

1.0 Introduction

1.1 HWI Claims Manager Overview

The *HWI Claims Manager* is a set of programs written for the *Windows*© 95 , 98 , *SE*, *ME*, 2000 family of operating systems. It has been adapted to work with all major *Windows*-based Dental Office Management System (*OMS*) software packages.

It provides a generalized interface between the *OMS* and the *Healthware Inc's* electronic claims clearinghouse. Without any direct interaction with the *OMS* the *HWI Claims Manager* gathers claims from the *OMS* by capturing electronic images of paper claims forms produced by it. It then converts these images into an electronic "batch" which is stored, verified, displayed, manipulated and then sent to *Healthware* for forwarding to the insurance companies. Extensive claims batch management features are provided that include:

- editing of the content of the claims for basic data integrity before submission
- allowing the addition of manually keyed notes to any claim
- providing the facility to electronically hold and later release any claim that needs to be synchronized with other office clerical action
- online storage and instant retrieval of all claims for 9-12 months
- the ability to instantly access any of these stored claims by patient name or claims reference number
- the ability to electronically cancel any claim that was sent to the clearing house (only on the day it was sent)
- the ability to electronically verify any transmission that has been completed after the fact (up to 6 months later)
- online storage and instant retrieval of all claims batches, submission and response reports for 9-12 months
- the ability to produce an ADA2000 or ADA1994 hard copy claim for any electronic claim stored.

All of these facilities (any many more) are discussed in detail in the following sections.

1.2 Terminology

To best understand the contents of this guide, you should be familiar with basic *windows* terminology used in the narrative. These terms are used in all *windows* books and manuals and are common to most *windows* applications. If you are very familiar with *windows* jargon, you may skip this section.

The following terms describe the elements of a *windows* screen display.

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Window – a rectangular section of the screen displaying information related to a specific program application. The size of the *window* can vary from the as large as filling the entire screen to a tiny box on the screen. Several *windows* can exist on the screen at one time (meaning that several tasks are using the computer at once) and they can display separately or they can overlap. Usually only one *window* is “active” at any one time. The active *window* is the one that accepts operator input any responds to that input with changes in the *window* display.

Title bar – the bar along the entire top of a *window* which contains the title of the program application displaying the *window*. It is usually colored blue with white lettering. The example *window* below has a *Title Bar* containing “HWI Claims Manager”.



Usually three small square “buttons” are displayed at the right end of the title bar (see example above) – they are:

Minimize button – the first square button at the right end of the title bar that contains a “-” (hyphen). When clicked the application displaying the *window* will “minimize” the *window* – that is it will disappear from the main part of the *Windows desk top* screen and shrink to a small *window* on the *task bar* at the bottom of the *Windows desk top*. The program displaying the *window* is still running (in the computer’s memory) but the *window* interacting with the operator is not visible. To return the program’s display *window* to its normal display state, you click on its minimized *window* in the task bar.

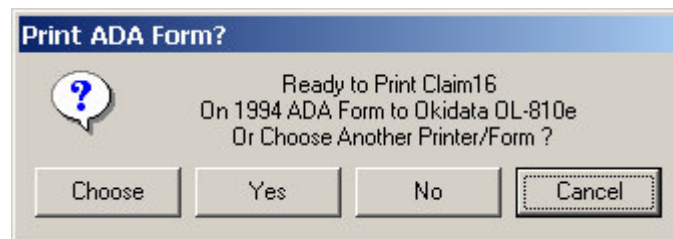
Maximize button – the second square button at the right end of the title bar that contains a single square or two overlapping squares. When the *maximize* button contains one large square, the *window* can be maximized (increased to a maximum size). A *window*’s maximum size depends on the application but the largest possible maximum size is of course the whole screen. Sometimes, maximizing an application’s *window* allows it to display more information and sometimes it does not (depending on the

application). When a *window* has been maximized, the icon in the *maximize* button changes to two small overlapping squares. If you click this button in this case, the *window* will return to its normal (non-maximized) size.

Close button –the third square button at the right end of the title bar is that contains an “X”. If you click this button the application will terminate (quit execution and the *window* will disappear).

Menu bar – a bar that appears just below the title bar of a *window* that contains text (see above example – *Options*, *View*, *Setup* and *About*). Each word of the *menu bar* designates a choice of action that the operator may instruct the application to take (hence the name “menu”). If a menu word is displayed in black letters, then that menu choice is “enabled”. If a menu word is displayed in gray letters, then that menu choice is “disabled” (clicking on it will do nothing). When you click any of the “enabled” menu words an action may be taken by the application or, more commonly, a small *window* box of additional choices will be displayed (called a drop-down menu). You may then click one of these words to make your action choice.

Action button – a small (usually rectangular) shape on the main body of a *window* that contains a word or words describing a program action. If the word or words is displayed in black letters, the button is enabled. If the words are displayed in gray letters, the button is disabled (will not respond to the operator). If you click an enabled button this is a signal for the program to begin some pre-defined action. The *action* buttons in the example below are *Choose*, *Yes*, *No* and *Cancel*.



Example – *Action* buttons

Frame – a rectangular section of a *window* enclosed by a single line that contains a title in the top left corner of the rectangle. A *frame* is used to enclose a group of *window* elements (boxes, buttons and lists) that are all related in some way – eg all of the payer information on a claim may be enclosed in a “payer” frame on the claim display *window*. The example below shows a *window* frame enclosing all of the information relating to the Payer on a claim. Notice that there is an “Insured” *frame* within the “Payer” *frame*.

Text Box - a small (usually single line) box in a *window* that contains a single data element. Usually a *text box* has a title displayed near the box which designates what the box contains. Often the operator can position the screen cursor in a box (by clicking the contents of the box) and can enter data into the box by typing on the keyboard. There several *Text boxes* in the example above (*Name*, *Address*, *City/Ste/Zip*, etcetera).

Payor

Name

Address

City/Ste/Zip

Insured

Ident No. Group

Subscriber

Address

City/St/Zip

Employer

Plan Pays Relation Birth Date

Example – Text Boxes inside a Frame

List Box – a large box containing multiple lines each of which represents one member of a set of data (such as one claim in a batch or one procedure in a claim) A *list box* often contains a *Heading Bar* at the top which designates the titles of each of the elements (columns) in the lines listed in the list. The *List box* in the example below shows the details of each of six procedures in a claim. The *Heading Bar* at the top shows the names of each of the columns of data (procedure no, #, tooth, *Tth*, surface, *Surf*, quadrant, *Quad*, etcetera).

#	Tth	Surf	Quad	Description	Code	Date	Amount	
1	03	MO		Resin-2 surface, post-per	D2386		158.00	
2	04			Crown-porcelain/ceramic s	D2740		820.00	
3	04			Prefab post&core in add t	D2954		195.00	
4	12	OD		Resin-2 surface, post-per	D2386		158.00	
5	13	MO		Resin-2 surface, post-per	D2386		158.00	
6	18	MO		Resin-2 surface, post-per	D2386		158.00	

Example – List Box with headings

Scroll bar – appears along the right edge (and sometimes the bottom edge) of a *list box* if there too many items in a list to be displayed because of its size. The *scroll bar* has an *Up-arrow* button at its top and a *Down-arrow* button at its bottom that may be pressed to cause the data in the *List box* to scroll up or down. See example in *List box* above.

Check Box – a small square box that is either blank or contains a check-mark. *Check boxes* are used to designate the presence or absence of some option (eg – dual insurance checked=yes unchecked=no). In the example below each *check box* indicated what group a procedure is part of (1, 2, 3, 4 or 5).

Include in Group(s)

☒ 1. ☐ 2. ☐ 3. ☒ 4. ☐ 5.

Example – Check Boxes

Option button – (sometimes called a *Radio button*) a small circular box that appears in groups of two or more inside a *Frame*. Each circle has a title next to it and is either empty (indicating not selected) or contains a large dot (indicating a selected option). All options within the frame are mutually exclusive (only one of them can be selected at any time) so whenever you select an option by clicking the button or the title - any previously selected option in the *frame* will be deselected. In the example below, a *frame* encloses all of the possible choices for patient's relation to the insured (*self, spouse, child or other*). Only one of them can apply.



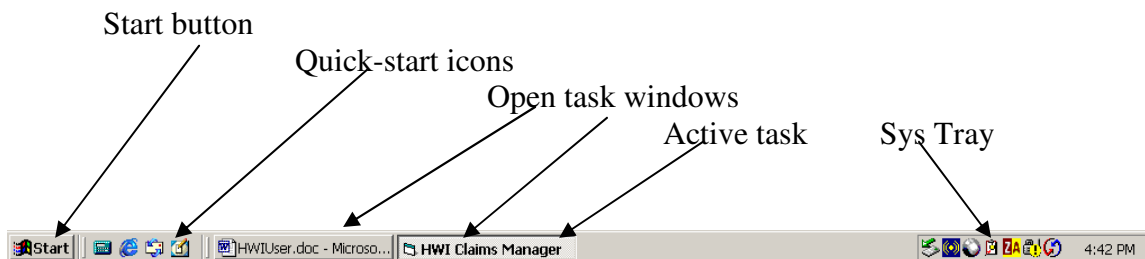
Example – *Option buttons*

Desk top – the name given to the main *Windows* screen that displays when *Windows* first starts up (and which is displayed when you are not executing any applications on your computer – all application *windows* are closed).

Icon – a small cartoon-like picture displayed on the *desk top* (or any other *window*) which is associated with a particular application program action. Each *Icon* has a text description below it on the *desk top* describing what the *Icon* represents. You double-click on an *Icon* to start the application action associated with it.

Task bar – The bar along the bottom edge (sometimes the right edge) of the *desk top*. It contains the *Windows Start* button at the left end of the task bar at the *Sys Tray* at the right end. The *Sys tray* contains an *Icon* for each hidden *Windows* system task running in your computer (programs permanently running behind the scenes that very infrequently need the attention of the user). Ordinary users seldom have to concern themselves with the *Sys tray* it is really there for the systems administrator.

The *Start* button can be used to start all applications in the computer. The most frequently used applications will have *Desk top Icons*, but all applications will appear on the program menu list when you click the *Start* button.



Example – Desk Top *Task Bar*

The *icons* just to the right of the *Start* button are called *Quick-Start icons*. They are placed on the *Task bar* for quick access to very frequently used applications since the *task bar* is visible on the screen even when the *Desk top* is not.

Between the *Quick-Start icons* and the *Sys Tray* on the task bar small *windows* are displayed for each open application running in the system. In the example above, there are two applications running – the *Word* word processor and the *HWI Claims Manager*. These small *windows* look like *Action* buttons but they have labels that contain the first few words of the application's *Title Bar* text. The *window* representing the currently active application looks like a button that is "pushed". *HWI Claims Manager* in the example above.

1.3 HWI Claims Manager Functional Overview

The flow chart shown in *Figure 1.0* below depicts the overall functional flow of the *HWI Claims Manager*. In the diagram a symbol legend is shown to indicate the meaning of each of the shapes used in the flow chart.

The process begins at the top of the chart when the Office Management system (*OMS*) produces hard disk images of ADA claim forms. Finally, at the bottom of the chart, an electronic version of these forms is transmitted to *Healthware*.

The chart depicts the major functional steps performed by the *HWI Claims Manager*. The details of how to perform them are discussed in *Section 2* of this guide. In addition, the chart shows the key elements of data storage that are created and stored by the system. There are two categories of stored data – reports and claims batches.

There are three types of reports – edit reports, transmission log and response reports. It is important to note that the *HWI Claims Manager* stores all of these reports on hard disk for a period of 9 to 12 months and, while you may choose to print each of these reports to paper each day that they are created, this is really not necessary since they may always be reviewed in the screen if you need to see them later. Each report is stored as a single file on the computer's hard disk and is named in a way that it is easily retrieved at a later time.

There are 5 types of claims batches (indicated by the Cylinder symbol on the flow chart). A claims batch in *HWI Claims Manager* terminology is a collection of related claims prepared or processed together. Each claims batch is stored as a single file on the computer's hard disk and all batches are saved there for a period of 9 to 12 months.

The *Current* claims batch is the batch of claims that is in the process of being prepared for transmission to *Healthware* but have not yet been sent. Therefore, there is only one current batch (if any) on the computer at one time.

The *Sent* batch is the group of claims that is sent (or ready to be sent) to *Healthware*. A *Sent* batch is created from the *Current* batch each time you edit the *Current* batch before sending to *Healthware*. It can be different from the *Current* batch if any claims are rejected by the edit. The *Reject* batch contains all claims that are rejected by the edit. After any given edit process, the claims in the *Sent* batch plus the claims in the *Reject* batch will equal the claims that started in the *Current* batch. There are many *Sent* and *Reject* batches – one for every time you completed an *Edit Claims* process. These batches are saved for 9 to 12 months after they are created.

The *Held* batch only exists if at any time you chose to *Hold* any claim or claims from the *Current* batch. If and when you do so, a claim is removed from the *Current* batch and placed in the *Held* batch. Claims remain in the *Held* batch until you later come back and *Release* them (into the *Current* batch). Whether and when you *Hold* and *Release* claims is entirely under your control – this feature is provided for your convenience and is used in a variety of different ways in different offices to synchronize the submission of claims with other clerical activities.

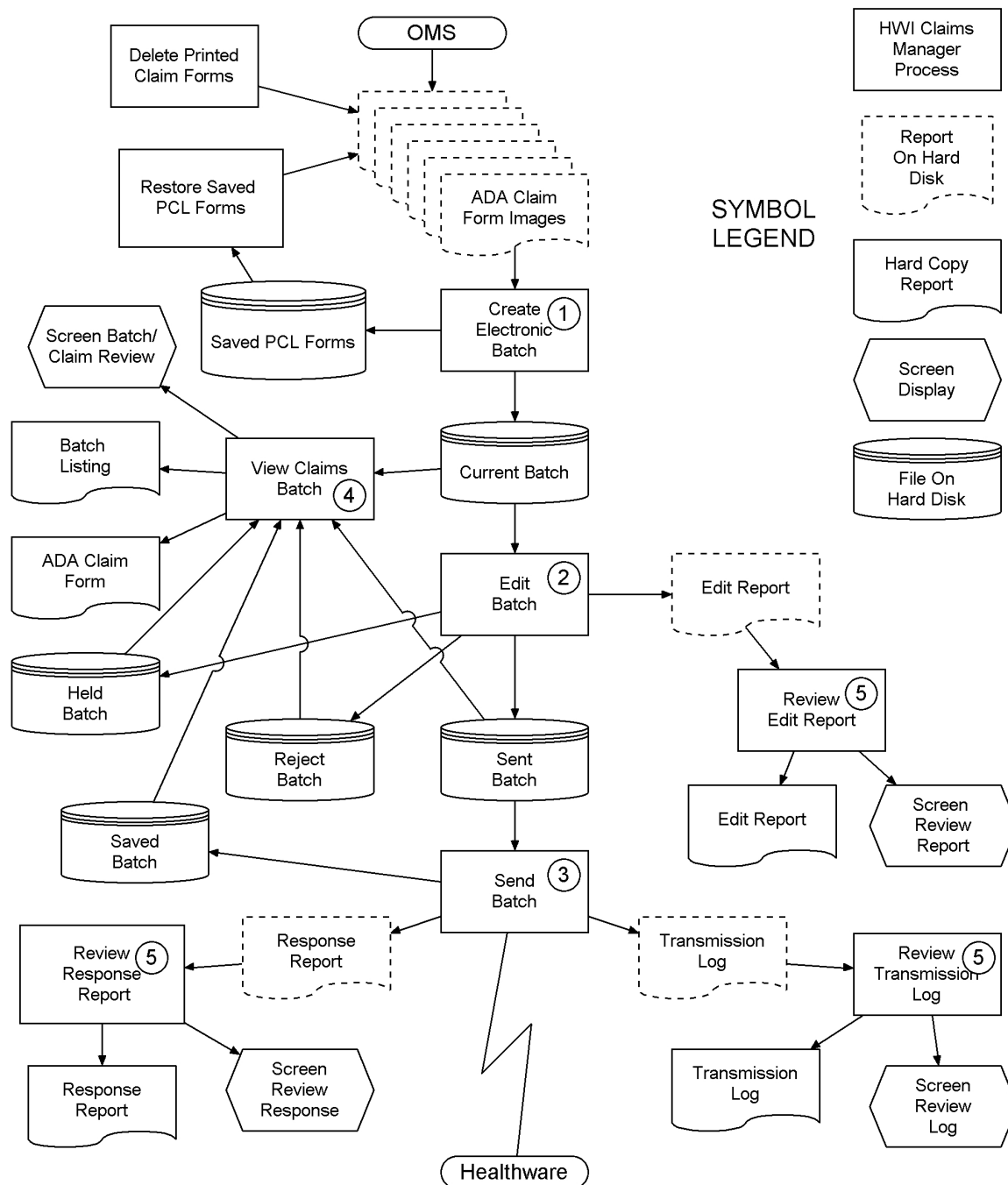


Figure 1.0 - HWI Claims Manager Functional Flow Chart

On successful completion of the transmission of a *Sent* batch to *Healthware*, a copy of the *Current* batch is saved (called the *Saved* batch) and the *Current* batch is deleted.

