HOW TO WORK THE ACCOUNTS OUT OF TICKLER Advanced Health 2018

How to get to "The Tickler"

-1- select patients tab the top of the screen

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	File	Charges	Billing	Patients			Help			
(🚴 Pati	ent Main	Outbound Proc Ling	Co Tickler Main					
				Inbound Processing	Mail Return	(Select Report)	 View 			
Account	t Inquiry			Setup	🔊 Patients w/o Charges					
Account	t Inquiry	Pat	ient	Eligibility	Related	R	elated Reports			

How to get to "The Tickler"

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How to get to "The Tickler"

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-2- Select Tickler Main



Account Inquiry A Edit Visit

How to get to "The Tickler"

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T	ICKLER TY	PES	
Tickler Type:	Representative:	Tickler View.	
Insurance	✓ Alisa Taylor	Outstanding Charges	
	402 Patients - 700 Assign	ed Charges - Total Balance \$55,497.83	Filter (None) 🔻 Options 👻

AT THE TOP OF THE SCREEN TICKLE TYPE : Insurance Patient Denial Messaging Other

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You can select from the 5 different types by selecting the drop down box

TICKLER TYPE :INSURANCE

- CLAIMS FALL IN THE INSURANCE TICKLER ONCE THEY HAVE BEEN BILLED OUT OF IMAGINE (ALL CHARGES)
- TO VIEW CLAIMS THAT HAVE BEEN BILLED TO THE INSURANCE AND HAVE NOT RECEIVED RESPONSE
- -CHANGE THE TICKLER VIEW :OUTSTANDING CHARGES

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🗴 Account Inquiry	🛿 Account Inquiry 🔇 Acco	ount Inquiry 🛞 Account I	nquiry 🛞 Account Inq	uiry 🛿 Ticklers			
Tickler Type:	Representative:		Tickler vi	iew: Outstanding	Tickler View.		
Insurance	▼ Alisa Taylor	•		Charges	Outstanding Charges		

TICKLER TYPE :INSURANCE

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OTHER OPTIONS UNDER TICKLER VIEW

• WORKED TODAY

• **REVIEW INSURANCE**

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• NOT IN TICKLER

• TO SWITCH TO THE DENIAL TICKLER

• USE THE DROP DOWN BOX TO SELECT > DENIAL

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DENIALS

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📓 + 🍰 + 🌪 + Imagine - (ADI - ADVANCED DIAGNOSTIC IMAGING, P.C.) v16.0.2.3 - Logged in as: tayloral - [Ticklers] Follow Up Contracts Performance Manager Billing Patients Payments Help File Charges A Patient Main Outbound Processing Tickler Main Inbound Processina 🙀 Mail Return View (Select Report) The second secon Setup Account Inquiry Related Reports Account Inquiry Patient 😢 Account Inquiry 🛞 Ticklers Tickler Type: Tickler View. **Dropdown Box** Alisa * Outstanding Charges • Insurance Insurance 📅 Filter (None) 🝷 Options 🝷 Patient 402 Patients - 700 Assigned Charges - Total Balance \$55,497.83 Denial Max Date O... Max Cl... Min. Ne... Date of Service Patient First ... C. Balanc ... Insurance Plan R... Max ... Insura... Doctor Messaging Other MADUTU IA 08/29/2016 5002 - CIGNA SEL SOUR PL H ... NO 137 - GEORGE, DEHO 44 \$386.60 49 Primary 3 \$143.15 49 44 08/29/2016 3000 - AETNA HEALTH NO * Multiple * 8 Primary 44 15 - Jonathan, Gordon 2 \$112.87 08/28/2016 5002 - CIGNA SEL SOUR PL H ... NO 2 50 Primarv PERKINS TOMMY 45 08/27/2016 NO 8 - Michael, Cian 79391 1 \$38.52 51 * Multiple Plans * Primary

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FILTERS ARE THE BEST WAY TO FOCUS ON A PARTICULAR Denial or payer. This is one of the best "tools" for the Job. You can save commonly used filters as Well.

