

# **Release v4.10**

**October 2022**

**CubHub Systems, Inc.**



# Secondary Billing UI Changes

Billing> A/R> Click on claim> Select line(s)> Forward or Replacement Claim

## Top of Page

- Update button relabeled Save (which is most commonly utilized on Rep when ICN manually added)
- Send button relabeled Save and Send
- Forward only: removed [ ]Include inactive Payers' and will now display those payers in the payer option drop down with label (Inactive)

CLAIM DETAILS PAYMENTS/ADJUSTMENTS ACTIVITY **FORWARD BALANCE**

Payer  
AZ UHC Long Term Care

Note Type

Note

... **SAVE & SEND** **SAVE**

☐ Send as New Claim

SERVICE LINE DATA INSURANCE PATIENT PROVIDER

**SET ALL**



# Secondary Billing UI Changes

## Claim line detail

- Removed the From and To for DOS and replaced with Service Date
- Removed POS
- Updated Column: RC so if multiple exist separated by semicolon  
ex: CO-45; PR-3
- Removed from view: Adjustment reason Code ,Group, Service Code and Adjudication Date
- Updated set all icon: labeled Set All

[Billing](#)> [A/R](#)> [Click on claim](#)> [Select line\(s\)](#)> [Forward or Replacement Claim](#)> [Set All](#)

**When 'Set All' is clicked will see the fields below to mass apply to all lines:**

adjustment reason  
group  
service code  
adjudication date

Set All

Adjustment Reason Code

Adjustment Reason Group

Billing Code

Adjudication Date

SET ALL

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# Adjustment Reason Codes & Amounts

Billing> A/R> Click on claim> Select line(s)> Forward or Replacement Claim> Click on service line

In secondary claims, Adjustment Reason Codes & Amounts may be accessed by clicking on claim line and will take into account denial reason code(s) and their amounts for secondary billing :

- On claim details view: RC if multiple separated by semi-colon CO-45; PR-3)
- Behind line click: includes RC Amount Actions

Clicking on individual line will show details of existing claim line breakdown and now also includes:

- each RC and RC dollar amount
- user can add additional reasons and amount if they want to
- user can remove and edit
- will work like payer billing code rate additions
- click + to add
- click trashcan to remove
- click save and then set all in secondary claim

Adjustments + NEW

Adjustment Reason Code	Adjustment Reason Group	Amount	
96-Non-covered charge(s)	Contractual Obligation	2319.36	
Adjustment Reason Code	Adjustment Reason Group	Amount	

- 259-Additional payment for Dental/Vision service utilization.
- 59-Adjusted based on multiple surgery rules or concurren anesthesia rules
- 223-Adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is mandated

SAVE

# Adjustment Reason Codes & Amounts

## Validations:

- The line RC code amounts are available only if pulled from remit
- CubHub will do what it has always done and send COB amount in claim equaling total billed minus any prior payment
- If user manually edits RC amounts, amounts cannot exceed billed amount minus any prior payments
- If multiple remits exist we pull last one (using ICN, Adjudication Date and RCs) and pull ICN or adjudication date and RC



# Bulk Secondary Billing

[Billing](#) > [A/R](#) > [Adv Filter: Secondary Payer](#)

**Users may multi-select claims from the A/R to bulk send forward or replacement claims.**

- A/R Page Update to accommodate this feature:
  - New Advanced Filter: Secondary Payer
  - Used to identify all the existing claims where the patient(s) have this other payer in their patient financial details that can be forward or replaced
- The secondary payer must be Active for the patient(s)
- When this filter applied, A/R will ONLY show claims where:
  - The patient has this other payer and
  - The payer is Active for the patient(s)
  - The claim does NOT already have a forward or replacement against it

The screenshot shows the 'Advanced Filter' dialog box. It contains several filter sections: 'Team Filter' with a 'Training Team' button, 'Patient Status' set to 'All', and 'A/R Type' set to 'All'. The 'Secondary Payer' section is highlighted with a yellow border and shows a dropdown menu with a search icon. Below these sections are two checkboxes: 'Past Due' and 'Only Denials'. At the bottom right, there are two buttons: 'RESET' and 'APPLY', with the 'APPLY' button highlighted by a yellow border.

