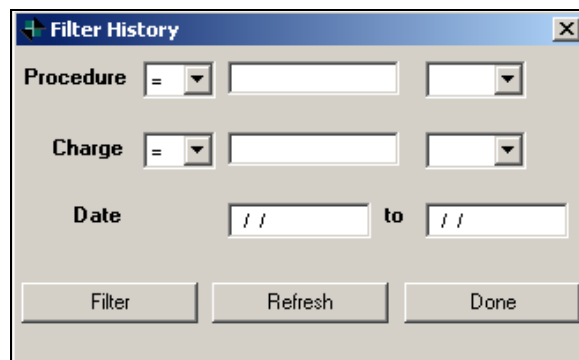
- Enter the desired criteria and click the Filter button.

- If the Filter History window has not been closed, click the Refresh button to remove the filter and redisplay the data before the filter was applied.

- Click the Done button once you have received the desired results.

4.5   On Screen/VCR Controls
Located under the Bill Lines section are the On Screen or VCR Controls. These controls are integral to the processing of medical bills.
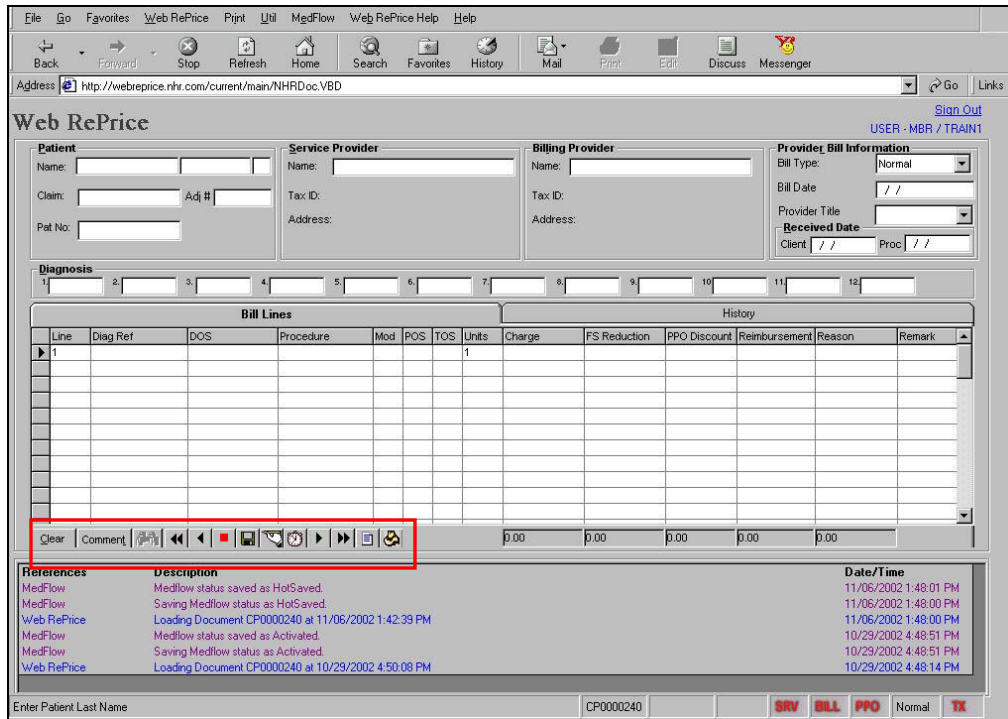
This button will allow you to clear ALL of the information that you have entered in the PDE.

- Click on Clear button and the following message box will display:
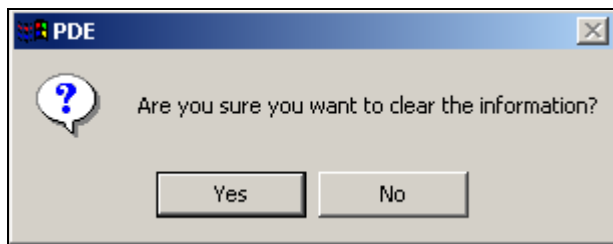
Click on the Yes button and the entire PDE will be cleared. If you decide not to clear the bill at this point click the No button and you will return to the PDE.

This button allows you to add comments that will print out on the EOB/EOR, which is sent to the patient, provider and/or billing provider.

- Click on the Comment button and the Comment dialogue window will appear.

- The cursor will be blinking inside the blank text box.

- Type your comment into the text field.
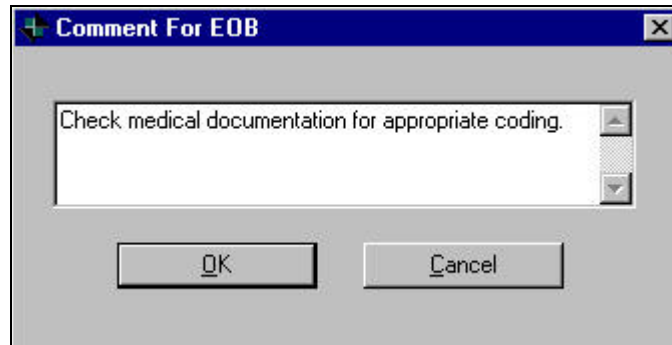
- When finished typing your comments press Enter or click OK, and you will return to the PDE.

	If this bill is moved to another processor's bin, then the comment box will turn yellow and blink to alert the processor who opens the bill in the PDE.

The search button allows you to search for a date of service or CPTcode. To complete a search:

- Click on the binoculars. A search box will open.
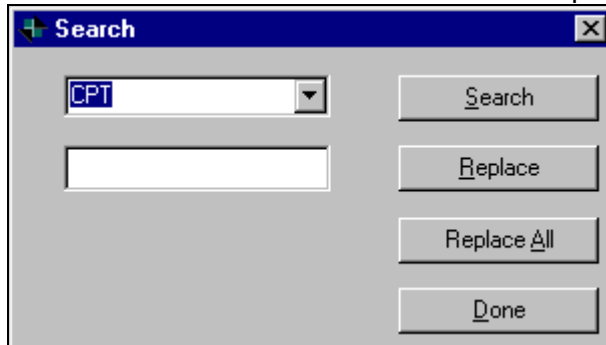
- Click on the arrow drop down in the first text box and choose to search either CPT code or Date of Service.

- Once you determine your search criteria, use one of the top three buttons on the right side of the Search pop up:

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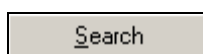
This button allows you to complete a search of the data and locate the first line that this data is found.

Replace

This button allows you to replace the data with other data.

When you click on Replace another blank box will appear, allowing you to indicate what you want to replace the data with.
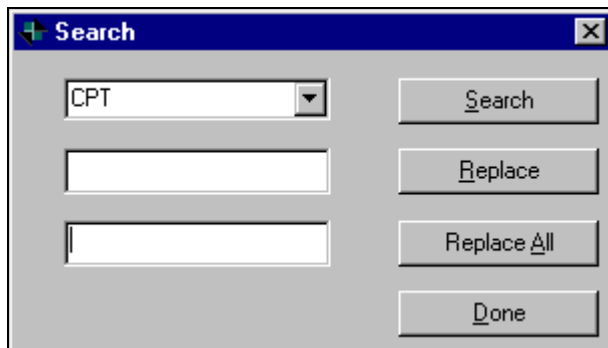
Replace All

This button allows you to replace all of the data that matches your entry with a new piece of data. Follow the same directions as Replace.

This feature will be beneficial if you entered the wrong CPT code several times and need to insert the correction.

Done
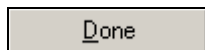
Click this button once the desired data is entered in the fields described above.

If you are set up to use MedFlow Manager™, and scan your bills into MedFlow™, this button will allow you to move to the first page of the scanned image.

Clicking on this button allows you to move to the previous page of the current scanned bill image.

The red button in the center of your VCR Control is used to "Hot Save" the current bill that you are working on in Web RePrice™. If for any reason you need to stop working on a bill before you have completed the medical bill review process and you wish to return

to it at a later time, simply press the Hot Save button. The bill will be saved for you exclusively.

When you log back into Medical Bill Review, Hot Saved bills have priority and will come up first in date order before other bills.

By clicking on this Icon, you are able to save the work you have done on this bill, and move it to the next step in the medical bill processing workflow. Once you click on the Icon, a MedFlow™ Box will appear as displayed.
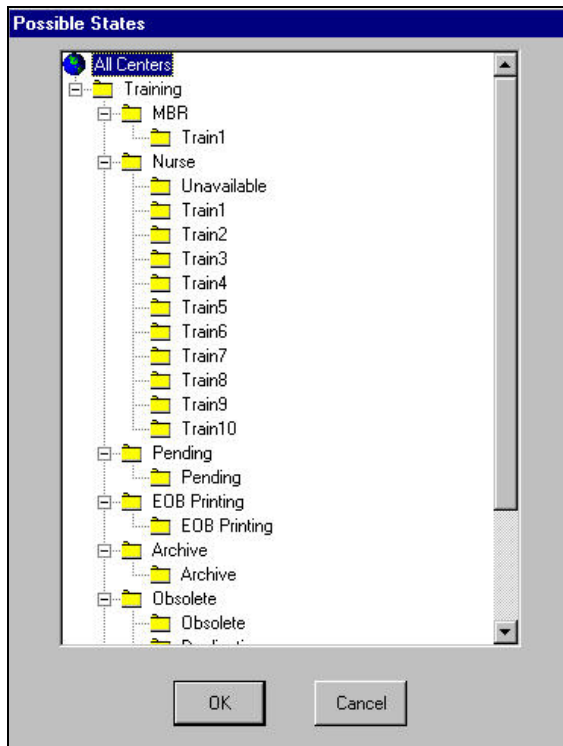
This screen is called the Possible States screen.

Using the arrow keys highlight the individual bin where you want to move the Bill to and press Enter.

The Confirm MedFlow Move pop up will display.
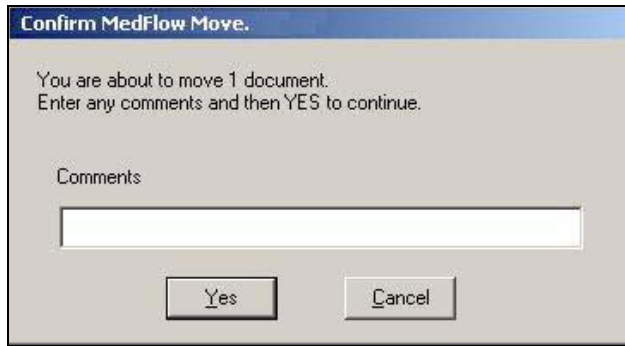
- If there is an Annotation that you would like to insert then you can do so now.

- If you are not adding a message, press **Enter** or click the Yes button.

- An hour glass will appear and then the PDE will load a new document, the PDE will appear blank.

- If you attempt to move your bill to a bin that you do not have access to, then an Invalid Move message will appear.

Clicking on this icon displays the Annotation screen. Similar to manual notes in a file, you can enter internal comments and notes about the bill that you are working on.

- Click on this Icon. A Notes screen appears.

- Click on Annotate and another box appears with a NOTE and the document Identification number; the cursor will blink inside the box.
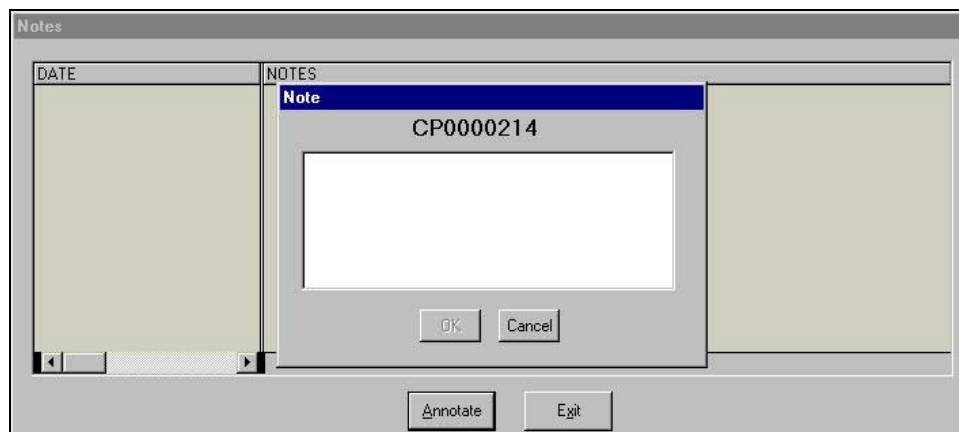
- Type your note inside the box.

- Click the OK button to save, or Cancel to exit without saving your comment.

- You will now see the annotation as you entered it on the note pad.

- Press Exit to bring you back to the PDE

> The Annotations remain internal and do not appear on the EOB/EOR. However, we strongly suggest that you review your company's policy and procedure for notations, as it may be discoverable information.

Clicking on this icon will recall the entire document processing history from the time the bill was scanned and imported into MedFlow™ until its current state.

Clicking on this button allows you to move to the next page of the current scanned bill image.

Clicking on this button allows you to move to the last page of the current scanned bill image.

The Image Display button allows you to open the scanned bill image to be viewed on the screen.

> If you do not use scanned images in your bill processing workflow, then this Icon will not work. If you used scanned images, but have only one monitor to work from, you many need to ALT + TAB to switch screens or click on the DOC VIEWER tab on the bottom of your screen.

Many of you serve many functions while processing medical bills. In other words, you wear more than one hat. This icon allows you to change your current role. If you only have one role as a medical bill processor then only one option will be made available to you.

- Click on the Hat Icon.

- The VCR controls to the left are covered with a highlighted bar with the your current role that you are logged in as in the application.

- Clicking on the down arrow to the right of the bar a list of possible hats, or roles, will display.

- Highlight the hat that you would like to change to and the following message box will appear:

Press Enter for Yes or click on the Yes button within this message box.

- Your PDE will change depending on the hat that you have selected.

4.6   Reference and Activity Section:
Below the bill lines is a section that displays information. It consists of 2 columns, References and Description.

References	Description	Date/Time
MedFlow	Bill saved as HotSaved...	10/22/2002 4:40:10 PM
MedFlow	Saving bill as HotSaved...	10/22/2002 4:40:09 PM
CODE	Line # 1: Reason Code - BA, selected.	10/22/2002 4:40:04 PM
RULES	Line # 1: Reimbursing $5 as billed amount is less than calculated amount of $25.02.	10/22/2002 4:40:03 PM
Procedure Code	Line # 1: CPT Code - 97010, APPLIC MODAL 1/> AREAS; HOT/COLD PACKS selected.	10/22/2002 4:39:59 PM
RULES	Bill AutoSaved	10/22/2002 4:39:54 PM
DIAG	Diag Ref - 1: Diagnostic Code - 847.0, NECK SPRAIN selected.	10/22/2002 4:39:52 PM
PPOs	No PPOs available for the provider selected	10/22/2002 4:39:47 PM
Provider	HOSPITAL ANESTHESIA ASSOCIATES selected as Billing Provider.	10/22/2002 4:39:38 PM
Provider	HOSPITAL ANESTHESIA ASSOCIATES selected as Service Provider	10/22/2002 4:39:38 PM

This box provides you with the specific input history for every lines that you enter into the PDE. It will keep track of any entries, changes, and deletions as well as rules and flags that may apply. The References column displays the type of activity that has occurred, while the Description column gives a more detailed explanation.

The scroll bar on the far right side will allow you to scroll up and down within the References and Activity section.

> Reimbursement calculations are also included in this section. This is helpful to review to determine how the system calculated a specific reimbursement.
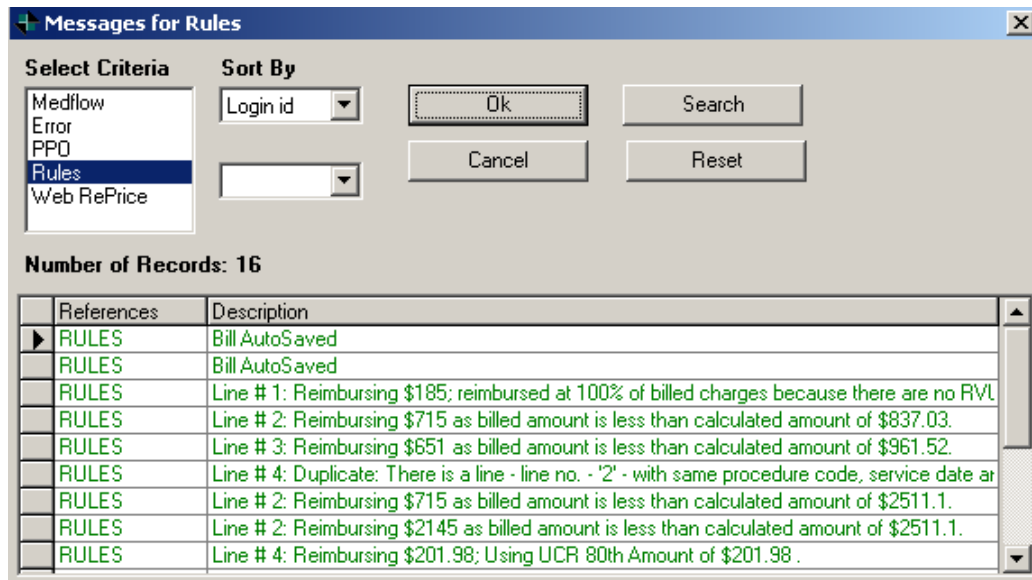
4.6.1   Searching and Sorting the References and Activity box
You can search for specific reference activity that you are looking for within the References and Activity Box, sort and search by following these steps:

- Place your cursor to inside the R&A box, it does not have to be on a specific line. Click the right mouse button, and the Search button will appear.

- Left click on the Search button. The Message filter dialogue window will display.

- Select the criteria for your search from the Select Criteria box.

- Click the OK button.

- Your search results will appear in order of the sort criteria chosen.

4.7 The Status Bar
The Status Bar is located at the bottom of the screen.

This bar will populate as you enter information into the PDE. The sections of the Status Bar are described below from left to right.

Enter Diagnosis Reference Number

This box indicates the current location of the cursor.

QA1004625

Document ID Number is displayed in this field.

142-4493508 PIP NJ

The Claim Number, type of claim, and jurisdiction is noted in this field.

NORMAL

The Bill Type, entered in the Provider Bill section of the bill header section, is displayed here.

SRV

When the patient has been treated by the Service Provider and there is bill history, the letters **SRV** will be **green**

SRV

If the Service Provider is in the database but not yet associated with the patient, the letters **SRV** will be **yellow**.

SRV

If the Service Provider has not been previously entered into the Web RePrice™database the letters **SRV** will be **red**.

BILL

If the Billing Provider has submitted a bill and it has been entered into Web RePrice™ before, the letters **BILL** will be **green**.

BILL

If the Billing Provider has been entered into the database but not yet associated with this patient, the letters **BILL** will be **yellow**.

BILL

If the Billing Provider is new to the database and patient, the letters **BILL** will be **red**.

PPO

PPO will be red if the Service and/or Billing Provider is not associated with a PPO.

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PPO

PPO will be **Green** if the Service and/or Billing Provider is associated with a PPO.

Normal

The Bill Mode is noted in this text box. The Bill Mode can be Normal, Code Review, Compliance Penalty, or Reconsideration.

TX

If the database has been updated by a third party system that the patient has a Treatment Plan the letters **TX** will be **green**.

TX

If there is no database notification that the patient has a Treatment Plan the letters **TX** will be **red**.

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5 The PAIN Screen

5.1 Objectives
In this section, you will learn how to:

- Access the PAIN screen.
- Understand the different tabs in the PAIN screen.
- Use each tab in the PAIN screen.

5.2 Accessing the Pain Screens
Certain types of medical bills require special handling. As a processor you will be required to be familiar with different data on the UB-92 and HCFA 1500 claim forms, as well as specific rules in each jurisdiction, in order to process these types of bills.
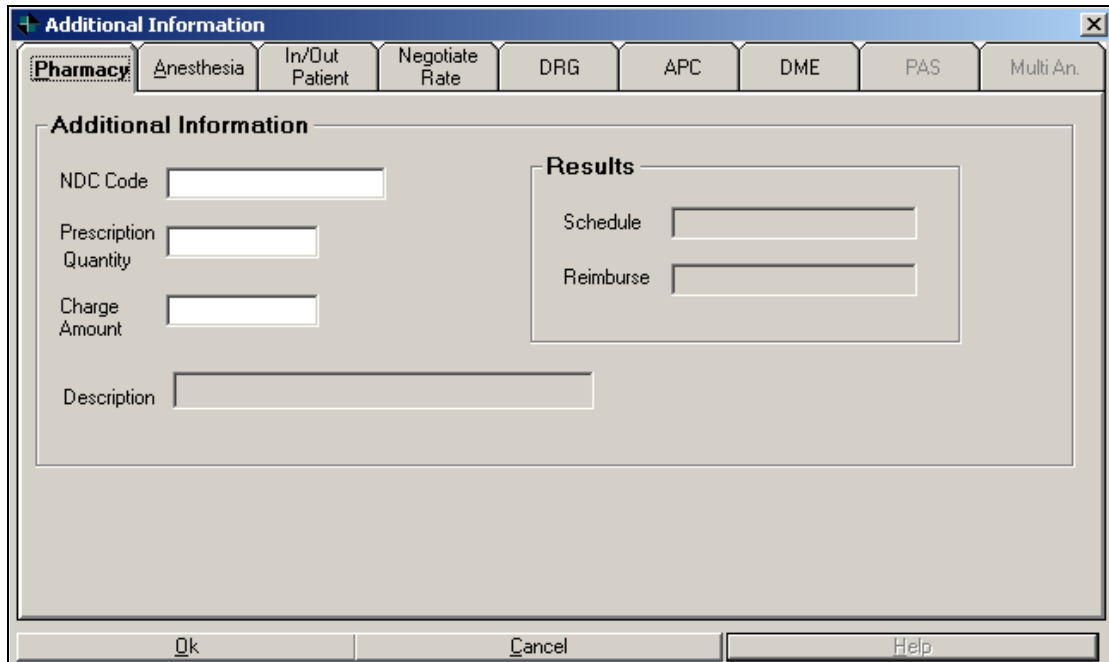
The PAIN screen will assist you in processing special bill types. The name of this screen is based on the first letter of the first four tabs located in this screen:

<u>P</u>harmacy
<u>A</u>nesthesia
<u>I</u>n/Outpatient
<u>N</u>egotiated

The remaining tabs in the PAIN screen are:

DRG (Diagnostic Related Groups)
APC (Ambulatory Payment Classification)
PAS (Products of Ambulatory Surgery)
DME (Durable Medical Equipment)
Multiple Anesthesia

Access to the screen is the same regardless of the tab you need to use.

- Complete the Bill Header information and Diagnosis section of the PDE.

- Proceed to the Bill Line section of the PDE.

- **Type** the **date of service** that is on the medical bill that you are reviewing.

- Press **Enter**, the cursor should be in the **Procedure field**.

- Press the **Insert key** on your keyboard. This will open up the PAIN screen.

5.3   Pharmacy Tab
Pharmacy bills are analyzed using the Micromedex Redbook data. To use this tab, there needs to be billed charges for medication from either a pharmacy or a physician's office.
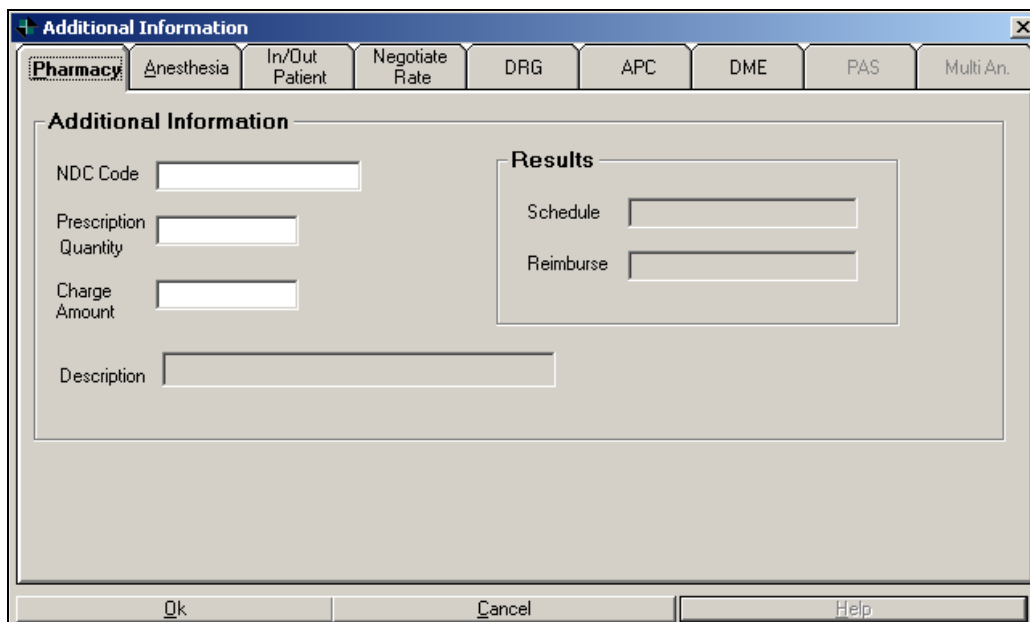
5.3.1 Completing the Pharmacy Tab
  ▪ **Type** the **NDC code** in the appropriate field, and press **Enter**. The description of the medication will populate the **Description field**.

   o If the NDC code is not available on the bill, then **type the name of the drug** as presented on the bill in the NDC Code field, and press **Enter**. The **Pharmacy Assistant** will appear.
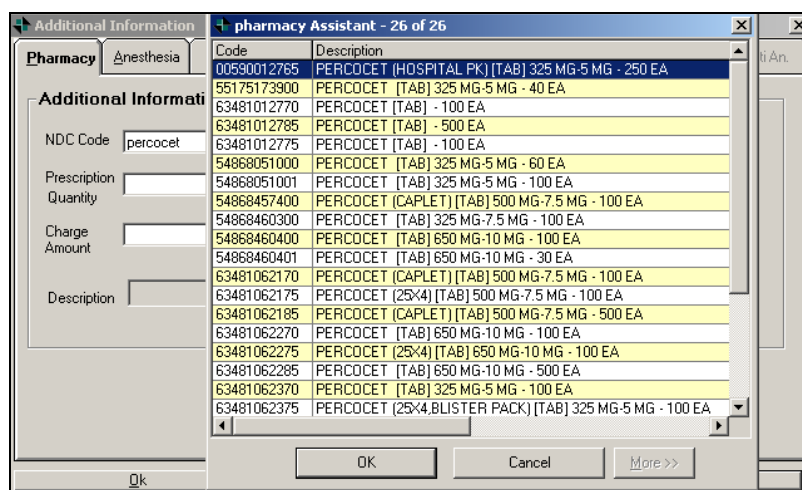
   o Depending on the medication, several choices may be listed.

   o The **scroll bar** located on the far right of the screen to view the list of medications.
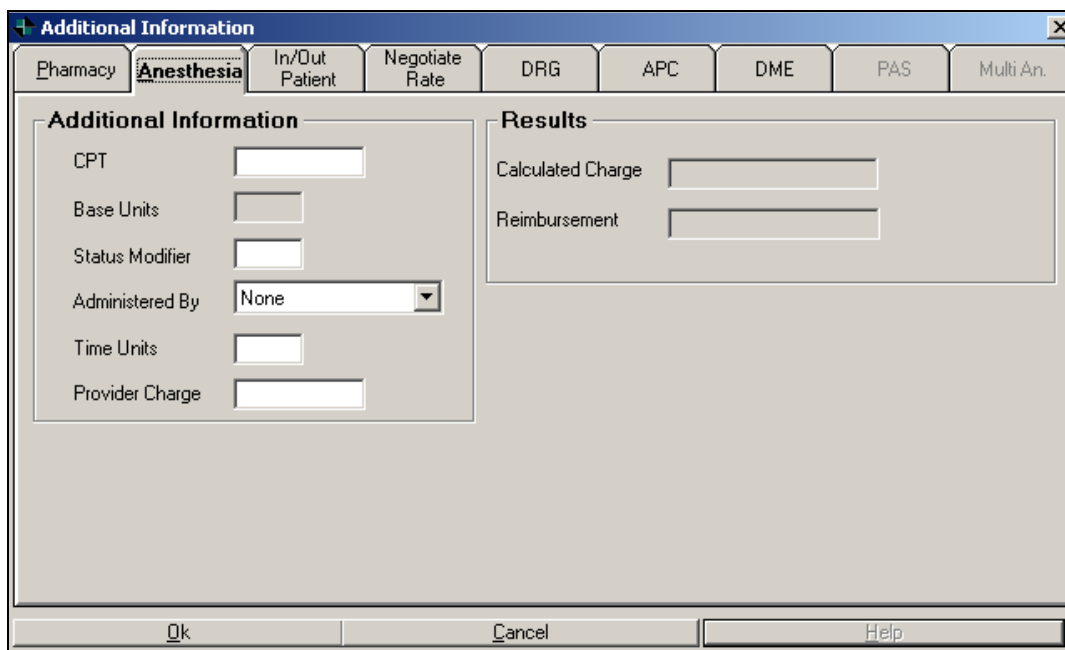
- o If you cannot match the drug with the choices in the Pharmacy Assistant, **click** on the **More >> button** to view additional lists of medications.

