



To: All WRS Users
From: WRS Development Team
Date: 08/17/12
Re: System Update to Waiting Room Solutions

The WRS Development Team will be performing a software update to the Waiting Room Solutions System on or about August 17, 2012. This release will include the following:

INSURANCE FEE SCHEDULES & ALLOWABLE MISMATCH  [\(Click to View Video Release Note 1\)](#)

Waiting Room Solutions has added functionality to alert practices to allowable mismatch and reporting based upon expected fee schedules with the insurance companies. Once the user has input the expected fee schedule with the dollar amount or percentage variance, they can then specify an allowable amount. If the allowable amount on the ERA or EOB is outside of the accepted variance, the user will be alerted and can view these mismatches through an **Allowable Mismatch Report**. This functionality lets the practice know that they are getting paid the correct amount that has been agreed upon.

- *Insurance Fee Schedules* - Most practices have negotiated or expected fee schedules with insurance companies. This fee schedule sets the accepted rate that a provider will be paid based on the services performed. This negotiated fee should be the allowable amount seen on the explanation of benefits form or electronic ERA, however this is not always the case. These negotiated fee schedules are different than the usual, customary and reasonable (UCR) default fee schedule or charges of the practice. That is, your usual charge is a different fee schedule than the discount or negotiated schedule you have agreed to with the insurance company.
- *Allowable Amount* - The allowable amount is the amount allowed for services rendered on the EOB or ERA. This is different than the amount paid as the allowable amount is first adjusted based upon copayment, deductible or coinsurance. As such, the amount paid for a CPT code will vary based upon a patient's plan benefits and previous contributions to deductible; however the allowable amount should be constant from one claim to the next, per insurance.

USER PERMISSIONS

The ability to enter the **Allowable Amounts** and use this functionality is set under **Administration>Resource Management>Resource Setup>Permission>Billing>Allowable Amount**.

Billing	View	Add	Edit
Claim	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fee Schedule	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Payment Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Payment Management Admin	Check for Yes <input checked="" type="checkbox"/>		
Deposit Batch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Deposit Batch Admin	Check for Yes <input checked="" type="checkbox"/>		
Payment Batch	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Payment Batch Admin	Check for Yes <input checked="" type="checkbox"/>		
Code Lookups	<input checked="" type="checkbox"/>		
Billing System Options Admin	Check for Yes <input checked="" type="checkbox"/>		
Apply Any Payment	Check for Yes <input checked="" type="checkbox"/>		
Allowable Amount			<input checked="" type="checkbox"/>

LINKING FEE SCHEDULES

The first step to using this new functionality is to setup a Fee Schedule under **Administration>Billing>Fee Schedules**. Enter a **Fee Schedule Name**:

The screenshot shows the 'Administration' menu with 'Fee Schedule Management' selected. The main content area is titled 'Fee Schedule Management' and contains a section 'Create A New Fee Schedule'. Under this section, there is a label 'Fee Schedule Name:' followed by a text input field containing the text 'Cigna'. To the right of the input field is a blue 'Create' button. Below this section is another section titled 'Active Practice Fee Schedules', which is currently empty. At the bottom right of the page, there are three links: 'View', 'Add', and 'Linked'.

Enter the fees for this Fee Schedule. Note that WRS includes a Medicare Multiplier that will multiply current Medicare rates by your selected percentage to facilitate entry of fees. HCPC codes can be entered based on category or by entering them individually. Here we can see the **Medicare Fee** and the **Medicare Multiplier** which then constitutes the practice negotiated fee with the insurance company.

Add Fee Schedule Data	Linked Insurances	Link To Insurances	Manage Multiplier	Variance
Search				
		Medicare Fee	Medicare Multiplier	Practice Fee
ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE USUALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING		20.7	Practice Entered Fee	\$ 24.84
ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE ON; STRAIGHTFORWARD MEDICAL DECISION MAKING.		44.45	Practice Entered Fee	\$ 53.34
ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE TEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF		73.29	Practice Entered Fee	\$ 87.95
ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE N MAKING OF MODERATE COMPLEXITY.		108.22	Practice Entered Fee	\$ 129.86
ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE EDICAL DECISION MAKING OF HIGH COMPLEXITY.		145.19	Practice Entered Fee	\$ 174.23

Now, link this new fee schedule to the appropriate insurance package(s). Note that you can link an Insurance Package(s) to this Fee Schedule. Please note that linked insurances are Packages and not Categories.

