

# VertexDr

## GETTING STARTED WITH THE NEW CLIENT CENTER & REMIT

MAY 3, 2018 | VERTEXDR CLIENT FORUM

Carissa Falcone

a MERIDIAN MEDICAL MANAGEMENT company

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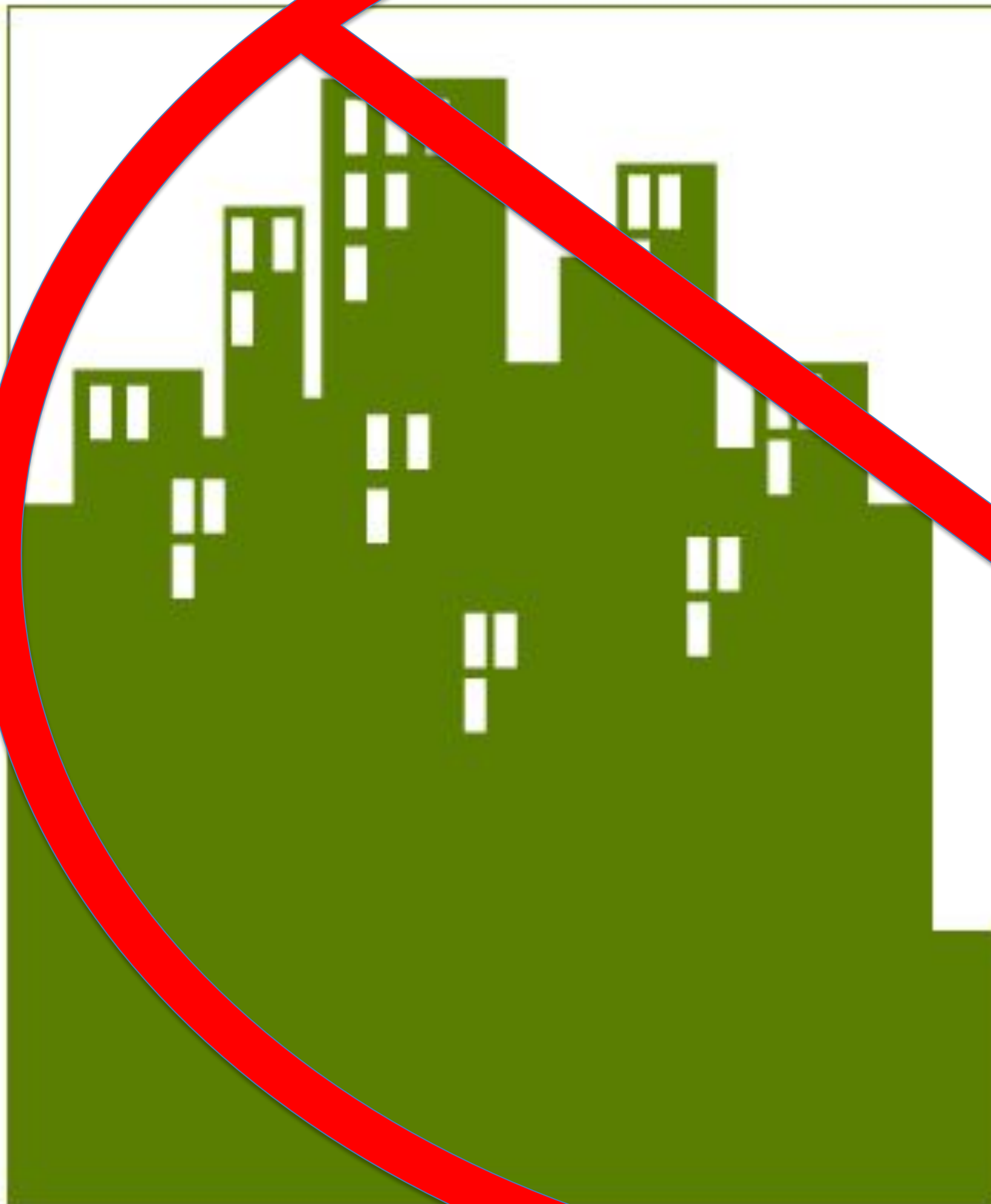


Please silence or turn off all  
electronic devices at this time.

**THANK YOU**

# VertexDR Client Center

- Web Access – Retiring Sept. 1, 2018
- Software Integration
- Improves Productivity



## Client Center

Welcome to the Origin Healthcare Solutions Client Center. Please select the **Secured Login** button to advance to the client-only portion of this application.

Secured Login

You must have a valid user id and password to enter the Client Center. If you do not have a user id and password, please contact the Origin Support Team at (800) 444-0955 or e-mail them at [support@originhs.com](mailto:support@originhs.com).

