

Correct Mistakes (oops)

PCC



Pediatric EHR Solutions

© 2014, PCC

1-800-722-7708

support@pcc.com

1. Correct Mistakes: Review and Modify Charge and Payment History	3
2. Run Correct Mistakes (oops)	4
2.1. Jump to oops From Another Program.....	4
2.2. End Another oops Session.....	4
3. Oops Screen Reference	6
3.1. Using the oops Charge History Screen.....	6
3.1.1 Function Keys on the Charge History Screen in oops.....	6
3.1.2 Understanding Charge Details.....	9
3.1.3 Understanding Payments and Adjustments.....	10
3.1.4 Reading Billing History Messages.....	12
3.2. The Insurance Status Screen.....	13
3.3. The Visit Status Screen.....	14
4. Tools and Example Uses	17
4.1. Relink a Payment.....	17
4.2. Change (or add missing) Diagnoses, Hospital, or Other Claim Information.....	19
4.3. Change the Responsible Party for Charges.....	19
4.4. Review Electronic Claim Responses in oops.....	20
4.5. Review a Printed Bill in oops.....	22
4.6. Assign a Billing Provider in oops.....	24

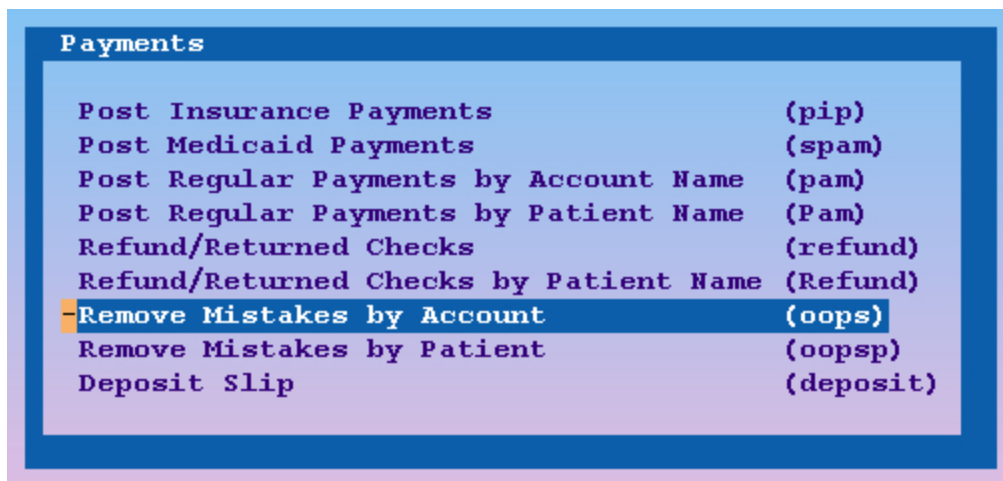
1. Correct Mistakes: Review and Modify Charge and Payment History

The Correct Mistakes (**oops**) program is a powerful account history editor. You can use **oops** to fix charge and payment errors, relink payments to specific charges, change the responsible party for a charge, and alter visit information (such as diagnoses or prior authorization numbers). After making changes, you can resubmit claims.

In addition, **oops** is a detailed, interactive charge history. You can use **oops** to research the complete billing and payment history for each visit on an account.

2. Run Correct Mistakes (oops)

You can run **oops** as a stand-alone program from your Partner Windows, by typing **oops** at a command prompt, or by jumping to it from another Partner program.



If you are not already working with an account, **oops** will ask you to select one:

Please enter an account:

First Name:

Last Name:

Remember that you can also find accounts by patient, insurance ID#, or any of several other criteria. For more information, see the *Tools for Finding Patients and Accounts* manual.

Run oops for One Patient: Do you need to run **oops** for a single patient, instead of seeing all of the patients linked to an account? Run **oops -k** and find the patient you need. PCC can add this option to your Partner windows if you need it frequently.

2.1. Jump to oops From Another Program

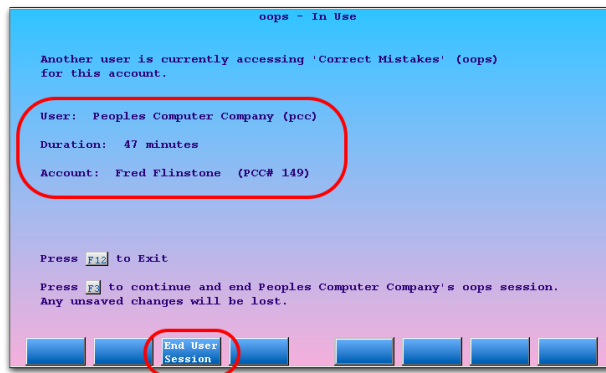
The **oops** program is a powerful and useful tool, so it is made available from many different screens in Partner.

Sample Programs that Link to oops:

- From the Charge Posting (**checkout**) program, press [**F4** - *Correct Mistakes*] after posting a charge.
- From the Post Insurance Payments (**pip**) program, press [**F3** - *oops*].
- From the first page of **checkin**, press [**F8** -- *Billing FKey Set*] and then press [**F2** - *Correct Mistakes*].

2.2. End Another oops Session

If another user is editing the same account in **oops**, or if there is a stale or "stuck" window somewhere that is running **oops** for the account, you will see an error screen.



You can press **F12** and wait until the user is finished. If you believe that the other screen has been closed or is stuck, you can press [**F3** - *End User Session*] to end the previous **oops** session and continue. You should then double-check the account to make sure all work is complete.

3. Oops Screen Reference

The topics below include reference information for each screen in the Correct Mistakes (**oops**) screen.

3.1. Using the oops Charge History Screen

The main screen in **oops** shows a history of account transactions. The most recent transactions appear at the top. Charges are grouped by date of service. Claim submission history, billing messages, and payments all appear beneath the charges to which they are linked. Every item has a line number for quick selection.

