

RevConnect

User Guide

Prepared for

myUnity Essentials Financial



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Overview

The RevConnect interface provides agencies with the ability to send files to and receive files from a clearinghouse from myUnity Essentials. 270/271 Eligibility requests and responses, 837 electronic claim files, 999/ 277 claim response files and 835 electronic remittance files can be sent or received through the interface. For details on using the RevConnect portal, utilize the Training menu.

Insurances

For each new payer added, setup the Clearinghouse information in the Billing Module.

Go to **File > File Maintenance > Entity**, press **Change Type** and set the radio button to **Insurance**.

Press **Find** to search for and select the payer, then click on the **Insurance** tab.

For the Clearing House info:

Type: RevConnect

Claims: type to search for the payer name (or check **Show Payor IDs** to search by Payor ID if known).

Eligibility: type to search for the payer name (or check **Show Payor IDs** to search by Payor ID if known).

Refer to the [Insurance online help](#) for information on filling out other fields on this tab.

The screenshot shows a software window titled "Entity Maintenance: Insurance 60003 - Medicare: Browse". The window has several tabs: "Name/Address", "Insurance", "Ins-Rate", "Contact", and "Notes". The "Insurance" tab is active. The form contains the following fields and sections:

- Insurance Type:** Medicare Rev Type (dropdown)
- Financial Class:** Medicare Class (dropdown)
- Bill Type:** UB04 (dropdown)
- Provider #:** (empty text field)
- Payor/Submitter #:** 06001 (text field)
- GL A/R Account #:** (empty text field)
- GL Revenue Account #:** (empty text field)
- GL Discount Account #:** (empty text field)
- PPS Billing:** (checkbox)
- Bill Method:** Medicare (dropdown)
- Payor Type:** 1-Medicare (Fee for Service) (dropdown)
- Requires EW:** (checkbox)
- Billing Unit Overrides:**

| # | Modality | Units |
|---|------------------|---------|
| 1 | Skilled Nursing | 1/4 Hrs |
| 2 | Physical Therapy | 1/4 Hrs |
| 3 | Speech Therapy | 1/4 Hrs |

* Revenue Based on Calculated Time/Units
- Clearing House Info:** (highlighted with an orange box)
 - Type:** RevConnect (dropdown)
 - Show Payor IDs:** (checkbox)
 - Claims:** Medicare Home Health and Hospice (J6-I) (dropdown)
 - Eligibility:** Medicare CMS (dropdown)
- Billing Requirements:**
 - Plan of Care
 - HIPPS Code
 - Authorization
- Timely Filing:** 0 (spinners)
- PDGM:** 1/1/2020 (dropdown)

At the bottom of the window, there are buttons for "Find", "Save", "Cancel", "Print", and a help icon.

Real-Time Eligibility

Go to **Billing > Eligibility > Real-Time Eligibility** or press the **Eligibility** button.

Eligibility Report Type:

If **Admitted** is selected, enter a patient number in the “Existing Patient (Admitted)” field or press **Find** to do a patient search.

If **Referral** is selected, enter the First Name, Last Name, Birth date and/or Contract # to check eligibility for patients who have not yet been entered in the software. (Medicare beneficiary matching rules must be followed).

If **All Active** is selected, use the **Preview** or **Print** button to view the eligibility response report for patients based on the **Eligibility Status** selection.

7.3 Medicare Beneficiary Matching Rules

The HETS 270/271 application applies search logic that uses a combination of the following data elements: Health Insurance Claim Number (HICN), Medicare Beneficiary's Date of Birth (DOB), Medicare Beneficiary's Full Last Name, and Medicare Beneficiary's Full First Name. Table 9 describes the necessary data elements for the required primary and alternate search options supported by the HETS 270/271 application.

