

PTAR



Public Transportation
Automated Reimbursement System

User Manual

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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.

ADD NEW REQUEST			
Facility Name:	MIS TEST		
Facility Address:	15 Metrotech, Brooklyn, NY, 11201		
Group Name:	MIS Group 1		
Location Name:	MIS TEST 2		
Location Address:	15 Metrotech, New York, NY, 10001		
Click 'Activate Signature Pad' To Accept Client Signature OR Click 'Manual Issuance'			
Client Information			
Client CIN# :	ZZ12345X	Client's Sex :	Female
Client Name :	ANHYSBYS, CLEIFION	Client DOB :	MM/DD/YYYY (Age : XX)
Disbursement Information			
Medical Service Date :	12/12/2013		
Payment Details :	Recipient	Amount	Payment Mode
	Client	\$5.00	Metrocard
Comments :			
Based on the information below client is entitled to receive \$5.00			
<ul style="list-style-type: none">• Client is Enrolled in Managed Care.• Transportation covered by : BLUE CHOICE/BLUE CHOICE OPTIO Provider ID : 00477023• Access a Ride : No• Escort Required : No• Trip: Round Trip			
<input type="button" value="Back"/> <input type="button" value="Manual Issuance"/> <input type="button" value="Activate Signature Pad"/>			

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 Disapprove displays the Confirm action page that displays 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

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						
Sr.No	CIN	Service Date MM/DD/YYYY	Escort Required	Access-A-Ride	Round Trip	Payment Mode		
						Client	Escort	
1			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
2			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
3			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
4			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
5			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
6			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
7			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
8			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
9			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
10			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
11			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
12			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
13			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
14			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
15			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
16			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
17			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
18			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
19			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
20			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
21			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
22			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
23			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
24			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	
25			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	Metrocard	Metrocard	

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
<input type="button" value="Select New Location"/> <input type="button" value="Add New Request"/>						

Figure 3: Batch Mode Entry Successful Submission

Instructions

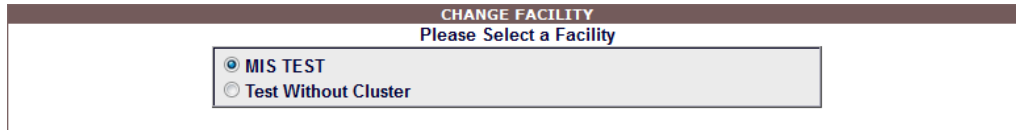
1. Select the location from the location grid.
2. For each batch entry, fill out all fields. The Escort field under Payment Mode is ignored if Escort Required is set to No.

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.



The image shows a dialog box titled "CHANGE FACILITY" with the instruction "Please Select a Facility". Inside the dialog, there are two radio button options: "MIS TEST" (which is selected) and "Test Without Cluster".

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.

	A	B	C	D	E	F	G
1	Service Date	Medicaid CIN	Escort (Y/N)	Access-A-Ride (Y/N)	RoundTrip (Y/N)	Pay Client (C/M)	Pay Escort (C/M)
2							
3							
4							

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

	A	B	C	D	E	F	G
1	Service Date (MM/DD/YYYY)	Medicaid CIN	Escort (Y/N)	Access-A-Ride (Y/N)	RoundTrip (Y/N)	Pay Client (C/M)	Pay Escort (C/M)
2	11/18/2013	ZZ12345X	N	Y	Y	C	C

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.

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.

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.