- o **Click on the line** with the appropriate drug to select it and press **Enter**, or click OK.

- o The Pharmacy tab of the PAIN screen will populate with the NDC code.

- **Type** the quantity prescribed as noted on the bill and press **Enter**.

- Enter the charge amount submitted on the bill and press **Enter**.

- The reimbursement will calculate based on the jurisdictional rules that are programmed into the system, and will display in the **Schedule** field.

- The calculated reimbursement, which is the lesser of the schedule amount or the provider's charge amount, will appear in the **Reimburse** field.

- The data will now be displayed in the Bill Lines section of the PDE.

- If you have more than one medication you will need to return to the Pharmacy tab and complete these steps again.

- If there are other lines on the bill, continue with bill processing.

5.4   Anesthesia Tab

Anesthesia bills are primarily submitted on a HCFA 1500 claim form. In addition to the CPT codes listed, the bill may also provide you with:

- Time units
- Supporting documentation confirming the start time and end time of the anesthesia.
- Information identifying by whom the anesthesia was administered.
- The provider's charge for administering the anesthesia.

For state specific anesthesia processing guidelines, refer to the **Web RePrice™ Pricing Guidelines**. This will ensure that the calculations and reimbursement are accurate and in accordance with the state rules.

5.4.1   Completing the Anesthesia Tab
- **Type** the anesthesia CPT code into the **Procedure field** of the Bill Line section, and press **Enter**. The **Anesthesia Tab** of the PAIN screen opens automatically.

    o Or, access the Anesthesia tab of the PAIN screen, and enter the anesthesia code into the CPT field, and press **Enter**.

- The Base Units will **automatically** populate the **Base Units field**. No data entry is allowed.

- In the Status Modifier Field, enter the status modifier submitted by the provider, and press **Enter**. If no status modifier has been submitted, enter **P1**, and press **Enter**.

- Using the **arrow keys** select the value correct value for the **Administered By field**, you will have several choices to choose the title of person who administered the Anesthesia and press **Enter**.

- **Type** the **Time Units** as noted on the bill and press **Enter**.

> Most states use 1 time unit= 15 minute increments. There is an exception to this in Utah where 1 time unit = 12 minute increments. Check the anesthesia notes, if they are attached, to confirm that the units on the bill are accurate. A start time and end time should be documented on the anesthesia record

- **Type** the **Provider Charges** in the next field, and press **Enter**.

- The **Calculated Charge** and **Reimbursement** amount will automatically appear in the **Results box** located on the right side of this tab.

  o The reimbursement will be the lesser of the Calculated Charge or the provider's billed charges.

- Press **Enter**, or click OK and the PAIN screen results will populate the bill line in the PDE.

5.5 In/Outpatient Tab

This tab is used for both inpatient and outpatient hospital bills. Hospitals routinely bill using the UB 92 form.

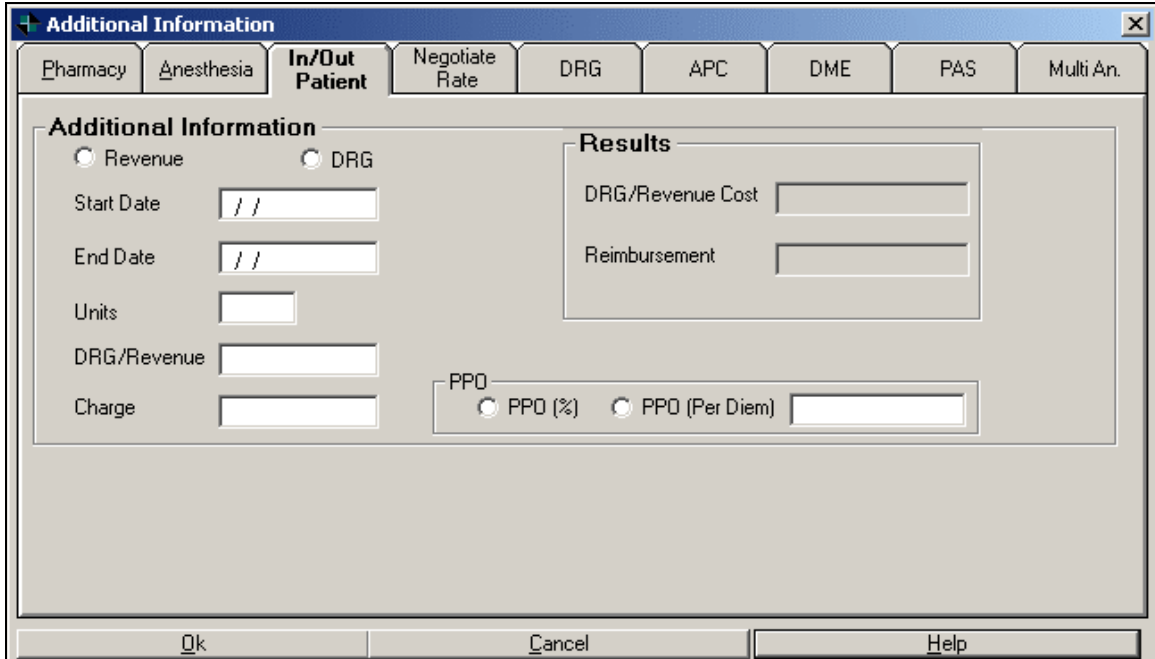> **Are you using the correct screen?**
>
> Prior to using this tab it is important to make sure that the jurisdiction of the bill does not require the claim to be processed under the DRG, APC, or PAS methodology.
>
> **Pennsylvania, Hawaii, and New York currently have such requirements**.
>
> If you're not sure, check with your manager, or refer to the **Web RePrice™ Pricing Guidelines** manual.

5.5.1 Processing Inpatient and Outpatient Hospital Bills

If CPT/HCPCS codes are provided on the hospital bill, they should be entered in the Bill Lines section of the PDE.

> **Exception!**
> There may be a line item on the UB-92 (hospital billing form) that is identified by a revenue code and no HCPCS/CPT code. In these circumstances, you will need to access the In/Outpatient Tab of the PAIN to process these line(s).
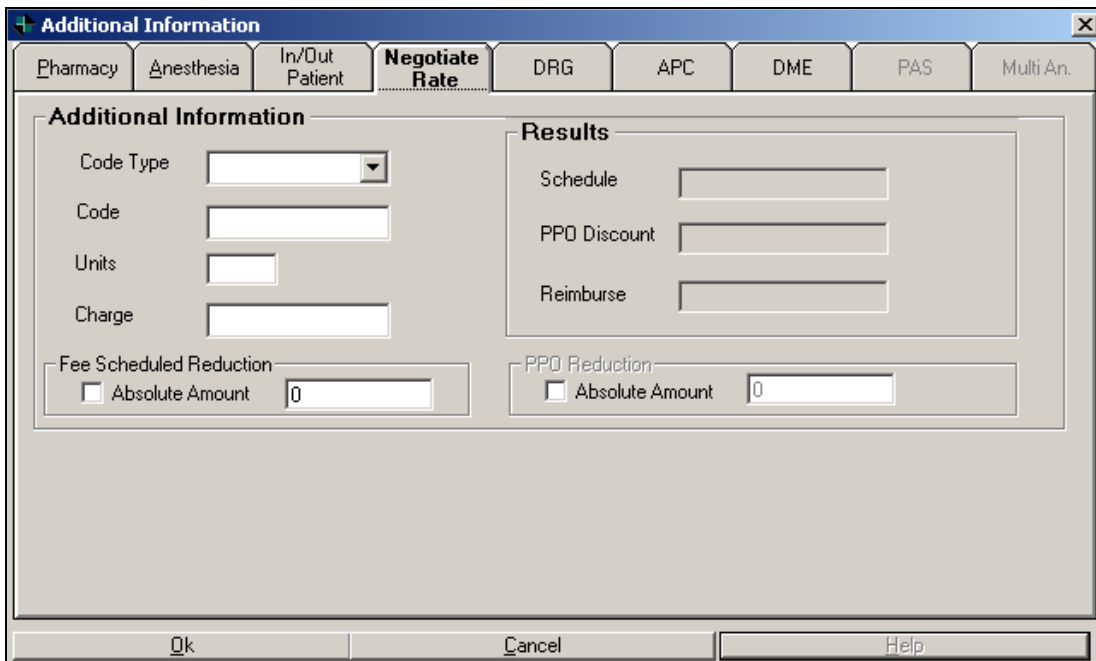
- Hit enter after selecting the In/Outpatient tab and the **radio button** next to **Revenue** (![Revenue]) will automatically be selected. Press **Enter**.

- The cursor will be located in the **Start Date field**. **Type** the **Start Date** that is provided on the bill and press **Enter**.

- **Type** the **End Date** in the corresponding field, if the date is the same as above then enter the same date in this field and press **Enter**.

- The **Units** field will automatically calculate based on the start date and end date. If the number of units presented on the bill is different, enter the correct figure and press **Enter**.

- **Type** the revenue code in the **DRG/Revenue field**, and press **Enter**.

- **Type** in the total charges for the line item in the **Charge field**, and press **Enter**.

- The Results box on the side of the screen will populate with the **Cost** and **Reimbursement**.

- If there is a PPO associated with either the Service or Billing provider, the cursor will move to the PPO box. Select the radio button next to the desired type of PPO reduction by using the mouse. Hit the tab key to move to the text box in the PPO section and enter the desired discount. Press **Enter**.

- Press **Enter** and the information will be filled in on the PDE Bill Line section.

- Continue entering the remainder of the bill lines on the UB-92 as outlined above. Remember, if there is a HCPCS/CPT code, process the line in the PDE without accessing this tab.
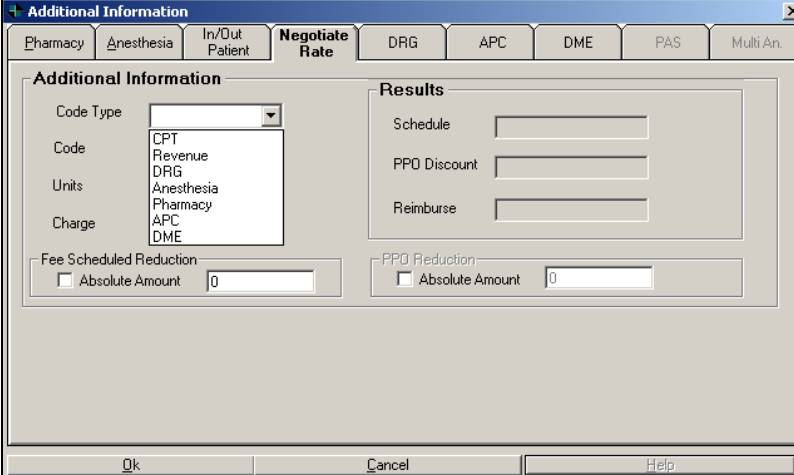
5.6   Negotiate Rate Tab

This tab can be used when you have negotiated a discount with a provider, or when you manually need to calculate the reimbursement for a line item.

Unlike the In/Outpatient Tab, the Negotiate Rate tab can be use for any type of medical bill.


5.6.1   Completing the Negotiate Rate Tab

- Upon entering this screen, the cursor will be in the Code Type text box.

  o Use the **drop down arrow** to the right of the text box to choose the appropriate code type, and press **Enter**.

- **Type** the Code as it is presented on the bill and press **Enter**.

- **Type** the number of Units that are on the bill, and press **Enter**.

- **Type** the billed charges and press **Enter**.

- If a reduction of the billed amount needs to be applied, **press** the **space bar** to check the **Absolute Amount** check box, or click it with your mouse.

- Press **Enter** to move the cursor to the text box located and **type** in the reduction amount and press **Enter**.

- If there is a PPO associated with either the Service or Billing provider, and a PPO reduction applies, check the check box in the PPO Reduction section, and enter the reduction amount in the text box. Press **Enter**.

- The Results section on the right side of the window will automatically populate with the calculated results. Confirm that the calculations are correct, and press **Enter**.

- The information will populate the Bill Lines on the PDE. Note that the Reason and Remark code fields each have **NEG** in them to mark these lines as negotiated.

- If you would like to change them to an alternate Reason code, highlight the **NEG** and enter the desired reason code.

  o Press Alt and the down arrow keys at the same time to display a list of values.
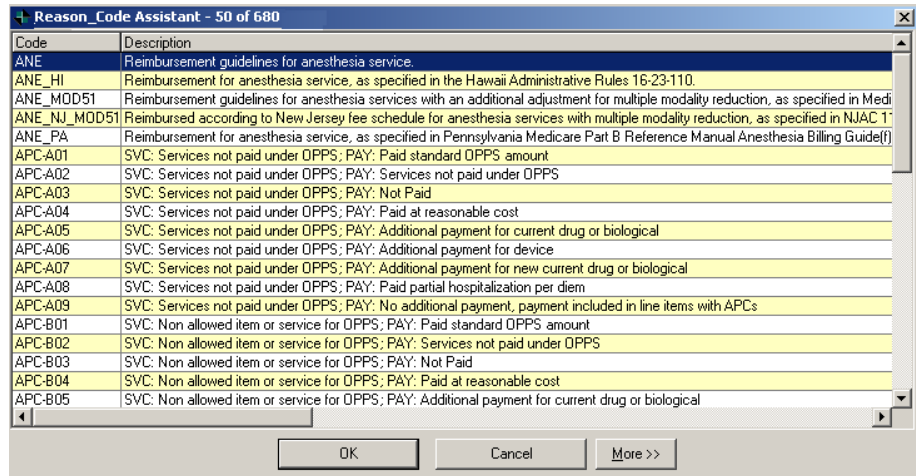
- If you would like to remove NEG from the Remark column, highlight the **NEG** in the Remark column and press **Delete**.

  o If you would like to change the Remark, press Alt and the down arrow keys at the same time to display a list of values.
  o Select the desired code, and press **Enter**.

- If you have more than one line that requires the Negotiated tab follow the same process as outlined above.

5.7   DRG Tab: Diagnostic Related Groups
This tab is used specifically when the inpatient hospital bill is required to be reviewed based on the DRG methodology.
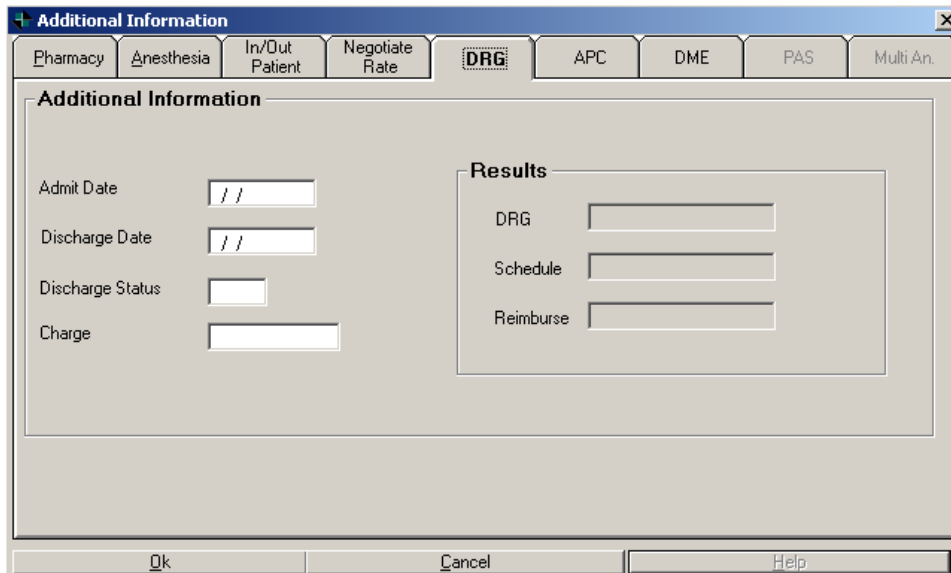
Web RePrice™ has partnered with 3M systems to validate the information submitted by the hospital and calculate the reimbursement based on the state regulations.

When processing bills for states requiring the use of DRG methodology, the **Service Provider** *must* have the 3M indicator.

Currently, there are **three states** that direct the auto carriers to reimburse hospitalizations based on the DRG methodology:

- **Pennsylvania** and **Hawaii** use Medicare reimbursement methodology
- **New York** uses Medicaid (all payor) reimbursement methodology

Regardless of the jurisdiction, the Web RePrice™ application will provide you with the necessary fields within this DRG tab so that the reimbursements are validated and reimbursement is calculated accurately. The hospital is also required to bill using the UB-92 form.

Validation means that the software will take all of the **ICD-9 diagnosis code and procedure codes** and determine the DRG independently of what the hospital indicates the DRG to be on their bill.

The DRG calculation will be computed based on the hospital name, the Medicare tax ID#, and zip code.

Unlike the other tabs we discussed, the DRG tab requires very specific information to be entered into the bill header section of the PDE so that the correct reimbursement is calculated.

5.7.1   Processing a DRG Bill

In the auto insurance industry, each state calculates the DRG using a baseline such as Medicare or Medicaid fee schedule. In some states, an additional percentage may be added to the fee schedule amount. WebReprice performs this calculation automatically according to the state specific rules.

When processing a DRG bill the following diagnosis codes must be entered into the diagnosis fields in the following order for the DRG calculation to be correct:

- Admit diagnosis
- Principal diagnosis
- Secondary diagnoses
- Principal procedure
- Secondary procedures

Upon entering this screen the cursor will be located in the Admit Date field. Depending on the Service Provider's jurisdiction, an additional display field showing the Facility's Medicare Provider number will be above the admit field.

- **Type** the **Admit Date** from the UB-92 submitted by the provider and press **Enter**.

- **Type** the **Discharge Date** from the submitted UB-92 and press **Enter**.

- **Type** the **Discharge Status** from the submitted UB-92 and press **Enter**. This will be a two-digit code.

- In the **Charge** field enter the total amount of the bill charges and press **Enter**.

- In the Results section of the DRG tab the following fields will automatically populate with information:

  o **DRG** –
    This field will populate with the results from the 3M grouper.

  o **Schedule** –
    This field will show the fee schedule amount for the DRG.

  o **Reimburse** –
    This field will be the lesser of the schedule amount (plus an additional percentage, if applicable) or the provider's billed charges.
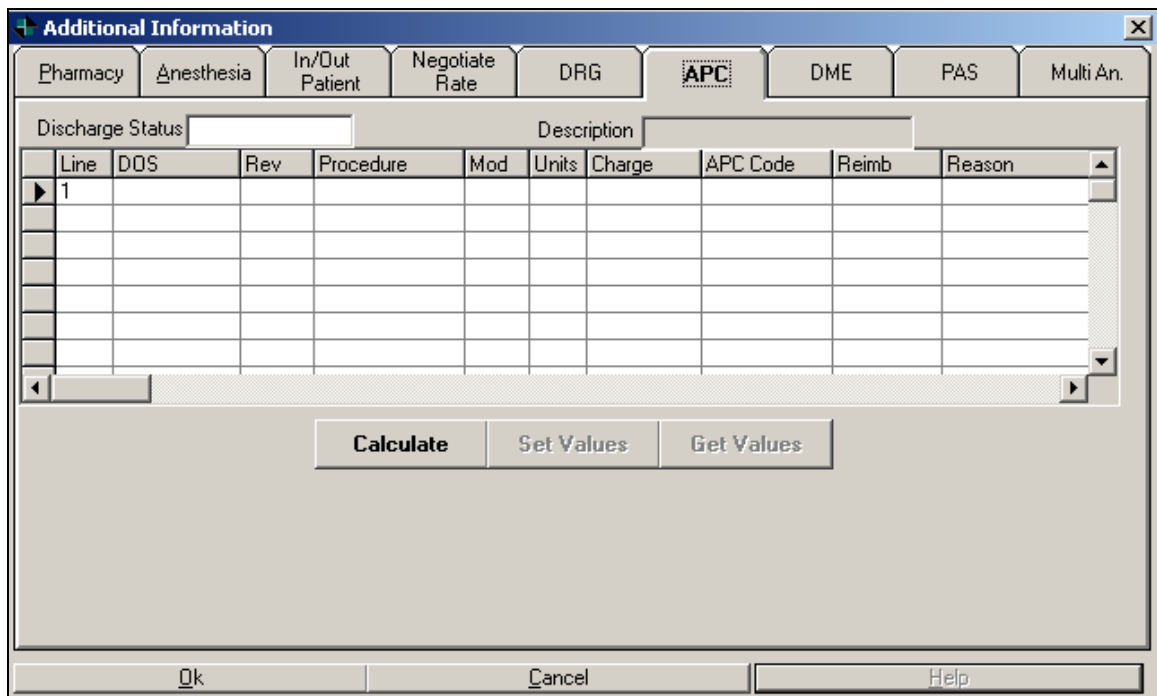
  > For New York inpatient bills, the reimbursement will be equal to the schedule amount, regardless of the amount of the provider's charges.

- Press **Enter**, or click the OK button, and the calculations will be completed.

- The tab screen will close automatically, and the outputs will automatically populate the PDE.

5.8 APC Tab: Ambulatory Payment Classification

APCs are similar to DRGs in that both were derived by the federal government and are considered to be a prospective payment system.

For each type of patient encounter with a hospital facility, the reimbursement is predetermined. Unlike DRGs, which are for inpatient services, APCs are strictly for outpatient services rendered by a hospital.

Two states, **Pennsylvania** and **Hawaii,** require outpatient medical services rendered to people injured in an auto accident to be reimbursed using this methodology: Therefore, this tab will only be used if you have an outpatient hospital bill from either of these states.

Concentra integrated the 3M APC Grouper Plus application into the Web Price™ application to make the processing of these bill types seamless and easy. While 3M will group calculate the APC reimbursement, Web RePrice™ will add any additional calculations mandated by the state rules.

There are edits and rules already imbedded into the software. Therefore, if a reimbursement is $0.00, it is likely due to an edit or rule that does not allow for reimbursement. This denial can be at a line level or the entire bill can be rejected, as the claim is considered to incomplete or filed incorrectly.

When processing an APC bill the following diagnosis codes must be entered into the diagnosis fields in the following order for the APC calculation to be correct:
- Admit diagnosis
- Principal diagnosis
- Secondary diagnoses

If you have specific questions regarding the bill that you are working on, refer to the **Web RePrice™ Pricing Guidelines**.

Web RePrice™ has partnered with 3M systems to validate the information submitted by the hospital and calculate the reimbursement based on the state regulations.

When processing bills for states requiring the use of APC methodology, the **Service Provider** *must* have the 3M indicator.
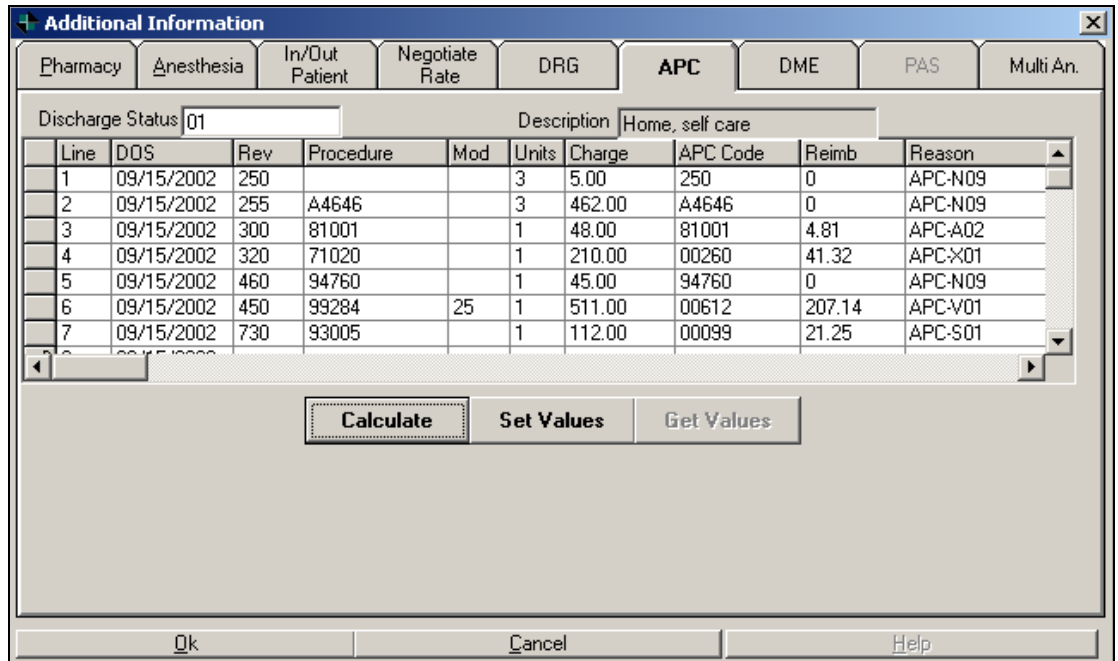

Currently, **Pennsylvania** and **Hawaii** direct the auto carriers to reimburse outpatient bills based on the APC methodology:

5.8.1 Processing an APC Bill
Upon entering the APC tab, the cursor will be in the Discharge Status field.

- **Type** the **Discharge Status** as presented on the UB-92, and press **Enter**. The description will automatically populate once the number is entered.

- The line number will automatically populate the **Line** column.

- The Date of Service (DOS) will automatically populate with the date entered on the bill line in the PDE. Press **Enter** to continue to the next column.

  - Once entered the date of service will automatically populate with the DOS from the previous line, if multiple lines are entered. Change the date of service, if necessary.

- **Type** the revenue code in the **Rev** column, and press **Enter**.

- **Type** the HCPCS/CPT code in the **Procedure** column, and press **Enter**. If the line does not have a HCPCS/CPT code, leave the field blank.

- **Type** any modifiers as presented on the UB-92 in the **Mod** column, and press **Enter**.

- **Type** the **units** as presented on the UB-92 and press **Enter**.

- **Type** the total charges for line in the **Charge** column, and press **Enter**.

- Repeat this process until you have entered all of the data presented on the UB-92.

- **Click** the **Calculate button** located at the bottom of the APC tab.

- Once the calculations are complete, the **APC Code**, **Reimb** (Reimbursement), and **Reason** fields will be populated.

-

- Press **Enter**, or click the OK button, and the calculations will be completed.

- The tab screen will close automatically, and the outputs will automatically populate the PDE.

5.9   The DME Tab: Durable Medical Equipment
This tab is used for processing **DME bills** for the state of **New York**.

To accommodate that state specific requirements for physicians and pharmacies billing for DMEs, New York requires that a physician who is billing for code 99070 is reimbursed for the invoice cost, shipping and handling, and taxes. All other DME codes are reimbursed 150% of the invoice amount.

