



SMART Update September 2018

R2 Release

Direct Bill

CONTENTS

TX RESIDENT.....	3
Account Balance.....	3
Patient Accounting Credit Card Info	3
Payor Priority Validation	4
Removing Payors Who Have Made Payments To Claims.....	4
CLAIMS	5
Split Claims On Discharge Dates	5
Override Treating Therapist With Countersigner	5
Override Assistant With Therapist From UPOC	5
Late Treatment Claims	6
Payor Refresh Tracking	6
Hold Claims for Therapist Payor Credentialing	6
Hold Claims for Facility Medicare Credentialing	7
PATIENT STATEMENTS	8
Patient Statement Screen	8
MAINTENANCE.....	8
Type of Bill.....	8
ERA POSTING	9
Claim Level Automated ERA Posting.....	9
Posting for Remits with Date Range Payments.....	9
Posting Patient Payments through ERA Screen	9
Crossovers without Secondary Payors	9
Financial Hardship Auto-Adjust	9
Other Denial Status For Excluded Adjustment Codes	10
ERA Matching And Posting Logic Enhancements.....	11

REPORTS.....	11
New Report: Patient Unpaid Balance Report.....	11
New Reports: Charges By Treatment Post Date	12
Associated Collections – MPPR Tab Added.....	12

TX RESIDENT

ACCOUNT BALANCE

New options are available for displaying the patient’s account balance at the top of the Tx Resident screen. The options are:

- Account Balance: Shows the open balance of all claims for the selected patient minus any payments made to the patient’s account (whether or not the payments are associated with claims)
- Patient Balance: Shows the open balance of any claim currently out to Patient Responsibility minus any payments made to the patient’s account (whether or not the payments are associated with claims)
- None: Will not show the Patient Balance at the top of the Tx Resident screen.

AppSetting: OPCTx / ShowBalance

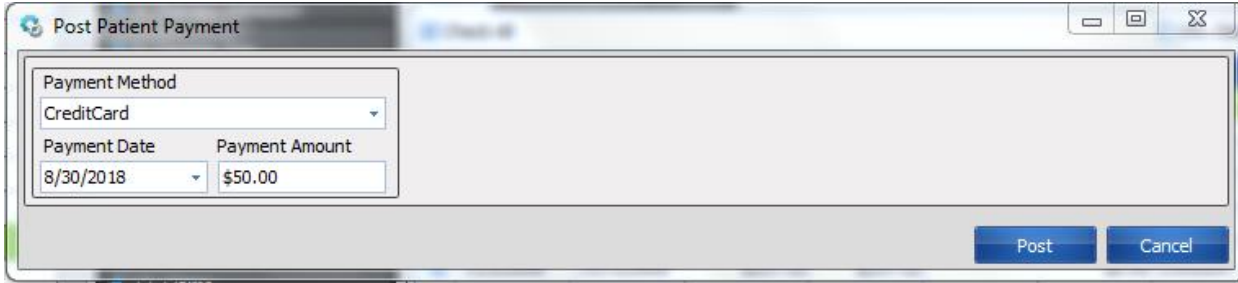
The screenshot shows the TX Resident software interface for patient Charles Phillips. At the top, the header displays: "CASA 5 CASA 5 - S2000 1003 - Outpatient Blythe Testing". Below this, the patient details are: "Resident: Phillips, Charles (880262) Admit: 08/04/2008 Payor: Medicare Part A Discipline: PT OT ST Patient Balance: -28.00". A red arrow points to the "Patient Balance: -28.00" field.

The interface is divided into several sections:

