



Requirement Specifications

BILLING SYSTEM



Freddie Figgers

FIGG HEALTH | 3810 INVERRARY BLVDSUITE: 401FORT LAUDERDALE, FL 33319 USA

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Use Case UC-070: Add Payer to Practice Payers List

Brief Description

This use case is used to add new payer to practice payers list.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

- User click Setup>Payers

Flow of Events

Basic Flow

Payer List:

1. User clicks Setup> Payers.
2. System shows current payer list with following headers:
 - Payer/Plan name
 - Type
 - Address
 - Status
3. User Clicks on Add New button.
4. System show Add Payer popup window with following fields:
 - a. Payer name (Search Field - Mandatory)
 - b. Plan name (Search Field- Mandatory)
 - c. Plan Type (List -Mandatory)
 - d. Plan Option
 - e. Plan code
 - f. Address
 - g. City
 - h. State
 - i. Zip
 - j. Note
5. System adds new payer to the practice payer list and prompt user.
6. System uses Log Audit Information use case to log information using “Payer” as module, “Create Payer ” as operation and “Payer Name” as details

Alternative Flows:

- 1) User click the reset button.
 - System alerts the user that this action removes the all data.
 - User accept and data is removed.
 - User decline and data is remained in the fields.
- 2) User leave the Payer name field blank and save.
 - System prompt, Mandatory field “Payer Name” is blank.
- 3) User added Payer name which already exist in system.
 - System prompts user “Payer already exists in the system”.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage payer details.

Minimal Guarantees

New Payer is added.

Success Guarantees

System shows the newly added Payer in Payer List.

Use Case UC-071: Update Practice Payers List (Mark Active/In-Active)

Brief Description

This use case is used to update payers list.

Actors

A4, Office Manager or any user part of Management Role
A1, Billing Staff

Triggers

User clicks on Setup > Payers.

Flow of Events

Basic Flow

- (1) User clicks on Setup > Payers.
- (2) System shows the list of all available Payers to users. (By default, active only)
- (3) User select the desired payer and clicks edit button.
- (4) System loads the selected payer in edit mode with following fields.
 - i. Payer name (Search Field - Mandatory)
 - ii. Plan name (Search Field- Mandatory)
 - iii. Plan Type (List -Mandatory)
 - iv. Plan Option
 - v. Plan code
 - vi. Address
 - vii. City
 - viii. State
 - ix. Zip
 - x. Note
 - xi. Status (Active/In-Active)
- (5) User makes desired updates and clicks the save button.
- (6) System saves the billing profile and prompts user.
- (7) System uses Log Audit Information use case to log information using “Payer” as module, “Update Payer “as operation and “Payer name” as details

Alternative Flows:

- 1.5.1 User clicks on the cancel button.
 - System reverts back to the initially loaded information on the screen.
- 1.5.2 User tries to update insurance name.
 - System prompts user that insurance name cannot be updated, only it can be marked in-active.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage payer details.

Minimal Guarantees

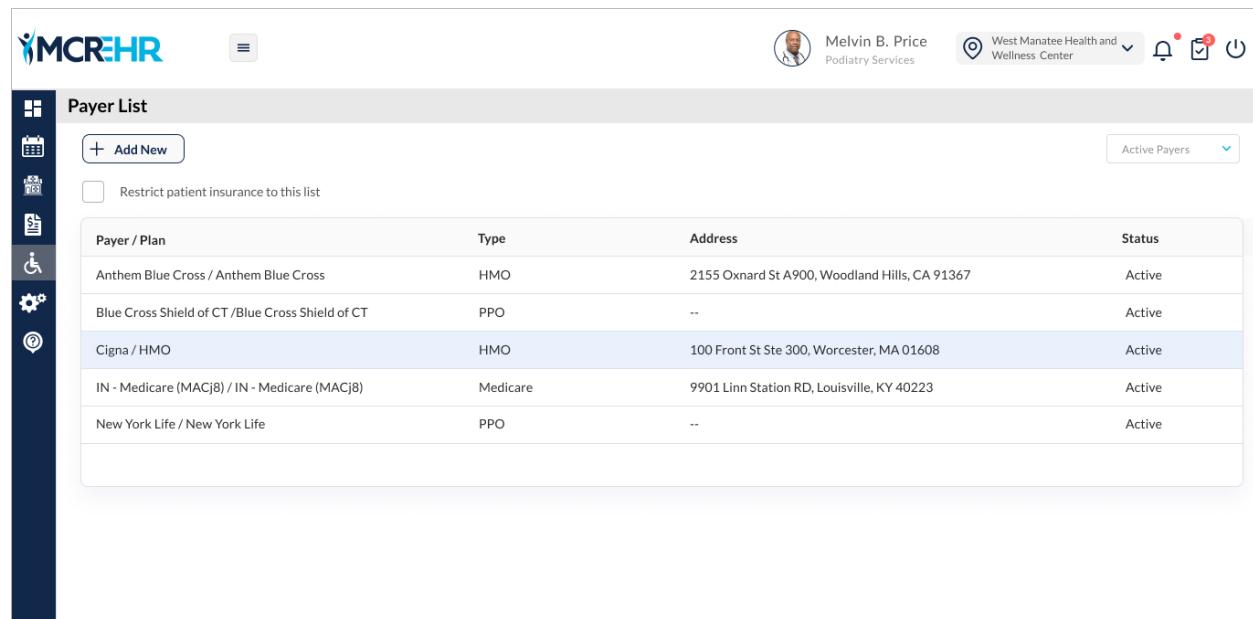
Payer is updated.

Success Guarantees

Payer Profile is update and a user is prompted with a success message.

Payers UI

Payers List



The screenshot shows the 'Payer List' page of the MCREHR application. At the top, there is a header bar with the MCREHR logo, a search icon, and a user profile for Melvin B. Price. Below the header, there is a sidebar with icons for navigation. The main content area has a title 'Payer List' and a button '+ Add New'. There is also a checkbox 'Restrict patient insurance to this list'. A dropdown menu shows 'Active Payers'. The main table lists six payers:

Payer / Plan	Type	Address	Status
Anthem Blue Cross / Anthem Blue Cross	HMO	2155 Oxnard St A900, Woodland Hills, CA 91367	Active
Blue Cross Shield of CT /Blue Cross Shield of CT	PPO	--	Active
Cigna / HMO	HMO	100 Front St Ste 300, Worcester, MA 01608	Active
IN - Medicare (MAC 8) / IN - Medicare (MAC 8)	Medicare	9901 Linn Station RD, Louisville, KY 40223	Active
New York Life / New York Life	PPO	--	Active

Add new payer to practice

MCREHR

Melvin B. Price
West Manatee Health and Wellness Center

Add Payer

Payer Info.

Payer Name:	Payer Name	Search
Plan Name:	Plan Name	Search
Plan Type:	Plan Type	Copay Amount: \$0.00
Plan Option:	Plan Option	Plan Code: 5656548498
Address:	Address	City: Nashua
Zip:	03061	State: New Hampshire, NH
Notes:	Notes	Country: USA
		Status: Active

Save **Reset**

Use Case UC-072: Add Insurance to Patient Profile

Brief Description

This use case is used to add Insurance information to Patient Profile.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

User clicks patient > Patient list.

Flow of Events

Basic Flow

Payer List:

7. User clicks Patient > Patient List.
8. System shows list of active patients.
9. User select the desire patient form the list.
10. System open profile page for the selected patient.
11. User clicks on patient insurance tab.
12. System shows list of active (Current) insurances with following details:
 - a. Order of benefits (Primary/Secondary)
 - b. Plan Type
 - c. Address
 - d. Insurance Id
 - e. Effective from
 - f. Effective To
 - g. Co-Pay
 - h. Status (Active/In-Active)
13. User clicks add new button.
14. System displays the add new insurance screen in popup windows with following fields:
 - a. Active/Inactive (Toggle Buttons)
 - b. Payer Name
 - c. Plan Name and Type
 - d. Order of Benefit (List)
 - e. Worker compensation (checkbox)
 - f. Insurance ID
 - g. Group Id
 - h. Effective from
 - i. Effective to
 - j. Relation to insured (List)
 - k. Co-Pay type (Fixed/Percent Mandatory)
 - l. Co-Pay amount
 - m. Note
15. User enter the required information and click save button.
16. System saves insurance information against selected patient and re-fresh the list.
17. System uses Log Audit Information use case to log information using "Payer" as module, "Add Patient Insurance" as operation and "Patient Name/ Plan name" as details

Alternative Flows:

- 1) User click the reset button.
 - System alerts the user that this action removes the all data.
 - User accept and data is removed
 - User decline and data is remained in the fields.
- 2) User leave the Payer name field blank and save.
 - System prompt, Mandatory field “Payer Name” is blank.
 - User can't save without modifying.
- 3) User added Payer name which already exist in system.
 - System prompts user “Payer already exists in the system”.
 -

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage Patient information.

Minimal Guarantees

New Payer is added to patient profile.

Success Guarantees

System shows the newly added insurance detail in patients insurance List.

Patient Insurance UI

Patient Insurance(s) List

MCREHR

Melvin B. Price
Podiatry Services

West Manatee Health and Wellness Center

Add Patient

Walker R. David
Male | 55 years | 4/13/1965

(125) 454-4578 david.walker@domain.com
3050 Peck Street, Nashua, NH, 03061

CDS: Mammogram Screening for all men aged 40-74
Adult Immunization Schedule Age: 27-40
Primary Provider: John Doe

Vitals | New Appointment | Date Added: Jan. 25, 2021
Last Appointment: Jan. 28, 2021
Next Appointment: Feb. 28, 2021

New Referral | Fax | Print

General Information Demographics Referring Provider Ordering Provider Guarantor Employer Insurance Contacts Messages

Insurance Info.

Payer	Type	Insurance ID	Effective From	Effective to	Copay	Eligibility	Status	Actions
Cigna - Primary	Medicare	212313	01/25/2021	01/24/2023	\$ 250.00	View Details	Active	Edit
Etna - Secondary	Medicare	214564	03/25/2021	03/24/2023	\$ 150.00	View Details	Active	Edit
Healthcrop - Tertiary	Medicare	56465	03/28/2021	03/28/2023	\$ 50.00	View Details	Active	Edit

+ Add New

Add new insurance to patient profile

The screenshot shows the MCREHR software interface. At the top, there is a header with the MCREHR logo, a user profile for Melvin B. Price, and navigation icons. Below the header, the main screen displays a patient profile for Walker R. Male | 55. On the left, there is a sidebar with various icons. The main content area is titled "Add Patient". A modal window titled "New Insurance" is open in the center. The modal contains fields for "Payer Name" (John Ceena), "Plan Name and Type" (Home Phone), "Order of benefits" (Primary), "Insurance ID" (Primary), "Group ID" (Primary), "Effective From" and "Effective To" (both empty), "Relationship to insured" (Self), "Copay Type" (Fixed, selected), "Copay" (\$ 20.00), "Claim Number" (xxxx), and a "Notes" field (Notes). There are "Save" and "Reset" buttons at the bottom. In the background, the patient profile shows CDS information: (125, 305, 305) and Primary Payer (Cigna - Primary).

New Insurance

Status: Active Inactive

Payer Name: John Ceena

Plan Name and Type: Home Phone

Show payer details

Order of benefits: Primary

Insurance ID: Primary

Group ID: Primary

Effective From: mm/dd/yyyy

Effective To: mm/dd/yyyy

Relationship to insured: Self

Copay Type: Fixed Percentage Copay: \$ 20.00

Claim Number: xxxx

Notes: Notes

Save

+ Add New

Status
Active
Active
Active

Use Case UC-073: Check Patient Insurance Eligibility

Brief Description

This use case marks whether patient is eligible for required medical treatment from his primary or secondary insurances or not.

Actors

A4, Office Manager or any user part of Management Role
A6, Staff
A1, Billing Staff

Triggers

User clicks on patient link on the main menu bar and select patient list.
User clicks on appointment list using calendar view.

Flow of Events

Basic Flow

Check Patient Eligibility:

- (1) User clicks on patient link on the main menu bar and select patient list.
- (2) System shows the list of all available Patients to user.
- (3) User selects the desired Patient from the available list by clicking on the Patient name.
- (4) User selects the required benefit from the prepopulated list (Optional).
- (5) User clicks on check eligibility button/link on screen (Primary/Secondary).
- (6) System checks whether patient is eligible or not.
- (7) System updates the eligibility data (i.e., Status, Last Status Check Date, patient coverage and access co-insurance, copay and other plan details)
- (8) System uses Log Audit Information use case to log information using “Manage Patient” as module, “Eligibility Check” as operation and “Patient Chart ID, Name, Eligibility, Last Eligibility Check Date” as details.

Alternative Flows:

- (1) User clicks on appointment list using calendar view.
 - System displays the list of today's appointments along with their eligibility status and copay. (System performs eligibility check in the background for next week appointments and update the status.)
 - User clicks on view eligibility details.
 - System open the eligibility check dialogue with last eligibility check details.
 - User select the desire benefit type of just click the check primary/secondary button.
 - System checks if servicing provider NPI number is entered in the profile or provider identity is verified.
 - System checks the patient insurance eligibility and displays the results for this request.
 - System updates respective data (i.e., Status, Last Status Check Date, patient coverage and access co-insurance, copay, deductible, and other plan details)
 - System uses Log Audit Information use case to log information using “Manage Appointments” as module, “Eligibility Check” as operation and “Patient Chart ID, Name, Eligibility, Last Eligibility Check Date” as details.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage patient information.

Patient demographic exists in system.
At least one insurance exists in patient demographics > Insurance section.
Provider identity is verified in the system.

Minimal Guarantees

System updates patient eligibility status.

Success Guarantees

Patient eligibility information is saved in the system and a user is prompted with a success message.

Patient Eligibility check UI

The screenshot shows the MCREHR Patient Eligibility check UI. At the top, there is a navigation bar with icons for Home, Search, and User profile. The main header says "Add Patient". On the left, there is a vertical sidebar with icons for Home, Search, Patient List, Appointments, Clinical Dashboard, Documents, and Settings. The main content area displays a patient profile for "Walker R. David" (Male, 55 years old, born 4/13/1965). The profile includes contact information (Phone: (125) 454-4578, Email: david.walker@domain.com), address (3050 Peck Street, Nashua, NH, 03061), and clinical notes (CDS: Mammogram Screening for all men aged 40-74, Adult Immunization Schedule Age: 27-40). The "Primary Provider" is listed as "John Doe". There are buttons for "Vitals", "New Appointment", "New Referral", "Fax", and "Print". Below the profile, there is a tab navigation with "Patient info" (selected), "Appointments", "Clinical Dashboard", and "Documents". The "Eligibility" tab is currently active. Under "Insurance Eligibility", it shows the "Payer Plan: Aetna HDHP", "Copay: \$15.00 (10%)", "Certificate: lx65656", and "Group #: 132132". It also shows "Eligibility Response: Active - 02/02/2021", "Subscriber: JOHN DOE | 06 1991-04-04 [INS #: 678912341]", and "Last Updated: 1 hour ago". There is a "Print" link at the top right of this section. Below this, there is a "Summary" section with "Plan: 11/01/2021 - 10/01/2022", "Professional (Physician) Visit - Office", and "In Network Benefits: \$5 Individual Copayment Visit (Benefits: 10/01/2021 - 10/30/2021, MSG: Specialist, HEALTH BENEFIT PLAN COVERAGE - NJ Family Care D-WCOPAY-DENTAL, Active Coverage)". There is a "Hide" link at the top right of the summary section. At the bottom, there is a "Full Details" section with a "Show" link at the top right.

Use Case UC-074: Create Billing Profile

Brief Description

This use case creates the patient billing Profile. Billing profiles hold pre-defined billing templates which can be applied at the time of creating a superbill and claim. Billing profiles list codes or group of codes which are commonly used in the practice. Billing profile can be linked to appointment profiles to auto-apply the billing codes according to appointment types.

Actors

A4, Office Manager or any user part of Management Role

A1, Billing staff or any user part of Billing Role

Triggers

User clicks on Setup > Billing > Billing profile.

Flow of Events

Basic Flow

1. Create new billing profile:

1. User clicks on setup > billing > billing profile.
2. System shows the list of all available Billing profiles to user.
3. User clicks on add new button.
4. System shows popup window to create a new billing profile with following fields.
 - (a) Profile Name. (Mandatory)
 - (b) ICD-10 Codes (search field)
 - (c) CPT Codes (search field).
 - (d) HCPCS Codes search field.
5. User clicks on specific search field.
6. System shows the list of selected codes.
7. User select the code from the list.
8. System adds the code to the selected codes list.
9. User clicks the create button.
10. System adds the new billing profile in Billing profile list with following Headers.
 - (a) Profile. (Mandatory)
 - (b) ICD-10. (Mandatory)
 - (c) CPT (Mandatory)
 - (d) HCPCS
 - (e) NDC
 - (f) Custom
 - (g) Updated Date
 - (h) Action

Alternative Flows:

- 1a. User clicks on the cancel button.
 - a1. System reverts back to the initially loaded information on the screen.
- 2a. User enters invalid information in the fields.
 - 2a.1. System prompt user to correct the information by highlighting the fields.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage billing profile screen.

