

GET YOUR  
“NEXTPERTISE™”

ON

NEXTGEN | UGM  
HEALTHCARE

## Presenter(s):

Anthony Kane – Manager, EDI Ops

Oscar King – Spvr, Customer Support

## Topic

The A to Z of EDI Services – How to Save Money Now

## Level

Tuesday, November 13 – 3:30PM to 4:45PM

# QSI EDI Services

- **Automated Voice Reminders** – Reduce your no-show rate with automated voice appointment reminders!
- **Eligibility Verification** – We receive “real time” data from the insurance companies and provide you with that information electronically.
- **Insurance Claims** – Outsource all of your insurance claims submissions and relieve the tediousness of printing, mailing, and posting claims results
- **Electronic Remittance Advice** – Explanation of benefits, EOB’s, posted effortlessly with QUIC’s reporting and posting programs
- **Statements** – Improve cash flow and boost professional appearance while utilizing QUIC’s automated statement processing service!
- **Direct Deposit** – Payment processing that posts directly to your bank account and system without spending hours on data entry!
- **Patient Correspondence** – Generate Arrivals using Recall and Appointment Reminder Cards. Increase A/R with Budget and Collection Letters!.

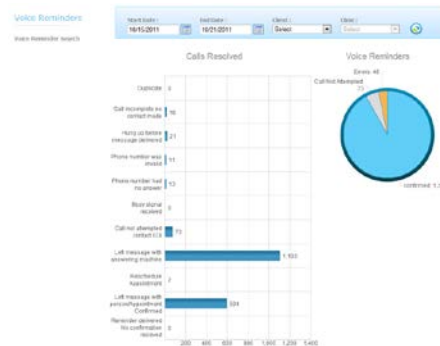
# Automated Voice Reminders

- **Offers Individualized customer messaging in multiple languages**
- **Recognizes a live person vs. an answering machine**
- **Delivers a consistent message to all patients**
- **Reports via QSI**
- **Unlimited Call Windows**
- **Manages multiple sites**
- **One message per household noting multiple patient appointments**

# Automated Voice Reminders

*QSIEDI Automated Reminder Calls Operate Using the Overnight.*

- Easy installation
- Seamlessly integrates the QSI<sup>edi</sup> Voice Reminder Services with the QSI System
- Uses data directly from the QSI Schedule *and runs* automatically behind the scenes (Pulls Appointments from Appointment Lists).
- Submission/Results Reports



- Posts Results back to the Appointment List.
- Customize submission by Events, Locations, Resources

