Insurance AR Workflow

USER MANUAL

Field, Column and Tab Definitions

MEDEVOLVE

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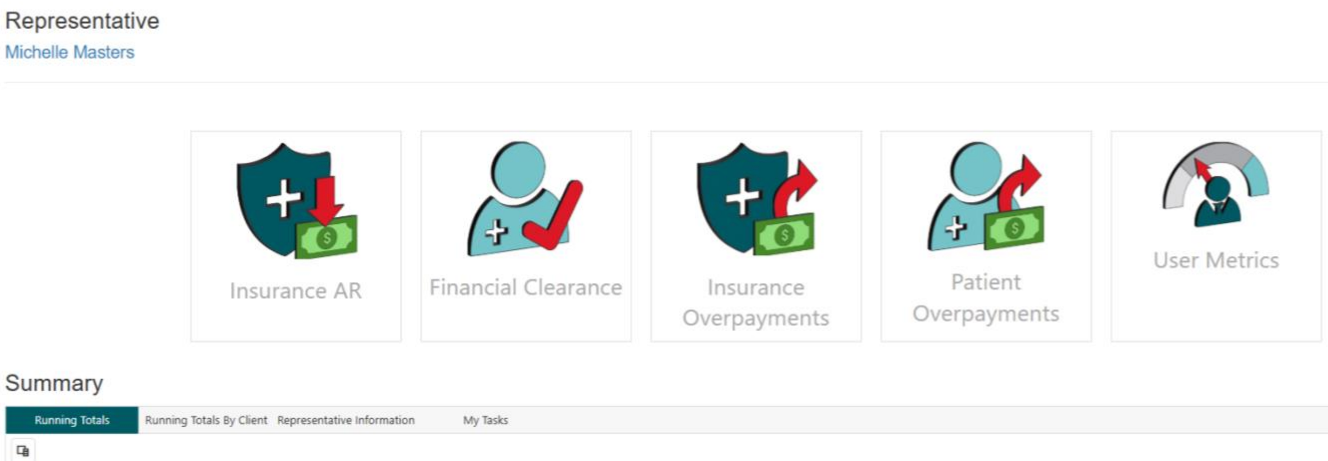
Home Page

Home page shows the Representative the module buttons they have been provided access, User Metrics button and Summary tabs.



Summary Section

The "Summary" Section provide insight to the Representative for them to know their metrics.

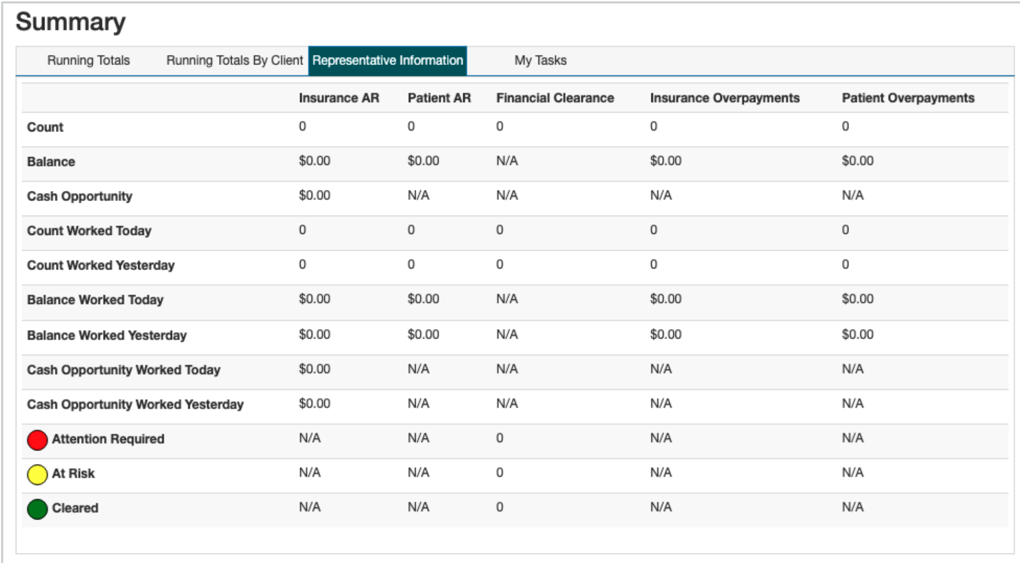
Summary

Running Totals | Running Totals By Client | Representative Information | My Tasks

Module	Today		Yesterday		This Week		
	Items Worked	Bal. Worked	Items Worked	Bal. Worked	Items Worked	Bal. Worked	Avg. Worked
Insurance AR	0	$0.00	0	$0.00	0	$0.00	0
Financial Clearance	0	$0.00	0	$0.00	0	$0.00	0
Insurance Overpayments	0	$0.00	0	$0.00	0	$0.00	0
Patient Overpayments	0	$0.00	0	$0.00	0	$0.00	0

- **"Running Totals" Tab** – shows the Module and showing the "Items Worked" and "Balance Worked" for multiple time frames. [Today, Yesterday, This week, Last Week, The Last 4 Weeks, This Month, and The Last Month]

Field, Column & Tab Definitions



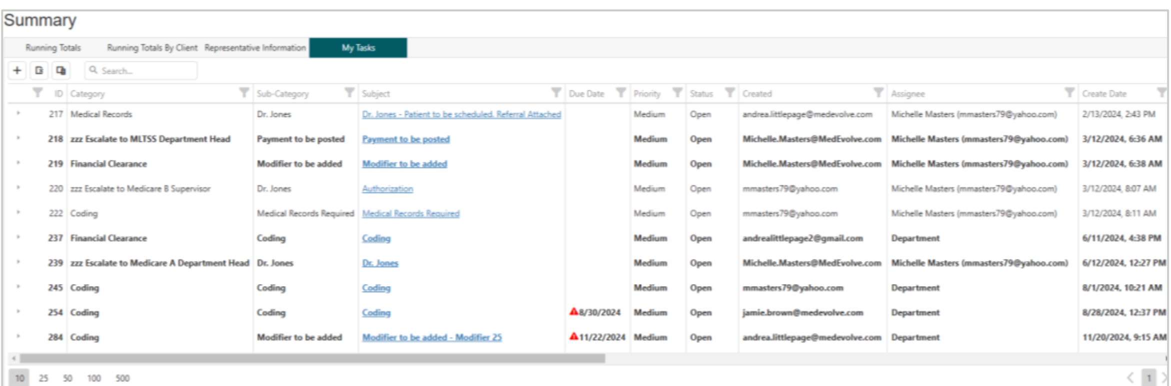
Summary

Running Totals | Running Totals By Client | Representative Information | My Tasks

	Insurance AR	Patient AR	Financial Clearance	Insurance Overpayments	Patient Overpayments
Count	0	0	0	0	0
Balance	$0.00	$0.00	N/A	$0.00	$0.00
Cash Opportunity	$0.00	N/A	N/A	N/A	N/A
Count Worked Today	0	0	0	0	0
Count Worked Yesterday	0	0	0	0	0
Balance Worked Today	$0.00	$0.00	N/A	$0.00	$0.00
Balance Worked Yesterday	$0.00	$0.00	N/A	$0.00	$0.00
Cash Opportunity Worked Today	$0.00	N/A	N/A	N/A	N/A
Cash Opportunity Worked Yesterday	$0.00	N/A	N/A	N/A	N/A
Attention Required	N/A	N/A	0	N/A	N/A
At Risk	N/A	N/A	0	N/A	N/A
Cleared	N/A	N/A	0	N/A	N/A

- **"Representative Information" Tab –** shows the Module and showing the following for each module [Count, Balance, Cash Opportunity, Count Worked Today, Count Worked Yesterday, Balance Worked Today, Balance Worked Yesterday, Cash Opportunity Worked Today, Cash Opportunity Worked Yesterday]

  NOTE: "Attention Required", " At Risk" , "Cleared" are only for the Financial Clearance Module.



Summary

Running Totals | Running Totals By Client | Representative Information | My Tasks

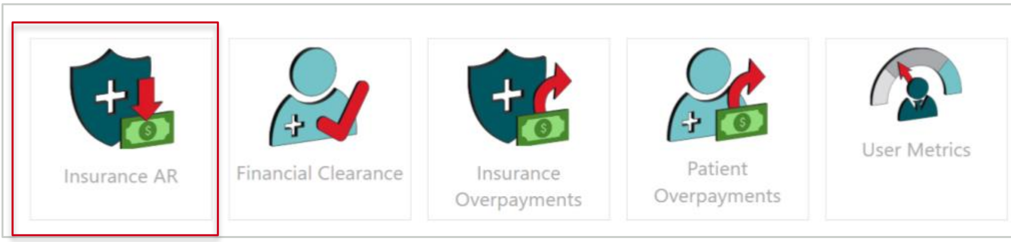
Search...

ID	Category	Sub-Category	Subject	Due Date	Priority	Status	Created	Assignee	Create Date
217	Medical Records	Dr. Jones	Dr. Jones - Patient to be scheduled, Referral Attached		Medium	Open	andrea.littlepage@medevolve.com	Michelle Masters (mmasters79@yahoo.com)	2/13/2024, 2:43 PM
218	zzz Escalate to MLTSS Department Head	Payment to be posted	Payment to be posted		Medium	Open	Michelle.Masters@MedEvolve.com	Michelle Masters (mmasters79@yahoo.com)	3/12/2024, 6:36 AM
219	Financial Clearance	Modifier to be added	Modifier to be added		Medium	Open	Michelle.Masters@MedEvolve.com	Michelle Masters (mmasters79@yahoo.com)	3/12/2024, 6:38 AM
220	zzz Escalate to Medicare B Supervisor	Dr. Jones	Authorization		Medium	Open	mmasters79@yahoo.com	Michelle Masters (mmasters79@yahoo.com)	3/12/2024, 8:07 AM
222	Coding	Medical Records Required	Medical Records Required		Medium	Open	mmasters79@yahoo.com	Michelle Masters (mmasters79@yahoo.com)	3/12/2024, 8:11 AM
237	Financial Clearance	Coding	Coding		Medium	Open	andrealittlepage2@gmail.com	Department	6/11/2024, 4:38 PM
239	zzz Escalate to Medicare A Department Head	Dr. Jones	Dr. Jones		Medium	Open	Michelle.Masters@MedEvolve.com	Michelle Masters (mmasters79@yahoo.com)	6/12/2024, 12:27 PM
245	Coding	Coding	Coding		Medium	Open	mmasters79@yahoo.com	Department	8/1/2024, 10:21 AM
254	Coding	Coding	Coding	8/30/2024	Medium	Open	jamie.brown@medevolve.com	Department	8/28/2024, 12:37 PM
284	Coding	Modifier to be added	Modifier to be added - Modifier 25	11/22/2024	Medium	Open	andrea.littlepage@medevolve.com	Department	11/20/2024, 9:15 AM

