

Feb. 21 Epic *Update Companion*



Physician Billing Central Business Office Leadership

Updated: 1/26/21

On **Sunday, Feb. 21**, Epic will be updated with new features and enhancements to improve safety and quality of care, productivity and financial outcomes. This ***Update Companion*** contains details of the changes for your role. It is your sole training resource so be sure to review it carefully.

This ***Update Companion*** is prepared for the following job roles/functions:

- Directors
- Managers
- Supervisors

Top Changes for Role/Department:

1. [Guarantor Account Maintenance now has one Inquiry tab.](#)
2. [Navigate the updated Claim Edit workqueues.](#)
3. [More efficient charge review workqueues.](#)
4. [Report on COVID-19 information in denials report.](#)
5. [Quickly review and act on transactions.](#)



If you need help with Epic, be sure to visit our library of tip sheets in the Epic Learning Home. Simply press F1 on your keyboard while logged in to Epic.



Reporting



Jump Between Linked-Up Workqueue Monitoring Dashboards and Components

Key Benefits:

- Time saver

Description:

No more rummaging through the **Analytics Catalog** when you need more information about something you spot in the **PB Workqueues Needing Attention** dashboard component. They now link directly to the **PB Workqueue Monitoring Dashboard**.

Workqueues Needing Attention   

Report completed: Mon 8/24 02:26 PM

Includes HB workqueues with at least 1 item that has been on the workqueue's active tab for 14 days or more.

Owning Area	Qualifying Count	Qualifying Amount	Avg Days on Worst WQ	WQ Count*
[No Value]	22,998	4,432,607,935,134	943	186
Hospital Coding	601	3,063,318	63	10
Hospital Billing	47	18,171	446	7
Customer Service	5	7,379	63	4
Billing	4	30,385	60	3
Clinical Documentation Improvement	203	1,100,797	70	2
Information Technology	1	25	44	1
Insurance Follow-up	8	34,011	57	1
test<script><script>\\n&test"&>hellol	4	1,062	58	1

Includes workqueues from all service areas you have access to.

HB Workqueue Monitoring ~   

Overview

HB Workqueue Monitoring Report Trending   

Report completed: Mon 8/24 02:44 PM

Shows a trending graph of the number of results returned by the workqueue monitoring components over the past 30 days.

Run Date

Run Date	Total Results
07/27/2020	186
08/11/2020	208
08/24/2020	215

Hospital Billing

HB Workqueue Status by Owning Area 

Includes HB workqueues with at least 1 item.

 Run report

Report: HB WORKQUEUE STATUS BREAKDOWN

Charge Router

Charge Router Workqueue Status by Owning Area 

Includes Charge Router workqueues with at least 1 item.

 Run report

Report: CHARGE ROUTER WORKQUEUE STATUS BREAKDOWN





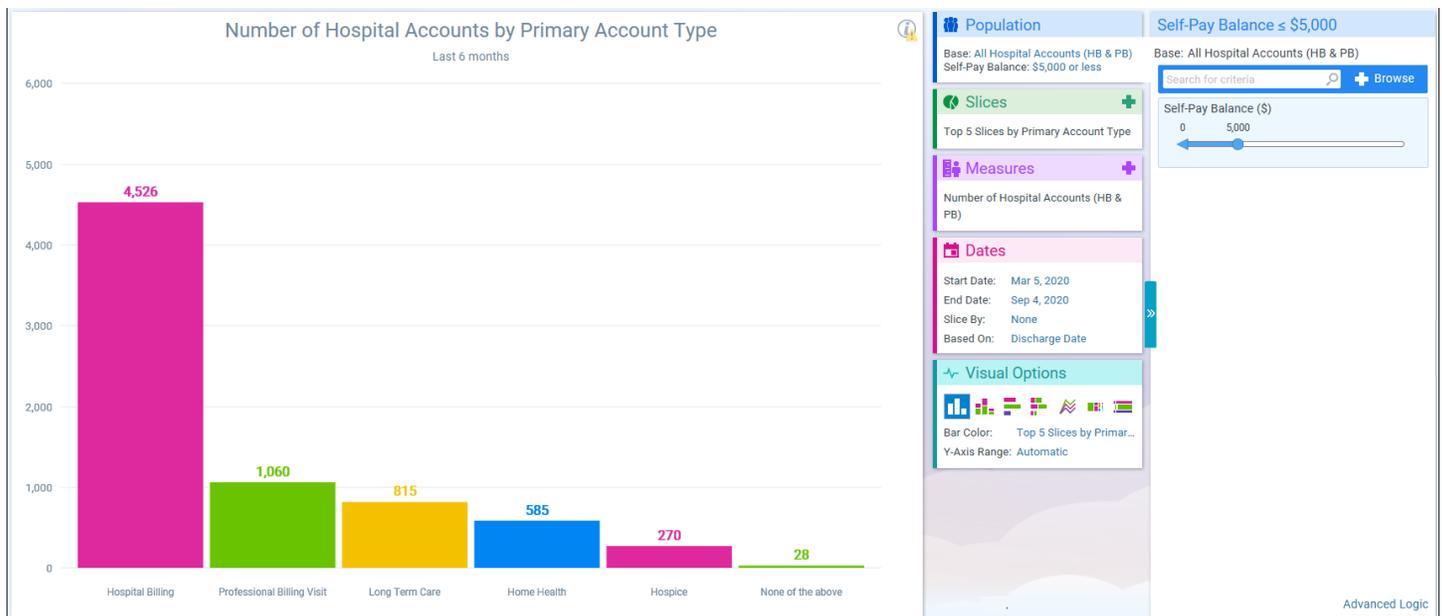
Explore Hospital Account Data Based on Account Type

Key Benefits:

- Financial benefit

Description:

You can now slice data based on hospital account type using the new **Primary Account Type**, **Related Account Type**, and **Account Types (All)** filters in the **Hospital Accounts (HB & PB) SlicerDicer** data model. For example, you might use the filters to compare self-pay balances on different primary account types.





Delve Deeper into Transaction Data in SlicerDicer

Key Benefits:

- Financial benefit

Description:

You can now dive deeper into transaction data using new filters in the **Transactions data models** in **SlicerDicer**. For example, you can filter by payment source to review the most common ones.



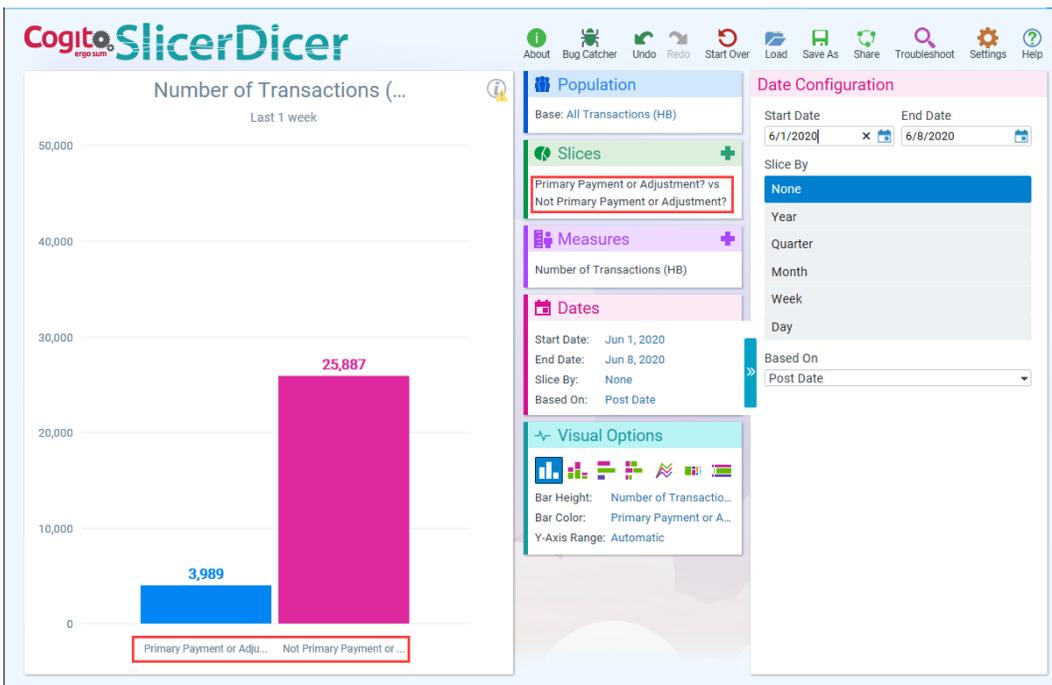
Sort by Primary Payer in Transactions Data Models

Key Benefits:

- Financial benefit

Description:

Use a new filter to sort transactions data based on whether a given payment or adjustment came from the primary payer on a patient's account. This filter can help you investigate payer trends and potentially identify areas for improvement in collecting payments from primary payers.





More Automation Metrics Come to a Dashboard Near You

Key Benefits:

- Financial benefit
- More efficient
- More accurate and reliable

Description:

We've added automation metrics to components in several dashboards to help you determine the extent to which you're taking advantage of automated processes in Epic. For example, you can take a quick glance at the **HB or PB Revenue Integrity Dashboard** to see what percentage of charges at your organization have been triggered automatically through clinical or coding workflows.



