Case Management

Case Management allows users to pre-define specific information for a patient claim in order to make the charge-entry process easier and more efficient.

eTHOMAS Case Management

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Case Management Introduction

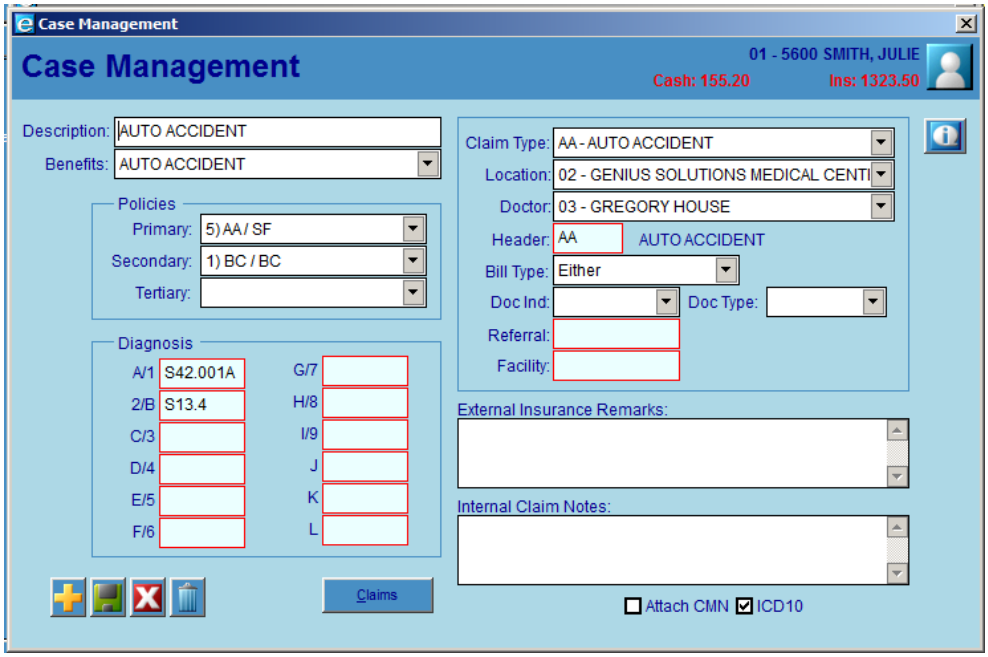
Case Management has been designed to allow the pre-definition of information to default onto a claim when posting charges. Information can be entered for one or multiple cases and applied during the posting charges process to allow for an easier and more efficient charge entry process; saving office staff time. The most popular reason to use cases is for patients who have multiple reasons for visiting the office and the patient's claim information varies greatly from case to case. Instead of changing this information every time charges are posted, simply apply a case.

Case Management allows users to pre-define as many of the following fields as desired:

- Benefits
- Claim Type
- Header
- Referral
- Internal Claim Notes
- Policies (1,2,3)
- Location
- Bill Type (Electronic, Paper, Either)
- Facility
- Diagnosis
- Doctor
- Document Indicator and Type
- External Insurance Remarks

