alloFactor

User Guide

Contents

alloFactor User Manual

For product information visit our web site at www.allofactor.com.

1. Overview

alloFactor is a one stop solution providing an array of administrative products and services to small and medium sized clinics. We are intensely focused on creating value for our client practices by reducing costs and promoting productivity. With alloFactor, we bring together a world class technology platform and a highly skilled workforce to provide a unique solution in the healthcare market.

alloFactor is a truly free, integrated practice management software covering all administrative functions including scheduling, registration, billing, medical records and reporting. You get paid faster through electronic claim submission and save time through electronic remittance advice. Automated eligibility verification reduces billing errors and minimizes your patient receivables. Several other optional add products are available which truly makes managing the clinic easier.

Components

alloFactor system consists of the following components.

- Calendar module
- EMR module
- Insurance billing module
- Patient billing module
- iTrans transcription interface

Target Audience

This document is intended as a user guide for front-desk, billing and office managers.

System Requirements

Hardware Specs

- Windows based machine - XP / Vista

- 100 Mb of HDD

- 1Gb of RAM

- High speed internet connection (Recommended)

- TWAIN complaint Scanner (if using scanning functionality)

2. User Interface

alloFactor consists of various modules. Each module is shown on bottom left hand side. In order to navigate tasks, click on appropriate module. After a new module is selected, you will notice the Middle pane and Reading pane will also change to conform to the information in that module.

alloFactor's user interface is divided into three visual components.

They will be referred to as the Navigation Pane, Middle Pane and Reading Pane

Navigation Pane

Navigation Pane will always be displayed on the left side of the screen. Navigation pane allows you to select a list of items based on the module. For example, in Charts module, navigation pane allows you to search for a patient.

Middle pane

The Middle pane gives you a view of general information used in this module. This is where you will select the patient, chart, account, and claim or report you would like to work with.

Reading pane

The Reading pane contains detailed information based on the module and the items selected from the Middle pane. This information is organized using top taps for navigation. Once a top tab is selected the pane will show detailed information regarding the tab subject. To change tabs, simply select another.

Hiding pane

Displaying Navigation or Reading pane is optional. The Middle pane will always be displayed but if you don't want to view the Navigation or Reading pane they can be eliminated. Select "View" from the top tool bar and check the panes you'd like to be visible.
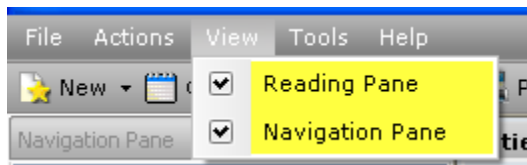
General Controls

Clearing search box

To clear text in a search box, click on the eraser box
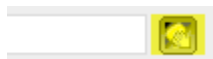
Using calendar control

By default current month is displayed. To choose a date, click on that number. To navigate between months and years, use the '<' and '>' arrows at top.
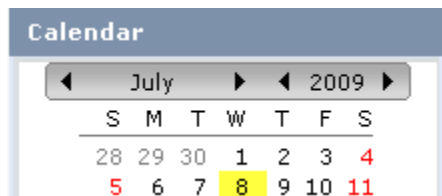
Using patient search control - Advanced search mode

As you start typing a patient's name, the search control appears. Enter patient's last/ first name, SSN or Chart number (MRN) and click 'Find' button to find matching patient names. Click on the correct patient to choose the name.

Advanced search mode is useful if you are medium sized practice with many patients that may match same name. You can enable Advanced search mode by checking 'Use advanced search' checkbox.

Using patient search control - Basic search mode

As you start typing a patient's last name, the search control appears and lists matching patient names. Click on the correct patient to choose the name.

Basic search mode is appropriate if you are small sized practice with less than 1000 patients. You can enable Basic search mode by un-checking 'Use advanced search' checkbox.

Middle pane controls

Grouping - Top of middle pane usually have controls to group them - for example all claims may be grouped by patient or date of service.

Items per page - You can also choose to limit how many items you see on a page.

Sorting - To sort a list of items, click on the column header. An up/down arrow appear to indicate the sort order. To reverse sort order, click on it again.

Customizing columns - Typically there is not enough space to display all columns in a given space. To add/delete columns to the middle pane, right click on the header and new menu appears. Choose 'Column Chooser' option.
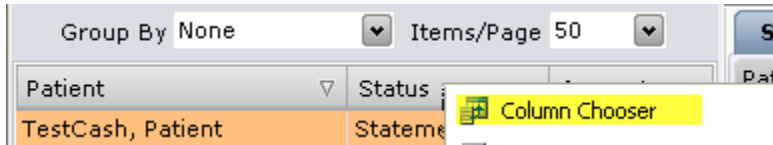
A new pop window appears with the list of headers to choose. Click on the column header and now carefully drag and drop it onto the column header as show below. You can position the new column at the appropriate place by positioning cursor just after the column header to display.
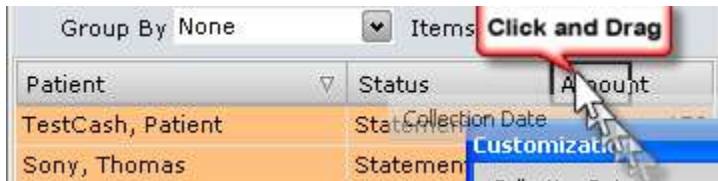
Deleting columns - To delete a column from the middle pane, select the header to delete, drag it until you see an 'X' mark on top of it and then drop it.
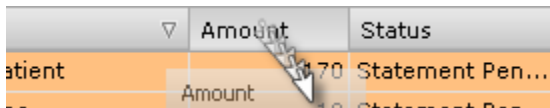
Ordering column headers - To change the order of the column header, select a column header and move it to new location by dragging and dropping to the new location.

Refreshing results - To refresh list of items in middle pane, click on the refresh button at top.

Selecting multiple rows

Copying data - Often you may want to copy/export data onto an Excel sheet. To export choose multiple rows using Shift key

Reading pane controls

Tabs - Reading panes are divided into tabs to view different logical groups of data. To view data in a tab, click on the tab.
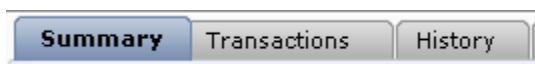
3. Calendar

Navigation Pane Controls

Select Calendar module to select the Date; Navigate between months or years using the < or > above the date; Today button will always bring pull up current date's appointments; "Go To" will advance the calendar by a certain number of days, weeks or months.
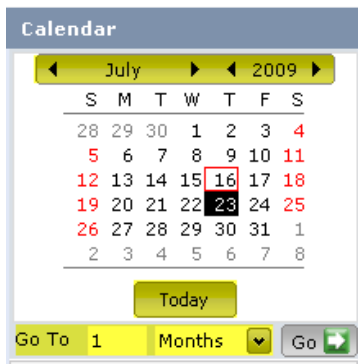
Middle Pane

- Use drop down to select physicians who's calendar you want to view

- Click on patient you would like to view - appointments are displayed in different colors indicating its appointment status. Right clicking an appointment offers additional options

Reading Pane

- Select from top tabs to identify task – detailed information on tabs given below
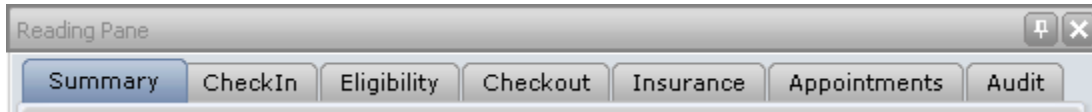
- Summary Tab - Shows summary of appointment

- Check In Tab - Shows patient's details, appointment details, and insurance details. You can also create new appointments, edit demographic or insurance information and check-in a patient.

- Eligibility Tab - Displays detailed results of an electronic eligibility verification including demographics, insurance information, benefits (including co-pay and deductible) information.

- Insurance Tab - Shows policy holder details and insurance policy details

- Appointments Tab - Here you can view a list of all visits. You can also cancel/no-show/postpone appointments.

- Audit Tab - Shows user activities on an appointment.

Viewing appointment details

Step 1: Navigation pane - Click on Calendar module if not already in the module

Step 2: Navigation pane - Choose the date to view on Calendar
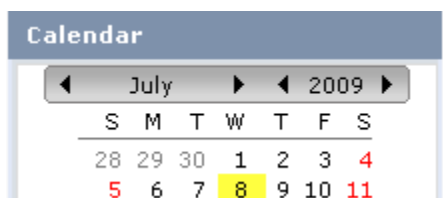
The appointments for the date are displayed

Step 3: Middle pane - Click on the specific appointment to view

Reading pane - Details of the appointment appear on the right

Viewing appointments outside regular hours

By default allofactor shows appointments between 8:00am – 5:00pm. To view appointments outside of those hours

Step 1: Middle pane - Right click on the left side of appointments
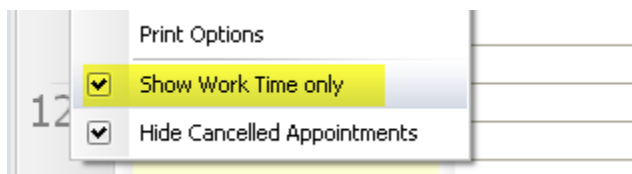
Step 2: Middle pane - From the drop down menu uncheck the "Show Work Time Only" box and allofactor will show all hours between 12:01am and midnight

You can also change appointment time slots and view cancelled appointments

Viewing cancelled appointments

By default allofactor hides cancelled appointments

Step 1:   Middle pane - Right click on the left side of appointments

Step 2: Middle pane - Uncheck 'Hide Cancelled Appointments' option on menu
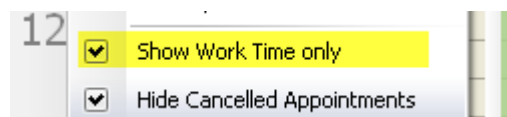
Hiding cancelled appointments

Step 1:   Middle pane - Right click on the left side of appointments

Step 2: Middle pane - Check the "Hide Cancelled Appointments" box
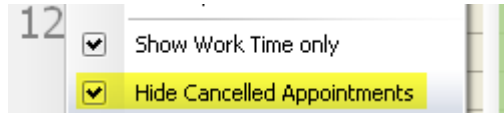
Changing the default appointment interval

By default, Allofactor will show appointments in 15 minute intervals. To change the view interval

Step 1: Right click on the blue dot icon above the 4 o'clock hour - *Middle pane*
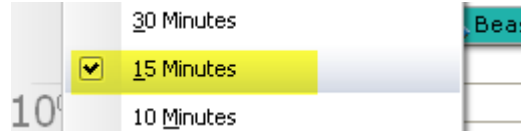
Step 2: From the drop down menu you can change appointment intervals from 5 minute to 60 minute appointments.

Create an Appointment

Step 1: Navigation pane - Choose the date to view on Calendar
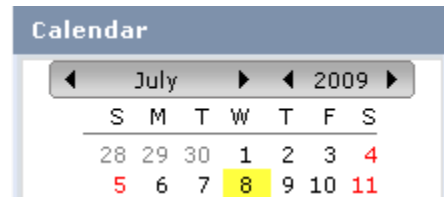
Step 2: *Middle Pane* - Select time and double click on the appointment time slot
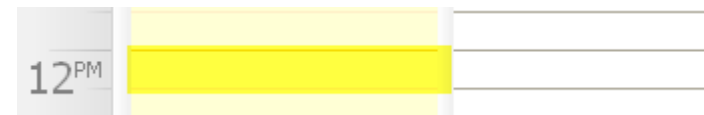
Step 3: Enter appointment information.

Existing Patients

Step 4a:: Enter last name of patient and click on 'Find Now' button

Step 5a: Select Patient: Select a patient from the matching records

Step 6a: Save appointment: Click on 'Save & Close' button.

New Patients

Step 4b: Click on "New Patient" link on the right

Step 5b : Enter the new patient details

Step 6b: Save appointment: Click on 'Save & Close' button.

Create an appointment (Alternate)

Step 1: *Navigation Pane* - Select date & time of appointment

Step 2: *Navigation Pane* - Click on "Check-In" tab
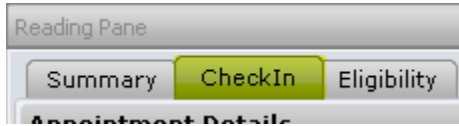
Existing Patient

Step 3a: *Reading pane* - Search for patient by typing in the patient's last name.
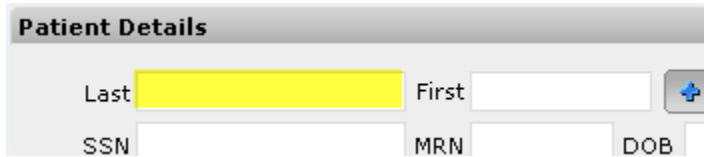
Step 4a: Search pop-up window - System displays a pop-up window to enter search criteria
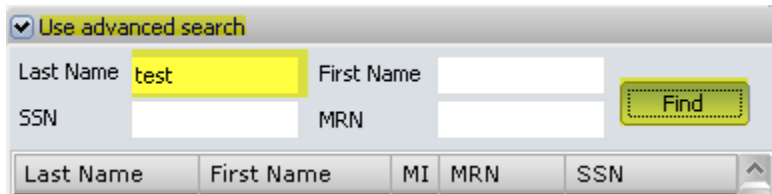
Click 'Find' button to find matching patient names

Step 5a: Search pop-up window - Click on patients name to select and click 'Ok' button

Step 6a: Reading pane - Click on 'Save' button to save the appointment
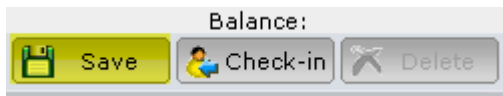
New Patient

Step 3b: Navigation pane - Click the '+' button next to First name
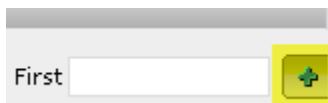
Step 4b: New patient pop-up - Enter the new patient information

New Patient
Patient Details
Last Name
First Name | MI

Step 5b: Reading Pane - Click the 'Save' button

New | Save | Cancel

Step 4: Reading Pane - Save by clicking on "Save" button at bottom of page

Creating recurring appointments

Often therapy clinics use recurring appointments to make a sequence of appointments with a regular pattern. To create a recurring appointment

Step 1: Double click on an appointment slot. Enter appointment information like in single appointment

Step 2: Appointment pop-up window - Click on the recurrence button

All Day
Reminder | Recurrence

Step 3: Appointment recurrence window - Review the time

Appointment time
Start: 9:30:00 AM | End: 9:45:00 AM | Duration: 15 minut

Step 4: Appointment recurrence window Select the recurrence pattern and how many instances of appointment to create

Recurrence pattern
Weekly | Every | 1 | day(s)

Range of recurrence
Start: 7/23/2009 | End after: 10 | occurrences

Step 5: Appointment recurrence window - Click 'Ok' button to create the recurrence.

Step 6: Appointment pop-up window - Select patient if applicable.

Step 7: Appointment pop-up window - Click on 'Save & Close'.

Changing appointment type

Step 1: Select the appointment to change

Step 2a: Double click on middle pane

Step 2b: Alternative - Click 'Checkin' tab

Step 3: Click on the 'Type' drop down box and select the new appointment type
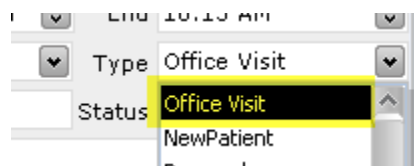
Step 4: Click 'Save' button

Note: Some appointment types do not have associated patient - eg: Personal, blocked.

Blocking a period

Front-desk staff may want to block a period as a way of preventing appointments during period. Lunch hours or provider leave may be marked as 'Blocked'. To create a blocked appointment

Step 1:   Creating a regular appointment.

Step 2: Set appointment 'Type' to 'Blocked'
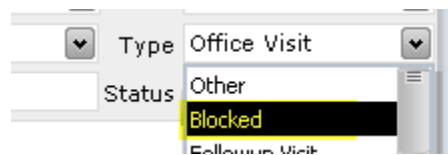
Step 3: Click 'Save' button

Locking an appointment

Provider may want to block out certain appointment so that it does not get accidently deleted. A locked appointment can be deleted only by the user who created it.

Step 1:   Middle pane - Choose appointment to lock

Step 2:   Middle pane - Right click on appointment

Step 3:   Middle pane - Select "Lock Appointment" from the drop down menu

Checking in a patient

Step 1: Middle pane - Choose appointment to check-in

Step 2: Reading Pane - Click on "Check-In" tab

Review all information on screen including patients address and insurance.

Step 3: Reading Pane - Click on "Check-In" on bottom of page
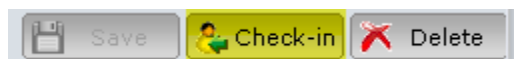
Checking in a patient (using wizard)

Step 1: Middle pane - Choose appointment to check-in

Step 2: Middle pane - Right click and select 'Sign In'

Step 3: Signin Wizard - Edit patient demographics.

Step 4: Click 'Continue' or ' Register' button to go to next step
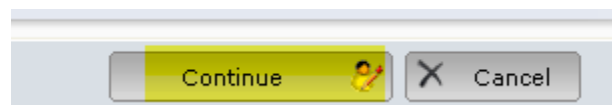
Step 5: Signin Wizard - Enter/review insurance details including policyholder information.

Note: Enter data in the row highlighted in yellow. Press 'tab' key to move through any columns that you do not want to enter. When you reach the end of the row, the information you entered will automatically drop to the next row

Step 6: Signin Wizard - Enter Copay and deductible information if applicable

Step 7: Signin Wizard - Enter the Insurance information in the highlighted area

Step 8: Click on 'Continue' button

Step 9: Signin Wizard - Review the insurance information

Note: To mark a particular visit as 'Cash' visit, click on 'Cash' radio button.

Step 10: Enter any optional relevant to billing that visit.

Note: It is useful to set date of injury, prior authorization codes or information on this screen. You can also specify how many visit authorizations are left and system would automatically keep track of how many visits are left before you require next authorization.

Step 11: Click on 'Signin & Finish' button.

