

Revenue Cycle

Patient
Accounting

Charge
Services

Scheduling

Registration

HIM



Cerner Revenue Cycle Solution

The Cerner Revenue Cycle solution is where you can access and review a patient's account. This solution provides perspectives on the essential information you need for completing your daily task.

Main Areas Covered In This Course:

Cerner
Practice
Management

Patient
Accounts

Claims &
Charge
Services

Hospital
Information
Management
(HIM)

Subjects covered in this session include:



Patient Accounts

- Patient Accounting, Remittance, Charges and Claims involve a hierarchy and interrelationship of information management among users. It is important to be aware of where you are in the hierarchy so that you can account for the information displayed; the Navigation Bar, also sometimes called “breadcrumbs,” can help you track what you are looking at in the patient's account.
- The solution also pulls in information maintained by other teams in other solutions, such as Revenue Cycle's Health Information Management which maintains coding and charges. As a reviewer, what you see in Revenue Cycle will be a sufficient summary and you will not need to log into other solutions.
- You will use work queues to manage the variety of activity on accounts.

Let's get started!



User name:

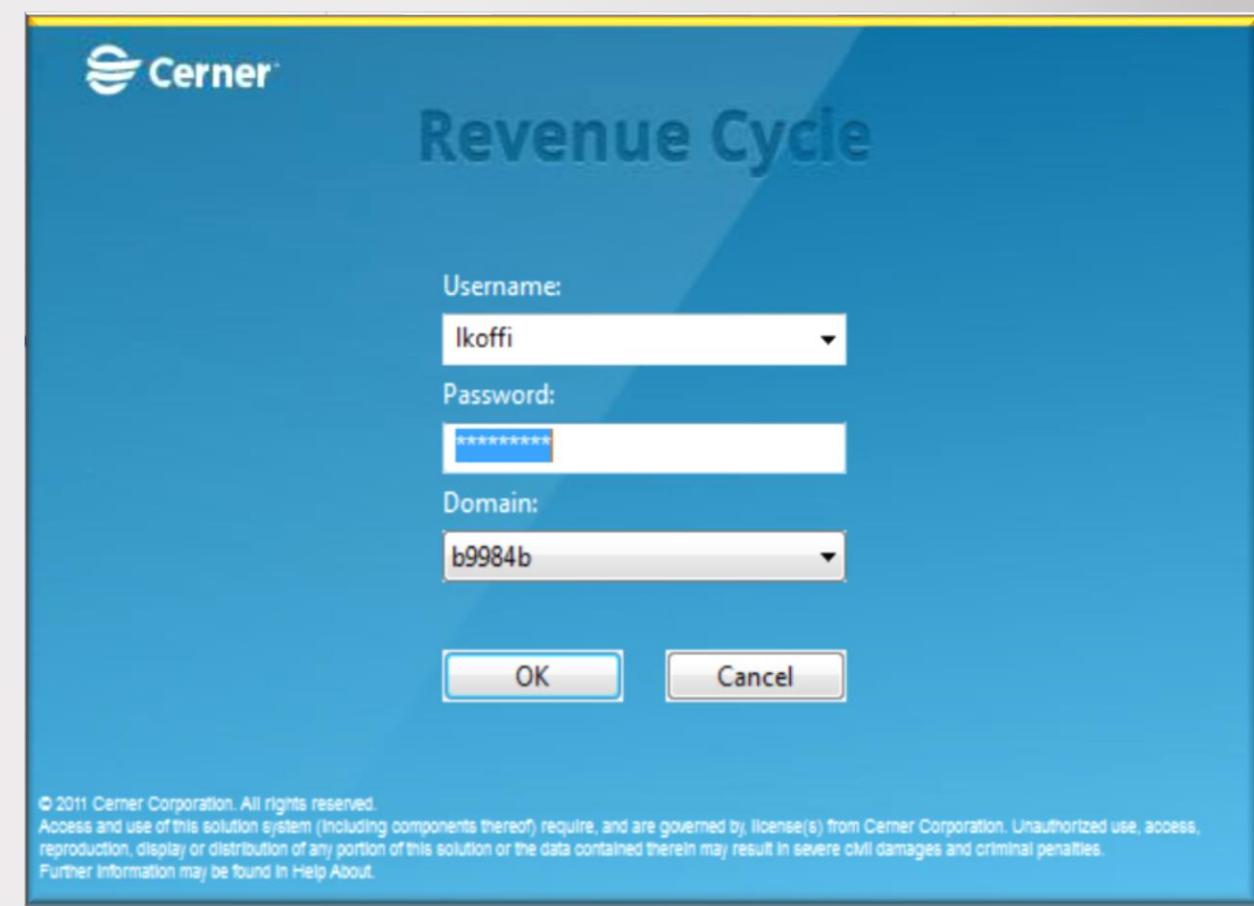
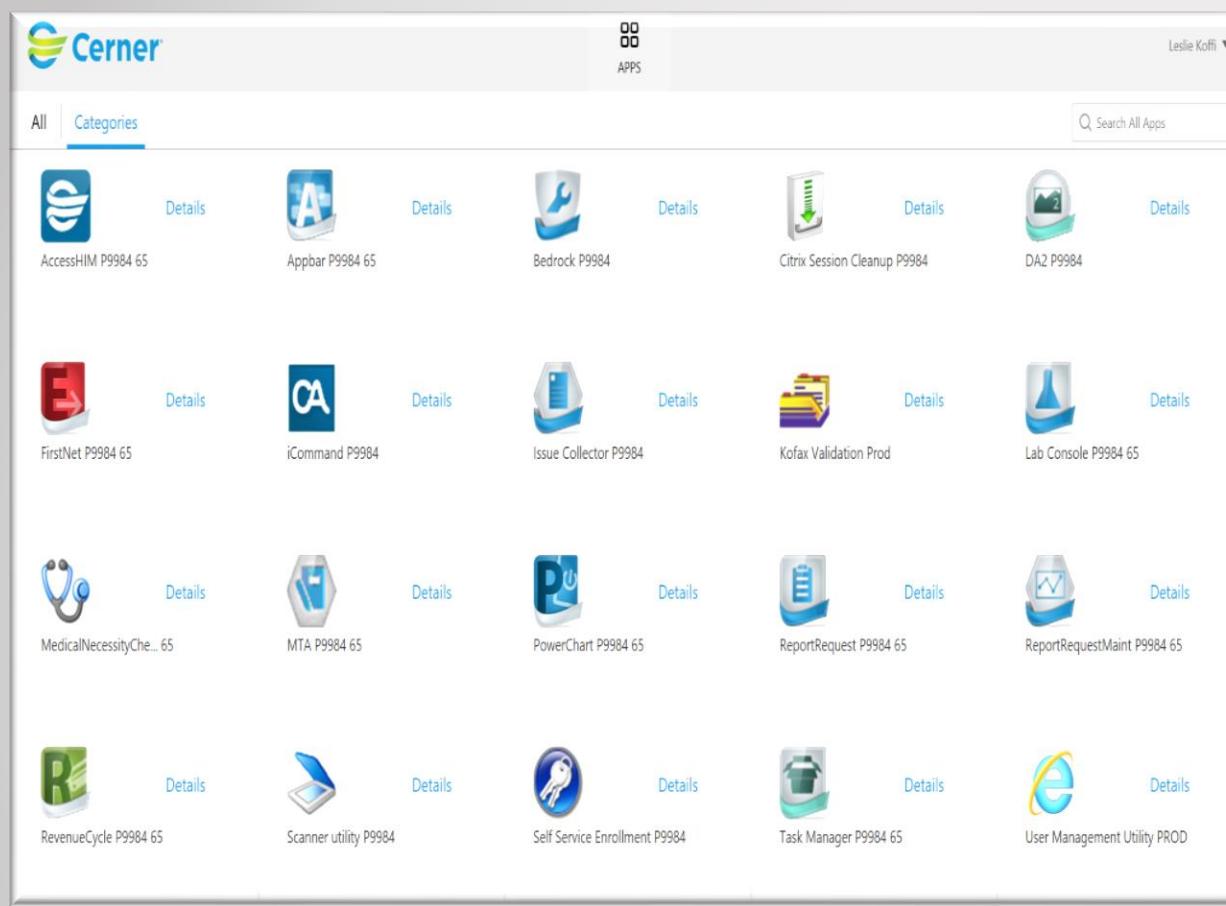
Password:

Domain:

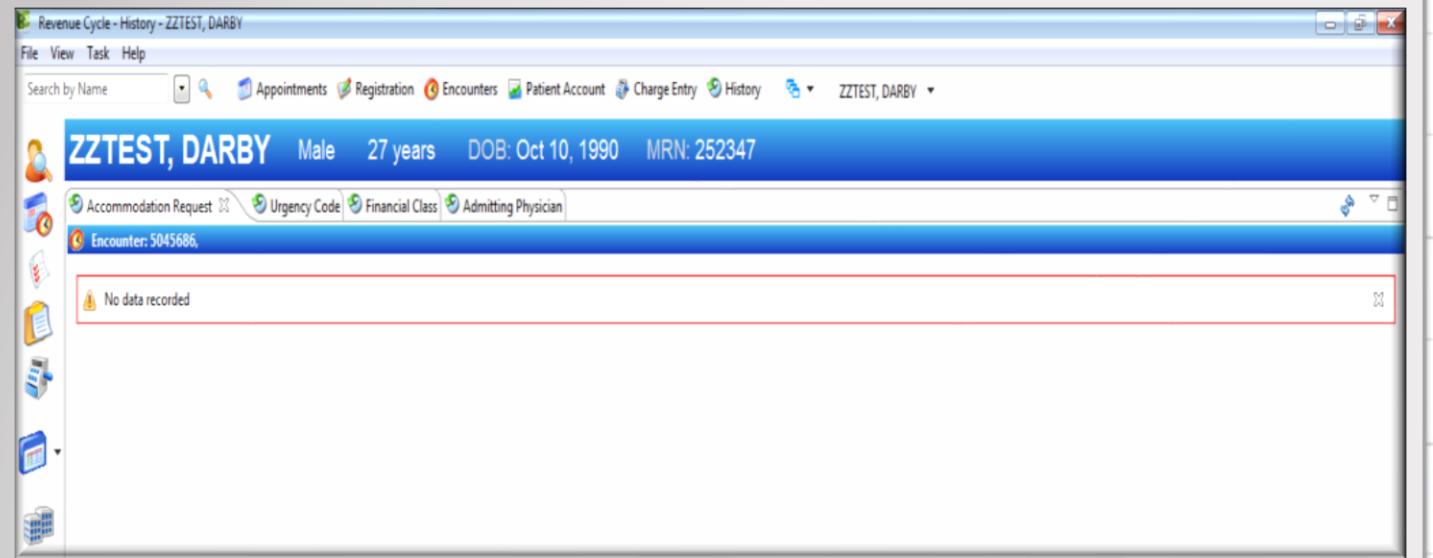
[Account Self-Service](#)

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First, you must login to your Citrix
account.

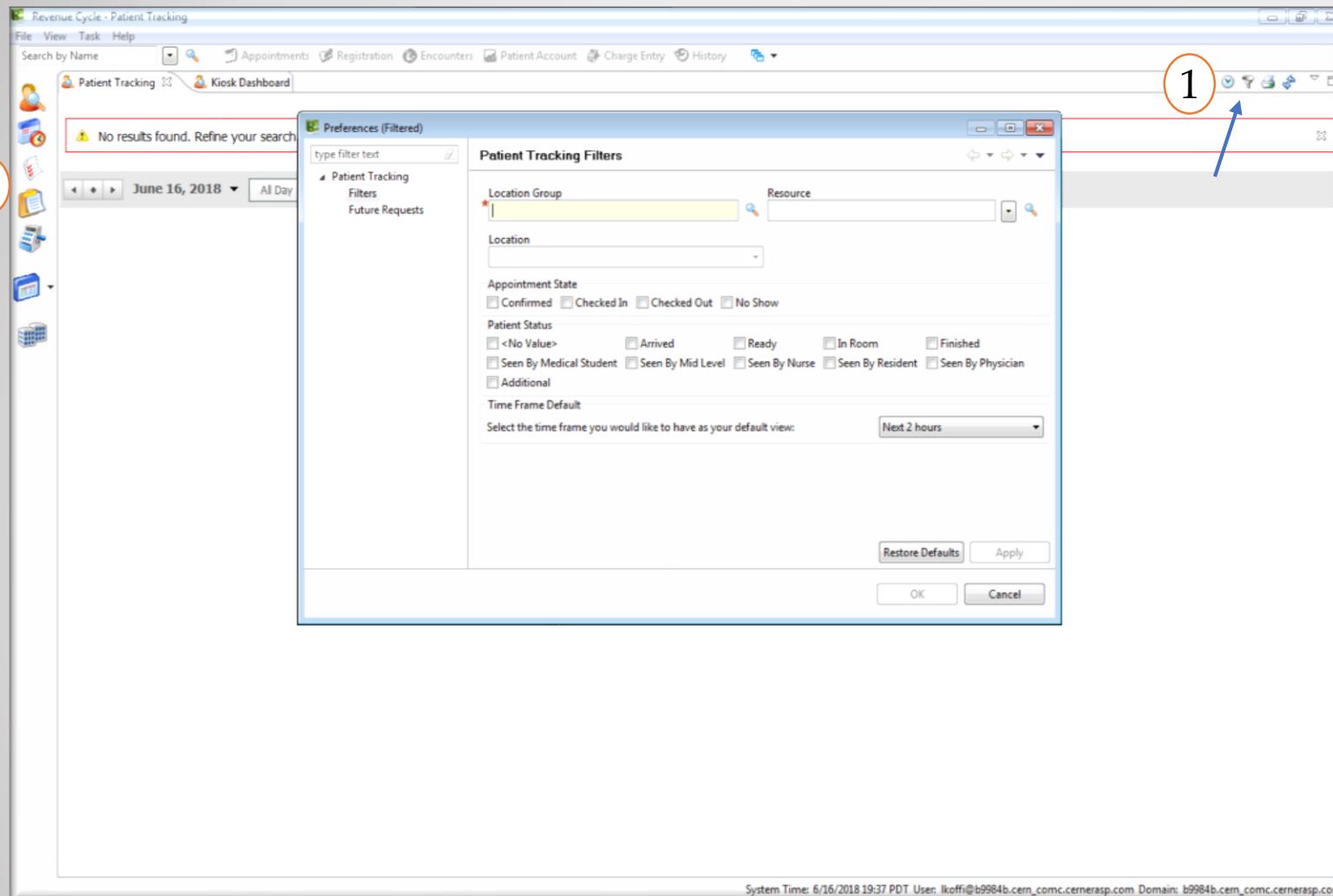


Next, locate the Revenue Cycle application, and type your login credentials.