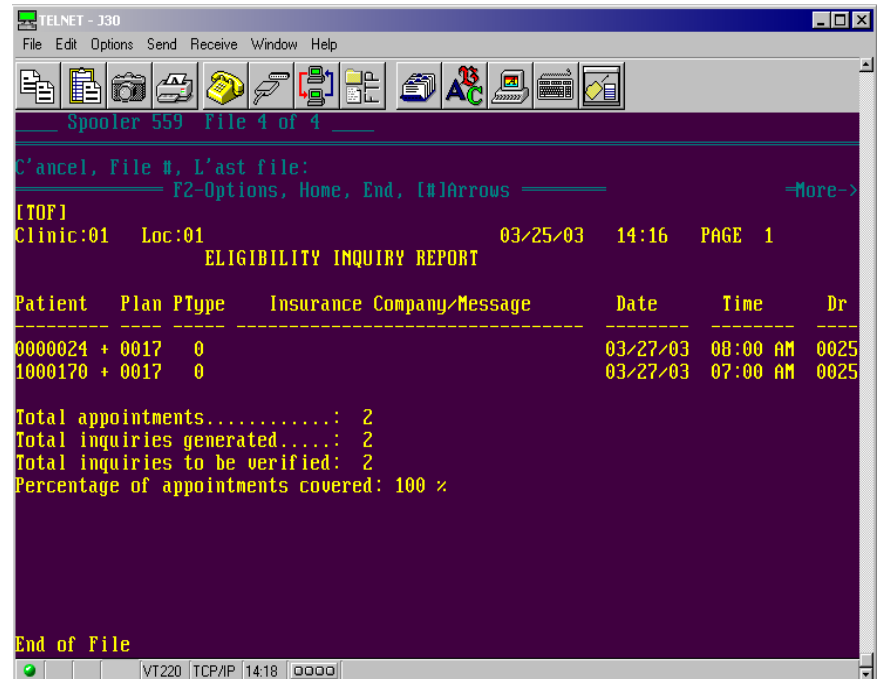
# Automated Voice Reminders

## Console Demo

# Eligibility Verification

## Eligibility Inquiry Report

- Optional Query by Clinic Number.
- Optional Query by Date.
- Summary of patient eligibility requests.
- Can be set-up in the overnight.
- Program will only verify Eligibility Patients by Practice specified processing period.



```
TELNET - J30
File Edit Options Send Receive Window Help
Spooler 559 File 4 of 4
Cancel, File #, Last file:
F2-Options, Home, End, [H]Arrows
[TOF]
Clinic:01 Loc:01 03/25/03 14:16 PAGE 1
ELIGIBILITY INQUIRY REPORT
Patient Plan PType Insurance Company/Message Date Time Dr
-----
0000024 + 0017 0 03/27/03 08:00 AM 0025
1000170 + 0017 0 03/27/03 07:00 AM 0025
Total appointments.....: 2
Total inquiries generated.....: 2
Total inquiries to be verified: 2
Percentage of appointments covered: 100 %
End of File
VT220 TCP/IP 14:18 0000
```

# Eligibility Verification

## Eligibility Verification Post Posting/Results

- List each Patient Eligibility Submission.
- Lists whether a patient is eligible or not.
- Provides explanation

```

TELNET - J30
File Edit Options Send Receive Window Help
-----
Spooler 559 File 5 of 5
-----
[TOF]
01 Loc:01                               03/25/03  14:19
-----
                ELIGIBILITY VERIFICATION RESULTS
-----
DOC. PATIENT ACT APT  APT-DATE  COV  Ins.   COMMENTS
-----
0025 0000024  I      03/27/03  yes  Prim  Active Coverage
      --      ID: 999115521  MODIANO  ,HAIM
0025 1000170  I      03/27/03  no   Prim  Inactive
      --      ID: 111228965  ARRAND  ,BRAD
      --      A.NO ENROLLMENT FOUND UNDER GRP

This information is based on the Insurance Companies' records at the
time the data was accessed. This information may not be current on the
date the services are actually performed. Eligibility is not a
guarantee of coverage.
[TOF]
01 Loc:01                               03/25/03  14:19
-----
VT220 TCP/IP 14:22 | 0000 |
  
```

PATIENT #	DATE OF APPT.	COVERAGE	EXPLANATION
1002210	07/18/10	UNKNOWN	COULD NOT DETERMINE ELIGIBILITY -- PATIENT NOT IDENTIFIED.INVALID INSURANCE ID#.
1002030	07/18/10	NO	PATIENT WAS DETERMINED INELIGIBLE -- POLICY EXPIRED 06/30/97
1002010	07/18/10	YES*	PATIENT WAS DETERMINED ELIGIBLE; CONFLICT IN PATIENT INFO; CLAIM MAY BE REJECTED -- CONFLICT IN PATIENT DOB; CORRECT DOB 12/03/67