Editing appointment time

Step 1: Middle pane - Choose appointment to edit

Step 2: Reading pane - Click on "Check-In" tab

Step 3: Reading pane - Edit date and time information on the page

Step 4: Reading pane - Click 'Save' button

Editing patient information

Step 1: Middle pane - Choose appointment to edit

Step 2: Reading pane - Click on "Check-In" tab

Step 3: Reading pane - Edit patient details on the page

Step 4: Reading pane - Click 'Save' button

Editing insurance

Step 1: Middle pane - Choose appointment to edit

Step 2: Reading pane - Click on "Check-In" tab

Step 3: Reading pane - Edit insurance information on the page

Step 4: Click on '+' button next to the insurance to edit

Step 5: Insurance pop-up screen - Edit the insurance information

Step 6: Insurance pop-up screen - Click 'Save' button

Step 7: Reading pane - Click 'Save' button

Entering pre-authorization code

Step 1: Middle pane - Choose appointment to edit

Step 2: Reading pane - Click on "Check-In" tab

Step 3: Reading pane - Enter the pre-authorization information

Note: This information automatically gets populated into the claim created from the visit

Step 4: Reading pane - Click 'Save' button

Viewing insurance information (summary)

Step 1: Middle pane - Choose appointment to edit

Step 2: Reading pane - Click on "Check-In" tab

Step 3: Reading pane - You can view the information in Payer details section

Viewing insurance information (detailed)

Step 1: Middle pane - Choose appointment to edit

Step 2: Reading pane - Click on "Check-In" tab

Step 3: Reading pane - Click on the '+ button next to the Payer to view

Details appear in the Insurance pop-up screen

Scanning in insurance card

Step 1: Middle pane - Choose appointment to edit

Step 2: Reading pane - Click on "Check-In" tab

Step 3: Click on 'Scan Insurance card' button

Step 4: Click on 'Scan' button

Note 1: Based on the scanner, a preview screen might appear. If so, choose appropriate button to select the area and scan. For more information on scanner specific controls, read the Scanner manual.

Note 2: Scanners must be TWAIN complaint to scan in information.

Step 5: Click 'Save' button

Adding a Cash patient

Step 1: Middle pane - Choose appointment to edit

Step 2: Reading pane - Click on "Check-In" tab

Step 3: Click on '+' button next to add the new patient

Patient Details

Last [   ]   First [   ]   [+]

Step 4: New Patient pop-up screen - Select Payment type as 'Cash'

Payment PPO [v]
         Cash
         PPO
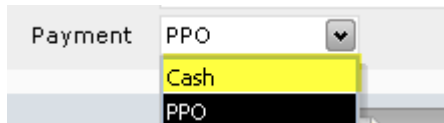
Step 5: New Patient pop-up screen - Click on 'Save' button

Marking a single visit as Cash

Step 1: Middle pane - Choose appointment to edit

Step 2: Reading pane - Click on "Check-In" tab

Step 3: Reading pane - Click on Policy Holder drop down and select type 'Cash'

Payer Details

Pt Type PPO [v]   Copay [   ]

Pol Holder Cash   Last donald

Step 4: Reading pane - Click on 'Save' button

Deleting an appointment

Step 1: Middle pane - Choose appointment to edit

Step 2: Reading pane - Click on "Check-In" tab

Step 3: Reading pane - Click on 'Delete' button

[ ] [Check-in] [X Delete]

Cancelling current Appointment

Step 1: Middle pane - Choose appointment to edit

Step 2: Middle pane - Right click on the appointment

Step 3: Choose 'Cancel' option from the menu
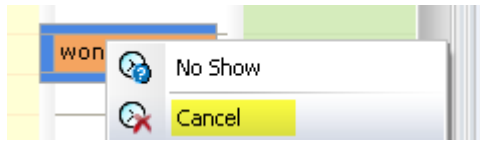
Postponing an appointment

Step 1: Middle pane - Choose appointment to edit

Step 2: Reading pane - Click on "Check-In" tab

Step 3: Reading pane - Edit date and time information on the page
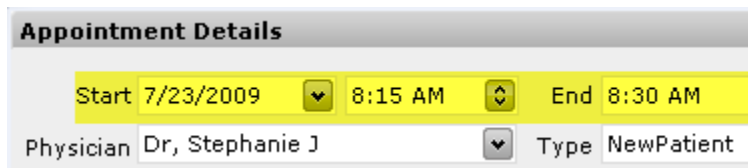
Step 4: Reading pane - Click 'Save' button

Marking current appointment as No show

Step 1: Middle pane - Choose appointment to edit

Step 2: Middle pane - Right click on the appointment

Step 3: Choose 'No Show' option from the menu
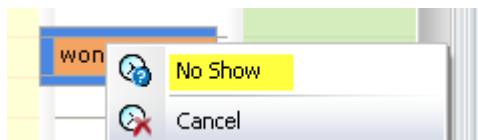
Checking out a patient

Step 1: Middle pane - Choose appointment to checkout

Step 2: Reading pane - Click on the 'Checkout' tab
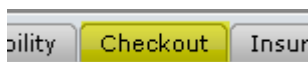
Note: 'Checkout' tab becomes visible only if a checked-in appointment is selected

Step 3: Enter diagnosis (ICD) codes. As you start typing, a drop down box will appear with matching ICDs.

Step 4: Enter treatment (CPT) codes below CPT column. As you start typing, a drop down box will appear with matching CPTs.

Note: alloFactor will automatically populate fee schedule and calculate total fee based on single unit. Each CPT will also automatically be linked to the diagnosis codes above. No modifier is entered, but you can key it in if necessary. Similarly you can override a fee if necessary.

Step 5: Enter patient co-pay information
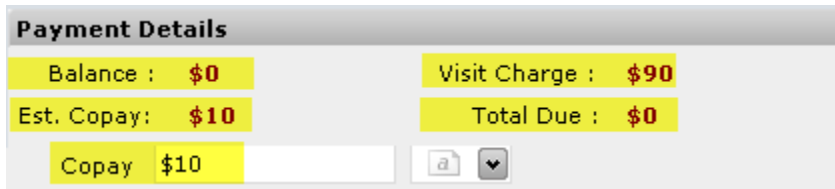
Note 1: alloFactor will prompt you the amount to collect as a total of previous patient balance and estimated copay/co-insurance.

Note 2: In the case of a Cash patient, alloFactor will prompt you to collect the entire visit charge.

Step 6: Click on 'Checkout' button.

Step 7: Click 'Print Receipt' to print a payment receipt

Changing the Fees for a visit

In some instances, like a hardship situation, you may want to override the default fees with a different amount.

Step 1: Middle pane - Choose appointment to checkout

Step 2: Reading pane - Click on the 'Checkout' tab

Step 3: Enter diagnosis (ICD) codes.

Step 4: Enter treatment (CPT) codes.

System pulls up the default fees for the CPT.

Step 5: Edit the Fee column and change to the amount desired.

Searching for an ICD code

If you are not sure of an ICD code, you can search by description of diagnosis

Step 1: Middle pane - Choose appointment to checkout

Step 2: Reading pane - Click on the 'Checkout' tab

Step 3: Click on the magnifying glass button next to the diagnosis code.

Step 4: Enter the text to search for and matching codes will be displayed below
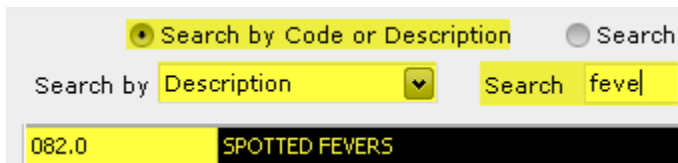
Step 5: Choose a diagnosis by double clicking on the row

Adding / Editing ICD code
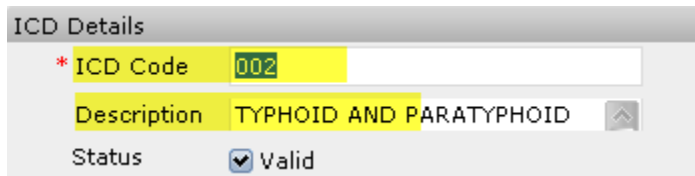
Step 1: Middle pane - Choose appointment to checkout

Step 2: Reading pane - Click on the 'Checkout' tab

Step 3: Reading pane - Click on the '+' button next to the diagnosis code.
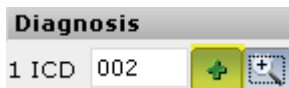
Step 4: ICD pop-up window - Edit the information

Note: Valid checkbox indicates whether an ICD will appear in the dropdown search.

Step 5: Click 'Save' button

Adding / Editing CPT code

Step 1: Middle pane - Choose appointment to checkout
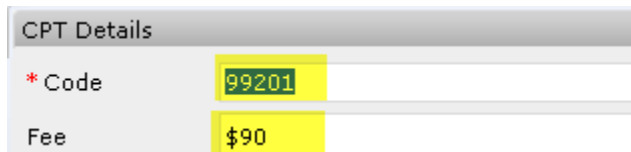
Step 2: Reading pane - Click on the 'Checkout' tab

Step 3: Reading pane - Click on the '+' button next to the CPT code.

Step 4: CPT pop-up window - Edit the information

Along with the CPT you can add/edit fees, place of service, and type of service.

Step 5: Click 'Save' button

Editing payment

If you make a mistake in entering the amount, then you may want to edit the payment. alloFactor will allow you to edit the payment if you have the necessary permission and if the new payment is over the original amount entered.

Step 1: Middle pane - Choose appointment to checkout

Step 2: Reading pane - Click on the 'Checkout' tab

Step 3: Reading pane - Edit the 'Co-pay' field and enter the new amount.

Step 4: Click 'Checkout' button to save.

Note 1: If the new amount is lower than original amount, you will not be able to delete the payment. See the Account section 'Delete a payment'.

Note 2: You can put in a custom note by clicking on the 'a' dropdown box next to Co-pay field.

Copying previous diagnosis

Step 1: Middle pane - Choose appointment to checkout

Step 2: Reading pane - Click on the 'Checkout' tab

Step 3: Reading pane - Click "Copy prev visit data" button
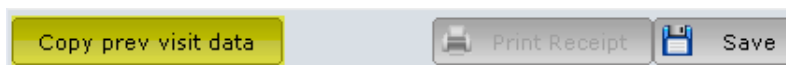
Diagnosis and CPT data from the latest valid visit is copied to the Checkout tab.

Printing payment receipt

Step 1: Middle pane - Choose appointment to checkout

Step 2: Reading pane - Click on the 'Checkout' tab

Step 3: Reading pane - After entering relevant checkout information, Click "Print Receipt'

Verifying patient eligibility

Step 1: Middle pane - Choose appointment to verify

Step 2: Middle pane - Right click on the appointment
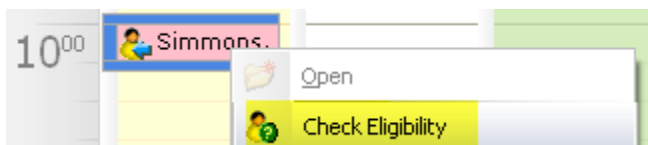
Step 3: Middle pane - Choose 'Check Eligibility' button

Results appear under 'Eligibility' tab.

Viewing patient eligibility

Step 1: Middle pane - Choose appointment to view eligibility

Step 2: Select 'Eligibility' tab – Reading pane

Step 3: View eligibility details including patient, policy and benefits information

Viewing appointment history

Step 1: Middle pane - Choose appointment to view eligibility

Step 2: Select 'Appointment' tab – Reading pane

Tab lists all appointments for that patient.

Canceling future appointment

Step 1: Middle pane - Choose patients whose future appointment need to be cancelled

Step 2: Reading pane - Select 'Appointment' tab

Step 3: Reading pane - Choose the appointment to cancel

Step 4: Click on 'Choose' drop down box and select 'Cancel' option.

Date ▽	Start Time	Status	Action
7/31/2009	10:00 AM	Not Started	Choose ▾
7/23/2009	10:00 AM	Signed In	Cancel

Inactivating an old insurance

Step 1: Middle pane - Choose an appointment of patient to inactivate

Step 2: Select 'Insurance' tab – Reading pane

Type	Name
Primary	Aetna

Step 3: Click on 'Inactivate' button at bottom.

Print single encounter form

Step 1: Middle pane - Choose appointment to print

Step 2: Middle pane - Right click on the appointment
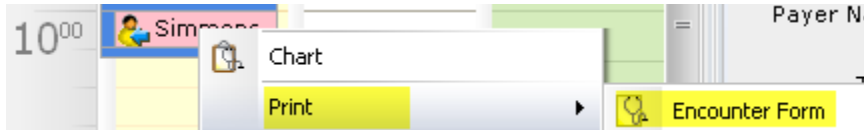
Step 3: Middle pane - Choose 'Print' -> 'Encounter Form' option from the menu

Printing all encounter forms for a day

See under Reports Module

Viewing Audit trail

Step 1: Middle pane - Choose appointment to view eligibility

Step 2: Reading pane - Select 'Audit' tab – Reading pane

Step 3: Reading pane - Displays audit trail of activities

User Name	Date & Time	Action
Jackson Jennifer	7/16/2009 4:09:50 PM	Edited
Jackson Jennifer	7/14/2009 9:45:42 PM	Signed In

Printing provider schedule

See under Reports Module

Printing collection for the day

See under Reports Module

Printing bank deposit slip

See under Reports Module

4. Charts

'Charts' module allows you to pull up patient information when the patient has not come in for a visit. Charts module has similar functionality to Calendar module except that it is not associated with a specific visit.

Navigation Pane Controls

Navigation pane on left gives you various filters to choose a matching set of patients.

Filter controls include

Last/First name - Search by patient's name

MRN - Search by patient chart number or medical record number

DOB - Search by patient date of birth

SSN - Search by patient SSN

Middle Pane

Adams	Kay	TESNT0001	11/1/1990
Alan	Dominic	107	1/25/1980

Middle pane displays a list of matching patient names. Columns include first & last name, MRN, DOB, gender and SSN.

Reading Pane

| Patient Details | Appointments | Insurance | Patient Alert |

Patient Details - Main Charts tab - shows details of patient demographics.

Appointments - Lists all past and future appointments.

Insurance - Allows user to view/edit/inactivate an insurance

Patient Alert - Shows any patient notes and allows user to enter a new one

View patient details

Step 1: Navigation pane - Select 'Charts' module

Charts

Step 2: Middle pane - Choose patient to view

| Adams | Kay | TESNT0001 | 11/1/1990 |
| Alan | Dominic | 107 | 1/25/1980 |

Step 3: Reading pane - Click on 'Summary' tab

Patient

Last Name Aandrews
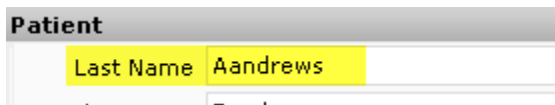
Details of the patient are displayed under Summary tab on Reading pane.

Add new patient

Step 1: Navigation pane - Select 'Charts' module

Step 2: Reading pane - Click 'Add new' button

essg Save Add New Delete

Step 3: Reading pane - Enter details of the patient

Step 4: Reading pane - Click 'Save' button

Edit patient information

Step 1: Navigation pane - Select 'Charts' module

Step 2: Middle pane - Choose patient to view

Step 3: Reading pane - Click on 'Summary' tab and make necessary changes

Step 4: Reading pane - Click 'Save' button

Delete a patient

Step 1: Navigation pane - Select 'Charts' module

Step 2: Middle pane - Choose patient to view

Step 3: Reading pane - Click on 'Summary' tab

Step 4: Reading pane - Click 'Delete' button

Viewing insurance information

Step 1: Navigation pane - Select 'Charts' module

Step 2: Middle pane - Choose patient to view

Step 3: Reading pane - Click on "Insurance" tab

Details appear in the Insurance pop-up screen

Inactivating an old insurance

Step 1: Middle pane - Choose patient whose insurance need to be inactivated

Step 2: Select 'Insurance' tab – Reading pane

Step 3: Click on 'Inactivate' button at bottom.

Viewing alerts

Step 1: Navigation pane - Select 'Charts' module

Step 2: Middle pane - Select patient to view

Step 3: Reading pane - Select 'Alerts' tab
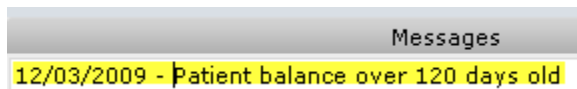
The tab lists all active patient alerts.

Adding alerts

Step 1: Navigation pane - Select 'Charts' module

Step 2: Middle pane - Select patient to view

Step 3: Reading pane - Select 'Patient Alerts' tab
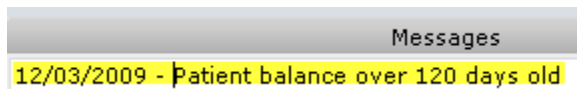
The tab lists current alerts. Enter new alert or edit current alert

Step 4: Click 'Save' button.

Removing alert

Step 1: Navigation pane - Select 'Charts' module

Step 2: Middle pane - Select patient to view

Step 3: Reading pane - Select 'Patient Alerts' tab

The tab lists current alerts. Enter new alert or edit current alert

Step 4: Click 'Remove Alert' button.

Note: To turn off alerts on a patient, you can also use 'Turn off' alert. It does not remove it but it does not prompt the user anymore.

Viewing appointment history

Step 1: Middle pane - Choose patient to view

Step 2: Select 'Appointment' tab – Reading pane

Date ▽	Start Time	Physician	Status	Action
7/31/2009	10:00 AM	Vineeth Jo...	Not Started	Choose ▾
7/23/2009	10:00 AM	Vineeth Jo...	Signed In	Choose ▾

Tab lists all appointments for that patient.

Canceling future appointment

Step 1: Middle pane - Choose patients whose future appointment need to be cancelled

Step 2: Reading pane - Select 'Appointment' tab

Date ▽	Start Time	Physician	Status	Action
7/31/2009	10:00 AM	Vineeth Jo...	Not Started	Choose ▾
7/23/2009	10:00 AM	Vineeth Jo...	Signed In	Choose ▾

Step 3: Reading pane - Choose the appointment to cancel

Step 4: Click on 'Choose' drop down box and select 'Cancel' option.

Date ▽	Start Time	Status	Action
7/31/2009	10:00 AM	Not Started	Choose ▾
7/23/2009	10:00 AM	Signed In	Cancel

Deleting a future appointment

Step 1: Middle pane - Choose patients whose future appointment need to be postponed

Step 2: Reading pane - Select 'Appointment' tab

Step 3: Reading pane - Choose the appointment to cancel

Step 4: Click on 'Choose' drop down box and select 'Postpone' option.

