FOLLOW-UP

The Follow-up menu in SequelMed provides an automated and paperless means to perform insurance and patient collections. By having one centralized area of all outstanding claims, one can instantly determine how much is outstanding, for how long it has been outstanding and the reason why. Follow-up begins with the set up of the Profiles.

HOW TO SET UP PROFILES IN THE FOLLOW-UP MENU

A. **Call Center Call Type**
   The follow-up call center supports the tracking of calls made through the Follow-up and collection efforts. The calls can be accurately tracked by the Call Type assigned.

Field	Description
Call Type	This field represents the user defined short-name of who is being called (i.e. insurance carrier, patient). Required field.
Log Patient Msg	This field will allow for all call to be documented in patient messages and can be displayed on the patient's ledger.
Comments	This field is an optional field but can be used to give a full description of the Call Type.

To create call types you must:

1. Select the Follow-Up menu and move the blue toolbar to the Profile option allowing you to click on Call Center Call Type. This will bring you to the Follow-Up Call Center Call Type Find window.
2. Hit the New button. This will bring you to the Follow-up Call Center Call Type window.
3. Enter the call type short name.
4. Log Patient Msg. (**optional**) - This field should be checked **YES** if you want all calls with this Call Type to be documented in patient messages.
5. Enter any comments or define the description of the Call Type.
6. Hit the Save button.
7. If entering additional call types you can hit the New button in this window. If not hit the Exit button, which will take you back to the Follow-up Call Center Call Type Find window. Hit the Find button and all of the call types you created will now be displayed in the Found data.

B. **Predefined Filters**
   This menu will display the Filters created in the Follow-up bucket. (See Filter under field and description in the Plan/Patient Follow-Up bucket section)

Field	Description
Name	This field will display the short name assigned to the filter.
Filter Script	This field will display the filter you created by linking the function to the column in the Filter window located in the Plan/Patient Follow-Up menu. You can also make changes to a created filter script from this menu.
Access	This field will display who will have access to the pre-defined filter. The user who created it or All (everyone).
Entry Date	This field will display the date and time the pre-defined filters was created.
Entered By	This field will display the User Name of the person who created the pre-

	defined filter.

C. **Type**
Follow-up Type is created to be assigned to a Reason and/or Action. It further describes the type of follow-up required (i.e. insurance, patient, provider).

Field	Description
Type	This field represents the short name of the follow-up type. (Required field)
Description	This field further defines the follow-up type.

To create Type(s) you must:

1. Select the Follow-Up menu and move the blue toolbar to the Profile option which will allow you to click on Type. This will take you to the Follow-Up Type Find window.
2. Hit the New button. This will bring you to the Follow-Up Type window.
3. Enter the name that defines the Type of Follow-Up.
4. Enter the full description that defines the Type of Follow-Up.
5. Then hit the Save button.
6. If entering additional types you can hit the New button in this window. If not hit the Exit button, which will take you back to the Follow-up Type Find window. Hit the Find button and all of the types you created will now be displayed in the Found data.

D. **Action**
Actions are assigned to every claim in Follow-Up. An Action describes the current status of the claim and what you are doing to bring the claim to a resolve. Actions can optionally be assigned a Number of Days to Suspend. This will keep the claim from appearing in the follow-up bucket for a defined number of days allowing sufficient time to pass for the Action to be completed. Note: A claim in suspend is still in Follow-up and can be viewed by checking the Suspend "All" checkbox in the Plan/Patient Follow-up Bucket Find Window.

Required Fields	Hot Keys
• Action • Description • Type • Number of Days to Suspend	• A – Action Field • C – Description Field • T – Type Field

To create an Action you must:

1. Select the Follow-Up menu and move the blue toolbar to the Profile option which will allow you to click on Action. This will take you to the Follow-Up Action Find window.
2. Hit the New button. This will bring you to the Follow-Up Action Window.
3. Enter the Action Short Name – The name assigned to the Action (i.e. RESUBMIT). This is the action you are taking to resolve the claim.
4. Enter the Description – The written description that fully defines the action.
5. Enter the Type
6. **Letter (optional)** – You can attach a letter that you have created in Design SequelMed Form to print every time this Action is selected.
7. Enter the Number of Days to Suspend – How long will it take for claims that are assigned this action to re-appear in the Follow-Up bucket.
8. **Auto Action (optional)** – An Auto Action gives you the ability to automate a follow-up action. For example if you create an Action for sending claims to an outside collection agency and want the system to automatically write-off the balance, you can attach the auto action name Write-Off to the action. Once you have attached the name you can attach a Ledger and enter any comments you may have to further define the auto action in the Comment field.

