Helper 7.3 Hold Script

Due to our increased call volume, we want to provide you with some information that will be more beneficial for you to obtain prior to calling for assistance. The information that you will hear following this introduction may also answer your question or provide guidance for your problem and therefore eliminate the need for you to continue holding for a representative. We also encourage you to visit our website at www.helper.com/support to obtain the 7.3.0 and 7.3.2 releases notes as well as other supporting documentation related to version 7.3.

The following are topics that we have received a large number of calls regarding:

If you are having trouble upgrading to version 7.3 and are using a CD, we suggest that you go to our website and download version 7.3.2.

If you are currently using version 7.3.0, we recommend that you upgrade as soon as possible to 7.3.2 The 7 3 2 upgrade can be downloaded from our web site. If you require a CD, please contact sales at 800-343-5737 or email sales@helper.com

NPI numbers – We are not able provide you with this number. You have to apply for it. Information regarding NPI numbers and how to apply can be found on the CMS Web site at http://www.cms.hhs.gov/. However, with Helper 7.3 we now support Facility or group NPI along with the Provider's NPI. These must be entered on the Claim Settings screen in the facility library. If you just have one, you can enter this as the default and therefore do not have to enter for each insurance company.

Legacy Provider IDs – This refers to the IDs that you have been using prior to NPI. These are now referred to as secondary IDs and require Qualifiers to be associated with the IDs. We cannot tell you what Qualifiers are required by the insurance companies – that HAS to come from them. However, by looking at the lists provided in Helper, many of them may be obvious based on the description.

Upon completing the upgrade and prior to sending claims, you must go in and make sure that your existing IDs have the correct Qualifier associated as many of those convert with the Provider Commercial Number (G2) which would not be the correct Qualifier, for example, (1B) for Blue Cross Blue Shield or (1C) for Medicare .

The **State License Number** is now located on the Claim Settings screen under the Secondary IDs heading. This number cannot be overridden by an Insurance company, just the provider and location. If you have a payer that wants this to be unique, you should question the exact qualifier that they want as this should not be a number unique to a payer since it is supplied by the State.

ANSI 837 Loops – We cannot tell you specifically what IDs are required in each loop. This has to come from the insurance company. The most commonly used loops are the Billing (2010AA) and Rendering (2310B) and in general correlate to Group and Individual when talked about as the old legacy provider IDs. However, we have had some payers state they want more specific information. You are able to select more than one Secondary ID in ANSI. However, for any Qualifier that you select for a loop you must have that same Qualifier and ID entered in the Claim Settings under Secondary IDs.

Taxonomy Codes – These are now required and have taken the place of the Specialty Codes. We strongly recommend that when you enter in your taxonomy code(s) that you check the default on the most commonly used one. This is not a number that we can provide for you and is the one that you should have used when applying for your NPI.

For our **SecureConnect** users, you may have noticed an issue after upgrading to SecureConnect version 5.0.5 with the Insured's name displaying in the Patient Name field when looking at your claims. We want to assure you that this is truly just a display issue and has already been addressed in the next release of SecureConnect. Again, this is strictly just a display issue within the SecureConnect application and your claims are correctly structured for the patient and insured information.

Claim Edits/Validations now come from SecureConnect. If you are using SecureConnect and not getting the validation edit screen displayed when sending claims, make sure that you have this option selected within SecureConnect . It is located at the bottom of the general tab in the application settings screen.

When **Printing Claims** for the first time after upgrading, we suggest you try and print one claim to check the alignment, especially if using the new 1500 claim form. When you upgrade from an older version of Helper, these margins are most likely setup for an older version of the program and therefore need updating. Please also keep in mind that claims are traditionally still processed as long as they are lined up close and not always perfect. While these settings will vary based on the printer you are using, we do suggest the following margin settings as a starting place...

Top Margin - .50

Bottom Margin - .50

Left Margin - .41

Right Margin - .50

These following topics are more general in nature to the version 7.3 release. Again, please see the 7.3.0 and 7.3.2 release notes and other supporting documentation on our website for more detailed information.. These documents can be found at www.helper.com/support

As you are aware, the NPI or (National Provider ID) mandate goes into effect on May 23, 2007. At that time, all claims are required to include this new ID (or IDs, depending on your practice). You should contact your payers to determine how many NPIs you may need for your practice and if you need additional or secondary IDs on your claims. Secondary IDs are also referred to as Legacy IDs and correlate to the Group and Individual IDs used prior to NPI.

Helper Software Release 7.3 includes new features to support NPI. We have made significant changes to the Provider IDs in the Insurance Companies and Provider or Therapist libraries to support NPI:

- We changed the name of the *Provider IDs* tab to *Claim Settings.*
- We added a *Claim Settings* screen to the *Facilities and Referring Providers* Libraries.
- The Insurance Companies Library now has a *Provider Claims Settings* screen for entering IDs at this level and a *Claim Settings* screen where you determine what information outputs for each payer.
- We have maintained the same basic Windows tree view format where you can click on the plus (+) sign next to the ID that you need to add or edit.

Another reason for all of these changes is that we need to support qualifiers for your IDs. For every secondary ID that you enter, you will select from the appropriate list of qualifiers to attach to the ID. You also now have the ability to determine which ID goes to which insurance payer when you set up the Claim Settings in the Insurance Companies Library.

