

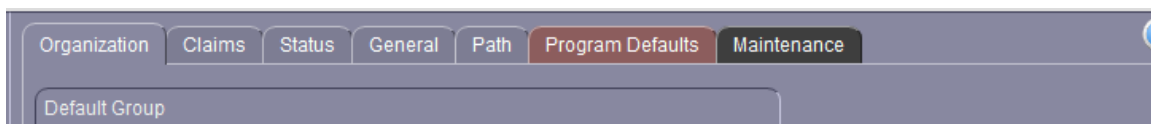
EB Pro Preferences Setup



Preferences Setup

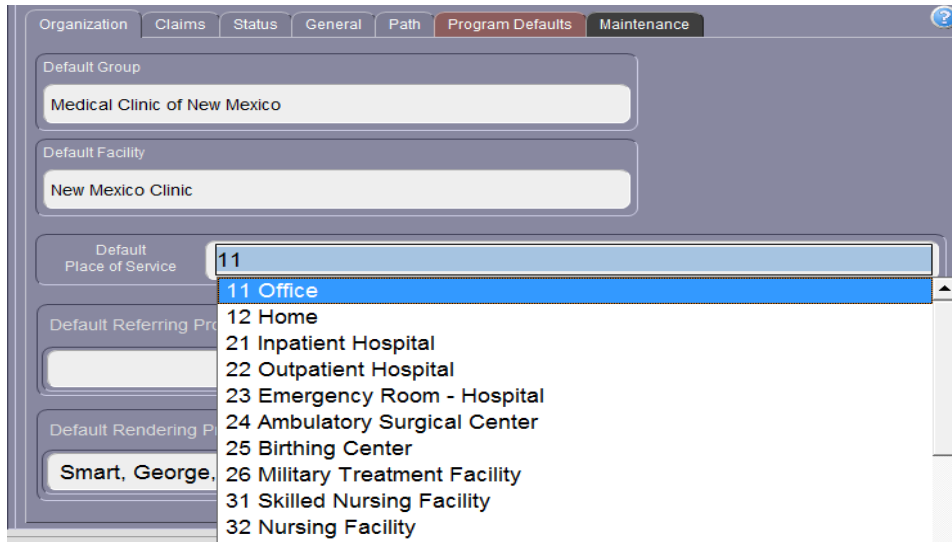
Each time you'll need to click the Log In button and enter your user name and password. For purposes of training and this demo, we'll use the username "Administrator" and the password "123". Then click the "OK" button. Once you have logged in correctly, then click the "OK" button.

- We will begin by looking at user level preferences, system level preferences and where you will back up your data and do updates.
 - The gray tabs are for user level preferences. These settings are also found in the Provider/Team setup and will be already filled in if the Provider/Team setup has been completed.
 - The **Program Defaults** tab is for system level preferences that default for the entire program.
 - The **Maintenance** tab will be used when you are backing up your system.

