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## Accounts Receivable Navigation

A/R, or Accounts Receivable, is most often worked from the Claims (A/R) tab of the Billing Center where you can work on open claims for the practice. To navigate to a patient's claim from the Claims (A/R tab) of the Billing Center, simply select the claim, and click the **Patient Chart** button in the Clinical, Practice Management, or Billing tab, or press F8 on your keyboard.

### Accounts Receivable Navigation

1. Navigate to the Claims (A/R tab) of the Billing Center: **Billing tab > Billing Center button > Claims (A/R) tab.**
2. Confirm the **Stage** drop-down menu has **All daysheeted claims (A/R)** selected.
3. Use the parameters listed below to view specific claims:
  - **Payer:** Select one payer from the drop-down menu to view all outstanding claims for that payer only.
  - **Provider:** Select one provider from the drop-down menu to view all outstanding claims for that provider only.
  - **Date Range:** This is the Claim Date or Date of Service. Select All, 7, 30, or 90 days, or enter a custom date range.  
**Note:** It is best to focus on a manageable time frame rather than choosing the All radio button.
  - **Location:** Defaults to **All**. Or, select the radio button to the right of All and select the location of the claim.
  - **Category (Cat):** Shows the last status or acknowledgement that was applied to the claim.
  - **Batch #:** Number assigned by OP to a batch of claims when claim files are sent.
  - **Has Insurance Balance** and **Has Patient Balance** checkboxes: Check one of these boxes to only show claims with balances that are either the responsibility of an insurance payer, or the patient.
4. (Optional) Select the **show subtotals** checkbox to include subtotals at the bottom of the window.
5. (Optional) Select the **Service lines** radio button to view the service lines for each claim after expanding each claim.

6. (Optional) Select the **Status history** radio button to view the status history for each claim after expanding each claim.
7. (Optional) Click a column header to sort the information in this grid by that column.
8. (Optional) Drag a column header to group the information in this grid by column header.
9. (Optional) Click the **Print Grid** button after setting the search parameters to print the grid.

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## Claim Stages

1. Navigate to the Claims (A/R tab) of the Billing Center: **Billing tab > Billing Center button > Claims (A/R) tab.**
2. Click the **Stage** drop-down, and select the stage you wish to view:
  - **URGENT PROBLEMS:** Displays claims sitting with no action taken. Claims are in this stage if they are:
    - Still in Q0 (never sent or printed) or Q2 status (never acknowledged by clearinghouse) after two weeks.
    - Still in A1/A2 status (acknowledged but never paid) after two weeks.
    - Rejected or denied at any time (Categories A3, A4, A6, A7, A8, F2).
  - **All daysheeted Claims (A/R):** Displays all archived claims and is used to work A/R.
  - **Not daysheeted, new claims only:** Displays claims that are not archived on a daysheet.
  - **Not daysheeted, include payments:** Displays claims that are not archived on a daysheet, including those with only current payments.
  - **Unsent (not transmitted or printed):** Displays claims that are not printed or sent electronically to a clearinghouse (Category Q0).
  - **In transmission queue:** Displays claims that are sent to the Transmit Queue awaiting submission (Category Q1).
  - **Transmitted, not yet acknowledged:** Displays claims that were sent, but not acknowledged by the clearinghouse (Category Q2).
  - **Printed (claim or statement):** Displays claims that are printed from the queue or patient chart (Category Q3).
  - **Acknowledged by clearinghouse:** Displays claims with a received acknowledgement from the clearinghouse (Categories A0, A1).
  - **Acknowledged by payer:** Displays claims that received an acknowledgement from the payer (Categories A2, A5).
  - **Rejected/Denied:** Displays claims that are rejected internally in OP or by the clearinghouse (Categories A3, A4, A6, A7, A8, F2) .
  - **Pended:** Displays claims that are pending at the payer (Categories P0-P6, R0-R16).

- **Finalized/Paid:** Displays claims that are finalized and/or paid (Categories F0, F1, F3, F3F, F3N, F4).
- **Uncollectable:** Displays the uncollectible balances for patients (Category FU).
- **Office responsibility:** Displays claims that need to be assessed by someone in the practice (Category QR).

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## Process Claim Acknowledgements

If your practice uses a supported clearinghouse, Claim Acknowledgement files can be processed into OP to provide the most up to date claim status as supplied by the clearinghouse and includes rejections. It is recommended that Claim Acknowledgement files are processed regularly.

