

# Cerner Patient Accounting Overview

PARTICIPANT GUIDE

## WELCOME!

Information contained within this document has been compiled from various Wiki articles and largely extracted from Cerner Patient Accounting Overview Participant Guide Wiki article: [Cerner Patient Accounting Overview](#).

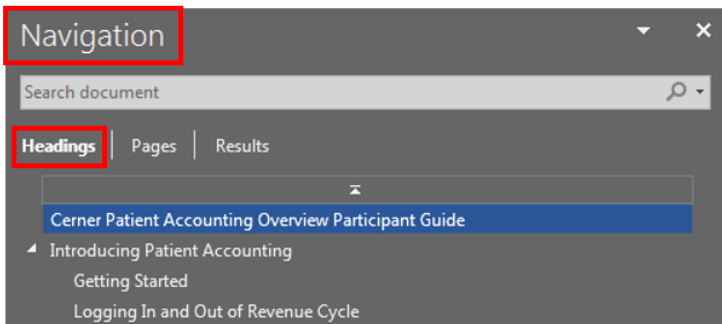
Wiki's are resource articles provided by Cerner, and the information contain wherein this document is up to date as of March 2020.

## HOW TO USE THIS GUIDE

In its electronic version the Table of Contents below is clickable. Hover over the title that you wish to navigate to and Ctrl + Click to follow the link. Press Ctrl + Home to return to the first page.

You may also use click Ctrl + F to search this document. Use the search field or the Navigation feature to search by:

- Headings
- Pages
- Results



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Charge in Context

The screenshot displays a medical software interface. At the top, a blue header bar contains patient information: **MANNA, MARK**, Male, 59 years, DOB: Sep 17, 1954, MRN: 00001128. Below this, a breadcrumb trail shows 'Patient Account' >> 'Encounter' >> 'Charge'. The main area is divided into several panels. On the left, the 'Encounter: 1383, 07/25/2013' panel shows account details like 'Account: 1128', 'Encounter: 1383', 'Status: Active', and 'Current Responsibility: Commercial Insurance, Primary'. On the right, a red-bordered panel titled 'Charge: ROOM/BED: Semi Private, 03/10/2014' shows details for a specific charge: 'Encounter: 1383', 'Service Date: 03/10/2014 23:59:59', 'Status: Posted - Unbilled', 'Amount: \$1,260.00', and 'Units: 1'. Below these panels, a table titled 'Charge: ROOM/BED: Semi Private, 03/10/2014' is shown with a filter set to 'All' and a message 'No Items For Current Filters'. The table has columns for Type, Date, Amount, Alias, and Alias Description, but it is currently empty.

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## INTRODUCING PATIENT ACCOUNTING

### GETTING STARTED

You can review a patient account primarily from the Cerner Revenue Cycle solution. This solution provides perspectives on the essential information you need for completing your daily work. The information available includes:

- Patient Accounting
- Visits
- Registration
- Charges
- Work queues and how to manage tasks in the queue
- Assign a Self-Pay Patient Account to Collections
- Generate a Claim On-demand
- Edit a Claim
- Revenue Cycle's Financial Combine Ability to Merge Encounters
- Use Move Charges to Combine Charges from One Account to Another
- Manually Work a Late Charge using Bill Late Charges
- Apply a Rate Code for Skilled Nursing Facilities
- View and Modify General Ledger Entries

As you review a patient account it will be important to:

- Select the correct encounter when viewing information related to a specific visit
- Be aware of the context of the information that you are viewing
- 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 account.

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.

### Log In


Complete the following steps to log in to Revenue Cycle:

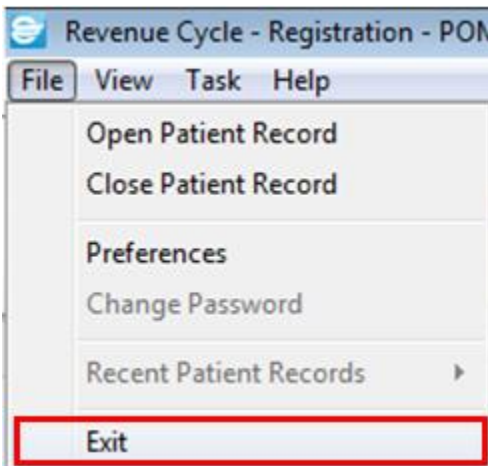
1. Click the **Revenue Cycle** button on the desktop.
2. At the log-in window, enter your username in the User Name box.



3. Enter your password into the Password box.
4. Click **OK** or press **Enter**.

### Log Out

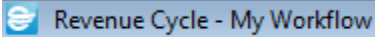
After you finish using Revenue Cycle, remember to log out of the application. To log out, click the **Exit** button  on the toolbar or navigate to the **File** menu and select **Exit**.

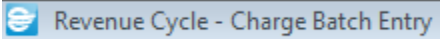


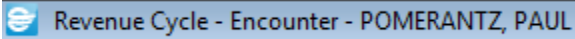
**NOTE: IT IS IMPORTANT TO ALWAYS LOG OUT. THIS IS TO ENSURE THE INTEGRITY AND PRIVACY OF PATIENT RECORDS AND TO DETER UNAUTHORIZED ACCESS THROUGH YOUR USER ACCOUNT.**

## FRAMEWORK OVERVIEW

When the application is opened, the name of the application and the current perspective will display in the title bar.

 Revenue Cycle - My Workflow


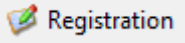
 Revenue Cycle - Charge Batch Entry

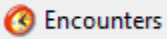
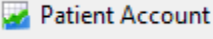
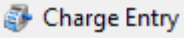
 Revenue Cycle - Encounter - POMERANTZ, PAUL

## TOOLBAR (PATIENT-SPECIFIC PERSPECTIVES)

The toolbar gives you access to patient-specific perspectives. These options are available only when you are in the context of a patient. The perspectives displayed are based on your security access. If you do not have security access to a perspective, it is not displayed on the toolbar.

The following perspectives are available on the toolbar:



Button	Name and Action
	<p>The Appointments perspective is where appointments can be made or modified. The following views are available in the Appointments perspective:</p> <ul style="list-style-type: none"><li>• Future appointments</li><li>• Past Appointments</li><li>• Standby Requests</li><li>• Appointment Requests</li><li>• Patient Cases</li><li>• Health Maintenance</li></ul>
	<p>The Registration perspective is patient-level registration. The following views are available in the Registration perspective:</p> <ul style="list-style-type: none"><li>• Demographics<ul style="list-style-type: none"><li>○ Patient</li><li>○ Relationship</li><li>○ Guarantor</li><li>○ Insurance</li><li>○ Alerts</li></ul></li><li>• Guarantor Balance Summary</li><li>• Patient Cases</li></ul>





	<p>The Encounters perspective displays all encounters for patients. The following views are available in the Encounters perspective:</p> <ul style="list-style-type: none"> <li>• Encounters</li> <li>• Patient Cases</li> <li>• Encounter Details <ul style="list-style-type: none"> <li>○ Details</li> <li>○ Guarantor</li> <li>○ Insurance</li> </ul> </li> </ul>
	<p>The Patient Account perspective displays the billing elements. This perspective displays information at the person-level, patient account-level, encounter-level, and so on. This perspective also displays balances, claims, statements, insurance or self-pay transactions, billing holds, refunds, and other information. The Patient Account perspective contains comprehensive information associated with patient balances.</p>
	<p>The Charge Entry perspective allows you to manually enter charges for specific patients.</p>

**NAVIGATION PANE (NON-PATIENT PERSPECTIVES)**

The navigation pane on the left side of the application gives you access to non patient-specific perspectives. These options are available regardless patient context. The perspectives displayed are based on your security access. If you do not have security access to a perspective, it is not displayed.













The following perspectives are available in the navigation pane:






Button	Name and Action
	<p><b>Patient Tracking perspective:</b> Displays all appointments scheduled for a location for the day. You can filter to two hours, four hours, or all day. Additionally, the check-in process can be completed in this perspective.</p>
	<p><b>Resource perspective:</b> Allows you to view a provider's calendar. You can place blocks for providers so that appointments are not scheduled for that time frame. The following views are available in this perspective:</p> <ul style="list-style-type: none"> <li>• Resource View</li> <li>• Multi Day View</li> <li>• Availability View</li> <li>• Resource Schedule</li> </ul>

	<p><b>Queues perspective:</b> This perspective contains queues that are typically be worked by patient access staff. The following views are available in this perspective:</p> <ul style="list-style-type: none"> <li>• Reschedule Requests</li> <li>• Standby Appointment Requests</li> <li>• Eligibility</li> <li>• Consumer Demographic Updates</li> <li>• Appointment Requests</li> <li>• Work Queues</li> <li>• Requests</li> </ul>
	<p><b>My Workflow perspective:</b> - Queues in this perspective are typically worked by billing staff:</p> <ul style="list-style-type: none"> <li>• Reports</li> <li>• Follow-up</li> <li>• Workflow</li> <li>• Remittances</li> </ul>
	<p><b>Charge Batch Entry perspective:</b> Allows you to manually enter charges for multiple accounts or encounters.</p>
	<p><b>Create Remittance perspective:</b> Allows you to create or view current remittances.</p>


## TOOLBAR BUTTONS

The Revenue Cycle toolbar contains the following elements:

Button	Action
	<b>Search</b> Opens the Person Search window and allows you to locate a patient record. Click  beside the <b>Find</b> 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	<b>Charge Entry</b> Allows you to enter specific charges for a patient whose record is open.
 Patient Account	<b>Patient Account</b> Opens the Patient Account perspective and allows you to manage account information.
 Appointments	<b>Appointments</b> 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	<b>Check In/Out</b> 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	<b>Registration</b> Opens the Registration perspective and allows you to view, enter, or modify patient, related person, guarantor, employer, and insurance information.
 Encounters	<b>Encounters</b> 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.
	<b>Open View</b> 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 <b>Keep Open</b> 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 <b>Close</b> , the patient record is closed.
	<b>My Workflow</b> Allows you to view work lists to facilitate patient accounts.
 Charge Entry	<b>Charge Batch Entry</b> Allows you to enter charges in batch.
	<b>Patient Tracking</b> 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.
	<b>Resource View</b> Allows you to select a resource and view and maintain its schedule. It can be used to start the process of scheduling a patient.
	<b>Appointment Queues</b> 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.
	<b>Consumer Activity</b> Allows you to update patient information without having to open each individual record.
	<b>Alerts</b> Allows you to schedule persons on a standby list. When you click <b>Alerts</b> 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 <a href="#">standby preferences</a> , you will not get alerts.
	<b>Create New Remittance</b> Opens the Create New Remittance dialog box.

## PREVIEW PANE

The Preview is available in a throughout the application and when opened it will display additional information. It's denoted by the following icons 

The single arrow will display some information 

The arrow and bar will display all available information 

## MENUS

The Revenue Cycle menus are like those of any traditional *Microsoft Windows*-based application. You can interact with items directly in the Revenue Cycle window, or you can use the menus to select similar options.

The View Menu in Revenue Cycle includes the following commands:

Command	Action
<b>Open Perspective</b>	Allows you to open a perspective. Note that the available perspectives change if a patient record is open.
<b>Open View</b>	Allows you to select a view to be displayed in the perspective. Note that the available views flex based on the perspective that is currently open.

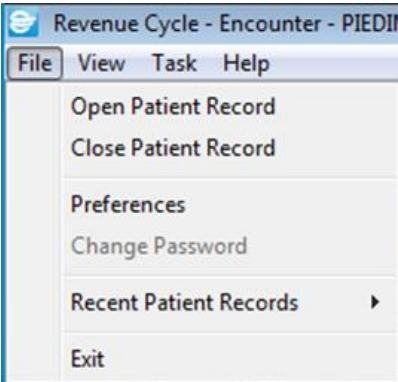
<b>Perspective Layout</b>	<ul style="list-style-type: none"> <li>• <b>Restore:</b> Displays the default views for a perspective if you make changes but have not saved them. Use this option if you have minimized or maximized views in the perspective and want to return to the default.</li> <li>• <b>Save:</b> Allows you to save the current perspective layout as your personal default. If you move to a different perspective or close and reopen the application, the saved perspective retains your changes when you return to it.</li> <li>• <b>Reset:</b> Allows you to return to the default views for each perspective.</li> <li>• <b>Save Configuration:</b> Saves the current layout and applies it to all users in your domain. Typically, only a system administrator has access to this command.</li> <li>• <b>Reset Configuration:</b> Resets the layout to the default configuration for all users in your domain. Typically, only a system administrator has access to this command.</li> </ul>
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**FILE MENU**

The File menu contains the following options:

- **Open Patient Record:** Opens Person Search and allows you to locate a patient record. Use this option to select a patient and open their record.
- **Close Patient Record:** Closes the patient record that is currently open.
- **Preferences:** Opens the Preferences window, allowing you to set user-specific preferences for registration, scheduling, patient tracking, batch charge entry, and remittance posting.
- **Change Password:** Allows you to change your password. Enter your current password, then your new password. Retype the new password to confirm and click **OK**. The next time you open Revenue Cycle, use your newly created password to sign in.
- **Recent Patient Records:** Displays the last ten patients you have accessed. This is maintained while you are signed in but is cleared when you sign out.
- **Exit:** Use this option to close Revenue Cycle.

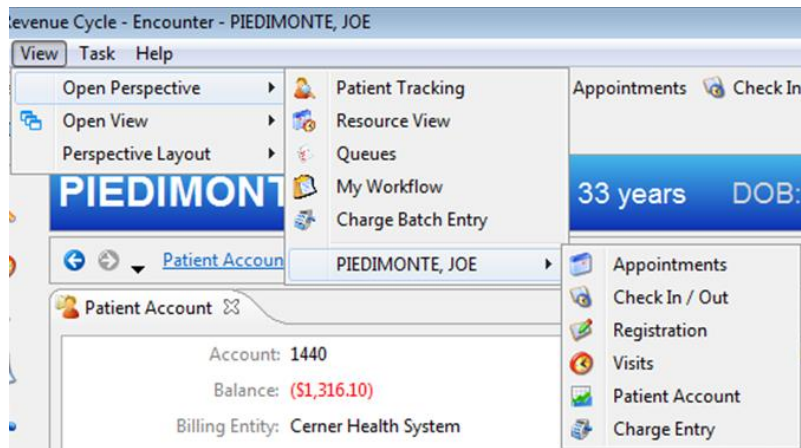



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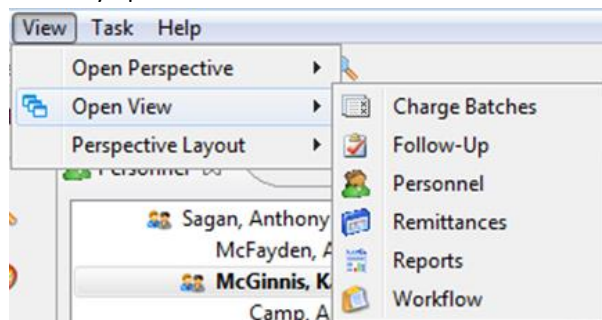
**VIEW MENU**

The View menu contains the following options:

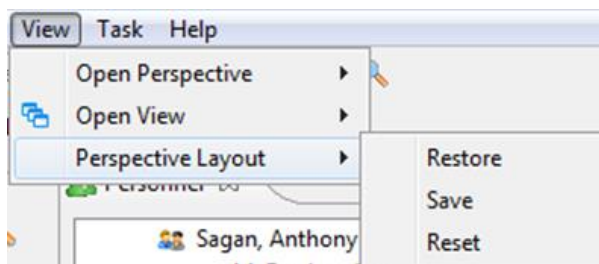
- **Open Perspective:** Allows you to open a selected perspective. The perspectives available for selection depend on whether a patient-specific record is open.



- **Open View:** Allows you to open a selected view. The views available for selection depend on the perspective that is currently open.



- **Perspective Layout:** This option presents the following submenus:
  - **Restore:** Use this option if you have minimized or maximized views in the perspective and want to return them to the default. Displays default views for a perspective if you make changes but have not saved them.
  - **Save:** Allows you to save the current perspective layout as your personal default. If you move to a different perspective or close and reopen the application, the saved perspective retains your changes when you return to it. This command applies to an individual user.
  - **Reset:** Allows you to return to the default views for each perspective. This command applies to an individual user.
  - **Save Configuration:** Saves the current layout and applies it to all users in your domain. Typically, only a system administrator has access to this command.
  - **Reset Configuration:** Resets the layout to the default configuration for all users in your domain. Typically, only a system administrator has access to this command.





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## TASK MENU

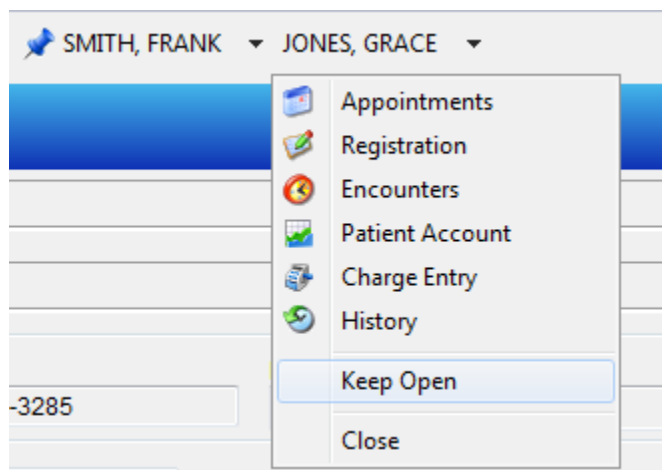
The Task menu contains following options:

- **Accounting:** Use this option to access the following submenus:
  - **Charge Batch Entry:** Enter a single charge or credit or a batch of charges or credits for one or more patients.
  - **Charge Viewer:** Audit and modify charges that have been generated for your institution.
- **Reports:** Use this option to open *Discern Analytics 2.0*, *Discern Explorer*, or Scheduling Reports.
- **Locks:** If another user is accessing the same patient you have selected, you will receive a message that an update cannot be saved because the person is locked. This option opens Locks Manager and allows you to determine who has the lock on the record and to remove the lock if appropriate.
- **PowerChart:** This option launches *PowerChart*. If you have a person in context *PowerChart* opens to that patient's EMR record. Note that this link from Revenue Cycle to *PowerChart* uses Cerner's encounter best match logic. While you may have a specific encounter open in Revenue Cycle, that same encounter may not be the one that opens in *PowerChart*. Be sure that you have the correct encounter or you may need to select the correct one in *PowerChart*.
- **PM Documents** — Use this option to launch Person Mgmt: Documents (PMDBDocs.exe) in order to reprint any registration documents as needed (for example, Face Sheet, Label, Armband, and so on). See the [Document Routing Tool Help](#) page for more information.

## ACTIVE PERSON DISPLAY

In Revenue Cycle, you can keep up to five patients open at one time and can easily navigate between them. Open patients are displayed on the toolbar. To view patient perspectives for an open patient, expand the patient's name and select the appropriate perspective. From this list, you can also select **Keep Open** to keep a person active or select **Close** to close the person and remove him or her from the toolbar. A pin (  ) adjacent to a name indicates that Keep Open has been selected. An asterisk (\*) adjacent to a name indicates that there is unsaved information in one of the perspectives.

For example, you recently worked on tasks related to Patients A and B and are currently viewing the Registration perspective for Patient A, but need to schedule an appointment for Patient B. To do this, you could select **Appointments** from Patient B's menu to access the Appointments perspective.



## WHAT DOES THE REVENUE CYCLE SOLUTION HAVE TO OFFER

### PERSPECTIVES

A perspective is a collection of views that allow you to complete a workflow. Revenue Cycle has multiple perspectives. The Revenue Cycle perspectives are described below:

---

#### CHARGE ENTRY

The Charge Entry perspective can be accessed from the **Encounters** view and by clicking the **Charge Entry** button listed on the toolbar, provided preferences have been set to have it displayed there. This perspective is a patient perspective. Accessing from the patient account puts the patient in context when the perspective is opened.

---

#### MY WORKFLOW

The My Workflow perspective is an overview of work that needs to be done by you or any direct reports. You can use this perspective to view work items, reports, charge batches, and remittances that have been assigned to you and any of your direct reports.

---

#### PATIENT ACCOUNT

The Patient Account perspective is a collection of patient information and is used to manage the patients account information. Information for the entity in context is displayed in the perspective. Parent information is displayed in the top row in the upper left corner with the detail information in the upper right corner. Immediate children are displayed in the bottom row. Views not displayed but available for the perspective are also set into context.

---

#### REMITTANCE POSTING

This non-patient specific perspective is used to post batches of payments and adjustments that are received from payers. Transactions can be posted at the Claim level, claim Service Item level, Account level, Encounter level, Invoice level, and the Statement level.

---

#### PATIENT TRACKING

The Patient Tracking Perspective is recommended for use at the front desk and nurse stations for keeping track of the patient while they are in the office.

---

#### WORK QUEUES PERSPECTIVE

This Non-Patient perspective is recommended for managing appointments and for patients needing further action.

---

#### RESOURCE VIEW PERSPECTIVE

The Resource View Perspective is used for viewing past or future information regarding the schedule of resources.

---

## APPOINTMENTS PERSPECTIVE

This patient-specific perspective is recommended for adding or modifying appointments and verifying patient demographic information.

---

## REGISTRATION PERSPECTIVE

This patient-specific perspective is recommended for maintaining the patient demographic information, related persons, and insurance information for the patient.

---

## VISITS PERSPECTIVE

This patient-specific perspective recommended for monitoring and maintaining the visit information associated to the patient, including submitting and viewing eligibility and benefits.

## USER PREFERENCES

You can customize how Patient Accounting displays and inputs information to create more efficiency and consistency in your work. All you need to do is adjust the default settings. The preferences you set here override any similar, original configurations that a system administrator arranges.

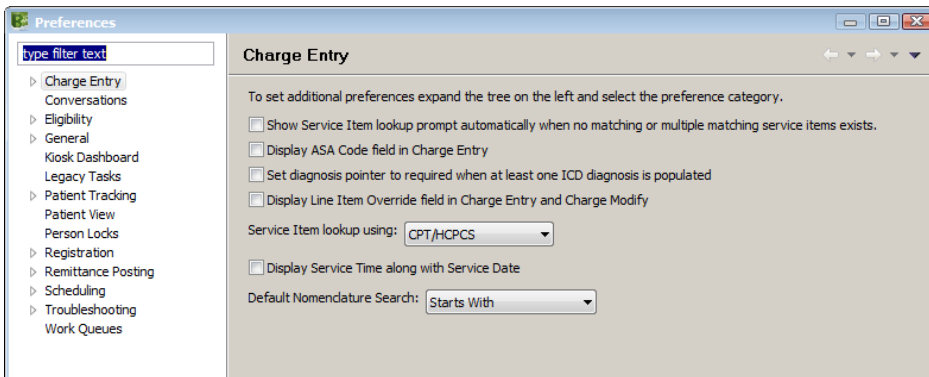
To open the Preferences window, from the File menu, select **Preferences**. The Preferences window is displayed

▼ **Contents:**

- 1 Charge Entry
  - 1.1 Field Duplication
  - 1.2 Field Skipping
  - 1.3 Line Item Override
- 2 General
  - 2.1 Quick Search
  - 2.2 Non-Patient Perspective
  - 2.3 Patient Perspective
- 3 Legacy Tasks

Complete the following steps to set preferences for Charge Entry:

1. From the Preferences window, select **Charge Entry** from the panel on the left.
2. The following preferences are available for Charge Entry:
  - a. **Show Service Item Lookup Prompt Automatically When No Matching or Multiple Service Items Exists:** This option is deselected by default. When this preference is enabled, the Search dialog box is displayed when you press **ENTER** when no matching or multiple service items exist.
  - b. **Display ASA Code Field in Charge Entry:** Displays the ASA Code field.
  - c. **Set Diagnosis Pointer to Required When At least One ICD Diagnosis is Populated**
  - d. **Display Line Item Override Field in Charge Entry and Charge Modify:** See the Line Item Override section below for more information.
  - e. **Service Item Look-up Using list:** Select the default search option for service items. The default search is CPT/HCPCS codes, but if you typically enter charges by CDM or ICD procedure codes, then you should select that option instead. All options are also available in the regular charge entry screen by clicking the arrow next to the service item text box.
  - f. **Display Service Time Along with Service Date:** Selecting this preference allows a service time to be displayed in the perspective.
  - g. **Default Nomenclature Search:** Select the appropriate option from the list that determines the default nomenclature search.
3. Click **Apply**.

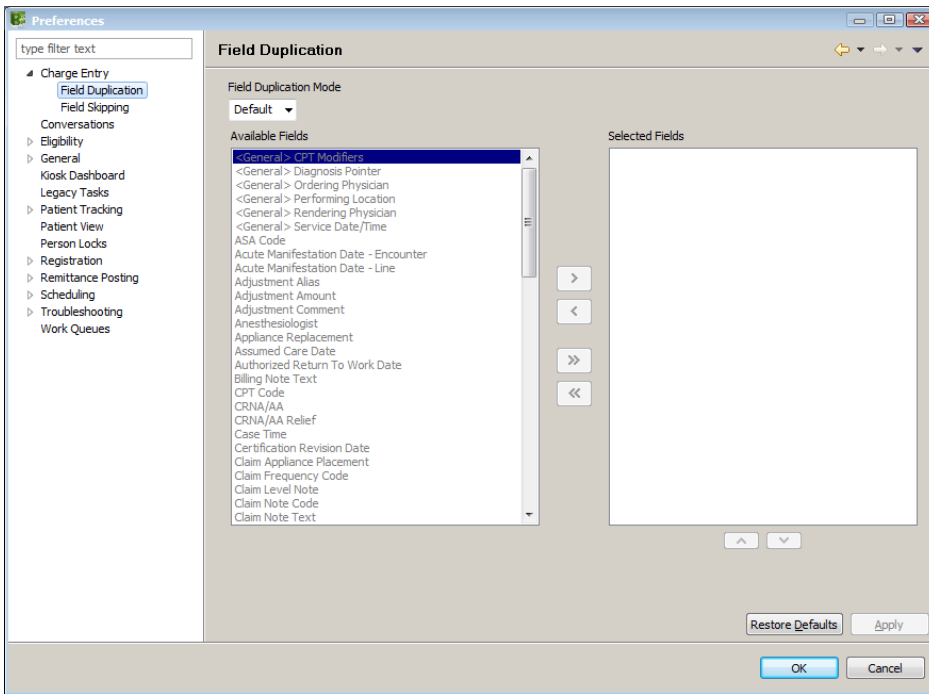


## FIELD DUPLICATION

Field Duplication preferences determine when fields can be duplicated during charge entry.

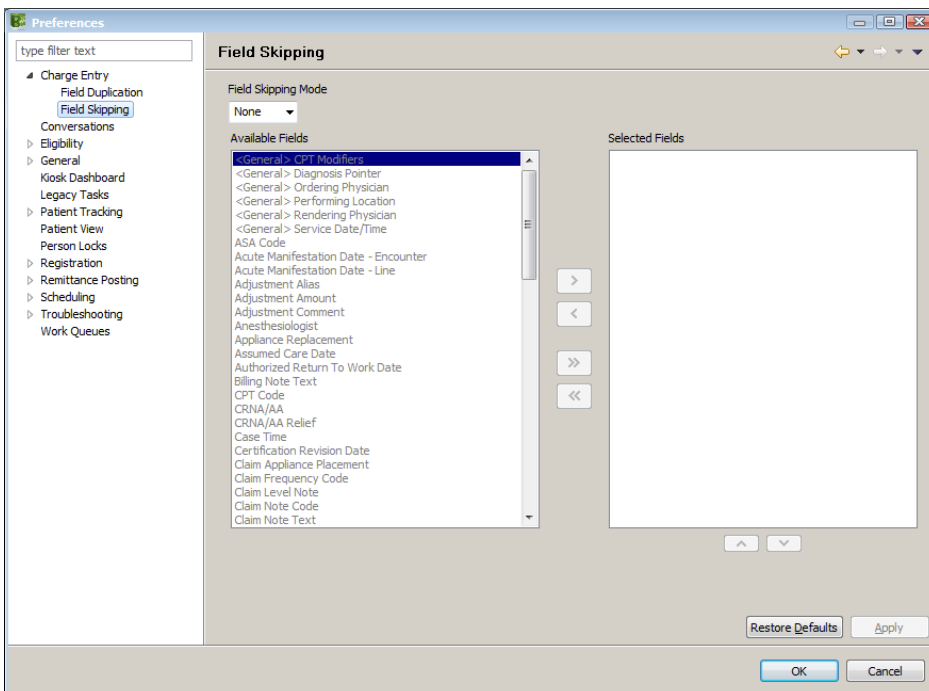
Complete the following steps to set Field Duplication preferences:

1. From the Preferences window, expand **Charge Entry** and select **Field Duplication**.
2. Select the appropriate Field Duplication Mode:
  1. **None:** The system does not duplicate any charge event entry fields from one encounter to the next.
  2. **Default:** The system duplicates all standard charge event entry fields from one encounter to the next.
  3. **Custom:** The system duplicates all selected charge event entry fields from one encounter to the next.
3. Use the arrow buttons to move the appropriate fields from the Available Fields list to the Selected Fields list. Use the arrow buttons underneath the Selected Fields list to reorder the fields as appropriate.
4. Click **Apply**.



## FIELD SKIPPING

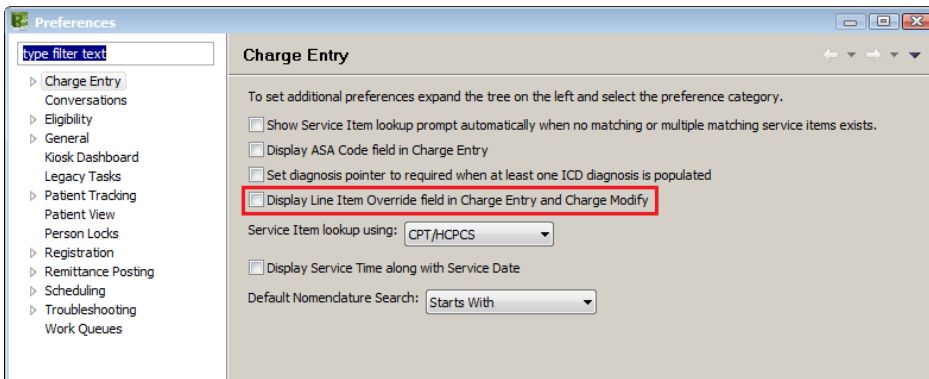
1. From the Preferences window, expand **Charge Entry** and select **Field Duplication**.
2. Select the appropriate Field Duplication Mode:
  1. None. No fields are skipped. The cursor stops at every field when tabbing.
  2. Custom. The cursor stops at only the fields you select when tabbing.
3. Use the arrow buttons to move the appropriate fields from the Available Fields list to the Selected Fields list. Use the arrow buttons underneath the Selected Fields list to reorder the fields as appropriate.
4. Click **Apply**.



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## LINE ITEM OVERRIDE

Release Considerations: The Line Item Override field is available with the *Cerner Millennium* 2015.01.19 Service Release.

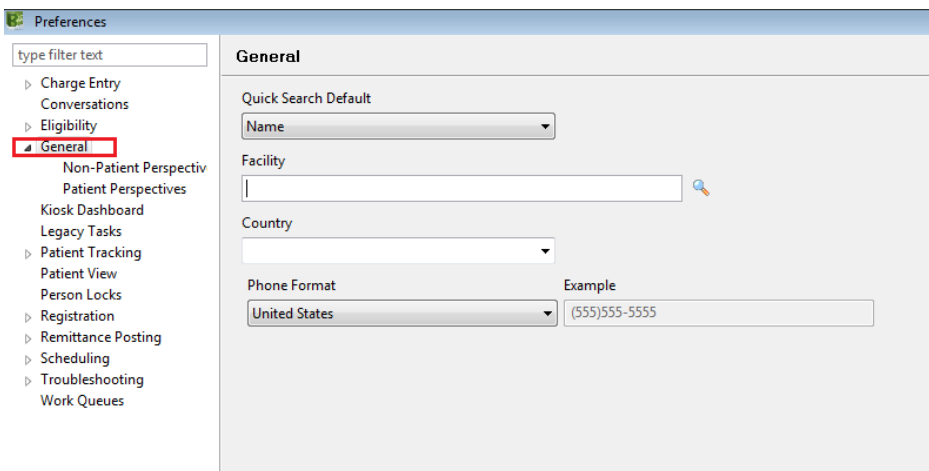


For the Line Item Override option to be displayed for a bill item in the Charge Entry perspective and the Charge Modify perspective, the Line Item Override flex field must be enabled in Charge Services Pricing Tool (CSPrisingTool.exe). See the [Design and Configure Charge Services Bill Item Flags](#) Reference Page for more information.

---

## GENERAL

In the General section, you can set your default quick search results, your default patient perspective, and your default non-patient perspective.



---

## QUICK SEARCH

Complete the following steps to set your Quick Search preference:

1. From the Preferences window, click **General** in the panel on the left.

2. Select the option to be used as the default in the Quick Search field.

The screenshot shows a 'General' settings window. Under the 'Quick Search Default' section, a dropdown menu is open, displaying a list of search criteria: Name, MRN, Date of Birth, Encounter (highlighted in blue), Claim, Statement, Guarantor Name, Health Card Number, and Phone Number.

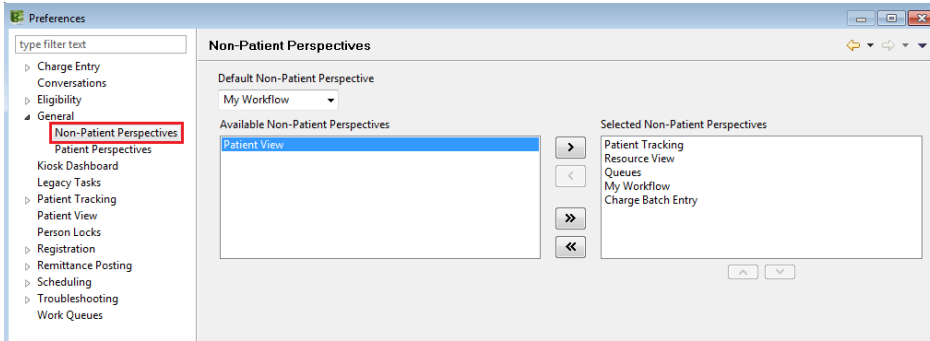
**NOTE: IF YOU SELECT A DIFFERENT SEARCH TYPE VALUE FROM THE SEARCH BY LIST ON THE TOOLBAR, THAT SELECTION TAKES PRECEDENCE OVER YOUR SELECTION HERE.**

3. Enter your facility in the Facility box if the default facility is not correct. This facility will be displayed automatically in Revenue Cycle as the patient's facility.
4. Select the country where your facility is located from the Country list.
5. Select the phone format you want to use from the Phone Format list. An example of the selection you make is displayed to the right of the list.
6. Click **Apply**.
7. Click **OK**.

The screenshot shows the 'General' settings window with several fields: 'Quick Search Default' (dropdown menu with 'Encounter' selected), 'Facility' (text input field with a search icon), 'Country' (dropdown menu), 'Phone Format' (dropdown menu with 'United States' selected), and an 'Example' text input field containing '(555)555-5555'. The 'Phone Format' dropdown menu is open, showing options: Default (highlighted in blue), FreeText, and United States.

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## NON-PATIENT PERSPECTIVE

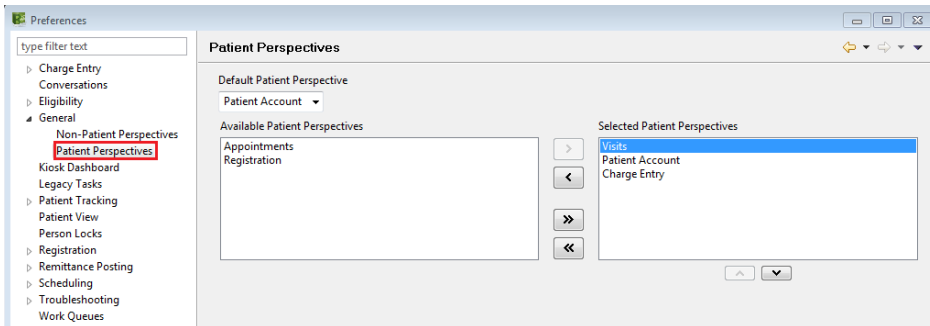


Complete the following steps to set your Non-Patient Perspective preference from the Preferences window:

1. Expand the General preferences on the left. These preferences determine what is displayed when you have not opened a particular patient record.
2. Select **Non-Patient Perspective**.
3. From the Default Non-Patient Perspective list, select the perspective you want displayed when you open Revenue Cycle.
4. Move the non-patient perspectives you want to be available from the Available box to the Selected box. If you want all the perspectives, click the **double arrow**. Use the Up and Down arrows to place the perspectives in the order you want. Your selections are displayed as buttons on the left side of the framework in the order you designate.
5. Click **Apply**.
6. Click **OK**.

---

## PATIENT PERSPECTIVE



Complete the following steps to set your Patient Perspective preference from the Preferences window:

1. Select **Patient Perspectives**. Preference is set. These preferences determine what is displayed when you open a patient record.
2. From the Default Patient Perspective list, select the perspective you want displayed when you open a patient record.

**NOTE: IF YOU SELECT A DIFFERENT PERSPECTIVE FROM THE SEARCH BY LIST ON THE TOOLBAR, THAT SELECTION TAKES PRECEDENCE OVER YOUR SELECTION HERE.**

3. Move the patient perspectives you want to be available from the Available box to the Selected box. If you want all the perspectives, click the **double arrow**. Use the Up and Down arrows to place the perspectives in the order you want. Your selections are displayed as buttons at the top of the application in the order you designate.
4. click **Apply**.
5. Click **OK** if done setting preferences. Click **Cancel** to do nothing and close window.

## MY WORKFLOW

The **My Workflow** perspective is an overview of work that needs to be done by you or any direct reports. You can use this perspective to view work items, reports, charge batches, and remittances that have been assigned to you and any of your direct reports. This perspective is non-patient specific.

Status	Count	Amount	Percent of Total Count
Technical Denial	1	\$1.00	<1%
Discharged, Not Ready to Bill	12	\$594.31	9%
In House	21	\$3,448.81	16%
Pending Edit Claim	1	\$141.00	<1%
PreRegistration	3	\$2,688.89	2%
Care Management Denial Resolution	1	\$141.00	<1%
Good Standing Self Pay	2	\$32.97	1%
Past Due Self Pay	2	\$3.34	1%
Self Pay Credit Balance	5	(\$47.00)	3%
Discharged, Not Ready to Bill	45	\$1,853.80	35%
In House	24	\$5,866.73	18%
PreRegistration	3	\$10.00	2%
Unassigned State (Self Pay Follow Up)	1	\$3.00	<1%
Active General A/R	1	(\$4.00)	<1%
Demographic Modifications	1	\$0.00	<1%
Encounter Combines	1	\$3.00	<1%
Credential Follow-up	1	\$214.00	<1%
Returned Mail	1	\$9.90	<1%
Contract Variance	1	(\$141.00)	<1%
Unassigned Work Item	3	\$0.00	2%
<b>Totals:</b>	<b>130</b>	<b>\$14,819.75</b>	<b>100%</b>

The My Workflow perspective includes the following views:

- **Personnel:** The **Personnel** view displays users as defined in manager and supervisor relationships.
- **Reports:** The **Reports** view displays all reports assigned to the user in context.
- **Charge Batches:** The **Charge Batches** view displays charge batches for the user in context. Supervisors are able to view batches created by subordinates.



The following tasks are available in the **Charge Batches** view:

- Lock Charge Batch
- Remove Charge Batch
- Unlock Charge Batch

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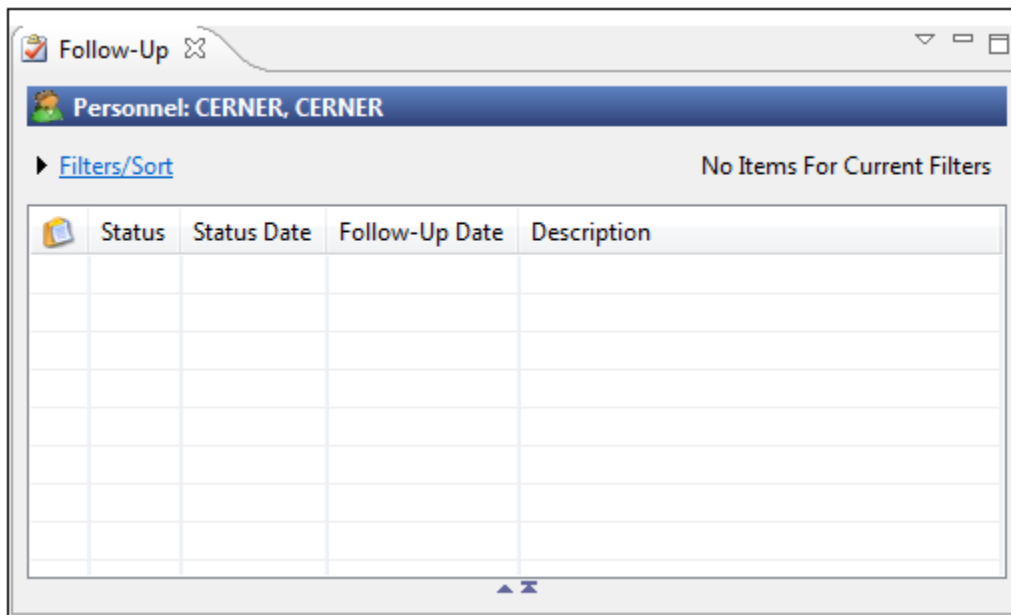
## FOLLOW-UP

---

### OVERVIEW

The **Follow-Up** view displays time sensitive items. The items displayed are encounters previously identified as requiring follow up or items referred to you by other users. The Status column identifies the queue where the encounter resides.

You can double-click an item from this view to put it into context for follow up. The only supported context for this view is Personnel. This view is available in the **My Workflow** perspective.



---

### LIST ATTRIBUTES

The default sort is by the follow-up date and time in ascending order. The following attributes are displayed in list view and the preview pane:

- **Type:** Entity type of the queue item.
- **Status:** Status of the queue item.
- **Status Date:** Date the item entered the queue with associated status.
- **Follow-Up Date:** Date set for follow up.
- **Description:** Varies depending on the accounts receivable (A/R) state. Client and General A/R states display the account name. Patient A/R states display the patient full name and encounter number. Transaction Batch states display the transaction batch description.

---

## TASKS

The following tasks are available from the **Follow-Up** view:

- **Apply Action Code**
- **Apply Comment:** The most recent comment added to a work item is also display in Discern Notify.
- **Manual Release**
- **Reassign**
- **Release with Follow-Up**

---

## FILTERS

The following filters and sort options are available in the **Follow-Up** view:

- **Sort**
  - **Follow-Up Date:** By default, items are sorted by follow-up date in ascending order. You can sort by descending order when appropriate.
  - **Status Date:** You can sort by status date in ascending or descending order.
- **Filter**
  - **Status Date:** You can filter by status date and date range.
  - **Type:** You can filter by types of referrals and released items.

---

## PERSONNEL

---


### OVERVIEW

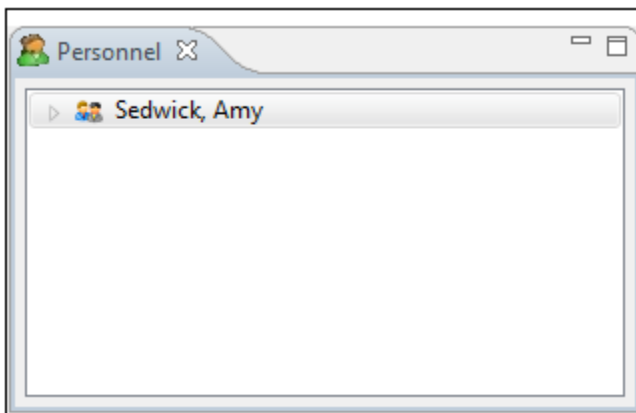
The **Personnel** view is in the My Workflow perspective. The only supported context for this view is Personnel.

---

### LIST ATTRIBUTES

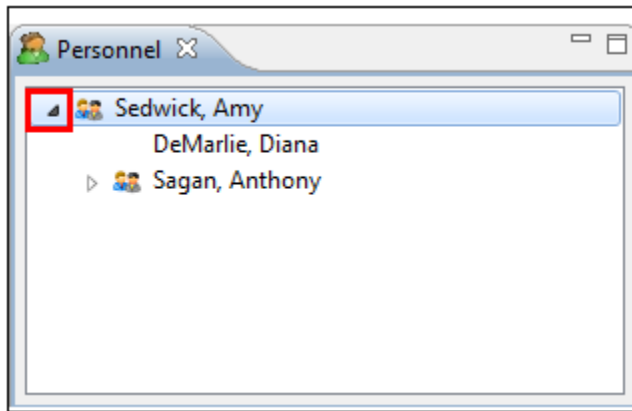
This view displays users as defined in manager and supervisor relationships. The default sort for is by the user who signed in, with

any subordinates listed beneath for the next reporting level, in alphabetic order. The manager icon  indicates whether the user has direct reports. Click the **arrow** for a list of subordinates.



Complete the following steps to view supervisor relationships:

1. In the My Workflow perspective, select the **Personnel** view.
2. Click the **arrow** next to the user's name. Subordinates for the supervisor are displayed.



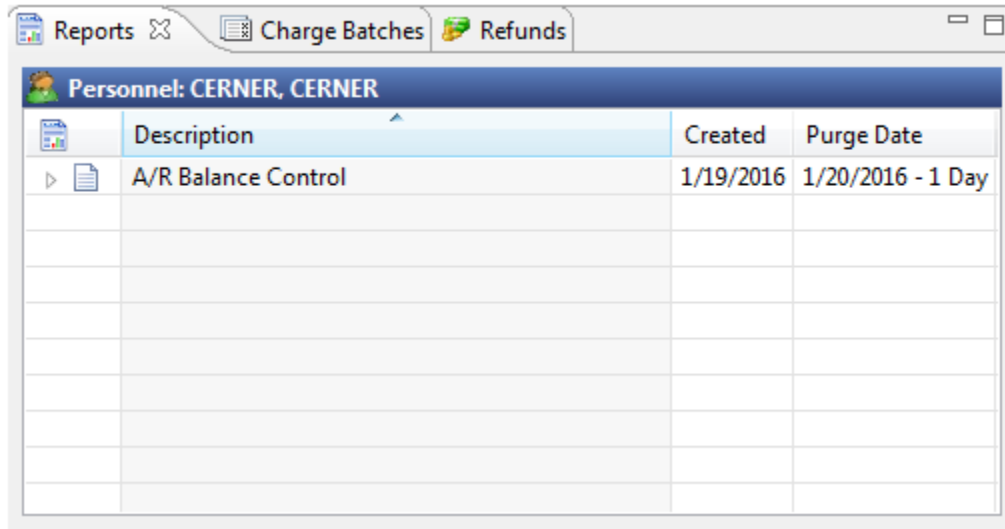
3. Double-click a subordinate's name. The perspective displays workflow information for that subordinate.

Status	Count	Amount	Percent of Total Count
At Risk Claim	1	\$118.80	<1%
Discharged, Not Ready to Bill	49	\$2,516,781.38	22%
In House	44	\$15,522,331.35	19%
PreRegistration	2	\$1,720.05	<1%
Ready to Bill	5	\$8,965.04	2%
Discharged, Not Ready to Bill	72	\$849,368.80	32%
In House	33	\$10,555,454.18	15%
PreRegistration	2	\$2,020.92	<1%
In Collections	1	\$0.00	<1%
Demographic Modifications	4	\$8.71	1%
Coding Updates	1	\$5,200.28	<1%
Encounter Combines	2	\$61.36	<1%
Referral	1	\$5,200.28	<1%
Self Pay Good Standing	1	\$747.00	<1%
Validate Charge Review	2	\$642.00	<1%
Late Charge Review	5	\$295,792.05	2%
Transaction Batch in Error	2	(\$200.00)	<1%
<b>Totals:</b>	<b>227</b>	<b>\$29,764,212.20</b>	<b>100%</b>

---

## OVERVIEW

The **Reports** view displays all reports assigned to the user. Older instances are grouped beneath the most current version of the report. By default, the current instances of all assigned reports are displayed in alphabetic order.



Description	Created	Purge Date
A/R Balance Control	1/19/2016	1/20/2016 - 1 Day

---

## LIST ATTRIBUTES

The following attributes are displayed in the **Reports** view:

- Report Format Indicator: ASCII, Excel, and PDF
- Description
- Created
- Purge Date

---

## TASKS

The View Report task is available from the **Reports** view.

---

## WORKFLOW

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### OVERVIEW

The **Workflow** view within the My Workflow Perspective displays a personnel's assigned work. The view displays the name of each queue, count of encounters, dollar amount, and the percent of total count. Work queues are updated nightly.

---

### SUMMARY ATTRIBUTES

The following attributes are displayed in the **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.

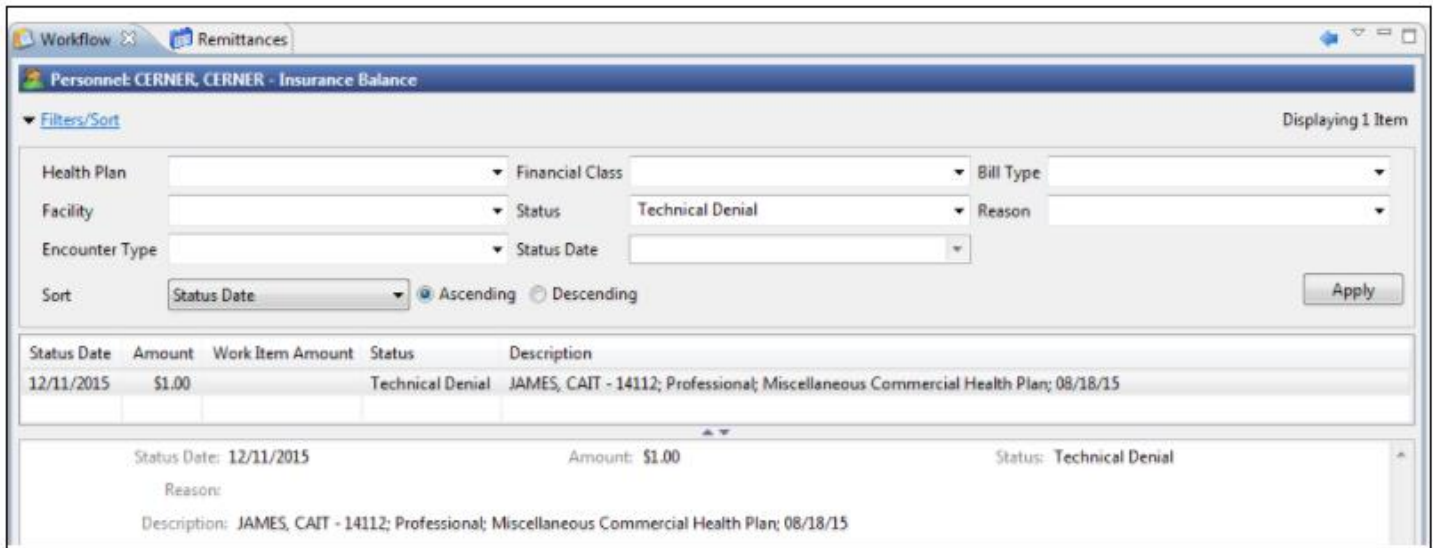
Status	Count	Amount	Percent of Total Count
Technical Denial	1	\$1.00	<1%
Discharged, Not Ready to Bill	12	\$590.31	9%
In House	20	\$3,308.81	16%
Pending Edit Claim	1	\$141.00	<1%
PreRegistration	3	\$2,688.89	2%
Care Management Denial Resolution	1	\$141.00	<1%
Good Standing Self Pay	2	\$32.97	1%
Past Due Self Pay	2	\$3.34	1%
Self Pay Credit Balance	5	(\$47.00)	4%
Discharged, Not Ready to Bill	40	\$1,848.80	32%
In House	24	\$5,516.73	19%
PreRegistration	3	\$10.00	2%
Unassigned State (Self Pay Follow Up)	1	\$3.00	<1%
Active General A/R	1	(\$4.00)	<1%
Demographic Modifications	1	\$0.00	<1%
Encounter Combines	1	\$3.00	<1%
Credential Follow-up	1	\$214.00	<1%
Returned Mail	1	\$9.90	<1%
Contract Variance	1	(\$141.00)	<1%
Unassigned Work Item	3	\$0.00	2%
<b>Totals:</b>	<b>124</b>	<b>\$14,320.75</b>	<b>100%</b>

## DETAIL LIST ATTRIBUTES

The Detail List is populated with items associated with the workflow summary selected. The default sort is status date in ascending order. The following attributes are displayed:

- **Status Date**
- **Amount**
- **Status**
- **Description:** Varies pending the A/R state. Client and General A/R states display the Account Name. Patient A/R states display Patient Full Name and Encounter Number. Transaction Batch states display the Transaction Batch Description.
- **Reason:** For Work Items, the Work Item alias is displayed. For other queues: It is the actual workflow reason. Currently there are only few queues using the Reason attribute. For example, the Demographics Modification queue shows a reason (Suspended pay charges, Lock error, and so on). Also, the Discharge Not Ready to Bill queue is using reason as well (not a default attribute).
- **Issue:** For Work Items only. The Work Item name and the Work Item alias is displayed (not a default attribute).
- **Responsible:** For Work Items only. The assigned Resolver for the Work Item is displayed (not a default attribute).
- **Responsible Type:** For work items only. The Resolver Type will be displayed. When it is a department, Personnel are displayed since the work item is actually in someone's work queue (only displayed in the preview pane).
- **Reviewing:** For work items only. The assigned Reviewer for the Work Item is displayed (not a default attribute).
- **Related Encounter Financial Number (FIN):** When a billing combine work item is identified, the Related FIN field is populated with the related encounter's financial number. When a Billing Combine Work Item in the assessment state is approved, the corresponding Work Item also displays the related encounter's financial number. When a Billing Combine Work Item in the assessment state is denied, the corresponding work item also displays the related encounter's financial number.