*Printable Reports are available via the overnight spooler.*



# Eligibility Verification

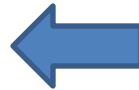
## Patient Insurance record in ,11

- Special Name Symbol (^) to indicate ineligibility.
- Patient Eligibility is Indicated in the comment field.



```
1 Account 107664 Update: 09/13/04 05
2 L,F Nam AWESSON,WILLIAM
3 C/O ...
4 Address 924 OLD FARM WAY
5 City,St WERNERSVILLE,AZ 72344
6 Phone 1 602-555-1212 Com.
7 Phone 2 602-555-2121 Com.
8 Type... ME METLIFE Suppres 1:JP MORGAN
9 Comment 2:
10 Dr #2... Dep 0 Doctor: BRUCE M. WALLER, DDS
11 Dr #3... Dep 0 Ref Sec:
Name Birth Recall Ref Src Chart P0
21 WILLIAM M 126 08/08/1963 +06/10/04 1
22 SALLY W 126 07/21/1968 1
23 ADAMIELLA D 819 08/28/1989 1
24 TARA D 126 07/25/1992 +12/11/04 1
25 WESSON,JR,WILLIAM S 126 08/10/1994 +06/18/05 1
26
27
28
29
Save,F[#,],##:
```

```
05 Patient Insurance Update (,11) Rec Insured Plan
1 0 AWESSON,WILLIA 1505 JP MORGAN CHA
Account #: 107664 AWESSON,WILLIAM
Account Type: ME
Family, Dep #: 1 AWESSON,SALLY
Primary Record Secondary Record
1 New,## 01 Last Update: 01/31/05 17 New,## Last Update:
Verification Window: Primary - JP MORGAN
Ins Co. Phone #: 877-638-3379
Call Date Emp Phone Contact Comment Thru Date St
1. 01/31/05 QSI Dep: 1 Ineligible 02/02/05 U
2. 01/31/05 J
3.
4.
5.
6.
Delete #, #:
F3-Accept F10-Exit
```



Ineligible Patients are flagged in ,1

# Eligibility Verification

## Console Demo

# Electronic Claims Processing

Features	Benefits
<ul style="list-style-type: none"><li>• <b>End-to-End Integration</b></li><li>• <b>QSI Claims Support</b></li><li>• <b>Advanced Reporting of Outstanding Claims</b></li><li>• <b>ANSI Compliant Claims, ERA &amp; Reporting</b></li><li>• <b>Best Selection of Clearinghouse Options</b></li><li>• <b>Extensive Payer Lists</b></li><li>• <b>Staying Up-to-date with Industry &amp; Payer Changes</b></li></ul>	<p><b>Accelerate Claims Processing and Payment</b></p> <p><b>Decrease Submittal Errors and Resubmissions</b></p> <p><b>Increase Visibility of Claims Status (Claims Portal)</b></p> <p><b>Improved Cash Flow</b></p> <p><b>Reduce Write-offs</b></p> <p><b>Lowered Labor Costs Associated with Manual Claim Processing.</b></p> <p><b>One-Vendor Convenience</b></p>





**Claim Information**

Print

Claim ID: 11110311792      Claim Type: Primary  
 Status: Rejected by payer

**Patient Information**

Address: 1234 ROUS ST. DECATUR, IN 46733      Name: AJ BAUTISTA      Birth Date: 1972-03-12      Sex: M      Marital Status:      Empl. Status:      Phone: 5551234567      User Patient ID:      Amount Paid By Patient:      Student Status: N

**Insurance Information**

Insured Name: AJ BAUTISTA      Address: 1234 ROUS ST. DECATUR, IN 46733      Birth Date: 1972-08-20      Sex: M      Pat Rel to Ins: Child      Insured ID: 31186675      Group Policy #: 62033801100440      Group Name: FLEETWOOD      Carrier: AETNA      Union Local:      Employer Name: FLEETWOOD      Address:      PO BOX 981106      EL PASO, TX 799984094

**Provider Information**

Billing: QSI DENTAL OFFICE      Address: 18111 Von Karman Ave. IRVINE, CA 92612      License: E12345      Rendering: DR. Edward David Indigo, D.M.D.      Address: 1234 Main St. Suite 600 IRVINE, CA 92612      License: 12010854A      Facility ID:      Rendering NPI: 123456789      Address:

Billing NPI: 123456789      Tax ID: 987654321      State Lic:      Medic. Lic:      Type: E      Blue Lic:      Other Lic: 12010854A

Acc. Assgn:      Out. Lab:

**Claim Form Questions**

Occupat. Accident:      Auto Accident:      Orthodontics:      Prothesis:      S.O.F. Date:      Benefit Assign Date:      Hospital Dates:      No. Work Dates:      Accident State:      Start Date:      Placement Date:      Place of Treatment:      X-ray Count:      Start of Series Date:      Month Remain:      Same Symptom Date:      Other Symptom Date:

**Claim Comments**

Line 1:  
Line 2:  
Line 3:

**Claim Treatment**

Visit Date	Service Units	Proc Code	Charg	Description	Tooth	Surfaces
2009-02-03	1	D0274	\$47.00	BITEWING X-RAYS, 4 FILMS		
2009-02-03	1	D1110	\$64.00	PROPHYLAXIS - ADULT		
2009-02-03	1	D0120	\$35.00	PERIODIC ORAL EXAMINATION		

**Claim History**

Date	Source	Message															
2009-02-08 14:56:19	QUIC	<table border="1"> <thead> <tr> <th>Patient</th> <th>Ins. ID</th> <th>Claim</th> <th>Service</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>XXXXXXXXXXXX DO9, XXXXXXXXXXXX 60054 AETNA US HEALTHCARE 11081 DOE</td> <td>2905</td> <td>351-44-1222</td> <td></td> <td></td> </tr> <tr> <td></td> <td>H</td> <td>31186675</td> <td>1792 02/03 02/03</td> <td>146.00</td> </tr> </tbody> </table>	Patient	Ins. ID	Claim	Service	Amount	XXXXXXXXXXXX DO9, XXXXXXXXXXXX 60054 AETNA US HEALTHCARE 11081 DOE	2905	351-44-1222				H	31186675	1792 02/03 02/03	146.00
Patient	Ins. ID	Claim	Service	Amount													
XXXXXXXXXXXX DO9, XXXXXXXXXXXX 60054 AETNA US HEALTHCARE 11081 DOE	2905	351-44-1222															
	H	31186675	1792 02/03 02/03	146.00													



# Electronic Claims Portal

QUALITY SYSTEMS INC.  
A Higher IQ For Healthcare IT

Home Reports

## Claim Information

Search Criteria

Begin Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

Client:

Clinic:

SubID:

Carrier Number:

Host:

Patient Number:

Claim Number (4 digits please):

-- Advanced --

Patient First Name:

Patient Last Name:

Insured First Name:

Insured Last Name:

Billing Name:

Rendering Name:

Status:

Result Limit:

Additional Display Columns

Display Patient

Display Insured

Display Payor

Display Billing Provider

Display Rendering Provider

Display Claim Information

Display Linetel Information

Submit Query

### Search Results

Date	isPayTo	Host	Client	Clinic	SID	Status	Responsibility	Error Code	Error Message
------	---------	------	--------	--------	-----	--------	----------------	------------	---------------

