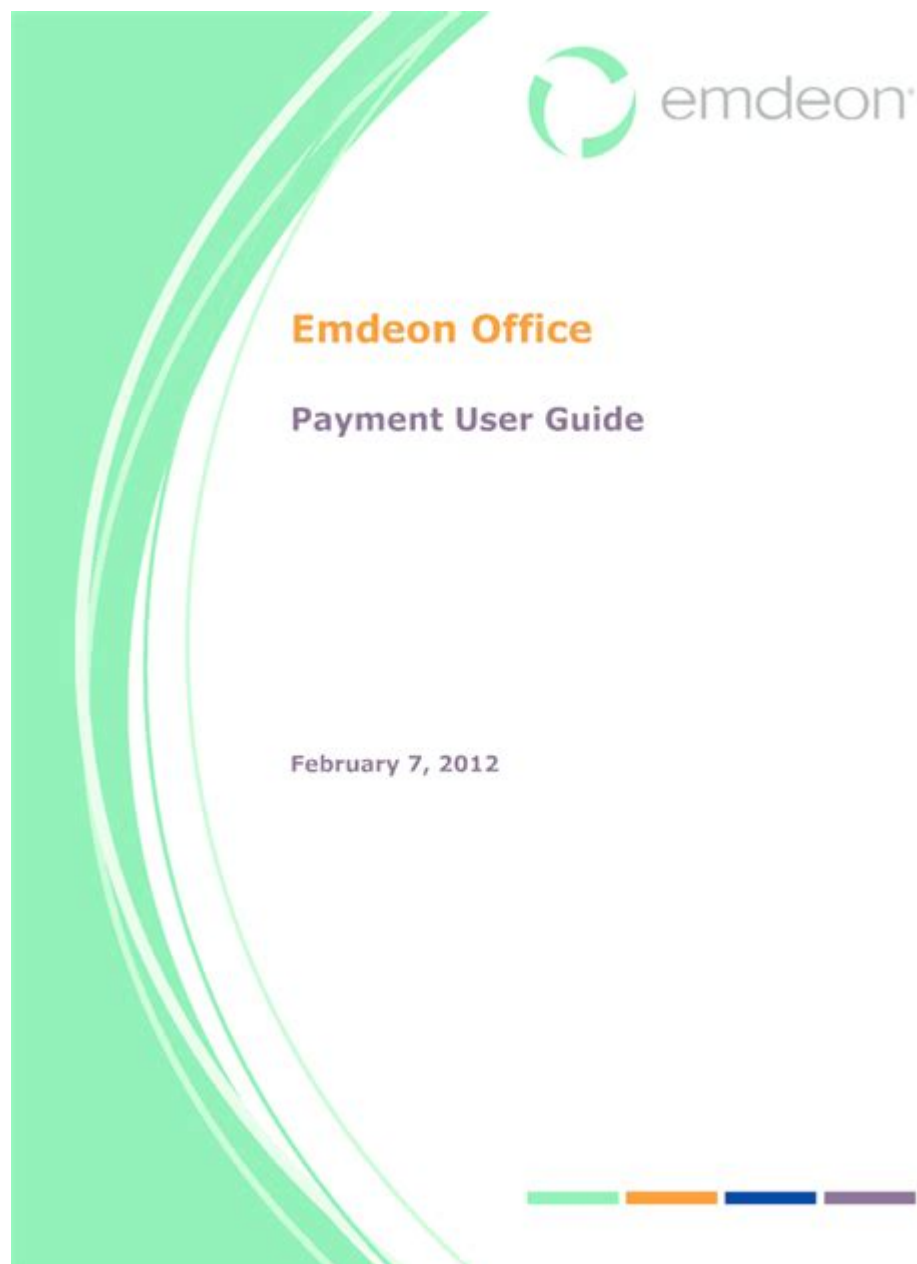


# Emdeon Office User Guide Medicare



## **EMDEON OFFICE USER GUIDE MEDICARE**

**EMDEON OFFICE USER GUIDE MEDICARE** SERVES AS A VITAL RESOURCE FOR HEALTHCARE PROVIDERS NAVIGATING THE COMPLEXITIES OF MEDICARE BILLING AND ADMINISTRATIVE TASKS. THIS COMPREHENSIVE GUIDE IS DESIGNED TO EMPOWER USERS OF THE EMDEON OFFICE PLATFORM, OFTEN REFERRED TO AS CHANGE HEALTHCARE, WITH THE KNOWLEDGE AND STEPS NECESSARY TO EFFICIENTLY MANAGE PATIENT DEMOGRAPHICS, SUBMIT CLAIMS, TRACK PAYMENTS, AND RESOLVE REJECTIONS. UNDERSTANDING THE INTRICACIES OF MEDICARE PROCESSES WITHIN THIS SOFTWARE IS CRUCIAL FOR MAINTAINING FINANCIAL HEALTH AND COMPLIANCE IN ANY MEDICAL PRACTICE. THIS ARTICLE WILL DELVE INTO THE CORE FUNCTIONALITIES, COMMON WORKFLOWS, AND ESSENTIAL TIPS FOR MAXIMIZING THE BENEFITS OF THE EMDEON OFFICE SYSTEM WHEN DEALING SPECIFICALLY WITH MEDICARE PATIENTS. WE WILL EXPLORE PATIENT REGISTRATION, CLAIM SUBMISSION BEST PRACTICES, UNDERSTANDING REMITTANCE ADVICE, AND TROUBLESHOOTING COMMON ISSUES ENCOUNTERED BY USERS.

