



DMEFree Newsletter July 29, 2004

Important information for DMEFree & RxDME2000 users

Still Printing paper claims?

CMS (Medicare): “For a provider to be Hipaa compliant they are required to file claims electronically”

Although Medicare mandates electronic billing there are automatic waivers that exist to allow smaller providers a loophole to file paper claims.

As you know PC Solutions / DMEFree is both a software vendor and clearinghouse, Everyday we see the benefits of electronic claim submission for our clients.

If you are still filing paper claims to ANY PAYOR, here are some things you may not be aware of:

1. Claims are submitted Monday through Friday year round!
2. Claims are submitted in Hipaa Ansi format, your **claims are paid 14 days after submission, not 27 +**. In today's economy cash is the key to survival.
3. Our software offers you a choice of Batch submission or online adjudicated 'real-time' DMERC billing.
4. Perhaps you were unaware that we electronically bill most Medicaid's, Blue Cross and 1000's of Commercial plans. Get paid faster!
5. Your reports are emailed to you daily or available via the 'Web'
6. It's easy to start and we help you with the paperwork!

Please Update your Software - New versions are Free*

Attention all DMEFree and RxDME200 users

It is very important that you are running the latest versions of DMEFree or RxDME2000.

The current version number may be found by looking at the top line of your main program screen or by clicking on Help and then About.

DMEFree current version is 3.18

RxDME2000 current version is 2.10 upgrade is delayed for a few weeks. Updates are available by clicking on “Check for Updates” in your software programs. Or by sending an email to Support@dmeffree.com with your company name and version number.

*Free upgrades for customers that maintain an active support subscription

**** FYI ****

Your daily Status log reports and DMERC reports can be accessed via a password protected Web Reports Page. All current years reports are also listed for immediate retrieval. Send an email to support@dmeffree.com to sign up.

PC SOLUTIONS / DMEFREE

NEW FAX#

860 821 8055

Online backup service

When we ask our clients if they are doing backups, too often the answer is No. DME-Free and RxDME2000 offer a simple diskette based backup of data files, but users should also Burn a CD or use a Tape backup of the entire application folder at least weekly. This CD/tape should be taken off site. You have to do it, in case of disaster.

The resolution to this lack of backup problem is Online Backup programs.

We have partnered with the nations largest supplier of online storage Xdrive (www.xdrive.com). With Xdrive software you setup daily incremental backups of your DMEFree folder. The monthly fees start at \$9.95 a month for 5gb (huge!) of space. You set it and forget it. We use them daily.

Contact Support@dmefree.com for signup information.

A few enhancements to new versions DMEFREE 3.18 and RxDME2000 2.10

- ⊙ 2.10 –built in DMEPOS Allowable update
- ⊙ 2.10 Activity logging
- ⊙ 2.10 Dates of Service copy keys
- ⊙ 2.10 MSP processing fixes

- ⊙ 3.18 Modifiers auto change for Renewals
- ⊙ 3.18 Dates of Service copy keys
- ⊙ 3.18 MSP processing fixes
- ⊙ Recertification reminder popup

Online users notes —

DMEFree or RxDME2000 electronic billers using ONLINE ADJUDICATION please read these notes and comments.

Allwin.net Online billing Manual Available - send a note to Support@dmefree.com if interested. The manual was created by Allwin to help you understand and utilize Online billing to its fullest.

While speaking to a few Support folks at Allwin we picked up some concepts you should consider. Allwin said “Only a primary Modifier is needed like NU or RR or Nothing if the procedure code doesn't need it.” They do not look at the 2, 3rd or 4th modifier you enter, but you may manage your modifiers in the software for recording purposes.

In order for Allwin to figure out what the ‘other modifiers’ are they look at several dates and use various formula’s. To make this more effective we have added in our current version a new field called: **DATE WRITTEN** This field in combination with dates of service, primary modifier and month# will allow Allwin to calculate proper 2nd, 3rd & 4th mods.

According to Joseph at Allwin you can even put KH as the first and only modifier (or KI,KJ) and Allwin will take it from there.

And note we can bill Flu and pneumonia inoculation claims online. Once you have obtained your FLU provider number, contact our office to be set up to transmit claims electronically.

This Note is for both our Online Adjudication billers and our Clearinghouse Batch clients

MSP Medicare Secondary Claims.

You can bill electronic MSP claims through DMEFree or RxDME2000. There is a \$25.00 per month minimum charge, contact our office for full pricing information

Coming soon! Real-Time Eligibility Checking! Through our partnership with Allwin.net we will be able to offer Eligibility Checking. This will occur from within our DMEFree and RxDME2000 software. Allwin’s dedicated, constant connection to Medicare’s Common Working file will provide subscribing pharmacies and providers with realtime access to information such as: Medicare Part B eligibility date, current Medicare deductible status, MSP status, HMO enrollment status, and Part A discharge date.

DMERC REPORTS—EXPLAINED

DMERC Edit Report

All DMERC submitters will receive this report after the claim file has passed into adjudication.

SUBMITTER REPORTS COVER PAGE

```

CARRIER: 00885                PALMETTO GOVERNMENT BENEFITS ADMINISTRATORS    RUN DATE: 11/15/01
PROGRAM: X837I600             MEDICARE DMERC                                RUN TIME: 13:13:04
REPORT: 7I6001                SUBMITTER REPORTS COVER PAGE                  PAGE: 1

ON THIS DATE, 11/15/2001, WE RECEIVED THE SUBMITTED DATA AS DESCRIBED ON THE ATTACHED REPORTS
SUBMISSION DATE AND TIME:    101501 1646
SUBMITTER ID:                Cnnnnnnnn
NAME:                        DMERC TEST ID
ADDRESS:                     BCBS
                               803-788-0222
CITY, STATE, ZIP:           COLUMBIA SC
CONTACT:                     MEDICARE EDI
INTERCHANGE SENDER ID:      Cnnnnnnnn
CONTROL NUMBER:             nnnnnnnnn ← CONTROL NUMBER
TEST OR PROD:               T
ACKNOWLEDGE:                0
EDI NBR:                    (803) 256-5656
PHONE:
EXT:
FAX:
    
```

COMMENTS: The first part of the report is the submitter information, PC Solutions is your clearinghouse and submitter. DMERC and PC Solutions tracks batches using a CONTROL NUMBER, this prevents DMERC from processing a batch twice and gives us a reference when we call DMERC.