The *Sent*, *Rejected* and *Saved* batches are kept in the computer for future reference - they are named using a common file naming scheme. The batch files names are of the form 'X0MMDDSS' where the 'X' is a character denoting the batch type - 'V' for *Sent* (verified),

‘J’ for *Rejected* and ‘C’ for *Saved* (Copy). ‘MMDD’ is the calendar month and day when the batch was created and ‘SS’ is a 2 -digit sequence number designating which batch that day (allowing for multiple batches on one day). For example if a batch edit were run on July 4th, the first *Sent* batch that day would be named ‘V0070401’; any *Rejected* claims would be stored in batch ‘J0070401’ and the copy of the *Current* batch on successful transmission of the claims would be *Saved* in the batch ‘C0070401’.

The major functional processes in the *HWI Claims Manager* are indicated by the numbers in the ‘process’ rectangles of the chart and each is outlined in the sections below.

1 – Create Electronic Claims

Before this step can be performed, electronic images of the ADA forms that are to be sent to *Healthware* must previously have been produced by the *OMS*. The details of performing this task are very *OMS*-specific and are outlined in *Appendix A*. In general, a special printer is set up in your *windows* system that is defined so that when forms are printed to it they are written to the hard disk rather than going to a printer. All electronic claims are printed by the *OMS* to this printer. When this has been done, the *HWI Claims Manager* can scan these form images to extract the claims detail to be forwarded electronically to the payers. The detailed steps to perform this process are given in *Section 2.01* below.

2 – Edit Batch

This process is initiated after you have completed the preparation and manipulation of all claims you wish to send to *Healthware*. The process consists of an extensive edit of the claims contents to verify basic data integrity (such as the presence of mandatory items such as payer name, procedure codes and the correctness of dates, states and zip codes). The resulting verified and rejected claims are separated into *Sent* and *Reject* batches respectively. Reports are produced that list all claims processed, verified and rejected, detailed error explanations and claim control numbers used to track claims further in the system. These reports may be printed to paper and/or reviewed on the screen. The detailed steps in performing this process are outlined in *Section 2.02* below.

3 - Send Batch

On completion of the *Batch Edit* and review process, the verified claims (*Sent* batch) are transmitted to *Healthware*. Connection is made to *Healthware* via modem. The *Sent* batch is transmitted and on completion, any response for you resulting from previous activity are transmitted back to you. Progress of (and any possible problems with) the connection are recorded in a *Transmission Log*. This log may be viewed on the screen or printed to paper at any time. Response reports returned to you from *Healthware* are recorded on disk and may be reviewed on screen or printed as well. The details of performing this process are given in *Section 2.02* below.

4 – View Claims Batch

An extensive facility to view and manipulate claims is batches is provided in the *HWI Claims Manager*. This facility may be used with any type of batch stored on the system. You can screen review or print a summary of the contents of a batch, review the details of any claim in the batch, print ADA form(s) for any claim or review/change claim notes. When

necessary you can delete selected claims from a batch, divert claims into the *Held* batch or release claims from the *Held* batch with this facility. Details of how to perform this process are outlined in *Section 2.2* below.

2.0 Main HWI Claims Manager Screen

When you double click the *HWI Claims Manager* icon on the *Windows* desktop, the main *HWI Claims Manager* screen appears (see figure 2.0 below). This screen has an action menu bar at the top and two status messages in the body of the screen with small buttons to the left of each. The first status message indicates the number of claims that have been printed by the office management system and are ready to batch into an electronic batch. The second status message indicates the number of claims that have been batched and are ready to transmit to Healthware. If you are using the *National Electronic Attachment (NEA) Fast Attach* software, an additional status message will appear below the second message indicating the number of claims that are being held waiting for you to transmit electronic attachments with *Fast Attach* (see appendix A – ‘Using the NEA *Fast Attach* Interface’).



Figure 2.0 - *HWI Claims Manager* Main Window.

If you click the button to the left of the first message (this button is only enabled if there are claims to batch), the system will begin the process of converting the printed claim images into the electronic batch. If you click the button to the left of the second status message (this button is only enabled if there are claims to transmit), the system will begin the process of editing then transmitting the electronic claims batch to Healthware. These operations are described in detail in the *Sections 2.01* and *2.02* below.

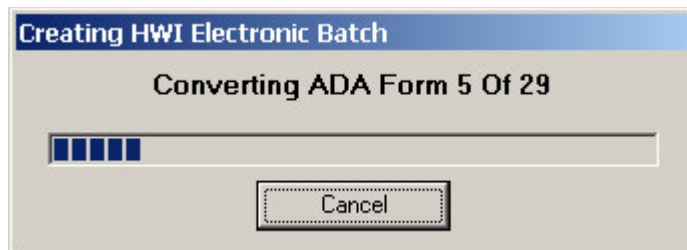
Section 2.1 below describes each of the Drop-down menu options in detail.

2.0.1 Creating the Electronic Claims Batch

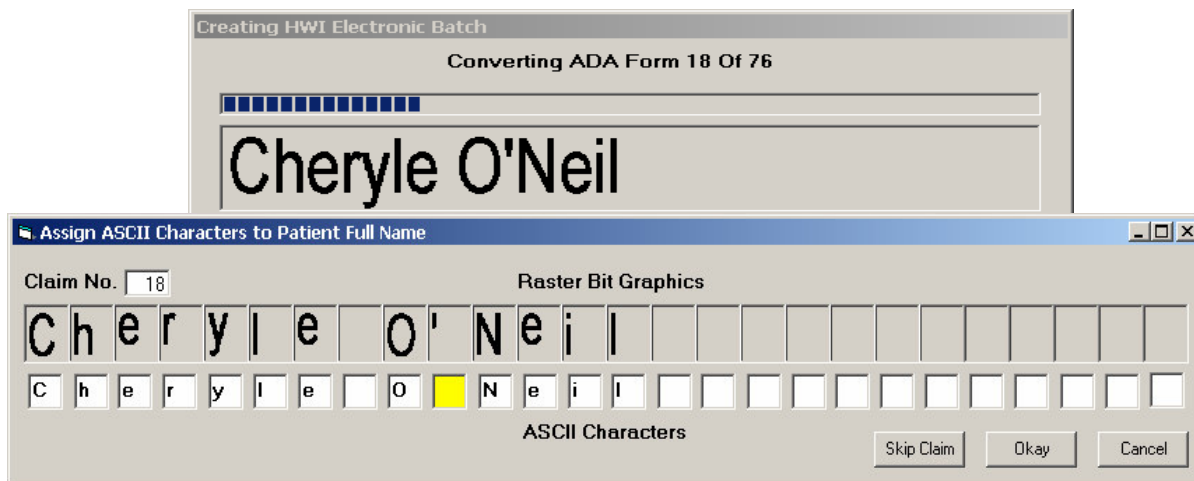
Before this step can be performed, electronic images of the ADA forms that are to be sent to *Healthware* must previously have been produced by the *OMS*. The details of performing this

task are outlined in *Appendix A*. In general, a special printer is set up in your *Windows* system that is defined so that when forms are printed to it they are written to the hard disk rather than going to a printer. All electronic claims are printed by the *OMS* to this printer.

The *HWI Claims Manager Create Electronic Batch* process is initiated by clicking the button to the left of the *Claims to Batch* message in the main *window* (see figure 2.0 above). This is only possible, of course, when there are some claims to batch. When you click this button a *window* will appear showing the progress of the conversion with a message and *progress bar* indicating the percent completion of the process as shown below.



In the special case where the *OMS* uses "raster graphics" to print insurance forms, this *window* will also contain a large grey box used to display raster image fields found on the insurance form. This is only done when the program detects a character in a raster image field that it has not previously seen before and it displays it for you to confirm what the character is. The *window* below shows an example of this procedure.

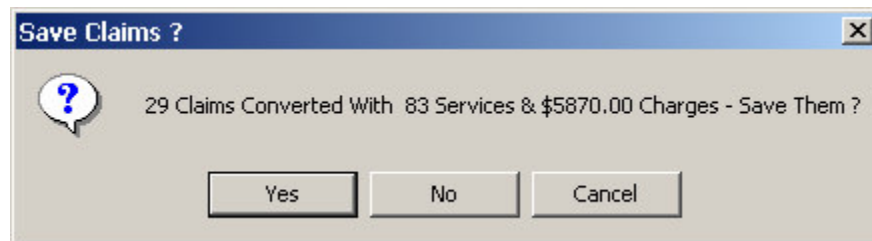


The entire raster image field is displayed in the top portion of the *window* and a character-by-character decoding of the field will be displayed in the lower *window* of the display. In the lower *window* any characters that are unknown will be indicated by an empty yellow box representing the ASCII character.

You enter the ASCII character(s) that the raster image represents in the yellow box below the raster image (an apostrophe in the example above) then click the *Okay* button. When you have

completed this procedure, the results will be stored permanently, and it will be “remembered” from then on.

Upon completion of the batch creation process, a confirmation message *window* will display asking you to verify the contents of the batch as follows:



If the batch contents (claims, services and dollars) do not match what you expected you may click *No* to return to the *HWI Claims Manager* main *window* or *Cancel* to close the application. If you are sure that the claims converted are correct click *Yes*. If any claims are currently present in the *current batch*, a message *window* like that shown below will appear.



This tells you that you have previously converted some claims into the current batch and they have not yet been sent to *Healthware*. If you want to add the claims you just converted to those that were already there you click *Append*. If you want to replace those that were already there with those that you just created you click *Replace*. If you are not sure what to do and wish to abort the conversion you just did, click *Cancel* and the results of the conversion process will be completely ignored.

When you click *Replace* or *Append*, the claims you just converted will replace/add-to the *current batch*. The second line on the *HWI Claims Manager* main *window* (*Claims to Transmit* message) will be updated to reflect the total number of claims in the *current batch*.

At this point you may wish to examine the claims that are in the current batch in detail. This is done by choosing the *View* menu option on the *HWI Claims Manager* *window*, then the *View Current Batch* option (see *Section 2.21* below). With this feature you may examine, delete individual claims in the batch, print them to ADA forms and/or add notes to them.

2.0.2 Editing/Sending the Claims Batch

When you have completed the preparation and manipulation of all claims you wish to send to *Healthware* you click the button to the left of the *Claims to Transmit* message on the *HWI Claims Manager* main *window* to start the Edit/Send process.

After confirming that you wish to perform the process, a detailed edit is performed on the batch. A summary of the edit results is displayed in a *window* like the example if *figure 2.0.2.1* below.

Claims/Pre-Auths	No.	Svcs	Charges
Prepared	29	83	5,870.00
Rejected	0	0	0.00
To Be Transmitted	29	83	5,870.00

First Claim Reference No. **020702H0001**

Figure 2.2.0.1 – Claims Batch Edit Summary Window

The summary shows the number of claims and services and the total dollars in the *Prepared (Current)* batch as well as these numbers for the *Rejected* and *To Be Transmitted (Sent)* batches. If you do not like the results of the summary, you can click the *Cancel* button to abort the process.

To examine the reports created by the edit you click the *Report* button. The *window* shown in *figure 2.0.2.2* below will display.

You may scroll through the reports using the *Scroll Page* buttons at the bottom of the screen or the *scroll bar* on the right of the display *window*. The *Report Status* boxes at the bottom of the screen display the position (line and page number) of the current display *window* in the report at any time.

The buttons in the *Print* frame allow you to print the entire report (*All*) the current page only (*Curr Page*) or any part of the report from the beginning *To Mark* or *From Mark* to the end of the report where the *Mark* is the line that is currently highlighted on the display. The *Choose* button allows you to select which printer you wish to print to.

When you have reviewed and or printed to pre-transmission edit report you click *Exit* button at the bottom of the Review *window* and the program returns to the edit summary *window* of *figure 2.2.0.1*.

Review/Print E011101

Date: 11/11/2002	HealthWare Inc.	Report Id: HW0010
Time: 10:20 AM	Healthware Dental Clinic	Page : 1
Fac#: w7099999	Submitter Report	Version : 1.00

Total Claims Processed:	8
Verified:	8
Rejected:	0
Verified for Transmission:	100%

=====

All Claims Verified

□

Date: 11/11/2002	HealthWare Inc.	Report Id: HW0010
Time: 10:20 AM	Healthware Dental Clinic	Page : 2
Claims Verified		

Seq.#	Patient/Payor	Account	Date Svc	Num Svcs	Amount
1)	Haverdink, Dea Delta Dental Of MI Aetna U.s. Healthcare	375-54-0	10/08/02	4	\$ 131.00
2)	Baker, Quinn Delta Dental Of Michigan		06/18/02	4	\$ 149.00
3)	Beeman, Catherine	374-72-1	06/18/02	3	\$ 389.00

Scroll Page

First Last Previous Next

Print

All Curr Page From Mark To Mark Choose

Report Stats

Current Page Line

Maximum Page Line

NotePad

Exit

Figure 2.0.2.2 – Review Pre-Transmission Edit Report

If you wish to proceed with transmitting the accepted claims to Healthware you click the *Transmit* button at the bottom of the *Edit Summary window*. When you do, depending on whether you have set up internet or direct modem dial-up access to *Healthware*, either the *window* in *figure 2.0.2.3* (for internet) or the first of the three windows in *figure 2.0.2.5* (for direct dial-up) will appear.

Facility w7099999 Sending Batch V0111208

Tools View About

Internet Session Status

Ready for Internet Operation

Send Batch Get Response Quit

Figure 2.0.2.3 – Internet Batch Transmit Window

If you use internet access, the *window* above will display. Normally, you click the *Send Batch* button to begin the internet batch send. As the transfer proceeds, its status will be displayed in the *Internet Session Status window*. When the transfer finishes, you will be notified of the success (or failure) of the batch transfer and the *Get Response* button at the bottom of the *window* will activate (turn from gray to black letters) if there is a response at *Healthware* for you to retrieve. If there is a response and you wish to retrieve it now, click the *Get Response* button.

