# Working on Unpaid Claims

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1. Track and Work on Outstanding Claims

Insurance claims are not always paid, and insurance carriers do not always send you an explanation. Therefore, you need tools to track and work-down your outstanding claims. The topics below explain Partner's tools for claim work.

- **Insaging, an A/R Overview**: The Insurance Company Aging Report (insaging) provides an overview. It summarizes how each of your insurance groups are performing and explains your outstanding accounts receivable.

- **Inscoar, Claim-by-Claim Details**: The Insurance Company Accounts Receivable Report (inscoar) is a detailed, charge-based report for breaking down your outstanding claims and working on them. It includes an optional interactive mode for jumping directly to other Partner tools.

- **Resubmit Claims in Oops or maketags**: After identifying and fixing claim problems, you can resubmit claims for a single visit from the Correct Mistakes (oops) program. You can resubmit claims by provider, insurance company, procedure, or other criteria using the maketags program.

**Special Manual**: PCC created a special, PDF manual containing these topics called Working on Unpaid Claims. If you need a portable, printable guide to these core, claim-working tools and procedures, you can download it and print it out.
2. Insaging: The A/R Summary Report

The insaging report shows you an aged summary of your practice's outstanding charges broken down by insurance group. It is a helpful collection tool that can show you which carriers owe you the most money and how old those balances are. The insaging report is also a quick way to see your total A/R, and it will help you determine which insurance carriers need follow-up attention.

When used in conjunction with other reports, like inscoar and activity, insaging helps explain the state of your receivables. For example, if you know that an insurance company comprises a large portion of your outstanding receivables, yet only represents a small fraction of your patient population, you may use that information the next time you review the payor's contract.

Sample Tasks for insaging:

- Find out the total amount pending the Acme Insurance Group and how much of that amount is over 120 days old.
- Track your account receivables month by month and see if you are making progress with your collections.
- Identify problem carriers that need special attention; identify insurance groups with old outstanding debt that may approach timely-filing limits.

2.1. Run insaging and Read the Report

You can find the insaging report in the "Insurance Billing" section of the "Billing Functions" window in your Partner Windows. You can also run it by typing insaging at a command prompt.

From the opening configuration screen, press [F1 -- Generate Report] to view the report. (For report configuration options, see below.)

Here is a sample insaging output:

<table>
<thead>
<tr>
<th>Insurance Company Aging Report</th>
<th>Generated on 06/01/00</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Transaction date, As of 05/31/00</td>
<td></td>
</tr>
</tbody>
</table>
### All Providers

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>30 - 59</th>
<th>60 - 89</th>
<th>90 - 119</th>
<th>120+</th>
<th>Total Perc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>3,515</td>
<td>9,410</td>
<td>12,994</td>
<td>9,408</td>
<td>24,342</td>
<td>59,671 32%</td>
</tr>
<tr>
<td>Other</td>
<td>7,357</td>
<td>777</td>
<td>399</td>
<td>0</td>
<td>0</td>
<td>8,534 4%</td>
</tr>
<tr>
<td>Anthem</td>
<td>361</td>
<td>230</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>591 0%</td>
</tr>
<tr>
<td>Aetna</td>
<td>3,392</td>
<td>2,011</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5,403 2%</td>
</tr>
<tr>
<td>Aetna/HMO</td>
<td>2,542</td>
<td>171</td>
<td>105</td>
<td>0</td>
<td>0</td>
<td>2,818 1%</td>
</tr>
<tr>
<td>Affordable</td>
<td>1,185</td>
<td>497</td>
<td>171</td>
<td>0</td>
<td>0</td>
<td>1,853 1%</td>
</tr>
<tr>
<td>BCBS</td>
<td>4,652</td>
<td>1,024</td>
<td>385</td>
<td>0</td>
<td>0</td>
<td>6,062 3%</td>
</tr>
<tr>
<td>CIGNA</td>
<td>9,016</td>
<td>1,228</td>
<td>466</td>
<td>1,736</td>
<td>1,846</td>
<td>14,294 7%</td>
</tr>
<tr>
<td>HARRIS</td>
<td>1,544</td>
<td>1,015</td>
<td>215</td>
<td>24</td>
<td>0</td>
<td>2,798 1%</td>
</tr>
<tr>
<td>HUMANA</td>
<td>5,056</td>
<td>855</td>
<td>89</td>
<td>2,973</td>
<td>1,363</td>
<td>10,336 5%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>829</td>
<td>41</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>870 0%</td>
</tr>
<tr>
<td>ONE Health</td>
<td>1,089</td>
<td>782</td>
<td>51</td>
<td>0</td>
<td>0</td>
<td>1,922 1%</td>
</tr>
<tr>
<td>PHCS</td>
<td>8,089</td>
<td>2,716</td>
<td>336</td>
<td>0</td>
<td>0</td>
<td>11,142 6%</td>
</tr>
<tr>
<td></td>
<td>.</td>
<td>.</td>
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<tr>
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<tr>
<td></td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>UNITED</td>
<td>5,897</td>
<td>793</td>
<td>331</td>
<td>3,370</td>
<td>1,685</td>
<td>12,076 6%</td>
</tr>
<tr>
<td>Total</td>
<td>69,922</td>
<td>26,034</td>
<td>18,421</td>
<td>20,323</td>
<td>47,055</td>
<td>181,757</td>
</tr>
<tr>
<td>Percentage</td>
<td>38%</td>
<td>14%</td>
<td>10%</td>
<td>11%</td>
<td>25%</td>
<td></td>
</tr>
</tbody>
</table>