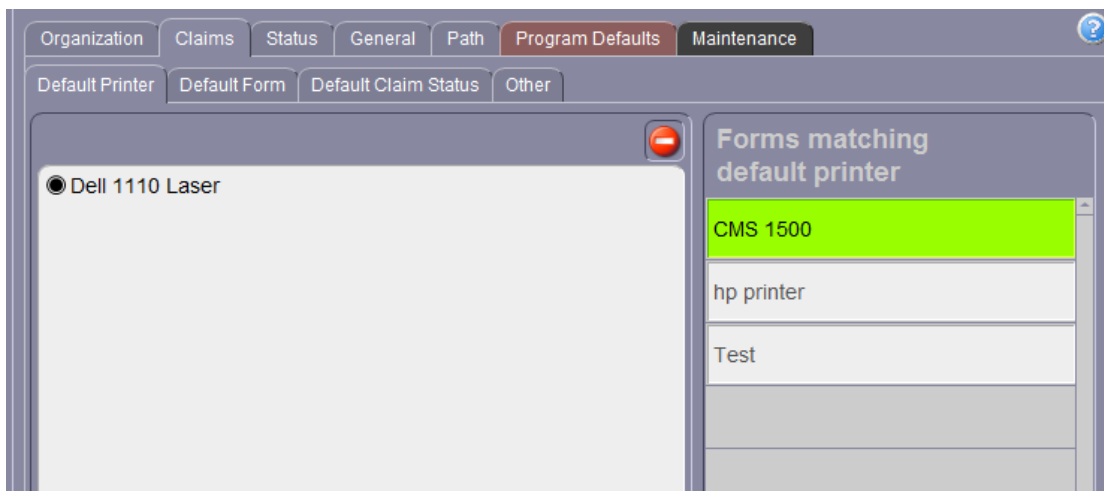


- Click on the **Organization** tab to begin setting up user level defaults. To choose a "Default Group", "Default Facility", "Default Place of Service", "Default Referring Provider", or "Default Rendering Provider", click in the corresponding field and select from the drop down menu.

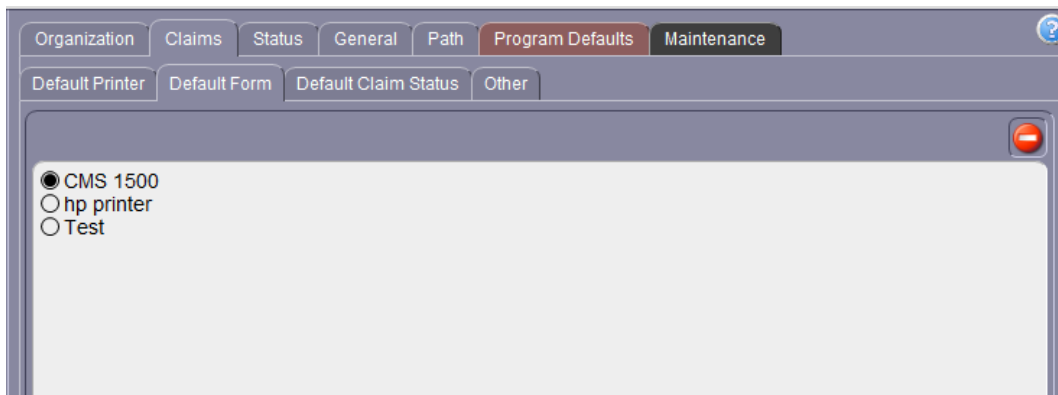
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- When you click the **Claims** tab, you will come to the **Default Printer** tab. Select the printer to use as your default printer.



- On the **Default Form** tab, CMS 1500 form has been chosen as the default form.



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- The **Default Claim Status** tab shows the statuses in the system which can be used for claims and can be user defined so that you can add to this list later. For purposes of creating a new claim, we are saying that the claim is “Incomplete”, “Open” and it is “Un-processed. “
- The “Default Date of Service” is user defined. If you want to have all of your new claims starting with a specific date of service, you can enter that date here.

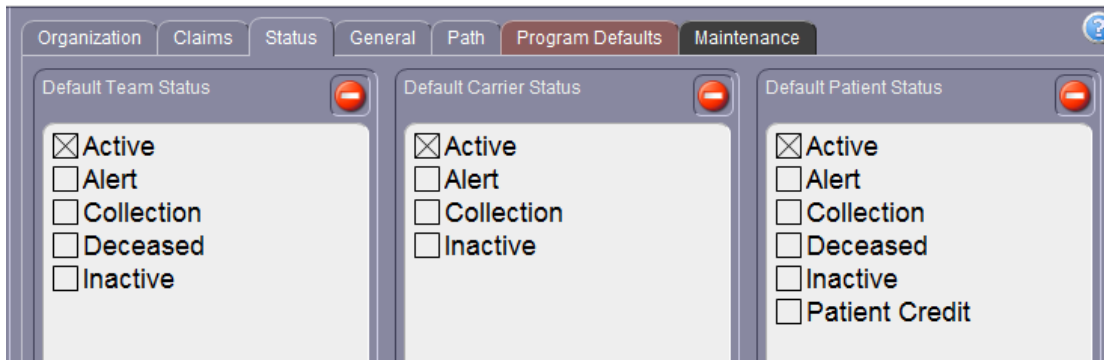
The screenshot shows the 'Default Claim Status' tab in the EB Pro Preferences Setup window. The window has a top navigation bar with tabs: Organization, Claims, Status, General, Path, Program Defaults (selected), and Maintenance. Below this is a sub-navigation bar with tabs: Default Printer, Default Form, Default Claim Status (selected), and Other. The main content area is titled 'Default Claim Status' and contains a list of checkboxes for various claim statuses. The 'Default Date of Service' is set to 5/12/2011.

