PTAR

Public Transportation Automated Reimbursement System

User Manual

HIPAA Security and Privacy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that protects health insurance coverage for workers and their families when they change or lose employment. It includes the Privacy Rule (enacted April 14, 2003) that established regulations for the use and disclosure of Protected Health Information (PHI), the Security Rule (enacted April 25, 2005), that addressed electronic PHI (e-PHI), and established the requirements to protect the confidentiality, integrity and availability of PHI created, maintained and transmitted in electronic format, and Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) that strengthened the HIPAA regulations.

HIPAA is intended to:

- Provide better access to health insurance.
- Limit fraud and abuse.
- Reduce the administrative costs of providing health care.
- Standardize the content and format of electronic health care transactions and promote their use.
- Ensure privacy and security of paper PHI and e-PHI.

Under HIPAA users are to:

- Utilize unique user IDs and passwords for each login.
- Only share PHI with co-workers who have a need to know and the appropriate access.
- Discuss PHI in private areas, not in public areas or in telephone conversations that can be easily overheard by others.
- Keep and protect written and electronic health information from the eyes of others who do not need the information in order to perform their assigned jobs.
- Ensure that casual visitors cannot access areas in which clinical or billing information is kept.
- Know when a person's PHI can be shared without the person's permission, and when written or oral permission is required.
- Ensure that all policies and procedures for safeguarding the confidentiality of PHI or other sensitive material are followed.
- Investigate and report to the appropriate Compliance Officer or designee any incident where the acquisition, access, use or disclosure of PHI is in a manner not permitted, or which compromises the security or privacy of PHI.
- Properly dispose of printed PHI and delete e-PHI.
- Access PHI on company owned equipment in secure locations and not in public settings such as malls and libraries.

Users are responsible for the preservation, privacy, and security of data in their possession. While using the application, the user has access to data that contains PHI and must be guarded and disposed of appropriately if downloaded by the user. As covered entities (or vendors operating on behalf of a covered entity), any inappropriate use or disclosure of PHI must be handled as prescribed in the federal regulations above.

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REIMBURSEMENT

Add New Request

Add New Request creates a new reimbursement request for an individual client of a facility. The function is a multi-step process that begins with swiping or entering a client's ID. The system uses the ID to determine the client's eligibility and the provider who will pay the claim. After entering the relevant information for a claim—escort, one way/roundtrip—the client electronically signs the claim and it is submitted for approval by either a supervisor or the facility administrator.

The following information is specified:

- CIN
- Date*
- Access A Ride request
- Escort
- One way or roundtrip
- Cash or Metrocard payment (specified for both if client had an escort)

  * The date is always set to the current date and cannot be changed. Requests for dates other than the current date must be submitted through either Batch Mode Entry or File Upload.

Figure 1: Add New Request

Instructions

1. Select facility.
2. Swipe the client's card or type the CIN.
3. Click the Next button. The travel entry fields display with the client's information at the top and a system message indicating the paying provider.
4. Select the appropriate values for the travel. Note that a row for Escort displays under Payment Details when selecting Yes for Escort Required.
5. Click Continue. The travel details listing displays.
6. Verify the information is correct. Click Back to change any incorrect entries.
7. Click Manual Issuance or Activate Signature Pad to acknowledge the information.
   a. If selecting Manual Issuance, a comment must be entered and the signature collected by having the client physically sign a sheet of paper.
   b. If selecting Activate Signature Pad, the client must sign the request using the electronic signature pad.

   The page refreshes and displays the successful submission message: The request is now pending approval by a supervisor or the facility administrator.

8. Click Add Another Request to create a new request for the selected facility or Select new Location to create request for a different facility.

Approve Requests

Approve Requests provides supervisor and facility administrators with the ability to approve or deny reimbursement requests. The requests may be approved individually or multiple groups. There is also the ability to filter (separate) the requests into various types.

A list of the months containing outstanding requests is displayed under each facility. A supervisor or facility administrator clicks on a month to view and process the individual claims.

The detailed breakdown for a month shows one or more pages of individual requests. For each request has the following fields:

- Client name
- Reimbursement Type
- CIN
- DOB
- Service Date
- Disability/Access-a-Ride
- Roundtrip
- Carfare
- Escort/Age (age is either < 65 or > 65, and is only applicable when Escort = Y)
- Submitter Name
- Request Date

Above the grid is a breakdown of the individual requests types and the number of requests for each type. In addition, the display may be limited to displaying a single type of request by selecting a type from the Filter By drop-down.

