8B. FILING CLAIMS ELECTRONICALLY

A. The Electronic Claims Filing Process

The electronic claims billing process is, unfortunately, a lengthy one, requiring 6-8 weeks minimum to begin getting "**clean**" claims through to you payer source at the other side.

Initially, your claims must go through a series of edits with the clearinghouse before being forwarded to the insurance payer. This is a multi-level process in which you submit a number of claims (known as a "**batch**") to the clearinghouse where they will proceed with an initial edit of the batch received.

This initial edit does not look at the entire claim but in the overall structure of the submitted ANSI text file. The first error encountered on the submitted batch causes the clearinghouse to reject the entire batch. The clearinghouse will then send you a report showing the errors they found. The report is rather cryptic and may be confusing at best. As a client, you are entitled to call your clearinghouse and have them review the rejections with you explaining them to you in "**plain English**". In order for our tech support to assist you with these errors, we will need a copy of their report along with a "**plain English**" explanation of what they found and what they want changed.

After the corrections are made and a new batch of claims containing all of the corrections is submitted, a second edit will be done and the process begins again. This volleying of submissions and rejections will continue until there are no more errors to report and a "clean" claim is received. Once the claims have been deemed "clean" by the clearinghouse, the clearinghouse will then forward those claims to the appropriate insurance payers where they will then edit and reject or process/pay your claims.

From the Left Navigational Menu select the "**Electronic**" icon.

B. Creating the "Electronic Claims" Folder

To save the files we are about to create, it is necessary to select a place to store them on your computer. Use the following steps to create a folder labeled "**Electronic Claims**" under the "**MPM Office**" folder on your hard drive:

1. From your computer desktop screen, left click on the "**Start**" button (bottom left side of your computer screen).
2. Select "**All Programs**" and then left click on the "**Accessories**" folder.

3. Double-click on "**Windows Explorer**"
4. Find your computer's hard drive (commonly known as the "**C**" drive) from the Left Navigational Menu, and then double-click on it to view all existing folders.
5. Find and double-click on the "**MPM Office**" folder.
6. From the Top Navigational Menu, left click on "**File**", then "**New**", then "**Folder**" to create a new folder within the **MPM Office** folder.
7. With the new folder created, right click on the new folder and select "**Rename**". The words "**New Folder**" will become highlighted allowing you to change the name of the folder.
8. Change the name of the folder to "**Electronic Claims**" then hit the "**Enter**" key your keyboard.
9. From the Top Navigational Menu, left click on "**File**", then "**Close**" to close this window.

C. Filing Primary Claims

Claims not previously processed will be listed in the opened "**Electronic Billing: Claims Data**" screen under the tab labeled with the code selected for the Clearinghouse being used. (If you have set up the program to use more than one Clearinghouse, more than one tab will appear). If the claim is not found on this screen, the claim may have already been processed. If so, please refer to section "**E. REPROCESSING (or RESUBMITTING) CLAIMS**" (below).

1. Select the claim(s) by clicking the box to the left of the Patient Account Number ("**PAN**") field. (If you would like to send all available claims, click the "**Check All**" button located on the bottom the screen).

Note: If you DO NOT want the Patient's transaction record to show that a claim has been billed, clear the check mark that appears in the "Record Transaction" box located at the bottom of the screen.

2. Click the "**Electronic**" button (bottom of the opened screen, far left) once you have selected the claims to be sent.
3. At the top of the newly opened "**Select file for output**" window, verify that the "**Save in**" field shows the name of the folder created at the beginning of this chapter (i.e.: "**Electronic Claims**" should show as the folder name).
4. On the bottom of this same window, enter the "**File Name**" for this created file. A good method of naming would be using the date and a small note (i.e.: 010107 all Medicare claims, 010107 initial claim submission, etc.).
5. Click "**Save**" when done.

D. Filing Secondary Claims

The MPM Office program currently does not allow for electronic submission of secondary claims.

In general, secondary insurance claims **are not billable electronically** since they must have the primary insurance carrier's EOB (Explanation of Benefits) attached to the claim. However, if an insurance company has been set up to send claims electronically (refer to section "**II PROGRAM SET UP/ Insurance**" for information on setting up an insurance company), any claim that you will be sending to this insurance company ~ whether it is to be submitted as a primary or a secondary claim ~ **will always appear** under "**Electronic**". In order to print these claims for processing to the secondary insurance, do the following:

1. Click the "**Secondary**" button at the bottom of the "**Electronic Billing: Claims Data**" screen. Claims not previously processed will be listed in the opened "**Electronic Billing: Claims Data**" screen under the tab of the Clearinghouse being used. (If more than one Clearinghouse is used, more than one tab will appear). If the claim is not found on this screen, refer to section **"E. REPROCESSING (or RESUBMITTING) CLAIMS"** (below).
2. Select the claim(s) by clicking the box to the left of the Patient Account Number ("**PAN**") field. (If you would like to send all available claims, click the "**Check All**" button located on the bottom the screen).