Claim Status	Selected
<input type="checkbox"/> Amended	
<input type="checkbox"/> Appealed	
<input type="checkbox"/> Closed	
<input type="checkbox"/> Collection Marked	
<input type="checkbox"/> Collection Sent	
<input type="checkbox"/> Complete	
<input type="checkbox"/> Denied	
<input checked="" type="checkbox"/> Incomplete	
<input type="checkbox"/> Needs Review	
<input type="checkbox"/> Not Verified	
<input checked="" type="checkbox"/> Open	
<input type="checkbox"/> Patient Self Pay	
<input type="checkbox"/> PMT from Patient	
<input type="checkbox"/> PMT from Primary	
<input type="checkbox"/> PMT from Secondary	
<input type="checkbox"/> PMT from Tertiary	
<input type="checkbox"/> Processed	
<input type="checkbox"/> Ready CMS	
<input type="checkbox"/> Ready Elec	
<input type="checkbox"/> Ready Statement	
<input type="checkbox"/> Sent Primary	
<input type="checkbox"/> Sent Secondary	
<input type="checkbox"/> Sent Tertiary	
<input checked="" type="checkbox"/> Un-processed	
<input type="checkbox"/> Verified	

Default Date of Service: 5/12/2011

- The **Status** tab is where you can decide how you want a new Provider/Team, Carrier and Patient statuses to default when these entries are first created. For example, all new patients will be given the status of “Active” as shown in the screen below. All statuses are user defined. You can add to the status list in various sections of the program.

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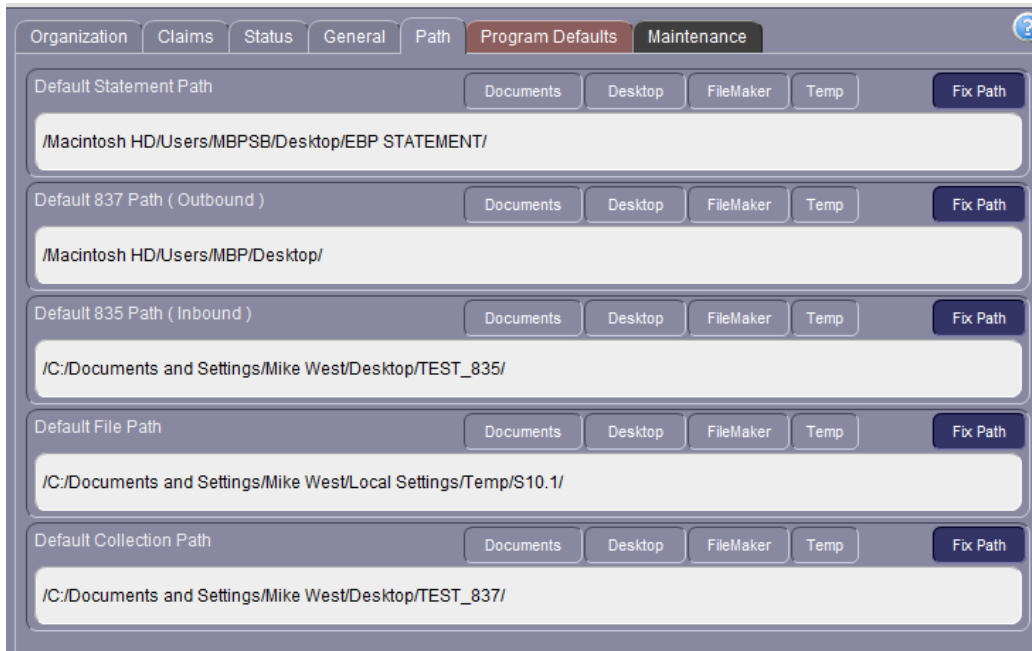


- The **General** tab allows you to change your monitor preference. If you are using a large monitor, you may want to try 150 percent. If you are creating a lot of claims for a specific group, you may want to choose a “Default Patient Group”.