Requests can be individually selected using the checkboxes next to each request or all requests can be selected using the Check all function. Clicking either Approve or Dispaaprove displays the Confirm action page that dispalys only the selected claim(s) with either the Approve Requests or Disapprove Requests button. After selecting the action, the display updates with a success message and presents the option to return to approvals by location or by month.

Instructions
1. Select month under the appropriate facility.The individual requests for the month display.
2. Select one or more of the displayed requests or use the By Filter function to limit the displayed requests.
3. Click Approve Requests or Disapprove Requests. The confirm action page displays with only the selected requests and the applicable Approve/Disapprove button.
4. Click the Approve or Disapprove button to confirm the action. The action page updates with the action success message and displays the Go Back to Pending Approvals by Month and Locations button.
5. Click the appropriate button to continue processing requests.

Batch Mode Entry

Batch Mode Entry provides the ability to enter up to 25 reimbursement requests in a single submission for a selected facility.

It is essentially the same as doing a series of individual Add New Requests with two major differences:

- All CINs must manually entered. There is no ability to swipe cards.
- The date of service may be any date rather the current date.

The requests are arranged in a 25 row grid with each row having fields for:

- CIN
- Service Date
- Escort Required
- Access-a-Ride
- Round Trip
- Payment Mode
  - Client
  - Escort

Figure 2: Batch Mode Entry

The system processes only rows that contain a CIN. In those rows, all fields must be filled to be valid. Note that the Escort field under Payment Mode is ignored if the Escort Required value is No.

After submission, the function displays the submitted request. The user may continue using the function by either selecting a new facility or adding a new batch mode entry.

BATCH MODE ENTRY						
Facility Name:	MIS TEST					
Facility Address:	15 Metrotech, Brooklyn, NY, 11201					
Group Name:	MIS Group 1					
Location Name:	MIS LOCATION 1					
Location Address:	15 Metrotech, Brooklyn, NY, 11201					
	Request(s) Submitted Successfully.					
CIN	Service Date	Escort Required	Access A Ride	Round Trip	Client Payment Mode	Escort Payment Mode
ZZ12345X	11/25/2013	No	No	Yes	Metrocard	N/A
ZZ54321X	12/02/2013	Yes	No	No	Metrocard	Cash
	Select New Location		Add New Request			

Figure 3: Batch Mode Entry Successful Submission

Instructions

1. Select the location from the location grid.
2. For each batch entry, fill out all fields. The Escort field under Payment Mode is ignored if Escort Required is set to No.
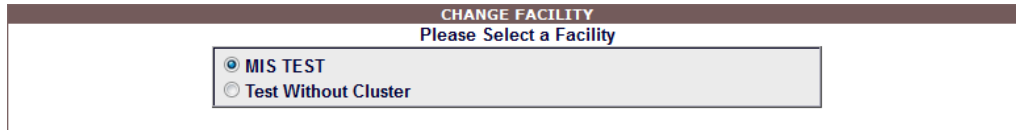
   > *Note:* Selecting the Service Date for the first batch entry defaults all entries to that date. However, the date may be overridden for each succeeding batch entry.

3. Click Save to submit the batch entries. The Request Submitted Successfully page displays.
4. Click Select New Location to submit batch entries for a different location or Add New Request to submit a new set of batch entries for the same location..

Change Facility

Change Facility sets the target facility for functions and reports. The selection is made from a list of the available facilities.

Figure 4: Change Facility

File Upload

File Upload allows multiple requests to be submitted for a selected location by uploading them in a spreadsheet.

Figure 5: File Upload

The system supplies a downloadable template for the submission that can be populated and uploaded, or users may create one from scratch as long as it matches the column layout of the template and is in .xls format. The template has seven columns that match the seven parameters entered when using the Add New Request or Batch Mode Entry functions.

Figure 6: File Upload Spreadsheet Template

Each row in the template is one reimbursement and every entry must be a specific format or value.

Column	Format or value
Service Date (MM/DD/YYYY)	mm/dd/yyyy
Medicaid CIN	xxxxxxxx
Escort (Y/N)	Y or N (Yes or No)
Access-A-Ride (Y/N)	Y or N (Yes or No)
RoundTrip (Y/N)	Y or N (Yes or No)
Pay Client (C/M)	C or M (Cash or Metrocard)
Pay Escort (C/M)	C or M (Cash or Metrocard—Must always be specified)

Figure 7: File Upload Template Field Formats and Values

For example, a claim on November 18, 2013 for CIN ZZ12345X with no escort, Access-a-Ride, a roundtrip, and a Metrocard for the client would be entered as

Figure 8: Sample Entry in File Upload Template

> **NOTE**: Even though there is no escort (Escort cell = N), the Pay Escort cell must contain a value.

