

December 2011 Changes to the ProviderOne Direct Data Entry Batch Template Feature

With the update of ProviderOne to the HIPAA 5010 system format there have been a few changes to the Direct Data Entry (DDE) screens. One notable change is:

- **To be HIPAA 5010 compliant, the Rate field will be removed from the ProviderOne Institutional claim template beginning on January 1, 2012. The Rate field is currently used to calculate the Total Line Charges and Total Claim Charge when using the Create Batch, Create Batch-All and the Auto-Batch function within ProviderOne.**

To keep these Batch features viable for providers, we have designed a system compromise that keeps the template batching to claims process as automated as possible.

- **With the implementation of 5010 the Total Line Charges field will be used in place of the Rate field to calculate the Total Line Charges and Total Claim Charge when using Create Batch, Create Batch All and the Auto-Batch function.**

Currently ProviderOne does this when creating a batch of templates into claims:

SERVICE LINE ITEM INFORMATION
Click on the Other Svc Info link associated with each added Service Line Item to enter line item information other than that displayed on this screen.

<p>Service Line Items</p> <p>* Revenue Code: <input type="text"/></p> <p>Procedure Code: <input type="text"/></p> <p>Service Date/First Date of Service: mm dd cyy</p> <p>Last Date of Service: mm dd cyy</p> <p>* Service Units: <input type="text"/></p> <p>* Total Line Charges: \$ <input type="text"/></p> <p>National Drug Code: <input type="text"/></p> <p><input type="checkbox"/> Drug Identification</p>	<p>Rate Amount: \$ <input type="text"/></p> <p>Modifiers: 1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/></p>
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Note: Currently the Institutional DDE screens have this Daily "Rate Amount" field to enter in the NH/Institution daily room rate. Currently ProviderOne uses this amount on the template, multiplies it by the "Service Units" number and populates the "Total Line Charges" field when the template batch feature is used to create claims from templates.

With the 5010 changes Providers using the batch template feature would do this instead:

Service Line Items **5010 Institutional DDE screen**

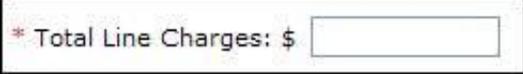
<p>* Revenue Code: <input type="text" value="0190"/></p> <p>Procedure Code: <input type="text"/></p> <p>Service Date/First Date of Service: mm dd cyy</p> <p>Last Date of Service: mm dd cyy</p> <p>* Service Units: <input type="text" value="30"/></p> <p>* Total Line Charges: \$ <input type="text" value="125.50"/></p> <p>Line Item Control Number: <input type="text"/></p> <p><input type="checkbox"/> Medicare Crossover Items</p> <p>National Drug Code: <input type="text"/></p> <p><input type="checkbox"/> Drug Identification</p>	<p style="text-align: center;">Rate Amount field is gone for 5010</p> <p>Modifiers: 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4: <input type="text"/></p>
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Note: The "Rate Amount" field has been removed from the DDE screens for 5010. Providers should now add their Daily Room Rate Amount in the "Total Line Charges" field on their templates. ProviderOne will then use the amount in the "Total Line Charges" field (should be your daily room rate) of the template, multiplies this amount by the date span days (from the "Batch Claim Attributes" screen) and places that total on the claim that is built when the template batch feature is used to create claims from templates. ProviderOne replaces any number in the "Total Line Charges" field when the claim is created by using the batch template feature.

- **HCA recommends that all Nursing Home providers modify their ProviderOne Institutional templates now and input the facility daily room and board rate in the Total Line Charges field. Doing this now will help prepare for the upcoming changes to batch template billing.**
 - **Between now and through December 31, 2011, do not delete the facility daily room and board rate from the Rate field!**

What does this mean?

Providers should prepare ahead of time for the change. Providers should go into their templates **NOW** and enter their

daily room rate in the  "Total Line Charges" field so they would be ahead of the curve for "go-live" of HIPAA 5010. Do not touch the amount in the "Rate Amount" field on the templates. Preparing this way will allow the NH providers to be able to submit template batch claims before and after HIPAA 5010 implementation.

Remember ProviderOne replaces any number in the "Total Line Charges" field when the claim is created by using the batch template feature.

All templates will be converted from the current format to HIPAA 5010 format on Jan 1, 2012.