Minimal Guarantees

Billing profile is created.

Success Guarantees

Billing Profile is managed and a user is prompted with a success message.

Use Case UC-075: Update/delete Billing Profile

Brief Description

This use case is used to update/delete patient billing Profile.

Actors

A4, Office Manager or any user part of Management Role
A1, Billing Staff

Triggers

User clicks on Setup > Billing Profiles.

Flow of Events

Basic Flow

1. Update billing profile:

- (1) User clicks on Setup > Billing Profiles.
- (2) System shows the list of all available Billing profiles to users.
- (3) User double click desired profile which need to be modified.
- (4) System loads the selected billing profile in popup windows in edit mode with following fields.
 - (a) Profile Name.
 - (b) ICD-10 Codes search field.
 - (c) Insurance Payer Trace#
 - (d) CPT Codes search field.
 - (e) HCPCS Codes search field.
- (5) User makes desired updates and clicks the save button.
- (6) System saves the billing profile and prompts user.
- (7) System uses Log Audit Information use case to log information using “Billing Profile” as module, “Update billing profile “as operation and “Billing profile name” as details

2. Delete billing profile:

- (1) User clicks on Setup > Billing Profiles.
- (2) System shows the list of all available Billing profiles to user.
- (3) User select the desired billing profile and clicks the delete button.
- (4) System confirms delete action.
- (5) System deletes the billing profile.
- (6) System uses Log Audit Information use case to log information using “Billing Profile” as module, “Delete billing profile “as operation and “Billing profile name” as details.

Alternative Flows:

- 2.5.1 User clicks on the cancel button.
 - System reverts back to the initially loaded information on the screen.
- 1.5.2 User enters invalid information in the fields.
 - System prompt user to correct the information by highlighting the fields.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage billing profile screen.

Minimal Guarantees

Billing profile is created.

Success Guarantees

Billing Profile is managed and a user is prompted with a success message.

Billing Profile UI

List of billing profiles

The screenshot shows the 'Custom Billing Profiles' section of the MCREHR application. On the left is a vertical sidebar with icons for Home, Calendar, Reports, Patients, Services, and Help. The main area has a header 'Custom Billing Profiles' with a search bar 'Search Billing Profile'. Below is a table with columns: Profile, ICD-10, CPT, HCPCS, NDC, Custom, Updated, and Action. The table contains four rows:

Profile	ICD-10	CPT	HCPCS	NDC	Custom	Updated	Action
Physical Exam	Z00.00					01/02/2021	
UTI	N39.0 R30.0 R39.15	87086				01/02/2021	
Gyn Exam	Z01.419		S0612			01/03/2021	
Cough	G44.83 R05	1015F				01/02/2021	

Add New Billing Profile

The dialog box for adding a new billing profile is titled 'Billing Profile'. It includes fields for 'Profile Name' (Sore Throat), 'ICD-10 Codes' (Search for ICD-10 Diagnosis Codes), and 'CPT/HCPCS' (Search for CPT Procedure Codes). Below these are tables for ICD-10 and CPT entries, each with columns for Sr., Code, Description, and Action (Delete). At the bottom are 'Create' and 'Cancel' buttons.

Sr.	Code	Description	Action
1	J02.9	Acute pharyngitis, Unspecified	

Sr.	Code	Modifier	ICD-10 Dx Ptrs	Quantity	Price	Action
1	J02.9			1.00	\$ 1.00	

Add NDC code

X

NDC Code

Quantity

Units

UN (Unit) 

Save

Cancel

Use Case UC-076: Create Claim

Brief Description

This use case is used to create super bill and claim in the system.

Actors

A4, Office Manager or any user part of Management Role
A6, Staff
A1, Billing Staff

Triggers

User clicks on patient link on the main menu bar and select patient list.
User create a new patient appointment.

Flow of Events

Basic Flow

Create Claim from Encounter:

- (1) User clicks on patient link on the main menu bar and select patient list.
- (2) System shows the list of all available Patients to user.
- (3) User selects the desired Patient from the available list by clicking on the Patient name.
- (4) User selects the desired Encounter from the prepopulated Encounter List.
- (5) User click super bill \oplus option to add a super Bill.
- (6) All the data including procedure's code, diagnosis code in encounter is populated in super Bill
- (7) Super bill contains following fields for review before creation of claim.
 - Billing Status (Mandatory)
 - Claim Type (Mandatory)
 - ICD Version (Mandatory)
 - Emergency Service
 - POS (Mandatory)
 - TOS (Mandatory)
 - Patient Payment
 - Patient Paid Date
 - Delay Reason
 - Acute Manifestation Date
 - Payment Profile
 - Onset Date
 - Other Date
 - Billing Profile
 - Fee Schedule field (Mandatory)
 - Patient condition related to: (Mandatory)
 - Employment with Options are Yes/No. No By default.
 - Auto Accident with Options are Yes/No. No By default.
 - Other Accident with Options are Yes/No. No By default.
 - Do not transmit authorization# to Payer "check Box"
 - Authorization # Box
 - Referral # Box
 - Appointment Notes:
 - Billing Notes:
 - Referring Provider
 - Ordering Provider (Mandatory)

- (8) User click \oplus add button on diagnosis list.
 - 1. System opens a new window with search tab.
 - 2. User write first three digit of dx in the search bar.
 - 3. System show dx started with written three digit available in the system.
 - 4. User select the desired Diagnosis.
 - 5. User click the save button.
 - 6. System close the newly opened window and Diagnosis added to the fields
 - 7. User repeat the process to add more Diagnosis.
- (9) User click \oplus add button on procedures list.
 - 1. System opens a new window with search Tab.
 - 2. User write first three digit of Procedure in the search bar.
 - 3. System show CPT started with written three digit available in the system.
 - 4. User select the desired Procedure.
 - 5. User click the save button.
 - 6. System closes the newly opened window and add procedure to the list.
 - 7. User repeat the process to add more Procedures.
- (10) User enters Modifier information.
- (11) System auto selects the DOS from appointment.
- (12) System auto selects the DX pointer in sequence based upon the selected diagnosis sequence in the encounter.
- (13) User enter the desired units (default is 1).
- (14) User enter minutes field (Default is empty)
- (15) System populates Unit Price automatically based upon selected Fee Schedule.
- (16) Patient Paid, auto calculate based upon patient payment.
- (17) System shows balance due at insurance end in the insurance balance column.
- (18) User click "Add Line" to repeat the steps from 9 to 17 to add new charge.
- (19) User click delete button.
 - 1. System show warning, "this action will delete the procedure line"
 - 2. User clicks OK. System deletes the claim.
- (20) User clicks \oplus button under NDC code caption.
 - 1. System shows the dialogue windows to add NDC Code.
 - 2. User enter desired code and quantity and click save button.
 - 3. Systems add the NDC code to the NDC field on the line.
- (21) User click verify & save button.
- (22) System creates a claim.

Alternative Flows:

- 8.1.1** System opens a new window with chart.
Chart shows dx entered in encounter for this specific visit.
- 8.1.2** System opens a new window with patient tab.
System shows dx entered in all encounters for this specific patient.
User select the desired dx.
User clicks ok
Selected dx add to the diagnosis list.
- 9.1.1** System opens a new window with chart.
Chart shows CPT entered in encounter for this specific visit.
- 9.1.2** System opens a new window with patient tab.
System shows dx entered in all encounters for this specific patient.
- 21.2.1** User click "No". System do not delete the claim.
- 23.1.1** User didn't enter the mandatory information and click verify and save button.
System alerts the user that mandatory information is missing and do not save the claim.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup and part of appropriate security role with access to create superbills.

Appointment exists in system.

Encounter is created.

Minimal Guarantees

Super bill is created.

Success Guarantees

Super bill is created and available in the Claim Tracker list.

Create Claim UI

Create Supper Bill

MCREHR

Recent Encounters [+ Add Encounter](#)

- 2/20/2021 Office Visit
CC: Joint pain Melvin B. Price
- 2/18/2021 Office Visit
CC: Joint pain Melvin B. Price
- 2/18/2021 Office Visit
CC: Joint pain Melvin B. Price
- 2/18/2021 Office Visit
CC: Joint pain Melvin B. Price
- 2/18/2021 Office Visit
CC: Joint pain Melvin B. Price
- 2/18/2021 Office Visit
CC: Joint pain Melvin B. Price

Encounters

Walker R. David
Male | 55 years | 4/13/1965

Encounter Date: Jan. 25, 2021 (Age on Encounter: 55 yrs, 11 months, 5days)
Provider: John Doe **Location:** Manatee Center
Visit Type: Physical **Check-In:** 12:15 pm **Check-out:** --

Demographics **Vitals** **New Appointment**

Last Appointment: Jan. 28, 2021 **Next Appointment:** N/A

Allergies

- > Codeine : UNKNOWN
- > Penicillin G : UNKNOWN
- > Nitroglycerin : UNKNOWN
- > Penciclovir : Mild

Diagnosis

- > M79.605, Pain in the left leg
- > J44.1, Chronic obstructive pulmonary disease with acute exacerbation.
- > E78.79, Other disorder of bile acid and cholesterol metabolism
- > M79.605, Pain in the left leg
- > J44.1, Chronic obstructive pulmonary disease with acute exacerbation.
- > E78.79, Other disorder of bile acid and cholesterol metabolism

Suggested Diagnosis

Resolved (24)

History

Past Medical History

Herpes zoster without complication, pain in joint involving shoulder resion, Moderate persistent asthma, uncomplicated 1.abnc 2.dfg

Family History

Mother: Deceased
Father: Deceased

Social History

Tobacco Smoking: Never (CDC-4)

Children : 3
Caffeine Use: 1- 2/day
Gun lock: Yes

Medication

eRX

- > CITALOPRAM HBB TABS 20mg SIG: TAKE 1 TABLET Daily ,04/25/2018
- > Levothyroxine 25 Mcg Tablets, SIG: TAKE 1 TABLET Daily ,02/25/2018
- > CITALOPRAM HBR TABS 20mg SIG: TAKE 1 TABLET Daily ,01/25/2018
- > Levothyroxine 25 Mcg Tablets, SIG: TAKE 1 TABLET Daily ,02/25/2018
- > CITALOPRAM HBR TABS 20mg SIG: TAKE 1 TABLET Daily ,04/25/2018
- > Levothyroxine 25 Mcg Tablets, SIG: TAKE 1 TABLET Daily ,02/25/2018
- > CITALOPRAM HBR TABS 20mg SIG: TAKE 1 TABLET Daily ,01/25/2018
- > Levothyroxine 25 Mcg Tablets, SIG: TAKE 1 TABLET Daily ,02/25/2018

Paper Rx

- > CITALOPRAM HBR TABS 20mg, SIG: TAKE 1 TABLET Daily ,04/25/2018
- > Levothyroxine 25 Mcg Tablets, SIG: TAKE 1 TABLET Daily ,02/25/2018
- > CITALOPRAM HBR TABS 20mg, SIG: TAKE 1 TABLET Daily ,01/25/2018
- > Levothyroxine 25 Mcg Tablets, SIG: TAKE 1 TABLET Daily ,02/25/2018

Previous Medications (24)

Immunizations

Administered

- > Influenza, live intranasal, quadrivalent, 10/11/2019
- > Influenza, whole, 12/11/2015
- > Influenza, whole, 12/11/2019
- > Influenza, whole, 12/11/2017
- > Influenza, split(incl. purified surface antigen), 12/11/2015

Melvin B. Price
Podiatry Services

West Manatee Health and Wellness Center

Amendments **PQRS** **Sign** **Save** **Print** **Actions**

Demographics **Vitals** **New Appointment**

Chief Complaint / History of Presenting Illness

Chief Complaint **No Chief Complaint Recorded**

HPI **No HPI Recorded Yet**

Vital Signs **No Vital signs recorded Yet**

Review of System **No review of system yet**

Physical Exam **No physical exam recorded yet**

Lab Orders **No Lab Orders recorded yet**

Imaging Orders **No procedures recorded yet**

Procedures **No procedures recorded yet**

Checkout Notes **No checkout notes recorded yet**

Care Plan **No Care plan added yet**

Patient Instructions (Plan of Care) **No Plan of care added yet**

Cognitive Status **No Cognitive status added yet**

Translation Documents **No Translated document attached.**

Super Bill **No Superbill created yet**

Supper Bill Details


≡


Melvin B. Price
 Podiatry Services

West Manatee Health and Wellness Center
Notification icon (red dot)
Print icon
Power icon

Claim/Superbill Details
Search Clinical Notes

 **Walker R. David**
Male | 55 years | 4/13/1965
Appointment: 05/21/2021 | Primary Office - Exam room 1 | Primary Ins: Kaiser Permanente | Secondary Ins: Allstate Ins Group

 Vitals  New Appointment

Billing Status:

ICD 10 Version:

Pt Payment: \$

Billing Profile:

Claim Type:

Emergency Service: POS: TOS:

Delay Reason:

Acute Manifestation Date:

Authorization #: 

Do not transmit authorization # to payer

Referral #:

Onset Date: (HCFA box 14)

Other Date: (HCFA box 15 and 19)

Fee Schedule:

Patient's Condition related to:

Appointment Notes:

Billing Notes:  [Add Note\(s\)](#)

Employment:

Auto Accident:

Other Accident:

EDI billing note (HCFA/CMS 1500 Line 19)

Referring Provider:

Ordering Provider:

Diagnosis

#	ICD-10	Description	Actions
1	C25.0	Malignant neoplasm of head of pancreas  	 
2	C81.11	Nodular sclerosis Hodgkin lymphoma, Lymph nodes of head, face...  	 

 [Add Diagnosis\(s\)](#)

Procedures

Code	Description	Modifiers M1 M2 M3 M4	Service Date	NDC Codes	Dx Pointers				Price	Billed	Pt Paid	Ins Bal	Status	Actions
					1	2	3	4						
90012	Description				from	to			1.00	\$120.00	\$120.00	\$100.00	\$20.00	 
90012	Description				from	to			1.00	\$120.00	\$120.00	\$100.00	\$20.00	 

 [Add Procedure\(s\)](#)

Totals: \$120.00 \$120.00 \$100.00 \$20.00

Save

Select Diagnosis codes

Chart	Patient
Codes	Description
I10	Essential (Primary) hypertension
I10	Essential (Primary) hypertension
H10.011	Acute follicular conjunctivitis, right eye
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
F06.4	Anxiety disorder due to known physiological condition
H47.511	Disorders of visual pathways in (due to) inflammatory disorders, right side
250	Diabetes mellitus
401	Essential Hypertension
F32.0	Major depressive disorder, single episode, mild
S92.909B	Unspecified fracture of unspecified foot. Initial encounter for open fracture.

Diagnosis

Search Diagnosis:

ICD-10	Diagnosis	Action
(i) F06.4	Anxiety disorder due to known physiological condition.	
(i) H10.011	Acute follicular conjunctivitis, right eye	
(i) E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma	
(i) M79.605	pain in left leg	
(i) E78.79	Other disorders of bile acid and cholesterol metabolism	

Unspecified ICD-10 Code(s)
Expired Code(s)

Select Procedure codes

Chart	Frequent
021	Cataract Removal
0254	C-Section
223	Joint Replacement
3356	Circumcision
02238	Broken Bone Repair
02235	Angioplasty and Atherectomy
02256	Stent Procedure

Procedures

Search for a procedure or select from the chart list / frequent list

Procedure: 

Procedure Search Results:

Code	Description
02235	Angioplasty and Atherectomy
02238	Broken Bone Repair

Select procedure to add to the Superbill

Save

Add HCPCS codes

Chart	Frequent
021	Cataract Removal
0254	C-Section
223	Joint Replacement
3356	Circumcision
02238	Broken Bone Repair
02235	Angioplasty and Atherectomy
02256	Stent Procedure

HCPCS Codes

Search for a HCPCS code or select from the chart list / frequent list

Code: 

Procedure Search Results:

Code	Description
02235	Angioplasty and Atherectomy
02238	Broken Bone Repair

Select Code to add to the Superbill

Save

Add NDC Code to procedure

Add NDC code X

NDC Code

Quantity

Units UN (Unit) ▼

Save Cancel

Use Case UC-077: Create Claim without encounter

Brief Description

This use case is used to create a quick claim without the encounter information, system generates an appointment and encounter enter automatically to facilitate creation of bill/claim.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

User clicks create new claims and claim tracker window.

