ADMIN SETUP GUIDE – BILLING COMPANY

# Part 2: Desktop Application (PM) & Billing Module

**Updated: January 2024**

# Introduction

Tebra Billing subscribers have access to both the Desktop Application (PM) and the Billing module in the Web Platform.  After completing Admin Setup Guide Part 1 – Billing Company, Admin Setup Guide Part 2 is designed to instruct billing company System Administrators how to configure the Desktop Application (PM) settings and how to navigate the Billing module features in the Web Platform. If you don't have access to a specific task or function described within the topics of this guide, please contact the person in your office who is a System Administrator for Tebra.

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# Tebra Desktop Application (PM)

The Desktop Application (PM) is a native Windows-based application that System Administrators need to download and install then complete additional practice and provider billing settings. The Desktop Application (PM) is also where billers can manage patient records, review charges, manage patient collections and subscribe to standard reports to help analyze the health of the practice(s).

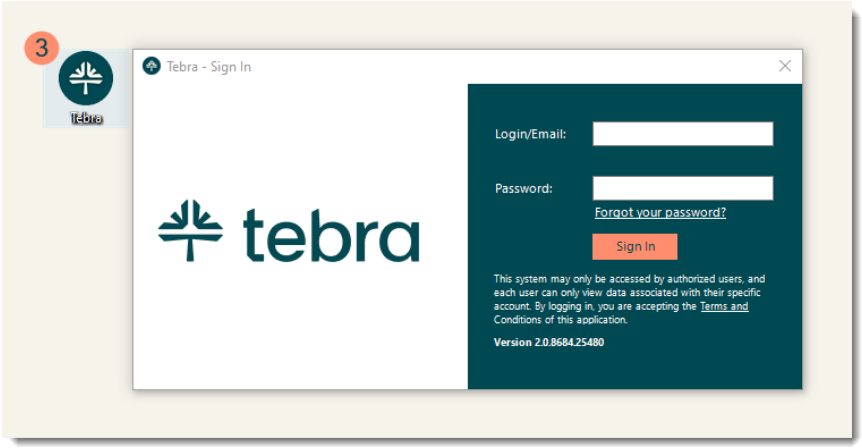
Note: For Mac computers, Tebra offers a complimentary companion solution that enables you to leverage the Billing solution. To learn more, please contact your Success Coach.

## Login Instructions

1. Review the Install Tebra and System Requirements help article and confirm your system meets the Tebra Desktop Application (PM) system requirements.

2. Then, follow the steps on the help article to download and install Tebra.

3. Once installed, locate and double click the Tebra desktop shortcut icon to open. The *Tebra - Sign In* pop-up window opens.

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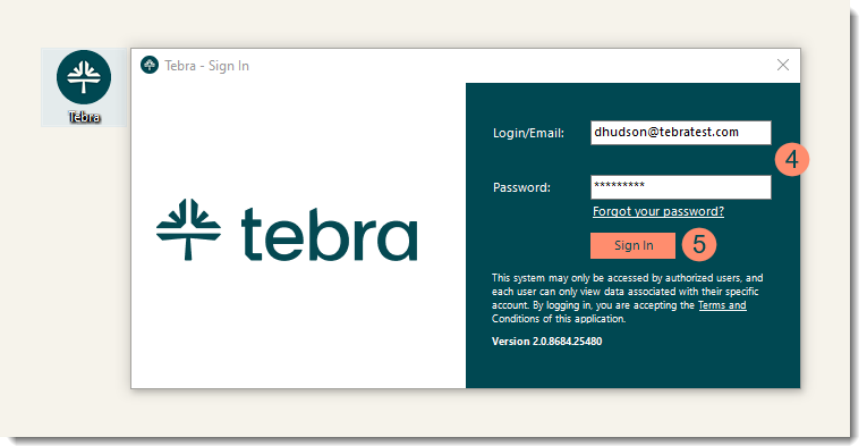
## Login Instructions, cont.

4. Enter the *Login/Email* and *Password* created when you registered with Tebra or that was assigned by another System Administrator at your office.

5. Click **Sign In**. The practice opens.
   - If there are multiple practices, click the practice **name** to open.
   - If the practice setup has not yet been completed, the New Practice Setup wizard automatically launches. Follow the instructions. For more details, review the New Practice Setup help article.



# Desktop Application (PM) Dashboard

When you open a practice, the Desktop Application (PM) dashboard is always your starting point, much like a "home page". You can access commands through various points, all depending on your personal preference. The dashboard views are based on the type of user and role(s) assigned to you.

## Navigate Dashboard

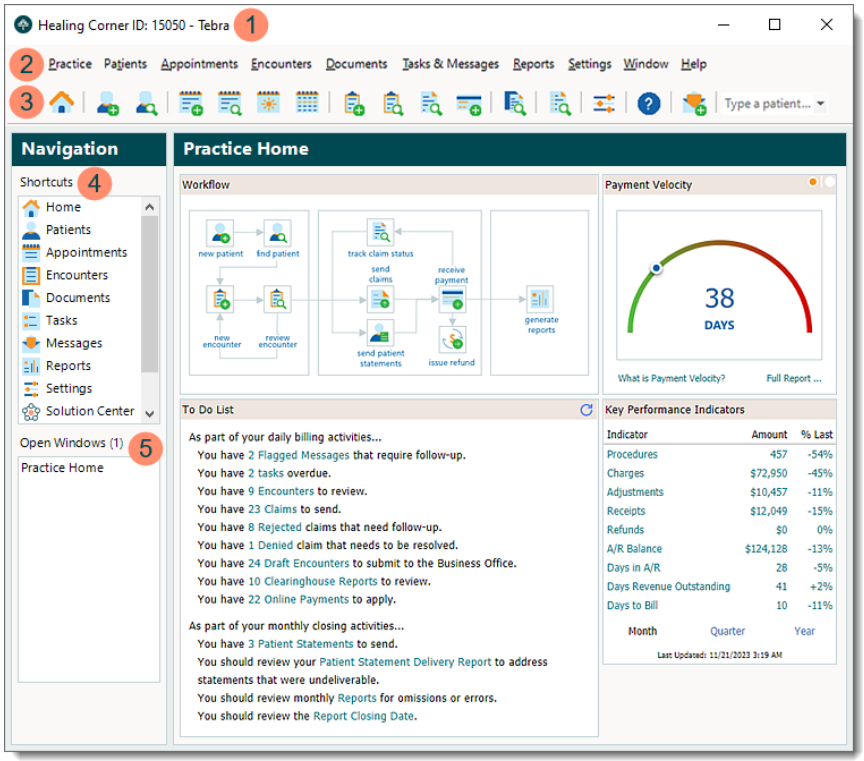
1. **Account ID:** When contacting Customer Care, you need to provide the account ID number located on the right side of the practice name.

2. **Menu Bar:** Access a hierarchical list of options.

3. **Toolbar:** Denotes icon shortcuts to the most frequently used commands.

4. **Shortcuts:** Quick access to frequently used options.

5. **Open Windows:** Lists all currently open windows and allows you to switch between them.

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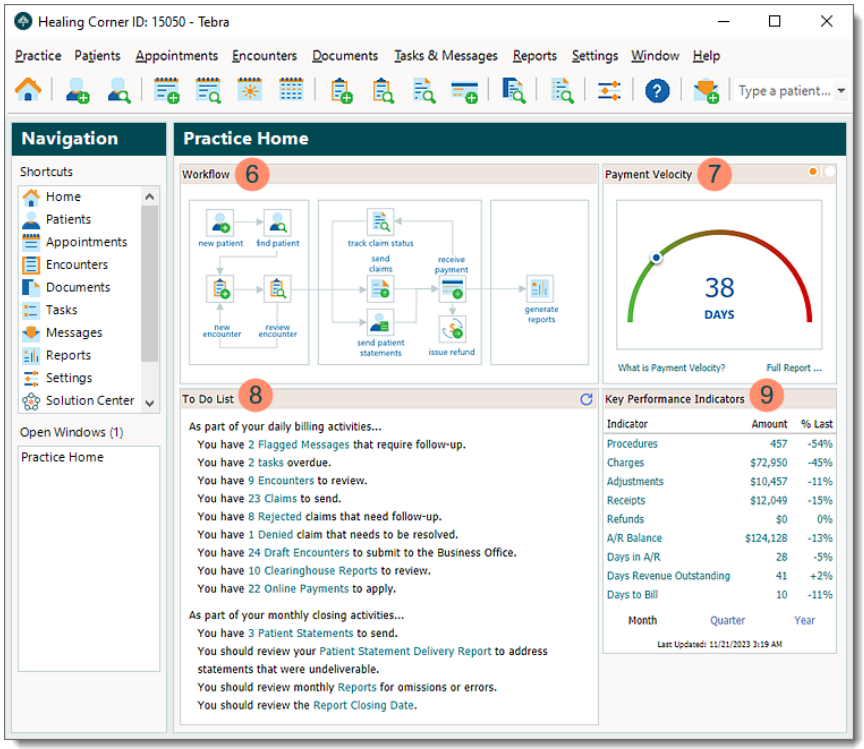
## Navigate Dashboard, cont.

6. **Workflow:** A visual guide to shortcuts of key processes determined by your type of user.

7. **Payment Velocity:** Toggle between the *Payment Velocity* gauge and the dashboard charts: *A/R Aging* or *Income Analysis*.

8. **To Do List:** Automatically generated by the system to help track work determined by your user role. Clickable links open the window related to each task.

9. **Key Performance Indicators:** Monitor the key metrics that impact the financial and operational health of the practice.



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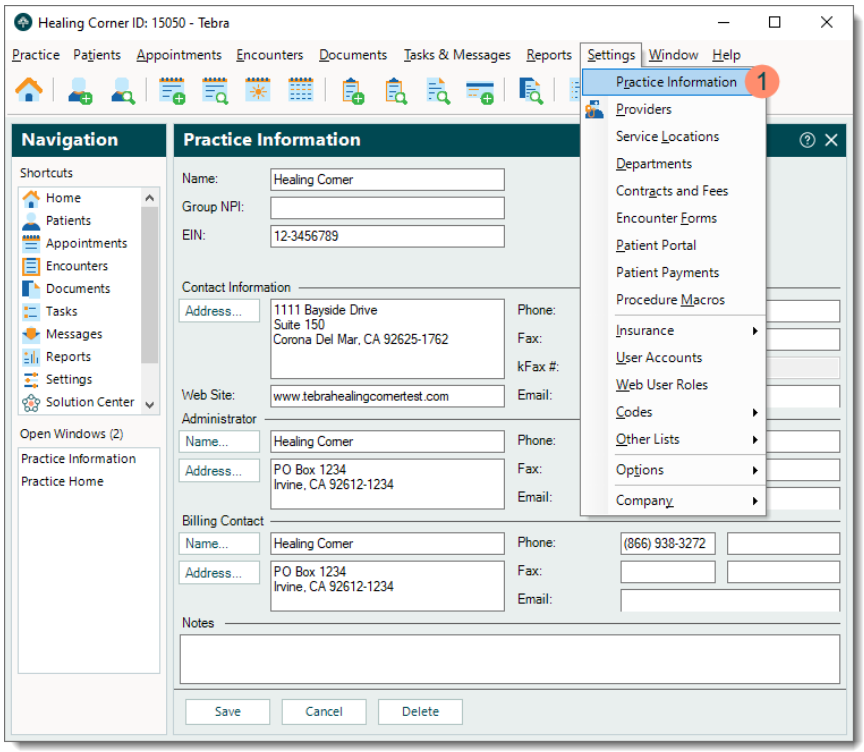
# Practice Information

Practice information is entered during the New Practice Setup wizard or during Admin Setup Guide Part 1 – Billing Company. However, you can review and edit the information at any time. To prevent claim rejections and delays in claim processing and payment, review and verify the practice information is correct in addition to the other Desktop Application (PM) settings.

Note: To add a new practice to your Tebra account, review the New Practice Setup help article.

## Practice Information

1. Click **Settings** > **Practice Information**. The *Practice Information* window opens.

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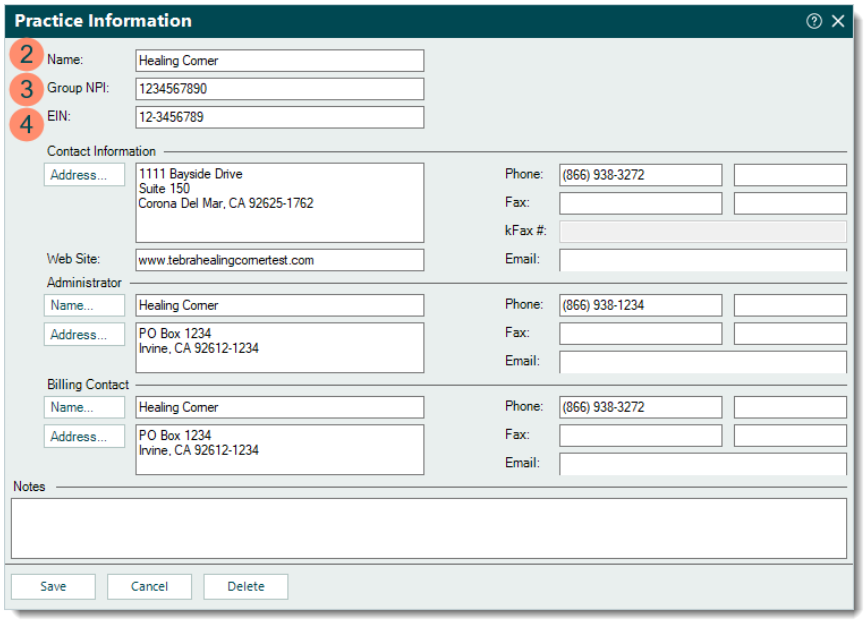
## Practice Information, cont.

2. **Name:** To prevent claim rejections, verify the practice name does not exceed 60 characters, including spaces.

3. **Group NPI:** If the practice is credentialed to bill with a group NPI, verify the NPI entered is correct and not an individual NPI. The individual NPI is entered in the Provider record.

4. **EIN:** If the practice is credentialed to bill with an EIN or Tax ID, verify the number is correct. For providers credentialed to bill using their SSN, the SSN is entered in the Provider record.

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## Practice Information, cont.

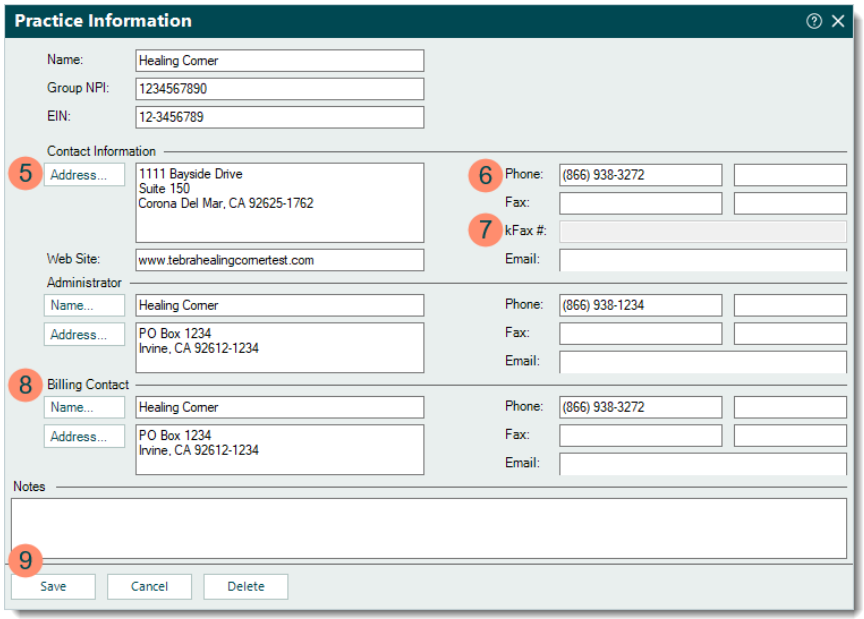
5. **Contact Address:** The practice address must be a physical address with a valid 9-digit zip code.
   Tip: Click **Address** > **USPS Website** to find the zip code.

6. **Contact Phone:** Verify the practice phone number.

7. **kFax#:** Auto-populates once a kFax number is assigned to the practice. Review the kFax Number section for more information.

8. **Billing Contact:** Applies to all e-claim submissions to ensure payers have the correct point-of-contact, including phone number. This contact information can also be used for patient statements.

9. Click **Save** to record any changes made.



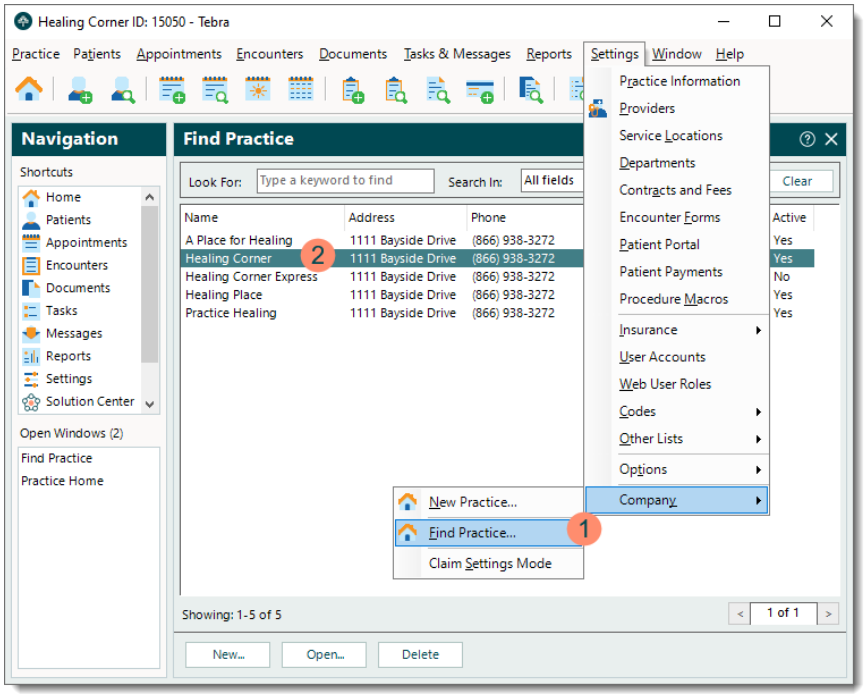
# kFax Number

A kFax number is a fax number to which documents can be received and automatically stored in the Documents of both the Tebra Desktop Application (PM) and Web Platform. System Administrators can permanently assign a kFax number to each practice until they choose to release the kFax number from the practice.

## Get kFax Number

1. Click **Settings** > **Company** > **Find Practice**. The *Find Practice* window opens.

2. Double click the practice to open. The *Edit Practice* window opens.

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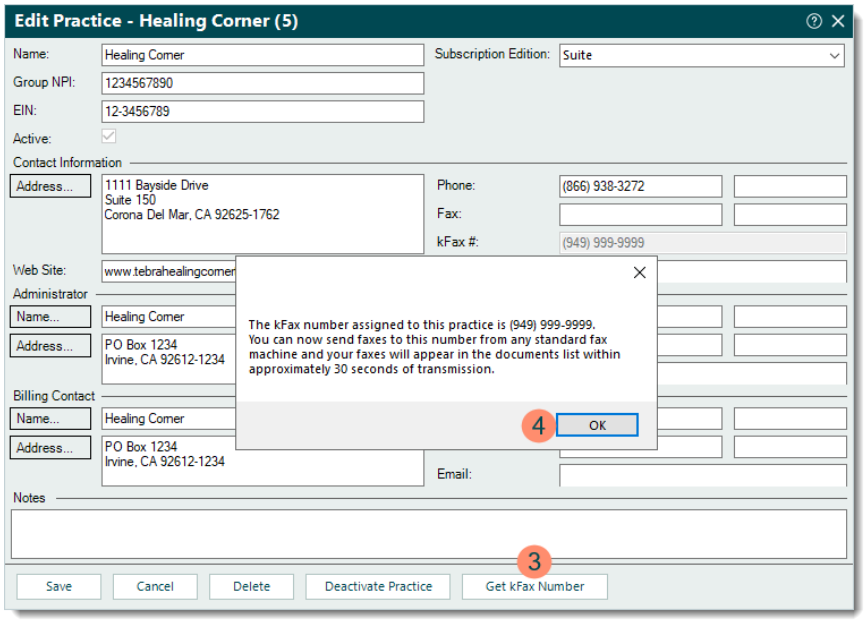
## Get kFax Number, cont.

3. Click **Get kFax Number**. The kFax number assignment pop-up message appears.

4. Click **OK**. The kFax number is assigned and populates the *kFax #* under the *Contact Information* section of the practice.
   Note: The kFax number also displays under the *To Do List* on the Dashboard upon next log in.



# Providers

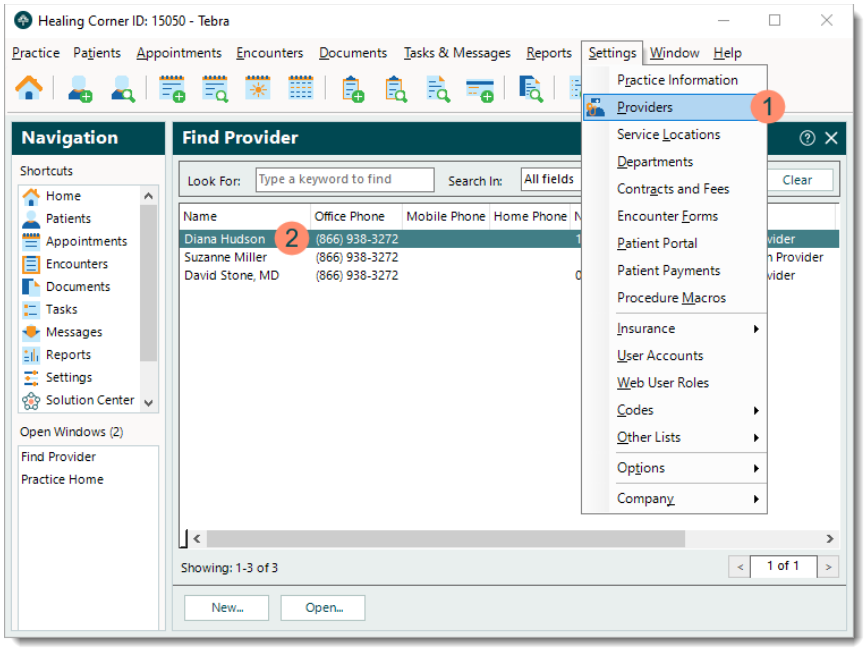
New providers are activated during the New Practice Setup wizard or Admin Setup Guide Part 1 – Billing Company. Provider information and settings can be reviewed and edited at any time. To prevent claim rejections and delays in claim processing and payment, review and verify the provider information and settings are correct in addition to the other Desktop Application (PM) settings.

Note: To add new providers, it is recommended to add new provider web users which automatically creates the associated Provider records. Refer to the Web User Roles section for details. Once the provider web users are created, review and verify the associated Provider records and settings are correct.