6/10/2009	10:00 AM	Dr. Fayne B	Not Started	Choose ▾
6/3/2009	12:15 PM	Dr Keene ...	Not Started	Delete

Postponing a future appointment

Step 1: Middle pane - Choose patients whose future appointment need to be postponed

Step 2: Reading pane - Select 'Appointment' tab

Step 3: Reading pane - Choose the appointment to cancel

Step 4: Click on 'Choose' drop down box and select 'Postpone' option.

| 6/10/2009 | 10:00 AM | Dr. Fayne B | Not Started | Choose ▼ |
| 6/3/2009 | 12:15 PM | Dr Keene ... | Not Started | Postpone |

5. Claims

'Claims' module is the insurance billing component. Billing staff typically work almost entire on this module. Primary functions include creating claims and posting payments.

Navigation Pane Controls

Navigation pane on left gives you various filters to choose a matching set of claims.

Filter controls include

Date range - Select Calendar section to select the Date; Navigate between months or years using the < or > above the date; Today button will always bring pull up checked in visits on the same date; this is the default option
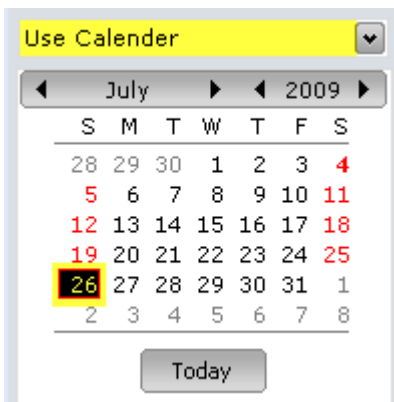
You can change to different option by clicking on the 'Use Calendar' drop down box
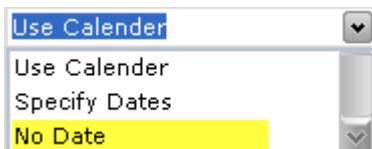
No date - do not filter out any dates; select all claims based on other criteria

Specify dates - select a custom date range - enter from and to dates

Status - To filter by status of patient account

Visit completed - indicates visit has happened - when patient is checked in status is automatically set to this 'Visit completed'

Claim created - claim has been generated - system sets status when claim is created

Clarification opened - a clarification has been opened for this claim - system sets status

Clarification answered - clarification has been answered - system sets status upon response

Claim filed - claim has been filed - system sets status when claim is filed on paper/electronically

Claim rejected - claim was rejected by clearinghouse or payer - if filed electronically, automatically set by system

Claim denied - claim was denied by payer - manually set by billing staff

Secondary ready - secondary claim has been generated
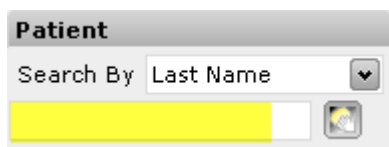
Secondary pending - secondary payment pending

Tertiary ready - tertiary claim has been generated

Tertiary pending - tertiary payment pending

Closed - claim has been paid and closed; this is the end state for a claim

Patient - To search by patient's name

Payer - To filter by an insurance company

Provider - To filter claims for a provider

Provider

Middle Pane

Displays matching claims

Top
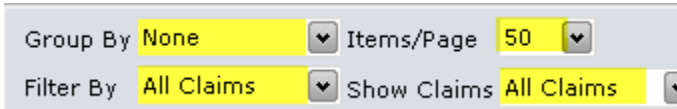
Group by - None/DOS/Payer/Patient/Status/Patient&DOS

Items/page - how many items to display per page

Filter by - Electronic claims/paper claims/Other claims

Show claims - All claims / Ready to send

Middle

DOS	△	Patient	Physician	Status
04/28/2009		TestPat,Pat...	Dr,Steph...	Visit Completed

Displays matching claims

Sorting - Click on top of a column to sort

Bottom

Records 1-50 of 313

Page 1
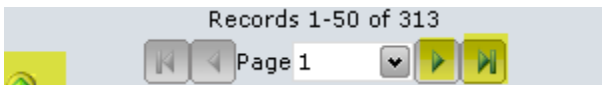
Green up arrow - gives a legend of color used to indicate status of claim

< > - move forward or back a page

|< >| - move to beginning or end of results

Enter a number to jump to a page

Reading Pane

Select from tabs
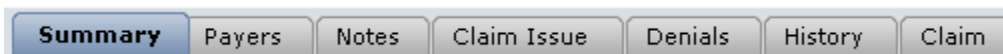
Summary - main claims tab - shows summary of claim

Payers - lists insurances

Notes - used by billing staff to communicate with front-desk. Shows details of claims rejections

Claim issue - allows billing staff to document any phone calls to insurance

Denials - enter denial reasons

History - audit trail of claim

Claim - create/edit claim here

View claim summary

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - enter the filter criteria to find matching claims

See filter controls under Claims for more details on filters available.

Step 2: Middle pane - Select claim to view

Step 3: Reading pane - Select 'Summary' tab - this is the default tab
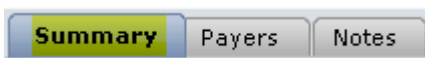
The tab shows details of the claim.

Claim and Payment status - displays current claim status
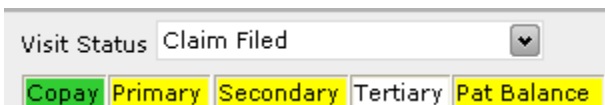
Green - indicates that step is completed

Yellow - indicates the step in progress and is incomplete

White - this step does not apply

Claim progresses through the logical sequence of Copay collection, insurance payment(if applicable), secondary payment (if applicable) and any patient payment (if applicable). When everything is green, the claim will be closed.

Patient details - displays patient & policy details

Patient Details			
Patient : Test ConsultPt		Sex	: Male
DOB : 10/14/1951	Payment : HMO	MRN	: 1234
Payer : Medicare another-		Policy #	: 12345

Visit details - displays details of the visit including diagnosis and treatment codes

Visit Details						
DOS : 7/10/2009		Provider : Vineeth Joseph				
ICD 1 : 780.4		ICD 3 :				

From	To	CPT	Mod 1	Mo...	...	Fee
7/10/2009	7/10/2009	99202			1	100

Claim details - shows the financial summary

Claim Details	
Claim Amount :	$100
Paid By Insurance :	$0
Outstanding :	$90

Claim amount - total billed amount

Discount - any reductions

Adjustment - any adjustment including contractual fee adjustment

Paid by insurance - any payments from primary/secondary/tertiary insurance

Paid by patient - any payments from patients including co-pay

Outstanding - balance outstanding

Create a claim

Step 1: Navigation pane - Select 'Claim' module

Step 2: Middle pane - Select claim to create. It should be in 'Visit completed' status.

Step 2 Alternate: If visit was not recorded using alloFactor, meaning patient was not signed in then there will be no claim in middle pane 'Visit completed' status. To create a claim from scratch, click on 'Claims' tab and click 'New Claim' button at bottom.
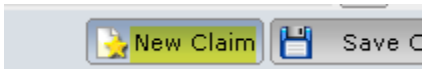
This clears up all data on Claims tab and allows you to create a new claim from scratch.

Step 3: Reading pane - Select 'Claims' tab

Patient details - displays the patient information

Review the patient information and edit if necessary.

To add a new patient, click 'New Patient' link

New patient pop-up - Enter the new patient information and save.

Remember to set patient's payment type as non-cash - use HMO, PPO or POS.

Referred - displayed details of referring physician

Review referred information. Click '+' to edit/add referring physician information. You must enter name and NPI information.

Insured - Displays policy holder information

Review policy holder information. Edit name or relationship to edit this information

Payer - Displays insurance details

Review insurance information. To edit information, click on '+' button.

Insurance pop-up window

Policy Holder

Relation - relationship of policy holder to patient

Address - address line, City, St and zip

Sex & DOB - sex and date of birth of policy holder

Payer details

Name - enter name of insurance - drop down box appears with matching names.

Different names may remain for same insurance if they have different addresses. But if submitting electronically, they may be mapped to same clearinghouse payer

Policy details

Policy Details

*Policy No 12125   *Ranking Primary ▼

Policy Number

Ranking - Primary/Secondary/Tertiary

Diagnosis - displays diagnosis codes associated with the visit

Diagnosis and Procedures

ICD1 599.0   ICD2   ICD3

Enter or edit the diagnoses. You can enter up to 4 diagnoses

Procedures - displays treatment codes for the visit

From	CPT	#	Fee	Amt	1	2	3	4	Mod	
			Click here to add new procedure							
03/04/09 ▼	99204	1	58	58	☑	☐	☐	☐		✖

Enter or edit CPT codes for the visit. You can also link diagnosis using 1,2,3,4 column headers. You can also enter modifiers using Mod column header. For additional modifiers or to enter 'To' date (for DOS), right click and choose additional column headers.

Billing details - displays billing details of the visit

Billing Details

Billing Address Group ▼ Test Clinic ▼ ➕
Facility Test Facility ▼ ➕
Rendering Dr Dennis B ▼ ➕

Billing address - Box 33, 33a & 33b of CMS 1500. Populated by system based on the billing group setup information under Contact module. To change billing group, select another group from the drop down. To use individual provider info, select 'individual' under drop down box.

Facility - Box 32, 32a, & 32b of CMS 1500. Populated by system based on default group information under Administration module. To change, select another facility name from drop down box.

Rendering - Name of rendering physician. Populated by system based on who the appointment. To change, select another physician name from drop down box.

Step 4: Click 'Generate Claim' button.

Create a claim (using wizard)

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - enter the filter criteria to find matching claims

See filter controls under Claims for more details on filters available.

Step 2: Middle pane - Select claim to print

Step 3: Reading pane - Select 'Summary' tab

The tab shows details of the claim.

Step 4: Click on 'Claim' button.

Claim creation wizard opens in a 'Claim' window.

All Box xx indicated below refers to the standard CMS 1500 form

Demographics tab

Step 5: Enter information under Demographics tab

By default Demographics tab is selected

Personal details

MRN - Box 26 - Medical Record Number or chart number

Name - Box 2 - first and last name

DOB & Sex - Box 3 - date of birth and sex of patient

Patient signature

Patient signature info - Box 12, 13

Payment details

Setup payment type as insurance (PPO, HMO, POS etc) and enter number of insurance cards.

Click "Next" to proceed to "Employer/Guarantor"

Employer/Guarantor tab

Entering information in this tab is optional. If patient is a minor you must fill out the guarantor information. Also if the patient statement needs to go to a guardian, guarantor section must be filled out. If worker's compensation claim, then employer section must be completed.

Step 6: Click 'Next' button to proceed to 'Provider/Facility'

Provider/Facility tab

Step 7: Enter information under Provider/Facility tab
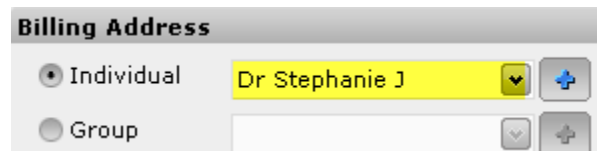
Provider information

Rendering Provider - Box 24J - Rending provider name; to change select from drop down box; to edit or add new provider, click on '+' sign.

Referring Provider - Box 17, 17b - Referring physician name and NPI. To change select from drop down box; to edit or add new provider, click on '+' sign. Referring provider field is optional.

Billing details - displays billing details of the visit

Billing address - Box 33, 33a & 33b of CMS 1500. To change billing group, select another group from the drop down. To use individual provider info, select 'individual' option and select the provider from provider drop down box.

Rendering Facility

Rendering Facility - Box 32, 32a, & 32b of CMS 1500. To change, select another facility name from drop down box. Facility field may be left blank

Step 8: Click "Next" to proceed to "Insurances"

Insurances tab

Step 9: Enter information under Insurances tab

By default the primary insurance tab is selected
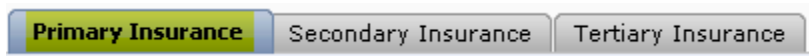
Policyholder info - displays policyholder information

Name - Box 4, 7, 11a - Policyholder name; to change select from dropdown box; to add new policyholder, click on 'New Policyholder' button.

Relation - Box 6 - Self / Father/ Mother/ Spouse / Child/ Guarantor

Payer details - displays insurance details
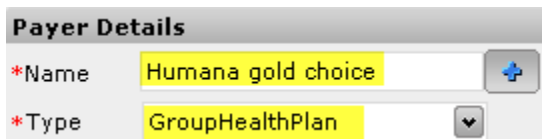
Name - Address at top - Name of payer; to edit or add new, click '+' button

Type - Box 1 - Medicare/Medicaid/Tricare/ChampVA/Group Health/FECA/Other

Misc info - displays miscellaneous info

Accept Assignment - Box 27 of CMS1500 - indicates whether provider will accept assignment - must be checked to submit electronic claims

ID Qualifier - prefix for Box 33b of CMS1500 - qualifies the value (usually legacy provider/group identification number) as to the type of number entered

Patient Signature on file - Box 12 & 13 of CMS1500 - Customize text - Print name of patient / Print 'Signature on File' / Leave blank

Provider Signature on file - Box 31 of CMS1500 - Customize text - Print name of provider / Print 'Signature on File' / Leave blank

Enrolled as Group - Box 33, 33a and 33b - Default billing information to use - If set to 'Yes' alloFactor will assign the default Group (setup as a part of Facility - see Editing/deleting locations). If set to 'No', allofactor will assume this insurance is being billed under individual provider and will assign the provider for whom the appointment was created. Billing staff can easily override the value at the time of claim creation.

Policy details - policy id for insurance

Policy Number - Box 1a - policy number

Step 10: Click on other tabs if necessary to add relevant secondary / tertiary insurance information

Step 11: Click "Next" to proceed to "Diagnosis/Procedures"

Diagnosis/ Procedures tab

Step 12: Enter information under Diagnosis/Procedures tab

Diagnosis - diagnoses for the visit

ICD 1-4 - ICD codes; to edit/add diagnosis click on '+'; to search by description, click on magnifying glass icon.

Procedures - CPT codes for the visit

											Diagnosis		Modifiers	
From	To	Cha...	➕	🔍	Unit	...	...	POS	TOS		1	2	1	2
Click here to add a new procedure														
03/11/09	03/11/09	80061	➕	🔍	1	$20	$20	11	1		☑	☑	26	

Procedures - CPT codes for the visit; To add a new CPT to the list, click on row just below column header (highlighted in yellow) and enter data from 'From' column onwards. To edit dates click on From/To and enter date. To change CPT code click on a row and enter CPT code. As you enter, a dropdown box with matching CPTs will appear - choose the correct CPT code by clicking on it. To edit a CPT click on '+' button; to search for a CPT by description click on magnifying glass button.

From / To - from and to dates of service associated with treatment

Charge - CPT code for treatment

Unit - number of units to bill

Fee - fee per unit for CPT code

Amt - Total billed amount; ie; Fee x Units

POS - Place of Service - Use 11 for office visit, check with billing staff on other codes

TOS - Type of Service - Use 1; not used in CMS 1500 form

Diagnosis - pointer to diagnosis - links diagnosis to treatment

Modifier - modifiers that apply to CPT; check with billing staff on modifier to use

Step 13: Click 'Next' to proceed to "Miscellaneous"

Miscellaneous tab

All fields in this screen correspond to specific field on CMS 1500 form; all fields are optional - Enter information as applicable to your particular situation.

Step 14: Enter information under Miscellaneous tab

Injury/Illness/LMP section

Prior Authorization No - Enter authorization code from payers to bill specific procedures/visits

Step 15: Click 'Next' to proceed to "Miscellaneous"

CMS Override tab

CMS override tab allows you to override specific fields in the CMS 1500 form

Step 16: Enter information into override fields if applicable and click 'Save' button

Step 17: Click 'Generate claim' button to create the claim
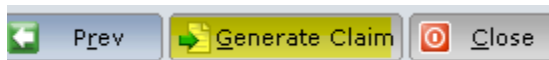
Step 18: Click "Check Error" button to check for any errors. alloFactor will validate the claim against its internal database and any custom rules you have created.
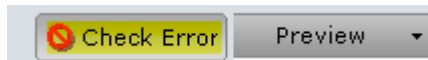
Step 19: Click 'Preview' button to visually check the claim. A preview window opens with data embedded into a sample CMS1500 form.

Step 19: Click 'Close' to close the Claim window and show the Claims module.

Step 20: Reading pane - to print, click 'Print' button; to file claim electronically, click 'File electronically' button.

Preview a claim

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - enter the filter criteria to find matching claims

See filter controls under Claims for more details on filters available.

Step 2: Middle pane - Select claim to preview

Step 3: Reading pane - Select 'Summary' tab

The tab shows details of the claim.

Step 4: Click on 'Preview' button. Choose Primary->CMS1500Primary

Primary - preview claim in format to file to primary insurance

Secondary - preview claim in format to file to secondary insurance

Correction - preview claim with 'Corrected Claim' written on top - useful in refilings

CMS1500 xxxx - preview in actual form as it would print to preprinted CMS1500 stationary

CMS1500 xxxxWF - preview in form that can be printed on plain paper. Do not use this to file claims to payers.

Step 5: A new pop-up window appears with claim in CMS 1500 format

Submitting a claim electronically

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - enter the filter criteria to find matching claims

See filter controls under Claims for more details on filters available.

Step 2: Middle pane - Select claim to electronically file

Step 3: Reading pane - Select 'Summary' tab

The tab shows details of the claim.

Step 4: Click on 'File Electronically' button.

If electronic claim filing has been setup correctly, the claim submitted electronically and status will change to 'Claim Filed'

Error:

This feature has not been enabled for this clinic.
Please login as administrator to enable this feature.

If you get this error, then the feature has not been enabled for the clinic. Login as admin and enable this optional feature.

Print a claim

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - enter the filter criteria to find matching claims

See filter controls under Claims for more details on filters available.

Step 2: Middle pane - Select claim to print

Step 3: Reading pane - Select 'Summary' tab

The tab shows details of the claim.

