

CHAPTER 9

HCFA MEDICAL FORM INTERFACE MODULE

9.0 OVERVIEW

Submitting an insurance claim is the only way a beneficiary or provider can receive reimbursement from an insurance company (such as Medicare). Unless the necessary forms are filled out correctly, the maximum benefits may not be received. The HCFA-1500 Health Insurance Claim Form meets the needs of many health insurance companies by providing information needed to process accurate and timely payments.

The HCFA Medical Form Interface Module allows you to enter debtor information into the HCFA-1500 Health Insurance Claim Form while using Debt\$Net™. You will be prompted to enter data about the debtor, such as name and address, insurance policy, physician, medical condition, dates of services, and account charges and balances. Once all information is entered, the form may be submitted to the appropriate insurance company.

9.1 REQUIREMENTS AND INSTALLATION

9.1.1 Special Requirements

The HCFA-1500 Medical Form Interface Module is designed to run on PCs currently running Debt\$Net™ version 6.9 or later. Printing the HCFA-1500 form requires printer access, as well as blank HCFA-1500 forms.

9.1.2 Installation

Before beginning the installation process, have all user's log out of Debt\$Net™. You must have exclusive access to Debt\$Net™ so that the new menu options will install correctly. To install the HCFA Medical Form Interface Module, insert the HCFA-1500 Interface Extended Service Option disk into your disk drive and select "Install ESO's" from

the ESO's Menu ("ESO's") (Figure 9-1). Debt\$Net™ will then prompt you for the source directory for the HCFA Medical Form Interface ESO files (Figure 9-2).

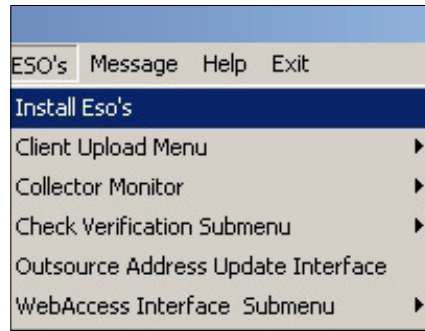


Figure 9-1. Install Eso's Menu Option.

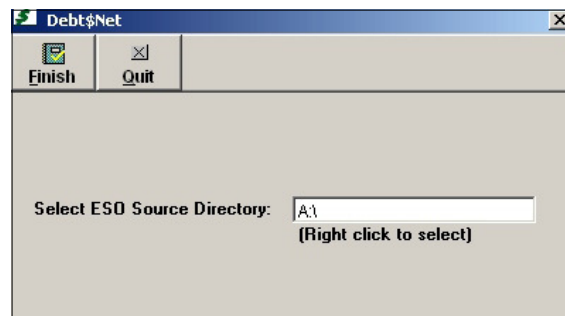


Figure 9-2. ESO Source Directory Prompt.

The default source directory for installing Client Upload will be A:\. If this is incorrect (e.g., you have downloaded the files to some other directory) right click to bring up the Select Directory Form. The default directory on this form is the directory where Debt\$Net™ is currently installed. If the displayed location is still incorrect, specify a new location using the "Drive" drop down list at the bottom of the form. After selecting the correct drive, click the "Select" button to begin installation (Figure 9-3).

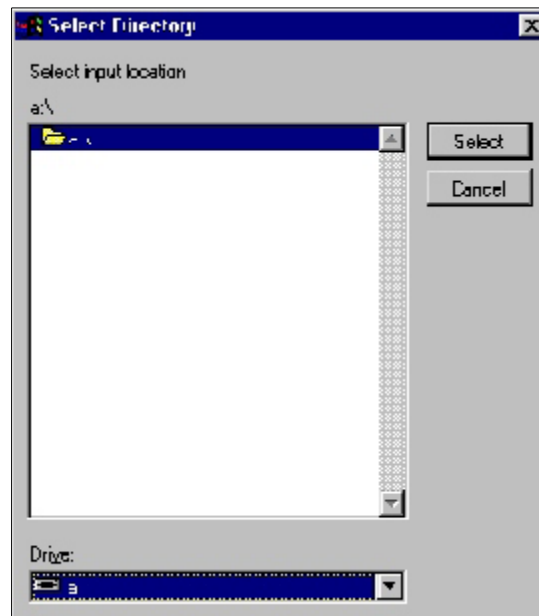


Figure 9-3. Select Directory Form.