Flow of Events

Basic Flow

Create claim without Encounter:

- (1) User clicks billing > Claim Tracker.
- (2) System Shows the claim tracker window.
- (3) User clicks and new schedule.
- (4) System shows the create new schedule windows with following fields:
 - Patient Name
 - Location
 - Exam Room
 - Schedule time
- (5) User enter the required information and clicks create button.
- (6) System generates new claim number and show billing screen.
- (7) User enter the required claim information and click save claim.
- (8) System saves new claim data and prompt user.
- (9) System uses Log Audit Information use case to log information using “Create Claim” as module, “New claim” as operation and “Claim Id, Patient Name” as details.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage claims.

Minimal Guarantees

New claim is generated.

Success Guarantees

New claim is generated and claim is available in the Claim Tracker list.

Create Claim without encounter UI

Claim Tracker UI

The screenshot shows the MCREHR Claim Tracker UI. At the top, there is a navigation bar with icons for Home, Search, and other functions. On the right side of the header, there is a user profile for Melvin B. Price, a location dropdown for West Manatee Health and Wellness Center, and notification icons.

The main area is titled "Claims Report". It features a search bar with fields for Location (All), Provider (All), Claim Status (All - (1025)), Billing Status (All), Balance (> 99999.99), Patient (All), Payer (All), Claim /TCN #, Date Criteria (Service date(s)), Date From (Select All), Date To (Select All), Clinical Notes (Select All), and buttons for "Search" and "Clear Filter".

Below the search bar is a toolbar with links for Batch Update Status, Re-submit Claims, Set Follow up Date, Display, Export to File, and Custom Export.

The central part of the screen is a table displaying claim details. The columns include Patient, Visit, Location, Provider, Claim #, Billed, Allowed, Adjustment, Ins 1 paid, Ins 2 paid, Pt paid, Ins Bal, Ins 1, and Ins 1 Status. The table shows four rows for Chris Smith at Manatee Center with Melvin B. Price as the provider. The total for all claims is \$370.00.

Patient	Visit	Location	Provider	Claim #	Billed	Allowed	Adjustment	Ins 1 paid	Ins 2 paid	Pt paid	Ins Bal	Ins 1	Ins 1 Status
				Total:	\$ 370.00	\$ 140.00	\$ 230.00	\$ 150.00	\$ 0.00	\$ 150.00	\$ 2000.00		
<input type="checkbox"/>	Chris Smith	02/08/2021	Manatee Center	Melvin B. Price	31231	\$ 100	\$ 50	\$ 50	\$ 50	\$ 0.00	\$ 50.00	\$ 0.00	Medicare
<input type="checkbox"/>	Chris Smith	04/01/2021	Manatee Center	Melvin B. Price	56564	\$ 200	\$ 50	\$ 150	\$ 50	\$ 0.00	\$ 50.00	\$ 0.00	Health Crop
<input type="checkbox"/>	Chris Smith	05/08/2021	Manatee Center	Melvin B. Price	98898	\$ 50	\$ 20	\$ 30	\$ 30	\$ 0.00	\$ 30.00	\$ 0.00	Global Ins
<input type="checkbox"/>	Chris Smith	06/01/2021	Manatee Center	Melvin B. Price	65666	\$ 20	\$ 20	\$ 0	\$ 20	\$ 0.00	\$ 20.00	\$ 0.00	Healthcare Ins
				Total:	\$ 370.00	\$ 140.00	\$ 230.00	\$ 150.00	\$ 0.00	\$ 150.00	\$ 2000.00		

At the bottom left, there is a pagination control showing "Rows: 10" and "1 - 5 of 5".

The screenshot shows the MCREHR Claims Report interface. A modal window is open, displaying detailed information about a specific claim. The modal header reads "Claim Status Claim # | 31231". It shows the claim was submitted electronically twice and last submitted on 08-08-2021, 11:30 am. Below this, a list of processing steps is shown, each with a green checkmark or a red X:

- ✓ Sent to Clearing house (Batch)
- ✓ Accepted at the Clearing house and sent electronically to the payer
- ✓ Claim has been forwarded to payer for continued processing (27514)
- ✓ Pending: Under final processing no action required at this time
- ✓ Sent to Clearing house (Batch)
- ✓ Accepted at the Clearing house and sent electronically to the payer
- ✓ Claim has been forwarded to payer for continued processing (27514)
- ✗ Pending: Under final processing no action required at this time

At the bottom of the modal are two buttons: "Mark as Fixed" and "View Report".

Create new Schedule for claim

The screenshot shows a "Schedule Service" dialog box. It contains four input fields: "Patient:" with a search icon, "Location:" with a dropdown menu, "Exam Room:" with a dropdown menu, and "Schedule Time:" with a dropdown menu. At the bottom of the dialog are two buttons: "Create" (in a dark blue box) and "Cancel".

Use Case UC-078: Find/Export Claims List

Brief Description

This use case is used to track and open list of claims with multiple filters.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

User click Claims and select claim search and system show Claim search window.

Flow of Events

Basic Flow

How to Find Claim:

- (1) User clicks Claim and select claim search.
- (2) System open claim search window.
- (3) User click search to open desired claim or multiple claims at a time using following filter.
 - Location filter is used to open claims by location
 - Provider filter is used to open claim by Provider
 - Claim status is used to open claim with selected status i.e. Rejected, Clearing House Rejected, Rejected Fixed, Claim Rejected, and Accepted.
 - Billing Status is used to select desire status of Claim like if its status is On Hold, Paid, Denied, submitted, ready to submit, Waiting, Pending, Patient, Collection.
 - Balance amount is used to filter claim with Balance greater equal or less then amount criteria.
 - Amount filter is used to specify the amount that claims filtered are equal, greater or less then this amount.
 - Patient filter is used to open claim by using patient name filter.
 - Payer filter is used to select claims based on the selected payers.
 - Claim/TCN# is unique ID assigned to each claim to open the claim directly.
 - Date Criteria filter is use to open reports based on the Date of service, Claim Entered Date, Claim Submitted Date.
 - “Date From” is subjected to previously selected Date Criteria Filter.
 - “Date To” is subjected to previously selected Date Criteria Filter.
- (4) List of Claim is open with following Headers.
 - Add Radio Button (User click add to extend opened claim for more details)
 - Patient Name
 - Visit
 - Location
 - Provider
 - Claim
 - Billed
 - Allowed
 - Adjustment
 - Insurance 1 Paid
 - Insurance 2 Paid
 - Patient Paid
 - Insurance balance
 - Insurance 1 Name

- Insurance 1 Status
- (5) On top of the list of claims there are following headers added so user can take more actions as needed?
- Batch Update Status
Using this selected claim status can be changed to any other status.
 - Resubmit Claim
Using this selected claim can be resubmit to Insurance.
 - Set Follow up Dates
Using this selected claim date is selected.
 - Export to file
Using this selected claim report can be export in Excel, Text and pdf Format.
 - Custom Export: Using this claim list header can be add/remove in this list headers.

Alternative Flows:

- 3 User click the clear filter button.
 - System alerts the user that this action removes all data.
 - User accept, data is removed
 - User decline, data remains in the fields.
- 4 User select a filter in which no claim found.
 - System prompt user, No Claim Reports were found matching your search criteria.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage claims information.

Claim exists in the system.

Minimal Guarantees

Claim information is updated.

Success Guarantees

Claim information is updated and claim is ready to submit.

Export Claims List UI


≡

 Melvin B. Price
West Manatee Health and Wellness Center
Logout
Profile
Help

Claims Report

⊕ Schedule
^

Location: 🔍

Claim Status: 🔍

Patient: ▼

Date Criteria: ▼

Clinical Notes: ▼

Provider: 🔍

Billing Status: 🔍

Payer: ▼

Date From: 📅

Date To: 📅

Batch Update Status
Re-submit Claims
Set Follow up Date
Display
Export to File
Custom Export

<input type="checkbox"/>	Patient ▲	Visit ▼	Location ▲	Provider ▲	Claim # ▲	Billed ▲	Allowed ▲	Adjustment ▲	Ins 1 paid ▲	Ins 2 paid ▲	Pt paid ▲	Ins Bal ▲	Ins 1 ▲	Ins 1 Status ▲	
Total: \$ 370.00 \$ 140.00 \$ 230.00 \$ 150.00 \$ 0.00 \$ 150.00 \$ 2000.00															
<input type="checkbox"/>	Chris Smith	02/08/2021	Manatee Center	Melvin B. Price	31231	\$ 100	\$ 50	\$ 50	\$ 50	\$ 0.00	\$ 50.00	\$ 0.00	Medicare	Bill Insurance	🔗
<input type="checkbox"/>	Chris Smith	04/01/2021	Manatee Center	Melvin B. Price	56564	\$ 200	\$ 50	\$ 150	\$ 50	\$ 0.00	\$ 50.00	\$ 0.00	Health Crop	Paid	🔗
<input type="checkbox"/>	Chris Smith	05/08/2021	Manatee Center	Melvin B. Price	98898	\$ 50	\$ 20	\$ 30	\$ 30	\$ 0.00	\$ 30.00	\$ 0.00	Global Ins	Submitted	🔗
<input type="checkbox"/>	Chris Smith	06/01/2021	Manatee Center	Melvin B. Price	65666	\$ 20	\$ 20	\$ 0	\$ 20	\$ 0.00	\$ 20.00	\$ 0.00	Healthcare Ins	Not Submitted	🔗
Total: \$ 370.00 \$ 140.00 \$ 230.00 \$ 150.00 \$ 0.00 \$ 150.00 \$ 2000.00															

Rows: 1 - 5 of 5

Use Case UC-079: Clone Claim

Brief Description

This use case is used to create an exact duplicate claim. Clone claim functionality is handy to quickly create copy of the selected claim.

Actors

A4, Office Manager or any user part of Management Role
A6, Staff
A1, Billing Staff

Triggers

User click clone claim on claim editing window.

Flow of Events

Basic Flow

Clone Claim:

- (1) User select the desire claim from the claim tracker window.
- (2) User double clicks the selected claim.
- (3) System shows the claim in edit mode.
- (4) User click on clone claim button.
- (5) System shows following clone check which user need to select as required.
 - Clone ICD Diagnosis
 - Clone Custom Procedures
 - Clone HCPCS codes
 - Clone patient vitals
 - Show clone in calendar
- (6) System creates a new claim with similar detail.
- (7) User modify the newly create claim as per his needs.
- (8) User click the save and verify button and claim be saved.

Alternative Flows:

5. User click the save button with same information.
 - System alert that this is exact duplicate of a claim and modification required.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage claim information.

Claim exists in the system.

Minimal Guarantees

Existing claim is cloned.

Success Guarantees

New Claim is created with similar information and available in claim tracker window.

Clone Claim UI

Billing Info.

Walker R. David
Male | 55 years | 4/13/1965
Appointment: 05/21/2021 | Primary Office - Exam room 1

Search Clinical Notes

Billing Status: Select Billing Status Claim Type: Default

ICD 10 Version: ICD-10 Emergency Service: No.

Pt Payment: \$ Pt Payment Due: \$0.00

Payment Profile: Select Payment Profile

Billing Profile: Select Billing profile

Do not transmit a claim to the patient's insurance company.

Authorization #: ####

Referral #: ####

Appointment Notes:

Billing Notes:

Clone Claim

Assign To: Provider Name

ICD DX: Clone ICD Diagnosis.

Custom Procedures: Clone Custom Procedures

CPT/HCPCS Codes: Clone CPT/HCPCS Procedures.

Vitals: Clone Patient Vitals.

Show in Calendar: Show clone in Calendar.

Clone Cancel

Line Item Transactions

Only patient's diagnoses.

#	ICD-10	Description
1	C25.0	Malignant neoplasm of head of pancreas
2	C81.11	Nodular sclerosis Hodgkin lymphoma, Lymph nodes of head, face...

ICD-10 Code

Line Item	NDC Code	Quantity	Units
<input type="text"/>	<input type="text"/>	1	UN (Unit) <input type="button"/>

Code/Check Date Description Mods/Posted Date Service Date Qty/Min Dx Pointers Price Billed Allowed Adjmt Ins 1 paid Ins 2 paid Pt Paid Ins Bal Status/Adj Type

Totals: \$120.00 \$120.00 \$0.00 \$0.00 \$120.00 \$0.00 Not Submitted

90012 from to 1.00 \$120.00 \$120.00 \$0.00 \$0.00 \$120.00 \$0.00 Not Submitted \$

Add Line Delete Verify and Save

Use Case UC-080: Create Fee Schedule

Brief Description

This use case is used to Create, update and delete multiple fee schedule so user can create the charges according to the Medicare allowable against each Procedure Code. Fee schedule can be specific to location, provider and payers.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

User clicks on customer setting and select Fee schedule.

Flow of Events

Basic Flow

Create Fee Schedule:

- (1) User clicks on setting > Fee schedule.
- (2) System shows the list of all fee schedule (Default Active ones).
- (3) User clicks on add new button.
- (4) System shows a new window to create a fee schedule following fields.
 - (a) Payer (optional) if payer is selected fee schedule will be specific to this payer only. Will be used for contract rates.
 - (b) Fee Schedule Name.
 - (c) Fee source (Excel/Medicare or based upon existing schedule).
 - (d) Provider (Optional) if selected rates will be applicable for selected providers only.
 - (e) Location (Optional) if selected rates will be applicable for selected locations only.
 - (f) Start Date, date when the rates will start applying.
 - (g) Use percent of Medicare rates (to load Medicare rates with specific percentage)
 - (h) Procedure codes, user can add multiple procedure codes for editing.
 - (i) Filter codes, user can apply filter to search Medicare codes and update the rates accordingly.
- (5) User clicks the Save button.
- (6) System create the new fee schedule.

Alternative Flows:

User can also import fee schedule from excel.

The uploaded fee schedule charges can be increased & decreased based on the set percentage.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage fee schedules.

Minimal Guarantees

Fee schedule is created.

Success Guarantees

New fee schedule is created and available to use on super bill ui.

Create Fee Schedule UI

Fee Schedule List

The screenshot shows a web-based application interface for managing fee schedules. At the top, there is a header with the MCREHR logo, a user profile for Melvin B. Price, and navigation icons. Below the header, a sidebar on the left contains icons for Home, Contracts and Fees, Standard Fees, and other administrative functions. The main content area is titled "Contracts and Fees" and displays a table with one row. The table columns are: Name, Effective Date, Payer, Fee Source, Type, Status, and Action. The single row shows "Standard Fees" as the name, "11/21/2021" as the effective date, "100% of Medicare Rate" as the fee source, "Standard" as the type, and "Active" as the status. An edit icon is present in the Action column.

Create New Fee Schedule

The screenshot shows a modal dialog box for creating a new fee schedule. The title of the dialog is "Fee Schedule". Inside the dialog, there are several input fields and dropdown menus. The "Fee Schedule Name" field contains "Standard Fees". The "Fee Source" field has a placeholder "Select an option". Below these, there are fields for "Provider" (with "Search Provider" and "David Snow" listed) and "Location" (with "Search Location" and "Primary location" listed). A "Payer" dropdown menu is set to "Select Payer". A "Start Date" field shows "1/1/2021". Below the start date, there are fields for "Use" (set to 100) and "% of". A section titled "Enter Procedure codes" contains a text input field with the placeholder "You can enter multiple codes, like this, 21235,54654,2325" and a plus sign button. At the bottom of the dialog, there is a table listing procedure codes with their descriptions, modifiers, fees, and Medicare amounts. The table has columns for Code, Description, Modifier, Your Fee, and Medicare. Two rows are shown: one for "99202 OFFICE OUTPATIENT NEW 20 MINUTES" with a fee of \$83.11 and Medicare of \$83.11, and another for "99202 OFFICE OUTPATIENT NEW 30 MINUTES" with a fee of \$117.71 and Medicare of \$117.71. At the very bottom of the dialog are "Save" and "Cancel" buttons.

Use Case UC-081: Change Claim Status in Bulk

Brief Description

This use case is used to change the status of multiple claims at once.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

User click multiple claims to change the status in bulk.

Flow of Events

Basic Flow

Claims Bulk Status Change:

- (1) User click on multiple desired Visit date in the claim search filtered claim list.
- (2) User select the “Change Bulk Status”
- (3) System shows the Window with selected claim and warn this action cannot be undone.
- (4) User select the desired status
- (5) User click the confirm button.
- (6) System saves the claim with updated status.

Alternative Flows:

- (5) User click the cancel.
 - System not change the status.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage claim information.

Claim exists in the system.

Minimal Guarantees

Claim status is changed.