9. Once you've completed all fields hit the Save button. This Action will now be displayed in the Follow-Up Action found data window.

E. **Reason**
Reasons are assigned to every claim in follow-up. A Reason describes why the claim is in follow-up, and after the claim is resolved, it can be used to identify denial patterns.

Required Fields	Hot Keys
• Reason • Type	• R – Reason Field • T – Type Field

To create a Reason you must:

1. Select the Follow-Up menu and move the blue toolbar to the Profile option which will allow you to click Reason. This will take you to the Follow-Up Reason Find window.
2. Hit the New button. This will take you to the Follow-Up Reason window.
3. Enter the Reason Short-name – This name can be a short description of the denial (i.e. NO COVERAGE).
4. Enter the Type.
5. Enter the Description – This fully defines the reason for denial.
6. Hit the Save button. This Reason will be displayed in the Follow-Up Reason found data window.

F. **Group**
Groups in Follow-up allow claims sent to Follow-Up to be divided by the Place of Service, Plan Type, Plan Category, Location and Provider. Groups can be named by User or Type, this way collection efforts are automatically divided so users can independently work claim denials. When claims propagate to Follow-Up, they are placed in the Group that is defined to accept them.

Required Fields	Hot Keys
• Group	• G – Group Field

To create a Follow-Up Group you must:

1. Select the Follow-Up menu and move the blue toolbar to the Profile option that will allow you click on Group. This will take you to the Follow-Up Group Find window.
2. Hit the New button. This will take you to the Follow-Up Group window. This window is divided into a five tabbed window (Follow-Up Group, Plan Category Assigned, Location Assigned, Provider Assigned and Patient Class).
3. Enter the Group Short Name – This can be the name of the User, Type or a combination of both. This tabbed window is where you can further define the Group by assigning the two additional **optional fields** POS Code – (This is the Place of Service code that the group is intended to work), and Plan Type – (This allows the Group to be assigned any one or two of the three available Plan Types Medical, Workers' Compensation or No Fault). **Leaving these optional fields blank defaults the Group to all POS and Plan Types.** Active **YES** - means that this is an active Group in the application (un-checking this checkbox will inactivate the Group). Enter any additional comments to further define the Group in the Comment field.
4. Then hit the Save button. This will now allow you to access the remaining tabbed windows.
   - **Plan Category Assigned** (**optional**) – Plan Category's are created in the Profile menu of the application to define a type of Plan (i.e. Medicaid, Medicare, HMO, etc.) To assign a Plan Category to a Group, click on the Plan Category Assigned tab highlight the Available Plan Category you want to assign and hit the Move>>> button.
   - **Location Assigned** – This is not an optional field. If this is not defined then the denials for the Location(s) will not be placed into the Follow-Up Group. If the same location is assigned to more than one Follow-Up Group, the first Group alphabetically encountered will receive the denials. To assign a Location to a Group, click on the Location Assigned tab highlight the Available Location you want to assign and hit the Move>>> button.

- **Provider Assigned** – This is not an optional field. If this is not defined then the denials for the Provider(s) will not be placed into the Follow-Up Group. If the same provider is assigned to more than one Follow-Up Group, the first Group alphabetically encountered will receive the denials. To assign a Provider to a Group, click on the Provider Assigned tab, highlight the Available Provider you want to assign and hit the Move>>> button.
- **Patient Class** (**optional**) – Patient Classes are created in the Profiles menu of the application to define a certain type of Patient and is used mainly for reporting purposes. To assign a Patient Class to a Group, click on the Patient Class tab, highlight the Available Class you want to assign and hit the Move>>> button.

5. When you have finished assigning the Plan Categories, Locations, Providers and Patient Classes click on the Follow-Up Group tab and hit exit. This will take you back to the Follow-Up Group found data window, which will now display the created Group(s).

G. **Scripts**

Script is designed to automate the Follow-Up process. This will allow claims to be automatically assigned to different Groups, as well as a different Action and Reason based on the order defined in the Script Detail. Scripts are written in SQL Language. (They are the 'Where' clause of the SQL statement. For further details on SQL language please refer to SQL books, its open standard).