ITEM	PATIENT	PROCEDURE NAME	DIAG	SVC	BIL	AMOUNT	SUM DUE								
02/05/13															
17)	C Pebbles	Well Child 5-11 yrs	V20.2	C	C	95.00	7.00								
18)	04/10/13	Cigna HCFA #93													
19)	02/17/13	Ins Pmt Cigna PPO			C	68.00									
20)	02/05/13	Visa Card Payment			C	20.00									
21)	04/25/12	Cigna claim batched													
22)	Pebbles	Vision Screen	V20.2	C	C	10.00	0.00								
23)	04/10/13	Cigna HCFA #93													
24)	02/17/13	Ins Pmt Cigna PPO			C	0.00									
25)	02/17/13	Ins Adj Cigna PPO			C	10.00									
26)	04/25/12	Cigna claim batched													
27)	Pebbles	Hearing Screen	V20.2	C	C	10.00	0.00								
28)	04/10/13	Cigna HCFA #93													
29)	02/17/13	Ins Pmt Cigna PPO			C	0.00									
30)	02/17/13	Ins Adj Cigna PPO			C	10.00									
31)	04/25/12	Cigna claim batched													
12/10/12															
32)	C Dino	Well Child 1-4 yrs	V20.2	C	C	135.00	0.00								
33)	03/24/13	Visa Card Payment			C	10.00									
34)	02/11/13	Aetna USHC HMO HCFA #68													
35)	01/01/13	Ins Pmt Aetna HMO			C	92.36									
36)	01/01/13	Ins Adj Aetna HMO			C	32.64									
Personal: \$ 37.00 Correcting Fred Flintstone (# 1980). Insurance: \$ 128.00 There are 784 more items. Medicaid: \$ 0.00															
<table border="0"> <tr> <td>Jump to Item</td> <td>Generate Claim</td> <td>SeeClaim Rpt/Bill</td> <td>Insuranc Status</td> <td>Visit Status</td> <td>Unlink & Relink</td> <td>View Adj Rsns/ERA</td> <td>Delete Item(s)</td> </tr> </table>								Jump to Item	Generate Claim	SeeClaim Rpt/Bill	Insuranc Status	Visit Status	Unlink & Relink	View Adj Rsns/ERA	Delete Item(s)
Jump to Item	Generate Claim	SeeClaim Rpt/Bill	Insuranc Status	Visit Status	Unlink & Relink	View Adj Rsns/ERA	Delete Item(s)								

Batch or Print New Claim (Jump to Item)
View Claim Responses, Bills, More (Generate Claim)
View and Update Billing and Claim Related Information (SeeClaim Rpt/Bill)
Change Linking for a Payment (Visit Status)
Change Linking for a Payment (Unlink & Relink)
Change Linking for a Payment (View Adj Rsns/ERA)
View CARC Definitions (Delete Item(s))

Press **Page Up** or **Page Down** to scroll through the history. You can also use the up and down arrow keys to scroll ten lines or the right and left arrow keys to scroll up or down line-by-line.

3.1.1 Function Keys on the Charge History Screen in oops

From this screen, you can perform (or begin) the following actions:

[F1 -- *Jump to Item*] or J

Press **F1** and enter an item number or a date. You will be taken to that item/date in the history.

[F2 -- *Generate Claim*] or T

Press **F2** and enter charge item numbers to batch a new claim or print a HCFA form immediately. Separate item numbers with a space.

[F3 -- See Claim Rpt/Bill]

Press **F3** and enter an item number to see more information about a billing message item. For example, you can use **F3** to read the full response from a payor, read the text of a personal bill, or see the raw data file of a claim.

Read the Electronic Claim Responses section for an example.

[F4 -- Insurance Status] or I

Press **F4** and enter *charge* item numbers to view the Insurance Status screen. On the Insurance Status screen, you can change the responsible party of a charge or modify the copay amount. Whenever you change insurance status, you should batch the updated charges for resubmission or print a new claim.

[F5 -- Visit Status] or V

Press **F5** and enter charge item numbers to view the Visit Status screens. On the Visit Status screens, you can view and change diagnosis and other HCFA specific information related to a charge, such as billing provider, referring provider, authorization numbers, accident dates, etc.

[F6 -- Unlink & Relink]

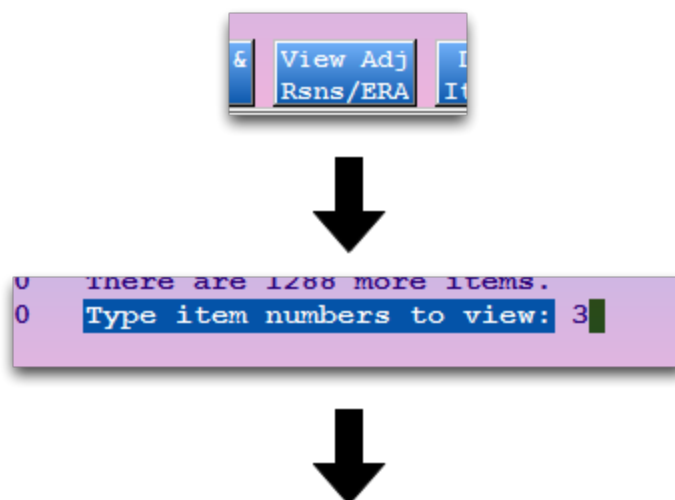
Press **F6** and enter an item number of a payment to unlink or relink it. You might want to do this when cleaning up an account balance problem.

Next, **oops** will summarize the payment(s) you selected, and allow you to relink it to another charge, or leave the payment unlinked.

For an example of relinking a payment, See "Relink a Payment" on page 17

[F7 -- View Adjustment Reasons / ERA]

Press **[F7 - View Adj Rsns/ERA]** and enter an item number to read a description of the codes.



* Insurance Claim Adjustment Reason Codes:

3: Co-payment Amount

45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

If you select an item with associated ERA information, Partner will display the relevant ERA section.

ITEM	DATE	PATIENT	PROCEDURE NAME	DIAG	SVC	BIL	AMOUNT	SUM DUE
)	02/27/13	Pebbles	Level 3 OV	079.99	D	D	125.00	0.00
8)		03/13/13	Ins Pmt Bmc #20			D	68.61	
9)			Adj Reason: 45					
10)		03/13/13	Ins Adj Bmc #20			D	56.39	
)		03/02/13	Payor Acknowledged Claim #60:					
)		03/01/13	PCC Acknowledged Claim #60:					
)		03/01/13	BCHealth ECS #60			\$\$	125.00	
)		03/01/13	Claim (from BCHealth) to ECS					
)		02/28/13	BCHealth claim batched					

Personal: \$ 0.00 Correcting Fred Flintstone (# 1980).
 Insurance: \$ 0.00 There are no more items.
 Medicaid: \$ 0.00 Type the item number to view: 10



CARC description and all other relevant ERA information

Transfer Date: 20130311-
 Sender DFI ID: 999999999 Receiver 000000000
 Demand Deposit Demand Deposit
 Bank Account Number: 999999999 888888888
 Tax ID 333333333

Adjustment Reason Key
 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

Date	CPT	Charge	Deduct	CoInsur	Copay/ Personal Other	Total PersDue	Contractual Adjust
FLINSTONE, PEBBLES (Ins ID: 444444444)	PCC ID: 11111	9999999	0424242	Claim Pro			
022713	99213	125.00	0.00	0.00	0.00	0.00	-56.39 45
		125.00	0.00	0.00	0.00	0.00	-56.39

Payer Claim Control Number: 800800800800

Miscellaneous Payment/Adjustment
 123113 Overpayment Recovery
 * Payment or adjustment not attributed to a specific charge
 123113 Overpayment Recovery
 * Payment or adjustment not attributed to a specific charge

Done Jump to Top Jump to Bottom Send To... Search Pattern

[F8 -- Delete Item(s)] or D

Press **F8** and enter item numbers to delete items from the account history. You will be asked to confirm your choices before they are deleted. Once deleted, items can not be retrieved. Partner keeps a log of which user deleted an item and how that action affected the account's balance. You can review this log by running the **daysheet** or **dsccan** programs. Contact PCC for more assistance.