## Provider General Information

1. Click **Settings** > **Providers**. The *Find Provider* window opens.

2. Double click the provider to open. The *Edit Provider* window opens at the *General* tab by default.
   Tip: Click the Claim Settings Guide link on the top of the *Edit Provider* window for more information about practice and provider settings.

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## Provider General Information, cont.

3. **Full Name:** Verify the provider's full name is correct.

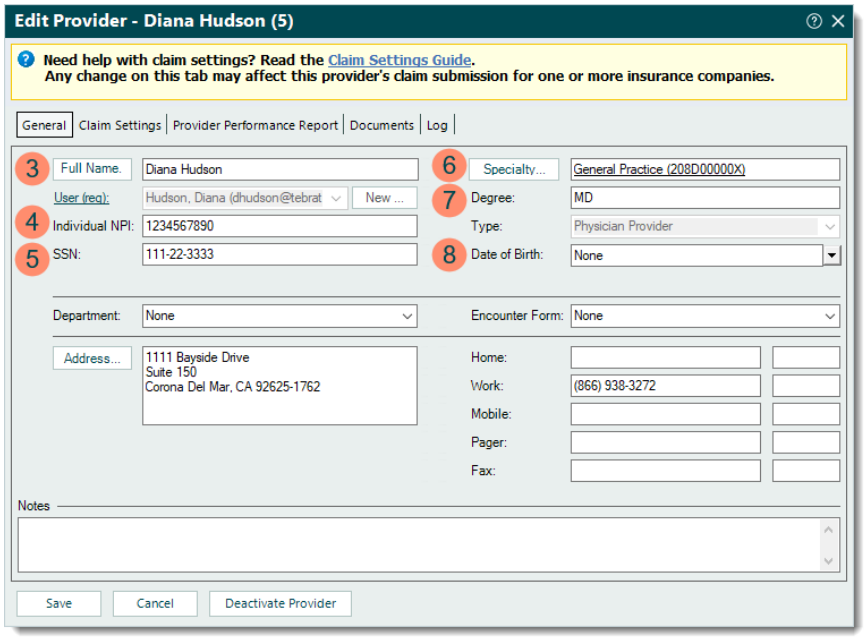
4. **Individual NPI:** Verify the NPI entered is the correct number assigned to the provider.

5. **SSN:** If the provider is credentialed to bill using their Social Security Number (SSN), verify the 9-digit SSN is correct.

6. **Specialty:** Verify the provider's main specialty and taxonomy code is correct. If necessary, click **Specialty** to search and select the provider's main specialty from the list of taxonomy codes.

7. **Degree:** Verify the provider's degree is correct.

8. **Date of Birth:** Verify the provider's date of birth is correct or click the **drop-down arrow** then click **None**.

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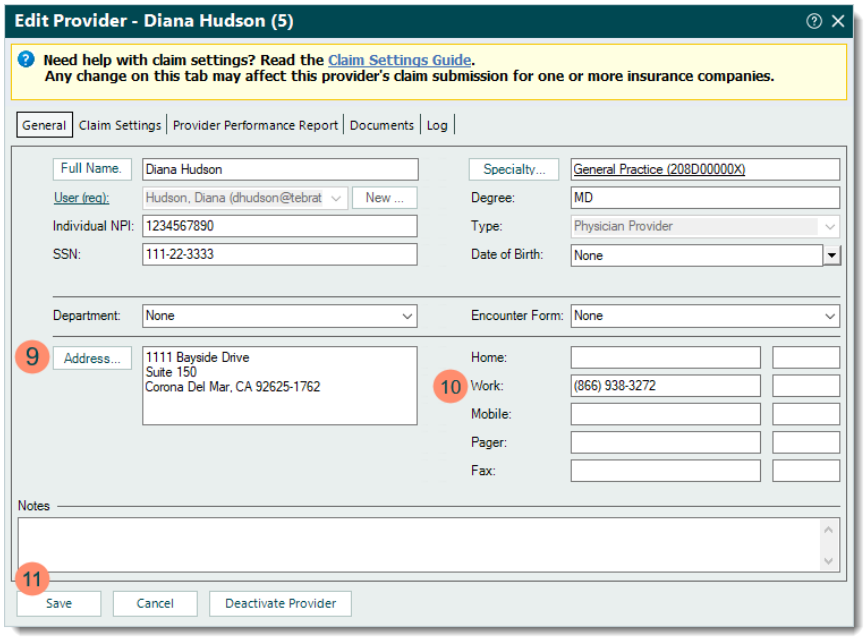
## Provider General Information, cont.

9. **Address:** Verify the provider's office address is a physical address (not a PO box) with a valid 9-digit zip code.

10. **Home**, **Work**, and **Mobile:** Verify at least one valid phone number is entered for the provider.

11. Click **Save** to record any changes made. The *Confirmation* pop-up appears then click **Yes** to confirm.



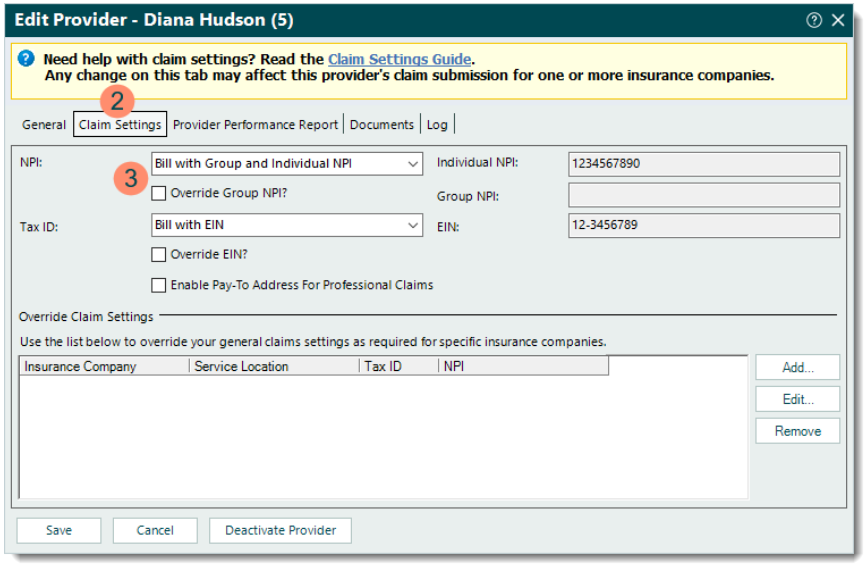
# Provider Claim Settings

The provider's claim settings are used to format electronic claim (e-claim) submissions and paper claim printing. Claim settings are configured for each provider and can be general (e.g., affects all payers) or more specific (e.g., affects a specific payer or service location).

1. Click **Settings** > **Providers** > Double click the provider to open. The *Edit Provider* window opens.

2. Click the *Claim Settings* tab. The provider's default claim settings information displays.

3. **NPI:** Click the **drop-down arrow** to select how the provider is credentialed with payers to send claims.
   Note: The *Group NPI* auto-populates from the Practice Information record and the *Individual NPI* auto-populates from the *General* tab of the Provider record.
   - If *Bill with Group and Individual NPI* is selected, but the provider's claims need to be sent with a different Group NPI, click to select "Override Group NPI?". Then, enter the *Override Group NPI*.

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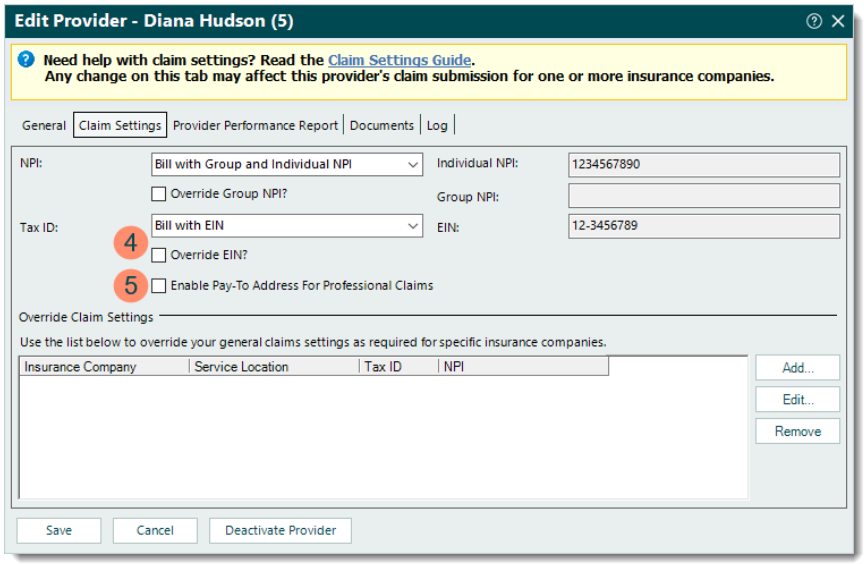
## Provider Claim Settings, cont.

4. **Tax ID:** Click the **drop-down arrow** to select how the provider is credentialed with payers to send claims.
   - *Bill with EIN:* The provider is credentialed to send claims using an Employer Identification Number (EIN) assigned by the IRS to the practice. This applies to any taxable business entity (e.g., Corporation, LLC, LLP, Partnership).
     - If the provider's claims need to be sent with a different EIN, click to select "Override EIN?" then enter the *EIN Override*.
   - *Bill with SSN:* The provider is credentialed to send claims using their Social Security Number (SSN). This might be the case if the practice is a sole proprietorship and has not been assigned an EIN from the IRS.

5. If the pay-to address differs from the practice's (e.g., a P.O. Box or Lockbox), click to select "Enable Pay-To Address For Professional Claims" then enter the *Name* and *Address*.

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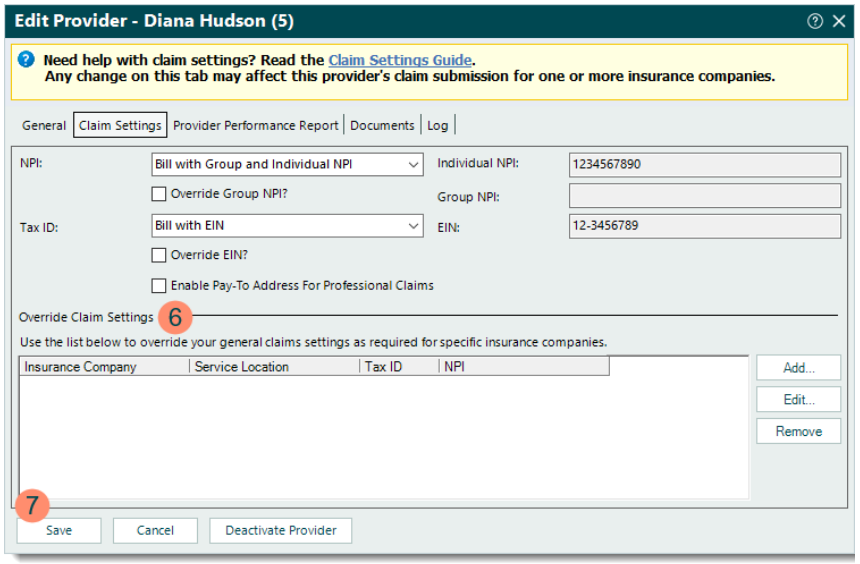
## Provider Claim Settings, cont.

6. **Override Claim Settings:** Add, edit, or remove any insurance companies and service locations that have exceptions to the general claim settings.

7. Click **Save**. The *Confirmation* pop-up appears then click **Yes** to confirm.



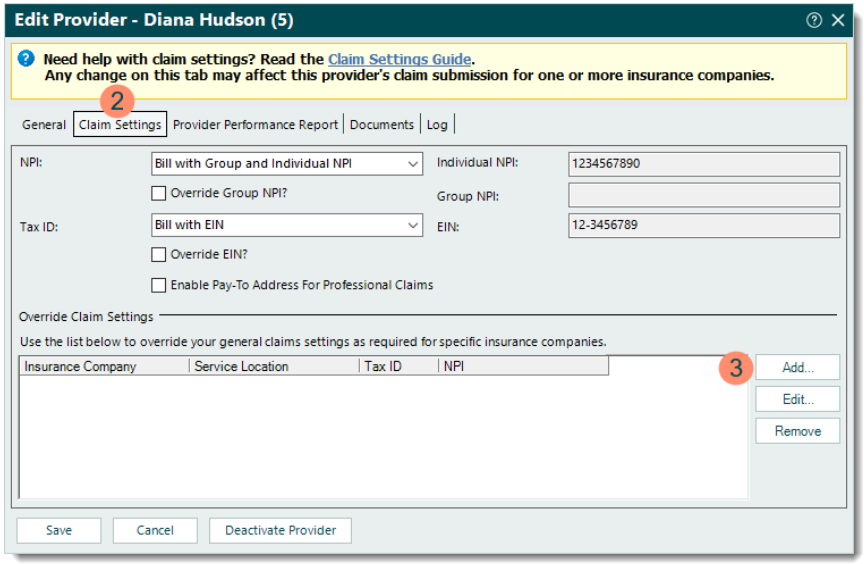
# Override Claim Settings

You can override claim settings for any insurance company or service location that has exceptions to the provider's general claim settings. Navigate to the provider’s Claim Settings to add, edit, or remove an override. To ensure any changes made are saved successfully, click **Save** until the *Confirmation* pop-up appears to confirm those changes.

1. Click **Settings** > **Providers** > Double click the provider to open. The *Edit Provider* window opens.

2. Click the *Claim Settings* tab. The provider’s claims settings information displays.

3. Under the *Override Claim Settings* section, click **Add**. The *Override Claim Settings* window opens.

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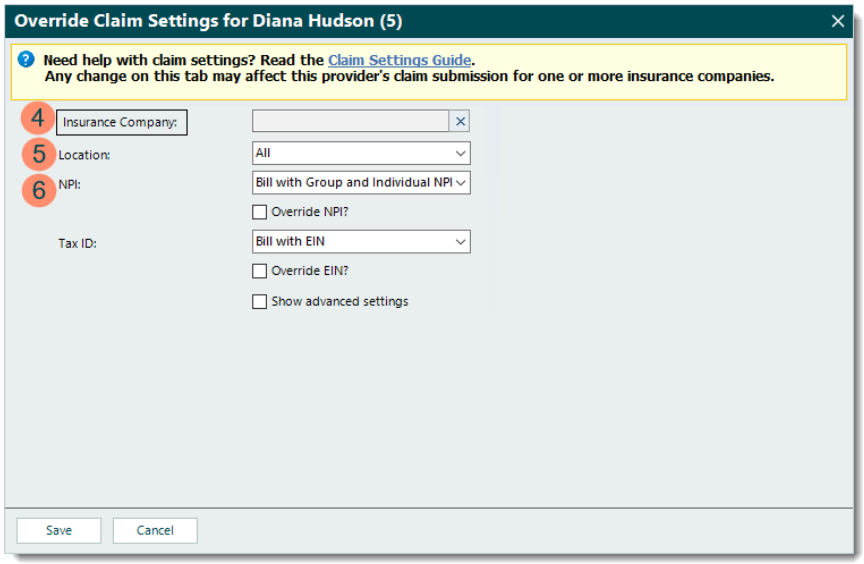
## Override Claim Settings, cont.

4. Click **Insurance Company**. Then, double click to select the specific insurance company the override applies to.
   - If the override is for a specific service location and applies to all insurance companies, leave *Insurance Company* blank.

5. **Location:** Click the **drop-down arrow** to select the service location the override applies to; otherwise, leave this set to *All*.

6. **NPI:** Click the **drop-down arrow** and select how the provider is credentialed with the payer to send claims.
   - If the provider's claims need to be sent with a different Group or Individual NPI, click to select "Override NPI?". Then, enter the *Group NPI Override* or *Individual NPI Override*.

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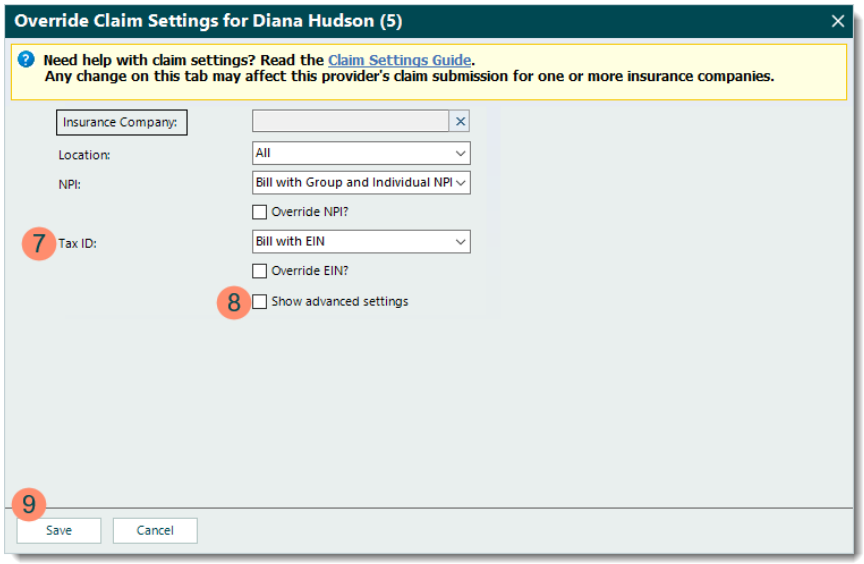
## Override Claim Settings, cont.

7. **Tax ID:** Click the **drop-down arrow** and select how the provider is credentialed with the payer to send claims.
   - *Bill with EIN:* The provider is credentialed to send claims using an Employer Identification Number (EIN) assigned by the IRS to the practice. This applies to any taxable business entity (e.g., Corporation, LLC, LLP, Partnership).
     - If the provider's claims need to be sent with a different EIN, click to select "Override EIN?" then enter the *EIN Override*.
   - *Bill with SSN:* The provider is credentialed to send claims using their Social Security Number (SSN). This might be the case if the practice is a sole proprietorship and has not been assigned an EIN from the IRS.

8. **Show advanced settings:** For additional settings (e.g., Practice, Paper Claim, Electronic Claim, Eligibility) that need overrides, click to select "Show advanced settings". To learn more, review the Advanced Provider Override Settings help article.

9. Click **Save** until the *Confirmation* pop-up appears to confirm the changes.



## Provider Performance Report, Documents, and Log

Review the following help articles to learn more about the Provider Performance Report, Documents, and Log of the Provider record.

- Provider Performance Report - Provider performance reports keep providers up to date on their practice's performance. These reports are delivered automatically by email (between Midnight and 5:00 AM Pacific Time) and provide key indicators, including patients, encounters, charges, payments, A/R balance and days revenue outstanding.

- Provider Documents - Documents related to the provider (e.g., credentialing, licensing, contracts) can be added to their Provider record. The Documents tab becomes available after creating the provider.

- Provider Log - To assist in staff management and provider privacy, the Log tab of the Provider record tracks key changes made to the record.

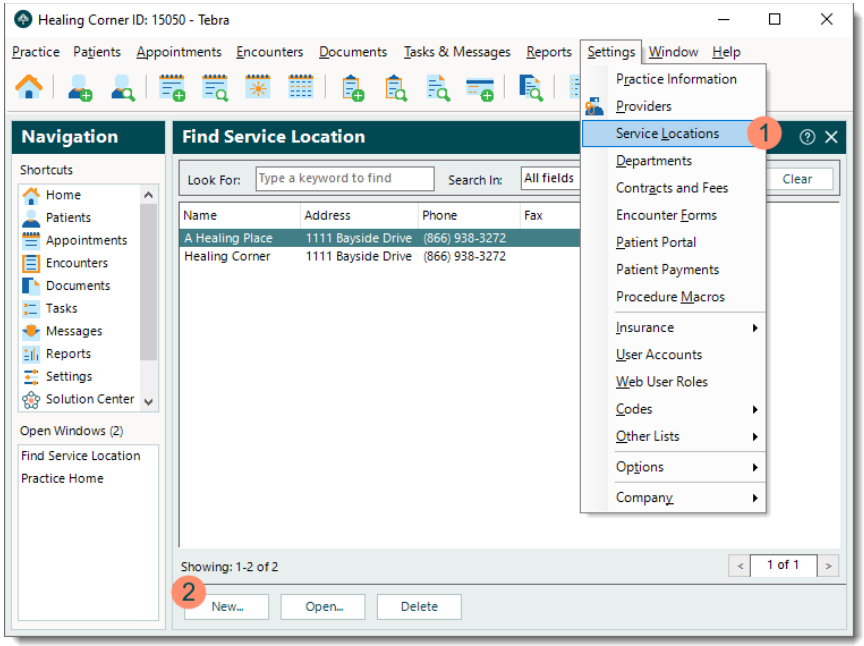
# Service Locations

New service locations are entered during the New Practice Setup wizard or Admin Setup Guide Part 1 – Billing Company. These are locations where providers render healthcare services to patients, including locations not at the same address as the main practice (e.g., local hospitals, outpatient clinics, rehabilitation centers). One or more service locations must be created to begin scheduling appointments, entering encounters, and sending claims. Service Location information can be entered, reviewed, and edited at any time. To prevent claim rejections and delays in claim processing and payment, review and verify the service location information and settings are correct in addition to the other Desktop Application (PM) settings.

## New Service Location

1. Click **Settings** > **Service Locations**. The *Find Service Location* window opens.

2. Verify the service location is not in the system then click **New** on the bottom. The *New Service Location* window opens.
   - If you have already entered the service location information, double click the service location to open. The *Edit Service Location* window opens. Proceed to step 3 and verity the information entered is correct.

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## New Service Location, cont.

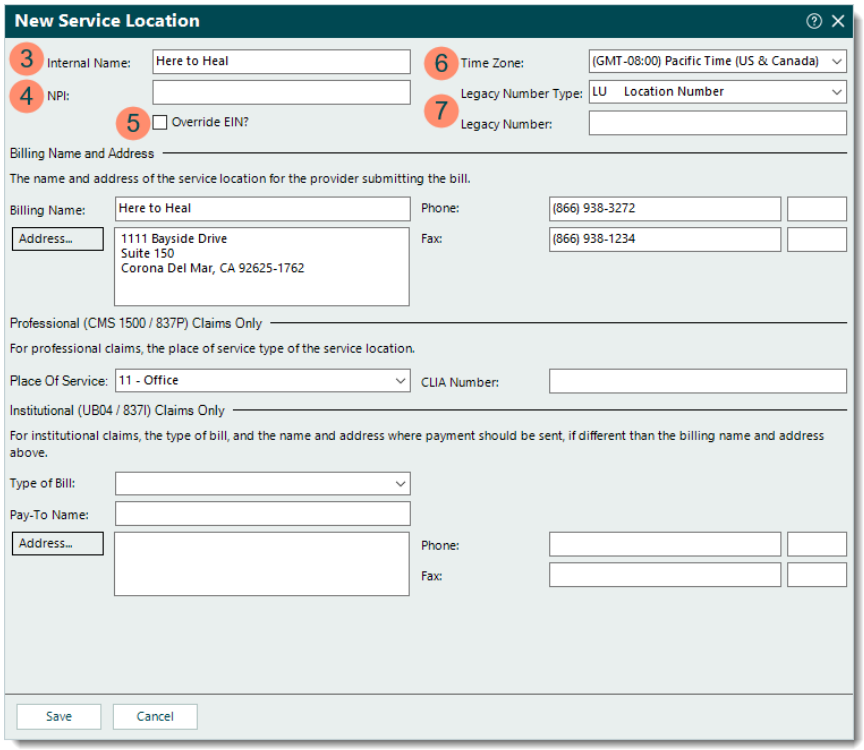
3. **Internal Name**: This name only displays in Tebra for internal reference when creating encounters and cannot exceed 32 characters, including spaces.

