STELLAR GOOD NEWS

Contents

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Stellar Software

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Read previous issues of Stellar Good News on the resources page of our website!

New Electronic Remittance Reader

We have added a new utility to Stellar which **allows for reading 835 format electronic remittance/EOB files** (not all electronic remittance files are 835 format, check with your clearinghouse), and **auto-posting payments from them** if desired. It is available at the bottom of the Insurance Billing menu.

If you are receiving electronic remittance files at this time and would like to utilize this new program, please give us a call and we'll walk you though its usage.

Previously it was necessary to use the Medicare Remit Easy Print software (a.k.a. Easy Print or MREP) from CMS in order to view and print 835 files. While this is still recommended if an EOB needs to be printed and mailed to a secondary insurance, Stellar can now display these files and print an MREP compatible EOB. It can also utilize the information in these files to automatically post insurance payments to patient accounts.
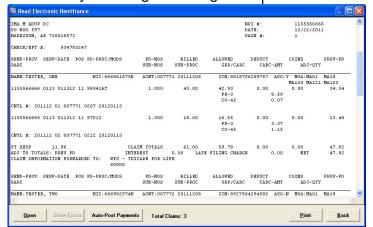
To briefly describe its operation, after running the program by clicking Read Electronic Remittance on the Billing Insurance menu, you will then click the Open button and select an 835-formatted remittance file wherever it has been downloaded on your computer. It will then load and display the file in a Medicare EOB style format.

From here, you can either print the remittance, or use the Auto-Post Payments option to use the available information to post insurance payments.

If you select the Auto-Post Payments option, a list will be displayed showing the patients and service dates that will be paid. If there are any discrepancies detected between the information in the EOB and the current patient transaction records, those lines will be marked in yellow and will require you to manually flag them

with a Y in order to be posted. If the discrepancies are significant enough, the lines will be marked in red and you will be unable to post them.

Once you have reviewed the services and determined that they are correct and should be okay to post (as opposed to requiring an appeal or having some other problem), then you can

click the Auto-Post button, and insurance payments will be automatically added for those services.

After the posting operation completes, a report will be displayed showing the changes made to the patient accounts, including adjustments to patient parts, insurance discounts and automatic write-offs, and of course the insurance payment itself. **It is *HIGHLY RECOMMENDED* that this report be printed** in order to retain a record of what exactly was done by the auto-posting operation.

Again, if you would like to use this program, give us a call and we can walk you through the process and answer any further questions you may have.

Stellar Updates

Here are some of our more important recent enhancements and updates to Stellar. (Go to the Help menu in Stellar and click Download Stellar Update to open our webpage with the complete list.)

Patients
Added separate name suffix field (may be required for some carriers).

Paper & Electronic Claims
Prevent automatic GY modifier for G-series CPT codes (used for Medicare PQRS reporting).

Paper Claims
Re-added box 17 automatic self referral for Medicare and Kansas BCBS.

Posting, Patients
Added new Default Posting Date and New Patient Date boxes to assist with back-posting

(the date put in these boxes will be remembered between postings).

Posting
Now creates multiple tax records if posting for multiple doctors at once.

Various Programs
Patient Transaction History and some reports can now be resized to make better use of large monitors.

Configuration
Added Default Account Code option, if you'd prefer that something other than AA comes up when adding a new patient.

Fee Schedules
Added column to control if individual treatments are counted towards the deductible.

Address Labels, Search Patients
Added option to include "CURRENT RESIDENT OR" on labels for bulk mailing.
Patient's c/o name is now included on labels if present.

Search Patients
Allow to open patient profile by double-clicking the result list.

Don't Forget About the PQRS

Failure to report measures in 2013 will cost you.
From DynamicChiropractic.com, by Susan McClelland
If you are not reporting PQRS measures successfully in 2013, your fees will be reduced in the future! CMS gave providers five years (2008-2012) to learn how to properly participate in Medicare's Physician Quality Reporting System (PQRS).

It even paid a bonus if you participated and did it right. The good news? The bonus will continue through 2014. The bad news? Starting in 2015 there will be a penalty (a reduction in your fees) if you are not participating or not doing it right. The worse news? That penalty will be based on your performance in 2013.

The Patient Protection and Affordable Care Act (PPACA) made participation in the PQRS, formerly referred to as PQRI, mandatory beginning in 2015. Providers who are not satisfactorily participating in PQRS in the 2013 reporting period (Jan. 1 – Dec. 31, 2013) and beyond will have their Medicare reimbursement decreased by 1.5 percent beginning in 2015. In 2016, the payment reduction will be 2 percent. Therefore, the 2012 reporting period is the last opportunity providers have to voluntarily participate in PQRS while incentives are still offered and Medicare reimbursement is not subject to penalty.
Read the rest at:
http://www.dynamicchiropractic.com/mpacms/dc/article.php?id=56257