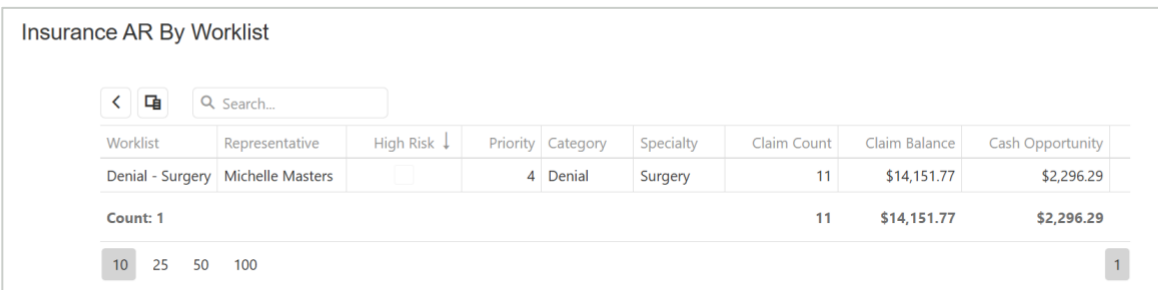
10 25 50 100 500 1

- **"My Tasks" Tab –** shows a quick view of the tasks that are assigned to the representative or the department they are associated with.

Insurance AR Module Button

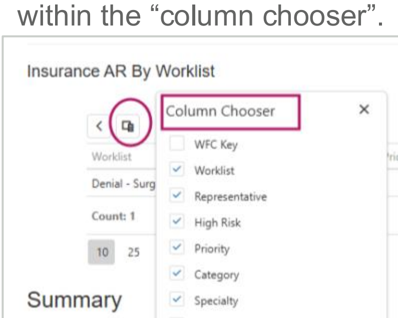


Insurance AR by Worklist Section in the top of the page, shows each worklist that the representative is assigned to.


Insurance AR By Worklist

Worklist	Representative	High Risk	Priority	Category	Specialty	Claim Count	Claim Balance	Cash Opportunity
Denial - Surgery	Michelle Masters		4	Denial	Surgery	11	$14,151.77	$2,296.29
Count: 1						11	$14,151.77	$2,296.29

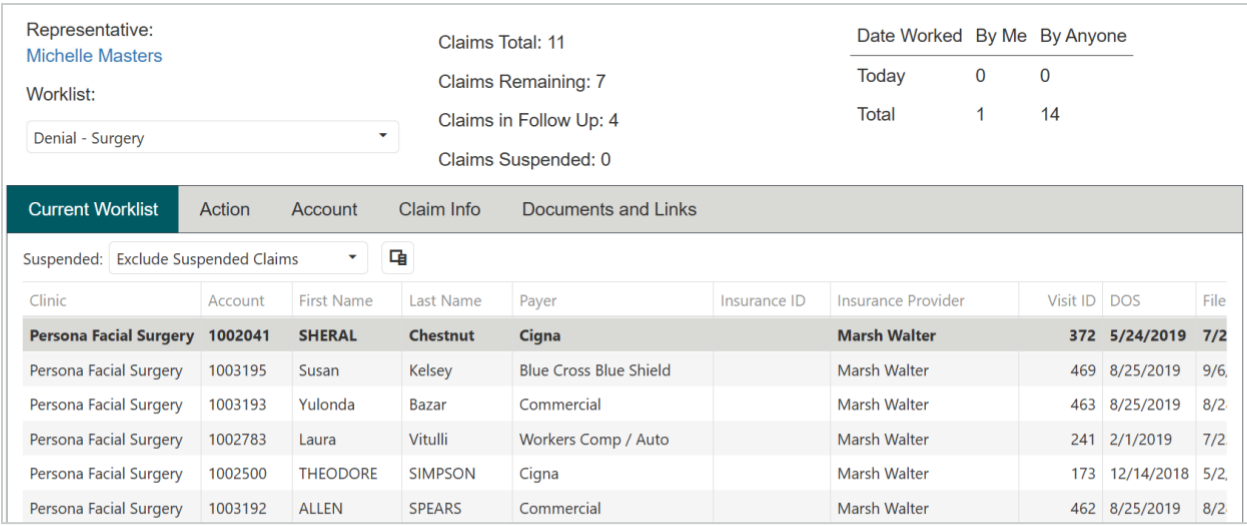
- The representative can see the same format for their specific worklists that their team lead, manager or admin can see.
- By showing the same views with the specifics for the individual representative allows the transparency to the representative to know exactly what their leadership is going to review with them and measure them with.
- The representative can click on the column headers in the grid and reorder the columns to the order that helps them in monitoring their performance.
- The representative can use the Column Chooser Icon to remove columns that they don't need to see by simply "unchecking" the box next to the column name within the "column chooser".



NOTE: Representatives should meet with their leadership team to understand their metric goals. Example how many claims per day should they be working to better understand their daily, weekly and monthly productivity goals.

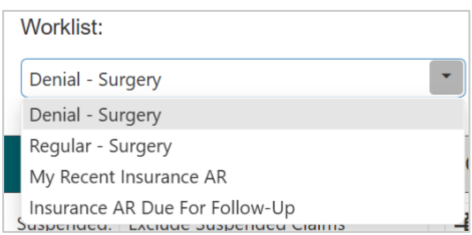
- Summary Section is the same as it is on the "Home" page. We carry this over so that the representative doesn't have to navigate back and forth to get all their metric information.

Representative Worklist View

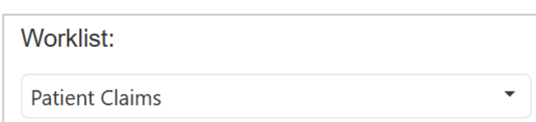


Double click on the worklist name to start working it.

- At the top of the page the representative can see several navigation and metric informational items.
- Worklist: drop down allows the representative to notate the name of the worklist that they are working claims on.

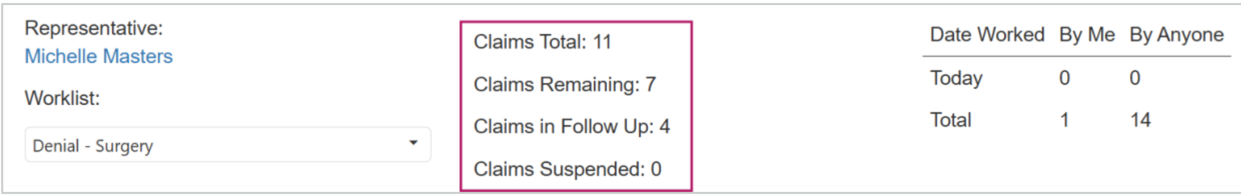


NOTE: when the word “Patient” is displayed in this drop-down box it indicates to the representative that they are working a claim via patient search and not from a worklist.



- The representative can also use this drop-down menu to navigate to other worklists that they have access to rather than having to go back to the home screen.

- The section in the middle top of the page shows the productivity for the worklist.



- **Claims Total** – shows the number of claims that qualify for this worklist.
- **Claims Remaining** – shows the number of claims that qualify for the worklist that have not yet been worked by the representative.
- **Claims in Follow Up** – shows the number of claims that the representative have worked and are still qualifying for the worklist. (Meaning they are suppressed until the follow up date is current).
- **Claims Suspended** – shows the number of claims that the representative has suspended today. (NOTE – the claims that are suspended today will fall back on the worklist tomorrow)

Current Worklist Tab

Current Worklist Tab is where the representative will see the claims that qualify for the worklist that they have chosen to start working.

NOTE: Representatives will only see the qualifying they have not yet worked. Once the claim has been worked (activity/status/action code, follow up date, note) it will be suppressed. It may reappear on the worklist for the representative to perform further follow up based on the follow up date set or if the claim has not been paid off and posted. If the claim is paid off, posted in the Practice Management System (PMS), the claim will NOT appear back on the worklist.

- The representative can order the columns in any order that they would like to make the most sense to them as they work their worklist.
- To rearrange to order of the columns simply click on the Column title and drag and drop the column to where they would like to order the column.

Worklist Tab Column labels

Current Worklist | Action | Account | Claim Info | Documents and Links

Suspended: Exclude Suspended Claims | Original Sorting

Clinic	Account	First Name	Last Name	Payer	Insurance ID	Insurance Provider	Visit ID	DOS
Premier Medical	**120**	**MARY**	**Dickerson**	**Workers Comp / Auto**		**Walton Solomon**	**1203**	**8/21/2019**
Premier Medical	116	Tonya	Thompson Butler	Medicaid		Walton Solomon	89	1/17/2019

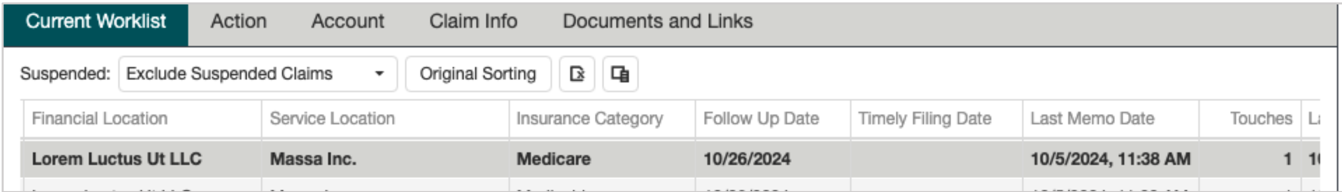
- **Clinic –** Indicates the clinic name that the claim is associated with.
- **Account –** Indicates the account number associated with the patient, DOS, claim.
- **First Name –** Indicates the first name of the patient for the claim.
- **Last Name –** Indicates the last name of the patient for the claim.
- **Payer –** Indicates the insurance plan payer name active for the claim.
- **Insurance ID** – Indicates the Insurance ID number.
- **Insurance Provider –** Indicates the Insurance Provider name associated with the claim.
- **Visit ID** – Indicates the Visit ID created by the workflow tool for the claim
- **DOS** – Indicates the date of service associated with the claim

