

CLAIMS MANAGEMENT

Tools for Better Medical Transportation

AS AN ADD-ON COMPONENT TO TRIPSPARK NOVUS, the Claims Management module enables non-emergency medical transportation organizations to manage the claims reimbursement and submission process. Charges to your funding sources and provider reimbursements are tracked for Medical and Customer contract audits.

The screenshot displays the 'Claim Manager' interface with several sections:

- Claim Detail:** Includes Reservation ID, Booking ID, Claim Reference, Reimbursement Status, Reimbursement Check Voucher, and Reimbursement Check Date.
- Trip Information:** Includes Trip Date, Patient, Origin Address, Destination Address, and Trip Charges (Base Rate, Unit Cost, Qty, Subtotal).
- Provider Submitted Information:** Includes Trip Mileage, Act Arrive, Act Depart, Odometer Start, and Odometer End.
- Additional XA Record Info:** Includes Service Code and Place of Service.
- Additional 1500 Form Info:** Includes Box 21 1-4 and Box 24A-E Line 1-4.
- Manage Denial Reasons:** Includes Denial Type (Information Required) and Denial Reasons (903 Missing Mileage).
- Claim History Table:**

Date/Time	User	Type	From Status	ToStatus	Comment
4/23/2007 7:47 PM	DailyTask	Created		Authorized	Created

- Detailed claims information including check and voucher numbers may be entered for tracking
- Individual trip information with charges and reimbursements
- Additional information for 1500 forms
- View Claims History with reasons for denials

UNIQUE FEATURES

Accurate Calculations – calculate flat rate or per mile rate for each trip based on distance from pick-up to drop-off.

Easy Trip Selection – select trip based on date range and funding source, or reservation ID.

Simple Trip Reimbursement & Submissions – process trips for single or multiple providers.

Efficient Claims Management – reference outstanding claims and submit data by reservation identification, individual trip and patient data including:

- Client name
- Medicaid Number
- Provider Tax ID
- Provider Name
- Provider Medicaid ID

Report Management – run reports directly from billing files, create billing summary reports by provider with claim counts and amounts.

Detailed Billing Reports – generate detailed billing reports by provider with each client's claim amounts and counts.

Patient Trips Reports – produce billing patient detail reports by patient with a separate line for each trip.

Fast Claims Processing – special functions for quick claim reconciliation.

Data Export – export data to most popular accounts receivable systems.