4. **NPI:** Required only if the service location has been assigned a unique NPI number. The number entered should not be an Individual or Group NPI.

5. If claims for this service location need to be submitted with a different EIN than the practice's EIN, click to select "Override EIN?" then enter the *EIN*.

6. **Time Zone:** Click the **drop-down arrow** to select the service location's time zone.

7. **Legacy Number Type:** By default, *LU Location Number* is selected with the *Legacy Number* left blank and is appropriate for most cases. If necessary, click the **drop-down arrow** to select a different *Legacy Number Type* then enter the *Legacy Number*.

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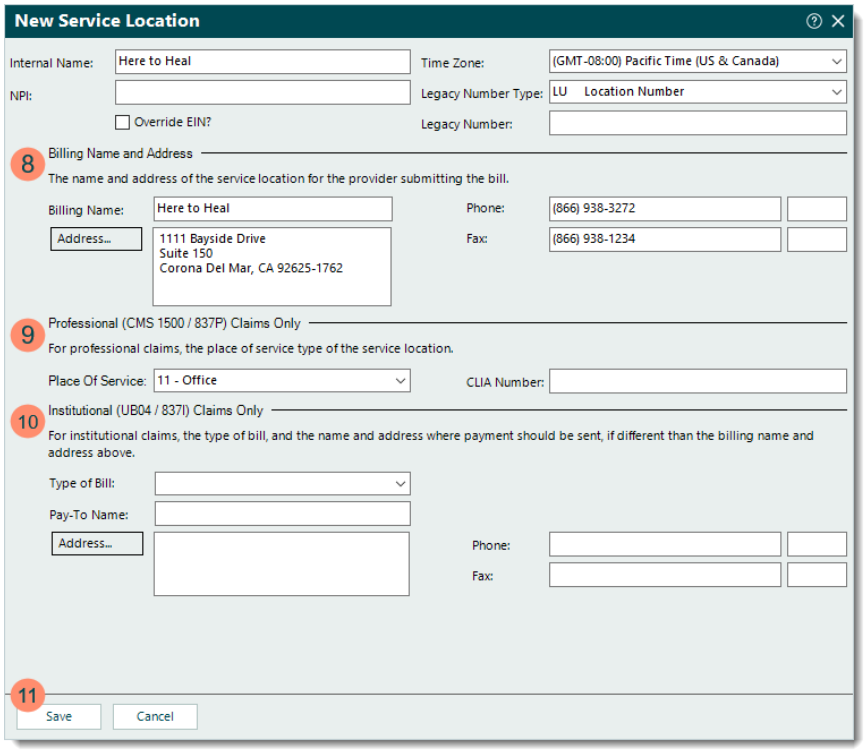
## New Service Location, cont.

8. **Billing Name and Address:** Enter the service location *Billing Name* and *Address* as it should display on claims. Then, enter the *Phone*/*Fax* number(s).
   Note: For e-claim submission purposes, the address must be a physical location with a 9-digit zip code.
   Tip: Click **Address** > **USPS Website** to find the zip code.

9. **Professional (CMS 1500 / 837P) Claims Only:**
   - Click the **drop-down arrow** and select the appropriate *Place Of Service* code.
   - If applicable, enter a *CLIA Number* if submitting claims for lab work.

10. **Institutional (UB04 / 837I) Claims Only**:
    - Click the **drop-down arrow** and select the appropriate *Type of Bill*.
    - Enter the *Pay-To Name*, *Address*, and *Phone/Fax* number(s) if different from the *Billing Name*, *Address*, and *Phone/Fax* number(s).

11. Click **Save** when finished.



# Users

Tebra accounts for billing companies have two user settings options: User Accounts and Web User Roles. User Accounts allow System Administrators to assign specific Desktop Application (PM) permissions for staff members of the billing company. Web User Roles allow System Administrators to assign role-based permissions for staff members of the practice(s) so they can access the appropriate Tebra Web Platform module(s).

For additional guidance and answers to the most common user management and security questions, review the User Management FAQs help article.

## User Accounts

Each staff member of the billing company who uses the Desktop Application (PM) needs their own unique user account with a valid login email and password. Be sure to have full names and email addresses on hand before proceeding. Then, create user accounts that can be assigned a *Type of user*, preset *Role*, *Account* and *Practice Permissions*.

Once a new user account is created:

- The option to set the *Type of user* becomes available. For more information, review the User Account Types help article.
- The new user needs to be provided their login credentials via a secure method.
- Upon the first login, the new user is prompted their password has expired and to create a new password.
- The new user can complete their role-based trainings in Tebra University.

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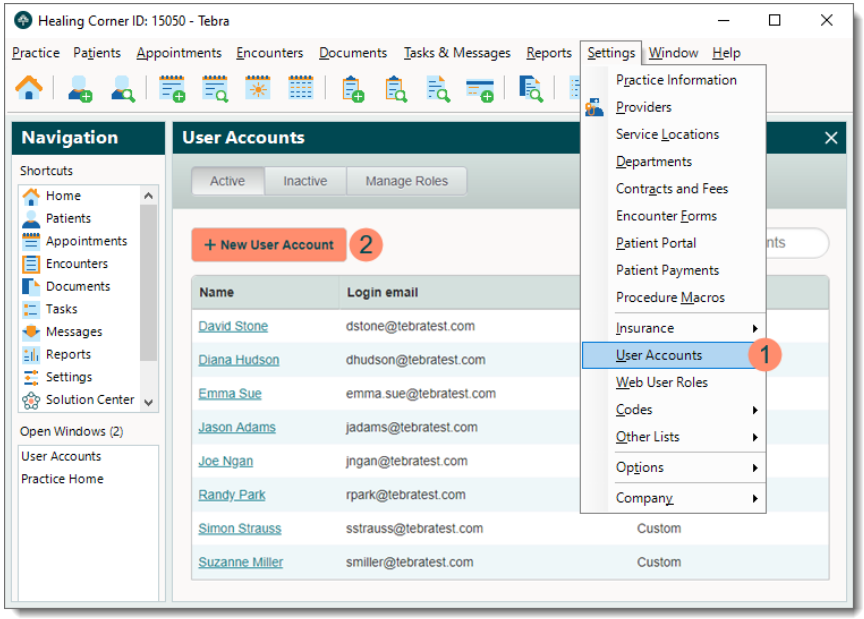
## New User Account

1. Click **Settings** > **User Accounts**. The *User Accounts* window opens.

2. To prevent duplication, verify the user is not in the system then click **+ New User Account**.
   - If you have already created the user, click the user **name** to open and refer to the *Edit User Account* section of the User Accounts help article.
     Note: All users within the Tebra account are listed including the practice web users. To edit practice web users, refer to the Web User Roles section unless additional Desktop Application (PM) permissions need to be assigned.

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## New User Account, cont.

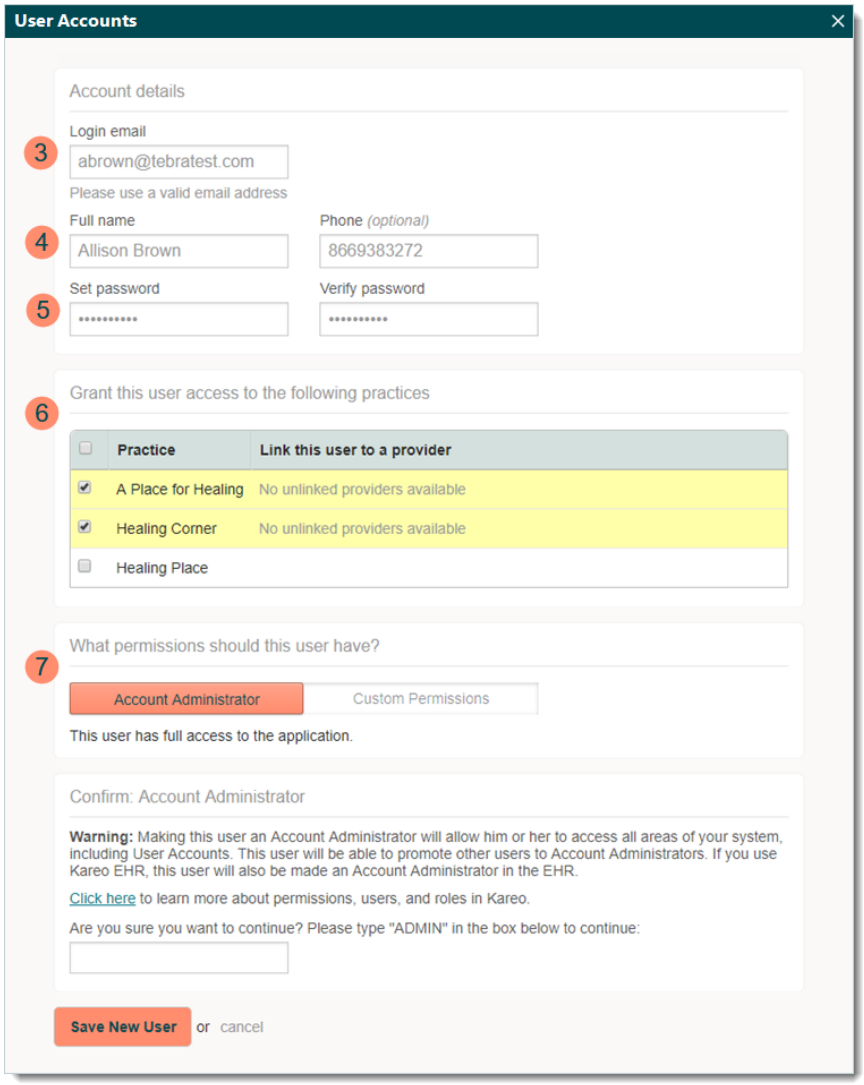
3. **Login email:** Must be a valid email address for the user to which only they can access their emails for security purposes.

4. **Full name** and **Phone:** Enter the user's full name and contact phone number.

5. **Set** and **Verify password:** Create a temporary password and verify it by entering it again. Upon first login, the user is prompted to change this password.

6. Click to select the practice(s) to grant the user access.
   - If the user should have access to all practices within the Tebra account, click to select the master checkbox.

7. Click **Account Administrator** or **Custom Permissions**.
   - **Account Administrator:** Also known as the System Administrator. Grants access to all areas of the system and automatically assigns the System Admin web user role in the Tebra Web Platform.
     - If selected, review the *Warning* message then enter "ADMIN" to continue. Proceed to step 11.
   - **Custom Permissions:** Provides options to customize the permissions for the user.
     - If selected, proceed to step 8.

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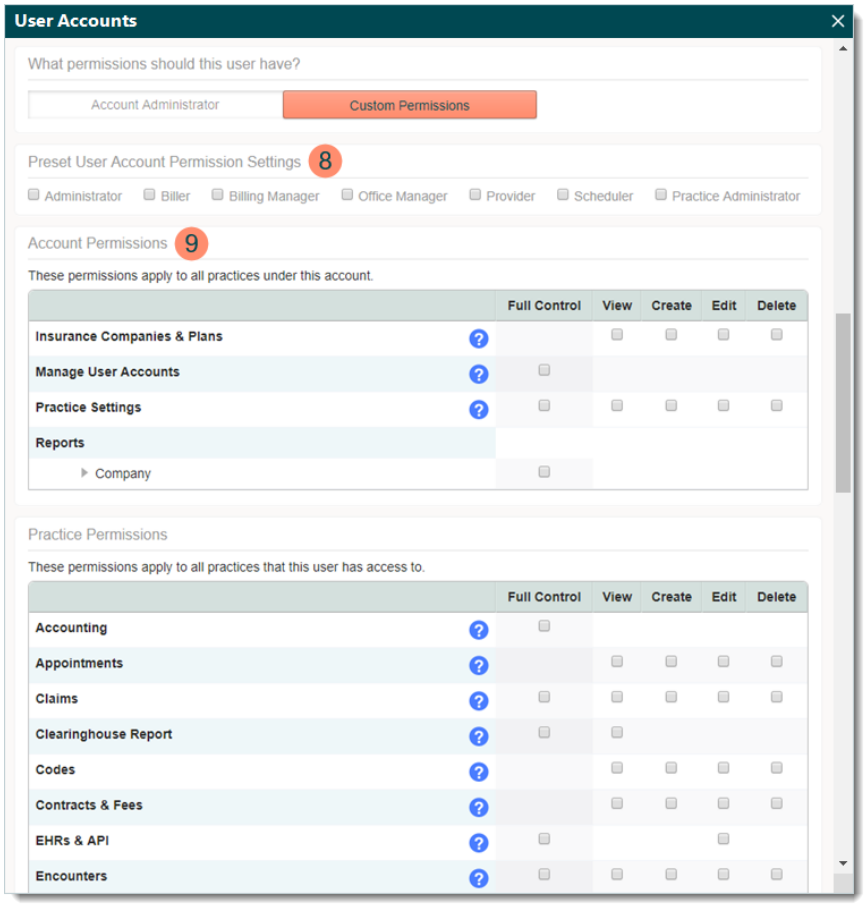
**New User Account, cont.**

8. **Preset User Account Permission Settings:** Click to select a user account role to automatically apply a pre-defined permission set. It is recommended to select a role with the minimum permissions necessary then add *Account* and *Practice Permissions* as needed. Removing permissions disassociates the user from the role. For more details, review the User Account Roles help article.
   Note: Practice Administrator is used to grant a practice staff member the System Admin web user role which allows full control to practice wide functionality in the Tebra Web Platform and Desktop Application (PM). If assigned, refer the Practice Administrator to the Practice Admin Setup Guide to learn how to configure their practice and users.

9. **Account Permissions:** Click to select or clear the user's permissions that apply to all practices within the Tebra account.

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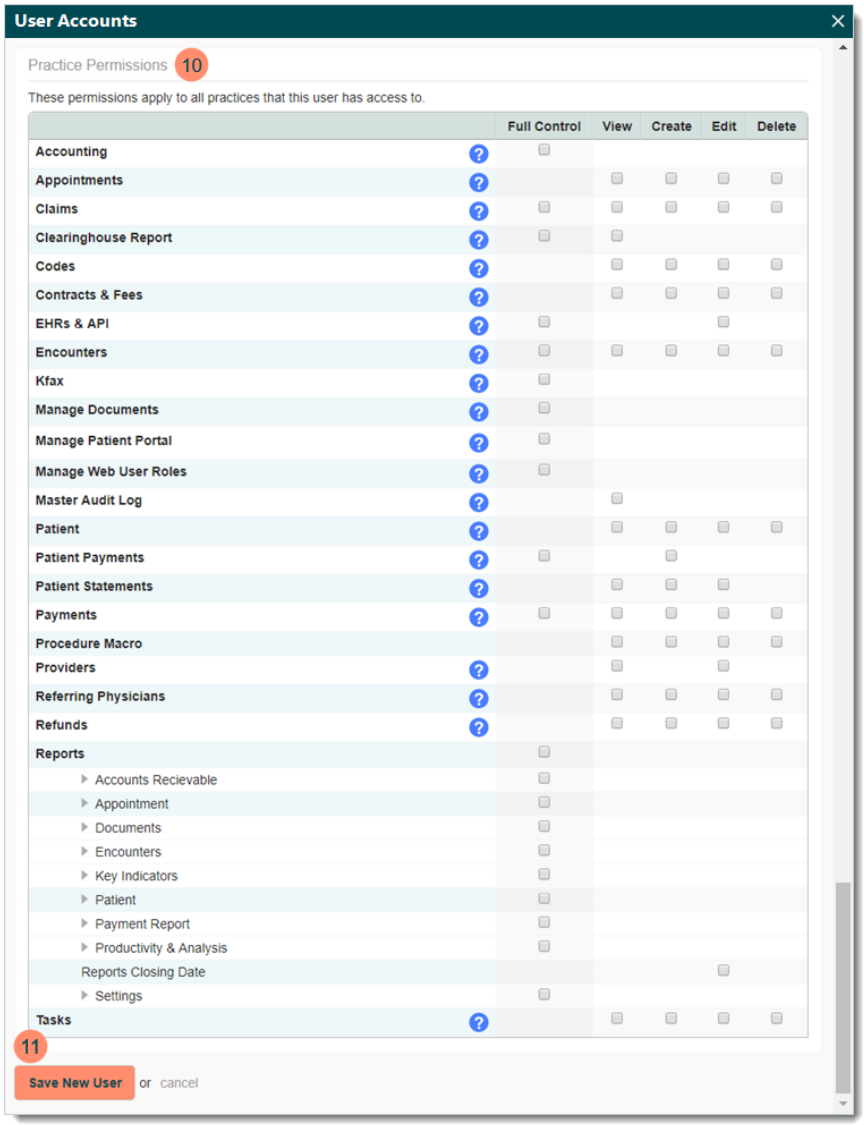
## New User Account, cont.

10. **Practice Permissions:** Click to select or clear the user's permissions that apply only to the practice(s) they can access.

11. Click **Save New User** when finished.

For more information about user accounts such as how to edit and/or deactivate a user, review the User Accounts help article.



## Web User Roles

New web users are created during the New Practice Setup wizard or Admin Setup Guide Part 1 – Billing Company. You can review and edit the information or add new web users at any time. Each practice staff member who uses the Tebra Web Platform needs their own unique user account with a valid login email and password. Be sure to have full names and email addresses on hand before proceeding. Then, create users based on their roles at the practice: *Provider* or *Non-Provider*.

Once a new web user is created:

- The new user receives a Tebra generated email with their username and Tebra Web Platform login page link, but they are directed to their System Administrator for the password. If a Practice Administrator has not yet been designated, it is recommended to inform the practice(s) of these emails beforehand and provide contact information for the System Administrator who manages their users.
- Upon first login, the new user is prompted their password has expired and to create a new password.
- The new user can complete their role-based trainings in Tebra University.

*(Continued next page...)*

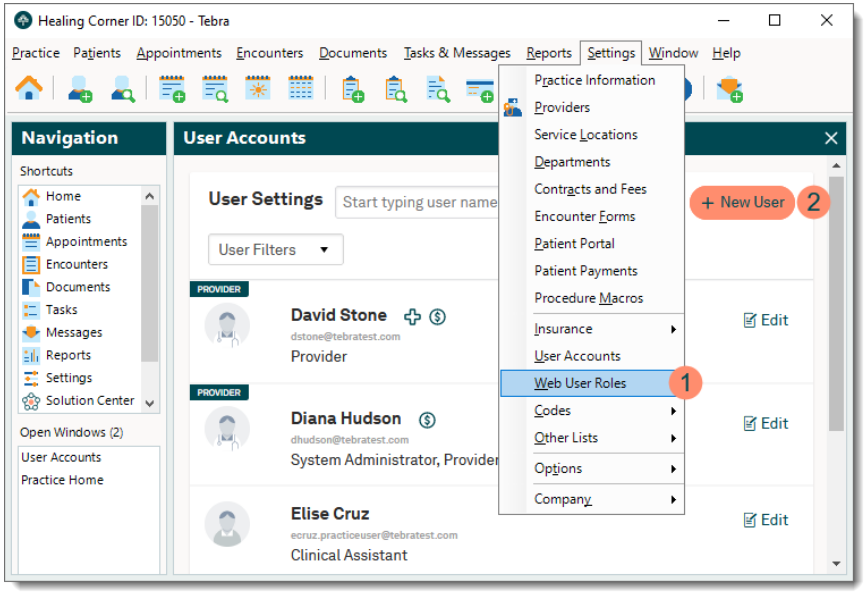
## New Provider Web User

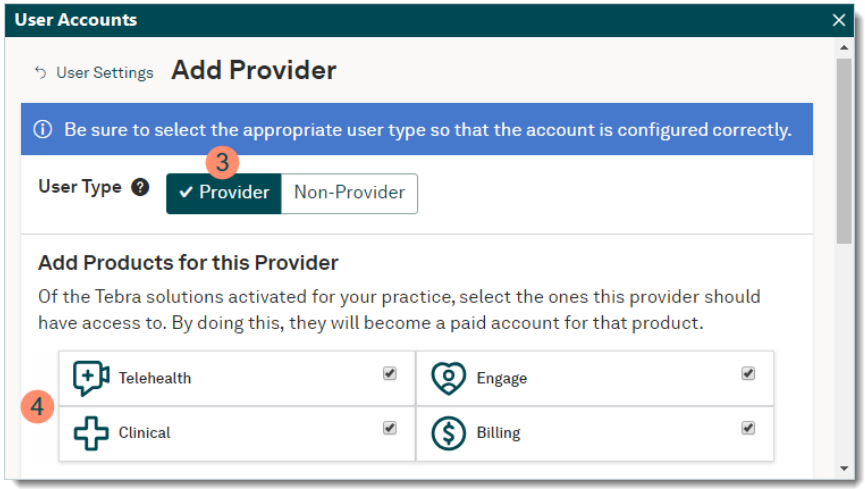
1. Click **Settings** > **Web User Roles**. The *User Settings* window opens.

2. To prevent duplication, verify the provider user is not in the system then click **+ New User**. The *Add User* window opens.
   - If you have already created the provider web user, click **Edit** to open. The *Edit Provider* window opens. Proceed to step 4 and verify the information is correct.
     Note: Billing company users that have access to the currently open practice are also listed. To edit these users, refer to the *Edit User Account* section of the User Accounts help article unless Tebra Web Platform permissions need to be assigned or edited.

3. **User Type:** *Non-Provider* is selected by default. Click **Provider**. The *Add Provider* window displays with a list of available Tebra products activated for the practice.

4. **Add Products for this Provider:** Click to select the product(s) to activate for this provider.