After the ESO installs, Debt\$Net™ displays a message confirming installation. After selecting “OK,” exit and re-enter Debt\$Net™ to complete the installation process.

Installation of the HCFA Medical Form Interface Module creates a new button on the Base Working Screen and enables a new Health Forms Submenu under the ESOs Menu.

9.2 SETTING UP DEBT\$NET™

Before creating new HCFA forms, you must make sure that your clients and debtors are set up correctly to use the HCFA Medical Form Interface Module.

9.2.1 Setting Up Clients

Verify client settings by selecting “Inquire/Change” under the Clients Menu (Figure 9-4).

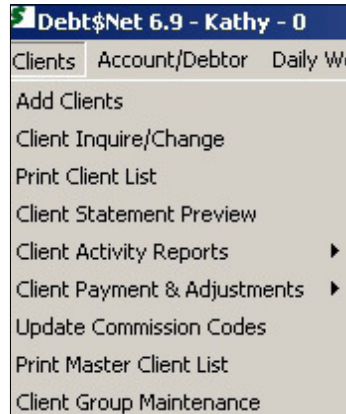


Figure 9-4. Client Inquire/Change Menu Option.

When the Client Selection Form displays, select the client you wish to set up by entering the client name in the “Client Name” field or highlighting the client in the list and clicking the “**Select**” button. The Client Inquire/Change Form displays. Select the “Reporting” Tab and make sure that the “Use Client Reference” field is flagged (Figure 9-5). Select “**Save**” to exit the form. When you enter new clients who wish you to use the HCFA Form, make sure you flag this field.

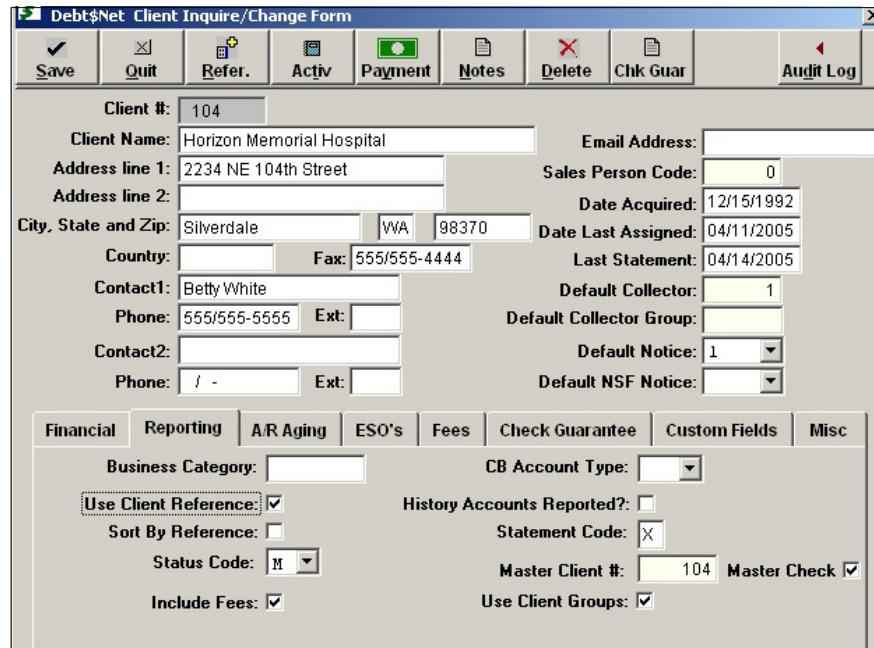


Figure 9-5. Flagging Client Reference Field.

9.2.2 Setting Up Debtors

After verifying your clients are set up correctly to use the HCFA-1500 form, verify debtor accounts are set up correctly as well, by selecting “Inquire/Change” from the Account/Debtor Menu (Figure 9-6).



Figure 9-6. Account/Debtor Inquire/Change Menu Option.

When the Debtor Selection Form displays, select the debtor for whom you wish to enter a HCFA form by entering the debtor name in the “Debtor Name” field or by highlighting a debtor in the list and clicking the “**S**elect” button. When the Base Working Screen displays, highlight the appropriate account and select the “**A**ccount” button to display the Account Maintenance Form (Figure 9-7). Make sure that the debtor’s patient account number is entered in the “Client Reference #” field. Select “**S**ave” to exit the form. When you enter new accounts, make sure patient account numbers are entered in this field.