Under certain circumstances, you may want to use some features provided under the *Tools* menu item at the top of the *window* shown in *figure 2.0.3.4* below.

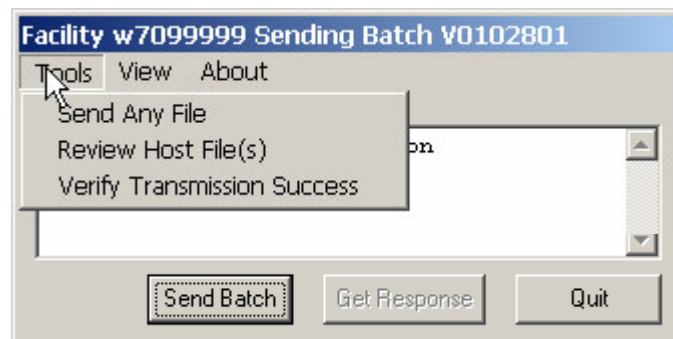
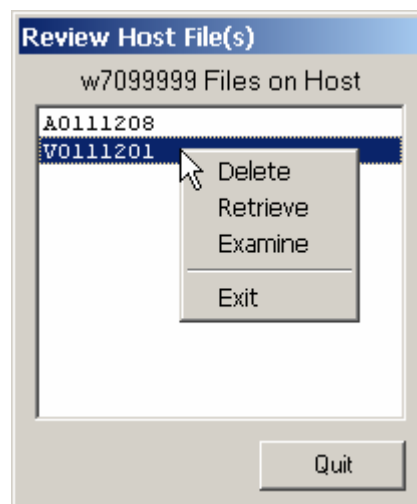


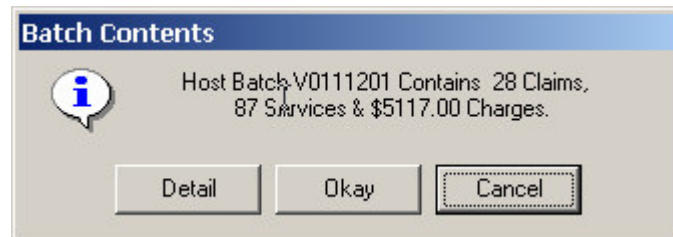
Figure 2.0.3.4 – Internet Tools Drop-Down Menu

The first is a function that lets you send any file you wish to *Healthware* over the internet. This of course would only be done with instructions from *Healthware*. When you choose this option a *window* will display asking you to enter the name of the file you wish to transfer. Here you would enter the name of the file that *Healthware* has instructed you to send.

Another Tools option lets you review the contents of your internet folder at any time. You click the *Review Host File(s)* option and a *window* like the one which follows will appear:



All of the batches and, if present, a response file (response.zip) on the internet host will be listed in the *list box* as shown. You may click on any batch in the *window* then right-click to get the drop-down menu shown. You may choose the *Delete* menu option to completely remove the batch from the internet host computer, *Retrieve* to retrieve a copy of the batch back to your computer or *Examine* to display a batch's contents on your screen. When you choose *Examine*, a summary *window* of the batch contents like the example below will display on your screen.



If you wish to see complete detail of the batch, click on the *Detail* button. If you do, a batch contents display almost identical to the one described in *section 2.2.1- View Current Batch* below will appear. Refer to this section for a detailed description of the contents and functions of this detail display *window*.

This function (of reviewing the contents of your host batches on line) is only available if you are using the internet access feature. If you are not using internet access to send your claims, you can verify the contents of batches at the Healthware computer using the *Query Batch Status* function described in *section 2.1.7* below.

The internet host computer contains a separate hard disk area for every facility using the service. This hard disk area is called a 'folder'. Generally, your host computer folder starts each day containing only a response file containing disposition reports from your previous day's transmission(s). As the day progresses and you send one or more claims batches, they will accumulate in your host folder. At the end of the day (approx. 11:00 PM EST) *Healthware* removes all of your batches, processes them and forwards all claims to the appropriate payers. Any responses from the payers are collected at that time and are accumulated in one file (response.zip) and placed in your host folder for you to retrieve the next day or what ever time you next connect to us.

If you have chosen not to use internet access when the *HWI Manager* was set up, connection to *Healthware* will be made via direct dial modem. In this case when you click the *Transmit* button at the bottom of the *Edit Summary window* in *figure 2.0.2.1*, the top *window* of *figure 2.0.2.5* will appear.

This window displays a message indicating the status of the modem transmission in the box with the black background. The status message is yellow to indicate that an operation is in progress, green when an operation has completed successfully, and red when an operation has completed with an error.

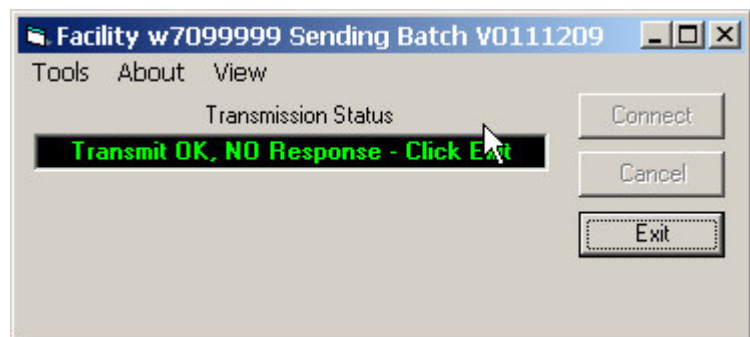
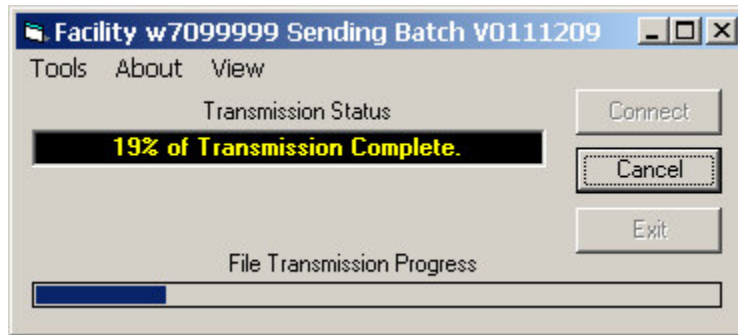
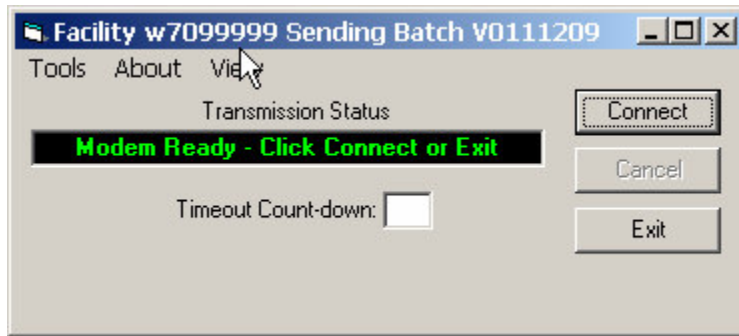


Figure 2.0.2.5 – Modem Batch Transmit Windows

When you see the status message “Modem Ready – Click Connect or Exit” you normally click to *Connect* button to begin transmission. The program will begin by dialing the *Healthware* modem number (toll free) and “log on” (gain access with identification and password exchanges) to the *Healthware* computer. The progress of this process will be reported by messages displaying in the status box.

After log on is successful, transmission of the batch will begin and a *progress bar* will appear at the bottom of the *window* as shown in the middle *window* in *figure 2.0.2.5* indicating the progress of the transmission. When the batch transmission is completed, any response (from payers concerning previously sent batches) waiting at *Healthware* will be transmitted to your computer.

If there was NO response for you, the process will end with the third *window* in *figure 2.2.2.5* above. The message “Transmit OK – NO Response – Click Exit” in green, tells you that your

batch was transmitted successfully and there was no response sent back to you. You simply click *Exit* to end the program.

If a response was returned to you, the process will end with a display like the one shown in *figure 2.0.2.6* below.

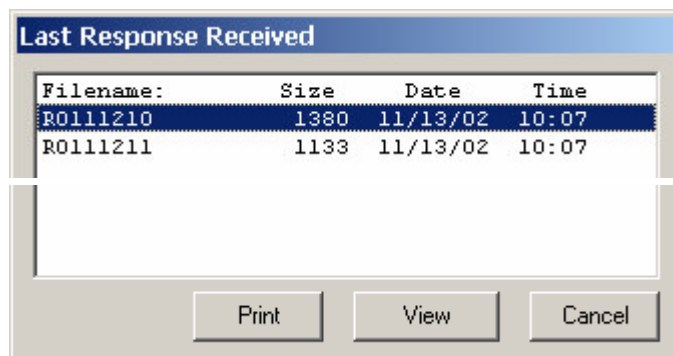


Figure 2.0.2.6 – Review Response Received *Window*

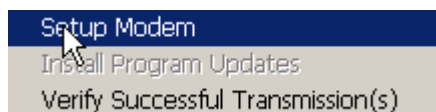
One or more response files will be listed in the *window* (depending on how long it has been since you last connected to *Healthware*). Normally there will be two response files (as shown above). One report will be named 'R0mmdd10' and the another named 'R0mmdd11' where 'mmdd' is the month and day when they were created. The 'R0mmdd10' file is the rep ort from *CPS* (the "wholesale" clearing house) showing the disposition of all claims sent to them for forwarding to the payers. The 'R0mmdd11' file is the report from *Healthware* showing the disposition of all claims sent directly to the payers by them.

At the beginning of each month an additional report file named 'R0mmdd01' will be added to your response reports ('mmdd' is the date of the last day of the previous month). This report is a summary and billing for all claims sent by you in the last month.

If you wish to review or print a hard copy of any one of these reports you can select it by clicking its name in the *window* above then clicking the *View* button at the bottom of the *window*. If you wish to print a hard copy of ALL of the reports, click the *Print* button at the bottom of the *window*.

When review of the responses is complete, the *Transmission Status* message will say "Transmit OK, Receive OK – Click Exit", at which point you click the *Exit* button and the *HWI Claims Manager* will end.

Certain tools are provided for your convenience. These are activated by clicking the Tools menu option at the top of the *window* shown in *figure 2.2.0.5*. The following drop-down menu will appear.



The first *Tools* menu choice is *Setup Modem*. When you click it, the following *window* will appear.

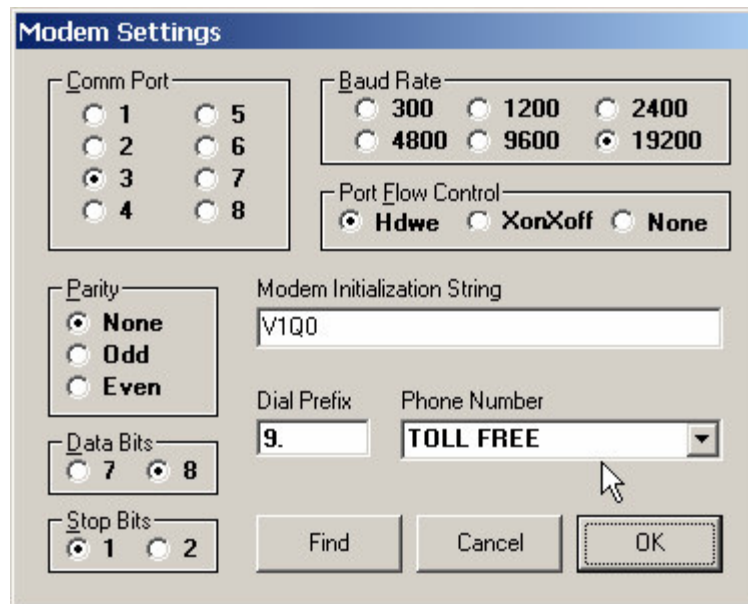


Figure 2.0.2.7 – Modem Setup Window

This option should never be used without consultation with *Healthware*. It allows you to adjust the various settings that effect the operation of your modem. It should only be necessary to do this when you are first setting up the *HWI Manager* software or if there has been a modem-related hardware change performed on your computer. If you change any of these settings incorrectly, your modem will not work properly. You should only use this *window* if you are asked to by *Healthware*.

The Modem parameters that are controlled by this setup window are:

- Comm Port* – The serial port number to which the modem is attached (1-8)
- Baud Rate* – The speed (bits per second) at which the port communicates with the modem (300, 1200, 2400, 4800, 9600 or 19200)
- Parity* – The type of parity checking performed between the modem and the comm port (*none*, *even* or *odd*)
- Port Flow Control* – the type of flow control used between the modem and the comm port (*none*, *hdwe*=hardware - DTR, *xonxoff*=software)
- Data Bits* – The number of data bits in each character frame (7 or 8)
- Stop Bits* – The number of stop bits in each character frame (1 or 2)
- Dial Prefix* – The number (if any) to be dialed to access an outside line (often, if this is needed, it is ‘9’)
- Phone Number* – The number to be dialed to access the *Healthware* EDI system (this should be set to *TOLL FREE* to use our normal ‘800’ number)

Modem Initialization String - The modem commands that are to be sent to the modem each time a new connection is being established (this should normally be “V1Q0”)

If you do not know where the modem is connected to your computer but you know that it has a modem, you can click the *Find* modem button. This will cause the program to search all comm ports on the machine for a connected modem. It will tell you if and where it finds a modem and ask you if that is the modem connection you want to make.

The next *Tools drop-down menu* option is *Install Program Updates*. This option is used to install any program updates that are ready to install on your computer. The detailed operation of this process is described in *section 2.1.4* below.

The last *Tools drop-down menu* option is *Verify Successful Transmission(s)*. Choosing this option will cause the “transmission log” to be scanned to determine what the last successful was. The detailed operation of this process is described in *section 2.1.9*

2.1 Drop-down Options Menu

When you click the *Options* menu bar selection on the *HWI Manager* main window, the drop-down menu shown in *figure 2.1.1* below appears.

Some of the sub-menu selections shown may be displayed in gray rather than black letters (“grayed out” or “disabled”) indicating they are not available options due to the particular status of your system. For example if you have NO printed claims waiting to be batched, the *Delete Printed Claims* option will be disabled. Each of the sub-menu selections is described in detail in the following sections.

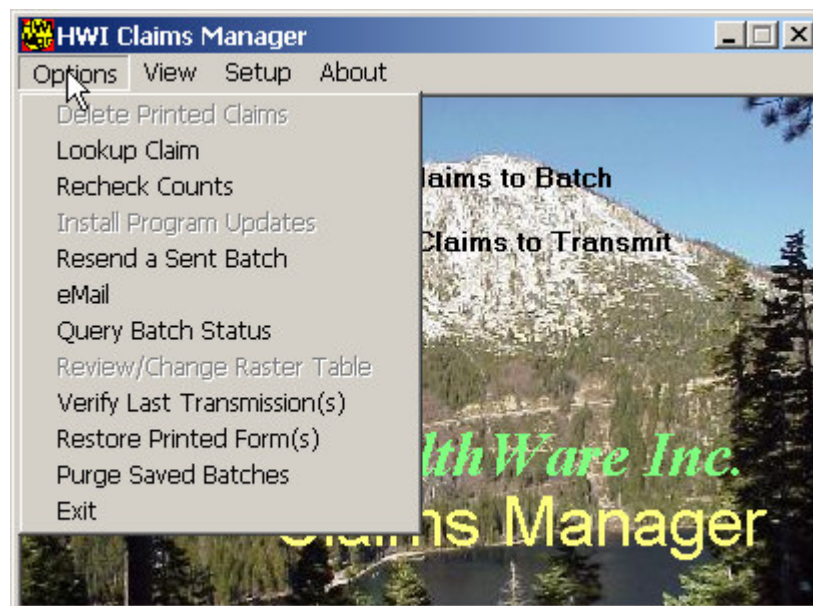


Figure 2.1.1 – *HWI Claims Manager* Drop-down Options Menu.