- Left Panel:** "TX Caseload (11)" with a search bar and a list of names including Barru Sam E, Blair Tom, Bob Jim, Braint Josh B, Dileo Lillian, Johnson Michelle, Jones George, Morris Ralph, Phillips Charles (highlighted), Richman Sharon, and Sherman Richard E. Below the list are "Refresh" and "Custom" buttons.
- Center Panel:** "What do you want to do?" with a list of actions:
 1. Facility Admission
 2. Set Payor/RUG/ARD/LVL
 3. Advanced Approval
 4. Insurance Coverage
 5. Therapy Admission
 6. Counter Sign
 7. Verification
 8. Tx Audit
 9. Patient Reports
 10. Add New Patient
 11. Bundle Payments
 12. Claims
 13. PatientAccounting
 Below this list are "Facility Admission" buttons: "Correction", "Add", and "Edit".
- Right Panel:** "Current/Latest Facility Admission" table with columns: Admit Date (8/4/2008), Admitted From, Admission Type (Inpatient), Discharge Date, Discharged To, Admission ID (880262). Below this are sections for "Patient Information" (First Name: Charles, MI, Last Name: Phillips, Birth Date: 2/22/1924, Gender: Male, MRN: 880262, Medicare #: 177149907, Medicare Beneficiary Identifier, Medicaid #: FH, SSN: 177-14-9907), "Contact Information" (Street: 333 LEE DR., Street 2: suite 200, City: BATON ROUGE, State: LA, Zip: 70808), and "Guarantor" (Self).

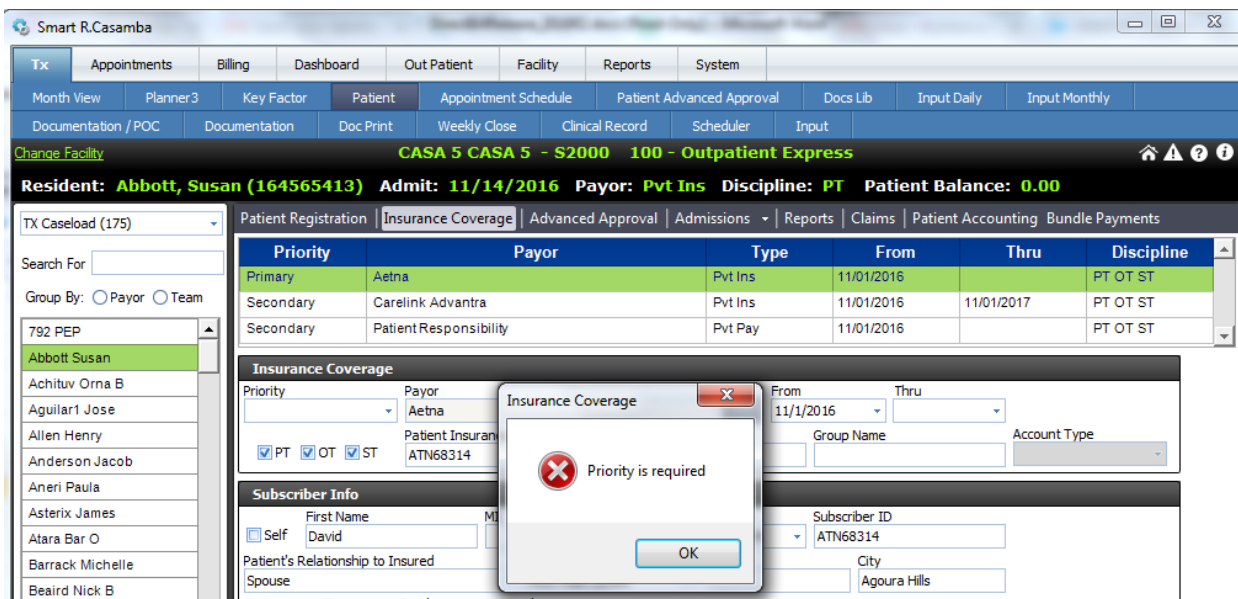
PATIENT ACCOUNTING CREDIT CARD INFO

Credit Card number and Expiration Date will no longer be able to be entered. The payment type of Credit Card can still be selected so that Credit Card payments are tracked as such. This applies to Patient Accounting from both Tx Resident as well as from Tx Claims.