Fee Schedule Management					
SELECTED FEE SCHEDULE: Cigna					Existing Fee Schedule Data
INSURANCE CATEGORY CIGNA-					
PACKAGE NAME	CITY	STATE	ZIP	PHONE	
				()	
<input type="checkbox"/>	Package Name				
Linked	ABMG-CIGNA HEALTHCARE (CAP)			ABMG CLAIMS DEPT PO BOX Sacramento, CA 95865	
Linked	BROWN & TOLAND MEDICAL GROUP - CIGNA HEALTHCARE			PO BOX 640469 San Francisco, CA 94164	
Linked	CIGNA			PO BOX 182223 Chattanooga, TN 37422	
Linked	CIGNA HEALTHCARE			PO BOX 15408 Wilmington, DE 19850	
Linked	CIGNA HEALTHCARE			PO BOX 962 Bristol, CT 06010	

VARIANCE ALLOWANCE

Next, set up the Allowable Variance Amount. The variance is either a percentage or dollar amount by which you will be alerted to if the allowable amount is lower than contracted upon. For instance, if a particular procedure's contracted amount is \$100 with a variance of 10%. Then the user will be alerted if the allowed amount is less than \$90. This function will work automatically with ERA Auto Posting.

Administration Resource Management Patient Merge Practice Setup Scheduler Setup EMR Setup Billing Setup

Tax ID/CLIA Setup Select CMS Region **Fee Schedule Management** Practice Place of Services Practice

External Collections Patient Statements Credit Card Setup Modifier Defaults

Fee Schedule Management

SELECTED FEE SCHEDULE: Cigna

Variance: 10 % \$

Change Variance

Contracted Amount = \$100 $\xrightarrow{10\% \text{ Variance}}$ Amount Paid < \$90 = Alert

PAYMENT MISMATCH ALERT

An alert will display, as applicable. The alert will identify if there is a mismatch between the allowed amount and the contracted amount. For example, your contracted amount is \$129.86 for this CPT code and here on the EOB the insurance is indicating that allowed amount is \$64, which is significantly lower than the agreed amount. Go to **Payment Management > ERA Payment Batch**.

Claim ID: 1733574
Claim Payment Amount: \$54.00

Service Line Information											
Begin Service Date	End Service Date	Proc Code, Mods	Billed Amount	Allowed Amount	Deduct Amount	Colns Amount	CoPay Amount	Other Adjusts	Adjust Codes	Provider Paid	Remark Codes
07/17/2012	07/17/2012	99214	\$225.00	\$64.00 \$129.86	\$0.00	\$0.00	\$10.00	\$161.00	CO-45	\$54.00	

Adjustment Codes Glossary

CO : Contractual Obligation
CO-45 : Charges exceed your contracted/ legislated fee arrangement.

Fee Schedule Details

The insurance company "Allowed Amount" is less than your contract allows. Consider filing an appeal.
ClaimID: 1733574 HCPT: 99214 allowed: \$64.00 contracted: \$129.86

You can then click on claim ID to view the mismatch.

Billing Create Claims Hold Queue View Claims **Payment Management** Reports Code Search

Create Deposit Batch View Deposit Batch View Deposit Sub-Batches Payment Entry Payment Search ERA Payment Batch

Search Filters

DATE RECEIVED: 7/1/2012 - 7/31/2012
 TODAY MONTH TO DATE LAST MONTH

INSURANCE COMPANY: CIGNA-

Search Results

Claim ID	Check Date	Insurance Category	HCPT	Begin Service Date	End Service Date	Billed Amount	Allowed Amount	Contracted Allowable
1733574	07/25/2012	CIGNA-	99214	07/17/2012	07/17/2012	\$225.00	\$64.00	\$129.86
1733017	07/25/2012	CIGNA-	99213,25	07/16/2012	07/16/2012	\$150.00	\$55.00	\$87.95
1721647	07/25/2012	CIGNA-	99213,25	07/09/2012	07/09/2012	\$150.00	\$55.00	\$87.95
1733365	07/25/2012	CIGNA-	99214	07/16/2012	07/16/2012	\$225.00	\$64.00	\$129.86

MANUAL POSTING OF ALLOWABLE

Allowable Amounts can also be posted manually. An alert will be shown according to the variable that is entered in the Payment Posting screen. The user would enter the payment amount for that CPT code and then enter an allowable amount as shown on the EOB.