Following are fields which can be used in scripts:
- PATIENT_BALANCE
- PLAN_BALANCE
- PLAN_PAID
- PLAN_AMOUNT
- PATIENT_AMOUNT
- PLAN_NAME
- ACCEPT_ASSIGNMENT
- BUDGET_COLLECTION_FLAG
- SECONDARY_VISIT

Required Fields	Hot Keys
• Name	• S – Scripts Field • M – Name Field

To create a Script you must:

1. Select the Follow-Up menu and move the blue toolbar to the Profile option that will allow you to click on Scripts. This will take you to the Script Find window.
2. Hit the New button. This will take you to the Script window. This window is divided into a six tabbed window (Script, Detail, Plan Category Assigned, Location Assigned, Provider Assigned and Patient Class).
3. Enter the Script name.
4. Select a Type - **Plan or Patient** indicating that this is a **Plan Follow-Up Script or Patient Follow-Up Script.**
5. You can further define this Script by entering an additional script in the Script field. (For example if this Script only applies to accounts with patient balances greater than $5.00 you could indicate Patient_Balance >5). It is designed in such a way you do not need to enter a script you can limit visits into the script by tabs.
6. Enter any additional comments about this Script in the Comment field.
7. Hit the Save button. This will allow you to access the additional five tab windows.
   - **Details** – In this tab window is where you will assign the script order(s). To do this hit the New button, the System assigns the Order number (i.e. 1, 2, 3 etc.), enter the Number of days to Suspend (#of days you want the visit/claim to follow this script order before going to the next order); assign the Group, Reason and Action. You can also assign an additional script to a script order for jumping of the orders based on a condition. To do this move your cursor to the script order in which you would like to add the additional script to and hit the Scripts button, this will take you to the Script of Order Number

window where you can enter the additional script. (Ex. If you do not want the Plan balances less than $5.00 to follow a full script order to get to Order 5 where the Action is Write-off, you can add an additional script to Order 1. In the Script of Order Number 1 window you would enter 5 in the Order field, and in the Script field you would enter Plan_Balance <5). Otherwise the script will go to the next sequential order.

- **Plan Category Assigned** (**optional**) – To assign a Plan Category to a Script, click on the Plan Category Assigned tab highlight the Available Plan Category you want to assign and hit the Move>>> button.
- **Location Assigned** – This is not an optional field. If this is not defined then the denials for the Location(s) will not be assigned to the Script. To assign a Location to a Script, click on the Location Assigned tab highlight the Available Location you want to assign and hit the Move>>> button.
- **Provider Assigned** – This is not an optional field. If this is not defined then the denials for the Provider(s) will not be assigned to the Script. To assign a Provider to a Script, click on the Provider Assigned tab, highlight the Available Provider you want to assign and hit the Move>>> button.
- **Patient Class** (**optional**) – To assign a Patient Class to a Script, click on the Patient Class tab, highlight the Available Class you want to assign and hit the Move>>> button.

8. When you have finished the Details, and assigned the Plan Categories, Locations, Providers and Patient Classes click the Script tab and hit the Exit button. This will take you back to the Script Find Criteria window, which will now display the created Script(s).

HOW TO SET UP EDI IN THE FOLLOW-UP MENU

The purpose of the EDI section in Follow-up is to insure that the Remittance Messages and the denials generated from an electronic remittance in Batch EOB propagate correctly and automatically into the Plan Follow-Up Bucket. This process begins with:

A. **Remittance Messages**
   Message Codes are supplied by the carrier on the electronic EOB. This information will propagate with the denial to the Follow-Up Notes in the Plan Follow-Up Bucket. At times the message text supplied by the carrier is encrypted and cannot be used for follow-up and collection efforts. This menu gives the User the opportunity to define the message text definition that is more usable for the collection effort.

Required Fields	Hot Keys
• Message Codes	• M – Message Code Field • I – Insurance Field • V – Vendor Field • E – Electronic Vendor Field

To create Remittance Messages you must:

1. Select the Follow-Up menu and move to the blue toolbar to the EDI option that will allow you to click Remittance Messages. This will take you to the Remittance Messages Find window.
2. Hit the New button. This will take you to the Remittance Message window.
3. Enter the Message Code (required field) – This is the Message Code that is listed on Electronic EOB (ex. MA01 – Services can be appealed if you do not agree with the Medicare approved amount within 6 months).
4. Select the Electronic Vendor – This is vendor in which the electronic remittance came from.
5. Enter the Insurance – This is the insurance company supplying the electronic EOB.
6. Enter the Message Text – This is either the text description of the message code from the electronic EOB supplied by the carrier or the User defined text description of the message code.
7. Hit the Save button. This Remittance Message will now be displayed in the Remittance Messages found data window.

B. **Remittance Adjustment Codes –** These are the ANSI codes from the Electronic Remittance. This information is pre-loaded by Sequel. No action required by the user.