2.1.1 Delete Printed Claims Sub-menu Option.

This option allows you to delete all claims that have been printed by the *OMS* to the *HWI Forms Printer* and are waiting to be batched. If there NO such claims, this sub-menu option is disabled.

You very rarely will need to perform this option but it may be needed if, say you accidentally printed some claims from the *OMS* to the *HWI Forms Printer* and you meant to print them to paper. When you select this option, a message will ask you to confirm your action in case you selected it in error. When you have completed this option, the first status message on the *HWI Claims Manager* screen will always say ‘0 Claims to Batch’.

2.1.2 Look Up Claim Sub-menu Option.

This option provides a powerful facility to find claims that have previously been processed by the *HWI Claims Manager*. It will allow you to retrieve any claim that was batched electronically in the past and has not been purged from the files since. When you click on this option, the selection window shown in *figure 2.1.2.1* below will appear.

The *Look In Months* frame allows you to specify a particular range of months in which you want to search for a claim or claims (thereby limiting the search time). If you know the claim reference number of the claim you are looking for, you can type it in the box provided otherwise, you can specify the name of the patient you are looking for. You can type the *last* name (or any leading letters of the last name), as well as the *first* name (or any leading letters) and the middle *initial* of the patient on the claim you are looking for.

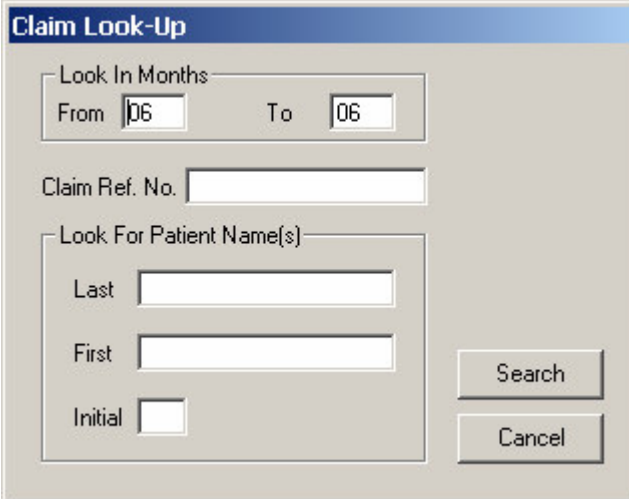
A screenshot of a software window titled "Claim Look-Up". The window has a blue title bar. Inside, there is a "Look In Months" section with "From" and "To" text boxes, both containing "06". Below this is a "Claim Ref. No." text box. Then, there is a "Look For Patient Name(s)" section with three text boxes labeled "Last", "First", and "Initial". To the right of these text boxes are two buttons: "Search" and "Cancel".

Figure 2.1.2.1 – Claim Look-Up Selection *Window*.

If you leave any of these name elements blank, the system will find all claims with anything in that element of the name. For example, if you typed "LAN" in the *last* name box, "ROB" in the *first* name box and left the *initial* box empty, the system would find all claims for patients whose last name begins with "LAN" and whose first name begins with "ROB" and whose middle initial could be anything.

When you have filled in the selection criteria, you click the *Search* button to begin the search. If you decide you do not want to continue the search, click the *Cancel* button.

When you click the *Search* button the system will scan all *sent* batches in the range of months you selected looking for the claim reference number OR patient name(s) you selected. It may take several minutes depending on the speed of your machine and range of months you specified. If any claims are found matching your search criteria, the screen shown in *figure 2.1.2.2* below will display. In this example, the search criteria (displayed in the title bar on top of the *window*) was *months 10 thru 10*, no *claim reference number*, *last name "A"* and no *first name* or *initial*.

This *window* shows for each claim meeting the criteria, the batch (month, day and sequence) in which the claim was sent and the claim number, the treating provider, claim type, payer, patient, date of service, number of procedures, total charges and claim reference number. The claim type code is a three character code as follows: Character 1 is "1" for single coverage and "2" if dual coverage. Character 2 is an "E" if the claim is an estimate only (pre -determination) or a "C" if it

is a claim for service. Character 3 is ‘D’ if the policy pays the doctor or a ‘P’ if it pays the patient.

You may print this list of claims by clicking the *Print List* button at the bottom of the screen. If you wish to examine any claim in detail, right-click on that claim to select it and it will become high-lighted (turn blue) and a drop-down menu will appear (see *figure 2.1.2.1* for example) - then click the *View Detail* sub-menu selection. This will display the detailed claim display screen described in detail in *section 2.2.1* below. Additional

All Claims in Month 10 for Patients With Last Name=A									
Batch - #	Doctor	Type	Payor	Patient	Svc Date	Svcs	Amount	Clm Ref#	
101101-005	RYAN WALLIN, DDS.	1CD	UNITED CONCORDIA	ATHANS RITA	10/10/02	3	103.00	021011H0005	
101601-011	John P. Dinsmore, D.	1CD	Cigna Healthcare	Anderson Renee	10/09/02	2	113.00	021016H0011	
101601-034	John P. Dinsmore, D.	1CD	Cigna Healthcare	Anderson Renee	10/09/02	2	113.00	021016H0034	
101801-001	FATIN YOUSIF D.D.S.	1CP	MEDICAID	NAZEHA	09/05/02	6	600.00	021018H0001	
101801-002	FATIN YOUSIF D.D.S.	1CP	MEDICAID	ATIN	09/26/02	11	1000.00	021018H0002	
101801-003	FATIN YOUSIF D.D.S.	1CP	MEDICAID	WI SAID	09/28/02	6	600.00	021018H0003	
101801-004	FATIN YOUSIF D.D.S.	1CP	MEDICAID	NAZEHA	09/05/02	6	600.00	021018H0004	
101801-005	FATIN YOUSIF D.D.S.	1CP	MEDICAID	ATIN	09/26/02	11	1000.00	021018H0005	
101801-006	FATIN YOUSIF D.D.S.	1CP	MEDICAID	WI SAID	09/28/02	6	600.00	021018H0006	
101801-007	FATIN YOUSIF D.D.S.	1CP	MEDICAID	WI SAID	09/28/02	6	600.00	021018H0007	
102307-001	C. Lee McFall, DDS	1CD	BCBS MI		09/30/02	3	97.00	021023H0051	
102307-005	C. Lee McFall, DDS	1CD	Benefit Planners	Anderson Dale	07/31/02	2	91.00	021023H0055	
102307-029	C. Lee McFall, DDS	2CD	HumanaDental Claims Offic	Arends Lucas	10/02/02	2	156.00	021023H0079	
102307-069	C. Lee McFall, DDS	1CD	CIGNA	Anderson Virginia	10/08/02	4	120.00	021023H0119	
102801-006	Andrew H Knowlton, D	1CD	Met Life	Arechiga Joel	10/23/02	2	71.00	021028H0006	
102801-030	C. Lee McFall, DDS	1CD	R.E. Harrington Inc.	Arends Ryan	10/24/02	2	132.00	021028H0030	
102801-033	C. Lee McFall, DDS	1CD	R.E. Harrington Inc.	Adkins Taylor	10/24/02	5	143.00	021028H0033	
102801-035	C. Lee McFall, DDS	1CD	R.E. Harrington Inc.	Adkins Rachel	10/24/02	2	75.00	021028H0035	
102801-041	C. Lee McFall, DDS	1CD	BCBS MI	Alt Philip	10/25/02	4	120.00	021028H0041	

Figure 2.1.2.2 – Claim Look-Up Display Screen

actions are available as shown in the figure above. The *Review Notes*, *Check Disposition* and *Print ADA Form* sub-menu selections are also described in *section 2.2.1* below.

2.1.3 Recheck Counts Sub-menu Option.

This option causes the system to recheck the status message counts shown on the main screen. This is done automatically each time the *HWI Claims Manager* is started, so the only time you would need to do this is if the *HWI Claims Manager* were already running and something happened that might affect these counts (like more *OMS* claims were printed to the *HWI Forms Printer*) and you want to update the counts without closing the program. Closing and re-starting the *HWI Claims Manager* would accomplish the same thing.

2.1.4 Install Program Updates Sub-menu Option.

This option allows you to install any outstanding program updates that are pending on your system. Periodically, program updates may be transmitted to you (automatically when you connect to transmit to us), but they will never be installed without your knowledge. When this is done you will be notified by *Healthware* via email, enotes or telephone about the updates – what they are and why they are needed and any special installation instructions. Only when you are aware of all of this, should you select this option when it is enabled.

2.1.5 Resend a Sent Batch Sub-menu Option.

This option is used to resend a batch to *Healthware* which has already been sent. This should only be done when you have contacted *Healthware* and they have instructed you to do so.

When you click this option the *Find Sent Batch* screen shown in *figure 2.1.5.1* below will appear.

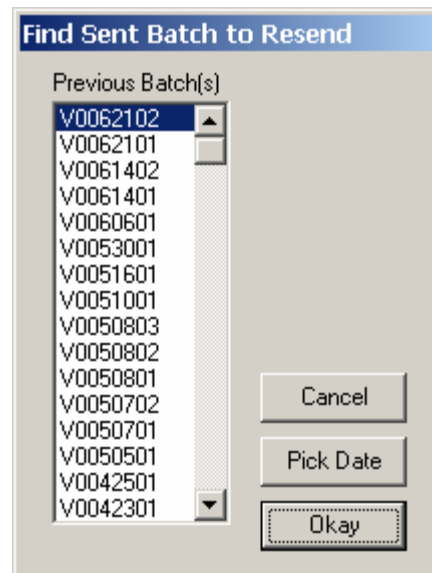


Figure 2.1.5.1 – Find Sent Batch Window

This *window* lists all previously sent batches in the system. They are listed in sequence with the most recently sent batch first. You may scroll through the list of batches looking for the particular batch you want or you may click the *Pick Date* button to choose a particular send date.

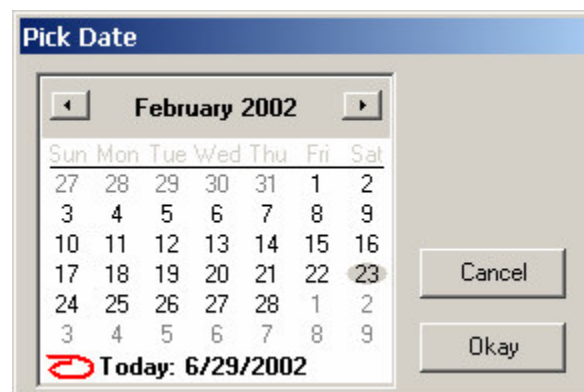


Figure 2.152 – Pick Date Window

If you click the *Pick Date* button the calendar *window* shown in *figure 2.1.5.2* above will display. On this screen you may scroll through the months of the calendar by clicking the arrow buttons at the top of the calendar and you pick a particular day by clicking that day on the

calendar. After you have chosen a date this way, press the *Okay* button and the *Find Send Batch* window above will reappear with the first batch of the date selected highlighted.

Once the batch you want to resend is highlighted, you click the *Okay* button and the message box shown in *figure 2.1.5.3* will appear.

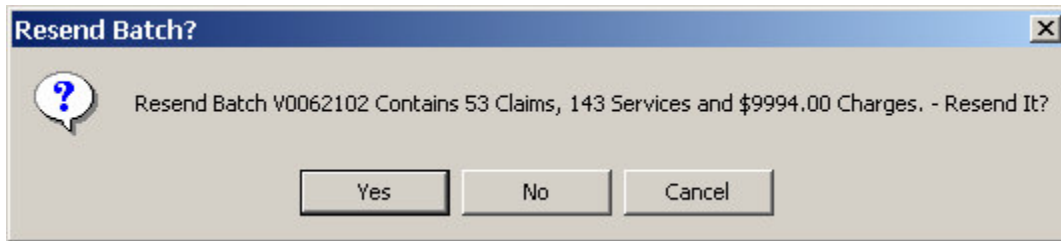


Figure 2.1.5.3 – Resend Batch Verification *Message Box*

You must confirm that this is the batch you think it is by cross-checking the claims, services and dollar amounts. If you are not sure you may view the batch by clicking the *No* button and proceeding to the *View Sent Batch* process described in *section 2.2.4* below. There is a *Resend* option available on the *View Sent Batch* detail window.

When you are sure that this is the correct batch, click the *Yes* button and the batch transmit process described in *section 2.0.2* above will begin.

If you press the *No* button the program will return to *HWI Claims Manager* screen and if you press the *Cancel* button the *HWI Claims Manager* program will end.

2.1.6 eNotes Sub-menu Option.

This option invokes the *eNotes* window shown in *figure 2.1.6.1* below.

On the top portion, this screen lists a summary of all eNotes currently “posted” (created and yet not deleted) on your computer. Once you create an eNote, it stays “posted” until you subsequently *Delete* it.

The bottom part of the screen shows the details of any note that you want to create, review or change. To read the contents of an existing note, you click in it in the list at the top of the screen which will highlight it and enable the *View/Edit* and *Delete* buttons. If you click the *View/Edit* button (or alternatively double-click the note in the list on top), the detailed contents of the selected note will be displayed in the lower part of the screen.

You may simply review the contents of the note then select any other note to view by repeating the steps in the above paragraph. If you want to make any changes to the note, you simply type the changes you wish in the appropriate part of the note then click the *Save* button when finished. If you have typed any changes and then decide you do not want to save them permanently, click the *Abandon* button and the changes will not be recorded. To remove a note permanently, you select it as described above then click the *Delete* button.

To create a new note you click the *Add Note* button at the bottom of the screen. When you do this, the bottom part of the screen will be cleared and a new *Note ID* will be created. The format of this ID is today's date (yymmdd) followed by a two-digit sequence number. The *From*, *To* and *Subject* boxes can contain anything you wish. The *Contents* box can contain any free-form text but only as a continuous string. You can cut,

#	Note ID	From	To	Subject	Status
1	020507-02	Bob	Chris	Show Plans	Sent
2	020507-03	Bob	Jim	McNab Installation	Sent
3	020508-02	Slim	Pickins	Howdy Doody	Sent
4	020510-01	Bob	Heidi	Hi	Sent
5	020522-01	Sam	Jake	Give the news and get the ne...	Sent
6	020606-01	bob	Chris	Blah Blah	Sent

Figure 2.161 – HWI Claims Manager eNotes Window

paste, delete and insert as much as you like but no *indenting*, *newlines* or *tabulation* is possible. Once you have completed a new note you must click the *Save* button to record it. If you decide that you do not wish to save it after all you can click the *Abandon* button.

The *Status* and status *Date* of a note is controlled by the system. When a note is first created it is stamped as a “New” note and the status *Date* is set to the date it was created. Whenever you establish a modem connection to *Healthware*, any “New” notes are automatically transmitted to them. At that time the note status is changed to “Sent” and the status *Date* is updated to the date of the transmission.