MARK SERVICE MONTH AS COMPLETE					
Facility Name:		MIS TEST			
Facility Address:		15 Metrotech, Brooklyn, NY, 11201			
Service Month	Total Claims	Total Claims Amount	Issued Claims / Amount	Denied Claims / Amount	Pending Claims / Amount*
December 2013	186	\$930.00	1 / \$5.00	34 / \$40.00	151 / \$885.00
November 2013	464	\$2,155.00	15 / \$85.00	103 / \$80.00	346 / \$1,990.00
October 2013	158	\$875.00	14 / \$105.00	23 / \$130.00	121 / \$640.00
August 2013	183	\$590.00	14 / \$77.50	83 / \$82.50	86 / \$430.00
June 2013	69	\$165.00	6 / \$30.00	49 / \$65.00	14 / \$70.00
May 2013	139	\$370.85	1 / \$2.50	91 / \$133.35	47 / \$235.00
April 2013	96	\$440.00	1 / \$10.00	49 / \$122.50	46 / \$307.50
March 2013	333	\$1,625.00	2 / \$15.00	114 / \$385.00	217 / \$1,225.00
February 2013	804	\$3,712.10	11 / \$63.00	275 / \$884.10	518 / \$2,765.00
January 2002	85	\$425.00	0 / \$0.00	15 / \$75.00	70 / \$350.00
January 2001	34	\$170.00	0 / \$0.00	6 / \$30.00	28 / \$140.00

Note : * Service Month can not be mark as complete until all Pending Requests are processed and approved.
* Before Closing the Service Month, please make sure all claims for the Service Month are entered in PTAR.

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.

MARK SERVICE MONTH AS COMPLETE					
Facility Name:		MIS TEST			
Facility Address:		15 Metrotech, Brooklyn, NY, 11201			
Service Month	Total Claims	Total Claims Amount	Issued Claims / Amount	Denied Claims / Amount	Pending Claims / Amount*
December 2013	186	\$930.00	1 / \$5.00	34 / \$40.00	151 / \$885.00
Claim Type		Total No. of Claims	Total Amount	Details	
Pending Facility Approval		148	\$870.00	VIEW	
Pending Batch Processing		3	\$15.00	VIEW	
Pending Issuance		0	\$0.00	VIEW	
November 2013	464	\$2,155.00	15 / \$85.00	103 / \$80.00	346 / \$1,990.00
October 2013	34	\$170.00	0 / \$0.00	6 / \$30.00	28 / \$140.00

Note : * Service Month can not be mark as complete until all Pending Requests are processed and approved.
* Before Closing the Service Month, please make sure all claims for the Service Month are entered in PTAR.

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
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		
Incomplete Claims		16	\$30.00	VIEW		
Client Ineligible		1	\$0.00	VIEW		
Hide						
November 2013						
Did the Facility Administrator close the Medical Service Month?						N
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
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
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
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
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
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
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
PATSENDI, TUNDMATU	MMC	ZZ12345X	N/A	11/1/2013	\$5.00	Metrocard	NO / N/A		12/02/2013 12:07 PM	MIS LOCATION 1
PATSENDI, 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					
Back										
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:	<input type="text"/>	Medical Service Date:	<input type="text"/>
	Request Type:	Medicaid (Managed Care) ▾	<input type="button" value="Filter"/>	<input type="button" value="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:	<input type="text"/>	Medical Service Date:	<input type="text"/>						
	Request Type:	Incomplete Claims ▾	<input type="button" value="Filter"/>	<input type="button" value="Clear"/>						
Displaying 1 to 14 of 14 records		Total Cash Amount: \$10.00		Total Metrocard Amount: \$20.00		<input type="button" value="Print"/>				
NAME	DESCRIPTION	CIN	DOB	MEDICAL SERVICE DATE	CARFARE	PAYMENT MODE	ESCORT / AGE	SUBMITTER NAME	INPUTDATE	LOCATION
ANHYSBYS, CLEFION	INC	ZZ12345X	MM/DD/YYYY	12/3/2013	\$5.00	Cash	NO / N/A	Nepoznato, lme	12/03/2013 02:10 PM	MIS TEST 2
ANHYSBYS, CLEFION	INC	ZZ12345X	MM/DD/YYYY	12/7/2013	\$5.00	Metrocard	NO / N/A	Nepoznato, lme	12/07/2013 02:49 PM	MIS TEST 2
PATSENDI, TUNDMATU	INC	ZZ54321X	MM/DD/YYYY	12/7/2013	\$0.00	Metrocard	YES / N/A	Nepoznato, lme	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, lme	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
PATSENDI, 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, CLEFION	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
PATSENDI, 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					
<input type="button" value="Back"/>										
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, lme	12/03/2013 02:10 PM	MIS TEST 2
PATSENDI, 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					
Back										
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.