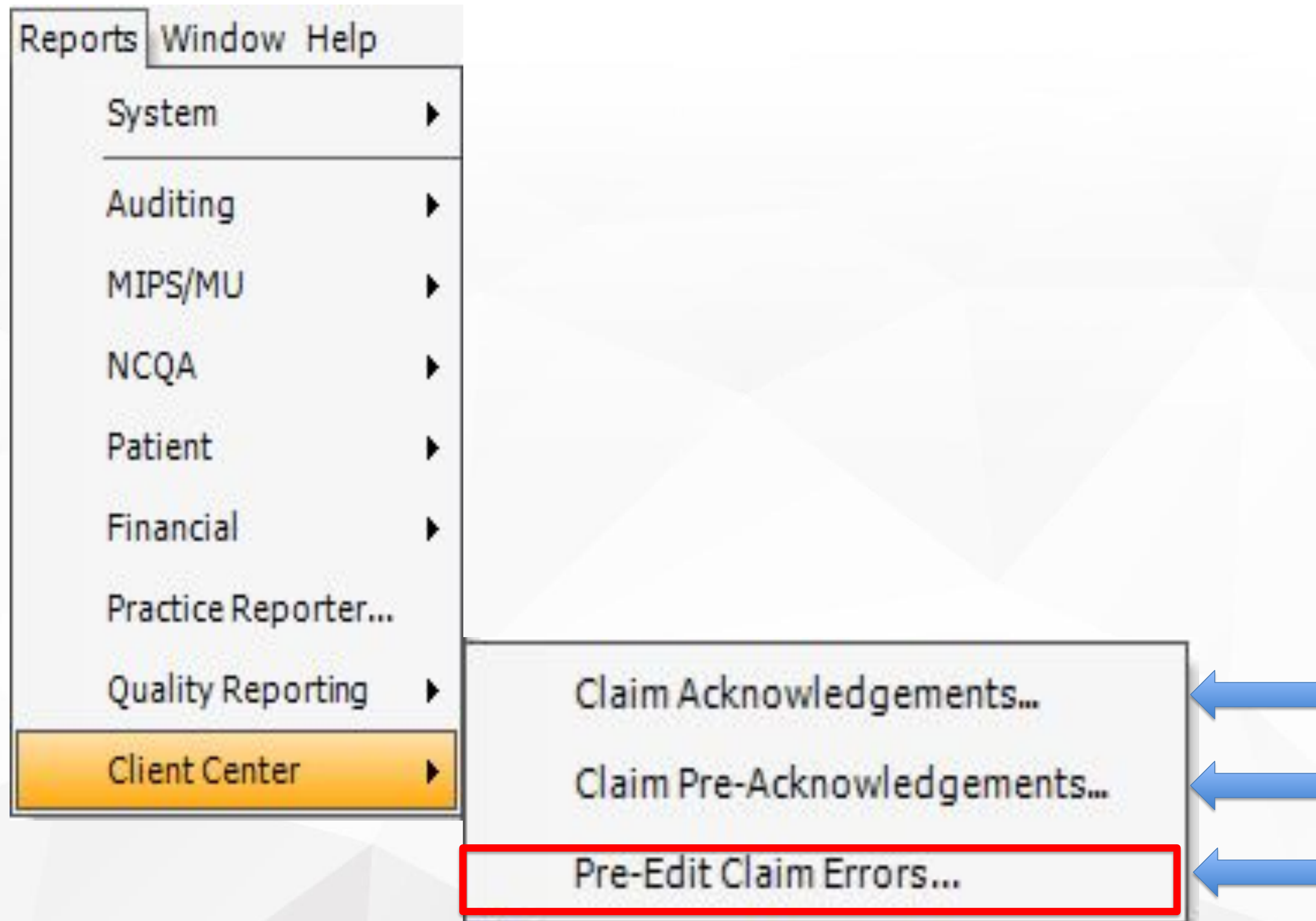
The Client Center allows you to serve yourself in an easy and secure environment.

### Helpful Links

[Login Help](#)

[User Id or Password Help](#)

