Practice Management 2010.3
User Manual

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Practice Management Maintenance-Setup Steps

Important Setup Information for SOAPware Practice Management

1. Contact GatewayEDI to begin Enrollment Process for submitting electronic claims

2. Each Lesson should be completed in the order they are listed

3. Current users of SOAPware that have already setup maintenance files should check each one for additional billing information required to complete the setup.

4. Lessons in this Chapter containing information used on the CMS 1500 form will have the block number from the CMS 1500 form shown in parentheses in the title.

5. If a section of Billing is inaccessible to a user, go to Security setup and check the Billing section for the User. Security is accessible by logging in to SOAPware as Administrator.

For complete instructions for security settings click the link to Security Setup Charts: Workshop Pre-Requisite Manual: Security

Steps for setting up billing section of security can be found by clicking the link: Billing Security Administration

Getting Setup with Gateway EDI -- What to Expect

A brief description of the Provider Enrollment process.

(Color coding is used to denote participant roles and associated activities.)

Blue = Office
Teal = SOAPware
Black = Gateway EDI (GEDI)

1. Office purchases and installs SOAPware Clinical Suite and signs up for the following training sessions in exact order:

   A. SOAPware Billing Setup
   B. Transaction Entry and Workflow
   C. Claims Processing

2. Office contacts Gateway EDI (GEDI) and signs a contract with Gateway. (Note: This can happen before installing SOAPware CS.)

3. Office completes SOAPware master setup and begins practicing with the software in preparation for live use. (Note: This step can be done in conjunction with the steps shown below.)

4. GEDI will contact the Office to complete a Provider Enrollment online. GEDI will request provider ID numbers and Master Insurance List (MIL) from Office; provider enrollment process will begin within two days of signed contract.

5. GEDI will generate the Enrollment packet, and the Office is given payer enrollment packet to complete.

6. Office returns enrollment packet originals to GEDI and production date is estimated based upon projected payer approval time frames.

Estimated average payer approval times, (by state), can be viewed on the attached spreadsheet.

The Office can begin sending commercial claims as each payer approval is granted, followed by governmental approvals.)

7. GEDI verifies accuracy and forwards payer enrollment agreements to Carriers.

8. GEDI contacts Carriers to obtain approval dates and records dates on addendum.

9. BCBS, Medicare, and Medicaid payer approvals are obtained. The training packet, which includes a copy of the Providers Addendum (list of Provider ID numbers and payer approvals), training CD, and MIL is sent to the Office.

10. GEDI will contact the Office to schedule an "install appointment."

IMPORTANT: BEFORE scheduling install appointment with GEDI, the Office MUST have attended and completed the training sessions listed in #1 above AND have completed setup of SOAPware system.

HIGHLY RECOMMENDED: When the Office is ready to send the first live claim file, (with real patient claims), SOAPware recommends that the office use a **one-on-one training session** to provide assistance from SOAPware PM experts for this first filing. A SOAPware representative will inspect the setup of the system to ensure everything looks correct, and will also assist the Office with creating, scrubbing and troubleshooting the first claim file. SOAPware will also help the office prepare for their setup call with GEDI.

11. Office sends first file with live claims to GEDI; file is tested (two day turnaround) before GEDI production begins.

12. Once the Office is installed and is sending claims, the Office will be contacted to schedule initial report training.

13. Report training is completed.

14. Two weeks after production begins, a second report/web training is offered to the Office.

15. Two week-stage web training is completed.

16. Each office is assigned to a GEDI New Accounts Rep who will monitor their claims for first 30-60 day period in production to ensure that the claims acceptance rate is above 85%.

17. Office may request additional phone training with GEDI and/or call/email with Support questions at any time.

18. GEDI Customer Service will work with the Office to correct any errors on claims submitted. GEDI will always be available for any insurance questions, or other questions about the reports or errors. Anything related to the generation of claims files or errors on the software side will be handled by SOAPware Tech Support via **www.soapware.com/ticket**

NOTE: For an estimate on the average amount of time it will take to get approvals with the payers in your state, please see the attached Excel spreadsheet.

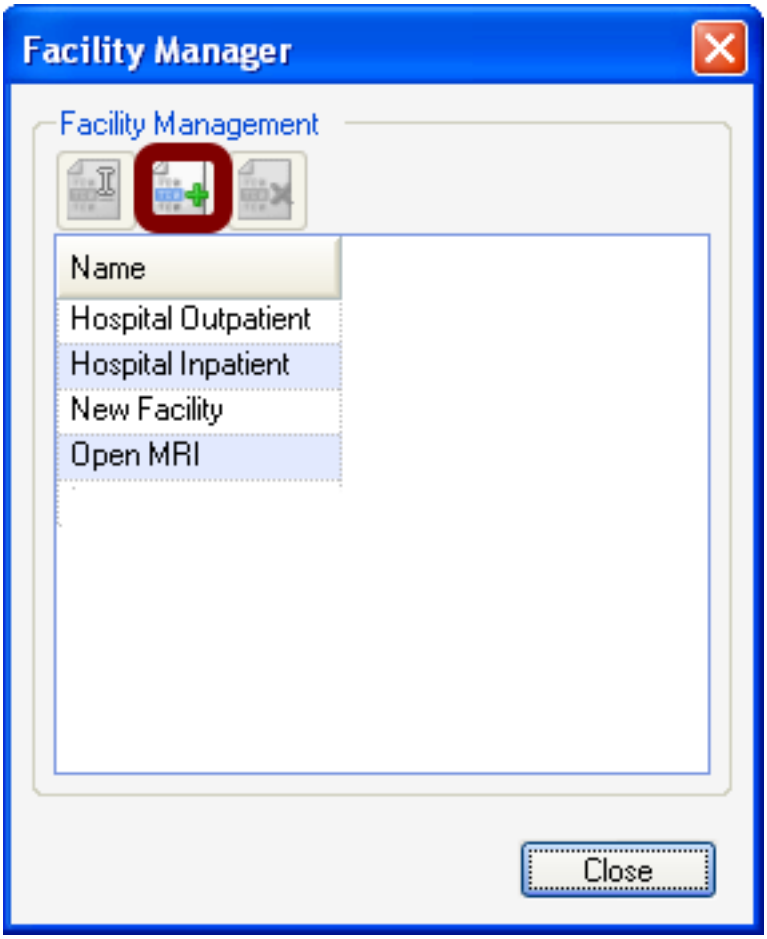
PLEASE NOTE THAT THIS TIME ESTIMATE BEGINS AFTER GATEWAY HAS RECEIVED YOUR COMPLETED PROVIDER ENROLLMENT PAPERWORK.

To help expedite the setup process, Office should submit completed GEDI enrollment forms as soon as possible.

1. Manage Facilities (Block 24B and Block 32)

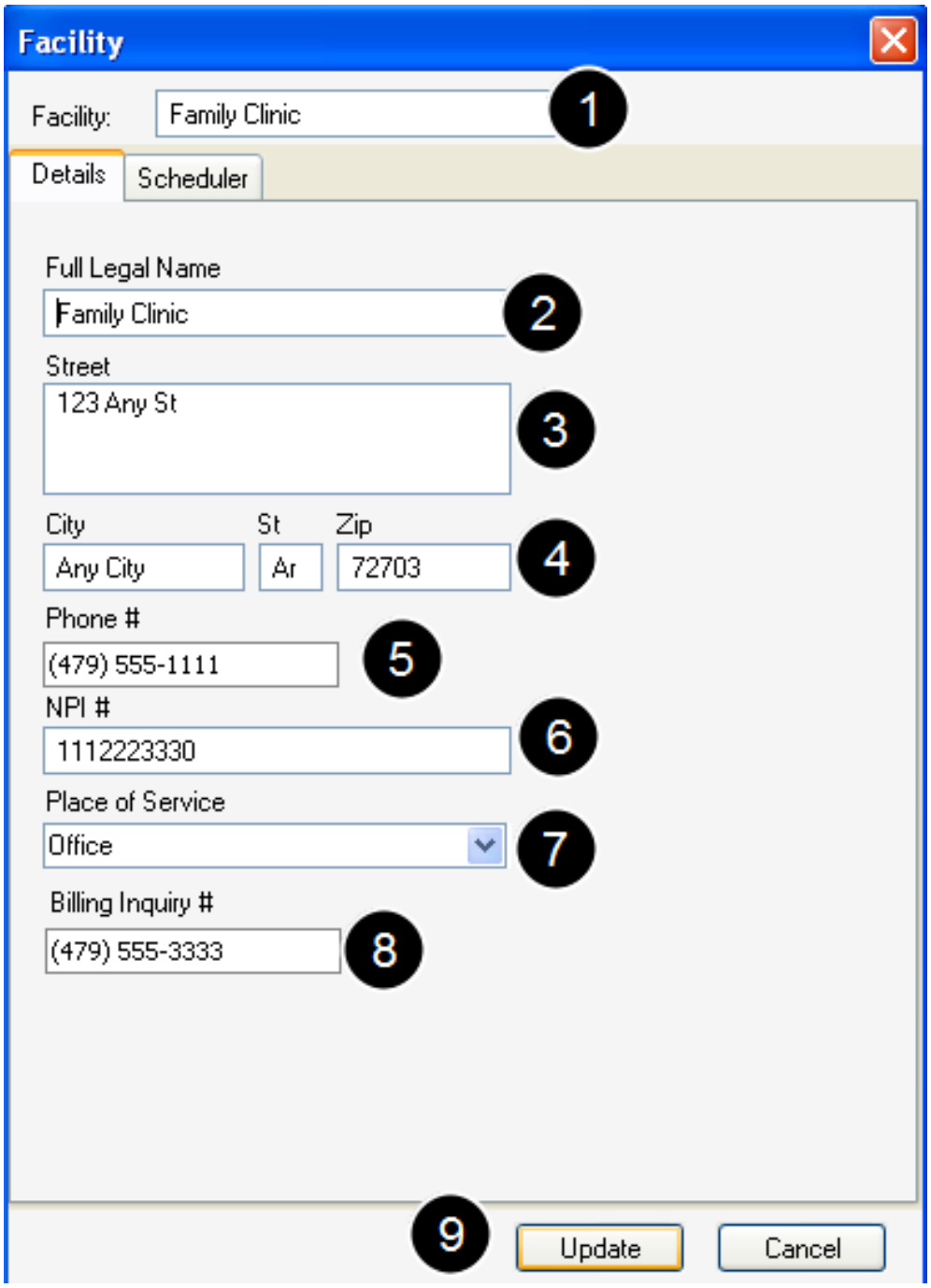
Tools -> Manage Facilities

Facility Manager



Click the **Create New Facility** button.

Setup Facility Details



Steps 1-5 identifies the Place of Service-**Block 32**

1. The commonly known **Facility Name**.
2. **Legal Name** of the facility. **(block 32)**
3. **Physical address** of the facility. **(block 32)**
4. **City, State and Zip** of the facility. **(Block 32)**
5. Clinic Phone number.
6. **NPI** number assigned to the facility. **(Block 32a)**
7. **Place of Service** this selection specifies the code that is placed on claims (**Block 24B)** identifying

the type of facility.

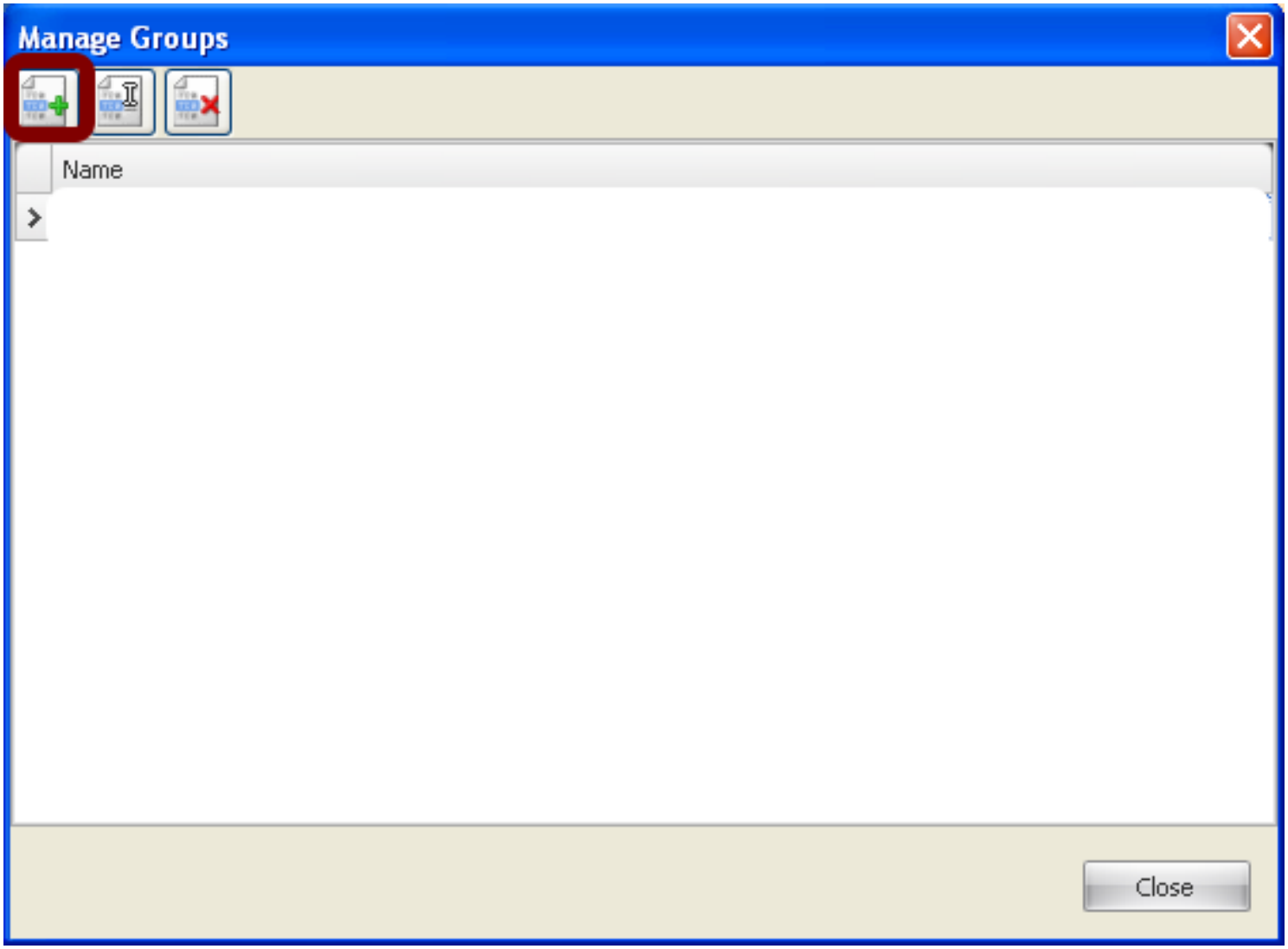
8. Phone number for Billing Inquiries. **This number will appear on Patient Statements, Receipts, etc. for billing questions**

9. Press Update to save

2. Manage Groups/Billing Provider/ Pay To Information (Block 33)

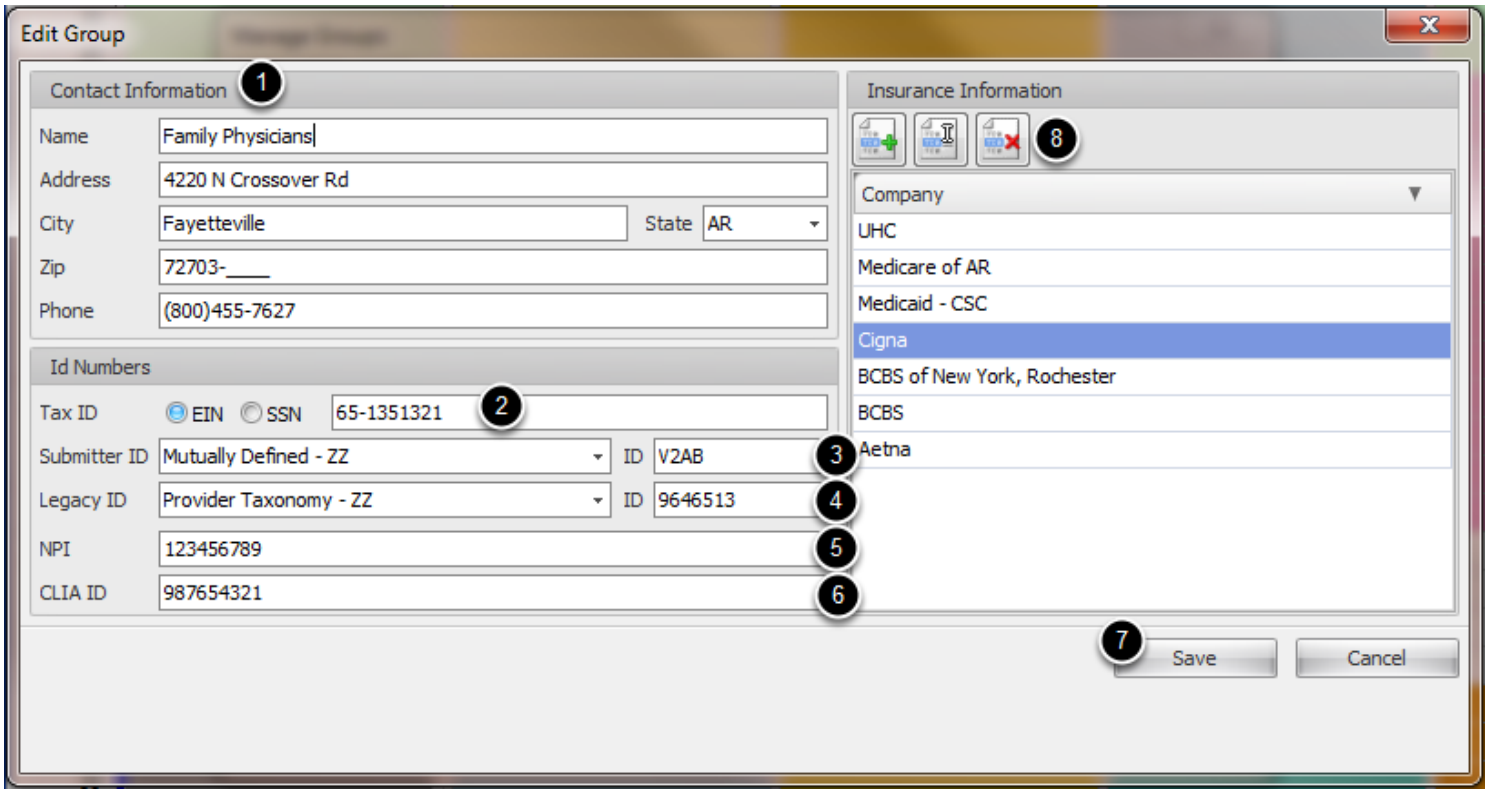
Tools menu -> Manage Groups

Manage Groups/Pay To Information



Click Add Group button to add a new Group/Pay to information.

Add a Group



Enter Pay To/Billing Provider information for the Clinic. Creating a Group and associating a provider with a Group, will cause the group information to default as the Provider's Pay To/Billing Provider information, with each insurance company. If there a specific Insurance Company that recognizes a different Pay To (or Group) for a particular Provider, the Group information can be overridden in the Insurance Company dialog, as needed.

It is highly recommended that you set up your Groups after your Facilities, as it will greatly streamline your setup of insurance companies later in the setup process. Note: It is recommended that even if a Provider in the clinic is his/her own group, you can setup a single provider as a group. The Group information will be the default Pay To Provider for the Provider. All in all, a group can represent a single doctor or a group of doctors. It is really just who the billing entity is for the Provider.

1. **Contact Information:** Enter the basic demographic information for the group. (Name, Address and Phone)

2. **Tax ID:** Enter the appropriate ID for the group. You can indicate either the EIN or social security number.

3. **Submitter ID:** Select **Mutually Defined - ZZ** for the identifier for the Submitter ID. This ID is how Gateway EDI knows who is submitting the claim file. The ID field will be your **4 digit Site ID code provided to you by Gateway EDI**.

4. **Legacy ID: (Optional)** Select from the drop down to indicate a particular ID/number, if your state requires a particular ID on every claim. For instance, if your state requires the Taxonomy Code, you can enter the taxonomy identifier and code, and the information will go in the legacy field of every claim, along with the NPI number. If you are not aware that a particular ID is required for every claim for your state and payer base, other than the NPI, you may be able to ignore this field.

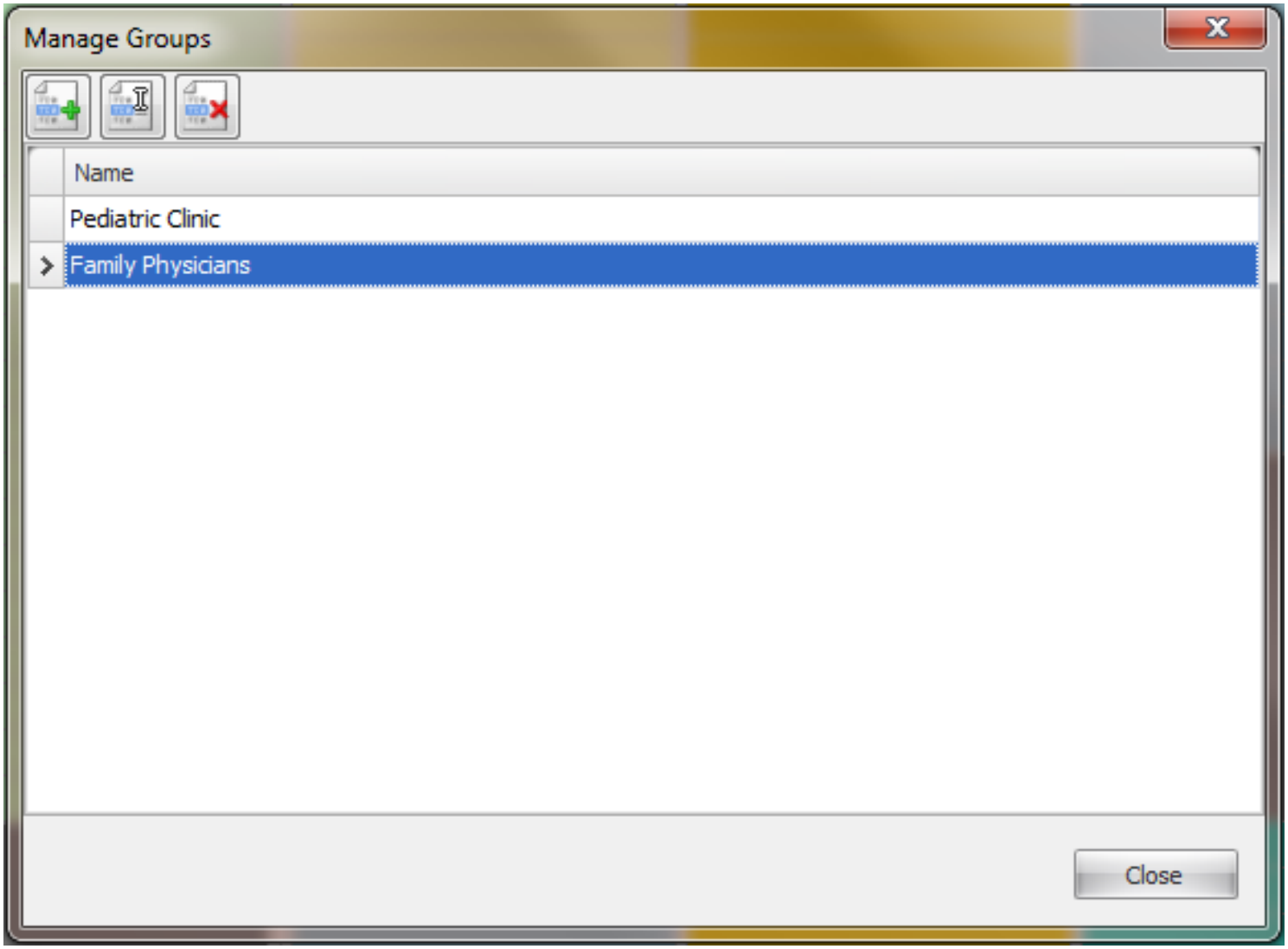
5. **NPI:** Enter the NPI number that has been assigned to the Group.

6. **CLIA ID: (Optional)** Enter the CLIA ID into this field, if one has been assigned to your clinic.

7. Click **Save** when finished.

8. **Insurance Information:** When setting up a brand new system, you can ingnore the Insurance Information section, initially. You will have to have your insurance companies setup first, before you can really take advantage of this field. Once you have finished the setup process, and need to change a legacy ID to be used for the group, with a particualr insurance company, you can change that information here at the group level, if needed.

- To create a new legacy ID for a specific insurance company (for your group), you will click the Create New button (with the green + sign). Search for the needed Insurance Company. Click Select. Select the Legacy identifier from the drop down box, and enter the associated code. Click Save when done.

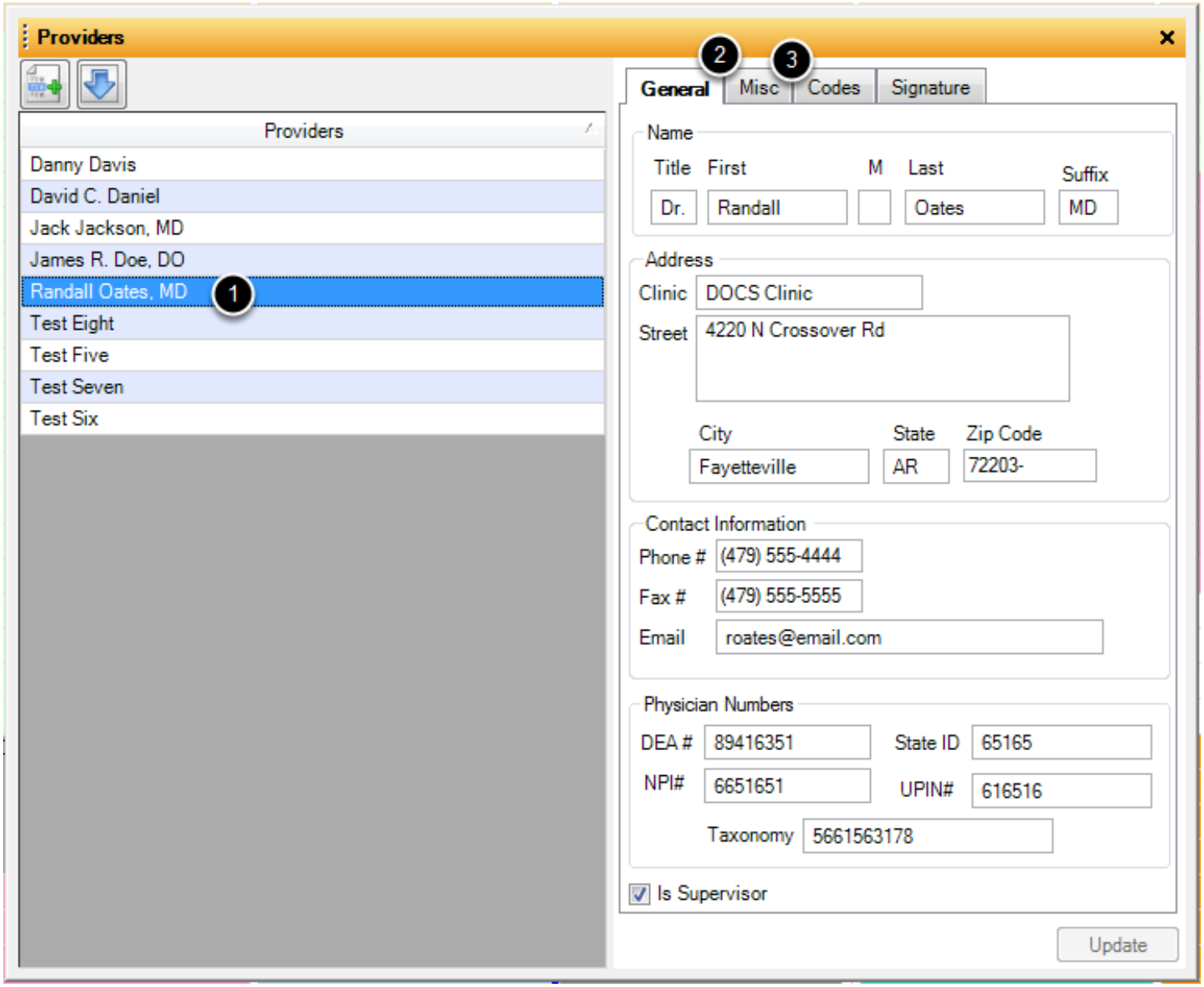


Newly added Group/Pay to Provider is added to the List. Most often there will only be a single Provider or a single group listed here per clinic. A Group can contain one to many Providers, but a Provider can only be associated with one group.

3. Provider Manager (Blocks 24J and 31)

Tools -> Provider Manager

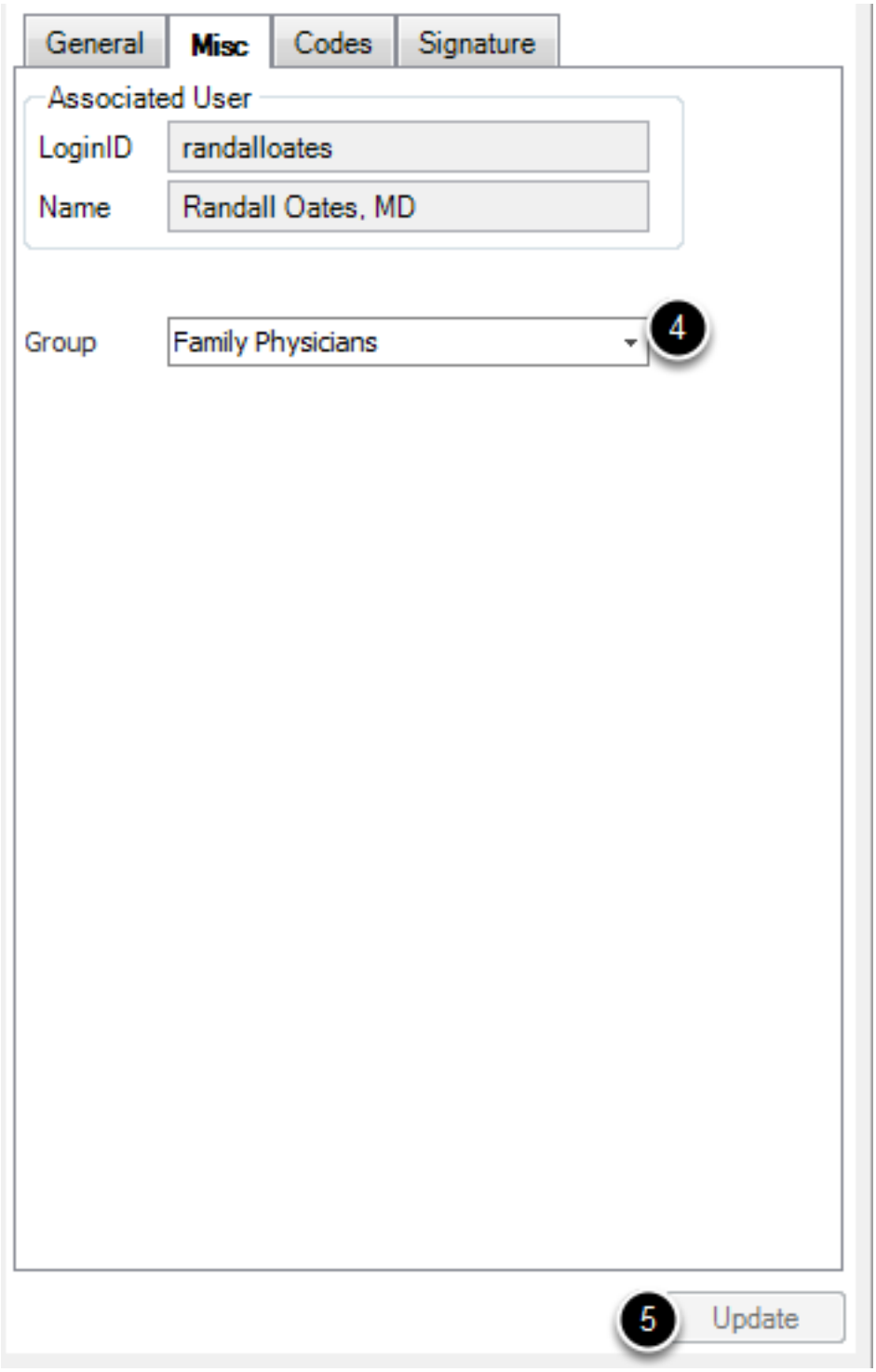
Enter/edit Rendering Provider information, Link Provider to a Group. The Misc. tab will indicate to Payers that the Selected Group is the Billing/Pay To Provider



1. Click to highlight and Select a Provider from the list. Providers should have been added when SOAPware was initially installed and licenses were activated.

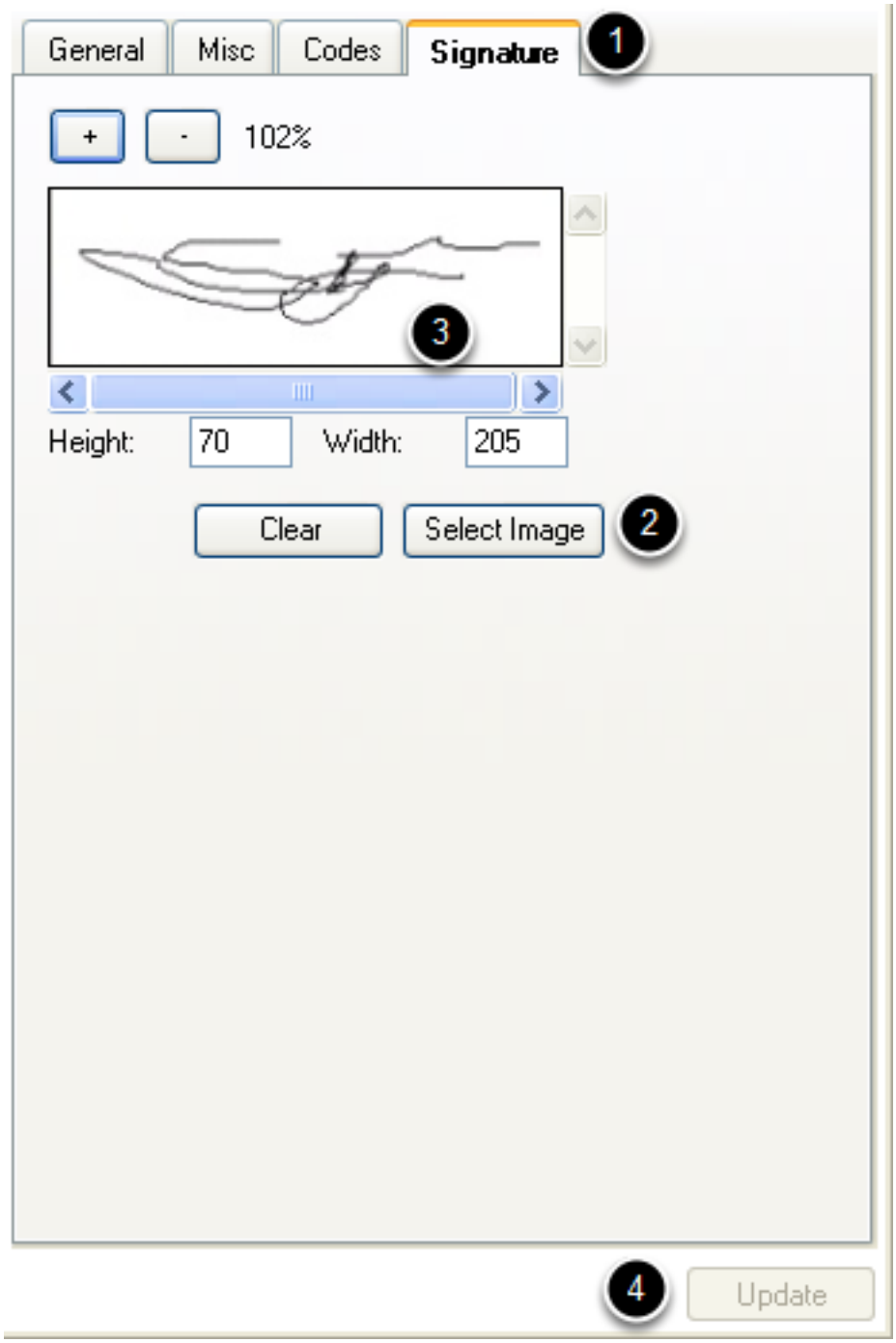
2. Enter the Provider's demographic information, including his/her DEA, NPI and Taxonomy numbers.

3. Click the Misc Tab to assign the Provider to a specific Group.



4. Click the drop down arrow to display a list of available Groups. Select the appropriate Group from the dropdown.
5. Click the Update button to save details.

Signature Tab (Block 31)



The clinician's signature will need to be captured via a signature capture device, scanning in a hand written signature as a picture, or even using Microsoft Paint. Save the signature in a picture format.

1. Click the Signature tab to insert a signature for the Provider
2. Click the **Select Image** button to capture the image. Find the location of the stored signature image and Click on the image. Click **Open**.
3. The signature will appear within the box provided to preview. If the image needs to be increased in size, click the + button to zoom in. If the image needs to be made smaller, click the - sign to zoom out. When first displayed, the image will default to 100% of its actual size.

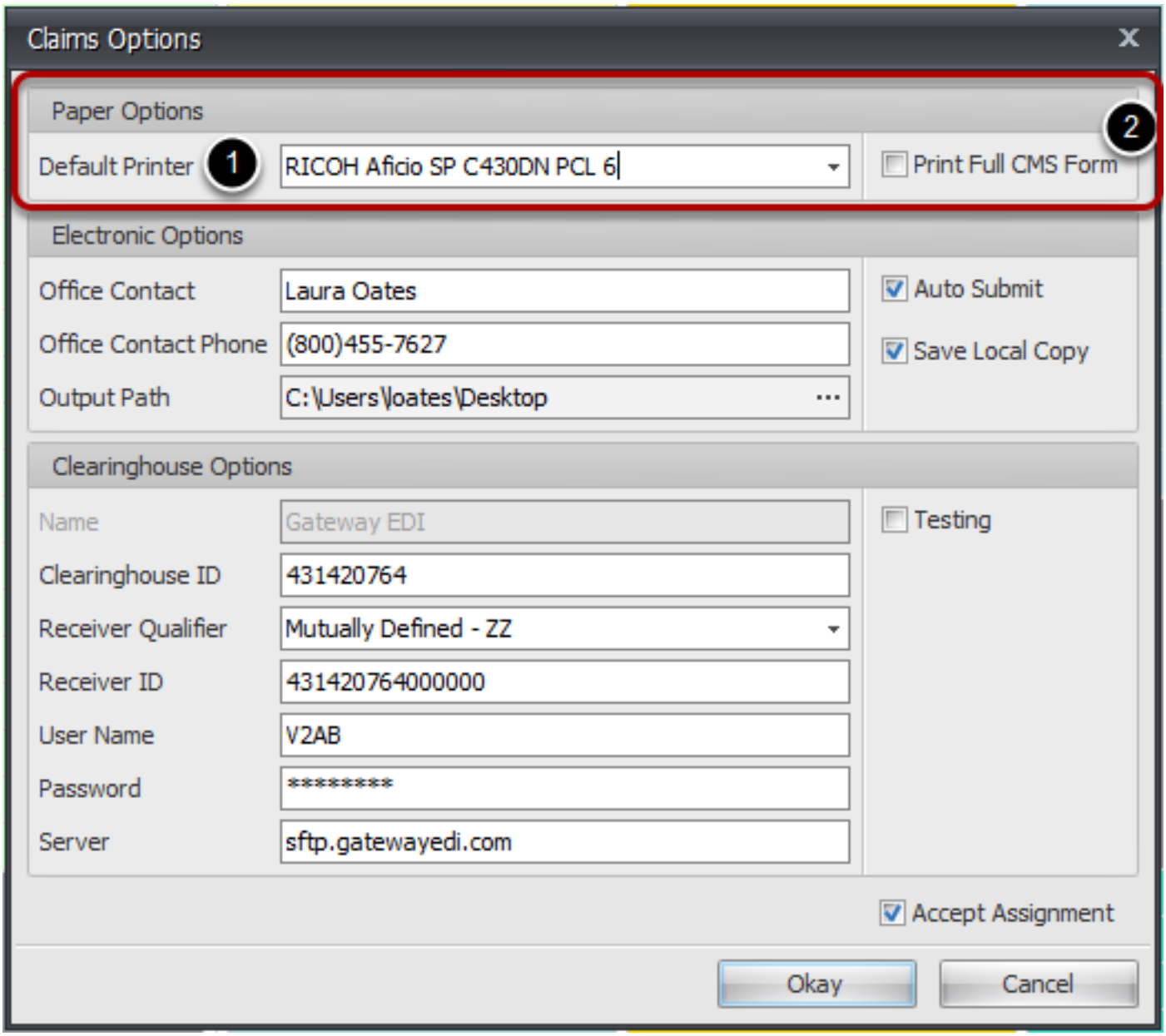
4. Click Update to save signature.

4. Setting Default Claim Options/Base Export Path

Setup how paper and electronic claims are exported from the system.

Tools -> Billing Maintenance -> Claims Options

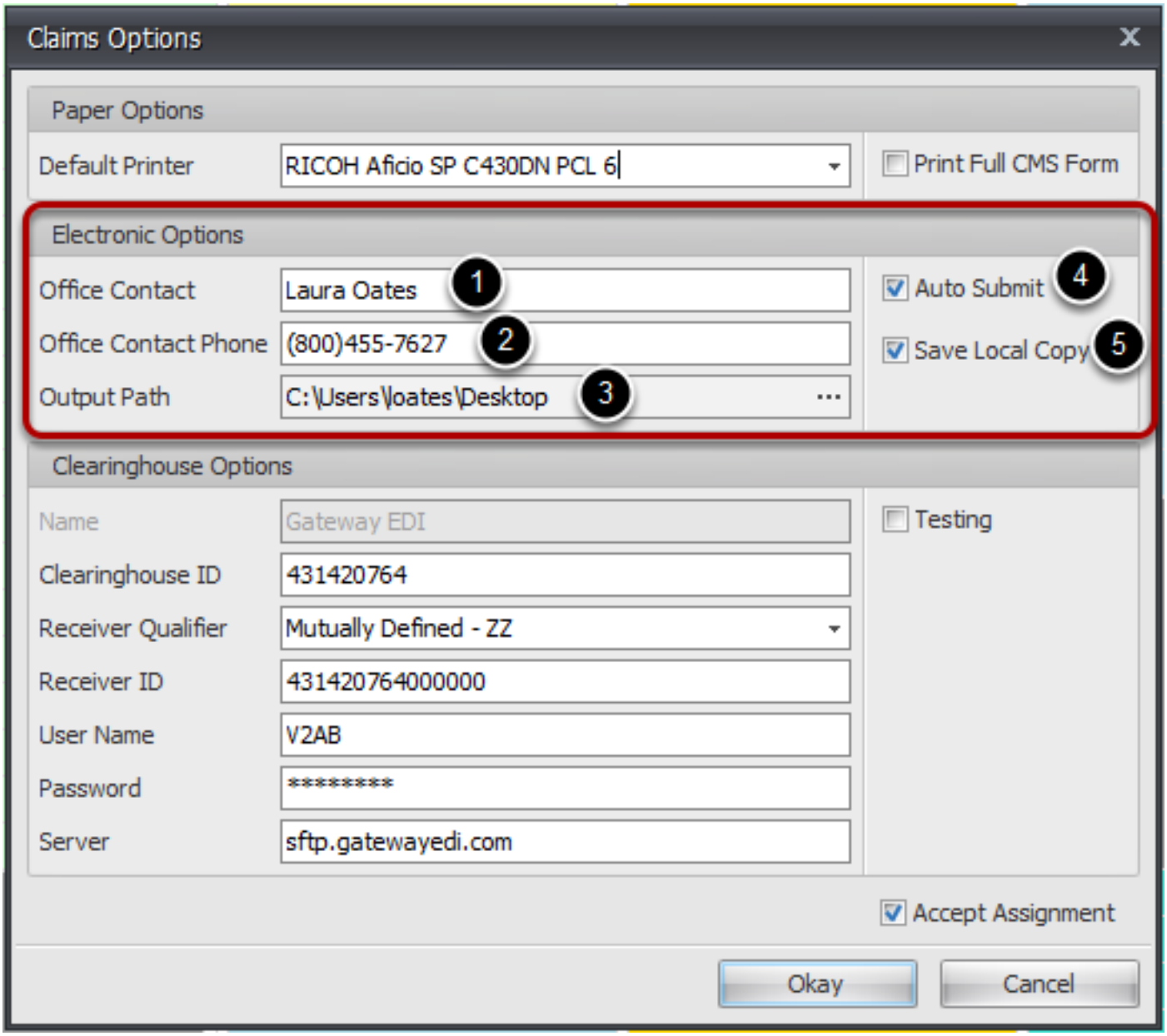
Paper Claim Options



1. **Default Printer:** Select from the dropdown to set the default printer when printed paper claims.

2. **Print Full CMS Form:** If not using preprinted CMS 1500 form, check Print Full CMS form to print the entire claim form, including the red lines (must have color printer).

Electronic Claim Options



1. ***Office Contact:** Enter the Contact Name for the person in the office who will be the contact for Gateway EDI, if any issues arise.

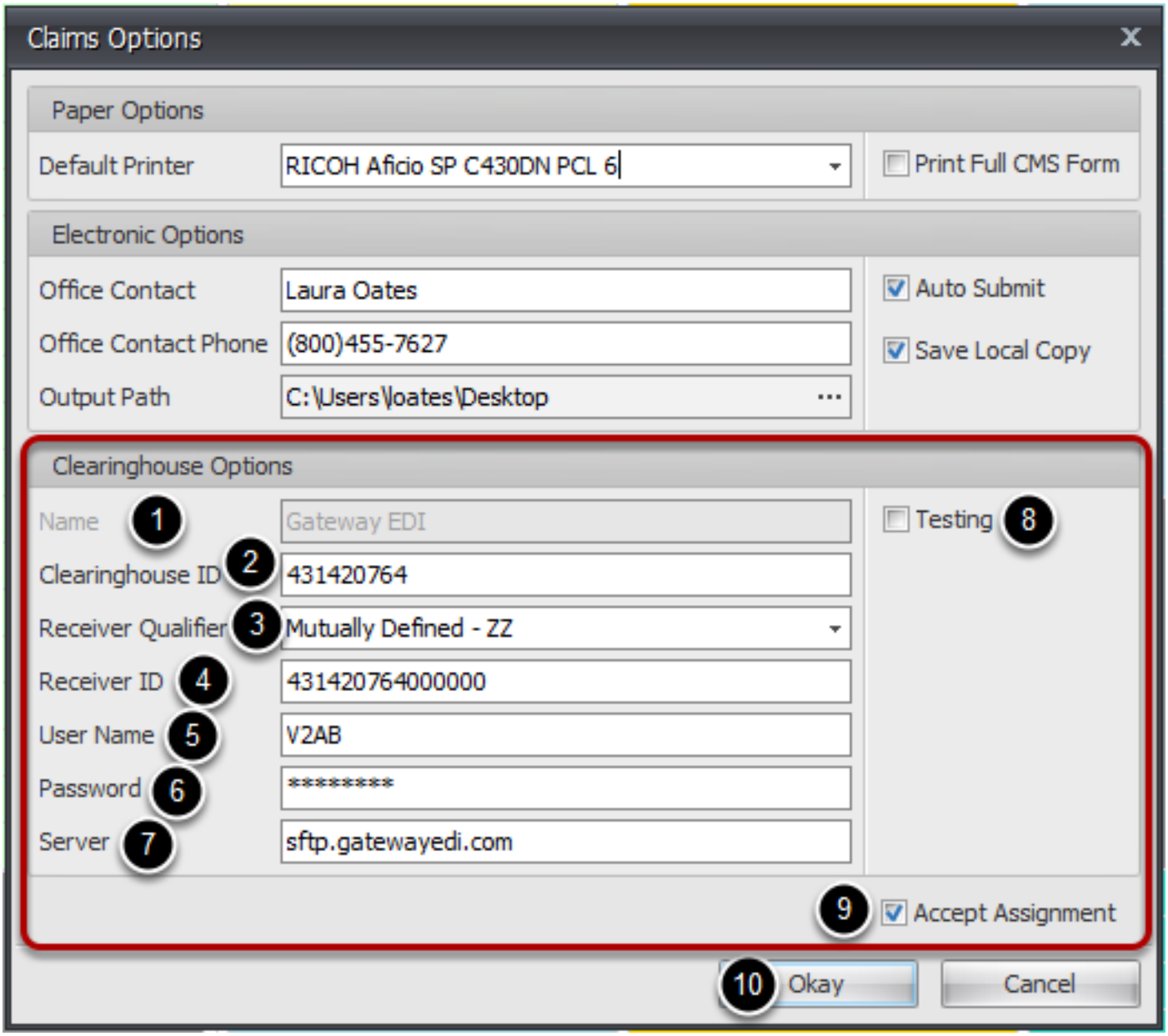
2. ***Office Contact Phone:** Enter the Contact Phone Number for the person in the office who will be the Gateway EDI contact.

3. **Output Path:** Specify a file location to which claims will be exported. Note: Make sure that the Save Local Copy box is checked to save your claim files to a local file. If more than one person in the office works with claims, it is recommended that this file path be stored in a shared file/drive to allow multiple people to access the claim files.

4. **Auto Submit:** If this box is checked, electronic claim files will be automatically uploaded to the clinic

Gateway EDI site. You will have to have the correct information entered in the Clearinghouse fields in the section below to ensure this will work correctly. If you would like to manually save and upload claim files to Gateway EDI, uncheck this box.

5. **Save Local Copy:** Check this box if you would like to store a copy of your claim files on a local drive/file location. If you have Auto Submit and Save Local Copy checked, you will be able to both auto submit your files to Gateway EDI, and you will have the claim file stored in a local drive, in case any discrepancy comes up, and the file needs to be re-uploaded.



1. **Name:** Indicates the name of the Clearinghouse.

2. **Clearinghouse ID:** If using Gateway EDI as your clearinghouse, enter the following number in this field: **431420764**

3. **Receiver Qualifier:** If using Gateway EDI as your clearinghouse, select **Mutually Defined - ZZ** from the dropdown list.

4. **Receiver ID:** If using Gateway EDI as your clearinghouse, enter the following number: **431420764000000**

5. **User Name:** Enter the 4 digit site ID assigned to your clinic by Gateway EDI.

6. **Password:** This password will be given to you by Gateway EDI. This will be the needed password to auto submit your claim files using their sftp site.

7. **Server:** If using Gateway EDI as your clearinghouse, enter the following: **sftp.gatewayedi.com**

8. **Testing:** Only check this box if you are wanting to send a test file to Gateway EDI. IMPORTANT: For your first claim submission to Gateway EDI, do not check this box. Gateway prefers to have live claims sent to them. They will manually review the file first, and if everything looks good, they will forward on to payers.

9. **Accept Assignment:** Check this box if you would like to default to Accept Assignment on all claims. It can be overriden at the Insurance Company and claim level, if needed.

10. Click **Okay** to save.

5. PM Security Administration

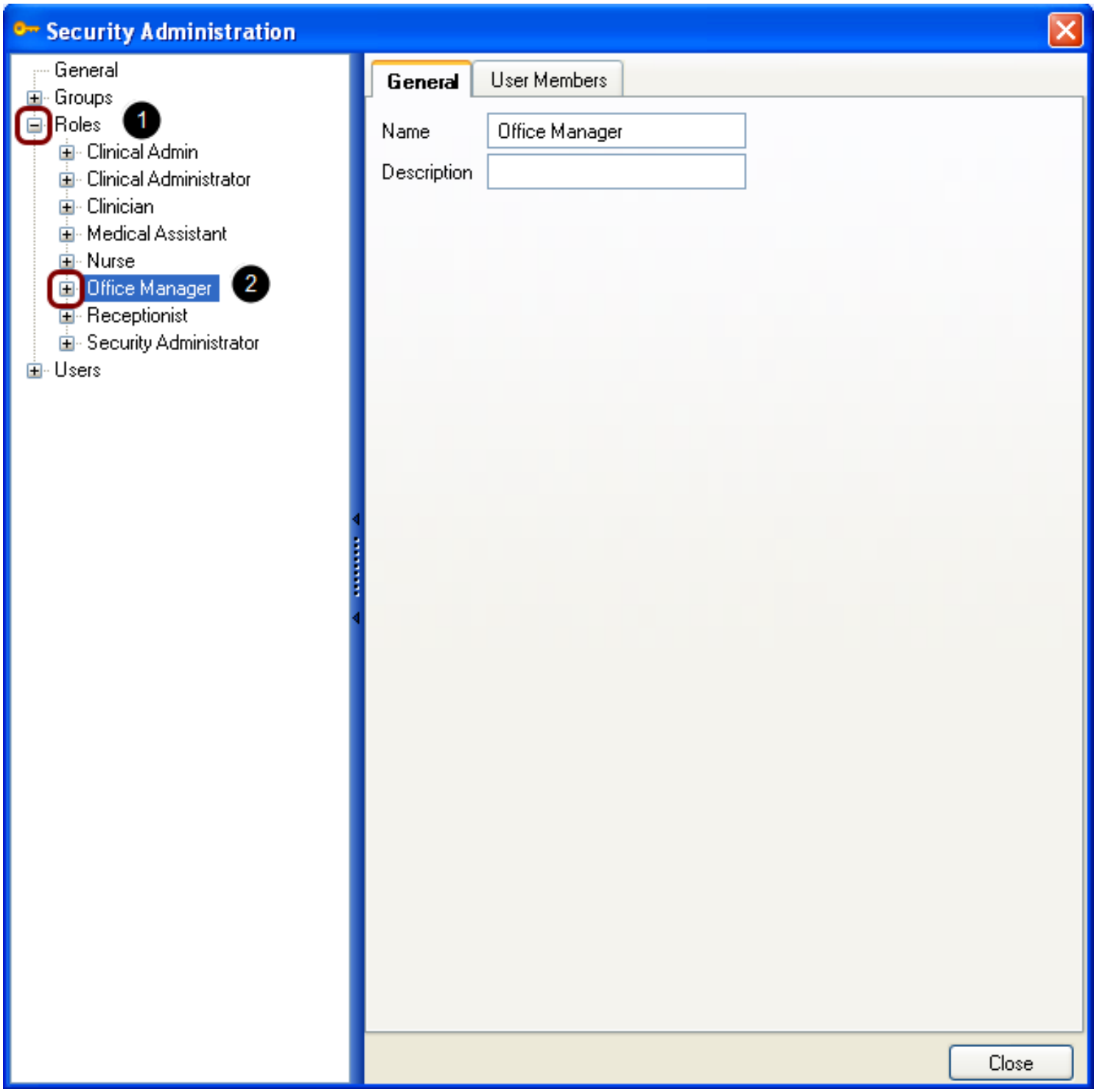
Tools -> Security

Billing Security options have been added for Groups, Roles and Users. Each section will have to be completed to allow Users access to assigned areas of Billing. Click on a specified action to **allow access** (green check mark), **deny access** (red X) or default to the **user's individual privileges** (leave blank). Clicking on **Allow All** button will place a check in all boxes and Clicking **Deny All** will place a red X in all boxes.

Users should be added to Security Prior to assigning privileges to Billing

Security changes made will not take effect until you log out. For additional documentation on Security see SOAPedia online manual

Assign Billing Security Privileges to Roles



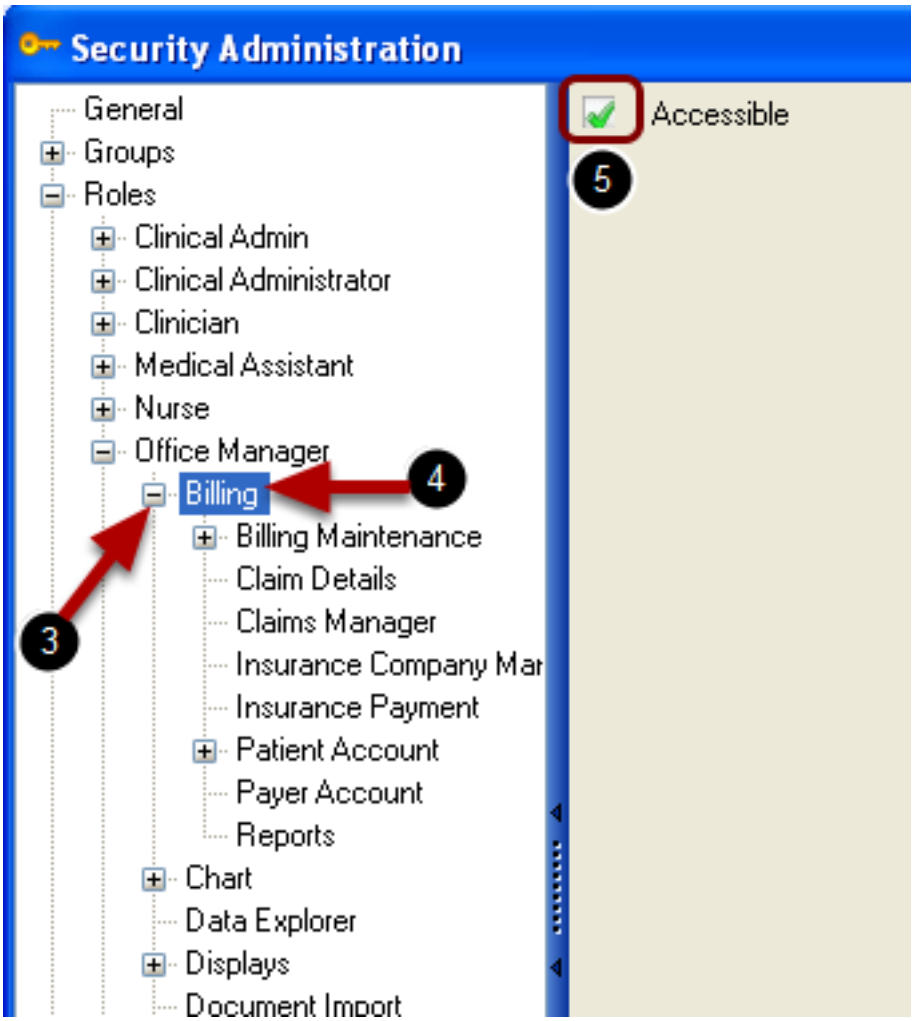
Access to specified sections can be manually allowed or denied for each user.

Another way to assign security privileges to users is to select or create a **Role**, assign accessibility to the role, and then assign that **Role** to a **User**. This will eliminate the need to go into every section of billing for each user and repeat the process.

1. Click on the expander node next to **Roles.**

2. Click on the expander node next to one of the Roles in the list. (Screenshot shows Office Manager selected)

Billing Access

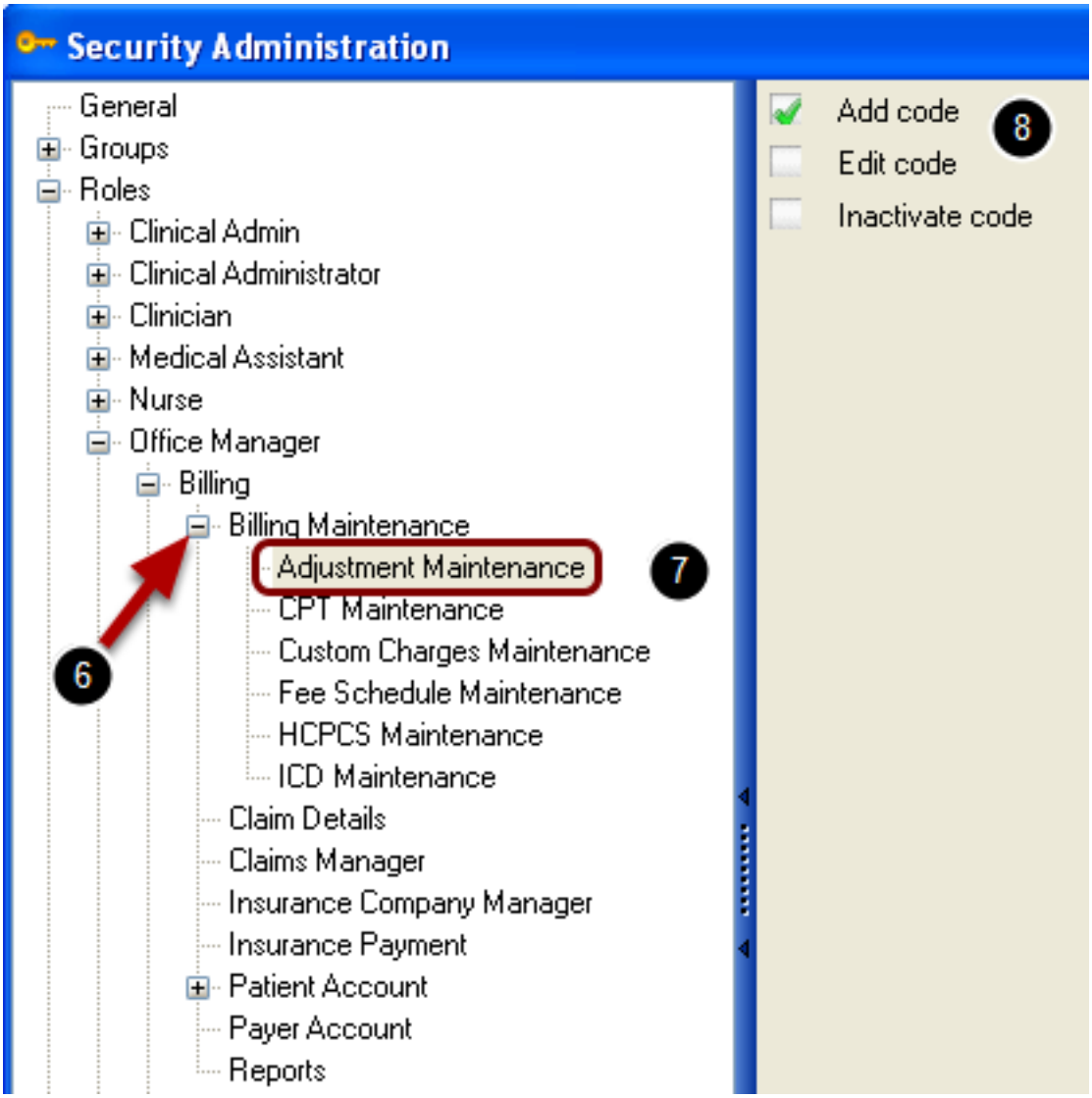


3. Click the expander node next to Billing

4. Click on Billing

5. Click inside the box next to **Accessible-**This will allow any user assigned the Role of Office Manager to access the **Billing Menu option**

Adjustment Maintenance



6. Click the expander node next to **Billing Maintenance**

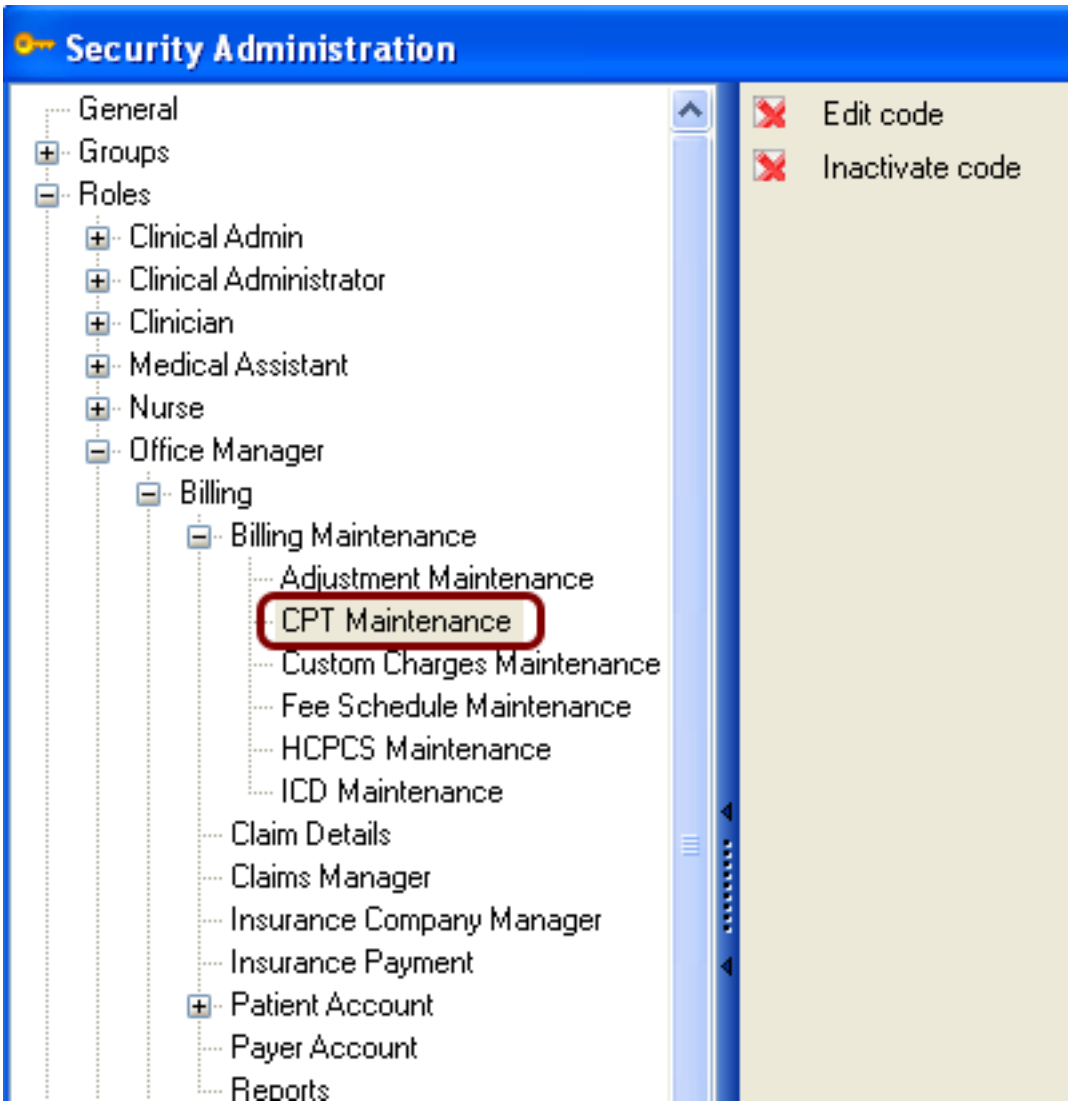
7. Double Click **Adjustment Maintenance**

8. Click on a specified action to **allow access** (green check mark), **deny access** (red X) or default to the **user's individual privileges** (leave blank). Clicking on **Allow All** button will place a check in all boxes and Clicking on **Deny All** will place a red X in all boxes.

Add code-Allows user to add new adjustment codes in Adjustment Maintenance dialog
Edit code-Allows user to edit adjustment codes
Inactivate code-Allows user to mark an adjustment code Inactive.

Repeat Steps 7 and 8 for each section/action under Billing

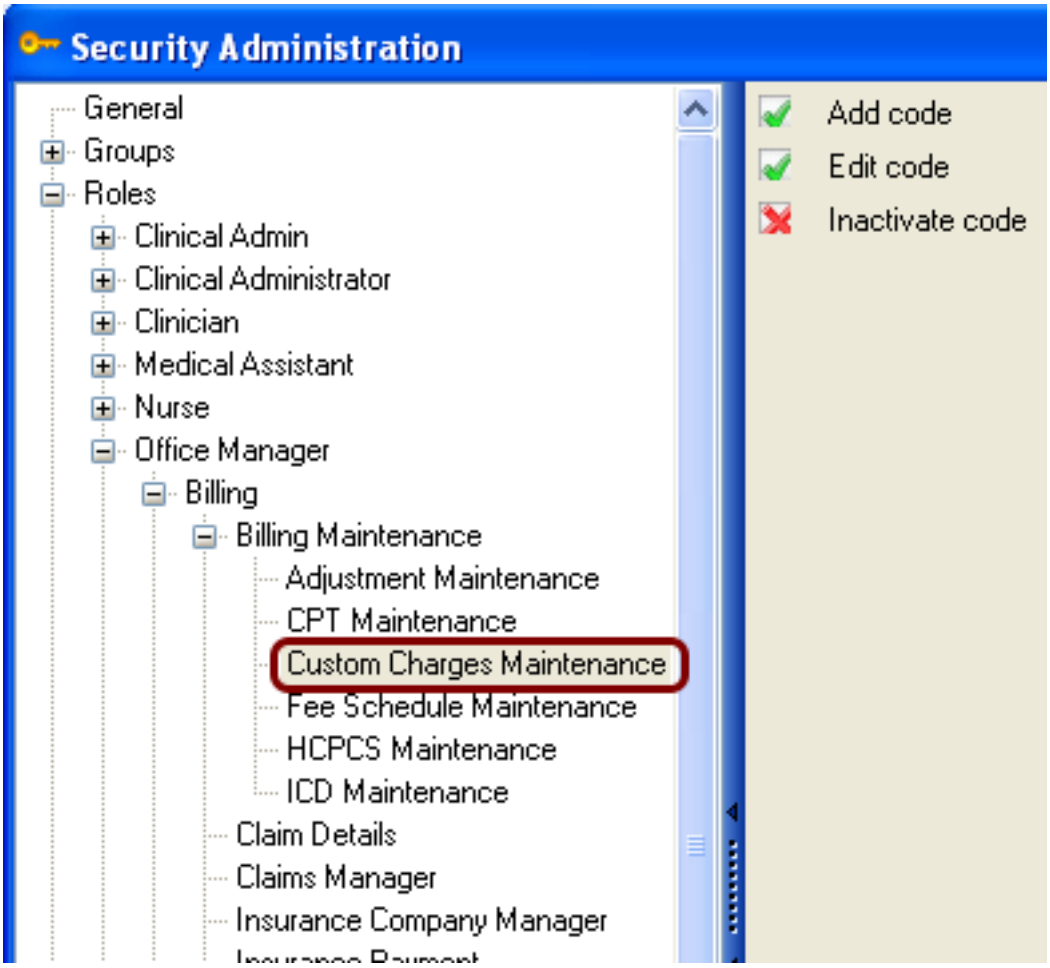
CPT Maintenance



Edit code-Deny access or allow user to Edit CPT Maintenance

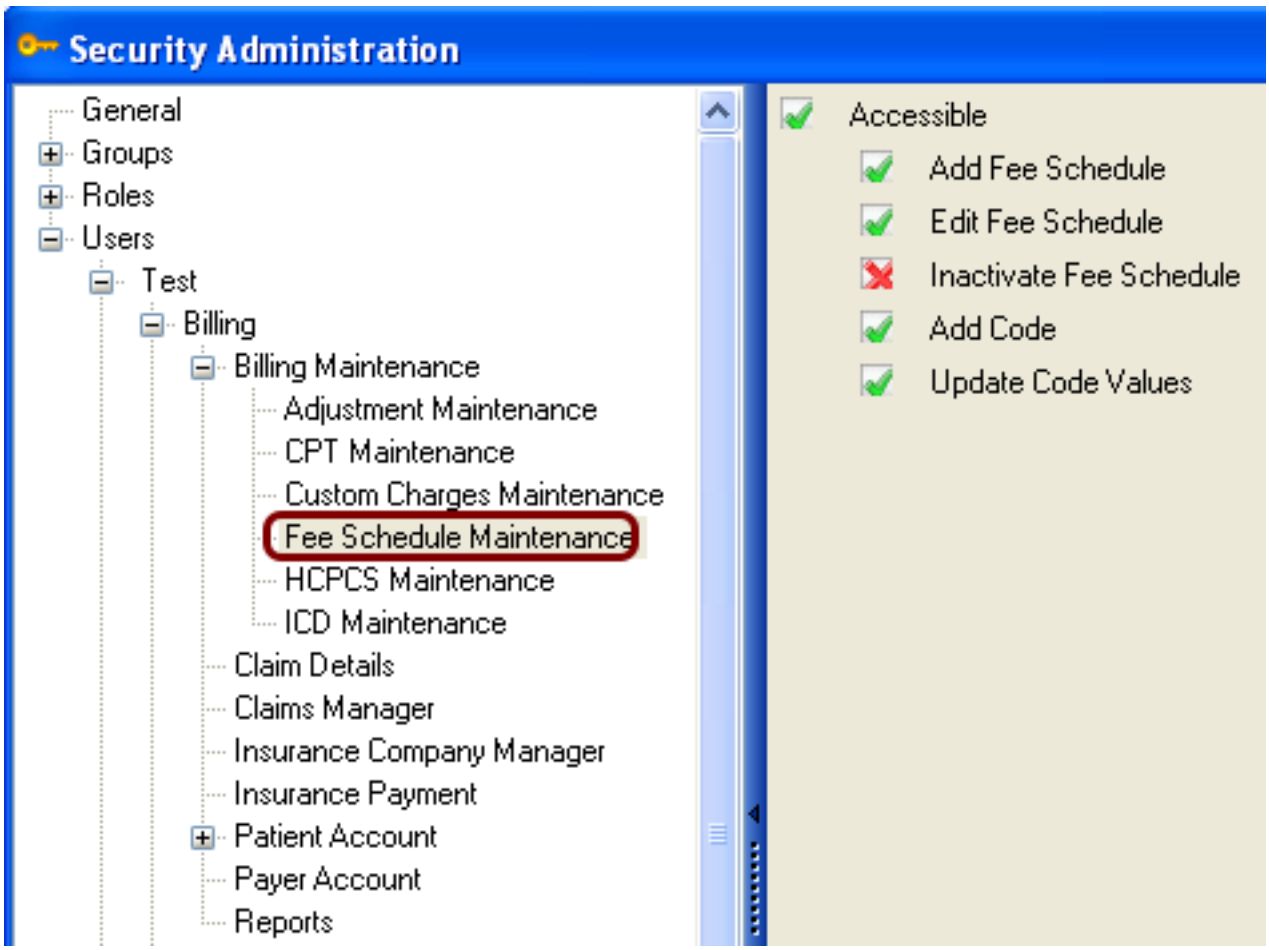
Inactivate code-Deny access or allow user to mark a CPT code Inactive

Custom Charges Maintenance



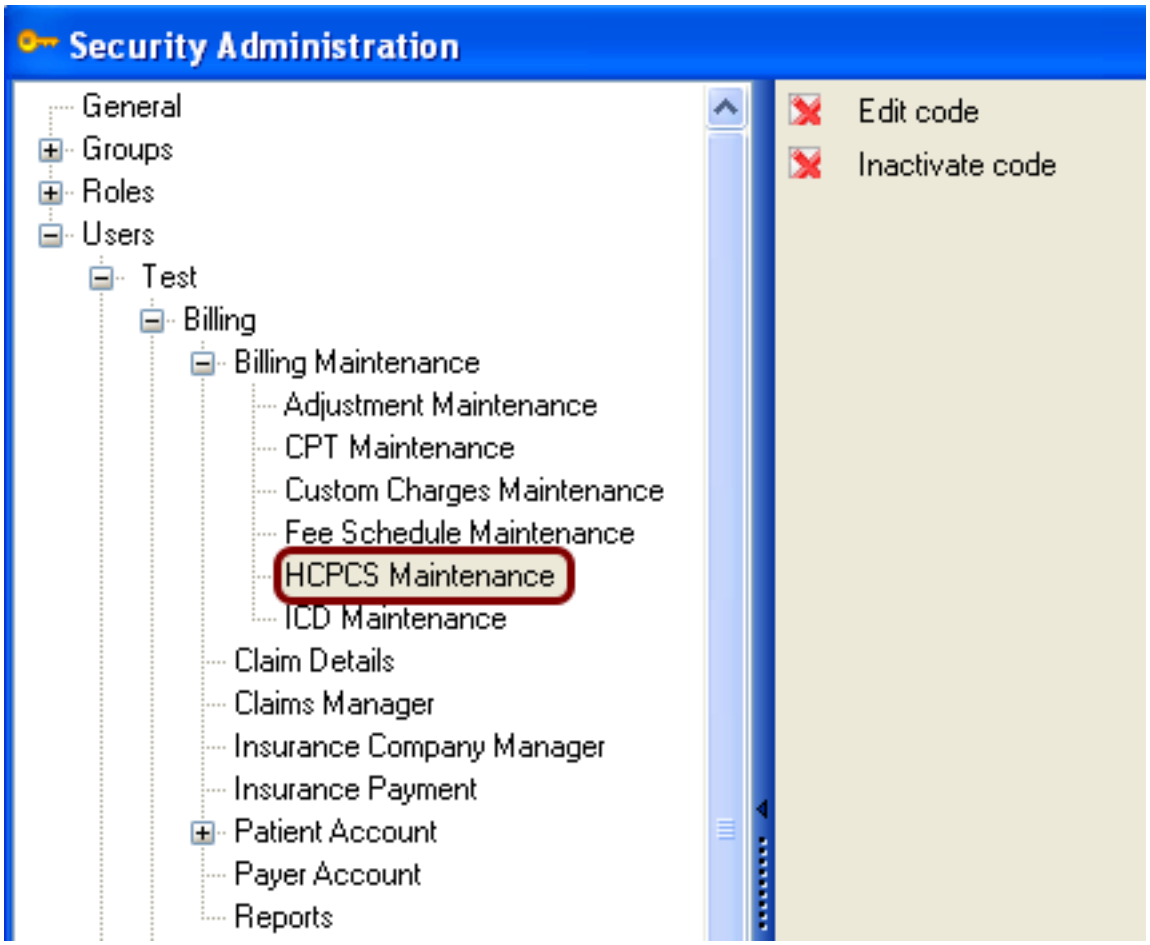
Add code-Deny access or allow user to add a Custom Charge code
Edit code-Deny access or allow user to edit a Custom Charge code
Inactivate code-Deny access or allow user to mark a Custom charge Inactive

Fee Schedule Maintenance



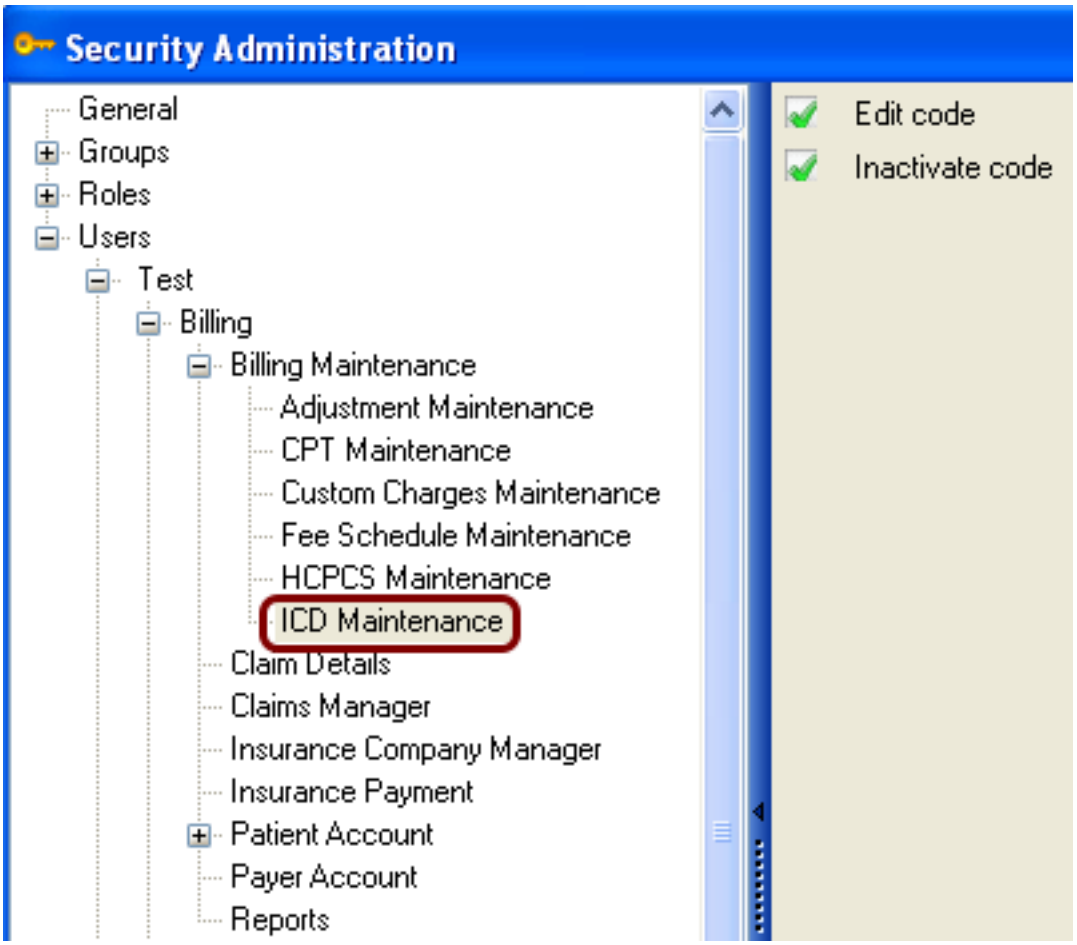
Accessible-Deny access or allow user access to the Fee Schedule menu option
Add Fee Schedule-Deny access or allow user ability to Add a new Fee Schedule
Edit Fee Schedule-Deny access or allow user ability to make edits within the Fee Schedules
Inactivate Fee Schedule-Deny access or allow user the ability to make a Fee Schedule Inactive
Add Code-Deny access or allow user the ability to Add a new Code from the HCPCS/CPT list to a Fee Schedule
Update Code Values-Deny access or allow user to Update Code amounts

HCPCS Maintenance



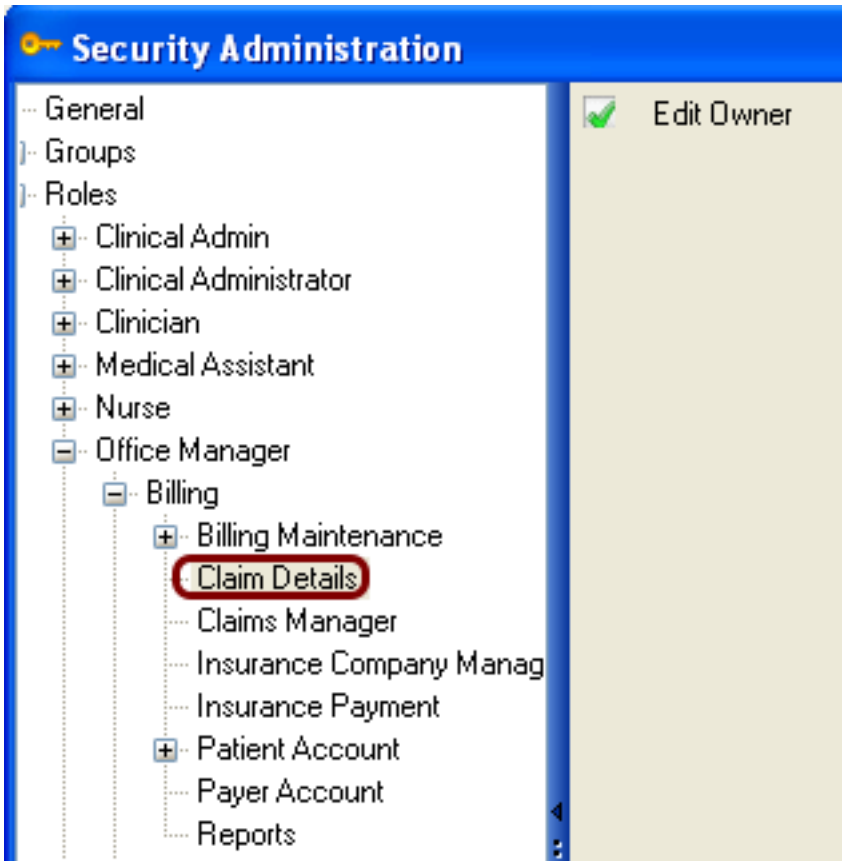
Edit code-Deny access or allow user to edit a HCPCS code in Maintenance
Inactivate code-Deny access or allow user to change a HCPCS code to Inactive

ICD Maintenance



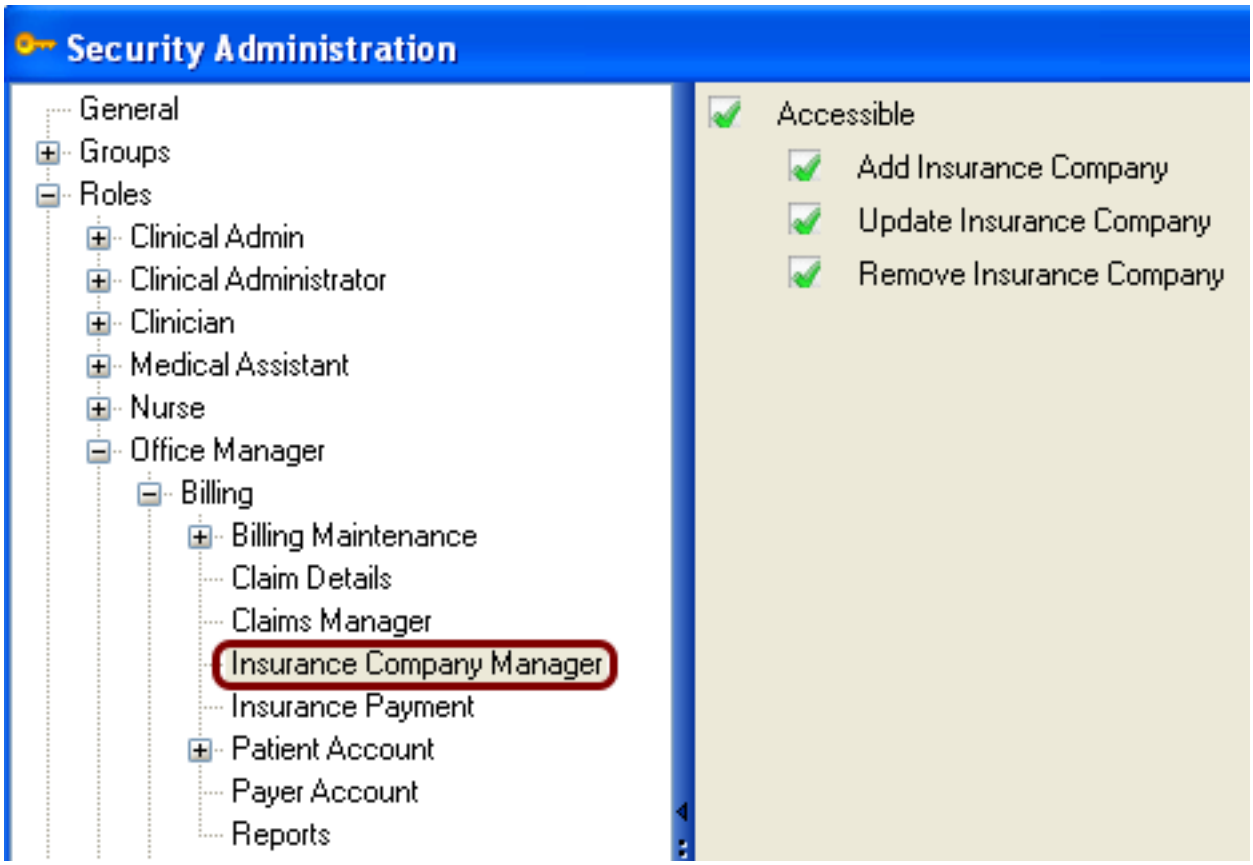
Edit code-Deny access or allow user to edit a Diagnosis code in ICD Maintenance
Inactivate code-Deny access or allow user to change a Diagnosis code to Inactive

Claim Details



Edit Owner-Deny access or allow user to change Owner/Provider in Charge Details

Insurance Company Manager

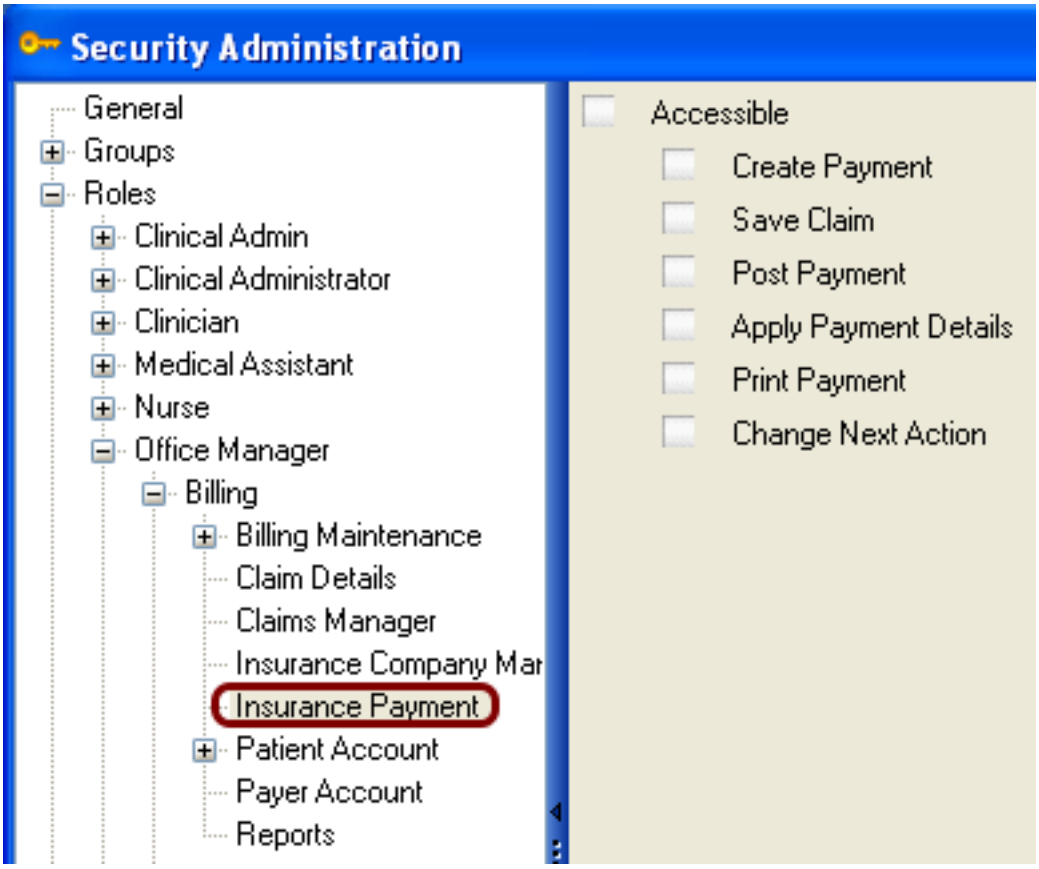


Accessible-Allow/Deny user access to the Insurance Company Master files/Maintenance
Add Insurance Company-Allow/Deny user to add new insurance companies
Update Insurance Company-Allow/Deny user to update/save insurance companies
Remove Insurance Company-Allow/Deny user to delete/remove an insurance company from Insurance company Maintenance

Claims Manager

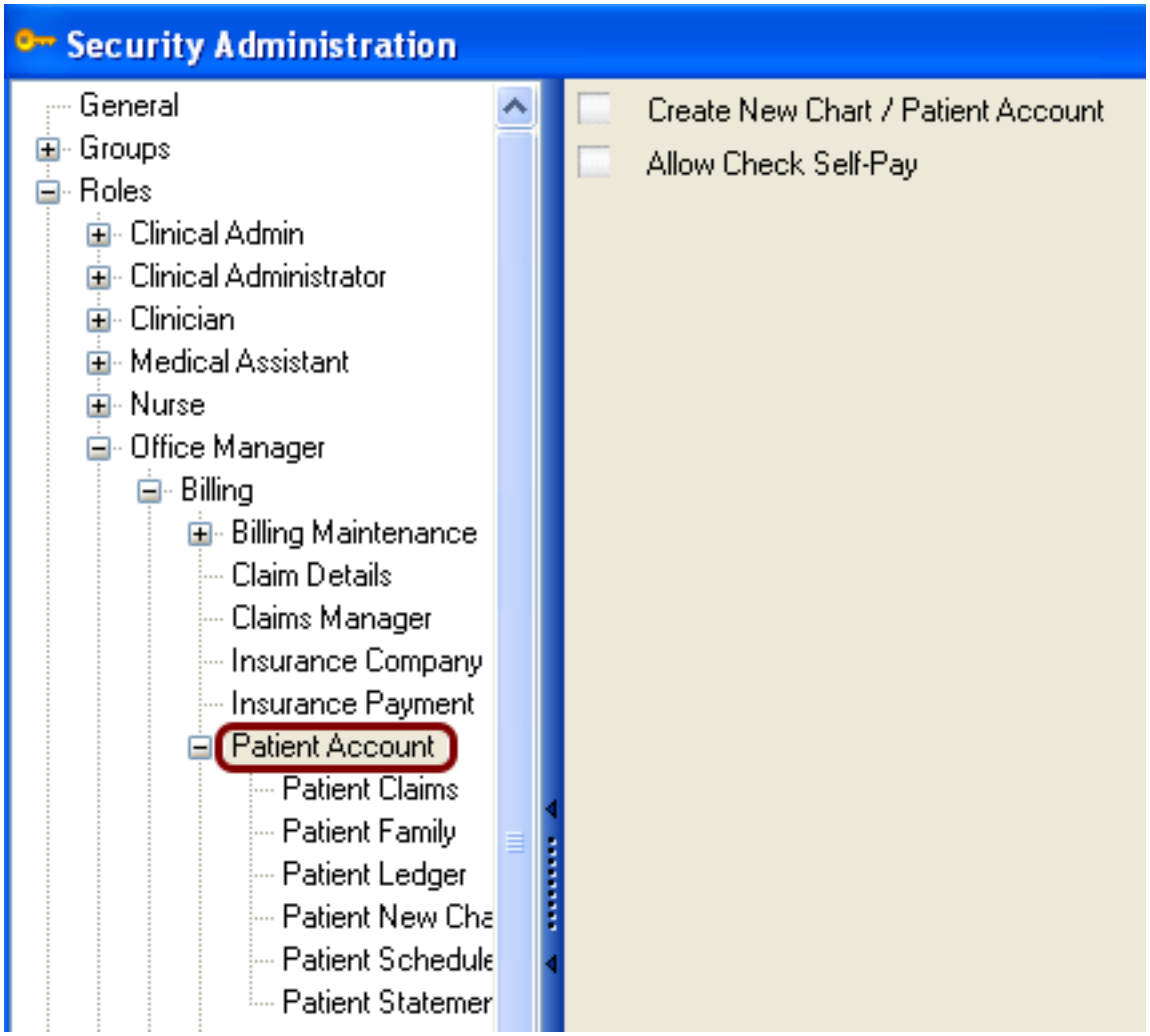
Accessible-Deny access or allow user access to the Claims Manager
Scrub Claim-Deny access or allow user to scrub claims in the Claims Manager
Edit Claim-Deny access or allow user to edit claims in the Claims Manager
Change Claim Status-Deny access or allow user to change the claim status in the Claims Manager
Rebuild Claim-Deny access or allow user to Rebuild a claim in the Claims Manager
Generate Electronic-Deny access or allow user to generate an electronic claims file in the Claims Manager
Submit Claims-Deny access or allow user to submit claims in the Claims Manager
Print Claims-Deny access or allow user to print claim forms in the Claims Manager

Insurance Payment



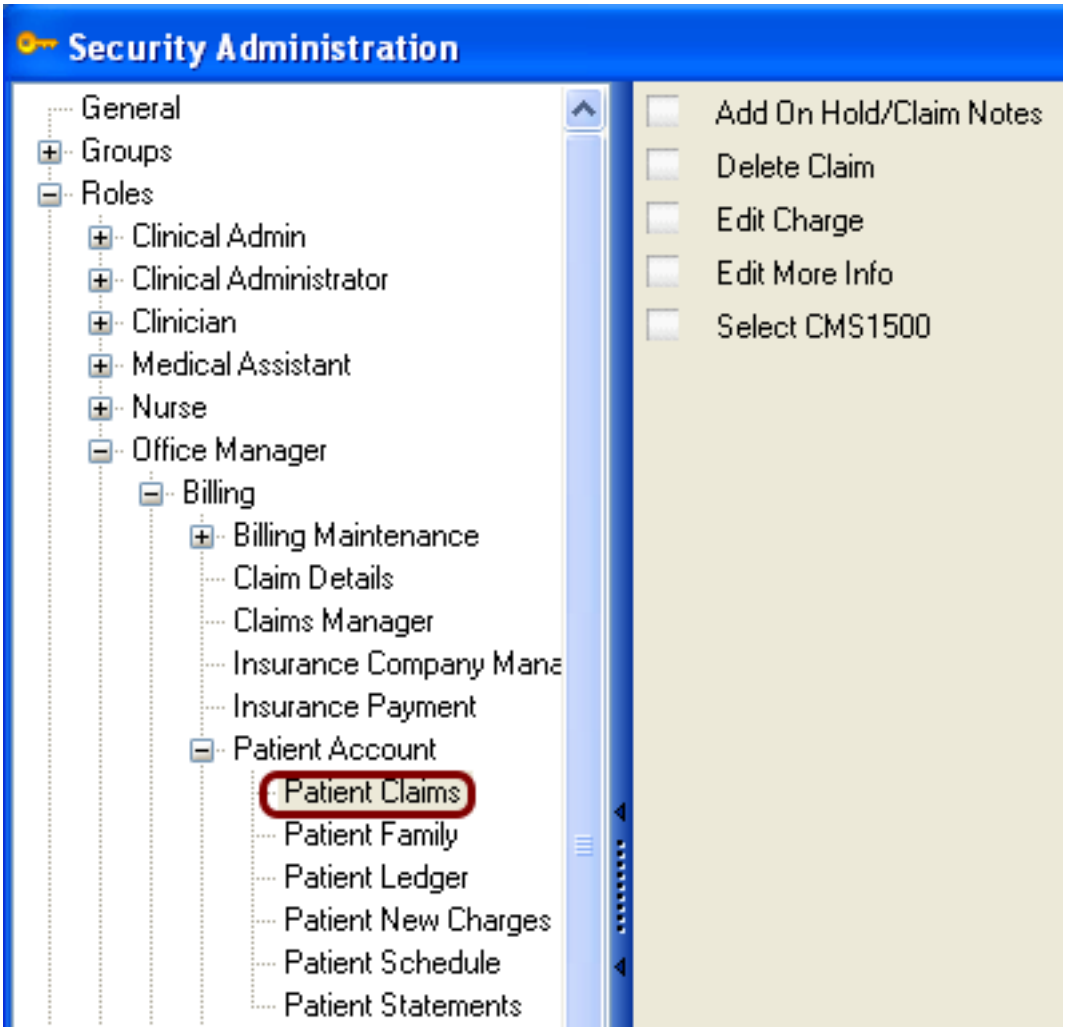
Accessible-Deny access or allow user access to Insurance Payment Posting
Create Payment-Deny access or allow user to Create a new Insurance Payment
Save Claim-Deny access or allow user to apply a payment and save that payment in Insurance Payment Posting
Post Payment-Deny access or allow user to post a payment in Insurance Payment Posting
Apply Payment Details-Deny access or allow user access to add/edit Payment/Remit details in Insurance Payment dialog
Print Payment-Deny access or allow user access to Print Payment in Insurance Payment dialog
Change Next Action-Deny access or allow user to edit the Next Action option in Insurance Payment dialog

Patient Account



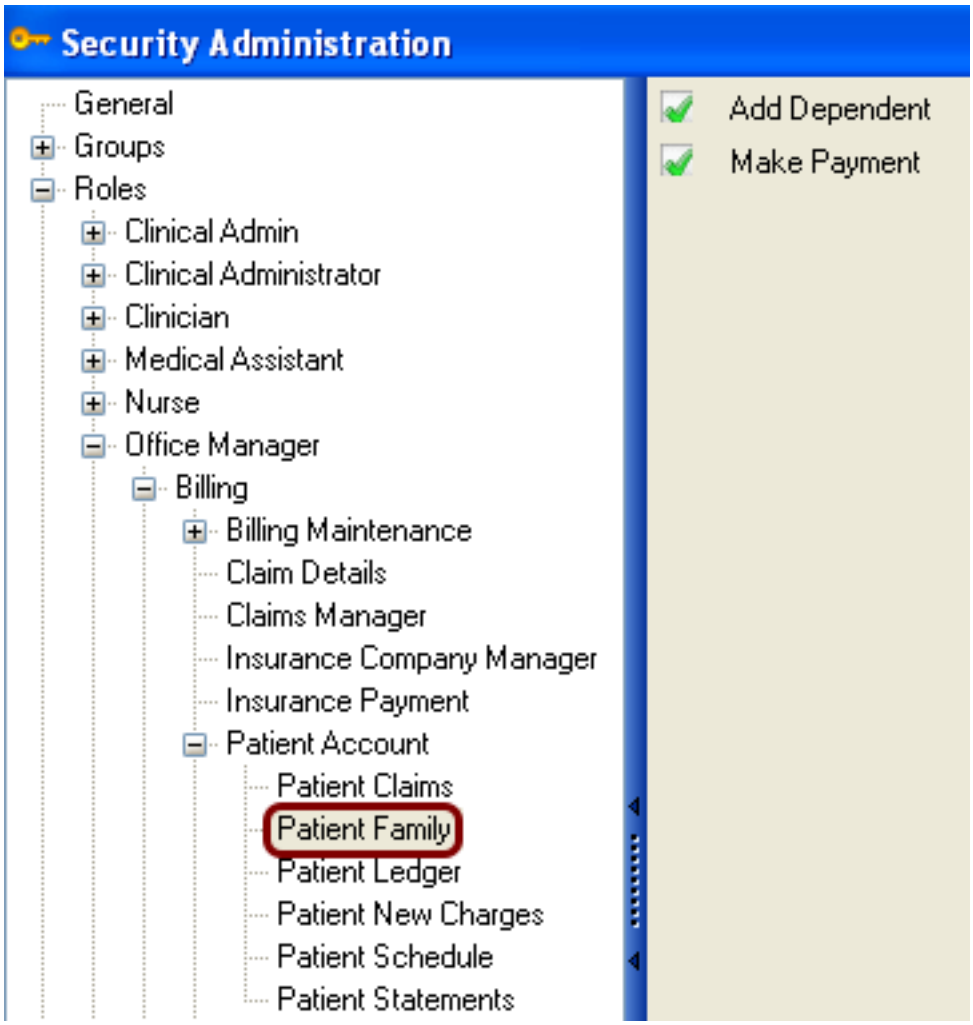
Create New Chart/Patient Account-Deny access or allow user to create a new chart or patient account
Allow Check Self Pay-Deny access or allow user to check the box next to self pay option on patient account information bar

Patient Claims



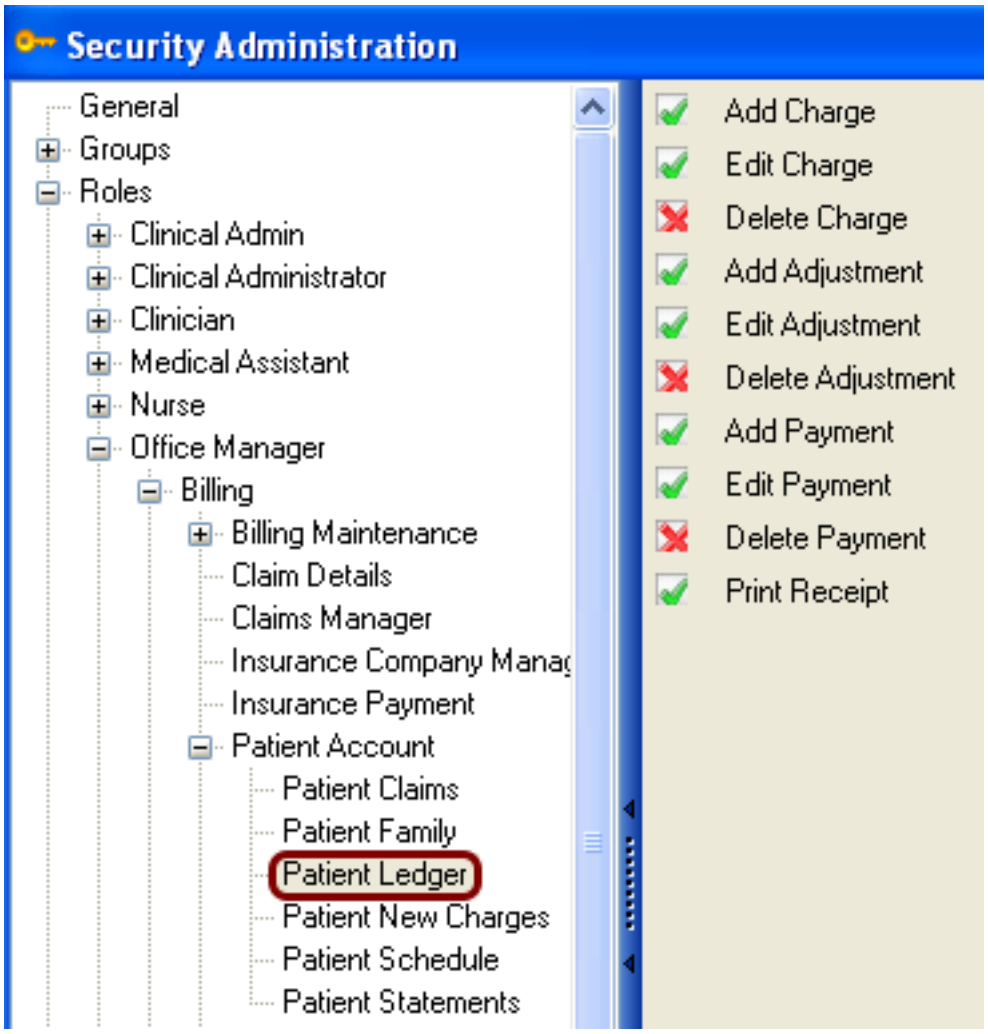
Add On Hold/Claim Notes-Deny access or allow user access to comment in the On Hold notes section or the Claims Notes section in the Claims Tab
Delete Claim-Deny access or allow user to remove/delete claims in the Claims Tab
Edit Charge-Deny access or allow user to edit charges in the Claims Tab
Edit More Info-Deny access or allow user to edit More Info dialog in the Claims Tab
Select CMS1500-Deny access or allow user to select/view the CMS 1500 claim form from the Claims Tab

Patient Family



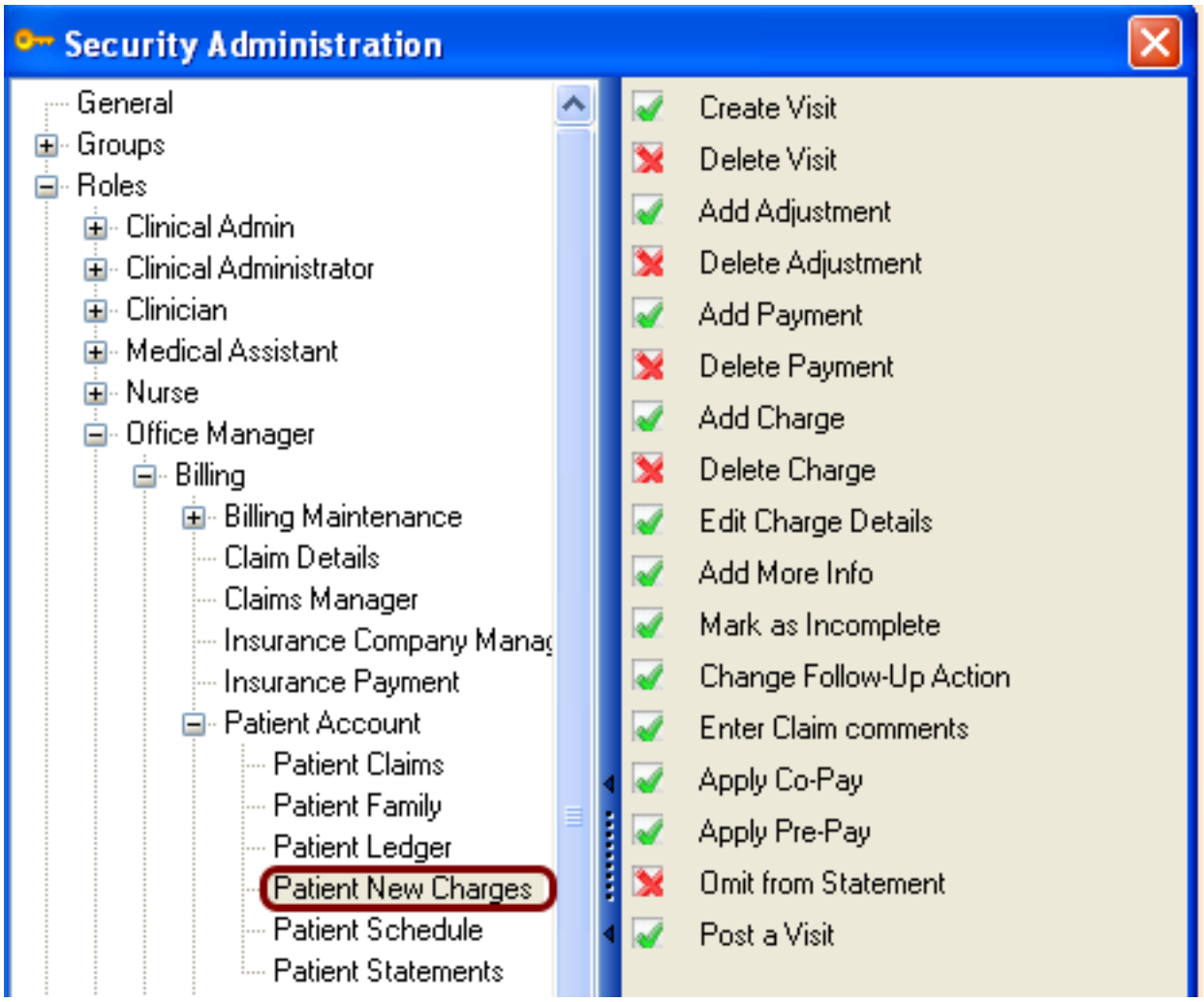
Add Dependent-Deny access or allow user to add a dependent to a Patient Account Family tab
Make Payment-Deny access or allow user to make a payment in the Patient Account Family tab

Patient Ledger



Add Charge-Deny access or allow user to add a charge from Patient Ledger
Edit Charge-Deny access or allow user to edit a charge from Patient Ledger
Delete Charge-Deny access or allow user to delete a charge from Patient Ledger
Add Adjustment-Deny access or allow user to apply an adjustment from Patient Ledger
Edit Adjustment-Deny access or allow user to edit an adjustment from Patient Ledger
Delete Adjustment-Deny access or allow user to delete an adjustment from Patient Ledger
Add Payment-Deny access or allow user to add a payment from Patient Ledger
Edit Payment-Deny access or allow user to edit a payment from Patient Ledger
Delete Payment-Deny access or allow user to delete a payment from Patient Ledger
Print Receipt-Deny access or allow user to print a receipt from Patient Ledger

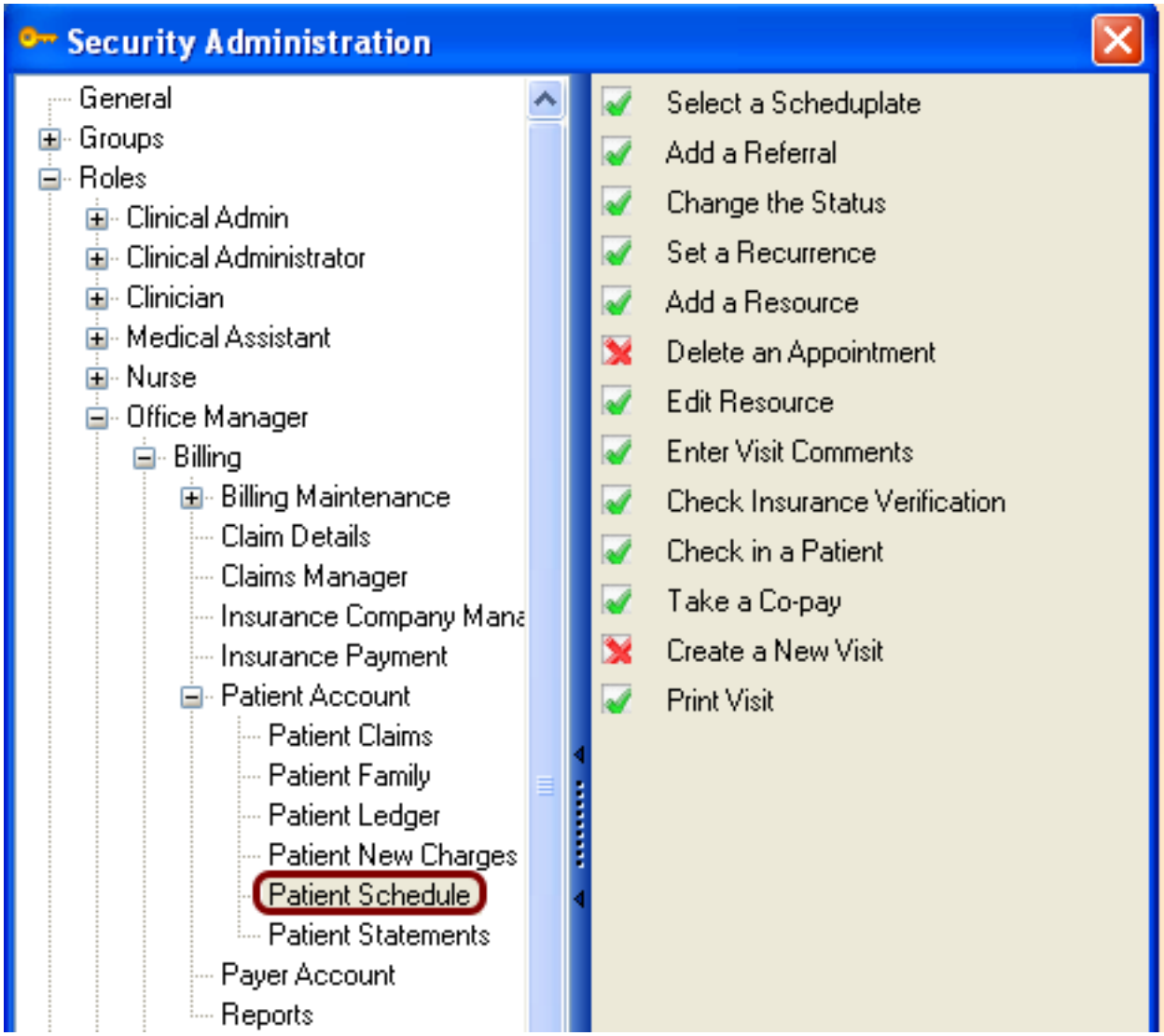
Patient New Charges



Create Visit- user to create a new visit in New Charges tab
Delete Visit-Deny access or allow user to delete a visit in New Charges tab
Add Adjustment-Deny access or allow user to add an adjustment to a charge in New Charges tab
Delete Adjustment-Deny access or allow user to delete an adjustment in New Charges tab
Add Payment-Deny access or allow user to add a payment to a charge in New Charges tab
Delete Payment-Deny access or allow user to delete a payment in New Charges tab
Add Charge-Deny access or allow user to add a charge to a visit in New Charges tab
Delete Charge-Deny access or allow user to delete a charge in New Charges tab
Edit Charge Details-Deny access or allow user to edit charge details
Add More Info-Deny access or allow user access to the More Info dialog in New Charges tab
Mark as Incomplete-Deny access or allow user to mark a charge as Incomplete in New Charges tab
Change Follow-Up Action-Deny access or allow user to change the Follow Up action in New Charges tab
Enter Claim Comments-Deny access or allow user to enter claim comments to a charge in New Charges tab
Apply Co-Pay-Deny access or allow user to apply a Co-Pay to a charge in New Charges tab

Apply Pre-Pay-Deny access or allow user to Apply a Pre-Pay to a charge in New Charges tab
Omit from Statement -Deny access or allow user to omit a charge from a claim in New Charges tab
Post a Visit-Deny access or allow user to Post a Visit to the Ledger from the New Charges tab

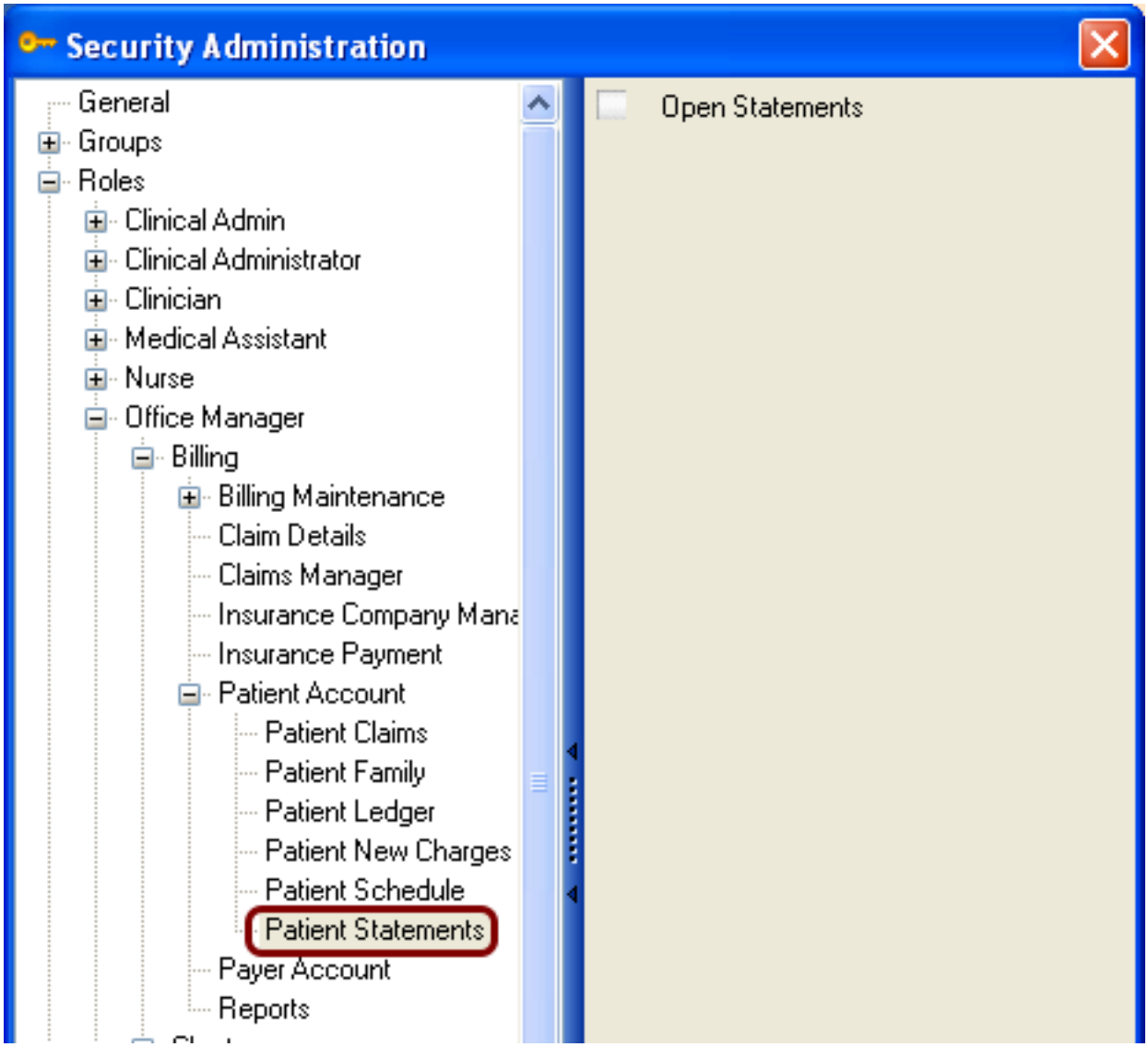
Patient Schedule



Select a Scheduplate-Deny access or allow user access to scheduplates in Schedule tab
Add a Referral-Deny access or allow user to add a referral to an appointment in Schedule tab
Change the Status-Deny access or allow user to change an appointment status in Schedule tab
Set a Recurrence-Deny access or allow user to set a recurring appointment for a patient in Schedule tab
Add a Resource-Deny access or allow user to add a Resource in Schedule tab
Delete an Appointment-Deny access or allow user to delete a scheduled appointment in Schedule tab
Edit Resource-Deny access or allow user to edit a resource in Schedule tab
Enter Visit Comments-Deny access or allow user to enter visit comments in Schedule tab
Check Insurance Verification-Deny access or allow user to check Insurance Verified in Schedule tab
Check in a Patient-Deny access or allow user to check in a patient in Schedule tab

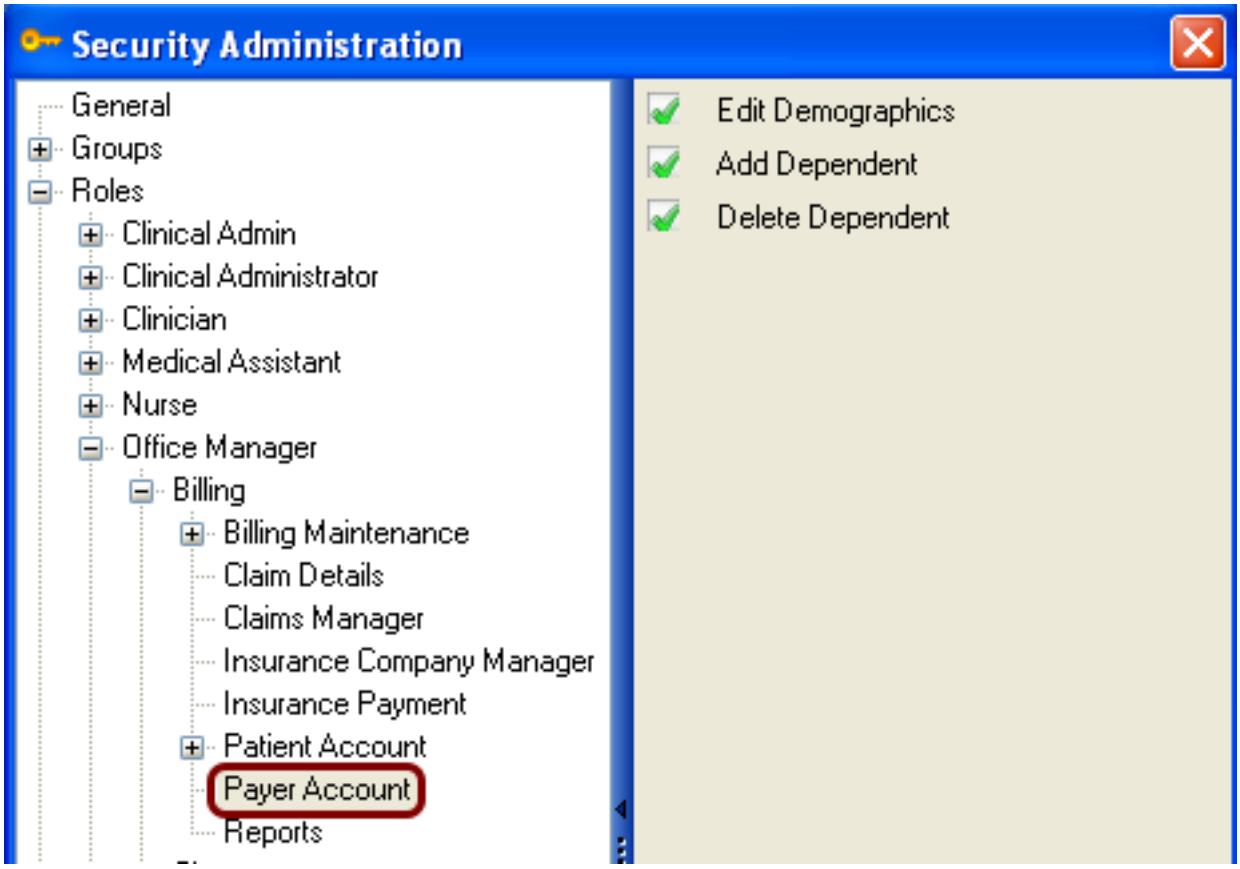
Take a Co-Pay-Deny access or allow user to take a co-pay in Schedule tab
Create a New Visit-Deny access or allow user to create a new visit in Schedule tab
Print a Visit-Deny access or allow user to print a visit in Schedule tab

Patient Statements



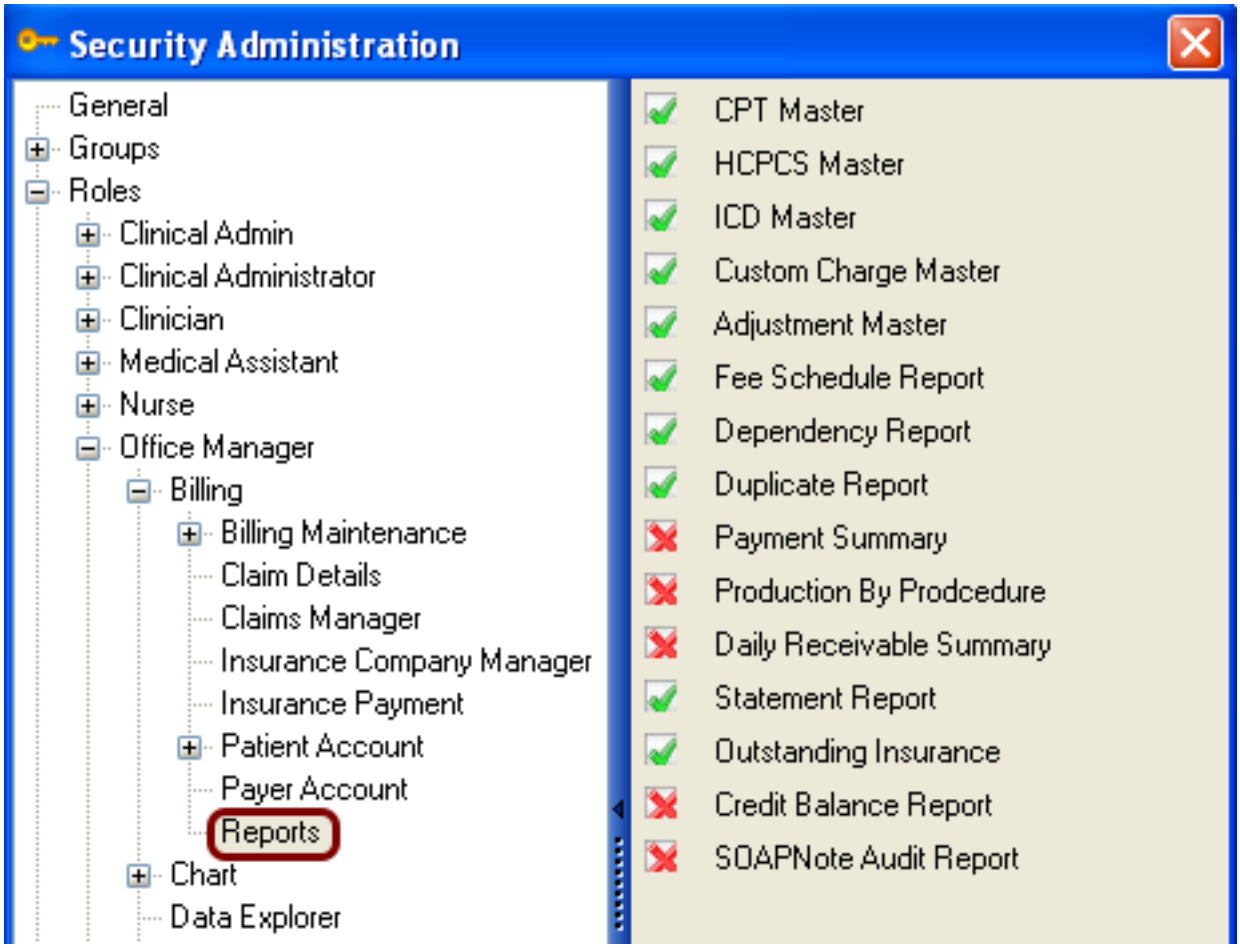
Open Statements-Deny access or allow user access to the Statements tab in Patient Account

Payer Account



Edit Demographics-Deny access or allow user to edit demographics in Payer/Non-Patient Account
Add Dependent-Deny access or allow user to add a dependent to a Payer/Non-Patient Account
Delete Dependent-Deny access or allow user to delete a dependent in a Payer/Non-Patient Account

Reports

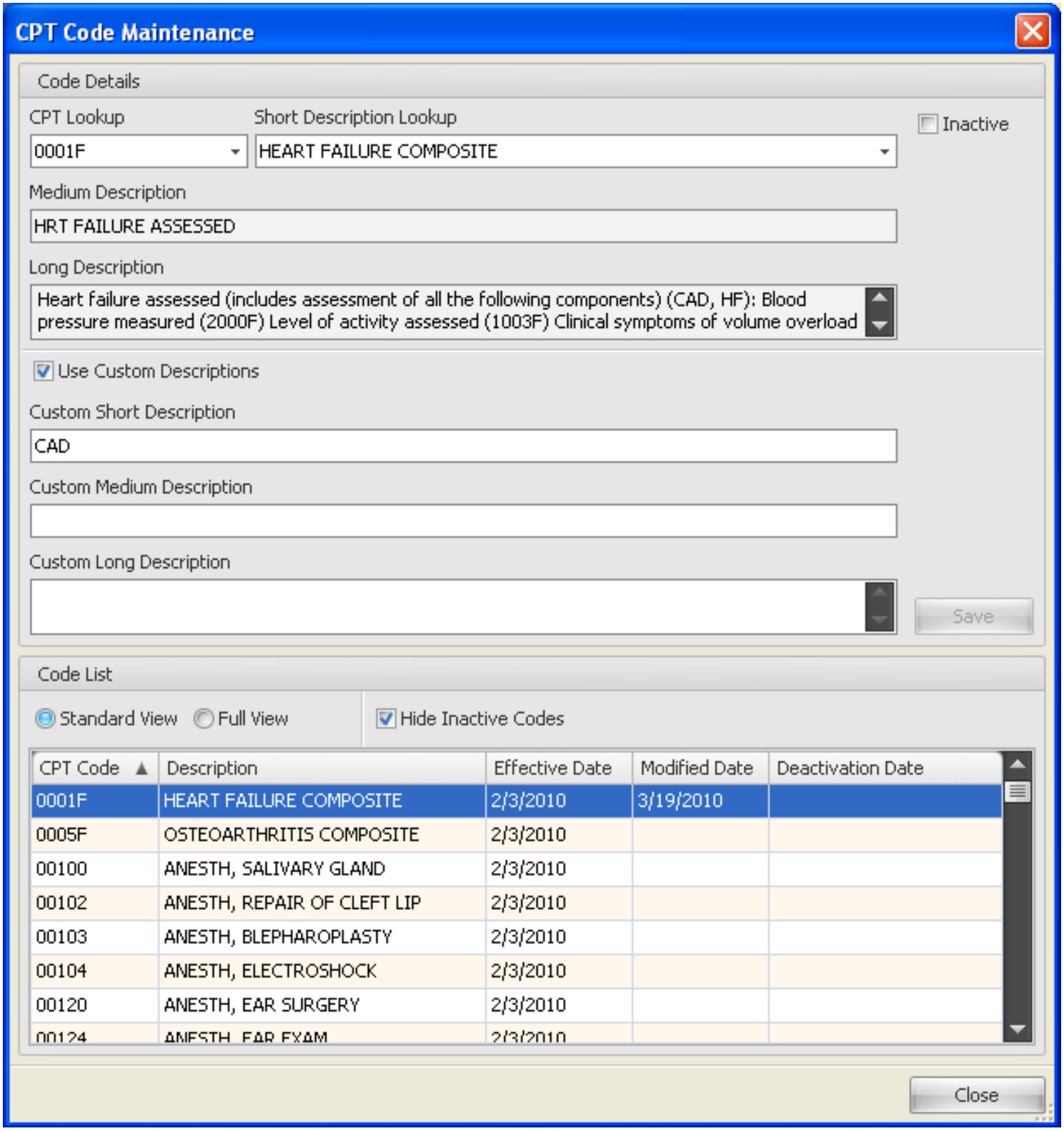


CPT Master-Deny or allow user access to view/print the following reports from Billing -> Reports menu
HCPCS Master
ICD Master
Custom Charge Master
Adjustment Master
Fee Schedule Report
Dependency Report
Duplicate Report
Payment Summary
Production By Procedure
Daily Receivable Summary
Statement Report
Outstanding Insurance
Credit Balance Report
SOAPnote Audit Report

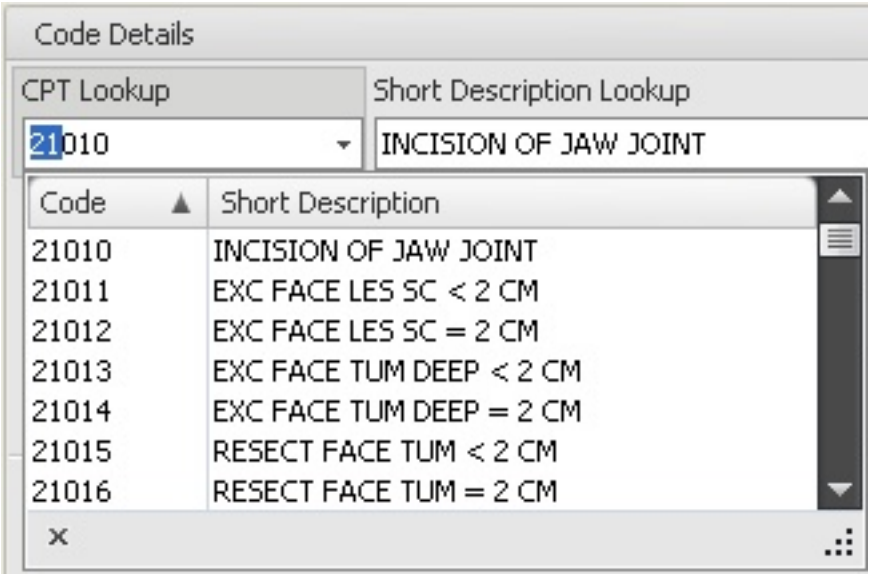
6. CPT Code Maintenance (Block 24D)

Located in the Tools menu -> Billing Maintenance ->CPT Maintenance

CPT Code Maintenance

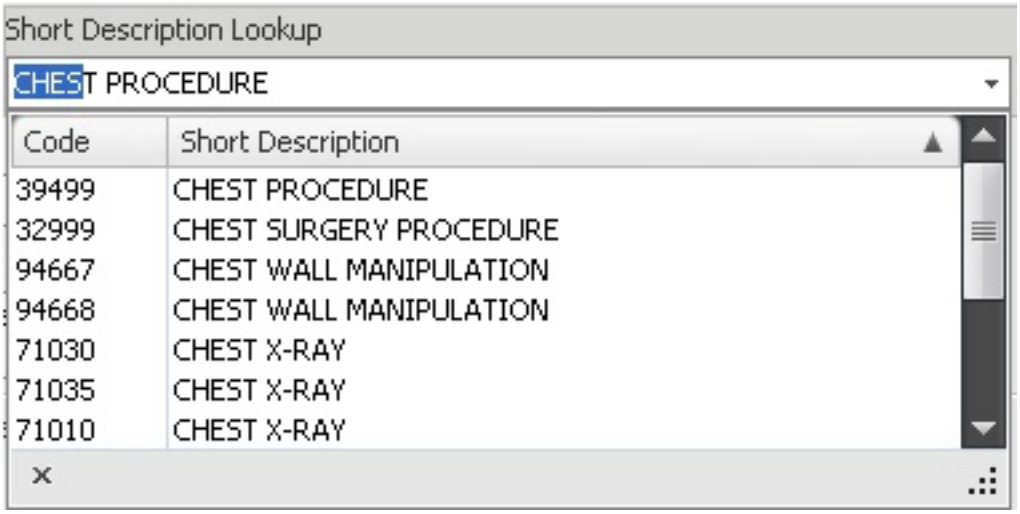


CPT Search by Code



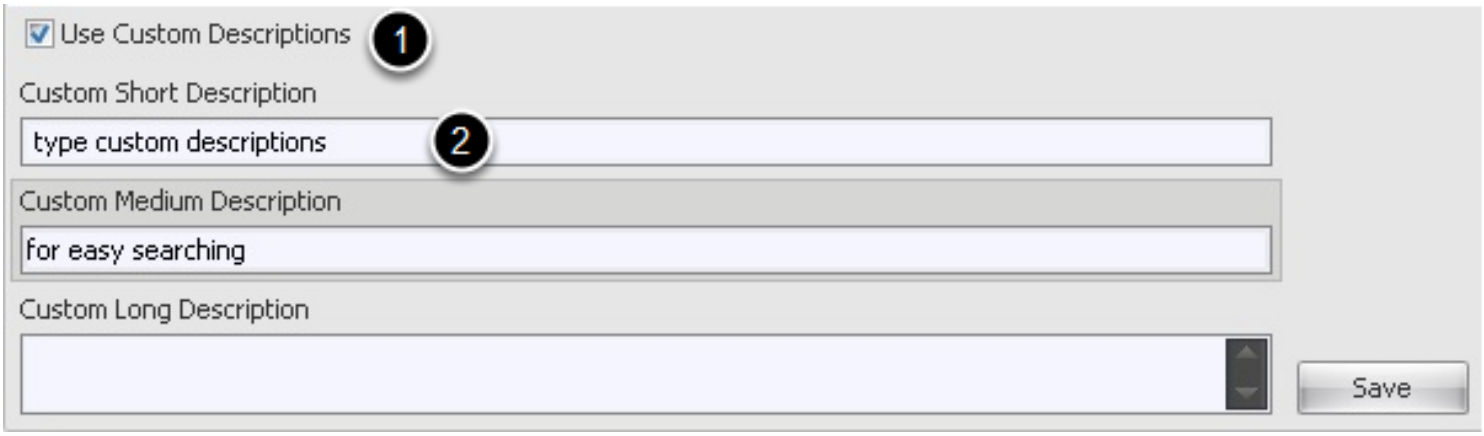
Begin typing the CPT code in the CPT Look up and as you type, the codes and short descriptions are listed.

CPT Search by Description



Begin typing the CPT description in the Short Description Look up and as you type, the codes and short descriptions are listed.

Create a Custom CPT Description

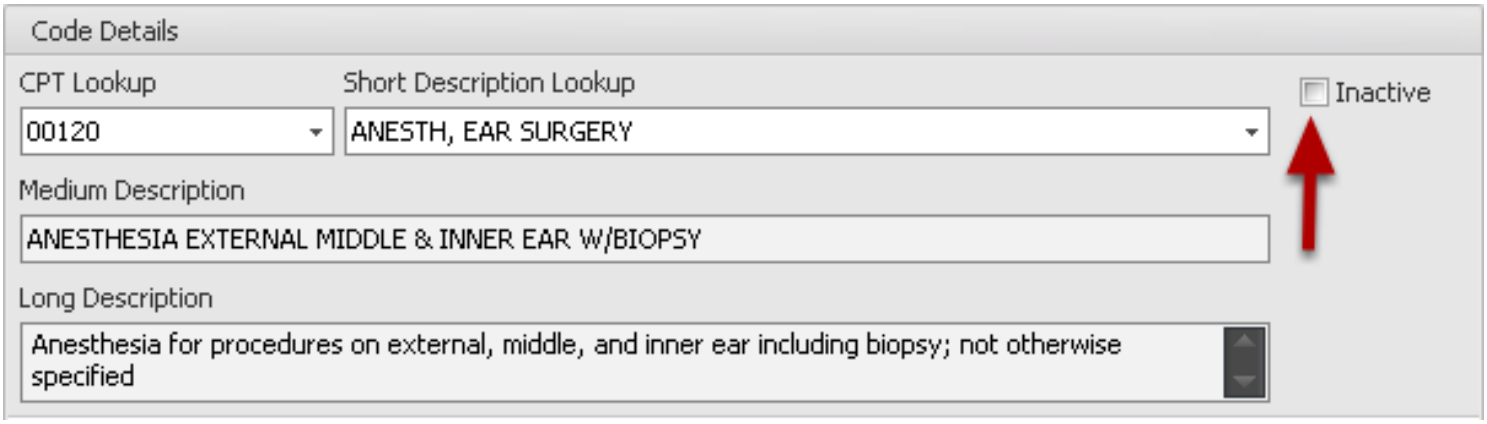


1. After selecting a CPT code, Place a check mark if you wish to use the custom descriptions when searching for this code.

2. Begin typing a short description of your choice for this selected CPT code.

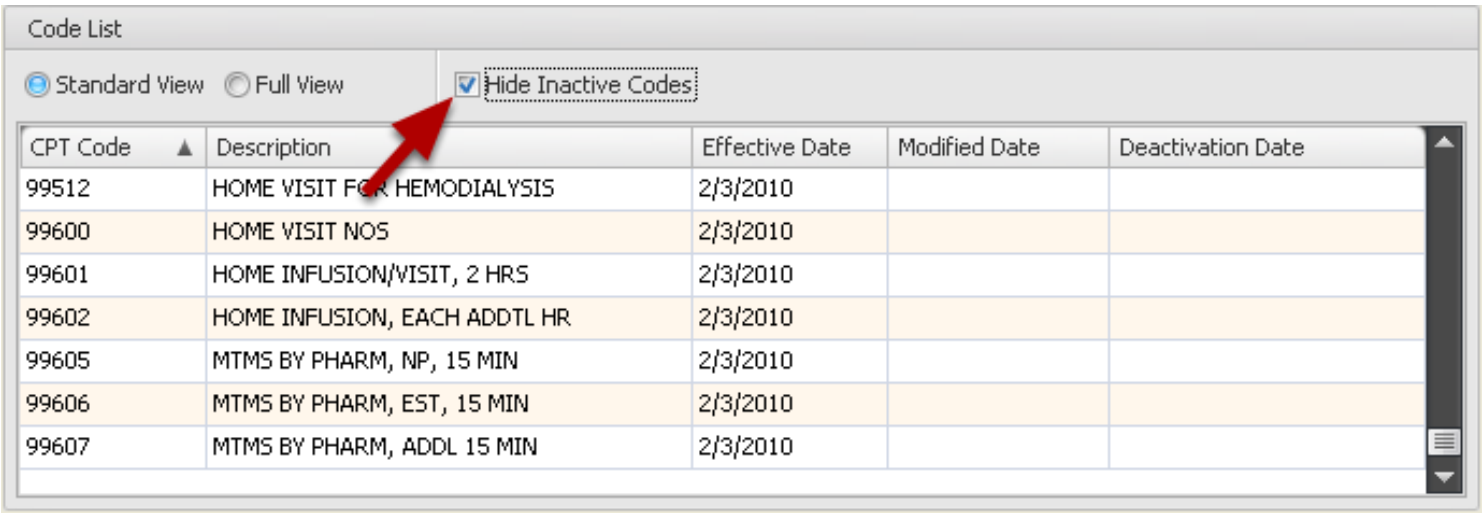
Note: Only complete this section if using descriptions other than the original short descriptions for the CPT code.

Inactivate a CPT code



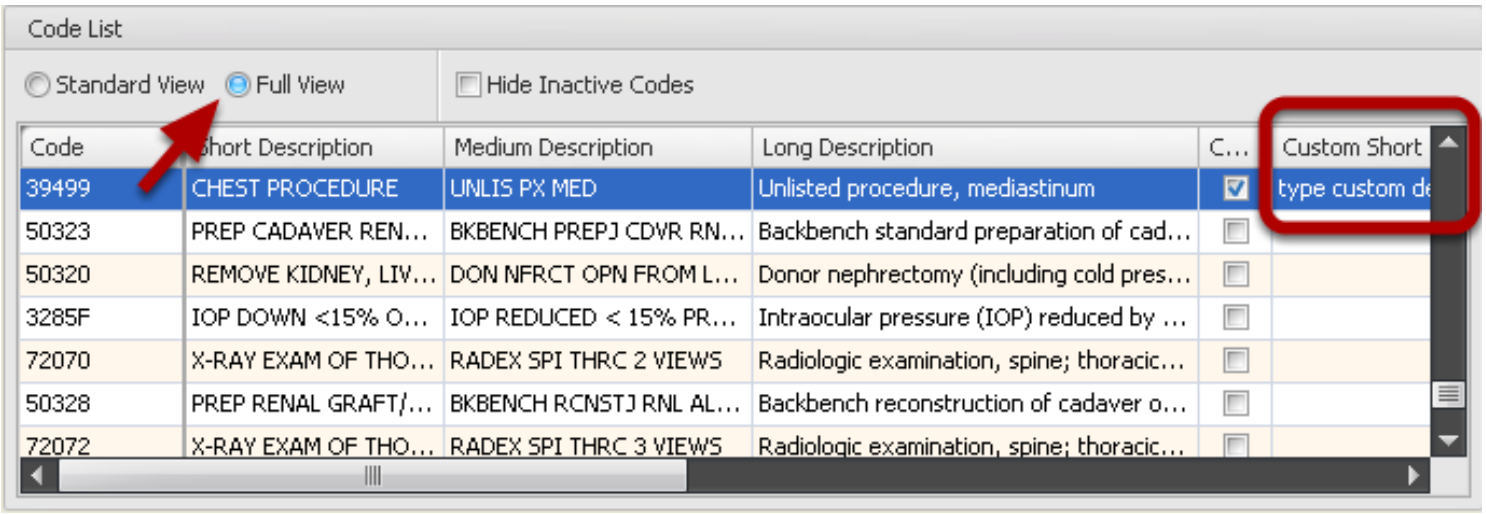
To inactivate a CPT Code, place a check mark in the **Inactive** box. This will not completely remove it from the data base, but will remove it from the list. See Hide/Show Inactive CPT Codes.

Hide/Show Inactive CPT Codes



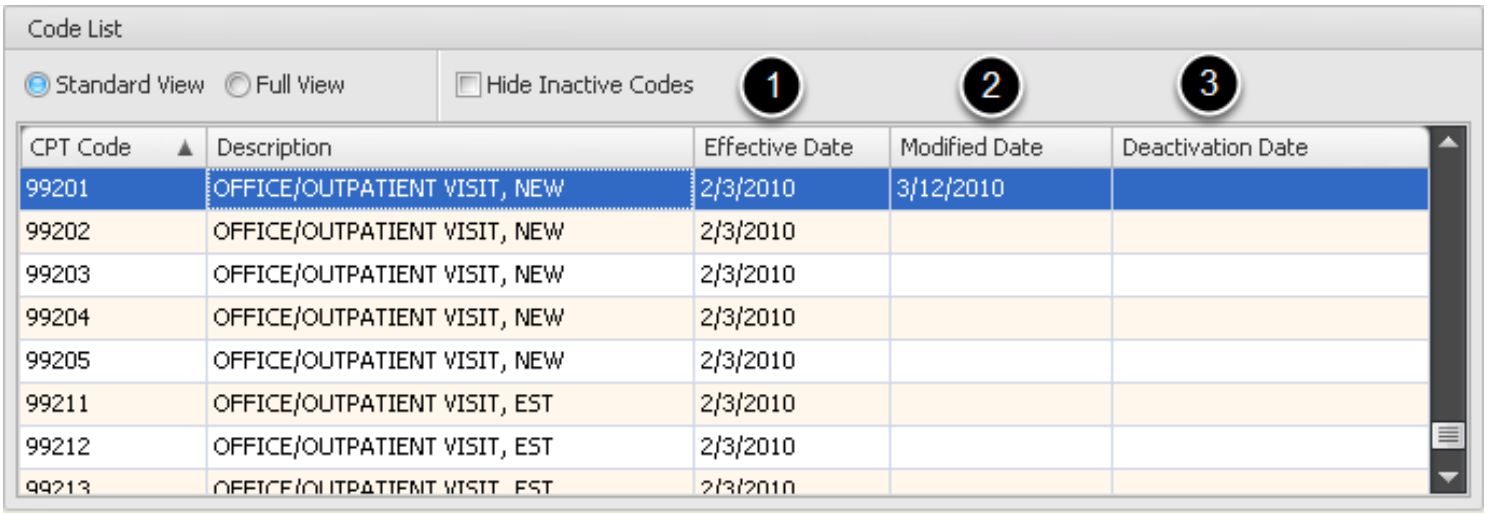
If a code had been Inactivated and is no longer going to be used, it can be hidden when viewing the Code List by placing a check mark in the Hide Inactive Codes box.

View All CPT Descriptions



To view all descriptions associated with CPT codes in the Code List, Click the radio button next to Full View. Included in the list will be any Custom Short, Medium or Long descriptions if the Use Custom Descriptions is selected when Creating a Custom CPT Description .

CPT Effective, Modified or Deactivation Date



CPT Code	Description	Effective Date	Modified Date	Deactivation Date
99201	OFFICE/OUTPATIENT VISIT, NEW	2/3/2010	3/12/2010	
99202	OFFICE/OUTPATIENT VISIT, NEW	2/3/2010		
99203	OFFICE/OUTPATIENT VISIT, NEW	2/3/2010		
99204	OFFICE/OUTPATIENT VISIT, NEW	2/3/2010		
99205	OFFICE/OUTPATIENT VISIT, NEW	2/3/2010		
99211	OFFICE/OUTPATIENT VISIT, EST	2/3/2010		
99212	OFFICE/OUTPATIENT VISIT, EST	2/3/2010		
99213	OFFICE/OUTPATIENT VISIT, EST	2/3/2010		

1. Effective date column lists the year the code is in effect.

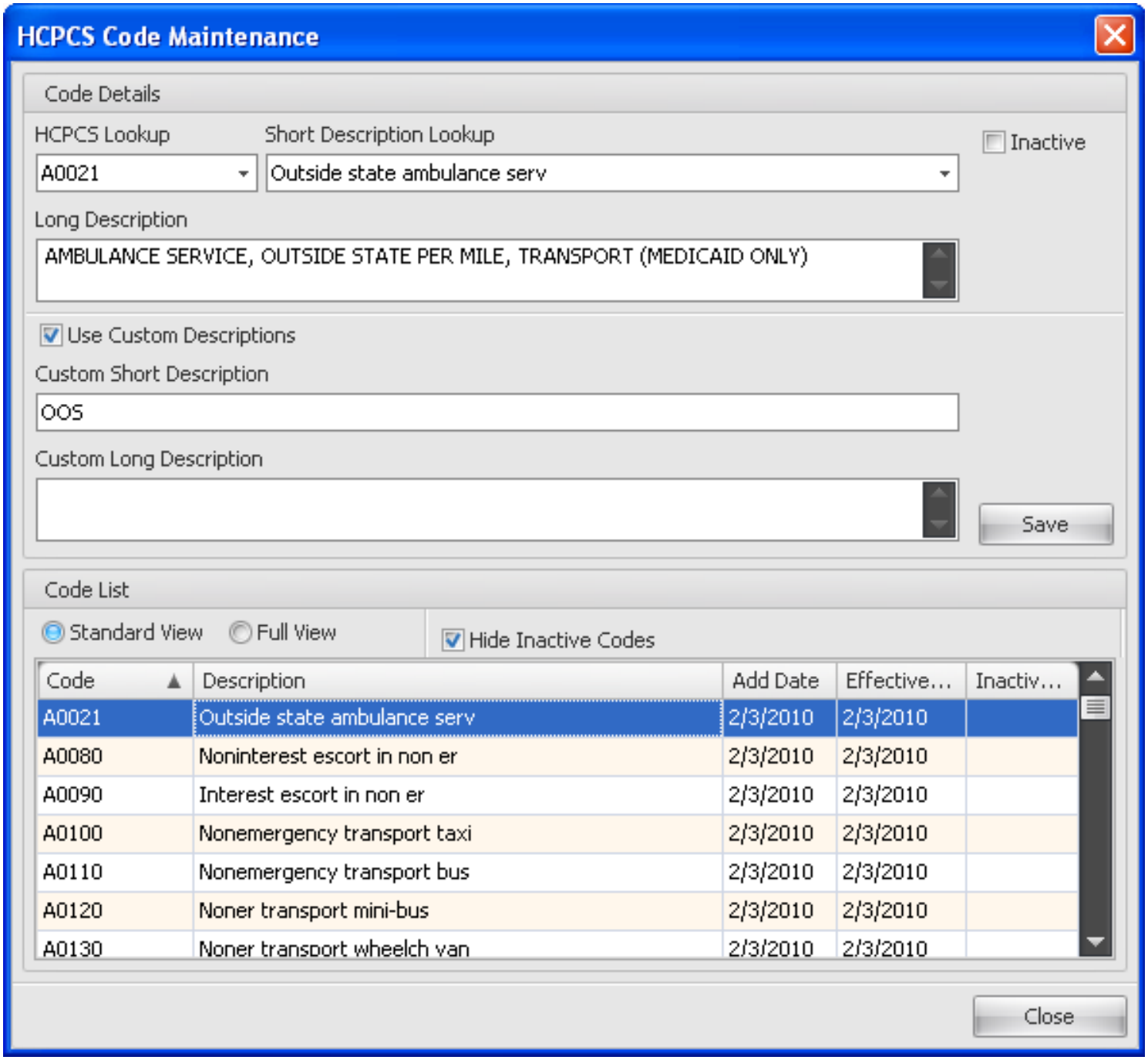
2. Modified Date column lists the date the code was last modified.