If ever you change anything in a note, after it has been sent, the *Status* is updated to “Revised” and that note will be transmitted to *Healthware* on the next connection to them as before.

Once *Healthware* has responded to your note (by adding text to its contents) the *Status* of the note is updated to “Answered”.

2.1.7 Query Batch Status Sub-menu Option.

This option allows you to confirm whether a batch you sent correctly arrived at *Healthware*. When you click the *Query Batch Status* option, the *Find Sent Batch* process described in *section 2.1.5* above is started. Once you have selected the batch you wish to query and clicked the *Okay* button, the confirmation screen described in *section 2.1.5.2* will appear and you should confirm the claims, services and dollar amounts before proceeding. The big difference here is however, when you click *Yes* to query batch confirmation, you are not sending the batch to *Healthware*, rather you are sending a request for *Healthware* to tell you if it has received that batch and to report to you the details of what it thinks are in that batch. As the query transmission proceeds, it behaves just like it does when you are sending a batch (as described in *section 2.2.0.2*) but an actual batch is not being sent. On conclusion of the transmission the expected *Received Counts Verified* message in the case of a *query* means that *Healthware* has that batch and it contains exactly what your system says it does (claims, services and total charges).

2.1.8 Review/Change Raster Table Option.

This option is enabled ONLY if you have an *OMS* that produces claim forms that include ‘raster graphics’ (eg Dentrix version 9). Raster graphics is a special form of image printing that requires a table of raster images to extract data from the *OMS* printed claim form. This menu option allows you to view and maintain that raster table. *Figure 2.1.8.1* below shows the *window* that displays when you choose this option.

The *window* displays up to 130 sets of raster bit images with the corresponding ASCII characters that they represent. The table shown in *figure 2.1.8.1* is provided to you when the software is installed.

'	()	*	-	.	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	J	K	
'	()	*	-	.	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	J	K	
L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	a	b	c	d	e	f	fa	fe	ff	g	h	i
L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	a	b	c	d	e	f	fa	fe	ff	g	h	i
j	k	l	m	n	o	p	q	r	rj	s	t	u	v	w	x	xw	y	z								
j	k	l	m	n	o	p	q	r	rj	s	t	u	v	w	x	xw	y	z								

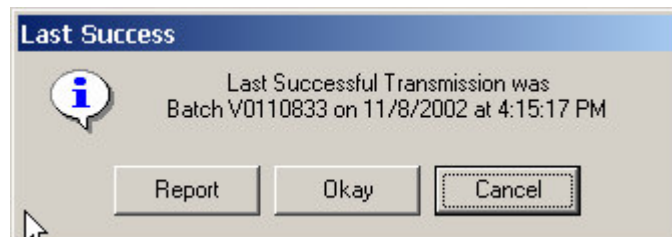
Print Save Cancel

Figure 2.1.8.1 – Review/Change Raster Character Table

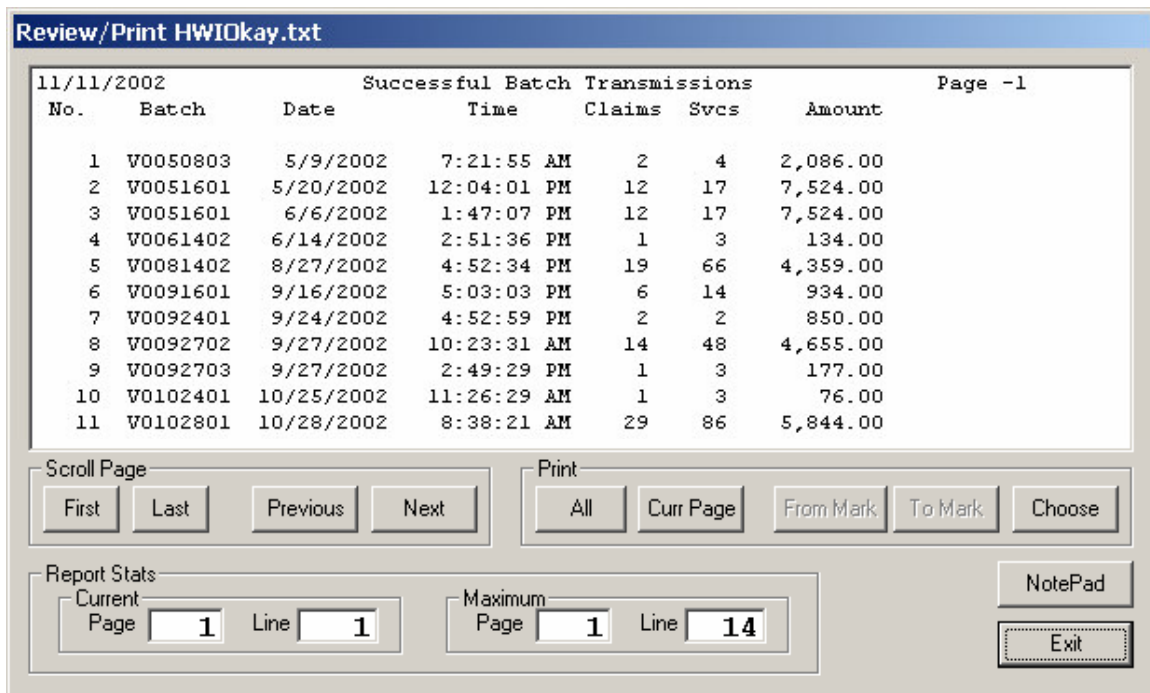
Occasionally raster characters are printed so that the tail or head of one character overlaps the adjacent character (eg ‘fe’ and ‘r j’ in the figure above). When this occurs, the two characters are decoded as a pair and must be entered in this table as a pair.

2.1.9 View Last Transmission(s) Option.

This option gives you the ability to view the last successful transmission(s) that have occurred. When you select it, the program scans the transmission log (a running record of all transmission activity) and detects all successful transmissions that have occurred from the most recent backwards by time. It displays the most recent successful transmission in a message box like the one below.



If the batch name and date and time of the transmission is all you need to know, you may click the *Okay* button to return to the *HWI Manager* main window. If you want to see more detail about the transmission as well as all other recent transmissions, press the *Report* button to display a successful transmission report like that shown in figure 2.1.9.1 below.



No.	Batch	Date	Time	Claims	Svcs	Amount
1	V0050803	5/9/2002	7:21:55 AM	2	4	2,086.00
2	V0051601	5/20/2002	12:04:01 PM	12	17	7,524.00
3	V0051601	6/6/2002	1:47:07 PM	12	17	7,524.00
4	V0061402	6/14/2002	2:51:36 PM	1	3	134.00
5	V0081402	8/27/2002	4:52:34 PM	19	66	4,359.00
6	V0091601	9/16/2002	5:03:03 PM	6	14	934.00
7	V0092401	9/24/2002	4:52:59 PM	2	2	850.00
8	V0092702	9/27/2002	10:23:31 AM	14	48	4,655.00
9	V0092703	9/27/2002	2:49:29 PM	1	3	177.00
10	V0102401	10/25/2002	11:26:29 AM	1	3	76.00
11	V0102801	10/28/2002	8:38:21 AM	29	86	5,844.00

Figure 2.1.9.1 – Review Successful Transmissions Report

You may browse through the report on the screen or print a hard copy on the printer as described in section 2.0.2 above.

2.1.10 Restore Printed Form(s) Option.

This option allows you to restore, examine or print previously processed claim forms exactly as they were originally produced by the *OMS*.

When you create an electronic batch from the *OMS* printed forms, the original printed forms are saved on disk (in compressed form). Normally there is no need to refer back to them but on rare occasions, you may want to see what form was produced by the *OMS*.

When you choose this option the *window* shown in *figure 2.1.10.1* above is displayed. You select the printed forms batch you wish to restore/review by highlighting it in the small *list box* (titled *Printed Batches*) to the left of the *window* then clicking the *Select Batch* button below the box. The program will display a listing of all forms files in the selected batch in the large *list box* to the right of the *window* (titled *Printed Forms in Batch XXXX.*). Generally, one forms file equals one insurance form (but not always). You may select all (click *Pick All* button), some or only one of the forms files displayed by right-clicking the selected forms file(s). A drop-down menu as shown in the *figure 2.1.10.1* will appear and you may click whichever menu option you want.

If you click *Restore Form(s)*, the selected forms file(s) will be added to the current forms batch just as if you had printed them from the *OMS*. You will notice that the restored forms will add to the *Forms to Batch* count displayed on the *Claims Manager* main *window*.

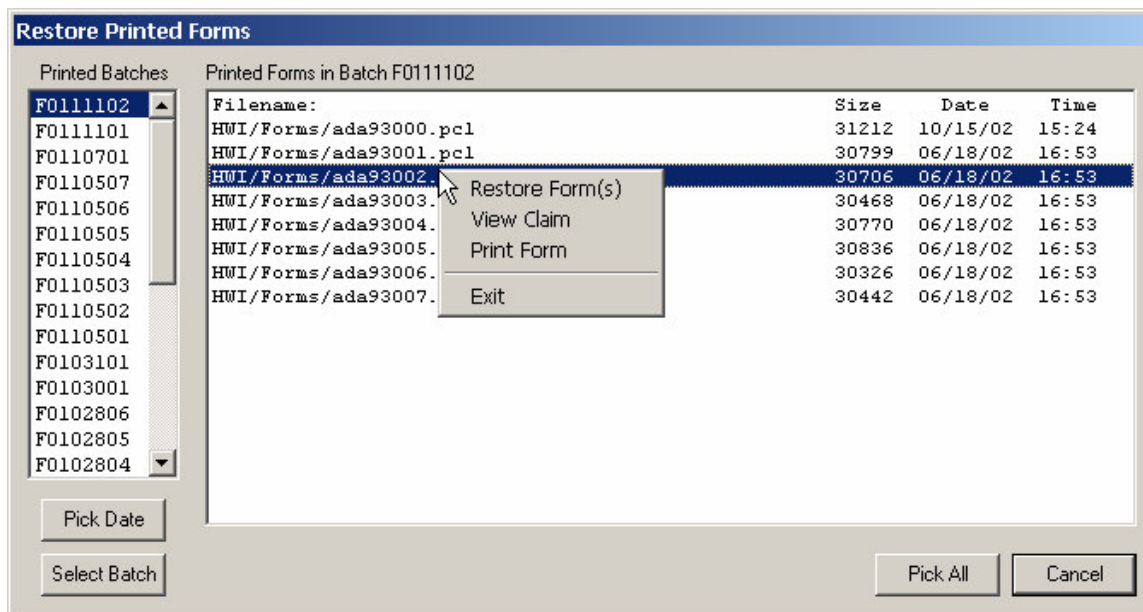


Figure 2.1.10.1 – Restore/Review Previous Printed Forms

If you select *View Claim*, the selected claim(s) will be converted and a batch display *window* as depicted in *figure 2.2.0.2* below will display.

If you select *Print Claim*, the selected claim(s) will be printed exactly as if you printed it from your *OMS* system.

2.1.11 Purge Saved Batches.

This menu choice provides the ability to remove old claims batches from your hard disk when they are no longer needed. Unless you perform this function periodically, claims batches will be kept indefinitely on your hard disk. In addition to using unnecessary disk space, this will tend to be confusing since batch files are named by using month and day that they were created and NOT the year. If you keep batch files more than a year, you will see batches on your computer that appear to be current but are in fact a year old. It is a good idea to purge older batches from your computer and keep only the most current 6-9 months. A typical one-doctor office will find that 9 months of saved batches will take around 10-20 Megabytes of disk space.

When you click this option, a *window* like the one in *figure 2.1.11.1* below will appear. This display informs you of the total number of batches (of ALL types) that are currently saved on your computer and the number of them that are older than 9 months. It also tells you the total amount of disk space that is used by the saved batches as well as the amount of space that will be freed up if you remove the batches older than 9 months.

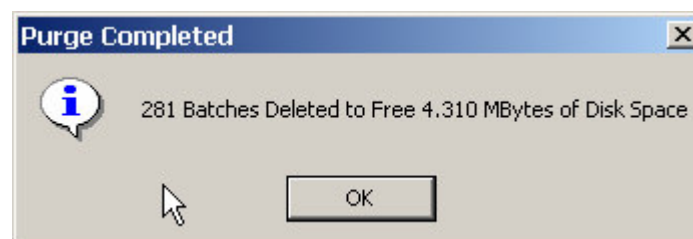
If you want to use a purge limit different than 9 months, you click the *Select* option on the first line of the *window* in *figure 2.1.11.1*. If you do this, a window will display asking you to enter the purge age (number of months) that you want to use. After you have entered this new age, the window below will re-display with the figures changed to reflect the new purge limit you specified.

If you wish to proceed with the purge, you click the *Yes* option on the first line in the *window*. When you make this selection, the *Purge* button at the bottom of the screen will become enabled. To proceed with the purge, you must then click the *Purge* button.



Figure 2.1.11.1 – Purge Claims Batches *Window*

When the purge is complete a window like the one below will display that tells you the number of batch files that were successfully removed and the amount of disk space that was freed up as a result.



2.1.12 Exit Sub-menu Option.

This menu choice closes the *HWI Claims Manager* application – exactly the same as clicking the *close* button in the *title bar*.

2.2 Drop-down View Menu

When you click the *View* menu bar selection on the *HWI Manager* main window, the drop-down menu shown in *figure 2.21* below appears.



Figure 2.21 – *HWI Claims Manager* Drop-down View Menu.

Some of the sub-menu selections shown may be displayed in gray rather than black letters (“grayed out” or “disabled”) indicating they are not available options due to the particular status of your system. For example if you have NO held claims, the *View Held Batch* option will be disabled. Each of the sub-menu selections is described in detail in the following sections.

2.2.1 View Current Batch

This option is disabled if there is no current batch. When you click this option, a *window* like the example in *figure 2.2.1.1* will display. The description that follows applies to not only the *current* batch but to *held*, *sent*, *saved* and *rejected* batches as well. Any features that are specific to these other batch types are discussed in the following sections.