Instructions

First time usage including template download.

1. Select the location from the location grid.
2. Click the Template link to download the File Upload spreadsheet template. The web browser prompts to open or save the template.

Steps 3 and 4 are performed offline in a spreadsheet application.

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3. After opening the template in a spreadsheet application, enter the appropriate values for each claim in a separate row. Refer to the table above for the proper field formats and values.
4. Save the spreadsheet.

The remaining steps are performed online in the PTAR system.

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5. Click Browse. The Choose File to Upload dialog displays.
6. Navigate to the location containing the updated template.
7. Select the template and click Open. The dialog closes and the upload field displays the selected template.
8. Click Upload File. The file successfully accepted message displays.

Template populated and ready for upload.

1. Select the location from the location grid.
2. Click Browse. The Choose File to Upload dialog displays.
3. Navigate to the location containing the populated template.
4. Select the template and click Open. The dialog closes and the upload field displays the selected template.
5. Click Upload File. The file successfully accepted message displays.

Mark Service Month as Complete

Mark Service Month as Complete ends the ability for new reimbursements claims to be added for a selected month. It can be thought of as *closing the books* for that month.

Figure 9: Mark Service Month as Complete

The Mark Service Month as Complete grid displays seven fields:

- Service Month
- Total Claims
- Total Claims Amount
- Issued Claims/Amount
- Denied Claims/Amount
- Pending Claims/Amount

The three claims/amount fields are click-thrus that lead to summary and detailed listings of their respective claim types. The type of claim summary is indicated by the shading under its name.

Figure 10: Mark Service Month As Complete Summary View (Pending Claims)

The Mark Service Month as Complete function requires all pending claims to be processed as issued or denied before a month can be closed. As well, care should be taken before using Mark Service Month as Complete to ensure that all claims have been entered because once a month is closed, those claims cannot be processed.

For months that have no pending claims, clicking the Service Month field performs the function and marks that month as complete.

View Reimbursement History

View Reimbursement History presents a month-by-month summary of the reimbursement claims for a facility. Two parameters control the report:

- Calendar year
- Last x months where x = 12, 9, 6 or 3 months

Changing either of the parameters automatically refreshes the page with the selected information.

For each month, two sets of information are presented—Processing and Claims. The status information is a combination of facility administrator and DOH processing milestones:

- Did the Facility Administrator close the Medical Service Month?
- Date Closed
- DOH Medicaid Approved Date
- DOH Finance Processed Date
- Voucher No.

The claims information includes the claim submission type, totals and summaries for issued, denied and pending claims:

- Type
- Total Claims
- Total Claims Amount
- Issued Claims/Amount
- Denied Claims/Amount
- Pending Claims/Amount

VIEW REIMBURSEMENT HISTORY

Facility Name: MIS TEST
Facility Address: 15 Metrotech, Brooklyn, NY, 11201

Please select a Year : 2013 ▾   **Display Last** 3 ▾ **Months**

December 2013   Did the Facility Administrator close the Medical Service Month? N   Date Closed

DOH Medicaid Approved Date		DOH Finance Processed Date		Voucher No.	
Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount
Online	180	$915.00	1 / $5.00	28 / $25.00	151 / $885.00

November 2013   Did the Facility Administrator close the Medical Service Month? N   Date Closed

DOH Medicaid Approved Date		DOH Finance Processed Date		Voucher No.	
Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount
Online	464	$2,155.00	15 / $85.00	103 / $80.00	346 / $1,990.00

October 2013   Did the Facility Administrator close the Medical Service Month? N   Date Closed

DOH Medicaid Approved Date		DOH Finance Processed Date		Voucher No.	
Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount
Online	158	$875.00	14 / $105.00	23 / $130.00	121 / $640.00

Legend:
* Pending Processing By DOH / Batch Mode is not included in the Total Claims and Total Claims Amount

Figure 11: View Reimbursement History

The three claims/amount fields are click-thrus that lead to summary and detailed listings of their respective claim types. The type of claim summary is indicated by the shading under its name.