HOSPITAL EXPENSE REPORT			
Facility Name:	MIS TEST		
Facility Address:	15 Metrotech, Brooklyn, NY, 11201		
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
 Next Page >>			

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.

Hospital Expense Reimbursements for : June 2013

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NEW YORK Department of Health
HEALTH PUBLIC TRANSPORTATION AUTOMATED REIMBURSEMENT

HOSPITAL EXPENSE REIMBURSEMENTS FOR JUNE 2013

Facility Name : MIS TEST
Facility Address : 15 Metrotech Brooklyn, NY 11201
Print Date: 12/13/2013

S.NO	Name	CIN	Medical Service Date	Escort / Age	Disability / Access a Ride	Round Trip / Carfare Amt	Payment Mode	Location Name	Signature
1		N/A	06/03/2013	NO	No / No	Yes / \$	Metrocard	MIS TEST 2	
2		N/A	06/03/2013	NO	No / No	Yes / \$	Metrocard	MIS TEST 2	
3		N/A	06/03/2013	NO	No / No	Yes / \$	Metrocard	MIS TEST 2	

TOTAL NO. OF CLAIMS : 3 Total Amount : \$15.00
Cash Dispersed : 0 = \$ 0.00

Page 1 of 1

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

ISSUANCE DETAILS REPORT									Print Date: 1/24/2011	
Facility Name: MIS TEST										
Facility Address: 15 Metrotech Brooklyn, NY 11201										
Start Date :	1/1/2011	End Date :	1/24/2011							
Group Name :	MIS Group 1	Location Name :	MIS LOCATION 2							
Issued by :	ALL									
ISSUANCE SUMMARY :										
				Requests	Amount					
Total Medicaid (Fee-for-Service) :				10	\$35.90					
Total Managed Care Issuances :				13	\$38.20					
Total Out-of-County Issuances :				5	\$22.50					
Total Hospital Expense Issuances :				10	\$30.35					
Total :				38	\$126.95					
DATE : 01/03/2011										
Group Name : MIS Group 1										
Location Name : MIS LOCATION 2										
S.No	Name	DOB	CIN	Medical Service Date	Escort/ Age	Disability / Access A Ride	Round Trip / Cartare	Reimbursement Type		
1	Smith, John	10/27/1960		01/03/2011	YES / < 65	Yes / Yes	No / \$2.25	Medicaid (Fee-for-Service)		
2	Smith, John	9/8/1960		01/03/2011	YES / < 65	Yes / Yes	Yes / \$4.50	Medicaid (Fee-for-Service)		
3	Smith, John	3/23/1965		01/03/2011	NO	No / No	Yes / \$4.50	Affinity Health Plan		
4	Smith, John	6/4/1961		01/03/2011	NO	Yes / No	Yes / \$2.25	NY State Catholic Health Plan/Fidels		
5	Smith, John	12/12/1999		01/03/2011	NO	No / No	Yes / \$4.50	CIN in County Outside NYC		
6	Smith, John	12/12/1999		01/03/2011	NO	No / No	Yes / \$4.50	CIN in County Outside NYC		
7	Smith, John	8/30/1967		01/03/2011	NO	No / No	Yes / \$2.25	Hospital Expense		
8	Smith, John	5/9/1931		01/03/2011	NO	No / No	Yes / \$2.25	Hospital Expense		
							Number of Cards @2.25 x	4	=	\$8.00
							Number of Cards @4.50 x	4	=	\$18.00
Total For Location MIS LOCATION 2:							Requests :	8	Amount :	\$27.00