### Pull Claim Acknowledgements into OP

1. Navigate to the Claims (A/R tab) of the Billing Center: **Billing tab > Billing Center button > Claims (A/R) tab.**
2. Click the **Fetch files** button.
3. Click **Yes** in the confirmation pop-up box to fetch the Acknowledgements.

**Note:** This retrieves any unread Acknowledgement reports from the clearinghouse and places them in Administrative Documents Repository.

4. Click the **Process** button to update the corresponding claim category codes.
5. Click **Yes** in the confirmation pop-up box.

### View Claim Acknowledgements

1. Navigate to the Claims (A/R tab) of the Billing Center: **Billing tab > Billing Center button > Claims (A/R) tab.**
2. Click the **Stage** drop-down menu and select **Acknowledged by clearinghouse, Acknowledged by payer, or Rejected/Denied.**
3. Select the **Status History** radio button under Details.
4. Click **+** to expand the claim and view the Status date, Category, and Notes of that claim.

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## Make a Claim Note

Claim Notes can be added to claims wherever they are displayed. Below are the most common areas to make claim notes. Once claim notes are added to a claim, they will show in all places where the claim can be worked on.

### Create a Claim Note from the Patient Chart

1. Navigate to the Patient Chart: **Clinical, Practice Management, or Billing tab > Patient Chart button.**

2. Search for and select the patient.
3. Click **Claims** in the Window Navigation Panel.
4. Double click on the claim number for the claim that needs a claim note. The Claim Details window opens.
5. In the **Claim Note field**, enter your claim note. It is recommended to include the date and your initials.
6. Click the **Save** button. The claim note is now displayed on the claim.

## Create a Claim Note While Manually Posting Payments

1. Navigate to the Bulk Payments window: **Billing tab > Bulk Payments**.
2. Click in the **Quick Pick Claim #** field, enter the claim number.
3. Press **Enter**. The claim information displays.
4. Click in the **Claim note** field to add a new claim note or view a previously entered claim note.

**Note:** If you do not search for a specific claim, multiple claims may display for the patient. To see the note for a specific claim, click in the claim line with the desired claim number.

## Create a Claim Note from the Claims (A/R) Tab in the Billing Center

1. Navigate to the Billing Center: **Billing tab > Billing Center button**.
2. Click the **Claims (A/R)** tab.
3. Select a stage from the **Stage** drop-down.
4. Select the claim that needs a claim note.
5. Click in the **Claim Note** column.
6. View the current claim note if there is one, and start typing to enter/add a claim note.
7. Click outside of the line to save the note.

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## Create a Billing Task

Billing tasks can be created and sent to a department to perform follow-up on claims. They serve as a reminder that action needs to be taken. The following fields can be completed when creating a Billing task:

- **Task Type:** Defaults to A/R Followup.
- **Task:** Defaults to OP Claim number, payer, and provider.
- *(Optional)* **Special Instructions:** Used to add any special instructions in a text field.
- **Due Date:** Defaults to 2 weeks from the current date but can be changed.
- **Department:** Defaults to Billing but can be changed using the drop-down.
- *(Optional)* **ICD-10:** Used to add an ICD-10 code, if needed.

- (Optional) **CPT Code(s)**: Used to add a CPT code, if needed.

## Create a Follow-up Task from the Patient Chart

1. Navigate to the Patient Chart: **Clinical, Practice Management, or Billing tab > Patient Chart button**.
2. Click **Claims** in the Window Navigation Panel.
3. Select the claim that requires follow-up.
4. Click the **F/U Task** button. The Add Task window opens.
5. Edit the Task fields, as needed, and click **OK**. The task is created and routed to the department selected.

## Create a Follow-up Task from the Billing Center

1. Navigate to the Claims (A/R tab) of the Billing Center: **Billing tab > Billing Center button > Claims (A/R) tab**.
2. Select a stage from the **Stage** drop-down.
3. Click in the **Claim Note** field of the selected claim.
4. Click the **Task** button. The Add Task window opens.
5. Edit the Task fields, as needed, and click **OK**. The task is created and routed to the department selected.

## Create a Follow-up Task from the Payment Window

1. Navigate to the Add Payments and Adjustments window: **Clinical, Practice Management, or Billing tab > Patient Chart button > search for and select the patient > Payments > New Payment button**.  
**Note:** Tasks can also be added in the Bulk Payments window: **Billing tab > Bulk Payments**.
2. Select the claim that requires follow-up.
3. Click the **Task** button located in the Claim Note field at the top of the window. The Add Task window opens.
4. Edit the Task fields, as needed, and click **OK**. The task is created and routed to the department selected.

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