Current Worklist | Action | Account | Claim Info | Documents and Links

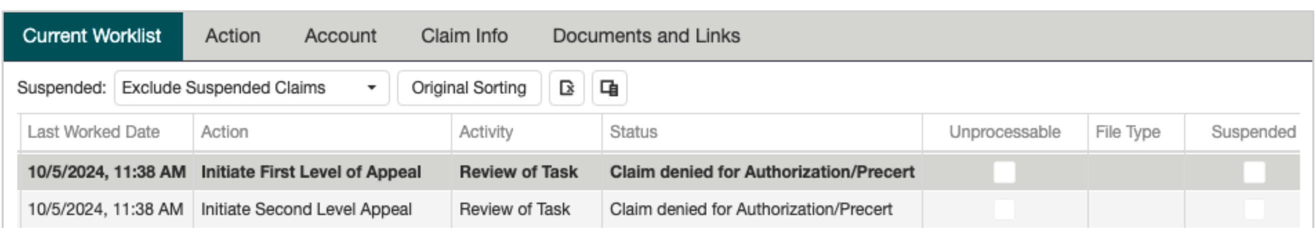
Suspended: Exclude Suspended Claims | Original Sorting

File Date	Visit Entry Date	Claim Amount	Filed Amount	Cash Opportunity	Denial Codes	Denial Amount	Claim Status	Remark Codes
8/27/2019	**8/21/2019**	**$264.00**		**$119.43**		**$0.00**	**DENIED**	
9/5/2019	1/17/2019	$145.00		$64.03	CO45, OA18, PI119	$246.50	PAID-ERA	

- **File Date** – Indicates the file date associated with the claim.
- **Visit Entry Date** – Indicates the date in which the charges were posted in the practice management system.
- **Claim Amount** – Indicates the claim balance for the claim.
- **Filed Amount** – Indicates the balance that was filed for the claim.
- **Cash Opportunity –** Indicates the potential reimbursement balance from the claim.
- **Denial Codes** – Indicates the denial ANSI codes that are posted to the claim in the practice management system.
- **Denial Amount** – Indicates the denied amount on the claim.
- **Claim Status** – Indicates the claims status received from the clearing house.
- **Remark Codes –** Indicates and Remark Codes that are posted to the claim in the practice management system.

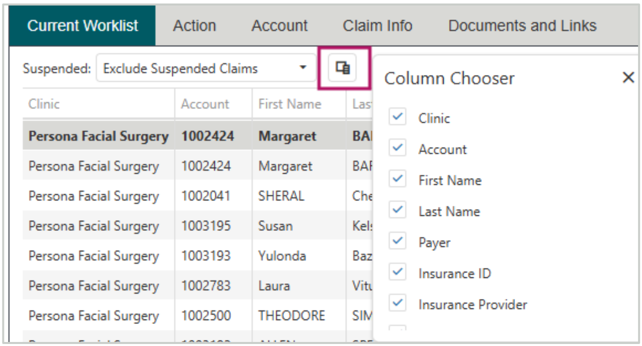


- **Financial Location** – Indicates the Financial Location associated with the claim.
- **Service Location** – Indicates the Service Location associated with the claim.
- **Insurance Category** – Indicates the Insurance Category that the Insurance Plan rolls up to from the practice management system.
- **Follow Up Date** – Indicates the follow up date that the representative chooses for follow up if the claim does not pay and take the claim to a $0 balance when working the claim.
- **Timely Filing Date** – Indicates the initial timely filing date if the client has associated the timely filing limit in the dictionary for the specific insurance plans.
- **Last Memo Date** – Indicates the date in which the last note was made on the claim.
- **Touches** – Indicates the number of times that the claim has been worked by a representative (worked means that a representative has chosen an activity/status/action code, follow up date and added a note to the account).

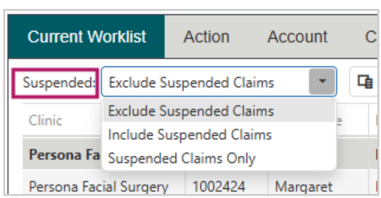


- **Last Worked Date** – Indicates the last date that the representative worked the claim.
- **Action** – Indicates the last Action Code the repetitive choose when working the claim.
- **Activity** – Indicates the last Activity Code the representative chose when working the claim.
- **Status** – Indicates the last Status Code the representative chose when working the claim.
- **Unprocessable** – Is only associated with the clients who are using the MedEvolve PM system. A check here indicates that the claims is "unprocessable" and needs to be corrected.
- **File Type** – Indicates the file type
- **Suspended** – Indicates if the claim has been suspended by the representative today.

- The representative also can remove any columns from their view, via the “Column Chooser” Icon.



  - By Clicking on the “Column Chooser” Icon the representative can add or remove columns using the check boxes next to the column title.
- **Suspended Claim Dropdown** – This is where the representative can navigate to include or exclude suspended claims.

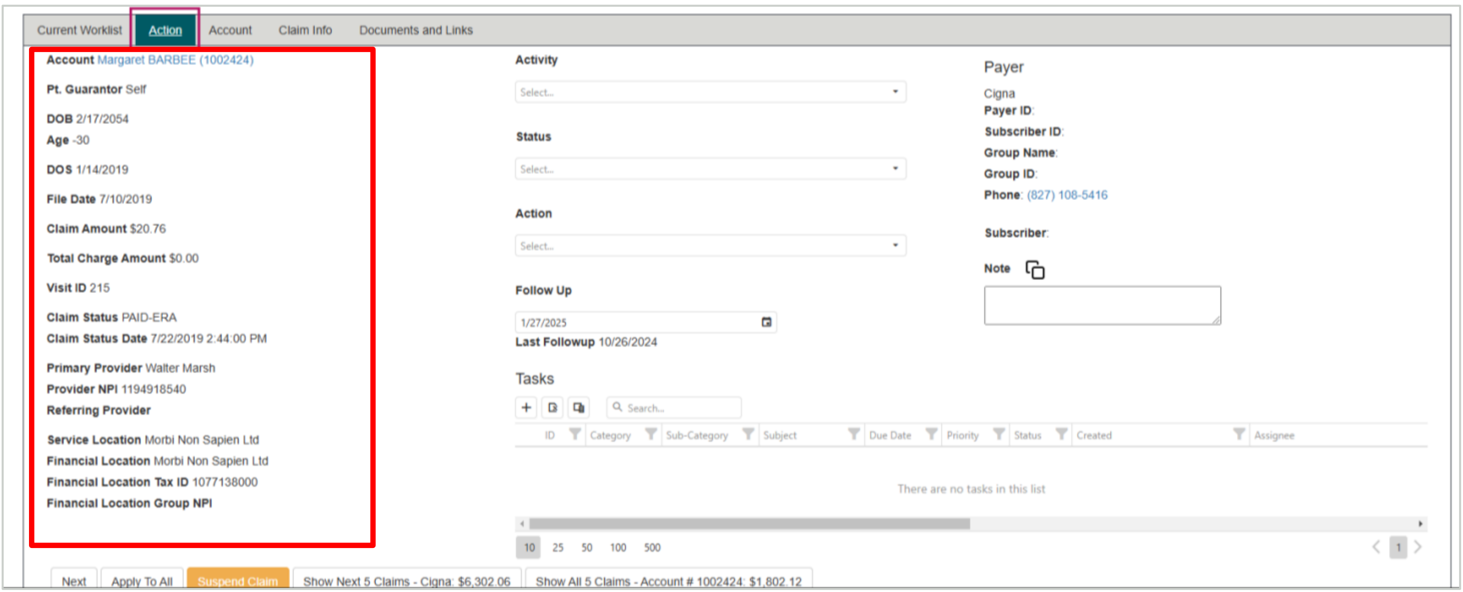


  - **Exclude Suspended Claims** – When this selection is selected in the “Suspended” drop down on the “Current Worklist Tab” it indicates that the only claims displayed are the claims that HAVE NOT been suspended.
  - **Included Suspended Claims** – When this selection is selected in the “Suspended” drop down on the “Current Worklist Tab” it indicates that the only claims displayed include both Suspended and Non-Suspended claims.
  - **Suspended Claims Only** – When this selection is selected in the “Suspended” Drop down on the “Current Worklist Tab” it indicates that the only claims displayed are the claims that HAVE been suspended today.
- The representative must work the claims in the order as they are displayed on the screen. This is determined by leadership. To start working a claim the representative can navigate to the claim in two ways.
  1. Double click on the top line item displayed on the “Current Worklist Tab”.
  2. Click on the “Action Tab” this will also navigate them to the specific claim.

Action Tab

The action tab is where the representative should start and end all work on a claim in workflow. Start here to review any previous notes on the claim. End here to capture the touch data for the claim by adding Activity, Status, and Action codes, choosing a Follow-up date and adding a note for the work that was completed on the claim.

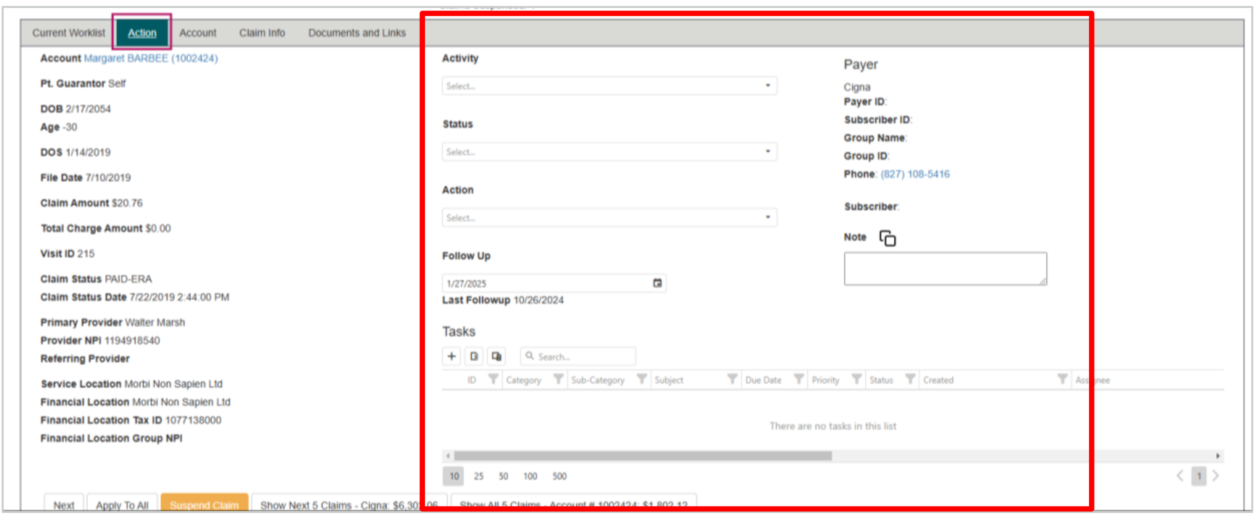
The Action Tab provides the following information and how it can or is to be used.