Step 4: Click on 'Print' button. Choose Primary->CMS1500Primary

Primary - preview claim in format to file to primary insurance

Secondary - preview claim in format to file to secondary insurance

Correction - preview claim with 'Corrected Claim' written on top - useful in re-filings
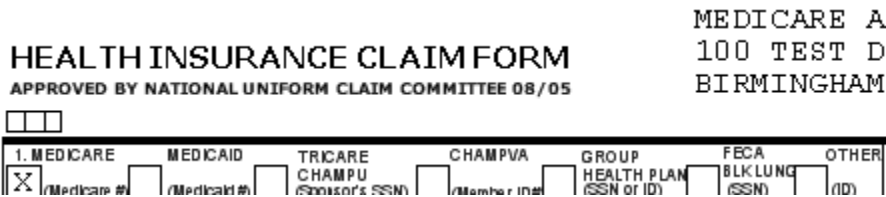
CMS1500 xxxx - preview in actual form as it would print to preprinted CMS1500 stationary

CMS1500 xxxxWF - preview in form that can be printed on plain paper. Do not use this to file claims to payers

Step 5: The claim is printed in CMS 1500 format to the default printer.

Editing insurance details

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - enter the filter criteria to find matching claims

See filter controls under Claims for more details on filters available.

Step 3: Middle pane - Select claim to view

Step 4: Reading pane - Select 'Claim' tab

The tab shows details of the claim.

Step 5: Go to Insured section to review policy holder information

Review policy holder information. Edit name or relationship to edit this information

Step 6: Go to payer section to review the insurance details

Review insurance information. To edit current payer information or to add new payer, click on '+' button.

Step 7: New Insurance pop-up window - Go to Policy Holder section to review information

Relation - relationship of policy holder to patient

Address - address line, City, St and zip

Sex & DOB - sex and date of birth of policy holder

Step 8: New Insurance pop-up window - Go to Payer details

Payer Details

*Name	Medicaid of Missouri
Plan	

Name - enter name of insurance - drop down box appears with matching names.

Different names may remain for same insurance if they have different addresses. But if submitting electronically, they may be mapped to same clearinghouse payer

Step 9: New Insurance pop-up window - Review policy number and rank of policy

Policy Details

*Policy No	12125	*Ranking	Primary

Policy Number

Ranking - Primary/Secondary/Tertiary

Step 10: New Insurance pop-up window - Click 'Save' button

Step 11: Claim tab - Click 'Save Claim' button.

Editing CPT or diagnosis codes

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - enter the filter criteria to find matching claims

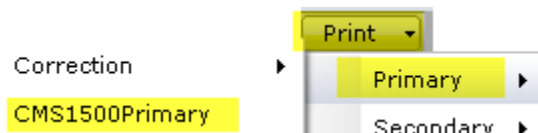See filter controls under Claims for more details on filters available.

Step 3: Middle pane - Select claim to view

06/03/2...	Clara,Fabin	Vineeth...	Visit Comple...
06/03/2...	Test,Cons...	Vineeth...	Clarification ...

Step 4: Reading pane - Select 'Claim' tab

Patient Details

Last	Smith	First	Sandra	New Patient

The tab shows details of the claim.

Step 5: Go to diagnosis section to review ICD associated with the visit

Enter or edit the diagnoses. You can enter up to 4 diagnoses. As you enter ICD code, matching codes will appear in dropdown box. Click to select one of them.

Note: if you do not find ICD code that you are looking for, remember to click 'flush' button once before adding new ICD code. Sometimes alloFactor does not refresh the ICD code list automatically.

Step 7: Go to procedure section to review treatment codes for the visit

Enter or edit CPT codes for the visit. You can also link diagnosis using 1,2,3,4 column headers. You can also enter modifiers using Mod column header. For additional modifiers or to enter 'To' date (for DOS), right click and choose additional column headers.

Posting a payment (Manual)

Step 1: Navigation pane - Select 'Claims' module

Step 2: Toolbar at top of screen - Click on 'Payments' button
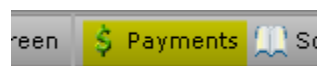
Step 3: Payments pop-up screen appears.

Step 4: Enter Check details

Payment method

Amount - total check amount

Unapplied Amount - By default the full check amount; will decrement automatically as you apply payments to corresponding claims

Payment note - enter custom note

Check # & Check date

Create date - current date

Payer type - Primary/secondary/tertiary/patient

Insurance - If payer type is insurance, then select a payer name

Step 5: Click the Save button
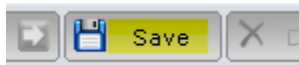
Step 6: Click the Next button

'Claim list' tab appears

Step 7: Search for the first patients name in EOB. As you enter last name, Patient Search dropdown window appears. Enter first and last name and search using 'Advanced Search'. A list of matching patient names appears. Select patient from list by clicking on the patient name.

A list of all unpaid visits from the patient appears. Uncheck all visits except for the one for which EOB contains remittance details.

	DOS	Patient	Provider
☑	2/5/2008	Hayne Bess	Dr Stephanie J

Step 8: Click 'Next button

Payment tab with date of visit appears

Check	Claim List	2/5/2008

List of all CPTs in the claim appears as rows under the 'Unapplied Charges' table

Step 9: Enter payment breakup

UnApplied or Partially Applied Charges

Payer: Medicaid of Missouri

	CPT	From	To	Billed	Applied	Allowed	Adjust	Paid	Other Adjust
	99204	2/5/20...	2/5/...	58	58	0	0	0	0

Billed - total billed amount for CPT - populated by system

Allowed - amount allowed for CPT

Adjust - contractual fee adjustment is automatically calculated

Paid - enter payment for CPT

Other Adjust - enter any other adjustments or reductions by payer

*System cross checks to ensure Billed = Allowed + Paid + Other Adjust

Step 10: Enter patient responsibility information

Copay	Ded	Co-Insur	Ins Takeback	Remainder
0	0	0	0	58

Co-pay - co-pay amount given in EOB - entering an amount does not register co-pay payment. This field tells the system what the actual patient responsibility is.

Ded - deductible amount given in EOB - entering an amount does not register deductible payment. This field tells the system what the actual patient responsibility is.

Co-ins - coinsurance amount given in EOB - entering an amount does not register any co-insurance payment by secondary/tertiary or patient. This field tells the system what amount to bill the next payer in line.

Ins takeback - Enter any insurance take backs

Remainder - Automatically calculated by system based on payments (primary & patient) and allowed amount

* System crosschecks Allowed=copay+deductible+paid+co-insurance+ins takeback

Step 11: Enter any reason codes given in EOB

Err1	Err2	Err3	Err4	Action	..
PR3	M50			Denied	a

Err1-4 - Reason code; reason codes must be already setup in administration module

Action - automatically populated based on setting on administration module; billing staff can override it

Notes - Click on 'a' to enter custom notes. Typically you want to enter a note as to why a patient balance exists so it is easy if patient calls

Step 12: Repeat steps 9-11 to enter payments for other CPTs in the same claim

Step 13: Click 'Save button

Step 14: Repeat steps 7 - 13 to enter payments for other claims in the EOB

Step 15: After completing entering all payments (or if you find totals do not add up), go back to initial tab and click on 'Review Check' button

Review Check	Previe
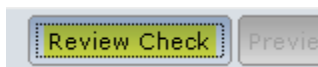
New EOB Verification screen appears as a pop-up

Step 16: Review information of payments entered

EOB Verification

Check Amount 321.56		Unapplied Amt 208.56				
DOS	Patient	Billed	WriteOff	Copay	CoIns	Ded
⊟ 2/5/2...	Hayne,B...	156	20	10	0	10

To view all CPTs under a claim, click on the '+' sign next to CPT.

Step 17: If information looks correct, click 'Cancel' button. If information needs to be edited, you can edit the information directly by clicking on a field. Click 'Save' button to save changes.

Step 18: Click 'Close' button

Posting a payment (Automated)

If a practice enrolls for automated payment posting (Electronic remittance advice) the payment is automatically posted to the system. See instructions on setting up ERA under Administration module. A payer could take anywhere from 4 to 8 weeks to setup ERA.

alloFactor may not be able to automatically post a small percentage of the payments. Such claims will be displayed as a Pending file in Auto-payment section under Claims module.

Viewing electronic remittance

Step 1: Navigation pane - Select 'Claims' module

Step 2: Click on 'Autopayment' button on toolbar at top.

Step 3: View unverified ERAs by default.

To view other ERAs, click on All/Verified/Not verified option on right.

Step 4: Locate the right ERA using the Payer Name or posted date.

You can sort ERA by clicking on column headers.

Step 5: Click on the PDF button to view an Acrobat Reader™ format

Step 6: Click on 'Save' button on toolbar to save

Navigate to the right folder on "Save as' window and click 'Save' button to save.

Step 7: Click 'Cancel' to close the window

Step 8: Click "Exit' to close the ERA window

Printing ERA paper copy

Step 1: Navigation pane - Select 'Claims' module

Step 2: Click on 'Autopayment' button on toolbar at top.

Step 3: View unverified ERAs by default.

Payer Name	Status	Posted Date	Eob Number		
UNITED HEALTH...	Verified	4/22/2008	1290614		

To view other ERAs, click on All/Verified/Not verified option on right.

Step 4: Locate the right ERA using the Payer Name or posted date.

You can sort ERA by clicking on column headers.

Step 5: Click on the PDF button to view an Acrobat Reader™ format
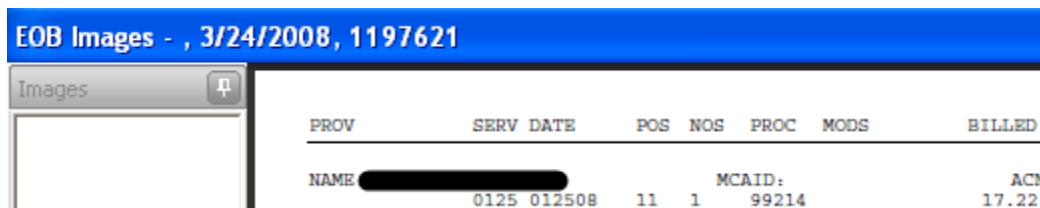
Step 6: Click on 'Save' button on toolbar to save

Navigate to the right folder on "Save as' window and click 'Save' button to save.

Step 7: Click 'Cancel' to close the window

Step 8: Click "Exit' to close the ERA window

Processing ERA

Step 1: Navigation pane - Select 'Claims' module

Step 2: Click on 'Autopayment' button on toolbar at top.

Step 3: Select the first unverified ERAs.

Step 4: Click on the PDF button to view the ERA in Acrobat Reader™ format
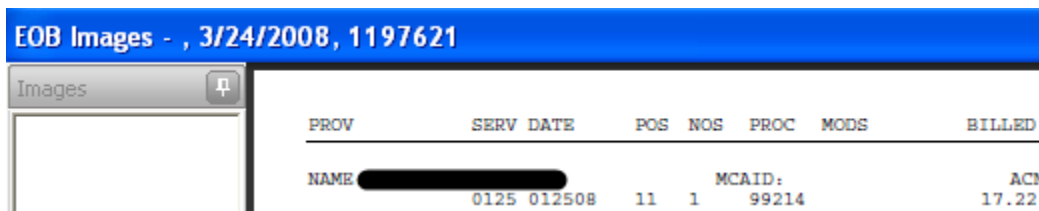
Step 5: Optional - Double check each claim paid by ERA with the payment and final status on alloFactor claims module.

Step 6: Click on scroll button to view the unprocessed payments. The data is opened in a notepad application.

Step 7: Print the document. Close document by clicking 'x' at top right.

Step 8: Click "Exit' to close the ERA window

Step 9: Process each claim in the document and post payments manually.

Step 10: After processing all claims, go back into ERA again using Autopayment button.

Step 11: Select the same remittance advice again and change status to Verified
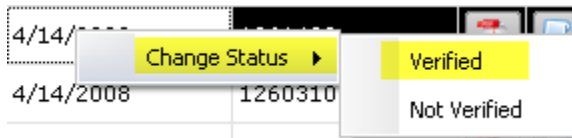
Mapping ERA Payer

The first time you receive a remittance advice electronically, alloFactor does not process the ERA automatically. It requires you to map the payers.

Step 1: Navigation pane - Select 'Claims' module

Step 2: Click on 'Autopayment' button on toolbar at top.

Step 3: Click on 'Payer mapping' button

A new pop-up window appears. By default all unmapped ERA payers are displayed.
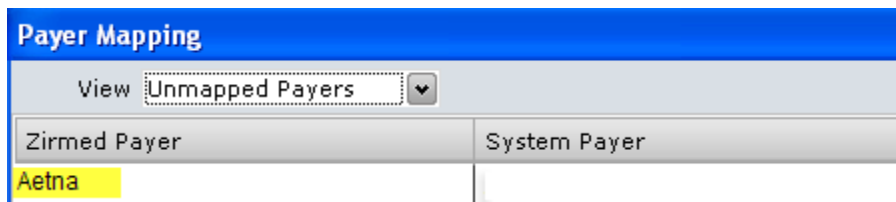
Step 4: Enter a name under System Payer to map to electronic clearinghouse payer

As you start typing, matching payers in alloFactor will appear. Select one and complete the mapping.

Repeat until all unmapped payers are mapped

Step 5: Click 'Ok' button to complete the mapping

Step 6: Click 'Exit' button to close

Mapping electronic claims payer

See Editing/deleting insurances under Administration module

Setting up billing defaults

See Editing/deleting insurances under Administration module

Viewing result of electronic claim

See Electronic claim status report under Reports module

Advanced - Customizing CMS 1500 form

alloFactor comes with default CMS 1500 form that can easily be customized to match your existing encounter form/super-bill.

Step 1: Click on 'Tools' menu option at top. Choose Customize and Report option

Step 2: In the new pop-up window, select the template you want to customize and click 'Open'
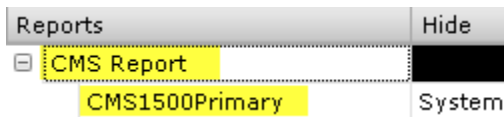
Step 3: New template window appears. All fields will be displayed in editable mode.
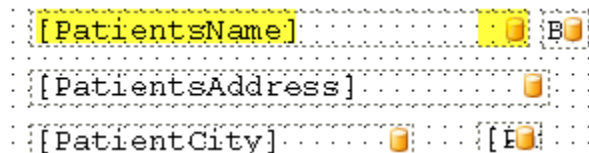
Templates typically consist of text and data variables. Data variables will have a cylinder sign on right that the actual value will be populated at runtime from the database.

Step 4: Make necessary changes

To move a text field, select the field and use arrows on keyboard

To edit a text field, double click on the field and overwrite the text.

To edit a data variable, double click on the field to delete. Next select the new variable to use from the right side, and drag and drop the field onto the template at the correct location.
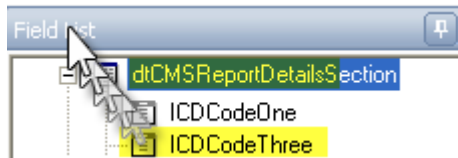
Step 5: Click on 'Preview' button at bottom to view the new finished template

Step 6: Iterate through to modify as many fields as necessary.

Note 1: Remember to save at regular intervals to ensure that you do not lose changes.

Note 2: If you edit a 'System' template, you will have to rename as a custom template.

Printing multiple claims

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - enter the filter criteria to find matching claims

See filter controls under Claims for more details on filters available.

Step 2: Middle pane - Select all claims to print

To select multiple claims, select the first claim scroll down to the last claim and use Shift+Click to select all claim in between.

To pick and choose multiple claims, use Ctrl+click to choose each claim individually

Step 3: Click on 'Print' button. Choose Primary->CMS1500Primary

Step 5: All selected claims printed as a batch to the default printer.

Saving an electronic copy of claim

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - enter the filter criteria to find matching claims

See filter controls under Claims for more details on filters available.

Step 2: Middle pane - Select claim to preview

| 07/12/2... | Den,Mark | Dr.,Fay... | Claim Created |
| 07/13/2... | Ben,Andre... | Dr.,Fay... | Visit Comple... |

Step 3: Reading pane - Select 'Summary' tab

The tab shows details of the claim.

Step 4: Click on 'Preview' button. Choose Primary->CMS1500Primary

Primary - preview claim in format to file to primary insurance

Secondary - preview claim in format to file to secondary insurance

Correction - preview claim with 'Corrected Claim' written on top - useful in refilings

CMS1500 xxxx - preview in actual form as it would print to preprinted CMS1500 stationary

CMS1500 xxxxWF - preview in form that can be printed on plain paper. Do not use this to file claims to payers.

Step 5: A new pop-up window appears with claim in CMS 1500 format

Step 6: Click on Menu option File -> Export document -> PDF document
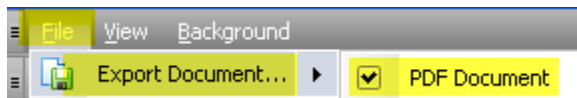
Save as window appears

Step 7: Navigate to the folder to save to, change file name and click 'Save' button
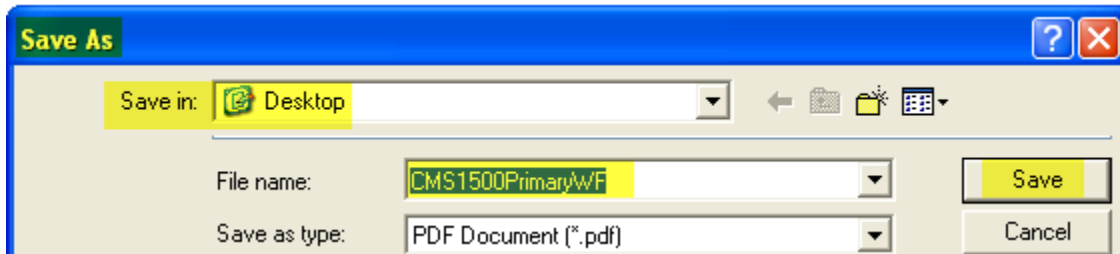
File is saved as a PDF file in that folder.