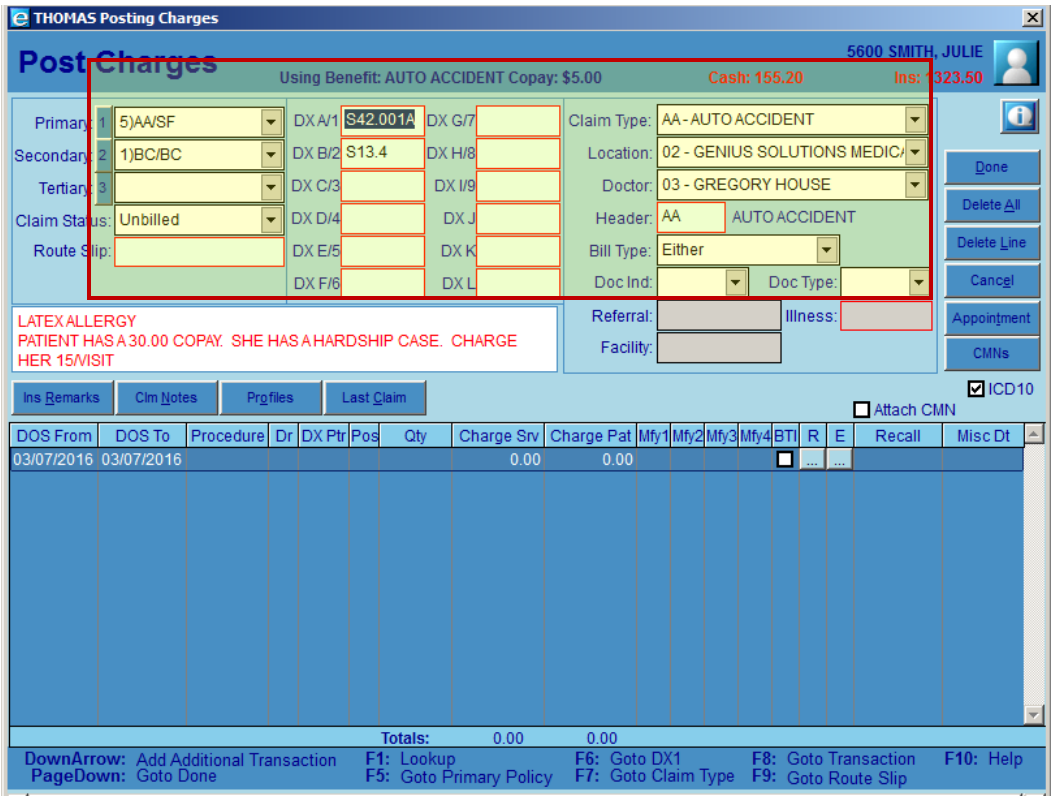
Accessing and Adding a Case

Access the Case Management module through Patient | Transaction | Case Management. Click the plus sign to add a new case.



Each area within the Case represents a field within the Claim. When used, it is defaulted to the claim.

When posting charges, if the patient has cases set up, the Patient Cases screen will be presented. To select a case, double click on the desired case. To post charges without a case, use the Esc key or the X.

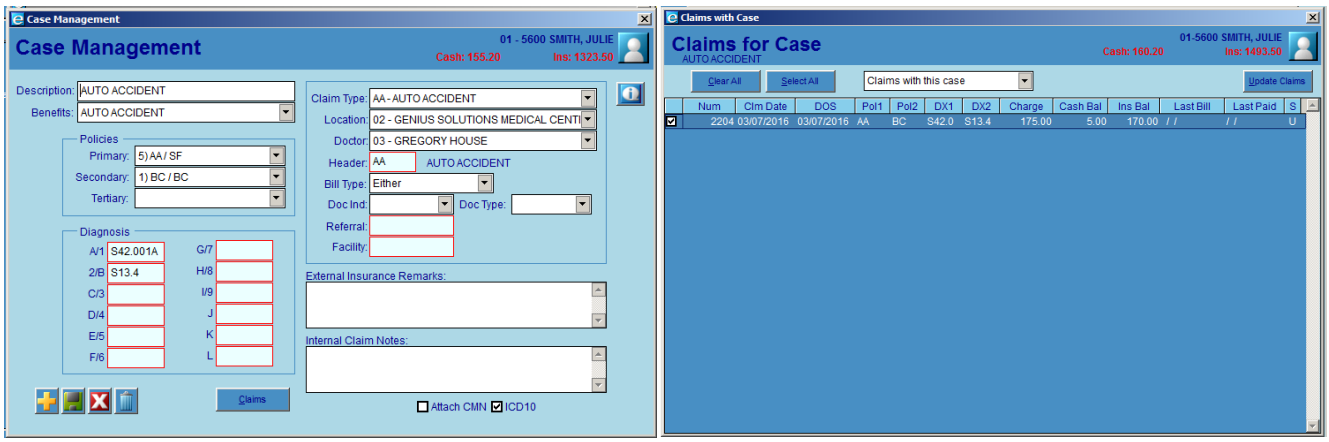


The pre-filled information from the Case Management is defaulted onto the claim without any additional keystrokes from the user. From here, post charges as you normally would.

Isolating Claims with Cases

Once claims have been created and attached to cases, those claims can be isolated and easily found. From within the Case Management screen, click on the Claims button

to view the claims associated with this case.



