

Revenue Management

User's Guide for CGM MEDISOFT

December 2021



Practice Management and EHR

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Preface

Electronic Claims

Revenue Management is an integrated component of CGM MEDISOFT that gives you the ability to

- Transmit all of the insurance claims your carriers accept (Medicare Part B, Medicaid, Blue Cross/Blue Shield, and Commercial) electronically.
- Process requests for patient insurance eligibility
- Receive electronic remittances and payments

You can still process paper claims through CGM MEDISOFT, but If you plan to send claims and receive remittances electronically, you must use Revenue Management. Processing claims and making eligibility requests electronically allows you to more quickly receive payment for services.

Broadband, Modem, and Phone Line

Broadband Internet Connection

If you are sending claims through a broadband connection, you need an active high speed internet connection, for example, a cable modem, to send claims.

Otherwise, to transmit electronic claims, you must have a modem and a phone line.

NOTE: In most cases, the clearinghouse or direct payor's requirements will determine if you send claims via broadband or a modem.

Modem

A modem can be inside your computer or an external model, but it must be installed on each computer from which electronic claims will be transmitted. eMDa recommends using external hardware-based modems.

Phone Line

It is best to have a separate line for your modem at time of transmission, although it is not required. Sharing a line with a fax machine is a popular option. Do not share it, however, with rollover lines.

Customer Support

Testing

Consider sending the first few transmissions (15-20 claims) in the test mode. The test period gives you time to explore the robust functions of Revenue Management and to track and correct any errors in the first few transmissions, which is a common experience when using a new claim processing mechanism.

When claims are sent in test mode, work with your clearinghouse or payor to understand and analyze reports on data errors. Utilizing the test period and support resources gives you time to make any corrections in your claims processing setup. Once you are familiar with the process, you can switch to the production mode. Then, your claims will be processed for payment.

NOTE: An advantage of using the test mode in CGM MEDISOFT is that no transactions are given billing dates and the claim status does not change. Therefore, after transmitting a test electronic claim batch file to your electronic claims carrier, you do not need to change the claim status to resubmit corrected claims.

Enrollment

Some insurance carriers require processing of special carrier agreements before you can send electronic claims to them through the Change Healthcare clearinghouse. Other carriers have similar enrollment requirements.

For Change Healthcare users, the payor directory published by the clearinghouse will tell you not only which carriers are allowed to be transmitted, but also what payors require special approval prior to transmitting. The payor directories are located on the Collaboration Compass website at http://www.collaborationcompass.com.

Other carriers may have similar requirements. Review and complete all enrollment activities before attempting to send claims.

Chapter 1 - Initial Revenue Management Setup

Revenue Management is installed automatically with CGM MEDISOFT. No separate installation is required, nor does it need a separate registration.

There are no limitations on the number of claims that you can transmit and no limit to the number of workstations on which you may install Revenue Management.

As of Medisoft v17 and Lytec 2011 or newer, the RM software is free; it does not require any license and can have an unlimited number of practices.

In this chapter you will learn how to do the initial set up Revenue Management for your practice.

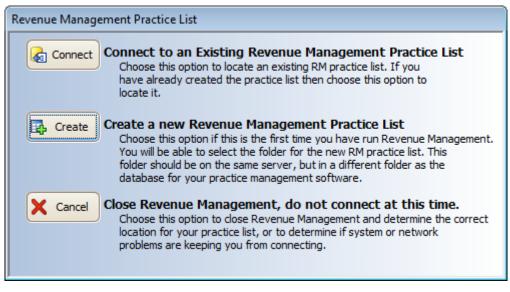
Initial Setup of Revenue Management

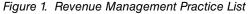
Creating a Practice Database in Revenue Management

The first step to the initial setup of Revenue Management is to create the Revenue Management database for your practice.

Open Revenue Management from within CGM MEDISOFT using the following steps:

1. From the Activities menu in CGM MEDISOFT, point to **Revenue Management**, and click **Revenue Management**. The Revenue Management Practice List screen appears.





- 2. Click **Create**. The Browse for Folder screen appears.
- 3. Navigate to the location of the practice's MediData folder and create a new folder in this location. Select the MediData folder and click **Make New Folder**.

NOTE: If you are connecting to a server, use either a UNC path (for instance, servername\medidata) or a mapped drive. If a UNC path is used, the entire network path must be browsed through (ex: My Network Places, Entire Network, Workgroup, Servername, Medidata). If you are using a mapped drive, make sure that all workstations are using the same drive letter—this information is linked internally to the connection. This path must be the same for all workstations that use Revenue Management.

- 4. Name new folder RMData and click **OK**. The screen closes and Revenue Management initial practice setup continues.
- 5. The DB List Upgrade screen appears. Click **OK**. The Add Practice screen appears.
- 6. Go to the next section, "Adding Practices to Revenue Management" on page 2.

Adding Practices to Revenue Management

Once the practice database is created, you must add the practice to Revenue Management. Each practice that submits claims via Revenue Management must be added to Revenue Management. If you just did the previous steps, skip to step 5 of this procedure.

- 1. On the Claims menu, point to Revenue Management, and click Revenue Management.
- 2. Click Process.
- 3. Click Change Practice.
- 4. Click Add. The Add Practice screen appears.

Select the practice to add in Revenue M	/anagement
Medical Group (Tutorial Data)	СК
	Cancel
	Management configuration and the information from your Medisoft ed. Consult your system administrator before changing this folder.

Figure 2. Add Practice screen

- 5. Select a practice and click OK. The Database Upgrade screen appears.
- 6. Click **OK**. The database upgrade process begins. The Configure screen appears.

7. On the Configure screen, click **OK**. The Connection Wizard screen appears.



Figure 3. Connection Wizard Welcome screen

- 8. Click Next.
- 9. Enter your Login Name and Password.
- Click OK. The Connection Wizard Connection screen appears. Go to "Establishing Connections for EDI Receivers" on page 3.

Establishing Connections for EDI Receivers

Before entering data on this screen, you will need to have enrollment details from the claims clearinghouse/payor such as: ISA/GS Submitter ID User ID Password In most cases, this information is sent to the practice shortly after enrollment with the payor.

The Connection Wizard – Connection screen displays available connections to configure. Before using a connection to process claims, you will select the connection and finalize settings in Revenue Management. Setting information finalized in Revenue Management transfers to CGM MEDISOFT (EDI Receiver screen).

1. On the Connection wizard, click the **Select** box on the claim processing connection grid entry line.

onnection	connection you wish to co	oficure		J.
	connection you wan to ce	ninguro.		Ŷ
rag a column	header here to group by	that column		
Select	Connection	Connection Description	Destination	Description
	RhodeIslandMcr	RhodeIslandMcr 2319 MS Am	RhodeIslan	RhodeIslandMcr 2319 MS Ambulance RI Mcr
	RhodeIslandMcr	RhodeIslandMcr 2319	RhodeIslan	RhodeIslandMcr 2319 MS RI Mcr B
	ChangeHealthcar	ChangeHealthcare 2319 MS	ChangeHea	ChangeHealthcare 2319 MS Rural
	ChangeHealthcar	ChangeHealthcare 2319 MS	ChangeHea	ChangeHealthcare 2319 MS Rehab
	ChangeHealthcar	ChangeHealthcare 2319 MS	ChangeHea	ChangeHealthcare 2319 MS General
	ChangeHealthcar	ChangeHealthcare 2319 MS	ChangeHea	ChangeHealthcare 2319 MS ESRD
	ChangeHealthcar	ChangeHealthcare 2319 MS	ChangeHea	ChangeHealthcare 2319 MS DME
	ChangeHealthcar	ChangeHealthcare 2319 MS	ChangeHea	ChangeHealthcare 2319 MS Ambulance
	ChangeHealthcar	ChangeHealthcare for MS23	CH Eligibility	CH Eligibility MS
	ChangeHealthcar	ChangeHealthcare for MS23	ChangeHea	ChangeHealthcare MS
	0 L · 004	B 1 - 2240440 B 1		

Figure 4. Connection Wizard

2. Click Next. The Connection Wizard - Existing Receivers connection appears.

NOTE: Eligibility verification setup and remittance processing setup are documented in separate chapters. For more information on configuring eligibility, see "Electronic Eligibility Verification" on page 27. For more information on configuring remittance, see "Remittance Processing with Revenue Management" on page 39.

The Connection Wizard - Existing Receivers screen displays configured connections in CGM MEDISOFT.

9	Conne	ction Wizard		- 🗆 X
Existing Receivers The following receivers with this connection.	are already configured in this practi	ce. Select the receivers y	ou would like to configure	for use of
(None) [AVAIL] BLUE GROSS [RELAY] Change Hea [TRICL] TriZetto				
		< Back	Next > Cancel	

Figure 5. Connection Wizard - Existing Receivers screen

3. Identify a receiver to which you want to establish a connection.

If	Then
this is for a new installation, or you did not previously process electronic claims with CGM MEDISOFT	click Next.
you are upgrading to CGM MEDISOFT 18 or higher or have existing EDI receivers already established	click the Select box next to the appropriate entry. Example: if you selected Change Healthcare in Step 2, select it here also and click Next.

4. The Connection Wizard - New Receivers screen appears.

Use the Connection Wizard - New Receivers screen to select a new receiver. Make a selection on this screen only if you did not select an existing receiver on the previous screen (no receivers exist in CGM MEDISOFT) or you want to add a new additional receiver.

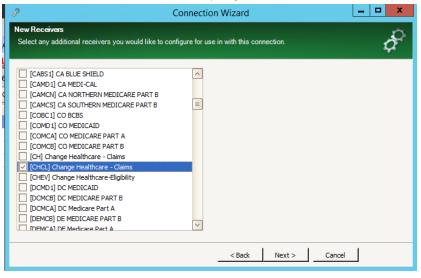


Figure 6. Connection Wizard - New Receivers screen

5. Click Next. The Connection Wizard - Additional Receiver Information screen appears.

🧷 Connec	tion Wizard							
Additiona	Additional Receiver Information.							
Informatio	on you enter here will be applied to ALL receivers you have ese items manually just leave them blank.	e selected to configure.	, di la constante de					
Group	Practice							
Administra	tive contact information for your practice.	Identification [Details					
Primary Co	ontact	_						
Name:		ISA/GS Submitter ID:						
Type:	None	1000A Submitter Name:	Happy Valley Medical Clinic					
Number:		1000A Submitter ID:						
Secondary	Contact	Taxonomy:						
Name:		User ID:						
Type:	None	Password:						
Number:		Communication Session:	RELAY					
		Commanication Debbion						
Test M	lode							
		< Back Next >	Cancel					
	· · · · · · · · · · · · · · · · · · ·							

Figure 7. Connection Wizard - Additional Receiver Information screen

6. Complete the fields on this window.

Option: Select the **Test Mode** check box to send claims in test mode to test/validate your claims processing setup.

- 7. Click Next. The Connection Wizard Configuring Receivers screen appears.
- 8. Click Next. The Connection Wizard Edit Receivers screen appears.

ð			Connection	n Wizard	L	:	x
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	Receivers	<mark>II</mark> a <u>A</u> dd					
Dra	ag a column he	ader here to group by that column					
	Code 🗠	Name	Comment	Program File	GroupPractice	UseBillin	
Þ	AVAIL	BLUE CROSS BLUE SHILD OF FL	NATIONAL	RCM\REVENUEMANAGE			
	CHCL	Change Healthcare	Change He	RCM\RevenueManager			
	RELAY	Change Healthcare	Change He	RCM\RevenueManager			
	TRICL	TriZetto	TriZetto - Cl	RCM\RevenueManager			
<		11					
				Next >	Cancel	J	

Figure 8. Connection Wizard - Edit Receivers screen

9. On the Connection Wizard – Edit Receivers screen, make the following selections:

Suppress Legacy: Make sure this is selected.

Send Drug Loop: Make sure this is selected.

When all selections have been made, click **Next**. The Connection Wizard screen appears.
 Click **Finish**.

If you need to edit connection information, click Receivers on the Configure menu and use the Receivers screen.

To continue setting up Revenue Management receivers, see "Changing an EDI Receiver" on page 7.

Chapter 2 - Changing an EDI Receiver

If you need to change a receiver that was set up in Revenue Management, you can use two methods:

- Use the Connection Wizard. For these steps, see "Establishing Connections for EDI Receivers" on page 3. Use this process if you need to change information, such as Submitter ID, User Name, or Password.
- Use the EDI Receiver screen. To open this screen, in Revenue Management, on the Configure menu, click Receivers. On the Receivers screen, you can make many changes, including changes to the Header of claim files and the IGuide used. Use this option if you need to make changes to the implementation guide.

Depending on which version of CGM MEDISOFT you are using, your list of implementation guides will change.

Setting up Claim Edits

Revenue Management Edit Types

Revenue Management can accommodate three types of claim edits: common (see "Common Claim Edits" on page 107, MCD (see "Medicare Common Edits (MCD)" on page 107), and CCI (see "Common Claim Edits" on page 107).

Common edits track missing required data elements in a claim. No additional setup is necessary for using Common edits. Medicare Common edits (MCD) verify code validity including global periods. Correct Coding Initiative (CCI) is a comprehensive component that tracks mutually exclusive edits. For more information, see:

http://www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview.asp

MCD and CCI Edit Configuration

Setup is required for the MCD and CCI edits.

1. On the Configure menu in Revenue Management, click **Preferences**. The Preferences screen appears.

🛞 Revenue Management - Medical Group (Tutorial Data) - Preferences							
🔓 🛵 Process 🛛 🖓 Configure 🔗 Vie	ew 🔁 <u>W</u> indow	<mark>∂ H</mark> elp	C Logged in as SYSTEM				
Preferences V Save X Cancel							
🕅 Medisoft 🔇 Revenue Management 🕃 Claims Editor 🖹 Remittance Codes 🗟 Assign Posting Codes 🔎 Status Codes							
Security	*	Hadiath Oakiana					
Auto Log Off	15	Medisoft Options Changes made here are also changed in Medi	off				
Log Off Minutes	15	changes made here are also changed in medi					
Create Billing Notes							
Billing Note Code	CLAIM						
Auto Check Claims							



- 2. Select the Claims Editor tab.
- 3. Click Next. The Select Location screen appears.
- 4. Select the states that you provide services in.

Preferences Save Cancel								
III Medisoft Revenue Management 🕃 Claims Editor 🖹 Remittance Codes 🔂 Assign Posting Codes 😥 Status Codes								
Select Location Choose the states where you provide healthcare services.								
Τ	Selected	State	Name	^	Des	actice Locatio	n (states):	
		8	CO Colorado			ect the state or sta	• •	
		9	CT Connecticut		healthcare services today. Select only the states where you actually provide services.			
		11	DE Delaware			tes where you acti ecting additional st		
		10	DC District of Columbia			m editor and produ s setting can alway		
		12	FL Florida			move into additio		atern
I	Image: A start of the start	14	GA Georgia					
- C		15	GU Guam					
		16	HI Hawaii					
		18	ID Idaho	\sim				
Sack Next > Cancel Help								

Figure 10. Select Location screen

5. Click Next. The Medicare Payers screen appears.

6. Select the Medicare Payers that you send claims to. You must select at least one contractor.

💮 Revenue Mana	gement - Medical Group (Tutorial Data) - Preferences	
Process	👸 <u>C</u> onfigure 🔏 <u>V</u> iew 🖷 <u>W</u> indow 🕜 <u>H</u> elp	Cogged in as SYSTEM
Preferences	✓ <u>S</u> ave X <u>C</u> ancel	-
Medisoft	🚯 Revenue Management 🛛 🕄 Claims Editor 📄 Remittance C	Codes 🔁 Assign Posting Codes 🔎 Status Codes
Medicare Paye Select the carri	rs ers / intermediaries where you send claims.	<u> </u>
Selected	Name	Medicare Contractors:
🖃 Type: M	AC - Part B Medicare	Select only the contractors that you send
	Cahaba Government Benefit Administrators, LLC (10202)	claims to. You may select as many carriers as
🖃 Type: Pa	rt A Fiscal Intermediary	you need, but selecting extra carriers only slows things down
I 🔽	Blue Cross and Blue Shield of Georgia, Inc. (00101)	=
	BlueCross BlueShield of Tennessee (00390)	
	CareFirst of Maryland, Inc. (00190)	
	Highmark Medicare Services (00363)	
	Highmark Medicare Services (00366)	
	Mutual of Omaha Insurance Company (52280)	
		< Back Next > Cancel Help

Figure 11. Medicare Payers screen

- 7. Click Next.
- 8. On the Coverage Topics screen, select the services that your practice provides and bills Medicare for. You must select at least one option here.
- 9. Click Next. The CCI Type and Global Period Option screen appears.