**NOTE: THE RELATED ENCOUNTER'S FIN IS DISPLAYED IN THE WORK ITEM DETAILS (PATIENT ACCOUNT PERSPECTIVE AND MY WORKFLOW PERSPECTIVE) FOR BILLING COMBINE WORK ITEMS. THE RELATED FIN FIELD IS DISPLAYED IN DISCERN NOTIFY FOR BILLING COMBINE WORK ITEMS.**



The preview pane is accessed by clicking the arrows at the bottom of the view window. The preview pane displays all available attributes.

## TASKS

The following tasks are available in the **Workflow Detail** view:

- **Apply Action Code**
- **Apply Comment:** The most recent comment applied to a work item will also display in Discern Notify.
- **Manual Release**
- **Open FirstNet:** The system will launch the application in the context of the encounter associated with the work item.
- **Open PowerChart:** The system will launch the application in the context of the encounter associated with the work item.
- **Open SurgiNet:** The system will launch the application in the context of the encounter associated with the work item.
- **Reassign**
- **Registration Conversation:** The system will launch the application in the context of the encounter associated with the work item. The task menu may display as many as two conversations.
- **Release with Follow-Up**
- **Identify Work Item**

The following tasks are available in the **Workflow** view at the summary level:

- **Redistribute**
- **Redistribute All**

## INSURANCE BALANCE

- **Sort:** Status Date, Begin Date and Amount (Ascending and Descending)

- **Health Plan**
- **Facility**
- **Encounter Type**
- **Financial Class**
- **Status**
- **Status Date**
- **Bill Type**
- **Attending Provider**
- **Reason:** The list of workflow reasons will be insurance workflow reasons for the list of balances that currently reside in the users work queues. If greater than 50 items exist when filtering by workflow reason, only 50 items will be displayed.
- **Encounter Date**
- **Patient Last Name**

---

## SELF-PAY BALANCE

- **Sort:** Status Date and Amount (Ascending and Descending)
- **Health Plan:** The system allows a user to filter by health plan within a Self-Pay work queue so they can view items based upon their assigned Self-Pay health plan. The list of health plans will be Self-Pay health plans for the list of encounters that currently reside in the users Self-Pay work queues. The filter can be applied in conjunction with any other list of filters in the Self-Pay queue view. If greater than 50 items exist when filtering by health plan, only 50 items will be displayed.
- **Facility**
- **Encounter Type**
- **Primary Financial Class**
- **Status**
- **Status Date**
- **Statement Cycle**
- **Attending Provider**
- **Reason:** The list of workflow reasons will be Self-Pay workflow reasons for the list of Self-Pay balances that currently reside in the users work queues. If greater than 50 items exist when filtering by workflow reason, only 50 items will be displayed.
- **Encounter Date**
- **Patient Last Name**

---

## ENCOUNTER

- **Sort:** Status Date and Amount (Ascending and Descending)
- **Facility**
- **Encounter Type**
- **Financial Class**
- **Status**
- **Status Date**
- **Attending Provider**
- **Reason:** The list of workflow reasons will be encounter workflow reasons for the list of encounters that currently reside in the users work queues. If greater than 50 items exist when filtering by workflow reason, only 50 items will be displayed.
  - **Amount Range**
  - **Length of Stay:** Provides the ability to filter the "Ready to Bill encounter queue to identify encounters base on their length stay. Length of stay is determined as the differences between the discharge date and the admit date. When no admit date, length of stay is determined as the differences between the discharge date and the registration date. Numbers can be manually entered.

- **Encounter Date**
- **Patient Last Name**

---

## CLAIM

- **Sort:** Status Date and Amount (Ascending and Descending)
- **Health Plan**
- **Facility**
- **Status Date**
- **Financial Class**
- **Status**
- **Payment Amount**
- **Bill Type**
- **Encounter Type**
- **Attending Provider**
- **Encounter Date**
- **Claim Sequence**
- **Patient Last Name**

**NOTE: YOU CAN FILTER EDIT FAILURE WORKFLOW QUEUE ITEMS BY CATEGORY GROUP, CATEGORY, SEVERITY, AND EDIT FAILURE ALIAS.**

**THE UP AND DOWN ARROWS IN THE FINANCIAL PERSPECTIVES HONOR THE WORKFLOW SORT AND FILTER CRITERIA, ALLOWING YOU TO MOVE THROUGH YOUR ASSIGNED WORK WITHOUT HAVING TO RETURN TO THE WORKFLOW VIEW.**

## PATIENT (PERSON) SEARCH

### SEARCH

One of the critical pieces to account review is knowing how to find the right patient and the right encounter to look at. There are multiple ways to start a patient search and select an encounter, and all methods result in the same outcome.

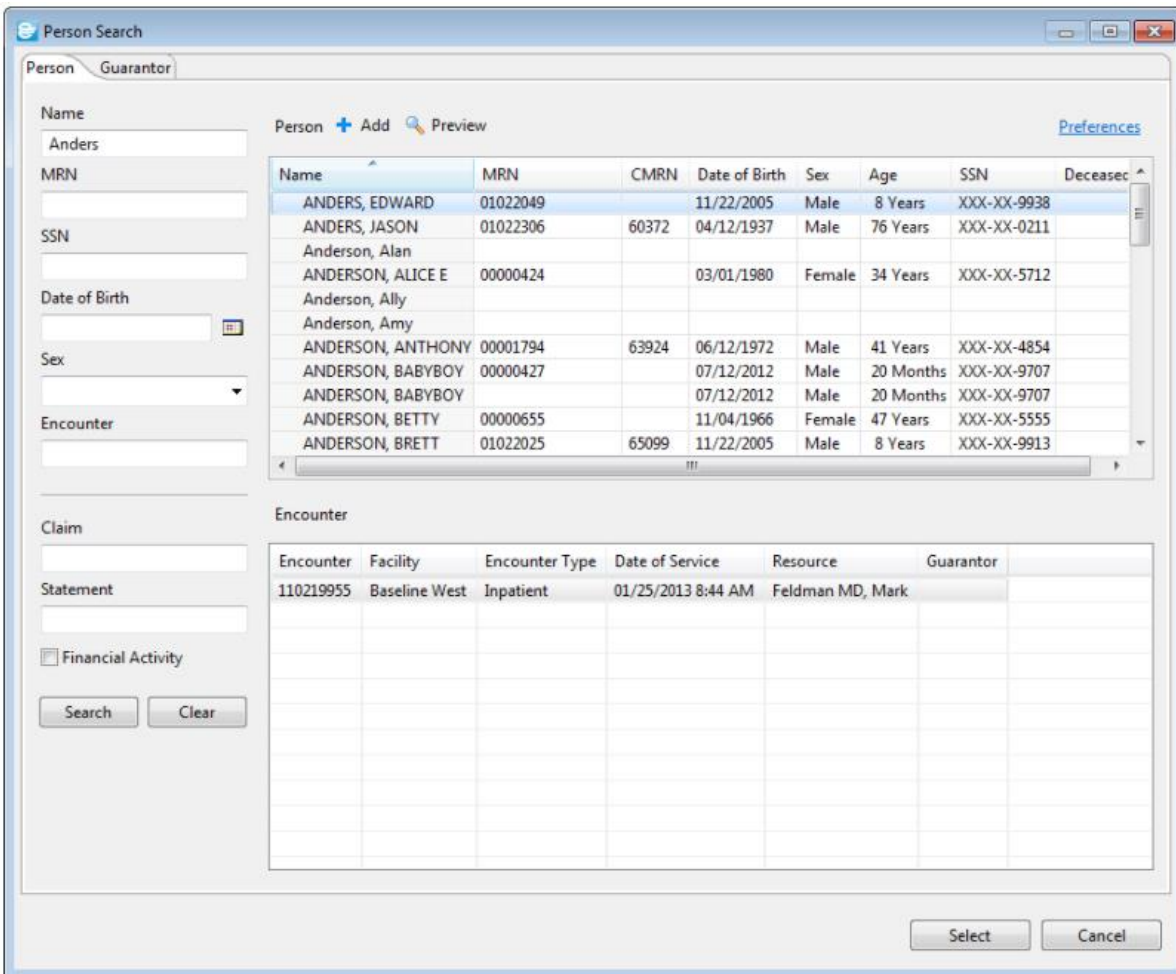
To search for a patient and select an encounter, use any of the following starting points:

- [Quick Search](#)
- [Standard Person Search](#)
- [Open Person Record from the File Menu](#)

QUICK SEARCH AND DESTINATION PERSPECTIVE



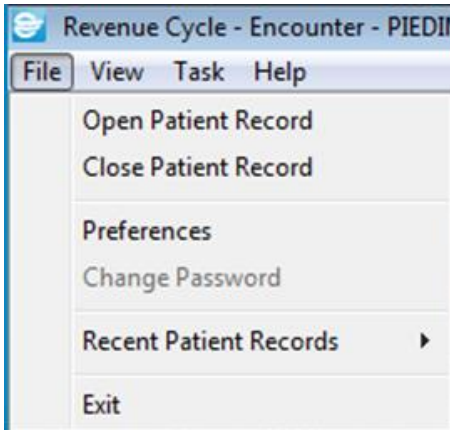
STANDARD PERSON SEARCH



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## OPEN PATIENT RECORD FROM THE FILE MENU

You can open patient records by selecting **Open Patient Record** from the File menu. The open patient record launches the standard person search, explained in the previous section.

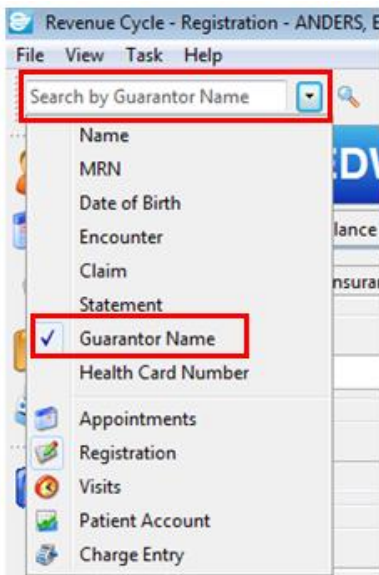


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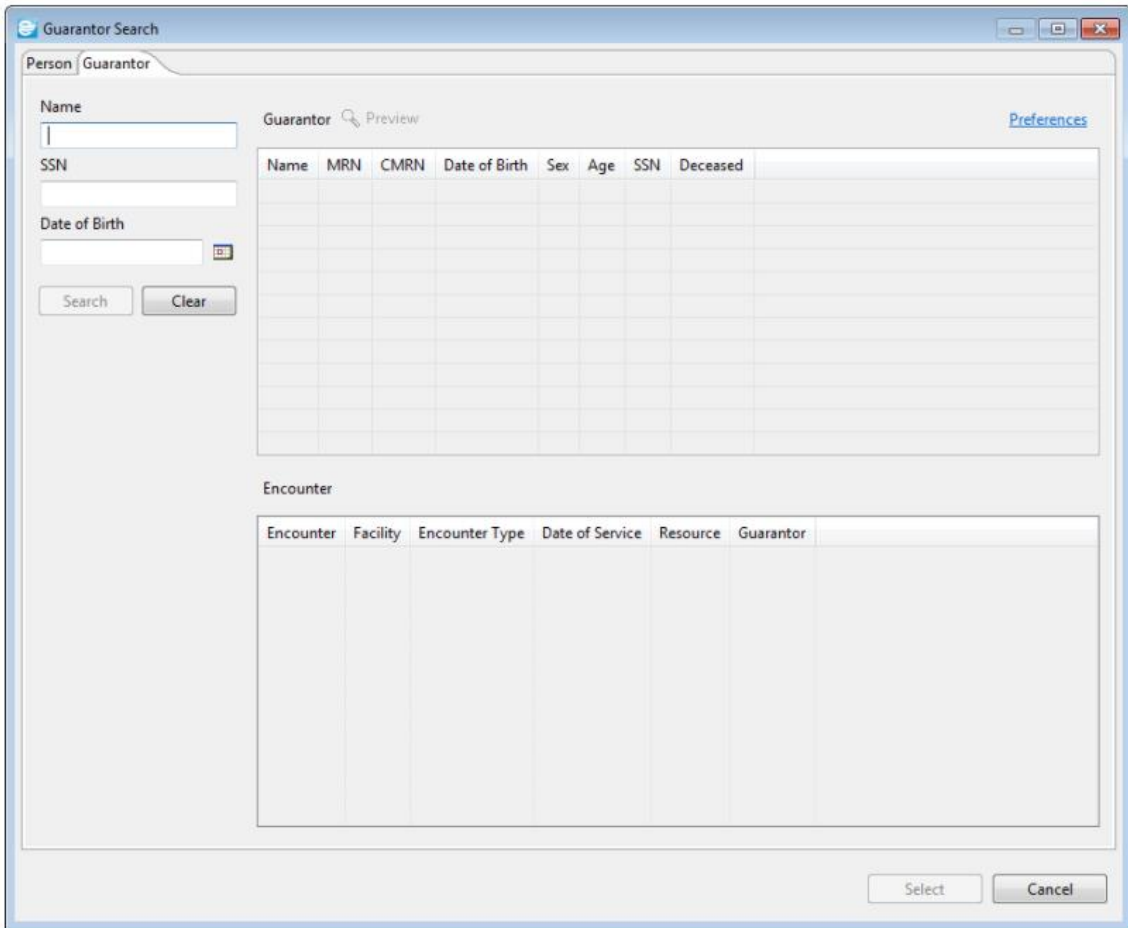
## GUARANTOR SEARCH

The guarantor search is accessed by selecting it from Quick Search or clicking the **Guarantor** tab in the person search. In Guarantor Search, you can search by the following options: Name, Social Security Number (SSN), and Date of Birth. Also available to use as filters are: Claim, CMRN, Fin Nbr, Gender, MRN, and Statement number.

### Quick Search




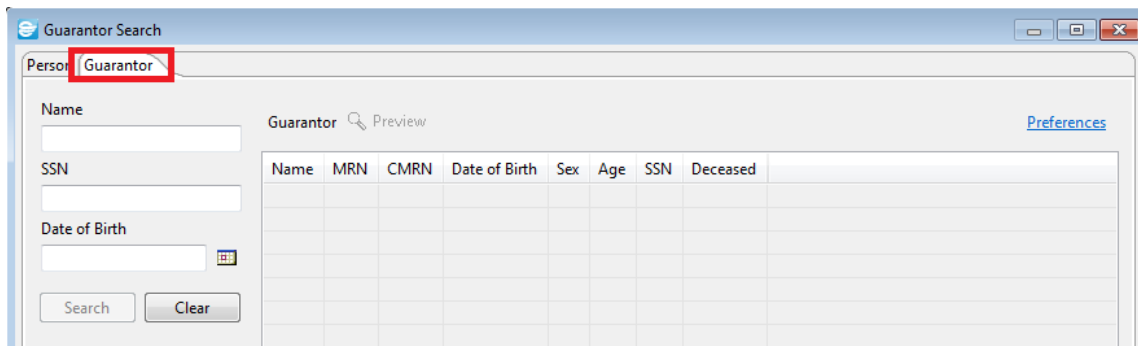
### Guarantor Tab in the Person Search



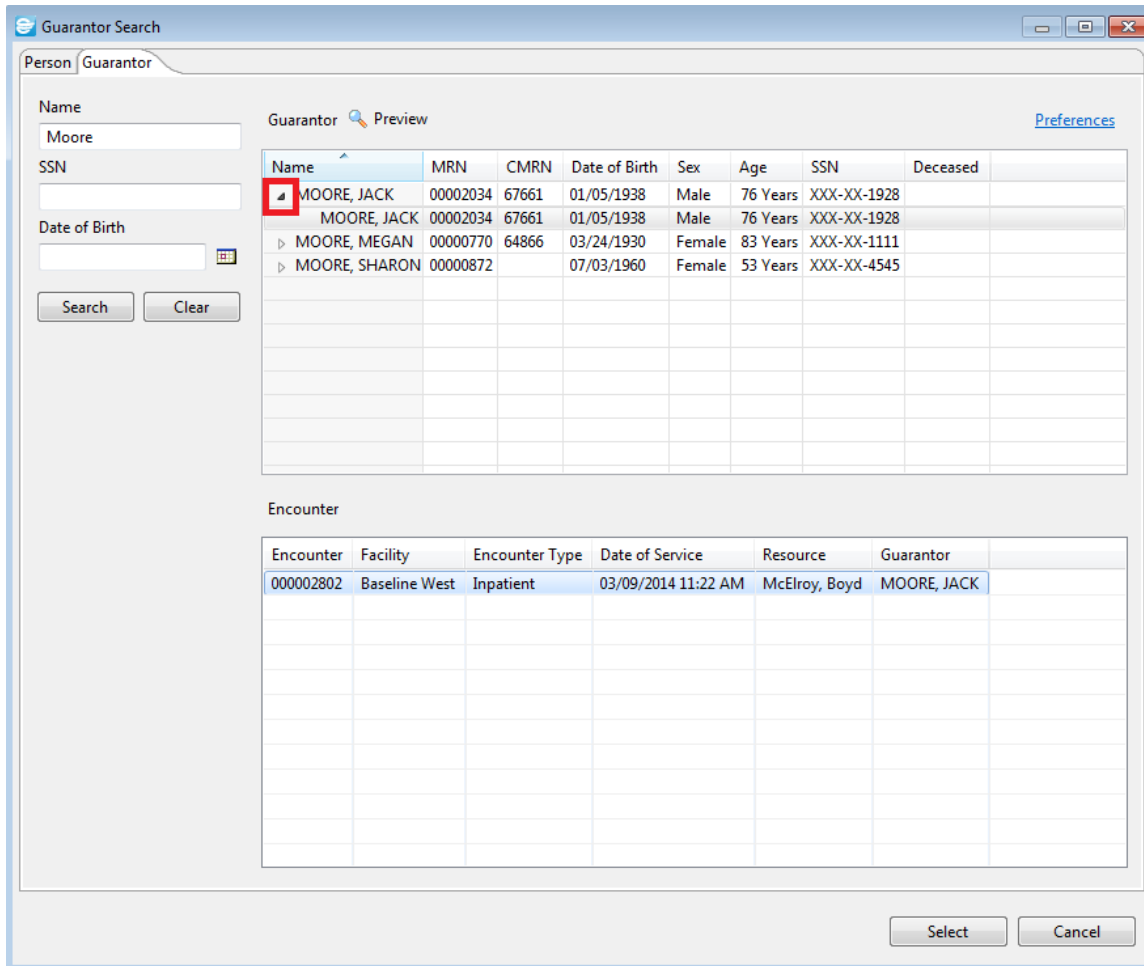
The bottom section of the screen displays the clinical encounters for each patient. If you are accessing certain functionality in the system driven by encounter, selecting an encounter takes you directly to that encounter. For example, the Encounter perspective and Patient Account perspective use the encounter number selected and if you selected an encounter from the search, the perspective displays the encounter information when opened. If you are accessing Registration or Scheduling, selecting the encounter has no impact.

Complete the following steps to perform a guarantor search:

1. Click **Search**  icon on the toolbar. The Person Search window is displayed.
2. Click the **Guarantor** tab.



3. Enter the search criteria and click **Search**. The search results are displayed.
  - o You can search by the following options: Name, Social Security Number (SSN), and Date of Birth.
4. Expand the Guarantor to view all persons who the guarantor has a person/guarantor relationship with.



5. Select a guarantor and encounter and click **Select**.

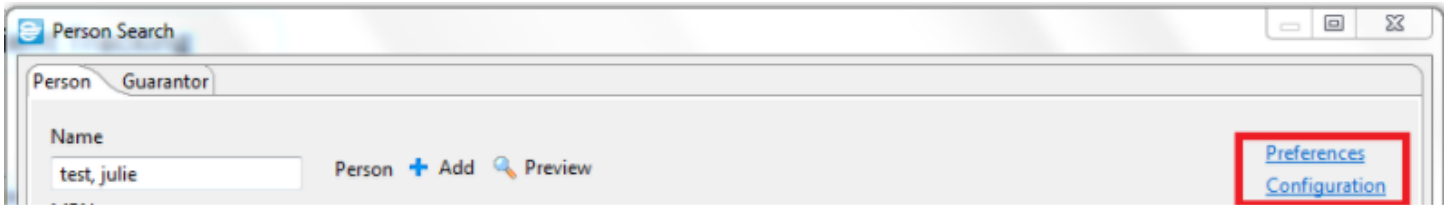
**NOTE: CLICK PREVIEW  AT THE TOP TO VIEW THE GUARANTOR'S NAME, DATE OF BIRTH, GENDER, SSN, MRN, AND CONTACT INFORMATION.**

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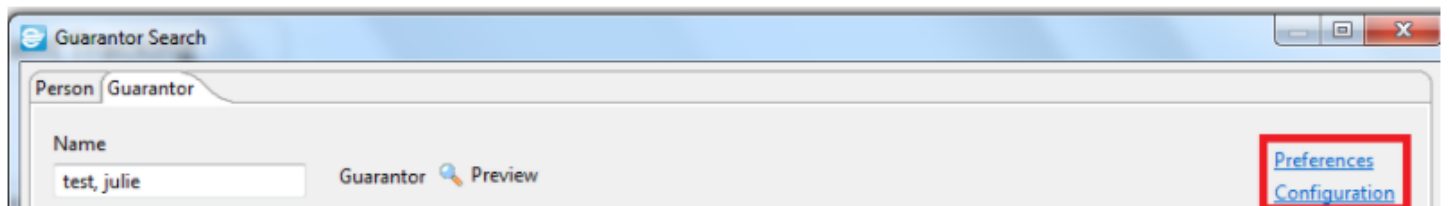
## SETTING SEARCH PREFERENCES

Preferences are set separately for the **Person** and **Guarantor** tabs. The Search Preferences dialog box is displayed based in the tab displayed when **Preferences** is selected.

### Person tab selected



### Guarantor tab selected



**NOTE: TASK ACCESS MUST BE GRANTED FOR TASK 130109 TO MODIFY SEARCH PREFERENCES.  
TO SET SYSTEM WIDE SEARCH PREFERENCES, CLICK THE CONFIGURATION LINK.**

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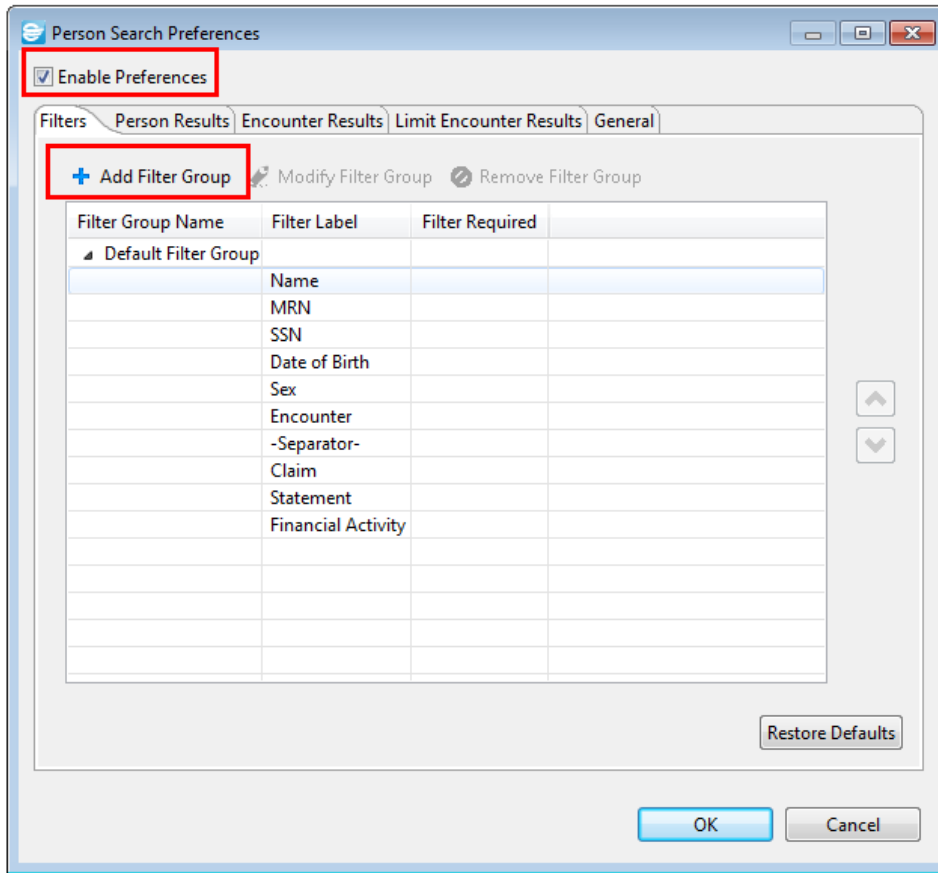
## ADDING FILTER GROUPS

Filter Groups provide the ability to configure Person Search to navigate you through predefined search criteria and reduce the chance of a duplicate person being added to the database.

Complete the following steps to add a new filter group:

1. Click **Preferences** in the Person Search dialog box.

2. Select **Enable Preferences**. The **Add Filter Group** button is enabled.

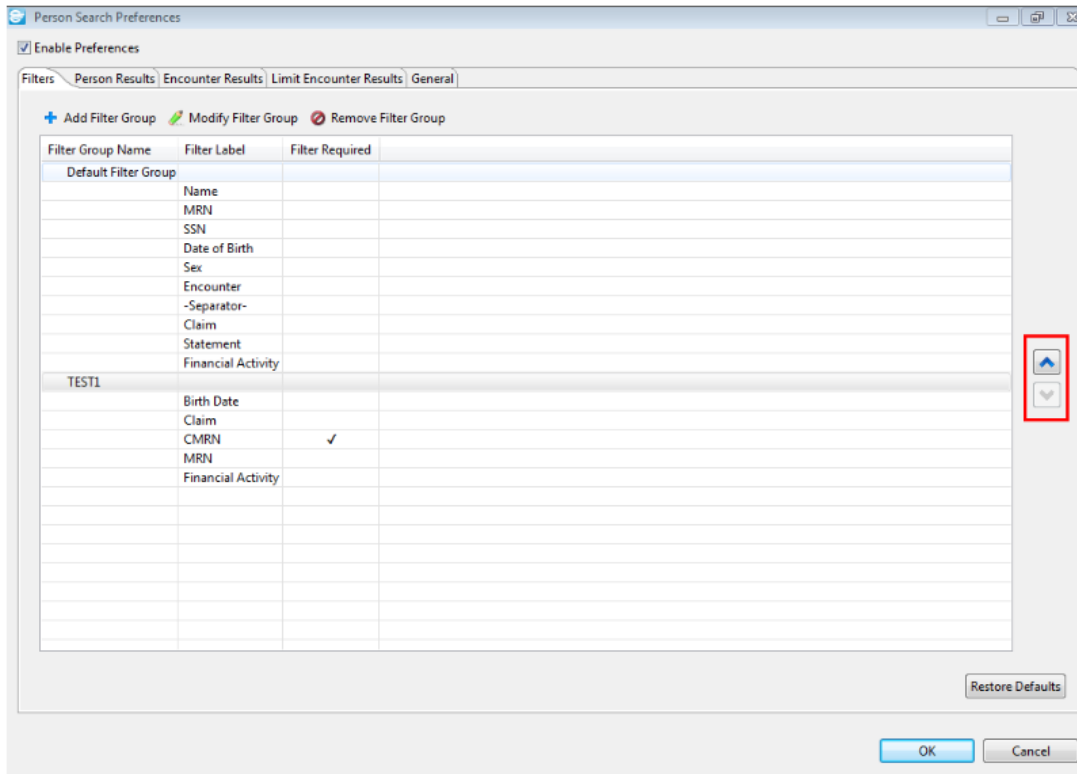


3. Click **+ Add Filter Group**. The Add Filter Group window is displayed.
4. Enter a Filter Group Name.
5. Move the desired Filters from Available to the Selected window and place in order by clicking the **arrows**.

6. Select a filter and the Required box if any filter is required.

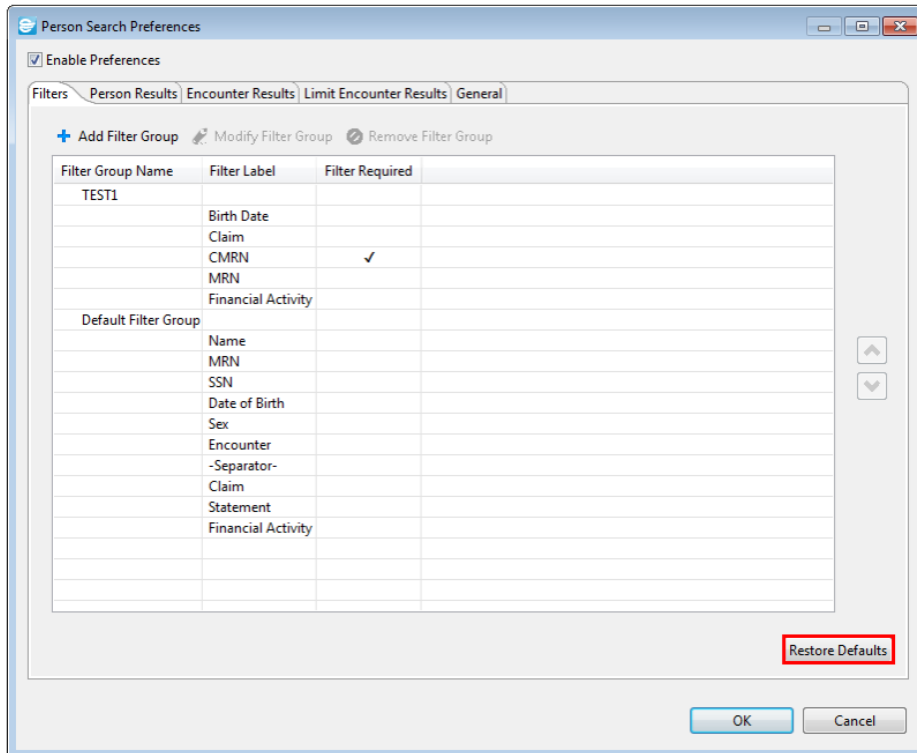
The screenshot shows the 'Add Filter Group' dialog box. The 'Filter Group Name' field is set to 'TEST1'. The 'Available Filters' list includes 'Fin Nbr', 'Health Card Number', 'Name', 'Sex', 'SSN', 'Statement', and '-Separator-'. The 'Selected Filters' list includes 'Birth Date', 'Claim', 'CMRN', 'MRN', and 'Financial Activity'. The 'Default Label' field is 'CMRN', and the 'New Label' field is also 'CMRN'. The 'Required' checkbox is checked. The 'OK' button is highlighted in blue.

7. Define the sequence order of the Filter Groups flow.



8. Click **Restore Defaults** to delete all preference level filter groups.

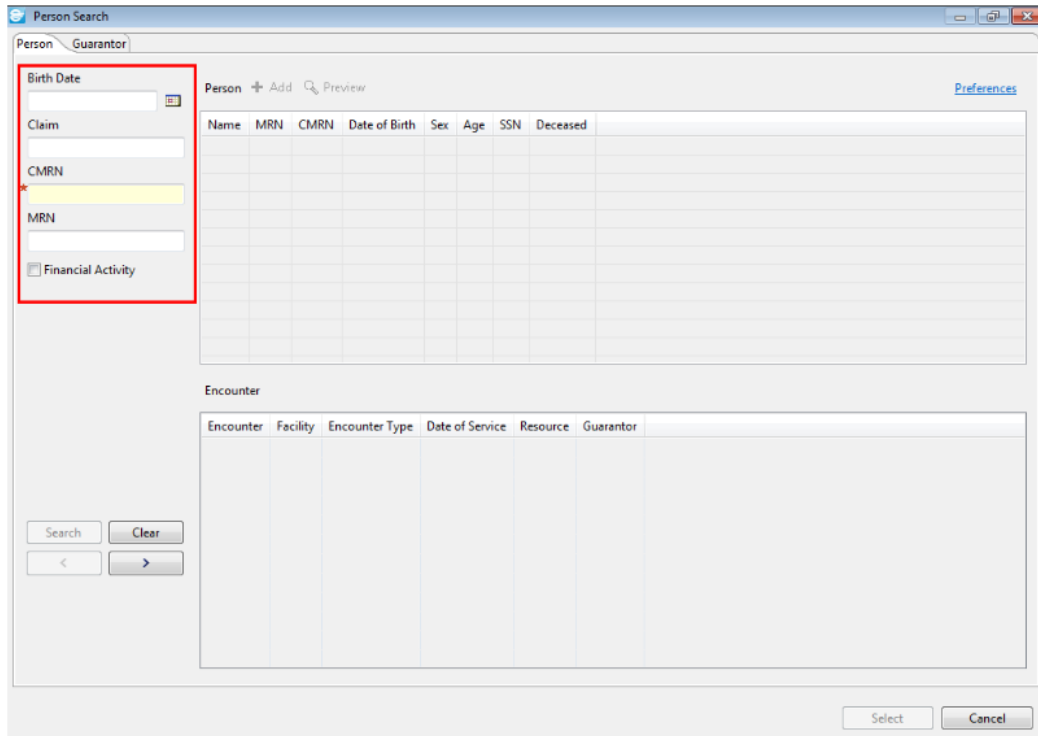
9. Click **OK** to save the new Filter Group.



## USING THE FILTER GROUPS

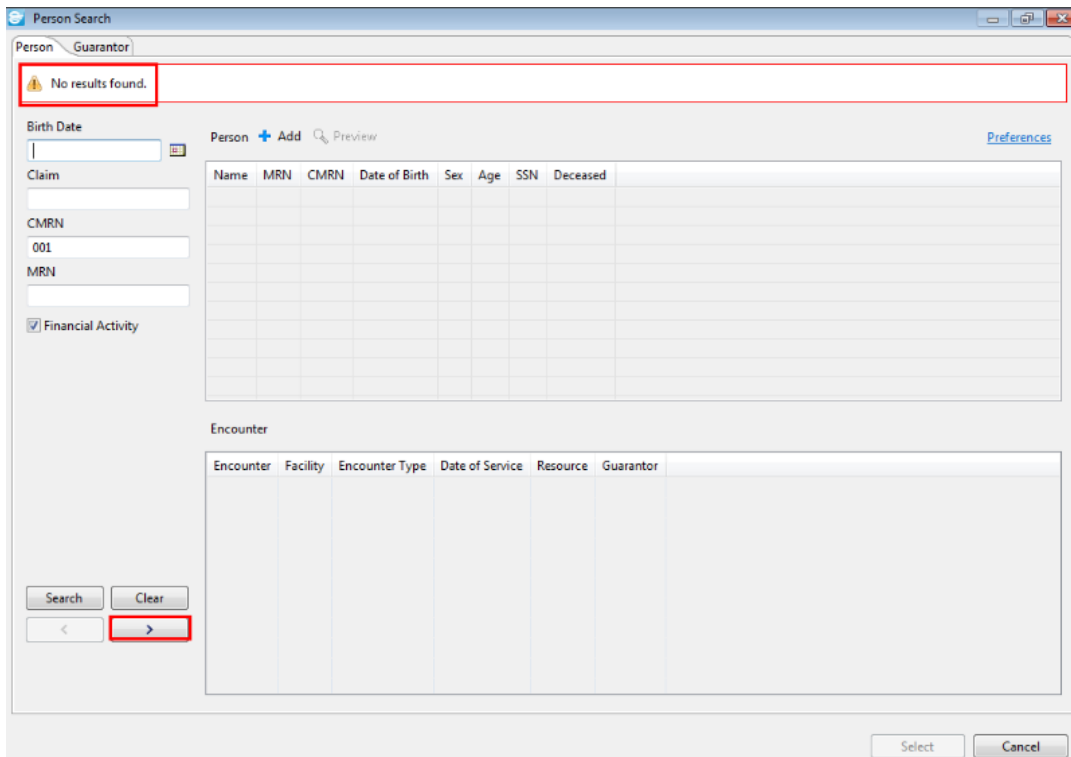
Complete the following steps to use the available Filter Groups:

1. Enter the required search fields for the Filter Group.



The screenshot shows the 'Person Search' window with the 'Person' tab selected. On the left, there are search filters: 'Birth Date', 'Claim', 'CMRN', 'MRN', and 'Financial Activity'. The 'CMRN' field is highlighted in yellow. Below the filters are 'Search' and 'Clear' buttons, and navigation arrows. The main area contains two tables: 'Person' and 'Encounter'. The 'Person' table has columns: Name, MRN, CMRN, Date of Birth, Sex, Age, SSN, Deceased. The 'Encounter' table has columns: Encounter, Facility, Encounter Type, Date of Service, Resource, Guarantor. At the bottom right are 'Select' and 'Cancel' buttons.

2. Click **Search**.
3. If no person is found or you do not have the available patient information for that Filter Group, click **Next** to advance to the next set of search filters.



The screenshot shows the 'Person Search' window after a search. A red box highlights a message at the top: 'No results found.' The search filters on the left are now filled: 'Birth Date' is empty, 'Claim' is empty, 'CMRN' is '001', and 'MRN' is empty. The 'Financial Activity' checkbox is checked. The 'Search' and 'Clear' buttons are visible. The 'Next' navigation arrow (a right-pointing chevron) is highlighted with a red box. The 'Person' and 'Encounter' tables are empty. At the bottom right are 'Select' and 'Cancel' buttons.

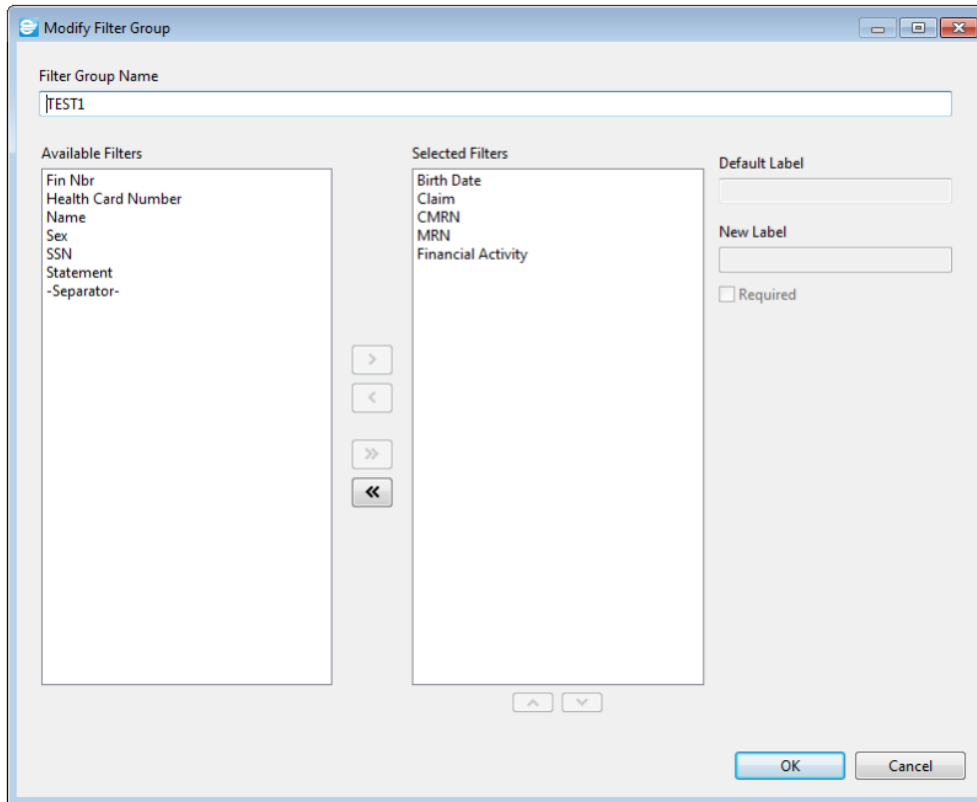
- Repeat the search until all filter groups are executed or the person is found in the database.

---

## MODIFYING A FILTER GROUP

Complete the following steps to open the Modify Filter Group window and modify preference level filter groups:

- Click . The Modify Filter Group window is displayed.




- Make necessary modifications.
- Click **OK** to save your changes.

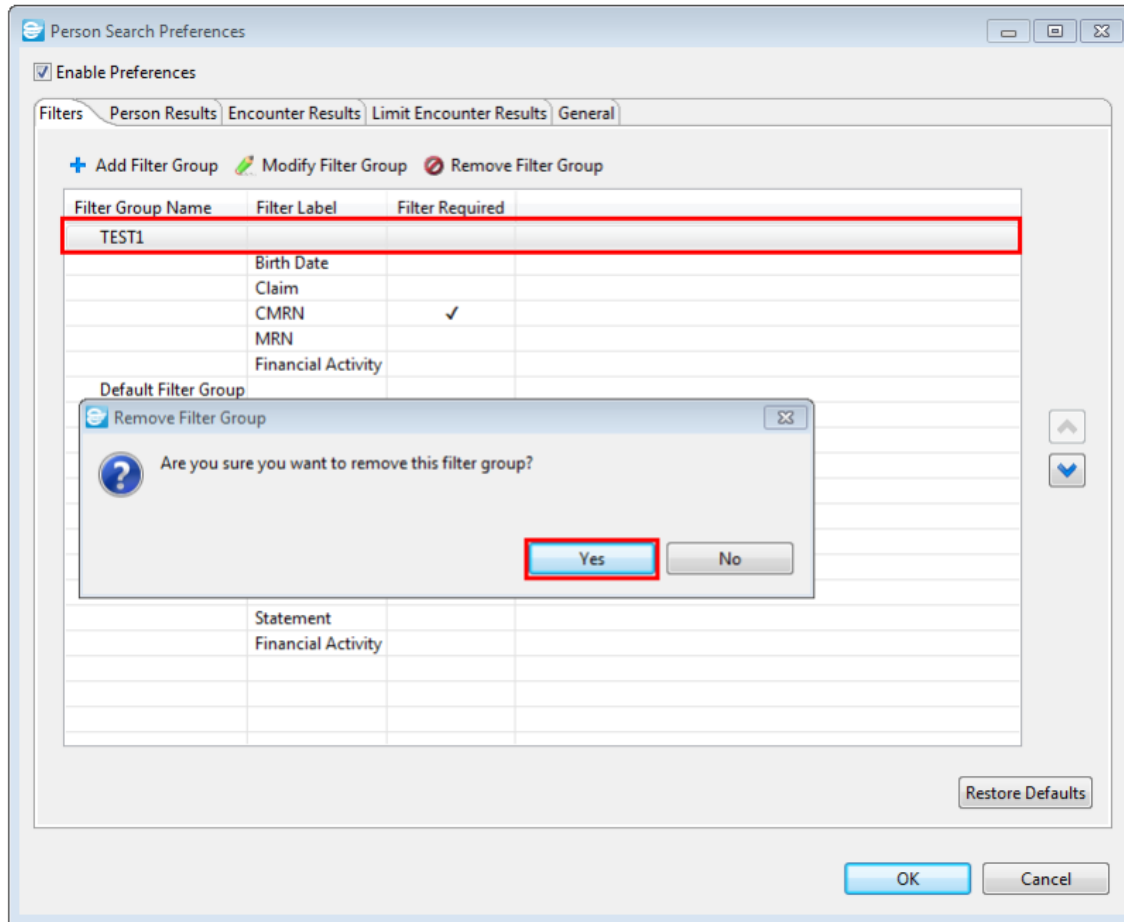
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## REMOVING A FILTER GROUP

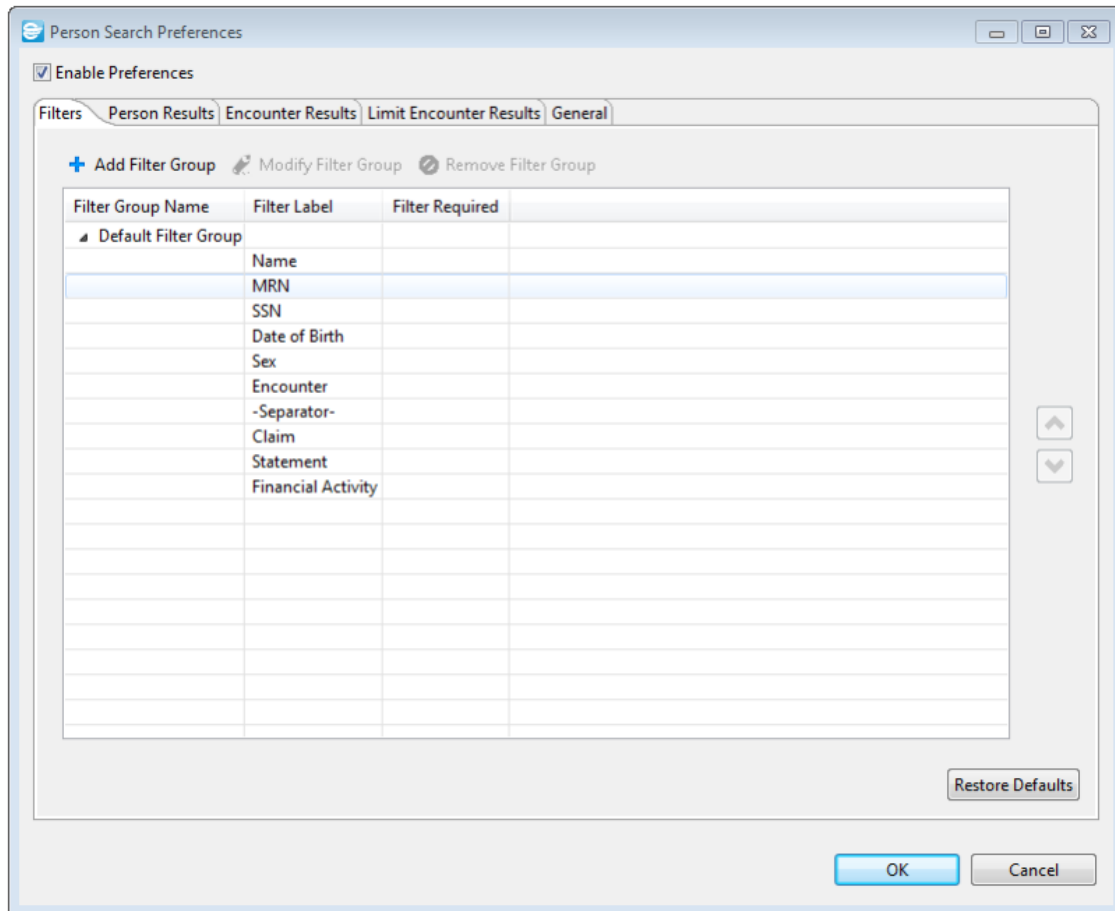
Complete the following steps to remove a Filter Group:

- Select the filter group to be removed.

2. Click . A message is displayed asking you to confirm the removal of the filter group.



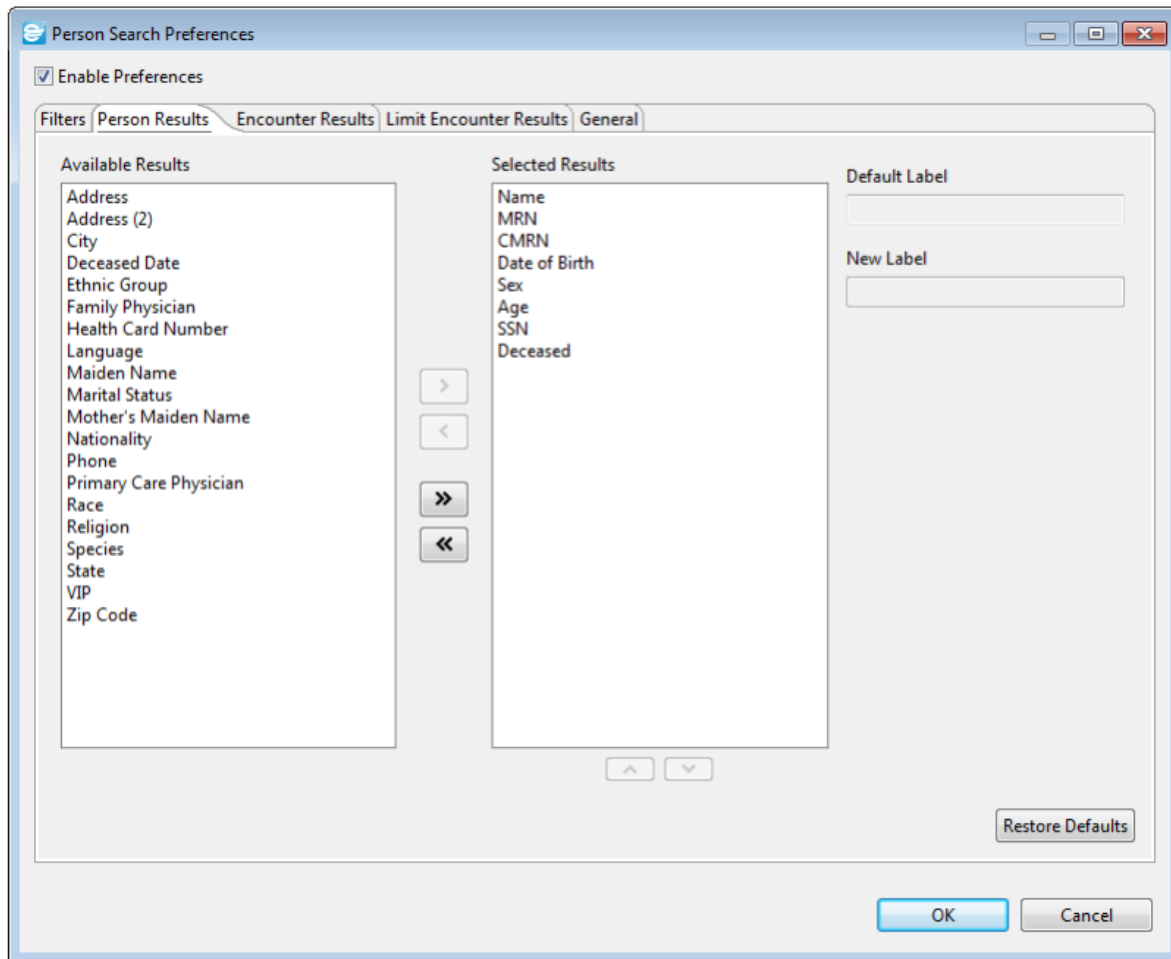
3. Click **Yes**. The Filter Group is removed.