The *list box* in this *window* shows one line for each claim in the batch indicating for each claim:

- # - Claim number (sequential within the batch)
- Doctor - Treating Provider Name
- Type - Claim Type Code
- Payor - Payer Name
- Patient - Patient's Name
- Svc Date - Date of Service
- Svcs - Number of Procedures
- Amount - Total Amount of Claim

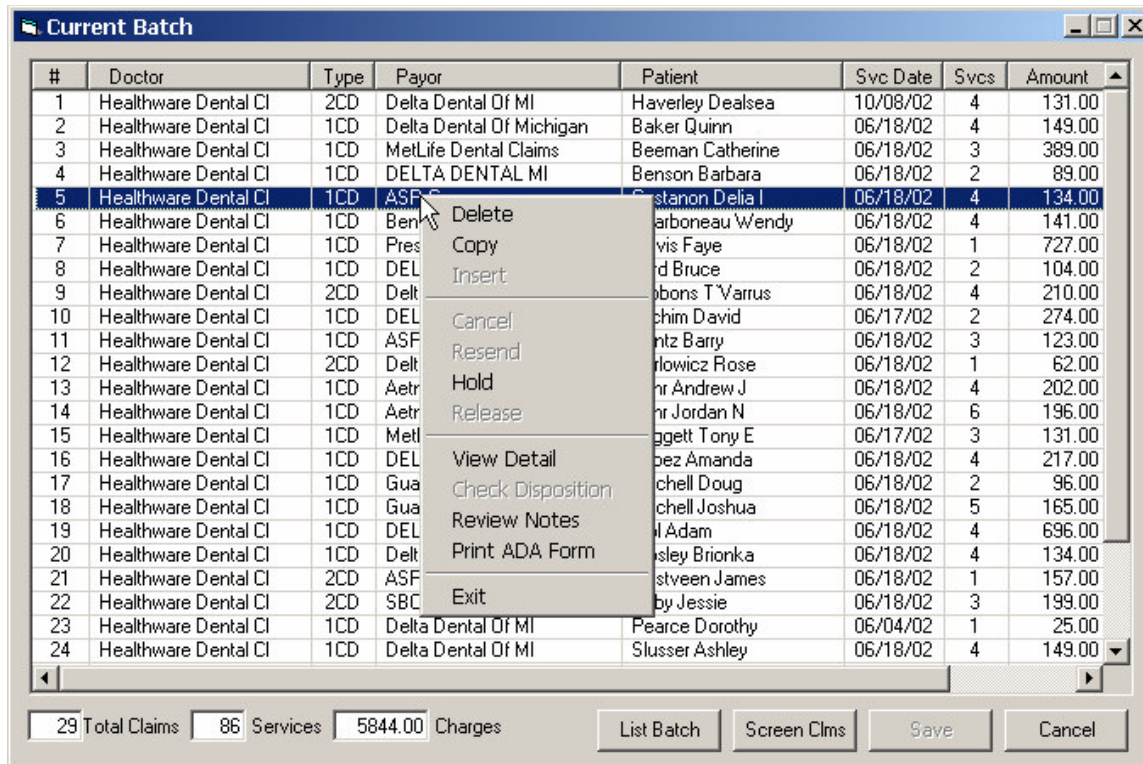


Figure 2.2.1.1 – View Claims Batch Window.

The Claim Type is a 3-character code where the first character is a “1” if the patient has single coverage or “2” if there is dual coverage. The second character is a “C” if the claim is a claim for service or “E” if the claim is an estimate only (pre -determination). The third character is a “D” if the insurance pays the doctor or a “P” if it pays the patient.

The list starts by displaying in claim number sequence. If you wish you can re-sequence the display by clicking in any of the *heading bar* column title boxes. If you do, the list will automatically re-sequence itself in order of the column you clicked. This can be useful if, for example, you are viewing a large batch and looking for a certain patient. If you re-sequence the list by patient name – you can quickly home in on any particular patient. The total number of claims in the batch is shown in the *text box* at the lower left of the *window*. You can scroll through the batch (if there are more that 24 claims in the batch) with the scroll bar at the right edge of the *list box*.

Several functions are available to perform operations on a specific claim or group of claims in the displayed batch. None of these functions effect claims in the *OMS in any way* – they only effect the electronic claims records in the *HWI Claims Manager*.

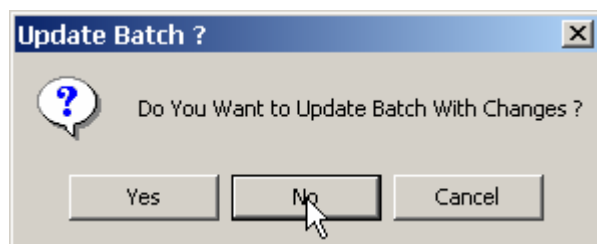
To begin any of these functions, you select a claim in the batch by clicking on that claim (any column) in the list box. When you do so, the line you select will be highlighted (turn blue). Whenever you click on a claim without pressing any keyboard key, any previously selected claim(s) will be de-selected. To select more that one claim, first select one then while holding the Ctrl key down on the keyboard, click on the others you want to select. To select a group of

consecutive claims on the list, click on the first claim in the group, then while holding the Shift key down on the keyboard, click on the last claim in the group.

When you have selected the desired claim(s) you right-click and a drop-down menu will appear (as shown in the *figure 2.2.1.1* above) containing the various functional options available to you. All possible options are listed on the menu with only those available to you (depending on the type of batch you are displaying – in this case, the *current* batch) enabled (displayed in black). To perform any available function on the selected claim(s) you click on and available option in the drop-down menu. All possible functions are described in the sections that follow and applicability of each function to the various batch types is spelled out.

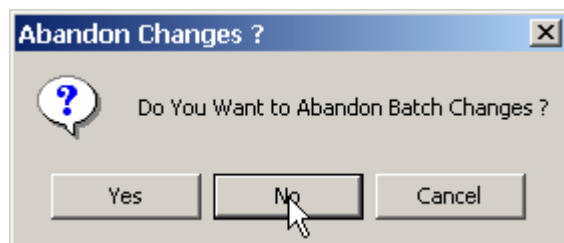
2.2.1.1 Delete Claim(s)

Claims may only be *deleted* from the *current* or the *held* batch. Clicking the *delete* drop-down menu selection will cause any selected claim(s) to be removed from the displayed batch. When you are finished with the batch, and want to save the resulting batch (with deleted claims removed) you must click the *Save* button at the bottom of the batch display *window* and a confirmation will display as follows:



If you click the *Yes* button in the above "Update Batch?" *window*, the original batch (before you viewed it) will be replaced with the batch in the display *window* (claim(s) have been removed). If you click *No*, the batch you were viewing will be left the way it was before you started viewing it.

If, after deleting a claim or claims on the *window* display, you decide you do NOT want the deletions to take place, you may click the *Cancel* button at the bottom of the batch display *window*. When you do so, the following confirmation *window* displays.



If you click the *Yes* button in the above "Abandon Changes?" *window*, the original batch (before you viewed it) will be retained and none of the deletions will be permanently recorded. If you click *No*, the program will return to the display *window* as if you had not clicked the *Cancel* button.

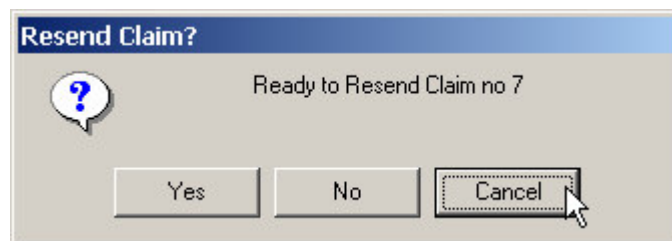
2.2.1.2 Cancel Claim(s)

Canceling a claim refers to the process of notifying *Healthware* over the modem that a claim you previously sent to them should not have been sent and is NOT to be forwarded to the payer. Since *Healthware* forwards these claims every night (about 11:00 PM Eastern time), claims may only be canceled from a *sent* batch that was sent today. Clicking the *cancel* drop-down menu selection will cause any selected claim(s) to be removed from the displayed batch. When you are finished canceling claims from the batch and want to save the results (save batch with canceled claims removed) you must click the *Save* button at the bottom of the batch display *window*. When you do, a confirmation *window* will display exactly as it does when you *save* after deleting claims described in *section 2.2.1.1* above.

Unlike the delete claims function, when you save the batch having cancelled one or more claims, the program will immediately initiate the transmission of a “Cancellation Batch” to *Healthware*. This transmission will proceed exactly like any normal batch transmission as detailed in *section 2.0.2* above.

2.2.1.3 Resend Claim(s)

Claims may only be resent from a *Sent* batch. Clicking the *resend* drop-down menu selection will cause a confirmation *window* will display as follows:



If you click the *Yes* button, the claim(s) you selected will be transmitted (in a new batch) to *Healthware*. The transmission will occur exactly as described in *section 2.0.2* above.

2.2.1.4 Hold Claim(s)

The function of “holding” claims refers to removing them from the *current* batch and placing them in the *held* batch. If you have never previously *held* any claims, there is NO *held* batch. The first time you “hold” a claim, the *held* batch will be created. There is only one *held* batch and it is maintained perpetually on the computer. Note therefore, that once you have *held* a claim it will stay in the *held* batch forever unless you subsequently *delete* it or *release* it.

You may never need to use this function but it may be useful if you need to delay the transmission of certain claims pending the completion of some other related administrative function. The held batch is used automatically by the program to store claims waiting for the transmission of electronic attachments to *NEA* if you have activated this feature in the program (see *Appendix B*). When this feature is installed, claims are automatically *held* when claims requiring attachments are created and *released* when attachments are transmitted to *NEA*.

When you are finished holding claims from the batch and want to save the results (save the *current* batch with held claims removed) you must click the *Save* button at the bottom of the batch display *window*. When you do, a confirmation *window* asking “Update Batch?” will display exactly as it does when you *save* after deleting claims described in *section 2.2.1.1* above.

If you click *Yes*, the selected claim(s) will be removed from the *current* batch and all claims that had been held will be appended to the *held* batch. If you click *No*, the application will resume without taking any action. If you click *Cancel*, the *HWI Claims Manager* application will terminate.

2.2.1.5 Release Claim(s)

The function of “releasing” claims refers to removing them from the *held* batch and placing them in the *current* batch. If you have never previously *held* any claims, there is NO *held* batch and the *release* function will not be enabled. The first time you “hold” a claim, the *held* batch will be created. There is only one *held* batch and it is maintained perpetually on the computer. Note therefore, that once you have *held* a claim it will stay in the *held* batch forever unless you subsequently *delete* it or *release* it.

The held batch is used automatically by the program to store claims waiting for the transmission of electronic attachments to *NEA* if you have activated this feature in the program (see *Appendix B*). When this feature is installed, claims are automatically *held* when claims requiring attachments are created and *released* when attachments are transmitted to *NEA*. You may use this *release* function if a claim to an *NEA* payer was held automatically when initially processed - then you decide that you will not send an *NEA* attachment (and thus release it automatically). In this case you can *release* it manually with this function.

When you are finished releasing claims from the batch and want to save the results (save the *held* batch with released claims removed) you must click the *Save* button at the bottom of the batch display *window*. When you do, a confirmation *window* asking “Update Batch?” will display exactly as it does when you *save* after deleting claims described in *section 2.2.1.1* above.

If you click *Yes*, the selected claim(s) will be removed from the *held* batch and and all claims that had been released will be appended to the *current* batch. If you click *No*, the application will resume without taking any action. If you click *Cancel*, the *HWI Claims Manager* application will terminate.

2.2.1.6 View Detail

Clicking the *View Claim* drop-down menu option will display detailed claim information in a *window* like the example below.

Current Batch Claim No. 1 Contents

Patient	Name	Claim Type	Patient ID	Sex	Birth Date	School
	Haverley Dealsea	Claim For Svc	375-54-0	Female	04/08/52	

Doctor	Name	Address	City/State/Zip	License	Provider ID
	Healthware Dental Clinic	1621 44th St. S/W	Wyoming MI 49509	14166	141660

Payor	Name	Address	City/State/Zip
	Delta Dental Of MI	P O Box 9085	Farmington Hills, MI 483

Insured	Ident No.	Group	Subscriber	Address	City/St/Zip	Employer	Plan Pays	Relation	Birth Date
	357-54-5900	8700-1021	Haverley Dealsea	3192 Grandview Ave	Wyoming MI 49319	State Of Michigan	Doctor	Self	04/08/52

Other Payor	Name	Address	City/State/Zip
	Aetna U.s. Healthcare	P.o. Box 14091	Lexington, KY 40512

Other Insured	Ident No.	Group	Subscriber	Address	City/St/Zip	Employer	Paid Amount	Plan Pays	Relation	Birth Date
	347-64-6093	608598	J Haverley Ward	3192 Grandview Ave	Wyoming MI 49319	Consumer Energy	0.00	Doctor	Spouse	04/05/47

#	Tth	Surf	Quad	Description	Code	Date	Amount
1				Periodic Exam	D0120	10/08/02	34.00
2				Adult Propy	D1110	10/08/02	62.00
3				2 Bitewings	D0272	10/08/02	27.00
4				Desensitizing Med	D9910	10/08/02	8.00
5				Patient is very nervous -	*NOTE		
6				required nitrous.	*NOTE		

6	Total Procedures	Change Notes	Total Amount	131.00
---	------------------	--------------	--------------	--------

Buttons: Prev Claim, Next Claim, Print ADA, Review/Chg, Exit

Figure 2.2.1.3 – View Claim Window.

This *window* displays all of the key data elements of the claim. Basic patient information is shown in the *Patient* frame at the top of the *window*. Below that treating provider information is shown in the *Doctor* frame. The *Payor* frame (middle left of the *window*) includes claim payer and insured information. To the right of that, other payer information is shown in the *Other Payor* frame (if there is one). If the claim has no other payer, this frame is disabled.

At the bottom of the *window*, all procedures in the claim are listed in a *list box*. Up to six can be displayed at once and if there are more, a scroll bar will appear at the right edge of the list box. If there are any notes attached to the claim, they are recorded in appended procedure items which will be displayed in the procedure list with procedure code “*NOTE” and the actual note text shown in the procedure “Description” column(s) of the *list box*. The total number of procedures in the claim is shown in the *text box* at the lower left of the *window* and the total charges in the claim is displayed at the lower right.

Six action buttons are available on the screen - one at the bottom center – *Change Notes* and five grouped at the lower right of the *window*. You click the *Change Notes* button to review/change any notes on the claim. Claim notes are any text that would print in the ‘Remarks for unusual services’ box on the printed ADA form. If you click this button a *window* like that shown in *Figure 2.2.1.4* below will display.

Review Claim Notes	
Patient	Service Date
Haverley Dealsea	10/08/02
Provider	Total Charges
Healthware Dental Cl	131.00
Payer	
Delta Dental Of MI	
Note Text	
Patient very nervous - requires Nitrous	
<div> <div>Save</div> <div>Erase</div> <div>Exit</div> </div>	

Figure 2.2.1.4 – Review/Change Claim Notes *Window*

This *window* contains several *text boxes* verifying the patient/doctor/payer and a large *text box* (titled ‘Note Text’) where the note text is displayed. Note text can only be a continuous stream of text without *indentation*, *tabulation* or paragraphs. You can edit the contents of the note using standard *windows* cut and paste. The *Erase* button on the screen can be used to clear out all of the text and the *Save* button is clicked to signal you want to save any note changes you made. If you click the *Exit* button, none of the changes you made (if any) will be recorded.

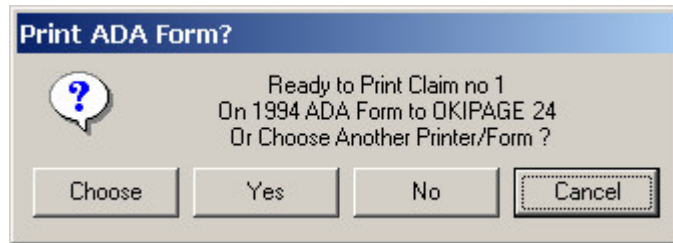
In the lower right part of the *View Claim window* five other action buttons are provided. These are *Prev Claim*, *Next Claim*, *Print ADA*, *Review/Chg* and *Exit*.