🕙 Revenue Management - Medical Group (Tutorial Data) - Preferences 📃 💷 💌										
🔹 🔁 Process 🖓 Configure 🔗 V	iew 🔁 <u>W</u> indow	🕜 <u>H</u> elp		📀 Logged in	n as SYSTEM					
Preferences 🖌 Save 🗙 Can	Preferences \checkmark Save \bigotimes Cancel									
Medisoft 🚯 Revenue Manageme	ent 🛐 Claims Editor	Remittance Codes	Assign Posting Code	les 🛛 🔎 Statı	us Codes					
CCI Type and Global Period Option Choose the type of CCI edits to apply to your practice. Then select how you would like to check Global Periods.										
CCI Edit Type:			CCI Edit Type	e:						
Cut Edit Type: Cut Edit Type: Physician Select the CCI type that best fits your practice. The Hospital CCI selection is for institutional providers (hospitals, etc.) who provide outpatient services. All Physicians and other outpatient providers should select "Physician".										
Global Periods Option:			Global Period							
Current Case Only All Cases			Choose the way the Global Surgio practice. Choose	cal Period rules e Single Case to	in your o check					
	All Cases for alphal period iccuse within the current < Back Next > Cancel Help									
J.										

Figure 12. CCI Type and Global Period Option screen

10. Make your selections here.

eMDa recommends that you select **All Cases** in the Global Periods Options field and select the appropriate CCI Edit Type.

- 11. Click Next.
- 12. Click Finish.
- 13. Click Save.

Assigning Edit Rules by Insurance

You can select which edit rules will be enabled or disabled for each insurance carrier.

To assign edit rules by insurance carrier:

1. On the Configure menu in Revenue Management, point to Insurance, and click **Assign Edits**. The Assign Edit Rules by Insurance screen appears.

1	Process	🢑 <u>C</u> onfigure 🛛 ⊻iev	w 🔁 <u>W</u> indow	<mark>∂ H</mark> elp			🜔 Logged in	as SYSTEM
	Assign Ed	lit Rules by Insurance	✓ <u>S</u> ave X Ca	incel 👌 <u>R</u> ep	port			Close -
Dr	ag a column	header here to group by that	t column					
	Code	Name	Туре	Receiver	Medicare Edits	Check Dx	Check CPT	Global Periods
Þ	AET00	Aetna	Other					
	BLU00	Blue Cross Blue Shield 231	Blue Cross/Shield	RM	\checkmark	~	\checkmark	\checkmark
	BLU01	Blue Cross Blue Shield 225	Blue Cross/Shield	RM	~	\checkmark	\checkmark	\checkmark
	CIG00	Cigna	HMO		~	\checkmark	\checkmark	\checkmark
	FHP00	FHP Health Plan	Other		~	\checkmark	\checkmark	~
	MED00	Medicaid	Medicaid		~	~	\checkmark	~
	MED01	Medicare	Medicare		~	~	~	~
	US000	U.S. Tricare	Champus		~	\checkmark	\checkmark	\checkmark
	WOR00	Workers Compensation	Worker's Comp		~	~	~	~
<			11					>

Figure 13. Assign Edit Rules by Insurance screen

- 2. Select or clear the check boxes for each insurance carrier and edit type.
- 3. Click the Save button.
- 4. Click the **Close** button.

Updating the Claims Editor Database

When there is an update for claim edits, you will receive a notification within Revenue Management when you launch it.

To update the Claims Editor database:

1. Click Start, point to All Programs, point to Revenue Management, and click **Claims Editor Update Client**. The Claims Editor Database Update - Welcome screen appears.

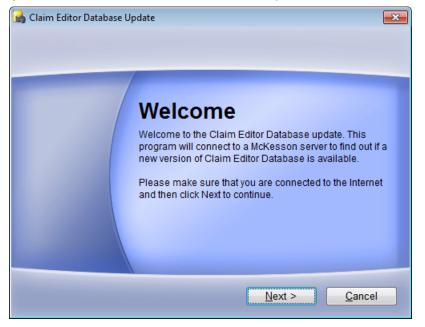


Figure 14. Claims Editor Database Update - Welcome screen

 Click the Next button. If an update is available, the Claims Editor Database Update - Update Available screen appears.

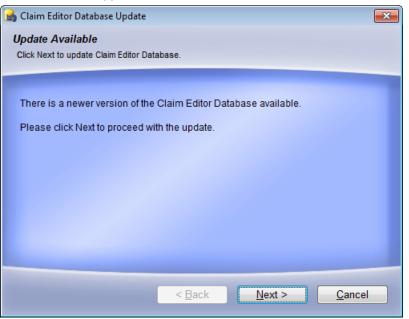


Figure 15. Claims Editor Database Update - Update Available screen

3. Click the Next button. The file will be downloaded.

You must close Revenue Management for this update.

The Claims Editor Database Patch screen appears.

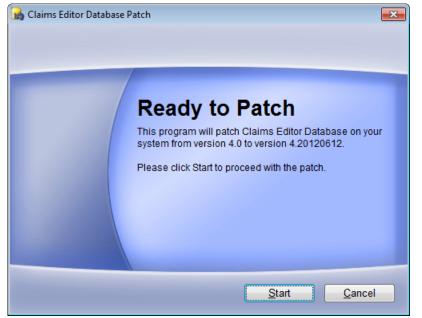


Figure 16. Claims Editor Database Patch screen

 Click the Start button. The patch is installed and the Claims Editor Database Patch - Update Successful screen appears.

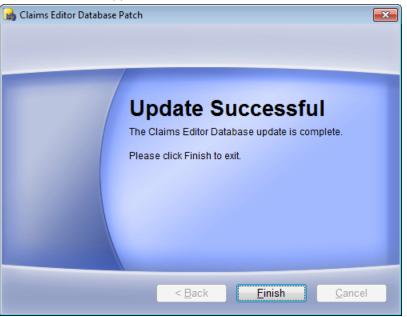


Figure 17. Claims Editor Database Patch - Update Successful screen

5. Click the Finish button.

Chapter 3 - Preparing and Sending Claims

In this chapter you will learn how to view claims, build claim files, send them to insurance carriers, and view reports.

For Upgrades to Medisoft 19 and Above

With Medisoft 19, you can no longer use Code 1 on the Diagnosis Entry screen for electronic claims, since this value is not specific to a version of the ICD code set. Instead, you must use the new Set ICD Version utility to set all of your carriers to use ICD-9. For more information on this screen, see the Medisoft online Help. Do not attempt to process claims until you have used this utility.

Viewing Ready to Send Claims in Revenue Management

- 1. On the Activities menu in CGM MEDISOFT, point to **Revenue Management**, and click **Revenue Management**. The Claims screen appears.
- 2. Click an available Rcvr list (+) to display claims associated with an EDI receiver.
- 3. The Rcvr list expands and displays claims ready to be sent.

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Figure 18. Claims screen with receiver list expanded

Checking and Correcting Claim Errors Before Sending

Before sending claims electronically, check the claims for accuracy using the Check Claims feature. The feature checks claims against MCD, CCI, and Common Edits.

1. Click **Check Claims** and select a specific receiver (for instance, AVAIL).

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Figure 19. Claims screen with check claims selected

2. Once the claims are checked against the claim rules (CCI edits, MCD edits, and Common Claim edits [see "MCD and CCI Edit Configuration" on page 7), the Edit Status flags on the Claims screen display the results of claims check.

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Figure 20. Claims screen with Edit Status flags set

Edit Status Flag Values:

A green flag indicates that a claim is ready to send.

A red flag indicates that there are errors on the claim. These claims are not ready to be sent and are not included if claims are sent until they are corrected.

A yellow flag indicates that there are possible errors on claim that need further examination before sending to avoid a rejection by the carrier.

The boxes on the Send column on the Claims screen also update if the claim is marked with a yellow or green flag. The box appears selected (checked). These claims can be sent immediately.

3. Expand the Send box on a red or yellow flagged claim line by clicking the plus sign. More claim details appear on the Services, History, and Edits tabs.

4. Click the Edits tab to view the potential claim rules violation (yellow) or an error (red).

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Figure 21. Claims screen - Edits tab

- 5. After reviewing the details, return to CGM MEDISOFT and correct the red flagged claims. If you change claim elements in the Transaction Entry screen in CGM MEDISOFT, you will need to create claims in CGM MEDISOFT again and return to Revenue Management to recheck and send the claims.
- 6. To view a report with all red and yellow flagged claims, click Print and select Edits.

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Figure 22. Claims Window - Print Edits selected

7. The Select the Report Format for the Edited Claims screen appears. On the screen, select a report and click **OK**.

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Figure 23. Select the Report Format for the Edited Claims screen

- 8. On the Preview screen, print, save, or export the report, as necessary.
- 9. Close the report when finished.

Building a Claim File

- 1. On the Claims screen, click Send.
- 2. Click **Claims** and select an EDI receiver; for instance, AVAIL. The Building Claims screen appears.

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Figure 24. Claims screen with Send Claims selected

3. Before claims are electronically sent to the insurance carrier, Revenue Management creates a claims file containing all the claim lines on which the Send box is selected for the receiver. The

application then checks claims again for errors and generates a claim preview report. This report appears in the Claim Preview screen.

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Figure 25. Claim Preview screen

- 4. Errors appear in the Claim Preview screen as a red x on the claim line, on the transaction set tab, and on the file totals. Any claims with errors can be removed from the file.
- 5. Select the claim containing errors and click the **Remove Claim** button. The claim is removed from the file and is not sent to the EDI receiver.

Option: Return to CGM MEDISOFT and correct the error or continue—claims with errors can be sent (not recommended), and most likely will result in a rejection of the claim.

- 6. Click **Report** on the Claim Preview screen. The Select Report Format for the Claim screen appears.
- 7. Select the format.
- 8. Click **OK**. View any reports that appear and close them.
- 9. Click Send to send the claims. A report appears that reflects the sent claims.

Sending Claim Status requests

You can send and receive Claim Status requests.

Prerequisites

There's a few pre-requisites that must be met first:

- The claim must be in "sent" status
- The claim must be electronic and not paper along with an EDI receiver assigned
- The claim must have at least one charge with a billable CPT/procedure code to the insurance carrier.

Sending status requests

- 1. On the Claims screen, click Select, point to Primary, then click Status and select "Sent" from the drop-down list.
- 2. Select the claims you want to inquire about.
- 3. Click Send, point to Status Request, and select the EDI Receiver.
- 4. Review all of the claims on the preview.
- 5. Click Send to transmit the files.
- 6. Wait for the message box to inform the file has been uploaded and reports have been downloaded. When finished, close the preview screen.
- 7. Click Process.
- 8. Click Reports to view any 277 status responses that were downloaded.

Reviewing Reports

Opening a Report

1. On the Process menu in Revenue Management, click **Reports**. The Reports screen appears with available reports displayed.

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277		Status Response		HUMANA CHOICE CA	HEATHER COUCH	
277		Status Response		UNITED HEALTHCARE	RICHARD RAND III	
277		Status Response		UNITED HEALTHCAR	RICHARD RAND III	
277		Status Response		NGS INC NY	FRANK PINTAURO,	
835		Payment (check #002209359)	5,759.17	MISSISSIPPI DIVISI	BRENCO INC	
997		Functional Acknowledgement				
997		Functional Acknowledgement				
999		Functional Acknowledgement (5010)				
PDF		Adobe Acrobat Reader				
PDF		Adobe Acrobat Reader				
PDF		Adobe Acrobat Reader				



- 2. Select a report and click **Open**.
- 3. Select the report format for the claim and click OK.

4. The report appears in the Preview screen.

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Set # 000000002 Accepted		
Claim # Coverage Patient	Insurance	Amount
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Figure 27. Report Preview screen

5. After reviewing the report, print, save, or export the report. When finished, close the Preview screen.

To View an Archived Report

1. On the Reports screen, click **File**, and then click **Archive**. The Archive Manager screen appears.

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Figure 28. File menu in Reports

- 2. Click File and select Open Folder.
- Select Downloads. The Archive Manager screen displays archived reports.
 Option: To move a report from the Archive Manager to the Reports screen, select a report on the screen and click Extract File. The report appears in the Reports folder.

Sending Secondary Claims

If your carriers accept secondary claims electronically, verify that the claims you want to process have the following settings:

- A secondary receiver must be set up
- · Claim Status on the Carrier 2 tab on the Claim screen must be Ready to Send
- · Billing Method on the Carrier 2 tab on the Claim screen must be Electronic
- · The primary carrier must have paid on the account

Follow these steps to send these claims:

- 1. On the Process menu in Revenue Management, click Claims.
- 2. Click Select, point to Secondary, and click Ready to Send.

The requirements for a secondary claim to show up in Revenue Management and be sent are as follows:

- Primary status must be marked as "Done."
- Carrier 2 tab must have an insurance carrier on the claim.
- Carrier 2 tab must have an EDI receiver assigned on the claim.
- Payments and adjustments from the primary payer must be posted in CGM MEDISOFT.
- 3. Your secondary claims appear on the screen.

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Figure 29. Claims screen with secondary claims displayed

Unlike primary claims, you cannot check a secondary claim for errors. If you attempt to check claims after you did your secondary selection, Revenue Management will simply tell you there are no claims to check. This is for legal purposes, as you cannot edit the claim's information once you've billed it to the primary insurance.

Revenue Management automatically enables the Send check boxes on the secondary claims that are set to be billed electronically.

- 4. Click Send, point to Claims, and click a receiver. The Claim Preview screen appears.
- 5. Click **Send** to begin transmitting the file.

276 Claim Status Inquiry report

You can generate a 276 Claim Status Inquiry report. Use this report to verify the status of a claim submitted previously to a payer. In Revenue Management, select Send > Status Requests > Receiver.

Note: Claims must have the status of Sent in Claim Management or they will not appear.

Handling Rejected Claims

Entire Batch

If an entire batch is rejected, you can change the claim status of all the claims at one time. To do so, follow these steps:

- 1. On the Claim Management screen in CGM MEDISOFT, highlight one of the claims and note the number listed in the Batch 1 column.
- 2. Click the Change Status button. The Change Claim Status/Billing Method screen appears.
- 3. Select **Batch** and enter the batch number from the Batch 1 column in the Claim Management screen.
- 4. In the Status From area, select **Sent**, and in the Status To area, select **Ready to Send**. All claims with that batch number will have the status changed to Ready to Send.
- 5. Click **OK** when done.

Single or Few Claims

When the insurance carrier has rejected the claim, the error(s) must be corrected and the claim resent. You must also indicate the change of claim status in the Claim Management screen in CGM MEDISOFT to recreate the claim(s). To do so, follow these steps,

- 1. Highlight the rejected claims on the Claim Management screen.
- 2. Click Change Status.
- 3. Change the status from Sent to Ready to Send.

Common Rejections and Areas to Modify in CGM MEDISOFT

You can correct and resubmit claims that are rejected. Clearinghouses, such as Change Healthcare, will not forward rejected claims to an insurance company. Review claim reports in Revenue Management to determine which claims are rejected and the changes that need to be made before resubmitting the claims.

Referring Provider or Patient Information Window

If a claim was rejected due to incomplete or inaccurate information on the Referring Provider or Patient screen, update these sections of CGM MEDISOFT and resubmit the claim. In this case the claim does not need to be deleted and recreated. To do so, follow these steps:

- On the Lists menu, select **Referring Provider**. The Referring Provider screen appears. On the Address tab or Referring Provider IDs screen, change/update information. Click **Save** when complete.
- 2. On the Lists menu, select **Patients/Guarantors and Cases**. On the Patients List, select a patient's record and click **Edit Patient**.

- 3. On the Patient screen for the **Name**, **Address**, **Other Information**, and **Payment Pla**n tabs, change/update information in the records. Click **Save** when complete.
- 4. On the Activities menu, select Claim Management.
- 5. On the Claim Management screen, select the claim associated with the modified patient/ referring provider information changes, and click **Edit**.
- 6. On the Claim Status section of the Claim screen, change the Claim Status from **Sent** to **Ready to Send**.
- 7. Click **Save**. The next time claims are created (Create Claims button), the updated claim will be included in the batch.

Transaction Entry Changes for Facility, Diagnosis, or Provider

When changes are called for in Transaction Entry screen for facility, diagnosis, or provider information, delete the claim and then create it. To do so, follow these steps:

- 1. On the Activities menu, select Claim Management.
- 2. On the Claim Management screen, select the claim that calls for changes to facility, diagnosis, or provider information.
- 3. Click Delete. The Confirm screen appears.
- 4. Click Yes.
- 5. On the Activities menu, click Enter Transactions. The Transaction Entry screen appears.
- 6. Select the chart and case associated with the deleted claims. Update/change facility, diagnosis, or provider.
- 7. Click Save Transactions. Close the Transaction Entry screen.
- 8. On the Activities menu, click Claim Management. The Claim Management screen appears.
- 9. Click Create Claims. The claim is created with the updated information.

Changing the Primary Responsible Party

When changes necessary to update the responsible party (insurance), delete and create the claim.

- 1. On the Activities menu, click Claim Management. The Claim Management screen appears.
- 2. Select the claim that was billed to the wrong insurance carrier.
- 3. Click Delete. The Confirm screen appears. Click Yes.
- 4. On the Lists menu, select Patients/Guarantors and Cases.
- 5. On the Patients List select a patient's record and the case that requires a different responsible party.
- 6. Click **Edit Case**. On the Case screen, click the **Policy 1** tab and enter new insurance information.
- 7. Click Save.
- 8. Close the screen.
- 9. On the Activities menu, select Enter Transactions. The Transaction Entry screen appears.
- 10. Select the chart and case associated with the deleted claim.
- 11. Click the **Update All** button. In some cases, the specific field in transaction entry may need to be updated (for example, the Provider field).
- 12. Click Save.
- 13. Close the screen.
- 14. On the Activities menu, select Claim Management.
- 15. Click Create Claims button. A new claim is created with the correct responsible party.