Table 9 – HETS 270/271 Search Options

| Search Option | HICN | Last Name | First Name | DOB |
|---------------|------|-----------|------------|-----|
| Primary | X | X | X | X |
| Alternate 1 | X | X | | X |
| Alternate 2 | X | X | X | |

- If the Medicare Beneficiary's submitted HICN is found but is not the Medicare Beneficiary's active number, the HETS 270/271 application will cross-reference the submitted HICN to the active HICN. The 271 response will include in the 2100C Loop the inactive HICN within a REF segment, the active HICN within NM109, and a AAA error with a reject reason code of AAA03 = "72". The Trading Partner may then send a new 270 request with the active HICN.
- If the search criteria do not produce a match to a Medicare Beneficiary, the HETS 270/271 application will generate the appropriate AAA03 error code in the 271 response. Refer to Section 8.3 of this Companion Guide for additional information.

Eligibility Status: Choose to report only Active patients, only Inactive patients or All. Payer Type selection must be set to 'Medicare' for this option to be enabled.

Payer Type: if Medicare is selected, the Eligibility Status selection is enabled and the Insurance Selection dropdown will show all payers setup with Payer Type = 1 Medicare FFS (see File > File Maintenance > Entity, Insurance setup on the Insurance tab).

Insurance Selection: Select an insurance from the dropdown to run eligibility for one payer only.

Click **Preview** to view the report:

5/29/2013 9:41:32 AM Patient Eligibility Report Page 1

Payor: Submit Date: 05/29/2013
Real-Time Eligibility

| Patient | Code | Admit | Disch | Contract | Eligibility | Effective |
|--|------|-------|-------|----------|-------------|-----------|
| 1 Active: Medicare Part A Service Types: Home-Health, Hospice, Hospital-Inpatient, Hospital-Room/Board, Skilled-Nursing, Blood, Dialysis Entitlement date: 06/01/2012 Deductible: 1194 Benefit dates: 01/01/2013 - 12/31/2013 Deductible: 1156 Benefit dates: 01/01/2012 - 12/31/2012 Deductible: 0 Benefit dates: 04/18/2013 - 05/01/2013 | | | | | | |
| 1 Active: Medicare Part B Service Types: Home-Health, Physical-Therapy, Speech-Therapy, Occupational, Blood, Urgent-Care, DME, Cardiac, Pulmonary, Dialysis, Renal Entitlement date: 06/01/2012 Deductible: 0 Benefit dates: 01/01/2013 - 12/31/2013 Deductible: 0 Benefit dates: 01/01/2012 - 12/31/2012 | | | | | | |
| R Other-Payer: Other Insurance Benefit dates: 02/01/2013 Pharmacy Plan: FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY | | | | | | |
| R Other-Payer: Other Insurance Benefit dates: 06/01/2012 - 01/31/2013 Pharmacy Plan: PACIFICARE OF COLORADO INC | | | | | | |
| R Other-Payer: Benefit dates: Benefit dates: 06/01/2012 - 01/31/2013 Message: MCO Bill Option Code - C Payor Name: PACIFICARE OF COLORADO INC | | | | | | |

Total records: 1

Electronic Claims

Electronic Claims provides the ability to create claims in ANSI X12 institutional or professional format for transmission to the payer via RevConnect.

Go to **Billing > Electronic Claims**.

Selection Type: choose Insurances and/or Patients and select specific insurances/patients on the 'Specific Includes' tab.

Submitted Type: set to 'Un-Submitted Only' unless claims are being re-submitted in which case 'All Records' should be chosen.

PPS Claim Type: (HH only) should be set to Initial or Final according to the claim type being billed.


Bill Date Selection: enter the Bill Date from the Billing Audit run as the From and To Date.

PPS Type: set to Medicare (HH only) unless billing NY Medicaid EPS.

Unit Selection: for agencies with multiple units, check the Active box and select the unit for which the claim file is being created.

Option Set Selection: select a RevConnect option set based on the claim type being sent (NOA, PPS, Institutional UB04, Professional 1500, etc.).

Filename: assign a unique filename with a .X12 extension.

Click on the  on screen for additional information regarding selection criteria options or refer to Help > Help, Billing > [Electronic Claims](#).

Click **Preview** after selections have been made.

Review the Electronic Claim Submission report for accuracy.