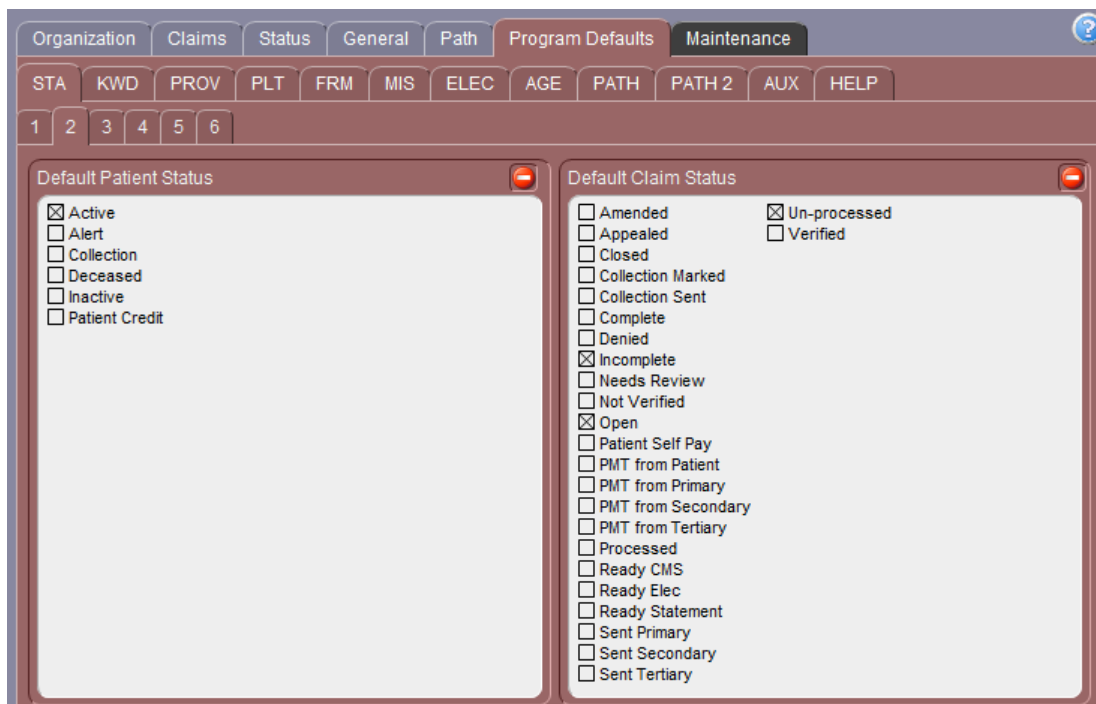
- The **Path** tab is for setting user level default paths. Click the “Desktop” button to set each path to the user’s desktop.

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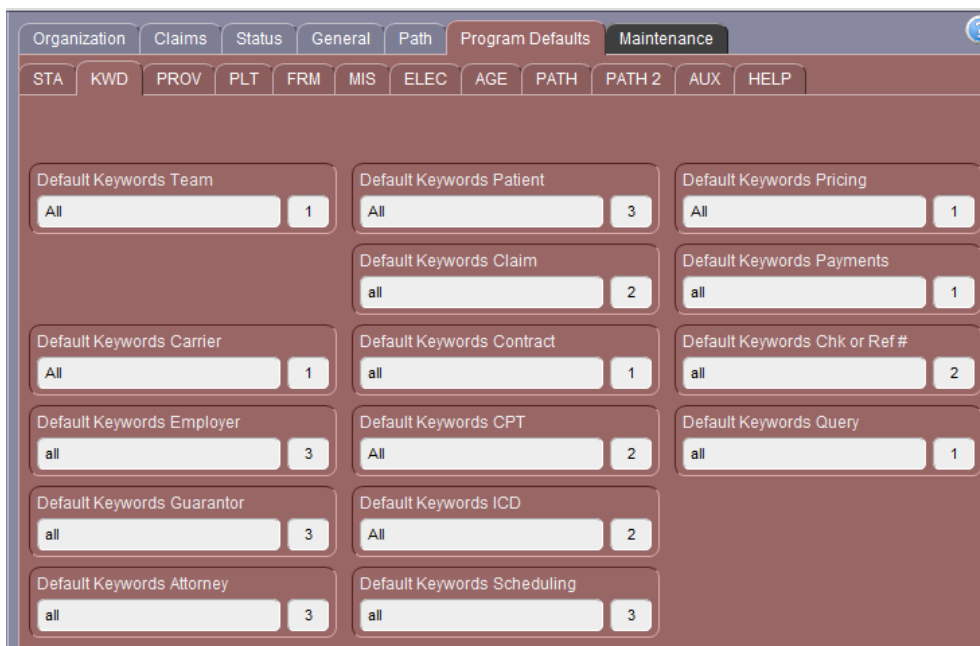