The screenshot shows the 'Debt\$Net Account Maintenance Screen' with the following data:

- Debtor #:** 107, **Account #:** 289
- Debtor Name:** Baker, Danny
- Client #:** 104, **Client Name:** Horizon Memorial Hospital
- Collector #:** 6, **Comm. Rate:** 0.00, **or Code:** DEF2
- Status:** ACTIVE, **Priority:** 0
- Client Reference #:** 55428-BL239, **Next Notice Date:** 09/01/2005, **Type:** 1
- Category:** MEDICAL, **Last Notice Date:** / /
- Assignment Date:** 09/02/2005, **Batch #:** / /
- Guarantor/Patient:** / /, **Reference:** / /
- Last Payment Date:** / /, **Amount:** \$0.00, **Acct Fld 1:** / /
- Date Incurred:** 04/12/2005, **Delinquent:** 08/12/2005, **Review Date:** / /
- Original Balance:** \$2348.00
- Agency Fees:** \$0.00, **Legal Fees:** \$0.00
- Check Ret Fee:** \$0.00, **Attorney Fees:** \$0.00
- Sales Tax:** \$0.00
- Prin Balance:** \$2348.00, **Interest Start:** 04/12/2005
- Interest Rate:** 0.00, **Interest Amount:** \$0.00
- Total Due:** \$2348.00
- NSF:** / /, **Check Guar.:** / /, **Forwarding:** / /, **Credit Bureau:** / /
- CB Reported In:** / /, **Out:** / /
- CB Type:** / /, **Disputed:**
- CB Comm:** / /
- CC Code:** / /, **CH Code:** / /

Figure 9-7. Account Maintenance Form.

9.3 CREATING A NEW HCFA FORM IN DEBT\$NET™

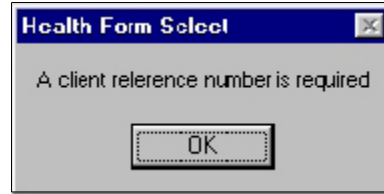
To create a new HCFA-1500 Health Insurance Claim Form for a debtor, select “Inquire/Change” under the Account/Debtor Menu (Figure 9-6). When the Debtor Selection Form appears, select a debtor by entering the debtor’s name in the “Debtor Name” field at the top of the screen, or by choosing a debtor from the scroll list and clicking the “**Select**” button. The Base Working Screen appears. Run the mouse cursor over the “ESO Buttons” text on the upper right side of the screen to display the new “**Health For**” button (Figure 9-8). The Base Working Screen may also be accessed through the Daily Work Menu by selecting either “On-Screen Collector Call List” or “Collector Scroll List” and then selecting the collector assigned to that debtor.

Figure 9-8. Health Forms Button on Base Working Screen.

On the Base Working Screen, highlight the account for which you would like to create a HCFA-1500 form, and select the “**Health For**” button. The Health Form Selection Form appears (Figure 9-9). This screen shows all health forms on file for the selected debtor.

Figure 9-9. Health Form Selection Form.

To edit or view an existing form, highlight it in the list and click the “Select” button. To add a new form, select the “Add H1500” button. The HCFA-1500 Health Insurance Claim Form displays (Figures 9-10, 9-11 and 9-12). If clients and debtors are not set up to use the HCFA form, a message displays. Review Section 9.2 to resolve this.



Part 1	Part 2	Part 3
Type Coverage: <input type="radio"/> MEDICARE <input type="radio"/> MEDICAID <input type="radio"/> CHAMPUS <input type="radio"/> CHAMPVA <input type="radio"/> GROUP HEALTH <input type="radio"/> FECA <input type="radio"/> OTHER		
Insured's ID No.: _____	Insured Name Address: _____ _____ _____	
Patient Name Address: Baker, Danny 124 Mountain View Cove Silverdale CA 98312 / -	Birth Date: / / Sex: <input type="radio"/> M <input type="radio"/> F Relationship to Insured: <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other Patient Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Other <input type="radio"/> Employed <input type="radio"/> FT Blvd. <input type="radio"/> PT Blvd.	Policy Group or FECA Number: _____ Birth Date: / / Sex: <input type="radio"/> M <input type="radio"/> F Employer or School Name: _____ Insurance or Program Name: _____
Other Insured Name: _____ Policy or Group Number: _____ Birth Date: / / Sex: <input type="radio"/> M <input type="radio"/> F Employer or School Name: _____ Insurance or Program Name: _____	Is Patient's Condition Related To: Employment? <input type="radio"/> Yes <input type="radio"/> No State: _____ Auto Accident? <input type="radio"/> Yes <input type="radio"/> No Other Accident? <input type="radio"/> Yes <input type="radio"/> No	Is there another Health Benefit Plan? <input type="radio"/> Yes <input type="radio"/> No

Figure 9-10. HCFA Health Insurance Claim Form - Part 1.