# Integrated VertexDr Client Center



# Pre-Edit Claim Errors Report

VertexDr Report Viewer

File Print... Fax... 100% 1/2 Backward Forward

Date: 3/29/2018 Time: 10:12 AM

**Pre-Edit Claim Errors Report** Page: 1 of 2

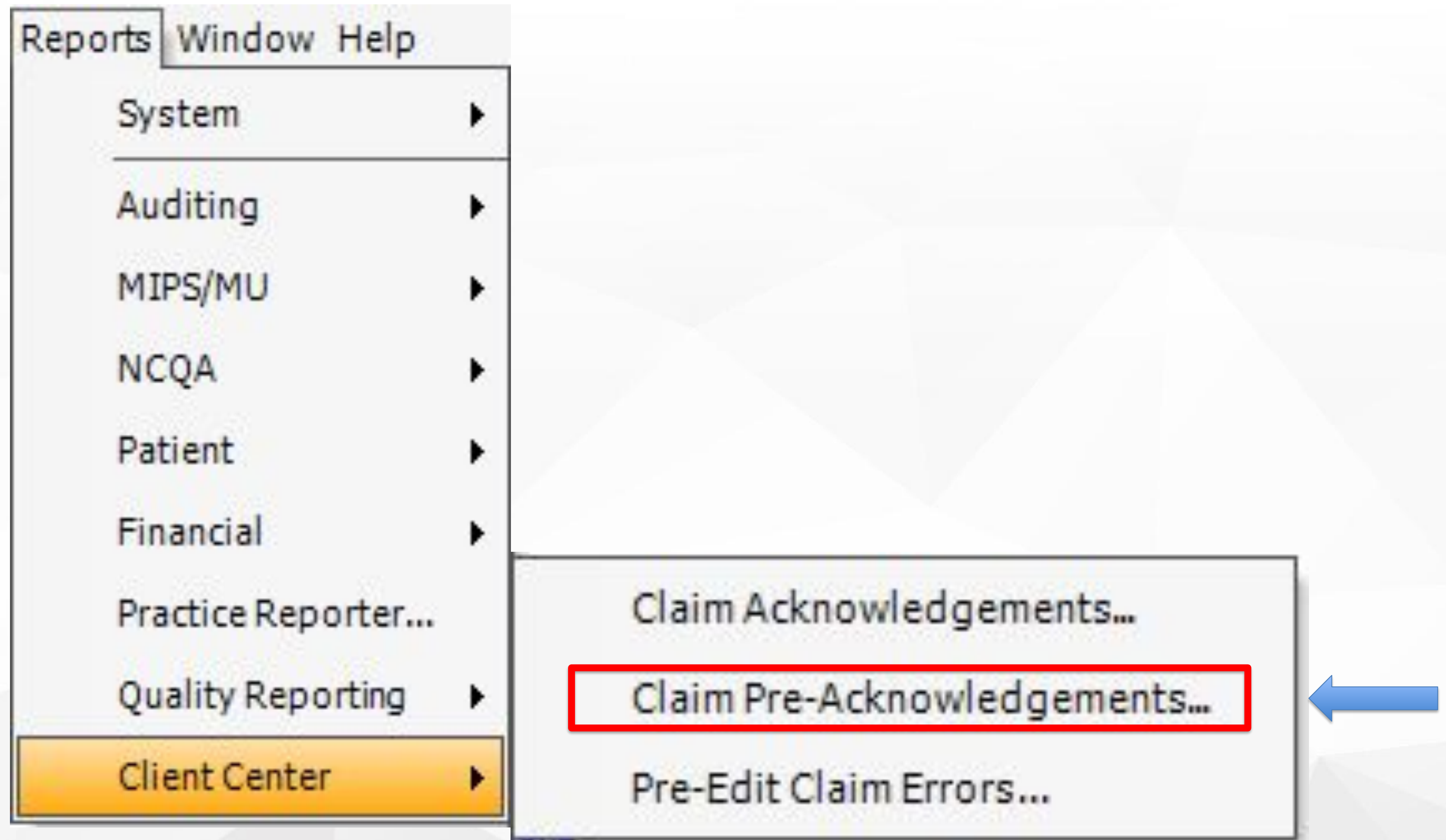
Date Range: 12/1/2017 - 3/29/2018

Client:  
Closing Date: 12/4/2017

**Attention**  
Due to invalid data, these reports reflect claims that were NOT sent to the insurance carrier.  
If you need help fixing these errors and resubmitting, please call customer support.

Account/Fn	Service Date	Cpt Code	Priority	Insurance Code and Description	Error Message
000088468/01	11/13/2017	76937	P	MC MEDICARE	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000088468/01	11/13/2017	75625	P	MC MEDICARE	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000088468/01	11/13/2017	36200	P	MC MEDICARE	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000088468/01	11/21/2017	93926	P	MC MEDICARE	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000088468/01	11/13/2017	76937	P	MC MEDICARE	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000088468/01	11/13/2017	75625	P	MC MEDICARE	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000088468/01	11/13/2017	36200	P	MC MEDICARE	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000088468/01	11/21/2017	93926	P	MC MEDICARE	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000088278/01	10/6/2017	93970	P	UHC UNITED HEALTHCARE-87726	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000088278/01	10/6/2017	99202	P	UHC UNITED HEALTHCARE-87726	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000088278/01	10/6/2017	99202	P	UHC UNITED HEALTHCARE-87726	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000088468/01	11/28/2017	99213	P	MC MEDICARE	Referring MD Npi 1111111111 Is Not A Valid Npi Num
000090254/01	11/28/2017	75820	P	SW MEDICAID	SERVICE LOCATION ZIP PLUS 4 IS ZERO
000090254/01	11/28/2017	36010	P	SW MEDICAID	SERVICE LOCATION ZIP PLUS 4 IS ZERO
000090254/01	11/28/2017	75827	P	SW MEDICAID	SERVICE LOCATION ZIP PLUS 4 IS ZERO
000090254/01	11/28/2017	37248	P	SW MEDICAID	SERVICE LOCATION ZIP PLUS 4 IS ZERO
000090254/01	11/28/2017	36005	P	SW MEDICAID	SERVICE LOCATION ZIP PLUS 4 IS ZERO
000090254/01	11/28/2017	37252	P	SW MEDICAID	SERVICE LOCATION ZIP PLUS 4 IS ZERO
000090254/01	11/28/2017	37253	P	SW MEDICAID	SERVICE LOCATION ZIP PLUS 4 IS ZERO

# Claim Pre-Acknowledgements





# Claims Pre-Acknowledgement Setup

VertexDr Claims Pre-Acknowledgements Report Setup

## Claims Pre-Acknowledgements Report Setup

Use this form to set the criteria for the claims pre-acknowledgement report.