3. When a CPT code is discontinued Deactivation Date column will list the date it was discontinued
Note: The dates are automatically inserted.

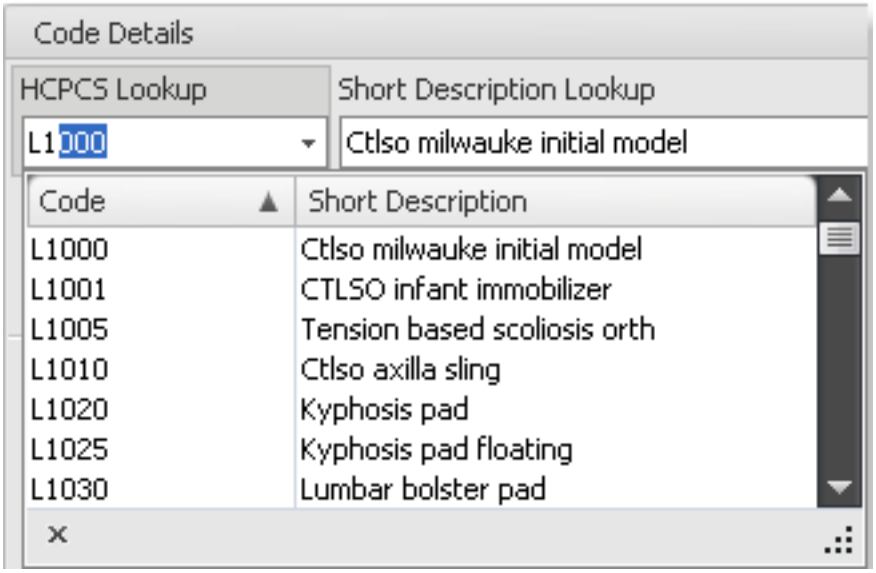
7. HCPCS Maintenance (Block 24D)

Tools -> Billing Maintenance -> HCPCS Maintenance

HCPCS Maintenance

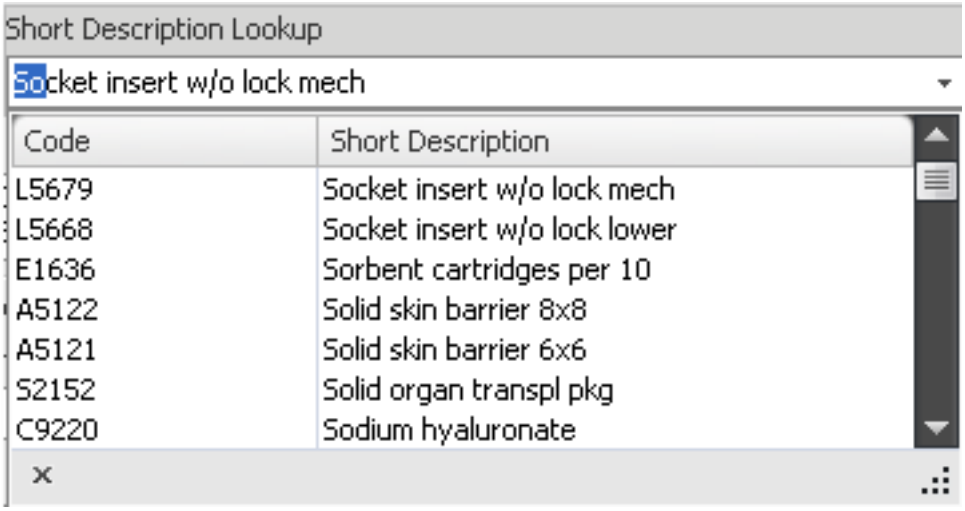


HCPCS Search by Code



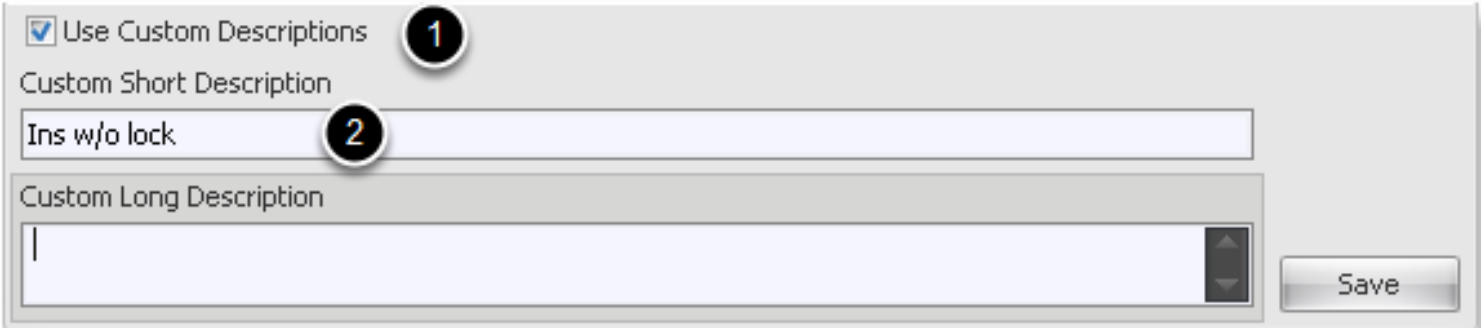
Begin typing the HCPCS code in the HCPCS Look up and as you type, the codes and short descriptions are listed.

HCPCS Search by Description



Begin typing the HCPCS description in the HCPCS Short Description Look up, and as you type, the codes and short descriptions are listed.

Create a Custom HCPCS Description

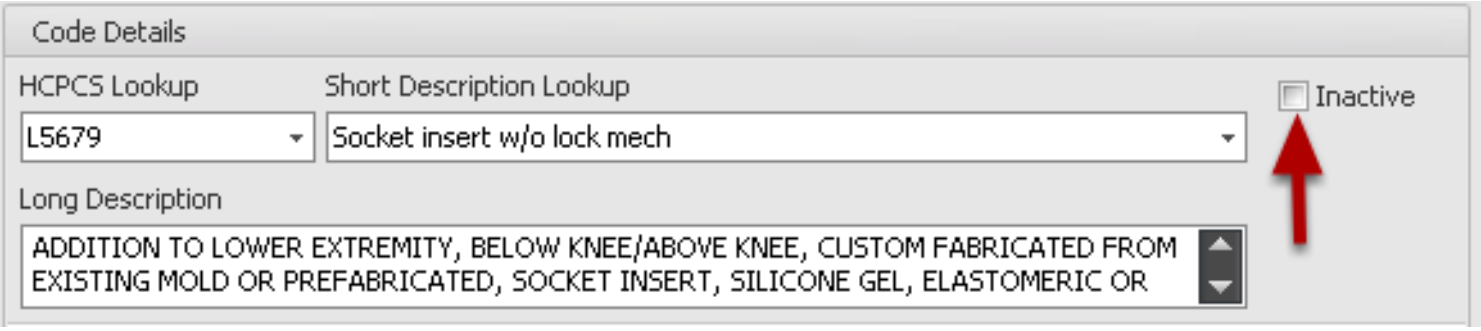


1. After selecting a HCPCS code, Place a check mark if you wish to Use the Custom Descriptions when searching for this code.

2. Begin typing a short description of your choice for this selected HCPCS code.

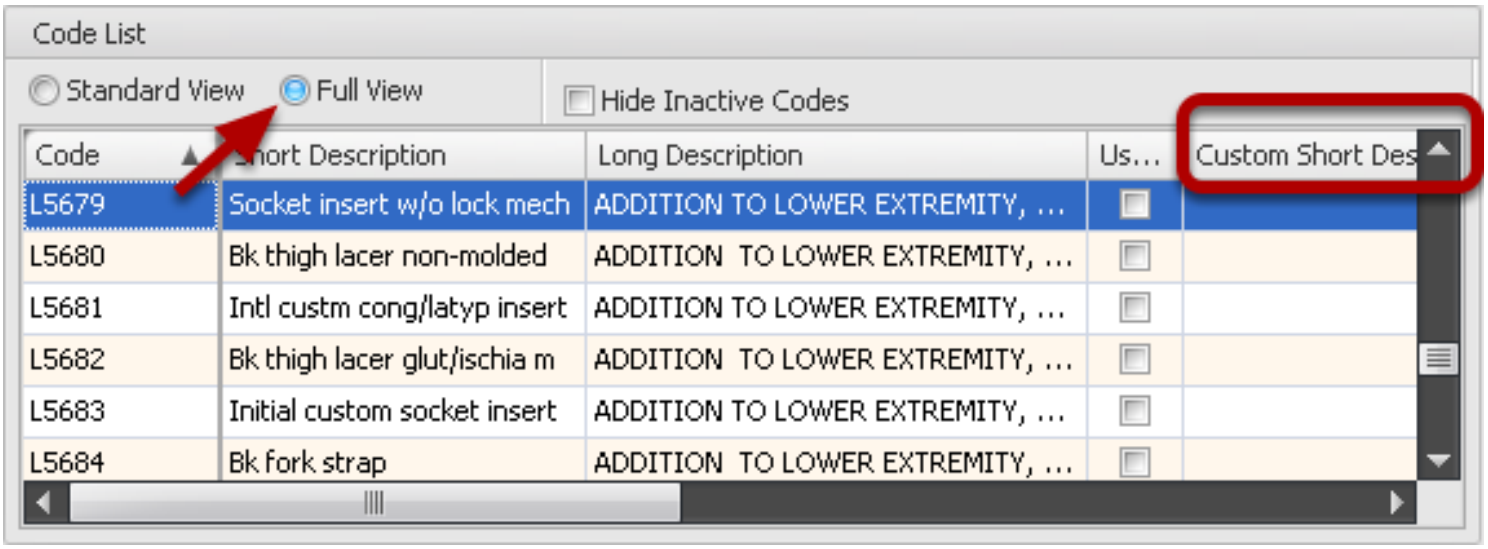
Note: Only complete this section if using descriptions other than the original short descriptions for the HCPCS code.

Inactivate a HCPCS code



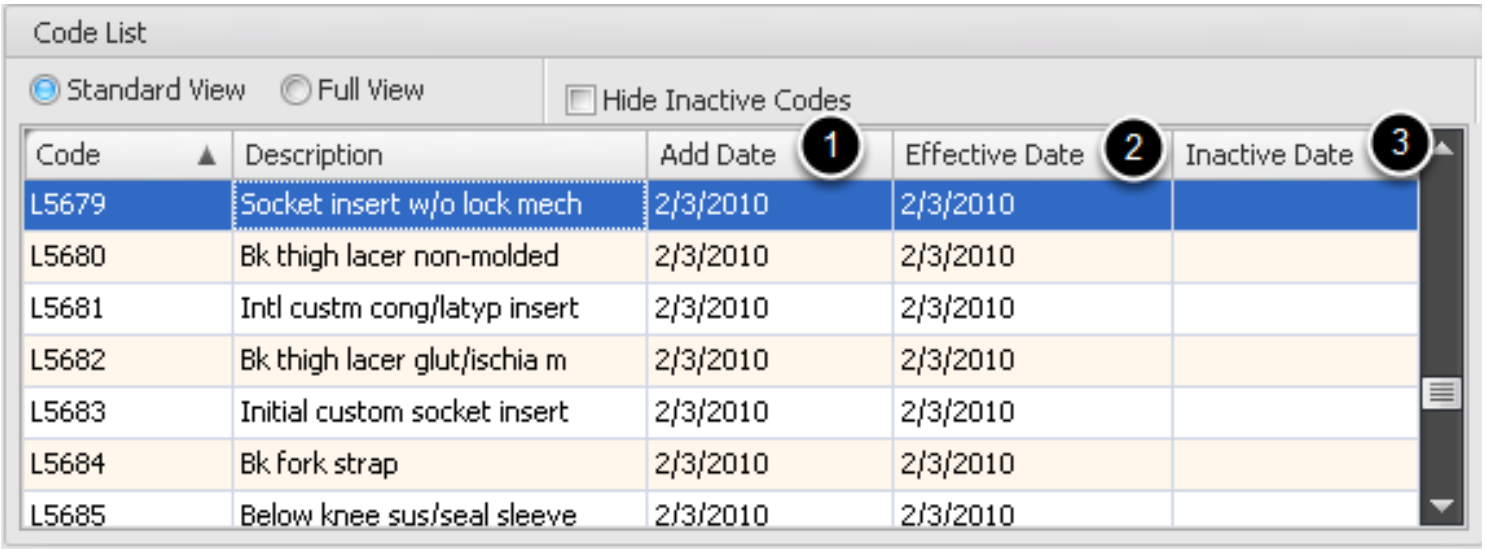
To inactivate a HCPCS and delete it from the HCPCS Code List, Place a check mark in the Inactive box. This will not completely remove it from the data base, but will hide it from view if there is also a check mark in the Hide Inactive Codes option.

View all HCPCS Descriptions



To view all descriptions associated with the HCPCS codes in the Code list, Click the radio button next to Full View. Included in the list will be any Custom descriptions that have been assigned to HCPCS codes.

HCPCS Add, Effective and Inactive Date

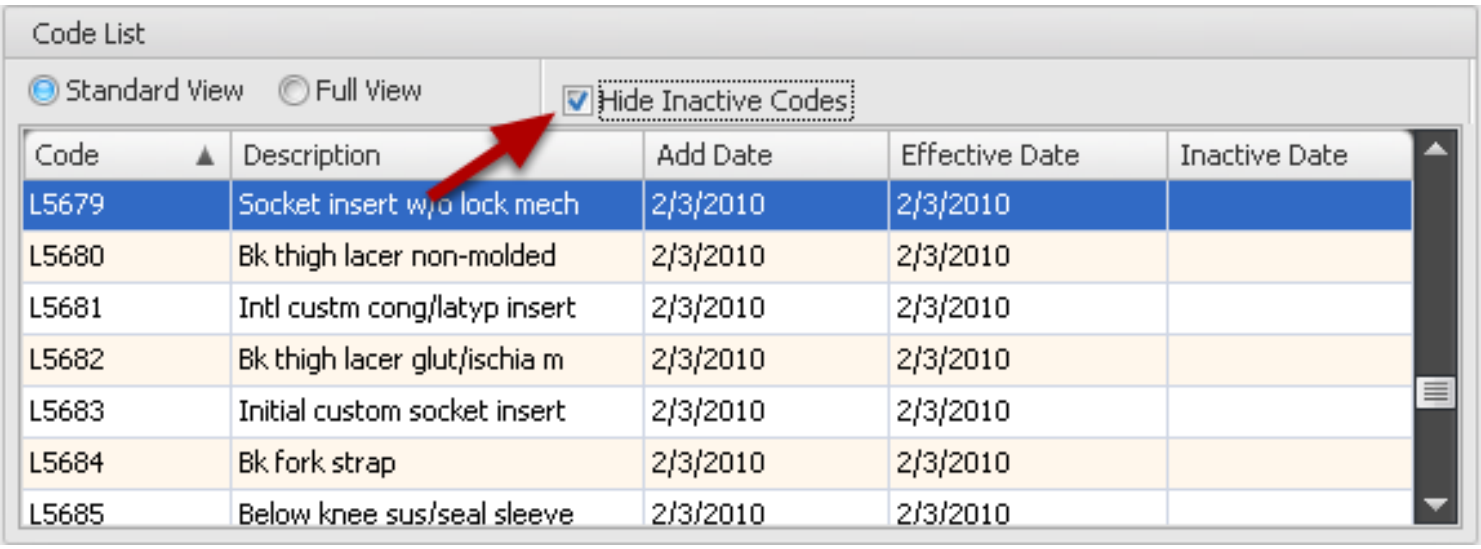


1. Add Date column lists the date the code is added to the data base.

2. Effective Date lists the date the code is in effect.

3. Inactive Date lists the date a code is discontinued or deleted.

Hide/Show Inactive HCPCS Codes

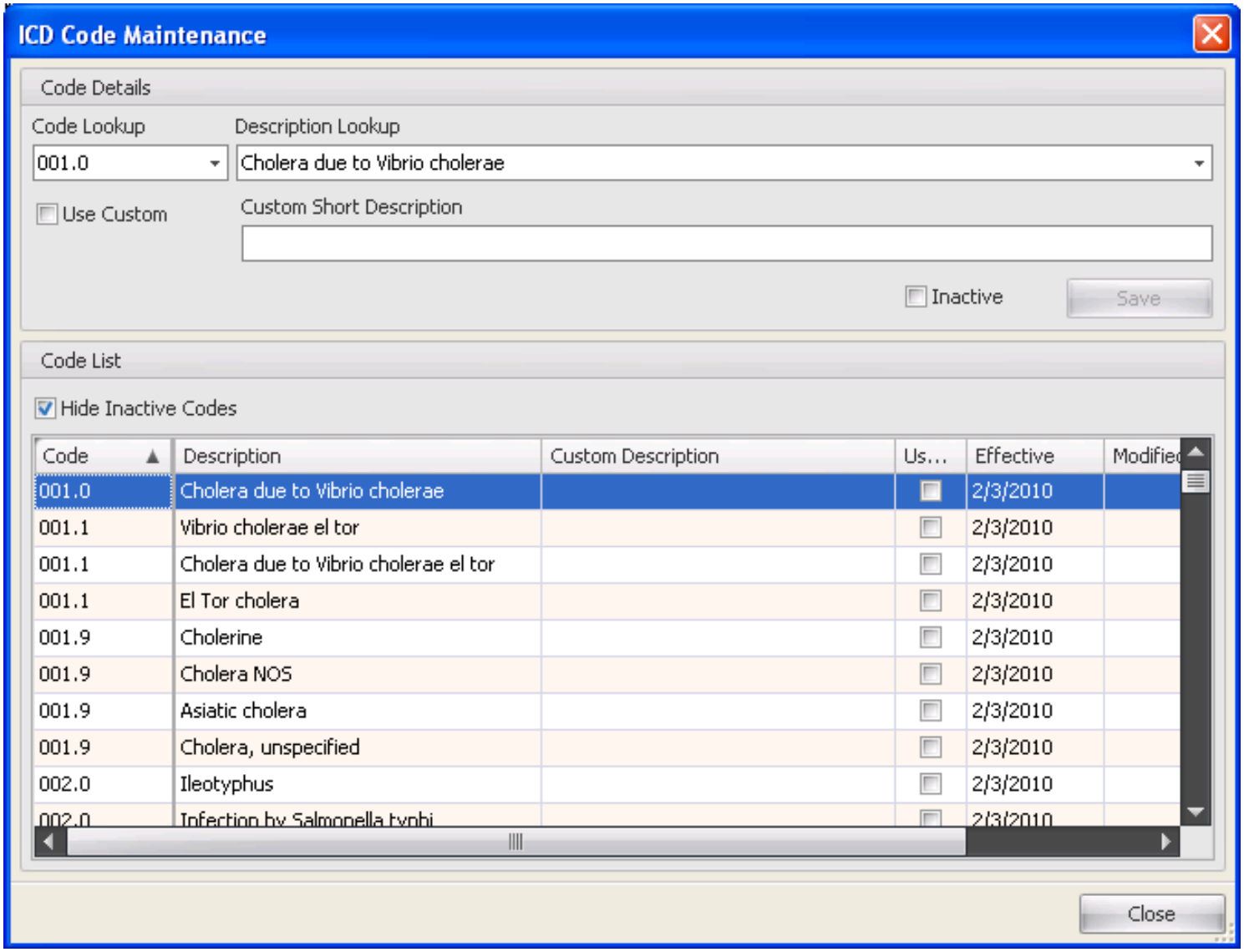


If a code had been Inactivated and is no longer going to be used it can be removed from the Code List by placing a check mark in the Hide Inactive Codes box.

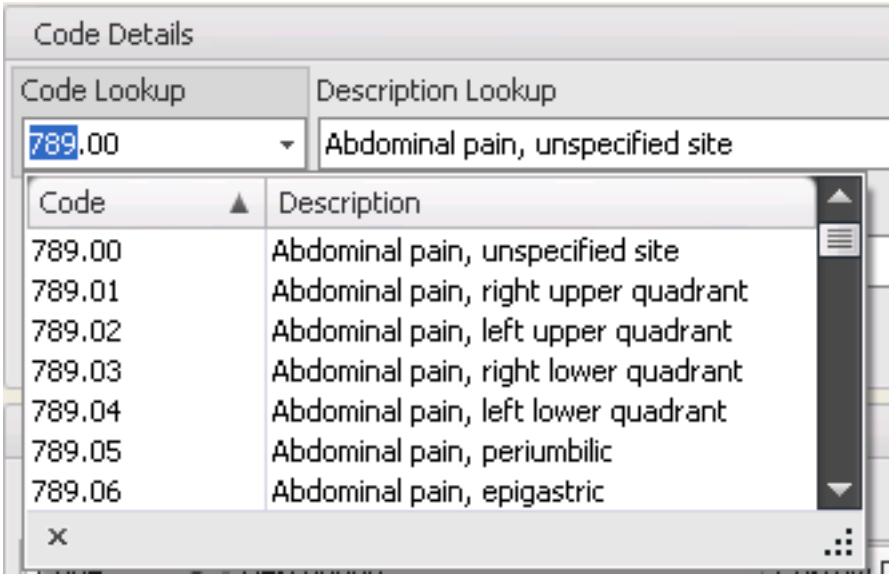
8. ICD Maintenance (Block 21)

Tools menu -> Billing Maintenance -> ICD Maintenance

ICD Maintenance

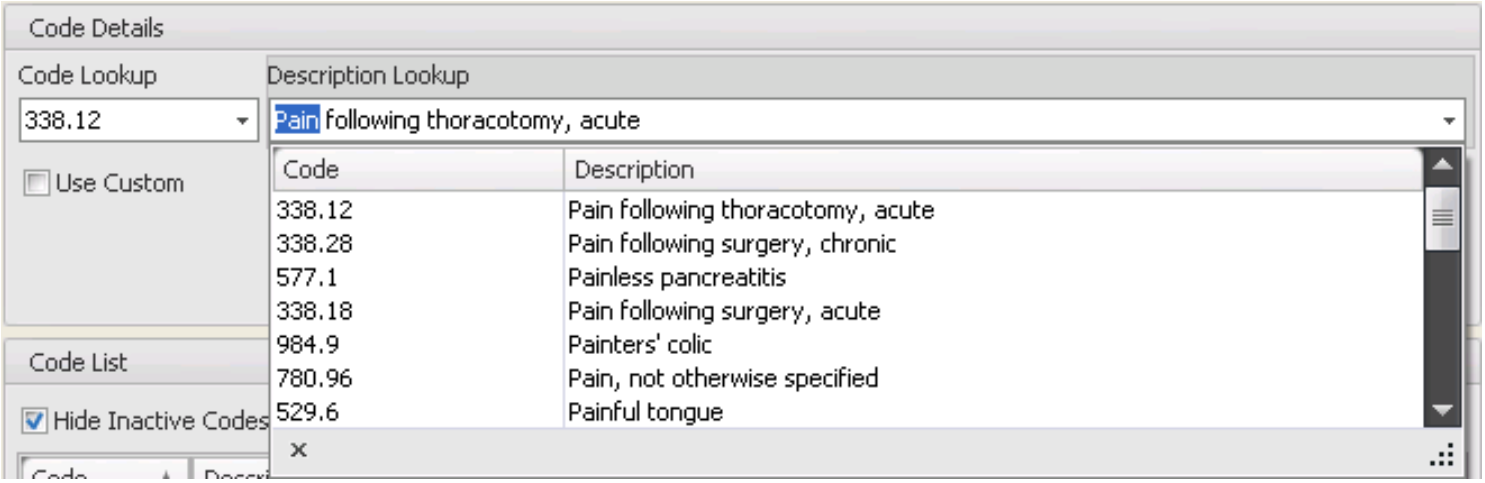


ICD Search by code



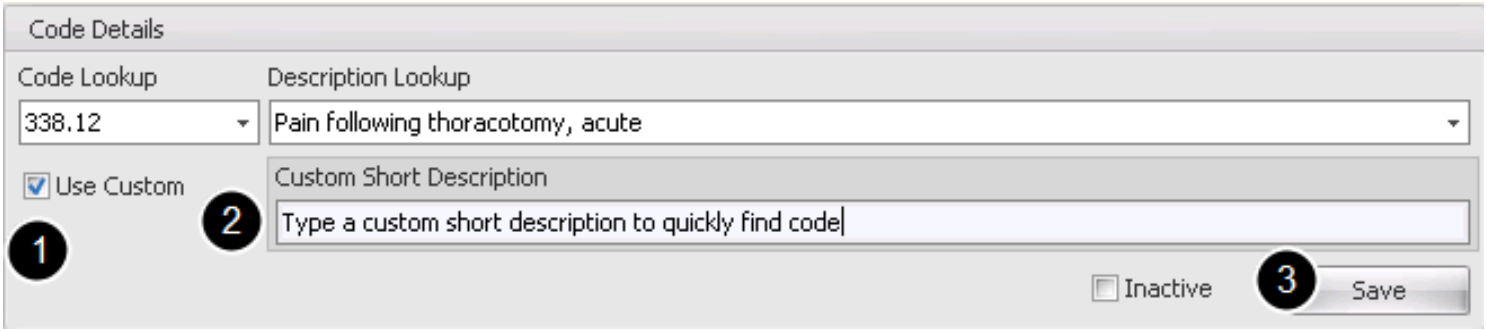
Begin typing the ICD code in the ICD Look up and as you type, the codes and short descriptions are listed.

ICD Search by description



Begin typing the ICD description in the Short Description lockup and as you type, the codes and short descriptions are listed.

Create a Custom ICD Description



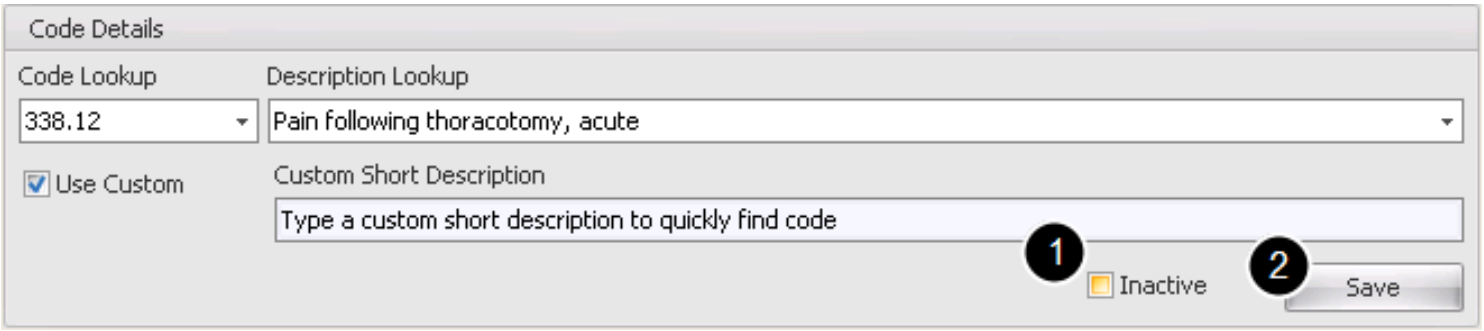
1. After selecting a ICD code, Place a check mark if you wish to use the custom descriptions when searching for this code.

2. Begin typing a short description of your choice for this selected ICD code.

3. Click **Save.**

Note: Only complete this section if using descriptions other than the original short descriptions for the ICD code.

Inactivate an ICD code

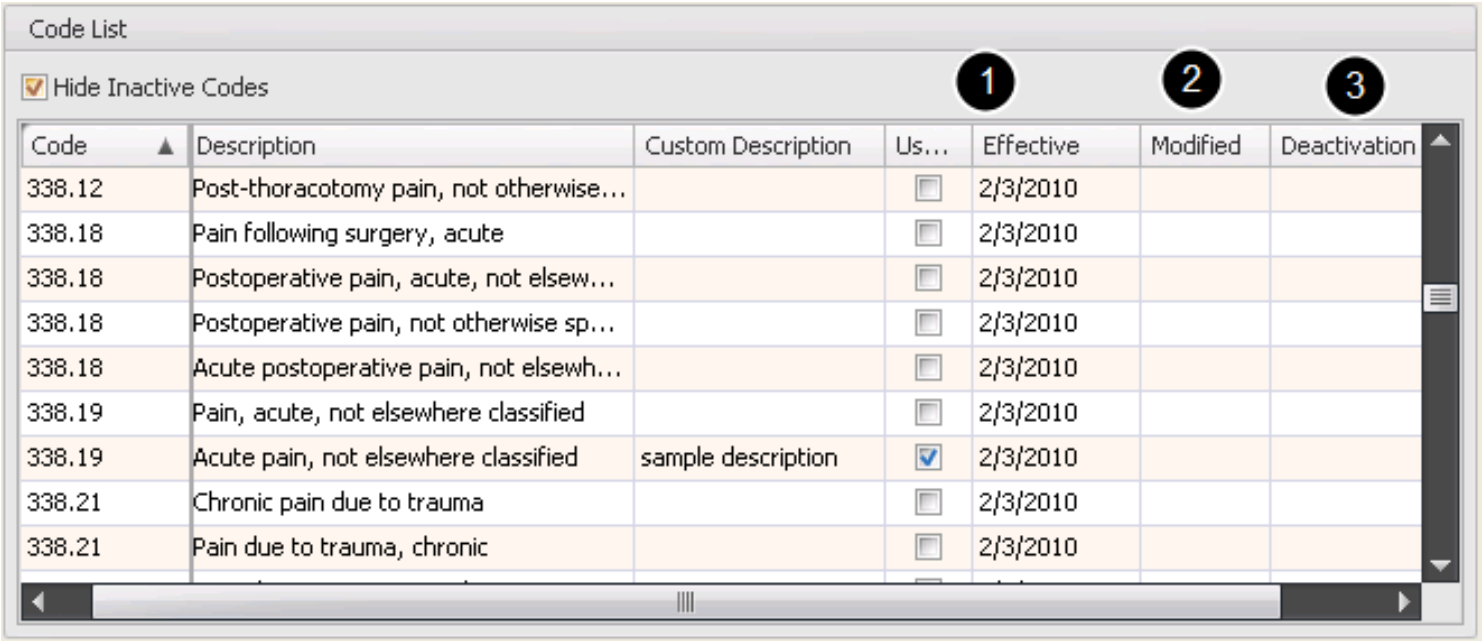


1. To inactivate a ICD code and delete it from the ICD Code List, Place a check mark in the Inactive box.

2. Click **Save**.

Note: This will not completely remove it from the data base, but will hide it from view if there is also a check mark in
the Hide Inactive Codes option.

ICD Effective, Modified and Deactivation Date



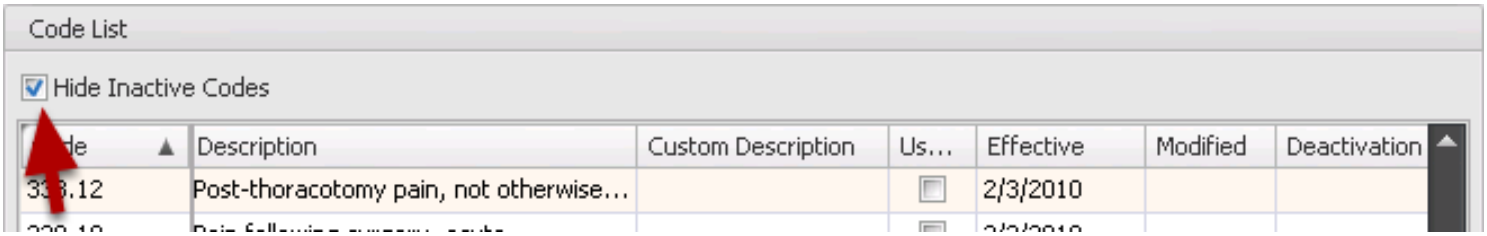
1. Effective date column lists the year the code is in effect.

2. Modified Date column lists the date the code was last modified.

3. When an ICD code is discontinued Deactivation Date column will list the date it was discontinued.

Note: The dates are automatically inserted when modified or updated

Hide/Show Inactive ICD Codes

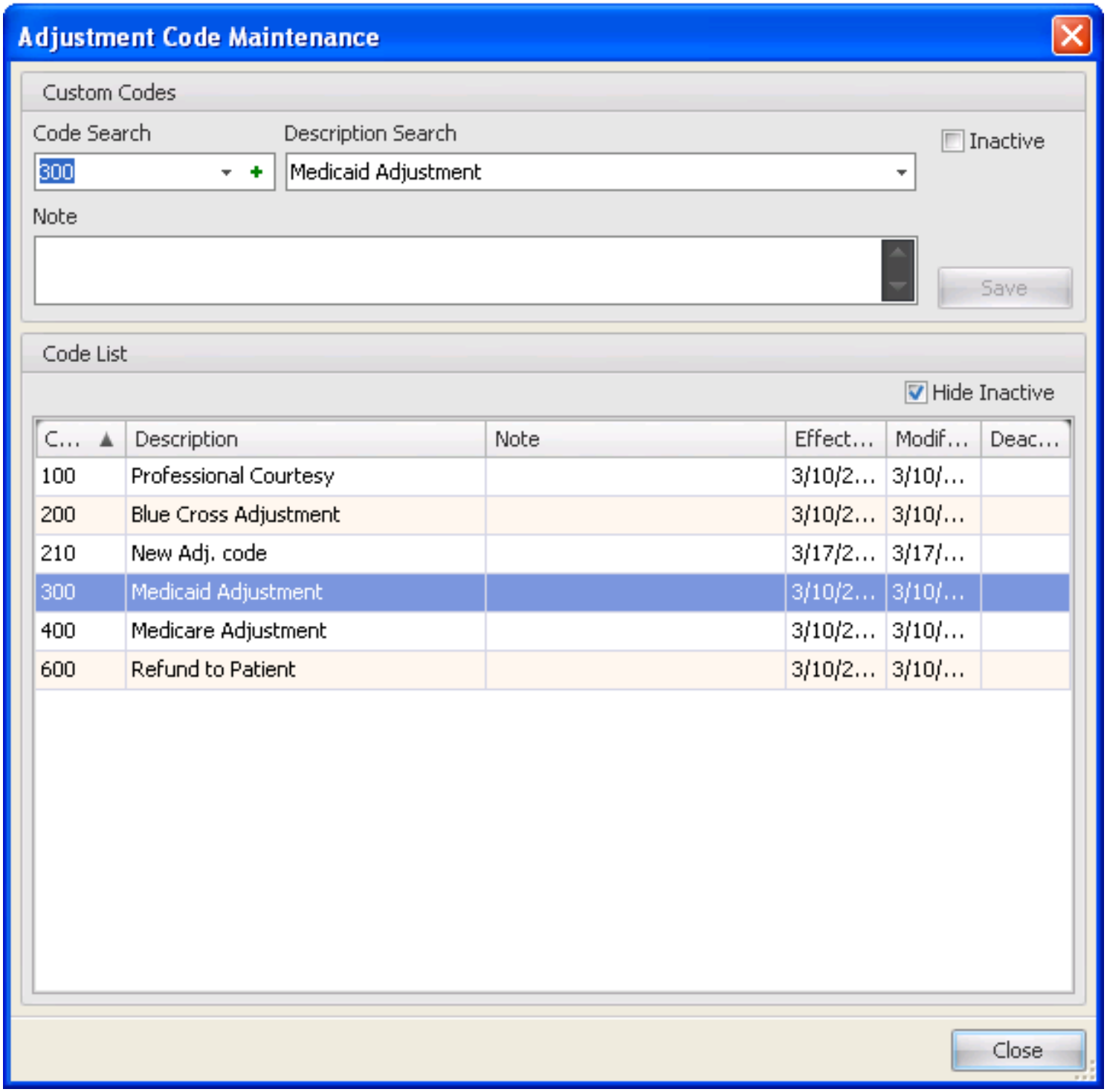


If a code had been Inactivated and is no longer going to be used it can be removed from the Code List by placing a check mark in the Hide Inactive Codes box.

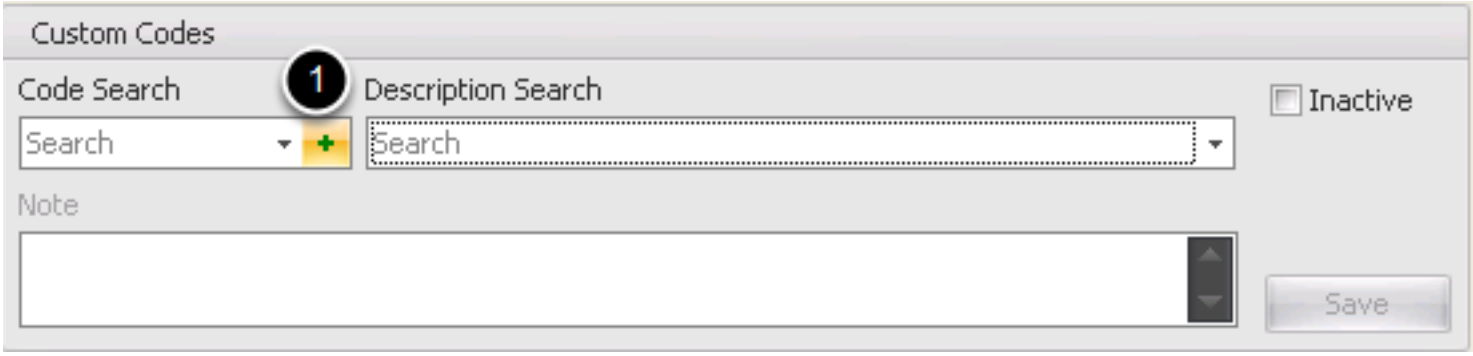
9. Adjustment Maintenance

Tools menu -> Billing Maintenance -> Adjustment Maintenance

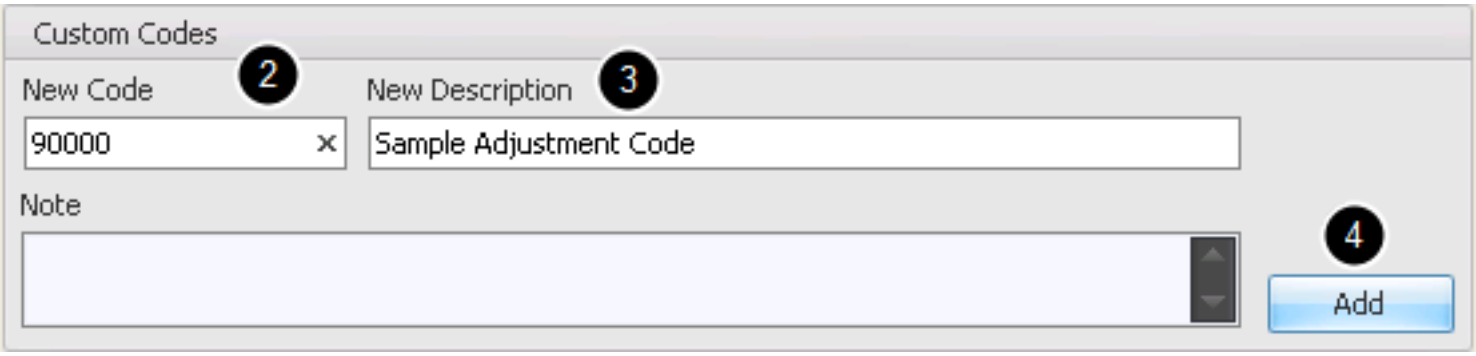
Adjustment Maintenance



Add an Adjustment



1. Click on the Green + to open the New Code Section.

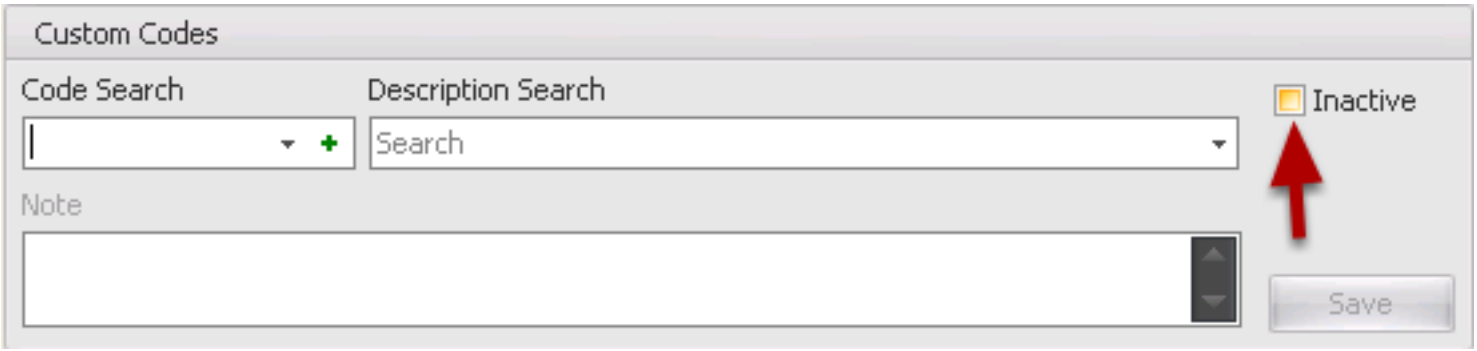


2. Type Numeric and/or Alpha Code.

3. Give the new Code a Description.

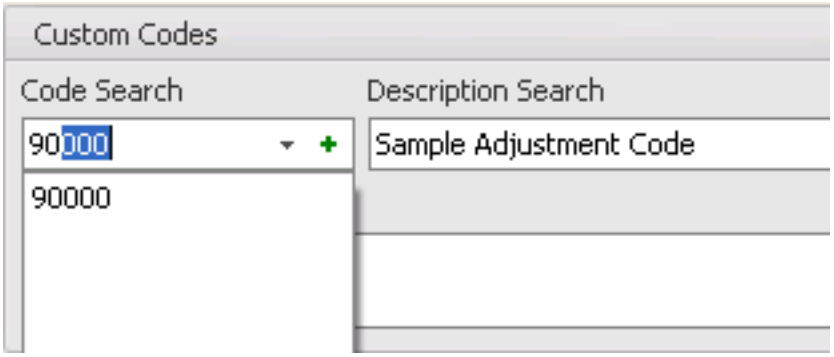
4. Click the Add button. The new Custom Adjustment code is now added to the Code List.

Inactivate an Adjustment



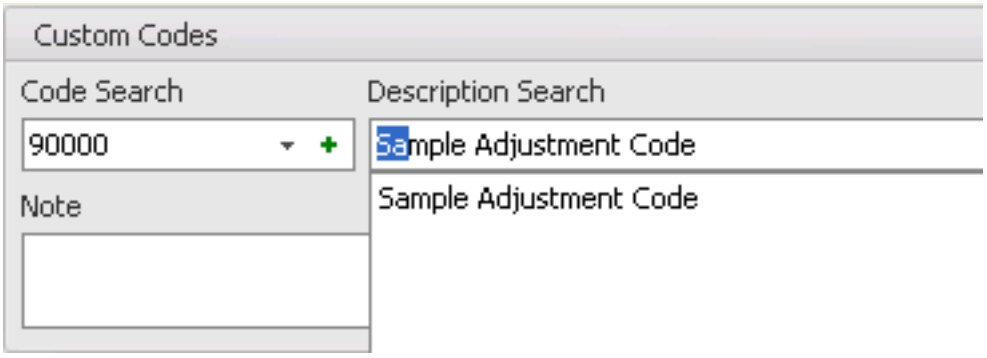
To inactivate an Adjustment Code and delete it from the Code List, Place a check mark in the Inactive box. This
will not completely remove it from the data base, but will hide it from view if there is also a check mark in the Hide Inactive Codes option.

Adjustment Search by Code



Begin typing the Custom Adjustment code in the Code Search and as you type, the codes and short descriptions are
listed.

Adjustment Search by Description



Begin typing the Adjustment description in the Short Description Search and as you type, the codes and short
descriptions are listed.

Adjustment Effective, Modified or Deactivation Date

Code List

Hide Inactive

C...	Description	Note	Effective (1)	Modified (2)	Deactivation (3)
100	Professional Courtesy		3/10/2010	3/10/2010	
200	Blue Cross Adjustment		3/10/2010	3/10/2010	
210	New Adj. code		3/17/2010	3/17/2010	
300	Medicaid Adjustment		3/10/2010	3/10/2010	
400	Medicare Adjustment		3/10/2010	3/10/2010	
600	Refund to Patient		3/10/2010	3/10/2010	
90000	Sample Adjustment Code		3/22/2010	3/22/2010	

1. Effective date column lists the year the code is in effect.

2. Modified Date column lists the date the code was last modified.

3. When an Adjustment code is discontinued Deactivation Date column will list the date it was discontinued.

Note: The dates are automatically inserted when modified or updated

Hide/Show Inactive Adjustment Codes

Code List

Hide Inactive

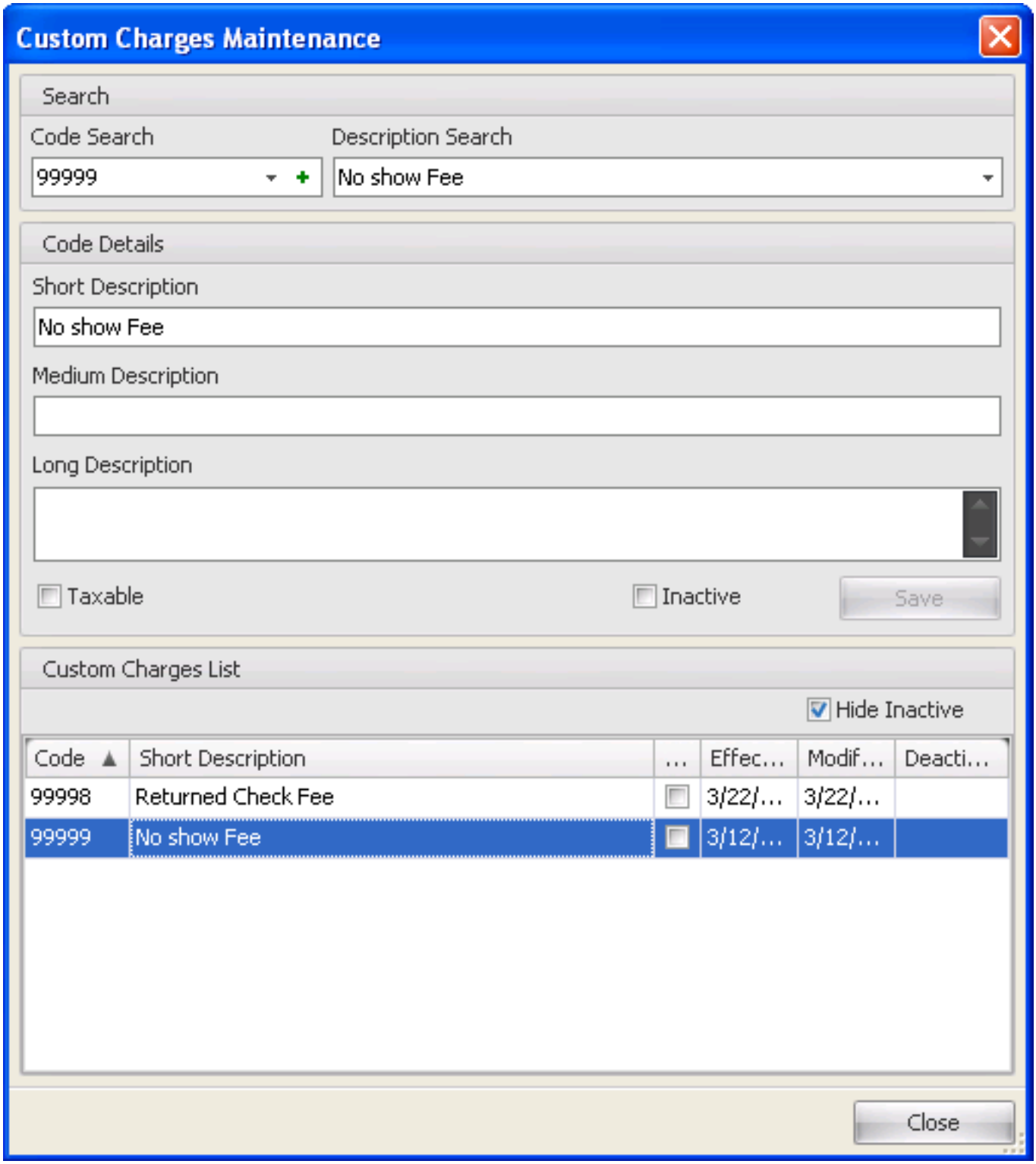
C...	Description	Note	Effective	Modified	Deactivation
100	Professional Courtesy		3/10/2010	3/10/2010	
200	Blue Cross Adjustment		3/10/2010	3/10/2010	
210	New Adj. code		3/17/2010	3/17/2010	
300	Medicaid Adjustment		3/10/2010	3/10/2010	

If a code had been Inactivated and is no longer going to be used it can be removed from the Code List by placing a check mark in the Hide Inactive Codes box.

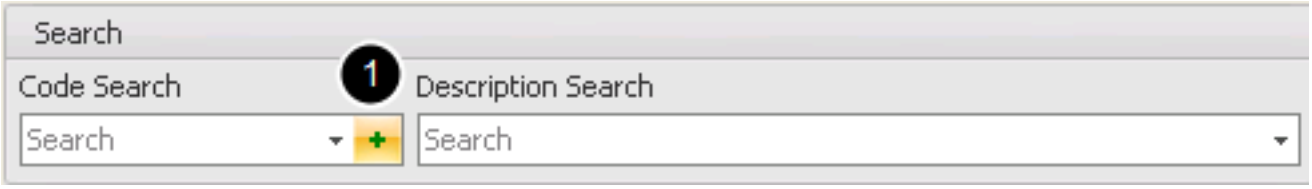
10. Custom Charges Maintenance

Tools menu -> Billing Maintenance -> Custom Charges Maintenance

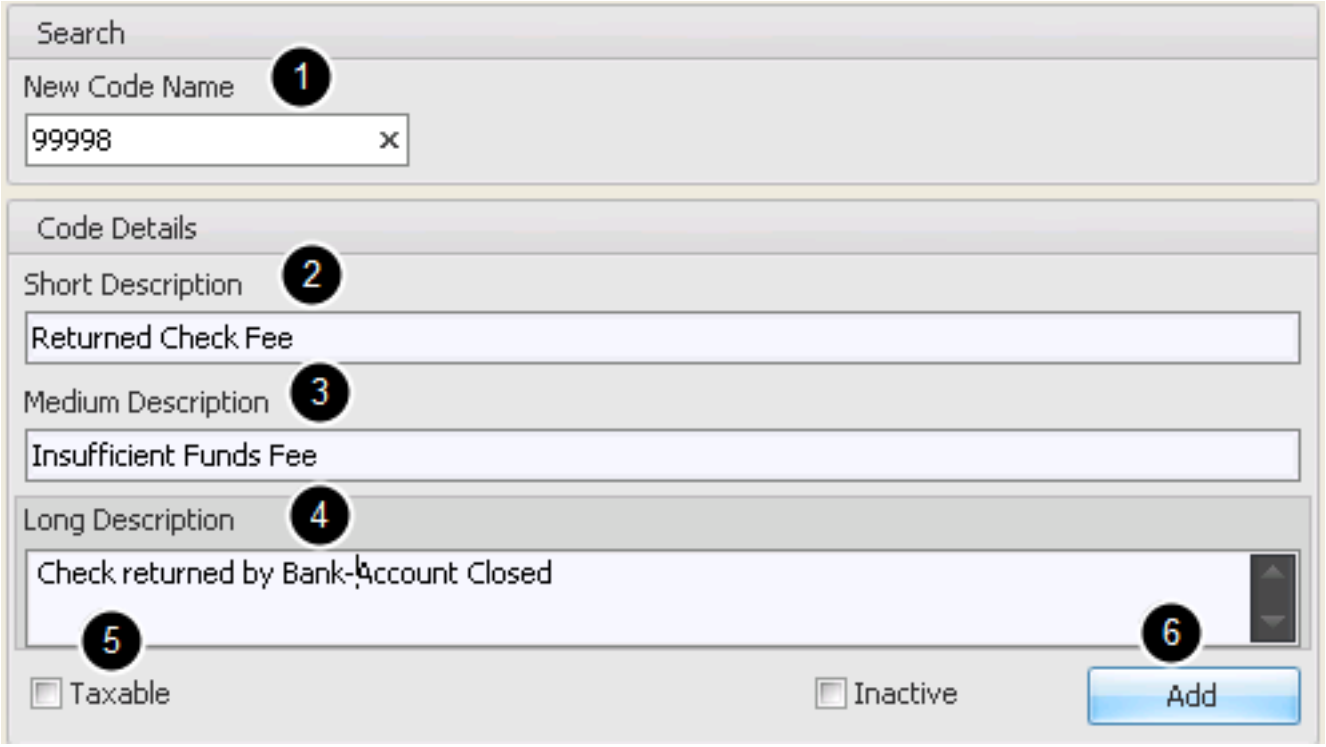
Custom Charges Maintenance



Add a Custom Charge



1. Click the Green + to open the New Code dialog.



1. Type new Code using numeric and/or alpha characters.

2. Type a Short Description for the code.

3. Type a Medium Description. (optional)

4. Type a Long Description. (optional)

5. Place a check mark in the box if item or service is taxable.

6. Click Add. New Custom Charge is now added to the Custom Charges List.

Inactivate a Custom Charge

1. To inactivate a Custom Code and delete it from the Code List, Place a check mark in the Inactive box.

2. Click **Save.**

Note: This will not completely remove it from the data base, but will hide it from view if there is also a check mark in
the Hide Inactive Codes option.

Custom Charge Search by Code

Begin typing the Custom Charge code in the Code Search and as you type, the codes and short descriptions are
listed.

Custom Charge Search by Description

Begin typing the Custom Charge description in the Short Description Search and as you type, the codes and short
descriptions are listed.

Custom Charge Effective, Modified and Deactivation Date

1. Effective date column lists the year the code is in effect.

2. Modified Date column lists the date the code was last modified.

3. When a Custom Charge code is discontinued Deactivation Date column will list the date it was discontinued.

Note: The dates are automatically inserted when the code is modified or updated.

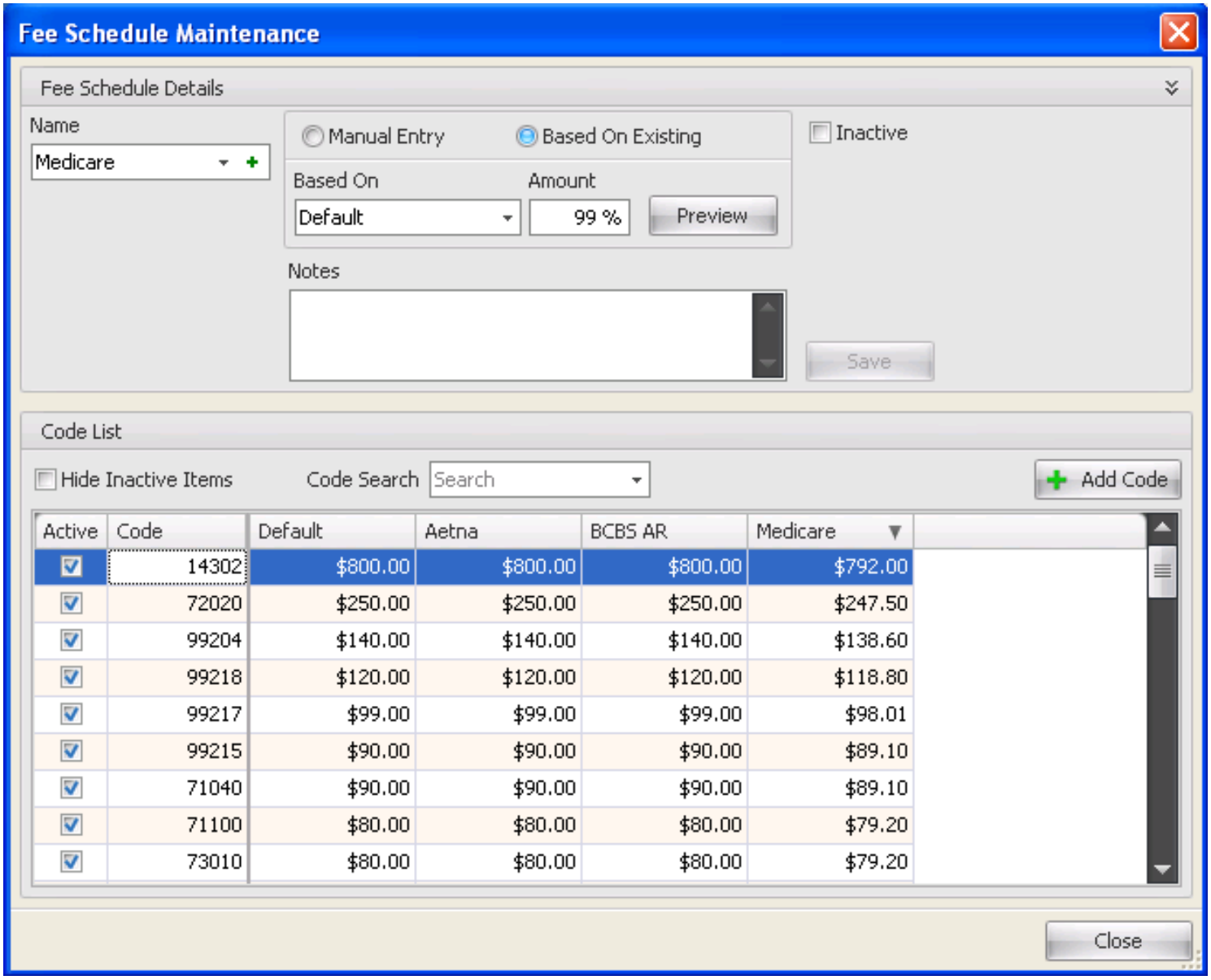
Hide/Show inactive Custom Charges

If a code had been Inactivated and is no longer going to be used it can be removed from the Code List by placing a check mark in the Hide Inactive Codes box.

11. Fee Schedule Maintenance (Block 24F)

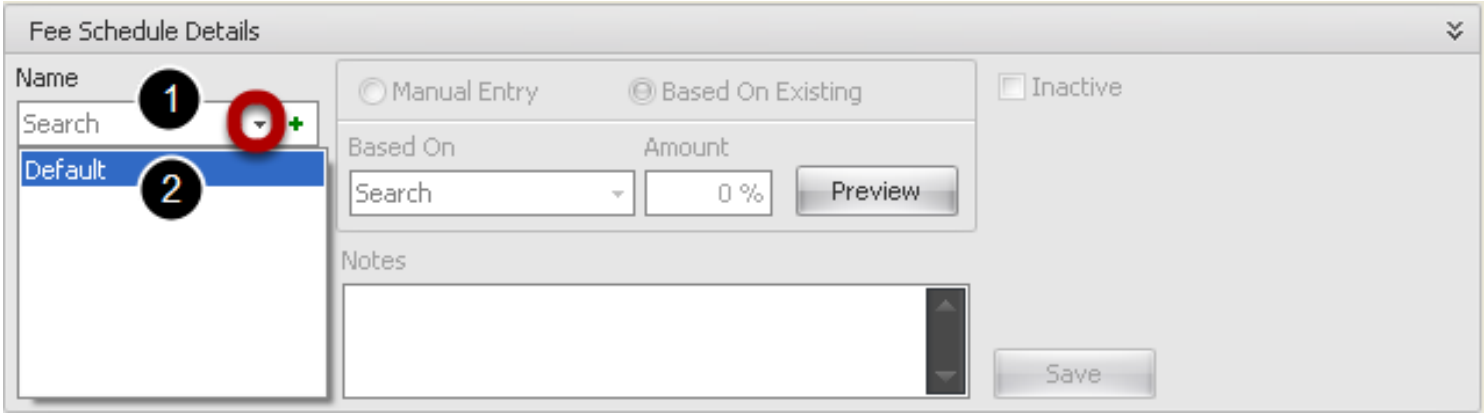
Tools menu -> Billing Maintenance -> Fee Schedule Maintenance

Fee Schedule Maintenance



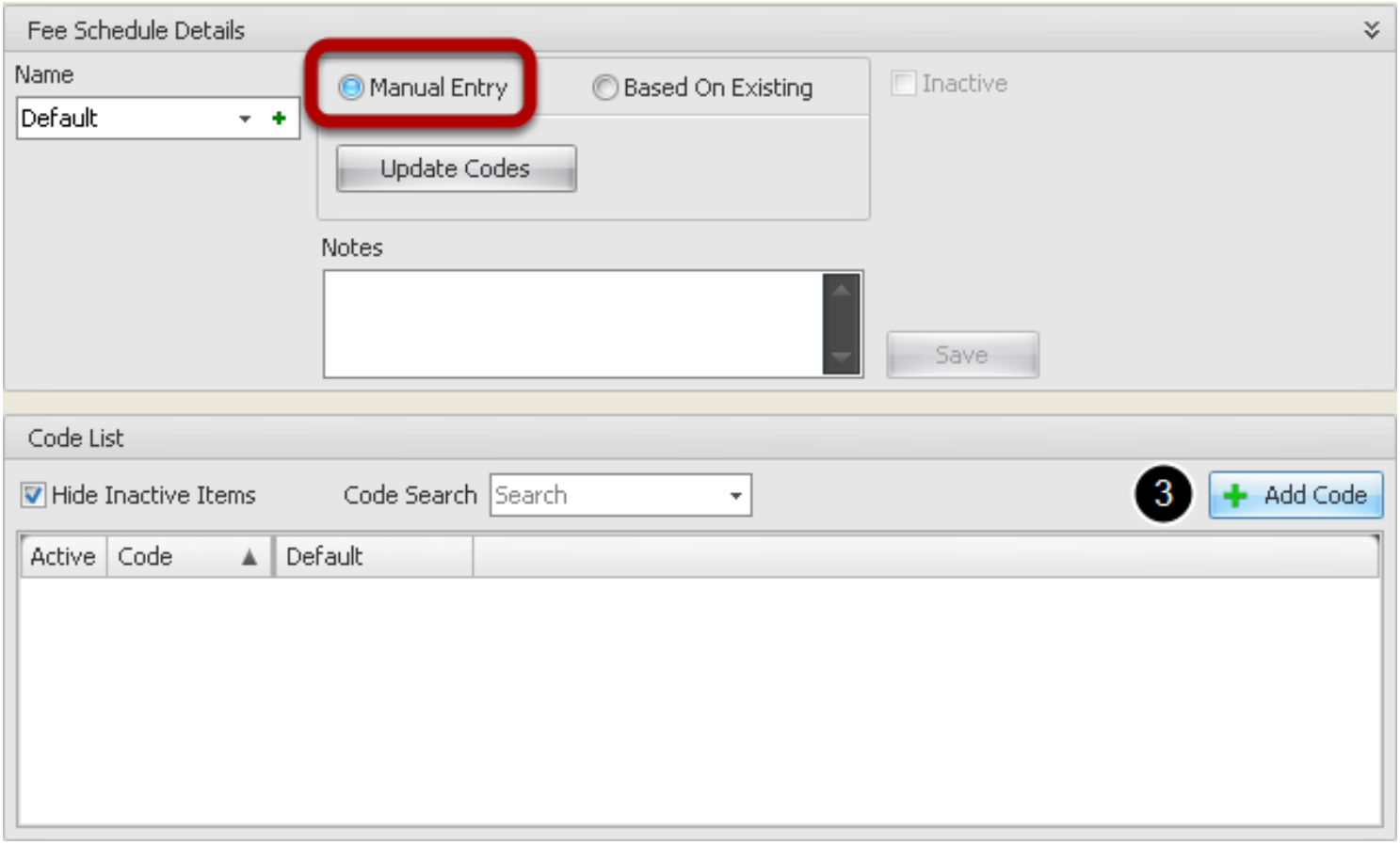
This screen shot shows the Maintenance screen after building 4 different Fee Schedules. The Default Fee Schedule amounts will have to be manually entered, and other Fee Schedules can be based on those fees. Aetna and BCBS AR are based on 100% of the existing Default fee schedule. Medicare is Based on 99% of the Default Fee Schedule for this example.

Adding Codes to a Fee Schedule

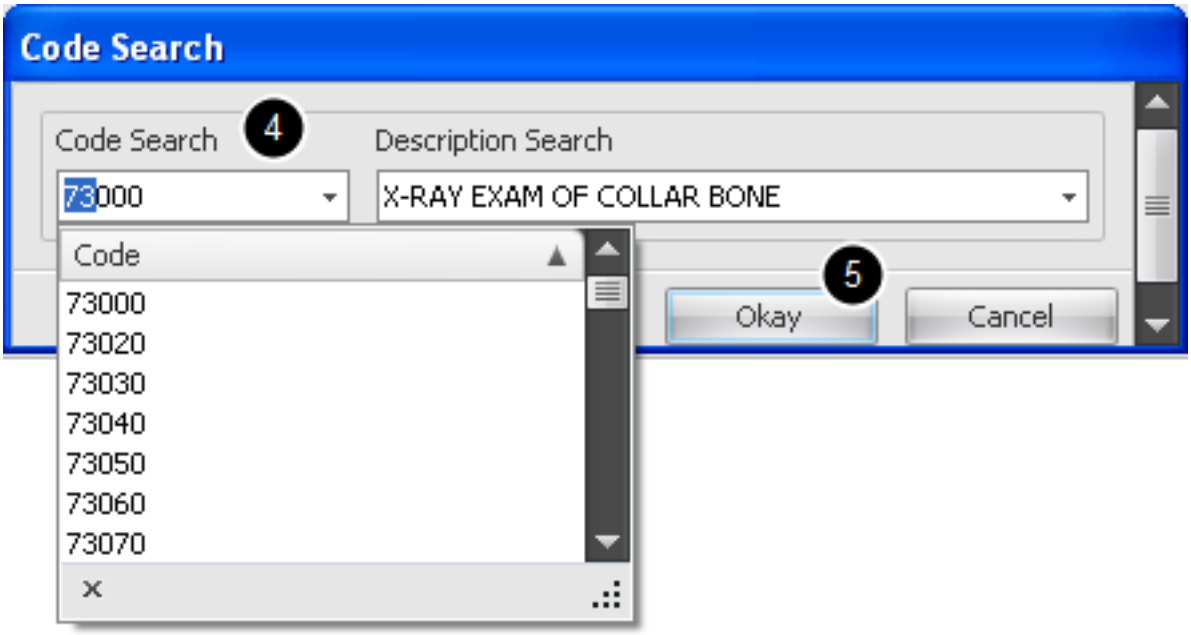


Begin by adding Procedure and HCPCS codes to the Default Fee schedule.

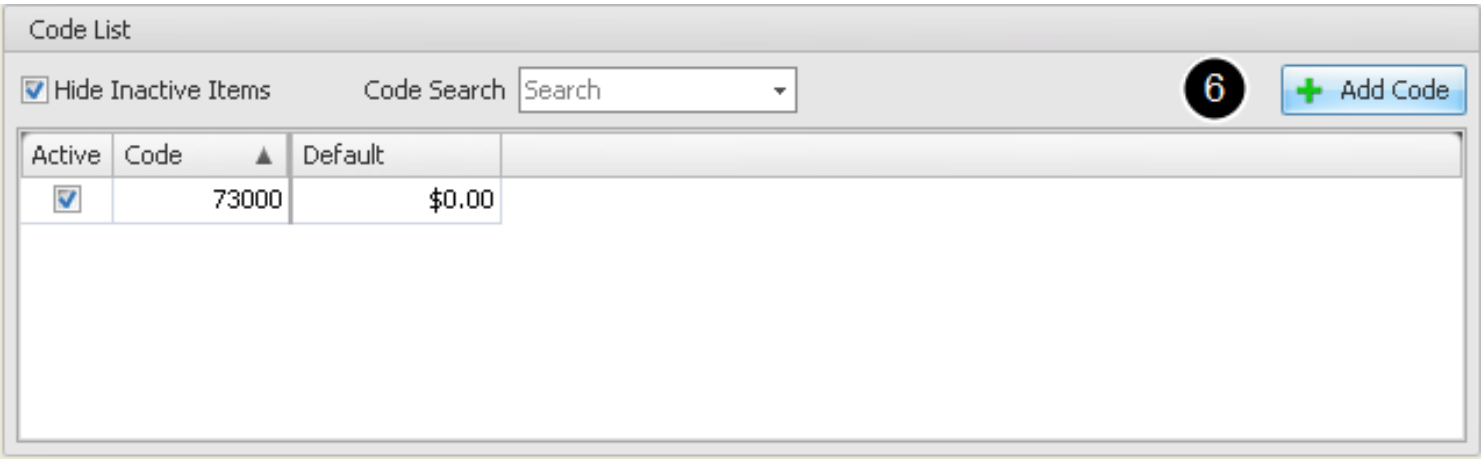
1. Click on the Drop Down Arrow in the Name field to open the Name(s) of existing fee schedules.
2. Double Click on Default in the Drop Down list.



3. Click the Add Code button to open the Code Search dialog.

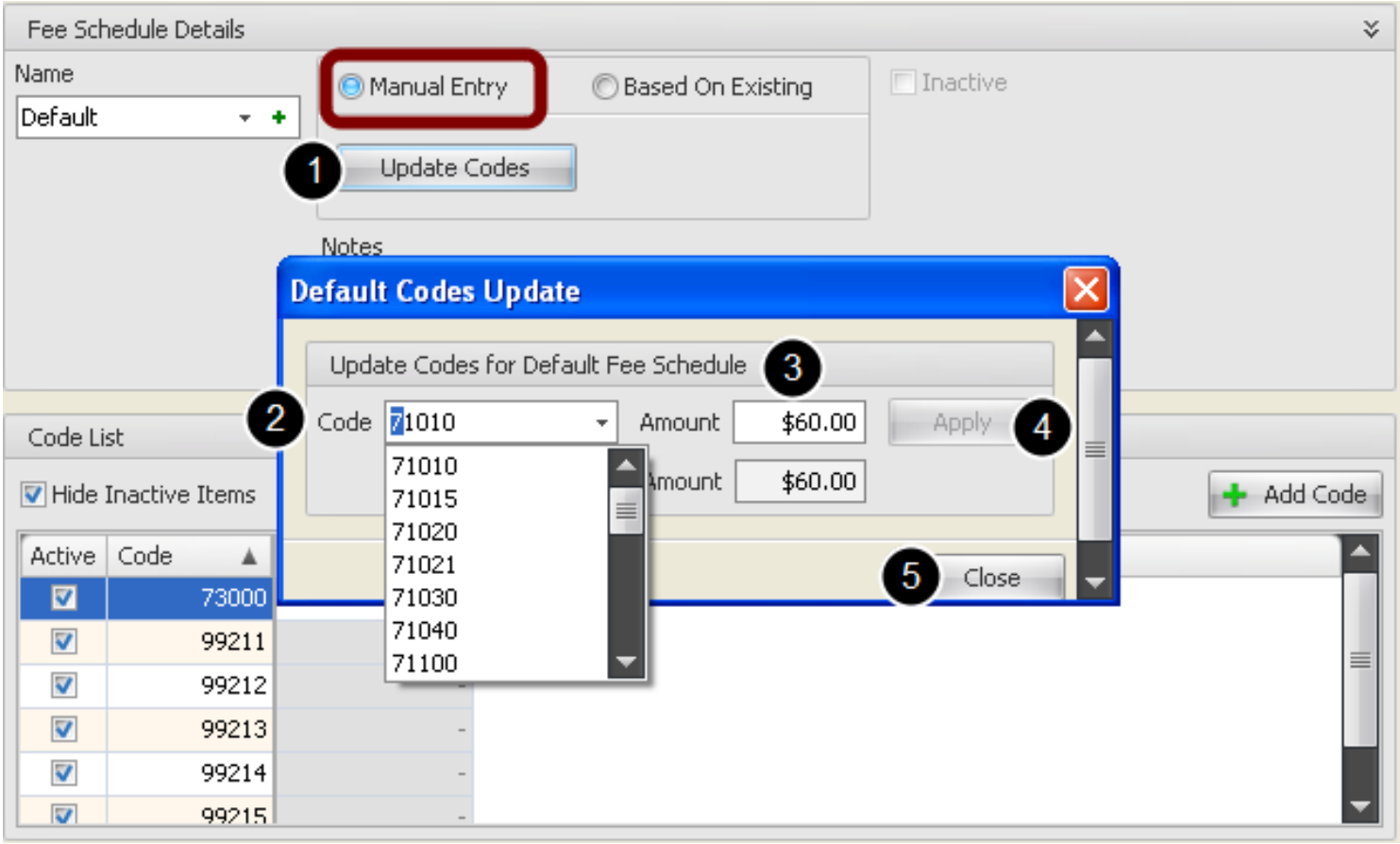


4. Begin typing the code and as you type, a list of codes and the Description of the codes will display.
5. When the correct CPT/HCPCS is in the Code and Description search field, Click the Okay button.



6. Click the Add Code button and repeat steps 4-5 until Code list is complete with Procedure codes and HCPCS codes most commonly used in your practice

Create a Fee Schedule by Manual Entry

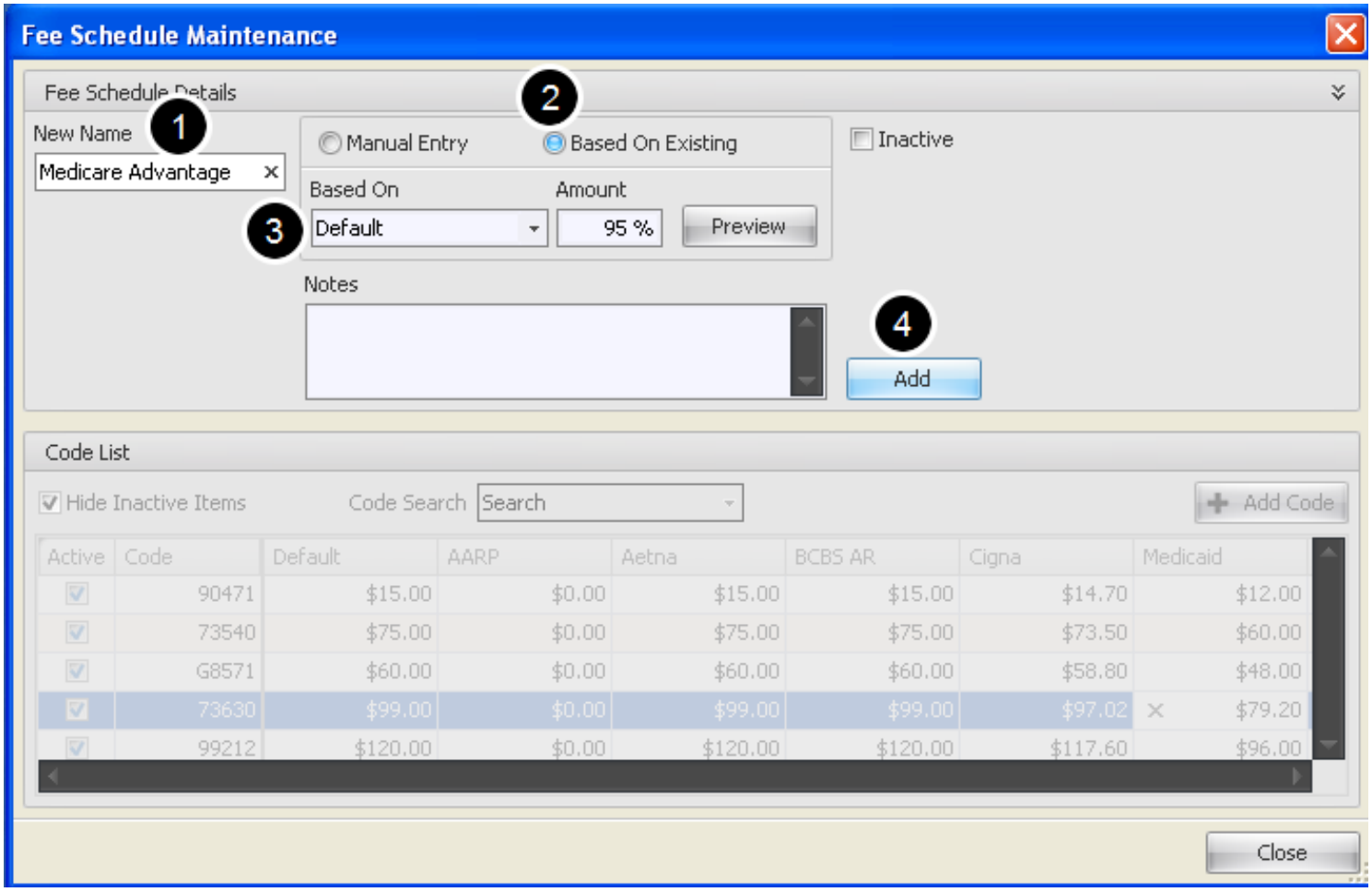


Use the newly created list of codes to add a charge for each code in the Default Fee Schedule. Make sure the **Manual Entry** option is selected

1. With Default Fee Schedule still selected, Click the Update Codes button in the Fee Schedule Details to open the Default Codes Update dialog.
2. Begin typing the code.
3. Type a charge amount for the code. The Default Amount field will automatically populate when applied.
4. Click the Apply button.
5. Repeat steps 2-4 until all codes have a fee applied and Click the Close button.

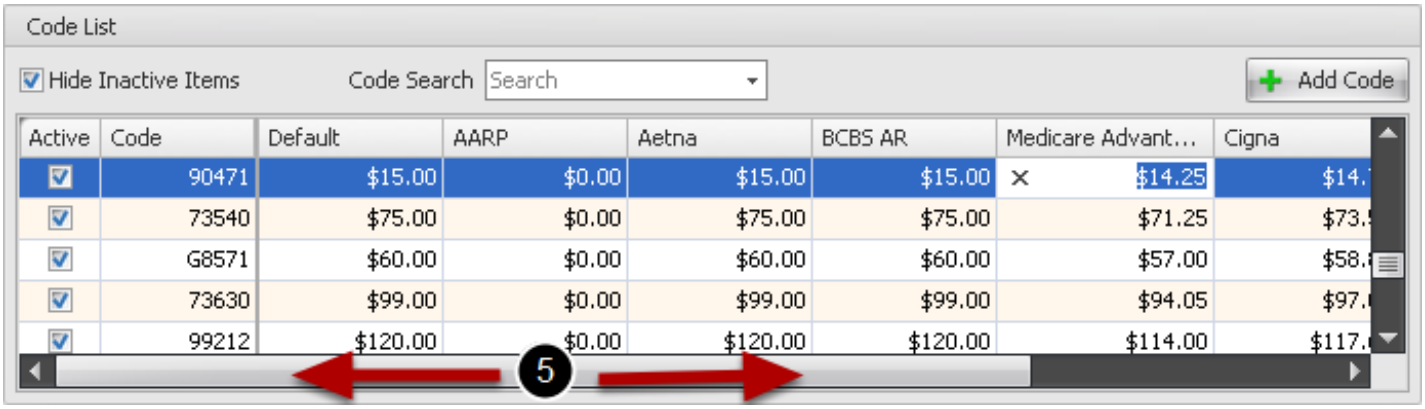
Note: Codes will have to be added to the Code List before they can be found in the Codes Update dialog list.

Create a Fee Schedule Based on an Existing Schedule



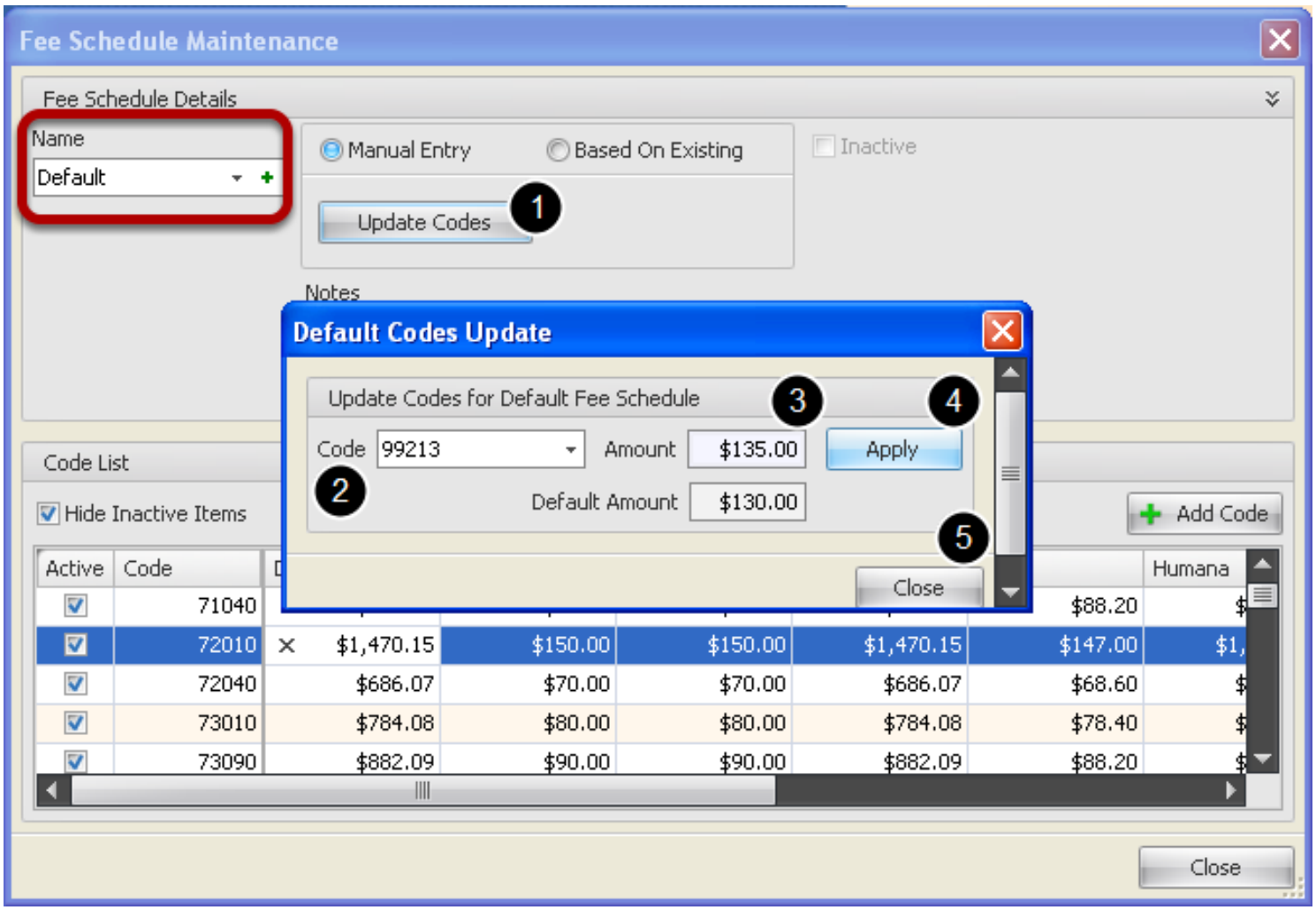
A Fee Schedule can be automatically priced based on a percentage of any of the existing fee schedules.

1. Add a new fee schedule and Type a name for the schedule.
2. Click Based On Existing.
3. Select Default from the Drop down list and Type a percentage of the Default fee schedule amount to base the new fee schedule charge.
4. Click the Add button.



5. Scroll over to the column to verify the new Fee Schedule has been added to the Code List.

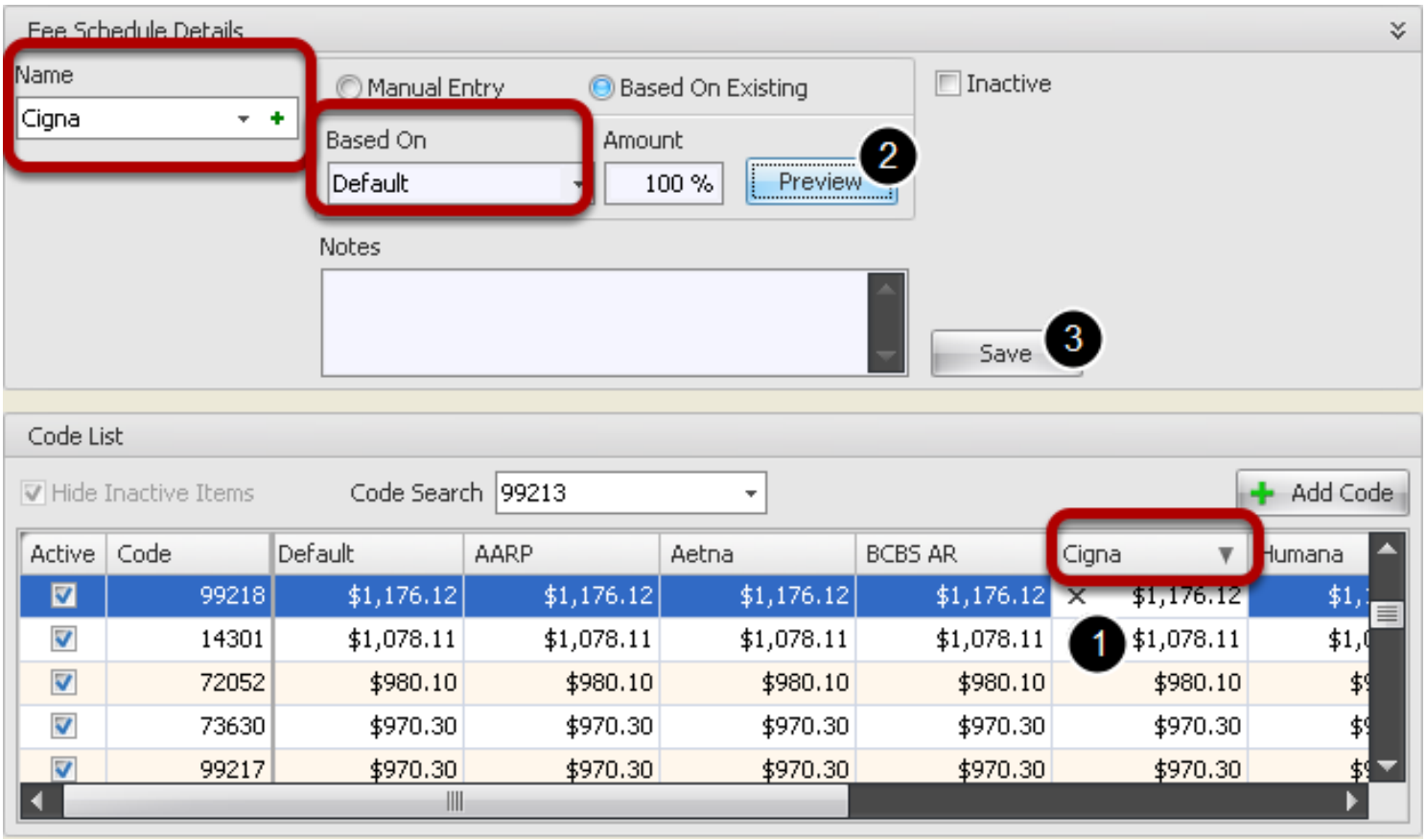
Update fees for codes added using the Manual Entry Option



Update all Fee Schedules that have been added using the Manual Entry option. If a Fee Schedule has been added using the Based on Existing option, those steps will follow.

1. With Default Fee Schedule selected, Click the Update Codes button in the Fee Schedule Details to open the Default Codes Update dialog.
2. Begin typing the code.
3. Type the updated fee for the code. The Default Amount field will automatically update when Applied and Closed.
4. Click the Apply button.
5. Repeat steps 2-4 until all codes have been updated, and then Click the Close button.

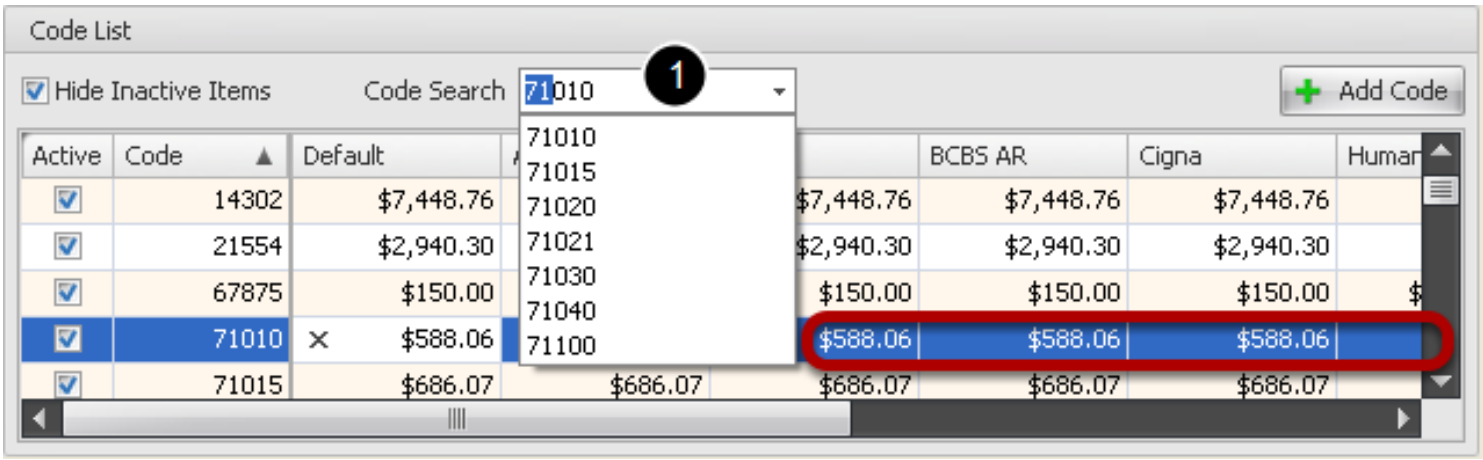
Update codes with fees Based on Existing Fee Schedules



Prior to updating fees that have been added using Based on Existing Fee Schedule option, the Based On Fee Schedule will have to be updated by following steps in the **Update fees for codes added using the Manual Entry Option** section of this manual.

1. Scroll to find the fee schedule to update and then Click anywhere inside the column. In this example Cigna is the fee schedule selected.
2. With the Fee Schedule in the Name field of the Details section, Click on the Preview button. The fees will change according to the percentage amount.
3. Click on Save.

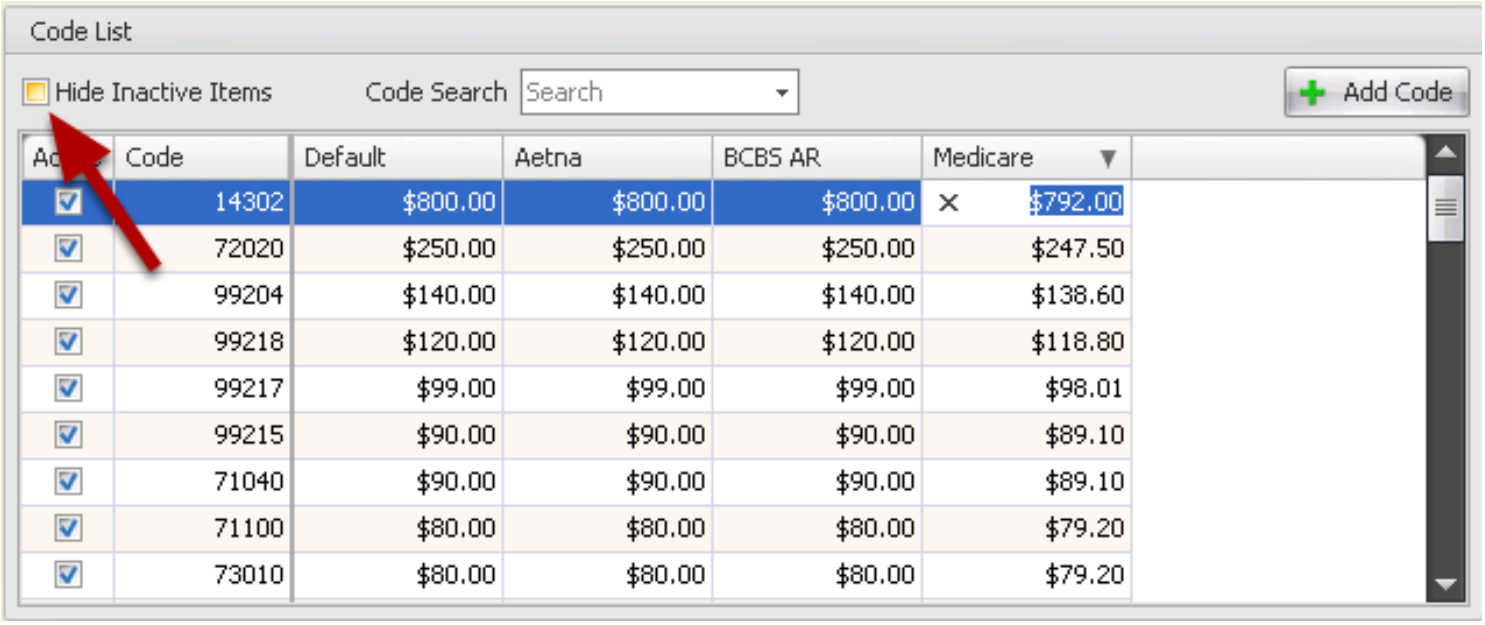
Searching for a fee by code



Search all Fee Schedules for fees applied to codes by code number.

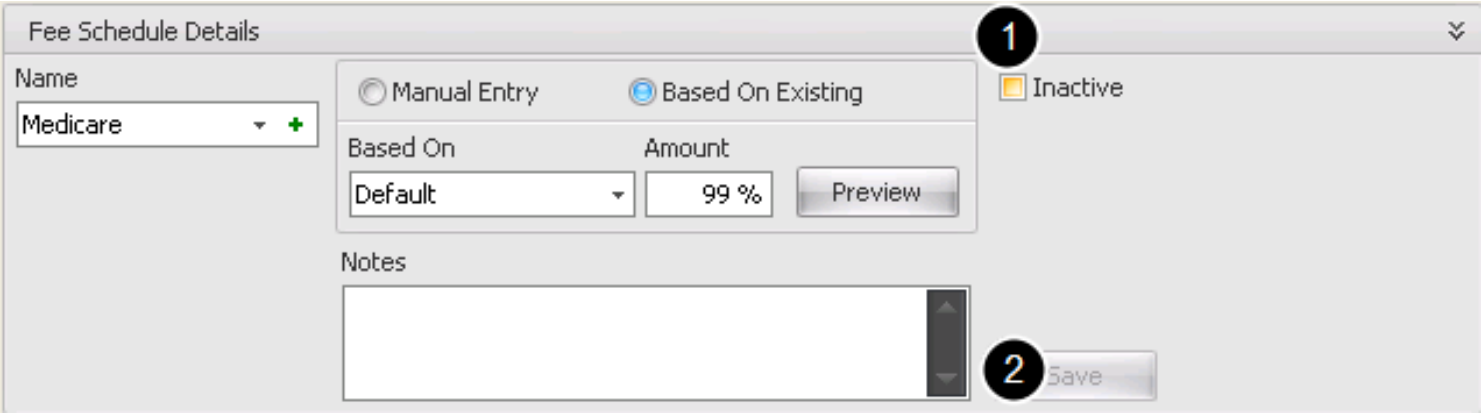
1. Click inside the Code Search field in the Code list section and begin typing the Code. The code is highlighted for each fee schedule displaying the fee.

Hide Inactive Fee Schedule(s)



If a Fee Schedule has been Inactivated and is no longer going to be used it can be removed from the Fee Schedule List
by placing a check mark in the Hide Inactive Items box.

Inactivating a Fee Schedule



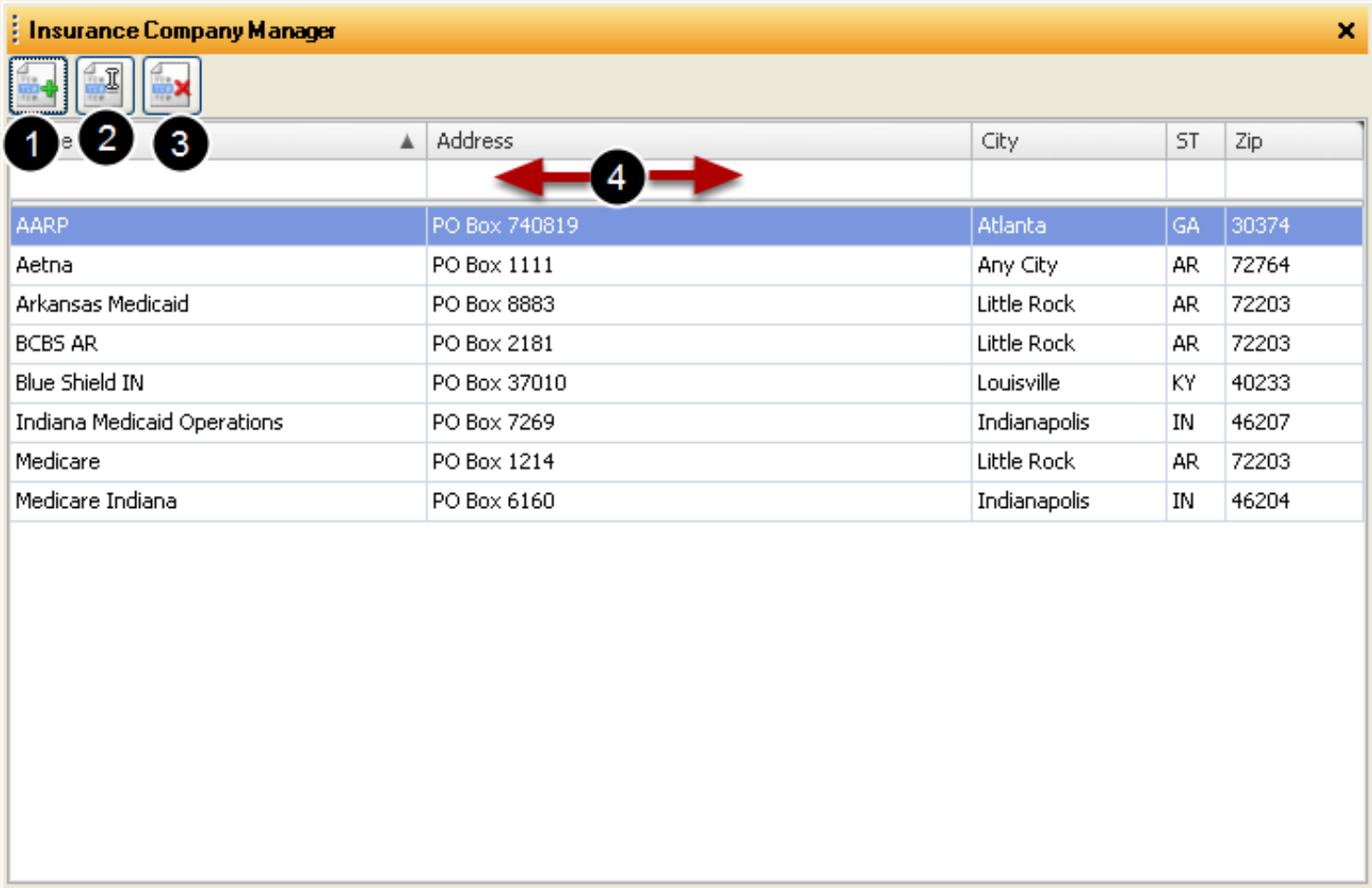
1. To inactivate a Fee Schedule and delete it from the Fee Schedule List, Place a check mark in the Inactive box.
2. Click **Save.**

Note: This will not completely remove it from the data base, but will hide it from view if there is also a check mark in the Hide Inactive Codes option.

12. Insurance Company Manager

Tools -> Insurance Companies

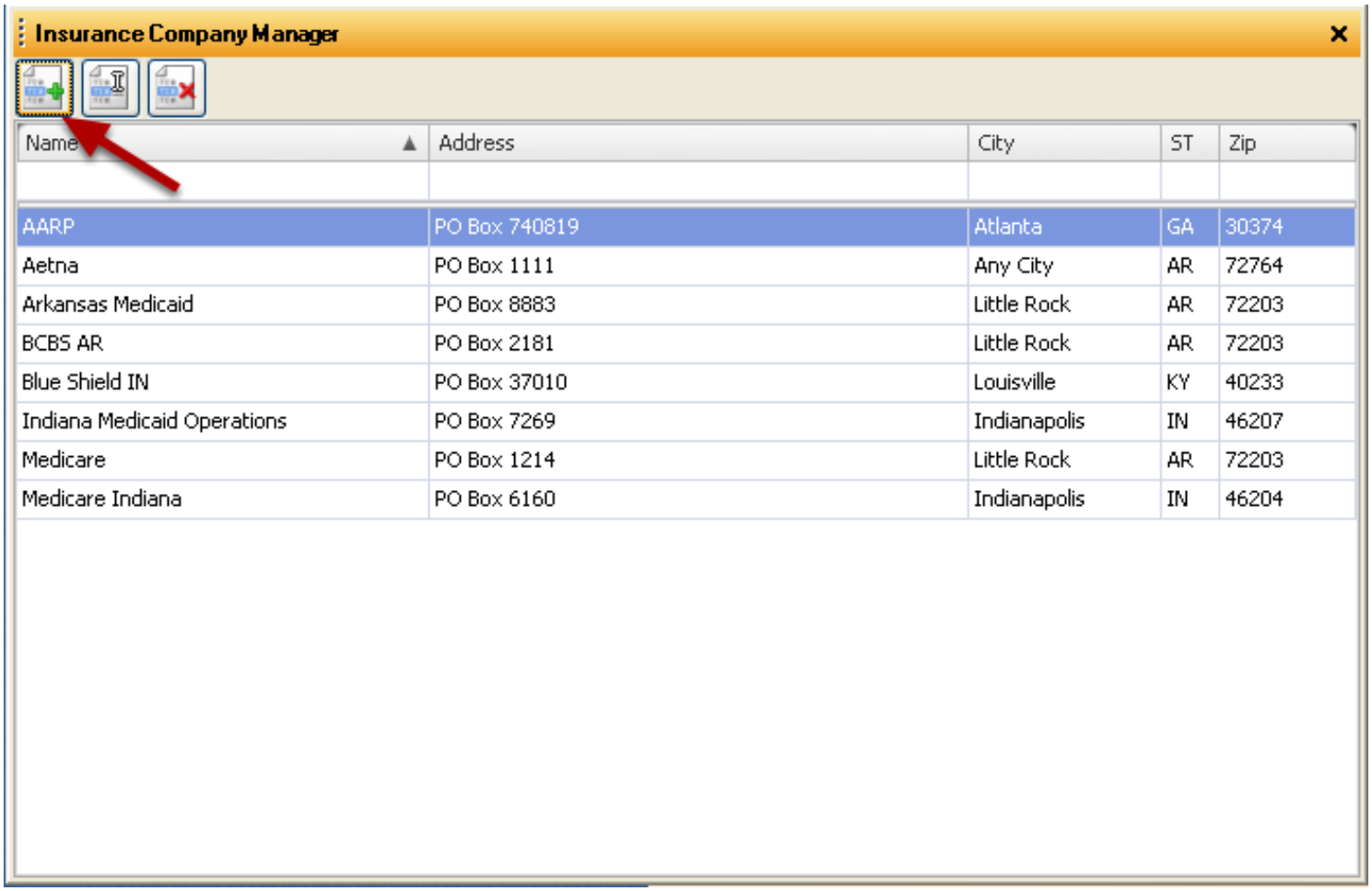
Insurance Company Maintenance



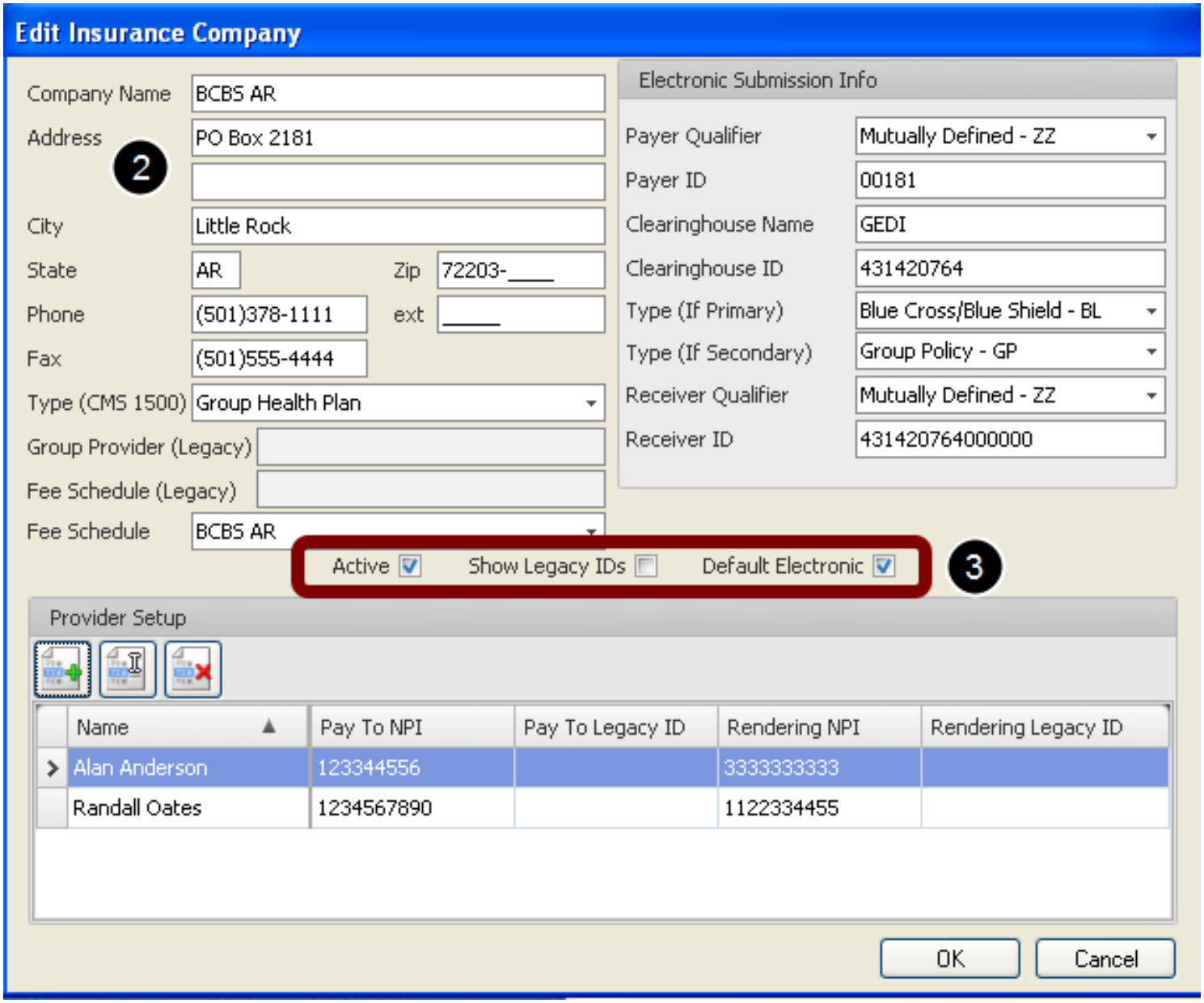
Add new Insurance Companies, Edit existing Insurance Companies and Associate Providers to Insurance Companies when submitting Insurance Claims.

1. Add a new Insurance Company.
2. Edit an existing Insurance Company.
3. Delete an Insurance Company.
4. Click inside the blank grid directly below column headers and begin typing to search by name, City, State, etc.

Add a New Insurance Company



1. Click **Add New Company** icon to open **Edit Insurance Company** dialog.



2. Add Insurance Company information including:

Type-This will be used to determine which box to check in **Block 1.** on the CMS 1500 form.

Group Provider (Legacy)- If the Insurance Company requires a Legacy number in addition to a NPI number, Type the Group/Pay To number here.

Fee Schedule (Legacy)- This is for information purposes only, any Legacy Fee Schedules previously assigned to this Payer.

Fee Schedule- Use the Drop Down option to select a Fee Schedule from the list in Fee Schedule Maintenance, or leave blank and it will use the Default fee schedule

3. Check the box if applicable:

Active This box will default to active. Click to remove check mark if the Company becomes inactive/no longer a valid Insurance Company.

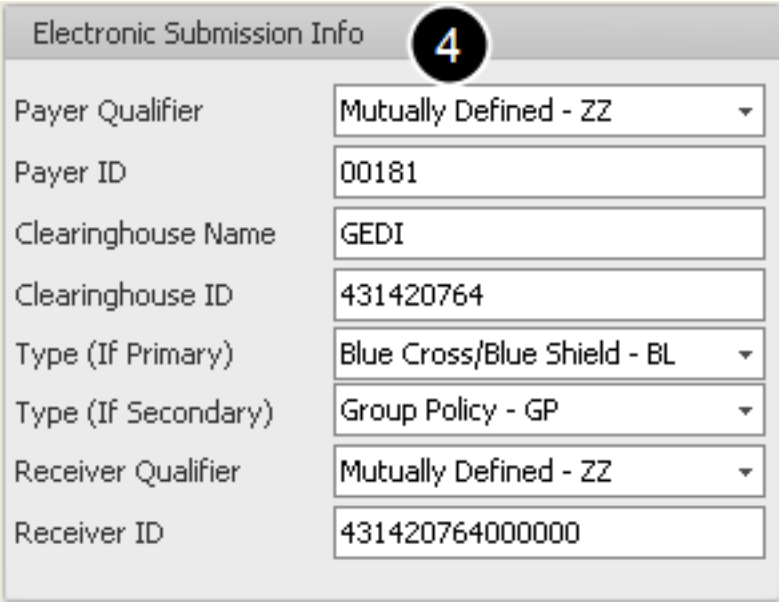
Show Legacy ID If checked, the Legacy numbers entered in the Company information will be included on all claims.

Default Electronic Check box if claims for this insurance company will go to the payer electronically. If

not checked, claims will be printed on a CMS 1500 form.

Note: If a Payer/Insurance Company normally accepts only paper claims, but claims will be sent to GatewayEDI to drop to paper and forward to the Payer, see next step for setup information.

Electronic Insurance Submission Setup



4. Electronic Submission Info is inserted into the Electronic Insurance files to identify Payer , Clearinghouse and Type of claim.

Note: All fields are required when submitting electronic claims. Payer ID and Receiver ID.will be provided by your Clearinghouse.

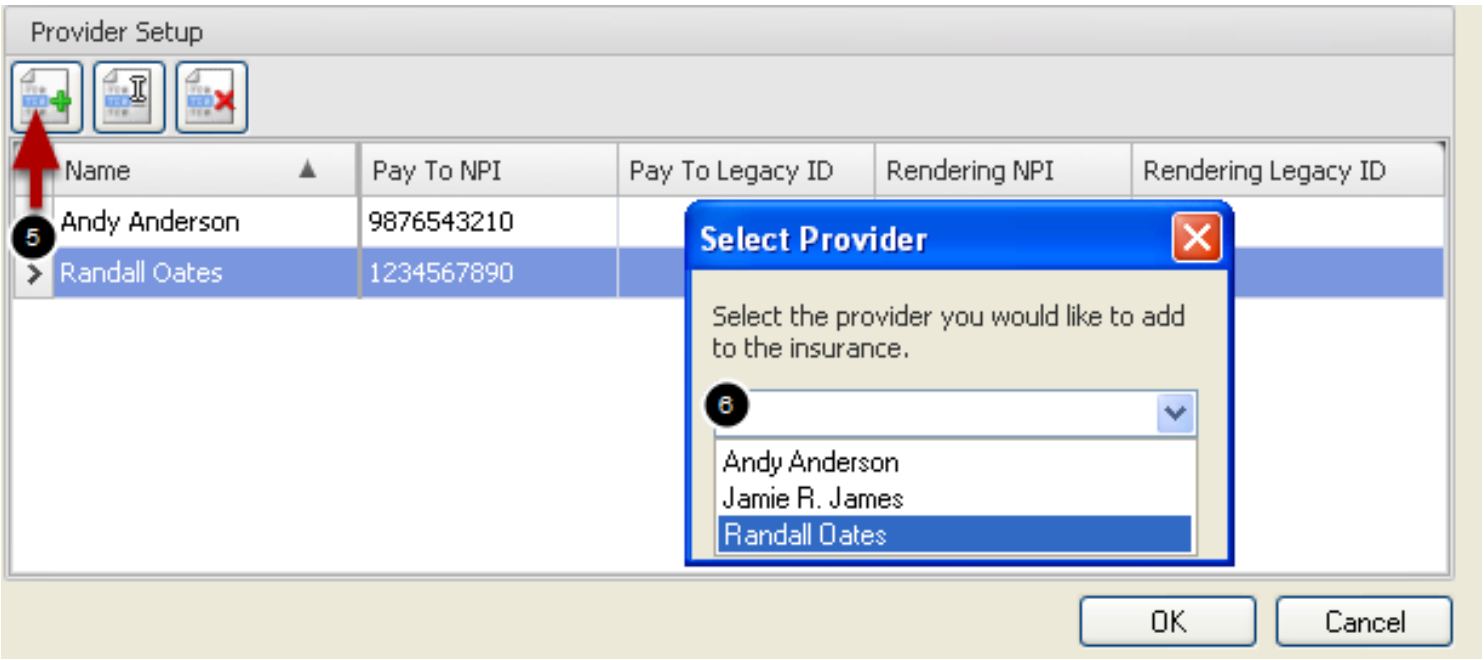
Payer Qualifier-Identifies type of Payer ID. (For most Payers, this will be **ZZ-Mutually Defined**)
Payer ID-Identifies the Payer of claims submitted for this Insurance Company. (**GatewayEDI** will provide a list of your Payer IDs)

Note: All payers that will be sent electronically to GatewayEDI and then dropped to paper claim by Gateway, will be **Payer ID 00010**

Clearinghouse Name-Identifies the Clearinghouse. (GatewayEDI)
Clearinghouse ID-Identifies the Clearinghouse. (**GatewayEDI ID shown in example**)
Type (If Primary) - Identifies the Type of claim/insurance company. For Primary, the most common types will be:
CI - commercial
BL - BCBS
MC - Medicaid
MB - Medicare

Type (If Secondary)-Identifies the Type of claim/insurance company. For Secondary, the most common types will be:
SP-Supplemental Policy
GP - Group Policy
MI - Medigap Part B

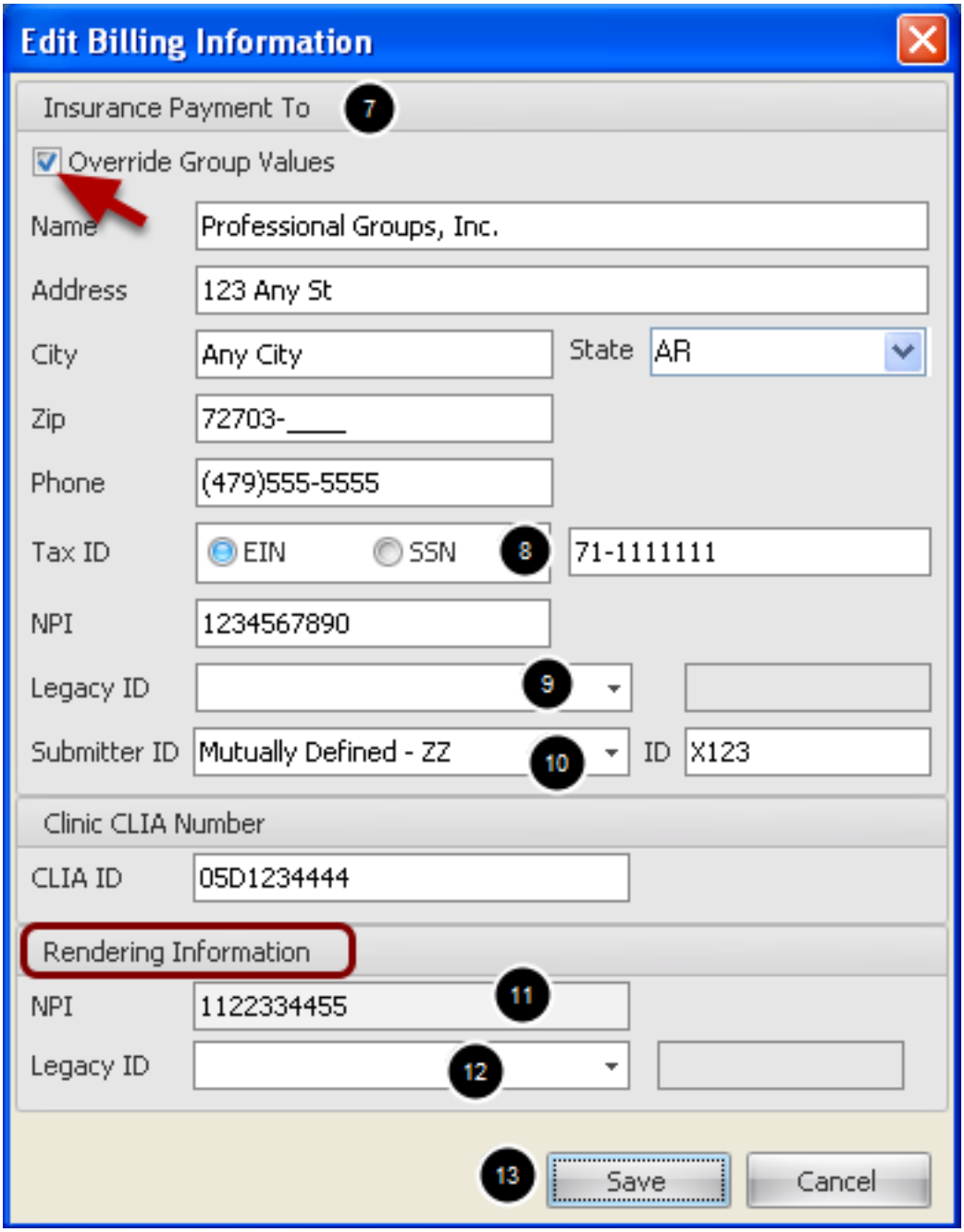
Receiver Qualifier-Identies the Receiver ID. (For most Receivers, this will be **ZZ-Mutually Defined**)
Receiver ID-Identifies the Receiver of the Electronic file submitted. (**GatewayEDI Receiver ID shown in example**)



The information in Provider Setup section is required when filing claims, and is used to file to identify the Rendering Provider of Service, The Pay To Group/Provider and other identifiers.

5. Click the New Provider Mapping button (Green +) to add Providers of Service to this Insurance Company.
6. Click to highlight a Provider and Click the Add button to open the Edit Billing Information dialog.

Edit Billing/Pay To Information for Payer-Add Taxonomy Code/Legacy IDs

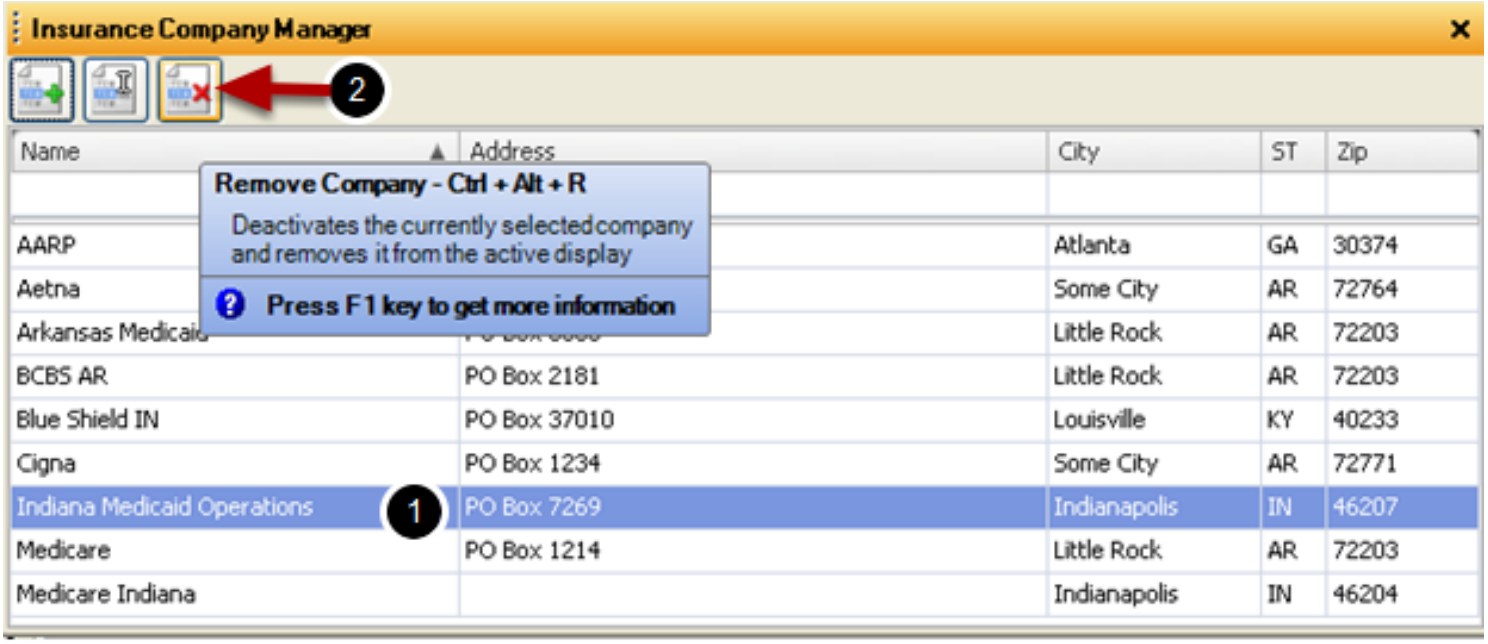


Edit Billing Information dialog is used to identify Billing/Pay To information (top portion) and Rendering Provider of service (bottom portion). This information will be included on all claims submitted to this Insurance Company.

7. This section is populated with data used when setting up Manage Groups. Verify that this is the correct Pay To information. To edit information and Add a Submitter Id for Electronic claims, Click to place a check mark in the Override Group Values box.
8. If the Pay To provider is an individual and payments are reported to his Social Security number, Click SSN and type social security **(Block 25)**
9. Use drop down to select type of ID number to include in the file**-Billing Legacy** number**, Billing**

Taxonomy code, etc. and enter the number in the next field. T
10. For Electronic claims, use the drop down arrow to select an identifier for the **Submitter ID** and then Type the ID into the ID field. This information is provided by your Clearinghouse or Receiver of electronic files. For paper claims, leave blank.
10. This section is populated with data used when setting up **Provider Manager** . If this insurance requires a **Rendering Provider Legacy** number or a **Rendering ProviderTaxonomy Code** for the Rendering Provider, in addition to the NPI, use the drop down arrow to select an identifier for the ID and then type the ID into the field. **(Block 24j)**
11. Click the Save button. Save Mapping dialog asks if you would like to link this insurance company to the specified group, Click Yes.

Delete Insurance Company Tools -> Insurance Companies



Tools -> Insurance Companies

1. Click on the Insurance Company to be deleted.

2. Click on the **Remove Company** Icon (Red X). You will be prompted to verify that you want to remove the selected insurance company.

3. You will be prompted to verify that you want to remove the selected insurance company. Yes to delete, No to cancel

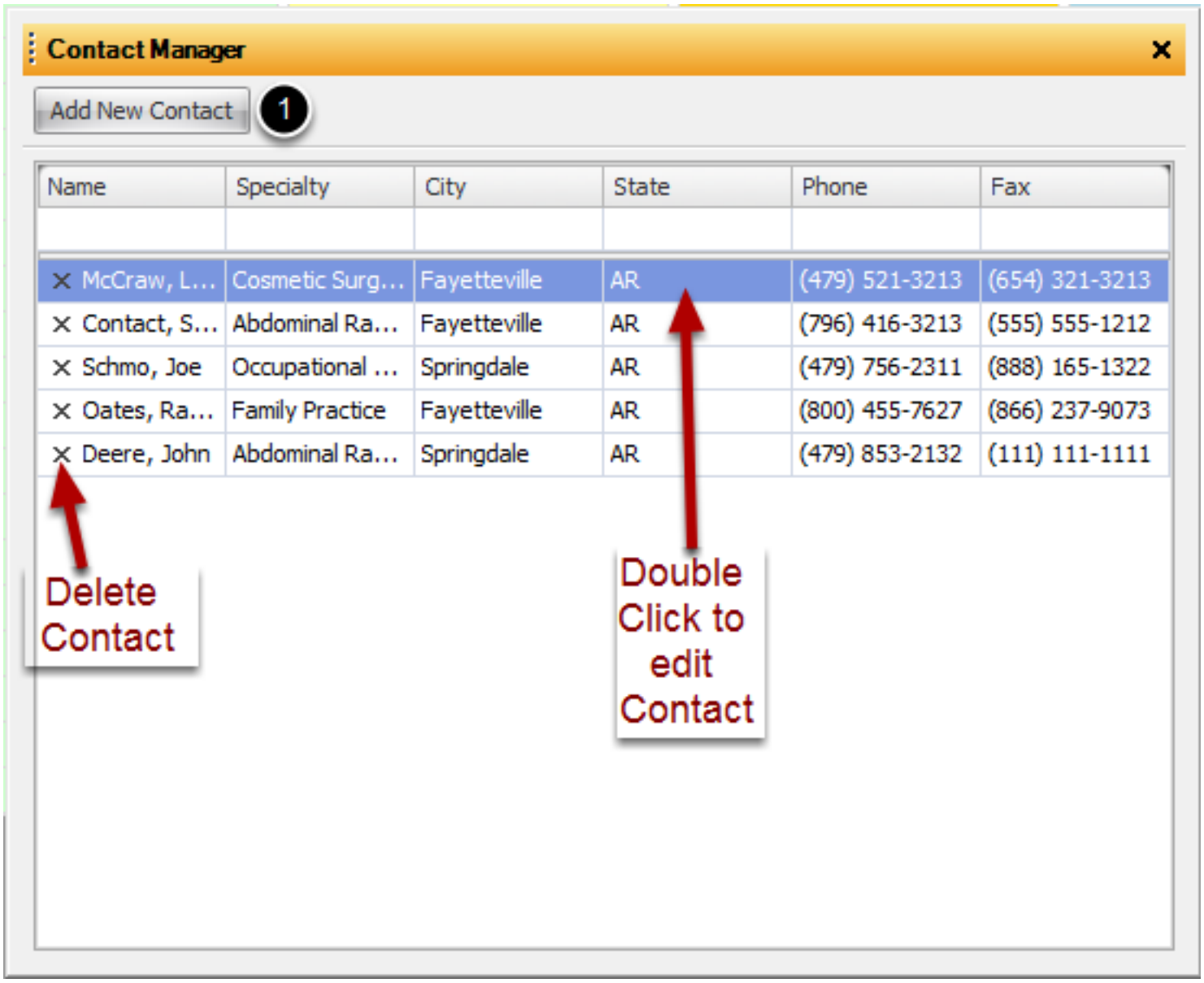
Note: Users must have security privileges to delete an Insurance company. Insurance demographics will have to be updated for any patients that have the deleted insurance company in their information.

13. Contacts/Referring Physicians (Block 17)

Tools -> Contacts

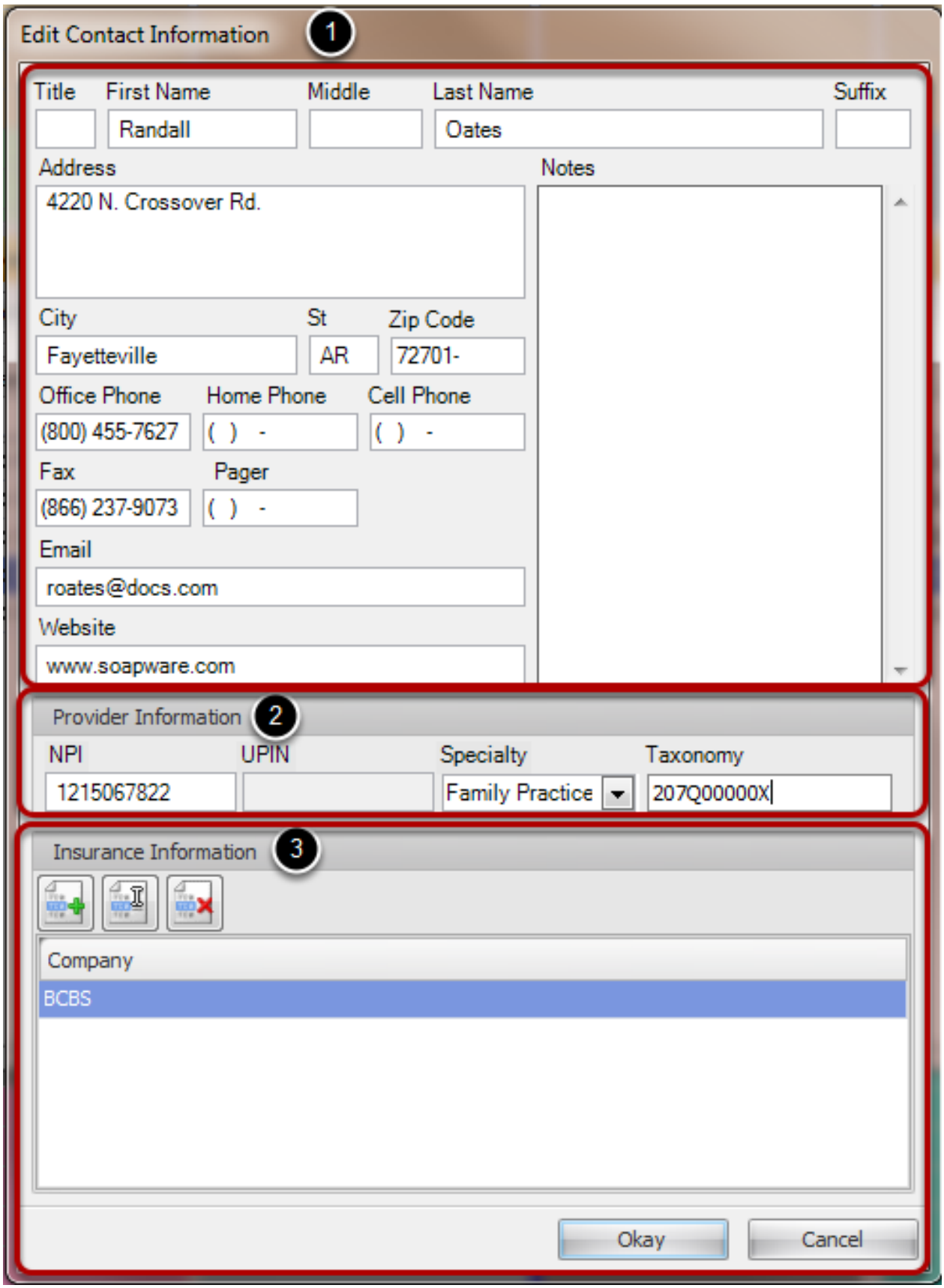
Additional information in SOAPedia

Add a new Contact/Referring Physician



1. Click Add New Contact button to create a new contact.

Note: To edit an existing Contact, double click on contact name to open Edit Contact Information dialog. To delete a contact, click on the **X** next to contact name.

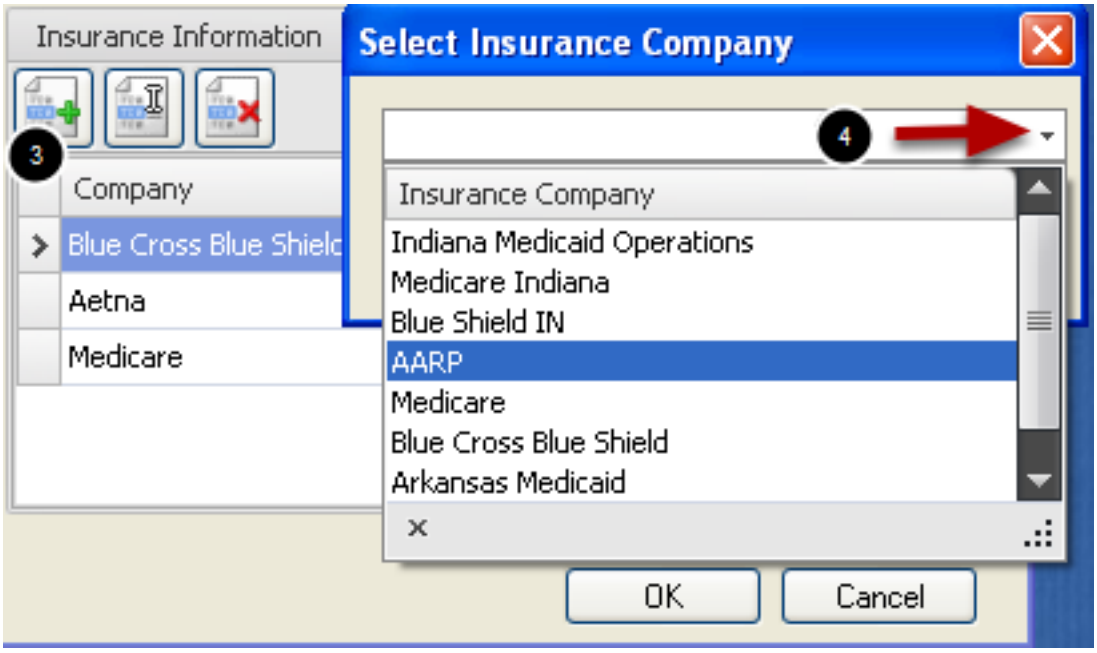


1. **Contact Information:** Complete the Contact's basic demographic information.

2. **Provider Information:** Enter the referring physician's NPI, Specialty and Taxonomy code.

3. **Insurance Information:** If any legacy IDs are needed for referrals when filing with certain insurance companies, you can enter these IDs under Insurance Information. See below steps for adding a legacy ID.

Insurance Information

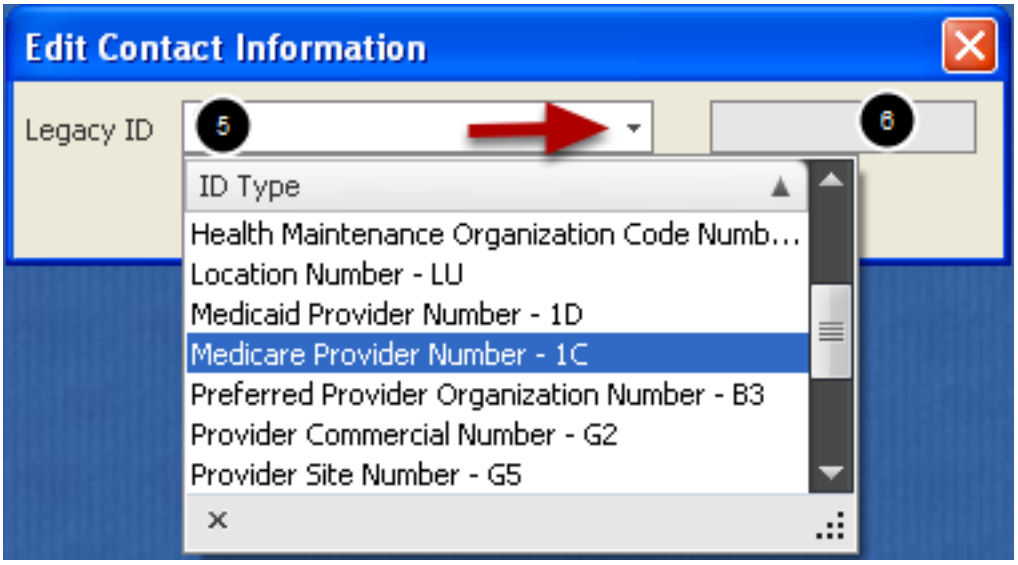


3. Click the New Insurance Mapping button in the Insurance Information section to open the Select Insurance Company dialog.

4. Click the Drop Down button to display a list of available Insurance companies.

Note: Most insurance companies require only the NPI number of the Referring Provider. If the selected insurance company requires a legacy number or Taxonomy Code, proceed to step 5. If not, the Contact setup is complete for this Referring Provider.

Add Legacy IDs/Taxonomy Codes



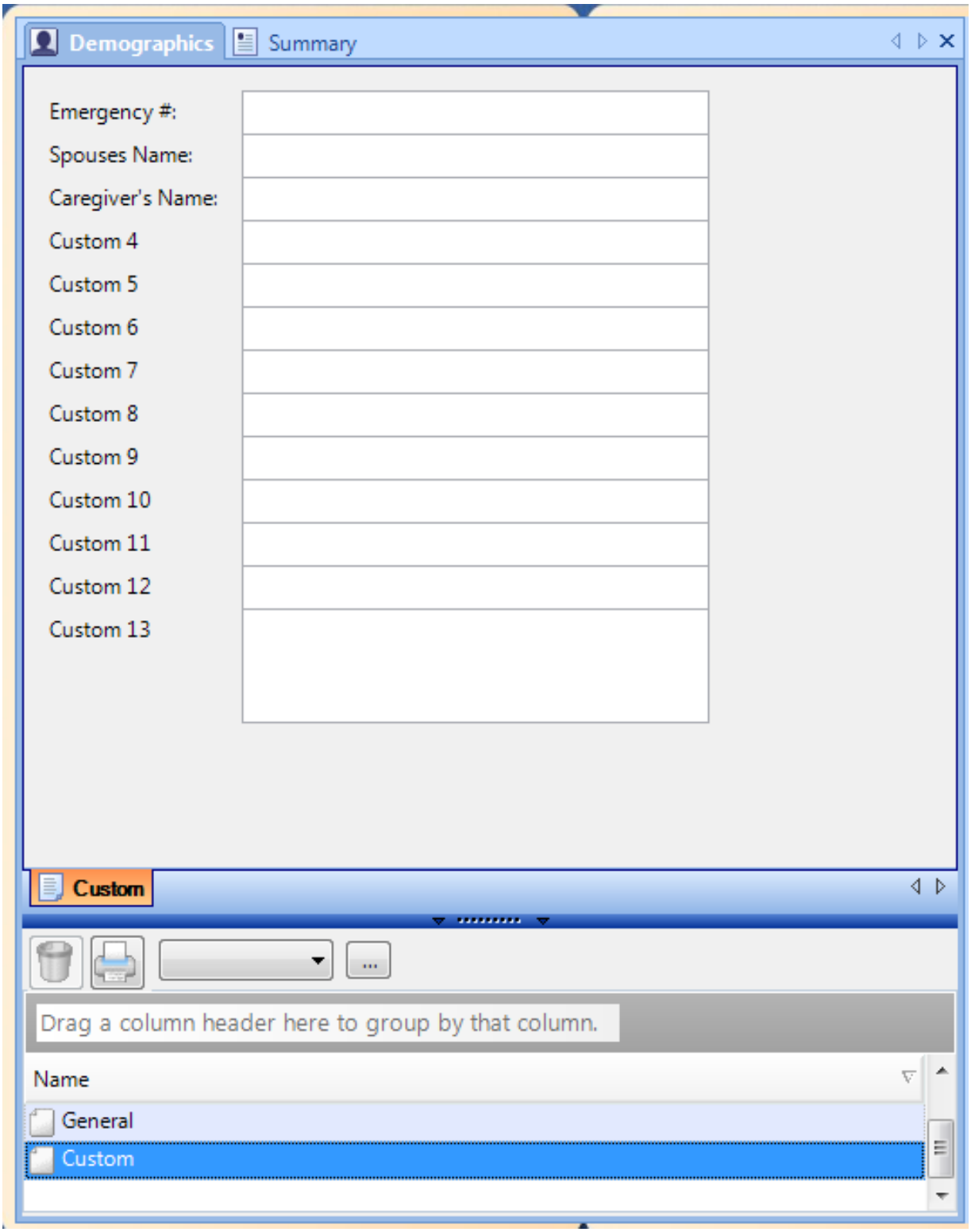
To access the list of Taxonomy Codes, Click on the link http://www.wpc-edi.com/content/view/793/1

5. Click the Drop-down button to display the list of different types of legacy numbers, including Taxonomy Codes followed by the legacy number ID Qualifier.

6. Type the Legacy number and then Click **Save.**

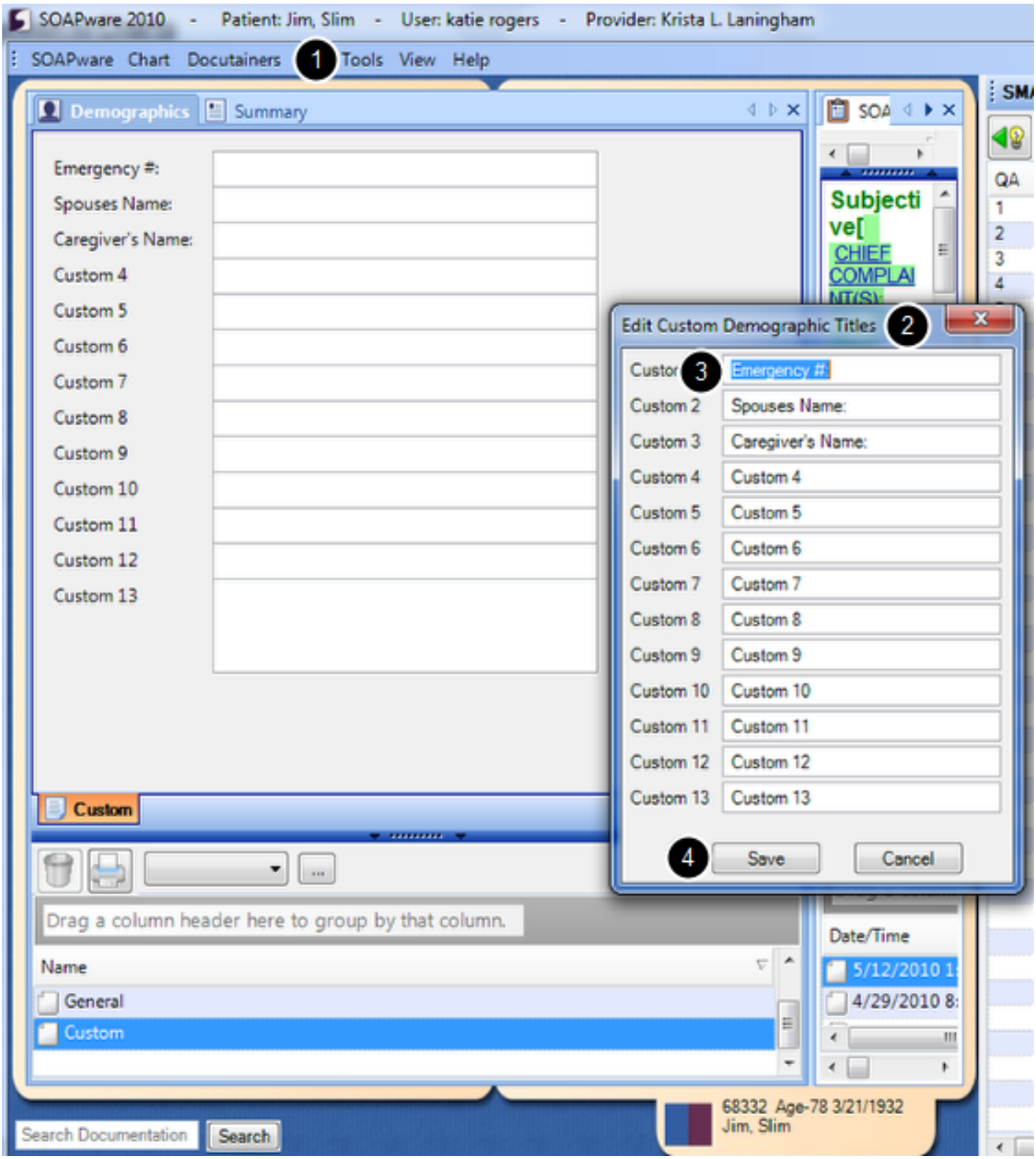
14. Custom Demographic Titles

Tools -> Custom Demographic Titles



The Custom Demographics section of the chart contains the information not otherwise contained elsewhere in the demographics area, but which may be needed in most patients' charts. Setting the custom demographics titles has changed slightly from SOAPware 4.x. Custom field 13 is a note or

memo text box; it is used to store more information than the other fields.



By editing custom demographics titles, you can add additional demographic fields to SOAPware, with names that you assign them. To modify the custom demographics headings:

1. Click Tools-Custom Demographic Titles
2. You will see a list of custom demographics text boxes. The current name of each field is shown in an

edit box where you can enter the new name.

3. Fill in as many of these fields as you wish, then click Save to save your changes.

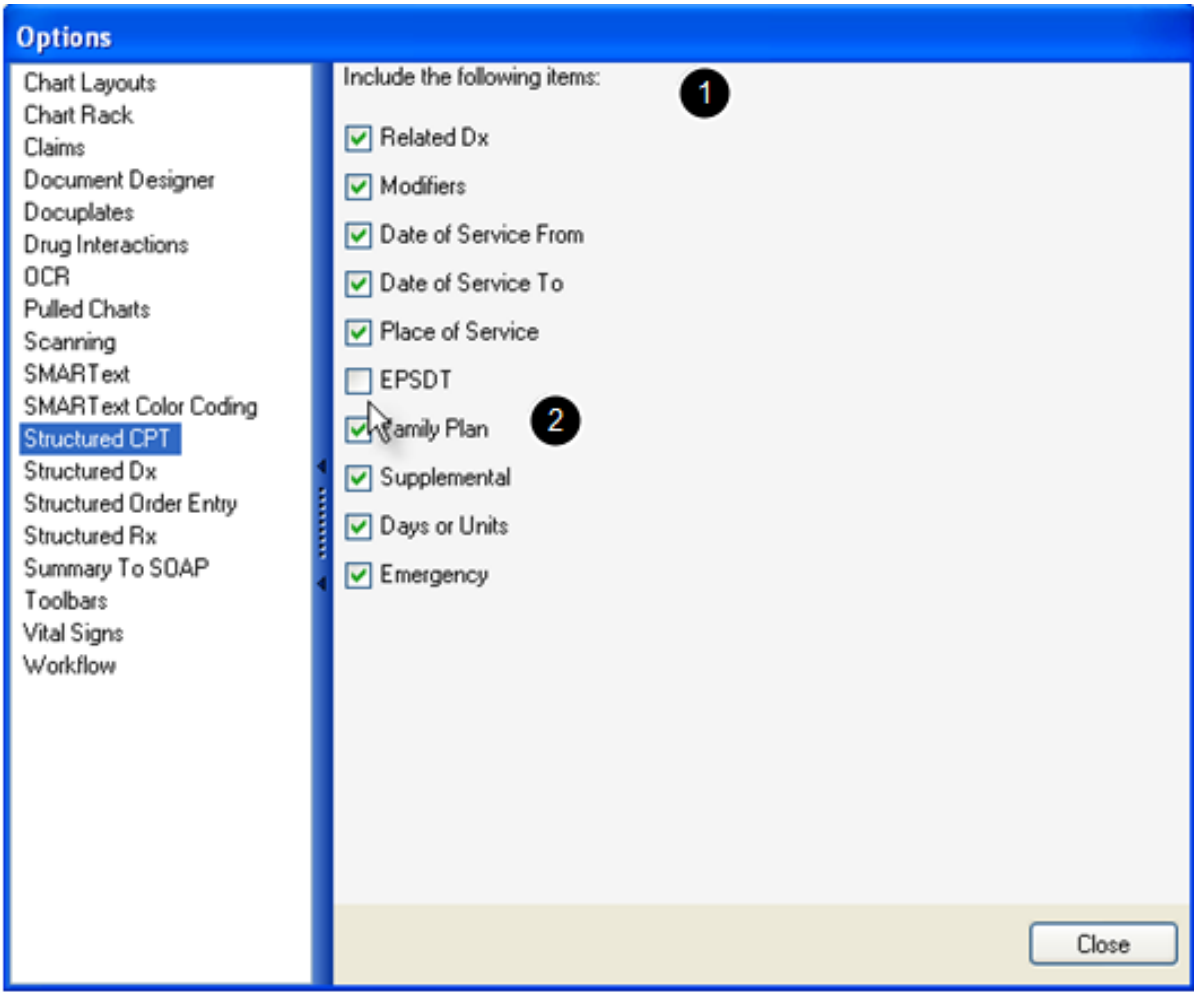
4. Click Save, then close SOAPware and restart to see the new titles displayed.

Note: This setting will change the titles of all custom demographic fields on all patients in the database.

15. Set Structured CPT Options

Tools -> Options -> Structured CPT

Select Structured CPT Sub items



1. Select Sub items for the Structured CPT items when inserted in the Plan Section of the SOAP note for documenting Encounters/Visits.