Entering Item Numbers: When entering items numbers for the operations above, such as batching a claim or changing insurance status, you can either type in each of the numbers separated by spaces or commas, like "1 2 3 4 5 6" or "1,2,3,4,5,6", or you can use a range, such as "1-6". You can also combine these methods: "1,3-5".

Jump to Information on a Claim: Press **C** and enter a claim number to jump to the section of the history that pertains to that claim.

31)	03/15/10	Cigna claim batched						
32)	01/17/10	C Dino	Well Child 1-4 yrs	V20.2	C	135.00	0.00	
33)	05/01/10	Visa Card Payment			C	10.00		
Personal:		\$ 37.00	Correcting Fred Flintstone (# 1980).					
Insurance:		\$ 128.00	There are 787 more charges or payments.					
Medicaid:		\$ 0.00	Type in the Claim ID to go to: 68420					

3.1.2 Understanding Charge Details

Charges in **oops** are grouped by date of service. Each charge shows the patient name, procedure name, diagnosis code, provider initials, amount charged, and amount due. Since all items in **oops** have a number line at the left, you can easily select specific charges with which to work.

Charges in a single visit

	DATE	PATIENT	PROCEDURE NAME	DIAG	P	AMOUNT	SUM DUE
1)	05/24/05	PC Janie	Physical 1-4 yrs	V20.2	C	125.00	115.00
2)	05/24/05		TOS Check #232		C	10.00	
3)	05/24/05		USHC claim batched				
4)		P Janie	DTaP	V05.9	C	10.00	10.00
5)	05/24/05		USHC claim batched				
6)		P Janie	MMR	V05.9	C	10.00	10.00
7)	05/24/05		USHC claim batched				

Charge Status Indicators:

You may see several letters or an asterisk (*) between the date of the charge and the patient's name. These indicate basic insurance status information about the charge:

Status Indicators

	DATE	PATIENT
1)	05/24/05	PC Janie
2)	05/24/05	TOS
3)	05/24/05	USHC

A

The letter **A** indicates that the charge is flagged as an accident. Accident information will appear on the insurance claim. Press **[F5 -- Visit Status]**, enter the number of the charge, and then press **Page Down** to

review or change the accident information.

P

The letter **P** indicates that some portion of the charge is currently pending an insurance company. Once the charge has been fully paid off or no longer pends an insurance company, the **P** will disappear.

C

The letter **C** indicates that the charge has a copay charge linked to it. The **C** appears whether the copay has been paid off yet or not. Copays are not procedures, they generally occur as part of the amount due for an office visit or physical procedure.

*

An asterisk (*) indicates that the charge currently pends a Medicaid policy.

Providers

The Correct Mistakes program displays the provider initials for both the Servicing and Billing providers.

	DATE	PATIENT	PROCEDURE NAME	DIAG	SVC BIL	AMOUNT	SUM DUE
1)	07/19/11	PC Chad	OV Expanded Focus	382.9	KWG KWG	56.00	36.00
2)		07/19/11	TOS Check Payment #1677		KWG	20.00	
3)		05/11/11	Claim (from Highmark Blue Shield) to		BCBS		
4)		05/08/11	Highmark Blue Shield claim batched				
5)	07/10/11	PC Chad	Well Child 1-4 yr V20.2		KWG KWG	93.00	73.00
6)		07/10/11	TOS Check Payment #1672		KWG	20.00	
7)		04/30/11	Claim (from Highmark Blue Shield) to		BCBS		
8)		04/29/11	Highmark Blue Shield claim batched				
9)		P Chad	Pneumo-7	V03.8	KWG KWG	90.00	90.00
10)		04/30/11	Claim (from Highmark Blue Shield) to		BCBS		
11)		04/29/11	Highmark Blue Shield claim batched				
12)		P Chad	~1 Immuniz Admin	V03.8	KWG KWG	18.00	18.00
13)		04/30/11	Claim (from Highmark Blue Shield) to		BCBS		

Personal: \$ 180.27 Correcting Daniel Whitney (# 1920).
Insurance: \$ 217.00 There are 821 more charges or payments.
Medicaid: \$ 0.00

Jump to Item Print Claim Batch Claim Insuranc Status Visit Status Unlink Payment Relink Payment Delete Item(s)

Press [F5 - Visit Status] and enter a charge number to learn more information.

3.1.3 Understanding Payments and Adjustments

Payments and adjustments appear in **oops** with information similar to charges: a description, a date, a provider, and an amount. The description includes the payment type, and may include a CARC code that explains the pay-

ment or adjustment. Payments and adjustments appear underneath the charge they are applied towards, so you can review the full history of the charge as a series of events.

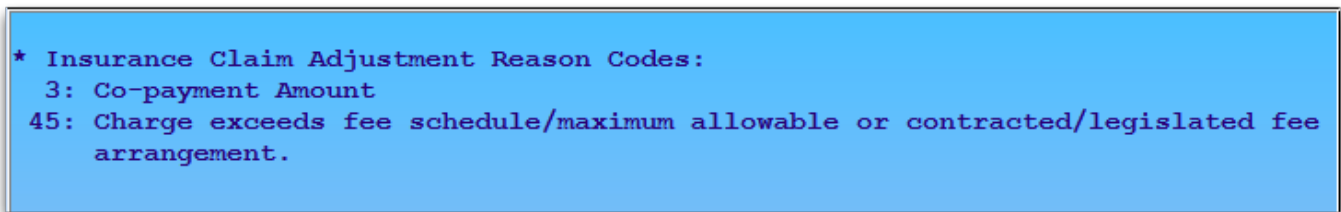
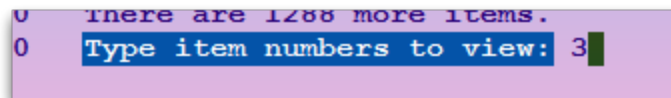
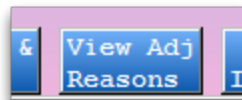
CARC Codes

The numbers that sometimes appear with payments and adjustments are the Carrier Adjustment Reason Codes. Partner reads these codes directly from your ERAs. You can also enter them manually if you use the Post Insurance Payments (**pip**) program.

ITEM	DATE	PATIENT	PROCEDURE NAME	DIAG	SVC	BIL	AMOUNT	SUM	DUE
1)	02/19/13	C Dino	Level 3 OV (25)	314.00	S	S	125.00		0.00
2)	03/06/13	Ins Pmt Hmobne30 #003			S		80.12		
3)		Adj Reasons: 3,45							
4)	03/06/13	Ins Adj Hmobne30 #007			S		14.88		
5)	02/21/13	PCC Acknowledged Claim #67							
6)	02/21/13	Payor Acknowledged Claim #67							
7)	02/21/13	MA BCBS ECS #67	\$\$	365.00					
8)	02/21/13	Claim (from MA BCBS) to ECSbcbs							
9)	02/20/13	MA BCBS claim batched							
10)	02/19/13	TOS Check Payment #3546			S		30.00		

You can use the CARC codes to help research and understand why a certain payment occurred.