		VIEW REIMBURSEMENT HISTORY				
Facility Name:	MIS TEST					
Facility Address:	15 Metrotech, Brooklyn, NY, 11201					

Please select a Year : 2013 ▾   **Display Last** 6 ▾ **Months**

December 2013			Did the Facility Administrator close the Medical Service Month? N		Date Closed	
DOH Medicaid Approved Date			DOH Finance Processed Date		Voucher No.	
Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount	
Online	170	$930.00	1 / $5.00	18 / $40.00	151 / $885.00	

Claim Type		Total No. of Claims		Total Amount	Details	
Disapproved Claims		1		$10.00	VIEW	**Hide**
Incomplete Claims		16		$30.00	VIEW	
Client Ineligible		1		$0.00	VIEW	

November 2013			Did the Facility Administrator close the Medical Service Month? N		Date Closed	
DOH Medicaid Approved Date			DOH Finance Processed Date		Voucher No.	
Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount	
Online	414	$2,165.00	15 / $85.00	53 / $90.00	346 / $1,990.00	

October 2013			Did the Facility Administrator close the Medical Service Month? N		Date Closed	
DOH Medicaid Approved Date			DOH Finance Processed Date		Voucher No.	
Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount	
Online	135	$745.00	14 / $105.00	0 / $0.00	121 / $640.00	

September 2013			Did the Facility Administrator close the Medical Service Month? N		Date Closed	
DOH Medicaid Approved Date			DOH Finance Processed Date		Voucher No.	
Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount	
Online	10	$40.00	2 / $10.00	8 / $30.00	0 / $0.00	

August 2013			Did the Facility Administrator close the Medical Service Month? N		Date Closed	
DOH Medicaid Approved Date			DOH Finance Processed Date		Voucher No.	
Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount	
Online	141	$580.00	14 / $77.50	41 / $72.50	86 / $430.00	

July 2013			Did the Facility Administrator close the Medical Service Month? N		Date Closed	
DOH Medicaid Approved Date			DOH Finance Processed Date		Voucher No.	
Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount	
Online	58	$180.00	17 / $107.50	41 / $72.50	0 / $0.00	

Legend:
* Pending Processing By DOH / Batch Mode is not included in the Total Claims and Total Claims Amount

Figure 12: View Reimbursement History Single Summary View (Denied Claims)

Multiple months can display summaries including showing different claim types.

VIEW REIMBURSEMENT HISTORY

| Facility Name: | MIS TEST |
| Facility Address: | 15 Metrotech, Brooklyn, NY, 11201 |

Please select a Year : 2010 ▼   Display Last 3 ▼ Months

December 2010   Did the Facility Administrator close the Medical Service Month? Yes   Date Closed 07/12/2012

DOH Medicaid Approved Date   N/A   DOH Finance Processed Date   N/A   Voucher No. N/A

Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount
Online	37	$170.85	1 / $4.50	36 / $166.35	0 / $0.00

Claim Type	Total No. of Claims	Total Amount	Details	
Client Ineligible	1	$4.50	VIEW	
Client Ineligible	31	$143.90	VIEW	Hide
Incomplete Claims	4	$17.95	VIEW	

November 2010   Did the Facility Administrator close the Medical Service Month? Yes   Date Closed 03/11/2011

DOH Medicaid Approved Date   05/21/2012   DOH Finance Processed Date   08/23/2012   Voucher No. N/A

Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount
Online	116	$62.85	6 / $17.90	110 / $44.95	0 / $0.00

Claim Type	Total No. of Claims	Total Amount	Details	
Client Ineligible	10	$42.75	VIEW	Hide
Disapproved Claims	1	$2.20	VIEW	

October 2010   Did the Facility Administrator close the Medical Service Month? Yes   Date Closed 03/11/2011

DOH Medicaid Approved Date   08/02/2011   DOH Finance Processed Date   10/27/2011   Voucher No. N/A

Type	Total Claims	Total Claims Amount	Issued Claims/Amount	Denied Claims/Amount	Pending Claims/Amount
Online	29	$89.70	20 / $64.95	9 / $24.75	0 / $0.00

Legend:
* Pending Processing By DOH / Batch Mode is not included in the Total Claims and Total Claims Amount

Figure 13: View Reimbursement History Showing Multiple Summary Views

Clicking VIEW for a claim type displays the detail view of its individual claims.