Your practice's total outstanding balances are shown with one row for each insurance group. The columns split each insurance group's total into aging categories.

**Note:** The report includes a "Personal" insurance group for outstanding personal charges.

For each insurance group, **insaging** lists the outstanding A/R that is "Current" or less than 30 days old, 30-59, 60-89, 90-119, and over 120 days old. The total outstanding balance and the percentage of your practice's total A/R are also listed. At the bottom of the report, you can see the "Total Aging" A/R, along with the total outstanding personal and Medicaid credits (if any).

**Use Insaging to Target a Group that Requires Further Attention:** After identifying a payor with a large or particularly old A/R, you can run the Insurance Company Accounts Receivable (**insoar**) report to review all the outstanding claims for that insurance group.

**Use Insaging to Evaluate Insurance Companies:** If you compare the "Percent" of total A/R column with the percentage figures in the **activity** report, you will see when an insurance group's percentage of your total outstanding receivables does not line up with its percentage of your office's workload. Comparing how hard you have to work to get paid against how many patients you actually see can help you identify "good" and "bad" payors.
2.2. Configuration and Customization Options for insaging

You can change how the insaging report ages receivables, ask Partner to recalculate aging to a different date, limit the report to a specific provider, and make many other changes.

Here is the options screen you will see when first running insaging:

![Options Screen](image)

**Aging Options**

- **Aged How?**

  By default, insaging calculates the age of your A/R by the "Transaction Date."

  You can set insaging to age by "Posting Date", which is when each charge was entered into your system. This will change the amounts in the report's aging categories if your office often posts visits long after they occur.

  Finally, you can choose to age by "Payor Date," which ages by the date each balance became the current carrier's responsibility. For example, charges that have recently been forwarded to a secondary insurance will appear as "Current" even though the visit occurred months ago.

- **Aged as of what date?**

  Since aging calculations involve every charge on your system, they are performed each night and stored in a "Nightly File". insaging uses the previous evening's Nightly File by default. You can tell insaging to regenerate a file representing unpaid charges aged to any date you prefer. Once you have regenerated an aged nightly file, you can select that report again by choosing the "Use Existing File..." option.

**Output Options in insaging**
- Destination

Choose whether you want to view the report on your screen, mail it to your e-mail inbox, or print it on a specified printer.

- When To Run

Run the report "Right Now" and have your terminal wait for the job to finish, run it "In The Background" so you can go on and do other things at the same time, or schedule the job to run "Later At" a specified time. This option was useful on older computer systems (pre-2003) and should no longer be needed.

- Generate...

You can include charges for all providers, or select individual providers or a provider group. PCC can help you set up any provider group you would find useful for A/R Analysis.

**Note:** All credits are assigned (by default) to the Office provider. If this provider is not included when the report is run, then no credits will be reported.

### Understanding and Configuring Insurance Groups in insaging

- **insaging** tallies charges by the plan they are pending. Charges that do not pend an insurance company are totaled in the Personal line of the report.

