Practice Management Software	Document Number# CD456785	Version 10.0	Page 1 of 1

Table of content

1 PMS Design Document Overview

1.1 Purpose

The PMS Design Document describes the design of the Practice Management Software that is used to use to deal with the day-to-day operations of a medical practice. It is a Scheduling and billing functionality centric system wherein its users can capture patient demographics, schedule appointments, maintain lists of insurance payers, perform billing tasks, and generate reports using it.

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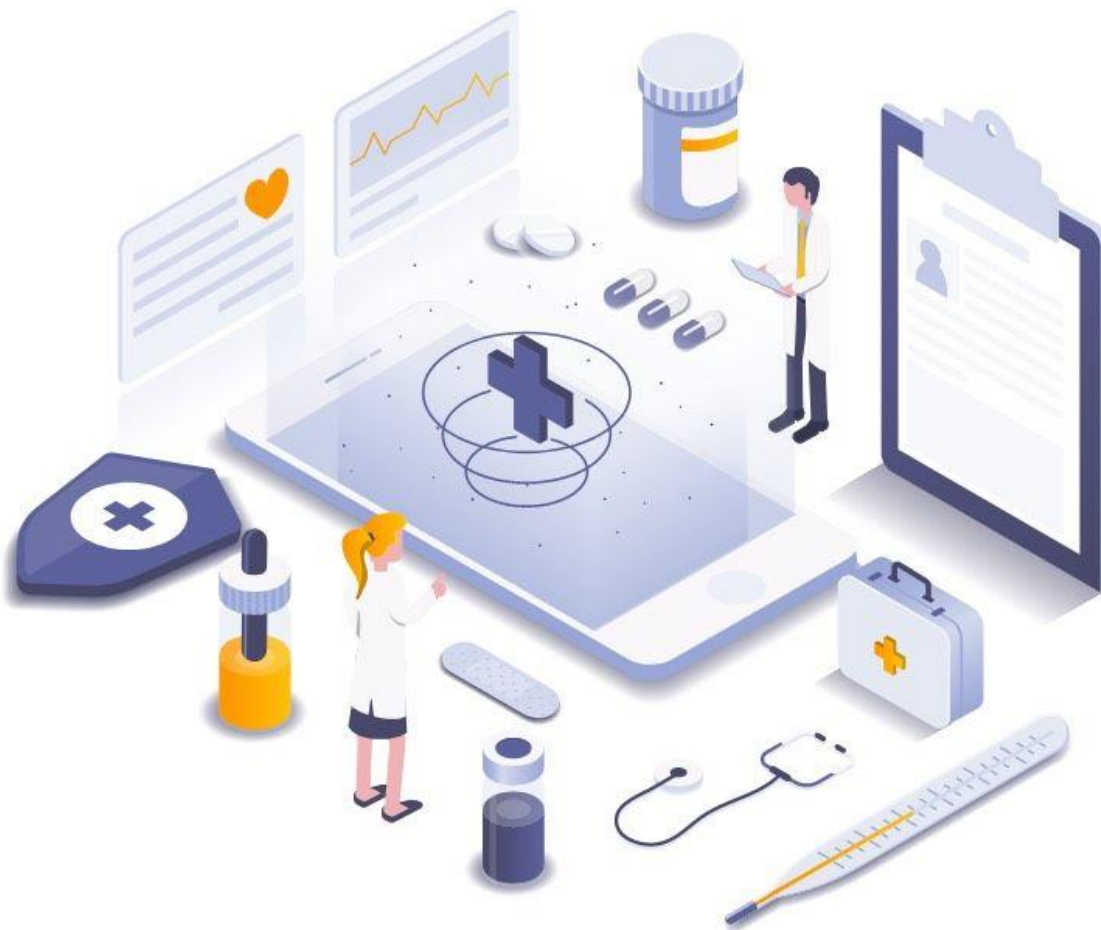
1.2 Practice Management System Core Functionality

The following are the major benefits of using PMS in healthcare organization.

- Restricts access to data and system functions - based on user and/or group settings - with built-in multi-level security

- Create a variety of internal data codes, including fee schedule, modifier, payment and visit codes

- Reminder notes for physicians and staff

- Multiple locations can be managed as one company or individually by easily switching databases

- Share data with other Windows-based applications

- Multiple windows can be opened simultaneously

- Automates your patients' visits with minimal required keystrokes, from patient check-in to scheduling follow-up appointments.

- Streamlines many of your most time consuming tasks through the system's integrated workflow management - increasing office productivity and providing a greater return on investment.

- Improves current account revenue by reducing denied claims via the software's advanced claim scrubbing technology.

- Generates reports that can identify your most popular and profitable procedures, top referring physicians, outstanding accounts receivable and more.

- Manages a variety of critical patient data, including demographic details, insurance information, billing history and more.

- Easily integrated with EMR while addressing tasks of scheduling, billing and coding

- Imports Remittance using Electronic Remittance Advice (ERA)

- Manage Collections and Payments

- Automate Charge Entries and Print Super Bill

- Checks for Quality Assurance

- Compliance to standards like HIPAA, HL7, CPT and ICD codes

2.0 Document Overview

This document consists of the following:

2.1 Revision History

Version	Change Description
2.0	Initial release
3.0	CR 436271: Updated Payment Entry
4.0	CR 438752: Verified Reports CR 737485: Added AR Report contents
5.0	CR 348234: Added Billing section

2.2 Referenced Doc

Document Number	Revision	Title	Location
DCN23424-34342	**5.8**	**CMS Guidelines**	**CDMR**
CODE73T-2567	**10.0**	**ICD Docs**	**CDMR**

2.3 Referenced Standards and Regulations

Document Number	Document Title
• ISO/TC 304	Healthcare organization management
• ISO/TC 215	Health informatics
• ISO/TC 283	Occupational health and safety management

3.0 Terms and Acronym

3.1 Terms

Term	Definition
Access	Allowing the user to view the specified data on a system user interface
Scheduling	Decide the exact time for patient appointment to take service according to availability of respective doctor.
Registration	Create account in software if patient is new for our hospital and visiting first time.
Account Summary	Overview of paid and balance amount on account for specific patient (Account level for all Date of Services)
Billing	Billing options to deal with insurance to get payment from patient insurance or directly from patient
Payment Entry	Payment posting team is posting payments which are received from patient or patients Insurance
Account Receivable	To see overall practice received and pending payment in specific period for all patients.
Collection	To view all those patients bill which are sent to collection team
Charge Management	To enter Charges in system for provided services
Transaction Management	Received payments from patient and Insurance in via Cheque or EFT (Electronic fund transfer)
EDI Submission Management	To see clearing house for those claims which are billed through electronically which will go through EDI and reach to insurance
Reports	All types of reports are available in this section.
Support	Notes and tickets for issues raised by system user and from patients.
Product Update	User can update latest version of application.