- INTRODUCTION TO EMDEON OFFICE FOR MEDICARE BILLING
- UNDERSTANDING MEDICARE BILLING FUNDAMENTALS
- GETTING STARTED WITH EMDEON OFFICE
- MANAGING PATIENT DEMOGRAPHICS FOR MEDICARE
- NAVIGATING EMDEON OFFICE FOR MEDICARE CLAIMS
- EMDEON OFFICE CLAIM SUBMISSION PROCESS FOR MEDICARE
- TRACKING MEDICARE CLAIMS IN EMDEON OFFICE
- UNDERSTANDING MEDICARE REMITTANCE ADVICE (ERA)
- RESOLVING MEDICARE CLAIM REJECTIONS AND DENIALS
- EMDEON OFFICE REPORTING AND ANALYTICS FOR MEDICARE
- TIPS FOR OPTIMIZING EMDEON OFFICE MEDICARE WORKFLOWS
- SECURITY AND COMPLIANCE WITHIN EMDEON OFFICE FOR MEDICARE
- FREQUENTLY ASKED QUESTIONS ABOUT EMDEON OFFICE MEDICARE
- CONCLUSION

## EMDEON OFFICE USER GUIDE MEDICARE: A COMPREHENSIVE OVERVIEW

THE EMDEON OFFICE PLATFORM, NOW A PART OF CHANGE HEALTHCARE, IS A ROBUST SOLUTION FOR HEALTHCARE PRACTICES SEEKING TO STREAMLINE THEIR REVENUE CYCLE MANAGEMENT. WHEN IT COMES TO MEDICARE BILLING, UNDERSTANDING THE SPECIFIC FUNCTIONALITIES AND WORKFLOWS WITHIN THIS SYSTEM IS PARAMOUNT. THIS GUIDE IS TAILORED FOR USERS WHO NEED TO EFFECTIVELY MANAGE MEDICARE CLAIMS, FROM PATIENT REGISTRATION TO PAYMENT POSTING. IT AIMS TO PROVIDE CLEAR, ACTIONABLE INFORMATION TO IMPROVE EFFICIENCY, REDUCE ERRORS, AND ENSURE TIMELY REIMBURSEMENT FROM MEDICARE.

## UNDERSTANDING MEDICARE BILLING FUNDAMENTALS WITHIN EMDEON OFFICE

BEFORE DIVING INTO THE SPECIFICS OF THE EMDEON OFFICE USER GUIDE FOR MEDICARE, IT'S ESSENTIAL TO GRASP THE FUNDAMENTAL PRINCIPLES OF MEDICARE BILLING. MEDICARE IS A FEDERAL HEALTH INSURANCE PROGRAM PRIMARILY FOR INDIVIDUALS AGED 65 AND OLDER, YOUNGER PEOPLE WITH DISABILITIES, AND PEOPLE WITH END-STAGE RENAL DISEASE. ACCURATE CODING, PROPER DOCUMENTATION, AND ADHERENCE TO SPECIFIC BILLING GUIDELINES ARE CRITICAL FOR SUCCESSFUL MEDICARE CLAIMS PROCESSING.

## KEY COMPONENTS OF MEDICARE BILLING

SUCCESSFULLY PROCESSING MEDICARE CLAIMS REQUIRES ATTENTION TO SEVERAL KEY COMPONENTS. THESE INCLUDE THE CORRECT IDENTIFICATION OF PATIENT ELIGIBILITY, ACCURATE DIAGNOSIS AND PROCEDURE CODING (ICD-10-CM AND CPT CODES), PROPER USE OF MODIFIERS, AND UNDERSTANDING MEDICARE'S PAYMENT POLICIES. EMDEON OFFICE PROVIDES THE TOOLS

TO MANAGE THESE ELEMENTS EFFICIENTLY, BUT USER KNOWLEDGE IS THE FOUNDATION.

## MEDICARE INSURANCE IDENTIFICATION

IDENTIFYING A PATIENT'S MEDICARE INSURANCE IS THE FIRST STEP IN THE BILLING PROCESS. THIS INVOLVES VERIFYING THE PATIENT'S MEDICARE BENEFICIARY INFORMATION, INCLUDING THEIR MEDICARE NUMBER (ALSO KNOWN AS THE HEALTH INSURANCE CLAIM NUMBER OR HICN, NOW OFTEN REPLACED BY THE MEDICARE BENEFICIARY IDENTIFIER OR MBI) AND THE SPECIFIC MEDICARE PLAN THEY ARE ENROLLED IN (E.G., TRADITIONAL MEDICARE PART B, MEDICARE ADVANTAGE PLAN). EMDEON OFFICE ALLOWS FOR THE ACCURATE INPUT AND VERIFICATION OF THIS CRUCIAL DATA.

## MEDICARE ELIGIBILITY VERIFICATION

VERIFYING PATIENT ELIGIBILITY IS A RECURRING TASK THAT ENSURES THE PATIENT HAS ACTIVE MEDICARE COVERAGE FOR THE DATE OF SERVICE. EMDEON OFFICE OFTEN INTEGRATES WITH CLEARINGHOUSES TO PERFORM REAL-TIME ELIGIBILITY CHECKS, REDUCING THE LIKELIHOOD OF CLAIMS BEING REJECTED DUE TO INELIGIBILITY. UNDERSTANDING HOW TO UTILIZE THESE VERIFICATION TOOLS WITHIN THE EMDEON OFFICE SYSTEM IS VITAL.

## GETTING STARTED WITH EMDEON OFFICE FOR MEDICARE USERS

FOR NEW USERS OR THOSE TRANSITIONING TO MANAGING MEDICARE BILLING WITHIN EMDEON OFFICE, A STRUCTURED APPROACH TO LEARNING THE SYSTEM IS BENEFICIAL. THIS SECTION OUTLINES THE INITIAL STEPS AND ESSENTIAL CONFIGURATIONS TO ENSURE A SMOOTH EXPERIENCE.