Changing a Paper Claim to Electronic Claim

- 1. On the Activities menu, select Claim Management. The Claim Management screen appears.
- 2. Select a paper claim and click Edit. The Claim screen appears.
- 3. In the Billing Method box, select the **Electronic** button.

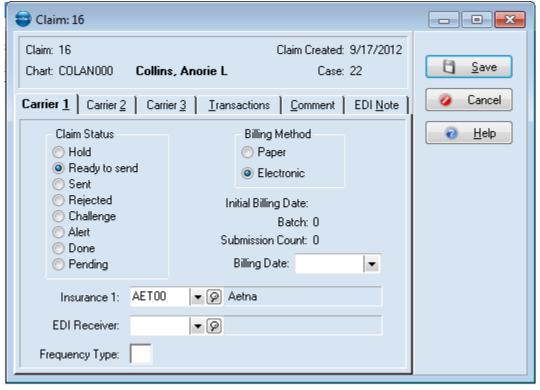


Figure 30. Claim screen

- 4. From the EDI Receiver list, select an EDI receiver.
- 5. Click Save.

Selecting Multiple Paper Claims to Electronic Claims

Complete this procedure to change multiple print claims to electronic claims. Before transmitting the updated claims, however, select an EDI receiver for each claim.

1. On the Claim Management screen, click **Change Status**. The Change Claim Status/Billing Method screen appears.

2. On the Billing Method From box, select the **Paper** button. On the Billing Method To box, select the **Electronic** button.

Change Claim Status/	Billing Method	
- Change Status/Billing ⊚ Batch : 0	Method of Claims For Selected Claim(s)	🖌 ОК
Status From Hold Sent Sent Challenge Alert Done Pending Any status type	Status To Hold Seady to send Sent Rejected Challenge Alert Done Pending	Cancel
 Billing Method From Paper Electronic 	Billing Method To Paper Electronic	
For Carrier Primary Secondary	 ○ Tertiary ● All 	

Figure 31. Change Claim Status/Billing Method screen

- 3. Select the **Batch** button and enter 0. Selecting Batch and entering 0 changes the transmission method of claims that have not been sent (Ready to Send Status).
- 4. Click **OK**.

Other Common Claim Sending Issues

When creating a claim file, the program looks for billable claims to collect into a batch to send to your electronic carrier. There may be a variety of reasons why a claim was not included in a batch.

Patients

The Insurance carrier is assigned in the Policy 1 tab of the patient's Case screen. Check to see that an insurance carrier has been assigned to the insured, and the insurance carrier you are attempting to batch for is set up as an EDI receiver.

If you still have not found the problem, check the Procedure Code information for errors such as the Patient Only Responsible check box is selected.

Chapter 4 - Electronic Eligibility Verification

Revenue Management supports online eligibility verification of a patient's insurance coverage. Eligibility verification is a fee-based service and requires enrollment with a clearinghouse such as Change Healthcare.

You can choose to use Revenue Management to process eligibility requests at any time. You do not need to do this immediately and can use Revenue Management for claims processing only. Also, you can use electronic eligibility verification even if you print your claims and do not send them electronically.

Once eligibility is configured in Revenue Management, you can check a patient's eligibility in Revenue Management, Office Hours, or CGM MEDISOFT.

Eligibility verification uses a separate connection from the claims payor connection. Set up this connection as you did your claims payor connection. To set up an eligibility connection, see "Setting Up an Eligibility Connection" on page 27.

Setting Up an Eligibility Connection

If you have not used Revenue Management before or created a database for your practice, you will need to do so before you create an eligibility connection. For more information, see "Initial Setup of Revenue Management" on page 1.

You will need to have your enrollment information from your clearing house/payor to complete these steps.

Using the Connection Wizard to Set Up Eligibility Receivers

- 1. On the Process menu in Revenue Management, click **Change Practice**. The Revenue Management Practice List appears.
- 2. Highlight the appropriate practice and click Configure.
- 3. From the practice selection screen in Revenue Management, click **Connection Wizard**-**Welcome to Connection Wizard**.
- On the Connection Wizard Welcome screen, click Next. The CGM MEDISOFT User Login screen appears.

5. Enter login credentials and click OK. The Connection Wizard Connection screen appears.

Cor	nnection					7
Ch	ioose the co	nnection you wish to configure.				đ
Drag	g a column h	eader here to group by that column				
S	Select	Connection	Connection Description	Destination	Description	Receiver
		ChangeHealthcare 2319 MS Rehab	ChangeHealthcare 2319 MS	ChangeHealthcare 2319 MS Rehab	ChangeHealthcare 2319 MS	CHCL
		ChangeHealthcare 2319 MS General	ChangeHealthcare 2319 MS	ChangeHealthcare 2319 MS Gen	ChangeHealthcare 2319 MS	CHCL
		ChangeHealthcare 2319 MS ESRD	ChangeHealthcare 2319 MS	ChangeHealthcare 2319 MS ESRD	ChangeHealthcare 2319 MS	CHCL
		ChangeHealthcare 2319 MS DME	ChangeHealthcare 2319 MS	ChangeHealthcare 2319 MS DME	ChangeHealthcare 2319 MS	CHCL
		ChangeHealthcare 2319 MS Ambulan	ChangeHealthcare 2319 MS	ChangeHealthcare 2319 MS Amb	ChangeHealthcare 2319 MS	CHCL
Þ		ChangeHealthcare 2319	ChangeHealthcare for MS23	CH Eligibility MS	CH Eligibility MS	CHEV
		ChangeHealthcare 2319	ChangeHealthcare for MS23	ChangeHealthcare MS	ChangeHealthcare MS	CHCL
		Pennsylvania 2319 MS Rural	Pennsylvania 2319 MS Rural	Pennsylvania 2319 MS Rural PA BC	Pennsylvania 2319 MS Rural	PABC1
		Pennsylvania 2319 MS Rehab	Pennsylvania 2319 MS Rehab	Pennsylvania 2319 MS Rehab PA	Pennsylvania 2319 MS Rehab	PABC1
		Pennsylvania 2319 MS General	Pennsylvania 2319 MS General	Pennsylvania 2319 MS General PA	Pennsylvania 2319 MS Gener	PABC1
		Pennsylvania 2319 MS General	Pennsylvania 2319 MS General	Pennsylvania 2319 MS General PA	Pennsylvania 2319 MS Gener	PAMD1

Figure 32. Connection Wizard - Connection screen

- 6. Click the **Select** box for the eligibility connection. Eligibility appears in the Destination and Description column for the grid entry.
- 7. Click Next. The Connection Wizard Existing Receivers screen appears.
- 8. Identify a receiver to which you want to establish a connection.

If	Then
this is for a new installation, or you did not previously process electronic claims with CGM MEDISOFT	click Next .
you are upgrading from a previous version or have existing EDI receivers already established	click the Select box next to the appropriate entry. Example: if you selected Change Healthcare in Step 2, select it here also and click Next .

Example: If a practice upgraded and was using Change Healthcare to check eligibility, this connection would appear on this screen. If the Change Healthcare connection was selected

on the previous screen, the user would select the same connection (Change Healthcare) on this screen.

🧳 Con	nection Wizard 🔄 🐘 📃 🗖 🗙
Existing Receivers The following receivers are already configured in this practic this connection.	e. Select the receivers you would like to configure for use with
(None) [AVAIL] BLUE CROSS BLUE SHILD OF FL [GHCL] Change Healthcare [RELAY] Change Healthcare [TRICL] TriZetto	
	< Back Next > Cancel

Figure 33. Connection Wizard - Existing Receivers screen

- Use the Connection Wizard New Receivers screen to select a new receiver. Make a selection on this screen only if you did not select an existing receiver on the previous screen (no receivers exist in CGM MEDISOFT) or you want to add a new additional receiver.
- 10. Click Next. The Connection Wizard Additional Receiver Information screen appears.

🧬 Connection Wizard				
Additional Receiver Information.		ń		
Information you enter here will be applied to ALL receivers you have To set these items manually just leave them blank.	e selected to configure.	<i>¢</i>		
Group Practice				
Administrative contact information for your practice.	Identification Details			
Primary Contact				
Name:	ISA/GS Submitter ID:			
Type: None	1000A Submitter Name:	Happy Valley Medical Clinic		
Number:	1000A Submitter ID:			
Secondary Contact	Taxonomy:			
Name:	User ID:			
Type: None	Password:			
Number:	Communication Session:	RELEV		
	- Communication Session.			
Test Mode				
	< Back Next >	Cancel		
	1			

Figure 34. Connection Wizard - Additional Receiver Information screen

Before entering data on this screen, you will need to have enrollment details from the clearinghouse/payor, such as:

ISA/GS Submitter ID User ID

Password

In most cases, this information is sent to the practice shortly after enrollment with the payor.

- 11. Complete the fields on the screen
- 12. Click Next. The Connection Wizard Configuring Receivers screen appears.
- 13. Click Next. The Connection Wizard Edit Receivers screen appears.

-	header here to group by that column					
Code 🗠	Name	Comment	Program File	GroupPractice	UseBillin	Clai
🗄 AVAIL	BLUE CROSS BLUE SHILD OF FL	NATIONAL	RCM\REVENUEMANAGE			Clair
CHCL	Change Healthcare	Change He	RCM\RevenueManager			Clair
CHEV	Change Healthcare	Change He	RCM\RevenueManager			Clair
🗄 RELAY	Change Healthcare	Change He	RCM\RevenueManager			Clair
TRICL	TriZetto	TriZetto - Cl	RCM\RevenueManager			Clain
	-	-				

Figure 35. Connection Wizard - Edit Receivers screen

- 14. Click Next. The Connection Wizard screen appears.
- 15. Click Finish. The Revenue Management Practice List screen appears.

NOTE: If you have multiple practices for which you have purchased Eligibility services, repeat the eligibility setup. Select the next practice and click **Configure** to start the Connection Wizard for the next practice.

- 16. On the Revenue Management Practice List screen, click the practice and click the **Select** button. The Revenue Management main screen appears.
- 17. Go to "Associating Eligibility Receivers with Eligibility Payors" on page 30 to continue setting up Revenue Management for eligibility.

Associating Eligibility Receivers with Eligibility Payors

- 1. Before using the eligibility verification feature, associate the eligibility receiver with eligibility payors. This will ensure that the correct insurance carrier is contacted for patients.
- 2. On the **Configure** menu, point to **Insurance**, and click **Eligibility Receivers**. The Assign Eligibility by Insurance screen appears.

 Select the eligibility receiver for each payor. Repeat this for each entry on the screen. The eligibility receiver can be assigned to all the insurance carriers at one time by highlighting all the carriers and selecting the eligibility receiver.

1	Process	👸 <u>C</u> onfigure	6 View	🖶 Window 🕜 Help						
T	Assign Eligibility by Insurance 🖌 Save 🗙 Cancel 😂 Report									
Dr	ag a column ł	header here to gro	up by that co	olumn						
	Code	Name	Туре	EligibilityReceiver						
1	AAG00	AAG BENEF	Other							
	AAR00	AARP	Other	Code						
	AAR01	AARP HEAL	Other							
	ABS00	ABS	Other	CHEV RELAY						
	ACA01	ACADIAN	Other							
	ACC00	ACCESS BE	Other							
	ACC01	ACCESS IN	Other							
	ACO00	ACORDIA N	Other	.:						
	ADM00	ADMAR CO	Other							
	ADM01	ADMINISTR	Other							
	ADV00	ADVANTAG	Other							
	ADV01	ADVANTRA	Other							
	AET00	AETNA	Other							
	AET01	AETNA	Other							

Figure 36. Eligibility Receivers screen

- 4. When all entries on the Assign Eligibility by Insurance screen are complete, click Save.
- 5. Click **Close**. The Revenue Management main screen appears.
- 6. On the Revenue Management main screen, on the **Configure** menu, point to **Insurance**, and click **Insurance List**. The Insurance screen appears.
- 7. Use the scroll bar to display the Primary Eligibility Payer ID field. Drag the column divider to expand the column heading. Scroll to the far right of this list to find the Primary Eligibility Payer

ID field. You will likely need to expand this field in order to view the full field title by dragging the column edge to the right.

🐍 Process 🦓 Configure 🖓 Yiew 🗟 Window 🍞 Help									
Insurance 🕟 Select 🖌 Save 🗙 Cancel 😂 Report 🛛 🖓 Active 🔲 Close 🔹									
Drag a column header here to group by that column									
<u>a</u>	Send Or	Seconda	Seconda	Seconda	Seconda	Primary Eligibility Payer I	D	Primary	Primary
								-	
1									
h									
1									
5									
:]									

Figure 37. Insurance screen

NOTE: If you are using Change Healthcare for eligibility verification, the eligibility payor IDs are different from the claims payor IDs. Claims payor IDs are numeric whereas eligibility payor IDs are alpha characters. The most current Change Healthcare eligibility payor IDs are available in the Change Healthcare Real-Time Eligibility Guide in the Collaboration Compass website.

Option: Enter eligibility payor IDs in CGM MEDISOFT on the Insurance screen. On the Lists menu, point to **Insurance**, and click **Carriers**. Select the insurance carrier and click **Edit**. Select the **EDI/Eligibility** tab and either enter the payor ID in the Eligibility Payer ID field or click the magnifying glass to look up and assign payor IDs. Click **Save**.

- 8. Enter the ID in the Primary Eligibility Payer ID field.
- 9. Click Save.

Patient Data Required for Eligibility

CGM MEDISOFT Patients Screen: Name and Address tab

🖶 Patient / Guarantor: Collins, Anorie L										
Payment Plan	Payment Plan Custom									
<u>N</u> ame, Addres	s Other Information	Save								
Chart Number:	COLAN000	🖉 Cancel								
	Inactive 📃									
Last Name:										
First Name:		Set <u>D</u> efault								
Middle Name:										
Street:	2240 Sweetwater Lane	Copy <u>A</u> ddress								
		Appointments								
City:	Roswell State: GA	View Statements								
Zip Code:	30010 Country:	<u> </u>								
E-Mail:										
Home:	Work:									
Cell:	Fax:									
Other:										
Birth Date:										
Birth Weight:										
Social Security:	Entity Type: Person									
	Caucasian (C) Ethnicity: Non-Hispanic									
Language:	English 💌 Death Date: 💌									

Figure 38. Patient/Guarantors screen

Field	Description
First Name	Enter the first name of the patient. It must be identical to the name on the insurance card.
Last Name	Enter the last name of the patient. It must be identical to the name on the insurance card.
Birth Date	Enter the patient's date of birth.
Sex	Enter the patient's gender.

Other Information Tab

Field	Description
Assigned Provider	Eligibility verifications are performed on a per-case basis. If no provider is assigned to a given case, CGM MEDISOFT will use the Assigned Provider for the patient.

Cases Screen Data Required for Eligibility

To request Eligibility Verification for a patient, the patient must have a case. The case contains the insurance information fields required to verify eligibility.

Case Screen: Policy 1, Policy 2, Policy 3 tab

Case: COLAN000 Collins, Anorie L [Diabetes]								
➡ Case: COLAN000 Collins, Anorie L [Diabetes] ▲ Miscellaneous Medicaid and Tricare Comment ED1 Custom One Personal ▲ccount Diagnosis Policy 1 Policy 2 Policy 3 Condition Insurance 1: AET00 ♥ Ø Aetna Policy Holder 1: COLAN000 ♥ Ø Collins, Anorie L Relationship to Insured: Self ♥ Policy Dates Policy Number: A1000-0000-110001 € Ind: ♥ Group Number: AETNA/0123886445666 End: ♥	Cancel							
Claim Number:	View Statemer	nts						
	Eligibility							

Figure 39. Case screen

Field	Description					
Insurance 1, Insurance 2, Insurance 3	Patient case must be linked to an insurance company that is set up for eligibility.					
Policy Holder 1	Enter the policy holder for the insurance company.					
Relationship to Insured	Select the patient relationship to the policy holder. If the patient relationship is not self, the patient set up will need to be performed on the insured as well.					
Policy Number	Enter the policy number (subscriber Member ID) of the insured party under the Policy tabs.					

Case Screen Account Tab

🖻 Case: COLAN000 Collin	s, Anorie L [Diabetes]
<u>M</u> iscellaneous Medica	aid a <u>n</u> d Tricare Comment EDI Custom One
<u>Personal</u> <u>Account</u> <u>D</u> i	agnosis Policy <u>1</u> Policy <u>2</u> Policy <u>3</u> <u>C</u> ondition
Assigned Provider:	DS 🖉 Dakota Smith
Referring Provider:	- 9
Supervising Provider:	 ♥
Referral Source:	
Attorney:	• 9
Facility:	

Figure 40. Case screen - Account tab

Field	Description
Assigned Provider	Enter the provider associated with the case. If no provider is specified here, then CGM MEDISOFT will use the Assigned Provider from the patient information.