Correcting a payment

Step 1: Navigation pane - Select 'Claim' module

Step 2: Middle pane - Select claim with payment to correct

Step 3: Reading pane - Select 'Summary' tab

Step 4: Click on 'Claim' button at bottom

New 'Claim' window appears

Step 5: Under 'Visit details' section, click on the 'Payment' button
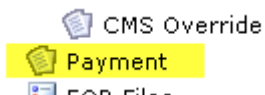
Step 6: Uncheck 'Show unapplied only' to show all posted amounts for the claim

Step 7: Review each posting and select the payment to correct

	Date	Type	Description	Credit	Debit	Amount	Applied To
✖	2/25/2009	Primary Payment	99204-52222	30	0	30	99204
✖	2/25/2009	Insurance Copay	99204-52222	0	0	10	99204

To delete a payment, click on the 'X' button on left.

Note: Payment will be complete unapplied and deleted and so be careful with delete operation

To edit the amount, click on amount and overwrite the amount

To add an amount, click on the highlighted area below the column header and enter new payment information.

	Date	Type	Description	Credit	Debit	Amount	Applied To
			Click here to add a new payment				

New payment appears in grey indicating that it has not yet been post it to the corresponding CPTs.

|							
✖	7/27/2009	Primary Payment		4	4	0	NONE

To apply them to individual CPTs, click on Apply button.

Apply Payment

Unapplied Amount : 0 $

CPT	Billed Amount	Remainder	Amount Applied	Apply
99204	58	-24	4	✔

Enter amount applied and check Apply checkbox. The final unapplied amount should be $0. Click 'Save' button to apply the payment against the CPT.

Step 8: Ensure 'Autosave claim pages' is checked at top. Click 'X' at top right to close the window.

Setting a claim to rejected status

alloFactor automatically sets claim is set to Rejected status. You cannot manually set claim to that status. Instead you can change it to Denied status.
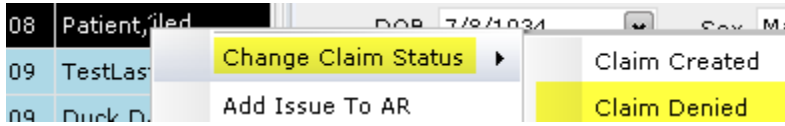
Setting to claim denied status

Step 1: Navigation pane - Select 'Claim' module

Step 2: Middle pane - Select claim to mark as denied

| 03/05/2009 | Duck,Daisey | Dr,Dennis B | Claim Filed |
| 04/01/2009 | Test,NewPati | Dr. Fayne B | Claim Filed |

Step 3: Middle pane - Right click on the claim to mark as denied

08	Patient,iled		DOB 7/8/1934	Sex Ma
	Change Claim Status ▶		Claim Created	
09	TestLas			
	Add Issue To AR		Claim Denied	
09	Duck D.			

Claim status should now say 'Claim denied'

Correcting & resubmitting a claim

Step 1: Navigation pane - Select 'Claim' module

Step 2: Middle pane - Select claim to edit.

| 07/12/2... | Den,Mark | Dr.,Fay... | Claim Created |
| 07/13/2... | Ben,Andre... | Dr.,Fay... | Visit Comple... |

Step 3: Reading pane - Select 'Claims' tab

Details of the claim is displayed

Patient details - displays the patient information

Patient Details

Last Smith   First Sandra   New Patient

To edit, click on last name and start correcting. A patient search drop down appears, and you can select another patient name.

Referred - displayed details of referring physician

Referred [   ] ✚

Click '+' to edit/add referring physician information.

Insured - Displays policy holder information

Insured Details

Name [   ]   Relation [   ] ⌄

Edit name or relationship to edit this information

Payer - Displays insurance details

Type	Name			Policy #	Group #
Pri	Medicaid of Mis...	⌄	✚	12125	7895

Payer Details

To edit information, click on '+' button. Insurance pop-up window appears

Insurance pop-up window - Policy Holder section

Policy Holder

*Relation	Father
*Name (L F M)	Ken Williams

Relation - relationship of policy holder to patient

Address - address line, City, St and zip

Sex & DOB - sex and date of birth of policy holder

Insurance pop-up window - Payer details section

Payer Details

*Name	Medicaid of Missouri
Plan	

Name - enter name of insurance - drop down box appears with matching names.

Different names may remain for same insurance if they have different addresses. But if submitting electronically, they may be mapped to same clearinghouse payer

Insurance pop-up window - Policy details section

Policy Details

*Policy No	12125	*Ranking	Primary	⌄

Policy Number

Ranking - Primary/Secondary/Tertiary

Diagnosis - displays diagnosis codes associated with the visit

Enter new diagnosis by entering into an empty field. To edit overwrite an existing field.

Procedures - displays treatment codes for the visit

To add new CPT, type into the yellow highlighted area

To edit CPT codes for the visit, overwrite the CPT field - matching CPTs appear and select from the list.

To change diagnosis links, click on checkboxes

To add/remove modifiers enter data under Mod column header

Note: For additional columns, right click and choose additional column headers.

Billing details - displays billing details of the visit

To change billing group, select another group from the drop down. To use individual provider info, select 'individual' under drop down box.

To change facility, select another facility name from drop down box.

To change rendering provider, select another physician name from drop down box.

Step 4: Click 'Save Claim' button.

Submitting claim to secondary

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - enter the filter criteria to find matching claims

See filter controls under Claims for more details on filters available.

Step 2: Middle pane - Select claim to print

07/12/2...	Den,Mark	Dr.,Fay...	Claim Created
07/13/2...	Ben,Andre...	Dr.,Fay...	Visit Comple...

Step 3: Reading pane - Select 'Summary' tab

The tab shows details of the claim.

Step 4: Click on 'Print' button. Choose Secondary->CMS1500Primary

Print ▾
Primary ▶ CMS1500Secondary
Secondary ▶ CMS1500Secondary WF

Step 5: The claim is printed in CMS 1500 format to the default printer.

Step 6: Print / Copy EOB to be mailed along with the secondary claim

Opening up a clarification

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - enter the filter criteria to find matching claims

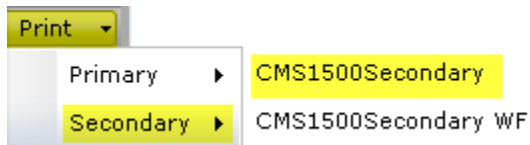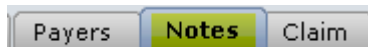See filter controls under Claims for more details on filters available.

Step 2: Middle pane - Select claim to open a clarification

06/03/2...	Clara,Fabin	Vineeth...	Visit Comple...
06/03/2...	Test,Cons...	Vineeth...	Clarification ...

Step 3: Reading pane - Select 'Notes' tab

Payers | Notes | Claim

Step 4: Reading pane - Click 'New Topic' button at bottom of Notes section

Edit | New Topic | Cancel

Step 5: Reading pane - Enter the topic and clarification

Enter Notes

Topic   missing DOS

What is the patient DOS

Step 6: Reading pane - Click 'Post' button

Post   Edit

Replying to a clarification

Step 1: Navigation pane - Select 'Claims' module

Step 2: Navigation pane - select claims with open clarifications

Date range - remove all date range limitations to view claims of all dates

Claims

No Date

Status - set status to 'Clarification Opened' to list all claims with that status

Status

Clarification Opened

Step 2: Middle pane - Select first claim to answer

| 06/03/2... | Clara,Fabin | Vineeth... | Visit Comple... |
| 06/03/2... | Test,Cons... | Vineeth... | Clarification ... |

Step 3: Reading pane - Select 'Notes' tab

Payers   **Notes**   Claim

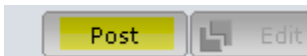Step 4: Reading pane - Read the clarification under Notes section. Click 'Reply' button to respond

Reply

Step 5: Reading pane - Enter the response

Enter Notes

The ICD code is 780.6

Step 6: Reading pane - Click 'Post' button

Post   Edit

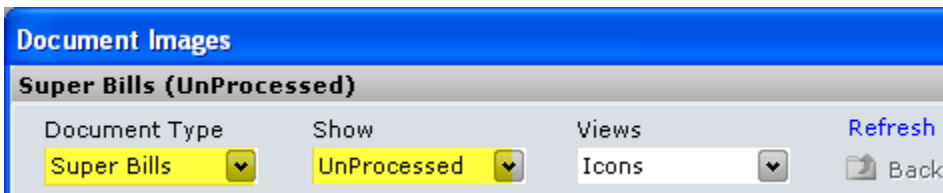## Replying to a clarification (alternate)

When you login, system asks you if you want to answer clarification. If you click 'Yes' button , you will automatically be taken to 'Claims' module and shown all open clarifications.

Scanning in a super-bill/encounter form

Step 1: Click on 'Scan Superbills' button

Scan EOBs   Scan Super Bills

Step 2: By default it displays all unprocessed superbills / encounter forms

Document Images

Super Bills (UnProcessed)

Document Type	Show	Views	Refresh
Super Bills	UnProcessed	Icons	Back

Step 3: Navigate to the right folder

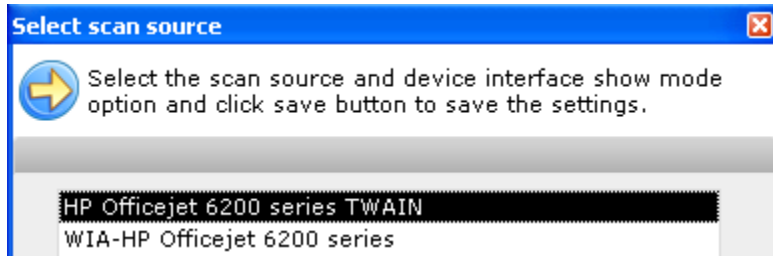07/24/2009 06:30 PM (1)

Step 4: Click on 'Scan Superbill' button

Scan Super Bill   Browse Image

This brings up a preview window and scanner should start scanning documents

Note: If you are using this scanner for the first time, it will bring up a widow to select a scanner.

Step 5: If scanner preview window asks you to confirm using a button, perform that action

Step 6: Image is automatically scanned in and then uploaded to alloFactor server.


A thumbnail appears indicating that the documents have been saved.

Note: Depending on the size of the document, uploading a document may take several minutes. If it takes too long to upload, reduce the resolution of image to 125 dpi and set color to Grayscale. This should drastically reduce the size of each image while still giving good resolution

Step 7: Click on the new thumbnail created
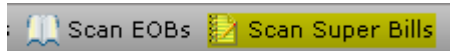
Step 8: Enter details for the document
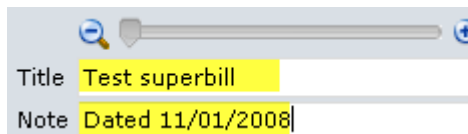
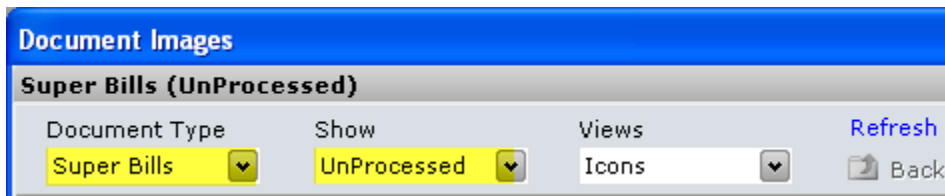Step 9: Click 'Save button to save changes

Step 10: Close window using 'x' button at top

Processing super-bills

Step 1: Click on 'Scan Superbills' button

Step 2: Document images - By default it displays all unprocessed superbills / encounter forms

Document Images

Super Bills (UnProcessed)

Document Type	Show	Views	Refresh
Super Bills	UnProcessed	Icons	Back

Step 3: Document images - Navigate to the right folder

07/24/2009
06:30 PM (1)

Step 4: Document images - Double click on the encounter form to process

superbill   Scanned Image
                        1

A new 'Superbill images' pop-up window appears and displays the document

Step 8: Print or move encounter forms to another window to create claims

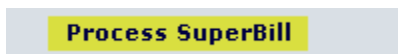Use '<' or '>' buttons to navigate multiple pages in a document

Use rotational button to rotate document 90º left or right

Use magnifying glass to enlarge or shrink document

Step 10: Superbill images - At the end, mark document as processed using the link

Process SuperBill

Step 11: Superbill images - Close window using 'Cancel' button

Step 12: Document images - Close window using 'x' button at top

Scanning in a EOB

Step 1: Click on 'Scan Superbills' button

See instructions under section 'Scanning Superbills/Encounter forms'

Processing EOBs

Step 1: Click on 'Scan Superbills' button

See instructions under section 'Scanning EOBs'
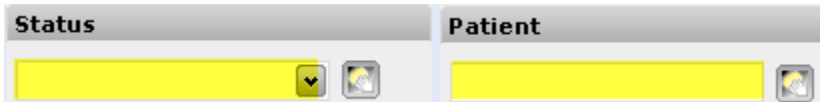
6. Accounts

Navigation Pane Controls

Navigation pane on left gives you various filters to choose a matching set of patient accounts.

Filter controls include

Status - To filter by status of patient account

Patient - To search by patient's name

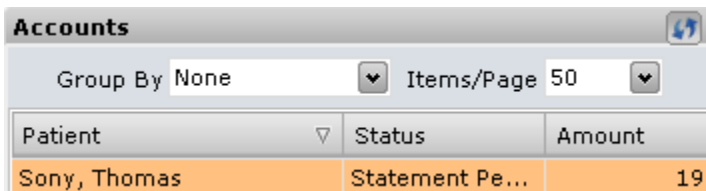Amount - To generate a list of accounts with balance over/below certain limits

Aging - To list accounts based on aging of balance

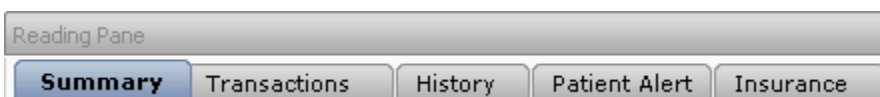Mailed in last - To show patients to whom statements were mailed in x days.

Middle Pane

Click on patient account to view

Reading Pane

Select from tabs at top based on what you would like to do

Summary - Main accounts tab - shows summary of patient's account and allows user to enter payment.

- Patient summary - displays patient demographic details

- Service summary - Displays patient visit details such as billed, adjusted, balance etc.

- Account summary - Displays collection status

- Payment summary - Displays payment details, such as amount, amount check # etc.

Transactions - Details transactional entries in patient's account in a ledger format.

History - Shows history of statements mailed out

Patient Alert - Shows any patient notes and allows user to enter a new one

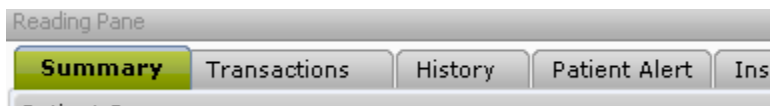Insurance - Allows user to view/edit/inactivate an insurance

Viewing account summary

Step 1: Navigation pane - Select "Accounts" module

Step 2: Middle pane - Select desired patient

Step 3: Reading pane - Select "Summary" tab

Summary tab displays the details of the patient account.

Step 4: Service Summary section explains the breakdown of each visit

Date	Billed	Adj	Ins	Paid	Bal...	Pat Bal...
3/30/2009	100	0	0	0	100	100

View - this drop down lets you choose between Visit or CPT level breakdown. At Visit level, all CPTs billed on that date is grouped together under a single item.

Patient Pending - check this box to view only visits/CPT with a balance

Date - date of service

CPT - Treatment code; displayed only at CPT level

Billed - Original billed amount to insurance

Adj - Adjustments to billed amount

Ins - Insurance payments

Copay - Patient co-pay - this does NOT mean already paid amount or owed amount

Deductible - Patient deductible - this does NOT mean already paid amount or owed amount

Paid - Patient payments

Balance - Outstanding balance

Pat Balance - Patient responsibility part of 'Balance'. If the visit has been paid by insurance, then typically Balance and Pat Balance are the same. If insurance has not paid, then Pat Balance is $0 until insurance EOB specifies the balance to bill.

Totals row - The last row displays the total across all visits/CPTs.

Unapplied amount - If an account has unapplied amounts, it will shown in grey color and balance will be shown as a negative amount.

Date	Billed	Adj	Ins	Paid	Bala...	Pat Bala...
7/3/2009	0	0	0	20	-20	-20

There is some unapplied amount in the above table (marked as gray color). Please right click and apply the payment for this patient.

Step 5: Account summary section gives the status of patient statements

Accounts Summary

First Mailed		First Remind	
Status	Statement Pending		

First mailed/Remind - Dates on which statements were mailed out

Status - Overall status of the account

      Statement Pending - no patient statement has been printed

      First/Second Reminder - statements mailed out; automatically set by system

      Ready for collection - Account delinquent; manually marked for collection

      Account blocked -

      Closed - Account is current, patient owes no balance

Posting a payment

Step 1: Navigation pane - Select "Accounts" module

Step 2: Middle pane - Select desired patient

Step 3: Reading pane - Select "Summary" tab

Step 4: Reading pane - Enter payment information

Pymt Type - Choose payment

Amount - enter amount paid

Pmt Mode - Select Check, cash or credit card

Check # - if paid by check, enter check number

Check date - if paid by check, enter check date

Created date - by default will have current date; to override and set a different date of posting you must have necessary permissions

Apply to - Choose the dates to apply the payment to; will only show dates that have Pat Balance in the Service Summary section. You can post without selecting a date - it will appear as unapplied.

Notes - To enter custom notes to the payment, click on 'a' dropdown box.

Step 5: Reading pane - Click 'Save' button

Step 6: Reading pane - Click 'Print' button to print a patient receipt using preset receipt template

Entering multiple payments

Step 1: Enter first payment as above.

Step 2: Click 'New' button to enter next payment to same account

Deleting a payment

There will be occasions when you enter a payment to the wrong account. Deleting the payment depends largely on whether if it has been applied to visit(s)

If unapplied

Unapplied amount in the account is highlighted in grey

Step 1: Right click on the unapplied row and choose 'Delete'

This deletes the unapplied payment. If part of the payment has been applied, it will not delete the unapplied amount. See 'If applied to a visit' to instructions on how to delete payment.

If applied to a visit

<to be completed>

Reversing a payment

In some scenarios you might not want to reverse the payment rather than delete it. This could an instance when a patient check was returned for NSF (Not Sufficient Funds).

Step 1: Enter payment as given under 'Posting payment' section

Step 2: Enter the amount as a negative amount

Choose the date to which it needs to be backed out using the 'Apply to' textbox.