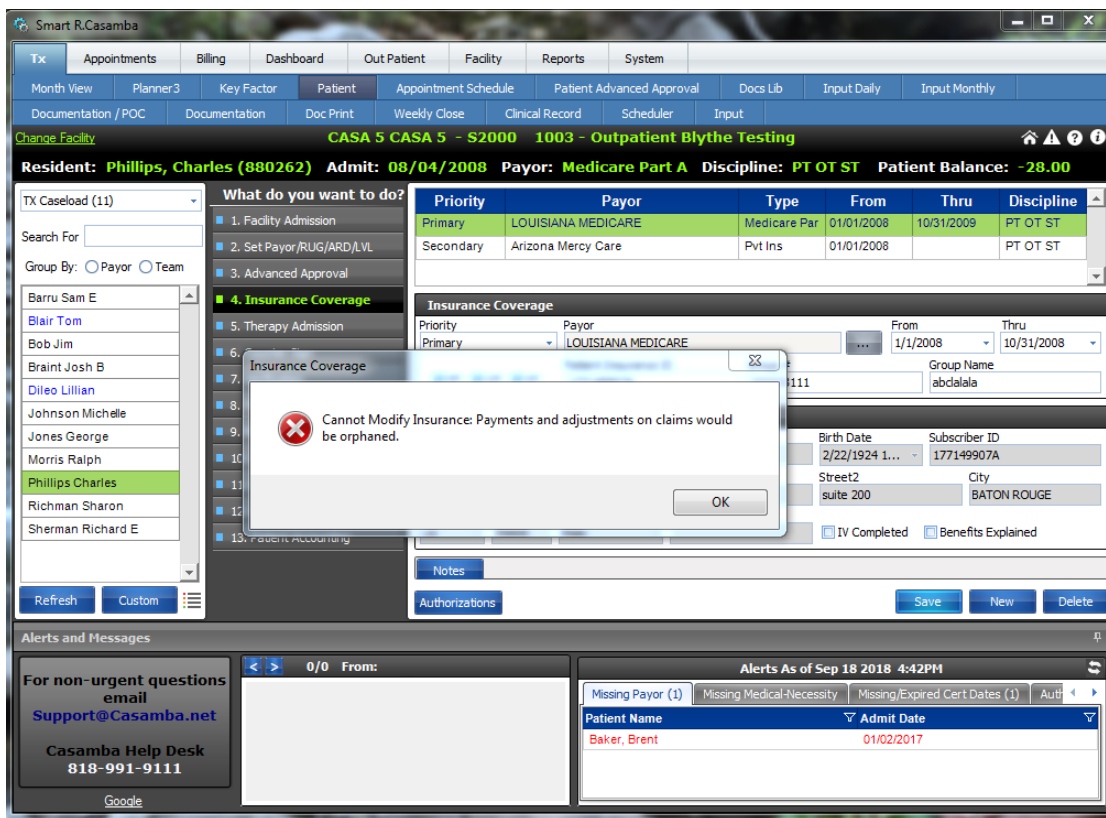
PAYOR PRIORITY VALIDATION

Insurances will no longer be able to be saved on the Insurance Coverage screen if they are missing the payor Priority. For any existing insurance that is missing the priority, if a claim is created or refreshed for these insurances it will be in error status stating that the Priority is a required field.



REMOVING PAYORS WHO HAVE MADE PAYMENTS TO CLAIMS

New validation will not allow you to remove a payor if it will orphan the payments or adjustments on existing claims. Payments and adjustments must be removed from the existing claim in order to modify the payor if they payor has already adjudicated.



CLAIMS

SPLIT CLAIMS ON DISCHARGE DATES

A new setting is available that will split claims based on whether one (or more) disciplines has been discharged. The non-discharged disciplines will be split onto claims separate from the discharged disciplines. This setting is by payor by facility.

AppSetting: OPCTx / SplitDischarge

OVERRIDE TREATING THERAPIST WITH COUNTERSIGNER

A new payor-level setting is available to override the treating provider with the provider who Countersigned the treatment. The name, NPI, and any provider number will be pulled from the Countersigner.

Payor Maintenance Setting: DocCountersignOverrideYN

OVERRIDE ASSISTANT WITH THERAPIST FROM UPOC

Existing logic that overrides the assistant who treated with the therapist who signed the POC has been enhanced to also include the therapist who signed the UPOC. The existing setting is on Payor Maintenance called "Override Assistant with Therapist".

LATE TREATMENT CLAIMS

A new App Setting is available that will put any claim that has a late treatment added to it when Create Pre-Claims or Refresh is run so that these claims can be easily located. The claim will be put in “L” – “Late Treatment” status. A note will be added to the Claim History tab stating that a late treatment was added.