## INITIAL SYSTEM SETUP AND CONFIGURATION

BEFORE PROCESSING ANY MEDICARE CLAIMS, THE EMDEON OFFICE SYSTEM NEEDS TO BE CORRECTLY SET UP. THIS INCLUDES CONFIGURING PRACTICE DEMOGRAPHICS, PROVIDER INFORMATION, BILLING DETAILS, AND ESTABLISHING CONNECTIONS WITH RELEVANT CLEARINGHOUSES AND PAYERS, INCLUDING MEDICARE. PROPER INITIAL SETUP IS THE BEDROCK OF EFFICIENT MEDICARE BILLING.

## USER ROLES AND PERMISSIONS

EMDEON OFFICE TYPICALLY SUPPORTS DIFFERENT USER ROLES WITH VARYING LEVELS OF ACCESS. FOR MEDICARE BILLING, IT'S IMPORTANT TO DEFINE ROLES SUCH AS BILLERS, CODERS, AND ADMINISTRATORS, ASSIGNING APPROPRIATE PERMISSIONS TO ENSURE DATA SECURITY AND PREVENT ERRORS. UNDERSTANDING WHO CAN ACCESS AND MODIFY SPECIFIC MEDICARE-RELATED INFORMATION IS KEY TO MAINTAINING COMPLIANCE.

## MANAGING PATIENT DEMOGRAPHICS FOR MEDICARE IN EMDEON OFFICE

ACCURATE PATIENT DEMOGRAPHIC INFORMATION IS THE CORNERSTONE OF ANY MEDICAL BILLING PROCESS, ESPECIALLY WHEN DEALING WITH MEDICARE. ERRORS IN THIS SECTION CAN LEAD TO CLAIM REJECTIONS AND PAYMENT DELAYS.

## ENTERING NEW MEDICARE PATIENT INFORMATION

WHEN ADDING A NEW PATIENT TO EMDEON OFFICE, METICULOUSLY CAPTURE ALL RELEVANT MEDICARE INFORMATION. THIS INCLUDES THE PATIENT'S FULL LEGAL NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER (IF APPLICABLE AND PERMISSIBLE), ADDRESS, AND IMPORTANTLY, THEIR MEDICARE BENEFICIARY IDENTIFIER (MBI). THE MBI IS A UNIQUE IDENTIFIER ASSIGNED TO EACH MEDICARE BENEFICIARY AND IS CRUCIAL FOR CLAIM SUBMISSION.

## UPDATING EXISTING PATIENT MEDICARE INFORMATION

PATIENT CIRCUMSTANCES CAN CHANGE, INCLUDING THEIR MEDICARE COVERAGE OR PLAN. REGULARLY UPDATING PATIENT DEMOGRAPHIC INFORMATION WITHIN EMDEON OFFICE IS ESSENTIAL. THIS INCLUDES CHANGES TO THEIR ADDRESS, INSURANCE PROVIDER, OR POLICY NUMBERS. PROACTIVE UPDATES PREVENT CLAIM REJECTIONS THAT COULD ARISE FROM OUTDATED INFORMATION.

## UNDERSTANDING THE MEDICARE BENEFICIARY IDENTIFIER (MBI)

THE MBI REPLACED THE HICN FOR MOST MEDICARE TRANSACTIONS. IT'S A UNIQUE 11-CHARACTER ALPHANUMERIC IDENTIFIER. EMDEON OFFICE PROVIDES FIELDS FOR ACCURATELY ENTERING AND MANAGING THE MBI. ENSURING THE MBI IS ENTERED CORRECTLY ON EVERY MEDICARE CLAIM IS NON-NEGOTIABLE FOR SUCCESSFUL PROCESSING.

## NAVIGATING EMDEON OFFICE FOR MEDICARE CLAIMS MANAGEMENT

EMDEON OFFICE OFFERS A COMPREHENSIVE SUITE OF TOOLS FOR MANAGING THE ENTIRE LIFECYCLE OF MEDICARE CLAIMS. THIS SECTION WILL GUIDE USERS THROUGH THE KEY FUNCTIONALITIES RELATED TO CLAIM SUBMISSION AND TRACKING.

## THE EMDEON OFFICE CLAIMS DASHBOARD

THE EMDEON OFFICE DASHBOARD PROVIDES AN AT-A-GLANCE VIEW OF CLAIMS ACTIVITY. USERS CAN MONITOR THE STATUS OF SUBMITTED MEDICARE CLAIMS, IDENTIFY PENDING REJECTIONS, AND TRACK PAYMENT CYCLES. FAMILIARIZING YOURSELF WITH THE DASHBOARD'S LAYOUT AND KEY METRICS WILL GREATLY ENHANCE YOUR WORKFLOW EFFICIENCY.

## SEARCHING AND FILTERING MEDICARE CLAIMS

WITH A HIGH VOLUME OF CLAIMS, THE ABILITY TO SEARCH AND FILTER EFFECTIVELY IS INVALUABLE. EMDEON OFFICE ALLOWS USERS TO SEARCH FOR CLAIMS BY PATIENT NAME, CLAIM NUMBER, DATE OF SERVICE, CLAIM STATUS, OR PAYER. THIS FEATURE IS CRITICAL FOR LOCATING SPECIFIC MEDICARE CLAIMS THAT REQUIRE ATTENTION OR FOLLOW-UP.

## EMDEON OFFICE CLAIM SUBMISSION PROCESS FOR MEDICARE

THE CLAIM SUBMISSION PROCESS IN EMDEON OFFICE, PARTICULARLY FOR MEDICARE, INVOLVES SEVERAL STEPS TO ENSURE ACCURACY AND COMPLIANCE WITH PAYER REQUIREMENTS.