Figure 9-11. HCFA Health Insurance Claim Form - Part 2.

Dates of Service		Procedures, Services		Diag	Charges	Days/					
From	To	Place	Type	CPT/HC	Modifier	Code	Units	EP50	EM6	COB	LOCAL USE
11	11						\$0.00	0			
11	11						\$0.00	0			
11	11						\$0.00	0			
11	11						\$0.00	0			
11	11						\$0.00	0			
11	11						\$0.00	0			

Figure 9-12. HCFA Health Insurance Claim Form - Part 3.

9.4 ENTERING DATA ON THE HCFA HEALTH INSURANCE CLAIM FORM

The HCFA Form only displays partially. However, the form is easily navigable by using the <Tab> or <Arrow> keys, or by selecting the “Part 1,” “Part 2,” or “Part 3 ” tabs at the top of the screen.

The HCFA-1500 Health Insurance Claim Form consists of fields where you may enter information about the patient, including specific medical and insurance data. Once you create a new form in a debtor’s account, you may begin entering data into the corresponding fields. Table 9-1 explains each field on the HCFA-1500 Health Insurance Claim Form.

TABLE 9-1. HCFA HEALTH INSURANCE CLAIM FORM FIELDS

FIELD	EXPLANATION
Part 1	
Type of Coverage:	Type of insurance coverage this patient carries. Options include MEDICARE , MEDICAID , CHAMPUS , CHAMPVA , GROUP HEALTH PLAN , FECA , or OTHER .
Insured’s ID No:	Insurance identification number.
Patient Name, Address:	Patient’s (debtor) full name (last name, first name, middle initial), followed by street address, city, state, zip code, and phone number (including area code). Defaults to data pulled from Debt\$Net™ debtor file.
Birth Date:	Patient’s date of birth (MM/DD/YY). Defaults to data pulled from Debt\$Net™ debtor file.
Sex:	Patient’s gender. Flag M for male or F for female.
Relationship to Insured:	Patient’s relationship to insurance policy holder. Select Self , Spouse , Child , or Other .
Patient Status:	Patient’s marital and employment statuses. Select Single , Married , or Other for marital status. Select Employed , FT Stud (full-time student), or PT Stud (part-time student).
Insured Name, Address:	Name and address of insurance policy holder (if different from patient name and address), and phone number (including area code).
Other Insured Name:	Name of another person insured under this policy (last name, first name, middle initial) if applicable.

**TABLE 9-1. HCFA HEALTH INSURANCE CLAIM FORM
FIELDS**

FIELD	EXPLANATION
Policy or Group Number:	Other insured person's insurance policy number or group number.
Birth Date:	Other insured person's date of birth.
Sex:	Other insured person's gender. Flag M for male or F for female.
Employer or School Name:	Other insured person's employer name or school name.
Insurance or Program Name:	Other insured person's insurance plan name or program name.
Is Patient's Condition Related To:	Flag Yes or No to indicate whether the patient's condition relates to Employment , an Auto Accident , and/or an Other Accident .
State:	Enter the two character state code where the patient was at the time the condition occurred.
Policy Group or FECA Number:	Insured's policy number, or FECA number of insurance covering patient.
Birth Date:	Date of birth of insurance policy holder.
Sex:	Gender of policy holder.
Employer of School Name:	Policy holder's employer name or school name.
Insurance or Program Name:	Insurance company or program name.
Is there another Health Benefit Plan?	Flag Yes if the patient or policy holder carries more than one health insurance plan, otherwise flag No .
Part 2	
Patient's Signature:	Signature of the patient or debtor making the health insurance claim to authorize the release of information to process this claim.
Signature Date:	Current date the health claim is being signed by the patient.