3.2 Acronyms

Acronym	Term
N/A	Not Applicable
PT	Patient
Dr	Doctor
PMS	Practice Management Software
AR	Account Receivable
Auth	Authorization
Ref	Referrel
HCFA	Health Care Financing Administration
Corr	Correspondence
Trans	Transaction
PCP	Primary Care Physician

CMS	Center for Medicare and Medicaid Services
SSN	Social Security Number
MRN	Medical Record Number
DME	Durable Medical Equipment

4.0 System Overview

Software solution for claims processing could handle every aspect of patient accounting including; electronic claims processing, payments & adjustments, patient statements and financial reporting. The medical claims processing software could substantially accelerate practice-related efficiency by automating processing and collecting information. This allowed the healthcare providers to concentrate on their primary work of providing patient care and take their minds off processes involved in managing claims.

The medical billing software provided comprehensive support for all aspects of medical claims processing including many important features like:

- Total Password Protection
- Advanced Appointment Calendar Functions
- Memorized Transactions
- Professional Patient Billing & Insurance Billing
- Custom Reporting Tool
- Multiple Fee Scheduling
- Credit Card Processing

4.1 System Inputs/Outputs

System accepts the following inputs:

- Commands from the clinician
- Commands from the Billing team
- Updates from the Cloud
- Positional feedback from the practitioner
- Commands from payment posting team
- Commands from coding team
- Commands from Account receivables

System produces the following outputs:

- Information provided to clinician
- Information provided to Billing team
- Information to the Cloud
- Information provided to payment posting team
- Information provided to coding team
- Information provided to Account receivables
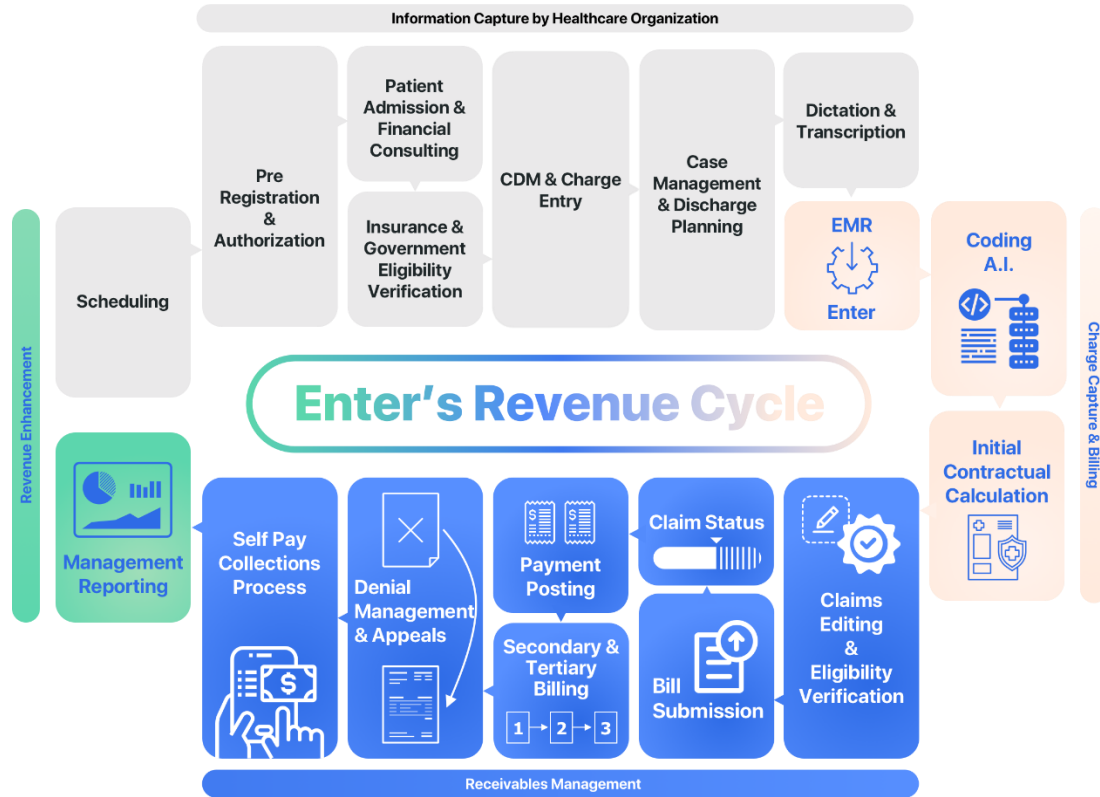
4.2 System Concept

Fig1: System Concept
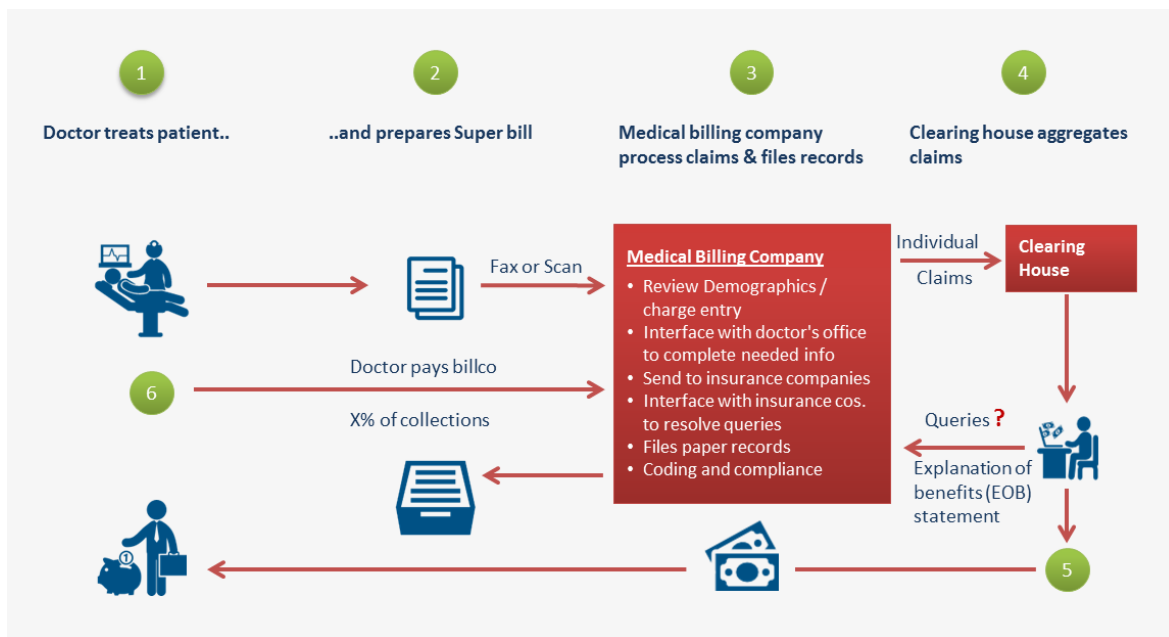
Fig 2: System Architecture