AppSetting: OPCTx / LStatusLateTreatment

PAYOR REFRESH TRACKING

A Claim History message will now be recorded whenever a Payor Refresh is performed on a claim

HOLD CLAIMS FOR THERAPIST PAYOR CREDENTIALING

A new App Setting is available that will allow claims to be held if the therapist has not been credentialed with a payor that requires credentialing. To activate this feature, the App Setting must be turned on, and the word “NONE” should be put in the Provider Number tab of the User screen for the applicable payor. Claims will be put in “CRP – “Claims Held for Provider Credentialing” status once the Pre-Claim is turned into a Claim. This will allow for revenue to be booked since the claims are created, however the claims can be held in the “CRP” status until the provider has been credentialed by the payor. Once payor credentialing is received, either delete the entry on the Provider Number tab or put an Expiration Date in and the claims will go to New status when they are created.

App Setting: OPCTx / HoldClaimsForNonCredentialedFacilities

User Information

Personal Information

*First Name MI *Last Name SSN
 Therapist Test3
 E-mail Birth Date
 Address 1 Phone
 Address 2 Fax
 City State Zip Code Staffing Company

Account Information

Active
 * User ID * Login ID
 TheraTest3 TheraTest3
 Login Expiration Password Password Expiration
 12/16/2018
 Must Change Password
 HH Portal Email Notifications
 * Group Permission LicenseTherapist

Position Information

* Job Code Employee # Hire Date Department Number
 521, Physical Therapist
 NPI Therapist ID Termination Date File Number
 1234567893
 Home Location Rehire Date UPIN
 (Change...) * Facility: 8480
 Payroll Company
 Personnel Area
 Provider Signature On File Physician
 Do Not Allow Impersonate Exclude Payroll
 Exclude From Scheduling

Associate Status

PT Employee
 Full Time
 Hourly

Security Licensures Status & Rate... Approve Payroll Provider Numb... Certifications PTO Balance Credentials

Payor Name	Provider #	Effective	Expiratio
AARP	NONE	07/15/2018	07/30/2018

Information

Payor Provider # Effective Date Expiration Date
 AARP NONE 07/15/2018 07/30/2018

New Delete Save

Save Cancel Travel Rate

HOLD CLAIMS FOR FACILITY MEDICARE CREDENTIALING

A new App Setting is available that will allow claims to be held if the Facility has not been credentialed with Medicare. To activate this feature, the App Setting must be turned on, and the Medicare Provider # field on the Facility Maintenance screen must be empty. Claims will be put in "CRF – Claims Held for Fac Credentialing" status once the Pre-Claim is turned into a Claim. This will allow for revenue to be booked since the claims are created, however the claims can be held in the "CRF" status until the facility has been credentialed by Medicare. Once Medicare credentialing is received, put the PTAN in the Medicare Provider # field on the Facility Maintenance screen and the claims will go to New status when they are created.

App Setting: OPCTx / HoldClaimsForNonCredentialedFacilities

Smart R.Casamba

Tx Appointments Billing Dashboard Out Patient Facility Reports System

Maintenance Merge Appeals PDPM Payroll Based Journal Tables Resident Merge Assessments Calendar Change History History

Ltd-History Assessment Upload Charge Master Expected Payment Appeals Console

CASA 5 CASA 5 - S2000

Type Facility ID or Name 100

ID	Name
100	Outpatient Express
1000	Casamba Center
1000000	sean test
10002	Dogtown
10003	On Behalf of Blythe Testing
1001	Appointment Scheduler De
1003	Outpatient Blythe Testing
1006	Inessa Facility
91001	Appointment Schedule Testi

Info Payor Physician Referral Contacts

Facility # 100 Area # LA Area Active Affiliated Excl. Dashboard

Facility Name Outpatient Express Chain Name Facility Type Out Patient

PBJ Facility Type PBJ Facility ID

Mailing Address

Address 1 1111 Feel Better St.
Address 2
City Joy State CA Zip Code 9000
State Sub Code 55-CHICO, CA
County LOS ANGELES
Time Zone California