Success Guarantees

Claim status is updated.

Claim Log is created.

Update bulk claim Status UI

The screenshot shows the MCREHR Claims Report interface. A modal window titled "Confirm Bulk Status Change" is displayed in the center. The modal contains a dropdown menu set to "Paid in Full". Below it, a message says "Please ConfirmBatch Status Change of 2 Claims to Paid In Full" and lists two claims:

Claim ID	Patient	Date of Service
21321321	David R Walker	08/12/2021 04:00 PM
45645645	David R Walker	08/12/2021 04:00 PM

A red warning box at the bottom states "Warning: this action can not be undone". At the bottom right of the modal are "Confirm" and "Cancel" buttons.

On the left side of the main interface, there is a sidebar with icons for Home, Calendar, Patient, Visit, and Clinical Notes. The Clinical Notes section is expanded, showing a list of processing steps for a claim from Chris Smith on 02/08/2021. The steps include:

- ✓ Sent to Clearing house (Batch)
- ✓ Accepted at the Clearing house and sent electronically to the payer
- ✓ Claim has been forwarded to payer for continued processing (27514)
- ✓ Pending: Under final processing no action required at this time
- ✓ Sent to Clearing house (Batch)
- ✓ Accepted at the Clearing house and sent electronically to the payer
- ✓ Claim has been forwarded to payer for continued processing (27514)
- ✗ Pending: Under final processing no action required at this time

Below the sidebar, there is a table showing claims for Chris Smith on 04/01/2021, 05/08/2021, and 06/01/2021. The table includes columns for Date, Name, Center, Provider, ID, Amounts, and Insurance Status. The total amount for all claims is \$200.00.

Use Case UC-082: Claim Follow-up

Brief Description

This use case shows how to add follow up notes and follow date with expected payment.

Actors

A4, Office Manager or any user part of Management Role
A6, Staff
A1, Billing Staff

Triggers

User click desired claim in claim search list a detail with clearing house update is open.

Flow of Events

Basic Flow

Add follow up notes:

- (1) User click on add notes.
- (2) System show add note window with following fields.
 - Note Type:
Note
 - Set next follow up date Check box
- (3) Add Expected Payment Window.
 - a. Expected payment field
- (4) User click on add note.
- (5) System adds the notes with Expected payment.
- (6) System shows the existing notes list.

Alternative Flows:

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.
Users are member of appropriate security role with access to manage claim information.
Claim exists in the system.

Minimal Guarantees

Claim notes are created.

Success Guarantees

Claim notes are created.

Claim Follow-up UI

Billing Info.

Walker R. David
Male | 55 years | 4/13/1965
Appointment: 05/21/2021 | Primary Office - Exam room 1 | Primary Ins: Kaiser Permanente | Secondary Ins: Allstate Ins Group

Search Clinical Notes

Vitals | New Appointment

Appointment | Add EOB | Super Bill | Clinical Notes | Clone | Print Forms | Print Screen

Billing Status: Select Billing Status | Claim Type: Default

ICD 10 Version: ICD-10 | Emergency Service: No. | POS: | TOS: |

Pt Payment: \$ | Pt Payment Due: \$ 0.00 | Payment Profile: Select Payment Profile | Billing Profile: Select Billing profile

Do not transmit at this time

Authorization #: #### | Referral #: #### | Appointment Notes:

Notes: [+ Add Note\(s\)](#)

Add Note

Note Type: Claim | Note:

 Set Next Followup Date | 04/16/2021 | [+ Expected Payment Info](#)

[Add Note](#) | [Cancel](#)

Existing Notes

Date/Time	User	Note Details
08/02/2021	Alex James	Check Claim Status
08/02/2021	John Doe	Please Followup

Line Item Transactions

Only patient's diagnoses.

#	ICD-10	Description	Quantity	Units
1	C25.0	Malignant neoplasms of the breast	1	UN (Unit)
2	C81.11	Nodular sclerosis Hodgkin lymphoma, Lymph nodes of head, face, neck	1	UN (Unit)

[ICD-10 Code](#) [Search](#)

Line Item Transactions

Code/Check Date	Description	POS	TOS	Mods/Posted Date	Service Date	Dx Pointers	Qty/Min	Price	Billed	Pt Paid	Ins Bal	Status/Adj	Type
M1 M2 M3 M4	ICD1 ICD2 ICD3 ICD4												
Totals:	\$120.00	\$120.00	\$100.00	\$20.00									
Totals:	\$120.00	\$120.00	\$100.00	\$20.00	Not Submitted	\$ Edit							

[Add Line](#) [Delete](#) [Verify and Save](#)

Use Case UC-083: Rectify Claim Rejections

Brief Description

This use case is used to correct the claim rejections whether identified by the clearing house or insurance company.

Actors

A4, Office Manager or any user part of Management Role
A6, Staff
A1, Billing Staff

Triggers

User click Claims and select claim search and system show Find Claim window.

Flow of Events

Basic Flow

Claim Edit superbill:

- (1) User click on desired patient name in the claim search filtered claim list.
- (2) System shows list of all visit for this specific patient.
- (3) User click on desired Visit date in the claim search filtered claim list.
- (4) System opens a superbill of this specific patients claim.
- (5) Superbill window contain following fields is editable.
 - Billing Status (Mandatory)
 - Claim Type (Mandatory)
 - ICD Version (Mandatory)
 - Emergency Service
 - POS (Mandatory)
 - TOS (Mandatory)
 - Patient Payment
 - Patient Paid Date
 - Delay Reason
 - Acute Manifestation Date
 - Payment Profile
 - Onset Date
 - Other Date
 - Billing Profile
 - Fee Schedule field (Mandatory)
 - Patient condition related to: (Mandatory)
 - Employment with Options are Yes/No. No By default.
 - Auto Accident with Options are Yes/No. No By default.
 - Other Accident with Options are Yes/No. No By default.
 - Do not transmit authorization# to Payer “check Box”
 - Authorization # Box
 - Referral # Box
 - Appointment Notes:
 - Billing Notes:
 - Referring Provider
 - Ordering Provider (Mandatory)
- (6) User click edit diagnosis sign.
 1. System opens a new window with search tab.
 2. User write first three digit of dx in the search bar.

3. System show dx started with written three digit available in the system.
4. User select the desired Diagnosis.
5. User click the save button.
6. System close the newly opened window and replaced the previous diagnosis.

(7) To update Procedure, User click on procedure edit.

1. System opens a new window with search Tab.
2. User write first three digit of Procedure in the search bar.
3. System show CPT started with written three digit available in the system.
4. User select the desired Procedure.
5. User click the save button.
6. System close the newly opened window and replace previous Procedure.
7. User repeat the process to add more Procedures.

(8) User modify Modifier information.

(9) To update Service Date:

1. System auto selects the DOS from appointment but it can be modified as needed.
2. System creates another appointment if Date of service without appointment is selected and claim is saved.

(10) User modify the DX pointer as needed.

(11) User modify the desired units (default is 1).

(12) User modify minutes field (Default is empty)

(13) User modify the unit Price.

(14) Update Patient Paid, any amount paid by patient after applying to claim

(15) To update procedure User, click on desired Line to update the procedure.

(16) User select the added line and click on delete,

1. System shows warning message.
2. User clicks Ok.
3. System removes the added line.

(17) User click NDC code and update for selected procedure.

1. User update the quantity manually.
2. User update the Unit manually.
3. User click save.
4. NDC modified in selected procedure.

(18) User Click the save and Verify button.

(19) System saves the claim.

Alternative Flows:

6. User repeat the process from 1 to 6 to add more Diagnosis

6.1.1 User select the dx and manually remove it.

- User left the dx field blank.
- User click save button
- System prompt user to add dx if dx field left blank and another dx exist afterward.

6.1.2 System opens a new window with chart tab.

- System show dx already entered in chart.
- User select the desired Diagnosis.
- User click the save button.
- Diagnosis added to the diagnosis list in claim window.

6.1.3 System opens a new window with patient tab.

- System show dx already entered in previous claims.

- User select the desired Diagnosis.
- User click the save button.
- Diagnosis added to the diagnosis list in claim window.

7. User repeat the process from 1 to 6 to add more Procedure.

7.1.1 User click delete button in the end of procedure.

- System prompt user this action deletes the Procedure.
- User clicks ok.
- System deletes the Procedure.

7.1.2 System opens a new window with chart tab.

- System show CPT already entered in chart.
- User select the desired CPT.
- User click the save button.
- CPT added to the diagnosis list in claim window.

7.1.3 System opens a new window with frequent use CPT tab.

- System shows top most used CPT
- User select the desired CPT.
- User click the save button.
- CPT added to the list in claim window.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage claim information.

Claim exists in the system.

Minimal Guarantees

Claim information is updated.

Success Guarantees

Claim information is updated and claim is ready to submit.

Claim Tracker UI


≡

 Melvin B. Price
 Podiatry Services

 West Manatee Health and Wellness Center
 🕒




Claims Report

 
Schedule
↑

Location: 

Claim Status: 

Patient: 

Date Criteria: Service date(s) 

Clinical Notes: 

Provider: 

Billing Status: 

Payer: 

Date From: 

Date To: 

Batch Update Status
Re-submit Claims
Set Follow up Date
Display
Export to File
Custom Export

Patient	Visit	Location	Provider	Claim #	Billed	Allowed	Adjustment	Ins 1 paid	Ins 2 paid	Pt paid	Ins Bal	Ins 1	Ins 1 Status						
Total:													\$ 370.00	\$ 140.00	\$ 230.00	\$ 150.00	\$ 0.00	\$ 150.00	\$ 2000.00
<input type="checkbox"/>	Chris Smith	02/08/2021	Manatee Center	Melvin B. Price	31231	\$ 100	\$ 50	\$ 50	\$ 50	\$ 0.00	\$ 50.00	\$ 0.00	Medicare	Bill Insurance 					
<input type="checkbox"/>	Chris Smith	04/01/2021	Manatee Center	Melvin B. Price	56564	\$ 200	\$ 50	\$ 150	\$ 50	\$ 0.00	\$ 50.00	\$ 0.00	Health Crop	Paid 					
<input type="checkbox"/>	Chris Smith	05/08/2021	Manatee Center	Melvin B. Price	98898	\$ 50	\$ 20	\$ 30	\$ 30	\$ 0.00	\$ 30.00	\$ 0.00	Global Ins	Submitted 					
<input type="checkbox"/>	Chris Smith	06/01/2021	Manatee Center	Melvin B. Price	65666	\$ 20	\$ 20	\$ 0	\$ 20	\$ 0.00	\$ 20.00	\$ 0.00	Healthcare Ins	Not Submitted 					
Total:													\$ 370.00	\$ 140.00	\$ 230.00	\$ 150.00	\$ 0.00	\$ 150.00	\$ 2000.00

Rows: 1 - 5 of 5

Use Case UC-084: Fix Claim

Brief Description

This use case is used to follow up on claims using claim search window.

Actors

A4, Office Manager or any user part of Management Role
A6, Staff
A1, Billing Staff

Triggers

User click desired claim in claim search list a detail with clearing house update is open.

Flow of Events

Basic Flow

How to fix Claims Rejection:

- (1) User click on desired patient name in the claim search filtered claim list.
- (2) System shows list of all visit for this specific patient.
- (3) User click on desired Visit date in the claim search filtered claim list.
- (4) System shows the clearing house update in sequence with dates.
- (5) User click the Mark as Fix button.
- (6) System alerts the user, "Would you like to submit the claim"
- (7) User click the submit button, claim is saved and submit to insurance.
- (8) User click the, "don't submit" button, claim is saved and not submit to insurance.
- (9) User click the cancel button, claim is not saved and not submitted.

Alternative Flows:

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.
Users are member of appropriate security role with access to manage claim information.
Claim exists in the system.
Claim is submitted to insurance.
Claim rejection is received in system.

Minimal Guarantees

Claim rejection is fixed.

Success Guarantees

Claim rejection is fixed and claim is ready to re-submit.

Fix claim UI

MCREHR

Claims Report

Schedule

Location: All Provider: All

Claim Status: All - (1025) Billing Status: All Balance: > 99999.99

Patient: All Payer: All Claim /TCN #:

Date Criteria: Service date(s)

Clinical Notes: Select All

Re-Submit Claim

Would you like to submit the fixed claim?

Only claim sets to send to insurance, at insurance, denied at insurance, or rejected at clearing house can be re-submitted

Submit Don't Submit Cancel

Chris Smith 02/08/2021

Submitted electronically Twice

- ✓ Sent to Clearing
- ✓ Accepted at the Clearing house and sent electronically to the payer
- ✓ Claim has been forwarded to payer for continued processing (27514)
- ✓ Pending: Under final processing no action required at this time
- ✓ Sent to Clearing house (Batch)
- ✓ Accepted at the Clearing house and sent electronically to the payer
- ✓ Claim has been forwarded to payer for continued processing (27514)
- ✗ Pending: Under final processing no action required at this time

Mark as fixed View Reports

Chris Smith	04/01/2021	Manatee Center	Melvin B. Price	56564	\$ 200	\$ 50	\$ 150	\$ 50	\$ 0.00	\$ 50.00	\$ 0.00	Health Crop	Paid
Chris Smith	05/08/2021	Manatee Center	Melvin B. Price	98898	\$ 50	\$ 20	\$ 30	\$ 30	\$ 0.00	\$ 30.00	\$ 0.00	Global Ins	Submitted
Chris Smith	06/01/2021	Manatee Center	Melvin B. Price	65666	\$ 20	\$ 20	\$ 0	\$ 20	\$ 0.00	\$ 20.00	\$ 0.00	Healthcare Ins	Not Submitted

Total: \$ 370.00 \$ 140.00 \$ 230.00 \$ 150.00 \$ 0.00 \$ 150.00 \$ 2000.00

Rows: 10 1 - 5 of 5

Use Case UC-085: Re-Submit Claim

Brief Description

This use case shows how to resubmit a claim after follow up on claims using claim search window.

Actors

A4, Office Manager or any user part of Management Role
A6, Staff
A1, Billing Staff

Triggers

User click desired claim in claim search list a detail with clearing house update is open.

Flow of Events

Basic Flow

Re-submit a Claim:

- (1) User click on Select Claim > Claim.
- (2) User use the Search field to search for desired claim.
- (3) Open the claim.
- (4) Change the claim Frequency field.
 - 7 - Replacement of Prior Claim: This is replacing a prior claim.
 - 8 - Void/Cancel Prior Claim: This is voiding or canceling a prior claim.
- (5) Provide an Original Claim #, under the Insurance information.
- (6) The original claim# can be either the TCN (Transaction Control Number) or ICN (Insurance Control Number). Typically, the number to use is dependent on whether you're re-submitting the claim before (TCN) or after (ICN) the EOB has been received.
- (7) For Professional Claims ONLY: Click the Additional Info tab and enter a Resubmit Reason Code.
- (8) Click the Charges tab.
- (9) Under Charge Options, use the drop-down menu to select the status to set all charges to. Or send by individual line item by updating the Status.
- (10) User click Save.

Alternative Flows:

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage claim information.

Claim exists in the system

Minimal Guarantees

Claim is re-submitted to payer.

Success Guarantees

Claim is re-submitted to payer and claim status is changed to re-submitted.

Use Case UC-086: Add Insurance Payment (EOB)

Brief Description

This use case is used to show how to create and applied Insurance Payment batch.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

User click Insurance Payment tab in Payment manager and system show a window to create an insurance payment batch.

Flow of Events

Basic Flow

1. Add Insurance Payment:

- (1) User clicks on Payment.
- (2) System opens a Payment manager window.
- (3) User click on “**Insurance Payment**” tab under search criteria.
- (4) System shows a new window to create a batch from EOB with following fields.
 - Insurance payer name
 - Insurance payer ID
 - Insurance Payer Trace#
 - Payment Method
 - Total Paid
 - Check date
 - Deposit date
 - Scanned EOB
- (5) User click Save Button
- (6) System creates a batch Log in Payment Manager.
- (7) System opens a new window with check detail that is already enter in a batch.
- (8) User Click on Add claim and search the desired patient to add in list for payment posting.
- (9) System makes a list of added claims.
- (10) User click on desired patient claim for payment posting.
- (11) System shows following additional fields to user.
 - Action
 - TCN
 - Status
 - Claim Control#
- (12) System also show Payment posting pane with following fields.
 - DOS – Automated
 - Procedure - Automated
 - Charge Amount - Automated
 - Start Balance - Automated
 - Allowed – User enter
 - Paid - User enter
 - Remarks - User select from available list.
 - Adj. Reason - User select from available list.
 - Adjusted - Automated

- Unpaid Reason - User select from available list.
- Unpaid amount - Automated
- **Deductibles** Patient Responsibility - User enter or auto populated.
- Patient Responsibility Reason - User select from available list.
- Status - User select from available list.
- END Balance - Automated
- Action – User select from available list.