4.3. Backward/ Forward Compatibility
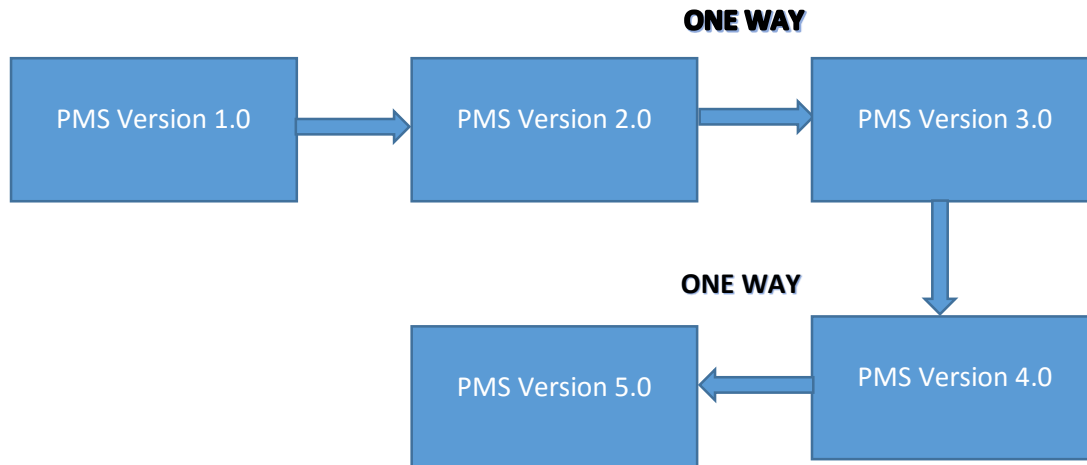
4.4 Risk Mitigation

This section contains a summary of the system level analyses performed to identify and address major, critical, and catastrophic harm severity risks, as well as to identify and mitigate less severe system risks.

Risk management documents for PMS Version 5.0

Document	Document Number	Description
System Failure Modes and Effects Analysis (System FMEA)	NCPC-563232	Provides an analysis of potential system failure modes that may result in a failure to provide or maintain: • A system function •A system interface
Use Error Analysis (UEA)	HUEIR-465829	Provides an analysis of user-related errors where a user action or lack of action while using the PMS to a different result than expected
Security Risk Assessment (Security RA)	DHAC-389799	Identifies system and product vulnerabilities, controls, and mitigations within the product design
Hazard Analysis(HA)	DKDLA-278490	Identifies hazards, estimates levels of risk, evaluates the estimated risk against

		established risk criteria to determine acceptability of risks, and documents risk control measures intended to reduce risk to acceptable levels

Business Flow:

1) Practice Management Software is having many functionalities to manage Hospital/Practice. One of them is Billing Module.
2) Most of the Hospital in United State are using Practice Management software for smooth operation in their facility.
3) Using this PMS any Hospital can manage their Appointment Scheduling, Maintaining Patient Health Information (PHI), Billing Department, Credit Balance, and Inventory Management.
4) They can manage their multiple branches using single platform.
5) Using Practice Management Software Hospital can get their reimbursement from Patient Insurance in Short period.

Technical Flow:

1) When any patient is coming to Hospital for taking service then from usage of PMS will start.
2) If the patient is new for Hospital then need to create new account for that patient in PMS.
3) Who is handing Registration/Patient Appointment team will take patient demographic information and enter into PMS.
4) Doctor will provide the required service to patient and at the same time it will be documented in the form of Medical Records.
5) These medical records will be uploaded into PMS.
6) On the Basis of Medical Records, Coding team will enter service related codes into Practice Management System.
7) Then Charge Entry team will use PMS to enter charges for entered codes by Coding team.
8) From Practice Management Software claim will be bill to patients Insurance Company through selected way – Paper or Electronic.
9) Practice Management Software is integrated with one of the Clearing House or EDI for checking format of the data on claim form and is there any missing information on Claim form which is mandatory.
10) Electronic claim have to pass through EDI / Clearing House and then it will reach to Insurance Company.
11) Once Insurance Company paid for the claim then payment posting team is posting payment on Payment Posting screen.
12) Also if payment received from patient then also posting team is posting payment on Payment Posting screen.

TECHNICAL FLOW OF PMS

Client/Patient

1) Visiting to Hospital as per Scheduled Appointment

Seding Invoice/Letter/Bill to Patient

2) Used by all Departments in Hospital Like -

· Patient Appointment
· E&V Team
· Coding Team
· Charge Entry Team
· Payment Posting
· Billing Team
· Credit Balance Team
· Patient Calling Team

PRACTICE MANAGEMENT SOFTWARE

4) Claim Form

EDI
Or
Clearing House

5) Valid Claim Form

Insurance Company

7) ERA will be post in PMS

6) ERA Electronic Remittance Advice (Electronic Receipt)

Insert Data

Retrive Data

DB

3) Insered data will be save in respective Tables in DB and can be retrive accoreding to request on UI

13. Here Electronic claim is billing from PMS and it has to pass through EDI/Clearing house.
14. Here we are using EDI – Electronic Data Interchange as mediator software to send claim form securely and in valid Format.
15. After successful validation claim form will pass and forward it to Insurance side using Insurance Electronic Payer ID
16. If there is any Mistake or missing information on Claim form then it will stuck in Clearing House and give rejection message.
17. Then manually someone have to check the rejection message and do the correction accordingly.
18. Receiving Electronic Remittance Advice in Clearing House from Insurance side.
19. Received ERA will be directly post in to respecting patient account in Practice Management Software.
20. Once then ERA is posted then this information will be save in Master Database.

