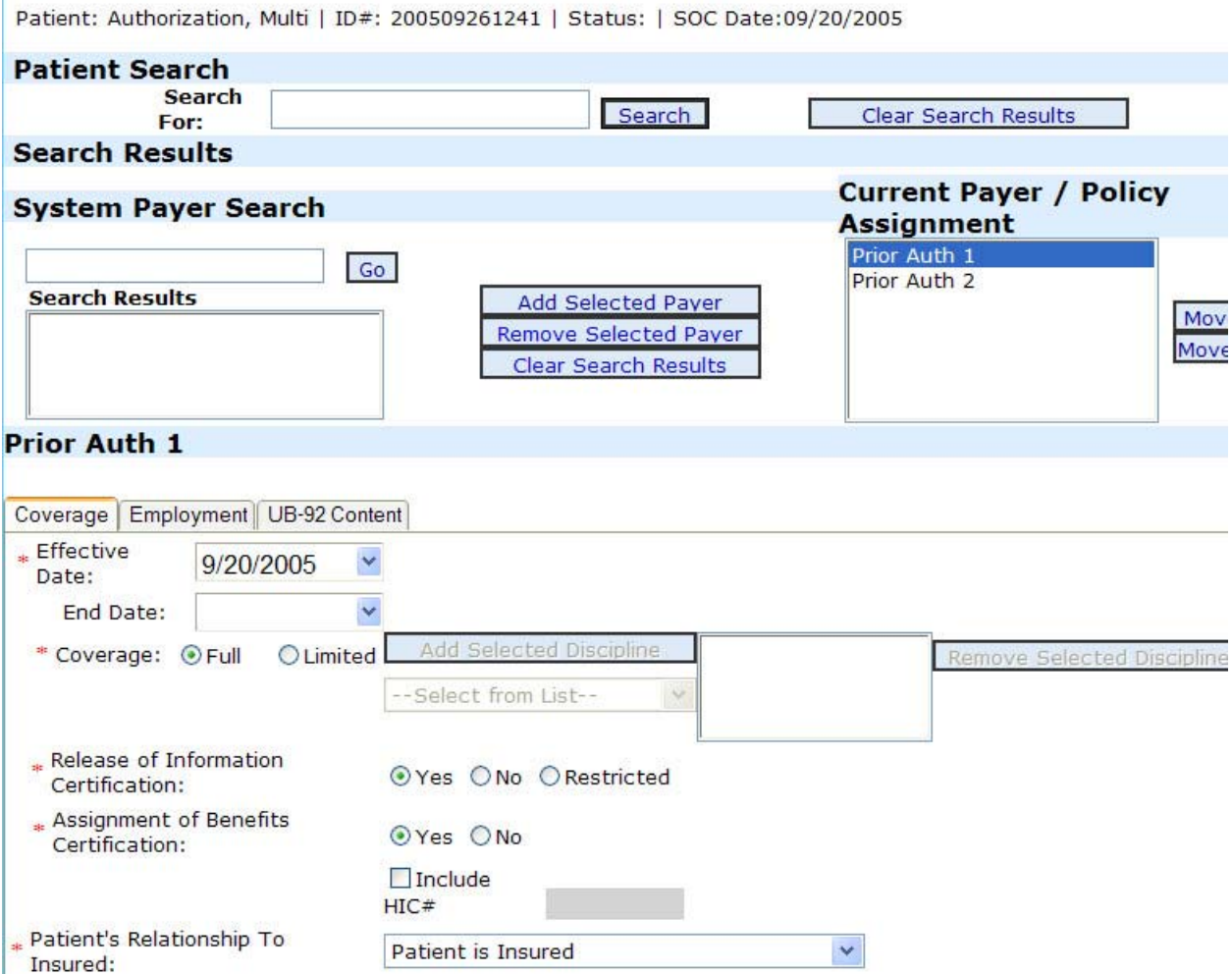


## Instructions for multiple payers

Action / Instruction	Screen Shot
<p>Scenario: Patient has two payers, each responsible for different disciplines. In this example, payer1 'Prior Auth 1' is responsible for RN visits and payer2 'Prior Auth 2' is responsible for PCA visits.</p>	
<p>1. FINANCIAL-Billing-Payer/Policy Assignment: search/add payer1.</p>	<p>The screenshot shows a web application interface for patient search and payer assignment. At the top, it displays patient information: "Patient: Authorization, Multi   ID#: 200509261241   Status:   SOC Date:09/20/2005". Below this is a "Patient Search" section with a "Search For:" input field, a "Search" button, and a "Clear Search Results" button. Underneath is a "Search Results" section which is currently empty. To the left of the "Search Results" is a "System Payer Search" section with an input field and a "Go" button. Below the "System Payer Search" is another "Search Results" section, also empty. In the center, there are three buttons: "Add Selected Payer", "Remove Selected Payer", and "Clear Search Results". On the right side, there is a "Current Payer / Policy Assignment" section with a list box containing "Prior Auth 1" and "Prior Auth 2". To the right of the list box are "Move Up" and "Move Down" buttons.</p>

Action / Instruction	Screen Shot
<p>2. Complete the required fields for payer1.</p>	 <p>Patient: Authorization, Multi   ID#: 200509261241   Status:   SOC Date:09/20/2005</p> <p><b>Patient Search</b>  Search For: <input type="text"/> <input type="button" value="Search"/> <input type="button" value="Clear Search Results"/></p> <p><b>Search Results</b></p> <p><b>System Payer Search</b>  <input type="text"/> <input type="button" value="Go"/>  <b>Search Results</b>  <input type="text"/></p> <p><b>Current Payer / Policy Assignment</b>  Prior Auth 1  Prior Auth 2  <input type="button" value="Move"/>  <input type="button" value="Move"/></p> <p><b>Prior Auth 1</b></p> <p>Coverage   Employment   UB-92 Content</p> <p>* Effective Date: 9/20/2005 <input type="button" value="v"/>  End Date: <input type="text"/> <input type="button" value="v"/></p> <p>* Coverage: <input checked="" type="radio"/> Full <input type="radio"/> Limited <input type="button" value="Add Selected Discipline"/> <input type="button" value="Remove Selected Discipline"/>  --Select from List-- <input type="button" value="v"/></p> <p>* Release of Information Certification: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Restricted  * Assignment of Benefits Certification: <input checked="" type="radio"/> Yes <input type="radio"/> No  <input type="checkbox"/> Include  HIC# <input type="text"/></p> <p>* Patient's Relationship To Insured: Patient is Insured <input type="button" value="v"/></p>
<p>3. Repeat Steps 1 &amp; 2 for payer2.</p>	<p>[ N/A ]</p>

**Action / Instruction**

4. Initially, when the service journals are entered, they have a default status of PENDING (not confirmed). You should 'confirm' the service journals for payer1 (RN visits).

**Screen Shot**

SJ Transactions | [View PDF](#) | [Export to Excel](#) | [Expand All](#) | [Collapse All](#)

Drag a column header here to group by that column

Worker ID	Worker Name	Start Date	Start Time	End Time	Duration	SJ Code	Patient Name	Cnf	Blb	Pyb	SJ Status	Sup	WrkCst	WorkerType	Discipline
5555509876	Jones, Michael J	09/20/2005	09/20/2005 01:49 PM	09/20/2005 02:49 PM	60	AD	Authorization, Multi	N	Y	Y	Pending	N	N	Staff	RN
632457340384001020	Jones, Bob	09/22/2005			45	RV	Authorization, Multi	N	Y	Y	Pending	N	N	Full-time	PCA

