GLOSSARY

Administrative

Bottleneck

A situation that stops a process or activity from progressing to optimal performance.

Healthcare Provider – Billing
Providers directly connected to the clearing house should be listed as Healthcare Provider – Billing. These are the providers who are creating and sending claims utilizing WRS billing module.

Healthcare Provider Non-Billing
Providers who are not utilizing WRS billing module. E.g. Self-pay providers, providers that are billing under a Supervising Provider.

Implementation Queue
A status checklist that will give you the specific areas of the system which is broken down by different modules. This is where the status of your implementation is monitored to ensure setup and configuration is completed.

KPI (Key Performance Indicator)

A quantifiable measure used to evaluate the success of your practice in meeting objectives for performance

Negative Exception

Taking *away time* from a provider's schedule

Non-Healthcare Provider
Any other staff aside from providers within the practice.

Non-Human Resource Type
All non-provider type or resource. These are services offered by the practice that are not directly tied to a provider's account/schedule.

Patient Demographics
Information collected during the registration process from a patient such as: date of birth, age, gender, sex, race and ethnicity.

Patient Merge

Action done if a patient's account has a duplicate since there is no option to delete a patient's record once it has been registered.

Positive Exception

Adding more hours on the provider's schedule

Release notes
Refers to the new or enhanced functionality within WRS system. Release note has an overview of the functionality including benefits, workflow, and images of where the functionality can be found.

Report Card

A monthly performance report consisting of Key Performance Indicators (KPIs) to measure the practice's success.

Route Cause Issue

An initiating factor that causes issues in the end-to-end process/workflow.

Support Tab

Practice based portal where the office can create a ticket for any support needed. Ticket Number is TT+ 5 digit number.

Webinar Calendar- live trainings w/ WRS trainers that any office can join. Just click on the link, copy the url on a new window and then register for the meeting. You will then receive an email confirmation about the registration with the gotomeeting details.

Billing

Aging
Balances owed by either insurance or patient that are due past 30 days.

Allowable Mismatch
A mismatch report to see whether or not the claims have been processed according to the contracted rates.

Autopost
A process that automatically posts payment EOBs received from the clearinghouse.

Batch Eligibility
Offered through these clearinghouse: Trizetto and Phicure. Batch eligibility works when a patient is scheduled 24 hours in advance, the clearinghouse will then send eligibility details. This will then run every 4 hours to provide any updated information.

Claim History
A documented history of the claim shows the status, timestamp, and user's name. Users can also add comments/ notes about the claim.

Claim ID
A unique number generated whenever a claim is created in WRS. This will appear in Box 26 of the claim form as Account Number. This is used to search for the claim in WRS.

Claim Flag
The flag icon found in Create Claims page, once clicked will pull a note box that billers can use to communicate with the providers regarding the claim

Clearinghouse
A service that checks insurance claims for errors. Clearinghouse electronically transmits claims to insurance carriers and also receives electronic remittance advice from the carriers.

Default Fee Schedule
A listing of the charges which the practice will bill on the claims for services based on CPT codes.

Electronic Funds Transfer (EFT)
An electronic method of transmitting money.

ERA
Electronic Remittance Advice. This is an electronic version of EOB. It gives details of insurance claim payments and adjustments

Miscellaneous Charges
Charges applied to the patient that does not involve a claim (e.g., no show fee)

Payer ID
A unique ID that is assigned to each insurance company. This ID is used for submitting claims electronically through our system.
Note: Payers can sometimes use different payer IDs depending on the clearinghouse they're working with.

RVU
Relative Value Amount. An average amount that Medicare pays a provider for a treatment.

Self-Pay Claim
Claims created for services billed directly to the patient.

Taxonomy Code
These are codes used to indicate a provider’s field of specialty, at times required to process a claim.

Clinical

Attest
Within the Promoting Interoperability or Improvement Activities categories, providing information by manually entering a numerator and denominator, or marking an action or activity as performed.

Benchmark
A measure benchmark is a point of reference used for comparing your Quality or Cost performance to that of other clinicians on a given Quality or Cost measure.
CMS calculates and publishes benchmarks using historical data whenever possible. Each measure is awarded points based on where your performance falls in comparison to the benchmark.