Checking Eligibility

In Office Hours

- 1. Open Office Hours.
- 2. On the Appointment screen, right-click a patient's appointment and select **Eligibility Verification**. The Eligibility Verification Results screen appears.
- 3. Click Verify. The Real-Time Eligibility Verification screen appears.

Real-Time Eligibility Verification						
Patient Name:						
Anorie Lexie Collins (COLAN000)						
Provider:						
Dean F Queayeman (DFQ)						
Date of Service:						
09/14/2012						
Verify Options						
✓ Primary insurance (AET00)						
Secondary insurance (none)						
Tertiary insurance (none)						
Verify Cancel						
Select the payer(s) for which you want to verify eligibility.						

Figure 41. Real-Time Eligibility Verification screen

- 4. Select Standard 271 and click OK. The eligibility report appears in a preview screen.
- 5. After reviewing the report, close the screen.

6. Click **Yes** on the Finished screen and close the second preview screen.

In CGM MEDISOFT

Eligibility transaction results pertaining to a specific case can be displayed in one of the following ways:

- 1. On the Lists menu, click Patients/Guarantors and Cases.
- 2. Select a patient, right-click a case, and click **Eligibility Verification**. The Eligibility Verification Results screen appears.
- 3. Click Verify. The Real-Time Eligibility Verification screen appears.
- 4. Click Verify.
- 5. Click Verify.
- 6. Select **Standard 271** and click **OK**. The eligibility report appears in a preview screen. After reviewing the report, close the screen.
- 7. Click Yes on the Finished screen and close the second preview screen.
- 8. If needed, view eligibility results in the Eligibility Verification Results screen by pressing F10.

-OR-

- 1. On the Lists menu, click Patients/Guarantors and Cases.
- 2. Select a patient and double-click a case.
- 3. Click the Eligibility button. The Eligibility Verification Results screen appears.
- 4. Click Verify. The Real-Time Eligibility Verification screen appears.
- 5. Click Verify.
- 6. Click Verify.
- Select Standard 271 and click OK. The eligibility report appears in a preview screen. After reviewing the report, close the screen. Click Yes on the Finished screen and close the second preview screen.
- 8. If needed, view eligibility results in the Eligibility Verification Results screen by pressing F10.

In Revenue Management

- 1. On the Process menu, click **Eligibility**. The Appointments grid appears.
- 2. Enter a date range and click **Select**. The grid updates with the most current appointments.
- 3. Select the Send box for each patient.
- 4. Click **Receivers** and select the eligibility receiver from the list.
- 5. Click the Send button. The File Saved screen appears.
- 6. Click **OK**.
- 7. On the Process menu, click **Reports** to view eligibility responses.

Batch Checking Eligibility in CGM MEDISOFT

Eligibility for patients with appointments can be checked in a batch in this way:

1. On the Activities menu, point to **Eligibility**, and click **Schedule**. The CGM MEDISOFT Task Scheduler screen appears.

Note: You can only set up one eligibility task per practice. After the task runs, you can create a new eligibility task.

2. Click New. The Select Type screen appears.

- 3. Select Eligibility and click OK. The Select Practice screen appears.
- 4. Select the practice and click OK.
- 5. Enter login details, if necessary. The New Eligibility Task screen appears.
- 6. Enter the appropriate information and click **Save**. The CGM MEDISOFT Task Scheduler screen appears with the new task listed.
- 7. Click **OK**.
- 8. When this task runs, eligibility for all patients with appointments scheduled during the time frame of the task will be checked. Reports will be displayed in Revenue Management for viewing, as well as posted to CGM MEDISOFT and available for viewing.

Chapter 5 - Remittance Processing with Revenue Management

Revenue Management uses a remittance file from the insurance payor to post payments from the payor to patient accounts. A remittance file may include payments, adjustments, adjustment reasons, and so on. You are able to print a report before the posting takes place, as well as one after, so there is an easy-to-follow paper trail of the payments posted to patient accounts.

You must be enrolled with your patients' insurance payors and a clearinghouse, such as Change Healthcare, to receive electronic remittance advice (ERA) files.

Setting Up Default Payment Application Codes

Before processing remittance files, you must modify payment application codes for all insurance carriers to allow remittance file processing.

- 1. On the Lists menu in CGM MEDISOFT, point to Insurance, and click Carriers.
- 2. Select an insurance carrier and click Edit.
- 3. Click the Options and Codes tab.

Tip: If default payment and adjustment codes have not been set up for the insurance carrier, you are prompted to do so before viewing ERA files in Revenue Management.

- 4. Click the Payment field and select a default payment code.
- 5. Click the Adjustment field and select a default adjustment code.
- 6. Click the Withhold field and select a default code for entering withhold amounts.
- 7. Click the Deductible field and select a default code for entering deductibles.

8. Click the Take back field and select a default code for entering take backs.

ddress Options and Codes	EDI/Eligibility Allowed							
Options								<u>C</u> ave
Procedure Code Set:	1 -							🥥 Cance
Diagnosis Code Set:	1 💌	<u>(</u>	CMS-1500					elp
Patient Signature on File:	Signature on file	-	Box 12	Default I	Billing Method 1:	Paper	-	
Insured Signature on File:	Signature on file	-	Box 13	Default i	Billing Method 2:	Paper	-	
Physician Signature on File:	Signature on file	-	Box 31	Default I	Billing Method 3:	Paper	-	
Print PINS on Forms:	PIN Only	-	Box 24J					
- Default Payment Application	Codes							
Payment:	AP <	Aetna	Payment					
Adjustment:	APWROFF V	Aetna	Write-Off					
Withhold: APWH 🖉 🖉 Ae		Aetna	Withhold Adj	ustment				Set <u>D</u> efault
Deductible:	DEDUC 💌 🖓	Deduc	otible					
Take Back:	TAKEBACK 👻 🖓	Insura	nce Takebac	:k				

Figure 42. Insurance Carriers screen - Options and Codes tab

9. After all default payment application codes are selected, click Save.

Setting Up Additional Payment Codes

Verify that the COINS and DUECOPAY codes, which Revenue Management uses, have been set up in CGM MEDISOFT previously. These codes are used for processing remittance and will be assigned in "Assigning Posting Codes" on page 41.

Before processing remittance files, create these payment codes.

- On the Lists menu in CGM MEDISOFT, click Procedure/Payment/Adjustment Codes. The Procedure/Payments/Adjustment Codes screen appears.
- 2. Click New.
- 3. Enter COINS in the Code 1 field.
- 4. Enter Coinsurance Amount in the description field.
- 5. Change the Code Type to Comment.
- 6. Click Save.
- 7. Click New.
- 8. Enter DUECOPAY in the Code 1 field.
- 9. Enter DUE COPAYMENT AMOUNT in the Description field.
- 10. Change the Code Type to Comment.
- 11. Click Save.

Revenue Management Setup

You can set up posting codes that will appear for payments you receive. When you post these payments in Revenue Management, these posting codes will be applied to the transactions in CGM MEDISOFT.

Assigning Posting Codes

- 1. Open Revenue Management.
- 2. On the Configure menu, click **Preferences**.
- 3. On the Preferences grid, click the **Revenue Management** tab and then the **Remit Posting Options** tab.
- 4. Clear the Use Insurance Posting Code check box.
- 5. Select the Allow Remittance Edits check box.
- 6. Select the Change Negative Payments to check box, and for the drop-down select TB.
- 7. In the drop-down list, select Takeback.
- 8. Select the Post Secondary Adjustments check box.
- 9. Select the Never Write Off Patient Responsible (PR).
- 10. Select the Match by Full Name and ID check box.
- 11. Select the Set Primary Denied Claim to check box and select Rejected.
- 12. Select Secondary Denied Claim to check box and select Rejected.
- 13. Select Post ICN [CLP07] to Claim Comment check box.

🖥 Revenue Management - Medical Group (Tutorial Data) - Preferences									
🛛 靠 Process 🏼 👸 Configure 🔗 View 📑 Window	v 🕜 <u>H</u> elp	Cogged in as SYSTEM							
Preferences 🗸 Save 🗙 Cancel									
Medisoft 🛞 Revenue Management 🕃 Claims Edi	itor 🎽 Remittance Codes 🏾 🛃 As	ssign Posting Codes Status Codes							
Claim Prefix: Global Settings Next Show Claim Service Date: Interchange: 2 (2) Write Log File: Group: 2 (2) Group: 2 (2)									
Report Settings 📑 Archive Options 🦃 Remit P	Posting Options								
Use Insurance Posting Codes	Always Match Last Name	Default Posting Code							
Allow Remittance Edits	☑ Match by Full Name and I	ID Adjustment:							
Change Negative Payments to: TAKEBACK	Set Primary Denied Claim	to: Withhold: Deductible:							
Post Secondary Adjustments	Set Secondary Denied Cla Rejected	aim to: Take Back:							
✓ Never Write Off Patient Responsible (PR)	Post ICN [CLP07] to Clair	m Comment							

Figure 43. Revenue Management Preferences - Remit Posting Options tab

- 14. Click Save.
- 15. On the Configure menu, click **Preferences**.
- 16. Click the Assign Posting Codes tab.
- 17. Set the following ERA (Electronic Remittance Advice) codes to these values for all receivers:

Row 1 – DED Row 2 – COINS Row 3 – DUECOPAY Row 42 – WO Row 45 - WO

Row A2 – WO

-	•	-		Mindow	C Leib		Cogged in as SYS	TEIVI
P	Preferences	✓ Save	X Cancel					
	Medisoft	🔄 Revenue M	lanagement	당 Claims Edit	tor 📔 🖹 Remitt	tance Codes	Assign Posting Codes Status Codes	
he	adjustment o		e from Medisot	ft that you wish			the column for each receiver select tronic remittance. If you do not	
	ERA 🛧	AVAIL	CMS	RELAY	RELEV	RM		<u>í</u>
Þ	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							
	11							
	12							
	13							C

Figure 44. Preferences - Assign Posting Codes tab

18. Click Save.

Downloading and Viewing ERA files

The method that Revenue Management uses to download remittance files depends upon the insurance carrier. ERA files are downloaded when reports are retrieved from your carrier. You should do this every day.

1. On the Process menu, click Reports. The Reports screen appears.

2. Click Get Reports.

🚰 <u>F</u> ile 🛛 💁 <u>G</u> et	Reports 🕜 Help		0	Logged in as SYSTEM	
Reports 🔎	Open Archive				
Report T 🛧	Description	Amount	Received From	Sent To	F
277	Status Response		BCBS OF ARIZONA	RICHARD RAND III	4
277	Status Response		HUMANA CHOICE CA	HEATHER COUCH	4
277	Status Response		UNITED HEALTHCARE	RICHARD RAND III	4
277	Status Response		UNITED HEALTHCAR	RICHARD RAND III	4
277	Status Response		NGS INC NY	FRANK PINTAURO,	9
835	Payment (check #002209359)	5,759.17	MISSISSIPPI DIVISI	BRENCO INC	3
997	Functional Acknowledgement				4
997	Functional Acknowledgement				4
999	Functional Acknowledgement (5010)				e
PDF	Adobe Acrobat Reader				4
PDF	Adobe Acrobat Reader				4
PDF	Adobe Acrobat Reader				4
<)	Ш				2

Figure 45. Reports screen

3. ERA files appear as Report Type 835 with a Description of Payment. Select a line item on the grid and click **Open** (or double-click the line item). The Process Remittance screen appears.

NOTE: The next time Revenue Management processes a remittance file from the same carrier made out to the same practice, Revenue Management will automatically display the Process Remittance screen.

				Process Remi	ttance				
👌 Print 🛛 🔓	Post 60 Vie	w					6	Help 🖌 Sa	ve 🚺 <u>C</u> lose
	FB APPY VALLEY MED 700992187	1710226400 ICAL CLINIC	# 116382100 Date 6/19/2007 \$ 1966.04				Remit Totals Biled: Paid: Adjust: Patient:	Total Remit Amt 2576.83 -1488.43 -376.57 -669.91	<u>Total To Post</u> -1488.4 -97.9 -669.9
	ID Svc Date # Date From		Assign Patient Assign Service Status / Next payer Amount Pat.Pay Posting Code	Line Assign Notes R Ins1Pay Ins2Pay Ins3Pa Type		t Note Internal Note	Claim BLAZ 4385	E, JOSEPH 84997A	
Post ?	05/05/07		Pri: forwarded / PHYSICIANS MUTUAL I	- 11	P31	Amount	Biled:	mit Amount Re 140.44	eady To Post
🗖 ВLАЗО	05/08/07 0000 05/08/07	99203	85.72 0.00	0.00 0.00 0.0			Paid:	-4.67	-4.67
			CAREP	Ins Pay	Primary	0.00	Adjust:	-3.60	-3.60
	~	PR1	DED	Deductble	Primary	-85.72	Patient:	-132.17	-132.17
			Totals After	Posting: [Ins1 0.00] [In	152 0.00] [Ins3 0.00] [Ad	ij 0.00] [Remainder 85.72]	Other Info	Other Amounts	Remarks
G 3	05/08/07 000 05/08/07	20550 LT P	Pri; forwarded / PHYSICIANS MUTUAL I 54.72 0.00	NS. CO (Unknown) -4.67 0.00 0.0	0 -3.60 46.45		Provider ID	U94364	
BLAJO		20550 LT	54.72 0.00	-4.67 0.00 0.0	0 -3.60 46.45 Primary	-4.67	Crossover Nam	e PHYSICIANS	MUTUAL INS
-		CO45	CARE	Ins Adjust	Primary	-1.67	Crossover ID	30075	
-		PR1	DED	Deductble	Primary	-3.80			
_		PR1 PR2		Comment					
			COINS		Primary	-1.17			

Figure 46. Process Remittance screen

Posting ERA/Remittance files

WARNING: Before starting to post remittance files, make sure no CGM MEDISOFT users are opening, entering, or modifying data in the Transaction entry screen. Posting ERA files while a user is in Transaction Entry with a patient's record open that corresponds to an ERA being posted, will cause a record or table to lock, which leads to an error. The error message displays the patient chart number that Revenue Management is trying to post to so that the user can make sure everyone is out of the Transaction Entry screen. Then click the Retry button and have Revenue Management pick up where it left off and continue posting the remit. Otherwise, the user will have to click Cancel and halt the posting process. To avoid this situation, especially in the case of large offices, set aside certain times of the day or week to post remits.

1. On the Process Remittance screen, click Post. The Post Remittance screen appears.

Post Remittance?	
From:MISSISSIPPI DIVISION OF MEDICAID (1640476393) To:BRENCO INC (1295818045) Check #002209359 in the amount of \$5,759.17 dated 3/12/2012	Cancel
Use the Payment codes shown in the remit grid	Posting Date : 3/12/2012
Use this payment code instead	Payment Type : Check
	Deposit Code : A

Figure 47. Post Remittance screen

- 2. On the Post Remittance screen, complete the fields.
- 3. Click **OK**. Revenue Management posts the payment. Large remittance files can take anywhere from a minute to several minutes to post.

WARNING: Do not close the screen, end task, or otherwise interrupt the posting process while Revenue Management is posting a remittance file.

- 4. After the remittance file posts, select a report format.
- 5. Click the **OK** button. The 835 ERA Posting Summary report appears, which shows what the software posted and did not post.

Use the report to follow up with insurance carriers about denials or other issues.

When finished printing or saving the report, you can close the posting report. The remittance is complete. You can archive the remittance after successfully posting the remit. You can open another remittance file and begin the process again or move on to other tasks.

Troubleshooting Tips for Posting ERA/Remittance Files

Problem	Cause	Resolution
Payments are not posting.	Payments are not marked to be posted.	Open the insurance carrier from whom the remit came. Click the Codes tab. Ensure there is a code present in the Payment field. If not, the biller needs to assign one.
Denials or Adjustments are not marked to be posted.	The wrong posting code is assigned to the ERA code.	Observe what the reason code is for the denial or adjustment (Ex: CO16, claim lacks information needed for adjudication).
		 Close the remit and go into Revenue Management Preferences for assigning posting codes.
		 Find the reason code in the list of ERA Codes. Most likely, you will find that there is no posting code assigned. Create a new posting code, assign a code type to it, then assign the posting code to the ERA reason code in Revenue Management Preferences.
Revenue Management is not	The wrong practice or insurance carrier	 Open the remit and right-click anywhere in the grid.
finding any of the patients or services in the remit viewer.	aliases might be assigned to the remit.	 Click Assign this remit to an additional practice. This opens the alias table.
		3. Check the practice and insurance carrier in the list to be sure they are the correct ones. If not, select the line and click Remove to delete the invalid entry.
		 Then click the link that reads Click here to choose a practice/ receiver not shown in the list.
		5. Then, re-select the practice, click OK , and select the insurance carrier. This resets the aliases and chances are better for finding the patients and service lines now.