Say Hello to the PB Follow-Up Workqueue Lag Summary Report

Key Benefits:

- Financial benefit

Description:

The PB application reports for user and payer lag have been combined into a single, easy-to-use **Reporting Workbench report: the PB Follow-Up Workqueue Lag Summary**. You can specify payer or user as the criteria when creating new reports from the template.

PB Follow-up Workqueue Payer Lag Summary										
Report Settings					Summary					
Payer response dates:	9/29/2020 to 10/5/2020				0 to 30 Days	31 to 60 Days	Over 60 Days	Total Activities	Average Lag (Days)	
Service areas:	Model system, WI HARBOR BLUFF HOSPITALS, WI Split Bluffs Organization				11	0	0	11	0.0	
Group by:	Workqueue, Lag Start Activity									
Additional Report Settings										
Activities that start payer lag: Follow-up Activity - Created [1], Follow-up Activity - Appeal [5], Follow-up Activity - Resubmit Selected [6], Follow-up Activity - Resubmit Claim [14], Billing Action - Resubmit Charge [201], Billing Action - Resubmit Claim [203], Billing Action - Send Invoice Letter [209], Billing Action - Log Denial/Remark [85]										
WI Split Bluffs Organization Default Catch-All [6540]										
Lag Start Activity	Activities 0 to 30 Days		Activities 31 to 60 Days		Activities Over 60 Days		Total Activities	Avg Lag (Days)		
	Count	% of Total	Count	% of Total	Count	% of Total				
Follow-up Activity - Created [1]	11	100.0%	0	0.0%	0	0.0%	11	0.0		
WI Split Bluffs Organization Default Catch-All [6540] Total	11	100.0%	0	0.0%	0	0.0%	11	0.0		
Grand Total	11	100.0%	0	0.0%	0	0.0%	11	0.0		





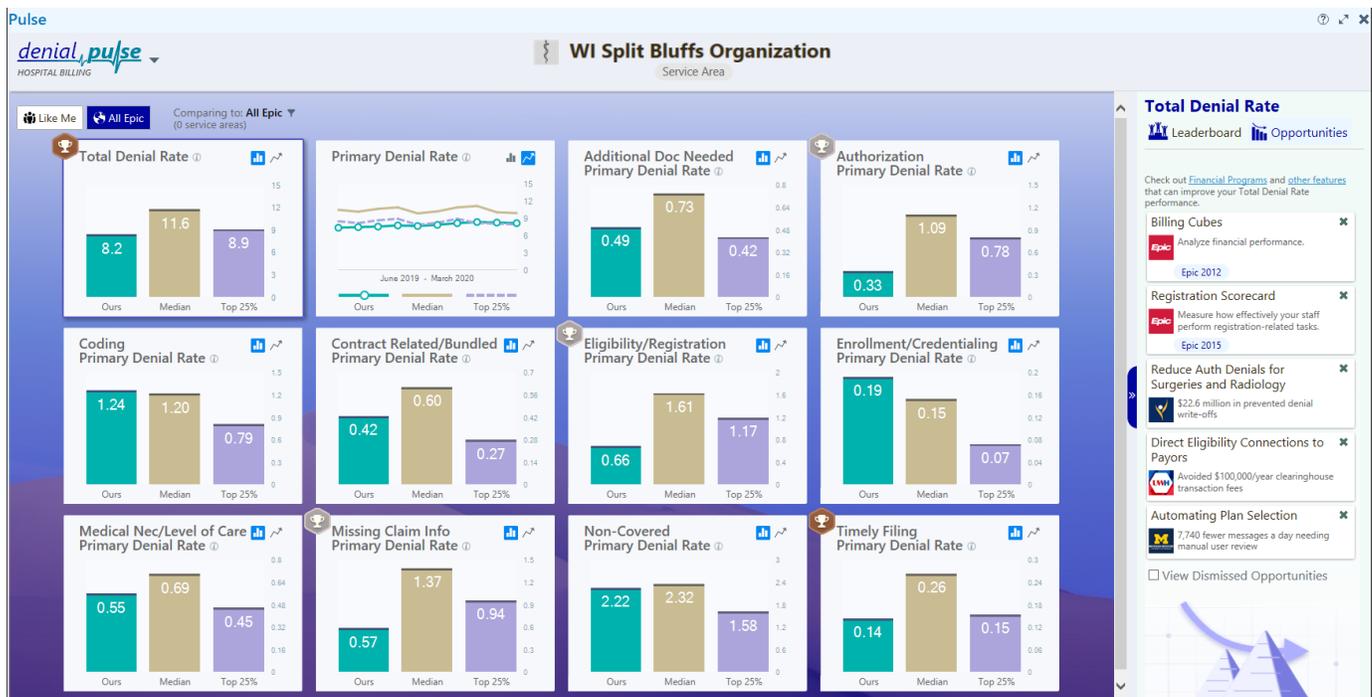
See How Your Denial Rates Measure Up

Key Benefits:

- Financial benefit

Description:

You can now compare denial rates and reasons with the broader Epic community using **Denial Pulse**, available alongside both **Financial Pulse** and **Automation Pulse**. The new dashboards allow you to perform benchmarking against other Epic organizations and help you identify opportunities to increase your revenue cycle efficiency.





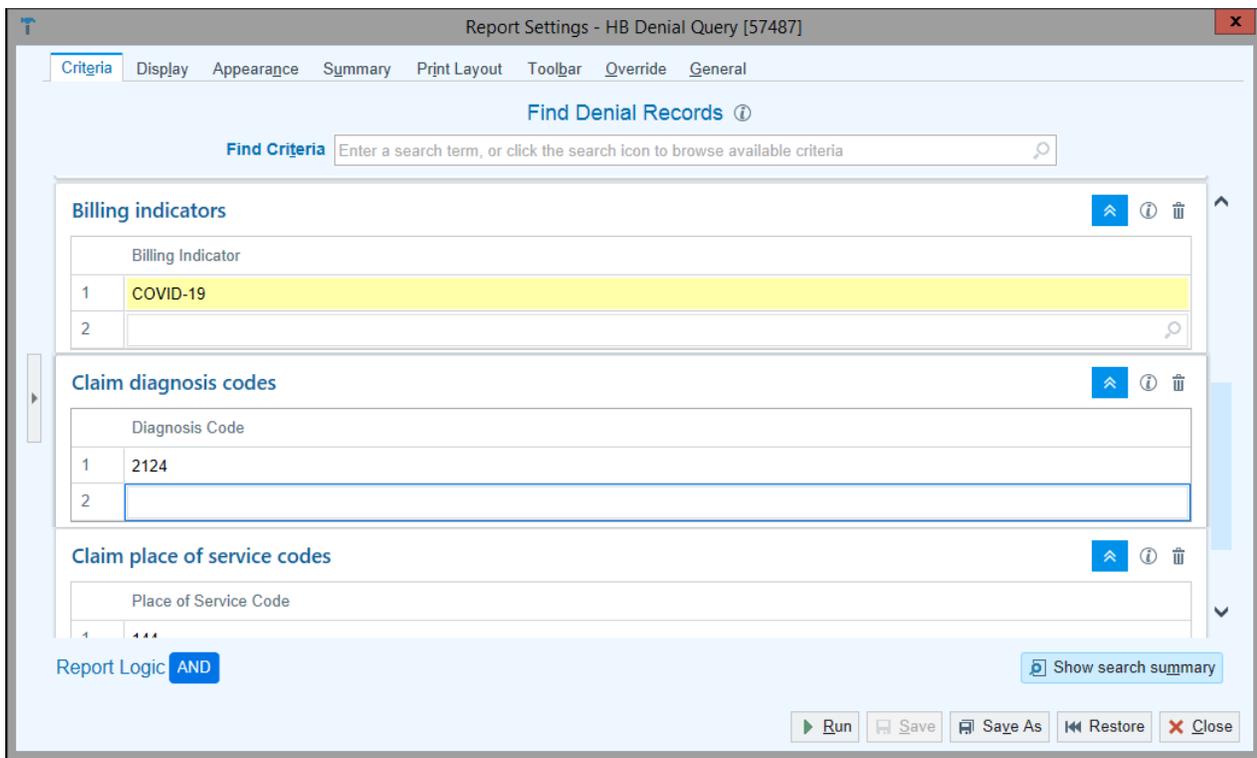
Report on COVID-19 Information in Denials Reports

Key Benefits:

- Financial benefit

Description:

To help you investigate and follow up on COVID-19 denials, use new criteria such as billing indicators and claim diagnosis codes in your **Denials reports**.