Application Flow:

```
                    Client/Patien ◄────────────────────────────────────┐
                        │                                              │
                        ▼                                              │
                 Book the Appointment                                  │
                        │                                              │
                        ▼                                              │
                   Demographic                                         │
                        │                                              │
                        ▼                                              │
                 Verify Insurance ──────────────────────────────────┐ │
                        │                                            │ │
                        ▼                                            │ │
              Converting into Codes                                  │ │
                        │                                            │ │
                        ▼                                            │ │
                   Charge Entry                                      │ │
                        │                                            │ │
                        ▼                                            │ │
    ┌──────────────► Submit Claim ◄──────────────────┐              │ │
    │                   │                             │              │ │
    │                   ▼                             │              │ │
    │              Electronicall ──► Print command to │              │ │
    │                   │            Printer for      │              │ │
    │                   │            Physical Copy    │              │ │
    │                   ▼                      Secondary/      REPORT │ │
    │             EDI/Clearing                 Tertiary Billing ──────┘ │
    │                House                          ▲                   │
    │                   │                           │                   │
    │                   ▼                      Payment Posting          │
    │              Insurance/ ──► EOB ──────────────► Claim Analysis    │
    │                   ▲          │                       │            │
    │                   │          ▼                       ▼            │
    │                   │       AR Report               APPEAL          │
    │                   │          │                                    │
    │                   │          ▼                                    │
    │                   └──── Denial ──► Claim on                       │
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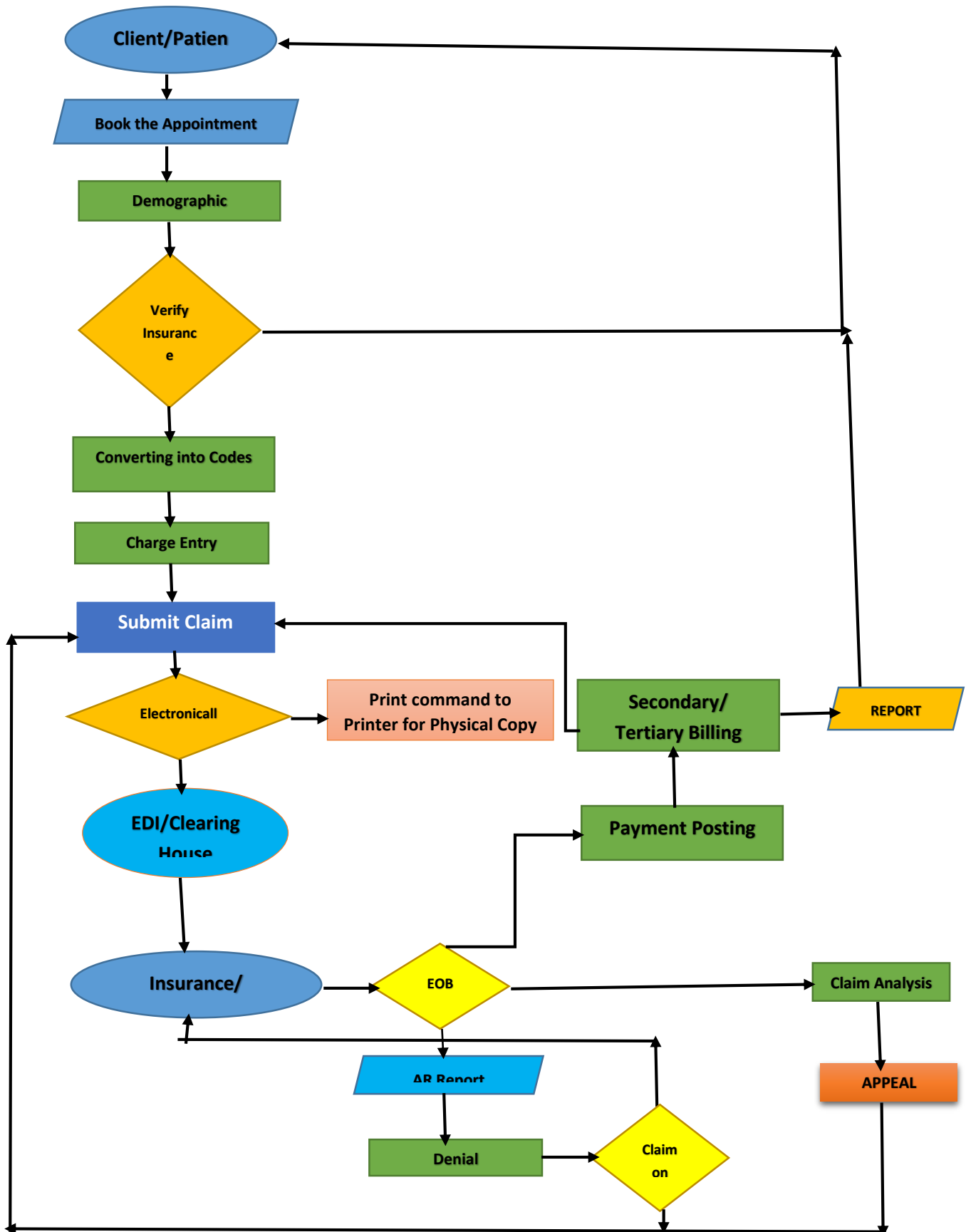
5. Main Features

5.1 Home Page

Fig 1: Home Page

This page is the home page where we can see side panel to select appropriate option according to user role like Registration, Billing, and Payment Entry and so on.

1. **Scheduling:** This section is for registration person who is scheduling appointment for patient according to doctors' availability.
2. **Registration**: If the patient is new for hospital then registration person is taking demographic information (Patient information like – SSN, Phone number, Address etc. . .).
3. **Account Summary:** Here we can see overall summary of account balance on patient or insurance if there are multiple date of services.
4. **Billing:** Account Receivable team is working on this screen to handle those claims where we have not received payment from insurance, entering notes, rebilling claim, code correction, resubmitting corrected claim, taking action.

Practice Management Software	Document Number# CD456785	Version 10.0	Page 12 of 12

5. **Payment Entry:** Payment posting team is using this screen to post received payments from patient and insurance, posting denials, patient responsibility on the basis of EOB (Explanation of Benefits).
6. **Account Receivable:** AR Team is using this screen for required action on the basis of client updates.
7. **Collection:** Collection team is working on this screen to work on those patients accounts which are moved to collection team.
8. **Charge Management:** Charge Entry team is entering charges for procedure codes entered by coding team on the basis of Medical Records.
9. **Transaction Management:** This screen will help to see payments received from patient or insurance via – Check, EFT (Electronic Fund Transfer), Virtual credit card.
10. **EDI Submission Management:** This screen is use to set electronic submission for claims to each insurance where electronic claim is acceptable – Electronic payer ID is needed to send electronic claim.