Problem	Cause	Resolution
Biller has made changes to the grid (Assigning patients/ services) but Total To Post amounts are not updating.	The Total To Post amounts are not updated automatically.	The biller must click the Recalculate Totals button (The green circling arrows, much like a "refresh" button) to tell Revenue Management to recalculate all the amounts.
Revenue Management finds the patient and service but shows a red X under the PST column that reads "Unknown".	There could be more than one record in CGM MEDISOFT for a particular insurance carrier (Ex: MEDICARE, MEDICARE SECONDARY PAYOR, MEDICARE PAPER, MEDICARE PAPER, MEDICARE PART B, and so on).	 Despite the claims being sent to one single receiver, patients may have differing insurance carriers tied to their policies. Since Revenue Management asks for one practice and one carrier when you initially open the remit, an insurance class must be created and assigned. 1. On the List menu, point to Insurance, and click Class. 2. Create a class for each carrier the client is getting remits from (Ex: Medicare could be "CARE" or "MCARE," Blue Cross Blue Shield could be "BCBS," and so on). 3. Once the class has been created, go into each carrier and assign that class so Revenue Management knows to query not one but more than one carrier to determine payer responsibility on the claim.
Error on posting that says "Error updating the CGM MEDISOFT database."	Another biller, most likely not the one posting the remit, had either Transaction Entry open and the remit was posting payments or adjustments to a patient that one of the billers already had open.	The biller with the account open needs to close out of it without saving changes and the person posting remits will click Retry to let Revenue Management continue posting. If this does not work, the user must click Cancel. Revenue Management will not post that patient's payment and adjustment details but it will pick up with the next patient and continue posting the rest of the remit. The patient that was locked will have to have their payments and adjustments posted manually once Revenue Management is finished.

Appendix A - Error Messages

[File Name] Not Found in archives.	63
[IG Name Here] already exists in the database. Please select a different name.	63
[Some Filename] already exists in the export folder! Overwrite?	63
A problem occurred while backing up your previous Database. The upgrade can not continue	
	63
A problem occurred while opening the report. Please be sure your Windows and web browser	
are up to date.	63
A problem occurred while restoring your previous Database. The upgrade can not continue and the	
program will end. Please try again later.	63
Advantage Database error; Error 7109 - Database Logins are Disabled	64
An Error Occurred Adding History Detail, after clicking on Send Claims.	64
An error occurred while creating a folder.	64
An error occurred while deleting a folder	65
An error occurred while getting the contents of folder	65
An error occurred while receiving the folder	
An error occurred while trying to abort the current operation.	65
An error occurred while trying to change the user.	
An error occurred while trying to change transfer mode.	65
An error occurred while trying to connect to host.	65
An error occurred while trying to disconnect from host.	65
An error occurred while trying to login.	65
An unhandled exception has occurred in your application. If you click Continue, the application	
will ignore this error and attempt to continue. If you click Quit, the application will close immediately.	
C:\Program Files\Medisoft17\Splash.png.	66
Application Context Authentication Error, contact tech Support	66
Are you finished with this report?	
Are you sure? This will permanently delete this rule set from your system!	66
Backup Error	
Billings cannot be updated! Billing system identifier in [CLM:24] is missing or empty.	66
Can't locate the IG for [Some Receiver Name Goes Here]!	66
Can't locate the IG for receiver [Receiver Name]	67
Cancel changes to the IGuides?	67
Cancel changes to the rules?	67
Catch error Client found response content type of 'text/html; charset=iso-8859-1', but expected	
'text/xml'.	
The request failed with the error message [message].	67
CCI Edits have not been set! Claim edits will not run. Use the Claims Editor in preferences to set	
this up.	67
Claims have not been sent for payment. Are you sure you want to cancel without sending them?	
Claims have not been sent. Do you want to discard the claim file?	
Column not found: SubmitterName	68
Compile Results	
Connecting to the database at [Some Data Path] will upgrade the database to version 1711.	
Are you sure you want to continue?	68
Contractors have not been set! Claim edits will not run. Use the Claims Editor in preferences to	
set this up.	68

	68 69 69 69 69 69
reseller for assistance	69
assistance. Error creating the local application data folder! Path is: [Some Path Here] Please see your computer administrator to be sure you can access this folder. Then start Revenue Management	70
again	
Path is: [Some Path Here]. Please see your computer administrator to be sure you can access	<i>'</i> '
this folder. Then start Revenue Management again.	
Error creating the practice download folder! Error opening Revenue Management DB List connection! Error opening the Revenue Management Database! Path is: [Some Data Path Here] Please see your computer administrator to be sure you can access this folder. Then start Revenue Management	
again Error opening the Revenue Management DB List! Path is: [Some Data Path] Please see your computer administrator to be sure you can access this folder. Then start Revenue Management	
again Error processing the [FileName] archive file. Trying others Error reading from the Revenue Management DB List! Path is: [Some Path Here] Please see your computer administrator to be sure you can access this folder. Then start Revenue Management	
again.	
Error saving + [Error Message] Error saving + [Some Unknown Error Message]	
Error saving +[Some unknown Error]	
Error updating the interchange log! Contact Tech Support.	
Error Upgrading Database:	
Error Upgrading Database: An unexpected internal failure occurred in the FileSystem component, or one of its descendants	70
Error version checking Revenue Management DB List! Path is: [Some Path Here] Please see your computer administrator to be sure you can access this folder. Then start Revenue Management	79
again.	80
Errors occurred compiling the IG usage rules. Please compile in the IG Design Editor and correct the	04
errors before using it to send claims	81 81
Exception Message: Item has already been added. Key in dictionary: ' <longstringofnumbers>' Key</longstringofnumbers>	01
being added: ' <samelongstringofnumbers' Exception Message: StartIndex cannot be less than zero Parameter name: startIndex Execution errors detected! These must be corrected before the map can be used</samelongstringofnumbers' 	82
Execution errors detected! These must be corrected before the map can be used: + [List of errors goes here] + Execution Errors	82

File has not been sent! Do you want to discard the file?	
File transfer error	33
I've been trying to create the DBList at [Some Data Path]. Perhaps your network security	
settings or software is preventing this to complete. See your system administrator for assistance	~~
	33
I've been trying to create the DBList at [Some Data Path]. Perhaps your network security settings	
or software is preventing this to complete. See your system administrator for assistance and then try	
again	33
I/O Error accessing the Revenue Management practice list at [Some Path Here]. This may be due	
o problems with your Windows user login, system, network, or server. Please see your system	
administrator for assistance.	
Login failed. Please verify your user name and password	
Loop not found for segment	
Map compiled and executed successfully!	35
Medical Policy Edits have not been set! Claim edits will not run. Use the Claims Editor in preferences	~ -
to set this up	
0 0 11	35
Multiple BPR segments in a single transaction set! Please contact technical Support for assistance 8	
No claims marked to send	
No claims to check	36
No codes defined. The practice options are set to use Revenue Management posting codes,	
but none are defined! Use Preferences to configure the posting codes or change the setting to	
use Insurance Posting Codes	
One or more rules have errors, please correct them before compiling	
Orphan Loops!!!	
Padding is Invalid and Cannot be Removed	
Parameter errors detected! These must be corrected before the usage rules can compile:	
Parameter errors detected! These must be corrected before the map can compile:	
Please select a single IG in the screen first.	
Please select a single rule in the screen first.	
Red X's in the Service Lines and show Unknown in the PST column when trying to post an ERA 8	
Restore Error	
Revenue Management can only be started from inside Medisoft!	
Rule saved in	
Rule set saved in 8	
Save changes to the implementation guides?	
Save changes to the rules?	
Script compile results:	
Select a loop first, then add a segment	
Select a loop first, then delete a segment.	
Select a transaction set or choose Cancel!	
Session set saved in	
Some IG items are invalid. Please correct them before saving.	
Start Index Cannot Be Less Than Zero	
System tables can't be deleted.	
System tables can't be edited	39
Terminal Services Session Detected! You must be sure all users are disconnected and all	
sessions ended before running this process! Failure to do so WILL result in damage to your database.	
If you are unsure how to do this, contact your system administrator before proceeding with	
this operation. Click Yes to continue or click NO to cancel the operation.	1 0
The [IG Name Here] IGuide is configured for the [Practice Name Here] practice / receiver.	
Saving the changes to the IGuide will change the way files are built and/or processed.	

Are you sure you want to save the changes?	90 90
Claims cannot be processed until a [IG Type] transaction set is configured The [Some Receiver Name Goes Here] receiver does not have any eligibility transaction sets configured. Eligibility Requests cannot be processed until a eligibility transaction set is configured The Claims have already been sent The CM4 zip file is missing from the Revenue Management program folder!	91 91 91
Please see your computer administrator to be sure you can access Revenue Management. Then start Revenue Management again	91
Revenue Management again	92
Cancel this wizard and choose Convert instead	92
existing database or click Cancel to select a different folder	92
The following claims do not contain any service lines and therefore will not be sent!	94 94 94 95 95 95 95 96 97 97
The practice options are set to use Revenue Management posting codes, but none are defined! Use Preferences to configure the posting codes, or change the setting to use Insurance Posting Codes. Click OK to continue without posting codes or click Cancel to close this remit without posting. The receiver does not have any claims transaction sets configured! Go to the Receivers editor to set up a transaction set. The receiver does not have any eligibility transaction sets configured! Go to the Receivers editor to set up a transaction set. The requests have already been sent and can no longer be changed. The Revenue Management DB List must be upgraded to work with this version of Revenue Management. Please be sure no other users open Revenue Management while the upgrade is	98 98

running. Click OK to continue or Cancel to exit and run the upgrade later
Check For Updates to see if a Revenue Management update is available
The system could not find any files to copy. This may be due to a problem with your Windows Registry settings. Would you like to continue with the version upgrade?
The updated policy edits database is effective [Some Date] and should only be installed
when you are ready to process claims for services on or after that date. Do you want to install it now?
Please be sure no other users are processing edits before clicking Yes!
There was a problem saving the last practice in the Windows registry. Revenue Management
will operate but it will not remember the last practice opened Windows Registry Write Failed 100
There was a problem saving the practice list location in the Windows registry. Revenue Management
will operate but you will have to manually locate the practice list each time Revenue Management
opens
There was a problem saving the update date in the Windows registry. Revenue Management will
operate but it will check for an update again the next time it is opened
Management software to use this DBList. This is followed by a second error about connecting
to the database
Unable to add a segment at this time
Unable to add a sub-element at this time
Unable to add an element at this time
Unable to connect to the coverage database. Contractor list cannot be loaded! Contact your
reseller for assistance
Unable to connect to the coverage database. State list cannot be loaded! Contact your reseller
for assistance
Unable to create practice report folder! 102
Unable to delete a segment at this time 102
Unable to delete a sub-element at this time
Unable to delete an element at this time
Unable to launch the installer! Please contact Tech Support
Unable to load receiver [Some Receiver Name]. Please contact technical Support
Unable to load the insurance [Some Insurance Code]. Please contact Technical Support 103 Unable to locate the interchange for this response!
Unable to locate the Revenue Management Medical Edits database [Some Data Path\CM4.MCD].
This may be due to problems with your system, network, or server. Please see your system
administrator for assistance
Unable to open file exclusively. Someone else may be using it
Unable to Post ERA + The Insurance's Default Posting Code for + [Some Error Message] are not
setup. Please set them in the option tab at the Remit Posting Options tab under Preferences>
Revenue Management
Unable to unpack the Xchg for posting! Please contact your technical Support for assistance 104
Usage scripts compiled and executed successfully! 104
Warnings detected! These should be checked before using the IG for production transactions: +
[List of warnings goes here] Warnings
You are still connected to the server. Do you wish to close the connection and exit the application? 104
You do not have permission to access the Revenue Management practice list [Some Path Here]
This may be due to problems with your Windows user login, system, network, or server. Please see your system administrator for assistance. 105
You don't have permissions for this action!
You have reports that are due to be archived. Would you like to archive them now? NOTE:
Please be sure the Claim Manager Report Processor is closed on all workstations before you click

OK!	105
You must first create or select a rule set and a rule before you can add a condition!	105
You must first create or select a rule set and a rule before you can add a group!	105
You must save your changes before sending claims!	105
You must select an item from the list to Add!	105
You must select both payment codes or choose to use the codes from the screen!	106
Your database has been restored to its original state before the upgrade attempt. Please try the	
upgrade again at a later time. If you continue to have problems, please contact Support	106

Message	Cause	Resolution
[File Name] Not Found in archives.	The system could not find an archived report when the user attempted to open.the *.zip archive	The selected file cannot be viewed because it was either deleted or erred during the save process. Restore a backup that contains the file and try again.
[IG Name Here] already exists in the database. Please select a different name.	The user is saving a new IG but has typed in the name of an IG that already exists.	Select OK on the warning message and change the IG to a unique name.
[Some Filename] already exists in the export folder! Overwrite?	The user has specified a file name for the export file but that name already exists.	Select Yes on the warning message to overwrite the file, or No or Cancel to leave the original file intact.
A problem occurred while backing up your previous	The upgrade has failed, and the program attempts to back up data but it fails as well.	Verify that you are installing the upgrade in the same place on the computer as the last version of Revenue Management.
Database. The upgrade can not continue and the program will end. Please try again.		Ensure that there is a registry entry for the last version of Revenue Management. Retry the upgrade.
A problem occurred while opening the report. Please be sure your Windows and web browser	The user attempted to open an archived report.	Attempt to launch the archive item outside of Revenue Management and check the error that is displayed. Correct any screens/pc issues that would prevent a file from being opened.
are up to date.		To locate the archive files, navigate to the \[RM Data DIR]\[Practice Name]\Archive directory.
A problem occurred while restoring your previous Database. The upgrade can not continue and the program will end. Please try again later.	The user has chosen to abort a Revenue Management major version upgrade and the database restore fails.	Locate the DatabaseBackup.zip file in the folder tree of the \Documents and Settings folder and manually restore the database using Winzip or another program that will extract a *.zip file.

Advantage Database error; Error 7109 -	Logins are disabled for the CMDBLIST.	1. Open Advantage Data Architect (ARC) and click Connection , and then Create New Connection .
Database Logins are Disabled		2. In the Connection Properties screen, click the drop-down arrow for Connection Path and select Browse for Dictionary File .
		 In the Open screen, navigate to the RMData folder and highlight the CMDBLIST.add and click Open.
		4. For the Username, enter adssys and change the server type to Remote if this is being done from a workstation. Then, click OK .
		 The login box will appear and the User Name will already be populated with adssys. The password to use is ljc767.
		 Once the connection has been made, right click CMDBLIST.
		7. In the menu, scroll down and click Enable Logins and close ARC.
An Error Occurred Adding History Detail, after clicking	There is no data in the Billing History table.	1. To resolve this issue, on the Billing menu, click Charges and Payments and open a patient billing that is ready to be sent.
on Send Claims.		 Once the billing is open, click Print and Primary Insurance.
		3. In the Select Custom Form screen, highlight CMS 1500 Standard.lci and click Open .
		4. In the Print Insurance Claim screen, click Print .
		5. Select the printer and click OK .
		 When the program asks if the claim printed correctly, click Yes. This will populate the First Billed Date field for the billing.
		 Select the Bill check box and Save. The client will now be able to send claims using Revenue Management without an error message.
An error occurred while creating a folder.	The user has attempted to create a folder on a remote server in the ftp client and an error occurred.	The specific error message(s) will display what caused the action failure.

An error occurred while deleting a folder	The user has attempted to delete a folder on a remote server in the ftp client and the delete has failed.	The specific error message(s) will display what caused the action failure.
An error occurred while getting the contents of folder	The user has attempted to get folder contents of a remote server in the ftp client and the attempt has failed.	The specific error message(s) will display what caused the action failure.
An error occurred while receiving the folder	The user has attempted to receive files from a remote server in the ftp client and the attempt has failed.	The specific error message(s) will display what caused the action failure.
An error occurred while trying to abort the current operation.	The user is attempting to abort an FTP transaction and an error occurs.	The specific error message(s) will display what caused the transmission failure.
An error occurred while trying to change the user.	The user has attempted to change the remote user in the ftp client and the attempt has failed.	The specific error message(s) will display what caused the action failure.
An error occurred while trying to change transfer mode.	The user has attempted to change transfer mode in the ftp client and the attempt has failed.	The specific error message(s) will display what caused the action failure.
An error occurred while trying to connect to host.	The system has attempted to connect to a remote server in the ftp client but an error occurred.	The specific error message(s) will display what caused the action failure.
An error occurred while trying to disconnect from host.	The system has attempted to disconnect from a remote server in the ftp client and the disconnect has failed.	The specific error message(s) will display what caused the action failure.
An error occurred while trying to login.	The user has attempted to log into a remote server in the ftp client and the log in has failed.	The specific error message(s) will display what caused the action failure.