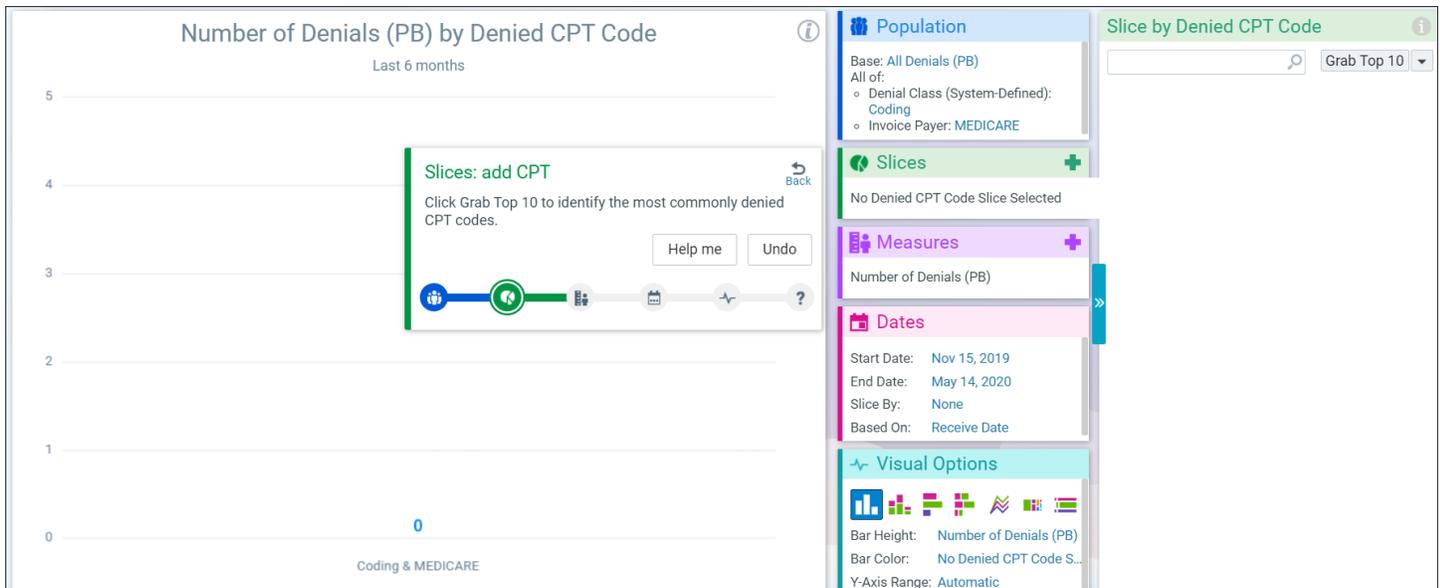
New Tutorial Content for Denials Data Model

Key Benefits:

- Improved communication

Description:

In the **Denials data model**, the tutorial now walks you through creating an example session to explore line-level coding denials by CPT for Medicare.



Account Maintenance



Simple Filters in Inquiry

Key Benefits:

- More efficient

Description:

Fill out the simple filters at the top of the screen and then click **Apply Filters** to quickly filter out transactions in inquiry. Click **Advanced filters** for more specialized filters.

The screenshot displays the 'Prof Tx Inquiry' interface. At the top, there are navigation tabs: Guar Summary, Guar Acct Note, Prof Tx Inquiry (active), Patient Summary, Coverages, Guar Account Edit, Statement History, Correspondence List, and CRM List. Below the tabs, there are action buttons: Refresh, Guar List, Prev Guar, Next Guar, Functions, Finish, Go To, Hide Filters, and Advanced Filters. A 'Filters' section is highlighted with a red box, containing fields for Tx #, Service Date, and Billing Provider. The 'Billing Provider' field is filled with 'MCLENDON, TERRY BO...' and has a search icon. To the right of the filters is an 'Apply' button and a 'Clear All' link. A 'Filters Applied' popup window is open, showing the applied filters: 'Billing Provider: MCLENDON, TERRY BO...' and 'Service Date: 10/8/2015'. Below the filters, there is a summary for 'Undistributed: (Count: 1; Amount: -1,194.20)'. The main area shows a list of transactions for '10/8/2015' with columns for Tx#, Description, Modifiers, Status, CSN, Service, and Amount. The first transaction is '99214 (CPT®)-PR OFFICE OUTPATIENT VIS...' with an amount of 314.00. The second is '1015-TIME OF SERVICE PAYMENT/FRO...' with an amount of -188.40. The third is '5023-DISC PRG SELF PAY' with an amount of -125.60. On the right side, there is a sidebar with a search icon and a list of patient information fields: Patient Name, Department, Location, POS, Encounter form, Service date, Provider, Specialty, Billing provider, Diagnose, and Last statement.





Transfer to System-Suggested Guarantors

Key Benefits:

- Improved workflow

Description:

The **Transfer** action in inquiry is now a one-stop shop for transferring to Hospital and Professional Billing. When transferring transactions to Professional Billing, click **suggested guarantors** to see target guarantors associated with your source guarantor.

Transfer Transaction #4

Transfer Adjustment 31.00

Select Guarantor

Suggested Guarantors Any Guarantor ⓘ

	Insurance	Self-Pay	Total
<input type="radio"/> MILSON,IMOGEN - 4455 Dental	0.00	24.00	24.00
<input type="radio"/> MILSON,IMOGEN - 112372 Personal/Family	6,190.37	1,696.79	7,695.91

Transfer Options

Open guarantor account after transfer

Comment





Account Maintenance Button in Auth/Cert Records Opens Encounter's Primary HB HAR

Key Benefits:

- Improved workflow
- Time saver
- More accuracy and reliability

Description:

The **Account Maintenance** button now takes you to the primary Hospital Billing HAR on the encounter every time. The button might have previously led you to a Professional Billing visit HAR or to an incorrect HB HAR. If you've developed a workaround for this, take note.

The screenshot shows the 'Authorization/Certification for Smith, Jenny' window. The 'Account Maintenance' button is highlighted with a red box. The interface includes a navigation bar with buttons for 'Open Chart', 'Triage', 'Appt Desk', 'Apply Template', 'Account Activities', 'View Notes', and 'Benefit Collection'. Below the navigation bar, the patient's name 'Smith, Jenny' is displayed. The admission information is as follows:

Adm Date:	11/8/2013	Adm Time:	11:43 PM
IP Adm Date:	11/8/2013	IP Adm Time:	11:43 PM

An 'Auth/Cert ID' input field is visible on the right side of the window.





Edit Auto-Pay Payment Methods in Guarantor Snapshot

Key Benefits:

- Time saver

Description:

Click the **Change Auto Pay Method** button and then the **pencil** to edit auto-pay payment.

The screenshot shows the 'Guarantor Snapshot' interface for 'ALEE, GENIE'. A modal window titled 'Electronic Payment' is open, allowing the user to 'Use a Saved Payment Method' (currently showing a VISA card) or 'Use a New Payment Method' (with options for Credit Card, Bank Account, Swipe and Save, and Manual). A red arrow points from the 'Change Auto Pay Method' button in the 'Payment Plan (Auto Pay)' section to the 'Use a New Payment Method' dialog. The 'Payment Plan (Auto Pay)' section is circled in red and contains the following details:

Payment Plan (Auto Pay)	
	VISA Visa x1111 (Visa) (exp. 01/2024)
On	Total due 20.00
Time	Monthly amount 20.00
	Start date 6/23/2020
	Next payment due 10/23/2020
	Next auto pay date 10/23/2020
	Next auto pay amount 20.00



Billing



Quickly Process Back-End Refunds with Amount Shortcuts

Key Benefits:

- Financial benefit
- Time saver
- More efficient

Description:

We've added new **Undistributed** and **Total** amount shortcuts to the **Refund activity**. These shortcuts automatically select individual charges to source the refund. You can still manually select individual charges for a refund by clicking **Advanced**.

The screenshot shows the Epic Refund form interface. At the top right, a blue callout bubble displays a currency icon, the amount '17.50', and 'of 30.00'. The form includes the following fields and options:

- Refund Code:** A search box containing 'REFUND [1018]'.
- Amount:** Three tabs: 'Undistributed' (highlighted with a blue border), 'Total', and 'Advanced'. Below the tabs is a text input field containing '17.50'.
- Send To:** Three tabs: 'Guarantor (Default)' (highlighted), 'Patient', and 'Other'. Below the tabs is the address: 'CRICHTON, JOHN', '123 N Moya Rd', 'Suite 5', 'PORT ORANGE Florida 32123'.
- Reasons:** A dropdown menu with 'Overpayment' selected.
- Comment:** A large empty text area.
- Additional Information:** A collapsed section indicated by a downward arrow.
- Print Refund Slip:** A link above two buttons: 'Print Now' and 'Don't Print'.
- Footer:** The text 'No refund slip will be printed.'





New Look, Simplified Workflow for Enterprise Self-Pay Payment Posting

Key Benefits:

- Time saver
- Improved workflow
- More efficient

Description:

Enterprise Self-Pay Payment Posting has been redesigned to be more user-friendly and to help you speed up your workflow with improved filters, based on account statuses, for manual distribution. In this example, you can de-select **On Payment Plan** to hide payment plan accounts as you distribute a payment.

If statement hasn't dropped, select **additional filters** to see **in progress HARs**.

The screenshot shows the 'Distribution' section of the Epic Enterprise Self-Pay Payment Posting interface. The 'Include' section has 'Patient Responsibility' and 'Other' selected. The 'Advanced Filters' dropdown is open, showing 'Outstanding' with a checked box, and 'On Payment Plan' and 'Not on Statement' also with checked boxes. The 'Apply' button is highlighted. The background shows a table of hospital accounts with columns for 'Acct ID', 'Self-Pay Status', and 'Isabella Molina'.

Acct ID	Self-Pay Status	Isabella Molina
4000000610	Pmt Plan	Isabella Molina
4000001273	No Stmt	Isabella Molina





Use Quick Distribution Shortcuts in Payment Collection

Key Benefits:

- Time saver

Description:

When manually distributing payments in **Payment Collection**, you can use new quick shortcuts to filter by **Patient Responsibility** or **All Balances** with a single click. **All Balances** appears only if there are non-MyChart accounts or in-progress accounts to show. You can click **Other** for a variety of other context-specific filters.