Reason	Procedure	Date Of Service	Amount Charged	Allowable	Amount Adjusted
Co-Payment	99213	07/26/12	\$50.00		
Available Funds		Payment Amount		Adjustment Type	Adj Amount
		\$		Contractual	-\$ 0.00
Reason	Procedure	Date Of Service	Amount Charged	Allowable	Amount Adjusted
Procedure	99213	07/26/12	\$150.00	\$10.00	
Available Funds		Allowable	Payment Amount	Adjustment Type	Adj Am
		\$	\$	Co-Pay	-\$ 0.00
Totals			Amount Charged	Allowable	Amount Adjusted
			\$200.00	\$10.00	

Claim History

Adjustments

Payments

Fee Schedule Details

The insurance company "Allowed Amount" is less than your contract allows. Consider filing an appeal.
 HCPT: 99213 allowed: \$10.00 contracted: \$87.95

ALLOWABLE MISMATCH REPORT

If there is an allowable alert mismatch you will be notified immediately, but you can view the alert at any time. Go to **Payment Management>Allowable Mismatch**. Then select the fee schedule and time frame for the report. You will then see a list of your allowable mismatched amounts.

You can select the claim ID to open up and work each claim.

Billing

Search Filters

DATE RECEIVED: 7/1/2012 - 7/31/2012

INSURANCE COMPANY: CIGNA-

TODAY
 MONTH TO DATE
 LAST MONTH

Search Results

Claim ID	Check Date	Insurance Category	HCPT	Begin Service Date	End Service Date	Billed Amount	Allowed Amount	Contracted Allowable
1733574	07/25/2012	CIGNA-	99214	07/17/2012	07/17/2012	\$225.00	\$64.00	\$129.86
1733017	07/25/2012	CIGNA-	99213,25	07/16/2012	07/16/2012	\$150.00	\$55.00	\$87.95
1721647	07/25/2012	CIGNA-	99213,25	07/09/2012	07/09/2012	\$150.00	\$55.00	\$87.95
1733365	07/25/2012	CIGNA-	99214	07/16/2012	07/16/2012	\$225.00	\$64.00	\$129.86

Figure 5: Caption

SCHEDULER DISPLAY - BY PROVIDER

Functionality has been added to allow practices to specify scheduler display options for individual providers. This option can be accessed under **Administration>Resource Management>Resource Setup>[Provider Name] NAME>Schedule>Resource Scheduler Display Settings**.

The screenshot shows a web application interface for resource management. At the top, there are navigation tabs: 'Resource Management', 'Patient Merge', 'Practice Setup', 'Scheduler Setup', 'EMR Setup', 'Billing Setup', 'Order Tracking Setup', 'Medication Setup', 'Sy', 'Resource Setup', 'Healthcare Provider Picklist', and 'Non-Human Resource Type Setup'. Below these is a blue header for 'Human Resource Management' and a sub-header 'Edit Resource Information'. A series of tabs includes 'Board Certifications', 'Licenses', 'Professional Organizations', 'Hospital Affiliates', 'Academic Appointments', 'Electronic Routing', 'General', 'Permission', 'Resource Restrictions', 'Schedule', 'Universities', 'Medical Schools', 'Residencies', and 'Fellowships'. The 'Schedule' tab is active, showing 'Resource Standard Availabilities for Doctor Test'. On the right, there are links for 'Resource Scheduler Display Settings' and 'Schedule Exceptions', with a yellow arrow pointing to the first link. The main form area contains: 'Location*:' with a dropdown menu set to 'Any'; 'Appointment Type*:' with a dropdown menu set to 'Any'; 'Action:' with radio buttons for 'View Current Schedules' (selected) and 'Make New Schedule'; and a 'Continue' button.

Figure X: Administration>Resource Management>Resource Setup>
[Provider Name] NAME>Schedule

Options can be selected for the **Start Time**, **End Time** and **Time Interval** for that provider as shown in the Schedule View. Please note that these settings are for view only and do not affect existing provider schedule template or patient appointments.

The screenshot shows a 'Scheduler Display' settings page. It has a blue header with the title 'Scheduler Display'. Below the header, there is a text block: 'The following properties set the viewable start and end times for the resource schedule. Time interval defines the gap between appointments on the scheduler view.' Below this text are three rows of input fields: 'Start Time:' with dropdowns for '09', ':', '00', and 'AM'; 'End Time:' with dropdowns for '03', ':', '00', and 'PM'; and 'Time Interval' with a dropdown for '15'. At the bottom, there are two buttons: 'Submit' and 'Back to Schedules'.

Figure X: Administration>Resource Management>Resource Setup>
[Provider Name] NAME>Schedule>Resource Scheduler Display Settings

Display settings will then appear under **Scheduler>Appointment View** for that provider individually. Note that these settings are not applicable in the **Scheduler>Multi-Resource View**.