General Information –

- **Account –** this field indicates the Patient Name and the account number. It also functions as a hyper link to the account view for the patient as shown in the patient search.
- **Patient Guarantor –** this field indicates the guarantor associated with the insurance from the practice management system for this claim.
- **DOB –** this field indicates the date of birth of the patient associated with the claim.
- **Age –** this field indicates the age of the patient associated with the claim.
- **File Date –** this field indicates the file date on the claim.
- **Claim Amount –** this field indicates the claim amount on the claim.
- **Total Charge Amount –** this field indicates the total charge amount on the claim.
- **Visit ID –** this field indicates the Visit ID created by the workflow tool for the claim.
- **Claim Status –** this field indicates the claim status provided from the clearing house.
- **Claims Status Date –** this field indicates the date of the claim status provided from the clearing house.

- **Primary Provider –** this field indicates the primary provider associated with the claim.
- **Provider NPI –** this field indicates the NPI Number for the primary provider associated with the claim.
- **Referring Provider –** this field indicates the referring physician associated with the claim.
- **Service Location –** this field indicates the Service Location associated with the claim.
- **Financial Location –** this field indicates the Financial Location associated with the claim.
- **Financial Location Tax ID –** this field indicates the Tax ID number for the Financial Location associated with the claim.
- **Financial Location Group NPI –** this field indicates the Group NPI number for the Financial Location associated with the claim.



Claim Specific Information –

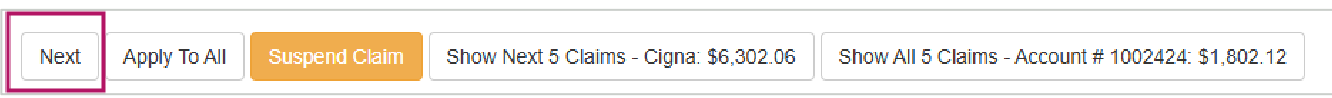
- **Activity Code Drop Down –** the activity code is human data that is documented for how the representative came about working this claim. This drop down will display all Activity codes that are set up by the client in the Activity Code Dictionary.
- **Status Code Drop Down –** the status code is the human data that is documented for what the representative is working the claim. This drop down will display all Status codes that are set up by the client in the Status Code Dictionary.
- **Action Code Drop Down –** the action code is the human data that is documented for what the representative did to get the claim paid. This drop down will only display the Action Codes that the associated with the specific Status Codes set up by the client in the Action Dictionary.

- **Follow Up –** this field is where the representative will select the follow up date for when they should review the claim again if the insurance company does not pay.
- **Tasks –** this is where the representative will add a task needed for this claim so that it is attached to the claim.
- **Note –** this field is where the representative should document the notes that should be added for the work that they did on this claim.

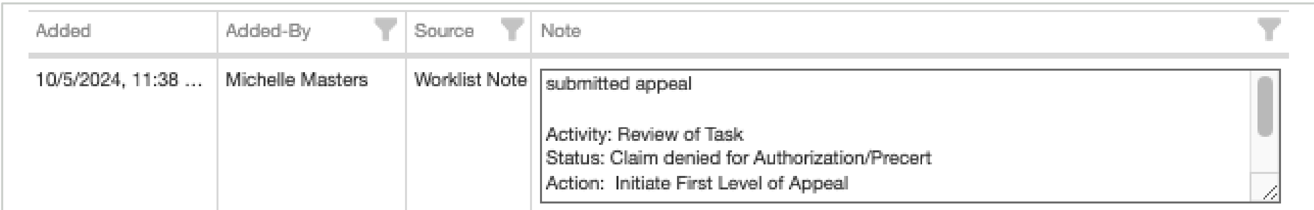
Payer Specific Information –

- **Payer** – this indicates the insurance plan that is associated with the claim.
- **Payer ID** – this indicates the payer ID number.
- **Subscriber ID** – this indicates the patient's subscriber ID number.
- **Group Name** – this is the group name associated with the insurance plan for the patient.
- **Group ID** – this is the group ID number.
- **Phone** – this is the phone number for the insurance plan.
- **Subscriber** – indicates the subscriber name.

Navigation Buttons –



- **Next Button** – Clicking this button will allow the representative to move on to working the next claim in the worklist.
- **Apply to All Button** – Clicking this button will allow the representative to apply the same activity/status/action code, follow up date and note to the claims for this patient that qualify for this worklist at the same time.
- **Suspend Claim Button** – Clicking this button will allow the representative move on to the next claim in the worklist and will suspend the claim only for that day.
- **Show Next "x" Claims** – Insurance payer: $x.xx Button – Clicking this button will allow the representative to see the next "x" claims (set up by administrator in the configuration of the worklist) to see a sub-list of claims by the same insurance plan and that can be worked.
- **Show All "x" Claims** – Account #xxxxxx: $x.xx Button – Clicking this button will allow the representative, to see a sub list of all of the claims associated with the account patient regardless of what worklist it qualifies for and will allow the representative to work all of those claims at one time.

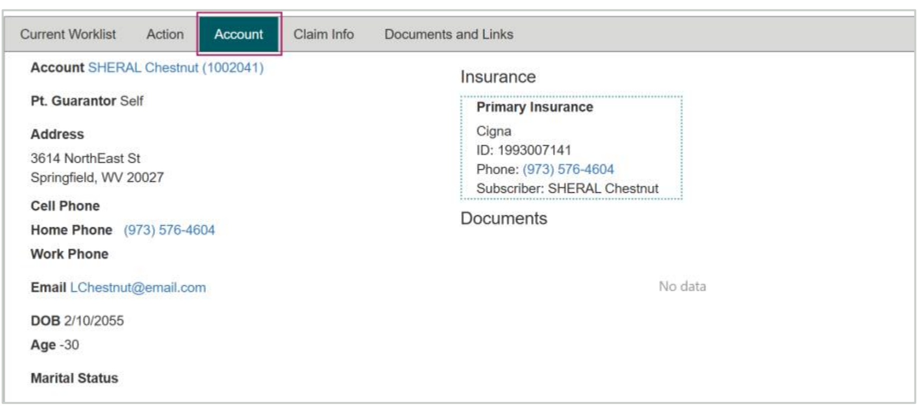


- **Added Column –** Indicates the date and time stamp that the note was added in workflow.
- **Added-By Column** – Indicates that representative that entered the note in workflow.
- **Source Column** – Indicates where the note came from [worklist, task system, practice management system]
- **Note Column –** Displays the entire note that was added.

Account Tab

This tab is designed to provide basic demographic type of information to assist the representative with working the claim and for reference.

NOTE: For bolt-on PM Clients this tab is only **informational.** For **MedEvolve PM** Clients this tab will update the practice management system.



General Information –

- **Account –** this field indicates the Patient Name and the account number. It also functions as a hyper link to the account view for the patient as shown in the patient search.
- **Patient Guarantor** – this field indicates the guarantor associated with the insurance form the practice management system for this claim.
- **Address –** this field shows the address that is documented in the practice management system for this claim.

- **Cell phone –** this field shows the cell phone number that is documented in the practice management system for this claim.
- **Home Phone –** this field shows the home phone number that is documented in the practice management system for this claim.
- **Work Phone –** this field shows the work phone number that is documented in the practice management system for this claim.
- **Email** – this field shows the email address that is documented in the practice management system for the claim.
- **DOB** – this field indicates the date of the birth of the patient associated with this claim.
- **Age –** this field indicates the age of the patient associated with this claim.
- **Marital Status –** this field indicates the martial status of the patient.
- **Primary Insurance** – Indicates the primary insurance plan on the claim.
- **ID** – Indicates the primary insurance plan ID number.
- **Phone** – Indicates the primary insurance plan phone number.
- **Subscriber** – Indicates the secondary insurance plan on the claim.
- **Secondary Insurance –** Indicates the Secondary Insurance on the claim.
- **ID** – Indicates the secondary insurance plan ID number.
- **Phone** – Indicates the secondary insurance plan phone number.
- **Subscriber** – Indicates the secondary insurance plan subscriber's name.

Patient Insurance Information –

This section has basic insurance plan information and has interactive integration with the MedEvolve PM, allowing the representative to update information within the workflow tool and it will cross back to the MedEvolve PM within 8-10 seconds. For bolt-on PMs it is only for information.

Patient Insurances

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Payer Name	Active	Sequence	Payer Phone	Payer Phone Ext.	Payer on this Claim	Check Elig.	Eligibility Status	Eligibility Status Date	Accept Assign	Auth. Payment	Auto File	Auto File if Secondary
Workers Comp / Auto	✓	1	(140) 378-7853		✓	Check Eligibility						✓
Cigna	✓	2	(858) 719-8660			Check Eligibility						✓

- **Payer Name –** Indicates the Insurance Plan Name.
- **Active** – Column indicates by a "check mark" if the insurance is active on the claim.
- **Sequence** – Indicates the order of the insurance plans on the claim.
- **Payer Phone –** Indicates the phone number for the insurance plan.
- **Payer Phone Ext.** – Indicates the ext. associated with the insurance plan phone number.

- **Payer on this Claim** – Indicates with a “check mark” the insurance plan on this claim.
- **Check Eligibility** – Hyper link for MedEvolve PM users ONLY to check the eligibility for the insurance within the Workflow tool.
- **Eligibility Status** – Hyper link for MedEvolve PM users ONLY. Indicates that status of the eligibility that had been checked.
- **Eligibility Status Date** – Date for MedEvolve PM users ONLY. Indicates the date that the eligibility was ran.
- **Accept Assign** – Settings for MedEvolve PM users ONLY.
- **Auth Payment** – Settings for MedEvolve PM users ONLY.
- **Auto File** – Settings for MedEvolve PM users ONLY.
- **Auto File if Secondary** – Settings for MedEvolve PM users ONLY.