VIEW REIMBURSEMENT HISTORY

| Facility Name: | MIS TEST |
| Facility Address: | 15 Metrotech, Brooklyn, NY, 11201 |

November 2013 - Issued Claims

Filter By:	CIN:		Medical Service Date:	
	Request Type:	Medicaid (Managed Care) ▼	Filter	Clear

Displaying 1 to 2 of 2 records   Total Cash Amount: $10.00   Total Metrocard Amount: $5.00   Print

NAME	DESCRIPTION	CIN	DOB	MEDICAL SERVICE DATE	CARFARE	PAYMENT MODE	ESCORT / AGE	SUBMITTER NAME	INPUTDATE	LOCATION
PATSIENDI, TUNDMATU	MMC	ZZ12345X	N/A	11/1/2013	$5.00	Metrocard	NO / N/A		12/02/2013 12:07 PM	MIS LOCATION 1
PATSIENDI, TUNDMATU	MMC	ZZ12345X	N/A	11/22/2013	$10.00	Cash	YES / N/A		12/02/2013 11:48 AM	MIS LOCATION 1
Total Amount:					**$15.00**					

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Code Legend:			
AMT	Invalid Amount	CNF	Client Not Found In WMS
CP	Coverage Period Not Valid	FMT	Invalid CIN Format
MC	Enrolled In Managed Care	CONYC	CIN Outside New York City
HE	Hospital Expense		

Figure 14: View Reimbursement History Detail View (Issued Claims)

For large individual claim listings, the Filter By fields—CIN, Medical Service Date, and Request Type can limit the number of displayed claims. The filters can be specified individually (e.g., all claims on a particular date) or combined (e.g., Incomplete claims on a particular date).

Filter By:	CIN:		Medical Service Date:	
	Request Type:	Medicaid (Managed Care) ▾	Filter	Clear

Figure 15: View Reimbursement Filter By Fields

A 14 claim listing

VIEW REIMBURSEMENT HISTORY										

Facility Name: MIS TEST
Facility Address: 15 Metrotech, Brooklyn, NY, 11201

December 2013 - Denied Claims

Filter By:	CIN:		Medical Service Date:	
	Request Type:	Incomplete Claims ▾	Filter	Clear

Displaying 1 to 14 of 14 records   Total Cash Amount: $10.00   Total Metrocard Amount: $20.00   Print

NAME	DESCRIPTION	CIN	DOB	MEDICAL SERVICE DATE	CARFARE	PAYMENT MODE	ESCORT / AGE	SUBMITTER NAME	INPUTDATE	LOCATION
ANHYSBYS, CLEIFION	INC	ZZ12345X	MM/DD/YYYY	12/3/2013	$5.00	Cash	NO / N/A	Nepoznato, Ime	12/03/2013 02:10 PM	MIS TEST 2
ANHYSBYS, CLEIFION	INC	ZZ12345X	MM/DD/YYYY	12/7/2013	$5.00	Metrocard	NO / N/A	Nepoznato, Ime	12/07/2013 02:49 PM	MIS TEST 2
PATSIENDI, TUNDMATU	INC	ZZ54321X	MM/DD/YYYY	12/7/2013	$0.00	Metrocard	YES / N/A	Nepoznato, Ime	12/07/2013 02:17 PM	MIS TEST 2
ENKONI, NEZ	INC	ZZ34512X	MM/DD/YYYY	12/7/2013	$5.00	Metrocard	NO / N/A	Nepoznato, Ime	12/07/2013 02:26 PM	MIS TEST 2
PATIENS, NOEN	INC	ZZ45123X	MM/DD/YYYY	12/2/2013	$0.00	Metrocard	NO / N/A	Administrator, Facility	12/02/2013 11:52 AM	MIS LOCATION 1
PACIENT, PASYAN	INC	ZZ45321X	MM/DD/YYYY	12/2/2013	$0.00	Metrocard	NO / N/A	Admin, Facility	12/02/2013 03:37 PM	MIS TEST 2
PATSIENDI, TUNDMATU	INC	ZZ54321X	MM/DD/YYYY	12/2/2013	$5.00	Metrocard	NO / N/A	Administrator, Facility	12/02/2013 12:05 PM	MIS TEST 2
ANHYSBYS, CLEIFION	INC	ZZ12345X	MM/DD/YYYY	12/2/2013	$0.00	Metrocard	NO / N/A	Admin, Facility	12/02/2013 03:38 PM	MIS TEST 2
PATIENS, NOEN	INC	ZZ45123X	MM/DD/YYYY	12/2/2013	$5.00	Cash	NO / N/A	Admin, Facility	12/02/2013 03:38 PM	MIS TEST 2
ENKONI, NEZ	INC	ZZ34512X	MM/DD/YYYY	12/2/2013	$0.00	Metrocard	NO / N/A	Admin, Facility	12/02/2013 03:38 PM	MIS TEST 2
PATSIENDI, TUNDMATU	INC	ZZ54321X	MM/DD/YYYY	12/3/2013	$0.00	Metrocard	NO / N/A	Administrator, Facility	12/03/2013 06:21 PM	MIS LOCATION 1
PACIENT, PASYAN	INC	ZZ45321X	MM/DD/YYYY	12/3/2013	$0.00	Metrocard	NO / N/A	Administrator, Facility	12/03/2013 06:23 PM	MIS LOCATION 1
PACIENT, PASYAN	INC	ZZ45321X	MM/DD/YYYY	12/12/2013	$0.00	Metrocard	NO / N/A	Administrator, Facility	12/12/2013 04:19 PM	MIS TEST 2
PATIENS, NOEN	INC	ZZ45123X	MM/DD/YYYY	12/12/2013	$5.00	Metrocard	NO / N/A	Administrator, Facility	12/12/2013 04:18 PM	MIS LOCATION 1
Total Amount:					**$30.00**					