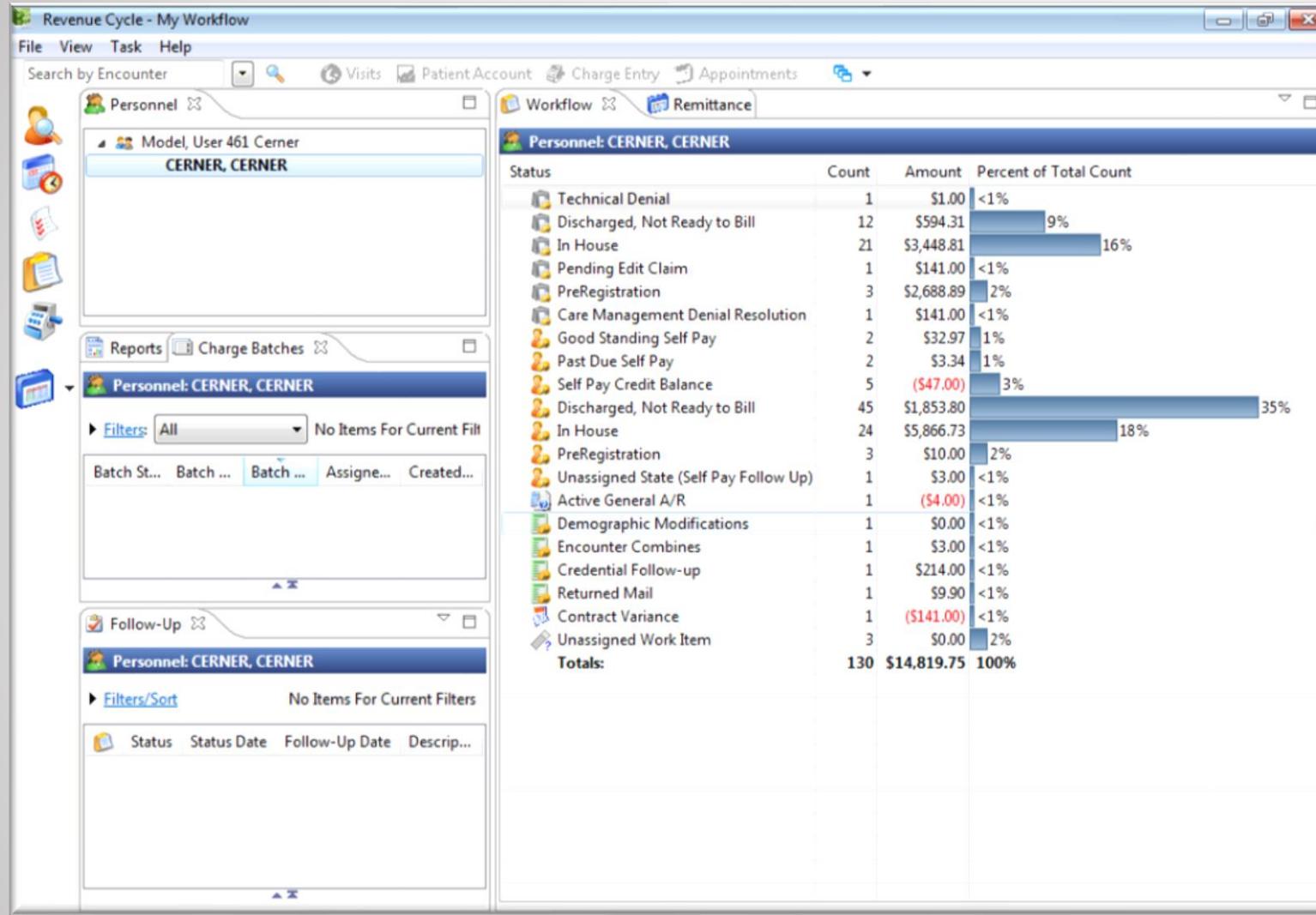
Button	Action
	Search Opens the Person Search window and allows you to locate a patient record. Click beside the Find button to select the search filter you want to enter in the search box (such as Name or MRN) and to select the perspective you want to open after you have selected a patient.
	Charge Entry Allows you to enter specific charges for a patient whose record is open.
	Patient Account Opens the Patient Account perspective and allows you to manage account information.
	Appointments Opens the Appointments perspective and allows you to create appointments. This patient-specific perspective contains Future Appointments, Past Appointments, Requests, Add Appointment, Demographic Summary, Balance Summary, and Guarantors views. It is recommended for adding or modifying appointments and verifying patient demographic information.

	Check In / Out Opens the Check In/Out perspective and allows you to take actions on the selected patient. (You can perform the actual checking in and out or indicate a no show from the patient list in Patient Tracking). This patient-specific perspective contains the Demographic Banner, Demographic Summary, Future Appointments, Past Appointments, Encounter Summary, Insurance Summary, Guarantors, and Add Appointment views. This perspective is recommended for when the patient arrives and also when they depart.
	Registration Opens the Registration perspective and allows you to view, enter, or modify patient, related person, guarantor, employer, and insurance information.
	Encounters Opens the Encounters perspective and allows you to add an encounter and enter information about the encounter. You can also view details for a selected encounter. This perspective is recommended for monitoring and maintaining the encounter information associated to the patient, including submitting and viewing eligibility and benefits.
	Open View Allows you to open a selected view. The views available for selection depend on the perspective that is currently open.
	MOORE, JACK Allows you to open a perspective with a menu command instead of a toolbar button. You can select Keep Open when you have a patient record open (for up to a maximum of five records). The patient name remains on the toolbar when you open a different record. You can click the name to retrieve the record you were looking at previously. If you click Close , the patient record is closed.
	My Workflow Allows you to view work lists to facilitate patient accounts.
	Charge Entry Allows you to enter charges in batch.
	Patient Tracking Allows you to view a patient list of patients with scheduled appointments for today and take the following actions: check a patient in and out, no show a patient, and track wait times. It is recommended for use at the front desk and nurse stations to keep track of the patient while they are in the office.
	Resource View Allows you to select a resource and view and maintain its schedule. It can be used to start the process of scheduling a patient.
	Appointment Queues Allows you to select a date range and resource and then view a list of appointments that must be rescheduled or canceled. There are separate views for displaced appointments and standby appointments. It is recommended for managing appointments and for patients needing further action.
	Consumer Activity Allows you to update patient information without having to open each individual record.
	Alerts Allows you to schedule persons on a standby list. When you click Alerts on the toolbar, a list of persons on standby who can be scheduled now is displayed. Select a person from the list, and the Appointments perspective is opened. If you do not set up standby preferences, you will not get alerts.
	Create New Remittance Opens the Create New Remittance dialog box.



Set your locations filters

1. First, click the funnel button located at the top right corner to retrieve the Patient Tracking Filters. The location needs to be set to the user's preference. Select your organization in the Location Group field and select your current department in the Location and Resource field. Click Apply and Ok.
2. Next, click the clipboard icon located near the upper left side.



Workflow Perspective

The Workflow perspective allows users to easily view queues, encounters, and reports that have been assigned to them. **Each user's view is unique to their role and assignments.**

Workflow Perspective

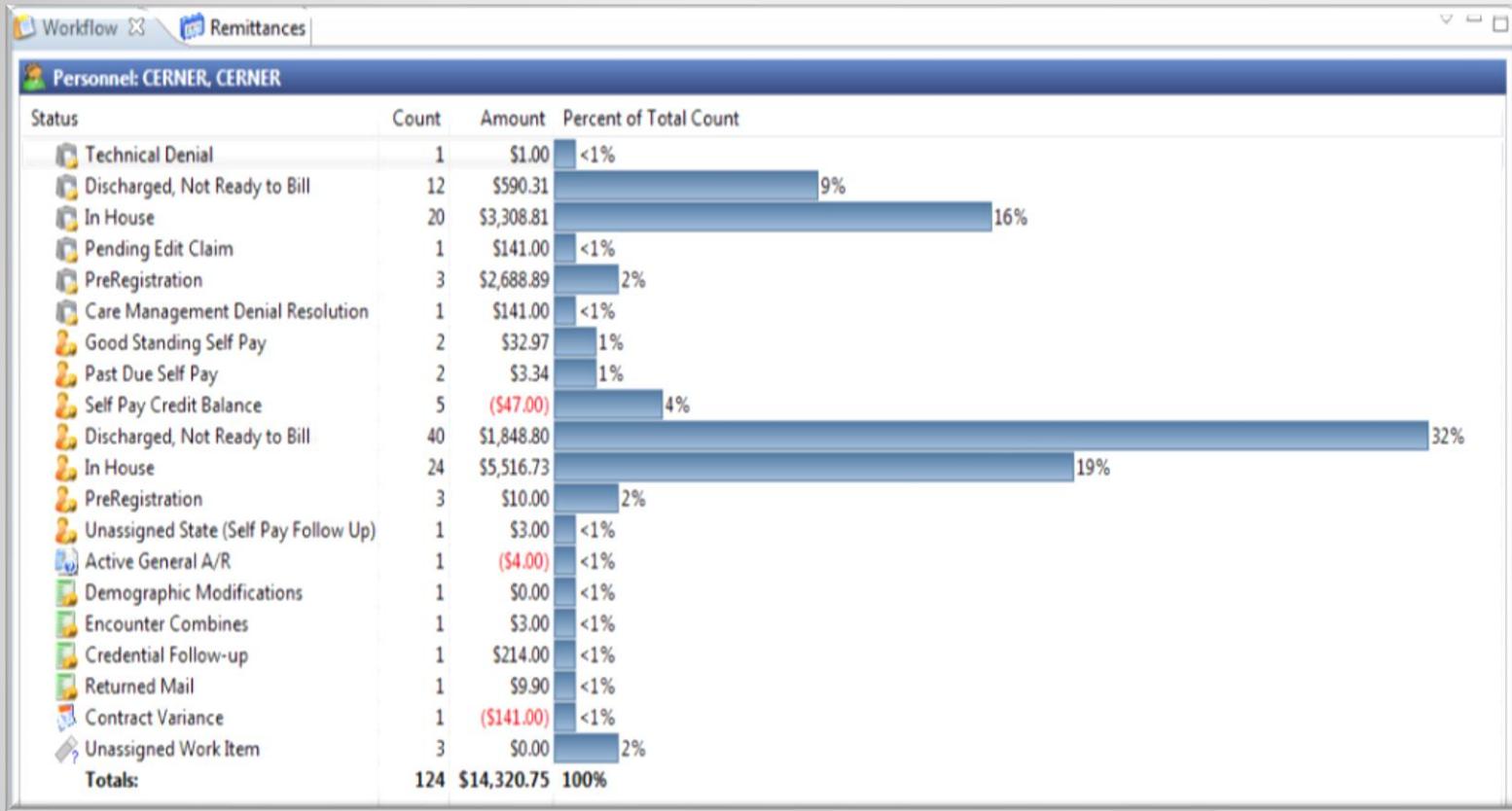
The Workflow perspective includes the following views:

1. Personnel: The **Personnel** view displays users as defined in manager and supervisor relationships.
2. Reports: The **Reports** view displays all reports assigned to the user in context.
3. Charge Batches: The **Charge Batches** view displays charge batches for the user in context. Supervisors are able to view Charge batches created by subordinates.
4. Follow-Up: The **Follow-Up** view displays workflow items needing follow-up. Work items populate this view when released for follow up by the user or when Follow-Up is forwarded to the user, by another, by use of an action code. A user can double-click an item from this view to put it into context or right-click to perform a task.
5. Workflow: The **Workflow** view within the My Workflow Perspective displays a personnel's assigned work. The detail view will display specific Workflow items where task can be performed directly on the queue item or the queue item can be set into context for follow-up.
6. Remittances: The **Remittances** view displays remittances created by the user in context.

The screenshot shows the Revenue Cycle - My Workflow application with the Workflow Perspective selected. The interface is organized into six panels, each with a title bar and a list of items or a chart.

- Panel 1 (Top Left):** Personnel: CERNER, CERNER. Shows user relationships.
- Panel 2 (Second Row Left):** Reports: CERNER, CERNER. Shows "No Items For Current Filter".
- Panel 3 (Second Row Center):** Charge Batches: CERNER, CERNER. Shows a list of charge batches with a bar chart overlay. The chart details the count and amount for various batch types.
- Panel 4 (Third Row Left):** Follow-Up: CERNER, CERNER. Shows "No Items For Current Filters".
- Panel 5 (Third Row Center):** Workflow: CERNER, CERNER. Shows a list of workflow items with a bar chart overlay. The chart details the count and amount for various workflow states.
- Panel 6 (Bottom Right):** Remittance: CERNER, CERNER. Shows "No Items For Current Filter".

Summary View



Status: Current status of account receivable (A/R). Status types include **Ready to Bill**, **Past Due**, **Technical Denial**, **Past Due Self Pay**, **Variance**, **Discharged**, **Not Ready to Bill**, **Good Standing Self Pay**, **In House**, and **Generated**. By default, all attribute rows are collapsed under each status type. Double-click the status type to have all rows related to the status, with the detail attributes, displayed. Type (Icon)

Count: Item count per workflow summary grouping.

Amount: Dollar amount associated to each workflow summary.

Percent of Total Amount: Dollar amount displayed as a percentage.

Workflow Perspective

Personnel: Ferris (Cerner), Erin - Insurance Balance

Filters/Sort

Status Date	Amount	Status	Description
04/14/2010	\$349.96	Discharged, Not Ready to Bill	PROFIT, OUTPATIENT BABY - 1000000011; Institutional; VCH MEDI-CAL
04/14/2010	\$769.76	Discharged, Not Ready to Bill	PROFIT, OUTPATIENT THREE - 1000000010; Institutional; VCH MEDI-CAL
04/16/2010	\$769.76	Discharged, Not Ready to Bill	PROFIT, OUTPATIENT THREE - 1000000010; Institutional; VCH MEDI-CAL
04/16/2010	\$349.96	Discharged, Not Ready to Bill	PROFIT, OUTPATIENT BABY - 1000000011; Institutional; VCH MEDI-CAL

Personnel Ferris (Cerner), Erin

Description	Created	Purge Date
ATB by Encounter	04/19/2010	04/24/2010 - 5 Da
Bankruptcy	04/19/2010	04/24/2010 - 5 Da
Billing Entity Holds	04/19/2010	04/24/2010 - 5 Da
Claims Correction Required by Edit...	04/19/2010	04/24/2010 - 5 Da
Claims Submitted	04/19/2010	04/24/2010 - 5 Da
Credit Balance	04/19/2010	04/24/2010 - 5 Da
Daily Cash	04/19/2010	04/24/2010 - 5 Da

Follow-Up

No Results.

Workflow Perspective from a non-supervisor

To drill down further and see each encounter in a particular work queue, double click the queue.

1

The screenshot shows the Cerner software interface with several windows open:

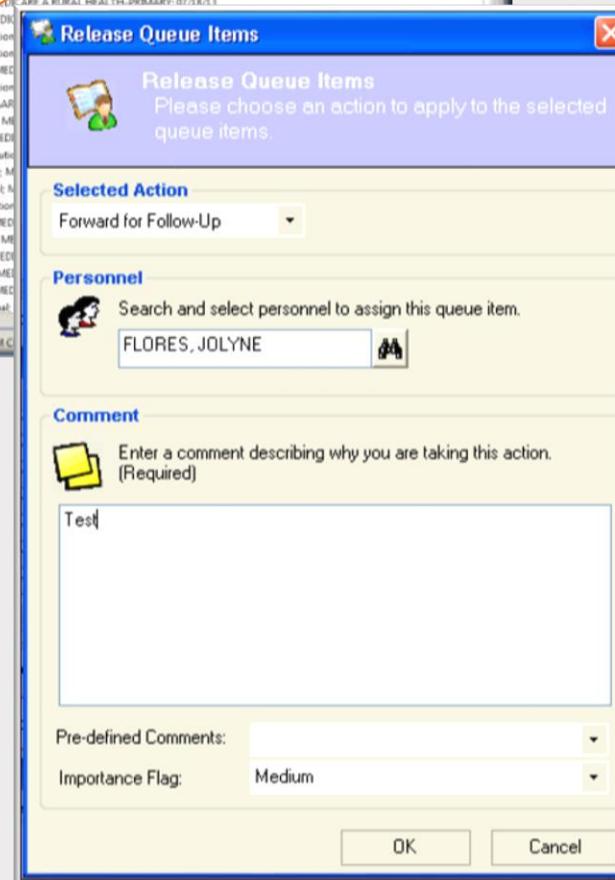
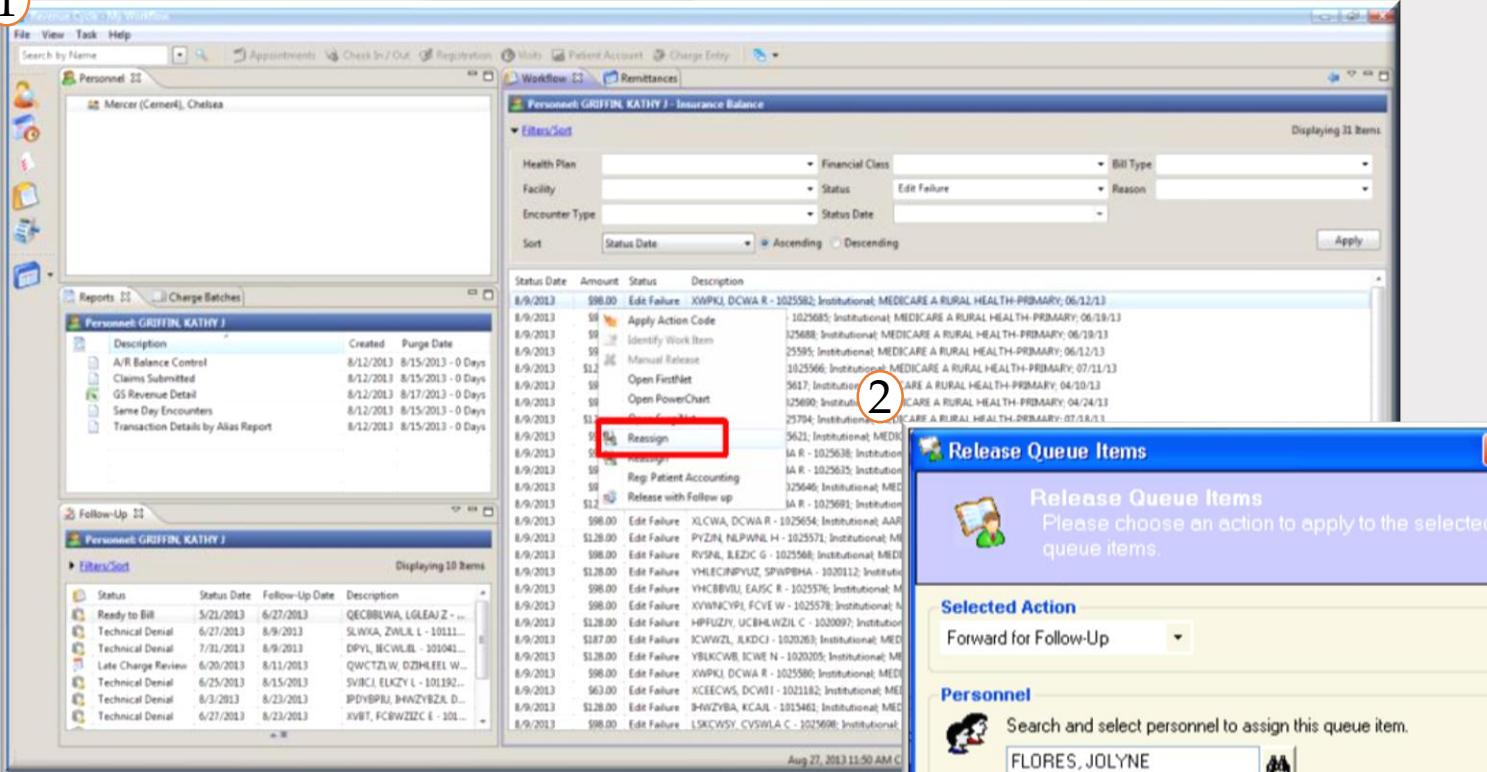
- Workflow Window:** Shows a grid of queue items with columns for Status Date, Amount, Status, and Description. One item in the grid is highlighted with a red oval.
- Release Queue Items Dialog:** A modal window titled "Release Queue Items" with the following fields:
 - Selected Action:** Set to "Release with Follow Up".
 - Review Date:** Set to "04/19/10".
 - Comment:** Contains the text "Test".
 - Pre-defined Comments:** Set to "Medium".
- Personnel Window:** Shows a list of tasks like "ATB by Encounter", "Bankruptcy", etc., with their descriptions, creation dates, and purge dates.
- Follow-Up Window:** Shows a message "No Results."