Outstanding Self-Pay

Marley B. Leamon
P/F #112590

Pay Now **Due**

Professional 1,910.85

Bad Debt: 42,126.00 ⓘ
Total Outstanding: 44,036.85 ⓘ

Collecting 500.00

Distribute Manual ⓘ **Include:** Patient Responsibility All Balances Other ▼ Advanced Filters ⚠ **Remaining to Distribute** 500.00 **Collecting** 500.00



Charge Review



More Efficient Charge Review Workqueues

Key Benefits:

- More efficient

Description:

Charge Review Workqueues are now more consistent and efficient with other workqueues:

- You can use the **SmartText comment field** that appears when you click **Delete** to save and access comments you use multiple times.
- The **Review** button is now the **Edit** button.
- The options on the **Go To** and right-click menus are more focused on the activities you're likely to perform.

The screenshot displays the Epic Charge Review interface. At the top, it shows 'Charge Review ALL PENDED CHARGES [432] Last refreshed: 5/5/2020 3:06:20 PM'. Below this is a toolbar with buttons for Refresh, Filter, Previous, Next, Edit, Defer, Transfer, Resubmit, Force Resubmit, Delete, and Report. A 'Go To' dropdown menu is open, listing various options like Appointment Desk, Bundled Episode Review, Bundled Episodes, Chart, Encounter, Financial Assistance Summary, Guarantor Snapshot, Hospital Account Maintenance, Patient Station, Payment Collection, Referral Lookup, Registration - Patient, Registration - Visit, and Research Billing Review. A table of charges is visible, with columns for Status, Service Date, Patient, Account, Coverage, Department, Place of Service, and Amount. A 'Delete Charge' dialog box is open, showing a comment field and 'Delete' and 'Cancel' buttons. A 'Session History' section is also visible, showing a list of activities with dates and times.

Sts	Svc Date	Patient	Account	Coverage	Department	Place of Service	Amount
	05/20/2005	HLM,BPA MED	HLM,BPA MED		JMM FAMILY PRACTICE	Model System	0.00
	10/01/2019	JJCHARLE,CA...	JJCHARLE,...		QA MYCHART PHARM...	Model System	5.97
	01/31/2020	KONKLE,ELLI...	KONKLE,EL...		KLB EMERGENCY DEPT	Model System	18.00
	05/16/2019	LEIBEE,AGAT...	LEIBEE,AGA...	RFL QA PAYO...	INITIAL DEPARTMENT	Model System	72.79
	05/16/2019	LEIBEE,AGAT...	LEIBEE,AGA...	RFL QA PAYO...	INITIAL DEPARTMENT	Model System	123.08
R	06/25/2019	LEIBEE,SETH	LEIBEE,SETH	RFL QA PAYO...	INITIAL DEPARTMENT	Model System	0.00





Quickly Review and Act on Transactions

Key Benefits:

- More efficient
- Time saver

Description:

Transaction Inquiry has a new look and new features, like **badges** displaying the total for each section and **quick groupers**, to help you easily sort through details of pending transactions.

Pending Transactions
Adjustments (1): **512.00**

Pending Adjustments/Refunds

Pending Tx #	User	Service Date	Procedure	Amount
988802	AUSTIN, WILL	09/23/2019	1018 - REFUND	512.00

Charges

Select All Deselect All Filters

Group by: **Revenue Code** CPT®/HCPCS Code Svc Date Svc Date - Px Other

Revenue Code	Description	Qty	Total Amount
<input type="checkbox"/> 0260	IV THERAPY - GENERAL	3	344.09
<input type="checkbox"/> 0276	MEDICAL/SURGICAL SUPPLIES AND DEVICES – INTRAOCULAR LENS (IOL)	1	287.72
<input type="checkbox"/> 0303	LABORATORY – RENAL PATIENT (HOME)	1	196.17
<input type="checkbox"/> 0319	LABORATORY PATHOLOGICAL – OTHER	1	320.27
<input type="checkbox"/> 0324	RADIOLOGY – DIAGNOSTIC – CHEST X-RAY	1	121.31
<input type="checkbox"/> 0480	CARDIOLOGY – GENERAL	1	294.47
<input type="checkbox"/> 0482	CARDIOLOGY – STRESS TEST	1	281.57

Total (9)
1,845.60

Show Cost

Adjustments

Reverse Transfer

HTR ID	Svc Date	Post Date	Procedure	Payer	Source	Amount
<input type="checkbox"/> 940393	09/23/2019	09/23/2019	1362003-SELF PAY CREDIT ADJUSTMENT	—	—	-1,509.49
<input type="checkbox"/> 940394	09/23/2019	09/23/2019	55608-CHARITY ADJUSTMENT	—	—	-766.29
<input type="checkbox"/> 940395	09/23/2019	09/23/2019	55609-ADMINISTRATIVE ADJUSTMENT	—	—	-438.14

Total (3)
-2,713.92





Meet the Improved Charge Entry Batch Activity

Key Benefits:

- Improved workflow

Description:

The **Charge Router Charge Entry Batch** activity has a new and improved appearance that better uses screen space and makes it easier to identify when a batch is balanced.

Batch 21
EHS SERVICE AREA

User: PB, ADMIN
Sessions: 7

Px count: 12 / 12
Px hash: 992431 / 992431

Dx hash: 2176148 / 2176148
Prov hash: 645578 / 789002

Charge Entry Batch - 21 (Open)

Summary

Control Amounts	Control	Current	Difference
Procedure hash:	992431	992431	0
Procedure count:	12	12	0
Service provider hash:	789002	645578	-143424
Diagnosis hash:	2176148	2176148	0
Charge amount:	—	0.00	—

Sessions

#	Patient	Contact	Guarantor	Hospital Account	Posting User
7	DEVINE, COLIN A	09/04/2020			PB, ADMIN
6	BERRY, STEPHANIE	09/04/2020	2069 - BERRY, STEPHANIE		PB, ADMIN
5	CLARKSON, LAUREN	09/04/2020	2071 - CLARKSON, LAUREN		PB, ADMIN
4	BUCHHOLZ, TREVOR	08/20/2020	2266 - BUCHHOLZ, TREVOR		PB, ADMIN
3	SMITH, WILLIAM A	09/04/2020	500000025 - SMITH, WILLIAM A		PB, ADMIN
2	SIMS, ERIC	09/04/2020	980 - SIMS, ERIC	2 - SIMS, ERIC	PB, ADMIN
1	YARBOROUGH, MORTICIA	09/04/2020	2603 - YARBOROUGH, MORTICIA		PB, ADMIN

Charges for Session #1

#	Code	Procedure	Svc Date	Mod	Svc Provider	Cost Center	Department	Qty
1	82003 (CPT®)	PR ASSAY ACETAMINOPHEN	09/04/2020		FAMILY MEDICINE, PHYSIC...	99901 - EMH UNASSIGNED...	EMC FAMILY MEDICINE	1
2	84080 (CPT®)	PR ASSAY ALKAL PHOSPH...	09/04/2020		FAMILY MEDICINE, PHYSIC...	99901 - EMH UNASSIGNED...	EMC FAMILY MEDICINE	10
3	82373 (CPT®)	PR ASSAY CARBOHYDRAT...	09/04/2020	26	FAMILY MEDICINE, PHYSIC...	99901 - EMH UNASSIGNED...	EMC FAMILY MEDICINE	1
4	82523 (CPT®)	PR ASSAY FOR COLLAGE...	09/04/2020		FAMILY MEDICINE, PHYSIC...	99901 - EMH UNASSIGNED...	EMC FAMILY MEDICINE	1

Batch Report

Batch is not balanced

Reject Batch Close Batch Process Batch



Claims



Navigate the Updated Claim Edit Workqueue

Key Benefits:

- Improved workflow
- More efficient
- Less clicks

Description:

Claim edit workqueues have a new, more modern layout. The detailed view section of the workqueue, which appears along the bottom of the screen, now has color-coded cards with detailed information about the claims in the workqueue, which you can use to quickly assess and prioritize errors.

The screenshot displays the 'PB Claim Edit' interface. At the top, it shows 'Claim Edit ADMIN-CATCH ALL QUEUE [203] Last refreshed: 5/19/2020 9:14:11 AM'. Below this is a table of claims with columns for Score, Status, Invoice #, Account Name, Payor Name, Amount Due, # Errors, Timely Filing, Min Service Date, Form, and Account Type. The table lists four claims, all with a score of 60 and status of 'New'. The first claim is for Thomas Baker with an amount due of 34.00 and 2 errors. Below the table, a detailed view for the first claim is shown, including a 'Claim Summary' card with an 'Error Claim' status and a 'Claim Errors' card listing two user errors: '100 Invalid claim mailing address for coverage payer AETNA: all address items are missing. [Rule 71108]' and '200 Claim max days are exceeded. [70402]'. The interface also shows a patient profile for Thomas Baker on the left and a 'Claim Edit Workqueues' section at the bottom.