Billing Address

Address 1 123 Main St
Address 2
City Los Angeles
State CA Zip Code 90000

Agent Address

Address
City State Zip Code
Agent Contact Contact phone

Facility Admission Types

Types
Home Health Offsite
Add Admission Types

Phones

Primary Phone
Fax

Billing Phones

Primary Phone
Fax

Agent Name
Agent Federal Tax ID 987654321 Tax ID Extension 50
Service Facility NPI 1234567893
Billing Facility NPI 1234567893
Alternate Facility NPI
Alternate Facility Name
Taxonomy Code 261QR0401X
MAC/FI
MAC/FI Address
City State Zip
Customer Start Date 8/1/2013 12:00:0
Start Interface Date
Start Payroll Date
Payroll Company ID 9BR
 100% Medicare Certified

Medicare Provider#
Medicaid Provider#
Facility Contact Contact Anniversary 1/1/1900 12:00:0
Org Unit ID Marketing Contact

Load Logo
Clear Logo Add New Save Cancel

PATIENT STATEMENTS

PATIENT STATEMENT SCREEN

The Patient Statement screen will now show any claim that a statement has been printed for or submitted electronically to Waystar for.

MAINTENANCE

TYPE OF BILL

The Type of Bill can now be defaulted to be a specific 3 digit code for all claims for the selected payor. Previously, only the first two digits could be defaulted and the system would automatically assign the third digit.

ERA POSTING

CLAIM LEVEL AUTOMATED ERA POSTING

Remits that are paid at the claim level can now be automatically posted to claims in Smart. If you are using the auto-posting job, these remits will be posted automatically along with line level remits. If you are posting through the ERA screen, you will now be able to select remits that have claim level payments. The payment and any adjustments will post to Line 1 of the claim, and a message will be added to Claim History indicating that a claim level remit was posted.

POSTING FOR REMITS WITH DATE RANGE PAYMENTS

Remits that contain payments made to a date range will now automatically post as part of the ERA posting process and no longer duplicate the payment to each service line within the range. Payments will be treated as claim level payments and posted to Line 1 of the claim.

POSTING PATIENT PAYMENTS THROUGH ERA SCREEN

Patient payments that are made through Waystar and sent automatically to Casamba are now able to be posted through the ERA screen under Tx Claims. Previously, these payments would only auto post through the scheduled job. You will now be able to select a patient payment on the ERA screen and click "Post ERAs" to have the payment automatically applied to the patient's account.