Press [**F7** - *View Adj Reasons*] and enter an item number to read a description of the codes.



For more information on what CARC codes mean and how they work in Partner, read CARC Codes in Partner.

Split Payments

If a single payment is applied to more than one charge, it will be indicated using item numbers:

	DATE	PATIENT	PROCEDURE NAME	DIAG	P	AMOUNT	SUM	DUE
1)	06/15/05	@Personal Check #335 (#15, #3)			C	20.00		
2)	05/24/05	PC Janie	Physical 1-4 yrs	V20.2	C	125.00	115.00	
)			Part of payment #1		C	10.00		
4)	05/24/05		USHC claim batched					
5)		P Janie	DTaP	V05.9	C	10.00	10.00	
6)	05/24/05		USHC claim batched					
7)		P Janie	MMR	V05.9	C	10.00	10.00	
8)	05/24/05		USHC claim batched					
9)		P Janie	1st Admin Of Vaccine	V05.9	C	30.00	30.00	
10)	05/24/05		USHC claim batched					
11)		P Janie	>1 Admin (Each Additi	V05.9	C	20.00	20.00	
12)	05/24/05		USHC claim batched					
13)			TOS Receipt					
14)	04/26/05	C Johnny	OV Problem Focus	382.9	C	50.00	0.00	
)			Part of payment #1		C	10.00		
16)	05/24/05		Ins Pmt -- USHC #44523		C	31.00		
17)	05/24/05		Ins Adj -- USHC #44523		C	9.00		
18)	04/26/05		USHC ECS					
19)	04/26/05		USHC claim batched					
20)	04/26/05		Claim (from USHC) to proxymed					

The numbers listed with the payment indicate which charges the payment pays off. The 6/15/05 payment shown above at number 1 is applied to both the physical copay charge on 5/24/05 as well as the OV Problem Focus copay charge on 4/26/05.

Unlinked Payments

If a payment is not applied to any charge, it is called an "open-item" payment or "unlinked". Open-item payments appear after charge entries and may not have dates in front of them. Linked payments appear underneath the charges they pay off and have posting dates in front of them.

Partner calculates both open-item and linked payments towards an account's final balance. If a family pays you \$50, for example, and you post it without applying it towards a charge, their account will still reflect the payment. However, it will be difficult for you to research how the unlinked money is applied, and sorting out the account's charges will be more difficult. You should use [F6 -- *Unlink & Relink*] to link any open payments. You should also link every payment when it is first posted in **pam**.

Read Posting Personal Payments to learn how to post a personal payment against a charge.

3.1.4 Reading Billing History Messages

In addition to charge and payment information, **oops** displays billing messages and other important data. For example, you will see entries indicating when a claim was sent, when an electronic clearinghouse received a claim, and when a personal bill was generated.

13)	04/26/05	C Johnny	OV Problem Focus	382.9	C	50.00	10.00
14)			06/15/05 Personal Bill				
15)	05/24/05		Ins Pmt -- USHC #44523		C	31.00	
16)	05/24/05		Ins Adj -- USHC #44523		C	9.00	
17)	04/26/05		USHC ECS				
18)	04/26/05		Claim (from USHC) to proxymed				
19)	04/26/05		USHC claim batched				

In the example above, the charge was sent by ECS to ProxyMed (a claim clearinghouse) and then to USHC on 4/26/05. A USHC insurance payment and adjustment were posted in **pip** on 5/24/05, and a personal bill (for the unpaid copay amount) was printed on 6/15/05. Note that the USHC check number is also shown.

More Information: Additional information or a full report may be available for some billing messages. Press [F3 -- See Claim Rpt/Bill] and enter the item number to read the full report, if available. Read Review Electronic Claim Responses in oops for an example.

E - Toggle Billing History: With all the different steps a claim passes through, your **oops** screen can get very cluttered. Press **E** to hide billing history notes. The **oops** listing will collapse and show you only charge and payment information. Press **E** again to reveal the billing information. To increase the number of visible lines in **oops**, you could also learn about making your Partner window bigger by reading *Larger Partner Windows*.

3.2. The Insurance Status Screen

The Changing Insurance Information screen in Correct Mistakes (**oops**) allows you to change the responsible payor for any charge and change the portion of the charge that is the copay.

Open an account in **oops**, press [F4 -- Insurance Status], and enter charge item numbers to view the Changing Insurance Information screen.

Page Up		F12		Page Down		
Changing Insurance Information						
John Dough						
Page 1 of 1						
DATE	PATIENT	PROCEDURE NAME	DIAG	P	AMOUNT	SUM DUE
1 05/24/05PC	Janie	Physical 1-4 yrs	V20.2	C	125.00	115.00
	Insurance:	Aetna USHC \$10		Copay:	\$ 10.00	
4 05/24/05P	Janie	DTaP	V05.9	C	10.00	10.00
	Insurance:	Aetna USHC \$10		Copay:		
6 05/24/05P	Janie	MMR	V05.9	C	10.00	10.00
	Insurance:	Aetna USHC \$10		Copay:		
8 05/24/05P	Janie	1st Admin Of Vaccine	V05.9	C	30.00	30.00
	Insurance:	Aetna USHC \$10		Copay:		
10 05/24/05P	Janie	>1 Admin (Each Additi	V05.9	C	20.00	20.00
	Insurance:	Aetna USHC \$10		Copay:		

Save Changes
Make All Insuranc
Make All Personal

On this screen you can review the date, patient name, procedure, diagnosis, provider initial, amount charged, and amount due for each charge you selected. Underneath each charge, you can see the responsible insurance plan and the copay amount. You can change either of these fields, or you can use the function keys to quickly change the responsible party for all of the charges listed.

Press **Tab** to enter the field you wish to change. In the Insurance field, use an asterisk (*) to see a list of plans on the account and then jump to a list of all plans on your system (if needed).

Changing Insurance Information			
John Dough			
PATIENT	PROCEDURE NAME	DIAG	P
Janie	Physical 1-4 yrs	V20.2	C
Insurance:		* [input field]	



Active Insurance Policies

Expired Insurance Policy

Choose Any Plan

+ Aetna USHC \$10
+ Cigna/BOX 188006 \$5
- Cigna/BOX 1976 \$10
Some Other Insurance

Note: Changing the status of a charge does not update any claim you have already submitted. You *must* rebatch or print an updated claim by pressing [F3 -- Batch HCFA] or [F2 -- Print TOS HCFA] on the main screen in **oops**.

Functions on the Insurance Status Screen

[F1 -- Save Changes]

Save all changes made on this screen and return to the main **oops** screen.