- If you see a blank line in the middle of the insaging report, there is an active insurance group in the Table Editor (ted) with no plans assigned to it.

- Use the **byins** program to review how your insurances are grouped. Edit your Insurance Companies and Insurance Groups tables in ted to re-group plans if necessary. For example, you may want to consolidate two insurance groups with very few plans and little activity, or you may choose to break up an insurance group if it represents a large portion of your business and you want to track it more closely. For more help creating and organizing insurance groups for reporting purposes, contact PCC Support.
3. Inscoar: The Claim Work-Desk

The inscoar report provides a detailed charge-by-charge accounts receivable for your insurance companies. You can use inscoar to find insurance charges that have not been paid and to work down old, overdue charges. In addition, interactive inscoar is a great work environment from which you can research billing history, make changes, and resubmit claims.

3.1. Run inscoar and Read the Report

You can find the inscoar report in the "Insurance Billing" section of your "Billing Functions" window in your Partner Windows. You can also run it by typing inscoar at a command prompt.

```
From the configuration screen, press [F1 -- Generate Report]. (For report configuration options or the Interactive report, see below.)
```

Here is a sample inscoar report:

```
ACCOUNTS WITH BALANCES PENDING AETNA $10 (1-800-123-4567)

Peterson, Elizabeth (ID: 81343492, Grp: M53043)
PARTNER: Peterson, Elizabeth
Peterson, Mark (09/28/95)
01/22/96 OPV #2 90712 V20.2 $ 14.00
01/22/96 PREV. EST. NB-1 YR 99391 V20.2 $ 24.40
01/22/96 ACT/HIB #2 90720 V20.2 $ 43.60

---------
$ 82.00

TOTAL: $ 82.00

ACCOUNTS WITH BALANCES PENDING BCBS (1-800-9991-1101)

Klein, Matthew (ID: WR-343 3453633, Grp: ER9909)
PARTNER: Klein, Matthew
Klein, Amanda (03/03/92)
09/07/95 X-Decadron 90782 464.4 $ 20.00
```
3.2. Configuration Options and Tools for inscoar

Every account with unpaid insurance charges appears on the report. The accounts are sorted by the insurance company to which their charges are pending. inscoar shows you the insurance company's name and phone number. With each account name, you can see the family's insurance ID number and group number. The patient name, procedure dates, names, codes, and primary diagnoses codes are all shown, along with the outstanding balance information.

Contact Insurance Companies about Unpaid Claims: Because the report shows insurance ID information, full procedure information, and the insurance company's phone number, inscoar is a great report for working down old, unpaid claims.

Jump to Other Partner Tools for More Information or to Resubmit: With the interactive inscoar report option, you can jump straight from this report into more information and different Partner programs, making inscoar an even more powerful insurance billing tool.
Output Options for inscoar

- **Send report to:**

  You can view the inscoar report on the computer screen, print it out, or have it sent to your e-mail inbox. You can also view the report as an "Interactive Screen," which allows you to work on the charges as you review them.

Criteria Options for inscoar

- **Age of Receivables:**

  You can limit the inscoar report to only those charges that are over a certain age, those that within a certain age range, or those that occurred during a specific date range. Using these options, you could, for example, choose to view only insurance charges that are nearing the end of a particular carrier's timely filing limit.

- **All Insurances?**

  If you enter "No," you will be prompted to select insurance plans or groups that you wish to view. Otherwise, you will see all insurance plans that have outstanding charges. This option is useful if you are dealing with a particularly poor payor.

- **All Servicing Providers?**
If you enter "No," you will be prompted to select providers or provider groups for which you wish to view charges. The default of "Yes" will run the report for all providers that have any outstanding charges.

- **All Places of Service?**

  If you enter "No," you will be prompted to select the place of service for which you wish to view charges. The default of "Yes" will run the report for all places of service for which there are outstanding charges.

- **Include Personal Charges?**

  Change this item to "Yes" if you wish to view all charges, regardless of whether they pendDate an insurance carrier or are the guarantor's responsibility. In this way, you could analyze personal charges at the same time as insurance charges.

**Formatting Options for inscoar**

- **Show Batch HCFA Dates?**

  Change this item to "Yes" if you want the date the charges were batched to show in the report. This may be useful when dealing with old charges that have been resubmitted several times.