2

Release w/ Follow-up

1. This task allows users to release an encounter from the queue for a specified amount of time. It will reappear in the follow-up queue on the date specified. Right click on the encounter in the queue and select Release with Follow-up.
2. Populate the date in which you would like it to reappear, add a comment and click OK.

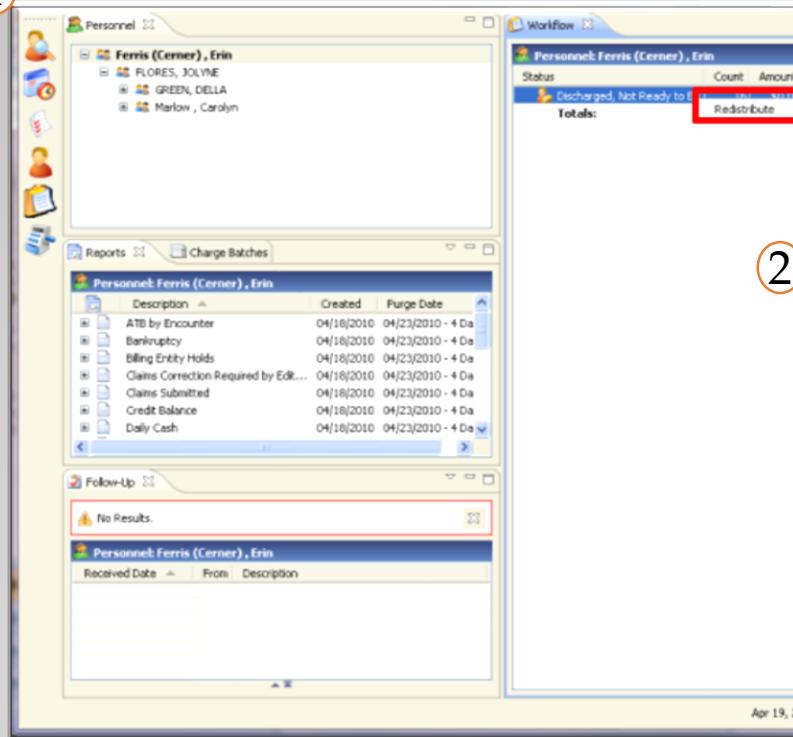
1



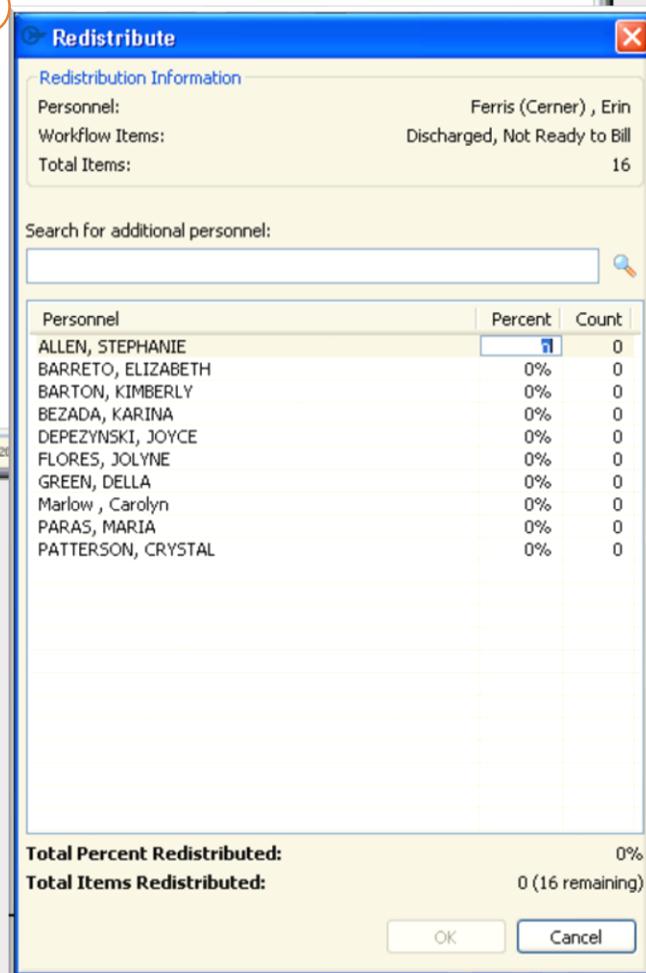
Reassign

1. Any encounter in the work queue can be reassigned to another user. This can only be done one encounter at a time. Right click on the encounter in the work queue and click Reassign.
2. Select a person you'd like to assign the encounter to, add comment, and click OK.

1

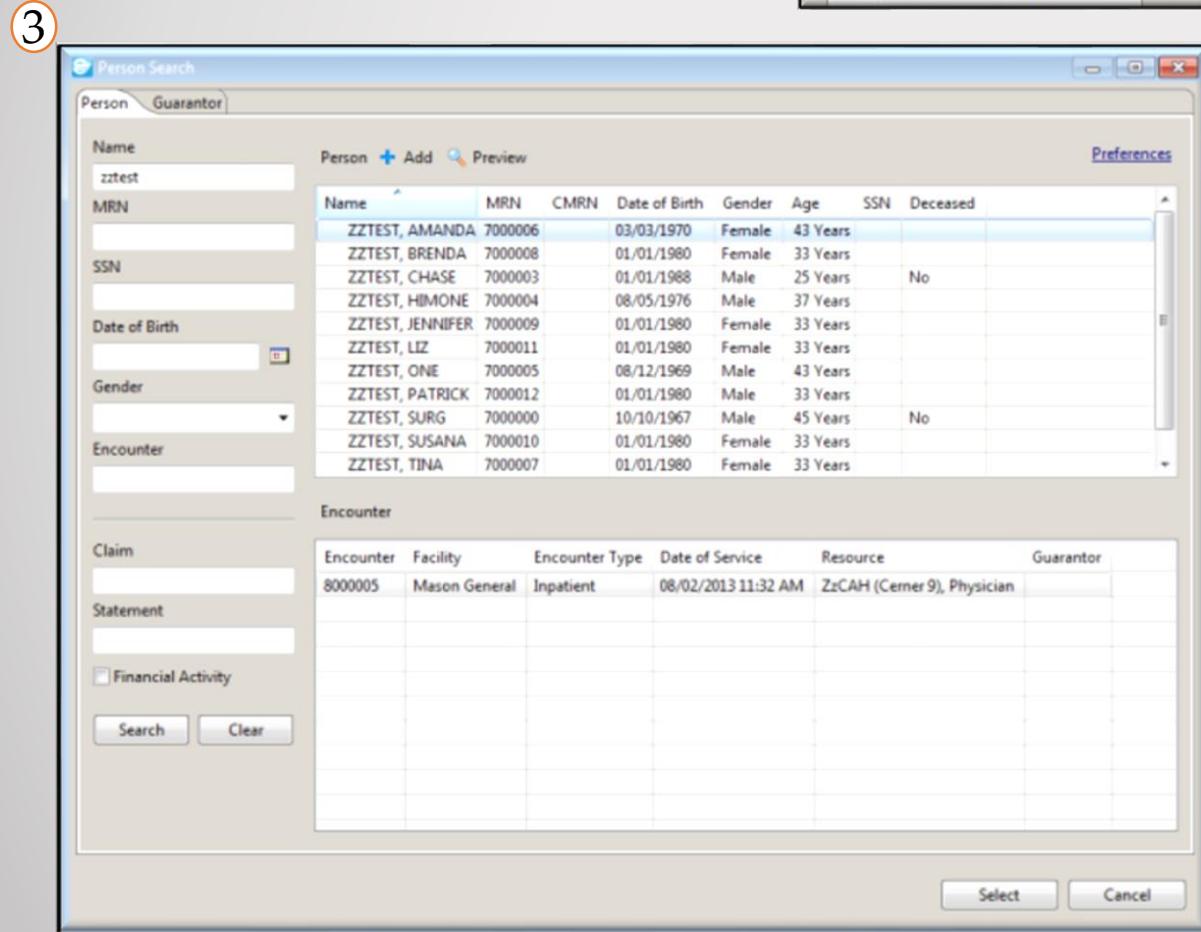
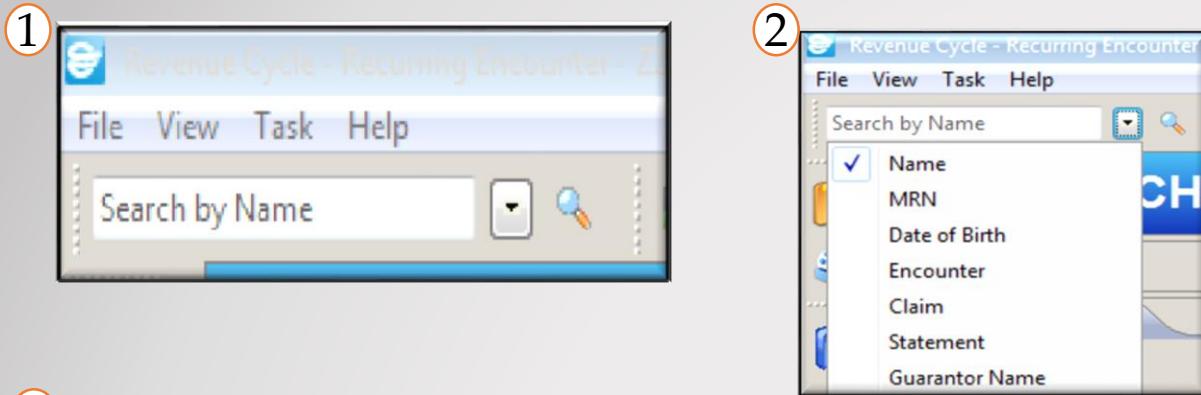


2



Redistribute

1. Work queues can also be redistributed to other user's work queue in bulk rather than just one encounter at a time. This is done at the supervisor level. **Redistributing is not reversible.** It can be redistributed back but it might not be redistributed back to the exact same encounters. Right click on the name of the work queue and select Redistribute.
2. Fill out what percentage of the queue you want to go to which user(s) and click OK. Those items will now be in other user's work queues instead of the originally assigned queue. It will not allow for any redistribution if the sum of percentages is greater than 100%.



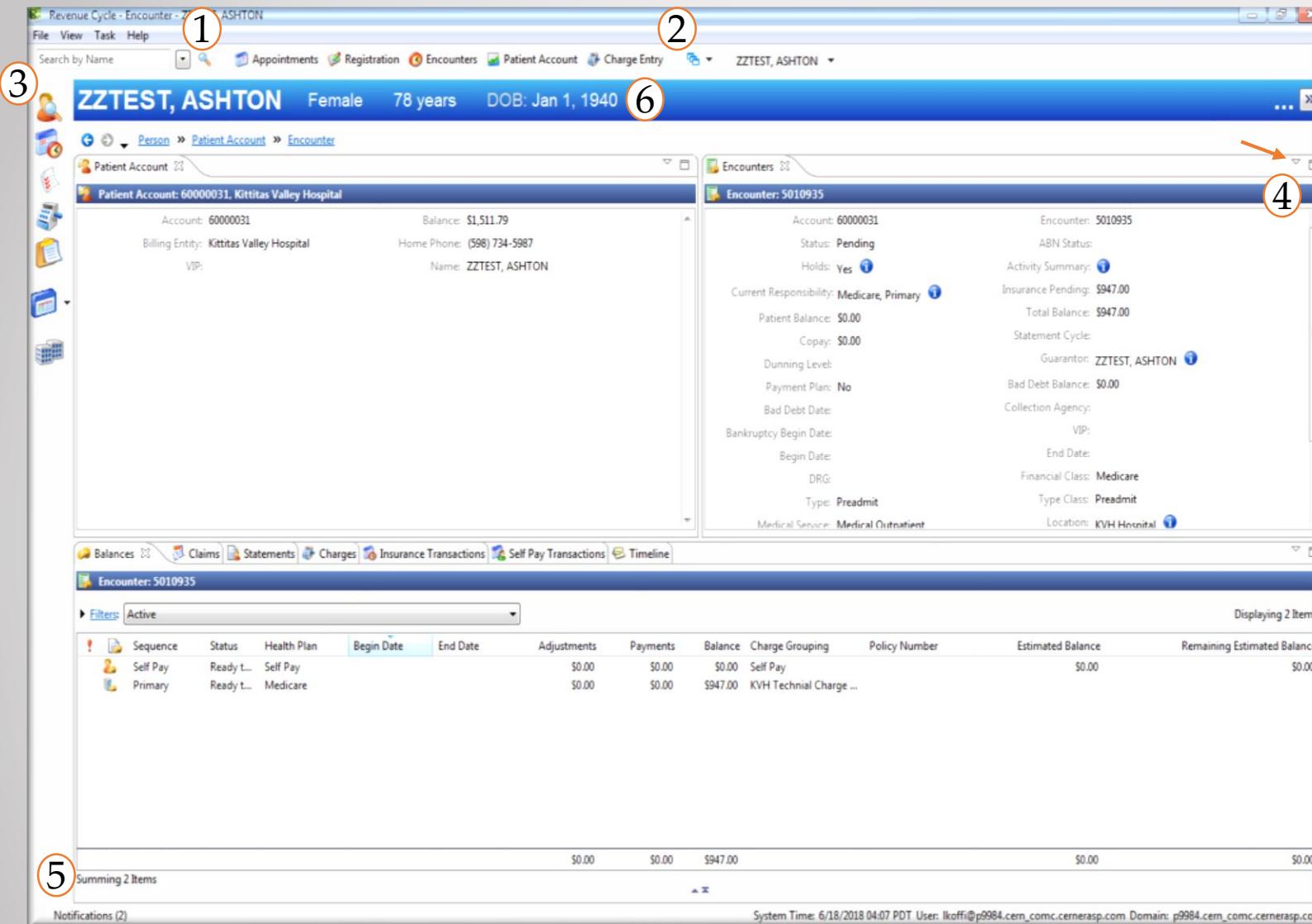
Patient Account Search

After logging into Revenue Cycle, the Patient Account Search is visible from any perspective, including the work queue perspective.

1. In the Patient Account search dialog box, enter the patient's last name.
2. The default search filter is the patient's name (Last, First). The drop-down menu on the right-hand side of the Patient Account Search dialog box allows the default filter options to be changed.
3. Once a patient name is entered, the Person Search dialog box will open. Once you have found your patient click **Select**. The Patient Account will open.

Let's dive into Patient Accounting!





General Navigation

- Patient Search Box**
- Patient Perspective buttons.** When a patient account is open, this tool bar will populate with the patient's name, allowing you to toggle between views and patient accounts.
- Non-Patient Perspective buttons.** These icons allow navigation between tools that are not patient specific.
- View menu dropdown.** This arrow dropdown will be used for the majority of task actions in Revenue Cycle.
- Notifications.** Notifications appear.
- Demographics Bar.** Displays basic patient demographics. Double clicking will open an Additional Demographic Information dialogue box.