Bidirectional Lab Interface
This is a two- way connection to a lab. This interface allows the practice to create and send orders electronically to the lab and receive electronic results that will be automatically available to patients' records.

Certified Electronic Health Record Technology
Electronic health record (EHR) technology certified under the ONC Health IT Certification Program that meets certain criteria.

CMS (MIPS)
Center for Medicaid and Medicare Services. A Federal agency that governs HIPPA, Medicare, Medicaid and other health programs.

Credential ID (EPCS)
An alpha-numeric code unique for each Symantec VIP Access App

eCQMs
A clinical Quality measure that is expressed and formatted to use data from electronic health records (EHRs) and/or health information technology in systems to measure healthcare quality, specifically data captured in structured form during the process of patient care.

EHR (Electronic Health Records)
A digital version of a patient's paper chart, sometimes referred to as an electronic medical record (EMR). An EHR system is the software that healthcare providers use to track patient data.

EPCS (Electronic Prescribing of Controlled Substances)
Prescribers have the ability to send controlled prescriptions electronically using the EPCS Module. An EPCS Sign up Form if filled out and submitted then prescriber is required to send copies of the up-to-date Medical License and DEA Registration. Once all required documents are received, we will process the request and send the EPCS Setup and Workflow Guide.

EPCS (First User)
This is the prescribing provider. The one who is enrolling to EPCS.

EPCS (Second User)

As per DEA Ruling, it requires two users to complete the EPCS Setup. The first user and the Second user who has the access to the EPCS Module but not necessarily a prescribing provider.

EPCS Token (Hardware Token)
A small key fob device that will generate Security Codes when sending controlled prescriptions.

EPCS Token (Software Token)
Symantec VIP Access App, an app that is compatible to any smartphones. Instead of using the key fob, the app is a handy token that will also generate Security Codes to complete the Sign Off process when sending controlled prescriptions.

Experian Freeze Pin (EPCS)
A security freeze is designed to prevent credit, loans and services from being approved in your name without your consent. If this is enabled, the prescriber uses a freeze pin to process with the Identity Proofing.

ID Proofing (Identity Proofing)

The prescriber completes the profile questionnaire by Experian through the system.

Lab Compendium
A collection of lab specific codes that may differ from one practice to another.

MIPS Eligible Clinician
A clinician who meets certain requirements and will receive a MIPS payment adjustment based on individual participation, group participation, virtual group participation or the APM scoring standard.

PTAN
Provider Transaction Access Number. This is used for Medicare reimbursements. This will be asked by the clearinghouse to process ERA enrollments.

PY (Performance Year)
The period in which program participants must collect QPP data. They report the data they've collected in the first few months of the following year.

QCDR (Qualified Clinical Data Registry)
A CMS-approved entity that has self-nominated and successfully completed a qualification process. The qualification process determines whether the entity may collect data to improve quality of patient care.

Referral- is the transfer of care for a patient from one clinician or clinic to another by request.

Security Code
Alongside with the Token Password, Security Code is generated through a token creating the 2-Factor Authentication Log-in to Sign+Authorize+Send controlled electronic prescriptions.

Token Password

Composed of alpha-numeric symbols. May or may not be your practice log-in.

Unidirectional Lab Interface
This is also known as results only interface. The practice will receive the results back from the lab and it will be automatically matched to the patients' charts.

VIP Push (Push Access Notification)

VIP Push only works if the provider has notifications on for VIP Access turned on their phone. If they do not have notifications turned on they will not receive the notification when VIP Push is clicked to sign off on a controlled substance. The Provider would need to check their settings for the app on their phone in order to see if they can use VIP Push, this unfortunately is not something we can see on our end.

Front Desk

Four - Step Workflow
The process starts from Appointment scheduled, Check- in, Move to Exam Room until Check Out.

Instant Eligibility Check

Instant eligibility is ONLY available through Phicure and is real-time. Instant eligibility will allow the system to run automatically and pull any details available.

Patient Recall
Patient receives an automated reminder that patient needs schedule their next appointment.

Print out Tab
Summary of the Patient’s entire demographic information.

Split Magnet
This will allow you to segregate different pages on a document in fax queue depending on user's preference