- **List Insurances with no pending charges?**

  By default, inscoar will create a list at the bottom of the report of insurance plans that meet your criteria but do not currently have any outstanding charges pended to them. Change this option to "No" to suppress the list.

- **Suppress page breaks when printing?**

  Change this field to "Yes" if you wish to print the report in one long section. By default, inscoar prints different insurance plans to different pages for your convenience.

- **Extra Information To Show:**

  Use these settings to show the information from the four boxes in the Patient Editor (notjane) on the report. For example, if your office stores insurance ID# information in one of those boxes, it may be useful to have that information on your inscoar report.
4. Interactive Inscoar

In addition to reading the inscoar report and using it to call insurance companies, you can perform a wide range of functions while viewing inscoar. You can research account history, correct and resubmit problem claims, and add notes to the patient or account. These features and more are available through the Interactive Screen inscoar output.

To access the advanced, interactive features of inscoar, check off the "Interactive Screen" option on the configuration screen:

As with other output settings, you can modify the other options on the screen, such as the "All Insurances?" option, to limit what portion of your A/R you will view interactively.

When you run the report, you will notice a significant change:

Every item on the report, whether an insurance company, an account, a patient, or a charge, has a selection box at the left hand side of the screen. Function keys at the bottom of the screen let you show or hide additional information, work with an item, or move around the report by searching.
4.1. [F1 -- Show More Info]

When you select an item and press [F1 -- Show More Info], the report expands to include additional information about that item. If you have selected an insurance company, you will see that company's address, insurance table number, and copay information. If you select an account and press F1, you will see all of the account's contact information and active insurance plans.

Finally, when you select a procedure and press [F1 -- Show More Info], you will see complete information about the charge:
Press [F2 -- Hide MoreInfo] whenever you wish to collapse or hide the extra details.

Using just the "Show More Info" option in interactive inscoar, you can already see an advantage over printing the report when trying to untangle a difficult billing problem.

4.2. [F4 -- Work With Entry]

What if you call the insurance company about a claim listed on the report, and they want to know more details about the patient? What if they explain the problem, and you then need to correct a diagnoses code and resubmit the claim? You can do all of this from within interactive inscoar by using the "Work With Entry" function. You can also use this tool to reach any information stored in Partner about any patient or account listed on the report.

To start, select any item on the screen that you wish to work with. Then press [F4 -- Work With Entry].

Work With What Kind of Entry?

- **Insurance Plans.** Select an insurance plan and press F4 to view the plan's entry in the insurance table in ted, the Table Editor. From there you can review plan information, claim batch, plan notes, and other data.

- **Account Name.** Select an account name and press F4 to run the Family Editor (fame). From there you can view collection and account history reports, add notes about your interaction with the insurance company, review insurance information, and perform many other functions.

- **Patient Name.** Select a patient name and press F4 to view an interactive "Patient Information" screen:
From this screen, you can do the following:

- Select any item listed and press [F1 -- *Show MoreInfo*] to view further details.
- Press [F3 -- *Edit Patient*] to run *notjane*.
- Press [F5 -- *Imms Record*] to jump straight to the patient's immunizations.
- Press [F6 -- *Schedule Patient*] to run *sam*, from which you can schedule a new appointment or review past and upcoming appointments in *inquire*.
- Press [F7 -- *Patient Forms*] to generate form letters for the patient.

- **Procedures.** Select a charge or procedure and press F4 to view an interactive "Visit Information" screen:
Select any item listed and press [F1 -- Show MoreInfo] to view further details. This is especially useful when viewing existing billing messages in the "Billed/Payment History" section shown above.

Press [F3 -- Refund] to run refund. You can use refund to post refunds or any accounting adjustment that takes money away from an account or increases its balance.

Press [F4 -- Pam] to run pam, the Payment Posting program. Use pam to post personal payments or any accounting adjustment that reduces its balance.

Press [F6 -- Correct Mistakes] to run oops, the Correct Mistakes program. Use oops to modify
charge information, such as diagnoses and claim information, as well as for printing or batching a new claim.

- Press [F7 -- Post Charges] to run checkout, the Charge Posting program. Use checkout to post additional charges or repost a charge that you deleted in oops.