Patient Insurances

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Co-Pay	Effective Date	Expiration Date	Insurance Group ID	Insurance Group Name	Medicare Secondary Reason Code	Medigap	Rel. to Holder	Status Date	Transmit	Title	First Name	Last Name	Middle Initial
$0.00	11/1/2011					☐	Self	9/10/2019	✓		MARY	Dickerson	D
$0.00						☐	Self	9/10/2019	✓		MARY	Dickerson	D

- **Co-Pay** – Co-Payment amount can be entered to cross back over to the MedEvolve PM ONLY.
- **Effective Date** – Effective date of the insurance plan.
- **Expiration Date** – Expiration date of the insurance plan.
- **Insurance Group ID** – Insurance Group ID number for the insurance plan.
- **Insurance Group Name** – Insurance Group name for the insurance plan.
- **Medicare Secondary Reason Code** – Reason Code for Medicare Secondary.
- **Medigap** – Indicator if the insurance plan is Medigap
- **Rel to Holder** – Indicates the relationship of the patient to the insurance plan holder.
- **Status Date** – the date in which the insurance plan was added to the MedEvolve PM.
- **Transmit** – this field indicates for the MedEvolve PM if the insurance plan is one that can be transmitted electronically.
- **Title** – the title of the patient.
- **First Name** – the first name of the patient.
- **Last Name** – the last name of the patient.
- **Middle Initial** – the middle initial of the patient.

Patient Insurances

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Subscriber Policy ID	Subscriber DOB	Subscriber Sex	Address1	Address2	City	State	Zip Code	Zip Code Ext.	Phone	Phone Ext.	Employment Status
3655562718	5/19/1981	Male	4565 South St		Springfield	Kentucky	05666		(684) 123-3458		
7488478546	5/19/1981	Male	4565 South St		Springfield	Kentucky	05666		(684) 123-3458		

- **Subscriber Policy ID** – the subscriber policy ID number for the insurance plan.
- **Subscriber DOB** – the subscriber's date of birth for the insurance plan.
- **Subscriber Sex** – the subscriber's sex for the insurance plan.
- **Address1** – Address for the insurance plan.
- **Address2** – Address continued for the insurance plan.
- **City** – City for the insurance plan.
- **State** – State for the insurance plan.
- **Zip Code** – Zip code for the insurance plan.
- **Zip Code Ext.** – Zip Code Ext for the insurance plan.
- **Phone** – Phone Number for the insurance plan.
- **Phone Ext.** – Phone Number ext for the insurance plan.
- **Employment Status** – Status of employment for the insurance plan.

Demographics Information –

This section displays basic demographic information and has interactive integration with the MedEvolve PM allowing the representatives to update within Workflow and those updates will flow back to the MedEvolve PM within 8-10 seconds. For bolt-on PMs it is informational ONLY.

Demographics

First Name	Last Name	Middle Initial	Date of Birth	Address1	Address2	City	State	Zip Code	Zip4	Cell #	Cell # (Ext)
MARY	Dickerson	D	5/19/1981	4565 South St		Springfield	Kentucky	05666			

- **First Name** – First Name of the Patient.
- **Last Name** – Last Name of the Patient.
- **Middle Initial** – Middle initial of Patient.
- **Date of Birth** – Dates of Birth of the Patient.
- **Address1** – First line of the Address of the Patient.
- **Address2** – Second line of the Address of the Patient.
- **City** – City of the Patient.
- **State** – State of the Patient.
- **Zip Code** – Zip Code of the Patient.
- **Zip4** – 4 digit code with Zip Code of the Patient.
- **Cell #** – Cell Phone number of the Patient.
- **Cell # (ext)** – ext of cell phone number of the Patient.

Demographics

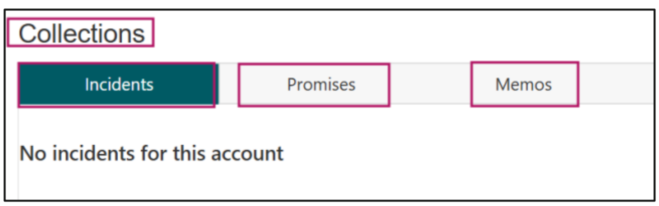
xt)	Work #	Work # (Ext)	Home #	Home # (Ext)	Email	Marital Status	Primary Referring Physician	Category	Status
			(684) 123-3458		YDickerson@email.com	Married			

- **Work # –** Work Phone number of the Patient.
- **Work #** (ext) **–** Ext of the work phone number of the Patient.
- **Home # –** Home Phone number of the Patient.
- **Home #** (ext) **–** Ext of the home phone number of the Patient.
- **Email** – Email address of the Patient.
- **Marital Status –** Martial Status of the Patient.
- **Primary Referring Physician –** the referring physician of the Patient.
- **Category** – Account Category (MedEvolve PMONLY).
- **Status** – Account Status (MedEvolve PM ONLY).

Collections Information –

This section is for the “Collections” Module within the MedEvolve PM. This is a soft collections process that can be set up and utilized by the practice within the MedEvolve PMONLY.

<u>NOTE</u>: This section will not populate any information for bolt-on PM Clients.



- **Incidents Tab –** this tab will display any Collection Incidents that are active within the MedEvolve PM.
- **Promises Tab –** this tab will display any Collection Promises to pay for this account within the MedEvolve PM.
- **Memos Tab –** this tab will display any Collection Memos for this account within the MedEvolve Practice Management System.

Managed Visits Information –

This section is for documenting Authorizations obtained for the visit and has interactive integration with the MedEvolve PM. Allowing the representative to update within workflow and the information will transfer back to the MedEvolve PM in 8-10 seconds. **NOTE this section will not populate any information for bolt-on PM Clients.

Managed Visits

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Expired	Managed Plan	Referral Description	Referral Type	Status	Referred By	Referred To	Prior Authorization	Treat Type	Start Date	End Date	Visits Allowed	Visits Used	Location	Diagnosis

- **Expired** – indicates the date in which the authorization expires.
- **Managed Plan –** indicates the insurance plan associated with the authorization.
- **Referral Description –** indicates the referral description/authorization description.
- **Referral Type** – indicates referral type.
- **Status** – indicates the status of the authorization.
- **Referred By –** indicates who the referring physician.
- **Referral To –** indicates the insurance provider.
- **Prior Authorization** –the prior authorization number for reference.
- **Treat Type** – Type of visit that is authorized.
- **Start Date** – the starting date range for the authorization.
- **End Date** – the ending date range for the authorization.
- **Visits Allowed –** number of visits allowed for the authorization.
- **Visits Used** – number of visits that have been used for visits already that were authorized.
- **Location** – service location associated with the authorization.
- **Diagnosis** – Dx code associated with the authorization.

Future Appointments Information –

This section will display any future scheduled appointments for the patient that is scheduled with in the MedEvolve PM.

<u>NOTE</u>: This section will not populate for bolt-on PMs

Future Appointments

Appointment Date	Resource	Location	Reason	Category
3/27/2025, 12:15 PM	Demetria Castro	At Libero Morbi Associates	New Patient	Injection

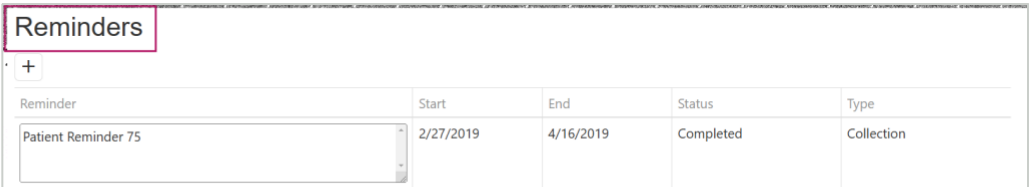
10 25 1

- **Appointment Date** – indicates the date of the net scheduled appointment for the patient.
- **Resource** – indicates the Insurance Provider for the scheduled appointment.
- **Location** – indicates the Service Location for the scheduled appointment.
- **Reason** – indicates the appointment reason.
- **Category** –indicates the appointment category.

Reminders Information –

This section is for documenting Pop up Reminders for the MedEvolve PM. It allows the representative the ability to update within workflow and for the alert to transfer back to the MedEvolve PM in about 8-10 seconds.

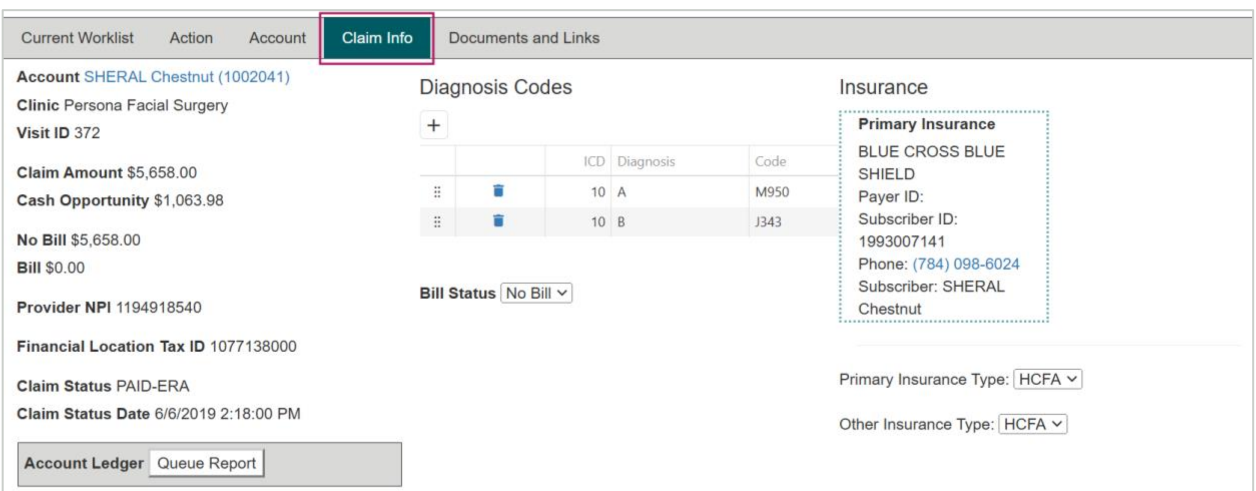
NOTE: for bolt-on PMs there will not be anything that displays in this section.



- **Reminder –** the note that is typed by the representative as the pop-up reminder.
- **Start –** the date that the pop-up reminder should start.
- **End –** the date that the pop-up reminder should end.
- **Status –** the status of the pop-up reminder. i.e. active, completed, cancelled.
- **Type –** the type of the pop-up reminder.

Claim Info Tab

This tab is designed to provide more specifics around the transactions on the claim that the representative is reviewing. Several features on this tab will ONLY be applicable for interaction and review for MedEvolve PM.