For specific rules regarding claim information requirements, refer to the **Web RePrice™ Pricing Guidelines**.
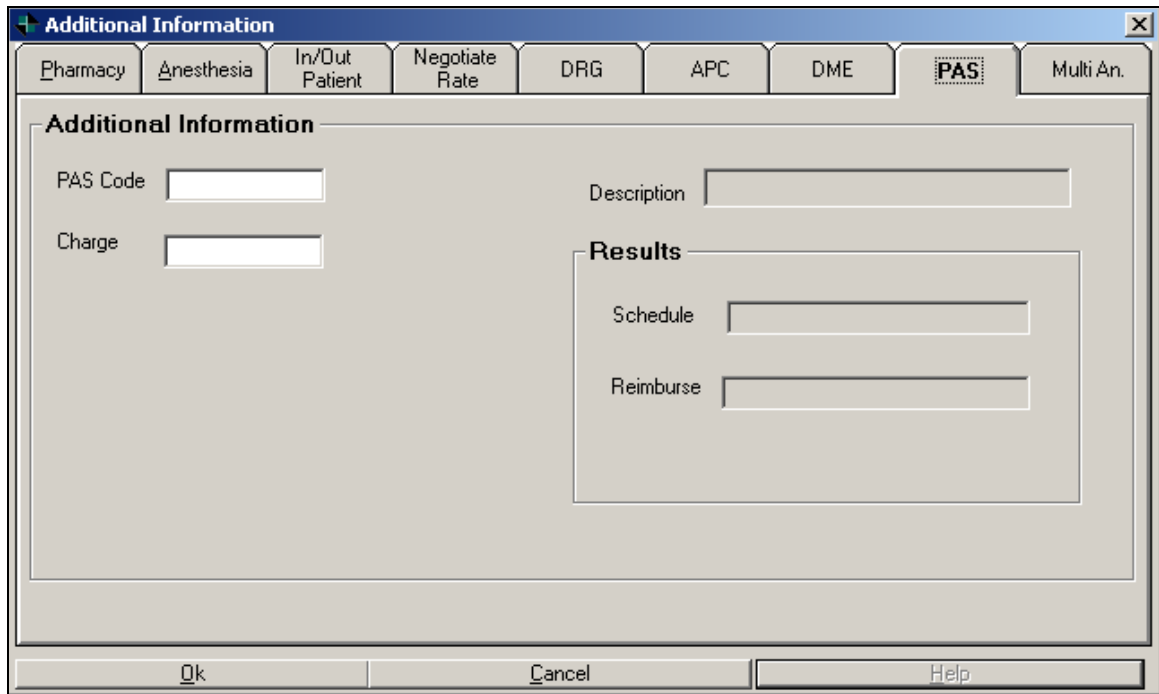
5.9.1 Processing a DME Bill
Upon entering the DME tab, the cursor will be located in the Code field.

- **Type** the **HCPCS/CPT** that is on the claim representing the DME, and press **Enter**. The description field will automatically populate.

- **Type** the number of **Units** that are on the bill, and press **Enter**.

- **Type** the billed charges in the **Charge** field**,** and press **Enter**.

- The documentation submitted by the provider should include a copy of the invoice, with any shipping and handling, and taxes displayed on the invoice.

  o Type in the **Invoice Charge**, and press **Enter.**
  o **Type** in the **Shipping and Handling** charge, and press **Enter**.
  o **Type** in **Taxes for Physician**, and press **Enter**.

- The Results section of the screen will display the calculations.
  o The **Schedule** field will show the calculation (150% of the invoice price).

o The **Reimburse** field will display the lesser of the schedule amount or the provider's billed charges.

▪ Press **Enter**, or click OK, and the information will populate on the PDE.

5.10 Products of Ambulatory Surgery (PAS)
The PAS tab of the PAIN screen is used to process **New York** specific outpatient surgery bills submitted by specific providers with valid OpCert numbers.
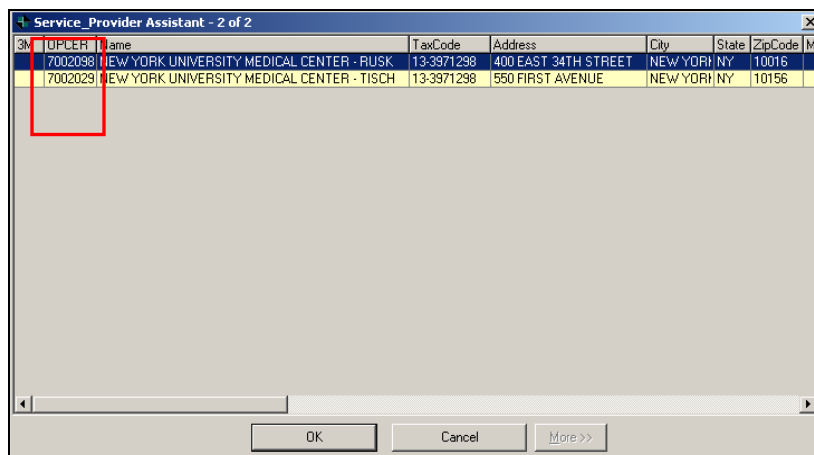
New York regulations indicate that if the outpatient facility bills for a procedure, and it does not include the Opcert number, then the bill should be returned as incomplete.

Also, it is very important that you select the correct Opcert number, or the PAS reimbursement may not be accurate.

For further guidelines on specific rules in New York refer to the Web RePrice™ Pricing Guidelines**.**

For further guidelines on specific rules in New York refer to the **Web RePrice™ Pricing Guidelines**.

5.10.1 Completing the PAS tab

Upon entering the PAS tab, the cursor will be positioned in the **PAS Code** field.

- In the PAS Code field enter the 3-digit PAS code that is on the UB-92, and press **Enter**. The **Description field** will populate with the short description of the code.

- **Type** in the billed charges in the **Charge** field, and press **Enter**.

- The **Results** section will automatically populate with the following information:

   o The **Schedule** amount will display the calculated amount for the PAS code.
   o The Reimburse field will be the lesser of the schedule amount or the provider's billed charges.

- Press **Enter**, or click **OK**, the data from this tab will populate the bill line of the PDE.

5.11 Multiple Anesthesia Tab

You will be required to access this tab when processing multiple anesthesia bills in **Pennsylvania** and **New York**.
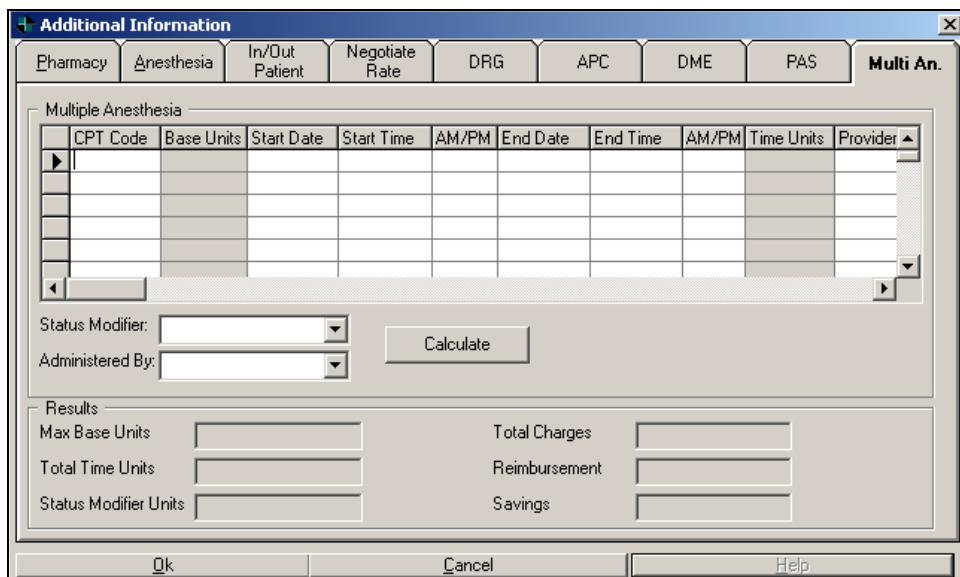
When several surgical procedures are performed during the same operative session, there may be multiple anesthesia services rendered. Under these circumstances, the coding and billing guidelines direct the payor to review the relative value units of each anesthesia service, and compute the appropriate reimbursement. This calculation is based on a formula driven by the complexity of each anesthesia service.

The Multiple Anesthesia (Multi An) tab on the PAIN screen allows you to review Multiple Anesthesia bills accurately.

5.11.1 Completing the Multiple Anesthesia tab
Upon entering the Multiple Anesthesia screen the cursor will be located in the CPT code column of the first line.

- **Type** the CPT code, and press **Enter**. The Base Units column will populate with the appropriate base unit assigned to the CPT code.

- **Type** in the Start Time, press **Enter**.

- Choose AM or PM, press **Enter.**

- **Type** in the Stop Time, press **Enter**.

- **Choose** AM or PM, press **Enter**.

- **Type** in the Provider Charge and press **Enter** to move to a new line.

- Repeat the above steps until all of the anesthesia codes have been entered.

- When you have finished entering lines, press the **Tab** key to move to the Status Modifier field.

- Use the drop down arrow for the Status Modifier field to choose the appropriate physical status modifier as presented on the bill. Press **Enter**.

- In the Administered By box, use the drop down arrow to choose the provider title as provided on the claim form. Press **Enter**.

- Click on the Calculate button and the reimbursement will then be displayed in the Results section of this tab.

- Press **Enter** or Click OK, and the reimbursement will be displayed in the bill lines section of the PDE.

- There may be multiple lines displayed in the Bill Lines section of the PDE. This will provide the billing service and providers with an accurate and detailed response to the bill that they submitted for payment. You may see one general line with one, or many, specific lines below the first anesthesia line. These subsequent lines will list each anesthesia code billed.

6 Web RePrice™ Menu
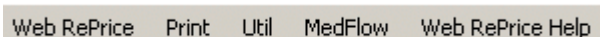
The Web RePrice™ Menu bar is located at the top of your Internet browser. This menu contains most of the functionality and options for Web RePrice™. As with most menus, any item that is grayed out is not available for use.

6.1 Objectives

In this chapter, you will learn how to:

- Access the Menu bar of Web RePrice™.
- Understand what each item in the menu can do to assist you with bill processing.
- Utilize each item in drop menus during medical bill processing.

There are six items listed in the Menu Bar.

Web RePrice   Print   Util   MedFlow   Web RePrice Help

6.2 Web RePrice

This menu option is limited to one menu item choice: **Bill Entry**. When you are doing medical bill review, you are in the bill entry section of Web RePrice™. This area is reserved for further development in the future.

6.3 Print

- To access the Print Menu, click on the **Print Menu** option, or hold down the **Alt** key and press **I**, and the drop down menu appears.

- There are three choices under this option, EOB, Bill Details, and Information Request.

- Click on the function that you would like to perform so that is highlighted on the drop down menu.

6.3.1 NYReports:

This option will only be available if the Service provider is in New York, and will allow you to print the New York NF10 report, if applicable (i.e., if there was a reduction to any bill line).

Web RePrice   Print   Util   MedFlow   Web RePrice Help   Help
                 NYReports   ▶   NF10
                 EOB   ▶
                 Bill Details ▶
                 Info Request ▶
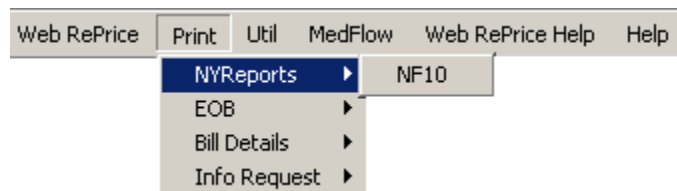
6.3.2 EOB Printing:

The EOB print menu allows you to preview an EOB/EOR, or, print the EOB/EOR as a final draft.

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Web RePrice   Print   Util   MedFlow   Web RePrice Help   Help
              NYReports   ▶
              EOB   ▶   Preview   Ctrl+V
              Bill Details ▶   Print
              Info Request ▶   Flag Message
              Letters   ▶
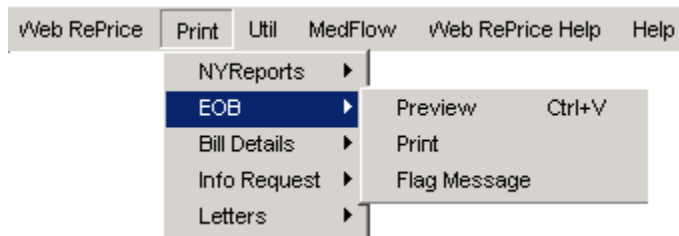
The documents will open minimized in the task bar at the bottom of the screen (if processing a bill for a NY provider, and there was a reduction on any of the bill lines, there will be 2 separate documents – the EOR and the NF10). Just click on the [button] button on the task bar to maximize the screen.

Once you complete the preview, click on the **X** in the upper right hand side of the screen to close the Document Viewer.

If you choose the Print option, the Print dialogue box will open so the printer and amount of copies may be selected.

The Flag Message option is used to decide if flag messages will be printed on the EOB/EOR. Selecting or placing a checkmark next to this option will display all flag messages encountered during bill entry on the printed EOB/EOR. If this option is not checked/selected the flag messages will not appear on the printed EOB.

> This selection can be overwritten in the Client Maintenance module of WRP. In the EOB tab of Client Maintenance there is a "Show Flag Message" checkbox. If this checkbox is selected the flags will appear on the EOB/EOR regardless of what is selected on the Print EOB menu.

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⑦ | If you have a duplex printer, and would like the EOB/EOR to print in duplex mode, you must make that selection on the printer dialogue box. From the Layout tab select the radio button for Flip on Long Edge

---

After clicking OK on the Print dialogue box a print status will appear on the screen, no entry is needed on this screen, it will close when the printing has completed.

⚠ | If you print the EOB/EOR you will finalize the bill. The bill will be posted at this time, and the only option when you save and move the bill will be to archive the bill. Corrections cannot easily be made to the EOB/EOR once this function has been completed.

6.3.3   Bill Details:
The Bill Details menu allows you to preview and print the Bill Details.
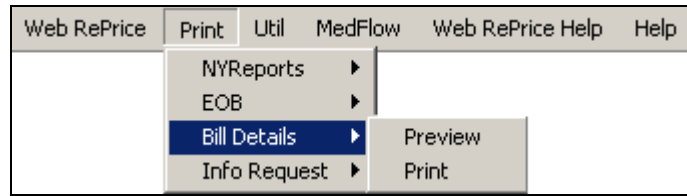
The preview and print functions for the Bill Details is executed the same way as previewing or printing the EOR, as explained above.

6.3.4 Info Request:
The Info Request option allows you to either Print Preview the Information Request form or Print the final version of the Information Request.
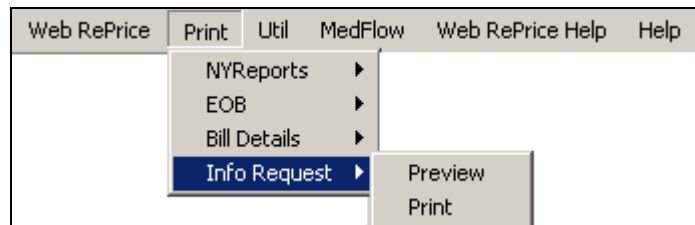

This option is used when you cannot process the bill because it is missing information that is needed in order to process the bill (i.e. provider tax id, valid procedure code(s), valid CPT code(s), dates of service or charges).

The preview and print functions for the Info Request is executed the same way as previewing or printing the EOR, as explained above.

6.3.5 Letters
This option will allow you to print standard or custom letters to the provider. The letters will automatically populate with the information from the Bill Header, which must be entered before generating the letter.
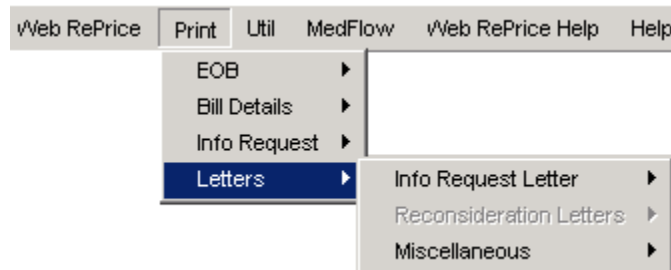
The list of available letters is as follows:

Information Request Letters

- Custom Info Request
- Diagnosis Code Request

- HCFA-1450 (UB-92) Info Request
- HCFA-1500 Info Request
- Information Request
- Invoice Request
- Operative Request

Reconsideration Letters

The following letters may only be accessed when in Recon mode.

- Reconsideration Appeal
- Reconsideration Approval
- Reconsideration Denial
- Reconsideration Partial Appeal
- Reconsideration Received

Miscellaneous Letters

- Duplicate Bill
- No Record
- Overpayment
- Custom Letter

6.4   Utilities (Util)

The Utilities menu provides you with access to most of the functionality in Web RePrice™. Each Menu option will be outlined in detail below. Some of these options may also be accessible in other areas within the PDE.

To access the Utilities menu, click on the **Util** menu option, or hold down the **Alt** key and press **U**, and the drop down menu will open.

6.4.1   Bill Mode:

The bill mode menu allows you to turn Compliance Penalty on and off within Medical Bill Review.
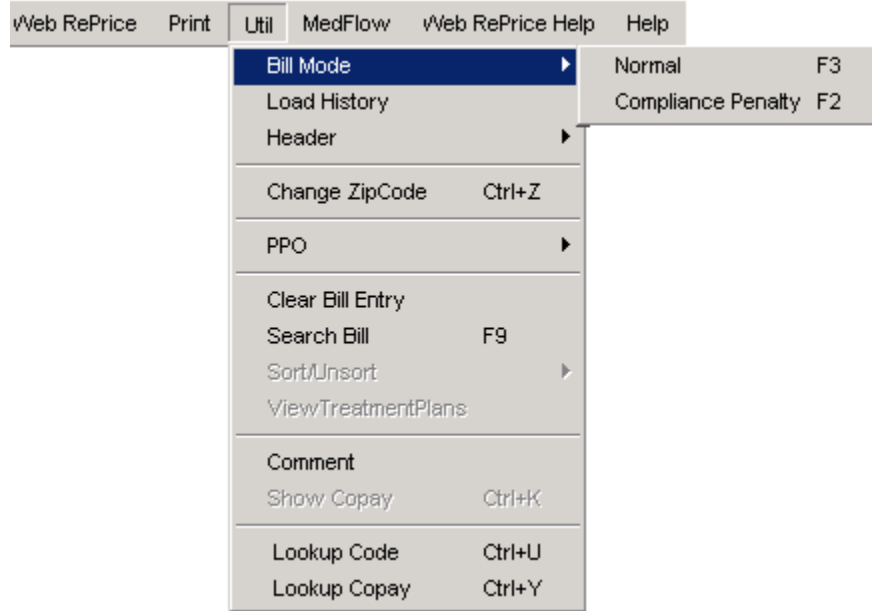
o   To turn Compliance Penalty on, simply select Compliance Penalty from the Util > Bill Mode menu or press the **F2** key.

o   Two additional columns will be added to the Bill Lines section of the PDE; CP and CP Red.
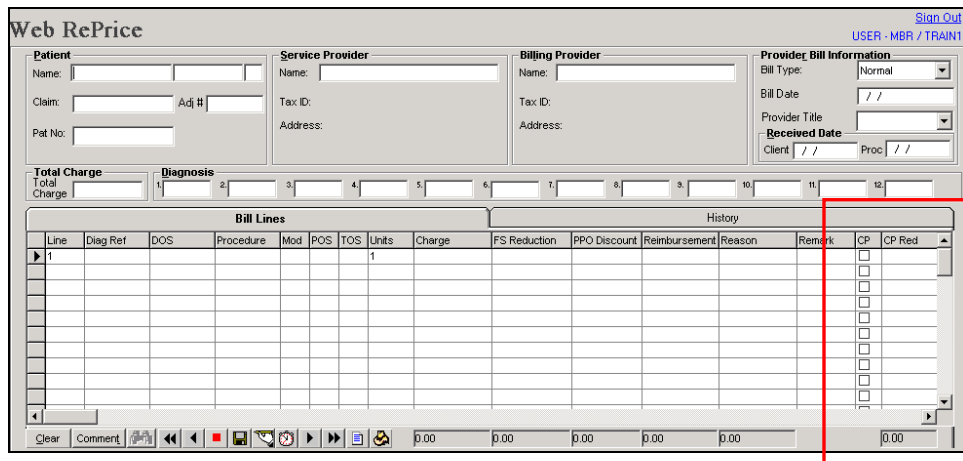
o   To apply a compliance penalty to a bill line, place a checkmark in the **CP** column. This will automatically calculate the penalty and place the adjusted reimbursement into the Reimbursement column, and the amount of the penalty into the **CP Red** column.

o   To remove the compliance penalty mode simply press F2 again.

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Compliance Penalty can be used in conjunction with any hat. The compliance penalty calculation is based on a percentage entered per client in the client maintenance section of Web RePrice™.

6.4.2 Load History

The load history option works the same way as the History Tab in the PDE as discussed in Chapter 3. To use this option from the Utilities menu, move your cursor over the Utilities menu on the menu bar, open the drop down menu.
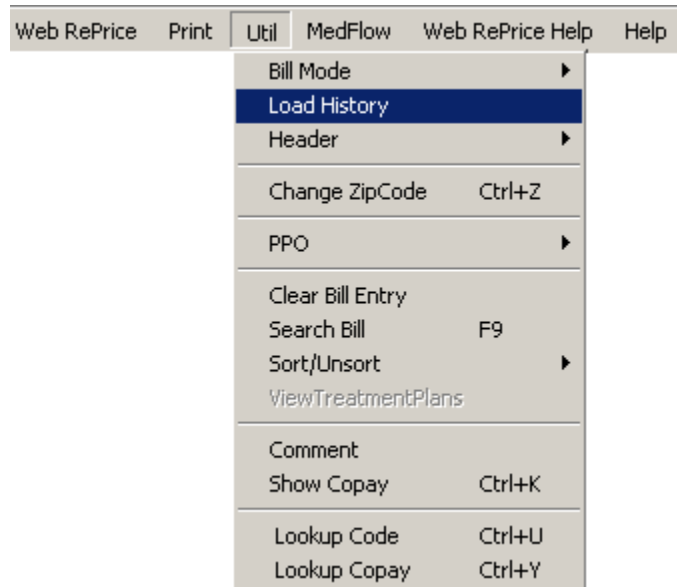
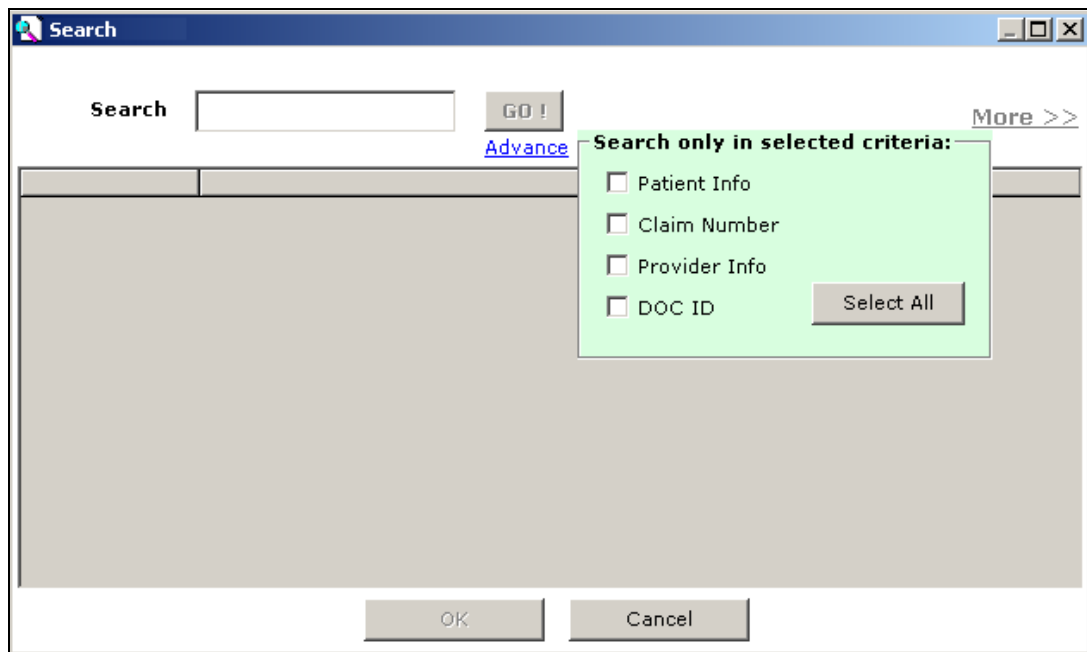Using the mouse highlight and click on Load History, the following message box will display:
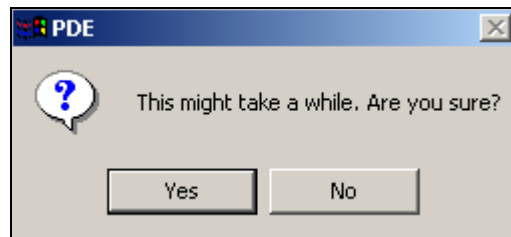
Choose Yes to load history or No to cancel.

You need to have the bill header information completed in order to load history.

6.4.3 Header

This option allows you to open the header information to edit the data that you have entered into the Patient, Service Provider, Billing Provider, and Miscellaneous Information text fields.
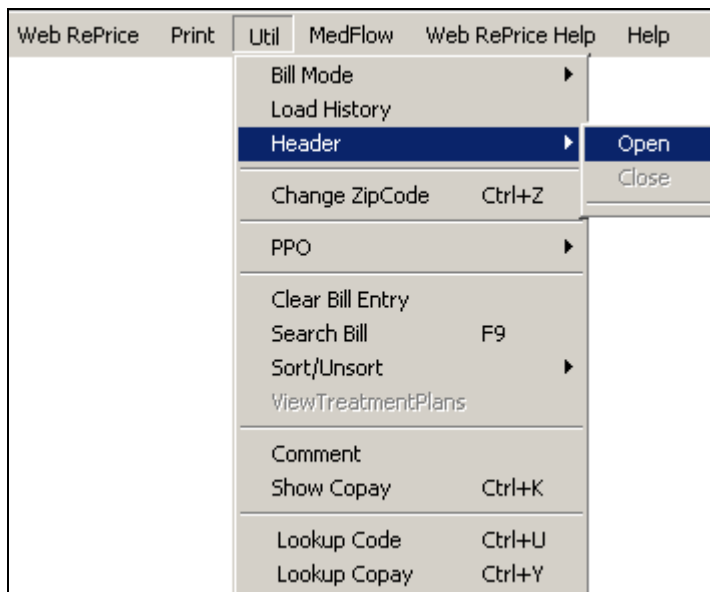
Left click on the edit header option and the same result will occur. The cursor will be blinking in the Name text box of the Patient field.

The other way to access and edit the bill header information is to right click the mouse while the cursor is located in one of the header text boxes. This will bring up edit header.
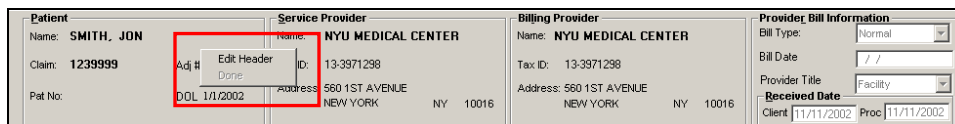
6.4.4 Change Zip Code

This option allows you to change the jurisdiction or state that you are processing. Many states have rules regarding how medical bills should be processed. Web RePrice™ is programmed to use the place of service zip code as the reference point for processing medical bills.
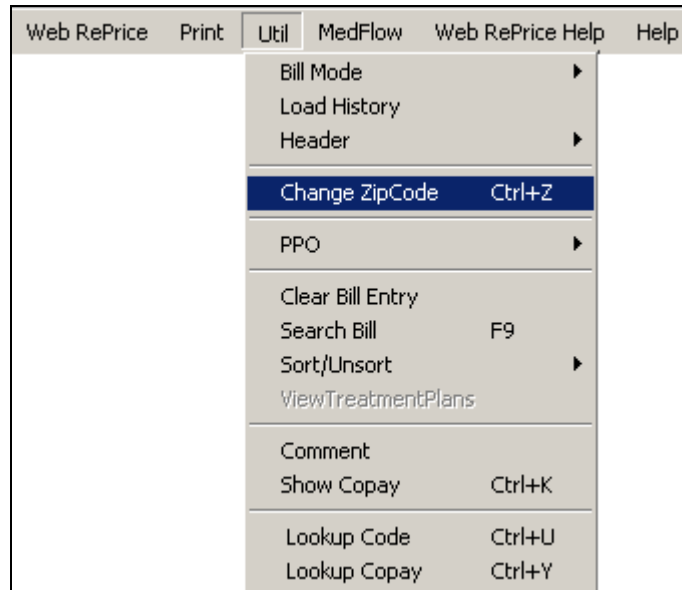
If the claimant/patient treats in a different state, you may be required to change the zip code. In these instances you would utilize the change zip code option.

To change the zip code, follow these steps:

▪ Move your cursor over the Utilities menu on the menu bar, open the drop down menu and click on Change Zip Code.

  o Or hold down the **Ctrl** key and press **Z**, and a pop up box appears titled Change State.
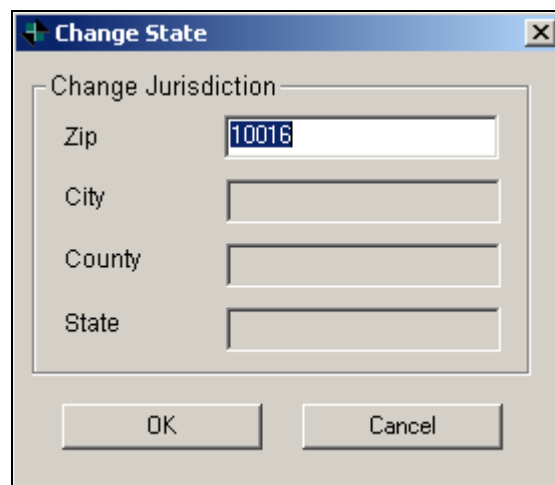
▪ The original zip code will be highlighted and populate in the Zip text box. Type in the zip code to which you would like to change and press Enter.