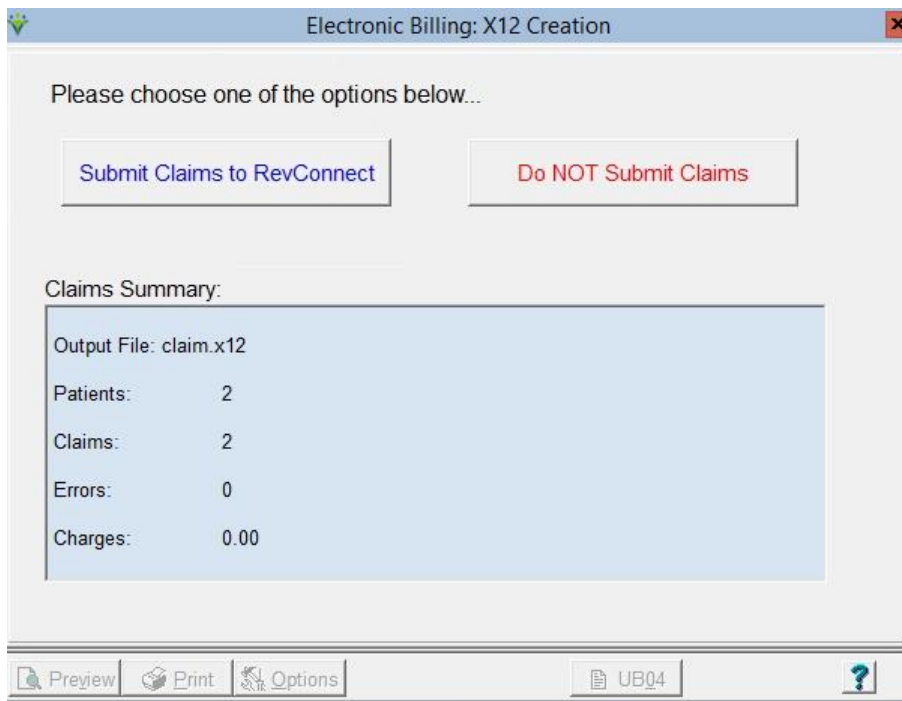
NOAs and claims with an “EXCEPTIONS FOUND” message (see below) will not be exported until corrections are made and the file re-created.

After the exceptions have been corrected the electronic claim file is ready for transmission to the clearinghouse.

Sample Electronic Claim Submission Report:

| 10/1/2014 12:23:39 PM 0150 - PPS Medicare | | Electronic Claim Submission 1/1/2014 - 10/1/2014 C:\Users\lynda\Desktop\10012014R.X12 | | Institutional ABC Home Health & Hospice | Page 1 | | |
|--|----------------------|--|-----------|--|--------------|-----------|-------|
| Patient # | Patient Name | Admit Date | Bill Date | Bill Type | Payor | | |
| 282 | Arbuckle, Henry M | 7/1/2014 | 9/23/2014 | RAP | Medicare PPS | | |
| Adm-Src: 1 Status: 30 Cert From: 07/01/2014 To: 08/29/2014 Contract: 123442475A TOB: 322 Stmt From: 07/01/2014 To: 07/01/2014 Diagnosis: 1:7812 2:25000 3:311 4:4019 5:2720 6:5920 7:2572 Order/Refer-Doctor: Joh Cook | | | | | | | |
| Rev | Description | Code | Date | Units | Hours | Amount | Other |
| 0023 | Home Health Services | 2C6KS | 07/01/14 | 1 | | 0.00 | |
| 0001 | Total Charges | | | 0 | | 0.00 | |
| ===== EXCEPTIONS FOUND - This claim will not be submitted ← ===== Doctor NPI, UPIN or License Missing | | | | | | | |
| 128 | Macfarlane, Leo | 1/1/2014 | 1/15/2014 | RAP | Medicare PPS | | |
| Adm-Src: 1 Status: 30 Cert From: 01/01/2014 To: 03/01/2014 Contract: 1234456897D TOB: 322 Stmt From: 01/01/2014 To: 01/01/2014 Diagnosis: 1:4280 2:76381 3:2811 4:80602 5:37500 6:03842 7:95909 Order-Doctor: James Markel 1234567899 Refer-Doctor: Brandon Lawrence 1659555670 | | | | | | | |
| Rev | Description | Code | Date | Units | Hours | Amount | Other |
| 0023 | Home Health Services | 1B6KS | 01/01/14 | 1 | | 0.00 | |
| 0001 | Total Charges | | | 0 | | 0.00 | |
| Grand Totals: | | | | | | | |
| Patients: 1 | | Claims: 1 | | Charges: 0.00 | | Errors: 1 | |