- **Account –** this field indicates the Patient name and the account number. It also functions as a hyper link to the account view for the patient as shown in the patient search.
- **Clinic –** this field indicates the name of the clinic where the service was performed for the claim.

- **Visit ID** – this field indicates the Visit ID created by the workflow tool for the claim.
- **Claim Amount –** indicates the claim balance for the claim.
- **Cash Opportunity –** Potential reimbursement on the claim.
- **No Bill** – indicates the balance that is outstanding to insurance responsibility.
- **Bill –** indicates the balance that is outstanding to patient responsibility.
- **Provider NPI** – this field indicates the NPI Number for the primary provider associated with the claim.
- **Financial Location Tax ID –** this field indicates the Tax ID number for the Financial Location associated with the claim.
- **Claim Status** – this field indicates the claim status provided from the clearing house.
- **Claim Status Date –** this field indicates the date of the claim status provided from the clearing house.
- **Account Ledger –**ability to queue a report for the Account Ledger from the MedEvolve PM.
    - NOTE: This functionality is not available for bolt-on PMs.
- **Diagnosis Codes** – Dx codes that are attached to the claim for reference. If the client is using the MedEvolve PM this section is interactive integration that can be deleted, sequences, added and updated within the workflow tool and flow back to the Practice Management System.
    - NOTE: This is informational ONLY for bolt-on PMs.

Additional Visit Information –

This section allows the representative to add additional information that should be added to the HCFA claim for billing. This integration is ONLY available for clients using the MedEvolve PM.

NOTE: For the bolt-on PM there will be no information that populates in this section.

Additional Visit Information

Referring Physician	Prior Authorization	In-collections	HCFA Box 19	Referral Date	Auto Accident Related	Auto Accident State	Other Accident	Accident Date	Illness Date
Quinn Madden									

- **Referring Physician** – this is where the Referring Physician can be added or updated if the client is on the MedEvolve PM.
- **Prior Authorization** – This is where the prior authorization number can be added or updated to reflect on the HCFA claim if the client is on the MedEvolve PM.
- **In-Collections** – this is where the representative can check to indicate that this claim should be part of the collection series only if the client is on the MedEvolve PM.
- **HCFA Box 19** – this is where additional information can be added or updated to print on the HCFA claim only if the client uses MedEvolve PM.

- **Referral Date** – this is where the representative can add the referral date to print on the HCFA claim only if the client uses MedEvolve PM.
- **Auto Accident Related** – this is where the representative can select to indicate with a check mark that this is related to an auto accident so that it will reflect on the HCFA claim only if the client uses MedEvolve PM.
- **Auto Accident State –** this is where the representative can indicate the state where the auto accident occurred so that it will reflect on the HCFA claim, ONLY if the client uses MedEvolve PM.
- **Other Accident** – this is where the representative can select to indicate with the a check mark that this claim is related to other type of accident so that it will reflect on the HCFA claim only if the client uses MedEvolve PM.
- **Accident Date** – this is where the representative can indicate the date of accident date so that it will reflect on the HCFA claim only if the client uses MedEvolve PM.
- **Illness Date** – this is where the representative can indicate the onset of the illness so that it can be reflected on the HCFA claim only if the client uses the MedEvolve PM.

Similar Symptom Date	Unable to Work Start Date	Unable to Work End Date	Hospital Admit Date	Hospital Discharge Date	Last Seen by Physician Date	Employment Related	Emergency
			5/24/2019				

- **Similar Symptom Date –** this is where the representative can indicate the onset of similar symptom date so that it can be reflected on the HCFA claim only if the client uses the MedEvolve PM.
- **Unable to Work Start Date –** this is where the representative can indicate the date where the patient is unable to work to reflect it on HCFA claim only if the client uses the MedEvolve PM.
- **Unable to Work End Date** – this is where the representative can indicate the date where the patient is able to return to work to reflect it on the HCFA claim only if the client uses the MedEvolve Practice Management System.
- **Hospital Admit Date –** this is where the representative can indicate the date of hospital admission to reflect on the HCFA claim only if the client uses MedEvolve PM.
- **Last Seen by Physician Date –** this is where the representative can indicate the date of discharge from the hospital to reflect on the HCFA claim only if the client uses the MedEvolve PM.
- **Employment Related –** this is where the representative can indicate if the visit is related to employment to reflect on the HCFA claim only if the client uses the MedEvolve PM.
- **Emergency** – this is where the representative can indicate if the visit is related to an emergency to reflect on the HCFA claim only if the client uses the MedEvolve PM.

Transaction Tab (on the Claim Info Tab) –

This tab shows all transactions for the claim that is currently being worked. This the sections can be updated if the client is using MedEvolve PM and the information will update in 8-10 seconds in the MedEvolve PM.

NOTE: if the client is a bolt-on PM this tab is informational only.

Transactions | Memos | Refile | Claim Status History | Claim Filing History | Available EOBs | UB-04 Information

On-Ho...	File Ins.	Type	Code	Description	Amount	Balance	Date of Service	Posted Date	Bill Status	Bill Date	In-collections	Diagnosis Pointers	Mod1	Mod2	Mod3	Units	Payer	NDC
		C	30420	Rhinoplasty Primary W/major Septal Repai	$5,658.00	$5,658.00	5/24/2019	5/28/2019	No Bill			A				1	BLUE CROSS BLUE SHIELD	

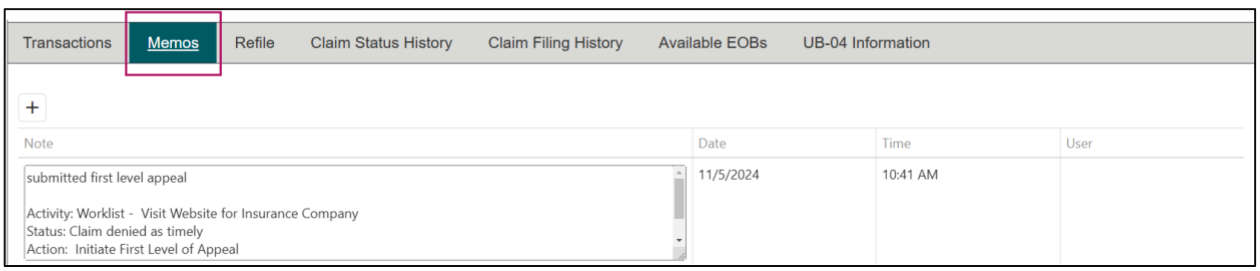
- **On Hold** – this is where the representative can choose to indicate if a transaction needs to be placed on hold, this is only for clients that are using the MedEvolve PM.
- **File Ins.** – this is where the representative can choose to indicate if the transaction needs to be filed to insurance, this is only for clients that are using the MedEvolve PM.
- **Type** – This column indicates the transaction type such as charges, payments or adjustments.
- **Code** – this column indicates the CPT code for the transaction.
- **Description** – this column indicates the description for the CPT Code or transaction itself.
- **Amount** – this column indicates the amount for the transaction.
- **Balance** – this column indicates the balance of for the transaction.
- **Date of Service** – This column indicates the date of service for the transaction.
- **Posted Date** – this column indicates the posted date for the transaction.
- **Bill Status** – this column indicates if the transaction is sitting at insurance or patient responsibility.
- **Bill Date** – this column indicates the date that the transaction changed to patient responsibility status.
- **In-Collections** – this column indicates that this transaction is part of the collections process (only for those clients that are using the MedEvolve Practice Management System).
- **Diagnosis Pointers** – this column notates the diagnosis pointers for the transaction.
- **Mod1** – this column notates the Modifier 1 on the transaction.
- **Mod2** – this column notates the Modifier 2 on the transaction.
- **Mod3** – This column notates the Modifier 3 on the transaction.
- **Units** – This column notates the number of units for the transaction.
- **Payer** – This column notates the insurance plan for the transaction.
- **NDC** – this column notates the NDC number for the transaction.

Service Provider	Insurance Provider	Service Location	Financial Location	Subscriber Name	Subscriber Policy ID	Denial Codes
Walter Marsh	Walter Marsh	Sem Egestas Blandit Foundati...	Morbi Non Sapien Ltd	SHERAL Chestnut	5400933700	PR96

- **Service Provider –** this column notates the Service Provider for the transaction.
- **Insurance Provider –** this column notates the Insurance Provider for the transaction.
- **Service Location –** this column notates the Service Location for the transaction.
- **Financial Location –** this column notates the Financial Location for the transaction.
- **Subscriber Name –** This column notates the Subscriber Name for the transaction.
- **Subscriber Policy ID –** This column notates the Subscriber Policy ID number for the transaction.
- **Denial Codes –** This column notates any denial codes that have been posted to the transaction from the practice management system.

Memos Tab (on the Claim Info Tab) –

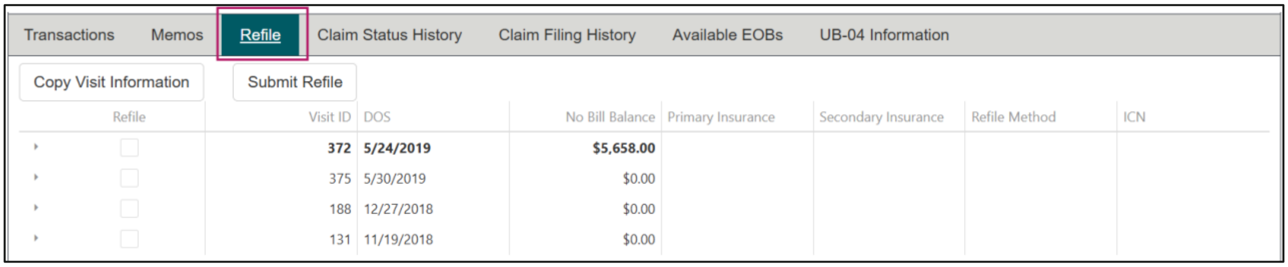
This tab shows all memos that are associated with this account for quick reference.



- **Note –** this column shows the notes that have been documented on the account.
- **Date –** this column shows the date of the note.
- **Time –** this column shows the time stamp of when the note was added.
- **User –** this column shows the user who added the note.