- The **Program Defaults** tab has several sub tabs.
 - The first tab under **Program Defaults** is the **STA** tab, which is for statuses. You can setup default statuses for your Carriers, Patients, Provider/Team members, Deposits, Claims and Transactions. The reason to setup either a user level statuses or system wide status is to establish a starting point that you can use to search. These statuses will change, or you will have the option to change them as they are updated with new activity.

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- The **KWD** tab is for Keywords to set up when you are searching later on in the program. If you type in the word “All”, then any time you’re doing a search, you can type in “All” and you will see everything on the list. If, for instance, you put ‘3’ in the second box, when you hit the third character in your search word, it will populate the found list based on those 3 characters.



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- On the **PROV** tab, you can set up system wide defaults for the “Default Group”, “Default Facility”, “Default Referring Provider”, “Default Rendering Provider” and “Default Claim Type”.

The screenshot shows the EB Pro Preferences Setup interface with the **PROV** tab selected. The interface includes tabs for Organization, Claims, Status, General, Path, Program Defaults, and Maintenance. The **PROV** tab is active, showing fields for Default Group (Medical Clinic of New Mexico), Default Facility (New Mexico Clinic), Default Referring Provider (Robinson, Jack, MD), and Default Rendering Provider (Maulder, Kevin L, MD). A Default Claim Type section has radio buttons for Claim (selected), Client Bill, and Clinical Bill.

- The **PLT** tab is where you can set up system wide defaults for “Default Place of Service” and “Default Team Type”.

The screenshot shows the EB Pro Preferences Setup interface with the **PLT** tab selected. The interface includes tabs for Organization, Claims, Status, General, Path, Program Defaults, and Maintenance. The **PLT** tab is active, showing fields for Default Place of Service (Office) and Default Team Type (Administrator selected).

- On the **FRM** tab, you can choose the following system wide defaults:
 - Pricing Category which will appear when you bring a new CPT code in on a claim. You can add the Pricing Categories in the libraries when you’re creating your CPT codes and your products. The pricing category can be used later when you want to print reports.
 - In the “Condition Related to” field, you can default each of the boxes shown to “Yes” or “No”.

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- “Printer” is for a system default for a specific printer after it has been aligned for the CMS 1500 Form
- The “Form” will default to the CMS 1500 form.

The screenshot shows the 'Maintenance' tab in the EB Pro Preferences Setup window. The window has a menu bar with 'Organization', 'Claims', 'Status', 'General', 'Path', 'Program Defaults', and 'Maintenance'. Below the menu bar are tabs for 'STA', 'KWD', 'PROV', 'PLT', 'FRM', 'MIS', 'ELEC', 'AGE', 'PATH', 'PATH 2', 'AUX', and 'HELP'. The main area is divided into three sections: 'Pricing Categories', 'Printer', and 'Form'. 'Pricing Categories' has radio buttons for 'Medical' (selected), 'Non-Medical', 'Physical Therapy', 'Procedure', and 'Product'. 'Condition Related to:' has three rows: '10.a Employment?' (Yes/No), '10.b Auto Accident?' (Yes/No), and '10.c Other Accident?' (Yes/No). 'Printer' has a radio button for 'Dell 1110 Laser' (selected). 'Form' has radio buttons for 'CMS 1500' (selected), 'hp printer', and 'Test'.

- The **MIS** tab is used as a miscellaneous tab for several different types of defaults:
 - “Insurance Type” is the default type for entering new insurance carriers.
 - “Phone Style” determines how the phone numbers will appear in various places of the program. You can type in the digits only, such as 5055551234 and the program will set the field to the phone style that you choose here, e.g. “(505) 555-1234”.
 - For “Default Electronic Claim Transmission Spec” choose the “837 Health Care Claim.”
 - The “Default Dates” are your starting and ending dates that will appear in the Calendar date range selection.
 - The “Default Superbill Header” and “Default Statement Header” fields are system defaults. These can be selected at the user level also on

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the **Provider/Team** menu, **Preferences** tab, **Claim** tab. These values are created in the **Libraries** menu, **Templates** tab, on the **Headers** tab.