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

ISSUANCE SUMMARY REPORT				Print Date: 12/10/2013
MIS TEST 15 MetrotechBrooklyn, NY 11201				
Start Date :	11/20/2013	End Date :	12/01/2013	
Group Name :	ALL	Location Name :	ALL	
Issued By :	ALL	Report Type :	Totals By Date	
ISSUANCE SUMMARY :				
	Metrocard Total / Amount	Cash Total / Amount	Total Amount	
Total Medicaid (Fee-For-Service) Issuances :	1 / \$5.00	0 / \$0.00	\$5.00	
Total Hospital Expense Issuances :	8 / \$40.00	0 / \$0.00	\$40.00	
Total :	9 / \$45.00	0 / \$0.00	\$45.00	
DATE : 11/20/2013				
<i>Group Name : MIS Group 1</i>				
<i>Location Name : MIS LOCATION 1</i>				
Total Medicaid (Fee-For-Service) Issuances :				
Number of Cards @\$5.00 x	1	=	\$5.00	
Total Metrocards / Amount :	1	=	\$5.00	
Totals :	1	=	\$5.00	
Total Hospital Expense Issuances :				
Number of Cards @\$5.00 x	2	=	\$10.00	
Total Metrocards / Amount :	2	=	\$10.00	
Totals :	2	=	\$10.00	
Total For Location MIS LOCATION 1 : Metrocard Amount - \$15.00 Cash Amount - \$0.00 Total(s) - 3				
<i>Location Name : MIS TEST 2</i>				
Total Hospital Expense Issuances :				
Number of Cards @\$5.00 x	4	=	\$20.00	
Total Metrocards / Amount :	4	=	\$20.00	
Totals :	4	=	\$20.00	
Total For Location MIS TEST 2 : Metrocard Amount - \$20.00 Cash Amount - \$0.00 Total(s) - 4				
Total for Group MIS Group 1 : Metrocard Amount - \$35.00 Cash Amount - \$0.00 Total(s) - 7				
Total For Date 11/20/2013 : Metrocard Amount - \$35.00 Cash Amount - \$0.00 Total(s) - 7				
DATE : 11/21/2013				
<i>Group Name : MIS Group 1</i>				
<i>Location Name : MIS TEST 2</i>				
Total Hospital Expense Issuances :				
Number of Cards @\$5.00 x	2	=	\$10.00	
Total Metrocards / Amount :	2	=	\$10.00	
Totals :	2	=	\$10.00	
Total For Location MIS TEST 2 : Metrocard Amount - \$10.00 Cash Amount - \$0.00 Total(s) - 2				
Total for Group MIS Group 1 : Metrocard Amount - \$10.00 Cash Amount - \$0.00 Total(s) - 2				
Total For Date 11/21/2013 : Metrocard Amount - \$10.00 Cash Amount - \$0.00 Total(s) - 2				