2. To exclude a sub item, click the box to remove the check mark.

3. Screenshot of Structured SMARText item within the SOAP note using the select options above.

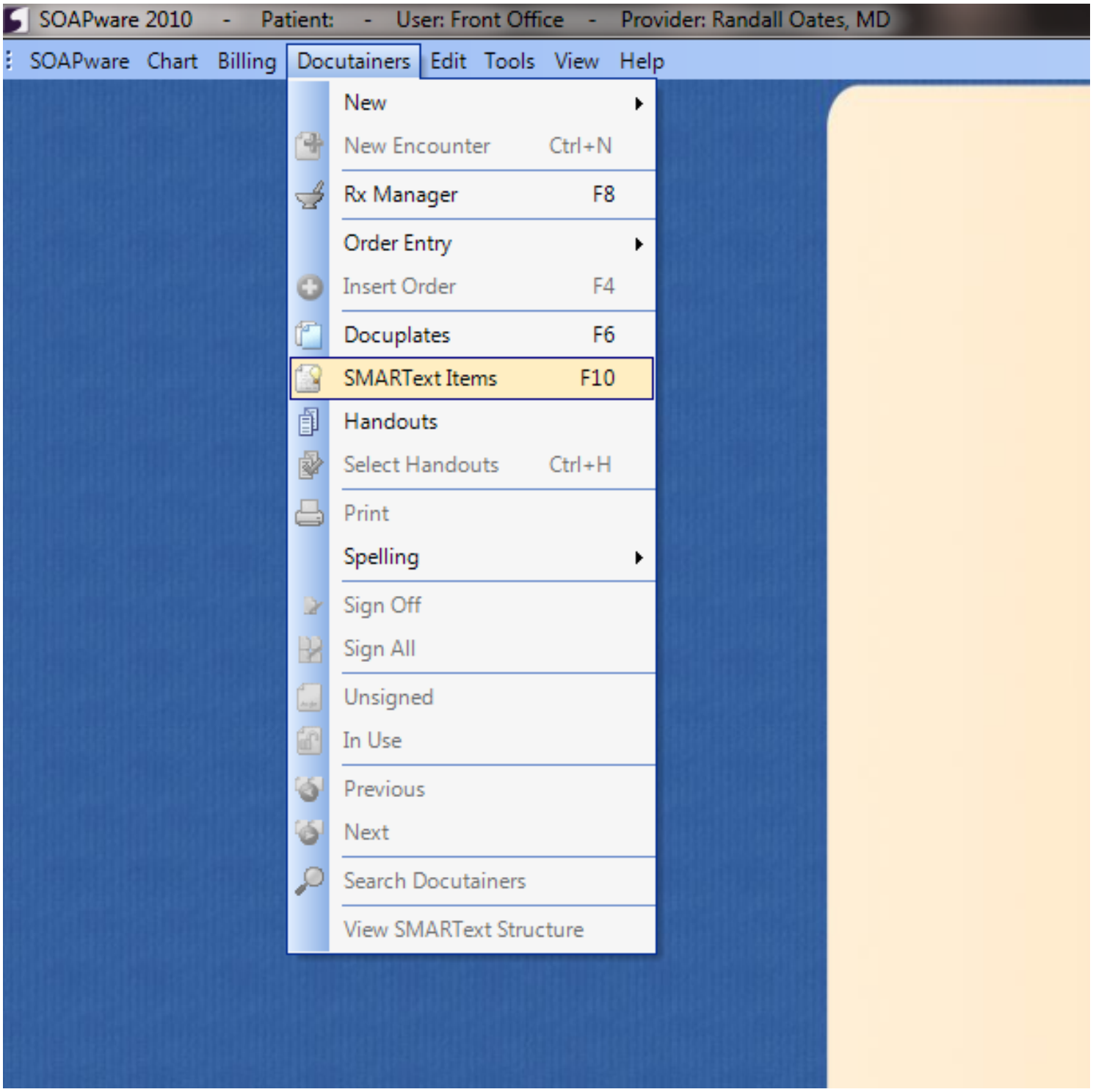
Updating CPT, HCPCS, and ICD-9 codes

1. Download new quarterly/annual codes

Steps to download the latest database of CPT, HCPCS or ICD codes - When the below steps are followed and completed, any new or revised codes will be downloaded on your local database, and any newly inactivated codes for the coming year will no longer be available on SMARText Online database.

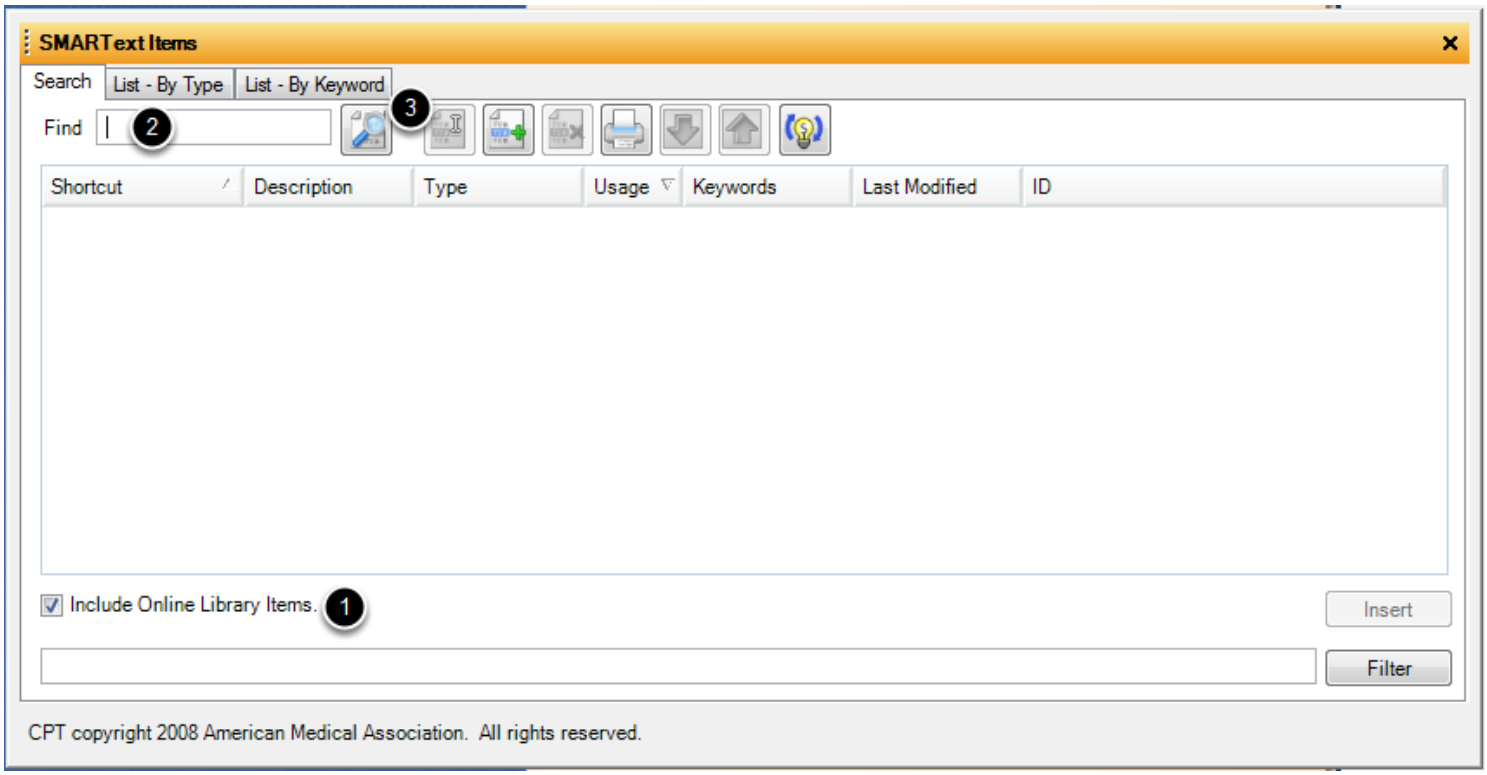
Clinical Suite Only: New codes will be automatically added to the Billing Maintenance databases, and revised codes, when downloaded on the SMARText Online library, will be updated in the Billing Maintenance databases. Deleted codes will have to be inactivated manually.

Download new codes in the SMARText Items dialog



1. Click on the **SOAPware menu** and select **Chart**.
2. When in the Chart domain, go to the **Docutainers menu** and select **SMARText Items** (or hit **F10** on your keyboard).

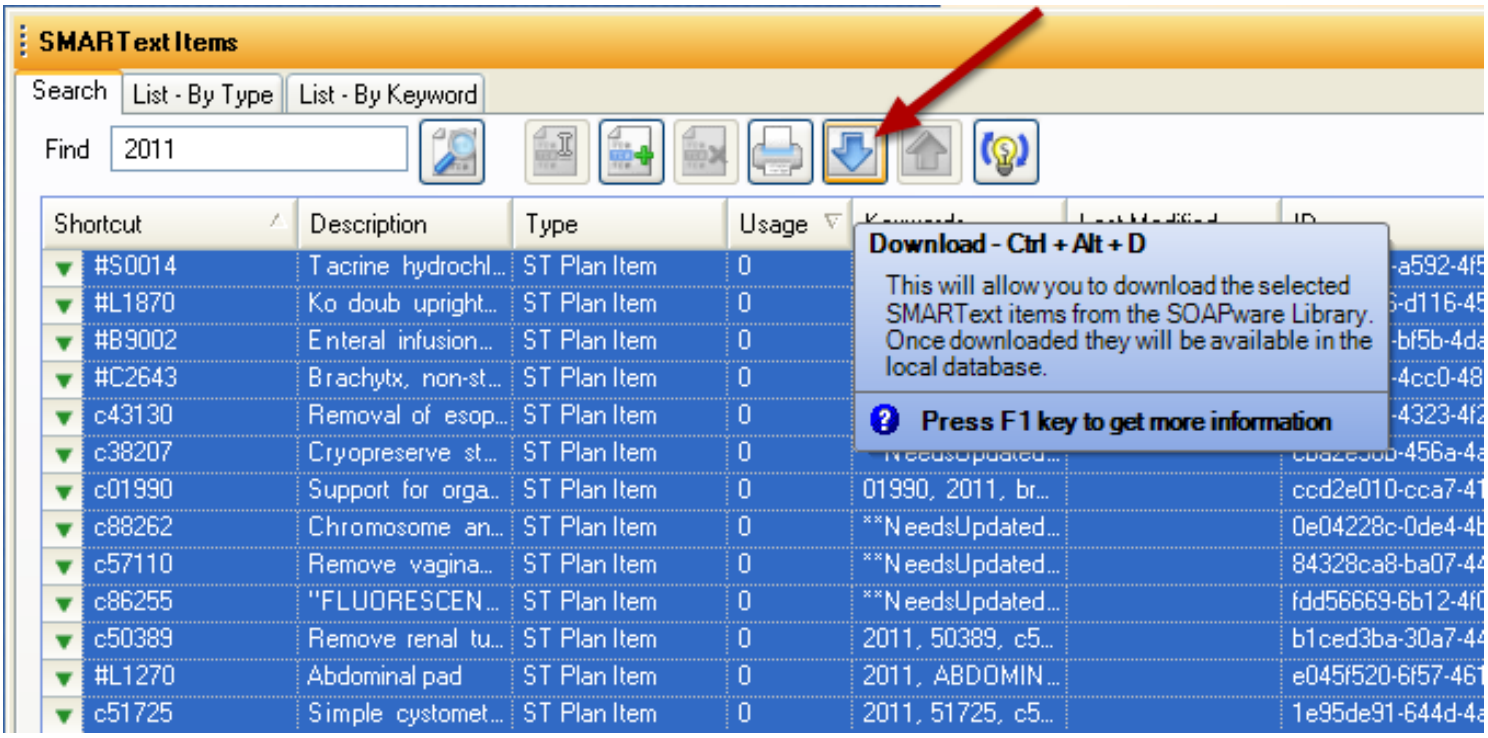
Find the new code set on the SMARText Online Library



1. Make sure that you have the **Include Online Library Items box checked.**
2. **Enter the code** needing to be downloaded into the Find box to access the new codes. NOTE: If there is a group of codes that start with the same few numbers or letters, you can enter those into the find box, and it will pull up all of the codes with that beginning set of numbers/letters. (For example, if you were wanting to pull up the grouping of office visit codes, you could enter 992 into the find box, and it will find all the office visits with those numbers. You can also type in a general description word, such as knee, xray, etc to search for groupings of codes.)

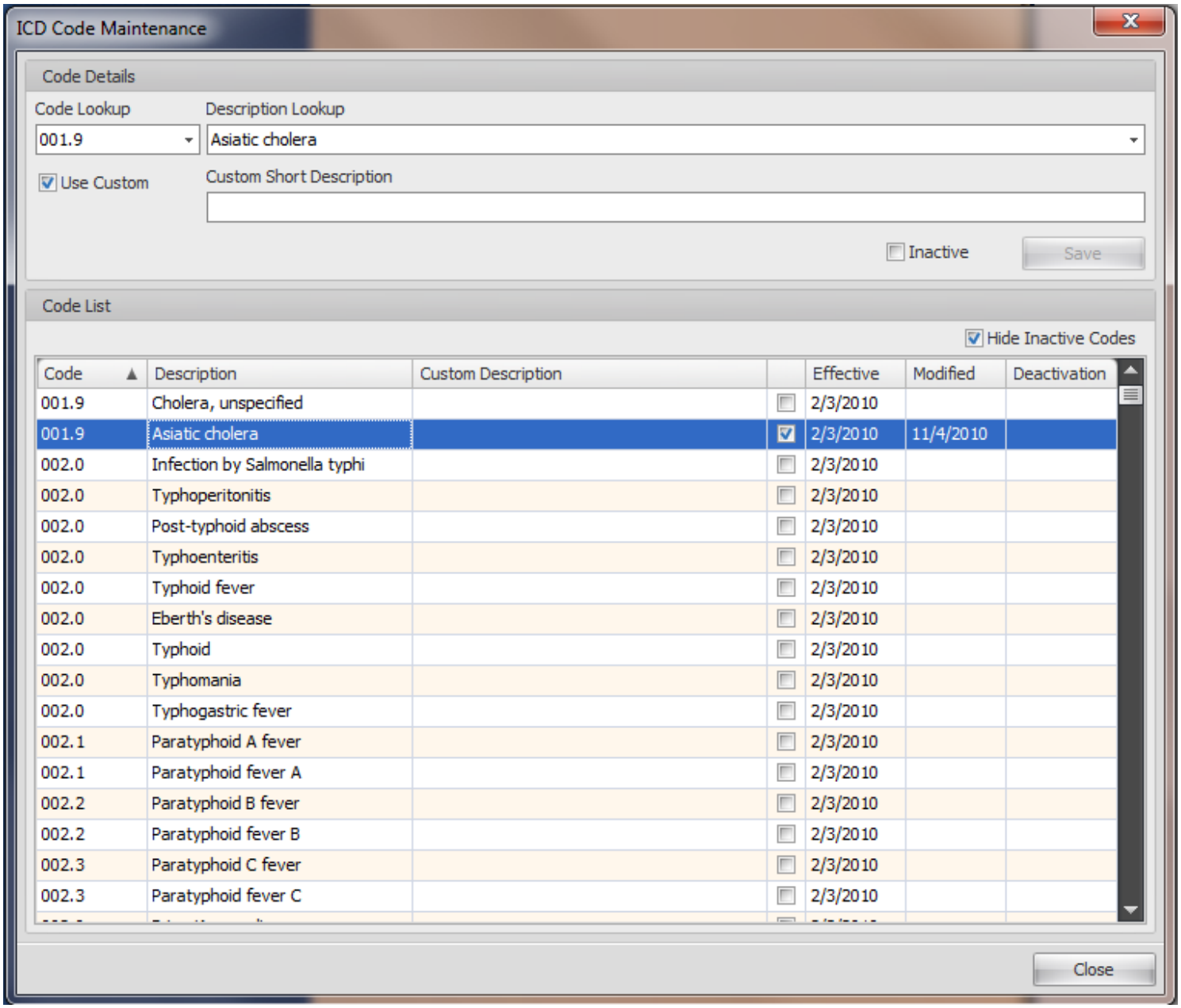
3. Click the **Search button** to search the entire online library for the new codes.

Download a new code set



1. Once the list appears, click on the first line shown.
2. Press down the Shift key on your keyboard.
3. Using your mouse scroll all the way to the bottom of the list and click on the last item shown (while still having the Shift key held down).
4. You should see every line item selected in blue.
5. Let up on the Shift key and click the downward facing Blue Arrow to update, as indicated in the image above.

PM Code database updated (Clinical Suite Only)



As soon as items are downloaded locally from the SMARText online library, the codes are brought over and made available in the Billing Maintenance Code databases. The updated and/or new codes will show a modified date as the date that the codes were downloaded and brought over.

New Code Procedure

New codes will automatically be placed in the PM databases (CPT, HCPCS, ICDs) when they are downloaded from the SMARText Online Library as shown in the lesson Download new quarterly/annual codes

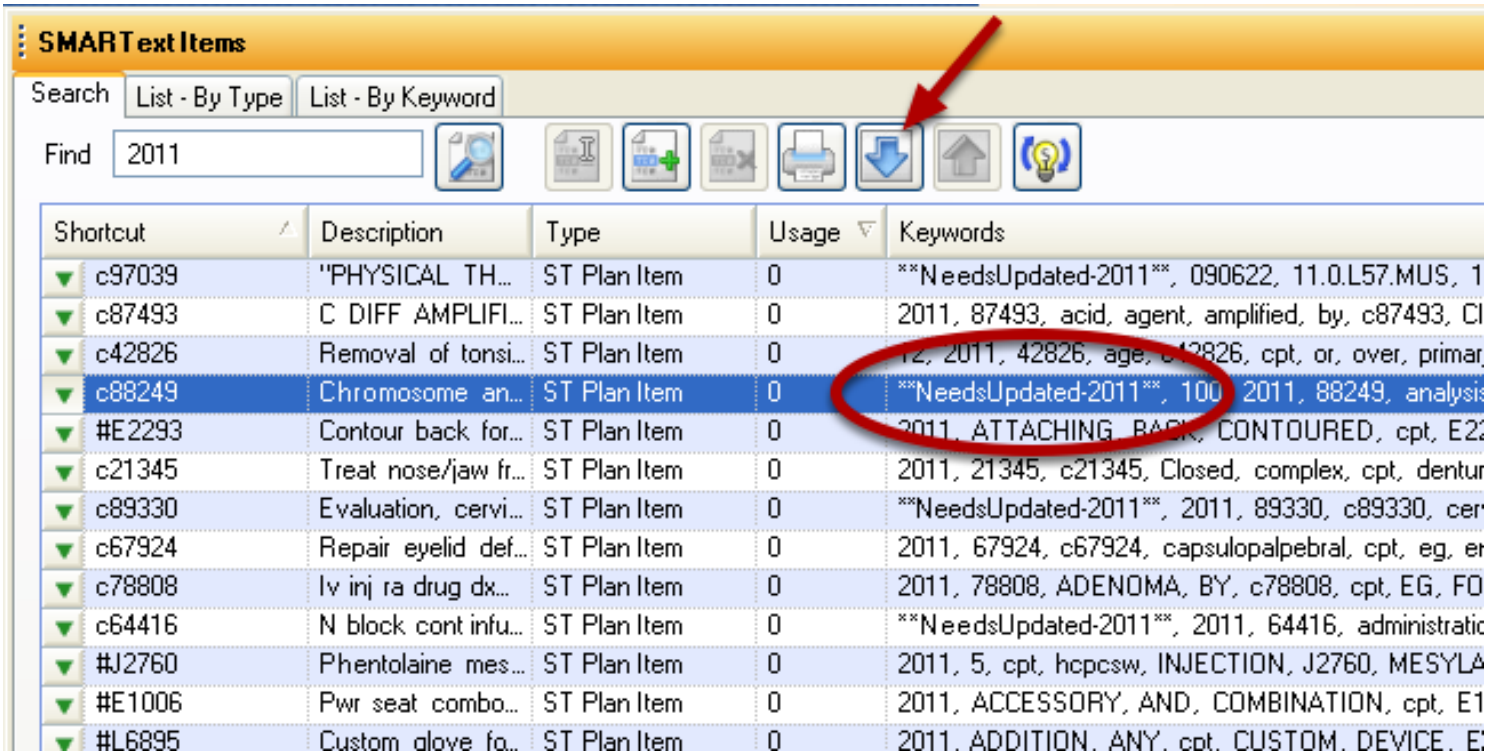
Download new CPT codes

Download SMARText items from the SOAPware Library by typing the appropriate keyword(s) and updating all codes as shown in previous lesson **Download new quarterly/annual codes.**

Revised Code Procedure

Update Revised CPT, HCPCS and ICD-9 codes. When the steps are followed and completed in the lesson **Download new quarterly/annual codes,** the revised codes will be updated automatically in the PM Code Database. NOTE: Any custom descriptions that were entered prior to the download of the new codes will remain intact during the update. Revised codes can be identified in SMARText Items by the keyword ****NeedsUpdated-2011****

Update Revised Codes

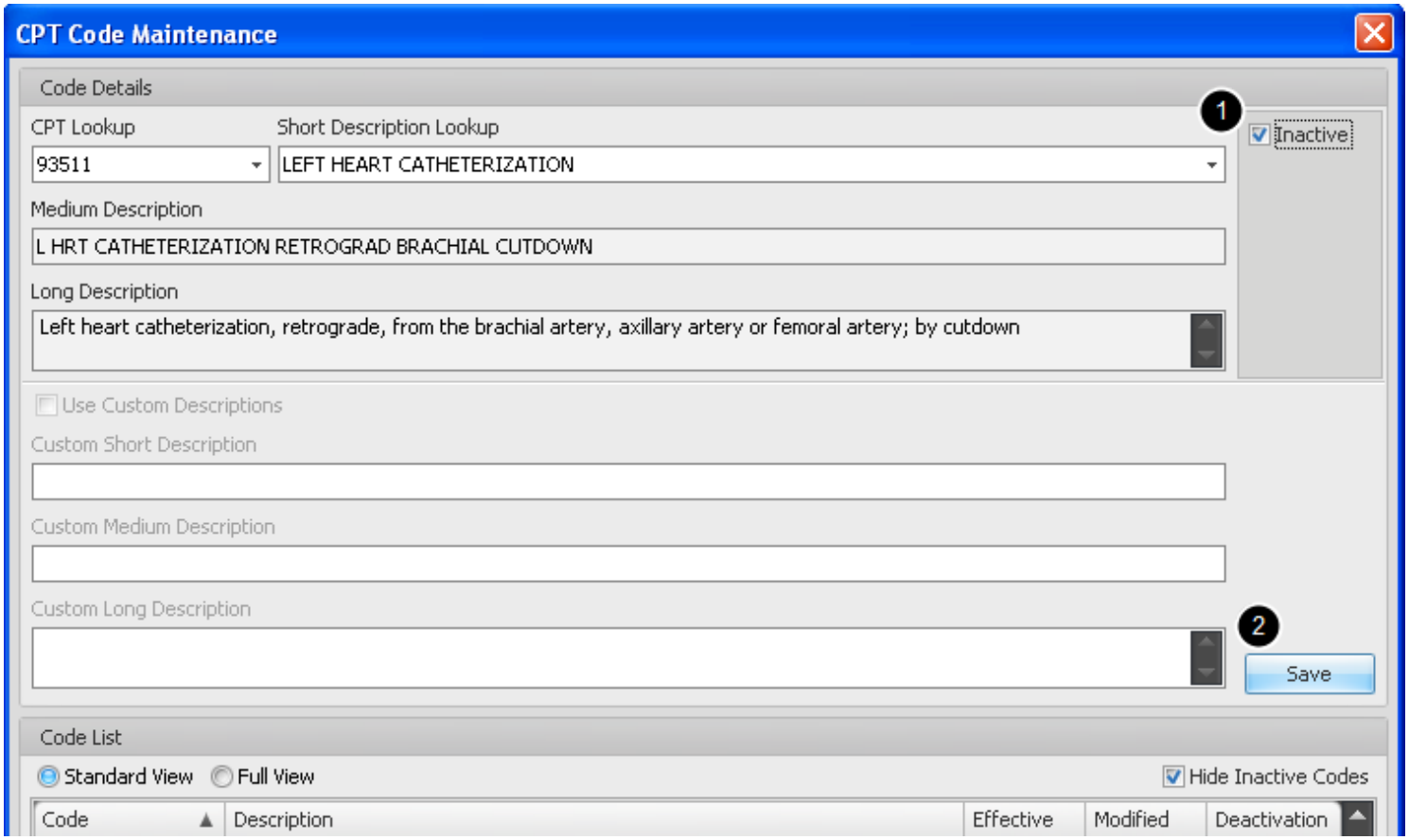


Follow the steps as shown in Download new quarterly/annual codes to automatically update the revised codes.

Deleted Code Procedure

When a CPT, HCPCS or ICD-9 code is deleted or no longer a valid code, it will be removed from the SMARText database but will have to be inactivated in Tools ->Billing Maintenance-> **CPT Maintenance** , **HCPCS Maintenance** and **ICD Maintenance for the PM Code Databases.**

Inactivate a code



1. To inactivate a CPT Code, place a check mark in the **Inactive** box.
2. Click **Save** and repeat for each code on your list.

This will not completely remove it from the database, but will archive it and hide it from view.

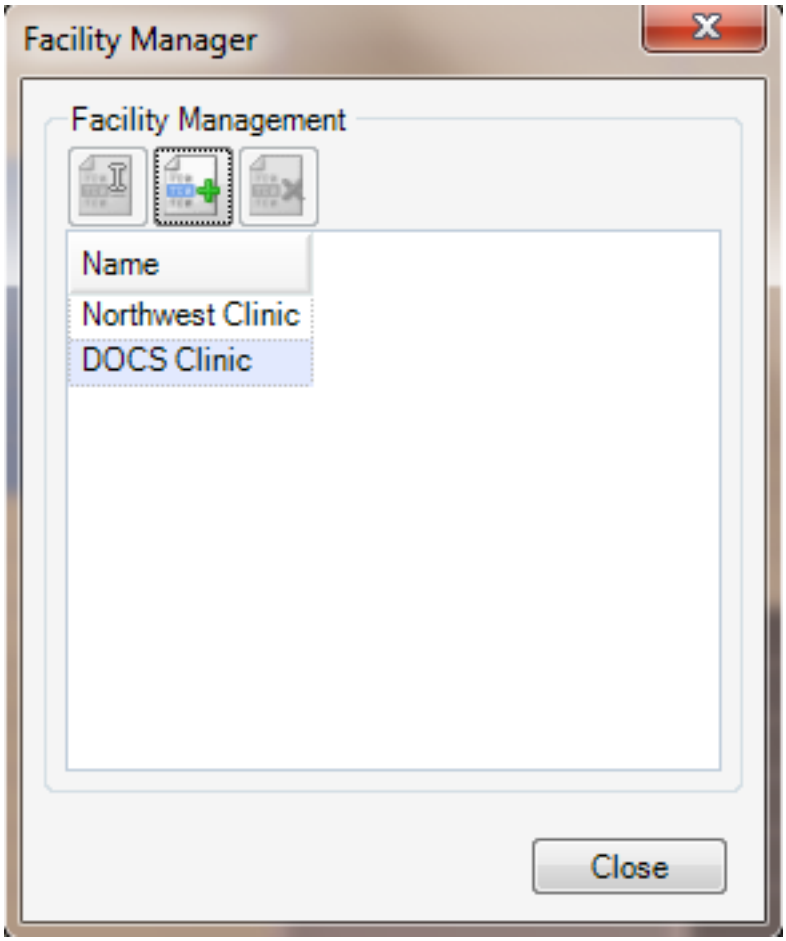
Schedule Setup

Activate Providers/Resources for a Facility

Steps on how to set scheduling defaults.

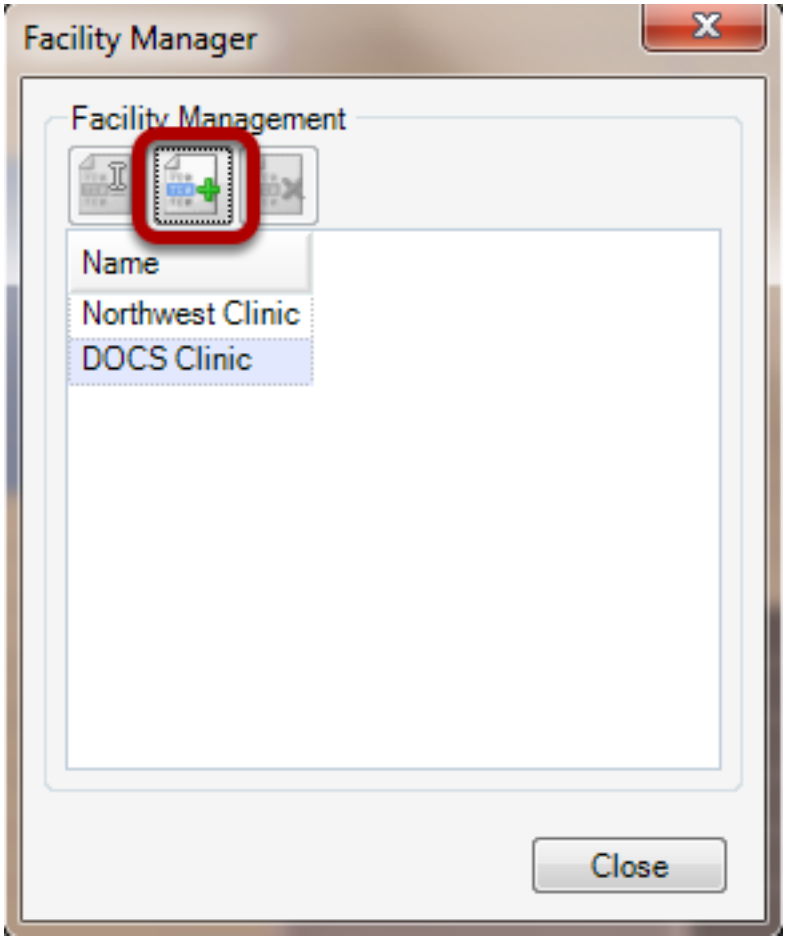
To access the Scheduler, go to the SOAPware menu and click Schedule.

Add a Facility



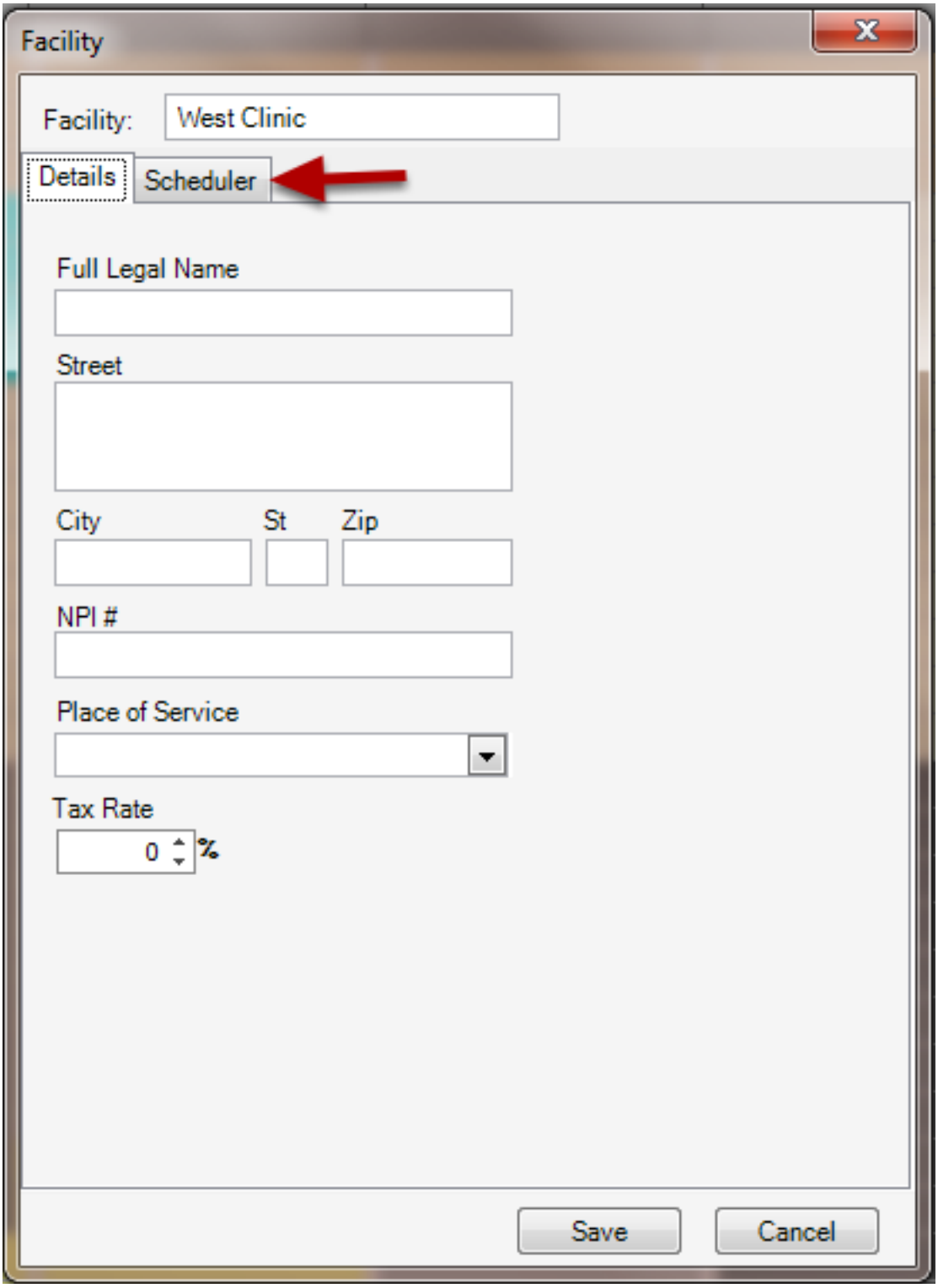
1. Click on the Tools menu.
2. Select Manage Facilities.

Create a New Facility



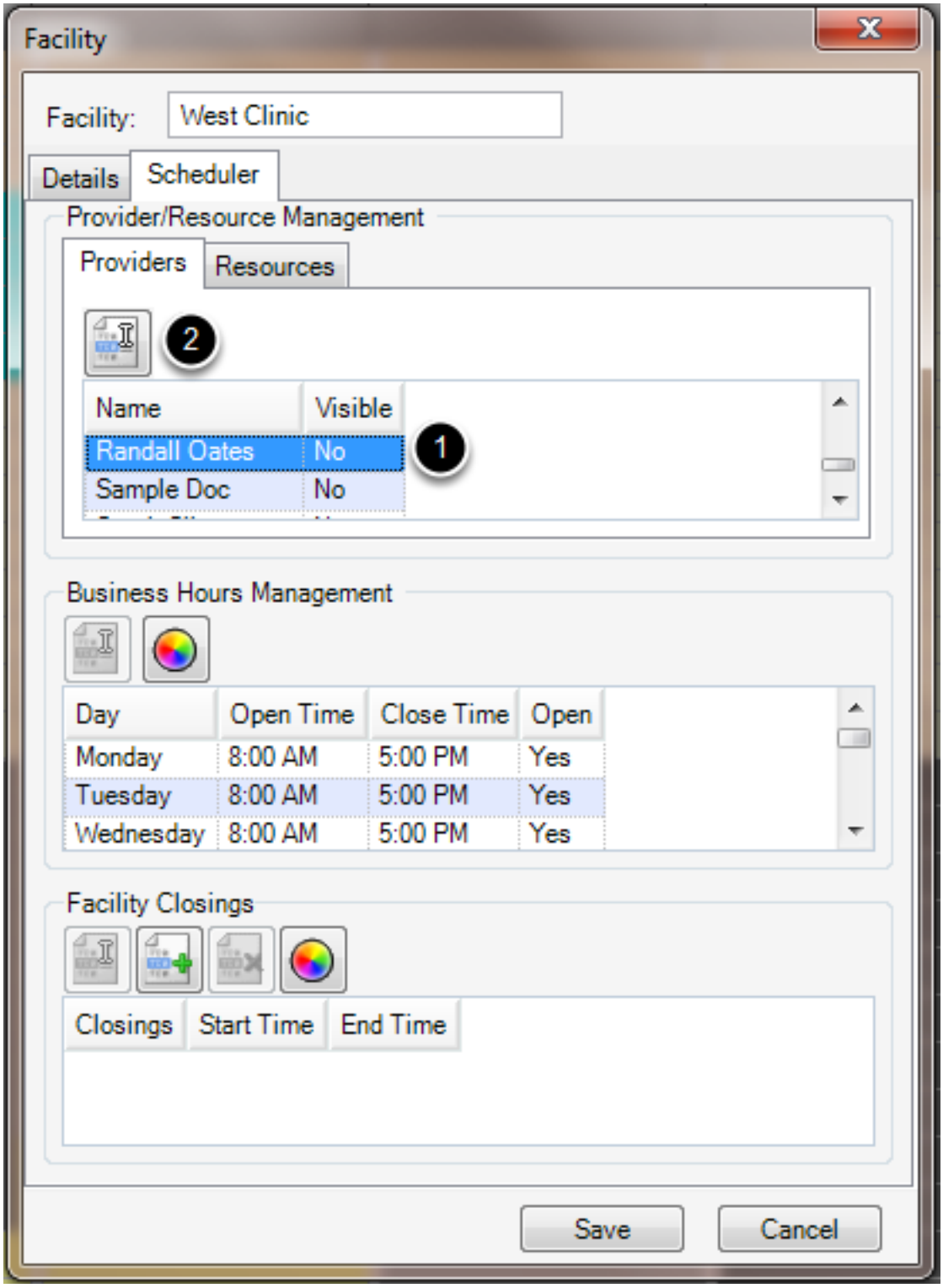
Click the Create New Facility button, to setup a new facility. If you already have a facility setup, skip this lesson.

Scheduler



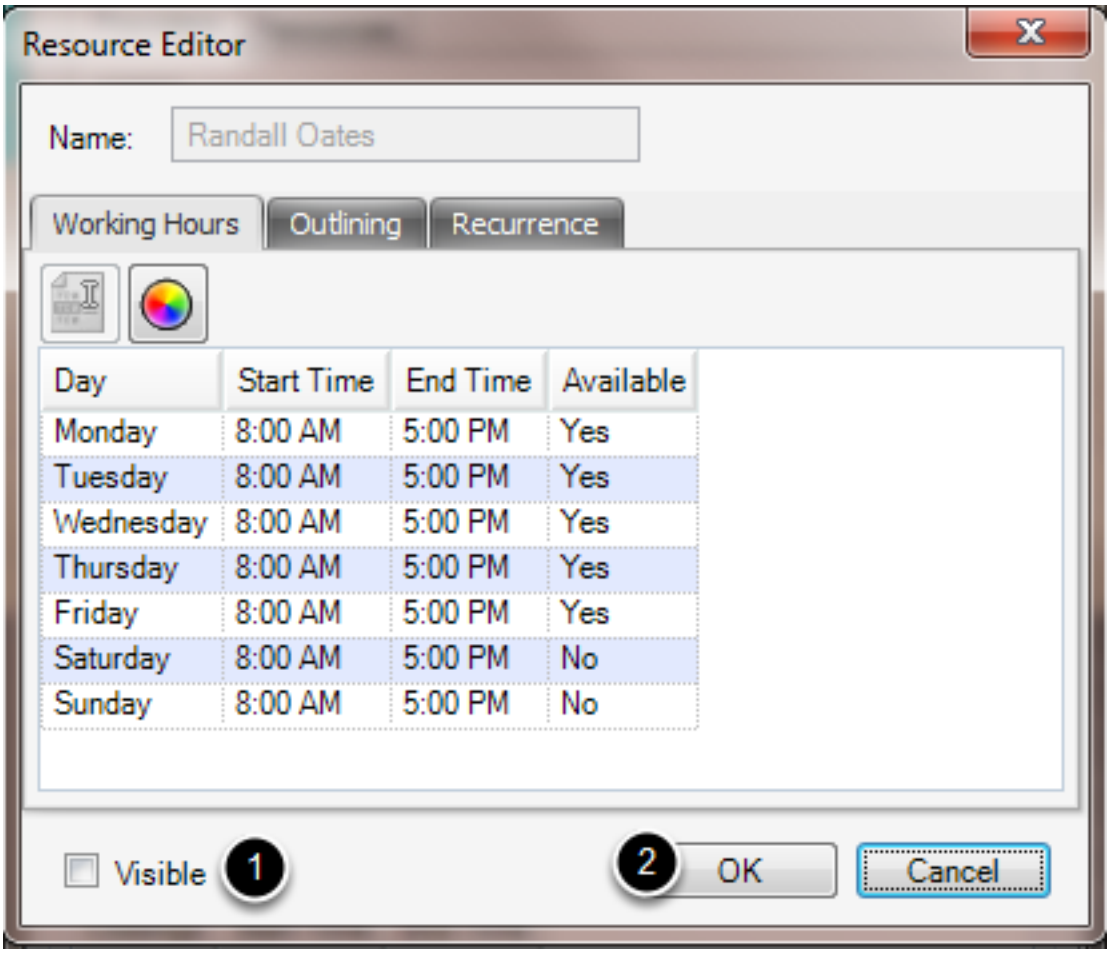
Click the Scheduler tab to setup the clinic's defaults.

Opening the Provider's Schedule Defaults



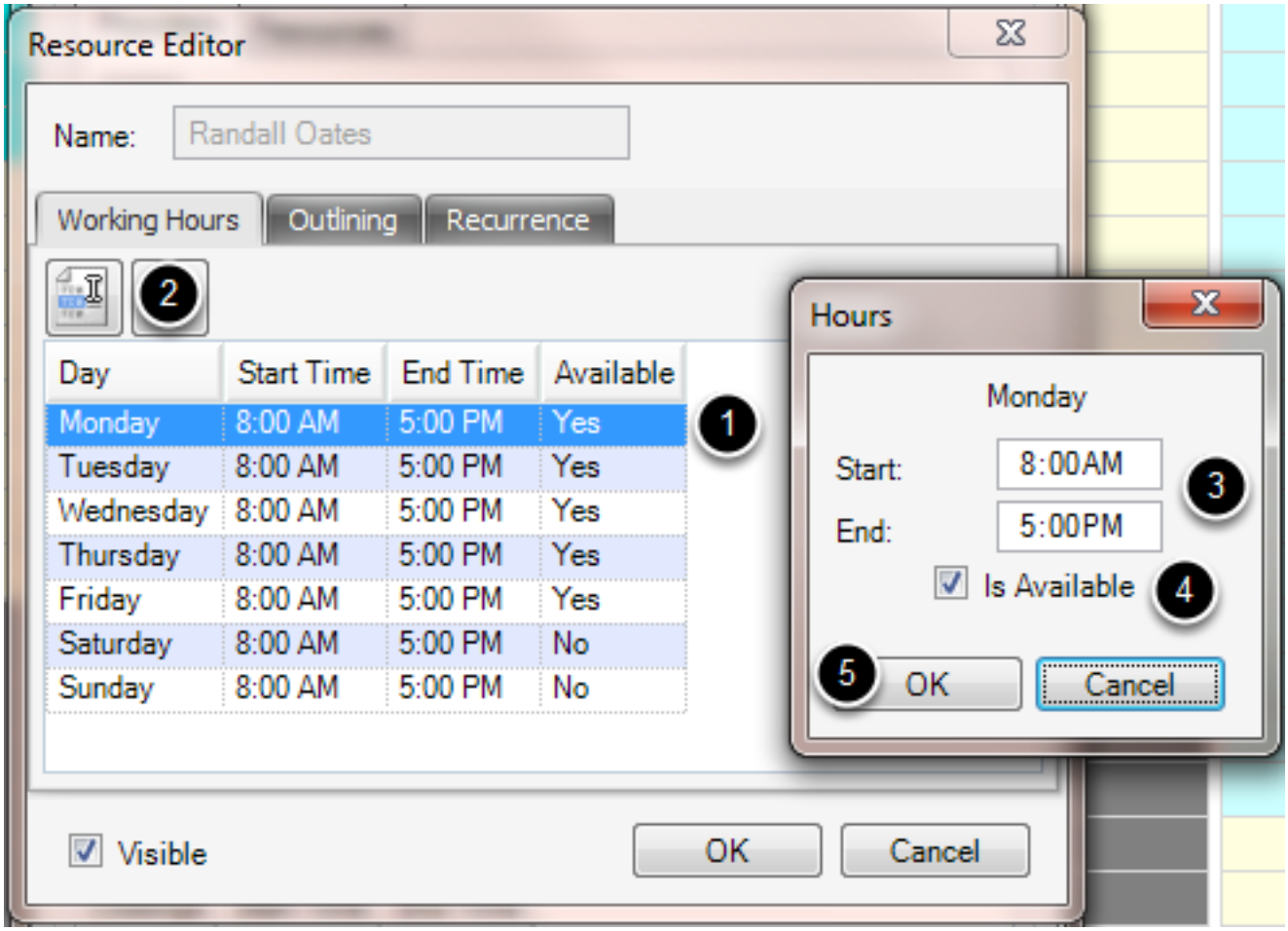
1. Click on a provider name.
2. Click Edit.

Making a Provider visible for the Clinic



1. Check the box next to Visible to activate the provider for the clinic.
2. Click OK.

Set Working Hours for the Provider

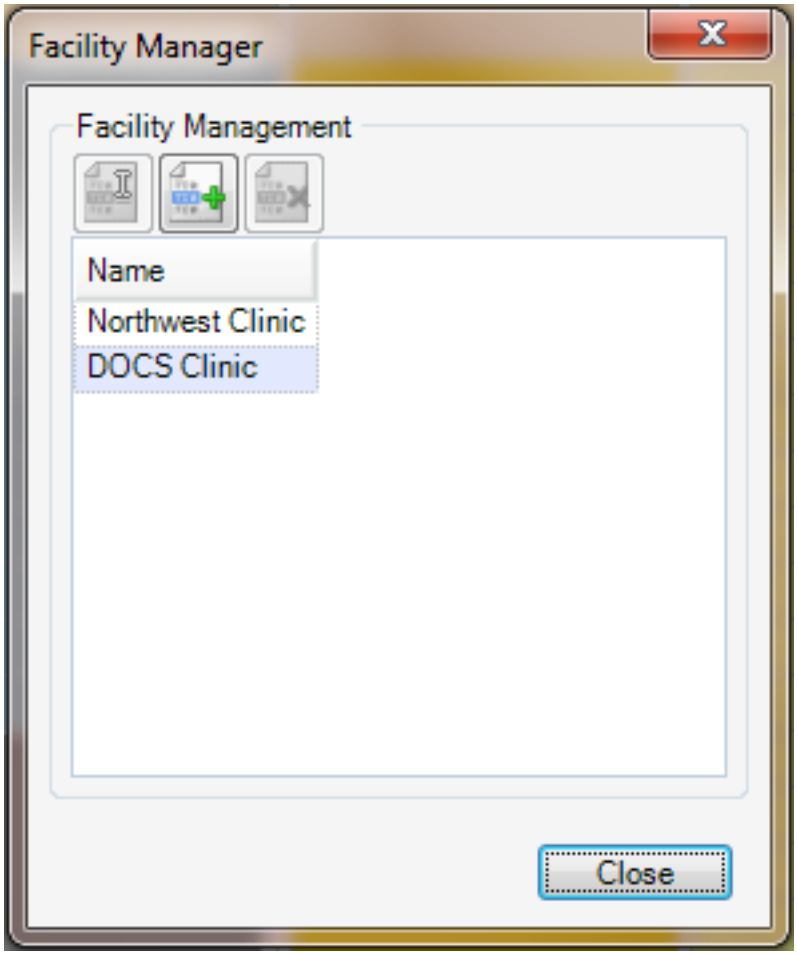


1. Click on a day.
2. Click Edit.
3. Enter the Start and End Times.
4. Check to make the Provider Available for that day, in the select clinic, if needed.
5. Click OK.

Provider/Resource Outlining

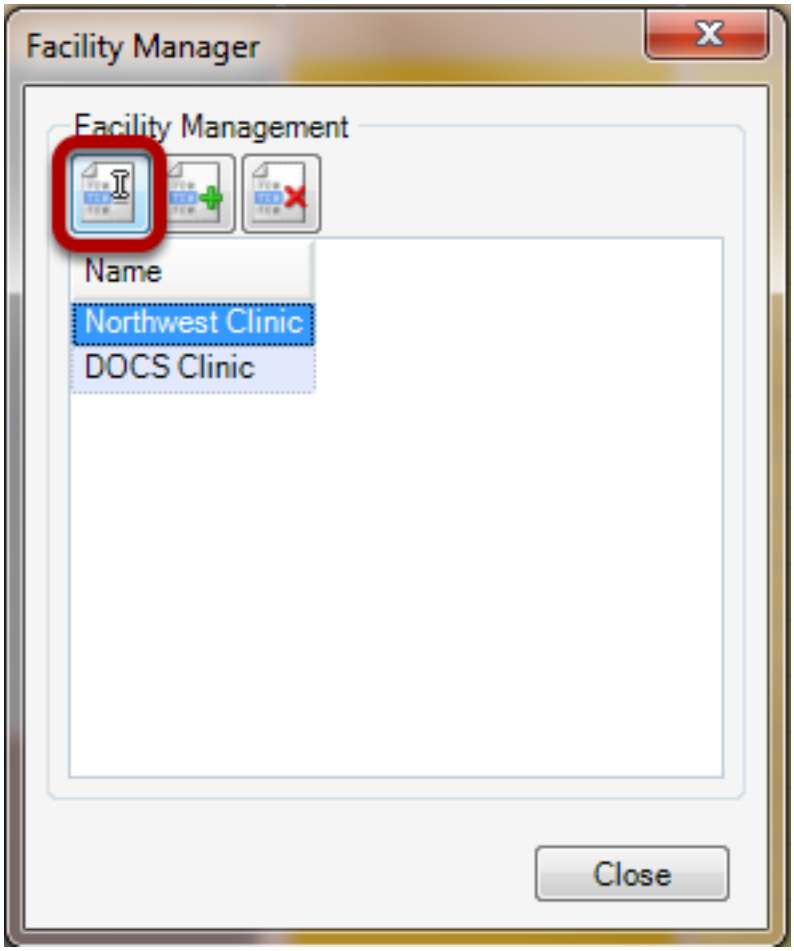
Setup outlining blocks for Providers and Resources to streamline their time in the office.

Open the Facility Manager



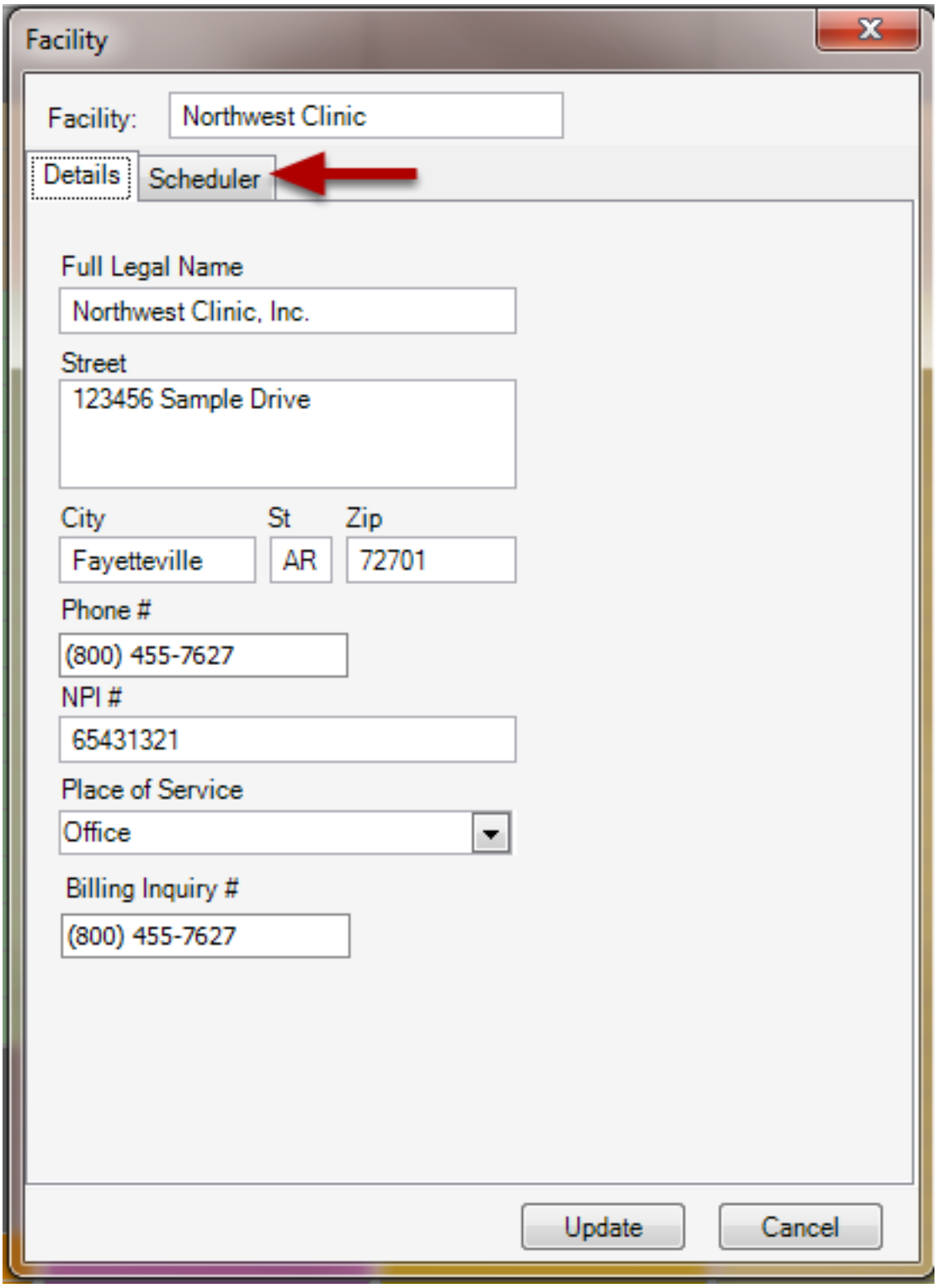
1. Click on the **Tools** menu.
2. Select **Manage Facilities**.

Edit a Facility



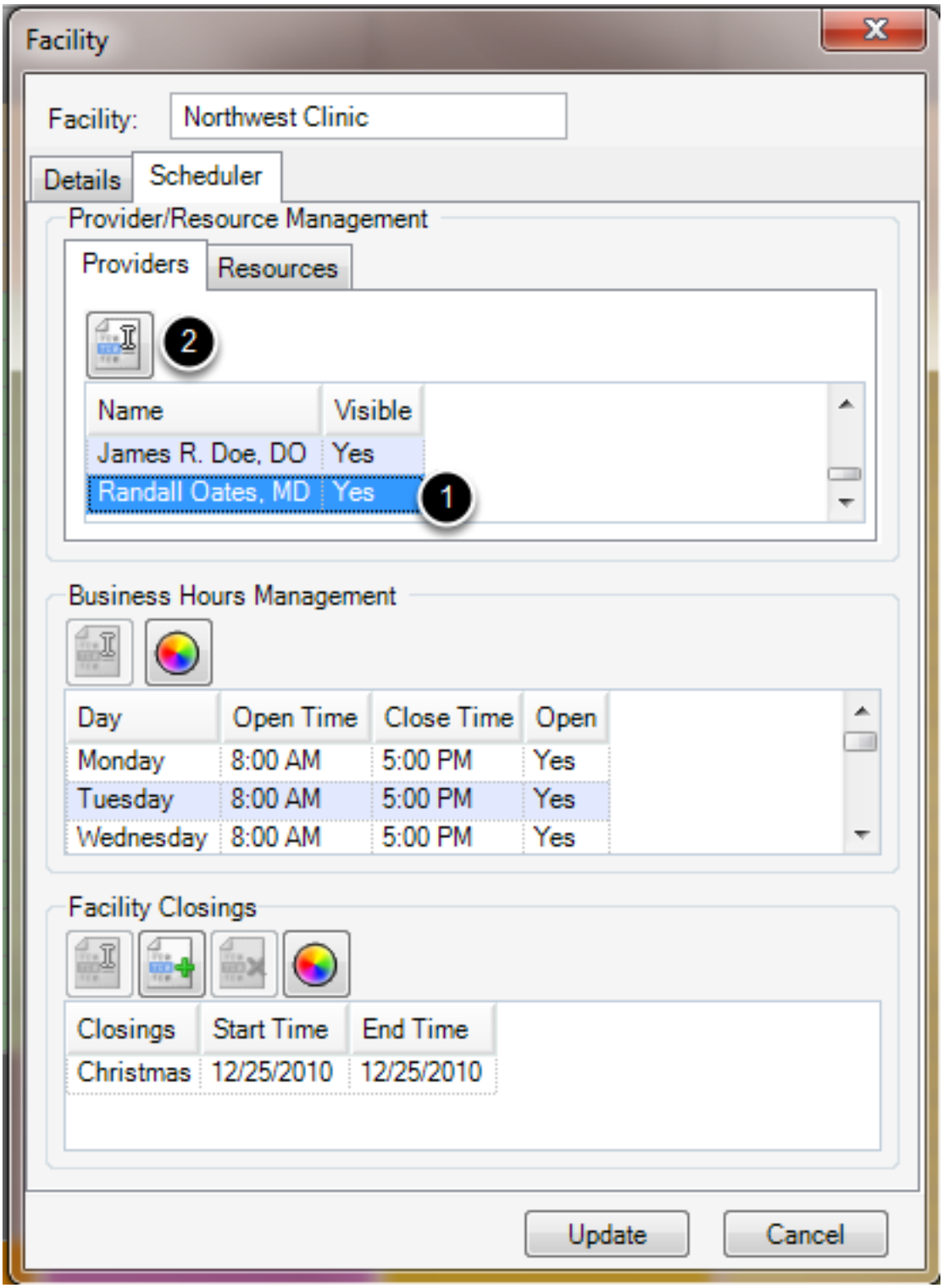
1. Select a Facility.
2. Click the **Edit Facility button**.

Select the Scheduler Tab



Click on the **Scheduler Tab**.

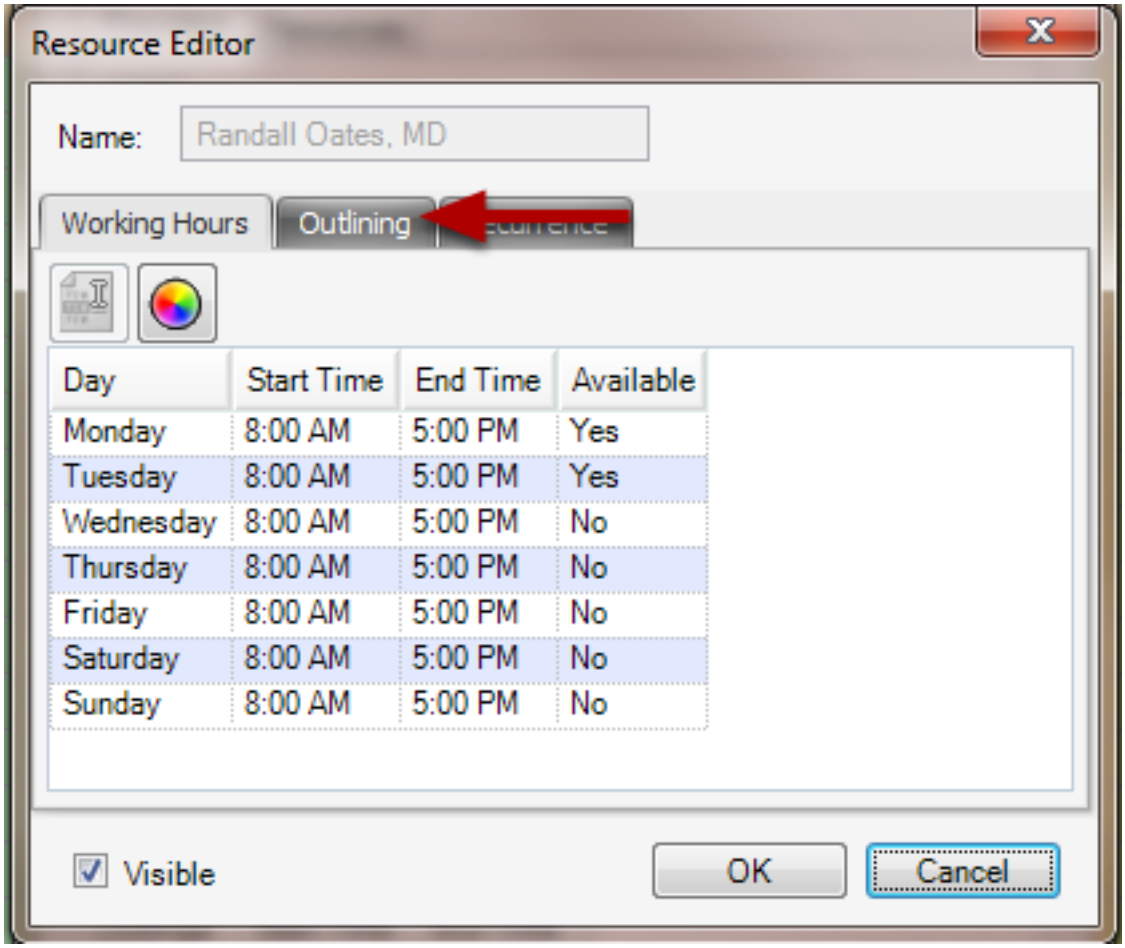
Select a Provider or Resource to Edit



1. Click to **select a Physician**.
2. Click the **Edit Provider Information button**.

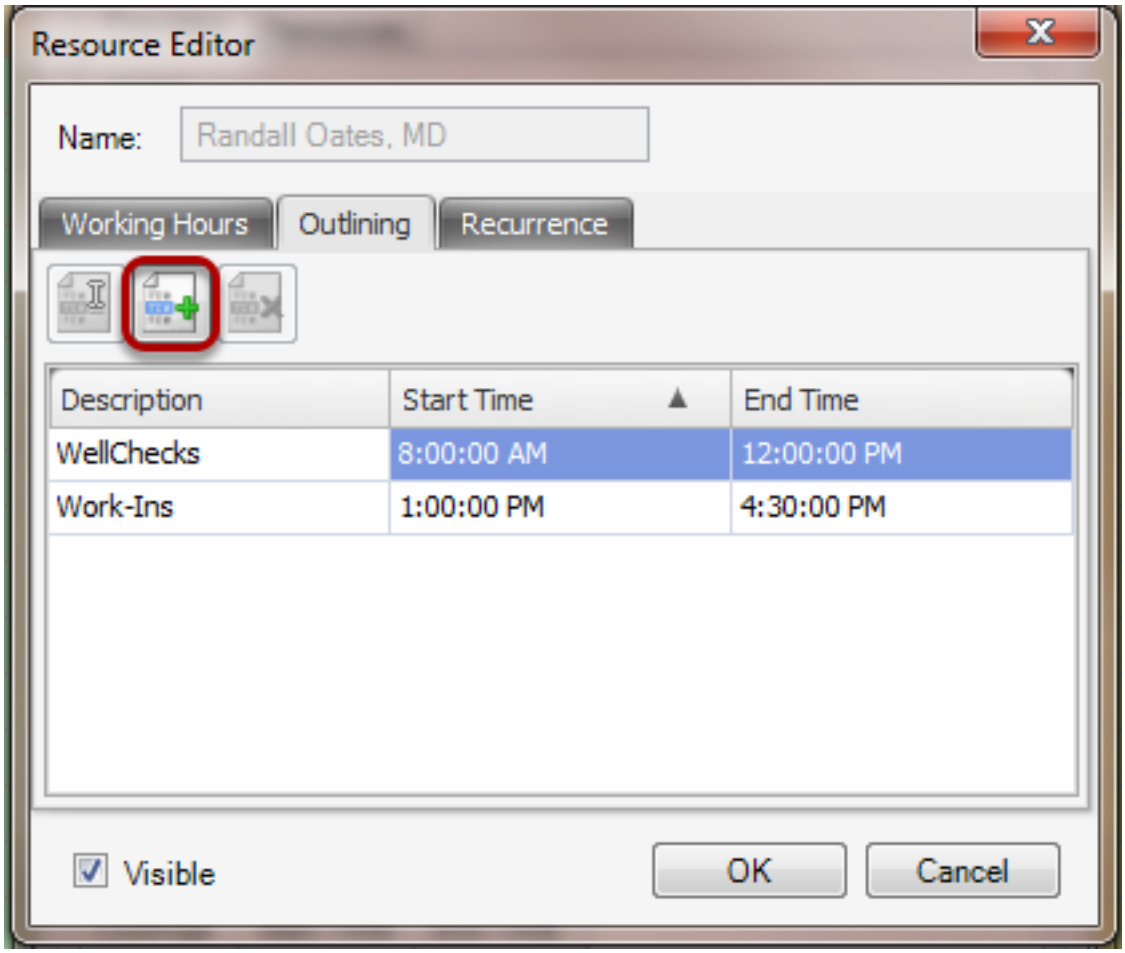
Note: This is the same process for Resources. To Edit a Resource, just click the tab **Resources** and follow the above steps.

Open Outlining



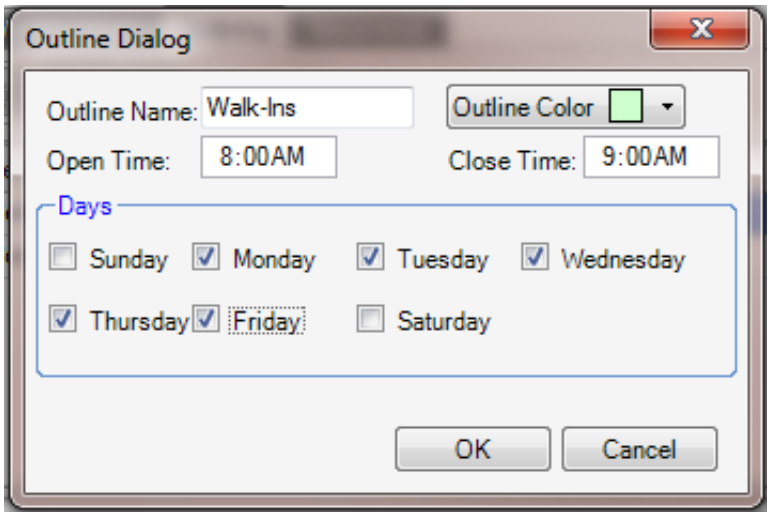
Click on the **Outlining** tab.

Create an Outline



Click the Add Outline

Set the Outline



Outline Name: Name the type of appointments that should be scheduled in the designated time slot. (This name will show up to the left of the Schedule with the associated color, for schedulers to have a reference for the shading.)

Outline Color: Click the drop down and select a desired color to associate with the outline and be shown on the Schedule.

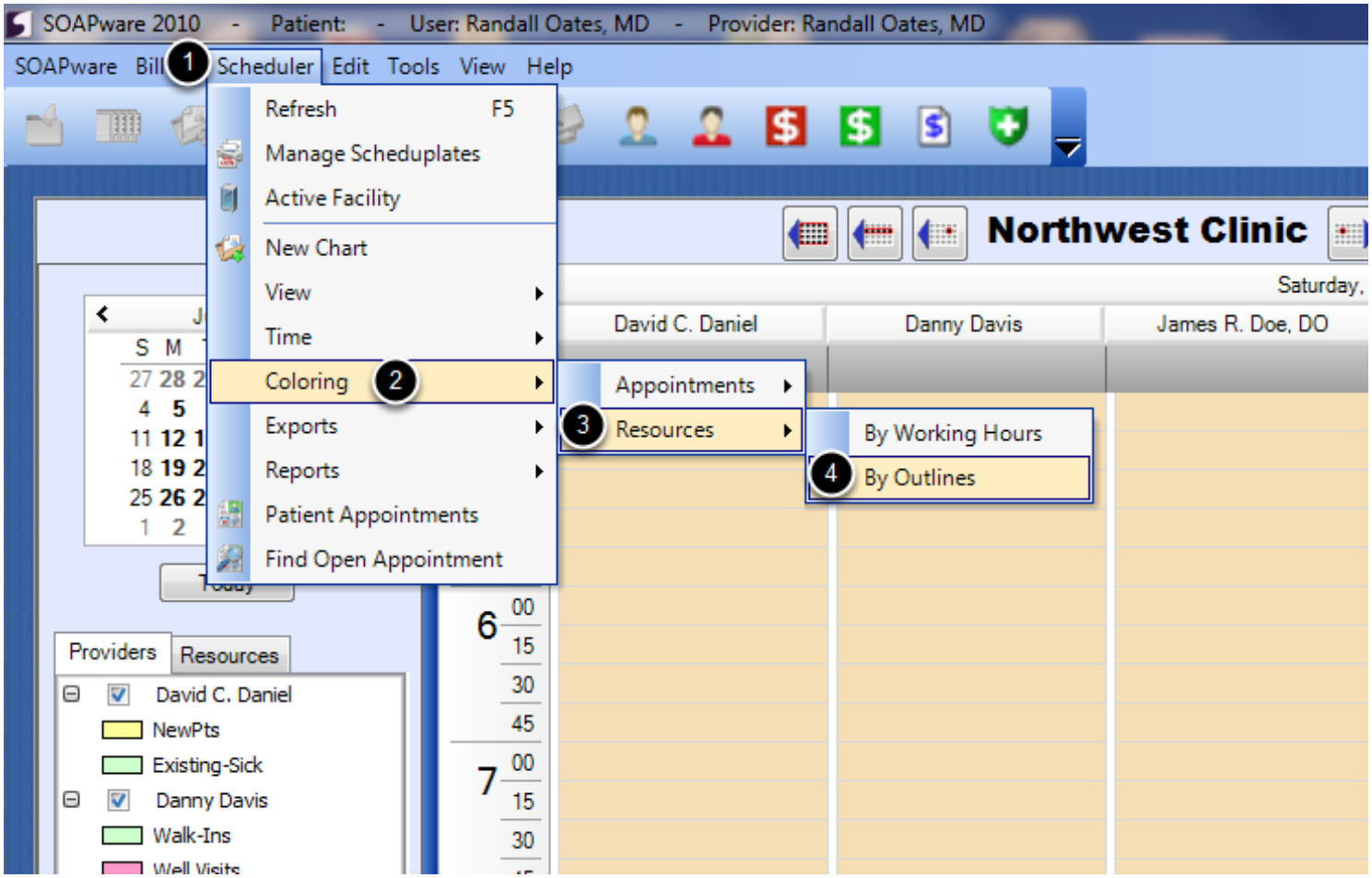
Open Time: Set the time period for the outline.

Days: Check all days that this outline and selected time will be in effect.

Note: When scheduling, these outline blocks will not prevent any other appointments from being scheduled during the block. They are merely referential for front office staff to aid as a guide when scheduling. You can override, if needed.

Click **OK** when done. Repeat this for each outline for each Provider/Resource needed.

Activate and view the Outline shading



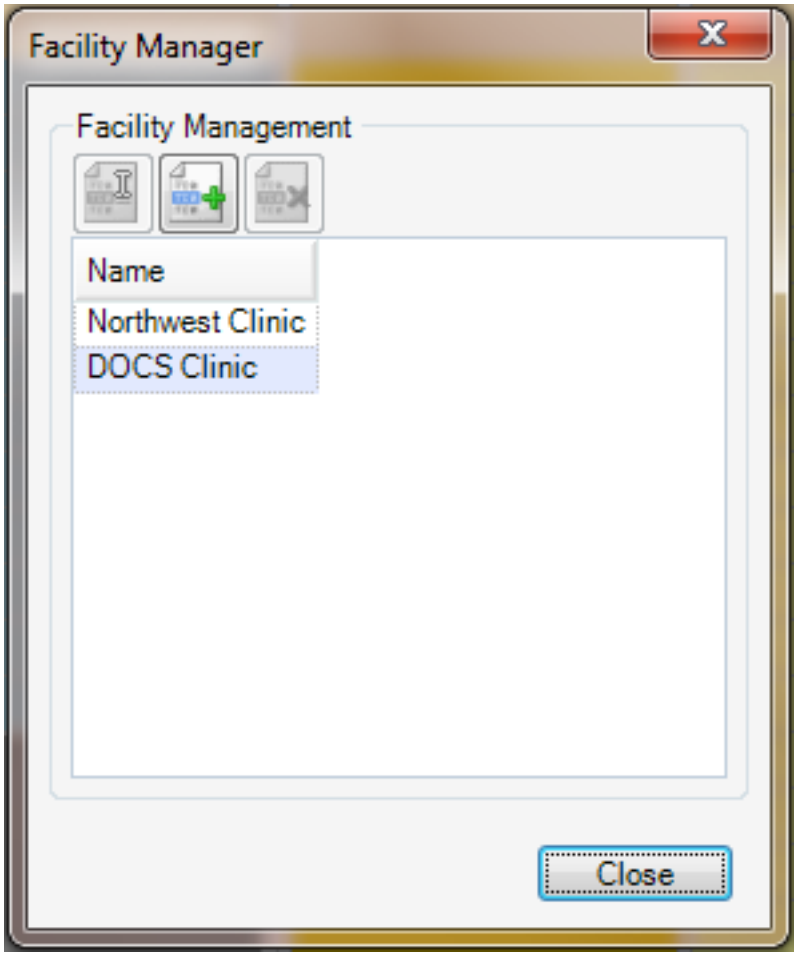
1. Click on the **Scheduler** menu.
2. Click on **Coloring**.
3. Select **Resources**.
4. Click **By Outlines**.

You should then see the coloring change on the Schedule and see the outline blocks you set up.

Provider/Resource Recurrences

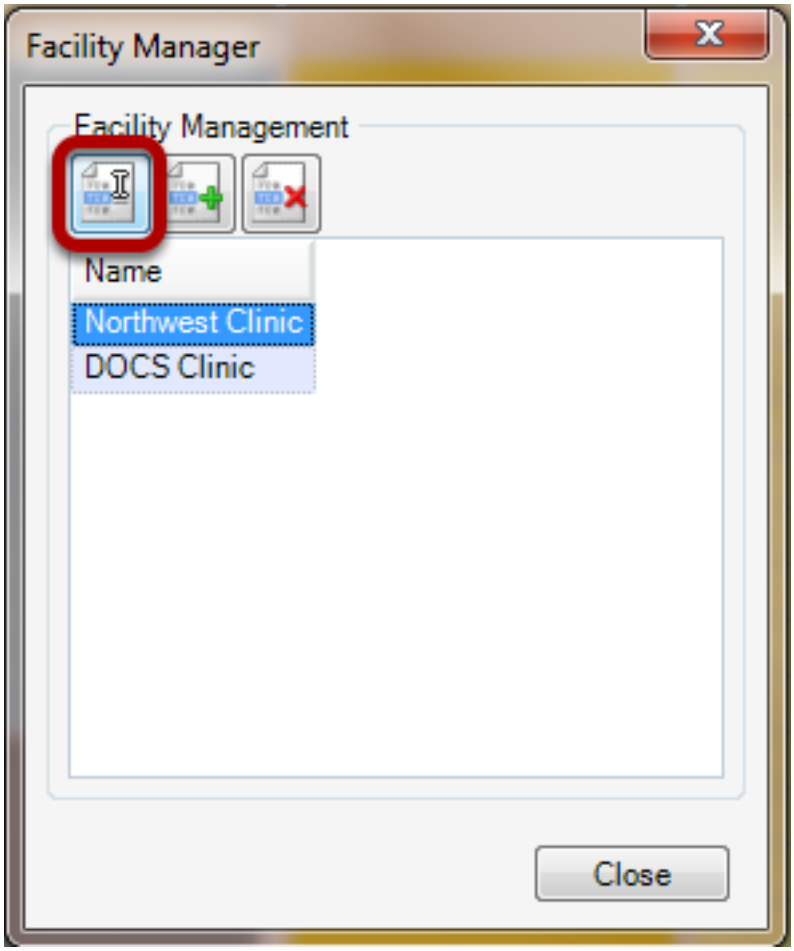
Setup recurring appointments for Providers and Resources to block out their schedule in the intervals selected and not allow any other appointments to be scheduled.

Open the Facility Manager



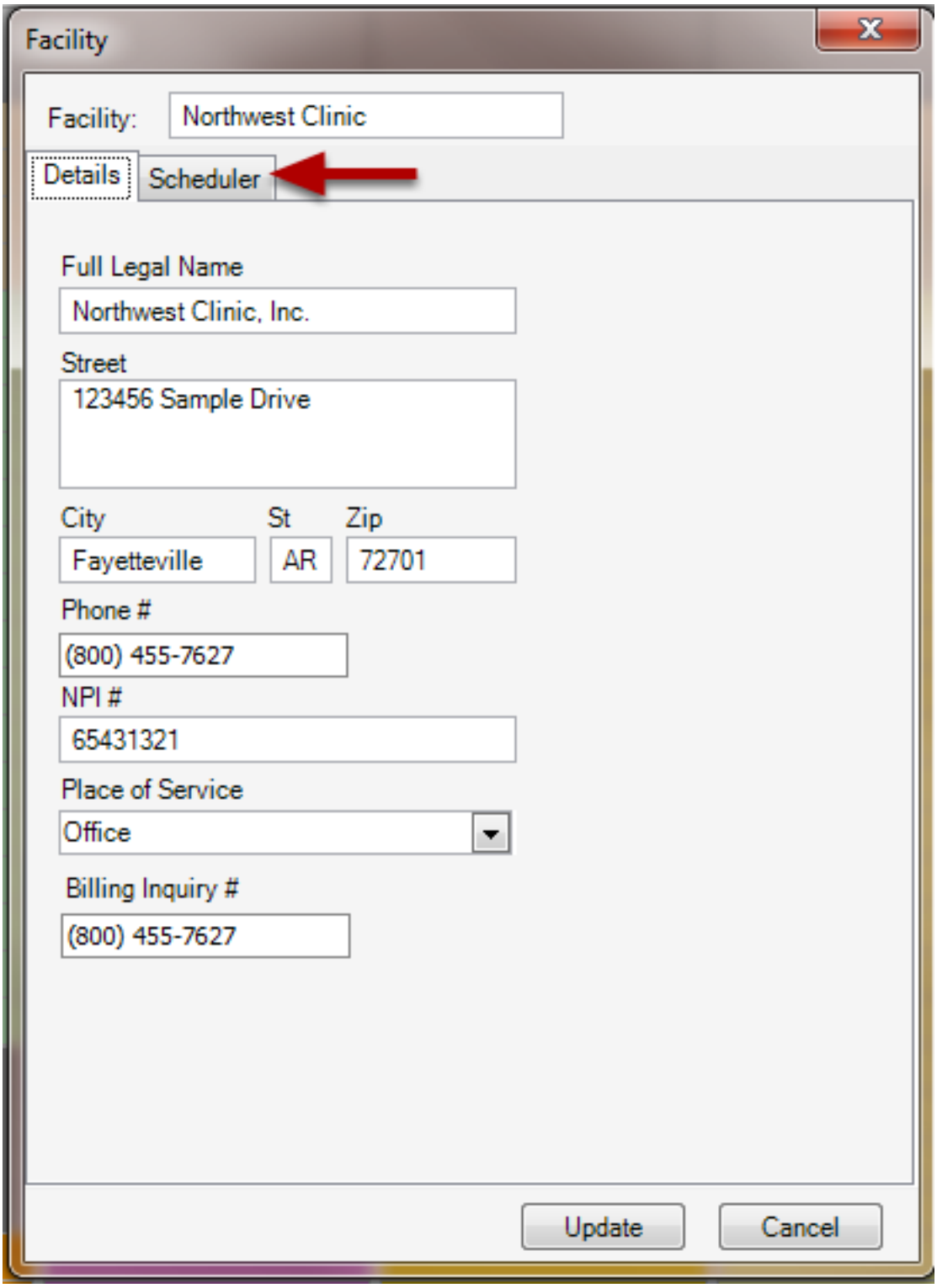
1. Click on the **Tools** menu.
2. Select **Manage Facilities**.

Edit a Facility



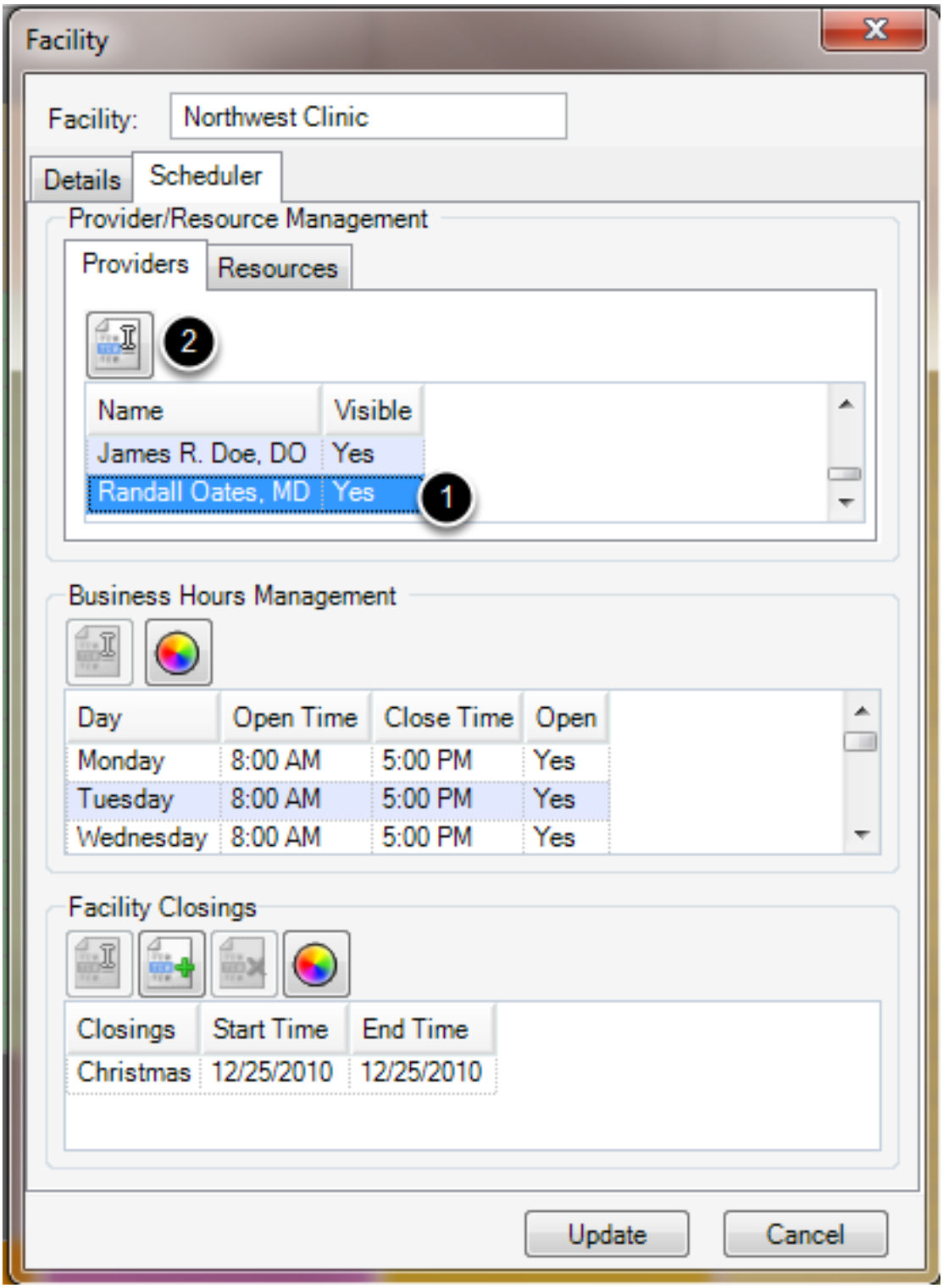
1. Select a Facility.
2. Click the **Edit Facility button**.

Select the Scheduler Tab



Click on the **Scheduler Tab**.

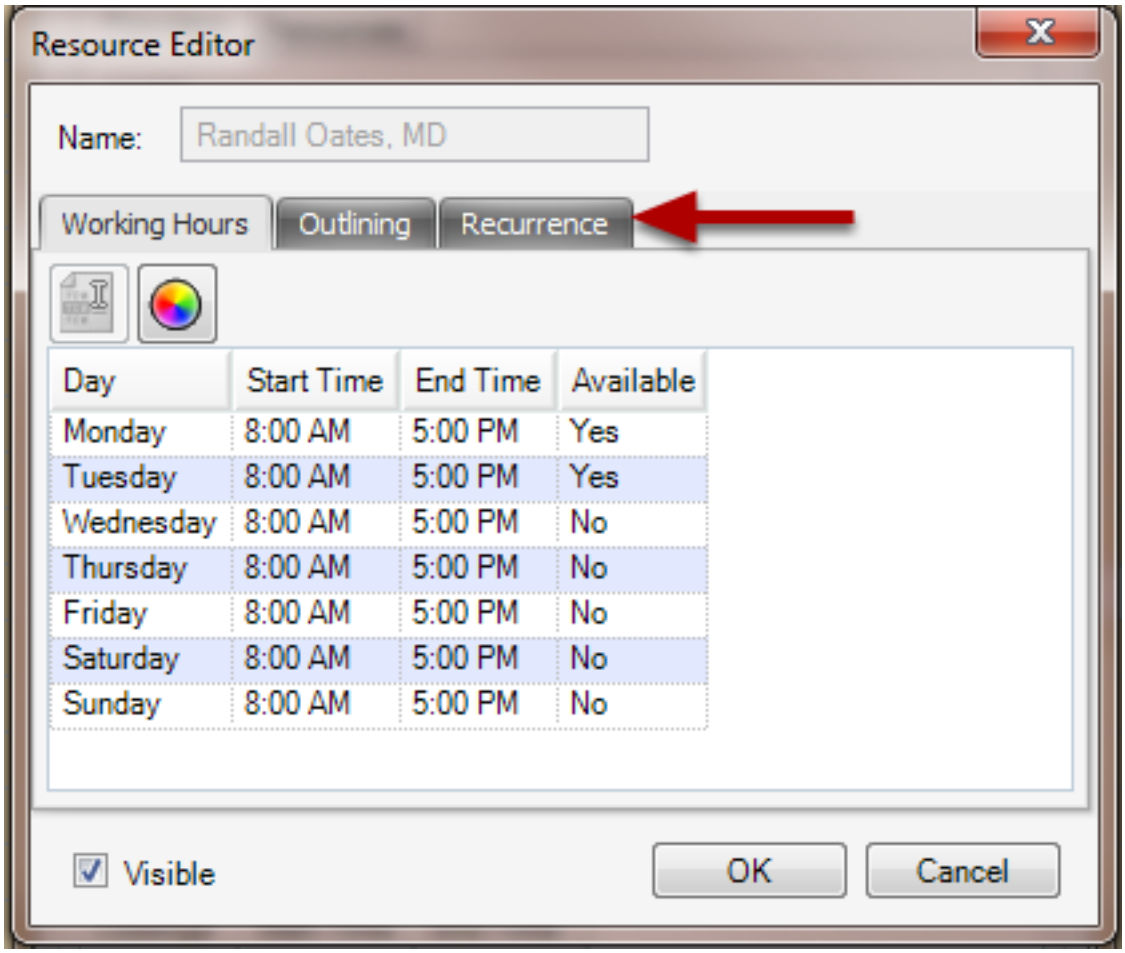
Select a Provider or Resource to Edit



1. Click to **select a Physician**.
2. Click the **Edit Provider Information button**.

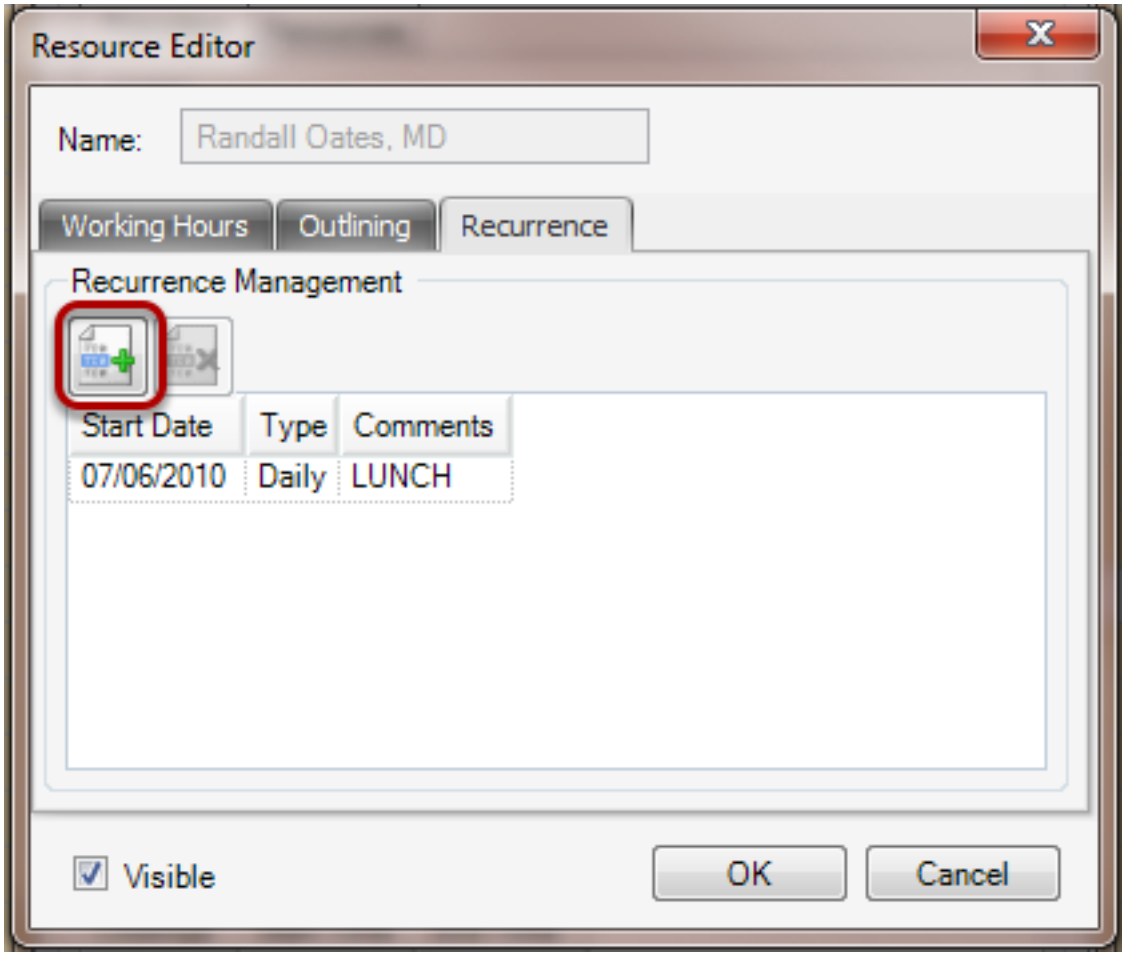
Note: This is the same process for Resources. To Edit a Resource, just click the tab **Resources** and follow the above steps.

Open Recurrence Tab



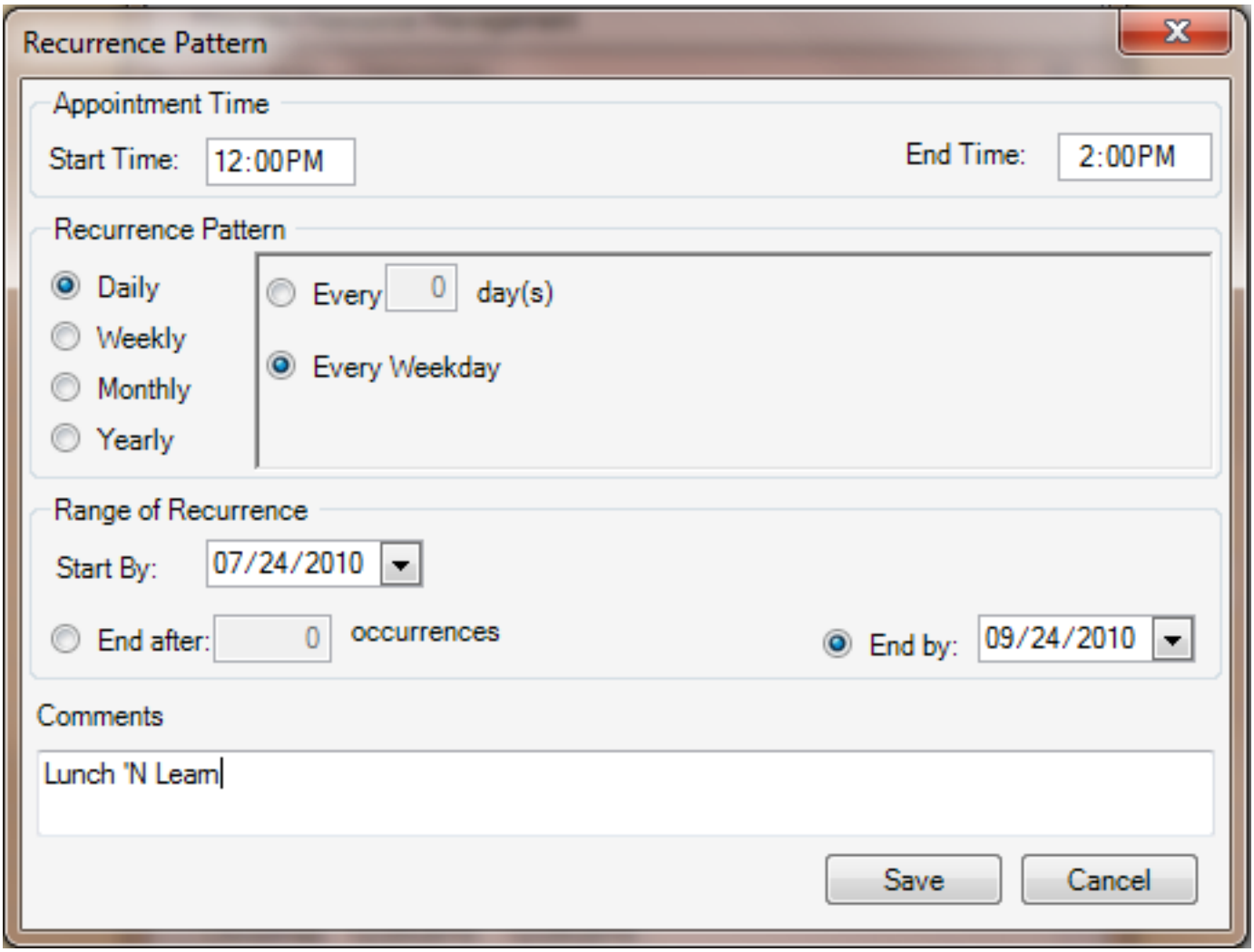
Click on the **Recurrence** tab.

Create a Recurrence



Click the **Add Recurrence**.

Setup the Recurrence.



Appointment Time: Set the Start Time and End Time for the specific recurrence.

Recurrence Pattern: You can set the intervals for the recurrence in this area. Below are the option:

Daily: Setup the number of day intervals between occurrences or select to have the appointment set for every weekday (Monday - Friday).

Weekly: Setup the number of week intervals between occurrences and check the specific days of the week for the appointment to occur.

Monthly: Create the appointment on a particular day in month intervals (for example, every 5th day of every 3rd month, with the numbers being able to be customized by you). You can also indicate a particular day of every month for the appointment to occur.

Yearly: Indicate every Month and Day for the year year or indicate the (first, second, third, fourth or last) (day, weekday, weekend day, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday or Saturday) of a select Month.

Range of Recurrences: Set recurrence to start by a certain date and end either after a set number of occurrences or by a set end date.

Comments: Name the recurrence in this field. The text entered here will be what is shown on the Recurrence from the Schedule.

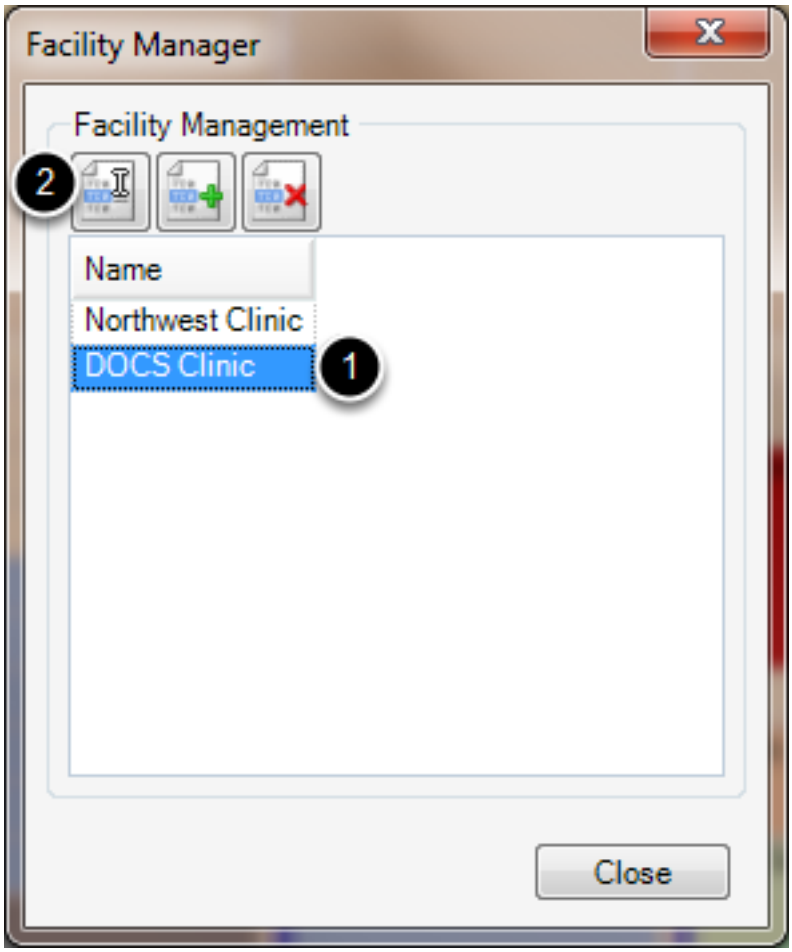
Click **Save**. Repeat this for each recurrence needed for each Provider/Resource needed.

Entering Facility Business Hours

Set up the hours of operation for a facility.

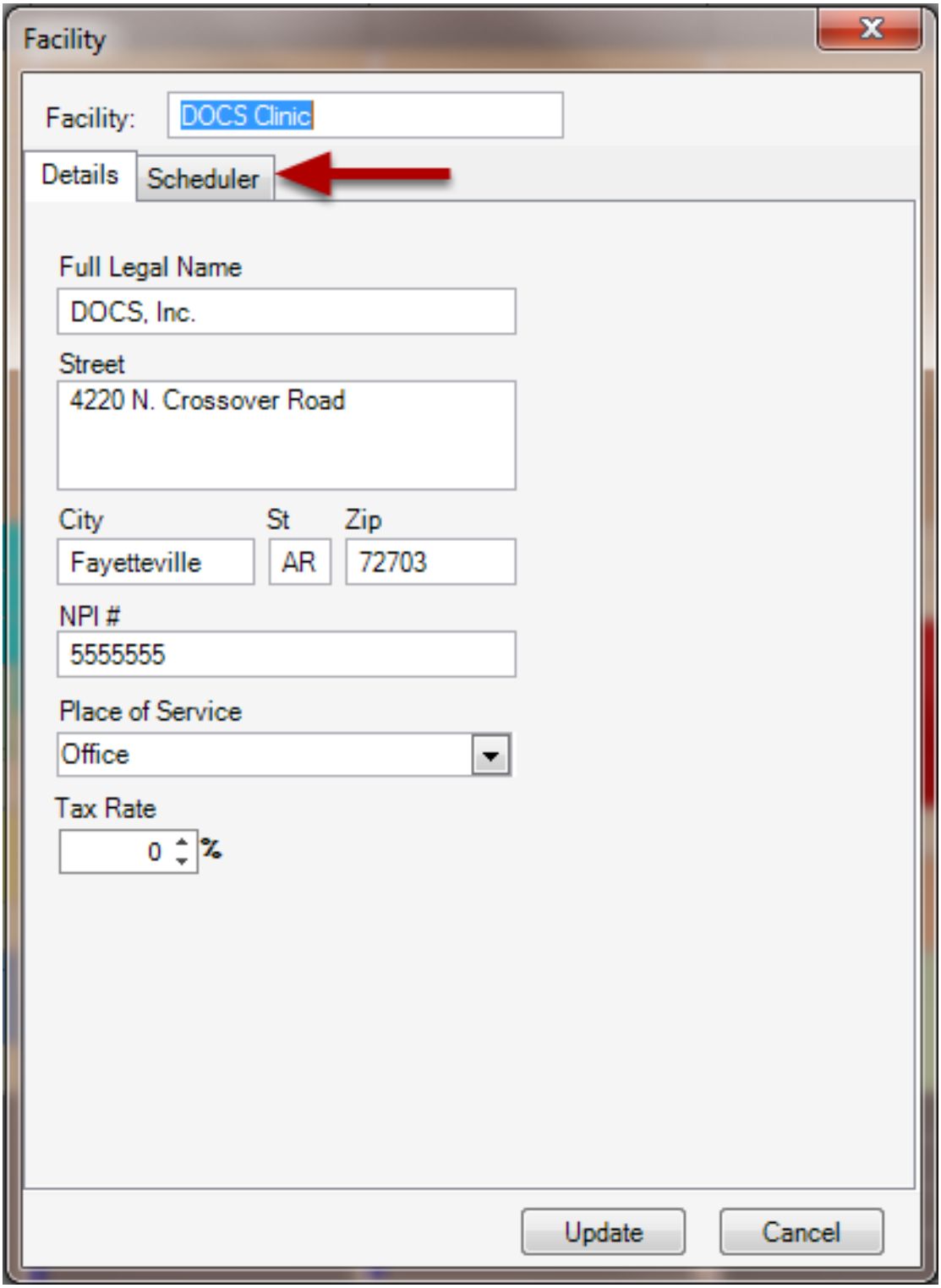
Tools > Manage Facilities

Open the Facility



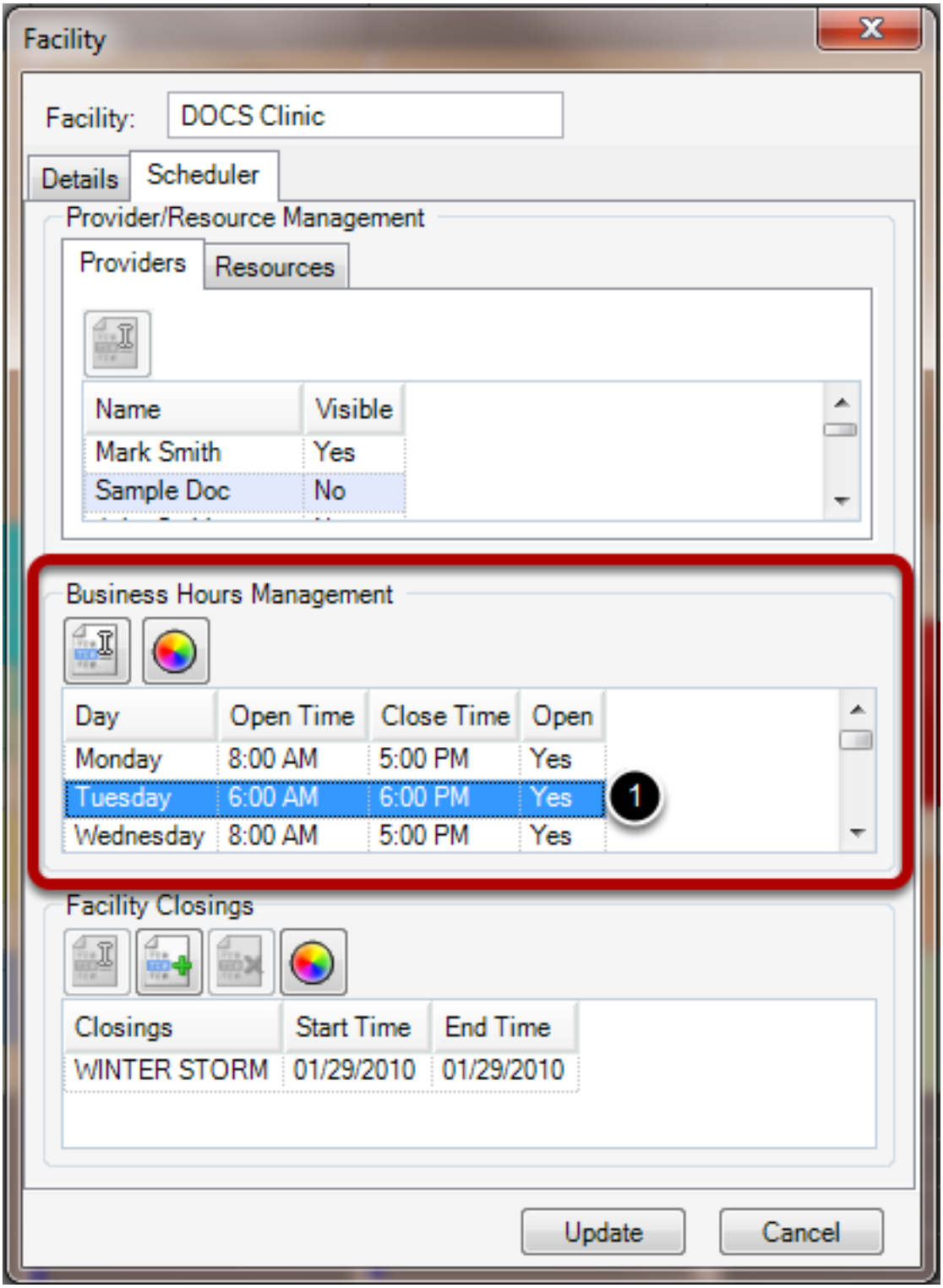
1. Select the Facility.
2. Click Edit.

Scheduler



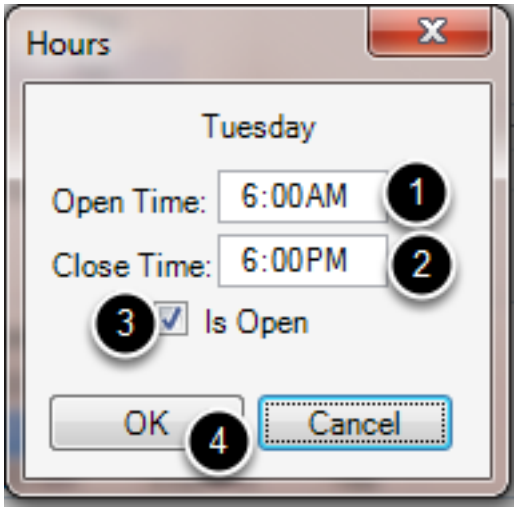
Click the Scheduler Tab.

Edit Business Hours



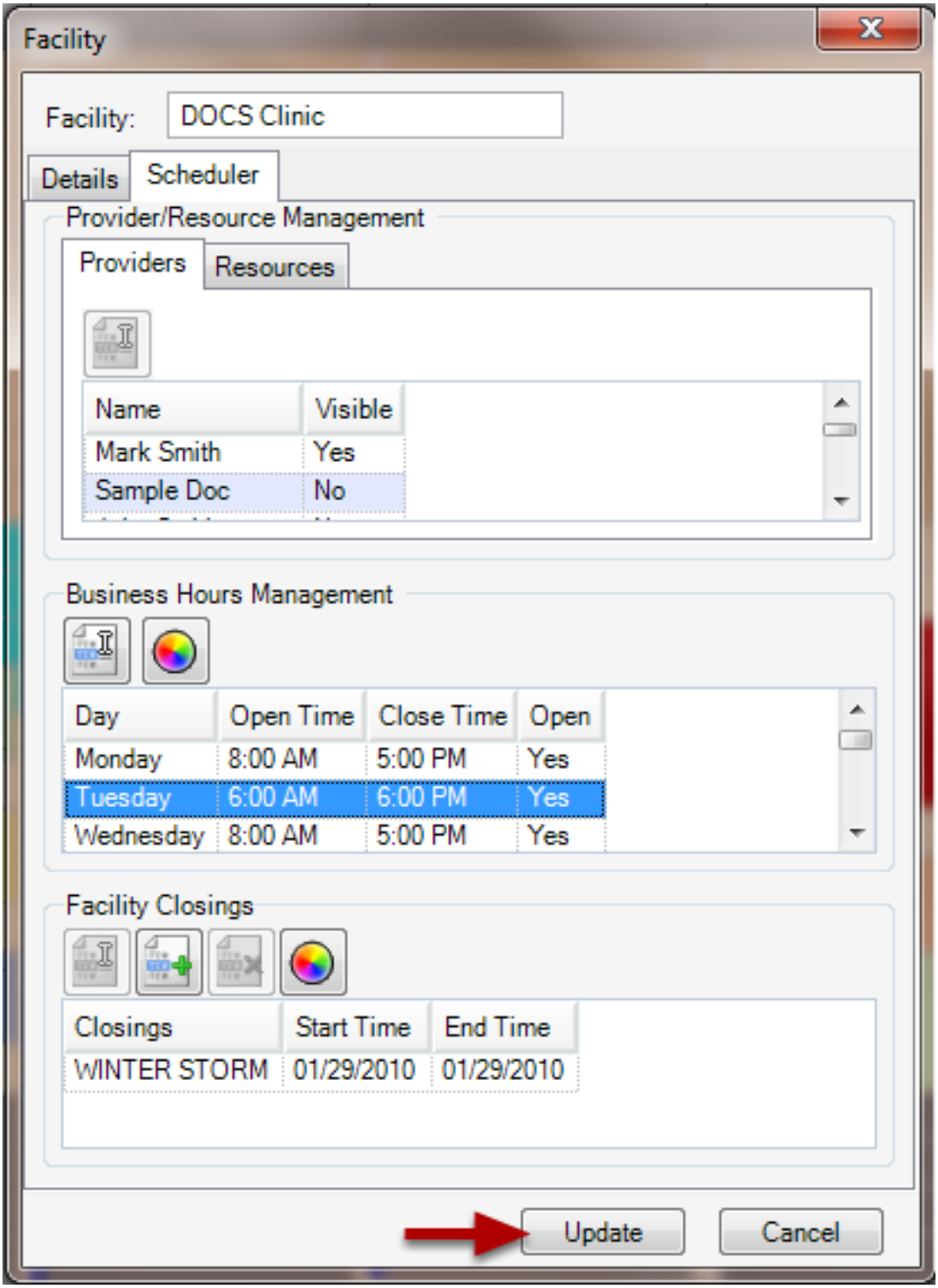
1. Click on a day of the week.

Edit the day



1. Enter the Open Time of the clinic for the specific day.
2. Enter the Close Time of the clinic for the specific day.
3. Check the box next to Is Open if the facility will be open for business on the specified day of the week.
4. Click OK to save.

Update the Schedule



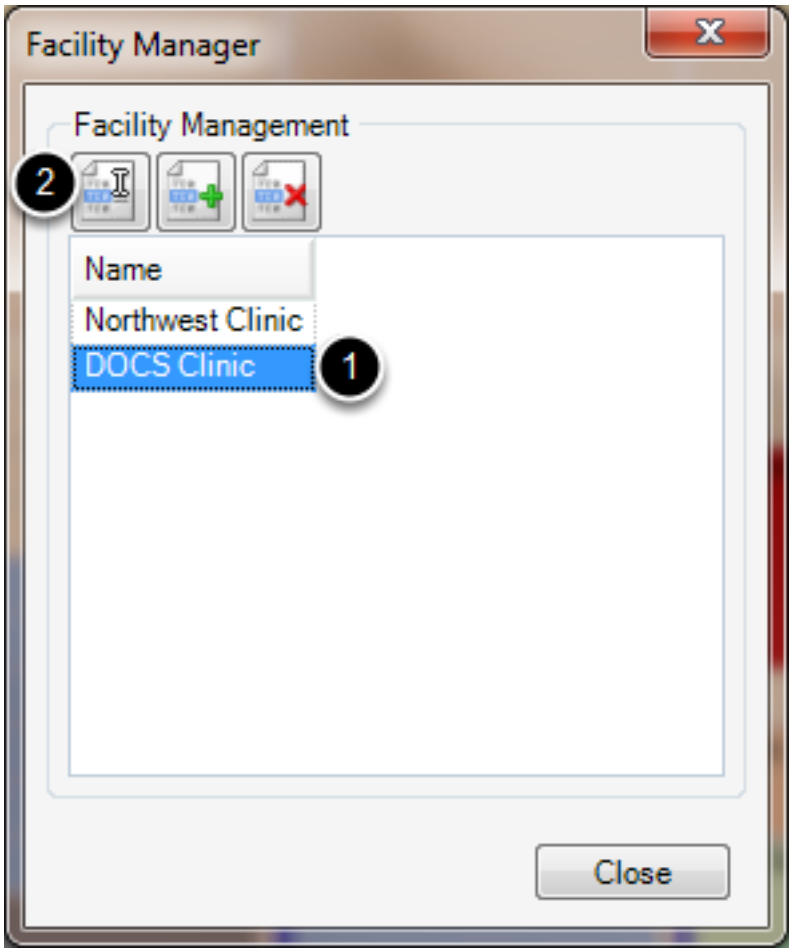
Click the Update button to update the Schedule.

Creating Holidays/Closings

Set up the days the facility will be closed.

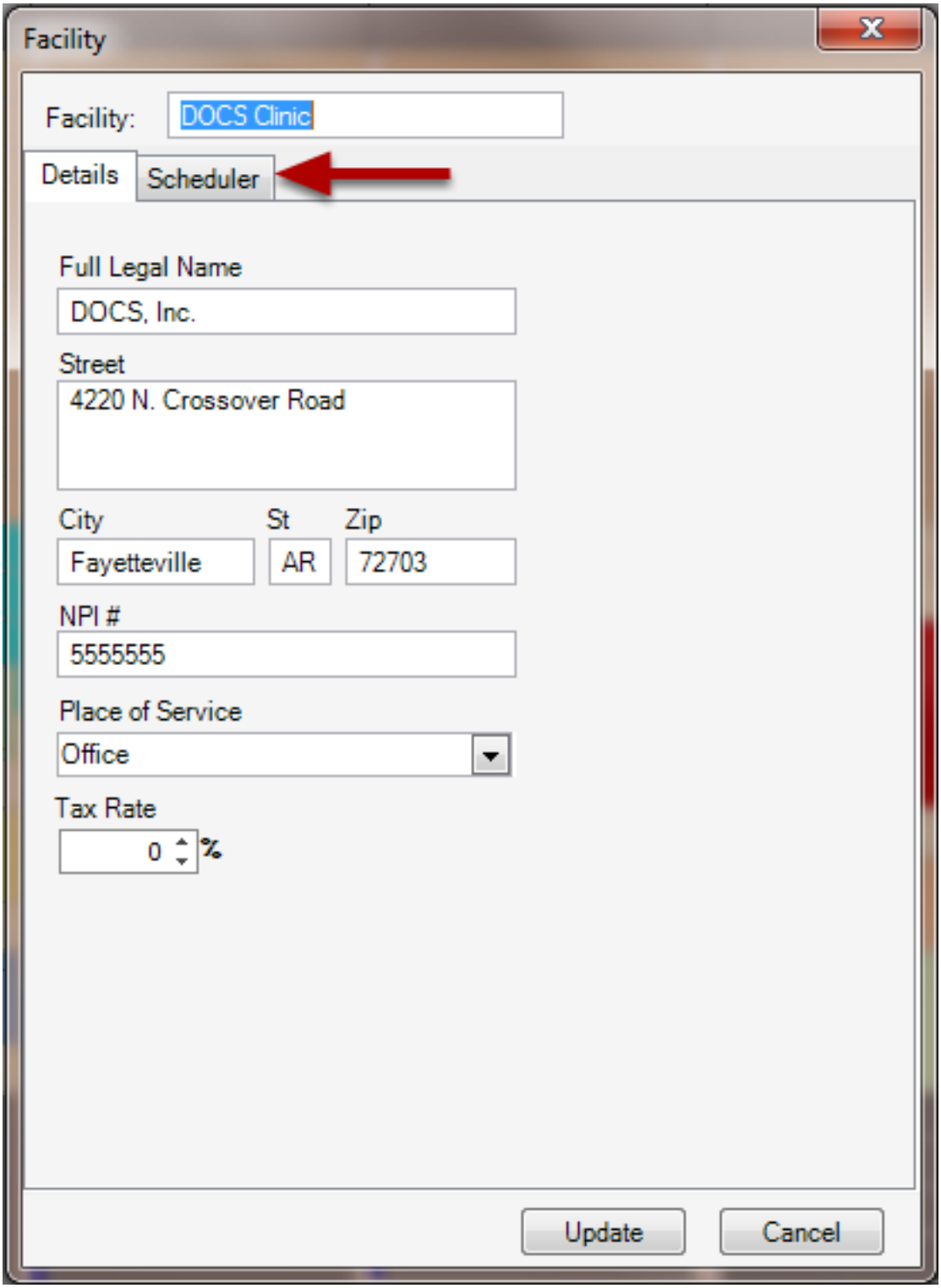
Tools -> Manage Facilities

Open the facility.



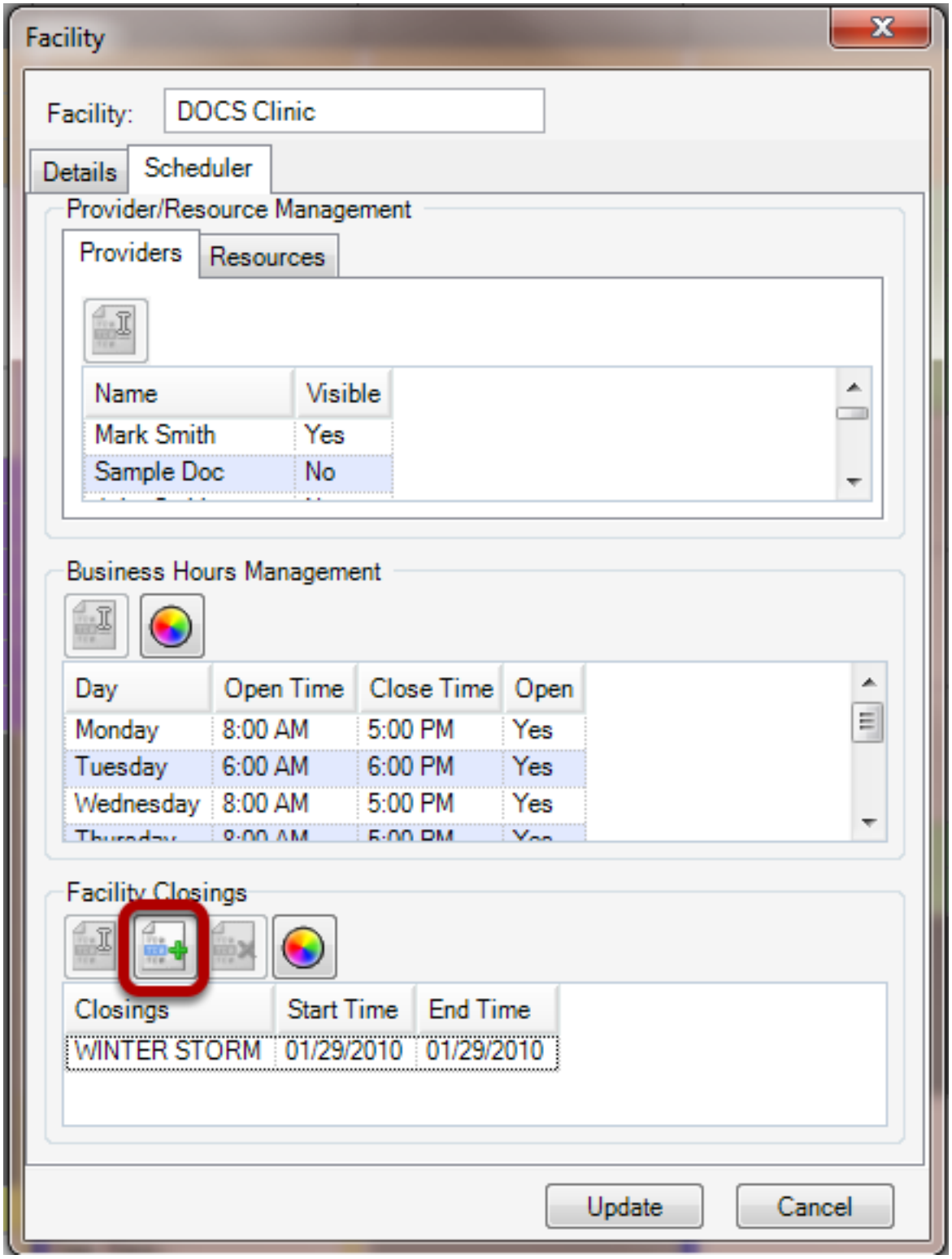
1. Select the **Facility**.
2. Click **Edit**.

Click Scheduler.



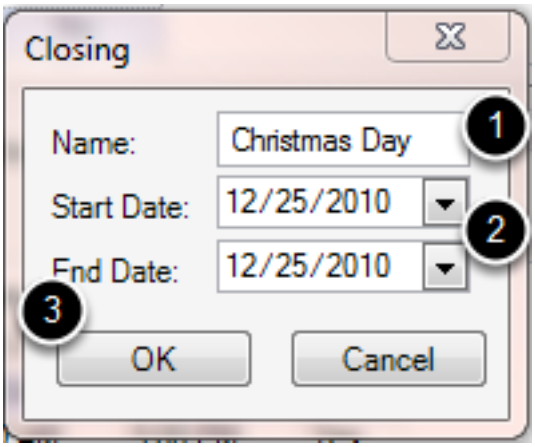
Click the **Scheduler Tab**.

Create Facility Closings.



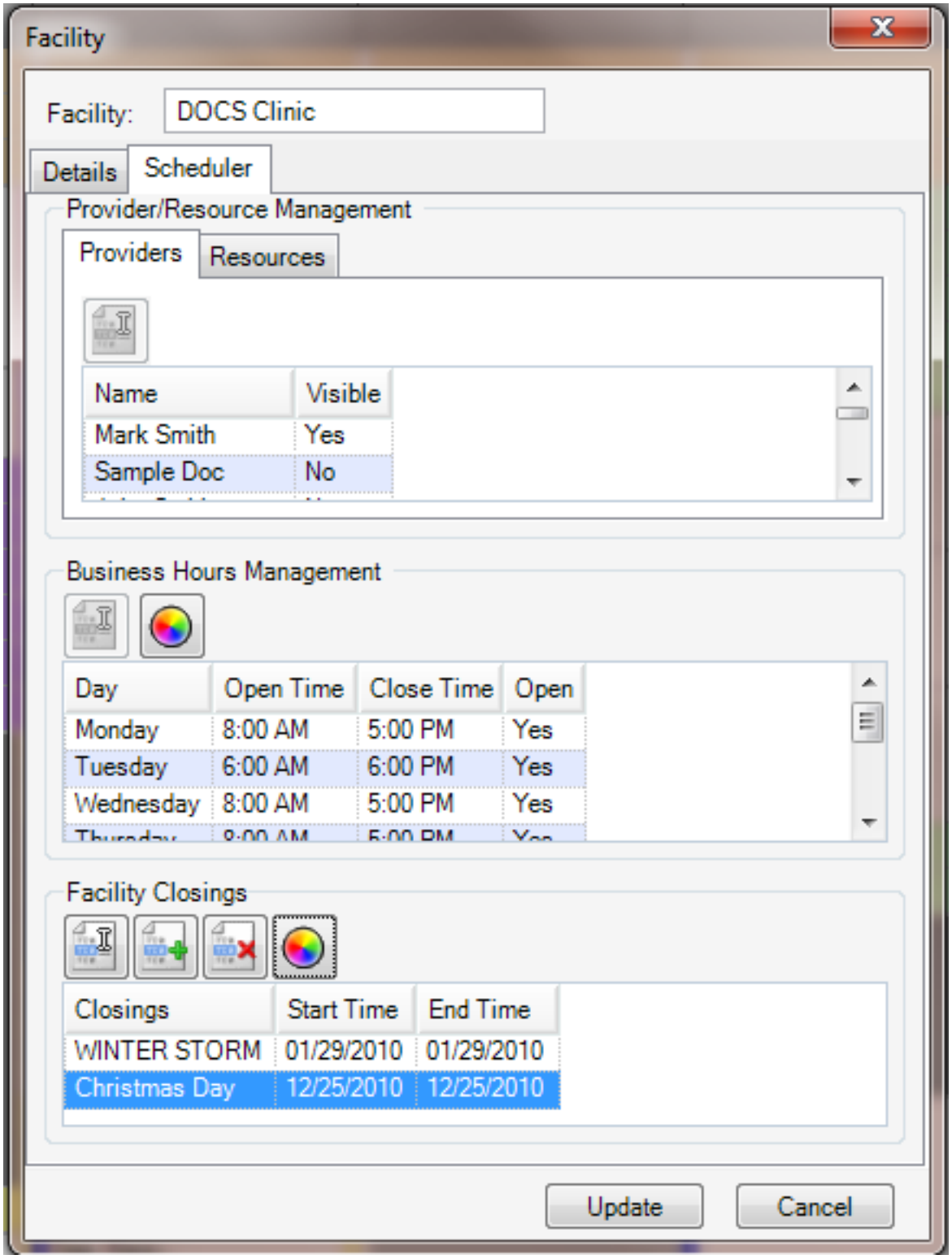
1. Click the **Add Closing** button.

Edit the day.



1. Enter the **Name** of the closing.
2. Enter the **Start and End Dates** of the closing.
3. Click **OK** to save.

Update the Schedule.



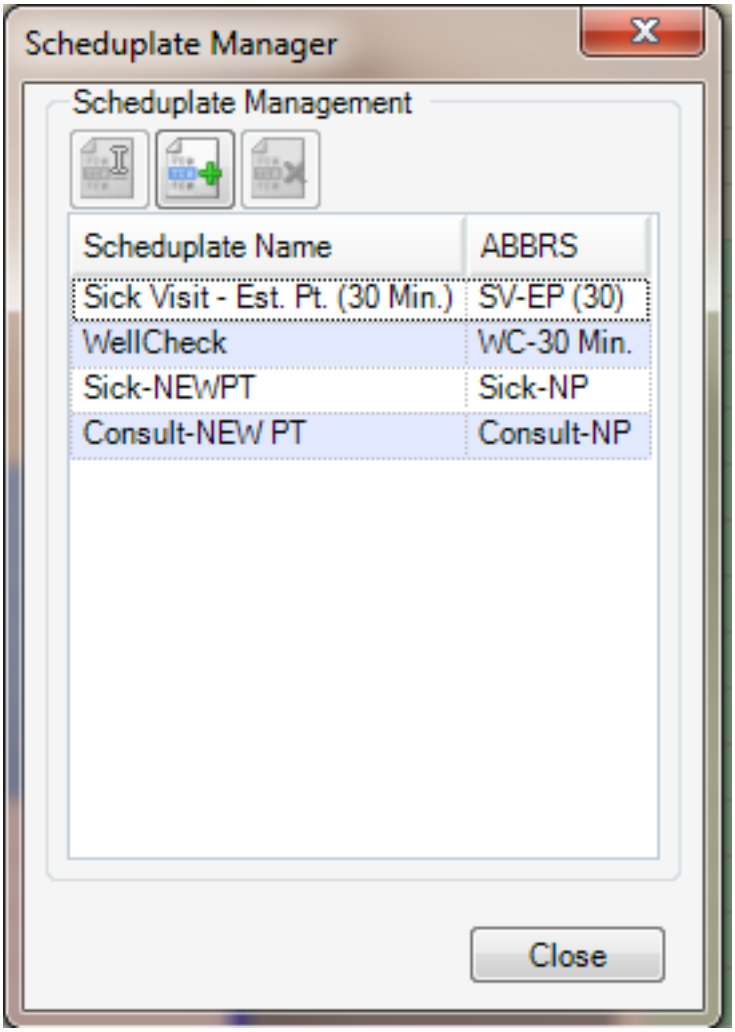
Click the **Update** button to update the Schedule.

Creating Scheduplates

Set up facility appointment types.

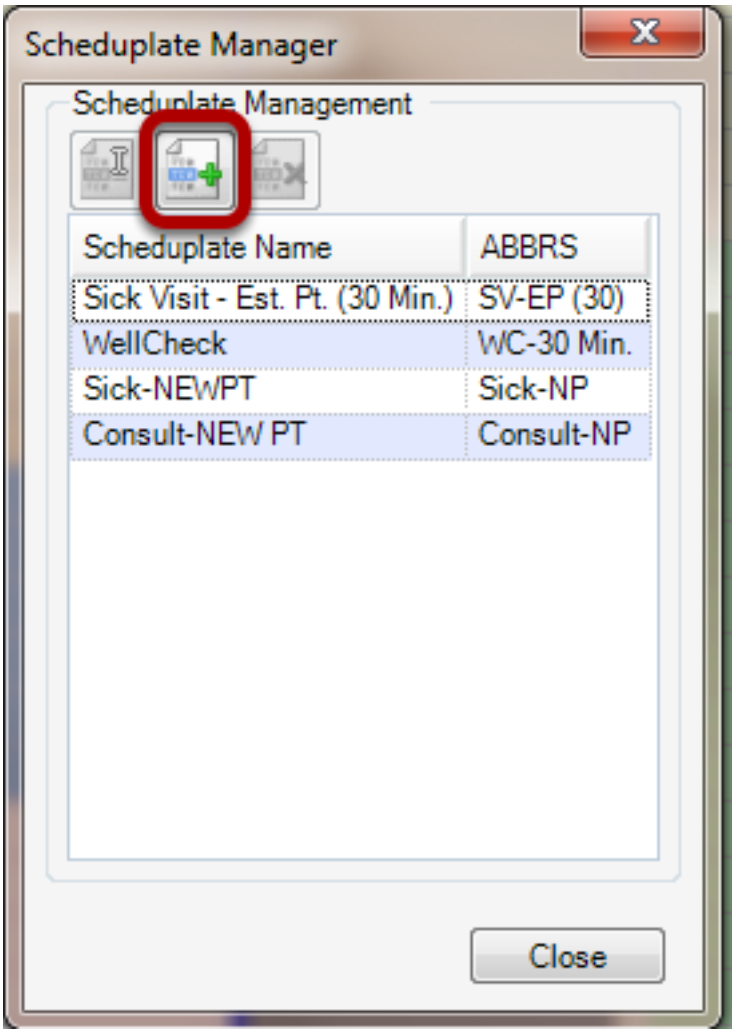
Tools -> Scheduplates

Open the Scheduplate Manager.



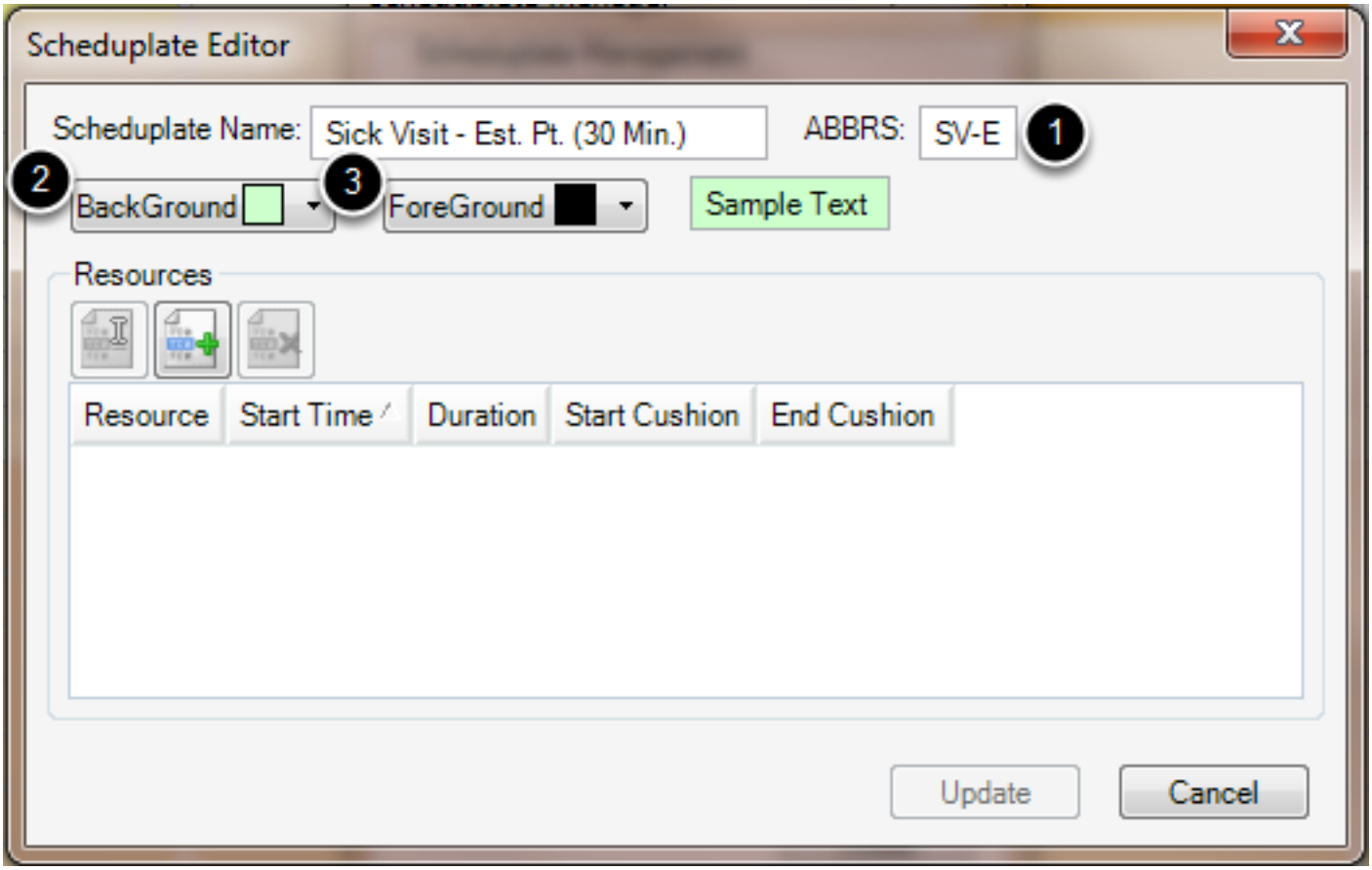
1. Click on the **Scheduler menu**.
2. Select **Manage Scheduplates**.

Add a Scheduplate.



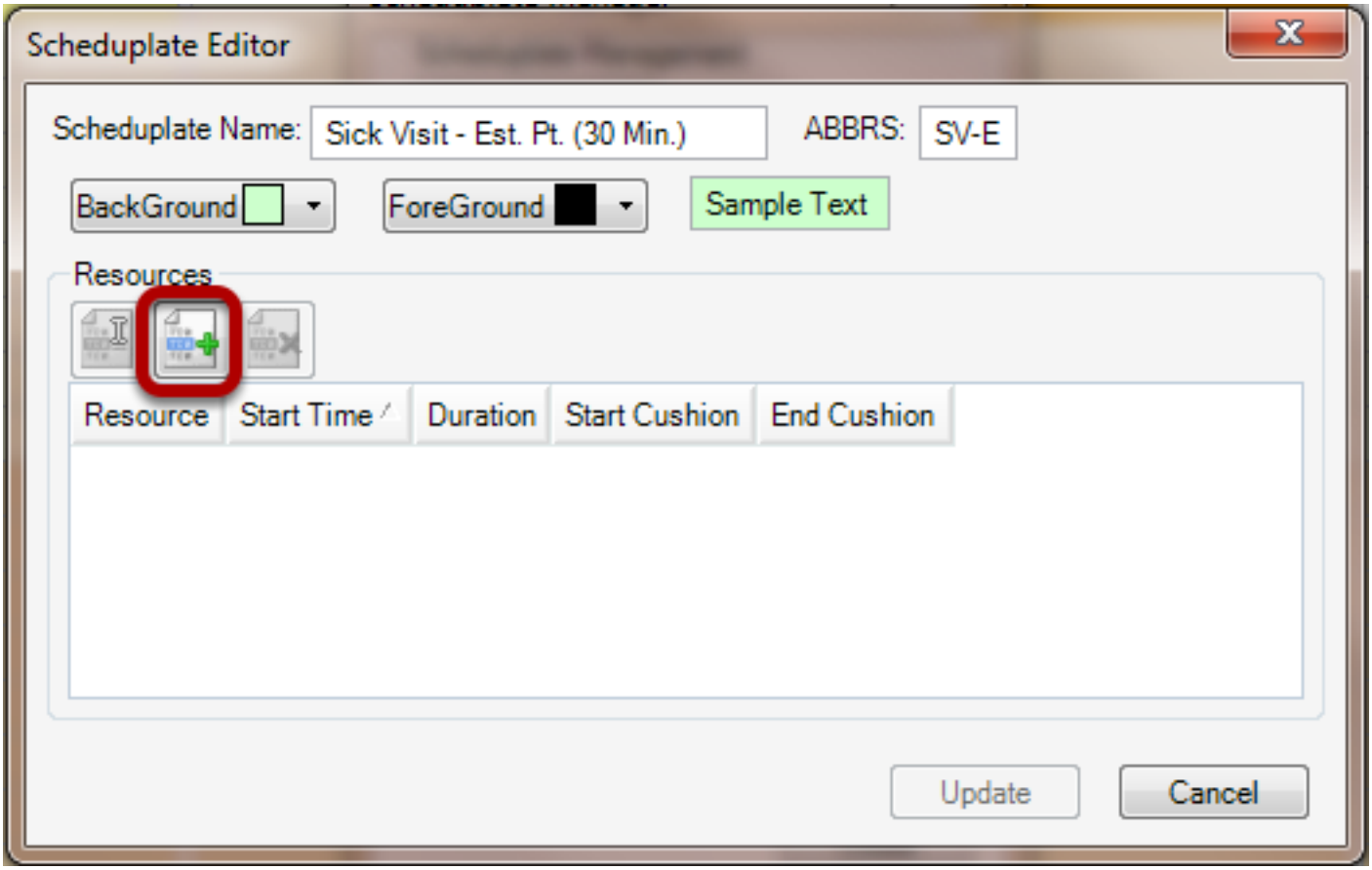
Click the **Create New Template** button.

Enter Scheduplate information.



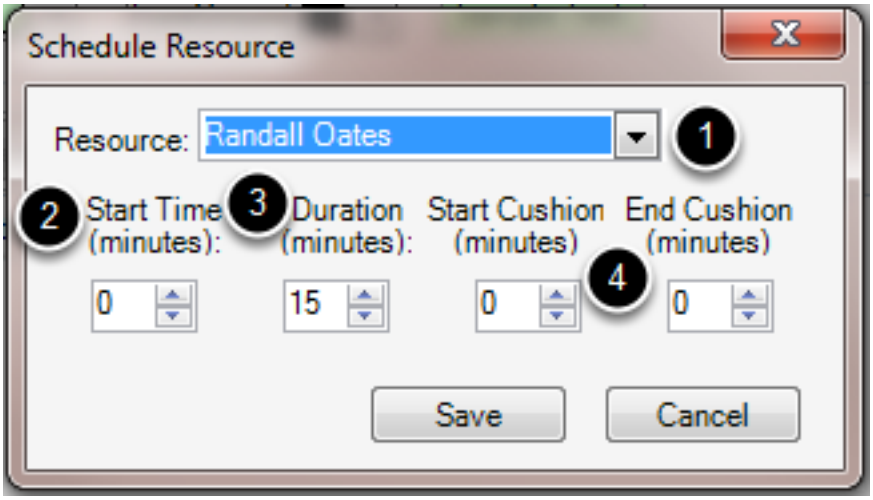
1. Type in a **Scheduplate Name** and **Abbreviation**. The abbreviation will be shown on the appointment at a glance, and the full scheduplate name will be helpful in selecting the correct appointment type.
2. Select a **Background** color to show on the appointment.
3. Select a **Foreground** color for the text displayed. (After selecting the background and foreground colors, the sample text will display what the appointment will look like on the Schedule.)

Adding a Resource.



Click the **Add Resource** button.

Entering Resource time.

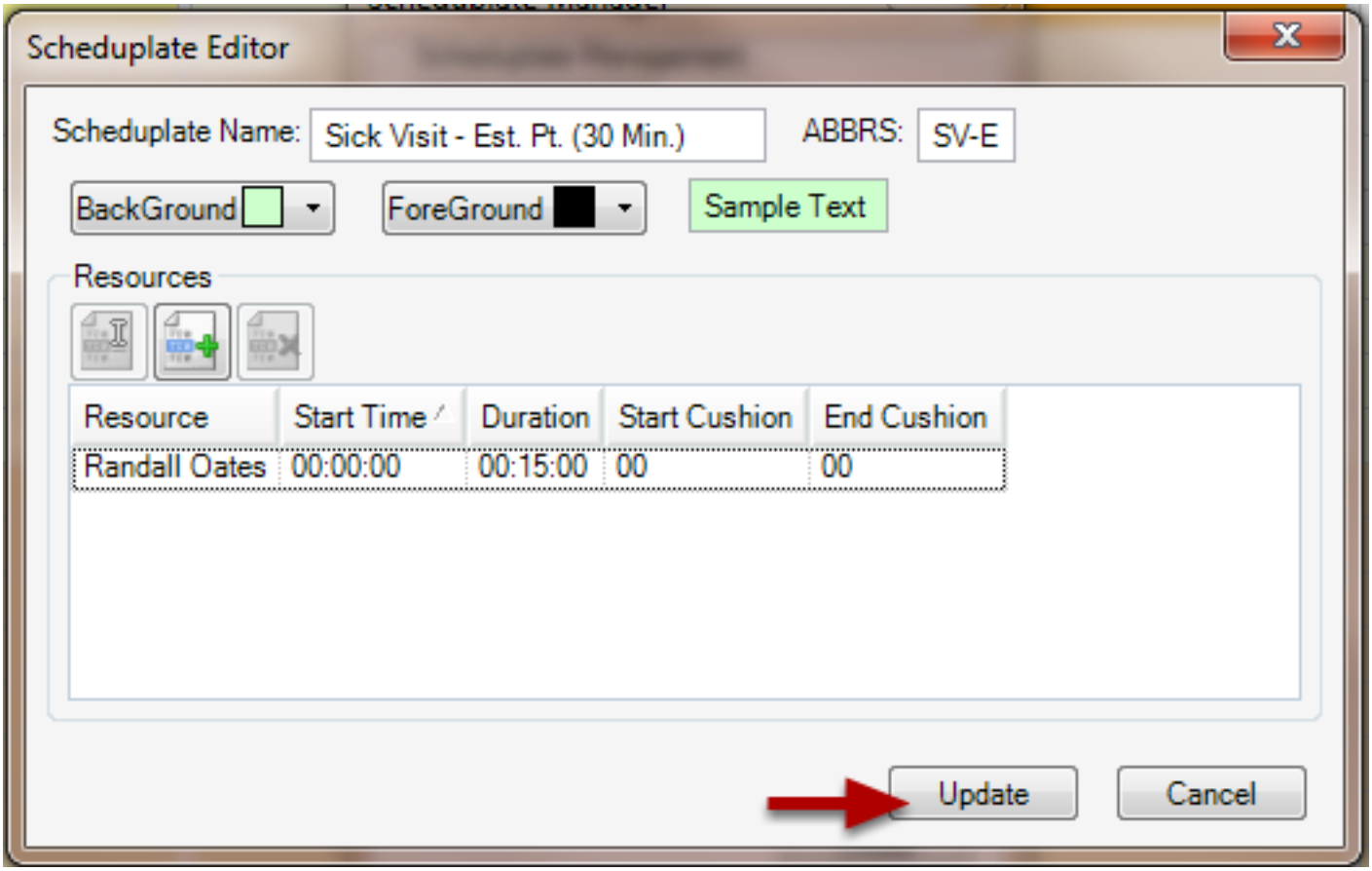


1. **Select the Resource** to whom the scheduplate will apply.
2. Enter the number of minutes needed, prior to the patient being seen by the Provider/Resource.
3. Enter the **Duration** of the appointment with the resource selected. This indicates the length of time needed with the Resource.
4. The Start Cushion indicates the amount of time needed to prepare the patient for the

Provider/Resource's time. **Enter the number of minutes** by typing the number or clicking the arrows.*
5. The End Cushion allows for any follow up work related to the appointment to be indicated and accounted. **Enter the number of minutes** by typing the number or clicking the arrows.*
6. Click **Save**.

*Both the Start and the End Cushion are designed to help prepare for the full length of the appointment. These fields are not necessary to create a scheduplate.

Update Scheduplates.



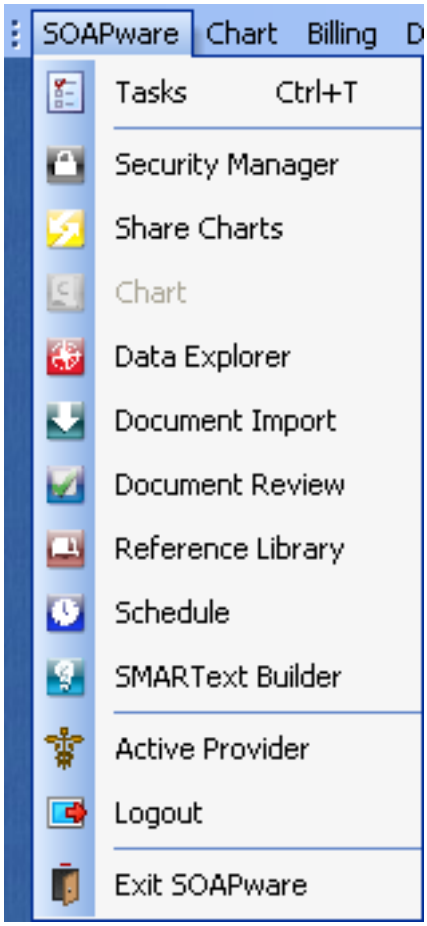
Click **Update** to save the scheduplate.

Menus and Toolbars

SOAPware Menu

Provide orientation and descriptions of the SOAPware menus.

SOAPware Menu

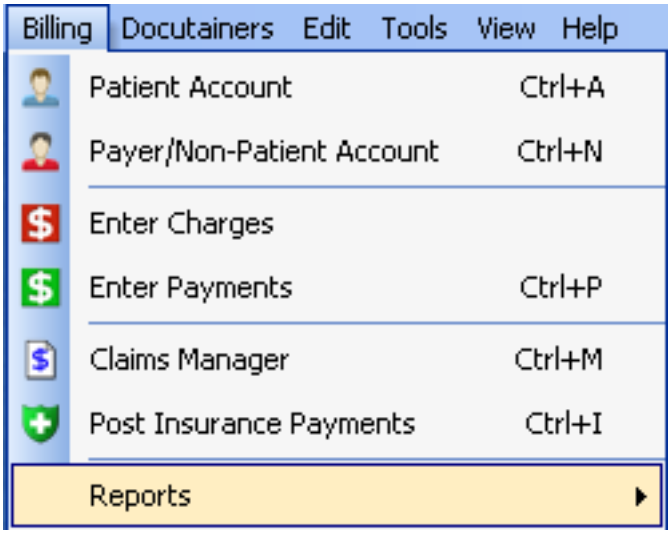


Displays the various workspaces in SOAPware.

Billing Menu

Provide a description and orientation of the Billing menu.

Billing Menu

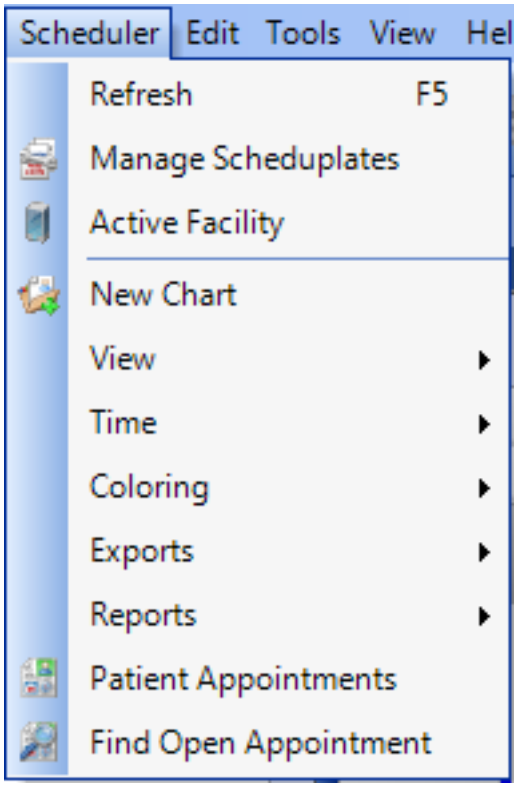


Provides access to the most commonly used billing related activities.

Scheduler Menu

Provide a description an orientation of the Scheduler menu.

Scheduler Menu

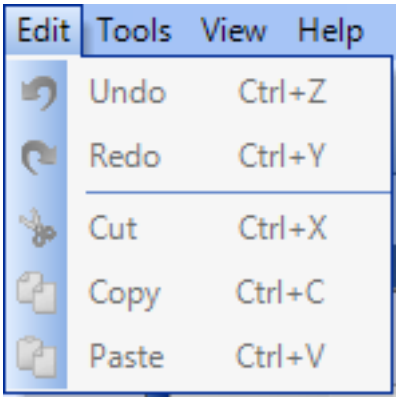


Provides all of the Scheduling options and functionality needed for everyday use of the Schedule.

Edit Menu

Provide a description of the Edit menu.

Edit Menu

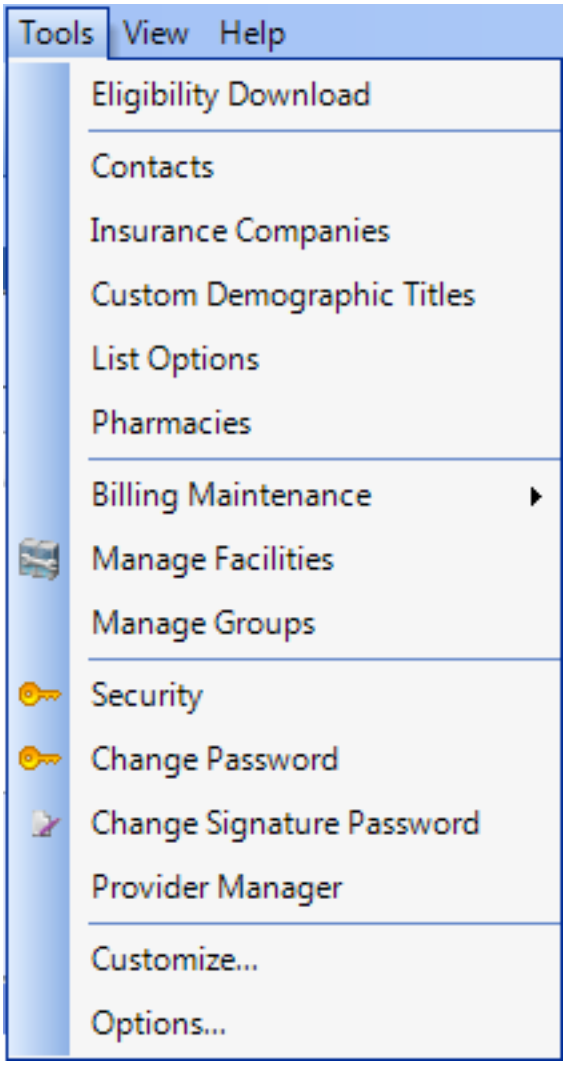


Provides common editing tools.

Tools Menu

Provide a description and orientation of the Tools menu.

Tools Menu

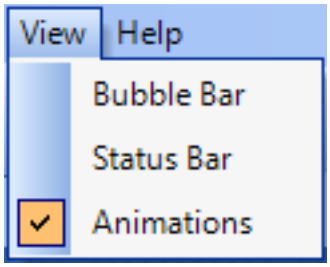


Displays all of the master dialogs for setting up and customizing the SOAPware EMR and PMS.

View Menu

Provide a description of the View menu.