(13) User select save button

(14) System saves the payment for this specific claim.

(15) User repeat the process to add the payment in remaining claims.

(16) When batch payment is fully applied to all claim's user click save payment button.

(17) System saves the batch and payment is applied in all claims.

2. Edit/Delete Insurance Payment:

(1) In Payment manager list user click the desired Insurance payment batch.

(2) System opens the batch for user to edit.

(3) User click on desired patient claim for posted payment editing.

(4) System shows following additional fields to user.

- Action
- TCN
- Status
- Claim Control#

(5) System also show Payment posting pane with following fields.

- DOS – Automated
- Procedure - Automated
- Charge Amount - Automated
- Start Balance - Automated
- Allowed – User enter
- Paid - User enter
- Remarks - User select from available list.
- Adj. Reason - User select from available list.
- Adjusted - User enter
- Unpaid Reason - User select from available list.
- Unpaid amount - User enter
- Patient Responsibility - User enter or auto populated.
- Patient Responsibility Reason - User select from available list.
- Status - User select from available list.
- END Balance - Automated
- Action – User can select.

(6) User select save button.

(7) System saves the changes.

Alternative Flows:

2.1 User edit the payment batch and make changes and save the batch.

- System prompt user that this may affect Financials.
- User may need to authenticate it in order to proceed.

2.2 User delete the payment batch.

- System prompt user that this may affect Financials.
- User may need to authenticate it in order to proceed.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage insurance payments.

Claim exists in the system

Claim submission history exists.

Minimal Guarantees

Insurance payment is entered.

Success Guarantees

Insurance payment is entered and a user is prompted with a success message.

Insurance Payment (Batch) UI

Payments List

The screenshot shows the 'Payments List' page of the MCREHR software. At the top, there is a navigation bar with the MCREHR logo, a search icon, and user information for Melvin B. Price, Podiatry Services. Below the navigation bar, the page title 'Payment' is displayed. On the left, there is a vertical sidebar with icons for Home, Payments, Patients, and Reports. The main content area contains several search and filter fields: 'Payment from:' dropdown set to 'Insurance', 'Check #' input field, 'Facility' dropdown, 'Posted by:' dropdown, 'Batch #' input field, 'Patient' search input, 'Received Payment Date' date range selector, 'Balance' dropdown, 'Insurance' dropdown set to 'Blue Cross', 'Payment Type' dropdown set to 'All', 'Status' dropdown set to 'All Payments', and 'Payment ID' input field. Below these fields is a grid of payment records. The grid has columns: Locked, Attachment, ERA, Batch ID, Payment ID, Posted By, Date, Payment From, Payment Type, Check #, Check Date, Deposited Date, Amount, Posted, Unposted, and Action. There are 15 rows of data, each representing a payment record. Each row includes a checkbox, a file icon, and the payment details. The 'Action' column contains icons for edit and delete. At the bottom right of the grid, there are links for 'Insurance Payments', 'Patient Payments', and 'Log Payments'.

Locked	Attachment	ERA	Batch ID	Payment ID	Posted By	Date	Payment From	Payment Type	Check #	Check Date	Deposited Date	Amount	Posted	Unposted	Action
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021	06/05/2021	\$100.00	\$0.00	\$0.00	
<input type="checkbox"/>		E	545646	54655656	John Doe	06/04/2021	Blue Cross Shield.	Check	54645456	06/05/2021</					

Insurance Payment – Add EOB

Insurance Payment (Batch).

Add EOB

Patient	Chart ID	Claim ID
[Redacted]	[Redacted]	[Redacted]
Total		

Save Payment Cancel

Insurance Payer Name: Name

Insurance Payer ID: ID

Insurance Payer Trace #: ###

Payment Method: Select

Total Paid: 0.00

Check Date: 06/14/2021

Deposit Date: 06/14/2021

Scanend EOB: Choose a file

Save Cancel

Additional Actions Balance Action

Additional Actions	Balance	Action
\$0.00		
0	\$0.00	\$0.00

Search Claims

Claim Search

Search Claim: Search by Name, Dob, Claim ID, Account # or TCN

Show exact matches only Show unpaid claims only

<input type="checkbox"/> Patient	Claim ID	Dos	Total Charges	Balance	Status	Type
<input type="checkbox"/> Sarah John	23132156	03/12/2021	\$ 45.00	\$ 45.00	Claim at clearing house	Professional
<input type="checkbox"/> Alex Brown	23132566	04/12/2021	\$ 145.00	\$ 145.00	Claim at clearing house	Professional
<input type="checkbox"/> Teena Blake	12348458	04/18/2021	\$ 375.00	\$ 375.00	Claim at clearing house	Professional
<input type="checkbox"/> John Doe	23134565	04/20/2021	\$ 200.00	\$ 200.00	Claim at clearing house	Professional
<input type="checkbox"/> John Smith	98999589	04/22/2021	\$ 500.00	\$ 500.00	Claim at clearing house	Professional
<input type="checkbox"/> John Wick	25645666	05/12/2021	\$ 175.00	\$ 175.00	Claim at clearing house	Professional
<input type="checkbox"/> Lessly True	23546456	06/12/2021	\$ 200.00	\$ 200.00	Claim at clearing house	Professional



Melvin B. Price

West Manatee Health and
Wellness Center



Insurance Payment (Batch).

Search Clinical Notes

Payment from: Texas Medicare Payment Type: Check Receiving date: 06/15/2021 Form Version: 1500 (02-12)

[Add EOB](#) | [Edit](#)

Check #: 986552

Amount: \$1,000.00

Applied: \$0.00

Unapplied: \$1,000.00

[Add Claim](#) | [Account Debit](#)

Patient	Chart ID	Claim	TCN	DOS	Billed	Allowed	Paid	Adjusted	Unpaid	Additional	Balance	Action
John Doe	565645	666	85589	11/02/2021	\$200.00	\$120.00	\$120.00	\$60.00	\$10.00		\$10.00	
John Doe	565645	666	85589	11/02/2021	\$20.00	\$15.00	\$9.00	\$6.00	\$0.00		\$0.00	
Total					\$220.00	\$135.00	\$129.00	\$66.00	\$10.00		\$10.00	

Save Payment

Cancel

Apply Individual Payment

MCREHR

Insurance Payment

Walker R. David
Male | 55 years | 4/13/1965
Appointment: 05/21/2021 | Primary Office - Exam room 1 Primary Ins: Kaiser Permanente Secondary Ins: Allstate Ins Group

Payment from: Texas Medicare Payment Type: Check Receiving date: 06/15/2021

Check #: 986552 Check amount: \$1,000.00 Posted Amount: \$0.00 Balance Amount: \$1,000.00

Claim #: 545644646 Rendering Provider: Melvin B. Price

Action: Processed TCN: Send to Texas Medicare via clearing house (electric...)

Status: Balance Due Patient Claim Control #: Claim Control #

[Account Debit](#) | [Account summary](#) | [Notes](#) | [Alerts](#)

DOS	Proc	Amount	Start Balance	Allowed	Paid	Remarks	Adj. Reasons	Adjusted	Unpaid Reasons	Unpaid	Deductible	Status	End Balance	Action
07/14/2021	9968	\$600.00	\$600.00	\$100.00	\$200.00			\$100.00		\$0.00	\$0.00	Balance Due Patient	\$400.00	
Total		\$600.00	\$600.00	\$100.00	\$200.00			\$100.00		\$0.00	\$0.00		\$400.00	

Save **Cancel**

Use Case UC-087: Insurance Payment - ERA

Brief Description

This use case is used to review ERA payment. User be able to filter applied and unapplied ERA using filter.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

User click Payment and select ERA Payment. System shows a window with filter and list of ERA's

Flow of Events

Basic Flow

ERA Review:

- (1) User click on Payment and select ERA Payment.
- (2) System opens an ERA payment manager window with following fields.
 - ERA from
 - ERA to
 - Patient
 - Payer
 - Check number
 - TCN#
 - Check Date
 - Check Amount
 - Include applied checks
- (3) User can select this search criteria to search entered list of applied and unapplied ERA.
- (4) User click search.
- (5) System shows the list with following header.
 - Applied check box
 - Payer Name
 - Rpt. Date
 - Submitter#
 - File Name
 - Checks
 - Amount
 - Payments
 - Check Date
- (6) User select one of the listed ERA's and click Review ERA.
- (7) System shows a new window to show a batch of ERA with following fields.
 - Applied check box
 - Check Date
 - Check#
 - Check Amount
 - Payments
- (8) User click Start Review Button
- (9) System opens a detail ERA with following ERA Batch detail
 - Show Amount
 - Show Applied Amount

- Show unapplied amount
- Unresolved ERA
- No of Warning in ERA

(10) Use following check box to sort desired ERA.

- Fully Applied
- Warning
- Alerts
- Information
- Errors

(11) System shows a list of all selected ERA with following header which user can review and make needed correction.

- Check#
- Status
- Patient
- Claim
- Account
- TCN#
- DOS
- Billed
- Allowed
- Paid
- Unapplied
- Adjusted
- Unpaid
- Additional Actions
- Balance
- Action

(12) User select the reviewed ERA.

(13) User click save and apply payment.

(14) System will apply the payment

Alternative Flows:

12.1 User click the save and apply payment button when ERA is not fully applied.

- System alert that Payment is not fully applied and show user following Message
 - System shows if any warning, alerts, information and errors exist in system.
 - User not able to apply ERA with Errors.
- User perform below mention action on these ERA.
 - **Apply Payment:** System apply ERA and payment is posted.
 - **Save and Apply Later:** System save ERA with all the changes made and never post the payment.
 - **Restart ERA:** System discards all the changes made and never apply the payment and reopen ERA for changes.
 - **View EOB Report:** System open ERA in EOB information review purpose.
 - **Print:** System prints the ERA.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage ERA.

Claim exists in the system.

ERA information exists in the system.

Minimal Guarantees

ERA is applied.

Success Guarantees

ERA is applied and system show success message to user that ERA is successfully applied.

ERA Review UI

ERA List (Un-Applied)

The screenshot shows the MCREHR ERA Review interface. On the left is a vertical sidebar with icons for Home, Calendar, Tasks, Patient, Check, Payer, and Help. The main header says "ERA Review". The top right shows a profile picture of Melvin B. Price, Podiatry Services, and the location West Manatee Health and Wellness Center. There are also notification and power icons.

Search

ERA From: 06/02/2021 ERA To: 06/09/2021

Patient: Patient Name Payer: Payer

Check #: ##### TCN #: #####

Check Date: 06/02/2021 Check Amount: \$

Include Applied Checks

Review ERA

Applied	Payer	Rpt Date	Submitter #	File Name	Checks	Amount	Payments	Check Date
	Florida Healthcare	08/12/2021	Alex B	ERA_Demo_08122021.txt	1	\$ 258636	1	08/12/2021
	Health Crop	08/13/2021	Alex B	ERA_Demo_08132021.txt	1	\$ 200	1	08/13/2021
	Medicare	08/14/2021	Alex B	ERA_Demo_08142021.txt	1	\$ 2500	1	08/14/2021
	Global Insurance	08/18/2021	Alex B	ERA_Demo_08182021.txt	1	\$ 500	1	08/18/2021

Rows: 10 1 - 4 of 4

Review ERA

MCREHR

Melvin B. Price
West Manatee Health and Wellness Center

ERA Review

Search

ERA From: 06/02/2021 ERA To: 06/09/2021

Patient: Patient Name Payer: Payer

Check #: ##### TCN #: #####

Check Date: 06/02/2021

Applied

Include Applied Checks

Search

ERA_Demo_08142021.txt

Check Date: 06/09/2021

Check #: 123356
Amount: \$2500
Payments: 02

Start Review View EOB

Review ERA

Applied	Payer	Rpt Date	Check Date	Checks	Amount	Payments	Check Date
	Florida Healthcare	08/12/2021		1	\$ 258636	1	08/12/2021
	Health Crop	08/13/2021		1	\$ 200	1	08/13/2021
	Medicare	08/14/2021	Alex B	1	\$ 2500	1	08/14/2021
	Global Insurance	08/18/2021	Alex B	1	\$ 500	1	08/18/2021

Rows: 10 1 - 4 of 4

MCREHR

Melvin B. Price
Podiatry Services

West Manatee Health and Wellness Center

ERA Review

Payment From CMD Insurance 12223

This payment has not applied. Please be sure to resolve any outstanding error.

Payment - Eft from AETNA by **CMD Insurance 12223** Received on 08/12/2021 [Edit](#)

Amount: \$ 134.33 Applied: \$101.79 Unapplied: \$32.54

Unresolved Error: 1 Warning: 1

Show: Fully Applied Warnings Alerts Information Errors

[Apply Payment](#) | [Save and Apply Later](#) | [Restart ERA](#) | [View EOB Report](#) | [Print](#)

Check #	Status	Patient	Claim	Account	TCN	DOS	Billed	Allowed	Paid	Unapplied	Adjusted	Unpaid	Additional Actions	Balance	Action	
Sample # EFT	! !	Jassie, Blane	00001	1231	654	08/02/2021	\$ 977.00	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00	-\$955.00	\$ 00.00	\$ 363.00		
Sample # EFT	!	Peter, Jackson	00002	2323	456	08/03/2021	\$ 977.00	\$ 183.00	\$ 27.74	\$ 32.15	\$ 00.00	\$ 620.26	\$ 00.00	\$ 325.26		
Sample # EFT	! !	Alex, John	00004	54632	564	08/09/2021	\$ 30.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 00.00	\$ 200.00		
Sample # EFT	!	Gator, Fan	00010	23135	545	08/10/2021	\$ 15.00	\$ 05.00	\$ 05.00	\$ 05.00	\$ 05.00	\$ 05.00	\$ 00.00	\$ 105.00		
Total:							\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	

Rows: 10 1 - 4 of 4

MCREHR

Melvin B. Price
Podiatry Services

West Manatee Health and Wellness Center

ERA Review

Payment From CMD Insurance 12223

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Check #	Status	Patient	Claim	Account	TCN	DOS	Billed	Allowed	Paid	Unapplied	Adjusted	Unpaid	Additional Actions	Balance	Action		
Sample # EFT	! !	Jassie, Blane	00001	1231	654	08/02/2021	\$ 977.00	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00	-\$955.00	\$ 00.00	\$ 363.00			
Sample # EFT	!	The payer did not make a payment on this charge						456	08/03/2021	\$ 977.00	\$ 183.00	\$ 27.74	\$ 32.15	\$ 00.00	\$ 620.26	\$ 00.00	
Sample # EFT	!	Patient: Jessie, Blane						564	08/09/2021	\$ 30.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 00.00	\$ 200.00	
Sample # EFT	!	Claim ID: 123156466						545	08/10/2021	\$ 15.00	\$ 05.00	\$ 05.00	\$ 05.00	\$ 05.00	\$ 00.00	\$ 105.00	
Sample # EFT	!	DOS: 08/02/2021															
Sample # EFT	!	Procedure: 4545															
Sample # EFT	!	Modifiers: 59															
Sample # EFT	!	Unit: 1															
Sample # EFT	!	Billed: \$1253															
Total:							\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00	\$ 105.00		

Rows: 10 < Previous Item Info 1 of 6 Next Item >

Review ERA (Errors / Warnings)

Payment From CMD Insurance 12223

This payment has not applied. Please be sure to resolve any outstanding error.

Payment - Eft from AETNA by **CMD Insurance 12223** Received on 08/12/2021 [Edit](#)

Amount: \$ 134.33 Applied: \$ 101.79 Unapplied: \$ 32.54

Unresolved Error: 1 Warning: 1

Show: Fully Applied Warnings Alerts Information Errors

[Apply Payment](#) | [Save and Apply Later](#) | [Restart ERA](#) | [View EOB Report](#) | [Print](#)

Check #	Status	Patient	Claim	Account	TCN	DOS	Billed	Allowed	Paid	Unapplied	Adjusted	Unpaid	Additional Actions	Balance	Action	
Sample # EFT	! !	Jassie, Blane	00001	1231	654	08/02/2021	\$ 977.00	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00	-\$955.00	\$ 00.00	\$ 363.00	! !	
Sample # EFT	!	Warning: The charge was already paid (Balance: 0.00) X														
		Patient:	Jessie, Blane													
		Claim ID:	123156466													
		DOS:	08/02/2021													
		Procedure:	4545													
		Modifiers:	59													
		Unit:	1													
		Billed:	\$ 1253													
Rows:	10	The correct payment may have been already applied to this charge. Please verify existing payment before applying payment to this charge														
		Apply	Remove													

Payment From CMD Insurance 12223

This payment has not applied. Please be sure to resolve any outstanding error.