11. **EDI Response management:** Here on this screen we can see acknowledge messages from insurance for accepted and rejection reason for rejected claim. EDI Team can see rejection reasons and according can take required action to resolve rejection.
12. **Reports:** This screen will provide feature to get different types of reports like – Payment posting report, AR Report according to Aging, Received payment report, Collection Report, Inventory Report and so on**.**
13. **Administration:** From this screen Admin can set rules for user to get access on the basis of user role.
14. **Balance Forward**: Here on this screen credit balance team is working on process on those accounts where we received excess payment from patient or Insurance and processing refund request.
15. **Financial Dashboard**: Representation of Received and Pending payments in different charts as a Dashboard in terms of Insurance and patients.
16. **Task Management**: This screen is to see account level task/Visits for particular patient.
17. **Support**: This is for all users who are using this PMS application if there is any help needed or can raise ticket.
18. **Product Updates**: End user can get new version to update application.
19. **Log Out**: To logout from current session.

MODULE 1 - BILLING

6.1 Billing Screen – To pull patients account.
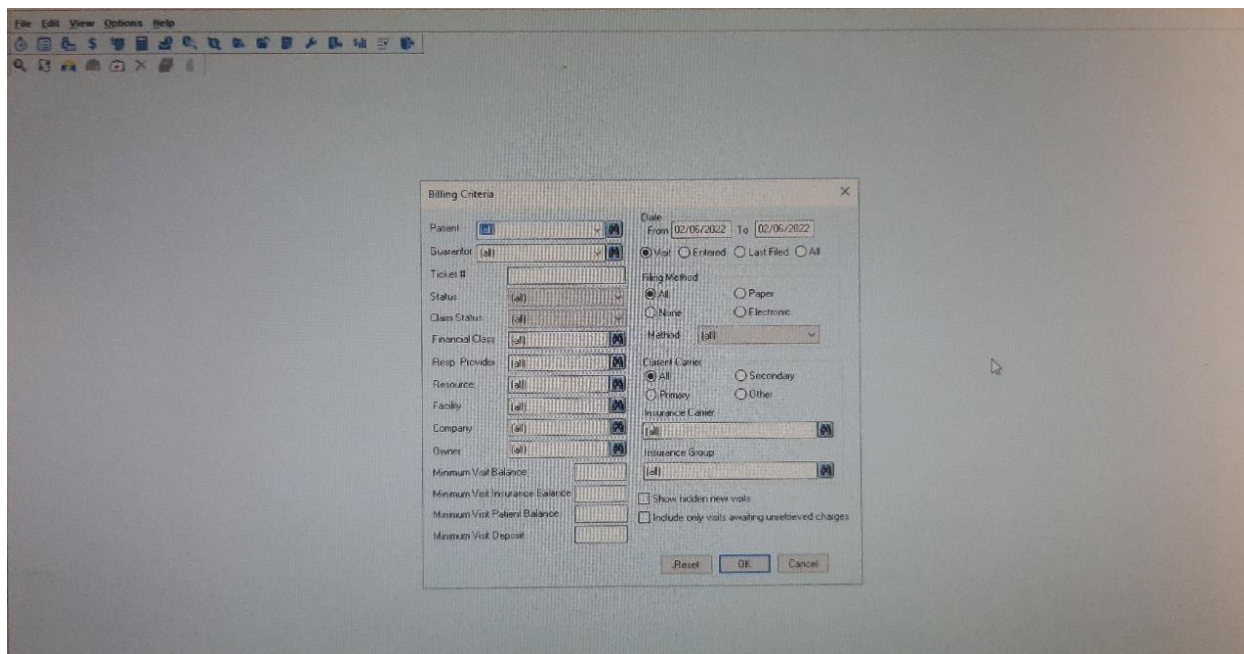
Fig 2: Billing Screen

This is the first screen to open required patient account, List of accounts or single account will display according to applied filter on this screen.

- **Patient:** By entering exact patient name user should be able to open account. (Search option will displays list of matches)
- **Guarantor:** By entering exact Guarantor name user should be able to open account. (Search option will displays list of matches)
- **Ticket#:** By entering exact Ticket# (Account number) user should be able to open required account.
- **Status:** By selecting current status of accounts user should be able to get list of accounts e.g. No response claim
- **Claim Status:** We can select claim status to get list of accounts. E.g. denied claim, Rejected claim, paid claim, collection, Patient responsibility.
- **Financial class:** This is the category of responsible insurance category – Commercial insurance, Worker compensation, Government Insurance, Medicaid – For below poverty insurance, Auto insurance.

Practice Management Software	Document Number# CD456785	Version 10.0	Page 14 of 14

- **Resp Provider:** This can help to display list of patients taken service from particular provider (Doctor).
- **Facility:** If we have multiple location for hospital then we can filter accounts according to Facility.
- **Minimum Visit Balance / Minimum Visit Insurance Balance / Minimum Visit Patient Balance / Minimum Visit Deposit:** By entering exact amount we can list of matching accounts.
- **Date Section:** User should be able to get selection From – Date in terms of Visit, Entered, Last Filled, All (Radio Button).
- **Filing Method Section: All / None / Paper / Electronic** (Radio Button)**:** User should be able to select method of filling claim to get list of accounts.
- **Current Carrier: All / Primary / Secondary / Other**(Radio Button)**:** User should be able to get list of accounts according to current carrier.
- **Insurance Carrier (Search option):** By Insurance Name
- **Insurance Group (Search option):** By Insurance Group
- **Show Hidden new Visit (Checkbox):** Should display those visits which are recently billed claim to Insurance
- **Include only Visits awaiting unreleased Charges (Checkbox):** Should display those visits which are new and still now we have not billed claim to Insurance
- **Reset (Button):** To reset entered or selected values to its default values.
- **Ok (Button):** To get result data.
- **Cancel (Button):** To cancel operation.

Fig 2.2: Patient Account Level

Practice Management Software	Document Number# CD456785	Version 10.0	Page 15 of 15

6.2 Visit Information Tab

Fig 3: Visit Information Tab

Visit Information tab is use for individual visit information (Date of service information), this is open after entering visit#, displaying following information

Ticket#: E.g. 93274983, Company: Hospital name, Resp. Provider: Doctors name, Facility: Hospital Branch name, Referring Provider: Doctors name who referred to patient to visit our hospital, Supervising: Referring provider name, Attending: Rendering/Performing doctor name, Operating, Admitting, Other physician, PCP: Primary Care physician, Resource, Owner, Visti, Entered, Insurance Career Information, Allocation set, Financial Class, Benefit Assignment, Patient DOB, Weight. Visit Description, Status.