Score	Status	Invoice #	Account Name	Payor Name	Amount Due	# Errors	Timely Filing	Min Service Date	Form	Account Type	E
60	New	P1000003960	BAKER, THOMAS	AETNA	34.00	2	-8	11/03/2017	CMS Claim	Personal/Family	0
60	New	P1000003970	MILSON, TESSA	AETNA	204.00	2	-8	11/03/2017	CMS Claim	Personal/Family	0
60	New	P1000003980	GONZALES, CHRIS...	AETNA	64.00	2	-7	01/11/2018	CMS Claim	Personal/Family	0
60	New	P1000003990	KNUDSEN, NATE	AETNA	200.00	2	-7	01/15/2018	CMS Claim	Personal/Family	0





Use Storyboard in Claim Edit Workqueues

Key Benefits:

- More efficient

Description:

Claim edit workqueues now have Storyboard, which gives you a snapshot of guarantors' demographics and coverages. You can also use Storyboard to quickly jump to the **Guarantor Snapshot** activity or to other workqueues.

The screenshot displays the 'PB Claim Edit' interface. At the top, it shows 'Claim Edit ADMIN-CATCH ALL QUEUE [203] Last refreshed: 5/19/2020 1:32:02 PM'. The main content is divided into two columns. The left column contains patient information for Thomas Baker, including his photo, age (40 years), birthdate (11/3/1979), guarantor ID (3340), and contact details (608-555-1414, tbaker@gmail.com). Below this is a 'BALANCES' section showing a total of 238.00, and a 'PATIENT' section with MRN 205355 and a list of three insurance coverages: AETNA - AETNA HMO, BCBS IN STATE - BCBS IN..., and ALLIANCE - ALLIANCE. The right column is titled 'Guarantor Demographics' and lists details for THOMAS BAKER [3340] (P/F) EHS SERVICE AREA, including birthdate, legal sex, SSN, address, phone, email, MyChart status, communication preferences, and electronic payment method information.

BALANCES	
Total	Ins: 238.00
238.00	SP: 0.00
	Undist: 0.00

PATIENT	
MRN: 205355	
Patient is the Guarantor	
Coverages	
1 AETNA - AETNA HMO	
2 BCBS IN STATE - BCBS IN...	
3 ALLIANCE - ALLIANCE	

Guarantor Demographics	
THOMAS BAKER [3340] (P/F) EHS SERVICE AREA	
Birthdate	11/03/1979, 40 years
Legal sex	Male
SSN	xxx-xx-5113
Address	1623 School Street PACKWAUKEE WI 53953
Phone	608-555-1414 (Home)
Email	tbaker@gmail.com (Patient)
MyChart Status	Receives paper billing. Guarantor does not use MyChart.
Communication preferences	Receives billing emails. Manage preferences
Electronic payment method information	No electronic payment method on file. Manage payment methods





Fix Errors Faster with the Redesigned Claim Edit Assistant

Key Benefits:

- Time saver

Description:

The **Claim Edit Assistant** has a completely new layout, designed to put the information you need right at your fingertips. Use the new sidebar to view claim information and errors side-by-side and make edits more quickly.

The screenshot displays the Epic Claim Edit Assistant interface for a claim with Invoice P1000005480. The interface is divided into several sections:

- Header:** Guarantor: THERRA, PETER A. Invoice: P1000005480 Payer: MEDICARE Form: (E) CLAIMS PB CEV 837 V5010 PROFESSIONAL
- Summary:** Shows an "Error Claim" with a total charge of 178.00. The claim is for Medicare Part A and B services.
- Recent History:** Shows a comment added at 8:33 AM: "Contacted payer."
- System:** Provides context for the claim, including Form (CLAIMS PB CEV 837 V5010 PROFESSIONAL), Payer (MEDICARE [400001]), Plan (MEDICARE PART A AND B [40000101]), Location (EHS CLINIC [10501]), and Department (EMC FAMILY MEDICINE [10501101]).
- Claim Attachments:** Lists attachments such as Attachment Record ID 1385, Attachment Control Number 2539, and Radiology Reports [RR].
- Claim Edit Workqueues:** A table for tracking workqueues.
- Claim Errors (Right Sidebar):** Shows 6 active errors, including:
 - Insurance ID Format is Not Valid:** Extension 70176, 100 - Registration. Invalid subscriber identification number.
 - Claims Check Whether MSPQ Is Filled:** Extension 3087122201, 100 - Registration. Medicare Secondary Payer Questionnaire is not complete and the coverage list contains a Medicare coverage.
 - Claim Max Days Exceeded:** Extension 70402, 200 - Billing. Invoice max days are exceeded.





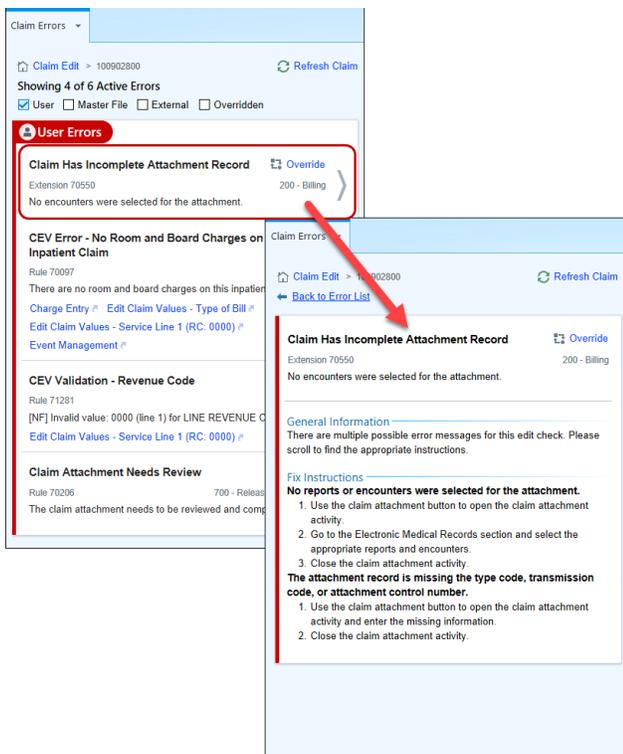
Find Fix Instructions in New Claim Edit Assistant Sidebar

Key Benefits:

- More efficient

Description:

Fixing a claim? Click **errors** in the new **Claim Edit Assistant** sidebar to see the fix instructions. Make sure you read them all before addressing the problem. The new sidebar doesn't stay open when you go to activities in separate workspaces, such as **Registration**.





Quickly Balance EOB Lines in the Claim Edit Assistant

Key Benefits:

- More efficient
- Less clicks
- Time saver

Description:

The **EOB** tab in the **Claim Edit Assistant** has a new built-in editor, as well as a new sidebar that you can use to see information about payments. The new tab helps you quickly balance EOB lines for secondary and tertiary claims.

The screenshot displays the 'Claim Edit Assistant' interface with the 'EOB' tab selected. The main area shows 'Explanation of Benefits from Primary Payer: COMMERCIAL PAYOR'. A summary table indicates a 'Claim Unbalanced Amount' of -25.00. Below this, a table lists service lines, with one line (Ln:1) showing a billed amount of 100.00 and a paid amount of 50.00. A tooltip for this line breaks down the amounts: 100.00 Claim Billed, -50.00 Claim Paid, -75.00 PR2, and -25.00 Claim Unbalanced Amount. The bottom section is titled 'Editing EOB for BJS 1 COMMERCIAL PAYOR - Claim level' and contains a table for editing line items. The right sidebar provides a 'Payment from COMMERCIAL PAYOR' summary, a 'Service Line Summary' table, and detailed 'Service Line Information' for two different revenue codes (0960).

Claim Billed	Claim Paid	Claim Adjustments	Line Paid	Line Adjustments	Total Adjustments	Claim Unbalanced Amount
100.00	50.00	75.00	0.00	0.00	75.00	-25.00

Code	Service Date	Modifiers	Billed	Paid	Ac
Ln:1 0960 99214	07/22/2020		100.00	50.00	

Total Billed	Total Paid	Reason Code	Amount
150.00	75.00	PR2	75.00

Paid:	Group Code	Reason Code	Amount	Quantity
50.00	1	PR	75.00	0
Non-covered:				
Adjudication date:	2			





Find Information About Prior Payments in New EOB Sidebar

Key Benefits:

- Improved workflow
- Time saver
- More efficient

Description:

You can click on the **Prior Payments** link in the new **Claim Edit Assistant EOB** tab to open a sidebar with basic remittance information. Use this to help you balance EOB lines.

The screenshot displays the 'Remittance Image (7/22/2020)' sidebar in the Epic system. It is divided into three main sections: 'Payment from COMMERCIAL PAYOR', 'Service Line Summary', and 'Service Line Information'. The 'Payment from COMMERCIAL PAYOR' section provides details for invoice HB429020023, adjudicated on 07/22/20, with a billed amount of 258.00 and a paid amount of 129.00. The 'Service Line Summary' table shows a total billed of 258.00 and a total paid of 129.00, with reason codes PR2 and CO45. The 'Service Line Information' section details two service lines for Rev Code 0960, each with a service date of 07/22/20 and a quantity of 1. The first service line has a billed amount of 155.00 and a paid amount of 77.50, with reason codes PR2 and CO45. The second service line has a billed amount of 103.00 and a paid amount of 51.50, also with reason codes PR2 and CO45.