View Menu

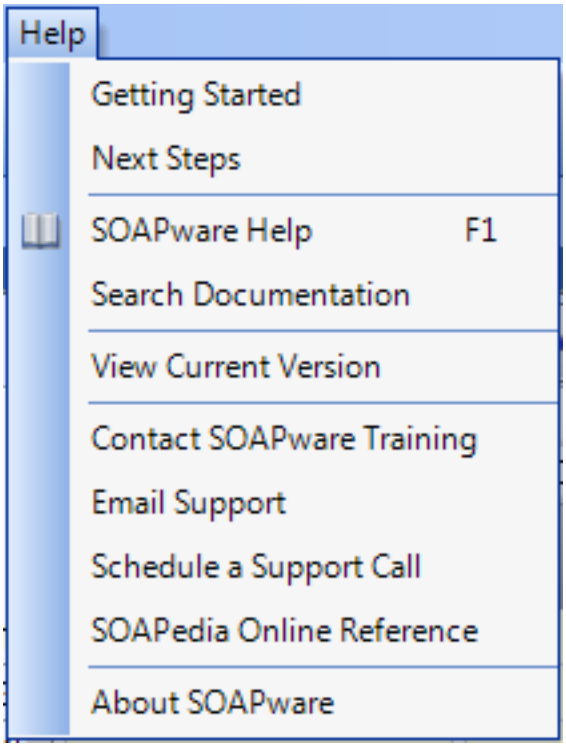


Provides various navigation tools to help with more quickly moving between workspaces.

Help Menu

Provide a description and orientation of the Help menu.

Help Menu



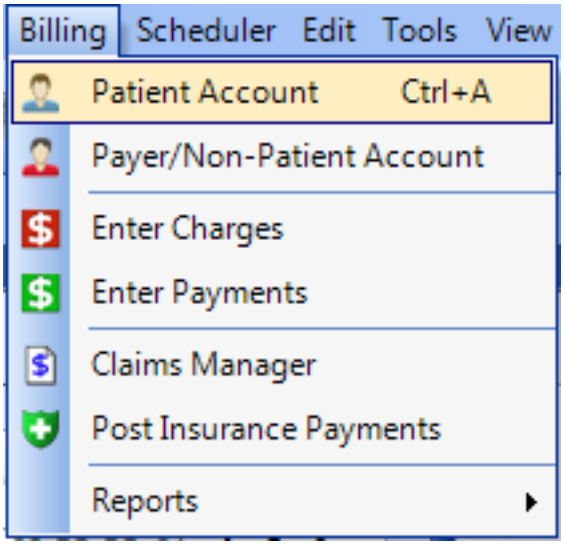
Provides links to all of the available SOAPware resources to help with training and support of SOAPware.

Patient Account Overview

Looking Up a Patient Account

Learn how to search for an existing patient from the Chart Rack.

Pull up the Chart Rack

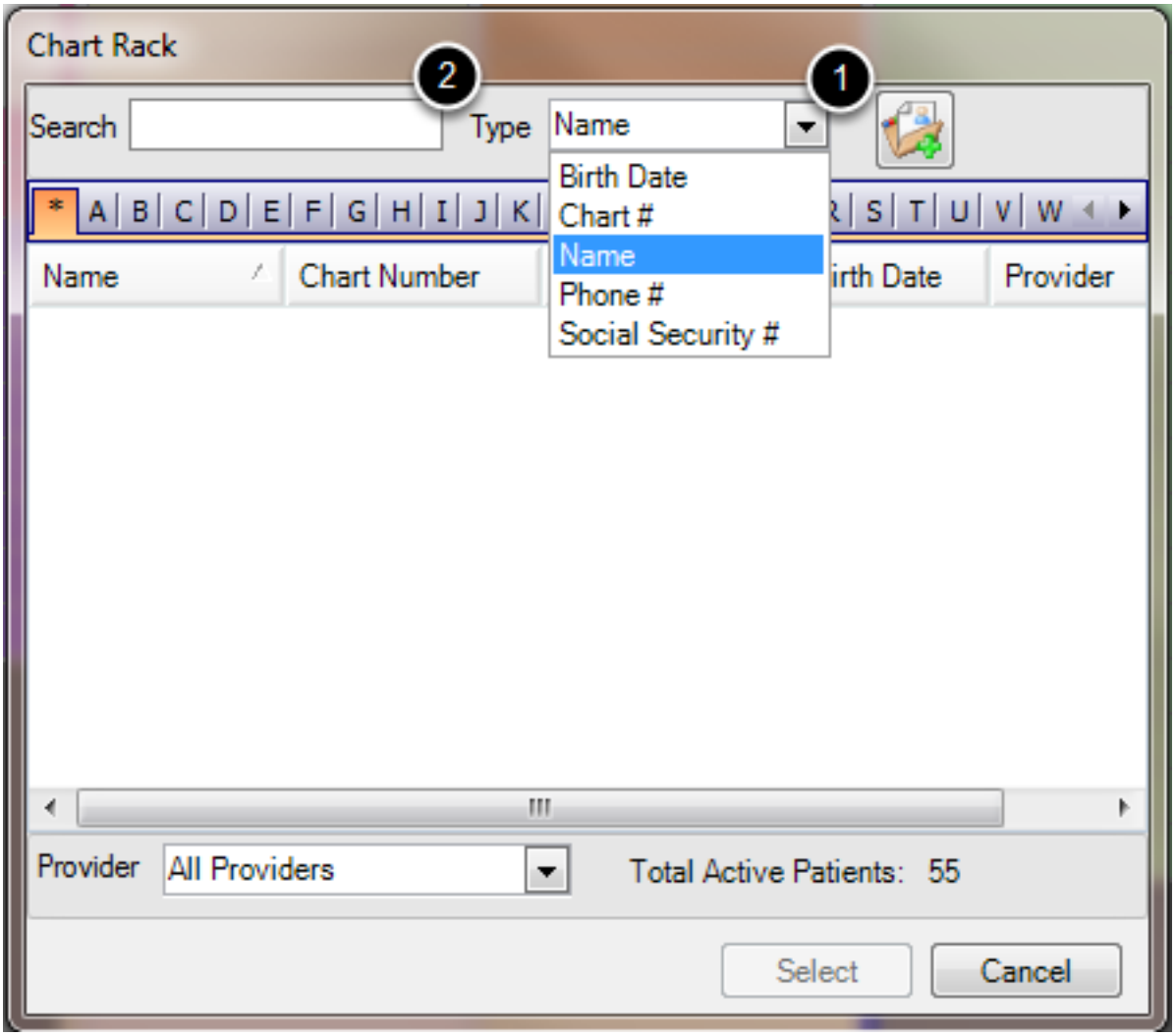


1. Click on the **Billing** menu.
2. Select **Patient Account**.

OR

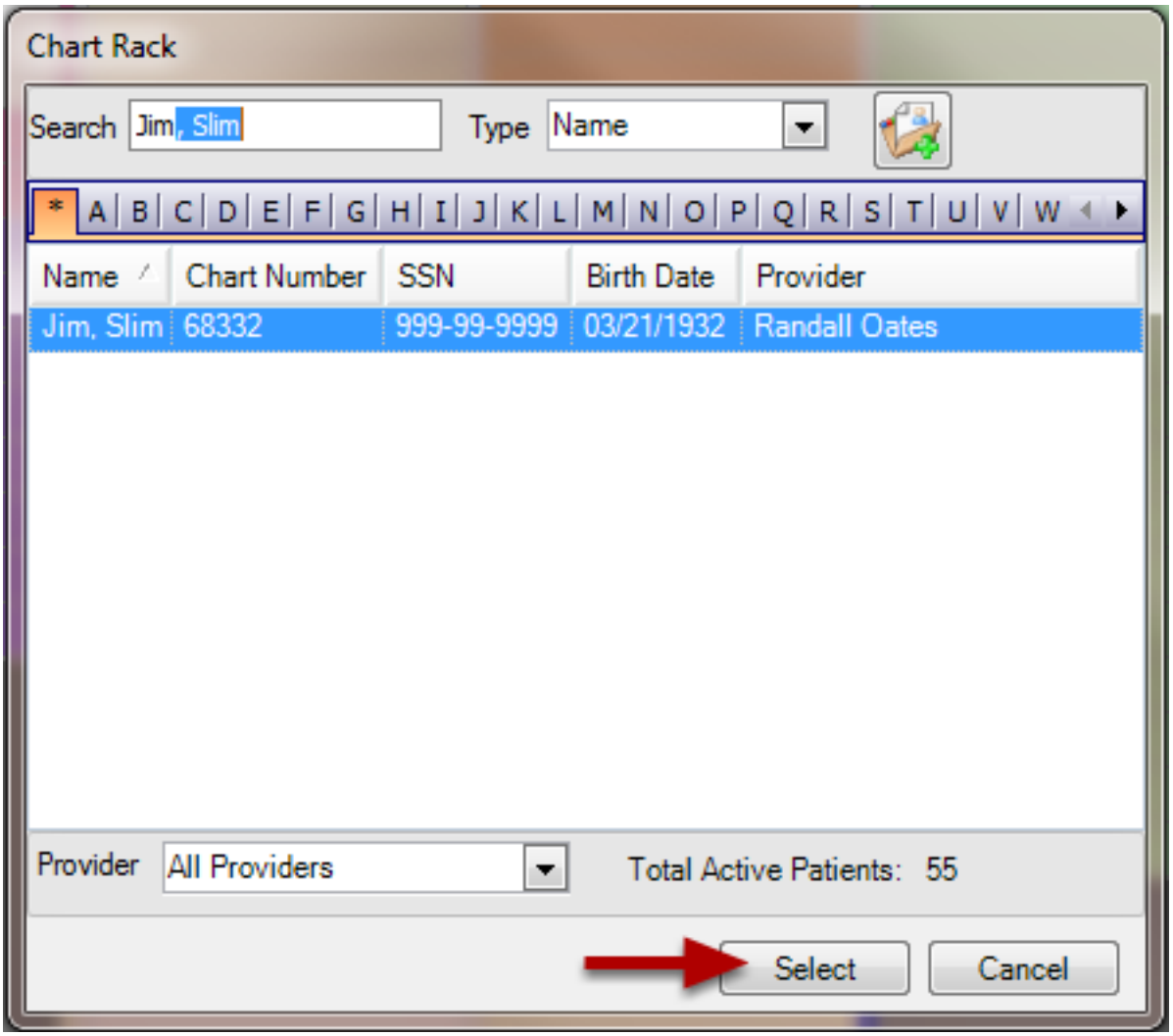
Hit **Ctl + A** on the keyboard.

Search for a Patient



1. **Select the type of information** to search. The options are Birth Date, Chart #, Name, Phone # and Social Security #. The default option will be Name if nothing is selected.
2. **Type in a name or number** to search. If looking for a patient name, the system will search by last name.

Select the Patient.

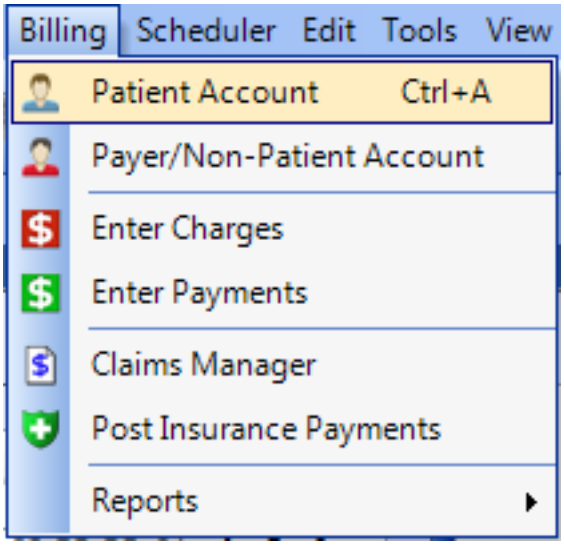


When the patient needed has been pulled up, **click on the name** and hit **Select**; or hit **Enter** on the keyboard.

Creating a New Patient

How to create a new Patient Account.

Pull up the Chart Rack

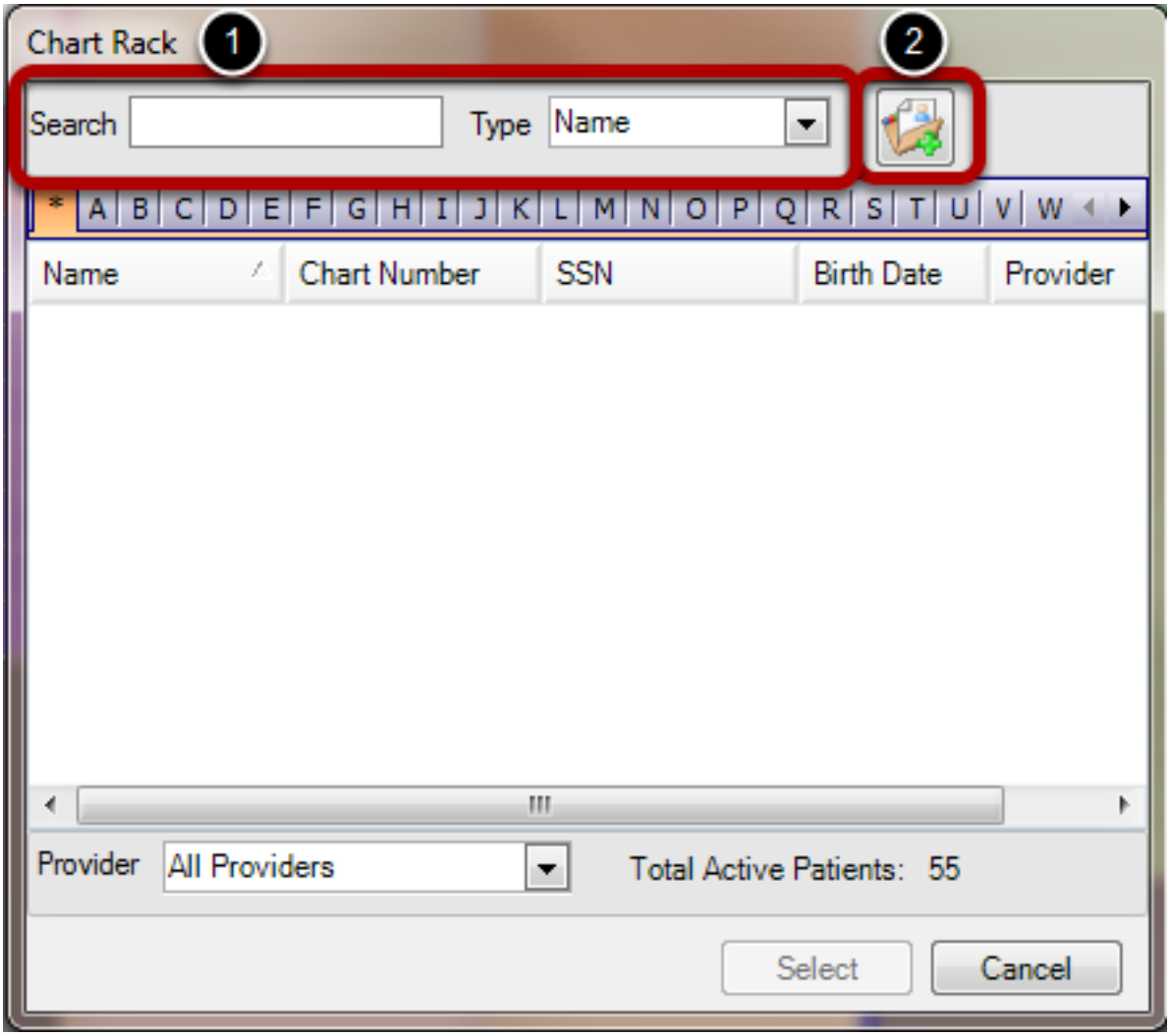


1. Click on the **Billing** menu.
2. Select **Patient Account**.

OR

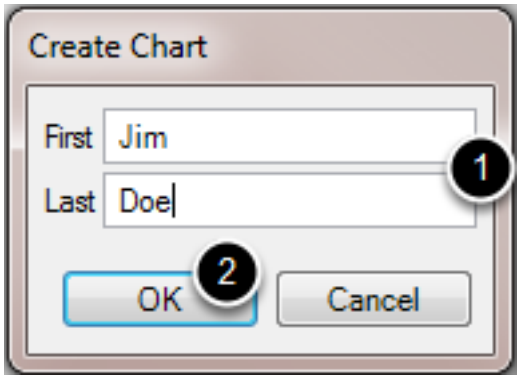
Hit **Ctl + A** on the keyboard.

Create a New Patient



1. **ALWAYS** search the existing patient database for a patient BEFORE creating a new chart. This helps prevent duplicate charts from being created.
2. Click the **Create Chart** button.

Enter First and Last Name.



1. Type in **First and Last Name**.
2. Click **OK.**

Enter Demographics

Doe, Jim

Doe, Jim | Account 79 | Chart

Date of Birth 5/27/1970 | Age 39 | Sex Male | Status Unknown

Address 432 Test Drive Some City, AR 72701

Home (479) 111-1111 | Work (800) 555-5555 | Cell (479) 222-2222

Email jdoe@email.com

Balances: Family $0.00 | Personal $0.00 | Total $0.00

Self Pay | Co-Pay $0.00

Schedule | Demographics | Insurance | Custom | Ledger | Family | Claims | Statements | New Charges

Patient Information

Title | First: Jim | Middle | Last: Doe | Suffix

SSN: 555-55-5555 | Birth Date: 5/27/1970 | Age: 39 | Chart

Marital Status: Married | Gender: Male | Related To...

Race | Ethnicity | Language

Patient Picture: No image data | Load | Clear

Address

Street: 432 Test Drive

City: Some City | State: AR | Zip: 72701-____

Primary Provider: Randall Oates

Referring Provider: Schmo, Joe

PCP: Oates, Randall

Preferred Pharmacy: Wal-Mart Neighb...

Contact Information

Home Phone: (479) 111-1111 | Work Phone: (800) 555-5555 | Cell Phone: (479) 222-2222

Email: jdoe@email.com

Exclude From Data Explorer

Billing Information

Guarantor: Self

Financial Class: Self Pay

Student Status: Non-student

General

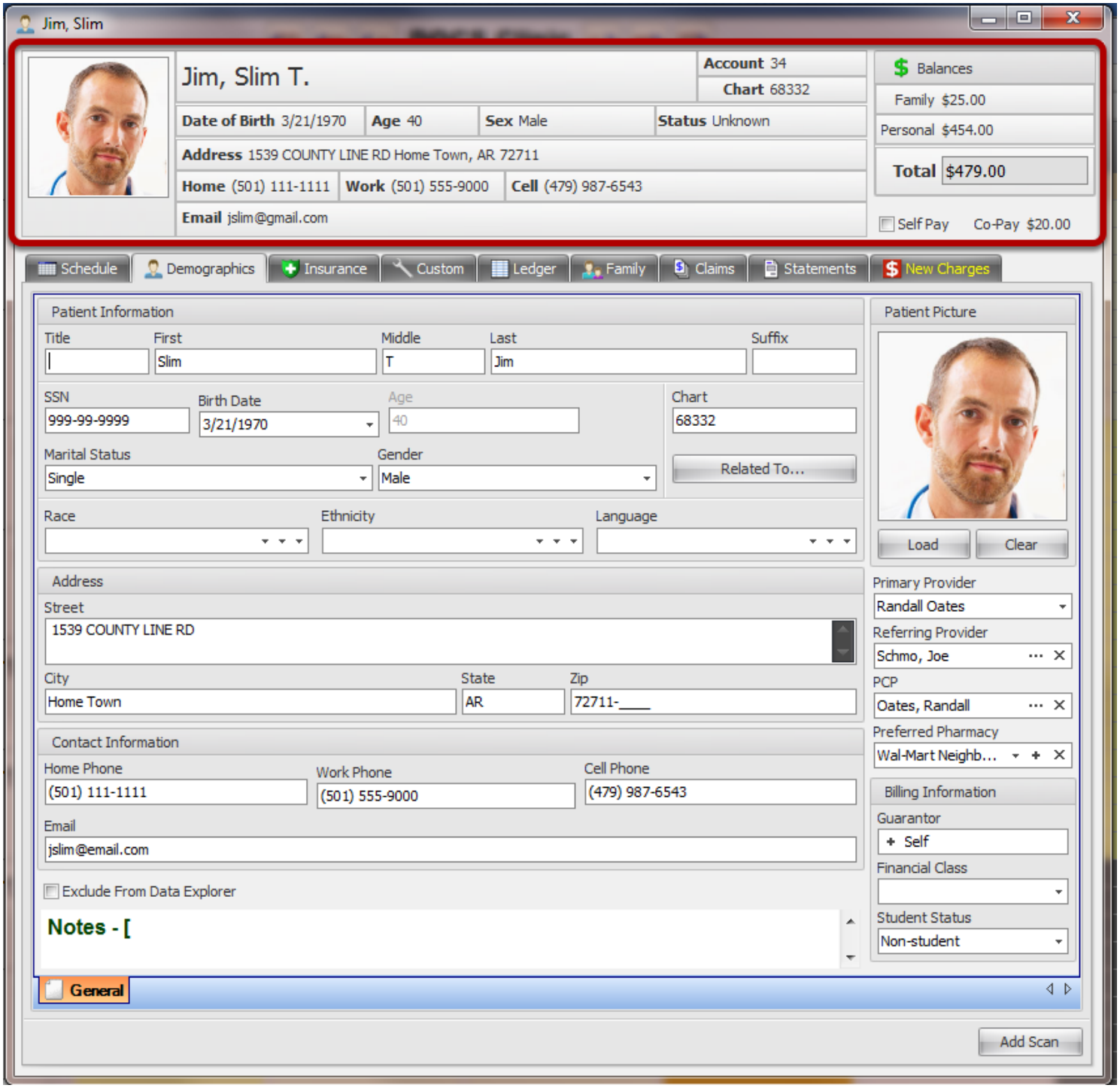
Add Scan

Enter demographic information as provided.

Patient Information Bar

Show the highlights of the Patient Account Information bar.

Patient Information At-A-Glance

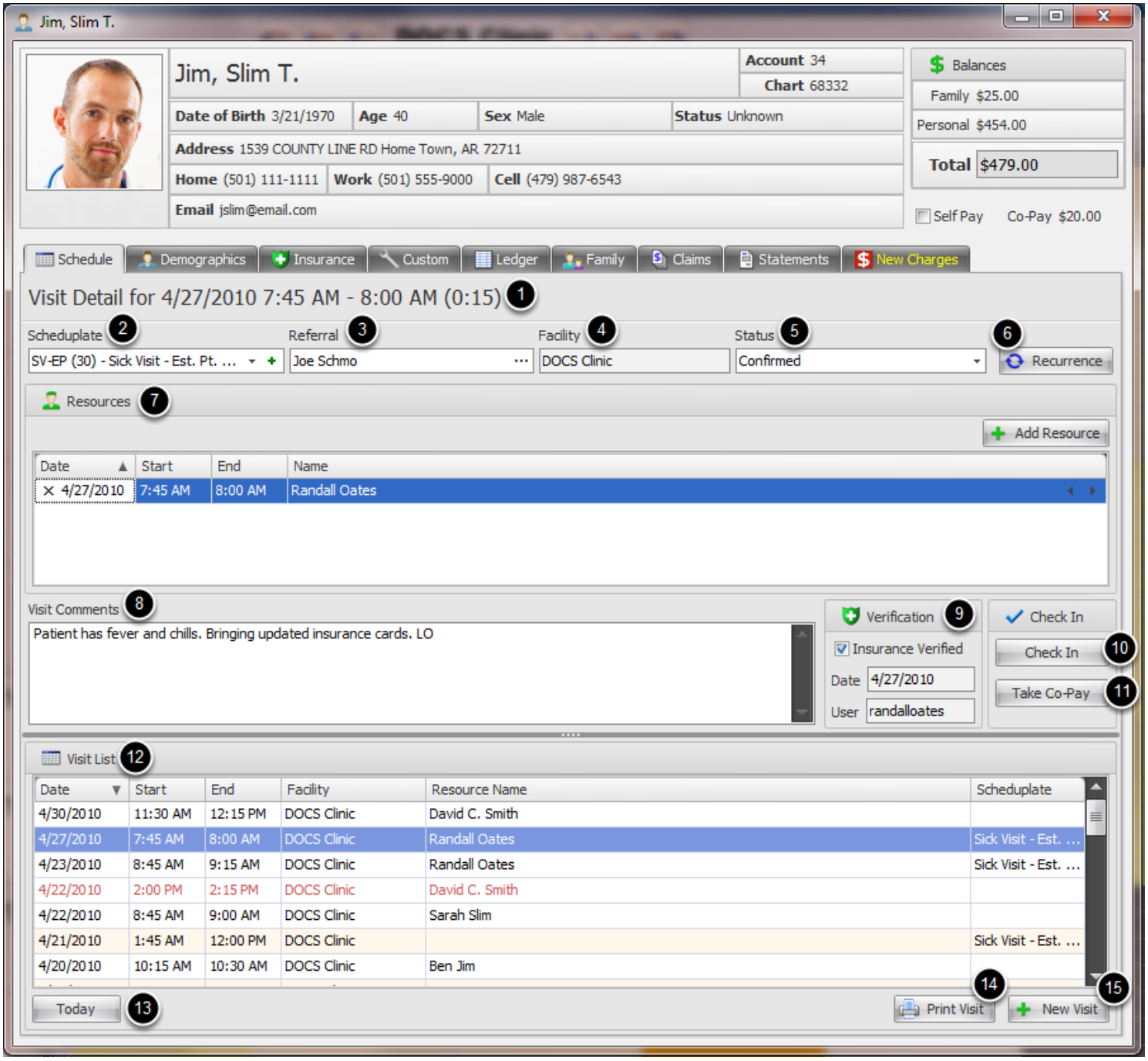


Allows demographic and balance information to be easily seen without having to search.

Schedule Tab

An overview of the patent's appointment details and history displayed on the Schedule tab.

Schedule Tab - Patient Appointments



1. **Visit Detail:** Summary of the overall length of the appointment
2. **Scheduplate:** The appointment type
3. **Referral:** Referring Provider
4. **Facility:** Place of Service
5. **Status:** The status of the patient visit within the clinic's work flow. (This list is completely

customizable by clinic.)

6. Recurrence: Sets recurrences of the visit, if needed.

7. Resources: Allows the scheduling of one to multiple resources for one visit

8. Visit Comments: Allows miscellaneous information and visit details to be entered and stored for the visit.

9. Verification: Indicates the date and user who verified the patient's insurance benefits and eligibility.

10. Check-In: Allows a patient to be checked in with the click of a button.

11. Take Co-Pay: Allows a patient's co-pay to be taken at the beginning of the visit.

12. Visit List: Displays all of the patient's past, current and future appointments to be displayed in one place, to help prevent double booking an appointment.

13. Today: Immediately selects the current day's visit.

14. Print Visit: Prints out the selected visit.

15. New Visit: Creates a new appointment for the patient.

Confirming Patient Appointments

Jim, Slim T.

Jim, Slim T.

Account 34
Chart 68332

Date of Birth 3/21/1970 | Age 40 | Sex Male | Status Unknown

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 111-1111 | Work (501) 555-9000 | Cell (479) 987-6543

Email jslim@email.com

Balances
Family $25.00
Personal $454.00
Total $479.00
Self Pay Co-Pay $20.00

Schedule | Demographics | Insurance | Custom | Ledger | Family | Claims | Statements | New Charges

Visit Detail for 4/27/2010 7:45 AM - 8:00 AM (0:15)

Scheduplate: SV-EP (30) - Sick Visit - Est. Pt. ...
Referral: Joe Schmo
Facility: DOCS Clinic
Status: Confirmed
Recurrence

Resources

Add Resource

Date	Start	End	Name
4/27/2010	7:45 AM	8:00 AM	Randall Oates

Visit Comments

Patient has fever and chills. Bringing updated insurance cards. LO

Verification
Insurance Verified
Date 4/27/2010
User randalloates

Check In
Check In
Take Co-Pay

Visit List

Date	Start	End	Facility	Resource Name	Scheduplate
4/30/2010	11:30 AM	12:15 PM	DOCS Clinic	David C. Smith	
4/27/2010	7:45 AM	8:00 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/23/2010	8:45 AM	9:15 AM	DOCS Clinic	Randall Oates	Sick Visit - Est. ...
4/22/2010	2:00 PM	2:15 PM	DOCS Clinic	David C. Smith	
4/22/2010	8:45 AM	9:00 AM	DOCS Clinic	Sarah Slim	
4/21/2010	1:45 AM	12:00 PM	DOCS Clinic		Sick Visit - Est. ...
4/20/2010	10:15 AM	10:30 AM	DOCS Clinic	Ben Jim	

Today | Print Visit | New Visit

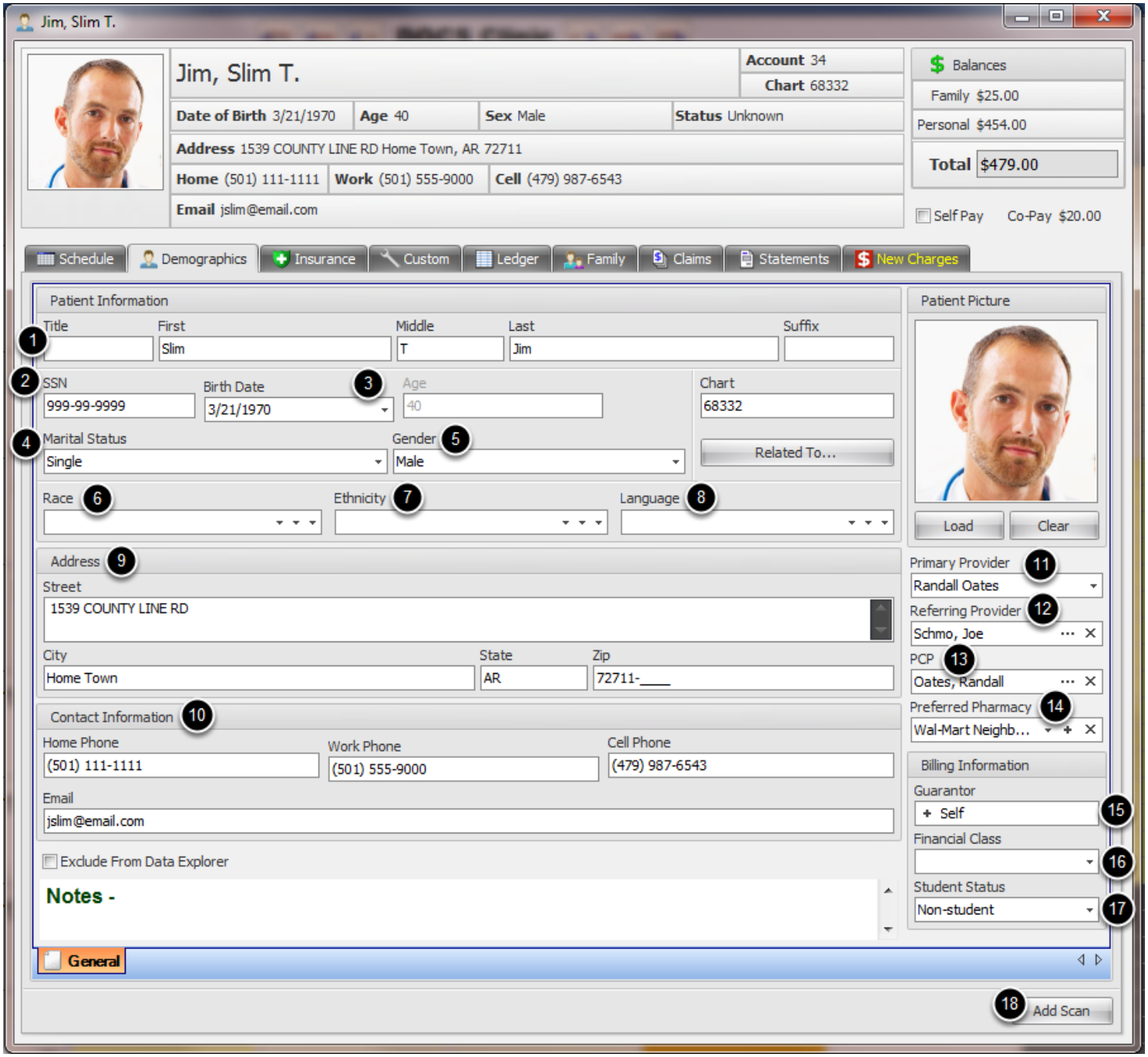
By clicking the **left and right arrows** for a Resource, you can move to the previous or next appointment for that resource to confirm appointments, without ever having to go out and back in of each appointment on the Schedule.

When you want to mark a patient as Confirmed, you can select that status from the Status dropdown as shown above and make a note in the visit columns, if you like.

Demographics Tab

Patient Demographic Information

Patient Demographics



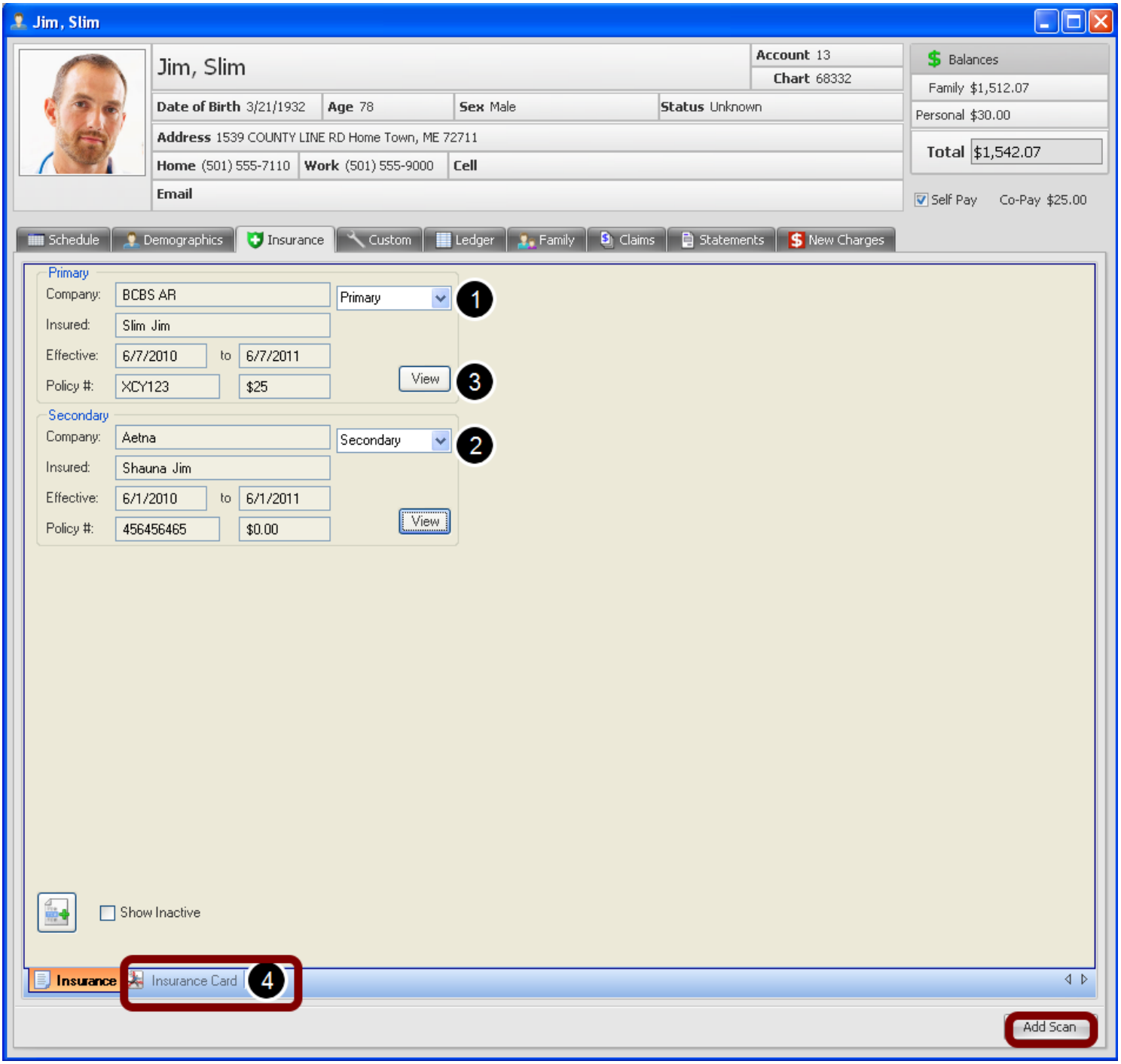
1. **Patient Name:** Title, First Name, Middle Initial, Last Name, Suffix
2. **SSN:** Social Security Number
3. **Birth Date:** Date of Birth is entered manually, and Age is automatically calculated.
4. **Marital Status**
5. **Gender:** Patient sex

6. Race: Important for meaningful use guidelines
7. Ethnicity: Important for meaningful use guidelines
8. Language: Important for meaningful use guidelines
9. Patient Address
10. Contact Information: Phone and Email
11. Primary Provider: Provider within the Clinic that is treating the patient
12. Referring Provider: External provider who referred the patient to the clinic
13. Primary Care Physician
14. Preferred Pharmacy: Default pharmacy for sending the patient's prescriptions
15. Guarantor: Person/Entity that is financially responsible for the patient's account and balance.
16. Financial Class: Indication of the patient's financial position.
17. Student Status: Indicates whether the student is an active student
18. Add Scan: Allows documents and forms to be scanned in as part of the patient's demographic profile. (The scanned document goes next to the General tab as a reference document.)

Insurance Demographics Tab

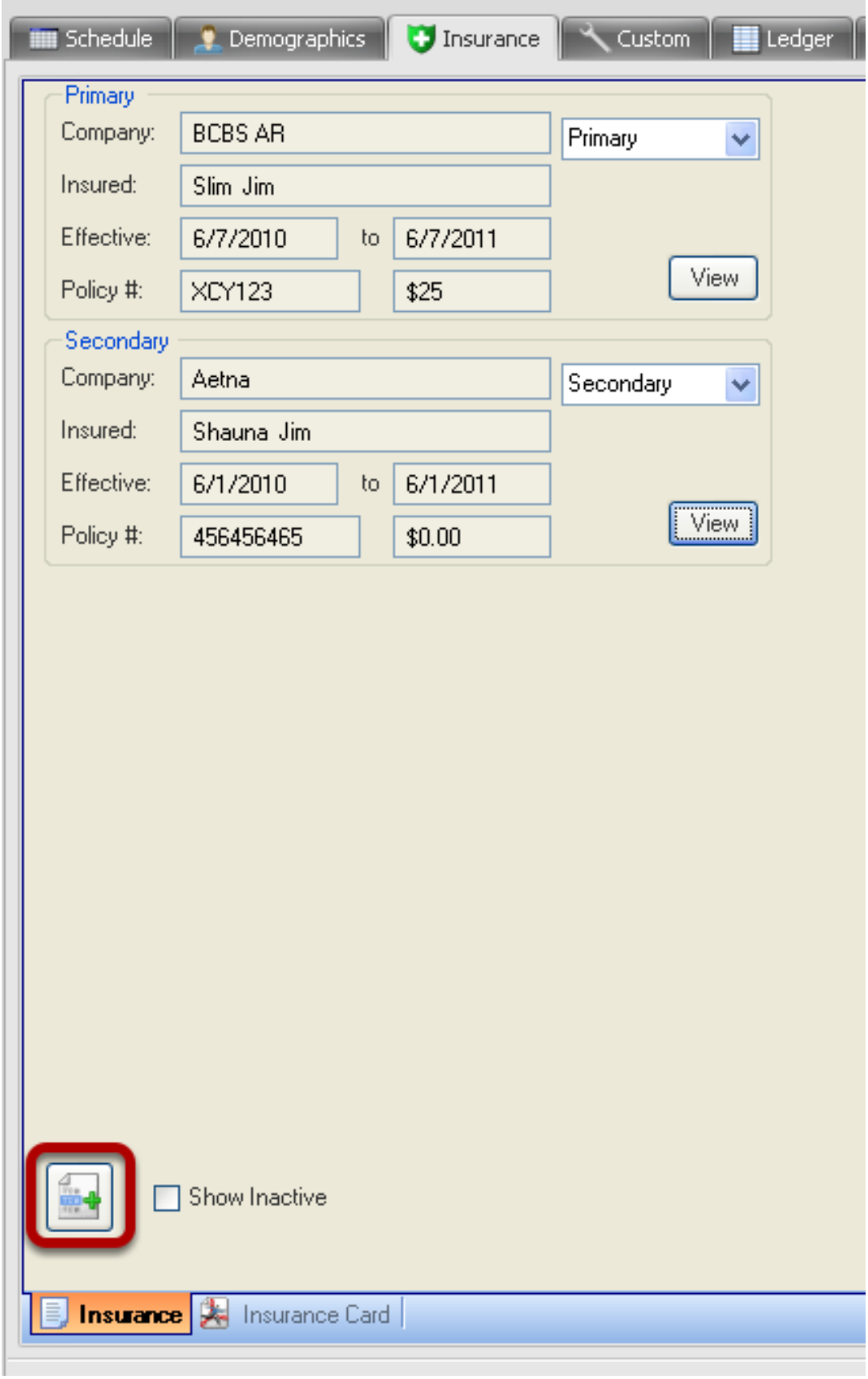
Display of the patient's insurance policies

Patient Insurance Policies



1. **Primary Insurance Policy**
2. **Secondary Insurance Policy**
3. **View:** Displays details of the patient's insurance policy
4. **Scanned Insurance Card(s):** Display as tabs on the Insurance tab for reference.

Adding a New Insurance Policy



Click the **Add New Policy** button.

Required Fields if Relation to Insured is Self

Insurance Policy

Type: Primary Health Insurance

Company: BCBS AR

PO Box 2181
Little Rock, AR 72203
(501) 378-1111

Insured Information (as it appears on policy)

Relation to insured: Self

Name: (F M L) Slim Middle Jim

Address: 1539 COUNTY LINE RD

City: Home Town State: ME Zip: 72711-____

Birth Date: 3/21/1932 Phone: (501)555-7110

Employer: Male Female

Policy #: XCY123 Plan Name:

Group #: R123 Grp Name:

Effective: 6/7/2010 Expires: 6/7/2011

Payment Options

Co-Pay: $25.00

Co-Ins: 0 %

Status: Primary

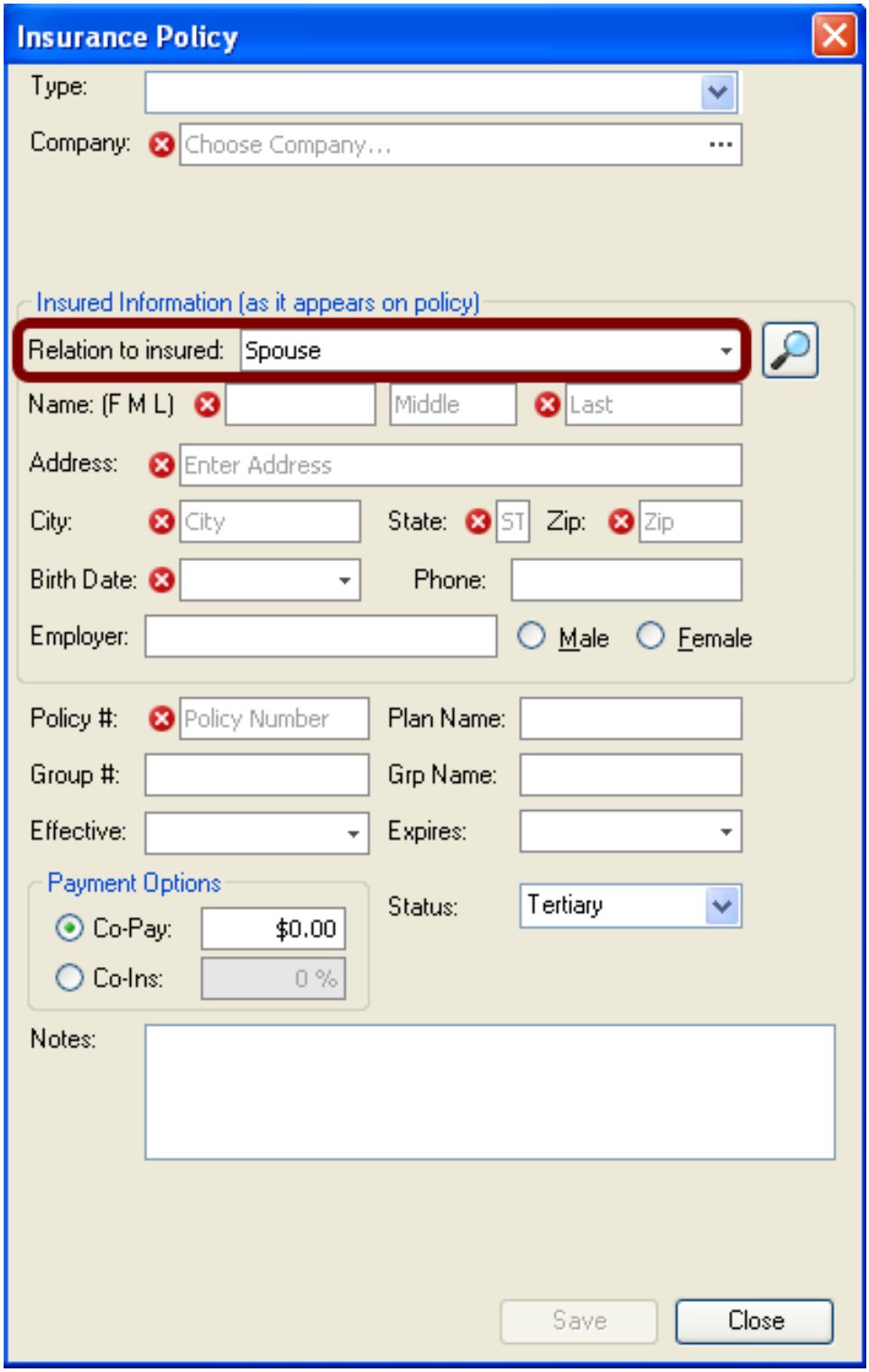
Notes:

Save Cancel

Relation to insured will default to Self with most information automatically populated with data from patient demographics, and only the **Company** and **Policy #** will be required.

Note: Data cannot be saved until all required fields are completed.

Relation to Insured is other than Self



If Relation to insured is changed, all data from patient demographics is cleared and users are alerted to required fields as shown in this screenshot.

Note: Data cannot be saved until all required fields are completed.

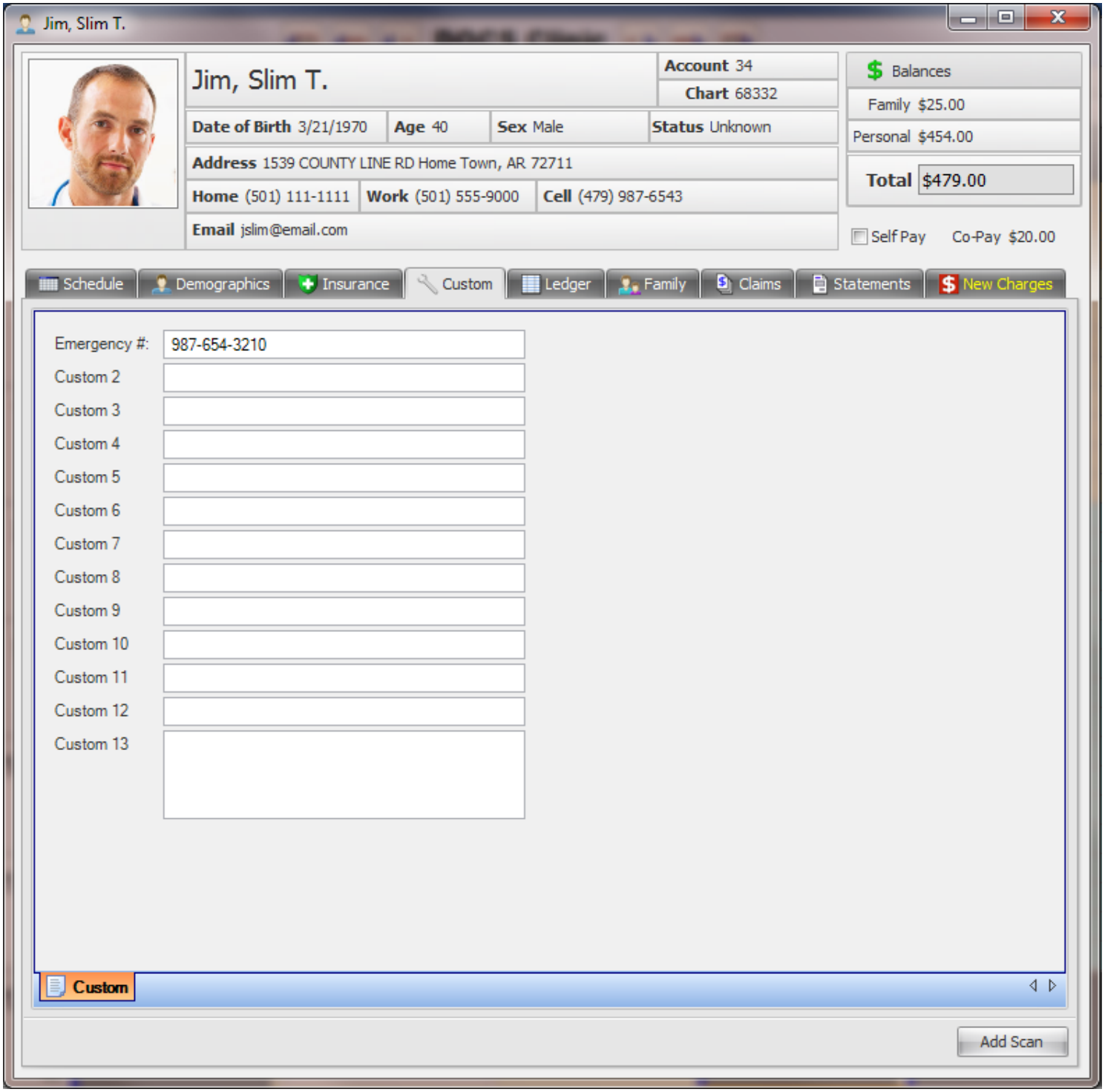
Entering Insurance Policy Details

1. **Type of Insurance Policy**
2. **Insurance Company**
3. **Insured Information**
4. **Policy Details**

Custom Demographics Tab

Custom Demographics

Customizable Demographics

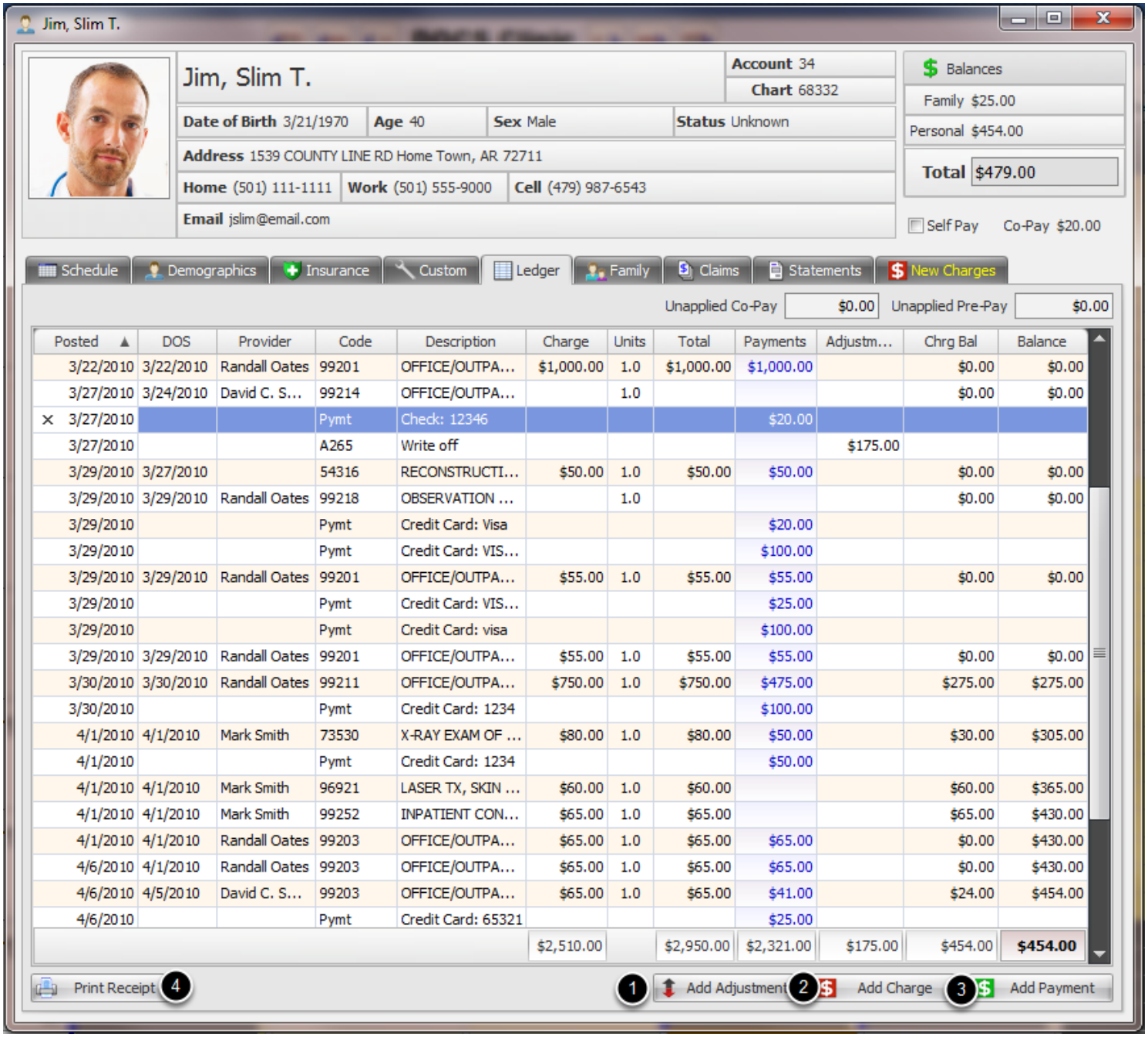


Allows unique patient information to be tracked and entered based on the clinic's preferences.

Ledger Tab

A summary of the patient's financial activity.

Ledger Tab - Financial Summary



Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustm...	Chrg Bal	Balance
3/22/2010	3/22/2010	Randall Oates	99201	OFFICE/OUTPA...	$1,000.00	1.0	$1,000.00	$1,000.00		$0.00	$0.00
3/27/2010	3/24/2010	David C. S...	99214	OFFICE/OUTPA...		1.0				$0.00	$0.00
× 3/27/2010			Pymt	Check: 12346				$20.00			
3/27/2010			A265	Write off					$175.00		
3/29/2010	3/27/2010		54316	RECONSTRUCTI...	$50.00	1.0	$50.00	$50.00		$0.00	$0.00
3/29/2010	3/29/2010	Randall Oates	99218	OBSERVATION ...		1.0				$0.00	$0.00
3/29/2010			Pymt	Credit Card: Visa				$20.00			
3/29/2010			Pymt	Credit Card: VIS...				$100.00			
3/29/2010	3/29/2010	Randall Oates	99201	OFFICE/OUTPA...	$55.00	1.0	$55.00	$55.00		$0.00	$0.00
3/29/2010			Pymt	Credit Card: VIS...				$25.00			
3/29/2010			Pymt	Credit Card: visa				$100.00			
3/29/2010	3/29/2010	Randall Oates	99201	OFFICE/OUTPA...	$55.00	1.0	$55.00	$55.00		$0.00	$0.00
3/30/2010	3/30/2010	Randall Oates	99211	OFFICE/OUTPA...	$750.00	1.0	$750.00	$475.00		$275.00	$275.00
3/30/2010			Pymt	Credit Card: 1234				$100.00			
4/1/2010	4/1/2010	Mark Smith	73530	X-RAY EXAM OF ...	$80.00	1.0	$80.00	$50.00		$30.00	$305.00
4/1/2010			Pymt	Credit Card: 1234				$50.00			
4/1/2010	4/1/2010	Mark Smith	96921	LASER TX, SKIN ...	$60.00	1.0	$60.00			$60.00	$365.00
4/1/2010	4/1/2010	Mark Smith	99252	INPATIENT CON...	$65.00	1.0	$65.00			$65.00	$430.00
4/1/2010	4/1/2010	Randall Oates	99203	OFFICE/OUTPA...	$65.00	1.0	$65.00	$65.00		$0.00	$430.00
4/6/2010	4/1/2010	Randall Oates	99203	OFFICE/OUTPA...	$65.00	1.0	$65.00	$65.00		$0.00	$430.00
4/6/2010	4/5/2010	David C. S...	99203	OFFICE/OUTPA...	$65.00	1.0	$65.00	$41.00		$24.00	$454.00
4/6/2010			Pymt	Credit Card: 65321				$25.00			
					$2,510.00		$2,950.00	$2,321.00	$175.00	$454.00	**$454.00**

Double click on any line item to drill down and get more details.

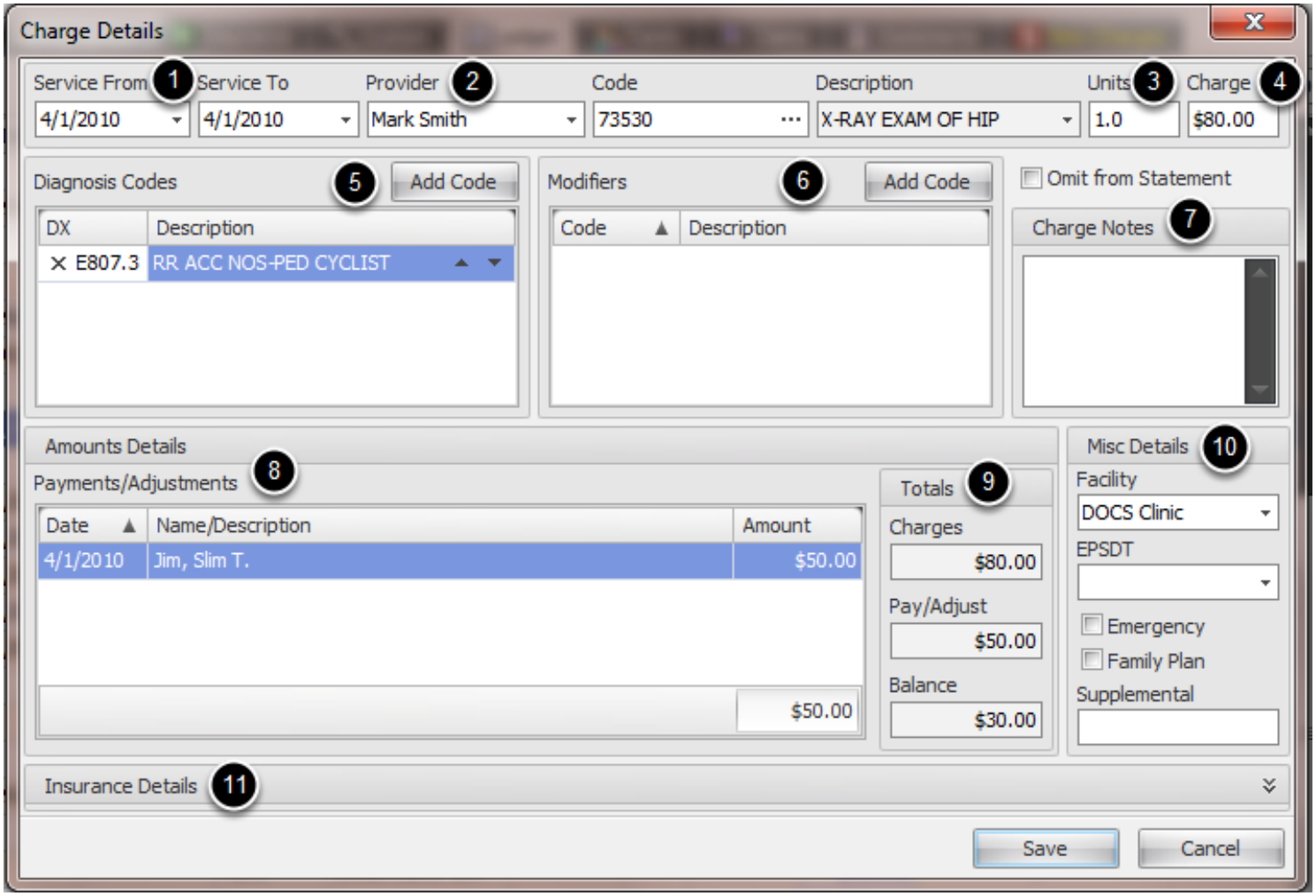
1. Add Adjustment: Add an adjustment for the individual patient account, as needed.

2. Add Charge: Add a non-billable charge to the patient. Charges entered from the ledger will not be billed to insurance. (All charges to be submitted to Insurance must be processed in New Charges.)

3. Add Payment: Add a Payment on the patient's account and apply across all charges.

4. Print Receipt: Print a patient receipt on demand

Charge Details



Double click any charge line item from the ledger to view the above details:

1. Dates of Service

2. Rendering Provider

3. Units of the Charge

4. Fee for the Charge

5. Associated Diagnosis codes

6. Associated Modifiers

7. Miscellaneous notes applying to the charge

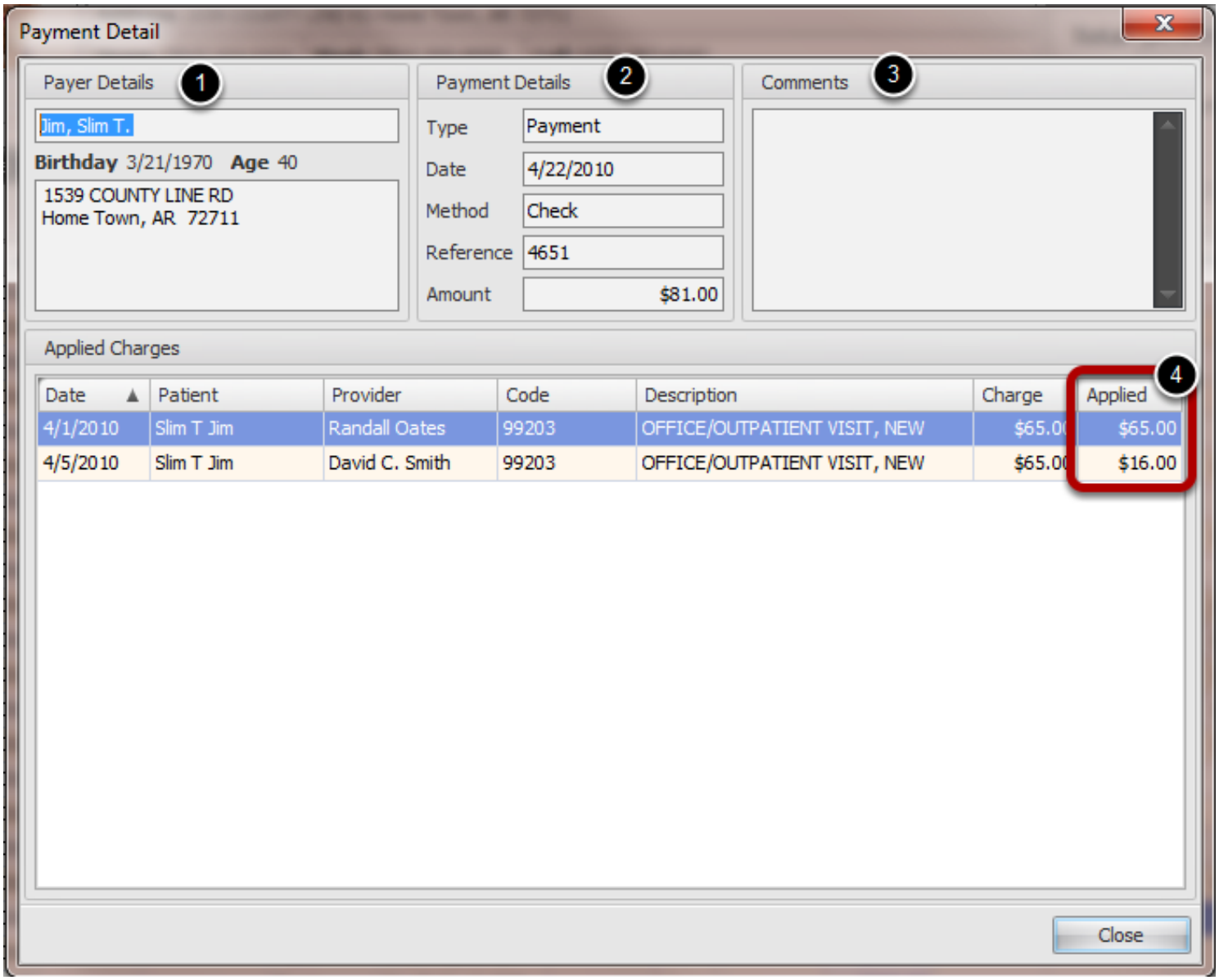
8. **Payments or Adjustments** that have been applied towards the charge.

9. **Totals for the Charges, Personal or Insurance Payments, Adjustments and Related Balance**

10. **Miscellaneous details** pertaining to the charge

11. **Insurance Payments** that have been applied to the charge.

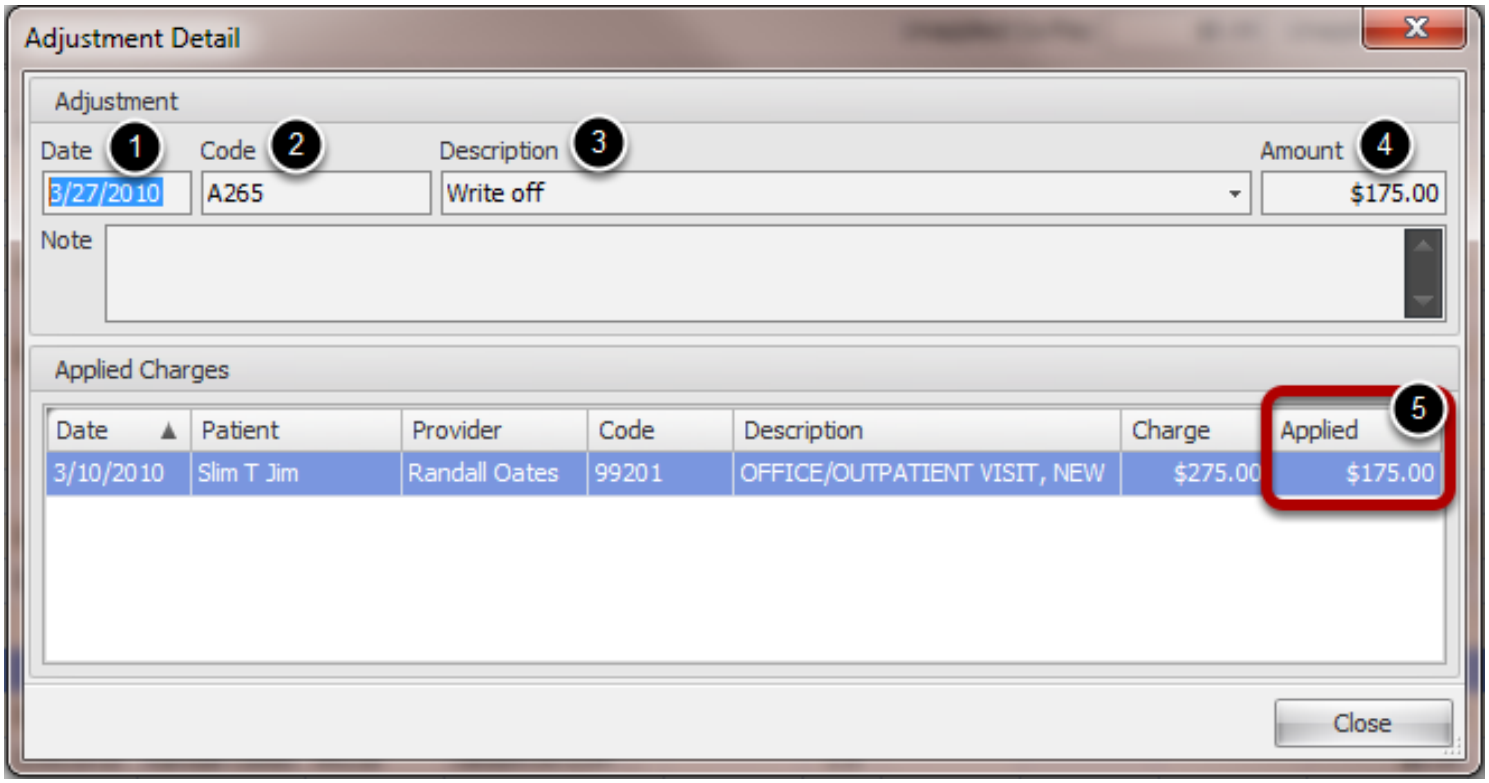
Personal Payment Details



Double click any personal payment line item from the ledger to view the above details:

1. **Payer: T**he person making the payment
2. **Payment Details:** Payment method and amount
3. **Comments:** Any miscellaneous information pertaining to the payment
4. **Applied:** Shows how the payment was applied across charges

Adjustment Details



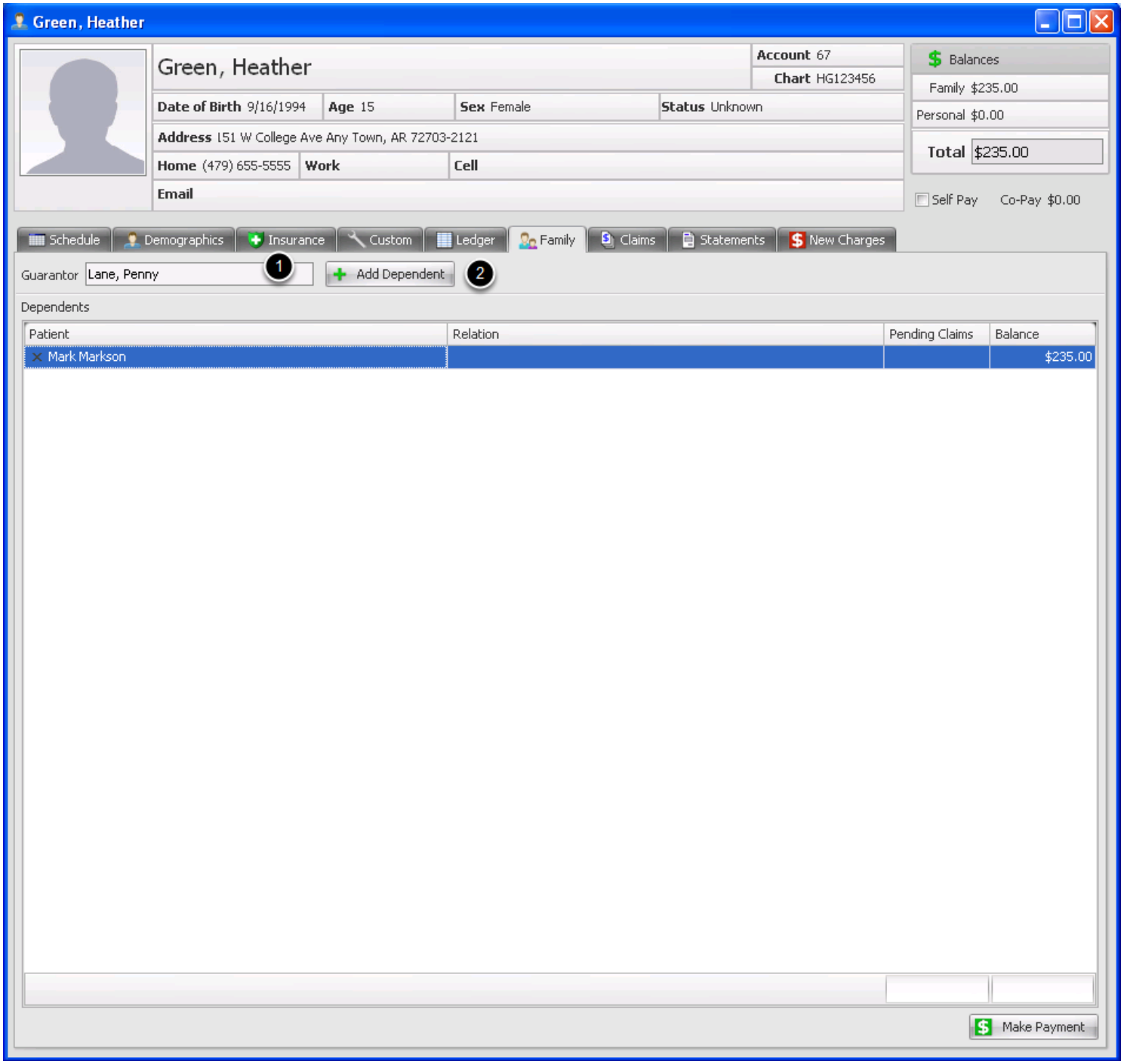
Double click any adjustment line item from the ledger to view the above details:

1. **Date:** Date the adjustment was entered
2. **Adjustment code**
3. **Adjustment Description**
4. **Amount:** Total adjustment amount applied to the patient's charges
5. **Applied:** The line item view of how the adjustment was applied to each charge.

Family Tab

View a patient's family balance and pending claims.

Family Balance



1. Guarantor: View the patient's guarantor

2. Add Dependents: Add dependents under the active patient to be included in the patient's family balance.

Claims Tab

View all of the patient's claims and any related claim details.

Patient Claims View

Jim, Slim T.

Jim, Slim T.

Account 34
Chart 68332

Date of Birth 3/21/1970 | Age 40 | Sex Male | Status Unknown

Address 1539 COUNTY LINE RD Home Town, AR 72711

Home (501) 111-1111 | Work (501) 555-9000 | Cell (479) 987-6543

Email jslim@email.com

Balances
Family $25.00
Personal $454.00
Total $479.00

Self Pay | Co-Pay $20.00

Schedule | Demographics | Insurance | Custom | Ledger | Family | Claims | Statements | New Charges

Claims (1)

Post Date	Processed	Claim ID	Provider	Payer	Second...	Amount	Balance	Route	Status
3/22/2010		10	Randall Oates	Aetna		$1,000.00	$0.00	P	On Hold
3/24/2010		12	Randall Oates	Aetna	Medicare...		$0.00	P	On Hold
3/27/2010		13	Randall Oates	Aetna	Medicare...	$50.00	$0.00	E	On Hold
3/29/2010	4/3/2010	15	Randall Oates	Aetna		$55.00	$0.00	E	Submitted
3/29/2010	3/29/2010	16	Randall Oates	Aetna		$55.00	$0.00	P	Submitted
3/30/2010		18	Randall Oates	Aetna	Medicare...	$750.00	$275.00	P	On Hold

Claim Details (2)

Details for Claim 15

More Info (4)

On Hold

Claim Notes

Post Date 3/29/2010
Process Date 4/3/2010
Routing E
Member ID 54641
Rendering Provider Randall Oates
Rendering NPI 1215067822
Patient Group Number

Charges

Date	Provider	Proced...	Description	Charges	Amount	Balance
3/29/2010	Randall Oates	99201	OFFICE/OUTPATIENT VISIT, NEW (3)	$55.00	$55.00	$0.00
					$55.00	$0.00

1. Claims: A listing of all of the patient claims, both pending and submitted.

2. Claim Details: The claim details listed in this section represent the claim that is selected in the Claims list above.

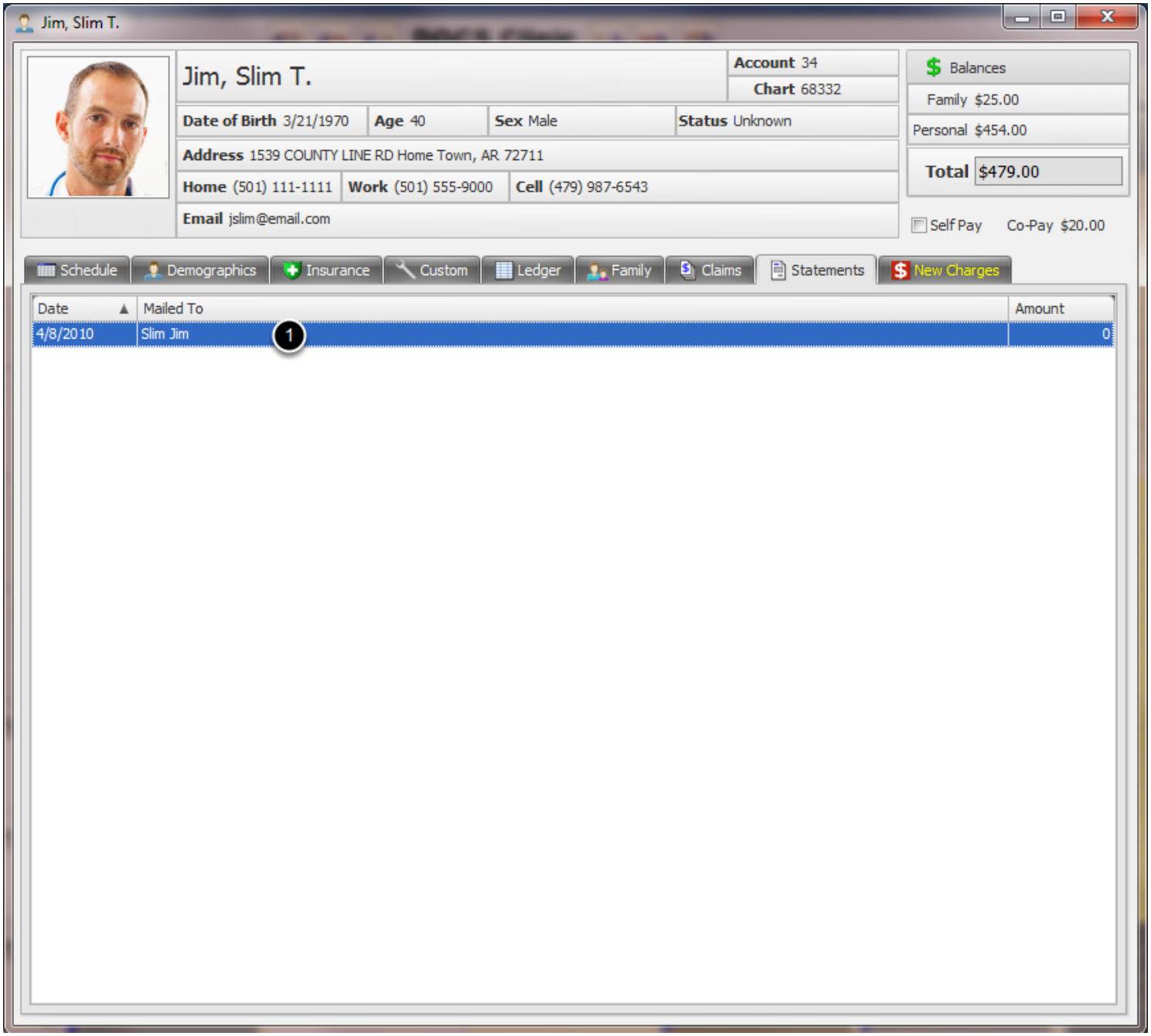
3. Double click the line item to further view the specific charge details.

4. View **additional claim info.**

Statements Tab

View any patient statements that have been sent out and reproduce with the click of a button.

Statements Tab

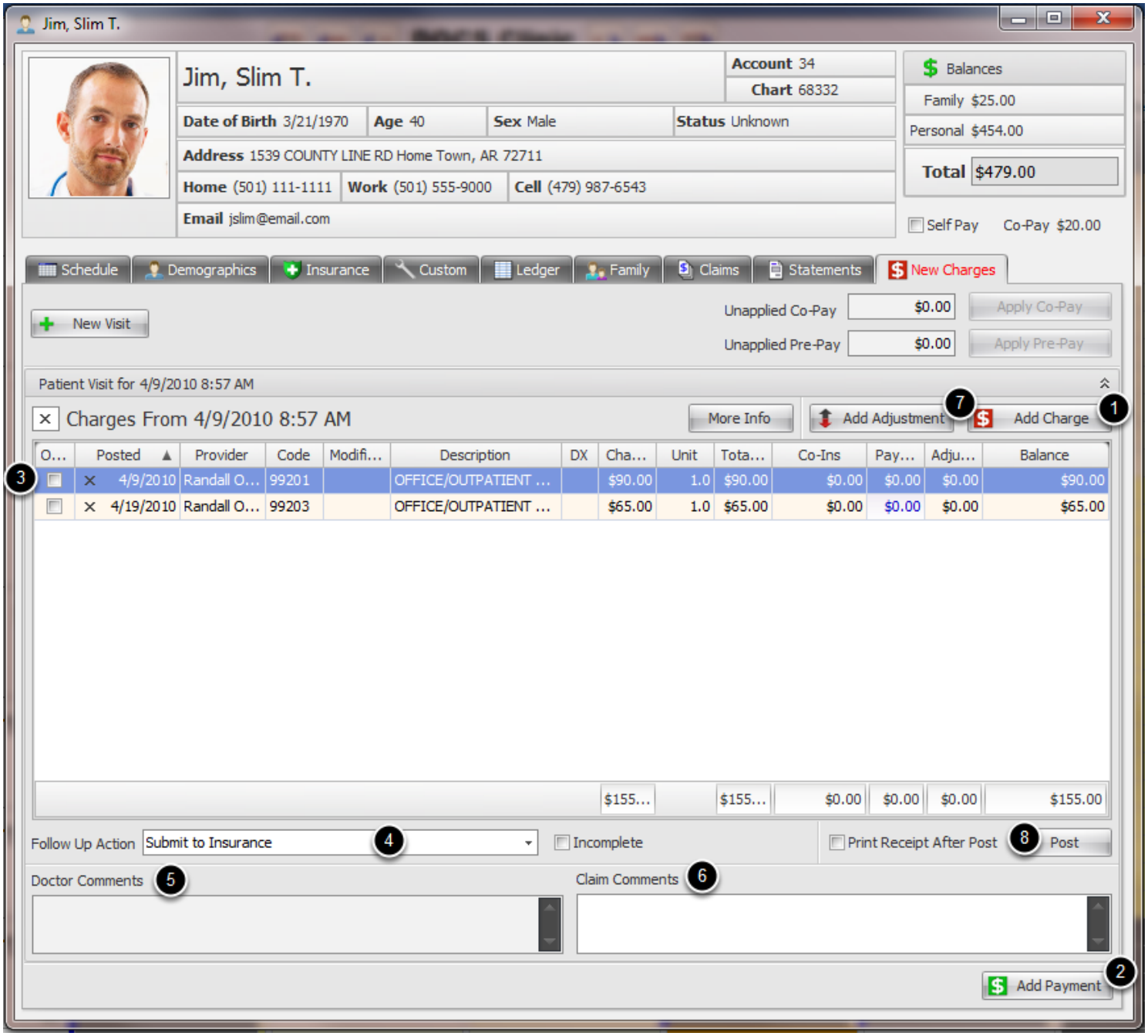


1. Double click on any statement listed to see the original statement sent.

New Charges Tab

Transaction entry for patient charges, payments and adjustments

New Charges Tab



1. Add Charges for the patient account quickly.

2. Add Payment across charges for the active patient and dependents or other patients, if needed, all from one screen.

3. Edit Charge Details by double clicking the line item.

4. Specify the **Follow-up Action** for the charges posted.

5. Any **provider Follow-up Comments** or instructions entered by the provider on the billing statement will show up here.
6. Enter any **Claim Comments** to the billing staff when processing claims.
7. Add an Adjustment at the time of posting.
8. Post charges, payments and adjustments to the patient's ledger. If Submit to Insurance is selected and there is an active insurance policy for the patient, a claim will be automatically generated.

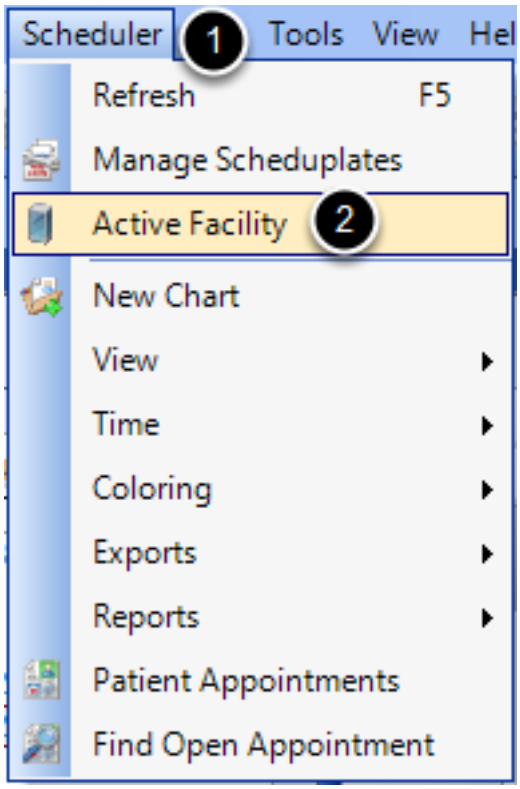
Scheduling

Changing Active Facility

Changing the active facility, if a multiple site practice.

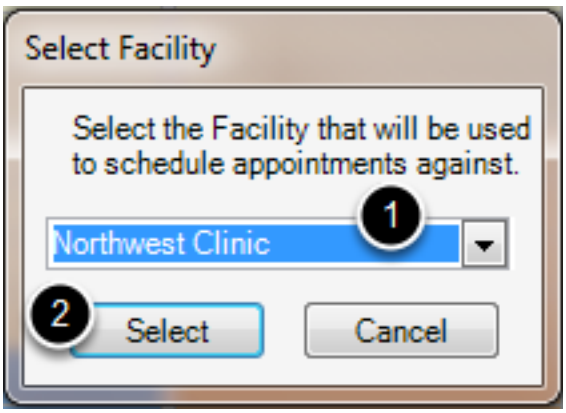
Scheduler menu -> Active Facility

Open Active Facility



1. Click on the **Scheduler menu**.
2. Select **Active Facility**.

Select the new Active Facility

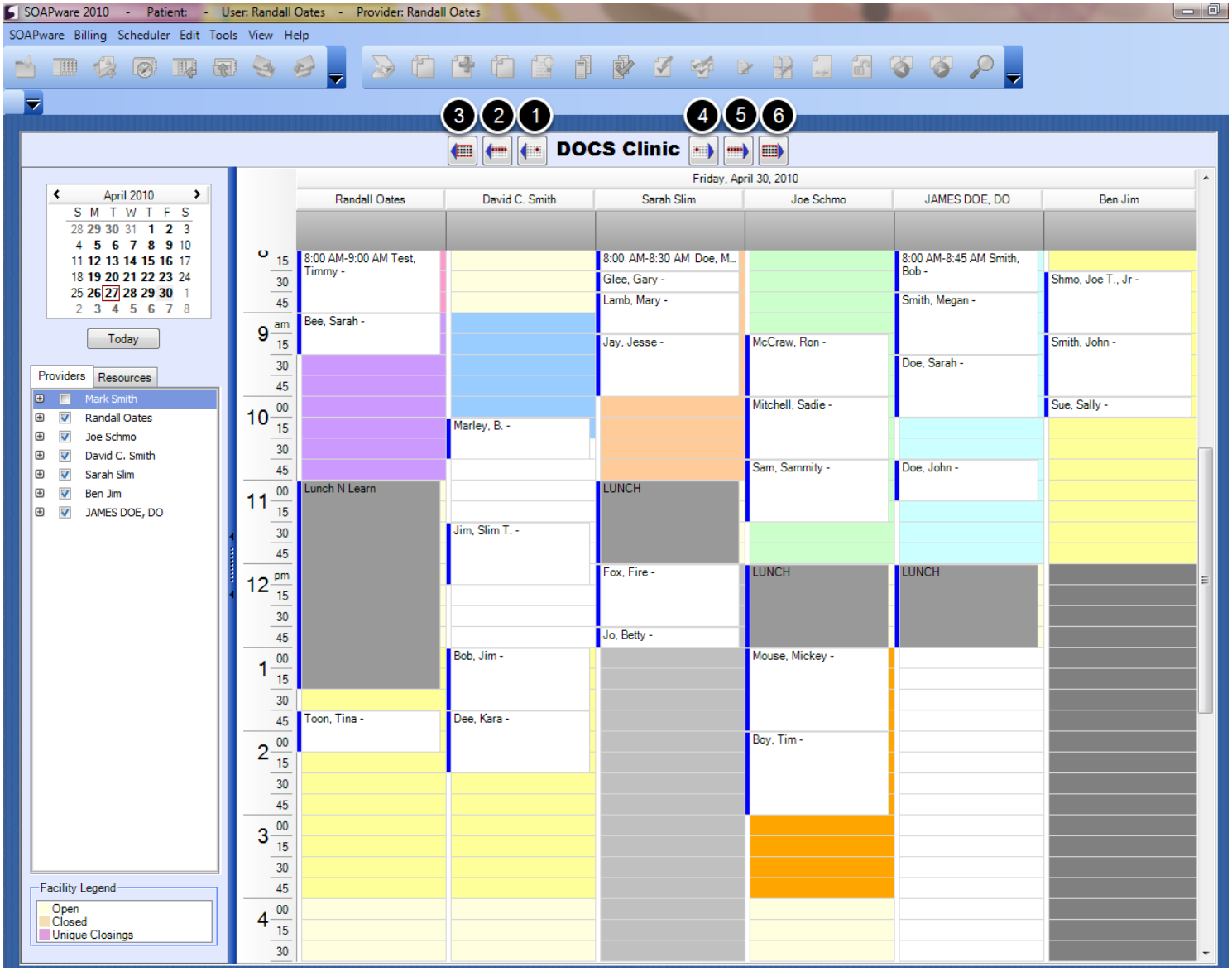


1. Click the drop down **menu** to find the correct facility.
2. Click **Select**.

Navigation

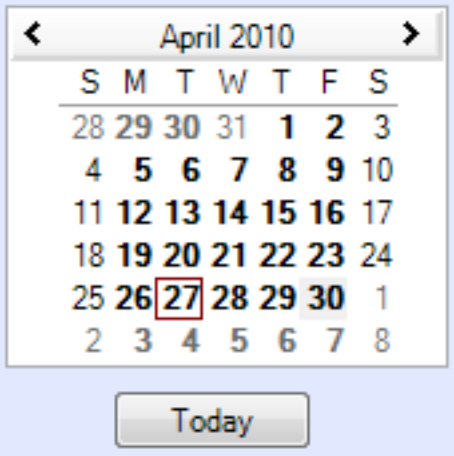
Show the various ways to move around in the Schedule.

Move Quickly between Days, Weeks, Months



1. Move back **1 day**.
2. Move back **1 week**.
3. Move back **1 month**.
4. Move ahead **1 day**.
5. Move ahead **1 week**.
6. Move ahead **1 month**.

Monthly Calendar



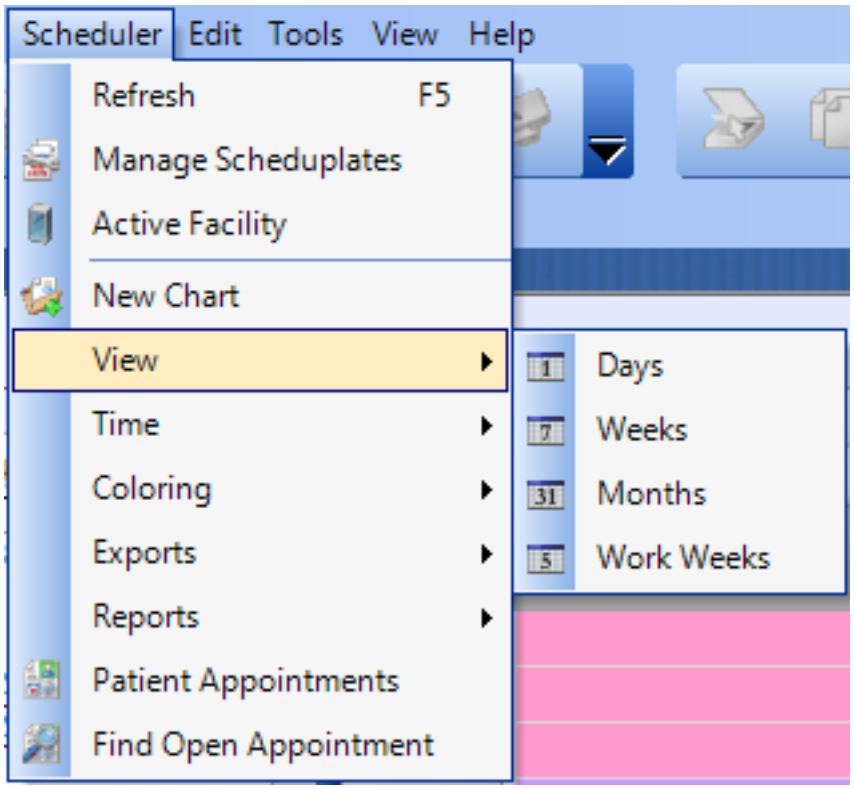
Click the arrows to move quickly to the date needed.

Views

View the Schedule as Days, Weeks, Months, or Work Weeks.

Scheduler menu -> View

Select the appropriate Schedule View.



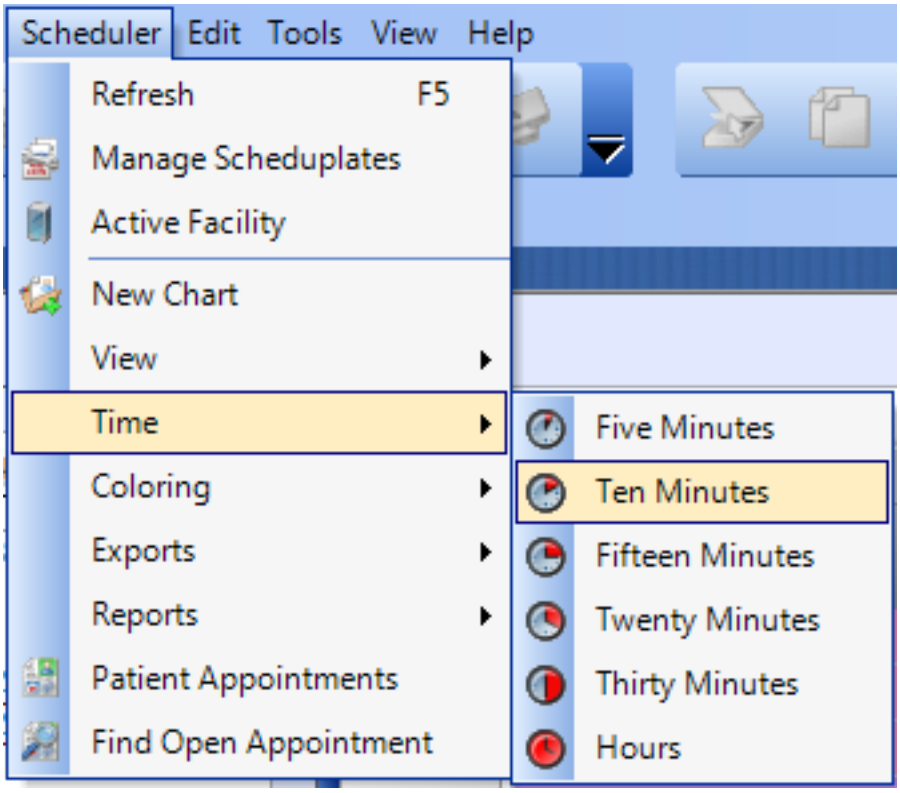
Select the view that allows the easiest and clearest view of the Schedule.

Time Increments

Set the time increments shown on the Schedule.

Scheduler menu -> Time

Select the Time Increment

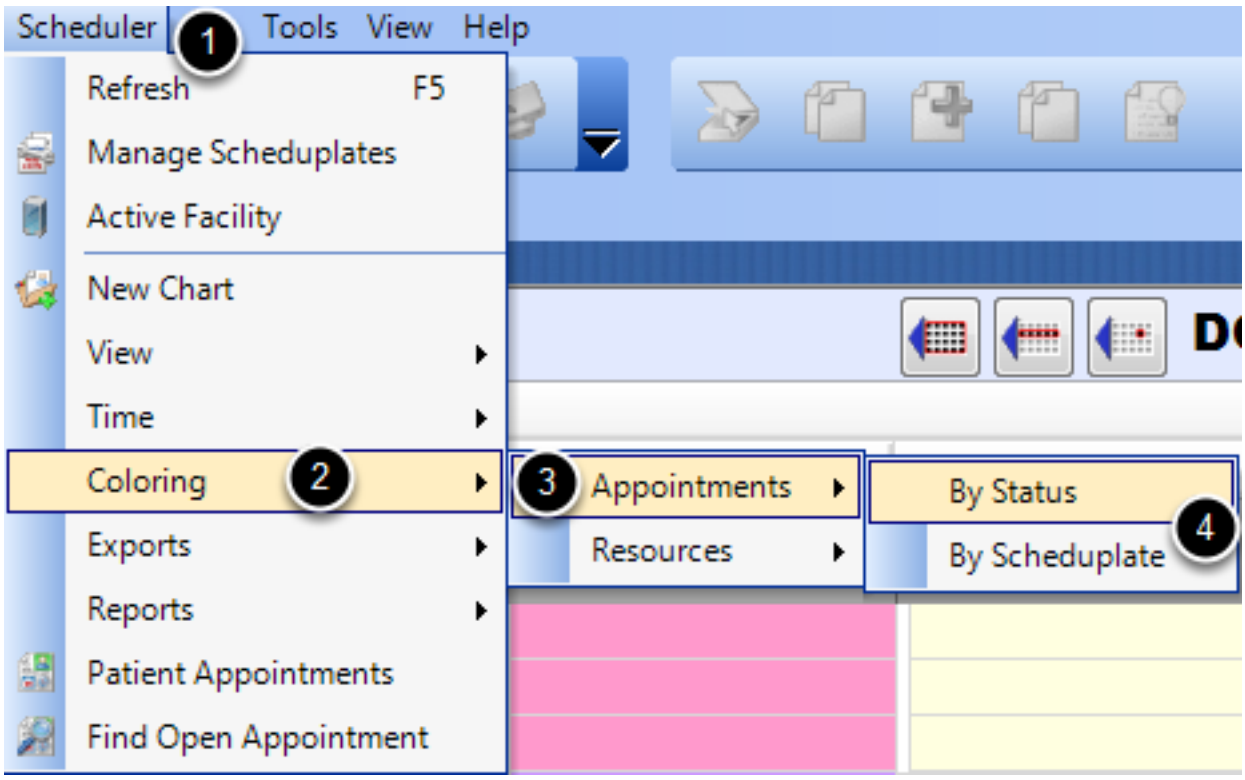


Choose the option that best fits your practice's scheduling needs. The time increment selected here will be displayed to the left of your schedule.

Coloring

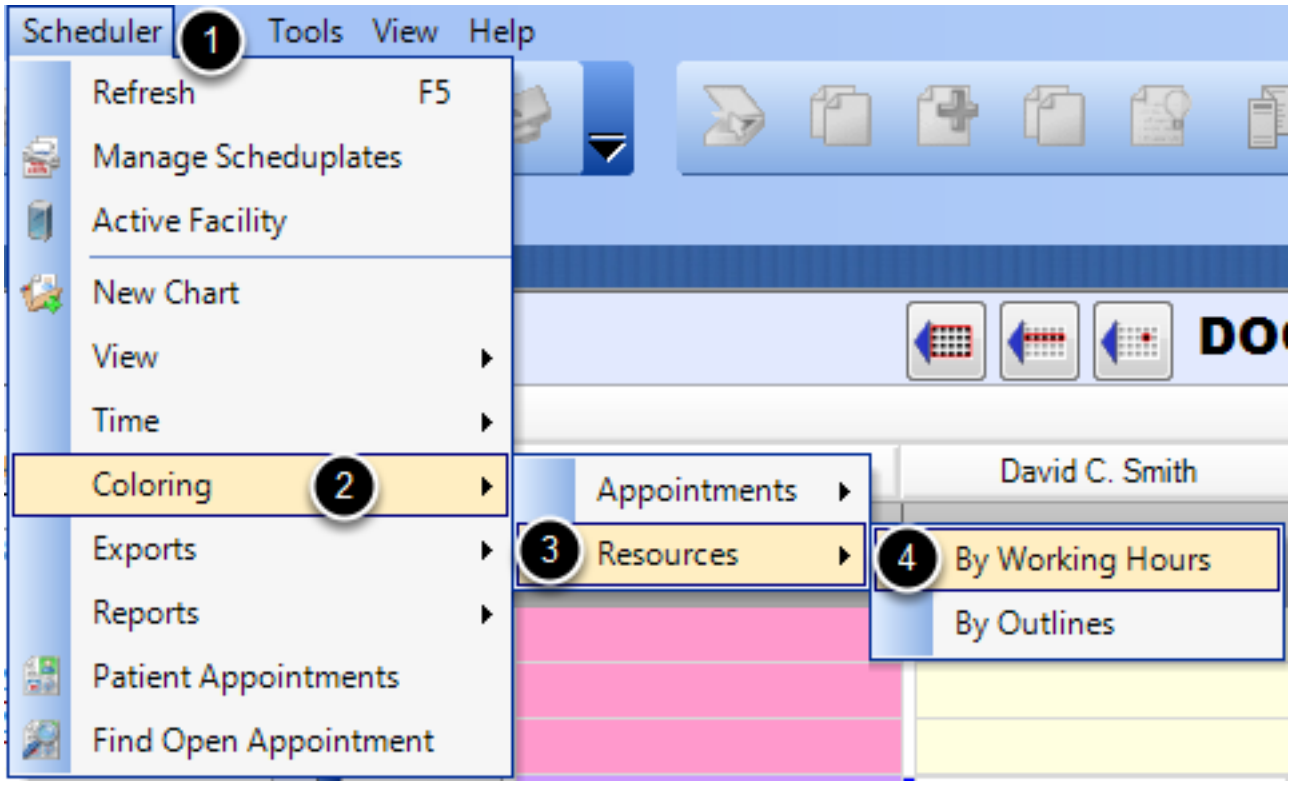
Set the coloring for Appointments and Resources.

Coloring for Appointments



1. Click on the **Scheduler menu**.
2. Select **Coloring**.
3. Select **Appointments**.
4. Select either **By Status** or **By Scheduplate**. By Status will show the shading of the status as it changes, and not show the Scheduplate coloring. By Scheduplate will the shading associated with the Scheduplate and not show the status color changes.

Coloring for Resources

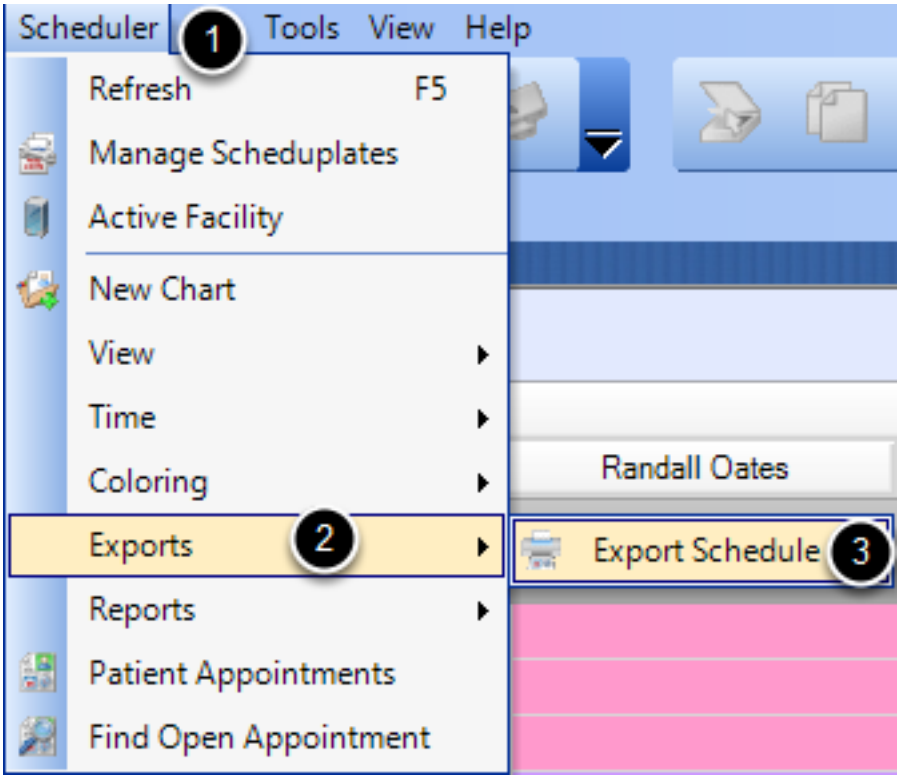


1. Click on the **Scheduler menu**.
2. Select **Coloring**.
3. Select **Resources**.
4. Select either **By Working Hours** or **By Outlines**. By Working Hours will only show the hours the Provider is available to see patients in the clinic. By Outlines will show the outline shading associated with how the providers have indicated they want their days scheduled.

Export the Schedule

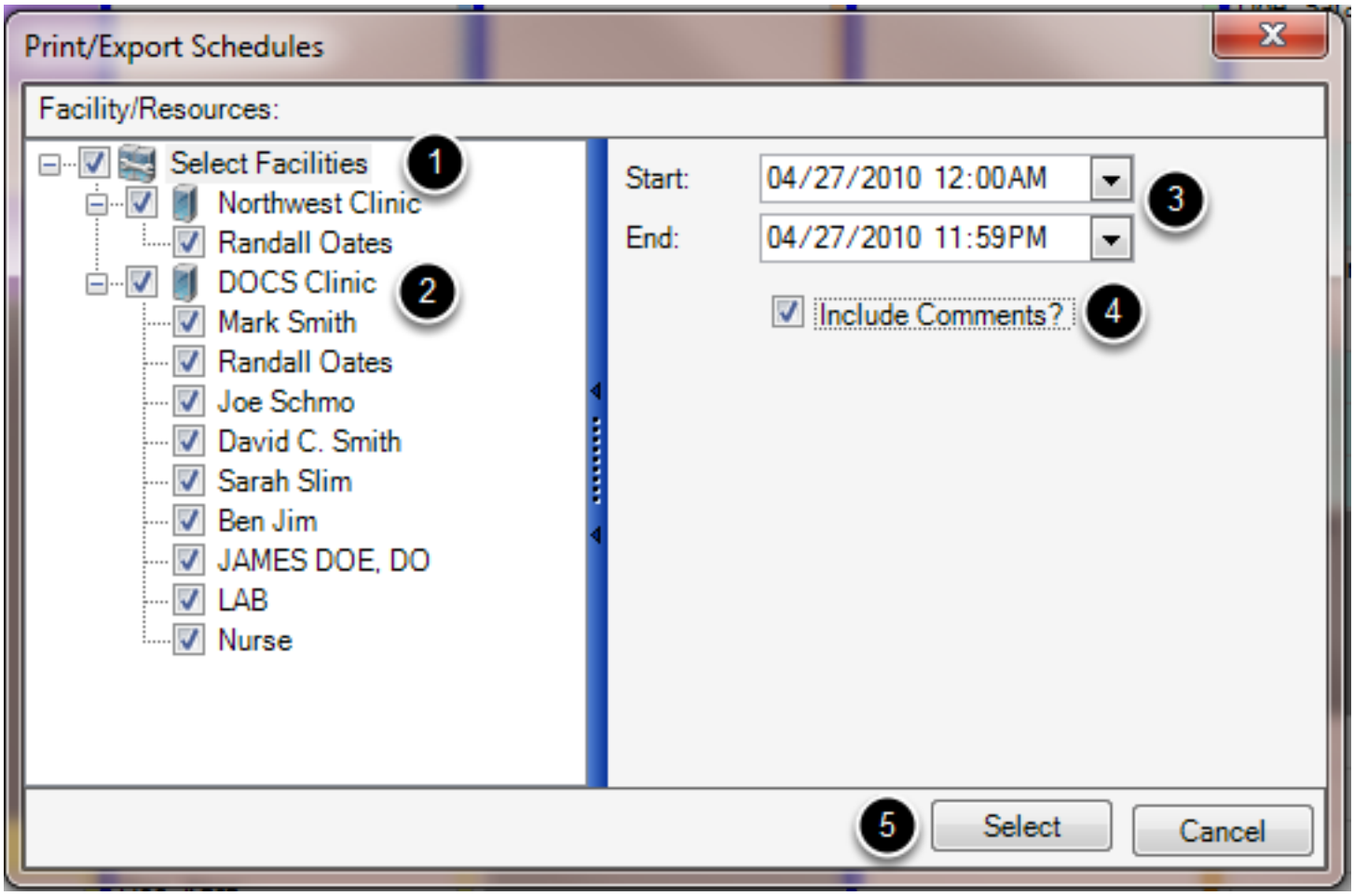
Export the clinic schedule.

Export the Schedule.



1. Select the **Scheduler menu**.
2. Click on **Exports**.
3. Select **Export Schedule**.

Select the Facilities/Resources to Export



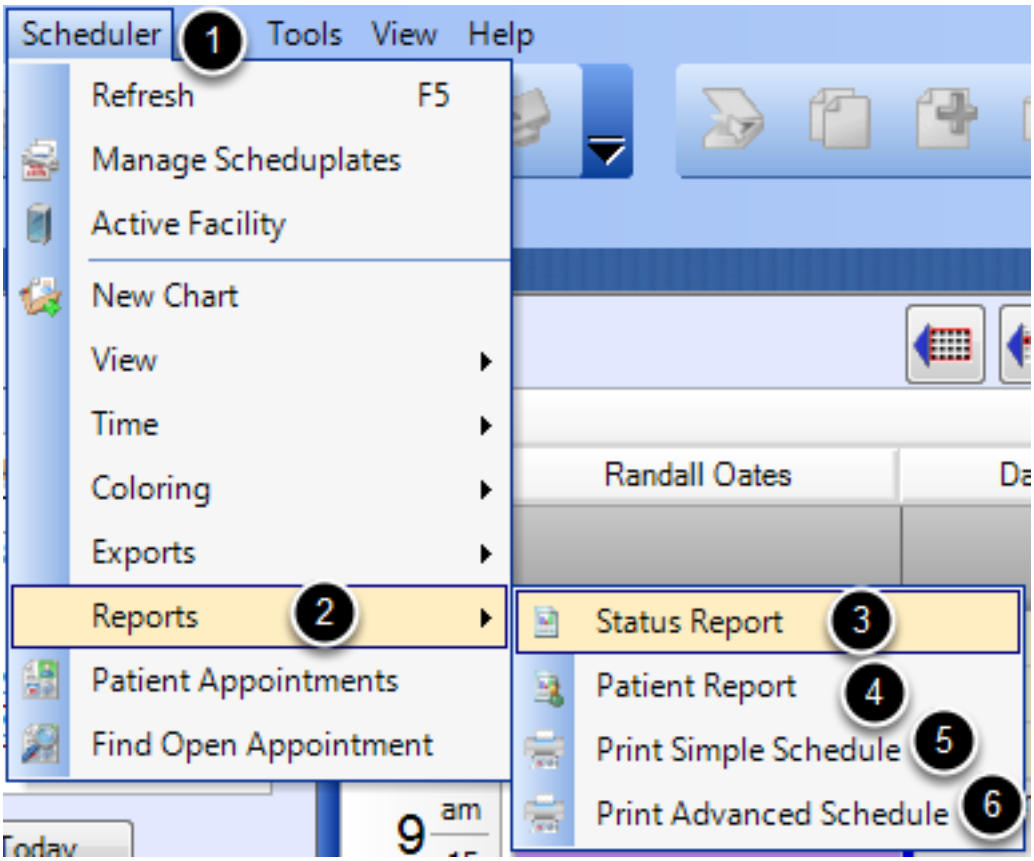
1. Check the boxes of the **Facilities** to be shown.
2. Select the **Resources** whose schedules need to be exported.
3. Enter the **range of dates** to be exported.
4. Check to **include the Visit Comments** on the report as reference, if needed.
5. Click **Select**. The file will be exported as a CSV file.

Schedule Reports

Access reports on the Schedule data.

Scheduler -> Reports

Print various Schedule Reports



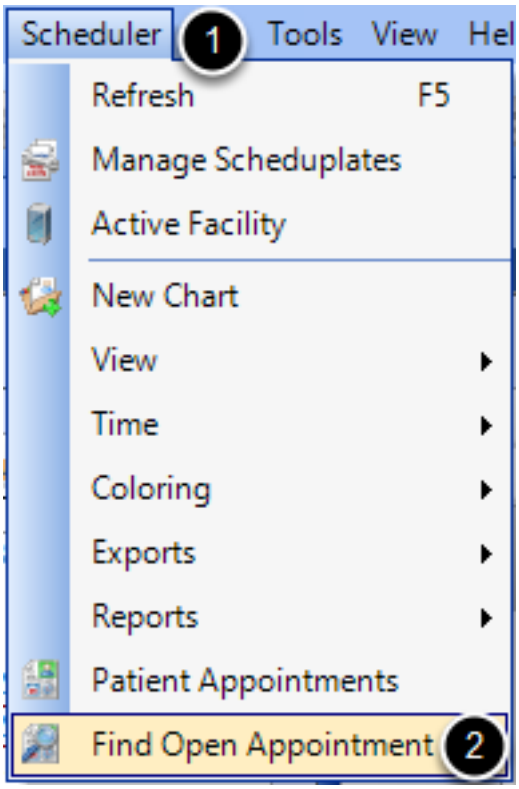
1. Go to the **Scheduler menu.**
2. Click on **Reports.**
3. Status Report: View a summary of patients based on their appointment status.
4. Patient Report: Provides both a summary of the specified patient's appointments, but also provides a breakdown of the time spent at each status of each appointment.
5. Print Simple Schedule: Provides a summary of the appointments scheduled by Provider. Indicates the Time, Patient Name, Phone Number, Scheduplate, Status and visit Comments.
6. Print Advanced Schedule: Provides a summary of appointments scheduled across Facilities and Resources. Time, Patient Name, Phone Number, Scheduplate, Status and visit Comments.

Searching for Available Appointments

Find Open Appointments

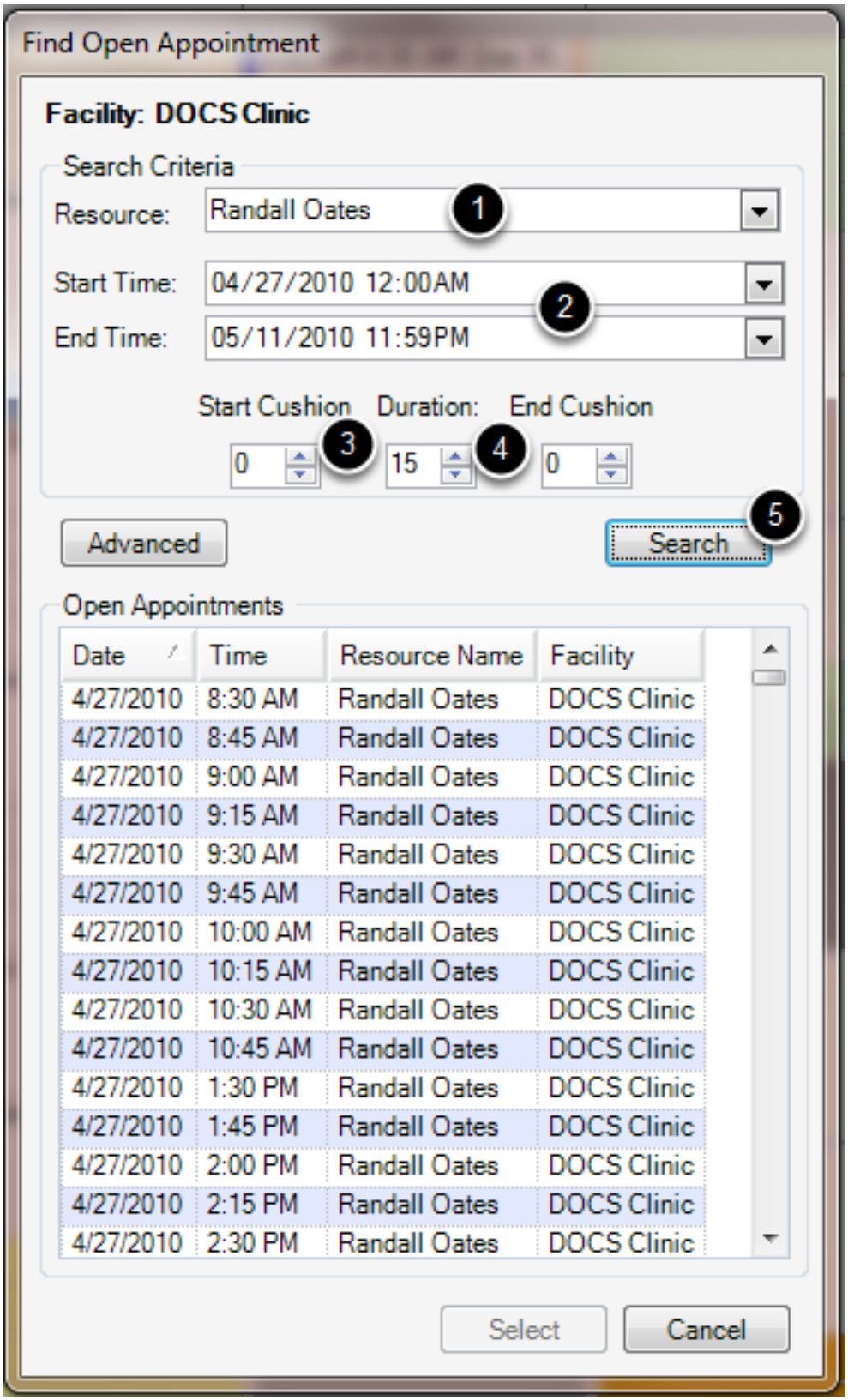
Scheduler menu -> Find Open Appointment

Find Open Appointment



1. Click on the **Scheduler menu**.
2. Select **Find Open Appointments**.

Enter Basic Search Criteria



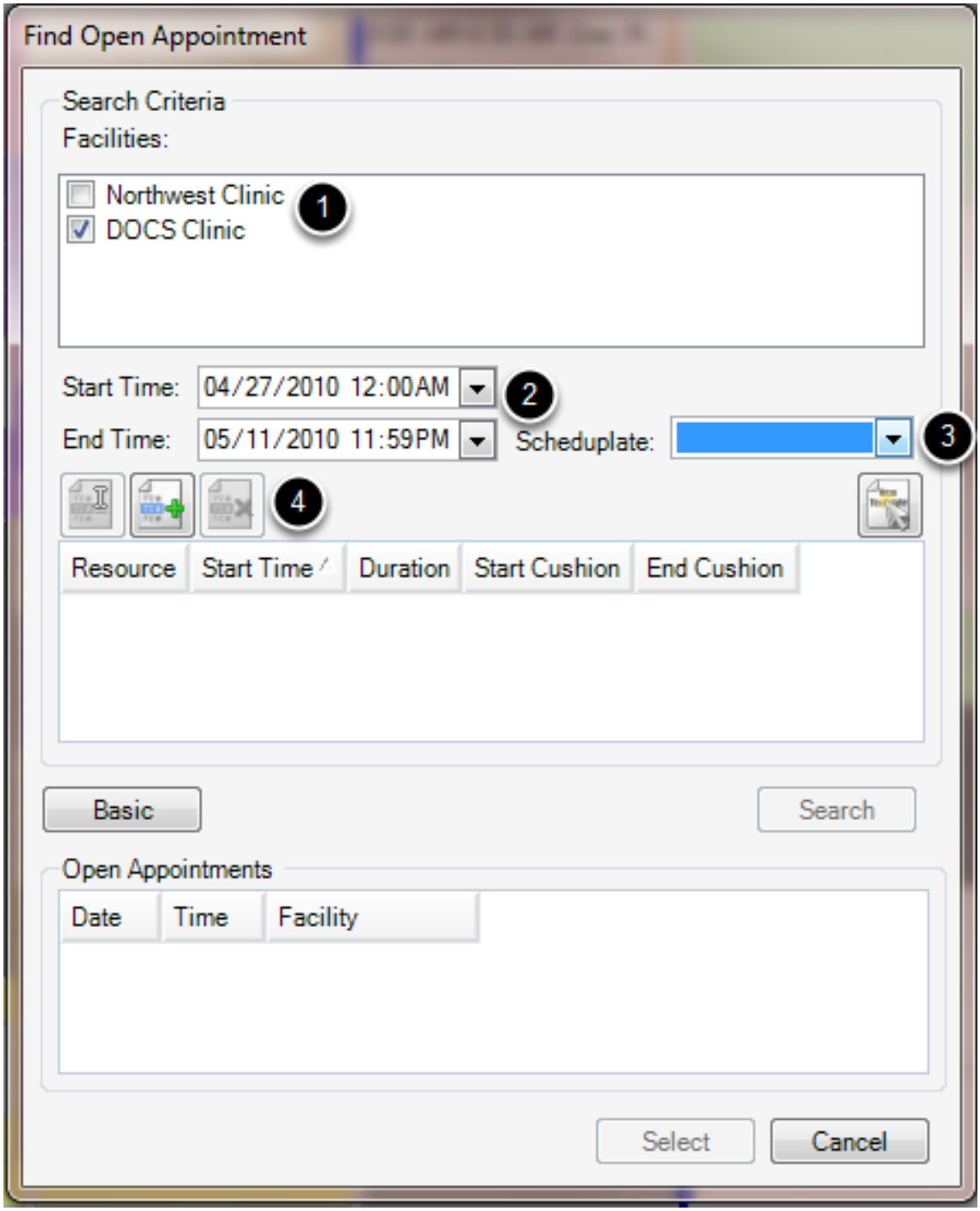
1. Select the **Resource** needed from the drop down menu.

2. Enter the **date ranges** for the possible appointment.

3. Enter the **Start and End Cushions** that the appointment will need to have.

4. Enter the **Duration** for the appointment needed.
5. Click **Search.**
6. If a suitable appointment has been found, **select the appointment time.**
7. Click **Select.**

Enter Advanced Search Criteria

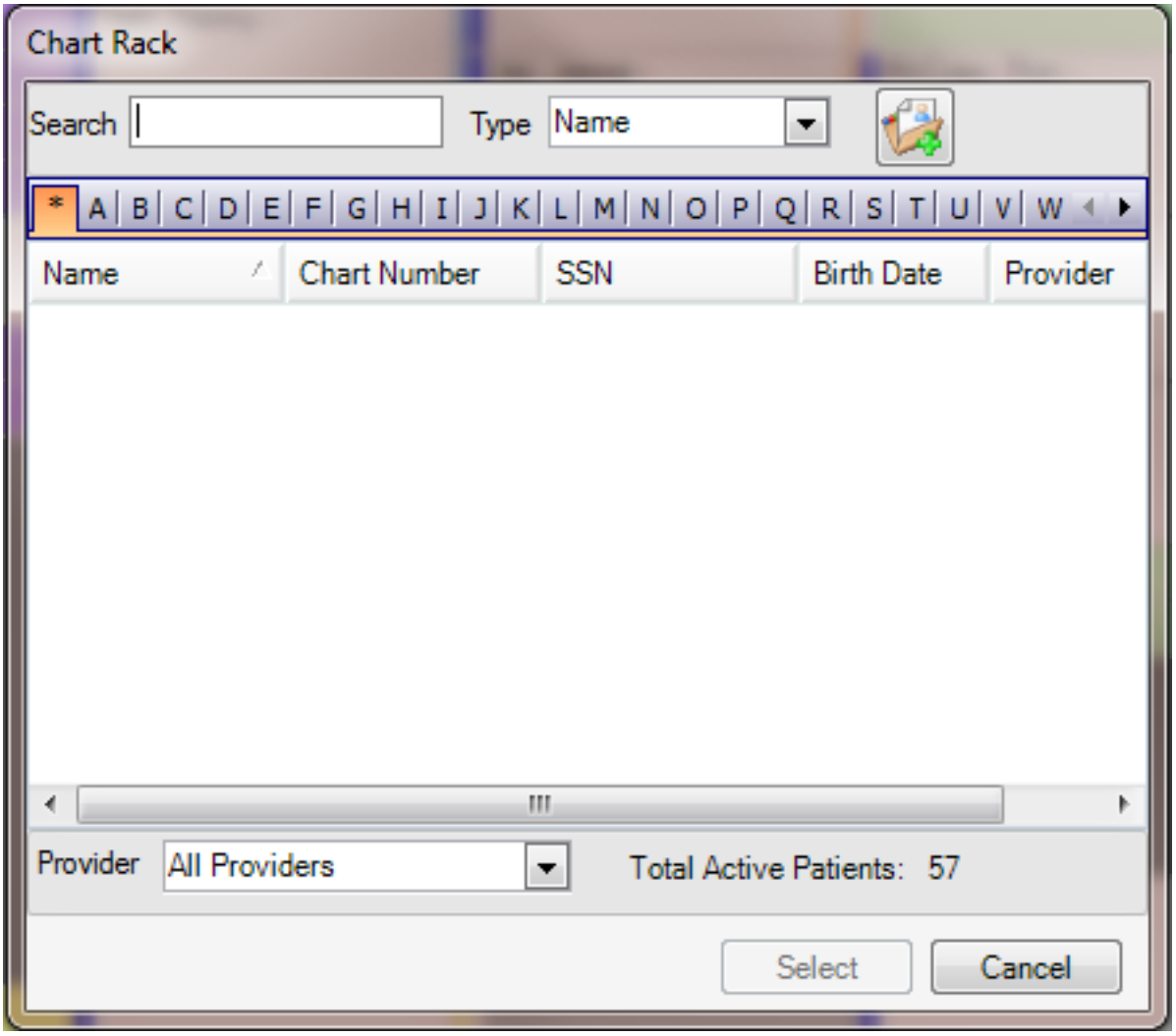


1. Check the **Facility** needed for the appointment.
2. Enter the **date ranges** for the possible appointment.
3. Select a preferred **Scheduplate** that the appointment will need to have.

4. **Add a Provider/Resource to search.**
5. Click **Search.**
6. If a suitable appointment has been found, **select the appointment time.**
7. Click **Select.**

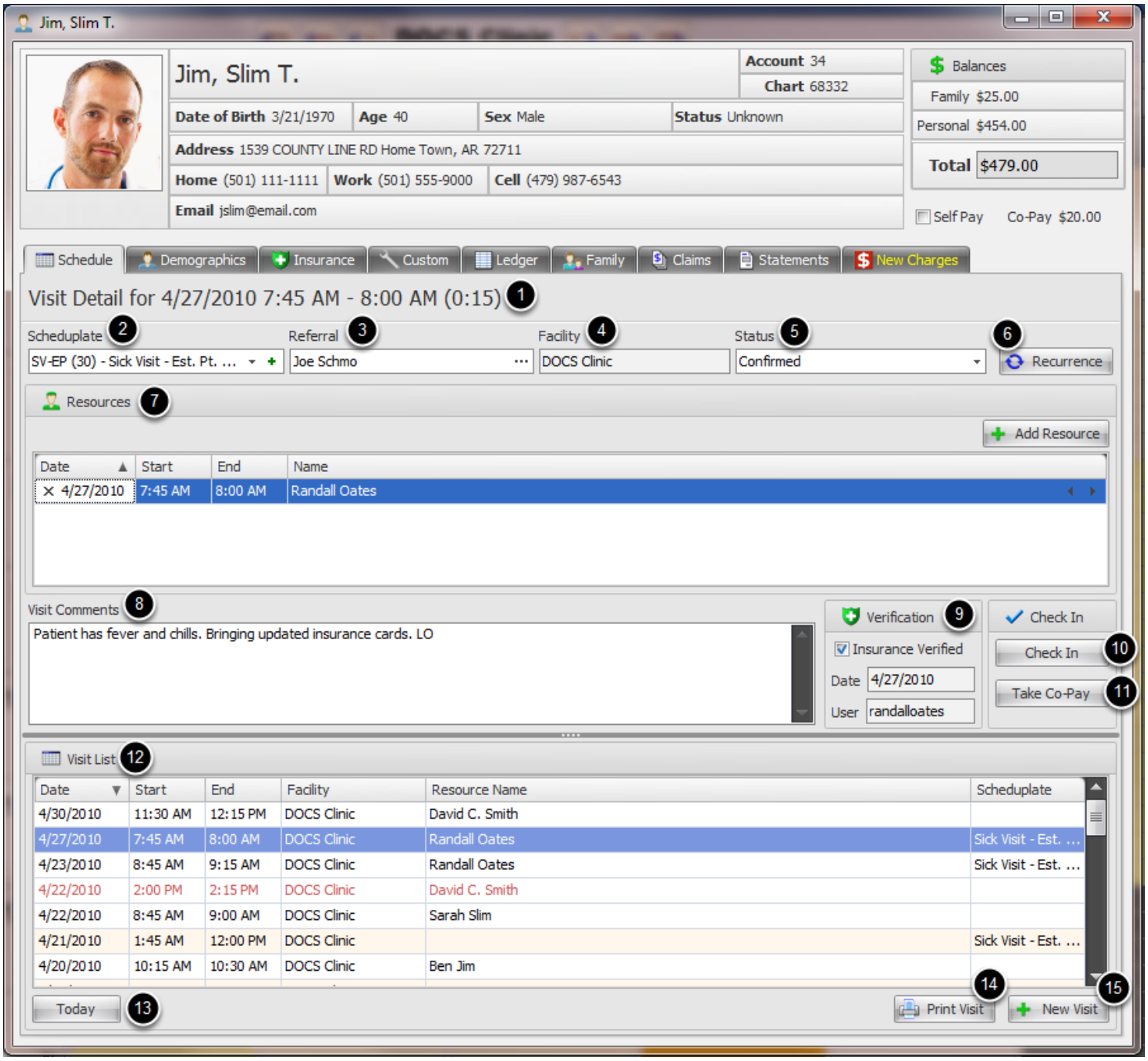
Schedule a Patient Appointment

Double Click on a Needed Time Slot



1. The **Chart Rack** will be pulled up.
2. Type in the **Patient Name.**
3. When the correct patient is pulled up, click **Select** or **double click** the patient.

Schedule Tab - Patient Appointments



Enter the below Appointment information, as needed:

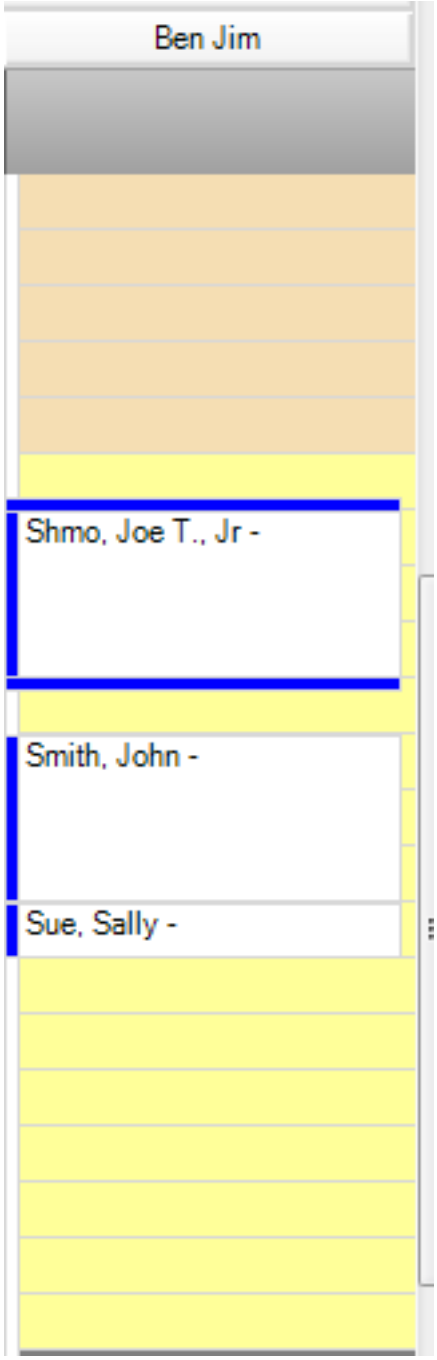
1. **Visit Detail:** Summary of the overall length of the appointment
2. **Scheduplate:** The appointment type
3. **Referral:** Referring Provider
4. **Facility:** Place of Service
5. **Status:** The status of the patient visit within the clinic's work flow. (This list is completely customizable by clinic.)
6. **Recurrence:** Sets recurrences of the visit, if needed.

7. Resources: Allows the scheduling of one to multiple resources for one visit
8. Visit Comments: Allows miscellaneous information and visit details to be entered and stored for the visit.
9. Verification: Indicates the date and user who verified the patient's insurance benefits and eligibility.
10. Check-In: Allows a patient to be checked in with the click of a button.
11. Take Co-Pay: Allows a patient's co-pay to be taken at the beginning of the visit.
12. Visit List: Displays all of the patient's past, current and future appointments to be displayed in one place, to help prevent double booking an appointment.
13. Today: Immediately selects the current day's visit.
14. Print Visit: Prints out the selected visit.
15. New Visit: Creates a new appointment for the patient.

Moving an Appointment

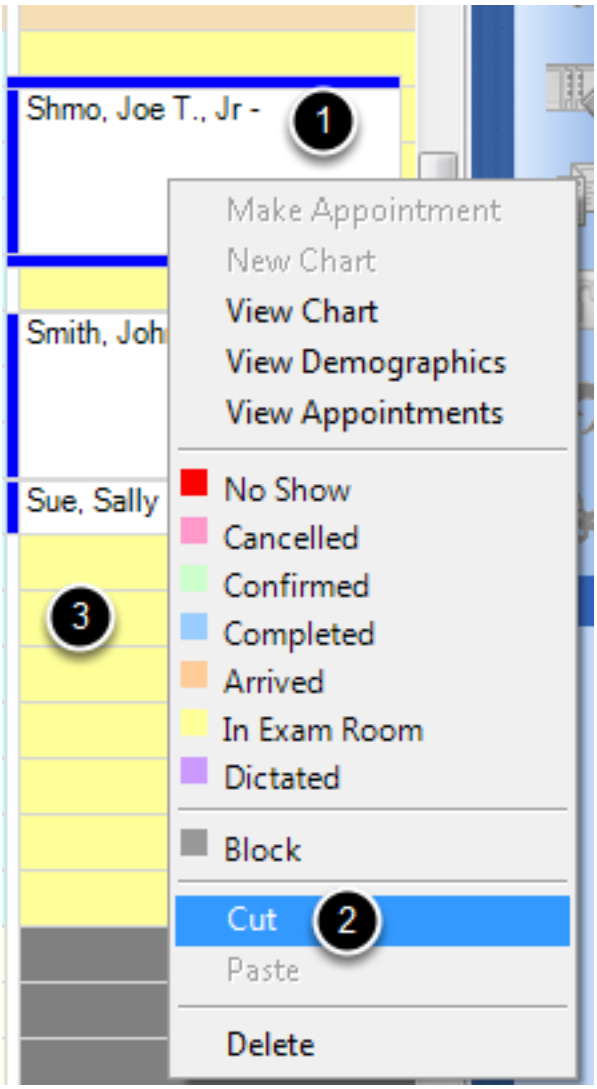
Moving an Appointment to a different time slot

Dragging and Dropping



1. Click to select the appointment.
2. With the left mouse button held down, **drag the appointment** to the desired time slot. The appointment should then be placed at a new time, and the patient's appointment details updated automatically.

Cutting and Pasting



1. Click to select the appointment.

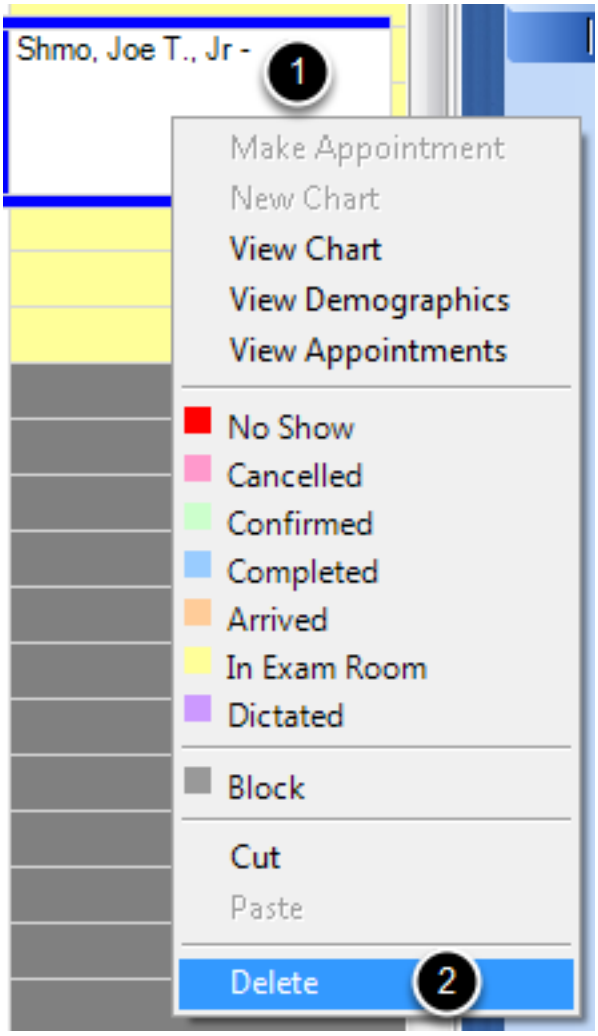
2. Right click on the mouse and select **Cut**.

3. Click the desired time slot. Right click on the mouse and select **Paste**. The appointment should then be placed at a new time, and the patient's appointment details updated automatically.

Deleting an Appointment

Delete a patient appointment

Delete an Appointment



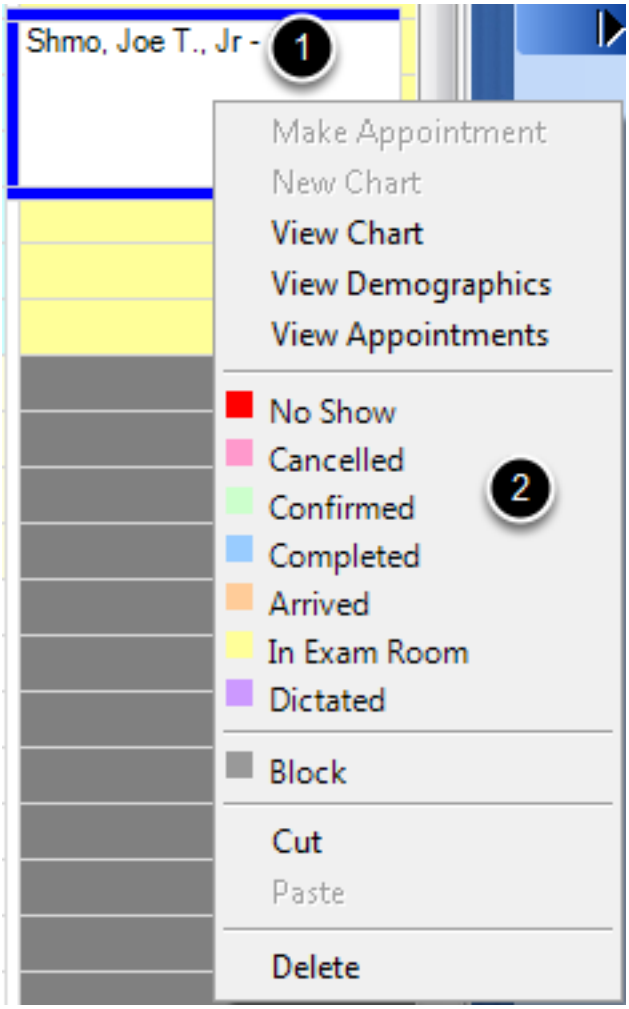
1. Click to select the appointment.

2. Right click the mouse and select **Delete,** or hit **Delete** on the keyboard. (A warning will pop up to make sure the appointment is to be deleted. Click Yes to continue or No to cancel.)

Changing Appointment Status

Changing an Appointment Status

Right Click to Change Appointment Status



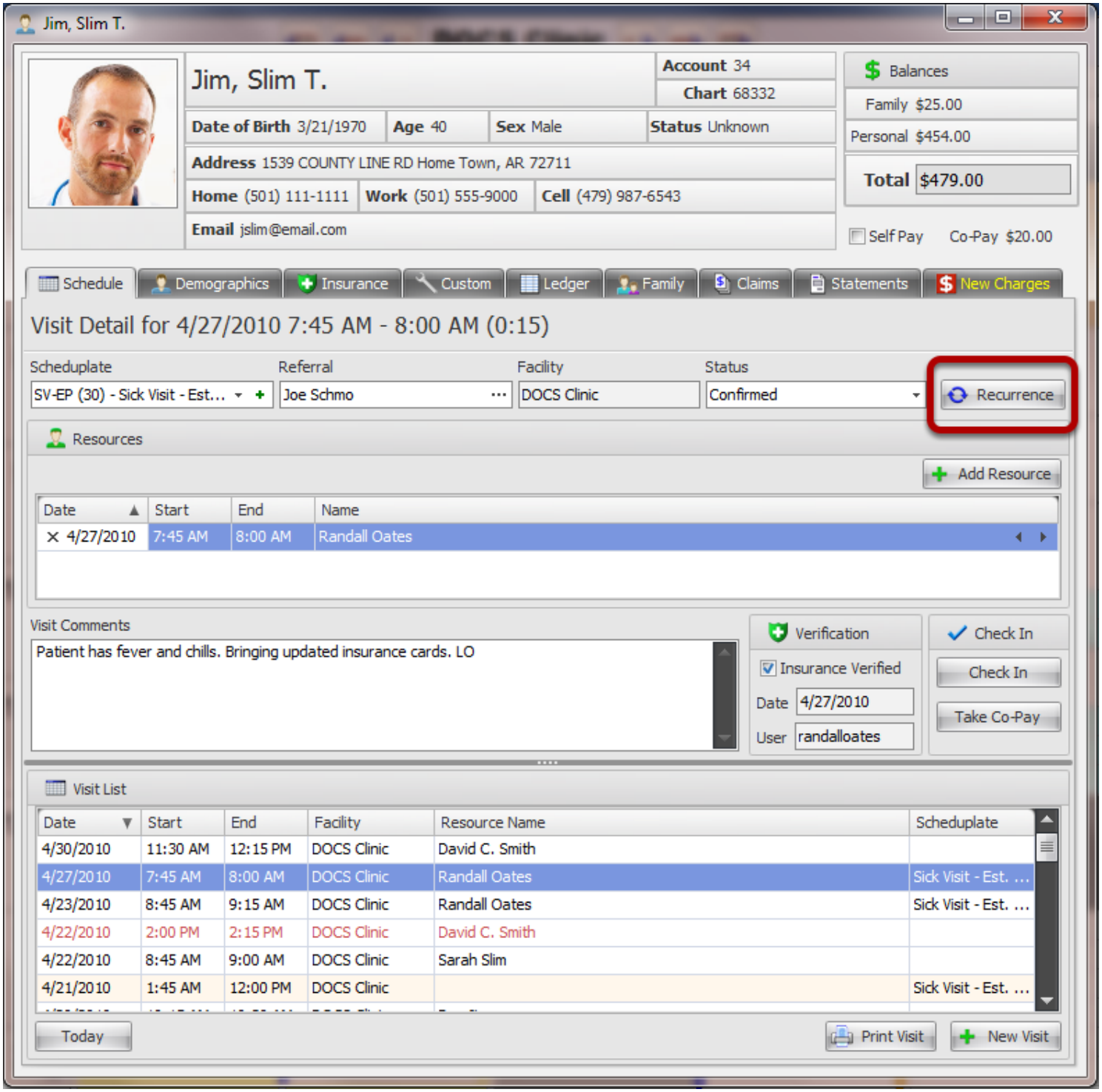
1. Click to select the appointment.

2. Select the needed status for the appointment. (The status should be updated automatically on the Schedule and in the patient account.)

Scheduling Repeat Appointments

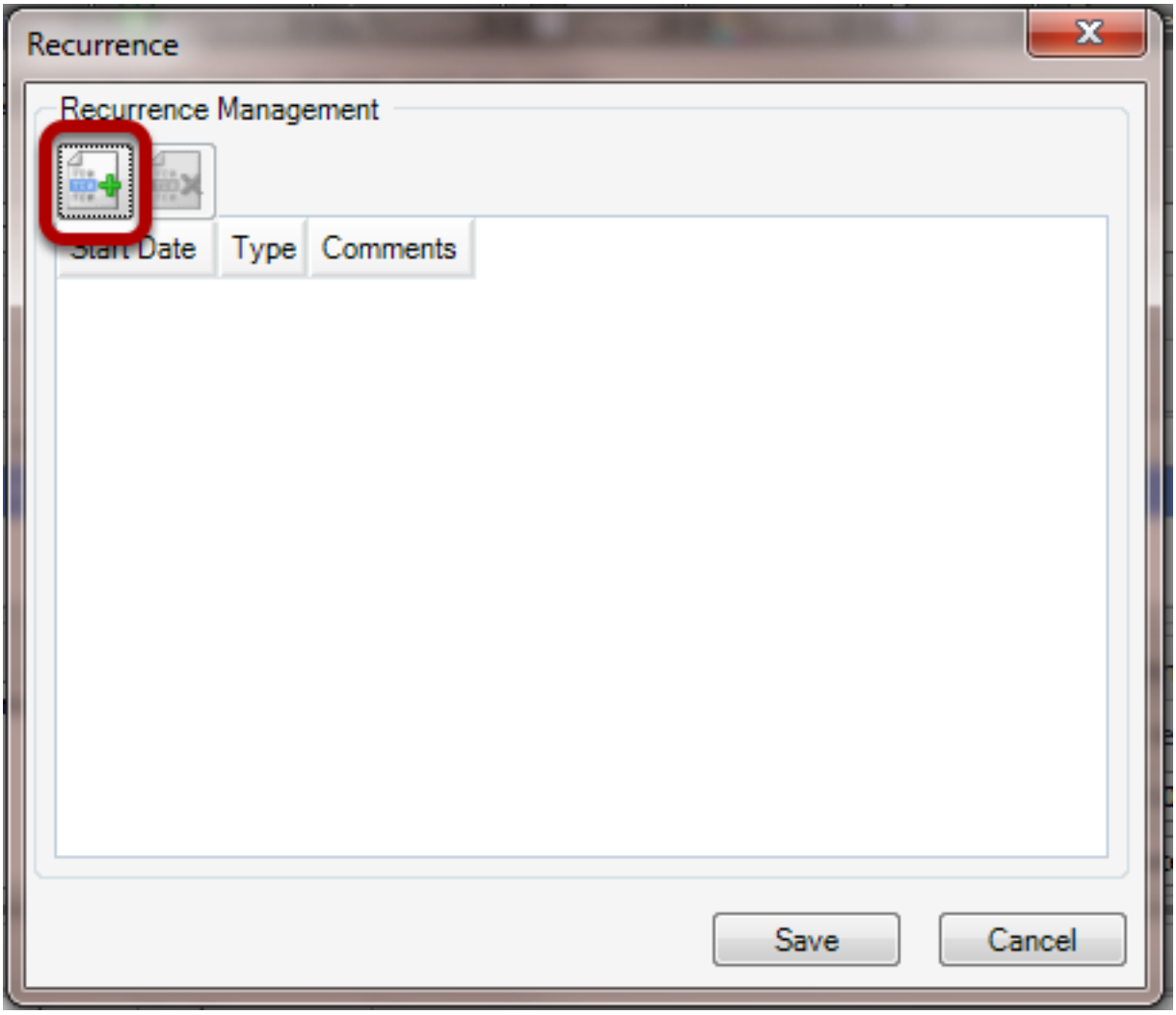
Setting up repeat appointments.

Open the Patient Account



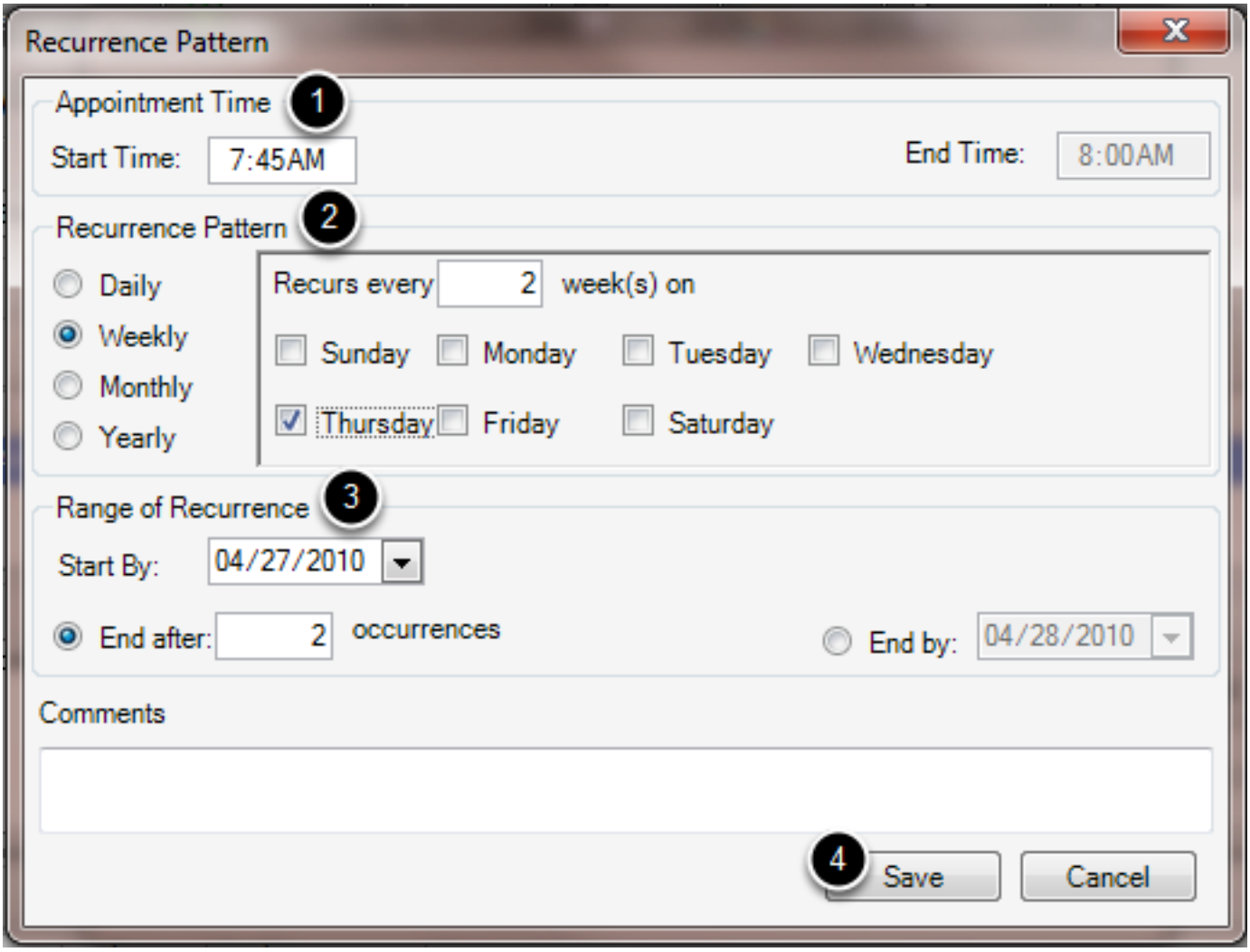
1. **Double Click the appointment**, needing to be repeated.
2. The **Schedule Tab** will open.
3. Click **Recurrence**.