An unhandled exception has occurred in your application. If you click Continue, the application will ignore this error and attempt to continue. If you click Quit, the application will close immediately. C:\Program Files\Medisoft17\Spl ash.png.	The incorrect file path is entered for the ProgramFolder key in the registry and an error results.	 Open the Registry and click Hkey_Current_User > Software > McKesson > RevenueManagement_1711. Double click ProgramFolder in the right side to open. In the Value Data field, enter the correct path to the RCM folder. Example: C:\Program Files\MedisoftMedisoft 17\BIN\RCM.
Application Context Authentication Error, contact tech Support	The user has attempted to execute Revenue Management using Windows Authentication instead of launching it from within the application.	Launch Revenue Management from inside the Medisoft application.
Are you finished with this report?	Occurs at various reporting points in Revenue Management.	Select Yes on the confirmation message to delete the report or No to continue viewing the report.
Are you sure? This will permanently delete this rule set from your system!	Displays a warning when the user attempting to delete a rule set.	Confirmation message. Select Yes on the confirmation message to delete the rule set or No to cancel the delete action.
Backup Error	An upgrade has failed and the program attempts to unzip the backup file and it fails.	Verify that the DatabaseBackup.zip file is a valid *.zip file. Retry the upgrade.
Billings cannot be updated! Billing system identifier in [CLM:24] is missing or empty.	Revenue Management has attempted to update the Sent status for a claim but the claim ID cannot be found in the database.	Look up each claim and manually update the Sent status. Compare the claim details with that of the database and note the discrepancies. Contact Support if it cannot be determined why the claim numbers are different.
Can't locate the IG for [Some Receiver Name Goes Here]!	An eligibility request is made and the receiver has not been assigned an IG.	 On the Process menu, click Change Practice. Highlight the practice you want to set p eligibility for and click Configure. Run the connection wizard to set up eligibility for your practice and an IG will automatically be assigned.

Can't locate the IG for receiver [Receiver Name]	The Create Claims process cannot find the IG for the receiver.	 On the Process menu, click Change Practice. Highlight the practice you want to set up electronic claims for and click Configure. Run the connection wizard to set up electronic claims for your practice and an IG will automatically be assigned.
Cancel changes to the IGuides?	This confirmation message appears when editing an IG and the Cancel button or Close screen icon is clicked.	Select Yes on the message to cancel changes or select No to leave the editor open.
Cancel changes to the rules?	This confirmation message appears when the user is adding new rules and clicking the Cancel button.	Select Yes on the message to cancel changes or select No to leave the data unchanged.
Catch error Client found response content type of 'text/ html; charset=iso- 8859-1', but expected 'text/xml'. The request failed with the error message [message].	The Integrated Eligibility ID was entered into the Connection Wizard incorrectly or the incorrect Integrated Eligibility ID was supplied to the client.	 Verify that the Integrated Eligibility ID that was entered into the Connection Wizard matches the Integrated Eligibility ID for the client. To see what was entered in the Connection Wizard, 1. On the Configure menu, in Revenue Management, click Receivers. 2. Click the Header Info column for the eligibility receiver. In the Sender ID (ISA06) field, compare that user ID with the Integrated Eligibility ID supplied when registering. 3. If they match, contact Support.
CCI Edits have not been set! Claim edits will not run. Use the Claims Editor in preferences to set this up.	The Claims Editor has not been configured, so Revenue Management does not know how to analyze any claims for potential errors.	 On the Configure menu, click Preferences and click the Claims Editor tab. Follow the prompts on each screen. Click the Finish and Save buttons at the end.
Claims have not been sent for payment. Are you sure you want to cancel without sending them?	The user has attempted to cancel the send transaction for claims that have been processed.	Send claims or decide to process and send later.
Claims have not been sent. Do you want to discard the claim file?	The user has attempted to close the claims viewer without sending claims that have been processed.	Select Yes on this confirmation message to discard the claims file or No to return to the send process.

Column not found: SubmitterName	Users of older versions of Revenue Management (before 1711) will receive this message while using the Connection Wizard because Submitter Name is a new column.	 Close out of the Connection Wizard and any errors. Open the practice and click OK on the message to upgrade the database. Log in to your practice. Restart the Connection Wizard.
Compile Results	The user is compiling IG rules and the system generates an error.	If rule errors exist, they will be displayed. The user will correct the rules with errors.
Connecting to the database at [Some Data Path] will upgrade the database to version 1711. Are you sure you want to continue?	The user is performing a major version upgrade and receives this confirmation message.	Select OK on the message to continue or Cancel to abort the upgrade.
Contractors have not been set! Claim edits will not run. Use the Claims Editor in preferences to set this up.	The Claims Editor has not been configured, so Revenue Management does not know how to analyze any claims for potential errors.	 On the Configure menu, click Preferences and click the Claims Editor tab.Follow the prompts on each screen. Click the Finish and Save buttons at the end.
Could not process request input. (When trying to verify a patient's eligibility)	 This message occurs for the following situations: Incomplete information on the insurance company inside Medisoft. Incomplete information on the patient inside Medisoft. Incomplete information on the provider/physician inside Medisoft. 	 Ensure all the required data is thoroughly filled out. For the insurance company, this includes but is not limited to: primary and secondary claims payer IDs, primary and secondary eligibility payer IDs, address 1/ street 1, city, state, zip code, and name. Ensure all the required data is thoroughly filled out. For the patient, this includes but is not limited to: primary and secondary group and policy numbers, address 1/ street 1, city, state, zip code, first and last name, social security number, and date of birth. Ensure all the required data is thoroughly filled out on the provider and practice. For the provider and practice, this includes but is not limited to: individual and group NPIs, federal tax IDs, legacy numbers, address 1/street 1, city, state, zip code, and first and last name.

Delete the selected elements?	While editing an IG, the user attempts to delete elements and receives this confirmation message.	Select OK on the message to delete the elements or Cancel to exit the dialog.
Delete the selected loops?	The user is editing an IG and attempts to delete an entire loop and this confirmation message appears.	Select OK on the message to delete the loop or Cancel to leave the IG unchanged.
Delete the selected loops? (Schema)	When editing an IG Data Schema, the user receives this confirmation message.	Select OK on the message to delete the loop or Cancel to leave the IG unchanged.
Delete the selected segments?	When editing an IG, the user attempts to delete a segment and receives this confirmation message.	Select OK on the message to delete the segments or Cancel to exit the dialog.
Delete the selected sub-elements?	When editing an IG, the user attempts to delete sub-elements and receives this confirmation message.	Select OK on the message to delete the sub- elements or Cancel to exit the dialog.
Do you want to send the failed claim now?	The user attempts to send a claim(s) that failed and receives this confirmation message.	The user can cancel the operation and fix the failed claim or send it as is, which is not recommended.
Error connecting to the CMDBList	Revenue Management has been upgraded on one workstation but not on the other workstations, resulting in a connection error.	On the workstation receiving the error,
		 Select Start, point to Programs, point to Revenue Management, and click Check for Updates.
		 Follow the prompts on the screen to download and install the latest version of Revenue Management.
		3. Repeat this process for all workstations.
Error connecting to the coverage database. Contractor list cannot be loaded! Contact your reseller for	The user is setting up claims edit preferences and the connection to the MCD (Medicare Edits) database fails.	Check database permissions and verify that the MCD database exists. To verify the MCD database exists,
		1. Navigate to the \[RM Data DIR]\.
		 Make sure that the \CM4.MCDdirectory exists.
assistance.		 Verify the presence of numerous *.adi and *.adm files in the directory.

Error connecting to the coverage database. State list	The user is updating state settings for claims editing and there is a failure in the connection to the database.	Check database permissions and verify that the MCD (Medicare edits) database exists. To verify the MCD database exists,
cannot be loaded! Contact your		1. Navigate to the \[RM Data DIR]\.
reseller for assistance.		 Make sure that the \CM4.MCDdirectory exists.
		 Verify the presence of numerous *.adi and *.adm files in the directory.
Error creating the local application data folder! Path is:	The program cannot create the folder in Documents and Settings to store internal data,	Check the permissions on the folder mentioned in the error message and verify that the folder has read/write access.
[Some Path Here]	be ccess	To verify the permissions on a folder,
Please see your computer administrator to be		 Navigate to that folder using My Computer or Windows Explorer.
sure you can access this folder. Then		 Right-click the folder name and select Properties.
start Revenue Management again.		3. Select the Security tab.
		 Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.

	I	
Error creating the shared download folder! Path is: [Some Path Here]. Please see	The program cannot create required shared folders resulting in this error message.	Check the permissions on the root directory of the folder mentioned in the error message and verify that the folder has read/write access. This error can occur for the following shared folders:
your computer		\download
administrator to be sure you can access		\report
this folder. Then		\Custom Report
start Revenue		\Sent
Management again.		\Archive
		\Outbound
		\Immediate
		\ImmediateReport
		\Connection
		To verify the permissions on a folder,
		 Navigate to that folder using My Computer or Windows Explorer.
		 Right-click on the folder name and select Properties.
		3. Select the Security tab.
		 Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.

Error creating the practice download folder!	The system cannot create required practice folders because of incorrect permissions for the practice download folder.	Check the permissions on the root directory of the folder mentioned in the error message and verify that the folder has read/write access.
Path is: [Some Data Path] Please see		This error can occur for the following practice folders:
your computer		\download
administrator to be sure you can access		\report
this folder. Then		\Sent
start Revenue Management again.		\Archive
Management again.		\Outbound
		\Immediate
		\ImmediateReport
		To verify the permissions on a folder,
		 Navigate to that folder using My Computer or Windows Explorer.
		 Right-click on the folder name and select Properties.
		3. Select the Security tab.
		 Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.

Error opening Revenue	The program cannot open the required practice folders.	Verify that the folder mentioned in the error message has read permissions. To verify this,
Management DB List connection!		 Navigate to that folder using My Computer or Windows Explorer.
Path is: [Some Path Here] Please see your computer		 Right-click on the folder name and select Properties.
administrator to be		3. Select the Security tab.
sure you can access this folder.Then start		 Select the user in the Group or User Name box.
Revenue Management again.		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
		Verify that the Medisoft user has permissions for the database.
		Also, verify that the Advantage database has been installed (server or local).
		 If it is a server installation, navigate to Start, point to Advantage Database Server 10.0, and click Advantage Configuration. Verify that the server has been installed by reviewing the profile on the Installation tab. If the server is running, there will be a Stop Service button along with a label that identifies how long the server has been available.
		 For a local database installation, connect to the database.
		 Do this by starting Advantage Data Architect (navigate to Start, point to Advantage Database Server 10.0, and click Advantage Configuration.).
		 Open a connection using Connection > Create New Connection.
		 Use the Connection Path drop-down to locate the CMDBList.add file in your \[RM Data folder root].
		 If you have found the database using the Data Architect, then the database is installed. Use the next steps to test a connection, if needed.
		5. In the New Connection screen, set the server type to either Local or Remote. Use remote if you have a server set up.
		 Select OK. A login screen will appear. Use your Medisoft credentials to log in.

Error opening the Revenue	Revenue Management cannot create a connection to the CM4	Verify that the folder mentioned in the error message has read permissions. To verify this,
Management Database! Path is:	practice database.	 Navigate to that folder using My Computer or Windows Explorer.
[Some Data Path Here] Please see your computer		 Right-click on the folder name and select Properties.
administrator to be		3. Select the Security tab.
sure you can access this folder. Then start Revenue		 Select the user in the Group or User Name box.
Management again		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
		Verify that the Medisoft user has permissions for the database.
		Also, verify that the Advantage database has been installed (server or local).
		 If it is a server installation, navigate to Start, point to Advantage Database Server, and click Advantage Configuration. Verify that the server has been installed by reviewing the profile on the Installation tab. If the server is running, there will be a Stop Service button along with a label that identifies how long the server has been available.
		 For a local database installation, connect to the database.
		 Do this by starting Advantage Data Architect (navigate to navigate to Start, point to Advantage Database Server, and click Advantage Configuration).
		 Open a connection using Connection > Create New Connection.
		 Use the Connection Path drop-down to locate the CMDBList.add file in your \[RM Data folder root].
		 If you have found the database using the Data Architect, then the database is installed. Use the next steps to test a connection, if needed.
		5. In the New Connection screen, set the server type to either Local or Remote. Use remote if you have a server set up.
		 Select OK. A login screen will appear. Use your Medisoft credentials to log in.

Error opening the Revenue Management DB List! Path is: [Some Data Path] Please see your computer administrator to be sure you can access this folder. Then start Revenue Management again.	Revenue Management cannot create a connection to the CMDBList database.	Verify that the folder mentioned in the error message has read permissions. To verify this,
		 Navigate to that folder using My Computer or Windows Explorer.
		 Right-click on the folder name and select Properties.
		3. Select the Security tab.
		 Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
		Verify that the Medisoft user has permissions for the database.
		Also, verify that the Advantage database has been installed (server or local).
		 If it is a server installation, navigate to Start, point to Advantage Database Server, and click Advantage Configuration. Verify that the server has been installed by reviewing the profile on the Installation tab. If the server is running, there will be a Stop Service button along with a label that identifies how long the server has been available.
		• For a local database installation, connect to the database.
		 Do this by starting Advantage Data Architect (navigate to Start, point to Advantage Database Server, and click Advantage Configuration).
		 Open a connection using Connection > Create New Connection.
		 Use the Connection Path drop-down to locate the CMDBList.add file in your \[RM Data folder root].
		 If you have found the database using the Data Architect, then the database is installed. Use the next steps to test a connection, if needed.
		 In the New Connection screen, set the server type to either Local or Remote. Use remote if you have a server set up.
		 Select OK. A login screen will appear. Use your Medisoft credentials to log in.

[FileName] archive when the u	enerates an error r attempts to open ve of reports.Attempt to open the *.zip archive item outside of the Revenue Management application and check the error that is displayed, using Winzip or another program that extracts *.zip files. Correct any screens/pc issues that would prevent a file from being opened.
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Error rooding from	Povonuo Monogoment correct	Varify that the folder mentioned in the arrest	
Error reading from the Revenue	Revenue Management cannot read data from the CMDBList database and generates an error.	Verify that the folder mentioned in the error message has read permissions. To verify this,	
List! Path is: [Some erro		 Navigate to that folder using My Computer or Windows Explorer. 	
Path Here] Please see your computer administrator to be		 Right-click on the folder name and select Properties. 	
sure you can access		3. Select the Security tab.	
this folder. Then start Revenue Management again.		 Select the user in the Group or User Name box. 	
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply. 	
		Verify that the Medisoft user has permissions for the database.	
		Also, verify that the Advantage database has been installed (server or local).	
		 If it is a server installation, navigate to Start, point to Advantage Database Server, and click Advantage Configuration. Verify that the server has been installed by reviewing the profile on the Installation tab. If the server is running, there will be a Stop Service button along with a label that identifies how long the server has been available. 	
		• For a local database installation, connect to the database.	
		 Do this by starting Advantage Data Architect (navigate to Start, point to Advantage Database Server, and click Advantage Configuration). 	
		 Open a connection using Connection > Create New Connection. 	
			 Use the Connection Path drop-down to locate the CMDBList.add file in your \[RM Data folder root].
		 If you have found the database using the Data Architect, then the database is installed. Use the next steps to test a connection, if needed. 	
		5. In the New Connection screen, set the server type to either Local or Remote. Use remote if you have a server set up.	
		6. Select OK . A login screen will appear. Use your Medisoft credentials to log in.	

Error saving + [Error Message]	The user unsuccessfully tried to save the insurance list, insurance edits, or eligibility receivers.	Check permissions to make sure you have access to the folder. To verify the permissions on a folder,
		 Navigate to that folder using My Computer or Windows Explorer.
		2. Right-click on the folder name and select Properties .
		3. Select the Security tab.
		 Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
Error saving + [Some Unknown Error Message]	The user attempts to save an edited IG.	Review the error and determine if it can be corrected and re-save.
Error saving +[Some unknown Error]	The user is adding new rules to an IG and clicks Save,	Correct the error.
Error updating the interchange log! Contact Tech	A row cannot be inserted in InterChangeLog table.	Ensure that InterchangeLog table is in the RMData folder and has full read/write access. To verify the permissions on a folder,
Support.		 Navigate to that folder using My Computer or Windows Explorer.
		2. Right-click on the folder name and select Properties .
		3. Select the Security tab.
		 Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.

Error Upgrading	The user is upgrading the	Verify permissions for file folder access on the
Database:	CMDBList (shared) Revenue	Revenue Management server or pc.
	Management database and the system fails.	To verify the permissions on a folder,
	System lans.	 Navigate to that folder using My Computer or Windows Explorer.
		2. Right-click on the folder name and select Properties .
		3. Select the Security tab.
		 Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
Error Upgrading Database:	Real-time protection or scanning byanti-virus software	Turn off anti-virus software, anti-spyware software, and firewall software, and try again.
An unexpected internal failure occurred in the FileSystem component, or one of its descendants.	are main causes. Some anti- virus, anti-spyware, anti- malware, firewall, or other security software is preventing Revenue Management from applying the update on the contents in the RMData folder.	If necessary, reboot your computer to ensure that all aspects of security software are terminated.

Error version	Revenue Management has	Verify that the folder mentioned in the error
checking Revenue Management DB List! Path is: [Some	attempted to check the version of the database and cannot read the database file.	message has read permissions. To verify this,
		 Navigate to that folder using My Computer or Windows Explorer.
Path Here] Please see your computer administrator to be		 Right-click on the folder name and select Properties.
sure you can access		3. Select the Security tab.
this folder. Then start Revenue Management again.		 Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
		Verify that the Medisoft user has permissions for the database.
		Also, verify that the Advantage database has been installed (server or local).
		 If it is a server installation, navigate to Start, point to Advantage Database Server, and click Advantage Configuration. Verify that the server has been installed by reviewing the profile on the Installation tab. If the server is running, there will be a Stop Service button along with a label that identifies how long the server has been available.
		• For a local database installation, connect to the database.
		 Do this by starting Advantage Data Architect (navigate to navigate to Start, point to Advantage Database Server, and click Advantage Configuration).
		 Open a connection using Connection > Create New Connection.
		 Use the Connection Path drop-down to locate the CMDBList.add file in your \[RM Data folder root].
		 If you have found the database using the Data Architect, then the database is installed. Use the next steps to test a connection, if needed.
		5. In the New Connection screen, set the server type to either Local or Remote. Use remote if you have a server set up.
		6. Select OK . A login screen will appear. Use your Medisoft credentials to log in.