## SETTING PERSON RESULTS

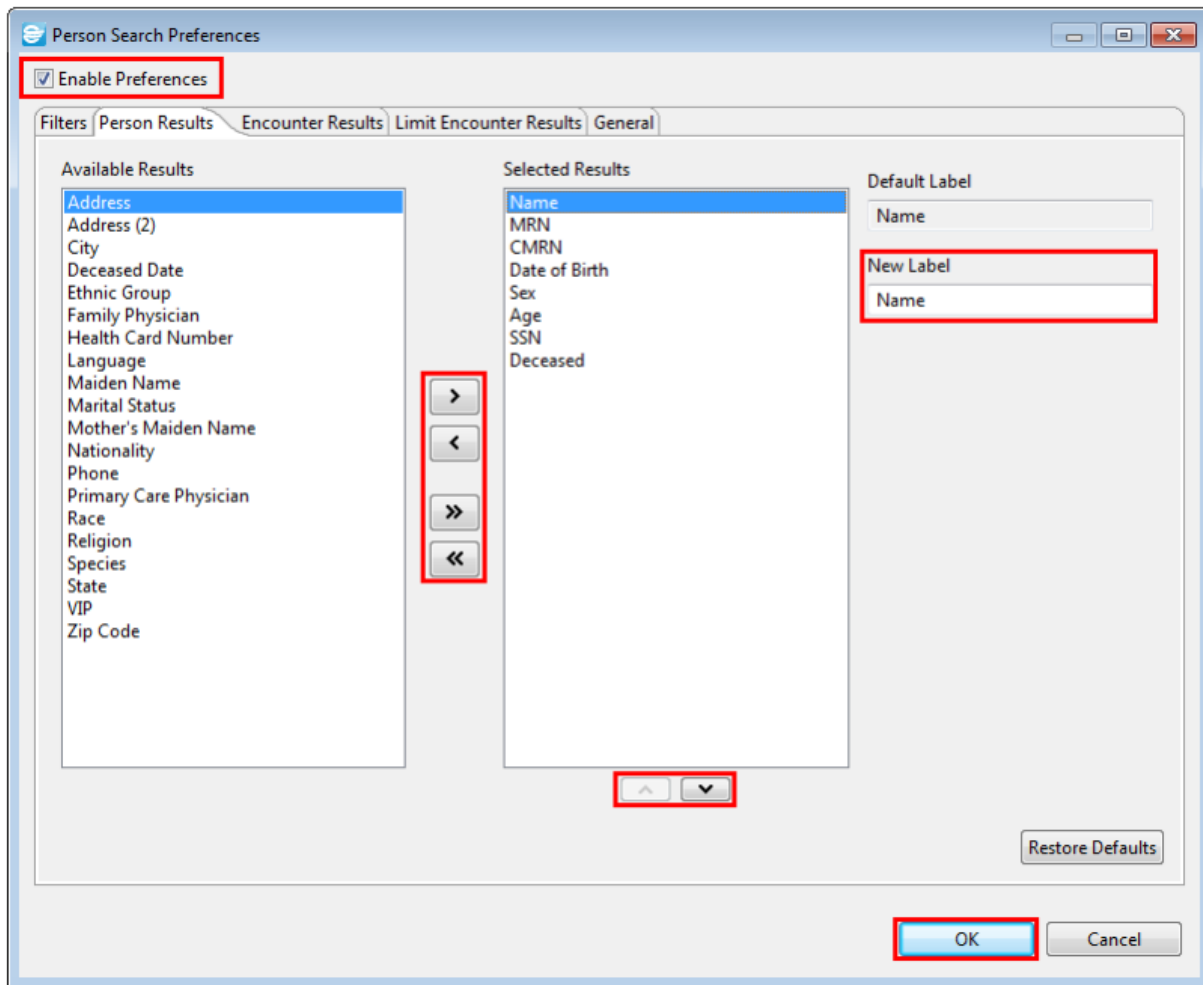
Complete the following steps to set preferences for person results:

1. Click the **Person Results** tab. The person results criteria are displayed.



2. Click the **arrows** to move the items you need displayed in the Person Results from Available to Selected.
3. Click the **double arrows** to move all items from one column to the other.
4. Click the **arrows** at the bottom of Selected Results to change the order in which the results are displayed.
5. If appropriate, give the item a new label in New Label on the right.

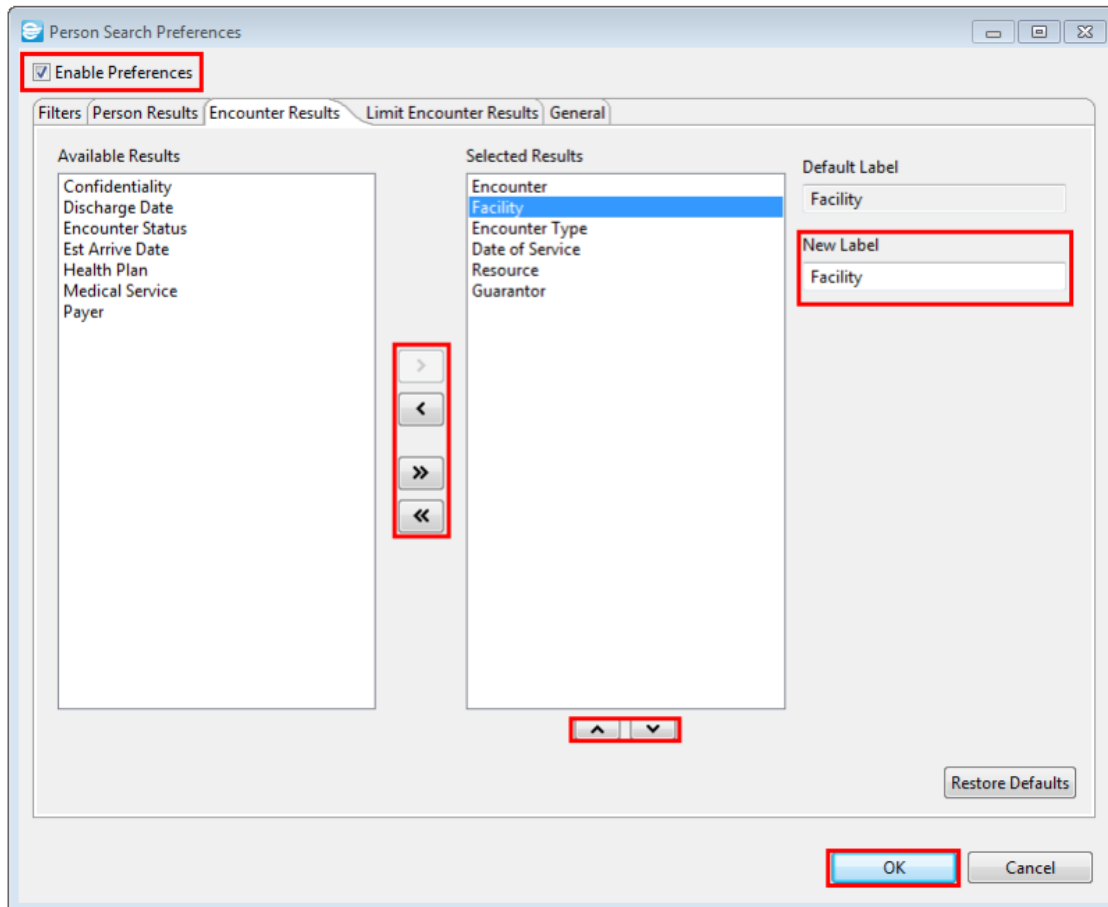
6. Click **OK** to save your preferences.



## SETTING ENCOUNTER RESULTS

Complete the following steps to set preferences for encounter results:

1. Click the **Encounter Results** tab. The encounter results criteria are displayed.
2. Click the **arrows** to move the items you need displayed in the Person Results from Available to Selected.
3. Click the **double arrows** to move all items from one column to the other.
4. Click the **arrows** at the bottom of Selected Results to change the order in which the results are displayed
5. If appropriate, give the item a new label in New Label on the right.
6. Click **OK** to save your preferences.

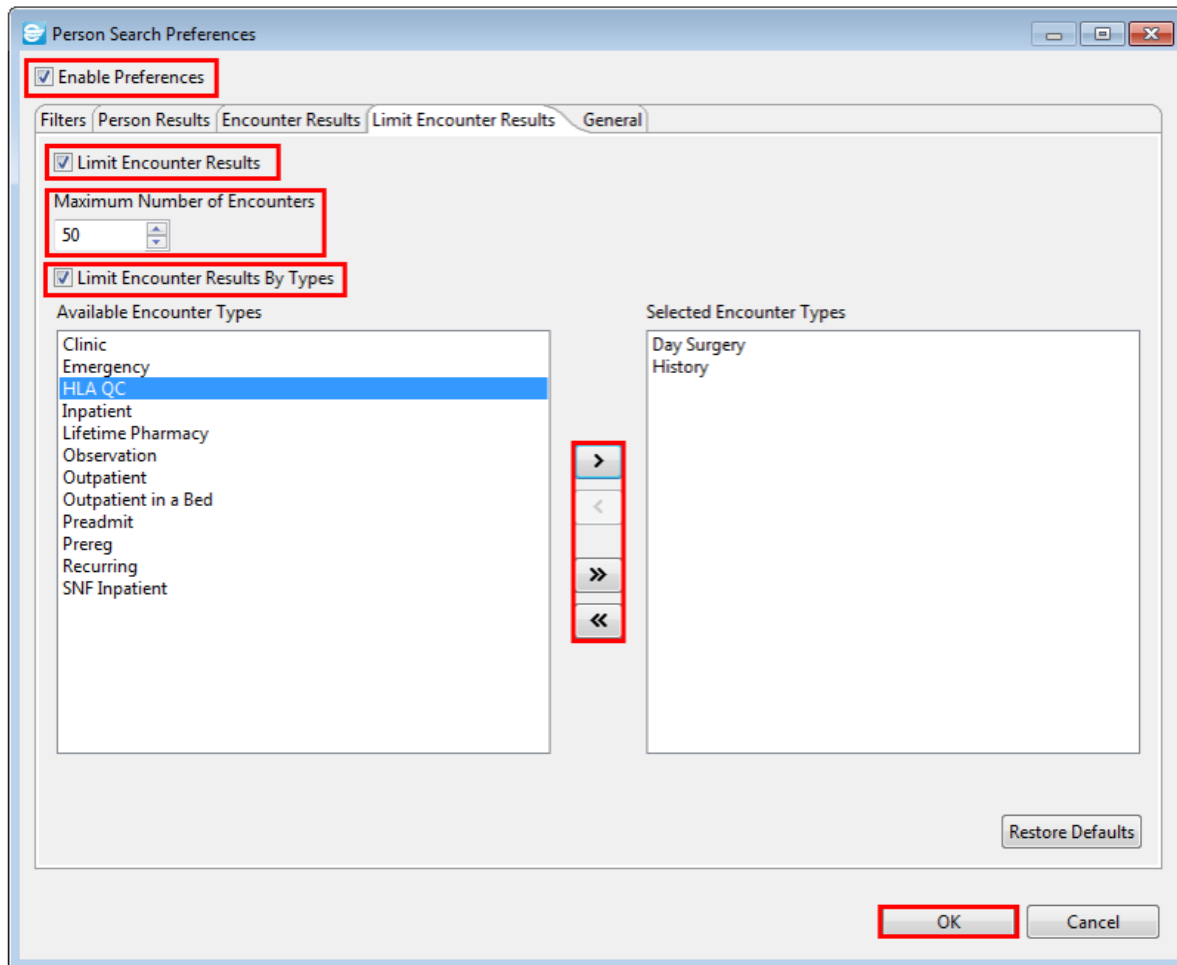


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## LIMITING ENCOUNTER RESULTS

Complete the following steps to set preferences for limiting encounter results:

1. Click the **Limit Encounter Results** tab. The limit encounter results criteria are displayed.
2. Select or deselect to limit the encounter results. If you select to limit results, select the limit in Maximum Number of Encounters.
3. To limit encounter results by types, select **Limit Encounter Results By Types**.
4. Click the **arrows** to move encounter types from Available to Selected.
5. Click the **double arrows** to move all items from one column to the other.



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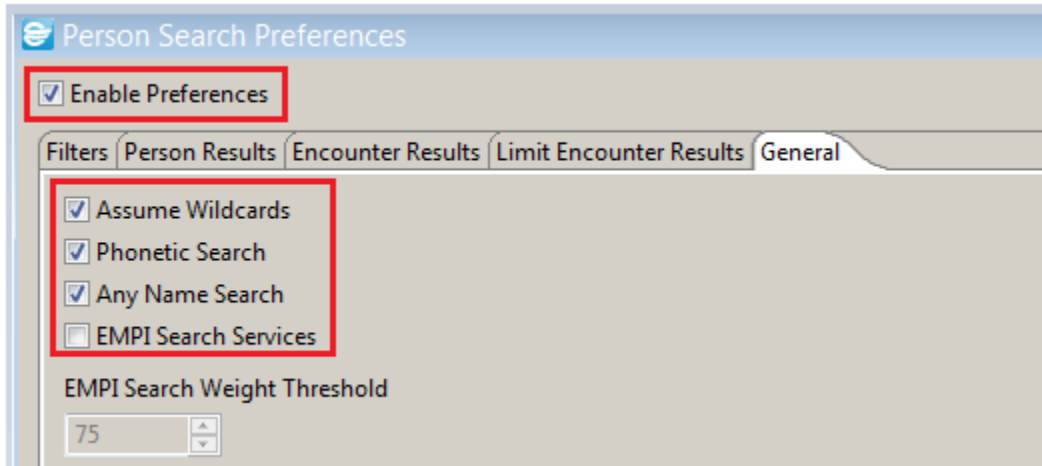
## SETTING THE GENERAL SETTINGS

Select or deselect to Assume Wildcards, to use Phonetic Search, or to use Any Name Search.

- **Assume Wildcards** allows a partial name search without having to enter an asterisk.
- **Phonetic Search** returns a name that sounds like the name entered in the search, such as Smyth and Smith.
- **Any Name Search** allows the system to search for alternate names such as maiden or previous name.
- **EMPI Search Services** option allows you to configure a match threshold called EMPI Search Weight Threshold. The default threshold is 75 on a scale of 100. Any name match with a weight threshold greater than or equal to 75, in this example,

would display in the search results. A match percentage then displays in the Match Weight column. The Match Weight column is available on the Person and Guarantor search.

In order to perform the most robust search and minimize the chance of creating duplicate persons, select Assume Wildcards, Phonetic Search and Any Name Search search preferences.

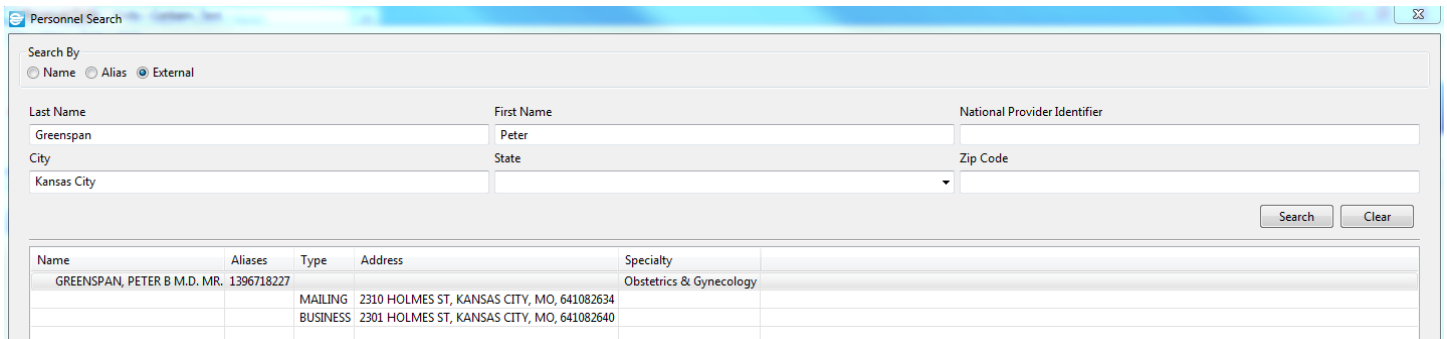


## EXTERNAL PROVIDER SEARCH

In addition to the *Cerner Millennium* provider search, an external provider search is available for the Referring Provider check box. This searches the NPI National Registry (NPPES) database and returns the following data for a provider:

- Name and credentials
- Aliases
- Address
- Specialty

Once a search is performed and a provider selected, the provider is added to the *Cerner Millennium* database and is found in future Referring Provider Searches.



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### PATIENT ACCOUNT CONTEXTS

Context is a key concept when working in a Patient Centric perspective. Understanding and managing the context of the Patient Account perspective is key to viewing, understanding, and working through encounters efficiently.

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### ENCOUNTER IN CONTEXT

After selecting a person and opening to the patient account perspective from the search, the patient's account is displayed.

Information is displayed for the entity in context. By default, the system puts the encounter into context. Parent information is displayed in the top row, with the detail information in the upper right corner. Immediate children are displayed in the bottom row. Views not displayed, but available for the perspective, are also put into context.



You can view more information by double-clicking a line item in one of the views. Using the navigation bar, you can drill out to higher levels.

**NOTE: ACCESSING A PATIENT ACCOUNT WITH NO FINANCIAL ACTIVITY WILL RESULT IN A BLANK PERSPECTIVE.**

1. **Perspective Name**
2. **Search**
3. **Patient Centric Perspectives**
4. **Open View**
5. **Patient Record**
6. **Demographic Banner**
7. **Navigation Bar**
8. **Non-Patient Centric Perspectives**
9. **Views:** The top row displays the **Patient Account** in the left and **Encounters** in the right. The bottom row displays the **Balances** as active, followed by **Claims, Statements, Charges, Insurance Transactions, Self-Pay Transactions, and Comments**.

**NOTE: REFER TO NAVIGATION BAR BELOW**

This navigation bar is located below the Demographic Banner when you access a Patient Account.

BUTTON	DESCRIPTION
	Allows you to navigate forward and backward through your recent perspectives
	Lists your recent perspectives. You can select a perspective to navigate to from this list
<a href="#">Patient Account</a> » <a href="#">Encounter</a> » <a href="#">Balance</a>	<p>Lists where you have navigated in Patient Account. The current context is the last one in is the last one in the list. Clicking on the last item in the list refreshes the application to display the more recent saved content. Click on any of the other items in the navigation bar to open that perspective.</p> <p>Note: Content that is saved automatically will not change when you refresh the application</p>

PATIENT ACCOUNT IN CONTEXT

When the patient account is in context, the top row displays the **Patient Account** view in the left and the **Balance Summary** in the right. The bottom row displays the **Encounters** view as active followed by the **Guarantor**, **Balances**, **Claims**, **Statements**, **Charges**, **Insurance Transactions**, **Self-Pay Transactions**, and **Comments**.

**POMERANTZ, PAUL**    Male    24 years    DOB: Jan 1, 1990    MRN: 00001441

Patient Account

Patient Account

Account: 1441  
 Balance: \$38,794.86  
 Billing Entity: Cerner Health System  
 Home Phone: (913) 201-2285  
 VIP:

Balance Summary

Patient Account: 1441, Cerner Health System						
Balance Type	Unbilled	1 to 30	31 to 60	61 to 90	Over 90	Total
Insurance	\$38,794...	\$0.00	\$0.00	\$0.00	\$0.00	\$38,794....
<b>Total Outstan...</b>	<b>\$38,794...</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$38,794....</b>

Encounters

Guarantors
Balances
Claims
Statements
Charges
Insurance Transactions
Self Pay Transactions
Comments

Patient Account: 1441, Cerner Health System

Filters: Active
Displaying 1 Item

!	Begin Date	End Date	Encounter	Type	Facility	Attending Physician	Total Balance
	1/23/2014 12:49 PM	1/30/2014 2:01 P...	1868	Inpatient	Baseline West	Milne MD, Phyllis	\$38,794.86

CHARGE IN CONTEXT

When a charge is in context, the top row displays the **Patient Account** and **Encounters** views in the left and **Charges** in the right. The bottom row displays the **Insurance Transactions** view as active, followed by **Claims** and **Comments**.

**POMERANTZ, PAUL** Male 24 years DOB: Jan 1, 1990 MRN: 00001441

Navigation: Patient Account » Encounter » Charge

**Patient Account** | **Encounters**

Encounter: 1868, 01/23/2014 - 01/30/2014

Account: 1441  
Encounter: 1868  
Status: Active  
ABN Status:  
Holds: No  
Activity Summary: ⓘ  
Current Responsibility: Commercial Insurance, Primary ⓘ  
Insurance Pending: \$38,794.86

**Charges**

Charge: ROOM/BED: Private, 02/05/2014

Encounter: 1868  
Service Date: 02/05/2014 23:59:59  
Status: Posted - Unbilled  
ABN Status:  
Late: No  
Late Status:  
Amount: \$2,240.00  
Units: 1  
Unit Price: \$2,240.00

Insurance Transactions | Claims | Comments

Charge: ROOM/BED: Private, 02/05/2014

Filters: All No Items For Current Filters

Type	Date	Amount	Alias	Alias Description

CLAIM IN CONTEXT

When a claim is in context, the top row displays the **Encounters** and **Patient Account** views in the left and **Claims** and **Balances** in the right. The bottom row displays the **Insurance Transactions** view as active, followed by **Related Balances**, **Related Claims**, **Charges** and **Comments**.

**Miller, Yolanda**   Female   33 years   DOB: Jul 5, 1980   MRN: 0000706

← →   Patient Account >> Encounter >> Balance >> Claim
Generated Claim ↑ ↓ ↻ ⌂

**Patient Account**   Encounters ✕

**Encounter: 628, 01/31/2013 -**

Account: 706  
 Encounter: 628  
 Status: Active  
 ABN Status:  
 Holds: No  
 Activity Summary: ⓘ  
 Current Responsibility: Commercial Insurance, Primary ⓘ  
 Insurance Pending: \$351.00  
 Patient Balance: (\$20.00)

**Balances**   Claims ✕

**Claim: 958, 08/07/2013**

Claim: 958  
 Health Plan: Cigna  
 Submitted Date:  
 Transmitted Date:  
 Activity Summary: ⓘ  
 Estimated Contractual: \$0.00  
 Total Contractual: \$0.00  
 Patient Responsibility: \$0.00  
 Created Date: 08/07/2013

Insurance Transactions ✕   Related Balances   Related Claims   Charges   Comments

**Claim: 958, 08/07/2013**

Filters: All No Items For Current Filters

Type	Date	Amount	Alias	Alias Description

INSURANCE BALANCE IN CONTEXT

When an insurance balance is in context, the top row displays the **Encounters** and **Patient Account** views in the left and **Balances** in the right. The bottom row displays the **Insurance Transactions** view as active, along with **Claims**, **Related Balances**, **Charges** and **Comments**.

**POMERANTZ, PAUL** Male 24 years DOB: Jan 1, 1990 MRN: 00001441

Navigation: Patient Account >> Encounter >> **Balance**

**Encounter: 1868, 01/23/2014 - 01/30/2014**

- Account: 1441
- Encounter: 1868
- Status: Active
- ABN Status:
- Holds: No
- Activity Summary: ⓘ
- Current Responsibility: Commercial Insurance, Primary ⓘ
- Insurance Pending: \$38,794.86

**Balance: Institutional, Primary, 01/23/2014 - 01/30/2014**

- Activity Summary: ⓘ
- Workflow: Ready to Bill ⓘ
- Sequence: Primary
- Type: Institutional
- Status: Ready to bill
- Encounter: 1868
- Balance: \$37,294.86
- Non-Covered Amount: \$0.00
- Begin Date: 01/23/2014

Navigation: Claims Insurance Transactions **Related Balances** Charges Comments

**Balance: Institutional, Primary, 01/23/2014 - 01/30/2014**

Filters: All No Items For Current Filters

Type	Date	Amount	Alias	Alias Description

INSURANCE TRANSACTION – CLAIM IN CONTEXT

For Insurance Transaction-Line Item, the top row displays the **Encounters** and **Patient Account** views in the left and **Insurance Transactions, Balances, Charges, and Claims** views in the right. The bottom row displays the **Comments** view followed by **Related Balances**.

**JACKMAN, CALEB E**    Male    4 years    DOB: Jun 1, 2009    MRN: 12330824

[Patient Account](#) >> [Encounter](#) >> [Balance](#) >> Claim >> [Payment](#)

[Generated Claim](#)

Patient Account    Encounters

Encounter: 1252, 06/20/2013 -

Account: 12330824  
 Encounter: 1252  
 Status: Active  
 ABN Status:  
 Holds: No  
 Activity Summary: ⓘ  
 Current Responsibility: Commercial Insurance, Primary ⓘ  
 Insurance Pending: (\$61.40)

Balances    Claims    Insurance Transactions

Payment: 02/13/2014, (\$200.00), 1300

Type: Payment  
 Alias: 1300  
 Alias Description: Commercial insurance payment - Commercial Insurance Payment  
 Payment Description:  
 Status: Posted  
 Batch: 653723  
 Batch Description: Commercial Insurance  
 Claim: 055

Comments    Charges    Related Balances

Payment: 02/13/2014, (\$200.00), 1300

Filters: All No Items For Current Filters

Created	Applied To	Applied By	Comment

SELF-PAY BALANCE IN CONTEXT

The top row displays the **Encounters** and **Patient Account** views in the left and **Balances** in the right. The bottom row displays the **Statements** view as active, followed by **Self-Pay Transactions**, **Charges**, and **Comments**.

**PIEDIMONTE, JOE** Male 33 years DOB: Jan 1, 1981 MRN: 00001440

Navigation: Patient Account >> Encounter >> **Balance**

**Patient Account** | **Encounters** | **Balances** | **Statements** | **Self Pay Transactions** | **Charges** | **Comments**

**Encounter: 1867, 01/23/2014 - 01/30/2014**

Account: 1440  
Encounter: 1867  
Status: Pending  
ABN Status:  
Holds: Yes ⓘ  
Activity Summary: ⓘ  
Current Responsibility: Self Pay ⓘ  
Insurance Pending: \$0.00  
Patient Balance: **(\$1,316.10)**

**Balance: Self Pay, 01/23/2014 - 01/30/2014**

Activity Summary: ⓘ  
Workflow: Discharged, Not Ready to Bill ⓘ  
Sequence: Self Pay  
Type: Self Pay  
Status: Ready to bill  
Encounter: 1867  
Balance: **(\$1,316.10)**  
Begin Date: 01/23/2014

**Encounter: 1867, 01/23/2014 - 01/30/2014**

Filters No Items For Current Filters

Statement	Date	Balance Due

SELF-PAY TRANSACTION IN CONTEXT

When a Self-Pay transaction is in context, the top row displays the **Encounters** and **Patient Account** views in the left and **Self-Pay Transactions** and **Balances** in the right. The bottom row displays the **Statements** view as active, followed by **Comments**.

**PHELPS, JOHN ASTHMA** Male 33 years DOB: Aug 1, 1980

Navigation: Patient Account » Encounter » Balance » **Payment**

Buttons: Self Pay Good Standing

**Encounter: 333, 07/23/2012 - 09/14/2012**

Account: 434  
 Encounter: 333  
 Status: Active  
 ABN Status:  
 Holds: Yes ⓘ  
 Activity Summary: ⓘ  
 Current Responsibility: Self Pay ⓘ  
 Insurance Pending: \$0.00  
 Patient Balance: \$607.00

**Payment: 02/13/2014, (\$50.00), 1000**

Type: Payment  
 Alias: 1000  
 Alias Description: Patient payment - Patient Payment  
 Status: Posted  
 Batch: 653728  
 Batch Description: 13-FEB-2014 10:58:57.00  
 SelfPayRemittance  
 PROFITMGMT  
 Statement:

Statements ⓘ Comments

**Encounter: 333, 07/23/2012 - 09/14/2012**

Filters Displaying 3 Items

Statement	Date	Balance Due
500000011	5/11/2013	\$747.00
500000010	4/11/2013	\$747.00
500000007	3/12/2013	\$747.00

SELF-PAY TRANSACTIONS – STATEMENT IN CONTEXT

When a statement is in context then you put an associated transaction into context, the top row displays the **Encounters** and **Patient Account** views in the left and **Self-Pay Transactions, Balances, and Statements** in the right. The bottom row displays the **Charges** view as active, followed by **Comments**.

**JACKMAN, CALEB E**    Male    4 years    DOB: Jun 1, 2009    MRN: 12330824

Patient Account >> Encounter >> Balance >> Statement >> Payment

Patient Account   Encounters

Encounter: 1252, 06/20/2013 -

Account: 12330824  
Encounter: 1252  
Status: Active  
ABN Status:  
Holds: No  
Activity Summary: ⓘ  
Current Responsibility: Self Pay ⓘ  
Insurance Pending: \$0.00

Balances   Statements   Self Pay Transactions   Custom

Payment: 03/31/2014, (\$5.00), 1300

Type: Payment  
Alias: 1300  
Alias Description: Commercial insurance payment - Commercial Insurance Payment  
Status: Posted  
Batch: 753742  
Batch Description: test3312014  
Statement: 500001593

Charges   Comments

Balance: Self Pay, 06/20/2013 -

Filters: All Displaying 1 Item

!	Stat...	Service D...	Encoun...	HCP...	Revenue C...	Un...	Amo...	Payme...	Adjustme...	Remaining Am...	Performing Pro...	Covera...	Description
!	Pos...	6/26/201...	1252			1	\$138...	\$0.00	\$0.00	\$138.60	Wilson MD, Ma...	1	Report

STATEMENT IN CONTEXT

when a statement is in context, the top row displays the **Patient Account** and **Encounters** views in the left and the **Statement** view in the right. The bottom row displays the **Self-Pay Transactions** view as active, followed by **Comments**.

The screenshot displays a medical software interface for patient PHELPS, JOHN ASTHMA, Male, 33 years, DOB: Aug 1, 1980. The breadcrumb navigation shows 'Patient Account >> Encounter >> Statement', with 'Statement' highlighted in a red box. The interface is divided into two main sections: Patient Account and Statements.

**Patient Account Section:**

- Encounter: 333, 07/23/2012 - 09/14/2012
- Account: 434
- Encounter: 333
- Status: Active
- ABN Status:
- Holds: Yes (info icon)
- Activity Summary: (info icon)
- Current Responsibility: Self Pay (info icon)
- Insurance Pending: \$0.00
- Patient Balance: \$607.00

**Statements Section:**

- Statement: 500000007, 03/12/2013
- Statement: 500000007
- Encounter: 333
- Generated Type: System
- Status: Ready to Submit
- Billed Amount: \$747.00
- Balance Due: \$747.00
- Created Date: 03/12/2013
- Submitted Date:
- Pages: 1

**Self Pay Transactions Section:**

Statement: 500000007, 03/12/2013









Filters: All (dropdown) No Items For Current Filters

Type	Date	Amount	Alias	Alias Description	Remittance Description

**NOTE: CONSOLIDATED STATEMENT IN CONTEXT – WHEN A CONSOLIDATED STATEMENT IS CONTEXT, THE TOP ROW DISPLAYS THE PATIENT ACCOUNT VIEW IN THE LEFT AND STATEMENTS IN THE RIGHT. THE BOTTOM ROW DISPLAYS THE ENCOUNTERS VIEW AS ACTIVE, FOLLOWED BY SELF-PAY TRANSACTIONS, AND COMMENTS.**

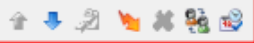
PATIENT ACCOUNTING WORKFLOW NAVIGATION BAR

The following icons appear only when you navigate to Patient Account from My Workflow:




	You can hover over this icon to see information from My Workflow, such as the type of the work item and status.
<a href="#">Discharged, Not Ready to Bill</a>	Displays the status of the workflow item. You can hover over the status to see information from My Workflow, such as the type of the work item and status. Click on the status to take you back to My Workflow.
	Allows you to move to your previous and next items in your workflow.
	Allows you to return to the initial perspective you entered from your workflow. Hover over it to see more information.
	Allows you to apply an action code.
	Allows you to perform a manual release.
	Allows you to reassign the workflow item.
	Allows you to release an item from your workflow and add a follow-up to it.
	Hover to discover – hovering over the info bubble will display additional information

**KAUTH, VIVIAN** Female 35 years DOB: Aug 15, 1978



Patient Account » Encounter » Balance

**Discharged, Not Ready to Bill** 

**Encounter: 1706, 08/26/2013**

Account: 1311  
 Encounter: 1706  
 Status: Pending  
 ABN Status:  
 Holds: Yes   
 Activity Summary:   
 Current Responsibility: Self Pay   
 Insurance Pending: \$0.00

**Balance: Self Pay, 08/26/2013**

Activity Summary:   
 Workflow: Discharged, Not Ready to Bill   
 Sequence: Self Pay  
 Type: Self Pay  
 Status: Ready to bill  
 Encounter: 1706  
 Balance: \$20.00  
 Rebin Date: 08/26/2013

Statements | Self Pay Transactions | Charges | Comments

**Encounter: 1706, 08/26/2013**

Filters Displaying 1 Item

Statement	Date	Balance Due
500000122	8/26/2013	\$20.00

## PATIENT ACCOUNT VIEWS

Patient Account Views are key component of patient accounting.

- Balances
- Claims
- Statement
- Charges
- Insurance Transactions
- Self-Pay Transactions
- Billing Holds
- Related Encounters
- Timeline
- Workflow

Individual Views can be closed by pressing the X on the tab. Views can be opened from the View menu or from the Open View icon



**Patient Account: 5121079, Pomona Pediatrics**

Account: 5121079  
Balance: \$719.25  
Billing Entity: Pomona Pediatrics  
Home Phone: (909) 629-5067  
VIP:  
Name: ITTESTING, POMNEW

**Encounters: 7120657141, 05/11/2020 - 05/11/2020**

Account: 5121079  
Status: Active  
Holds: No  
Current Responsibility: Medi-Cal, Primary  
Patient Balance: \$0.00  
Copay: \$0.00  
Dunning Level:

Encounter: 7120657141  
ABN Status:  
Activity Summary:  
Insurance Pending: \$250.00  
Total Balance: \$250.00  
Statement Cycle:  
Guarantor: ITTESTING, POMMOM

**Navigation Tabs:** Balances, Claims, Statements, Charges, Insurance Transactions, Self Pay Transactions, Timeline, Billing Holds, Related Encounters, Workflow

**Encounter: 7120657141, 05/11/2020 - 05/11/2020**

Filters: Status (dropdown) | Displaying 3 Items

Sequence	Status	Health Plan	Begin Date	End Date	Adjustments	Payments	Balance	Charge Grouping
Self Pay	Ready to bill	SELF PAY	5/11/2020	5/11/2020	\$0.00	\$0.00	\$0.00	Self Pay
Primary	Ready to bill	Medi-Cal	5/11/2020	5/11/2020	\$0.00	\$0.00	\$0.00	POMONA Professional Charge Group
Primary	Generated	Medi-Cal	5/11/2020	5/11/2020	\$0.00	\$0.00	\$250.00	POMONA Professional Charge Group - Test, Physician Advanced M.D.

## BALANCES

This tab displays the balances associated to the encounter, where any open balances reside whether with the insurance benefit order which can be the Primary insurance, Secondary, Tertiary, etc. or in Self-pay. Right click on the benefit order row to view the available options.

Common Selections:

- Complete – choosing this option will complete the benefit order and roll the balance to the next benefit order
- Set as Ready to Bill – this option changes the benefit order from generated to ready to bill and a claim will generate once more
- Generate Claim – select this option to generate a claim. This option is available if a claim isn't already generated in the Claims tab and dithered if otherwise

**ITTESTING, POMNEW** CMRI

Person >> Patient Account >> Encounter

Encounter: 7120657141, 05/11/2020 - 05/11/2020

Filters: Status

Sequence	Status	Health Plan	Begin Date
Self Pay	Ready to bill	SELF PAY	5/11/2020
Primary	Ready to bill	Medi-Cal	5/11/2020
Primary	Generated	Medi-Cal	5/11/2020

Account: 5121079  
Balance: \$719.25  
Billing Entity: Pomona Pediatrics  
Home Phone: (909) 629-5067  
VIP:  
Name: ITTESTING, POMNEW

Encounter: 7120657  
ABN Status:  
Activity Summary:  
Insurance Pending: \$250.00  
Total Balance: \$250.00  
Statement Cycle:  
Guarantor: ITTESTIN

Balance Charge Group  
\$0.00 Self Pay  
\$0.00 POMONA Prot  
\$250.00 POMONA Prot

Context Menu:

- Add Billing Hold
- Apply Action Code
- Apply Comment
- Associate Balance For Billing
- Bill as Institutional
- Bill as Professional
- Bill Late Charges
- Complete
- Create AP Refund
- Generate Adjustment Interim Claim
- Generate Claim
- Generate Continuing Interim Claim
- Generate Final Interim Claim
- Generate Initial Interim Claim
- Identify Work Item
- Modify Patient Responsibility
- Set As Generated
- Set as Ready to Bill
- Set As Waiting Previous Balance Completion
- Transfer Balance

## CLAIMS

This tab displays the claims associated to the encounter. Claims can be in various states:

- Pending – Edit failures exist and review is needed
- Ready to submit – Claim is ready to be processed by nightly ops jobs and sent to the clearinghouse
- Submitted – Claim has been submitted to the clearinghouse
- Transmitted – Confirmation has been received that the clearinghouse received the claim

Account: 5121079  
Balance: \$719.25  
Billing Entity: Pomona Pediatrics  
Home Phone: (909) 629-5067  
VIP:  
Name: ITTESTING, POMNEW

Encounter: 7120657141, 05/11/2020 - 05/11/2020

Filters: Search

#	Health Plan	Status	Claim	Charges	Payments	Adjustments
1	Medi-Cal	Submitted	410190377	\$250.00	\$0.00	\$0.00

Context Menu:

- Add Image
- Apply Action Code
- Apply Adjustment
- Apply Comment
- Apply Remark
- Cancel Claim
- Deny Claim
- Identify Work Item
- Mark as Transmitted
- Open Claim
- Print Claim
- Replace Claim
- Void Claim

Right click on a claim row to open the available options.

Common Selections:

- Open Claim – this will open the Bill Record Browser widow and display the claim
- Cancel Claim – this will cancel the claim and cannot be undone
- Deny Claim – this option is available when a technical denial has been received from the payer
- Replace Claim – system criteria must be met for this option to be available
- Void Claim – system criteria must be met for this option to be available

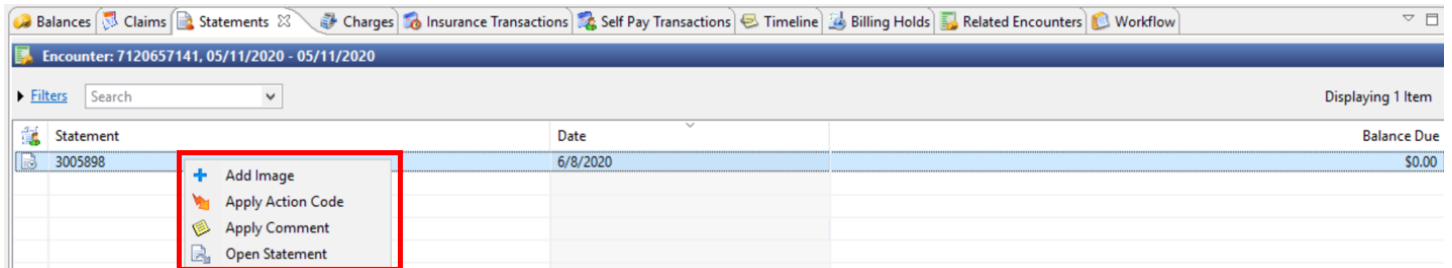
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## STATEMENTS

This tab displays the statements associated to the encounter.

Common Selections:

- Open Statement – this option will open the Bill Record Browser window and display a preview of the statement or display the actual statement if the statement Vendor has returned the statement confirmation



Statement	Date	Balance Due
3005898	6/8/2020	\$0.00

---

## CHARGES

This tab displays the Charges associated to the encounter. Charges can be in a varies of statuses:

- Posted
- Credited
- Adjusted
- Written Off

Use the Filter to select which charges to display. Right click the charge to view the available options.

Common Selections:

- Credit – select this option when a charge needs to be credited
- Write Off – select this option when you do not intend to bill for that specific charge or charges. Note: the charge will display as an adjustment
- Modify Charge – select option to change or correct a charge
- Apply Adjustment – selection option to apply an adjustment at the charge level

**NOTE: YOU CANNOT UNDO A CREDIT OR WRITE OFF IN THE PATIENT ACCOUNT PERSPECTIVE. YOU WILL NEED TO GO TO CHARGE VIEWER TO MODIFY.**

VIP: Name: ITTESTING, POMNEW

Total Balance: \$250.00  
Statement Cycle: Guarantor: ITTESTING, POMM

Balances Claims Statements Charges Insurance Transactions Billing Holds Related Encounters

Encounter: 7120657141, 05/11/2020 - 05/11/2020

Filters Search

Status	Service Date	CDM	CPT	Amount	Description	GL AR	GL Nc
Posted - ...	5/11/2020 14:14	6340	94640	\$56.00			
Posted - ...	5/11/2020 14:14	6222	94640	\$56.00	Test, Physician Advanced M.D.	0200-2002...	0200-
Posted - ...	5/11/2020 13:27	6037	69210	\$138.00	Test, Physician Advanced M.D.	0200-2002...	0200-
Credited - ...	5/11/2020 13:27	6037	69210	\$0.00	Ear Lavage	0200-2002...	0200-

- Apply Action Code
- Apply Adjustment
- Apply Comment
- Credit
- General Ledger Entries
- Modify Charge
- Modify Charge Group
- Move Charge
- Write Off

### INSURANCE TRANSACTIONS

This tab displays the Insurance Transactions associated to the encounter. Right click on a transaction row to view the options available.

**NOTE: RIGHT-CLICK OPTIONS ARE DETERMINED BY POSITION ACCESS AND RIGHTS THAT ARE DETERMINED USERS SHOULD HAVE TO PERFORM THEIR ROLE WITHIN THE APPLICATION.**

Balances Claims Statements Charges Insurance Transactions Self Pay Transactions Timeline Billing Holds Related Encounters Workflow

Claim: 410146347, 05/14/2020

Filters Source

Displaying 6 Items

Type	Date	Activity Date	Amount	Alias	Alias Description	Adjustment Group/Reason	Posted By	Posting Level
Payment	5/16/2020	5/26/2020	(\$24.00)	14313	Commercial insurance paym...		Castro, Lori	Charge
Payment	5/16/2020	5/26/2020	(\$50.00)	14313	Commercial insurance paym...		Castro, Lori	Charge
Adjustment	5/16/2020	5/26/2020	(\$222.10)	36313	Contractual Allowance Adjus...	CO-45	Castro, Lori	Charge
Adjustment	5/16/2020	5/26/2020	(\$119.00)	36313	Contractual Allowance Adjus...	CO-45	Castro, Lori	Charge
Patient Liability	5/16/2020	5/26/2020	(\$20.00)	2	Coinsurance Amount		Castro, Lori	Charge
Patient Liability	5/16/2020	5/26/2020	(\$35.00)	2	Coinsurance Amount		Castro, Lori	Charge
			(\$24.00)	Summing 1 Item				

- Apply Comment
- General Ledger Entries
- Reverse Transaction
- Transfer Transaction

### SELF PAY TRANSACTIONS

This tab displays the Self Pay Transactions associated to the encounter. Right click on a transaction row to view the options available.

**NOTE: RIGHT-CLICK OPTIONS ARE DETERMINED BY POSITION ACCESS AND RIGHTS THAT ARE DETERMINED USERS SHOULD HAVE TO PERFORM THEIR ROLE WITHIN THE APPLICATION.**

Balances Claims Statements Charges Insurance Transactions Self Pay Transactions Timeline Billing Holds Related Encounters Workflow

Encounter: 7120657076, 05/05/2020 - 05/05/2020

Filters Search

Displaying 1 Item

Type	Date	Amount	Alias	Alias Description	Remittance Description
Payment	5/11/2020	(\$25.00)	13113	PRIMARY CARE PT CC C...	5/11/2020, Overall Payments: (\$25.00), Overall Adjustments:\$0.00
			(\$25.00)	Summing 1 Item	

- Apply Comment
- Apply Refund
- General Ledger Entries
- Modify Receipt Number
- Reverse Transaction
- Transfer Transaction
- View Receipt

## TIMELINE

The Timeline view will display activity associated to the encounter such as actions codes applied, comments added by users, and third party notes.

Created	Applied To	Applied By	Type	Description	Comment
5/27/2020 09:36	Claim : 410146347 : Professional	Flores, Anayely	Comment	The transmit date has been manually set	The transmit date has been manually set

Created: 5/27/2020 09:36  
Type: Comment  
Description: Comment: The transmit date has been manually set

Applied By: Flores, Anayely  
Applied To: Claim : 410146347 : Professional  
Priority: Medium

## BILLING HOLDS

The Billing Holds view displays any holds applied to the encounter. If this view is empty, then there aren't any holds applied. Right click the row to view the available options.

The Events column will display what types of billing the hold will prevent. Hold are configured with different types of hold, for example, some only holding Self-Pay billing and not claims.

Common Selection:

- Remove Billing Hold – this action will remove the hold

**NOTE: ONCE A HOLD IS REMOVED THE IT CANNOT BE UNDONE. IF A CAN BE REAPPLIED USING THE APPLY BILLING HOLD FEATURE.**

Hold	Date	Applied To	Events	Applied By	Reason
Other	6/8/2020	Encounter: 7120657076, 05/05/2020 - 05/05/2020	Institutional Billing, Professional Billing, Self Pay Billing, Collections, Pre-Collections, Dunning Message	Flores, Anayely	Applied Other Hold

Remove Billing Hold

## RELATED ENCOUNTERS

The Related Encounters view displays other encounters related to the current encounter in view. In this tab the current encounter is denoted by a green check mark. The encounters that display are driven by a shared guarantor. Right click the row to view the available options.

Begin Date	End Date	Patient Name	Account	Encounter	Insurance Pending	Patient Balance	Bad Debt Balance	Statement Cycle	Relationship	Financia...	Type
5/21/2020	5/21/2020	ITTESTING, LO...	5121064	7120657293	\$10,489.70	\$0.00	\$0.00		Guarantor	HMO	Primary Care
5/19/2020	5/19/2020	ITTESTING, LO...	5121064	7120657239	\$100.65	\$0.00	\$0.00		Guarantor	HMO	Primary Care
5/14/2020	5/14/2020	ITTESTING, LO...	5121064	7120657200	\$0.00	\$0.00	\$0.00		Guarantor	HMO	Primary Care
5/5/2020	5/5/2020	ITTESTING, LO...	5121064	7120657076	\$0.00	\$30.00	\$0.00		Guarantor	HMO	Primary Care

## WORKFLOW

The Workflow tab will display the current status of the encounter and whom it's assigned to. Right click the row to view the available options.

Common Selections:

- Apply Action Code – applying an action code will release a work item
- Release with Follow-up – this option will release the encounter from the workflow for the selected timeframe

Status	Owner	Amount	Description	Reason	Status Date	Type	Work Item
Discharged, Not Ready to Bill	Flores, Emilio	\$30.00	7120657076	Insurance is not complete	05/13/2020	Self Pay Balance	
Pending Edit Claim	Granados, Maria G PSR	\$0.00	7120657076; Professional; Blue Cross ST JOSEPH HAP/HMO; 05/05/20		05/15/2020	Insurance Balance	



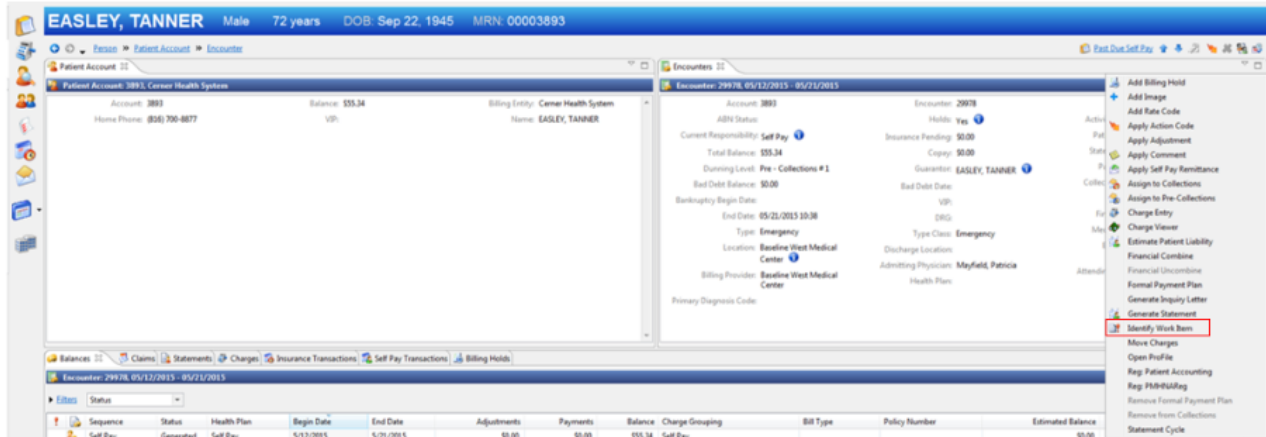
## FREQUENTLY USED TASKS

### IDENTIFYING A WORK ITEM

You can use the Identify Work Item task to create a work item for an encounter, claim, or a specific balance.

Complete the following steps to use the Identify Work Item Task:

1. In the Encounters tab of the Encounters view, open the task menu and select **Identify Work Item**. The Identify a Work Item dialog box is displayed.



2. Complete the information to set the criteria.
3. Click **Add**. The task now is displayed.

4. Click **OK**.

Identify Work Item

pomerantz , Michele Logan

Identify a work item by entering the work item alias below.

Work Item Alias

1

Responsible

Department

CANCELTRANS TEST SRVCAT

Description  Preview

Add

Alias	Display	Responsible	Description

OK Cancel

**NOTE: IF THE ISSUE IS DEFINED AS NEEDING TO BE REVIEWED AFTER IT HAS BEEN RESOLVED, THE PERSON WHO IDENTIFIED THE ISSUE IS THE REVIEWER.**

## RESOLVING A WORK ITEM

Once a work item is created, either manually or through a system event, it must be resolved. There are two mechanisms for resolving a Work Item, from Revenue Cycle or Discern Notification.

**NOTE: EVERY WORK ITEM IS CREATED AS PART OF A SPECIFIC WORKFLOW. THE STEPS OUTLINED ON THIS PAGE ONLY ILLUSTRATE THE STEPS TAKEN TO RESOLVE THE WORK ITEM ITSELF AND NOT FOR A SPECIFIC WORKFLOW. A WORK ITEM SHOULD ONLY BE RESOLVED ONCE ALL ISSUES RELATED TO THE SPECIFIC WORKFLOW ITSELF HAVE BEEN RESOLVED.**

---

### RESOLVING FROM REVENUE CYCLE

Work items are displayed in Revenue Cycle similarly to state-based or exception queue items.

Complete the following steps to resolve a work item in Revenue Cycle:

1. Double-click on the queue.

2. Select a work item and expand the work item details.

Status Date	Amount	Work Item Amount	Status	Description
12/16/2015	\$141.00		Care Management Denial Resolution	TRIGG, ROBERT - 14227; Institutional; Medicare; 12/16/15

**Work Item: Care Management Denial Review**

Patient: TRIGG, ROBERT  
Gender: Male  
DOB: 07/19/40  
MRN: 6068  
FIN: 14227

Work Item: Care Management Denial Review  
Status: Care Management Denial Resolution  
Assessor: CERNER  
Reviewer: None  
Status Date: 12/16/15  
Responsible Type: Personnel  
Responsible: CERNER  
Amount: \$141.00  
Owner: CERNER, CERNER  
Type: Insurance Balance  
FollowUp Date: 12/16/15  
Description: Automated work item identification by system  
Comments: [View All.](#)

APR:Approve - WORK ITEM:Care Management Denial Review--Care Management Denial Review  
SYSTEM, SYSTEM Cerner - 12/16/15 15:38

3. Review the comments and take the appropriate action to correct the identified issue.
4. Once the issue has been resolved, right click on the Work Item from the queue and select **Apply Action Code**
5. Select the Action Code that will resolve the Work Item, and enter any appropriate comments.

**Apply Action Code**

Action Code  
105 Resolve

Assignment of Responsibility  
No follow up defined for action

Comment  
Issue Resolved

Predefined Comment: [Dropdown]  
Importance: Medium

OK Cancel

**NOTE: WORK ITEMS ARE CONFIGURED TO ACCEPT SPECIFIC ACTION CODES FOR RESOLUTION. IF THE ACTION CODE SELECTED WAS NOT IDENTIFIED AS ABLE TO RESOLVE THE WORK ITEM, THE WORK ITEM WILL NOT BE RESOLVED. YOU MUST SELECT THE CORRECT ACTION CODE TO RESOLVE THE ITEM.**

6. Once the Action Code is applied, the work item is resolved and is removed from the queue.

---

## RESOLVING FROM DISCERN NOTIFICATION

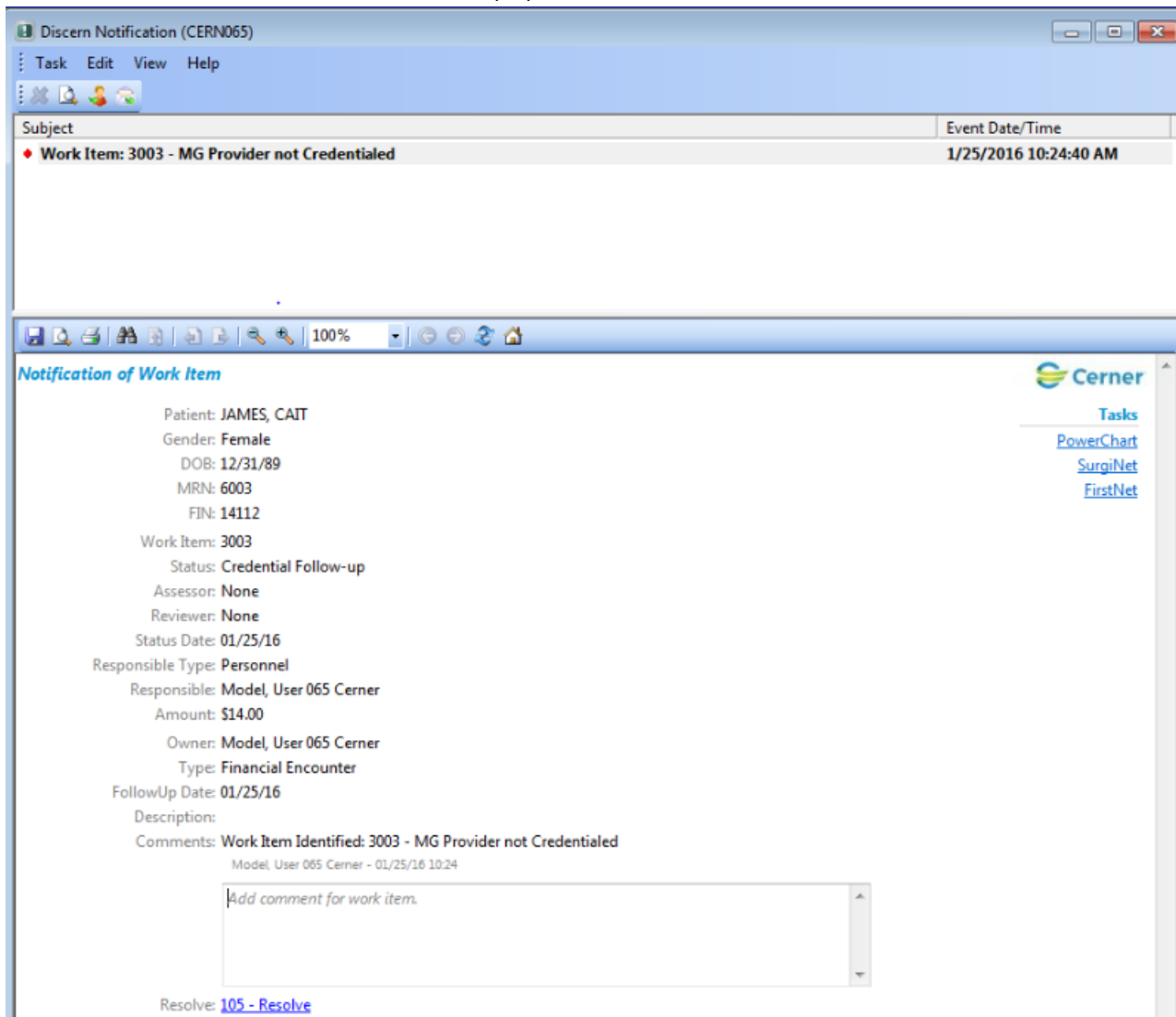
For end-users that do not access Revenue Cycle, work items may still be assigned to them and resolved through Discern Notification. The Work Item is displayed as an individual message in the application with details similar to the view in Revenue Cycle. From Discern Notification, you can access the following applications:

- PowerChart
- SurgiNet
- FirstNet

Selecting any of these options from the Task menu opens the selected application directly into the patient record for the identified Work Item, allowing any corrections to be made. Once the appropriate action has been taken, the Work Item may be resolved.