# Bulk Secondary Billing

[Billing](#) > [Secondary Billing](#)

## Rules to utilize the Bulk Secondary Billing option:

- User must FIRST filter by secondary payer they want to bulk send to
- User may only bulk send to the same payer
- If the bulk sent claim(s) process without error will follow standard process based on payer setting (to Waystar, Handle Manually, Send to EVV)
- If the bulk sent claim(s) fail, claims will be stored in the new page: Secondary Billing

The image shows a software interface for billing management. The top part is a sidebar menu with the following items: Billing (selected), Claims, A/R Detail, Secondary Billing (highlighted with a yellow box), Pending Invoices / Claims, Remits / Manual Checks, EVV Dashboard, and Payers. The bottom part is the 'Secondary Claims' page. It features a search bar and a table with columns: Patient, Original Payer, Destination Payer, Type, DOS Start, and DOS End. The table contains six rows of data, all with 'Forward' as the Type. The first row has DOS Start 7/27/2022 and DOS End 7/27/2022. The second row has DOS Start 6/17/2022 and DOS End 6/18/2022. The third row has DOS Start 8/12/2021 and DOS End 8/31/2021. The fourth row has DOS Start 7/3/2021 and DOS End 7/3/2021. The fifth row has DOS Start 7/1/2021 and DOS End 7/2/2021. The sixth row has DOS Start 6/3/2022 and DOS End 6/3/2022. There is an 'APPLY' button in the top right corner of the table area.

Patient	Original Payer	Destination Payer	Type	DOS Start	DOS End
			Forward	7/27/2022	7/27/2022
			Forward	6/17/2022	6/18/2022
			Forward	8/12/2021	8/31/2021
			Forward	7/3/2021	7/3/2021
			Forward	7/1/2021	7/2/2021
			Forward	6/3/2022	6/3/2022

# Creating Bulk Secondary Billing

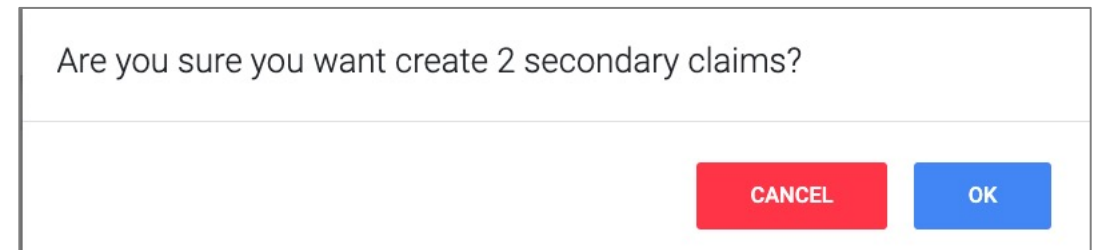
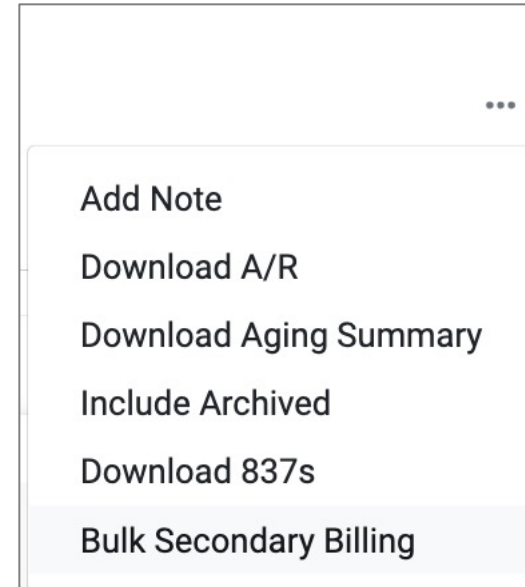
Select claims> Ellipsis> Bulk Secondary Billing> OK