- The updated City, County, and State text boxes will populate with the details of the new zip code. Press **Enter**, or click OK, to return to the PDE.

- You may notice that the Reimbursement amounts and Reason Codes may change according to the new jurisdictional rules.

- Please refer to the client set up sheet or your manager to determine if there are standard rules regarding when to change zip codes.

6.4.5 PPO

The PPO utility option gives you access to the **PPO Assistant**, which allows you to search for a specific PPO provider, apply a PPO, or Remove the PPO Discount. If a PPO discount has not been applied yet, then the Remove PPO option will be grayed out.
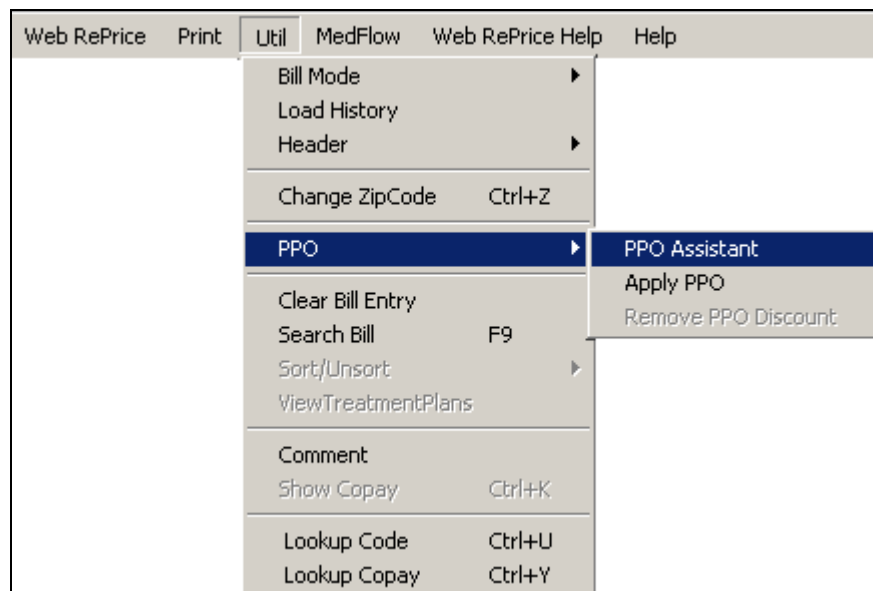
The PPO Assistant allows you to search for a particular provider based on tax id number, name or address. Refer to section 3.3.4.1 for more information about the PPO assistant.

6.4.6 Clear Bill entry

This option works the same way as the Clear button in the VCR controls.
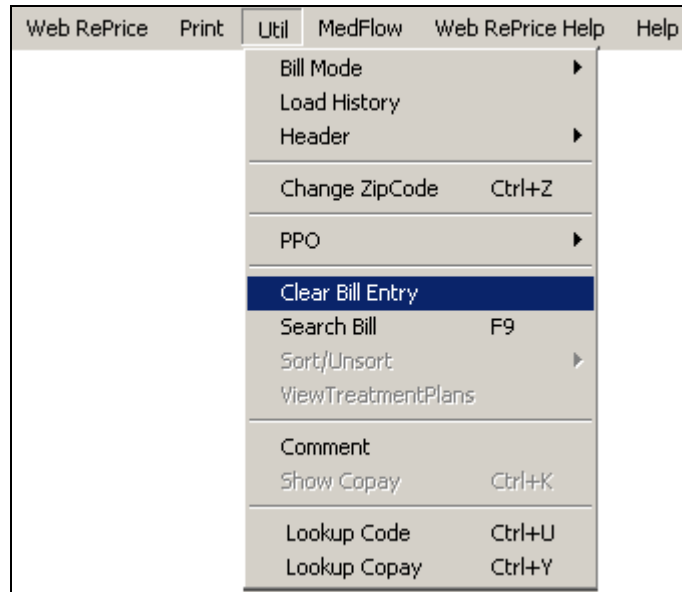
To use the Clear Bill Entry function, move your cursor over the Utilities menu on the menu bar, open the drop down menu. Highlight and click on Clear Bill Entry. The following message box will display:
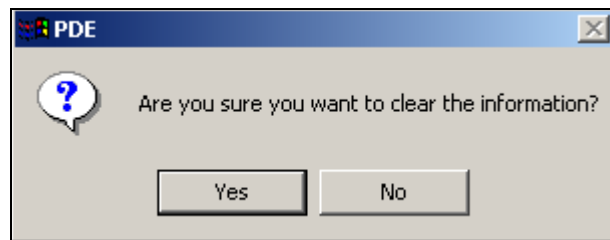
Either press Enter, or click on the Yes box, to clear the data. Or, click on No to cancel the deletion.

6.4.7 Search Bill

This function allows you to search for a particular bill using the claim number, document ID, patient name, or provider name as the search criteria. The Search Bill capability provides you with a tool to look up information on a particular claim or claimant while in the medical bill review application.
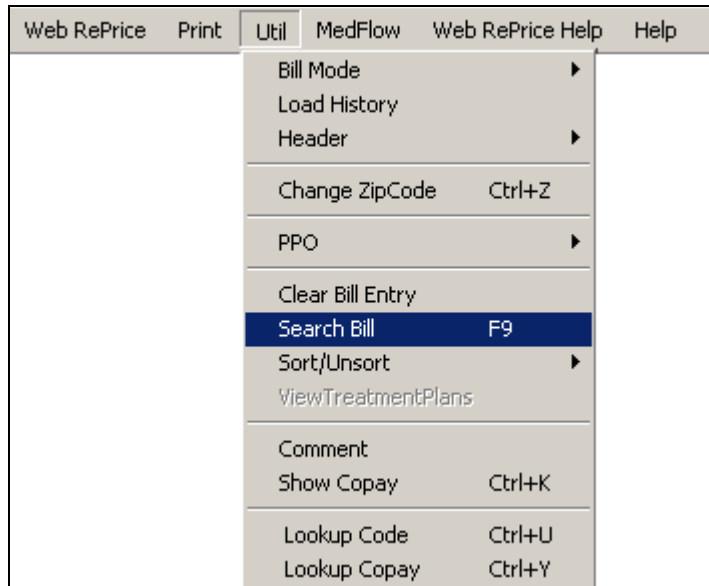
To access the Search Bill function, move your cursor over the Utilities menu on the menu bar, open the drop down menu and click on Search Bill option. Or, press the **F9** key, and the following message box will display:

▪ Type the criteria on which to search (i.e., the claimant/patient name, claim number, provider's name or tax identification number (TIN), or document ID) into the Search text box at the top of the screen.

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Click the **Advance** link to display the **Search Only in selected criteria** box. This will direct the application where to look for the criteria entered in the Search box for a more refined search.
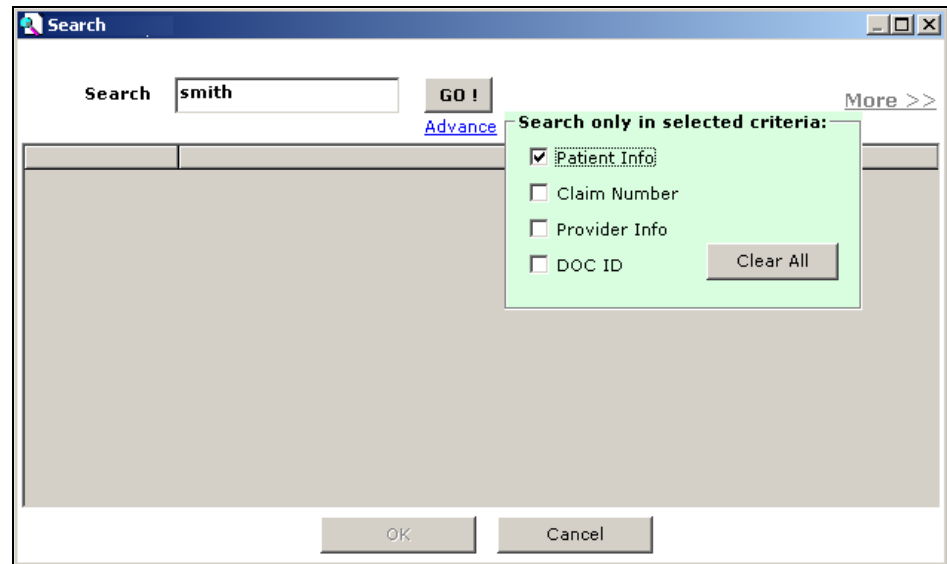
- Press **Enter** or click on the **GO!** Button.

- The results will populate the rest of the screen as in the following display:

- Scroll through the results until you locate the information that you are searching for, and highlight the bill that you are interested in viewing, and press **Enter** or click OK.

- Depending on where the selected document is located (i.e., which bin), the following message box may display

- Click on the desired button and press **Enter**.

> The document that you were working on in the PDE prior to searching will automatically be saved in **Pended** status in your MBR Active. We suggest that you make a note of the document ID prior to viewing the new document so that you can return to the bill to complete the processing.
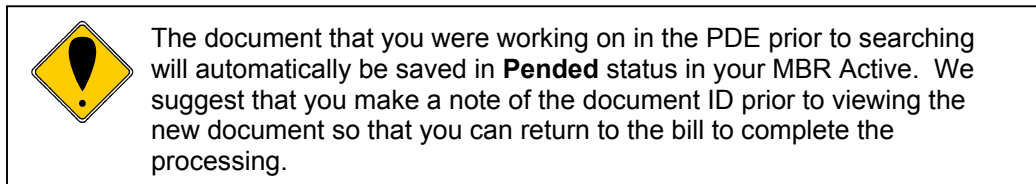
To return to the original bill that you were working on before searching, click on the MedFlow option on the tool bar and click on **View bills.** Highlight the document ID and click **OK**. The bill will then populate and load in the PDE.

6.4.8 Sort/Unsort
This utility allows you to sort and recalculate the reimbursements based on the newly sorted lines. You can sort to three levels, as well as on an ascending or descending basis.
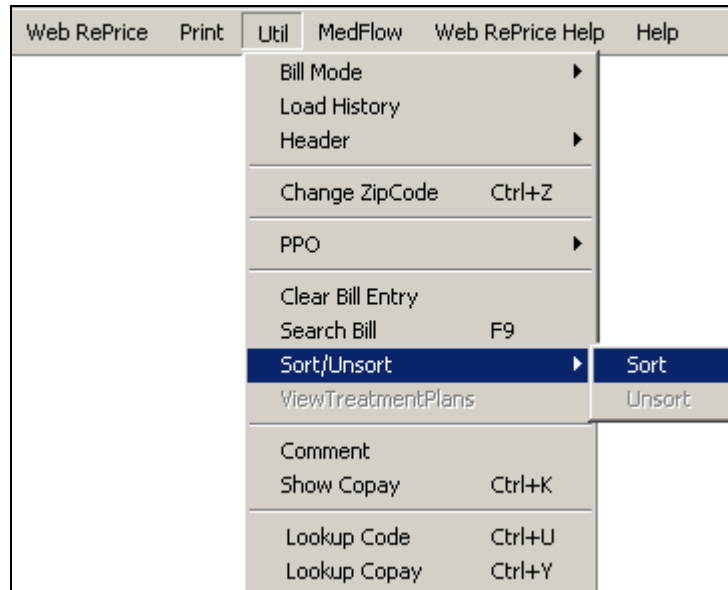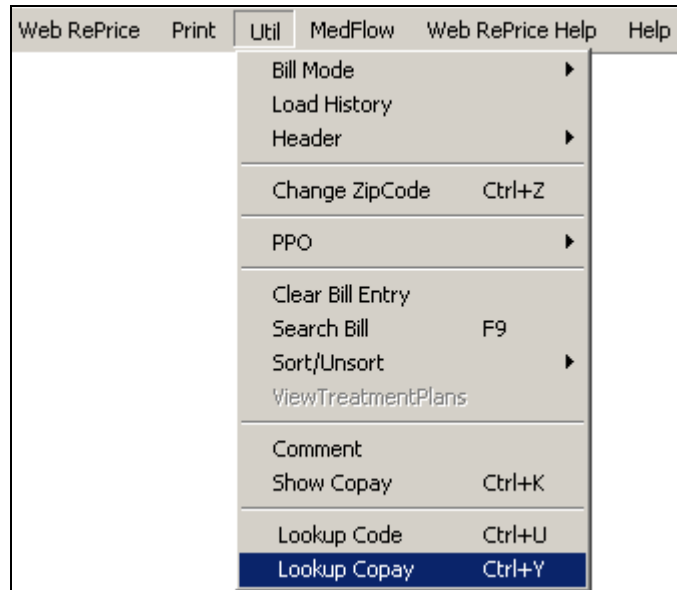
To sort:, move your cursor over the Utilities menu on the menu bar, open the drop down menu. Highlight and click on the Sort/Unsort option, a window will appear as displayed below:
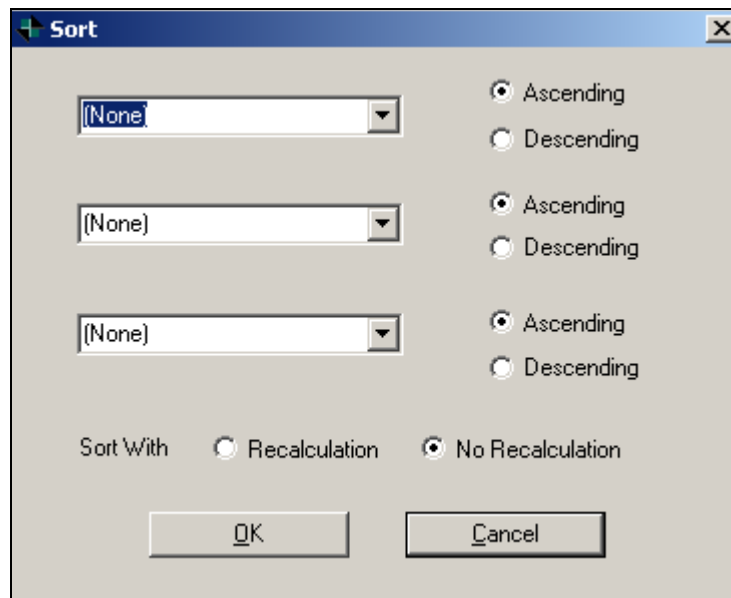
Choose the first sort criteria that you want to use (i.e., Service Date), and choose the ascending or descending option.

Continue to choose more sort criteria as you need in the same manner as outlined above.

Press **Enter** and click OK and the PDE will sort according to the criteria selected.

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>
>
> In order to print, or save and move, a bill you must unsort the bill.
> To do so, simply go to the sort/unsort option in the menu drop down. Click on Sort/Unsort, then click on Unsort. If you don't do this, upon printing or saving and moving, the system will ask if you wish to unsort. Click Yes.

6.4.9 View treatment plans

This utility is currently not available. More information on how to use this function will be detailed in the next edition.

6.4.10 Comment

This Utility menu option has the same purpose as the Comment box on the VCR control bar.
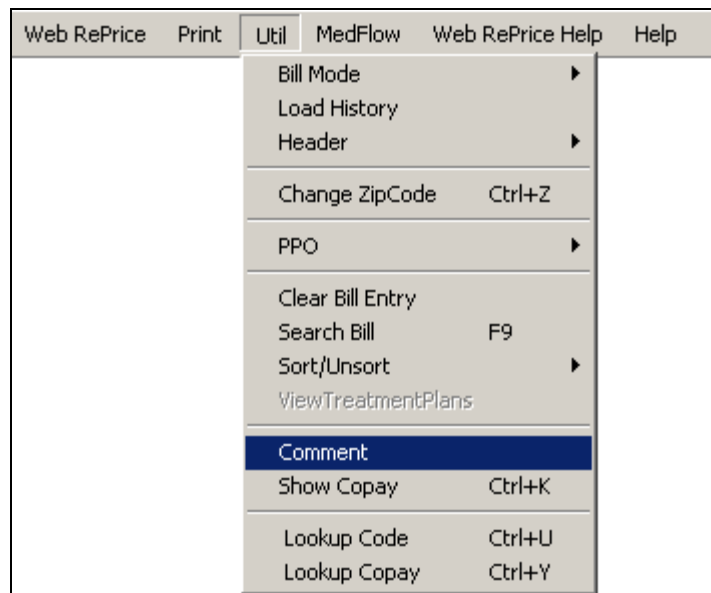
To use this option, move your cursor over the Utilities menu on the menu bar, open the drop down menu. Highlight and click on the Comment option. For a description on how to use the Comment box, please refer to section 3.5.

6.4.11 Show Co-pay

This Utility menu function allows you to look up the co-pay and deductible information that relates to the claimant and claim number on the bill you are currently processing.
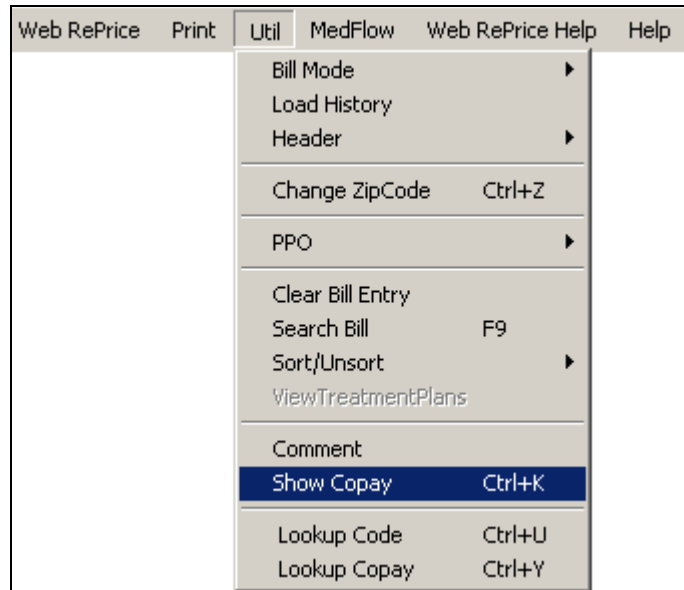
- To access this utility, move your cursor over the Utilities menu on the menu bar, open the drop down menu. Highlight and click on the Show Co-pay option, a Co-Pay and Deductible, or hold down the **Ctrl** key and press **K**, and a window will appear as shown below.
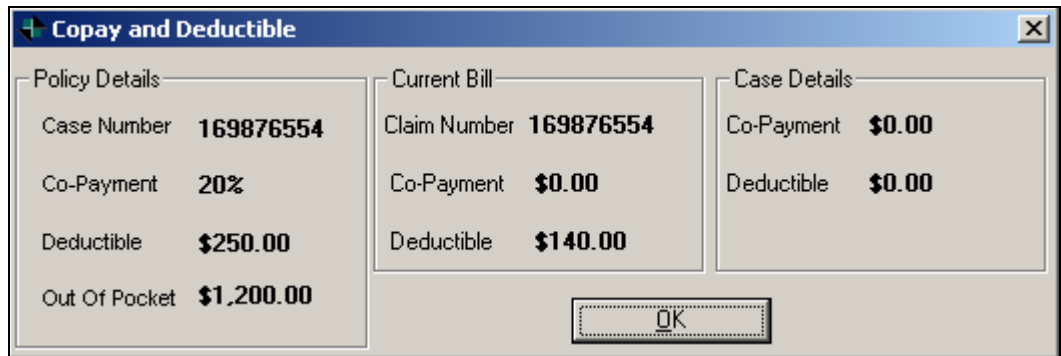
- Once you complete a review of the information, press **Enter** or click the OK button, and you will return to the PDE.

6.4.12 Lookup Code

This Utility menu option provides you with the ability to look up several different types of codes.
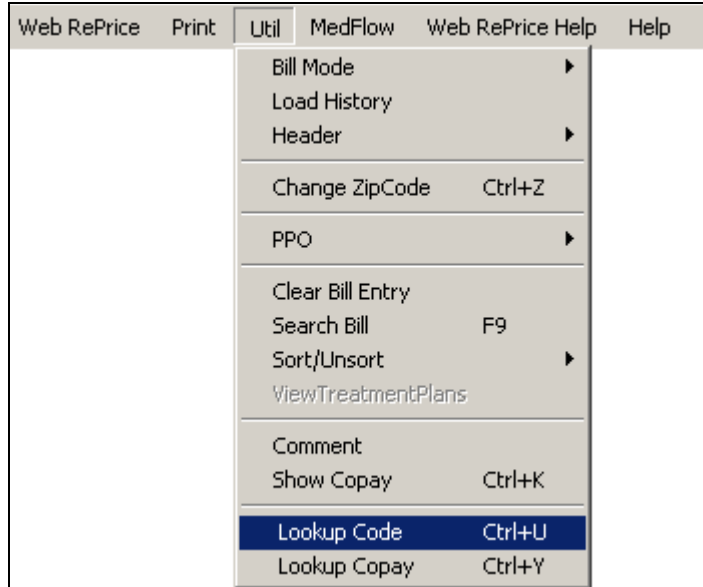
- Move your cursor over the Utilities menu on the menu bar, open the drop down menu. Highlight and click on the Lookup Code option, or hold down the **Ctrl** key and press **U**, and the Code window will display as follows:
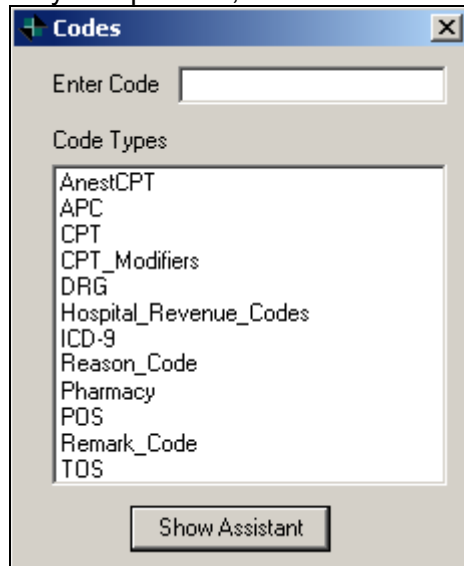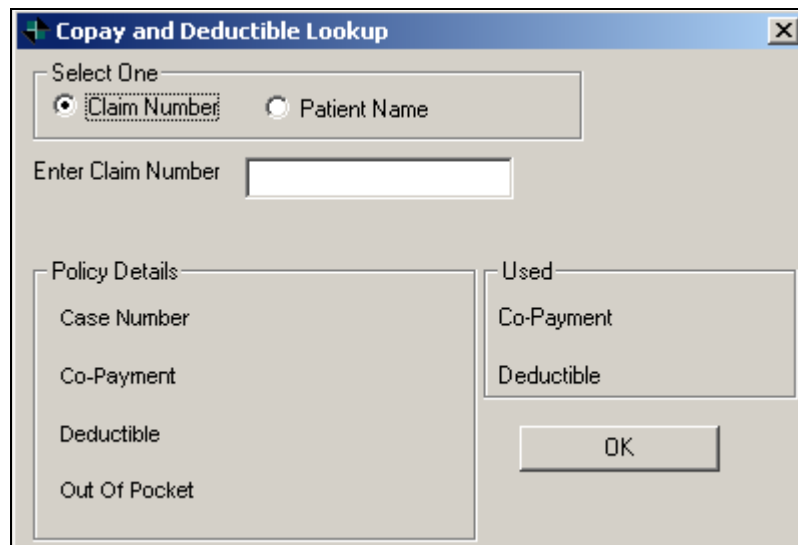
6.4.13 Lookup Copay
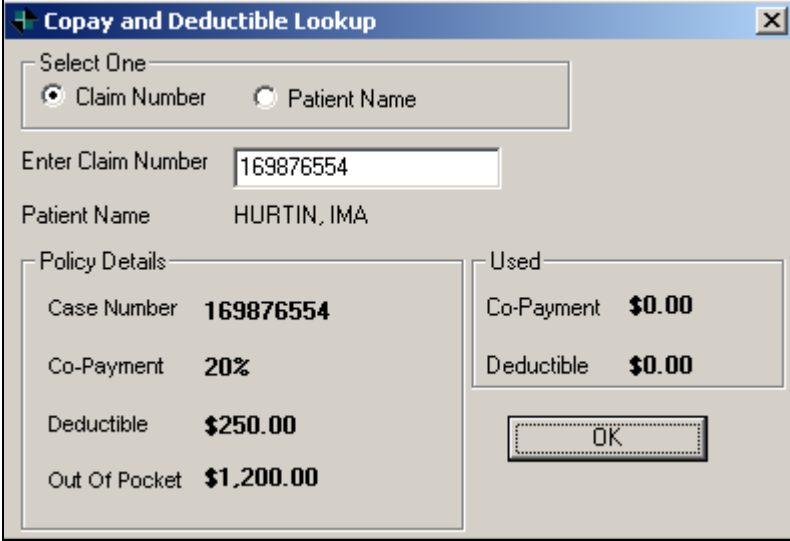
This Utility menu function allows you to look up a specific claim and view the Co-pay and Deductible associated with that claim.

- Move your cursor over the Utilities menu on the menu bar, open the drop down menu. Highlight and click on the Lookup Copay, or hold down the **Ctrl** key and press **Y**, and the Copay and Deductible Lookup window will be displayed as follows:

- Click on the radio button next to the claim number or patient name and press **Enter**. Enter the information into the blank text field, and press **Enter**.

- The Patient Assistant box will appear with the possible matches (if there is only one match then the this screen will not appear). Use the Arrow keys on your keyboard to highlight your selection and press **Enter**.

- Click on the **OK** button to return to the PDE.

6.5 MedFlow

This option enables you to access the MedFlow™ options from Medical Bill Review, as well as other functions.

6.5.1 Hot Save Bill
This option allows you to save any information that you have entered into the PDE.
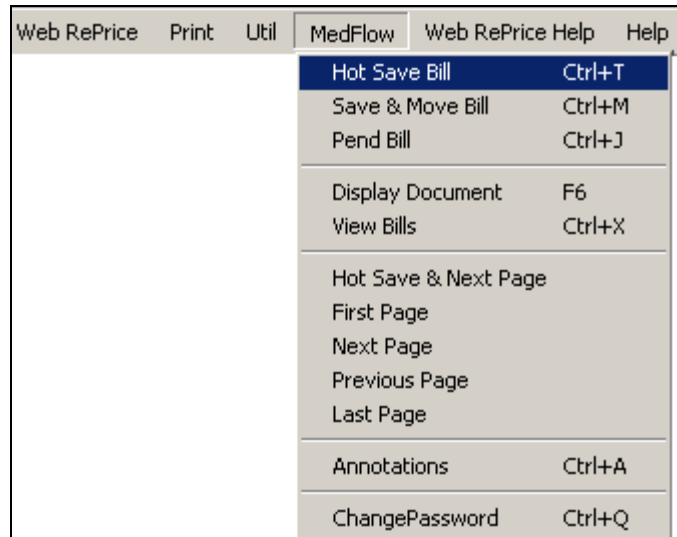
- To use the menu option, click on MedFlow and move your cursor over the Hot Save Bill and click. Or, hold down the **Ctrl** key and press **T**.

- This function will work the same as using the Hot Save button on the VCR Control bar as described in section 3.5.

- The References and Activity box will confirm that the bill was hot saved successfully.

6.5.2 Save & Move Bill
When you have completed the data entry of the bill and you are ready to move the bill to the next step in the workflow you will need to Save & Move the bill.
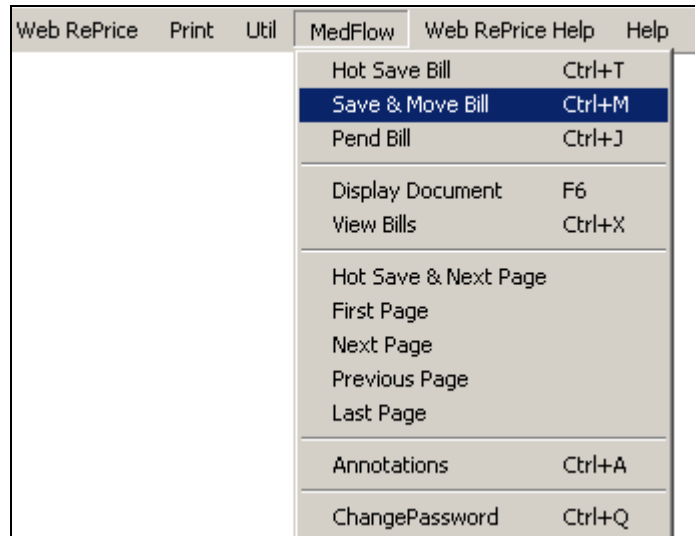
- Move your cursor to the MedFlow Menu, and click on the Save & Move option. Or, hold down the **Ctrl** key and press **M**.

