



To: All WRS Users
 From: WRS Development Team
 Date: 05/13/2011
 Re: System Update to Waiting Room Solutions

The WRS Development Team will be performing a software update to the Waiting Room Solutions System on or about May 13, 2011. This release will include the following items:

Clearinghouse Reports

New functionality has been added to the Reports Module. Data from the clearinghouse is now presented under **Billing>Reports>Clearinghouse Reports**. First and second level claim information, with payer response, is shown:

Please note that this report is currently available only for clients using Gateway EDI.

Claim #	Insurance	Date of Service	Charge	Provider	Comments
800269	UNITED HEALTHCARE THE EMPIRE PLAN	03/23/2011	\$175.00	PARISER, BARRY	A remittance advice was received for this claim.
800069	UNITED HEALTHCARE THE EMPIRE PLAN	03/23/2011	\$283.02	PARISER, BARRY	A remittance advice was received for this claim.
787364	WELLCARE OF NY	03/16/2011	\$150.00	PARISER, BARRY	Acknowledgement/Receipt The Claim/Encounter f
789160	UNITED HEALTHCARE	03/16/2011	\$625.00	PARISER, BARRY	A remittance advice was received for this claim.
787444	UNITED HEALTHCARE THE EMPIRE PLAN	03/16/2011	\$175.00	PARISER, BARRY	A remittance advice was received for this claim.
787292	UNITED HEALTHCARE THE EMPIRE PLAN	03/16/2011	\$175.00	PARISER, BARRY	A remittance advice was received for this claim.
804760	UNITED HEALTHCARE THE EMPIRE PLAN	03/24/2011	\$250.00	WEST, GERALD	

Figure 1: Billing>Reports>Clearinghouse Reports

Clicking on the Claim # within this report will open the claim for review and/or re-billing:

Claim #	Insurance
800269	UNITED HEALTHCARE THE EMPIRE PLAN
800069	UNITED HEALTHCARE THE EMPIRE PLAN
787364	WELLCARE OF NY
789160	UNITED HEALTHCARE
787444	UNITED HEALTHCARE THE EMPIRE PLAN
787292	UNITED HEALTHCARE THE EMPIRE PLAN
804760	UNITED HEALTHCARE THE EMPIRE PLAN

Figure 2: Billing>Reports>Clearinghouse Reports>Claim Link

Two status levels have been added to **Billing>View Claims**. Claim History now includes three additional status levels: “Received by Clearinghouse,” “Received by Clearinghouse with Errors” and “Rejected by Clearinghouse.” This information is presented in order to inform users that a claim has been received by the clearinghouse and its submission status.

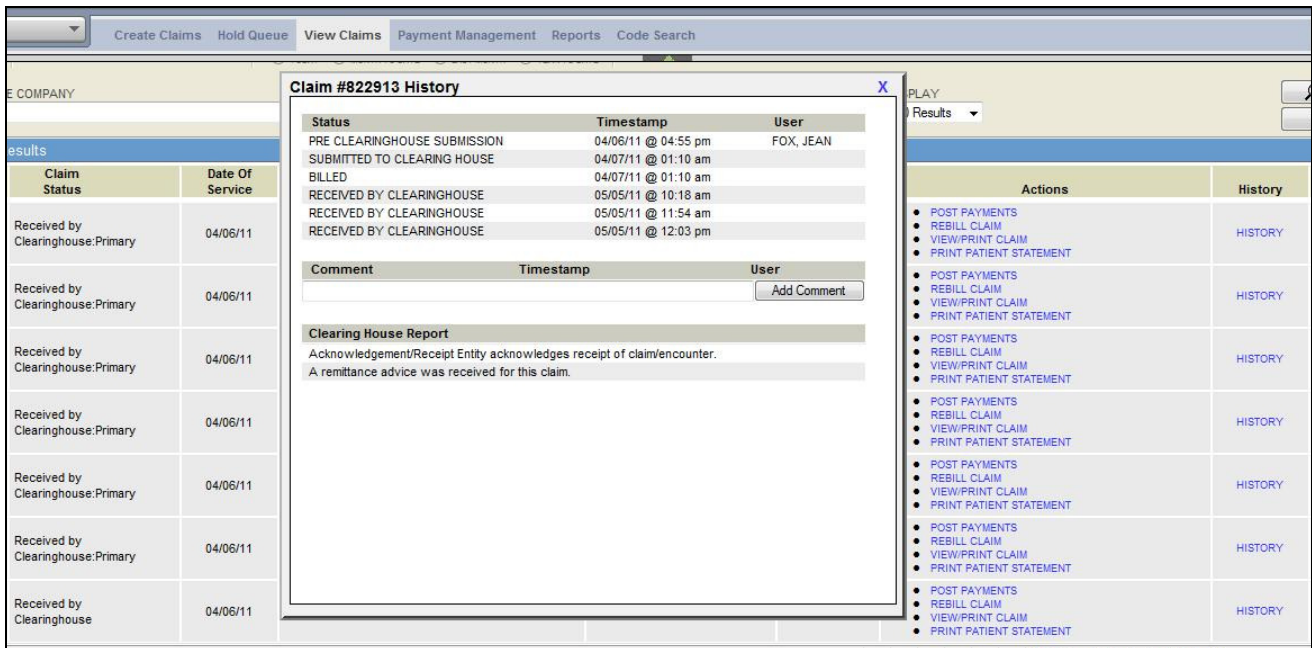


Figure 3: Billing>View Claims>History (First Level Claims Reporting)

Second level claim information is also shown under **Billing>Reports>Clearing House Report**. Comments received from the clearinghouse are presented under the Comments Column. Rejections appear in pink.

814019	New York Blue Cross Blue Shield - Empire BC/BS	03/31/2011	\$325.00	WEST, GERALD	
814022	New York Blue Cross Blue Shield - Empire BC/BS	03/31/2011	\$725.00	WEST, GERALD	
814027	MVP Health Plan (Mohawk Valley)	03/31/2011	\$600.00	WEST, GERALD	Subscriber and subscriber id mismatched..
813409	GHI NY - GROUP HEALTH INC	03/29/2011	\$325.00	GORDON, LAWRENCE	

Figure 4: Billing>Reports>Clearinghouse Reports> Comment & Rejection Information (Pink)

Today's Appointments Self Pay Eligibility

Functionally has been added to identify patients entered as Self-Pay for Eligibility Checking. Patients who have been entered as Self-Pay under **Patient Management>Insurance** will be identified with a brown “E” in the Today's Appt List:

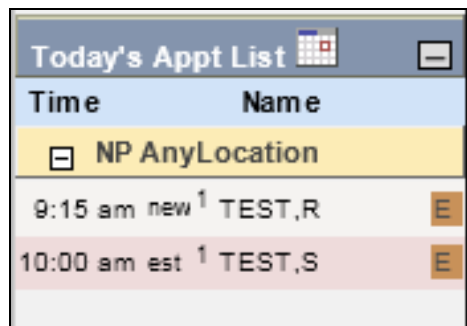


Figure 5: Today's Appt List>Auto Eligibility>Self Pay