Revenue Cycle - Patient Account - ZZTEST, ASHTON

File View Task Help

Search by Name

Appointments Registration Encounters Patient Account Charge Entry History ZZTEST, ASHTON

Patient Account

Patient Account: 252340, Kittitas Valley Clinics

Account: 252340	Balance: \$275.00
Billing Entity: Kittitas Valley Clinics	Home Phone: (509) 734-5987
VIP:	Name: ZZTEST, ASHTON

Balance Summary

Patient Account: 252340, Kittitas Valley Clinics

Balance Type	Unbilled	1 to 30	31 to 60	61 to 90	Over 90	Total
Patient Liability	\$275.00	\$0.00	\$0.00	\$0.00	\$0.00	\$275.00
Total Outstanding	\$275.00	\$0.00	\$0.00	\$0.00	\$0.00	\$275.00

Encounters

Patient Account: 252340, Kittitas Valley Clinics

1

Filters: Active

Displaying 3 Items

Begin D...	End Date	Encounter...	Type	Facility	Billing Ent...	Attending Physici...	Total Balan...	Bad Debt Balan...	Bankruptcy Begin D...	Collection Agen...	Collection Agency Ty...	Collections Sent D...	Health Pl...	Patient Balan...	Total Charges
5/16/20...	5/16/20...	5045670	Clinic	KVH	Kittitas Va...	Wood, Norman E...	\$0.00	\$0.00					\$0.00	\$0.00	
5/1/201...	5/1/20...	5045658	Clinic	KVH	Kittitas Va...	Larson, Mark W ...	\$275.00	\$0.00					\$275.00	\$275.00	
4/27/20...	4/27/20...	5045651	Clinic	KVH	Kittitas Va...	Mirich III, Thoma...	\$0.00	\$0.00					\$0.00	\$0.00	

\$275.00 \$0.00 \$275.00 \$275.00

Summing 3 Items

System Time: 6/18/2018 12:02 PDT User: lkoffi@b9984b.cern.comc.cernerasp.com Domain: b9984b.cern.comc.cernerasp.com

Patient Accounting Perspective

By clicking Patient Account, located at the top among the Patient Perspective buttons, this perspective will display a high-level view of the patient's account.

Each perspective within Revenue Cycle has the capability to be customized according to each user's preference.

1. Note: This encounter filter automatically populated to **active** encounters. If the patient has encounters in an historical status (past visit with a zero dollar balance) you will have to change that filter to History, or All, if you want to see those encounters.

Revenue Cycle - Encounter - ZZTEST, ASHTON

File View Task Help

Search by Name

Appointments Registration Encounters Patient Account Charge Entry ZZTEST, ASHTON

ZZTEST, ASHTON Female 78 years DOB: Jan 1, 1940

Patient Account: 60000031, Kittitas Valley Hospital

Account: 60000031 Balance: \$1,511.79
Billing Entity: Kittitas Valley Hospital Home Phone: (509) 734-5987
VIP: Name: ZZTEST, ASHTON

Encounters

Encounter: 5010935

Account: 60000031 Encounter: 5010935
Status: Pending ABN Status:
Holds: Yes Activity Summary:
Current Responsibility: Medicare, Primary Insurance Pending: \$947.00
Patient Balance: \$0.00 Total Balance: \$947.00
Copy: \$0.00 Statement Cycle:
Dunning Level: Guarantor: ZZTEST, ASHTON
Payment Plan: No Bad Debt Balance: \$0.00
Bad Debt Date: Collection Agency:
Bankruptcy Begin Date: VIP:
Begin Date: End Date:
DRG: Financial Class: Medicare
Type: Preadmit Type Class: Preadmit
Medical Service: Medical Outpatient Location: KVH Hospital

Balances Claims Statements Charges Insurance Transactions Self Pay Transactions Timeline

Encounter: 5010935

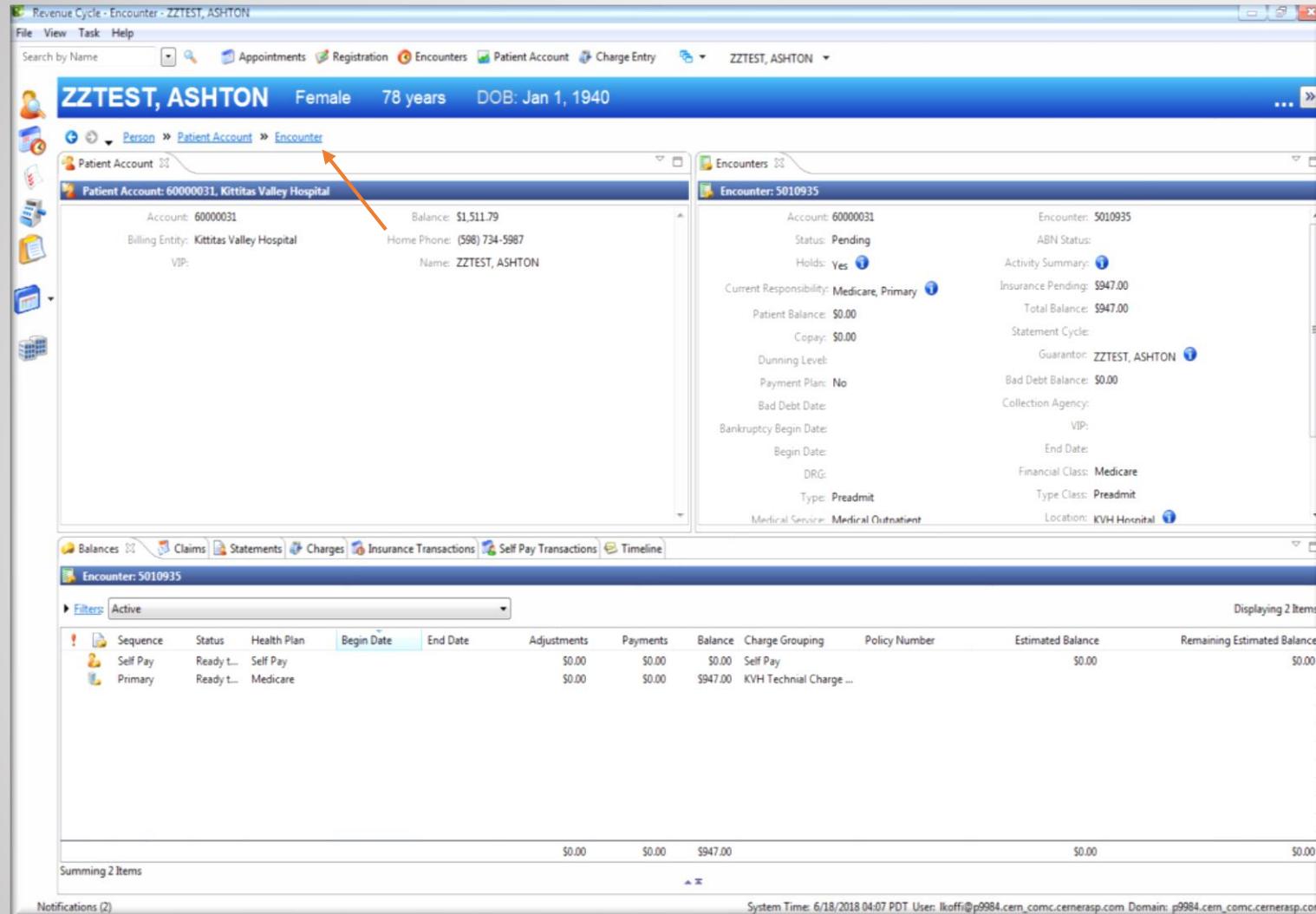
Filters: Active Displaying 2 Items

Sequence	Status	Health Plan	Begin Date	End Date	Adjustments	Payments	Balance	Charge Grouping	Policy Number	Estimated Balance	Remaining Estimated Balance
Self Pay Primary	Ready to... Ready to...	Self Pay Medicare			\$0.00	\$0.00	\$0.00	Self Pay		\$0.00	\$0.00
					\$0.00	\$0.00	\$947.00	KVH Technical Charge ...			

Summing 2 Items \$0.00 \$0.00 \$947.00 \$0.00 \$0.00

Notifications (2)

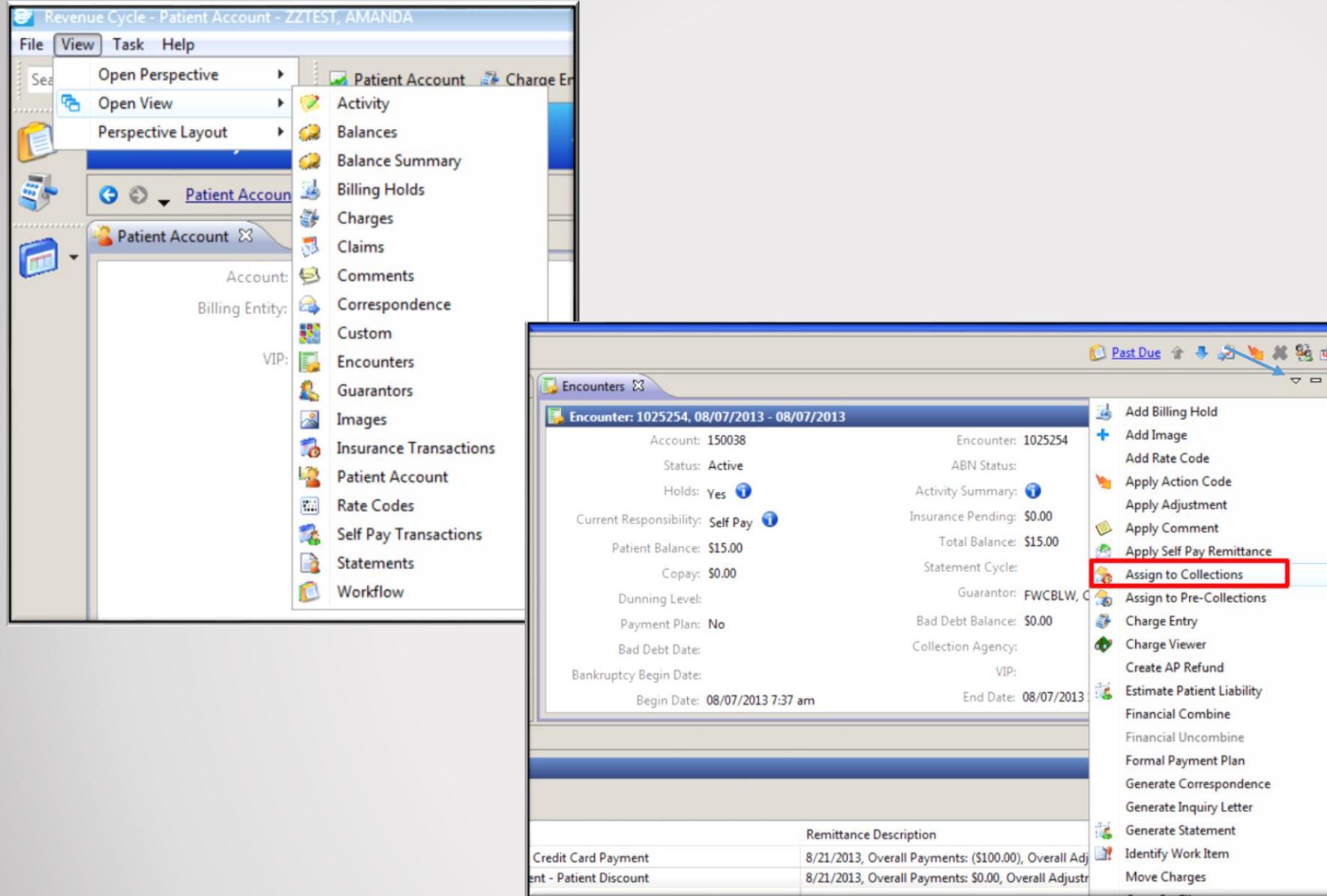
System Time: 6/18/2018 04:07 PDT User: ikoffi@p9984.cern_comc.cernerasp.com Domain: p9984.cern_comc.cernerasp.com



Encounter Perspective

Note: User must click the encounter button in order to launch the encounter level or perspective.

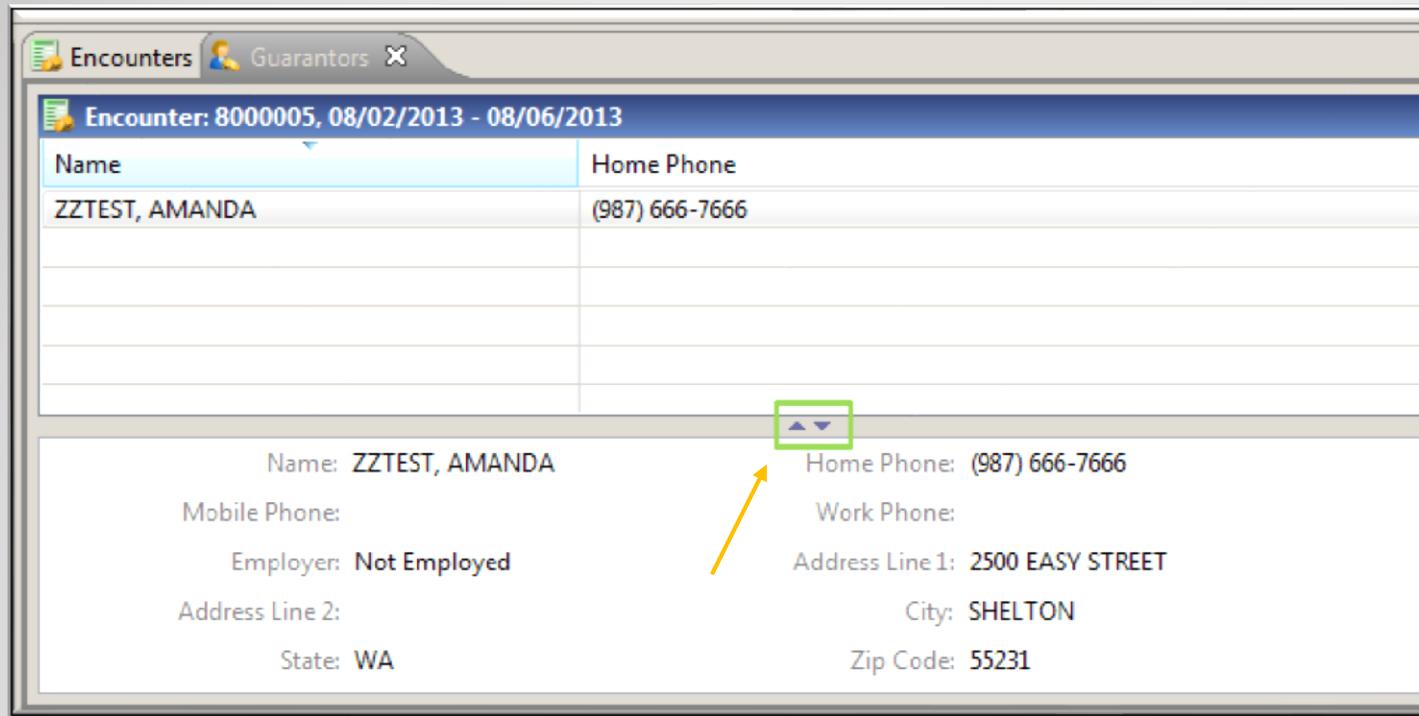
Note: You know you are in the Encounter Perspective, when the Encounter is the last word in the cookie trail under the demographic banner bar.



Additional Perspectives

In order to see additional perspectives, you can navigate to various tabs. Click View from the primary toolbar, and then select Open View. The context menu will show the different tabs that can be added.

The are more available Items in the Encounter Perspective.



Locating a Guarantor

The guarantor for a particular encounter is displayed at the Encounter level as shown below. If the Guarantor tab is not visible in the existing Encounter Perspective, select **View** from the primary tool bar, then select **Open View** or simply locate the **Open View** button. Find Guarantors in the menu listing and select it to appear in the Encounter Perspective. Use the arrows found at the bottom of the Guarantor window to view additional Guarantor information.



Encounters	Balances	Claims	Statements	Charges	Insurance Transactions	Self Pay Transactions	Timeline	Billing Holds	Guarantors	Images
Encounter: 5045670, 05/16/2018 - 05/16/2018										
Filters: All										Displaying 2 Items
Hold	Date	Applied To							Events	
Cash Flat Rate	5/30/2018	Encounter: 5045670, 05/16/2018 - 05/16/2018							Self Pay Billing, Collections, Pre-Collections, Dunning Message	
Waiting for Coding	5/30/2018	Encounter: 5045670, 05/16/2018 - 05/16/2018							Institutional Billing, Professional Billing, Self Pay Billing, Collect...	