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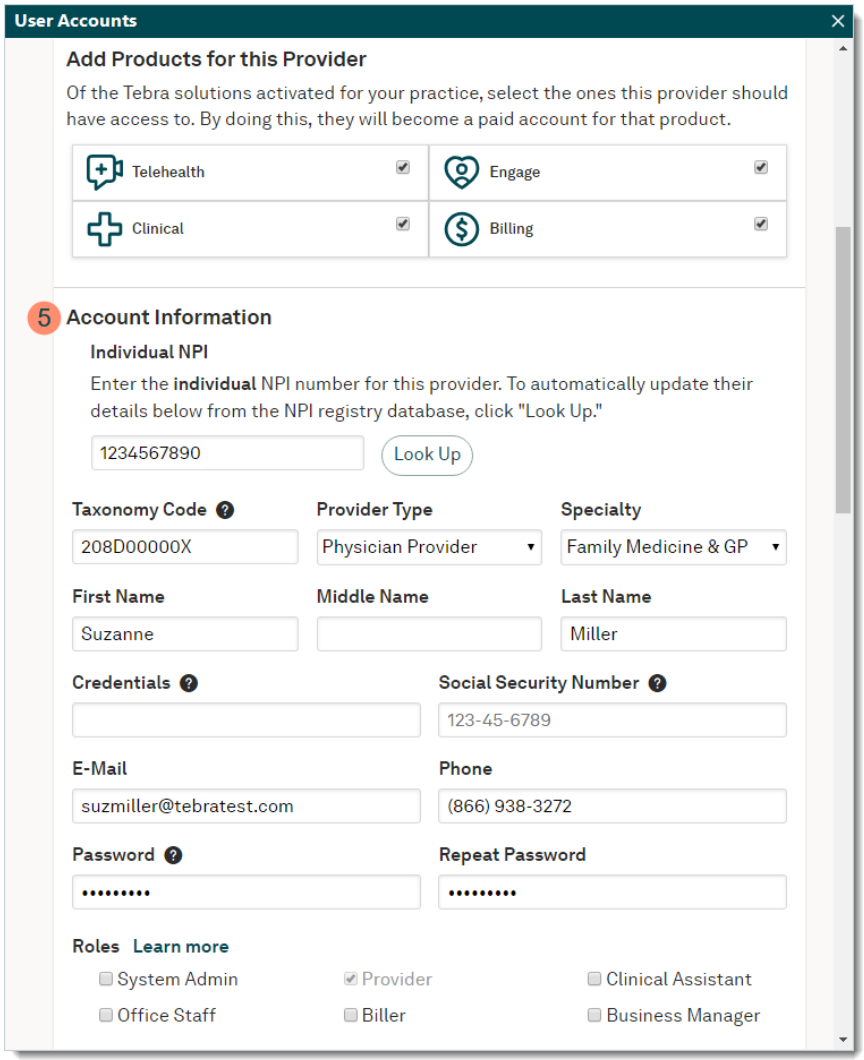
## New Provider Web User, cont.

5. **Account Information:** Enter the provider's account information.
   - **Individual NPI:** The provider's 10-digit NPI number.
     - To auto-populate additional details from the NPI registry database, click **Look Up**.
   - **Taxonomy Code:** The provider's taxonomy code number.
   - **Provider Type** and **Specialty:** Click to select the appropriate options from the drop-down menus.
   - **Name:** The provider's first, middle (optional), and last name.
   - **Credentials:** The provider's credentials display in the provider's signature line for notes, labs, and eRx (Clinical subscribers).
   - **Social Security Number:** The provider's social security number (SSN) if they are credentialed with payers to send claims using their SSN.
   - **E-mail:** A valid email address for the provider to which only they can access their emails for security purposes.
     Note: Do not use a staff member's email address for providers.
   - **Phone:** The provider's contact phone number.
   - **Password** and **Repeat password:** Create a temporary password and verify it by entering it again. Upon first login, the provider is prompted to change this password.

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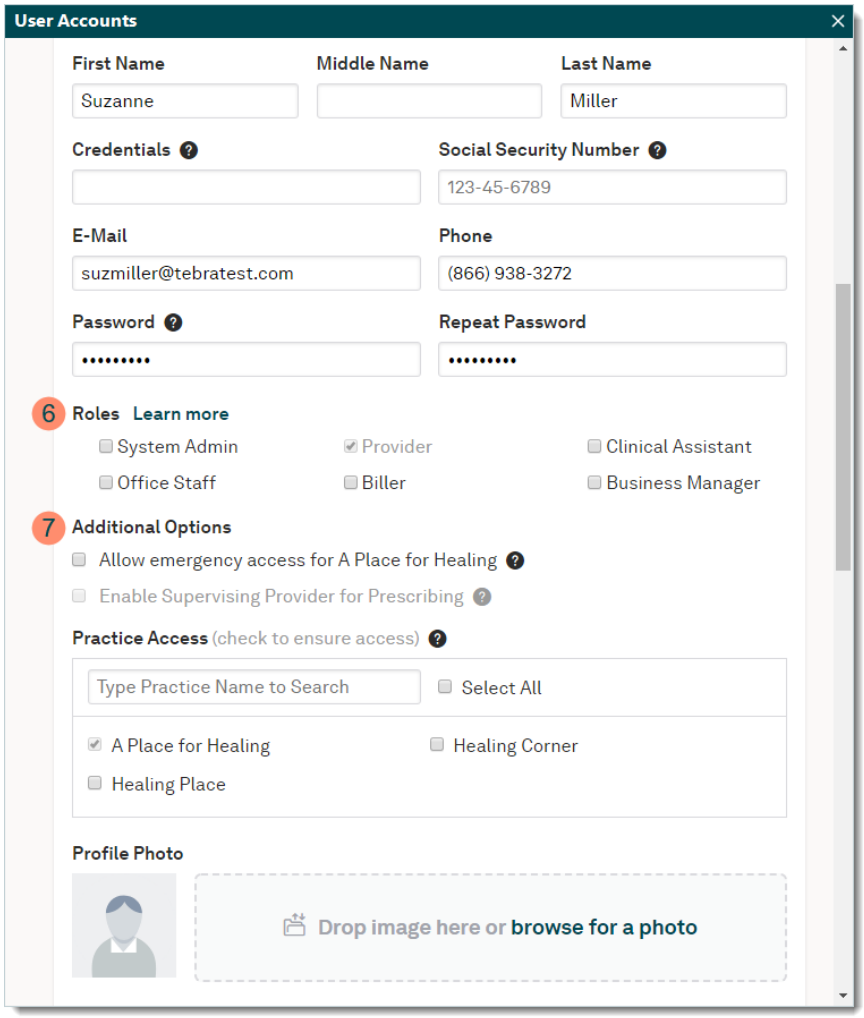
## New Provider Web User, cont.

6. **Roles:** If applicable, click to select additional roles for the provider. To view a comparison of each role's permissions, click **Learn more**.

7. **Additional Options:**
   - To allow the provider to grant themselves or other practice staff members the System Admin role in the event of an emergency, click to select "Allow emergency access for (Practice)". For more details, review the Emergency Access help articles.
   - "Enable Supervising Provider for Prescribing" is available once a provider is enrolled for ePrescribing. When this option is enabled, the provider can select a *Supervising Provider* when ePrescribing.

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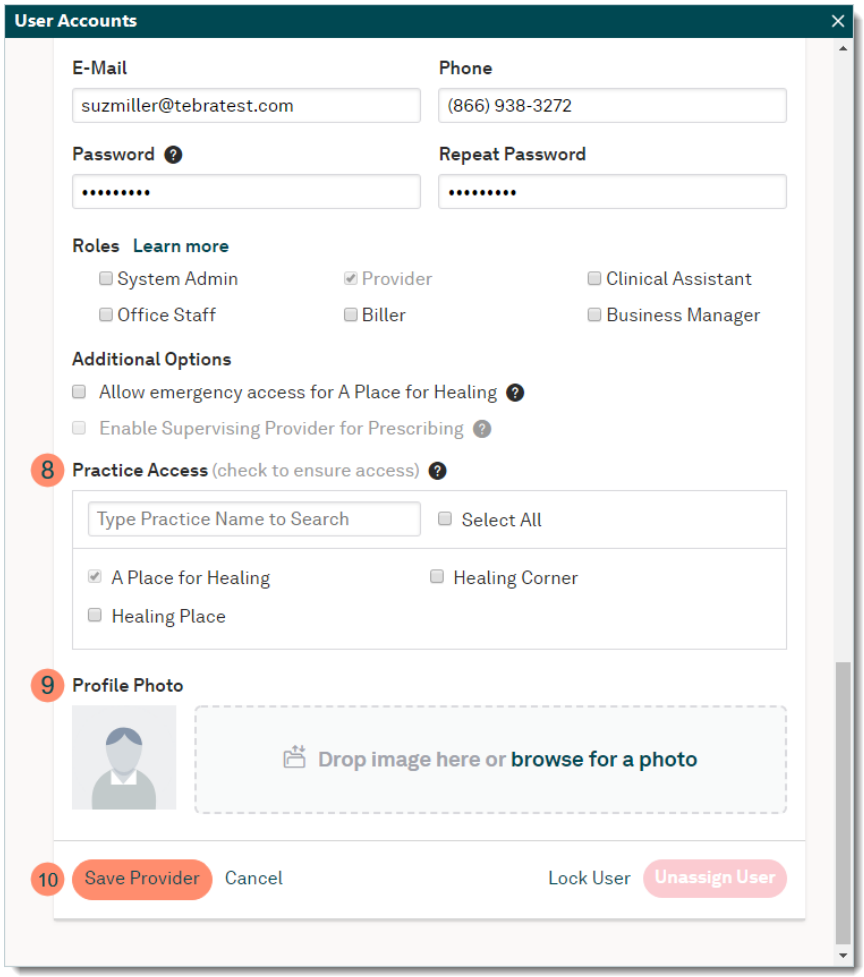
## New Provider Web User, cont.

8. **Practice Access:** Applicable for Tebra accounts with multiple practices and defaults to include access to the currently open practice.
   Note: System Administrators can only grant providers access to practices they themselves can access.
   - To filter the practices, use the search box by entering all or part of the practice name.
   - To grant the provider access to all practices, click to select the master checkbox “Select All”.
   - To grant the provider access to specific practices, click to select the practice(s).

9. **Profile Photo:** Upload a provider photo (optional). Drag and drop an image or click **browse for a photo** to select a file.

10. Click **Save Provider**. The *Confirm Adding Provider License* window opens.
    - If editing a provider web user and no additional products were added, the *User Settings* window returns.

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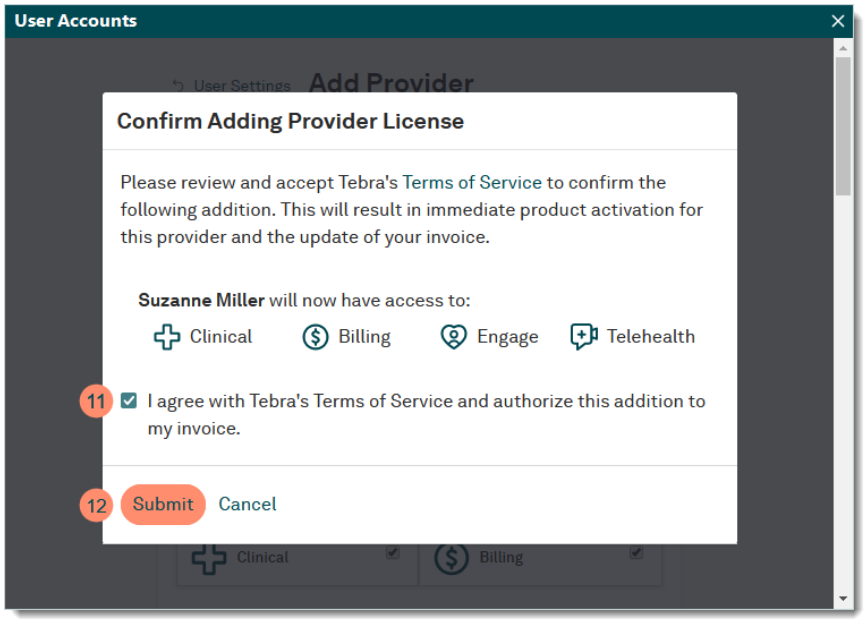
## New Provider Web User, cont.

11. Review Tebra's Terms of Service. To accept the terms, click to select "I agree with Tebra's Terms of Service and authorize this addition to my invoice.".

12. Click **Submit** when finished. The provider user displays under *User Settings*.

Once a provider web user is created, verify the associated Provider record information and settings are correct. Refer to the Providers section for more details. For more information about web users such as how to unassign or lock a user, review the Web User Roles help article.



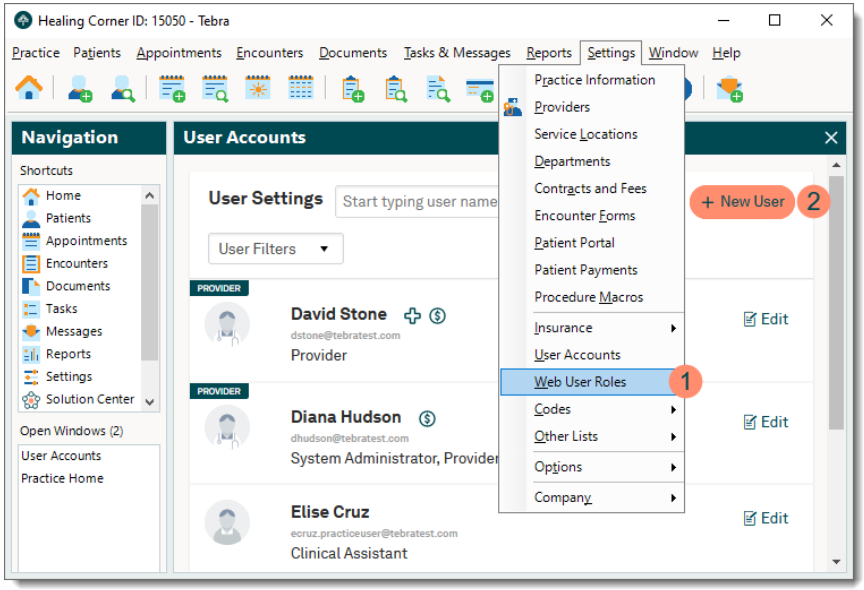
## New Non-Provider Web User

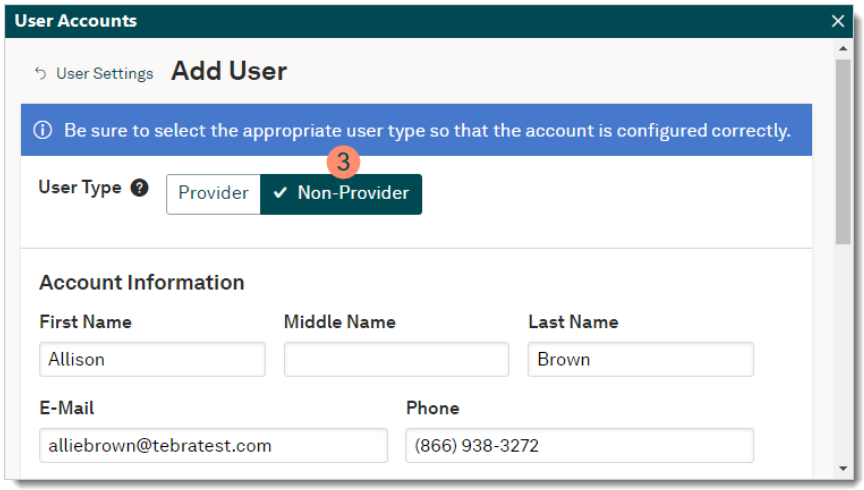
1. Click **Settings** > **Web User Roles**. The *User Settings* window opens.

2. To prevent duplication, verify the web user is not in the system then click **+ New User**. The *Add User* window opens.
   - If you have already created the provider web user, click **Edit** to open. The *Edit User* window opens. Proceed to step 4 and verify the information is correct.

     Note: Billing company users that have access to the currently open practice are also listed. To edit these users, refer to the *Edit User Account* section of the User Accounts help article unless Tebra Web Platform permissions need to be assigned or edited.

3. **User Type:** Keep *Non-Provider* selected by default.

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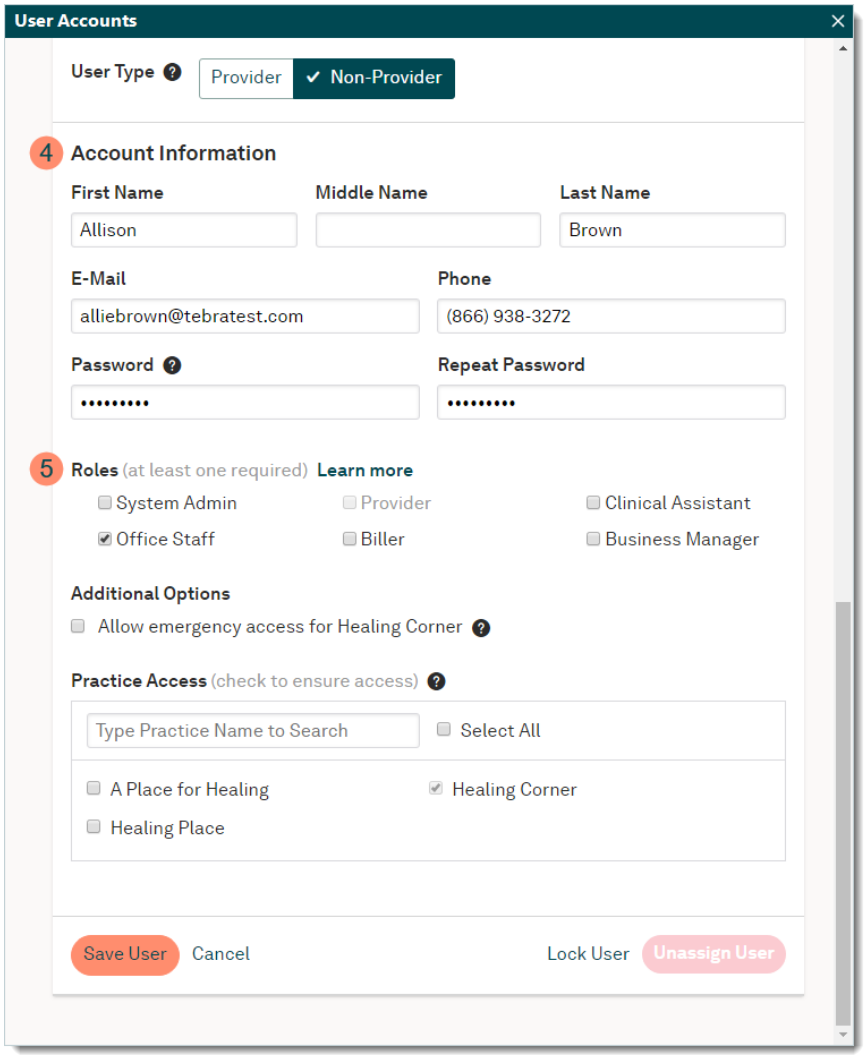
## New Non-Provider Web User, cont.

4. **Account Information:**
   - **Name:** The user's first, middle (optional), and last name.
   - **E-mail:** A valid email address for the user to which only they can access their emails for security purposes.
   - **Phone:** The user's contact phone number.
   - **Password** and **Repeat password:** Create a temporary password and verify it by entering it again. Upon first login, the user is prompted to change this password.

5. **Roles:** Click to select the role(s) for the user. To view a comparison of each role's permissions, click **Learn more**.
   Note: The System Admin role, also known as the Practice Administrator, grants a practice staff member full control to practice wide functionality in the Tebra Web Platform and Desktop Application (PM). If assigned, refer the Practice Administrator to the Practice Admin Setup Guide to learn how to configure their practice and users.

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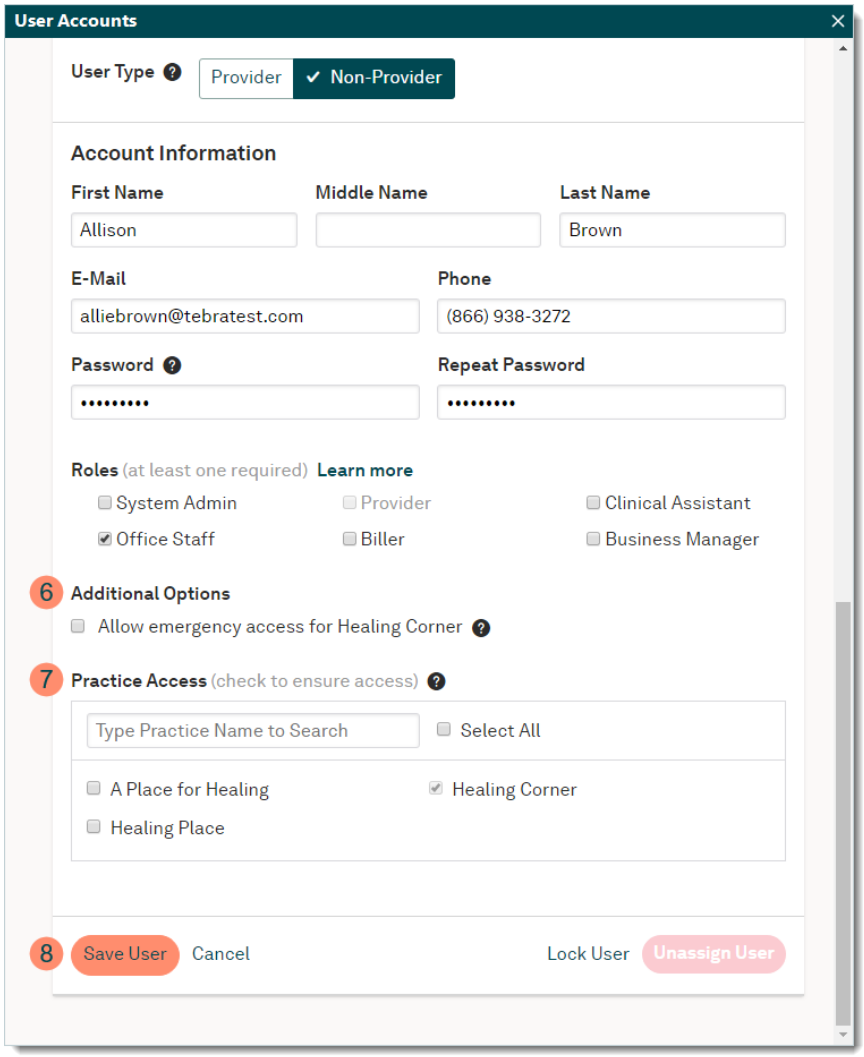
## New Non-Provider Web User, cont.

6. **Additional Options:** To allow the provider to grant themselves or other practice staff members the System Admin role in the event of an emergency, click to select "Allow emergency access for (Practice)". For more details, review the Emergency Access help articles.

7. **Practice Access:** Applicable for Tebra accounts with multiple practices and defaults to include access to the current practice.
   Note: System Administrators can only grant users access to practices they themselves can access.
   - To filter the practices, use the search box by entering all or part of the practice name.
   - To grant the user access to all practices, click to select the master checkbox “Select All”.
   - To grant the user access to specific practices, click to select the practice(s).

8. Click **Save User** when finished.

For more information about web users such as how to unassign or lock a user, review the Web User Roles help article.