After previewing the Electronic Submission Report, click ‘Submit Claims to RevConnect’ if ready for transmission or click ‘Do NOT Submit Claims’ if corrections are still needed.



After submitting claims, access Claims Status to confirm the files were accepted.

Claims Status

The Claims Status menu provides access to the 999 and 277 response reports to determine if NOAs and claims were accepted or rejected.

Go to **Billing > Claims Status**.

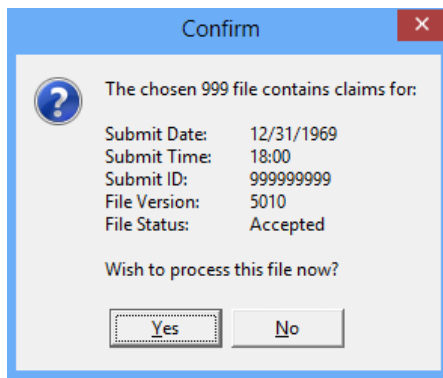
Set the **Clearing-House** to **RevConnect** and if your agency has multiple **NPIs**, select the appropriate one from the corresponding dropdown.

Click **Get 277** or **Get 999** to retrieve response files. To see files previously viewed/discarded, check **Include Discarded in List**.

Highlight a file from the grid and click **Preview** or double-click to view the response report.

| Type | File-Date | BillType | Status | State | Name |
|------|---------------------|----------|--------|---------|--|
| 277 | 2021/05/19 06:22 pm | Final | Accept | current | 1_9_newx12file_210120_1050.837.0358620.277 |
| 277 | 2021/05/19 06:22 pm | RAP | Accept | current | 1_7_582_3_040821tr_210422_1612.837.0651433 |

Click **Yes** to view the Electronic X12 File Report if the status is Rejected or **No** if the status is Accepted. Rejection messages appear in bold on the report.



After the 277 or 999 report is previewed or printed you will be prompted to mark the file as 'Discarded'. You can click in the **State** column to manually mark accepted files as Discarded or select the file and press **Discard Accepted**. Files should be marked 'Discarded' if they are no longer needed for reference. Discarded files can be viewed by checking the **Include Discarded** box.

Click the **Save** button to save the 999/277 file to your local drive (optional).

Press the **EASE** button to access Ability Ease

Electronic Payment

Electronic Payments allows the user to post Electronic Remittance Advice (835) payment files.

Go to **A/R > Electronic Payments**.

Set the **Clearing-House** dropdown to **RevConnect**, then press **Get 835**.

Ensure the **Payment** and **Adjustment Types** are set correctly.

Choose to specify a **Payment Date** or check **Use Check Date** to default the payment date to the check date from the ERA file.

Report Bad Payments: This should be checked to include payments that will NOT be posted. This includes payments for a claim that was generated in different software or was submitted online.

Include Discarded: After a payment file has been posted you will be prompted to mark it as 'Discarded'. Check this option to view files previously marked as discarded.

