






Q: How do I reschedule an appointment?

A: To reschedule a patient visit, click either the  (Edit Visit) or  (Reschedule Visit) icon located next to the patient appointment listing in the Scheduler. This will redirect you to the "Book Appointment" screen. Select the new appointment date (if necessary) by clicking on the blue Date link in the Calendar. Select a new appointment time (if necessary) from that provider's available time slots by clicking in the appropriate checkbox. Click "Edit Appointment" to save your changes.

Q: How do I move a patient from one physician's schedule to another?

A: Open the Scheduler and select the Master View tab. Hover over the  icon next to the appointment listing you wish to change the provider for and select "Change Provider." Select the new provider from the Provider drop-down menu and, if necessary, select a new appointment time from that provider's available time slots by clicking in the appropriate checkbox. When finished, click "Save" to view the appointment in the new provider's calendar.

If you do not wish to use the Master View functionality, delete the appointment from the Scheduler using the  (Delete Visit) icon and click the  (Book Appointment) icon to book a new appointment.

Q: How can I limit the information that certain staff members have access to?

A: Permissions within InSync are based on user groups and respective roles within the practice. One staff member within every practice is designated the Practice Administrator, who can add, edit, and delete permissions as necessary. Contact InSync Customer Support at (877) 246-8484 for more information if you are unsure who your Practice Administrator is.

Q: Can I make changes to InSync without calling Customer Support?

A: All permissions within InSync are configured by user type. One staff member within every practice is designated the Practice Administrator, who can edit the permissions available to individual users. Users will be able to perform a number of changes to the system, provided they have been granted permission within the system to do so. However, some changes cannot be made without contacting InSync Customer Support. If you are unsure about whether your practice is able to make the requested change without additional assistance, please contact Customer Support.

Q: I am adding another provider to the practice. How do I add his/her information?

A: The InSync software is licensed by provider. If planning to add another provider to the practice, please contact Customer Support, as additional licensing fees may apply.



InSync PM - Frequently Asked Questions

Q: I want to add an additional user to the system. How do I add his/her information?

A: To add another user to the system (i.e., reception, billing), please contact your Practice Administrator.

Q: What is a recommended brand of printer/scanner/copier that works best with the system?

A: Due to the nature of InSync (cloud-based solution), the majority of printers, scanners, and copiers will integrate with the system without issue. MDOL also retails optical card reader (OCR) scanners, which read patient information from the insurance card and pre-populates it within the system. To find out more about any of these devices, please call (877) 246-8484 to speak to a Customer Support representative.

Q: Does InSync have appointment reminders?

A: MDOL offers an additional appointment reminder service to InSync PM/EMR users. For more information, contact InSync Customer Support at (877) 246-8484.


Q: Can I save a new patient without recording his/her e-mail address?

A: Yes, the recording of a patient's e-mail address is not required by the system. If a patient does not have an e-mail address on file with the practice, however, they will not be able to use the Patient Portal feature, which is currently available to InSync EMR clients only.

Q: Can I use the Patient History section of Patient Demographics if I have purchased a PM-only license?

A: The Patient History section will remain accessible to InSync PM users; however, no additional clinical navigation is available.

Q: How do I create forms (e.g., Doctor's Note for Work, School Immunization Record)?

A: InSync comes equipped with a number of forms for the convenience of the practice, including a HIPAA-consent form, medical information release form, Workers Comp, and medical collection. These forms can be accessed by the user by clicking the Custom Clinical Form () icon, located at the top right of the Patient Demographics screen. InSync PM-only users, however, are limited to forms that derive from demographic rather than patient charting.


Additional custom forms can be built by InSync Support staff, but additional charges may apply, depending upon the nature of the form. Please contact InSync Support at (877) 246-8484 for more information.



InSync PM - Frequently Asked Questions

Q: How do I add a referring provider?


A: Referring providers can be added by the user by clicking the Administration tab located on the left side of the screen, or by performing a Patient Search.

Locate the Billing Details section within the Patient Demographics. Click the  icon in the Referring Physician field and type in the referring physician's information. Click "Add to Master" to save the referring physician for future use.