Step 3: Click 'Save' button

Applying an amount

If the patient has overpaid, then the unapplied amount in the account is highlighted in grey and the amount is shown as negative amount.

Date	Billed	Adj	Ins	Paid	Bala...	Pat Bala...
7/3/2009	0	0	0	20	-20	-20

There is some unapplied amount in the above table (marked as gray color). Please right click and apply the payment for this patient.

Step 1: Right click on the unapplied row and choose 'Apply Payment'

Date	Billed	Adj	Ins	Paid	Bala...	Pat Bala...
7/3/2009	0	0	0	20	-20	-20
			Apply Payment		0	0
7/2/2009	20					

This populates the Payment section with the unapplied information.

Step 2: Select the visit to apply to in 'Apply to' dropdown box where patient balance is due.

Apply To

Step 3: Click 'Save' button to apply the payment.

The grey band should disappear if payment was correctly applied.

Adjusting off balance

Step 1: Navigation pane - Select "Accounts" module

Step 2: Middle pane - Select desired patient

Step 3: Reading pane - Select "Summary" tab

Step 4: Reading pane - Enter adjustment information

Pmt Type	Adjustment	Created Date	7/25/2009
Amount	$30	Apply To	3/31/2009

Pymt Type - Choose Adjustment

Amount - enter amount to adjust

Created date - by default will have current date; to override and set a different date of posting you must have necessary permissions

Apply to - Choose the visit dates to apply the adjustment to; will show dates that have Pat Balance in the Service Summary section.

Notes - To enter custom notes to the payment, click on 'a' dropdown box.

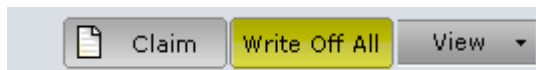Step 5: Reading pane - Click 'Save' button

Writing off balance in full

Step 1: Navigation pane - Select 'Accounts' module

Step 2: Middle pane - Select Account to write off

Step 3: Reading pane - Select 'Summary' tab

Step 4: Reading pane - Click 'Write Off All' button

Step 5: A warning message pops up. Click "Yes" button

All outstanding balance for the patient will be written off.

Viewing patient statement

Step 1: Navigation pane - Select 'Accounts' module

Step 2: Middle pane - Select Account to view

Step 3: Reading pane - Select 'Summary' tab

Step 4: Reading pane - Click 'View' button and choose statement type to view.

Step 5: A Preview window appears with the patient statement.

Printing patient statement

Step 1: Navigation pane - Select 'Accounts' module

Step 2: Middle pane - Select Account to view

Step 3: Reading pane - Select 'Summary' tab

Step 4: Reading pane - Click 'Print' button and choose statement type to print.

The patient statement will print to the default printer.

Printing summary of services

This statement is useful if you need to generate full list of services rendered for workers compensation.

Step 1: Navigation pane - Select 'Accounts' module

Step 2: Middle pane - Select Account to view

Step 3: Reading pane - Select 'Summary' tab

Step 4: Reading pane - Click 'Print' button and choose '.

The service summary statement will print to the default printer.

View account details/transactions

Step 1: Navigation pane - Select 'Accounts' module

Step 2: Middle pane - Select Account to view

Step 3: Reading pane - Select 'Transactions' tab

Step 4: Reading pane - View patient summary and transactions

Date - Date when transaction (charge/payment/adjustment) was entered into system

DOS - Date of service

Type - Type of transaction - Patient payment, Visit charge, Insurance payment, Insurance write off (fee adjustment), Copay (copay payment).

Description - Detailed note of transaction - If a note was entered, it will be displayed

Pymt - Payment type Cash/Card/Check

Check # - Shows check # if paid by check, card # if paid by card

Amount - Actual transaction amount

Printing a duplicate receipt

Step 1: Navigation pane - Select 'Accounts' module

Step 2: Middle pane - Select Account to view

Step 3: Reading pane - Select 'Transactions' tab

Step 4: Reading pane -Select payment for which receipt is to be printed

Date △	DOS	Type	Pymt	Ch
2/25/20...	2/25/2008	Pat Payment	Cash	

Step 5: Select "Print Receipt" from bottom of page – *Reading pane*

Print Receipt   Preview   Print

Viewing history of patient statements

Step 1: Navigation pane - Select 'Accounts' module

Step 2: Middle pane - Select Account to view

Step 3: Reading pane - Select 'History' tab

Statement History

| Stmt D... △	Remind 1...	Remind 2...	Collectio...	Amount
7/25/2009				19

The tab lists the history of statements mailed out

Viewing alerts

Step 1: Navigation pane - Select 'Accounts' module

Step 2: Middle pane - Select Account to view

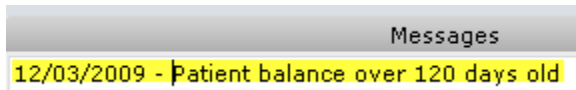Step 3: Reading pane - Select 'Alerts' tab

Messages

12/03/2009 - Patient balance over 120 days old

The tab lists all active patient alerts.

Adding alerts

Step 1: Navigation pane - Select 'Accounts' module

Step 2: Middle pane - Select Account to view

Step 3: Reading pane - Select 'Alerts' tab

Messages

12/03/2009 - Patient balance over 120 days old
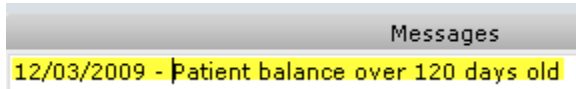
The tab lists current alerts. Enter new alert or edit current alert

Step 4: Click 'Save' button.

Advanced - Customizing patient statements

alloFactor comes with default patient statements that are well designed and flexible to the needs of most clinics. However you might want to customize particular fields within a template to your taste.

Step 1: Click on 'Tools' menu option at top. Choose Customize and Report option

Tools   Help

Customize ▶ Report

Step 2: In the new pop-up window, select the template you want to customize and click 'Open'

Patient Statement

Patient Statement Detailed   System
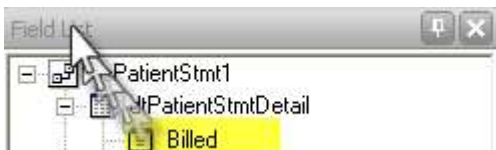
Patient Statement Consolidated   System

Step 3: New template window appears. All fields will be displayed in editable mode.

Templates typically consist of text and data variables. Data variables will have a cylinder sign on right that the actual value will be populated at runtime from the database.

Step 4: To Edit a text field, double click on the field and overwrite the text.

To edit a data variable, double click on the field to delete. Next select the new variable to use from the right side, and drag and drop the field onto the template at the correct location.

Step 5: Click on 'Preview' button at bottom to view the new finished template

Step 6: Iterate through to modify as many fields as necessary.

Note 1: Remember to save at regular intervals to ensure that you do not lose changes.

Note 2: If you edit a 'System' template, you will have to rename as a custom template.

Selecting new patient statement

Step 1: Click on 'Tools' menu option at top. Choose 'Options'
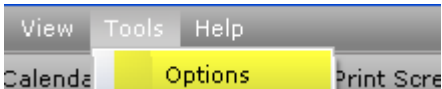
Step 2: alloFactor Options window appears - click on Patient Statement tab.

If Patient Statement tab is hidden, use the arrows on top right to view them

Step 3: alloFactor Options window - Click on Change link

First Statement | Patient Statement-Option1
                            Remove   Change

Step 4: Report List window - Choose the new patient statement template to use

Report List
Patient Statement-Default

Step 5: Report List window - Click 'Ok' button

Step 6: alloFactor Options window - Click 'Ok' button

7. Contacts

'Contacts' module stores contact information for third parties including labs, pharmacies, insurances or other external vendors.

Navigation Pane Controls

Filter controls include

Contact Type - Search by types of contacts

Contact Type
All

Contact Name - To search by contact name

Contact Name

Middle Pane

Middle pane lists the name and type of contact

| Senior Citizon plan | Insurance | ✕ |
| Test lab | Lab | ✕ |

Reading Pane

Contact details are shown in the Reading pane.
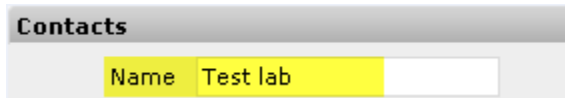
Viewing a contact

Step 1: Click on Contact module

Step 2: Search for contact using 'Contact Name' text box
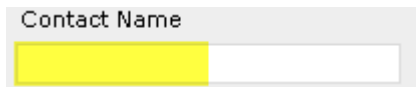
As you start typing in the business name, middle pane automatically jumps to the right section within the matched list.

Step 3: Click on contact you would like to view
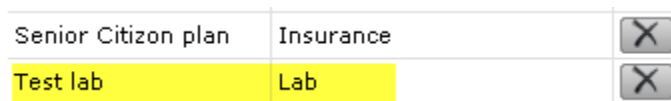
Step 4: Details are displayed on the Reading pane
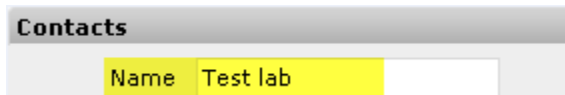
Adding/Editing a contact

Step 1: Click on Contact module

Step 2: Click on the 'Add New' button

Step 3: Enter necessary information into the fields

Step 4: Click 'Save' button

Deleting a contact

Step 1: Click on Contact module

Step 2: Search for contact using 'Contact Name' text box

Step 3: Click on contact you would like to view

| Senior Citizon plan | Insurance | ✕ |
| Test lab | Lab | ✕ |

Step 4: Click on the 'Delete' button

Delete | Save | Add New
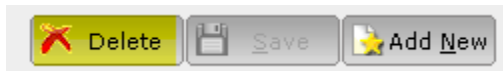
8. Administration

Administration module allows an office manager govern critical elements of alloFactor

Navigation Pane Controls

Navigation pane on left gives you various filters

Filter controls vary based on the tab chosen in the middle pane

Middle Pane

Middle pane has tabs at top for each section.

Administration
Facilities | Providers | CPTs | ICDs | Rules | Reason | Group | Mail | Pt Reminder

Middle pane also lists matching items based on the filter used

Reading Pane

Reading pane will display detail of item chosen. Reading pane typically does not have tabs.

Patient Details - Main Charts tab - shows details of patient demographics.

Appointments - Lists all past and future appointments.

Insurance - Allows user to view/edit/inactivate an insurance

Patient Alert - Shows any patient notes and allows user to enter a new one

Adding new locations

If your clinic has multiple facilities at different locations, you can add them to alloFactor.

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Facilities' tab
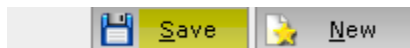
Step 3: Reading pane - Click 'New' button

Step 4: Reading pane - Enter details of the new facility

Set as default facility - Picks this as default facility and address for Box 32 on CMS 1500 form. Billing staff can override it on 'Claim' screen if necessary.
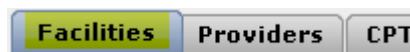
Step 5: Reading pane - Click 'Save' button

Editing/deleting locations

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Facilities' tab

Step 3: Navigation pane - Search for location using filter

If you do not have too many locations, you do not need to filter.

Step 4: Middle pane - Choose location by clicking

Facility Name	Add	City	St	Zip	Ph
Testing Facility2	Test2	Hamilton	AS	23232-	(987) 789-

Details of the location are displayed on reading pane.

Step 5: Reading pane - Edit the location information

Name	Medical care facility
Address1	Church gate

Step 6: Reading pane - Click 'Save' button to save

Adding new providers

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Providers' tab

Facilities **Providers** CPTs

Step 3: Reading pane - Click 'Add New' button

Save | New
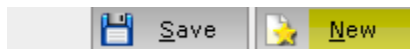
Step 4: Reading pane - Enter details of the new facility

Last Name	Dr.	MI	B
First Name	Fayne	Credentials	

NPI - National Provider Identification - a 10 digit unique id issued to each provider

UPIN - an old unique id issued for referring physicians - not used generally

Tax id - Tax id of group - used to populate Box 25 in CMS 1500 form if provider is registered under a group

SSN - SSN of physician - used to populate Box 25 in CMS 1500 form if provider is registered as an individual under his SSN as opposed to a federal tax id

License # - Providers license number - not used in billing

Taxonomy - Specialty code

Specialty - Specialty description

Signature on file - Used in billing on CMS 1500 form in box 31 to indicate whether provider has signed the encounter

Signature date - Legacy field - not used any more

Referring physician not mandatory - If primary care physician, then check this box - it indicates that the provider is not a specialty provider and hence does not referral filled out on claims
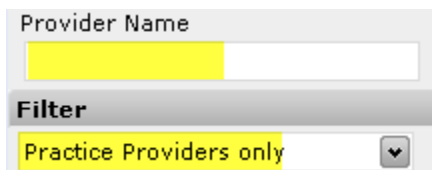
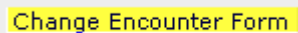Mark as deleted - Indicates whether physician is active

Step 5: Reading pane - Click 'Save' button

Editing/deleting providers

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Providers' tab

Step 3: Navigation pane - Search for a provider using filter

Step 4: Middle pane - Choose provider by clicking

Details of the provider are displayed on reading pane.

Step 5: Reading pane - Edit the location information

NPI - National Provider Identification - a 10 digit unique id issued to each provider

UPIN - an old unique id issued for referring physicians - not used generally

Tax id - Tax id of group - used to populate Box 25 in CMS 1500 form if provider is registered under a group

SSN - SSN of physician - used to populate Box 25 in CMS 1500 form if provider is registered as an individual under his SSN as opposed to a federal tax id

License # - Providers license number - not used in billing

Taxonomy - Specialty code

Specialty - Specialty description

Signature on file - Used in billing on CMS 1500 form in box 31 to indicate whether provider has signed the encounter

Signature date - Legacy field - not used any more

Referring physician not mandatory - If primary care physician, then check this box - it indicates that the provider is not a specialty provider and hence does not referral filled out on claims

Mark as deleted - Indicates whether physician is active

Step 6: Reading pane - Click 'Save' button to save

Mapping encounter form

Providers are pre-assigned the default encounter form. To change, first edit the encounter template as necessary (see Customizing encounter form) and save as a new custom encounter form.

Step 1: Follow steps in 'Editing/deleting providers' to edit the provider details

Step 2: Reading pane - Click on 'Change Encounter form'

Step 2: Report List window - Choose the new encounter form to use

Step 3: Report List window - Click 'Ok' button

Step 4: Reading pane - Click 'Save' to complete the mapping

Advanced - Customizing encounter forms

alloFactor comes with default encounter forms that can easily be customized to match your existing encounter form/super-bill.

Step 1: Click on 'Tools' menu option at top. Choose Customize and Report option

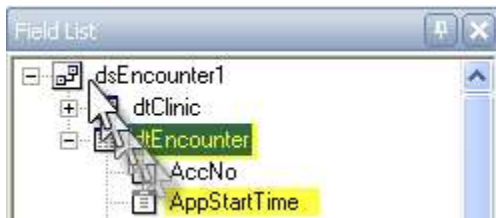Step 2: In the new pop-up window, select the template you want to customize and click 'Open'

Step 3: New template window appears. All fields will be displayed in editable mode.

Templates typically consist of text and data variables. Data variables will have a cylinder sign on right that the actual value will be populated at runtime from the database.

Step 4: To edit a text field, double click on the field and overwrite the text.

To edit a data variable, double click on the field to delete. Next select the new variable to use from the right side, and drag and drop the field onto the template at the correct location.

Step 5: Click on 'Preview' button at bottom to view the new finished template

Step 6: Iterate through to modify as many fields as necessary.

Note 1: Remember to save at regular intervals to ensure that you do not lose changes.

Note 2: If you edit a 'System' template, you will have to rename as a custom template.

Advanced - Adding new insurances

Step 1: Navigation pane - Select 'Contacts' module (NOT Administration module)

Step 2: Navigation pane - Select Contact type as 'Insurance'

Step 3: Reading pane - Click on 'Add new'

Step 4: Reading pane - Choose type as 'insurance' from drop down box

Additional fields specific to setting up an insurance appears

Step 5: Reading pane - Enter details of the new insurance

The first part is basic information about the insurance

Step 6: Reading pane - Setup clearinghouse mapping

Clearinghouse payer - maps insurance to the correct payer for electronic claim submission - mandatory to submit electronic claims.

Claim Submission - choose between paper/electronic - mandatory to submit electronic claims

Step 7: Reading pane - Setup billing default values

Accept Assignment - Box 27 of CMS1500 - indicates whether provider will accept assignment - must be checked to submit electronic claims

ID Qualifier - prefix for Box 33b of CMS1500 - qualifies the value (usually legacy provider/group identification number) as to the type of number entered

Patient Signature on file - Box 12 & 13 of CMS1500 - Customize text - Print name of patient / Print 'Signature on File' / Leave blank

Provider Signature on file - Box 31 of CMS1500 - Customize text - Print name of provider / Print 'Signature on File' / Leave blank

Enrolled as Group - Box 33, 33a and 33b - Default billing information to use - If set to 'Yes' alloFactor will assign the default Group (setup as a part of Facility - see Editing/deleting locations). If set to 'No', allofactor will assume this insurance is being billed under individual provider and will assign the provider for whom the appointment was created. Billing staff can easily override the value at the time of claim creation.

Step 6: Reading pane - Click 'Save' button

Editing/deleting insurances

Step 1: Navigation pane - Select 'Contacts' module

Step 2: Navigation pane - Filter insurances by entering name

Matching insurance names are displayed in middle pane

Step 3: Middle pane - Choose insurance to edit

Details of the location are displayed on reading pane.

Step 5: Reading pane - Edit the insurance information

Step 6: Reading pane - Setup clearinghouse mapping

Clearinghouse payer - maps insurance to the correct payer for electronic claim submission - mandatory to submit electronic claims.