Errors occurred compiling the IG usage rules. Please compile in the IG Design Editor and correct the errors before using it to send claims	The usage rules are broken in the IG and the usage rules failed during the compilation process.	 On the Configure menu, click Implementation Guide. Locate the IG you are using to send claims and click the Design button (Blue Triangle). Correct the usage rule errors and re- compile the IG to success. Re-send the claim.
Exception Message: Invalid column name 'Insurance Type Code.'	The system is not updating the data.	 In Revenue Management, on the Configure menu, point to Insurance, and click Insurance List. Select the top row and hold down the Shift key, and select the bottom row. Enter 50 in the Maximum Transaction column. Press Enter, and click Save. Open the Insurance List again. Select the top row and hold down the Shift key, and select the bottom row. Enter 0 in the Maximum Transaction column. Press ENTER and Save. Try to send claims again.
Exception Message: Item has already been added. Key in dictionary: ' <longstringofnum bers>' Key being added: '<samelongstringo fNumbers'</samelongstringo </longstringofnum 	There are duplicates in the common rules.	 In Revenue Management, on the Configure menu, click Claim Edit Rules. Right-click in the Rule Set: drop-down list and choose Import. Navigate to the RCM folder, which is located in the Medisoft program folder directory. Select "Common Rules.RuleSet" and click Open. This new rule set should appear as "Copy of Common Rules" in the drop down list. In the Rule Set: drop-down list, delete all of the rules except "Copy of Common Rules" using the Delete Rule Set button. When "Copy of Common Rules" is the only rule left, select it and change the name to "Common Rules." Click Save. Close and re-open Revenue Management.

Exception Message: StartIndex cannot be less than zero Parameter name: startIndex.	Caused by the Registry having the wrong product or version number.	 From Windows, click Start and Run. Type regedit and press Enter. Navigate to HKEY_CURRENT_USER\Software\McKe sson\RevenueManagement_<version_nu mber>.</version_nu Check the registry strings PMSName and PMSVersion to make sure that the correct product and version that you are trying to use Revenue Management with are entered.
Execution errors detected! These must be corrected before the map can be used.	There are mapping errors in the IG that are detected when compiling the map for an IG.	The message will show a list of mapping errors. User will correct mapping errors and re- compile.
Execution errors detected! These must be corrected before the map can be used: + [List of errors goes here] + Execution Errors	There are mapping errors in the IG that are detected when compiling the map for an IG.	The message will show a list of mapping errors. User will correct the mapping errors and re-compile.
Facility Information is Not Populating on	The Send Facility On Claim checkbox is not checked.	 In Medisoft, on the Lists menu, point to Standard Lists, and click Facilities.
Claims.		2. In the Facility List, click the facility that is not populating on the claims and open the record.
		3. Click the Facilities IDs tab.
		4. Highlight and Edit the Facility ID.
		5. Select the Send Facility On Claim check box.
		6. Select the appropriate Facility ID Qualifier.
		7. Click OK.
		8. Click Save .
File has not been sent! Are you sure you wish to cancel without sending?	This confirmation message will appear when the user attempts to close the eligibility viewer without sending 270 eligibility files that have been processed.	Select Yes on the message to discard the eligibility file or No to return to the send process.
File has not been sent! Do you want to discard the file?	This confirmation message will appear when the user attempts to close the eligibility viewer without sending 270 eligibility files that have been processed.	Select Yes on the message to discard the eligibility file or No to return to the send process.

File transfer error	While transmitting files via FTP, a transmission error has occurred.	The specific error message(s) will display that caused the transmission failure. Contact the third party vendor or Support to resolve the error.
I've been trying to create the DBList at [Some Data Path]. Perhaps your network security settings or software is preventing this to complete. See your system administrator for assistance and then try again.	During the installation of Revenue Management, the database list could not be created.	 Verify permissions for file folder access on the Revenue Management server or pc. To verify the permissions on a folder, 1. Navigate to that folder using My Computer or Windows Explorer. 2. Right-click on the folder name and select Properties. 3. Select the Security tab. 4. Select the user in the Group or User Name box. 5. In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
I've been trying to create the DBList at [Some Data Path]. Perhaps your network security settings or software is preventing this to complete. See your system administrator for assistance and then try again.	When upgrading the CM4 (i.e., practice) Revenue Management database, an error occurred.	 Verify permissions for file folder access on the Revenue Management server or pc. If it is not a file folder access error, contact Support. To verify the permissions on a folder, 1. Navigate to that folder using My Computer or Windows Explorer. 2. Right-click on the folder name and select Properties. 3. Select the Security tab. 4. Select the user in the Group or User Name box. 5. In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.

	The CMDPI ist detabase servest	Varify that the folder mentioned in the error
I/O Error accessing the Revenue	The CMDBList database cannot be read due to a read failure.	Verify that the folder mentioned in the error message has read permissions. To verify this,
Management practice list at [Some Path Here].		 Navigate to that folder using My Computer or Windows Explorer.
This may be due to problems with your		 Right-click on the folder name and select Properties.
Windows user login,		3. Select the Security tab.
system, network, or server. Please see your system		 Select the user in the Group or User Name box.
administrator for assistance.		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
		Verify that the Medisoft user has permissions for the database.
		Also, verify that the Advantage database has been installed (server or local).
		 If it is a server installation, navigate to Start, point to Advantage Database Server, and click Advantage Configuration. Verify that the server has been installed by reviewing the profile on the Installation tab. If the server is running, there will be a Stop Service button along with a label that identifies how long the server has been available.
		 For a local database installation, connect to the database.
		 Do this by starting Advantage Data Architect (navigate to Start, point to Advantage Database Server, and click Advantage Configuration).
		 Open a connection using Connection > Create New Connection.
		 Use the Connection Path drop-down to locate the CMDBList.add file in your \[RM Data folder root].
		 If you have found the database using the Data Architect, then the database is installed. Use the next steps to test a connection, if needed.
		 In the New Connection screen, set the server type to either Local or Remote. Use remote if you have a server set up.
		 Select OK. A login screen will appear. Use your Medisoft credentials to log in.

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Login failed. Please	The user attempted to log in to	Use valid credentials to log in.
verify your user name and password.	Revenue Management with invalid credentials.	Also, verify that the user is launching Revenue Management from inside the Medisoft application.
Loop not found for segment	When editing the map for an IG, the system cannot find a loop that it is looking for.	Add the missing loop.
Map compiled and executed successfully!	When compiling the map for an IG, the compilation was successful.	Confirmation message, no action needed.
Medical Policy Edits have not been set! Claim edits will not run. Use the Claims	The Claims Editor has not been configured, so Revenue Management does not know how to analyze any claims for potential errors.	 On the Configure menu, click Preferences and click the Claims Editor tab.
		2. Follow the prompts on each screen.
Editor in preferences to set this up.		 Click the Finish and Save buttons at the end of the procedure.
Missing BPR segment! Please contact technical Support for assistance.	The Remit has been formatted improperly and cannot be posted properly.	Verify that the Remit is in the correct format and is not missing any required data. Correct the errors and recompile.
Multiple BPR segments in a single transaction set! Please contact technical Support for assistance.	The Remit has been formatted improperly and cannot be posted properly.	Verify that the Remit is in the correct format and is not missing any required data. Correct the errors and recompile.

No claims marked to send	 There can be several reasons for this message: No claims marked as "ready" status. No claims with electronic billing method/paper only. No EDI receiver assigned to the insurance carrier or claim. No checkmark in the Send? checkbox. 	 Ensure you have claims marked as "ready" as shown in the Status 1 column of the Claims/Billings screen. Ensure you have claims marked to be sent electronically and not by paper, as shown in the Billing Method column of the Claims/Billings screen. Ensure you have an EDI receiver configured and assigned to the insurance carrier you wish to send claims to. To check, on the Configure menu, point to Insurance, and click Insurance List, and look under the EDI Receiver columns for the insurance company. Manually put a checkmark in the Send? column box to tell Revenue Management which claims you want to send; or run Check Claims to have Revenue Management automatically put checkmarks in the box for you.
No claims to check	 No claims are in "ready" status. The user is trying to check secondary claims. 	 Ensure that you have claims marked as "ready", as shown in the Status column of the Claims/Billings screen. Do not attempt to check secondary claims. You can only use the Check Claims feature on Primary claims.
No codes defined. The practice options are set to use Revenue Management posting codes, but none are defined! Use Preferences to configure the posting codes or change the setting to use Insurance Posting Codes.	The option to use Insurance Posting Codes is disabled in preferences, but the user hasn't specified any posting codes in the Remit Options tab or the Assign Posting Codes tab.	 on the Configure menu, click Preferences and click the Revenue Management tab. Find the Remit Options tab near the bottom and select it. If you wish to use Insurance Posting Codes, enable the check box next to Use Default Posting Codes Only. (WARNING: eMDa DOES NOT recommend using this! Instead, define and use your own posting codes). Otherwise, click the Assign Posting Codes tab. For Medisoft users, eMDa recommends filling out codes 1, 2, 3, 42, 45, and A2. Number 1 is typically a deductible type code, 2 and 3 are typically comment type codes, and 42, 45, and A2
One or more rules have errors, please correct them before	The user is attempting to compile rules and the rules already have errors.	are insurance adjustment type codes. Correct the errors and recompile.

Orphan Loops!!!	The IG is about to be used to process claims or eligibility and the IG details are loaded containing orphaned loops.	Review the IG for completeness and correct or remove orphaned loops.
Padding is Invalid and Cannot be Removed	The computer system time is incorrect.	 Go to the clock/time indicator in the task bar. Double click to open the calendar and verify that the correct day and month are selected.
		 Also, verify that the time is correct. Once the date and time are correct, click Apply and close.
Parameter errors detected! These must be corrected before the usage rules can compile:	Parameter errors were detected when the user attempted to compile the usage rules of an IG.	The message will show a list of errors. Correct the errors and recompile.
Parameter errors detected! These must be corrected before the map can compile:	Parameter errors were detected when the user attempted to compile the mapping rules of an IG.	The message will show a list of errors. Correct the errors and recompile.
Please select a single IG in the screen first.	This warning message is generated when editing an IG and clicking the Copy button with no IG selected.	Select an IG in the list and then click the Copy button.
Please select a single rule in the screen first.	The system displays this warning message when the user attempts to copy IG rules and no item is selected in the screen.	Select an item in the rules screen and then click the Copy button.

Red X's in the Service Lines and show Unknown in	There are different codes for the same insurance carrier.	To resolve this issue you will need to make an ERA Match ID for the 2 different insurance codes. To do this:
the PST column when trying to post an ERA.		 On the Configure menu, point to Insurance, and click Insurance List.
		2. Highlight the insurance carriers that have the different codes.
		 Scroll to the right to find the ERA ID column.
		 In the ERA ID column for each carrier, enter a three character code.
		5. Click Save; and then Close.
		Now open the ERA again and the red x's are gone and the PST column has the correct payment type
Restore Error	The upgrade fails and the program attempts to restore data and it fails as well.	Manually extract the DatabaseBackup.zip file using Winzip or another program that will extract *.zip files to recover the database.
Revenue Management can only be started from inside Medisoft!	The encryption parameters fail when launching Revenue Management.	Re-start Revenue Management until the error message disappears. Make sure that you restart Revenue Management within Medisoft.
Rule saved in	The confirmation message appears when exporting a rule.	Confirmation message, no action needed.
Rule set saved in	The confirmation message appears when exporting a rule set.	Confirmation message, no action needed.
Save changes to the implementation guides?	This confirmation message appears when the user is about to save an edited IG.	Select Yes on the message to save changes or select No or Cancel to delete the changes made to the IG.
Save changes to the rules?	This confirmation message appears when adding new rules and clicking the Close screen icon.	Select Yes on the message to cancel changes or select No or Cancel to leave the editor open.
Script compile results:	This confirmation message appears when the user compiles an IG.	Displays results of the IG compilation. No action needed.
Select a loop first, then add a segment	The user has attempted to add a segment prior to adding a loop while editing an IG.	Add the loop before attempting to add a segment.
Select a loop first, then delete a segment.	When editing an IG and the Delete button is clicked but no loop has been selected, this message appears.	Select a loop and the click Delete .

Select a transaction set or choose Cancel!	The message will appear when the user clicks OK in the Transaction Set chooser but no transaction set has been selected.	Select a transaction set and then select OK .
Session set saved in	The user will receive this confirmation message when exporting a session.	No action needed.
Some IG items are invalid. Please correct them before saving.	The system has detected that some items in the IG are invalid and the user has tried to save the IG.	Correct the invalid portions of the IG and retry the save.
Start Index Cannot Be Less Than Zero.	The Registry does not have the correct PMSName (Practice	 Click on Start and Run (or Search for Windows Vista and Windows 7).
	Management System) and PMSVersion.	2. Type in Regedit and click OK or Search .
		 In the Registry click HKEY_CURRENT_USER > Software > McKesson > RevenueManagement_1711.
		 If the PMSName is incorrect, double click PMSName to open the field.
		Delete the information in the Value data field and enter Medisoft and click OK.
		6. Double click PMSVersion to open.
		Delete the information in the Value data field and enter 2011 and click OK.
		 Verify that the file paths for the Program Folder and Root Data Path are correct.
		Close the registry and open Revenue Management.
System tables can't be deleted.	The user has attempted to delete system tables for an IG Data Schema. This is not allowed.	No action needed.
System tables can't be edited.	The user has attempted to edit system tables for an IG Data Schema. This is not allowed.	No action needed.

Terminal Services Session Detected! You must be sure all users are disconnected and all sessions ended before running this process! Failure to do so WILL result in damage to your database. If you are unsure how to do this, contact your system administrator before proceeding with this operation. Click Yes to continue or click NO to cancel the operation.	A user has attempted to update the database but other users are using the database from a remote desktop or terminal server.	Ensure that no other users are using the Revenue Management database on a remote desktop machine or terminal server before proceeding with the update.
The [IG Name Here] IGuide is configured for the [Practice Name Here] practice / receiver. Saving the changes to the IGuide will change the way files are built and/or processed. Are you sure you want to save the changes?	The user has made changes to an IG that could affect another practice/receiver combination.	Select OK on the message to save changes or Cancel to leave the IG unchanged.
The [IG Name Here] IGuide is configured for the following practices and receivers:	The user has made changes to an IG that could affect another practice/receiver combination.	Displays when ONLY one other practice/ receiver combination will be affected. Select OK to save changes or Cancel to leave the IG unchanged.
The [IG Name Here] IG matches an existing IG and cannot be saved!	The system has detected the potential for a duplicate IG name.	Change the name of the IG and re-try the save.

The [Receiver Code Here] receiver does not have any transaction sets configured. Claims cannot be processed until a [IG Type] transaction set is configured.	The user has attempted to process claims using a receiver that does not have a transaction set configured for it.	 On the Process menu, click Change Practice. Highlight the practice you want to set up electronic claims for and click Configure. Run the connection wizard to set up electronic claims for your practice and a transaction set will automatically be assigned.
The [Some Receiver Name Goes Here] receiver does not have any eligibility transaction sets configured. Eligibility Requests cannot be processed until a eligibility transaction set is configured.	An eligibility request is made and the receiver has not been assigned a valid IG for Eligibility.	 On the Process menu, click Change Practice. Highlight the practice you want to set up eligibility for and click Configure. Run the connection wizard to set up eligibility for your practice and a transaction set will automatically be assigned.
The Claims have already been sent.	The user has attempted to remove claims from the claims viewer that have already been forwarded to the clearinghouse.	Select claims that do not have a Sent status.
The CM4 zip file is missing from the Revenue Management program folder! Please see your computer administrator to be sure you can access Revenue Management. Then start Revenue Management again.	The program cannot find the CM4.zip file. This file is used to update the main Revenue Management database.	 Verify that the file exists and that the folder mentioned in the error message has read permissions. To verify the permissions on a folder, 1. Navigate to that folder using My Computer or Windows Explorer. 2. Right-click on the folder name and select Properties. 3. Select the Security tab. 4. Select the user in the Group or User Name box. 5. In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.

The DBList zip file is missing from the Revenue Management program folder! Please see your computer administrator to be sure you can access Revenue	The program cannot find the DBList.zip file. This file is used to update the main Revenue Management database.	 Verify that the file exists and that the folder mentioned in the error message has read permissions. To verify the permissions on a folder, 1. Navigate to that folder using My Computer or Windows Explorer. 2. Right-click on the folder name and select Properties.
Management. Then start Revenue Management again.		 Select the Security tab. Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
The folder you selected contains [Some Message Here] You must select a different folder for the new Revenue Management database. If you need to convert from the previous version Cancel this wizard and choose Convert instead.	The system has detected that a user has attempted to create a new practice database for Revenue Management in the same folder as another previous release of Revenue Management.	Choose another folder to create the new practice.
The folder you selected contains a Revenue Management practice database. If you continue the existing database will be used and a new database will not be created. Click OK to use the existing database or click Cancel to select a different folder.	This warning message appears when creating a new practice database for Revenue Management and the selected folder contains files for the current release of Revenue Management.	Select OK on the message to overwrite the current practice's data or Cancel to leave data intact.