[F5 -- Make All Insurance]

Turn on the Pending status for all charges shown. If more than one insurance policy is active on the account for the charges' dates of service, a pop-up window will ask you to select which insurance is responsible for the items.

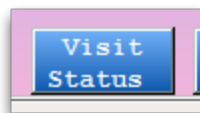
[F6 -- Make All Personal]

Turn off the Pending status for all charges shown. Unpaid charges will become personal, due the account.

3.3. The Visit Status Screen

Use the Visit Status screens (also called the "Changing Visit Information" screens) in **oops** to change diagnoses, billing provider, and other important visit information that appears on an insurance claim.

To reach the Visit Status screens, run **oops** and press [F5 -- Visit Status] or **V**, and enter the numbers next to the charges you wish to modify.





00 There are 762 more items.
 00 Type item numbers to edit: 32,41,46

The first Visit Status pages allow you to change diagnoses and the billing provider for each selected charge.

Changing Visit Information							Page 1 of 3
Fred Flintstone							
PATIENT	PROCEDURE NAME	DIAG	SVC	BIL	AMOUNT	SUM DUE	
02/13/13							
32) C Dino	Well Child 1-4 yrs	V20.2	C	C	135.00	0.00	
	CPT:99392	Bill Prov:	Elizabeth Casey, M.D.				
ICD-9 Dx 1:	Well Infant/Child Care						
ICD-9 Dx 2:	-						
ICD-9 Dx 3:	-						
ICD-9 Dx 4:	-						
02/13/13							
41) Dino	Vision Screen	V72.0	C	C	10.00	0.00	
	CPT:99173	Bill Prov:	Elizabeth Casey, M.D.				
ICD-9 Dx 1:	Vision Exam						
ICD-9 Dx 2:	-						
ICD-9 Dx 3:	-						
ICD-9 Dx 4:	-						
02/13/13							
46) Dino	Hearing Screen	V04.81	C	C	10.00	0.00	
	CPT:92551	Bill Prov:	Elizabeth Casey, M.D.				
ICD-9 Dx 1:	Influenza Immun Prophyl Needed						
ICD-9 Dx 2:	-						
ICD-9 Dx 3:	-						
ICD-9 Dx 4:	-						

Save Changes

The charges you selected appear with the date, patient name, procedure name, provider, amount of charge, and amount due. Underneath each charge is a list of all diagnoses currently linked to it. Note that you can assign up to four diagnoses per procedure.

Press the **Tab** key to enter a field and make changes. Use the asterisk (*) to view a list of possible entries.

Press **Page Down** to view more pages of Visit Information.

The last Visit Status page holds visit-specific details that are included on a claim.

Changing Visit Information
Fred Flinstone

Page 3 of 3

PATIENT: BamBam Flinstone
Referring Provider: _____

INSURANCE INFO		HOSPITAL	
Prior Auth. Number:	_____	Admit:	_____
Resubmission Number:	_____	Discharge:	_____
Reference Number:	_____		
Claim Delay Reason:	_____	ACCIDENT INFO	
Accept Assignment?	_____	Accident Date:	_____
LABORATORY WORK		Auto Accident?	_____
Was lab work done?	_____	Acc. State:	_____
Cost of Lab Work:	_____		
DISABILITY INFORMATION		STATUS	
Disabled Start:	_____	Marital Status:	_____
Disabled End:	_____	Employment Status:	_____
		Emergency Visit?	No
		Worker's Comp?	No
REPEAT VISIT		Related to Employment?	_____
Date First Seen:	_____	EPSDT Referral:	_____

Save Changes

View/Edit Other Information that May Appear on a Claim

Press the **Tab** key to reach the field you wish to change. Press [**F1** -- *Save Changes*] to save your changes.

Information on the Visit Status screens often appears on the insurance claim. For example, the "Prior Authorization Number" generally appears in Box 23 of a HCFA 1500 form. Items on the Visit Status screens can also be entered in the **checkout** program, while posting the visit.

Claim Delay Reason and Reference Number: If you enter a claim delay reason, as instructed by a payor, you must also enter a Reference Number provided by the payor. The claim will be rejected if the number is not a legitimate reference number from the payor.

Rebatch After Making Changes: After making changes on any Visit Status screen, you must rebatch a new claim. Save your changes, and then press [**F2** -- *Generate Claim*] on the main **oops** screen.

Functions on the Visit Status Screens:

[**F1** -- *Save Changes*]

Save all changes made on this screen and return to the main **oops** screen.

[**Page Down**]

Go down one page. There will be additional screens to display all charge items you selected and a screen of important claim information at the end.

[**Page Up**]

Go up one page.

[**F12**]

Return to the main **oops** screen without saving any changes made to visit status.

4. Tools and Example Uses

4.1. Relink a Payment

If you post a payment and later discover the procedure or payment was a mistake, you may need to "relink" the payment to different procedure.

Read the steps below to learn how to unlink and/or relink a payment to a charge.

Step 1: Post the New, Correct Procedure

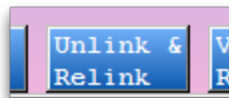
If you need to link the payment to a different procedure, begin by posting the new procedure. Run **checkout**, find the patient, and enter the correct physician and date of service. Do not repost the payment in **checkout**, as the payment is already posted to the account..

Step 2: Run oops

Run **oops** for the account. You can do this from the wrap-up screen of **checkout** by pressing [F4 -- *Correct Mistakes*].

Step 3: Press F6 and Select the Payment

Press [F6 -- [Unlink & Relink]] and enter the item number of the payment. Press **Enter** to continue.



Only Payment and Adjustment Item Numbers Appear

ITEM	DATE	PATIENT	PROCEDURE NAME	DIAG	SVC	BIL	AMOUNT	SUM	DUE
)	12/17/11	C Dino	Well Child 1-4 yr	V20.2	C	C	135.00		0.00
33)		03/30/12	Visa Card Payment			C	10.00		
)		01/19/12	Personal Bill						
35)		01/08/12	Ins Pmt Aetna HMO			C	92.36		
36)		01/08/12	Ins Adj Aetna HMO			C	32.64		
)		01/08/12	Aetna USHC HMO HCFA #68						
)		09/12/11	Aetna USHC HMO claim batched						
)		Dino	Vision Screen	V72.0	C	C	10.00		0.00
40)		01/08/12	Ins Pmt Aetna HMO			C	0.00		
41)		01/08/12	Ins Adj Aetna HMO			C	10.00		
)		01/08/12	Aetna USHC HMO HCFA #68						
)		09/12/11	Aetna USHC HMO claim batched						
)		Dino	Hearing Screen	V72.1	C	C	10.00		0.00
45)		01/08/12	Ins Pmt Aetna HMO			C	0.00		
46)		01/08/12	Ins Adj Aetna HMO			C	10.00		
)		01/08/12	Aetna USHC HMO HCFA #68						
)		09/12/11	Aetna USHC HMO claim batched						
Personal: \$ 37.00							Correcting Fred Flintstone (# 1980).		
Insurance: \$ 128.00							There are 770 more items.		
Medicaid: \$ 0.00							Type item numbers to unlink or relink: 33		

Step 4: Choose Whether to Unlink, or Relink

Next, **oops** will summarize the payment you selected, and allow you to relink it to another charge, or leave the payment unlinked.