**Follow the steps below to create bulk secondary billing:**

1. Filter by Secondary Payer in Advanced Filter
2. Select multiple claims
3. Click ellipsis> Bulk Secondary Billing
4. Confirmation message will ask if user wants to create [number] secondary claims

**Cancel:** no action taken

**OK:** New Modal will appear



# Bulk Secondary Claim Modal

## Modal Fields

- Secondary Claim Type: User indicates if they want forward or replace to the secondary payer
- [ ] send as new claim?: Only an option if claim type = Forward
- Credit memo: [x] original claim or [ ] credit memo forward claim (defaults to original claim)
- Destination Payer: Displays the secondary payer
- List of claims selected and secondary claim status: Saved or Sent

## Action Buttons

- Save: creates all secondary claims BUT DOES NOT SEND
- Save & Send: creates all secondary claims and tries to submit, if any fail goes to new UI
- Stop: if user has clicked Save & Send clicking this will halt the process
- Resume: (only visible if Stop button used) Will resume the process
- Close: closes the modal if not not in the middle of processing

### Save/Send Secondary Claims

Secondary Claim Type  
Forward Balance

Credit Memo  
Original Claim

Destination Payer: AZ UHC - Commercial 1500

☐ Send As New Claim?

Search

1-5 of 5

Saved	Sent	Patient ↑ ↓	Claim # ↑ ↓	Original Payer ↑ ↓
—	—	Beasley, Gus	M-6493CES1000	AZ DDD
—	—	Beasley, Gus	M-6494CES1000	AZ DDD
—	—	Beasley, Gus	M-6495CES1000	AZ DDD
—	—	Beasley, Gus	M-6496CES1000	AZ DDD
—	—	Beasley, Gus	M-6497CES1000	AZ DDD

CLOSE

SAVE

SAVE/SEND

STOP



# Bulk Secondary Claim Modal

## Notes on Additional Function

- Spin shows on each line (once save and send clicked)
- Progress bar shows on modal (once save and send clicked)
- Once processing begins, user cannot close modal until all completed
- If errors occur, a note will be created on original claim and the created secondary claim goes to new Secondary Billing page
- If user closes the browser completely while processing, processing will immediately stop and:
  - any claims that got created will process as expected
  - any claims that did not will have to be re-selected from A/R to start process over



# Bulk Secondary Claim Rules

- CubHub will pull adjudication date from either:
  - The remit on the original claim, if one exists
  - Patient - Financial - Payer settings for that secondary payer  
(if there is a disposition and [x] Set Disposition to Claim Date is true)
- CubHub will pull the ICN if it exists from the original denial
- CubHub will pull the Adjust RC if it exists from the original denial
- If there is not an Adjust RC, CubHub will set Adjust RC to 96 (Non-Covered Charges)
- CubHub will set Adjustment Reason to Patient Responsibility in all scenarios

## Automatic Failures

- Any claims bulk sent will fail and be moved to the new Secondary Claims if:
  - Forward: Adjudication date missing (unless [x] Send as new claim was utilized)
  - Replacement: Adjudication date or ICN missing



# Secondary Claims Progress Bars

Save/Send Secondary Claims

Secondary Claim Type  
Forward Balance

Credit Memo  
Original Claim

Destination Payer: AZ UHC - Commercial 1500

☐ Send As New Claim?

Save Progress

100%

Total:5Started Successful:5Saved Successful:5Saved Error:0

Send Progress

100%

Total:5Started Successful:5Sent Successful:5Send Error:0

Search

1-5 of 5

Saved	Sent	Patient ↑↓	Claim # ↑↓	Original Payer ↑↓
✓	✓	Beasley, Gus	M-6493CES1000	AZ DDD
✓	✓	Beasley, Gus	M-6494CES1000	AZ DDD
✓	✓	Beasley, Gus	M-6495CES1000	AZ DDD
✓	✓	Beasley, Gus	M-6496CES1000	AZ DDD
✓	✓	Beasley, Gus	M-6497CES1000	AZ DDD

CLOSE

SAVE

SAVE/SEND

STOP

The above image displays progress bars that appear once user clicks **Save** or **Save & Send**