Recurrence Management



Click the **Create Recurrence** button.

Set the Recurrence Pattern



1. Enter the **appointment time**.

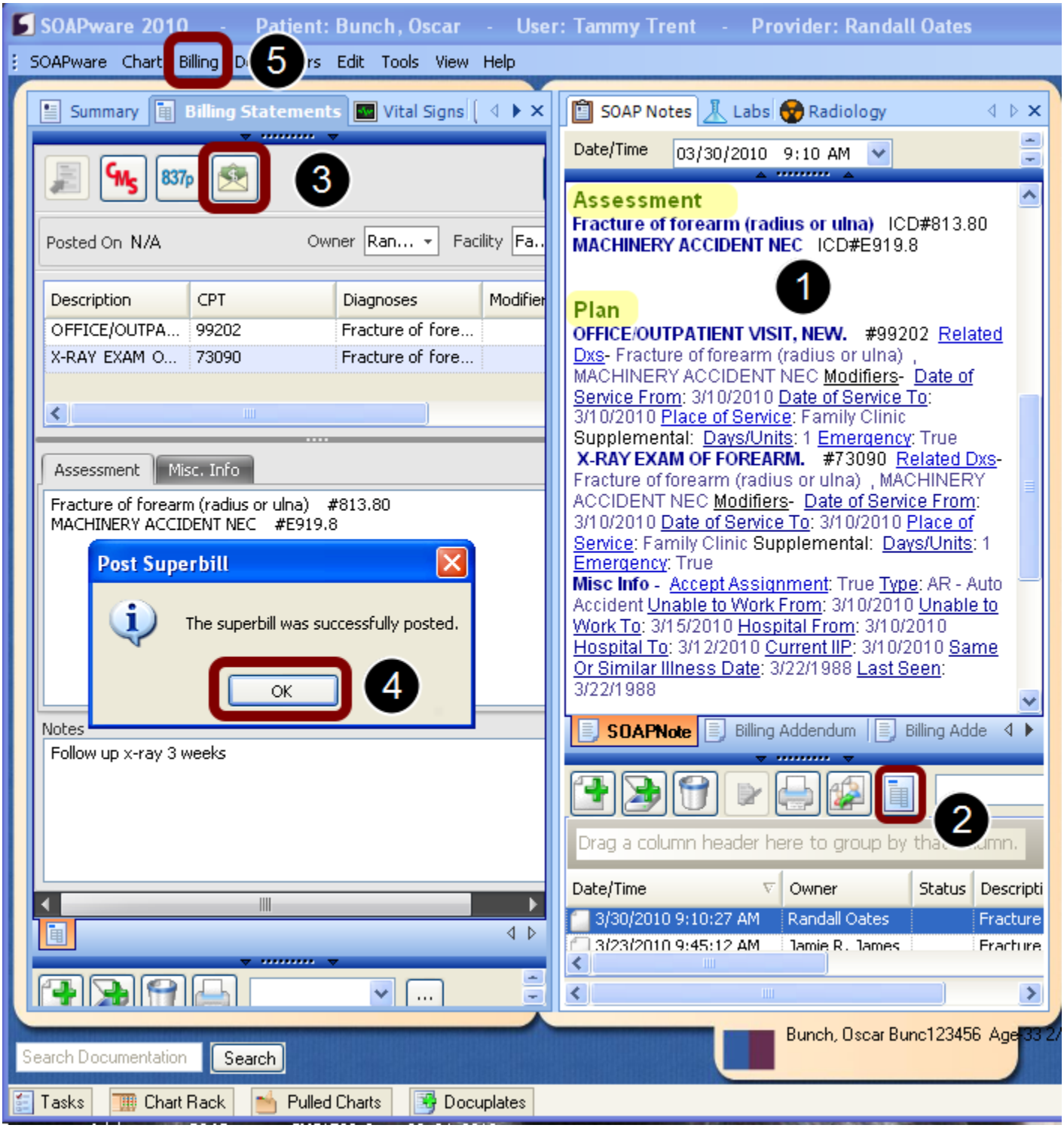
2. Select whether the appointment will be on a **Daily, Weekly, Monthly or Yearly** basis.

3. Indicate how long the recurrence will take place. **Select the Start Date**, as well as either the **number of occurrences** for the appointment or an **End Date** for the recurrence.

4. Click **Save**. The recurring appointments should be scheduled, and the patient account updated automatically.

Transaction Entry

Post a Superbill/Billing Statement from Chart



1. An encounter/visit should already be documented in the SOAP note section of the Patient Chart. Structured SMARText items must be used in the Plan and Assessment fields as shown in the screenshot.

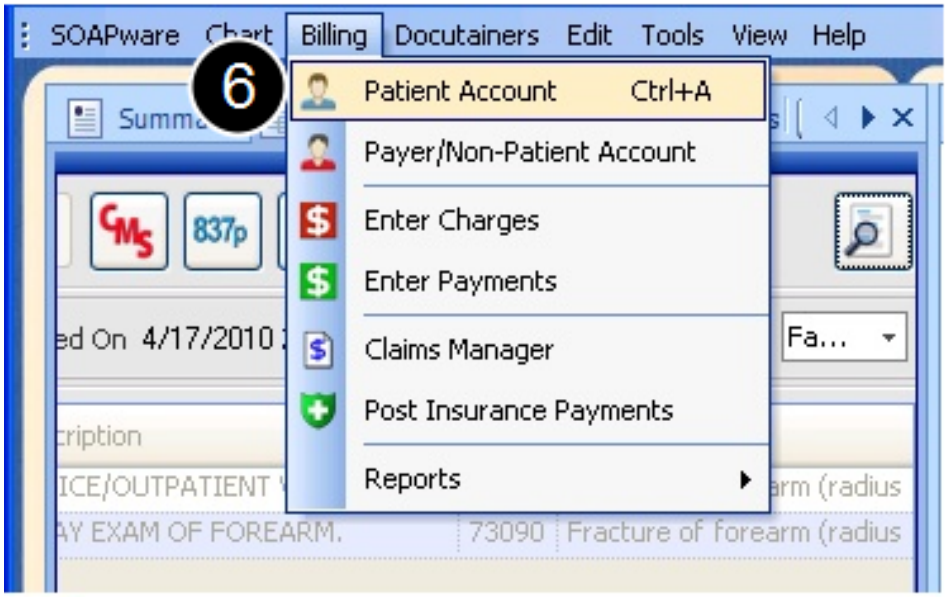
2. Click to view **Billing Statement**.

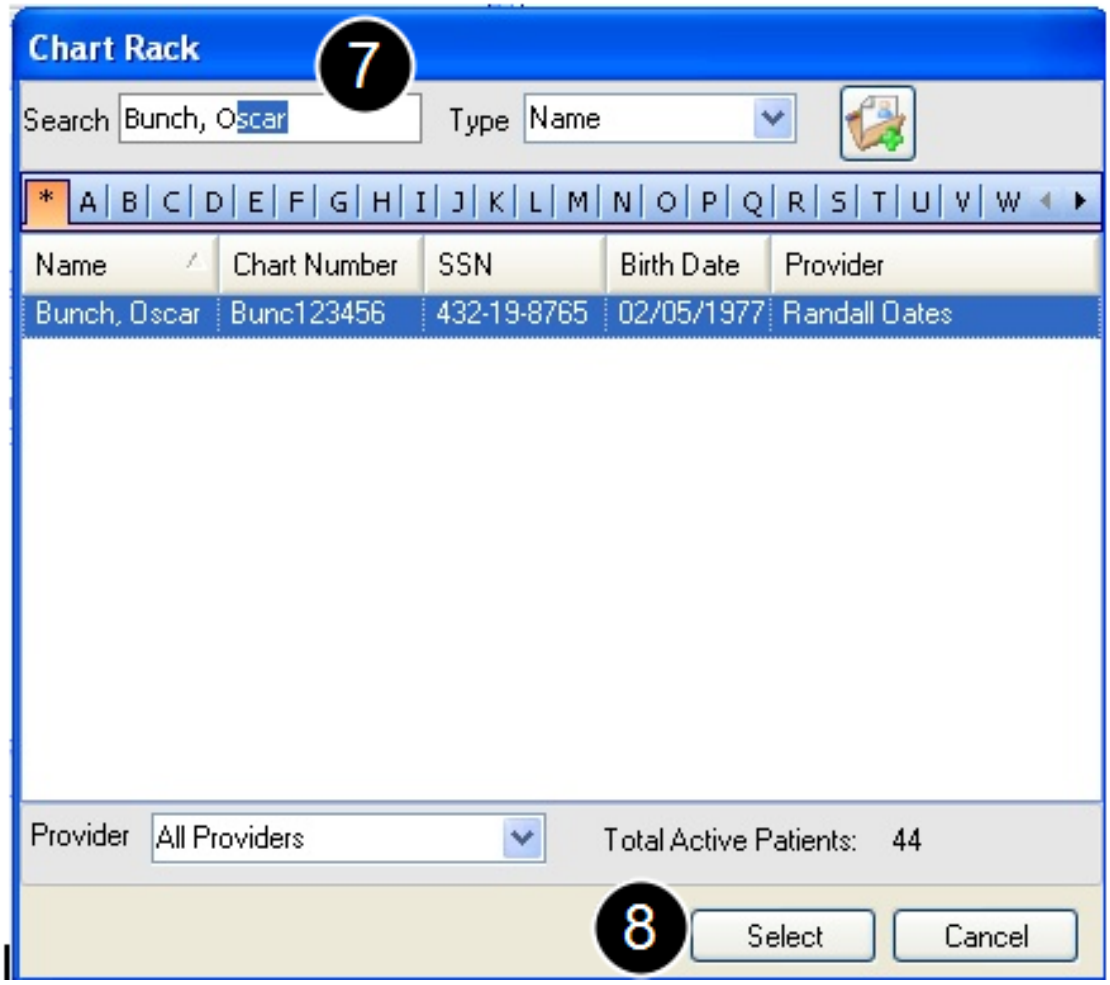
3. Click the **Post Superbill** icon.

4. Dialog will display with message The superbill was successfully posted. Click the **OK** button

5. Go to the main menu and Click **Billing**

Open Patient Account in Billing





6. From the Billing menu Click Patient Account to open the Chart Rack

7. Search Chart Rack for Patient Account. This example shows search by Name. Begin Typing patient last name until the patient is visible in the list of patients

8. Click to highlight Patient from the Chart Rack list and then Click Select. Patient account will open

View Posted charges in New Charges Tab

Patient account will open to the New Charges Tab when a Superbill has been posted to Billing. The upper section displays Patient demographic details and Personal/Family account balances.

The Center section lists Visit details as documented in the SOAP note section of the patient chart. Charges are added for the Procedure Codes and can be edited by Double Clicking on the line of the charge as described in the Edit/Update Charges lesson. Payments, Adjustments and Additional Charges can be added manually, as needed.

The bottom section allows the user to:

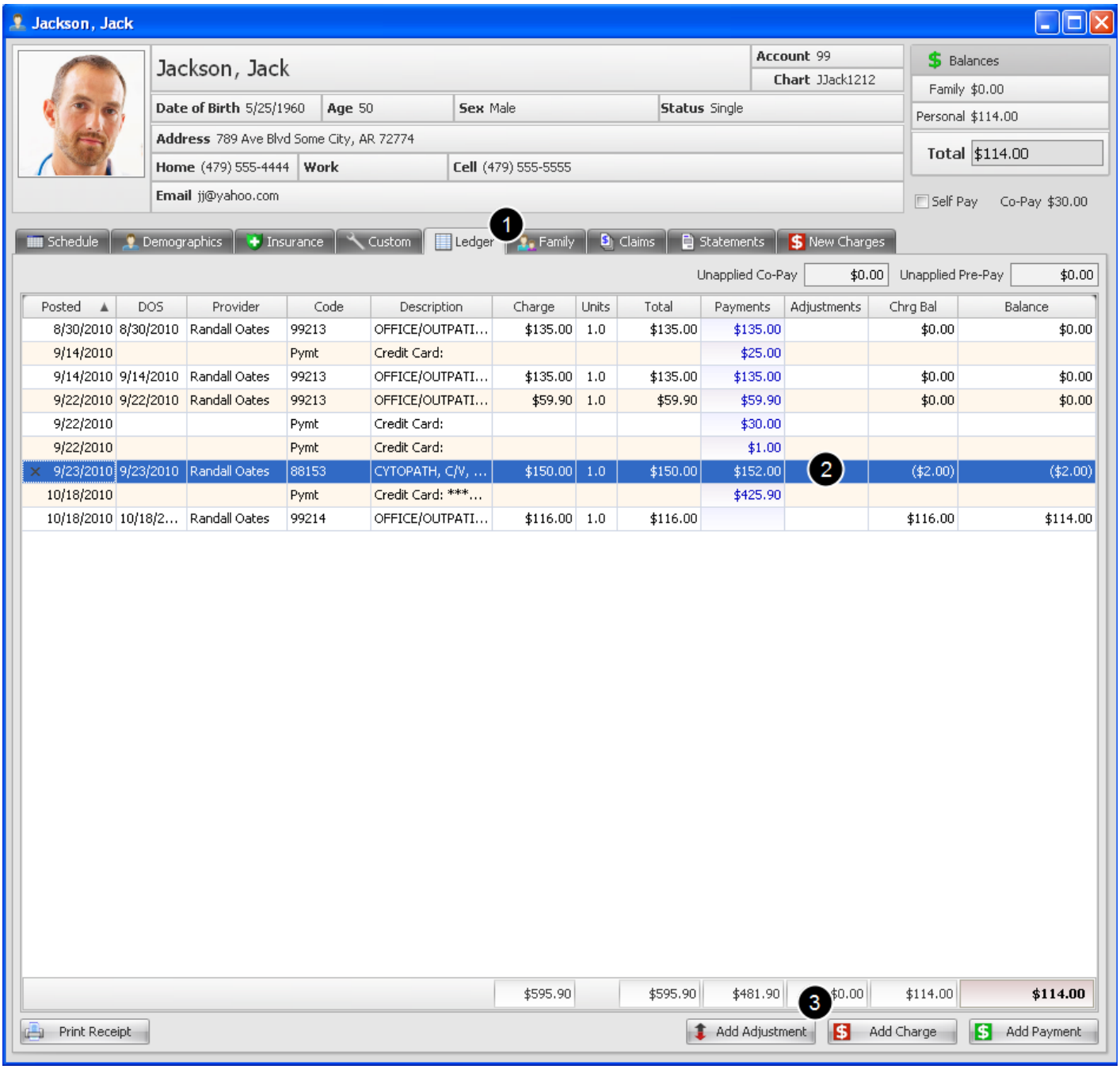
1. **Set follow up action** for the claim. If insurance information is entered in the Patient Demographics, this will default to Submit to Insurance.
2. Check as **Incomplete**, allowing the user to close out of the account and come back later to finish the check out process.
3. **Print a Receipt** when the visit is posted to the ledger.
4. Displays **Doctor Comments** typed in Billing Statement Tab.
5. Type free text **Comments** pertaining to the claim (informational only)
6. Add personal **Payment** to account
7. **Post** transactions to Patients Ledger

Transfer Credit Balance

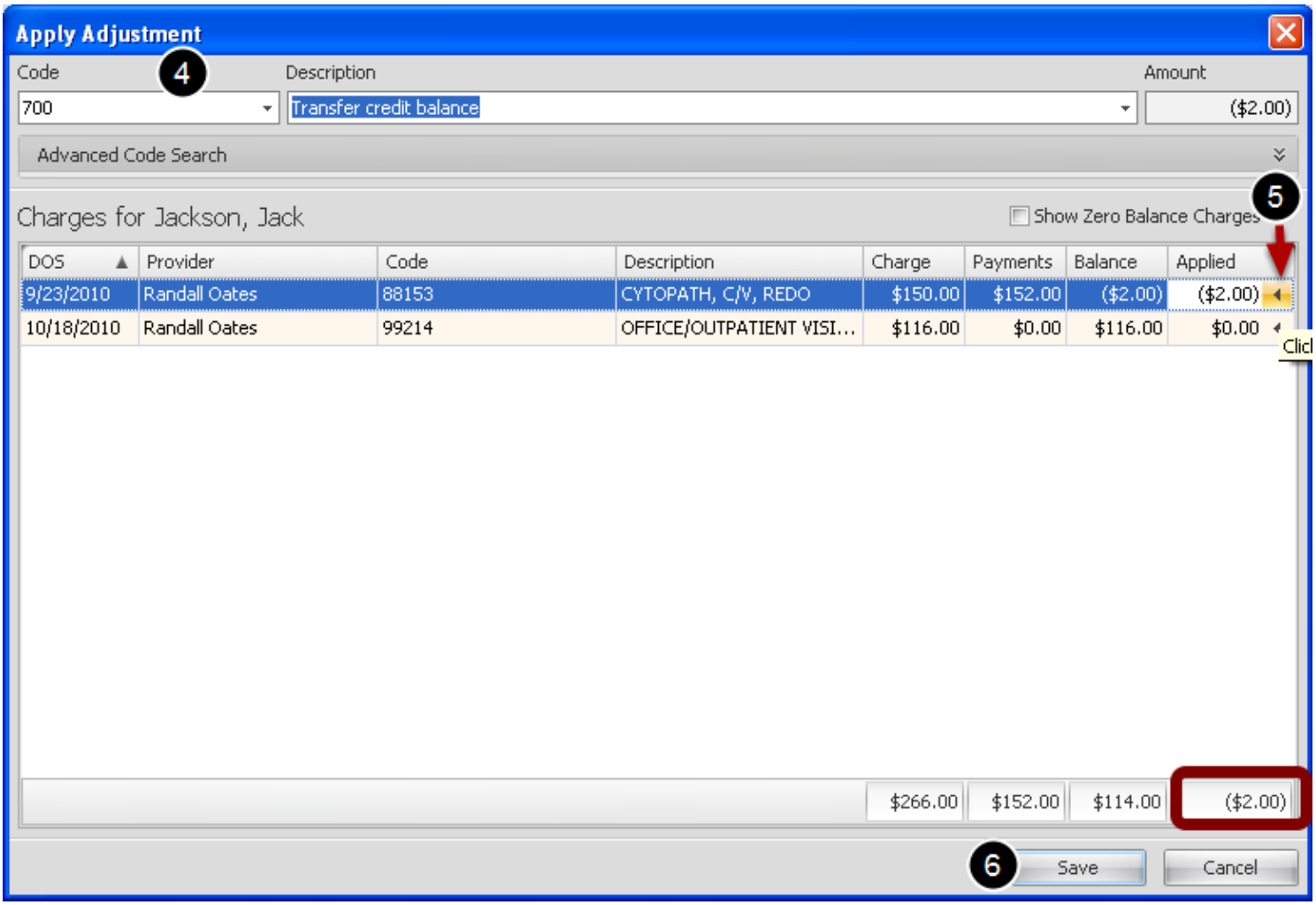
Transfer a credit on one visit and apply to another visit.

Note: Adjustment codes will have to be set up in Adjustment Maintenance before this can be done.

Adjust Credit



1. Open the **Ledger** tab.
2. Select the visit with a credit and click to **highlight**.
3. Click on the **Add Adjustment** button.

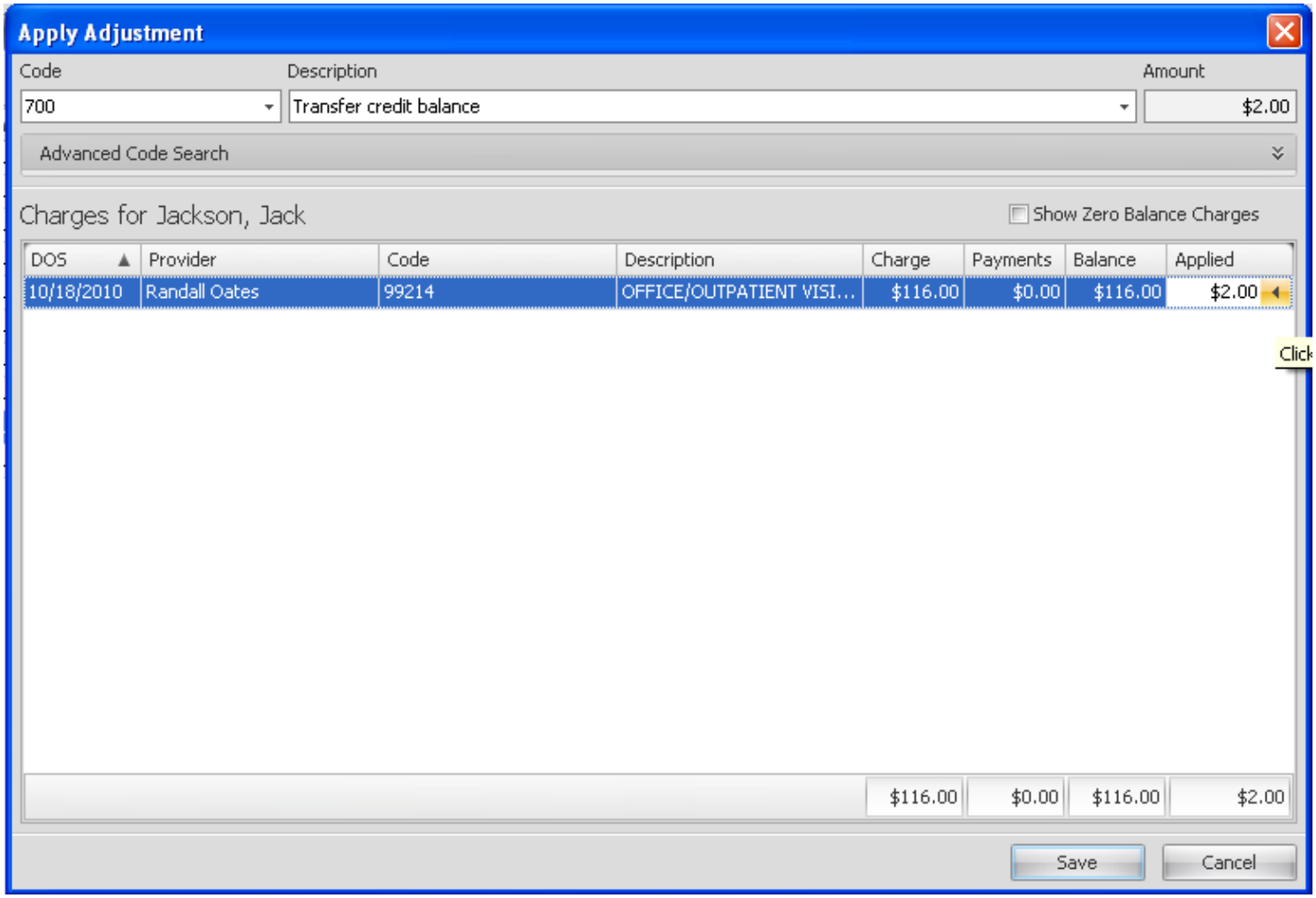


4. Type adjustment code .

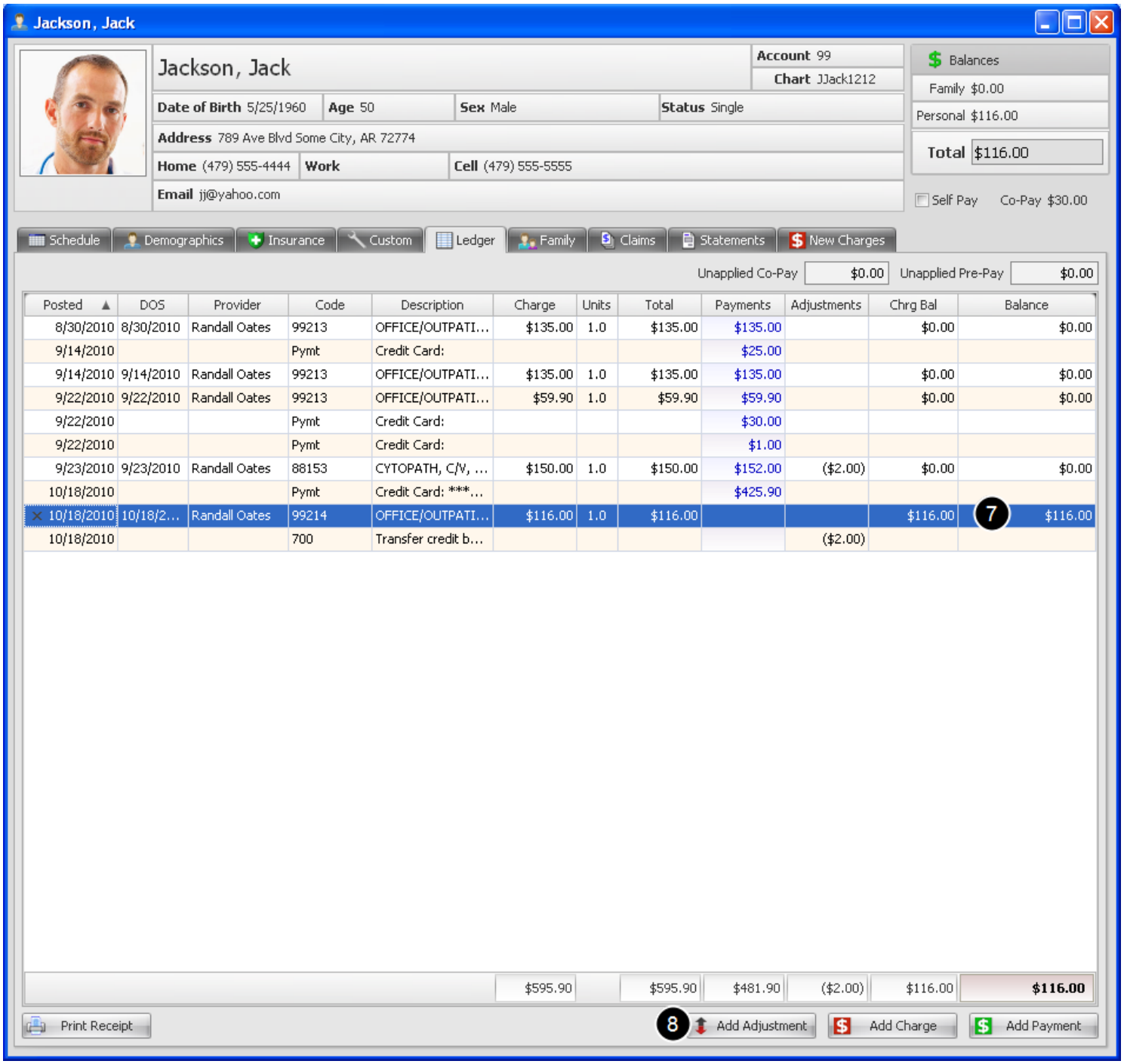
5. Click the arrow on the line with the credit and type '**-**' and then the amount to transfer. In our example we typed **-2.00**

<u>The total amount in the Applied column will display in parentheses (2.00)</u>

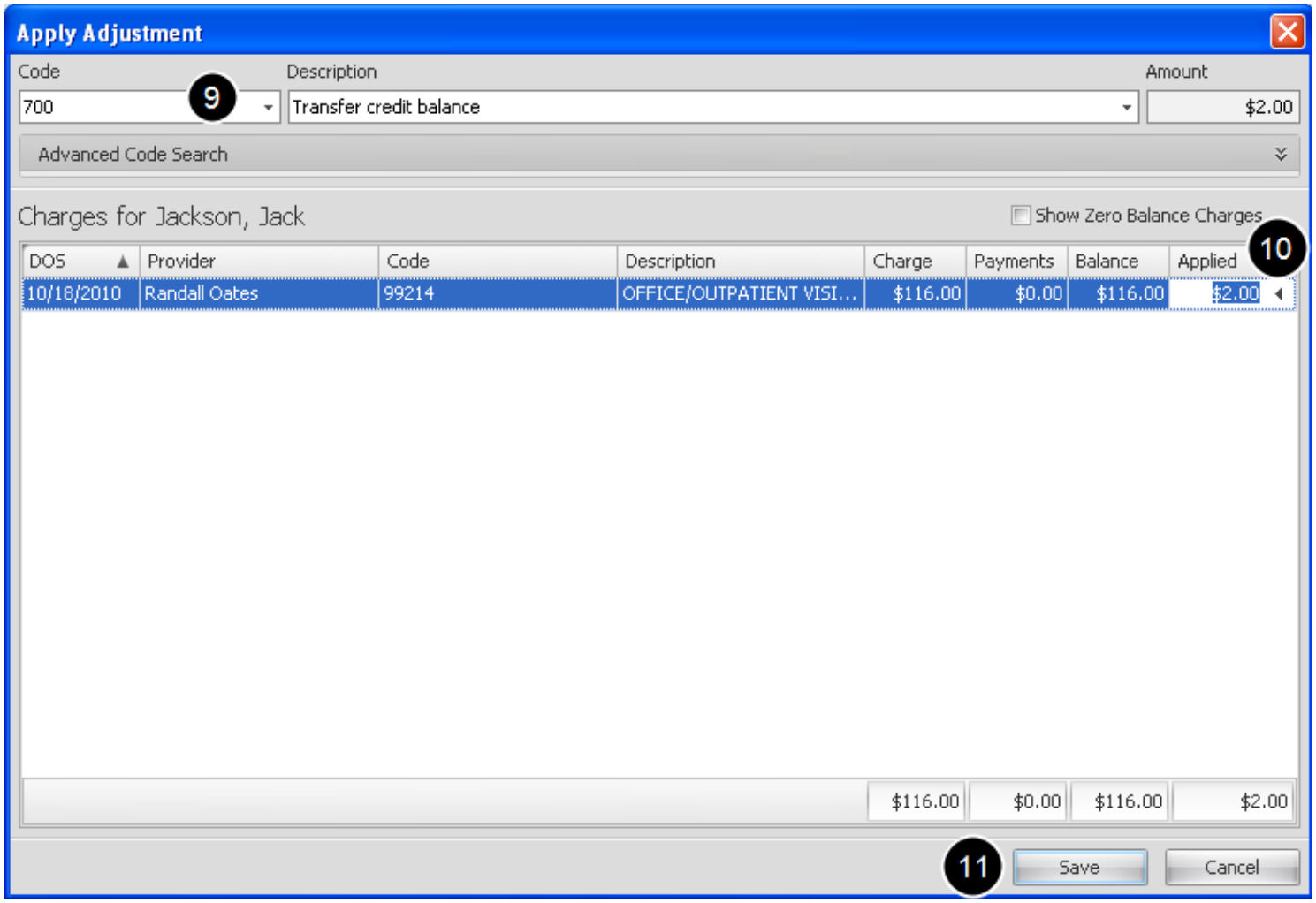
6. Click Save.


Apply Adjustment
Code
Description
Amount
700
Transfer credit balance
$2.00
Advanced Code Search
Charges for Jackson, Jack
Show Zero Balance Charges
DOS
Provider
Code
Description
Charge
Payments
Balance
Applied
10/18/2010
Randall Oates
99214
OFFICE/OUTPATIENT VISI...
$116.00
$0.00
$116.00
$2.00
Click
$116.00
$0.00
$116.00
$2.00
Save
Cancel

Apply Credit



7. Click to **highlight the visit** to which the credit will be applied.
8. Click **Add Adjustmen**t button.



9. Type adjustment code for balance transfer.
10. Type credit amount as shown in the Applied column. **2.00**
11. Click Save.

Jackson, Jack

Jackson, Jack

Account 99
Chart JJack1212

Date of Birth 5/25/1960 | Age 50 | Sex Male | Status Single

Address 789 Ave Blvd Some City, AR 72774

Home (479) 555-4444 | Work | Cell (479) 555-5555

Email jj@yahoo.com

Balances
Family $0.00
Personal $114.00
Total $114.00

Self Pay Co-Pay $30.00

Schedule | Demographics | Insurance | Custom | Ledger | Family | Claims | Statements | New Charges

Unapplied Co-Pay $0.00 Unapplied Pre-Pay $0.00

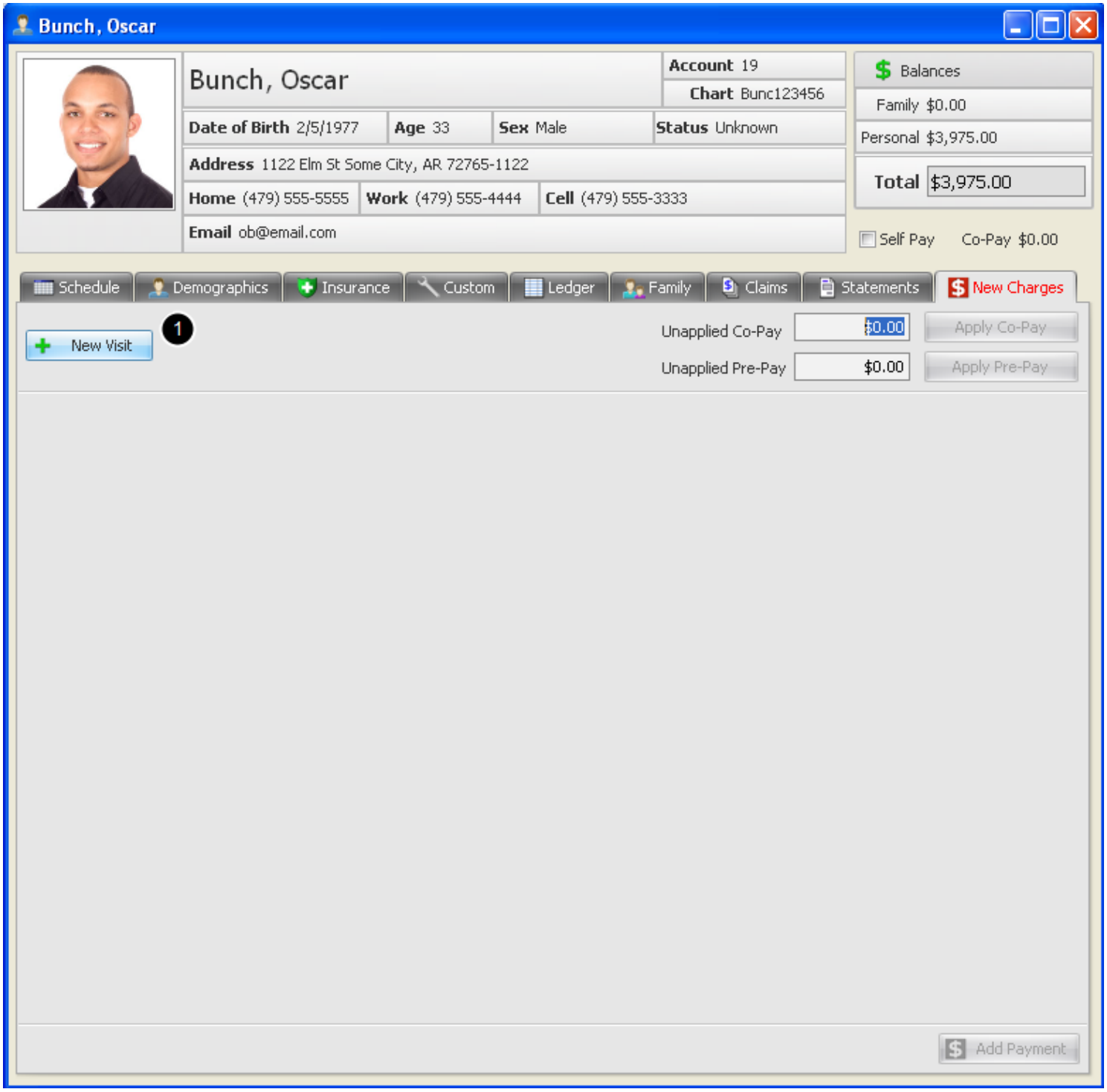
Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustments	Chrg Bal	Balance
8/30/2010	8/30/2010	Randall Oates	99213	OFFICE/OUTPATI...	$135.00	1.0	$135.00	$135.00		$0.00	$0.00
9/14/2010			Pymt	Credit Card:				$25.00			
9/14/2010	9/14/2010	Randall Oates	99213	OFFICE/OUTPATI...	$135.00	1.0	$135.00	$135.00		$0.00	$0.00
9/22/2010	9/22/2010	Randall Oates	99213	OFFICE/OUTPATI...	$59.90	1.0	$59.90	$59.90		$0.00	$0.00
9/22/2010			Pymt	Credit Card:				$30.00			
9/23/2010	9/23/2010	Randall Oates	88153	CYTOPATH, C/V, ...	$150.00	1.0	$150.00	$152.00	($2.00)	$0.00	$0.00
10/18/2010			Pymt	Credit Card: ***...				$425.90			
10/18/2010	10/18/2...	Randall Oates	99214	OFFICE/OUTPATI...	$116.00	1.0	$116.00		$2.00	$114.00	$114.00
10/18/2010			700	Transfer credit b...					($2.00)		
10/18/2010			700	Transfer credit b...					$2.00		
					$595.90		$595.90	$481.90	$0.00	$114.00	**$114.00**

Print Receipt | Add Adjustment | Add Charge | Add Payment

Add Charges Manually from New Charges Tab

Billing -> Patient Account -> New Charges Tab

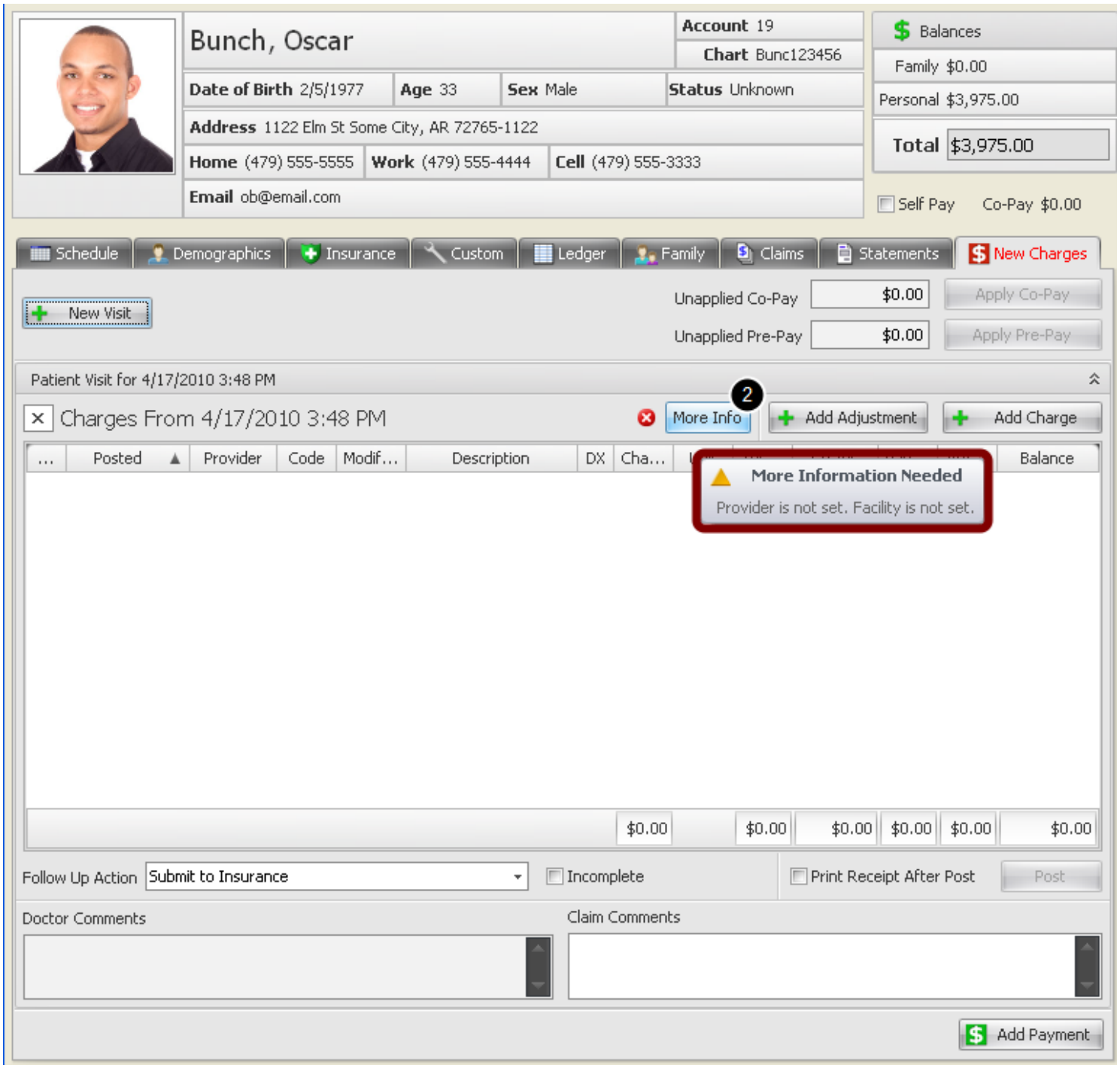
Add a New Visit



Charges can be manually added by creating a New Visit from the New Charges Tab or they can be manually added to a visit/encounter posted from the Billing Statements Tab in the Patient Chart. This example will be Creating a New Visit

1. Click the **New Visit** button

Add Rendering Provider of Service and Location/Place of Service to New Visit

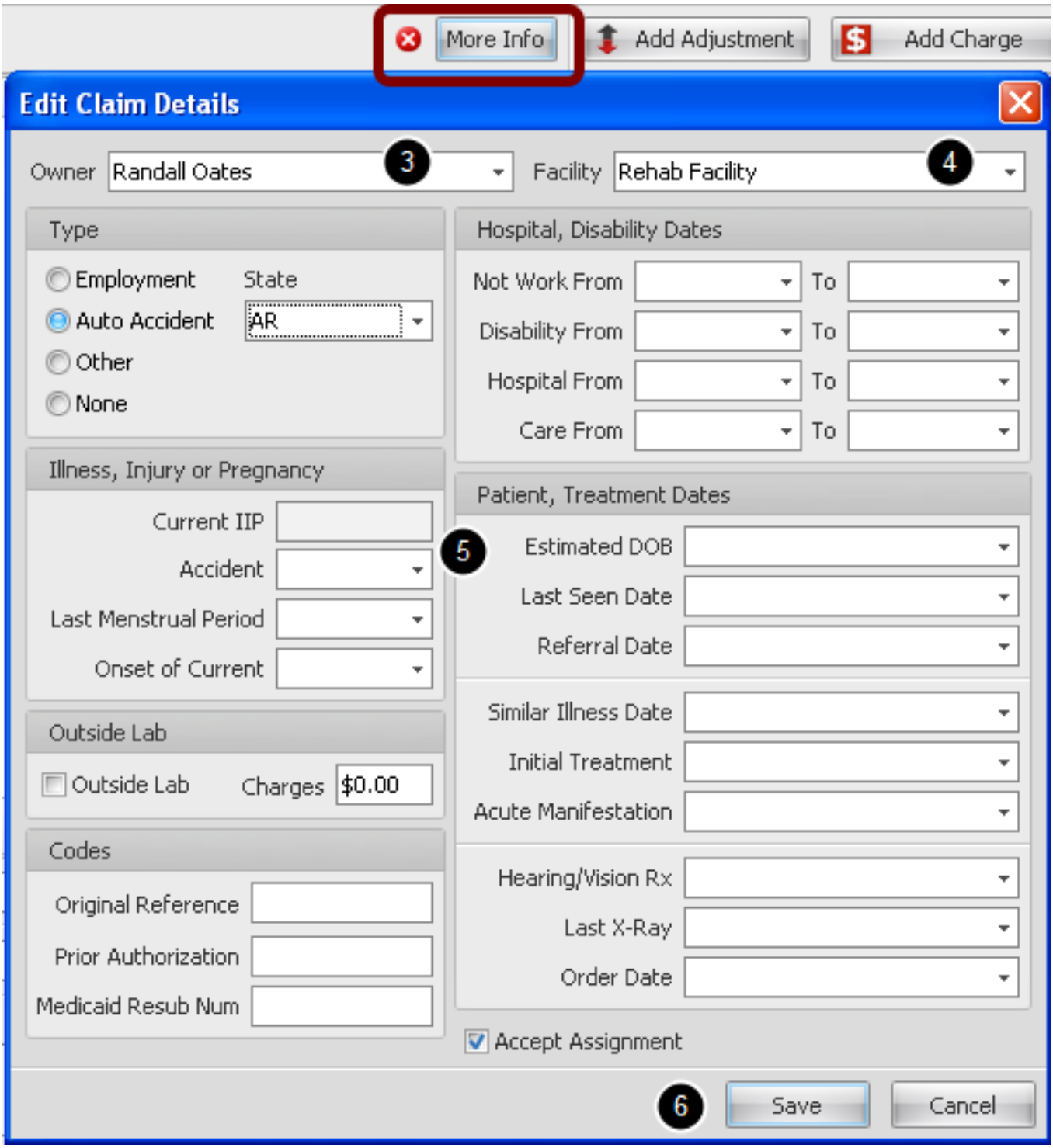


New Visit dialog opens to begin adding charges.

<u>Prior to adding the charge/Procedure Codes</u><u>, the Rendering Provider and the Location/Place of Service will have to be selected</u>.

2. Click the **More Info** button to add Provider of Service and Place of Service

Add Other Info to Visit details including Workers Comp, Accident, Hospitalization and Prior Authorization information



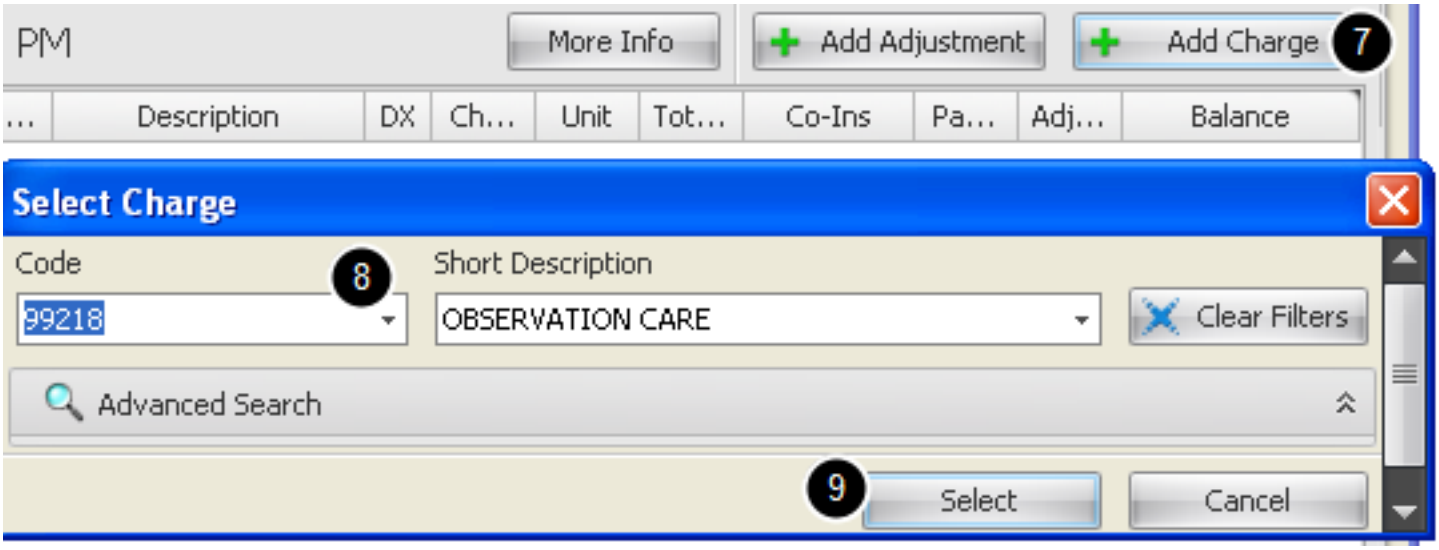
3. Using the Drop Down Arrow to display list of Providers that have been setup in SOAPware, Select the Rendering Provider of Services.

4. Using the Drop Down Arrow to display the list of Facilities that have been setup in SOAPware, Select the Place of Service from the list.

5. If the New Charges are Accident related, require prior authorization, are related to a hospital visit, etc., Type that information in the appropriate fields and enter dates that apply.

6. Click the Save button to save information

Add Charge in New Charges Tab

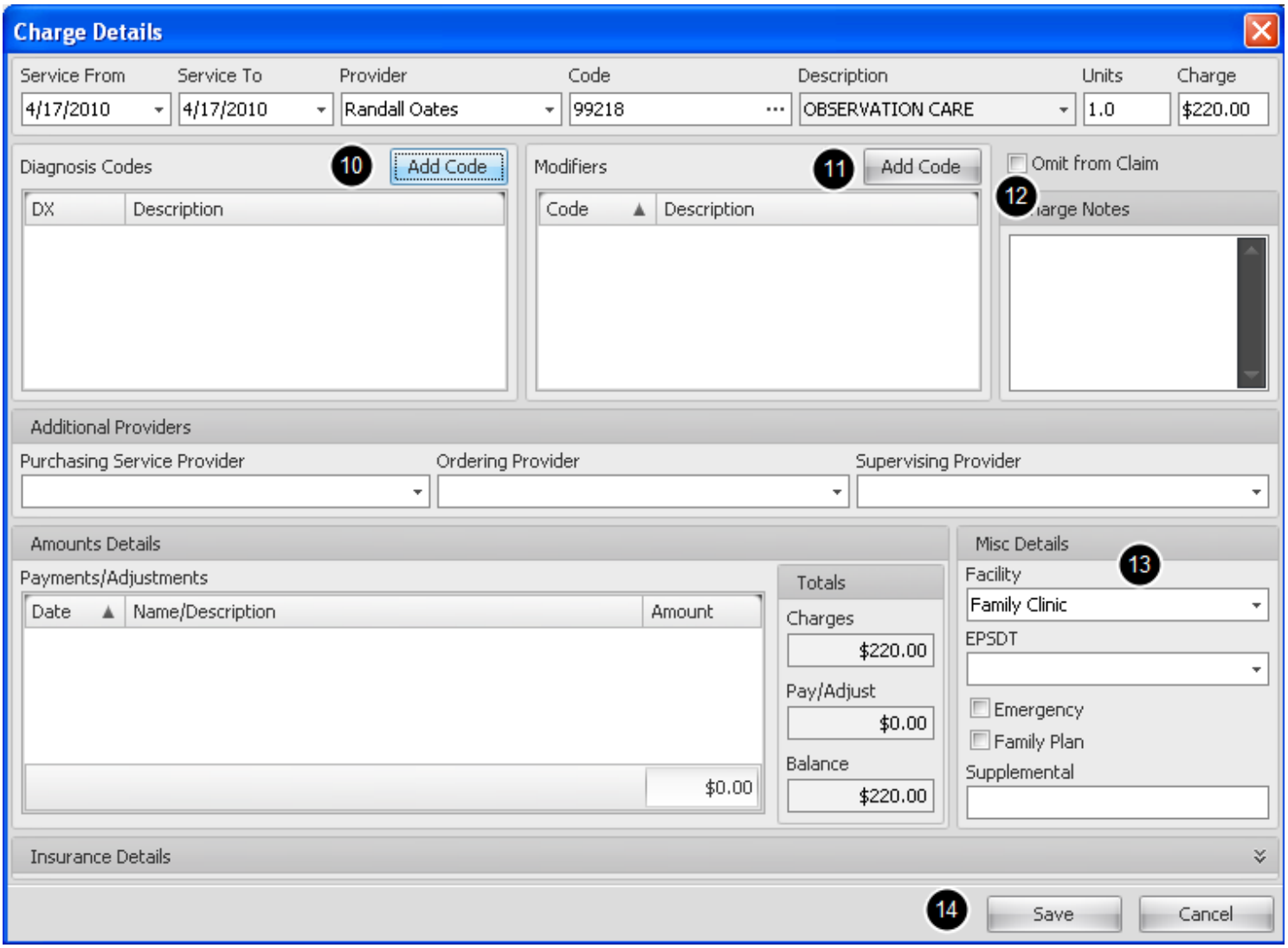


7. Click the Add Charge button to Open the Select Charge dialog

8. Begin typing the Charge code in the box or Click inside the Description to Search the code data base. Click on the code from the list to insert it into the fields

9. Click on the Select button

Add New Charge Details, including ICD-9/Diagnosis codes and Modifiers



Charge Details dialog will open for adding/editing New Charge. If a field is not grey/inavtivated, it can be edited for corrections or changes

10. Click the Add Code button to Add a Diagnosis/ICD-9 code to the New Charge. Begin Typing the code or Click to search. When the correct code is in the field, Click the Select button or use the Enter key on the keyboard to select a Diagnosis. Repeat as needed

11. To Add a Modifier to the New Charge, Click the Add Code button. Begin Typing the code or Click to search. When the correct code is in the field, Click the Select button or use the Enter key on the keyboard to select a Modifier and Enter again to add another code. Repeat as needed.

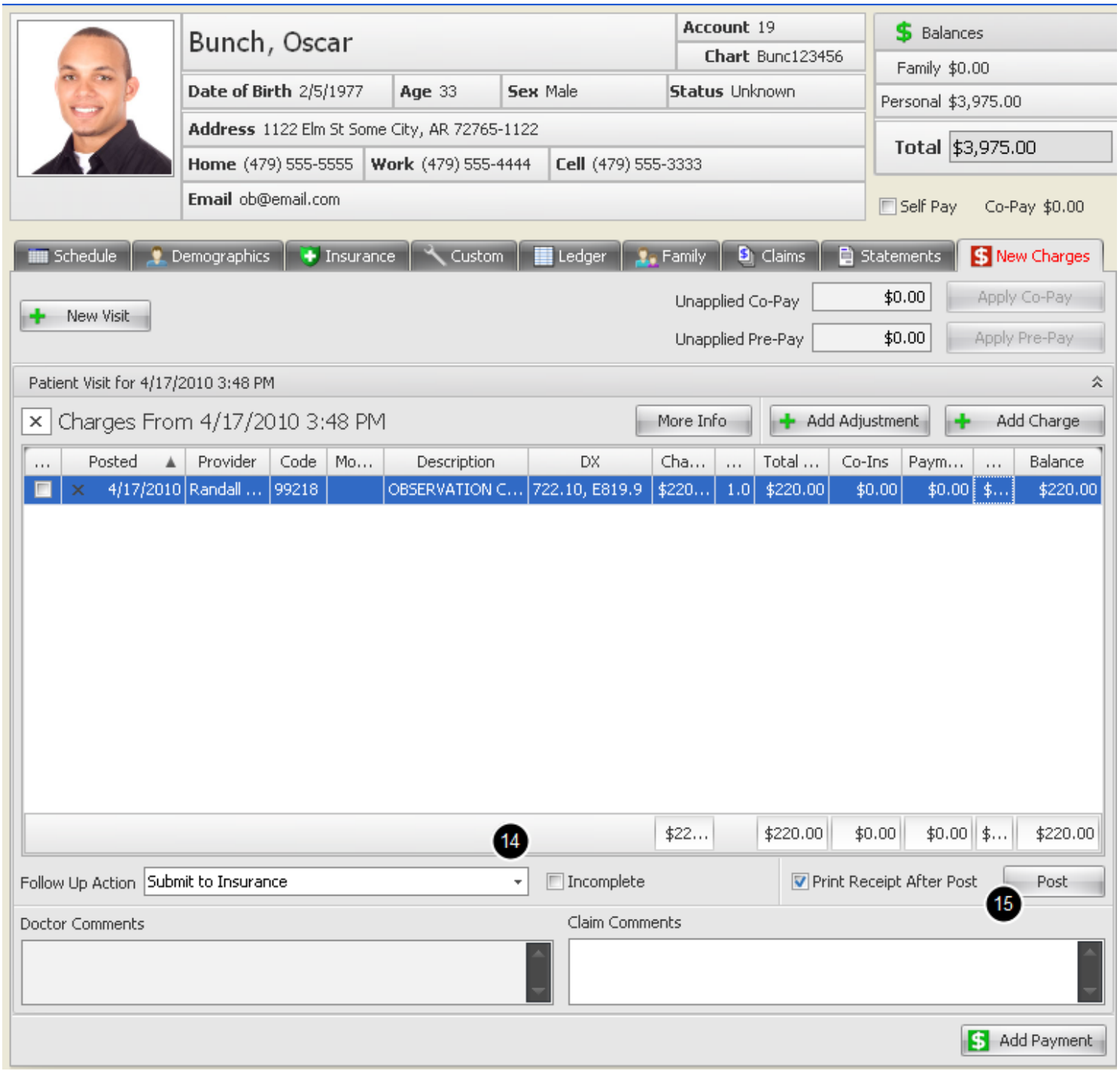
12. Check this box if this charge is not going to be submitted to insurance.

13. Enter additional Charge information if applicable in the Misc Details section. The Facility field will be populated with the Facility selected in the More Info dialog.

14. Click the Save button to save data.

Repeat Steps 7.-13. to add more charges

Post New Charges to Patient Ledger



14. If the patient is Self Pay and no insurance will be filed, Click the Drop Down arrow and select **Do Not File-Patient Responsibility.**

15. The Follow Up Action will default to **Submit to Insurance**. Click the Post button to apply charges to

the Patient Ledger and automatically Create a claim for the new charges.

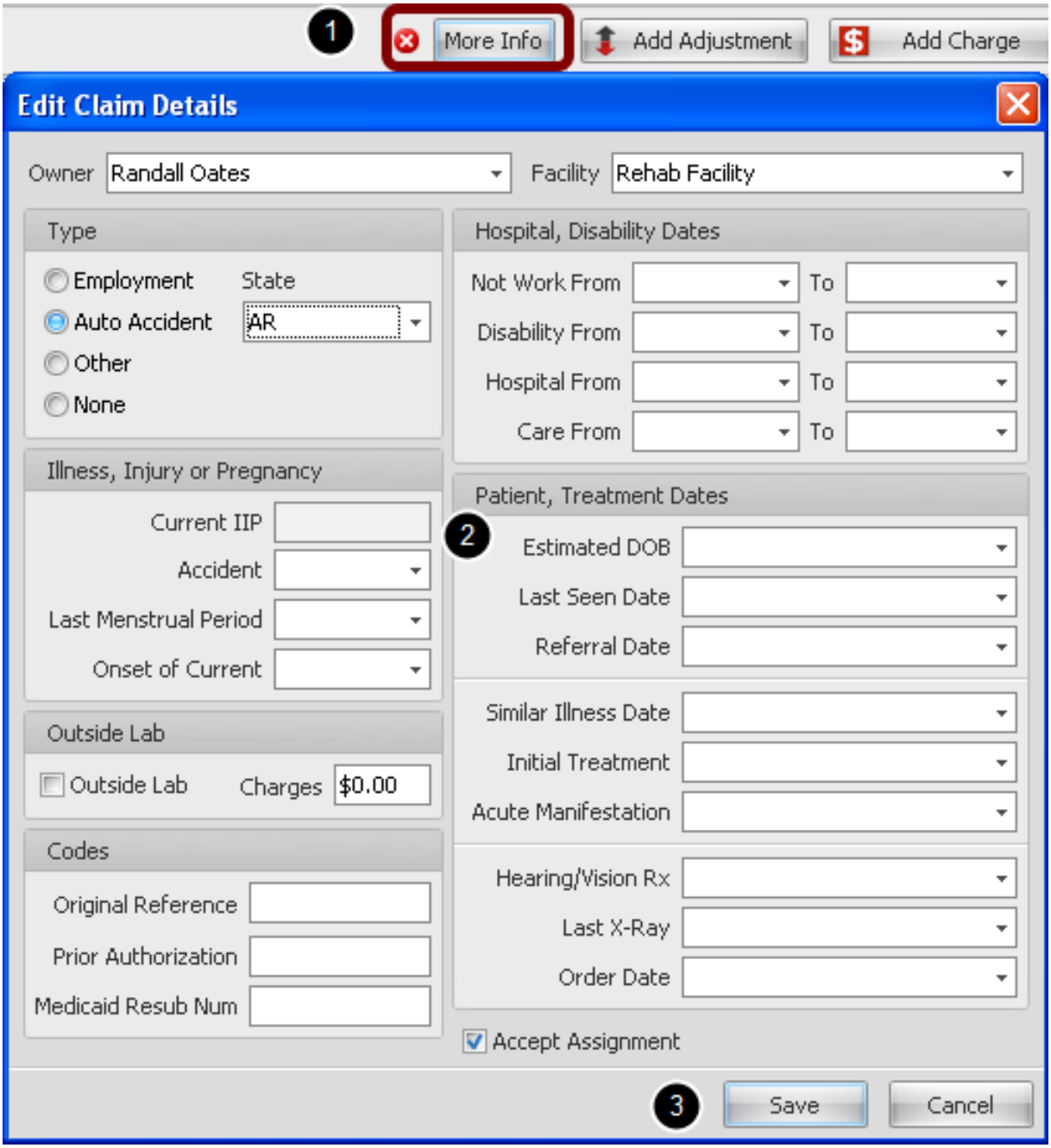
The Patient **Ledger** Tab will open and the New charge(s) will be shown in the ledger.

More Visit Information

Billing -> Patient Account -> New Charges Tab ->More Info

Additional visit information is entered here including accident information, prior authorization numbers, hospitalization dates, etc.

More Info



1. Click the More button in New Charges Tab.

2. Enter information in the appropriate fields

3. Click Save

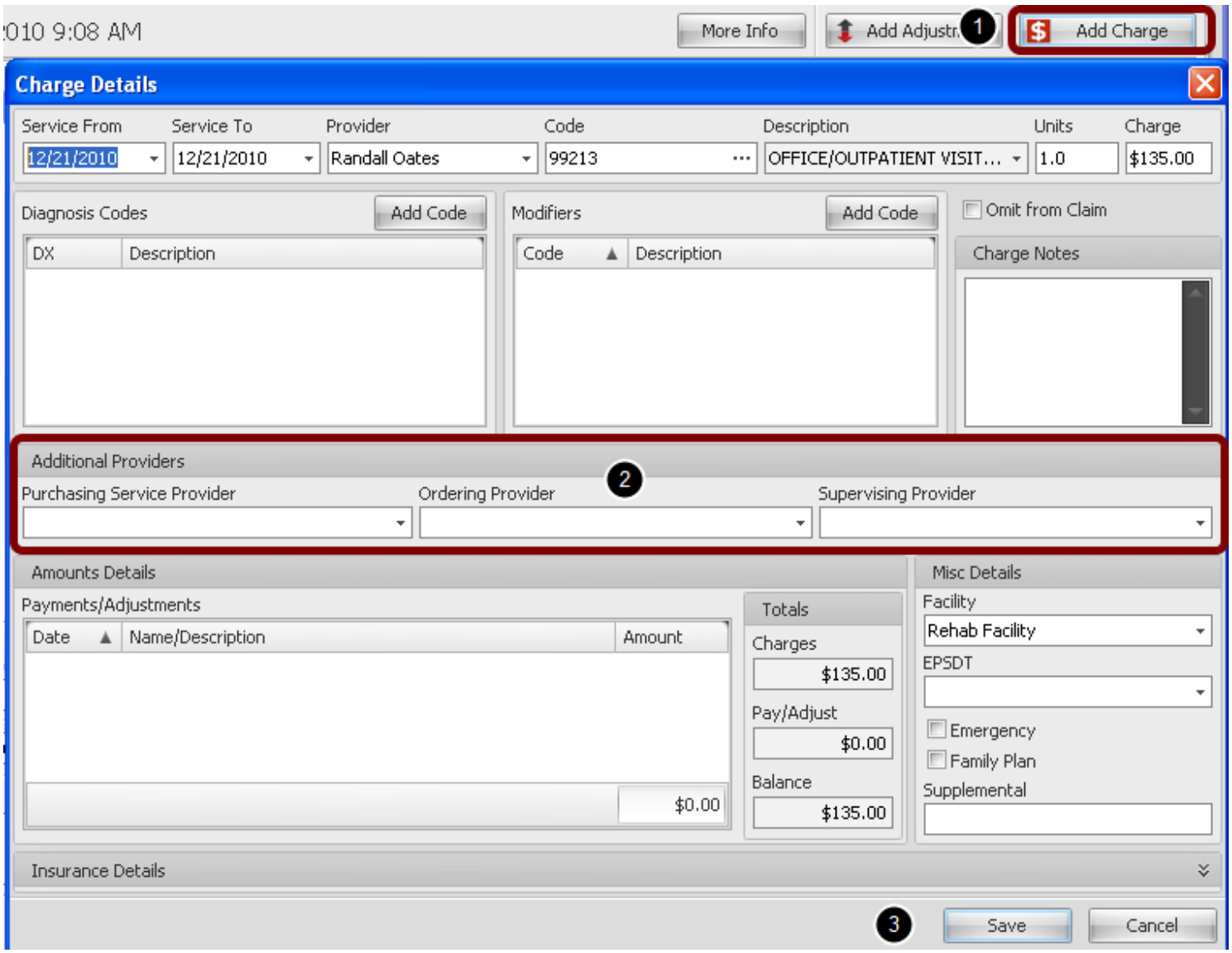
Note: Current IIP will auto populate with the date selected for Accident, Last Menstrual Period or Onset of Current.

Other Provider Information

Billing -> Patient Account -> New Charges Tab ->Add Charge -> Charge Details

Assign Ordering, Purchasing Service and Supervising Providers to charges/visits.

Assign Additional Providers

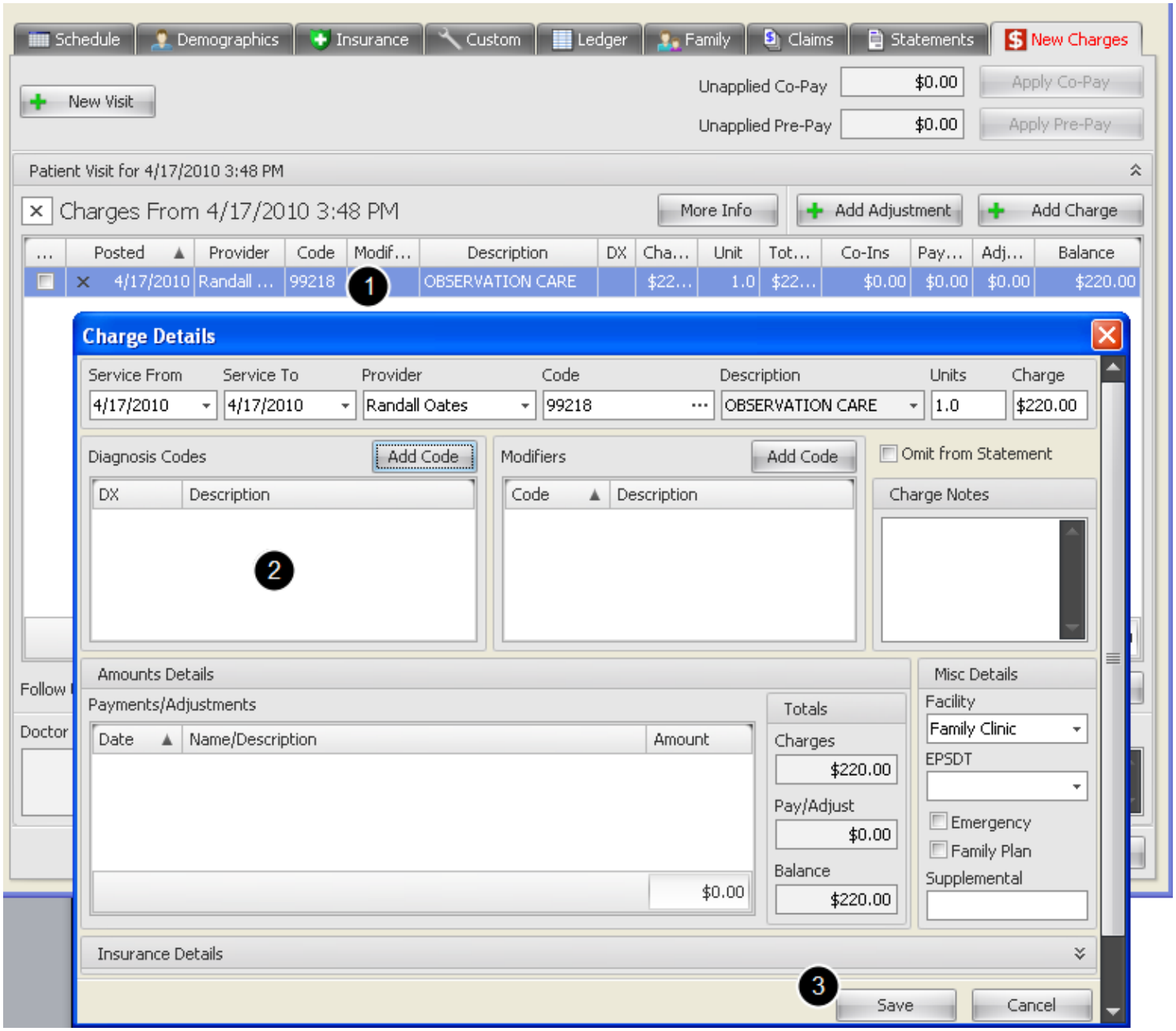


1. Click Add Charge button and enter charge code and double Click on the added charge to open Charge Details dialog.

2. Click the drop down arrow and select from the available list of Contacts to assign the Purchasing Service, Ordering or Supervising Provider.

3. Click Save.

Edit/Update Charges



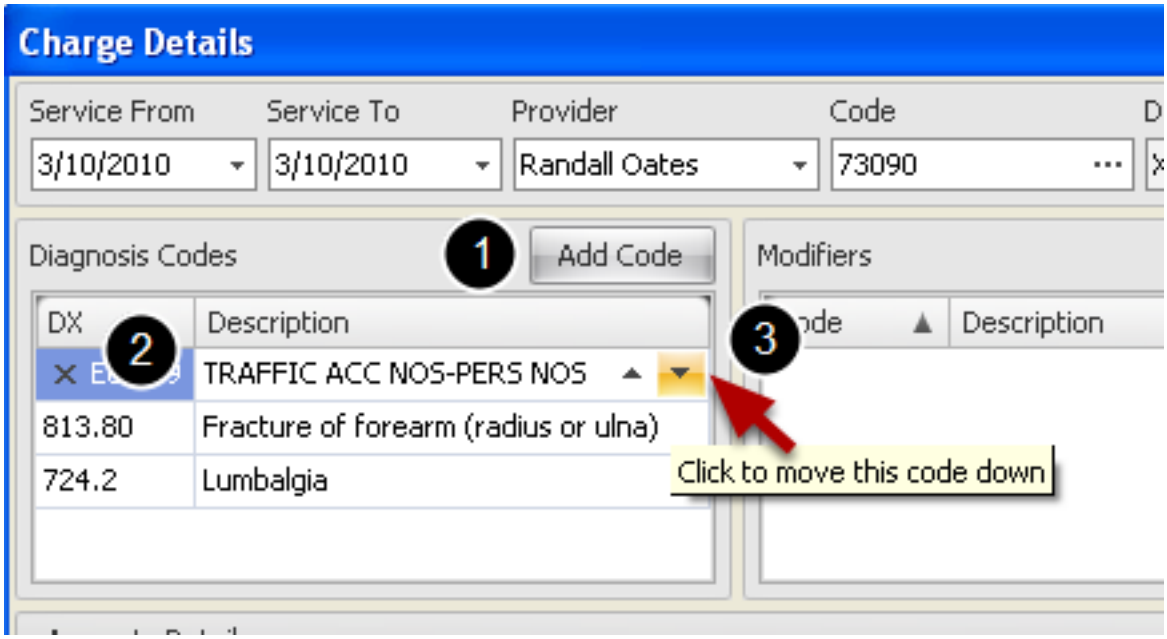
Charges can be Corrected/Edited from several different locations within SOAPware Billing. This example shows a new charge in the **New Charges Tab**

1. Double Click anywhere on the line item to Open the Charge Details dialog.

2. Click inside any editable field and make changes/corrections, as needed.

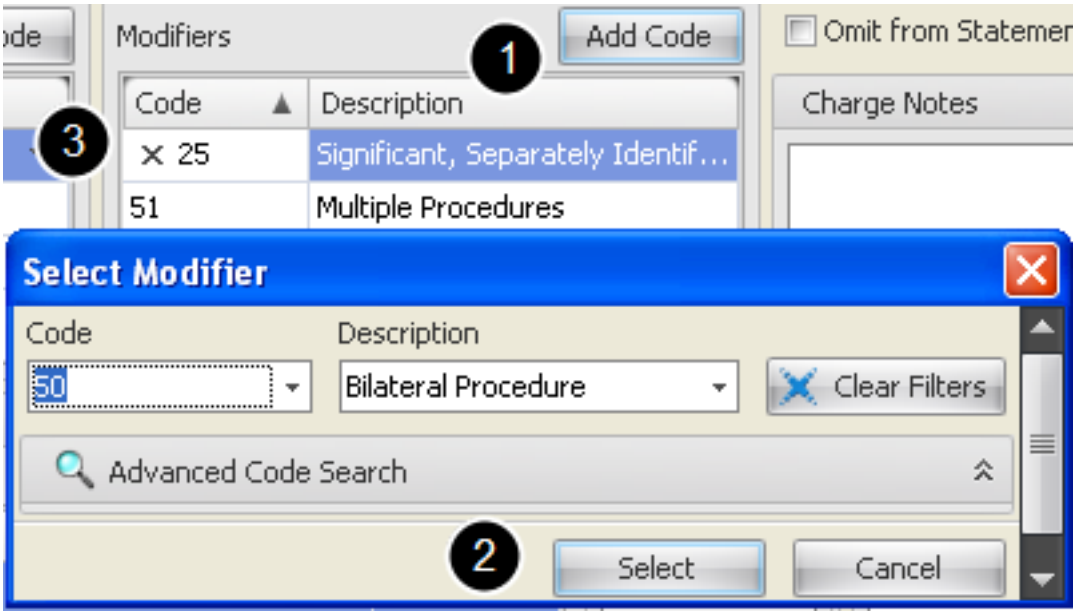
3. Click the Save button to save changes

Edit Diagnosis Code



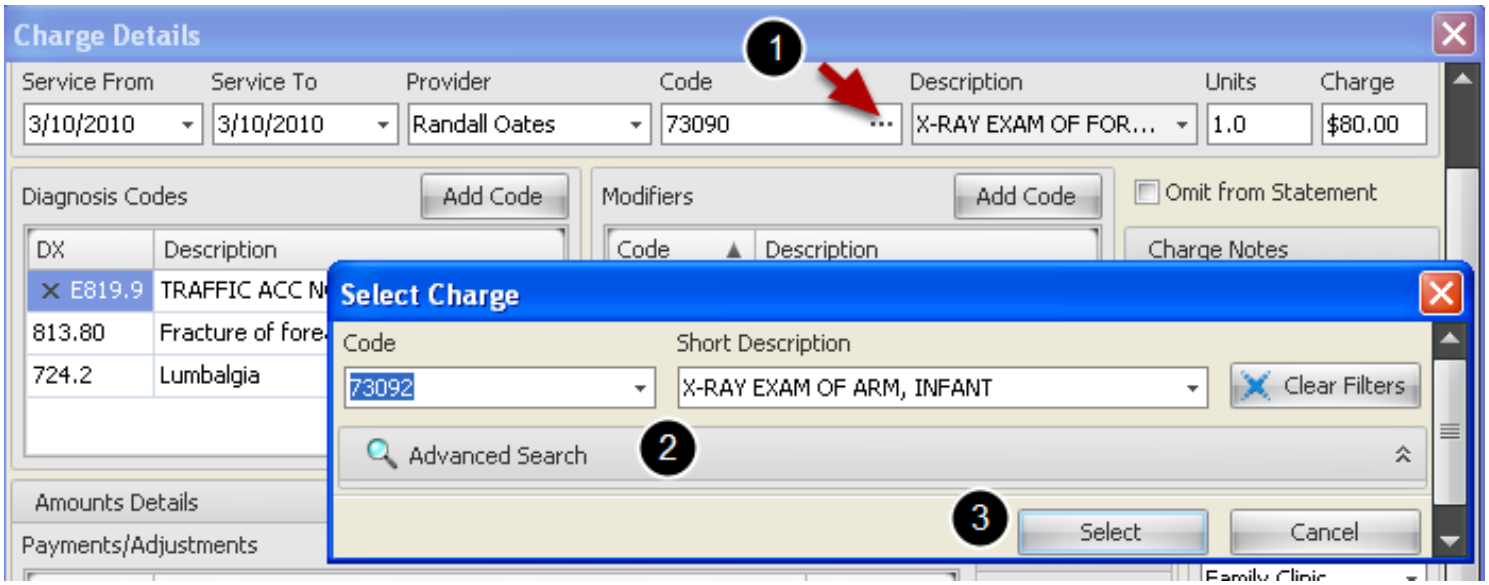
1. To add a Diagnosis Code, Click the Add Code button and begin Typing the ICD-9 code or Click in the Description search field and begin typing description. Click the Select button
2. Delete a code from the list by Clicking the X in front of the ICD-9 code
3. Change order of importance for diagnosis codes by Clicking on the Up and Down arrows to the right of the code description.

Edit Modifiers



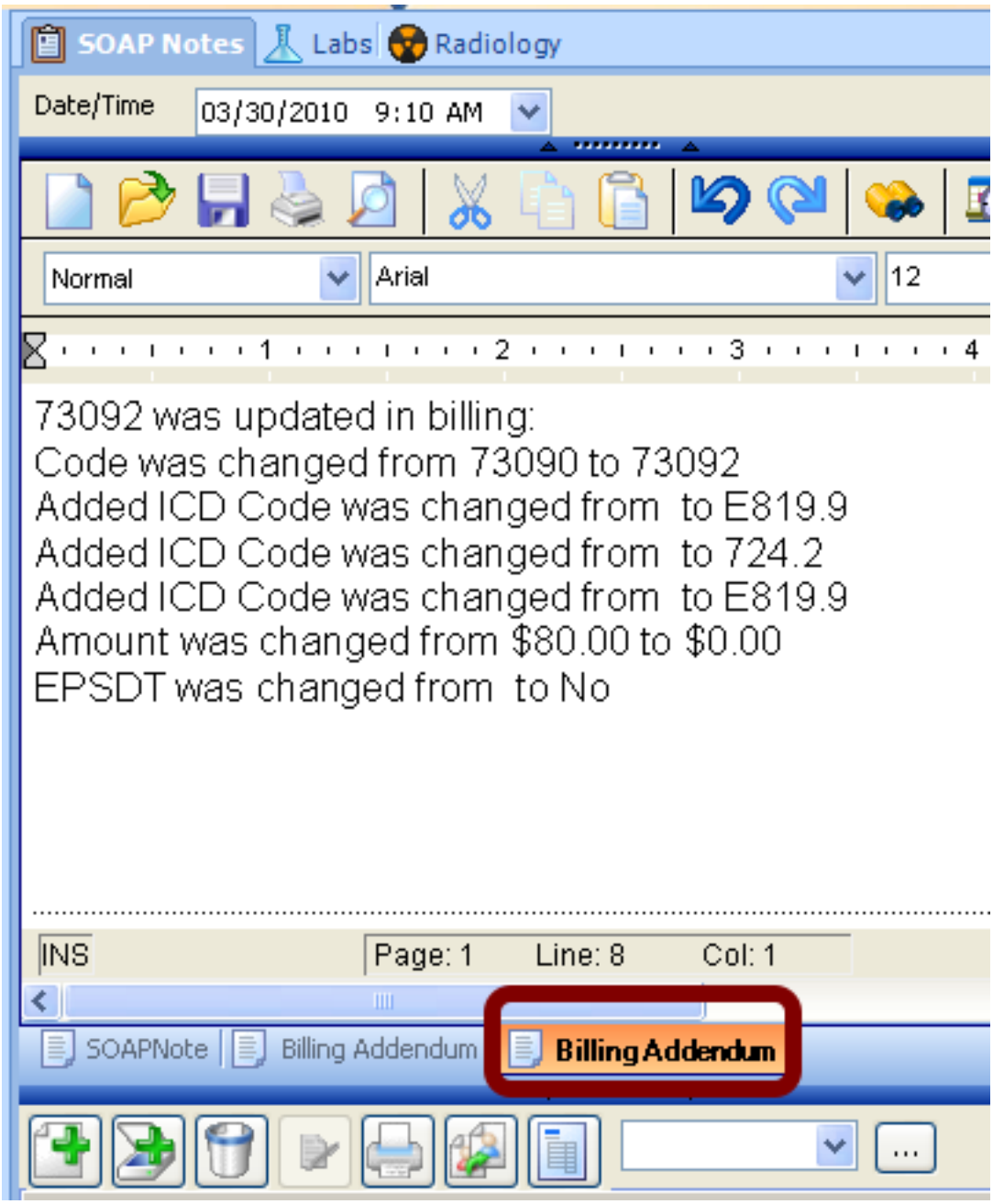
1. To add a Modifier, Click the Add Code button and begin Typing the Modifier code or Click in the Description search field and begin typing description.
2. Click the Select button
3. Delete a Modifier from the list by Clicking the X in front of the Modifier

Edit Procedure Codes



1. To change or add, Click to open the Select Charge dialog
2. Begin Typing the CPT code or Click inside the Description field and begin Typing a description for the Code and select code from the list
3. Click the Select button

Addendum added to Patient Chart when Visits are Edited in Billing



When a visit is created in a Patient Chart and has been edited in Billing, an Addendum is created and attached to the SOAP note section of the Patient Chart with a description of the changes

Apply Payment to Patient Account in New Charges Tab

Apply Payment to New Charges

Apply Payment to charges in the New Charges Tab at Checkout. Payments should be applied prior to Posting new Charges to ledger. Payments can be applied to current charges and/or previous visits from the Make Payment dialog. After current Charges are edited and verified for accuracy, Click the Add Payment button to open **Make Payment** dialog.

Apply Payment to New Charge

Make Payment

Payer Details

Bunch, Oscar

Account # 19 Chart # DOB 2/5/1977 Age 33

1122 Elm St
Some City AR 72765-1122

Comments

Type free text comments if needed for additional information about this payment

Payment Details 1

Payment Type	Payment
Facility	Family Clinic
Pay Date	4/22/2010
Pay Method	Credit Card
Reference	*********6789
Amount	$100.00
Remaining	$100.00

Apply Charges | Add Dependent | No Dependents | Add Patient | 2 Disburse

Bunch, Oscar

Acct # 19 DOB 2/5/1977
Chart # inc123456 Age 33

Co-Pay $0.00 Disburse $0.00

Pre Pay Disburse $0.00

Charges

Show Zero Balance Charges 3 Pay All

DOS	Provider	Code	Description	Charge	Paym...	Balance	Applied
Visit Id: 177							
4/20/2010	Randall O...	99215	OFFICE/OUTPATIENT ...	$175.00	$0.00	$175.00	$0.00
Visit Id: 172							
4/17/2010	Randall O...	99218	OBSERVATION CARE	$220.00	$30.00	$190.00	$0.00
Visit Id: 167							
				$2,02...	$1,22...	$799.61	$0.00

4

Clear Applied | Print Receipt After Saving | Save | Cancel

Payer Details Payer defaults to the Guarantor information, and can be edited to select a different payer

1. Payment Details Manual entry. Visits are inactivated until a Payment Amount is entered. Once an amount is typed into the field, the payment can be applied to the charges

Select method to apply Payment:

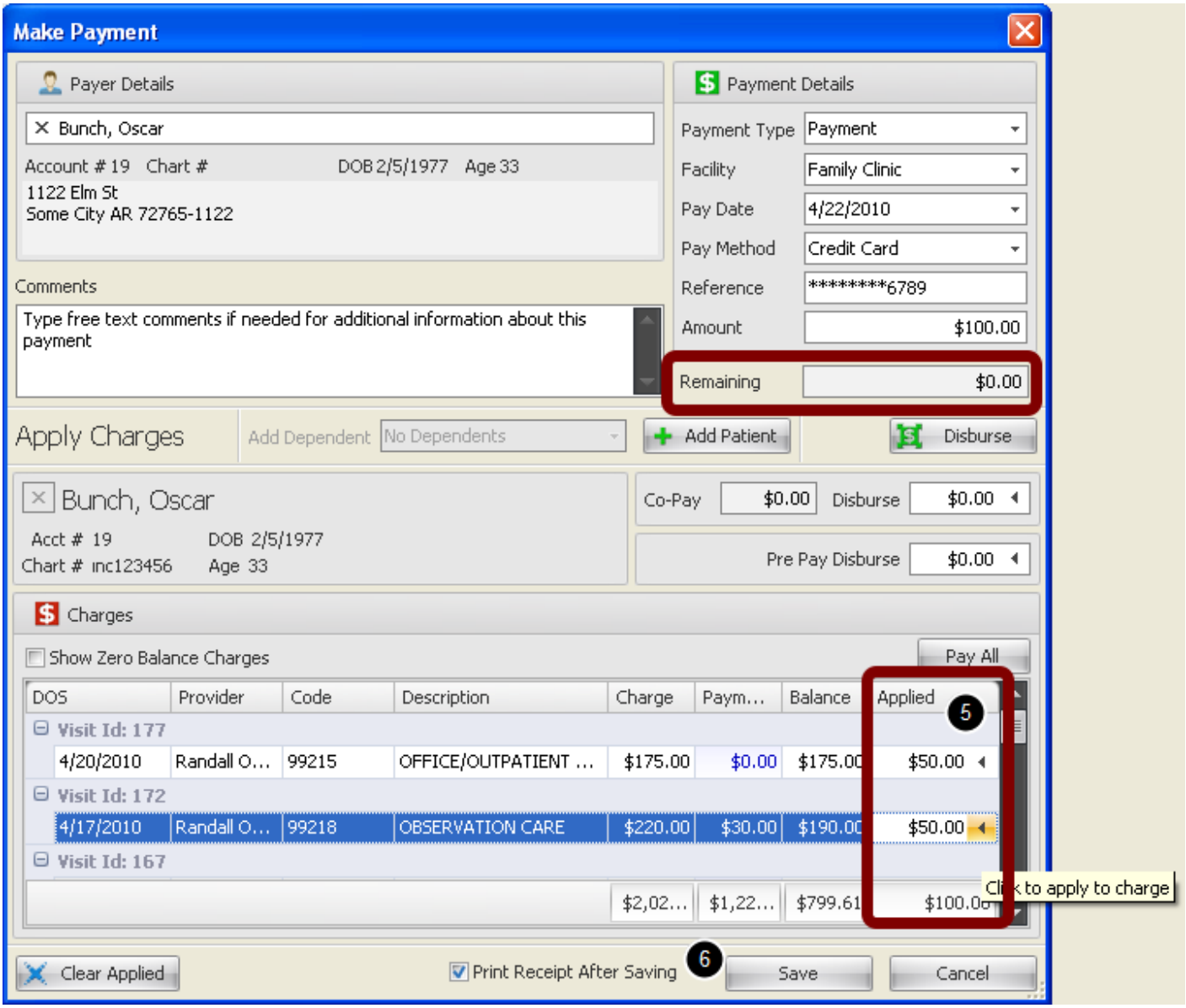
2. Disburse To automatically apply this payment, Click the Disburse button. This will post to the oldest

outstanding charge in the patient account and continue with the next oldest account until the entire Payment amount is exhausted.

3. Pay All To apply payment to all outstanding charges on account at one time, Click the Pay All button.

4. Pay Individual line item Charge To apply payment to current charge or selected charges, Click the Arrow in the Applied Column. The payment amount will automatically populate the field, and can be edited to spread the payment to other charges

Apply Payment to Visits/Charges

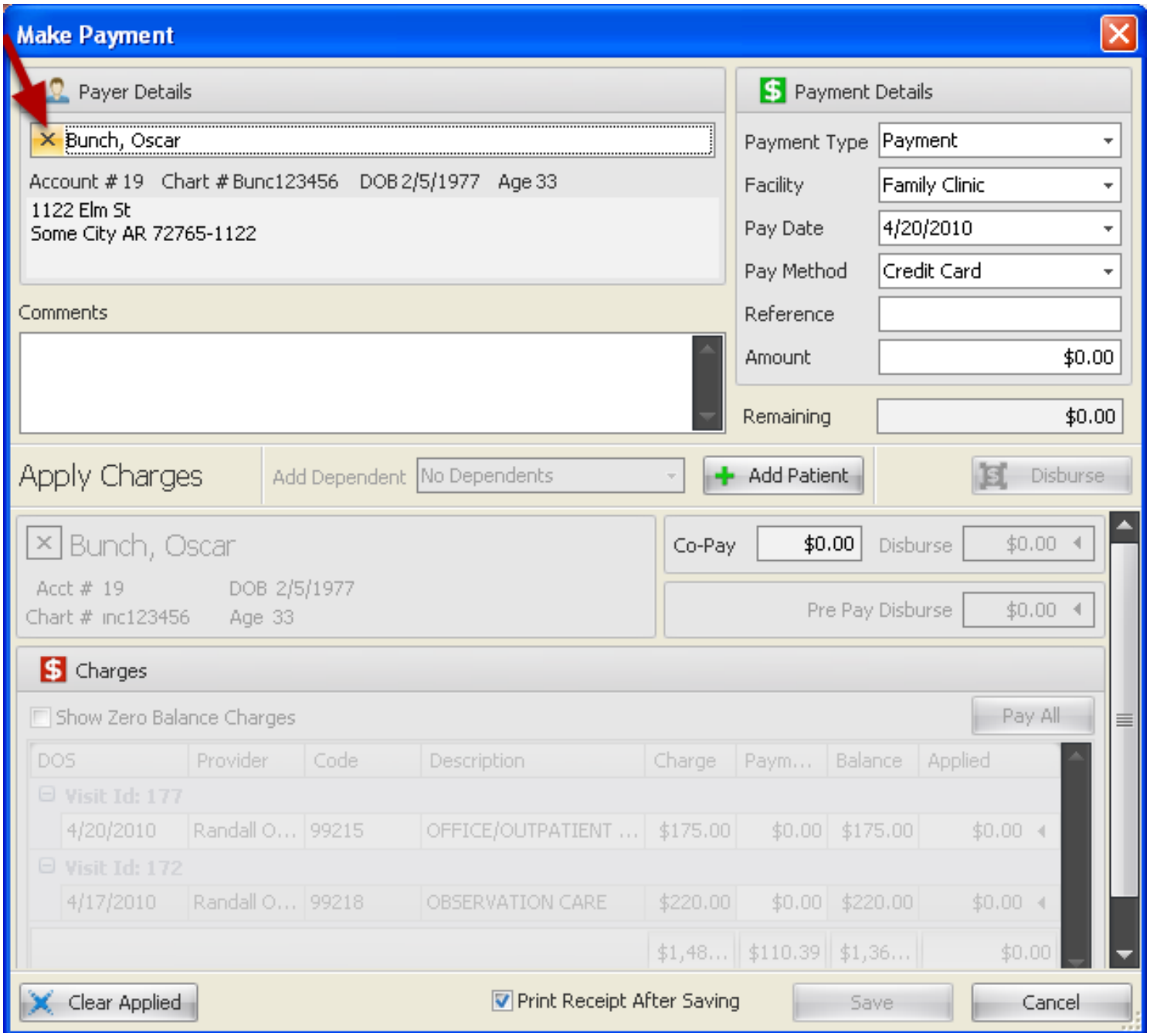


5. Apply Payment to Charges.This is a screenshot of one payment applied to two different charges. By Clicking on the arrows in the **applied column**, $50 was applied to each charge. As the Payment is applied, the Remaining amount is reduced by the applied amount.

To make corrections, the **Clear Applied** button will remove current payments applied and reset the Amount.

6. Click **Save** to return to the New Charges Tab and **Post** transaction to patients Ledger

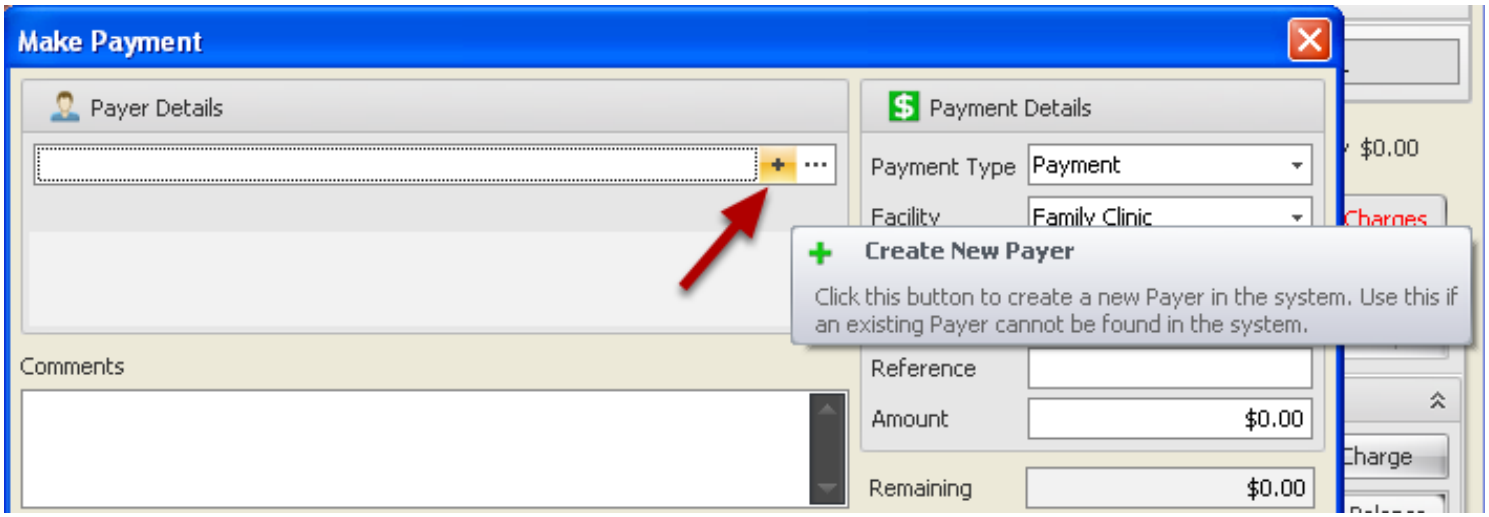
Change Payer



In the Make Payment dialog, Payer will Default to the Patient information. If someone other than the patient is remitting payment for the account, that information can be entered here for tracking payments/refund information, etc.

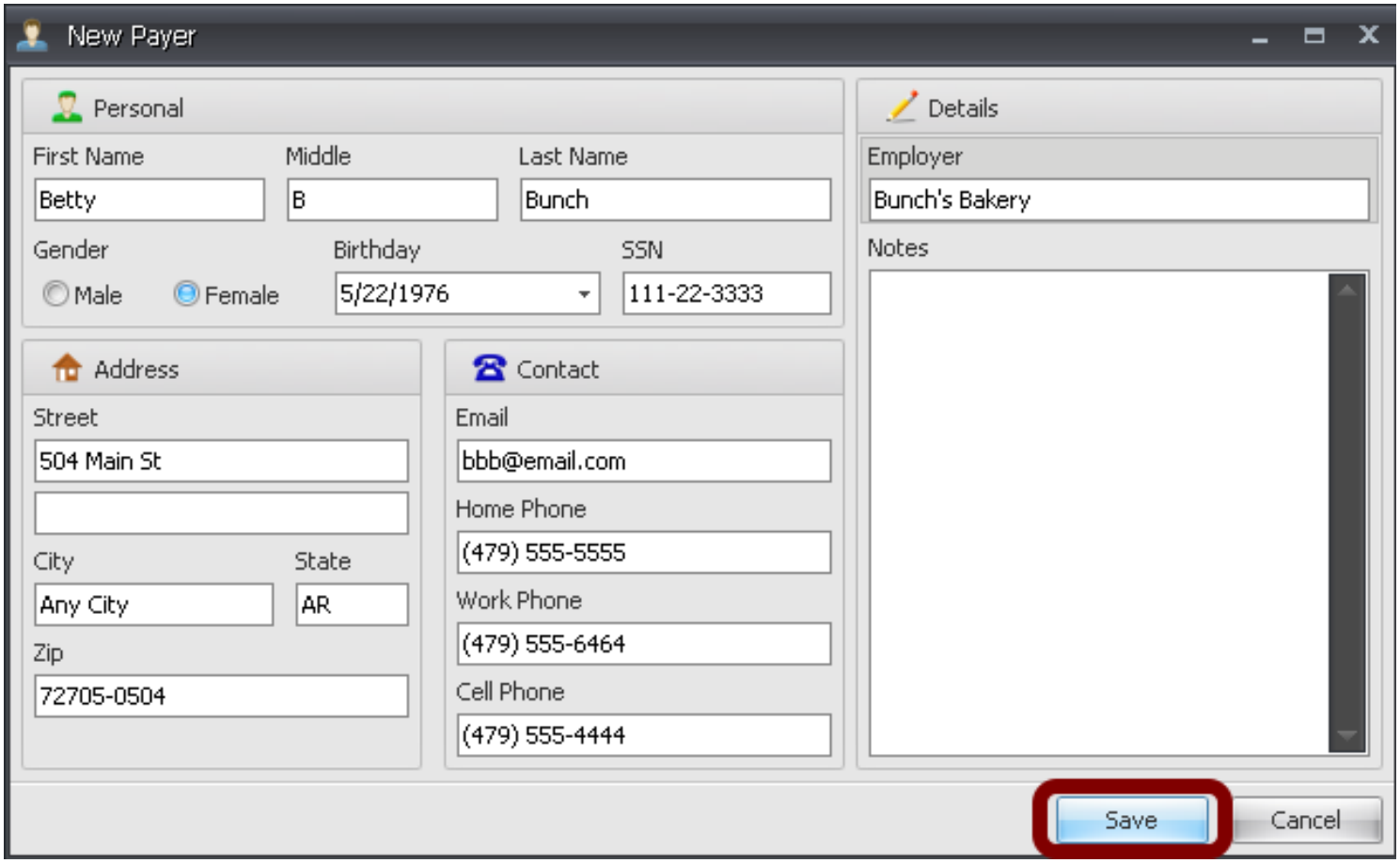
To remove the payer and add a new one, Click the X next to the Payer name.

Create a New Payer



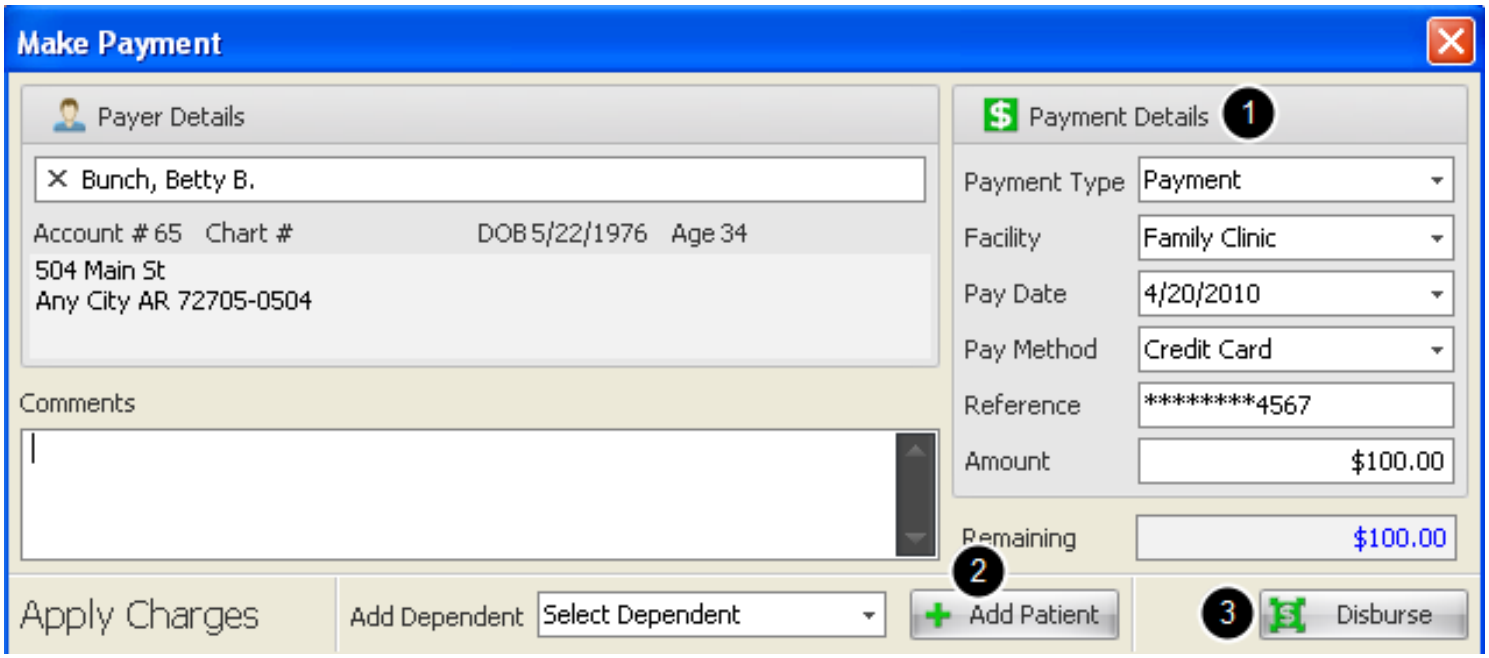
Click + to add a new Payer or **...** to search existing list of Payer/Non Patient accounts

New Payer details



Enter Payer details and then Click the Save button

Add Payment Details

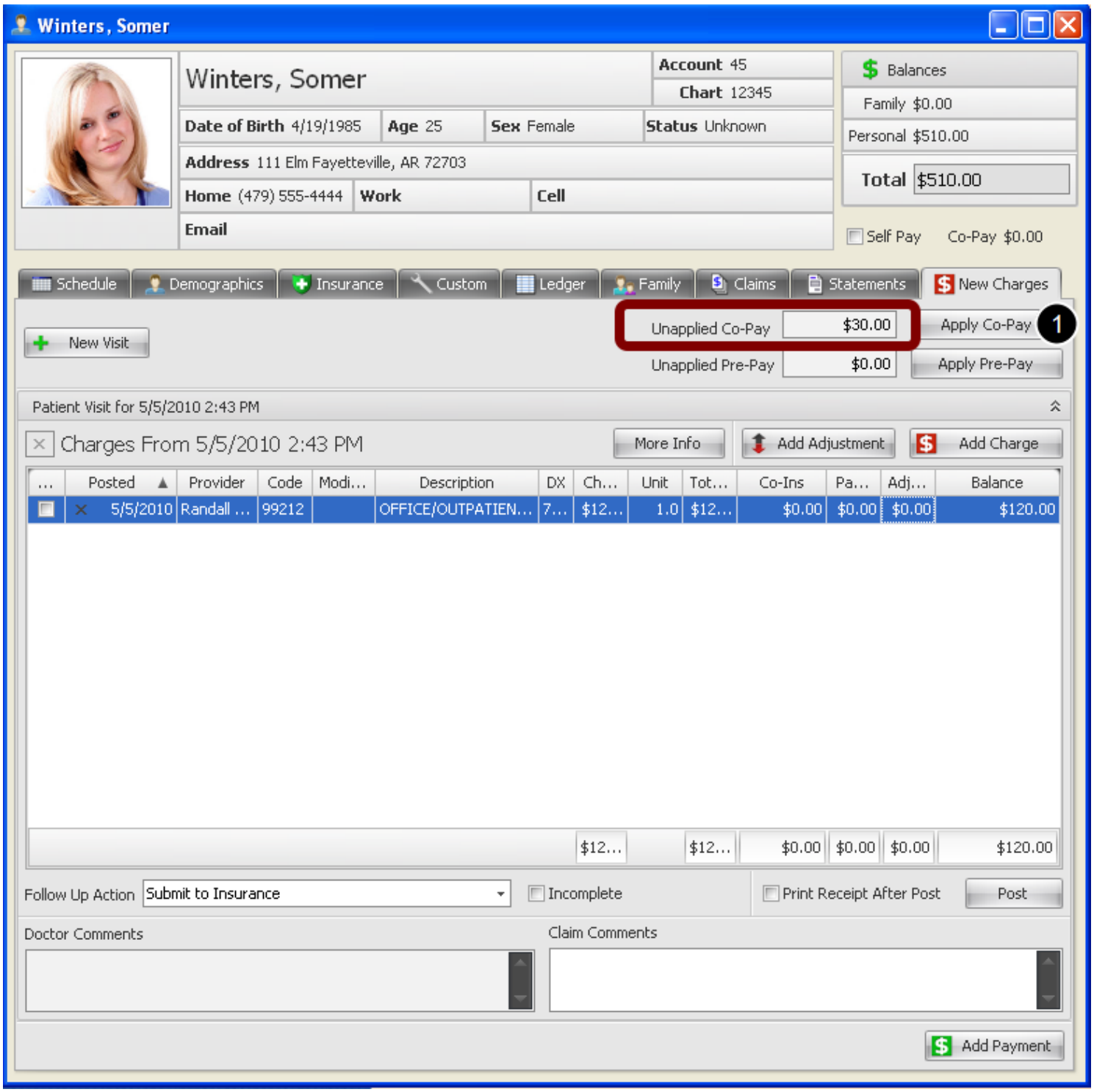


1. Enter Payment details including Payment method and amount of payment. As you type the payment amount, the lower portion listing the patient visits is activated.

2. If a Guarantor/Payer payment is to be applied to additional patients in the system, Click the **Add Patient** button or select a dependent from the **Add Dependent** list

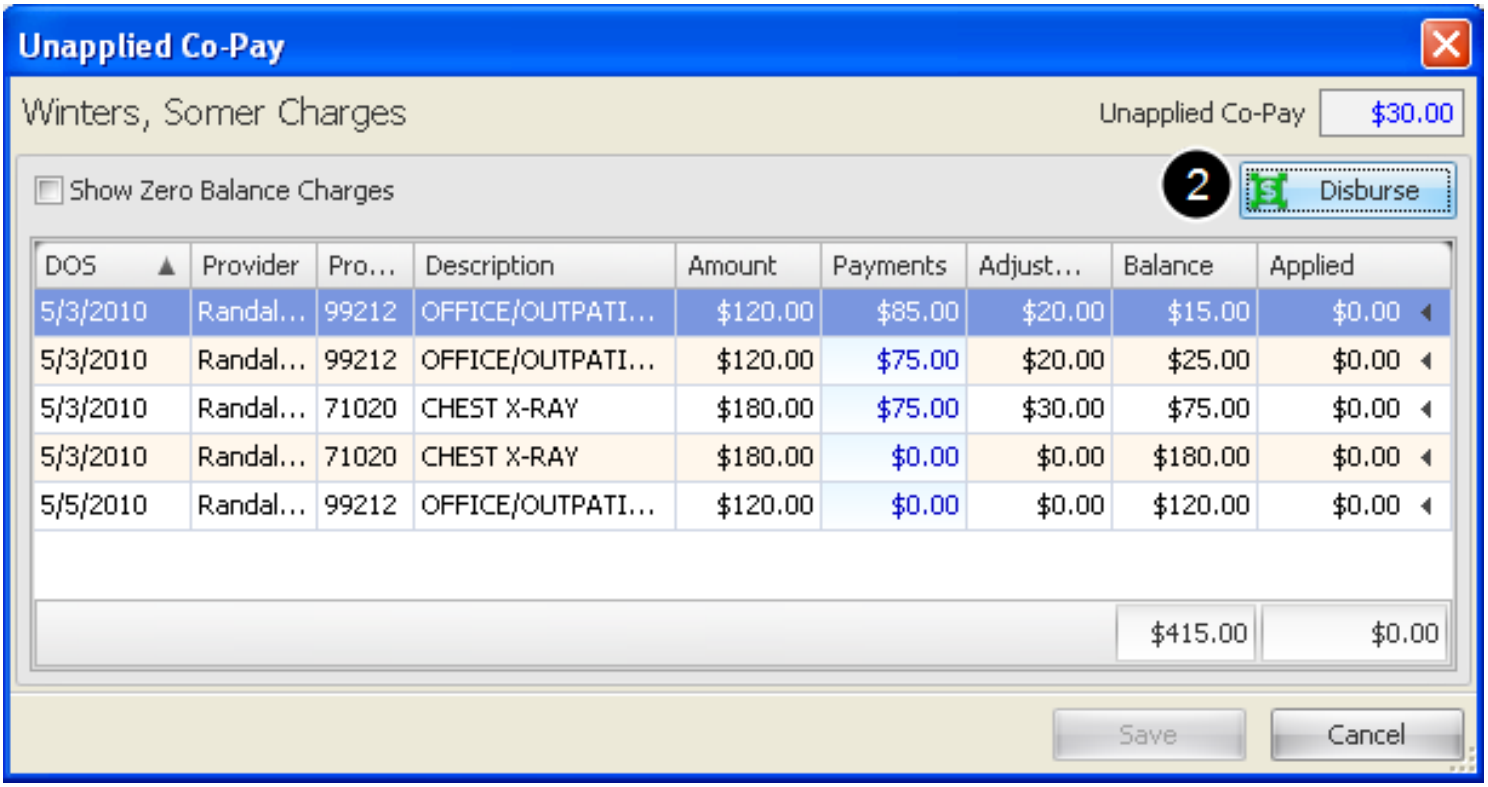
3. Apply payment amount to several charges with one click. Payment will be applied to charges beginning with the oldest outstanding balance

Apply Co-Pay/Pre-Pay to visit at check in

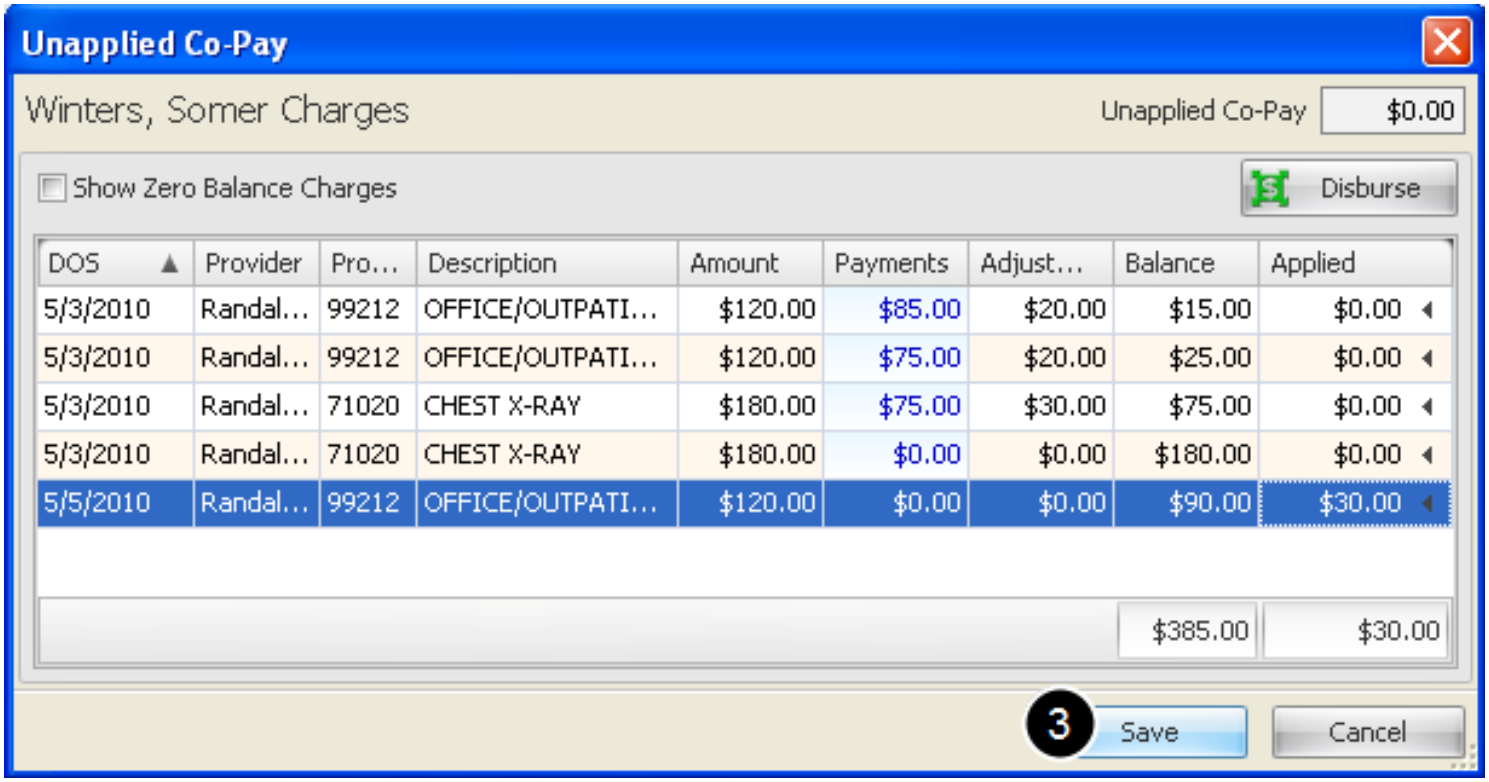


When a Co-Pay is taken by the front desk at the time a patient checks in and saves it in the Make Payment Dialog, it will be saved in the **Unapplied Co-Pay** section in the New Charges Tab. The Screenshot in this step is how the New Charges Tab will appear at Checkout after the Visit has been posted to billing from the Chart section.

1. Click the **Apply Co-Pay** button to open Unapplied Co-Pay dialog.

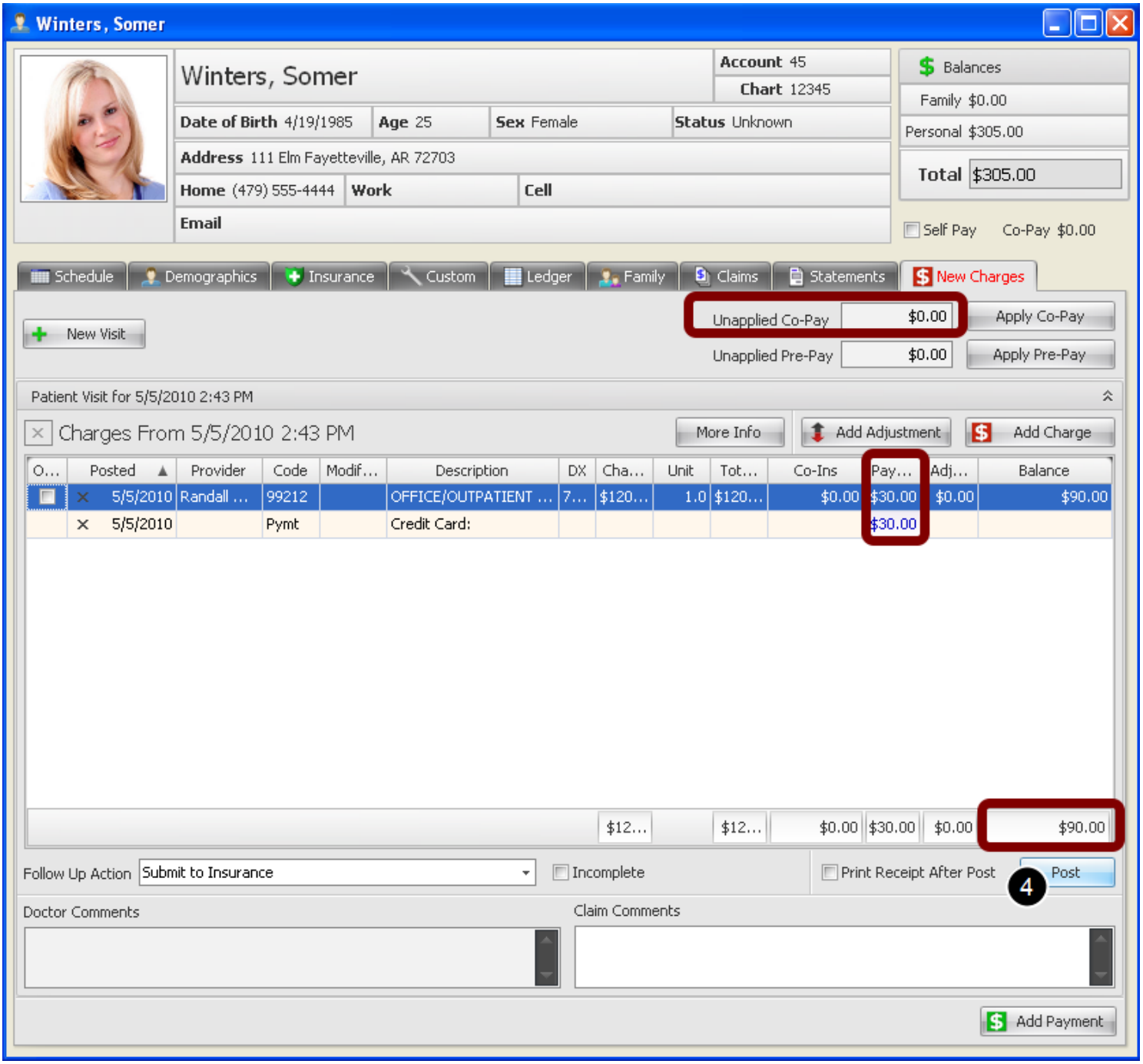


2. Click the **Disburse** button. <u>Co-Pay amount must be included in the patient Insurance Demographics to activate the Disburse button.</u>



The amount in the Unapplied Co-Pay box should automatically populate the current visit. This can be edited to place the payment on any outstanding visit, if needed.

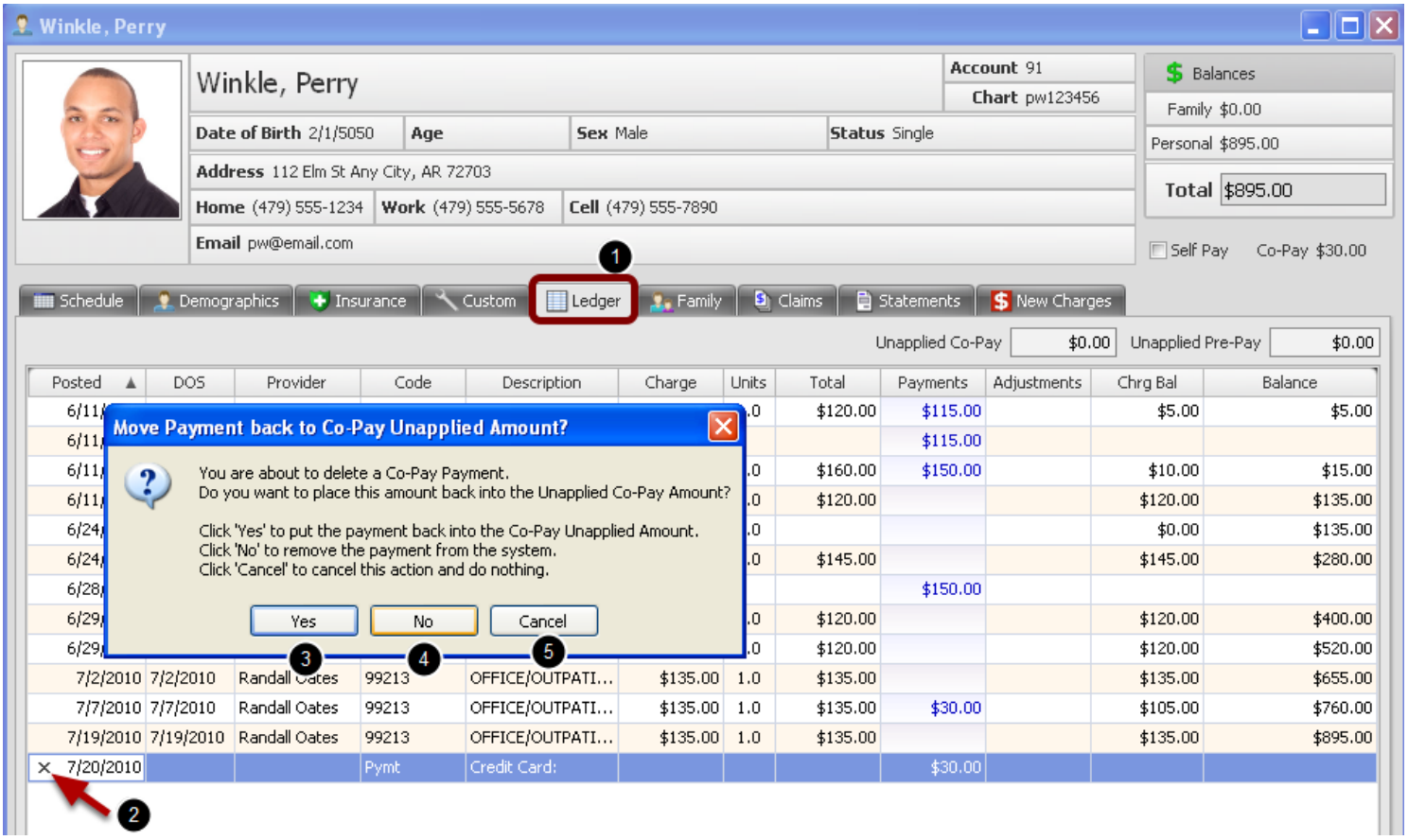
3. When the Co-Pay amount is applied to the selected visit, Click the **Save** button.



New Charges dialog opens. The Unapplied Co-Pay is zero, the payment is applied to the new charge and the Balance reflects the Payment.

4. Click the **Post** button to post transaction to the Patients Ledger.

Delete Co-Pay From Patient Ledger



1. Click Ledger Tab.

2. Locate the payment line item and Click the X next to the Posted date.

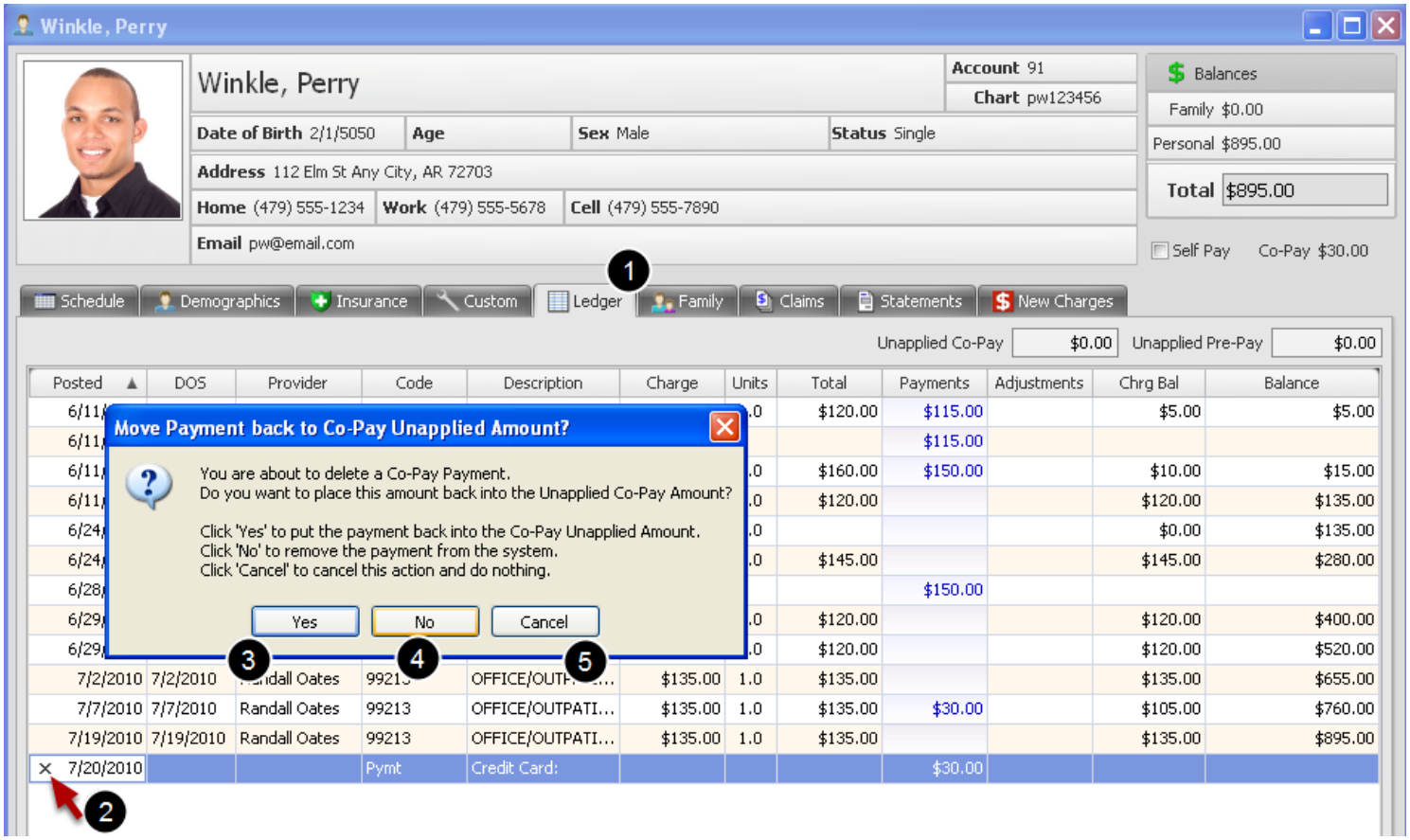
3. Click **Yes** to put the payment back into the Co-Pay Unapplied Amount and allow the user to reapply the Co-Pay to the correct visit/charge.

4. Click **No** to remove the payment from the system.

5. Click **Cancel** to cancel the delete process and return to Ledger details.

Note: Only users with security privileges will be allow to delete a payment.

Delete a Co-Pay from visit



1. Click Ledger Tab.

2. Locate the payment line item and Click the X next to the Posted date.

3. Click **Yes** to put the payment back into the Co-Pay Unapplied Amount and allow the user to reapply the Co-Pay to the correct visit/charge.

4. Click **No** to remove the payment from the system.

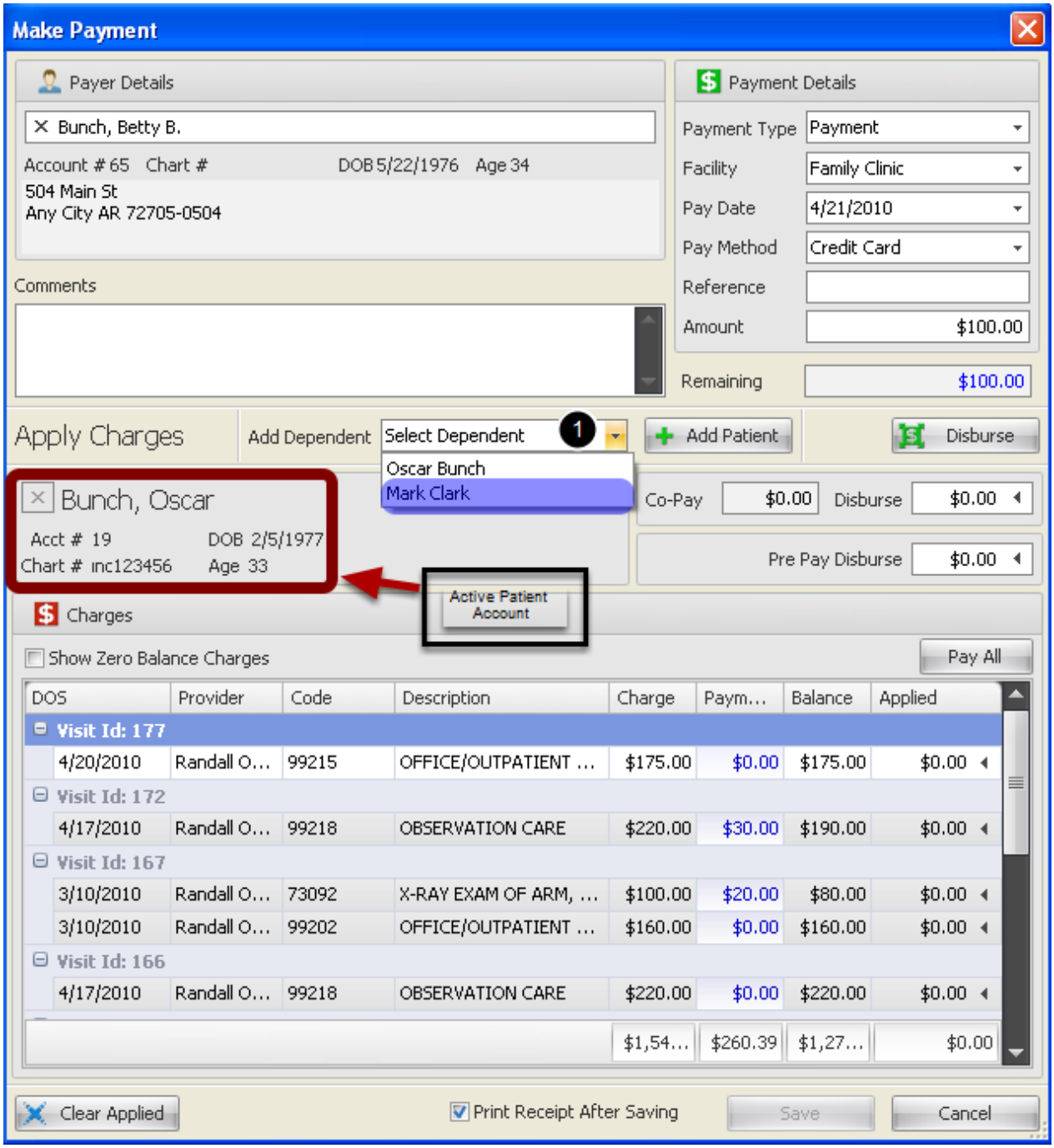
5. Click **Cancel** to cancel the delete process and return to Ledger details.

Note: <u>Only users with security privileges will be allow to delete a payment.</u>

Spread One Payment to Multiple Dependents

Pay multiple patient/dependent accounts from an Active Patient Account in the **Make Payment** dialog . Click on the Make Payment button found in several sections within the Patient Account.

Select Dependents for Payment

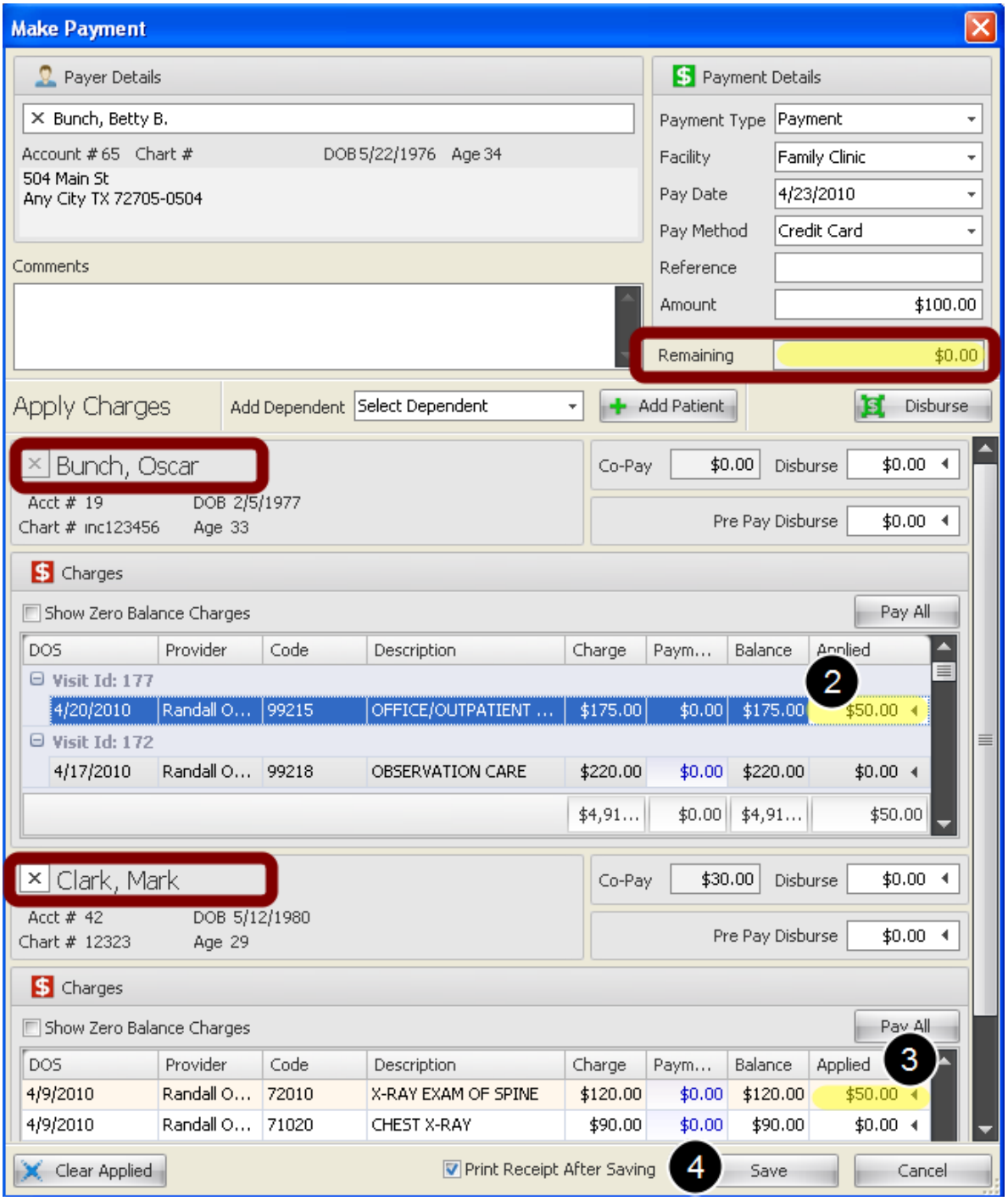


If the Payer shown in the **Payer Details** section wants to pay additional patient/dependent accounts within the system, those payments can be applied from one dependent's account in the Make Payment dialog. If the Payer has dependents set up in the Family Tab, they will be in the drop down Add Dependent list. If not, the patient can be accessed by Clicking the Add Patient button and selecting a

patient from the Chart Rack.

1. Click the Drop down option to select another patient/dependent from the Payer's Family Tab.

Apply Payment to Dependent(s)



This example shows a $100.00 Payment to be distributed between 2 Patient Accounts. The active patient will be listed first and the additional dependent(s) will be listed next.

2. Click the arrow in the Applied column on the charge line item, and type payment amount for the first

patient listed.

3. Repeat for the next patient listed.

As payments are applied, the Remaining amount is reduced until all has been distributed and then the remaining will be zero. The **Clear Applied** button will remove all applied amounts allowing corrections to be made prior to Saving the transaction

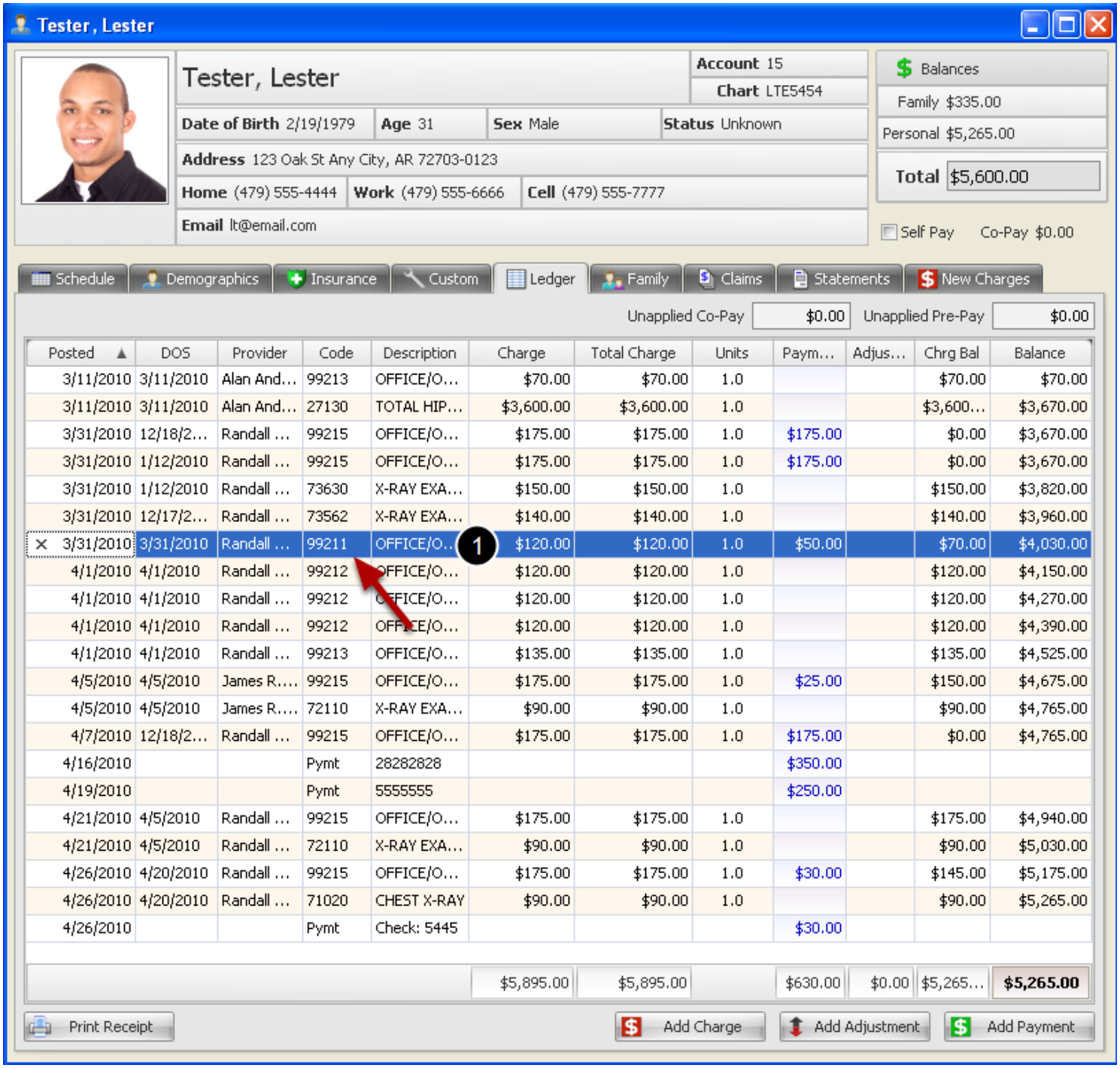
4. Click **Save** to return to the New Charges Tab and **Post** transaction to Ledger

Patient Ledger

View Charges in Ledger

View charge details in patient account ledger

Select a Charge to View



1. Double Click on the Charge line item to open the Charge Detail dialog

Charge Details

Charge Details 2

Service From: 3/31/2010 | Service To: 3/31/2010 | Provider: Randall Oates | Code: 99211 | Description: OFFICE/OUTPATIENT... | Units: 1.0 | Charge: $120.00

Diagnosis Codes — Add Code

DX	Description
722.10	Displacement of lumbar inter...

Modifiers — Add Code

Code	Description
25	Significant, Separately Identif...

Omit from Statement

Charge Notes

Amounts Details

Payments/Adjustments 3

Date	Name/Description	Amount
4/16/2010	Payment	$50.00
		$50.00

Totals

Charges: $120.00

Pay/Adjust: $50.00

Balance: $70.00

Misc Details

Facility: Family Clinic

EPSDT:

Emergency

Family Plan

Supplemental:

Insurance Details 4

Payer: BCBS AR | Begin Service: 3/31/2010 | End Service: 3/31/2010 | Units: 1

Claim Id: 66 | Claim Status: Submitted

Billed	Allowed	Deduct	CoIns	CoPay	Late
$120.00	$0.00	$0.00	$0.00	$0.00	$0.00

Adjusts	Adjust Codes	Paid	Remark Codes
$0.00		$50.00	

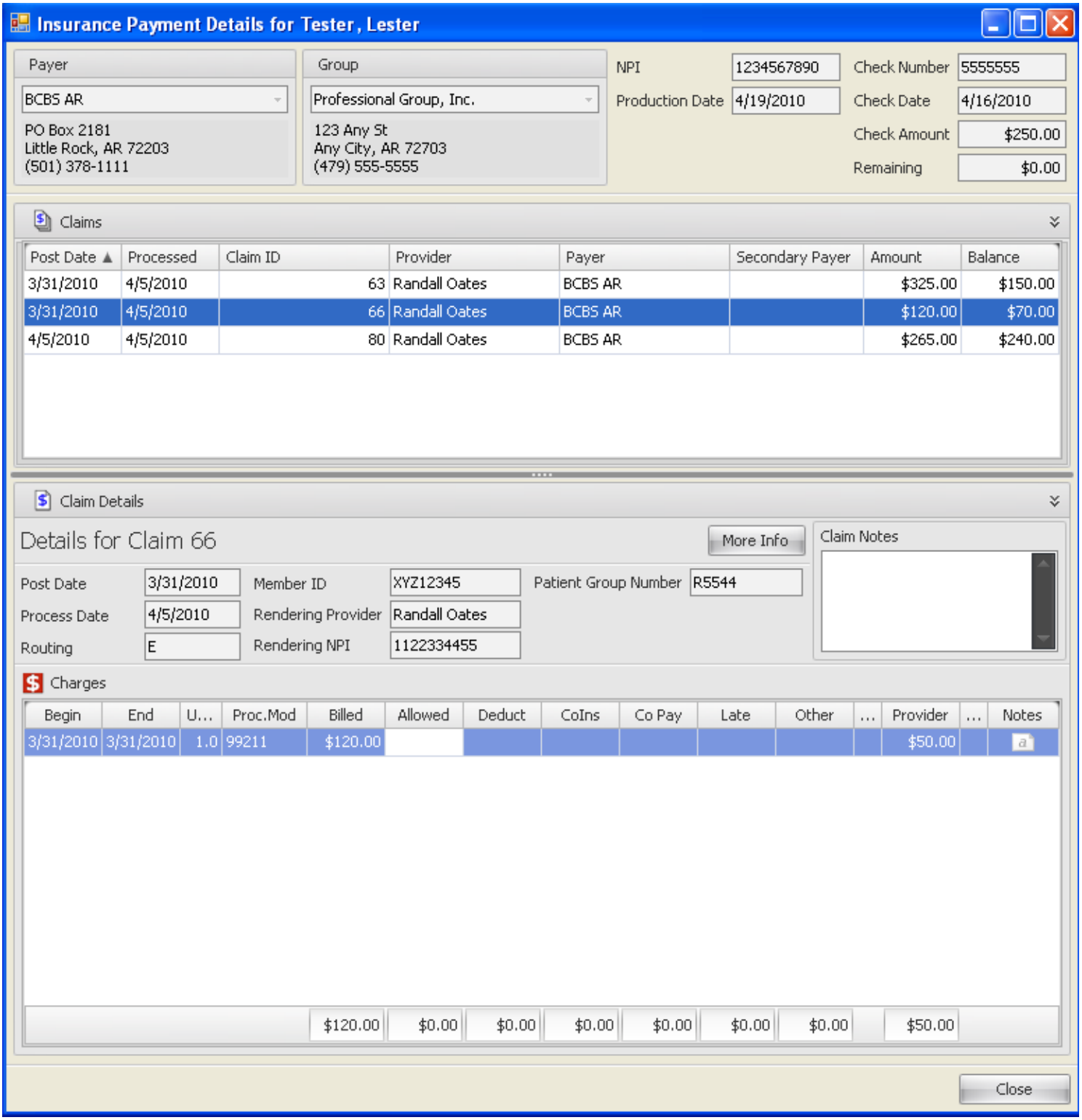
Notes

Save | Cancel

2. View details for selected claim including Service dates, codes used when charging the service and miscellaneous

3. Summary of Payments and Adjustments applied to selected Charge

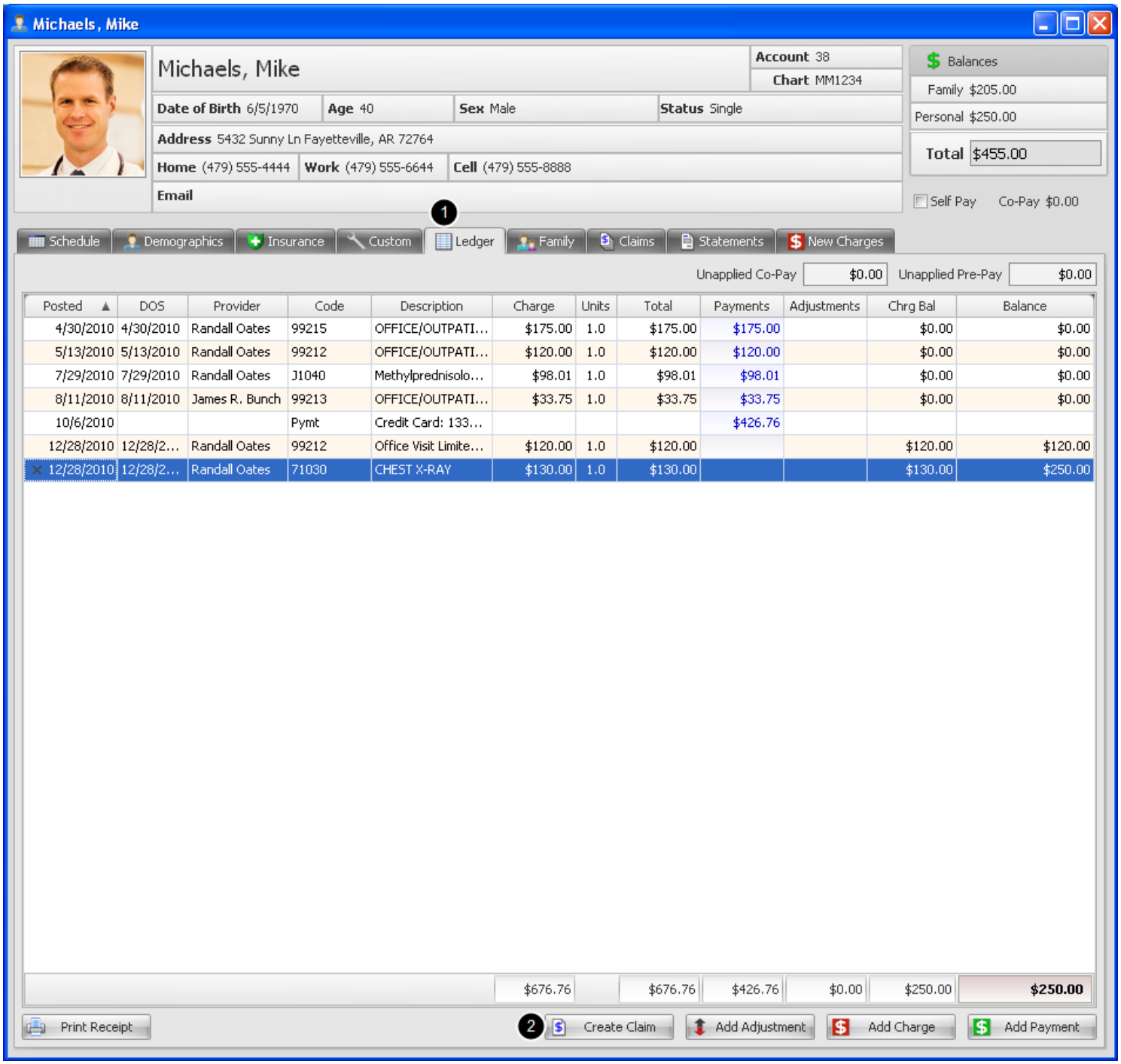
4. Details of Insurance payments and adjustments applied to selected Charge. If insurance has not processed the claim this section will be closed. To view additional Insurance Payment details, Double Click the Payment as shown in step 3. This will open the Insurance Payment details dialog



The Insurance Payment Details dialog displays additional Remittance/Insurance payment details

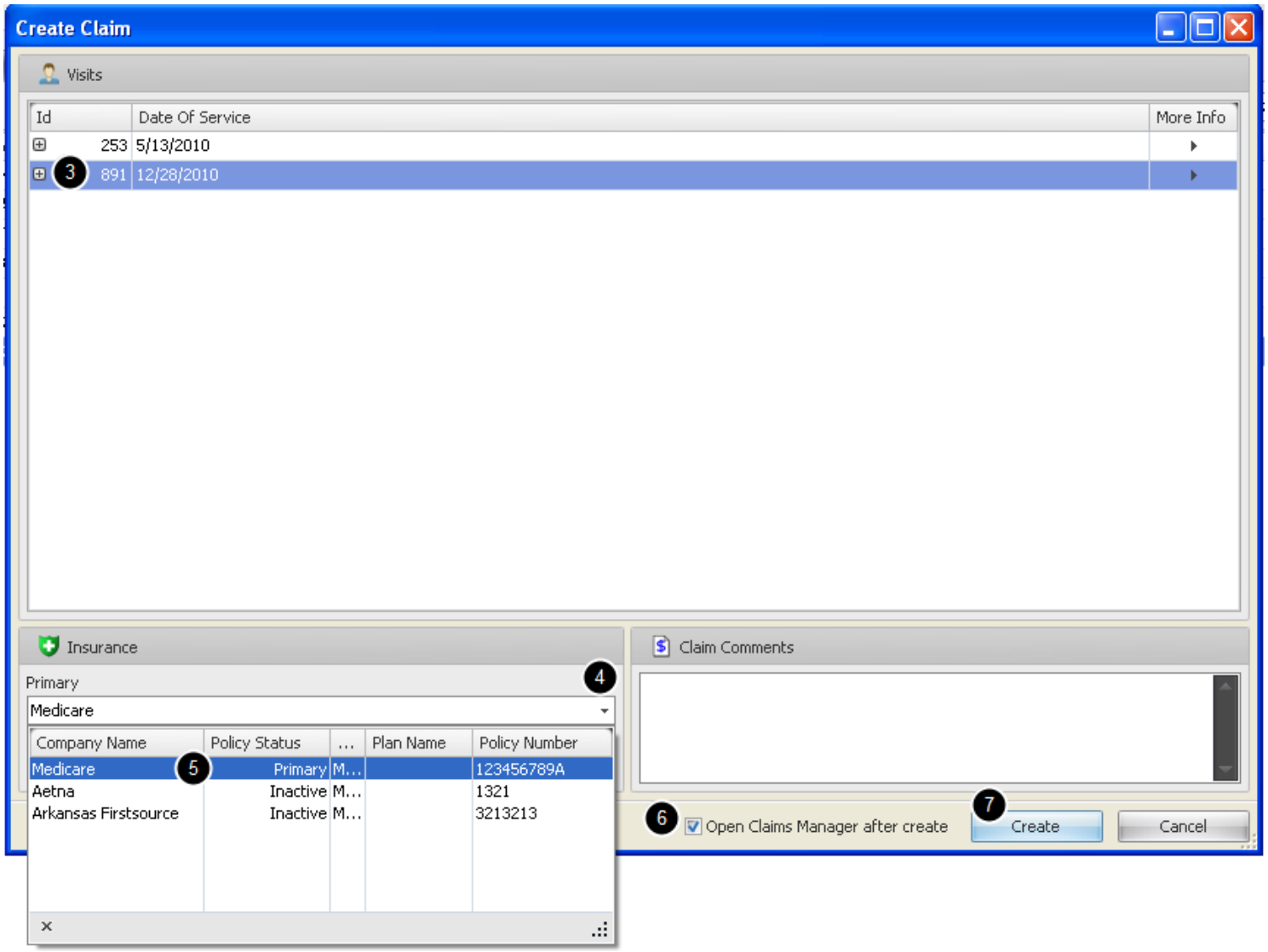
Create a Claim from Ledger

If a claim has never been created for charges and insurance information is later added to patient demographics, create a claim from the patient ledger to submit to the payer.