Select **F2** to Unlink the following payment.
Select **F3** to Relink.

ITEM	DATE	PATIENT	PROCEDURE NAME	DIAG	SVC BIL	AMOUNT	SUM DUE
33)	12/17/11	03/30/12	Visa Card Payment		C	10.00	

Buttons: Unlink Payment, Relink Payment, Go Back

Step 5: If Relinking, Select Charges And Apply Payment

If you choose to relink the payment, Partner will show you a list of all charges on the account that still have balances. Select one or more charges and press enter.

Step 6: Confirm Default or Allocate Payment to Charges

Next, you will see a payment screen, similar to **pip** or **pam**, which allows you to designate how much of the payment should be allocated towards each charge. Enter how much of the total payment should be applied to each charge.

If you wish to review details about account history or patient information, press **[F2 -- View Account]** or **[F3 -- View Patient]**.

Step 7: Press F1

When you are happy with how the money is distributed, press **[F1 -- Save Payments]** to confirm. You will be returned to the main **oops** screen where you can review your work.

Step 8: Review Payment Allocation, Delete Old, Incorrect Charges

If you are satisfied that the new procedure has the correct code and date and that the payment is linked to the correct charges, you can press **[F8 -- Delete Item(s)]** to remove any incorrect charges.

4.2. Change (or add missing) Diagnoses, Hospital, or Other Claim Information

If you need to update the diagnosis, hospital, or other visit information for a visit, follow the procedure below. Remember that you will also need to rebatch (or reprint) the insurance claim when you are finished.

Step 1: Run oops for the Account

Step 2: Press [F5 -- *Visit Status*]

Step 3: Select all Visit Charges

Enter the item numbers of those procedures that appeared on the rejected claim.

Step 4: Make Diagnoses Changes

On the Visit Status screen, change the diagnoses for the relevant procedures.

Step 5: Press Page Down to View the Second Page of the Visit Status Screens

Step 6: Enter Hospital or Other Claim Information

Add the admission and discharge dates in the hospital visit fields. If necessary, enter a resubmission authorization number as well.

Step 7: Press [F1 -- *Save Changes*].

Step 8: Rebatch or Print the Insurance Claim

Back on the main **oops** screen, press [F2 -- *Print TOS HCFA*] and enter the item numbers of the charges needing to be resubmitted. Alternatively, you could press [F3 -- *Batch HCFA*] and print the claim later from the **hcfa** program.

4.3. Change the Responsible Party for Charges

If you post a visit before entering the new insurance card information on an account, you will need to use **oops** to update the responsible party for the charges and then rebatch a claim. Follow this procedure:

Step 1: Update Patient Insurance Information

Confirm that the patient has been updated with the correct insurance information. The insurance screen for an account can be found in **notjane**, **checkin**, **checkout** or by running **policy**.

Step 2: Run oops For the Account

Step 3: Press [F4 -- *Insurance Status*]

Step 4: Select Charges for the Visit

Enter the item numbers of those procedures that were posted to the wrong insurance company.

Step 5: Press F5

On the Insurance Status screen, press [F5 -- *Make All Insurance*].

Step 6: Select Responsible Party

Pick the new insurance company from the list and press **Enter**.

Step 7: Optional: Change Copay Amount

If necessary, press **Tab** and change the listed copay amount.

Step 8: Press [F1 -- *Save Changes*].

Step 9: Rebatch Claim

Back on the main **oops** screen, press [F3 -- *Batch Claim*]. Do this for either a paper or electronic claim. Read *Generate Claims* for more information.

Step 10: Select Charges to Rebatch

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

4.4. Review Electronic Claim Responses in oops

When Partner receives an electronic claim response from the insurance payor or the claim clearinghouse, a one-line message is added to **oops**. Here are two examples:

```
52) 10/04/06 Payor Reject Claim: ACKNOWLEDGEMENT/RETURNED
53) 10/02/06 PROXYMED Accepted Claim: CLAIM HAS BEEN FORWARDED
```

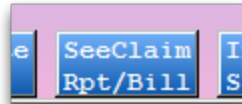
If the claims were sent through the Copario (MedAvant, ProxyMed) or Emdeon claim clearinghouses, you can review a more detailed response report from within the **oops** program. Press [F3 -- *See Claim Rpt/Bill*] and then select any billing response item that begins with "Payor Response" or that indicates a rejection or acceptance.

Example 1

In the example below, you can see that the electronic claim clearinghouse (ProxyMed) sent several messages to Partner regarding William Amis's visit on 01/06/06.

	DATE	PATIENT	PROCEDURE NAME	DIAG	P	AMOUNT	SUM DUE
1)	01/06/06	C William	OV Expanded Focus	706.1	J	75.00	0.00
2)		02/03/06	Insurance Check -- CBA-\$20		J	47.50	
3)		02/03/06	Insurance adjustment -- CBA-\$20		J	7.50	
4)		01/17/06	Payor Response: CLAIM SENT TO PAYER -GENERAL STATU				
5)		01/10/06	Payor Response: CLAIM HAS BEEN FORWARDED FOR FURTHE				
6)		01/09/06	PROXYMED Accepted Claim: CLAIM HAS BEEN FORWARDED T				
7)		01/09/06	CBA ECS#57704				
8)		01/09/06	Claim (from CBA) to PROXYMEDcba				
9)		01/06/06	TOS Check Payment #5041		J	20.00	
10)		William	Ins. Check ->18mm scope	U20.2	J	1.00	0.00

To read the full electronic report, press [F3 -- SeeClaim Rpt/Bill] and then select any entry beginning with "Payor Response" or "PROXYMED Accepted Claim":



Type in the numbers of items to edit: 4

Partner will open the relevant ECS report and display portions related to this patient that are on that report:

```

ProxyMed Payor Response Report          Date Received: 01/18/2006          Page 1
The following claims were ACKNOWLEDGED by the payor(s).
=====
PATIENT/          PATIENT          PATIENT          SERVICE          CLAIM          PAYOR
CLAIM ID          LAST NAME        FIRST NAME        DATE              CHARGES        ID
=====
363 57704          AMIS             WILLIAM           20060106          96.00 03036
CLAIM PROCESSING DATE: 20060117 PROXYMED TRACE #: 009226726231004
VAN TRACE #: 363 57704          PAYOR TRACE #: 106692
MESSAGES: CLAIM SENT TO PAYER -GENERAL STATUS MESSAGE
=====
TOTAL CLAIMS ACKNOWLEDGED BY PAYORS: 1          CHARGES:          96.00
--Less (type q to quit)-- (END)
  
```

In the above example, the claim was accepted.