- This function will work the same as using the Save and Move button on the VCR Control bar as described in section 3.5.

6.5.3 Pend Bill
This option is used when you cannot complete the bill and need to move on to the next bill. Pending the bill will allow you to save the information that you have entered, and will allow you to return to it at a later date.
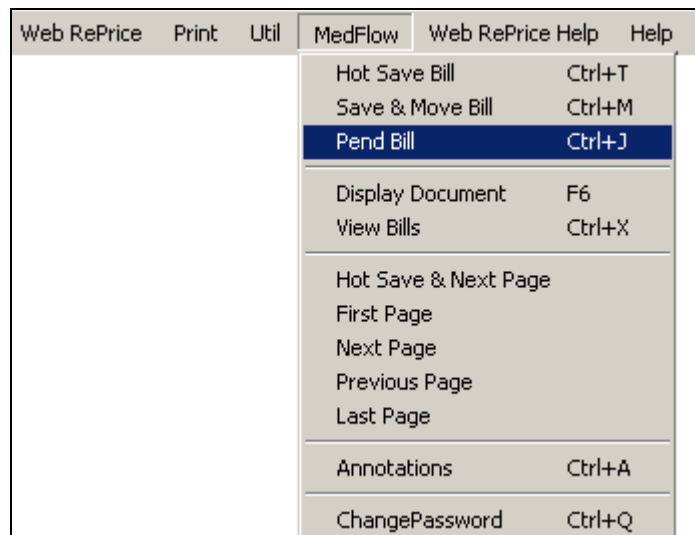
- To pend a bill, move your cursor to the Pend bill option in the MedFlow Menu and click **Pend Bill**. Or, hold down the **Ctrl** key and press **J**. Refer to the References and Activitiy box to determine if the bill has been pended successfully.

- A new document will then automatically load onto the PDE.

6.5.4 Display Document
This option will allow you to view the bill image by clicking on the Display document option in the MedFlow menu.
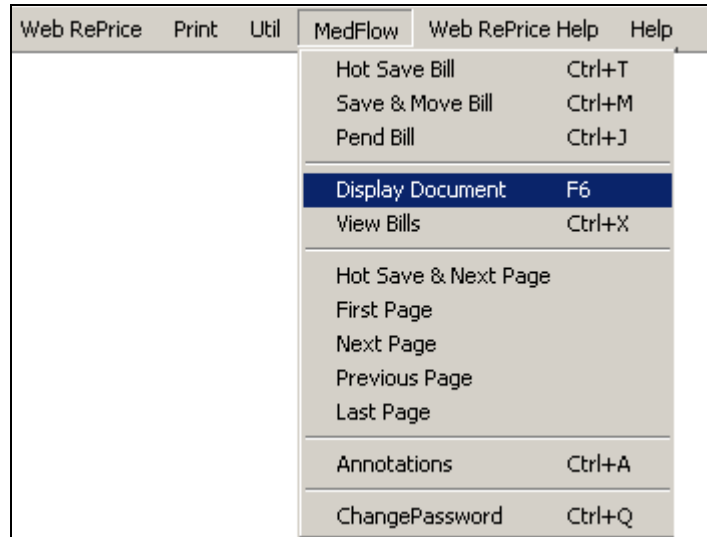
- Move your cursor to the MedFlow menu, and click on the **Display Document** option, or press the **F6** key.

- This function will work the same as using the View Image button on the VCR Control bar as described in section 3.5.

6.5.5 View Bills
This option allows you to view bills in your bin. This will assist you in determining your workload for the day, as well as locate specific documents.
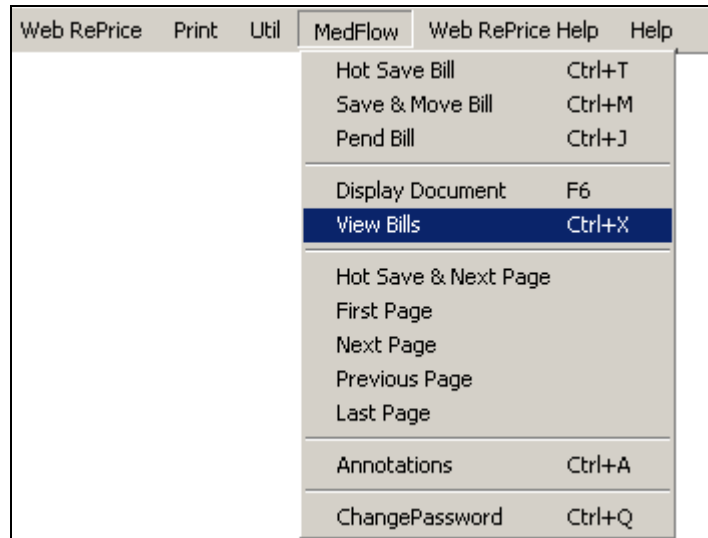
- To utilize the View Bills option, move your cursor to the **View Bills** option under the MedFlow drop down menu and click. Or, hold down the **Ctrl** key and press **X**, and the MedFlow Manager™ Screen will appear as displayed below.
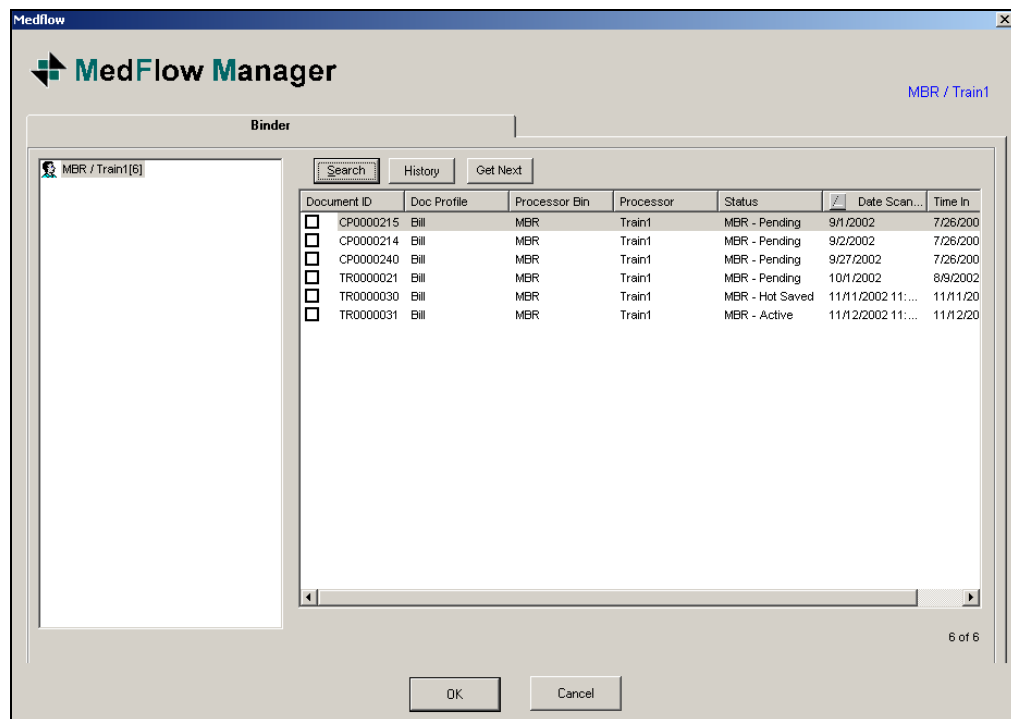
6.5.6 Hot Save & Next Page

This option allows you to hot save your current bill and move to the next page in the bill image. This option is useful if you are processing a multiple page bill and want to make sure that you save after processing each page of the bill and proceed from page to page.
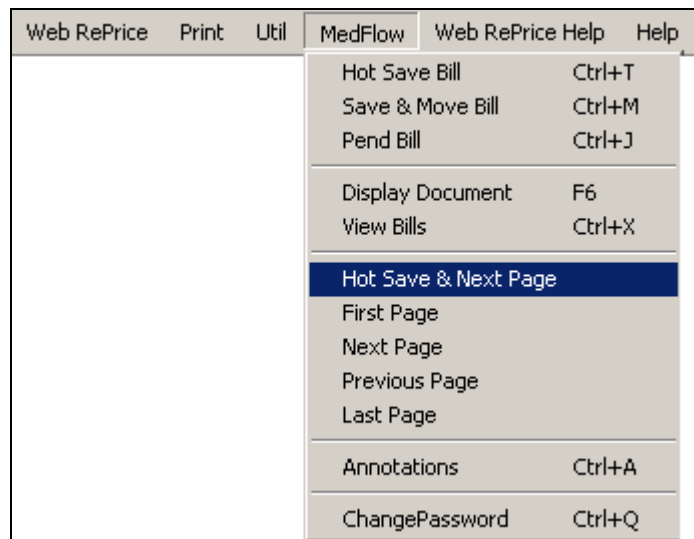
To utilize the Hot Save & Next Page option, move your cursor to the **Hot Save & Next Page** option under the MedFlow drop down menu and select it. The References and Activity box will confirm that the bill was hot saved successfully and the doc viewer will display the next page of the bill image.

6.5.7   First Page
This option allows you to go to the first page of the bill image within the doc viewer.
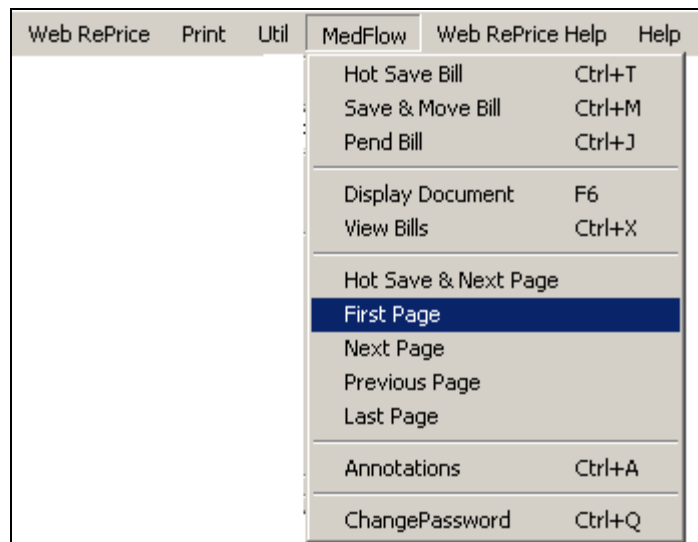
To utilize the First Page option, select the **First Page** option under the MedFlow drop down menu. The doc viewer will display the first page of the bill image.

6.5.8 Next Page
This option allows you to go to the next page of the bill image within the doc viewer.
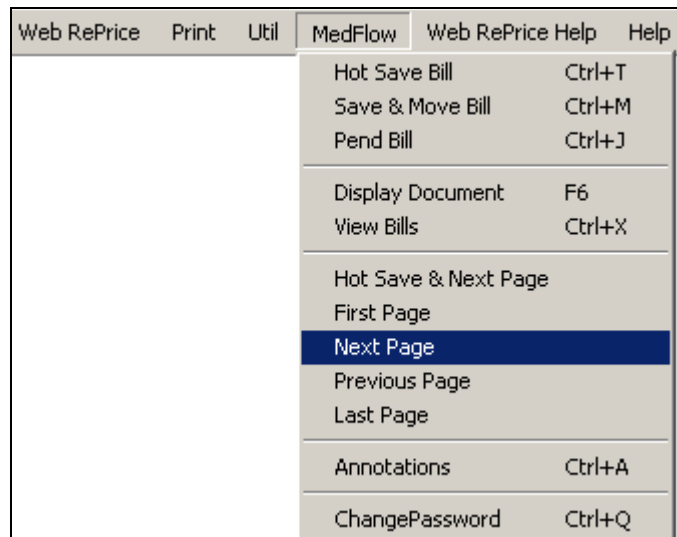
To utilize the Next Page option, select the **Next Page** option under the MedFlow drop down menu. The doc viewer will display the next page of the bill image.

6.5.9 Previous Page
This option allows you to go to the previous page of the bill image within the doc viewer.
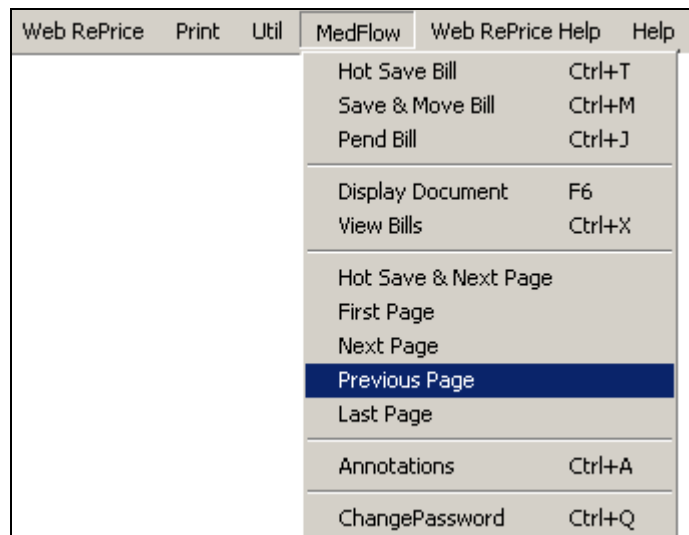
To utilize the Previous Page option, select the **Previous Page** option from the MedFlow drop down menu. The doc viewer will display the previous page of the bill image.

6.5.10 Last Page
This option allows you to go to the last page of the bill image within the doc viewer.
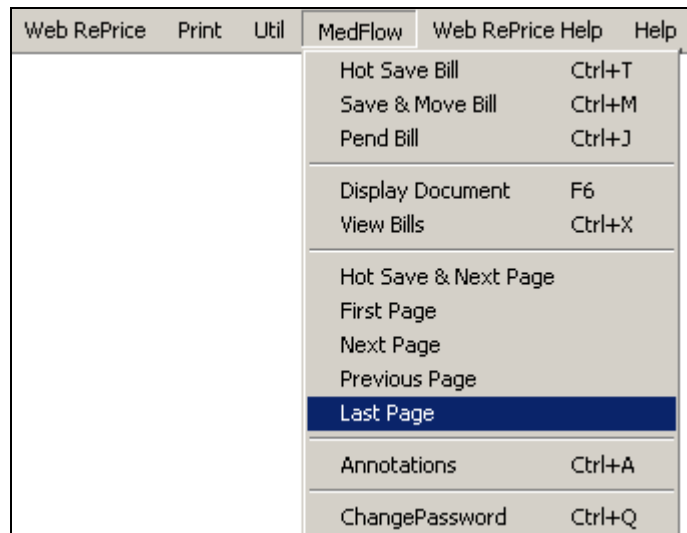
To utilize the Last Page option, select the **Last Page** option from the MedFlow drop down menu. The doc viewer will display the last page of the bill image.

6.5.11 Annotations
This MedFlow menu option has the same purpose as the Annotation button on the VCR control bar.
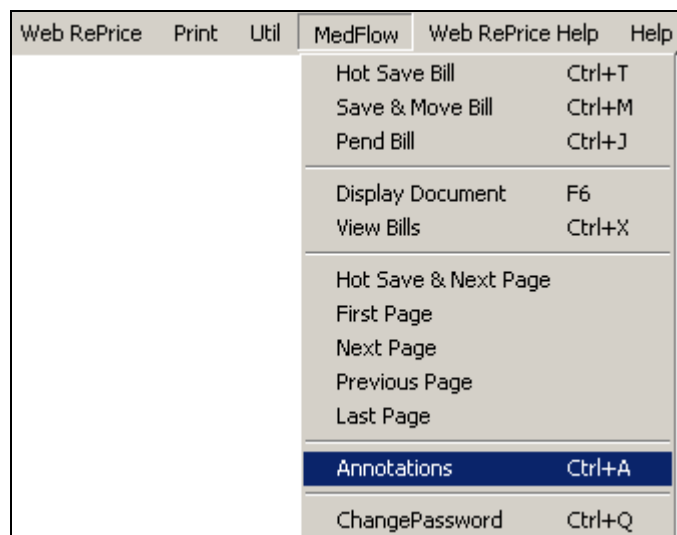
- To use this option, move your cursor over the MedFlow option on the menu bar, open the drop down menu. Highlight and click on the Annotation option. Or, hold down the **Ctrl** key and press **A**.
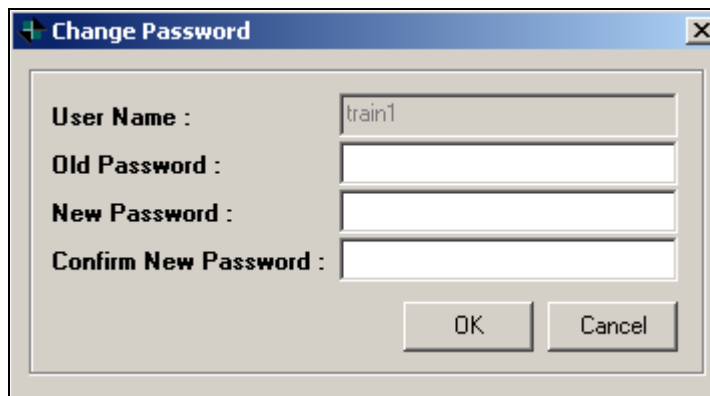
▪ For a description on how to use the Annotation window, please refer to section 3.5.

6.5.12 Change Password
This option provides you with easy access to changing to your password. We suggest that you check with your supervisor or manager regarding any protocols for changing passwords.
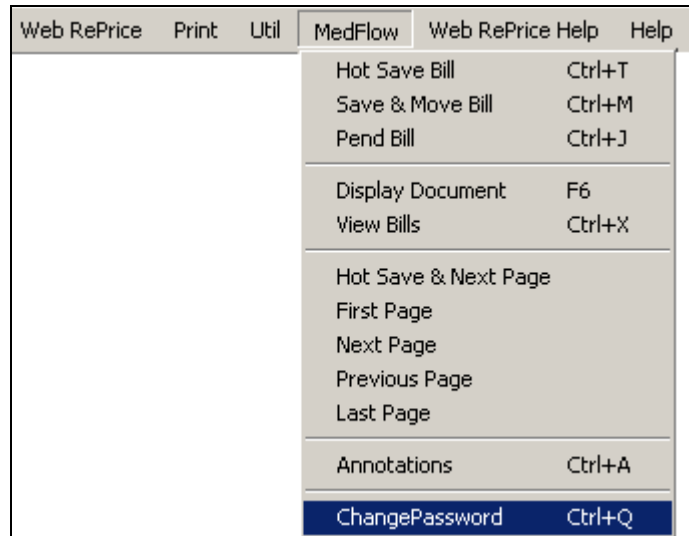
▪ To select this option, move your cursor over the MedFlow option on the menu bar, open the drop down menu. Highlight and select the **ChangePassword** option. Or hold down the **Ctrl** key and press **Q**.

▪ Enter your old password, new password and the confirmation of new password in the respective fields. When complete press Enter or click OK.

6.6 Web RePrice™ Help
This option will allow you to view information about Web RePrice™, and also allows you to change the preset options.

To access this option, click on the Web RePrice™ Help option from the menu bar. Or hold down the **Alt** key and press **B**.

6.6.1 About

This option will assist you with learning more about the Web RePrice™ version on your machine. It also contains a link to the Online Help file (which may also be accessed from the Web Reprice™ home page.
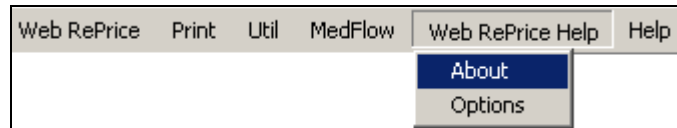
To select this option, move your cursor over the Web RePrice Help option on the menu bar, and open the drop down menu. Highlight and select the **About** option.

To open On-line Help, click the Web RePrice Help link.

6.6.2 Options

This option will allow you to change settings that the application uses to operate.

IT IS VERY IMPORTANT THAT THESE SETTINGS ARE NOT CHANGED WITHOUT THE CONSENT OF THE WEB REPRICE™ SUPPORT TEAM.

The only option that can be safely changed is RepriceAutoSave. This setting will determine after how many lines the bill will be automatically saved.

7   Bill Review Modes

7.1   Objectives
In this section, you will learn how to:

- Access and complete Compliance Penalty reductions
- Access and complete Code/Nurse Reviews
- Access and complete Reconsiderations

7.2   Normal Bill Mode
By default, Web RePrice™ will function in the normal bill mode unless you choose one of the other options. Normal bill mode is when the bill is entered into the PDE for the first time. Details about Normal Bill Mode have been discussed in previous chapters.

7.3   Code Review
This bill mode allows the code review staff to down code, bundle, or defer payment of specific line items based on documentation or lack thereof.

> When utilizing Normal bill mode, Flags may appear in the PDE screen warning you that the CPT code may require review by a nurse or code review specialist. You will then process the bill and save and move it to the assigned Code Review bin.

The function of code review may be to down code an Evaluation and Management code (a.k.a. Office visit) from a higher level to a lower level of service based on the documentation provided by the physician, or it could be to defer a specific number of units billed by the provider as the documentation does not support billing for the number of units presented on the claim form.

The client will specify what types of services need to be reviewed by a code review specialist. For further guidelines on what services require code review, refer to the account set up sheet provided by your operations manager.
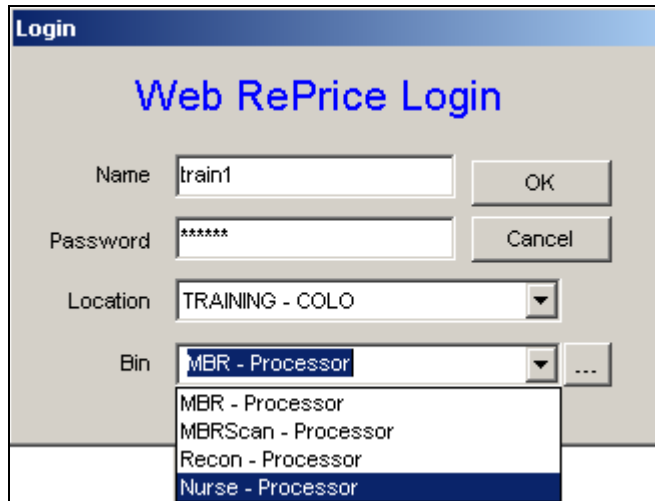
The functionality of code review allows the provider to view the original billed charges on one line with the code review changes on the next line. This allows the provider to understand the rationale behind the code review activity.

The code reviewer can deny the line completely, deny specific units on the line, or change the CPT code to a code that represents the services rendered as documented in the medical notes.

7.3.1   Entering Code Review Mode
There are 2 ways to enter Code Review Mode, if you have permission.

- When logging in to Medical Bill Review, select Code / Nurse Review from the drop down list in the Bin field.

- Or, you can change your hat from the PDE by clicking on the Hat icon on the VCR Control bar, and selecting the Nurse or Code Review processor option.

- Once the Code Review mode is chosen you will see three additional columns added to the Bill Lines:

CR   Code Review status
          X –   Existing line was reviewed and denied completely
          NR –   Existing line was reviewed and no changes are made
          R –   Inserted line was added. The reference to the existing line would be entered in the Ref Line column.

Ref Line   If a line was added, the reference to the line that was changed would be entered in this column.

Nur Time   Captures the nurse or code review time spent in reviewing the bill as it relates to the code review function only. This entry ensures that all Nurse time is billed accurately.

If the client is billed for code review services, then the code review personnel should bill their time in tenths (i.e., 1 tenth = 6 minutes). The hourly rate will vary for each client. The time spent on reviewing the entire bill should be entered on one bill line.

Line	Diag Ref	DOS	Procedure	Mod	POS	TOS	Units	Charge	FS Reduction	PPO Discount	Reimbursement	Reason	Remark	CR	Ref Line	NurTime
1	1	07/26/2002	90471				1	5,000.00	0.00	0.00	0.00	CR		X		
1.1	1	07/25/2002	90471				1	5,000.00	4,975.03	0.00	24.97	UCR80		R	1	1
2	1	07/25/2002	92975				1	500.00	0.00	0.00	500.00	BA		NR		
2.1	1	07/25/2002					1									

7.3.2 Denying the Line charges completely

- Place cursor on the line that you want to deny completely and press **Enter** until your cursor is in the **CR** column. Type the letter **X** in this column and press **Enter**. The cursor will move to the Diag Ref column on the next line.

  o The Reason code column will change to **CR** and the reimbursement should be $0.00.

7.3.3 Changing or down coding an existing line

- Deny the existing line as described in the previous section.

- If you are down coding or changing the CPT to meet the services that are documented in the medical notes, then you will need to insert a new line to make the changes.

  o The cursor will be in the Diag Ref column under the denied. Hold down the **Ctrl** key and press the **Insert** key.

  o A new line will appear that will be associated with the line above (i.e., X.1, where X is the denied line number).

  o Enter the information for the new line in the appropriate columns. An **R** will be entered in the **CR** column, showing that this line has been added.

  o Enter the line number of the denied code in the **Ref Line** column and press **Enter**.

  o Enter any applicable nurse time in the **Nur Time** column and press **Enter**.

Once you complete the bill you will need to add a comment to the EOB/EOR explaining why you, as the code reviewer, denied the line charge. This gives providers an opportunity to review their

documentation and, potentially, forward the missing information back to you for reconsideration.

7.3.4 Reviewing a Line without making any changes

In some instances, you may review a line and determine that everything is accurate that there is no need to make any changes. In these cases, simply place an **NR** in the Code Review column of the line that does not require changes. This will inform the client, and provider, that you have reviewed the charges and no changes were necessary.

7.4 Reconsideration
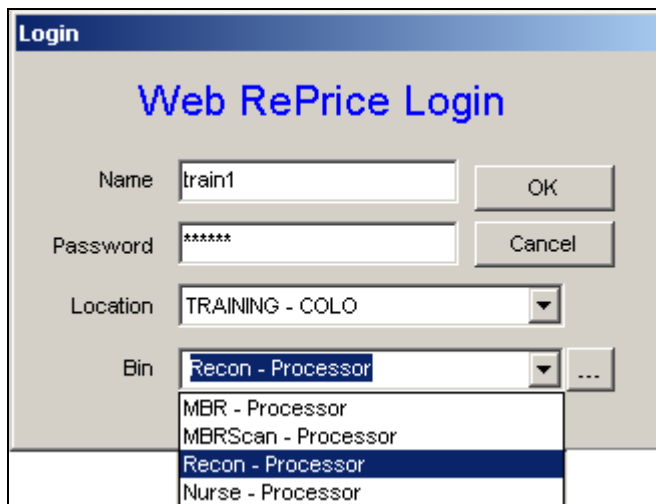
The Reconsideration Bill Mode is used when the provider disputes the results of the medical bill review process, or when an error is noted on the EOB/EOR that requires correction.

If you are scanning bills, when a bill is returned to you for reconsideration, the reconsideration document will be scanned as a new document (with a new document ID #). Otherwise, the request for reconsideration will be in hard copy form.

7.4.1 To access the Reconsideration Bill Mode:

There are 2 ways to enter Code Review Mode, if you have permission.

▪ When logging in to Medical Bill Review, select Recon - Processor from the drop down list in the Bin field.

▪ Or, you can change your hat from the PDE by clicking on the Hat icon on the VCR Control bar, and selecting the Recon- Processor option.