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The folder you selected is already used for another Revenue Management practice database and cannot be used for your new database. You must select a different folder for the new Revenue Management database. If you wish to configure an existing CM4 database Cancel this wizard and choose Configure instead.	The system has detected that a Revenue Management practice database already exists in the folder that the user has selected for a new database.	Choose another folder to create the new practice.

The following claims do not contain any service lines and therefore will not be sent!	 This message has several possible causes: The claim(s) the user is trying to send do not contain any service lines. Either the services/ transactions were deleted and never recreated on another claim or they were split and moved to another claim. 	Ensure the claim is void of any service lines and mark it as "done". This marks the claims as not billable and they will no longer show up in Revenue Management.
	 The claim(s) the user is trying to send do not contain service lines with a billable procedure/CPT code and most likely have "comment" or "note" codes instead. Comments or notes are used for internal purposes only and do not have a dollar amount that is billable to an insurance carrier. 	
	• The claim(s) the user is trying to send contain service lines billed in the amount of \$0.00. If there is a total of zero dollars charged on the claim, then there is nothing to bill and the claim cannot be sent.	
The following error occurred while copying files: + {Some Error Message]	The user is performing a major version upgrade and Revenue Management is copying files for later use, but the system detects the error displayed.	Re-try the upgrade. If the error continues, contact Support or your server administrator.
The following errors must be corrected before the rules can be compiled: + [List of rule errors]	The system has detected errors in the rules during compilation.	Correct rule errors and recompile.
The following errors must be corrected before the script can be compiled:	The system has detected errors while compiling the map for an IG.	The screen will show a list of errors. Correct the errors and recompile the map.

The following errors must be corrected before the script can be compiled: + [List of errors]	The system has detected errors in the usage rules.	The screen will show a list of usage errors. Correct the usage errors and recompile.
The following errors must be corrected before the script can be compiled: + [List of errors]	The user has attempted to send files to a 3 rd party vendor and the system has detected errors in the script.	Correct script errors and re-try file submission.
The following users appear to be using Revenue Management databases: + [Some List of Users] + Please be sure everyone has closed the program.	A user is updating the Revenue Management database but other users are using Revenue Management as well.	Ensure that no other users are using the Revenue Management database before proceeding with the update.

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The IG did not compile due to mapping errors. Go into the Implementation Guide map and compile the IG and fix any mapping errors.	 One of four possible causes. Each cause in this column corresponds to the same number solution in the column to the right: The IG being used to send claims or eligibility requests with has errors in the mapping section. The IG being using to send claims or eligibility requests with has errors in the design section. The wrong IG is being used to send claims or eligibility requests with. The IG requires a smart screen to function and the smart screen has not been imported into Medisoft yet. 	 On the Configure menu, click Implementation Guides. Find the IG you are using to send claims or eligibility requests with and click Mapping (Three colored arrows). Click Compile near the top of the screen and wait to see if the IG compiles successfully. If it doesn't, it will give you the loop, segment, and element that it is having trouble compiling. Find that loop, segment, and element and fix the mapping. On the Configure menu, click Implementation Guides. Find the IG you are using to send claims or eligibility requests with and click Design (Blue triangle). Drag the middle divider to the right side. Click Compile near the top of the screen and wait to see if the IG compiles successfully. If it doesn't, it will give you the loop, segment, and element that it is having trouble compiling. Find that loop, segment, and element and fix the mapping. On the Configure menu, click Receiver. Find the receiver you are using to send claims or eligibility requests with and click the cell under the Transaction Set column. Verify which IGuide is being used on that transaction set. If you are trying to send claims in Medisoft, use the "837P Medisoft 2011 Claims Standard" IGuide. If you are trying to send eligibility requests in Medisoft, then use the "270 Medisoft 2011 Eligibility Change Healthcare" IGuide. On the Configure menu, click Smart Screens. Click Import and browse to the Medisoft 2011/Bin/RCM folder on your computer. In the RCM folder, find the smart screen file you wish to use to send claims with, select it, and click Open. Different IGs work with different smart screens.

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The IG map did not compile due to	The IG maps are broken in the IG and the maps failed during the compilation process.	 On the Configure menu, click Implementation Guide.
errors. Please compile in the IG Map Editor and correct the errors		 Locate the IG you are using to send claims and click the Maps button (three colored arrows).
before using it to process claims		 Correct the mapping errors, recompile the IG to success, and then resend the claim.
The IG usage rules did not compile due	The usage rules are broken in the IG and the usage rules can not be created at all.	 On the Configure menu, click Implementation Guide.
to errors. Please compile in the IG Design Editor and correct the errors		 Locate the IG you are using to send claims and click the Design button (Blue triangle).
before using it to send claims		 Correct the usage rule errors, recompile the IG to success, and then resend the claim.
missing from the Revenue	The program cannot find the MCD.zip file. This file is used to update the main Revenue Management database.	Verify that the file exists and that the folder mentioned in the error message has read permissions. To verify the permissions on a folder,
		 Navigate to that folder using My Computer or Windows Explorer.
		 Right-click on the folder name and select Properties.
Revenue		3. Select the Security tab.
Management. Then start Revenue Management again.		 Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.

The practice options are set to use Revenue Management posting codes, but none are defined! Use Preferences to configure the posting codes, or change the setting to use Insurance Posting Codes. Click OK to continue without posting codes or click Cancel to close this remit without posting.	No posting codes are configured for Remit posting.	 Disable the Use Default Posting Codes Only option in Preferences. Set up and assign your posting codes in the Assign Posting Codes tab of Revenue Management Preferences. OR- Enable the Use Default Posting Codes Only option in Preferences. Set up and assign your posting codes on the insurance carrier in Medisoft.
The receiver does not have any claims transaction sets configured! Go to the Receivers editor to set up a transaction set.	The EDI receiver being user to send electronic claims is not configured to send electronic claims.	 On the Process menu, click Change Practice. At the Practice List screen, highlight the practice you want to send electronic claims with and click Configure. This action opens the Connection Wizard. Go through the connection wizard step-by- step and select the EDI receiver you wish to send electronic claims with.
The receiver does not have any eligibility transaction sets configured! Go to the Receivers editor to set up a transaction set.	 The EDI receiver is not configured to send electronic eligibility requests in Revenue Management. The EDI receiver is not assigned to the insurance carrier(s). 	 On the Process menu, click Change Practice. At the Practice List screen, highlight the practice you want to send electronic eligibility requests with and click the Configure button. This action opens the Connection Wizard. Go through the connection wizard step-by-step and select the EDI receiver you wish to send electronic eligibility requests with. On the Configure menu, point to Insurance, and click Eligibility Receivers. Highlight one or more insurance carriers in the screen that you want to verify patient eligibility for and assign the EDI receiver you configured earlier for eligibility.
The requests have already been sent and can no longer be changed.	A user attempts to remove 270 files from the eligibility viewer that have already been forwarded to the clearinghouse.	Select eligibility files that do not have a Sent status.

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The Revenue Management DB List must be upgraded to work with this version of Revenue Management. Please be sure no other users open Revenue Management while the upgrade is running. Click OK to continue or Cancel to exit and run the upgrade later.	The user will receive this notification message whenever they have downloaded a new version of Revenue Management.	Select OK on the message to continue updating the database or Cancel to abort the database update.
The Revenue Management DB List is for a newer version You must upgrade your Revenue Management software to use this DB List. Click Start - > Programs -> Revenue Management -> Check For Updates to see if a Revenue Management update is available.	The user's Revenue Management executable and database are not synchronized.	Go to Check for updates and get the latest version of Revenue Management. To do so, Select Start, point to Programs , point to Revenue Management , and click Check for Updates . Follow the steps of the wizard.
The system could not find any files to copy. This may be due to a problem with your Windows Registry settings. Would you like to continue with the version upgrade?	The user is performing a major version upgrade and Revenue Management is copying files for later use. However, the system could not find any files to copy.	Verify the Root Data Path in the Revenue Management registry entry.

The updated policy edits database is effective [Some Date] and should only be installed when you are ready to process claims for services on or after that date. Do you want to install it now? Please be sure no other users are processing edits before clicking Yes!	Newer claims edits have been downloaded but not installed.	Select Yes on the message to install the updates or select No to install on a future date.
There was a problem saving the last practice in the Windows registry. Revenue Management will operate but it will not remember the last practice opened Windows Registry Write Failed	Revenue Management failed to set the last practice entry in the registry.	Change the computer permissions so that Revenue Management can update the registry, or manually update the registry.
There was a problem saving the practice list location in the Windows registry. Revenue Management will operate but you will have to manually locate the practice list each time Revenue Management opens.	Revenue Management failed to set the root data path in the registry.	Change the computer permissions so that Revenue Management can update the registry, or manually update the registry.
There was a problem saving the update date in the Windows registry. Revenue Management will operate but it will check for an update again the next time it is opened.	In the registry, Revenue Management failed to set one of the following entries: • ExpirationWarning • lastUpdateCheck • lastRegCheck	Change the computer permissions so that Revenue Management can update the registry, or manually update the registry.

This Revenue Management DBList is for a newer version. You must upgrade your Revenue Management software to use this DBList. This is followed by a second error about connecting to the database.	Caused when the user downloads and installs a Revenue Management update to one computer but does not update other computers in the office that also have Revenue Management on them.	 Update Revenue Management on all machines that use it. 1. Click Start, point to Programs, point to Revenue Management, and click Check for Updates. 2. Follow the screens for each computer.
Unable to add a segment at this time.	The user is editing an IG and attempting to add a segment prior to adding a loop.	Select a segment and then add the segment. If this fails, contact Support with the details.
Unable to add a sub-element at this time.	The user is editing an IG and attempting to add a sub - element and an error occurs.	Retry to add the sub-element. If this fails, contact Support with the details.
Unable to add an element at this time.	Occurs when editing an IG and attempting to add an element and an error occurs.	retry to add the element. If this fails, contact Support with the details.
Unable to connect to the coverage	The user is setting up Claims Edit preferences and the system cannot connect to the database.	Check database permissions and verify that the MCD database exists.
database. Contractor list		 To verify the MCD database exists, navigate to the \[RM Data DIR]\.
cannot be loaded! Contact your reseller for assistance.		 Make sure that the \CM4.MCDdirectory exists. Furthermore, there will be numerous *.adi and *.adm files in the directory.
		To verify the permissions on a folder,
		 Navigate to that folder using My Computer or Windows Explorer.
		 Right-click on the folder name and select Properties.
		3. Select the Security tab.
		 Select the user in the Group or User Name box.
	 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply. 	

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Unable to connect to the coverage database. State list cannot be loaded! Contact your reseller for assistance.	The user is updating state settings for claims editing and the system cannot connect to the coverage database.	Check database permissions and verify that the MCD database exists.
		 To verify the MCD database exists, navigate to the \[RM Data DIR]\.
		 Make sure that the \CM4.MCDdirectory exists. Furthermore, there will be numerous *.adi and *.adm files in the directory.
Unable to create practice report folder!	The system cannot un-archive reports.	Verify permissions for file folder access on the Revenue Management server or pc. If it is not a file folder access error, contact Support. To verify the permissions on a folder,
		 Navigate to that folder using My Computer or Windows Explorer.
		 Right-click on the folder name and select Properties.
		3. Select the Security tab.
		 Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
Unable to delete a segment at this time.	The user is editing an IG and an attempt to delete a segment fails.	Retry to delete the segment.
Unable to delete a sub-element at this time.	The user is editing an IG and an attempt to delete a sub-element fails.	Retry to delete the sub-element.
Unable to delete an element at this time.	The user is editing an IG and an attempt to delete an element fails.	Retry to delete the element. If this fails, contact Support with the details.

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Unable to launch the installer! Please contact Tech Support.	The user attempts to install newer claims edits and the system is unable to launch the installer.	Verify that the InstallEditUpdate.exe file exists and file folder permissions. Retry the installation. If there are still issues, contact Support. To verify the permissions on a folder,
		 Navigate to that folder using My Computer or Windows Explorer.
		 Right-click on the folder name and select Properties.
		3. Select the Security tab.
		 Select the user in the Group or User Name box.
		 In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
Unable to load receiver [Some Receiver Name]. Please contact technical Support.	The system cannot load the details of the receiver.	Verify that the receiver selected matches the selected insurance ANSI file. If not, then choose another receiver or add a new receiver with the selected receiver code name.
Unable to load the insurance [Some Insurance Code]. Please contact Technical Support.	The system cannot find the insurance code for the carrier.	Verify that the insurance code exists. If not, add the insurance code.
Unable to locate the interchange for this response!	The user is attempting to view an ANSI report and there is not an entry in the InterchangeLog table for the report.	If you can find the report data from the original file sent to the clearinghouse, manually recreate the log entry in the InterchangeLog table. You will need to find the original file in the shared \Sent folder to add the entry correctly. Otherwise, ignore the message and view the report.
Unable to locate the Revenue Management Medical Edits database [Some Data Path\CM4.MCD]. This may be due to problems with your system, network, or server. Please see your system administrator for assistance.	During the upgrade of the MCD (i.e. Claims Edits) Revenue Management database, the system cannot locate the database.	 Open the RMData folder and ensure it has these two folders in it: CM4.MCD and MCD.Update. If the folders exist, contact Tech Support. If the folders do not exist, create them manually. After the two folders are created, browse to the RCM folder and extract the contents of MCD.zip into each of the newly created folders.

Unable to open file exclusively. Someone else may be using it.	The user attempts to access a locked file.	Unlock the file in question by closing any programs that may be accessing it.
Unable to Post ERA + The Insurance's Default Posting Code for + [Some Error Message] are not setup. Please set them in the option tab at the Remit Posting Options tab under Preferences> Revenue Management	One of the required posting codes is not configured.	 Configure the missing code as identified in the error message. 1. On the Configure menu, click Preferences. 2. Select the Revenue Management tab and then the Remit Posting Options tab. 3. Set up the codes here.
Unable to unpack the Xchg for posting! Please contact your technical Support for assistance.	The Remit cannot be parsed properly because it is not in the proper format and cannot be read correctly.	Verify that the Remit is in the correct format and is not missing any required data. Correct the file or request another and retry posting. Contact Support if it is still an issue.
Usage scripts compiled and executed successfully!	This confirmation message appears when the scripts have successfully compiled.	No action needed.
Warnings detected! These should be checked before using the IG for production transactions: + [List of warnings goes here] Warnings	The system detected a potential problem with the IG.	Alerts the user of warnings. You will review warnings and make sure that the current IG state is suitable for production usage.
You are still connected to the server. Do you wish to close the connection and exit the application?	The user is closing the FTP client form and this confirmation message appears.	Select Yes on the message to close the form or No to leave the form displayed.

You do not have permission to access the Revenue Management practice list [Some Path Here] This may be due to problems with your Windows user login, system, network, or server. Please see your system administrator for assistance.	The user has attempted to access the practice but does not have sufficient permission.	 Verify database permission for the current user or log in with another user that has appropriate permissions for the database. To verify the permissions on a folder, 1. Navigate to that folder using My Computer or Windows Explorer. 2. Right-click on the folder name and select Properties. 3. Select the Security tab. 4. Select the user in the Group or User Name box. 5. In the Permissions for users box, verify that the proper permissions are selected. If not, select them and click Apply.
You don't have permissions for this action!	The user attempts to access a feature in Revenue Management without appropriate permissions.	Re-login to Revenue Management with valid credentials for the operation.
You have reports that are due to be archived. Would you like to archive them now? NOTE: Please be sure the Claim Manager Report Processor is closed on all workstations before you click OK!	The program detects that there are reports to be archived.	Select OK to archive reports or Cancel to bypass archiving.
You must first create or select a rule set and a rule before you can add a condition!	The system has detected that the user is attempting to add a condition to a rule or rule set without selecting a rule or rule set.	Select a rule set and a rule and then add the condition.
You must first create or select a rule set and a rule before you can add a group!	The user has not created or selected a rule set before attempting to modify a group in the Claim Edit rules.	Select a rule set and a rule and then add the croup.
You must save your changes before sending claims!	A change was made to one or more claims and changes must be saved in Revenue Management before claims can be sent.	Click the Save button (The green checkmark) near the top of the screen to save any changes or click the Cancel button (Red "X") to discard any changes.
You must select an item from the list to Add!	When adding a new IG, the user has not selected an IG type before selecting OK.	Select an IG type and click OK .

You must select both payment codes or choose to use the codes from the screen!	The system has detected that posting codes have not been selected prior to the user attempting to post a Remit.	Make a selection in order to continue posting the Remit.
Your database has been restored to its original state before the upgrade attempt. Please try the upgrade again at a later time. If you continue to have problems, please contact Support.	The confirmation message will appear when the user has aborted a Revenue Management major version upgrade and the database restore (a part of the abort process) was successful.	No action needed.

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