Refile Tab –

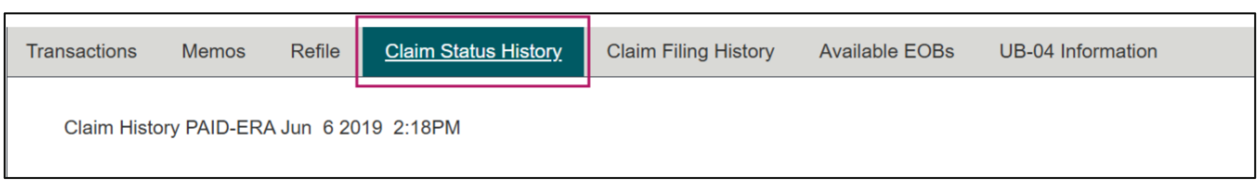
This tab is where if the client is on the MedEvolve PM the representative can refile the claim directly from workflow tool.



- **Copy Visit Information Button –** the representative can click this button to copy information from prior visit's when refilling the claim.
- **Submit Refile Button** – the representative will click on this button to refile the claims.
- **Refile –** this column allows the representative to select the DOS they would like to refile the claims.
- **Visit ID** – this column shows the Visit ID for the specific claims.
- **DOS** – this column shows the Date of Service for the claims.
- **No Bill Balance –** this column shows the insurance balance left on the claim.
- **Primary Insurance** – this column allows the representative to select the primary insurance plan that they would like to refile the claim to.
- **Secondary Insurance** – this column allows the representative to select the secondary insurance plan that they would like to refile the claim to.
- **Refile Method –** this column allows the representative to select the method of how they would like to refile the claim.
- **ICN –** this column allows the representative to add the ICN to the refile of the claim.

Claim Status History Tab (on the Claim Info Tab) –

This tab shows the claim status history provided from the clearing house.



Claim Filing History Tab (on the Claim Info Tab) –

This tab allows the representative to see the history of filings of the claim provided from the clearing house.

Transactions | Memos | Refile | Claim Status History | Claim Filing History | Available EOBs | UB-04 Information

File Type	Create Date	File Date	Insurance Filed	Other Insurance Filed	Claim Status	Claim Status Date	ICN	Charges	Insurance Payments
Refile	7/29/2019	7/29/2019	BLUE CROSS BLUE SHIELD					$7,136.00	$0.00
Refile	7/26/2019	7/26/2019	BLUE CROSS BLUE SHIELD					$7,136.00	$0.00
Primary	5/28/2019	5/28/2019	BLUE CROSS BLUE SHIELD		PAID-ERA	6/6/2019	2019149DH7384	$7,136.00	$0.00

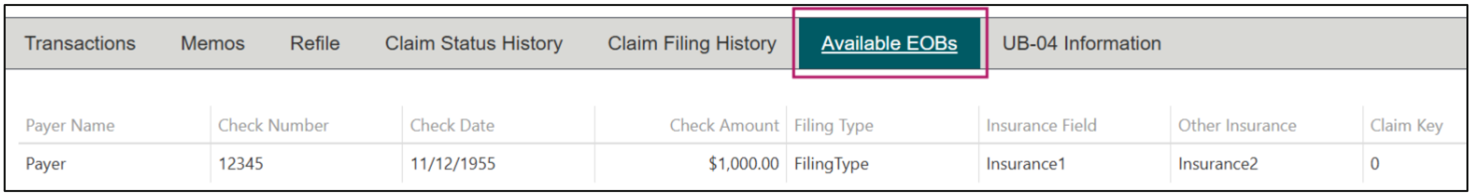
- **File Type** – this column shows the type of the filling of the claim.
- **Create Date** – this column shows the create date of the filing of the claim.
- **File Date** – this column shows the file date of the filing of the claim.
- **Insurance Filed** – this column shows what insurance the claims was filed with.
- **Other Insurance Filed –** this column shows any secondary insurance the claims were filed with.
- **Claim Status –** this column shows the claim status returned from the clearing house for the filing.
- **Claim Status Date** – this column shows the claims status date returned from the clearing house from the filing.
- **ICN** – this column shows the ICN for filing.
- **Charges –** this column shows the charges on the claim for the filing.
- **Insurance Payments** – this column shows any insurance payments received on the claim for the filing.

Patient Payments	Adjustments	Transmit	Process Type
$0.00	$0.00		HCFA02-12

- **Patient Payments –** this column shows any patient payments received on the claim for the filing.
- **Adjustments –** this column shows any adjustments posted on the claim for the filing.
- **Transmit** – this column shows if the filing was transmitted electronically.
- **Process Type** – this column shows the clearing house in which the filing was processed.

Available EOBs Tab (on the Claim Info Tab) –

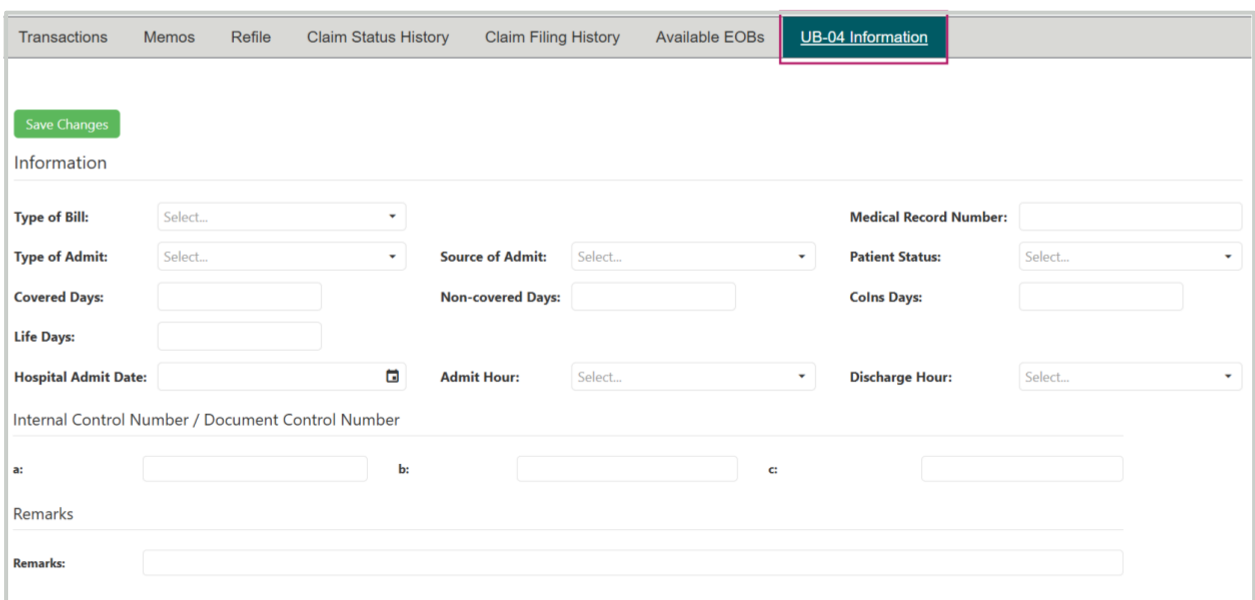
This tab shows any available EOBs from the clearing house as easy reference. This is only available for MedEvolve PM clients. **NOTE from bolt-on clients this tab will be blank.



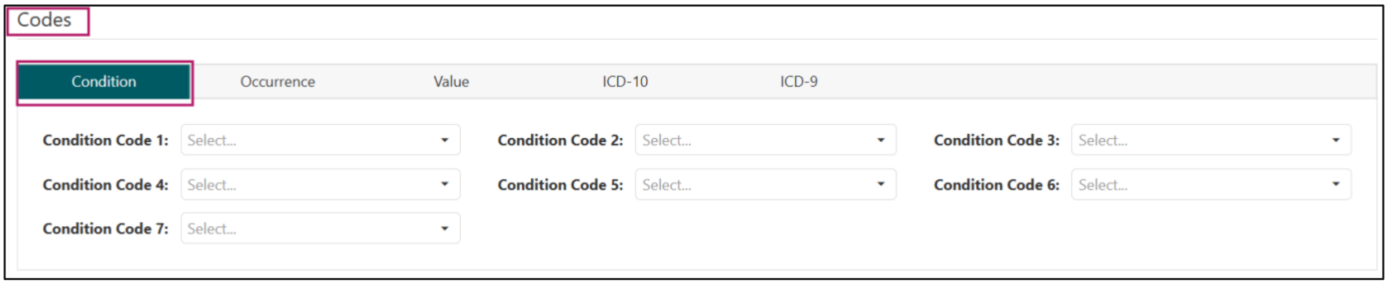
- **Payer Name** – This column shows the Payer name of the EOB.
- **Check Number** – This column shows the check number of the EOB.
- **Check Date** – This column shows the date for the EOB.
- **Check Amount** – this column shows the amount of the check of the EOB.
- **Filing Type** – this column shows the filing type of the EOB.
- **Insurance Field** – this column shows the primary insurance on the filing of the EOB.
- **Other Insurance** – This column shows the secondary insurance on the filing of the EOB.
- **Claim Key** – This column shows the claim key of the EOB.

UB-04 Information Tab (on the Claim Info Tab) –

This tab shows the information if the claim being worked is UB-04 instead of HCFA.

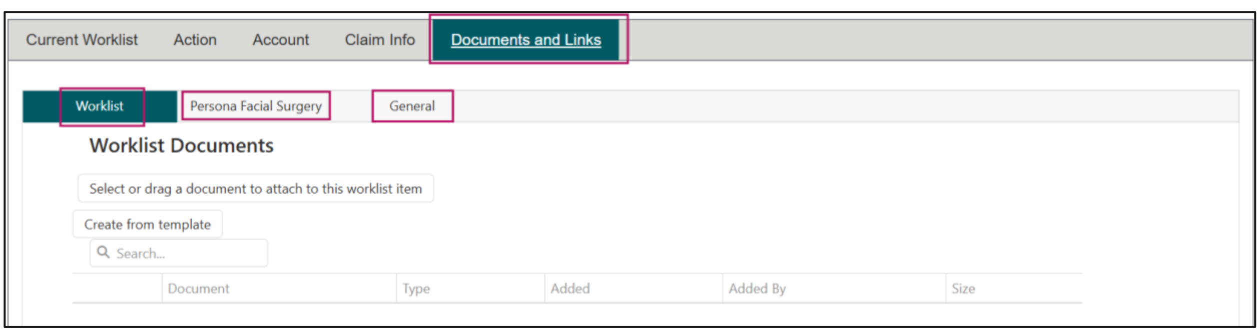


- **Information Section –** shows the basic information needed to process a UB-04 claim.
- **Internal Control Number / Document Control Number Section –** this section allows the representative to update the ICN and DCN as necessary.
- **Remark Section –** this section allows the representative to update the remarks.
- **Codes Section –** this section allows the representative to update codes.