Complete the following steps to resolve a work item in Discern Notification:

1. Select a work item. The Work Item details are displayed.



2. Review the work item, and from the Task menu on the right-hand side of the dialog box, access the appropriate application.
3. Once all issues have been corrected, enter any appropriate comments and click the Resolve link to apply the action code. The work item is resolved.

## ACCESSING REGISTRATION CONVERSATIONS

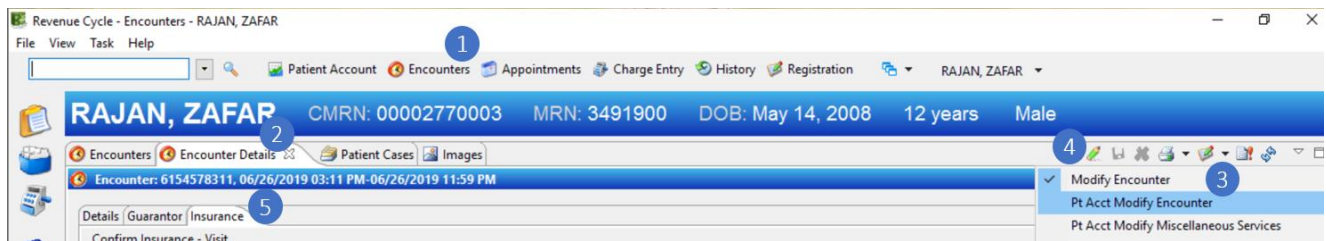
### ACCESSING REGISTRATION CONVERSATIONS FROM PATIENT ACCOUNTING


You can access to registration conversation through Revenue Cycle. This is helpful if a patient's registration needs to be modified throughout the life cycle of a patient.

A patient's registration information can be updated at the encounter level or patient level. For patient accounting purposes, we recommend updating at the encounter level.

### UPDATING INSURANCE INFORMATION AT THE ENCOUNTER LEVEL

1. Access the **Encounters** perspective
2. Go to **Encounter Details** tab
3. From the conversation drop down select **Pt Acct Modify Encounter**
4. Click on the green pencil icon to modify
5. Click on the **Insurance** tab



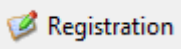

6. Select the Health Plan that needs to be modified – options will become available such as
  - Modify
  - Remove
  - Sequence Insurances (if there are more than one)
  - Select Profile
7. Click on the Save icon when complete or the Cancel icon to exit without modifying 

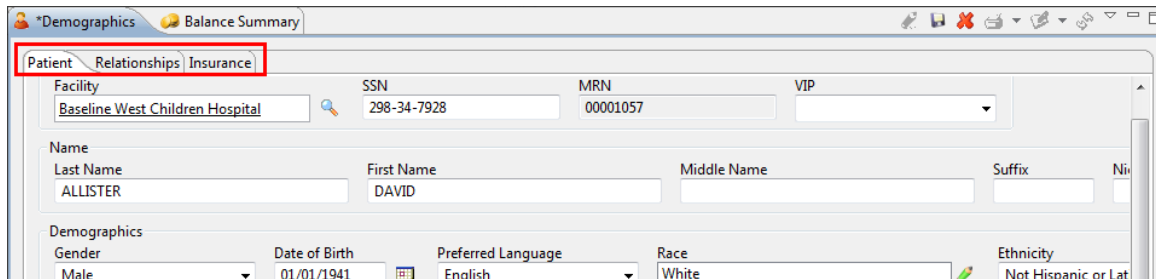
Seq	Health Plan	Payer	Financial Class	Subscriber	Member Number	Group Number	Begin Date	End Date	Elig Submitted	Elig Check Status
1	United Healthcare POS	United Health Care	PPO	RAJAN, KARIMA	966944798	717292	05/07/2019	06/25/2019	06/25/2019	Active

### ACCESSING REGISTRATION FROM CERNER PRACTICE MANAGEMENT


Access to the CPM registration conversation is available through Revenue Cycle. This can be used if the patient's registration needs to be changed throughout the life cycle of the patient. Be aware that changes here will impact all encounters.

Complete the following steps to access the CPM registration conversation:

1. Click the **Registration** button . The Registration perspective opens with the patients information displayed.
2. Click the **modify** button  to modify.
3. Select the appropriate tab.



The screenshot shows a software interface with a top navigation bar containing "Demographics" and "Balance Summary". Below this is a tabbed interface with "Patient", "Relationships", and "Insurance" tabs. The "Patient" tab is selected and highlighted with a red box. The form contains fields for Facility (Baseline West Children Hospital), SSN (298-34-7928), MRN (00001057), and VIP. Below these are fields for Name (Last Name: ALLISTER, First Name: DAVID, Middle Name, Suffix, Ni), and Demographics (Gender: Male, Date of Birth: 01/01/1941, Preferred Language: English, Race: White, Ethnicity: Not Hispanic or Lat).

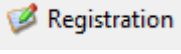

4. Update information.
5. Click **Save**  to save changes.

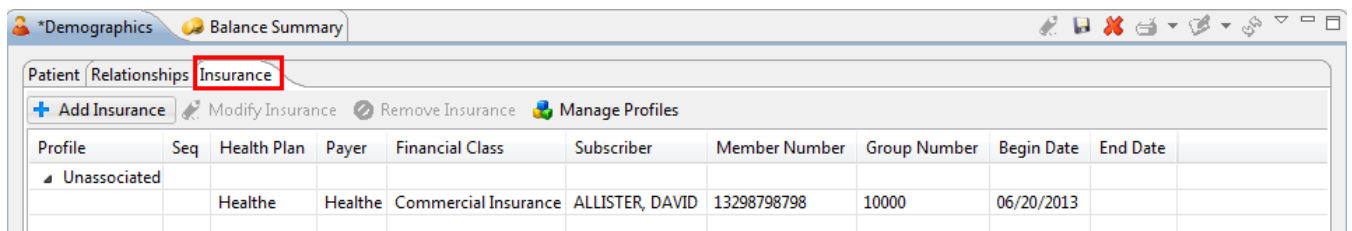
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## ACCOUNT LEVEL UPDATE

Insurance plans can be changed at one of two levels, the account level and the encounter level. A change at the account level is an overall change to the person that will correspond with the Begin Date that is entered. The change will apply to all encounters created after the time of update. The change is made by using the **Registration** button in the patient perspective.

Complete the following steps to access the CPM registration:

1. Click the **Registration** button . The Registration perspective opens with the patients information displayed.
2. Click the **modify** button  to modify.
3. Select the **Insurance** tab to view the current insurances.



The screenshot shows the same software interface as above, but with the "Insurance" tab selected and highlighted with a red box. The table below the tabs shows insurance information for the patient.

Profile	Seq	Health Plan	Payer	Financial Class	Subscriber	Member Number	Group Number	Begin Date	End Date
Unassociated		Healthe	Healthe	Commercial Insurance	ALLISTER, DAVID	13298798798	10000	06/20/2013	

4. To remove an insurance, select the insurance and click **Remove** Insurance button.

\*Demographics Balance Summary

Patient Relationships Insurance

+ Add Insurance Modify Insurance Remove Insurance Manage Profiles

Profile	Seq	Health Plan	Payer	Financial Class	Subscriber	Member Number	Group Number	Begin Date	End Date
Unassociated		Healthe	Healthe	Commercial Insurance	ALLISTER, DAVID	13298798798	10000	06/20/2013	

- To enter a Termination End Date and move the insurance to the Historical section of the insurances, highlight the insurance and select the Modify Insurance icon.

Subscriber Insurance

Insurance

Payer  
Healthe

Health Plan Name  
Healthe

Health Plan Billing Address

Address Line 1  
\*

Address Line 2

Country  
US

Zip Code  
\*

City  
\*

Plan Details

Begin Date  
06/20/2013

End Date

Member Number  
13298798798

Group Number  
10000

Insured Name on Card

Last Name  
Allister

First Name  
David

Middle Name

Additional Plan Details

- To add a new insurance, click the **Add Insurance** button.

\*Demographics Balance Summary

Patient Relationships Insurance

+ Add Insurance Modify Insurance Remove Insurance Manage Profiles

Profile	Seq	Health Plan	Payer	Financial Class	Subscriber	Member
Unassociated		Healthe	Healthe	Commercial Insurance	ALLISTER, DAVID	13298798

- Search for insurance and complete the required boxes and any additional boxes if information is available (i.e. Group Number, Insured Name on Card).

Subscriber Insurance

Insurance  
Search for Health Plan

Payer

Health Plan Name

Health Plan Billing Address  
Address Line 1 Address Line 2

Country US Zip Code City State County

Plan Details  
Begin Date End Date

Member Number Group Number

Insured Name on Card  
Last Name First Name Middle Name Suffix

Additional Plan Details

Plan Type Plan Financial Class

Contact Phone Work Extension

OK Cancel

8. Click **OK** to save. The new insurance displays as an Unassociated insurance.


\*Demographics Balance Summary

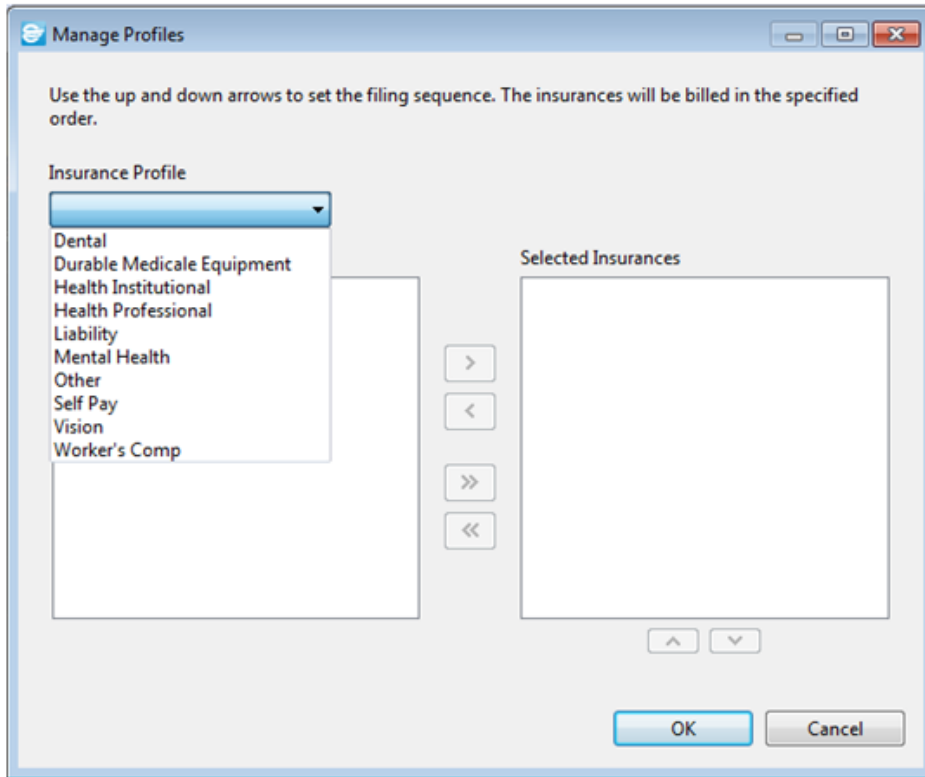
Patient Relationships Insurance

+ Add Insurance Modify Insurance Remove Insurance Manage Profiles

Profile	Seq	Health Plan	Payer	Financial Class	Subscriber	Member Number	Group Number	Begin Date	End Date
Unassociated		Healthe	Healthe	Commercial Insurance	ALLISTER, DAVID	13298798798	10000	06/20/2013	

- Unassociated: Insurance has not been added to an Insurance Profile.
- Associated: Insurance has been added to an Insurance Profile.
- Historical: Insurance that was previously effective coverage for a patient (associated or unassociated), but is no longer active.

9. Click **Manage Profiles**  **Manage Profiles** to add the insurance to the appropriate Profile description.



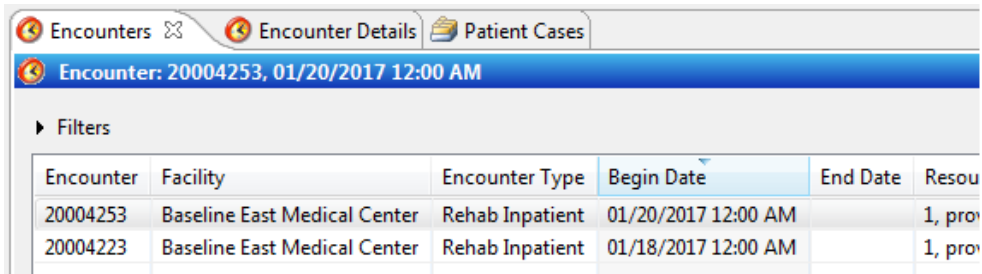
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## ENCOUNTER LEVEL UPDATE



A change made at the encounter level will apply only to that encounter. Encounter level changes will not change the insurance that is on the account level, and only applies to that specific encounter. For example, a patient's personal insurance was used for an encounter, but a third-party insurance (No Fault, Work Comp, etc.) is responsible for the encounter. The change is made by using the Encounters perspective button located at the top of the Patient Accounting perspective.

Complete the following steps to update insurance at the encounter level:

1. Click the Encounters perspective button. The Encounters perspective opens.
2. Select the **Encounters** tab.



Encounter	Facility	Encounter Type	Begin Date	End Date	Resou
20004253	Baseline East Medical Center	Rehab Inpatient	01/20/2017 12:00 AM		1, pro
20004223	Baseline East Medical Center	Rehab Inpatient	01/18/2017 12:00 AM		1, pro

3. Double-click the encounter to be edited. The **Encounters** tab is displayed with the **Details** tab displaying encounter details for the encounter.
4. Click the **modify** button .
5. Click the **Insurance** tab.
6. The steps to Add Insurance, Modify Insurance, and Remove Insurance are described in the Account Level above. Refer to those steps to execute any of these functions.
7. Click **Save** . Updates are saved.

### INSURANCE WORK QUEUE STATES

State-based queues allow you to organize workflow items to follow the natural progression of a patient's financial encounter through the Patient Accounting system. Each balance is included in only one state-based queue at a time, in an effort to ensure that every item in the Patient Accounting system is accounted for

**NOTE: ITEMS DISPLAYED IN STATE-BASED QUEUES MAY ALSO BE DISPLAYED IN AN EXCEPTION QUEUE. AN EXCEPTION QUEUE DISPLAYS ITEMS THAT QUALIFY FOR SCENARIOS OUTSIDE OF THE TYPICAL PROGRESSION OF PATIENT ACCOUNTING.**

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### STATE-BASED QUEUES

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#### PREREGISTRATION

1. Preregistration charges are charges generated for an inpatient or outpatient encounter, but the patient has not yet been presented for care.
2. These charges are removed from the queue if one of the following happens:
3. The charge is resolved.
4. The encounter status is modified to Active.
5. The encounter type is modified.

---

#### IN-HOUSE

1. Encounters in this queue are for patients are qualified as In-House. This is based on billing entity-level defined rules.
2. Any encounter is removed from the queue when an associated patient is discharged. Recurring encounters can also be removed when the patient the billing cycle ends. Observation charges can also be removed when the encounter type is modified.
3. Discharged, Not Ready To Bill
4. Patients in a Discharged, Not Ready To Bill status have been discharged but have encounter-level holds applied.
5. Patients are removed from the queue by a Cerner Millennium Operations job when holds are removed.

---

#### READY TO BILL

1. Claims in this queue are ready to be claim generated.
2. Claims are removed from the queue by a Cerner Millennium Operations job when they no longer meet the qualifications.

---

#### EDIT FAILURE

1. Claims in this queue are generated but contain one or more validation errors.
2. Claims are removed from the queue by a Cerner Millennium Operations job when all validation errors are corrected.

---

#### PENDING MANUAL REVIEW

1. Claims in this queue qualify for manual review based on client-defined business rules.
2. Claims are removed from the queue by a Cerner Millennium Operations job when they no longer meet the qualifications.

---

#### PENDING EDIT CLAIM

1. Claims in this queue are submitted but not transmitted.
2. Claims are removed from the queue by a Cerner Millennium Operations job when they no longer meet the qualifications.

---

#### PENDING REIMBURSEMENT

1. Claims in this queue are submitted or transmitted and not past due.
2. Claims are removed from the queue by a Cerner Millennium Operations job when they no longer meet the qualifications.

---

#### PAST DUE

1. Claims in this queue are submitted and past due. Client defined business rule criteria is met for number of days since claims transmission has passed and no payment has been received. Usually this is around 30 days. When transmission date is received from the clearinghouse, the transmission date is updated, and new date is used.
2. Claims are removed from the queue by a Cerner Millennium Operations job when they no longer meet the qualifications.

---

#### AT RISK CLAIM

1. Claims in this queue have met a defined number of days since they were transmitted and have not received a payment.
2. Claims are removed from the queue by a Cerner Millennium Operations job when they no longer meet the qualifications.

---

#### TECHNICAL DENIAL

1. Claims in this queue have received a technical denial.
2. Claims are removed from the queue by a Cerner Millennium Operations job when the denial is resolved or a payment is received the amount rolls to a benefit order.

---

#### EXPLANATION OF BENEFIT (EOB) VARIANCE

1. Claims in this queue are complete but there is still a balance for a benefit order.
2. Claims are removed from the queue by a Cerner Millennium Operations job when the balance is paid or the amount is moved to another benefit order.

---

#### CREDIT BALANCE

1. Claims in this queue received a payment exceeding the balance.  
posted to claim exceeds the balance of the claim.
2. Claims are removed from the queue by a Cerner Millennium Operations job when they no longer meet the qualifications.

---

#### EXCEPTION WORK QUEUE STATES

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#### PENDING LATE CHARGE REVIEW

1. Pending late charges are on submitted claims and that have not met the set number of days for evaluation.
2. These charges are removed from the queue by a Cerner Millennium Operations Job when they qualify as a late charge.

---

## LATE CHARGES

1. Late charges have passed the set number of days for evaluation.
2. These charges are removed from the queue by manual review or generating a claim.

---

## CONTACT VARIANCE

1. Contract variance claims qualify for client-defined rules when payments are over or under the balance. This only applies to clients with Contract Management services.
2. These charges are removed from the queue by a Cerner Millennium Operations Job, or manual review.

---

## REJECTED 837

1. Claims in this queue are in a Rejected status due to a 997.
2. These charges are removed from the queue by a Cerner Millennium Operations Job or manual review.

---

## DEMOGRAPHIC MODIFICATIONS

1. Demographic Modifications are encounters that require health plan modifications or combined encounters that require manual review.
2. These encounters are removed when you apply an action code or manually remove holds.

---

## ENCOUNTER COMBINES

1. Combined encounters are more than one encounter associated with each other through performing an encounter combine.
2. These encounters are removed from the queue when their holds are removed.

---

## CODING UPDATES

1. Claims in this queue have updating coding in a Final status.
2. These claims are removed from the queue by manual review.

---

## COLLECTION PREVIEW

1. These are encounters that are qualified to be sent third-party collection agency based on user-defined business rules.
2. These claims are removed from the queue by manual review.

---

## REFERRAL

1. These are encounters, claims, or statements referred to the user by another user for follow-up assistance.
2. These claims are removed from the queue by manual review.

---

## DIAGNOSIS ASSOCIATION REVIEW

1. These are encounters that were coded in Chart Coding but need coding associated at the Charge level.
2. These charges are removed from the queue by a Cerner Millennium Operations Job.

---

## ERROR TRANSACTION BATCHES

1. Transaction batches in this queue contain errors.
2. These batches are removed from the queue by manual review.

## TRANSACTION BATCH APPROVAL

1. Transaction batches in this queue have been submitted by a user but the batch contains transactions over the dollar amount defined by the client in the Sub Type Personnel Security Tool.
2. These batches are removed by manager approval.

## Out of Balance

1. Transaction batches in this queue have a zero balance.
2. These batches are removed from the queue by manual review.

## WORKING THE INSURANCE EDIT FAILURE QUEUE

The Edit Failure queue contains claims that have been generated but are not yet submitted and have a status of Error – Correction Required. The claims will remain in the queue until corrected.

Complete the following steps to correct claims that are in the Edit Failure queue:

1. In the My Workflow perspective, select the Workflow view and double-click the Claim Edit Failure queue. Queue items and available filters are displayed.

The screenshot displays the 'Revenue Cycle - My Workflow' application interface. The main window shows a summary table for 'Personnel: Sedwick, Amy' with the following data:

Status	Count	Amount	Percent of Total Count
At Risk Claim	188	\$1,783,452.04	21%
In House	674	\$20,572,451.82	75%
PreRegistration	4	\$4,766.09	<1%
<b>Edit Failure</b>	6	\$7,501.99	<1%
Credit Balance	5	(\$3,101.80)	<1%
EOB Variance	1	\$99.66	<1%
Discharged, Not Ready to Bill	14	\$10,071.00	1%
Self Pay Good Standing	1	\$176.00	<1%
<b>Totals:</b>	<b>893</b>	<b>\$22,375,416.80</b>	<b>100%</b>

The 'Edit Failure' row is highlighted with a red box. Below the summary table, there are several panels: 'Personnel: Sedwick, Amy' (empty), 'Reports: Charge Batches' (showing 'No Results'), and 'Follow-Up: Personnel: Sedwick, Amy' (showing 'No Items For Current Filters').

Workflow Remittances

Personnel: Sedwick, Amy - Insurance Balance

Filters/Sort Displaying 6 Items

Health Plan  Financial Class  Bill Type

Facility  Status  Reason

Encounter Type  Status Date

Sort   Ascending  Descending

Status Date	Amount	Status	Description
2/20/2014	\$1,348.00	Edit Failure	MCGINNIS, THOMAS JEROME - 1601; Institutional; Medicare; 08/08/13
2/20/2014	\$2,332.00	Edit Failure	OSCAR, GERALD MICHAEL - 2061; Institutional; Medicare; 10/16/13
2/20/2014	\$2,332.00	Edit Failure	ORILLIA, RICHARD - 2084; Institutional; Medicare Part B; 10/17/13
2/20/2014	\$357.40	Edit Failure	OWENS, MILDRED - 2152; Institutional; Medicare; 10/23/13
2/20/2014	\$598.00	Edit Failure	MCGINNIS, THOMAS JEROME - 2041; Institutional; Medicare; 10/11/13
2/20/2014	\$534.59	Edit Failure	ARNOLD, MILLIE - 2635; Institutional; Medicare Part B; 02/06/14

2. Double-click a queue item. The patient account is displayed with the balance in context and the workflow toolbar displayed.

Revenue Cycle - Insurance Balance - MCGINNIS, THOMAS JEROME

File View Task Help

Search by Name

Appointments Registration Visits Patient Account Charge Entry MCGINNIS, THOMAS JEROME

**MCGINNIS, THOMAS JEROME** Male 76 years DOB: May 15, 1937

Navigation: Patient Account >> Encounter >> **Balance**

Encounter: 1601, 08/08/2013 - 08/08/2013

Account: 1235  
Encounter: 1601  
Status: Active  
ABN Status: Required & Missing  
Holds: No

Activity Summary: ⓘ

Current Responsibility: Medicare, Primary ⓘ

Insurance Pending: \$1,548.00

Balance: Institutional, Primary, 08/08/2013 - 08/08/2013

Activity Summary: ⓘ

Workflow: Edit Failure ⓘ

Sequence: Primary  
Type: Institutional  
Status: Generated  
Encounter: 1601  
Balance: \$1,348.00  
Non-Covered Amount: \$0.00

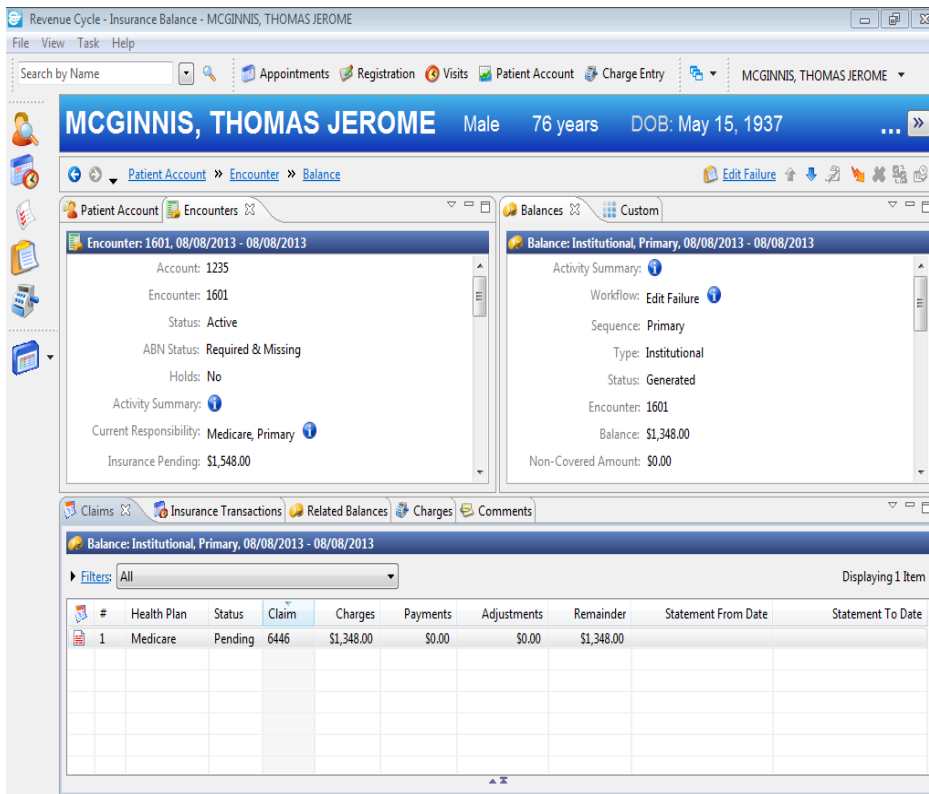
Claims Insurance Transactions Related Balances Charges Comments

Balance: Institutional, Primary, 08/08/2013 - 08/08/2013

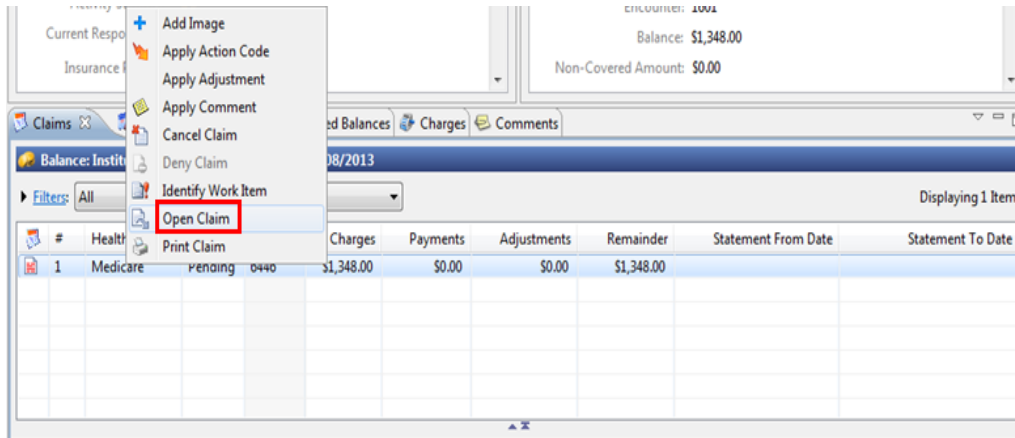
Filters: All No Items For Current Filters

Type	Date	Amount	Alias	Alias Description

3. Select the Claims view. Claim information is displayed.

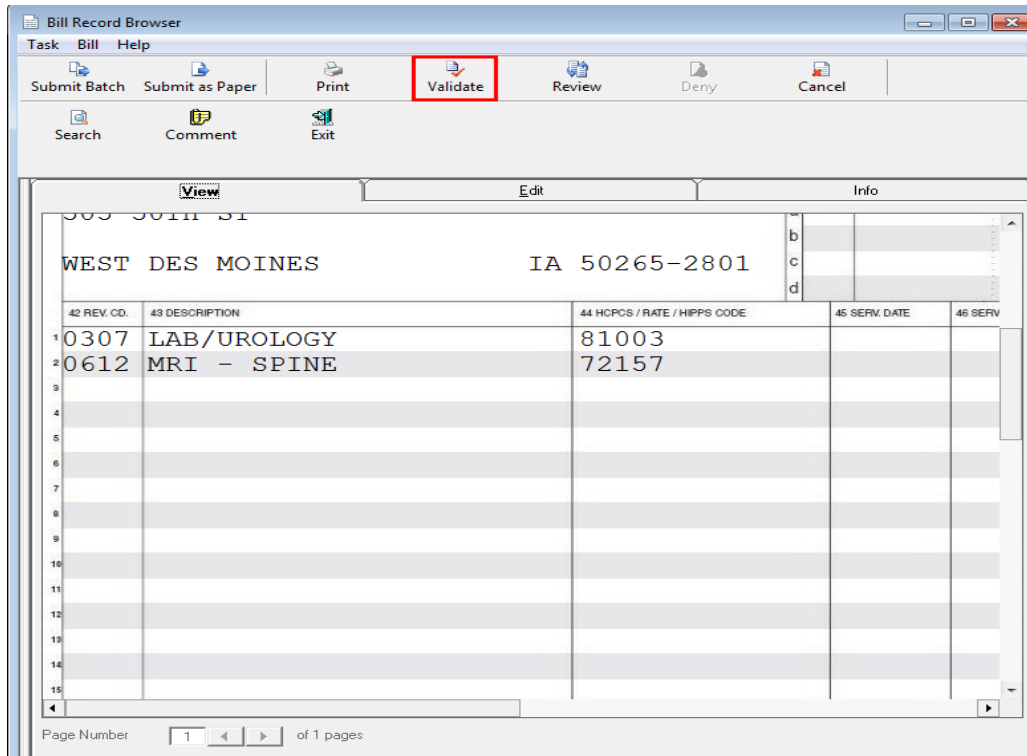


4. Select a claim and right-click. The task menu is displayed.

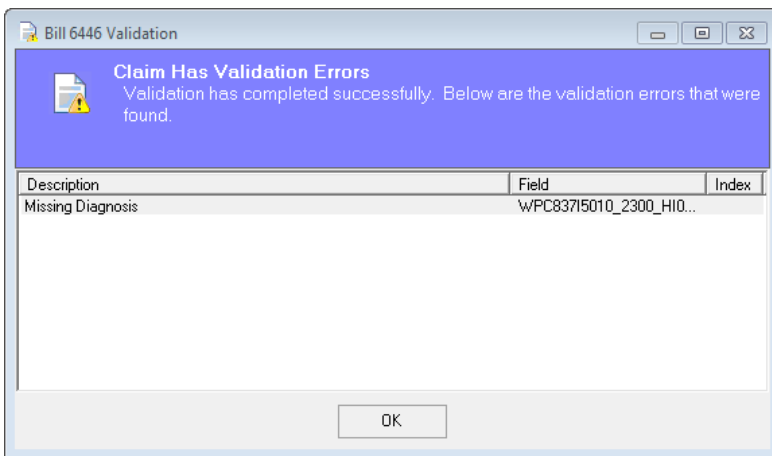


5. Select Open Claim. Claim is displayed.

6. Click Validate. Validation errors are displayed.

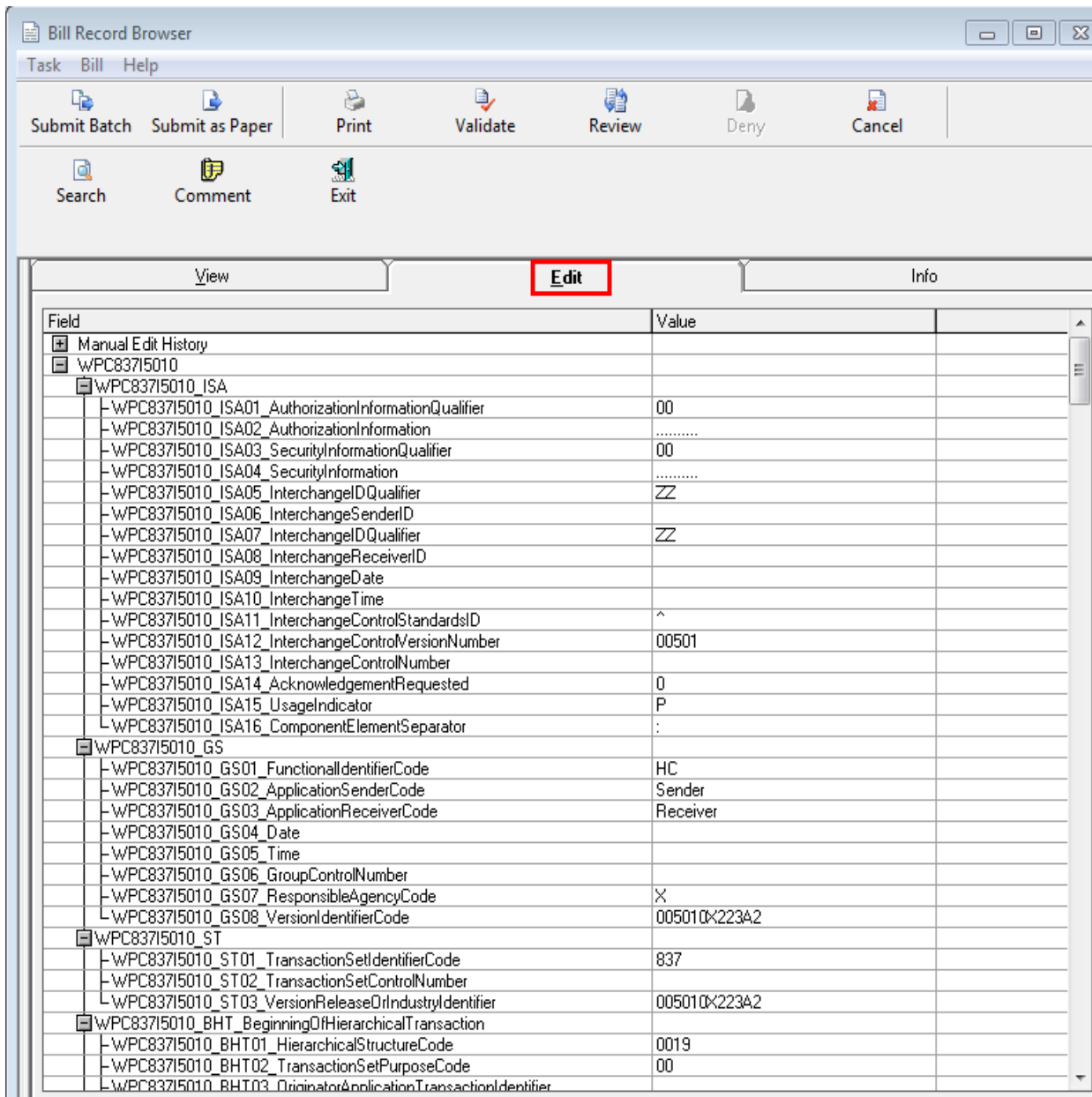


Validation errors displayed




7. Review Validation Edit. Double-click the error to have the location of the error on the claim displayed for further investigation.

**NOTE: THE EDIT TAB IS WHERE 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 THE ELECTRONIC WHITE-OUT FUNCTION OF THE SYSTEM IS PERFORMED. IF THERE IS A FIELD ON THE CLAIM THAT NEEDS TO BE CHANGED, IT CAN BE DONE SO HERE. ANYTHING CHANGED ON THIS TAB, BEFORE A CLAIM IS PRINTED OR SUBMITTED, WILL BE INCLUDED ON THE CLAIM. HOWEVER, THIS INFORMATION DOES NOT POPULATE OTHER AREAS OF CERNER MILLENNIUM (INFORMATION DOES NOT 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.**



Complete the following steps to update this claim and send out:

8. Drag the Validation window over to allow you to see the Bill Record Browser window.
9. Click the Value box corresponding to the validation error.
10. Enter appropriate value and press Enter.
11. Repeat this process to resolve each Validation error.
12. When finished, click OK in the validation window.
13. Click Validate on the Bill Record Browser toolbar. You will see a window that indicates all Validation Errors have been resolved and validation has completed successfully.
14. Click the View tab in Bill Record Browser to view the claim one last time before submitting.
15. Click Submit Batch to submit this particular claim to a batch of other claims ready to be sent out to the claims scrubber. Message is displays indicating the claim was submitted successfully.
16. Click OK.

17. Click Close . Claim window closes.
18. Click OK. Validation window closes.
19. Close the claim window and take appropriate action.

- Cancel claim
- Correction action
- Regenerating claim
- Apply action code to record work done

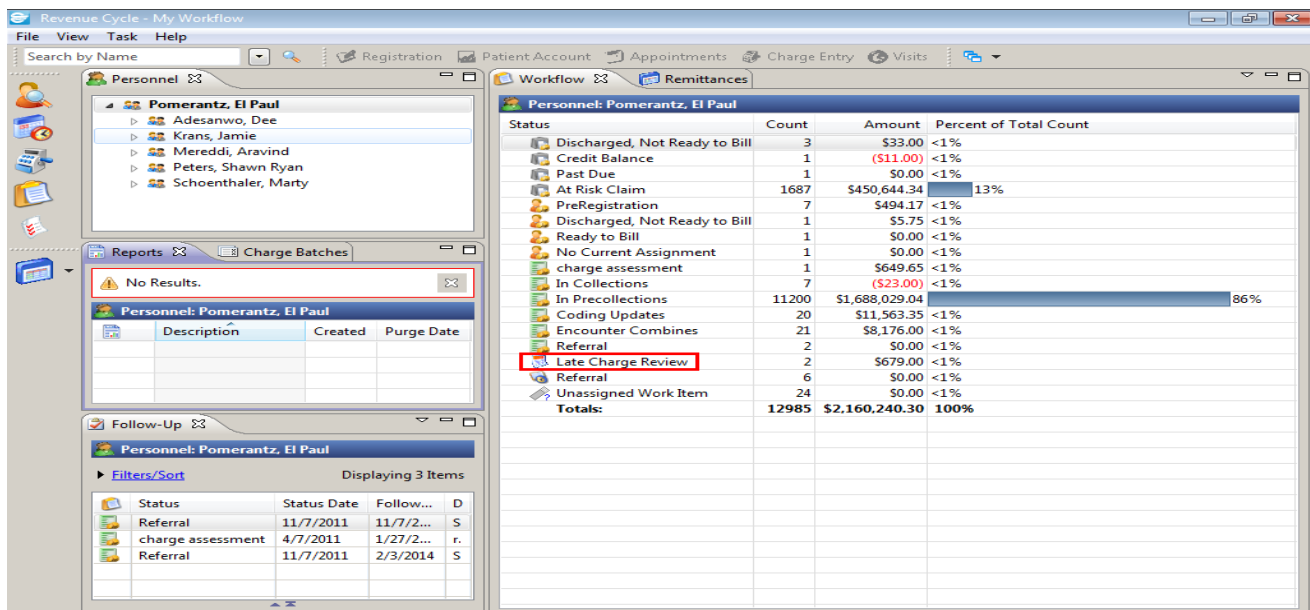
**NOTE: SITES USING INTEGRATED CLAIMS SCRUBBING WILL RECEIVE CLAIM EDITS IN THE FORM OF A WORK ITEM. ONCE THE EDIT IS RESOLVED, THE END USER WILL APPLY AN ACTION CODE THAT COMPLETES THE ACTION OF REGENERATING THE CLAIM.**

## WORKING THE LATE CHARGE REVIEW QUEUE

The Late Charges Review queue contains submitted claims with late charges, that will be manually resolved based on user-defined late charge processing rules. Items dequeue from the Late Charge queue by manually crediting or adjusting the charge or generating a claim.

Complete the following steps to investigate late charges using the Late Charge Review queue:

1. In Revenue Cycle (RevenueCycle.exe), select the Workflow view and double-click the Late Charge Review queue. Work items and available filters are displayed.



▼ [Filters/Sort](#)

Displaying 37 Items

Health Plan  Financial Class  Bill Type

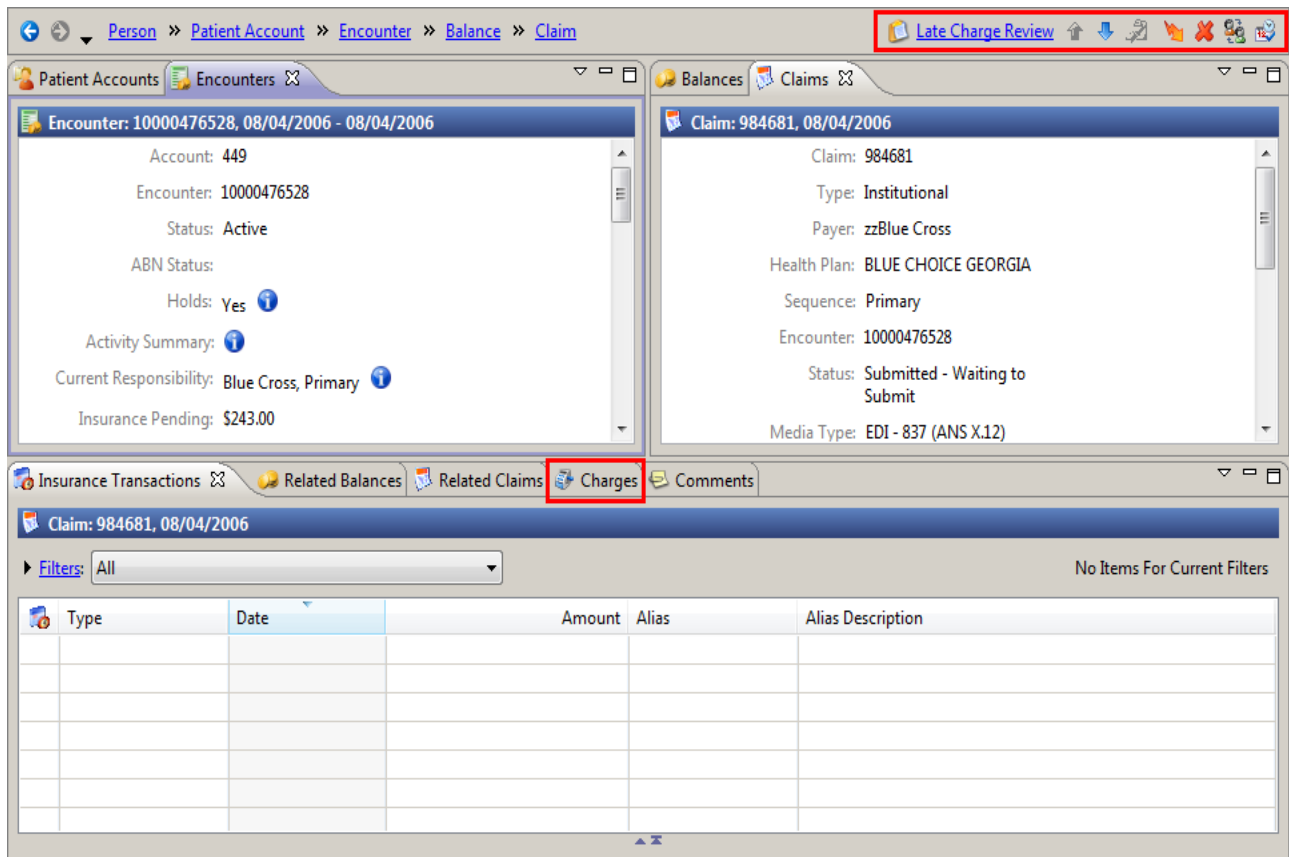
Facility  Status  Encounter Type


Status Date  Payment Amount

Sort   Ascending  Descending

Status Date	Amount	Status	Description
8/4/2006	\$5.00	Late Charge Rev...	sit, LateCharge - 10000476528;...
8/4/2006	\$5.00	Late Charge Rev...	sit, LateCharge2 - 1000047653...
8/5/2006	\$34.65	Late Charge Rev...	sit, LateCharge2 - 1000047654...
8/5/2006	\$18.98	Late Charge Rev...	sit, LateCharge2 - 1000047654...
8/7/2006	\$544.00	Late Charge Rev...	sit, LateCharge2 - 1000047655...
8/7/2006	\$11.00	Late Charge Rev...	sit, LateCharge - 10000476552;...
8/7/2006	\$46.64	Late Charge Rev...	sit, LateCharge - 10000476552;...
8/8/2006	\$544.00	Late Charge Rev...	sit, LateCharge - 10000476565;...
8/9/2006	\$544.00	Late Charge Rev...	sit, LateCharge - 10000476650;...
8/9/2006	\$16.99	Late Charge Rev...	sit, LateCharge - 10000476650;...
8/9/2006	\$29.65	Late Charge Rev...	sit, LateChargeDefaultToken - ...
8/9/2006	\$38.98	Late Charge Rev...	sit, LateCharge - 10000476657;...
8/9/2006	\$16.99	Late Charge Rev...	sit, LateChargeDefaultToken - ...
8/9/2006	\$124.69	Late Charge Rev...	sit, LateCharge - 10000476665;...
8/9/2006	\$66.00	Late Charge Rev...	sit, LateCharge - 10000476665;...
11/13/2008	\$20.00	Late Charge Rev...	mainak , fp-hp - 2195; 225101...
11/13/2008	\$20.00	Late Charge Rev...	deepa, new - 3944-1; 2251048;...
11/13/2008	\$4,287.00	Late Charge Rev...	timme,,patient2 - 3617; 21320...
11/13/2008	\$3,181.00	Late Charge Rev...	timme,,patient5 - 3646; 21341...

2. Double-click a queue item. The patient account is displayed.



3. Select the Charges view. A red exclamation point  indicates the late charge.



**NOTE: THE LATE CHARGE OPERATIONS JOB CAN AUTOMATICALLY BE CONFIGURED TO REGENERATE THE CLAIM WITH JUST LATE CHARGES OR REGENERATE THE ENTIRE BILL. IT CAN ALSO ADJUST, CREDIT, OR WRITE OFF CHARGES AUTOMATICALLY.**

4. Review and take appropriate action.

Bill late charges on a late charge claim or a replacement claim

- Manually write off the charge
- Credit the charge
- Modify charge information
- Generate a claim
- Apply an action code to record work done
- Reassign a work queue item

## WORKING THE PENDING EDIT CLAIM QUEUE

The Pending Edit state represents when a claim has been submitted but not transmitted. This state is only used for sites that use the transmission date functionality back from the scrubber. It is necessary to review claims in your scrubber to verify it has been sent to the payer. Claims are released from this work queue once the claim status changes to transmitted, which may need to occur manually. Claims with older dates should be monitored closely.

Complete the following steps to monitor the claims that are in a status of pending edit:

1. In Revenue Cycle (RevenueCycle.exe) open the Workflow view and double-click the Pending Edit Claim queue. The work items and available filters are displayed.

The screenshot displays the 'Revenue Cycle - My Workflow' application window. The interface is divided into several panes:

- Personnel:** A tree view on the left shows a list of staff members. 'DeMarlie, Diana' is selected and highlighted in blue.
- Workflow:** A central pane titled 'Personnel: DeMarlie, Diana' displays a summary table of claim statuses. The 'Pending Edit Claim' row is highlighted with a red box.
- Reports:** A pane below Personnel shows a list of reports for Diana DeMarlie, including '7 Day Roll S...', 'AR Balance ...', 'ATB Encou...', 'Daily Bal AT...', and 'Daily Bal Pa...'. Each report entry includes a description, a 'Created' date of 2/26/2014, and a 'Purge Date' of 2/27/2014 - 1 Da.
- Follow-Up:** A pane at the bottom shows a table for follow-up items, currently displaying 'No Items For Current Filters'.