Set Carrier (Button): This button is use to set priority of insurance. – Primary, Secondary, Tertiary.

Filling Method: Type of sending claim form to respective insurance company. And type of claim form like – HCFA, UB04

Filling Type (Radio Button): Select type of mode to send claim form – Paper claim form or Electronic.

Close (Button): To close current visit window.

Practice Management Software	Document Number# CD456785	Version 10.0	Page 16 of 16

6.3 Filling Tab

Fig 4: Filling Tab

This tab is providing more details about visit which will be reflect on claim form – HCFA/ CMS1500

Date of Illness / Date of Injury: Date from which patient was ill or injured.

Hospitalization Date: From which date patient was hospitalized.

Condition Related to (Checkbox): Employment, Abuse, and Accident.

Some more additional information is mentioned herel like – Ouside lab charges, Consult/Surgery, Date last seen by Supervising, PRO Approval number, Special program reason, Estimated DOB, Delay reason code, Service Authorization, Med. Rec. Number.

Authorization Number: Authorization number issued from patients insurance to perform specific service. E.G. 394872A038

Resubmission Code: Code to represent submission code e.g. 1 – Fresh Claim, 7 – Corrected claim.

Emergency Indicatory: If patient admitted to emergency department – Yes or No.

Supplemental Filling: Secondary insurance information like Claim Type, Other Insurance, Secondary Insurance, Status.

6.4 Notes Tab

Fig 5: Notes Tab

This screen is used to add additional note about patient account which will help to bill claim. E.g. Note related to rendering provider.

6.5 Charges Tab

Fig 6: Charges Tab

This screen is use to enter and set procedure codes, related diagnosis codes, Modifier, NDC –National Drug code for medicine related procedure codes

New / Modify / Delete (Buttons): Used to add new entry of procedure, Diagnosis, to modify existing codes and to delete existing codes if required.

Close (Button): Use to close current visit.

Up / Down Arrow (Buttons): Used to change priority of Procedure or Diagnosis codes.

Patient Billing Note: This section shows the notes entered by Patient calling team.

6.6 Transaction Tab

Fig 7: Transaction Tab

This tab is used to show payment details received from insurance and patient.

- Allowed/Allocated amount, Payments, Adjustments, Pending, Balance,
- Transaction block will show all the entries of payments received from patient and insurances.
- New Payment, Patient Payment, Print Entry, Distribution buttons are used by Payment posting team while entering received payments. Delete button is use to delete payment entry.

6.7 Correspondence Tab

Fig 8: Correspondence Tab

This screen is to enter user notes/Comment about current status and action taken by user on claim.

User can read previous user notes to understand about last status and action.

6.8 Claims Tab

Fig 9: Claims Tab

This screen is use to see billed claim form – Electronic or Paper. User can open claim form to view or print.

MODULE 2 - PATIENT REGISTRATION

7.1 Patient Information

Fig 10: Modify patient information

This screen is for patient's information entered by registration person. It includes following Info.

Title: Jr. / Sr.	MRN: Medical Record Number
First Name, Middle Name, Last Name	Referring Provider: Who referred to visit our hospital
Suffix: I, II, III, VI, V	Home Location
Birth Date, Birth Time	Facility
Age	Language
Patient Same as Guarantor	Patient Status: Active, Inactive
Marital Status: Single/Married	Date of Death
Address: Primary/Alternate	Get Photo, Remove Photo (Button)
Address Swap (Button)	Save & Exit, Save, Cancel (Button)
Phone Number for Home, Office	Get Financial Information (Button): Paid and Balance amount
Email	
Gender: Male, Female	Get Financial History (Button): Old records about Payments
SSN: Social Security Number	Get Patient History (Button): History about his visits and services
Patient ID	

Patient information is very important which will go on Claim form, many time if required patient information is not there on the claim form then claim will get reject by Clearing House.

7.2 Guarantor Information

Fig 11: Guarantor information

This screen is for patient's Guarantor information entered by registration person. It includes following Info.

Guarantor Information includes Select Guarantor (Button) No Guarantor selected(Radio Button) No Guarantor selected(Radio Button) Title: Jr. /Sr. First Name, Middle Name, Last Name Suffix: I,II,III,VI,V Address: Primary/Alternate Address Swap(Button) Phone Number for Home, Office Email	Gender: Male, Female SSN: Social Security Number Birth Date Employment Information Occupation, Employer, Employment Status, Employment Status Date Save & Exit, Save, Cancel (Button) Get Financial Information (Button): Paid and Balance amount Get Financial History (Button): Old records about Payments Get Patient History (Button): History about his visits and services