- Press [F8 -- Family Editor] to run fame, the Family Editor. Use fame to review account history, insurance policies, or other account information.

Note: When you are finished working with an entry, press F12 to go back one screen. You can repeatedly press F12 and move back through each screen, all the way to the original inscoar configuration screen.

4.3. [F5-F8] -- Searching For Items

Depending on the criteria you used, your Interactive inscoar report may be very long. Use the four search function keys (F5 through F8) to navigate the report and jump directly to the account or insurance with which you wish to work.

In the example below, a user wanted to review information for the account of David Inzana.

Searching Through Interactive inscoar

Step 1: Press [F5 -- New Pattern]

Step 2: Enter the Search Pattern

Type in the desired account, insurance name, or other criteria. Press [F1 -- Process] to continue.

Step 3: Work With Results

There will be a brief pause as inscoar finds the information you entered.
You will then see the first matching name or item matching your search criteria:

<table>
<thead>
<tr>
<th>Patient: Inzana, David (#300) (ID: 102812142, Grp: Inz193)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inzana, Rebecca (#1419) (11/05/04)</td>
</tr>
<tr>
<td>Date                  Description                      Code</td>
</tr>
<tr>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>03/18/2005            OV Expanded Focus                 99213</td>
</tr>
<tr>
<td>03/23/2005            HIB, HbOC conjugate (4 do) 90645</td>
</tr>
<tr>
<td>03/23/2005            DTap                                  90700</td>
</tr>
<tr>
<td>03/23/2005            Pneumovax                              90669</td>
</tr>
<tr>
<td>03/23/2005            IPV                                   90713</td>
</tr>
<tr>
<td>03/23/2005            Physical under 1 yr                   99391</td>
</tr>
</tbody>
</table>

$ 175.00

TOTAL: $ 175.00

You may use all of the usual Interactive *inscoar* tools to work with this account, patient, or charge.

**Step 4: Optional: Press [F6 – Next Match]**

If there are several matching entries, you can use **F6** and **[F7 – Previous Match]** to rotate through all instances of your search.

**Step 5: Optional: Press [F8 – Bop to Top]**

If you get to the end of the report and wish to jump to the top and repeat the search, press **F8**.
5. Resubmit Claims

You can rebatch and print any single claim, for any charge or visit, from the Correct Mistakes (oops) program. Sometimes, however, you need to resubmit all of the claims for a certain insurance group, a specific date range, or all of the claims containing a certain procedure. Resubmit HCFA Forms (maketags) is a program that finds and re-batches large groups of unpaid or paid claims.

Sample Problems for maketags

- You have used the wrong tax ID number for the last three weeks of claim submissions. You receive the rejections, you correct the number in Partner, and now you need to resubmit every claim from the last three weeks.

- You have been working with an insurance company that has denied claims improperly. They have asked you to resubmit all claims for visits by their patients between January and October of last year.

- You have billed a procedure using the wrong CPT code. After correcting the code in the Table Editor (ted), you need to find every claim that had this procedure and resubmit the entire claim.

The Correct Mistakes (oops) program should be used daily to resubmit single claims. The maketags should be used when you need to resubmit a large number of claims.

5.1. Resubmit a Single Claim

Follow this procedure to resubmit a single insurance claim:

Step 1: Confirm that Errors Have Been Corrected

Confirm that patient and account information is correct and that charges are pending the correct insurance plan. Correct whatever errors lead to a claim rejection.

Step 2: Run oops For the Account

You can find the oops program in the Daily Operations window or reach it by pressing the Correct Mistakes function key in many Partner programs, such as Checkout or Interactive Inscoar.

Step 3: Identify Charges You Wish to Resubmit

Page down and find the charges that need to be resubmitted. You can use the [F4 -- Insurance Status] or [F5 -- Visit Status] function keys to review or change details about the charges. In most cases, you should identify all the charges from a visit date.
Step 4: Press [F3 -- Batch Claim]

Press [F3 -- Batch Claim]. Do this for either a paper or electronic claim, as F3 prepares a claim for either HCFA printing or electronic submission.