Note: If you DO NOT want the Patient's transaction record to show that a claim has been billed, clear the check mark that appears in the "Record Transaction" box located at the bottom of the screen.

3. Click the "**Print 1500 Form**" button (bottom of the opened screen, second from the left) once you have selected the claim(s).
4. Before printing, make sure claim forms are correctly placed in the selected printer, then click "**Print**".

E. Reprocessing (or Resubmitting) Claims

1. PRIMARY CLAIMS

To reprocess primary claims, click on the "**Reprocess**" button (bottom middle of the opened "**Electronic Billing: Claims Data**" screen) to open the "**Electronic Billing: Select Claims for Reprocess**" screen.

a) Select the claim(s) by clicking the box to the left of the Patient

Account Number ("**PAN**") field. (If you would like to send all available claims, click the "**Check All**" button located on the bottom the screen).

Note: If you DO NOT want the Patient's transaction record to show that a claim has been billed, clear the check mark that appears in the "Record Transaction" box located at the bottom of the screen.

b) Click the "**Electronic**" button (bottom of the opened screen, far left) once you have selected the claims to be sent.
c) On the bottom of the newly opened "**Select file for output**" window, enter the "**File Name**" for this created file. A good method of naming would be using the date and a small note (i.e.: 010107 resubmission claims, etc.).
d) Click "**Save**" when done.

2. **SECONDARY CLAIMS**

To reprocess secondary claims, click the "**Secondary**" button (bottom middle of the opened "**Electronic Billing: Claims Data**" screen), then click the "**Reprocess**" button (bottom middle) to open the "**Electronic Billing: Select Claims for Reprocess**" screen.

a) Select the claim(s) by clicking the box to the left of the Patient Account Number ("**PAN**") field. (If you would like to send all available claims, click the "**Check All**" button located on the bottom the screen).

Note: If you DO NOT want the Patient's transaction record to show that a claim has been billed, clear the check mark that appears in the "Record Transaction" box located at the bottom of the screen.

b) Click the "**Print 1500 Form**" button (bottom of the opened screen, second from the left) once you have selected the claim(s).
c) Before printing, make sure claim forms are correctly placed in the default/selected printer, then click "**Print**".

F. Submitting (or Uploading) the ANSI Text File to the Clearinghouse

To submit your claims to the Clearinghouse, you need to work with your Clearinghouse representative to learn how they want the file submitted. In our attempt to assist you, we have provided some generic instructions on the next page. These instructions are generic as each individual Clearinghouse has their own set of instructions; however, for the most part, the process is as simple as attaching a picture or document to an email and follows the same pattern:

1. Log-on to your Clearinghouse's web site.
2. Find the page on their web site where you are able to submit or upload your file.
3. Select the "**Browse**" button to the right of a blank field that appears on that web site page which will allow you to search your computer for the electronic file (the ANSI Text File) created earlier in this section.
4. From the newly opened window (should resemble your Windows Explorer window), find your "**C**" drive, and double-click on it to view all existing folders.
5. Find and double-click on the "**MPM Office**" folder.
6. Find and double-click on the "**Electronic Claims**" folder to view all existing files.
7. Find and left click on the text file that you wish to submit, then click on the "**Open**" button to the bottom left of this window.
8. The file name should now appear in the previously blank field on the claim submission web page. Click the "**Submit**" button to complete the uploading of this file. You should then see a message stating that the transmission has been successful.

Frequently Asked Questions

Q1. Why can't I see a claim I created when I go to send it Electronically?

A1. There are 3 main reasons why this occurs:

1. There was No Insurance selected from the Insurance drop down menu in the claim when the Claim was created.

>> To fix, open the Patient Record and click on the CLAIMS box at the top of the screen. Find and double click on the service date in question and from the opened Edit Claims Data screen, find the Insurance field on the top left hand side of the screen, and verify that an active Insurance is selected.

2. One or more of the Procedure Codes used on the claim is marked as "Do Not Bill Insurance" in the Procedure Code setup.

>> To fix, open the Patient Record and click on the CLAIMS box at the top of the screen. Find and double click on the service date in question and from the opened Edit Claims Data screen, note the Procedure Codes being used. From the top navigational menu, select Setup and then Procedure. Find and double-click on each

of the Procedure and verify that they are not incorrectly marked as “Do Not Bill Insurance”.

If a Procedure Code marked correctly as “Do Not Bill Insurance” is being billed along with other Procedure Codes on the same claim, it needs to be removed and billed on a separate claim.

3. The Type of Billing for the Insurance selected is not Electronic.

>> To fix, open the Patient Record and click on the Insurance Tab. Note the name of the Insurance company listed. From the top navigational menu, select Setup and then Insurance. Find and double-click on the Insurance company name listed and in the opened Edit Insurance Data screen, to the bottom left side, note what Type of Billing this insurance is set up as (Paper or Electronic). If it is Paper, you will not find it under the Electronic icon. You need to click the Paper icon.