C. **Remittance Code and Reason Mapping**
Remittance denial codes are also supplied by the carrier on the electronic EOB. In order for these codes to propagate correctly in the Plan Follow-Up Bucket they should be mapped to a Follow-Up Reason.

Required Fields	Hot Keys
• Remittance Code • Action • Follow-Up Reason	• C – Remittance Code Field • A – Action Field • I – Insurance Field • V – Vendor Field • E – Electronic Vendor Field

To map a Remittance Code to a Reason you must:

1. Select the Follow-Up menu and move the blue toolbar to the EDI option that will allow you click Remittance Code and Reason Mapping. This will take you to the Remittance Code and Reason Mapping Find window.
2. Hit the New button. This will take you to the Remittance Code and Reason Mapping window.
3. Enter the Remittance Code (required field) – This is the Remittance Code that is listed on the electronic EOB (ex. C018 – Duplicate Claim/Service).
4. Enter the Action – This is the optional default Action Code assigned to the vendor supplied remittance code (ex. MCR-EOB).
5. Enter the Follow-Up Reason – This is the Follow-Up Reason assigned to the Remittance Code. It is the Follow-Up Reason associated with the visit and serves as the basis of the collection effort for this claim.
6. Select the Electronic Vendor - This is vendor in which the electronic remittance came from.
7. Enter the Insurance – This is the insurance company supplying the electronic EOB.
8. Enter the Reason Text – This is the text description of the remittance denial code listed on the electronic EOB.
9. Once you have entered all necessary information hit the Save button. This Remittance Code and Reason Mapping will now be displayed in the Remittance Code and Reason Mapping found data window.

D. **Claim Status Category –** Will be defined at a later time.

E. **Claim Status Code –** Will be defined at a later time.

F. **Claim Status Codes and Reason Mapping –** Will be defined at a later time.

Once the set up of the Follow-Up Profiles and EDI are complete you are ready to begin the Plan/Patient Follow-Up.

PLAN/PATIENT FOLLOW-UP BUCKET

The Follow-Up Bucket is a paperless set of tools that allow the user to completely, efficiently and easily bring all outstanding claims to resolve. Claims/Visits make it to the Follow-Up Buckets via one of following methods: (**Note: Depending on the method of entry, an Action and Reason will be assigned to the visit as it enters Follow-Up**)

- **Plan Outstanding Days** (See Plan Profiles) – If the claim enters follow-up as a result of Plan Outstanding Days both the Action and Reason will be set to "System" which indicates the claim was automatically placed there as a result of the payment time limit and that the claim has not been worked.

- **Electronic Remittance Denials** – If the claim enters follow-up as a result of an Electronic Remittance Denial, the Action will be set to EOB indicating the System automatically placed the visit into Follow-up, the Reason will be set to the Follow-up Reason assigned to the Denial Code in Remittance Code and Reason Mapping.
- **Statement Group Outstanding Days and # of Statements** (See Statement Group) – If the visit enters follow-up as a result of Statement Outstanding Days and # of Statements both the Action and Reason will be set to "System". This indicates the visit automatically propagated there as a result of the statement payment time limit and that the visit has not been worked.
- **User Placed Follow-Up Items** (Manually pushed into Follow-Up) – A User can send a claim/visit to Follow-Up at any time. Often Users who post payments will send a denied or questioned claim to Follow-up. When manually pushing a claim to Follow-Up the user will assign the Action and Reason.
- **Resubmissions** – If a claim/visit is placed into Follow-Up as a result of a Resubmission, the Action will be set to "System-Re" indicating that is was automatically set by the system as a result of the payment/statement payment time limit. If the claim/visit has never been worked in Follow-up the Reason will be set to "System". If the item was previously in Follow-up and worked the Reason will be set to the same reason displayed for the resubmission, and all previous history and notes will be maintained in the History tab windows.

The collection efforts begin by isolating all outstanding claims in the Follow-Up Buckets Find window.

Fields	Descriptions
Link	This field will display the visit # of the primary linked visit.
Visit #	This field will display the visit number assigned to the charge.
Plan	This field will display the short name of the plan the claim/visit was billed to.
DOE	This field will display the date the claim/visit entered the Follow-Up Bucket.
DOS	This field will display the date of service rendered by the provider.
Action	This field will display the short name of the action which describes the current status of the claim/visit.
Reason	This field will display the short name of the reason that describes why the claim was denied.
Group	This field will display the name of the Group that is assigned to accept the claim/visit.
Tickle Date	This field will display the actual date from the number of days to suspend assigned to an Action or the manual Tickle date entered by the user.
Last Name	This field will display the last name of the patient.
First Name	This field will display the first name of the patient.
Account	This field will display the account # assigned to the patient through patient demographics.
Bucket Age	This field will display the number of days the claim/visit has been in the follow-up bucket.
Additional Info	This field will display any notes recorded to the claim/visit in the follow-up bucket detail.