Claim Submission - choose between paper/electronic - mandatory to submit electronic claims

Step 7: Reading pane - Setup billing default values

Accept Assignment - Box 27 of CMS1500 - indicates whether provider will accept assignment - must be checked to submit electronic claims

ID Qualifier - prefix for Box 33b of CMS1500 - qualifies the value (usually legacy provider/group identification number) as to the type of number entered

Patient Signature on file - Box 12 & 13 of CMS1500 - Customize text - Print name of patient / Print 'Signature on File' / Leave blank

Provider Signature on file - Box 31 of CMS1500 - Customize text - Print name of provider / Print 'Signature on File' / Leave blank

Enrolled as Group - Box 33, 33a and 33b - Default billing information to use - If set to 'Yes' alloFactor will assign the default Group (setup as a part of Facility - see Editing/deleting locations). If set to 'No', allofactor will assume this insurance is being billed under individual provider and will assign the provider for whom the appointment was created. Billing staff can easily override the value at the time of claim creation.

Step 7: Reading pane - Click 'Save' button to save

Adding CPTs

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Facilities' tab

Step 3: Reading pane - Click 'New' button
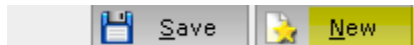
Step 4: Reading pane - Enter details of the new CPT code

Type - Set to CPT (See Adding Explosion codes)

Code - Enter CPT code

Fee - Setup default fee for the CPT

Place of Service - Set '11' if service is rendered at office; ask billing staff for other codes

Type of Service - Set to '1'; this information is not used in CMS 1500

Step 5: Reading pane - Click 'Save' button

Editing/deleting CPTs

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'CPTs' tab

Step 3: Navigation pane - Search for CPT using filter

Step 4: Middle pane - Choose CPT by clicking

Details of the CPT are displayed on reading pane.

Step 5: Reading pane - Edit the CPT information

Step 6: Reading pane - Click 'Save' button to save

Advanced - Adding explosion codes

Explosion codes allows billing staff to group frequently used CPT codes together. That makes it easy on front-desk and billing staff to enter information in quickly.
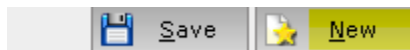
Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'CPTs' tab

Step 3: Reading pane - Click 'New' button
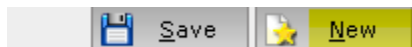
Step 4: Reading pane - Enter details of the new explosion code


Type - Set to Explosion

Code - Enter explosion code; do not use an existing CPT code; use 3 digit codes are ideal

Add CPTs to the explosion code

Start by typing in the row just under column header. Enter CPT - a drop down control appears with matching CPTs. Select one and corresponding fee and description will be pulled up (You cannot create

new CPTs here). Change number of units if necessary. Enter a modifier if necessary. Tab or press Enter key until you reach the end and the row will drop down to the next row in the table.

Step 5: Reading pane - Click 'Save' button

Advanced - Editing/deleting explosion codes

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'CPTs' tab

Step 3: Navigation pane - Search for explosion code using filter

Step 4: Middle pane - Choose explosion code by clicking

Details of the explosion are displayed on reading pane.

Step 5: Reading pane - Edit the explosion code information

Type - Must be 'Explosion'

Code - Explosion code used; do not use an existing CPT code; use 3 digit codes are ideal

Add CPTs to the explosion code

To add a new CPT to explosion, enter CPT into the row just below column header

To edit a current CPT in explosion, edit the CPT row in the table

To delete an existing CPT in explosion, click the 'X' button at the left of the row

Step 6: Reading pane - Click 'Save' button to save

Adding Diagnosis codes

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'ICDs' tab

Step 3: Reading pane - Click 'New' button

Step 4: Reading pane - Enter details of the new ICD

Code - ICD code

Description - ICD description - You can customize this text

Status - Set to valid for it to appear on searching

Step 5: Reading pane - Click 'Save' button
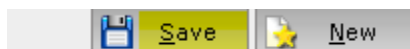
Editing/deleting diagnosis codes

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'ICDs' tab

Step 3: Navigation pane - Search for diagnosis using filter

Step 4: Middle pane - Choose diagnosis by clicking on it

Code	Description
780.6	FEVER
780.39	Seizure Disorder

Details of the diagnosis are displayed on reading pane.

Step 5: Reading pane - Edit the diagnosis information

Code	034.1
Description	SCARLET FEVER
Status	Valid

Code - ICD code

Description - ICD description - You can customize this text

Status - Set to valid for it to appear on searching

Step 6: Reading pane - Click 'Save' button to save

Creating rules

'Rules' is a powerful feature in alloFactor that will help your billing staff virtually eliminate denials and rejections. Once a custom rule is added, at the time of each claim submission, the claim is automatically validated against alloFactor system rules and your custom rules. If it fails, it will warn you about the error - you can fix and resubmit the claim immediately.

When you get a new denial or rejection, you want to prevent it from ever happening again by adding a new rule to alloFactor. alloFactor has default system rules built-in to protect you from making mistakes. Often, you will have specific rules to your clinic or rules that currently do not exist in alloFactor.

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Rules' tab

ICDs	Rules	Reaso

Step 3: Reading pane - Click 'Add New' button

Add New   Sav

Step 4: Reading pane - Add rule

Rule type - Set which claims they apply to

Rule Type
- ● Common rule
- ○ Specific to the state   Select state ▼

Common rule - Rule applies to all claims

Specific to state - Rule applies to all claims filed to a particular state

Specific to payer - Rule applies to all claims filed to a particular insurance company

Specific to provider - Rule applies to all claims filed to a particular provider in clinic

Specific to payer group - Rule applies to all claims filed to a particular billing group

Rule Expression - Create the actual rule

Rule Expression

Requirement

Box33a ▼ **should be** non-blank ▼

Additional Conditions

1) If Box1 ▼ **is** equal to ▼ MEDICARE ▼

● And ○ Or

Requirement - Select field in CMS1500 form to check for a criteria

Should be

      Blank - field should be blank

      Non-blank - field should NOT be blank

      A constant value - field should contain a specific constant value

      Equal to the CMS box - field should contain the same value in CMS box #

      Matches -

      Of the format - field should contain a value of a specific format - To create a matching pattern use the following syntax

      [0-9]   : one digit 0 to 9

      [2-9]   : one digit 2 to 9

[A-Z]   : only one alphabet A to Z (caps only)

[a-z]   : only one alphabet a to z (small letter only)

[A-Za-z]   : only one alphabet (not case sensitive)

[A-Za-z0-9]   : only one alpha-numeral

[A-Z]+, [a-z]+, [A-Za-z]+, [A-Za-z0-9]+ : one or more alphabets or alpha-numerals

[A-Z]{4}, [a-z]{2}, [A-Za-z]{3}, [A-Za-z0-9]{3},[0-9]{2} : should have 'n' number ({n}) of numerals or alphabets or alpha-numerals

Pattern matching Examples:

 [0-9]{3}-[a-z][A-Z][A-Z]   : 123-aBC

 [A-Za-z0-9]# [1-9]{4}   :1# 1056 or D# 2098

[0-9]{3}-[A-Za-z][A-Z][A-Z]   : 023-aBC or 012-ABC

[0-9]{3}-[A-Z]{3}   : 123-ABC

Rule description

Miscellaneous	
Rule Name	Blank billing NPI
Rule Type	Error

Rule name - enter name of rule

Description - write detailed description of the rule

Rule type - Set to Error or warning

Step 5: Reading pane - Click 'Save' button

Save   New
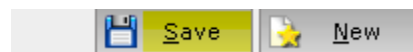
By default, rule is specific to your clinic. If you are adding a new rule, consider if your fellow clinics or billing vendors can benefit from it. If so, let us know through email about the rule and we will make it a system rule making it available to everyone who uses the system.

## Editing rules

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Rules' tab

Step 3: Navigation pane - Search for location using filter

Step 4: Middle pane - Choose rule by clicking

Details of the rule are displayed on reading pane.

Step 5: Reading pane - Edit the rule

Rule type - Set which claims they apply to

Common rule - Rule applies to all claims

Specific to state - Rule applies to all claims filed to a particular state

Specific to payer - Rule applies to all claims filed to a particular insurance company

Specific to provider - Rule applies to all claims filed to a particular provider in clinic

Specific to payer group - Rule applies to all claims filed to a particular billing group

Rule Expression - Create the actual rule

Requirement - Select field in CMS1500 form to check for a criteria

Should be

> Blank - field should be blank
>
> Non-blank - field should NOT be blank
>
> A constant value - field should contain a specific constant value
>
> Equal to the CMS box - field should contain the same value in CMS box #
>
> Matches -
>
> Of the format - field should contain a value of a specific format - To create a matching pattern

use the following syntax

> [0-9]   : one digit 0 to 9
>
> [2-9]   : one digit 2 to 9
>
> [A-Z]   : only one alphabet A to Z (caps only)
>
> [a-z]   : only one alphabet a to z (small letter only)
>
> [A-Za-z]   : only one alphabet (not case sensitive)
>
> [A-Za-z0-9]   : only one alpha-numeral
>
> [A-Z]+, [a-z]+, [A-Za-z]+, [A-Za-z0-9]+ : one or more alphabets or alpha-numerals
>
> [A-Z]{4}, [a-z]{2}, [A-Za-z]{3}, [A-Za-z0-9]{3},[0-9]{2} : should have 'n' number ({n}) of numerals
> or alphabets or alpha-numerals

> **Pattern matching Examples:**
>
> [0-9]{3}-[a-z][A-Z][A-Z]   : 123-aBC
>
> [A-Za-z0-9]# [1-9]{4}   :1# 1056 or D# 2098
>
> [0-9]{3}-[A-Za-z][A-Z][A-Z]   : 023-aBC or 012-ABC
>
> [0-9]{3}-[A-Z]{3}   : 123-ABC

Rule description

Rule name - enter name of rule

Description - write detailed description of the rule

Rule type - Set to Error or warning

Step 6: Reading pane - Click 'Save' button to save

Adding new EOB reason codes

Setting up default EOB reason codes will save time for payment entry staff. And it helps front-desk or billing staff to answer patient questions or to decide on follow-up actions

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Reason codes' tab

Step 3: Reading pane - Click 'New' button
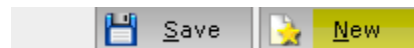
Step 4: Reading pane - Enter details of the new reason code

Reason code - reason code given in EOB

Default action - Ignore/ Denied/Secondary ready/Patient pending/ Write-off all

Description - describe the reason given in EOB

Step 5: Reading pane - Click 'Save' button
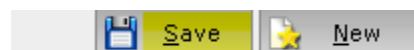
Editing EOB error codes

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Reason codes' tab

Step 3: Navigation pane - Search for diagnosis using filter
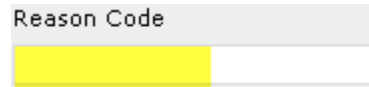
Step 4: Middle pane - Choose reason code by clicking on it

Details of the reason code are displayed on reading pane.

Step 5: Reading pane - Edit the reason code

Code - ICD code

Description - ICD description - You can customize this text

Status - Set to valid for it to appear on searching

Step 6: Reading pane - Click 'Save' button to save

Adding new group

If your clinic has multiple billing groups, you need to set them all up in alloFactor.

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Groups' tab

Step 3: Reading pane - Click 'New' button
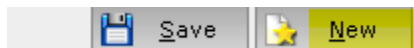
Step 4: Reading pane - Enter details of the new group

Set as default group - Picks this as default billing group name and address for Box 33 and corresponding information in 33a and 33b on CMS 1500 form. Billing staff can override it on 'Claim' screen if necessary.

Step 5: Reading pane - Click 'Save' button
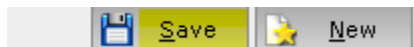
Editing/deleting groups

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Group' tab

Step 3: Middle pane - Choose group by clicking

Details of the group are displayed on reading pane.

Step 5: Reading pane - Edit the group information

Step 6: Reading pane - Click 'Save' button to save

Configuring patient statement address

Patient statement might need two separate addresses if returned statements need to go to one address and payment to another address. This is particularly relevant if an external billing vendor mails out statement for you.

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Mail' tab

Step 3: Middle pane - Choose the clinic by clicking
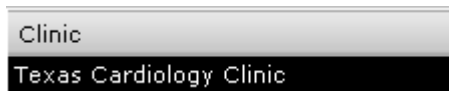
Step 5: Reading pane - Edit the postal return and payment address

Return address - This is where the mail will go back to if patient address is incorrect
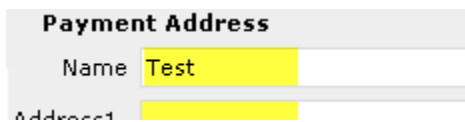
Payment address - This is where patient will mail their checks to

Step 6: Reading pane - Click 'Save' button to save

Configuring appointment reminder call

Appointment reminder calls reduce your no-shows. You must first login with 'admin' login to enable it.

Step 1: Navigation pane - Select 'Administration' module

Step 2: Middle pane - Click 'Pt Reminder' tab

Step 3: Middle pane - Choose the clinic by clicking

Step 5: Reading pane - Enter the information

Days before to call - tells alloFactor how many days before the appointment it should remind patient; 2 days before is the default value

Time zone - Choose time zone

Observes DST - Check to set observes day light savings time

Individual Provider setup

Enable each provider for whom the patient should be reminded.

Message text - Enter message text for each provider - alloFactor uses this to script the call.

Step 6: Reading pane - Click 'Save' button to save

Admin login

Administrative user has a super user login to manage the clinic including users, optional paid features and permissions.

Setting up new clinic

Step 1: Click on Clinic Info tab- this is the default tab when you login as Admin user

Step 2: Enter the Practice contact information

Practice Name Texas Cardiology Clinic
PrimaryContact John Doe

The information is validated and so ensure that you provide a valid address. Clinics with invalid or test information will be invalidated. If you need to try out alloFactor, contact support for a test clinic.

Step 3: Enter other setup information

Other

Federal Tax Id A12345   License # B23456
No of physicians 2   Group NPI # 1407822786
Patients/day 35   Type Speciality
☐ Do you perform tests at the clinic?

Tax id - needed only if you choose our electronic transaction - electronic claims, eligibility verification or remittance advice.

No of physicians - optional

Patients/day - optional

License # - optional

Group NPI - mandatory - enter your clinics group 10 digit NPI number

Type - Enter type of entity being setup.

Adding new users

Step 1: Click on Users tab

Clinic Info **Users** Features
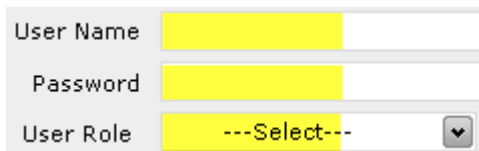
The table lists all users in the clinic

Step 2: Click on 'Add' button to add new user

✦ **Add**   ⬐ Edit

New 'User details' screen appears to add user information

Step 3: User details screen - Enter user information

User name - enter desired login for new user - must be unique within the clinic

Password - enter password - must adhere to the password requirements

- Must be 8 character long

- Must consist of 2 of 3 combinations - Upper case, lower case, digits, special characters

Confirm Password - Re-enter password

User role - Select a role for user - Provider/front-desk, billing, nurse, office manager

First name - enter first name of user

Last name - enter last name of user

Editing users

Step 1: Click on Users tab
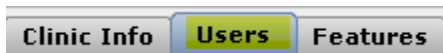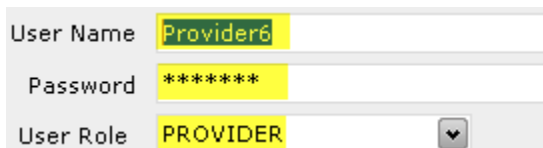
The table lists all users in the clinic

Step 2: Click on user to edit and click the 'Edit' button
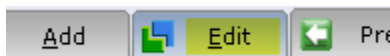
Step 3: Edit the user information

Step 4: Click 'Save' to save information

Deactivating users

Step 1: Click on Users tab
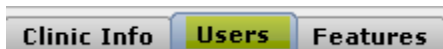
The table lists all users in the clinic

Step 2: Click on user to edit and click the 'Edit' button
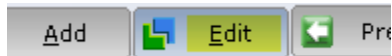
Step 3: Edit the user information
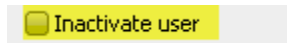
Step 4: Click 'Save' to save information

Setting up user permissions

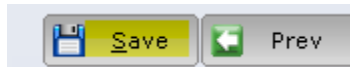Step 1: Click on Access Rights tab
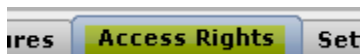
Step 2: Choose the role to edit
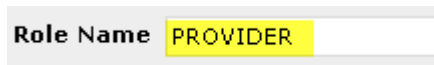
Step 3: Set permissions
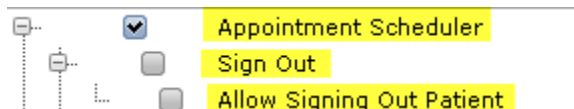
Navigate through the permissions tree and check permissions appropriately for the role selected. All users in the role will get the same set of permissions.

Step 4: Click 'Save' to save permissions.

Enabling electronic claim (Optional)

Electronic claim submission is an optional paid module

Step 1: Click on Features tab

Step 2: Check electronic claim submission option
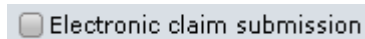
Step 3: Click 'Save' button

You will need to enter your credit card information as this is a paid service.

Enabling eligibility (Optional)

Electronic eligibility verification is an optional paid module.

Step 1: Click on Features tab

Step 2: Check eligibility verification option
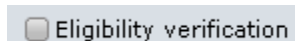
Step 3: Click 'Save' button

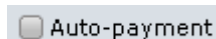You will need to enter your credit card information as this is a paid service.

Enabling electronic remittance (Optional)

Electronic remittance is an optional paid module to receive EOB electronically and automatically post the information to system.

Step 1: Click on Features tab

Step 2: Check auto-payment option

Step 3: Click 'Save' button

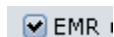You will need to enter your credit card information as this is a paid service.

Enabling Appointment reminder call (Optional)

Appointment reminder call is an optional paid module that calls patients and reminds them of their upcoming appointments.

Step 1: Click on Features tab

Step 2: Check appointment reminder call option

Step 3: Click 'Save' button

You will need to enter your credit card information as this is a paid service.

Enabling patient statement mailing(Optional)

Patient statement mailing is an optional paid module. We print professional looking statements and mail them out for you.

Step 1: Click on Features tab

Step 2: Check patient statement mailing option

Step 3: Click 'Save' button

You will need to enter your credit card information as this is a paid service.