Invoice Number	Adjudication Date
HB429020023	07/22/20

Claim Status Code	Billed
—	258.00

Paid	Patient Responsibility
129.00	0.00

Claim Filing Indicator Code	ICN
—	20576E1234

Total Billed	Total Paid	Reason Code	Amount
258.00	129.00	PR2	64.50
		CO45	64.50

Rev Code	Billed	Paid	Mods	Qty
0960	155.00	77.50	—	1
Reason Code	Amount			
PR2	38.75			
CO45	38.75			

Rev Code	Billed	Paid	Mods	Qty
0960	103.00	51.50	—	1
Reason Code	Amount			
PR2	25.75			
CO45	25.75			



Insurance Follow-up



Contract Variance Reporting Gets a New Look

Key Benefits:

- More efficient

Description:

Contract Variances and **Undercharging** reports have an updated look now that they're based on **Reporting Workbench templates**. You can refine what data appears in the reports by modifying parameters, adding columns, and grouping data by up to four groupers. In the **Variances report**, you can include overpayments, allowing you to review all variances in one place.

PB Contract Variances							
Report Settings		Summary					
Date range by payment posting date:	1/1/2020 - 1/30/2020	Invoice Count	Billed Amount	Expected Allowed	Payer Allowed	Absolute Variance	% Absolute Variance
Service area:	All	2	1,000.00	1,000.00	900.00	100.00	10.00 %
Group by:	Payer, Location, Invoice Procedure						
INDEMNITY PAYOR [2759001]							
RAY Location							
Invoice Procedure		Invoice Count	Billed Amount	Expected Allowed	Payer Allowed	Absolute Variance	▼ % Absolute Variance
99211 - OFFICE/OUTPT VISIT & EST [7950]		2	1,000.00	1,000.00	900.00	100.00	10.00 %
RAY Location Total		2	1,000.00	1,000.00	900.00	100.00	10.00 %
INDEMNITY PAYOR [2759001] Total		2	1,000.00	1,000.00	900.00	100.00	10.00 %
Grand Total		2	1,000.00	1,000.00	900.00	100.00	10.00 %





Printable EOBs Show Only Claim Level for Auto-Distributed Payments

Key Benefits:

- More accuracy and reliability

Description:

To ensure you get the right details, you can now see only claim-level allowed and coinsurance information in EOBs for auto-distributed payments. Previously, charge-level information appeared, but it was often inaccurate and not helpful.

Payment and Adjustment History								Collapse All
Showing all insurance and self-pay payments and adjustments, currently or previously matched to the charges.								
Posted	Tx #	Code	Matched	Payer				
06/08/20	285	1021-WRITE-OFF (INSURANCE)	-16.67	PAYOR				
06/08/20	284	1013-INSURANCE PAYMENT	-125.00	PAYOR				
ICN:	None	Printable EOB						
Procedure	Mods	Billed	Allowed	Patient	COB	Paid		
Auto-distributed		900.00	800.00	50.00	—	750.00		
NAA		CO 45 - CHGS EXCD FEE SCH/MAX ALLOWABLE				100.00		
NRP		PR 3 - Co-payment Amount				15.00		
NRP		PR 2 - Coinsurance Amount				25.00		
NRP		PR 1 - Deductible Amount				10.00		



General Updates



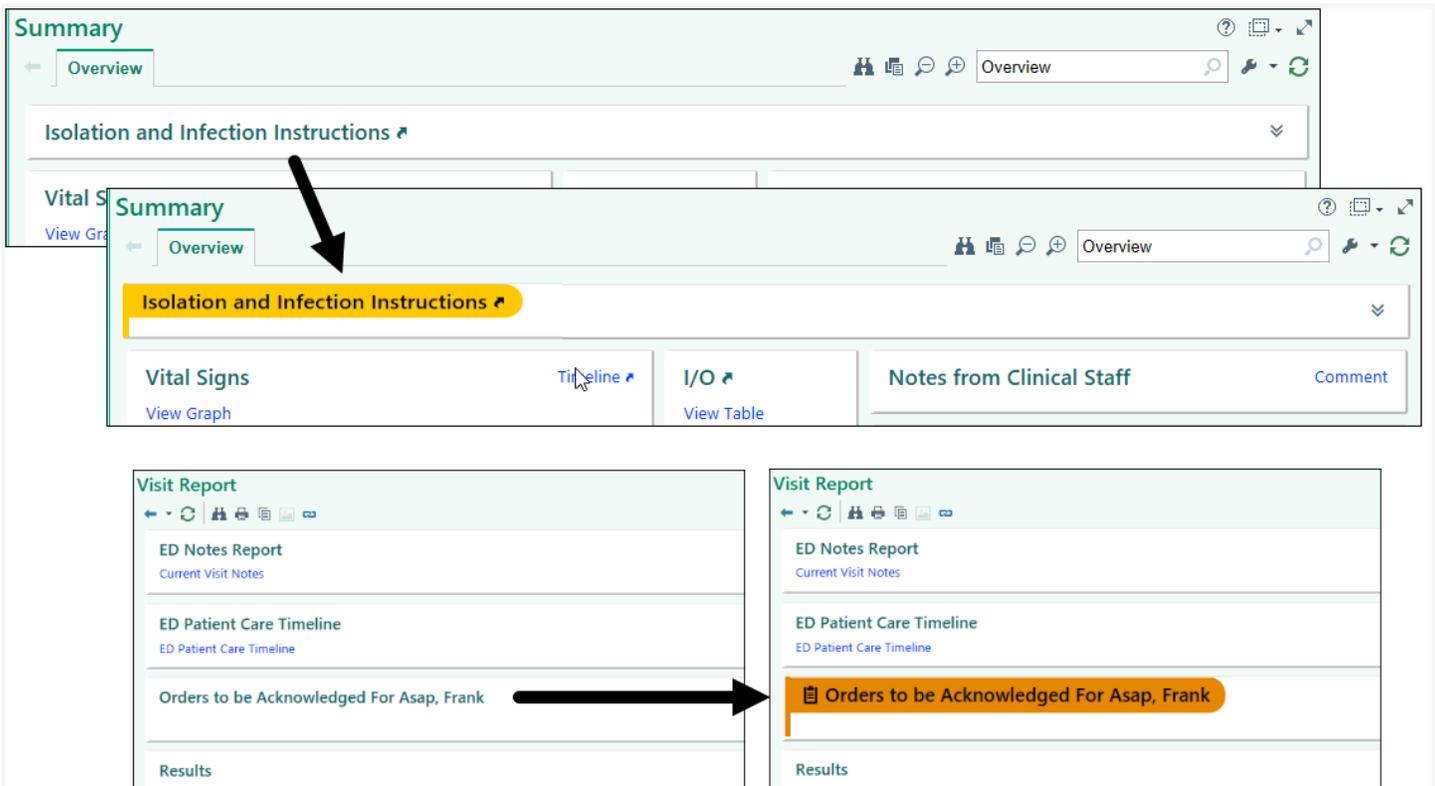
Colored Headers for Important Information More Consistently Appear for Users with Fewer Colors Setting

Key Benefits:

- Personalizing your workflow

Description:

If you have selected the **Display Fewer Colors** setting from the **My Settings** menu in Epic, you will see more red, orange, and yellow headers to call attention to important information.





Hover over the Transplant Icon in Storyboard to View the Episode List

Key Benefits:

- Easily accessible in Storyboard

Description:

You do not have to click the **transplant icon** in Storyboard to see a list of your patient's transplant episodes anymore. Just hover to see the list.

Kathryn D. Kidney
Female, 52 y.o., 4/10/1966
MRN: 202870
Code: FULL (has ACP docs)

Search

Isolation: None
Kidney Coordinator: Me
Coverage: None
Allergies: No Known Allergies
Pharmacy: None

All Transplant Episodes
Liver Transplant - 4/28/2019 (#1)
Status: Active Follow-up on 4/28/2019
Coordinator: Epic User





It's Easier to Tell When a Toolbar Button Is Selected

Key Benefits:

- Time saver

Description:

A check box or radio button now appears on many toolbars' buttons throughout Epic so that it's clearer when a button has been selected.



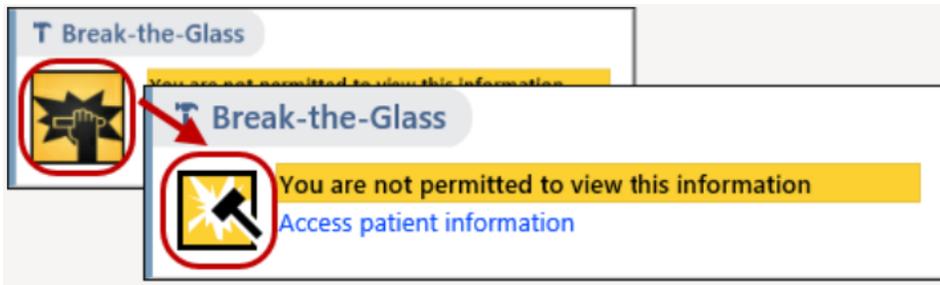
New Break-the-Glass Icon in Reports

Key Benefits:

- Time saver

Description:

A cleaner visual cue in your reports lets you know when you need to break the glass to access patient information.





It's Now More Obvious When You're Viewing Information for a Deceased Patient

Key Benefits:

- Time saver

Description:

You can now easily tell when a patient is deceased. The circle containing the patient's photo or initial will be grayed out and surrounded by a black border when you open an InBasket message or the chart for a deceased patient.