1. Open patient account and Click on the Ledger tab.
2. Click the Create Claim button to open Create Claim dialog.

Select Charges to create a claim

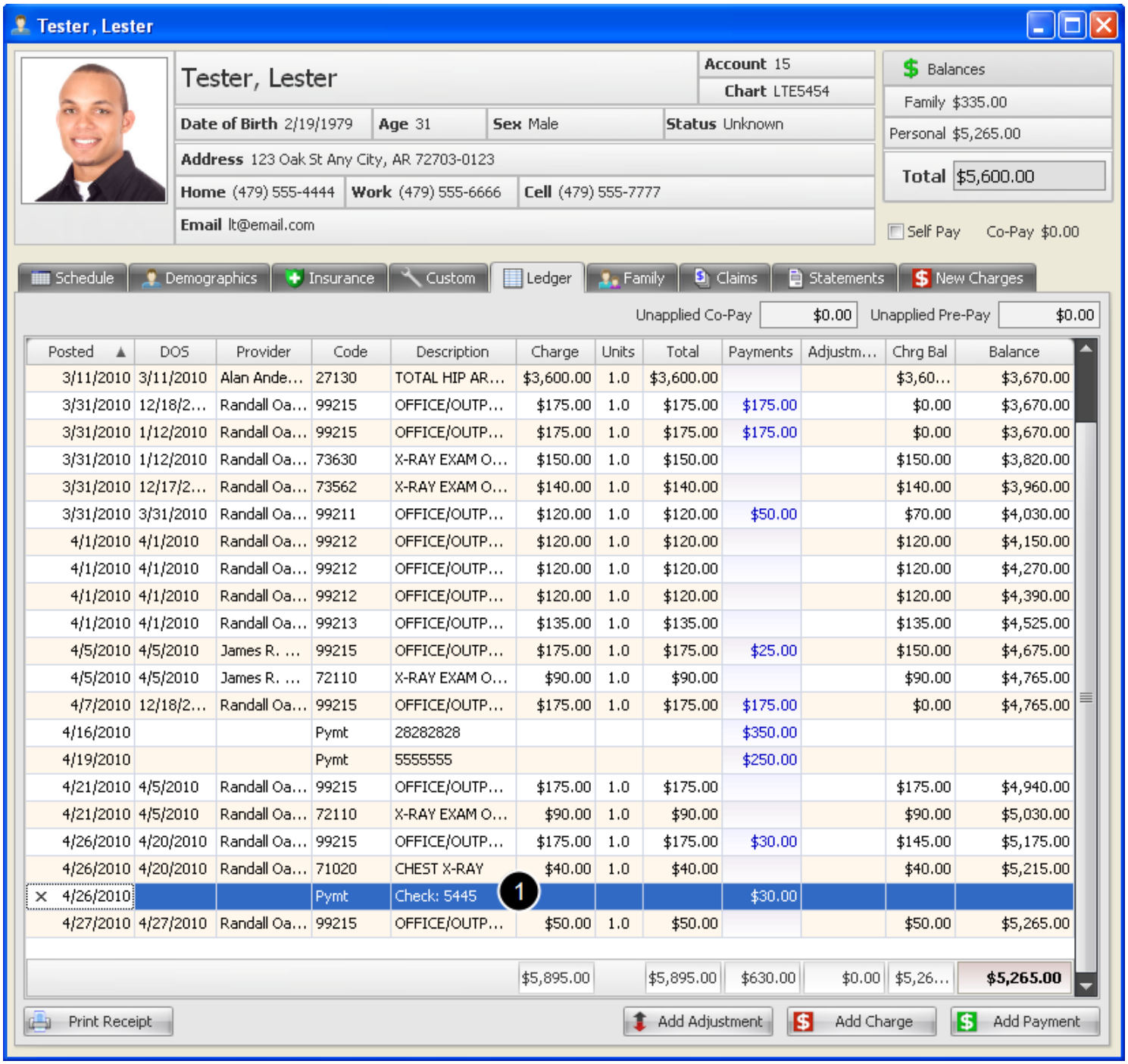


3. Click to highlight and **select the visit** for which you wish to create a claim.
4. Click the drop down arrow to open listing of all insurance companies associated with the patient, including active or inactive policies.
5. Click to highlight and **select the payer** responsible for the selected visit.
6. If you wish to open the Claims Manager after creating claim, place a check in the box.
7. Click **Create** button.

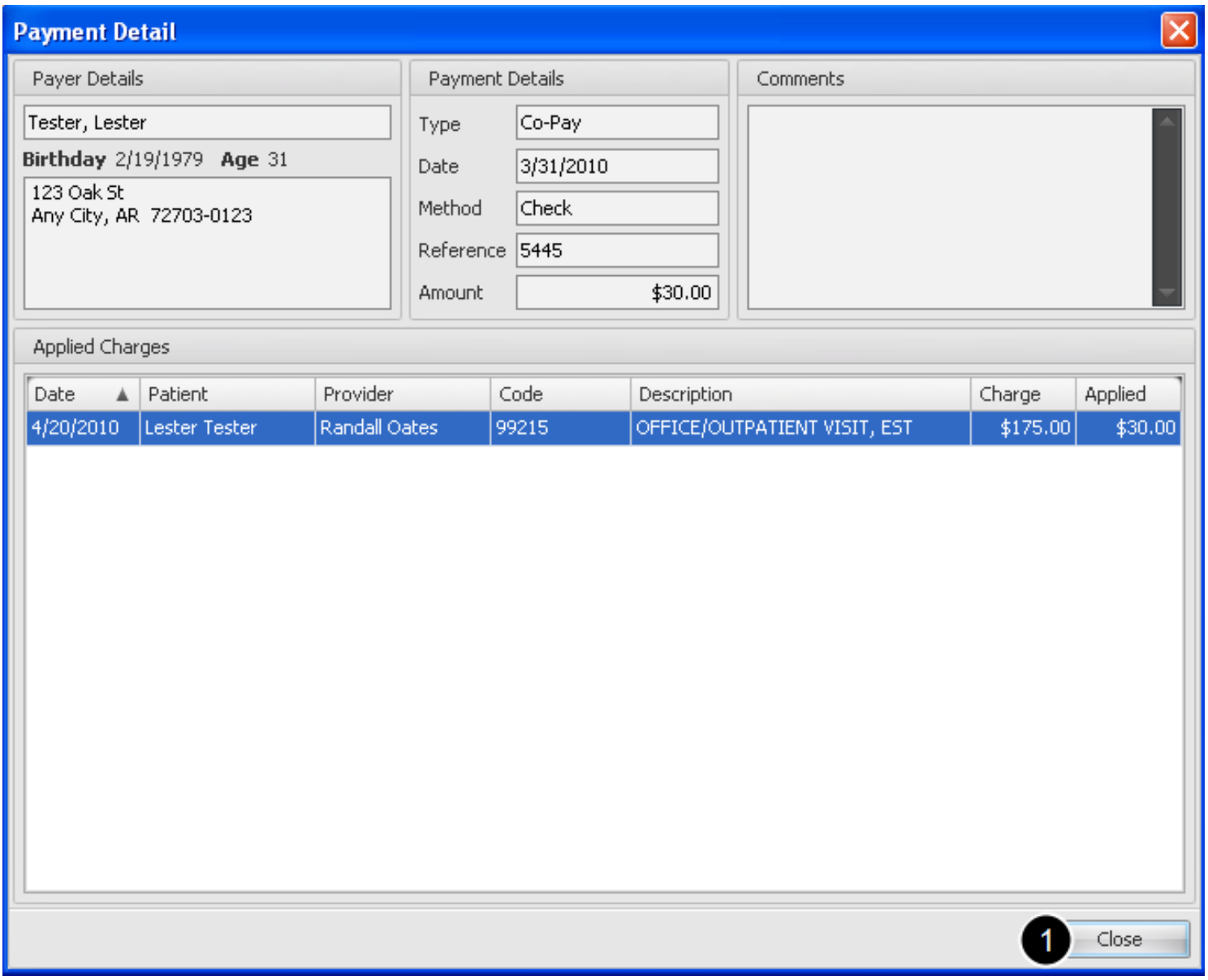
Claim(s) will be transferred to the Claims Manager Pending Scrub section to be scrubbed and then submitted to the payers.

View Personal Payments in Ledger

View details of personal payments from the Patient Ledger



1. Double Click on the Personal Payment line item to open the payment dialog details

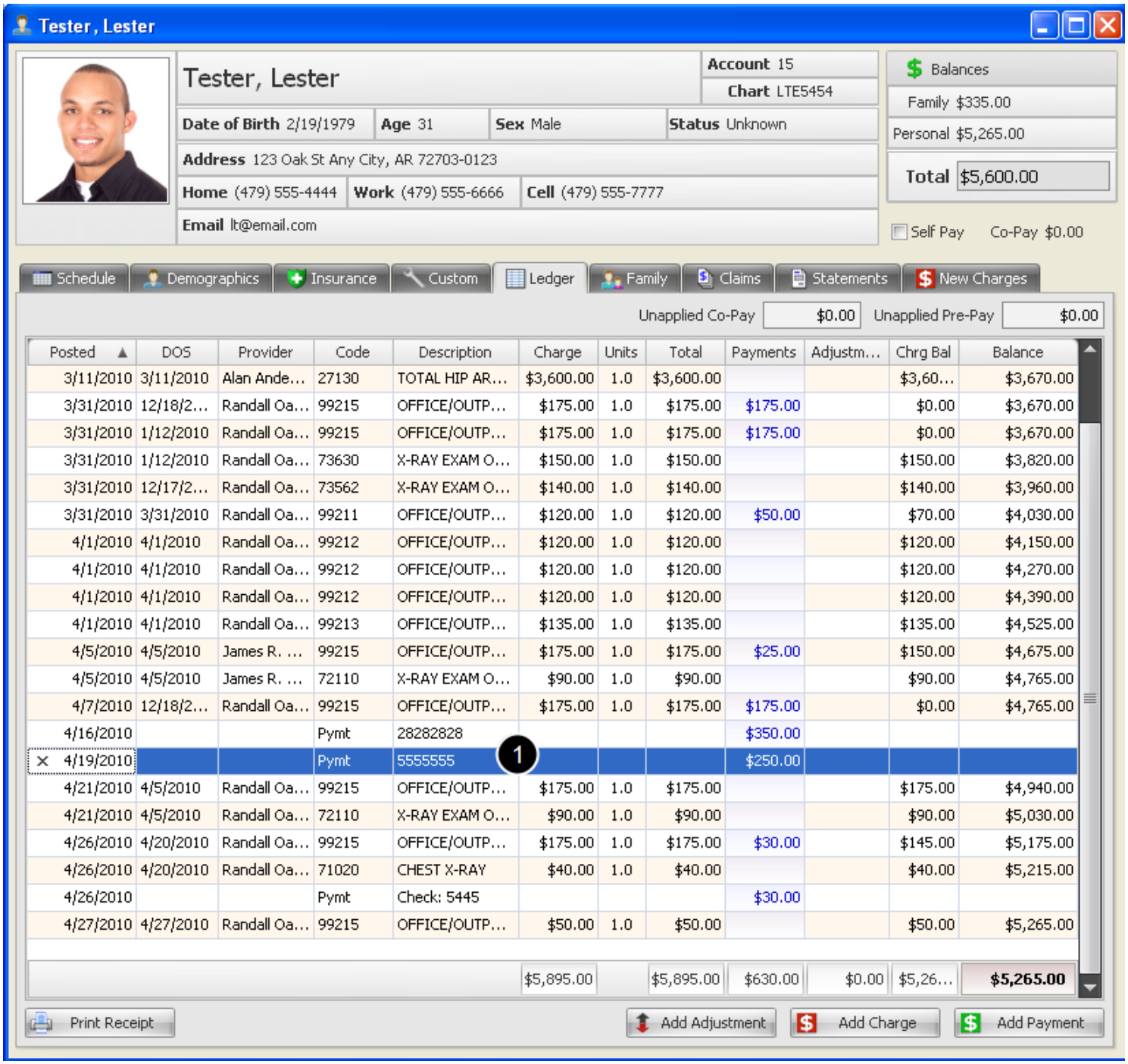


Payment Detail dialog opens showing all the details of the selected payment, including the charge to which the payment was applied.

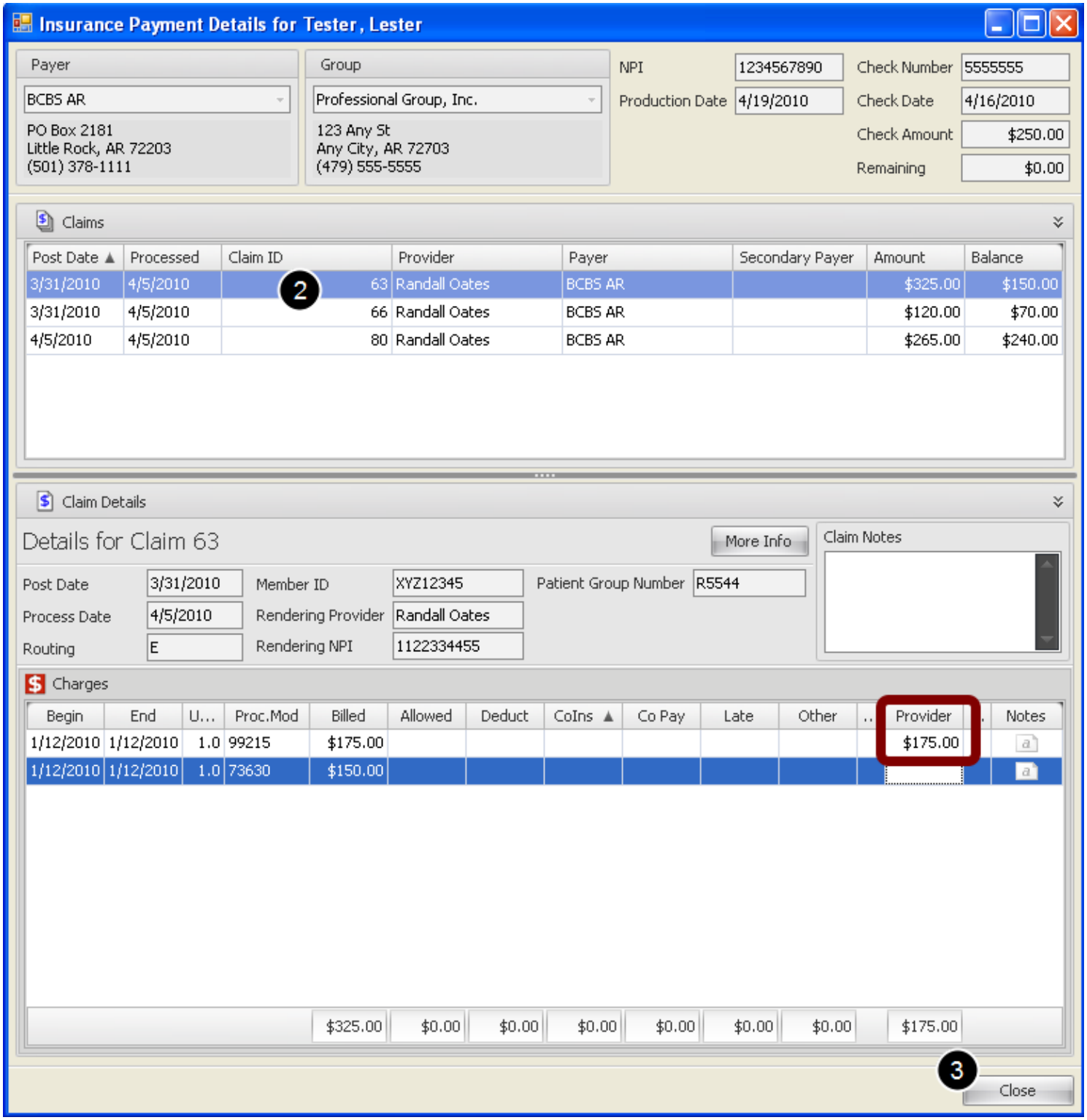
2. Click the Close button

View Insurance Payment Details from Ledger

View Insurance Payment Details from the Ledger Tab



1. Double Click on the Insurance Payment line item.



Insurance Payment details dialog opens listing all patient claims to which this payment was applied.

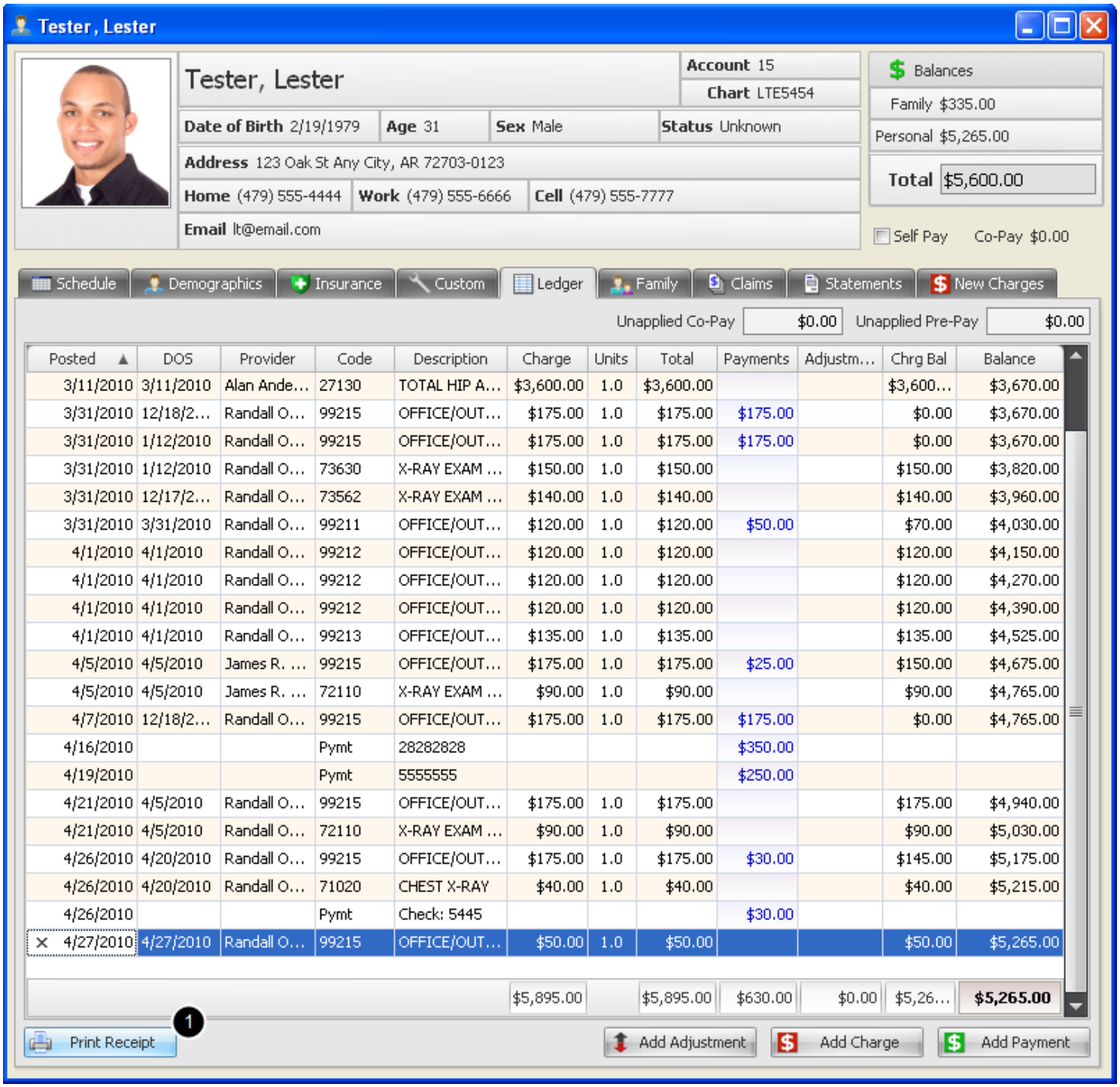
2. Click on the first Claim line item. The Claim details section breaks down the charges that make up the claim and list the amount paid to the Provider.

3. Click **Close.**

4. Repeat for each item listed in the Claims section as needed

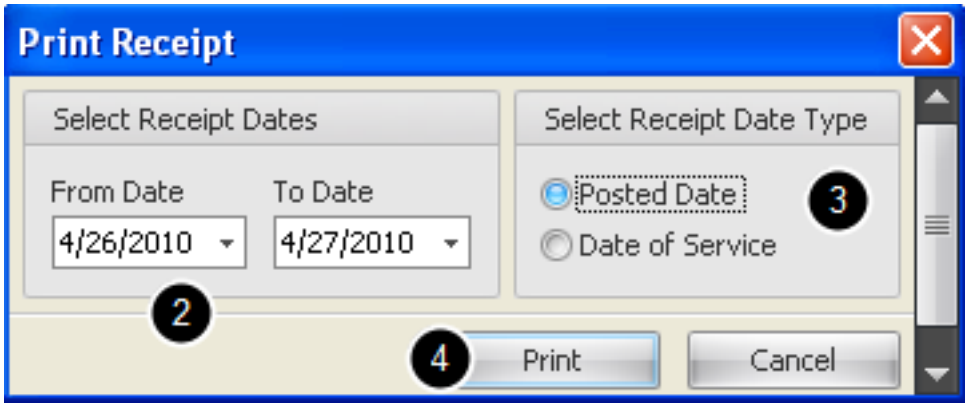
Print Receipt/Statement by date range from Ledger

Print a Receipt/Statement from the Patient Ledger Tab. Select by date or a date range. Select by Posted Date or Date of Service. This report can be Previewed and/or Printed



1. Click the Print Receipt button

Select Receipt From Date/To Date

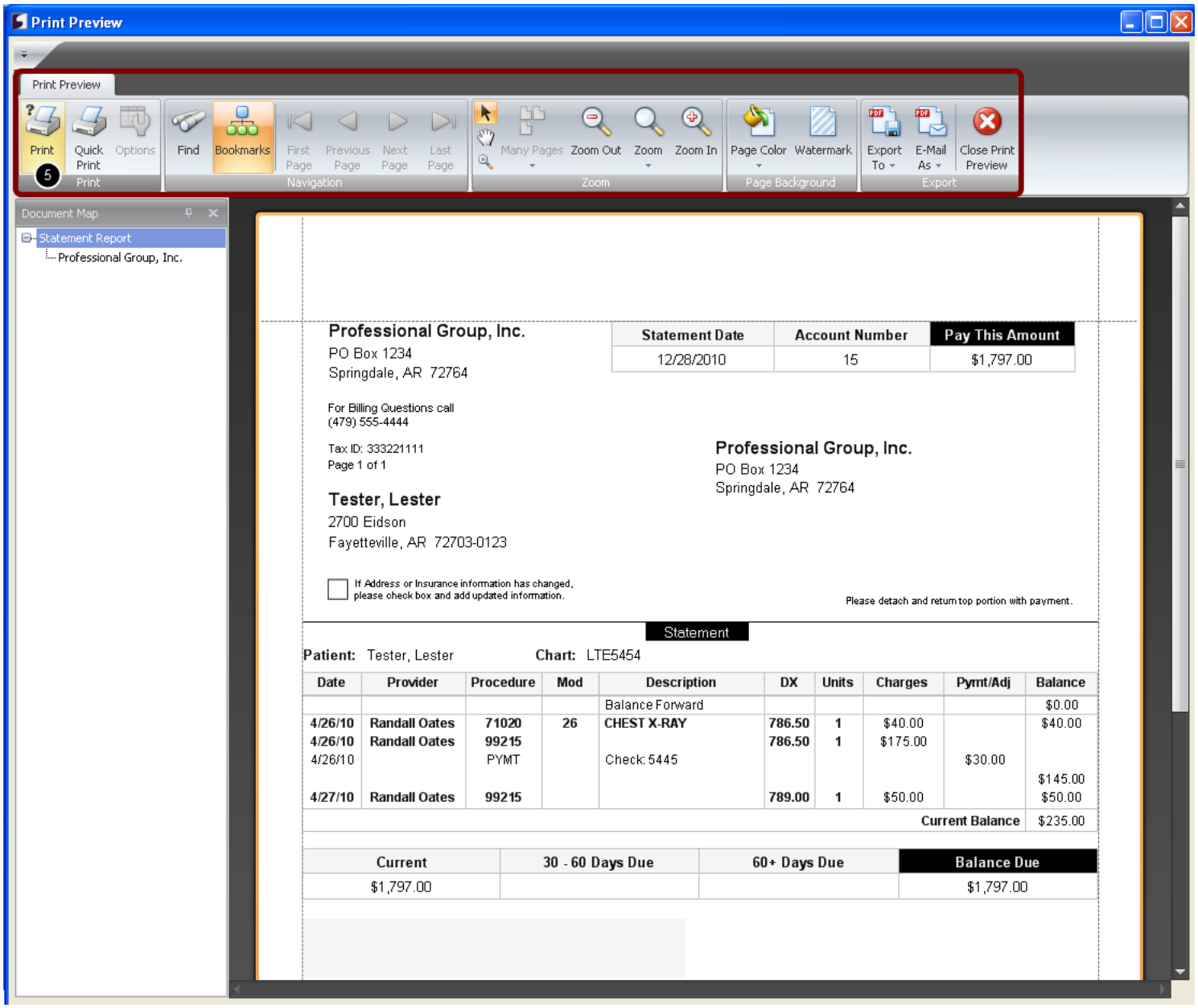


2. Select a Date or Range of dates from the Print Receipt dialog.

3. Choose to generate the receipt by the date the transaction was Posted or by the Date of Service.

4. Click the Print button to open Print Preview

Print Receipt/Statement



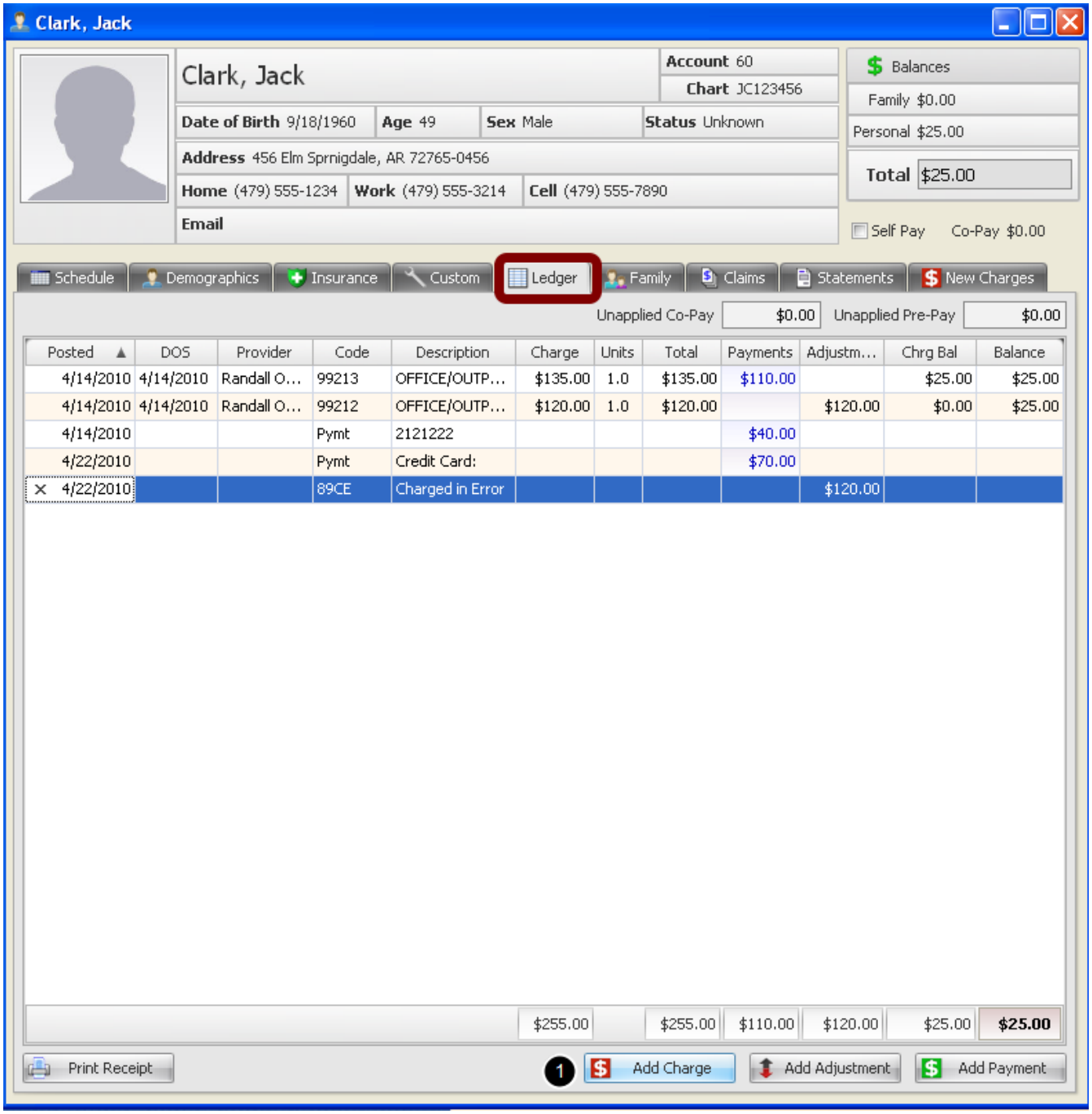
5. Click the printer icon to print or select one of the other options shown on the ribbon bar.

Add Charges in Ledger

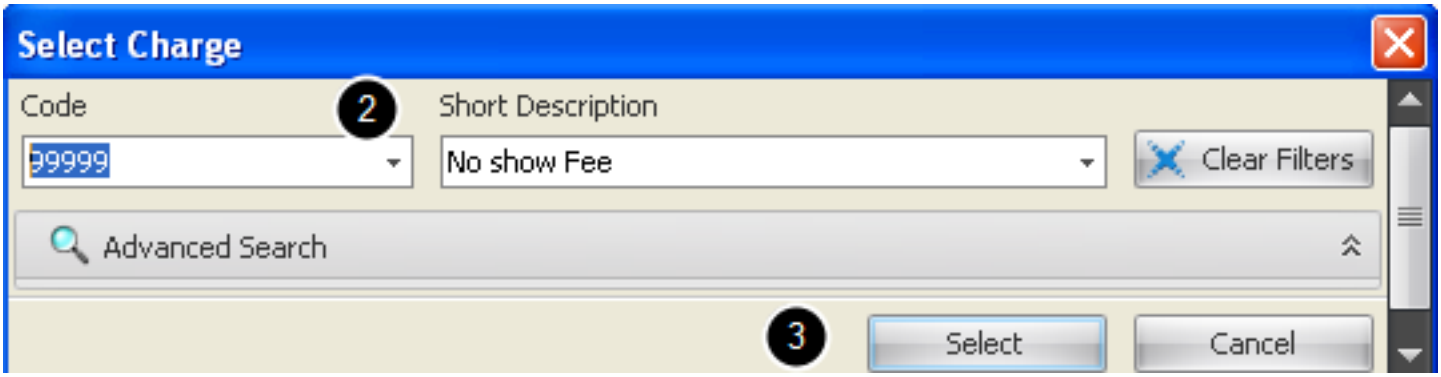
Add Custom Charges to patient account from within the Ledger Tab. Select Patient Account from Chart Rack and Click on the Ledger Tab

Note: Charges entered from the Ledger Tab will not be sent to the Claims Manager and submitted to Insurance. This option is for miscellaneous items unrelated to CPT or HCPCS charges

Add Charges in Ledger Tab



1. Click the Add Charge button. Select Charge dialog opens



2. Begin Typing Charge Code or Search by Code number or Description. Search includes Custom Charge Maintenance codes and CPT/HCPCS codes and must be included in the Default Fee Schedule to populate the Charge amount.

3. Click the Select button to add charge to ledger

View Charge in Ledger

Clark, Jack

Clark, Jack | Account 60 | Chart JC123456

Date of Birth 9/18/1960 | Age 49 | Sex Male | Status Unknown

Address 456 Elm Sprnigdale, AR 72765-0456

Home (479) 555-1234 | Work (479) 555-3214 | Cell (479) 555-7890

Email

Balances: Family $0.00 | Personal $25.00 | Total $25.00

Self Pay | Co-Pay $0.00

Schedule | Demographics | Insurance | Custom | Ledger | Family | Claims | Statements | New Charges

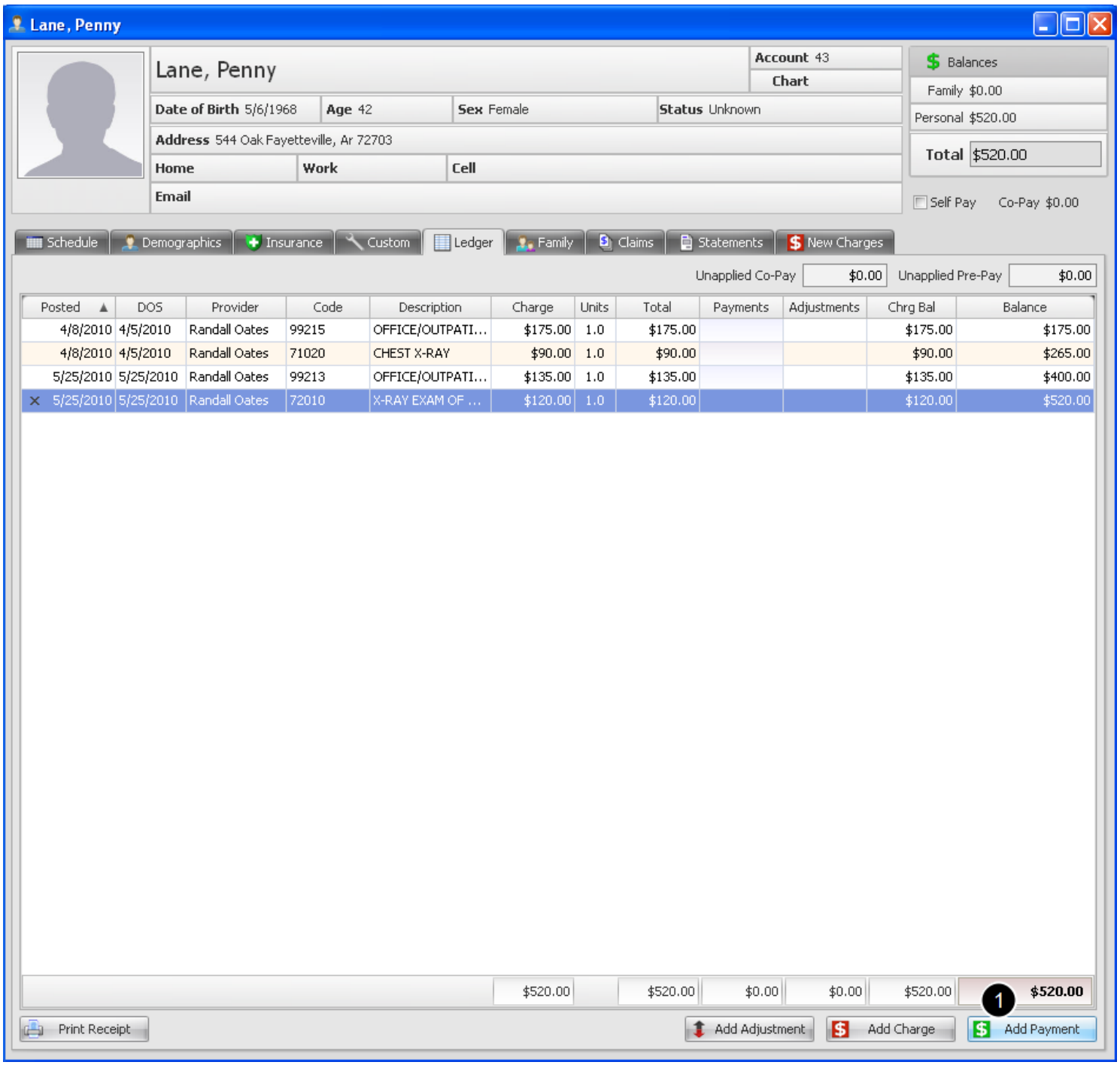
Unapplied Co-Pay $0.00 | Unapplied Pre-Pay $0.00

Posted	DOS	Provider	Code	Description	Charge	Units	Total	Payments	Adjustm...	Chrg Bal	Balance
4/14/2010	4/14/2010	Randall O...	99213	OFFICE/OUTP...	$135.00	1.0	$135.00	$110.00		$25.00	$25.00
4/14/2010	4/14/2010	Randall O...	99212	OFFICE/OUTP...	$120.00	1.0	$120.00		$120.00	$0.00	$25.00
4/14/2010			Pymt	2121222				$40.00			
4/22/2010			Pymt	Credit Card:				$70.00			
4/22/2010			89CE	Charged in Error					$120.00		
4/22/2010	4/22/2010		99999	No show Fee		1.0				$0.00	$25.00
					$255.00		$255.00	$110.00	$120.00	$25.00	$25.00

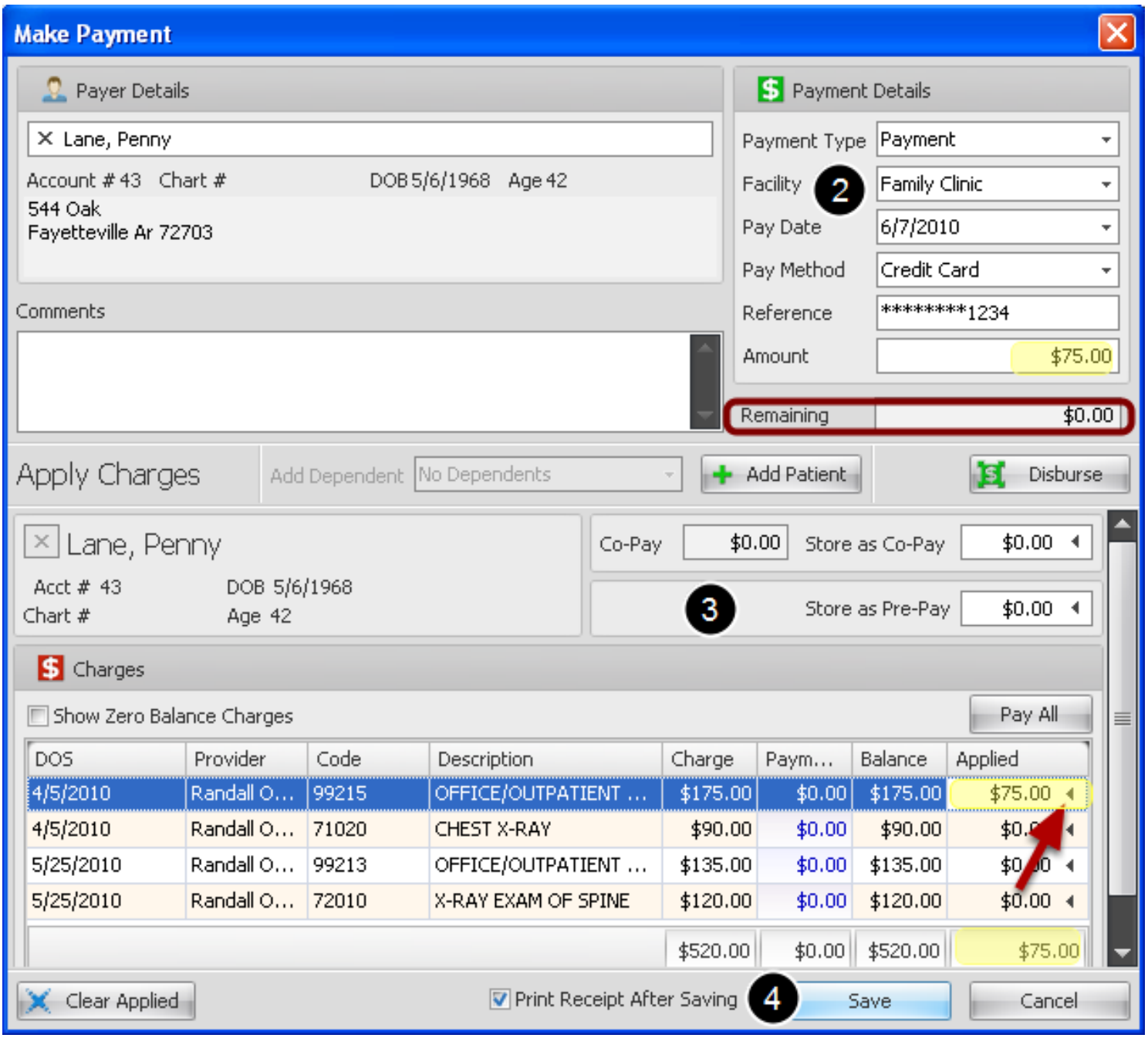
Print Receipt | Add Charge | Add Adjustment | Add Payment

New Charge is added to ledger. If the Charge amount is blank, the code has not been setup in the default fee schedule amount. You can manually add the amount by Double Clicking on the line item and Typing the charge amount in the Charge Details dialog

Apply Payment to Patient Ledger



1. Click the **Add Payment** button to open Make Payment dialog.



2. Type payment details.

3. Apply payment to charges:
Disburse: Will auto disburse payment (older to most current charges).
Pay all: Will auto apply Amount to all outstanding charges.
Or you can **manually** apply payment to selected charge by clicking on the arrow in the Applied column (Red Arrow).
When entire amount is applied, **Remaining** balance will be $0.00

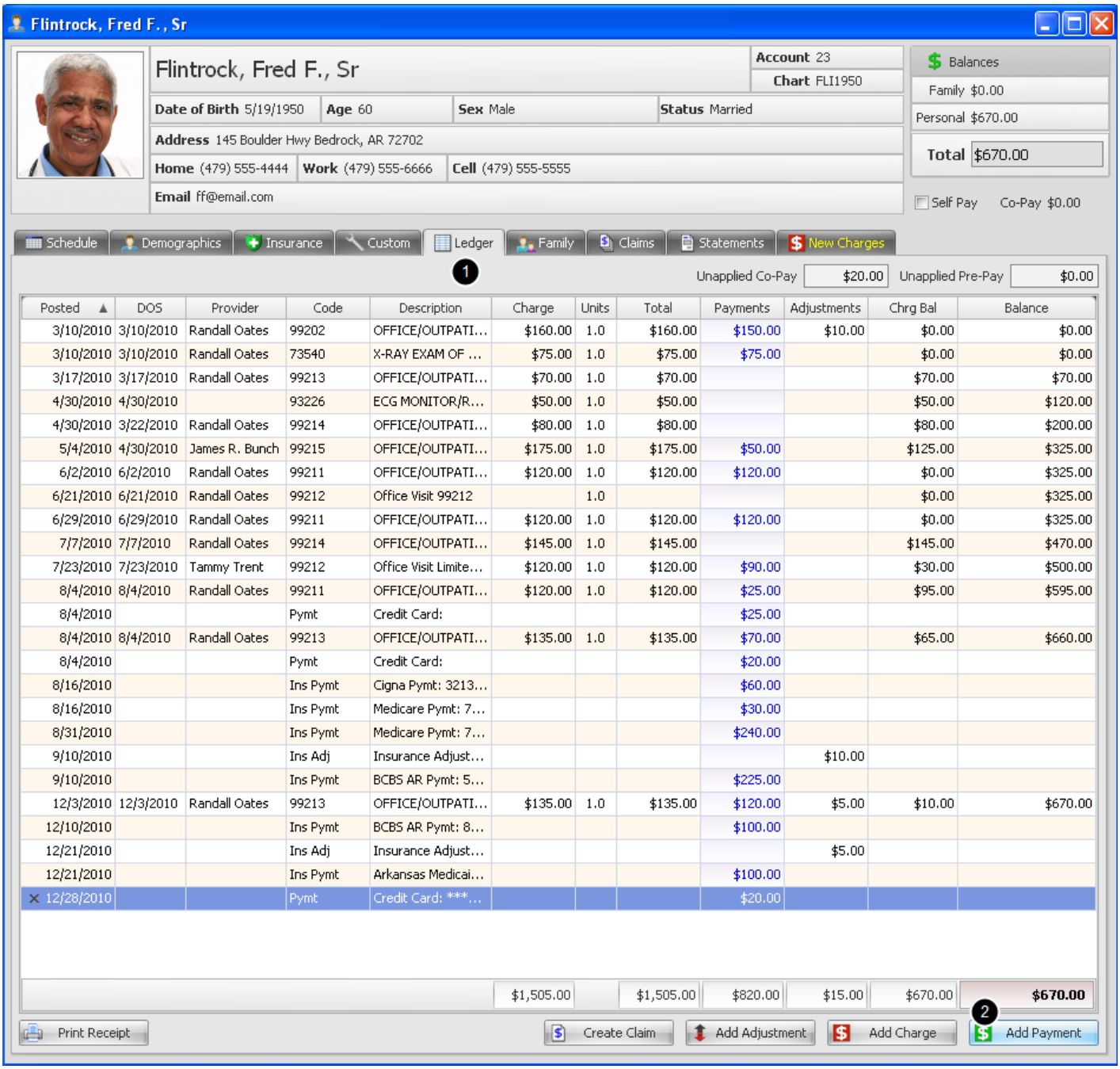
4. If receipt is requested place a checkmark in the box next to Print Receipt and Click Save.

If errors are made, click **Clear Applied** to remove applied amount(s).

Print Receipt for Payment in Ledger

Apply a personal payment from patient ledger and print a receipt. Receipt for payment now showing more details. For this lesson, we will apply a payment made by a Payer/Non-Patient to three separate dependents accounts from one dependent account.

Apply Payment to multiple dependents from ledger



1. Click on Ledger tab in patient account.

2. Click on Add Payment.

Select multiple dependent accounts

Make Payment

Payer Details

Flintrock, Wilma S. 3

Account # 55 Chart # DOB 5/19/1930 Age 80

5432 Boulder Blvd
Bedrock AR 727035432

Comments

Payment Details 4

Payment Type	Payment
Facility	Family Clinic
Pay Date	1/3/2011
Pay Method	Credit Card
Reference	********1234
Amount	$60.00
Remaining	$60.00

Apply Charges | Add Dependent | Select Dependent | Add Patient 5 | Disburse

Flintrock, Fred F., Sr

Acct # 23 DOB 5/19/1950
Chart # FLI1950 Age 60

Co-Pay $0.00 Store as Co-Pay $0.00

Store as Pre-Pay $0.00

Charges

Show Zero Balance Charges | Pay All

DOS	Provider	Code	Description	Charge	Payments	Balance	Applied
3/17/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	$70.00	$0.00	$70.00	$0.00
4/30/2010		93226	ECG MONITOR/REPORT, 24 HRS	$50.00	$0.00	$50.00	$0.00
3/22/2010	Randall Oates	99214	OFFICE/OUTPATIENT VISIT, EST	$80.00	$0.00	$80.00	$0.00
4/30/2010	James R. Bunch	99215	OFFICE/OUTPATIENT VISIT, EST	$175.00	$50.00	$125.00	$0.00
7/7/2010	Randall Oates	99214	OFFICE/OUTPATIENT VISIT, EST	$145.00	$0.00	$145.00	$0.00
7/23/2010	Tammy Trent	99212	Office Visit Limited/10mn.	$120.00	$90.00	$30.00	$0.00
8/4/2010	Randall Oates	99211	OFFICE/OUTPATIENT VISIT, EST	$120.00	$25.00	$95.00	$0.00
8/4/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	$135.00	$70.00	$65.00	$0.00
12/3/2010	Randall Oates	99213	OFFICE/OUTPATIENT VISIT, EST	$135.00	$120.00	$10.00	$0.00
				$1,030.00	$355.00	$670.00	$0.00

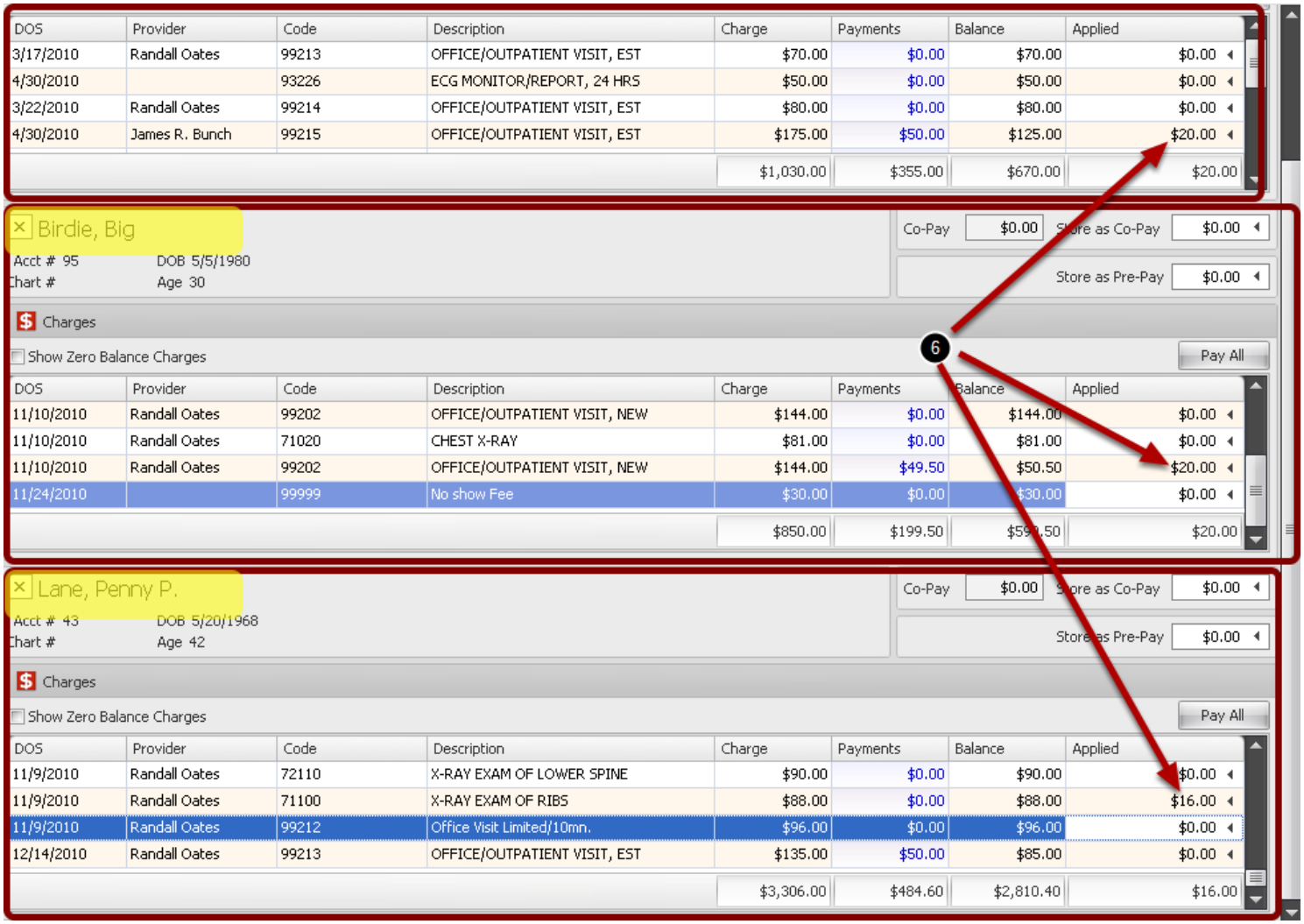
Clear Applied | Print Receipt After Saving | Save | Cancel

3. Verify payer name.

4. Enter payment details.

5. Click Add Patient. Select dependent from chart rack and repeat for each dependent.

Apply payment to each dependent visit



6. Click inside the grid in **Applied** column to apply payment to charge and repeat for each dependent account.

Print a receipt for personal payment made in patient ledger

Family Clinic
123 Any St
Any City, Ar 72703

For Billing Questions call
(479) 555-3333

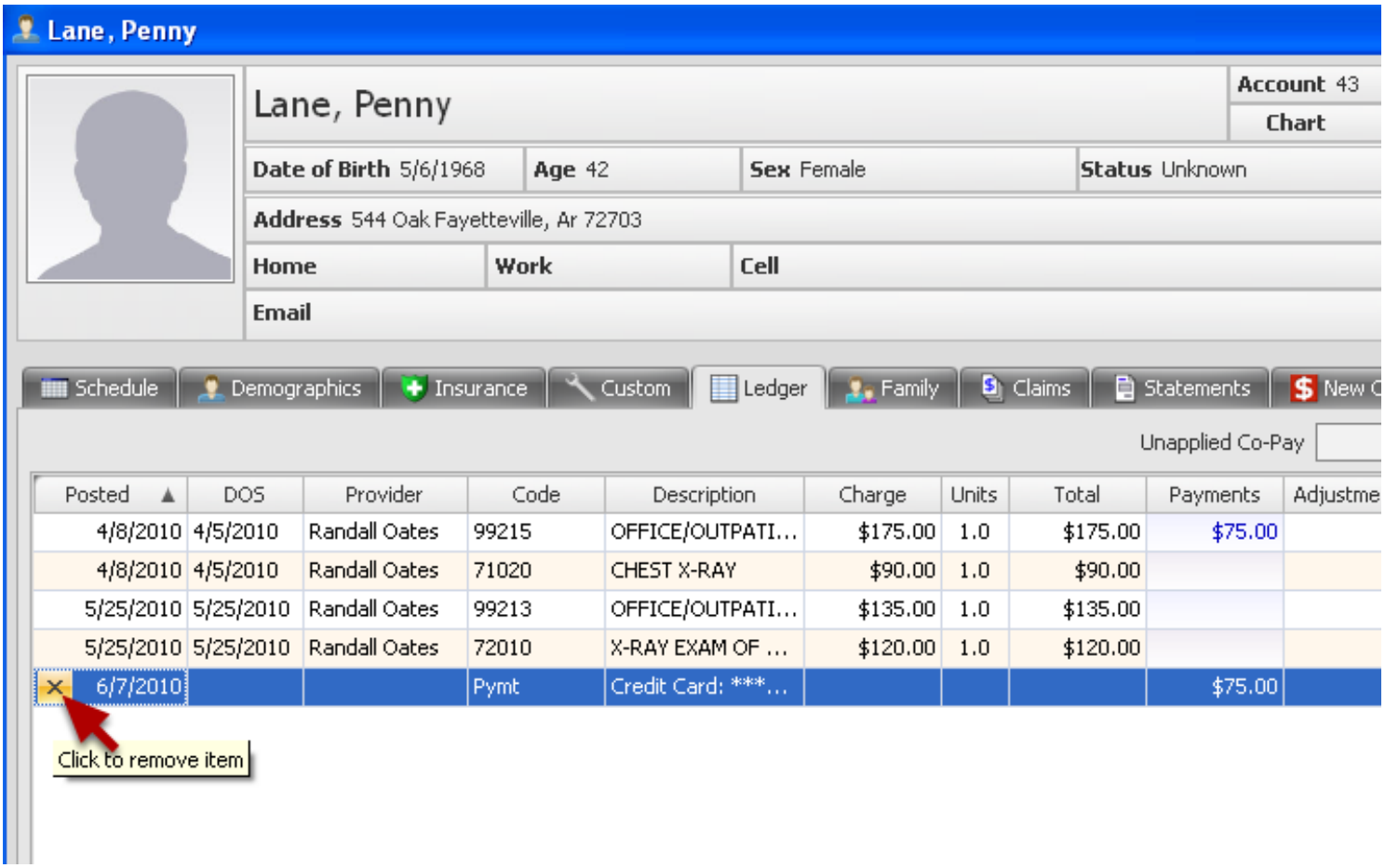
Payment Date: 1/3/2011
Payer Name: Flintrock, Wilma S.
Type: Regular
Method: Credit Card
Reference: ********1234

Patient Name	Account Number	Amount
Flintrock, Fred F., Sr	23	$20.00
Birdie, Big	95	$20.00
Lane, Penny P.	43	$20.00
	Total	**$60.00**

When a payment is applied to an account from the ledger, the Print Receipt after Saving will be checked by default. If a printed receipt is not necessary, click inside the box and leave blank.

Delete Personal Payment

Patient Account -> Ledger Tab



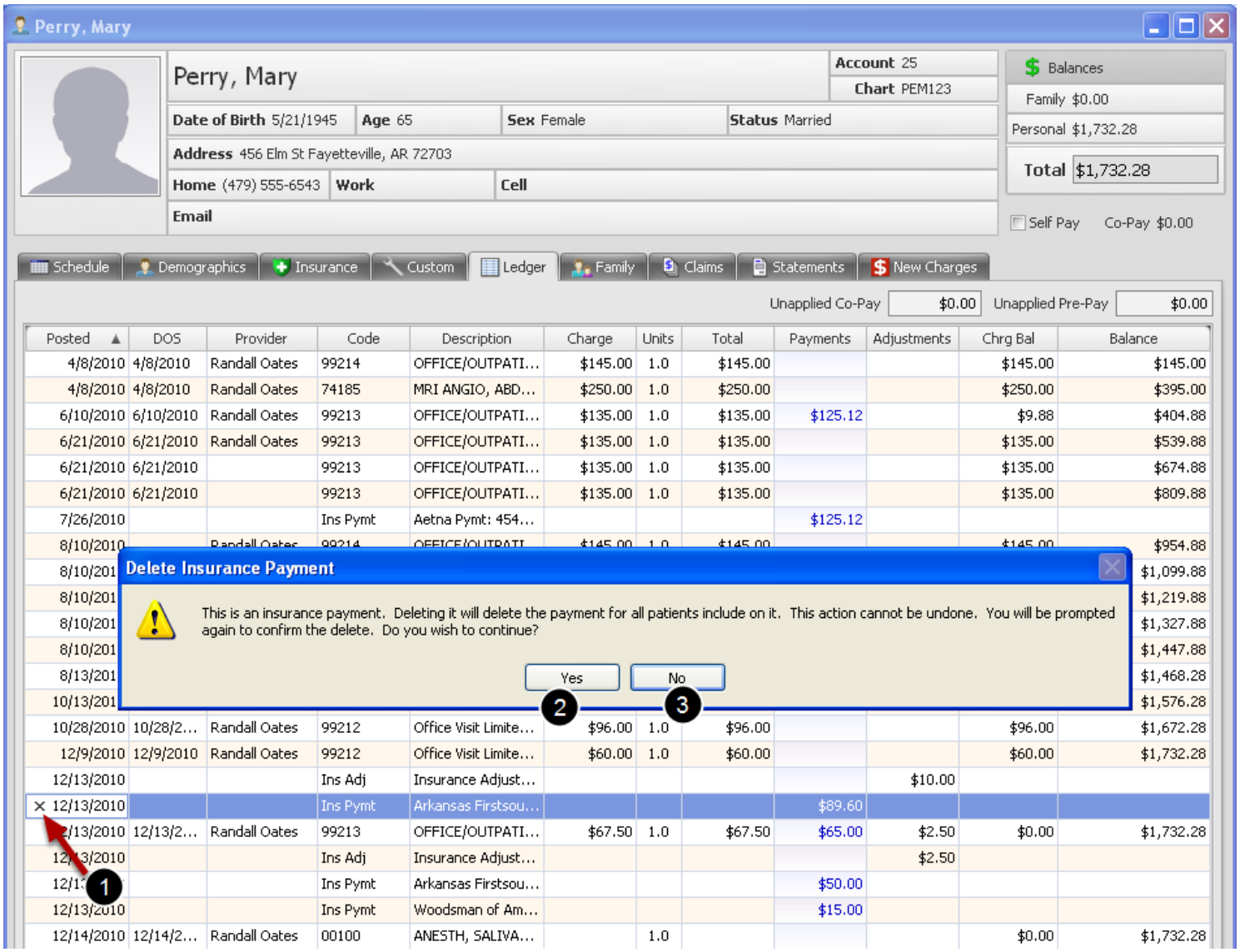
Open the Patient Ledger Tab and click the X on the payment line. You will be required to Confirm Delete. Yes will Delete and No will Cancel.

<u>Note: Users must have security privileges to delete a payment.</u>

Delete an insurance payment from visit

Deleting an insurance payment from a patient ledger will also delete all other payments included on the remit, and will produce two prompts to confirm that you wish to delete.

Deleting an insurance payment from a patient visit



Warning! Deleting an insurance payment will delete payment for all patients included on the posted remit. This action cannot be undone.

1. Click the X next to the Post date for the payment that will be deleted.

2. Click Yes to continue deleting the payment. A message box will warn that deleting an insurance payment will delete all payments for all patients included in the remittance. You will prompted a second time to confirm Delete.

3. Click No to Cancel the deleting process.

Add Adjustment in Ledger

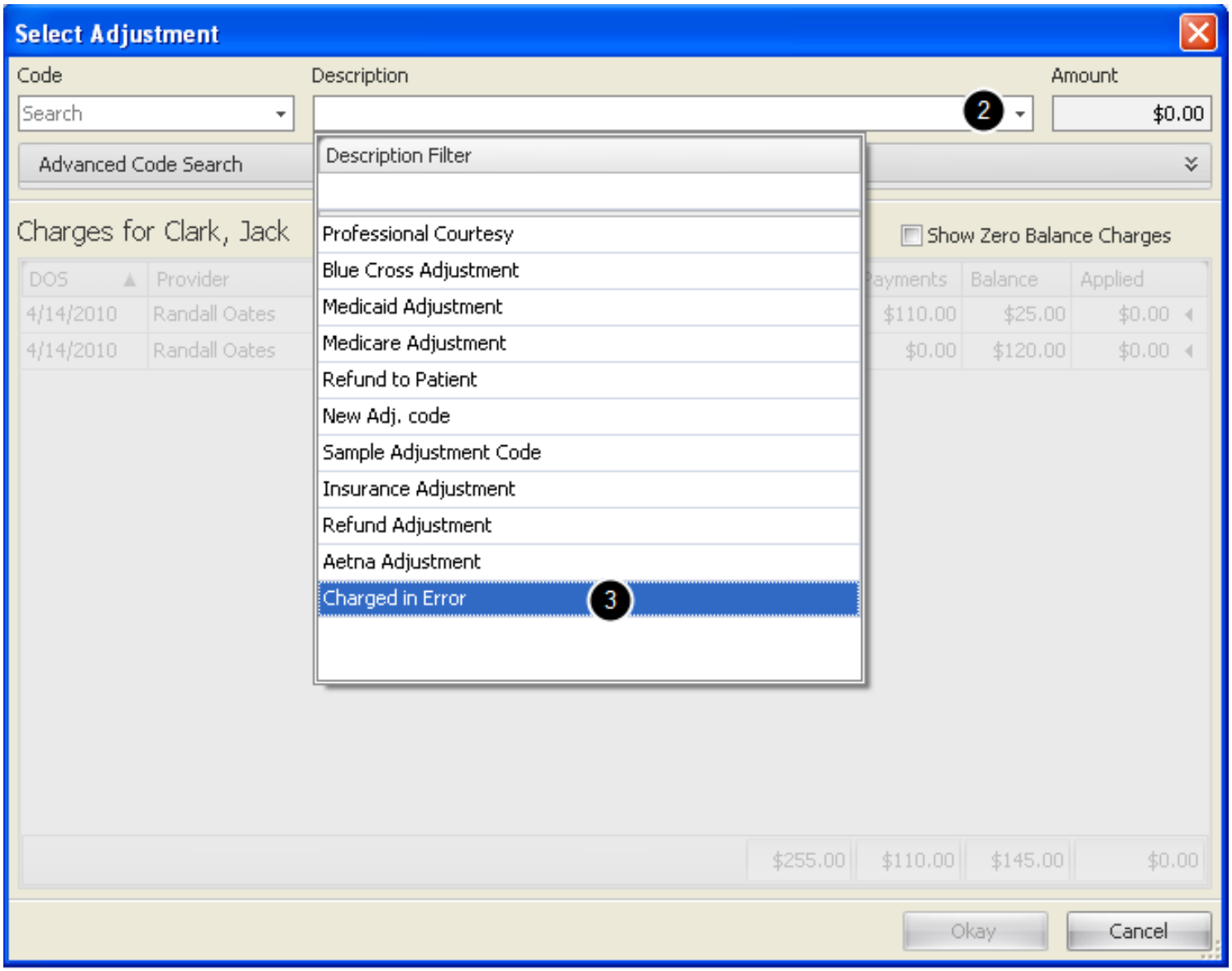
Located in Billing -> Patient Account -> Ledger Tab

Add an Adjustment to Patient Account from the Ledger

Select Patient from the Chart Rack and Click on the **Ledger** Tab to View Account Details

1. Click the Add Adjustment button to Open the Select Adjustment dialog

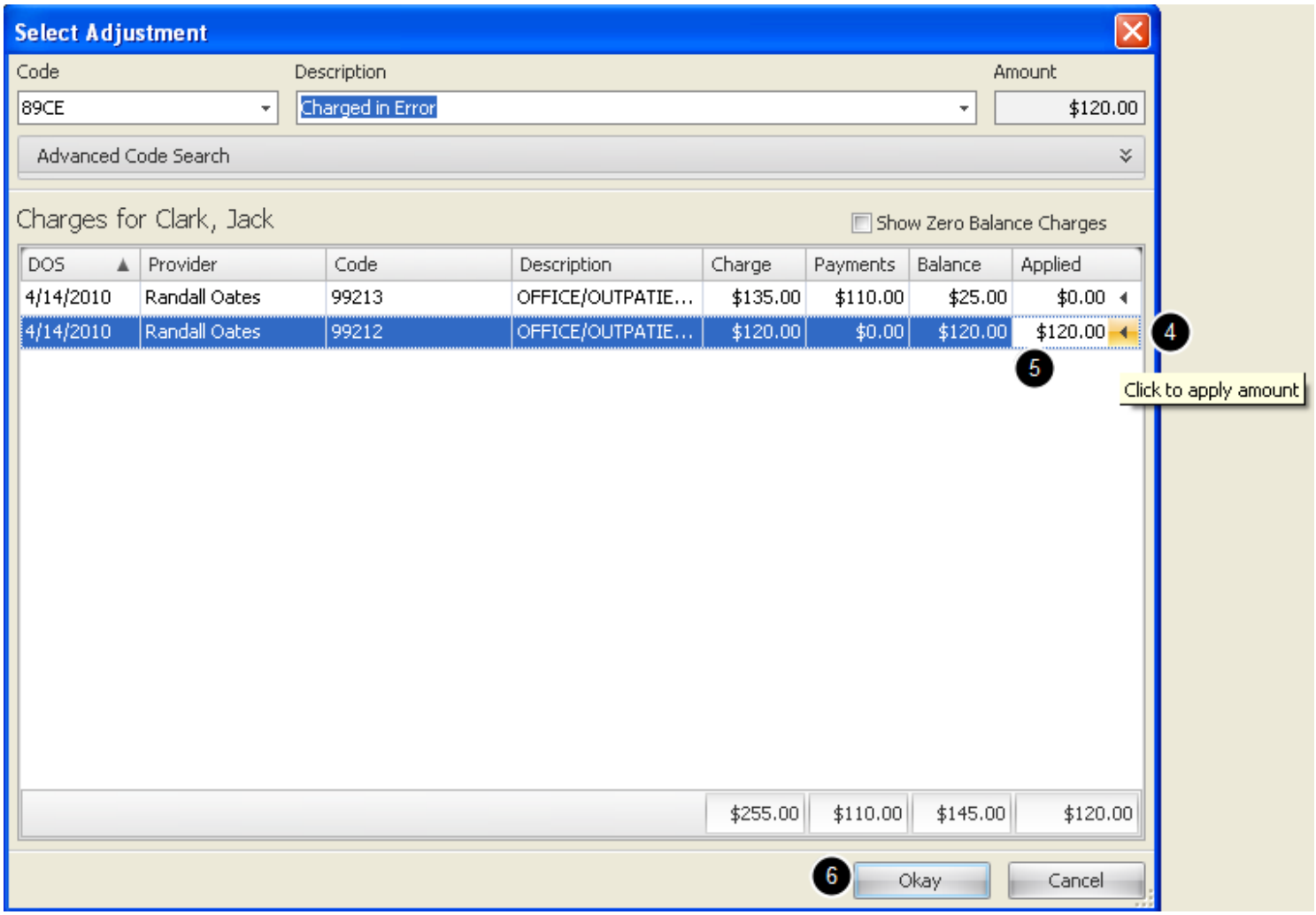
Select Adjustment Code



2. Access the list of Adjustment Codes and descriptions in Adjustment Maintenance by Clicking the Code or Description drop down arrow

3. Click to Select the applicable Adjustment in the list. This will activate the account details in the lower section

Apply Adjustment to Charge

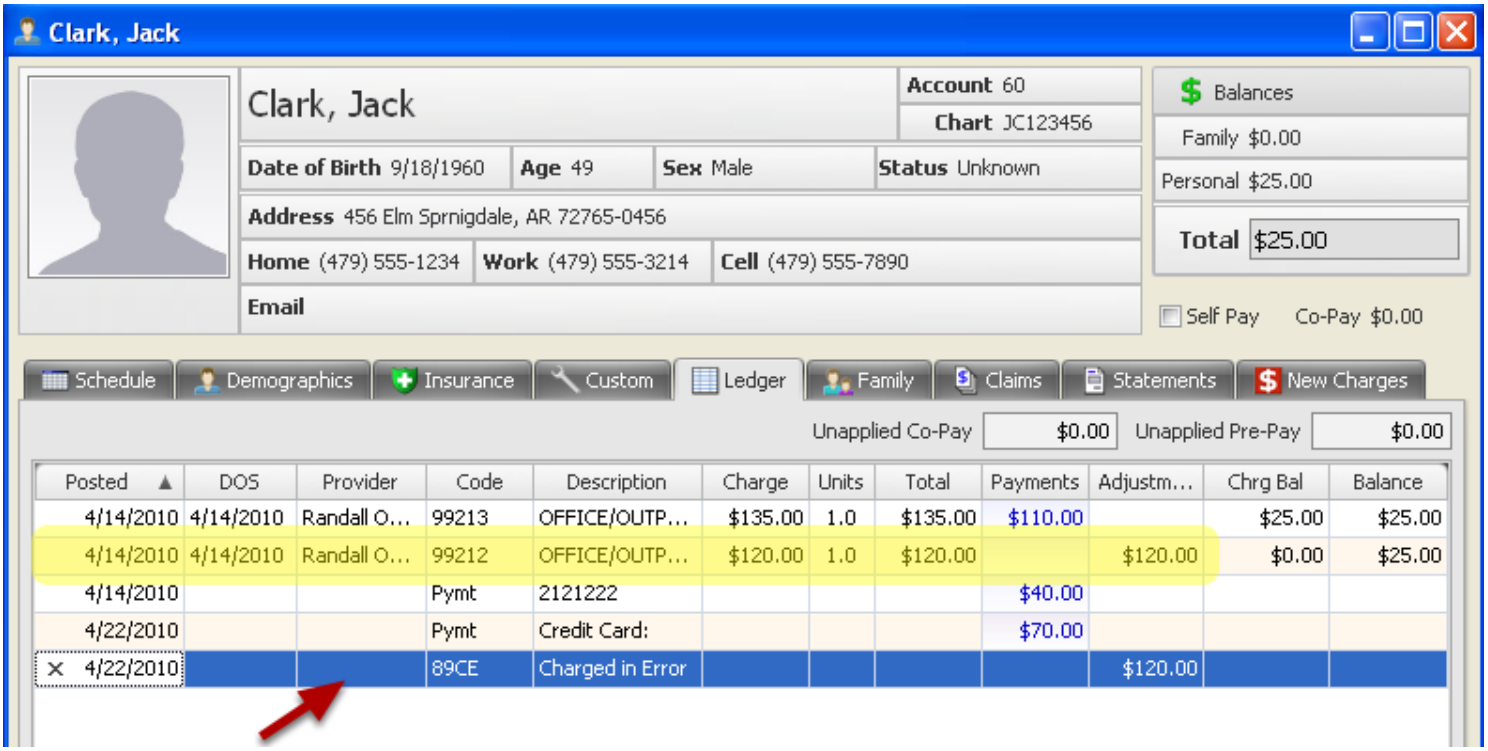


4. Click the arrow on the line item to select charge to apply adjustment. The amount will default to the charge balance amount, but can be edited

5. Type Adjustment amount in field.

6. Click the Okay button

View Applied Adjustment



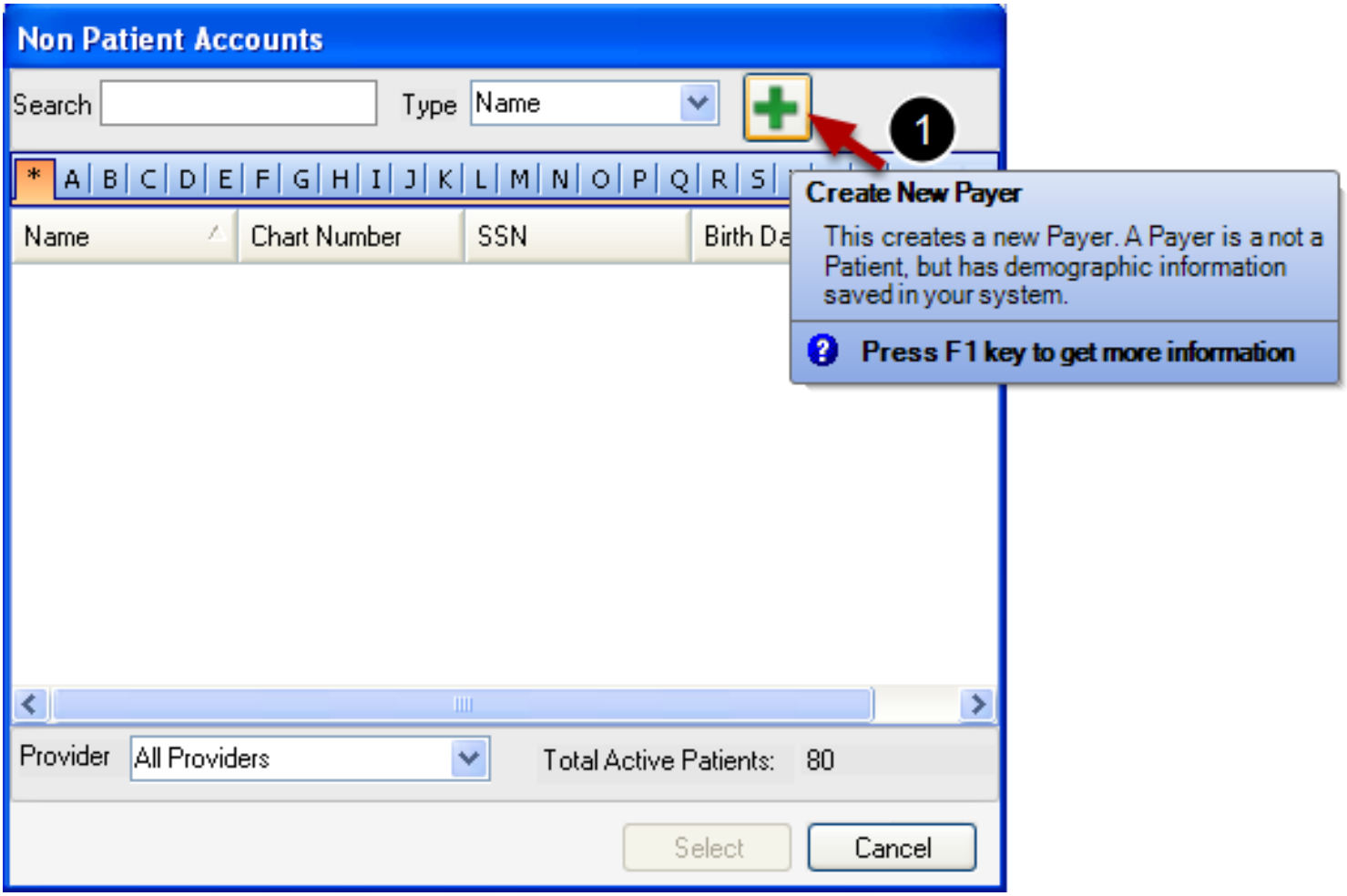
Adjustment Code, Description and amount is added to the Ledger and the Charge/Service line item that the adjustment was applied to with the new charge and account balance reflecting the Adjustment amount.

Payer/Non-Patient Accounts

Add a Payer/Non-Patient Account

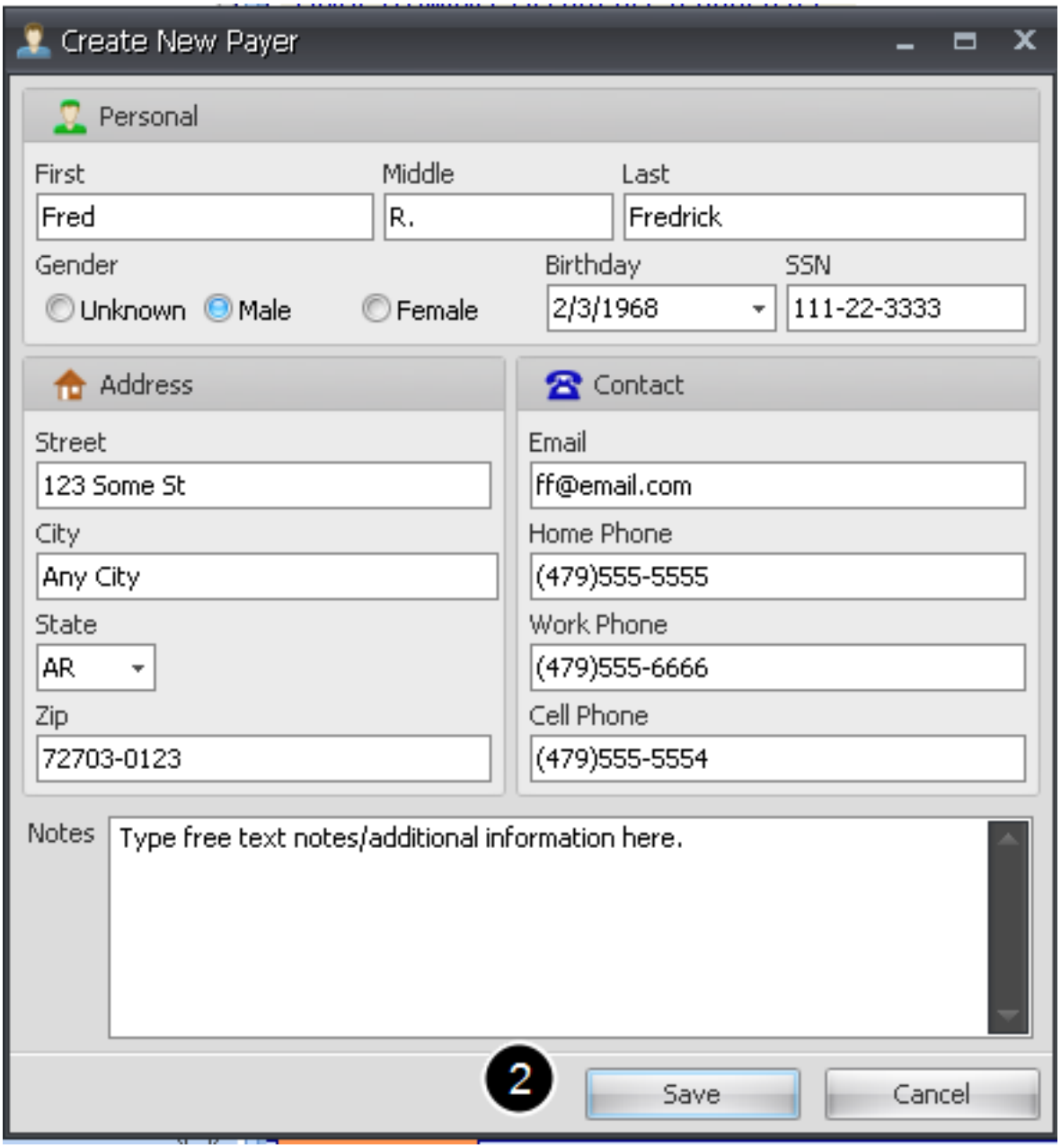
Go to Billing -> Payer/Non-Patient Account

Create a New Payer/Guarantor



Click on Billing from the main menu and Click Payer/Non-Patient Account to open Non Patient Accounts Lookup.

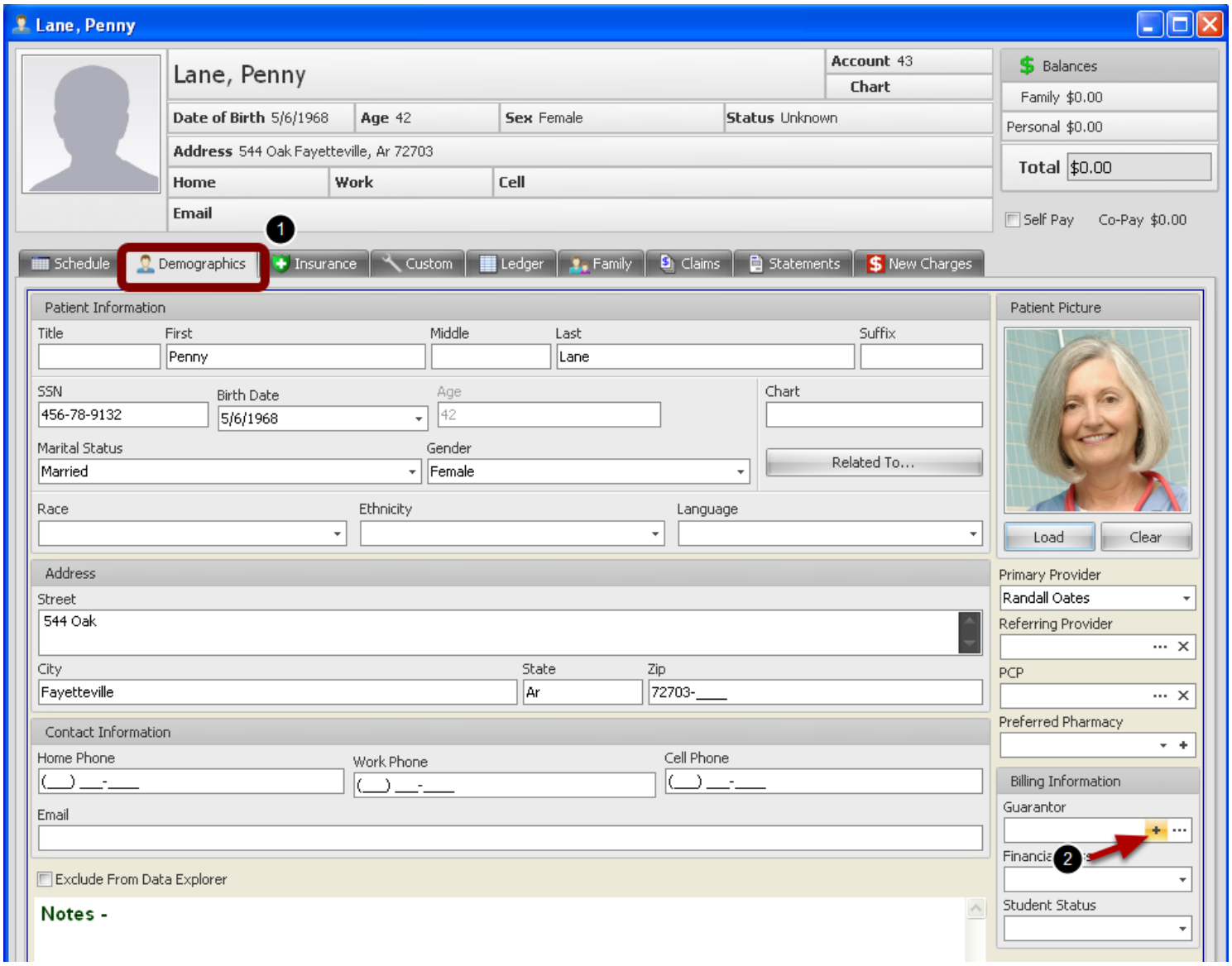
1. Click on the Create New Payer icon.



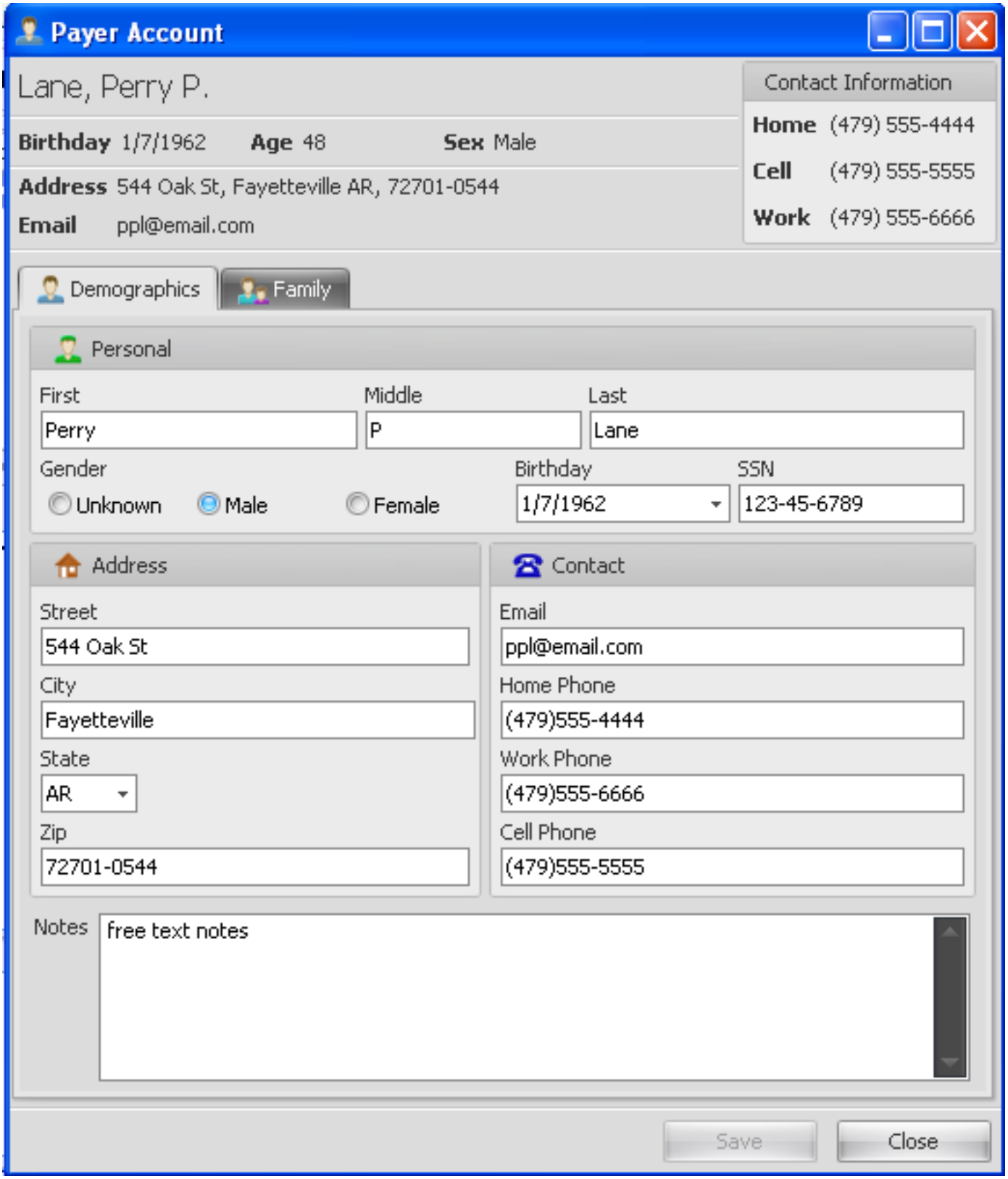
2. Complete payer information and Click **Save**.

Add Payer/Non-Patient Account in Demographics

Billing -> Patient Account -> Demographics Tab

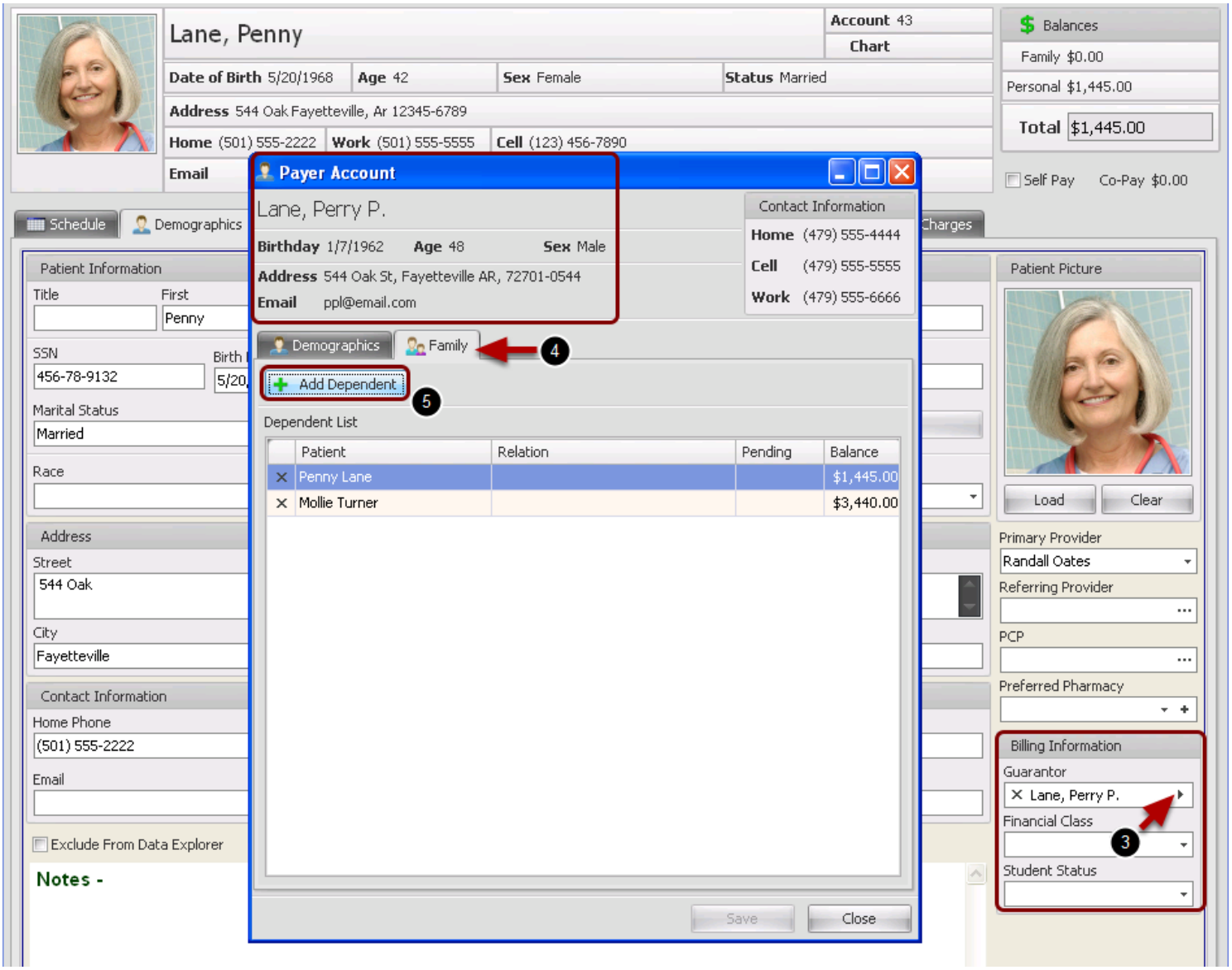


1. Open Patient account and Click on the Demographics tab.
2. Click **Create a Non Patient Guarantor** to open the New Payer dialog.



Enter Payer information and click **Save.** Guarantor/Payer name will populate the Guarantor field.

Add Dependents to Payer Account

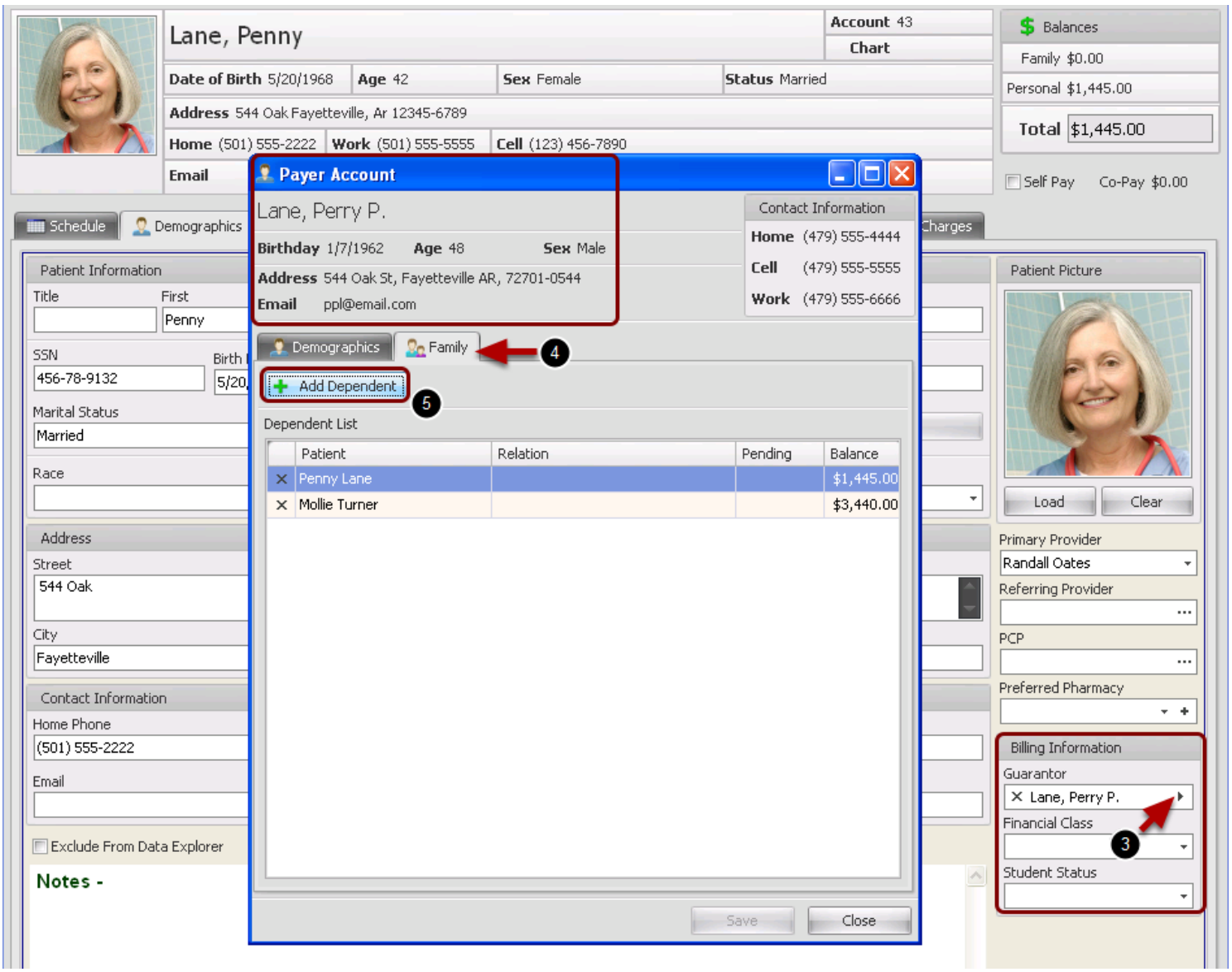


3. Click the arrow next to Guarantor name to open Guarantor Demographics.

4. Click the Family Tab. The active patient will display in the Dependent list.

5. Click Add Dependent to add additional patients to this payer if needed.

Add Dependents to Payer Account



3. Click the arrow next to Guarantor name to open Guarantor Demographics.

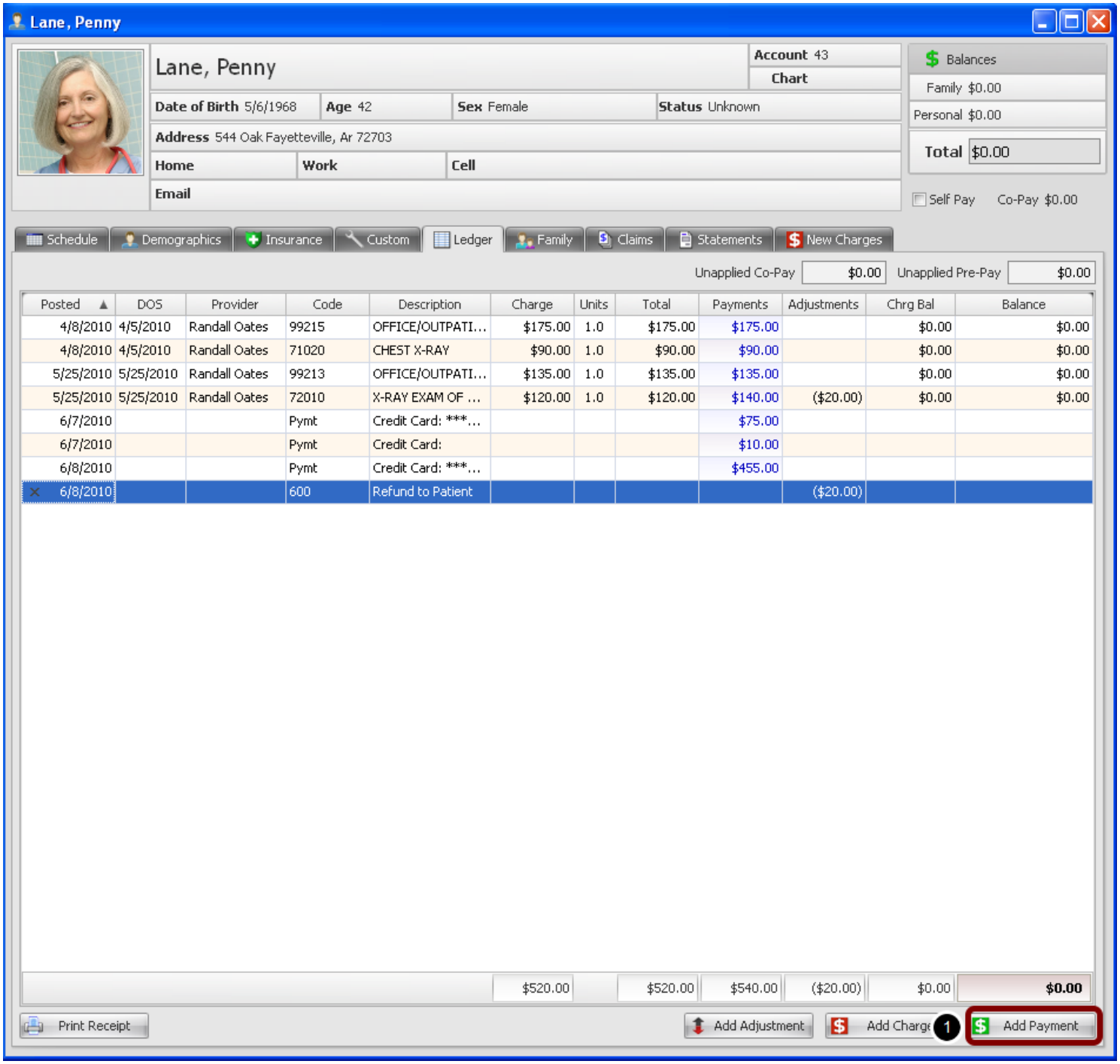
4. Click the Family Tab. The active patient will display in the Dependent list.

5. Click Add Dependent to add additional patients to this payer if needed.

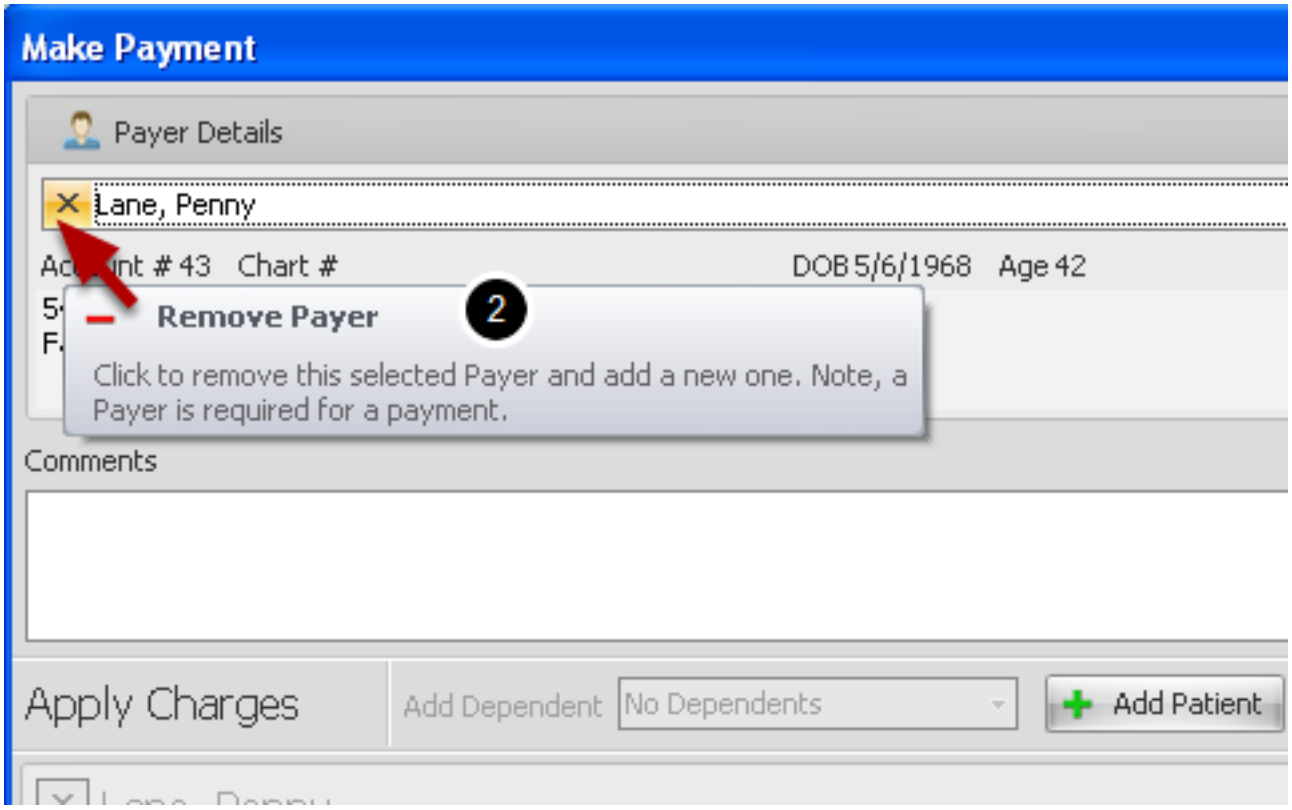
Change Payer/Guarantor in Make Payment dialog

Billing -> Patient Account -> Ledger tab -> Add Payment **or** Billing -> Patient Account -> New Charges tab-> Add Payment

Add Payer from Patient Ledger

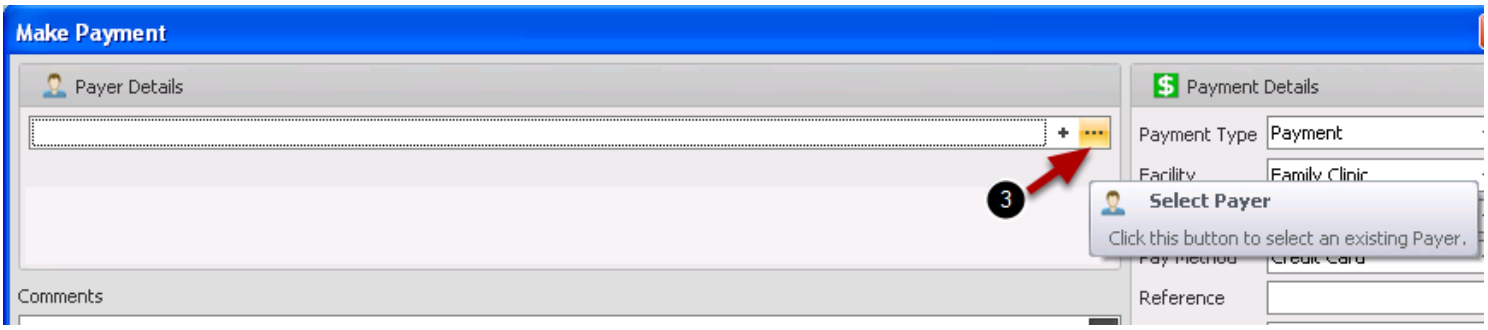


1. Click the Add Payment button to open Make Payment dialog.



Payer name will default to Patient unless a Guarantor has been specified in Patient Demographics.

2. Click **X** next to current Payer name in Payer Details section of Make Payment Dialog. The field will be cleared.

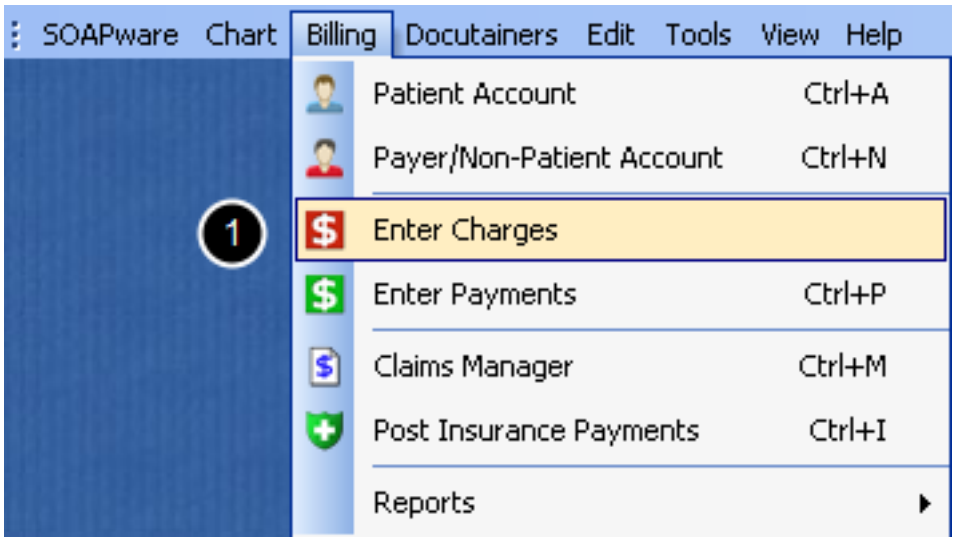


3. Click button to select a different payer from Select Payer dialog.

Enter Charges

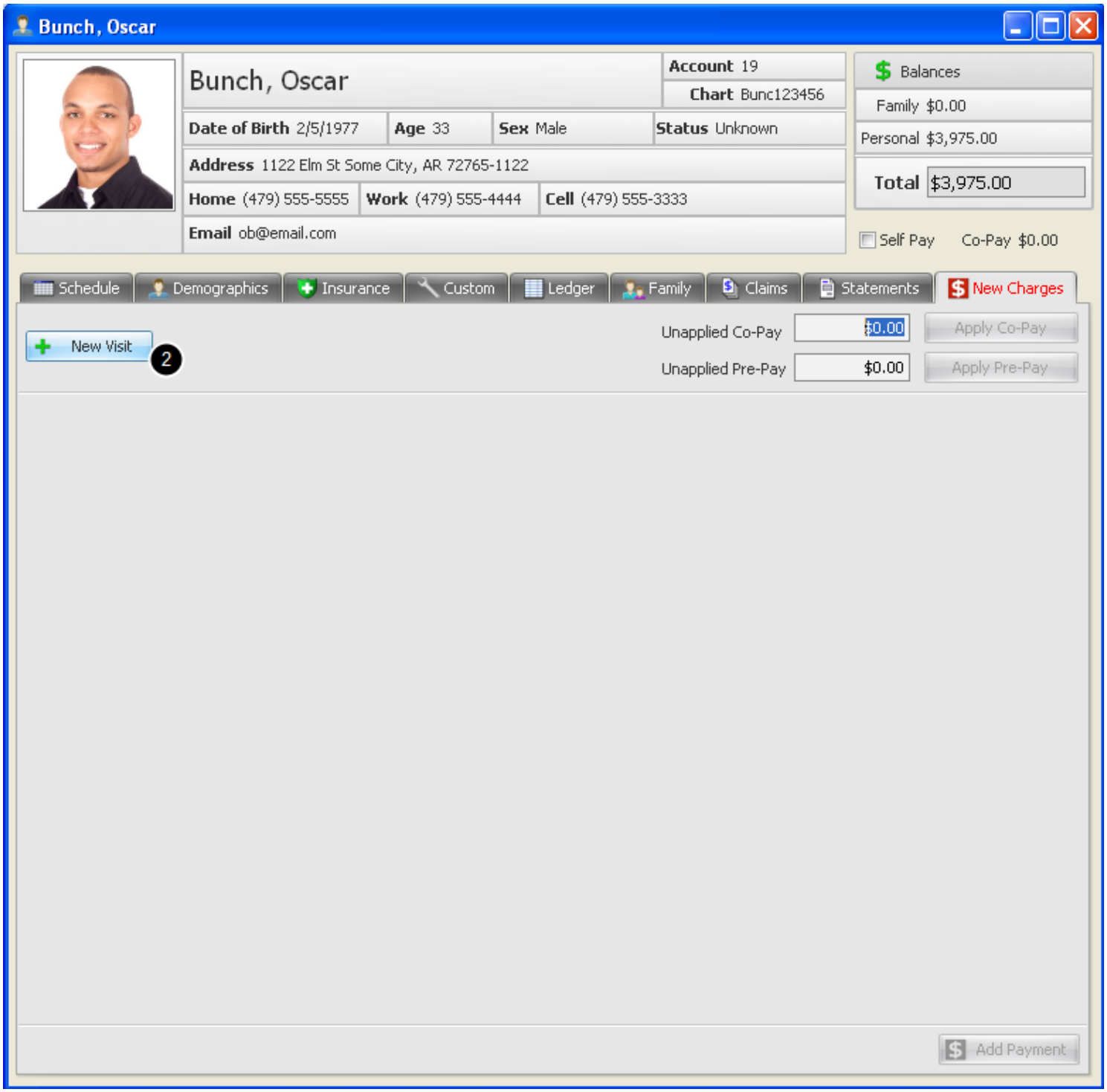
Enter Charges from Billing Menu

Main menu -> Billing -> Enter Charges



1. Click Enter Charges to open the Chart Rack. Select a patient from the chart rack and the patient account will open to the New Charges tab

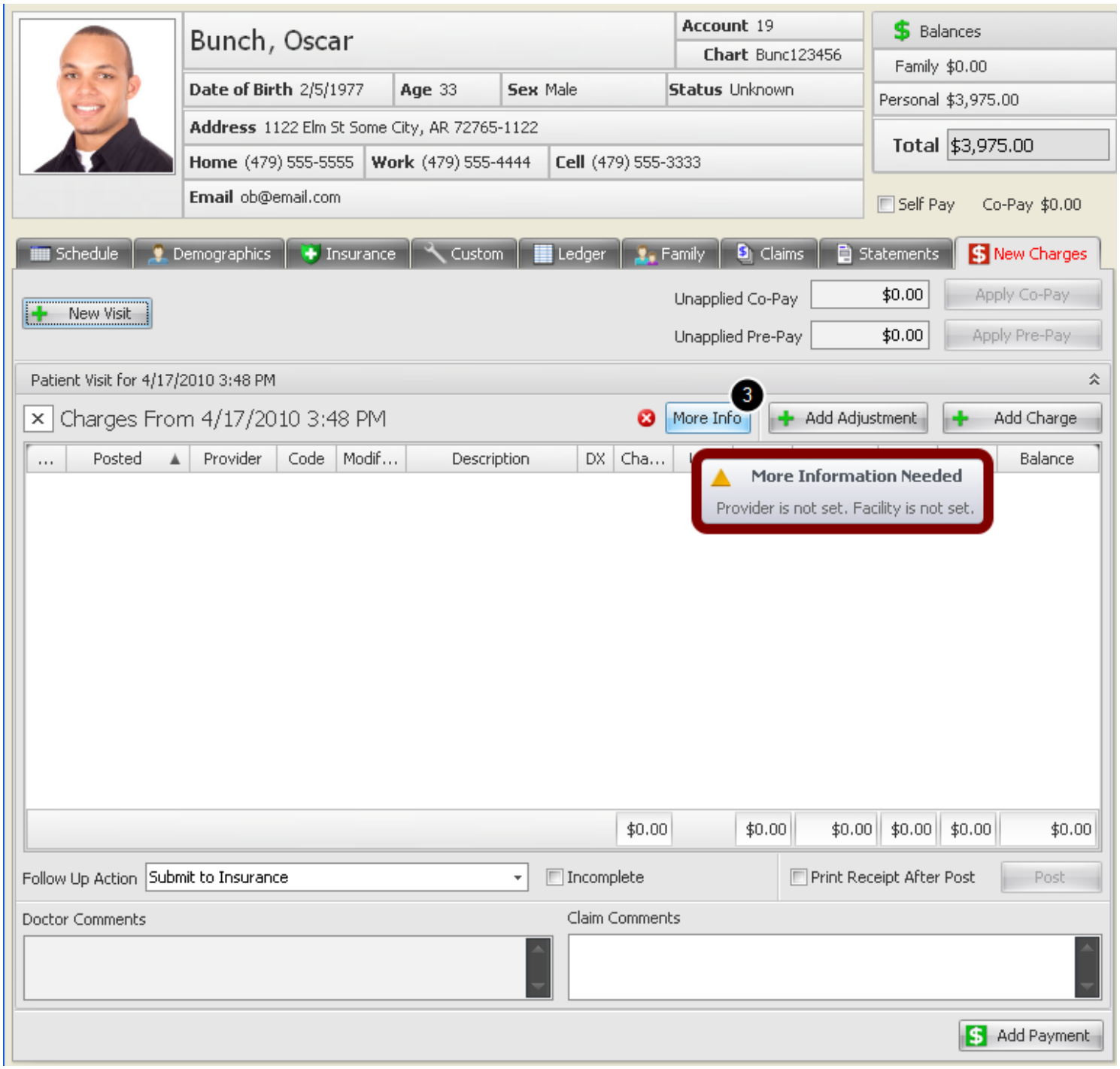
Add a New Visit



Charges can be manually added by creating a New Visit from the New Charges Tab or they can be manually added to a visit/encounter posted from the Billing Statements Tab in the Patient Chart. For this example, a New Visit will be created in the Patient Account-New Charges Tab

2. Click the **New Visit** button

Add Rendering Provider of Service and Location/Place of Service to New Visit

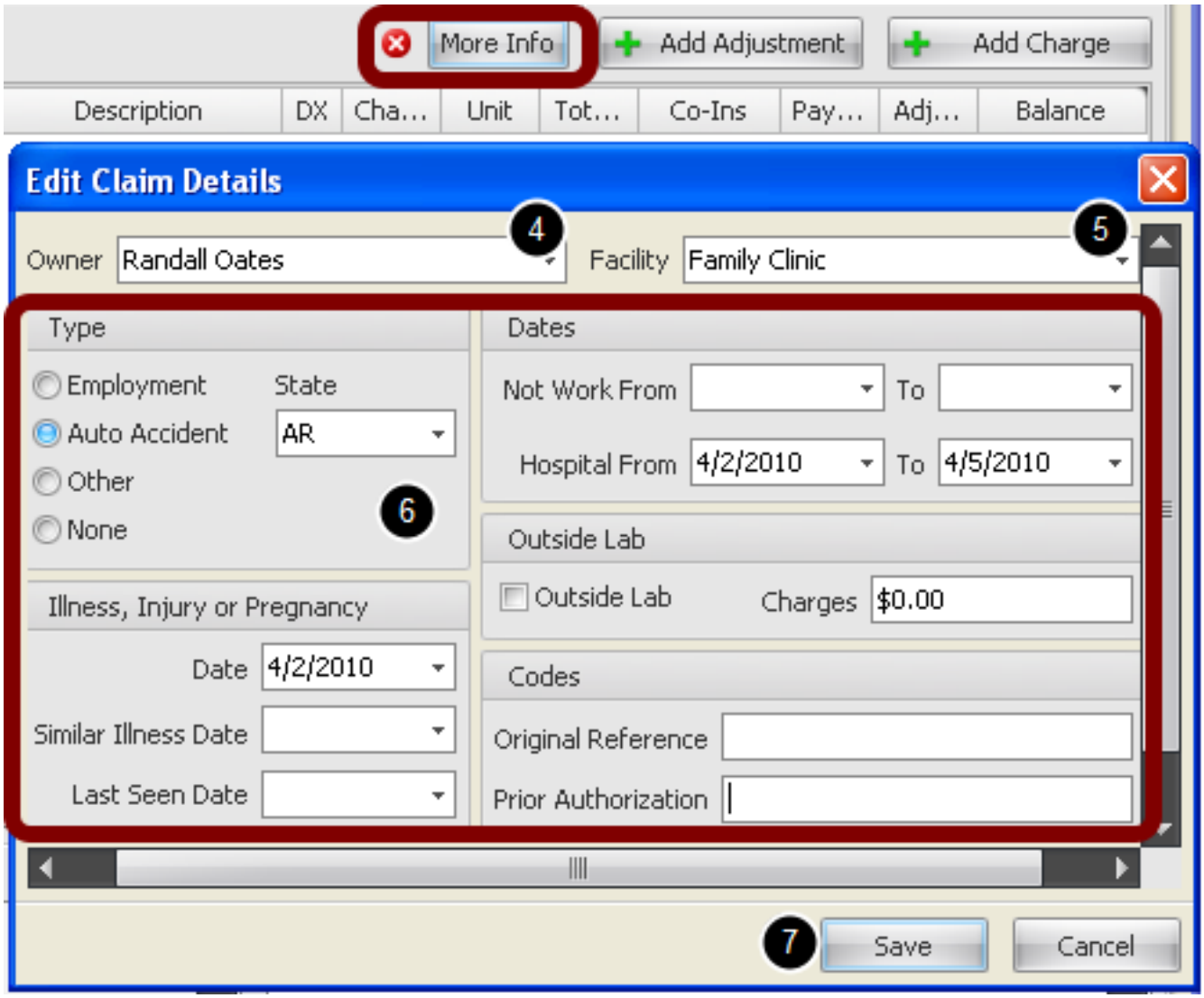


New Visit dialog opens to begin adding charges.

<u>Prior to adding the charge/Procedure Codes</u><u>, the Rendering Provider and the Location/Place of Service will have to be selected</u>.

3. Click the **More Info** button to add Provider of Service and Place of Service

Add Other Info to Visit details including Workers Comp, Accident, Hospitalization and Prior Authorization information



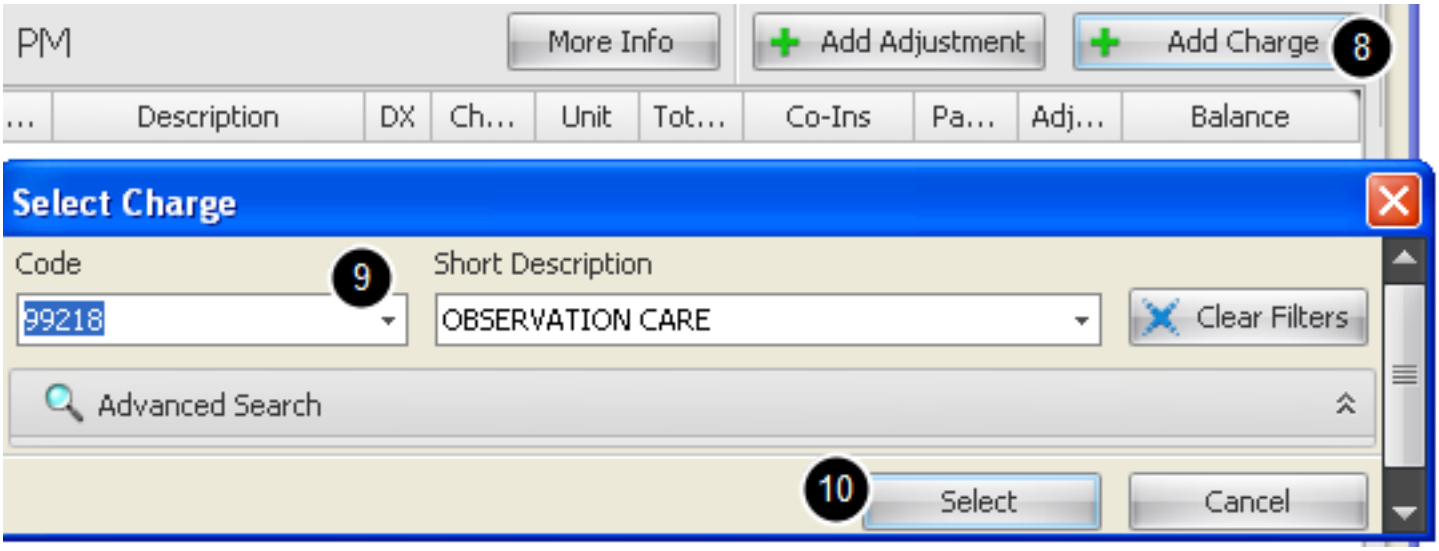
4. Using the Drop Down Arrow to display list of Providers that have been setup in SOAPware, Select the Rendering Provider of Services.

5. Using the Drop Down Arrow to display the list of Facilities that have been setup in SOAPware, Select the Place of Service from the list.

6. If the New Charges are Accident related, require prior authorization, are related to a hospital visit, etc., Type that information in the appropriate fields and enter dates that apply.

7. Click the Save button to save information

Add Charge in New Charges Tab

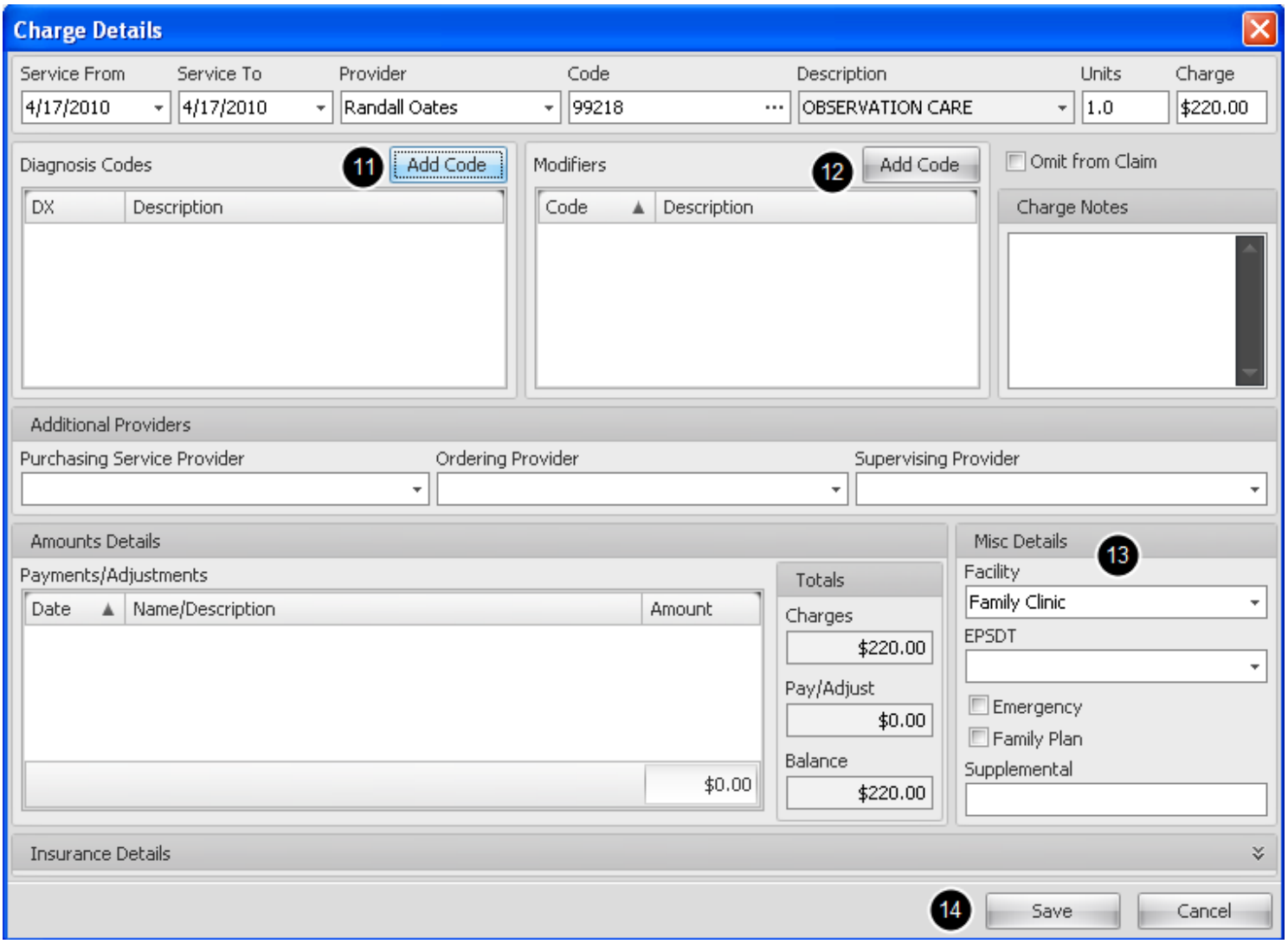


8. Click the Add Charge button to Open the Select Charge dialog

9. Begin typing the Charge code in the box or Click inside the Description to Search the code data base. Click on the code from the list to insert it into the fields

10. Click on the Select button

Add New Charge Details, including ICD-9/Diagnosis codes and Modifiers



Charge Details dialog will open for adding/editing New Charge. If a field is not grey/inavtivated, it can be edited for corrections or changes

11. Click the Add Code button to Add a Diagnosis/ICD-9 code to the New Charge. Begin Typing the code or Click to search. When the correct code is in the field, Click the Select button or use the Enter key on the keyboard to select a Diagnosis. Repeat as needed

12. To Add a Modifier to the New Charge, Click the Add Code button. Begin Typing the code or Click to search. When the correct code is in the field, Click the Select button or use the Enter key on the keyboard to select a Modifier and Enter again to add another code. Repeat as needed.

13. Enter additional Charge information if applicable in the Misc Details section. The Facility field will be populated with the Facility selected in the More Info dialog.

14. Click the Save button to save data.

Repeat Steps 8-14 to add more charges

Post New Charges to Patient Ledger

Bunch, Oscar
Account 19
Chart Bunc123456
Date of Birth 2/5/1977 | Age 33 | Sex Male | Status Unknown
Address 1122 Elm St Some City, AR 72765-1122
Home (479) 555-5555 | Work (479) 555-4444 | Cell (479) 555-3333
Email ob@email.com

Balances
Family $0.00
Personal $3,975.00
Total $3,975.00
Self Pay Co-Pay $0.00

Schedule | Demographics | Insurance | Custom | Ledger | Family | Claims | Statements | New Charges

New Visit
Unapplied Co-Pay $0.00 Apply Co-Pay
Unapplied Pre-Pay $0.00 Apply Pre-Pay

Patient Visit for 4/17/2010 3:48 PM
Charges From 4/17/2010 3:48 PM
More Info | Add Adjustment | Add Charge

...	Posted	Provider	Code	Mo...	Description	DX	Cha...	...	Total ...	Co-Ins	Paym...	...	Balance
	4/17/2010	Randall ...	99218		OBSERVATION C...	722.10, E819.9	$220...	1.0	$220.00	$0.00	$0.00	$...	$220.00
							$22...		$220.00	$0.00	$0.00	$...	$220.00

15

Follow Up Action Submit to Insurance | Incomplete | Print Receipt After Post | Post

16

Doctor Comments
Claim Comments

Add Payment

15. If the patient is Self Pay and no insurance will be filed, Click the Drop Down arrow and select **Do Not File-Patient Responsibility.**

16. The Follow Up Action will default to **Submit to Insurance**. Click the Post button to apply charges to the Patient Ledger and automatically Create a claim for the new charges.

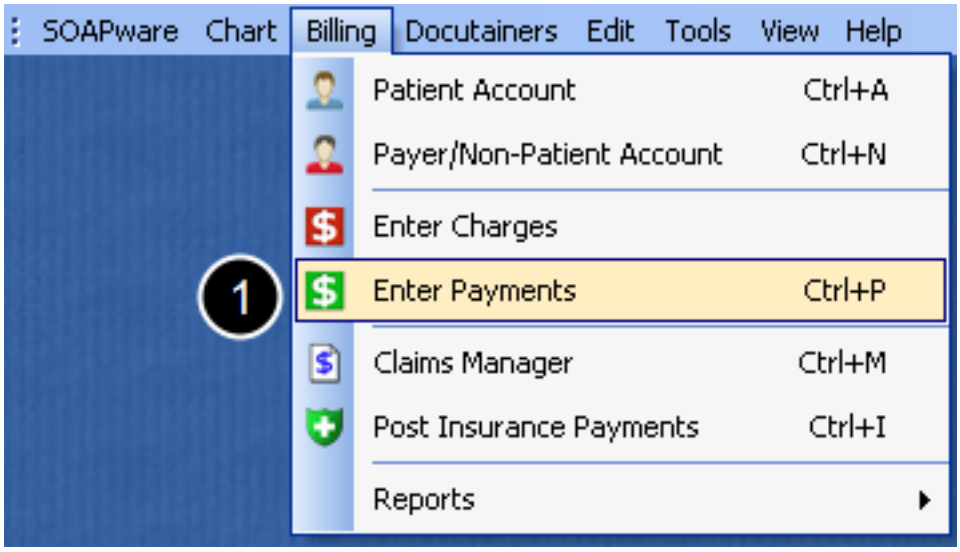
The Patient **Ledger** Tab will open and the New charge(s) will be shown in the ledger.

Enter Payments

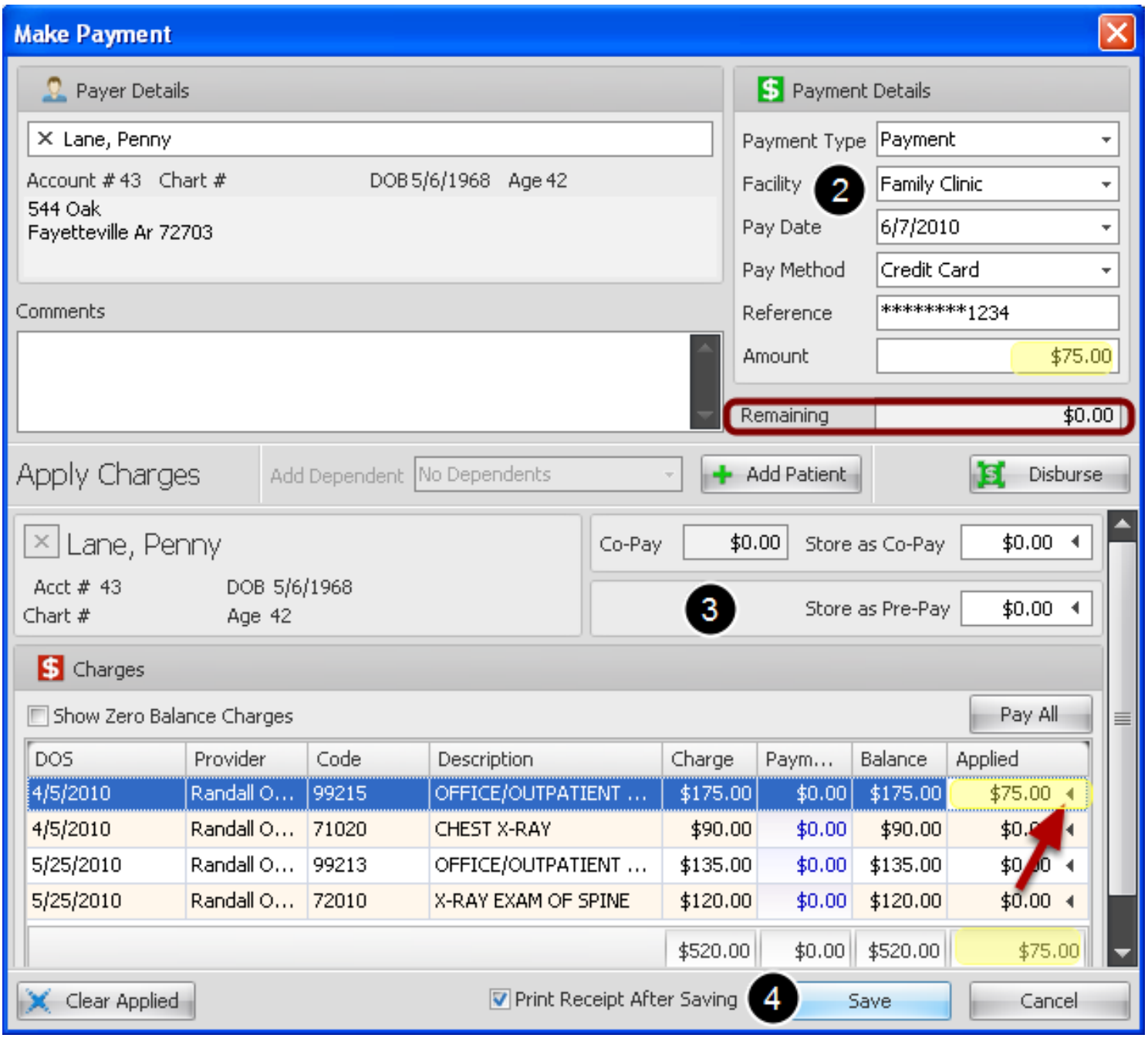
Add Personal Payments from Billing Menu

Main Menu -> Billing -> Enter Payments

Apply personal payments to patient accounts. Make Payment dialog can also be accessed in the New Charges tab and the patient account Ledger. To apply Insurance Payments to accounts, see Post Insurance Payments.



1. Click on the Enter Payments menu option to open the Chart Rack. **Select** a Patient from the Chart Rack and the Make Payment dialog will open.



2. Type payment details.

3. Apply payment to charges:
Disburse: Will auto disburse payment (older to most current charges).
Pay all: Will auto apply Amount to all outstanding charges.
Or you can **manually** apply payment to selected charge by clicking on the arrow in the Applied column (Red Arrow).
When entire amount is applied, **Remaining** balance will be $0.00

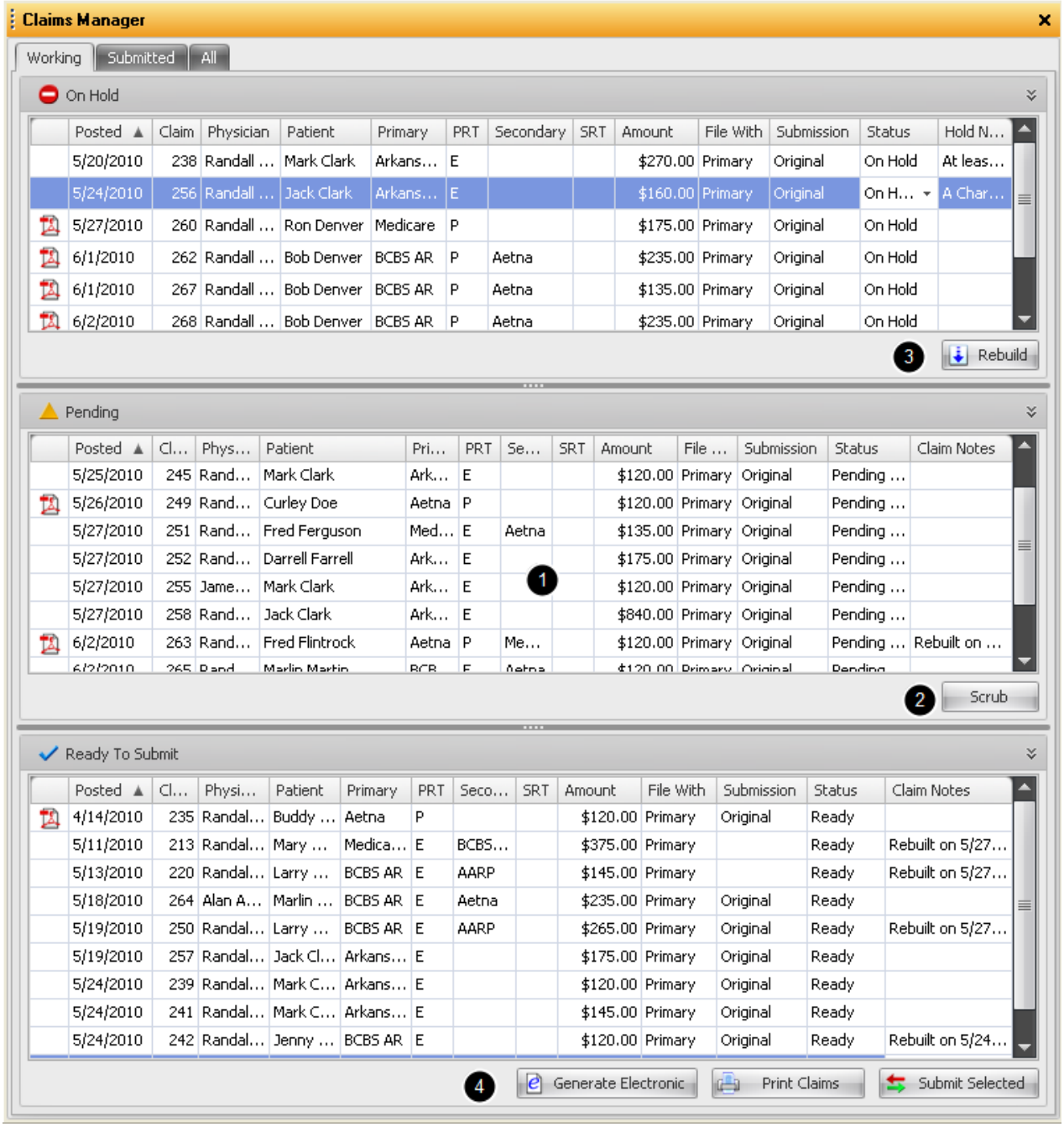
4. If receipt is requested place a checkmark in the box next to Print Receipt and Click Save.

If errors are made, click **Clear Applied** to remove applied amount(s).

Claims Manager

Billing -> Claims Manager

An Insurance Claim cannot be created unless insurance information has been entered in Patient Account Insurance Demographics tab.



Paper claims are identified by the Icon in the first column. **Electronic claims** are blank.

1. When a charge is posted to the Ledger from the New Charges tab, an insurance claim is created.

The claim is automatically inserted into the Pending Scrub section of the Claims Manager.

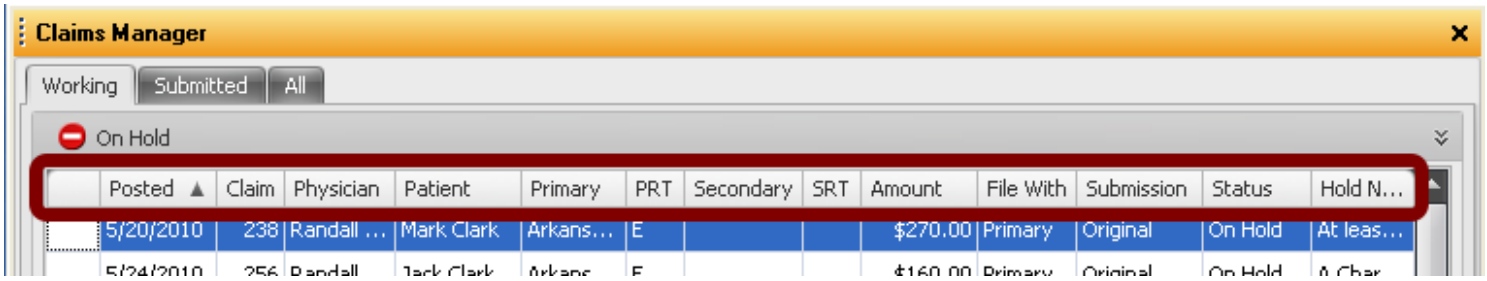
2. Claims are **Scrubbed** and placed in the Ready to Process section. If the claim needs to be corrected or edited, the claim will be placed in the On Hold section with a reason for rejection.

3. Once the claims are corrected and **reprocessed/rebuilt** to apply changes, they are Scrubbed again and moved to the Ready to Process section. If a claim is still getting placed in the On Hold section when Scrubbed, this will have to be repeated until the claim is error free and moved to the Ready to Process section.

4. When the Claims are **Ready to Process**, they are exported to the designated file for submission to the Receiver or Printed to a CMS 1500 claim form to be mailed to the Payer.

Note: Select a single Claim by Clicking the claim to highlight. To select random claims, Click on a Claim and while holding down the Ctrl key, left click on other claims to highlight. To Select all claims in a section, Click on the first claim to highlight and while holding down the Shift key, Click on the last claim to highlight those two and all the claims in between.

Column Headers

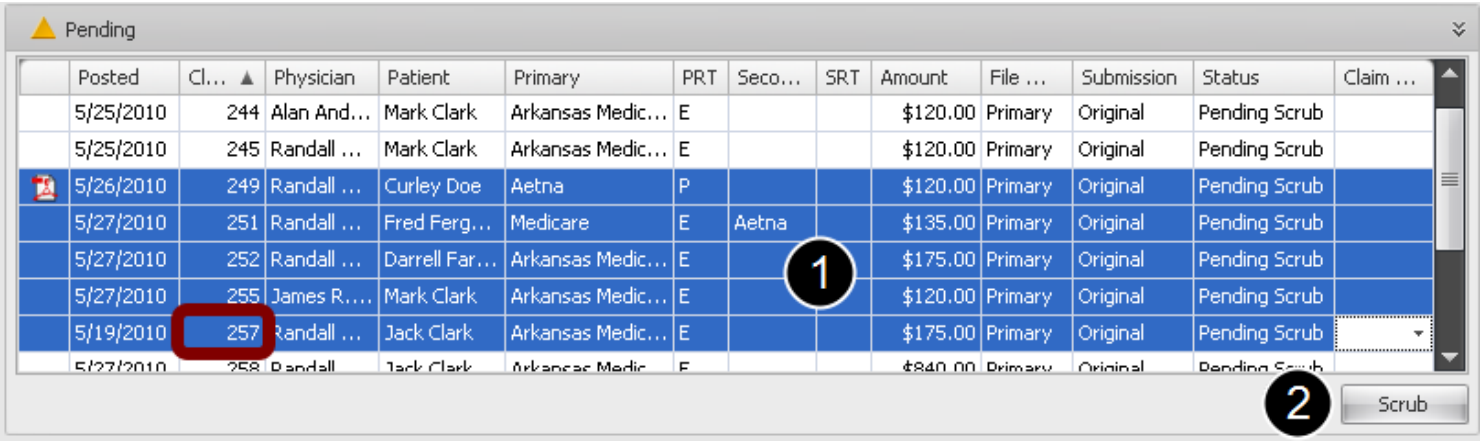


Posted: Date Claim was posted to the patient ledger and claim was created
Claim: Claim number used for identification and tracking. This number is automatically assigned when the claim is created
Physician: Performing Provider
Patient: Patient name
Primary: Identifies patient's Primary Payer
PRT: Primary Payer Routing (Paper claim or Electronically sent)
Secondary: Identifies patient's Secondary Payer
SRT: Secondary Payer Routing (Paper claim or Electronically sent)
Amont: Total amount of claim
File With: Filing claim with (Primary or Secondary)
Submission: Indicates to Payer if the claim is Original claim, Corrected claim, Replacement claim or a Voided claim
Status: Status of claim (On Hold, Pending Scrub or Ready to Submit)

Hold Notes: Hold notes gives a short explanation of why the claim is being placed in the On Hold section. This note will be attached if the claim is rejected in the **Scrub** process. It can also be typed by clicking in the grid if the claim is **manually** placed on hold by user
Claim Notes: Claim notes are automatically added when a claim is set to Refile, has been Rebuilt, etc. It can also be typed by clicking in the grid if needed.

Hold notes and Claim notes are for user reference only. Notes are not included on claims

Scrubbing Claims



Patient accounts with Insurance information entered into the Insurance Demographics section of the Chart will automatically produce a claim when new charges are Posted to the Patient Ledger, and those claims will be placed in the Pending section of the Claims Manager. Claims can be selected for Scrubbing one at a time or random claims or all claims.

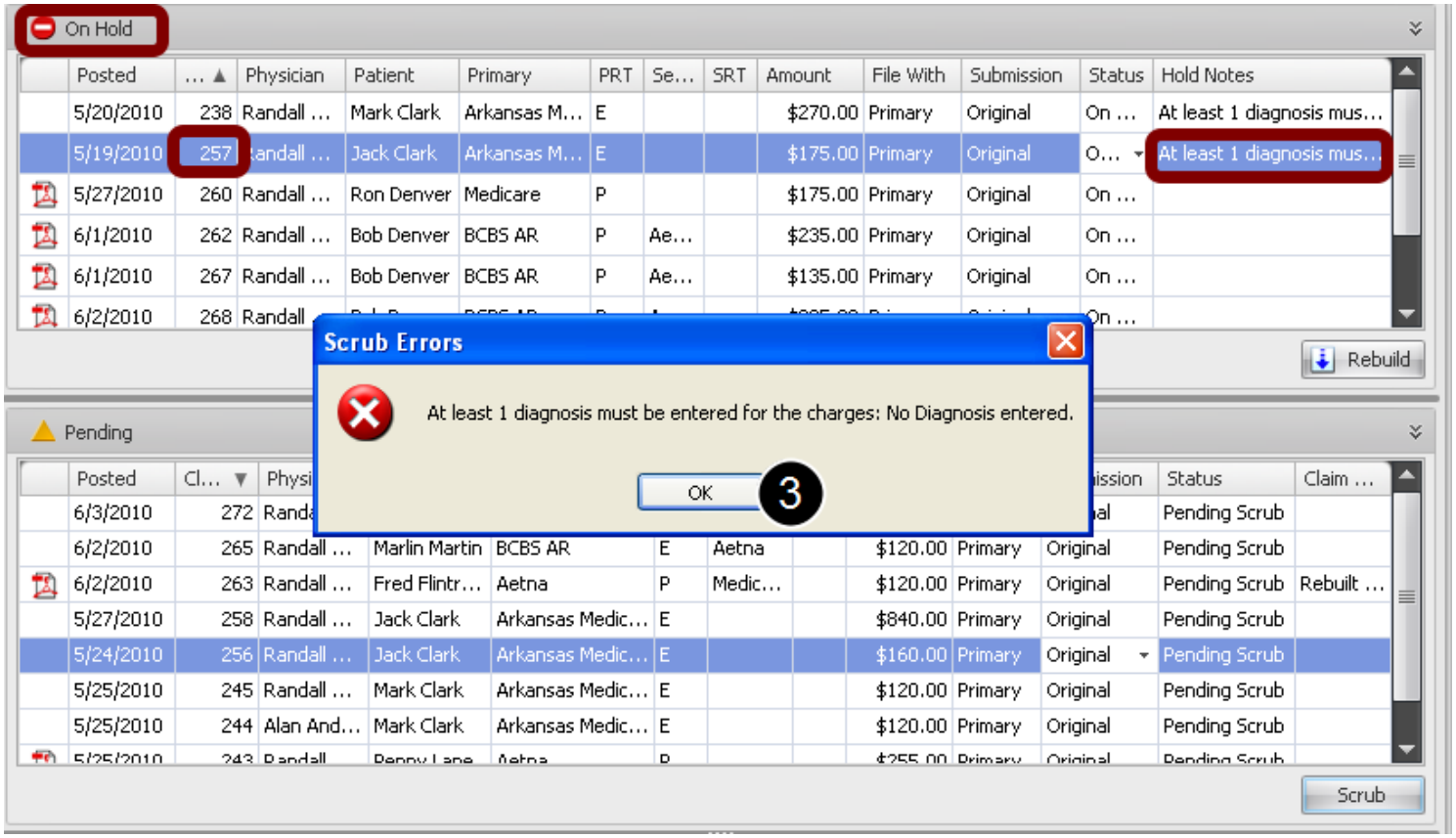
1. Click on the claim line to highlight.

To select random claims, Click on a Claim and while holding down the Ctrl key, left click on other claims to highlight. To Select all claims in a section, Click on the first claim to highlight and while holding down the Shilft key, Click on the last claim to highlight those two and all the claims in between. This example shows all claims selected

2. Click the Scrub button. Claims will be moved to the Ready To Process section. If the scrubber finds an error on any claims, those claims will be moved to the On Hold section with a description of the error.

Note the Claim number **257** in the red box. This lesson will track that claim from Pending Scrub to Submitting claim.

Insurance remittance/response will use this claim number in the Patient Account section of the EOB to identify the patient.



Claims will be moved to the Ready To Process section unless the scrubber finds error(s) on a claim as shown in this screenshot. Claims with errors will be moved to the On Hold section to be edited/corrected, with a description of the error as seen in this screen shot.

3. Click Ok. The error dialog will continue to prompt you to click OK for each claim that has errors until all selected claims have been scrubbed.

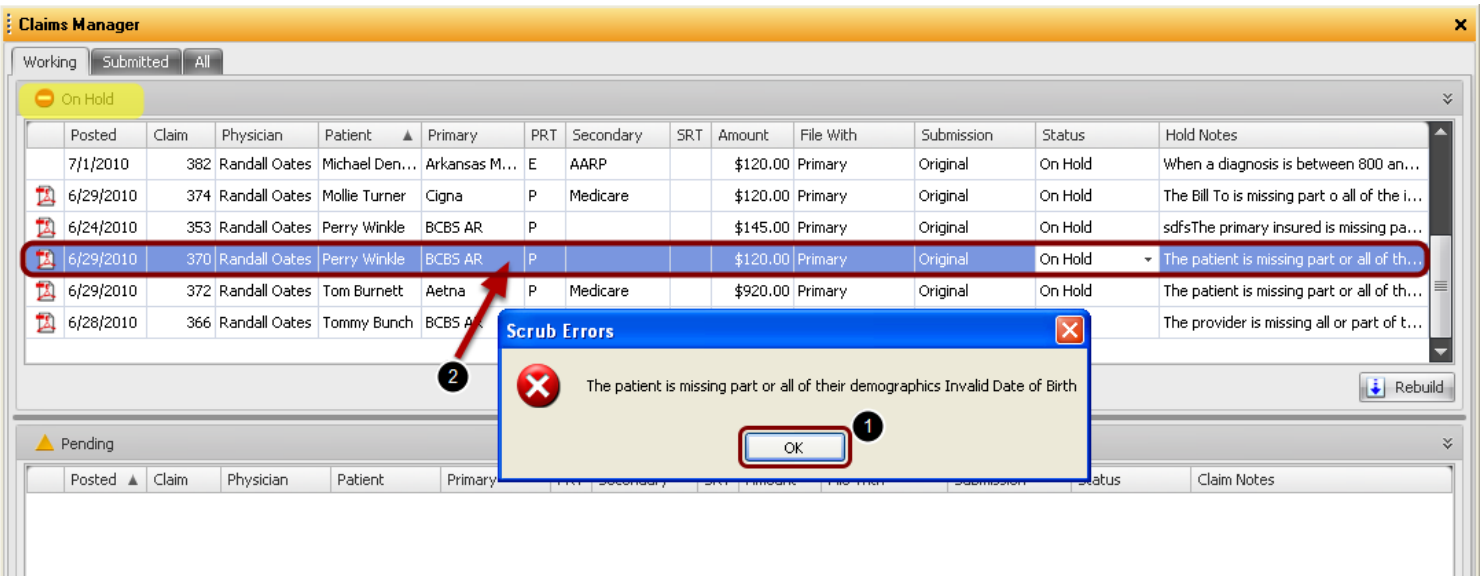
Scrubber Errors-How to Correct and Rebuild Claim

If the Scrubbing process finds a claim with errors/incomplete information, a Scrub Error message will pop up and the claim will automatically be moved to the **On Hold** section of Claims Manager.