Q: Is InSync compatible with ICD-10?

A: It is important to MDOL to maintain the latest certifications and remain compliant with the latest industry-wide updates. We are working around the clock to ensure that InSync will be fully ICD-10 compatible before the mandated industry-wide compliance date of October 1, 2014.

Q: How do I view a patient-specific To Do list?

A: To view all To Dos associated with an individual patient, click the  icon located in the top right corner of the Patient Ribbon. This will bring the user to the New To Do tab for that patient. Click the My To Do tab to view all active To Dos assigned to you specifically. To view patient-specific To Dos assigned to other users, click in the checkbox for "Show To Do of Other Users" and click the "Search" button.

Q: My staff already has e-mail. Why do I need to be using Messages?

A: The Messaging module is a secure way of sending non-patient-centric communications, which are often utilized for practice-wide announcements (e.g., lunch meeting, expect pharma rep at 2 PM) or general intrapractice communication. This is a great way for the user to filter out junk e-mail while reducing the number of browser windows open at a given time.

Q: Can I submit secondary claims using InSync?

A: Yes. When the primary payer posts the payments either via ERAs or paper EOBs, InSync users have the ability to automatically transfer responsibilities to a secondary payer and submit the claim with the primary payers COB information to the secondary payer electronically.

Q: How do I search for/add a payer ID that isn't already in the system?

A: MDOL's Master Payer List is preloaded into InSync, allowing users to quickly and easily search for Payer IDs and add them to the system. Should you not find the Payer ID you are looking for in this list, you can manually add a new payer to the system. For additional information on searching for/adding a Payer ID, please reference the Administration section of the InSync PM User Manual.



InSync PM - Frequently Asked Questions


Q: Are CPT codes automatically updated when CMS makes changes?

A: Yes. CPT codes are automatically updated with the latest changes from CMS in the InSync system.

Q: What is the Super Bill?

A: The Super Bill is a charge capture sheet which consists of CPT codes, ICD-9 codes, and modifiers. These codes can be configured to individual providers during Implementation.

Q: Can you update the Super Bill?

A: Yes. Super Bills can be edited by the user in the Superbill Manager, which can be accessed by clicking on the "Billing" tab on the left side of the screen and selecting "Manage Super Bills." Click on the  icon to open the Super Bill for editing. For more information, please reference the Super Bill Management section of the InSync PM User Manual.

Q: Can I have different Super Bills for different providers?

A: Yes. Once in the Create Superbill screen, users can select which Physician to associate the Super Bill with using the drop-down menu. Users may also select to apply a Super Bill to all physicians by selecting "All." For more information, please reference the Super Bill Management section of the InSync PM User Manual.

Q: Can I have different Super Bills for the same provider?

A: No. Providers can only have one Super Bill associated with them at a time.

Q: Can I modify/update the Fee Schedule?

A: InSync comes equipped with a pre-populated Fee Schedule. Modified fee schedules can be created during Implementation, but users can also modify the Fee Schedule at any time by clicking on the "Administration" tab and selecting "Insurance Management." From here, users can click "Manage Practice Level CPT Fee Schedule" to open the Fee Schedule for editing. For more information, please reference the Fee Schedule section of the InSync PM User Manual.

Q: How can I find the reimbursement for a particular CPT code?

A: This can be answered in two ways. Either you may want to view the CPT code configured in the system or to view reimbursement for a particular CPT code.

To view the configured CPT codes (fee schedule), click on the Administration tab on the left side of the screen and select "Insurance Management." Click on the "Manage Practice Level CPT Fee Schedule" button in the top right corner to open the Practice Level Procedure Fee Schedule. If the practice has not configured a different



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fee schedule for a specific insurance company, the system will automatically pick up the global fee schedule here.

To view reimbursement for a particular CPT code, click on the Reports tab on the left side of the screen and select "Procedure Utilization". Enter the CPT code and click Generate Report.

Q: How do I post a payment?