The main Workflow table contains the following data:

Status	Count	Amount	Percent of Total Count
Discharged, Not Ready to Bill	43	\$4,122,778.69	2%
In House	1983	\$16,157,548.15	92%
<b>Pending Edit Claim</b>	<b>17</b>	<b>\$414,567.67</b>	<b>&lt;1%</b>
PreRegistration	1	\$75.00	<1%
Ready to Bill	22	\$326,648.80	1%
Credit Balance	11	(\$12,722.00)	<1%
Discharged, Not Ready to Bill	39	\$633,154.06	1%
In House	17	\$4,604,970.34	<1%
PreRegistration	10	\$14,599.37	<1%
Demographic Modifications	5	\$149,282.86	<1%
Encounter Combines	1	\$89,600.00	<1%
<b>Totals:</b>	<b>2149</b>	<b>\$26,500,502.94</b>	<b>100%</b>

Workflow X Remittances

Personnel: DeMarlie, Diana - Insurance Balance

Filters/Sort Displaying 17 Items

Health Plan  Financial Class  Bill Type

Facility  Status  Reason

Encounter Type  Status Date

Sort   Ascending  Descending

Status Date	Amount	Status	Description
2/20/2014	\$4,169.92	Pending Edit Claim	BOYLSTON, HENRY - 1380; Institutional; Health; 07/25/13
2/20/2014	\$5,821.51	Pending Edit Claim	CHARLES, WHITNEY - 1395; Institutional; Health; 07/25/13
2/20/2014	\$124,971.60	Pending Edit Claim	BARRETT, SHELBY - 1015; Institutional; Blue Cross; 06/11/13
2/20/2014	\$262,016.00	Pending Edit Claim	HUGHES, ANTHONY - 1423; Institutional; Aetna; 06/02/13
2/20/2014	\$200.00	Pending Edit Claim	MCGINNIS, THOMAS JEROME - 1601; Professional; Medicare; 08...
2/20/2014	\$3,118.00	Pending Edit Claim	BARTON, SCOTT - 2218; Institutional; Medicare; 10/29/13
2/20/2014	\$2,456.00	Pending Edit Claim	REIMERS, KELLY - 2227; Institutional; Blue Cross; 10/29/13
2/20/2014	\$4,182.00	Pending Edit Claim	LAUDER, VIRGINIA - 2210; Institutional; Medicare; 10/28/13
2/20/2014	\$2,456.00	Pending Edit Claim	JARVIS, BRIAN - 2228; Institutional; Cigna; 10/29/13
2/20/2014	\$1,378.00	Pending Edit Claim	BARTON, TONI - 2214; Institutional; Blue Cross Supplemental; 1...
2/20/2014	\$598.00	Pending Edit Claim	CLAUDE, JILLIAN - 2225; Institutional; Medicare; 10/29/13
2/20/2014	\$1,260.00	Pending Edit Claim	REIMERS, SHELBY - 2252; Institutional; Blue Cross; 10/30/13
2/20/2014	\$1,545.40	Pending Edit Claim	BARTON, RONALD - 2196; Institutional; Blue Cross Supplement...
2/20/2014	\$138.60	Pending Edit Claim	UHLHOPP, BRAD - 2492; Professional; Cigna; 01/06/14
2/20/2014	\$118.00	Pending Edit Claim	REIMERS, KELLY - 2251; Institutional; Blue Cross; 10/30/13
2/20/2014	\$138.60	Pending Edit Claim	REIMERS, KELLY - 2251; Professional; Blue Cross; 10/30/13
2/20/2014	\$0.04	Pending Edit Claim	ARNOLD, MILLIE - 2635; Professional; Medicare Part B; 02/06/14

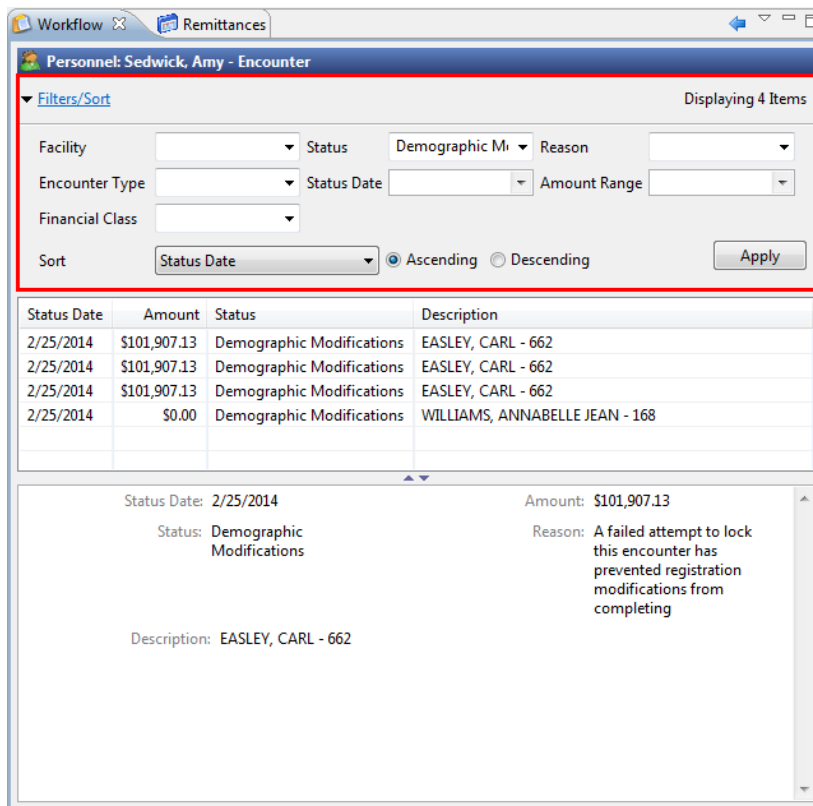
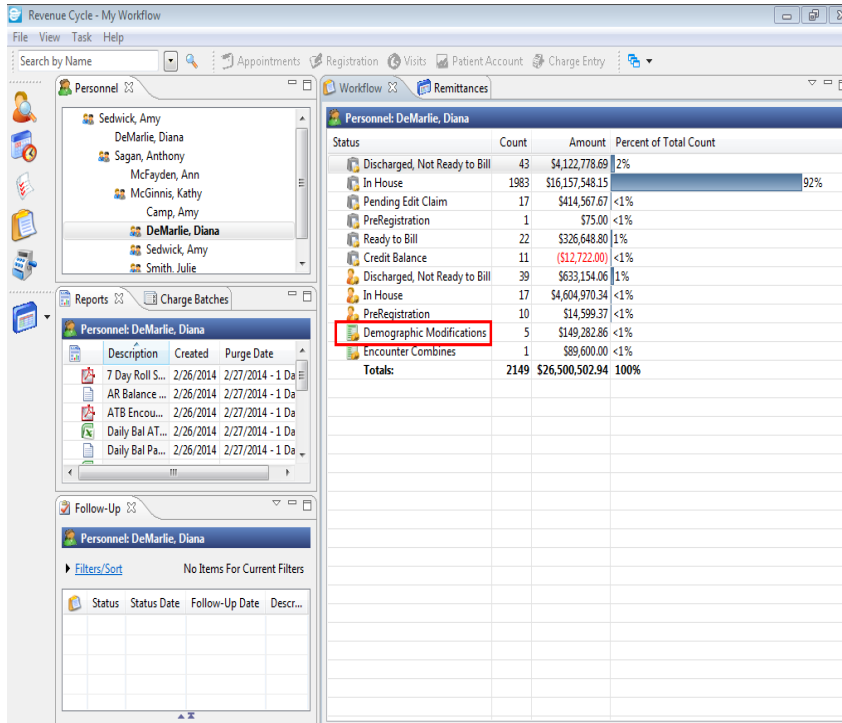
2. Review dates and take appropriate action:
3. Ensure that the claim has been transmitted.
4. Apply an action code to record the work done.

#### WORKING THE DEMOGRAPHIC MODIFICATIONS QUEUE

As registration modifications (RM) are processed, certain circumstances will cause the encounter to be queued to the Demographics Modifications workflow queue. The queue item is assigned a reason for its presence and identifies additional steps that may be required to bring the modification to full resolution.

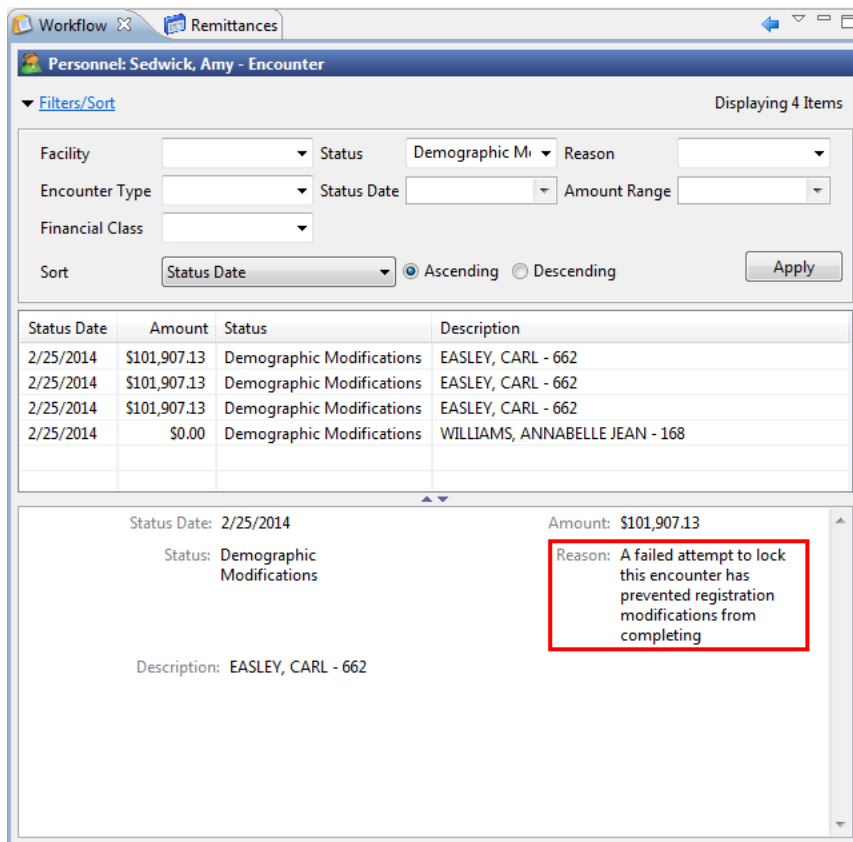
Complete the following steps to review the reason for the work item and take appropriate action:

1. In Revenue Cycle (RevenueCycle.exe) navigate to the Workflow tab and double-click the Demographic Modifications queue. The work items and available filters are displayed.



2. Select a work item.

3. Review the reason and take appropriate action.



---

## DEMOGRAPHIC MODIFICATION REASONS

The reasons for encounters to be queued to the Demographics Modifications workflow queue and the appropriate actions to take, are as follows:

---

### A SUSPENDED CHARGE ON THIS ENCOUNTER HAS PREVENTED REGISTRATION MODIFICATIONS FROM COMPLETING.

**Queue Event:** During the processing of a RM certain circumstances will cause a charge to be reevaluated and as a result, credited and subsequently debited with the updated information. In order to preserve the accuracy and integrity of the revenue that has already been collected on the encounter, the RM will not complete if either the credit or new debit suspend during their creation and posting. If such a scenario occurs the encounter will be queued and requires further manual evaluation.

**Action to Take:** For each offending charge, the system will store the suspense reason of the credit and or the new debit so you can make any necessary modifications to the encounter or the system build to allow the charge to successfully reevaluate.

1. Use the Suspended Charges by Person Report (RMSC-01) report. The report can be run for all RMs that have failed due to a suspended charge, or for a single encounter. Each offending charge is listed in the report along with the reason for the suspense.
2. Make necessary modifications.
3. Reevaluate registration modification by opening the registration conversation and clicking to Save or Complete. If the reevaluation is successful, the queue item will be automatically removed from the workflow queue.

---

### A FAILED ATTEMPT TO LOCK THIS ENCOUNTER HAS PREVENTED REGISTRATION MODIFICATIONS FROM COMPLETING.

**Queue Event:** During the processing of a RM the system will attempt to gain exclusive access to the encounter prior to processing it. If exclusive access cannot be obtained, then the system cannot reliably process the RM. If such a scenario occurs the encounter will be queued.

**Action to Take:** At a later moment you can reevaluate the registration modification by opening the registration conversation and clicking to Save or Complete. If exclusive access is obtained and if the reevaluation is successful, the queue item will be automatically removed from the workflow queue.

---

#### AN INVALID COORDINATION OF BENEFITS ON THIS ENCOUNTER HAS PREVENTED REGISTRATION MODIFICATIONS FROM COMPLETING.

**Queue Event:** During the processing of a Registration Modification the system evaluates the coordination of benefits entered during registration for correctness. Overlapping health plans coverage dates, as well as gaps in health plan priority sequence are not valid. If such a scenario occurs the encounter will be queued and requires further manual evaluation.

**Action to Take:** To resolve the issue, make the appropriate modifications to the coordination of benefits in registration. When the modification to the coordination of benefits is made, the system will automatically reevaluate the RM. If the coordination of benefits is valid and the RM is successfully evaluated, the queue item will be automatically removed from the workflow queue.

**NOTE: CLINICAL ENCOUNTERS WILL ALSO QUEUE AND DEQUEUE IN THE DEMOGRAPHIC MODIFICATIONS QUEUE IF A HEALTH PLAN IS ADDED OR REMOVED AND THERE IS AN INVALID COORDINATION OF BENEFITS.**

#### APPLYING ACTION CODES

Action codes allow you to add system-generated comments to track your productivity based on your initiated actions. These action codes trigger a comment corresponding to the specific action. You can add user-defined events to specific action codes. These events display action that happens outside of your system.

Apply an Action Code task is available in the following views:

- Balances
- Charges
- Claims
- Encounters
- Patient Account
- Related Balances
- Related Encounters
- Statements
- Workflow (My Workflow)
- Workflow (Patient Account)
- Workflow Follow-up

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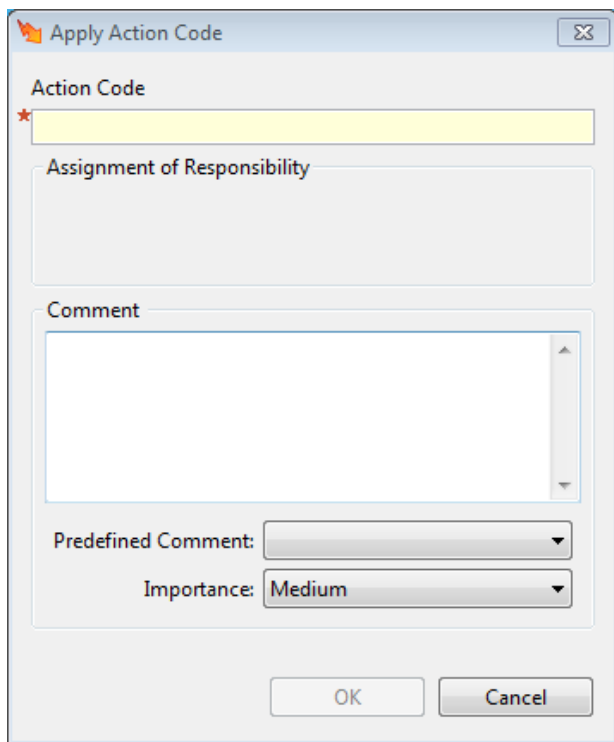
#### BUSINESS RULES AND NOTES

- **Multiple select capability:** You can select multiple items at once and apply to same task to all. To select several single items, hold down the CTRL button and click each item. To select several items that are grouped together, hold down the SHIFT button and click the first item, then click the last item. These can be used together to select a set of items (using SHIFT) and then deselect certain items from that range (using CTRL).

- Action codes can be configured to resolve and remove a work item as well as removing an associated hold.
- Action codes can be configured to automate system actions.

Complete the following steps to apply an action code to record an external event:

1. Right-click the item or click **View Menu**  and select **Apply Action Code**. The Apply Action Code dialog window is displayed.



2. Enter the action code, or select it from the list. Press space bar in the Action Code box to pull up options.
3. Complete any additional criteria boxes.
  - If the option is available, you can enter an amount of time for when you want the queue item to display back in your workflow.
  - If the option is available, you can forward the queue item to another individual's workflow for review. In the Personnel section, you can search for the person to whom you want to forward the balance or encounter.
    - **Refer Queue Item:** If a queue item needs to be transferred to another collector or manager, refer the queue item to the appropriate person's referral workqueue. It is important to note that the original queue item will remain in the queue. The system will send a referral queue item to the referral workqueue for follow-up. Recommended Follow-Up Time is one to three days.
4. Click **OK**. The action code is recorded. Comments created by entering action codes in Workflow are displayed in the **Comments** view.

## FAILURE SCENARIOS

### OVERLAP IN COVERAGE

Health plans on the same priority sequence have overlapping coverage dates. This will cause a failure because we do not know which health plan to bill as primary during the overlapping time frame. To resolve check the encounter health plan coverage associated to the encounter

Coverage Summary												
COB	Health Plan	Carrier	Member Nbr	Encntr Plan Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber	Relation	Eligible	Eligibility Submit Date	Eligibility Cache Date	Eligibility Cache Expire Date
1	Aetna	Aetna		1/4/2016	2/26/2016	Commercial	ZZZTEST,AUBREY	Self				
1	WCA	WCA		1/4/2016	12/31/2100	Commercial	ZZTEST,DAVE	Brother				
2	Washington Co Human Srvc	SELF PAY		1/4/2016	12/31/2100	Commercial	ZZZTEST,AUBREY	Self				

**GAP IN COVERAGE**

No primary health plan but there is a secondary health plan. This will cause a failure because we do not know which plan should be billed as primary

Patient Information	Encounter Information	Guarantor Information	Additional Contacts	Insurance Primary	Insurance Secondary	Insurance Tertiary	MSP	Insurance Summary	Billing Episode
Insurance Summary									
COB	Health Plan	Carrier	Member Nbr	Encntr Plan Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber	Relation	
1									
2	WCA	WCA		1/4/2016	12/31/2100	Commercial	ZZTEST,DAVE	Brother	

Gap between two health plans coverage on the same priority sequence, but full coverage in next priority sequence health plan. This will cause a failure because we do not know which plan should be billed as primary during the gap in coverage.

Coverage Summary												
COB	Health Plan	Carrier	Member Nbr	Encntr Plan Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber	Relation	Eligible	Eligibility Submit Date	Eligibility Cache Date	Eligibility Cache Expire Date
1	Aetna	Aetna		1/4/2016	2/26/2016	Commercial	ZZZTEST,AUBREY	Self				
1	WCA	WCA		4/1/2016	12/31/2100	Commercial	ZZTEST,DAVE	Brother				
2	Washington Co Human Srvc	SELF PAY		1/4/2016	12/31/2100	Commercial	ZZZTEST,AUBREY	Self				

Coverage expires for health plan prior to 12/31/2100 end effective but full coverage in next priority sequence health plan with 12/31/2100 end effective. This causes a failure because the system finds at a given time there is no primary but there is a

secondary.

Patient Information	Encounter Information	Guarantor Information	Additional Contacts	Insurance Primary	Insurance Secondary	Insurance Tertiary	MSP	Insurance Summary	Billing Episode
Insurance Summary									
COB	Health Plan	Carrier	Member Nbr	Encntr Plan Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber	Relation	
1	Aetna	Aetna		1/4/2016	12/31/2016	Commercial	ZZZTEST, AUBREY	Self	
2	WCA	WCA		1/4/2016	12/31/2100	Commercial	ZZTEST, DAVE	Brother	

### SELF-PAY FINANCIAL CLASS ISSUES

Primary is Self-pay financial class and Secondary is a health plan. Same if secondary is Self-pay financial class and tertiary is health plan. This causes a failure because we do not know which plan we should billed as self-pay.

Patient Information	Encounter Information	Guarantor Information	Additional Contacts	Insurance Primary	Insurance Secondary	Insurance Tertiary	MSP	Insurance Summary	Billing Episode
Insurance Summary									
COB	Health Plan	Carrier	Member Nbr	Encntr Plan Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber	Relation	
1	Self Pay	SELF PAY		1/4/2016		Self Pay	ZZZTEST, AUBREY	Self	
2	WCA	WCA		1/4/2016	12/31/2100	Commercial	ZZTEST, DAVE	Brother	

Multiple priority sequences have Self pay financial class. This causes a failure because we do not know which plan we should billed as self-pay.

Patient Information	Encounter Information	Guarantor Information	Additional Contacts	Insurance Primary	Insurance Secondary	Insurance Tertiary	MSP	Insurance Summary	Billing Episode
Insurance Summary									
COB	Health Plan	Carrier	Member Nbr	Encntr Plan Beg. Dt	Encntr Plan End Dt	Plan Type	Subscriber	Relation	
1	Self Pay	SELF PAY		1/4/2016		Self Pay	ZZZTEST, AUBREY	Self	
2	Self Insured Ben Adm	Self Insured Bene Admin		1/4/2016	12/31/2100	Commercial	ZZTEST, DAVE	Brother	

---

#### THIS ENCOUNTER IS IN BAD DEBT AND HAS BEEN AFFECTED BY A REGISTRATION MODIFICATION.

**Queue Event:** The system will process a RM on an encounter in bad debt; however, in certain circumstances additional manual steps are most likely required to fully bring the RM to resolution. One such example is that a health plan has been added to the encounter. If a health plan has been added to an encounter in bad debt, the user must determine if it is now appropriate for the encounter to be removed from bad debt and the insurance be billed. If such a scenario occurs the encounter will be queued and requires further manual evaluation.

Another example is the encounter type was changed. If the encounter type has been changed to an encounter in bad debt, the user must determine if it is now appropriate for the encounter to be removed from bad debt. If such a scenario occurs the encounter will be queued and requires further manual evaluation.

**Action to Take:** The most appropriate steps to resolution are to be determined by you based on the state of the encounter and the type of modification that was made. For any significant modifications made to the encounter, a comment is added indicating the change that was made. When you are sufficiently satisfied that all necessary steps have been taken to bring the RM to full resolution, you can remove the item from the queue using the 'Manually Release' option from workflow.

---

#### THIS ENCOUNTER IS NOW ASSOCIATED TO A GUARANTOR WITH AN EXISTING FORMAL PAYMENT PLAN.

**Queue Event:** If during the processing of a RM, the guarantor of the encounter is either changed or added, the system may queue the encounter to workflow if the new guarantor is already assigned to a formal payment plan of another encounter. This would indicate that the guarantor is already responsible for the balance(s) of other encounter(s) in the system, and as such, may be responsible for this encounter's balance as well. If this scenario occurs, the system will not automatically associate the encounter to the formal payment plan; however, it will queue the encounter to workflow for further manual evaluation.

**Action to Take:** If it is determined by manual evaluation that the guarantor should be responsible for this encounter balance then you can associate the encounter to the formal payment plan, update the installment amounts as needed, and alert the guarantor to changes in the formal payment plan. When you are satisfied that all necessary steps have been taken to bring the RM to full resolution, you can remove the item from the queue using the 'Manual Release' option from workflow.

---

#### THE GUARANTOR ASSOCIATED TO THIS ENCOUNTER HAS BEEN REMOVED.

**Queue Event:** If during the processing of a RM, the guarantor of the encounter is removed, the system will not be able to correctly determine the party responsible for the self-pay balance and will no longer generate statements. If such a scenario occurs the encounter will be queued and requires further manual evaluation.

**Action to Take:** You must add a guarantor in registration to whom the self-pay balance will be billed. When the modification to the guarantor is made, the system will automatically reevaluate the RM. When you are satisfied that all necessary steps have been taken to bring the RM to full resolution, you can remove the item from the queue using the 'Manual Release' option from workflow.

---

#### PRIMARY HEALTH PLAN REMOVED. EVALUATE FORMAL PAYMENT PLAN

**Queue Event:** If the primary health plan is removed from an encounter which is associated to a formal payment plan, then the terms of the formal payment plan most likely need to be updated. If such a scenario occurs the encounter will be queued and requires further manual evaluation.

**Action to Take:** If it is determined that the terms of the formal payment plan should be updated then the user can update the installment amounts as needed and alert the guarantor to changes in the formal payment plan. When you are satisfied that all

necessary steps have been taken to bring the RM to full resolution, you can remove the item from the queue using the Manual Release option from workflow.

---

THIS ENCOUNTER HAS BEEN REMOVED FROM A FORMAL PAYMENT PLAN WHICH NOW NEEDS TO BE EVALUATED FOR CHANGES.

**Queue Event:** During the processing of a RM certain circumstances will cause the encounter to be removed from the formal payment plan it is currently associated to. If the formal payment plan is tied to other encounters, then the terms of the payment plan might need to be updated to reflect the removal of this encounters balance. If such a scenario occurs the encounter will be queued and requires further evaluation.

**Action to Take:** If it is determined that the terms of the formal payment plan should be updated then you can update the installment amounts as needed and alert the guarantor to changes in the formal payment plan. When you are satisfied that all necessary steps have been taken to bring the RM to full resolution, you can remove the item from the queue using the Manual Release option from workflow.

---

THIS ENCOUNTER HAS A PERSON MANAGEMENT CHARGE THAT HAS BEEN CREDITED DUE TO AN ENCOUNTER TYPE CHANGE.

**Queue Event:** When modifying the encounter type to or from a recurring encounter, all PM charges currently associated to the encounter will be credited. If such a scenario occurs the encounter will be queued and requires further evaluation.

**Action to Take:** If it is determined that the PM charges are valid and should exist on the encounter, you can debit those charges again using Charge Batch Entry. When you are satisfied that all necessary steps have been taken to bring the RM to full resolution, you can remove the item from the queue using the Manual Release option from workflow.

---

#### CERNER CONTRACT MANAGEMENT

The encounter had charges that either re-tiered, had bill code changes, or were unable to process. The modifications cannot bypass re-billing with these conditions.

**Queue Event:** Alternate Repricing option selected with encounter modification that caused charge changes to occur (bill code change, price change, or re-tier due to interface file) and did not qualify for PBM exception rule.

**Action to Take:** Add the PBM exception rule or update the charge build. You will need to select Alternate Repricing from the Pricing Details window, select Skip Rebill for the health plan change previously attempted OR in Registration, complete a regular encounter modification that will activate a rebill modification.

---

THE ENCOUNTER MODIFICATION HAD NO PRIMARY HEALTH PLAN CHANGE OR HAD ADDITIONAL MODIFICATIONS BEYOND THE PRIMARY HEALTH PLAN. THE MODIFICATION CANNOT BYPASS RE-BILLING WITH THESE CONDITIONS

**Queue Event:** Alternate Repricing option selected with encounter modification, where more than a primary HP modification occurred, or no health plan modification occurred. This could also occur when there is another encounter modification in process.

**Action to Take:** Select Alternate Repricing from the Pricing Details window, select Skip Rebill for the health plan change previously attempted OR in Registration, complete a regular encounter modification that will activate a rebill modification.

**NOTES: IF AFTER PERFORMING THE ALTERNATE REPRICING ACTION PROCESS AND THE MODIFICATION IS NOT RESOLVED, LOG AN SR TO CERNER SUPPORT USING ESERVICE AND INCLUDE THE FOLLOWING:**

- Financial Number (FIN #)
- Claim Number (if applicable)
- Synopsis of issue

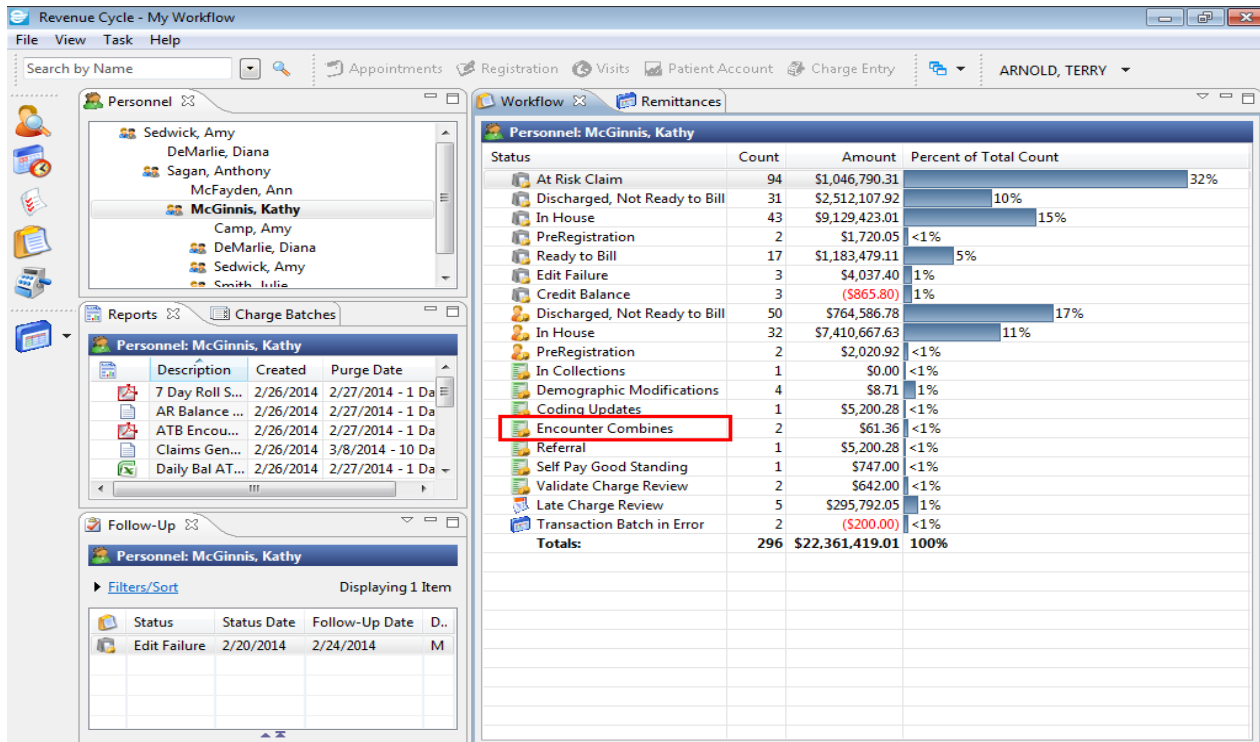
Clicking the Skip Rebill button  triggers a Skip Rebill modification.

## WORKING THE ENCOUNTER COMBINES QUEUE

The Encounter Combines queue contains encounters that cannot be combined on the financial side due to one encounter either being in collections, containing overlapping dates of service, contains a submitted claim, or one of the encounters is a recurring encounter.

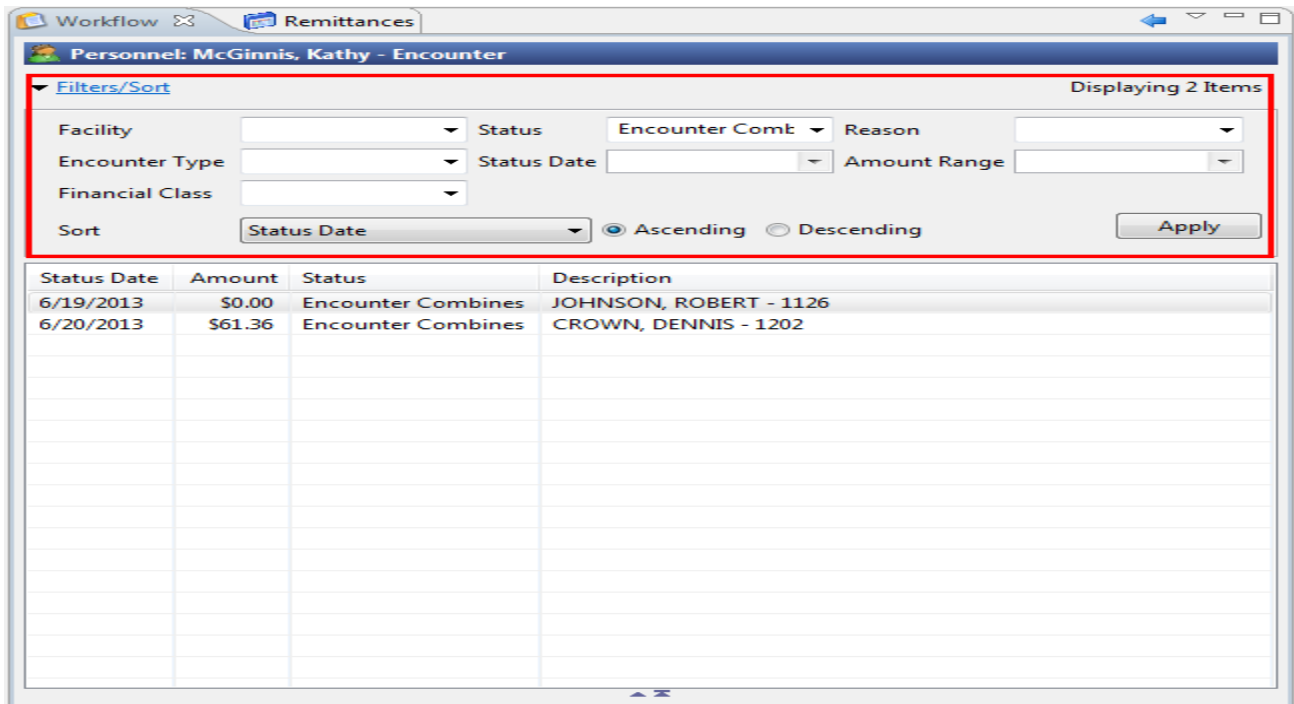
Complete the following steps to work the Encounter Combines queue:

1. In Revenue Cycle (RevenueCycle.exe), select the Workflow view and double-click the Encounter Combines queue. The work items and available filters are displayed.

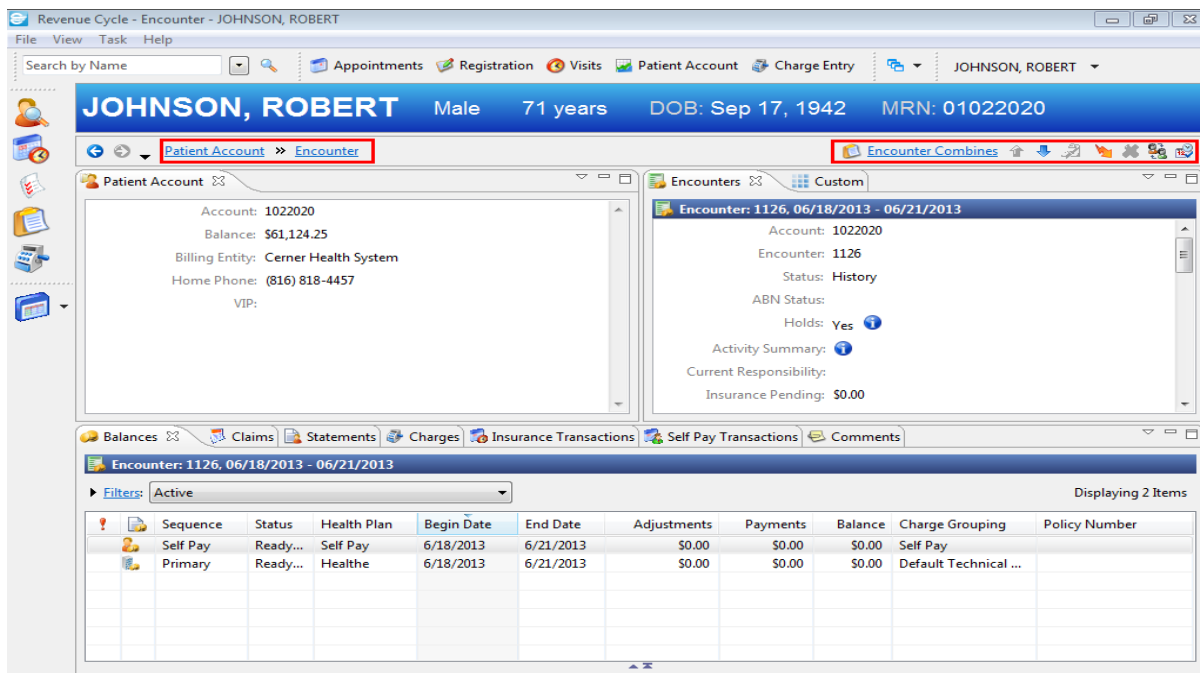


The screenshot shows the Revenue Cycle software interface. The main window is titled "Revenue Cycle - My Workflow" and displays a "Workflow" view for "Personnel: McGinnis, Kathy". The "Encounter Combines" queue is highlighted with a red box. The interface includes a search bar, navigation tabs (Personnel, Reports, Follow-Up), and a detailed table of workflow items.

Status	Count	Amount	Percent of Total Count
At Risk Claim	94	\$1,046,790.31	32%
Discharged, Not Ready to Bill	31	\$2,512,107.92	10%
In House	43	\$9,129,423.01	15%
PreRegistration	2	\$1,720.05	<1%
Ready to Bill	17	\$1,183,479.11	5%
Edit Failure	3	\$4,037.40	1%
Credit Balance	3	(\$865.80)	1%
Discharged, Not Ready to Bill	50	\$764,586.78	17%
In House	32	\$7,410,667.63	11%
PreRegistration	2	\$2,020.92	<1%
In Collections	1	\$0.00	<1%
Demographic Modifications	4	\$8.71	1%
Coding Updates	1	\$5,200.28	<1%
Encounter Combines	2	\$61.36	<1%
Referral	1	\$5,200.28	<1%
Self Pay Good Standing	1	\$747.00	<1%
Validate Charge Review	2	\$642.00	<1%
Late Charge Review	5	\$295,792.05	1%
Transaction Batch in Error	2	(\$200.00)	<1%
<b>Totals:</b>	<b>296</b>	<b>\$22,361,419.01</b>	<b>100%</b>



2. Double-click a queue item. The patient account is displayed with the encounter in context and the workflow toolbar displayed.



3. Review account information and take appropriate action.
4. Apply an action code to record your work and manually release the queue item.

Action codes allow you to add system-generated comments to track your productivity based on your initiated actions. These action codes trigger a comment corresponding to the specific action. You can add user-defined events to specific action codes. These events display action that happens outside of your system.

Apply an Action Code task is available in the following views:


- Balances
- Charges
- Claims
- Encounters
- Patient Account
- Related Balances
- Related Encounters
- Statements
- Workflow (My Workflow)
- Workflow (Patient Account)
- Workflow Follow-up

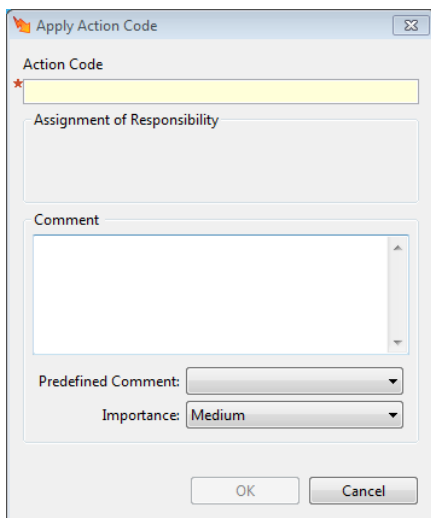
### Business Rules and Notes

Multiple select capability: You can select multiple items at once and apply to same task to all. To select several single items, hold down the CTRL button and click each item. To select several items that are grouped together, hold down the SHIFT button and click the first item, then click the last item. These can be used together to select a set of items (using SHIFT) and then deselect certain items from that range (using CTRL).

- Action codes can be configured to resolve and remove a work item as well as removing an associated hold.
- Action codes can be configured to automate system actions.

Complete the following steps to apply an action code to record an external event:

1. Right-click the item or click View Menu  and select Apply Action Code. The Apply Action Code dialog window is displayed.



2. Enter the action code or select it from the list. Press space bar in the Action Code box to pull up options.
  3. Complete any additional criteria boxes.
- If the option is available, you can enter an amount of time for when you want the queue item to display back in your workflow.

- If the option is available, you can forward the queue item to another individual's workflow for review. In the Personnel section, you can search for the person to whom you want to forward the balance or encounter.


Refer Queue Item: If a queue item needs to be transferred to another collector or manager, refer the queue item to the appropriate person's referral work queue. It is important to note that the original queue item will remain in the queue. The system will send a referral queue item to the referral work queue for follow-up. Recommended Follow-Up Time is one to three days.

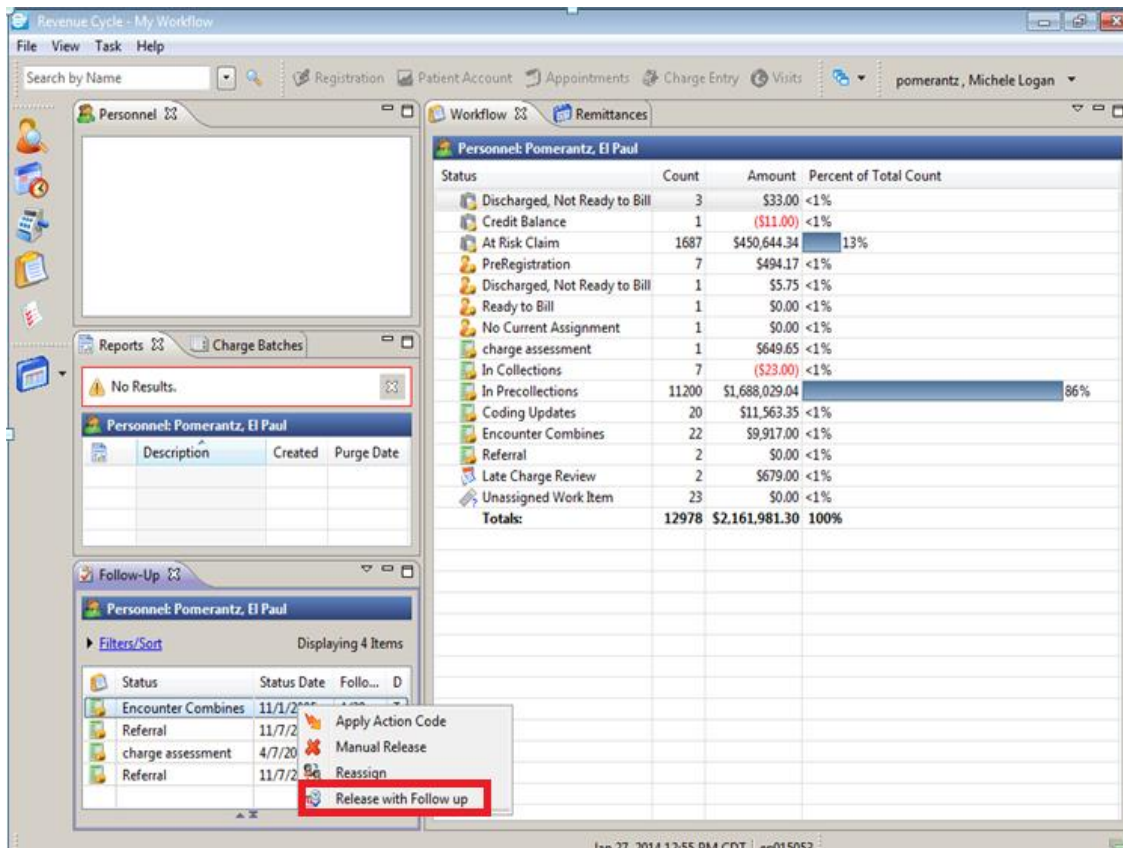
4. Click OK. The action code is recorded. Comments created by entering action codes in Workflow are displayed in the Comments view.

## RELEASING A WORK QUEUE ITEM WITH FOLLOW-UP

You can release a work queue item from the Workflow view for a defined period of time. The entity returns to the workflow after the defined period has elapsed. You can also add more time in the Follow-Up view.

Complete the following steps to release a work queue item with a follow-up:

1. Identify a queue item. For this example, use a work queue item from the Follow-up view.
2. Right-click the queue item or click  and select Release with Follow-Up.



The screenshot shows the 'Revenue Cycle - My Workflow' application interface. The main window displays a summary table for 'Personnel: Pomerantz, El Paul' with the following data:

Status	Count	Amount	Percent of Total Count
Discharged, Not Ready to Bill	3	\$33.00	<1%
Credit Balance	1	(\$11.00)	<1%
At Risk Claim	1687	\$450,644.34	13%
PreRegistration	7	\$494.17	<1%
Discharged, Not Ready to Bill	1	\$5.75	<1%
Ready to Bill	1	\$0.00	<1%
No Current Assignment	1	\$0.00	<1%
charge assessment	1	\$649.65	<1%
In Collections	7	(\$23.00)	<1%
In Precollections	11200	\$1,688,029.04	86%
Coding Updates	20	\$11,563.35	<1%
Encounter Combines	22	\$9,917.00	<1%
Referral	2	\$0.00	<1%
Late Charge Review	2	\$679.00	<1%
Unassigned Work Item	23	\$0.00	<1%
<b>Totals:</b>	<b>12978</b>	<b>\$2,161,981.30</b>	<b>100%</b>

The 'Follow-Up' view is open, displaying 4 items:

Status	Status Date	Follo...	D
Encounter Combines	11/1/2		
Referral	11/7/2		
charge assessment	4/7/20		
Referral	11/7/2		

A context menu is open over the 'Follow-Up' view, with the following options:

- Apply Action Code
- Manual Release
- Reassign
- Release with Follow up

3. The Release with Follow-up dialog box is displayed.

**Release Queue Items**

Please choose an action to apply to the selected queue items.

**Selected Action**  
Release with Follow Up

**Review Date**  
Enter a review date in which you would like this item to appear in the queue. (Required)  
01/27/2014

**Comment**  
Enter a comment describing why you are taking this action. (Required)

Pre-defined Comments:

Importance Flag: Medium

OK Cancel

1. Select a review date.
2. Enter a comment.
3. Select a pre-defined comment.
4. Select an importance flag.

5. Click OK

Release Queue Items

Please choose an action to apply to the selected queue items.

**Selected Action:**

Release with Follow Up

**Review Date**

Enter a review date in which you would like this item to appear in the queue. (Required)

01/27/2014

**Comment**

Enter a comment describing why you are taking this action. (Required)

02 - BC DENIED NO LAB COVERAGE

Pre-defined Comments: 02 - BC DENIED NO LAB COVERAGE

Importance Flag: Medium

OK Cancel

## MANAGING WORK ITEMS

Work items are designed to help facilities route work and resolve issues within the Cerner Millennium system. With this workflow, you can identify business problems, manually or by the system, and assigned to the correct users or departments for resolution. The Work Items functionality offers multiple options and setup possibilities to enhance workflows.

### Identifying a Work Item

The Identify Work Item task enables you to identify specific entities as having issues that need to be resolved. You can assign the work item to a person or department. You can search for and assign personnel or departments in the facility associated to the entity identified, to resolve the issue identified. In order to assign issues to a department, departments must be configured. When a department is selected, the issue or work item is assigned to a person in the department depending first on if a person is already working on the balance or encounter, and then based on workload of personnel in the department.

When an issue is identified for a clinical encounter, it is associated to the financial encounter associated to the clinical encounter in context. If there are more than one financial encounter associated to the clinical encounter, the issue is associated with the most recent financial encounter.

This task is available from the following views:

- Balances
- Encounters
- Claims
- Workflow

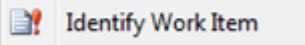
The following attributes are available within the Work Item Definition task:

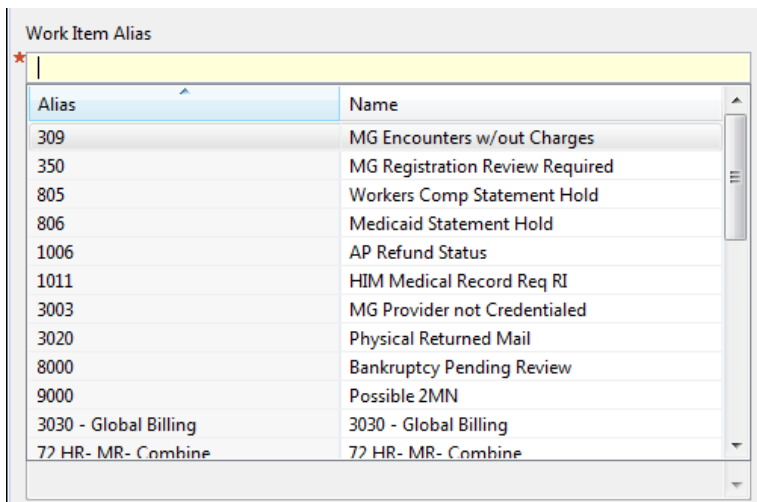
- Work Item Alias: Allows you to filter by the name of the work item.
- Responsible: Allows you filter by the party responsible for the work item.

Check one of the following to filter on:

- Department
- Personnel
- Assignment Rule
- Description: Free text field to enter a comment viewable by the responsible party for the outgoing Work Item.
- Preview Box: Must be unchecked to enter description notes.

Complete the following steps to identify a work item:

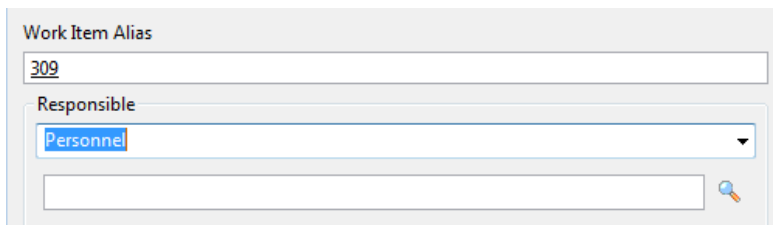
1. From the appropriate view, click the View Menu (down arrow) and select . The Identify Work Item dialog box is displayed.
2. Press space bar in the Work Item Alias Box to pull up options. The corresponding Work Item Alias can also be entered in this box. This box also allows for you to type in the selection if known.



The screenshot shows a dialog box titled "Work Item Alias" with a search field at the top containing a red asterisk. Below the search field is a table with two columns: "Alias" and "Name".

Alias	Name
309	MG Encounters w/out Charges
350	MG Registration Review Required
805	Workers Comp Statement Hold
806	Medicaid Statement Hold
1006	AP Refund Status
1011	HIM Medical Record Req RI
3003	MG Provider not Credentialed
3020	Physical Returned Mail
8000	Bankruptcy Pending Review
9000	Possible 2MN
3030 - Global Billing	3030 - Global Billing
72 HR- MR- Combine	72 HR- MR- Combine

3. Double-click to select alias. The personnel populates based on the alias chosen and yellow highlight on the field will disappear.



The screenshot shows the "Work Item Alias" dialog box with the "309" alias selected in the search field. Below the search field, the "Responsible" dropdown menu is open, showing "Personnel" selected. A search icon is visible in the bottom right corner of the dialog box.

4. Enter note into the description box.
5. Click Add to review before submitting.
6. Click OK. The encounter is sent to the the assigned queue and a billing hold is assigned if appropriate based on Work Item Alias chosen.

## RESOLVING A WORK ITEM

Once a work item is created, either manually or through a system event, it must be resolved. There are two mechanisms for resolving a Work Item, from Revenue Cycle or Discern Notification.

**NOTE: EVERY WORK ITEM IS CREATED AS PART OF A SPECIFIC WORKFLOW. THE STEPS OUTLINED ON THIS PAGE ONLY ILLUSTRATE THE STEPS TAKEN TO RESOLVE THE WORK ITEM ITSELF AND NOT FOR A SPECIFIC WORKFLOW. A WORK ITEM SHOULD ONLY BE RESOLVED ONCE ALL ISSUES RELATED TO THE SPECIFIC WORKFLOW ITSELF HAVE BEEN RESOLVED.**

### Resolving from Revenue Cycle

Work items are displayed in Revenue Cycle similarly to state-based or exception queue items.

Complete the following steps to resolve a work item in Revenue Cycle:

1. Double-click on the queue.
2. Select a work item and expand the work item details.

Status Date	Amount	Work Item Amount	Status	Description
12/16/2015	\$141.00		Care Management Denial Resolution	TRIGG, ROBERT - 14227; Institutional; Medicare; 12/16/15

**Work Item: Care Management Denial Review**

Patient: TRIGG, ROBERT  
Gender: Male  
DOB: 07/19/40  
MRN: 6068  
FIN: 14227

Work Item: Care Management Denial Review  
Status: Care Management Denial Resolution  
Assessor: CERNER  
Reviewer: None  
Status Date: 12/16/15  
Responsible Type: Personnel  
Responsible: CERNER  
Amount: \$141.00  
Owner: CERNER, CERNER  
Type: Insurance Balance  
FollowUp Date: 12/16/15  
Description: Automated work item identification by system  
Comments: [View All](#)

APR:Approve - WORK ITEM:Care Management Denial Review-Care Management Denial Review  
SYSTEM, SYSTEM Cerner - 12/16/15 15:38

3. Review the comments and take the appropriate action to correct the identified issue.
4. Once the issue has been resolved, right click on the Work Item from the queue and select Apply Action Code

5. Select the Action Code that will resolve the Work Item, and enter any appropriate comments.

The screenshot shows a dialog box titled "Apply Action Code". It has a close button in the top right corner. The "Action Code" field contains the text "105 Resolve". Below this is a section titled "Assignment of Responsibility" which contains the text "No follow up defined for action". Underneath is a "Comment" section with a text area containing "Issue Resolved.". Below the text area are two dropdown menus: "Predefined Comment:" and "Importance: Medium". At the bottom of the dialog are two buttons: "OK" and "Cancel".

**NOTE: WORK ITEMS ARE CONFIGURED TO ACCEPT SPECIFIC ACTION CODES FOR RESOLUTION. IF THE ACTION CODE SELECTED WAS NOT IDENTIFIED AS ABLE TO RESOLVE THE WORK ITEM, THE WORK ITEM WILL NOT BE RESOLVED. YOU MUST SELECT THE CORRECT ACTION CODE TO RESOLVE THE ITEM.**

6. Once the Action Code is applied, the work item is resolved and is removed from the queue.

## RESOLVING FROM DISCERN NOTIFICATION

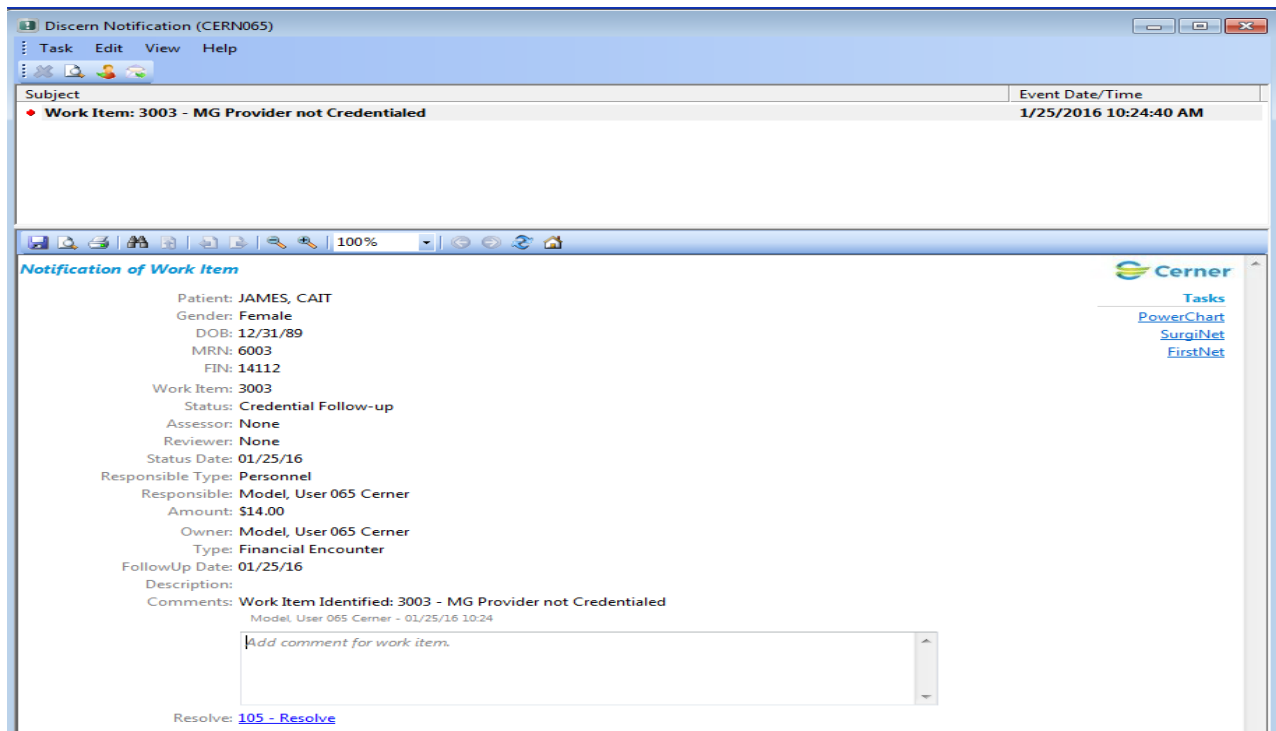
For end-users that do not access Revenue Cycle, work items may still be assigned to them and resolved through Discern Notification. The Work Item is displayed as an individual message in the application with details similar to the view in Revenue Cycle. From Discern Notification, you can access the following applications:

- PowerChart
- SurgiNet
- FirstNet

Selecting any of these options from the Task menu opens the selected application directly into the patient record for the identified Work Item, allowing any corrections to be made. Once the appropriate action has been taken, the Work Item may be resolved.