This lesson will describe the errors and list the steps to correct the error(s). The Claim will then have to be **Rebuilt** to apply the corrections, and **Scrubbed** again. When the claim has passed the scrubbing process, it will be automatically moved to the **Ready to Submit** section.

Note: Edits/Corrections will not be applied to claims unless the **Rebuild** process is performed.

Scrub Errors

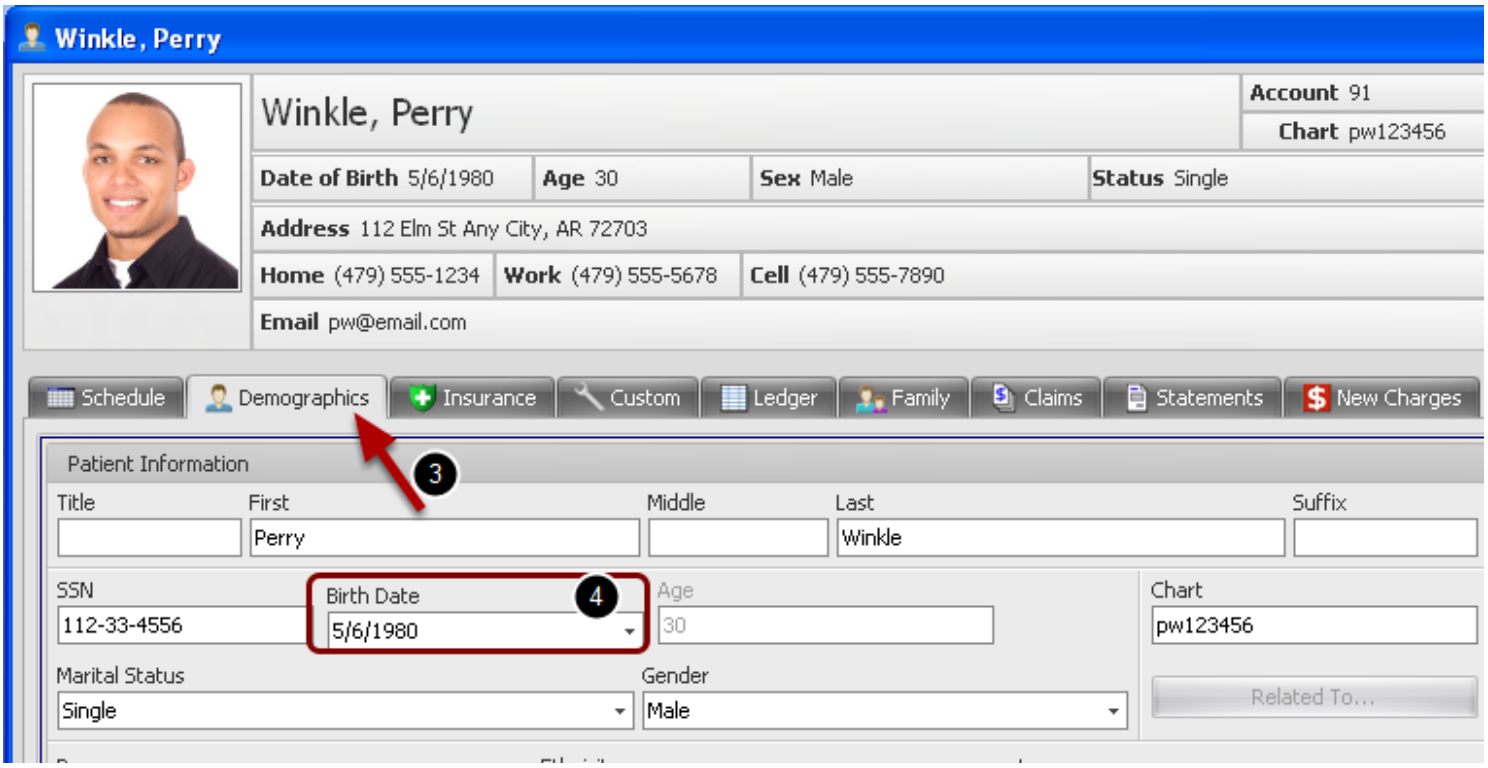


1. Click the **OK** button in the message box.

2. In the **On Hold** section of the Claims Manager, **Double Click** anywhere on the claim line to open **Patient Account** and make corrections as listed in the following steps.

After corrections are made, Close the **Patient Account**, return to **Claims Manager** and **Rebuild** claim to apply changes.

Patient is missing part of their demographics- Invalid Date of Birth

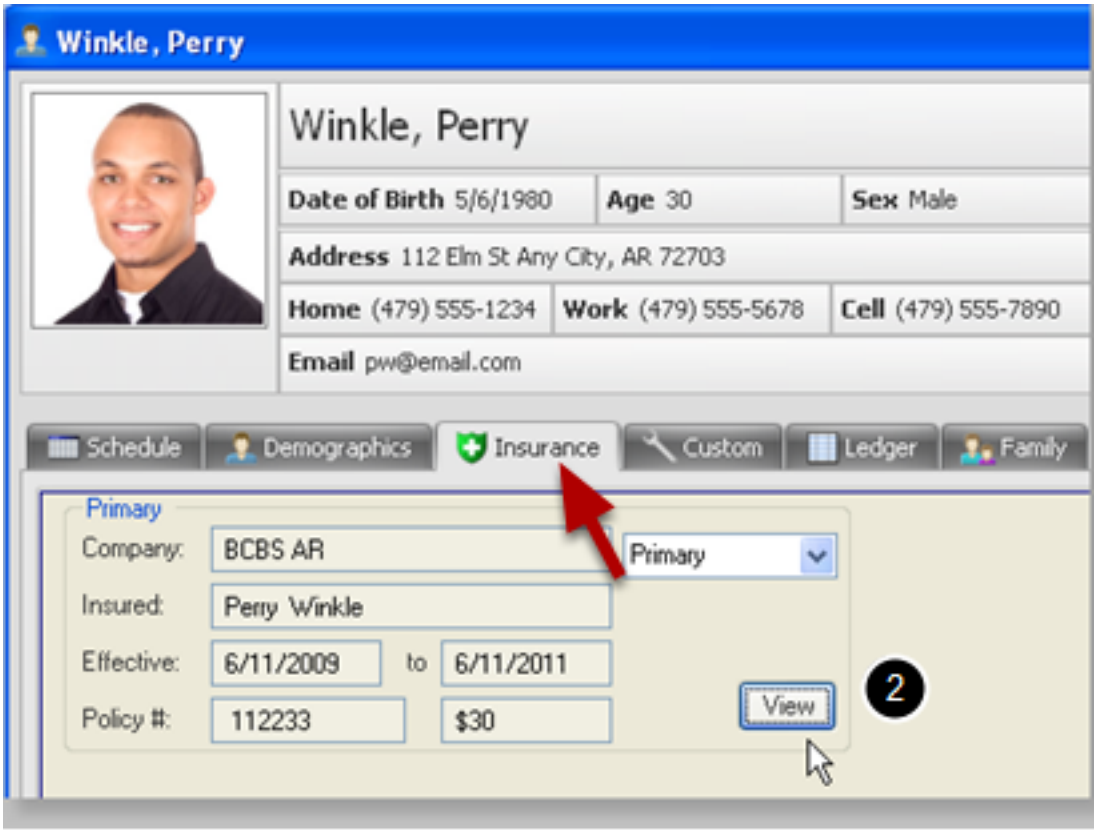


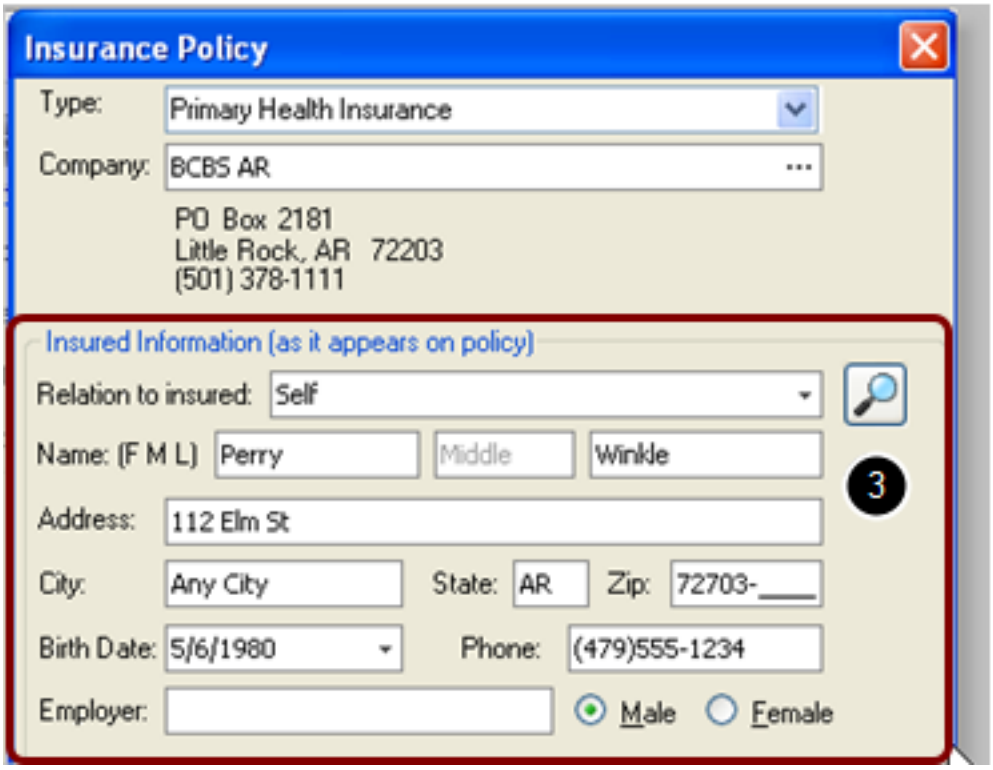
Verify patients demographics are correct: date of birth, address, phone, etc.

3. Click the **Demographics** Tab.
4. Correct the **Birth Date**.

Return to Claims Manager and **Rebuild** claim to apply changes.

The Primary insured is missing part or all of their demographics





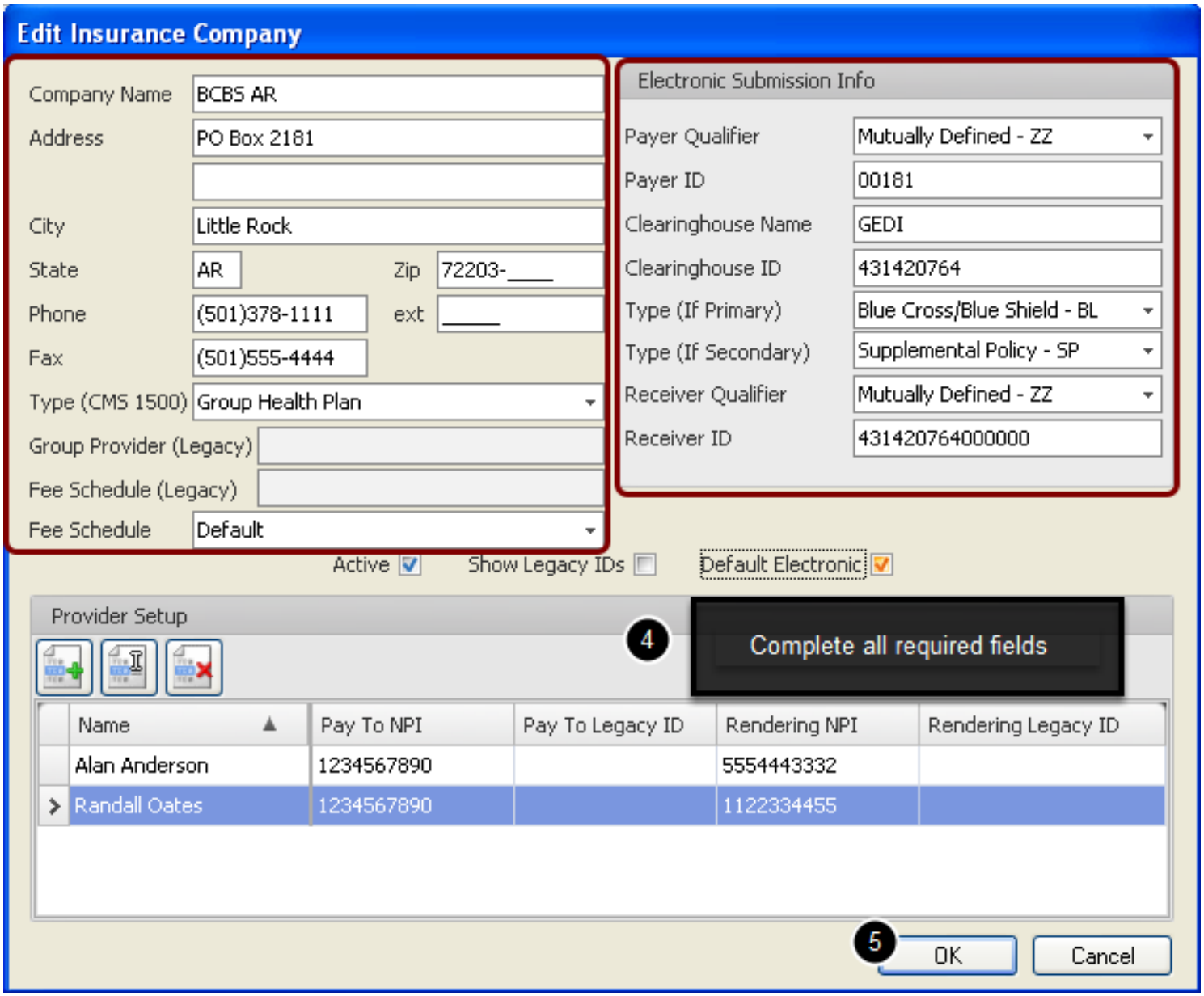
Verify insured info

1. Find the claim getting rejected in the On Hold section of Claims Manager and Double Click inside the grid to open **Patient account**. Click the **Insurance tab**.

2. Click **View** next to the insurance company getting the error
3. Check each field in the Insured Information section and verify that it matches information exactly as it appears on insurance card, including the Patients relation to insured.

Return to Claims Manager and **Rebuild** claim to apply changes.

Primary Insurance Company Missing Data



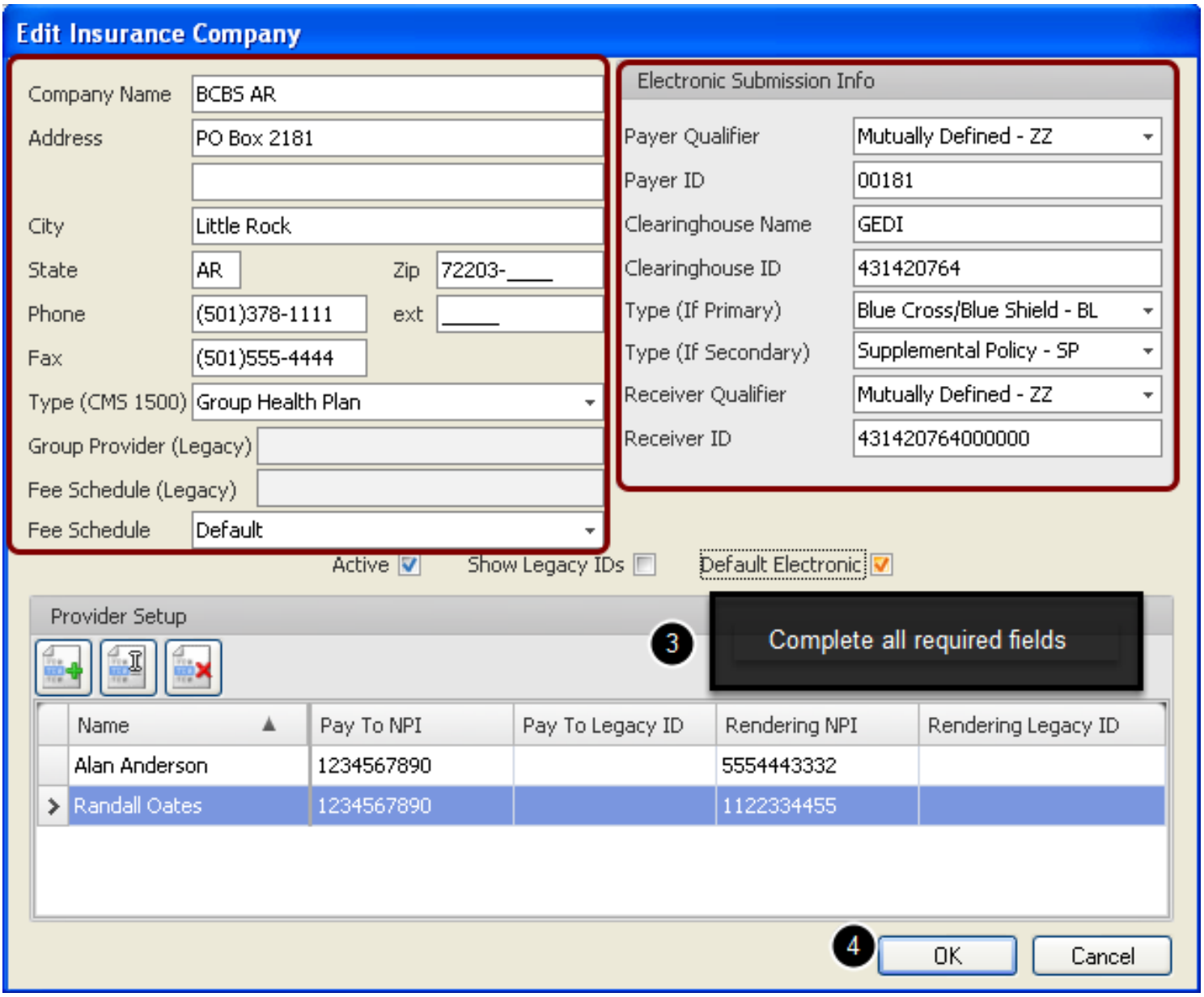
Check Insurance Company setup

1. Find the claim getting rejected in On Hold section of Claims Manager and find the Payer name-Primary column or Secondary column, depending on filing status
2. Go to **Tools** -> **Insurance Company**.
3. Find the Insurance Company/Payer within the list and Click the **Edit** Icon.

4. Add missing info.
5. Click OK

Return to Claims Manager and **Rebuild** claim to apply changes.

Secondary Insurance Company Missing Data



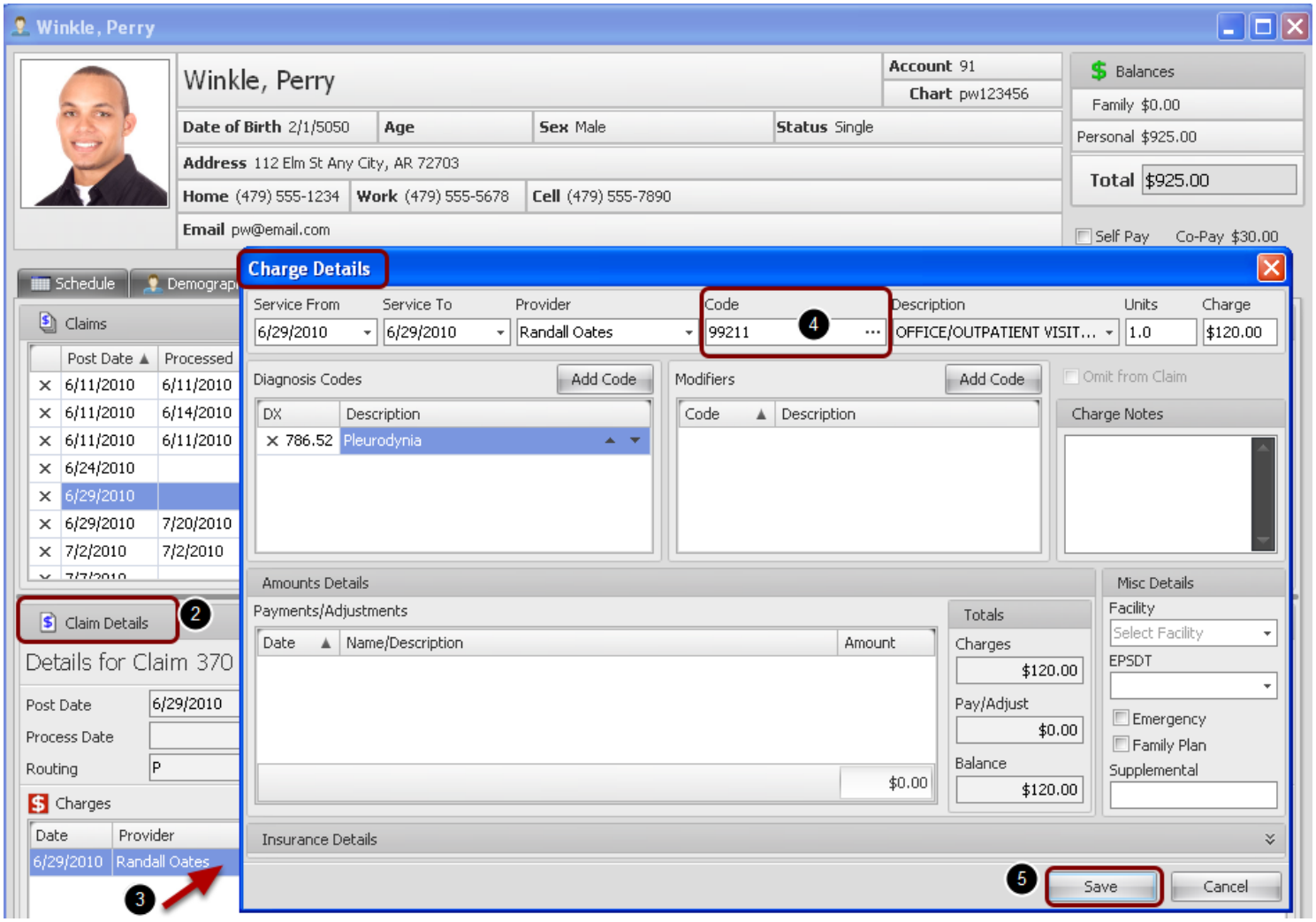
<u>Check Insurance Company setup</u>

1. Find the claim getting rejected in On Hold section of Claims Manager and find the Payer name-Primary column or Secondary column, depending on filing status Go to **Tools** -> **Insurance Company**.
2. Find Insurance Company in Insurance Company Manager and Click the **Edit** Icon.
3. Add missing info.

4. Click OK

Return to Claims Manager and **Rebuild** claim to apply changes.

The line items are missing part or all of their detail-CPT/HCPCS Code

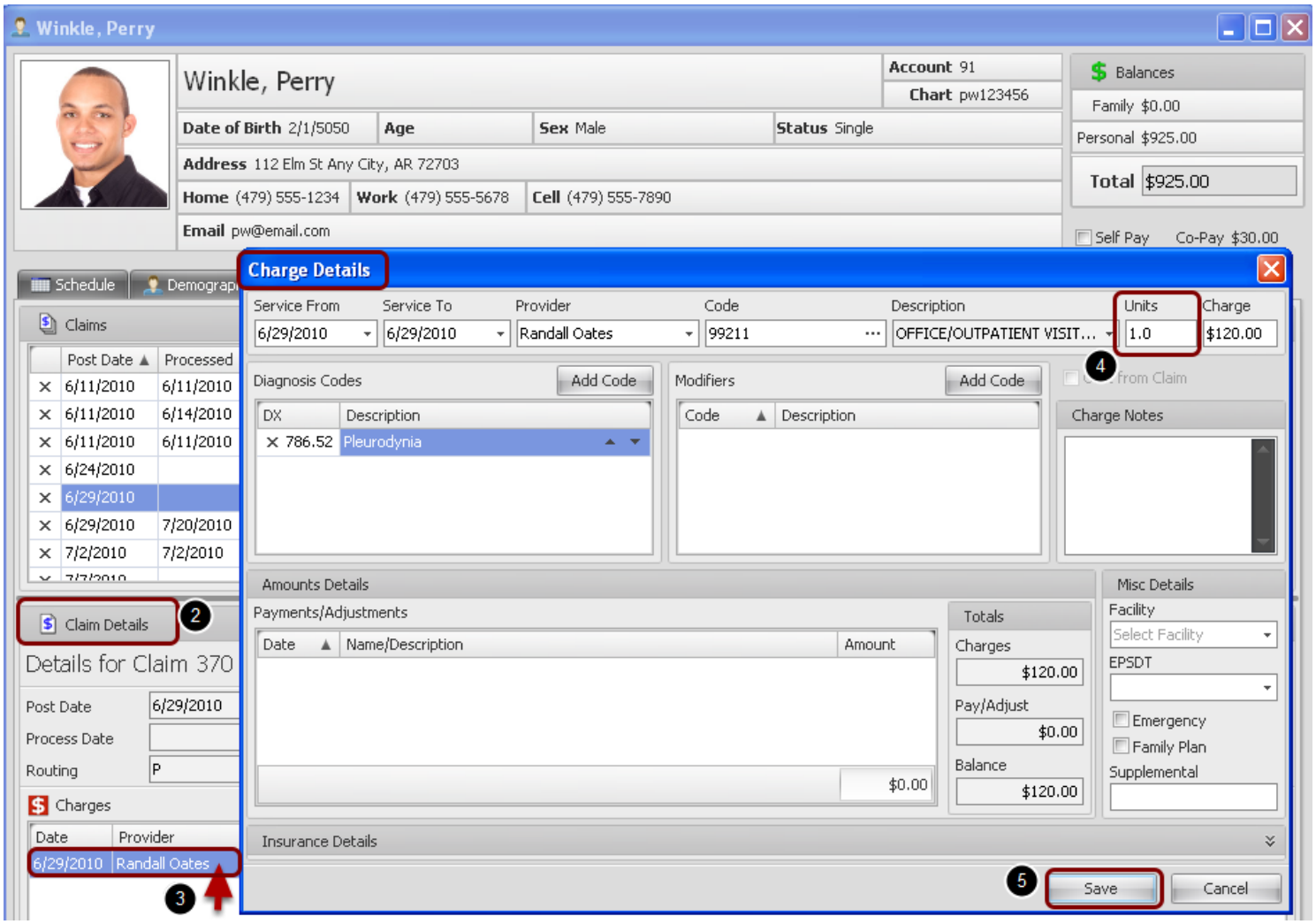


Edit Charge Details

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.
2. From the Claims tab, click the claim getting the error to open it in **Claim Details.**
3. Double Click on the line item to open the **Charge Details**.
4. Add appropriate Codes in the **Code** field. Repeat for each line item in Claim Details section.
5. Click Save.

Return to Claims Manager and **Rebuild** claim to apply changes.

The line items are missing part or all of their detail-Units

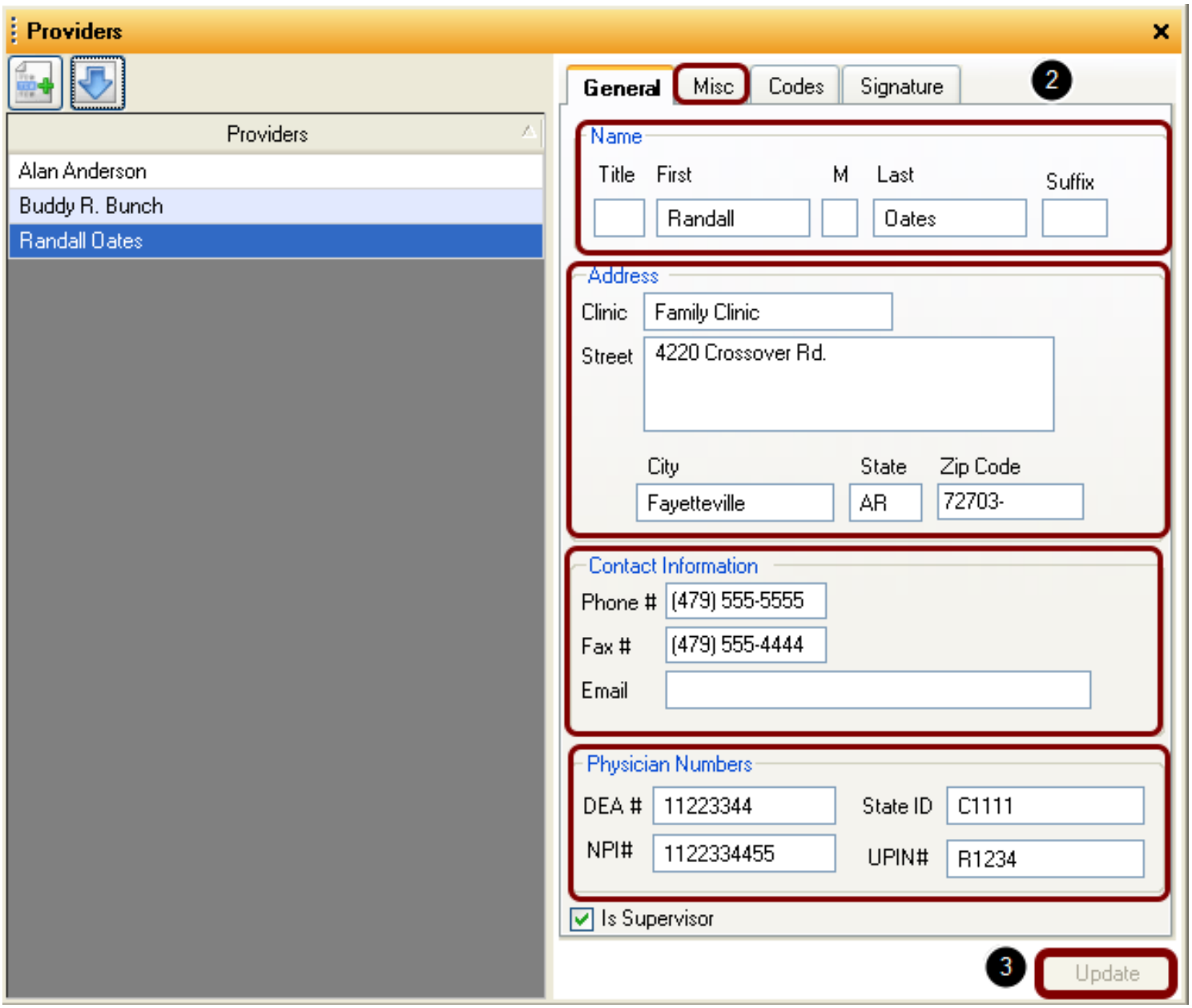


Edit Charge Details

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.
2. From the Claims tab, click the claim getting the error to open it in **Claim Details.**
3. Double Click on the line item to open the **Charge Details**.
4. Add appropriate number in the **Units** field. Repeat for each line item in Claim Details section.
5. Click Save.

Return to Claims Manager and **Rebuild** claim to apply changes.

The Provider is missing part or all of their information



Verify Rendering Provider information in Provider Manager

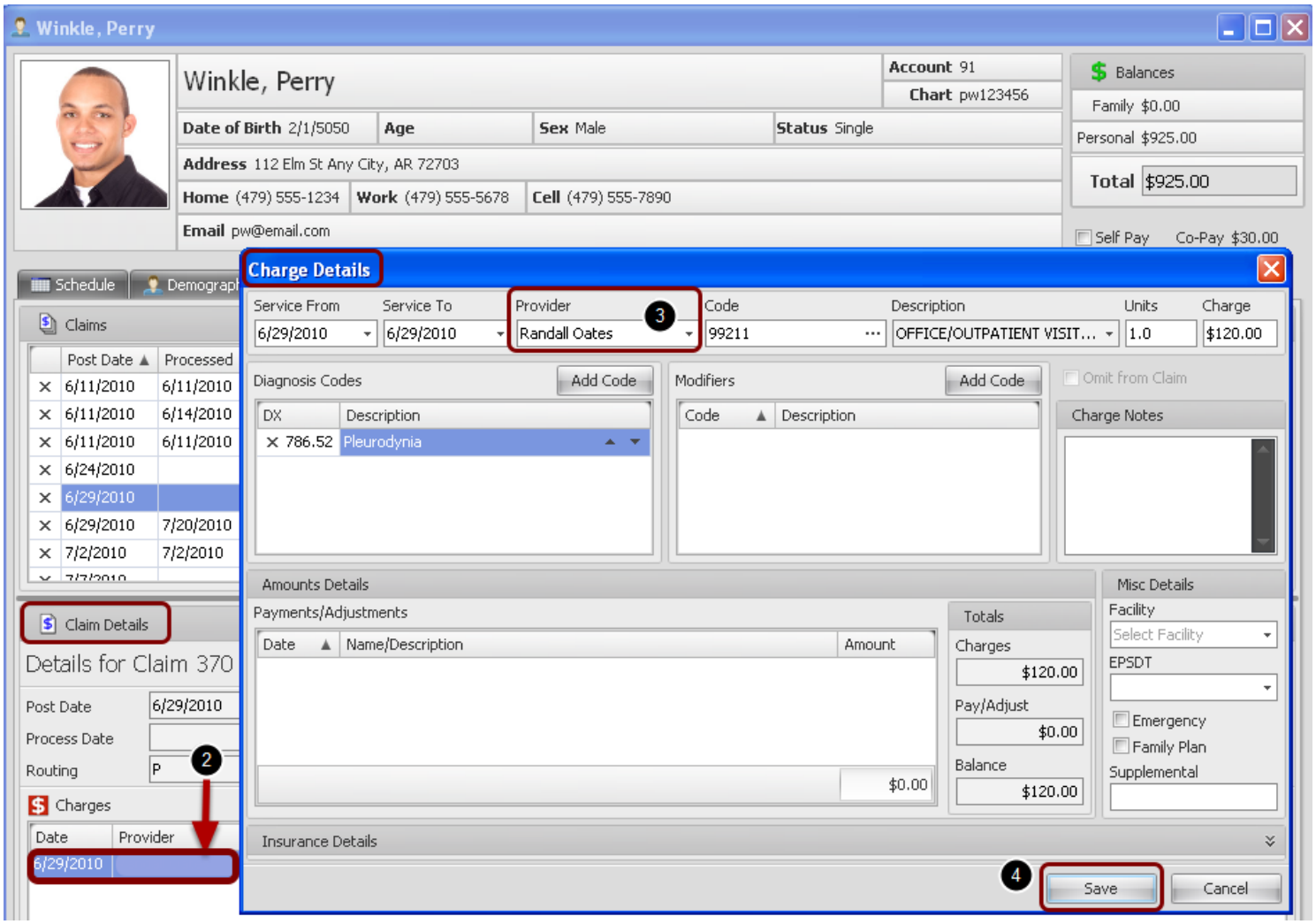
1. Find the claim getting rejected in the **On Hold** section of Claims Manager and Check for Provider name in the **Provider column**.

2. Go to **Tools** -> **Provider Manager** and verify correct info is entered in all fields.

3. Add missing data and Click **Update**.

If there is not a Provider shown in the Provider Column, see next step

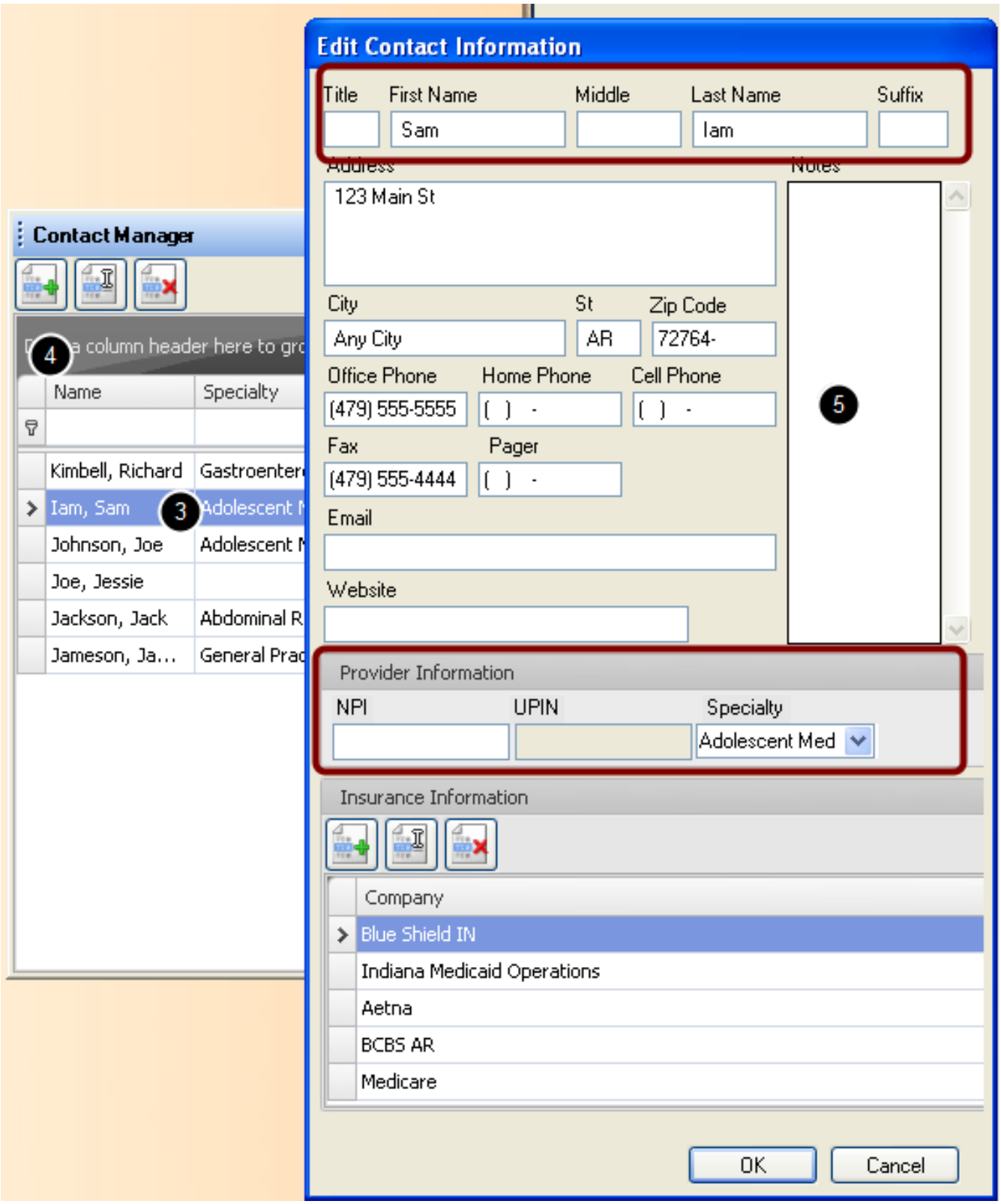
The Provider is missing part or all of their information-No Provider selected



1. Double Click on the line of the claim getting the error to open the Charge Details.
2. From the **Claim Details**, double click on the claim getting the error to open the **Charge Details**.
3. Use the drop down list to add the Rendering Provider in the **Provider** field.
4. Repeat for each line item on the claim.

Return to Claims Manager and **Rebuild** claim to apply changes.

The Referring provider is missing part or all of the information



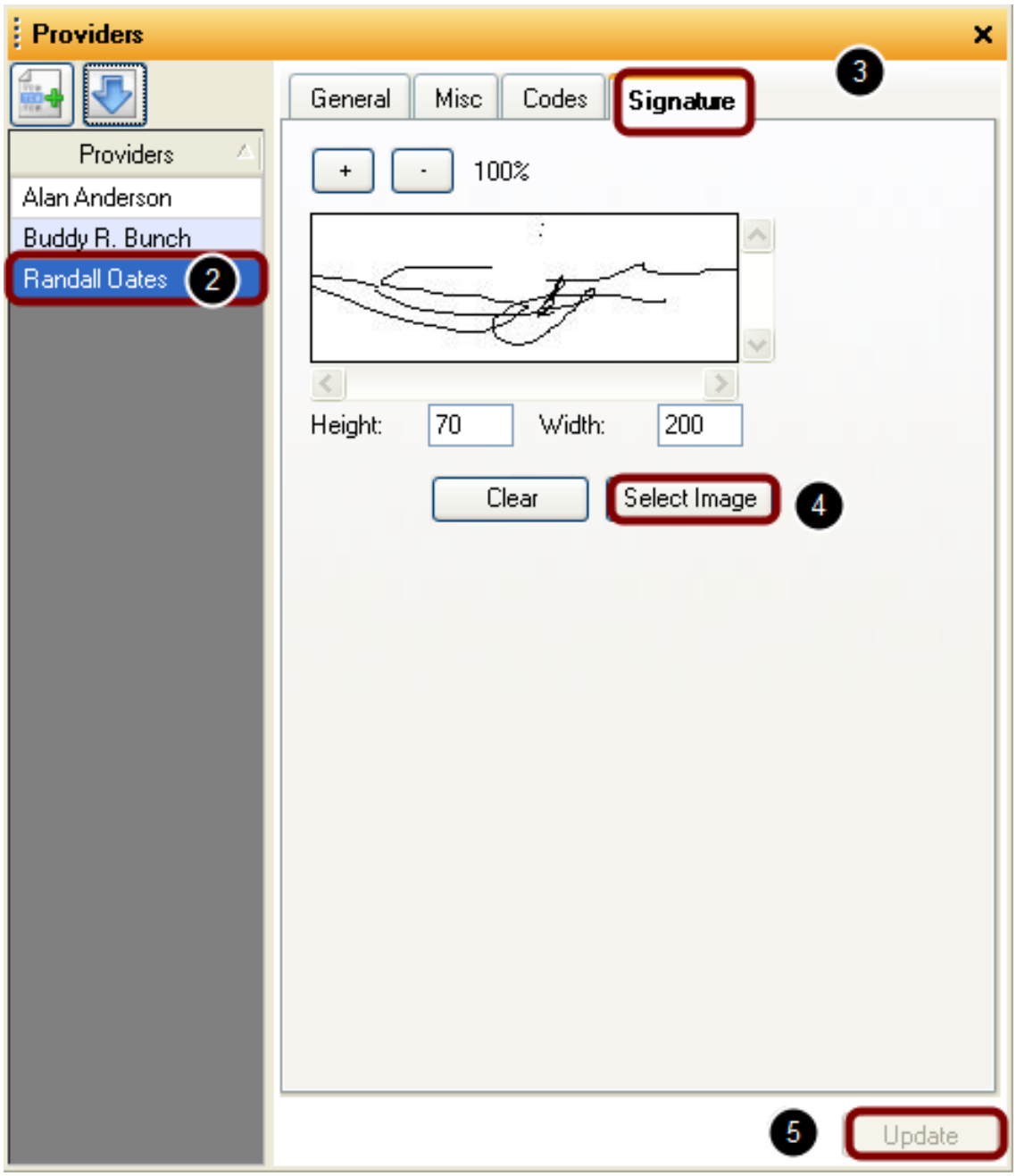
Verify Referring Physician info is entered correctly in Contacts

1. Find the claim getting rejected in the On Hold section of Claims Manager and Double Click inside the grid to open **Patient account**. Click the **Demographics tab**.

2. Check the name of the Referring Provider.
3. Go to **Tools** -> **Contacts** and Click to highlight/select Referring Provider from the list.
4. Click the Edit icon to **Edit Contact Information**.
5. Verify Provider information is included in each required field. **Name** and **NPI** numbers are required

Return to Claims Manager and **Rebuild** claim to apply changes.

The Provider is missing all or part of the signature



Verify Rendering Provider Signature is loaded

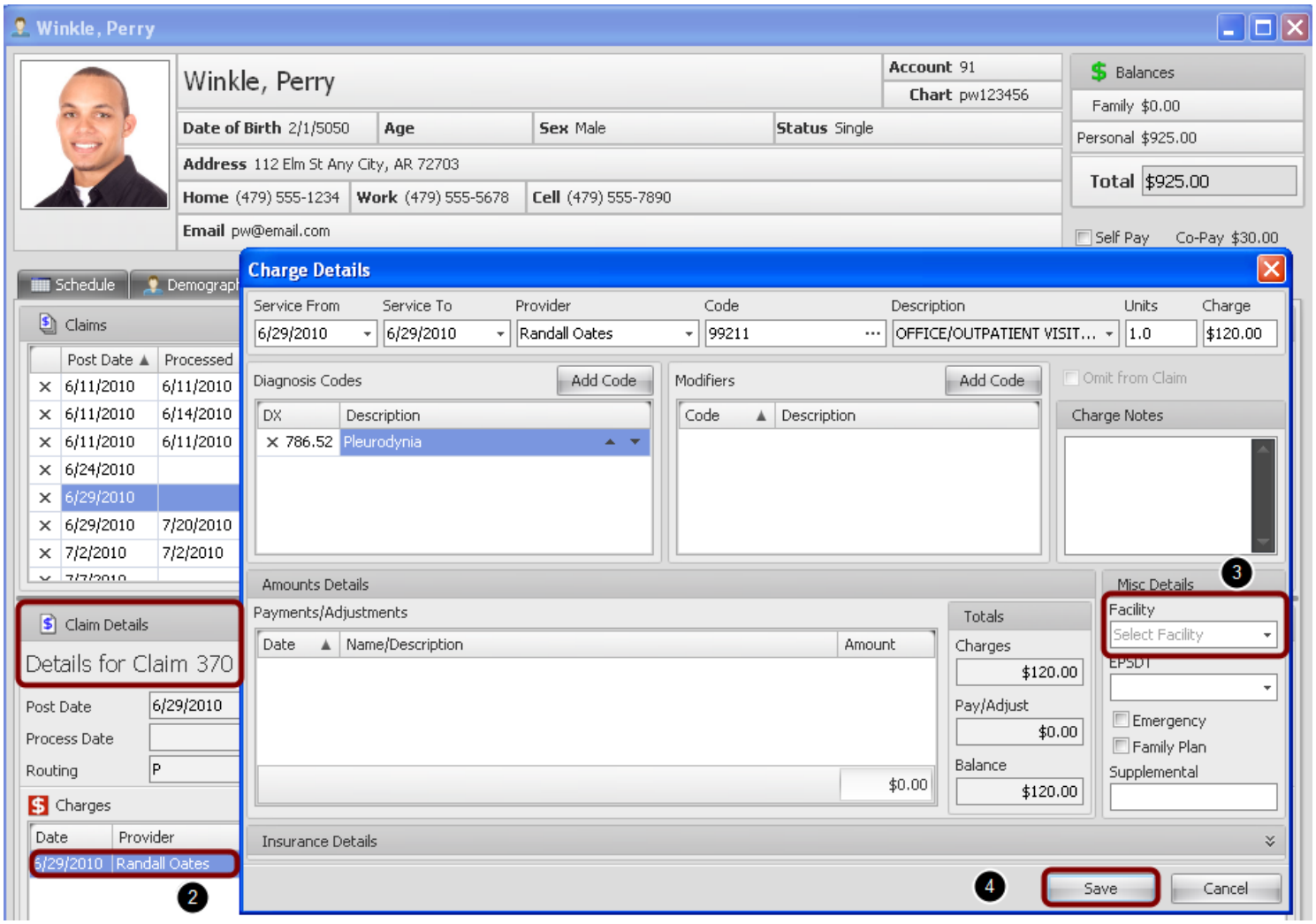
1. Find the claim getting rejected in the On Hold section of Claims Manager and check the Physician

column to find the name of the **Rendering Physician.**

2. Go to **Tools -> Provider Manager** and select that physician from the list of Providers.
3. Click on the **Signature tab** and make sure signature is selected. (See Provider Manager setup in Billing Maintenance)
4. Click **Update**.

Return to Claims Manager and **Rebuild** claim to apply changes.

The Facility is missing part or all of its address information



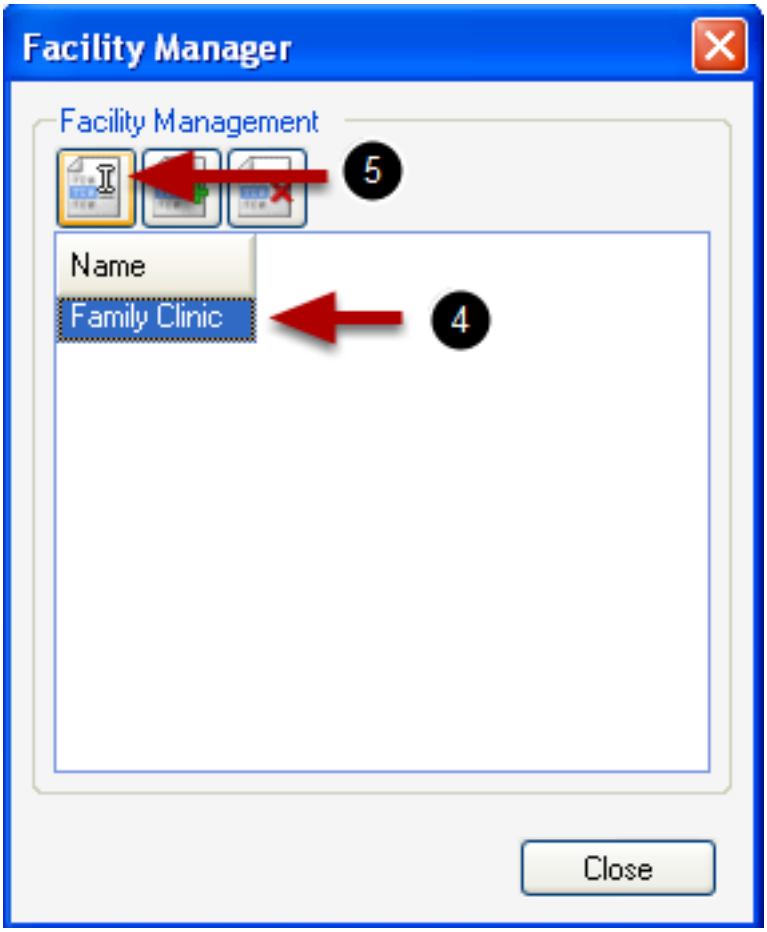
Verify POS/Place of service

1. Find the claim getting rejected in **On Hold** section of Claims Manager and Double Click inside the Grid to open **Patient Account**.
2. From the Claims tab, make sure the rejected claim is displayed in **Claim Details** and Double Click to open the **Charge Details**.
3. Add the correct Facility in the Misc. Details section of Charge Details dialog.

4. Click **Save**.
5. Repeat for each line item on the claim.

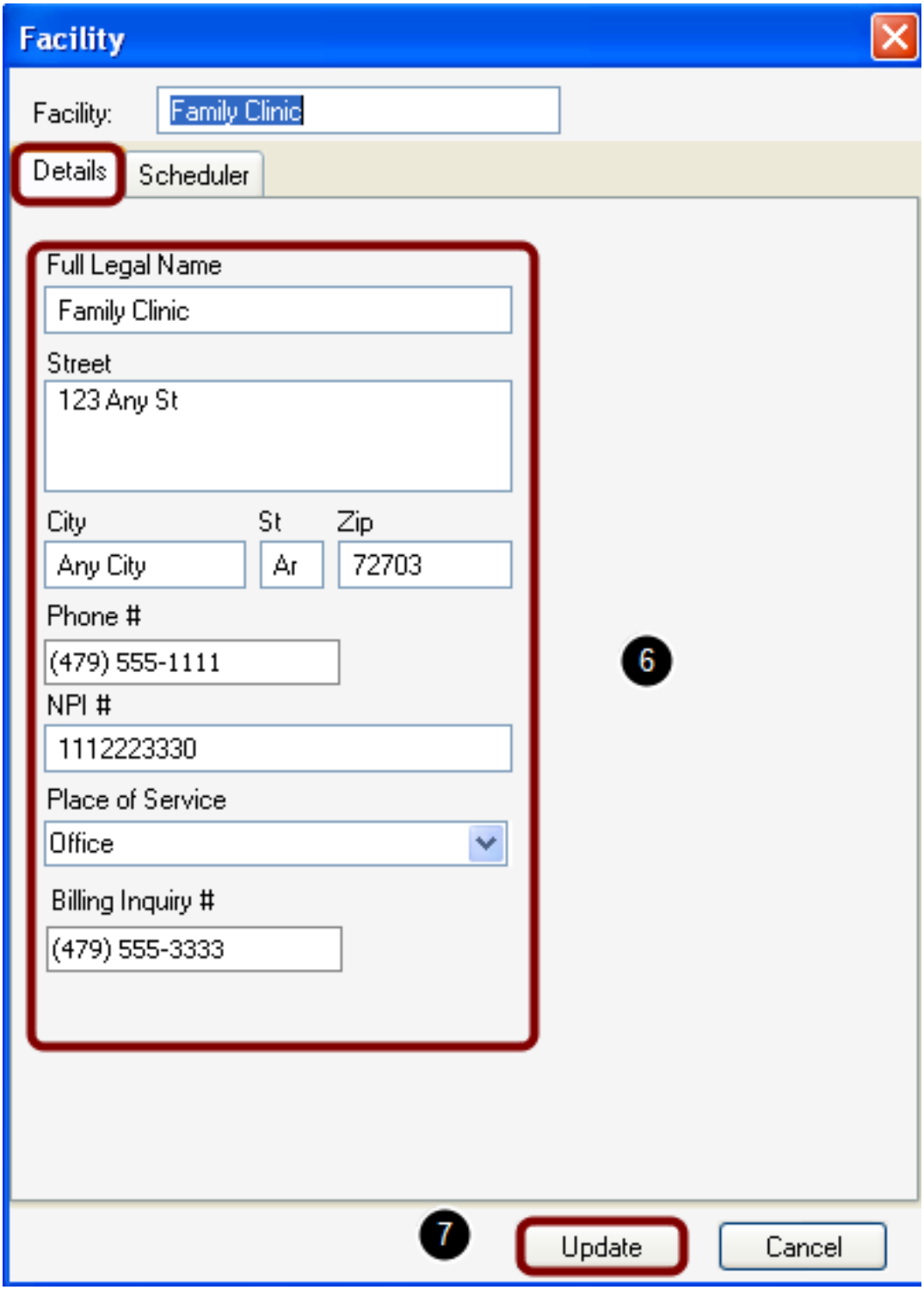
Return to Claims Manager and **Rebuild** claim to apply changes.

The Facility is missing part or all of its information



Check Facility Setup

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.
2. From the Claims tab, make sure the rejected claim is displayed in Claim Details and Double Click to open the Charge Details.
3. Check the Facility in the Misc. Details section of Charge Details dialog as shown in the previous step.
4. Go to **Tools -> Manage Facilities** and select the Facility from the list.
5. Click the Edit icon.

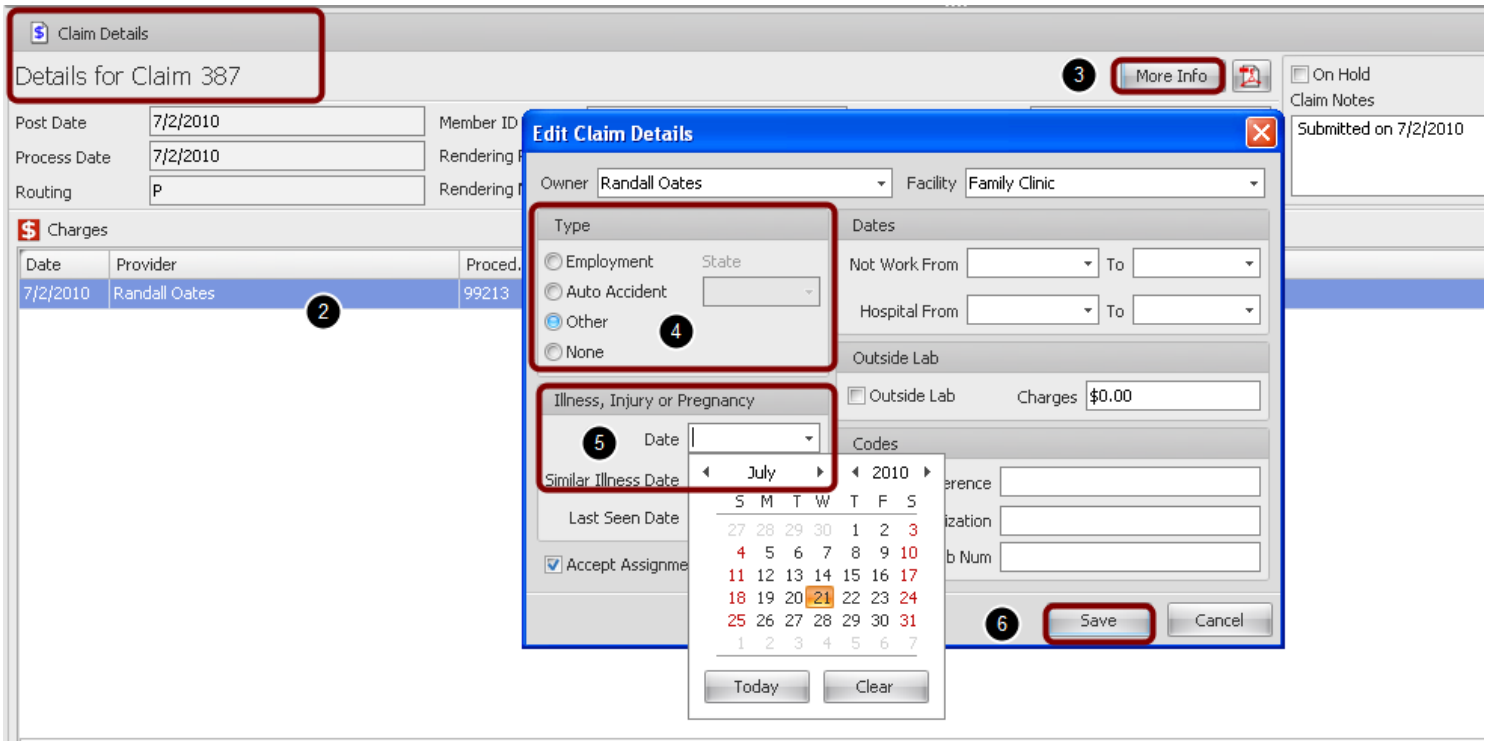


6. Verify required information, including Facility NPI# is in facility Details tab.

7. Click **Update** to save changes.

Return to Claims Manager and **Rebuild** claim to apply changes.

When a diagnosis is between 800 and 999.9, Accident info is needed

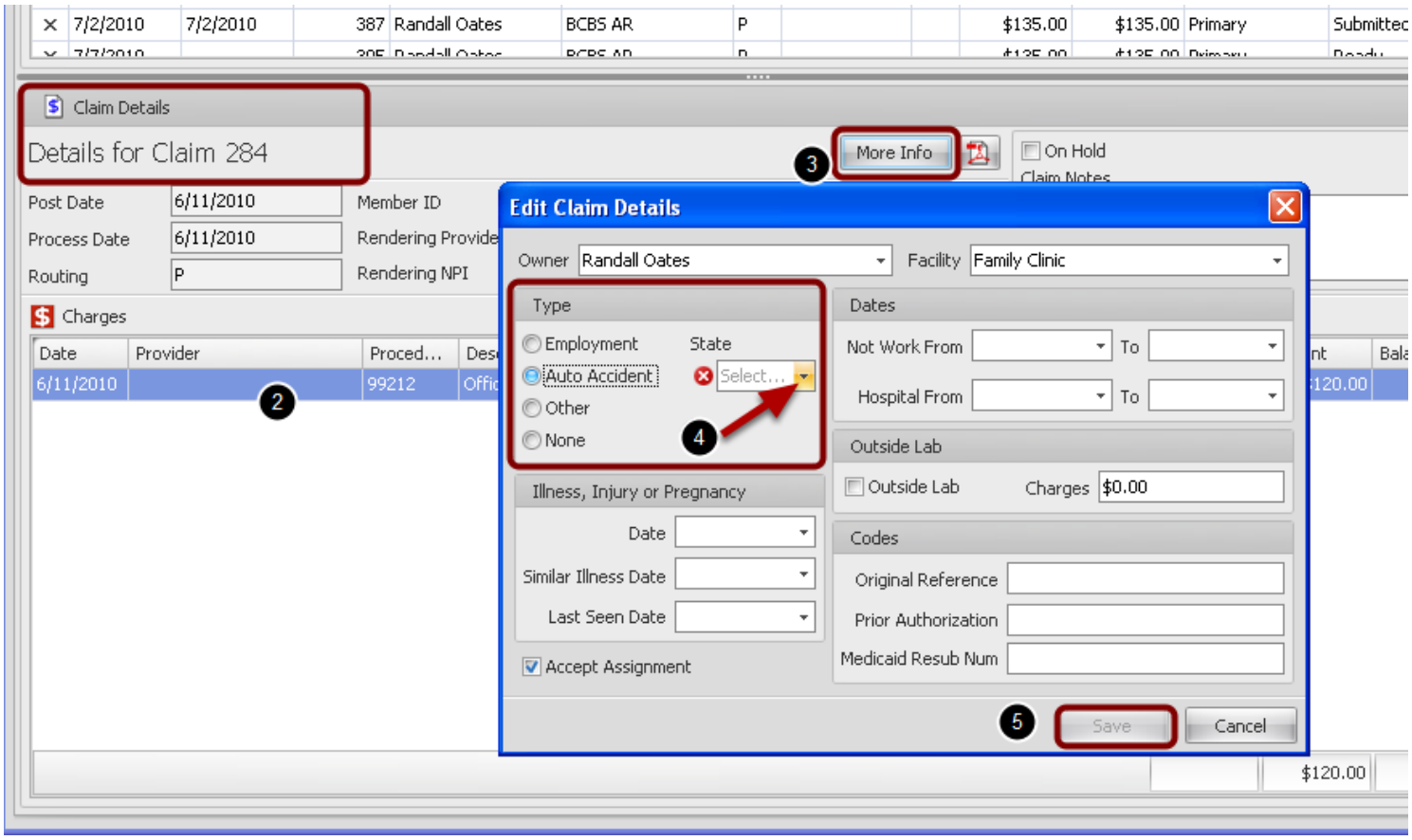


Add accident information to More Info dialog

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click to open Patient Account.
2. Verify the rejected claim is displayed in Claim Details (bottom section) of the Claims tab.
3. Click the More Info button.
4. Add the Type of Accident in Edit Claim Details dialog
5. Add the Date of Illness, Injury or Pregnancy.
6. Click **Save**.

Return to Claims Manager and **Rebuild** claim to apply changes.

When auto accident is selected a state must be selected

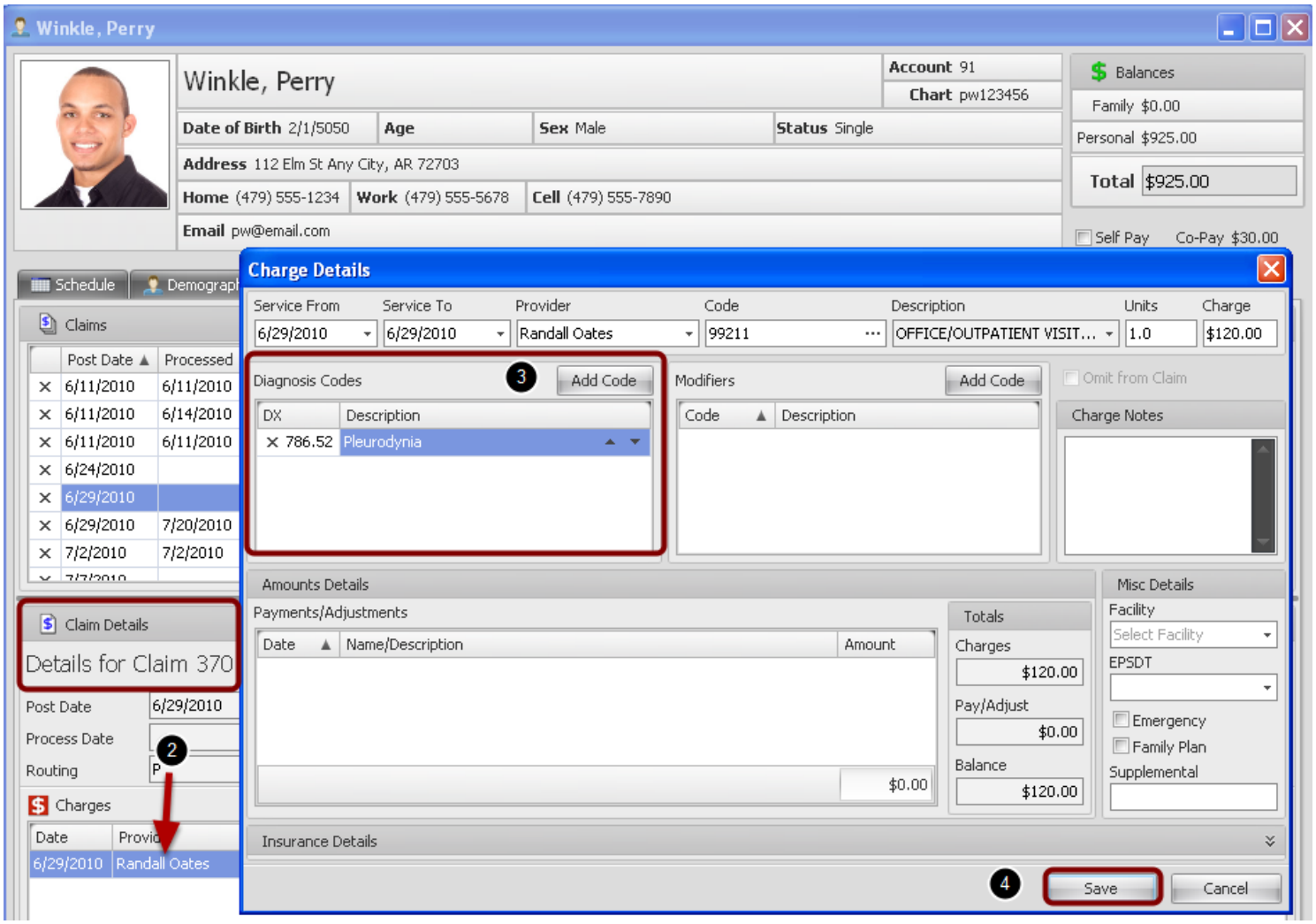


Add accident State and/or Date of Current to More Info dialog

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.
2. Verify the rejected claim is displayed in **Claim Details** (bottom section) of the Claims tab.
3. Click the **More Info** button.
4. Click on the drop down list and select **State** in which the accident occurred.
5. Click **Save**.

Return to Claims Manager and **Rebuild** claim to apply changes.

At least one diagnosis must be entered for the charges.

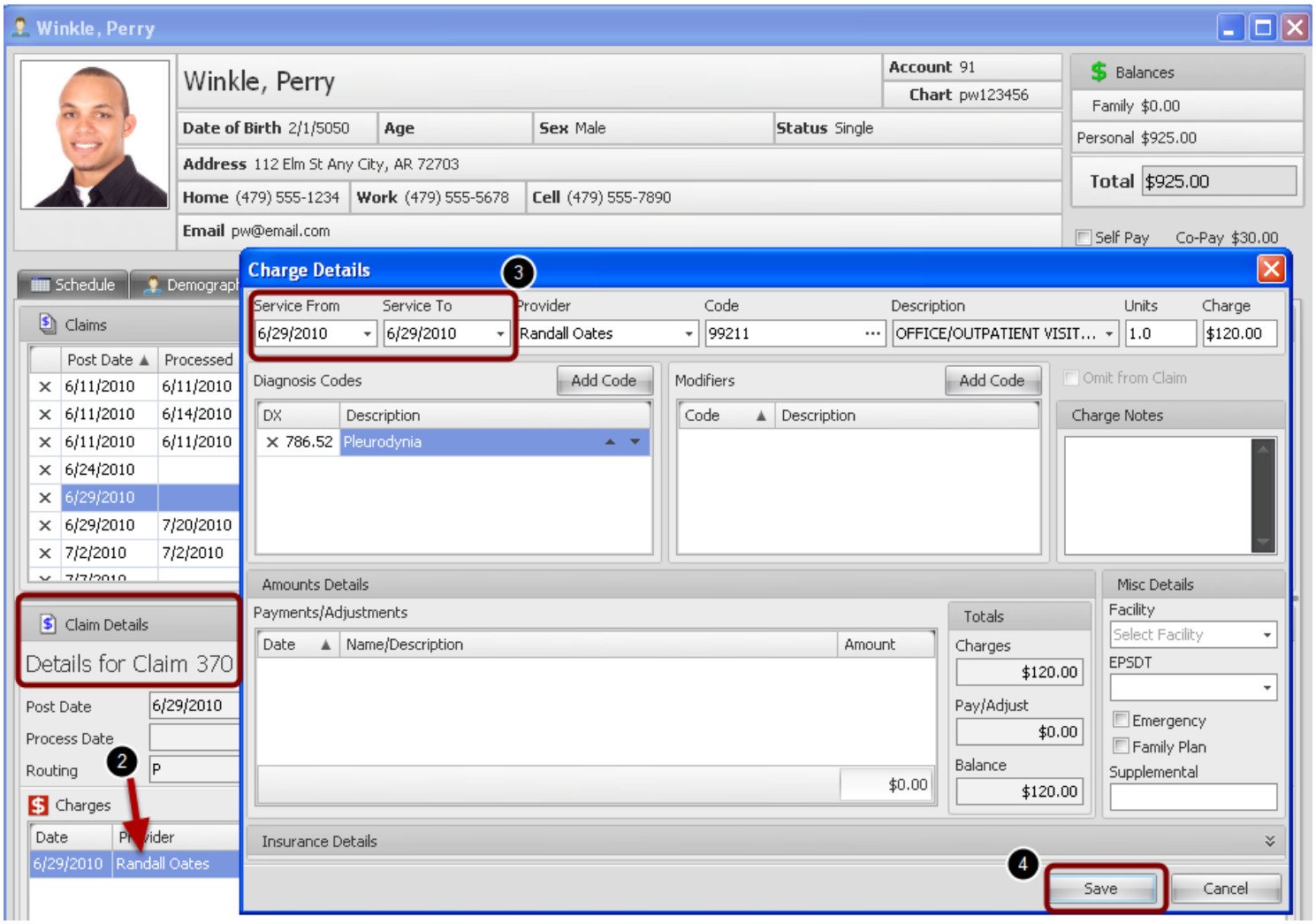


<u>Add diagnosis code(s) to claim</u>

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.
2. From the Claims tab, verify the rejected claim is displayed in Claim Details (bottom section) and Double Click the claim to open Charge Details dialog.
3. Click **Add Code** in the Diagnosis Codes section.
4. Click **Save**.
5. Repeat for each line item on the claim.

Return to Claims Manager and **Rebuild** claim to apply changes.

A Charge information is missing or incorrect

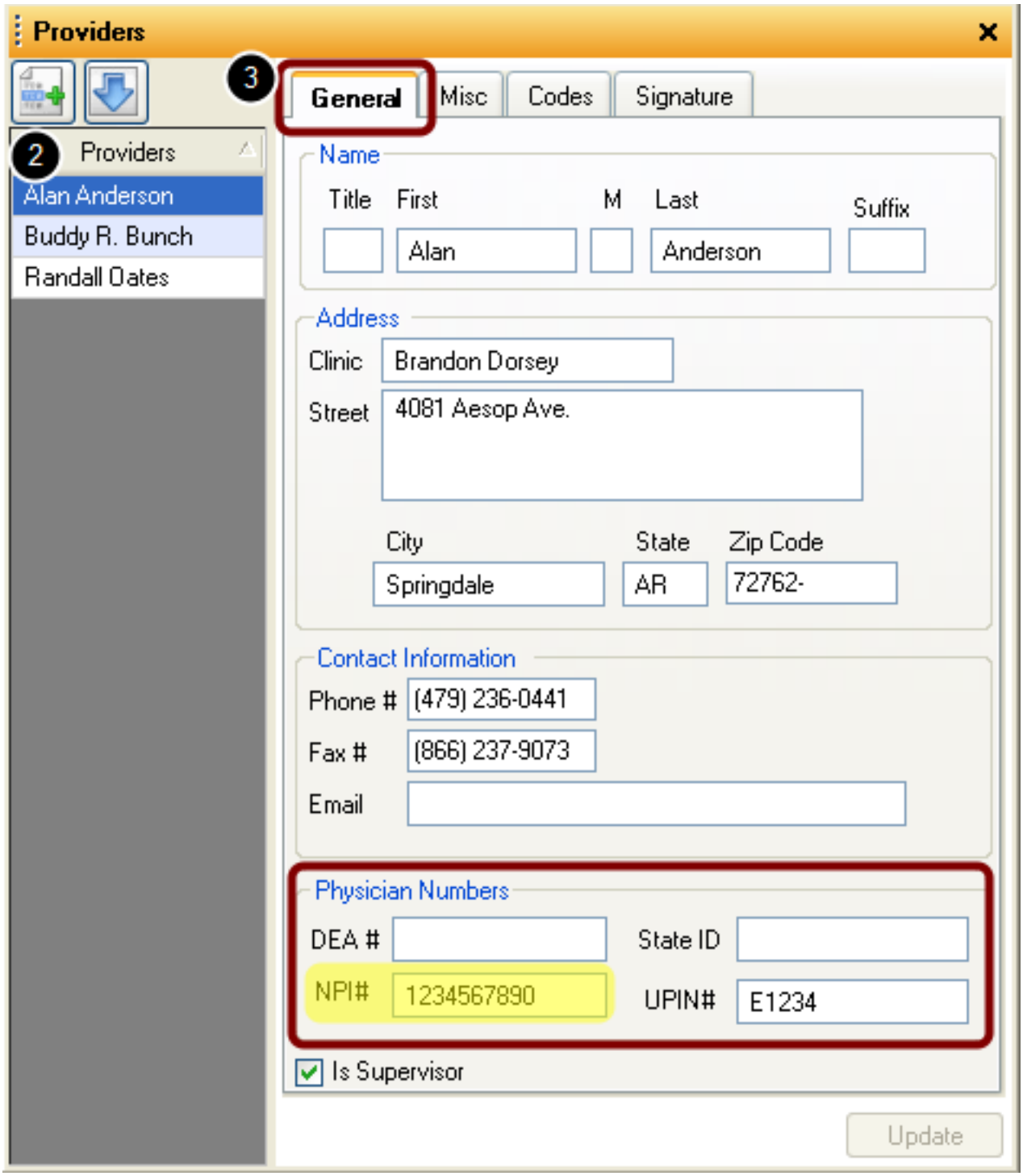


<u>Verify correct date of service is associated with charges</u>

1. Find the claim getting rejected in On Hold section of Claims Manager and Double Click inside the Grid to open Patient Account.
2. From the Claims tab, verify the rejected claim is displayed in Claim Details (bottom section) and Double Click the claim to open Charge Details dialog.
3. Edit/Add the correct date of service in the **Service From** and **Service To** fields.
4. Click **Save**.
5. Repeat for each line item on the claim.

Return to Claims Manager and **Rebuild** claim to apply changes.

The line item is missing all or part of their information

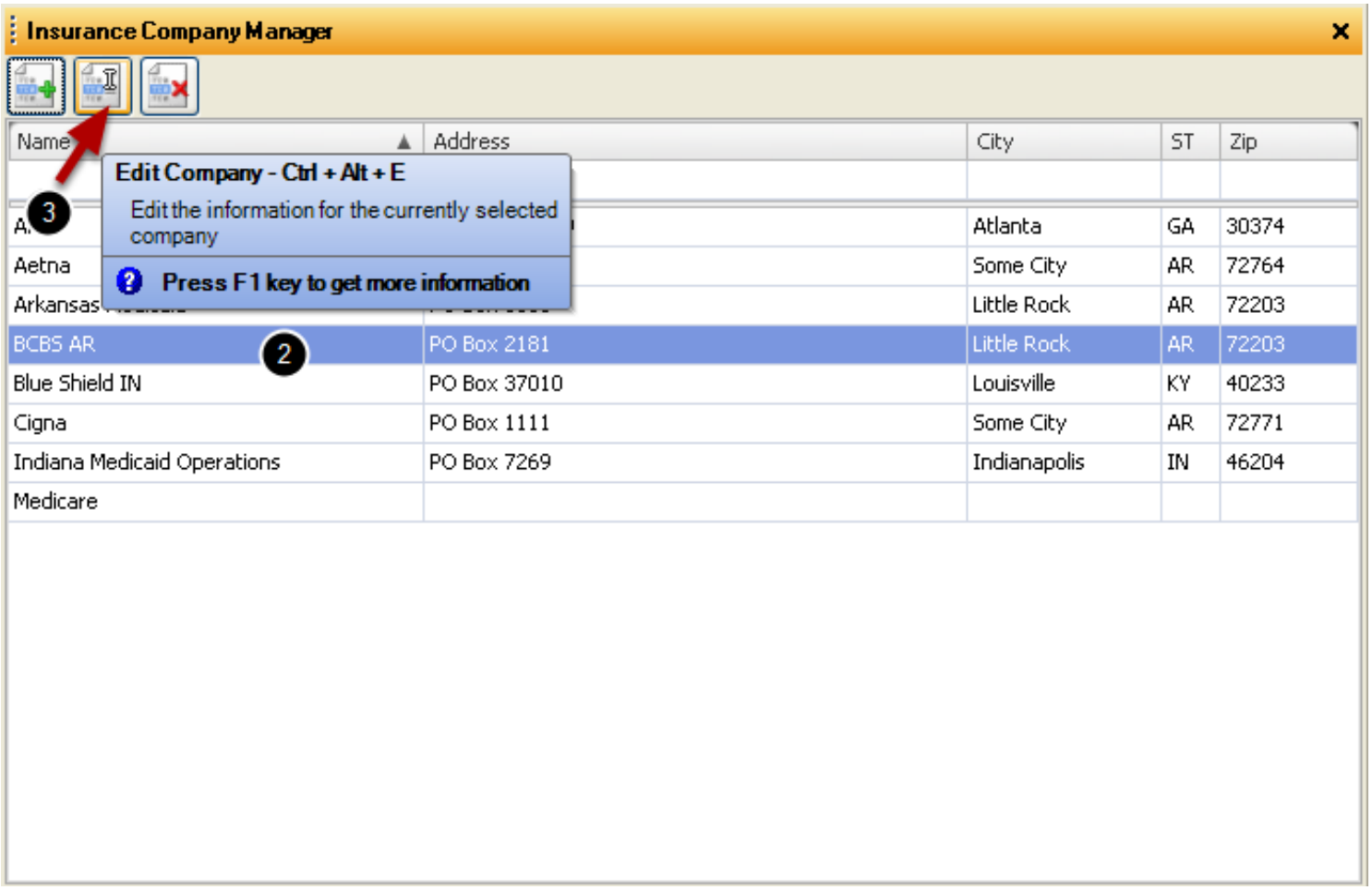


Verify Rendering Provider setup includes NPI information

1. Find the claim getting rejected in the On Hold section of Claims Manager and check the **Physician column** to find the name of the **Rendering Physician**.
2. Go to **Tools -> Provider Manager** and select the physician from the list of **Providers**.
3. Click the General tab and verify correct **NPI** is entered in the **Physician numbers** section.

Return to Claims Manager and **Rebuild** claim to apply changes.

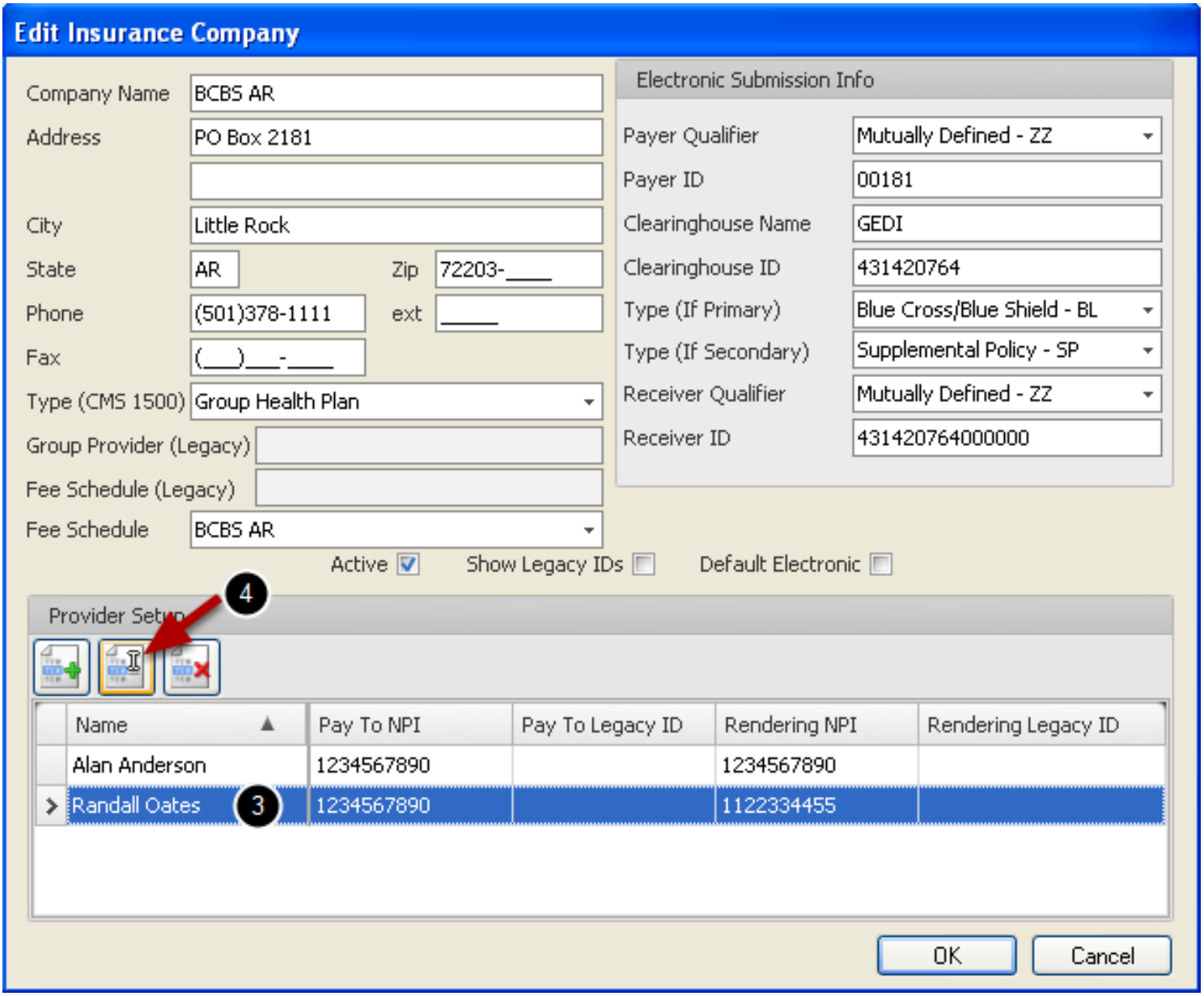
Missing/Invalid Taxonomy Code



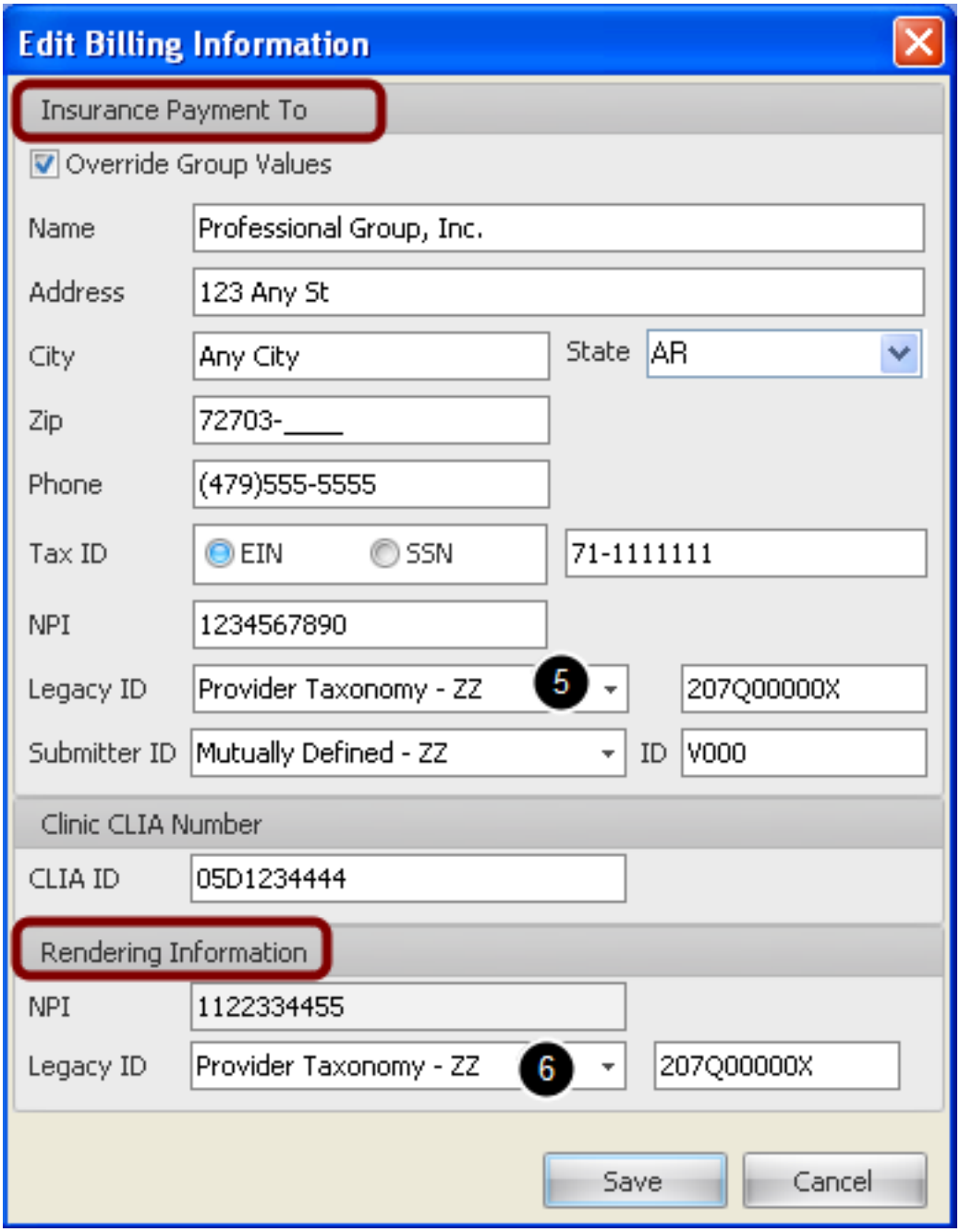
Verify Taxonomy Code in setup

In the **On Hold** section of the Claims Manager, find the claim with the error and check the **Physician column** to find the name of the **Rendering Physician**

1. Go to **Tools -> Insurance Companies**.
2. Highlight the Insurance company rejecting the claim.
3. Click the **Edit Insurance Company** icon



3. Click the Rendering/Performing **Provider** from the list in the **Provider Setup** section.
4. Click the Edit icon to open the Edit Billing Information dialog.



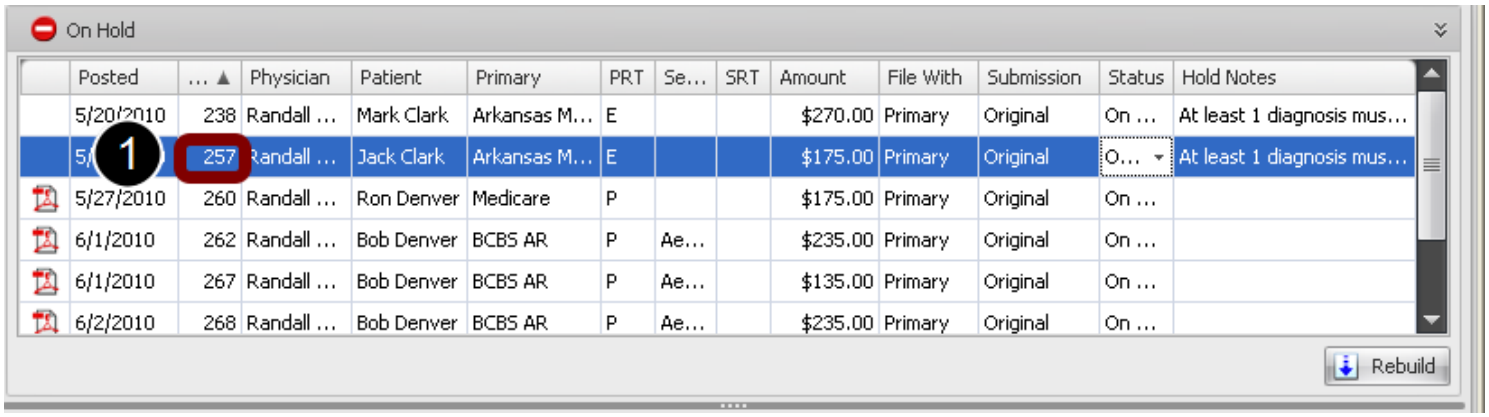
5. If the Group Taxonomy is missing, make sure the **Legacy ID** in the **insurance Payment To** section has **Provider Taxonomy-ZZ** and that the correct Taxonomy Code is entered.

6. For the **Rendering Provider** rejection, verify that the **Legacy ID** is **Provider Taxonomy-ZZ** and that the correct Taxonomy Code is entered in the **Rendering Information** section. For a list of Taxonomy Codes Click on the link below.

http://www.wpc-edi.com/content/view/793/1

Return to Claims Manager and **Rebuild** claim to apply changes.

On Hold



After the Scrubbing Process, Claims that have error(s) will be placed in the On Hold section of the Claims Manager where they can be edited and then Scrubbed again for any further errors prior to Submitting to the Payer. This example lists three claims that are missing diagnosis codes.

1. Double click on the first claim to open the Claim Details in Patient Account.

Edit Claim

Clark, Jack

Clark, Jack | Account 60 | Chart JC123456

Date of Birth 9/18/1960 | Age 49 | Sex Male | Status Unknown

Address 456 Elm Sprnigdale, AR 72765-0456

Home (479) 555-1234 | Work (479) 555-3214 | Cell (479) 555-7890

Email

Balances: Family $0.00 | Personal $2,520.00 | Total $2,520.00

Self Pay | Co-Pay $0.00

Schedule | Demographics | Insurance | Custom | Ledger | Family | Claims | Statements | New Charges

Claims

	Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
×	4/14/2010	4/14/2010	143	Randall Oates	Arkansas Medicaid	P			$255.00	$135.00		Submitted
×	4/27/2010	6/3/2010	169	Randall Oates	Arkansas Medicaid	P			$270.00	$270.00		Submitted
×	4/28/2010	4/28/2010	173	Randall Oates	Arkansas Medicaid	P			$600.00	$600.00		Submitted
×	5/5/2010	5/26/2010	194	Randall Oates	Arkansas Medicaid	P			$175.00	$175.00		Submitted
×	5/19/2010		257	Randall Oates	Arkansas Medicaid	E			$175.00	$175.00	Primary	On Hold
×	5/24/2010		256	Randall Oates	Arkansas Medicaid	E			$160.00	$160.00	Primary	Pending Scrub
×	5/27/2010		258	Randall Oates	Arkansas Medicaid	E			$840.00	$840.00	Primary	Pending Scrub

Claim Details

Details for Claim 257

More Info

Post Date 5/19/2010 | Member ID 4654465465 | Patient Group Number

Process Date | Rendering Provider Randall Oates

Routing E | Rendering NPI 1122334455

On Hold | Notes At least 1 diagnosis must be ...

Claim Notes

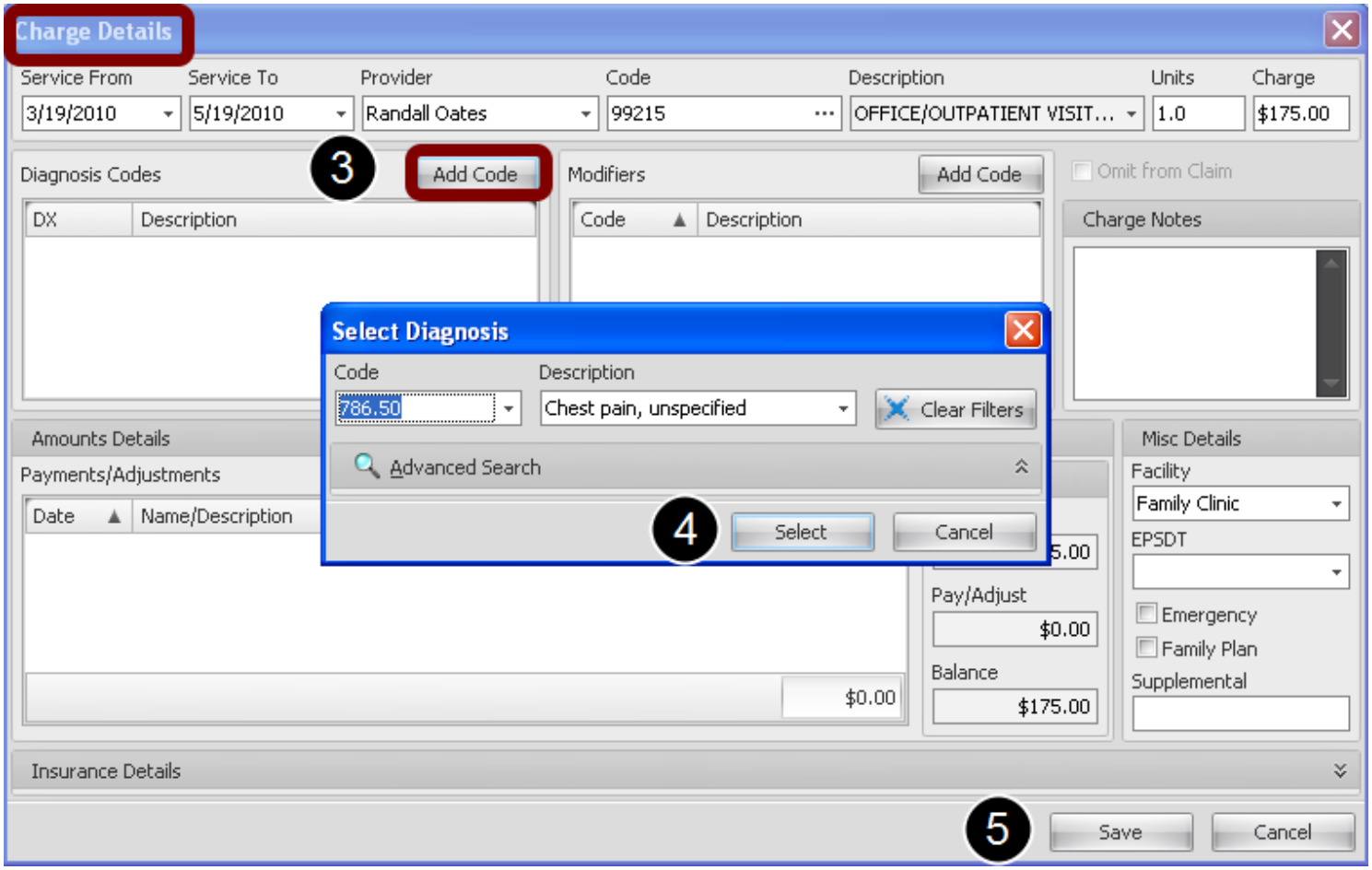
Charges

Date	Provider	Proced...	Description	Charges	Amount	Balance
5/19/2010	Randall Oates	99215	OFFICE/OUTPATIENT VISIT, EST	$175.00	$175.00	$175.00
					$175.00	$175.00

2

The Claim Details section allows access to all details of the claim in error to correct and Rebuild the claim before repeat the Scrubbing process. Note the Claim number in the screenshot is **86**. A number is assigned to each claim as the claim is created for identification. That number can be found in the Claim ID column in the Claims Manager. Editing can be done by Clicking on the More Info button or by Double Clicking on the line of the Charge.

2. Double Click on the charge to access Charge Details

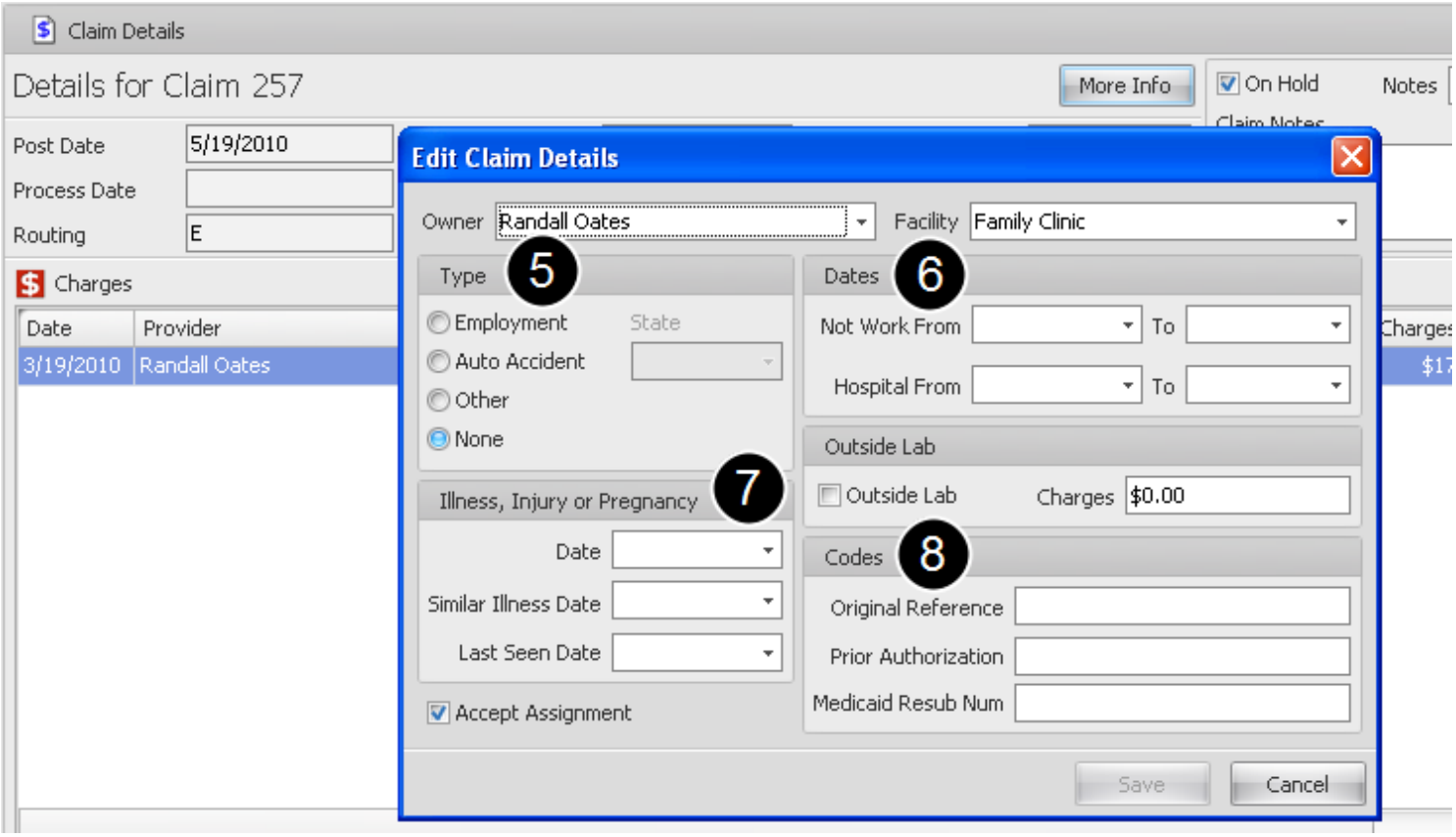


The Charge Details dialog allows for editing most charge related errors. Fields can be edited by clicking on the drop down arrows or Clicking the buttons.

3.To add a Diagnosis code, Click the Add Code button.

4. Select diagnosis code from Select Diagnosis dialog that opens

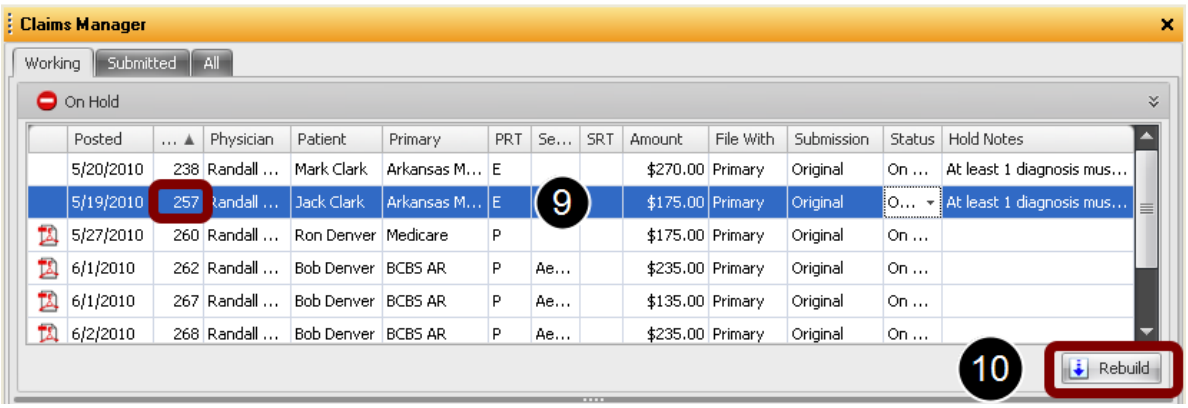
5. Click Save



To add or edit additional information needed to correct a claim Click the More Info button.

5. Add accident type
6. Edit Workers Compensation dates, Hospitalization dates
7. Date of Illness, Injury or Pregnancy
8. Original Reference/Prior Authorization/Medicaid Resubmission numbers

Click the **Save** button to save changes. After completing the corrections/editing, Close out of the Patient Account Claims Tab



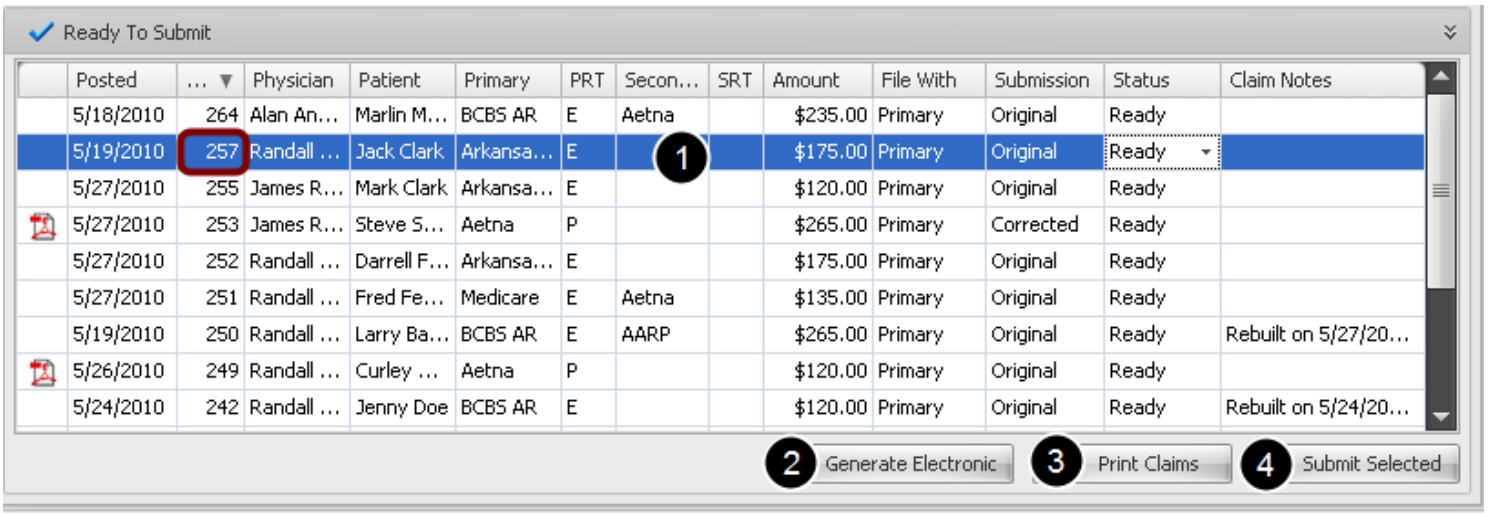
After closing out of the Claims Tab, the Claims Manager will open. Repeat steps 5-8, or those steps applicable to the errors, until all claims you wish to correct/edit are completed.

9. Click to Select one or more corrected claim(s)

10. Click the **Rebuild** button. The claim(s) are moved to the Pending Scrub section to Scrub after corrections.

Ready To Submit

Claims in the Claim Manager that have been scrubbed and are ready to submit to the Payer will be moved to the Ready to Process section



When a claim has passed the Scrubbing Process, has no errors and is moved to the Ready to Process section, it is ready to submit to the Payer.

New in SOAPware 2010.3: Clicking the Generate Electronic or Submit Selected buttons will automatically upload electronic claims to the specified clearinghous/receiver.

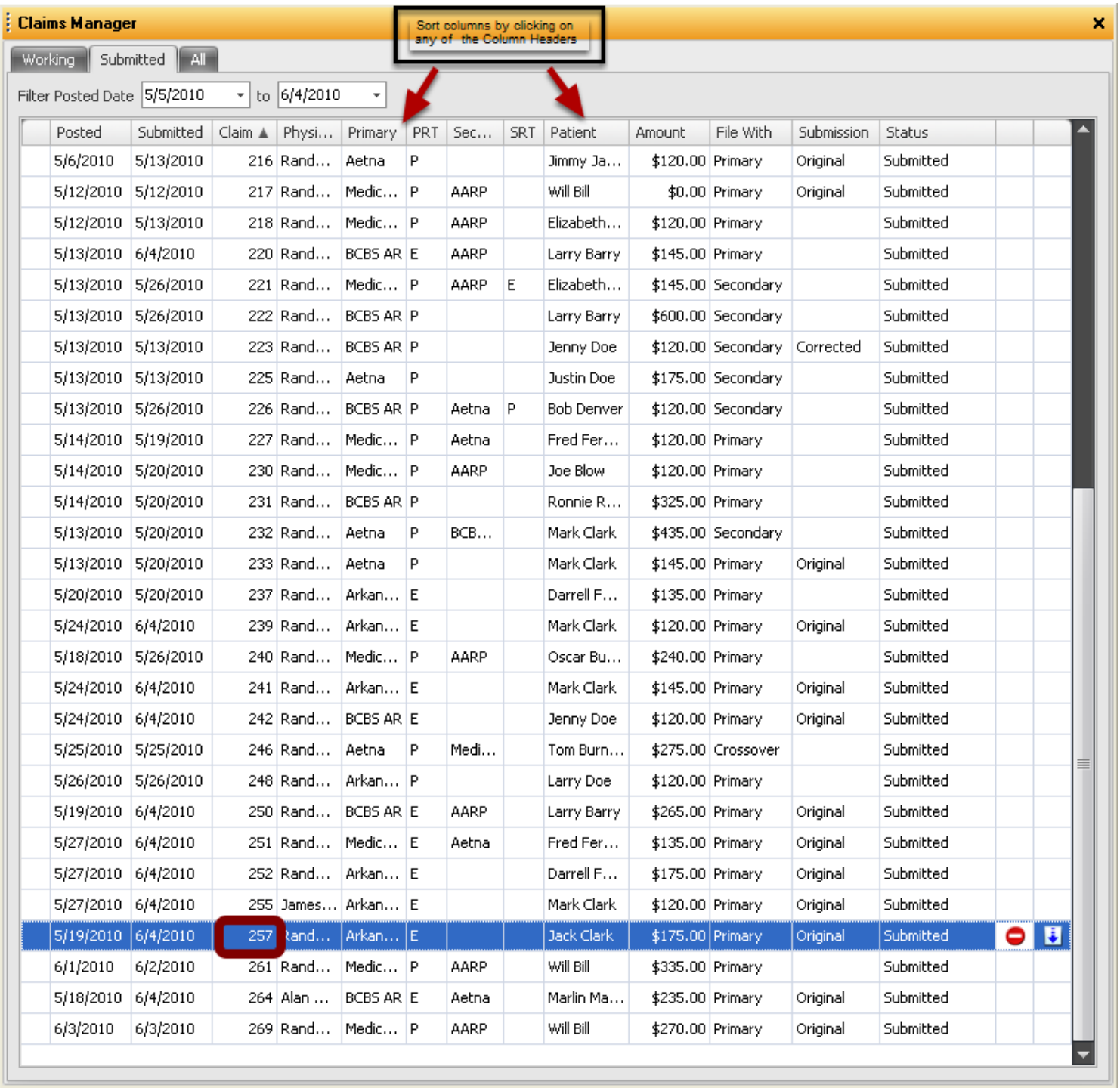
1. Select one or more claims to submit to Payer.

2. To submit only the Electronic claims in the Ready to Process section, Click the Generate Electronic button

3. To Print only the Paper Claims in the Ready to Process section, Click the Print Claims button

4. To submit some but not all claims, click to highlight the claims and then click the Submit Selected button.

Submitted Tab



Posted	Submitted	Claim	Physi...	Primary	PRT	Sec...	SRT	Patient	Amount	File With	Submission	Status
5/6/2010	5/13/2010	216	Rand...	Aetna	P			Jimmy Ja...	$120.00	Primary	Original	Submitted
5/12/2010	5/12/2010	217	Rand...	Medic...	P	AARP		Will Bill	$0.00	Primary	Original	Submitted
5/12/2010	5/13/2010	218	Rand...	Medic...	P	AARP		Elizabeth...	$120.00	Primary		Submitted
5/13/2010	6/4/2010	220	Rand...	BCBS AR	E	AARP		Larry Barry	$145.00	Primary		Submitted
5/13/2010	5/26/2010	221	Rand...	Medic...	P	AARP	E	Elizabeth...	$145.00	Secondary		Submitted
5/13/2010	5/26/2010	222	Rand...	BCBS AR	P			Larry Barry	$600.00	Secondary		Submitted
5/13/2010	5/13/2010	223	Rand...	BCBS AR	P			Jenny Doe	$120.00	Secondary	Corrected	Submitted
5/13/2010	5/13/2010	225	Rand...	Aetna	P			Justin Doe	$175.00	Secondary		Submitted
5/13/2010	5/26/2010	226	Rand...	BCBS AR	P	Aetna	P	Bob Denver	$120.00	Secondary		Submitted
5/14/2010	5/19/2010	227	Rand...	Medic...	P	Aetna		Fred Fer...	$120.00	Primary		Submitted
5/14/2010	5/20/2010	230	Rand...	Medic...	P	AARP		Joe Blow	$120.00	Primary		Submitted
5/14/2010	5/20/2010	231	Rand...	BCBS AR	P			Ronnie R...	$325.00	Primary		Submitted
5/13/2010	5/20/2010	232	Rand...	Aetna	P	BCB...		Mark Clark	$435.00	Secondary		Submitted
5/13/2010	5/20/2010	233	Rand...	Aetna	P			Mark Clark	$145.00	Primary	Original	Submitted
5/20/2010	5/20/2010	237	Rand...	Arkan...	E			Darrell F...	$135.00	Primary		Submitted
5/24/2010	6/4/2010	239	Rand...	Arkan...	E			Mark Clark	$120.00	Primary	Original	Submitted
5/18/2010	5/26/2010	240	Rand...	Medic...	P	AARP		Oscar Bu...	$240.00	Primary		Submitted
5/24/2010	6/4/2010	241	Rand...	Arkan...	E			Mark Clark	$145.00	Primary	Original	Submitted
5/24/2010	6/4/2010	242	Rand...	BCBS AR	E			Jenny Doe	$120.00	Primary	Original	Submitted
5/25/2010	5/25/2010	246	Rand...	Aetna	P	Medi...		Tom Burn...	$275.00	Crossover		Submitted
5/26/2010	5/26/2010	248	Rand...	Arkan...	P			Larry Doe	$120.00	Primary		Submitted
5/19/2010	6/4/2010	250	Rand...	BCBS AR	E	AARP		Larry Barry	$265.00	Primary	Original	Submitted
5/27/2010	6/4/2010	251	Rand...	Medic...	E	Aetna		Fred Fer...	$135.00	Primary	Original	Submitted
5/27/2010	6/4/2010	252	Rand...	Arkan...	E			Darrell F...	$175.00	Primary	Original	Submitted
5/27/2010	6/4/2010	255	James...	Arkan...	E			Mark Clark	$120.00	Primary	Original	Submitted
5/19/2010	6/4/2010	257	Rand...	Arkan...	E			Jack Clark	$175.00	Primary	Original	Submitted
6/1/2010	6/2/2010	261	Rand...	Medic...	P	AARP		Will Bill	$335.00	Primary		Submitted
5/18/2010	6/4/2010	264	Alan ...	BCBS AR	E	Aetna		Marlin Ma...	$235.00	Primary	Original	Submitted
6/3/2010	6/3/2010	269	Rand...	Medic...	P	AARP		Will Bill	$270.00	Primary	Original	Submitted

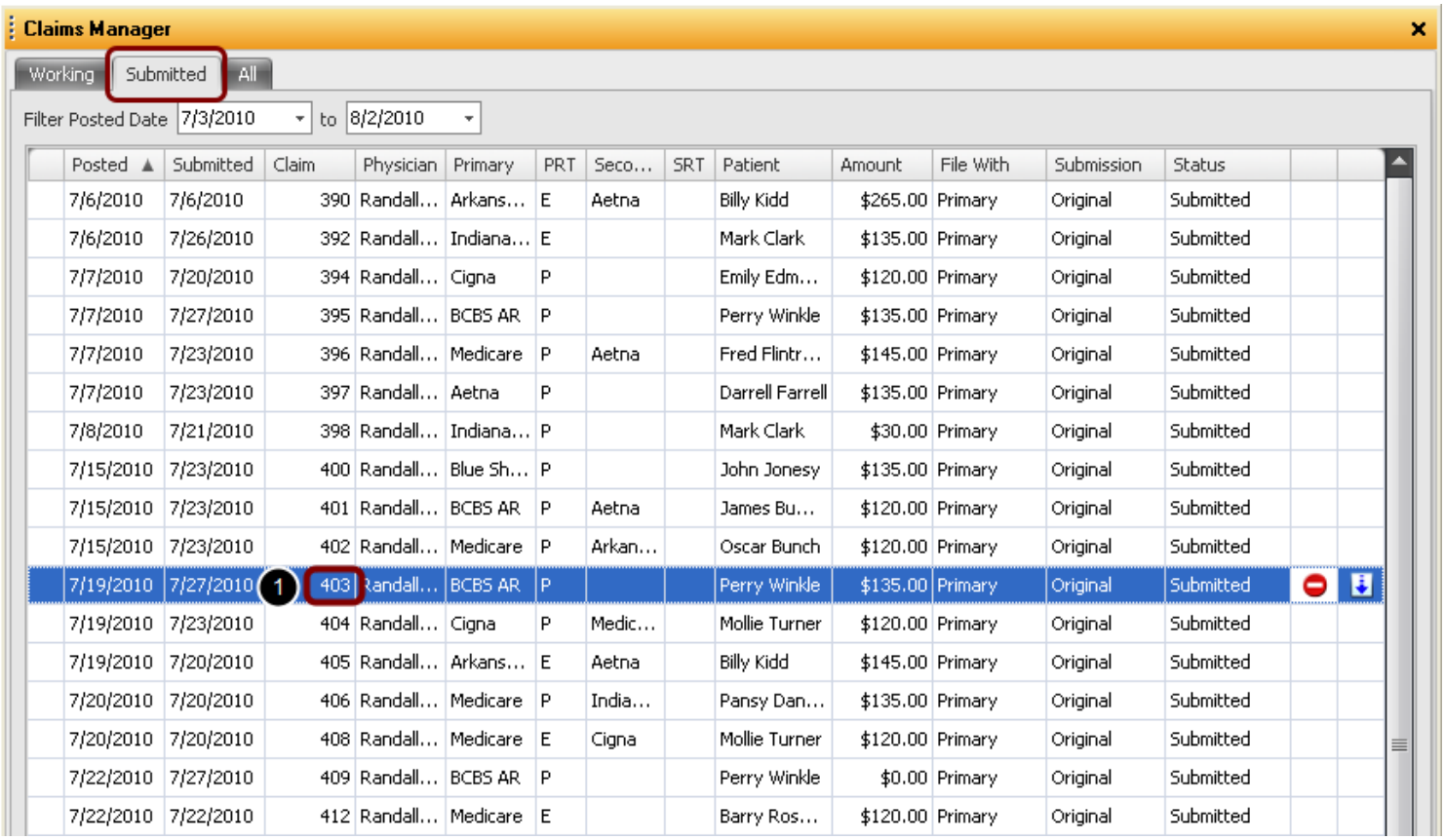
The Submitted Tab lists all Claims that have been Submitted to Payers. Claims can be searched by Date Range and the information listed in the columns can be sorted by clicking on the column headers.

Resubmit Rejected Claims

Billing -> Claims Manager -> Submitted Tab

Edit claims that have been submitted to Clearinghouse or Receiver and rejected with errors prior to submission to Payers.

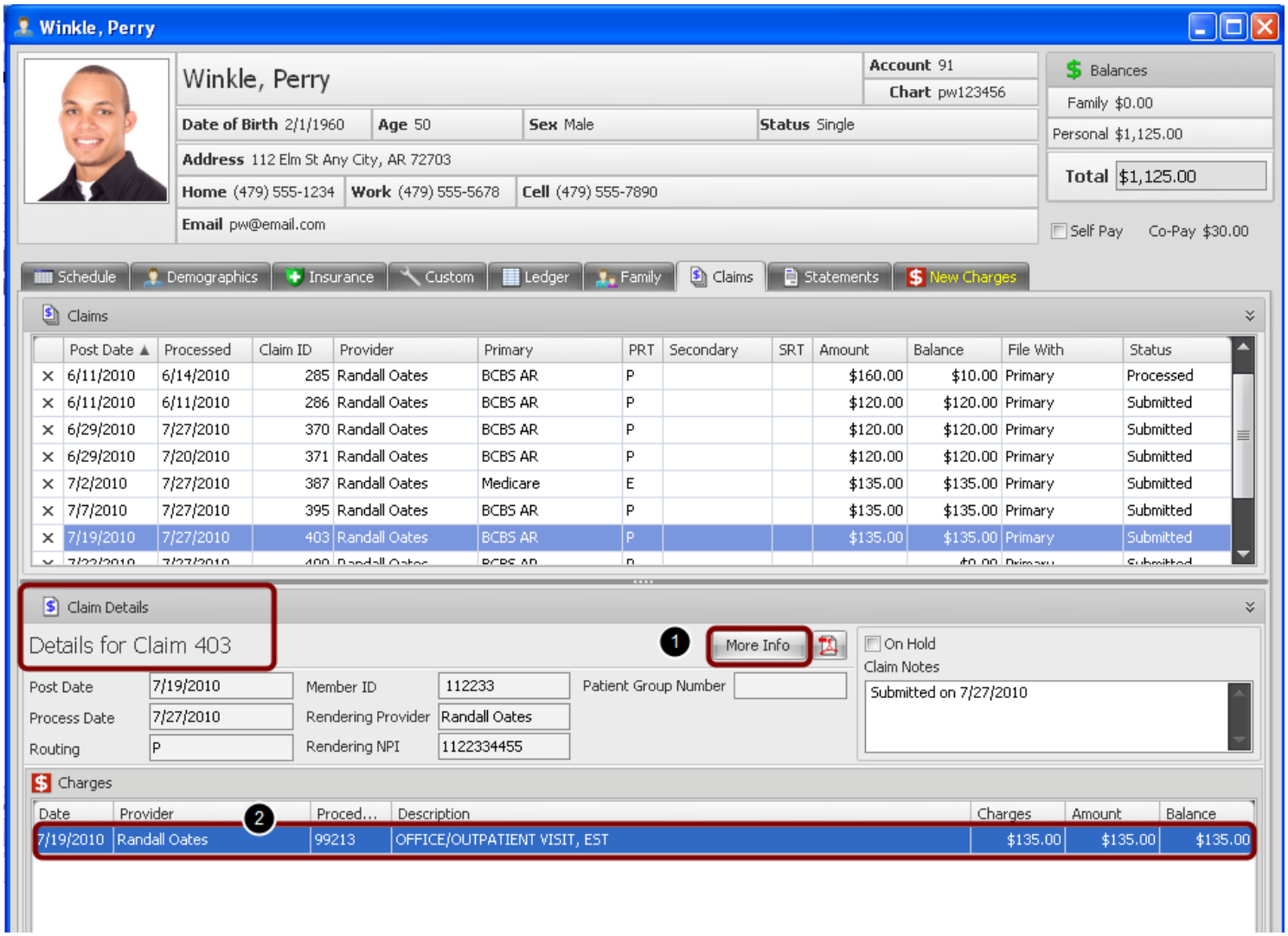
Select Claim for Correction



Posted	Submitted	Claim	Physician	Primary	PRT	Seco...	SRT	Patient	Amount	File With	Submission	Status
7/6/2010	7/6/2010	390	Randall...	Arkans...	E	Aetna		Billy Kidd	$265.00	Primary	Original	Submitted
7/6/2010	7/26/2010	392	Randall...	Indiana...	E			Mark Clark	$135.00	Primary	Original	Submitted
7/7/2010	7/20/2010	394	Randall...	Cigna	P			Emily Edm...	$120.00	Primary	Original	Submitted
7/7/2010	7/27/2010	395	Randall...	BCBS AR	P			Perry Winkle	$135.00	Primary	Original	Submitted
7/7/2010	7/23/2010	396	Randall...	Medicare	P	Aetna		Fred Flintr...	$145.00	Primary	Original	Submitted
7/7/2010	7/23/2010	397	Randall...	Aetna	P			Darrell Farrell	$135.00	Primary	Original	Submitted
7/8/2010	7/21/2010	398	Randall...	Indiana...	P			Mark Clark	$30.00	Primary	Original	Submitted
7/15/2010	7/23/2010	400	Randall...	Blue Sh...	P			John Jonesy	$135.00	Primary	Original	Submitted
7/15/2010	7/23/2010	401	Randall...	BCBS AR	P	Aetna		James Bu...	$120.00	Primary	Original	Submitted
7/15/2010	7/23/2010	402	Randall...	Medicare	P	Arkan...		Oscar Bunch	$120.00	Primary	Original	Submitted
7/19/2010	7/27/2010	403	Randall...	BCBS AR	P			Perry Winkle	$135.00	Primary	Original	Submitted
7/19/2010	7/23/2010	404	Randall...	Cigna	P	Medic...		Mollie Turner	$120.00	Primary	Original	Submitted
7/19/2010	7/20/2010	405	Randall...	Arkans...	E	Aetna		Billy Kidd	$145.00	Primary	Original	Submitted
7/20/2010	7/20/2010	406	Randall...	Medicare	P	India...		Pansy Dan...	$135.00	Primary	Original	Submitted
7/20/2010	7/20/2010	408	Randall...	Medicare	E	Cigna		Mollie Turner	$120.00	Primary	Original	Submitted
7/22/2010	7/27/2010	409	Randall...	BCBS AR	P			Perry Winkle	$0.00	Primary	Original	Submitted
7/22/2010	7/22/2010	412	Randall...	Medicare	E			Barry Ros...	$120.00	Primary	Original	Submitted

1. Click the **Submitted** tab, double click a claim to open Claims tab in Patient Account..

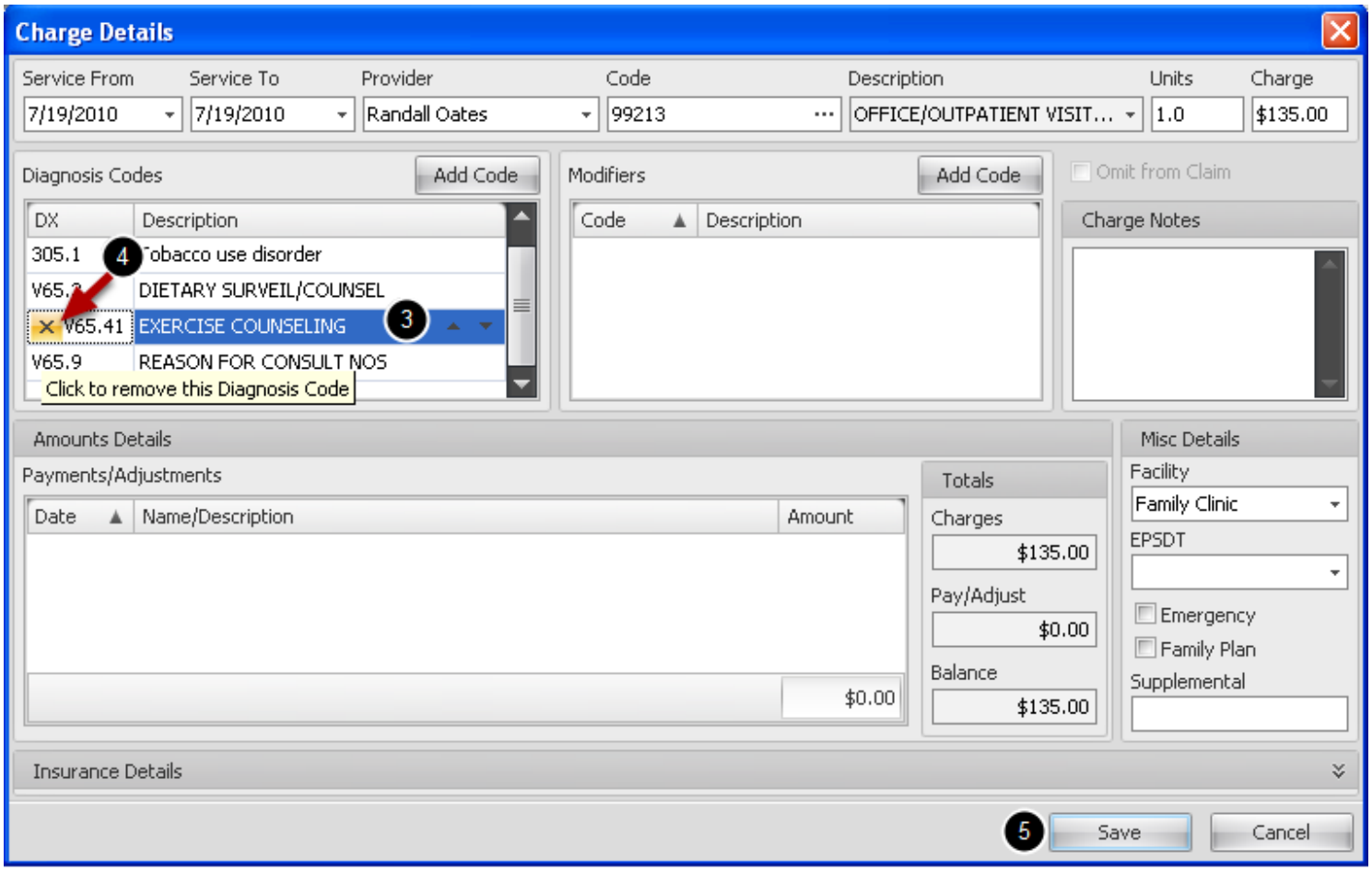
Edit Claim



1. If rejection is for **Visit** information, click the More Info button.

2. If rejection is connected to **Charge** details, double click the line item in Claim Details section of the Claims tab.

Edit Charge Details



This is an example of a claim rejected for having more than four diagnosis codes per Procedure Code. Other edits/corrections can be made by clicking inside the applicable fields/sections.

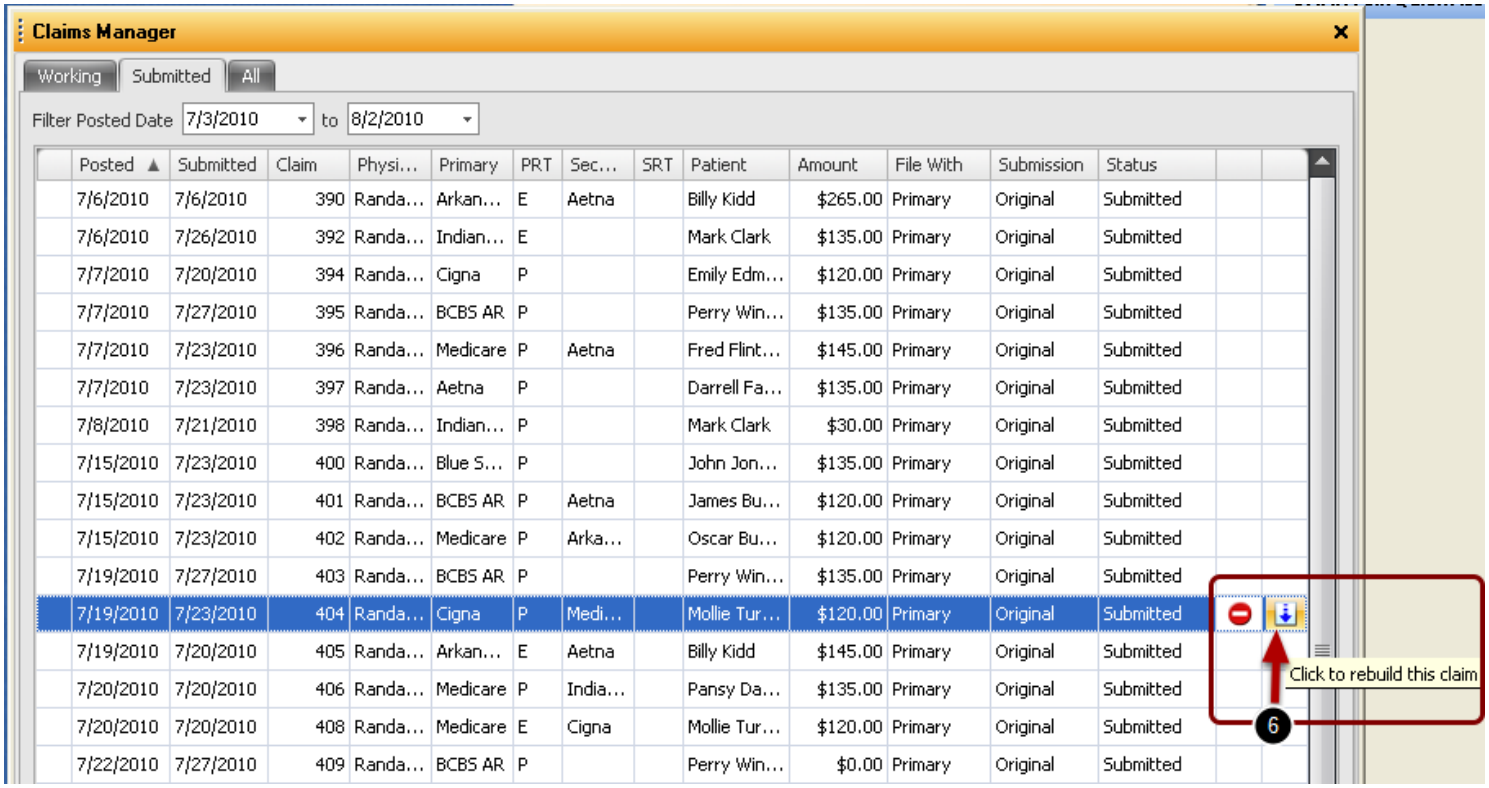
3. Click to highlight the Diagnosis Code that is to be deleted.

4. Click the X to delete the code. Repeat for any additional diagnosis code to be deleted.

5. Click **Save** and then Close patient account to return to Claims Manager.

<u>Repeat steps 1-5 for each claim that has been rejected.</u>

Rebuild Claims

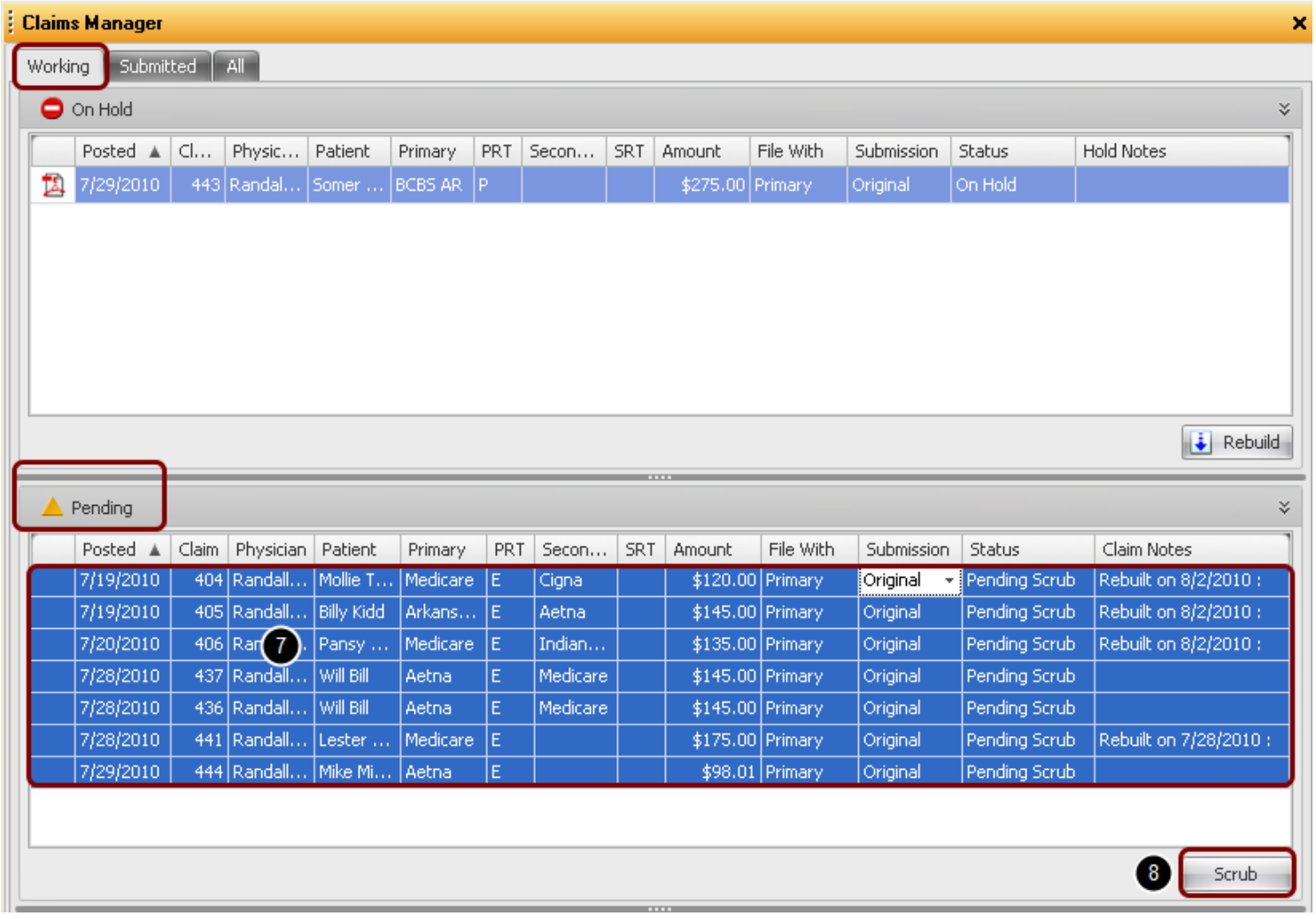


Posted	Submitted	Claim	Physi...	Primary	PRT	Sec...	SRT	Patient	Amount	File With	Submission	Status
7/6/2010	7/6/2010	390	Randa...	Arkan...	E	Aetna		Billy Kidd	$265.00	Primary	Original	Submitted
7/6/2010	7/26/2010	392	Randa...	Indian...	E			Mark Clark	$135.00	Primary	Original	Submitted
7/7/2010	7/20/2010	394	Randa...	Cigna	P			Emily Edm...	$120.00	Primary	Original	Submitted
7/7/2010	7/27/2010	395	Randa...	BCBS AR	P			Perry Win...	$135.00	Primary	Original	Submitted
7/7/2010	7/23/2010	396	Randa...	Medicare	P	Aetna		Fred Flint...	$145.00	Primary	Original	Submitted
7/7/2010	7/23/2010	397	Randa...	Aetna	P			Darrell Fa...	$135.00	Primary	Original	Submitted
7/8/2010	7/21/2010	398	Randa...	Indian...	P			Mark Clark	$30.00	Primary	Original	Submitted
7/15/2010	7/23/2010	400	Randa...	Blue S...	P			John Jon...	$135.00	Primary	Original	Submitted
7/15/2010	7/23/2010	401	Randa...	BCBS AR	P	Aetna		James Bu...	$120.00	Primary	Original	Submitted
7/15/2010	7/23/2010	402	Randa...	Medicare	P	Arka...		Oscar Bu...	$120.00	Primary	Original	Submitted
7/19/2010	7/27/2010	403	Randa...	BCBS AR	P			Perry Win...	$135.00	Primary	Original	Submitted
7/19/2010	7/23/2010	404	Randa...	Cigna	P	Medi...		Mollie Tur...	$120.00	Primary	Original	Submitted
7/19/2010	7/20/2010	405	Randa...	Arkan...	E	Aetna		Billy Kidd	$145.00	Primary	Original	Submitted
7/20/2010	7/20/2010	406	Randa...	Medicare	P	India...		Pansy Da...	$135.00	Primary	Original	Submitted
7/20/2010	7/20/2010	408	Randa...	Medicare	E	Cigna		Mollie Tur...	$120.00	Primary	Original	Submitted
7/22/2010	7/27/2010	409	Randa...	BCBS AR	P			Perry Win...	$0.00	Primary	Original	Submitted

6. After all claims have been edited/corrected, Click the **Rebuild** button for each to apply changes to the claim.

<u>This process will automatically move the claim to the **Pending Scrub** section in the **Working tab**</u>.

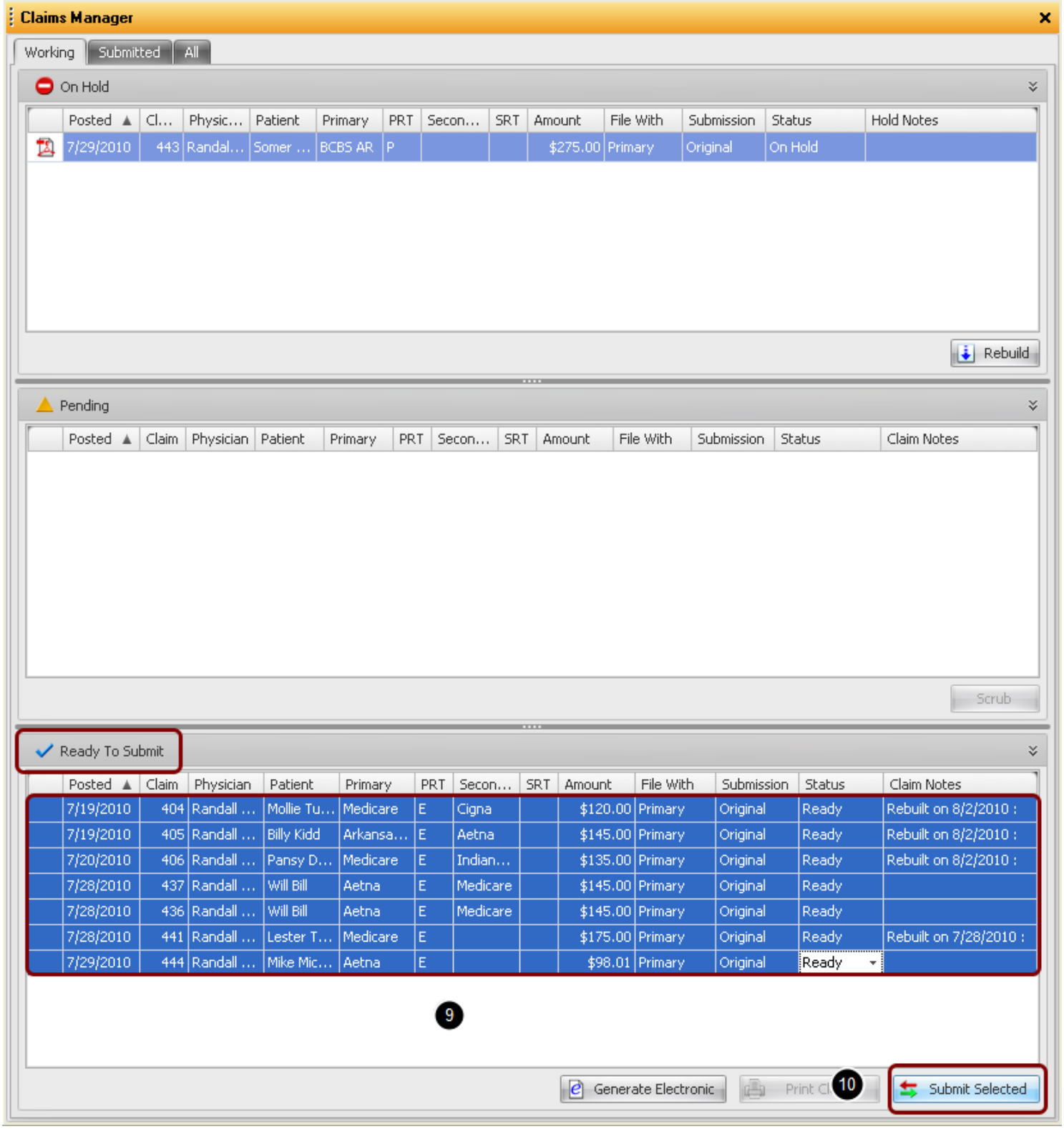
Scrub Corrected Claims



7. Click to highlight the corrected claims.

8. Click **Scrub**.

Submit Corrected Claims



9. Click to highlight Corrected claims.

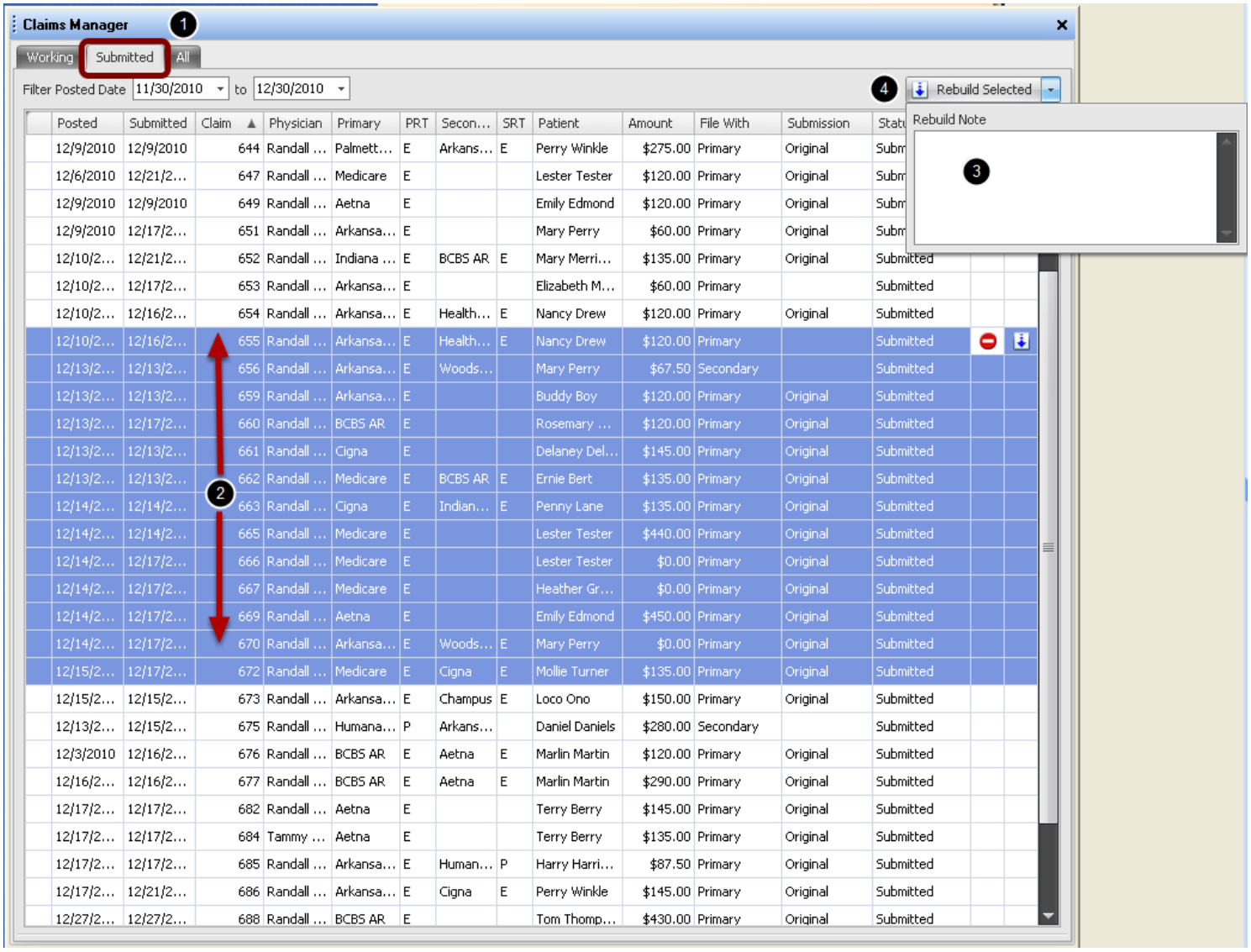
10. Click **Submit Selected**.

After claims have been exported, follow the usual procedure to Upload claims to Clearinghouse or Receiver.

Rebuild Multiple Claims at one time

Rebuild an entire claim file or multiple claims at one time to resubmit to payers.

Rebuild Selected Claims



1. Click on the **Submitted** tab.

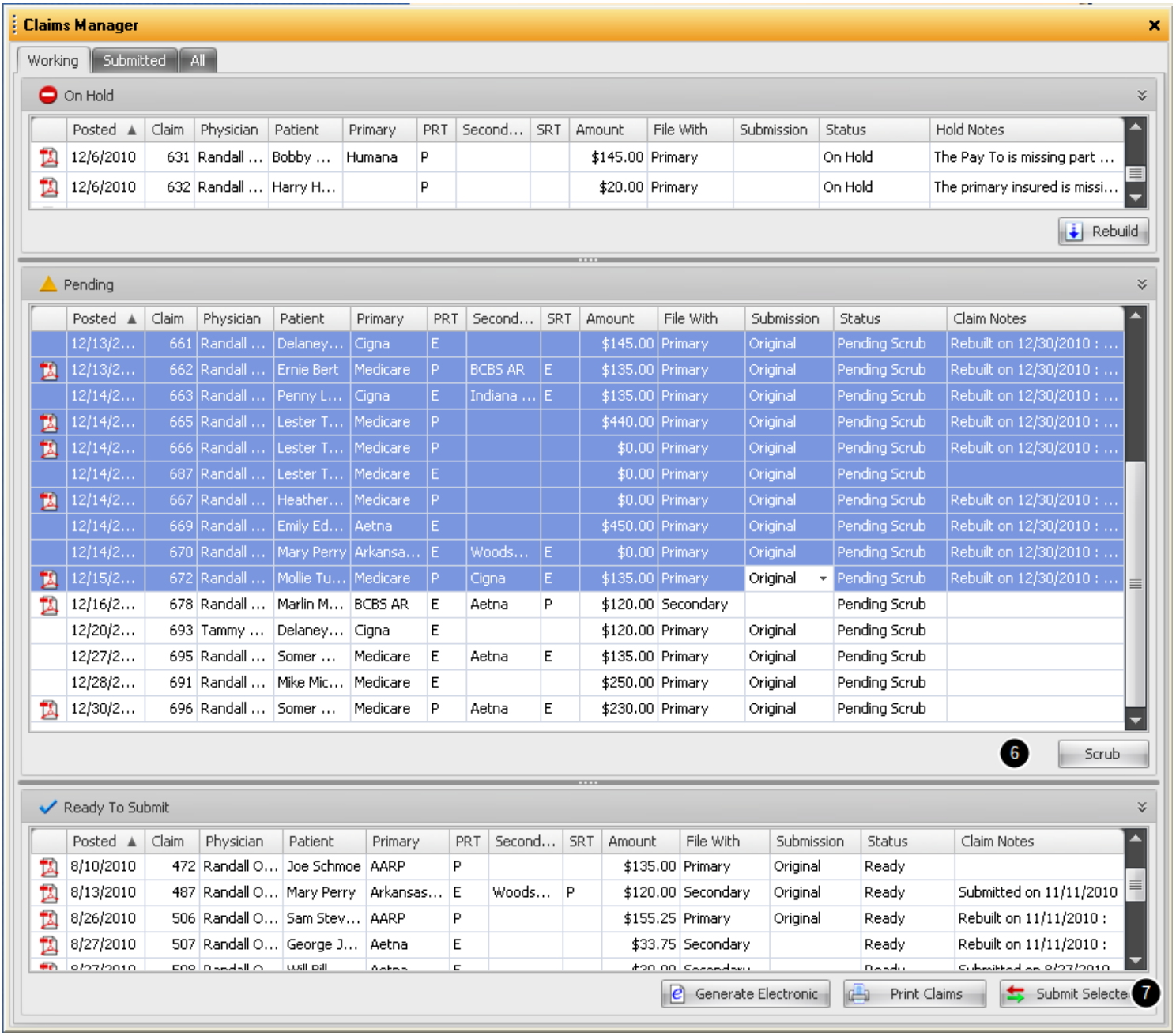
2. Select claims by Clicking on the first one and while holding down the Shift key Click on the last claim. This will highlight those claims and all claims in between. Or hold down the Ctrl key and select multiple claims one at a time.

3. Click the drop down arrow next to Rebuild Selected button and add a note for rebuild reason, if needed. The comment will display in claim details for reference.

4. Click Rebuild Selected button.

5. You will be prompted to confirm rebuilding the number of claims selected. Click Yes to continue or No to cancel. Claims will be transferred to the **Pending Scrub** section in the **Working** tab.