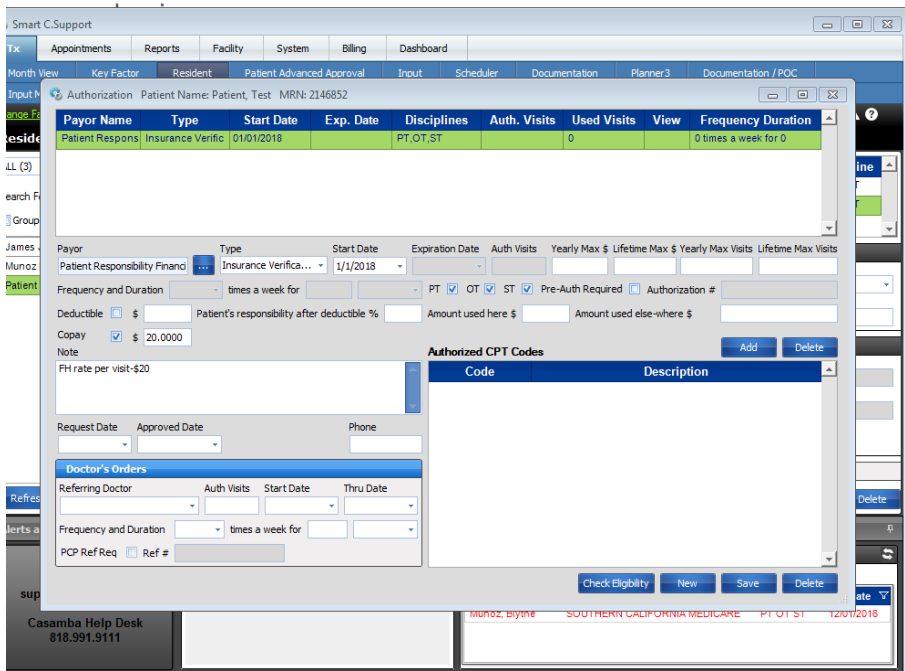
CROSSOVERS WITHOUT SECONDARY PAYORS

If a remit is received that indicates it is a Crossover, but there is no secondary insurance payor on the claim, the claims will be pushed to a new status called XMP (Crossover Missing Payor) so that the secondary insurance can be added to the claim. Once the secondary insurance is added, any remits received electronically from the secondary payor can auto-post to the claim. The name of the payor that Medicare indicated they crossed over to will be in the Claim History message on the claim.

FINANCIAL HARDSHIP AUTO-ADJUST

A new App Setting is available that will allow you to automatically adjust off a claim balance when a claim rolls to Patient Responsibility Financial Hardship. This functionality will allow a patient to be set up with an amount that they will be responsible for paying, and the remaining balance above that amount will be automatically adjusted off as a Financial Hardship Write-Off on the claim. For example, if an agreement has been made that a patient will only be responsible for paying \$10 per visit regardless of the amount the payor rolls to patient, any amount over \$10 will be automatically written off. The patient must be set up with a payor name that contains "Financial Hardship" and the Co-Pay amount that the patient will be responsible for paying should be set up in the Co-Pay field on the Authorization screen. A nightly process will run that will create a Write Off adjustment on the claim to adjust off the balance over the Financial Hardship Co-Pay.

AppSetting: OPCTx / FinancialHardshipAutoAdjustment



OTHER DENIAL STATUS FOR EXCLUDED ADJUSTMENT CODES

A new App Setting is available that will put the claim into "O – Other Denial" status if an ERA is posted that contains one of the Adjustment Codes set up on the ERA Adjustment Code Exclude maintenance table screen. This will allow for easy identification of any claim that has a remit that contained one of the code combinations that is set to exclude from reducing the balance due on the claim. The screen to set the code exclusions can be found under Facility / Tables / ERA Adjustment Code Exclude:

App Setting: OPCTx / OStatusOtherDenial

Tx	Appointments	Billing	Dashboard	Out Patient	Facility	Reports	System
Maintenance	Merge	Appeals	PDPM	Payroll Based Journal	Tables	Resident Merge	Assessments
Calendar	Change History	History					
Ltd-history	Assessment Upload	Charge Master	Expected Payment				

CASA 5 CASA 5 - S2000	
Adjustment Group Code	Adjustment Reason Code
CO - Contractual Obligations	109 - Claim not covered by this payer/contractor. You must send the ...
CO - Contractual Obligations	112 - Payment adjusted as not furnished directly to the patient and/...
CO - Contractual Obligations	119 - Benefit maximum for this time period or occurrence has been re...
CO - Contractual Obligations	140 - Patient/Insured health identification number and name do not ...
CO - Contractual Obligations	156 - Flexible spending account payments
CO - Contractual Obligations	16 - Claim/service lacks information which is needed for adjudication. ...
CO - Contractual Obligations	18 - Duplicate claim/service.
CO - Contractual Obligations	190 - Payment is included in the allowance for a Skilled Nursing Facilit...
CO - Contractual Obligations	193 - Original payment decision is being maintained. Upon review, it ...
CO - Contractual Obligations	22 - Payment adjusted because this care may be covered by another...
CO - Contractual Obligations	226 - Information requested from the Billing/Rendering Provider was ...
CO - Contractual Obligations	50 - These are non-covered services because this is not deemed a `...
CO - Contractual Obligations	96 - Non-covered charge(s). At least one Remark Code must be provi...
CO - Contractual Obligations	97 - Payment adjusted because the benefit for this service is include...
CO - Contractual Obligations	A1 - Claim/Service denied. At least one Remark Code must be provid...
CO - Contractual Obligations	B12 - Services not documented in patients' medical records.
CO - Contractual Obligations	B15 - Payment adjusted because this service/procedure requires that...
CO - Contractual Obligations	B5 - Payment adjusted because coverage/program guidelines were n...
CO - Contractual Obligations	B7 - This provider was not certified/eligible to be paid for this procedu...
CO - Contractual Obligations	B9 - Services not covered because the patient is enrolled in a Hospice...
OA - Other adjustments	103 - Provider promotional discount (e.g., Senior citizen discount).
PI - Payor Initiated Reductions	159 - Payment denied/reduced because the service/procedure was p...
PR - Patient Responsibility	119 - Benefit maximum for this time period or occurrence has been re...
PR - Patient Responsibility	16 - Claim/service lacks information which is needed for adjudication. ...
PR - Patient Responsibility	18 - Duplicate claim/service.
PR - Patient Responsibility	96 - Non-covered charge(s). At least one Remark Code must be provi...
PR - Patient Responsibility	97 - Payment adjusted because the benefit for this service is include...