Complete the following steps to resolve a work item in Discern Notification:

1. Select a work item. The Work Item details are displayed.




2. Review the work item, and from the Task menu on the right-hand side of the dialog box, access the appropriate application.
3. Once all issues have been corrected, enter any appropriate comments and click the Resolve link to apply the action code. The work item is resolved.

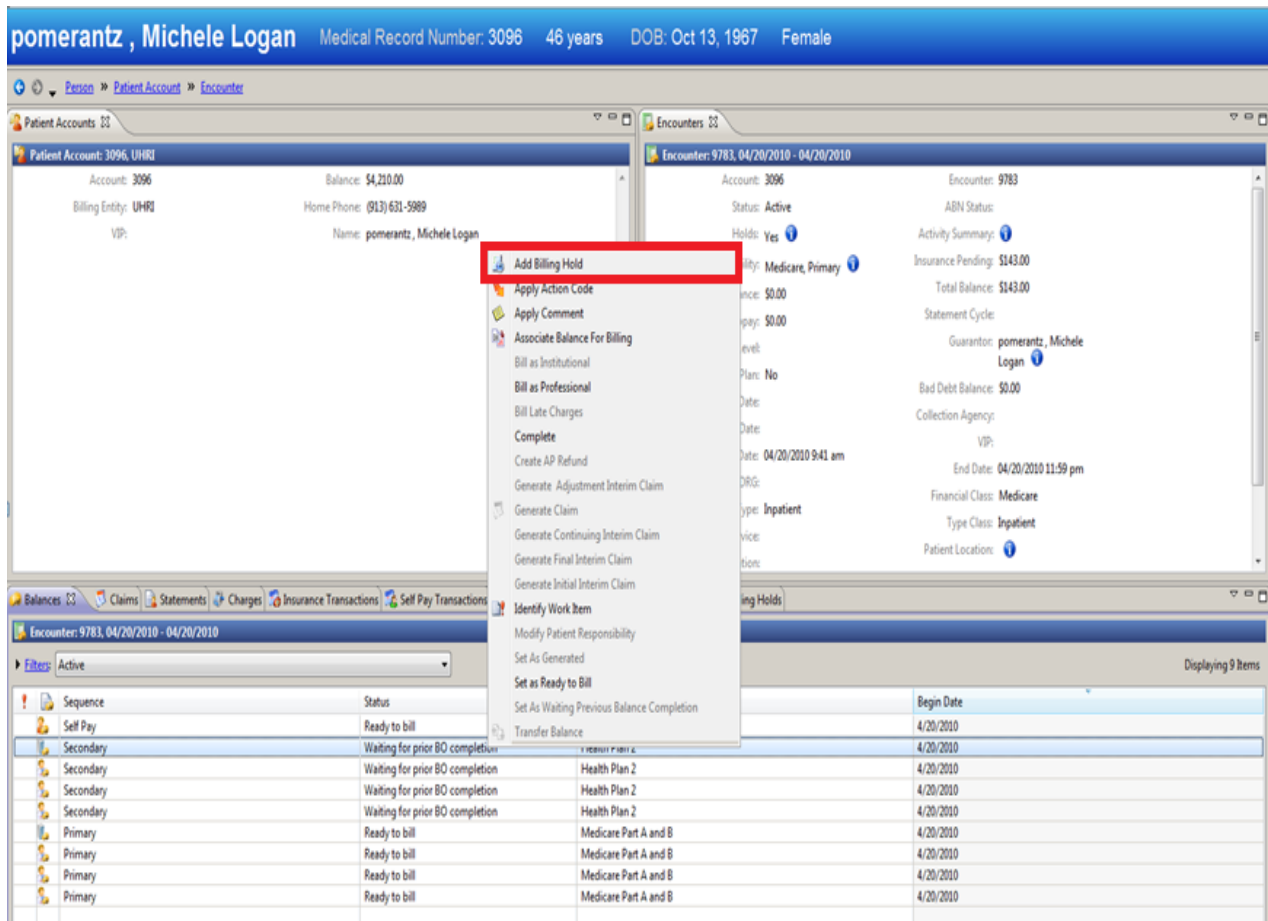
## MANAGING BILLING HOLDS

### APPLYING A BILLING HOLD

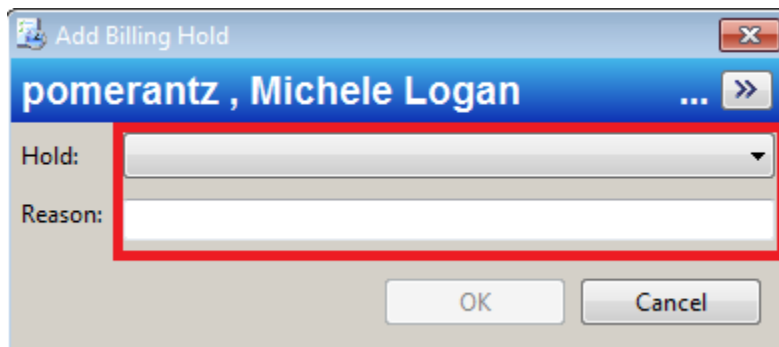
You can select a billing hold from a defined list and apply the hold to a financial encounter or balance. The hold must be user-defined and not already applied to an encounter or balance. This task is available from the Balances, Encounters, and Related Balances views.

Complete the following steps to add a billing hold:

1. Access the appropriate view to place a hold.
2. Click the drop down arrow , or right-click to display the task list.
3. Select Add Billing Hold. The Add Billing Hold dialog box is displayed.



- Select the appropriate billing hold, and enter a reason.



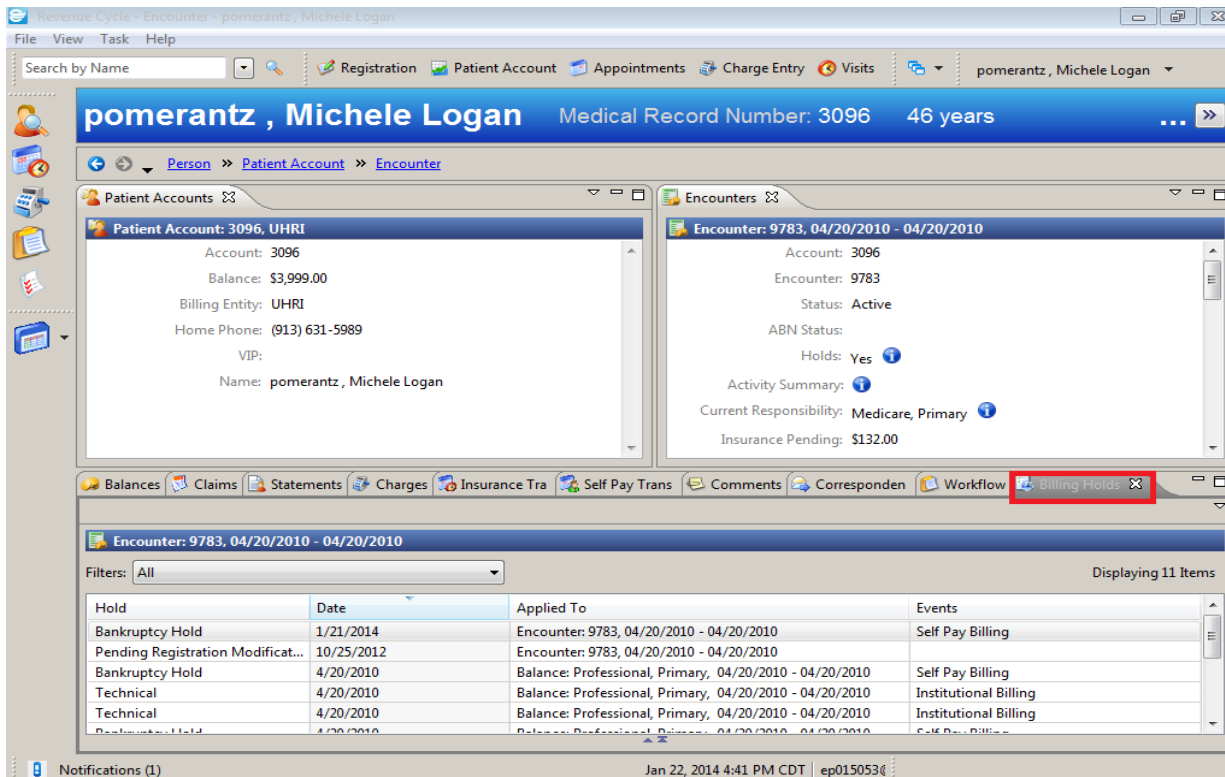
- Click OK.


## REMOVING A BILLING HOLD


The Remove Billing Hold task allows you to remove a billing hold from a financial encounter or balance. This task is available from the Billing Holds view.

Complete the following steps to remove a billing hold:

1. Select the Billing Holds view.



If Billing Holds is not displayed, click  from the toolbar and select Billing Holds. It will now display as a tab at the bottom of the screen.

2. Right click on billing hold or click the  to display the task list.
3. Select Remove Billing Hold. The Remove Billing Hold window will be displayed.

Revenue Cycle - Encounter - pomerantz, Michele Logan

File View Task Help

Search by Name

Registration Patient Account Appointments Charge Entry Visits pomerantz, Michele Logan

**pomerantz, Michele Logan** Medical Record Number: 3096 46 years

Person » Patient Account » Encounter

**Patient Account: 3096, UHRI**

Account: 3096  
 Balance: \$3,999.00  
 Billing Entity: UHRI  
 Home Phone: (913) 631-5989  
 VIP:  
 Name: pomerantz, Michele Logan

**Encounter: 9783, 04/20/2010 - 04/20/2010**

Account: 3096  
 Encounter: 9783  
 Status: Active  
 ABN Status:  
 Holds: Yes  
 Activity Summary:  
 Current Responsibility: Medicare, Primary  
 Insurance Pending: \$132.00

Balances Claims Statements Charges Insurance Tra Self Pay Trans Comments Corresponden Workflow Billing Holds

**Encounter: 9783, 04/20/2010 - 04/20/2010**

Filters: All Displaying 11 Items

Hold	Date	Applied To	Events
Bankruptcy Hold	1/21/2014	Encounter: 9783	Self Pay Billing
Pending Registration Modificat...	10/25/2012	Encounter: 9783	Self Pay Billing
Bankruptcy Hold	4/20/2010	Balance: Professional, Primary, 04/20/2010 - 04/20/2010	Self Pay Billing
Technical	4/20/2010	Balance: Professional, Primary, 04/20/2010 - 04/20/2010	Institutional Billing
Technical	4/20/2010	Balance: Professional, Primary, 04/20/2010 - 04/20/2010	Institutional Billing
Bankruptcy Hold	4/20/2010	Balance: Professional, Primary, 04/20/2010 - 04/20/2010	Self Pay Billing

Notifications (1) Jan 22, 2014 4:42 PM CDT | ep0150538

Remove Billing Hold

Are you sure you want to remove this hold?

Yes No

4. Click Yes.

Remove Billing Hold

Are you sure you want to remove this hold?

Yes No

5. The billing hold has been removed.

## WORKING THE CREDIT BALANCE INVOICE QUEUE

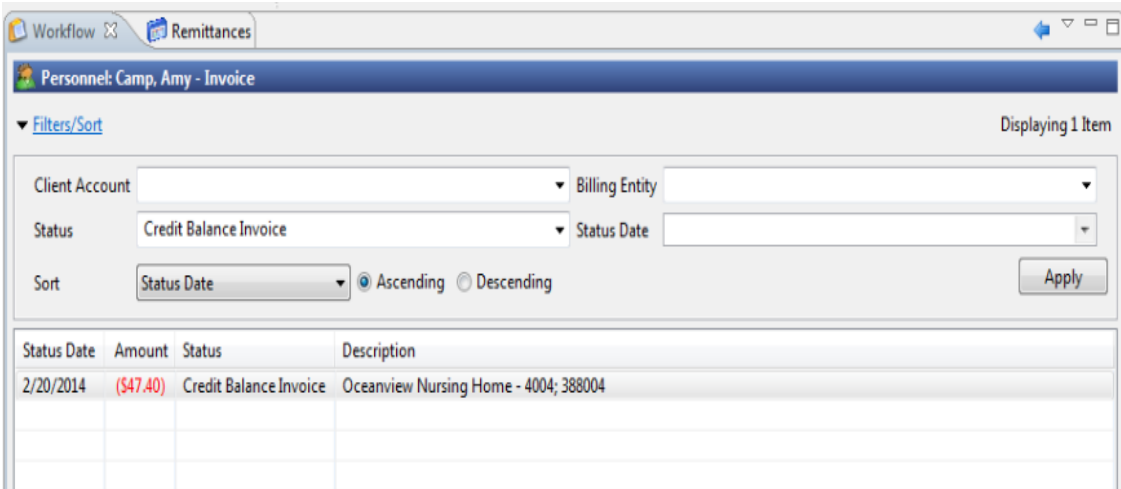
Credit Balance invoices contain a credit balance because payments and adjustments posted to the account have exceeded the client balance. Good Standing and Past Due invoices are sent to the queue when a payment or adjustment results in a credit balance. They are removed when transactions are applied that result in a zero balance or a charge.

Complete the following steps to investigate credit balance invoices:

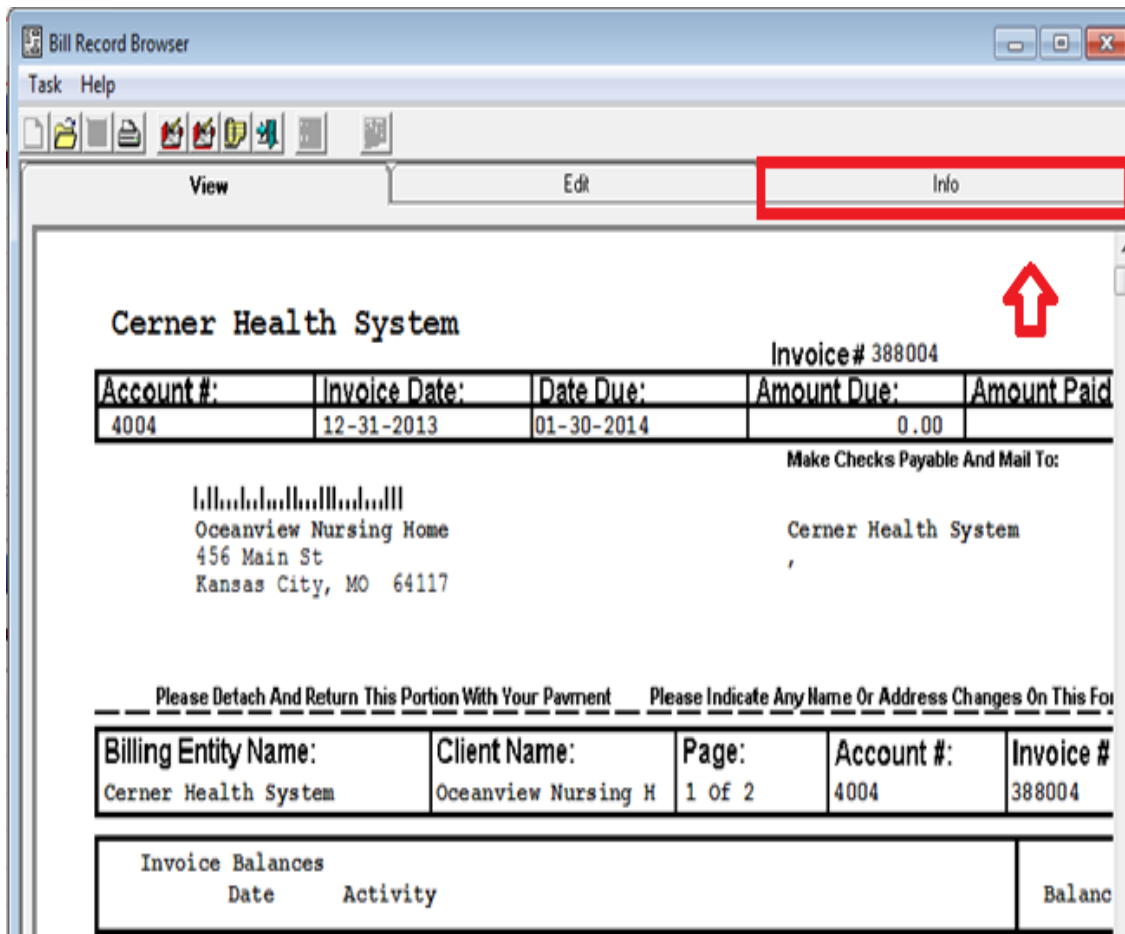
1. In Revenue Cycle (RevenueCycle.exe) access the **Workflow** tab, and double-click the **Credit Balance Invoice** queue. Work items and available filters are displayed.

Status	Count	Amount	Percent of Total Count
Discharged, Not Ready to Bill	41	\$2,585,021.33	<1%
In House	5720	\$47,926,639.37	97%
Discharged, Not Ready to Bill	57	\$286,361.80	<1%
In House	33	\$10,118,745.53	<1%
<b>Credit Balance Invoice</b>	<b>1</b>	<b>(\$47.40)</b>	<b>&lt;1%</b>
Past Due Invoice	3	\$260.25	<1%
In Collections Preview	2	\$231,341.85	<1%
Demographic Modifications	27	\$332,457.20	<1%
Coding Updates	1	\$291.40	<1%
Encounter Combines	22	\$367,787.34	<1%
Validate Charge Review	2	\$1,383.34	<1%
Transaction Batch in Error	1	(\$20.00)	<1%
<b>Totals:</b>	<b>5910</b>	<b>\$61,850,222.01</b>	<b>100%</b>

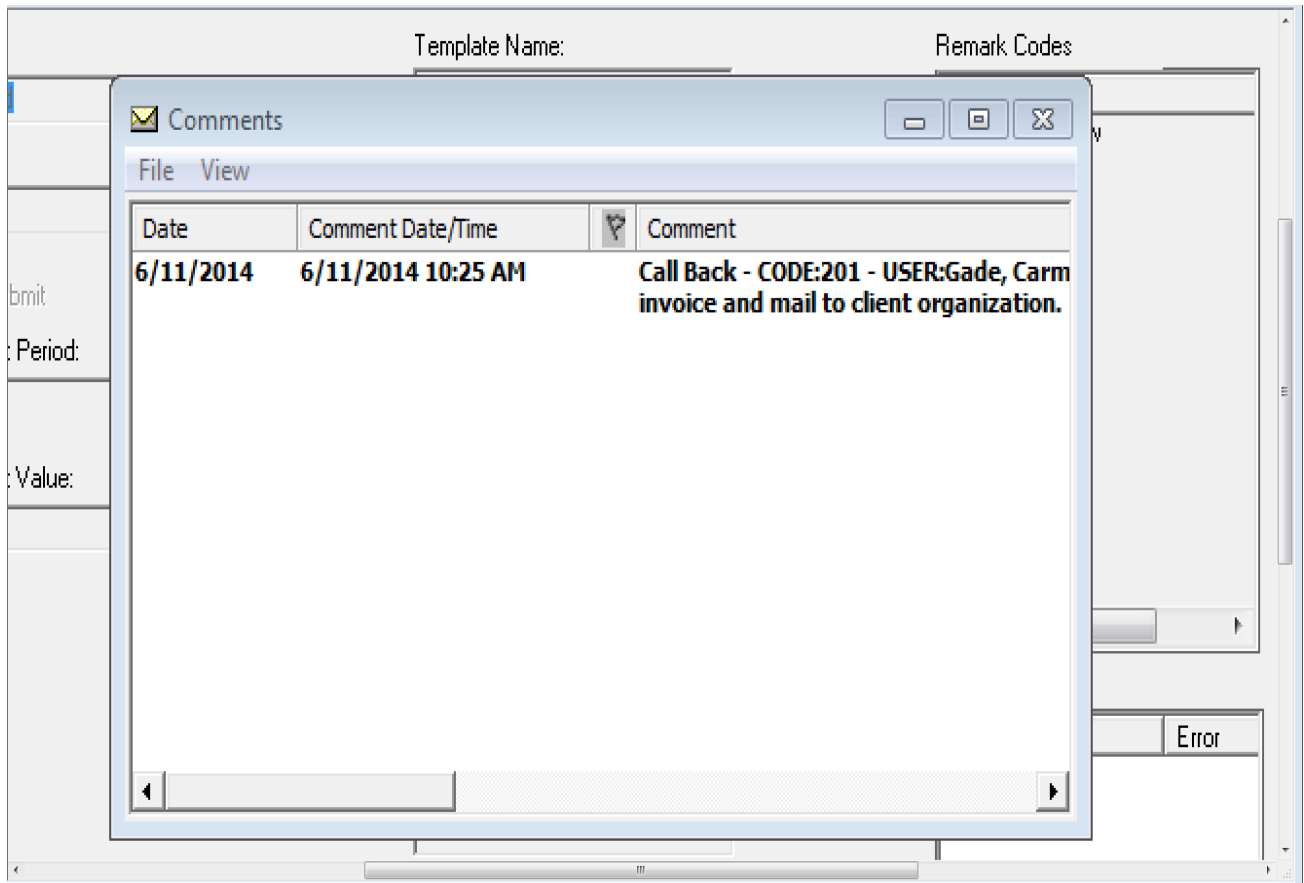
- The available filters are:
  - Client Account
  - Billing Entity
  - Status
  - Status Date
- The available sort options are:
  - Status Date (This is the default)
  - Amount
  - Ascending
  - Descending



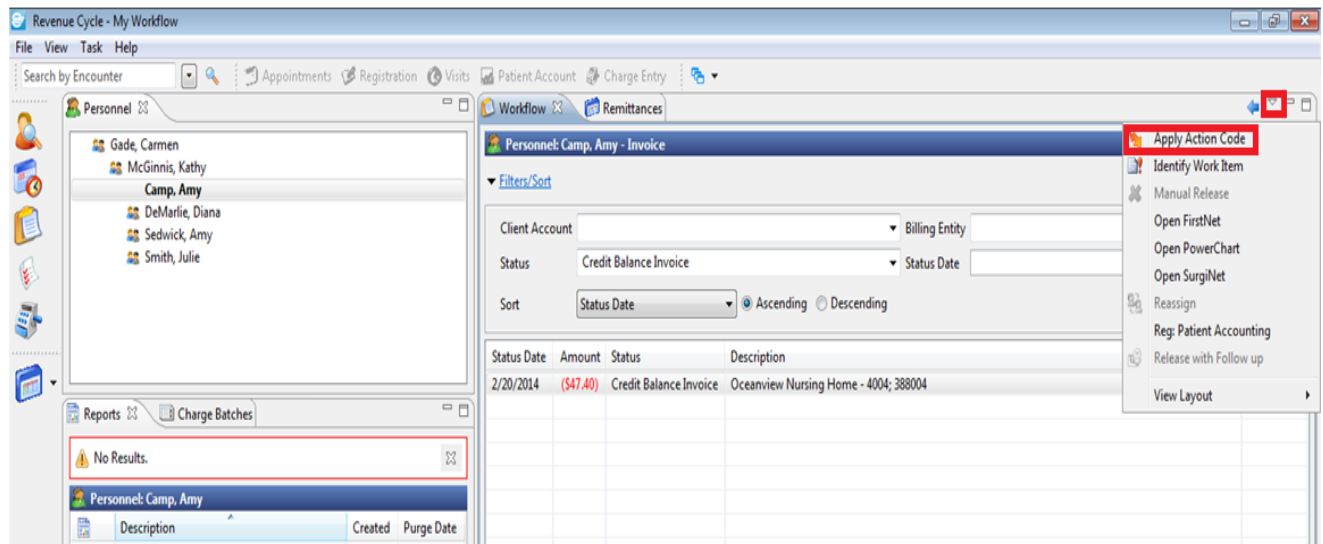
- Double-click a queue item. The client account information is displayed in the Bill Record Browser.







From the Bill Record Browser **Info** tab, you can view other remarks or comments, and you can add a new comment.



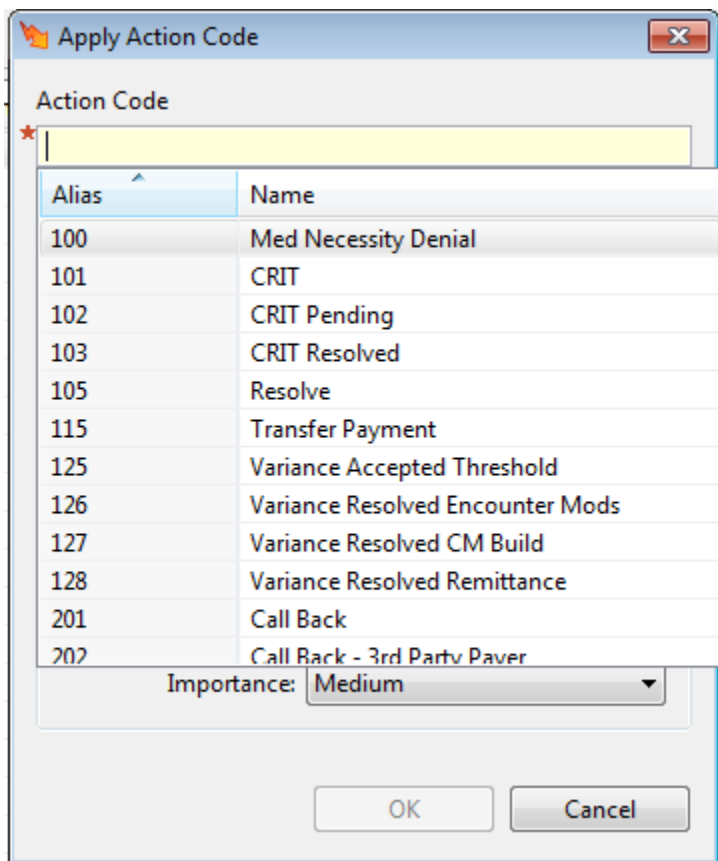
3. If you want to apply an action code, close the Bill Record Browser window. Then, click the **down arrow** at the top of the **Workflow** tab.



**NOTE: YOU CAN ALSO ADD AN ACTION CODE BY RIGHT-CLICKING A QUEUE ITEM AFTER THE QUEUE IS DISPLAYED.**

Status Date	Amount	Work Item Amount	Status	Description
09/30/2015	\$2.00			TEST, HADLEY - 14172
			<ul style="list-style-type: none"> <li> Apply Action Code</li> <li> Manual Release</li> <li>Open FirstNet</li> <li>Open PowerChart</li> <li>Open SurgiNet</li> <li> Reassign</li> <li>Reg: Patient Accounting</li> <li> Release with Follow up</li> </ul>	

- From the menu, select **Apply Action Code**. The system displays the Action Entry dialog box.



**Apply Action Code**

Action Code \*

Alias	Name
100	Med Necessity Denial
101	CRIT
102	CRIT Pending
103	CRIT Resolved
105	Resolve
115	Transfer Payment
125	Variance Accepted Threshold
126	Variance Resolved Encounter Mods
127	Variance Resolved CM Build
128	Variance Resolved Remittance
201	Call Back
202	Call Back - 3rd Party Payer

Importance: Medium

OK Cancel

5. In the Action Entry dialog box, you can select a predefined action code from the list, or you can add a free text comment, or you can select a pre-defined comment.

The screenshot shows a dialog box titled "Apply Action Code". It has a close button in the top right corner. The dialog is divided into three sections: "Action Code" with a text input field and a red asterisk; "Assignment of Responsibility" with a large empty text area; and "Comment" with a text area containing the placeholder "Enter Comment Here". Below the comment area are two dropdown menus: "Predefined Comment" and "Importance" (set to "Medium"). At the bottom are "OK" and "Cancel" buttons.

6. When you have completed entering the details you want for applying comments or an action code, click **Save**.
7. Take any additional appropriate actions you want.
  - Review registration information
  - Apply a refund

#### COMPLETE THE FOLLOWING TWO STEPS TO APPLY A REFUND:

1. Apply an adjustment for the credit balance invoice amount. See the help topic for [Adjusting a Client Invoice Using Revenue Cycle](#).
2. Generate a manual check from your accounts payable system.
  - a. Cancel or write off the amount
  - b. Reassign the queue item to someone else to work
  - c. [Apply an action code \(payer follow up\) to record work done](#)
3. Once you have completed your work on the queue item, click the **down arrow** in the Workflow Navigation Bar to move to the next item in your queue.

#### APPLYING AN ACTION CODE

Action codes allow you to add system-generated comments to track your productivity based on your initiated actions. These action codes trigger a comment corresponding to the specific action. You can add user-defined events to specific action codes. These events display action that happens outside of your system.

Apply an Action Code task is available in the following views:

- Balances
- Charges
- Claims
- Encounters
- Patient Account
- Related Balances
- Related Encounters
- Statements
- Workflow (My Workflow)
- Workflow (Patient Account)
- Workflow Follow-up

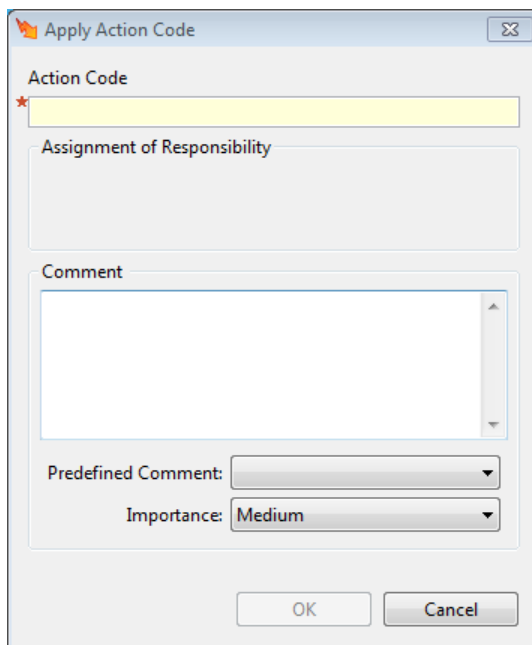
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## BUSINESS RULES AND NOTES

- **Multiple select capability:** You can select multiple items at once and apply to same task to all. To select several single items, hold down the CTRL button and click each item. To select several items that are grouped together, hold down the SHIFT button and click the first item, then click the last item. These can be used together to select a set of items (using SHIFT) and then deselect certain items from that range (using CTRL).
- Action codes can be configured to resolve and remove a work item as well as removing an associated hold.
- Action codes can be configured to automate system actions.

Complete the following steps to apply an action code to record an external event:

1. Right-click the item or click **View Menu**  and select **Apply Action Code**. The Apply Action Code dialog window is displayed.



2. Enter the action code or select it from the list. Press space bar in the Action Code box to pull up options.
3. Complete any additional criteria boxes.
  - If the option is available, you can enter an amount of time for when you want the queue item to display back in your workflow.

- If the option is available, you can forward the queue item to another individual's workflow for review. In the Personnel section, you can search for the person to whom you want to forward the balance or encounter.
    - **Refer Queue Item:** If a queue item needs to be transferred to another collector or manager, refer the queue item to the appropriate person's referral workqueue. It is important to note that the original queue item will remain in the queue. The system will send a referral queue item to the referral workqueue for follow-up. Recommended Follow-Up Time is one to three days.
4. Click **OK**. The action code is recorded. Comments created by entering action codes in Workflow are displayed in the **Comments** view.

## REASSIGNING A WORK QUEUE ITEM

The Reassign task allows you to reassign one to many work queue items to other personnel. You can also apply a comment when reassigning the work queue items. This task is available from the **Follow-Up** and the **Workflow** tabs.

Complete the following steps to reassign a work queue item:

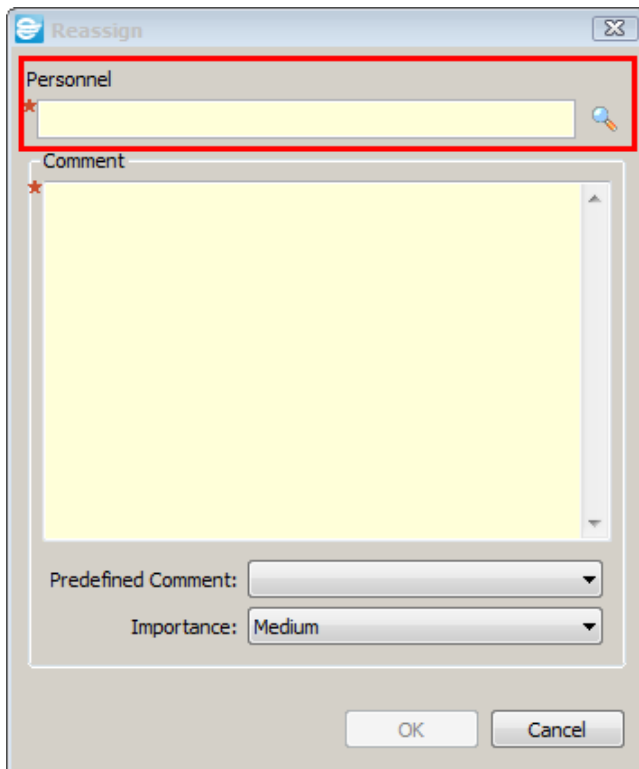
1. Right-click the work item and select **Reassign**.

The screenshot shows a software window titled "Personnel: Pomerantz, El Paul - Insurance Balance". It features a "Filters/Sort" section with various dropdown menus for Health Plan, Facility, Encounter Type, Financial Class, Status (set to "At Risk Claim"), Bill Type, Reason, and Status Date. Below this is a table with columns for Status Date, Amount, Status, and Description. A context menu is open over a row with Status Date "7/30/2010", Amount "\$201.50", Status "At Risk Claim", and Description "williams, dustin - 7882; Institutional;". The "Reassign" option in the menu is highlighted with a red box.

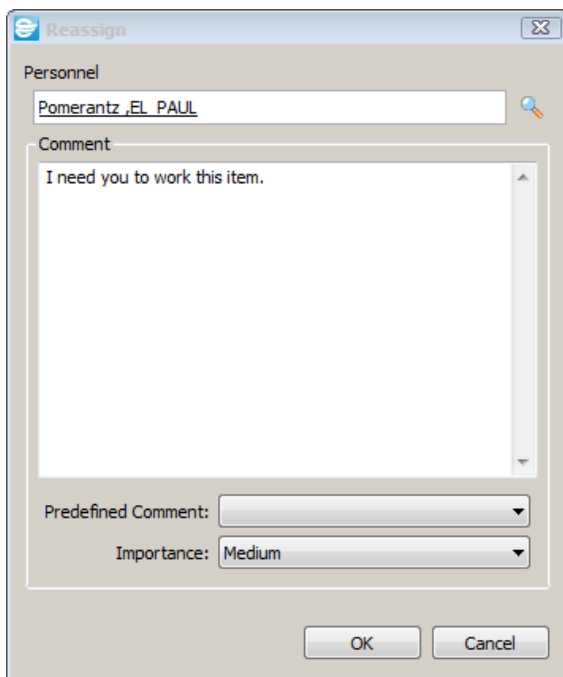
Status Date	Amount	Status	Description
7/30/2010	\$201.50	At Risk Claim	williams, dustin - 7882; Institutional;

**NOTE: MULTI-SELECT CAPABLE — WORK QUEUES ARE CAPABLE OF ALLOWING MULTIPLE SELECTIONS AT ONCE AND THE SAME TASK CAN BE APPLIED TO ALL OF THEM. TO SELECT SEVERAL SINGLE ITEMS, HOLD DOWN THE CTRL BUTTON AND CLICK EACH ITEM. TO SELECT SEVERAL ITEMS THAT ARE ALL GROUPED TOGETHER, HOLD DOWN THE SHIFT BUTTON AND CLICK THE TOP ITEM, THEN CLICK THE BOTTOM ITEM. THESE CAN BE USED TOGETHER TO SELECT A SET OF ITEMS (USING SHIFT) AND THEN DESELECT CERTAIN ITEMS FROM THAT RANGE (USING CTRL).**

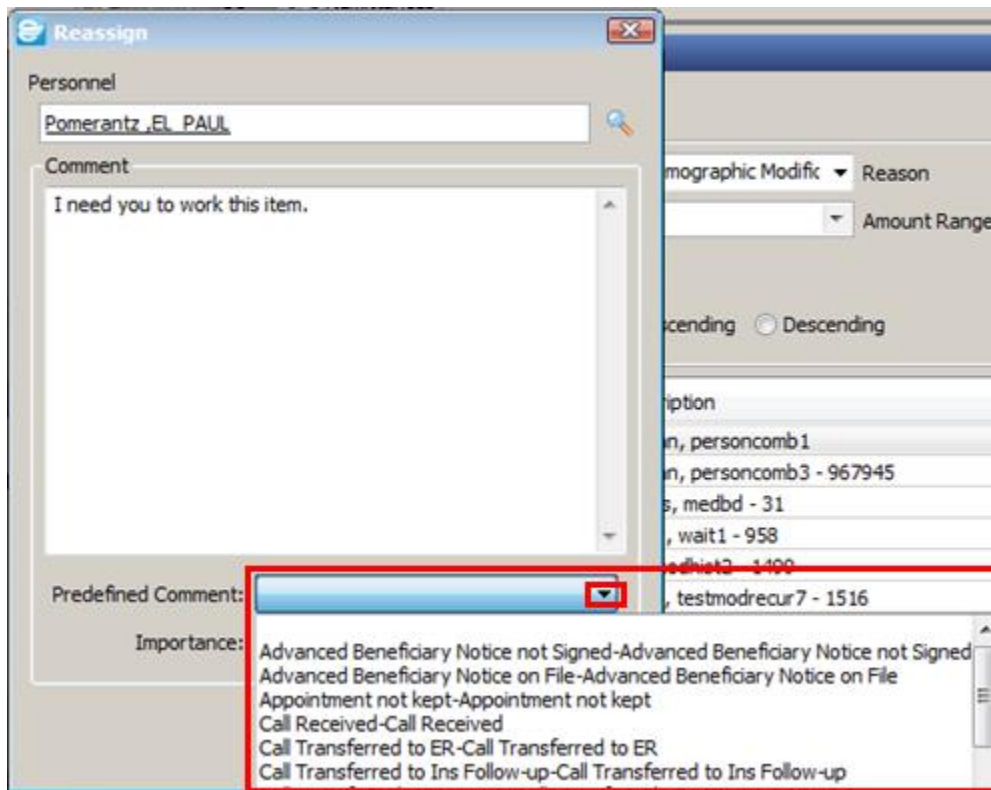
2. The **Reassign** dialog box is displayed.



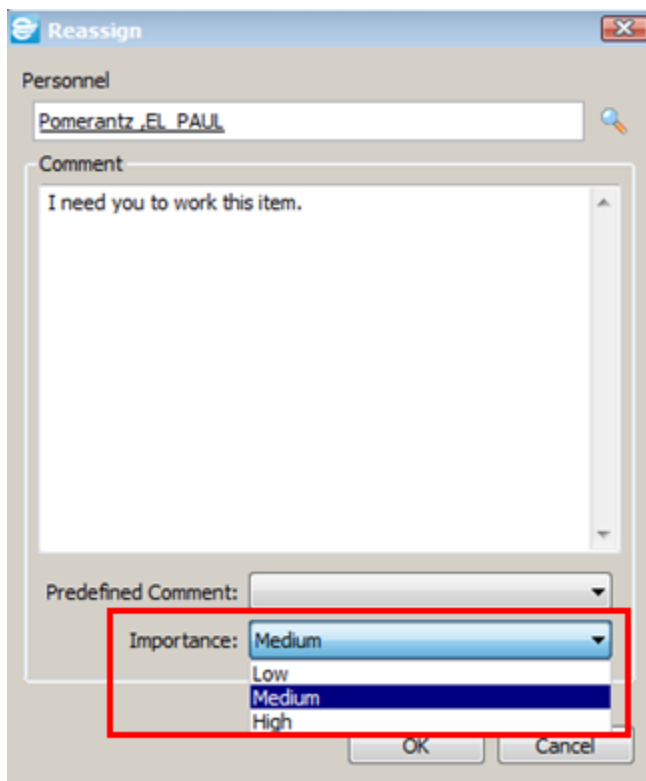
3. Enter the name of the person you want to reassign to or select the magnifying glass to search for the person.
4. Enter a comment.



5. If appropriate, select a Predefined Comment from the list.



6. If appropriate, change the importance indicator by selecting from the list.



7. Click **OK**. Work queue items are reassigned.

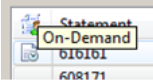
**NOTE: QUEUE ITEM REVIEW - IF THERE IS NO CLEAR INDICATION AS TO WHY A QUEUE ITEM IS NOT RELEASING FROM THIS QUEUE, PLEASE LOG A SERVICE REQUEST (SR) TO CERNER SUPPORT USING ESERVICE. WHEN YOU LOG AN SR, PLEASE INCLUDE THE FOLLOWING INFORMATION:**

- Account information
- Invoice number
- Summary of issue


## MANAGING PATIENT STATEMENTS

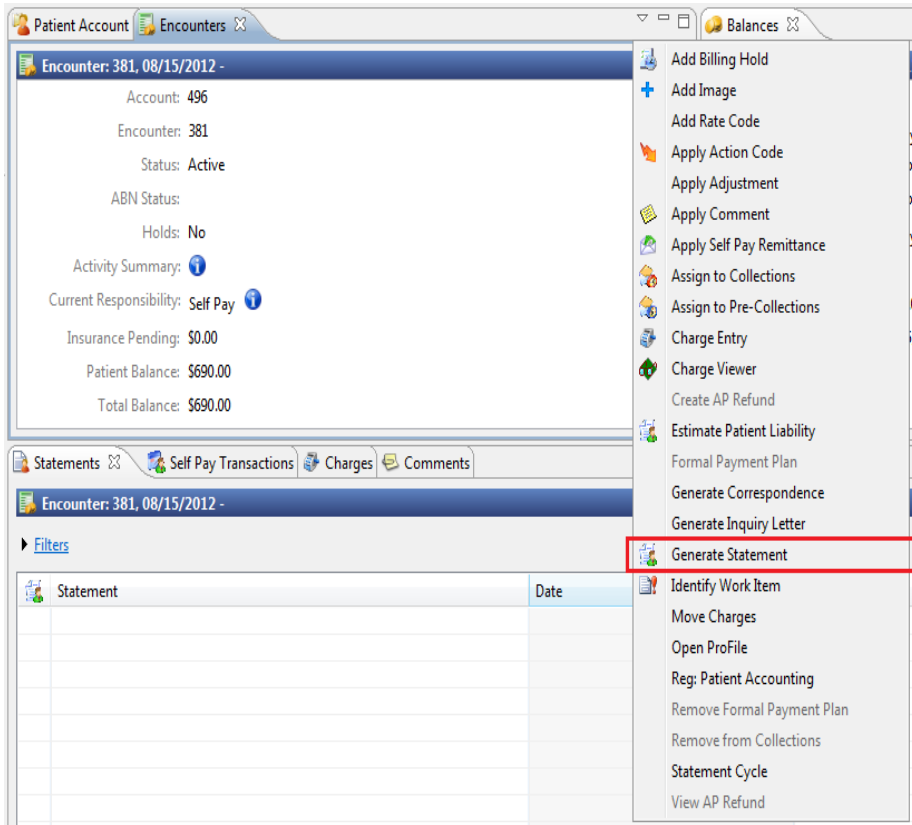
### GENERATING MANUAL STATEMENTS

Manually generated statements are used for on-demand scenarios, such as when a patient comes into the business office to make a payment and requests an updated statement reflecting the amount just paid. If you need to generate a statement on demand, you can generate it from the Encounters tab or the Balances tab. After a statement is manually generated, it is identified on the

Statements tab with an On-Demand icon  to differentiate it.

**NOTE: MANUAL STATEMENTS ARE NOT SENT TO STATEMENT VENDORS AND DO NOT AFFECT THAT STATEMENT CYCLE ON THE ACCOUNT.**

1. In the Encounters view, click the down arrow (  ) and select Generate Statement.



2. Click the boxes for Summarize Charges and Summarize Payments and Adjustments as necessary.
3. Select the statement date range you want.
4. Select Activity Date or Posted Date.

5. Click OK.

Generate Statement

**PATEST, JANNIE**

Summarize Charges

Summarize Payments and Adjustments

Statement Date Range

From To

Based On

Ok Cancel

Statements Self Pay Transactions Charges Comments

Encounter: 818, 02/20/2014 - 02/20/2014

Filters

Statement	Date	Balance Due
616161	03/27/2014	\$157.40
608171	03/24/2014	\$157.40

## MODIFYING STATEMENT CYCLES

1. In the Encounters view, click the drop-down arrow (▼) and select Statement Cycle.

The screenshot shows the 'Encounters' view for patient 1706 on 08/26/2013. The patient's account information is displayed, including Account 1311, Status Pending, and a balance of \$20.00. The guarantor is listed as KAUTH, VIVIAN. A context menu is open on the right, listing various actions. The 'Statement Cycle' option is highlighted with a red box.

Statement	Date
500000122	8/26/2013

2. Select the statement cycle, the guarantor (if available), and the next statement date.

The 'Statement Cycle' dialog box is shown with the following fields:



- Guarantor: Waugh, Mark
- Select statement cycle: AIK True Self-Pay 1 - Segment 1
- Next Statement: 05/07/2018

Buttons for 'OK' and 'Cancel' are visible at the bottom.

1. Click OK.

You can apply a formal payment plan on an encounter. The plan allows the system to generate billing statements and to track the collection of payments.

Complete the following steps to apply a formal payment plan on an encounter:

1. Click the drop-down arrow (  ) from the Encounters or Patient Account view. The task list is displayed.
2. Select Formal Payment Plan.
3. Select all the encounters you want to include in the formal payment plan. When you select an encounter, the amount owed on the encounter is added to the Total Plan Amount.
4. Complete payment plan details, entering the installment amount or the number of installments, the cycle length, and when the first payment is due. If you enter an installment amount, the application calculates the number of installments, and if you enter a number of installments, the application calculates the installment amount.
5. Click OK. The OK button is unavailable until the minimum installment amount is met.
6. In the Encounter view, verify that the Payment Plan field is displayed in a Yes status.
7. Position the pointer over the Information button (  ) to view detailed information about the payment plan.

Apply Formal Payment Plan ✕

## TEST, NURSE FIVE

MALE DOB: 05/27/1988 MRN: MX00006400

**Guarantor Information**

Name: TEST, NURSE FIVE	Insurance Pending: \$0.00	Current Plan Payment: \$0.00
Address: 2800 Rockcreek Parkway	Self Pay Balance: \$183.00	Next Payment Due: 08/03/2017
City: Kansas City	Credit Balance: \$0.00	Current Plan Status:
	Bad Debt Balance: \$0.00	

**Encounters**

	Encounter	Patient	Begin Date	End Date	Insurance Pending	Selfpay Balance	Estimated Amount	Statement Cycle	Last Statement
<input checked="" type="checkbox"/>	14829	TEST, NURSE FIVE	06/01/2017	07/25/2017	No	\$55.00	\$0.00		
<input checked="" type="checkbox"/>	14820	TEST, NURSE FIVE	05/23/2017	06/01/2017	No	\$9.00	\$0.00		
<input checked="" type="checkbox"/>	14662	TEST, NURSE FIVE	01/24/2017	05/23/2017	No	\$119.00	\$0.00		

<p>Total Plan Amount: \$183.00</p> <p>Suggested Installment Amount: N/A</p> <p>Minimum Installment Amount: \$50.00 <a href="#">Use Minimum</a></p>	<p>Installment: <input type="text" value="\$50.00"/></p> <p>Number of Installments: <input type="text" value="4"/></p> <p>Payment Frequency: <input type="text" value="Cycle Length"/></p> <p>Cycle Length: <input type="text" value="30"/></p> <p>Next Payment Due: <input type="text" value="08/18/2017"/></p> <p>Final Payment Date: <input type="text" value="12/12/2017"/></p>
--	---

**Automated Payments**

Card: None Entered

[Add Card](#)

**GUARANTOR INFORMATION SECTION**

The Guarantor Information section displays the following data associated with the guarantor, and is not modifiable:

- Name: Guarantor name
- Address: Guarantor address
- City: Guarantor city
- Insurance Pending: Total of insurance balances
- Self Pay Balance: Total of self pay balances
- Credit Balance: Total dollar amount in credit balance
- Bad Debt Balance: Total dollar amount in bad debt
- Current Plan Payment: Dollar amount of established formal payment plans
- Next Payment Due: Due date of established formal payment plans
- Current Plan Status: Status of established formal payment plans

**This section allows you to multi-select the encounters you want included in the Formal Payment Plan you are creating. This section contains the following elements:**


- **Total Plan Amount:** The total combined balance of the encounters selected in the Encounters section. This information is auto-calculated and changes only if the encounters selected are changed.
- **Suggested Installment Amount:** A system-calculated suggested installment amount. You can modify this value as long as it does not go below the established minimum for the Total Plan Amount.
- **Minimum Installment Amount:** Minimum acceptable installment amount. This amount is client-defined and based on the Total Plan Amount.
- **Automated Payments:** Populates the credit card information for monthly automatic payments.
- **Installment:** Dollar amount that the guarantor and business office agree upon for future payments. You can modify this value as long as it does not go below the minimum established amount.
- **Number of Installments:** Number of payments required to pay off the Total Plan Amount, based on the Installment Amount entered. If you modify this value, the Installment Amount is automatically updated.
- **Payment Frequency:** How often the guarantor is required to make payments.
- **Cycle Length:** How often an installment payment will be made. This box is defaulted to 30 days.
- **Next Payment Due:** Date that the next installment payment is due. When you first create the Formal Payment Plan, you can modify this value. However, this value should not be modified after a Formal Payment Plan is already established. If you modify this value after a Formal Payment Plan is established, the Next Bill Date value may be updated incorrectly and the guarantor credit card may be inaccurately charged.
- **Final Payment Date:** Projected final payment date based on the data defined

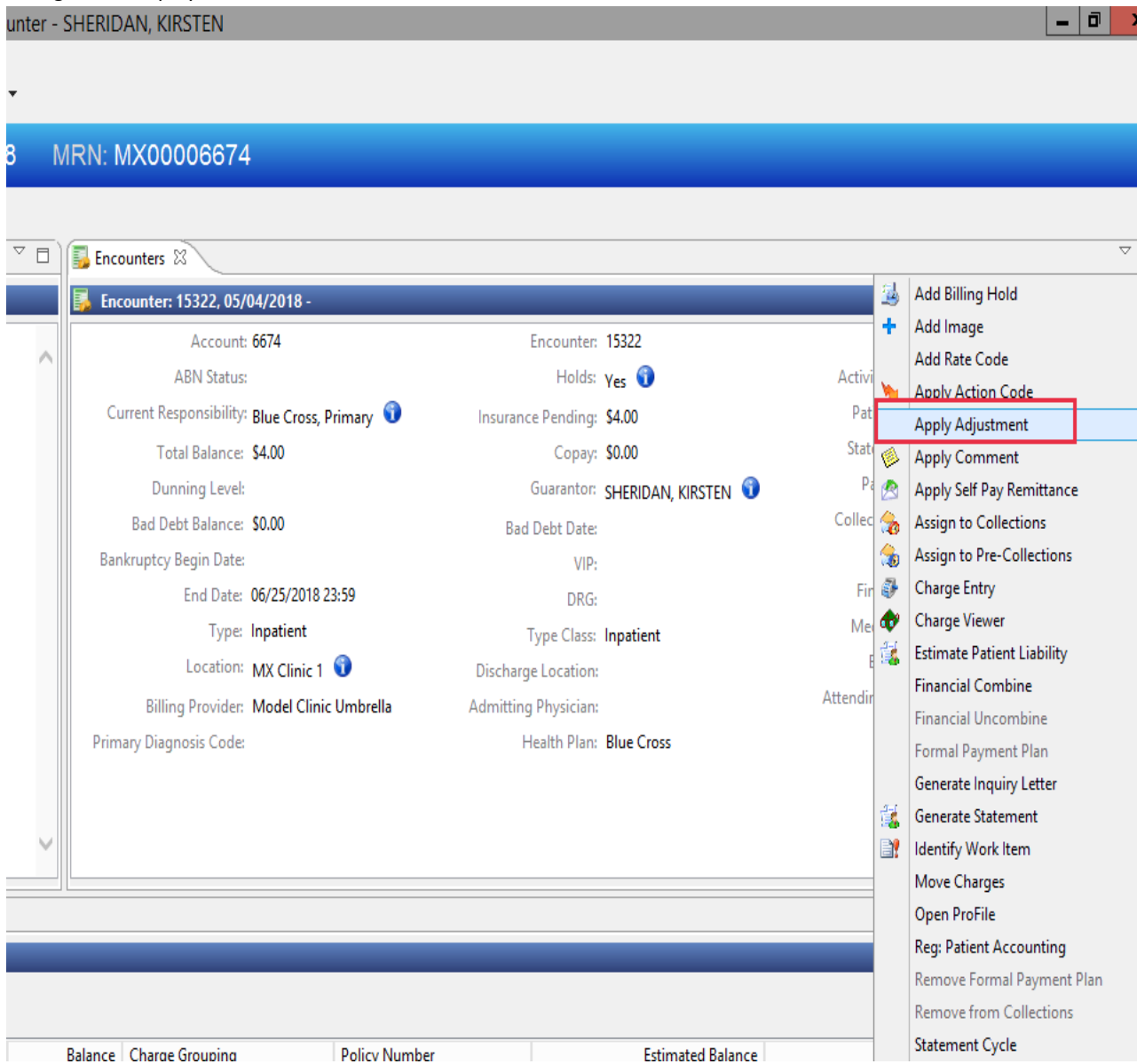
## APPLYING ADJUSTMENTS

You can apply an adjustment to a:

- Charge
- Claim
- Encounter

This task is available from the Charges, Claims, Encounters, and Patient Account views.