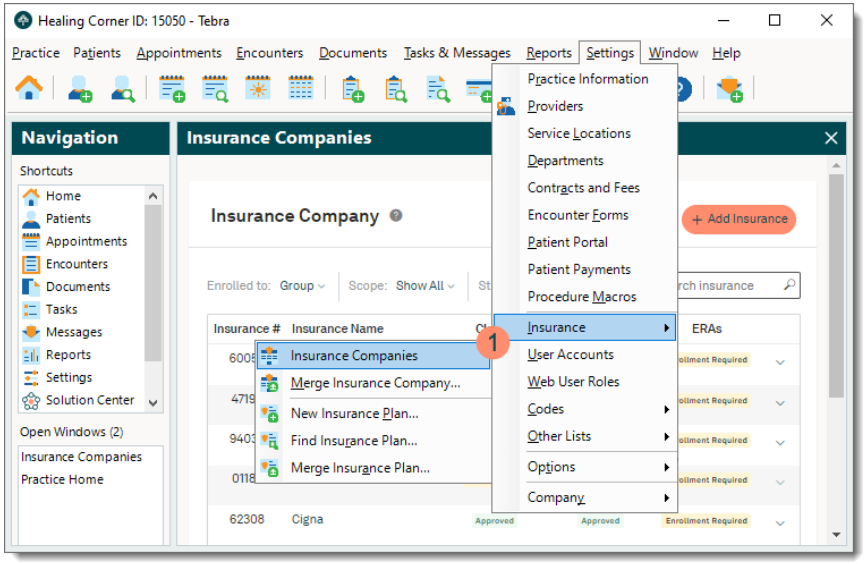
# Insurance Companies

Insurance companies represent an insurance carrier or network (e.g., Blue Cross Blue Shield, Cigna, Medicare). Once an insurance company record is created, you can add insurance plans and enroll for available electronic data interchange (EDI) services to submit claims, check patient eligibility, and receive ERAs.

## Navigate Enrollments Dashboard

The *Insurance Companies* window is also known as the *Enrollments Dashboard* and provides visibility into insurance information as it applies to the practice and the enrollment status of each insurance company.

1. Click **Settings** > **Insurance** > **Insurance Companies**. The *Insurance Companies* window opens.

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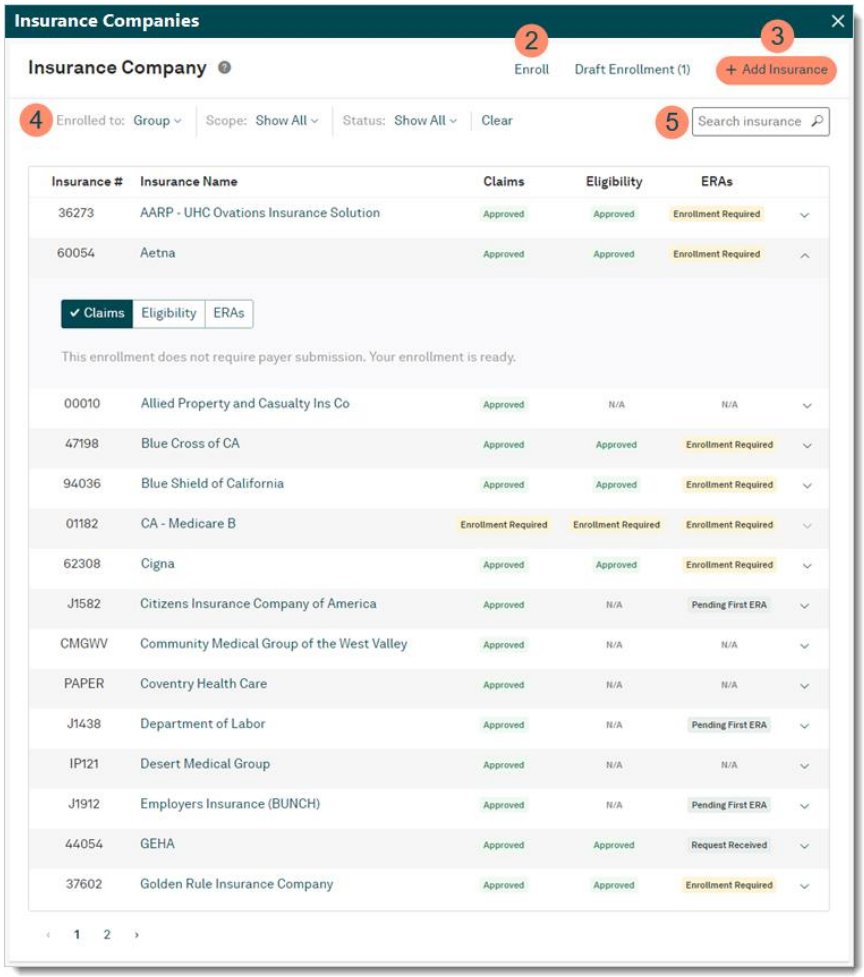
## Navigate Enrollments Dashboard, cont.

2. **Enroll:** Click to enroll for available electronic services with one or more insurance companies.
   - **Draft Enrollment:** Click to edit, continue, or delete a previously saved but unfinished enrollment request.

3. **+ Add Insurance:** Click to add one or more insurance companies.

4. **Filters:** Click the **drop-down arrows** to filter insurance companies by *Group* or *Individual* enrollment, *Scope*, or *Status*. Click **Clear** to remove the selected filters.

5. **Search:** Find an insurance company by name, payer ID, or show all results.

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## Navigate Enrollments Dashboard, cont.

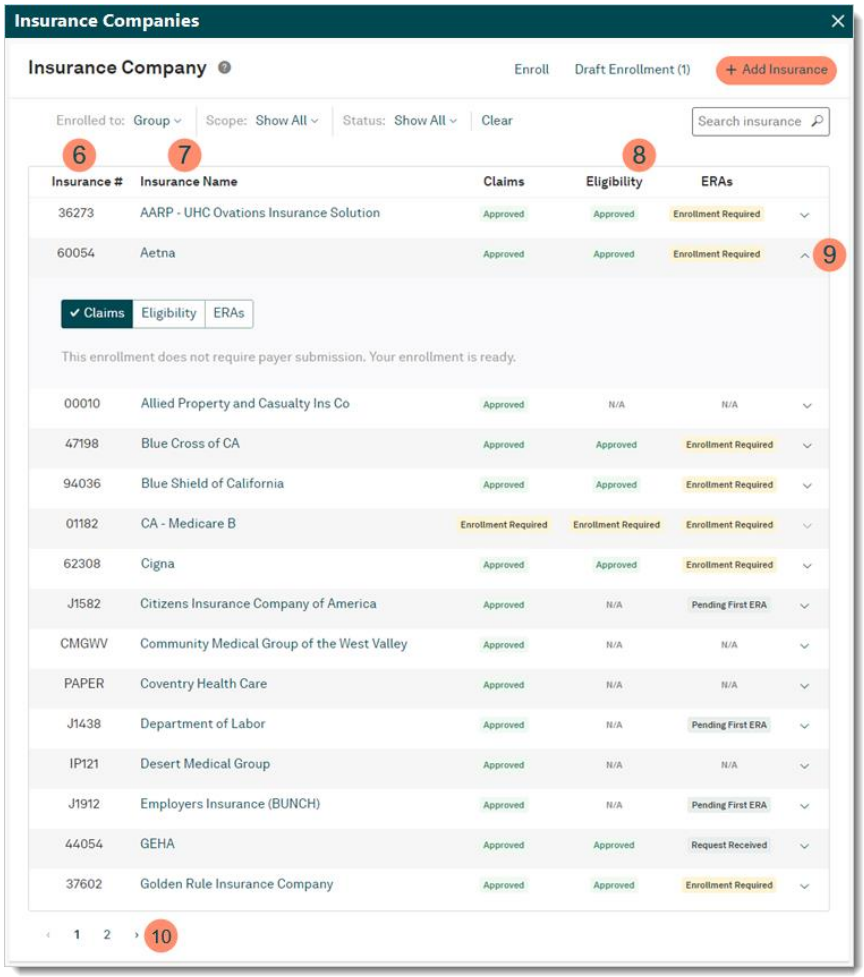
6. **Insurance #:** The ID number used by the clearinghouse to route electronic claims to the insurance company.

7. **Insurance Name:** Alphabetically displays the names of insurance companies added.

8. **Claims**, **Eligibility**, and **ERAs:** Displays the status of electronic services offered by the insurance company. Review the Enrollment Status Indicators help article for more information.

9. **Track Enrollment:** Click the **arrow** to expand or collapse additional details.

10. **Pagination**: Click the **arrows** to navigate forward or back. Each page displays up to 15 insurance companies.

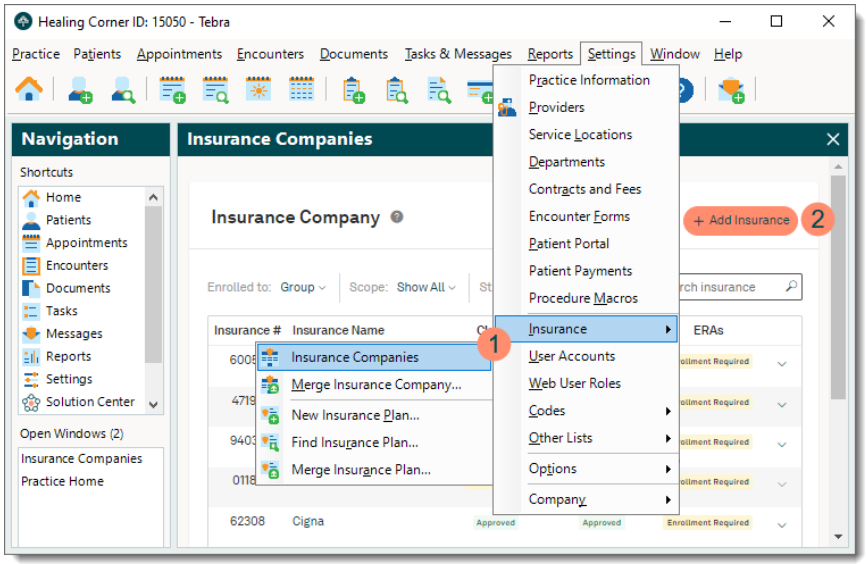


# Add Insurance Company

Note: To ensure accurate data entry, even if the practice(s) are not responsible for adding insurance companies, it is recommended to review this process with the practice staff member designated as the Practice Administrator as they also have access to adding insurance companies.

1. Click **Settings** > **Insurance** > **Insurance Companies**. The *Insurance Companies* window opens.

2. Verify the insurance company is not in the system then click **+ Add Insurance**. The *Add Insurance* window opens.
   - If you have already added the insurance companies, proceed to the Electronic Data Interchange (EDI) Enrollment section.

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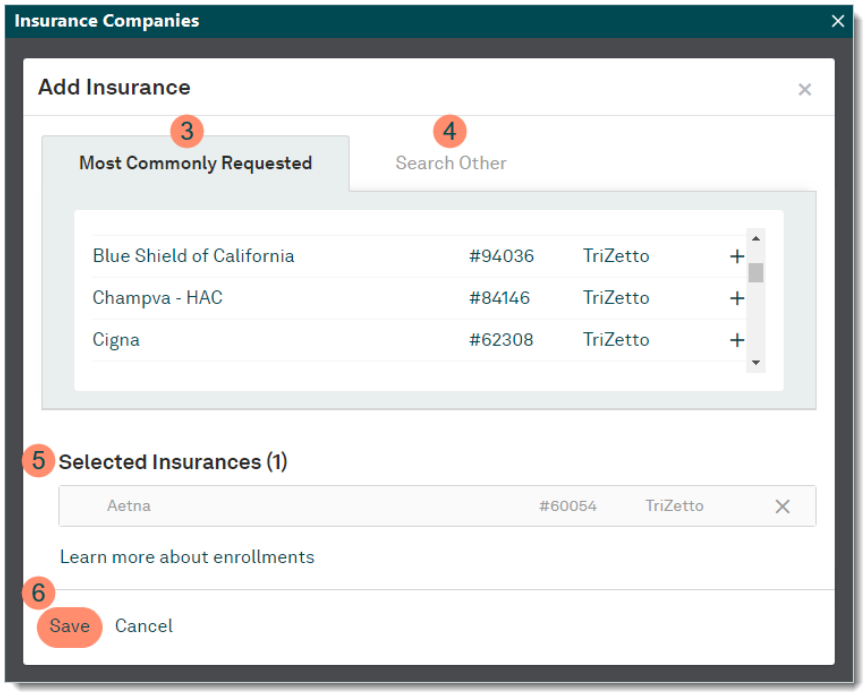
## Add Insurance Company, cont.

3. **Most Commonly Requested:** Use the scroll bar to navigate up and down the list then click **+** or anywhere on the line item to add the insurance company to the *Selected Insurances* list.

4. **Search Other:** Enter the insurance name or ID number and select it from the auto-populated results list. Then, click **Add** to add the insurance company to the *Selected Insurances* list. Filter by *Type* (e.g., for UB-04, workers' comp/auto), *Clearinghouse* and *State*. For more details on how to set up UB-04 and workers' comp/auto payer types, review the Electronic Workers' Compensation and Auto Insurance Companies help article.
   Tip: If you're unable to find a payer, select *All* from the *State* drop-down menu to return more results.

5. Review the *Selected Insurances* list and verify the correct insurance companies were added. To remove an insurance company from the list, click **X**.
   Note: A payer that displays with an orange exclamation icon is either a duplicate in the list or an existing insurance company in the practice.

6. Click **Save**. The *Enrollments Dashboard* returns, and the selected insurance companies display in the list of insurances. Submit Electronic Data Interchange (EDI) Enrollment requests for insurance companies with the electronic service status of *Enrollment Required*.



# Electronic Data Interchange (EDI) Enrollment

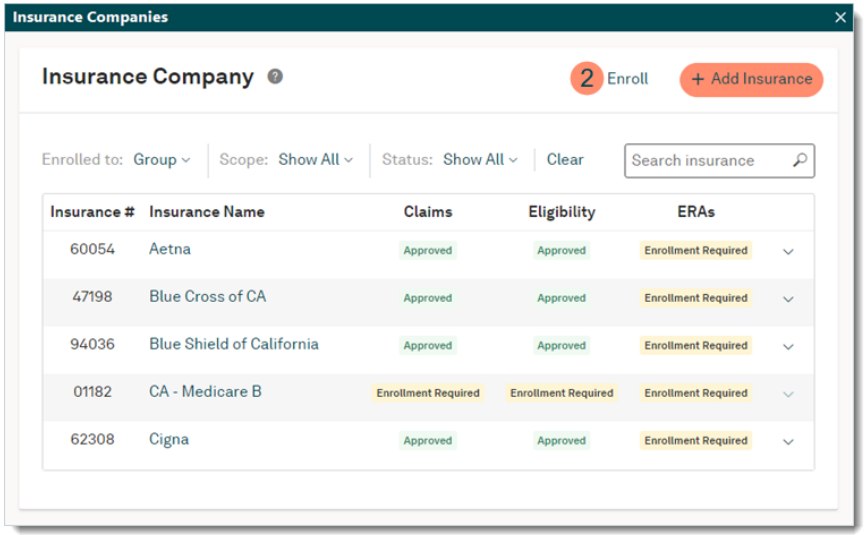
Tebra makes it easy to submit claims and other transactions electronically. Once an insurance company is added, submit EDI enrollment requests for electronic service connections through our Enrollment wizard. Enrollments are completed with the Billing Tax ID and NPI used for submitting claims per the agreements with the insurances. Even if the practice/provider has used electronic services in the past, a System Administrator, Practice Administrator, or a web user assigned the Provider and/or Biller role(s) must complete the EDI enrollment process.

## Submit EDI Enrollment Request

Note: Enrollment requests can only be submitted for electronic services with a status of *Enrollment Required*.

1. Click **Settings** > **Insurance** > **Insurance Companies**. The *Insurance Companies* window opens.

2. Click **Enroll**. The *Enrollment Type* window opens.
   Note: Once started, the *Save for Later* option is available in each step of the wizard.
   Tip: For more detailed explanations of each step of the wizard, use the *FAQ* section on the right side of each window.
   - If you have already completed the Enrollment wizard, proceed to the Insurance Company Settings section.

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## Submit EDI Enrollment Request, cont.

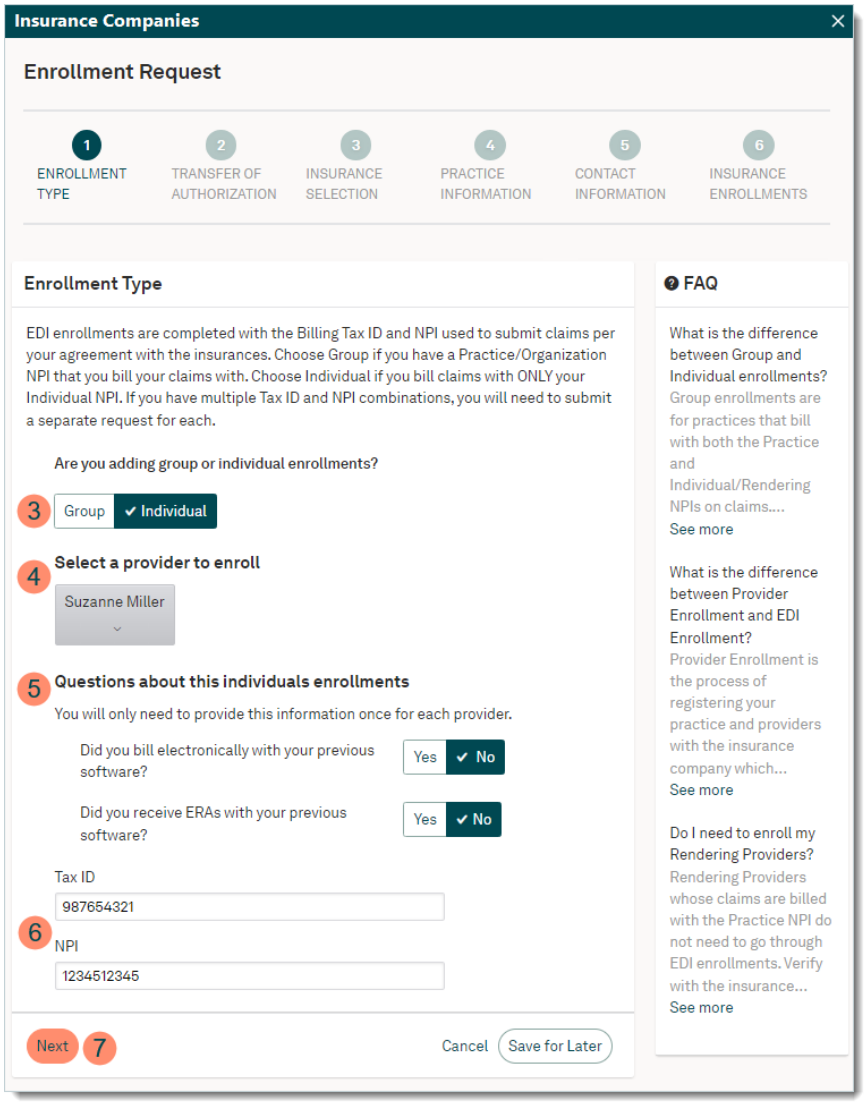
3. Click to select the type of enrollment based on whether the practice/provider is credentialed with insurance companies as a *Group* or *Individual*.

4. For individual enrollments, click the **drop-down arrow** to select the provider to enroll.

5. **Questions about enrollments:** Answer questions about the enrollments for the group or individual.

6. **Tax ID** and **NPI:** Auto-populates based on the data entered during the New Practice Setup wizard.

7. Click **Next**. The *Transfer of Authorization* (TAF) window opens.

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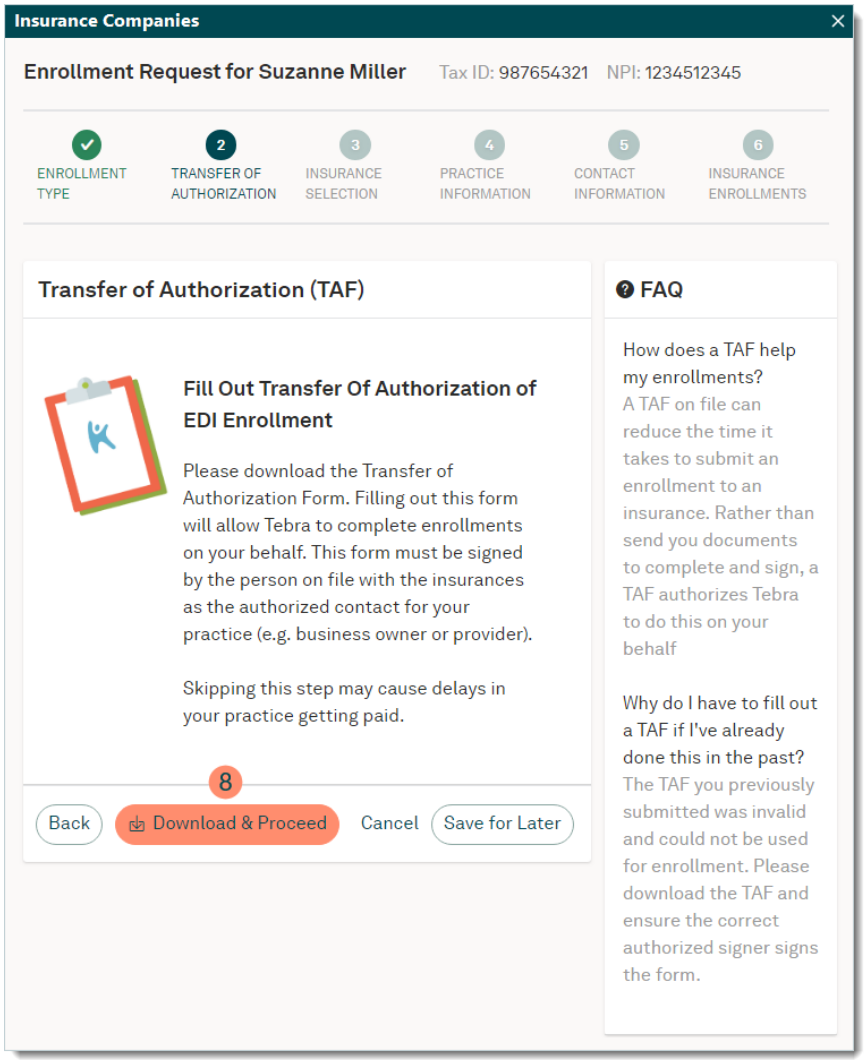
**Submit EDI Enrollment Request, cont.**

8. Click **Download & Proceed**.

9. Save the downloaded TAF .pdf file. The *Insurance Selection* window opens.

Note: The Transfer of Authorization Form (TAF) helps expedite the enrollment process by authorizing Tebra to sign insurance company EDI agreements on your behalf. Only one TAF is required for group enrollments and each provider. Once the enrollment request is submitted, open the saved .pdf file and follow the instructions. Refer to the Upload the TAF section when ready.