Within the Claims for Case, view options include:

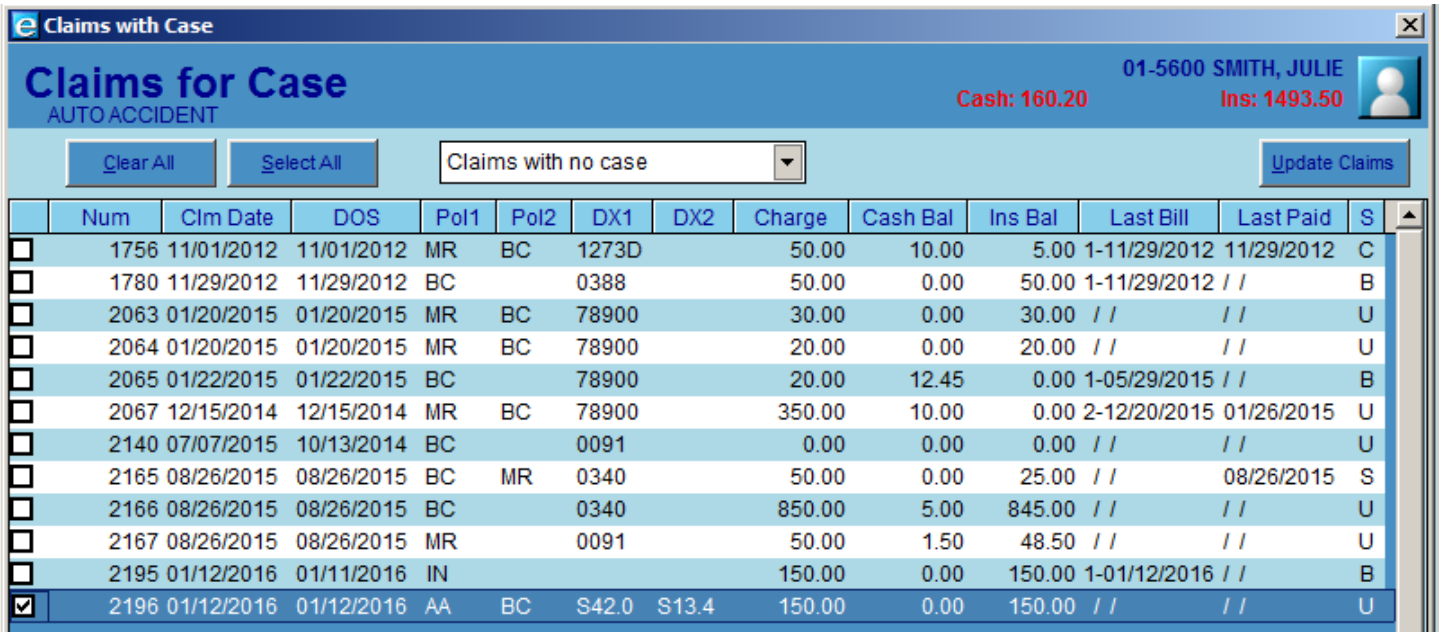
Claims with this case:	View claims associated with the selected case
Claims with no case:	View claims that are not associated with any case
Claims with this case and no case:	View claims associated with the selected case and those claims with no case
All Claims:	View all claims for the patient

Within each view, changes may be made to include claims from another case or no case to the selected case. This would be used when a case is made after initial claims have been posted; users can easily go in and attach other claims to the specific case, if desired.

Users may also view the Claim information from within the Claims for Case by double clicking on the claim number.

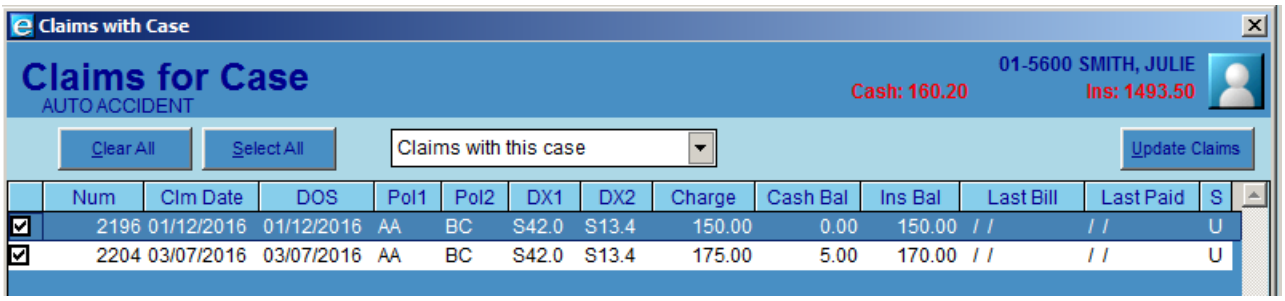
To attach previously posted claims to a case, find the claim using one of the views from the Claims for Case. In this example, **Claims with no case** view is used. By default, all claims are selected. Unselect the claims by using the Clear All button and then select the claims to attach to the case.

Once the desired claims are selected, click the Update Claims button.