Plan Name	This field will display the full description of the plan assigned to the claim/visit.
Actn DOE	This field will display the date the current action was assigned to the claim/visit.
Actn Entered By	This field will display the user name of the person who assigned the action.
Reason DOE	This field will display the date the current reason was assigned to the claim/visit.
Reason Entered By	This field will display the user name of the person who assigned the reason.
Group DOE	This field will display the date the claim/visit was assigned to the current group.
Group Entered By	This field will display the user name of the person who assigned the claim/visit to the group.
Provider	This field will display the short name of the Provider who rendered the service(s).
Location	This field will display the short name of the location where the service was rendered.
Practice	This field will display the short name of the practice in which the provider who rendered service works.
Plan/Patient Bal	This field will display the current balance due on the claim/visit.
# Follow-Up (Pt. Follow-Up Bucket only)	This field will display the plan order number of the visit in the patient follow-up bucket.
Follow-Up Age (Pt. Follow-Up Bucket only)	This field will display the total number of days the visit has been in follow-up.

Buttons	**Description**
Sort	This button is used to facilitate the sorting of columns from the source data in ascending or descending order. This button is user specific and the columns will revert back to its original order if you hit the Find button or exit the menu.
Filter	This button allows you to create defined filters to isolate the areas of focus using pre-defined filters. In order to create a pre-defined filter, you must hit the filter button and link a function to a column. When you have finished, hit the Verify button to make sure you have defined a valid filter, then hit the OK button. The information displayed in the Plan/Patient Found data window should now reflect the filter you have just created.
Create Filter	This button allows you to save the filters you've created for future use as a pre-defined filter. To do this hit the Create Filter button, this will take you to the Create Filter window. The filter you just defined should be displayed in Script filter field. Enter the Name (required field) of the filter, the full description and select whether just you the user who created the filter will have access to this filter or All (everyone will have access to the filter) and hit the Save button. You should now be able to select this Created Filter in the Predefined Filters field of the Plan/Patient Find Criteria. It should now appear in the Pre-defined Filters Found data window in Follow-Up>Profiles>Pre-defined Filters.

Link	This button allows you to link together a group of visits so they can be worked simultaneously. Linking visits only apply to Follow-Up and will not affect the claim financials or printing. To link a visit; Use your Follow-Up bucket find criteria to isolate the group of claims you want to link together. Once you found all visits highlight to the visit you would like to be the primary linked visit. Hit the Link button. This will take you to the Follow-Up Link window, here is where you can select the visits you would like to link to the primary selected visit. Then hit the OK button. The visits will now be linked together in the Follow-Up Bucket Found data window and only the primary visit will be displayed.
Unlink	This button will unlink the visits that been linked together. To do this highlight the primary linked visit in the Follow-Up Bucket Found data window and hit the Unlink button.
Ch Group	This button will allow you to select several visits at one time and assign them to a different Follow-Up Group.
Ch Ac/Rea	This button will allow you to change the Action and/or Reason of a group of visits at one time.
Submit	This button will print the claim form of a selected visit if the Submit status is "No".
Resubmit	This button will allow you to resubmit a claim sending it back through Claim Editing for claim scrubbing and then to the proper submission bucket.
Letter	This button will take you to the Correspondence window where you can select a letter that you have created in Design SequelMed Form, to print and send to either the Insurance carrier or Patient.
Visit View	This button will take you to the Visit window that will display the charges and ledger entries for this visit.
WC/NF	This button will take you to the image view the No Fault/Worker's Compensation Form for the specific patient.
Select Pat	This button is used to select the patient you want to work on by moving the blue toolbar to the desired patient in the Follow-Up Bucket Found data screen and hitting the Select Pat button. The patient's name and account will now appear in the Title Bar at the top of the screen. This will allow you to view the selected patient's information throughout the system without having to find the patient in every menu.
Find	This button is used to find the data linked to the information entered in the search criteria field(s).
Details	This button will take you to the Follow-Up Bucket Detail window of the selected visit. This is an eight tabbed screen and the Follow-Up Bucket tab is where all collection efforts transpire.
Print	This button will allow you to print the information displayed in the Follow-Up Bucket Found data window.
Help	This button will take you to the help menu.
Exit	This button will exit you from the Follow-Up Bucket Find window taking you

	back to the main menu.