Encounters Charges Guarantors Balances Statements Insurance Transactions Self Pay Transactions Comments Claims

Patient Account: 371, Fisher-Titus Medical Center

Filters: All

VIP:	Begin Date: 09/16/2009	End Date: 09/16/2009
Attending Physician: Barney MD, Daniel B.	Bankruptcy Begin Date:	Billing Entity: Fisher-Titus Medical Center
Billing Provider: Fisher-Titus Medical Center	Statement Cycle:	Copay: \$0.00
Dunning Level:	Encounter: 227	Status: Pending
Type: Outpatient	Financial Class: Medicare	Guarantor: TEST, BRANDI
Holds: Yes	Insurance Pending: \$1,757.30	Last Adjustment Date:
Last Charge Date: 09/28/2009	Last Claim Date:	Last Payment Date:
Facility: FTMC	Patient Balance: \$0.00	Total Adjustments: \$0.00
Total Balance: \$1,757.30	Total Charges: \$1,757.30	Total Payments: \$0.00
Bad Debt Balance: \$0.00	Bad Debt Date:	Collection Agency:

Generating a Claim

Patient Accounting has the ability to generate claims overnight using an operations job. Claims are then submitted to the scrubber or third-party intermediary, on a client-defined cycle (once a day, only during the work week, etc.). The system looks at several aspects when determining if an encounter needs to have a claim generated for a specific benefit order.

First, the system will look to see if the encounter is in an **Active** status. An encounter is in a **Pending** status as long as holds remain on the encounter. So, if there is a wait time **for discharge, coding, standard delay**, or any other billing hold remaining on an encounter, it will remain in a **Pending** status and no claim will generate.

Check the **Billing Holds** tab to view and manually remove holds. This can be done by right clicking on the hold and selecting Remove Billing Hold.

Once an encounter is in an **Active** status, the system will look to see which benefit order is in **Ready to Bill** status.

Encounters Charges Guarantors Balances Statements Insurance Transactions Self Pay Transactions Comments Claims Billing Holds

Patient Account: 371, Fisher-Titus Medical Center

Filters: All

VIP:	Begin Date: 09/16/2009	End Date: 09/16/2009
Attending Physician: Barney MD, Daniel B.	Bankruptcy Begin Date:	Billing Entity: Fisher-Titus Medical Center
Billing Provider: Fisher-Titus Medical Center	Statement Cycle:	Copay: \$0.00
Dunning Level:	Encounter: 227	Status: Active
Type: Outpatient	Financial Class: Medicare	Guarantor: TEST, BRANDI
Holds: No	Insurance Pending: \$1,757.30	Last Adjustment Date:
Last Charge Date: 09/28/2009	Last Claim Date:	Last Payment Date:
Facility: FTMC	Patient Balance: \$0.00	Total Adjustments: \$0.00
Total Balance: \$1,757.30	Total Charges: \$1,757.30	Total Payments: \$0.00
Bad Debt Balance: \$0.00	Bad Debt Date:	Collection Agency:

Benefit Order

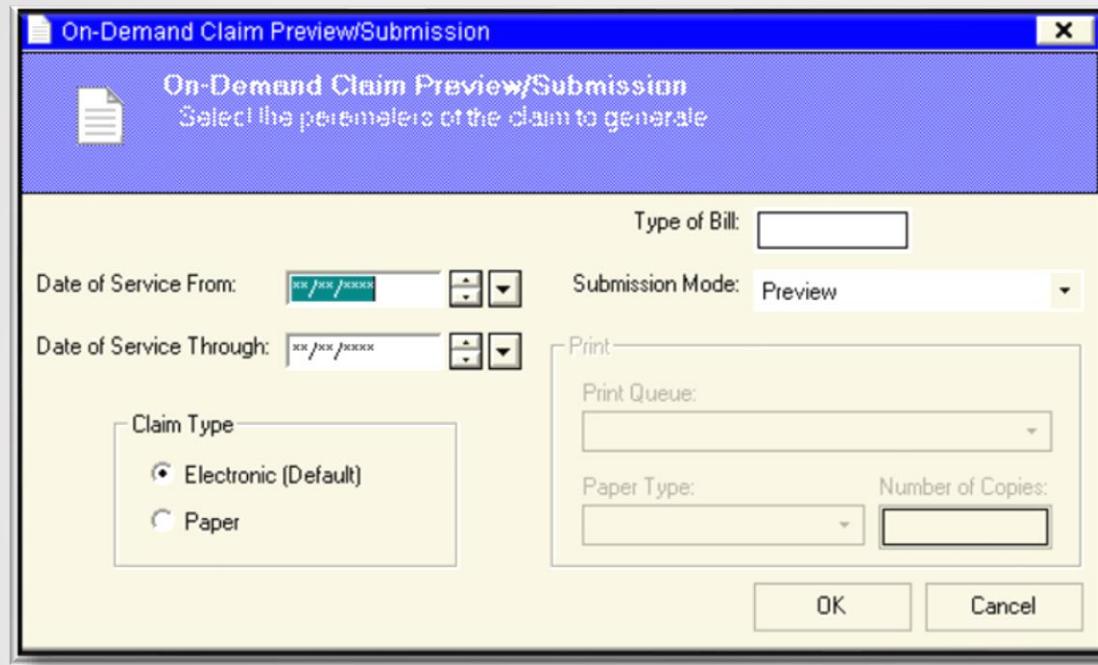
- A benefit order is the specific payer(s) that is listed underneath a Technical or Professional Charge Group. If there are charges that are to appear on a HCFA 1450 claim, the system will create a Technical Charge Group. If there are charges that are to appear on a HCFA 1500 claim, the system will create a Professional Charge Group.
- Based on the order in which the payer or payers were entered in the registration conversation, the system will put the charges in the proper Benefit Order under the respective charge groups.

Generate Claim

If there is a primary and secondary insurance on an encounter, then when the claim is generated and sent out for the primary payer, and the secondary payer remains in a Waiting for Prior Benefit Order Completion status. The secondary payer will remain in this status until a payment is received on the primary claim. Once a payment has been received, Patient Accounting will then complete the primary benefit order and change the secondary benefit order to Ready to Bill.

For our purposes, we do not want to have to wait for a claim to be generated on an encounter by an operations job, so **we will generate the claim manually**. On the account that we have open, select the appropriate encounter. Within that encounter, highlight the outstanding balance of the payer. Right-click on the payer and select **Generate Claim**.

On-Demand Claim Preview/Submission window.



Patient Accounting will display the On-Demand Claim Preview/Submission window. The Electronic (default) radio button will populate automatically for claim type, then Click **OK**. A preview of the claim will open for you to edit and submit a final version.

Bill Record Browser

Task Bill Help

Submit Batch Submit Print Validate Deny Cancel Search Power Account Comment Exit

View **Edit**

FISHER -TITUS MEDICAL CEN ² 272 BENEDICT AVE. NORWALK OH 44857		3a PAT CNTL # 200022	4 TYPE OF BILL b. MED. REC. # 371 0131				
		5 FED. TAX NO. 34-4430716	6 STATEMENT COVERS PERIOD FROM 091609 THROUGH 091609				
8 PATIENT NAME a TEST, BRANDI		9 PATIENT ADDRESS a 2800 ROCK CREEK PARKWAY b KANSAS CITY c MO d 64117 e					
10 BIRTHDATE 01161970	11 SEX F	12 DATE 091609	13 HR 11 14 TYPE 9 15 SRC 2 16 DHR 19 01				
17 STAT 18	19	20	21 17 18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28 29 ACOT STATE 30				
31 OCCURRENCE CODE 32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE OCCURRENCE SPAN FROM THROUGH 36 CODE OCCURRENCE SPAN FROM THROUGH 37				
a	b	c	d				
38 TEST, BRANDI 2800 ROCK CREEK PARKWAY		39 VALUE CODES AMOUNT a 45	40 VALUE CODES AMOUNT b	41 VALUE CODES AMOUNT c			
KANSAS CITY MO 64117		d	e	f			
42 REV. CO.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0311	PATHOL/CYTOLGY	88104	091609	2	17300	1	1
2 0311	PATHOL/CYTOLGY	88108	091609	1	12940	2	2
3 0311	PATHOL/CYTOLGY	88160	091609	2	17300	3	3

View a Claim

If the claim has required fields that were not populated with data during the automated claim generation process, the claim will display a Pending – Correction Required status. If all required fields were satisfied in the claim generation process and there were no other errors, the claim will display a **Ready to Submit – Waiting to Batch status**. This tells Patient Accounting that this claim is ready to be picked up by the operations team that will submit the claim in a file to the claims scrubber or claim intermediary.

Patient Accounting is now displaying a view called **Bill Record Browser**. This is the window used to view claims, statements, and invoices within Patient Accounting. There are three tabs within Bill Record Browser. The first tab is the View tab. This is where you can view the online version of the claim, and see the data in the UB-04 HCFA standard format.

Bill Record Browser

Task Bill Help

Submit Batch Submit Print Validate Deny Cancel Search Power Account Comment Exit

View Edit Info

Field	Value
Manual Edit History	
UR04	
UB04_claimHeader	
- FL1_billingProviderLine1	Fisher - Titus Medical Center
- FL1_billingProviderLine2	272 Benedict Ave.
- FL1_billingProviderLine3	Norwalk OH 44857
- FL1_billingProviderLine4	
- FL2_payToProviderLine1	
- FL2_payToProviderLine2	
- FL2_payToProviderLine3	
- FL2_payToProviderLine4	
- FL3a_patientControlNumber	200022
- FL3b_medicalRecordNumber	371
- FL4_typeOfBill	0131
- FL5_federalTaxNumberLine1	
- FL5_federalTaxNumberLine2	34-4430716
- FL6_statementCoversPeriodFromDate	091609
- FL6_statementCoversPeriodToDate	091609
- FL7_unlabeledLine1	
- FL7_unlabeledLine2	
- FL8a_patientIdentifier	
- FL8b_patientName	TEST, BRANDI
- FL9a_patientAddressStreet	2800 Rock Creek Parkway
- FL9b_patientAddressCity	Kansas City
- FL9c_patientAddressState	MO
- FL9d_patientAddressZipcode	64117
- FL9e_patientAddressCountryCode	
- FL10_patientBirthDate	01161970
- FL11_patientGender	F
- FL12_admissionDate	091609
- FL13_admissionHour	11
- FL14_admissionVisitType	9
- FL15_admissionSource	2
- FL16_dischargeHour	19
- FL17_patientStatus	01
- FL18_conditionCode	
- FL19_conditionCode	
- FL20_conditionCode	

Edit a Claim

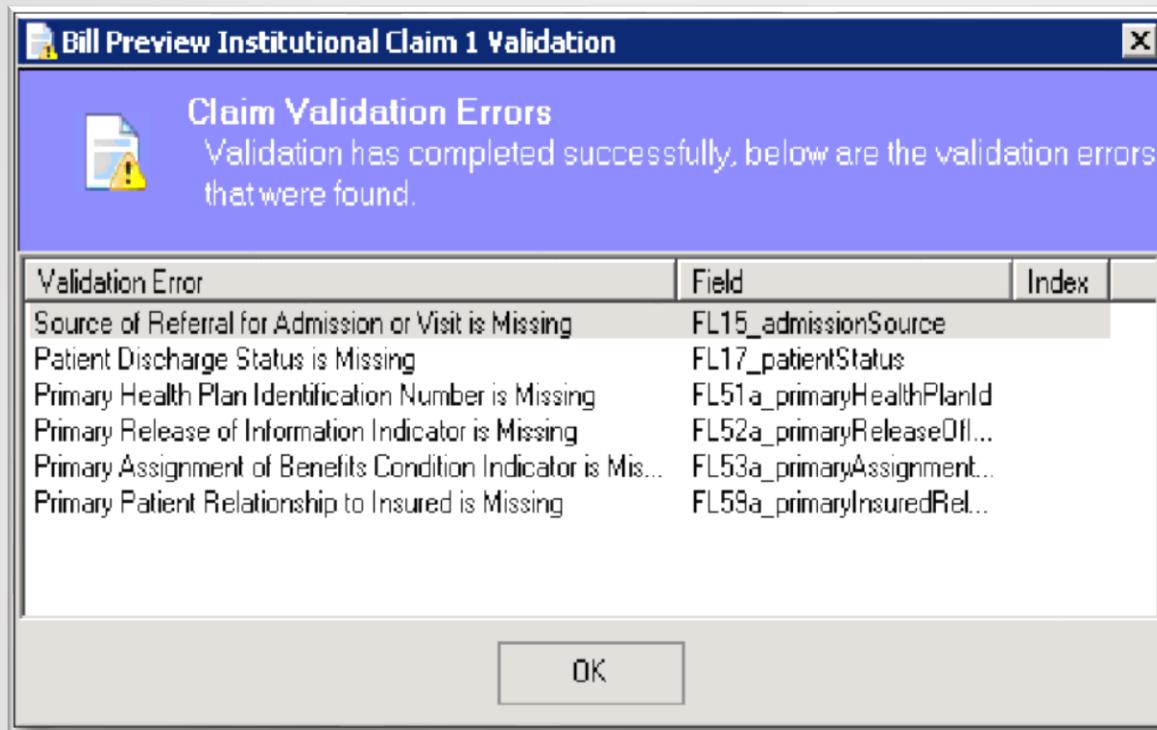
The second tab is the **Edit tab**. This tab is where the specific information populated on the claim is viewable, as well as any additional information that is included in the 837 interface file, if the claim is being sent electronically to a scrubber or payer.

This is also where we have the electronic white-out function of the system. If there is a field on the claim that needs to be changed, it can be done so here.

Therefore, if anything is changed on this tab, before a claim is printed or submitted, it will be included on the claim. However, this information does not populate other areas of Cerner Millennium (information doesn't flow "up-stream"), so any changes here are strictly for this claim, in order to allow the claim to process onward, and will not be reflected anywhere else on this patient's encounter.

Click on the **Edit tab** of Bill Record Browser. You will see that all of the form locators (FL) and corresponding values display for this particular claim, organized by loop and segment.

Claim Validation Errors



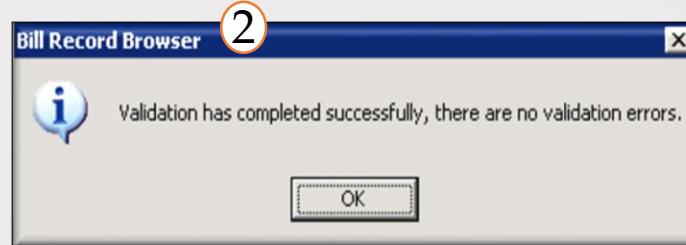
In order to help you identify missing required fields and other incorrect payer specific requirements, Patient Accounting utilizes claim validation functionality. Click Validate in the Bill Record Browser window. A new Bill Preview Institutional Claim Validation window will open to display any applicable Claim Validation Errors for this particular claim.

Note: Your Claim Validation Errors may or may not match the above ones in your test environment. These are just an example of what claim validation errors may look like.

Each of the items listed provide detail on the Validation Error and claim Field (or Form Locator). This allows you to resolve these specific items before printing or submitting the claim.

1

Field	Value
-FL9e_patientAddressCountyCode	
-FL10_patientBirthDate	11061980
-FL11_patientGender	M
-FL12_admissionDate	072907
-FL13_admissionHour	01
-FL14_admissionType	3
-FL15_admissionSource	2
-FL16_dischargeHour	13
-FL17_patientStatus	01
-FL18_conditionCode	01



3

FISHER -TITUS MEDICAL CEN²
272 BENEDICT AVE.
NORWALK OH 44857
913-201-2100

PAT CNTL # 200022 TYPE OF BILL
b. MED REC # 371 0131

STATEMENT COVERS PERIOD
FROM THROUGH

34-4430716091609 091609

8 PATIENT NAME	a	9 PATIENT ADDRESS	a 2800 ROCK CREEK PARKWAY																				
b TEST, BRANDI	b KANSAS CITY	c MO	d 64117																				
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES	22	23	24	25	26	27	28	29 ADCT STATE	30	
01161970	F	091609	11	9	2	19	01																
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM		THROUGH	36 CODE	OCCURRENCE SPAN FROM		THROUGH	37											
a																							
38 TEST, BRANDI	2800 ROCK CREEK PARKWAY	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT																
KANSAS CITY	MO 64117	a	45																				
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49																
0311	PATHOL/CYTOLGY	88104	091609	2	17300		1																
0311	PATHOL/CYTOLGY	88108	091609	1	12940		2																

Bill Record Viewer

To begin resolving the Claim Validation Errors, drag the Bill Preview Institutional Claim Validation window over to the right to allow you to see the Bill Record Browser window underneath it. Since the first Validation Error listed in the window indicates that FL15 requires a modification, click in the Value box corresponding to FL15_admissionSource. Enter the value of 2 in this box. Press Enter.