TABLE 9-1. HCFA HEALTH INSURANCE CLAIM FORM FIELDS

FIELD	EXPLANATION
Insured's Signature:	Signature of policy holder to authorize payment of medical benefits to the undersigned physicians or provider of medical services.
Date of Current: Illness or Injury or Pregnancy	Date the first symptom occurred if condition resulted from an illness; date of injury if the condition resulted from an accident; or date of pregnancy, if applicable.
First date of same or similar Illness:	Date of same or similar illness, if patient has suffered this condition before.
Dates Patient unable to work: From: To:	Dates patient was unable to work in current occupation.
Referring Physician:	Name of physician responsible for patient referral.
Referring Physician ID:	Identification number of the referring physician.
Hospitalized dates related to current illness: From: To:	Patient hospitalization dates relating to current condition (if applicable).
Outside lab:	Flag Yes if additional lab work for this patient was necessary, otherwise flag No .
Charges:	Charges for additional lab work.
Diagnosis or Nature of Illness or Injury:	Codes explaining patient diagnosis or nature of illness/injury. Up to four diagnosis codes may be entered.
Medical Resubmission Code:	Code used if patient was resubmitted to hospital.
Original Ref. No.:	Original reference number used for this patient.
Prior Authorization Number:	Original authorization number assigned to this patient.

**TABLE 9-1. HCFA HEALTH INSURANCE CLAIM FORM
FIELDS**

FIELD	EXPLANATION
Part 3	
Dates of Service: From: To:	Dates medical service for this patient began and ended.
Place:	Place where medical services for this patient took place.
Type:	Type of medical services provided for this patient.
Procedures, Services: CPT/HCPCS: Modifier:	Procedures, services or supplies needed for this patient (including unusual circumstances).
Diag Code:	Diagnosis code for this patient's condition.
Charges:	Charges applied to this patient's account.
Days/Units:	Number of days this patient needed medical services.
EPSD: EMG: COB:	Types of plans covered under this insurance. Enter the correct code in the corresponding field.
Local Use:	Additional field required by some insurance plans.
Fed Tax Id No.:	Federal tax identification number.
Patient Acct. Number:	Patient's account number. Select SSN if this number is a social security number or EIN if this is a Canadian identification number. Pulled from "Client Reference Number" field on Account Maintenance Form by default.
Accept Assignment:	Flag Yes to accept this patient's health claim, otherwise flag No .
Tot Charges:	Total amount of all charges applied to this patient's account.
Amt Paid:	Amount the patient paid toward this account.
Balance:	Amount still owed on this account.

TABLE 9-1. HCFA HEALTH INSURANCE CLAIM FORM FIELDS

FIELD	EXPLANATION
Facility where services rendered:	Name and address of facility where services were rendered (other than home or office).
Physicians Billing Name:	Physician’s billing name, address, and phone number. Defaults to client data.
Phone:	Physician phone number with area code.
PIN #:	Physician’s identification number.
Group #:	Physician’s group number.
Insurance Company:	Name and address of insurance company.

When you finish entering information into the HCFA-1500 Health Insurance Claim Form, select the “**Save**” button. If you wish to exit the Health Form Selection Form, select “**Quit.**”

9.5 UPLOADING DATA INTO THE HCFA FORM

In order to alleviate some of the time it takes to enter data into the HCFA Form, some clients choose to send files containing patient data via e-mail or disk. The HCFA Medical Form Interface Module can read the file and automatically enter patient and account records into the HCFA-1500 Health Insurance Claim Form. If you work with a client who wishes to send you upload files, you must contact The Computer Manager, Inc. to inquire about having an upload built. Client upload builds are considered custom programming and incur charges accordingly.

Once the client upload has been built and you are ready to upload data, read the following section for instructions.

9.5.1 Uploading Data

To upload debtor and account data into the HCFA Form, select “HCFA 1500 Uploads” from the Health Forms Submenu under the ESOs Menu (Figure 9-13).



Figure 9-13. HCFA 1500 Uploads Menu Option.

When the HC1500 Upload Form appears (Figure 9-14), select the client number from the “Client No” drop down list and enter the file name (with extension) into the “File Name” field.