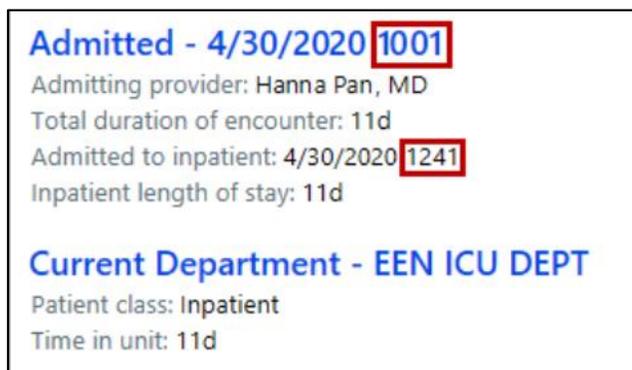
See a Patient's Admission Time in Storyboard

Key Benefits:

- Time saver

Description:

Quickly find a patient's admission time by hovering over length of stay information in Storyboard.





Add SmartPhrases to your Notes Using SmartLists

Key Benefits:

- Personalizing your workflow

Description:

To speed up your documentation, you can now use **SmartLists** to add SmartPhrases to your notes and other documentation in **SmartTool**-enabled text boxes in Epic, **Haiku** and **Canto**.

How to:

1. In Epic, go to the **SmartList Editor** (search: SmartList) and create a SmartList. If you have the security to create system SmartLists, you need to select the **User** option.
2. If you know the dot phrase for the SmartPhrase you want to add, type it in the editor.
3. If you need to look up the SmartPhrase:
 - a. Click the **star icon** in the **Choice** field to open the **SmartTool Options** menu.
 - b. Select **List Phrases**.
 - c. Find and add the SmartPhrase you want to include by clicking **Add to Text**.
4. To select a SmartPhrase from a user SmartList in a document:
 - a. Insert the SmartList into a SmartTool-enabled text box or press **F2** to jump to the SmartList if it already appears.
 - b. Select the SmartPhrase from the SmartList and right-click in the SmartList to save your selection and move to the next wildcard or SmartList.

The screenshot shows the 'User SmartList - sgnMyProc [12833]' interface. It features a table with columns for 'Choice' and 'Default?'. The 'Choice' column contains entries like '{:PHR,ENDOSCOPY}', '{:PHR,COLONSCOPY}', and '.erc|'. A search dropdown is open over the '.erc|' entry, displaying a list of SmartPhrases with columns for 'Name' and 'Description'. The 'Name' column includes '☆ ERCD', '☆ ERCIMGFINDINGS', and '☆ ERCIMGPROC'. The 'Description' column includes 'ERCD on @TODAYDATE@', 'Breast imaging density and findings', and 'Displays the procedure associated with the current order or all linked orders.'. A 'Settings' panel is visible on the right side of the interface.

Choice	Default?
{:PHR,ENDOSCOPY}	
{:PHR,COLONSCOPY}	
.erc	<input type="checkbox"/>

Name	Description
☆ ERCD	ERCD on @TODAYDATE@
☆ ERCIMGFINDINGS	Breast imaging density and findings
☆ ERCIMGPROC	Displays the procedure associated with the current order or all linked orders.





MyChart's New Home Page

Key Benefits:

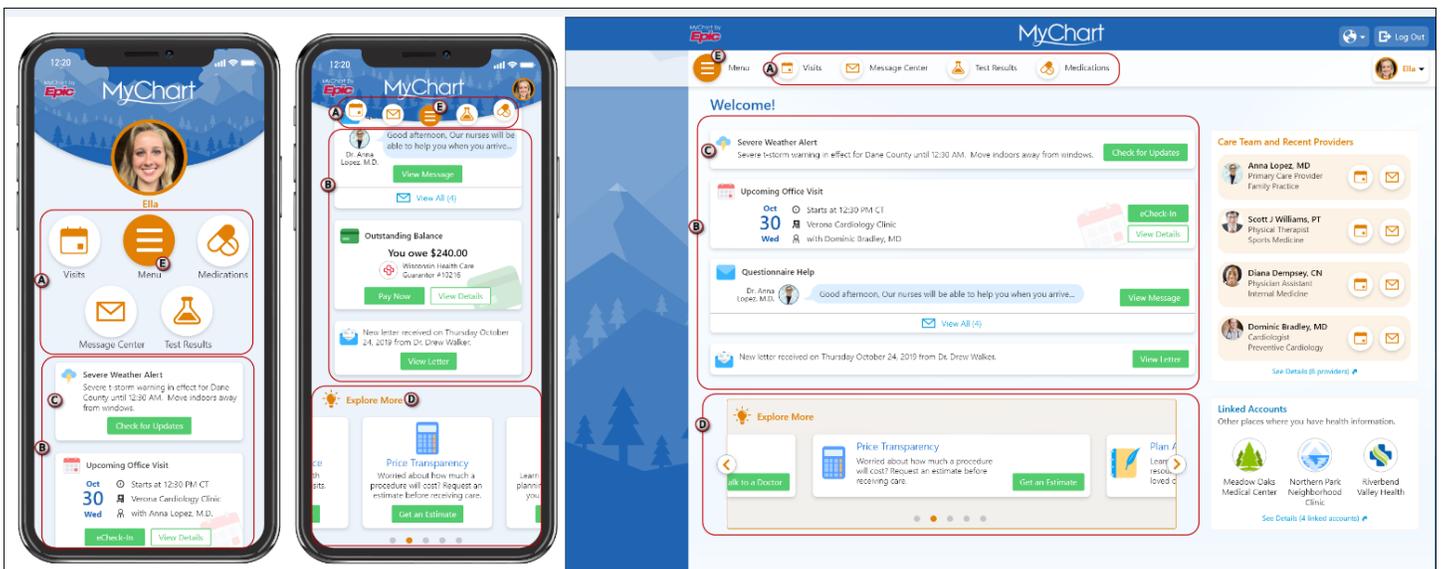
- Improved workflow
- More efficient

View the [New MyChart Experience](#) video.

Description:

The MyChart homepage and user experience is being redesigned to make it cleaner and easier to use. All features and functionality are available on both the web and mobile app platform. The new design provides shortcuts to common activities and an actionable list of updates for the patient to log.

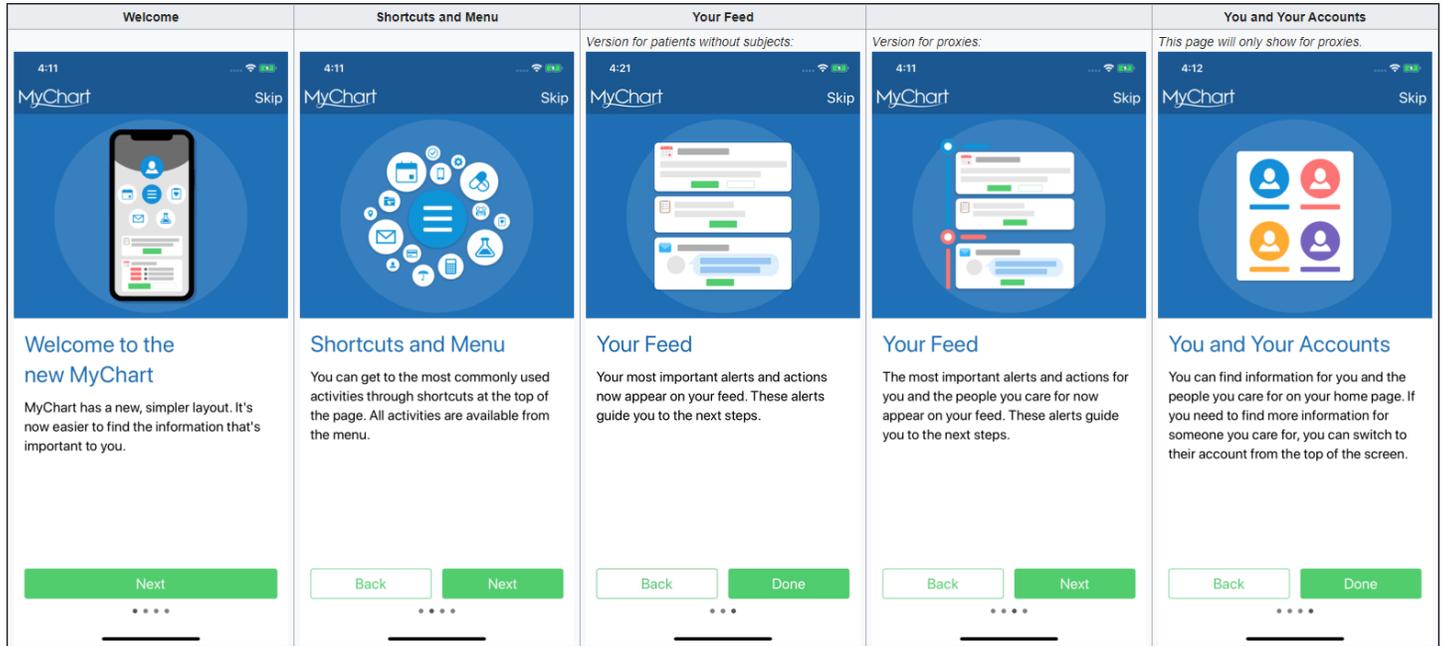
Patients must update the mobile app to version 9.3 or higher to view the changes. An overview of changes will appear when they first log in.