Done Internet 100%

Date	Source	Message																				
2009-02-08 14:56:19	QUIC	<table border="1"> <thead> <tr> <th>Patient</th> <th>Ins.ID</th> <th>Claim</th> <th>Service</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>XXXXXXXXXX DDS,XXXXXXXX</td> <td>2905</td> <td>351-44-1222</td> <td></td> <td></td> </tr> <tr> <td>60054 AETNA US HEALTHCARE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11031 DOE</td> <td>H 31186675</td> <td>1792</td> <td>02/03 02/03</td> <td>146.00</td> </tr> </tbody> </table>	Patient	Ins.ID	Claim	Service	Amount	XXXXXXXXXX DDS,XXXXXXXX	2905	351-44-1222			60054 AETNA US HEALTHCARE					11031 DOE	H 31186675	1792	02/03 02/03	146.00
Patient	Ins.ID	Claim	Service	Amount																		
XXXXXXXXXX DDS,XXXXXXXX	2905	351-44-1222																				
60054 AETNA US HEALTHCARE																						
11031 DOE	H 31186675	1792	02/03 02/03	146.00																		
2009-02-11 12:10:58	DCI	<p>Claim Information</p> <table border="1"> <thead> <tr> <th>Patient</th> <th>Clm</th> <th>Date</th> <th>Return Code</th> </tr> </thead> <tbody> <tr> <td>1111031</td> <td>1792</td> <td>02/03/09</td> <td>Claim:A0:16 - Acknowledgement/Forwarded Claim/encounter has been forwarded to entity. D0274--A0:16 - Acknowledgement/Forwarded D1110--A0:16 - Acknowledgement/Forwarded D0120--A0:16 - Acknowledgement/Forwarded DCN:M000044656100245V</td> </tr> </tbody> </table>	Patient	Clm	Date	Return Code	1111031	1792	02/03/09	Claim:A0:16 - Acknowledgement/Forwarded Claim/encounter has been forwarded to entity. D0274--A0:16 - Acknowledgement/Forwarded D1110--A0:16 - Acknowledgement/Forwarded D0120--A0:16 - Acknowledgement/Forwarded DCN:M000044656100245V												
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2009-02-11 12:11:29	DCI	<p>Claim Information</p> <table border="1"> <thead> <tr> <th>Patient</th> <th>Clm</th> <th>Date</th> <th>Return Code</th> </tr> </thead> <tbody> <tr> <td>1111031</td> <td>1792</td> <td>02/03/09</td> <td>Claim:A3:33 - Acknowledgement/Returned Subscriber and subscriber id not found. DCN:E4YZF6J3200</td> </tr> </tbody> </table>	Patient	Clm	Date	Return Code	1111031	1792	02/03/09	Claim:A3:33 - Acknowledgement/Returned Subscriber and subscriber id not found. DCN:E4YZF6J3200												
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1111031	1792	02/03/09	Claim:A3:33 - Acknowledgement/Returned Subscriber and subscriber id not found. DCN:E4YZF6J3200																			

# Claims Verification

## Console Demo



# ERA – Electronic Remittance Advice Posting

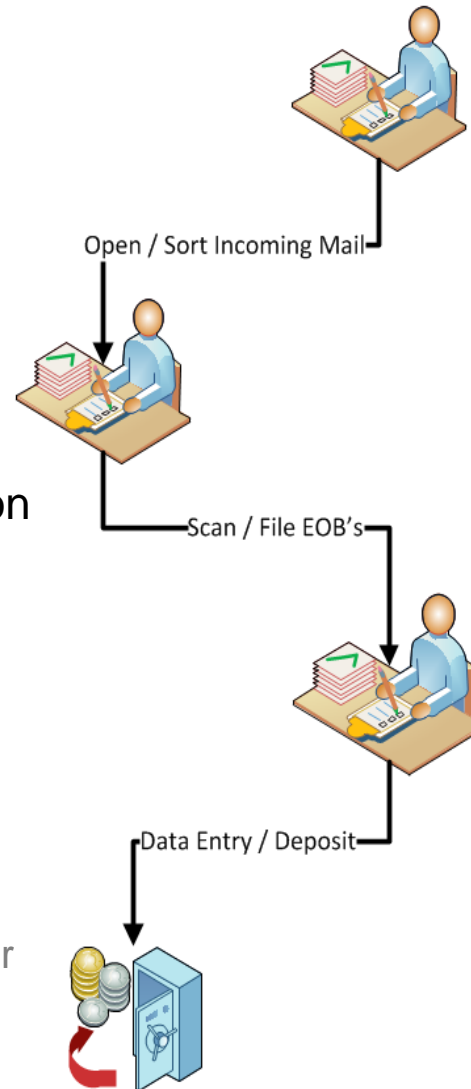
## What is it?

- A healthcare industry standard for Payers to electronically transmit payment details
- Also known as 835 posting