Payment - Eft from AETNA by **CMD Insurance 12223** Received on 08/12/2021 [Edit](#)

Amount: \$ 134.33 Applied: \$ 101.79 Unapplied: \$ 32.54

Unresolved Error: 1 Warning: 1

Show: Fully Applied Warnings Alerts Information Errors

[Apply Payment](#) | [Save and Apply Later](#) | [Restart ERA](#) | [View EOB Report](#) | [Print](#)

Check #	Status	Patient	Claim	Account	TCN	DOS	Billed	Allowed	Paid	Unapplied	Adjusted	Unpaid	Additional Actions	Balance	Action
Sample # EFT	! !	Jassie, Blane	00001	1231	654	08/02/2021	\$ 977.00	\$ 00.00	\$ 00.00	\$ 00.00	\$ 00.00	-\$955.00	\$ 00.00	\$ 363.00	! !
Sample # EFT	!	Error: The Charge of this payment was not found. X													
		Patient:	Jessie, Blane												
		Claim ID:	123156466												
		DOS:	08/02/2021												
		Procedure:	4545												
		Modifiers:	59												
		Unit:	1												
		Billed:	\$ 1253												
Rows:	10	Find Charge Remove													

MCREHR

Melvin B. Price
West Manatee Health and Wellness Center

ERA Review

Payment From CMD Insurance 12223

This payment has not applied. Please be sure to resolve any outstanding error.

Payment - Eft from AETNA by **CMD Insurance 12223** Received on 08/12/2021 [Edit](#)

Amount: \$ 134.33 Applied: \$101.79 Unapplied: \$32.54

Unresolved Error: 1 Warning: 1

Show: Fully Applied Warnings Alerts Information Errors

[Apply Payment](#) | [Save and Apply Later](#) | [Restart ERA](#) | [View EOB Report](#) | [Print](#)

Check #	Status	Patient	Entered	Unpaid	Additional Actions	Balance	Action
Sample # EFT	! !	Jassie, Blane	\$00	-\$955.00	\$ 00.00	\$ 363.00	! !
Sample # EFT	! !	Peter, Jackson	\$00	\$ 620.26	\$ 00.00	\$ 325.26	! !
Sample # EFT	! !	Alex, John	\$00	\$ 10.00	\$ 00.00	\$ 200.00	! !
Sample # EFT	! !	Gator, Fan	\$00	\$ 05.00	\$ 00.00	\$ 105.00	! !
Total:				\$ 60.00		\$ 105.00	

Rows: 10 1 - 4 of 4

[Restart ERA](#)
[Cancel](#)

The payment on this ERA have not been applied.
By restarting the ERA, you will lose all progress you have made resolving issues, and all changes to payments and additional actions will be lost.

MCREHR

Melvin B. Price
West Manatee Health and Wellness Center

ERA Review

Payment From CMD Insurance 12223

This payment has not applied. Please be sure to resolve any outstanding error.

Payment - Eft from AETNA by **CMD Insurance 12223** Received on 08/12/2021 [Edit](#)

Amount: \$ 134.33 Applied: \$101.79 Unapplied: \$32.54

Unresolved Error: 1 Warning: 1

Show: Fully Applied Warnings Alerts Information Errors

[Apply Payment](#) | [Save and Apply Later](#) | [Restart ERA](#) | [View EOB Report](#) | [Print](#)

Check #	Status	Patient	Entered	Unpaid	Additional Actions	Balance	Action
Sample # EFT	! !	Jassie, Blane	\$00	-\$955.00	\$ 00.00	\$ 363.00	! !
Sample # EFT	! !	Peter, Jackson	\$00	\$ 620.26	\$ 00.00	\$ 325.26	! !
Sample # EFT	! !	Alex, John	\$00	\$ 10.00	\$ 00.00	\$ 200.00	! !
Sample # EFT	! !	Gator, Fan	\$00	\$ 05.00	\$ 00.00	\$ 105.00	! !
Total:				\$ 60.00		\$ 105.00	

Rows: 10 1 - 4 of 4

[Save and Apply Later](#)
[Cancel](#)

Any additional actions will not be applied, and changes to any charge's status will not be saved.
These changes will only be saved if the payment is applied now.

Find Charge

X

Search: Sent to AETNA 60054 via clearinghouse (electronic) on 08/12/2021(#132132) 

Charge Details from ERA

08/12/2021	97140	Remarks:	N179
Billed:	\$125.00	Adjustment:	\$0.00
Unit:	1	Adj Reason:	.
Allowed:	\$125.00	Unpaid:	\$1253
Paid:	\$0.00	Unpaid Reason:	227

Select the charge that best matches the ERA Details

Selected Charge: 08/08/2021 - 91475 (GP) - \$125 

Unit: 1
Total Inits Paid: 1

Charge Details from ERA

08/12/2021	97140	Remarks:	N179
Billed:	\$125.00	Adjustment:	\$0.00
Unit:	1	Adj Reason:	.
Allowed:	\$125.00	Unpaid:	\$1253
Paid:	\$0.00	Unpaid Reason:	227

Select the charge that best matches the ERA Details

Selected Charge: 08/08/2021 - 91475 (GP) - \$125 

Unit: 1
Total Inits Paid: 1

Save

Cancel

Use Case UC-088: Add Patient Payment (Batch)

Brief Description

This use case is used to show how to create and applied Patient Payment batch.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

User click Patient Payment tab in Payment manager and system show a window to create a patient payment batch.

Flow of Events

Basic Flow

Add Patient Payment:

- (1) User clicks on Payment.
- (2) System opens a Payment manager window.
- (3) User click on “**Patient Payment**” tab under search criteria.
- (4) System shows a new window to create a Patient Payment with following fields.
 - Patient Name
 - Payment Date
 - Appointment
 - Payment Method
 - Type
 - Notes
 - Amount
- (5) User click Save Button
- (6) System creates a batch Log in Payment Manager.
- (7) System opens a new window with patient Payment detail that is already enter in a batch.
- (8) System shows patient claims with balance due amount.
- (9) User can click Apply Remaining to enter auto payment.
- (10) User can also apply the amount manually in claims shown with balance due amount.
- (11) When batch payment is fully applied to all claims user click save payment button.
- (12) System saves the batch and payment is applied in all claims.

Alternative Flows:

User click the save button when payment is not fully applied.

- System show alert “Payment is not fully applied. Save the claim and apply payment later”.

User can also add cash while creating appointment using Add cash Tab.

User can add Patient copay at the time of appointment.

User can add patient payment at the time of appointment.

System will show the amount in unapplied in Payment manager window.

User can click auto apply Patient payment.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

- Users have been setup.
- Users are member of appropriate security role with access to manage patient payment.
- Claim exists in the system
- Claim submission history exists.

Minimal Guarantees

- Patient payment is entered.

Success Guarantees

- Patient payment is entered and a user is prompted with a success message.

Patient Payment UI

Add Patient Payment

The screenshot shows the MCREHR Patient Payment interface. At the top, there's a navigation bar with icons for Home, Search, and other clinical functions. The main header says "Patient Payment". On the left, a sidebar lists "Patient", "Chart ID", and "Claim". Below that is a "Total" section with "Save Payment" and "Commit" buttons. A central modal window titled "Add Patient Payments" is open. It contains fields for "Patient Name" (set to "John Doe"), "Payment Date" (set to "07/25/2021"), "Appointment" (set to "07/25/2021 08:00 pm"), "Payment Method" (set to "Cash"), "Type" (set to "Credit"), "Notes" (a text area containing "Notes"), and "Amount" (\$45.00). At the bottom of the modal are "Save" and "Cancel" buttons. In the background, there's a summary table for Melvin B. Price, Podiatry Services, at West Manatee Health and Wellness Center, showing a balance of \$0.00. There are also buttons for "Vitals" and "New Appointment".

Apply Patient Payment

The screenshot shows the MCREHR Patient Payment application. At the top, there is a navigation bar with icons for Home, Search, and Logout. On the right, there is a user profile for Melvin B. Price, Podiatry Services, and a location for West Manatee Health and Wellness Center. Below the navigation bar, the main title "Patient Payment" is displayed. To the left of the main content area, there is a vertical sidebar with icons for Home, Search, Logout, and other system functions.

Patient Information:

- Walker R. David
- Male | 55 years | 4/13/1965
- Appointment: 05/21/2021 | Primary Office - Exam room 1
- Primary Ins: Kaiser Permanente
- Secondary Ins: Allstate Ins Group

Search Clinical Notes:

Payment Details:

- Payment from: David R. Walker (132566685)
- Payment Type: Cash
- Receiving date: 06/15/2021
- Start Balance: \$ 49.99 End: \$ 12.99 Start Credit: \$ 0.00 End: \$ 10.00
- Payment Applied: \$ 35.00 Remaining: \$ 10.00

Apply Remaining:

Claim	DOS	Proc	Amount	Start Balance	Apply Payment	Status	Apply Credit	Adjustments	EndBalance		
1000656	07/12/2021	4456	\$250.00	\$35.00	\$35.00	Pending Patient	\$0.00		\$0.00		
Total						\$250.00	\$35.00	\$35.00	\$0.00	\$0.00	\$0.00

Buttons:

- Save Payment
- Cancel

Use Case UC-089 : Update/delete Patient Payment

Brief Description

This use case is used to show how to update and applied Patient Payment batch.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

User click Patient Payment tab in Payment manager and system show a window to create a patient payment batch.

Flow of Events

Basic Flow

Edit/Delete Patient Payment:

- (1) User click desired Patient Payment Batch in Payment Manager Log.
- (2) System shows a window of already created Patient Payment with following fields for editing.
 - Patient Name
 - Payment Date
 - Appointment
 - Payment Method
 - Type
 - Notes
 - Amount
- (3) When batch payment is fully applied to all claims user click save payment button.
- (4) System saves the batch and payment is applied in all claims.

Alternative Flows:

3.1 User delete the patient payment batch.

- System prompt user that this may affect Financials.
- User may need to authenticate it in order to proceed.

3.1 User cannot edit delete payment when it's fully applied without authentication.

User edit the patient payment batch and make changes and save the batch.

- System prompt user that this may affect Financials.
- User may need to authenticate it in order to proceed.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage patient payments.

Appointment/Claim exists in the system.

Minimal Guarantees

Patient payment is updated.

Success Guarantees

Patient payment is update and a user is prompted with a success message.

Use Case UC-090: Patient Payment- Co-Pay

Brief Description

This use case is used to show how to add patient payment on patients' appointment.

Actors

A4, Office Manager or any user part of Management Role
A6, Staff
A1, Billing Staff

Triggers

User click Patient Payment tab in Payment manager and system show a window to create a patient payment batch.

Flow of Events

Basic Flow

Adding Copay & Other Patient Payment on Appointment:

- (1) User clicks on Add cash.
- (2) System opens a cash Payment window.
- (3) System shows a new window to create a Patient Payment with following fields.
 - Payment Date
 - Appointment
 - Provider
 - Payment Method
 - Type
 - Notes
 - Amount
- (4) User click Save Button
- (5) System creates a batch Log in Payment Manager.
- (6) System opens a new window with patient Payment detail that is already enter in a batch.
- (7) System shows patient claims with balance due amount.
- (8) User can click Apply Remaining to enter auto payment.
- (9) User can also apply the amount manually in claims shown with the balance due amount.
- (10) When batch payment is fully applied to all claims users click the save payment button.
- (11) System saves the batch and payment is applied in all claims.

Alternative Flows:

- 4.1. User click the save button when payment is not fully applied.
 - System show alert "Payment is not fully applied. Save the claim and apply payment later".
- 1.1. User can also add cash while creating appointment using Add cash Tab.
 - System will show the amount in unapplied in Payment manager window.
 - User can click auto apply Patient payment.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage patient payment.

Claim exists in the system
Claim submission history exists.

Minimal Guarantees

Patient copay payment is entered.

Success Guarantees

Patient copay payment is entered and a user is prompted with a success message.

Add Cash

Payment Date:

Appointment:

Provider:

Payment Method:

Type:

Notes:

Amount:

Code	Applied	Balance	Payment Type
99123	\$	\$10.00	<input type="text" value="Credit"/> <input type="button" value="▼"/>

Use Case UC-091: Patient Statement - Settings

Brief Description

This use case is used to setup Patient statement setting. Patient statement is sent to an individual patient based on his full account balance of all the visit exist in system with balance due at patient end.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

User click Customer setup and select Patient statement. System shows a window with patient statement setting.

Flow of Events

Basic Flow

Patient Statement Setting:

- (1) User can see two below tabs in Patient Statement Setting.
 - Statement
 - Setup
- (2) User clicks on statement.
- (3) System shows the below statement setting
 - Statement Mode
User can select Electronic or Printed
 - Create statement
User can select Manual or Auto
 - Card
User can select card type.
- (4) System shows the below Letter setting
 - Reminder Letter
System sends this statement when patient amount is due.
 - Debt Letter
This is second level reminder sent to patient usually after 30 days or according to the set time in system.
 - Final Letter
This is final letter in which patient statement is send. After this other set procedure are used.

Alternative Flows:

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage statement settings.

Claim with patient due amount exist in system.

Minimal Guarantees

Patient statement with detail information printed.

Success Guarantees

Patient information with balance due amount is generated electronically.

Patient Statement Setup UI

The screenshot shows the 'Patient Statement Settings' page in the MCREHR application. The left sidebar has icons for Home, Calendar, Patients, Reports, and Help. The main header shows the user 'Melvin B. Price' from 'West Manatee Health and Wellness Center'. The top navigation bar includes a menu icon, a power button, and a refresh button with a red dot.

Patient Statement Settings

Statement **Setup**

Statement Setup

Statement Mode: Electronic Printed Create Statement: Manual Auto

Card Type:

Letter Setup

Reminder Letter: Template Custom

Debt Letter: Template Custom

Final Notice: Template Custom

Buttons: Save (dark blue), Cancel (light gray)

Use case UC-092: Patient Statement Additional Settings

Brief Description

This use case is used to SETUP Patient statement additional setting. Patient statement is sent to an individual patient based on his full account balance of all the visit exist in system with balance due at patient end.

Actors

- A4, Office Manager or any user part of Management Role
- A6, Staff
- A1, Billing Staff

Triggers

User click Customer setup and select Patient statement. System shows a window with patient statement setting.

Flow of Events

Basic Flow

Patient statement setup:

- (1) User clicks on Setup.
- (2) System show Pay to address and return to address setting.
- (3) User setup below mentioned limit filter to send statement.
 - Minimum Balance
 - Statement days
 - Due days
 - Maximum Statements
- (4) User can setup a message that can be sent on each statement.
- (5) User can setup Logo to attach to statements as per demands.
- (6) After Patient statement setting user can look up for list of patient statement.
- (7) User click on patient and select patient statement.
- (8) System shows a window with filters and list of patients.
- (9) User can search the patient by using following filter to send a statement.
 - Patient name
 - Patient flags
 - Statement ID
 - Provider
 - DOS from/to
 - Patient group
 - Selected flags
 - Location
 - Last printed statement
 - Last Statements
 - Include patient with zero balance or user can set amount manually.
- (10)User clicks on search
- (11)System shows list of patients with following header which fall under above set criteria.
 - Patient
 - Chart ID
 - Last Appointment
 - Next appointment
 - Total statements

- Last statements
- Last Payment amount
- Last payment posted
- Unallocated
- Statement balance
- Last updated.

(12)User can click Print to send the statement.

Alternative Flows:

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage statement settings.