Guarantor information is very important which will go on Claim form, many time if required Guarantor information is not there on the claim form then claim will get reject by Clearing House.

7.3 Additional Information

Fig 11: Additional information

This screen is for taking additional information about patient like
Referral Information
Employment Information
Student Information
Authorization (Permission from patient insurance to provide specific service to patient)
Patient Note
Patient Alert Note
Save & Exit, Save, Cancel (Button)
Get Financial Information (Button): Paid and Balance amount
Get Financial History (Button): Old records about Payments
Get Patient History (Button): History about his visits and services

7.4 Insurance Information

Fig 11: Insurance Information

This screen is use to enter patients insurance information as Registration person, it will be used by other department in Billing while sending claim to patients insurance.

1) Insert Insurance / Carrier
- Insurance Type – Primary/Secondary/Tertiary
- Carrier Alert Note: We are contracted or non-contracted with insurance
- Eligibility: Plan is active on Date of Service or not (ACTIVE/INACTIVE)
- Verified By
- Verified Date
- Can change priority using Up and Down arrow
2) Add, Remove (Button) to add new insurance or remove from existing list.
3) Allocation set in Percentage
4) Financial Class – Commercial/Government/ Worker Compensation
5) Policy Information
- Insured person – Patient, Guarantor , Other
- Insurance Id
- Copy SSN (Button)
- Policy Group
- Group Name
6) Medicare Secondary Payer Code

- 12- Working Aged, 13-ESRD, 14 - No fault, Auto medical, 15 – Worker Compensation , 16 - Federal Agency, 41 – Black Lung, 43 – Disability, 47 – Liability
7) Insurance Eligibility (Button)
8) Insurance Person Information
- Title: Jr. /Sr.
- First Name, Middle Name, Last Name
- Suffix: I,II,III,VI,V
- Birth Date
- Address: Primary
- SSN – Social Security Number
- Gender
9) Employment Information
10) Occupation, Employer, Employment Status, Employment Status Date
11) Save & Exit, Save, Cancel (Button)
12) Get Financial Information (Button): Paid and Balance amount
13) Get Financial History (Button): Old records about Payments
14) Get Patient History (Button): History about his visits and services

MODULE 3 – Appointment Scheduling

8.1 Appointment Scheduling

Fig 12: Appointment Scheduling

This screen is use to enter and see patient appointment information as below

1) Patient Appointment Notes
2) Appointment Recall
3) Appointment History
- Date, time, Doctor, Resource , Facility, Appointment type, Status
4) Waiting List (Button)
5) Appointment Search (Button)
6) Save & Exit, Save, Cancel (Button)
7) Get Financial Information (Button): Paid and Balance amount
8) Get Financial History (Button): Old records about Payments
9) Get Patient History (Button): History about his visits and services

MODULE 4 – Coding

9.1 Coding

Fig 13: Coding

This screen is used by Coding team to enter Procedure codes and related Diagnosis, Modifier.

1) Diagnosis View List
- Priority of Dx – Primary, secondary, tertiary etc.
- ICD Code (International Classification of Decease) We are using ICD 10th Version
- Description about Diagnosis
2) Arrow buttons are there to change priority of Diagnosis.
3) New, Modify and Delete button to add, modify or delete Diagnosis.
4) Procedure View List
- Procedure Code (CPT – Current Procedural Terminology, HCPCS – Healthcare Common Procedural coding system)
- Description
- Diagnosis Pointer
5) New, Modify and Delete button to add, modify or delete Procedure Code.

MODULE 5 – Payment Posting

10.1 Payment Posting

Fig 14: Payment Entry

This screen is used by Payment Posting team to post received payment from patient or insurance.

Source: Need to select payment received from Insurance or Patient

Deposit Date: To select date on which payment has been deposited into Hospital bank account

Batch: It is like a bucket which needs to be create by Individual payment poster before posting anything into account, Everyday need to create batch before posting payment and end of the day need to close the batch. E.G. B07052022

Ticket#: It is the patient account number in which payment need to be post.

Patient: Need to select patient from list in which payment need to be post.

Visit: Can select all visits (Date of service) or unpaid visits (Date of service) in which payment need to be post.