Example 2

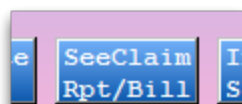
You can also review information about a rejected charge. In the next example, Female Baby Garg's immunization administration charge was rejected by the MVP insurance company:

```

51)      P Female Baby ADMIN FIRST IMMUN <8y V20.2 J 25.00 25.00
52)      10/04/06 Payor Reject Claim: ACKNOWLEDGEMENT/RETURNED AS UNP
53)      10/02/06 PROXYMED Accepted Claim: CLAIM HAS BEEN FORWARDED T
54)      10/02/06 MVP ECS#66129
55)      10/02/06 Claim (from MVP) to PROXYMEDmvp
  
```

Rejection From Payor (MVP)

To find out why the claim was rejected, press [F3 -- See Claim Rpt/Bill], enter the number next to the rejection, and press **Enter**:





Type in the numbers of items to edit: 52

Partner will display the segment of the report related to the patient, and you can read all the information that the insurance company (or claim processor) returned:

```

=====
ProxyMed Payor Response Report          Date Received: 10/04/2006          Page 1
The following claims were REJECTED by the payors.
=====
PATIENT/          PATIENT          PATIENT          SERVICE          CLAIM          PAYOR
CLAIM ID         LAST NAME        FIRST NAME       DATE             CHARGES        ID
=====
6825 66129      GARG             FEMALE          20060928        178.00 14169
CLAIM PROCESSING DATE: 20061004 PROXYMED TRACE #: 275326594645555
VAN TRACE #: 6825 66129          PAYOR TRACE #: 275326594645555
MESSAGES: ACKNOWLEDGEMENT/RETURNED AS UNPROCESSABLE CLAIM
          Subscriber and subscriber id mismatched.
=====
TOTAL CLAIMS REJECTED BY PAYORS: 1          CHARGES: 178.00
--Less (type q to quit)-- (END)

```

Using this feature, you can read your ECS reports from within the **oops** program. You can also read ECS reports in your e-mail or through the **ecsreports** program.

4.5. Review a Printed Bill in oops

You can view a digital copy of a personal bill in the Correct Mistakes (**oops**) program.

Step 1: Run oops for the Account

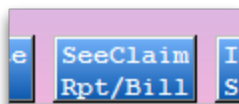
Run **oops** from the Daily Operations window or from the Correct Mistakes function key found in many Partner programs.

Step 2: Page Down and Find the Bill Entry

When Partner generates a bill for an account, a line appears in the charge history in **oops**. Find the bill you wish to review.

Note: No digital copy is kept for "Time of Service Bills" printed from the Checkout program.

Step 3: Press [F3 -- See Claim Report/Bill]



Step 4: Enter the Item Number of the Bill Message, Press Enter

ITEM	DATE	PATIENT	PROCEDURE NAME	DIAG	SVC	BIL	AMOUNT	SUM	DUE
)	12/17/11	C Dino	Well Child 1-4 yr	V20.2	C	C	135.00		0.00
)		03/30/12	Visa Card Payment				10.00		
34)		01/19/12	Personal Bill						
)		01/08/12	Ins Pmt Aetna HMO			C	92.36		
)		01/08/12	Ins Adj Aetna HMO			C	32.64		
)		01/08/12	Aetna USHC HMO HCFA #68						
)		09/12/11	Aetna USHC HMO claim batched						
)		Dino	Vision Screen	V72.0	C	C	10.00		0.00
)		01/08/12	Ins Pmt Aetna HMO			C	0.00		
)		01/08/12	Ins Adj Aetna HMO			C	10.00		
)		01/08/12	Aetna USHC HMO HCFA #68						
)		09/12/11	Aetna USHC HMO claim batched						
)		Dino	Hearing Screen	V72.1	C	C	10.00		0.00
)		01/08/12	Ins Pmt Aetna HMO			C	0.00		
)		01/08/12	Ins Adj Aetna HMO			C	10.00		
)		01/08/12	Aetna USHC HMO HCFA #68						
)		09/12/11	Aetna USHC HMO claim batched						

Personal: \$ 37.00 Correcting Fred Flintstone (# 1980).
Insurance: \$ 128.00 there are 770 more items.
Medicaid: \$ 0.00 **Type the item number to view: 34**

Step 5: Read the Bill

Jeffrey Addington 730 Grandview Drive Saint Albans Bay, VT 05481		Doctors Office 123 Main Street Springfield, VT 1	
(xxx) xxx-xxxx			
Please Detach And Return Top Portion With Your Paym			
Date of	Description of Services From		Payments & Due Fr
Service	01/01/80 to 12/07/08	Charges	Adjustments Insura
BALANCE FORWARD			
Abigail Addington (~Dr. Casey, Office)			
02/26/07	OV Expanded Focus	\$ 56.00	
	02/26/07 Visa Card Payment		\$ 10.00-
Abigail Addington (~Dr. Williams, Office)			
03/07/07	Urinalysis with Microscopy	\$ 13.00	
03/07/07	OV Detailed H&E	\$ 87.00	
Nathaniel Addington (~Dr. Williams, Office)			
Quit	Jump to Top	Jump to Bottom	Send To...
			Search Pattern

You can press Page Up or Page Down or use the function keys and arrow keys to review the bill. You can also press [F4 - Send To...] to send the bill content to a printer or an e-mail address.

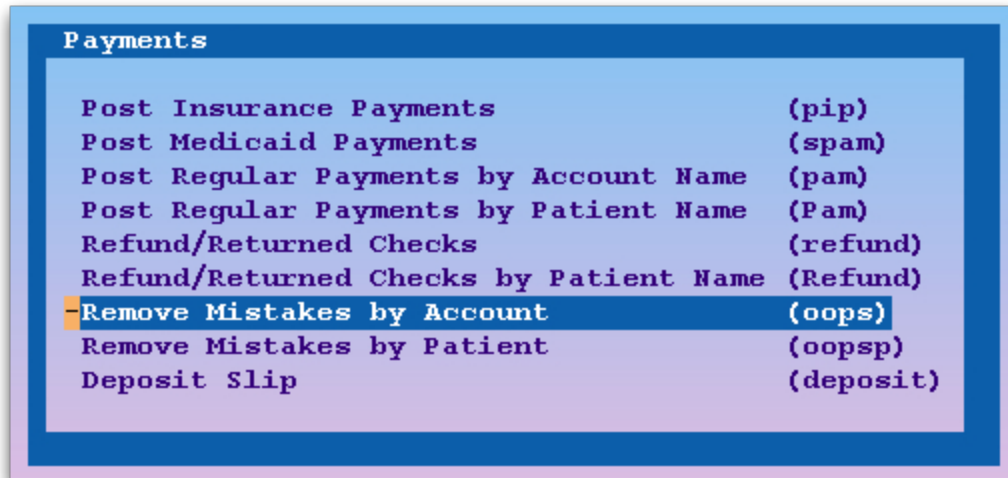
Important Note: The original, printed bill may have additional formatting to alter its appearance. The text content of the digital copy, however, is identical to the original bill.