RECEIVED CLAIMS LISTING

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CARRIER: 00885                PALMETTO GOVERNMENT BENEFITS ADMINISTRATORS    RUN DATE: 11/15/01
PROGRAM: X837I600             MEDICARE DMERC                                RUN TIME: 13:13:04
REPORT: 7I6002                RECEIVED CLAIMS LISTING                      PAGE: 1

SUBMITTER ID/NAME:           Cnnnnnnnn DMERC TEST ID
BILLING ID/NAME:             nnnnnnnnnn HOME HEALTH EQUIPMENT SERVICE
PAY-TO ID/NAME:              SAME AS BILLING

STATUS COLUMN
↓
HICN  PATIENT LAST NAME  FIRST NAME  M PAT ACCTNBR  FROM  TO  CCN  BILLED AMT  ST  TX  LVL
MR                                ANSITESTD28  09232001  09232001                22.97  R   SP
nnnnnnnnnD DOE                JOHN        ANSITESTD29  07142001  07142001  nnnnnnnnnnnnnnnn  175.00  A
nnnnnnnnnA SMITH              MARY        K ANSITESTD30  09222001  09222001  nnnnnnnnnnnnnnnn  120.80  A
    
```

LEVEL ERROR LISTING The following are the level of submission at which edit errors can occur: **IN** Interchange **FG** Functional Group **TS** Transaction Set **BP** Billing / Pay-To Provider **SP** Beneficiary/Patient **CL** Claim/Line

COMMENTS: This section shows which claims were A(ccepted) or R(ejected) or T(ransferred) to another region. If the claim is A(ccepted) it will be forwarded for adjudication. Look for the A,R,T in the ST column. See next page about the LVL column.

DMERC REPORTS—EXPLAINED

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CARRIER: 00885          PALMETTO GOVERNMENT BENEFITS ADMINISTRATORS    RUN DATE: 11/15/01
PROGRAM: X837I600        MEDICARE DMERC          RUN TIME: 13:13:04
REPORT: 7I6003          SP LEVEL ERROR LISTING          PAGE: 1
    
```

```

SUBMITTER ID/NAME: Cnnnnnnnn DMERC TEST ID
BILLING ID/NAME:  nnnnnnnnnn HOME HEALTH EQUIPMENT SERVICE
PAY-TO ID/NAME:   SAME AS BILLING
BENEFICIARY ID/NAME: MR
PATIENT ID/NAME: MR
    
```

	LOOP	LOOP SEQ	SEG	SEG SEQ	VERSION	DATA ELEMENT	NUMBER AND NAME
00 10093-SBR HL PARENT CODE MISSING	2000B	0001	HL	0001	A	02	HIERARCHIAL PARENT ID NUMBER
00 10111-SUBSCRIBER FIRST NAME MISSING	2010BA	0001	NM1	0001	A	04	FIRST NAME
00 10112-SUBSCRIBER ID NUMBER QUAL INVALID	2010BA	0001	NM1	0001	A	08	IDENTIFICATION QUALIFIER
00 10113-SUBSCRIBER HICN MISSING	2010BA	0001	NM1	0001	A	09	IDENTIFICATION CODE

COMMENTS: This is the error reporting section of the report. The first column (00 in this example) is the LINE# on the claim, imaging a 1500 form with 4 procedure lines. If line number 2 caused the claim to be rejected the first column would show 02. 00 usually means the reject occurred in the patients demographic data. The second column is the CMS error code. An error code guide is available from DMERC.

If the claim is rejected for a **BP** Billing / Pay-To Provider error, then your provider info is in error.

If the claim is rejected for a **SP** Beneficiary/Patient error, then the patients info is in error.

If the claim is rejected for a **CL** Claim/Line error, then there is something wrong or missing in the claim.

SUBMISSION SUMMARY

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CARRIER: 00885          PALMETTO GOVERNMENT BENEFITS ADMINISTRATORS    RUN DATE: 11/15/01
PROGRAM: X837I600        MEDICARE DMERC          RUN TIME: 13:13:04
REPORT: 7I6004          SUBMISSION SUMMARY          PAGE: 1
    
```

```

SUBMITTER ID/NAME: Cnnnnnnnn DMERC TEST ID
    
```

```

BILLING ID  PAY-TO ID
nnnnnnnnnn nnnnnnnnnn
    
```

ASSIGNED CLAIMS				NON-ASSIGNED CLAIMS			
RECEIVED	ACCEPTED	REJECTED	TRANSFER	RECEIVED	ACCEPTED	REJECTED	TRANSFER
3	2	1	0	0	0	0	0
\$ 318.77	\$ 066.6%	\$ 033.3%	\$ 000.0%	\$.00	\$ 000.0%	\$ 000.0%	\$ 000.0%
	295.80	22.97	.00		.00	.00	.00
	092.7%	007.2%	000.0%		000.0%	000.0%	000.0%

COMMENTS: This last section of the report shows total claims, total dollars, for assigned vs. non-assigned claims. And it also shows how many claims were transferred to another region.

COMMENT: This DMERC FRONT END REPORT is your proof that DMERC has the claim.