A: An Insurance payment can be posted in two ways; Manually and Electronically (through ERA.)

To post the payment manually, click on the "Billing" tab located on the left side of the screen and select "Payments." Select the patient for whom you want to post the payment and click "Search." Click on the "Post Payment" link next to the patient payment listing. This will open the Payment Posting window. Enter the payment amount with other details and click Save.

To post the payment electronically (through ERA), click on the "Billing" tab located on the left side of the screen and select "Electronic Remittance." On the Electronic Remittance screen, click the Get ERA Check(s) button. This will download the check(s). Click the check number to view the claim information. Select the claim(s) for which the payment has to be posted and click "Post Payment."

Q: How do I view a patient ledger?

A: To view a patient ledger, click on the Patient Search icon at the top of the screen and search for the patient whose ledger you want to view. Click on the "Financials" tab of the Patient Demographics to view patient ledger summary/details.

Q: How do I know how many patient statements a patient received?

A: To view the number of patient statements a patient has received, click on the "Billing" tab located on the left side of the screen and select "Patient Statements." Type in the Patient whose statements you want to view and click "Search"; the number of statements sent will display in the search results below.

The number of patient statements sent can also be viewed in the patient's financial ledger. To view the patient ledger, click on the Patient Search icon to perform a patient search. Click on the "Financials" tab of the Patient Demographics to view patient ledger summary/details.

Q: Can I customize the details in patient statements?

A: Yes, users can customize patient statement details within the Patient Statements screen ("Billing" tab → "Patient Statements"). Here users can select whether to include reason codes/descriptions, payment comments, or a dunning message at the bottom of all statements selected.



Q: In patient statements, what is a dunning message?

A: A dunning message is an additional/personal message to be printed on the bottom of all patient statements sent to an individual patient.


Q: What are reason codes?

A: Reason codes are used by the payer following an adjudication of a claim to communicate why a particular claim or service line was adjusted or paid differently than it was billed.

Q: How do I print ERAs?

A: ERAs can be printed from the Electronic Remittance screen ("Billing" tab → "Electronic Remittance"). To print an ERA file, click the  icon to open the ERA into a new window for printing. Click on the  icon on the top toolbar to send the ERA to print.

Q: Can I print HCFA forms from the system?

A: Paper claims can be printed on a HCFA form from the Claims Processing queue ("Billing" tab → "Claims Processing"). Click in the checkbox next to the claim you want to print and select the "Paper" radial button next to Submission Type. Click in the "Plain" radial button to preview the claim information in the HCFA form; then, select "Print Batch Claims." Click the  icon at the top toolbar to print a black and white version of the filled out HCFA form.

If a user already has a HCFA form that they want to print on, he/she can do this the same way as above, but instead of selecting the "Plain" radial button, users should select the "Pre-Printed" radial button. This allows the user to print the claim information in plain text so it can be printed directly onto an existing HCFA.

Q: How do I send a paper claim electronically?

A: If the user wants to have MDOL print and mail claims for them that will drop to paper, they can do so while in the Paper queue of the Claims Processing screen ("Billing" tab → "Claims Processing"). Click in the checkbox next to the claim you want to transmit and click "Transmit Paper Claims."

The claim will now be moved to the Billing queue, where the user can manually post a payment. For more information, please reference the Transmitting Paper Claims section of the InSync PM User Manual.


Q: How much does it cost to send a paper claim to the MDOL clearinghouse?

A: MDOL will mail paper claims to the insurance company on the provider's behalf at a fee of 47 cents per claim.

Q: Where do I find the outstanding patient balance?

A: Outstanding patient balances can be found under the Financials tab of the Patient Demographics.

Q: How do I work and re-bill rejections?

A: Users can work rejected claims through the Search Claim feature located in the New Charge screen. Enter the search criteria for the claim and click the "Search" button. Rejected claims will appear in red; click the  icon to open the claim into the screen above. A rejection report, detailing reasons for the rejection and providing the user with feedback as to how to work the claim, will also display here. Make corrections to the claim as needed, and click the "Save and Rebill" button to resave and generate the claim. For additional information, please see the Correcting/Resubmitting Rejections section of the InSync PM User Manual.