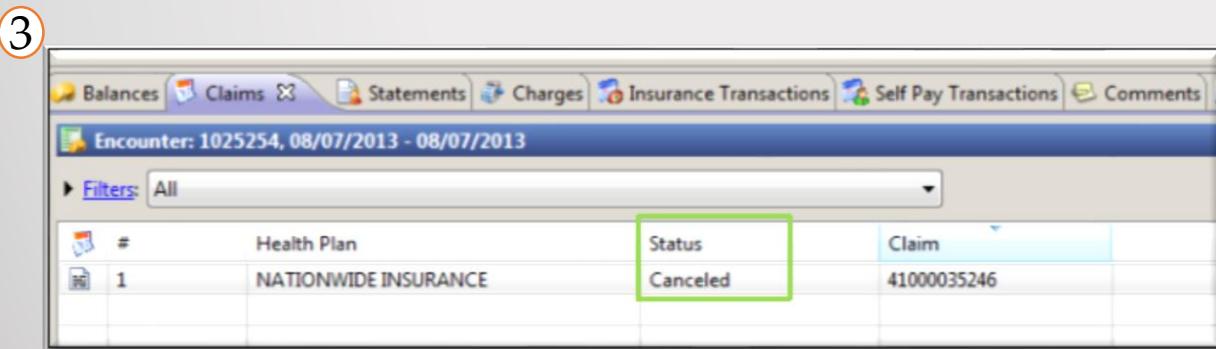
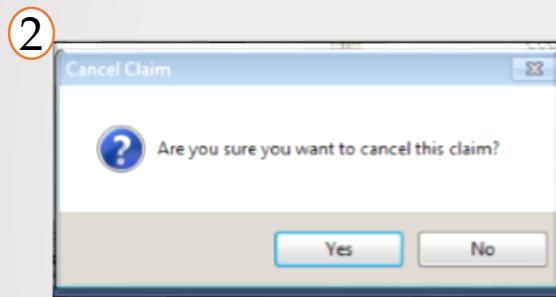
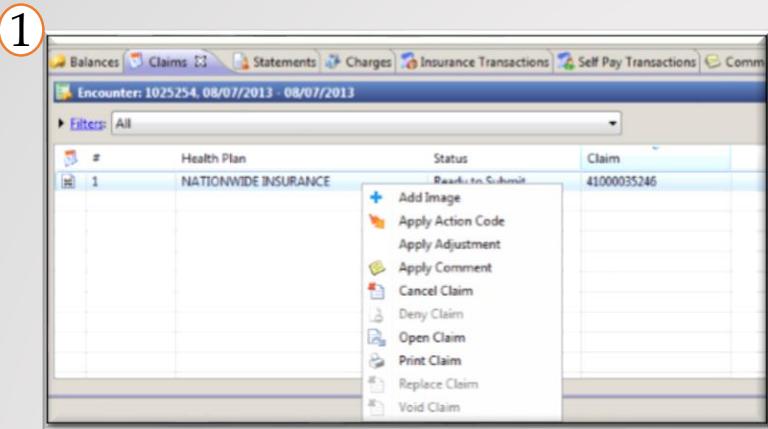
Repeat this same process to resolve each of the other Validation errors. Set FL17_patientStatus = 01, FL51a_primaryHealthPlanId = 267820, FL52a_primaryReleaseOfInformationIndicator = Y, FL53a_primaryAssignmentOfBenefitsIndicator = Y, and FL59a_primaryInsuredRelationshipToPatient = 18.

When you finish, click OK on the Bill Preview Institutional Claim 1 Validation window, and click Validate again on the Bill Record Browser toolbar. You will see a window that indicates all Validation Errors have been resolved and that validation has completed successfully.

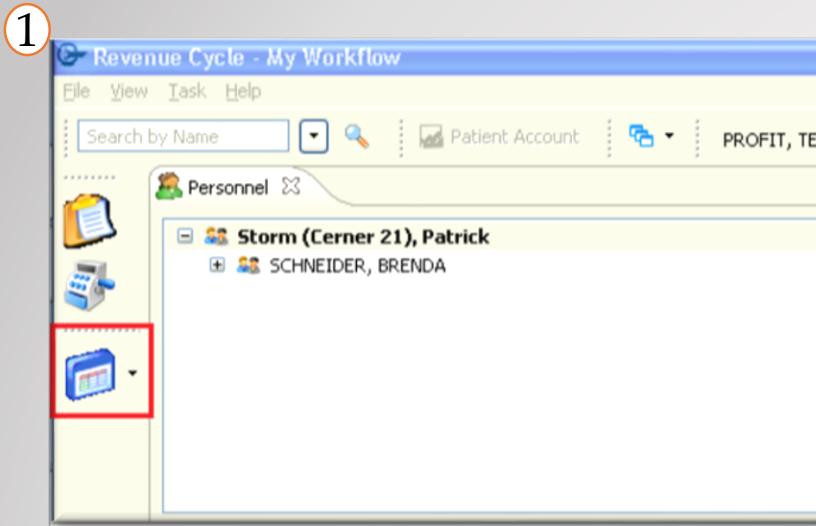
Click the View tab in Bill Record Browser to view the claim one last time before submitting. You will be pleased to see that our changes are indeed displayed, then click Submit and Batch will be submitted successfully. **The specific claim will then appear under Claims tab.**

Cancel a claim

1. To cancel a claim, right click on the claim and select Cancel Claim.
2. Are you sure you want to cancel this claim? Click Yes.
3. If you refresh and look at the Claims tab it will now show a claim in a Cancelled status.



This concludes our Claims section.



2

The 'Create New Remittance' dialog box is shown. The 'Remittance Name' field contains 'Storm 11/7/2011' and is outlined with a red border. Other fields include 'Payment Control Total' and 'Posted Date' (set to 11/07/2011). There are sections for 'Payer', 'Payment Method', 'Check Date', 'Payment Description', and an 'Apply Comment' area with a large text input field. At the bottom are 'Predefined Comment' and 'Importance' dropdown menus, along with 'OK' and 'Cancel' buttons.

3

The 'Remittance Entry' window is displayed. The title bar says 'Remittance: Storm 11/7/2011, 1661531, Open'. The window contains fields for 'Statement' (with a red star and magnifying glass icon), 'Payment Alias', 'Payment', 'Adjustment Alias', and 'Adjustment'. Below these is an 'Apply Comment' section with a text input field. The 'Statement' field is highlighted with a red box.

Remittance Posting Tool

The remittance tool is used to post payments received by patients, or third party payers, including insurance companies and clients.

1. To create a new remittance, click to open the tool on the left side of the screen (in either patient or non-patient perspectives).
2. The "Create New Remittance" dialogue box appears. Here, you can enter information about the remittance you are posting. The only required field is the Remittance Name. The name is defined by each client's own naming convention.
3. After completing the initial dialogue box, the Remittance Posting Tool opens. **This tool allows you to post payments to specific statements and claims, as well as to the account level. The required fields will vary based on where the user is applying payment.**

Note: If the statement, claim, or account number is not known, users are able to search for them using the magnifying glass.

Claim Search

4

Search for a Claim

Enter search criteria.

Patient Name

profit

MRN

Encounter Number

Include

- Completed Balances
- Canceled Claims

Search

Clear

Patient	Encounter	MRN	Service Date	Claim	#	Payer	Charges	Claim Status	Type	Balance Status
PROFIT, TEST	1091	1006	10/24/2011	906590	1	SHO BLUE CROSS-ANTHEM	\$1,488.50	Transmitted	Professional	Generated
PROFIT, TEST	1007	1006	10/21/2011	946591	1	SHO BLUE CROSS-ANTHEM	\$2,977.00	Transmitted	Professional	Generated
PROFIT, TEST	1007	1006	10/21/2011	946590	1	SHO BLUE CROSS-ANTHEM	\$116.50	Transmitted	Institutional	Generated

Select

Cancel

5

Related Balances X Claim X

Balance: Professional, Primary, 10/21/2011 - 10/21/2011

Filters: Active

Sequence Health Plan Payer Balance

1 SHO BLUE CROSS-ANTHEM SHO BLUE CR... \$2,977.00

Related Balances X Claim X

Claim: 946591, 11/02/2011

Account: 1006
Encounter: 1007
Begin Date: 10/21/2011
End Date: 10/21/2011
Encounter Balance: \$3,093.50
Guarantor: PROFIT, TEST

Select for a claim

4. This allows for searching with multiple criteria. Users can continue to select a claim, statement, or patient account from the search results. **Only unpaid claims and statements are shown here.**

Selecting one will automatically fill in the claim number and payer in the Remittance Posting Tool.

5. Information about the balance and claim appear in the tabs.

Remittance Entry

1

The screenshot shows the 'Remittance' window with the title 'Remittance: Storm 11/7/2011, 1661531, Open'. The 'Claim' field contains '946591' and the 'Payer' field is set to '1 - SHO BLUE CROSS-ANTHEM'. Below these fields are 'Adjustment Alias' and 'Adjustment' input boxes. A 'Predefined Comment' text area is present. To the right of the input fields is a large dropdown menu titled 'Payment Alias' containing a list of payment alias codes and their descriptions. At the bottom of the window are 'Add' and 'Clear' buttons.

Alias	Sub Type	Reason
110	Medicare payment	Medicare Payment
115	Medicare payment	Medicare HMO Payment
120	Commercial insurance payment	Blue Cross Payment
130	Commercial insurance payment	Contract Network Plans
140	Commercial insurance payment	Commercial Insurance Payne
150	Medicaid payment	OR Medicaid Payment
160	Medicaid payment	WA Medicaid Payment
165	Medicaid payment	WA Medicaid-Managed Care
170	Workers compensation payment	Workers Comp Payment
180	Patient payment	Patient Payment
210	Medicare payment	Medicare Payment
215	Medicare payment	Medicare HMO Payment
220	Commercial insurance payment	Blue Cross Payment
230	Commercial insurance payment	Contract Network Plans
240	Commercial insurance payment	Commercial Insurance Payne
250	Medicaid payment	OR Medicaid Payment

2

The screenshot shows the same 'Remittance' window as above, but with different values entered. The 'Payment Alias' field now contains '140' and the 'Payment' field contains '\$2,977.00'. The 'Adjustment Alias' field contains '480' and the 'Adjustment' field contains '\$100.00'. A message in the 'Apply Comment' area states: 'This balance has been paid in full. I have applied an adjustment of \$100.' Below the input fields is a 'Predefined Comment' text area and at the bottom are 'Add' and 'Clear' buttons. The 'Add' button is highlighted with a red box.

1. Once selected, continue filling out fields. To see a list of aliases, press the space bar in the Payment Alias or Adjustment Alias fields. You can also manually input the alias.
2. Once all fields have been filled out, click Add. This will populate the Remittance Detail section of the tool, along with any other remittances in this batch. At any point before submitting the batch, users are able to double click on any line to edit the entry, or disable the line.

Remittance Detail

1

The screenshot shows a table titled "Remittance: Storm 11/7/2011 2, 1661538, Open". The columns include Payment, Adjustment, Name, Posted To, Posting Level, and Health Plan. Row 1 has a red exclamation mark icon in the first column. Row 2 has a red exclamation mark icon in the first column. Row 3 has a red exclamation mark icon in the first column.

#	Payment	Adjustment	Name	Posted To	Posting Level	Health Plan
1	(\$2,877.00)	(\$100.00)	PROFIT, TEST	946591	Claim	SHO BLUE CROSS-ANTHEM
2	(\$1,488.50)		TESTING, BENJA...	908619	Claim	SHO COVENTRY HEALTH CARE
3	(\$1,488.50)		TESTING, CERNER	908617	Claim	SHO MEDICAID

2

The screenshot shows a table titled "Personnel: Storm (Cerner 21). Patrick". The columns include Remittance Name, Type, Created ..., Remittance Number, Payment Control Total, and Current Payment Total. A legend at the bottom explains the icons: Green Checkmark = Posted, Gray X = Cancelled, Blue Clock = Open, and Blue Arrow = Submitted.

Remittance Name	Type	Created ...	Remittance Number	Payment Control Total	Current Payment Total
Storm 11/7/2011 2	Manual	11/07/2011	1661538	(\$5,054.00)	(\$5,054.00)
Storm 11/7/2011	Manual	11/07/2011	1661531	(\$2,877.00)	(\$2,877.00)
adsf	Manual	11/07/2011	1661529	\$0.00	\$0.00
test	Manual	11/01/2011	1643529	(\$11,100.00)	(\$1,000.00)
Medicare	Manual	11/01/2011	1639546	(\$2,000.00)	(\$2,000.00)
non a/r gl	Manual	11/01/2011	1639542	(\$100.00)	\$0.00
test	Manual	11/01/2011	1639534	\$0.00	(\$150.00)
test	Manual	11/01/2011	1639532	(\$2,500.00)	(\$2,500.00)
test	Manual	11/01/2011	1639529	(\$150.00)	(\$150.00)

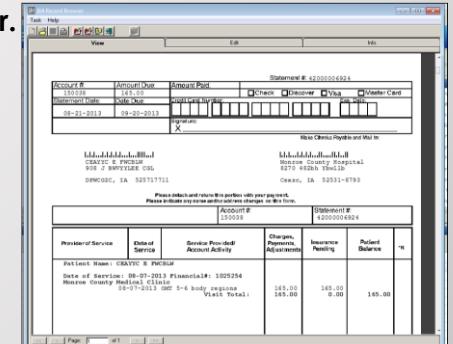
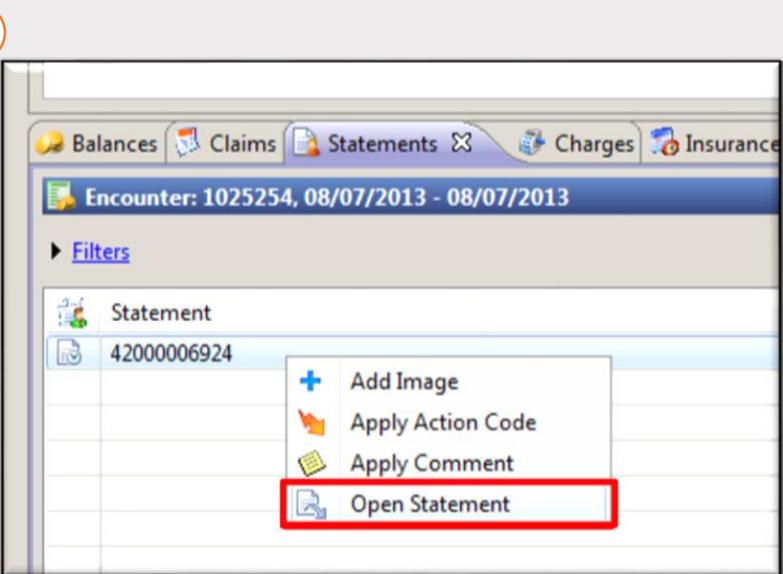
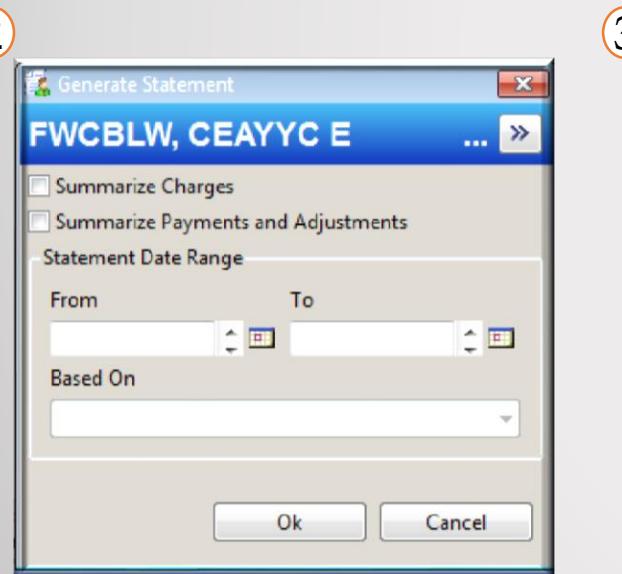
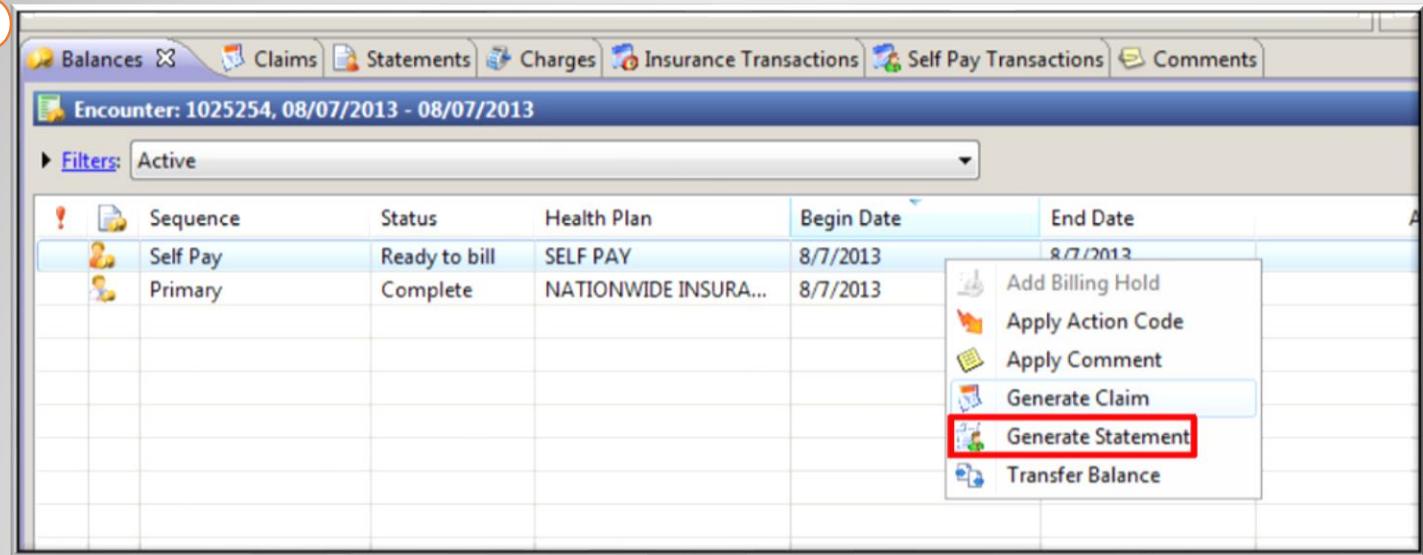
Green Check =Posted
Gray X =Cancelled
Blue Clock =Open (users may open these to continue working on them)
Blue Arrow =Submitted (these will be posted during an overnight Ops Job)