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Code Legend:

AMT	Invalid Amount	CNF	Client Not Found In WMS
CP	Coverage Period Not Valid	FMT	Invalid CIN Format
MC	Enrolled In Managed Care	CONYC	CIN Outside New York City
HE	Hospital Expense		

Figure 16: View Reimbursement Claims Detail Listing (Unfiltered)

can be filtered to a three claim listing. In this case, Medical Service Date is the filter.

VIEW REIMBURSEMENT HISTORY

Facility Name: MIS TEST
Facility Address: 15 Metrotech, Brooklyn, NY, 11201

December 2013 - Denied Claims

Filter By:	CIN:		Medical Service Date:	12/3/2013
	Request Type:	Incomplete Claims ▼	Filter	Clear

Displaying 1 to 3 of 3 records   Total Cash Amount: $5.00   Total Metrocard Amount: $0.00   Print

NAME	DESCRIPTION	CIN	DOB	MEDICAL SERVICE DATE	CARFARE	PAYMENT MODE	ESCORT / AGE	SUBMITTER NAME	INPUTDATE	LOCATION
ANHYSBYS, CLEIFION	INC	ZZ12345X	MM/DD/YYYY	12/3/2013	$5.00	Cash	NO / N/A	Nepoznato, Ime	12/03/2013 02:10 PM	MIS TEST 2
PATSIENDI, TUNDMATU	INC	ZZ54321X	MM/DD/YYYY	12/3/2013	$0.00	Metrocard	NO / N/A	Administrator, Facility	12/03/2013 06:21 PM	MIS LOCATION 1
PACIENT, PASYAN	INC	ZZ45321X	MM/DD/YYYY	12/3/2013	$0.00	Metrocard	NO / N/A	Administrator, Facility	12/03/2013 06:23 PM	MIS LOCATION 1
Total Amount:					$5.00					

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Code Legend:

AMT	Invalid Amount	CNF	Client Not Found In WMS
CP	Coverage Period Not Valid	FMT	Invalid CIN Format
MC	Enrolled In Managed Care	CONYC	CIN Outside New York City
HE	Hospital Expense		

Figure 17: View Reimbursement Claims Detail Listing (Filtered by Medical Service Date)

Instructions
1. Select the calendar year from the Year drop-down. The Reimbursement History grid updates to the selected year.
2. Select the number of months to display. The grid updates to display the selected number of months.
3. Click the applicable claims/amount field for a month to display the claims by type summary. This may be repeated for different months simultaneously.
4. Click VIEW for a claim type to view the individual claims for that type.
5. Optionally use one or more of the fields in the Filter By section to limit the claims shown.

REPORTS

Hospital Expense Report

The Hospital Expense report provides summary and detail views of hospital expense claims for a facility.

The initial summary view displays the total number and dollar amount of claims for every month on record. The view stretches over multiple pages beginning with the most recent month.

The two summary two fields:

- Total Hospital Expense Reimbursement
- Total Amount

present the number of the claims and total amount for each month.