Q: How often will claims status be updated?

A: The claim statuses are generated by the clearinghouse in a few minutes of receiving the claim, however the user will have to manually click the "Get Claim Status" button on the "New Charge" screen to get the claims updated.

Q: How long does it take for my claim to be transmitted to MDOL?

A: Though the claims are immediately uploaded to the MDOL clearinghouse, the system is set to sweep for outbound claims every ½ hour from 6AM to 10PM EST on weekdays and every ½ hour from 8AM to 8PM on weekends.

Q: How do I print a receipt?

A: Receipts can be printed from the Payment Receipts screen ("Billing" tab → "Payment Receipts"). Enter the search criteria for the receipt you want to print using the Search Receipt window and click the "Search" button to display search results below. Click in the checkbox next to the receipt you want to print, and click the  icon at the bottom left corner of the screen. This will open the receipt into a new window; click the  icon at the top left corner of the screen to finish printing.

Co-pay receipts can also be printed from the Scheduler from the patient appointment listing. For additional information, please reference the Printing Receipt of Co-pay section of the InSync PM User Manual.



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Q: How can I void a receipt?

A: From the Copay icon, click the "Void" button and document the reason for voiding in the "Comments" field. The user may access all other payment receipts by clicking the Billing tab and selecting "Payment Receipts". At the top of the screen, enter Patient Name or Receipt Date and click "Search". Enter the reason for voiding in the "Comments" field and click the "Void" button on the right side of the screen to finish voiding.

Q: How can I create dummy codes for in-house charges?

A: To create dummy codes for in-house charges, contact InSync Customer Support at (877) 246-8484.

Q: How do I find a Claim Frequency Number for a claim?

A: The claim frequency number (Also known as ICN number) is assigned by the payer while adjudicating a claim for further references, this number can be found under the ERA screen upon clicking on respective check number and the list of claims shall appear with the ICN/Claim frequency number.




Q: How do I move patient balances to collection?

A: In place of collection tracking, InSync provides users with aging reports that display patient past due balances at 30, 60, 90, and 120 days. Also A/R Detail Reports users can easily access these by clicking the "Reports" tab and selecting "Aging Reports"; these can then be printed out and given to a collections agency for additional follow-up.

Q: Will attributes be transmitted with the claims?

A: No. Attributes are used for internal claim tracking/searching and will appear on system reports. To customize the Attribute list, contact InSync Customer Support at (877) 246-8484.

Q: How do I perform batch eligibility?

A: The batch eligibility can be performed from the Scheduler screen. Click on the "Scheduler" menu item from the top menu bar. On the Scheduler screen, click the "Patient Batch Eligibility" icon  from the top right corner. On the "Patient Batch Eligibility" screen, select the patients for whom the eligibility verification is to be performed, and click "Transmit Batch". To download the eligibility status, hover your mouse pointer over the "Patient Batch Eligibility" icon  in the top right corner and then click the "Download Batch Eligibility" icon . This will download the eligibility status for the batch of patients transmitted for verification. "Eligibility not performed", "Verified month ago", "Patient not eligible", and "Verified" are the types of eligibility statuses.



InSync PM - Frequently Asked Questions

Q: Can I generate a report that shows how long the patient waited to be seen from check in to check out?

A: InSync displays how long a patient has been waiting on the Scheduler screen. In the parenthesis of each Visit Status, a time (in minutes) of how long the patient has been waiting is displayed.

Q: How do I take care of my Accounts Receivable? Do you have a collections module so that I can keep track of my A/R with Insurance Company and Patient?

A: InSync has a variety of Accounts Receivable Reports (summarized and detailed reports) that enable the users to reconcile on the A/R with insurance company and patient. To generate the A/R reports, click on the "Reports" tab located on the left side of the screen and select "A/R Summary Reports" or "A/R Detail Reports."

Though InSync currently does not have a collections module, the A/R Reports display sufficient details at the insurance & patient level to support collections.