4.6. Assign a Billing Provider in oops

You may need to assign a billing provider to a charge or a visit after it has been posted. You can change the billing provider for a previously-posted charge on the Visit Status screen in the Correct Mistakes (**oops**) program.

Step 1: Run oops and Find the Account

You can run **oops** from the Billing Functions window, other Partner windows, or from within several Partner billing programs. You can also type **oops** at a command prompt.



Step 2: Locate the Charges

Press **Page Down** to scroll through the charges and locate those that need a different billing provider.

	DATE	PATIENT	PROCEDURE NAME	DIAG	P	AMOUNT	SUM DUE
40)	11/09/06	Dino	OV Expanded Focus	382.9	G	56.00	56.00
41)	10/24/06	Dino	Influenza Vac 36m + o	493.00	O	15.00	15.00
42)		Dino	OV Minimal	V04.81	O	20.00	20.00
43)		Dino	1 Immuniz Admin W/O M	V04.81	O	10.00	10.00
44)	09/13/06	Pebbles	OV Detailed H&E	493.00	W	87.00	0.00
45)		09/13/06	Cap Adjustment		W	87.00	
46)		09/13/06	Keystone HealthPlan claim batched				
47)		P Pebbles	Spirometry Simple	493.00	W	70.00	70.00
48)		09/13/06	Keystone HealthPlan claim batched				
49)		Pebbles	Respiratory Flow Volu	493.00	W	28.00	0.00
50)		10/03/06	Ins Pmt -- Keystone HPC #017626		W	28.00	
51)		09/13/06	Keystone HealthPlan claim batched				
52)		Pebbles	Same	477.9	W	0.00	0.00
53)		09/13/06	Keystone HealthPlan claim batched				
54)			TOS Receipt				
55)	08/14/06	Dino	Well Child 1-4 yrs	V20.2	D	93.00	93.00
56)			TOS Receipt				

Personal: \$ 194.00 Correcting Fred Flinstone.
Insurance: \$ 70.00 There are 682 more charges or payments.
Medicaid: \$ 0.00

Jump to Item Print Claim Batch Claim Insuranc Status Visit Status Unlink Payment Relink Payment Delete Item(s)

Step 3: Press [F5 -- Visit Status] and Enter the Charge Numbers

Press **F5**, enter the numbers next to the charges you need to change, and press **Enter**.

	DATE	PATIENT	PROCEDURE NAME	DIAG	P	AMOUNT	SUM DUE
40)	11/09/06	Dino	OV Expanded Focus	382.9	G	56.00	56.00
41)	10/24/06	Dino	Influenza Vac 36m + o	493.00	O	15.00	15.00
42)		Dino	OV Minimal	V04.81	O	20.00	20.00
43)		Dino	1 Immuniz Admin W/O M	V04.81	O	10.00	10.00
44)	09/13/06	Pebbles	OV Detailed H&E	493.00	W	87.00	0.00
45)		09/13/06	Cap Adjustment		W	87.00	
46)		09/13/06	Keystone HealthPlan claim batched				
47)		P Pebbles	Spirometry Simple	493.00	W	70.00	70.00
48)		09/13/06	Keystone HealthPlan claim batched				
49)		Pebbles	Respiratory Flow Volu	493.00	W	28.00	0.00
50)	10/03/06		Ins Pmt -- Keystone HPC #017626		W	28.00	
51)		09/13/06	Keystone HealthPlan claim batched				
52)		Pebbles	Same	477.9	W	0.00	0.00
53)		09/13/06	Keystone HealthPlan claim batched				
54)			TOS Receipt				
55)	08/14/06	Dino	Well Child 1-4 yrs	V20.2	D	93.00	93.00
56)			TOS Receipt				

Personal: \$ 194.00 Correcting Fred Flinstone.
 Insurance: \$ 70.00 There are 682 more charges or payments.
 Medicaid: \$ 0.00 Type in the numbers of items to edit: 40-43

Step 4: Select a New Billing Provider for Each Charge

In the fields provided, select a new billing provider. Use the asterisk (*) to choose from a list of providers.

Changing Visit Information							Page 1 of 2
Fred Flinstone							
	DATE	PATIENT	PROCEDURE NAME	DIAG	P	AMOUNT	SUM DUE
40	11/09/06	Dino	OV Expanded Focus	382.9	GW	56.00	56.00
		Dx 1:	Otitis Media Acute	Dx 3:			
		Dx 2:		Dx 4:			
		Bill Prov:	Mark Williams, M.D.				
41	10/24/06	Dino	Influenza Vac 36m + o	493.00	OW	15.00	15.00
		Dx 1:	Asthma Extrinsic NOS	Dx 3:			
		Dx 2:		Dx 4:			
		Bill Prov:	Mark Williams, M.D.				
42	10/24/06	Dino	OV Minimal	V04.81	OW	20.00	20.00
		Dx 1:	Influenza Immun Prophyl	Dx 3:			
		Dx 2:		Dx 4:			
		Bill Prov:	Mark Williams, M.D.				
43	10/24/06	Dino	1 Immuniz Admin W/O M	V04.81	OW	10.00	10.00
		Dx 1:	Influenza Immun Prophyl	Dx 3:			
		Dx 2:		Dx 4:			
		Bill Prov:	Mark Williams, M.D.				

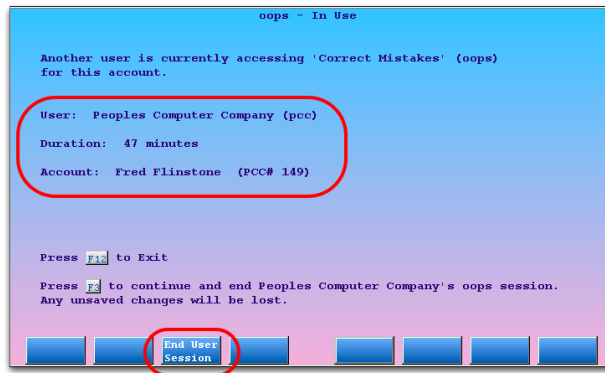
Save Changes

Step 5: Press [F1 -- Save Changes]

As soon as you press **F1**, the new billing provider will be assigned to the charges. You do not need to rebatch the claim. When a claim is generated for the selected charges, it will show both the provider of service and the new billing provider.

5. End Another oops Session

The Correct Mistakes (**oops**) program is a powerful account history editor, so only *one* person can use it to edit the same account at a time. Sometimes, you may need to close another user's **oops** screen for a particular account, perhaps because a user closed their screen without quitting. In Partner 4.7, when you run **oops** for a family that is already being edited, you have the option to close the other user's screen.



You can review the user who is editing the account and see how long their screen has been open. Press [**F3** - *End User Session*] to close the user's **oops** session. The user's last completed actions are safe, as **oops** saves each major action as you perform it. However, you should double-check the account to make sure that any outstanding work is complete, such as claims that you may need to re-batch.