The Follow-Up Buckets provide you with all the tools necessary to call the carriers or patients, take notes, keeps Action, Reason, Call and Group histories, write letters, assign ticklers, correct charges, resubmit claims, post payments/write-offs, transfer charges, etc. These claims can then be worked in the Follow-Up bucket either individually or in linked visit groupings. Claims/Visits can only leave Follow-Up by being resubmitted, paid/adjusted to zero, or transferred from the plan to the patient or patient to plan. To begin to the follow-up process you must:

1. Select the Follow-Up menu and move the blue toolbar to either the Plan or Patient Follow-Up Bucket. This will take you to the Follow-Up Bucket Find window. Enter the necessary information in the find criteria to define your search and hit the Find button. All visits requiring follow-up or collection will now be displayed in the Found data window.
2. Move the blue toolbar to the visit you would like to follow-up on and hit the Details button. This will take you to the Follow-Up Bucket Detail window for that visit. This window has eight tabbed screens:
     - **Follow-Up Bucket –** This screen serves as the platform from which you can perform your follow-up or collection efforts. The top of this window will display the Visit #, the number of times this claim/visit has been in Follow-Up and the Total Follow-Up Age (a sum of the number of days the claim/visit has been in follow-up collectively.) All information pertaining to the visit will be displayed in the middle section of this window. As well as the Practice, Location, Patient, Insured Party and Plan information needed to perform your follow-up efforts. The bottom section of this screen will display any Linked Visits. A linked visit can be dragged and dropped into the Bucket area and that visit's information will be displayed in the Follow-Up Bucket.

Required Fields	Hot Keys
- Action - Reason - Group	- A – Action Field - R – Reason Field - G – Group Field - I – Remit Code Field - L – Correspondence Window - V – Visit View Window - C – Follow-Up Call Center Window - D – Delete Visit from Follow-Up Bucket - S – Save - H – Help menu - X – Exit the Follow-Up Bucket Detail window

Additional Fields	Description
Remit Code	This field will display the denial remit code assigned to the claim from the electronic remittance or entered manually when posting payment through Batch>Payment>Payment.
Script	This field will display the short name assigned to the script, if the claim/visit is following a Script in follow-up.
Script Order	This field will display the order # of the script the claim/visit is on.
Individual Pin	This field will display the provider's individual pin # if assigned.
Group Pin	This field will display the practice's group pin # if assigned.
Tax Id	This field will display the practice's tax id number.

Reas Age	This field will display the number of days the claim/visit has been assigned to the current reason.
Actn Age	This field will display the number of days the claim/visit has been assigned to the current action.
Group Age	This field will display the number of days the claim/visit has been assigned to the current group.
Calls	This field will display the number of calls listed in the call history. (That is how many times the call button was hit.)
Order DOE	This field will display the date and time the claim/visit was assigned to the current script.
Order Entered By	This field will display the name of the user who assigned the claim/visit to the current script.
Order Age	This field will display the number of days the claim/visit has been assigned to the current script.
Tel	This field will display the telephone number of the plan for contact. (This information is entered in the Plan Profiles).
Insured Last	This field will display the last name of the insured party.
First	This field will display the first name of the insured party.
Plan Id	This field will display the plan identification number of the insured party.
Submit Date	This field will display the date the claims/visit was sent to the insurance carrier for processing and how many days have passed since the claim/visit was sent to the insurance carrier.
Plan Bal	This field will display current balance due from the plan for this claim/visit.
Fee	This field will display the full charge amount of the claim/visit.

Buttons	**Description**
Letter	This button will take you to the Correspondence window where you can select a letter that you created in Design SequelMed Form, to print and send to either the Insurance carrier or Patient.
Patient	This button will take you to the Patient Registration window, where all patient demographic and insured party information is accessible.
Ledger	This button will take you to the Patient's Ledger where all charges, ledger entries, submissions, statements and messages will be listed.
Payment	This button will take to the Payment window where you can view all of charges, ledger entries associated to the selected visit. You can also post payments, write-offs, discounts and transfer from this payment screen.
Visit View	This button will take you to the Visit window that will display the charges and ledger entries for this visit.
All Visits	This button will take you to the Patient Visit window that will display all visits of the patient.