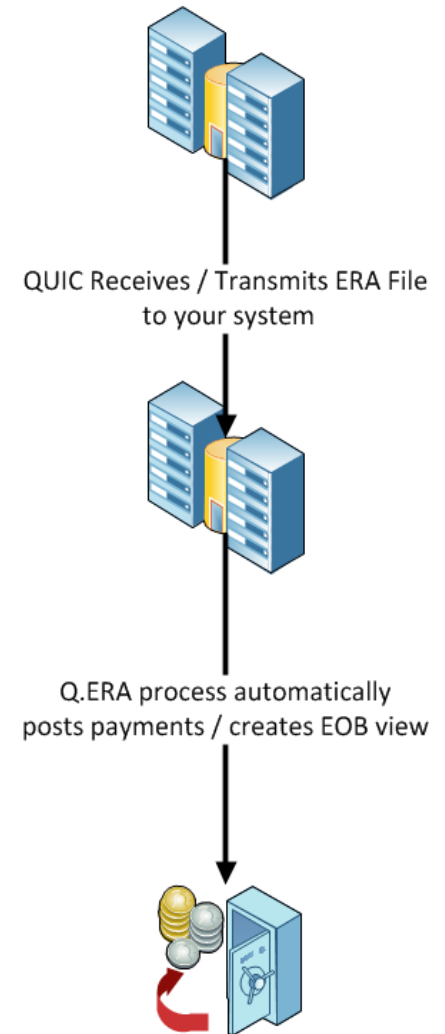
## Why use ERA Posting?

- Eliminate manual labor time spent on tasks associated with posting insurance checks, such as:
  - Sorting incoming mail
  - Patient/Claim lookup
  - Reading/interpreting the EOB to enter the insurance payment and associated contractual discounts
  - Filing the EOB after posting
  - Retrieving the EOB for viewing later if the patient has a question