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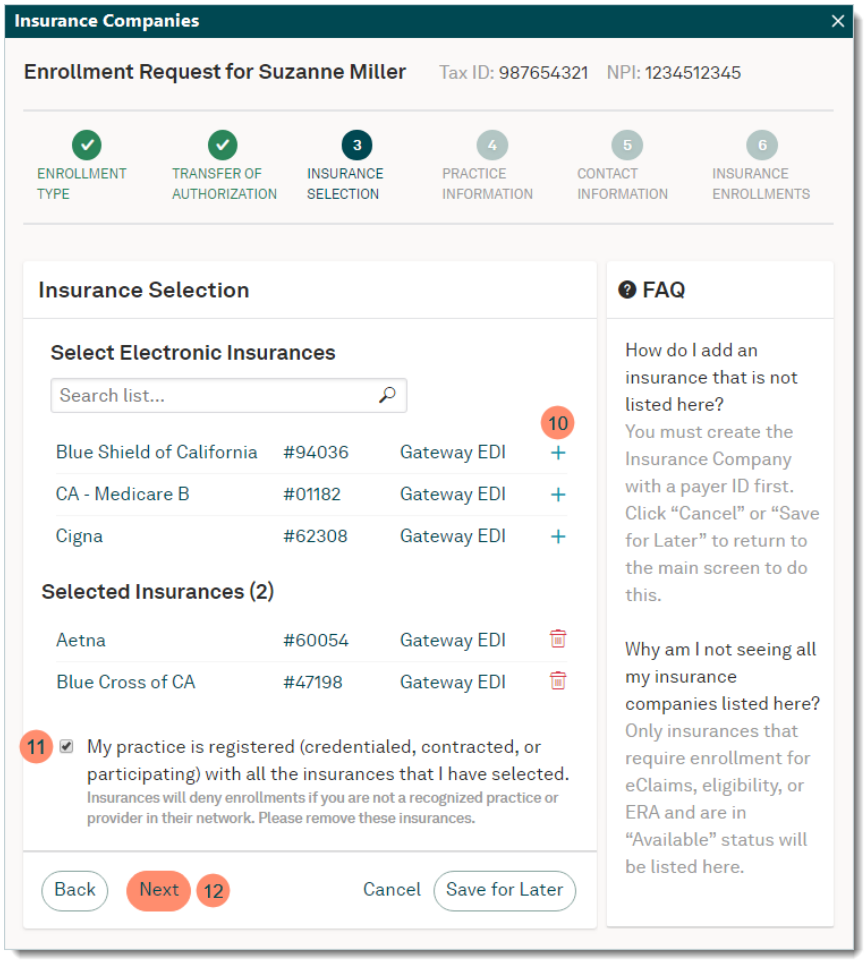
## Submit EDI Enrollment Request, cont.

10. Click **+** to add the insurance to the *Selected Insurances* section.
    Note: Only insurances that require and are ready for electronic services enrollment are listed. It is recommended to add all eligible insurances per enrollment type (e.g., *Group* or *Individual*).

11. Verify the practice is credentialed, contracted, or participating with all selected insurances then click to acknowledge.

12. Click **Next**. The *Practice Information* window opens.

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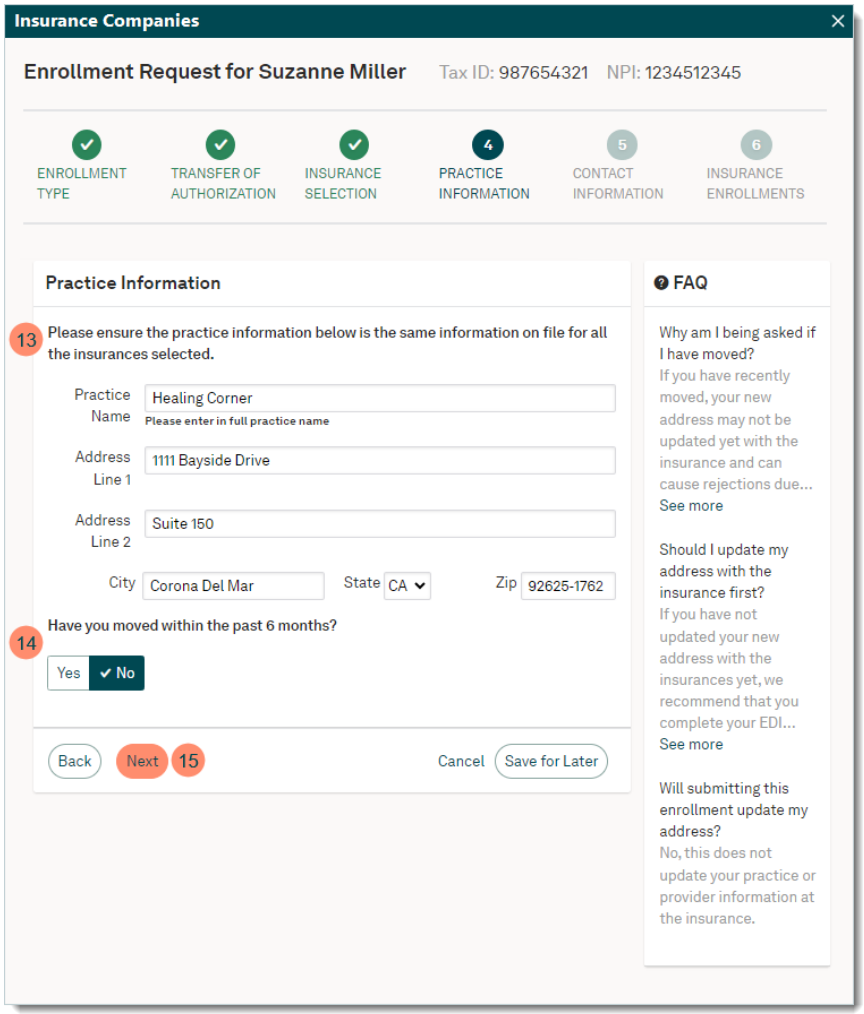
## Submit EDI Enrollment Request, cont.

13. Verify the practice name and address is current and the same information on file for all selected insurances.

14. Click **Yes** or **No** to indicate whether the practice or provider has moved in the past 6 months. If *Yes* is selected, enter the previous address.

15. Click **Next**. The *Contact Information* window opens.

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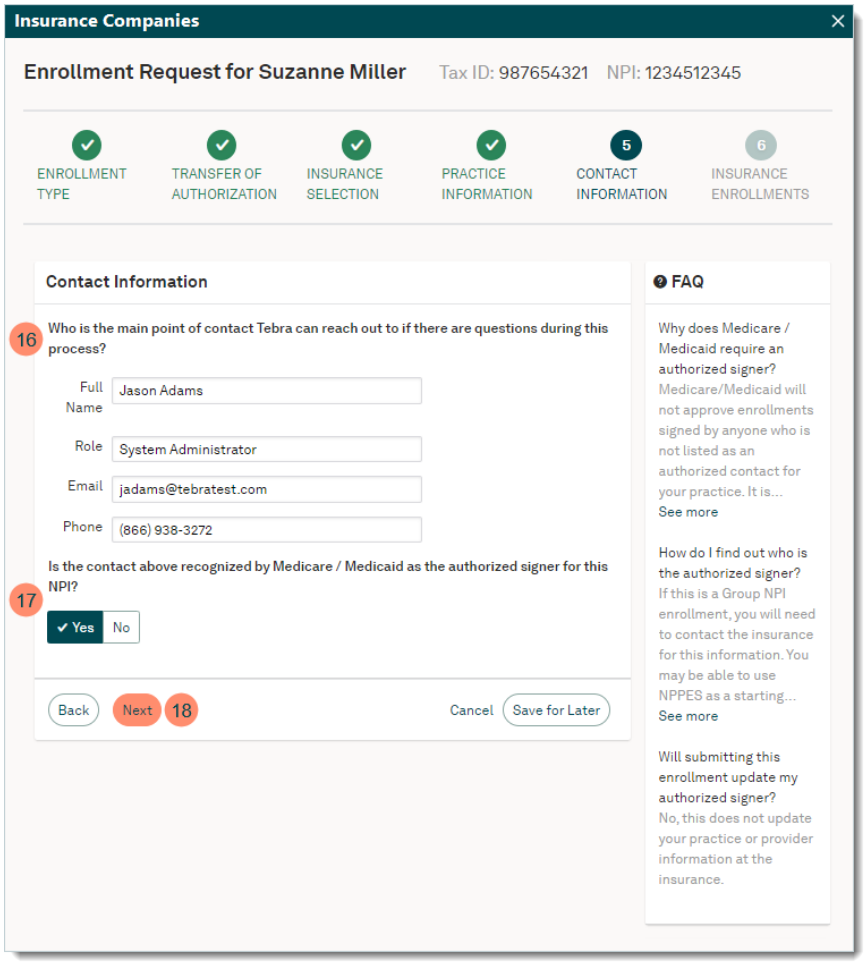
## Submit EDI Enrollment Request, cont.

16. Verify the practice's main point of contact is up to date. This contact is who Tebra can reach out to if there are any questions during the enrollments process.

17. If Medicare/Medicaid was a selected insurance, click **Yes** or **No** to indicate whether the main point of contact is recognized by Medicare/Medicaid as the authorized signer for this NPI. If *No* is selected, enter the authorized signer's information to be used to populate enrollment forms.

18. Click **Next**. The *Electronic Insurance Enrollments* window opens.

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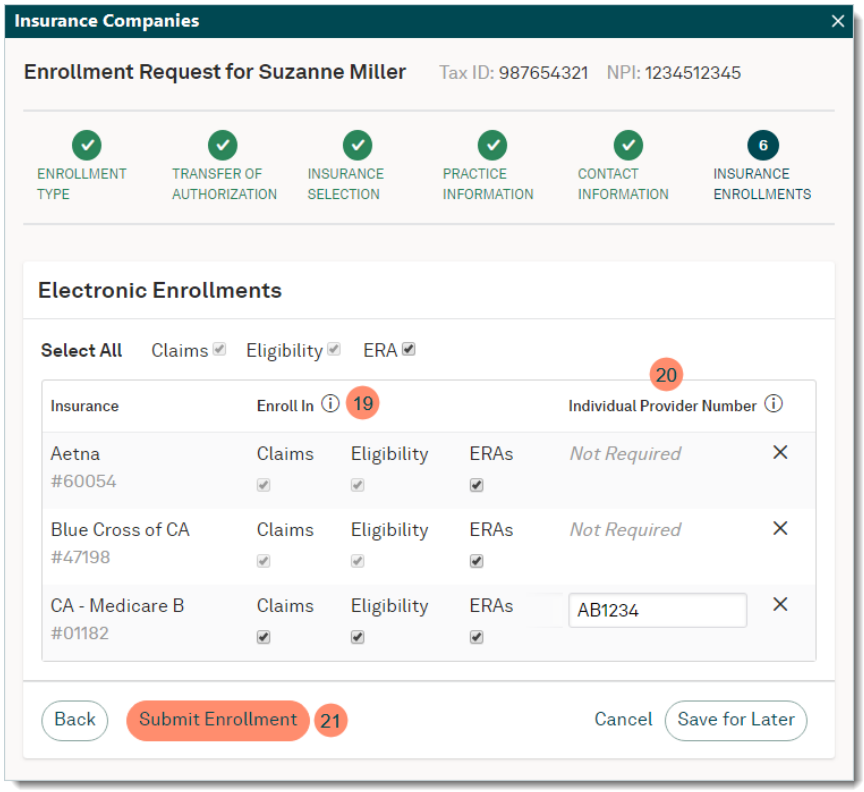
## Submit EDI Enrollment Request, cont.

19. **Enroll In:** For each insurance, click to select the available electronic service(s) of "Claims," Eligibility", and "ERAs". To enroll in a service for all insurances listed, use the *Select All* option(s).

20. If required for the enrollment, enter additional information (e.g., Provider Number).

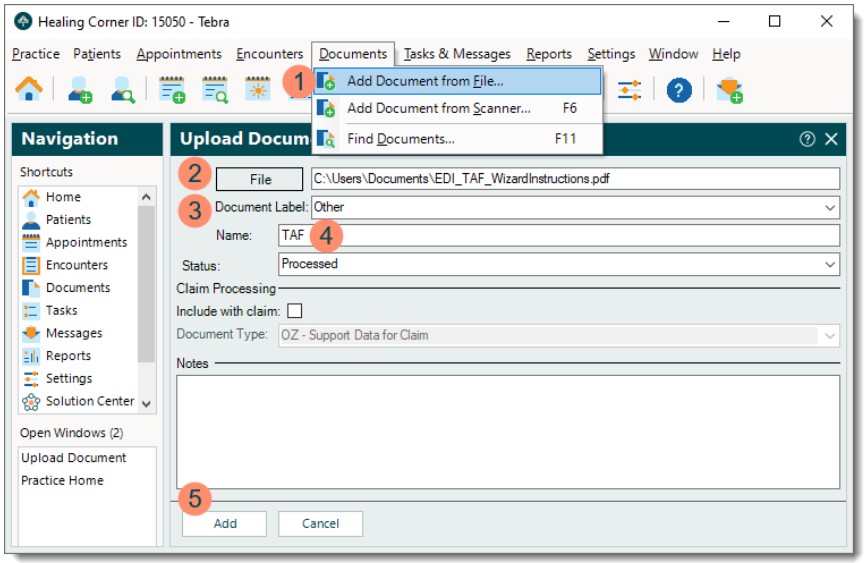
21. Click **Submit Enrollment**. The enrollment request is submitted. Statuses for each electronic service displays on the *Enrollments Dashboard.* To learn more, review the Enrollment Status Indicators help article.



# Upload Transfer of Authorization Form (TAF)

Follow the instructions in the previously downloaded and saved TAF to complete it. Then, upload the scanned file.

1. Click **Documents** > **Add Document from File**. The *Upload Document* window opens.
2. Click **File** then search for and select the scanned TAF.
3. **Document Label:** Click the **drop-down arrow** and select *Other*.
4. **Name:** Enter "TAF".
5. Click **Add**. The scanned TAF is uploaded into the practice's *Documents*.



# Insurance Company Settings

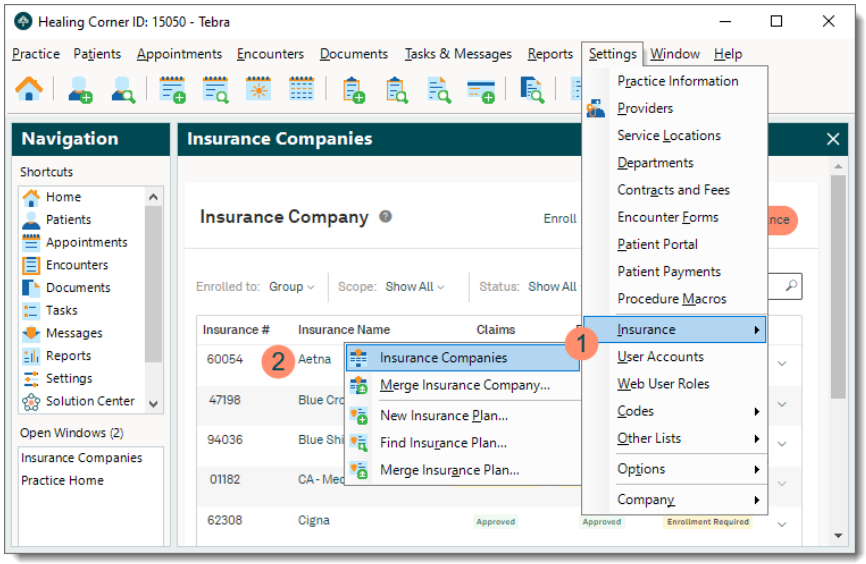
To ensure proper claim submission, it's important to review the insurance company's General, Paper Claims, Electronic Claims and Practice Settings information. Insurance company settings that are not properly configured can result in claim rejections and delays in claim processing and payment.

## Insurance Company General Settings

Review and verify the insurance company's General settings and information is correct and make any appropriate changes when applicable.

1. Click **Settings** > **Insurance** > **Insurance Companies**. The *Insurance Companies* window opens.

2. Click the insurance **name**. The *Edit Insurance Company* window opens at the *General* tab by default.
   Tip: Use the filters or *Search insurance* box to find a specific insurance company.

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## Insurance Company General Settings, cont.

3. **Name:** The insurance company's name.

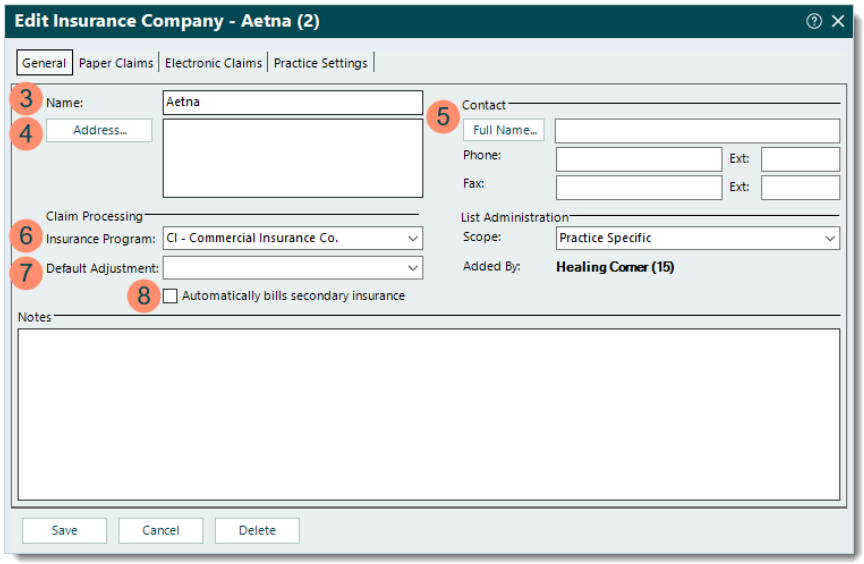
4. **Address:** The insurance company's address is informational only and not used for claims submission. The address where claims should be sent is entered in the Insurance Plans.

5. **Contact:** The insurance company's contact information.

6. **Insurance Program:** Click the **drop-down arrow** and make the appropriate selection.

7. **Default Adjustment:** If applicable, click the **drop-down arrow** to select an adjustment code that auto-populates when manually posting an insurance payment.

8. "Automatically bills secondary insurance" should only be selected for insurance companies that cross over claims to the secondary insurance (e.g., Medicare). When enabled and a balance transfers from this insurance to the secondary insurance, this option automatically sets the secondary claim status to *Billed* and is not submitted through Tebra.

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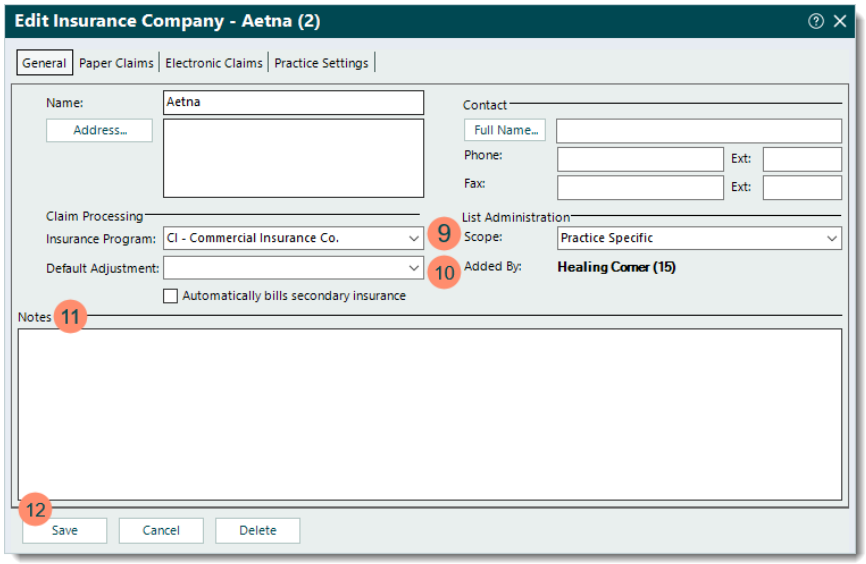
## Insurance Company General Settings, cont.

9. **Scope:** Applicable for Tebra accounts with multiple practices and available for selection if the insurance company was added by the currently open practice. If the insurance company was added by a different practice, the scope is shaded and cannot be changed.
   - **Practice Specific:** Selected by default and is the recommended setting. This option makes the insurance company only available within the currently open practice.
   - **All Practices:** Only select *All Practices* if the insurance company should be available across all practices within the Tebra account.

10. **Added By:** Displays the name of the practice where the insurance company was created.

11. **Notes:** Internal notes related to this insurance company.

12. Click **Save** to record any changes.



# Insurance Company Paper Claims Settings

Review and ensure proper configuration of the insurance company's Paper Claims settings if you submit claims in paper form.

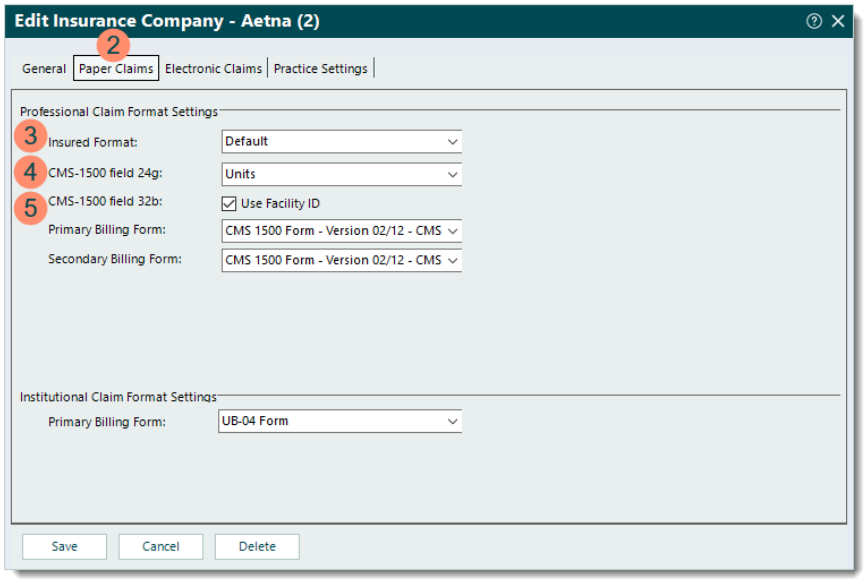
1. Click **Settings** > **Insurance** > **Insurance Companies**. The *Insurance Companies* window opens. Then, click the insurance **name**. The *Edit Insurance Company* window opens.

2. Click the *Paper Claims* tab. The Paper Claims settings information displays.

3. **Insured Format:** Leave as *Default* or click the **drop-down arrow** to select *Medicare style* to prevent information from printing in Boxes 4 and 7, and to print "NONE" in Box 11.

4. **CMS-1500 field 24g:** Leave as *Units* or click the **drop-down arrow** to select *Minutes* (typically for anesthesia related charges).

5. **CMS-1500 field 32b:** When "Use Facility ID" is enabled, the *Facility ID Number* entered in the Service Location record populates Box 32b.