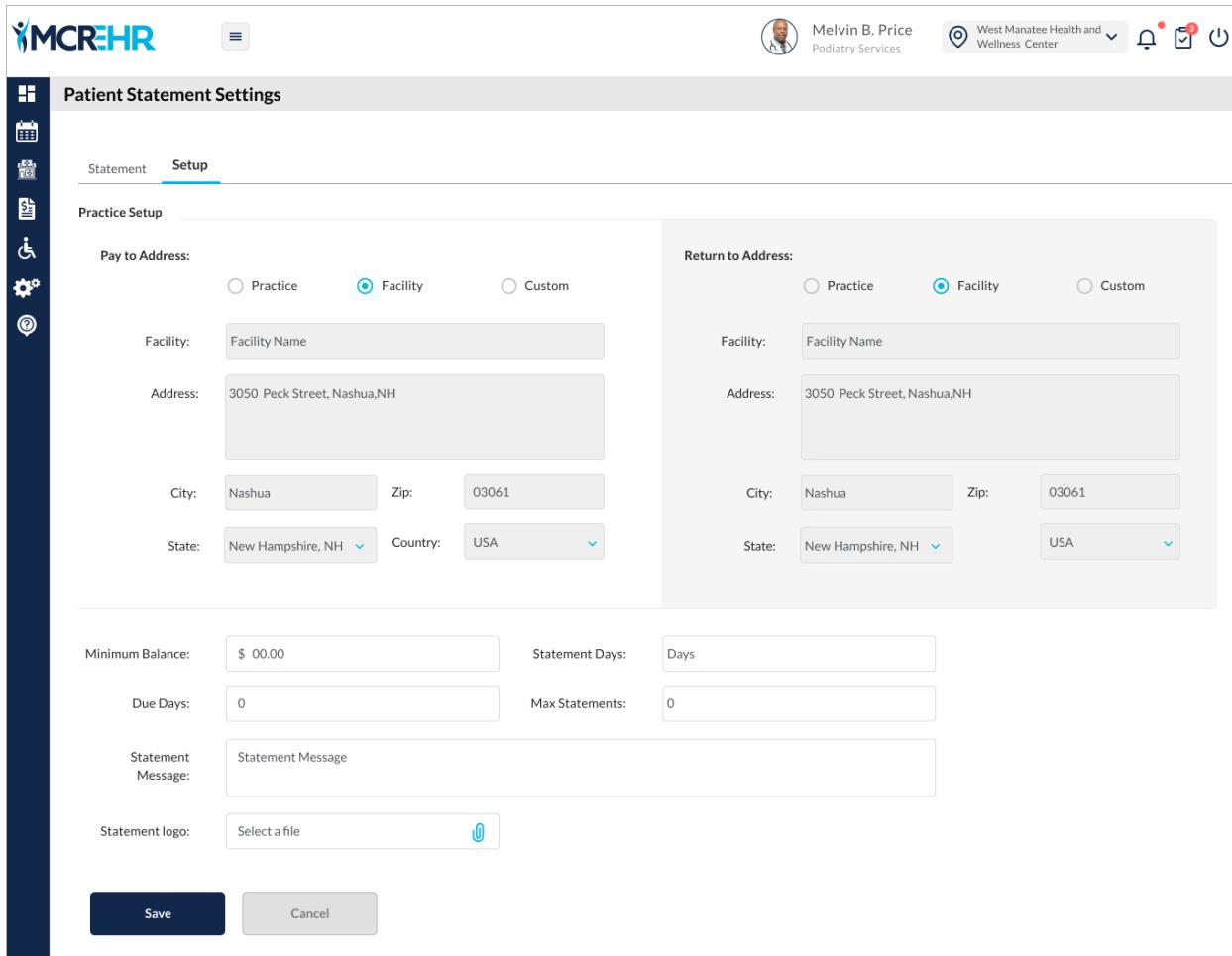
Minimal Guarantees

Patient statement setting information is managed.

Success Guarantees

Patient statement setting is managed and user is prompted with success message.

Patient Statement Additional Setup UI



The screenshot shows the 'Patient Statement Settings' page in the MCREHR application. The top navigation bar includes the MCREHR logo, a user profile for Melvin B. Price, and a dropdown for West Manatee Health and Wellness Center. A notification icon with a red dot and a power button icon are also present.

The main title is 'Patient Statement Settings' with tabs for 'Statement' and 'Setup' (which is selected). On the left, a sidebar contains icons for Home, Calendar, Practice, and Help.

Practice Setup

Pay to Address:

- Practice
- Facility
- Custom

Facility: Facility Name

Address: 3050 Peck Street, Nashua,NH

City: Nashua Zip: 03061

State: New Hampshire, NH Country: USA

Return to Address:

- Practice
- Facility
- Custom

Facility: Facility Name

Address: 3050 Peck Street, Nashua,NH

City: Nashua Zip: 03061

State: New Hampshire, NH Country: USA

Minimum Balance: \$ 0.00 **Statement Days:** Days

Due Days: 0 **Max Statements:** 0

Statement Message: Statement Message

Statement logo: Select a file

Buttons: Save (dark blue), Cancel (light gray)

Use Case UC-093: Generate Patient Statement

Brief Description

This use case is used to send Patient statement. Patient statement is sent to an individual patient based on his full account balance of all the visit exist in system with balance due at patient end.

Actors

A4, Office Manager or any user part of Management Role
A6, Staff
A1, Billing Staff

Triggers

User click Customer setup and select Patient statement. System shows a window with patient statement setting.

Flow of Events

Basic Flow

Patient statement sending:

- (1) User clicks on Patient Statement.
- (2) System shows open a new window of filter with list of patients with patient due amount.
- (3) User List depend on below filter options.
 - Patient Name
 - Patient Group
 - All check box
 - Patient Flags
 - Selected flags
 - Statement ID
 - Location
 - Provider
 - Last printed Statement
 - DOS
 - From Date
 - To Date
 - Last Statements
 - Include Patient with zero balance or balance between:
 - Minimum Balance field
 - Maximum balance field
 - User click the search button
 - System will show the list of patients with patient due amount according to the set filer with following header.
 - Patient
 - Chart ID
 - Last Appt.
 - Next Appt.
 - Total Slots
 - Last statement
 - Last Payment amount
 - Last Payment posted
 - Unallocated
 - Statement Balance

- Last Updated.
- (4) User can click print to print the statement in a format set in the Patient statement setup and patient statement setting fields to send the statement.

Alternative Flows:

User can also export the statement for reconciliation.

Special Requirements

Platform

User requires a web browser with a live connection to main application.

Pre-Conditions

Users have been setup.

Users are member of appropriate security role with access to manage Patient statement settings.

Minimal Guarantees

Patient statement settings are managed.

Success Guarantees

Patient statement settings are managed.

Patient Statement UI

The screenshot shows the MCREHR Patient Statements module. At the top, there is a navigation bar with icons for Home, Search, and other functions. On the right side of the header, there is a user profile for Melvin B. Price, Podiatry Services, and a dropdown for West Manatee Health and Wellness Center. There are also notification and power icons.

The main area is titled "Patient Statements". It features a search section with various filters:

- Search:** Radio buttons for "All Patients" (selected) and "Active Patients".
- Patient:** Text input for "Patient Name" with a search icon, and a dropdown for "Patient Group".
- Patient Flags:** Text input for "Patient Flags" with a dropdown for "Selected Flags" set to "Include".
- Statement ID:** Text input for "Statement ID" with a dropdown for "Location".
- Provider:** Text input for "Provider" with a dropdown for "Last Printed Statement" and a date picker.
- DOS:** Date range picker from "08/12/2021" to "08/12/2021".
- Last Statements:** Dropdown menu showing "1".
- Include patients with zero bal or bal between:** Two text fields with dollar signs and a "To" button.

Below the search section are two buttons: "Calculate All" and "Search".

Underneath the search section, there is a table header with the following columns:

<input type="checkbox"/> Patient	Chart ID	Last Appt	Next Appt	Total Stmtns	Last Statement	Last Payment amount	Last Payment posted	Unallocated	Statement Bal	Last Updated
----------------------------------	----------	-----------	-----------	--------------	----------------	---------------------	---------------------	-------------	---------------	--------------

The table body contains 8 rows of patient data:

	John doe	23132	08/12/2021	08/12/2021	1	06/12/2021 68 days ago	\$ 258636	06/14/2021	\$10.00	\$ 258626.00	06/20/2021
	Alex Brown	56656	08/13/2021	08/13/2021	0				\$188.00	05/20/2021	
	Cate Mine	12386	08/14/2021	08/14/2021	1	04/14/2021	\$ 2500	04/16/2021	\$15.00	\$ 2485.00	04/25/2021
	Robert Take	56456	08/18/2021	08/18/2021	1	03/18/2021	\$ 500	03/20/2021	\$10.00	\$ 490.00	03/28/2021
	George Row	23132	08/12/2021	08/12/2021	1				\$ 258626.00	06/20/2021	
	John Wick	56656	08/13/2021	08/13/2021	1	05/13/2021	\$ 200	05/16/2021	\$12.00	\$188.00	05/20/2021
	Terry Pet	12386	08/14/2021	08/14/2021	1	04/14/2021	\$ 2500	04/16/2021	\$15.00	\$ 2485.00	04/25/2021
	Sarah John	56456	08/18/2021	08/18/2021	1	03/18/2021	\$ 500	03/20/2021	\$10.00	\$ 490.00	03/28/2021

At the bottom left, there is a "Rows:" dropdown set to "10" and a page number "1 - 8 of 8".

Locations Billing information:



Melvin B. Price
West Manatee Health and Wellness Center

Add Location

Location Details

Location Name*: Lawton Chiles Children and Family Healthcare Center

Primary Location

Description: Add Description

Address*: 3050 Peck Street, Nashua, NH

State: New Hampshire, NH

Country: USA

City: Nashua

Zip: 03061

Telephone #: (125) 454-4578

Email: contact@lawtonchiles.com

Fax: (125) 454-4578

Time Zone: Eastern Standard Time

Opening Hours: 08:00 am

Closing Hours: 08:00 pm

Exam Rooms: 2

Select Number of rooms to add Exam rooms

Exam room 1

Exam room 2

Billing Details:

Practice NPI*: 23123123132

EIN: 4654645

UPIN: 4654645

Medicare: .

Medicaid: .

Campus: Campus

Buttons:

Save

Reset

REPORTS

- Day Sheet

The screenshot shows the MCREHR Day Sheet interface. At the top, there is a navigation bar with the MCREHR logo, a user profile for Melvin B. Price, and links for West Manatee Health and Wellness Center, notifications, and power settings.

The main area is titled "Day Sheet" and includes tabs for "Default" and "Reimbursement Analysis". Below these are search fields for "From" (09/02/2021), "To" (09/10/2021), "Patient Name", "Location" (Select Location), and "Room" (Select Room). There are also dropdowns for "Reason" (Select Reason), "Display Credits & Adjustment by" (Posted Date), "Display Charges by" (Posted Date), and a "Search" button.

Below the search area, there are four categories: "Grand Total", "Credits & Adjustments", "Patients Payment", and "Charges". The "Grand Total" section displays the following values:

Category	Value
DEBIT	\$5000.00
CREDIT	\$3000.00
ADJUSTMENTS	\$2000.00
PATIENT PAYMENTS	\$2500.00

- Day sheet - Credits and adjustments

The screenshot shows the MCREHR Day Sheet interface. At the top, there's a navigation bar with the MCREHR logo, a user profile for Melvin B. Price, and links for West Manatee Health and Wellness Center, notifications, and power settings.

The main area is titled "Day Sheet" and has tabs for "Default" and "Reimbursement Analysis". It includes search fields for "From" (09/02/2021), "To" (09/10/2021), "Patient Name", "Location", "Room", and "Reason". There are also dropdowns for "Display Credits & Adjustment by" (Posted Date) and "Display Charges by" (Posted Date), along with a "Search" button.

The table below has columns: Grand Total, Credits & Adjustments, Patients Payment, and Charges. The "Credits & Adjustments" column is currently selected. The table header includes Patient, DOS, Claim ID, Provider, Location, Payer, Check #, Credits, Adjustments, Notes, and Adj Reason.

Posted Date: 09/10/2021

Patient	DOS	Claim ID	Provider	Location	Payer	Check #	Credits	Adjustments	Notes	Adj Reason
John Wick	07/11/2021 10:30 am	35465	Melvin B. Price	West manatee Health center	Optum Health	15456	\$0.00	\$15.00	36415-Routine Venipuncture	45: Charge exceeds fee schedule/maximum allowable or..
					Optum Health	56454	\$15.00	\$30.00	36456-Office outpatient visit	45: Charge exceeds fee schedule/maximum allowable or..
					Optum Health	64265	\$190.00	\$0.00	36456-Office outpatient visit	Insurance Payment
Jenny Haris	07/12/2021 10:30 am	35465	Melvin B. Price	West manatee Health center	UMR Services	202326	\$0.00	\$5.00	36456-Office outpatient visit	45: Charge exceeds fee schedule/maximum allowable or..
					UMR Services	202326	\$75.00	\$5.00	36456-Office outpatient visit	45: Charge exceeds fee schedule/maximum allowable or..

- Day sheet - Patient Payments

- Day sheet - Charges

The screenshot shows the MCREHR Day Sheet interface. At the top, there is a navigation bar with icons for Home, Patient, Appointment, Procedure, and Report. On the right side of the header, there is a user profile for Melvin B. Price, Podiatry Services, and a dropdown for West Manatee Health and Wellness Center. There are also notification and power icons.

The main area is titled "Day Sheet" and has tabs for "Default" and "Reimbursement Analysis". Below the tabs are search fields for Date (09/02/2021 to 09/10/2021), Patient Name, Location, and Room. There are also dropdowns for "Display Credits & Adjustment by Posted Date" and "Include moved cash", along with a "Search" button.

The main content area is divided into sections: "Grand Total", "Credits & Adjustments", "Patients Payment", and "Charges". The "Charges" section is currently selected and displays a table of charges:

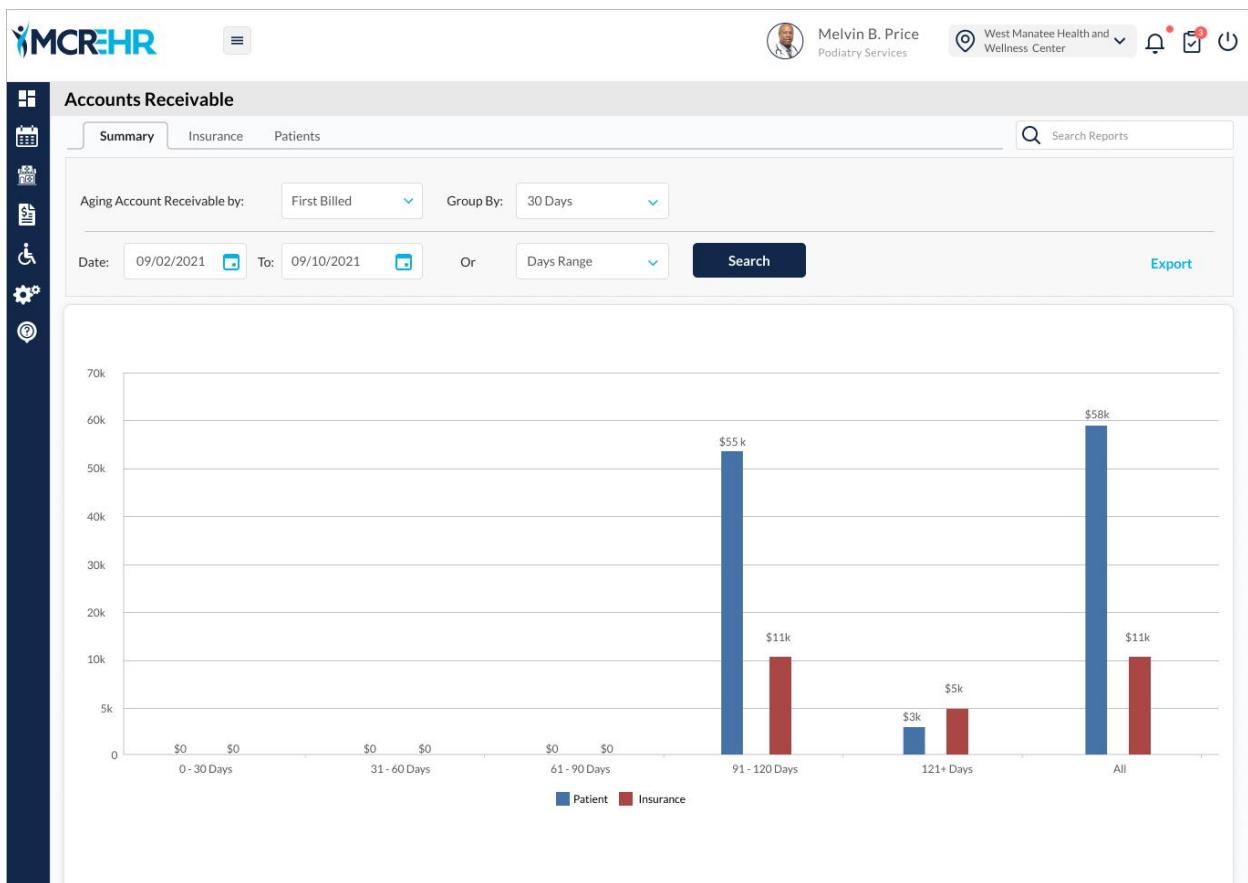
Posted Date	Patient	Appointment Date	Provider	Debit	Credit	Adjustments	Copay/Cash	Notes
Posted Date: 09/10/2021				\$ 1,700.00				
John Wick 07/11/2021				Melvin B. Price	\$200.00			Appointment Charges
					\$200.00			Office Visit Payment via Credit Card
					\$200.00			Appointment Charges
Paul Walker 07/10/2021				Melvin B. Price	\$200.00			Appointment Charges
					\$200.00			Office Visit Payment via Credit Card
					\$150.00			Appointment Charges
Jon Dear 07/03/2021				Melvin B. Price	\$200.00			Appointment Charges
					\$200.00			Office Visit Payment via Credit Card
					\$150.00			Appointment Charges
\$ 1,700.00								

- Transactions by appointment

The screenshot shows the MCREHR software interface with the following details:

- Header:** MCREHR logo, navigation menu, user profile for Melvin B. Price, West Manatee Health and Wellness Center, and notification icons.
- Title Bar:** Transactions by Appointment.
- Search Bar:** Date range (09/02/2021 - 09/10/2021), Patient Name search, Location dropdown, Room dropdown, and a Search button.
- Buttons:** Export to File and Print.
- Table:** A grid showing transaction details. The columns are Appointment, Patient, Provider, Billed, Adjustments, Ins Paid, Pt Paid, Posted date, and Notes.
- Data:** The table includes a Grand Total row and multiple rows for specific appointments. For example, on 07/12/2021, John Doe was seen by Melvin B. Price with a total bill of \$250.00, paid \$20.00, and posted on 07/21/2021 under "Appointment Charges". Another entry on 08/16/2021 shows a bill of \$250.00, paid \$25.00, and posted on 08/16/2021 via "Office Visit Payment via Credit Card".