2.2.1.6.1 Next/Prev Claim

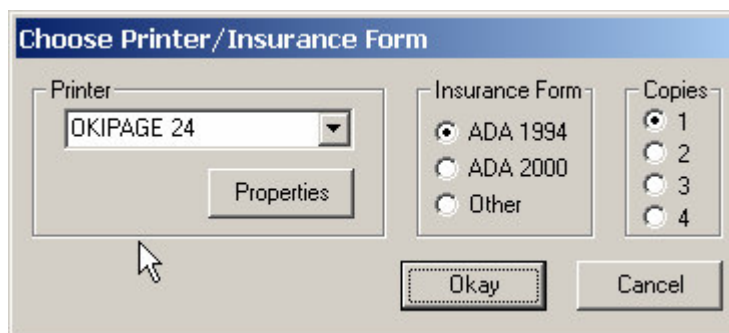
The *Prev Claim* and *Next Claim* buttons will only be activated if you are viewing more than one claim (you selected multiple claims, then chose *View Detail*). You click one of these buttons to switch the claim viewed in detail to the previous or next claim selected for viewing respectively.

2.2.1.6.2 Print ADA

The *Print ADA* button can be clicked if you wish to print an ADA form for the claim currently being viewed. When you click it, the following *window* will display.



If you click *No* the program will continue as if you hadn't pressed the *Print ADA* button. If you click *Cancel*, the *HWI Claims Manager* will terminate. If you click *Yes*, the claim(s) specified will print - one copy each - in the format specified (ADA 1994 format or ADA 2000 format) on the printer specified. If you wish to change any of these printing parameters you click *Choose* and the following window will display.



This window lets you choose which printer you want, set its properties, and which ADA claim format you want – *1994 ADA format*, *2000 ADA format* or *Other* – a special format custom designed by request to *Healthware*. You may also specify from 1 to 4 copies of every form be printed. Once you make your selections on this *window*, you begin the actual printing by clicking *Okay* on the “Choose Printer/Insurance Form” *window* then click *Yes* on the “Print ADA Form?” *window*.

2.2.1.6.3 Review/Chg

This button allows you to see every item that is included in the electronic record of each claim. When you click it, the display will show the *Review/Change Claim Detail – Patient Tab window* given in *figure 2.2.1.5* below. This is the first of seven *tab pages* each of which contains the contents of the seven data elements that make up a claim.

The seven data elements of the claim being viewed are accessed by clicking the corresponding *tab*. When you do, the display will switch to displaying the contents of that element and the *tab* name at the top will be highlighted. The items in each *tab* segment are somewhat self-explanatory. An example of each of the seven *tab* segments is shown in *figures 2.2.1.5* thru *2.2.1.11*.

Review/Change Claim Detail

Patient | Doctor | Payor | Other Payor | Other Info | Procedures | Notes

Claim Refr No:

Claim Type:
☒ Claim
☐ Pre-D

Dual Insur?:
☐ No
☒ Yes

Erase All

UnDo Changes

Patient Information

First Name: M.I.: Last Name: Patient Acct No:

Dea Haverdink 375-54-0

Address:
Line 1: 4752 Grenadire Sw
Line 2:
Line 3:
City: Wyoming
State: MI Zip: 49509

Birth Date: 04 08 1992
Mon Day Year

Sex:
☐ Male ☒ Female

Student ?
☒ No ☐ Part Time
☐ Full Time
School Name/City:

Home Phone: Medicaid ID:

Employment Status:
☐ None ☐ Full
☐ Part ☐ Retired
☒ Unknown

Marital Status:
☐ Single ☐ Divorced
☐ Married ☐ Widowed
☒ Unknown

Save Quit

Figure 2.2.1.5 – Review/Change Claim Detail *Window* – Patient Tab

Review/Change Claim Detail

Patient **Doctor** Payor Other Payor Other Info Procedures Notes

Doctor's Name / Address

Name Wyoming Dental Associates

Street 1621 44th St. SW

City Wyoming State MI Zip 49509

6165329003 382711479 14166 141660

Phone Tax ID Licence Provider ID

Erase All Undo Changes

Save Quit

Figure 2.2.1.6 – Review/Change Claim Detail *Window* – Doctor Tab

Review/Change Claim Detail

Patient Doctor **Payor** Other Payor Other Info Procedures Notes

Plan Name/No. Group No

Payor

Name

Address1

Address2

Address3

Insured's Employer

Name

Street

City

State Zip

Insured

1st Name M.I. Last

Address1

Address2

City Phone

State Zip Insured ID

Patient's Relationship to Insured
☒ Self ☐ Spouse ☐ Child ☐ Other

Sex
☐ Male ☒ Female

Birth Date

Mon Day Year

Pays Doctor?
☒ Yes ☐ No

Release Info?
☐ Yes ☒ No

Signature On File?
☐ Yes ☒ No

Other Paid

Erase All

UnDo Changes

Save Quit

Figure 2.2.1.7 – Review/Change Claim Detail Window – Payor Tab

Review/Change Claim Detail

Patient Doctor Payor **Other Payor** Other Info Procedures Notes

Plan Name/No. Group No

Other Payor

Name

Address1

Address2

Address3

Other Insured's Employer

Name

Street

City

State Zip

Other Insured

1st Name M.I. Last

Address1

Address2

City Phone

State Zip Insured ID

Insured's Relationship to Patient
☐ Self ☒ Spouse ☐ Parent ☐ Other

Birth Date

Mon Day Year

Pays Doctor?
☒ Yes ☐ No

Release Info?
☐ Yes ☒ No

Signature On File?
☐ Yes ☒ No

Erase All

UnDo Changes

Save Quit

Figure 2.2.1.8 – Review/Change Claim Detail *Window* – Other Payor Tab

Review/Change Claim Detail

Patient Doctor Payor Other Payor **Other Info** Procedures Notes

Auto Accident?
☐ Yes ☒ No
 Descr

Job Accident?
☐ Yes ☒ No
 Descr

Other Accident?
☐ Yes ☒ No
 Descr

Accident Date
 Mon Day Year

PreAuth ID Number

Ortho Appliance Placed?
☐ Yes ☒ No Mon Remng
 Original Date
 Mon Day Year

Prosthesis?
☐ Yes ☒ No ☐ Replaced?
 Original Date
 Mon Day Year
 Descr

1st Visit Current Series
 Mon Day Year
 10 08 2002

Erase All UnDo Changes

Save Quit

Figure 2.2.1.9 – Review/Change Claim Detail Window – Other Info Tab

Review/Change Claim Detail

Patient	Doctor	Payor	Other Payor	Other Info	Procedures	Notes	
#	Tth	Surf	Quad	Description	Code	Date	Amount
1				Periodic Exam	D0120	10/08/02	34.00
2				Adult Prophy	D1110	10/08/02	62.00
3				2 Bitewings	D0272	10/08/02	27.00
4				Desensitizing Med	D9910	10/08/02	8.00

Selected Procedure

Tth Surf Quad Date Amt

Code Description

Figure 2.2.1.10 – Review/Change Claim Detail *Window* – Procedures Tab

Review/Change Claim Detail

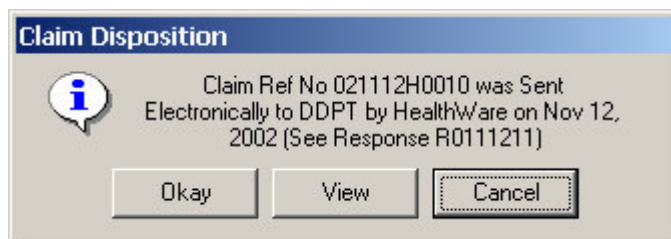
Patient	Doctor	Payor	Other Payor	Other Info	Procedures	Notes
						<p>Note Text <input type="text"/></p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p><input type="button" value="Erase All"/> <input type="button" value="UnDo Changes"/></p>

Figure 2.2.1.11 – Review/Change Claim Detail *Window* – Notes Tab

2.2.1.7 Check Disposition

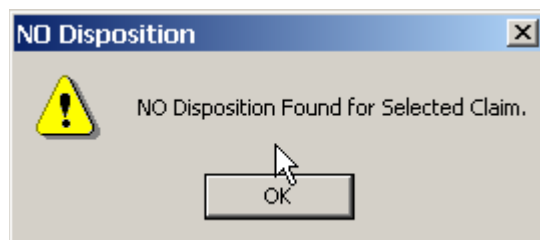
The *Check Disposition* drop-down option provides the ability of searching all response reports on your computer to determine what disposition was reported for a claim. This function is available only for *Sent* batches.

If you choose this option, the program searches all response report files that are stored on your hard disk (you must have retrieved responses from *Healthware* for this to work) for the claim selected. When the claim is found, the disposition status shown on the report will be displayed in a *window* like the one below.



It tells you what happened to the claim (after you sent it to *Healthware*) – whether it was sent electronically or printed to paper, the date of that disposition and the response report name where that was reported to you. If this is all you need to know, you click *Okay* to continue. If you would like to review and/or print the report named in the *window*, you can click the *View* button and a display exactly like that described in *section 2.2.7 – View Response Report* below will be shown.

If the claim selected is not found in any response report on your computer, then you have not yet received the report telling you what happened to the claim and the following *window* is displayed.



2.2.1.8 Review Notes Option

The *Review Notes* menu option will allow you to review and/or change any note text attached to the claim selected. When you select this option the *window* described in *figure 2.2.1.4* will display.

This *window* contains several *text boxes* verifying the patient/doctor/payer and a large *text box* (titled "Note Text") where the note text is displayed. Note text can only be a continuous stream of text without *indentation*, *tabulation* or paragraphs. You can edit the contents of the note using standard *windows* cut and paste. The *Erase* button on the screen can be used to clear out all of

the text and the *Save* button in clicked to signal you want to save any note changes you made. If you click the *Exit* button, none of the changes you made (if any) will be recorded.

2.2.1.9 Print ADA Form Option

The *Print ADA Form* drop-down menu option will print one or more copies of an ADA form for the all claims that have been selected on the batch view *window*. When you choose this option the process of selecting a printer, ADA form type and number of copies described in *section 2.2.1.6.2* above will occur.

2.2.2 Review Held Batch

This option is disabled if there is no *Held* batch (there is only one *Held* batch). The *Held* batch only exists if at any time you chose to *Hold* a claim or claims from the *Current* batch (OR if you are using the *NEA Fast Attach* system – see *appendix B*). You can use the hold/release scheme to place/remove claims in the *Held* batch even if you are NOT using the *NEA Fast Attach* program interface. If you are using the *NEA* interface, holding and releasing of claims is done automatically as claims requiring attachments are *held* pending the transmission of electronic attachments and *released* after you have sent attachments.

When a claim is *Held*, it is removed from the *Current* batch and placed in the *Held* batch. Claims remain in the *Held* batch until you later come back and *Release* them (into the *Current* batch) or you transmit an attachment with the *NEA Fast Attach* system.

When you click this option, a *window* like the example in *figure 2.2.1.1* above will display. The operation of the program is identical for the *Held* batch as it is for the *Current* batch as described in *section 2.2.1* above except that the claims displayed will be those in the *Held* batch.

2.2.3 Review Saved Batch

This option is disabled if there are no *Saved* batches. A *Saved* batch is a copy of the *Current* batch as it was when that batch was originally transmitted to *Healthware*. When you select this option, a window like the one shown in *figure 2.2.3.1* below will display.

You may select a previously *saved* batch exactly as described for *Sent* batches in *section 2.1.5* above.

When you click *Okay* button, a *window* like the example in *figure 2.2.1.1* above will display. The operation of the program is identical for a *Saved* batch as it is for the *Current* batch as described in *section 2.2.1* except that the claims displayed will be those of the *Saved* batch which you selected.

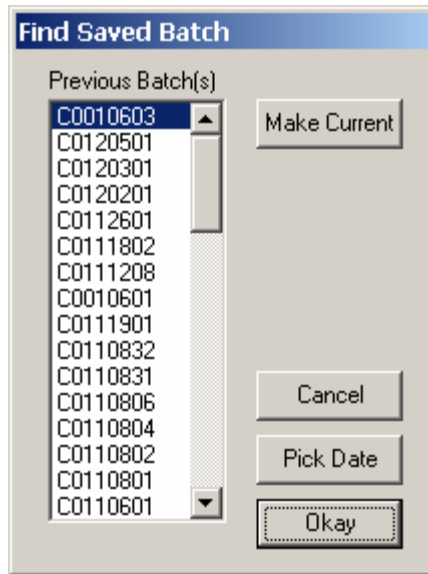


Figure 2.2.3.1 – Find Saved Batch Window

2.2.4 Review Sent Batch

This option is disabled if there are no *Sent* batches. A *Sent* batch is a copy of a batch that was transmitted to *Healthware*. When you select this option, a window like the one shown in *figure 2.2.3.1* above will display except that *Sent* batches will be displayed in the *list box* titled *Previous Batche(s)*.

You may select a previously *saved* batch exactly as described for *Sent* batches in *section 2.1.5* above.

When you click *Okay* button, a *window* like the example in *figure 2.2.1.1* above will display. The operation of the program is identical for a *Saved* batch as it is for the *Current* batch as described in *section 2.2.1* except that the claims displayed will be those of the *Saved* batch which you selected.

2.2.5 Review Reject Batch

2.2.6 Review Edit Report

2.2.7 Review Response Report

2.3 Drop-down Setup Menu

When you click the *Setup* menu bar selection on the *HWI Claims Manager* main window, the drop-down menu shown in *figure 2.3.1* below appears.



Figure 2.3.1 – HWI Manager Drop-down Setup Menu.

Some of the sub-menu selections shown may be displayed in gray rather than black letters (“grayed out” or “disabled”) indicating they are not available options due to the particular status of your system. For example if you do not have the *NEA* attachments option set, the *NEA Payers Setup* option will be disabled. Each of the sub-menu selections is described in detail in the following sections.

2.3.1 Provider Setup

This option is provided to set up billing and treating provider information needed by the system. Click on the *Provider Maintenance* option and the window in *figure 2.3.2* below will appear.

A word of caution – be very careful about filling out initially and/or changing and data on the *window* - The top section of this window contains all pertinent data about the billing provider or entity (the provider or business the payer checks are to be made out to). The bottom section of this window contains pertinent information about all providers who will be included on claims as treating providers.

Only one treating provider at a time is displayed in that section of the *window*. If there are more than one on your office, you select the one you wish to view/change by choosing them in the *drop-down box* at the top of the section. To add a new treating provider you click the *Add Pvd* button and all the info *boxes* will clear waiting for you to fill in the required details. Only

Billing Provider/Entity					
Facility ID:	Practice Name				
w7099999	Healthware Dental Clinic				
Street Address					
48945 VanDyke, Suite A-1					
City	State		Zip Code		
Shelby Township	MI		48317		
Phone Number	Tax ID				
586-997-2500	39-8932765				

Treating Provider(s)					
Choose Existing Provider					
Billingsly, Arland					Add Pvd'r
Code	First Name	Last Name			
AB1	Arland	Billingsly			
Specialty	State	Provider ID/License			
General	MI				
	BCBS				
	Delta				
	Medicaid				
	License	MI	20911		

Buttons: Clear All, Undo, Delete, Save, Done

Figure 2.3.2 – Provider Maintenance *Window*

licensed dentists can be reported to payers as treating providers. Their “S tate” of registration and “L icense” number must be included in the *boxes* at the bottom of the section. The “C ode” *box* specifies the code by which you identify the provider in your office. If the provider submits work to either *Blue Cross Blue Shield*, *Delta Dental* or *Medicaid* and uses a unique provider identification, you must complete the corresponding *boxes* specifying the “S tate” and “P rovider ID” that applies. To record any additions or changes made to the provider information, you must click the *Save* button.

2.3.2 Environment Setup

This *drop-down menu* option is provided to set up the various options available with the *Claims Manager*. When you click it, the *window* shown in *figure 2.3.2.1* is displayed.