1. From the view menu (  ) in the Encounters or Patient Account view, select Apply Adjustment. The Apply an Adjustment dialog box is displayed.



Encounter: 15322, 05/04/2018 -

Account: 6674	Encounter: 15322
ABN Status:	Holds: Yes ⓘ
Current Responsibility: Blue Cross, Primary ⓘ	Insurance Pending: \$4.00
Total Balance: \$4.00	Copay: \$0.00
Dunning Level:	Guarantor: SHERIDAN, KIRSTEN ⓘ
Bad Debt Balance: \$0.00	Bad Debt Date:
Bankruptcy Begin Date:	VIP:
End Date: 06/25/2018 23:59	DRG:
Type: Inpatient	Type Class: Inpatient
Location: MX Clinic 1 ⓘ	Discharge Location:
Billing Provider: Model Clinic Umbrella	Admitting Physician:
Primary Diagnosis Code:	Health Plan: Blue Cross


- Add Billing Hold
- Add Image
- Add Rate Code
- Apply Action Code
- Apply Adjustment**
- Apply Comment
- Apply Self Pay Remittance
- Assign to Collections
- Assign to Pre-Collections
- Charge Entry
- Charge Viewer
- Estimate Patient Liability
- Financial Combine
- Financial Uncombine
- Formal Payment Plan
- Generate Inquiry Letter
- Generate Statement
- Identify Work Item
- Move Charges
- Open ProFile
- Reg: Patient Accounting
- Remove Formal Payment Plan
- Remove from Collections
- Statement Cycle

Balance	Charge Grouping	Policy Number	Estimated Balance
---------	-----------------	---------------	-------------------


Apply an Adjustment to Account 6674

Total amount to apply:

Posted date: 06/25/2018

Benefit order:  

Adjustment Information

Transaction alias:  

Subtype:

Reason:  Debit  Credit


Add Comment Apply Cancel

2. Enter the adjustment amount, then click the magnifying glass icon next to the Benefit Order box to select a benefit order to apply the adjustment.
3. Click OK.

Apply an Adjustment to Account 6674

Total amount to apply:

Posted date: 06/25/2018

Benefit order:  

Adjustment Information

Benefit Order Selection

Health Plan	Service Date	Status	Balance
<b>▾ Institutional</b>			
Blue Cross	5/4/2018	Ready to bill	\$2.00
<b>▾ Professional</b>			
Blue Cross	5/4/2018	Ready to bill	\$2.00
<b>▾ Self-Pay</b>			
Self Pay	5/4/2018	Ready to bill	\$0.00

OK Cancel

4. Click the magnifying glass icon next to the Transaction Alias box and enter a transaction alias next to the Transaction Alias box. A transaction alias list is displayed.

The screenshot shows a dialog box titled "Apply an Adjustment to Account 6674". It contains the following fields and controls:

- Total amount to apply: \$6.00
- Posted date: 06/25/2018
- Benefit order: Institutional/Blue Cross
- Adjustment Information section:
  - Transaction alias: (empty text box)
  - Adjustment list:
    - 0303 -> Auto Refund-Patient Refund-Debit
    - 0311 -> Auto Refund-Insurance Refund-Debit
    - 2150 -> Contractual Allowance Adjustment-Insurance Adjustment-C

Buttons at the bottom: Add Comment, Apply, Cancel.

5. To make a selection, double-click a row in the Transaction Alias list. The system closes the list and adds the Transaction Alias number to the Transaction Alias box.

The screenshot shows the same dialog box as above, but with the following changes:

- Transaction alias: 3100 (highlighted with a red box)
- Subtype: Discount adjustment
- Reason: Administrative Adjustment
- Debit/Credit: Credit (selected)

Buttons at the bottom: Add Comment, Apply, Cancel.

6. To add a comment, click Add Comment. The Add Comment dialog box is displayed and you can select a predefined comment, or you can add a comment using the free text entry box.

The image shows two overlapping dialog boxes. The 'New Comment' dialog box on the left has a text area containing 'Discount adjustment from insurance provider.' and a dropdown menu for 'Pre-defined comments' with a list of options including '100 - Called Patient', '110 - Patient Called', '120 - Patient Question Charge', '130 - Patient Correspondence in F', '140 - Left Message at Patient's W', '150 - Left Message at Patient's H', '160 - Patient Name Changed', and '170 - Pending Information from P'. A 'Clear' button is also present. The 'Apply an Adjustment to Account 6674' dialog box on the right contains fields for 'Total amount to apply' (\$6.00), 'Posted date' (06/25/2018), and 'Benefit order' (Institutional/Blue Cross). It also has an 'Adjustment Information' section with 'Transaction alias' (3100), 'Subtype' (Discount adjustment), and 'Reason' (Administrative Adjustment). Radio buttons for 'Debit' and 'Credit' are shown, with 'Credit' selected. At the bottom, there are 'Add Comment', 'Apply', and 'Cancel' buttons.

7. When you have entered a comment, click Save. The comment is saved and displayed in the Patient Accounting perspective (for example, the Self-Pay Transactions view) for future reference.

The image shows the 'New Comment' dialog box with the text 'Discount adjustment from insurance provider.' entered in the text area. The 'Pre-defined comments' dropdown is empty. At the bottom, the 'Clear', 'Save', and 'Cancel' buttons are visible, with the 'Save' button highlighted by a red box.

8. Select the appropriate the Subtype and Reason and click Apply. After you click Apply, the system prompts you to make certain you want to apply the adjustment.

**Apply an Adjustment to Account 6674** [X]

Total amount to apply:

Posted date:

Benefit order:

Adjustment Information

Transaction alias:

Subtype:

Reason:

Debit  Credit

**NOTE: IF YOU CLICK CANCEL, THE SYSTEM TERMINATES THE ADJUSTMENT TRANSACTION**

**Apply an Adjustment to Account 6674** [X]

Total amount to apply:

Posted date:

Benefit order:

Adjustment Information

Transaction alias:

Subtype:

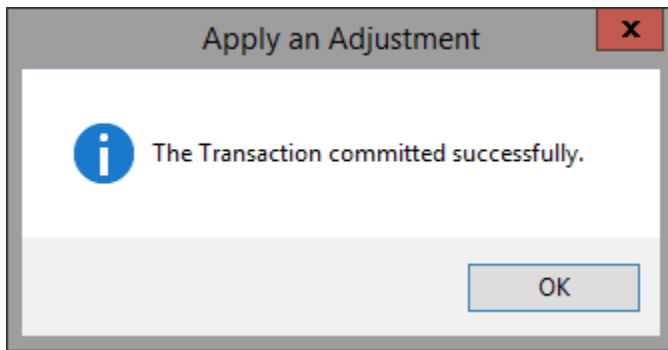
Reason:

Debit  Credit

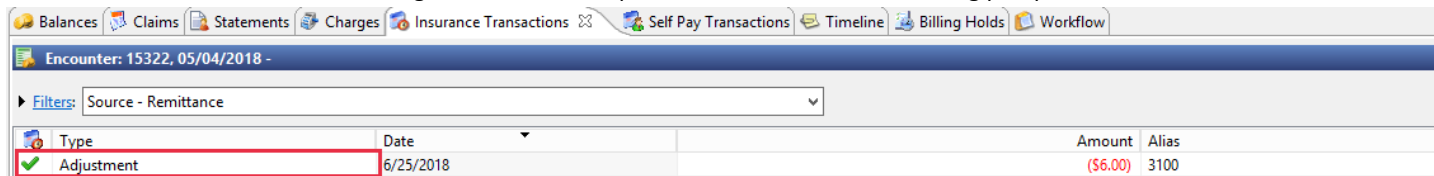
**Apply an Adjustment** [X]

Apply this adjustment?

- Click OK. A confirmation message is displayed.



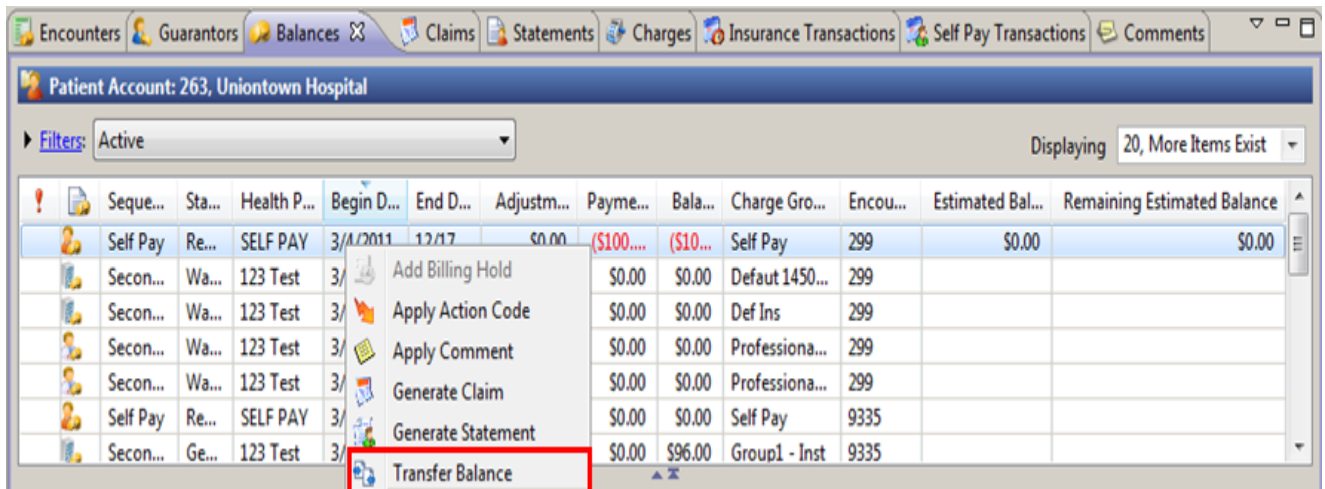
- Click OK. The adjustment posting is completed and you are returned to the Patient Account perspective. In addition, a transaction reference is added to the grid at the bottom portion of the Patient Accounting perspective.



## TRANSFERRING BALANCES

You can transfer partial balances in the same charge group. You can transfer that credit balance (or part of the last payment) to eliminate the credit balance and put the payment toward an existing balance. You cannot transfer balances in a Canceled, Void, or Invalid status. The "From" balance must have a valid insurance "To" balance in the same charge group or a valid self-pay "To" balance. This task is available from the Balances View and Related Balances View.

- Navigate to the Balances view and select the balance.
- Right-click and select Transfer Balance. The Transfer Balance window is displayed.



Transfer Balance

Pomerantz, El Paul

Transfer To:

Transfer Amount:

Transfer Reason:

Balance Transfer Summary

From Balance: SELF PAY

Current Balance: (\$100.00)      New Balance: (\$100.00)

To Balance:

Current Balance:      New Balance:

OK      Cancel

3. Click the drop-down arrow and select the "To" balance from the list.

**NOTE: WHEN THERE IS ONLY ONE AVAILABLE TO BALANCE AVAILABLE TO TRANSFER THE BALANCE TO, THE SYSTEM DISPLAYS THE BOX WITH THAT BALANCE BY DEFAULT.**

Transfer Balance

Pomerantz, El Paul

Transfer To:

Transfer Amount:

Transfer Reason:

Balance Transfer Summary

From Balance: SELF PAY

Current Balance: (\$100.00)      New Balance: (\$100.00)

To Balance:

Current Balance:      New Balance:

OK      Cancel

4. Enter the amount to transfer.

The screenshot shows a dialog box titled "Transfer Balance" for "Pomerantz, El Paul". It contains the following fields and sections:

- Transfer To:** A dropdown menu.
- Transfer Amount:** A text input field, highlighted with a red box.
- Transfer Reason:** A dropdown menu.
- Balance Transfer Summary:**
  - From Balance: SELF PAY
    - Current Balance: (\$100.00)
    - New Balance: (\$100.00)
  - To Balance:
    - Current Balance:
    - New Balance:

Buttons for "OK" and "Cancel" are located at the bottom right.

5. Click the drop-down arrow and select a transfer reason from the list.

This screenshot is similar to the previous one, but the "Transfer Reason" dropdown menu is highlighted with a red box, indicating it is the next step in the process. The "Transfer Amount" field is now empty.

6. Review Balance Transfer Summary.

Transfer Balance

**Pomerantz, El Paul**

Transfer To:  
(1) Def Ins - Medicare Part A and B - Ready to bill - (3/4/2011 - 12/17/2011)

Transfer Amount:  
\$50.00

Transfer Reason:  
Benefit Correction

**Balance Transfer Summary**

**From Balance:** SELF PAY  
Current Balance: (\$100.00)      New Balance: (\$50.00)

**To Balance:** (1) Def Ins - Medicare Part A and B - Ready to bill - (3/4/2011 - 12/17/2011)  
Current Balance: \$10.00      New Balance: (\$40.00)

OK      Cancel

- 7. Click OK to complete transfer, or click Cancel to cancel the transfer.
- 8. Review modification to balances in the Balances tab.

**NOTE: THE FROM BALANCE IS REDUCED OR INCREASED AS INDICATED BY THE TRANSFER IDENTIFIED AND AMOUNT. THE TO BALANCE IS REDUCED OR INCREASED AS INDICATED BY THE TRANSFER IDENTIFIED AND AMOUNT. A HISTORY OF THE CURRENT BALANCE TRANSFER IS RECORDED ALONG WITH THE REASON INDICATED. THE INFORMATION IS AVAILABLE IN THE ACTIVITY TAB. THE ACTIVITY TAB IS NOT A DEFAULT VIEW AND NEEDS TO BE ADDED IF YOU WANT TO VIEW THE INFORMATION ON A REGULAR BASIS.**

## VIEWING A CHARGE

### OVERVIEW

The Charges view displays charges associated with a patient account. Credit transactions replace the debit transaction in the list view with the debit transaction viewable in the detail. With a partial credit, the original debit is completely credited and a new debit charge with the new quantity is displayed. The supported contexts for this view are Balances, Claims, Clinical Encounter, Financial Encounter, and Patient Account. The default sort is Service Date in descending order.

Claims Insurance Transactions Related Balances Charges Comments

**MANNA, MARK** Male 59 years DOB: Sep 17, 1954 MRN: 00001128

Patient Account » Encounter » Balance


Balance: Institutional, Primary, 07/25/2013 -

Filters: All Displaying 125, More Items Exist

Status Revenue Code Service Date Activity Type Description Late Charges

!	Stat...	Service D...	Encoun...	HCP...	Revenue C...	Un...	Amo...	Payme...	Adjustme...	Remaining Am...	Performing Pro...	Cover...	Description
	Po...	3/10/201...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	3/9/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	3/8/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	3/7/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	3/6/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	3/5/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	3/4/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	3/3/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	3/2/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	3/1/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	2/28/201...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	2/27/201...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	2/26/201...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	2/25/201...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	2/24/201...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	2/23/201...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
	Po...	2/22/201...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...

Available columns for this view are listed below.

- Late: In the Late column, a red exclamation point will indicate a late charge .
- Type: Position the pointer over the icon in this column to display the type, such as Posted, Credited, Written Off, and Adjusted.
- Status: A textual, detailed description of the status of the charge; including the billing status.
- Posted - Unbilled: The charge has been posted but does not display on a claim that is currently in a billed status.
- Posted - Billed: The charge has been posted and appears on a claim that is currently in a billed status.
- Credited - Billed: The charge has been credited and is suppressed from appearing on all future claims. The charge is displayed on a claim that is currently in a billed status and that was generated prior to the charge being credited. Typically, in this scenario, the claim is canceled, and a replacement claim with the charge suppressed is submitted.
- Credited - Suppressed: The charge has been credited and is suppressed from displaying on all future claims. The charge may have displayed on a claim prior to being credited. However, if the charge had displayed on a claim prior to being credited, that claim has since been canceled or denied.
- Written Off - Unbilled: The charge has been written off (and write off adjustment has not been reversed) and the charge does not display on a claim that is currently in a billed status and a substatus of Late Charge Processing will be associated.
- Written Off - Billed: The charge has been written off (and the write off adjustment has not been reversed) and the charge is displayed on a claim that is currently in a billed status and a substatus of Late Charge Processing will be associated.

- Adjusted - Unbilled: The charge has been adjusted (and the adjustment has not been reversed) and the charge does display appear on a claim that is currently in a billed status.
- Adjusted - Billed: The charge has been adjusted (and the adjustment has not been reversed) and the charge displays on a claim that is currently in a billed status.
- Service Date
- Encounter: The financial encounter number is displayed.
- HCPCS
- Revenue Code
- Units
- Amount
- Payments
- Adjustments
- Remaining Amount
- Performing Provider: Populated with the performing physician. If no performing physician exists, then the verifying physician is used. If no verifying physician exists, then the ordering physician is used.
- Coverage: The sequence of the health plan is displayed.
- Description
- ABN Status
- Activity Date
- Activity Type
- AR GL Date
- CDM
- Charge Coinsurance Amount
- CPT
- Credited Date
- Charge Deductible Amount
- Diagnosis
- GL AR
- GL NonAR
- ICD Procedure Code
- Modifier
- NDC
- Ordering Provider
- Original Amount
- Original Units
- Performing Location
- Posted By
- Unit Price
- Updated By
- Updated Comment
- Updated Reason
- Provider Specialty
- Supervising Provider
- Release Considerations
- Supervising Provider and Provider Specialty may be generally available at a later date. This note will be updated or removed when this functionality is generally available.
- Charge Detail Information

All available information for the charge is displayed in the detail view and preview pane. Icons displayed in the list view have the textual representation in the detail view and preview pane. Double-click a charge to view the detail view and set the charge in context, or you can click the up arrows at the bottom of the view to expand the preview pane.

CHARGE IN CONTEXT

**MANNA, MARK**    Male    59 years    DOB: Sep 17, 1954    MRN: 00001128

Patient Account » Encounter » Charge
In House

**Encounter: 1383, 07/25/2013 -**

Account: 1128

Encounter: 1383

Status: Active

ABN Status:

Holds: Yes ⓘ

Activity Summary: ⓘ

Current Responsibility: Commercial Insurance, Primary ⓘ

Insurance Pending: €280 551.00

**Charge: ROOM/BED: Semi Private, 03/10/2014**

Encounter: 1383

Service Date: 03/10/2014 23:59:59

Status: Posted - Unbilled

ABN Status:

Late: No

Late Status:

Amount: \$1,260.00

Units: 1

Insurance Transactions    Claims    Comments

**Charge: ROOM/BED: Semi Private, 03/10/2014**

Filters: All No Items For Current Filters

Type	Date	Amount	Alias	Alias Description

## Preview Pane

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

**MANNA, MARK** Male 59 years DOB: Sep 17, 1954 MRN: 00001128

Patient Account

Patient Account: 1128, Cerner Health System

Filters: All Displaying 125, More Items Exist

Status Revenue Code Service Date Activity Type Description Late Charges

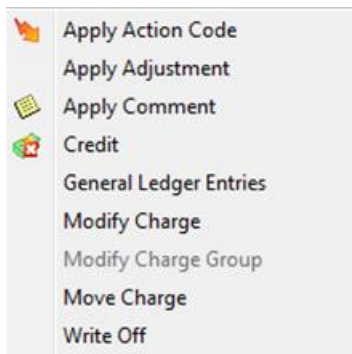
Stat...	Service D...	Encoun...	HCP...	Revenue C...	Un...	Amo...	Payme...	Adjustme...	Remaining Am...	Performing Pro...	Cover...	Description
Po...	3/10/201...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
Po...	3/9/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
Po...	3/8/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
Po...	3/7/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
Po...	3/6/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
Po...	3/5/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
Po...	3/4/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...
Po...	3/3/2014...	1383		0120	1	\$1,26...	\$0.00	\$0.00	\$1,260.00		1	ROOM/BED...

Late: No Late Status: Status: Posted - Unbilled  
 Service Date: 11/26/2013 11:59 PM Encounter: 1383 HCPCS:  
 Revenue Code: 0120 Ordering Provider: Performing Provider:  
 Activity Date: 11/27/2013 12:11 AM Units: 1 Original Units: 1  
 Original Amount: \$1,260.00 Unit Price: \$1,260.00 Amount: \$1,260.00  
 Adjustments: \$0.00 Payments: \$0.00 CDM: 919717  
 CPT: NDC: Modifier:

## CHARGES VIEW TASKS

The following tasks are available in the Charges view:

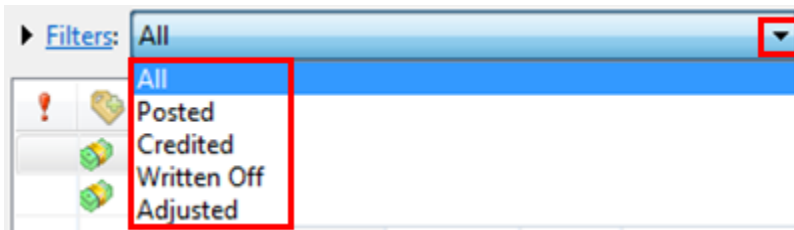
- Apply Action Code
- Apply Adjustment
- Apply Comment
- Credit
- General Ledger Entries
- Modify Charge
- Modify Charge Group
- Move Charge
- Write Off



## FILTERS

The following predefined filters are available in the Charges view:

- All
- Adjusted
- Credited
- Posted
- Written Off



The following discrete filters are available:

- Status: Adjusted, Credited, Posted, and Written Off.
- Activity Type
- Revenue Code: Free-text.
- Description: Free-text.
- Service Date
- Late Charges: Include, Exclude.
- Amount
- HCPCS/CPT
- Performing Provider
- Activity Date
- Category: Diagnostic Charges, Medically Related, Unscanned NDC.

A screenshot of the discrete filter panel in the Charges view. The panel is titled 'Filters: All' and displays several filter fields: 'Status', 'Revenue Code', 'Service Date', 'Activity Type', 'Description', and 'Late Charges'. Each field has a dropdown arrow. An 'Apply' button is located on the right side of the panel. The text 'Displaying 2 Items' is visible in the top right corner.

A screenshot of the Charges view showing a table of charges. The table has columns for 'Encoun...', 'HCP...', 'Revenue C...', 'Un...', 'Amo...', 'Payme...', 'Adjustme...', 'Remaining Am...', 'Performing Pro...', 'Covera...', and 'Description'. The first two rows of data are visible. A filter dropdown menu is open over the 'Amount' field, showing a list of discrete filters: 'Status', 'Revenue Code', 'Service Date', 'Activity Type', and 'Description'. The 'Status' filter is currently selected and highlighted in blue. The text 'Displaying 2 Items' is visible in the top right corner.

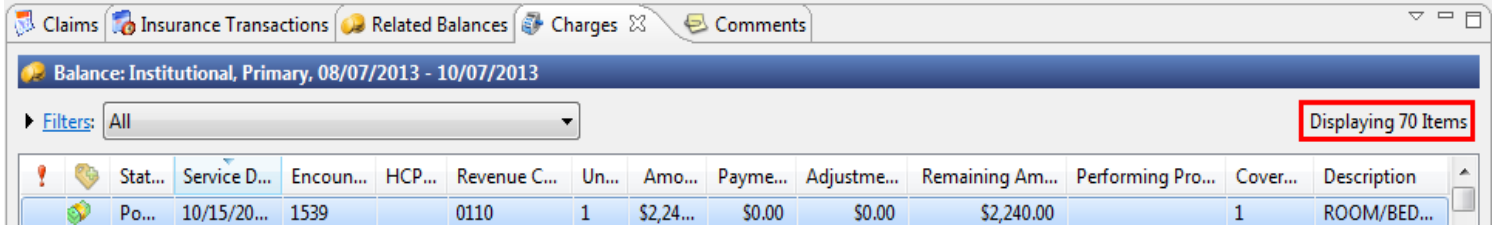
Encoun...	HCP...	Revenue C...	Un...	Amo...	Payme...	Adjustme...	Remaining Am...	Performing Pro...	Covera...	Description
354			1	\$138....	\$0.00	\$0.00	\$138.60	Wilson MD, Ma...	1	Report
354		0324	1	\$118....	\$0.00	\$0.00	\$118.80		1	XR Chest 2 ...

**NOTE: TO ADD A FILTER THAT IS NOT DISPLAYED, CLICK THE DOWN ARROW NEXT TO A FILTER YOU ARE NOT USING AND SELECT A FILTER FROM THE LIST TO REPLACE IT.**

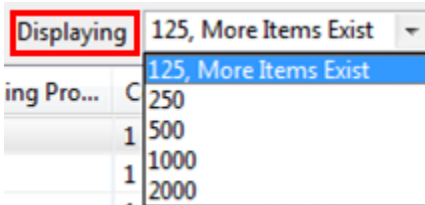
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## NUMBER OF CHARGES DISPLAYED

The number of charges available to view is displayed at the right top corner of the view.



When the number of charges is larger than 125, click the down arrow to select a larger cap number. 2000 is the largest number of charges that can viewed at a time. When more than 2000 charges are available, a message is displayed. Use filters to reduce the number of charges and display only those you need.



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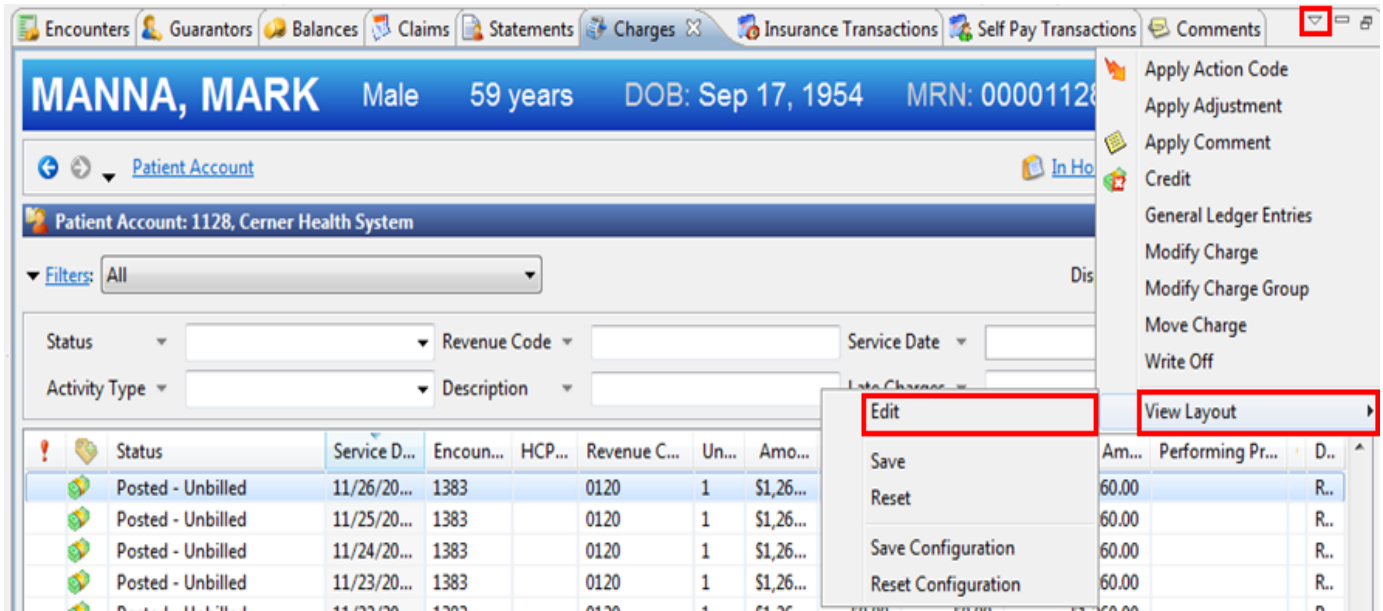
## SUMS OF DOLLAR AMOUNTS

In each grid view, columns that have dollar amounts are summed and displayed at the bottom of the grid. By default, all amounts listed in the row are summed. If a user multi-selects rows, only those rows that have been selected are summed.

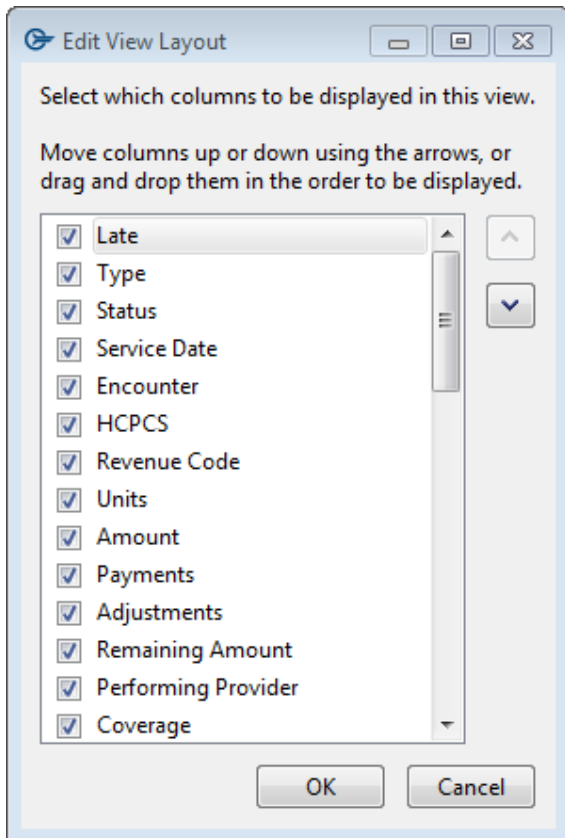
### Editing Columns in the Charges View

Complete the following steps to edit columns in the list:

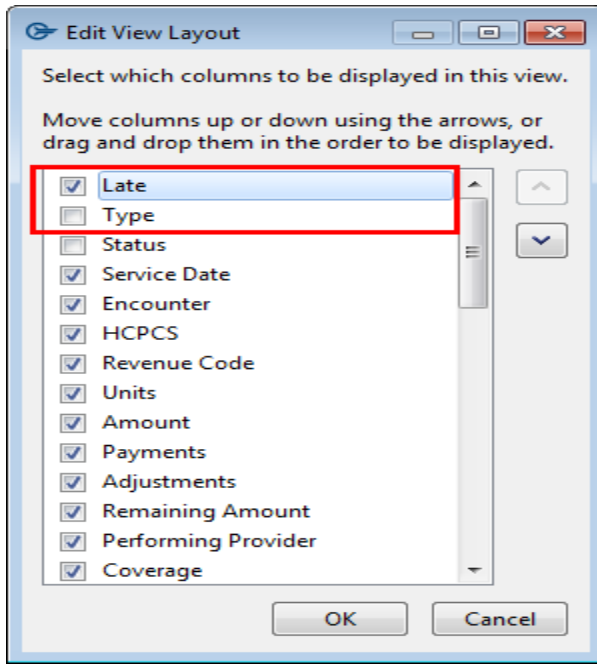
1. Click View Menu  and select View Layout > Edit.



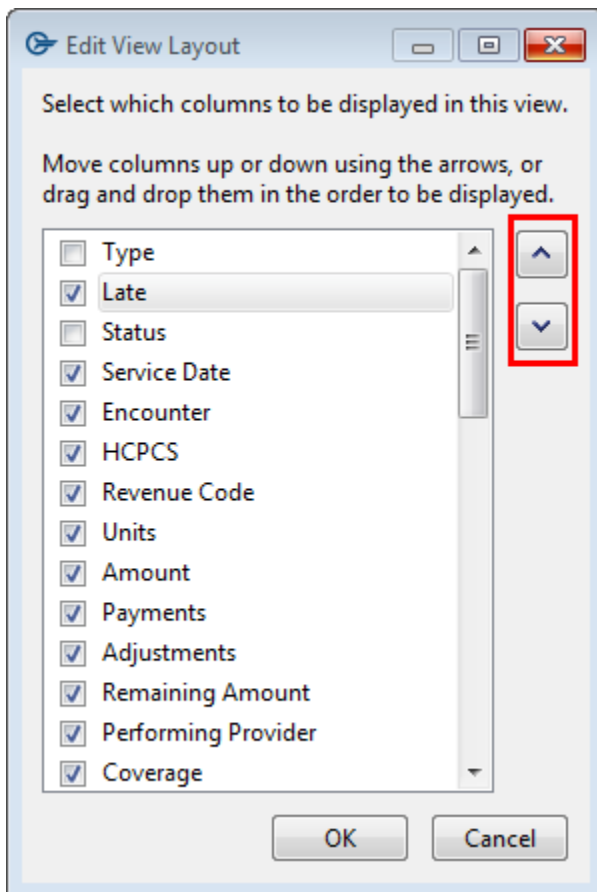
The Edit View Layout window is displayed




2. Click the empty box next to the column label to select the column. Click the box with a blue check mark to un-select the column.

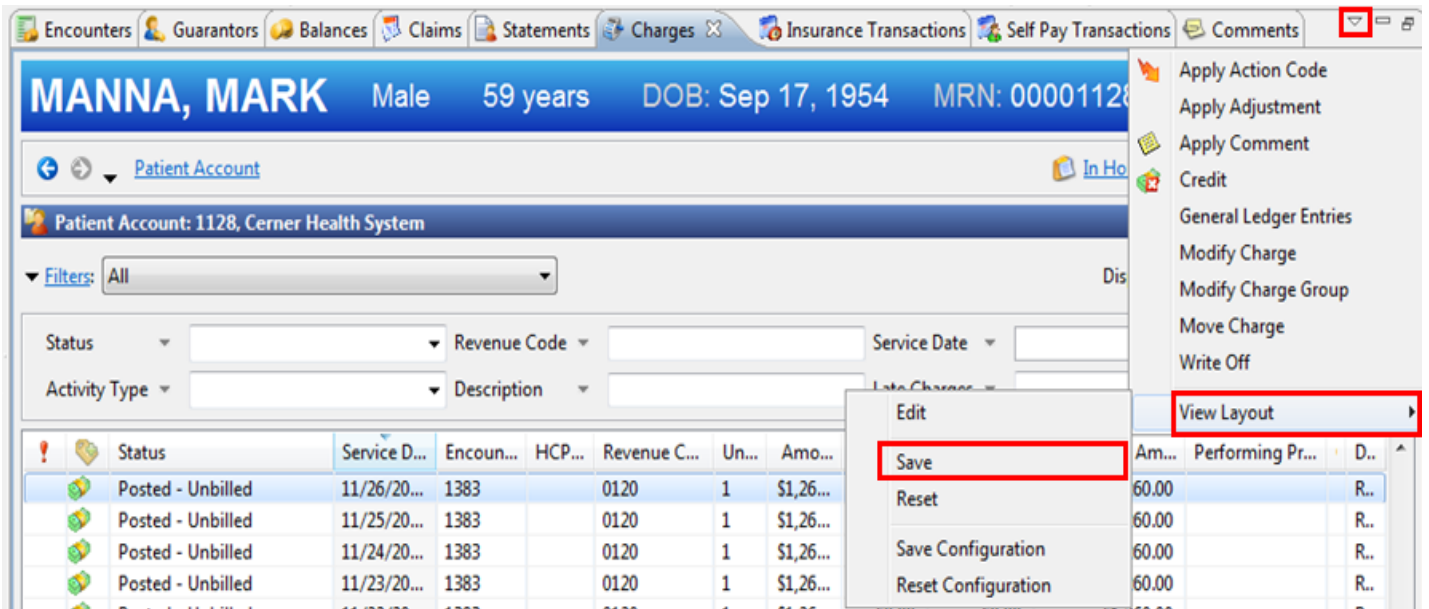


3. Move the columns up or down using the arrows, or drag and drop them in the order to be displayed.

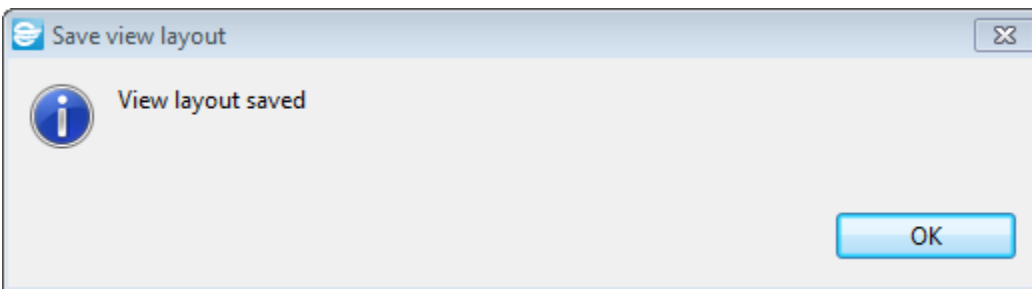


4. Click OK. Columns are displayed as selected.
5. To save this preference, click View Menu  and select View Layout > Save.


NOTE: TO SAVE THE VIEW LAYOUT FOR ALL USERS, FROM THE VIEW MENU, SELECT VIEW LAYOUT > SAVE CONFIGURATION.

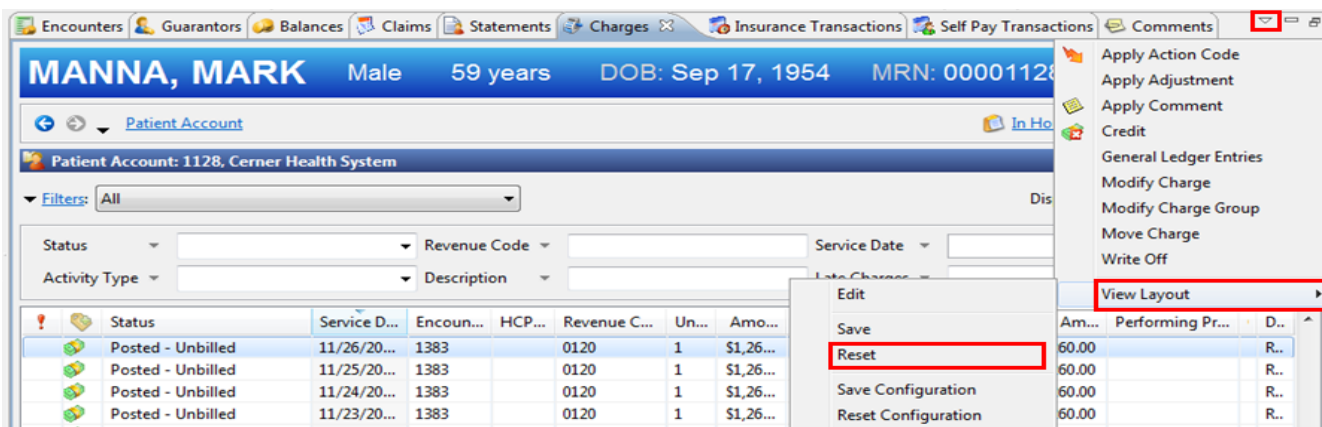


A message is displayed indicating layout has been saved.




6. Click OK.

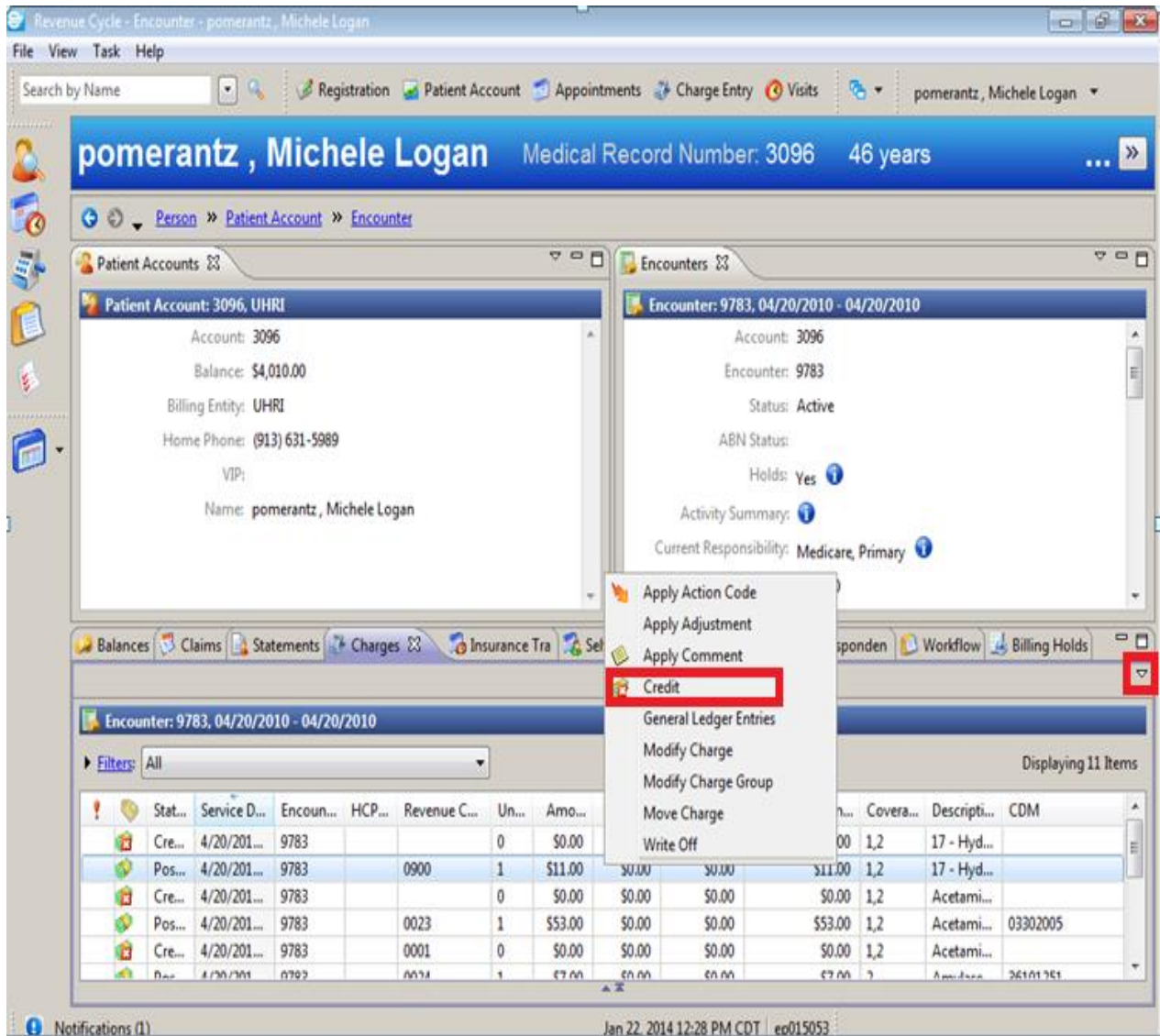
To reset the layout back to the default, click View Menu  and select View Layout > Reset. The default column layout will be displayed.



## CREDITING A CHARGE

Crediting a charge allows for crediting the entire amount of the charge and allows for crediting off a partial amount when multiple quantities are associated. When multiple quantities exist and a partial credit is applied, the residual quantity and amount are created in the system as a new debit and the original charge is credited.

1. From the Charges view, select the appropriate charge.
2. Right-click the charge or click View Menu  and select Credit.



The screenshot displays a medical software interface for patient "pomerantz, Michele Logan" (Medical Record Number: 3096, 46 years old). The interface includes a navigation bar with options like "Registration", "Patient Account", "Appointments", "Charge Entry", and "Visits". The main area shows "Patient Accounts" and "Encounters" for the patient. Below this, there are tabs for "Balances", "Claims", "Statements", "Charges", "Insurance Tra", "Sel", "Responden", "Workflow", and "Billing Holds". The "Charges" tab is active, showing a table of charges for encounter 9783 (04/20/2010 - 04/20/2010). A context menu is open over the table, with the "Credit" option highlighted in red. The table columns include "Stat...", "Service D...", "Encoun...", "HCP...", "Revenue C...", "Un...", "Amo...", "Covera...", "Descri...", and "CDM".

Stat...	Service D...	Encoun...	HCP...	Revenue C...	Un...	Amo...	Covera...	Descri...	CDM
Cre...	4/20/201...	9783			0	\$0.00			
Pos...	4/20/201...	9783		0900	1	\$11.00	\$0.00	\$0.00	\$11.00 1,2 17 - Hyd...
Cre...	4/20/201...	9783			0	\$0.00	\$0.00	\$0.00	\$0.00 1,2 Acetami...
Pos...	4/20/201...	9783		0023	1	\$53.00	\$0.00	\$0.00	\$53.00 1,2 Acetami... 03302005
Cre...	4/20/201...	9783		0001	0	\$0.00	\$0.00	\$0.00	\$0.00 1,2 Acetami...
Pos...	4/20/201...	9783		0014	1	\$7.00	\$0.00	\$0.00	\$7.00 1,2 Acetami... 36101351

3. The credit window displays.

Charge Description	Quantity	Item Price	Extended Price
17 - Hydroxyprogesterone	1	\$11.00	\$11.00

Reason: \*

Note:

OK Cancel

4. If the quantity of charges is greater than one, you can select to credit all of them or specify the amount.
5. Select a reason for the credit. Add additional comments if needed in Note.

Charge Description	Quantity	Item Price	Extended Price
17 - Hydroxyprogesterone	1	\$11.00	\$11.00

Reason: \*

Note:

OK Cancel


- Click OK. The charge is displayed as credited.

Status	Service D...	Encoun...	HCP...	Revenue C...	Un...	Amo...	Payme...	Adjustme...	Remaining Am...	Covera...	Descripti...	CDM
Credited - Su...	4/20/201...	9783			0	\$0.00	\$0.00	\$0.00	\$0.00	1,2	17 - Hyd...	
Credited - Su...	4/20/201...	9783		0900	0	\$0.00	\$0.00	\$0.00	\$0.00	1,2	17 - Hyd...	
Credited - Su...	4/20/201...	9783			0	\$0.00	\$0.00	\$0.00	\$0.00	1,2	Acetami...	
Posted - Unbil...	4/20/201...	9783		0023	1	\$53.00	\$0.00	\$0.00	\$53.00	1,2	Acetami...	0330...
Credited - Su...	4/20/201...	9783		0001	0	\$0.00	\$0.00	\$0.00	\$0.00	1,2	Acetami...	
Posted - Unbil...	4/20/201...	9783		0024	1	\$7.00	\$0.00	\$0.00	\$7.00	1,2	Amylase	3610...

**NOTE: WHEN YOU CREDIT A CHARGE IN A SINGLE CHARGE PER CHARGE GROUP SCENARIO, AND THERE ARE NO OTHER TRANSACTIONS ASSOCIATED TO IT, THE BALANCE ASSOCIATED TO THE CHARGE WILL NO LONGER BE DISPLAYED. IF THERE ARE OTHER TRANSACTIONS ASSOCIATED TO THE CHARGE, THE ASSOCIATED BALANCE WILL BE DISPLAYED WITH A STATUS OF VOID.**

### WRITING OFF A CHARGE

You can apply an adjustment for the entire charge amount and flag the charge for late charge processing using the Write Off task. This task is available from the Charges view.

- Locate the Charges view.
- Right-click charge or click View Menu  to display the task list.
- Select Write Off. The Write Off window is displayed.

Revenue Cycle - Encounter - pomerantz, Michele Logan

File View Task Help

Search by Name

pomerantz, Michele Logan Medical Record Number: 3096 46 years

Person » Patient Account » Encounter

Patient Account: 3096, UHRI

Account: 3096  
Balance: \$3,999.00  
Billing Entity: UHRI  
Home Phone: (913) 631-5989  
VIP:  
Name: pomerantz, Michele Logan

Encounter: 9783, 04/20/2010 - 04/20/2010

Account: 3096  
Encounter: 9783  
Status: Active  
ABN Status:  
Holds: Yes  
Activity Summary:  
Current Responsibility: Medicare, Primary  
Insurance Pending: \$132.00

Charges

Encounter: 9783, 04/20/2010 - 04/20/2010

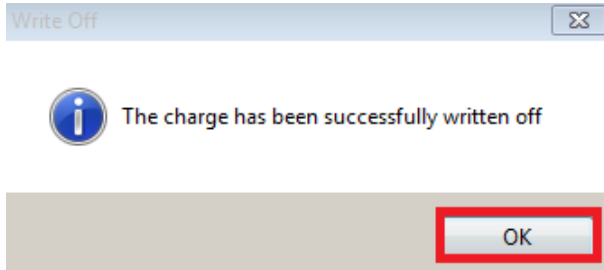
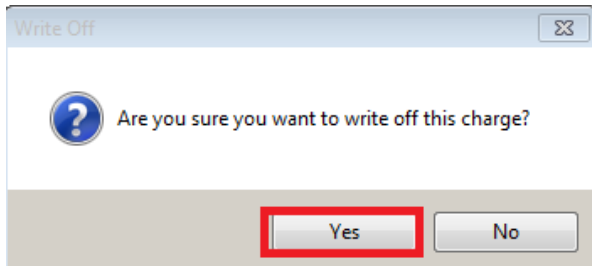
Filters: All

Stat...	Service D...	Encoun...	HCP...	Revenue C...	Un...	Amo...	Payme...	Adjustme...	Remaining Am...	Covera...	Descripti...	CDM
Cre...	4/20/201...	9783			0	\$0.00	\$0.00	\$0.00	\$0.00	1,2	Acetami...	
Pos...	4/20/201...	9783		0023	1	\$53.00	\$0.00	\$0.00	\$53.00	1,2	Acetami...	03302005
Cre...	4/20/201...	9783		0001	0	\$0.00	\$0.00	\$0.00	\$0.00	1,2	Acetami...	
Pos...	4/20/201...	9783		0024	1	\$7.00	\$0.00	\$0.00	\$7.00	2	Amylase	36101251
Pos...	4/20/201...	9783		0900	1	\$11.00	\$0.00	\$0.00	\$11.00	1,2	17 - Hyd...	

Apply Action Code  
Apply Adjustment  
Apply Comment  
Credit  
General Ledger Entries  
Modify Charge  
Modify Charge Group  
Move Charge  
**Write Off**

Jan 22, 2014 4:51 PM CDT eo0150534

- Click Yes to write off the charge. Message will display asking you to confirm action.



- Click OK. The charge will show as written off under the Charges view.


Status	Service D...	Encoun...	HCP...	Revenue C...	Un...	Amo...	Payme...	Adjustme...	Remaining Am...	Covera...	Descripti...	C...
Credited - Suppres...	4/20/201...	9783			0	\$0.00	\$0.00	\$0.00	\$0.00	1,2	17 - Hyd...	
Credited - Suppres...	4/20/201...	9783		0900	0	\$0.00	\$0.00	\$0.00	\$0.00	1,2	17 - Hyd...	
Credited - Suppres...	4/20/201...	9783			0	\$0.00	\$0.00	\$0.00	\$0.00	1,2	Acetami...	
Written Off - Unbil...	4/20/201...	9783		0023	1	\$53.00	\$0.00	(\$53.00)	\$0.00	1,2	Acetami...	0...
Credited - Suppres...	4/20/201...	9783		0001	0	\$0.00	\$0.00	\$0.00	\$0.00	1,2	Acetami...	

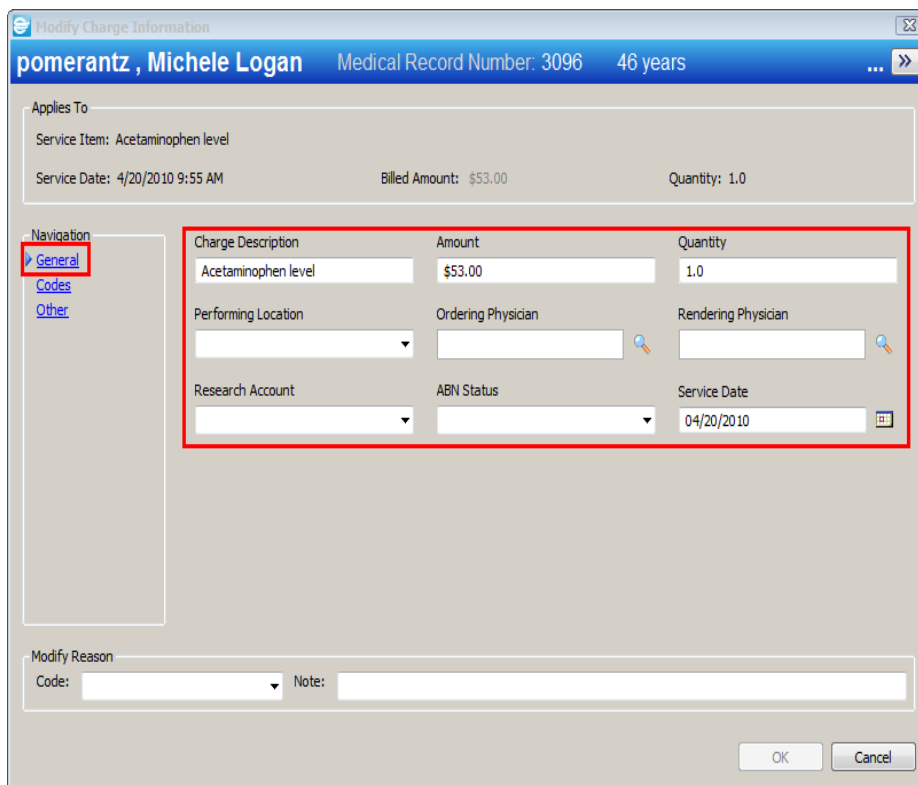
- Locate the appropriate transactions view to see the late charge adjustment created.