ERA MATCHING AND POSTING LOGIC ENHANCEMENTS

New logic was added to the ERA Posting program to prevent duplicate remit posting and to increase matching accuracy. Remits will no longer be posted if an insurance is missing the priority on the claim. Matching logic was added to handle when multiple people have the same Insured ID (such as in the case of spouses). Additional logic was added to handle when a payor splits remits and sends multiple remits with the same CLP Claim Number in the same ST batch within the file so that all remits in that batch will post accurately.

REPORTS

NEW REPORT: PATIENT UNPAID BALANCE REPORT

A new report has been created that will show any patient who has received more than a specified number of statements (set in an App Setting) with an open balance on their account. Report will show both patient and guarantor demographics as well as open balance information.

App Setting: Report / PatientUnpaidBalanceCount

Direct Bill Patient Unpaid Balance																								
01/01/2017 - 09/30/2018																								
Service Thru	PATIENT					GUARANTOR					Last Payer		Last Patient Payment		Total Patient Balance		CLAIM							
	Address1	Address2	City	State	Zip	Phone	Mobile	Address1	Address2	City	State	Zip	Phone	Mobile	Payer	Field Date	Amount Paid	PP Payment Date	PP Amount	All PR Claims	Charges	Payments	Adjustments	Balance
																					2,535.15	1,285.45	35.00	1,214.70
11/30/2017	873 Jefferson St	Appt 22	Westfield	CA	98458	P (805) 465-8745 C (805) 456-5489 873 Jefferson St Appt 22	Westfield	CA	98458	P (805) 465-8745 C (805) 456-5489	cash	12/4/2017	441.15		12/4/2017	500.00	1,214.70			2,535.15	1,285.45	35.00	1,214.70	
																					2,535.15	1,285.45	35.00	1,214.70

NEW REPORTS: CHARGES BY TREATMENT POST DATE

A new report has been created that will show the charges created during the date range entered. The charges will reflect the Direct Bill ChargeMaster rates (the rates that are submitted as charges on the claims). A tab is also available that will show the charges created by treating therapist and assistant based on the service date month.

Charges By Treatment Post Date													
01/01/2018 - 09/04/2018													
Facility	Patient	MRN	PrimaryPayorName	ActivityDate	Post Date	Discipline	CPTCode	CPTModifier	Therapist	Units	Minutes	Charge	
Outpatient Express (100)	.	164565413	Aetna	1/8/2018	1/9/2018 15:44	PT	97140	.	Casamba, Racheal	3	45	99.09	
				1/9/2018	1/9/2018 15:41	PT	97110	.	Casamba, Racheal	3	45	107.28	
Sammy's Outpatient (8480)	.	.	AARP	1/4/2018	1/24/2018 16:45	PT	97035	.	Aguilar, Ernie	2	30	26.08	
				1/23/2018	2/5/2018 16:31	PT	97035	.	Casamba, Racheal	1	10	13.04	
				1/24/2018	2/5/2018 16:31	PT	97035	.	Casamba, Racheal	1	10	13.04	
				4/11/2018	5/8/2018 9:42	PT	97035	.	Casamba, Racheal	1	20	13.04	
				4/12/2018	5/8/2018 9:42	PT	97035	.	Casamba, Racheal	1	20	13.04	
				4/13/2018	5/8/2018 9:42	PT	97035	.	Casamba, Racheal	1	20	13.04	
			Aetna	2/1/2018	3/23/2018 16:01	PT	97161	.	Casamba, Racheal	2	40	162.32	
					3/23/2018 12:32	PT	97161	.	Casamba, Racheal	1	60	81.16	
				2/2/2018	3/23/2018 12:33	PT	97010	.	Casamba, Racheal		30		
					3/23/2018 12:41	PT	97035	.	Casamba, Racheal	2	30	26.08	
					3/28/2018 13:36	OT	97032	.	Strand, Robin	4	60	60.48	
				2/3/2018	3/23/2018 12:41	PT	97035	.	Casamba, Racheal	2	30	26.08	
					3/23/2018 12:34	PT	97010	.	Casamba, Racheal		30		
					3/28/2018 13:36	OT	97032	.	Strand, Robin	4	60	60.48	