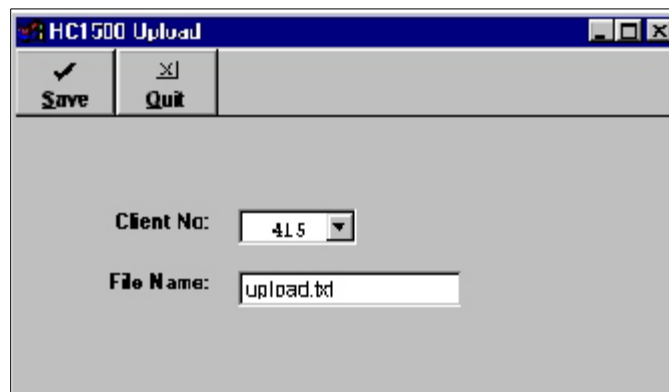


Figure 9-14. HC1500 Upload Form.

Select “**Save**” to process the upload. A report listing uploaded data generates; choose to print it to a file, to the screen, or to a printer. After the files upload, a confirmation message displays.



9.6 PRINTING THE HCFA-1500 FORM

The HCFA Medical Form Interface Module allows you to print HCFA-1500 forms individually or in batches.

To print an individual HCFA-1500 form, select the “**Print**” button on top of the HCFA Health Insurance Claim Form. Choose to print to a file, to

a printer, or to paper. If you choose to print to paper, make sure the correct forms are loaded into your printer.

To print a batch of HCFA-1500 forms at one time, select “Print HCFA 1500 Forms” from the Health Forms Submenu under the ESOs Menu (Figure 9-15).

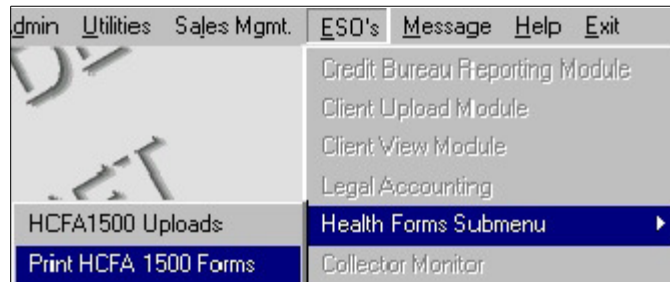


Figure 9-15. Print HCFA 1500 Forms Menu Option.

When the Batch Print HCFA 1500 Forms Screen appears (Figure 9-16), flag the field labeled “Print all Unprinted” to print all HCFA Forms not previously printed.

To print a specific group of HCFA forms, create a notice type and assign it to accounts for which you wish to print HCFA forms. You may assign the notice type (as well as the next notice date) through the Account Maintenance Forms for each account or by using Debt\$Net™’s Mass Account Change feature. When you are ready to print the HCFA forms, enter the notice date and type in the “Notice Date” and “Type” fields on the Batch Print HCFA 1500 Forms Screen.

After you make your selections, click the “**Finish**” button. Choose to print to paper, the screen, or a file when prompted.

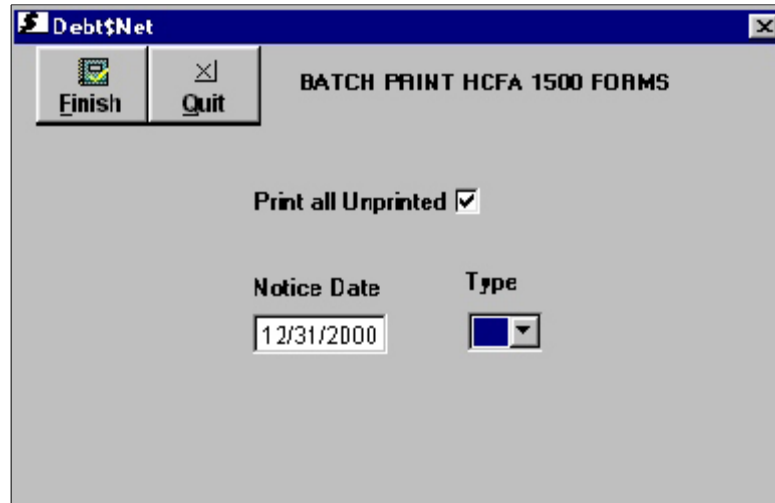


Figure 9-16. Batch Print HCFA 1500 Forms Screen.

After the forms print, Debt\$Net™ displays a confirmation message asking whether the forms printed correctly. If your forms printed correctly, select “Yes.” If the forms did not print correctly, select “No” and you may reprint the forms.