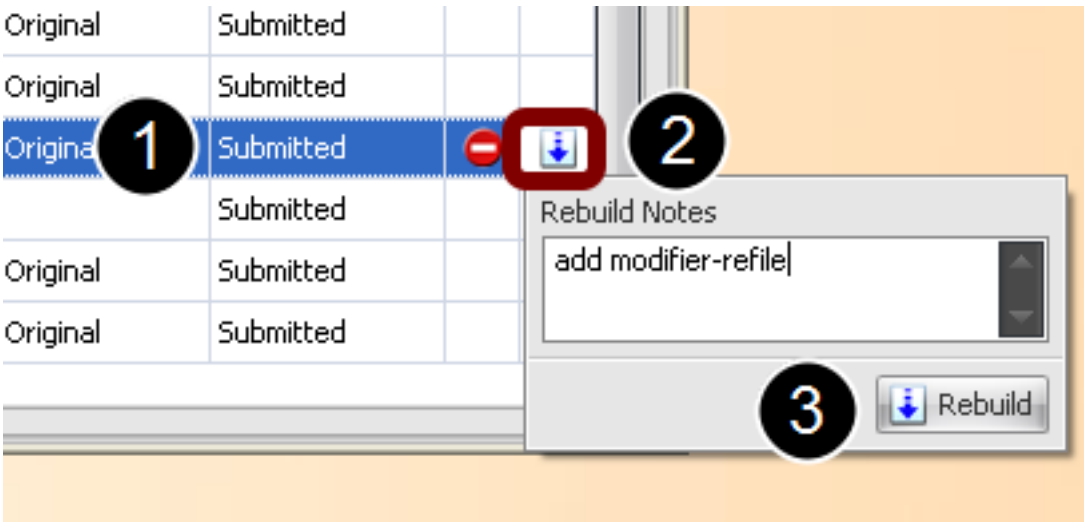
Scrub and Submit Rebuilt claims



6. Select claims to scrub and Click Scrub.

7. Select claims to Submit and Click Submit Selected.

Refile a Claim from Submitted Tab

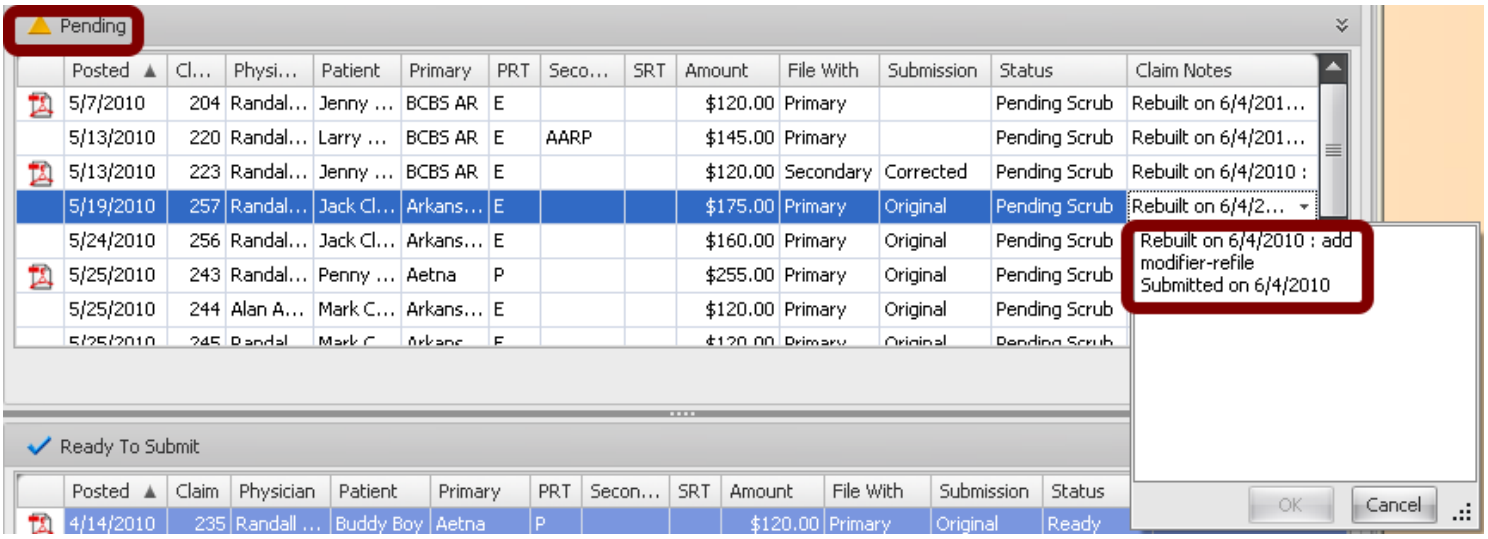


Claims can be refiled or placed on hold from the Submitted Tab within the Claims Manager

1. Double Click on the claim to open Claim Details dialog. Follow the steps to edit claims as instructed in the On Hold lesson.

2. After editing claim, click the Rebuild button to open Rebuild notes dialog. Type notes pertaining to the refile, if applicable.

3. Click on the Rebuild button within the notes dialog. Changes will be added to claim and the claim will be placed in the Pending Scrub section of the Claims Manager.



Claim Notes will reflect the date the claim was rebuilt and any notes. Rebuilt claim is ready to be **Scrubbed** and **Submitted** to Payer. See Scrubbing Claims and Ready to Submit

Omit a charge from claim when refiling

Omit a paid procedure from a claim when resubmitting unpaid charges to insurance.

Billing -> Post Insurance Payments

Refile only denied charges to Insurance

Insurance Payment

Create/Load Payment | Select Patient

Payer: Arkansas Firstsource
PO Box 2514
Little Rock, AR 72203
(501) 555-5555

Group: Professional Group, Inc.
PO Box 1234
Springdale, AR 72764
(479) 555-1234

NPI: Group NPI#
Production Date: 12/30/2010
Check Number: 5466546
Check Date: 12/30/2010
Check Amount: $70.00
Remaining: $70.00

Patient Details

Winkle, Perry P.
Birthday 2/1/1960 Age 50
Sex Male
Account 91 Chart pw123456

Balances
Family $0.00
Patient $517.25
Total $517.25

Schedule | Claims | Ledger | Insurance | Demographics | Custom

Claims — Show All Claims

Post Date	Processed	Claim ID	Provider	Primary	PRT	Secondary	SRT	Amount	Balance	File With	Status
12/9/2010	12/9/2010	644	Randall Oates	Palmetto GBA	E	Arkansas Medicaid	E	$275.00	$152.25	Primary	Submitted
12/9/2010	12/9/2010	645	Randall Oates	Palmetto GBA	E	Arkansas Medicaid	E	$215.00	$215.00	Primary	Submitted
12/17/2010	12/21/2010	686	Randall Oates	Arkansas Firstsource	E	Cigna	E	$145.00	$130.00	Primary	Submitted

Claim Details

Details for Claim 645 — More Info

Payment Amount $70.00
Post Date 12/9/2010
Process Date 12/9/2010
Routing E
Claim Control #
Member ID 112233789A
Rendering Provider Randall Oates
Rendering NPI ROatesNPI#
Patient Responsibility $0.00
Patient Group Number
Remaining Balance $0.00
Primary Insurance Palmetto GBA
Secondary Insurance Arkansas Medicaid

Claim Notes
Submitted on 12/9/2010

Charges

Omit	Begin	End	U...	Proc.Mod	Billed	Allowed	Deduct	CoIns	Co Pay	Late	Other Adj	...	Provider	...	Notes
	12/9/2010	12/9/2010	1.0	99213	$135.00								$0.00		A
	12/9/2010	12/9/2010	1.0	72040	$80.00	$70.00					$10.00		$70.00		
					$215.00	$70.00	$0.00	$0.00	$0.00	$0.00	$10.00		$70.00		

Next Action: Refile | Save Claim | Cancel

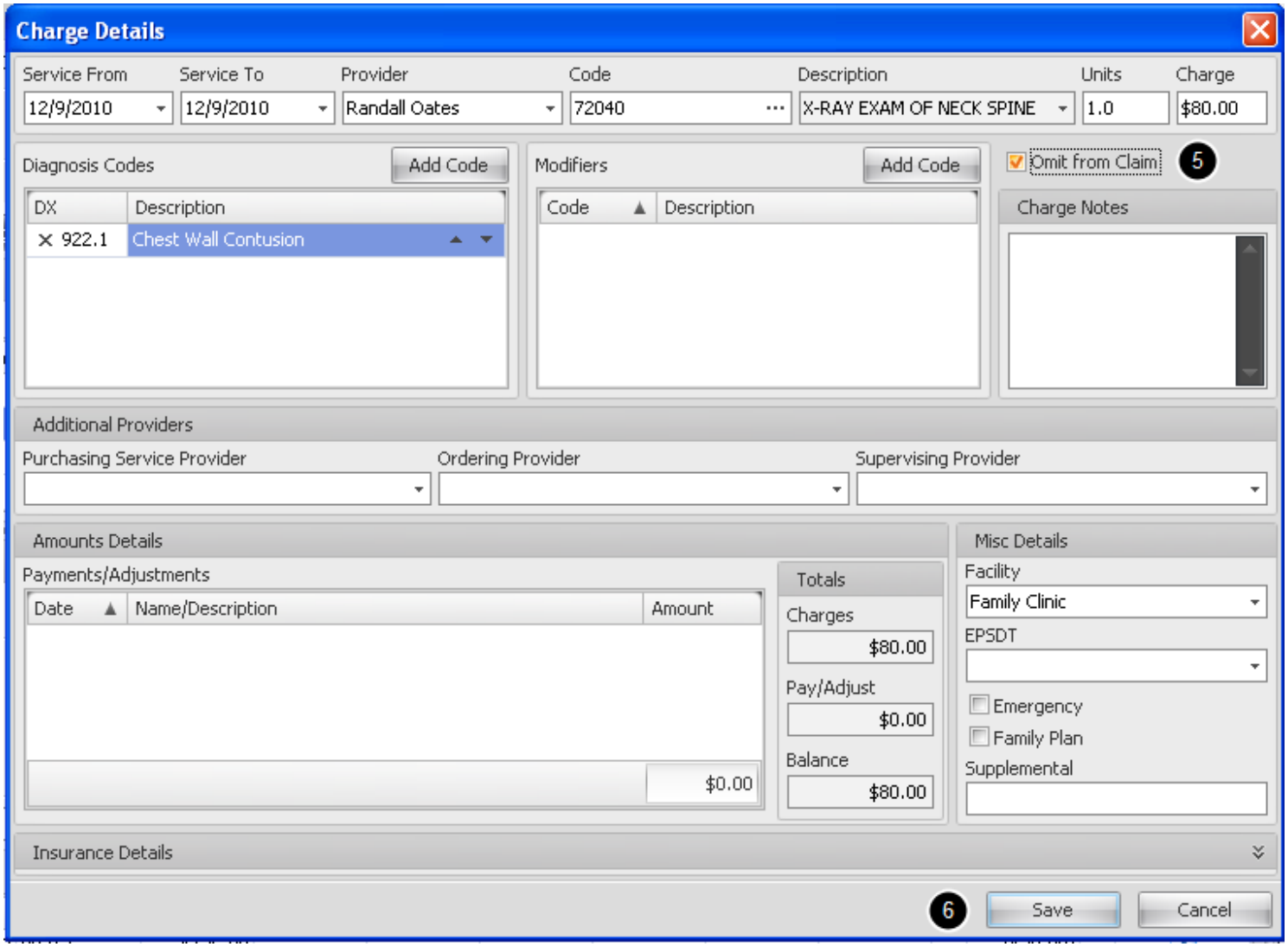
1. Comment Reason for denial

2. Apply payment amount to paid charge(s).

3. Set **Next Action** to **Refile.**

4. Double Click on line of paid charge(s) to open Charge Details.

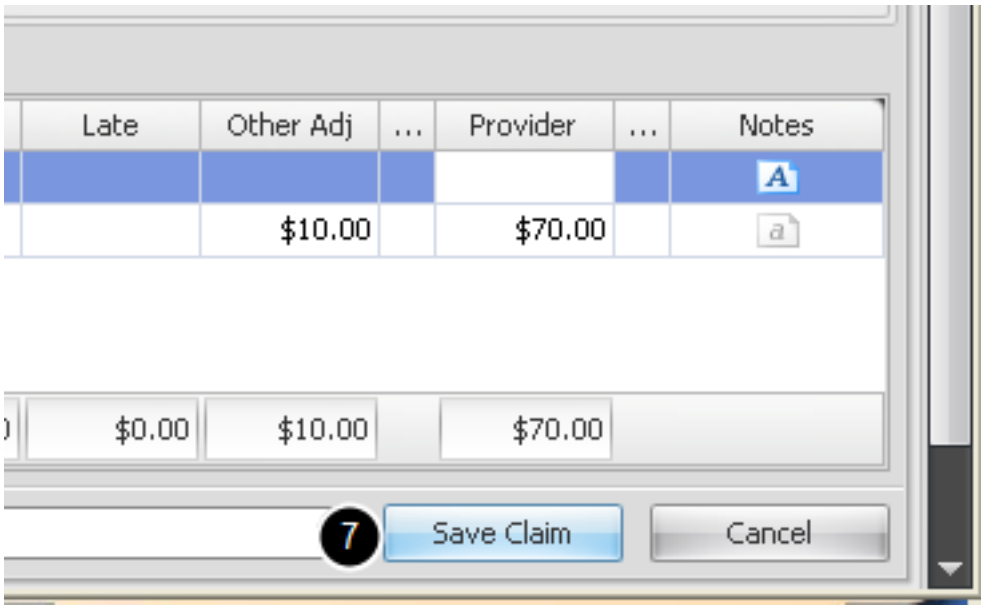
Omit Paid Charges



5. Place a check mark to **Omit from Claim**.

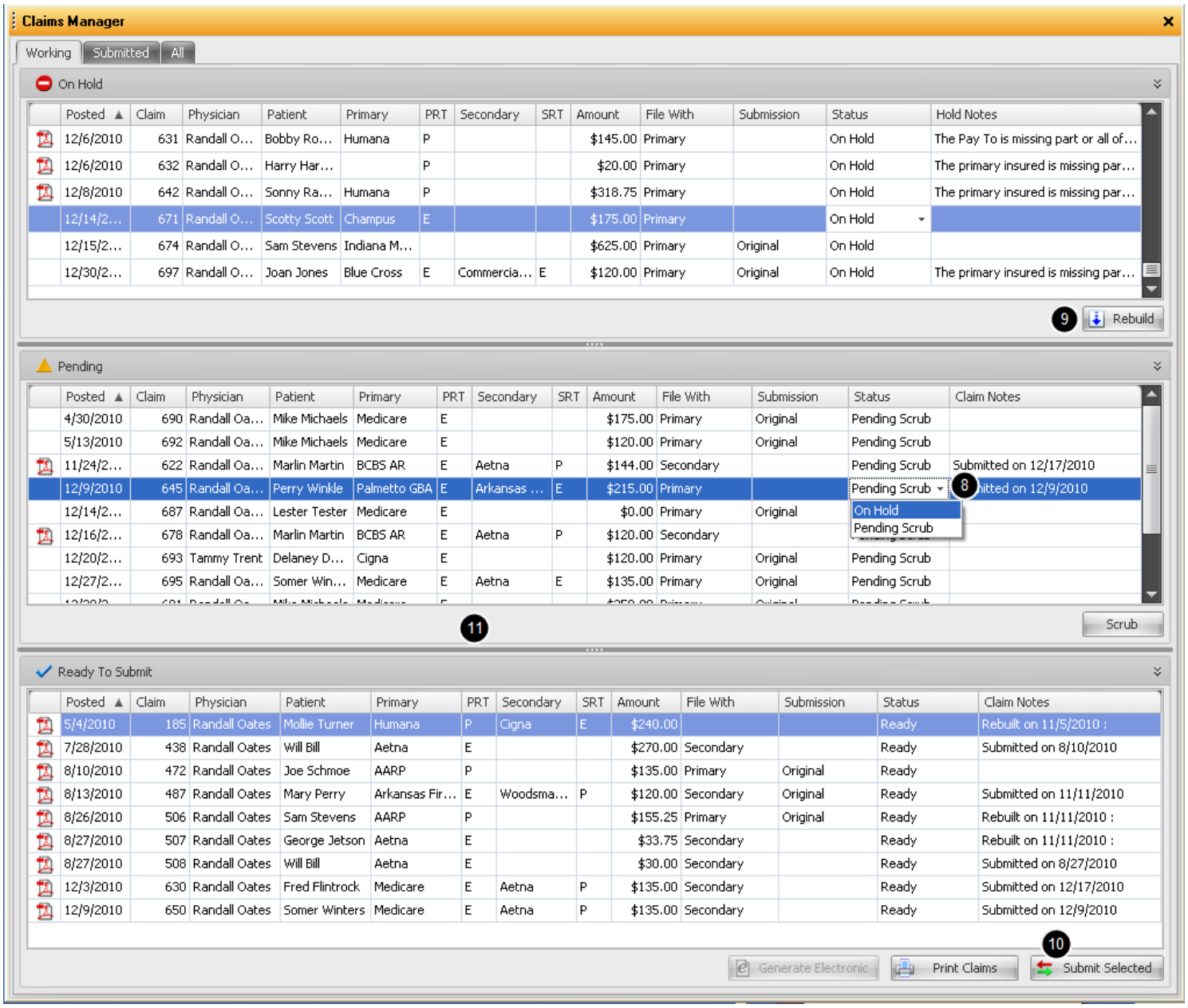
6. Click **Save**.

Post Payment to ledger



7. Save Claim and then Post Payment to ledger. Claim will move to Pending Scrub section of Claims Manager.

Rebuild Claim



Go to Billing -> Claims Manager

8. Locate claim in Claims manager. Change Claim Status to **On Hold**

9. **Rebuild** Claim to save claim changes.

10. **Submit Selected** to Resubmit claim.

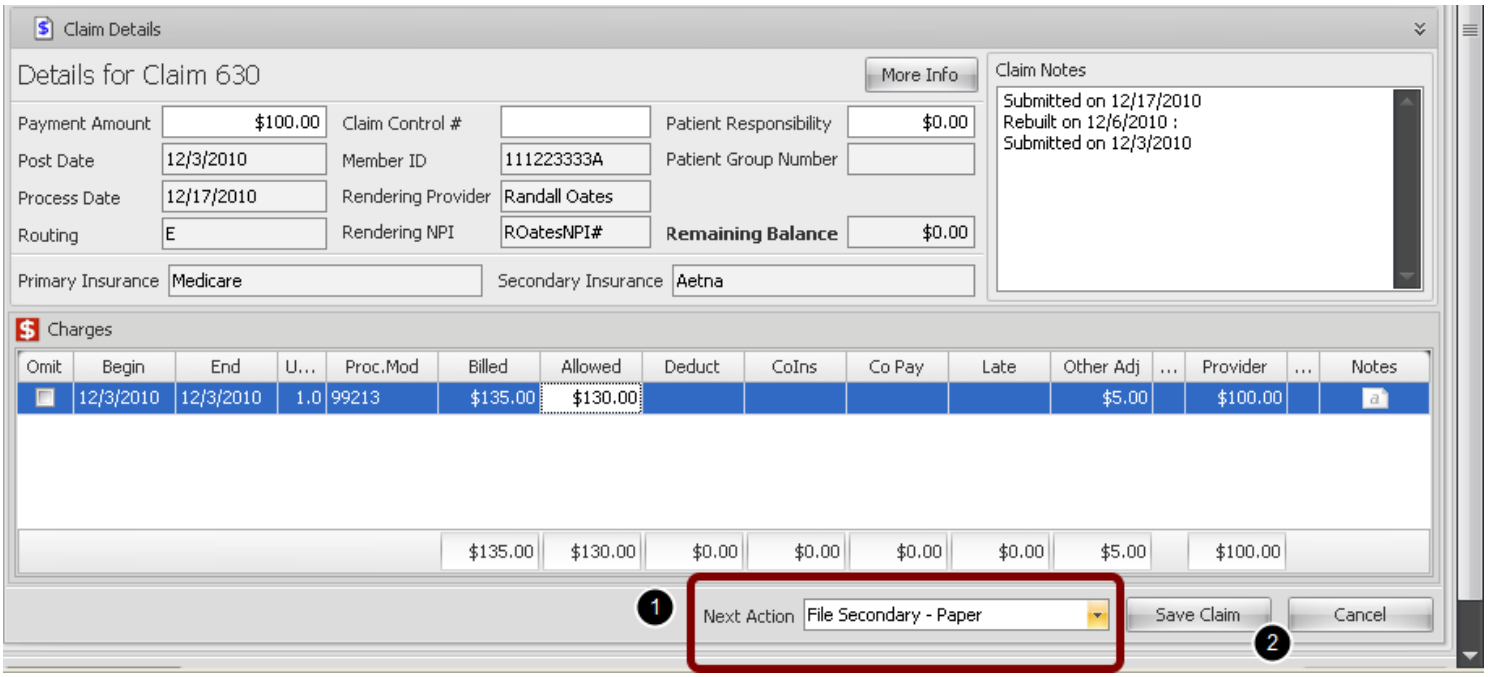
Note: <u>If not ready to resubmit claim, it can be put On Hold, Rebuild, Scrub and leave in Ready to Submit section until time to upload file.</u>

Secondary Claims

Secondary claims will automatically be moved to the Pending Scrub section if the Claims Manager once the primary insurance payment is applied to the visit and File Secondary-paper is selected for the Next Action.

New for SOAPware 2010.3: When a secondary claim is printed, it will now be populated with the information from the secondary insurance demographics instead of a duplicate of the primary insurance claim.

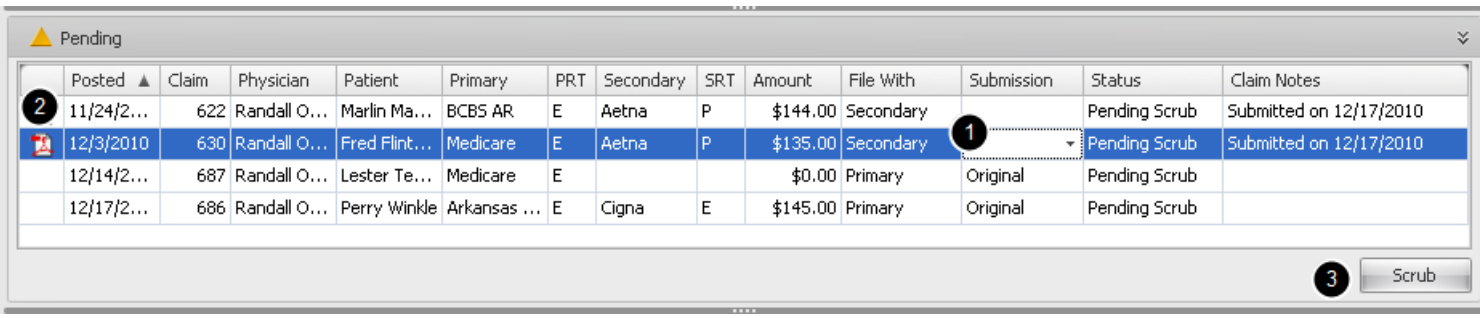
Set Secondary Claims to process



1. When posting primary insurance to a visit, make sure the Next Action selected is File Secondary-Paper.

2. Save Claim.

Scrub Secondary Claim

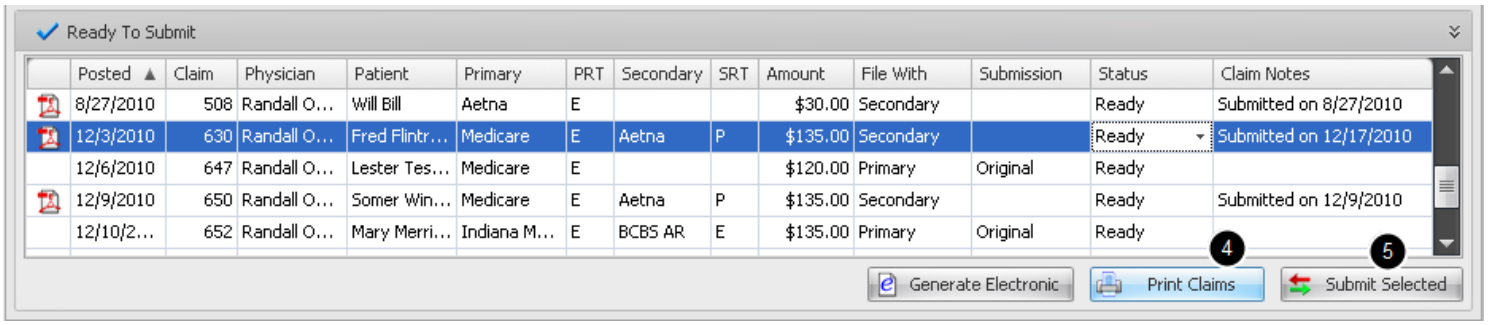


2. Locate the secondary claim highlight.

3. Click on the PDF icon if you wish to view the claim.

4. Click the Scrub button to check for errors.

Print Secondary Claim



4. Click the Print Claims button. All paper claims in the Ready to Submit section will print.

5. Click to highlight a single claim and then click the Submit Selected button. Only the highlighted claim will print.

All Tab

Claims Manager

Working | Submitted | All

Claims Manager

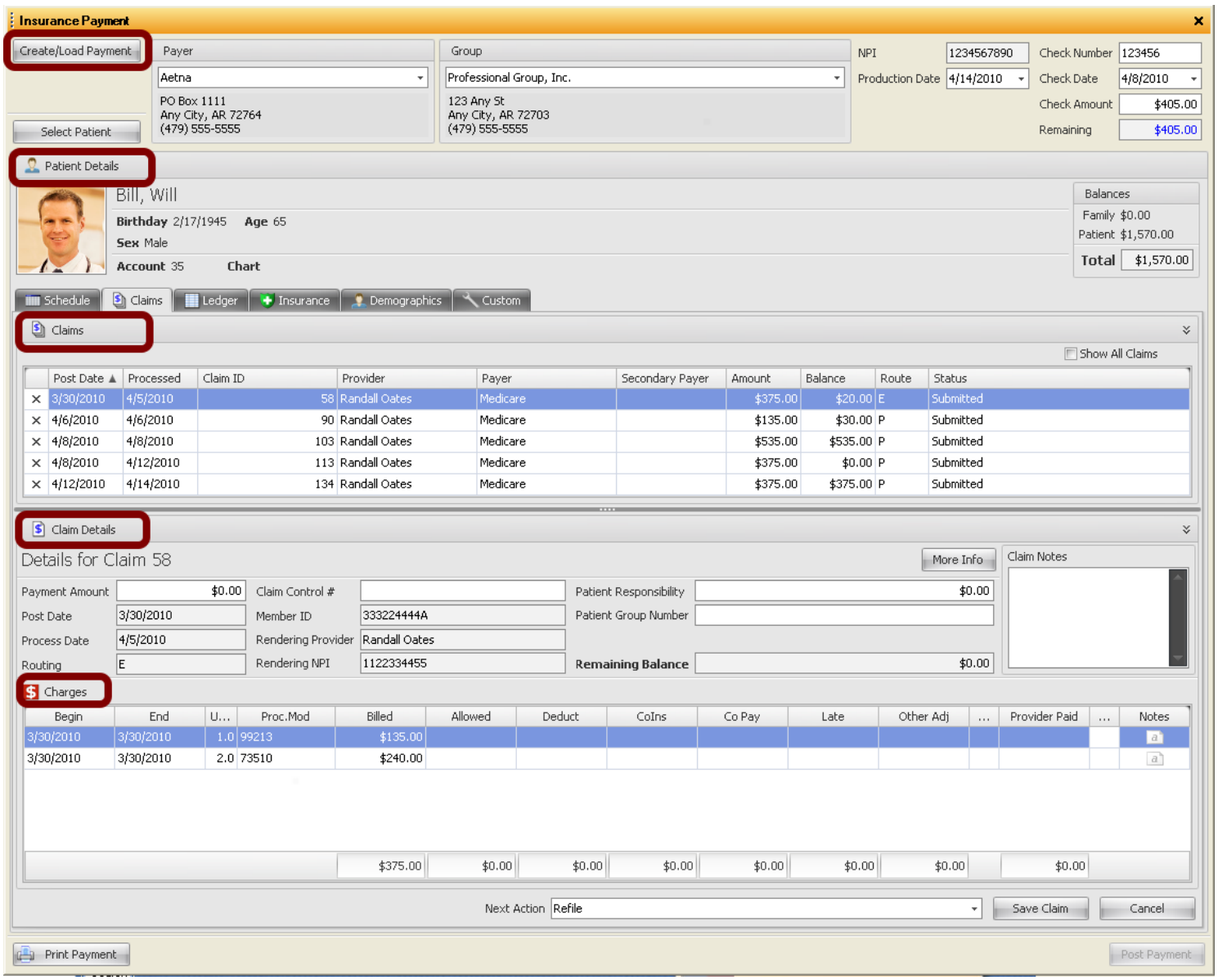
Filter Date of Service 3/12/2010 to 4/7/2010

DOS	Processed	Claim	Physician	Payer	Secon...	Patient	Amount	Routing	Status
3/29/2010	4/5/2010	55	Randall ...	Aetna		Sam Smith	$285.00	P	Submitted
3/29/2010	4/5/2010	56	Randall ...	Aetna		Sam Smith	$285.00	P	Submitted
3/29/2010	4/5/2010	57	Randall ...	Aetna		Sam Smith	$821.07	P	Submitted
3/30/2010	4/5/2010	58	Randall ...	Medicare		Will Bill	$375.00	E	Submitted
3/31/2010	4/5/2010	62	Randall ...	BCBS AR		Lester T...	$175.00	P	Submitted
3/31/2010	4/5/2010	63	Randall ...	BCBS AR		Lester T...	$325.00	E	Submitted
3/31/2010	4/5/2010	66	Randall ...	BCBS AR	Aetna	Lester T...	$120.00	E	Submitted
3/31/2010	4/5/2010	67	Randall ...	BCBS AR		Nester ...	$120.00	E	Submitted
4/1/2010	1/1/0001	102	Randall ...	BCBS AR	Aetna	Lester T...	$175.00	E	Ready
4/2/2010	4/5/2010	77	Jamie R...	BCBS AR		Nester ...	$50.00	P	Submitted
4/5/2010	4/5/2010	79	Randall ...	Aetna		Buddy Boy	$255.00	P	Submitted
4/5/2010	4/5/2010	80	Randall ...	BCBS AR	Aetna	Lester T...	$265.00	P	Submitted
4/5/2010	4/6/2010	92	Randall ...	Aetna		Buddy Boy	$135.00	P	Submitted
4/5/2010	4/5/2010	81	Randall ...	Aetna		Mark Clark	$435.00	P	Submitted
4/5/2010	4/5/2010	83	Randall ...	Aetna		Mark Clark	$435.00	P	Submitted
4/5/2010	4/5/2010	84	Randall ...	BCBS AR		Larry Ba...	$945.00	P	Submitted
4/5/2010	4/6/2010	85	Randall ...	Aetna		Mark Clark	$170.00	P	Submitted
4/6/2010	1/1/0001	86	Randall ...	BCBS AR		Larry Ba...	$20.00	P	On Hold
4/6/2010	4/6/2010	87	Randall ...	BCBS AR		Somer ...	$275.00	P	Submitted
4/6/2010	4/6/2010	88	Randall ...	Aetna	BCBS AR	Jimmy B...	$145.00	P	Submitted
4/6/2010	4/6/2010	91	Randall ...	Aetna		Buddy Boy	$135.00	P	Submitted
4/6/2010	4/6/2010	89	Randall ...	Medicare		Oscar B...	$145.00	P	Submitted
4/6/2010	4/6/2010	90	Randall ...	Medicare	AARP	Will Bill	$135.00	P	Submitted
4/6/2010	4/6/2010	93	Randall ...	BCBS AR		Bob Den...	$125.00	P	Submitted
4/6/2010	4/6/2010	95	Randall ...	Arkansa...		Darrell F...	$145.00	P	Submitted
4/6/2010	4/6/2010	96	Randall ...	Aetna		Jane Doe	$125.00	P	Submitted
4/6/2010	4/6/2010	97	Randall ...	Aetna	Medicare	Jane Doe	$135.00	P	Submitted

The All Tab lists all claims in the Working and Submitted tabs and the current status of the claim. Claims can be searched by Date Range and the information listed in the columns can be sorted by clicking on the column headers.

Posting Insurance Payments

Introduction to Insurance Payment Posting



Create/Load Payment Detail is manually entered using information from the Remittance/EOB.

Patient Details Displays patient information from the General Demographics section and Patient/Family Balances from the Patient Ledger

Claims Lists Outstanding/Unpaid insurance claims for the Patient, the status of the Claim and details pertaining to the claim. To include paid claims in the list, place a check mark in the box next to **Show All Claims**

Claim Details Populated with information pertaining to the claim. Payment information is manually added with information from the remit/EOB

Charges Breaks down the individual charges/services that are included in the selected visit/claim. Double Click on a line item to view Charge Details

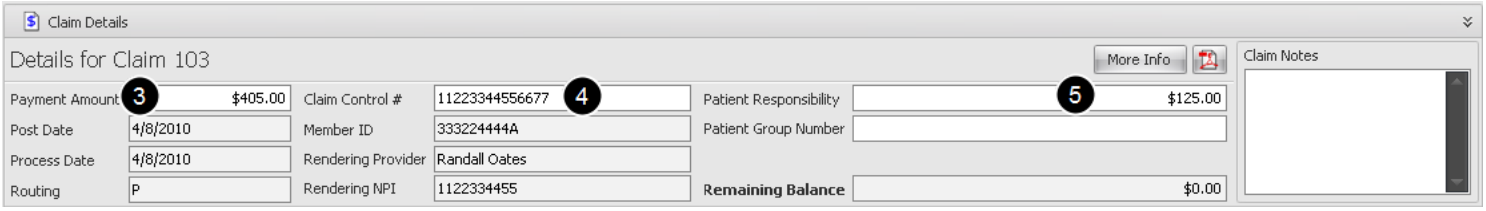
Select Claim/Visit for Payment

Outstanding claims are listed in the Claims section of the Posting window. If a claim is highlighted, the lower section of the window displays each line item/charge that makes up the selected claim. Details in both the **Claims** and **Charges** sections can be sorted by Clicking on the column headers.

1. Click inside the Claim grid to select a claim for payment.

2. Details of the selected claim will display in the **Charges** section of the window.

Enter Claim Details using Remit/EOB



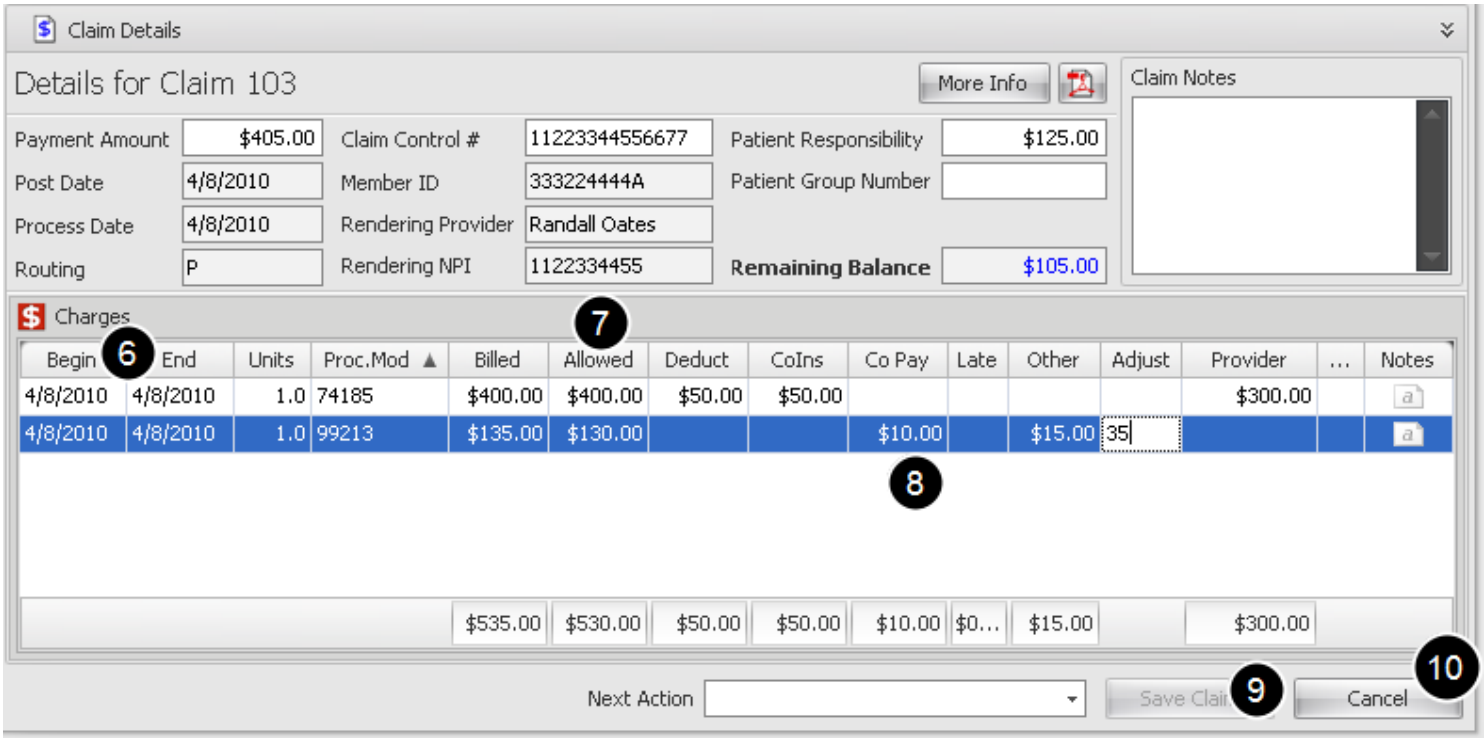
The Claim Details section displays various details entered when charging the selected claim, including miscellaneous accident/illness info. This information cannot be edited. Payment information is entered using details from the Insurance Remittance.

3. Type Total Payment amount for the selected claim. An alert will show if an amount more than the remaining amount of the check is entered

4. Type Claim Control number from Remit for informational/tracking purposes

5. Enter total amount that is the responsibility of the insured/patient as shown on Remit

Apply Payment to Charges



The payment is ready to be applied to the charges. Note that the **Remaining Balance** amount is the same as the Payment Amount and will decrease as payments are applied to the line items. When the last payment is applied to the final charge, the Remaining Balance should be zero.

6. Match the remit payment to the correct charge by verifying **Begin** and **End** dates, **Procedure** code

and Amount **Billed**.

7. Click on the line of the charge inside the Allowed Column and enter the amount shown on the EOB as the Allowed amount.

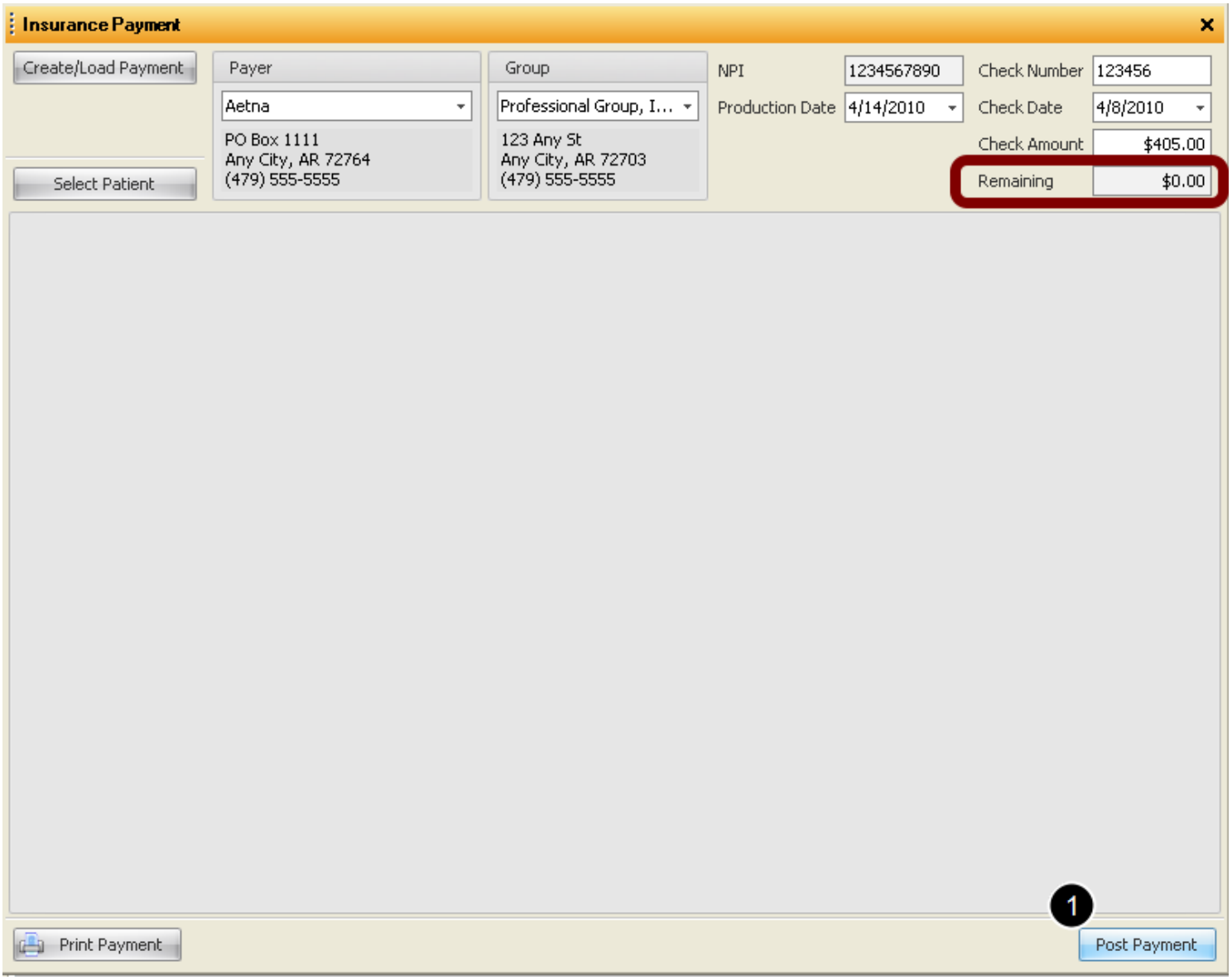
8. Tab to the next column and enter any amount that was applied to the deductible, CoInsurance, etc and then finally enter the payment amount that was paid for the line item charge and repeat until the remaining Balance is zero, all charges for the selected claim have the correct information applied and the Save Claim button is activated

9. Click **Save Claim**. A pop up message will verify payment was saved. Click **OK**.

10. If Cancel is clicked, a confirmation box asks if you want to close the Patient and lose changes. If Yes, the patient window will cancel all data entered for the active patient and close the account If an amount is remaining on the remit, Select Patient dialog displays to choose a new patient.

Note: A payment can be edited after Save Claim, but cannot be edited if the remit has been Posted to ledger.

Post Insurance Payment to Patient Ledger



If the Insurance EOB is for a single patient payment, and the Remaining Balance in the upper section/Remit details is zero, the Remit/EOB will need to be posted to the patient ledger and closed. If the Remit/EOB is for multiple patients/payments, you will be prompted to select another patient and will repeat the previous steps until the entire check is applied.

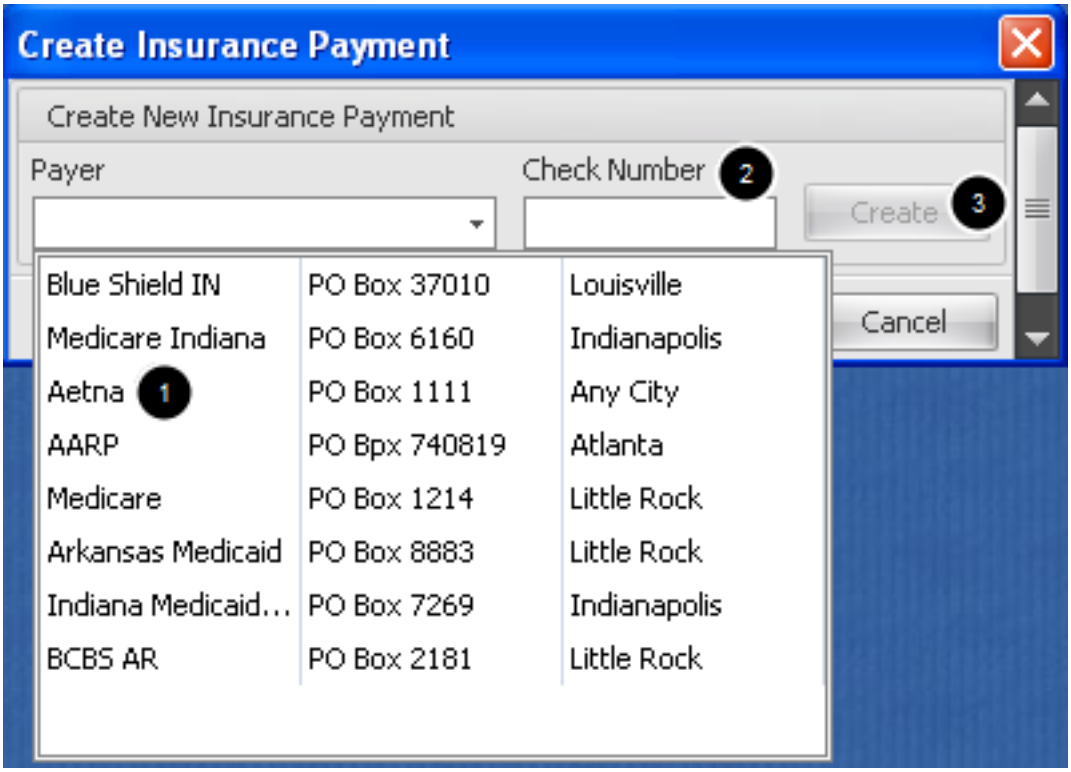
1. Print Payment (optional). Generata a report to verify all payments and how they were applied for the active remit/check. Make any corrections/edits prior to Posting to remit.

2. Click the Post Payment button to Apply payment(s) to Patient Ledger. Payment will not be reflected in Patient ledger until it is Posted

Create Insurance Payment

Access from the main menu -> Billing -> Post Insurance Payments

Select Payer/Insurance Company from Drop Down list of existing Payers in the Insurance Company Maintenance

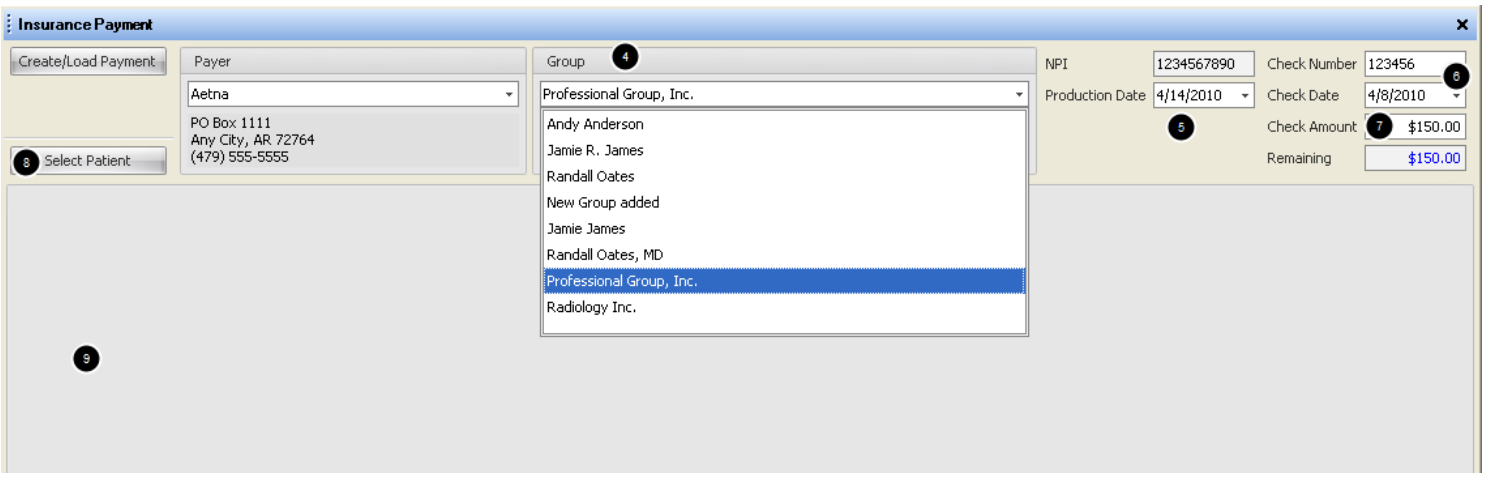


1. Use Drop Down to Select a Payer from the list

2. Type Check number shown on the Remit

3. Click the Create button

Add Remit Information as shown on EOB



4. Select Billing Provider/Pay to Information from the drop down list in the Group Section

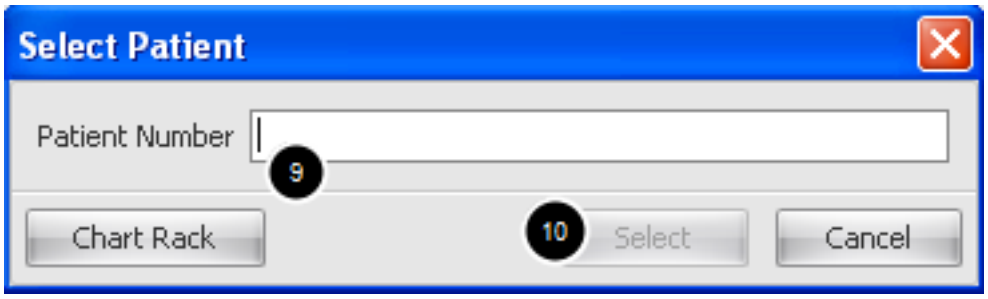
5. Enter Production/Posting/Deposit date

6. Type Check number as shown on the check, and Enter Check Date

7. Type Check amount shown on the check

8. Click the Select Patient button

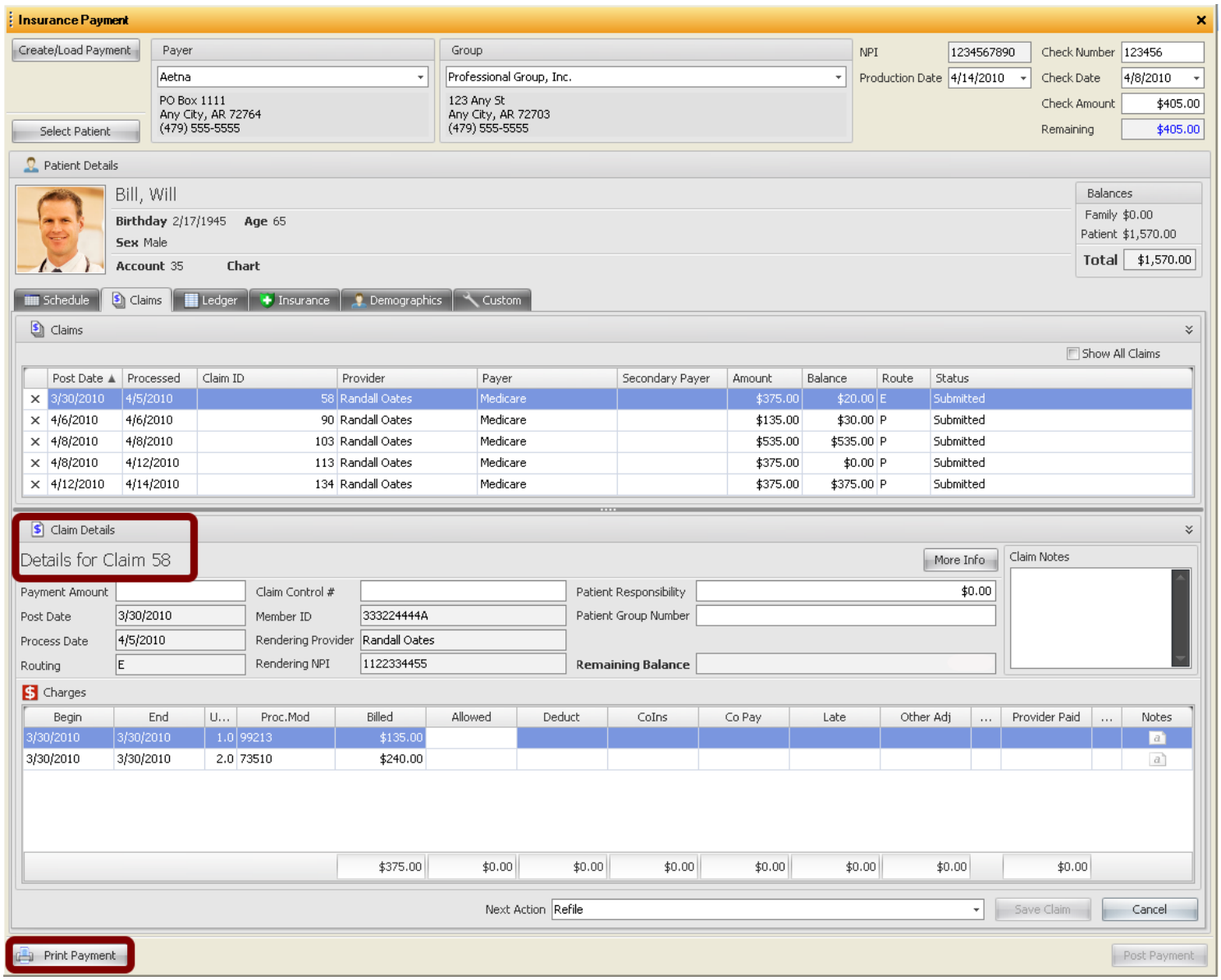
Select the Patient account for Payment



9. Type the Patient account number shown on the Remit or Click on the Chart Rack button to search for the Patient.

10. Click Select to Open the Patient account

View of Payment Posting window with Patient Selected for Payment



When selecting a patient, the account number shown on the remit is the Claim number assigned to the visit. When patient is opened, the grid will go directly to the claim number that was entered.

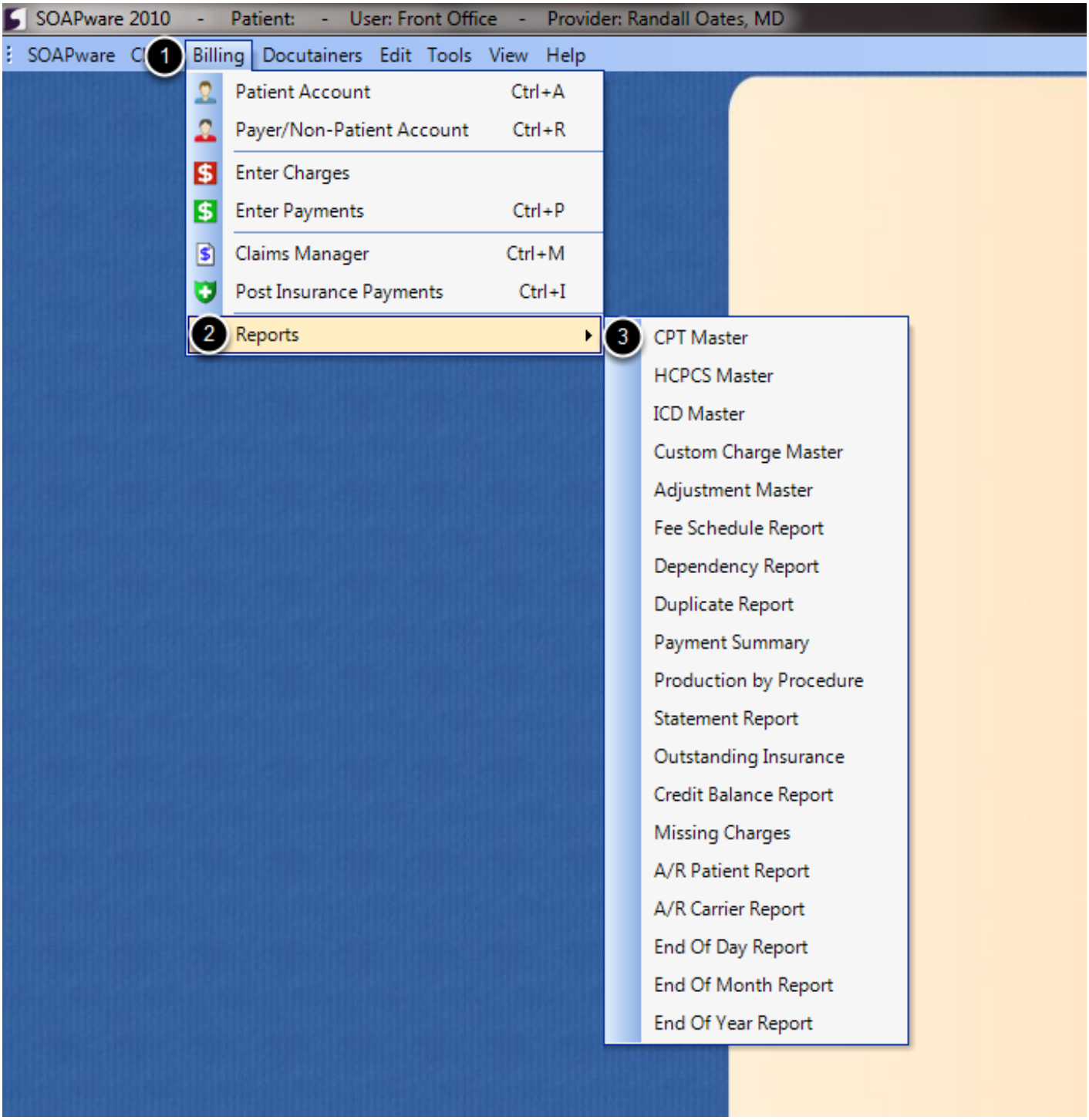
The **Print Payment** button will create a report listing payments applied for reference. The report can be displayed or printed

Reports

Accessing the Report List

Billing menu -> Reports

Accessing the Report List

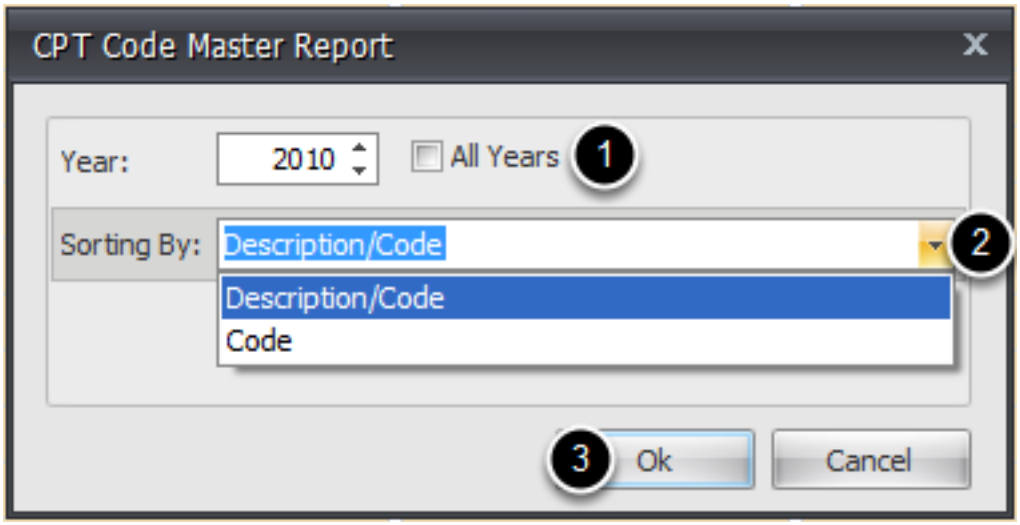


1. Click on the **Billing** menu.
2. Select **Reports.**
3. Select the report needed.

CPT Master Report

A report showing all CPT codes in the database for a specified year or all years combined.

CPT Master Options



1. Select the **year** of the CPT codes or check to see **All Years**' codes.
2. Select to sort by either the **code** or the **description and the code**.
3. Click **Ok.**

CPT Master Sample

CPT Code Master Report 2010

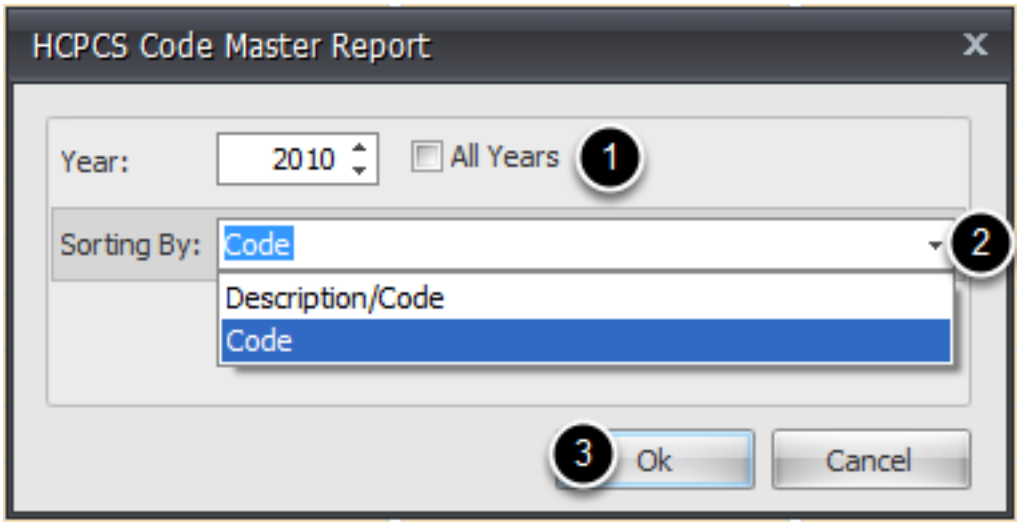
CPT Code	Short Description	CPT Code	Short Description
0001F	HEART FAILURE COMPOSITE	00410	ANESTH, CORRECT HEART RHYTHM
0005F	OSTEOARTHRITIS COMPOSITE	0042T	CT PERFUSION W/CONTRAST, CBF
00100	ANESTH, SALIVARY GLAND	00450	ANESTH, SURGERY OF SHOULDER
00102	ANESTH, REPAIR OF CLEFT LIP	00452	ANESTH, SURGERY OF SHOULDER
00103	ANESTH, BLEPHAROPLASTY	00454	ANESTH, COLLAR BONE BIOPSY
00104	ANESTH, ELECTROSHOCK	00470	ANESTH, REMOVAL OF RIB
00120	ANESTH, EAR SURGERY	00472	ANESTH, CHEST WALL REPAIR
00124	ANESTH, EAR EXAM	00474	ANESTH, SURGERY OF RIB(S)
00126	ANESTH, TYMPANOTOMY	0048T	IMPLANT VENTRICULAR DEVICE
0012F	CAP BACTERIAL ASSESS	00500	ANESTH, ESOPHAGEAL SURGERY
00140	ANESTH, PROCEDURES ON EYE	0050T	REMOVAL CIRCULATION ASSIST
00142	ANESTH, LENS SURGERY	0051T	IMPLANT TOTAL HEART SYSTEM
00144	ANESTH, CORNEAL TRANSPLANT	00520	ANESTH, CHEST PROCEDURE
00145	ANESTH, VITREORETINAL SURG	00522	ANESTH, CHEST LINING BIOPSY
00147	ANESTH, IRIDECTOMY	00524	ANESTH, CHEST DRAINAGE
00148	ANESTH, EYE EXAM	00528	ANESTH, CHEST PARTITION VIEW
0014F	COMP PREOP ASSESS CAT SURG	00529	ANESTH, CHEST PARTITION VIEW
0015F	MELAN FOLLOW-UP COMPLETE	0052T	REPLACE COMPONENT HEART SYST
00160	ANESTH, NOSE/SINUS SURGERY	00530	ANESTH, PACEMAKER INSERTION
00162	ANESTH, NOSE/SINUS SURGERY	00532	ANESTH, VASCULAR ACCESS
00164	ANESTH, BIOPSY OF NOSE	00534	ANESTH, CARDIOVERTER/DEFIB
0016T	THERMOTX CHOROID VASC LESION	00537	ANESTH, CARDIAC ELECTROPHYS
00170	ANESTH, PROCEDURE ON MOUTH	00539	ANESTH, TRACH-BRONCH RECONST
00172	ANESTH, CLEFT PALATE REPAIR	0053T	REPLACE COMPONENT HEART SYST
00174	ANESTH, PHARYNGEAL SURGERY	00540	ANESTH, CHEST SURGERY
00176	ANESTH, PHARYNGEAL SURGERY	00541	ANESTH, ONE LUNG VENTILATION
0017T	PHOTOCOAGULAT MACULAR DRUSEN	00542	ANESTH, RELEASE OF LUNG
00190	ANESTH, FACE/SKULL BONE SURG	00546	ANESTH, LUNG,CHEST WALL SURG
00192	ANESTH, FACIAL BONE SURGERY	00548	ANESTH, TRACHEA,BRONCHI SURG
0019T	EXTRACORP SHOCK WV TX,MS NOS	0054T	BONE SURGERY USING COMPUTER
00210	ANESTH, CRANIAL SURG NOS	00550	ANESTH, STERNAL DEBRIDEMENT
00211	ANESTH, CRAN SURG, HEMOTOMA	0055T	BONE SURGERY USING COMPUTER
00212	ANESTH, SKULL DRAINAGE	00560	ANESTH, HEART SURG W/O PUMP
00214	ANESTH, SKULL DRAINAGE	00561	ANESTH, HEART SURG < AGE 1
00215	ANESTH, SKULL REPAIR/FRACT	00562	ANESTH HRT SURG W/PMP AGE 1+
00216	ANESTH, HEAD VESSEL SURGERY	00563	ANESTH, HEART SURG W/ARREST
00218	ANESTH, SPECIAL HEAD SURGERY	00566	ANESTH, CABG W/O PUMP
00220	ANESTH, INTRCRN NERVE	00567	ANESTH, CABG W/PUMP
00222	ANESTH, HEAD NERVE SURGERY	00580	ANESTH, HEART/LUNG TRANSPLNT
00300	ANESTH, HEAD/NECK/PTRUNK	00600	ANESTH, SPINE, CORD SURGERY
0030T	ANTIPROTHROMBIN ANTIBODY	00604	ANESTH, SITTING PROCEDURE

Sample CPT Master Report for the year 2010, sorted by Code.

HCPCS Master Report

A report showing all HCPCS codes in the database for a specified year or all years combined.

HCPCS Master Options



1. Select the **year** of the HCPCS codes or check to see **All Years**' codes.
2. Select to sort by either the **code** or the **description and the code**.
3. Click **Ok.**

HCPCS Code Master Report 2010

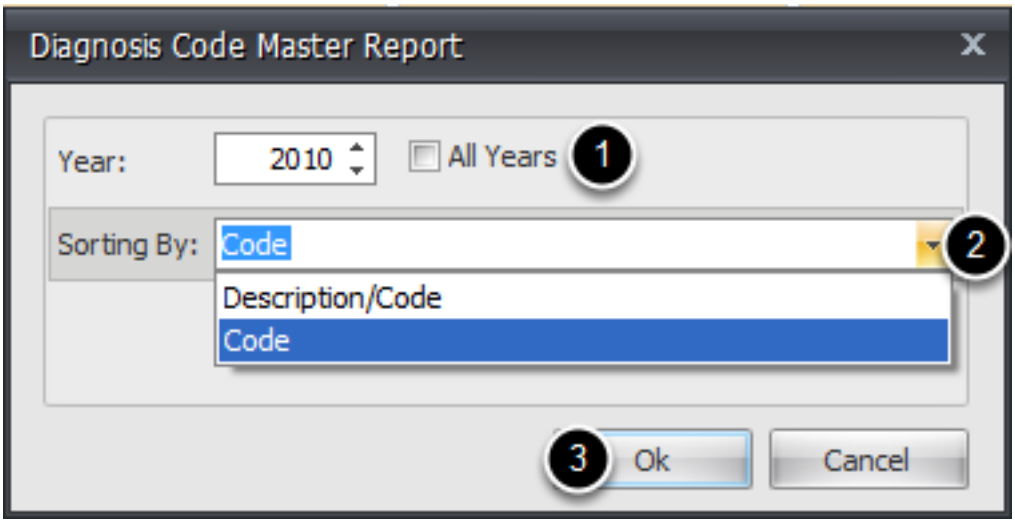
HCPCS Code	Description	HCPCS Code	Description
A0021	Outside state ambulance serv	A4213	20+ CC syringe only
A0080	Noninterest escort in non er	A4215	Sterile needle
A0090	Interest escort in non er	A4216	Sterile water/saline, 10 ml
A0100	Nonemergency transport taxi	A4217	Sterile water/saline, 500 ml
A0110	Nonemergency transport bus	A4218	Sterile saline or water
A0120	Noner transport mini-bus	A4220	Infusion pump refill kit
A0130	Noner transport wheelch van	A4221	Maint drug infus cath per wk
A0140	Nonemergency transport air	A4222	Infusion supplies with pump
A0160	Noner transport case worker	A4223	Infusion supplies w/o pump
A0170	Transport parking fees/tolls	A4230	Infus insulin pump non needl
A0180	Noner transport lodgng recip	A4231	Infusion insulin pump needle
A0190	Noner transport meals recip	A4232	Syringe w/needle insulin 3cc
A0200	Noner transport lodgng escrt	A4233	Alkalin batt for glucose mon
A0210	Noner transport meals escort	A4234	J-cell batt for glucose mon
A0225	Neonatal emergency transport	A4235	Lithium batt for glucose mon
A0380	Basic life support mileage	A4236	Silvr oxide batt glucose mon
A0382	Basic support routine suppls	A4244	Alcohol or peroxide per pint
A0384	Bls defibrillation supplies	A4245	Alcohol wipes per box
A0390	Advanced life support mileag	A4246	Betadine/phisohex solution
A0392	Als defibrillation supplies	A4247	Betadine/iodine swabs/wipes
A0394	Als IV drug therapy supplies	A4248	Chlorhexidine antisept
A0396	Als esophageal intub suppls	A4250	Urine reagent strips/tablets
A0398	Als routine disposble suppls	A4252	Blood ketone test or strip
A0420	Ambulance waiting 1/2 hr	A4253	Blood glucose/reagent strips
A0422	Ambulance 02 life sustaining	A4255	Glucose monitor platforms
A0424	Extra ambulance attendant	A4256	Calibrator solution/chips
A0425	Ground mileage	A4257	Replace Lensshield Cartridge
A0426	Als 1	A4258	Lancet device each
A0427	ALS1-emergency	A4259	Lancets per box
A0428	bls	A4261	Cervical cap contraceptive
A0429	BLS-emergency	A4262	Temporary tear duct plug
A0430	Fixed wing air transport	A4263	Permanent tear duct plug
A0431	Rotary wing air transport	A4264	Intratubal occlusion device
A0432	Pl volunteer ambulance co	A4265	Paraffin
A0433	als 2	A4266	Diaphragm
A0434	Specialty care transport	A4267	Male condom
A0435	Fixed wing air mileage	A4268	Female condom
A0436	Rotary wing air mileage	A4269	Spermicide
A0800	Amb trans 7pm-7am	A4270	Disposable endoscope sheath
A0888	Noncovered ambulance mileage	A4280	Brst prsths adhsv attchmnt
A0998	Ambulance response/treatment	A4281	Replacement breastpump tube

Sample HCPCS Master Report for the year 2010, sorted by Code.

ICD Master Report

A report showing all ICD codes in the database for a specified year or all years combined.

ICD Master Options



1. Select the **year** of the CPT codes or check to see **All Years**' codes.
2. Select to sort by either the **code** or the **description and the code**.
3. Click **Ok.**

Diagnosis Code Master Report 2010

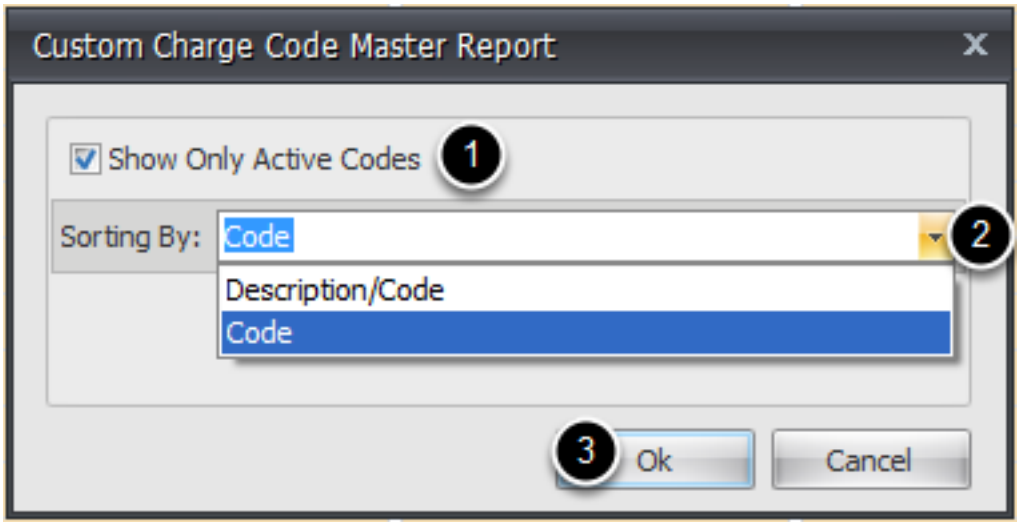
Diagnosis Code	Description	Diagnosis Code	Description
001.0	Cholera due to Vibrio cholerae	003.8	Salmonella infections, other, specified
001.1	El Tor cholera	003.9	Salmonella infection NOS
001.1	Vibrio cholerae el tor	003.9	Salmonellosis NOS (except human typhoid & paratyphoid)
001.1	Cholera due to Vibrio cholerae el tor		
001.9	Asiatic cholera	003.9	Suipestifer infection
001.9	Cholerine	003.9	Salmonella infection, unspecified
001.9	Cholera NOS	003.9	Salmonella
001.9	Cholera, unspecified	004.0	Infection due to Group A Shigella
002.0	Eberth's disease	004.0	Shigella group A infection
002.0	Typhomania	004.0	Shigella dysenteriae infection
002.0	Typhogastric fever	004.0	Schmitz-Stutzer dysentery
002.0	Typhoperitonitis	004.0	Group A Shigella infection
002.0	Post-typhoid abscess	004.0	Shigellosis due to Shigella dysenteriae
002.0	Ileotyphus	004.1	Shigellosis due to Shigella flexneri
002.0	Infection by Salmonella typhi	004.1	Shigella group B infection
002.0	Typhoenteritis	004.1	Shigella flexneri infection
002.0	Typhoid	004.1	Hiss-Russell dysentery
002.0	Typhoid fever	004.1	Group B Shigella infection
002.1	Paratyphoid fever A	004.1	Infection due to Group B Shigella
002.1	Paratyphoid A fever	004.2	Shigellosis due to Shigella boydii
002.2	Paratyphoid B fever	004.2	Shigella boydii infection
002.2	Paratyphoid fever B	004.2	Infection due to Group C Shigella
002.3	Paratyphoid fever C	004.2	Flexner-Boyd dysentery
002.3	Paratyphoid C fever	004.2	Shigella group C infection
002.9	Paratyphoid fever NOS	004.2	Group C Shigella infection
002.9	Brion-Kayser disease	004.2	Boyd's dysentery
002.9	Schottmuller's syndrome	004.3	Infection due to Group D Shigella
002.9	Paratyphoid fever, unspecified	004.3	Shigella sonnei infection
003.0	Salmonellosis	004.3	Shigella group D infection
003.0	Salmonella food poisoning	004.3	Group D Shigella infection
003.0	Salmonella gastroenteritis	004.3	Sonne dysentery
003.0	Gastroenteritis, Salmonella	004.3	Shigellosis due to Shigella sonnei
003.1	Salmonella septicemia	004.8	Shigella infections, other, specified
003.1	Septicemia, Salmonella	004.8	Russell's dysentery
003.20	Localized Salmonella infection NOS	004.8	Other specified Shigella infections
003.20	Salmonella infection, localized, unspecified	004.9	Shigellosis NOS
003.20	Localized salmonella infection, unspecified	004.9	Shigellosis, unspecified
003.21	Meningitis, Salmonella	004.9	Chinese dysentery
003.21	Salmonella meningitis	004.9	Shigella
003.22	Pneumonia, Salmonella	004.9	Bacillary dysentery
003.22	Salmonella pneumonia	005.0	Staphylococcal food poisoning

Sample ICD Master Report for the year 2010, sorted by Code.

Custom Charges Master Report

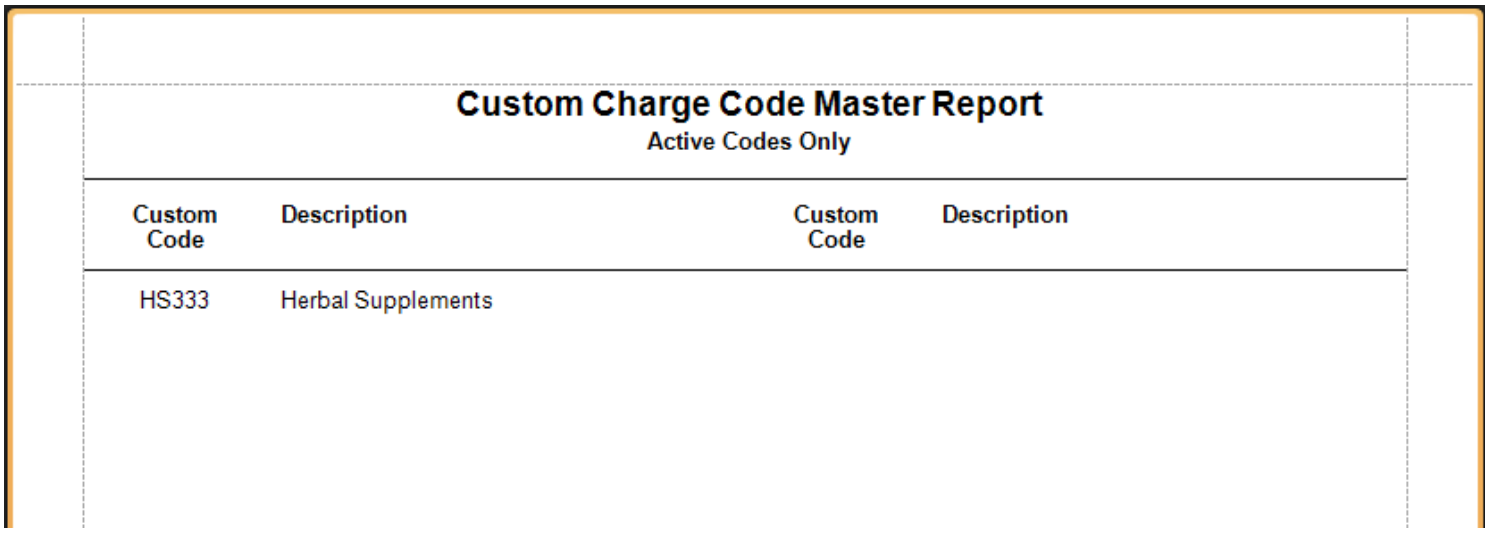
A report showing all custom codes in the database.

Custom Charges Master Options



1. Check if you want to show all active codes.
2. Select to sort by either the **code** or the **description and the code**.
3. Click **Ok.**

Custom Charges Master Sample



Custom Charge Code Master Report
Active Codes Only

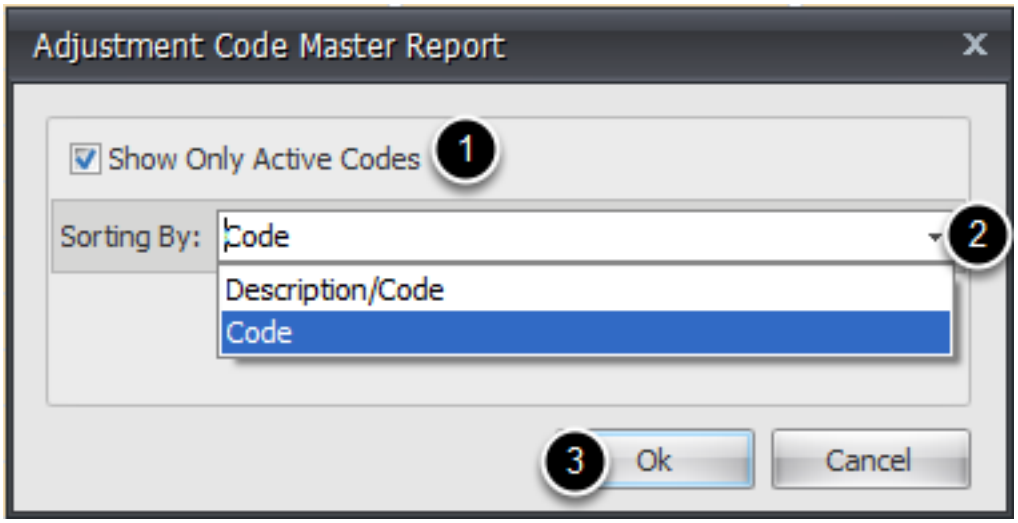
Custom Code	Description	Custom Code	Description
HS333	Herbal Supplements		

Sample Custom Charges Master Report with only active codes showing.

Adjustment Code Master Report

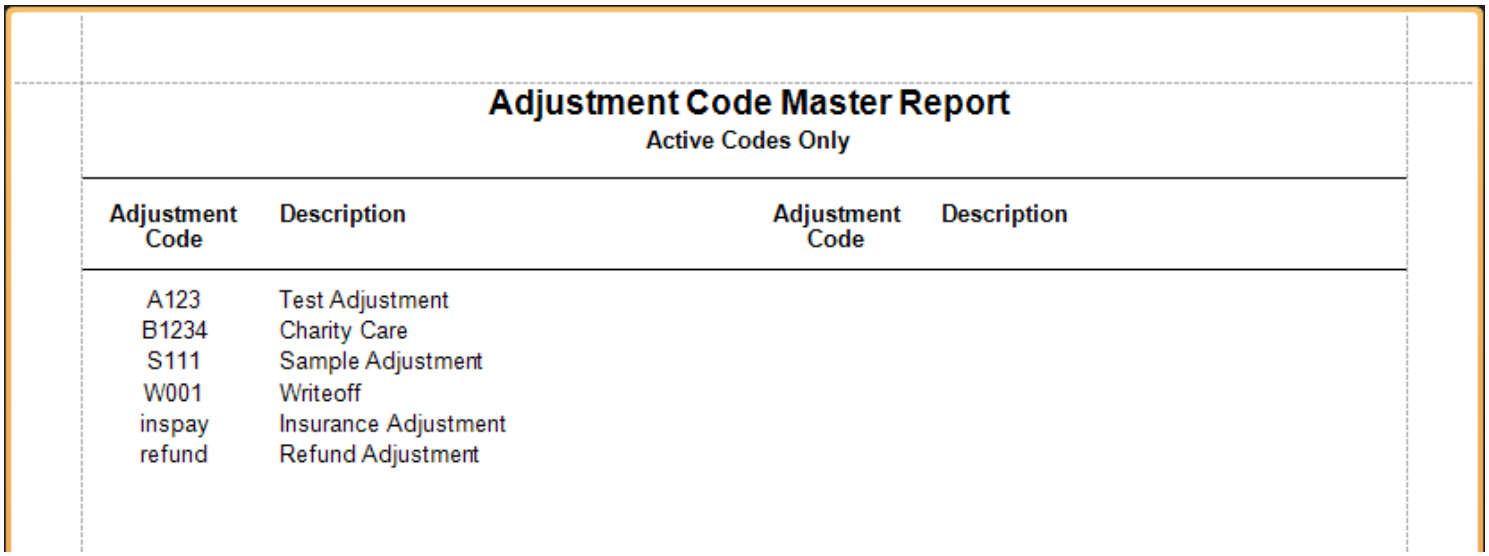
A report showing all adjustment codes in the database.

Adjustment Master Options



1. Check if you want to show all active codes.
2. Select to sort by either the **code** or the **description and the code**.
3. Click **Ok.**

Adjustment Code Master Sample



Adjustment Code Master Report
Active Codes Only

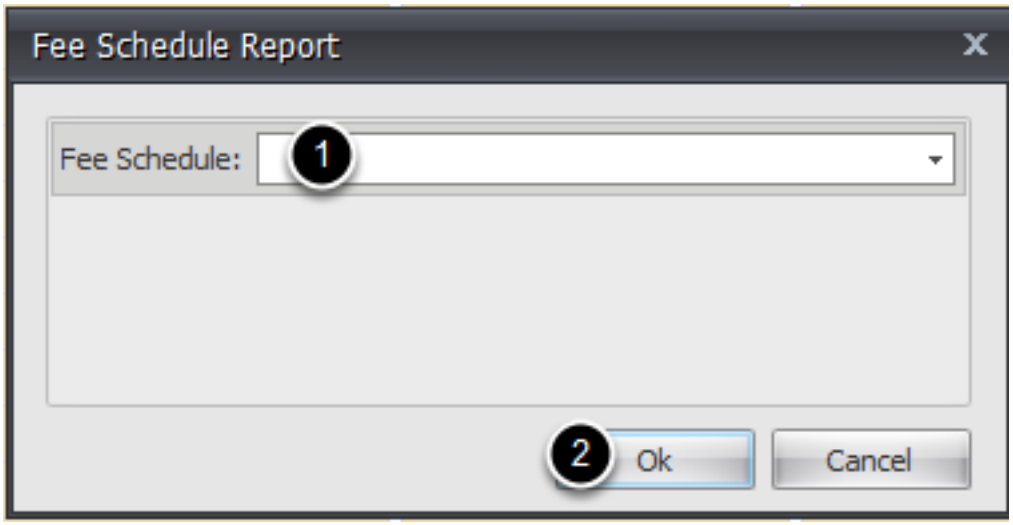
Adjustment Code	Description	Adjustment Code	Description
A123	Test Adjustment		
B1234	Charity Care		
S111	Sample Adjustment		
W001	Writeoff		
inspay	Insurance Adjustment		
refund	Refund Adjustment		

Sample Adjustment Code Master Report with only active codes showing.

Fee Schedule Report

A report showing the fees set for each code, according to the selected Fee Schedule.

Fee Schedule Report Options



1. Select the desired fee schedule from the drop down.
2. Click **Ok.**

Fee Schedule Report Sample

Fee Schedule Report
Default

Code	Description	Active	Amount
0001F	HEART FAILURE COMPOSITE	Yes	35.00
12001	REPAIR SUPERFICIAL WOUND(S)	Yes	95.00
78315	BONE IMAGING, 3 PHASE	No	0.00
80061	LIPID PANEL	Yes	71.00
83721	ASSAY OF BLOOD LIPOPROTEIN	Yes	44.00
99000	SPECIMEN HANDLING	Yes	60.00
99201	Level 1 NP Use DX 250.00	Yes	75.00
99203	Level 3 New Pt SHORT DESC	Yes	86.00
99205	OFFICE/OUTPATIENT VISIT, NEW	Yes	114.00
99211	OFFICE/OUTPATIENT VISIT, EST	Yes	125.00
99213	OFFICE/OUTPATIENT VISIT, EST	Yes	135.00
HS333	Herbal Supplements	No	374.00
S3333	Herbal supplements	No	440.00

Sample Fee Schedule Report for the Default fee schedule.

Dependency Report

A report showing the fee schedules that have dependies on them, and the percentage that is being calculated for each.

Dependency Report Sample

Fee Schedule Dependency Report

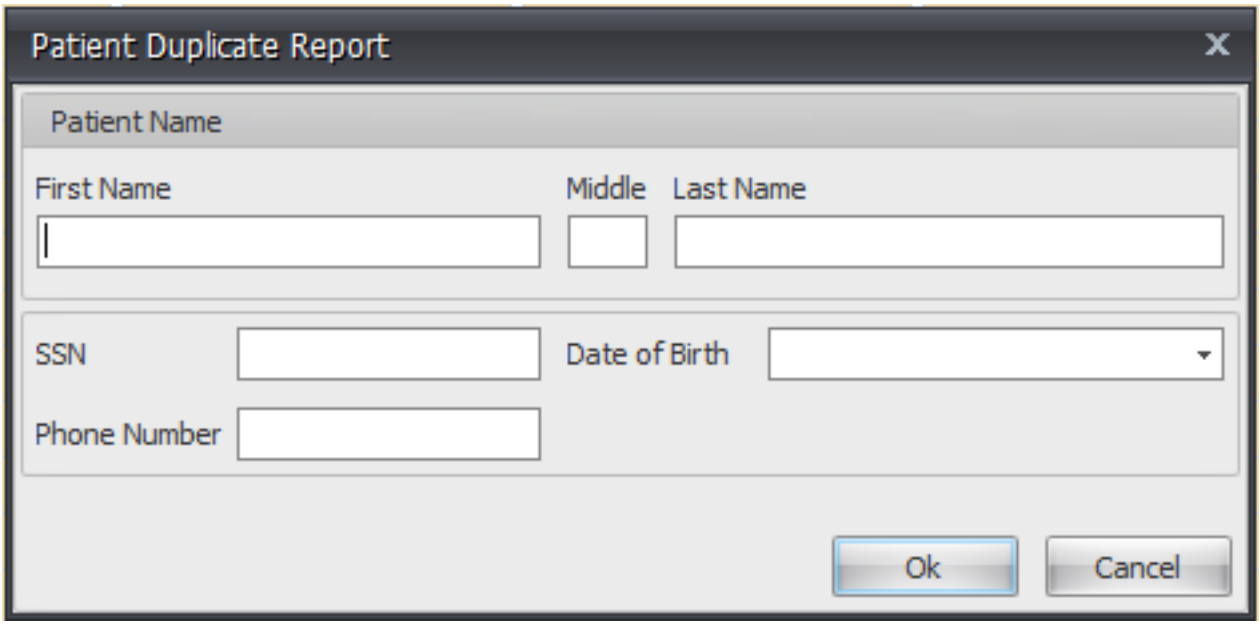
Fee Schedule Group / Fee Schedule	Percentage	Fee Schedule Group / Fee Schedule	Percentage
Aetna			
BCBS12	200.00%		
BCBS2010	200.00%		
Aetna10			
Aetna11	200.00%		
BCBS2010 1			
Default 2	110.00% 3		
Cigna			
Cigna10	150.00%		
Default			
Aetna	200.00%		
Aetna12	200.00%		
BCBS10	200.00%		
HA10	200.00%		
Medicaid	200.00%		
Test	90.00%		
Test02	25.00%		
UHC10	150.00%		
UHC12	200.00%		
Medicare			
BCBS	120.00%		

1. The base Fee Schedule. The fee schedule(s) listed below are based on the top fee schedule.
2. The calculated fee schedule, based on a percentage of the above fee schedule.
3. The percentage of #1 fee schedule to calculate the #2 fee schedule.

Duplicate Report

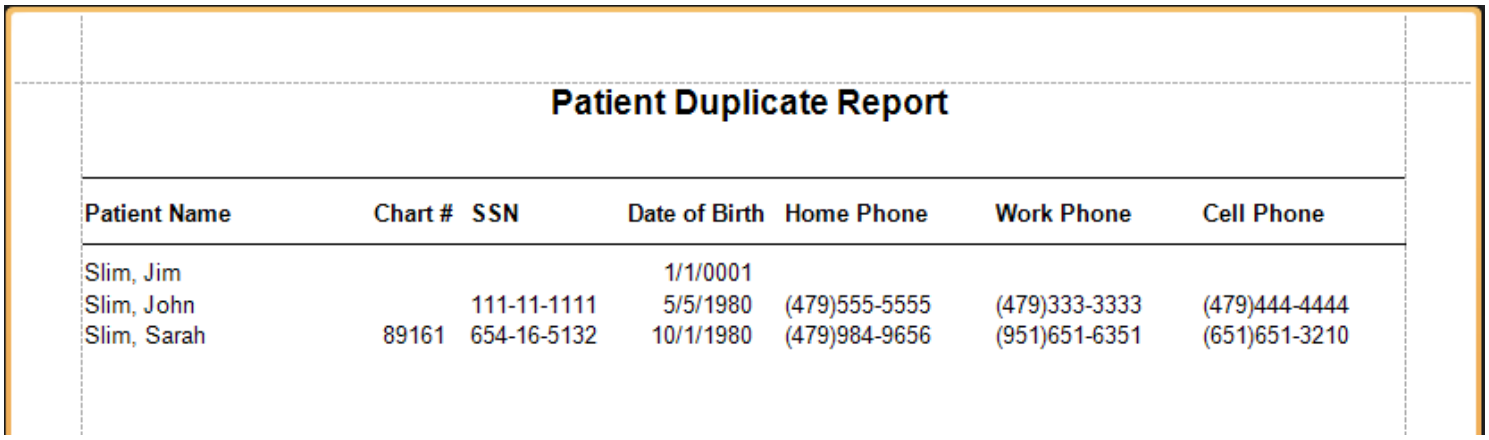
A report showing any duplicate patients in the database. Searchable by First, Middle or Last Name, SSN, Date of Birth, or Phone Number.

Patient Duplicate Options



Search by any of the above criteria to find duplicate patients.

Patient Duplicate Sample



Patient Duplicate Report

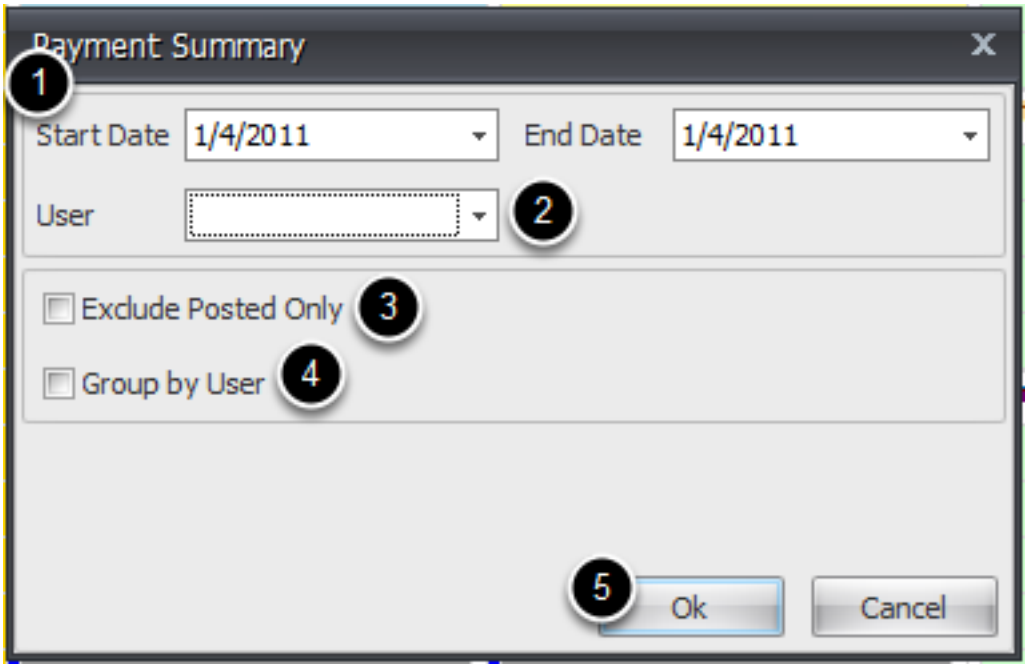
Patient Name	Chart #	SSN	Date of Birth	Home Phone	Work Phone	Cell Phone
Slim, Jim			1/1/0001			
Slim, John		111-11-1111	5/5/1980	(479)555-5555	(479)333-3333	(479)444-4444
Slim, Sarah	89161	654-16-5132	10/1/1980	(479)984-9656	(951)651-6351	(651)651-3210

Sample Patient Duplicate Report searching by last name, Slim.

Payment Summary Report

A report for showing the payments by payment type that have been entered during a specified time period.

Payment Summary Report Options



1. **Start Date and End Date:** Select a date range in which to see all of the payments entered.

2. **User:** If wanting to run the Payment summary for a particular user, select the appropriate user from the drop down.

3. **Exclude Posted Only:** Posted Only refers to payments that were only officially posted on the current date, but have a different (previous) Entered Date. This situation would occur if you took a pre-payment for a patient, but did not officially post the payment to their account that day (and it remained in the patient's Pre-Pay bank), but you did deposit the check at the bank. On the day that you do post those charges to the patient's account, if you do not want that payment on your payment summary report (because it has already been deposited), you can check the Exclude Posted Only box. If you would like to see those items on your Payment summary, if you leave the Exclude Posted Only checkbox UNchecked, you will see those items listed as Posted in their status. In addition, you will be able to see both the Entered Date and the Posted Date, should any confusion arise.

4. **Group by User:** Checking this box will show payments entered by user (unless a specific user has been selected already).

Payment Summary Sample for all Users

Payment Summary for 1/4/2011 (1)
Date Run: 1/4/2011 (2)
All Users (3)

(4) **Cash**

Status	Date Entered	Date Posted	Type	Patient Name	Account No.	Reference Number	Amount
(7) Posted	1/4/2011	1/4/2011	Payment	Slim, Sarah	88		$30.00

Cash Total

Total Unapplied	**$0.00**
Total Nonposted	**$0.00**
Total Posted	**$30.00**
Total	**$30.00**

(5) **Check**

Status (10)	Date Entered (11)	Date Posted (12)	Type (13)	Patient Name (14)	Account No. (15)	Reference Number (16)	Amount
(8) *Unapplied*	*1/4/2011*		*Co-Pay*	*Jim, Slim T.*	*34*	*1234*	*$20.00*
(9) *Nonposted*	*1/4/2011*		*Payment*	*Patient, Test*	*91*	*9854*	*$25.00*

Check Total

Total Unapplied	**$20.00**
Total Nonposted	**$25.00**
Total Posted	**$0.00**
Total	**$45.00**

(6) **Credit Card**

Status	Date Entered	Date Posted	Type	Patient Name	Account No.	Reference Number	Amount
Posted	1/4/2011	1/4/2011	Payment	Jim, Slim T.	34	Visa 9876	$55.00
Posted	1/4/2011	1/4/2011	Payment	Patient, Test	91	MC 8943	$40.00

1. The **Date Range** for the Payment Summary data.

2. **Date Run**: The date the report is generated

3. Indicates how the report is run: **By User or All Users**

4, 5 & 6: **Payment Types**: Cash, Check, Credit Card, Insurance payment, etc.

7. Payment Status **(Posted)**: Indicates that the payment was officially posted to the patient's ledger during the date range specified. Refer to the Date Posted column for the item to see the specific post date. This status will have both an Entered Date and a Posted Date. Depending on the circumstances, in some cases, these 2 dates may not be the same.

8. Payment Status **(Unapplied)**: Indicates any payments that were taken from the patient and entered, but not officially applied toward any charges. (Will pertain to Co-Pays and Pre-Pays). This status will show an Entered Date, but no Posted Date.

9. Payment Status **(Nonposted)**: Indicates any payments that have been entered into the system, applied to charges, but have not been posted to the patient's ledger. These payments will be found in the patient's New Charges tab of their patient account. This status will show an Entered Date, but no Posted Date.

10. **Date Entered:** The date that the payment was entered and saved for a particular patient.

11. **Date Posted:** The date that the payment was posted to the patient's ledger.

12. **Type:** Indicates the type of payment (will be a Co-Pay, Pre-Pay, or Payment).

13. **Patient Name:** The patient to whom the payment was saved.

14. **Account No.:** The account number for the patient indicated.

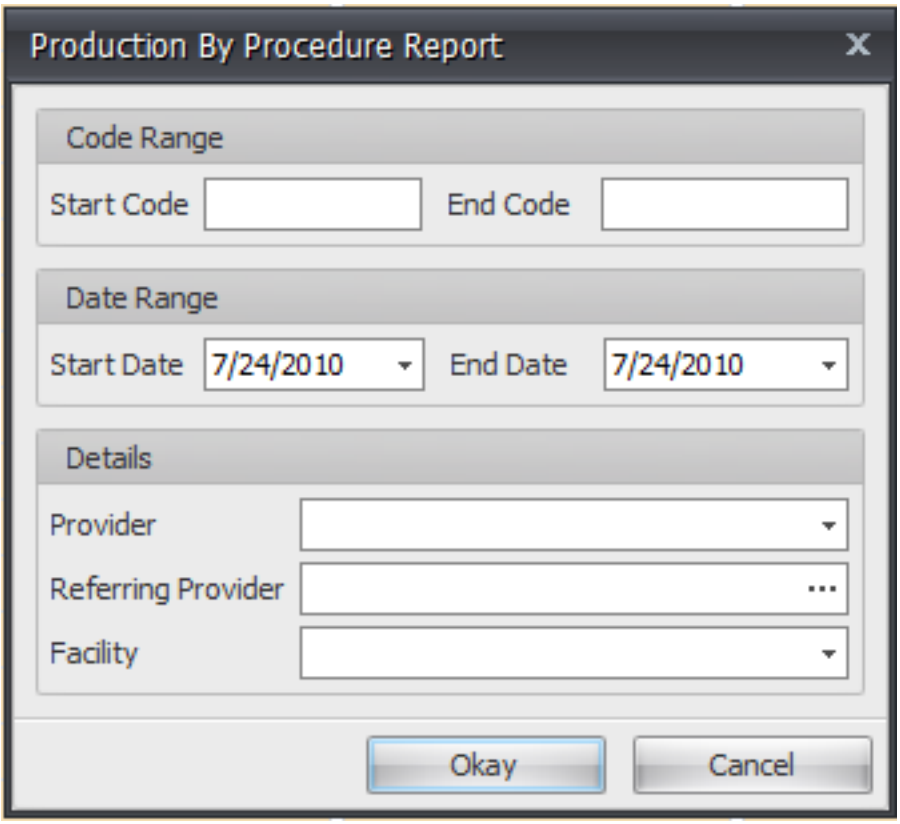
15. **Reference Number:** Will indicate any information that was typed in as a reference for the payment when it was taken. (Could be a check number, credit card type, etc.)

16. **Amount:** The amount of the payment that was stored for the patient indicated.

Production by Procedure Report (by Provider, Referring Provider and/or Facility)

A report for showing the production by code for a specified date range and searchable by Provider, Referring Provider, and/or Facility.

Production by Procedure Report Options



Search for payments entered by Date Range, Provider, Referring Provider, and/or Facility.

Payment Summary Sample

Production By Procedure Report

Period: 1/1/2010 to 7/24/2010

Provider Oates, Randall, MD **Referring Provider**
Facility

Code	Description	# Proc.	Amount	Total Billed	Adj.	Total Paid by Insurance	Total Paid by Patient	Total Paid
70355	PANORAMIC X-RAY OF JAWS	1	0.00	0.00	0.00	0.00	0.00	0.00
71010	CHEST X-RAY	1	0.00	0.00	0.00	0.00	0.00	0.00
99201	OFFICE/OUTPATIENT VISIT, NEW	8	75.00	720.00	0.00	0.00	640.00	640.00
99203	OFFICE/OUTPATIENT VISIT, NEW	7	86.00	476.00	10.00	0.00	247.00	247.00
99205	OFFICE/OUTPATIENT VISIT, NEW	2	114.00	189.00	60.00	114.00	84.00	198.00
99211	OFFICE/OUTPATIENT VISIT, EST	2	125.00	875.00	5.00	0.00	60.00	60.00

Provider Oates, Randall, MD **Referring Provider**
Facility DOCS Clinic

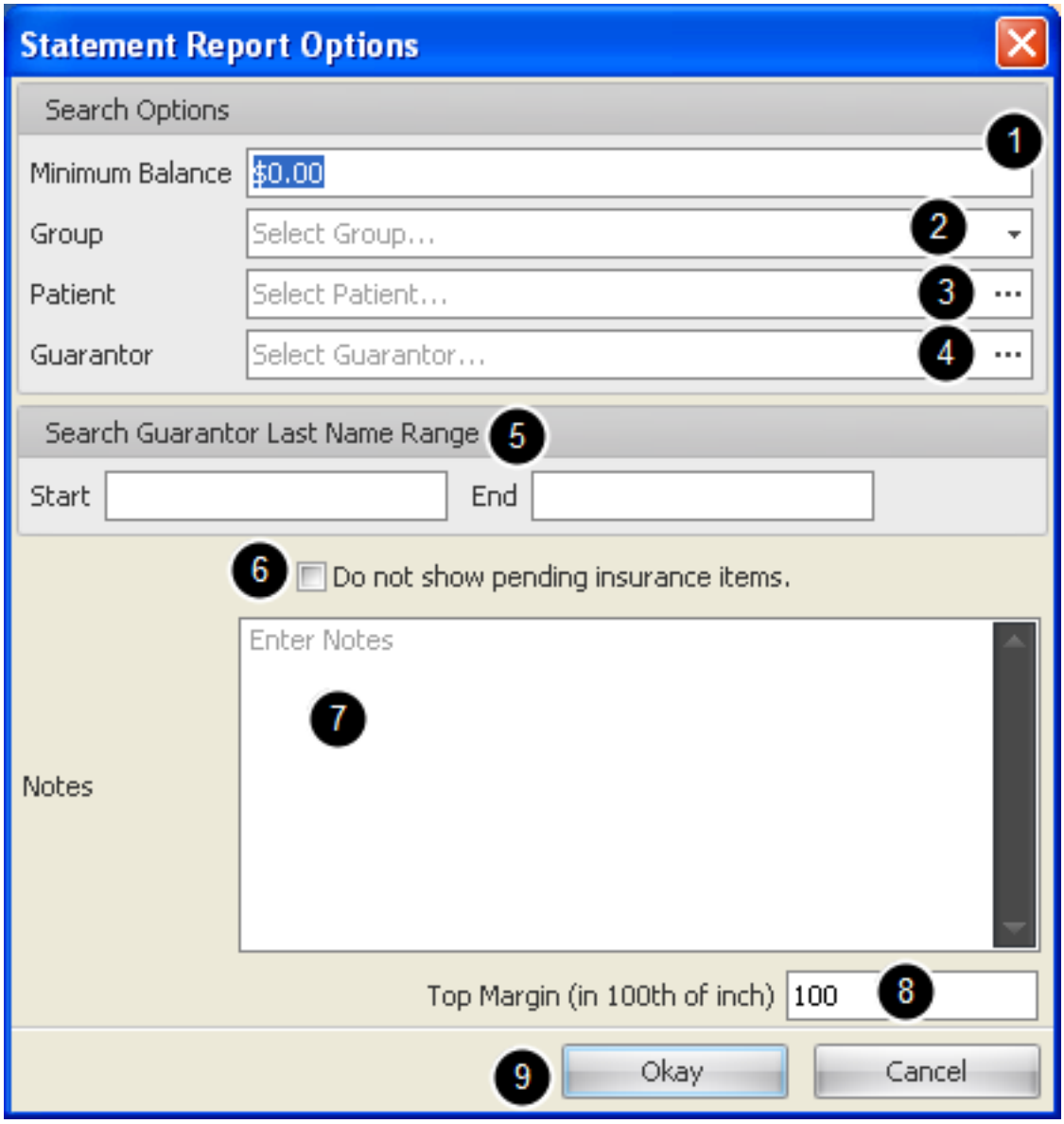
Code	Description	# Proc.	Amount	Total Billed	Adj.	Total Paid by Insurance	Total Paid by Patient	Total Paid
00103	ANESTH, BLEPHAROPLASTY	1	0.00	65.00	0.00	0.00	0.00	0.00
00124	ANESTH, EAR EXAM	1	0.00	72.00	0.00	60.00	920.00	980.00
65210	REMOVE FOREIGN BODY FROM EYE	1	0.00	50.00	0.00	0.00	50.00	50.00
70355	PANORAMIC X-RAY OF JAWS	1	0.00	0.00	0.00	0.00	0.00	0.00
91111	ESOPHAGEAL CAPSULE ENDOSCOPY	1	0.00	0.00	0.00	0.00	0.00	0.00
92961	CARDIOVERSION, ELECTRIC, INT	1	0.00	26.00	0.00	0.00	0.00	0.00
94725	MEMBRANE DIFFUSION CAPACITY	1	0.00	50.00	0.00	0.00	50.00	50.00
95860	MUSCLE TEST, ONE LIMB	1	0.00	0.00	0.00	0.00	0.00	0.00
96151	ASSESS HLTH/BEHAVE, SUBSEQ	2	0.00	0.00	0.00	0.00	0.00	0.00
97010	HOT OR COLD PACKS THERAPY	1	0.00	35.00	0.00	0.00	25.00	25.00
99201	OFFICE/OUTPATIENT VISIT, NEW	14	75.00	1,038.20	175.00	0.00	860.00	860.00
99203	OFFICE/OUTPATIENT VISIT, NEW	2	86.00	130.00	0.00	0.00	0.00	0.00
99205	OFFICE/OUTPATIENT VISIT, NEW	4	114.00	300.00	0.00	0.00	165.00	165.00
99211	OFFICE/OUTPATIENT VISIT, EST	5	125.00	2,550.00	730.00	0.00	1,820.00	1,820.00
99213	OFFICE/OUTPATIENT VISIT, EST	1	135.00	112.00	0.00	0.00	100.00	100.00
99218	OBSERVATION CARE	3	0.00	65.00	0.00	0.00	65.00	65.00
99252	INPATIENT CONSULTATION	1	0.00	35.00	0.00	0.00	0.00	0.00
HS111	herbal supplements	1	0.00	60.00	0.00	0.00	0.00	0.00
HS333	Herbal Supplements	2	374.00	170.00	0.00	0.00	225.00	225.00
S3333	Herbal supplements	1	440.00	100.00	0.00	0.00	100.00	100.00

Sample Production by Procedure Report searching by year to date by provider Randall Oates.

Statement Report

This Statement manager allows reports to be run both in group or individually by patient or guarantor.

Statement Report Options



1. Set a minimum balance by which to send statements out. This will not allow any statement to print if the balance is less than the minimal set here.
2. Print batch statements by Group.
3. Print individual statements for a select Patient.
4. Print individual statements by a select Guarantor.
5. Run batch statements alphabetically by Patient Last Name Range.
6. Check to not include charges that are pending insurance.
7. Type a free text message for the statements. This message will print at the bottom of each statement included in the process.

8. Adjust printing line up as need.
9. Click Okay when finished.

Sample Statement

Professional Group, Inc.
PO Box 1234
Springdale, AR 72764

Statement Date	Account Number	Pay This Amount
12/21/2010	122	$58.00

For Billing Questions call
(479) 555-3333

Tax ID: 333221111
Page 1 of 1

Professional Group, Inc.
PO Box 1234
Springdale, AR 72764

Charles, Chuck C.
123 Elm
Elm City, AR

☐ If Address or Insurance information has changed, please check box and add updated information.

Please detach and return top portion with payment.

Statement

Patient: Charles, Chuck C. **Chart:**

Date	Provider	Procedure	Mod	Description	DX	Units	Charges	Pymt/Adj	Balance
				Balance Forward					$0.00
10/27/10	**Randall Oates**	**99212**		**OFFICE/OUTPATIENT VISIT, EST**	**724.2**	**1**	$108.00		
12/10/10		INS PYMT		BCBS AR Pymt				$50.00	$58.00
								Current Balance	$58.00

Current	30 - 60 Days Due	60+ Days Due	Balance Due
	$58.00		$58.00

Testing printed messages on Statements

Sample Statement Report

New in 2010.3:

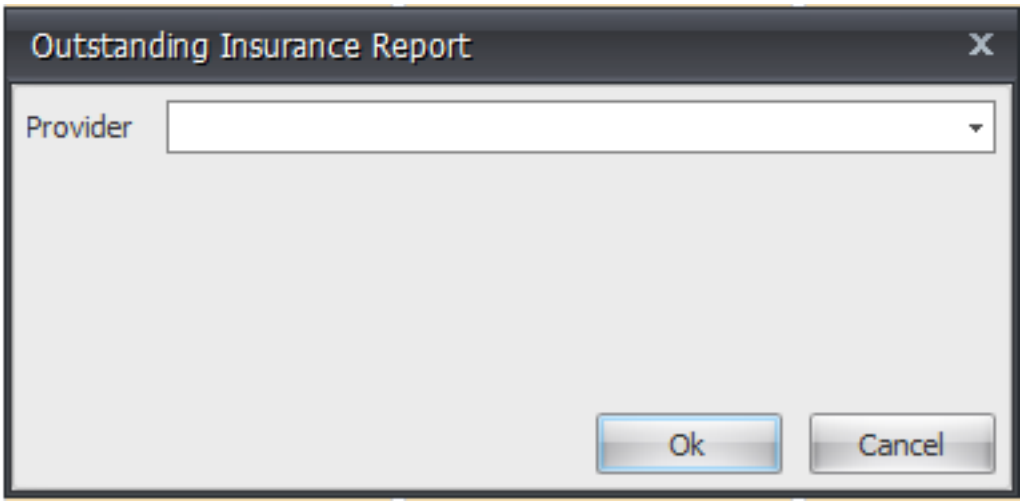
Statements now show insurance payments as "INS PYMT" and insurance adjustments as "INS ADJ".
Added insurance company name to insurance payment line items.
Statements now preview in bulk before printing.
Statements are grouped by guarantor.

Users may now add a note to all statements run in a batch.
Statements will not run for a provider if he is not linked to a group.
When generating batch statements, users can set the top margin between 1/10th of an inch to 3 inches.

Outstanding Insurance Report

A report showing the outstanding aging by Insurance Carrier by Provider.

Outstanding Insurance Report Options



Search for outstanding aging amounts for each carrier by Provider.

Outstanding Insurance Report Sample

Outstanding Insurance Report

#Claims	Insurance Company	0-30	31-60	61-90	91-120	120 +	Total
14	Aetna	0.00	1,034.00	560.00	281.00	0.00	1,875.00
8	BCBS	75.00	1,230.20	65.00	90.00	0.00	1,460.20
15	BCBS of New York, Rochester	2,849.00	58.00	120.00	155.00	0.00	3,182.00
1	Medicaid - CSC	0.00	545.00	0.00	0.00	0.00	545.00
11	Medicare of AR	985.00	966.00	75.00	75.00	0.00	2,101.00

Sample Outstanding Insurance Report searching by Provider.

Credit Balance Report

A report showing all patients with credits on their accounts.

Credit Report Sample

Credit Balance Report

Account Number	Patient Name	Insurance Processing	30 Days	60 Days	90 Days	120+ Days	Account Balance
15	Smith Bob	Yes	(993.00)	(993.00)	(993.00)	(908.00)	(838.00)

Sample Credit Report

Missed Charges Report

A report showing any possibly missed charges within SOAPware, by Provider. The report will display 3 specific areas where charges could be being missed:

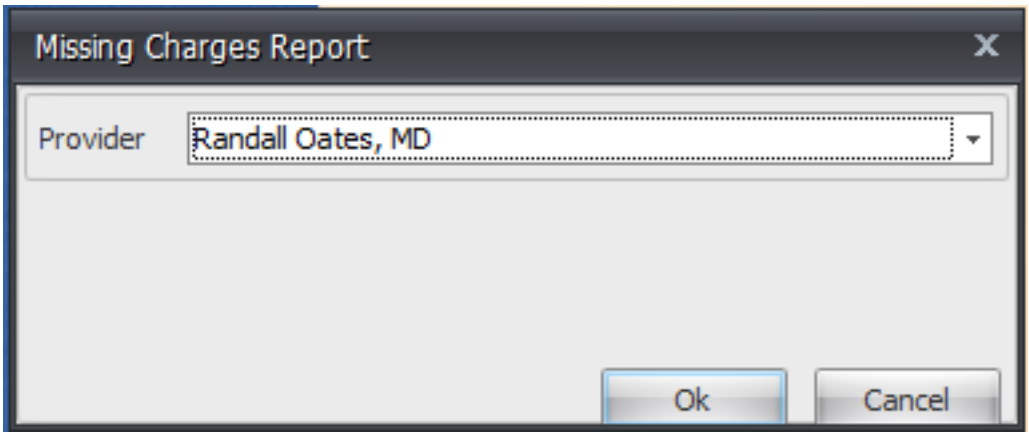
1. Encounters: Any patients with encounters that do not have an associated billing statement will be shown.

2. Superbills: Any patients with superbills that have never been posted will be shown.

3. Visits: Any patients with visits that are in the patient's New Charges tab of their Patient Account that have not been posted to the patient ledger will be shown.

(Previously known as SOAP Audit Report)

Missed Charges Report Options



Select the Provider from the drop down.

Missed Charges Report Sample showing Encounters without a Superbill

Missing Charges Report

12/27/2010
Randall Oates, MD

Encounters 1

Date	Patient Name	Account Number	Encounter Name
7/30/2008	Clyde Annie	112	Acute pharyngitis ICD#462
9/17/2008	Clyde Annie	112	Benign hypertension ICD#401.1 Atrial fibrill
9/18/2008	Clyde Annie	112	GENERAL MEDICAL EXAM NOS ICD#V70.9
11/5/2008	Jim Slim T	34	
11/19/2008	Smith Bob	15	Immunization admin #90471 Related Dxs-Modifi
12/10/2008	Jim Slim T	34	Shortness of breath ICD#786.05 Throat pain
2/26/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-
3/22/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-
4/29/2009	Clyde Annie	112	Anticoagulant Use ICD#V58.61 Comment-
4/29/2009	Clyde Annie	112	Benign hypertension ICD#401.1
7/1/2009	Clyde Annie	112	Chronic obstructive pulmonary disease ICD#496
7/22/2009	Jim Slim T	34	Dx
10/28/2009	Clyde Annie	112	
10/29/2009	Clyde Annie	112	Viral Gastroenteritis ICD#008.8
10/29/2009	Clyde Annie	112	Influenza NOS ICD#487.1
11/13/2009	Jim Slim T	34	Strep Throat (streptococcal tonsillitis) ICD#03
12/8/2009	Jim Slim T	34	Gastroesophageal reflux disease or GERD ICD#530
1/20/2010	Jim Slim T	34	Diabetes - Type 2

1. Encounters with no Superbill created. Will indicate Encounter Date, Patient Name, Account Number, and the associated reason for the visit (Encounter Name).

Missed Charges Report Sample showing Non-Posted Superbills and Visits

Missing Charges Report

12/27/2010
Randall Oates, MD

Superbills 2

Date	Patient Name	Account Number
7/26/2010	Hassell, Randon	43
7/28/2010	Sue, Sally A., Jr.	54
7/28/2010	Sue, Sally A., Jr.	54
8/16/2010	Slim, Sarah	88
8/27/2010	Slim, Sarah	88
9/7/2010	Slim, Sarah	88
9/23/2010	Clyde, Annie	112
10/13/2010	Jim, Slim T.	34
10/20/2010	Smith, Tom A.	32
11/3/2010	Jim, Slim T.	34
11/4/2010	Doe, John	52
11/11/2010	Bee, Sarah	66
11/22/2010	Doe, Peter D.	90
12/3/2010	Jim, Slim T.	34
12/3/2010	Osmond, Donnie	82

Visits 3

Date	Patient Name	Account Number
3/10/2010	Smith, Megan	28
5/18/2010	Marley, B	59
6/1/2010	Mitchell, Sadie	47
6/1/2010	Marley, B.	49
6/1/2010	Lowe, Kim	57
6/23/2010	Taylor, Liz	97
6/23/2010	Rone, Megan	60
7/26/2010	Criner, Brook	37
7/28/2010	Sue, Sally A., Jr.	54
7/28/2010	Sue, Sally A., Jr.	54
9/1/2010	Slim, John	64
11/4/2010	Doe, John	52

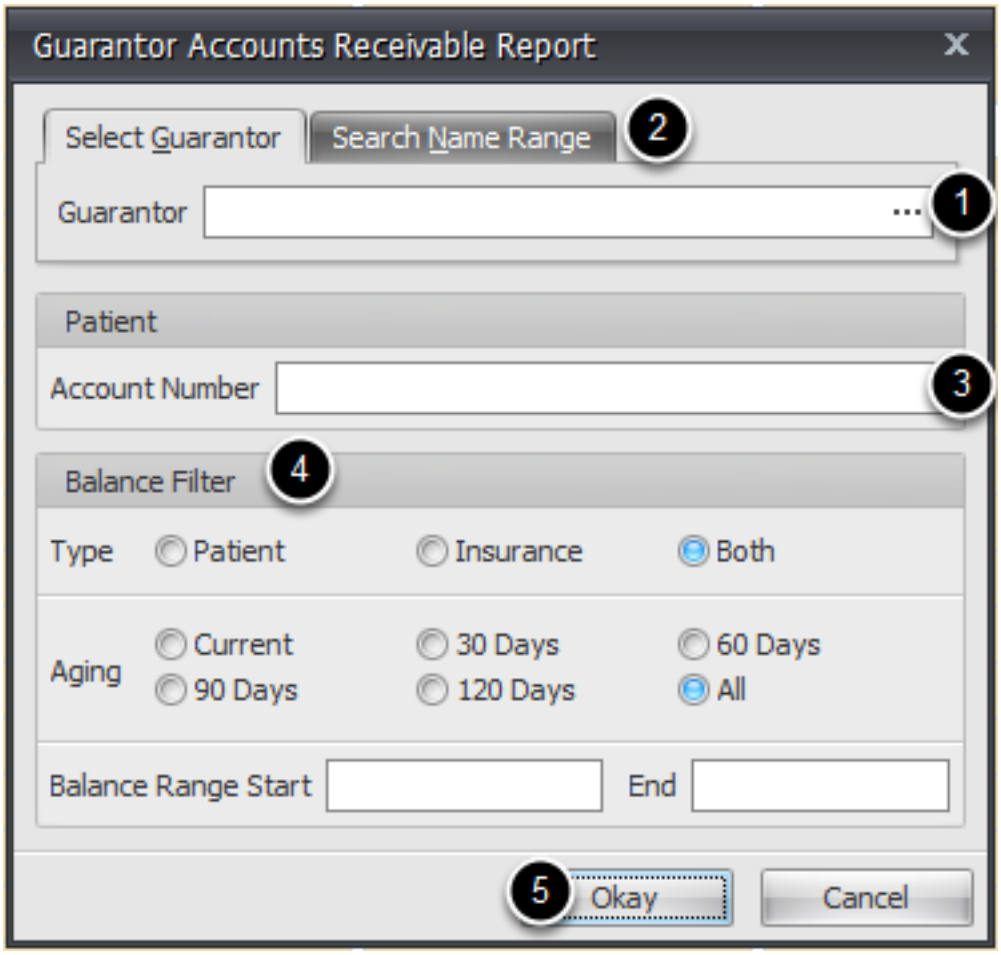
2. Superbills that have not been posted. Will indicate Superbill Date of Creation, associated Patient Name and Account Number.

3. Missed Visits found in the New Charges tab of the patient account. Will indicate the Visit Date, associated Patient Name and Account number.

A/R Patient Report

A report showing all patient A/R, searchable by selecting a specific Guarantor or Patient, Patient Account Number, and Filtered by either Patient or Insurance amount or Both. Also filterable by Aging Category of Current, 30, 60, 90, 120 days or All, as well as setting a particular dollar range for the Type or Aging.

A/R Patient Report Options



1. Create an A/R Patient report for a particular Guarantor.*

2. Create an A/R Patient Report for a selected Patient. *

3. Create an A/R Patient Report for a particular patient, by entering their Account Number.*

4. Filter your report by any or all of the below options. These categories build on one another. The range at the bottom will search based on the specific options that are selected in both Type and Aging.

Type - Patient, Insurance, Both: Select one of these options to filter. Filter just the Patient balance or the Insurance balance or Both together.

Aging - Current, 30 Days, 60 Days, 90 Days, 120 Days, All: Select an aging category to filter.

Balance Range Start and End: The amount range entered here will apply to the options selected in Type and Aging. For example, if you wanted to filter for any Insurance balance that has been outstanding for 120+ days that is greater than $1,000, you would select Insurance for Type, 120 Days for Aging and enter 1,000 for the Balance Range Start.

NOTE: You MUST have a Start and End Balance entered to run the report.

5. Click **Okay** when finished.

* If these fields are left blank, the report engine will search the entire patient database, based on the criteria entered at the bottom.

A/R Patient Report Sample

Doe, Mister, Home: (564) 165-1316, Cell: (651) 946-5032 ← Guarantor

	Name	Account	Last Payment		Current	30 Days	60 Days	90 Days	120 Days	Totals
1	Blue, Big	92	6/28/2010	Patient	$80.00	$1,295.15				$1,375.15
				Insurance	$526.00	$998.00				$1,524.00
2				Patient Balance	$80.00	$1,295.15				$1,375.15
				Insurance Balance	$526.00	$998.00				$1,524.00
				Family Balance	**$606.00**	**$2,293.15**				**$2,899.15**

1. Each patient shown will indicate the Patient A/R breakdown with totals and the Insurance A/R breakdown with Totals.

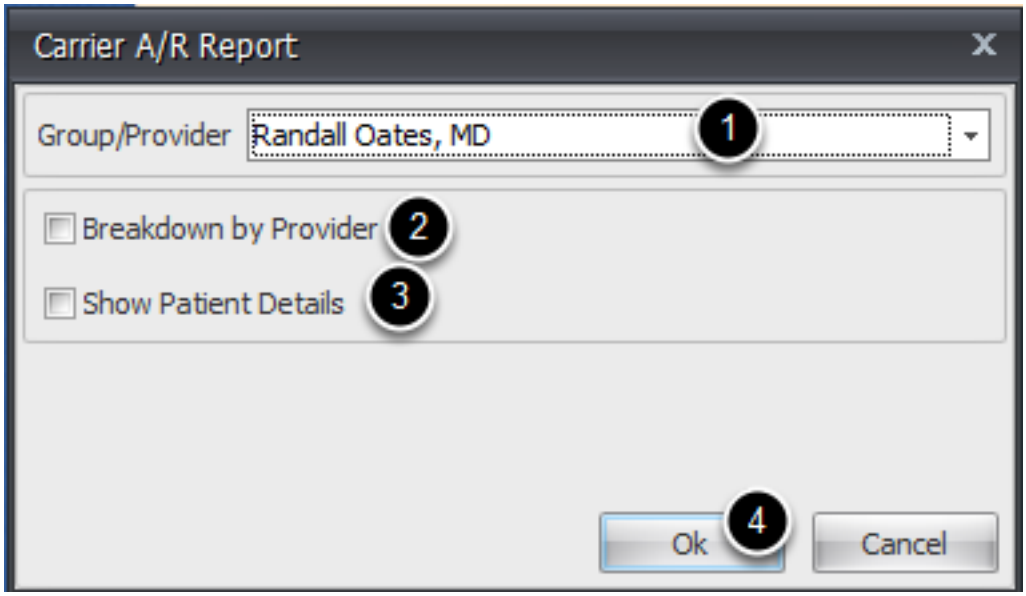
2. For each Guarantor (Family), there will be a total of all of the dependent's Patient A/R, as well as the totals of all of the dependent's Insurance A/R.

3. At the bottom, there will be a total Family Balance which is a total of both the overall Patient A/R balance and the overal Insurance A/R balance.

A/R Carrier Report

Provides both a summary and detailed report (by patient) showing the amount of accounts receivable pending with each insurance company (carrier).

A/R Carrier Report Options



1. **Group/Provider:** Select a specific provider or group by which to run the report.

2. **Breakdown by Provider:** If a Group is selected from the drop down and Breakdown by Provider is checked, the report will show the group activity, broken down by the individual providers within the Group.

3. **Show Patient Details:** Will provide the specific patient charges that make up each Carrier A/R. If you are wanting a summary report of the total A/R for each carrier, leave the box unchecked.

4. Click **Ok** to run the report.

Sample Carrier A/R report, for a Group, broken down by Provider (Summary Report)

Carrier A/R
Date Run: 1/4/2011
Provider/Group: Family Physicians
Summary
Breakdown by Provider

1 **Group: Family Physicians**

2 **Provider: Doe, James R., DO**

3 BCBS, P.O. Box 2181, Little Rock, AR 72203-2181, (800) 827-4814

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
4 Primary					$180.00	$180.00

Medicare of AR, P.O. Box 1418, Little Rock, AR 72203, (866) 582-3247

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					$50.00	$50.00

UHC, 4544 Dickson Street, Fayetteville, AR 72701, (479) 521-3213

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					$645.00	$645.00

5 **Provider Summary - Doe, James R., DO**

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					$875.00	$875.00
6 Totals					**$875.00**	**$875.00**
7 Percentages	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%

Provider: Oates, Randall, MD

Aetna, 6513 Ins. St., Fayetteville, AR 72703, (651) 321-3213

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary		$94.15	$234.47		$95.00	$423.62

BCBS, P.O. Box 2181, Little Rock, AR 72203-2181, (800) 827-4814

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					$3,210.00	$3,210.00
Secondary		$98.44				$98.44

To Run the above report:
-**Select a specific Group** from the Group/Provider dropdown.
-**Check Breakdown by Provider.**
-Leave Show Patient Details unchecked.

1. **Provider/Group: The Group** selected for the report.

2. **The Provider Summary** within the Group.

3. **The Insurance Company** (Carrier) A/R.

4. Indicating the **total amount of A/R by aging category for claims that are filed as Primary claims with the Insurance Company**.

5. Summary data for the **Provider's total Carrier A/R, being held in Primary claim submissions and Secondary claim submissions**.

6. **Totals for the Provider's Carrier A/R for both Primary and Secondary Claim submissions** (when both are applicable).

7. **Percentages of the Total Carrier A/R for the Provider, broken down by aging category**.

Sample Carrier A/R Report by Group, broken down by Provider and showing Patient Details.

Carrier A/R

Date Run: 1/4/2011
Provider/Group: Family Physicians (1)
Patient Detail
Breakdown by Provider

Group: Family Physicians

(2) **Provider: Doe, James R., DO**

(3) **BCBS, P.O. Box 2181, Little Rock, AR 72203-2181, (800) 827-4814**

(4) **Patient: Marley, B - 59**

File With	CPT	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
P	00120	5/14/2010	5/15/2010					$90.00

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
(5) Total					$90.00	$90.00

Patient: Mitchell, Sadie - 47

File With	CPT	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
P	99201	5/12/2010	5/15/2010					$90.00

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Total					$90.00	$90.00

Insurance Summary - BCBS

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					$180.00	$180.00

To run the above report,
-**Select a Group** from the Group/Provider dropdown.
-**Check Breakdown by Provider**.
-**Check Show Patient Details.**

1. **Provider/Group:** Indicates the Group that was selected for the report.

2. **Provider:** Information is broken down by Provider, and indicates who the below A/R is referencing. (Shown due to Breakdown by Provider being checked.)

3. **Carrier:** The Insurance Company Name that the A/R is referencing.

4. **Patient:** The Patient charge detail that is comprising the total A/R.

- **File With:** (P for Primary or S for Secondary) Will indicate whether the insurance company above was being filed with as Primary or Secondary for the particular procedure code.

(For Example, the above sample report would indicate that BCBS was filed with as Primary for the code 00120 and $90 is 120 days past due.)

- **CPT:** the procedure code included in the claim
- **Date of Service:** Date of Service for the procedure code
- **Submitted:** The date that the procedure was last submitted/filed with insurance.
- **A/R breakdown:** by Current (0-30), 31-60 Days, 61-90 Days, 91-120 Days, and Over 120 Days.

5. **Total:** Provides the Total Carrier A/R for the patient, with the specific Insurance Company listed above.

Sample Carrier A/R report for a Single Provider with No Patient Details (Summary Report)

Carrier A/R

Date Run: 1/4/2011
Provider/Group: Randall Oates, MD (1)
Summary

Group: Family Physicians

Aetna, 6513 Ins. St., Fayetteville, AR 72703, (651) 321-3213

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary		$94.15	$234.47		$95.00	$423.62

(2) BCBS, P.O. Box 2181, Little Rock, AR 72203-2181, (800) 827-4814

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
(3) Primary					$3,210.00	$3,210.00
(4) Secondary		$98.44				$98.44

BCBS of New York, Rochester, P.O. Box 9, Kearney, NE 68848, (888) 576-0800

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					$555.00	$555.00

Medicaid - CSC, P.O. Box 65501, New York, NY 12204, (888) 980-6676

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					$85.00	$85.00

Medicare of AR, P.O. Box 1418, Little Rock, AR 72203, (866) 582-3247

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary					$334.00	$334.00

UHC, 4544 Dickson Street, Fayetteville, AR 72701, (479) 521-3213

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary				$332.00	$30.00	$362.00

Group Summary - Family Physicians

(5) File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary		$94.15	$234.47	$332.00	$4,309.00	$4,969.62
Secondary		$98.44				$98.44
(6) **Totals**		**$192.59**	**$234.47**	**$332.00**	**$4,309.00**	**$5,068.06**
(7) **Percentages**	**0.00%**	**3.80%**	**4.63%**	**6.55%**	**85.02%**	**100.00%**

To Run the above report:

-**Select a specific Provider** from the Group/Provider dropdown.

- Leave other checkboxes blank (unchecked).

1. **Provider/Group: The Provider** selected for the report.

2. **The Insurance Company** (Carrier)

3. Indicating the **total amount of A/R by aging category for claims that are filed as Primary claims with the Insurance Company**.

4. Indicating the **total amount of A/R by aging category for claims that are files as Secondary claims with the Insurance Company**.

5. Summary data for the **Provider's total Carrier A/R, being held in Primary claim submissions and Secondary claim submissions**.

6. **Totals for the Provider's Carrier A/R for both Primary and Secondary Claim submissions**.

7. **Percentages of the Total Carrier A/R for the Provider, broken down by aging category**.

Sample Carrier A/R report by Provider, with Patient Detail

Carrier A/R

Date Run: 1/4/2011
Provider/Group: Randall Oates, MD (1)
Patient Detail

Group: Family Physicians

(2) Aetna, 6513 Ins. St., Fayetteville, AR 72703, (651) 321-3213

(3) Patient: Doe, Peter D. - 90

File With	CPT	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
(4) P	99201	10/12/2010	11/24/2010			$30.00		
P	99201	10/28/2010	11/23/2010			$94.15		
P	81003	10/28/2010	11/23/2010			$35.00		
P	99201	11/15/2010	11/24/2010		$94.15			

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
(5) Total		$94.15	$159.15			$253.30

Patient: Doe, Sarah - 67

File With	CPT	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
P	99201	10/27/2010	11/24/2010			$75.32		

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Total			$75.32			$75.32

Patient: Smith, Bob - 15

File With	CPT	Date of Service	Submitted	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
P	99213	8/6/2010	8/16/2010					$95.00

	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Total					$95.00	$95.00

Insurance Summary - Aetna

File With	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Total
Primary		$94.15	$234.47		$95.00	$423.62

To run the above report,

-**Select a Provider** from the Group/Provider dropdown.

-Leave Breakdown by Provider unchecked.

-**Check Show Patient Details.**

1. **Provider/Group:** Indicates the Provider that was selected for the report.

2. **Carrier:** The Insurance Company Name that the A/R is referencing.

3. **Patient:** The Patient charge detail that is comprising the total A/R.

- File With: (P for Primary or S for Secondary) Will indicate whether the insurance company above was being filed with as Primary or Secondary for the particular procedure code. (For Example, the above sample report would indicate that BCBS was filed with as Primary for the code 00120 and $90 is 120 days past due.)

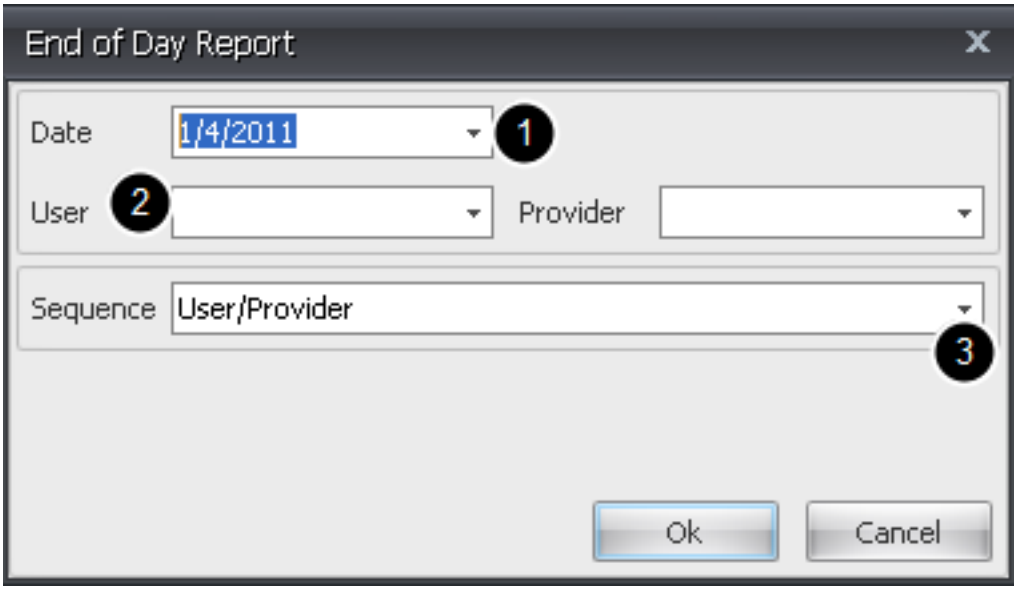
- **CPT:** the procedure code included in the claim
- **Date of Service:** Date of Service for the procedure code
- **Submitted:** The date that the procedure was last submitted/filed with insurance.
- **A/R breakdown:** by Current (0-30), 31-60 Days, 61-90 Days, 91-120 Days, and Over 120 Days.

5. **Total:** Provides the Total Carrier A/R for the patient, with the specific Insurance Company listed above.

End of Day Report

Report the charges, payments and adjustments entered each day, filterable by User or Provider.

End of Day Report Options



1. Select the date to view the transactions that took place on that day.
2. View transaction data by User or Provider.
3. Select from the dropdown whether you want data broken down and displayed by User first and then by Provider, or by Provider first, and then by User. Or leave blank to show all.

End of Day Report Sample

End of Day - 1/4/2011

Trent, Tammy on 1/4/2011, Provider: Oates, Randall

Chart #	Patient Name (1)	DOS	Procedure (2)	Charge	Payment (3)	Ins Payment (4)	Adjustment (5)
MT1234	Turner, Mollie N.	10/26/2010	99212	$0.00	$88.00	$88.00	$0.00
			Patient Total	$0.00	$88.00	$88.00	$0.00
12345	Winters, Somer F.	12/8/2010	99213	$0.00	$100.00	$100.00	$0.00
			Patient Total	$0.00	$100.00	$100.00	$0.00
	Harrison, Harry H.	12/8/2010	99213	$0.00	$0.00	$63.00	$4.50
		12/8/2010	72010	$0.00	$0.00	$60.00	$0.00
			Patient Total	$0.00	$0.00	$123.00	$4.50
32131	Berry, Terry	1/4/2011	99212	$120.00	$25.00	$25.00	$0.00
			Patient Total	$120.00	$25.00	$25.00	$0.00
pw123456	Winkle, Perry P.	1/4/2011	99213	$135.00	$0.00	$0.00	$0.00
		1/4/2011	72010	$120.00	$0.00	$0.00	$0.00
		1/4/2011	Co Pay (6)	$0.00	$20.00	$0.00	$0.00
			Patient Total	$255.00	$0.00	$0.00	$0.00
123123	Scott, Scotty K.	1/4/2011	99212	$120.00	$30.00	$30.00	$0.00
			Patient Total	$120.00	$30.00	$30.00	$0.00
			(7) Provider Total	$495.00	$243.00	$366.00	$4.50
			(8) **Grand Total**	**$495.00**	**$243.00**	**$366.00**	**$4.50**

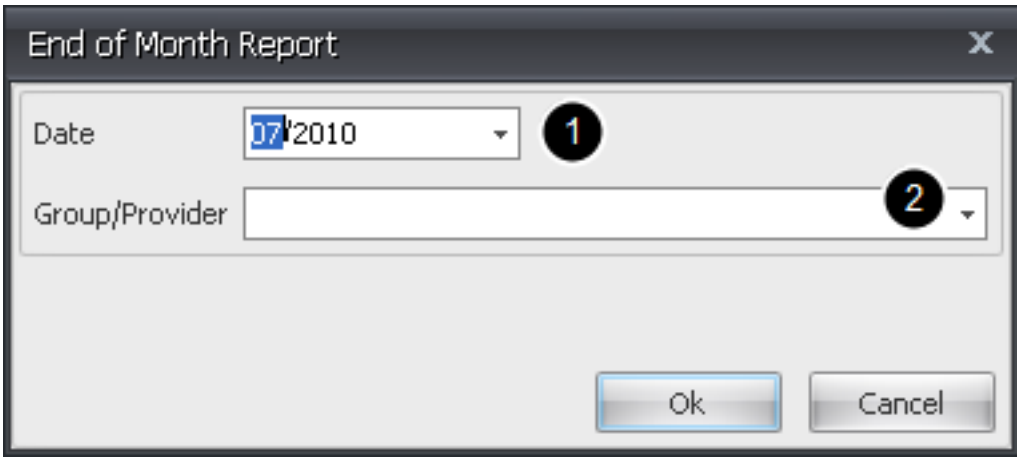
Note: The End of Day report is designed to only show Posted charges and payments for the current day. If there are any payments that are Unapplied, they will show up with a gray background shading and italics. Any charges/payments pending in a Patient's New Charges tab will not be indicated on this End of Day report. For a view of payments that are holding in the New Charges tab, view the Payment Summary report and look for Non-Posted in the status column. For a list of charges that are holding in the New Charges tab, run the Missing Charges report and look for the list of Visits.

Details shown on End of Day Reporting:

1. Patient Name and date of service.
2. Procedure and Charge for procedure.
3. Personal payments.
4. Insurance payments.
5. Adjustments on account.
6. Co Pay taken for patient. The gray shaded grid indicates that the co pay was received but not yet applied to the patient account and posted to ledger.
7. Totals by provider.
8. Grand total.

End of Month Report

Aging report of number of procedures, total charges, payments and adjustments by provider/group per month



1. Select month to report.
2. Filter by Group/Provider. Leave blank to show all, select individual provider or group.

End of Month - July 2010

Professional Group, Inc.

Bunch, James R.

0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
	$235.00	$1,264.03	$645.00			$2,144.03

	1 Units	2 Charges	3 Payments	4 Adjustments
MTD	0			
YTD	20	$2,174.03	$285.00	$10.00

Oates, Randall

0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
$12,177.30	$7,123.49	$14,239.00	$11,275.07		$405.00	$44,409.86

	Units	Charges	Payments	Adjustments
MTD	11	$1,545.00		
YTD	466	$66,114.07	$18,620.21	$2,679.00

Trent, Tammy

0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
		$240.00	$4,285.00			$4,525.00

	Units	Charges	Payments	Adjustments
MTD	0			
YTD	9	$4,545.00	$3,730.00	

Professional Group, Inc. Summary

0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
$12,177.30	$7,358.49	$15,743.03	$16,205.07		$405.00	$51,078.89

	Units	Charges	Payments	Adjustments
MTD	11	$1,545.00		
YTD	495	$72,833.10	$22,635.21	$2,689.00

Details shown on report

By Provider(s) within a group:

1. Month to date and year to date number of procedures/units
2. Month to date and year to date number of charges
3. Month to date and year to date number of payments
4. Month to date and year to date number of adjustments.

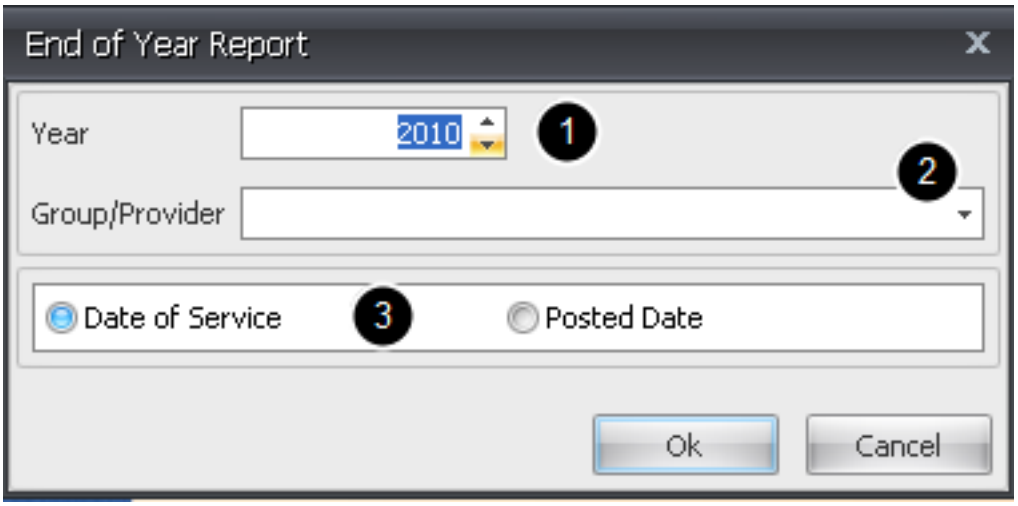
Total Summary for group:

1. Month to date and year to date number of procedures/units

2. Month to date and year to date number of charges
3. Month to date and year to date number of payments
4. Month to date and year to date number of adjustments.

End of Year Report

Report number of procedures, total charges, payments and adjustments by provider/group per year.



1. Select year to report
2. Filter by Group/Provider. Leave blank to show all, select individual provider or group
3. Choose to run by date of service or by date posted to ledger

Example of End of Year report by date of service by Provider

End of Year - 2010

Professional Group, Inc.

Trent, Tammy

1 AR	0-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Unapplied/Credit	Balance
January	$275.00						$275.00
February		$275.00					$275.00
March	$4,010.00		$275.00				$4,285.00
April	$120.00	$4,010.00		$275.00			$4,405.00
May	$80.00	$120.00	$4,010.00		$275.00		$4,485.00
June		$80.00	$120.00	$4,010.00	$275.00		$4,485.00
July	$870.00		$80.00	$120.00	$4,285.00		$5,355.00
August		$870.00		$80.00	$4,405.00		$5,355.00
September	$81.00		$870.00		$4,485.00		$5,436.00
October	$120.00	$81.00		$870.00	$815.00		$1,886.00
November	$360.00	$120.00	$81.00		$1,685.00		$2,246.00
December	$50.00	$264.00	$216.00	$81.00	$1,595.00	$30.00	$2,176.00

2 Totals	Units	Charges	Payments	Adjustments
January	2	$275.00		
February	0			
March	5	$4,030.00	$20.00	
April	1	$120.00		
May	1	$120.00	$40.00	
June	0		$3,670.00	
July	7	$870.00		
August	0		$90.00	
September	1	$135.00	$54.00	
October	2	$120.00		
November	4	$360.00		
December	1	$120.00	$10.00	$60.00
3 **YTD**	**24**	**$6,150.00**	**$3,884.00**	**$60.00**

1. Accounts receivable by month
2. Total procedures, charges, payments and adjustments broken down by month
3. Year to date totals

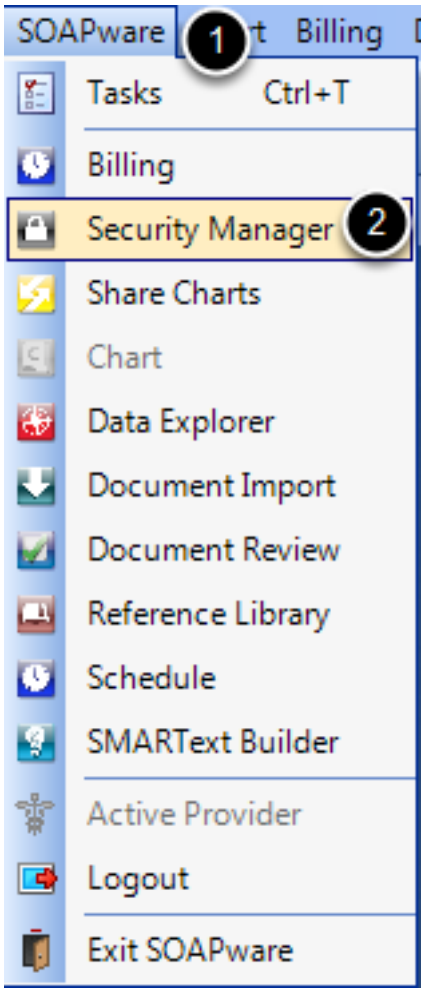
Security Manager/Audit Log

Security Manager

How to view and monitor user activity.

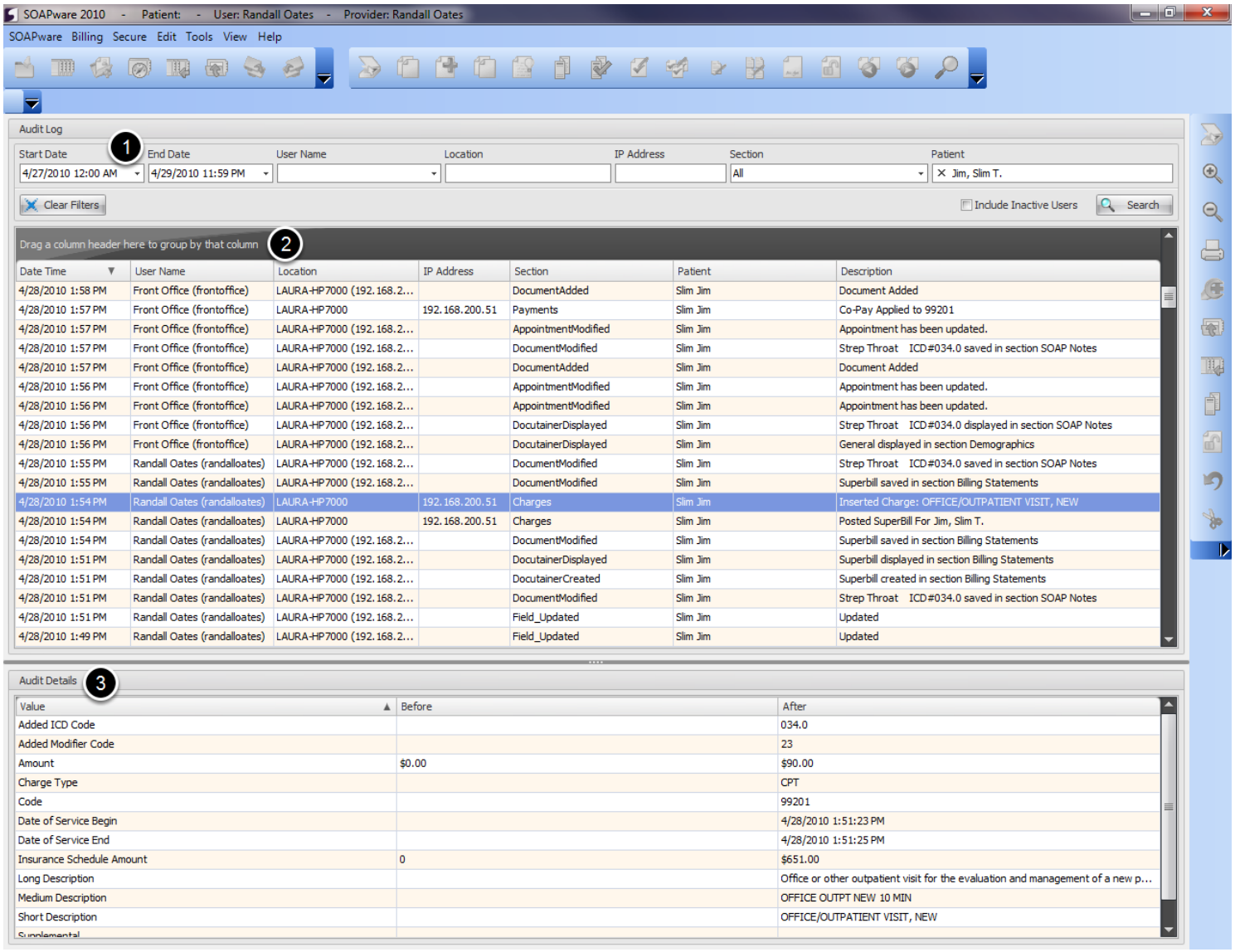
SOAPware menu -> Security Manager

Accessing the Security Manager



1. Go to the **SOAPware menu**.
2. Select **Security Manager**.

Viewing system activity



The Audit Log is designed to show the specific activity throughout the system and allow it to be displayed by Date, User, Location in the system, IP Address, Section in SOAPware, or by Patient. It will show the basic activity that was done, and if an item is clicked on, the Audit Details will show the specific changes that were made.

1. Query the specific information that is needed.
2. A display of the **line item activity** performed.
3. When a line item is selected, the **Audit Details** will show the specific activity performed and exactly what the changes were.