Step 5: Select Charges to Rebatch

Enter the item numbers of the charges that need to be resubmitted and press Enter.

```
.00 There are 29 more charges or payments.
.00 Type in the numbers of items to resubmit: 1, 4, [Enter]
```

Step 6: Confirm Your Selection

Review the charge items you have selected and press Y to confirm.

```
Are you sure that you want to submit a claim for these items? Yes
```

Step 7: Run Claims

The next time you run your claims, the newly batched visit will be resubmitted.

**5.2. Resubmit Claims with maketags**

You can run maketags and resubmit large batches of charges quickly and easily. Follow the procedure below and read the other sections to learn more.

**Note:** The maketags program is powerful, but it does not address outstanding billing problems and will not increase revenue. Before running maketags for a large set of claims, you should understand why the claims have been rejected and use Partner's other billing tools to correct the issue.

Step 1: Run maketags

Run the maketags program from the Insurance Billing window of the Billing Functions window in your Partner Windows. You can also run it from a UNIX prompt by typing maketags.
Step 2: Select Search Criteria

Use the on-screen options to tell `maketags` which charges you need to resubmit, and press [F1 -- Generate Report]. For options such as multiple insurance companies or more than one provider, `maketags` will ask you to make additional selections after you press F1.
Step 3: Optional: Review List of Found Claims

Press [F8 -- Show List] to review or print the list of claims that maketags found.

Step 4: Press [F1 -- Generate Report] to Rebatch the Claims

After the claims are batched, you can submit the claims using pretags-ECS or hcfa.

5.3. Selecting Criteria for Re-batching Claims

maketags can find and rebatch charges by a wide range of criteria, including age, balance and insurance status, insurance plan, and provider. Read below to learn more about the different criteria you can select from the first screen in maketags.

Note: You can combine several different criteria. For example, you could use the criteria options to tell maketags to resubmit all unpaid charges, either pending or personal, with any Aetna insurance company, that is between 30 and 120 days old.

5.3.1 Rebatch Charges by Age or Date Range

Use the "Age of Charges" options to select charges of a certain age. You can enter an age range, in days, using one of the top two options. Or, you can input a specific date range.
5.3.2 Rebatch Charges by Paid and Insurance Status

Under most circumstances, you only want to recreate claims if they are unpaid and still pending an insurance company. You may occasionally need to create batches for an entire insurance company, regardless of whether or not there is an outstanding balance. Use these settings to select which charges, based on pending and paid statuses, maketags will batch:

- **Charges to Resubmit:**
  - Only Unpaid, Pending Charges
  - Only Unpaid Charges, Pending or Personal
  - All Charges, Paid or Unpaid, Pending or Personal

5.3.3 Rebatch Charges by Insurance Plan

If you select "Just One Plan," you can choose the insurance plan of the claims you wish to resubmit on the first screen:

- **Which Insurance Plans:**
  - Many Plans
  - Just One Plan: 

If you leave the default of "Many Plans" selected, however, maketags will ask you to select the insurance plan or plans when you press [F1 -- Generate Report]:

- **Which Insurance Plans:**
  - Many Plans
  - Just One Plan: 

- **Select Insurance to Include.**
  - <2> Continue with Report
  - <3> Select/De-select based upon group
  - <4> Select/De-select an item
  - <5> Select/De-select based upon part of name

- **GROUP BCBS**
  - BCBS/BOX 9196
  - BCBS/BOX 9196 $10
  - BCBS/BOX 9196 $15
  - BCBS/BOX 9196 $20
  - BCBS/BOX 9196 $25
  - BCBS/BOX 9196 $5
  - BCBS/BOX 9209
  - BCBS/BOX 9209 $10
  - BCBS/BOX 9209 $15
  - Conn General $10/BOX 8988 $10
  - Conn General $15/BOX 8988 $15
Press **Page Down**, **Page Up**, or the up and down arrow keys to select the desired plan and press **[F2 -- Select]** to mark it. If you want to submit claims from all insurance plans, press **[F3 -- Select All]**.

Press **[F1 -- Process]** after you have selected all the needed plans.

**Use Groups:** Select the "Group" heading at the top of a list of plans to select the entire group. You can also press **[F5 -- List By Group]** to view all of your insurance groups. By selecting groups instead of individual plans, you can very quickly pick out the different insurance companies whose claims you need to resubmit.