From Date:  To Date:

Date	Type
11/27/2017	Electronic Claims Audit
11/27/2017	RealMed Claims Audit
11/27/2017	Paper Claims Audit
11/28/2017	Electronic Claims Audit
11/28/2017	RealMed Claims Audit
11/28/2017	Paper Claims Audit
11/29/2017	Electronic Claims Audit
11/29/2017	RealMed Claims Audit
11/29/2017	Paper Claims Audit

33 items located

VertexDr Report Viewer

File Print... Fax... 100% 1/3 Backward Forward

Date: 3/29/2018 Time: 10:10 AM

**Claims Pre-Acknowledgement Report** Page: 1 of 3

Date Range: 12/1/2017 - 3/29/2018

---

**Client:**

**Electronic Claims Audit**

Client

Total for Insurance: 1 Medicare Primary

Range of Service Dates for Insurance  
From: 1/6/2017 To: 12/1/2017

Total Transactions Read: 240  
Total Transactions Submitted: 227  
Total Dollars Submitted: \$231,526.00

**Electronic Claims Audit**

Client

Total for Insurance: 2 Medicaid Primary

Range of Service Dates for Insurance  
From: 6/28/2017 To: 12/1/2017

Total Transactions Read: 43  
Total Transactions Submitted: 43  
Total Dollars Submitted: \$114,050.00

**Electronic Claims Audit**

Client

Total for Insurance: 7 Blue Shield Primary

Range of Service Dates for Insurance  
From: 6/7/2017 To: 12/1/2017

Total Transactions Read: 58  
Total Transactions Submitted: 49  
Total Dollars Submitted: \$62,880.00

**Electronic Claims Audit**

Client

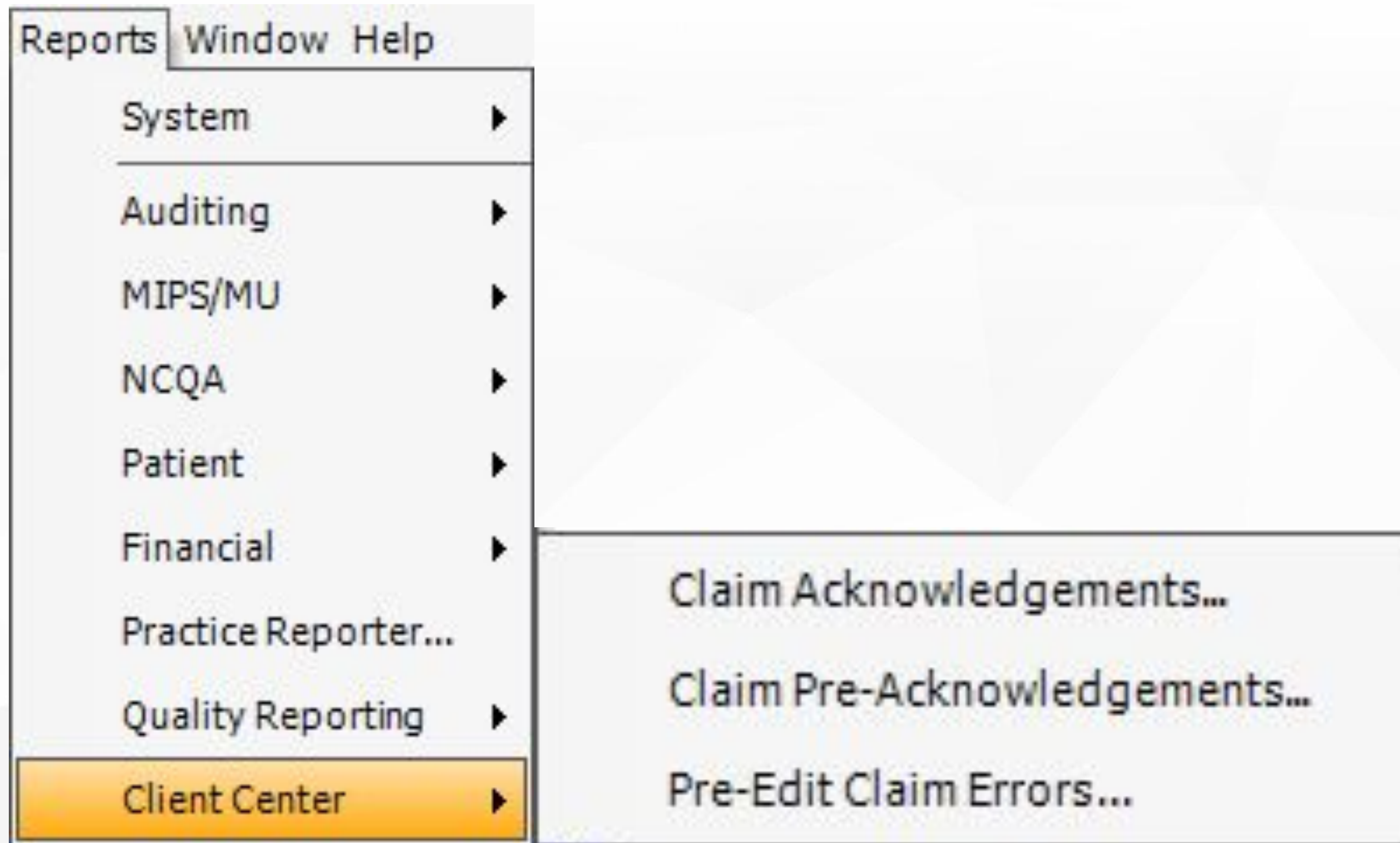
Total for Insurance: 14 Federal Blue Cross Primary