- Once the Reconsideration mode is chosen you will see three additional columns added to the Bill Lines:

Line	Diag Ref	DOS	Procedure	Mod	POS	TOS	Units	Charge	FS Reduction	PPO Discount	Reimbursement	Reason	Remark	RE	Ref Line
1	1	05/01/2000	90471				1	5,000.00	4,969.71	0.00	30.29	UCR80			
2	1	05/01/2000	92975				1	5,000.00	3,749.74	0.00	1,250.26	UCR80			
3	1	05/02/2000	93501				1	5,000.00	3,525.80	0.00	1,474.20	UCR80			
4	1	05/04/2000	00215				1	8,000.00	7,369.32	0.00	630.68	ANE			
5	1	05/03/2000	00215				1	5,000.00	4,369.32	0.00	630.68	ANE			
6	1	05/04/2000	00917033501				1	5,000.00	4,996.75	0.00	3.25	PHARM			
7	1	05/05/2000	121				1	5,000.00	0.00	0.00	5,000.00	BAINP			
8	1	05/06/2000	90471				1	5,000.00	50.00	0.00	4,950.00	NEG	NEG		
9	1	05/06/2000	99070				1	677.00	0.00	0.00	677.00	UCR80			
10	1	05/06/2000					1								

7.4.2   Completing the Reconsideration:

- After reviewing the request for reconsideration documents, locate the line items that are in question.

   o   In the next available line, re-enter the line that requires reconsideration. Start by entering the original date of service, the Procedure code, Modifiers, Place of Service, Type of Service, Units, and Charges.

      - If you would like to reimburse something different than what the system would ordinarily calculate as the reimbursement, you must use the Negotiated tab on the PAIN screen. Please refer to section 5.6 for an explanation of how to use the NEG tab.

The difference between what was reimbursed on the original bill, and what will be reimbursed for the reconsideration will need to be calculated. The difference between the billed charges, and the figure calculated above will be entered in the Absolute Reduction field on the NEG tab of the PAIN screen.

For example, if the original bill charges were $200.00. The reimbursement on the original EOB was $100.00. After reconsideration, the suggested reimbursement is $150.00. Therefore, the difference between the original $100.00 reimbursement and new $150.00 reimbursement is $50.00.

The entries into the Negotiate Rate tab will look as follows:

- o Once you complete the reconsideration on the current line, enter **NL** in the **RE** column, which stands for New Line.

- o Enter the original line number that you are reconsidering in the **Ref Line** column. The original line will then be highlighted in the PDE.

- Once all required lines have been reconsidered, print the adjustment EOB/EOR. Please refer to section 6.3.2 for instructions on how to print.

7.5   Compliance Penalty:

This bill mode is used when the jurisdiction for which you are performing bill review has rules regarding providers obtaining pre-authorization for specific tests and treatments. Some states allow the application of a compliance penalty, in the form of reducing the allowable reimbursement, if precertification was not obtained prior to treatment. Refer to the Pricing Guidelines for more detailed information.

IMPORTANT: Some of the clients that you provide medical bill review services for may, or may not, use these regulations. Refer to your client set up information, or manager, for more details.

If the client is also utilizing Concentra's case management software, Advancer, there are added features that will assist you as the medical bill processor in obtaining the specific services that were pre-authorized.

7.5.1 Accessing Compliance Penalty

- From MBR select the compliance penalty bill mode from the utilities menu or press F2.

- Once the Reconsideration mode is chosen, you will see that two additional columns are added to the Bill Lines:

Line	Diag Ref	DOS	Procedure	Mod	POS	TOS	Units	Charge	FS Reduction	PPO Discount	Reimbursement	Reason	Remark	CP	CP Red
1	1	05/01/2002	90471				1	5,000.00	4,976.98	0.00	23.02	UCR80		☐	
2	1	05/02/2002	92975				1	5,000.00	3,624.79	0.00	1,375.21	UCR80		☐	
3	1	05/02/2002					1							☐	
														☐	
														☐	
														☐	
														☐	
														☐	
														☐	
														☐	

7.5.2 Completing a Compliance Penalty
- If there is a line that requires a compliance penalty, place a checkmark into the CP column then press **Enter**. Upon pressing enter, the **CP Red** column will automatically populate with the compliance penalty reduction.

Line	Diag Ref	DOS	Procedure	Mod	POS	TOS	Units	Charge	FS Reduction	PPO Discount	Reimbursement	Reason	Remark	CP	CP Red
1	1	05/01/2002	90471				1	5,000.00	4,976.98	0.00	23.02	UCR80		☐	
2	1	05/02/2002	92975				1	5,000.00	3,624.79	0.00	1,375.21	UCR80		☐	
3	1	05/03/2002	90471				1	500.00	476.98	0.00	11.51	UCR80		☑	11.51
4	1	05/03/2002					1							☐	
														☐	
														☐	
														☐	
														☐	
														☐	

	The compliance penalty percentage is set in the Client Maintenance section of Web RePrice™ within the Billing tab. This percentage is configurable per client.

8   Maintenance

The Maintenance section of Web RePrice™ is where the data entered in the bill header section of the PDE may be viewed and/or updated. Client specific information may also be edited in this section.

8.1   Objectives

In this section, you will get an explanation of:
- Patient Maintenance
- Client Maintenance
- Provider Maintenance
- Case Maintenance
- Claim Maintenance
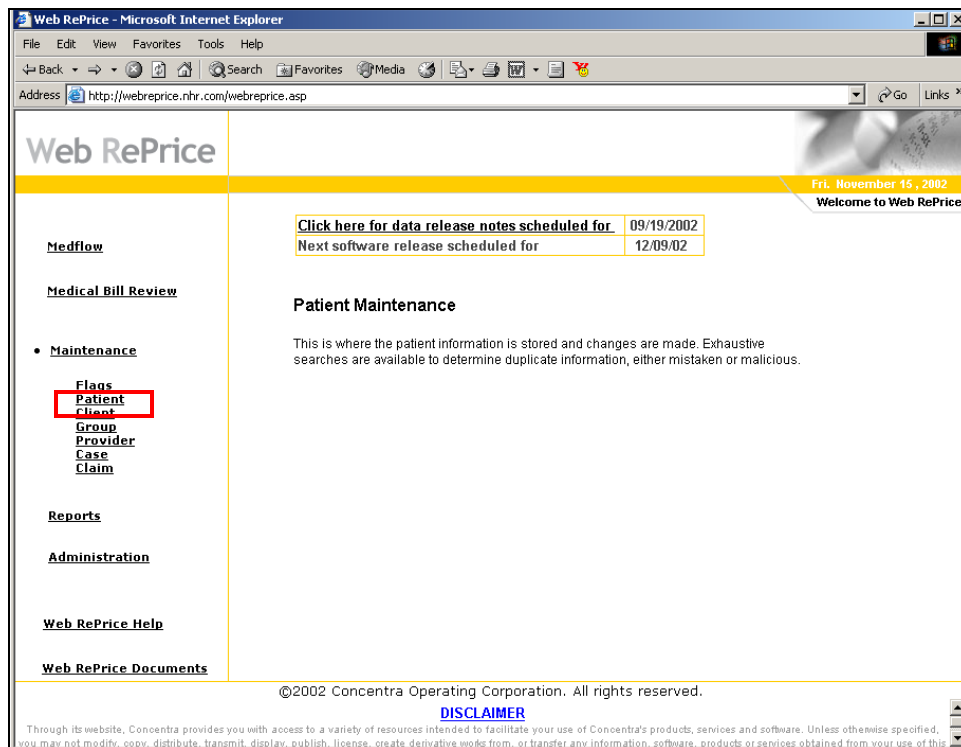
8.2   Flag Maintenance

The Flag Maintenance section of Web RePrice™ is where the maintaining and creation of Flags is done. This is currently for internal use only.

8.3   Patient Maintenance

The Patient Maintenance section is where existing patient information can be viewed and updated.

To Access Patient Maintenance expand the Maintenance option from the Web RePrice™ homepage by clicking on the plus sign (+) next to it. Under the submenu select the Patient link.

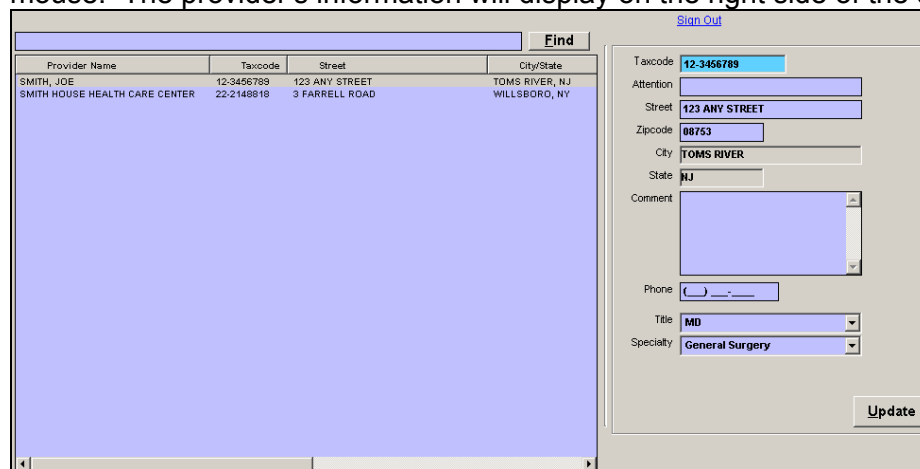### 8.3.1 Searching for a Patient

Partial Entry Search
Search for a patient by entering part or all of a last name and then press **Enter** (i.e., Smi)

Wild Card Search
This option allows you to retrieve patients with a partial text string. For example, if you wanted to search for all names beginning with the letter M, enter the value M* in the search field.

Soundex Search
This search option allows you to utilize the Soundex feature to search for entries that have a similar phonetic sound. Place a check mark in the box named Soundex along with entering your search criteria then press **Find**. Anything that sounds similar to the search parameters will be displayed.

8.3.2 Editing Patient Information
Scroll down the list of patients with either the arrow keys or the mouse, until the desired patient information is found then press **Enter** or Double Click with the mouse. The patient's information will display on the right side of the screen

The cursor will be located in the Last name field. Press **Enter** through the fields, editing any of the patient information. Press **Enter** on or Click the Update button to save any changes. Then press **Close** to exit out of Patient Maintenance.
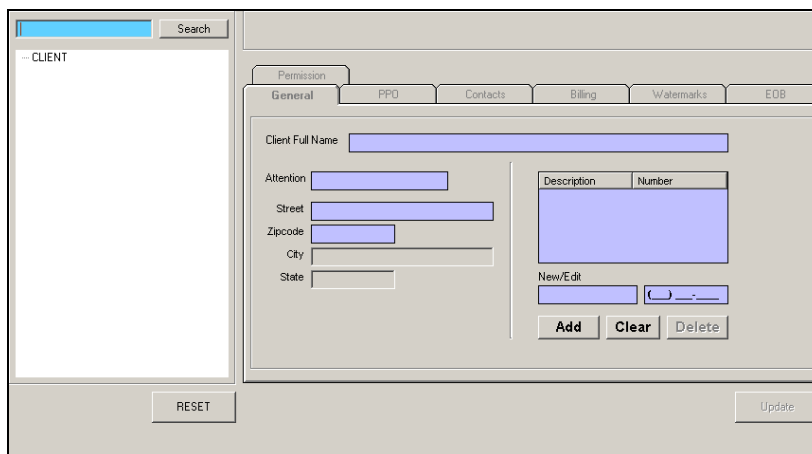
8.4   Client Maintenance

The Client Maintenance section is where you are able to customize and track your client interactions and account parameters. To Access Client Maintenance expand the Maintenance option from the Web RePrice™ homepage by clicking on the plus sign (+) next to it. Under the submenu select the Client link.
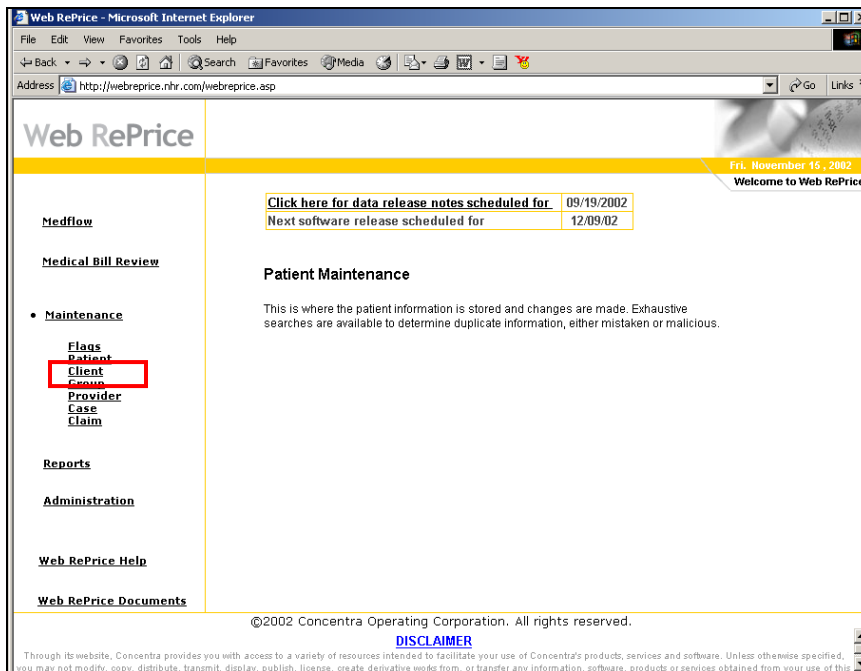
8.4.1 Searching for a Client
To search for a client enter all or part of the client name in the search field at the upper left hand side of the screen and press Enter or click Search. The search results will display in the area underneath the search field.
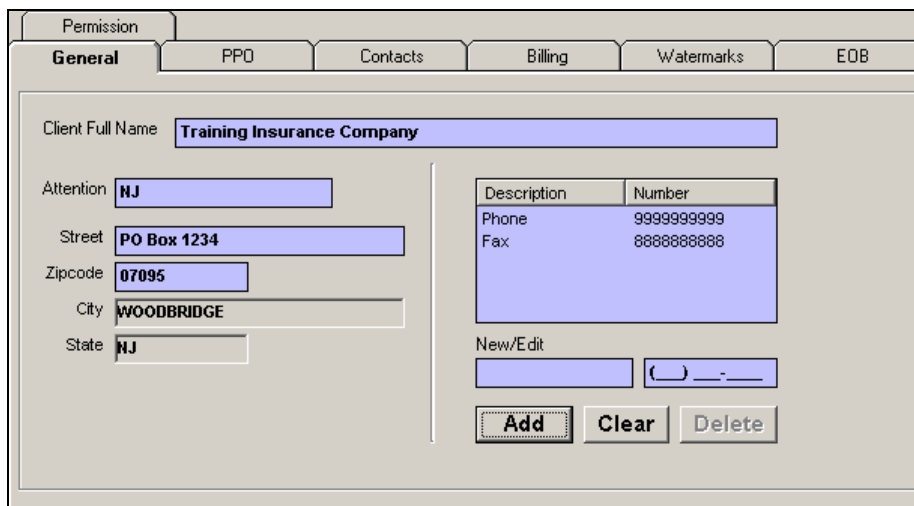
8.4.2 Editing a Client
Scroll down the list of clients with either the arrow keys or the mouse, until the desired client profile information is found then press **Enter** or Double Click with the mouse. The client's information will display on the right side of the screen.

General Tab
This tab will display the demographic information for the client.

PPO Tab
This tab is used to select which PPOs the client wishes to use. The PPOs are selected for each state for which the client receives bills. The US jurisdiction will contain the default PPO for all states where a PPO is not specified.

Contacts Tab

This tab will be used to set up all client contact information.

Billing Tab
This tab is used to set up the billing information for those insurance companies that outsource their bill review to a Concentra office.
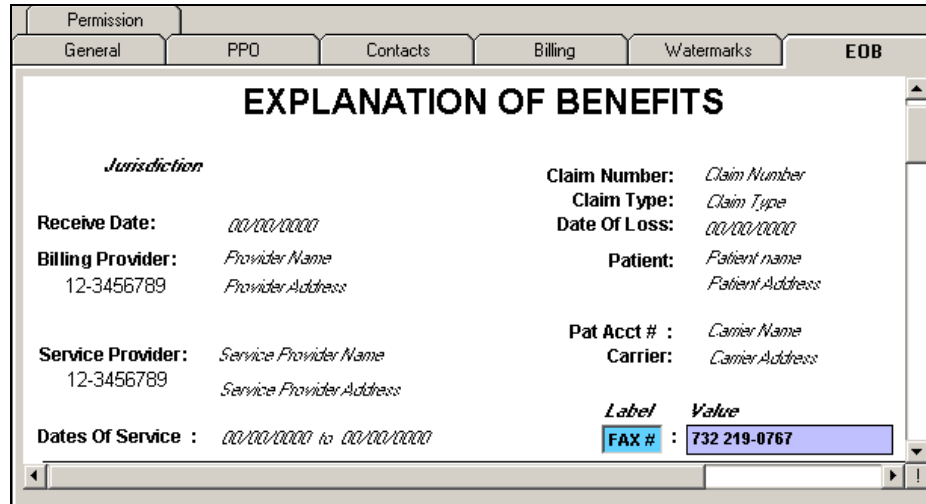
Watermarks Tab
This tab is used to set up how many copies of the EOB/EOR and NF10 will be printed, as well as the text that should print on each copy.

EOB Tab

This tab is used to add user-defined text to the EOB/EOR. A client specific label, specific disclaimer information, payment questions, EOB questions, and/or an address to print in the EOB footer may be set up in this tab. All user-defined fields will be in blue.
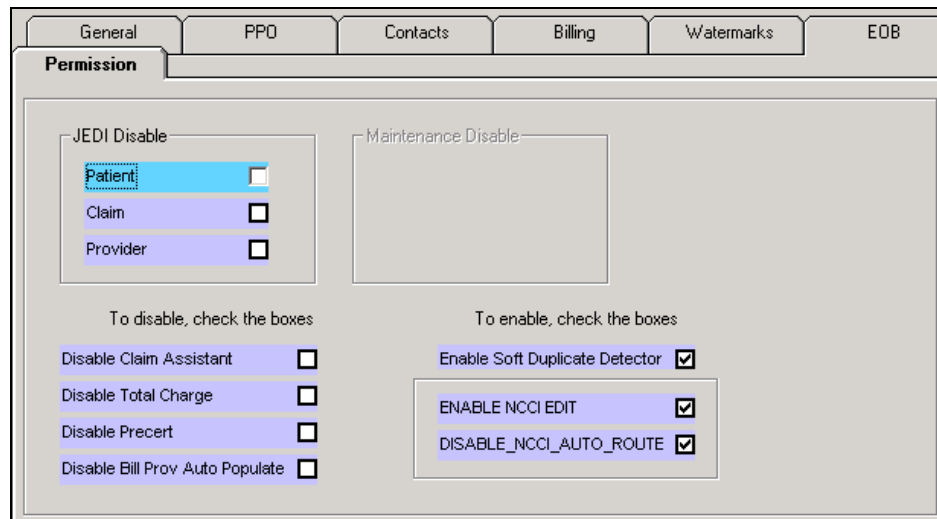
Permission Tab

This tab is used to turn on or off specific functionality. Disabling Maintenance screens is not available at this time.

8.5   Group Maintenance

This section is where all of the various code types that Web RePrice™ uses to process claims and calculate reimbursement amounts are grouped. Groups are completely client configurable and state specific. This section is currently used internally only.

8.6   Provider Maintenance

This section is where all of the provider information can be viewed and/or edited.

To Access Provider Maintenance expand the Maintenance option from the Web RePrice™ homepage by clicking on the plus sign (+) next to it. Under the submenu select the Provider link.
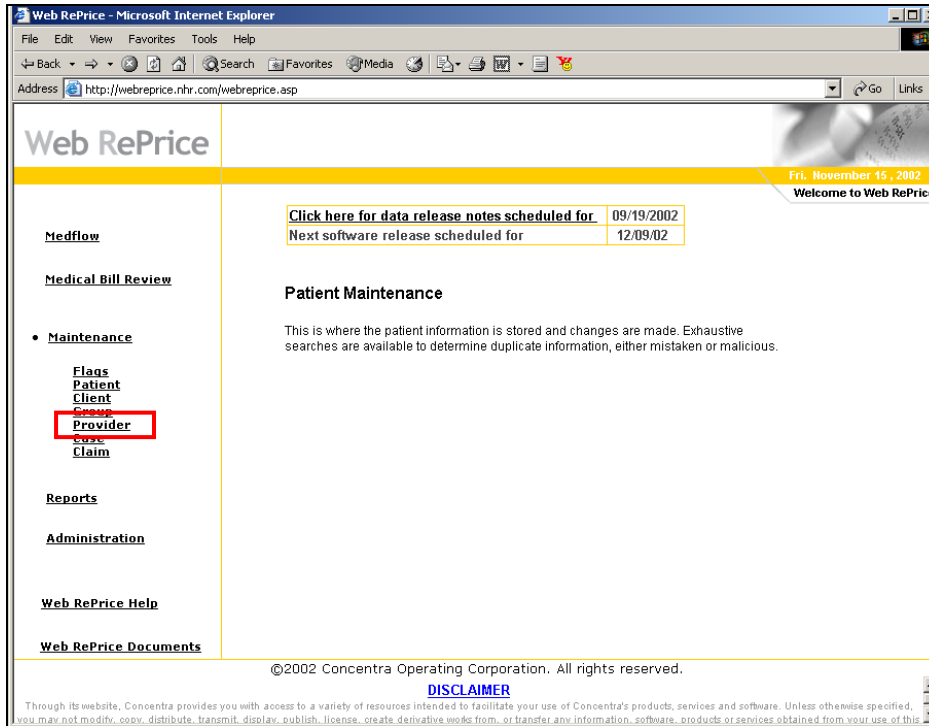
8.6.1   Searching for a Provider
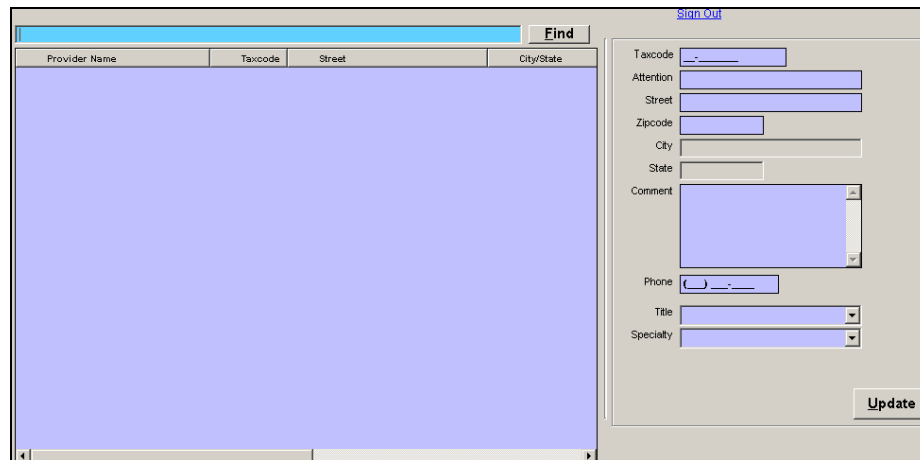
Partial Entry Search
Search for a provider by entering all or part of a name or Tax ID and pressing Enter to return the results.

Entire Database Search

Search the entire database, simply enter an asterisk (*) into the search field and press Search. This will return all of the records in the database.

8.6.2 Editing a Provider
Scroll down the list of providers with either the arrow keys or the mouse, until the desired patient information is found then press **Enter** or Double Click with the mouse. The provider's information will display on the right side of the screen

The cursor will be located in the Last name field. Press **Enter** through the fields, editing any of the provider information. Press **Enter** on or click the Update button to save any changes.

8.7 Case Maintenance
This is the section where all of the case (master claim) information can be viewed and/or edited.

To access Case Maintenance expand the Maintenance option from the Web RePrice™ homepage by clicking on the plus sign (+) next to it. Under the submenu select the Case link.
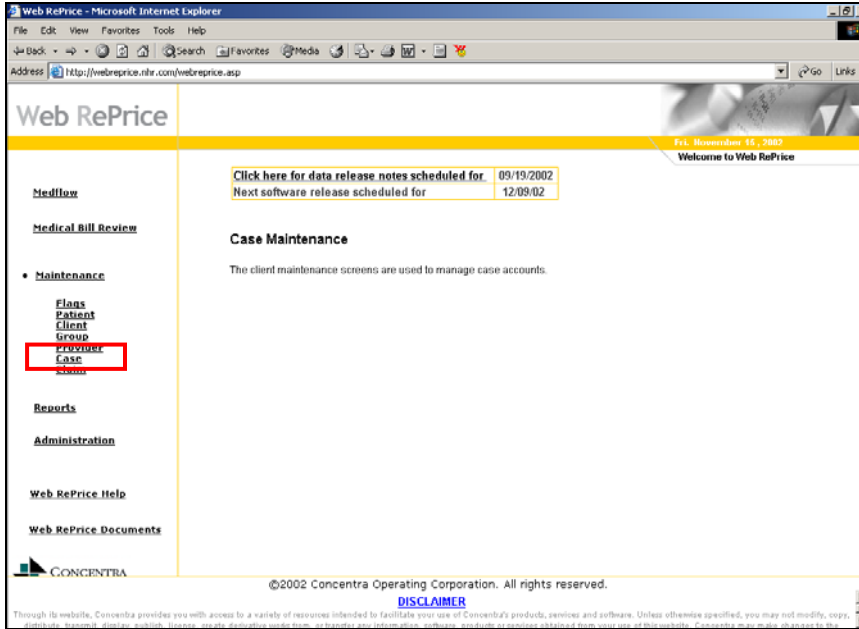
8.7.1   Searching for a Case
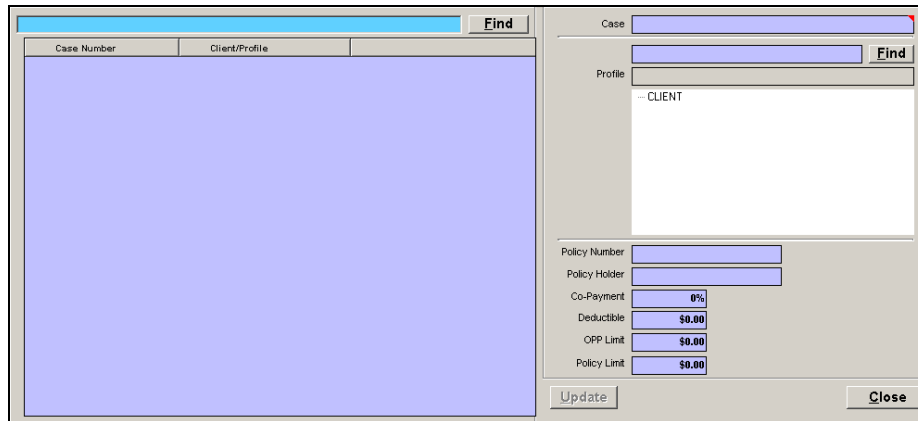
Enter all or part of the case number that you are looking for in the search field at the upper left hand side of the screen and press Enter or click Find. The search results will display in the large area underneath the search field.

8.7.2   Editing a Case
Scroll down the list of cases with either the arrow keys or the mouse, until the desired case information is found then press **Enter** or double click with the mouse. The case information will display on the right side of the screen
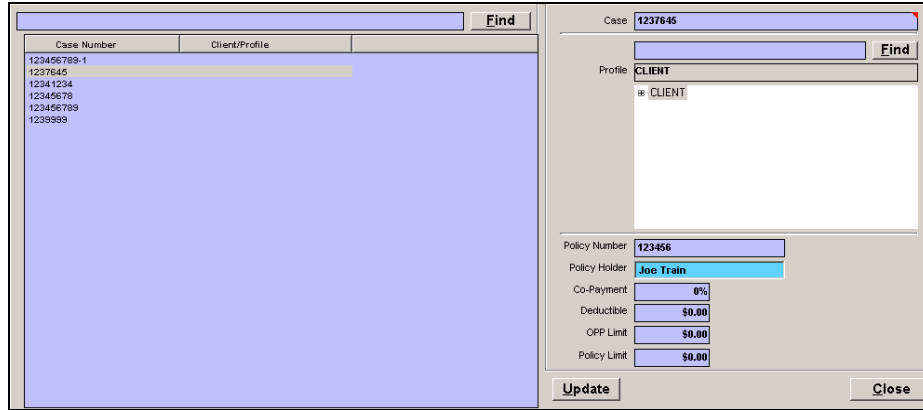
The cursor will be located in the Case number field. Press **Enter** through the fields, editing any of the case information. Press **Enter** on or Click the Update button to save any changes.