Month Year	Total Hospital Expense Reimbursement	Total Amount	Report
December, 2013	1	$5.00	View PDF
November, 2013	15	$80.00	View PDF
October, 2013	24	$170.00	View PDF
August, 2013	5	$25.00	View PDF
June, 2013	3	$15.00	View PDF
May, 2013	9	$45.00	View PDF
April, 2013	9	$60.00	View PDF
March, 2013	45	$255.00	View PDF
February, 2013	114	$607.50	View PDF
January, 2013	2	$11.25	View PDF
December, 2012	1	$1.10	View PDF
August, 2012	7	$36.00	View PDF
July, 2012	6	$40.50	View PDF
June, 2012	2	$11.20	View PDF
March, 2012	3	$15.00	View PDF
February, 2012	6	$20.50	View PDF
January, 2012	1	$5.00	View PDF
August, 2011	6	$28.10	View PDF
June, 2011	3	$11.20	View PDF
May, 2011	10	$58.30	View PDF
March, 2011	13	$53.90	View PDF
February, 2011	41	$163.90	View PDF
January, 2011	18	$74.05	View PDF
December, 2010	1	$4.50	View PDF
October, 2010	2	$6.75	View PDF

HOSPITAL EXPENSE REPORT

Facility Name: MIS TEST
Facility Address: 15 Metrotech, Brooklyn, NY, 11201

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Figure 18: Hospital Expense Report

The View PDF button displays the complete set of individual hospital expense claims for a selected month. The reports are PDFs showing each individual expense incurred in a given month.

Figure 19: Hospital Expense Report Detail View

Instructions
1. Click the View PDF button for a month to view its individual hospital expense claims. The report PDF displays.
2. Print and/or save the PDF.

Issuance Details Report

The Issuance Details report lists the individual claims issued for a period of up to 31 days. The claims may be viewed as a complete listing of every claim for the period, or broken down by one or more of the Group, Location and Issued by (PTAR user or role) parameters.

The report has three sections:

- **Report Parameters**—Date range, group, location and issued by
- **Issuance Summary**—summary of the issued claims
- **Date**—detailed listing by date of the individual claims

The Issuance Details report has many options for viewing issued claims for a selected period:

- All claims
- All claims for a specific facility
- All claims for a specific location
- All claims issued by a specific user or a user role (Data Entry, Cashier, Supervisor, Facility Administrator)
- Any combination of facility, location and user or user role

One thing to keep in mind is that because the output is a PDF, reports can be stored for offline use. It may be worthwhile to create a folder structure on a drive or utilize a document repository to hold a set of reports that are produced on a regular schedule.

Instructions

1. Set the Start Date and the End Date using their respective calendar controls. The maximum range is 31 days.
2. Select the group from the Group drop-down or use the ALL default.
3. Select the location from the Location drop-down or use the ALL default.
4. Select the user or role from the Issued By drop-down or use the ALL default.
5. Click Submit to generate the report based on the selected parameters. The report PDF displays.

Issuance Summary Report

The Issuance Summary report lists a summary of the claims issued on either a by date or by group basis for a period of up to 31 days. The claims may be viewed as a complete summary of every claim for the period, or a summary of the claims broken down by one or more of the Group, Location and Issued by (PTAR user or role) parameters.

The report has three sections, two of which are the same for the by date and by group options

- **Report Parameters**—Date range, group, location and issued by
- **Issuance Summary**—summary of the issued claims

The third section varies based on the By Dates or By Group option

- **By Dates**— claims broken down by the issuance summary types

Figure 20: Issuance Summary Report by Date

- **By Group**— summary of the types

Figure 21: Issuance Summary Report by Group

The Issuance Summary report has many options for viewing issued claims for a selected period:

- All claims
- All claims for a specific facility
- All claims for a specific location
- All claims issued by a specific user or a user role (Data Entry, Cashier, Supervisor, Facility Administrator)
- Any combination of facility, location and user or user role

One thing to keep in mind is that because the output is a PDF, reports can be stored for offline use. It may be worthwhile to create a folder structure on a drive or utilize a document repository to hold a set of reports that are produced on a regular schedule.

Instructions
1. Set the Start Date and the End Date using their respective calendar controls. The maximum range is 31 days.
2. Select the group from the Group drop-down or use the ALL default.
3. Select the location from the Location drop-down or use the ALL default.
4. Select the user or role from the Issued By drop-down or use the ALL default.
5. Select the By Date or By Group option.
6. Click Submit to generate the report based on the selected parameters. The report PDF displays.

Managed Care Invoice

Managed Care Invoice is a combination report and invoice producer for claims involving managed care providers. The claims may be viewed on a facility or group basis. The invoices are PDFs that can be printed and sent to providers.