Range of Service Dates for Insurance  
From: 9/28/2017 To: 9/28/2017

Total Transactions Read: 1  
Total Transactions Submitted: 1  
Total Dollars Submitted: \$201.00

# Claims Pre-Acknowledge ment Report

# Claim Acknowledgement



**VertexDr Claim Acknowledgements Report Setup**

**Claim Acknowledgements Report Setup**  
Use this form to set the criteria for the claim acknowledgements report.

**Report Criteria**

Download Start Date: 12/01/2017

Download End Date: 03/29/2018

Errors Only

**View Filtered Results**

Client Center ID /	File Sub Type	CreateDate
2919	Real Med	12/01/2017
2925	Medicaid Connecticut	12/01/2017
2926	Medicaid Connecticut	12/01/2017
2927	Medicaid Connecticut	12/01/2017
2928	Anthem New Hampshire	12/01/2017
2929	Anthem New Hampshire	12/01/2017
2930	Anthem New Hampshire	12/01/2017
2931	Anthem New Hampshire	12/01/2017
2932	Anthem New Hampshire	12/01/2017
2933	Anthem New Hampshire	12/01/2017
2934	Railroad Medicare	12/01/2017

OK Cancel

# Claim Acknowledgements Report Setup

# Claim Acknowledgements Report

VertexDr Report Viewer

Date: 3/29/2018  
Time: 9:53 AM

Page: 1 of 6

Date Range: 12/1/2017 - 3/29/2018

Medicaid  
Connecticut

**Billing Provider:**  
Download Date: 12/1/2017  
Claims Accepted: 69      Claims Accepted Amount: \$39,789.00  
Claims Rejected: 0      Claims Rejected Amount: \$0.00

Account	Membership	Charges	Patient Name	Service Date	Status Date	Insurance
10004937601	808761425	136.00		10/31/2017	11/29/2017	MEDICAID
Status Code: 19 Entity acknowledges receipt of claim/encounter. Status Category Code: A1 Acknowledgement Receipt - The claim encounter has been received. This does not mean that the claim has been accepted for adjudication.						
10008140901	1318039201	524.00		11/2/2017	11/29/2017	MEDICAID
Status Code: 19 Entity acknowledges receipt of claim/encounter. Status Category Code: A1 Acknowledgement Receipt - The claim encounter has been received. This does not mean that the claim has been accepted for adjudication.						
10003718601	045880395A	524.00		9/28/2017	11/29/2017	MEDICAID
Status Code: 19 Entity acknowledges receipt of claim/encounter. Status Category Code: A1 Acknowledgement Receipt - The claim encounter has been received. This does not mean that the claim has been accepted for adjudication.						
10007136801	VOU215M87102	214.00		11/14/2017	11/29/2017	MEDICAID
Status Code: 19 Entity acknowledges receipt of claim/encounter. Status Category Code: A1 Acknowledgement Receipt - The claim encounter has been received. This does not mean that the claim has been accepted for adjudication.						
10000852001	VOU222M87102	660.00		11/8/2017	11/29/2017	MEDICAID
Status Code: 19 Entity acknowledges receipt of claim/encounter. Status Category Code: A1 Acknowledgement Receipt - The claim encounter has been received. This does not mean that the claim has been accepted for adjudication.						
10002739301	040365642A	136.00		10/11/2017	11/29/2017	
Status Code: 19 Entity acknowledges receipt of claim/encounter. Status Category Code: A1 Acknowledgement Receipt - The claim encounter has been received. This does not mean that the claim has been accepted for adjudication.						
10002739301	040365642A	683.00		10/24/2017	11/29/2017	
Status Code: 19 Entity acknowledges receipt of claim/encounter. Status Category Code: A1 Acknowledgement Receipt - The claim encounter has been received. This does not mean that the claim has been accepted for adjudication.						
10002993401	VOU921M83935	683.00		10/10/2017	11/29/2017	MEDICAID
Status Code: 19 Entity acknowledges receipt of claim/encounter. Status Category Code: A1 Acknowledgement Receipt - The claim encounter has been received. This does not mean that the claim has been accepted for adjudication.						
10006381001	040702911T	671.00		10/10/2017	11/29/2017	MEDICAID
Status Code: 19 Entity acknowledges receipt of claim/encounter. Status Category Code: A1 Acknowledgement Receipt - The claim encounter has been received. This does not mean that the claim has been accepted for adjudication.						
10006381001	040702911T	214.00		10/10/2017	11/29/2017	MEDICAID
Status Code: 19 Entity acknowledges receipt of claim/encounter.						