**List By Pattern:** Press **[F6 -- List By Pattern]** to search for a word or number, such as "Aetna" or a PO Box number. You can then select plans from the list of results.

### 5.3.4 Rebatch Charges by Provider

You can sort and resubmit charges for all providers or for specific providers. This comes in handy if you use the wrong provider ID# for a period of time and you need to resubmit all the claims from that time.

Change the "All Providers" field to "No" and press **[F1 -- Generate Report]** to select a specific provider.

On the provider selection screen, use the arrow keys and press **[F2 -- Select]** to pick providers or provider groups. Then press **[F1 -- Process]** to continue.

### 5.3.5 Submit the Whole Visit?

Do you need to resubmit only the unpaid part of a claim, or the entire claim? By default, **maketags** processes charges individually, based on the restrictions you define on the criteria screen. If only one procedure from a patient's visit meets the criteria listed, then only that procedure will be re-batched.

You can ask **maketags** to rebatch the entire date of service instead:
Set the "Include entire visits" option to "Yes." If maketags finds a qualified charge to process, it will also rebatch all other procedures from that same visit, regardless of whether or not the other charges are due or meet the other criteria.

5.4. Use SRS to Find and Rebatch Claims

Have you ever needed to resubmit all claims with a certain procedure, place of service, or for accounts with a specific status flag? Use maketags's Smart Report Suite (srs) features to create custom restrictions specifying which charges you would like to rebatch.

Note: When you choose to restrict maketags with srs, all of the criteria you specify on the main screen of maketags will be ignored. You will instead assign your restrictions manually within srs.

Follow the steps below to use srs to search for and process claims needing to be resubmitted:

Custom Claim Re-batching Using srs

Step 1: Press F5

Press [F5 -- Restrict with SRS] on the main screen of maketags.

Step 2: Enter Date Range

Enter a transaction date range within which srs should search for charges to resubmit. Press [F1 -- Generate Report] to continue.
Step 3: Enter Amount Range

The next screen will ask you to specify a "Charge Amount Due" range. The default shown above will include only due charges (those with at least a penny due). Enter any amount range and press [F1 -- Process].

Step 4: Select Insurance Plans

Next, specify the insurance plans for which maketags will rebatch claims.

Press [F2 -- Select] to select individual plans, press [F5 -- List By Group] to quickly select an entire insurance company, or select by the pattern of your choice using [F6 -- List By Pattern]. Press [F3 -- Select All] to include all insurances and all personal charges.
**Important:** Do not select the "Personal" insurance on this screen unless you want all personal charges to be re-batched for submission!

**Step 5: Review Criteria**

Finally, review your chosen criteria and specify whether or not you would like to add any other restriction criteria.

If you wish to add more restrictions, such as a procedure or a place of service, press [**F8** -- *Add/Edit Criteria*]. Otherwise, skip to step 8 below.

**Step 6: Optional: Select Additional Criteria**

If you chose to add criteria, **srs** will ask you for the restriction criteria you would like to use. Add as many criteria as you wish. You can use the asterisk (*) symbol to view a list of available criteria.
In the above example, Provider, Procedure, and Place of Service (in addition to the default "Amount Due Per Charge" and "Current Insurance") have been added. Press [F1 -- Accept Criteria] to continue.

**Step 7: Optional: Select Criteria**

For every criteria you added to the list, srs will ask you for specific details. Select your criteria from each screen and press [F1 -- Accept Criteria] to continue. The "CHARGE Amount Due" and "CHARGE Current Insurance" criteria were already selected and processed. You do not have to fill them out again.

In the example above, the user has selected a follow-up hospital procedure group for the "CHARGE Procedure" criteria. Only claims with one of the three codes listed in that group will be collected for rebatching.
Step 8: Accept Criteria

Once you have added all of your restrictions, press [F1 -- Accept Criteria] to accept your criteria. maketags will gather the charges to rebatch based on the criteria you specified.

Save Frequently Used Criteria: As with other srs reports, maketags criteria can be saved and reused. If you commonly rebatch claims for one particular insurance or procedure, for example, you may want to save the detailed report criteria you entered and restore it the next time you need to resubmit claims. After entering your criteria the first time, press [F5 -- Save Rpt Criteria] on the summary screen. When you next need that same criteria, press [F8 -- Restore Criteria] from the first srs criteria screen.