Insurance Group: Sometime insurance plan is the group plan so in that case need to select Insurance Group e.g. WC, Commercial, Government etc.

Insurance Carrier: Here can select insurance from where we have received payment.

Payment Information – Following are the fields under Payment Information

Amount: Here amount which we received.

Amount Remaining: Remaining balance after posting received payment.

Method: Can select the payment method like – Received payment through check, Electronic Fund Transfer, Credit Card etc.

Check#: Here can enter check number or the EFT number through us received payment.

Account# Account number from which we received payment.

Check Date: Date when check was issued.

Visit information –

Responsible Provider: Who provided the service to the patient on that Date of Service

Facility: Hospital or Hospital branch Name

Patient Balance: It will display how much is the balance on patient side.

Insurance Balance: It will display how much is the balance on Insurance side.

Deposit: It will display how much payment has been deposited in to hospital bank account.

Total Balance: Total balance on patient account.

Auto-Apply, New, Modify and Delete buttons are used to post payment automatically in those date of services where there is balance. New payment entry can be create, we can modify existing payment, also delete the payment entry.

Print, Next, Close buttons are used to print the payment entry which is posted, can go to next date of service for same patient account and close button is use to close the payment window.

MODULE 6 – Transaction Management

11.1 Transaction Management

Fig 16: Transaction Management

Under the Transaction Management can see all the payment which are posted under same check or EFT, many times insurance is payment in bulk and those payment are posted by Payment posting team in respective patient account. So on this screen we can see all the transaction details about patient account where payment was posted.

It will give all the details information about all the patient as below

Ticket#, Patient name, Patient ID, Payment, Adjustment, Transfer, Payer, Visit Date, Patient Balance, Insurance Balance, Total

MODULE 7 – Account Summary

12.1 Account Summary

Fig 16: Account Summary

Account summary will provide **financial summary** information about selected patient

- Total Balance, Insurance, Patient payment, Deposit

- Last patient payment

- Aging bucket for unpaid amount from patient and insurance separately.

- **Transaction History** will show all the details about each and every visit Payment from INS or patient and visit balance.

MODULE 8 – Collection

13.1 Collection Department

Fig 17: Collection Department

Collection team is the team who are working on those patients account who are not responding and not paid their balance amount from long time.

We can see here following information

- Total balance, Insurance balance, Patient Balance, Date in Collection,
- Days since date in collection.
- Collection status as New, Old
- Date, Username who are working on collection, Notes related to Visit Transferred to collection

Collection team can add new updated information here
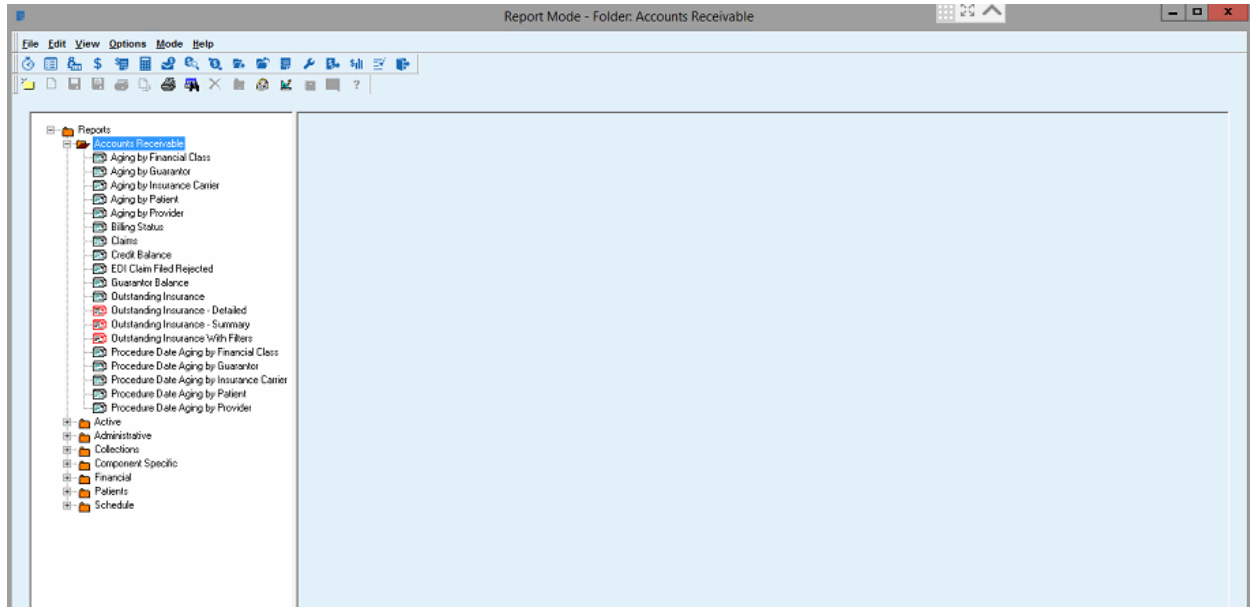
MODULE 9 – Reports

14.1 Reports

Fig 18: Reports

This is the screen which will help to most of the department in hospital to get required reports as below

1) **Account Receivable –**

- Aging by Financial class	- Aging by Provider
- Aging by Guarantor	- Billing Status
- Aging by Insurance Carrier	- Claims
- Aging by Patient	- Credit Balance
- **Guarantor Balance**	- EDI Claim Filed Rejected
	- **Outstanding Insurance**

2) Active

3) Administrative

4) Collection

5) Component Specific

6) Financial

7) Patients

8) Schedule

MODULE 10 – Administration

15.1 Administration
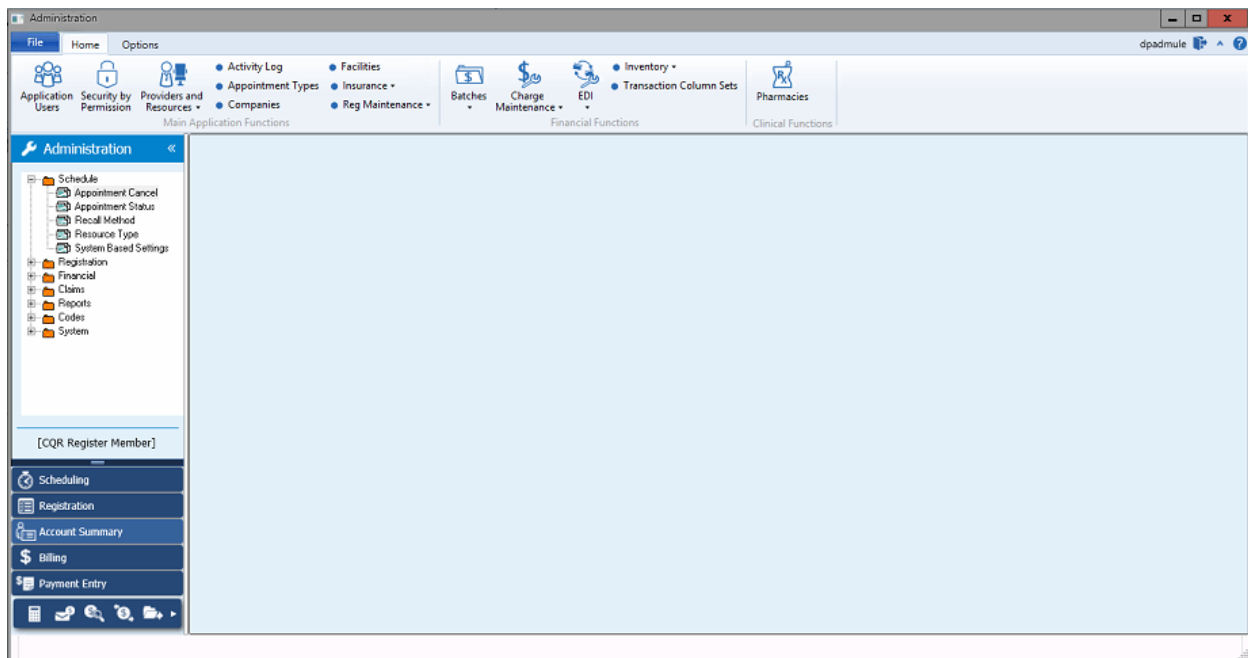

Fig 19: Administration

Admin can do many activities from this screen like below
Main Application Functions

Application Users - Can create new user if needed
Security by Permission - Can decide security Levels
Providers and Resources - Can add or remove Resources in the Hospital
Can see Activity Log, Appointment Type, Companies i.e. Branches of hospital
Insurance - Can add new insurance if needed

Financial Functions

Batches - Can see all created batches user wise.
Charge Management - Can change the charges for perticular service
EDI Management - Can do EDI Setup for insurance to file claim through Electronically
Inventory

Clinical Function

Pharmacies

Admin can also do changes in below section

- Schedule
- Registration
- Financial
- Claims
- Reports
- Codes
- System