8.8   Claim Maintenance
This section is where all of the existing claim information can be viewed and/or edited.

To access Claim Maintenance expand the Maintenance option from the Web RePrice™ homepage by clicking on the plus sign (+) next to it. Under the submenu select the Claim link.
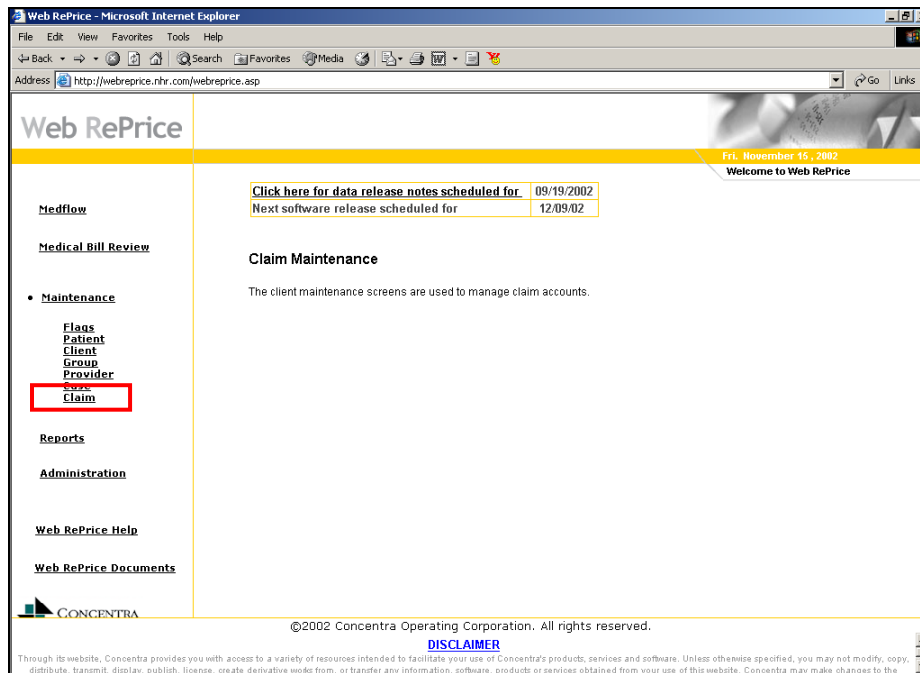
8.8.1   Searching for a Claim
Enter all or part of the claim number that you are looking for in the search field at the upper left hand side of the screen and press Enter or click Find. The search results will display in the large area underneath the search field.

8.8.2 Editing a Claim

Scroll down the list of claims with either the arrow keys or the mouse, until the desired claim information is found then press **Enter** or double click with the mouse. The claim information will display on the right side of the screen

The cursor will be located in the Claim number field. Press **Enter** through the fields, editing any of the claim information. Press **Enter** on or click the Update button to save any changes. Click or press Enter on the Cancel button to exit out of Claim Maintenance.

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9 Reports

The Reports module allows you to reprint copies of the EOR/EOB Report, Bill Details report, Information Request and/or Reconsiderations that have already been printed and posted. This module also allows you to print draft copies of these reports before they are printed through the system.

9.1 Objectives

In this section, you will learn how to:

- Search for specific bill documents or group of documents within the Reports module
- Print a draft or extra copy of a report
- Understand the following terminology
  - Archived Copy
  - Draft Copy
  - Information Request
  - Bill Details

9.2 Running Reports

To access the Reports section, click on the Reports link from the Web RePrice homepage.
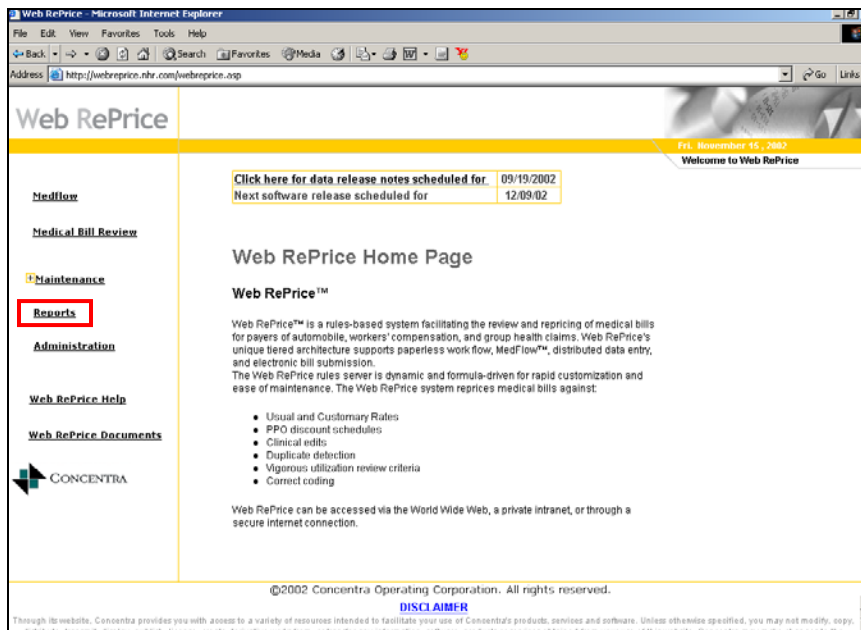
To complete a search and run a report:

- Highlight the type of report you would like to run by clicking in the Report Type box.

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Bill Details Report
EOB Report
Information Request
Reconsideration
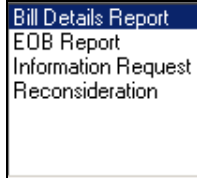
▪ Click on the Advanced Search button a pop up box will appear.
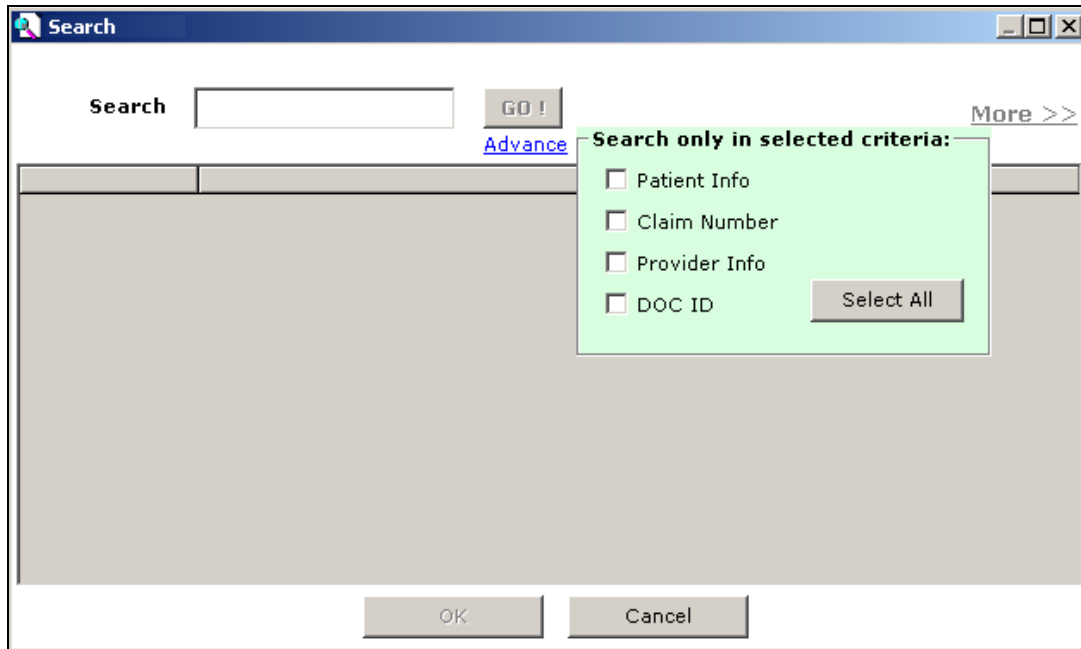
o Click the **Advance** link to display the **Search Only in selected criteria** box. This will direct the application where to look for the criteria entered in the Search box. Using this function will produce a more refined search.

o Type the criteria on which to search (i.e., the claimant/patient name, claim number, provider's name or tax identification number (TIN), or document ID) into the Search text box at the top of the screen. Click the check box next to the appropriate criteria in the Search only in selected criteria box and press Go!

o The results will appear in the search window, as shown below.

- Choose the document for which to run reports by using one of the following methods:

  o Select all documents in the Search Results screen by clicking on the top line. Then, hold down the shift key and click on the bottom line.

  o Or, holding down the Ctrl (control) key, click on the specific records on which you would like to run reports.

  o Press **Enter** twice, or click OK.

- Select which documents for which the report should run by clicking in the check box next to the desired document. Or, to select all of the documents, click in the check box next to Select All.

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- If the Print or Preview option is selected, and the report has not been printed previously, the following message will display:
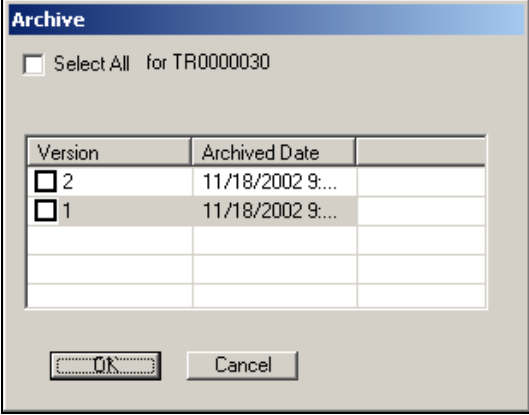
- o In this case, you may print a Draft copy of the report before printing the official copy. Click in the box next to **View Draft**. This will allow you to print a Preview of the report only. The option to print an archived version of the report will be disabled.

- If you would like to see a copy of the bill image with the report, click in the check box next to **View with Image**. This will allow you to print a Preview of the report only. The option to Print an archived version of the report will be disabled.

- To clear all search results, click on the **Clear the Result** button.

Electronic Claim Solutions

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If there was more than one copy of the report previously printed, the following message box will display:

Archive

☐ Select All   for TR0000030

Version	Archived Date	
☐ 2	11/18/2002 9:...	
☐ 1	11/18/2002 9:...	

[OK]   [Cancel]

You can click the check box next to **Select All** to print all versions, or select which document to print by clicking in the check box next to the desired number.

Web RePrice™ User Manual   Page 127 of 150

10 MedFlow

MedFlow Manager™ is the document management application that allows users to electronically distribute work throughout an office.

10.1 Objectives

In this chapter, you will learn how to:

- Log into MedFlow.
- Change your role.
- Move and manage documents.
- Use MedFlow commands and controls.

10.2 Logging into MedFlow

- Click on the MedFlow™ link on the upper left side of the Web RePrice™ home page. The MedFlow login window will appear on your screen.

- Enter your username and password into the login screen, then press **OK**. MedFlow Manager will open, as shown below:
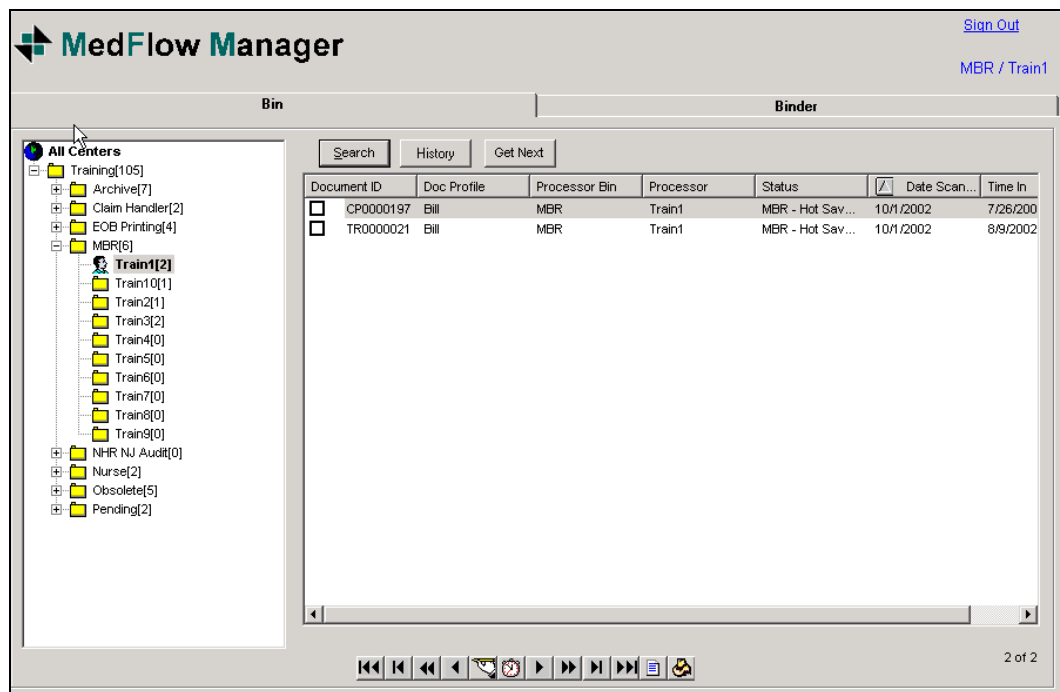
- The list of documents contained in the bin you are logged into will display on the right side of the screen. The list of all bins display on the left side of the screen.

- Double click on a bin to display the documents within it on the right side of the screen. Any column may sort the documents in a bin by just clicking on the column header.

10.3 Working with the Document Tree

The document tree on the left side of the MedFlow™ Manager screen displays all bins, or storage locations, for documents within your office.

- The plus sign to the left of a closed yellow folder indicates that the folder can be opened to display the locations within that bin.
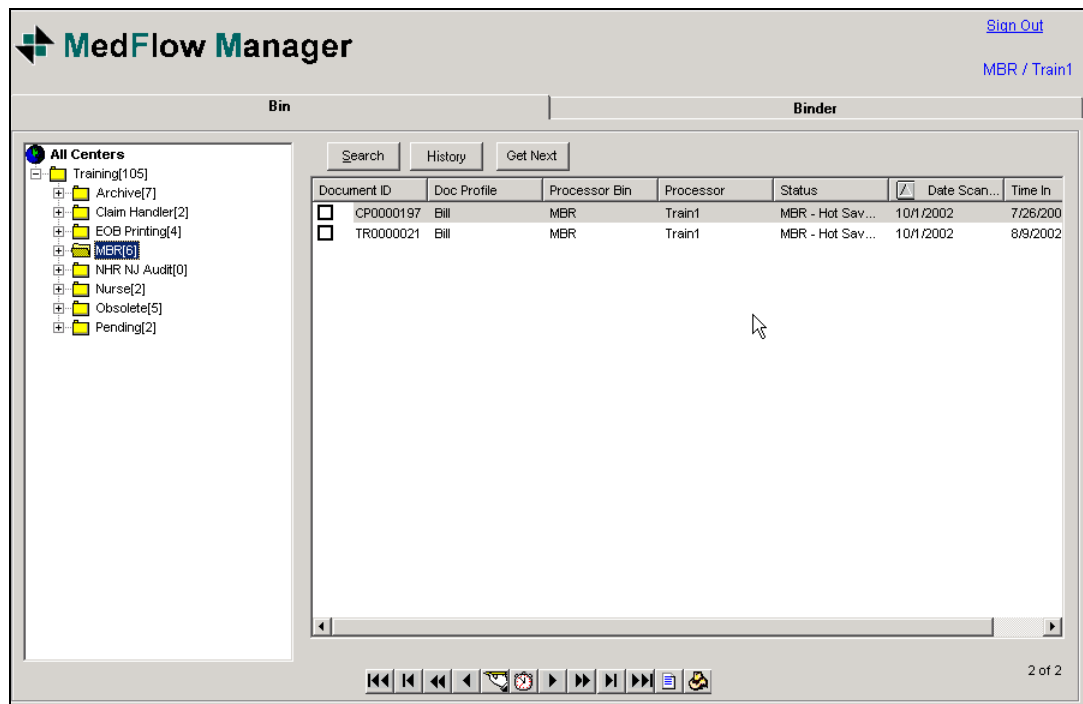
- Clicking on the plus sign will open the folder, turn the plus sign to a minus sign, and display the storage locations for documents within the bin.

10.4   Changing your Role/Hat

The bin you are logged into is shown on the left side of the window within the document tree, displayed in bold with the icon of a user. The number of documents in the bin is shown in parentheses.
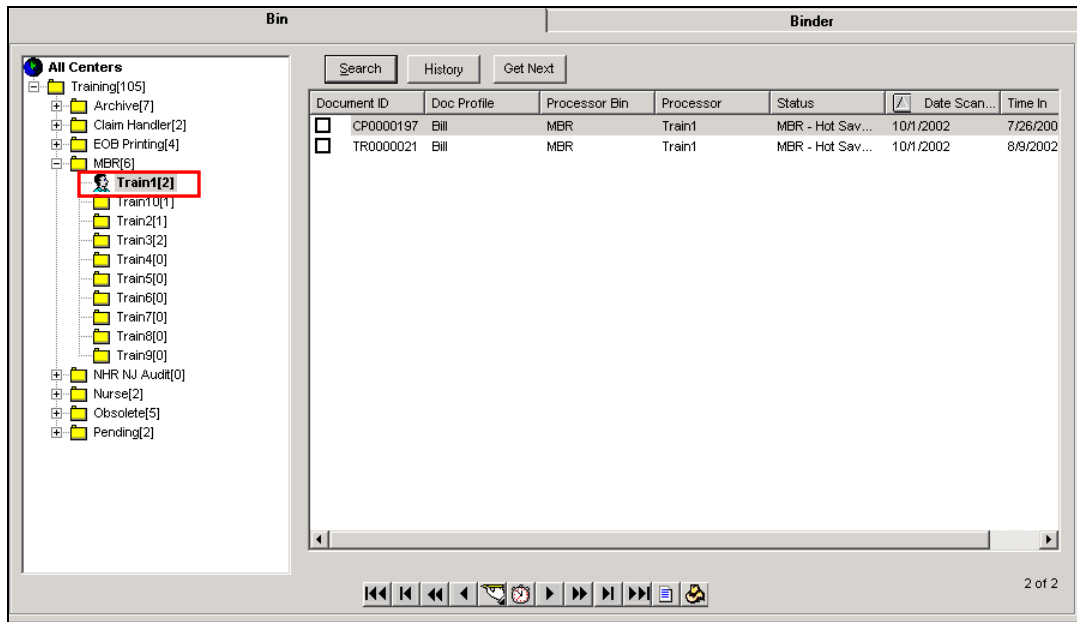
If you have multiple roles within the system you can change which role you are logged into from MedFlow.

- **Click** the **hat icon** below the document list on the MedFlow window, and a drop down selection box will display.

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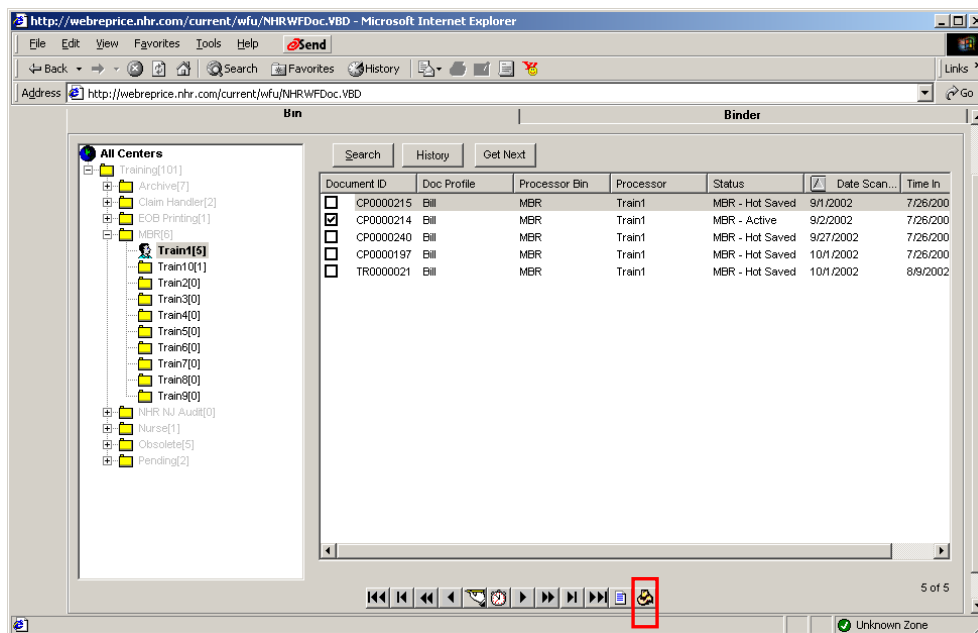
o   Click the drop down arrow to view the other roles you have within the system.
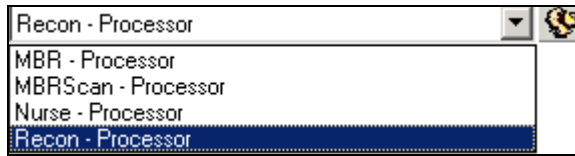
o   **Click** your selection and a confirmation dialogue box will display.
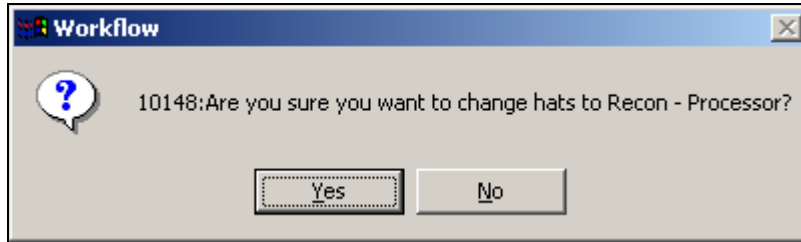
o   **Click** the **Yes button** to change your role and the role you have selected will now display as:
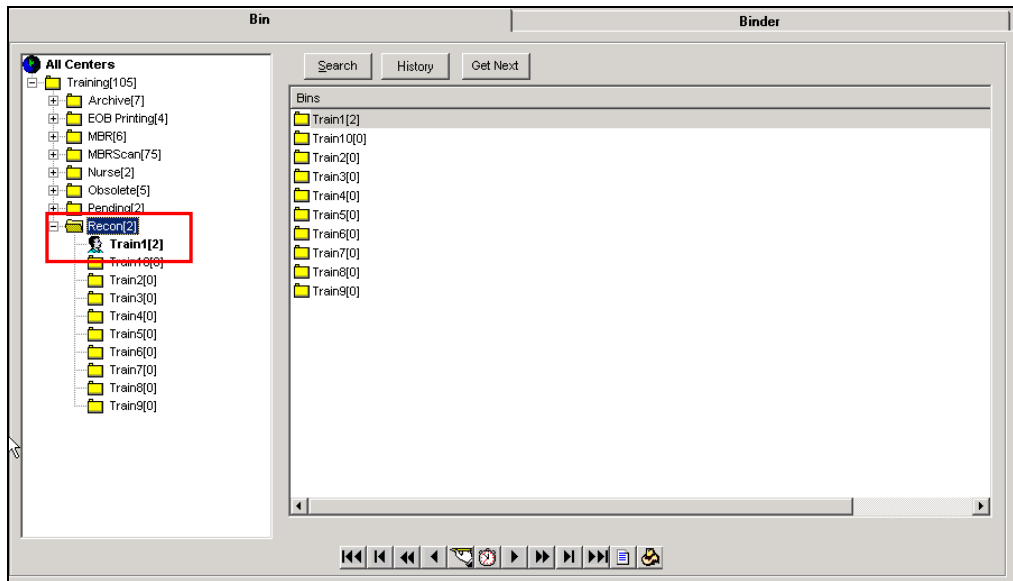
▪ You may also change your role by using the MedFlow Login screen.

o   Place your cursor in the document section (the right screen) of MedFlow and right click with your mouse. A list of options will appear on your screen, as shown below:
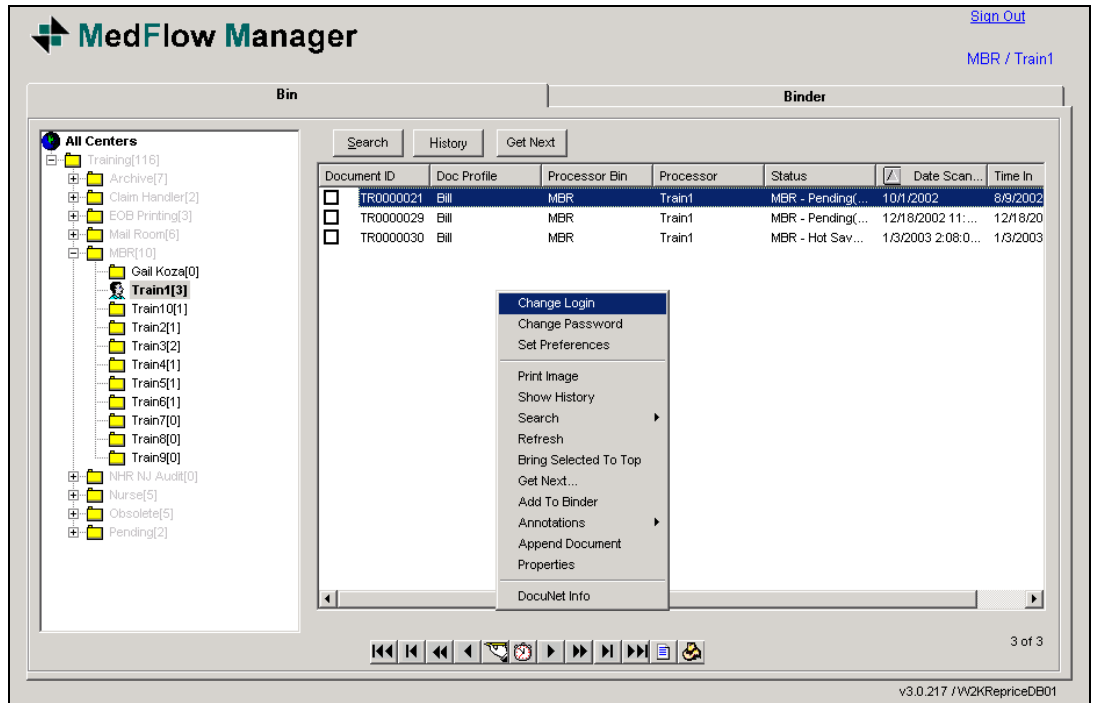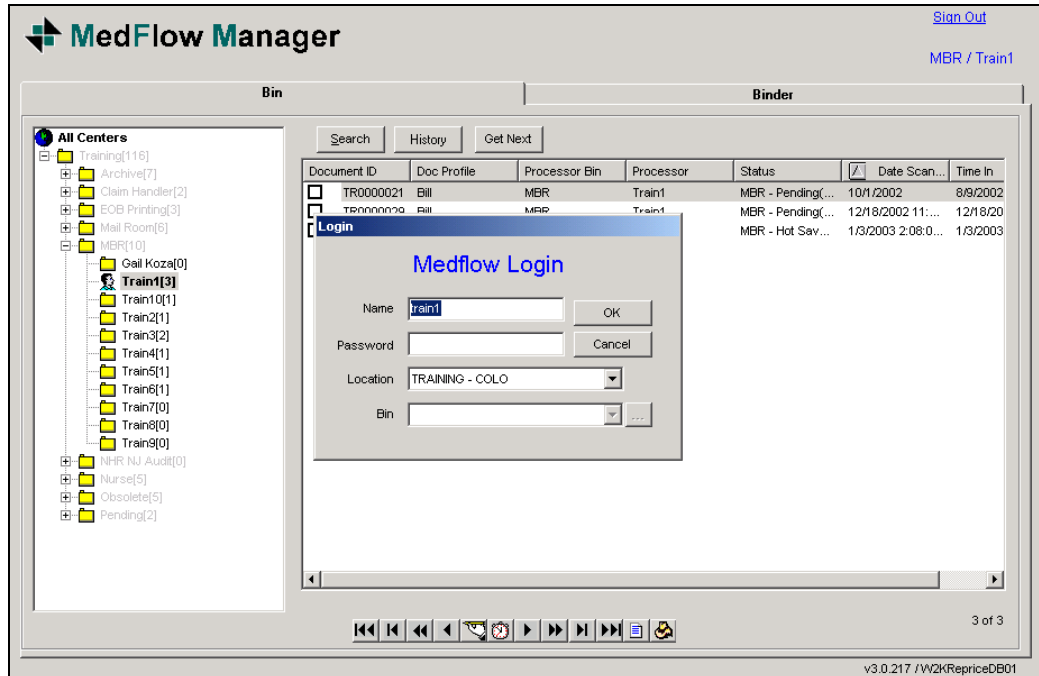
10.5   Moving Documents Between Bins

MedFlow Manager allows you to move documents to other bins using the document tree on the left side of the window.

