



# 1st & 3rd Party Billing

Billing 1<sup>st</sup>/3<sup>rd</sup> Party module is a census driven comprehensive billing package able to handle the rigorous and ever changing billing requirements of the Health Care Industry.

Unlimited payor types can be set up to facilitate different client scenarios. The census-driven billing codes are flexible and user-defined to accommodate many different billing situations. MCA, MCB, Fee for Service, Private, and Medicaid with their nuances can be processed by the system automatically. Also includes:

- Additional functionality allows for bar coding of ancillary charges.
- Ancillary entry will hold the date and bill code for convenience of data entry by category.
- Ancillaries can be batch entry or register. Bar-coding is available.
- Recurring charges and limits facilitate the many different discounts offered. Days of the week and start & stop dates allow for flexibility.
- Recurring charges can be adjusted globally and letters are created to inform residents all from one process.
- A/R inquiry will give the summary and/or detail for any account activity. Add A/R collection notes for accounting use only. Print or view the A/R inquiry for any length or span of time.
- Imports and exports are also available for Ancillaries. Pyxis, Redline, Resource and an import with a specified format.
- Automated monthly billing processes for primarily room and per diem charges. The rates table, which contains rates based on unit type, admission status, level of care (a billing wild card) and payor type in conjunction with census detail that monitors these variables per resident automatically generates charges for each resident.
- The system will reverse and correct any pre-bill where the census detail has changed.
- The automated process is normally a monthly process. Due to different payor type requirements, the user can define payor types to bill other than monthly, weekly or bi-monthly.
- Generating monthly, pre-bill, and flexible billing are monthly independent processes.
- Non-residents can be billed through the billing module. There is also a separate A/R capability for, guest rooms, beauty shop, banks, etc.
- Retro-adjustment recalculation for rate or payor type changes. Commonly used for Retro of Medicaid approvals.
- CMS 1500, UB-04, HIPAA 837 forms and HIPAA 835 format are available for processing, electronically or on paper.
- Two blank statement programs are available with your logos.
- X12 file creation to check resident eligibility.
- Ability to generate "No Pay" Claims.
- Every bill code has the option of being summarized into itself or another bill code. The system can detail the summarized bill codes.
- Unlimited resident statements can be sent to contacts.
- Special rates tables are available on an individual resident basis that will override the regular rates table.
- Calculation of finance and late charges is an automated function.
- ACH Direct Deposit files can be created.
- User-defined aging statements are available to print based on 30, 60, 90, 120-day criteria.
- Interface with MDS for RUG scores or manual RUG score entry.
- Cash collection is streamlined by offering 4 different cash screens to facilitate collection of different payor types (MCA, Medicaid, and Other Insurance).
- Cash collection source can be A/R, Miscellaneous, Wait List, and Sales. Both Wait List and Sales will update the marketing profiles.

## Reports

- Annual Summary Statement
- A/R Aged Balance & Detail Register
- A/R Month End Reconciliation A/R Resident Notes
- Billing Register GL Posting
- Billing Summary by Building
- Cash History Report
- Cash Registers
- CMS 1500 Claims Register
- CMS 1500 Forms
- CMS 1500 Pending & Unpaid
- Changed Census Report
- Collection Report
- Days/Statement to Payment
- Finance Charge Register
- Insurance Statements
- MDS2 Check RUG Invalid MDS
- MDS2 RUG Potential Reimbursement
- Medicare Deduction Letters and Reports
- Medicare Stats by Procedure Code
- Medicare Stats by Diagnosis Code
- Medicare Stats by Physician
- Monthly Billing Registers
- Monthly Cash Journals
- Monthly PPS Worksheet
- Outside Lab Listing
- Payor Type Billing Log
- Period End Completing Report
- Place of Service Listing
- PPS Assessment Due List
- PPS Exception Report
- PT/ST-OT Limit Report
- Rate History Report
- Resident Ledger
- Resident Report/Labels
- Select Billing Code Reports
- Select Inventory Code Report
- State Medicaid Forms
- Statement Labels
- Subsequent Collections Report
- Transaction Registers
- Two Blank Statement Formats
- UB-04 Claims Register
- UB-04 Forms
- UB-04 Pending Register
- UB-04 Unpaid Claim Register
- Unbilled Revenue Register
- X-12- 837 Forms
- YTD Payor Type Billing Log
- YTD Register by Bill Code
- YTD Register by GL Account
- YTD Register by Resident

## Integrates with

Activity & Event Tracking, Admissions & Census, Answers POS, Bank Reconciliation, General Ledger, Home Health Services, Inventory Control, Meals Processing, MDS, Preventative Maintenance, Rehab Services, Resident Marketing, Trust Funds and Unit Refurbishment.

## Key Features

All tables have the ability to be modified to meet the individual needs of a facility.

User-defined query reporting range and sort options.

Multitude of settings for management companies and/or several legal entities.