## CREATING A NEW MEDICARE CLAIM

NEW CLAIMS ARE TYPICALLY GENERATED FROM PATIENT ENCOUNTERS OR CHARGE ENTRY MODULES WITHIN EMDEON OFFICE. USERS MUST ENSURE THAT ALL DEMOGRAPHIC INFORMATION, DIAGNOSIS CODES, PROCEDURE CODES, AND PROVIDER DETAILS ARE ACCURATELY ENTERED AND LINKED TO THE CORRECT PATIENT AND INSURANCE. THE SYSTEM OFTEN GUIDES USERS THROUGH THIS PROCESS, PROMPTING FOR NECESSARY MEDICARE-SPECIFIC FIELDS.

## SELECTING THE CORRECT PAYER FOR MEDICARE

EMDEON OFFICE MAINTAINS A DATABASE OF PAYERS. IT'S CRUCIAL TO SELECT THE CORRECT MEDICARE PAYER FROM THE AVAILABLE OPTIONS. THIS MIGHT INCLUDE SPECIFIC STATE MEDICARE PROGRAMS OR MEDICARE ADVANTAGE PLANS, EACH WITH ITS UNIQUE BILLING REQUIREMENTS. INCORRECT PAYER SELECTION IS A COMMON CAUSE OF CLAIM REJECTION.

## CHARGE ENTRY AND CODING FOR MEDICARE CLAIMS

ACCURATE CHARGE ENTRY AND CODING ARE FUNDAMENTAL. THIS INVOLVES TRANSLATING PHYSICIAN SERVICES AND DIAGNOSES INTO STANDARDIZED CODES (CPT/HCPCS AND ICD-10-CM). EMDEON OFFICE FACILITATES THIS PROCESS, OFTEN WITH INTEGRATED CODING TOOLS OR BY ALLOWING MANUAL ENTRY. ENSURING CODES ARE APPROPRIATE FOR MEDICARE GUIDELINES IS PARAMOUNT.

## BATCHING AND SUBMITTING MEDICARE CLAIMS ELECTRONICALLY

ONCE CLAIMS ARE CREATED AND REVIEWED, THEY ARE TYPICALLY BATCHED FOR ELECTRONIC SUBMISSION THROUGH A CLEARINGHOUSE. EMDEON OFFICE MANAGES THIS BATCHING PROCESS, PREPARING THE CLAIMS IN THE REQUIRED ANSI ASC X12 837P (FOR PROFESSIONAL SERVICES) OR 837I (FOR INSTITUTIONAL SERVICES) FORMAT. ELECTRONIC SUBMISSION IS THE STANDARD FOR MEDICARE BILLING AND SIGNIFICANTLY SPEEDS UP THE PROCESS.

## PRE-SUBMISSION CLAIM SCRUBBING AND VALIDATION

A CRITICAL FEATURE OF EMDEON OFFICE IS ITS CLAIM SCRUBBING CAPABILITY. BEFORE SUBMISSION, THE SYSTEM ANALYZES CLAIMS FOR COMMON ERRORS, SUCH AS MISSING INFORMATION, INVALID CODES, OR MISMATCHED PATIENT DATA. THIS PRE-SUBMISSION VALIDATION SIGNIFICANTLY REDUCES THE NUMBER OF INITIAL REJECTIONS FROM MEDICARE, SAVING TIME AND RESOURCES.

## TRACKING MEDICARE CLAIMS IN EMDEON OFFICE

MONITORING THE STATUS OF SUBMITTED MEDICARE CLAIMS IS A CONTINUOUS PROCESS. EMDEON OFFICE PROVIDES TOOLS TO TRACK CLAIMS FROM SUBMISSION TO PAYMENT OR DENIAL.

## UNDERSTANDING CLAIM STATUS INDICATORS

EMDEON OFFICE DISPLAYS VARIOUS STATUS INDICATORS FOR MEDICARE CLAIMS. THESE MIGHT INCLUDE "SUBMITTED," "ACCEPTED," "REJECTED," "IN PROCESS," OR "PAID." UNDERSTANDING WHAT EACH STATUS MEANS IS CRUCIAL FOR IDENTIFYING

CLAIMS THAT REQUIRE IMMEDIATE ATTENTION.

## USING THE CLAIM STATUS REPORT

THE SYSTEM OFTEN GENERATES CLAIM STATUS REPORTS, WHICH PROVIDE A DETAILED OVERVIEW OF ALL SUBMITTED CLAIMS AND THEIR CURRENT STATUS. USERS CAN UTILIZE THESE REPORTS TO IDENTIFY TRENDS, TRACK CLAIM AGING, AND PROACTIVELY ADDRESS ANY CLAIMS THAT ARE STUCK IN THE SYSTEM OR HAVE BEEN REJECTED.

## UNDERSTANDING MEDICARE REMITTANCE ADVICE (ERA) IN EMDEON OFFICE

ELECTRONIC REMITTANCE ADVICE (ERA) IS THE ELECTRONIC VERSION OF A MEDICARE EXPLANATION OF BENEFITS (EOB). EMDEON OFFICE PLAYS A CRUCIAL ROLE IN RECEIVING, PROCESSING, AND POSTING THESE ERAS.

### RECEIVING AND DOWNLOADING ERAS

EMDEON OFFICE, THROUGH ITS CLEARINGHOUSE INTEGRATION, RECEIVES ERAS FROM MEDICARE. THE SYSTEM ALLOWS USERS TO DOWNLOAD THESE FILES, WHICH CONTAIN DETAILED INFORMATION ABOUT CLAIM PAYMENTS, ADJUSTMENTS, AND DENIALS.