- To move a document from your bin into another bin, place a checkmark in the checkbox next to the document ID that you wish to move. To select multiple documents hold the Ctrl key down while selecting each document.
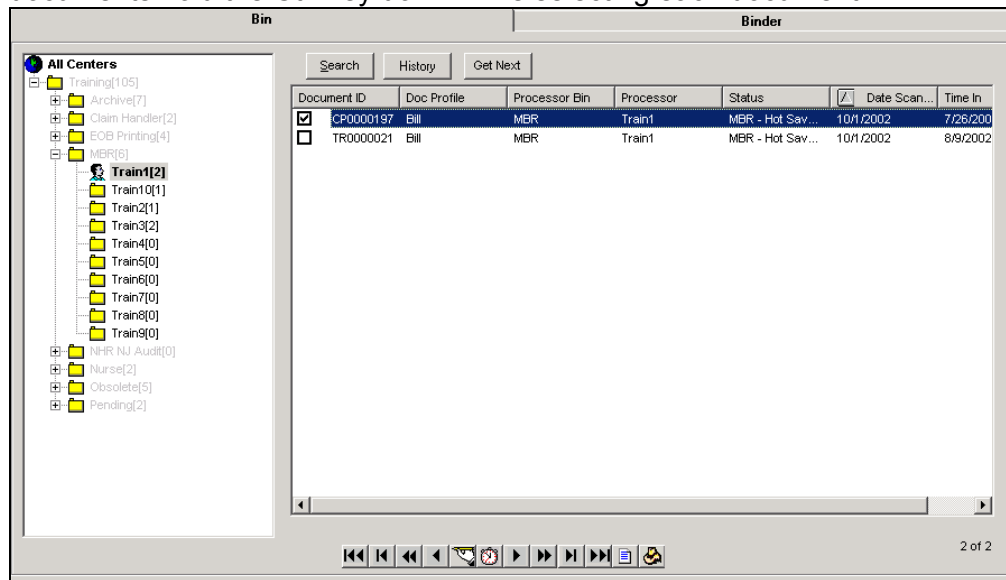
- **Hold** down your **left mouse button** and **drag** the mouse pointer to the document tree on the left side of the window.
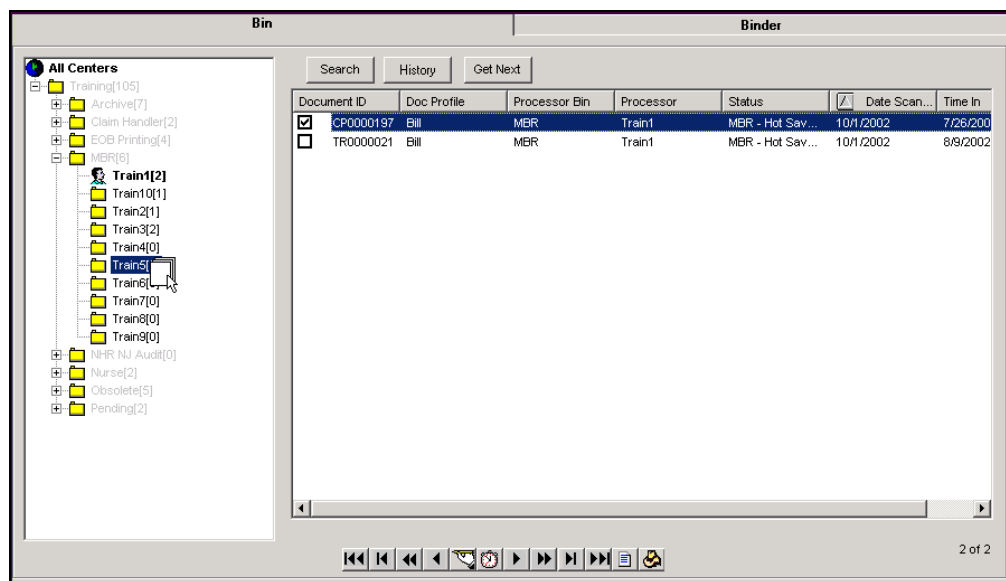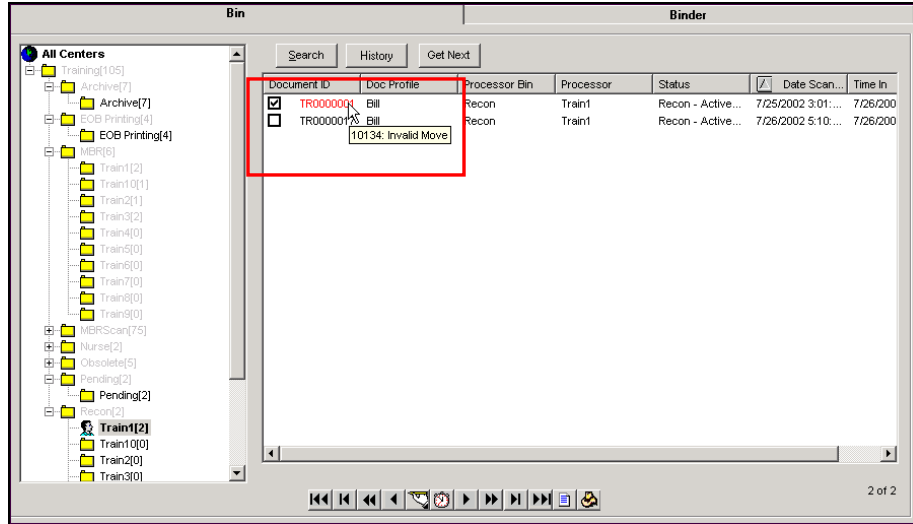
- o Once your cursor is over the bin you would like to move the document into and that bin is highlighted, **release** the mouse.

- o Before the documents are placed into the selected bin, a confirmation message will appear.

Confirm MedFlow Move

You are about to move 1 document.
Enter any comments and then YES to continue.

Comments

[   ]

Yes   Cancel
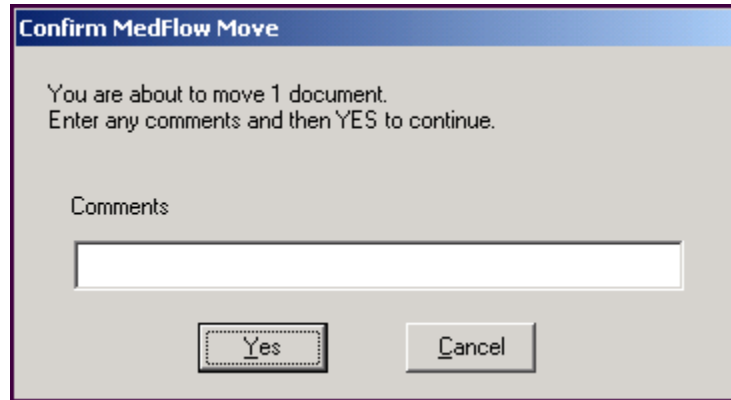
- o Enter any comments to annotate the document, then click the **Yes** button.

- If you have selected to move the document into a bin you don't have persmissions to (i.e., you do not have rights to move to that bin), the following message box will display:

Workflow

(Message 10106)
An error occured with the items in red!! Place mouse over item to view error.

OK
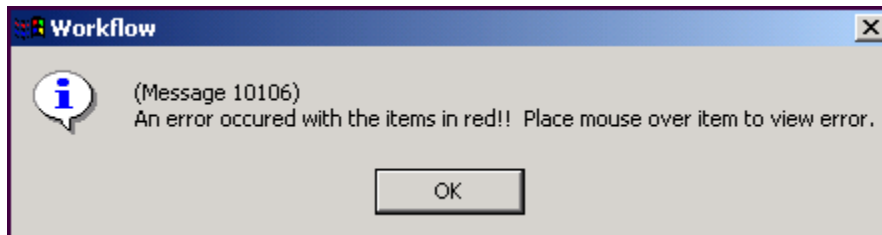
- o Position the cursor over the red document ID to see the error message:

10.6   Managing Documents within your MedFlow Bin

10.6.1 Buttons
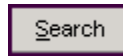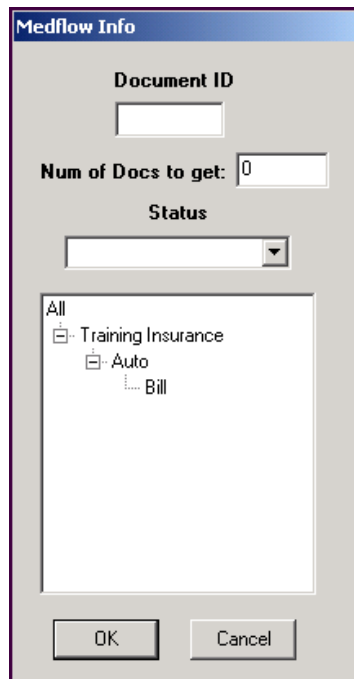
This option will allow you to search for documents within all of the bins in the document tree by specific criteria. Before conducting any search in MedFlow you must highlight the bin or bins you would like to search in from the document tree. To search within all bins, highlight the All Centers label from the document tree or if you'd like to search only within one specific bin, highlight that bin folder then click on the Search button, and there will be three options:

MedFlow Search
This option allows you to search for a specific Document ID or Status.
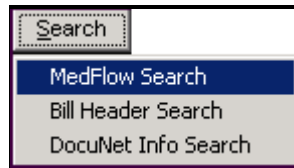
Once you select MedFlow Search from the menu, the MedFlow Info window will appear:

- ▪ If you would like to search by document ID type the document ID number in the appropriate field and click OK or press Enter.

- If you want to restrain the number of documents in your search results, enter a number in the **Num of Docs to get:** field. The system will display only that amount of documents in your search results.

- You may also search for all docs with a specific status by clicking on the down arrow next to the Status field and select the desired status. This will display and check off all the documents in the bin(s) with that status.

Bill Header Search
If you do not have the document ID number, you can search using the information contained in the Bill Header.

Search
MedFlow Search
Bill Header Search
DocuNet Info Search
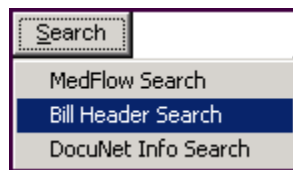
Once you select Bill Header Search from the menu, the Bill Search window will appear:
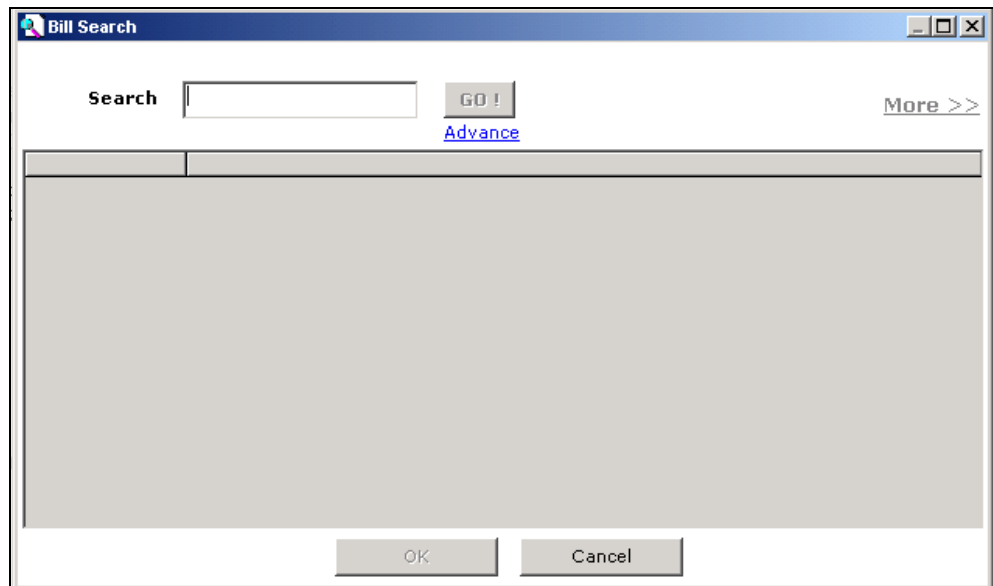
Bill Search   _ |□| X|

Search [   ]   GO !   More >>
                                 Advance

OK   Cancel

This function allows you to search for a particular bill using the claim number, document ID, patient name, or provider name as the search criteria. The Search Bill capability provides you with a tool to look up information on a particular claim or claimant while in the medical bill review application.

- Type the criteria on which to search (i.e., the claimant/patient name, claim number, provider's name or tax identification number (TIN), or document ID) into the Search text box at the top of the screen.

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Click the **Advance** link to display the **Search Only in selected criteria** box. This will direct the application where to look for the criteria entered in the Search box for a more refined search.
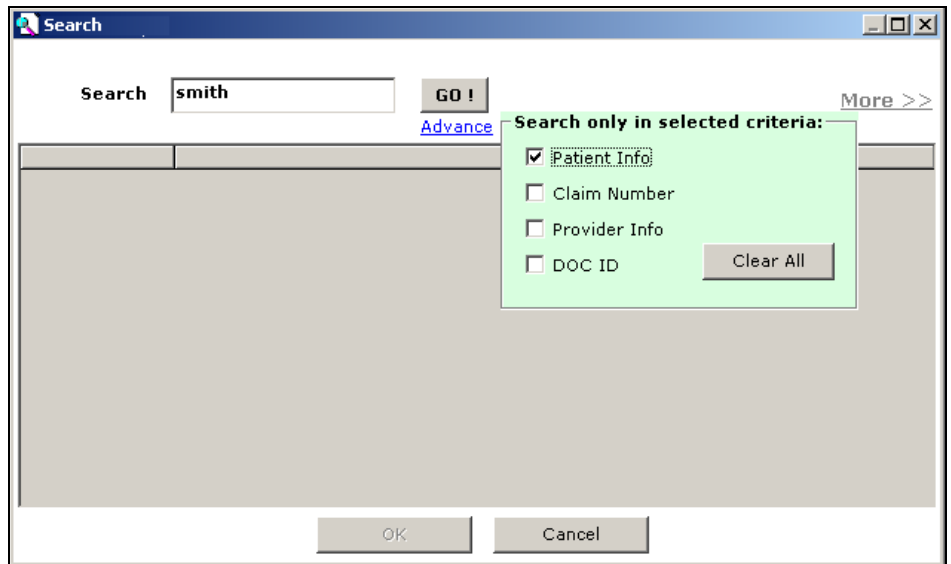
- Press **Enter** or click on the **GO!** Button.

- The results will populate the rest of the screen as in the following display:

- Scroll through the results until you locate the information that you are searching for, and highlight the bill that you are interested in viewing, and press **Enter** or click OK.

Click this button while a document is selected and the document history will be displayed.

- This window displays each move the document has made within the system. It can tell you who moved the document into your bin, and will display any annotations that have been added.
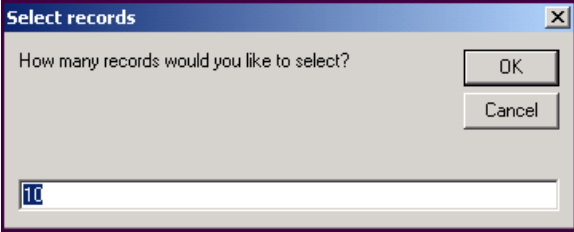
- Click the **Close** button on the bottom of the History window and you will be returned to the MedFlow Manager window.

This option allows you to retrieve more documents within the search results.

Once you click on the Get Next button, the following window will display:

To accept the default value of 10, just click **OK** or press **Enter**. Or, enter the desired number of documents then click **OK** or press **Enter**.

To exit from this screen without doing anything, click **Cancel**.

10.6.2 VCR Controls

Located under the list of documents are the VCR Controls. These controls are integral to the management of the documents.
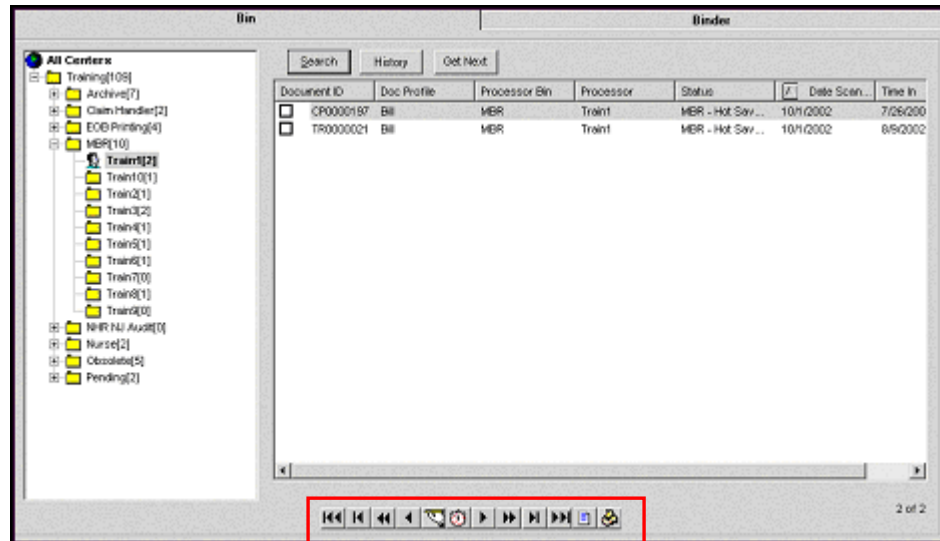
This button will select and check off the first document in the document list in MedFlow™.

This button will select and check off the previous document in the document list in MedFlow™.

If the image is displayed in the Document Viewer, this button will allow you to move to the first page of the scanned image.

If the image is displayed in the Document Viewer, this button will allow you to move to the previous page of the scanned image

Clicking on this icon displays the Annotation screen. Similar to manual notes in a file, you can enter and view internal comments and notes about the bill that you are working on.

▪ Click on this Icon. The Notes screen appears.

- Click on Annotate button and another box appears the document Identification number; the cursor will blink inside the box.
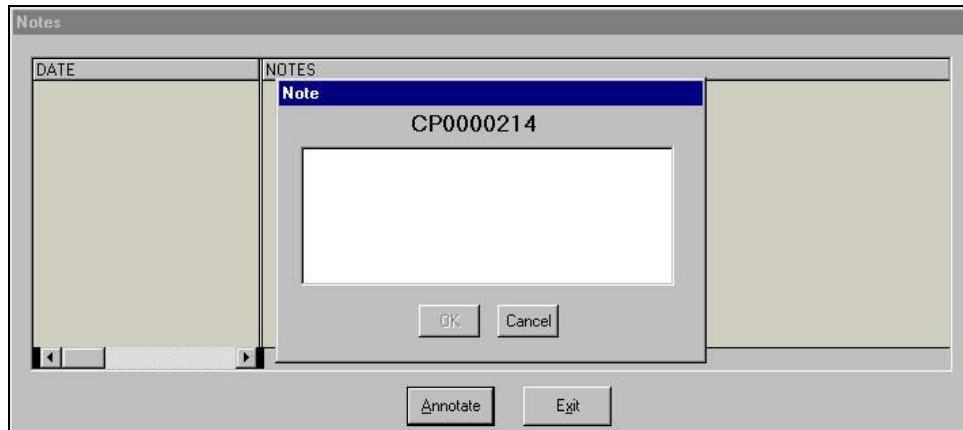
- Type your note inside the box.

- Click the OK button to save, or Cancel to exit without saving your comment.

- You will now see the annotation as you entered it on the note pad.

- Press Exit to bring you back to MedFlow

The Annotations remain internal and do not appear on the EOB/EOR. However, we strongly suggest that you review your company's policy and procedure for notations, as it may be discoverable information.

Clicking on this icon will recall the entire document processing history from the time the bill was scanned and imported into MedFlow™ until its current state.

Clicking on this button allows you to move to the next page of the current scanned bill image.

Clicking on this button allows you to move to the last page of the current scanned bill image.

This button will select and check off the next document in the document list in MedFlow™.

▶▶

This button will select and check off the last document in the document list in MedFlow™.

📄

The Image Display button allows you to open the scanned bill image associated with the document ID to be viewed on the screen.

> If you do not use scanned images in your bill processing workflow, then this Icon will not work. If you used scanned images, but have only one monitor to work from, you many need to ALT + TAB to switch screens or click on the DOC VIEWER tab on the bottom of your screen.

🖐

Many of you serve many functions while processing medical bills. In other words, you wear more than one hat. This icon allows you to change your current role. If you only have one role as a medical bill processor then only one option will be made available to you.

▪ Click on the Hat Icon.

▪ The VCR controls to the left are covered with a highlighted bar with the your current role that you are logged in as in the application.

▪ Clicking on the down arrow to the right of the bar a list of possible hats, or roles, will display.

▪ Highlight the hat that you would like to change to and the following message box will appear:

Workflow

? 10148:Are you sure you want to change hats to Recon - Processor?

Yes   No

Press Enter for Yes or click on the Yes button within this message box.

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10.7   Document Viewer

The document viewer will display the scanned image or bill that is associated with the document. To view this image, highlight the document ID then press the [image] button from the VCR controls. The document viewer will open displaying the scanned bill.

10.7.1 Sizing the Image

Zoom In and Zoom Out
The zoom in and zoom out icons are used to zoom within the document viewer.

- ▪ To zoom into the image, click the plus icon (Zoom In).

- ▪ The minus icon will reduce the image size (Zoom Out).
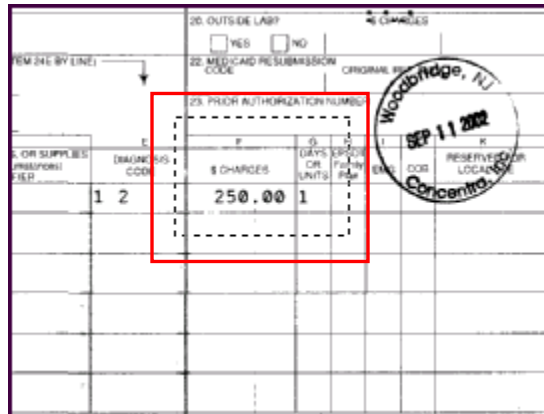
Magnifying the Image
The magnify icon can be used to increase the size a particular section of the image.

- ▪ Click and hold your mouse over the section of the image you wish to magnify. Drag your mouse across the screen to create a box around the select portion of the image.

    o   A dotted line will appear around the area that was selected:

Click the magnify icon and only the area that was selected will be enlarged:
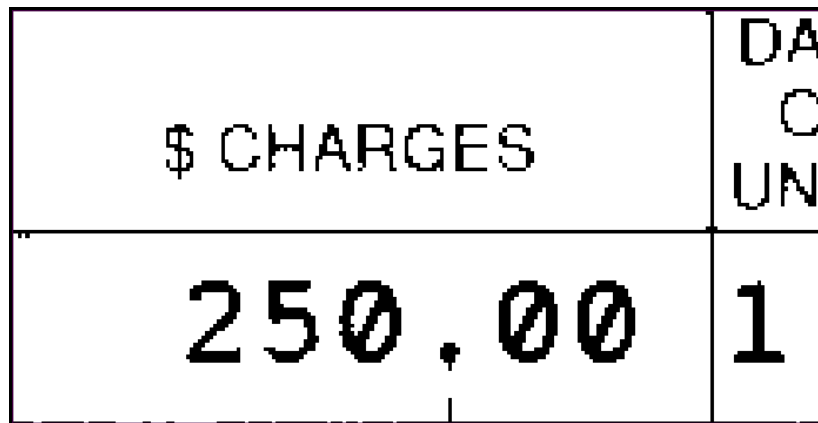
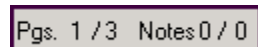The scroll bars are available to maneuver within the window.

Fit to Window
This icon will resize a magnified or enlarged image to fit in the window.

10.7.2 Paging Through an Image
The number of pages contained in an image will display on the upper right side of the image window.

The arrow icons allow you to page through the document.

First Page

If the image is displayed in the Document Viewer, this button will move to the first page of the scanned bill image.

Previous Page

If the image is displayed in the Document Viewer, this button will allow you to move to the previous page of the scanned image.

10.7.3 Printing an Image

The print icon allows you to print all pages of the image you are viewing.
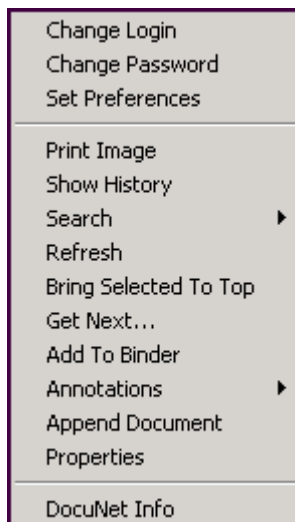
10.7.4 Closing an Image

Click the **X** in the upper right corner of the image window to close it.

10.8 Additional MedFlow Functionality

Depending on the user's rights within MedFlow™, several functions can be performed.

▪ To see what is available for you in the current role or 'hat', click the right mouse button when the cursor is positioned on the right side of the screen. The following options will appear (these options will be displayed depending on your role and access rights within Web RePrice):
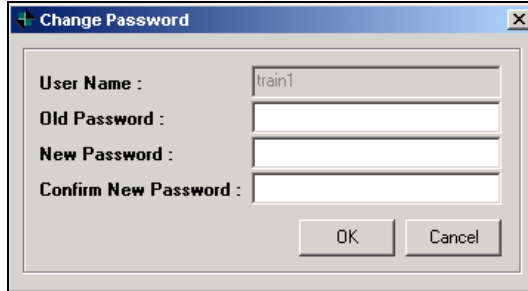
Change Login
Change Password
Set Preferences

Print Image
Show History
Search ▶
Refresh
Bring Selected To Top
Get Next...
Add To Binder
Annotations ▶
Append Document
Properties

DocuNet Info

Change Login

The Change Login option allows you to change your login while you are still in the MedFlow module.
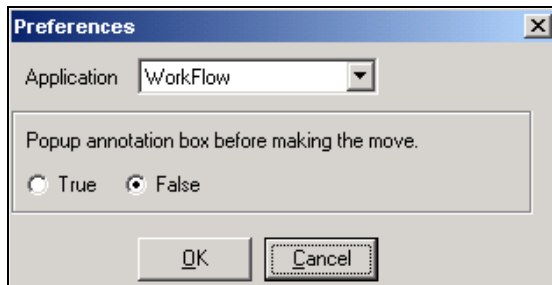
Change Password

This option will allow you to change your password to the username that you logged into MedFlow with. This will change the password for this username for all modules within Web RePrice.

Set Preferences

The Set Preference option allows you to set the preference for whether or not you would like a popup annotation box to appear before making a move within bins.

Print Image

The Print Image option allows you to print the scanned image for a selected document without having to open the document viewer first.

Show History

The Show History option will open the history window displaying all processing and moving history from the time the bill was scanned and imported into MedFlow up until its current state.

Search

The Search option will allow the user to search MedFlow bins for a specific document. For directions on how to use the search function refer to section 10.6.1.

Refresh

The Refresh option will refresh the document view for the highlighted bin.

Bring Selected to Top

The Bring Selected to Top is used to move the selected document to the top of the document list.

Get Next

The Get Next option works the same as the Get Next button, which is explained in section 10.6.1.

Add to Binder

Currently the binder functionality isn't complete, therefore this option is not working correctly.

Annotations

The Annotations option will allow you to enter or view annotations for a selected document. For instructions on annotations see section 10.6.2.
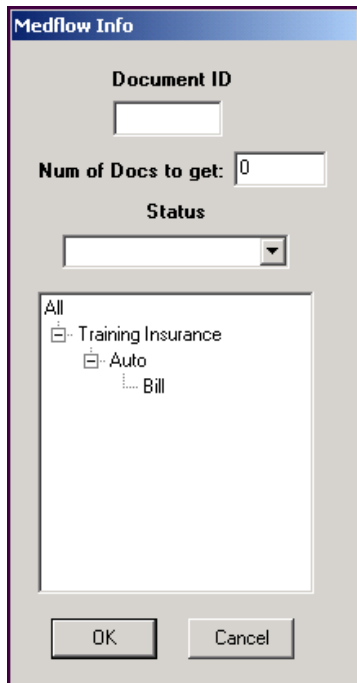
Append Document

This option will append or link the selected document to another document. Select the original document and then the document to append and press **OK**.
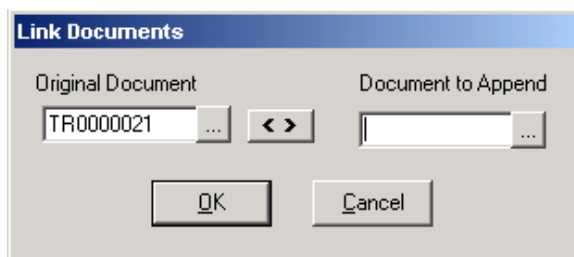
Properties

The Properties option will display the Medflow Info for the selected document.

Docunet Info

This feature is currently not enabled.