Figure 20: Issuance Summary Report by Date

- **By Group**— summary of the types

ISSUANCE SUMMARY REPORT				Print Date: 12/10/2013
MIS TEST				
15 MetrotechBrooklyn, NY 11201				
Start Date :	11/20/2013	End Date :	12/01/2013	
Group Name :	ALL	Location Name :	ALL	
Issued By :	ALL	Report Type :	Totals By Group	
ISSUANCE SUMMARY :				
	Metrocard Total / Amount	Cash Total / Amount	Total Amount	
Total Medicaid (Fee-For-Service) Issuances :	1 / \$5.00	0 / \$0.00	\$5.00	
Total Hospital Expense Issuances :	8 / \$40.00	0 / \$0.00	\$40.00	
Total :	9 / \$45.00	0 / \$0.00	\$45.00	
<i>Group Name : MIS Group 1</i>				
<i>Location Name : MIS LOCATION 1</i>				
Total Hospital Expense Issuances :				
Number of Cards @\$5.00 x	2	=	\$10.00	
Total Metrocards / Amount :	2	=	\$10.00	
Total :	2	=	\$10.00	
Total Medicaid (Fee-For-Service) Issuances :				
Number of Cards @\$5.00 x	1	=	\$5.00	
Total Metrocards / Amount :	1	=	\$5.00	
Total :	1	=	\$5.00	
Total For Location MIS LOCATION 1 : Metrocard Amount - \$15.00 Cash Amount - \$0.00 Total(s) - 3				
<i>Location Name : MIS TEST 2</i>				
Total Hospital Expense Issuances :				
Number of Cards @\$5.00 x	6	=	\$30.00	
Total Metrocards / Amount :	6	=	\$30.00	
Total :	6	=	\$30.00	
Total For Location MIS TEST 2 : Metrocard Amount - \$30.00 Cash Amount - \$0.00 Total(s) - 6				
Total for Group MIS Group 1 : Metrocard Amount - \$45.00 Cash Amount - \$0.00 Totals - 9				

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.

MANAGED CARE INVOICE			
Facility Name:	MIS TEST		
Facility Address:	15 Metrotech, Brooklyn, NY, 11201		
Managed Care Invoice for : June 2010			
Plan Name	Total Managed Care Denials	Total Amount	Invoice
Health First PHSP, Inc.	6	\$27.00	View PDF
Health Plus PHSP	2	\$4.40	View PDF
Metro-Plus (Metropolitan Health Plus)	1	\$2.20	View PDF
NY State Catholic Health Plan/Fidelis	2	\$9.00	View PDF
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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.

MANAGED CARE INVOICE			
Facility Name:	MIS TEST		
Facility Address:	15 Metrotech, Brooklyn, NY, 11201		
Managed Care Invoice for : June 2010			
Click '+' for more details			
<input type="checkbox"/>	MIS Group 1		
Plan Name	Total Managed Care Denials	Total Amount	Invoice
Health First PHSP, Inc.	6	\$27.00	View PDF
Health Plus PHSP	2	\$4.40	View PDF
Metro-Plus (Metropolitan Health Plus)	1	\$2.20	View PDF
NY State Catholic Health Plan/Fidelis	2	\$9.00	View PDF
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Figure 23: Managed Care Invoice Group Report

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

INVOICE FOR MANAGED CARE REQUESTS FOR OCTOBER 2010										
Facility Name : MIS TEST Facility Address : 15 Metrotech Brooklyn, NY 11201 15 Metrotech Brooklyn, NY 11201						Print Date: 12/10/2013		Page 1		
PLAN NAME : HealthPlus, an Amerigroup Company										
S.NO	Name	CIN	DOB	Medical Service Date	Disability / Access a Ride	Escort / Age	Round Trip / Carfare Amt	Payment Mode	Location Name	Signature
1	PACIENT, PASYAN	ZZ32145A	mm/dd/yyyy	10/05/2010	Yes / Yes	YES / < 65	Yes / \$ 4.50(M)	Metrocard	MIS TEST 2	
2	ENKONI, NEZ	ZZ54321A	mm/dd/yyyy	10/18/2010	Yes / No	NO	Yes / \$ 2.20(M)	Metrocard	MIS TEST 2	<i>Nez Enkon</i>
3	PATIENS, NOEN	ZZ12345A	mm/dd/yyyy	10/20/2010	Yes / No	NO	Yes / \$ 2.25(M)	Metrocard	MIS TEST 2	<i>Noen Patiens</i>
Total Request for HealthPlus, an Amerigroup Company : 3						Total Amount : \$8.95				
						Number of cards @2.20 x 1 = \$ 2.20				
						Number of cards @4.50 x 1 = \$ 4.50				
						Number of cards @2.25 x 1 = \$ 2.25				
						Total Metrocards / Amount : 3 = \$ 8.95				
TOTAL NO. OF REQUEST(S) : 3						Grand Total : \$8.95				