# Ack History

File View Activities Reports Forms Transactions

Back Save Save & Exit Save & Locate New Transaction Update... Explode... Resubmit Claim Status **Ack History**

**Patient Definition** (Allergies Exist) **Patient Inquiry**

Birth Date: Year Old Cases: Balance Patient: 0.00 Insurance: 3279.00 Next Visit: 4/27/2018 MRN: 0000 01 Account: Client Id: 1

**Inquiry Data**

Current Transactions [All Transactions](#) Transactions to view:  Open  History  Suspense

Service Date	Action	Description	Amount	Remaining	Providing MD	Referring MD	AssistantMD	Location	Submit Type	Final
<b>Guarantor: (1 Patient) - Today's Activity: 0.00</b>										
<b>Patient: 00093801-01 - (3 Charges) - Patient Total: 0.00, Insurance Total: 3279.00, Today's Activity: 0.00</b>										
03/02/2018	99204*	OFFICE/OUTPATIENT VIS...	330.00							COI
04/04/2018	PMC	PMT MEDICARE	-136.37							MC
04/04/2018	AMC	ADJ MEDICARE	-156.06							MC
04/04/2018	ASEQ	MEDICARE 2% SEQUEST...	-2.78							MC
04/20/2018	PCOM	PMT COMMERCIAL INS	-34.79							COI
03/14/2018	35301 (RT)	RECHANNELING OF ARTE...	3279.00	3279.00 *I					Primary - ELECT...	COI
03/20/2018	DENYMC	DENY MC	0.00							MC
Transaction 1: SEND TO CORRECT PAYOR										
03/23/2018	99024	POST-OP FOLLOW-UP VIS...	0.00						Primary - ELECT...	COI

# Claim Acknowledgement History

Service Date	Status Date	Ins Code	Message
03/20/2018	03/23/2018	MC	Acknowledgement Acceptance into adjudication system - The claim encounter has been
03/20/2018	03/22/2018	MC	Acknowledgement Acceptance into adjudication system - The claim encounter has been

2 Claim Acknowledgement records located

# Electronic Remittance Posting

- ✓ Integrated into VertexDR – Remit Facility
- ✓ Cuts out Download, Import, Posting times
- ✓ Work EOB and Import Errors before releasing



# Accessing Remit Facility



# Remit Options

Remit Options										Remit Facility	
Insurance Carrier:	<input type="text"/>			<input type="checkbox"/>	Show released records						
Date:	<input type="text" value="03/29/2017"/>	to	<input type="text" value="03/30/2018"/>	<input type="checkbox"/>	Show completed records						
Check No:	<input type="text"/>			<input type="button" value="Filter"/>							
Completed	Remit Date	Check No	Client	Check Amt	Total	Errors	Errors Completed	Release Date	Released		
+ AARP (1 item)											
+ AETNA (16 items)											
+ CHAMPVA (1 item)											
+ CIGNA (2 items)											
+ CONNECTICARE (2 items)											
+ CONNECTICUT BLUE SHIELD (6 items)											
+ CONNECTICUT MEDICARE (1 item)											
+ GHI NY (1 item)											
+ OXFORD HEALTH PLANS (5 items)											
+ UMR WAUSAU (1 item)											
+ UNICARE (1 item)											
+ UNITED HEALTHCARE (4 items)											
+ WELLCARE (3 items)											

# Defining Remit Options

## Remit Options

Insurance Carrier:

Date:   to

Check No:

Show released records  
 Show completed records

# ERA/Check Details

File Definition Operations Reports Window Help

Back | New | Patient Search | Release Into Batch | **View Check Details** | View Check Denial Queue | Purge | Missing ERA | Refresh

**Office**

- Faxes
- Processes
- Shot Workflow
- Posting
- Hospital Rounds
- Dictation Transcriptions
- Patient Portal Workflow

**Remit Options** Remit Facility ✕

Insurance Carrier:   Show released records

Date: 04/09/2017 to 04/10/2018  Show completed records

Check No:

Completed	Remit Date	Check No	Client	Check Amt	Total	Errors	Errors Completed	Release Date	Released
+ <b>AARP (1 item)</b>									
+ <b>AETNA (16 items)</b>									
+ <b>CHAMPVA (1 item)</b>									
- <b>CIGNA (2 items)</b>									
<input type="checkbox"/>	12/15/2017	171212090039388	91158	10121.36	11	1	0		0
<input type="checkbox"/>	12/13/2017	171209090049763	91158	32687.00	53	6	0		0
+ <b>CONNECTICARE (2 items)</b>									
+ <b>CONNECTICUT BLUE SHIELD (6 items)</b>									
+ <b>CONNECTICUT MEDICARE (1 item)</b>									
+ <b>GHI NY (1 item)</b>									
+ <b>OXFORD HEALTH PLANS (5 items)</b>									
+ <b>UMR WAUSAU (1 item)</b>									
+ <b>UNICARE (1 item)</b>									
+ <b>UNITED HEALTHCARE (4 items)</b>									
+ <b>WELLCARE (3 items)</b>									

## Remittance Records Display

The work list contains accounts that have transactions posted from the ERA files. Please correct any errors prior to releasing the transactions.

Work List Sort: **EOB Order**

CIGNA

Work List Filter: **Not Filtered**

Check No: 171212090039388

Dated: 12/15/2017

Check Amt: \$10,121.36

Charges: \$5,178.92

Co-Ins: \$26.15

Deductible: \$367.86

CoPays: \$85.00

Patient Name	Account No	Svc Date	Cpt Code	Mod	Charge	Paid	Co Ins	Copay	Deductible	Adjust	Errors	
		11/13/2017	29580	LT	84.92	84.92	0.00	0.00	0.00	0.00	Import CO-45	9
		12/6/2017	93880		683.00	24.38	2.71	0.00	367.86	288.05		9
		12/5/2017	93971	RT	660.00	210.95	23.44	0.00	0.00	425.61		7
		12/5/2017	93926	LT	594.00	296.99	0.00	0.00	0.00	297.01		9
		11/14/2017	93970		683.00	385.01	0.00	0.00	0.00	297.99		4
		10/27/2017	99213		136.00	61.46	0.00	20.00	0.00	54.54		9
		11/3/2017	11045		385.00	35.02	0.00	0.00	0.00	349.98		9
		11/3/2017	11042		303.00	83.10	0.00	0.00	0.00	219.90		9
		12/4/2017	93971	LT	660.00	234.39	0.00	0.00	0.00	425.61		4
		12/6/2017	99204		330.00	162.51	0.00	20.00	0.00	147.49		8
		12/6/2017	93971	RT	660.00	189.39	0.00	45.00	0.00	425.61		9

View Error...

View ERA Detail...

Link To Account...

Print...

View Inquiry...

RnCreate...

Change...

Exit

11 items located

# Remit Errors

**Remit Errors**  
The listed error were identified during the remittance import process. The errors should be corrected before the payment can be released into the billing system.

Patient Name: PATIENT, TEST      Account Number: 000059856/01  
Service Date: 11/13/2017

Error Code	Error or Informational Message
	DISCREPANCY IN CALCULATION OF REMITTANCE
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR...

Exit

2 Remit Errors located

# Remit ERA Detail

**VertexDr Remit X12 ERA Detail**

**Remit X12 ERA Detail**  
The listed records were identified during the remittance import process. All of the line items for the date of service are shown.

**Remit Details**

Patient Name: Patient, Test      Account Number: 000059856/01  
Service Date: 11/13/2017

**Electronic Remittance Advice**

```
CLP*010005985601*2*150*84.92**13*9671733491791*11*1
NM1*QC*1* PATIENT * TEST * ***MI*U0202376501
NM1*82*1*BAUER*SARAH *M**MD*XX*1477610913
REF*1L*3207160
REF*CE*OPEN ACCESS PLUS
DTM*232*20171113
DTM*233*20171113
DTM*050*20171130
PER*CX*MEMBER SERVICES*TE*8002446224
AMT*AU*84.92
SVC*HC:29580:LT*150*84.92**1
CAS*CO*45*65.08
AMT*B6*84.92
```

Exit

Date: 4/16/2018  
Time 10:45 AM

Page: 1

### Remittance Worklist Detail

CIGNA Remit Dated 12/15/2017

Check No: 171212090039388 Check Amt: 10121.36

Patient Name	Account/Fn	Service Date	Charge	Coins	Paid	Adjust	Errors
	Client: 12345		Best CarePhysicians				
TEST, TEDDY	59856/1	11/13/2017	84.92	0.00	84.92	0.00	Import CO-45
SAMPLE, SALLY	71667/1	12/6/2017	683.00	2.71	24.38	288.05	
MONKEYTOE, MILLIE	87680/1	12/5/2017	660.00	23.44	210.95	425.61	
JONES, AGNES	86951/1	12/5/2017	594.00	0.00	296.99	297.01	
HEIRLOOM, HAROLD	78996/1	11/14/2017	683.00	0.00	385.01	297.99	
FROMAN, ANTHONY	26298/1	10/27/2017	136.00	0.00	61.46	54.54	
SHELLSTAF, NEVILLE	85860/1	11/3/2017	385.00	0.00	35.02	349.98	
SHELLSTAF, NEVILLE	85860/1	11/3/2017	303.00	0.00	83.10	219.90	
O'MALLY, SEAMUS	44422/1	12/4/2017	660.00	0.00	234.39	425.61	
LUNDER, MARILYN L	90646/1	12/6/2017	330.00	0.00	162.51	147.49	
HARPER, DRAKE	74878/1	12/6/2017	660.00	0.00	189.39	425.61	
<b>Client Totals:</b>	<b>Patients: 10</b>	<b>Count: 11</b>				Best CarePhysicians	