### POSTING ERA PAYMENTS AND ADJUSTMENTS

ONE OF THE MOST POWERFUL FEATURES OF EMDEON OFFICE IS ITS ABILITY TO AUTOMATICALLY POST PAYMENTS AND ADJUSTMENTS DIRECTLY FROM ERAS TO PATIENT ACCOUNTS. THIS SIGNIFICANTLY REDUCES MANUAL DATA ENTRY, MINIMIZES POSTING ERRORS, AND SPEEDS UP THE RECONCILIATION PROCESS. UNDERSTANDING HOW TO REVIEW AND APPROVE THESE AUTOMATIC POSTINGS IS ESSENTIAL.

### IDENTIFYING DENIALS AND REJECTIONS FROM ERA FILES

ERAS CLEARLY INDICATE WHICH CLAIMS WERE DENIED OR REJECTED AND THE REASONS WHY. EMDEON OFFICE HELPS USERS IDENTIFY THESE SPECIFIC DENIALS WITHIN THE ERA DATA, ALLOWING FOR PROMPT INVESTIGATION AND CORRECTION. COMMON REASONS FOR MEDICARE DENIALS INCLUDE LACK OF MEDICAL NECESSITY, INCORRECT CODING, OR ELIGIBILITY ISSUES.

## RESOLVING MEDICARE CLAIM REJECTIONS AND DENIALS IN EMDEON OFFICE

CLAIM REJECTIONS AND DENIALS ARE INEVITABLE IN MEDICAL BILLING. EMDEON OFFICE PROVIDES THE TOOLS AND WORKFLOW TO EFFECTIVELY MANAGE AND RESOLVE THESE ISSUES.

### REVIEWING CLAIM REJECTION CODES AND EXPLANATIONS

WHEN A MEDICARE CLAIM IS REJECTED, THE ERA OR CLAIM STATUS REPORTS WILL CONTAIN SPECIFIC REJECTION CODES AND EXPLANATORY MESSAGES. EMDEON OFFICE HELPS USERS ACCESS AND INTERPRET THESE CODES, WHICH ARE CRUCIAL FOR UNDERSTANDING THE ROOT CAUSE OF THE REJECTION.

## CORRECTING AND RE-SUBMITTING DENIED CLAIMS

ONCE THE REASON FOR REJECTION IS UNDERSTOOD, THE CLAIM NEEDS TO BE CORRECTED. THIS MIGHT INVOLVE UPDATING PATIENT DEMOGRAPHICS, CORRECTING CODES, PROVIDING MISSING DOCUMENTATION, OR VERIFYING ELIGIBILITY. AFTER CORRECTION, THE CLAIM CAN BE RE-SUBMITTED THROUGH EMDEON OFFICE. THE SYSTEM OFTEN ALLOWS FOR QUICK EDITS TO PREVIOUSLY SUBMITTED CLAIMS.

## APPEALING MEDICARE DENIALS

FOR CERTAIN DENIALS, AN APPEAL PROCESS MAY BE NECESSARY. THIS INVOLVES SUBMITTING ADDITIONAL DOCUMENTATION OR ARGUMENTS TO MEDICARE TO OVERTURN THE INITIAL DECISION. EMDEON OFFICE CAN ASSIST IN MANAGING THE DOCUMENTATION REQUIRED FOR APPEALS AND TRACKING THEIR STATUS.

## UTILIZING WORKLISTS AND TASK MANAGEMENT

EMDEON OFFICE OFTEN INCLUDES WORKLIST OR TASK MANAGEMENT FEATURES THAT HELP PRIORITIZE AND TRACK DENIED OR REJECTED CLAIMS. THESE TOOLS ENSURE THAT NO CLAIM FALLS THROUGH THE CRACKS AND THAT TIMELY ACTION IS TAKEN TO RESOLVE OUTSTANDING ISSUES.

## EMDEON OFFICE REPORTING AND ANALYTICS FOR MEDICARE

EFFECTIVE REPORTING AND ANALYTICS ARE CRUCIAL FOR UNDERSTANDING THE FINANCIAL HEALTH OF A PRACTICE AND IDENTIFYING AREAS FOR IMPROVEMENT IN MEDICARE BILLING.

## KEY PERFORMANCE INDICATORS (KPIs) FOR MEDICARE BILLING

EMDEON OFFICE CAN GENERATE REPORTS ON VARIOUS KPIs, SUCH AS CLEAN CLAIM RATE, DENIAL RATE, DAYS IN ACCOUNTS RECEIVABLE (A/R), AND COLLECTION RATE FOR MEDICARE. MONITORING THESE METRICS HELPS ASSESS THE EFFICIENCY OF THE REVENUE CYCLE.

## GENERATING STANDARD AND CUSTOM REPORTS

THE PLATFORM OFFERS A RANGE OF STANDARD REPORTS THAT PROVIDE INSIGHTS INTO MEDICARE CLAIM PERFORMANCE. ADDITIONALLY, USERS MAY HAVE THE ABILITY TO CREATE CUSTOM REPORTS TAILORED TO SPECIFIC ANALYTICAL NEEDS, ALLOWING FOR DEEPER DIVES INTO MEDICARE BILLING DATA.

## ANALYZING DENIAL TRENDS

BY REVIEWING DENIAL REPORTS GENERATED BY EMDEON OFFICE, PRACTICES CAN IDENTIFY RECURRING PATTERNS IN CLAIM REJECTIONS. THIS ANALYSIS CAN HIGHLIGHT SYSTEMIC ISSUES WITH CODING, DOCUMENTATION, OR PAYER POLICIES THAT NEED TO BE ADDRESSED TO IMPROVE FUTURE CLAIM ACCEPTANCE RATES.

# TIPS FOR OPTIMIZING EMDEON OFFICE MEDICARE WORKFLOWS

MAXIMIZING THE EFFECTIVENESS OF EMDEON OFFICE FOR MEDICARE BILLING INVOLVES ADOPTING BEST PRACTICES AND LEVERAGING THE SYSTEM'S CAPABILITIES FULLY.