Charges By Treatment Post Date													
01/01/2018 - 09/04/2018													

Charges By Therapist By Service Month													
Therapist	May-17	Jun-17	Sep-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Grand Total
A, Therapist								1,894.34					1,894.34
Aaron, Cota							26.08	427.00	120.96				574.04
Aaron, fdhzhft					26.08								26.08
accent, TEST								1,901.50	307.14				2,208.64
Ackerman, Deborah	62.05					102.72	120.96	78.24					363.97
Aguilar, Ernesto	1,068.98				26.08			130.40					1,225.46
Aguilar, Ernie		86.87			26.08	85.22		59.44					257.61
Aguilar, Jose'	3,512.60	212.52						13.04					3,738.16
Aguilar, Tech Ernie								1,681.24					1,681.24
Aguilar-QA, Jose	62.07							1,326.40					1,388.47
Allener, Paula	62.05												62.05
Amrany, Rebecca							71.44	60.48					131.92
Arreola, Xavier	531.30	102.06											633.36

ASSOCIATED COLLECTIONS – MPPR TAB ADDED

A new tab has been added to the Associated Collections report that will show the MPPR amount and calculate collections percentages against MPPR.

Associated Collections													
01/01/2018 - 09/30/2018													
MPPR	Gross Collection	Gross Collection %	Collections & Adjustments	Collections & Adjustments %	Balance	Primary Payor Balance	Primary Balance %	Secondary Payor Balance	Secondary Balance %	Tertiary Payor Balance	Tertiary Balance %	Patient Balance	Patient Balance %
Jan-18	328.06	\$0.00	0.00%	-\$13.00	3.96%	\$441.77	\$416.29	94.23%	\$25.48	5.77%	\$0.00	0.00%	\$0.00
Feb-18	382.29	-\$189.96	49.69%	-\$232.96	60.94%	\$187.23	\$98.96	52.85%	\$45.09	24.08%	\$0.00	0.00%	\$43.18
Mar-18	2,515.16	-\$596.75	23.73%	-\$681.51	35.05%	\$2,271.43	\$2,027.31	89.25%	-\$82.94	-3.65%	\$0.00	0.00%	\$236.96
Apr-18	5,951.46	-\$1,099.11	18.47%	-\$1,208.82	20.31%	\$7,461.00	\$6,795.19	90.20%	\$77.32	1.04%	\$0.00	0.00%	\$623.25
May-18	2,520.68	-\$418.24	16.61%	-\$498.14	19.76%	\$2,497.41	\$2,345.97	94.10%	\$0.00	0.00%	\$0.00	0.00%	\$147.44
Jun-18	519.33	-\$232.96	44.86%	-\$232.96	44.86%	\$454.88	\$338.60	74.44%	\$0.00	0.00%	\$0.00	0.00%	\$116.28
Jul-18	671.70	-\$70.00	10.42%	-\$75.00	11.17%	\$636.52	\$462.44	72.65%	\$0.00	0.00%	\$0.00	0.00%	\$174.08
Aug-18	148.96	-\$35.00	23.50%	-\$35.00	23.50%	\$134.52	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$134.52
Grand Total	13,037.64	-\$2,642.52	20.27%	-\$3,177.39	24.37%	\$14,084.76	\$12,423.16	88.21%	\$65.05	0.46%	\$0.00	0.00%	\$1,565.71