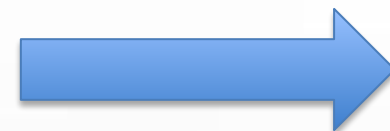
CIGNA

CIGNA  
REMITTANCE  
NOTICE

Best CarePhysicians  
PO BOX 40  
Windsor, CT 06095 - 0040  
PHONE: (888) 747-3011

NPI#: 1234567890  
PAGE#: 1  
DATE: 12/15/2017  
CHECK/EFT#: 171212090039388

REND	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME:			HIC:	U0202376501		ACNT:	59856/1		ICN:	9671733491791	ASG Y	
1477610913		1113 111317	1	29580	LT		84.92	84.92	0.00	0.00	CO-45 0.00	84.92
PT RESP	0			CLAIM TOTALS			84.92	84.92	0.00	0.00	0.00	84.92
ADJ TO TOTALS:	PREV PD	0.00		INTEREST	0.00			LATE FILING CHARGE	0.00		NET	84.92



Y

### Meridian Current User Batches in Posting

**Current User Batches in Posting - SERVICES**  
This table contains all of the user batches currently in posting

Type to Post:  Charges  Payments/Adjustments

Number	Description	Batch Suspended
0000344	IVR PAYMENTS	<input type="checkbox"/>

1 Batch located

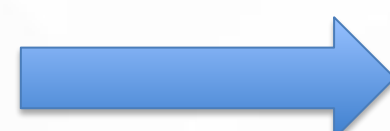
Insert Change Delete Select Exit

### VertexDr Release Remittance Records

**Release Remittance Records**  
Select the OK button to confirm the release of records or the Cancel button to exit.

**Section 1**  
Receipt Date: 04/16/2018  
Batch No: 345

OK Cancel



N

### VertexDr Release Remittance Records

**Release Remittance Records**  
Select the OK button to confirm the release of records or the Cancel button to exit.

**Section 1**  
Receipt Date: 04/16/2018  
Batch No: 0

OK Cancel

- Operations
- ATB Work List...
  - Patient Eligibility ▶
  - Referral Tracking...
  - Resubmit Insurance...
  - Transaction Write-Off...
  - Claim Status ▶
  - Daily Auditing Worklists...
  - Insurance Submission Error Worklist...
  - Insurance Acknowledgement Worklist...
  - Patient Delete Facility...
  - Claim Audit...
  - Print Closing Letters...
  - Patient & Guarantor Billing Data Extract...
  - Possible Duplicate Patient Accounts...
  - View Purged Remit Records...**

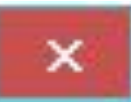
# Purged Remit Records

**VertexDr Purged Remit Records**

**Purged Remit Records**  
This table displays all of the purged remit records.

Locate by: Purged Date  From Date:  To Date:  Search...

Check Number	Purged Date	User Id
--------------	-------------	---------



### Purged Remit Records

This table displays all of the purged remit records.

Locate by:  From Date:  To Date:

Check Number	Purged Date	User Id
<b>AARP (2 items)</b>		
3255195905	02/28/2017	MELANIE
1255558220	02/27/2017	MELANIE
<b>CHAMPVA (44 items)</b>		
<b>CIGNA (30 items)</b>		
<b>CONNECTICARE (3 items)</b>		
<b>CONNECTICUT BLUE SHIELD (62 items)</b>		
<b>CORESOURCE (2 items)</b>		
<b>COVENTRY HEALTH (5 items)</b>		
<b>GHI NY (2 items)</b>		
<b>GOLDEN RULE (8 items)</b>		
<b>MERITIAN (45 items)</b>		
<b>NEW YORK EMPIRE BLUE SHIELD (1 item)</b>		
<b>OXFORD HEALTH PLANS (8 items)</b>		
<b>TRICARE FOR LIFE (1 item)</b>		
<b>UMR WAUSAU (2 items)</b>		
<b>UNITED HEALTHCARE (20 items)</b>		
<b>USAUTO (6 items)</b>		

No items located

# Presentation Available Post Forum



VertexDr

VERTEXDR TRAINING PORTAL



# VertexDr

# THANK YOU!

[vertexdr.com](http://vertexdr.com) | 800.327.0955

a MERIDIAN MEDICAL MANAGEMENT company