Type	Date	Amount	Alias	Alias Description	Payer Control Number	Batch
Adjustment	2/24/2014	(\$53.00)	LATE CHRGR ADJUS...	Late Charge Processing - Late Char...		217307...
Adjustment	1/22/2014	\$0.00	LATE CHRGR ADJUS...	Late Charge Processing - Late Char...		217289...

## MODIFYING A CHARGE

The Modify Charge Information task is available from the Charges view. You can modify charge information for a charge when appropriate.

1. In the Charges view, right-click a charge and select Modify Charge.
2. Right-click a charge or click View Menu  to display the task list.
3. Select Modify Charge. The Modify Charge dialog box is displayed.
4. Make any necessary modifications in the
  - General
  - Codes
  - Other
5. Click OK to save your changes. The columns in the Charges tab reflect the changes.



Modify Charge Information

pomerantz, Michele Logan Medical Record Number: 3096 46 years

Applies To

Service Item: Acetaminophen level

Service Date: 4/20/2010 9:55 AM Billed Amount: \$53.00 Quantity: 1.0

Navigation

- General
- Codes
- Other

Charge Description	Amount	Quantity
Acetaminophen level	\$53.00	1.0

Performing Location Ordering Physician Rendering Physician

Research Account ABN Status Service Date

04/20/2010

Modify Reason

Code: Note:


OK Cancel

## MOVING A CHARGE

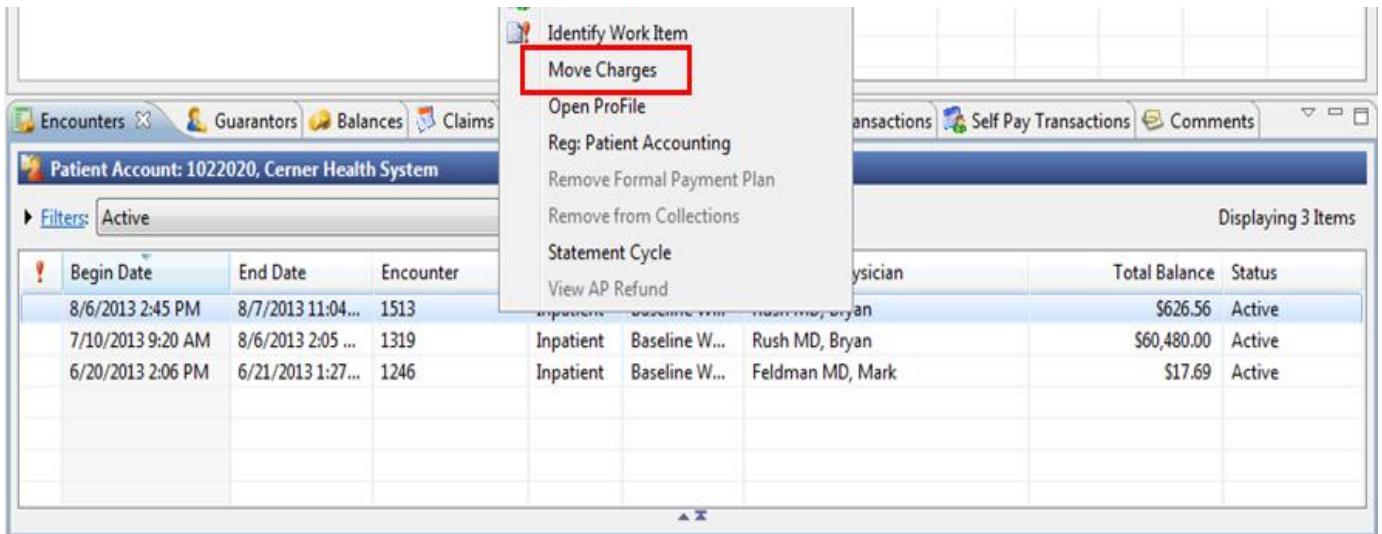
The Move Charges task allows you to move charges from one encounter to another. If you perform this task at the encounter level, all charges are moved. You can move charges individually at the charge level.

### ENCOUNTER LEVEL

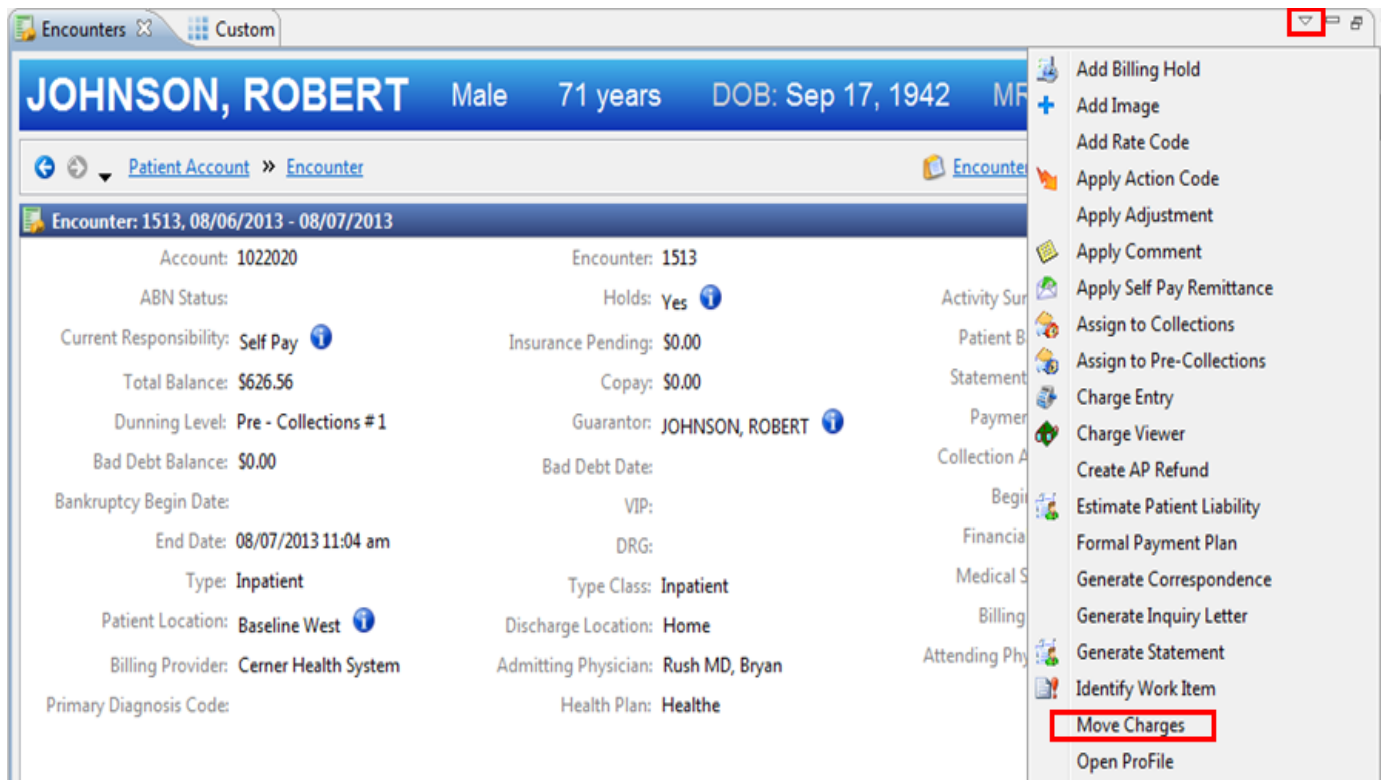
Complete the following steps to move charges at the encounter level:

1. From the Encounters view, right-click the item or click View Menu  and select Move Charges.

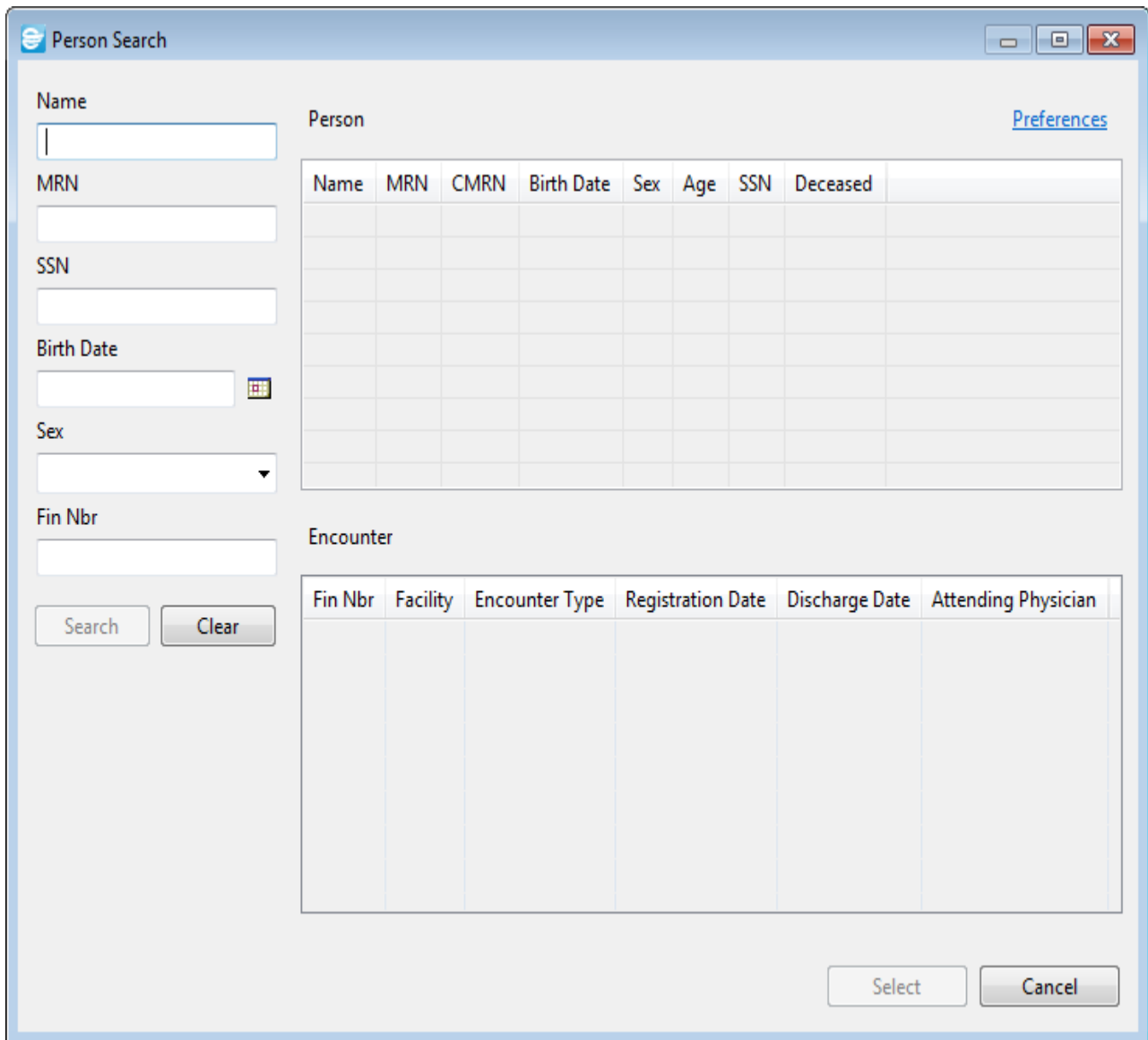
2. List view



3. Detail view



4. The person search window is displayed.



The screenshot shows a 'Person Search' window with a search form on the left and two data tables on the right. The search form includes fields for Name, MRN, SSN, Birth Date, Sex, and Fin Nbr, along with 'Search' and 'Clear' buttons. The 'Person' table has columns for Name, MRN, CMRN, Birth Date, Sex, Age, SSN, and Deceased. The 'Encounter' table has columns for Fin Nbr, Facility, Encounter Type, Registration Date, Discharge Date, and Attending Physician. 'Select' and 'Cancel' buttons are at the bottom right.

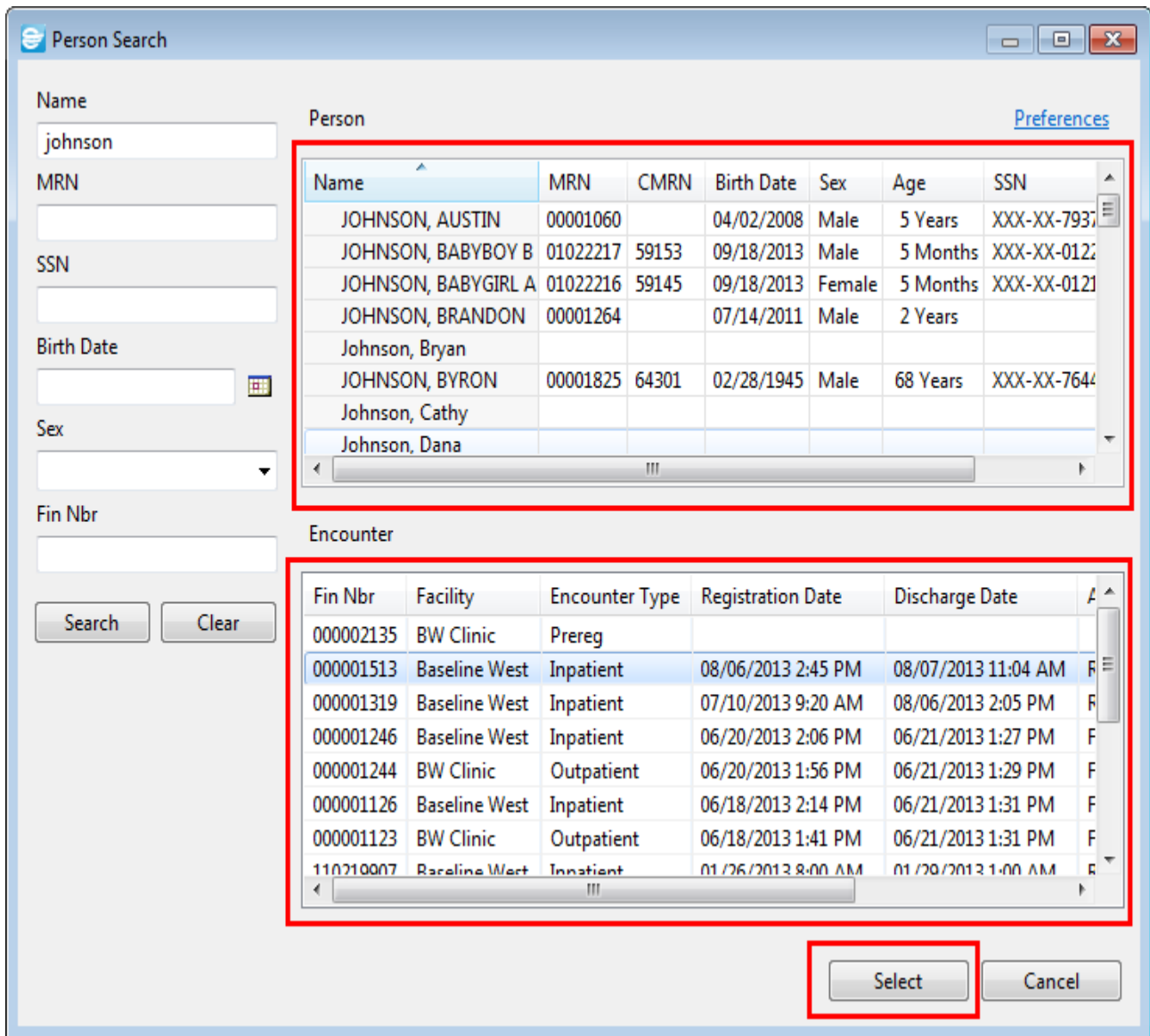
Person							
Name	MRN	CMRN	Birth Date	Sex	Age	SSN	Deceased

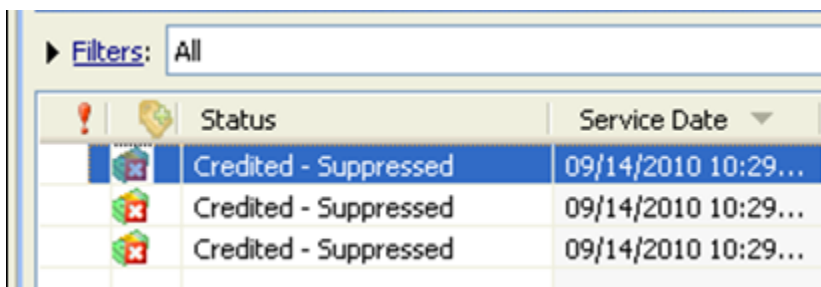
Encounter					
Fin Nbr	Facility	Encounter Type	Registration Date	Discharge Date	Attending Physician

5. Search and select the person and encounter to which you want to move charges.

- Click Select to move the charges to the selected person.



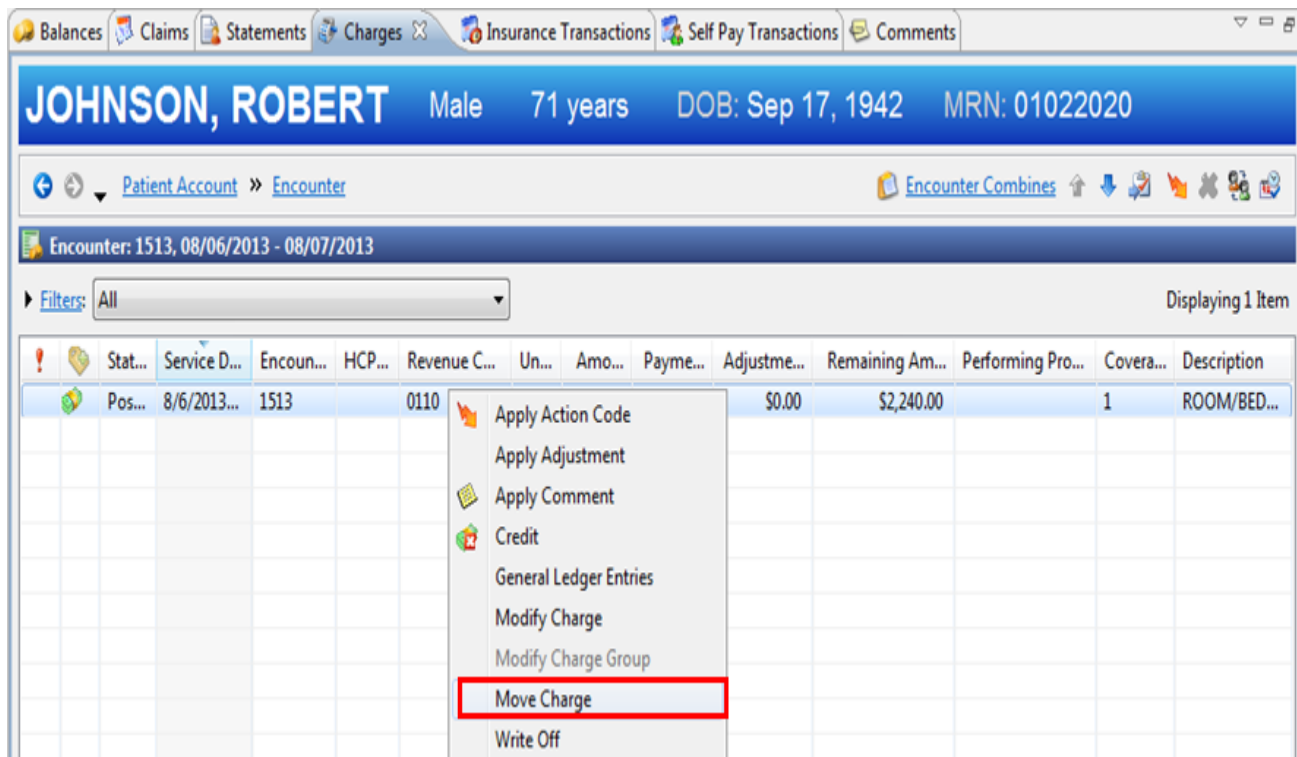
- In the Charges view for the encounter, moved charges are in a Credited status. The credited charge is now a debit charge on the encounter where the charge was moved to. Note that the only way to see the differences in the charges moved is the encounter column within the Charges view.



## CHARGE LEVEL

The Charges view allows for multiple selections at once and the Move Charge task can be applied to all of them. To select several single items, hold down the CTRL key and click each item. To select several items that are all grouped together, hold down the SHIFT key and click the top item, then click the bottom item. These can be used together to select a set of charges (using SHIFT) and then deselect certain charges from that range (using CTRL).

1. In the Charges view for the encounter, right-click charge and select Move Charges.



2. Search and select the person and encounter that you want to move charges.
3. Click Select to move the charges to the selected person.
4. In the \*Charges\* view, verify that the charges are moved successfully. The moved charges are displayed in a Credited status. The credited charge is now a debit charge on the encounter where the charge was moved to. Note that the only way to see the differences in the charges moved is the encounter column within the Charges view.
5. Combines
6. Combining Financial Encounters

A financial combine allows you to bill two encounters together without modifying or updating the clinical encounters. A common example is the Medicare 72 hour rule. In that case, medically-related encounters within 72 hours of each other must be billed together.

You can access this task from the Encounters view. It is disabled if the patient does not have more than one financial encounter for the same billing entity or if the patient has been discharged.

**NOTE: CERNER DOES NOT RECOMMEND USING FINANCIAL COMBINE OR UNCOMBINED FOR NEWBORN/MOTHER BABY WORKFLOWS. CERNER RECOMMENDS USING THE "MOVE CHARGE" FUNCTIONALITY.**

## COMBINE ENCOUNTERS

Complete the following steps to combine encounters:

1. In the Encounters view, right-click an encounter, and select the View Menu.
2. Select Financial Combine. A Financial Combine dialog box window opens. It displays the encounter you selected in Step 1 as Encounter A. It displays a list of potential encounters in Encounter B. If the patient has more than one additional encounter on record, select the encounter from the Encounter B list.

**NOTE: MULTISELECT FUNCTIONALITY — YOU CAN SELECT YOUR FROM AND TO ENCOUNTERS FROM THE ENCOUNTERS VIEW LIST. SELECT BOTH OF YOUR ENCOUNTERS. RIGHT-CLICK AND SELECT FINANCIAL COMBINE. BOTH ENCOUNTERS WILL BE DISPLAYED IN THE DIALOG BOX.**

3. Select whether you need to move Encounter A into Encounter B or vice versa.  
Below are the attributes that are displayed for both encounters selected:

Encounter: FIN, Begin Date - End Date

Person Name

Account: MRN

Type: Encounter Type

Status

Patient Location

Financial Class

Health Plan

Total Balance

Primary Diagnosis Code

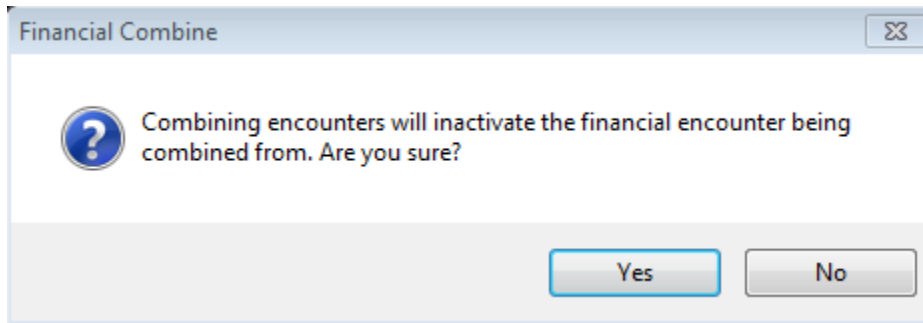
Financial Combine

**BRITO, AMY** SSN: Female 45 years

Encounter A	Encounter B
Encounter: 14198 - 1, 10/07/2015 - 10/31/2015	Encounter: 198 - 2, 09/01/2015 - 09/30/2015
Person Name: BRITO, AMY	Person Name: BRITO, AMY
Account: 6049	Account: 6049
Type: Recurring	Type: Recurring
Status: Pending	Status: Active
Patient Location: YYT Hospital	Patient Location: YYT Hospital
Financial Class: Self Pay	Financial Class: Self Pay
Health Plan:	Health Plan:
Total Balance: \$3.00	Total Balance: (\$3.00)
Primary Diagnosis Code:	Primary Diagnosis Code:

A --> B    B --> A    Cancel

4. After selecting the combination, a message displays prompting you to confirm your decision. Click Yes to proceed with the financial combine.



**NOTE: THE BALANCE OF THE TO ENCOUNTER NOW EQUALS THE BALANCE OF THE TO ENCOUNTER PLUS THE SUM OF ALL THE CHARGES ON THE FROM ENCOUNTER MINUS PAYMENTS AND MINUS ADJUSTMENTS ON THE FROM ENCOUNTER. AFTER THE FINANCIAL COMBINE THE FROM ENCOUNTER WILL GET INACTIVATED. THE TO ENCOUNTER STATUS WILL NOT BE MODIFIED.**

The following views can be affected by a financial combine:

- Balances
- Claims
- Statements
- Charges
- Self Pay Transactions
- Insurance Transactions
- Encounters

Activities: The combine activity will get added.

- Related encounters
- Patient Account Workflow
- Billing Holds
- Correspondence
- Comments

## UNCOMBINING FINANCIAL ENCOUNTERS

The Financial Uncombine task allows you to reverse any previous financial encounter combine.

The task is disabled if:

- a financial combine has not occurred previously on the selected financial encounter.
- a clinical encounter combine is performed.

Complete the following steps to reverse a financial combine:

1. Access the Encounter tab on the affected encounter.
2. Right-click the encounter, and select the View Menu.

3. Select Financial Uncombine.

- Select the additional encounter for the uncombine in the drop down available from the Encounter box on the Encounter B side of the dialog. This drop-down menu will only be active if more than two financial encounters were combined into one.

Below are the attributes that are displayed for both encounters selected:

Encounter: FIN, Begin Date, End Date

Person Name

Account: MRN

Type: Encounter Type

Status

Patient Location

Financial Class

Health Plan

Total Balance

Primary Diagnosis Code

The screenshot shows a window titled "Financial Uncombine" for patient "Keally, CMTest2", Male, 25 years, DOB: Feb 28, 1988. The window is divided into two panels: "Encounter A" and "Encounter B".

**Encounter A:**

- Encounter: 100, 06/26/2013 -
- Person Name: Keally, CMTest2
- Account: 92
- Type: Inpatient
- Status: Active
- Patient Location: NAVAS NPBE ORGANIZATION
- Financial Class: Commercial Insurance
- Health Plan: Aetna HP1
- Total Balance: \$0.00
- Primary Diagnosis Code:

**Encounter B:**

- Encounter: 130, 06/28/2013 - (dropdown menu)
- Person Name: Keally, CMTest2
- Account: 92
- Type: Inpatient
- Status: Pending
- Patient Location: NAVAS NPBE ORGANIZATION
- Financial Class: Commercial
- Health Plan:
- Total Balance: \$0.00
- Primary Diagnosis Code:

At the bottom right, there are two buttons: "Uncombine" (highlighted) and "Cancel".

4. Click Uncombine. A message is displayed indicating that the uncombined function was successful.

**NOTE: THE FOLLOWING TABS CAN BE AFFECTED BY A FINANCIAL UNCOMBINE:**

- Balances
- Claims
- Statements
- Charges
- Self Pay Transactions

- Insurance Transactions
- Encounters

Activities: The combine activity will get added.

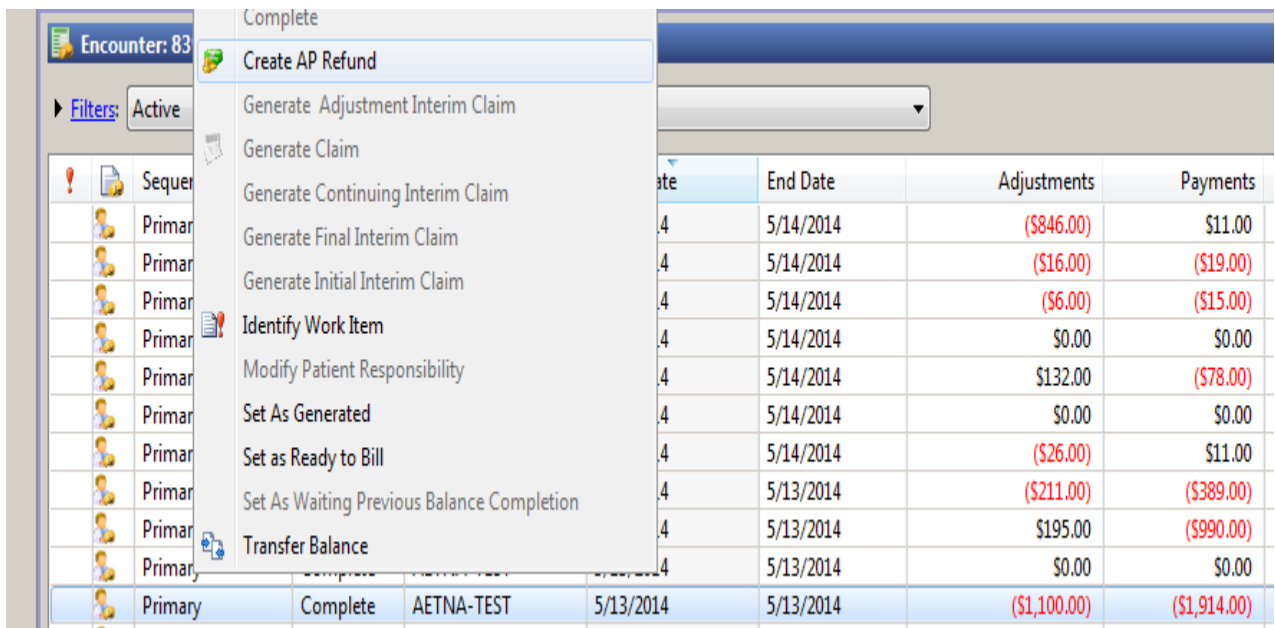
- Related encounters,
- Patient Account Workflow
- Billing Holds
- Correspondence
- Comments
- Account Payable (AP) Refunds

There are several options for creating refunds. They can be issued to an Insurance Payer, Guarantor, Patient, or another party. The information below outline the options you have for creating refunds.

### CREATING A REFUND AT THE BALANCE LEVEL

You can create a refund on an insurance balance.

1. Select the appropriate balance.
2. From the View menu, select Create AP Refund. The Create AP Refund dialog box is displayed.





3. Enter the appropriate recipient information.

Element	Description
Element	Description
Name	When you create a refund on an insurance balance, the default recipient of the refund is Insurance, and you cannot modify this information.

Element	Description
Element	Description
Address	When you create a refund on an insurance balance, the insurance company's address is entered by default. You can modify this information as needed.
City	You can modify this information as needed.
State	You can modify this information as needed.
ZIP Code	You can modify this information as needed.
Country	You can modify this information as needed.

Enter the appropriate refund information.

Element	Description
Element	Description
Claim Number	The claim number associated with the insurance balance. If the balance has more than one claim, select the correct claim from the list.
Reference Identifier	The reference identifier is not required.
Reason	A reason is required.
Transaction Alias	A transaction alias is required.
Refundable Amount	The system enters the refundable amount by default.
Refund Amount	The system enters the refund amount by default. You can modify this amount, but the refund amount cannot exceed the refundable amount.
Remaining Amount	As you modify the refund amount, the system recalculates the remaining amount on the insurance balance. If additional refunds are created on the balance at a later date, the system uses the remaining amount still on the balance.

Activity Summary:   
 Insurance Pending: \$2,742.00  
 Total Balance: (\$24,976.59)  
 Statement Cycle:  
 Guarantor: Butler, Winn   
 Bad Debt Balance: \$0.00  
 Collection Agency:  
 VIP:  
 End Date:  
 Financial Class: Managed Care I

Create AP Refund

**Butler, Winn** Male 8 months DOB: May 1, 2014

Who is the refund for? Insurance

Recipient  
 Name: AETNA-TEST  
 Address: 123 Main St  
 City: Kansas City  
 State: MO  
 Zip: 64089-  
 Country: USA

Refund Info  
 Claim Number: 14178554  
 Reference Identifier:  
 Reason: Claim audited  
 Transaction Alias: \*

Alias	Sub Type	Reason	A/R Effect
805	Refund adjustment	Patient Refund	Credit
810	Refund adjustment	Patient Refund	Debit
830	Refund adjustment	Insurance Refund	Debit
835	Refund adjustment	Insurance Refund	Credit
840	Refund adjustment	Medicaid Refund	Debit
860	Refund adjustment	Other Government Refund	Debit
865	Refund adjustment	County Refund	Debit
997	Auto Refund	Automated Refund	Credit
998	Auto Refund	Administrative Adjustment	Credit
999	Auto Refund	Awaiting Refund Request	Credit
AP REFUND	Refund adjustment	Automated Refund	Debit
CHECKREFUND	Refund Payment	Automated Refund	Credit

Date	Adjustments	Payments	Balance
11/14	(\$846.00)	\$11.00	(\$415.00)
11/14	(\$16.00)	(\$19.00)	\$5.00

4. Click OK to create the refund.

REFUND VIEW

All refunds created for an individual encounter are displayed in the Refunds view. In the example below, the Date, Status, Receiving Name, and Amount are displayed.

Date	Status	Receiving Name	Amount
4/24/2015	Completed	Zztest, Francesca	\$25.00

#### Attributes

The following attributes are available:

- Date
- Status
- Receiving Name
- Amount

Type: When displayed in the preview and detail panes, clicking the information icon reveals the types of transactions that make up the refund amount.

- Address 1
- Address 2
- Cancel Reason
- City
- Comments
- Country
- Employer Name
- Phone
- Plan Name
- Refund ID
- Refund Reason
- Sponsor Name
- State
- Zip Code

---

#### REFUND STATUS FROM PATIENT ACCOUNTING (CPA)

The following are statuses available from Patient Accounting:

- Created: Refund is created.
- Denied: Refund is denied by manager or supervisor.
- Cancelled: Refund is cancelled. (Cancelled action can only occur on refunds in Created, Approved or Submitted status.)
- Approved: Refund is approved by manager or supervisor.

- Submitted: Refund is approved and submitted.
- Void Requested: Request for refund to be voided. (This function is only available if you have void options available and communication with Accounts Payable (AP) system.)
- Void Submitted: Request for Void is submitted. (This function is only available if you have void options available and communication with AP system.)

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REFUND STATUS FROM ACCOUNTS PAYABLE SYSTEM (AP)

The following are statuses received back into CPA from an AP system.

- Check Cut: Check has been sent out.
- Check Cashed: Check is cashed.

Voided: The void requested is successful and the check has been voided in the AP system. (This function is only available when you have void options available and communication with AP system.)

Date	Status	Receiving Name	Amount	Type	Address 1
12/30/2014	Completed		\$23.23	Multiple Credit Cards	
12/30/2014	Pending		\$3.33	AP Refund, Credit Card	111 Ordinary ...
12/30/2014	Created	Butler, Winn	\$102.00	AP Refund	111 Ordinary ...
12/30/2014	Completed		\$0.13	Multiple Credit Cards	
12/30/2014	Pending		\$56.00	AP Refund, Credit Card	111 Ordinary ...
12/30/2014	Pending		\$32.23	AP Refund, Credit Card	111 Ordinary ...
12/30/2014	Submitted	Butler, Winn	\$0.22	AP Refund	111 Ordinary ...
12/30/2014	Submitted	Butler, Winn	\$0.11	AP Refund	111 Ordinary ...
12/30/2014	Submitted	Butler, Winn	\$50.00	AP Refund	111 Ordinary ...
12/30/2014	Submitted	Butler, Winn	\$0.32	AP Refund	111 Ordinary ...
12/30/2014	Submitted	Butler, Winn	\$6.00	AP Refund	111 Ordinary ...
12/30/2014	Submitted	Butler, Winn	\$100.00	AP Refund	111 Ordinary ...
12/30/2014	Submitted	Butler, Winn	\$0.21	AP Refund	111 Ordinary ...
12/30/2014	Submitted	Butler, Winn	\$500.00	AP Refund	111 Ordinary ...
12/30/2014	Void Requested	Butler, Winn	\$0.11	AP Refund	111 Ordinary ...
1/6/2015	Cancelled		\$3.33	AP Refund, Credit Card	111 Ordinary ...

---

## Refunds view for Managers and Supervisors

From the My Workflow perspective, managers and supervisors can view refunds created by their direct reports by double-clicking a user's name. The Refunds view is displayed with the refunds created by that user.

The screenshot shows a software interface with two main panes. The top pane, titled 'Personnel', displays a user hierarchy: 'Cerner, Cerner' with a sub-entry 'Martin, Daniel'. The bottom pane, titled 'Refunds', is for 'Pérsòñnèl: Martin, Daniel'. It features a filter dropdown set to 'Created' and indicates 'Displaying 3 Items'. Below this is a table with the following data:

Date	Person Name	Status	Receiving Name	Amount	Type
27/01/...	Refund, Balance	Created	Refund, Balance1	2,00 F	AP Refund
27/01/...	Refund, Misc	Created	Refund, Misc	1 058,00 F	AP Refund
23/01/...	refund, newmodify	Created	refund, newmodify	501,00 F	Credit Card

---

## CREATING A REFUND FOR A TRANSACTION

You can refund whole or partial amounts of an original transaction.

1. From the appropriate transaction view, right-click the transaction and select Apply Refund.

Type	Date	Amount	Alias	Alias Description
Payment	1/7/2015	(\$1.00)	210	Patient payment - Patient Payment
Payment	12/23/2014	(\$1,162.97)	110	Patient payment - Employee Payroll Payment
Payment		(\$1,998.77)	104	Patient payment - SURGERY UPFRONT PAYMENT
Payment		(\$300.00)	104	Patient payment - SURGERY UPFRONT PAYMENT
Payment		(\$2,552.98)	CO_PAY	CoPay - Patient Payment
Payment		(\$5,467.57)	108	Patient payment - Cancer Care Upfront Payment
Payment		(\$2.00)	108	Patient payment - Cancer Care Upfront Payment
Payment		\$0.00	104	Patient payment - SURGERY UPFRONT PAYMENT
Payment		(\$12.00)	109	Patient payment - MRI Upfront Payment
Payment		(\$120.00)	108	Patient payment - Cancer Care Upfront Payment
Payment		(\$94.99)	108	Patient payment - Cancer Care Upfront Payment
Payment		(\$103.91)	109	Patient payment - MRI Upfront Payment

- In the Apply Refund dialog box, select the appropriate option, and then click OK. If the transaction was processed by an electronic data interchange (EDI) service other than Cerner, the following options are available:
- Create AP Refund on the Transaction: Select this option to create a refund.
- Reverse the Payment Processed by a Third-Party Credit Card Service and Create AP Refund for the Remaining Transaction(s): Select this option to reverse the payment and create a refund.
- Reverse the Payment Processed by a Third-Party Credit Card Service: Select this option to reverse the payment without creating a refund.

**Apply Refund**

**Butler, Winn**    Male    8 months    DOB: May 1, 2014

A payment has been processed by a third party credit card service. How would you like to proceed with the refund?

Create AP refund on the transaction  
 Reverse the payment processed by a third party credit card service and create AP refund for the remaining transaction(s)  
 Reverse the payment processed by a third party credit card service

- Select the appropriate payment information and refund amount. The maximum refundable amount for each payment type is displayed by default. As you increase or decrease the refund amount, the system recalculates the refundable amount for each payment type and the maximum refundable amount.

Apply Refund

**Butler, Winn**    Male    8 months    DOB: May 1, 2014

Payment Information

Choose how this payment is to be refunded by specifying the refund type and amount from the option(s) below.

	Original Payment Type	Refundable Amount	Refund Amount
<input type="checkbox"/>	Credit card ending in 1111	\$1.00	\$1.00
<input type="checkbox"/>	Check	\$96.98	\$96.98
<input type="checkbox"/>	Cash	\$101.00	\$101.00

Refund Amount:                    **\$0.00**  
Maximum Refundable Amount:                    **\$198.98**

Refund Reason:

Reason: \*

OK    Cancel

7. Enter a refund reason and specify the recipient. You can select either the guarantor or the patient, or you can specify another recipient.

Apply Refund

**Butler, Winn**    Male    8 months    DOB: May 1, 2014

Payment Information

Choose how this payment is to be refunded by specifying the refund type and amount from the option(s) below.

	Original Payment Type	Refundable Amount	Refund Amount
<input type="checkbox"/>	Credit card ending in 1111	\$1.00	\$1.00
<input checked="" type="checkbox"/>	Check	\$96.98	\$96.98
<input type="checkbox"/>	Cash	\$101.00	\$101.00

Refund Amount: **\$96.98**  
Maximum Refundable Amount: **\$102.00**

Refund Reason:

Reason: Overpayment co-pay

Refund Details

Verify information below for submission of refund payment by check.

Who is the refund for? Guarantor

Recipient	Refund Info
Name: <u>Butler, Winn</u>	Reference Identifier: <input type="text"/>
Address: <u>123 Main St</u>	Transaction Alias: <input type="text"/>
City: <u>Kansas City</u>	Refund Amount: <b>\$96.98</b>
State: <u>MO</u>	
Zip: <u>64105-</u>	
Country: <input type="text"/>	

OK    Cancel

- Enter additional refund details as appropriate. If you selected the guarantor or patient as the recipient, the name and address are entered by default. If necessary, you can change the address. If you selected a recipient of Other, you must enter all recipient information manually. For credit card refunds, you are not required to enter the recipient's address, because the transaction is processed through the third-party credit card service.

Refund Details  
Verify information below for submission of refund payment by check.

Who is the refund for? Patient

<b>Recipient</b> Name: Butler, Winn Address: 123 Main St City: Kansas City State: MO Zip: 64105- Country:	<b>Refund Info</b> Reference Identifier: Transaction Alias: * Refund Amount: \$96.98
---	---

OK Cancel

- Select the appropriate transaction alias for the refund, and then click OK. The refund is applied for the transaction.

## APPLYING A COMMENT TO A REFUND

- In the Refunds view, right-click an appropriate refund and select Apply Comment.

Encounter: 844, 05/02/2014 -

Filters: Check Cut

Date	Status	Receiving Name	Amount	Type
7/1/2014	Check Cut	Martin, Pippy	\$540.00	AP Refund
7/1/2014	Apply Comment	Martin, Pippy	\$541.00	AP Refund
7/1/2014	Cancel Refund	Martin, Pippy	\$542.00	AP Refund
7/1/2014	Modify Refund	Martin, Pippy	\$200.00	AP Refund
7/1/2014	Check cut	Martin, Pippy	\$200.00	AP Refund

- In the Apply Comment dialog box, select a defined comment or enter a free text comment in the Apply Comment dialog box.

Apply Comment

Martin, Pippy Female

Check Cashed.

Predefined Comment:   
 Importance: Medium

Reset Apply Cancel

- Click Apply to save the comment. The comment can be seen in the Timeline view.

**NOTE: THE IMMEDIATE REFUND OPTION IS AVAILABLE FOR CASH DRAWER SITUATIONS ONLY.**

Complete the following steps to process an immediate refund:

1. Click Apply Refund. The Refund dialog box is displayed.
2. Select the Immediate Refund option. (If the option is not selected, the refund amount will not be reflected in the Self-Pay Transactions view or in the Balances view.)

**Apply Refund**

**Zztest, Francesca** Female 46 years

**Warning:** The Immediate Refund option will reverse the payment(s), bypassing any workflow checks.

**Payment Information**  
Choose how this payment is to be refunded by specifying the refund type and amount from the option(s) below.

Original Payment Type	Refundable Amount	Refund Amount
<input checked="" type="checkbox"/> Cash	\$25.00	\$25.00

Refund Amount: **\$25.00**  
Maximum Refundable Amount: **\$0.00**

**Refund Reason**  
Reason: \*

**Immediate Refund**

OK Cancel

3. Select a reason for the refund from the Reason list, and enter the refund amount in the Refund Amount box.

The screenshot shows a 'Refund Reason' dropdown menu. The 'Reason:' field is highlighted in yellow. The dropdown list is open, showing the following options: 'Please Select...', 'Duplicate payment by patient/guarantor', 'Financial assistance', 'No co-pay due', 'No self pay discount applied', 'Overpaid late charges', 'Overpayment co-pay', 'Patient responsibility corrected', 'Payroll deduct', 'Re-issue', 'Risk management', 'Transfer of credit balance', and 'Wrong self pay discount'. The 'Immediate Refund' checkbox is checked.

4. If appropriate, adjust the refund amount by changing the amount in the Refund Amount box.

The screenshot shows the 'Apply Refund' dialog box for patient 'Zztest, Francesca', Female, 46 years. A warning message states: 'The Immediate Refund option will reverse the payment(s), bypassing any workflow checks.' The 'Payment Information' section includes a table with the following data:

Original Payment Type	Refundable Amount	Refund Amount
<input checked="" type="checkbox"/> Cash	\$25.00	25.00

Below the table, the 'Refund Amount' is \$25.00 and the 'Maximum Refundable Amount' is \$0.00. The 'Refund Reason' section shows 'Reason: No co-pay due' and the 'Immediate Refund' checkbox is checked. 'OK' and 'Cancel' buttons are at the bottom.

5. Verify that information is entered correctly and click OK.

**Apply Refund**

Zztest, Francesca Female 46 years

**⚠ The Immediate Refund option will reverse the payment(s), bypassing any workflow checks.**

**Payment Information**  
Choose how this payment is to be refunded by specifying the refund type and amount from the option(s) below.

Original Payment Type	Refundable Amount	Refund Amount
<input checked="" type="checkbox"/> Cash	\$25.00	25.00

Refund Amount: \$25.00  
Maximum Refundable Amount: \$0.00

**Refund Reason**  
Reason: No co-pay due  
 Immediate Refund

**OK** Cancel

6. Verify that the applied refund is displayed correctly. The Refunds view displays a status of Complete. The Self-Pay Transactions view displays a red X in place of the green check mark for the refunded transaction.

Balances Claims Statements Charges Insurance Transactions Self Pay Transaction **Refunds** Comments

Encounter: 1552, 04/24/2015 -

Filters: All

Date	Status	Receiving Name	Amount
4/24/2015	Completed	Zztest, Francesca	\$25.00

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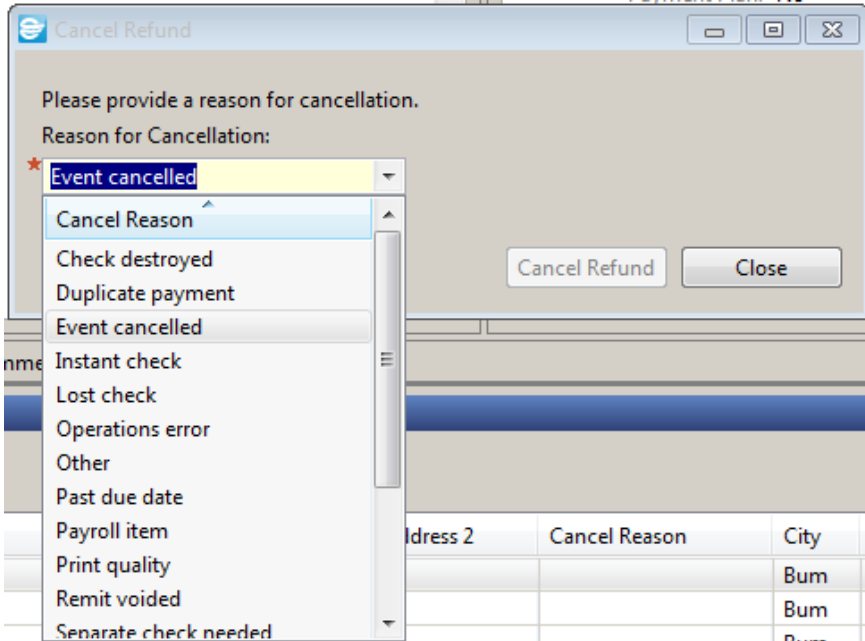
## CANCELING REFUNDS

You can cancel refunds when they are in a Created, Approved, or Submitted status.

Complete the following steps to cancel a refund:

1. Right-click the refund, or open the View menu, and select Cancel Refund. The Cancel Refund dialog box is displayed.

2. From the Reason for Cancellation list, select a reason.
3. Click Cancel Refund. The refund is displayed in the Refunds view with a status of Canceled.




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## MODIFYING A REFUND

You can modify a refund when appropriate. Complete the following steps to modify a refund:

1. In the Refunds view, right-click the appropriate refund and select Modify Refund. The Modify Refund dialog box is displayed.

Modify Refund task

Date	Status	Receiving Name
2/18/2015	Created	Martin Pinny
2/17/2015	Cancelled	
2/17/2015	Cancelled	
2/3/2015	Cancelled	
12/30/2014	Void Submitted	

-  Apply Comment
-  Cancel Refund
-  **Modify Refund**

## Modify Refund dialog box

Modify Refund

Martin, Pippy Female 55 years DOB: Jan 1, 1960

Who is the refund for? Guarantor

Recipient

Name: Martin, Pippy

Address: 123 Road St.

City: Altamonte Springs

State: FL

Zip: 32714-

Country:

Refund Info

Reference Identifier: 12

Reason: Overpayment co-pay

Transaction Alias: 805

Refundable Amount: \$200.00

Refund Amount: 100.00

Remaining Amount: \$100.00


OK Cancel

2. Modify the appropriate attributes and click OK. Changes are saved. (If the Modify Refund button is unavailable, the refund is not in a status which allows the refund to be modified).

## ASSIGNING ENCOUNTERS TO COLLECTIONS

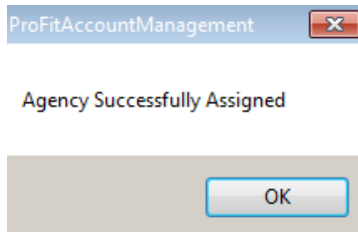
Encounters move through statement cycles set-up for your facility. When an encounter moves past the Past Due Self-Pay work queue, it is either submitted to a collection agency or routed to a site-defined Collection Preview queue for approval. Sometimes, you may need to assign an encounter to collections outside of this workflow.

Complete the following steps to manually assign an encounter to collections:

1. From the Encounter view, click View Menu , and select Assign to Collections. The Collection Agency Assignment dialog box opens.



3. Click OK.



4. Access the Self Pay Transactions tab. Verify that a bad debt write-off has taken place.

A screenshot of a software application window showing the 'Self Pay Transactions' tab. The window title is 'Encounter: 818, 02/20/2014 - 02/20/2014'. Below the title bar, there are navigation tabs: Balances, Claims, Statements, Guarantors, Charges, Insurance Transactions, Self Pay Transactions (selected), and Comments. A filter dropdown is set to 'All'. The main area contains a table with the following data:

Type	Date	Amount	Alias	Alias Description	Remittance Description
✓ Adjustment	03/27/2014	(\$157.40)	3600	Bad Debt Writeoff - Bad Debt Write-Off	03/27/2014, Overall Payments: \$0.00, Overall Adjustments:(\$157.40)

For additional information on collections agency activity, click the information button in the Encounters details next to "Collection Agency". Use this information for an account follow-up.

A screenshot of the 'Encounters' details page for encounter 818. The page is divided into several sections:

- Account Information:** Account: 60, Holds: No, Patient Balance: \$0.00, Dunning Level: (blank), Bad Debt Date: 03/27/2014, Begin Date: 02/20/2014 12:00 am, Type: Clinic, Discharge Location: (blank), Attending Physician: Puckett, Katie.
- Encounter Information:** Encounter: 818, Activity Summary: (info icon), Total Balance: \$0.00, Guarantor: PATEST, JANNIE (info icon), Collection Agency: Optimum Outcomes (info icon), End Date: 02/20/2014 11:59 pm, Type Class: Outpatient, Billing Entity: Intermountain Medical Group, Primary Diagnosis Code: (blank).
- Status:** Status: Active.
- Current Responsibility:** Agency: Optimum Outcomes, Date Sent: (blank), Amount Sent: \$0.00, Return Date: 03/27/2014, Return Reason: Manual Release, Return Balance: \$157.40.
- ABN Status:** ABN Status: (blank), Insurance Pending: \$0.00, Statement Cycle: (blank), Bad Debt Balance: \$157.40, VIP: (blank), Financial Class: Blue Cross, Patient Location: SLC-Family (info icon), Admitting Physician: (blank).
- Health Plan:** Health Plan: Blue Cross Utah-Blue Select.



END