Action / Instruction	Screen Shot										
5. FINANCIAL-Invoice Processing: Run billing cycle for payer1.	<div data-bbox="535 203 1921 1315"> <h3>Billing Calendar Cycle and System Payer Selection</h3> <p>             Billing Cycle: <input type="text" value="WK - Weekly"/>               Payer: <input type="text" value="Prior Auth 1"/> <a href="#">Add Selected Payer</a> </p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>System Payer(s) To Be Billed</b>              Prior Auth 1           </div> <hr/> <h3>Cycle Options</h3> <p> <input checked="" type="checkbox"/> Sort Claims By System Payer      Sort Claim By: <input type="radio"/> Agency-Assigned ID <input checked="" type="radio"/> Patient Last Name           </p> <p>             Cycle To Process: <input type="text" value="09/18/2005 - 09/24/2005"/> </p> <p> <input type="button" value="Start"/> <input type="button" value="View / Print Detail"/>      <input type="button" value="Status: Complete"/> </p> <hr/> <h3>Cycle Results</h3> <p>All System Payers</p> <div style="border: 1px solid black; padding: 5px;"> <b>CLEAN Claims</b> <p>             Claims "Ready To Go": <input type="text" value="1"/>      <input type="text" value="\$110.00"/> </p> <p> <a href="#">Create Electronic File by Pa</a>      <a href="#">Print Required Claims by Pay</a>  <a href="#">View / Print Detail</a>      <a href="#">Print Optional Claims by Pay</a> </p> </div> <div style="border: 1px solid black; padding: 5px;"> <b>PENDED Claims</b> <p>             Plan of Care Needed: <input type="text" value="0"/>      <input type="text" value="\$0.00"/> </p> <p>             POC MD Signature Needed: <input type="text" value="0"/>      <input type="text" value="\$0.00"/> </p> <p>             VO MD Signature Needed: <input type="text" value="0"/>      <input type="text" value="\$0.00"/> </p> <p> <a href="#">View / Print Detail</a>  <a href="#">View / Print Corrective Action R</a> </p> </div> <hr/> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Last Bill Date:</td> <td style="width: 50%;">Billing Calendar Cycle: WK - Weekly</td> </tr> <tr> <td>Claim Payer Name: Prior Auth 1</td> <td>Default Billing Output: <input type="radio"/> Electronic Claim File</td> </tr> <tr> <td>Payer NAIC #:</td> <td>ASC X12N 837 (004010X096A1):</td> </tr> <tr> <td>Payer NAIC Sub-Code:</td> <td><input checked="" type="radio"/> Paper Claim Document</td> </tr> <tr> <td></td> <td>Claim Form Template: Insurance_UB92</td> </tr> </table> <p style="text-align: right;"> <input type="button" value="Save / Exit"/>      <input type="button" value="Cancel / Exit"/> </p> </div>	Last Bill Date:	Billing Calendar Cycle: WK - Weekly	Claim Payer Name: Prior Auth 1	Default Billing Output: <input type="radio"/> Electronic Claim File	Payer NAIC #:	ASC X12N 837 (004010X096A1):	Payer NAIC Sub-Code:	<input checked="" type="radio"/> Paper Claim Document		Claim Form Template: Insurance_UB92
Last Bill Date:	Billing Calendar Cycle: WK - Weekly										
Claim Payer Name: Prior Auth 1	Default Billing Output: <input type="radio"/> Electronic Claim File										
Payer NAIC #:	ASC X12N 837 (004010X096A1):										
Payer NAIC Sub-Code:	<input checked="" type="radio"/> Paper Claim Document										
	Claim Form Template: Insurance_UB92										

**Action / Instruction**

**Screen Shot**

6. [sample UB-92 for payer1 showing RN-SKILLED NURSING visit]

