

FASTEMC

Upgrade HCFA Professional Version

February 2013

We have not been sleeping around here. We have been making the HCFA FastEMC product better. Here are some of the new and updated features to expect when you do the next update.

1. Added Balance DUE to claim screen.

These have been a number of changes made in the HCFA package over the last month. It is time to do an update, if you have not for some time.

What to expect:

Patient Account#	Patient Last Name	First Name	MI	Generation	SEX
9238927	JONESY	TOMS			M

Address	City	State	Zip	Date of Birth
9292 BROAD	SILLY	IL	46222	02/02/1935

Work Related	Emergency	Death Indicator	Date of Death	Telephone #
N				

Related Cause	Date	State	Country	ClaimID
				11100092

Cert Type	Narrative	Onset Date	Last Seen	Patient Student Status

TTL Chgs	PT Paid	Balance
125.00	20.00	20.00

Legend:
N - Duplicate New Claim T - Statement
- Update Status Enter Selection >
Delete H - Hardcopy U - Update X - Exit F - Print Forms A - Insurance
- Supplier G - Procedures W - Employer M - Browse Alpha P - Post Payments

On the front screen of a claim, you will notice some balance information. A summary was inserted if it will fit. As you can see on the displayed claim, the total charges were \$125.00 and the current balance is \$20. There is no patient payment. That would indicate that \$105.00 was handled by insurance.

No room to put the details so we added the option **V - View Balance**.

This will appear on the screen and details what happened to the \$105.00. INS paid \$100.00 and \$5 was disallowed.

Item	Amount	Code
TTL Chgs	125.00	S
PT Paid	100.00	
INS PD	100.00	
WrtOff	5.00	US
Balance	20.00	

This will help you get a handle on your claim balances. On DME front screen, there was only room for the balance, but the View option will give you the details.

2. Special Reports Menu

Reviewed all procedures, you will notice some new prompts and cleaned up output on these reports, too numerous to list here.

3. Generation Detail Report on Reports Menu

I improved this report. This will summarize the submission and batches created for transmission. It might be helpful to run this weekly to see how many and to whom claims have been sent.

4. Payment Posting

Made an audit entry for patient payments made in mistake instead of allowing deletion. Added this to the Payment Report.

5. Appointment Scheduling

Made some improvements to data entry and especially the Appointment Listing.

6. Remittance Advice Menu

New menu was added and all the file components. Documentation link was on the previous page and will detail the new features.

Improve your Bottom Line - Take Advantage of Clearinghouse features

Make use of technology to streamline your office functions and improve your bottom line. The basics are in place when you chose FastEMC to manage your claims. Build on that investment and use the tools you already have on hand. A big expense in any practice is labor and giving your staff tools that get the busy work out of their job and let them focus on more rewarding functions that build your practice.



Filing to all Electronic Payers - Check your clearinghouse payer list and be sure that all the payers that can be electronic are being used as electronic. We have many practices that just file Medicare or Medicaid claims electronically and still try to do all the other payers on paper. This is wasting a valuable resource. Most times Commercial payers do not require any enrollment, so adding those payers is simple.

If you are filing to WPS directly on a dial up connection - it is time to look into other options. These dialup services are not going to last much longer. Get moving to a full clearinghouse to take advantage of all the additional features they offer.



Paper Electronic Claims - Many small payers might not accept electronic files from the clearinghouse but they do accept paper. The clearinghouse will print and mail the claims send as Paper Electronic Claims. They usually charge a per claim fee for this service, but with postage going up and labor costs going up, I think this is well worth it. The claims are bundled into the electronic file, so it is no additional labor at your end. **SAVING LABOR COSTS.** And the claims are printed and mailed for you. What a great way to save time and money.



Remittance Advice - Most people might be familiar with EOB reports that usually accompanied your check. As these "user friendly paper reports" are disappearing we are seeing that the Provider will be sent nothing or an ANSI-835 file. We have added to our system a Reader for handling the ANSI-835 file and generating a nice "user-friendly paper report" so you can continue to manually handle the information returned from your payer.

Read more about our Remittance Interface at:

<http://www.fastemc.com/HCFR Manual/FastEMC Remittance Advice.htm>

In addition to our reading and interpreting the ANSI 835 file, the clearinghouse has many additional features that will match adjudication to claims right on their web site. None of those special reports are available unless you have the ANSI 835 remittance returned to the clearinghouse. If you are not enrolled to receive the remittance advice at your clearinghouse you are missing out on a great and important part of claim handling - the "What happened to my claims when the payer got them?" part. Did they pay or reject? How much did they allow? If they rejected, why?

By the way, this new feature can replace the Medicare Easy Print interface you may be using now to read these files. Give it a try the next time you download the file that is usually dropped into Medicare Easy Print.

Getting the Remittance ANSI 835 reports returned to your Clearinghouse is the first step in properly handling your claims and can greatly improve the speed at which you collect the full payment for your service. These electronic 835 files are usually available well before the check or paper EOB reaches you. This can greatly improve your revenue because you can bill the next responsible party quickly.

NEW FASTEMC FEATURE - for customers that get an ANSI 835 file and use the Total Cycle product we will be adding an AUTO Post feature for the payments. This will depend on interest in using such a function, but it is mostly done, just requires some additional testing.



Attachment Management - Attachments represent documents that must accompany some kinds of claims in order to get paid. These might be treatment plans, medical necessity documentation or the like. This is very common in the rehabilitation specialty, but may also apply to others also. Our clearinghouse partners offer a way to upload your attachments and attach them to the claims before they are sent to the payer. This keeps the claim and attachment together so adjudication can start immediately. For your part, all attachments are sent to one place. No need to fax to each payer. The setup varies so if you are spending way too much time doing this kind of thing let us know and we can go over your options.



\$ Like us on Facebook and receive a \$5 credit on your next bill \$

Coming SOON—Announcing a new Statement Printing and Patient Payment option—
Statement printing at .69/statement. You can not beat that. You will get more on this new product in a week or so. But we are really excited. I am most excited about the associated feature for patients where they can go on line and make payments by credit card or bank draft.

Take full advantage of the FastEMC software options



Total Cycle FastEMC

While simply filing claims to the primary payer using FastEMC Basic, certainly gets part of the job done, in order to make sure that you earn the full amount, it is important to file secondary claims, bill the patient the balance and generally work the claims to obtain the most revenue possible.

With Total Cycle FastEMC upgrade, we have given you all the tools you need to post payments from each payer, generate payment reports and aging reports, print patient statements to follow-up and get patient payments. Your revenue will increase and with Payers reducing the payment, it is important to get every bit of the money you are entitled to receive.

Review the new documentation:

http://www.fastemc.com/HCFA_Manual/TotalCycle Posting.htm



Special Reports Menu

It has long eluded me why customers miss the opportunity to better track and handle claims. I have discovered that it must be that they do not know what is available in FastEMC to manage the business of filing claims.

Follow-up after the claims are filed with the Payer is critical. It is also important to make sure all claims are filed at all. The reports on the Special Reports Menu are designed to help with these issues.

Review this document: http://www.fastemc.com/HCFA_Manual/FastEMC Special Reports Menu.htm

I have added sample reports that can be viewed by clicking on the report link in the menu.

Highlights: I think the Error Claims and Hold Claims reports will help make sure claims are not waiting to be completed properly.

Inventory Summary by Status - is a quick overlook of claims that have not be transmitted.