Split	This button will take you to the Split Visit window where you can separate the Cpts of the original visit and create a new visit.
Documents	This button will take you to the Visit Document window that will list all the scanned documents assigned to this visit. You will also be able to view the scanned documents here.
New	This button will be Disabled unless the user is manually pushing the visit into the Follow-Up Bucket.
Call	This button will take you to the Follow-Up Call Center window. In this window the user will select a Call Type (who's being called, the Insurance carrier, Patient, Provider, etc.), assign the Next Action and Next Reason that needs to be taken on the claim/visit, enter any notes or comments in reference to the call and indicate if the status of the call (**Completed** – contact was made with an individual. **Left Message** – unable to obtain contact but left message. **Attempted** – no answer obtained on call.). SequelMed automatically tracks the duration of the calls from the moment the Call Center window opens until it is closed. (The Duration field can be left blank). Once you've completed the fields in this window hit the OK button. This will take you back to the Follow-Up Bucket Tab screen; your call will be logged in the Call History Tab screen with the duration of time you were on the telephone. If you entered a next action and reason while in the call center window that action and reason will now be displayed in the Action and Reason fields of the Follow-Up Bucket screen. The Additional Info field will indicate that a call was made, the status of the call, the date of the call and any comments or notes entered in the Call Center window.
Claim Status	Will be defined at a later time.
Delete	This button will delete the information from the Follow-Up Bucket Tab screen.
Save	This button will save any change/update information entered into the Follow-Up Bucket Tab screen.
Help	This button will take you to the help menu.
Exit	This button will exit you from the Follow-Up Bucket Detail window taking you back to the Follow-Up Bucket Find window.
Re Print Claim	This button will allow you to reprint the submitted claim/visit without having to go to the Charge Detail History.
View Submit	This button will show you an image of the CMS-1500 form that was or will be submitted to the insurance carrier for that DOS.
Un Link	This button will allow you to unlink any of the linked visits displayed in the Linked Visits section. You can unlink an individual visit by moving the blue toolbar to highlight the visit you would like to unlink or check Select All to unlink all visit at one time and hit the Unlink button.

3. Once you have completed your collect efforts and/or made changes to a claim/visit, added any additional notes or changed the Action and Reason in the Follow-Up Bucket hit the Save button. This will save the changes you have made and all previously entered Actions, Reasons, Groups, etc., will be maintained in the history screens.

- **Action History –** This screen will display the recorded sequence of every Action assigned to the claim/visit when an Action is changed. It will also display the date the action was assigned, who entered the action, how long the claim/visit has been assigned the action and any notes associated to that action.
- **Bucket History –** This screen will display the recorded sequence from every field (i.e. Action, Reason, Group, etc.) in the Follow-Up bucket.
- **Call History –** This screen will display the recorded sequence of Calls made on this claim/visit, all information entered in the Follow-Up Call Center window, this user who made the call, and the duration of time of the call.
- **Reason History –** This screen will display the recorded sequence of every Reason assigned to the claim/visit when a Reason is changed. It will also display the date the reason was assigned, who entered the reason, how long the claim/visit has been assigned the reason and any notes associated to that reason.
- **Group History –** This screen will display the recorded sequence of every Follow-Up Group assigned to the claim/visit when a Group is changed. It will also display the date the Follow-Up Group was assigned, the Follow-Up Group name, who assigned the claim/visit to the Follow-Up Group and how long the claim/visit has been assigned to the Follow-Up Group.
- **Claim Status History** – Will be defined at a later time.
- **Scripts History** – This screen will display the recorded sequence of every Script assigned to the claim/visit, the date the script was assigned, the name of the Script, the sequenced order of the Script, who assigned the script to the claim/visit and how long the claim/visit has been assigned to the script.

4. Then hit the Exit button. This will take you back to the Follow-Up Bucket Find window where you can select the next claim/visit to follow-up on.

FOLLOW-UP LETTER PRINTING MENU

The purpose of the Follow-Up Letter Printing menu is to have one centralized area that all letters assigned to an Action can be printed individually or in a batch.

Required Fields	Hot Keys
• There are no required fields in this menu.	• G – Group Field of find criteria • A – Action Field of find criteria • L – Letter Button • F – Find Data • P – Print • H – Help menu • X – Exit Follow-up Letter Printing window

Fields	Description
Link	This field will display the visit # of the primary linked visit
Visit#	This field will display the visit number assigned to the charge.
Letter	This field will display the short name of the letter assigned to the Action.
Plan	This field will display the short name of the plan the claim/visit was billed to.
DOS	This field will display the date the service was rendered by the provider.
Action	This field will display the short name of the action which describes the current status of the claim/visit.
Reason	This field will display the short name of the reason that describes why the claim was denied.