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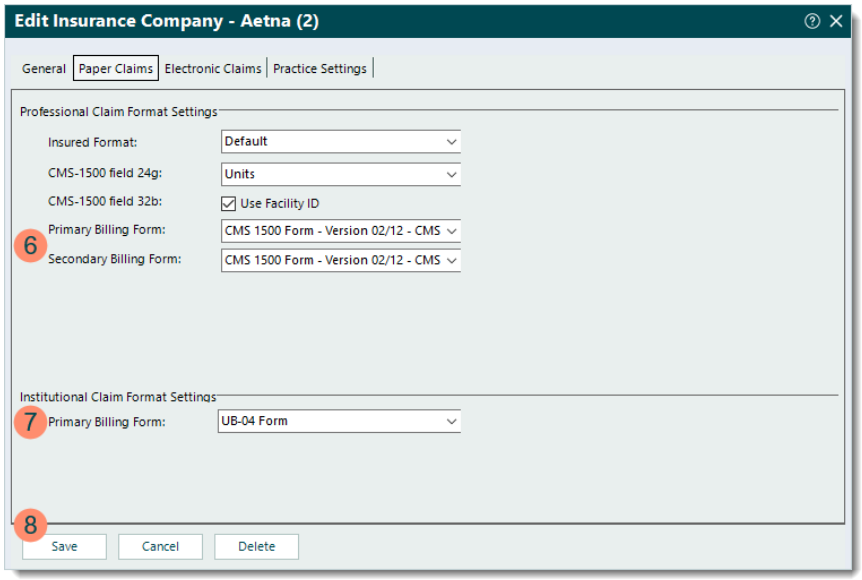
## Insurance Company Paper Claims Settings, cont.

6. **Primary** and **Secondary Billing Form:** For Professional claims, leave as *CMS 1500 Form-Version 02/12*. Only select one of the *CMS 1500 Form-Version 08/05* options if required by the payer. In most cases, the same form can be used for both primary and secondary claims but confirm with the payer if there is any uncertainty.

7. **Primary Billing Form:** For Institutional claims, *UB-04 Form* is the only format available.

8. Click **Save** to record any changes.



# Insurance Company Electronic Claims Settings

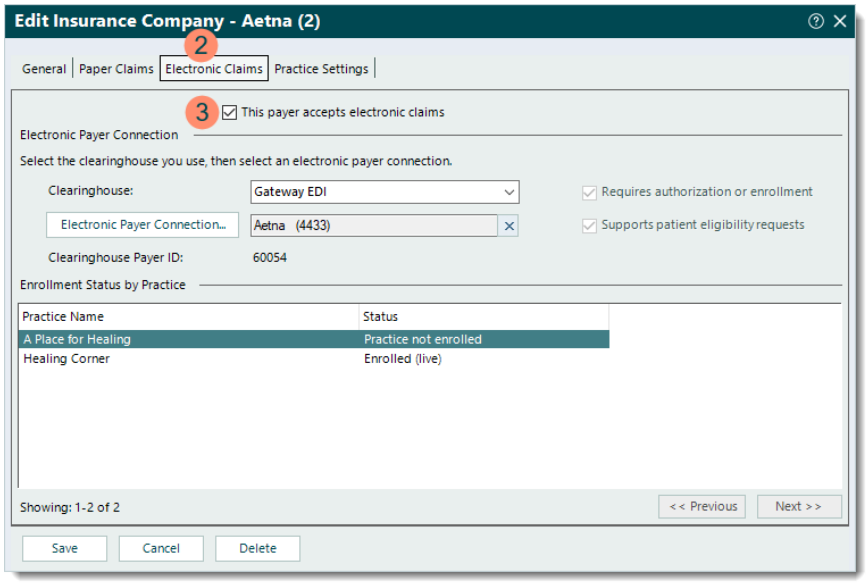
Avoid manual configuration of electronic payer connections by adding insurance companies via the + Add Insurance feature (refer to the Add Insurance Company section). The Electronic Claims settings auto-populate when insurance companies are added through that method.  Review and verify the Electronic Claims settings are correct and make any appropriate changes when applicable.

Note: To submit claims electronically, the practice must first be enrolled in electronic claims services. Once enrolled, configure the insurance company's Electronic Claims settings.

1. Click **Settings** > **Insurance** > **Insurance Companies**. The *Insurance Companies* window opens. Then, click the insurance **name**. The *Edit Insurance Company* window opens.

2. Click the *Electronic Claims* tab. The Electronic Claims settings information displays.

3. "This payer accepts electronic claims", when enabled, allows the submission of electronic claims for this payer.

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## Insurance Company Electronic Claims Settings, cont.

4. **Clearinghouse:** The clearinghouse in which the practice/provider is enrolled with for this payer.

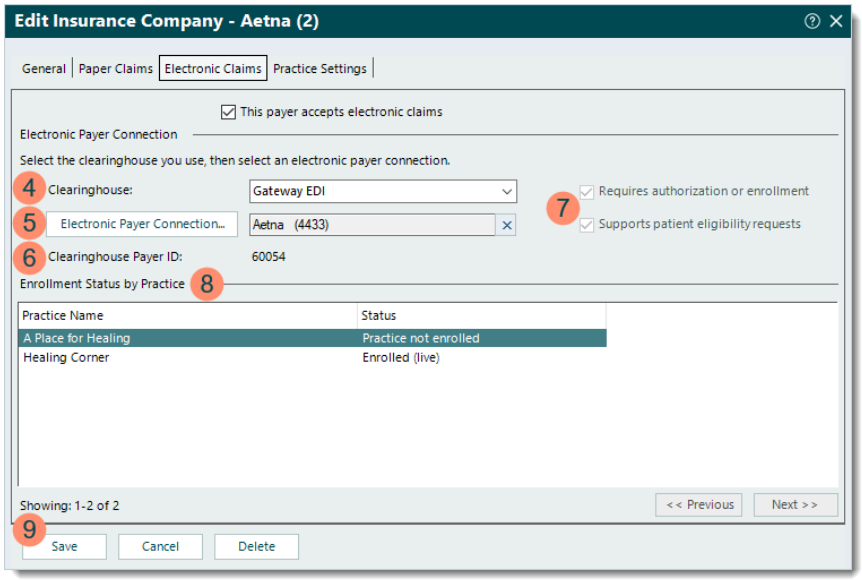
5. **Electronic Payer Connection:** Used by clearinghouses to route the e-claims to the appropriate payer for processing. If necessary, click to search and select a payer connection.
   Note: This connection can also be used for ePaper payers. For more information, review the Clearinghouse Paper Claims Mailing Services section.

6. **Clearinghouse Payer ID:** The payer ID that displays is based on the *Electronic Payer Connection* selected.

7. Once the *Electronic Payer Connection* is selected, review the shaded checkboxes.
   - "Requires authorization or enrollment" indicates enrollment agreements are required for electronic transactions with this payer. If not already completed, submit an enrollment request for this payer.
   - "Supports patient eligibility requests" indicates this payer supports electronic patient eligibility requests also known as real-time eligibility checks.

8. **Enrollment Status by Practice:** Applicable for Tebra accounts with multiple practices. This section lists each practice and its enrollment status with this payer.

9. Click **Save** to record any changes.



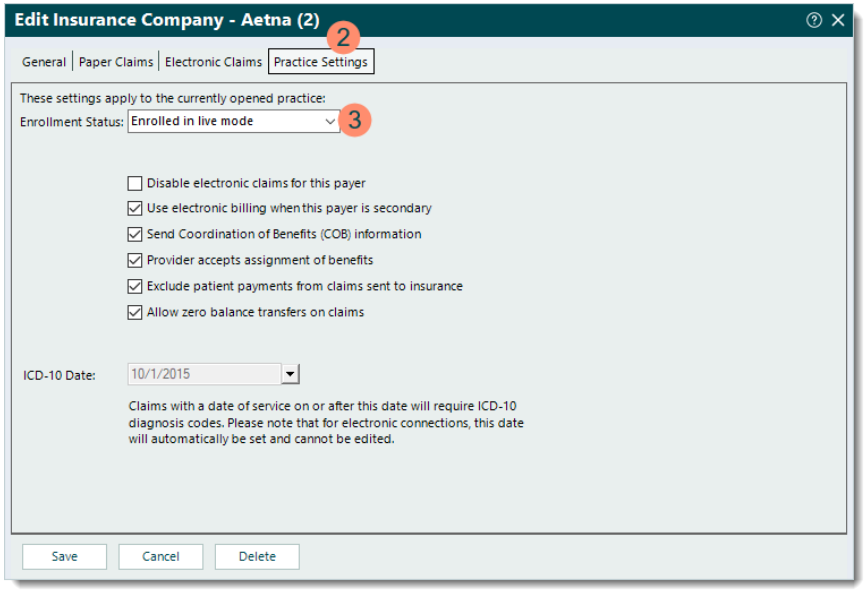
# Insurance Company Practice Settings

The insurance company's Practice Settings allows you to select paper and electronic claims (e-claims) billing settings specific to the currently open practice and does not affect other practices (when there are multiple) within the Tebra account.

1. Click **Settings** > **Insurance** > **Insurance Companies**. The *Insurance Companies* window opens. Then, click the insurance **name**. The *Edit Insurance Company* window opens.

2. Click the *Practice Settings* tab. The Practice Settings information displays.

3. **Enrollment Status:** Once the *Claims* status is *Approved* on the *Enrollments Dashboard*, click the **drop-down arrow** to select *Enrolled in live mode* to allow e-claims submission. All other statuses prevent e-claims submission.

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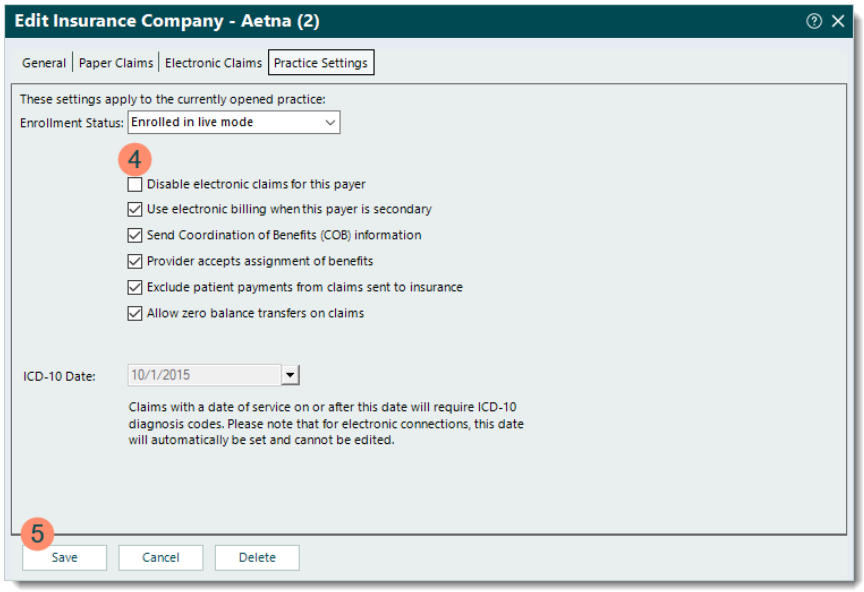
## Insurance Company Practice Settings, cont.

4. Click to select or clear the selected options as necessary:
   - "Disable electronic claims for this payer" prevents e-claims submission.
   - "Use electronic billing when this payer is secondary" allows secondary e-claims submission.
   - "Send Coordination of Benefits (COB) information" includes the COB information on secondary claims.
   - "Provider accepts assignment of benefits" populates Box 27 for paper claims and Loop 2300 CLM08 for e-claims.
   - "Exclude patient payments from claims sent to insurance" bills the total charge amount even if patient payments were applied. This populates Box 29 for paper claims and Loop 2300 AMT02 for e-claims with $0.00.
   - "Allow zero balance transfers on claims" transfers all line items of the claim including those with zero balances.

5. Click **Save** to record any changes.



# Clearinghouse Paper Claims Mailing Service

Through Tebra's *Electronic Payer Connection*, you have the option to set up insurance companies as ePaper, also known as "drop-to-paper", payers that do not support electronic claim submission. This unique option allows you to submit claims electronically to the clearinghouse where they are printed and mailed to the payer when ready. There is no charge for the electronic submission, however, an additional fee applies for printing and mailing the claim to the payer. Review the *Paper Claims Mailing Services* section of our Pricing Policy page for fee details.

## ePaper Electronic Payer Connection

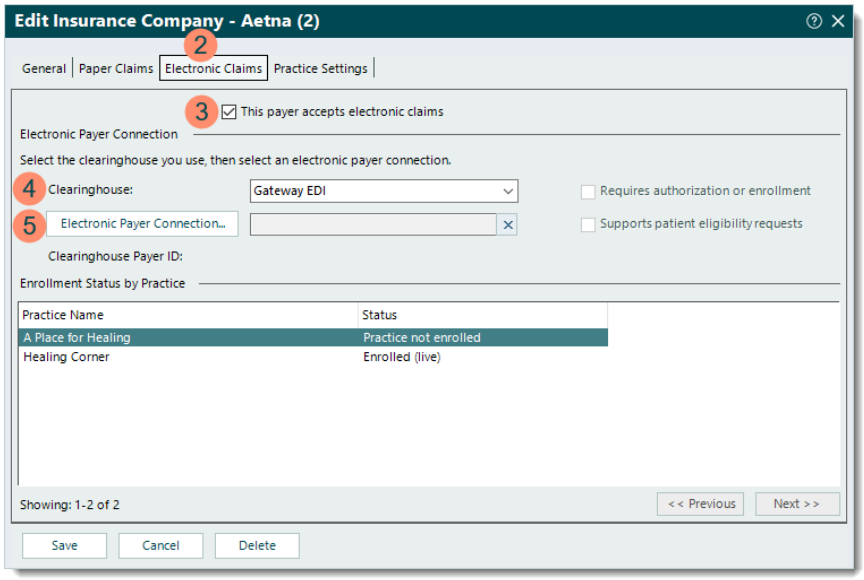
1. Click **Settings** > **Insurance** > **Insurance Companies**. The *Insurance Companies* window opens. Then, click the insurance **name**. The *Edit Insurance Company* window opens.

2. Click the *Electronic Claims* tab. The Electronic Claims settings information displays.

3. If necessary, click to select "This payer accepts electronic claims".

4. If necessary, click the **drop-down arrow** to select the clearinghouse.

5. Click **Electronic Payer Connection**. The *Select an Electronic Payer Connection* window opens.

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## ePaper Electronic Payer Connection, cont.

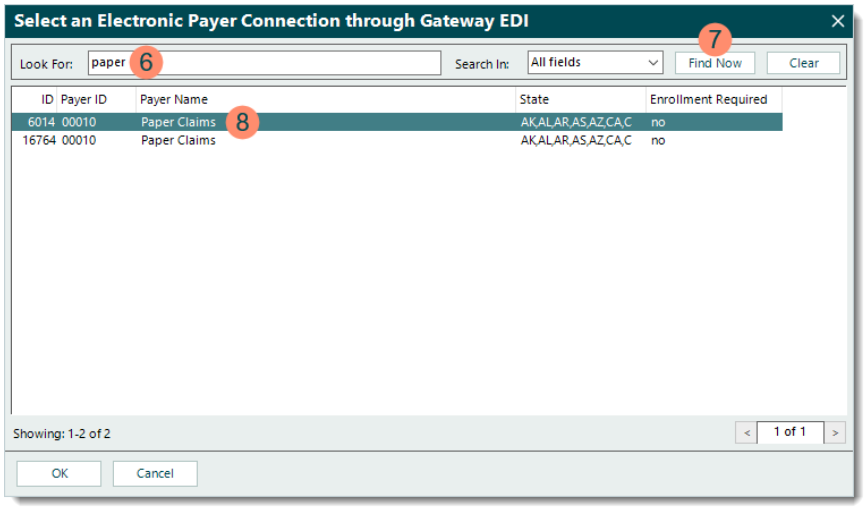
6. **Look For:** Enter “paper”.

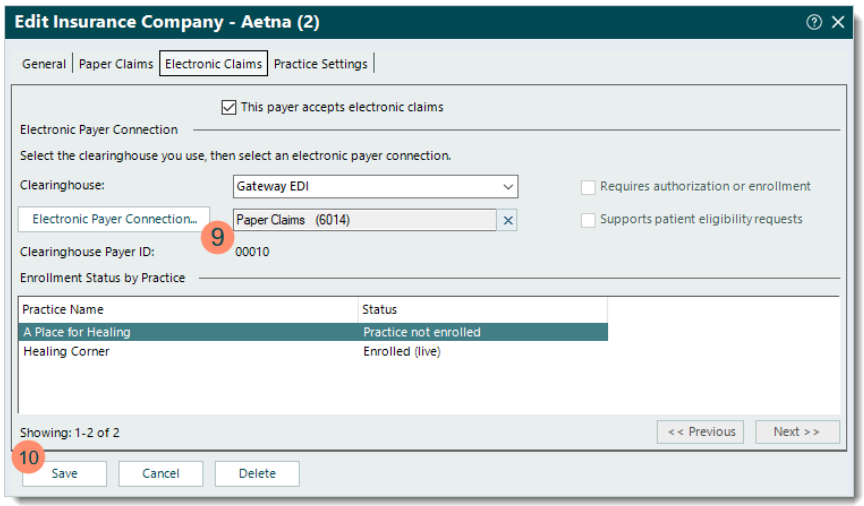
7. Click **Find Now**. The search results display.

8. Double click to select one of the following payers depending on the clearinghouse. The *Edit Insurance Company* window returns.
   - TriZetto/Gateway EDI: Paper Claims, Payer ID 00010
   - Change Healthcare/Caparion: Paper Claims, Payer ID PAPER
   - Jopari: ePaper Payers, Payer ID PAPER

9. Verify the *Electronic Payer Connection* and *Clearinghouse Payer ID* has updated to the correct payer and ID.

10. Click **Save**.



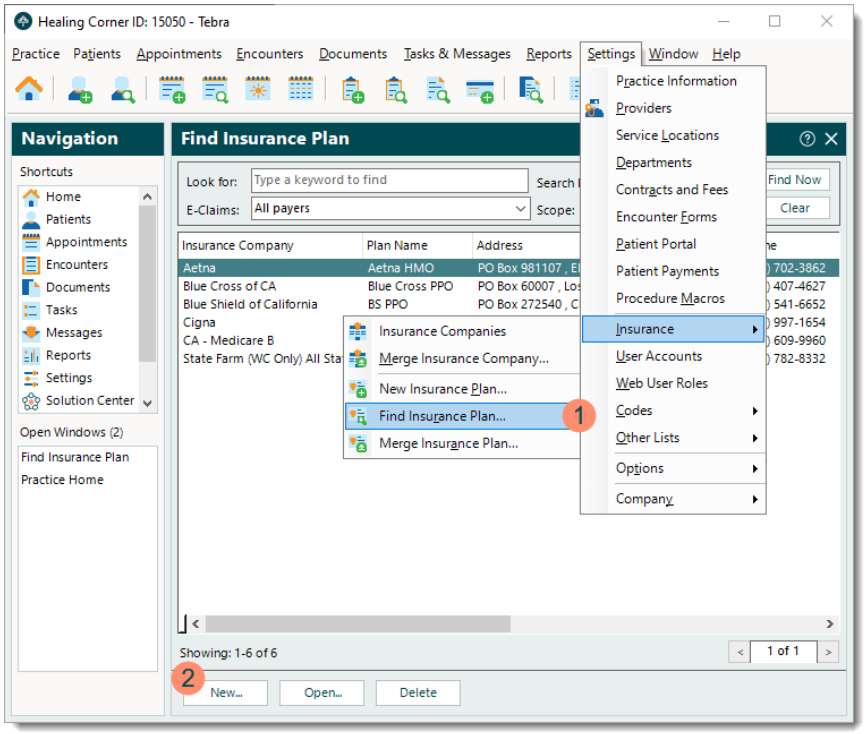
# Insurance Plans

Insurance plans represent a specific policy, group, or program (e.g., PPO, POS, HMO) governed by the insurance company. In Tebra, the Insurance Plan record stores the claims billing address required for claims submission. To prevent claim rejections and delays in claim processing and payment, review and verify the insurance plan information and settings are correct in addition to the other Desktop Application (PM) settings.

## New Insurance Plan

1. Click **Settings** > **Insurance** > **Find Insurance Plan**. The *Find Insurance Plan* window opens.

2. Verify the insurance plan is not in the system then click **New** at the bottom. The *New Insurance Plan* window opens.
   - If you have already entered the insurance plan information, double click the insurance plan to open. The *Edit Insurance Plan* window opens. Proceed to step 3 and verify the information is correct.

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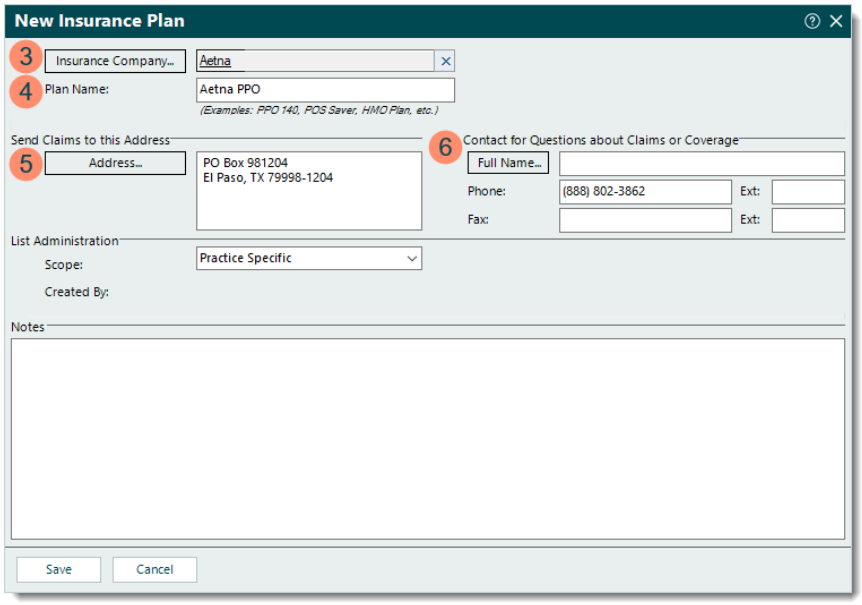
## New Insurance Plan, cont.

3. **Insurance Company:** The plan's carrier/network.
   - If the insurance company is not listed, click **New** at the bottom of the *Select Insurance Company* window and add the insurance company before continuing.

4. **Plan Name:** The insurance plan name as it should appear on claims (e.g., Cigna HMO, Anthem PPO).

5. **Address:** The address with a valid 9-digit zip code where the claims should be sent. Required for electronic and paper claims submission.
   Tip: Click **Address** > **USPS Website** to find the zip code.

6. **Full Name** and/or **Phone**/**Fax:** The insurance plan's contact information.