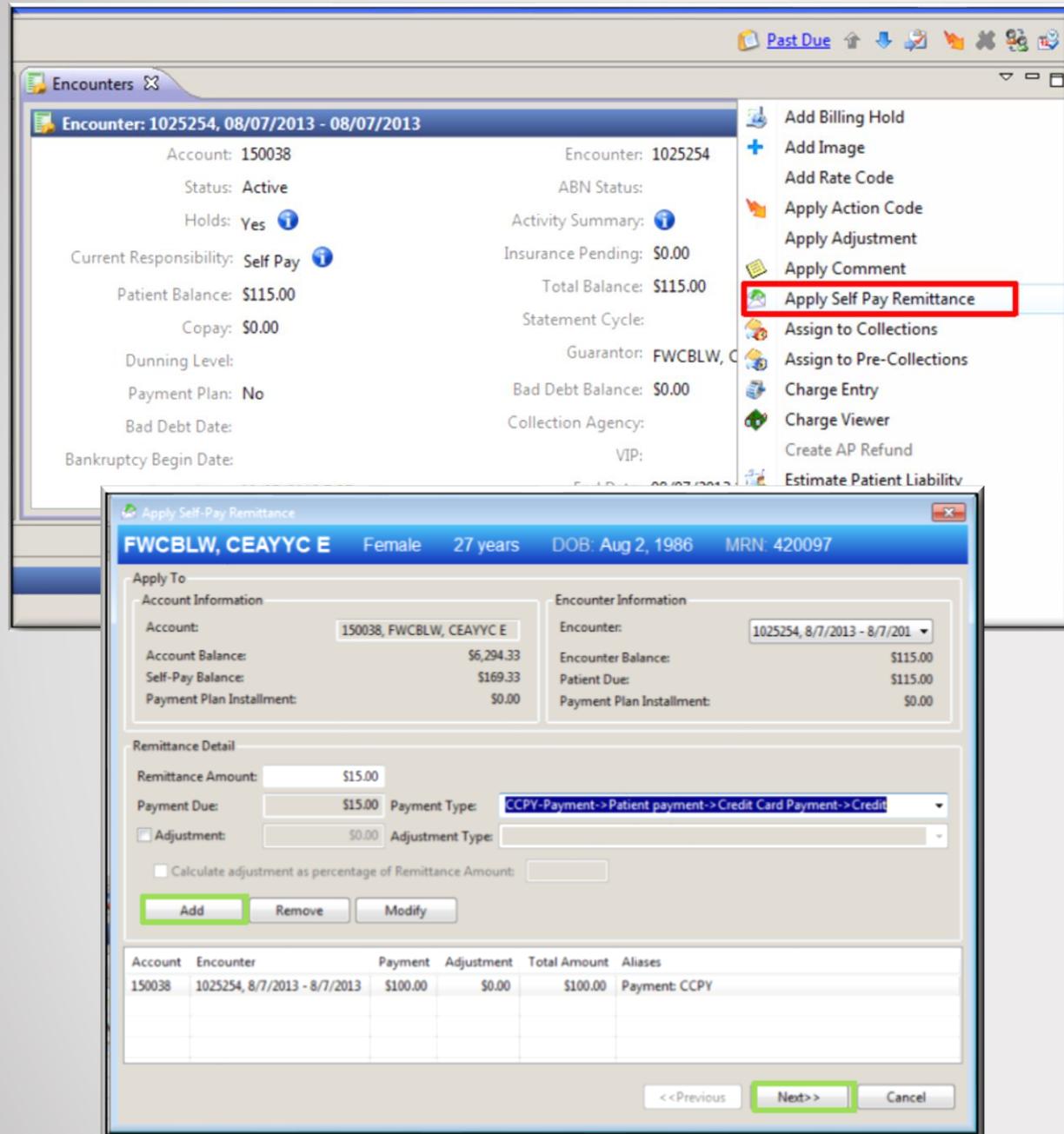
1. Notifications will appear on the left side of the list, which will indicate any errors. In this case, the tool is notifying us that a certain payment will put the account into a credit balance. To view the error, simply hold your mouse over the red exclamation point.
2. To submit or post your batch, use the buttons at the top of the Remittance Entry dialogue box. The blue arrow will submit the batch and the green checkmark will post it.

Statements

Statements generate automatically during scheduled nightly operations jobs. This process, along with statement cycle design, will be covered in-depth during Patient Accounting System Review and Design Review. For our purposes here, we are going to manually generate a statement and view the information online.

1. Using the same encounter used to demonstrate claims and posting of payments and adjustments, navigate to the encounter perspective. Right click on the self-pay benefit order within the Balances tab and select Generate Statement.
2. A Statement Generation Options window will appear. In this window you have the option to generate a summarized statement as well as limit the date range. If all fields are left blank, an itemized statement will generate spanning the entire length of stay.
3. Open Statement will generate an on-demand manual statement scenario, such as when a patient comes into the business office to make a payment and requests an updated statement reflecting the amount just paid. **Please note, this is not the same view as the statement sent from a statement vendor.**





Apply Self-Pay Remittances

This task allows a user to post a payment and adjustment to a patient account. This task is available from the encounters task list as well as the Patient Account task list and provides the ability to select an encounter for the application of the remittance or to apply FIFO across encounters.

Click on the Encounter view menu drop down and select Apply Self Pay Remittance. Fill out the remittance amount (it will auto populate the payment due) and payment type (transaction alias). Once completed select Add. Once the transaction is added to the bottom grid, select Next.

Apply Self-Pay Remittance

FWCBLW, CEAYYC E Female 27 years DOB: Aug 2, 1986 MRN: 420097

Remittance Information

Account	Encounter	Payment	Adjustment	Total Amount	Aliases
150038	1025254, 8/7/2013 - 8/7/2013	\$100.00	\$0.00	\$100.00	Payment: CCPY

Payment Information

Received From: FWCBLW, CEAYYC E Currency Tendered:

Payment Type: Amount Due: 0.00

Description: Amount Tendered:

Date: Change Due: 0.00

Authorization:

Add Remove Modify

Status	Payment Type	Amount	Received From	Description
Pending	Check	\$100.00	FWCBLW, CEAYYC E	10034;8/21/2013

Total Due: \$100.00 Remaining Due: \$0.00 Total Payment: \$100.00

<<Previous Submit Cancel

Apply Self-Pay Remittance

Add a payment type and amount given and select **Add**. Once completed, select **Submit**.

A receipt will automatically generate. This can be printed for patient use. If a receipt is not needed, close out of the receipt window.

Verify the payment was posted by navigating to the Self-Pay Transactions tab.

This concludes our Remittance section.

Balances Claims Statements Charges Insurance Transactions Self Pay Transactions Comments

Encounter: 1025254, 08/07/2013 - 08/07/2013

Filters: All

Type	Date	Amount	Alias	Alias Description	Remittance Description
Payment	8/21/2013	\$100.00	CCPY	Patient payment - Credit Card Payment	8/21/2013, Overall Payments: (\$100.00), Overall Adjustments:\$0.00
Adjustment	8/21/2013	(\$50.00)	PTDS	Discount adjustment - Patient Discount	8/21/2013, Overall Payments: \$0.00, Overall Adjustments:(\$50.00)

The screenshot shows a medical software interface. At the top, there are several menu icons: Appointments, Registration, Encounters, Patient Account, Charge Entry (which is circled in red), and History. Below the menu bar, patient information is displayed: Name (T, ASHTON), Gender (Female), Age (78 years), DOB (Jan 1, 1940), and MRN (252340). The main window title is "ZZTEST, ASHTON" and it also shows the same patient details. The "Charge Entry" tab is active. The interface includes sections for ICD Diagnoses (with 16 search fields numbered 1 to 16), Navigation (with tabs for General and a dropdown for Service Date set to 05/16/2018), and a service entry section with fields for Service Item (CPT/HCP search), Service Item Description (No active service item found.), Performing Location (KVH FMCE), Quantity (1), Diagnosis Pointer, Ordering Physician, Rendering Physician (Wood, Norman E DO), and Service Resource. At the bottom, there are buttons for "Add Charge Event" and "Clear Entry Fields". A status bar at the bottom indicates the system time (6/19/2018 10:48 PDT), user (lkoffi@b9984b.cern.comc.cernerasp.com), and domain (b9984b.cern.comc.cernerasp.com).

Charge Entry

Entering charge entry from the top of the screen after entering a patient account pulls in all applicable patient data to the top of the charge entry screen. When entering charges in this manner, you may only enter charges on the specific encounter selected.

Charge Entry can be accomplished in two ways:

Option 1: One encounter at a time – located at the top of the screen after finding a patient account.

Option 2: Batch format - entering charges on multiple encounters on the side of the screen.

Charge Entry

The screenshot shows the Charge Entry interface for a patient named ZZTEST, ASHTON. The top navigation bar includes links for Appointments, Registration, Encounters, Patient Account, Charge Entry (which is circled in red), and History. Below the navigation is the patient's demographic information: Female, 78 years, DOB: Jan 1, 1940, MRN: 252340.

1. Encounter number and dates
2. Patient/encounter information
3. ICD diagnoses
4. Service date
5. Service item
6. CPT modifiers
7. Rendering physician

The main form displays the following fields:

Patient Name	ZZTEST , ASHTON	Date Of Birth	Jan 1, 1940	Provider	Wood, Norman E DO	Facility	KVH Family Medicine Cle Elu
Referring Provider		Health Plan	Self Pay	Authorization		Deductible Amount	\$0.00
ICD Diagnoses							
1	Search by C	2	Search by C	3	Search by C	4	Search by C
5	Search by C	6	Search by C	7	Search by C	8	Search by C
9	Search by C	10	Search by C	11	Search by C	12	Search by C
13	Search by C	14	Search by C	15	Search by C	16	Search by C
Navigation General							
4	Service Date	5	Service Item	6	Service Item Description	7	Performing Location
05/16/2018		Search by CPT/HCP	No active service item found.	KVH FMCE			
Quantity	Diagnosis Pointer	Ordering Physician	Rendering Physician	Service Resource			
1			Wood, Norman E DO				
CPT Modifiers							
Modifier 1	Modifier 2	Modifier 3	Modifier 4				

At the bottom left are buttons for "Add Charge Event" and "Clear Entry Fields". The status bar at the bottom indicates the system time and user information.

1. Encounter number and dates
2. Patient/encounter information
3. ICD diagnoses
4. Service date/time, Performing location, rendering physician
Service date/time and performing location will fill in automatically consistently with encounter information in reg.
5. Service item search a. Search by:
 - i. CPT/HCPCS
 - ii. CDM
 - iii. ICD
6. CPT modifiers: enter in CPT modifiers here
7. Rendering physician will pull in if charges with a rendering physician already exist on the account. **If the account has no charge activity yet, this field will be blank.**

Note: Diagnosis pointers: point your ICD diagnoses to the charge here using the field numbers: example 1.2.4 Separate numbers with ":".

1

*Charge Entry

Encounter: 80498, 11/15/2010

Charge Total: \$0.00

Patient Name: ZZTEST, MEDICARE EEGAD Date Of Birth: Apr 4, 1944 Provider: Mallory, Cheryl Facility: Syringa Hospital

Referring Provider: Referring Health Plan: MEDICARE Authorization: Deductible Amount: \$0.00

ICD Diagnoses:

1 Search by C 2 Search by C 3 Search by C 4 Search by C 5 Search by C 6 Search by C 7 Search by C 8 Search by C

Additional Diagnosis Codes

Navigation: General

Service Item: *Search by CPT/HCPC Service Item Description: No active service item found. Service Date/Time: 11/15/10 3:45 PM Performing Location: SGHO TS

Quantity: 1 Diagnosis Pointer: Ordering Physician: Rendering Physician: Mallory, Cheryl

CPT Modifiers: Modifier 1: Modifier 2: Modifier 3: Modifier 4:

Charge Entry Portion

When all information is as desired click
Add Charge Event.

2

ICD Diagnoses

1 429.9 2 668.14 3 164.1 4 Search by C 5 Search by C 6 Search by C 7 Search by C 8 Search by C

Additional Diagnosis Codes

Navigation: General

Service Item: 99213 Service Item Description: Office/Outpatient Visit Level 3 E Service Date/Time: 11/15/10 3:45 PM Performing Location: SGHO TS

Quantity: 1 Diagnosis Pointer: 1.3 Ordering Physician: Rendering Physician: Mallory, Cheryl

CPT Modifiers: Modifier 1: Modifier 2: Modifier 3: Modifier 4:

Add Charge Event

Clear Entry Fields

*Charge Entry

Encounter: 80067, 10/13/2010-10/20/2010

Charge Total: \$110.00

Patient Name	PROFIT, ANESTHESIA	Date of Birth	Aug 16, 1980	Provider	HOLLOPETER, WAYNE	Facility	Syrinx Hospital
Referring Provider		Health Plan	MEDICAID HLTHY CONN	Authorization		Deductible Amount	\$0.00

ICD Diagnoses

1 429.9	2 668.14	3 164.1	4 Search by	5 Search by	6 Search by	7 Search by	8 Search by
---------	----------	---------	-------------	-------------	-------------	-------------	-------------

Additional Diagnosis Codes

Navigation
General

Service Item	Service Item Description	Service Date/Time	Performing Location
*	No active service item found.	10/13/10 11:23 AM	SGHO Floor
Quantity	Diagnosis Pointer	Ordering Physician	Rendering Physician

Add Charge Event Clear Entry Fields

Status	Service Date/Time	Performing Location	Diagnosis Pointer	Ordering Physician	Rendering Physician	Quantity	Amount	Description
Pending	10/13/2010 11:23 AM	SGHO Floor	1.3	HOLLOPETER, WAYNE		1	\$110.00	Office/Outpatient Visit Level 3 Established - 99213

Submit Charges

After Charge Event

After the Charge Event is added, **the bottom portion of the screen will partially maximize into a spreadsheet view** showing all charge events added. I suggest either using the small arrow in the middle of the screen to minimize this screen and continue entering charges, or leaving the screen open and moving the right side navigation bar up and down as needed.

Notice that the ICD diagnoses stay in place to be pointed to for future charges, and the flexing fields to enter charges have cleared automatically.

If you click the Additional Diagnosis Codes button, then you can enter up to 16 codes, depending on what Rev Cycle code level you are on.

When you have added all necessary charge events, click **Submit Charges**.

You can now go view the charges in charge viewer, or the patient encounter, charge tab.