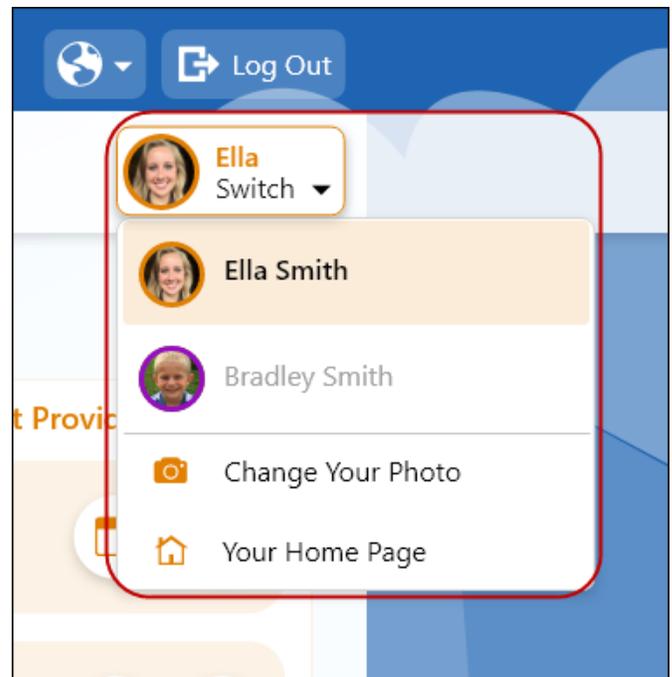
- A. Shortcuts on the homepage provide easy access to the four activities a patient uses the most.
- B. The **health feed** is a consolidated view of actionable health updates, including appointment reminders, check-in tasks and messages from the patient's care team.
- C. Information for proxies and patients for which they have proxy access, appear in the same feed (color-coded by person). Proxies can select a patient from the **proxy menu** to go to that patient's chart.
- D. The **Explore More** section highlights specific functionality and direct patients to features in **MyChart**.
- E. The unified menu provides patients with access to every available activity, in addition to what's accessible through shortcuts or the health feed, and patients can search for menu items by name.



Onboarding screens orient patients and proxies to the new **MyChart** experience as well.



Users with and without proxy access can also change their photo or easily jump to their own home page from this same menu on the **MyChart** website. The photo option here, is in addition to the workflow users already have for changing their photo on the **Personalize page**. If a patient does not have proxy access, the menu simply shows the patient's name. On the **MyChart** mobile app, patients can update colors, photos, and nicknames from the **Account Settings** activity, which is now available from the mobile switch menu.





MyChart's New Desktop Login Page

Key Benefits:

- More accuracy and reliability

Description:

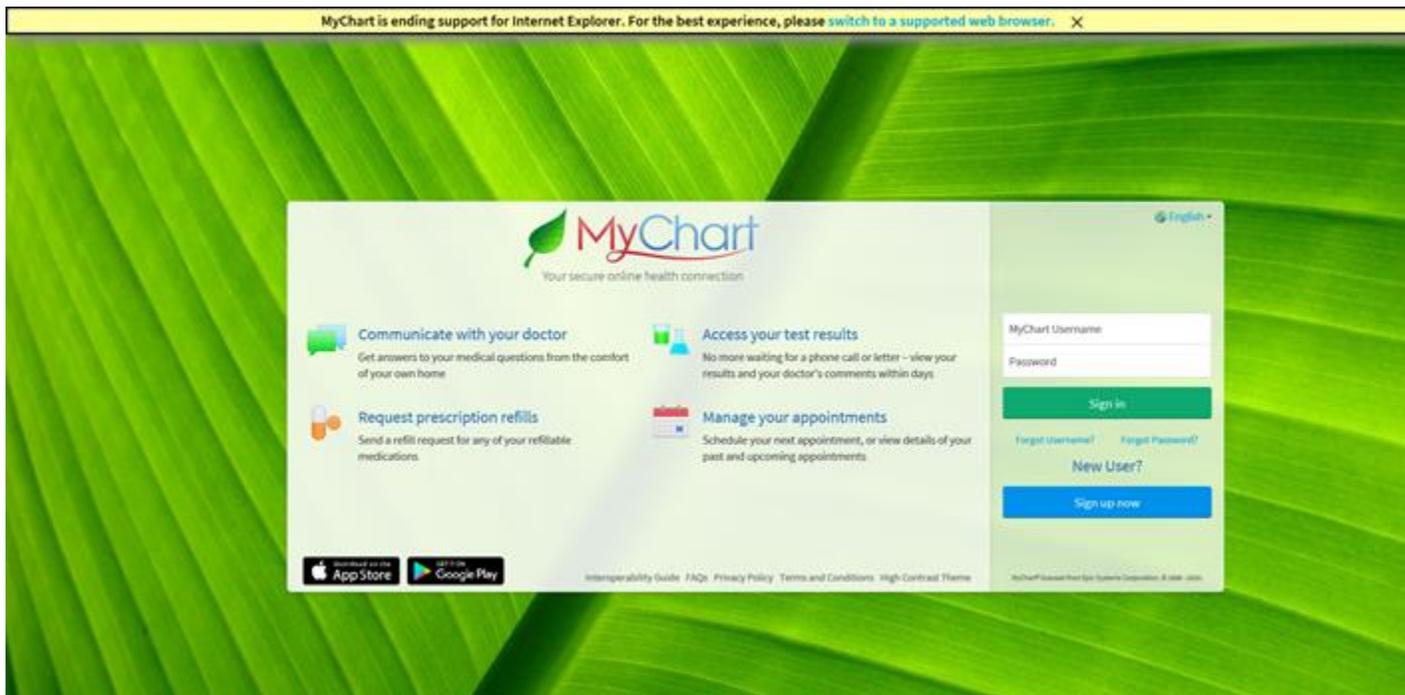
To provide a consistent, modern, and accessible experience to **MyChart** users, **Internet Explorer 11 (IE 11)** will no longer be supported. **MyChart** users' experience in accessibility, performance, and responsiveness has improved since we are moving towards the latest web standards.

By default, patients are redirected to an error page and instructed to download an alternative web browser when they navigate to the **MyChart** site from the **IE 11** web browser.

In-clinic features launched from Epic (such as questionnaires and **MyChart** signup) continue to work with **IE 11**, as does **Share Everywhere**.

A screenshot of the MyChart website's error page. The page has a green and white background. At the top, the MyChart logo is displayed with the tagline "Your secure online health connection". Below the logo, the main heading reads "MyChart is ending support for Internet Explorer". Underneath, a sub-heading says "To use MyChart, switch to a supported browser. Use the links below to learn more about other browsers and how you can download them." There are three blue links: "Google Chrome", "Mozilla Firefox", and "Microsoft Edge". A paragraph of text follows: "Microsoft currently recommends updating from Internet Explorer to Microsoft Edge. Accessing MyChart through Microsoft Edge, or any of the supported browsers above, will provide a modern and secure connection to your health information." At the bottom left, there are icons for "Download on the App Store" and "GET IT ON Google Play". At the bottom right, there are links for "Interoperability Guide", "FAQs", "Privacy Policy", "Terms and Conditions", and "High Contrast Theme". A small copyright notice is visible in the bottom right corner: "MyChart® licensed from Epic Systems Corporation, © 2019 - 2020."







Users Can No Longer Mark ABNs as Void

Key Benefits:

- Improved workflow

Description:

Manually voiding an ABN is no longer an option. Instead, Epic will automatically void ABNs.

The screenshot shows the 'Advance Notice Form' interface. At the top, it displays 'Notifier: Patient Name: Sam,Abes' and 'Identification Number: 107072'. Below this is a section titled 'Advance B' with a note: 'NOTE: If Medicare doesn't pay for item Medicare does not pay for everything, have good reason to think you need. W'. A table follows with columns 'Items or Services' and 'Condition'. The first row contains '(1) URINALYSIS, AUTO, W/SCOPE [81001]' and '(1) This conditio'. Below the table is a section 'WHAT YOU NEED TO DO NOW:' with two bullet points: 'Read this notice, so you can make' and 'Ask us any questions that you may'. Further down are fields for 'Notice template: Provider ABNs', 'Notice status: Notice Triggered [1]', and 'Communication barriers:'. A 'Notice adjustments:' table has one row: '1 URINALYSIS, AUTO, W/SCOPE'. A 'Category Select' dialog box is open over the form, showing a search field and a list of categories with a 'Number' column. The categories are: 'Notice Triggered' (1), 'Notice Printed' (2), 'ABN Signed, Service Accepted (Option 1 - Bill Medicare)' (3), 'ABN Signed, Service Declined' (6), 'ABN Refused--Noted on form, Signed by Two Witnesses' (7), 'ABN Refused--Service Not Performed' (8), and 'ABN Signed, Service Accepted (Option 2 - Do not bill Medicare)' (9). The dialog box has 'Accept' and 'Cancel' buttons at the bottom.

Title	Number
Notice Triggered	1
Notice Printed	2
ABN Signed, Service Accepted (Option 1 - Bill Medicare)	3
ABN Signed, Service Declined	6
ABN Refused--Noted on form, Signed by Two Witnesses	7
ABN Refused--Service Not Performed	8
ABN Signed, Service Accepted (Option 2 - Do not bill Medicare)	9