The screenshot shows the 'Maintenance' tab in the EB Pro Preferences Setup window. The 'Program Defaults' sub-tab is active. The interface includes several sections:

- Insurance Type:** A list of checkboxes for insurance types: CHAMPVA, FECA BLK LUNG, GROUP HEALTH PLAN (checked), MEDICAID, MEDICARE, OTHER, and TRICARE CHAMPUS.
- Phone Style:** Radio buttons for P (selected), H, N, and S. To the right, there are text fields for P, H, N, and S, each containing a phone number with an extension.
- Phone Test:** A text input field containing the number (505) 555-1234.
- Default Electronic Claim Transmission Spec:** Radio buttons for 835 EOB, 837 Health Care Claim (selected), HL7 AP Easy, and Web PT HL7.
- Default Dates:** Text input fields for Start and End dates, both set to 08/25/2009.
- Default Superbill Header:** A text input field containing HDR 9 ENV 2 WDW.
- Default Statement Header:** A text input field containing HDR 9 ENV 2 WDW.
- Submit Claim Level Patient Payment total in Electronic Claim Filing (837) by Default:** Radio buttons for Y (selected) and N.

- On the **ELEC** tab, you can set your “Default Submitter”, who is sending the claims electronically, and your “Default Receiver”.

The screenshot shows the 'Maintenance' tab in the EB Pro Preferences Setup window, with the 'ELEC' sub-tab active. The interface includes two main sections:

- Default Submitter:** Radio buttons for Bellevue Pathology Lab ~ BP and Medical Clinic of New Mexico ~ MC (selected).
- Default Receiver:** Radio buttons for IMS Pro (selected) and Medicare Preferred Care.

- The **AGE** tab is where you will set up your defaults for aging, statements, your billing cycle and Transaction Code.
 - For the “Default Past Due Range”, you can set up how you want your aging to calculate, for example, 30, 60, 90 and 120 days.
 - The “Default Statement Trigger Balance” is the minimum amount that you want to set before a statement goes out to the patient.

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- The “Default Grace Period” is the grace period in days before the aging will start.
- The “Default Billing Cycles” is how many times in a month you are going to send out your statements. You can send from one to four statements per month. This number will automatically appear when a new patient record is created.
- For “Default Statement Delivery” select IMS Pro ONLY for electronic patient statements. Otherwise, select “Direct.”
- “Default Diagnosis Code Show” is set to “Y” to show diagnosis codes on the patient statements and the Superbill receipt.
- The “Transaction Codes” are how you want your defaults to appear for each type of transaction.

Transactions Code	Transactions Type	Default Category
AC	Adjustment on Claim	Claim Level Adjustment
AI	Adjustment to Insurance	
AP	Adjustment to Patient	Patient Level Adjustment
HC	Held Charge	
HT	Held Transaction	
NC	None Claim Charge	Patient Only Charge
OL	Outside Lab	Outside Lab Charge
PR	Patient Responsibility	Co-Pay
PA	Payment Applied to Patient	
PP	Payment by Patient	Patient Level Payment
BP	Payment from Billing Account	Billing Account Payment
PI	Payment from Ins. Co.	Insurance Level Payment
PC	Payment on Claim	Claim Level Payment
RC	Refund on Claim	Claim Level Refund
RI	Refund to Insurance	
RP	Refund to Patient	Patient Level Refund

- The **PATH** tab is where you will set the “Default Back-Up Path” where you want to save your default files. Click the “Desktop” button to save all files to your desktop. If you are using a server, the server will handle your backups. However, when you are doing updates, you will need to set this path on this screen.