## REGULARLY UPDATE PAYER INFORMATION

MEDICARE POLICIES AND BILLING REQUIREMENTS CAN CHANGE. ENSURE THAT YOUR EMDEON OFFICE SYSTEM, PARTICULARLY THE PAYER TABLES, IS KEPT UP-TO-DATE TO REFLECT THESE CHANGES. THIS INCLUDES UPDATES FOR MEDICARE ADVANTAGE PLANS.

## LEVERAGE AUTOMATION FEATURES

TAKE FULL ADVANTAGE OF EMDEON OFFICE'S AUTOMATION FEATURES, SUCH AS ERA POSTING, ELIGIBILITY VERIFICATION, AND CLAIM SCRUBBING. AUTOMATION REDUCES MANUAL EFFORT, MINIMIZES ERRORS, AND FREES UP STAFF TIME FOR MORE COMPLEX TASKS.

## FOCUS ON FIRST-PASS CLAIM SUCCESS

THE GOAL SHOULD ALWAYS BE TO SUBMIT CLEAN CLAIMS THE FIRST TIME. THOROUGHLY REVIEW CLAIMS BEFORE SUBMISSION, UTILIZE CLAIM SCRUBBING TOOLS, AND ENSURE ALL NECESSARY DOCUMENTATION IS IN ORDER. THIS PROACTIVE APPROACH SIGNIFICANTLY REDUCES THE DOWNSTREAM WORK OF HANDLING REJECTIONS.

## INVEST IN ONGOING STAFF TRAINING

AS EMDEON OFFICE IS UPDATED AND MEDICARE GUIDELINES EVOLVE, CONTINUOUS TRAINING FOR STAFF IS ESSENTIAL. WELL-TRAINED USERS ARE MORE EFFICIENT AND LESS PRONE TO ERRORS, LEADING TO IMPROVED MEDICARE BILLING OUTCOMES.

## CONDUCT REGULAR AUDITS OF MEDICARE CLAIMS

PERIODICALLY AUDIT A SAMPLE OF SUBMITTED MEDICARE CLAIMS TO VERIFY ACCURACY IN CODING, DATA ENTRY, AND ADHERENCE TO MEDICARE REGULATIONS. THESE AUDITS CAN IDENTIFY POTENTIAL ISSUES BEFORE THEY BECOME WIDESPREAD PROBLEMS.

## SECURITY AND COMPLIANCE WITHIN EMDEON OFFICE FOR MEDICARE

ADHERING TO SECURITY AND COMPLIANCE REGULATIONS, SUCH AS HIPAA, IS PARAMOUNT WHEN HANDLING SENSITIVE PATIENT AND FINANCIAL INFORMATION, ESPECIALLY WITH MEDICARE DATA.

## HIPAA COMPLIANCE AND DATA PROTECTION



EMDEON OFFICE IS DESIGNED WITH HIPAA COMPLIANCE IN MIND. THIS INCLUDES FEATURES FOR SECURE DATA TRANSMISSION, ACCESS CONTROLS, AND AUDIT TRAILS. USERS MUST UNDERSTAND THEIR ROLE IN MAINTAINING DATA PRIVACY AND SECURITY, INCLUDING PASSWORD MANAGEMENT AND USER ACCESS LEVELS.

## SECURE USER ACCESS AND AUTHENTICATION

IMPLEMENT STRONG PASSWORD POLICIES AND ENSURE THAT USER ACCESS IS GRANTED ON A NEED-TO-KNOW BASIS. EMDEON OFFICE OFTEN SUPPORTS MULTI-FACTOR AUTHENTICATION FOR ENHANCED SECURITY.

## MAINTAINING AUDIT TRAILS

EMDEON OFFICE MAINTAINS AUDIT TRAILS OF USER ACTIVITY, WHICH ARE CRUCIAL FOR COMPLIANCE AND FOR INVESTIGATING ANY DISCREPANCIES OR POTENTIAL SECURITY BREACHES RELATED TO MEDICARE BILLING DATA.

## FREQUENTLY ASKED QUESTIONS ABOUT EMDEON OFFICE MEDICARE

USERS OFTEN ENCOUNTER SIMILAR QUESTIONS WHEN WORKING WITH EMDEON OFFICE FOR MEDICARE BILLING.

- HOW DO I UPDATE A PATIENT'S MEDICARE BENEFICIARY IDENTIFIER (MBI) IN EMDEON OFFICE?
- WHAT IS THE PROCESS FOR SUBMITTING A CORRECTED MEDICARE CLAIM THROUGH EMDEON OFFICE?
- HOW CAN I TRACK THE PAYMENT STATUS OF A MEDICARE CLAIM SUBMITTED VIA EMDEON OFFICE?
- WHERE CAN I FIND REPORTS ON CLAIM DENIALS FOR MEDICARE IN EMDEON OFFICE?
- WHAT ARE THE COMMON REASONS FOR MEDICARE CLAIM REJECTIONS IN EMDEON OFFICE, AND HOW DO I RESOLVE THEM?

THIS GUIDE PROVIDES FOUNDATIONAL KNOWLEDGE FOR USING EMDEON OFFICE EFFECTIVELY FOR MEDICARE BILLING. CONTINUOUS LEARNING AND ADAPTATION TO THE EVOLVING LANDSCAPE OF HEALTHCARE ADMINISTRATION ARE KEY TO SUCCESS.