Num	Clm Date	DOS	Pol1	Pol2	DX1	DX2	Charge	Cash Bal	Ins Bal	Last Bill	Last Paid	S
1756	11/01/2012	11/01/2012	MR	BC	1273D		50.00	10.00	5.00	1-11/29/2012	11/29/2012	C
1780	11/29/2012	11/29/2012	BC		0388		50.00	0.00	50.00	1-11/29/2012	/ /	B
2063	01/20/2015	01/20/2015	MR	BC	78900		30.00	0.00	30.00	/ /	/ /	U
2064	01/20/2015	01/20/2015	MR	BC	78900		20.00	0.00	20.00	/ /	/ /	U
2065	01/22/2015	01/22/2015	BC		78900		20.00	12.45	0.00	1-05/29/2015	/ /	B
2067	12/15/2014	12/15/2014	MR	BC	78900		350.00	10.00	0.00	2-12/20/2015	01/26/2015	U
2140	07/07/2015	10/13/2014	BC		0091		0.00	0.00	0.00	/ /	/ /	U
2165	08/26/2015	08/26/2015	BC	MR	0340		50.00	0.00	25.00	/ /	08/26/2015	S
2166	08/26/2015	08/26/2015	BC		0340		850.00	5.00	845.00	/ /	/ /	U
2167	08/26/2015	08/26/2015	MR		0091		50.00	1.50	48.50	/ /	/ /	U
2195	01/12/2016	01/11/2016	IN				150.00	0.00	150.00	1-01/12/2016	/ /	B
2196	01/12/2016	01/12/2016	AA	BC	S42.0	S13.4	150.00	0.00	150.00	/ /	/ /	U

Once you click the Update Claims button, the claims that were selected will be attached to the Case selected. Now, when selecting **Claims with this case** view, the original claim posted and the claim attached later are showing in the view.



Num	Clm Date	DOS	Pol1	Pol2	DX1	DX2	Charge	Cash Bal	Ins Bal	Last Bill	Last Paid	S
2196	01/12/2016	01/12/2016	AA	BC	S42.0	S13.4	150.00	0.00	150.00	/ /	/ /	U
2204	03/07/2016	03/07/2016	AA	BC	S42.0	S13.4	175.00	5.00	170.00	/ /	/ /	U

Service History Report and Cases

The Service History Report, specific to each patient, may be generated by Case. This could prove to be a useful tool if a report is needed for services associated with a specific case.

Access the Service History Report from Patient | Utility | Service History. Enter the report parameters, such as the Date From/To and the Case Id. Double click in the red lined field to get a listing of all cases for the selected patient.

SERVICE HISTORY REPORT

SERVICE HISTORY REPORT

Print Report Explanation

Date From: 01/01/2015

Date To: 03/07/2016

Claim Type: System Summary

Patient Account: 5600

Procedure Code Type: Commercial

Show Payment Based On: during

Don't Show Payments

Case Id: 11 Blank for All / 0 for No Case Id

Financial Code:

Don't Show Cash Balance

Don't Show Insurance Balance

MS Excel

SERVICE HISTORY REPORT

Printed on 03/07/2016 Monday 15:19:49

Srv Dt: 01/01/2015 - 03/07/2016 Clm Type: System Summary Procedure Code Use OT Proc code Case Id: 11

GENIUS SOLUTIONS MEDICAL
7177 MILLER DRIVE
WARREN, MI 48092-1234
586-751-9080

JULIE SMITH
345 SEVENTH AVE
ROYAL OAK, MI 48044

GREGORY HOUSE
Tax ID: 333223333

Case: AUTO ACCIDENT
Account No: 5600
Cash: 160.20
Insurance: 1493.50

1. **STATE FARM AUTO INS**
123456 MAIN STREET
WARREN, MI 48044

2. **BCBSM**
PO BOX 2500
DETROIT, MI 48231

Date	Dx	Procedure	Qty	Modifier	Fee
01/12/16	S42.001A	10020 BIOPSY W\FINE NEEDLE	1.000		150.00
03/07/16	S42.001A,S13.4	73030 X-RAY SHOULDER	1.000		125.00
03/07/16	S42.001A,S13.4	99213 OFFICE VISIT EXPANDED	1.000		50.00

Total Service Charges :	325.00
Total Patient Payments:	0.00
Total Insurance Payments:	0.00
Total Adjustments:	0.00

Note: Total payments/adjustments is based on payments/adjustments made during the given date range including the payment made to procedures outside the range