Enabling EMR (Optional)

Electronic medical records is an optional paid module

Step 1: Click on Features tab

Step 2: Check EMR option

Step 3: Click 'Save' button

You will need to enter your credit card information as this is a paid service.

## Enabling EMR fax solution (Optional)

EMR fax solution is an optional paid module - it allows providers to receive into and send faxes directly from EMR.

Step 1: Click on Features tab

Step 2: Check electronic fax-in option

Step 3: Click 'Save' button

You will need to enter your credit card information as this is a paid service.

Enabling billing fax in (Optional)

Billing fax in is an optional paid module which allows billing companies to receive their superbills and EOBs as faxes.

Step 1: Click on Features tab

Step 2: Check billing fax-in option

Step 3: Click 'Save' button

You will need to enter your credit card information as this is a paid service.

Automating Chart number

You can automate chart number by setting the format of chart number/MRN in alloFactor.

Step 1: Click on 'Settings' tab

Step 2: Choose type of MRN to use
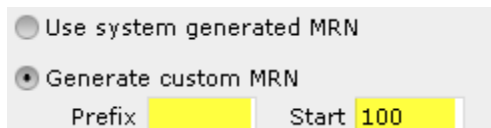
System generated MRN uses a part of first and last name with a number to form MRN

Generate custom MRN allows you to specific an optional default prefix and starting sequence number.

Setting co-insurance calculation

Automate co-insurance calculation at Check-out by setting the markup between Medicare standard fee and the billed amount.

Step 1: Click on 'Settings' tab

Access Rights | Settings

Step 2: Enter the relationship between contractual fee and billed amount

% of Contractual Fee 50
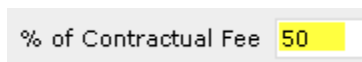
Step 3: Click 'Save' button

9. Reports

Reports module allows you to manage the clinic functions effectively.

Navigation Pane Controls

Navigation pane on left allows you to choose report category.

Options include

Report Groups
⊙ Day Sheets
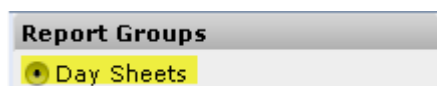
Day Sheets - Useful daily reports associated with appointments for the day; primarily used by front-desk

Aging reports - Generates list of unpaid claims; primarily used by billing and management

Forms - Batch print encounter forms for day(s)

Status reports - Various status reports to depict the overall practice health; primarily used by billing and management

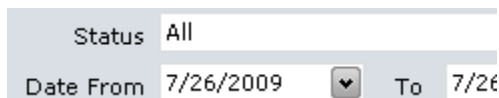Other reports - Reports that did not fall into other categories are listed here.

Middle Pane

Lists the individual reports under that category
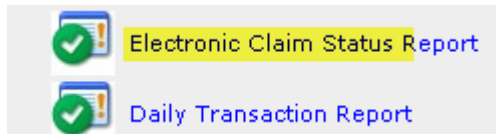
Reading Pane

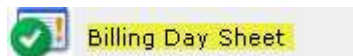Reading pane displays the filter options for the selected report.

Billing Day Sheet

Billing Day sheet gives a detailed break up of billing transactions for a date range in a ledger format.
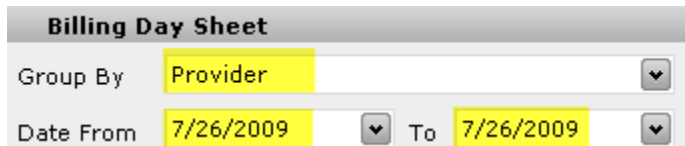
Step 1: Navigation pane - Select 'Day Sheets' under 'Reports' module

Step 2: Middle pane - Choose the report
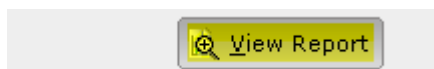

Step 3: Reading pane - Enter filter information

Group by - Group resulting data by provider, patient or check

Provider - Filter for a single provider

Patient - Filter for a single patient

Date - Select the date range for the report

Step 4: Click 'View Report' button

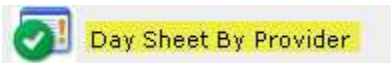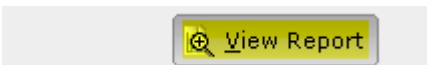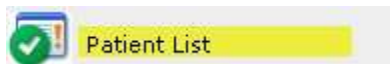Sample report attached

Dr,Dennis B

| 07/01/2009 | 99201-1234 | | 12345 | Primary WriteOff | 30.00 |

Billed Amount : 90.00   **Payment : 10.00**

Day Sheet By Provider

Day sheet by provider report gives a summary of billing charges and payments in a date range.

Step 1: Navigation pane - Select 'Day Sheets' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Provider - Filter for a single provider

Patient - Filter for a single patient

Date - Select the date range for the report

Step 4: Click 'View Report' button

Sample report attached

DOS	Description	Patient	Code	Amount
07/23/2009		Beast,Beauty n.	Charge	0.00

Patient's Charges : 0.00   **Payments: 20.00**

Patient List

Patient list shows the list of patient appointments for the day. This report is handy for front-desk or physician as it contains relevant information about the patient.

Step 1: Navigation pane - Select 'Day Sheets' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Provider - Filter for a single provider

Date - Select the date range for the report

Format - Default, Numbered and Calendar format

Step 4: Click 'View Report' button

Sample report attached

Day Sheet By Patient

Day sheet by patient report gives a summary of billing charges and payments in a date range.

Step 1: Navigation pane - Select 'Day Sheets' under 'Reports' module

Step 2: Middle pane - Choose the report

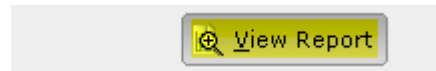Step 3: Reading pane - Enter filter information

Provider - Filter for a single provider

Patient - Filter for a single patient

Date - Select the date range for the report

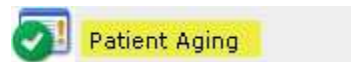Step 4: Click 'View Report' button

Sample report attached

Patient Aging

Patient aging report gives a list of outstanding patient balances.

Step 1: Navigation pane - Select 'Aging Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

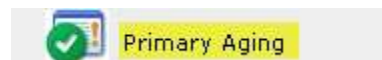The report is immediately displayed

Sample report attached

Primary Aging

Primary aging report gives details of payment pending primary insurance claims.

Step 1: Navigation pane - Select 'Aging Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Payer - Filter for a single payer

Date - Select the date range for the report

Report type - Detailed or Summary format

Step 4: Click 'View Report' button
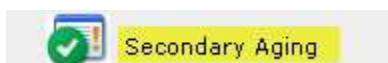

Sample report attached

Patients (Grouped by Payer)	Total Due	Past 0 - 30	Past 31 - 60	Past 61 - 90	Past 91 - 120	Past 121 +
MEDICAID OF MISSOURI						
Adams,Kay	58.00	0.00	0.00	0.00	0.00	58.00
Total Amount	**58.00**	**0.00**	**0.00**	**0.00**	**0.00**	**58.00**

Secondary/Tertiary Aging

Secondary and tertiary aging report gives details of payment pending primary insurance claims.

Step 1: Navigation pane - Select 'Aging Reports' under 'Reports' module
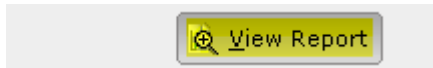
Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Payer - Filter for a single payer

Date - Select the date range for the report

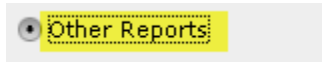Step 4: Click 'View Report' button

Sample report attached

Patients (Grouped by Payer)	Total Due	Past 0 - 30	Past 31 - 60	Past 61 - 90	Past 91 - 120	Past 121 +
MEDICAID OF MISSOURI						
Adams,Kay	58.00	0.00	0.00	0.00	0.00	58.00
Total Amount	**58.00**	**0.00**	**0.00**	**0.00**	**0.00**	**58.00**

Write Off Statement

Lists amount written off in a date range

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module
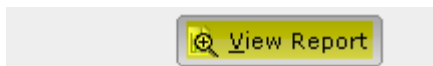
Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Date - Select the date range for the report

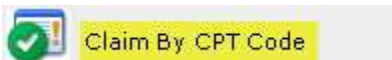Step 4: Click 'View Report' button

Sample report attached

04/27/2009	Test Testpatient	99202	50.00
	Total Adjustment :		**$333.00**

Claim by CPT Code

Lists claims that matches a CPT code

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

CPT code - CPT code to search for - optional

Claim Status - choose 'All' of filter by claim status

Step 4: Click 'View Report' button
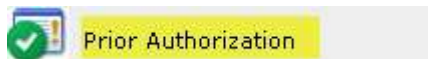

Sample report attached

Prior Authorization

Prior authorization report is useful for therapy clinics that need to pull patients that need authorization

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Text box - Enter the threshold of visits with existing authorizations

Step 4: Click 'View Report' button

Sample report attached

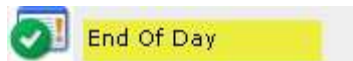| Name	Address	Contact No	Count
Albyin,Daneil	Supreme EnclaveJarrattAK32322		0

End of Day

Details of all visits in a date range. This is a handy report for office manager to view a snapshot of revenue generating activities during the day.

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Date - Select the date range for the report

Step 4: Click 'View Report' button


Sample report attached

Patient	Provider	App Date	App Time	Next App Date
Test,NewPatient26	Dr Keene,Carolyn K	07/07/2009	01:00 PM to 01:15 PM	07/08/2009

Charge	Amount			
	$0.00			
Total :	$0.00	Payment Received : 0	Status : Signed-In	Not Signed-In

Annual Checkup

This report is useful if patient needs to come in at certain intervals for checkups or vaccinations.

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report
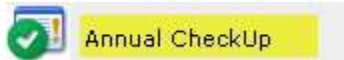
Step 3: Reading pane - Enter filter information

CPT - Select the CPT code for checkup; this is used to match for the last checkup date

Days since last service - enter number of days since the last time the CPT was used against a patient

Step 4: Click 'View Report' button

Sample report attached

Name	Address	Contact No	LastVisited
Patient,Enosh	100 Test Drive CharlottesvilleVA	(211) 313-1313	02/13/2009

No Shows

Lists all no-shows and cancellations in a date range

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

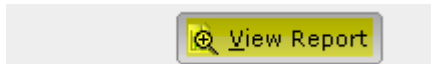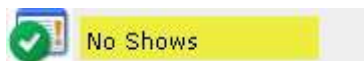
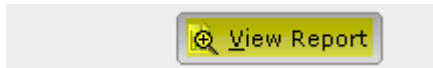Step 3: Reading pane - Enter filter information

Type - Whether to include 'No shows' or Cancellation or both

Provider - Filter for a single provider

Patient - Filter for a single patient

Date - Select the date range for the report

Step 4: Click 'View Report' button

Sample report attached

Date of appointment : 07/19/2009

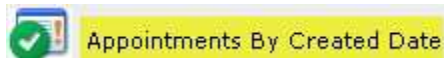**User :** Jackson Jennifer

Test,First1   Dr.,Fayne B   09:30 PM **To** 09:45 PM No vehicle
Ph: (234) 567-8900

Appointments Created By Date

List appointments made on a date

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module
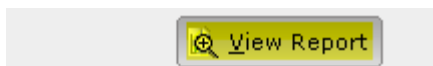
Step 2: Middle pane - Choose the report

Appointments By Created Date

Step 3: Reading pane - Enter filter information

Date From 7/26/2009   To 7/26/2009

Date - Select the date range for the report

Step 4: Click 'View Report' button

Sample report attached

Patient	Phone	User	App type	App Date	Cre Date	Start Time	End Time
ConsultPt Test	(111) 222-3333	Jackson Jenn	Office Visit	07/22/2009	7/1/2009	11:00 AM	11:15 AM

Work Status

Lists claim details grouped by status. This report is useful to billing or office managers to get a detailed understanding of billing activities

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Status - Filter by status of the claim

Date - Select the date range for the report

View - Classic vs Standard

Step 4: Click 'View Report' button
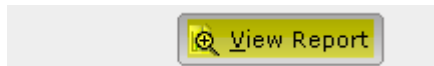
Sample report attached

DOS	Patient	Provider	Insurance	Billed	Paid By Patient	Paid By Insurance	Write-off	Remainder
Status : Claim Created								
07/23/2009	Dale,Chip n.	Dr.,Fayne B	Aetna	20.00	20.00	0.00	0.00	0.00

Patient Listed by ICD

This report pulls up a list of patients with matching set of diagnosis(s). This is useful for marketing or patient reminders.

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report


Step 3: Reading pane - Enter filter information

ICD - Enter ICDs to match

Provider - filter by provider

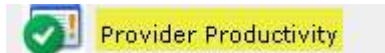Step 4: Click 'View Report' button

Sample report attached

Patient Name	Address	Phone	Provider Name
Patient Enosh	100 Test Drive 1 Test	(211) 313-1313	Dr B Dennis

Provider Productivity

Summary of visits grouped by provider

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Date - Select the date range for the report

Step 4: Click 'View Report' button

Sample report attached

Provider	Charges	Payments	Adjustments
Dr, Stephanie	90.00	10.00	0.00
Total :	1500.00	1120.00	333.00

Revenue Statement

Summary of revenue collected

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Payment type - Filter Insurance / Patient/ both payments

Date - Select the date range for the report

Format - Choose between default/simple/advanced formats

Step 4: Click 'View Report' button
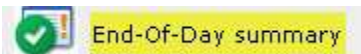

Sample report attached

Check Date	Check #	Payer Name	Reference #	Amount
Payer Name		United Health care-		
7/19/2009	12345	United Health care	NA	100.00
		Total Amount	:	250.00

End-Of-Day Summary

Summary of all visits

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Date - Select the date range for the report

Step 4: Click 'View Report' button

Sample report attached

Date	Charges	Payments	WriteOff
07/25/2009	$0.00	$98.00	$0.00
Totals for : 2009 July	$1500.00	$1120.00	$333.00

Bank Deposit

Useful to tally the check and cash for daily bank deposits. Lists details all checks posted including copays and insurance payments

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

Date From 7/26/2009 To 7/26/2009

Step 3: Reading pane - Enter filter information

Date - Select the date range for the report

Step 4: Click 'View Report' button
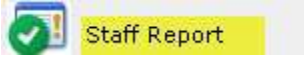

Sample report attached

Checks Received

Check #	Payer	Amount
111111111111	CIGNA - Testplan	$50.00

Staff Report

Daily Task list for staff

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

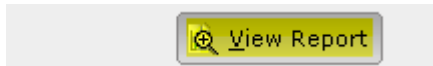Step 2: Middle pane - Choose the report

Staff Report

Step 3: Reading pane - Enter filter information

Date From 7/26/2009   To 7/26/2009

Date - Select the date range for the report

Step 4: Click 'View Report' button

View Report

Sample report attached

MRN	Patient	Time	Reason	Checkin	Nurse	EKG	Chekout	Collected
127	CashTest,Patient	08:30 AM	test					
Total								

Analysis Services Summary

Average revenue calculated by CPT

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

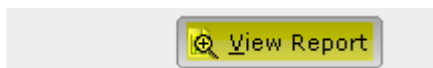Step 2: Middle pane - Choose the report

Analysis Services Summary

Step 3: Reading pane - Enter filter information

Year 2009   Month July

Year and Month - Select the range for the report

Step 4: Click 'View Report' button

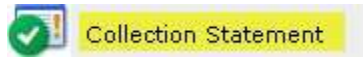View Report

Sample report attached

Provider : Dr,Dennis B

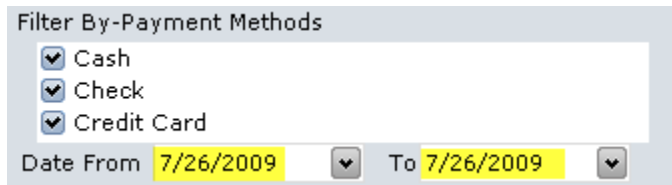| Code	Description	Std Fee	Bill Freq	Pay Freq	Amount	Average
99202	office visit	$100.00	0	1	$50.00	50
Totals for Provider:					$112.00	

Collection Statement

Collection statement gives a list of all payments collected by the front-desk. This includes all co-pays and previous balances entered as a part of Sign-out or as a result of patient statement.

Step 1: Navigation pane - Select 'Other Reports' under 'Reports' module

Step 2: Middle pane - Choose the report

Collection Statement

Step 3: Reading pane - Enter filter information

Filter By-Payment Methods
☑ Cash
☑ Check
☑ Credit Card
Date From 7/26/2009   To 7/26/2009

Payment type - Choose Cash/Check/Card payments to include

Group - by user / by user and payment modes

Date - Select the date range for the report
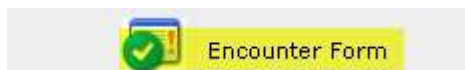
Step 4: Click 'View Report' button

View Report

Sample report attached

Check Date	Check #	Payer	Payer Name	Amount
NA	NA	Patient	LastName, Test	40
			Total :	50.00

Printing all encounter forms for a day

Step 1: Navigation pane - Select 'Forms' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

To print encounter forms for a specific provider, enter provider name into text box
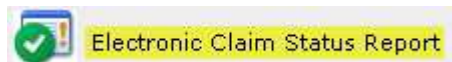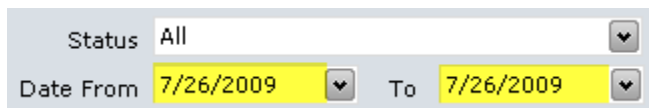
Step 4: Click 'Print Form' button

Electronic claim status report

Step 1: Navigation pane - Select 'Status' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Status - Claim status to include
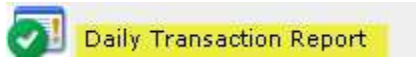
Date - date range to include
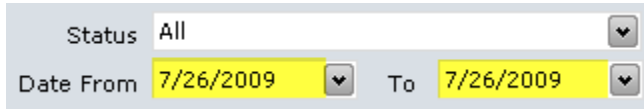
Step 4: Click 'Print Form' button

Daily transaction report

Step 1: Navigation pane - Select 'Forms' under 'Reports' module

Step 2: Middle pane - Choose the report

Step 3: Reading pane - Enter filter information

Status - Claim status to include

Date - date range to include

Format - Classic/Standard formats

Step 4: Click 'Print Form' button

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