Florida Suncoast Home Health 1 Broward Blvd, Broward Corporate Park, Bldg 12, Gate 3-A Fort Lauderdale, FL 33307 Tel: 954-555-1222		3 PATIENT CONTROL NO. 8328333366834005		APPROVED OMB NO. 0936-0370 1 OF 11															
9 FED. TAX NO. 281254667		8 STATE COUNTY CODES (FED. TAX ONLY) FL 0000		700V D, 8 H-C D, 9 C-I D, 10 L-R D, 11															
13 PATIENT NAME Authorization, MUR			13 PATIENT ADDRESS 123 Oak Forest Dr., Parkland, FL 33067																
14 BIRTHDATE	15 SEX	16 MS	17 DATE	18 HR	19 TIME	20 SEC	21 D HR	22 STAY	23 MEDICAL RECORD NO.	24	25	26	27	28	29	30	31		
02/14/20	F	M	04/20/2005	2	4		30												
32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE	39 OCCURRENCE CODE	40 OCCURRENCE DATE	41 OCCURRENCE CODE	42 OCCURRENCE DATE	43 OCCURRENCE CODE	44 OCCURRENCE DATE	45 OCCURRENCE CODE	46 OCCURRENCE DATE	47 OCCURRENCE CODE	48 OCCURRENCE DATE	49 OCCURRENCE CODE		
06/20/2005																			
50 PAYER Prior Auth 1										51 PROVIDER NO. 890-890		54 PRIOR PAYMENTS Y Y		55 EST. AMOUNT DUE 110.00		56			
<b>DUE FROM PATIENT ▶</b>																			
58 INSURED'S NAME Authorization, MUR				59 P. NO. 01				60 CERT. - SSN - HIC - ID NO. 112233				61 GROUP NAME				62 INSURANCE GROUP NO.			
63 TREATMENT AUTHORIZATION CODES N8735						64 ESC 65 EMPLOYER NAME						66 EMPLOYER LOCATION							
67 PRN. DIAG. CD.	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ACCL. DIAG. CD.	77 E-CODE	78								
333.3																			
79 P.C. 80 PRINCIPAL PROCEDURE CODE 333.3		81 OTHER PROCEDURE CODE DATE		82 OTHER PROCEDURE CODE DATE		83 OTHER PROCEDURE CODE DATE		84 ATTENDING PHYS. ID 112233 85 OTHER PHYS. ID 86 OTHER PHYS. ID											
84 REMARKS																			
87 PROVIDER REPRESENTATIVE Michael J. Jones														88 DATE 06/20/2005					
UB-92 HCFA-1400 OIG ORIGINAL I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF																			

**Action / Instruction**

7. Initially, when the service journals are entered, they have a default status of PENDING (not confirmed). You will now see that the RN visit has a status of BILLED. You should 'confirm' the service journals for payer2 (PCA visits).

**Screen Shot**

SJ Transactions | [View PDF](#) |  |  |

Drag a column header here to group by that column

Worker ID	Worker Name	Start Date	Start Time	End Time	Duration	SJ Code	Patient Name	Cnf	Blb	Pyb	SJ Status	Sup	WrkCst	WorkerType	Discipline
5555509876	Jones, Michael J	09/20/2005	09/20/2005 01:49 PM	09/20/2005 02:49 PM	60	AD	Authorization, Multi	Y	Y	Y	Billed	N	N	Staff	RN
632457340384001020	Jones, Bob	09/22/2005			45	RV	Authorization, Multi	Y	Y	Y	Confirmed	N	N	Full-time	PCA

**Action / Instruction**

8. Repeat Step 5 for payer2.

**Screen Shot**

**Billing Calendar Cycle and System Payer Selection**

Billing Cycle:    
Payer:  [Add Selected Payer](#)

**System Payer(s) To Be Billed**

---

**Cycle Options**

Sort Claims By System Payer   
Sort Claim By:  Agency-Assigned ID  Patient Last Name

Cycle To Process:    
[Start](#) [View / Print Detail](#)     Status:

