VSS Medical Office System
Summary of Steps for Claim Filing

This would summarize the steps necessary to properly enter, and submit claims for payment.

1. Enter claims in the MOS.
2. Ask for payment - All three functions must be done on a schedule to insure that payment can be collected.
   a. Print paper insurance claims
   b. Print Patient Statements
   c. File Electronic insurance claims
3. Select Resubmit when printing paper / Electronic claims at least once a month to send claims that have not been processed in a reasonable time.
4. Review all EOB's and be sure that errors or missing data is supplied and the claim resubmitted when that has been fixed. Ignoring this information will increase the time required for payment.

The overview will continue for Electronic filing.

Select   E   Z   A , starting at the main MOS Menu. This will select A - 1-Step Create Transmission File.

This menu item processes all the steps from taking the claims from the MOS to creating the Transmission file for electronic filing. It will generate 3 reports.

MOS to MOS FastEMC Report - claims processed as ready and claims listed as incomplete will be listed. The incomplete claims will be checked each time this is run until they are properly completed.

DOWNLOAD EDIT REPORT - Each claim copied to EDI is more carefully checked for missing, incomplete or incompatible data. This report will detail an deficiencies for you to fix and the complete and correct claims continue to the next step.

TRANSMISSION REPORT - This report summaries the claims that were able to be filed electronically. A total count and total dollars by Provider and Carrier will be printed. Use this report to match against the response reports generated by the Carrier to indicate their acceptance or rejection of the claims.

When the 1-Step Create Transmission File is complete and you have reviewed that the Transmission contains at least one valid claim, you will follow the procedures for sending the file(s) to the carrier. This step is done many ways and is set up at your site to make the connection necessary between your computer and the carrier.

Making sure all claims are processed.

Now to insure that all types of claims are processed we suggest the following steps.

MOST IMPORTANT: FINISH each day by running the DAILY RECAP. This will warn you of potential errors on claims that were entered that day and do all the daily postings.

1) Print the Daily Recap - every day that data is entered into the computer. We recommend that this should match the daily deposit schedule to all a reconcile with the payments report generated at the end of the Recap.

2) Match the Daily Recap to the sign in sheet for the day. If you enter the Sign-In number at the top of the claim, the recap will print the claims in order to match the sign-in sheet. This makes a match up much easier.

3) Print Patient Statements at least once a month. It might be easier to print 1/4 of the statements each week to spread the work out. The software can be set to cycle in fourths to make this simple.

4) Insurance Claims - Print Paper claims and run Electronic New Claims frequently, daily or at least once a week would be good for these.

5) Insurance Claims - Resubmit - after 60 days (a setting in the Practice Information) a claim that has not had a payment, will be selected for re-filing. After processing the new claims, repeat the steps and select "Resubmit Overdue Claims=Y" to run a batch of claims that need to be resubmitted.

5) Enter all payments in a timely fashion and change the claims responsibility as each party pays their portion. In the case of cross-over or Medigap carriers, leave the claim responsible to the primary carrier until you receive the secondary carrier's payment. It is important that the billing clerks are familiar with which secondary carriers will be filed automatically and which carriers must be sent claims. Use the Check Track feature to reconcile large insurance checks to make sure the check has been distributed correctly.

6) Fix any claims listed on the Daily Recap Errors Report, MOS to MOS EDI error report, Download Edit Report or any claims rejected by the Carrier as incorrect. Mark them to resubmit so they can be collected in the next run of claims.

7) Print Claims ON HOLD, PENDING and Claims in COLLECTIONS Reports to insure that there are no claims that have been overlooked.

8) Print A/R reports to see if any large amounts of claims have gone unpaid for any amount of time over 90 days. You may want to send these claims to collections or make a greater effort to collect this money.

FINALLY, use the reports and features correctly and the system will help your practice watch the money and insure that your practice will continue to have a great cash flow and function smoothly.