- **Condition Tab –** this tab allows the representative to update any Condition Codes as needed.
- **Occurrence Tab –** this tab allows the representative to update any Occurrence Codes as needed.
- **Value Tab –** this tab allows the representative to update any Value Codes as needed.
- **ICD-10 Tab –** this tab allows the representative to update any ICD-10 Codes as needed.
- **ICD-9 Tab –** this tab allows the representative to update any ICD-9 Codes as needed.

Documents and Links Tab



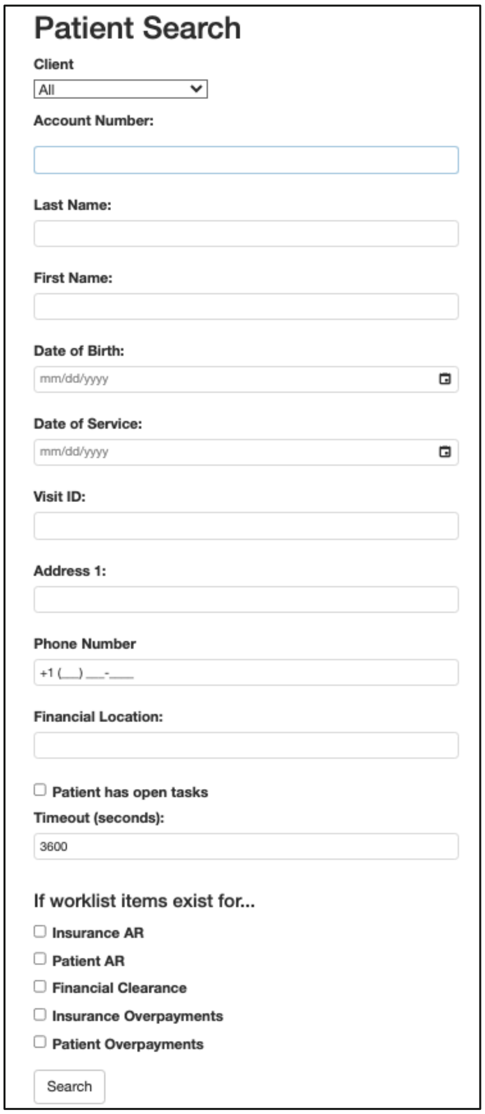
This tab allows the representative to review any documents or links that have been associated with the claim from previous touches or by leadership for the client.

- **Worklist Tab –** this tab allows the user to create appeals for denials provided that the appeal templates have been created in Workflow. It is also where any documents or screen prints associated with doing work on this claim that the representative wants to access or review in future use.

- **Client Name Tab** – this tab allows the administrator to upload documents such as protocols for specific clients as needed. OR Bookmark for specific websites.
- **General Tab –** this tab allows the administrator to upload documents such as protocols for overall general use. Or Bookmark for specific websites.

Patient Searches

This is where the representative can perform a patient search to find a specific patient account that they may need to work per a return phone call from an insurance company, a call from a patient or physician office or direction from a supervisor.



There are multiple search criteria that the representative can use to find the specific patient account. The representative must input at least 1 criteria in or they can use multiple criteria points.

- **Client drop down –** this is for clients that have multiple locations in one Workflow URL. By selecting the specific client it will allow the search to render faster. (mainly used by RCM company clients)
- **Account Number** – this is the account number from the practice management system.
- **Last Name** – this is the last name of the patient.
- **First Name** – this is the first name of the patient.
- **Date of Birth** – this is the date of birth of the patient.
- **Date of Service** – this is the date of service of the patient.
- **Visit ID** – this is the visit ID assigned by the workflow tool of the patient.
- **Address 1** – this is the address of the patient.
- **Phone Number –** this is the phone number of the patient.
- **Patient has open tasks** – the representative would select this box if they want to see only accounts with open tasks for the patient.
- **Timeout (seconds)** – how many seconds the system will search before it times out.
- **Insurance AR –** the representative can select this box and the system will only search the Insurance AR module for the patient.
- **Financial Clearance** – the representative can select this box and the system will only search the Financial Clearance module for the patient.

- **Insurance Overpayments** – the representative can select this box and the system will only search the Insurance Overpayments module for the patient.
- **Patient Overpayments** – the representative can select this box and the system will only search the Patient Overpayments module for the patient.

Search Results (of Patient Search) –

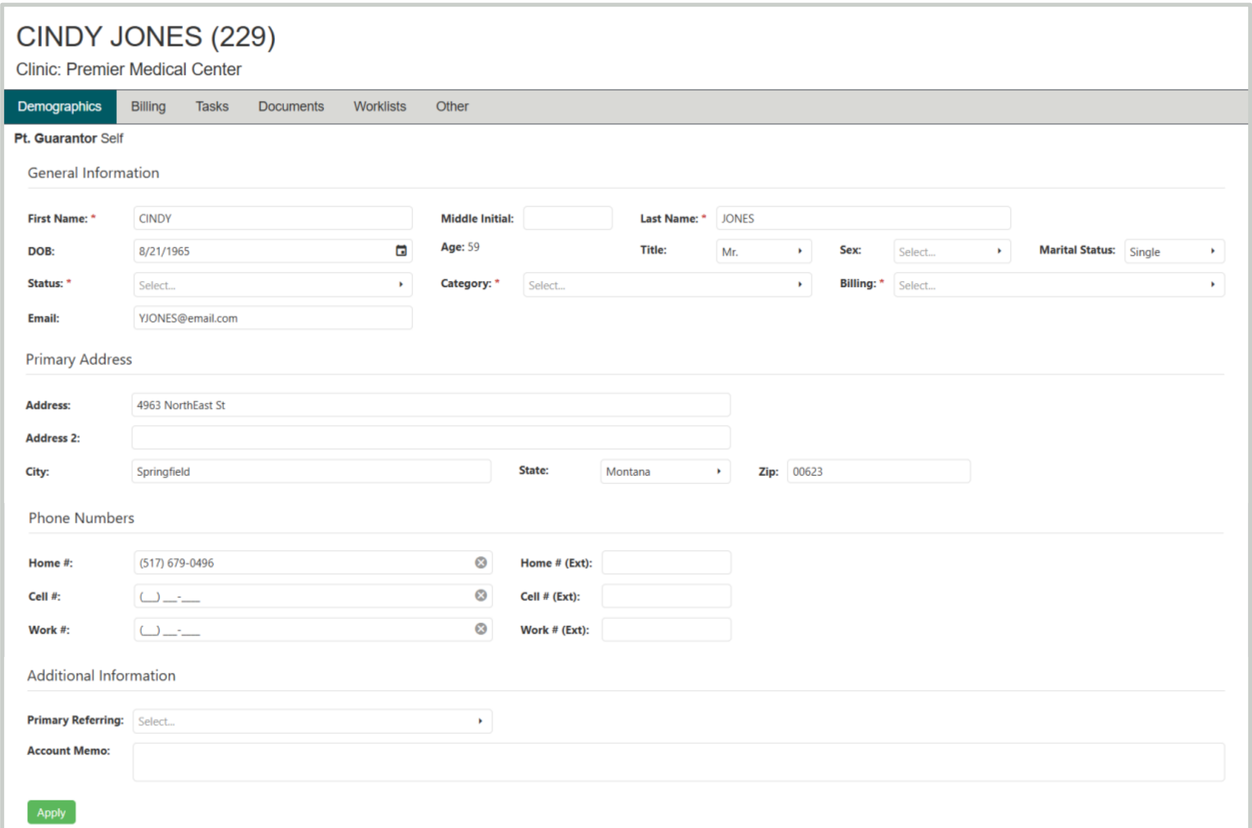
Search...

Clinic Name	Account Number	First Name	Last Name	↓ Claims	Appointments	Ins. Overpayments	Pat. Overpayments	Tasks
Premier Medical	229	CINDY	JONES	2	63	0	0	3
Winter Assisted Living	316	Kimberly	Jones	2	176	0	0	1

- **Clinic Name** – the name of the client.
- **Account Number** – this is the account number from the practice management system. This also acts as a hyper link to the patient view of the patient (all DOS across all modules)
- **First Name** – this is the first name of the patient. This also acts as a hyper link to the patient view of the patient (all DOS across all modules)
- **Last Name** – this is the last name of the patient. This also acts as a hyper link to the patient view of the patient (all DOS across all modules)
- **Claims** – this is the number of claims that have a balance that need to be worked in the Insurance AR Module. This also acts as a hyper link to show only DOS that qualify for the Insurance AR Module.
- **Appointments** – this is the number of claims that are scheduled for an upcoming service to be worked in the Financial Clearance Module. This also acts as a hyper link to show only upcoming DOS that qualify for the Financial Clearance Module.
- **Ins. Overpayments** – this is the number of claims that have an insurance credit balance that need to be worked in the Insurance Overpayments Module. This also acts as a hyper link to show only DOS that qualify for the Insurance Overpayments Module.
- **Pat. Overpayments** – this is the number of claims that have a patient credit balance that need to be worked in the Patient Overpayments Module. This also acts as a hyper link to show only DOS that qualify for the Patient Overpayments Module.
- **Tasks** – this is the number of tasks that are associated with this patient that are open. This also acts as a hyper link to show all open tasks associated with this patient regardless of the Module.

Patient View (of Patient Search) –

The representative will get to this screen by clicking on the hyper link for one of the following on the patient search screen, Account Number, First Name, Last Name. Once the representative on this screen they will have access to 6 Tabs to review for the patient.



- **Demographics Tab** – this tab shows all the basic demographic information for the patient including general information, phone numbers additional information.
- **Billing Tab** – this tab is going to show an overview of all DOS for the patient to include the following information, balance (by aging buckets patient, insurance and total responsibility), Balances by Financial Location, Patient Visits, Visit Insurances, Transactions Tab, Memos Tab, Refile Tab, Claim Filing History, and Available EOBs.
- **Tasks Tab** – this tab will show all tasks that are associated with this patient. The representative can navigate to see open and follow up tasks and can also change to show any closed or canceled tasks as well.
- **Documents Tab** – this tab shows all documents that are associated with the patient.
- **Worklists Tab** – this tab shows sub-tabs for all workflow modules (Insurance AR, Financial Clearance, Insurance Overpayments, Patient Overpayments) and any associated DOS with the module.

- **Other Tab –** this tab is interactive ONLY For MedEvolve PM clients only. **NOTE for bolt-on clients this tab is simply informational only. The tab includes the following information. Patient Insurances, Collections, Managed Visits, Future Appointments, Notes and Reminders.