Important Note - Prior to upgrading to Helper 7.3 you must print and submit all outstanding claims. When you upgrade to Helper 7.3, we will convert your existing Provider IDs but you need to review them to make sure they are all in the proper fields and associate them with the correct qualifiers. In addition, any new NPIs need to be added prior to generating and printing claims for the first time following the upgrade.

In the **Therapist/Provider Library** there is a new *Taxonomy* Code label on the Claim Settings tab. This is a required field for electronic claims, so we suggest that you have at least one entered for each provider in the library and set a default. You can enter multiple Taxonomy codes and should mark one code as the default for new Encounters/Sessions.

We added two fields: the first field is the Billing Entity Type for box 25 and box 33 on the 1500 Claim Form and the ANSI 837, 2010AA loop form

the second field is the Rendering Entity Type for Box 31 on the 1500 Claim Form and ANSI 837, 2310B loop form.

We recommend that you set a default for how you bill most of your claims whether person or non-person facility for both Entity Types. Simply click on the field and Edit to set the default. If you select non-person then you can select the facility that you want to Bill as. This should be set to your most common billing practice then you only need to add overrides by insurance to this default setting by clicking Add and filling in the information for those that need to be different.

You can now add multiple secondary IDs for each provider based on multiple qualifiers. The IDs are listed underneath the Secondary IDs label. This is also where all of your current Provider IDs will have converted. All Secondary IDs must have a Qualifier attached. Again, the default will display and to modify click Edit. To create overrides by insurance click Add.

We have added the *Claim Settings* tab to the **Referring Physicians Library** to accommodate the NPI numbers and secondary IDs.

This **Facility library** is used for populating the Billing information when the Provider/Therapist Billing Entity Type is set to *non-person* and for Services Rendered At for *ANSI 837, Loop 2310D* and 1500 *Claim Form box 32.* Services Rendered at is a field located on the encounter or session screen. The *Facility Type* on the Facilities Library General tab for all existing facilities defaults to *77 - Service Location.* Use the Claim Settings screen to enter any applicable IDs for the facility (or group) level.

In the **Insurance Company library** on the Billing tab, we have added a *Claim Filing Indicator* field. This is required for electronic claims and will default for new Insurance Companies added as *CI – Commercial Insurance Co.*; you will need to change this for other plans, like BL for Blue Cross, MB for Medicare Part B, etc. However, during the transfer this will update to match the Source of Payment.

The *Claim Options* tab in the Insurance Companies Library handles both old and new Claim Forms – the new 1500 Claim Form (08/05) and the old HCFA 1500 Claim Form (12/90) – as well as the ANSI 837. These pull the data from the Claim Settings screen(s). Therefore, if you've selected an ID here that is not outputting, then you need to make sure that you have entered a *Secondary* ID with the same *Qualifier* on the correct Claim Settings screen.

On the **Encounter/Session** screen we have updated all of the claim labels to relate to the new 1500 Claim Form. Also, much of the information that is generated on an electronic claim pulls from this screen, so when correcting a claim error, you may find it much easier to start at this level and then go up to the libraries to make the correction. This of course is based on the type of error you get but in many cases by looking at the session/encounter you may easily see exactly where the data is missing or incorrect. You are also now able to attach or change a Supervising therapist/provider at this level

We have added a *Change the Writeoff* button at the bottom of the **Payment Tracking** screen giving you the ability to change the writeoff amount on the Payment Tracking screen when applying payments. The New Writeoff value displays the difference between the Owed by this party value and the Amount applied value plus the previous writeoff amount. This is the maximum writeoff amount that you can enter from this screen. Of course, you can change the amount in the New Writeoff field to any lower amount that you may want.

In the **Billing** Ledger, the options for boxes 25 and 33 in the Claim Form layout screen have been removed. We now use the settings from the *Billing Entity* type on the Provider Library | Claim Settings tab. When this option is set to a *person*, the *Tax ID/SSN* on the Providers Library | Claim Settings tab is used for box 25 and the provider is used for box 33. When this option is set to a *non-person*, the *Tax ID* on the Facilities | Claim Settings tab is used for box 25 and the facility is used for box 33. Claims no longer print specifically for Providers or Clinics now, that information is printed out strictly on the Claim Settings and Claim Options setup in the Insurance Company library.

For **Bills** we have added a billing selection criteria option to exclude bills for billable parties who have had a bill printed with a procedure on or after a specified date. This does not look at when a bill was printed. If you print a bill today and the bill does not include any procedures from this month and then print another bill saying to exclude anyone who has had a billed procedure in this month, you will get a duplicate of that bill. This billing option allows you to hand a patient a bill when they come in and then exclude them from your normal monthly billing cycle. This is located on the Billing tab of Select Groups of the Patient screen when printing Bills.

We have made a number of changes and corrections to the Helper software program, so please make sure that you have read through both the 7.3.0 and 7.3.2 release notes available on the website prior to calling technical support. We have also added a document to help you setup your legacy ID for payers who are not fully accepting the NPI yet. Check back periodically to the website and VMCampus for additional documentation and training videos related to the 7.3 release.