The *frame* at the top of the *window* contains nine Yes/No *option button* pairs indicating various processing selections you must make. Not all of the questions are used. The set up questions you must answer are the following.

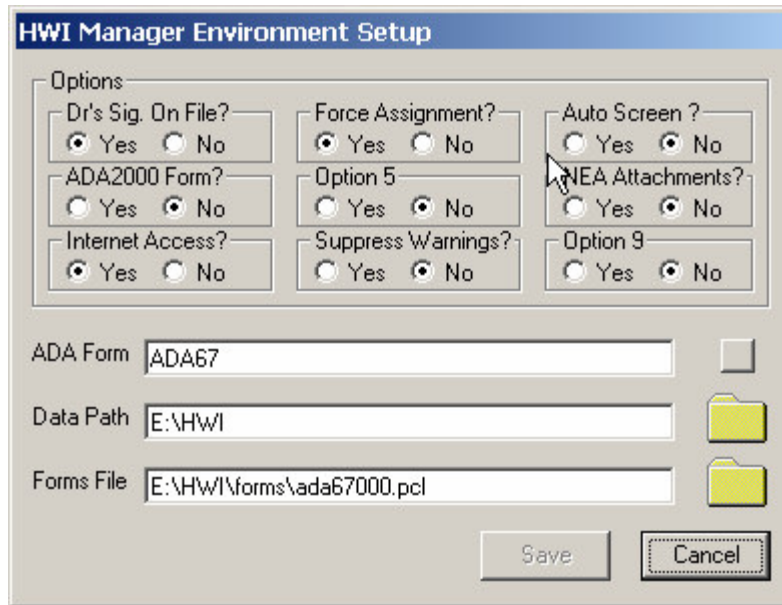


Figure 2.3.2.1 – HWI Manager Environment Setup Window

- Dr's Sig On File?* - Do you want to print "SIGNATURE ON FILE" in the treating Provider's signature box at the bottom of the printed ADA form.
- Force Assignment?*- Do you want to flag every electronic claim as "Pays Doctor" regardless of whether "SIGNATURE ON FILE" is printed on the OMS-generated claim form in the "assign benefits" signature box. If you choose *No* in this option, the electronic claim will be flagged as "Pay Patient" if this "SIGNATURE ON FILE" is not present and "Pay Doctor" if it is present.
- Auto Screen?* - Not Used
- ADA2000 Form?* - Do you want the default format ADA form to be the 2000 version? If you choose *No*, the default format will be the 1994 version.
- Option 5?* - Not Used
- NEA Attachments?* - Do you want to enable the automatic hold/release claim linkage between the *HWI Claims Manager* and the *NEA Fast Attach* program?
- Internet Access?* - Do you want to access the *Healthware* clearinghouse through the internet? If you choose *No*, access to *Healthware* will be made via direct dial (toll free) modem.
- Suppress Warnings?* - Do you want to suppress error messages on the pre-transmission edit report that are warning only. Warning edit errors will not prevent a claim from being submitted but may cause it to go to paper rather than electronic.
- Option 9?* - Not used.

2.3.3 Printer Setup

This option initiates the standard *windows Printer Maintenance* dialogue window. It will allow you to view and/or change any of the standard printer settings for the *windows* default printer. This is the printer that the *HWI Claims Manager* assumes is the printer it should use when it first starts up. At any time you decide to print something, you will have the opportunity to change to any available printer on the system if you wish and at that time you may invoke the standard *windows Printer Maintenance* dialogue window for that printer at that time.

2.3.4 Claim Screening Setup

“Claim screening” is an automatic process whereby certain claims can be excluded from an electronic batch based upon their destination payer and/or the procedures that they contain. The payer(s) involved and/or what procedures will be selected are specified by the “screening rules” which are set up with this option.

The window shown in *figure 2.3.4.1* will be displayed when you choose this option.

The screenshot shows a Windows-style dialog box titled "Review/Change Claim Screening Rules". The dialog is organized into several sections. The top-left section, "Procedure(s) to Select", contains two sub-sections: "Include Procedure Group(s)" and "Exclude Procedure Group(s)", each with five checkboxes labeled 1 through 5. To the right of this is the "Except For Payor(s) :" section, which features a large empty list box with a mouse cursor, "Add" and "Remove" buttons, and a "Payor to Add" dropdown menu. Below the "Procedure(s) to Select" section is the "Payor(s) to Select" section, which includes an "Include Payor(s)" list box, "Add" and "Remove" buttons, and another "Payor to Add" dropdown menu. To the right of the "Payor(s) to Select" section is the "Selected Claim Disposition" section, which contains four radio button options: "Highlight Only", "Print ADA Form Only", "Print ADA Form and Delete", and "Delete Only". At the bottom of the dialog are "Save" and "Cancel" buttons.

Figure 2.3.4.1 – Review/Change Claim Screening Rules Window

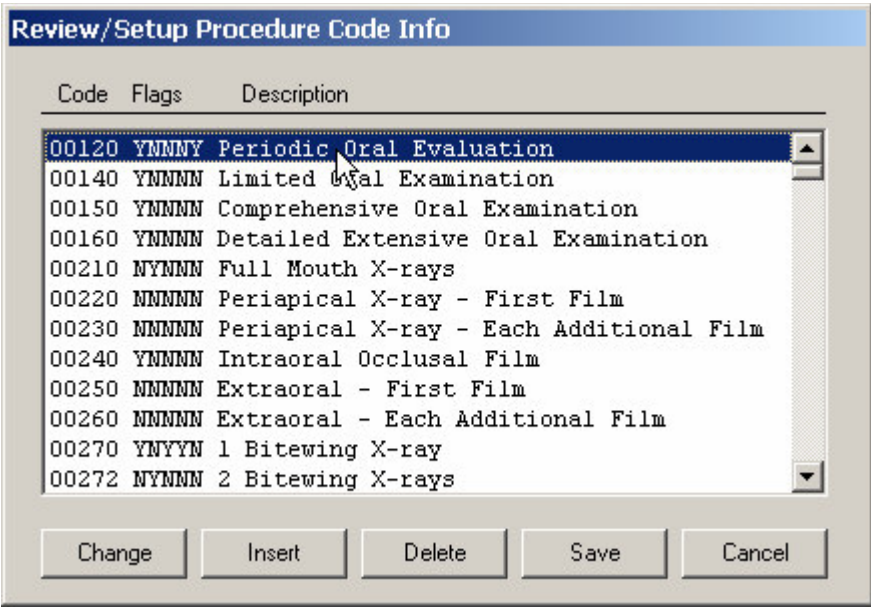
In order for this process to work, you must define all procedure codes that you will be specifying in the screening rules and indicate what “group” each of these procedures is part of. This is done with the *Procedure Group Setup* process described in *section 2.3.5* below. In addition, you must define all payors that you will be specifying in the screening rules and indicate what “group” each of these payors is part of. This is done with the *Payor Group Setup* process described in *section 2.3.6* below.

The screening rules specify what payors you want to select claims for and what procedures you want to select claims for. Procedures are specified by procedure groups. The meaning of

procedure groups is entirely up to you. For example, you may want all “crown and bridge” procedures to be selected. You would define all crown and bridge procedures as described in *section 2.3.5* as belonging to say, group 5 (group 5 would mean “crown and bridge”). If you then check *box 5* in the screening rules screen under the title *Include Procedure Group(s)*, whenever you performed claim screening, all claims containing any procedure you flagged as being in group 5 would be selected.

In a similar way, you can specify what payors you wish to select claims for.

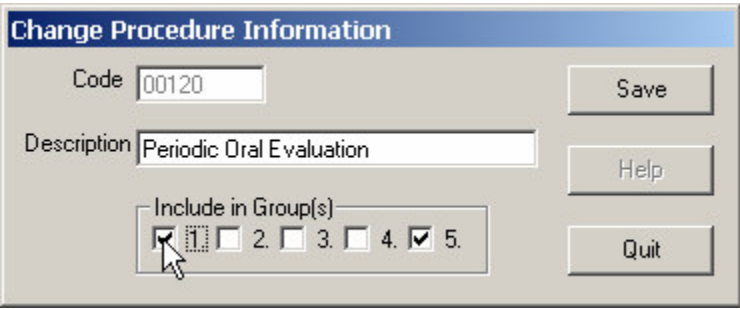
2.3.5 Procedure Group Setup



The dialog box titled "Review/Setup Procedure Code Info" displays a list of dental procedures with their codes and flags. The list is as follows:

Code	Flags	Description
00120	YNNNY	Periodic Oral Evaluation
00140	YNNNN	Limited Oral Examination
00150	YNNNN	Comprehensive Oral Examination
00160	YNNNN	Detailed Extensive Oral Examination
00210	NYNNN	Full Mouth X-rays
00220	NNNNN	Periapical X-ray - First Film
00230	NNNNN	Periapical X-ray - Each Additional Film
00240	YNNNN	Intraoral Occlusal Film
00250	NNNNN	Extraoral - First Film
00260	NNNNN	Extraoral - Each Additional Film
00270	YNYYN	1 Bitewing X-ray
00272	NYNNN	2 Bitewing X-rays

At the bottom of the dialog box are five buttons: Change, Insert, Delete, Save, and Cancel.



The dialog box titled "Change Procedure Information" allows for editing a specific procedure. It contains the following fields and controls:

- Code:** A text field containing "00120".
- Description:** A text field containing "Periodic Oral Evaluation".
- Include in Group(s):** A section with a label and a row of checkboxes numbered 1 through 5. Checkboxes 1 and 5 are checked, while checkboxes 2, 3, and 4 are unchecked.

On the right side of the dialog box are three buttons: Save, Help, and Quit.

2.3.6 Payor Group Setup

Review/Change Payor Information

Code	Flags	Description
BCBS MI	YNNNN	BLUE CROSS BLUE SHIELD MICHIGAN
BC/BS	YNNNN	Blue Cross/Blue Shield Michigan
MICH CONF TEAMSTERS	YNNNN	
LOCAL LODGE PM 2848	YNNNN	Local Lodge PM 2848 Insurance
UNKNOWN INSURANCE CO	YNNNN	Unknown Insurance Co
WEYCO INC	YNNNN	Weyco Inc
HERTZ CLAIM MTG.	YNNNN	Hertz Claim MTG.
HERTZ CLAIM MANAGEME	YNNNN	Hertz Claim Management
AMERICAN COMMUNITY	YNNNN	American Community
ROOFERS 149 SEC. BEN	YNNNN	roofers 149 sec. ben. fd
BCBS MI FED EMP	YNNNN	bcbs mi fed emp
DENTMAX	YNNNN	dentmax

Change Delete Add Save Cancel

Change Payor Information

Code:

Description:

Include in Group(s): ☒ 1. ☐ 2. ☐ 3. ☐ 4. ☐ 5.

Save Help Cancel

2.3.7 NEA Payors Setup

Dental Claim Form

American Dental Association version 2000

1. <input type="checkbox"/> Dentist's pre-treatment estimate <input checked="" type="checkbox"/> Dentist's statement of actual services	Specialty	3. Carrier Name Delta Dental Of MI
2. <input type="checkbox"/> Medicaid claim <input type="checkbox"/> EPSDT	Prior Authorization #	4. Carrier Address P O Box 9085 Farmington Hills
		5. State MI
		7. Zip 483

PATIENT	8. Patient Name (Last, First, Middle) Haverley, Dealea	9. Address 3091 Grandview Ave	10. City Wyoming	11. State MI
	12. Date of Birth (MM/DD/YYYY) 04/08/1952	13. Patient ID # 375-54-0	14. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	15. Phone Number
	16. Zip Code 49903		17. Relationship to Subscriber/Employer <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	18. Employer/School Name _____ Address _____

SUBSCRIBER / EMPLOYEE	19. Sub./Emp. ID#SSN# 357-54-5900	20. Employer Name State Of Michigan	21. Group # 0700-1021	POLICIES	31. Is Patient covered by another plan? <input type="checkbox"/> No (Skip 32-37) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Dental or <input type="checkbox"/> Medical	32. Policy # 608598	
	22. Subscriber/Employer Name (Last, First, Middle) Haverley, Dealea				33. Other Subscriber's Name J Haverley, Wapd		
	23. Address 3192 Grandview Ave		24. Phone Number		34. Date of Birth (MM/DD/YYYY) 04/05/1947	35. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	36. Plan/Program Name Consumer Energy
	25. City Wyoming	26. State MI	27. Zip Code 49319		37. Employer/School Consumer Energy Address _____		
	28. Date of Birth (MM/DD/YYYY) 04/08/1952	29. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other	30. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F		38. Subscriber/Employer Status <input type="checkbox"/> Employed <input type="checkbox"/> Part-time Status <input type="checkbox"/> Full-time Student <input type="checkbox"/> Part-time Student		
	39. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan unless the treating dentist or dental practice has a contractual agreement with the plan prohibiting all or a portion of such charges. To the extent permitted under applicable law, I authorize the release of any information relating to this claim.				40. Employer/School Name _____ Address _____		
	X Signed (Patient / Guardian) _____ Date (MM/DD/YYYY) _____				41. I hereby authorize payment of the dental benefits otherwise payable to me directly to the below named dental entity. SIGNATURE ON FILE _____ 11/18/2002 Signed (Employee / Subscriber) _____ Date (MM/DD/YYYY) _____		

DENTIST	42. Name of Billing Dental or Dental Entity Healthware Dental Clinic	43. Phone Number 6165329003	44. Provider ID # 141660	45. Dental Soc. Sec. or T.I.N. 382711479
	46. Address 1621 44th St. SW	47. Dental License # 14166	48. First visit date of current service 10/08/2002	49. Place of treatment <input checked="" type="checkbox"/> Office <input type="checkbox"/> Hosp <input type="checkbox"/> ECF <input type="checkbox"/> Other
	50. City Wyoming	51. State MI	52. Zip Code 49509	53. Radiographs or models enclosed? <input type="checkbox"/> Yes How Many? _____ <input checked="" type="checkbox"/> No
	54. Is treatment for orthodontics? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		55. If service already commenced Date appliances placed _____ Total mos. of treatment remaining _____	
	56. Is treatment result of occupational illness or injury? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		57. Is treatment result of <input type="checkbox"/> auto accident <input type="checkbox"/> other accident? <input checked="" type="checkbox"/> neither	

58. Diagnosis Code index (optional)									
1	2	3	4	5	6	7	8	9	10
59. Examination and treatment plans - List teeth in order									
Date (MM/DD/YYYY)	Tooth	Surface	Diagnosis Index #	Procedure code	Qty	Description	Fee	Admin. Use Only	
10 08 2002				D0120		Periodic Exam	34.00		
10 08 2002				D1110		Adult Prophyl	62.00		
10 08 2002				D0272		2 Bitewings	27.00		
10 08 2002				D9910		Desensitizing Med	8.00		
60. Identify all missing teeth with "X"							Total Fee	131.00	
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
61. Remarks for unusual services							Deductible		
							Carrier %		
							Carrier Pays		
							Patient Pays		

62. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed and that the fees submitted are the actual fees. I have charged and intend to collect for those procedures.	63. Address where treatment was performed 1621 44th St. SW
X SIGNATURE ON FILE _____ 14166 _____ 11/18/2002 Signed (Treating dentist) _____ License # _____ Date (MM/DD/YYYY) _____	64. City Wyoming
	65. State MI
	66. Zip Code 49509

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[illegible]