Filter

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How to edit and save filter options

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	ck in	e upsia	e uown	triangle / ui	op down box	_	_	_	😙 Filter (None)	• Options •
anc	Ма	Max Cl	Min. Ne	Date of Service	Insurance Plan	R	Max	Insura	Doctor	Loc_
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.43	107	99		05/29/2016	95324 - WC ALLIANZ RESOL	NO		Primary	22 - Michael, Lev	3 - 5
376.97	288	63		* Multiple *	* Multiple Plans *	NO	Rebill	* Multip	* Multiple *	8-L
9.85	99	73		* Multiple *	* Multiple Plans *	NO		* Multip	* Multiple *	* M.
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-Then choose edit current filter

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Account Inquiry	🔅 Setup	🔕 Patients w/o Charges							
Account Inquiry Patient	Eligibility	Related	Re	lated Reports					
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Tickler Type: Repre	sentative:			Tio	kler View.				
Insurance Alisa	Taylor 💌			0	utstanding Cha	irges			
	402 Patient:	s - 700 Assigned Charges - 1	fotal Balance \$55,497	.83		💎 Fi	Iter (None) 🔻 Options 👻		
Patien Patient						In: 🂎	Setup		
73922		SELECT EDIT CU	RRENT FILTE	R			Edit Current Filter		
84012						Pri 🗔	Save		
22596	50	44	08/28/2016	5002 - CIGNA SEL SOUR PL H.	NO	Pri 💖	Clear		
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Filter by Insurance

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Filter Setup					
Name: Ad H	loc Filter				
Details					
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Filter Setup					×
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Field:	Insurance Plan				•
Operator Type:	Contains				
Value:					
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Field = Insurance plans Operator Type= Contains Value will be the different insurance plan based on the number they are listed in under imagine 1008-Medicare 6008-TN Medicaid 6003-Amerigroup 1004-Amerivantage 1005-BCBS Medicare Advantage 6004-BCBS TENNCARE 1013-Healthspring 1014-Humana 1003-UHC DUAL

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Filter by Insurance

😬 Filter Setup						X
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Details						
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And	Insurance Plan	Contains	1008			Move Next
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Field = Insurance plans Operator Type= Contains Value will be the different insurance plan based on the number they are listed in under imagine 1008-Medicare 6008-TN Medicaid 6003-Amerigroup 1004-Amerivantage 1005-BCBS Medicare Advantage 6004-BCBS TENNCARE 1013-Healthspring 1014-Humana 1003-UHC DUAL

By using the insurance filter contains

 'To hide ' all other insurance plans except one insurance plan
 (this allows you to focus a particular plan while you work)

In the example the Filter used will only show patients with the traditional Medicare plan loaded in imagine as :1008- Medicare

If you would like to capture more than one particular insurance plan under a major insurance use the insurance name instead of plan # such as UHC or BCBS This would pull all of the insurance plans that contain UHC in the name including UHC PPO, UHC DUAL COVERAGE, UHC MEDICAID, ETC

FILTER BY DENIALS

Filter Setup			x	
Additive Type:	And			
Field:	Denial			
Operator Type:	Balance Amount Capacity to Pay Score			
Value:	Charges Date of Service Denial			Select Denial for field
	Department Doctor			
Filter Setup	U Filters		MOVEFILS	•
Additive Type:	And			
Field:	Denial		•	Select Contains under
Operator Type:	Contains		•	operator type
Value:				
		<u>о</u> к	<u>C</u> ancel	In the Value box you
	Add Edit	t Delete		for common denials or type out the denial
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COMMON IMAGINE DENIALS #

97-INCLUDED IN PRIMARY PROCEDURE **197-PRECERT ABSENT 119- BENEFIT MAXIMUM HAS BEEN REACHED** 22 – ADJ MAY BE COVERED BY OTHER PAYER COB 50- NON COVERED SERVICE DEEMED NOT A MEDICAL NECESSITY MA27- MISSING INCOMPLETE/ INVALID MEDICARE # OR NAME 4- PROC CODE INCONSISTENT WITH MODIFIER 252- OTHER DOCUMENTS NEEDED TO PROCESS CLAIM 24- MANAGED CARE PLAN 29- TIME LIMIT FOR FILING HAS EXPIRED **B9- PT IS ENROLLED IN HOSPICE** 5- PROCEDURE CODE INCONSISTENT WITH POS 204- SERVICE / DRUG NOT COVERED UNDER PT PLAN **165- REFERRAL ABSENT OR EXCEEDED**