The report presents the number of claims and amount totals for each month having managed care claims. Selecting a month and the report type displays a summary of the claims based on the report type—facility or group.

The facility report type lists the claims and total amounts for each associated managed care provider.

Figure 22: Managed Care Invoice Facility Report

The group report type lists the groups that have associated managed care providers. Click the plus icon to the left displays the managed care providers. At that point, the report types converge.

Figure 23: Managed Care Invoice Group Report

The View PDF function for each provider generates the invoice for the managed care claims.

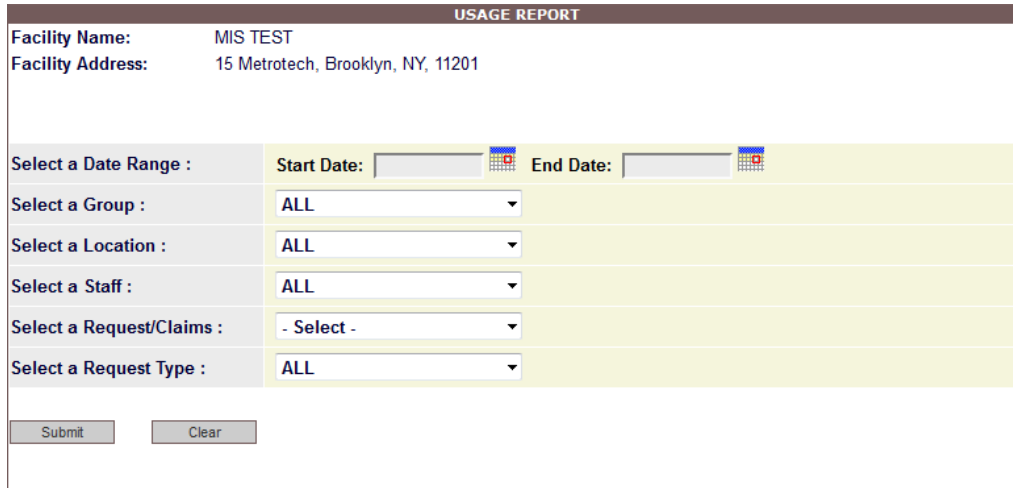**Figure 24: Managed Care Invoice**

Instructions

1. Select the month from the Managed Care Invoice grid.
2. Select the report type.
3. Click View Details. The facility or group report displays.
4. For a group report, click the + icon to the left of the group to display its managed care providers; for a facility report, the providers are immediately displayed.
5. Click the View PDF button to view the invoice for the selected managed care provider.
6. Print or save the PDF in preparation for sending to the managed care provider.

Cashier's Issuance

CASHIER ISSUANCE REPORT		
Facility Name:	MIS TEST	
Facility Address:	15 Metrotech, Brooklyn, NY, 11201	
No Reimbursement Issued		
Select a Date Range :	**Start Date:** [____] 📅 **End Date:** [____] 📅	
Select Location :	[▼]	
[Submit] [Clear]		

Usage Report

The Usage report lists the individual Issued, Denied or Pending claims for a period of up to 31 days. The claims may be viewed as a complete listing of every claim for the period, or broken down by one or more of the Group, Location, and Staff (PTAR user or role) parameters.

Figure 25: Usage Report

The Usage report has many options for viewing issued claims for a selected period:

- All claims
- All claims for a specific group
- All claims for a specific location
- All claims for a staff member
- Any combination of group, location and staff

Instructions
1. Set the Start Date and the End Date using their respective calendar controls. The maximum range is 31 days.
2. Select the group from the Group drop-down or use the ALL default.
3. Select the location from the Location drop-down or use the ALL default.
4. Select the user or role from the Staff drop-down or use the ALL default.
5. Select Issued, Denied or Pending from the Request/Claims drop-down.
6. Click Submit to generate the report based on the selected parameters. The report PDF displays.

SETTINGS

Update User Settings

Update User Settings contains personal and security information for users. It is the initial page that all users encounter in order to create a permanent password and set up the three required security questions. The information may be updated at any time.

Figure 26: Update User Settings

Instructions
Update password.

1. Enter the updated password in New Password. The password must conform to the minimum requirements listed on the page.
2. Enter the updated password in Confirm Password.
3. Click Submit.

Update security question(s).

1. Select a new security question from the applicable drop-down.
2. Enter the answer in the corresponding Security Answer field.
3. Click Submit.