- Accounts Receivable - Summary



- Accounts Receivables by Payer

The screenshot shows the MCREHR software interface with the following details:

- Top Navigation:** Includes the MCREHR logo, a user icon, the name "Melvin B. Price", "Podiatry Services", and the location "West Manatee Health and Wellness Center". There are also notification icons for messages, tasks, and a power button.
- Left Sidebar:** Features icons for Home, Calendar, Patients, Reports, Insurance, and Settings.
- Report Title:** "Accounts Receivable" with tabs for "Summary", "Insurance", and "Patients". A search bar for reports is also present.
- Report Content:** A table titled "Accounts Receivable" showing receivables by payer across different age groups (0-30 Days, 31-60 Days, 61-90 Days, 91-120 Days, 121+ Days) and a total row.

Payer	0-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days	Total
Total:	0 % - \$ 00.00	0 % - \$ 30.00	0 % - \$ 10.00	0 % - \$ 50.00	0 % - \$ 30.00	0 % - \$ 120.00
Kaiser Permanete	0 % - \$ 00.00	0 % - \$ 20.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 20.00
Golden Ins	0 % - \$ 00.00	0 % - \$ 10.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 10.00
Healthier Life	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
Health Crops	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
State Life Ins	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
General Insurance	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 50.00	0 % - \$ 00.00	0 % - \$ 50.00
Global Ins	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 10.00	0 % - \$ 00.00	0 % - \$ 30.00	0 % - \$ 40.00
New Health Ins	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
Etna Insurance	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
New Life Insurance	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
Total:	0 % - \$ 00.00	0 % - \$ 30.00	0 % - \$ 10.00	0 % - \$ 50.00	0 % - \$ 30.00	0 % - \$ 120.00

- Accounts Receivable by Payer - Details

MCREHR

Melvin B. Price
Podiatry Services

West Manatee Health and Wellness Center

Print | Export

Payer	0-31 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days	Total
Etna Insurance			2 % - \$ 120.00		98 % - \$ 7,480.00	\$7600.00

Claim ID	Provider	Location	DOS	Diagnosis	Patient	DOB	Price	Qty	Billed	Allowed	Ins Paid	Pt Paid	Ins Bal	Pt Bal	Notes	Status
121235666	Alex John	Primary	09/11/2021		John Doe	05/01/1985	\$94.50		\$150.00	\$150.00	\$0.00	\$0.00	\$150.00	\$0.00		Not Submitted
99213	OFFICE O/P New Low	30- 44 Min		Mods:	Dx Ptr: 1:0:0:0		\$150.00	1	\$150.00	\$150.00	\$0.00	\$0.00	\$150.00	\$0.00		
211321567	Alex John	Primary			James Bond	05/01/1975	\$90.25		\$150.00	\$150.00	\$0.00	\$0.00	\$150.00	\$0.00		Not Submitted
99215	OFFICE O/P New Low	30- 44 Min		Mods:	Dx Ptr: 1:0:0:0		\$150.00	1	\$150.00	\$150.00	\$0.00	\$0.00	\$150.00	\$0.00		
542323366	John Smith	Primary	09/08/2021		James Bond	05/01/1975	\$50.60		\$150.00	\$150.00	\$0.00	\$0.00	\$150.00	\$0.00		Submitted
G8553:				Mods:	Dx Ptr: 1:0:0:0		\$91.930	1	\$91.930	\$91.930	\$0.00	\$0.00	\$91.930	\$0.00		
99250	OFFICE O/P New Low	20-29 Min		Mods:	25 Dx Ptr: 1:0:0:0		\$94.45	1	\$94.45	\$94.45	\$0.00	\$0.00	\$94.45	\$0.00		
99256	CHEMO IV INFUSION	1 HR		Mods:	Dx Ptr: 1:0:0:0		\$253.00	1	\$253.00	\$253.00	\$0.00	\$0.00	\$253.00	\$0.00		
99225	COMPREHEN METABOLIC PANEL			Mods:	Dx Ptr: 1:0:0:0		\$141.00	1	\$141.00	\$141.00	\$0.00	\$0.00	\$141.00	\$0.00		
99256	COMPLETE CBC AUTOMATED			Mods:	Dx Ptr: 1:0:0:0		\$150.00	1	\$3,660.00	\$3,660.00	\$0.00	\$0.00	\$3,660.00	\$0.00		

- Accounts Receivables by Patient

Patient Name	Date of Birth	Phone	0-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days	Total
Total:			0 % - \$ 00.00	0 % - \$ 30.00	0 % - \$ 10.00	0 % - \$ 50.00	0 % - \$ 30.00	0 % - \$ 120.00
John Doe	05/01/1985		0 % - \$ 00.00	0 % - \$ 20.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 20.00
Smith John	05/11/0985		0 % - \$ 00.00	0 % - \$ 10.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 10.00
Lara Wells	12/01/0986		0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
Lara Karaft	09/01/0988		0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
John Wick	05/01/1995		0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
Sarah Blake	12/25/1985		0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 50.00	0 % - \$ 00.00	0 % - \$ 50.00
George Tull	03/01/1985		0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 10.00	0 % - \$ 00.00	0 % - \$ 30.00	0 % - \$ 40.00
Alex Doe	07/23/1990		0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
James Wine	06/01/1992		0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
Wine Blue	05/22/1990		0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00	0 % - \$ 00.00
Total:			0 % - \$ 00.00	0 % - \$ 30.00	0 % - \$ 10.00	0 % - \$ 50.00	0 % - \$ 30.00	0 % - \$ 120.00

- Accounts Receivables Patient - Details

Accounts Receivable

Summary Insurance **Patients**

< Accounts Receivable Print | Export

Patient	DOB	Phone	0-31 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days	Total
John Doe	12/11/1980	--					100 % - \$ 1,23.77	\$1,230.77

Claim ID	Provider	Location	Exam room	DOS	Diagnosis	Patient	DOB	Payer	Price	Qty	Billed	Allowed	Ins Paid	Pt Paid	Ins Bal	Pt Bal	Notes	Status
121235666	Alex John	Primary	1	09/11/2021	John Doe	05/01/1985	Healthcrop		\$3,696.44	1	\$2,419.16	\$1,572.47	\$0.00	\$0.00	\$846.69			Balance Due
G8553					Mods:	Dx Ptr: 1:0:0		\$91.50	1	\$91.50	\$57.49	\$42.77	\$0.00	\$0.00	\$0.00	\$14.72		
99213	OFFICE O/P EST LOW 20-29 Min				Mods: 25	Dx Ptr: 1:0:0		\$83.94	1	\$83.94	\$48.50	\$47.06	\$0.00	\$0.00	\$0.00	\$1.44		
96413	CHEMO IV INFUSION 1HR				Mods:	Dx Ptr: 1:0:0		\$234.98	1	\$235.98	\$154.47	\$95.57	\$0.00	\$0.00	\$0.00	\$58.90		
80053	COMPREHEN METABOLIC PANEL				Mods:	Dx Ptr: 1:0:0		\$128.27	1	\$128.27	\$82.24	\$69.65	\$0.00	\$0.00	\$0.00	\$12.59		
542323366	John Smith	Primary	2	09/08/2021	James Bond	05/01/1975	Global Ins		\$2,998.77	1	\$1,689.20	\$1,410.58	\$0.00	\$0.00	\$278.62			Balance Due
99213	OFFICE O/P EST LOW 20-29 MIN				Mods: 25	Dx Ptr: 1:0:0		\$92.57	1	\$92.57	\$63.11	\$62.29	\$0.00	\$0.00	\$0.00	\$0.82		
96413	CHEMO IV INFUSION 1 HR				Mods:	Dx Ptr: 1:0:0		\$234.71	1	\$234.71	\$151.00	\$139.94	\$0.00	\$0.00	\$0.00	\$11.06		
96415	CHEMO IV INFUSION ADD HR				Mods:	Dx Ptr: 1:0:0		\$76.59	2	\$153.18	\$78.20	\$67.33	\$0.00	\$0.00	\$0.00	\$10.81		
99225	COMPREHEN METABOLIC PANEL				Mods:	Dx Ptr: 1:0:0		\$136.34	1	\$136.34	\$68.41	\$55.47	\$0.00	\$0.00	\$0.00	\$12.94		
85027	COMPLETE CBC AUTOMATED				Mods:	Dx Ptr: 1:0:0		\$144.06	1	\$144.06	\$90.15	\$84.37	\$0.00	\$0.00	\$0.00	\$5.82		

- Product/Procedures


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 Melvin B. Price
 West Manatee Health and Wellness Center

Search Reports

Code:

Date: To:

[Export](#)

Code	Description	Units	Charges	Insurance Payments	Patient Payment	Adjustments
	Total:	27	\$ 910.00 -	\$ 50.00	\$ 420.00	\$ 00.00
99212	Abatacept Injection	1	\$ 10.00	\$ 00.00	\$ 10.00	\$ 00.00
46546	Abatacept Injection	5	\$ 30.00	\$ 00.00	00.00	\$ 00.00
156464	Cash Visit	2	\$ 110.00	\$ 00.00	\$ 10.00	\$ 00.00
564654	Provast Injection	1	\$ 150.00	\$ 00.00	\$ 00.00	\$ 00.00
85465	Voila Injection	7	\$ 100.00	\$ 20.00	\$ 00.00	\$ 00.00
13212	Ezomax 500mg	5	\$ 50.00	\$ 10.00	\$ 10.00	\$ 00.00
4564654	Foot Dressing	1	\$ 10.00	\$ 00.00	\$ 00.00	\$ 00.00
684654	Ezomax 300mg	1	\$ 30.00	\$ 00.00	\$ 20.00	\$ 00.00
231231	Initial Visit	1	\$ 20.00	\$ 00.00	\$ 00.00	\$ 00.00
564654	Cosmetic Procedures	3	\$ 400.00	\$ 20.00	\$ 380.00	\$ 00.00
	Total:	27	\$ 910.00 -	\$ 50.00	\$ 420.00	\$ 00.00

- Products/Procedure details

MCREHR

Products/Procedures details

Back to Product / Procedures

Insurance Insurance Date: 09/02/2021 To: 09/10/2021

Details for 99212: Office Outpatient visit 10 mins (5 Charges)

Appointment	Patient	Payer	Units	Charges	Insurance Payments	Patient Payment	Adjustments
		Total:	15	\$ 400.00	\$ 20.00	\$20.00	\$ 00.00
08/05/2021	John Doe		1	\$ 10.00	\$ 0.00	\$ 10.00	\$ 00.00
08/02/2021	Jasmine John		5	\$ 30.00	\$ 0.00	00.00	\$ 00.00
05/16/2021	John Wick		2	\$ 110.00	\$ 0.00	\$ 10.00	\$ 00.00
05/20/2021	Lara Kraft		1	\$ 150.00	\$ 0.00	\$ 00.00	\$ 00.00
07/10/2021	Wayne White		7	\$ 100.00	\$ 20.00	\$ 00.00	\$ 00.00

- Patient Balance Ledger and details

Patient Balance/Ledger

Patient Name: Patient Name From: Date To: Date Search Export

Responsible Party (Payer ID, Name)			0-30 days	31-60 days	61-90 days	91-120 days	121+ days	Total	
			Totals:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,090.00	\$ 1,090.00
Patient	John Doe		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-\$ 60.00	-\$ 60.00	
46546	Etna		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,150.00	\$ 1,150.00	

Visit	Payer(s)	Diagnosis	Price	Qty	Billed	Allowed	Adjmt	Ins 1 Paid	Ins 2 Paid	Pt Paid	Ins Bal	Pt Bal	Status
09/11/2021	Etna	876.026.002	--	--	\$150.00	\$150.00	\$0.00	\$0.00	\$0.00	\$20.00	\$150.00	-\$20.00	Balance Due Super Bill
99123: OFFICE/OUTPATIENT VISIT	Mods: Dx ptrs:1:2:3:0	\$ 50.00	1.00	\$150.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00	\$150.00	-\$ 20.00	--
09/11/2021	Etna	876.026.002	--	--	\$150.00	\$150.00	\$0.00	\$0.00	\$0.00	\$20.00	\$150.00	-\$20.00	Not Submitted Super Bill
99123: OFFICE/OUTPATIENT VISIT	Mods: Dx ptrs:1:2:3:0	\$ 50.00	1.00	\$150.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00	\$150.00	-\$ 20.00	--
09/11/2021	Etna	876.026.002	--	--	\$150.00	\$150.00	\$0.00	\$0.00	\$0.00	\$20.00	\$150.00	-\$20.00	Not Submitted Super Bill
99123: OFFICE/OUTPATIENT VISIT	Mods: Dx ptrs:1:2:3:0	\$ 50.00	1.00	\$150.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00	\$150.00	-\$ 20.00	--

- Remittance Report

MCREHR

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Melvin B. Price
Podiatry Services

West Manatee Health and Wellness Center

Search Reports

Remittance Report

EOB/ERA EOB & ERA Trace #: Trace # Posted Date 09/02/2021 To: 09/10/2021 Insurance: Insurance Patient: Patient Search

+ Add EOB + Add EOB Batch Print Export to file

Check Date	Posted Date	Deposit Date	Check/Trace #	Insurance	# of Claims	ERA paid	Global Adj	Actual Paid	Adjustment	Patient Resp	Payment Method
09/10/2021	09/11/2021	09/12/2021	ERA-4654654	Etna Ins	1	\$ 1780.00	\$ 0.00	\$ 1780.00	\$ 1700.00	\$ 80.00	Check
09/10/2021	09/12/2021	09/13/2021	ERA-6784566	Health Crop	2	\$ 130.00	\$ 0.00	\$ 130.00	\$ 100.00	\$ 30.00	Automated Clearing house
09/10/2021	09/13/2021	09/14/2021	EOB-8979879	Global Ins	2	\$ 120.00	\$ 0.00	\$ 120.00	\$ 98.00	\$ 22.00	Check

Total: 5 \$ 2030.00 \$ 0.00 \$ 2030.00 \$ 1898.00 \$ 130.00

- Remittance Report - Details

- Under Paid Item(s)

The screenshot shows the MCREHR software interface with the following details:

Header: MCREHR logo, User profile (Melvin B. Price), Practice location (West Manatee Health and Wellness Center), and system status icons.

Title Bar: Underpaid Item

Search Bar: Includes fields for DOS (09/02/2021), To (09/10/2021), Codes (CPT & HCPCS Codes), Insurance (Insurance), Compared By (Paid), and a Search button.

Table: A grid displaying underpaid items. The columns are Date of Service, Posted, Code, Payer ID, Payer Name, Billed, Allowed, Paid, and Expacted. The data is as follows:

Date of Service	Posted	Code	Payer ID	Payer Name	Billed	Allowed	Paid	Expacted
09/02/2021	09/05/2021	54654	456456	UMR (formerly Harrington Benefit services - Westerville)	\$ 150.00	\$ 100.00	\$ 00.00	\$ 150.00
09/04/2021	09/08/2021	54655	45645	Cigna	\$ 15.00	\$ 10.00	\$ 00.00	\$ 15.00
09/05/2021	09/09/2021	54666	789321	Etna	\$ 70.00	\$ 50.00	\$ 00.00	\$ 70.00
09/06/2021	09/10/2021	54667	5645886	Cigna	\$ 10.00	\$ 10.00	\$ 00.00	\$ 10.00