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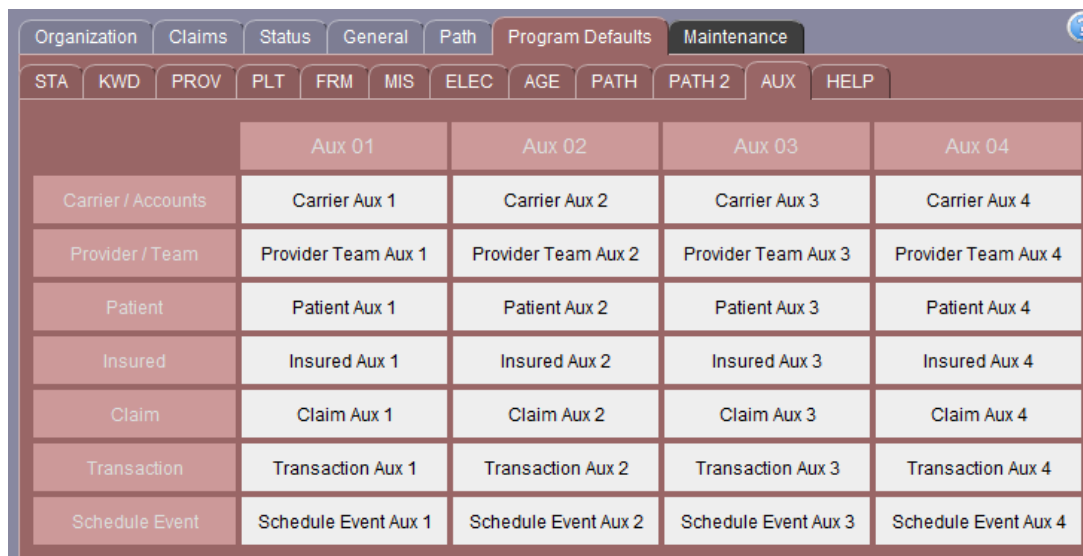
All of the other paths should be set by the Administrator only!

The screenshot shows the 'Maintenance' tab in the EB Pro Preferences Setup window. The window has a title bar with tabs for Organization, Claims, Status, General, Path, Program Defaults, and Maintenance. Below the title bar are sub-tabs: STA, KWD, PROV, PLT, FRM, MIS, ELEC, AGE, PATH, PATH 2, AUX, and HELP. The main area contains six sections, each with a text input field and a 'Fix Path' button:

- Default Back-up Path:** /C:/Users/Admin/Desktop/EB_BU/
- Default Statement Path:** /C:/Users/Admin/Desktop/
- Default 837 Path (Outbound):** /C:/Users/Admin/Desktop/
- Default 835 Path (Inbound):** /C:/Users/Admin/Desktop/
- Default File Path:** /C:/Users/Admin/Desktop/
- Default Case Path:** /C:/Users/Admin/Desktop/

- The **PATH2** tab is only used for HL7 interfaces. See the HL7 interface instructions for more information.
- The **AUX** tab is used to define and label auxiliary fields for Carriers/Accounts (Client Billing Module), Provider/Team, Patients, Insured, Claims, Transactions and Schedule Events. Click on any field to change the label for that field.
 - These fields can be searched in the Claim, Transaction and Patient query screens and in the “Sort and Summarize” screen.

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	Aux 01	Aux 02	Aux 03	Aux 04
Carrier / Accounts	Carrier Aux 1	Carrier Aux 2	Carrier Aux 3	Carrier Aux 4
Provider / Team	Provider Team Aux 1	Provider Team Aux 2	Provider Team Aux 3	Provider Team Aux 4
Patient	Patient Aux 1	Patient Aux 2	Patient Aux 3	Patient Aux 4
Insured	Insured Aux 1	Insured Aux 2	Insured Aux 3	Insured Aux 4
Claim	Claim Aux 1	Claim Aux 2	Claim Aux 3	Claim Aux 4
Transaction	Transaction Aux 1	Transaction Aux 2	Transaction Aux 3	Transaction Aux 4
Schedule Event	Schedule Event Aux 1	Schedule Event Aux 2	Schedule Event Aux 3	Schedule Event Aux 4

- The **Maintenance** tab is used to back up your file manually and to do program updates.
 - Click on the **Backup** tab. Next, click on the disc icon to back up your files. The larger your files get, the longer it will take to run the backup. Backing up your user data is one of the most important things to do. You will want to do this often.
 - Copy your backup to another drive in a HIPPA compliant manner in case there is a hard drive failure, or other disaster.
 - The **Restore** tab and **Registration** tab are used only by Easy Billing staff.

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