---

**Cycle Results**

All System Payers

**CLEAN Claims**

Claims "Ready To Go":     
[Create Electronic File by Pay](#) [Print Required Claims by Pay](#)   
[View / Print Detail](#) [Print Optional Claims by Pay](#)

**PENDED Claims**

Plan of Care Needed:     
POC MD Signature Needed:     
VO MD Signature Needed:     
[View / Print Detail](#)   
[View / Print Corrective Action R](#)

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Last Bill Date:  Billing Calendar Cycle: WK - Weekly   
Claim Payer Name: Prior Auth2 Default Billing Output:  Electronic Claim File   
Payer NAIC #:  ASC X12N 837   
Payer NAIC Sub-Code:  (004010X096A1):    
 Paper Claim Document   
Claim Form Template: Insurance\_UB92

[Save / Exit](#) [Cancel / Exit](#)

**Action / Instruction**

**Screen Shot**

9. [sample UB-92 for payer2 showing PCA-AIDE/HOME HEALTH visit]

Florida Sunshine Home Health 1 Broward Blvd, Broward Corporate Park, Bldg 12, Suite 3-A Fort Lauderdale, FL, 33307 Tel# (954) 556-1222										2		3 PATIENT CONTROL NO. 6326353390384005		APPROVED OMB NO. 0938-0278 <b>TYPE OF BILL</b> 331					
5 FED. TAX NO. 051234567				5 STATEMENT COVERED PERIOD FROM 09220005 THROUGH 09242005		7 COV D.		8 I-C D.		9 C-I D.		10 L-R D.		11					
12 PATIENT NAME Authorization, Muli						13 PATIENT ADDRESS 123 Oak Forest Drive, Parkland, FL 33067													
14 BIRTH DATE 02041920		15 SEX F	16 MS M	17 DATE 09220005		18 HR 2	19 IY 4	20 RC 30	21 D HR 22 STAT		23 MEDICAL RECORD NO.		24 CONDITION CODES 25 26 27 28 29 30 31						
27 OCCURRENCE DATE 09220005		32 OCCURRENCE DATE		34 OCCURRENCE DATE		36 OCCURRENCE DATE		38 OCCURRENCE DATE		35 CODE		37 OCCURRENCE SPAN FROM THROUGH		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
36 Authorization, Muli 123 Oak Forest Drive, Parkland, FL 33067												a	b	c	d				
42 REV. CD		43 DESCRIPTION				44 HCPCS / RATES		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES				49			
1	570	AIDE/HOME HEALTH					09222005	2	45.00										
2	0001	Total Charges						2	45.00										
3																			
4																			
5																			
6																			
7																			
8																			
9																			
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18																			
19																			
20																			
21																			
22																			
23																			
50 PAYER Prior Auth					51 PROVIDER NO.			53 PRIOR PAYMENTS		54 EST. AMOUNT DUE		56							
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P				
57	<b>DUE FROM PATIENT</b>																		
58 INSURED'S NAME Authorization, Muli					59 P. RES.			60 CBRT. - SSN - IIC - ID NO.			61 GROUP NAME			62 INSURANCE GROUP NO.					
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P				
63 TREATMENT AUTHORIZATION CODES N6785			64 ESC			65 EMPLOYER NAME			66 EMPLOYER LOCATION										
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P				
67 PRIN. DIAG. CD. 333.3		68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 CODE	76 ADM. DIAG. CD.		77 E-CODE	78						
79 P.C. CD	80	PRINCIPAL PROCEDURE DATE		81	OTHER PROCEDURE DATE		82	OTHER PROCEDURE DATE		83 ATTENDING PHYS. ID 112233									
9	A	B	C	D	E	F	G	H	I	J	K	L	M	N					
84 REMARKS	85	86	87	88	89	90	91	92	93	94	95	96	97	98					
85 PROVIDER REPRESENTATIVE Michael J. Jones	86 DATE 09242005	87	88	89	90	91	92	93	94	95	96	97	98	99					