## FREQUENTLY ASKED QUESTIONS

### WHAT IS THE PRIMARY PURPOSE OF THE EMDEON OFFICE USER GUIDE REGARDING MEDICARE?

THE EMDEON OFFICE USER GUIDE FOR MEDICARE AIMS TO HELP HEALTHCARE PROVIDERS AND THEIR STAFF NAVIGATE THE COMPLEXITIES OF SUBMITTING MEDICARE CLAIMS, MANAGING PATIENT ELIGIBILITY, AND UNDERSTANDING PAYMENT PROCESSES THROUGH THE EMDEON PLATFORM.

### HOW DOES THE EMDEON OFFICE USER GUIDE ASSIST WITH MEDICARE ELIGIBILITY

## **VERIFICATION?**

THE GUIDE LIKELY PROVIDES STEP-BY-STEP INSTRUCTIONS ON HOW TO USE EMDEON'S TOOLS TO CHECK PATIENT MEDICARE ELIGIBILITY IN REAL-TIME, ENSURING THAT SERVICES ARE COVERED AND MINIMIZING CLAIM DENIALS DUE TO INELIGIBILITY.

## **WHAT ARE COMMON TOPICS COVERED IN THE EMDEON OFFICE USER GUIDE FOR MEDICARE CLAIMS SUBMISSION?**

COMMON TOPICS INCLUDE HOW TO CORRECTLY POPULATE CPT AND ICD-10 CODES FOR MEDICARE, UNDERSTANDING MEDICARE'S SPECIFIC CLAIM SUBMISSION REQUIREMENTS, AND TROUBLESHOOTING COMMON CLAIM REJECTION REASONS.

## **DOES THE EMDEON OFFICE USER GUIDE EXPLAIN HOW TO HANDLE MEDICARE SECONDARY PAYER (MSP) SITUATIONS?**

YES, A COMPREHENSIVE GUIDE SHOULD COVER HOW TO IDENTIFY AND PROPERLY BILL FOR MEDICARE SECONDARY PAYER SCENARIOS, ENSURING CORRECT BILLING ORDER AND COORDINATION OF BENEFITS.

## **HOW CAN THE EMDEON OFFICE USER GUIDE HELP USERS UNDERSTAND MEDICARE REMITTANCE ADVICE (ERA)?**

THE GUIDE WOULD TYPICALLY EXPLAIN HOW TO ACCESS, INTERPRET, AND RECONCILE ELECTRONIC REMITTANCE ADVICE (ERA) FROM MEDICARE WITHIN THE EMDEON SYSTEM, DETAILING PAYMENT STATUS, ADJUSTMENTS, AND DENIAL EXPLANATIONS.

## **WHAT ARE THE BENEFITS OF USING THE EMDEON OFFICE USER GUIDE FOR MEDICARE BILLING?**

THE BENEFITS INCLUDE IMPROVED CLAIM ACCURACY, REDUCED DENIAL RATES, FASTER REIMBURSEMENT, ENHANCED OPERATIONAL EFFICIENCY, AND A BETTER UNDERSTANDING OF MEDICARE'S BILLING REGULATIONS.

## **WHERE CAN I FIND THE MOST UP-TO-DATE VERSION OF THE EMDEON OFFICE USER GUIDE FOR MEDICARE?**

TYPICALLY, THE MOST CURRENT VERSION OF THE EMDEON OFFICE USER GUIDE IS AVAILABLE THROUGH THE EMDEON (NOW CHANGE HEALTHCARE) CLIENT PORTAL OR THEIR DESIGNATED SUPPORT WEBSITE FOR REGISTERED USERS.

## **DOES THE EMDEON OFFICE USER GUIDE OFFER GUIDANCE ON SPECIFIC MEDICARE COMPLIANCE RULES?**

WHILE THE GUIDE FOCUSES ON PLATFORM USAGE, IT MAY TOUCH UPON RELEVANT MEDICARE COMPLIANCE ASPECTS AS THEY RELATE TO DATA ENTRY AND CLAIM SUBMISSION WITHIN THE EMDEON SYSTEM, SUCH AS HIPAA COMPLIANCE.

## **HOW DOES THE EMDEON OFFICE USER GUIDE SUPPORT THE MANAGEMENT OF MEDICARE PATIENT ACCOUNTS?**

THE GUIDE WOULD LIKELY COVER FUNCTIONALITIES FOR MANAGING PATIENT DEMOGRAPHICS, INSURANCE INFORMATION, CO-PAYS, DEDUCTIBLES, AND TRACKING OUTSTANDING BALANCES RELATED TO MEDICARE PATIENTS.

## **ARE THERE SECTIONS IN THE EMDEON OFFICE USER GUIDE DEDICATED TO COMMON MEDICARE CLAIM DENIALS AND THEIR RESOLUTIONS?**

YES, A ROBUST USER GUIDE WOULD INCLUDE TROUBLESHOOTING SECTIONS THAT IDENTIFY COMMON MEDICARE CLAIM DENIAL

CODES AND PROVIDE PRACTICAL STEPS FOR CORRECTING AND RESUBMITTING CLAIMS THROUGH EMDEON.

## ADDITIONAL RESOURCES

HERE ARE 9 BOOK TITLES, EACH STARTING WITH , RELATED TO EMDEON (NOW PART OF CHANGE HEALTHCARE) AND MEDICARE OFFICE USAGE, ALONG WITH THEIR DESCRIPTIONS:

### 1. NAVIGATING EMDEON FOR MEDICARE BILLING SUCCESS

THIS GUIDE DELVES INTO THE SPECIFIC FUNCTIONALITIES WITHIN EMDEON THAT ARE CRUCIAL FOR ACCURATE MEDICARE BILLING. IT COVERS SETTING UP PATIENT DEMOGRAPHICS, UNDERSTANDING PAYER RULES, AND SUBMITTING CLAIMS EFFECTIVELY. USERS WILL LEARN HOW TO TROUBLESHOOT COMMON MEDICARE CLAIM REJECTIONS AND OPTIMIZE THEIR WORKFLOW FOR TIMELY REIMBURSEMENT.