Figure 24: Managed Care Invoice

Instructions

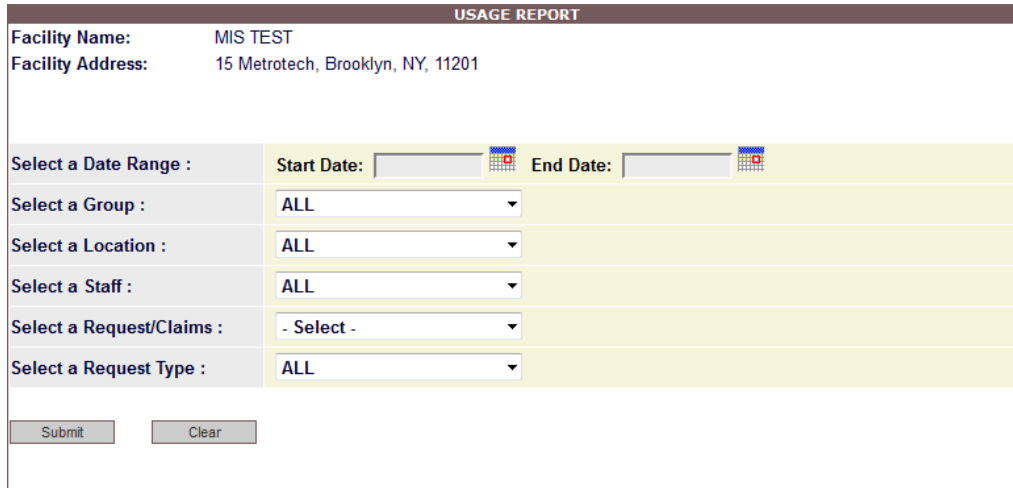
1. Select the month from the Managed Care Invoice grid.
2. Select the report type.
3. Click View Details. The facility or group report displays.
4. For a group report, click the + icon to the left of the group to display its managed care providers; for a facility report, the providers are immediately 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: <input type="text"/>  End Date: <input type="text"/> 
Select Location :	<input type="text"/>
<input type="button" value="Submit"/>	<input type="button" value="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.



The screenshot shows a web form titled "USAGE REPORT". At the top, it displays "Facility Name: MIS TEST" and "Facility Address: 15 Metrotech, Brooklyn, NY, 11201". Below this, there are several filter sections:

- Select a Date Range :** Includes "Start Date:" and "End Date:" fields, each with a calendar icon.
- Select a Group :** A dropdown menu with "ALL" selected.
- Select a Location :** A dropdown menu with "ALL" selected.
- Select a Staff :** A dropdown menu with "ALL" selected.
- Select a Request/Claims :** A dropdown menu with "- Select -" selected.
- Select a Request Type :** A dropdown menu with "ALL" selected.

At the bottom of the form, there are two buttons: "Submit" and "Clear".

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.

UPDATE USER SETTINGS

Please complete all fields denoted by the red asterisk (*)

Please leave password field blank, if you don't want to change password.

New Password:	<input type="password" value="••••••••"/>	Password must meet the following minimum requirements: Be at least 8 characters in length and contain at least one each of the following: English uppercase letter (A through Z) English lowercase letter (a through z) Number (0 through 9) Special Character (!@#\$()%*&')
Confirm Password:	<input type="password"/>	
Email Address :	<input type="text" value="emailaddress@emailaddress.com"/>	
First Name :	<input type="text" value="Ukendi"/>	
Middle Initial :	<input type="text"/>	
Last Name :	<input type="text" value="Bruger"/>	
Security Question1 :	<input type="text" value="- Select -"/>	*
Security Answer1 :	<input type="text"/>	*
Security Question2 :	<input type="text" value="- Select -"/>	*
Security Answer2 :	<input type="text"/>	*
Security Question3 :	<input type="text" value="- Select -"/>	*
Security Answer3 :	<input type="text"/>	*

Submit

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.