Print Schedule		Doctor Test in Goshen 08/16/2012 Thursday	Condensed View Legend
9:00 AM		Appointment: Any, Any	
9:15 AM		Appointment: Any, Any	
9:30 AM		Appointment: Any, Any	
9:45 AM		Appointment: Any, Any	
10:00 AM		Appointment: Any, Any	
10:15 AM		Appointment: Any, Any	
10:30 AM		Appointment: Any, Any	
10:45 AM		Appointment: Any, Any	
11:00 AM		Appointment: Any, Any	
11:15 AM		Appointment: Any, Any	
11:30 AM		Appointment: Any, Any	
11:45 AM		Appointment: Any, Any	
12:00 PM		Appointment: Any, Any	

Figure X: Scheduler>Appointment View

MEDICATION ADMINISTRATION - NDC DESCRIPTOR

Functionality has been added to allow providers to enter the NDC Descriptor from the Medication Administration section of the Medications page.

The screenshot displays the 'Medication Administration' form within a software interface. The form is divided into several sections: 'CURRENT NOTE PRESCRIPTIONS', 'PREVIOUS PRESCRIPTIONS/ CURRENT MEDICATIONS', and 'ADD PRESCRIPTION/MEDICATION'. The 'ADD PRESCRIPTION/MEDICATION' section includes fields for drug name ('Rocephin 500 mg Solution for Injection'), start and end dates, route, frequency, and quantity. The 'Medication Administration' section contains fields for administration date, site, expiration date, lot number, manufacturer, and reconstitution details. A dropdown menu for 'NDC' is highlighted with a yellow arrow, showing the selected value '00004196302 [ROCEPHIN 500 MG VIAL]'. Other fields include 'HCPC' (J0696) and 'Administration Status' (Administer Now). Buttons for 'Save and Close' and 'Cancel' are visible at the bottom of the form.

Figure 5: Caption

NOTE TEMPLATE - DISPLAY INACTIVE MEDICAL HISTORY

Optional functionality has been added to display a patient’s **Inactive Medical Conditions** under **Administration>EMR Setup>Note Display Templates>Past Medical Conditions>Show Inactive Conditions**.

The screenshot shows the 'Note Display Template' configuration interface. At the top, there is a navigation bar with tabs for 'Source Management', 'Patient Merge', 'Practice Setup', 'Scheduler Setup', 'EMR Setup', 'Billing Setup', and 'Order Tracking Setup'. Below this, there are sub-tabs for 'Emergency Format Configuration', 'Note Misc.', 'Note DoubleCheck', 'HPI Templates', 'Superbill Categories', 'CPT Superbill', 'ICD Superbill', 'Load Category Management', 'Medical Condition Management', 'Surgery History Management', 'Note Display Templates', and 'Surgical Pr'. The main content area is titled 'Note Display Template' and contains several settings:

- Practice default template:** A list box with four options: 'Note Display Template 1', 'Note Display Template 2 - more spacing', 'Note Display Template 3 - two columns', and 'Note Display Template 4 - two columns with section breaks'. The last option is selected.
- Font size:** A dropdown menu set to '9 pt(default size)'.
- Include practice logo:**
- Include CPT and ICD9 codes:**
- Show abnormal in red and italic font:**
- Show Denied Medical Conditions:**
- Show Denied Family History:**
- Medical History:** 'Show Treating Provider' , 'Show Date Condition Began' , 'Show Inactive Conditions'
- Surgery History:** 'Show Treating Provider' , 'Show Date'
- Immunization History:** 'Show Treating Provider' , 'Show Date'
- Show Unknown Social History:**
- Show Social History:**
- Show Immunization History:**
- Include Service Coding:**

A yellow arrow points to the 'Show Inactive Conditions' checkbox.

Figure x: Administration>EMR Setup>Note Display Templates>Past Medical Conditions>Show Inactive Conditions

MEDICAL HISTORY						
Condition	Added By	Began	Treating Doctor	Active	Edit	Delete
Sinusitis	Lambo, Cassandra 08/17/2012		Gordon, Lawrence	<input type="checkbox"/>	Edit	Delete

Patient has not **denied the presence** of any specific medical conditions

Figure x: EMR>Histories and Habits>Past Medical Conditions

Selecting this option will include **Inactive Medical Conditions** when selected **View Note**:

HISTORIES & HABITS

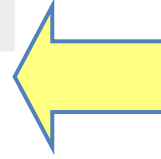
Medical History: Sinusitis -
inactive, Doctor: Gordon,
Lawrence [Reviewed]

Surgery History: No Surgery
History on Record

Family History: No Family
History on Record

Immunization History:
Unknown Immunization History

Figure x: EMR>View Note>
Histories & Habits



Additional Enhancements & Adjustments

Several enhancements and adjustments have been made to overall system functionality. These include, but are not limited to, the following items:

- Various enhancements to External Collection Report
- Adjustments Auto Population of Frequently Ordered Test List
- Additions to Refraction section of the Ophthalmology II Note