The screenshot shows the 'Electronic Bill Payment' window with the following details:

- Electronic Payment File:** An empty text box with a folder icon on the right.
- Payment/Adjustment Types:**
 - Payments (+): Commerical Payment
 - Payments (-): Commerical Payment Use
 - Small Balances: Small Balance Adj, 10
- Process Options:**
 - Report Bad Payments
 - Edit Patient Code
 - One Payment per Bill
 - Show Service Dates
 - Allow Bill Date Selection
 - Show Claim/Adj Detail
 - Show/Post Charge Detail
 - Post Zero Paid Amounts
- Payments will be applied using the date option below:**
 - Payment Date: 6/1/2021 Use Check Date
- Bill Dates:** From: 01/01/1900 To: 12/31/2099
- NPI:** 123456789 **Clearing-House:** RevConnect Include Discarded
- Table:**

| Type | Remit-ID | Remit-Date | State | Name |
|------|----------|------------|-------|------|
| ▶ | | | | |
- Progress:** 0 %
- Buttons:** Preview, Print, Save, Cancel, Get 835, Help

Double-click the remit to be processed and click **Yes** to process the file now.

The 'Confirm' dialog box contains the following information:

The chosen file contains a single remit for:

- Provider: Home_Hospice Care
- Provider#: 1234567890
- Claim Date: 04/23/2021
- Check Date: 04/27/2021
- Check Amt: 0.00
- Payor: JM MAC SC/HHH-PALMETTO GBA #11001
- Remit ID: REMIT00694

Wish to process this file now?

Sample Electronic Payment Report:

| 9/15/2014 9:38:08 AM | | Electronic Payment Report | | | Page 1 | |
|---|------------|----------------------------------|---------------|--|-----------|------------------------------|
| Claim-Date: 03/04/2013 | | Check-Date: 03/05/2013 | | Check-Amt: 4603.65 | | |
| Payment File: C:\Users\lynda\Desktop\1835.bt | | ABC Home Health & Hospice | | | | |
| Payments added will have Paid-date: 9/15/2014 and Pay-Type: Commerical Payment | | Remit-No: EFT3214587 | | | | |
| Provider-Name: ABC HOSPICE | | Provider-#: 12345678790 | | Payor: NATIONAL GOVERNMENT SERVICES #00456 | | |
| Bill-Date | Billed-Amt | Amount-Due | Charge-Amount | Paid-Amount | Claim-Adj | Reference/DCN |
| Patient: | | Admit: | | Disch: | | LblCertPeriod |
| From: 12/28/2012 To: 12/28/2012 | | Recvd: 02/07/2013 | | 0.00 | | 0.00 CO*97 21303800116107IDR |
| NOT posted: Patient: BAAS, PAT Master-ID: 24303 Pat-Code: B110982 Paid: -1294.93 -> Bill master not found! | | | | | | |
| From: 12/28/2012 To: 01/30/2013 | | Recvd: 02/07/2013 | | 2,650.00 | | 0.00 CO*97 21303800108107IDR |
| NOT posted: Patient: BASS, PAT Master-ID: 24303 Pat-Code: B110982 Paid: 2088.9 -> Bill master not found! | | | | | | |
| Bill Totals: | | | 2,650.00 | | 0.00 | |
| Patient Totals: | | | 2,650.00 | | 0.00 | |
| Patient: | | Admit: | | Disch: | | LblCertPeriod |
| From: 01/01/2013 To: 01/31/2013 | | Recvd: 02/19/2013 | | 7,613.00 | | 0.00 CO*45 21303800497607IDR |
| NOT posted: Patient: NOKER, LUCILLE Master-ID: 24538 Pat-Code: B104575 Paid: 4603.65 -> Bill master not found! | | | | | | |
| Bill Totals: | | | 7,613.00 | | 0.00 | |
| Patient Totals: | | | 7,613.00 | | 0.00 | |

Note: The ‘Bill Master not found!’ message will appear if there is no bill record to post the payment to. This occurs when the claim was billed out of different software or if the claim was un-billed and the A/R record deleted.

Once previewed or printed you will be prompted to **Post** the file.

Previously posted records will not be double-posted – these records will be listed as “bad” payments.

Once payments are posted the **State** field changes to **Discarded** and the file will not appear in the grid unless **Include Discarded** is checked.

You can also click in the **State** field to mark the ERA as **Discarded** and click **Yes** at the confirmation prompt.

The **Save** button can be used to save the 835 file to your local drive (optional).