Modifying Charges

Applies To
Service Item: Stress Echo
Service Date: 07/22/2013 12:27:00 Billed Amount: \$1,903.00 Quantity: 1.0

Navigation
[General](#)
[Codes](#)

Charge Description	Amount	Quantity
Stress Echo	\$1,903.00	1.0
Performing Location	Ordering Physician	Rendering Physician
	Test, Physician SMMC	
Research Account	ABN Status	Service Date
		07/22/2013

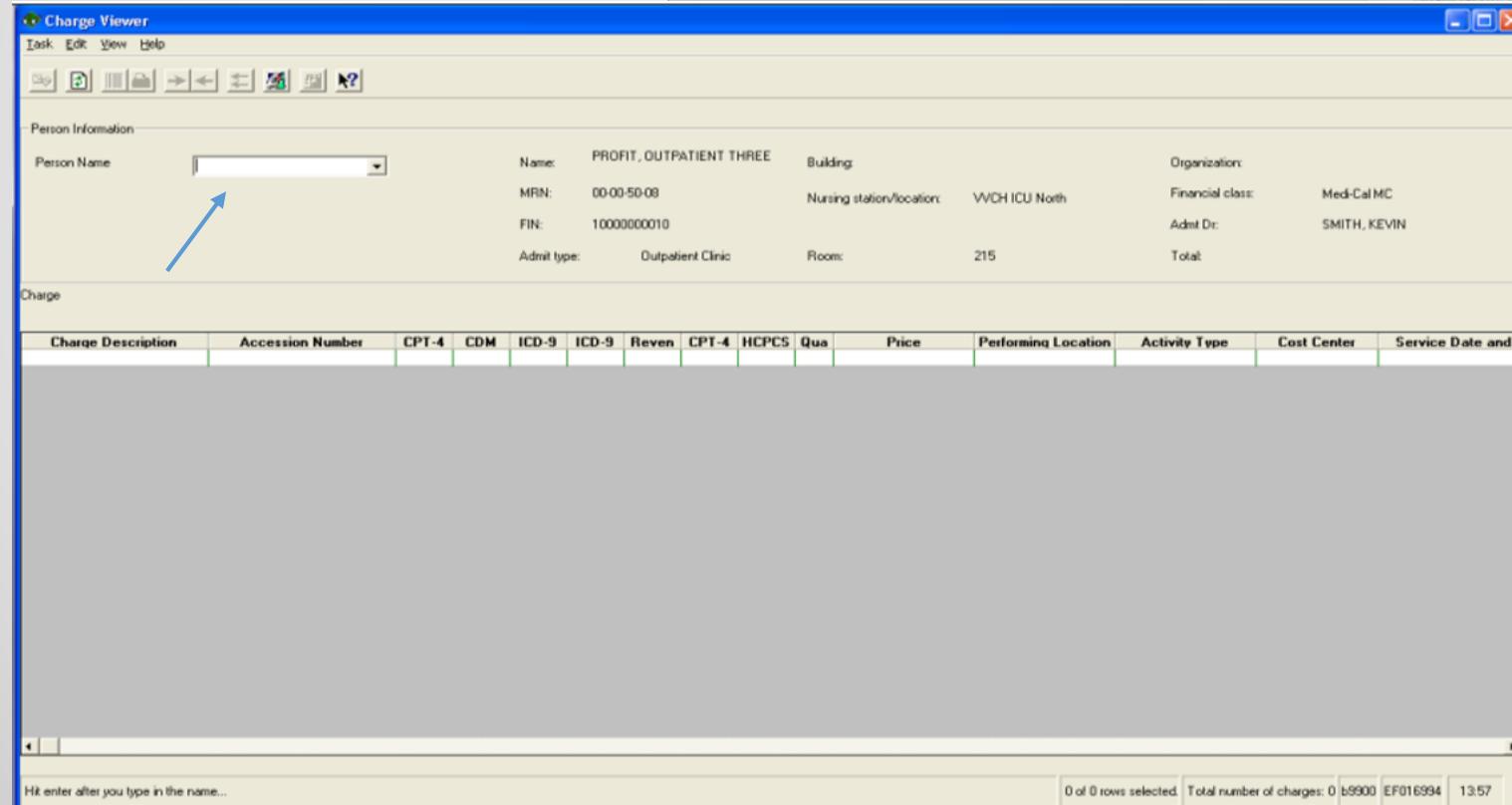
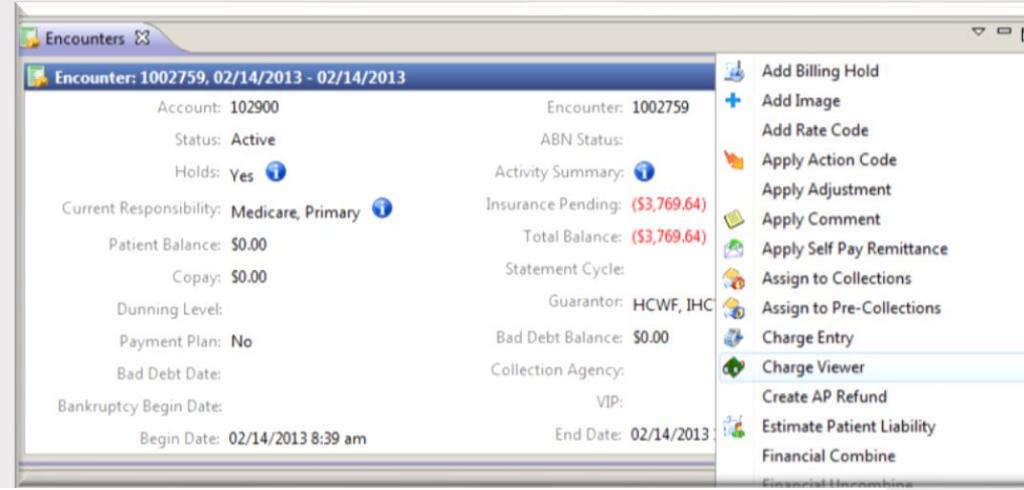
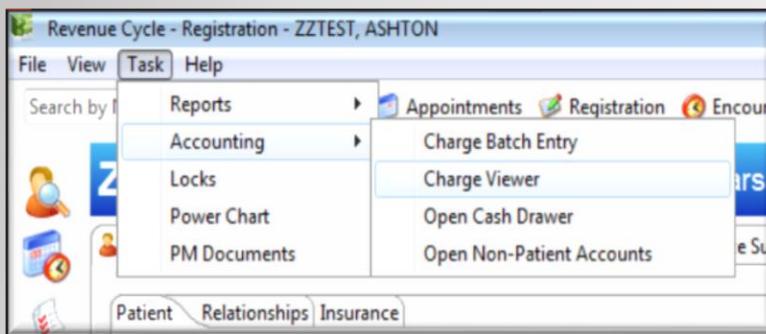
Modify Reason
Code: Note:

The 'Modify Charge' task is available within the Charges tab. It allows a user to update any value associated with a charge, including description, providers, performing location, service date, ABN status, price, quantity, and bill codes.

Right click on the applicable charge and select **Modify Charge**.

To modify any of the general fields on this screen, either enter new data, or highlight the current data and type over it. Some fields such as performing location, research account and ABN status require a value to be chosen via a drop-down list. The physician fields (ordering and verifying) require the use of the search button just to the right of the field. To modify bill codes, click Codes in the navigation link that shows on the left side of the modifiable fields.

Charge Viewer



There are 2 locations that the charge viewer is located.

Task > Accounting > Charge Viewer
OR Encounters level tab tasks

Search for patients name, then press Enter.

Charge Viewer

Task Edit View Help

Person Information

Person Name	ORT_OUTPATIENT THREE	Name:	PROFIT, OUTPATIENT THREE	Building:	Victor Valley	Organization:	Victor Valley Community Hospital
		MRN:	00-00-50-08	Nursing station/location:	VVCH ICU North	Financial class:	Med-Cal MC
		FIN:	10000000010			Admit Dr:	SMITH, KEVIN
		Admit type:	Outpatient Clinic	Room:	215	Total:	\$976.76

Charge

Activity Type	Cost Center	Service Date and Time	Charge	Tier Group	Manual Indicator	Status	Credited Date and Time	Adjusted Date and Time	Update Date and Time
General Lab		Tuesday, April 13, 2010 13:	DEBIT	VICT_CA Technical		Posted			13 Apr 2010 1:21 PM
General Lab		Tuesday, April 13, 2010 13:	DEBIT	VICT_CA Technical		Posted			13 Apr 2010 1:21 PM
General Lab		Tuesday, April 13, 2010 13:	DEBIT	VICT_CA Technical		Posted			13 Apr 2010 1:21 PM
Procedure Charge		Tuesday, April 13, 2010 13:	DEBIT	VICT_CA Technical		Posted			13 Apr 2010 1:21 PM
Procedure Charge		Tuesday, April 13, 2010 13:	DEBIT	VICT_CA Technical		Posted			13 Apr 2010 1:21 PM
SLP Tx/Procedures		Tuesday, April 13, 2010 13:	DEBIT	VICT_CA Technical		Posted			13 Apr 2010 1:21 PM
SLP Tx/Procedures		Tuesday, April 13, 2010 13:	DEBIT	VICT_CA Technical		Posted			13 Apr 2010 1:21 PM
General Lab		Tuesday, April 13, 2010 10:	DEBIT	VICT_CA Technical		Posted			21 Apr 2010 10:44 AM
General Lab		Tuesday, April 13, 2010 14:	DEBIT	VICT_CA Technical		Posted			21 Apr 2010 10:44 AM

Ready.

0 of 0 rows selected. Total number of charges: 9 b8900 EF016994 13:59

Charge Viewer

After clicking Enter, all the charges for that patient will appear. Verify that the status is posted. If charges are suspended there is an issue that needs to be resolved.

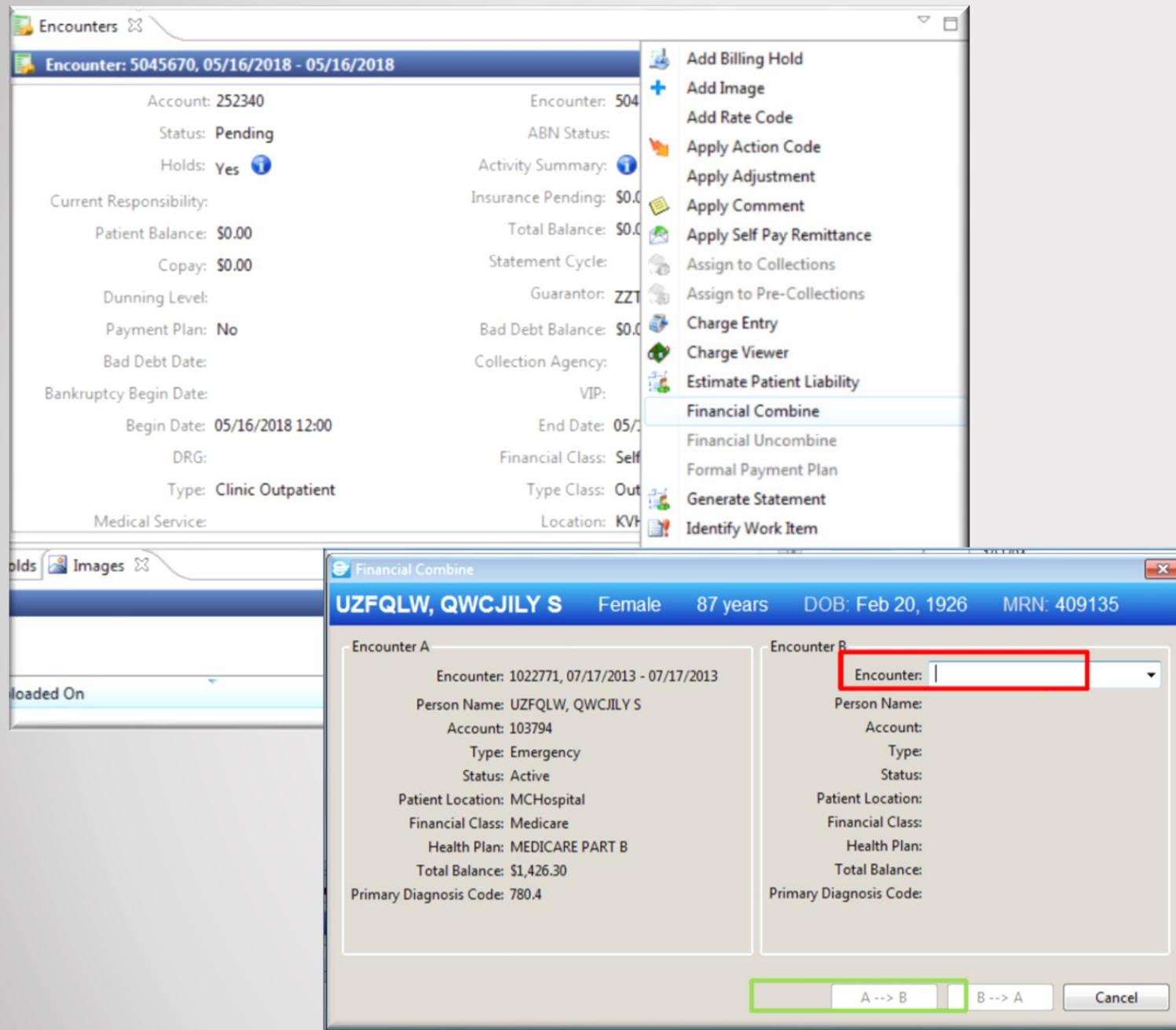
This concludes our Charges section.

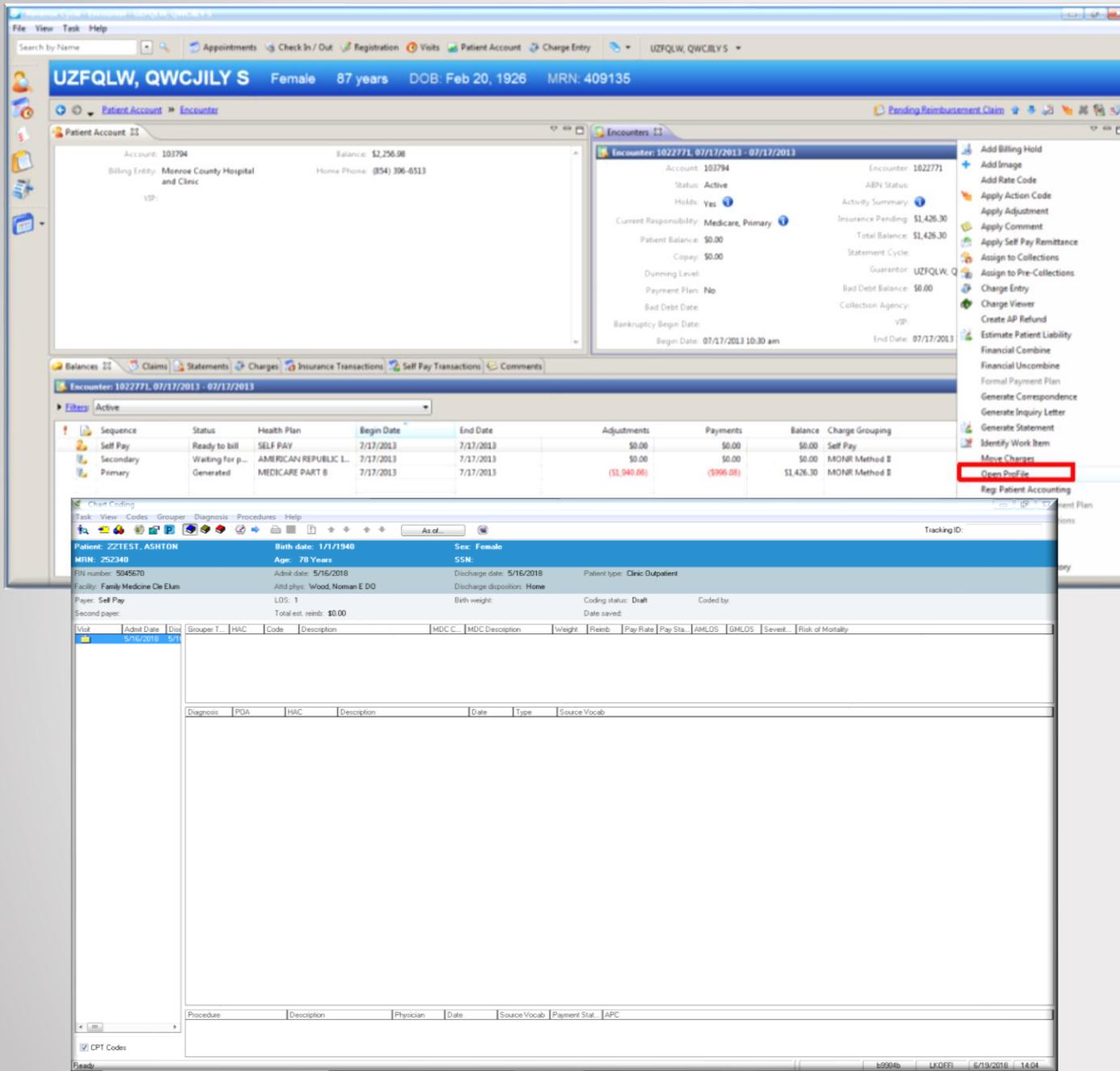
Merging Encounters

This task allows a user to combine two financial encounters into one.

On the Encounters tab, select Financial Combine from the view menu drop down.

Select if you would like to move Encounter A into Encounter B or vice versa. Select the appropriate encounter from the provided dropdown.





Open ProFile (HIM)

ProFile (HIM) is also accessible through Revenue Cycle.

On the Encounters tab, select Open ProFile from the view menu drop down.

You don't need to do anything in this tool but we wanted to let you know it was available. Please close out of the ProFile screen.

HIM will be reviewed in detail in the section.

This concludes our section on Patient Accounting!