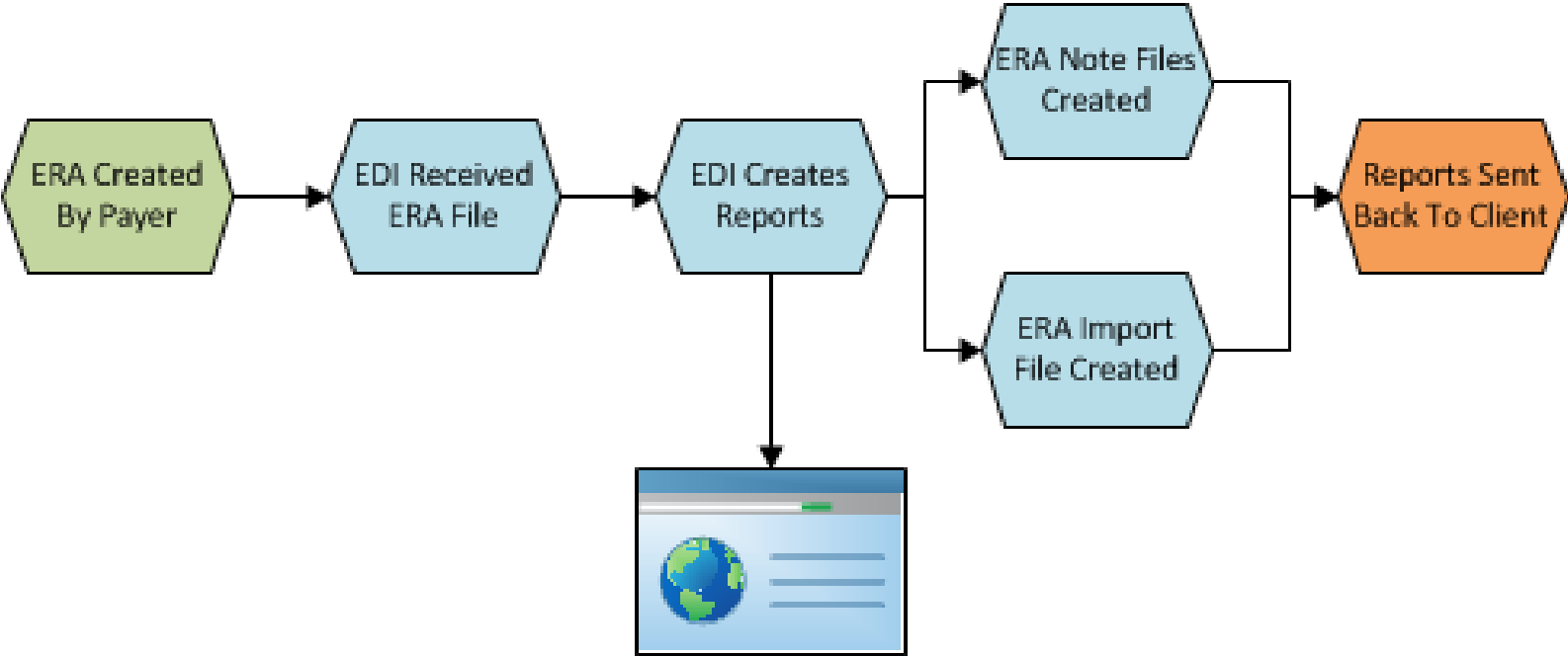
## Traditional paper check via mail



## ERA Process



# EDI ERA Process

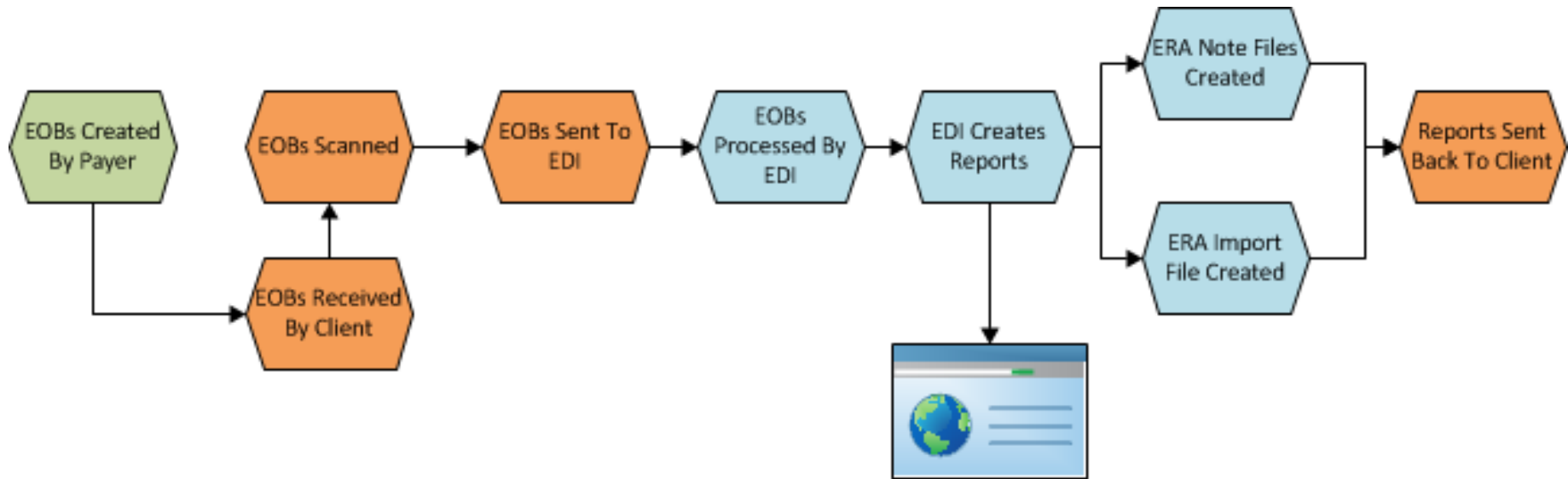


# EDI ERA Scanlink Benefits

## Benefits

- Automated Posting of Payments
- Improved Reporting
- Review ERA Data directly from QSI
- Retain all of the data from the EOB

# EDI ERA Scanlink Process



# Patient Statement Processing

- Heavyweight, Statement Stock
- Enhanced Image
- Practice Logos
- Custom Statement Options
- Customized Statement Backers
- Fast Marketing with Statement Stuffers!
- Remit Envelopes
- Your Choice of Many Brilliant Statement Standard Stock Colors

MAKE CHECKS PAYABLE TO: **QUALITY SYSTEMS INC.**  
 18191 VON KARMAN AVE.  
 SUITE 450  
 IRVINE, CA 92612

18191 VON KARMAN AVE.  
 SUITE 450  
 IRVINE, CA 92612

BILLING OFFICE PHONE: (949) 255-2600  
 ACCOUNT NAME: EARL GRAY

PAYMENT IS DUE WITHIN 15 DAYS OF RECEIPT OF THE STATEMENT. PAGE 1

ADDRESS: EARL GRAY  
 15123 TEA LEAF LANE  
 FOREST GROVE, CA 92555

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, PLEASE STICK TO THE BACK OF THIS STATEMENT FOR THE REVERSE SIDE.