Group	This field will display the name of the Group that is assigned to accept the claim/visit.
Last Name	This field will display the last name of the patient.
Account	This field will display the patients account number.
Additional Info	This field will display any notes recorded to the claim/visit in the follow-up bucket detail.
Actn DOE	This field will display the date the current action was assigned to the claim/visit.
Actn Entered By	This field will display the user name of the person who assigned the action.
Provider	This field will display the short name of the provider who rendered the service.
Location	This field will display the short name of where the service(s) was rendered.
Plan Bal	This field will display the current balance due from the plan.
Patient Bal	This field will display the current balance due from the patient.

Button	**Description**
Letter	This button will print the letter assigned to the action.
Find	This button is used to find the data linked to the information entered in the search criteria field(s).
Print	This button will allow you to print the information displayed in the Follow-Up Letter Printing window.
Help	This button will take you to the help menu.
Exit	This button will exit you from the Follow-up Letter Printing window taking you back to the main menu.

To print letters from this menu you must:

1. Move the blue toolbar to the Follow-Up menu and select Follow-Up Letter Printing. This will take you to the Follow-Up Letter Printing Find Window. In the Follow-Up Letter Printing Find Criteria fields you can define you search a specific Group, Action, Reason, Plan, Practice, Location, Provider, Visit #, Account #, Chart #, First Name of patients or Last Name of patients. You can also Reprint any letters already sent by checking Reprint All YES, as well as Un-link any Linked visits, to print a letter for each visit individually by un-checking Linked YES.
2. Once you have defined your search hit the Find button. All visits that need letters printed will be displayed in the Follow-Up Letter Printing Found data.
3. Select an individual visit that you would like to print the letter for or you can Select All visits by checking Select All.
4. Then hit the Letter button. The system will do a Letter Print count and the letter(s) will be printed.
5. Once the letter printing is complete a window will open displaying the message Have All Letters Been Printed Successfully. This window will also list the number of letters printed and the number of letters skipped. If all of your letters have printed successfully then hit the YES button. If not hit the NO button.
6. The found data window will automatically refresh. Once complete hit the Exit button, this will take you back to the main menu.

If out sourcing these letters to a Company for printing and mailing - Follow steps one – three from above. Select the FTP Vendor (see Design documentation for information on FTP Vendor set up) from the FTP Vendor field that you would like the file to be sent to and check Print to XML. Once you have completed all fields hit the Letter button. This will create an XML file of the patient information that you can view in the Elect Folder located on your C:Drive. The file will be electronically sent to the company that you are out sourcing to for printing and mailing of the letter.

DOCUMENT FOLLOW-UP BUCKET

The Document Follow-Up Bucket allows for tracking of documents scanned through Charge Batch Administration, Payment Batch Administration and/or Denial Batch Administration, that's incomplete and causing the user to be unable to complete a task because additional information is required.

Required Fields	Hot Keys
• There are no required fields in this menu	• A – Action Field of find criteria • S – Select All • F – Find data • T – Document Follow-Up Bucket Detail window • P – Print Document Follow-Up Bucket window • H – Help menu • X – Exit Document Follow-Up Bucket window

Field	Description
Batch Type	This field will display whether the document was scanned into a Charge, Payment or Denial batch.
Batch #	This field will display the batch number of the Charge, Payment or Denial batch.
Reason	This field will display the reason why the document is being sent to the Document Follow-Up Bucket.
Action	This field will display the action being taken to rectify the issue with the document.
Description	This field will display the description information entered when the batch was created.
Comments	This field will display any additional notes entered by the user when the document was sent to the Document Follow-Up Bucket or notes entered to bring the issue with the document to a resolve.
# Pages	This field will display the total number of pages included in this document.
Practice	This field will display the short name of the Practice the batch is assigned to.
Biller	This field will display the name of the biller the batch has been assigned to.
Entered By	This field will display the user name of the person who sent the document to the Document Follow-Up Bucket.
Entry Date	This field will display the date and time the document was sent to the

Button	Description
Document Follow-Up Bucket.	

Button	Description
Batch	This button will take you to the Charge, Payment or Denial Batch Administration Processing window depending upon the batch type of the selected document.
Batch Doc	This button will take you to the Charge, Payment or Denial Batch Document window where all the documents scanned into the batch will be listed and can be viewed.
Doc Print	This button will print the selected document.
Find	This button will find the data linked to the information entered in the search criteria field(s).
Details	This button will take you to the Document Follow-Up Bucket window. In this window is where you can assign a new Action or Reason, enter comments, and view the Action and Reason histories.
New	This button will be disabled.
Delete	This button will be disabled.
Print	This button will print the Document Follow-Up Bucket Find window.
Help	This button will take you to the help menu.
Exit	This button will exit you from the Document Follow-Up Bucket Find window and take you back to the main menu.