### 2. MASTERING EMDEON: A MEDICARE CLAIMS ADMINISTRATOR'S HANDBOOK

DESIGNED FOR THOSE MANAGING MEDICARE CLAIMS, THIS BOOK PROVIDES AN IN-DEPTH LOOK AT EMDEON'S REPORTING AND RECONCILIATION FEATURES. IT EXPLAINS HOW TO TRACK CLAIM STATUS, MANAGE DENIALS, AND UNDERSTAND MEDICARE REMITTANCE ADVICE. THE HANDBOOK AIMS TO EMPOWER ADMINISTRATORS WITH THE KNOWLEDGE TO ENSURE COMPLIANCE AND FINANCIAL EFFICIENCY.

### 3. EMDEON ESSENTIALS: MEDICARE PATIENT REGISTRATION AND ELIGIBILITY CHECKS

THIS FOUNDATIONAL TEXT FOCUSES ON THE CRITICAL INITIAL STEPS OF PATIENT ENGAGEMENT WITHIN EMDEON, SPECIFICALLY FOR MEDICARE BENEFICIARIES. IT DETAILS BEST PRACTICES FOR ACCURATE PATIENT REGISTRATION, VERIFYING MEDICARE ELIGIBILITY IN REAL-TIME, AND UNDERSTANDING DIFFERENT MEDICARE PLAN TYPES. THE GOAL IS TO MINIMIZE ERRORS FROM THE OUTSET AND IMPROVE THE PATIENT EXPERIENCE.

### 4. OPTIMIZING EMDEON WORKFLOWS FOR MEDICARE PAYMENT POSTING

THIS MANUAL OFFERS STRATEGIES FOR EFFICIENTLY POSTING MEDICARE PAYMENTS WITHIN THE EMDEON PLATFORM. IT COVERS HOW TO RECONCILE ELECTRONIC REMITTANCE ADVICE (ERA) WITH POSTED PAYMENTS, IDENTIFY AND MANAGE UNDERPAYMENTS, AND HANDLE EXCEPTIONS. THE BOOK AIMS TO STREAMLINE THE PAYMENT POSTING PROCESS, REDUCING MANUAL DATA ENTRY AND POTENTIAL ERRORS.

### 5. EMDEON COMPLIANCE: MEDICARE AUDITS AND REPORTING REQUIREMENTS

THIS CRITICAL RESOURCE ADDRESSES THE COMPLIANCE ASPECTS OF USING EMDEON FOR MEDICARE OPERATIONS. IT OUTLINES KEY MEDICARE REGULATIONS, HOW TO UTILIZE EMDEON'S AUDIT TRAILS, AND PREPARES USERS FOR POTENTIAL MEDICARE AUDITS. THE BOOK EMPHASIZES MAINTAINING ACCURATE RECORDS AND GENERATING NECESSARY REPORTS TO DEMONSTRATE COMPLIANCE.

### 6. EMDEON ADVANCED FEATURES: MEDICARE PRIOR AUTHORIZATION AND REFERRALS

THIS BOOK EXPLORES MORE COMPLEX EMDEON FUNCTIONALITIES RELATED TO MEDICARE PRIOR AUTHORIZATIONS AND REFERRALS. IT GUIDES USERS THROUGH THE PROCESS OF INITIATING, TRACKING, AND MANAGING THESE ESSENTIAL PRE-SERVICE REQUIREMENTS. UNDERSTANDING THESE FEATURES CAN SIGNIFICANTLY REDUCE CLAIM DENIALS AND IMPROVE PATIENT ACCESS TO CARE.

### 7. EMDEON SOLUTIONS FOR MEDICARE FEE-FOR-SERVICE AND MANAGED CARE

THIS COMPREHENSIVE TEXT COMPARES AND CONTRASTS HOW EMDEON HANDLES MEDICARE FEE-FOR-SERVICE (FFS) VERSUS MEDICARE MANAGED CARE PLANS. IT EXPLAINS THE UNIQUE BILLING AND ADMINISTRATIVE REQUIREMENTS FOR EACH TYPE OF MEDICARE COVERAGE. THE BOOK PROVIDES PRACTICAL ADVICE FOR MANAGING BOTH SCENARIOS WITHIN THE EMDEON SYSTEM.

### 8. EMDEON REPORTING: UNDERSTANDING MEDICARE PAYMENT TRENDS AND ANALYTICS

THIS GUIDE FOCUSES ON LEVERAGING EMDEON'S REPORTING TOOLS TO GAIN INSIGHTS INTO MEDICARE PAYMENT TRENDS. IT TEACHES USERS HOW TO GENERATE CUSTOM REPORTS, ANALYZE DENIAL PATTERNS, AND TRACK KEY PERFORMANCE INDICATORS. THE OBJECTIVE IS TO USE DATA FROM EMDEON TO MAKE INFORMED BUSINESS DECISIONS AND IMPROVE REVENUE CYCLE MANAGEMENT.

### 9. EMDEON TROUBLESHOOTING: RESOLVING MEDICARE CLAIM REJECTIONS AND DENIALS

THIS PRACTICAL MANUAL SERVES AS A QUICK REFERENCE FOR COMMON ISSUES ENCOUNTERED WHEN SUBMITTING MEDICARE CLAIMS THROUGH EMDEON. IT OFFERS STEP-BY-STEP SOLUTIONS FOR RESOLVING VARIOUS REJECTION AND DENIAL CODES. THE BOOK EMPOWERS USERS TO EFFICIENTLY CORRECT ERRORS AND RESUBMIT CLAIMS, MAXIMIZING THEIR COLLECTION RATES.

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