STATEMENT DATE: 01/01/06  
 PAY THE AMOUNT: \$ 32.34  
 ACCT. #: 999999

STATEMENT DATE: 01/01/06  
 PAY THE AMOUNT: \$ 32.34  
 ACCT. #: 999999

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT OR IF SERVICE INFORMATION HAS CHANGED, AND INDICATE CHANGE(S) ON REVERSE SIDE.

STATEMENT PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	DOCTOR	PATIENT	AMOUNT
	PREVIOUS STATEMENT BALANCE			316.00
12/27/05	Submitted to: EVERY WOMA			
01/05/06	Submitted to: BCBS/PPO			
01/11/06		DR. BROWN	EARL	102.24-
01/11/06		DR. BROWN	EARL	7.92-
01/11/06		DR. BROWN	EARL	118.28-
01/11/06		DR. BROWN	EARL	27.13-
01/11/06		DR. BROWN	EARL	28.09-

QUALITY SYSTEMS INC.

QSI's QLIC DEPARTMENT OFFERS A COMPLETE SUITE OF EFFICIENT AND COST EFFECTIVE ELECTRONIC DATA INTERCHANGE (EDI) SERVICES.

CURRENT	30 TO 60 DAYS	61 TO 90 DAYS	91 DAYS AND OVER	AMOUNT DUE
\$ 32.34				\$ 32.34

FOR INFORMATION REGARDING QLIC SERVICES, PLEASE CONTACT US AT: 949-255-2600 OR VIA THE WEB AT: <http://qlic.qsic.com>

BILLING OFFICE PHONE: (949) 255-2600  
 ACCOUNT NUMBER: 999999

2636-QLIC-3-04-01-00000000

# Patient Statement Processing

## Features and Benefits

**Fully Automated:** Patient Statements are Fully Automated and can be Generated and Retrieved Without Human Intervention.

**Enhances Practice Image:** Heavyweight Stock - Brilliant Colors- Practice Logos - Custom Messages & Options - Remit Envelopments. A Variety of Format Options.

**Reduces Billing Errors:** QUIC Auditing Functions Check for Duplicate Submissions and Missed Files. Automated Processing Results Confirmed within 24hrs of File Processing - Address Corrections Keep Patient Records Current.

**Increases Office Efficiency:** Reduces Staff Workload – Printing and Mailing of Statements is Expedited thereby Accelerating the Payment Process- Allows More Time To Focus on Patient Care - Ensures Timely Billing Through Automation.

**Reduces Overall Costs:** Days of Dedicated Staff Labor No Longer Needed, No Start-up, Implementation, Training, QUIC Support or Cancellation Fees.

# Additional Supplemental Statement Services

## **Fast Forward:** Automated Address Updates

- Utilizes the USPS NCOA Database
- Mails Statement to New Address at Time of Printing
- Electronic Data File Automatically Updates Your Patients' Demographics
- Keeps Patient Records Current

## **Inserts:** Send Additional Information/Marketing with Inserts

- New Statement Inserts
- Practice Policies
- Service Marketing
- Collection Insert Notices (based on aging)
- We're Moving Announcements

## **Patient Payment Portal:**

- Online e-check and Credit Card Payments
- *e-Statements*  
(*emailed statement notification*)

# Patient Payment Portal

- Fast Delivery
- Greener Solution
- Decreased Cost
- Patients make Payments Online
- Accelerates Payments
- Post Payments directly into EPM



# Patient Correspondence (Cards and Letters)

- Recall Cards
- Budget Letters
- Appointment Reminders
- Collection Letters
- “We’ve Moved” Notices
- Welcome Notes
- Birthday Cards
- Announcements



# Patient Correspondence

## Console Demo

Any Questions?