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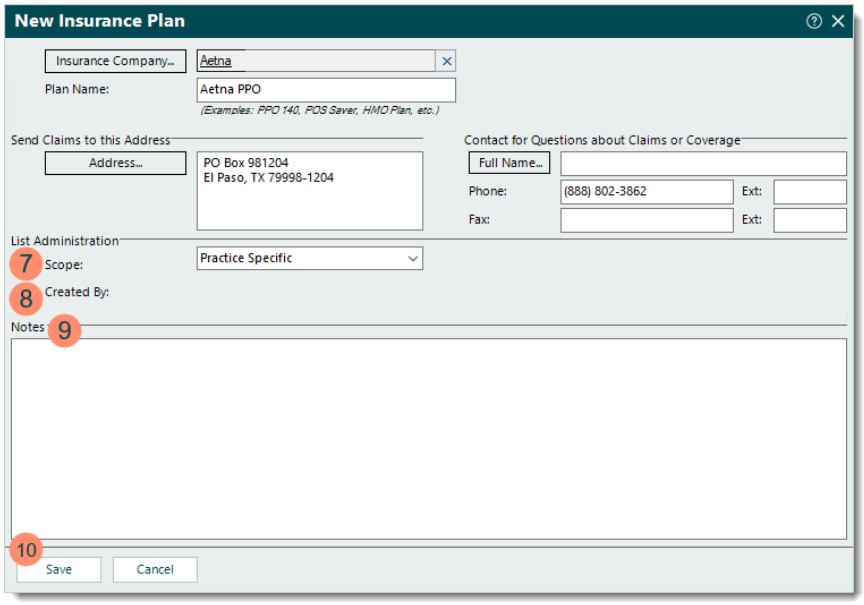
## New Insurance Plan, cont.

7. **Scope:** Applicable for Tebra accounts with multiple practices.
   - If the insurance company selected for this plan has a scope of *Practice Specific*, the plan's scope auto-populates with *Practice Specific* and cannot be edited.
   - If the insurance company selected for this plan has a scope of *All Practices*, the plan's scope can be changed.
     - If this plan should only be available within the currently open practice, leave as *Practice Specific* (recommended).
     - If this plan should be available across all practices within the Tebra account, select *All Practices*.

8. **Created By:** Displays the name of the practice where this plan was created once the record is saved.

9. **Notes:** If applicable, enter any internal notes related to this plan.

10. Click **Save**.



# Contracts and Fees

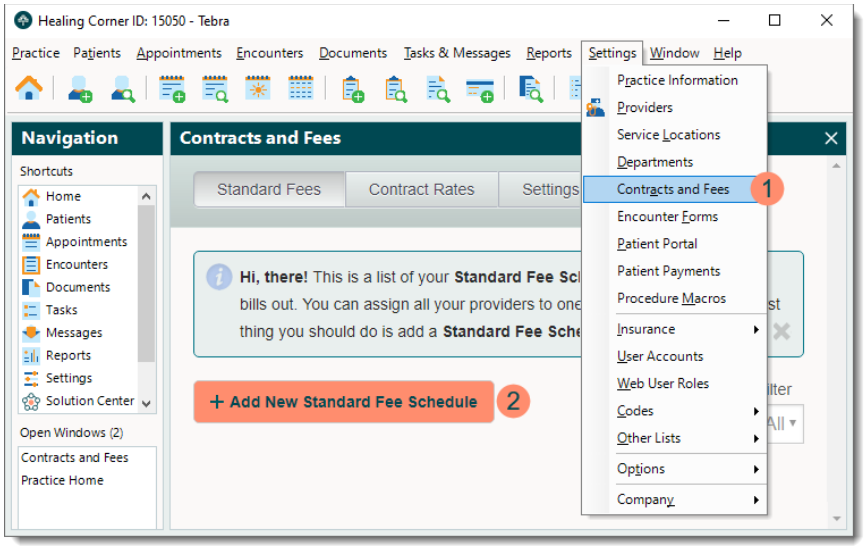
Through fee schedules, you can keep track of the procedures performed by providers, and the associated fees for those procedures. Fee schedules can be divided into two different categories: *Standard Fees* and *Contract Rates*. Standard fee schedules and contract rates help increase collections by setting the right fees for services and managing contracts to verify optimal payment is received from insurance companies.

## Add Standard Fee Schedule

These are typically the default charges for the practice. When creating a new fee schedule, you can easily select how you want to add the procedures and fees: either manually or by importing or copying an existing schedule. Once added, the *Standard Fees* list includes all fee schedules, the effective dates of the schedules, the basis or source of the fee, and the status.

1. Click **Settings** > **Contracts and Fees**. The *Contracts and Fees* window opens at the *Standard Fees* tab by default.

2. Click **+ Add New Standard Fee Schedule**. The *Add Standard Fee Schedule* window opens.

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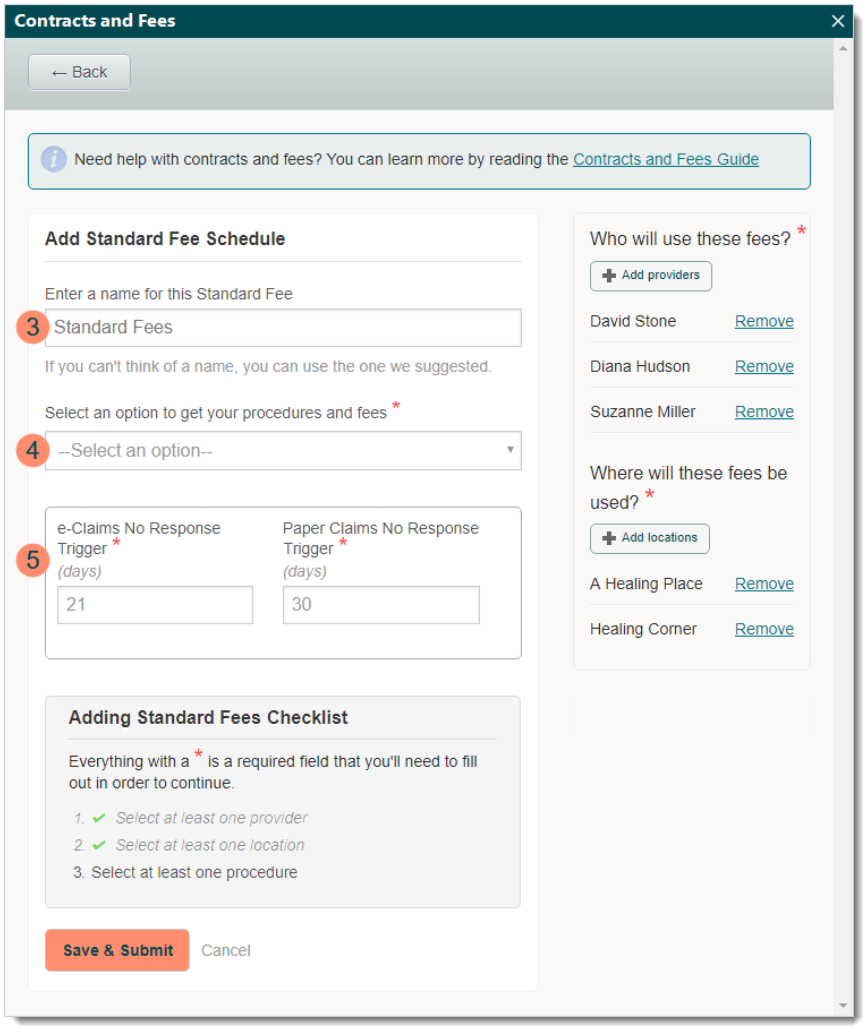
## Add Standard Fee Schedule, cont.

3. Enter a name for the standard fee or use the suggested name.

4. Select an option from the drop-down menu to add the procedures and fees:
   - *Import from file* provides an Excel template to enter the fee schedule in the required format. Once finished, select the file for import then edit as needed.
   - *Add Procedures and Fees Manually* allows the manual entry of each procedure and fee. Review the Add Procedures and Fees/Rates Manually section for more details.
   - *Copy from existing Standard Fee Schedule* copies an existing fee schedule. Once selected, edit as necessary.

5. **e-Claims** and **Paper Claims No Response Trigger:** When claims billed still have the *Pending Insurance* status after the set number of days, the status automatically updates to *No Response*. If necessary, edit the set number of days.

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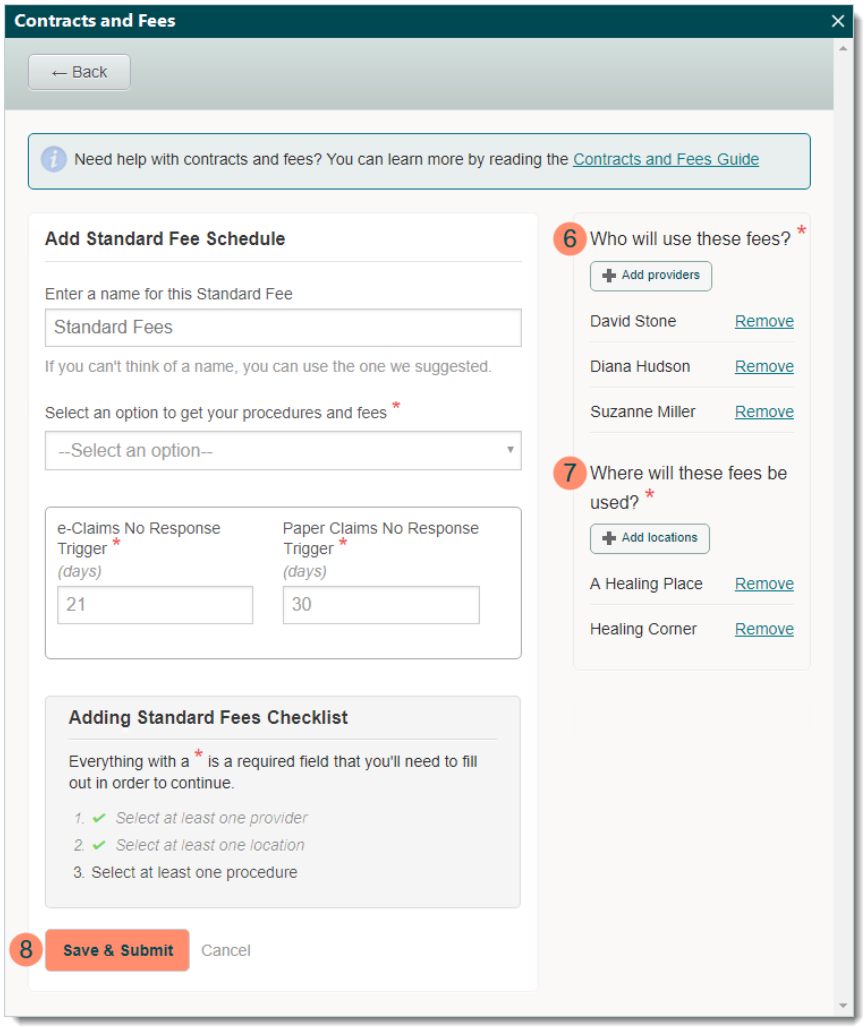
## Add Standard Fee Schedule, cont.

6. By default, all active providers are added. Once saved, provider(s) cannot be removed. If necessary, click **Remove** to disassociate a provider.

7. By default, all service locations are added. Once saved, service locations(s) cannot be removed. If necessary, click **Remove** to disassociate a service location.

8. Click **Save & Submit**. A confirmation pop-up appears then click **OK**. The *Contracts and Fees* window returns.

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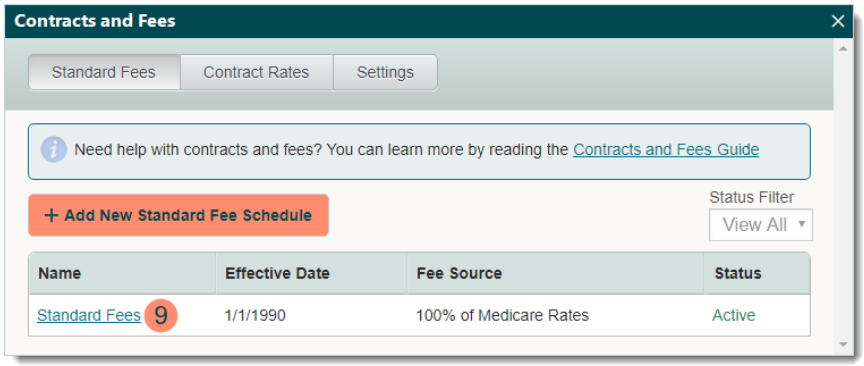
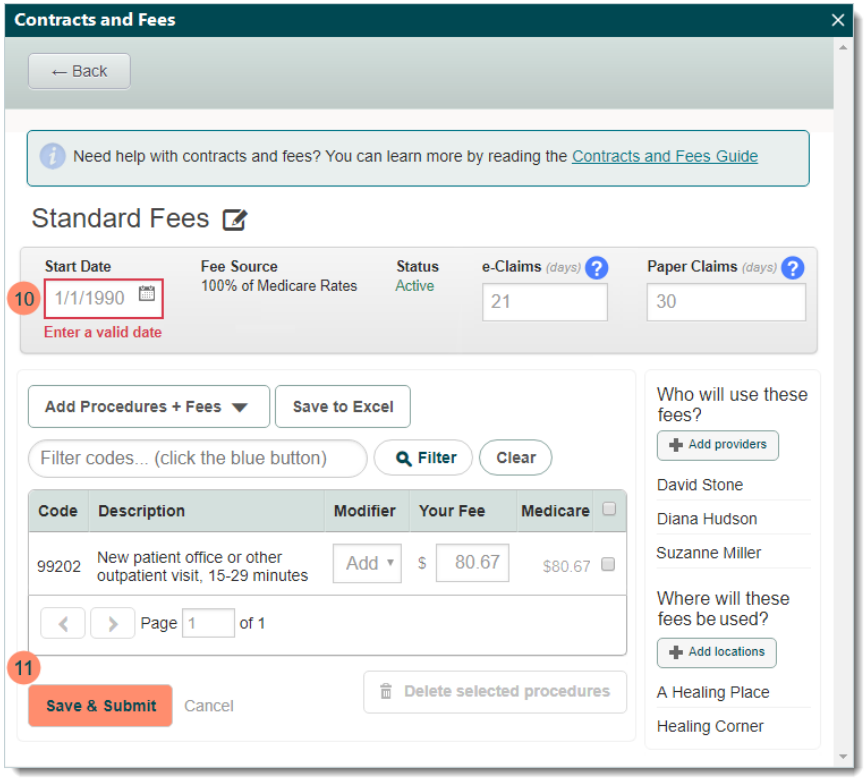
## Add Standard Fee Schedule, cont.

9. By default, the effective date of newly created fee schedules is set to 1/1/1990. To enter a valid effective date, click the fee schedule **name** to open. The standard fee schedule window opens.




10. **Start Date:** Enter a valid effective date.

11. Click **Save & Submit**. A confirmation pop-up appears then click **OK**.

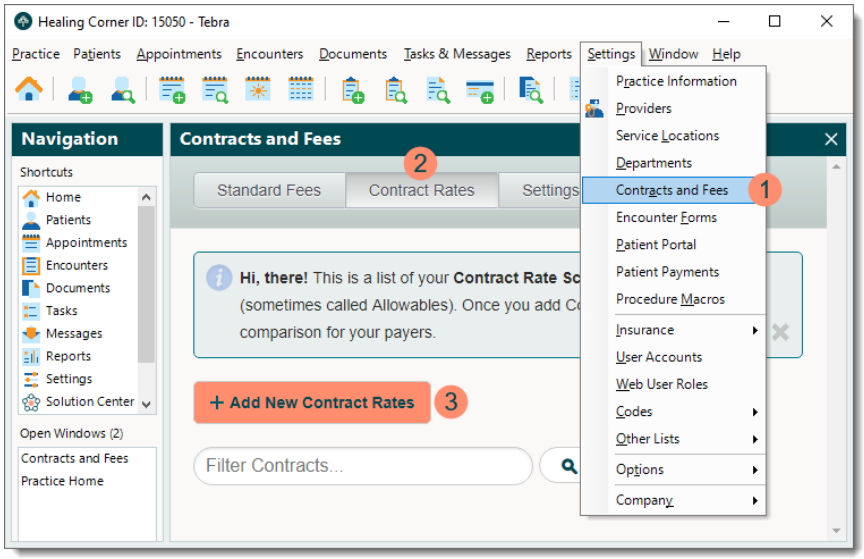


# Add Contract Rates

Though most practices bill claims utilizing a standard fee schedule, Tebra also provides the option to bill by contract rates. It's important to note there are laws and terms within payer contracts that govern what practices can bill individual payers, especially when billing Medicare. Confirm with the payers regarding rules and restrictions before submitting claims by contract rates.

Contract rates assist in tracking the fees agreed upon from specific payers. When adding a new contract, you can easily select how to add the procedures and fees: either manually or by importing or copying an existing contract. Once added, the *Contract Rates* list includes all payer specific contracts, the effective dates of the contracts, the basis or source of the fee, and the status.

1. Click **Settings** > **Contracts and Fees**. The *Contracts and Fees* window opens at the *Standard Fees* tab by default.
2. Click the *Contract Rates* tab. The contract rates information displays.
3. Click **+ Add New Contract Rate**. The *Add Contract Rates* window opens.

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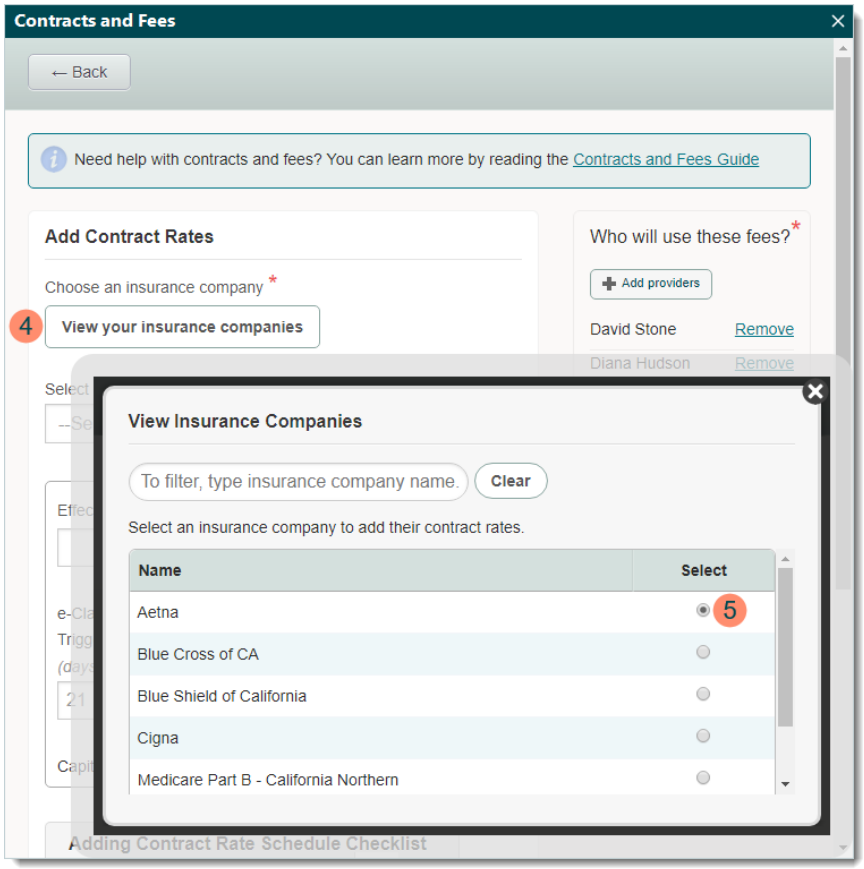
## Add Contract Rates, cont.

4. Click **View Your Insurance Companies**. The *View Insurance Companies* window opens.

5. Find the appropriate insurance company (using the filter if necessary) then click to select it. The *Add Contract Rates* window returns and displays the insurance company name.
   Note: Once the contract rate is saved, the insurance company cannot be changed.
   - To change the insurance, click **Select different insurance** to return to the *View Insurance Companies* window and select the appropriate insurance company.

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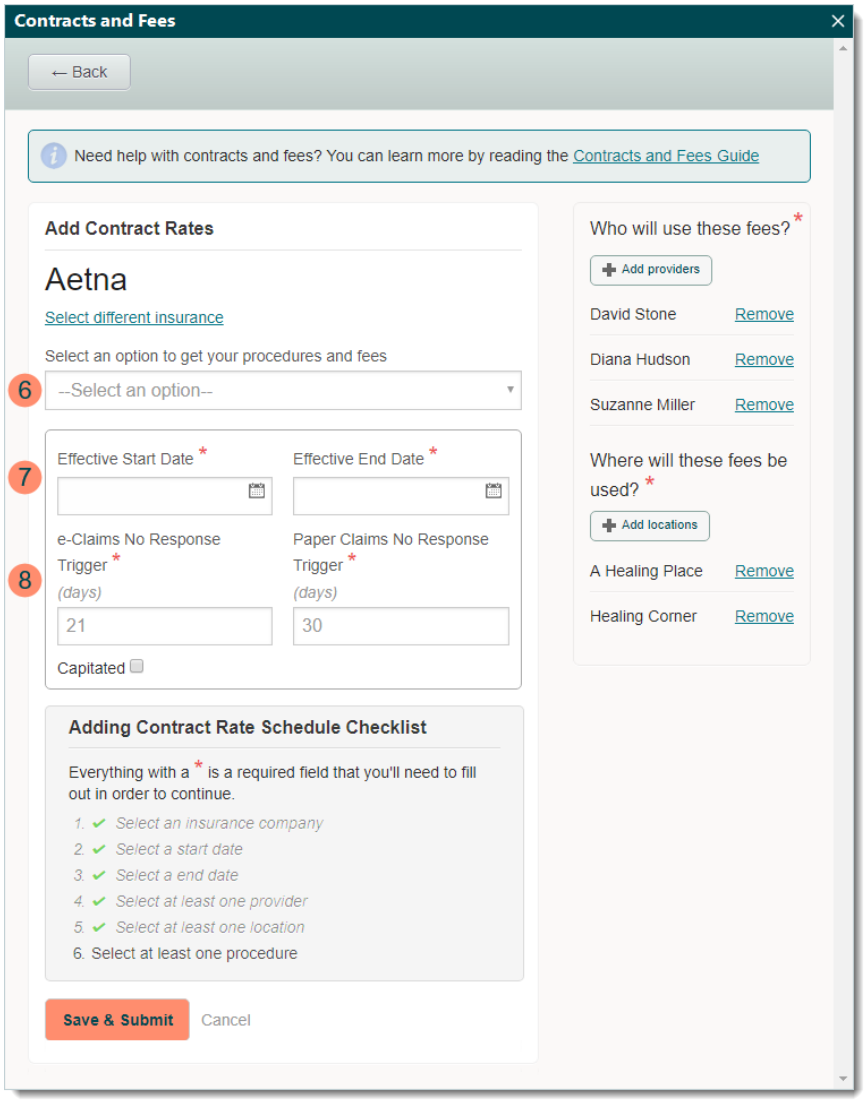
## Add Contract Rates, cont.

6. Select an option from the drop-down menu to add the procedures and fees:
   - *Import from file* provides an Excel template to enter the contract rates in the required format. Once finished, select the file for import then edit as needed.
   - *Add Procedures and Rates Manually* allows the manual entry of each procedure and fee. Review the Add Procedures and Fees/Rates Manually section for more details.
   - *Copy from existing Contract* copies an existing contract. Once selected, edit as necessary.

7. **Effective Start** and **End Date:** Enter the effective date range for the contract.

8. **e-Claims** and **Paper Claims No Response Trigger:** When claims billed still have the *Pending Insurance* status after the set number of days, the status automatically updates to *No Response*. If necessary, edit the set number of days.

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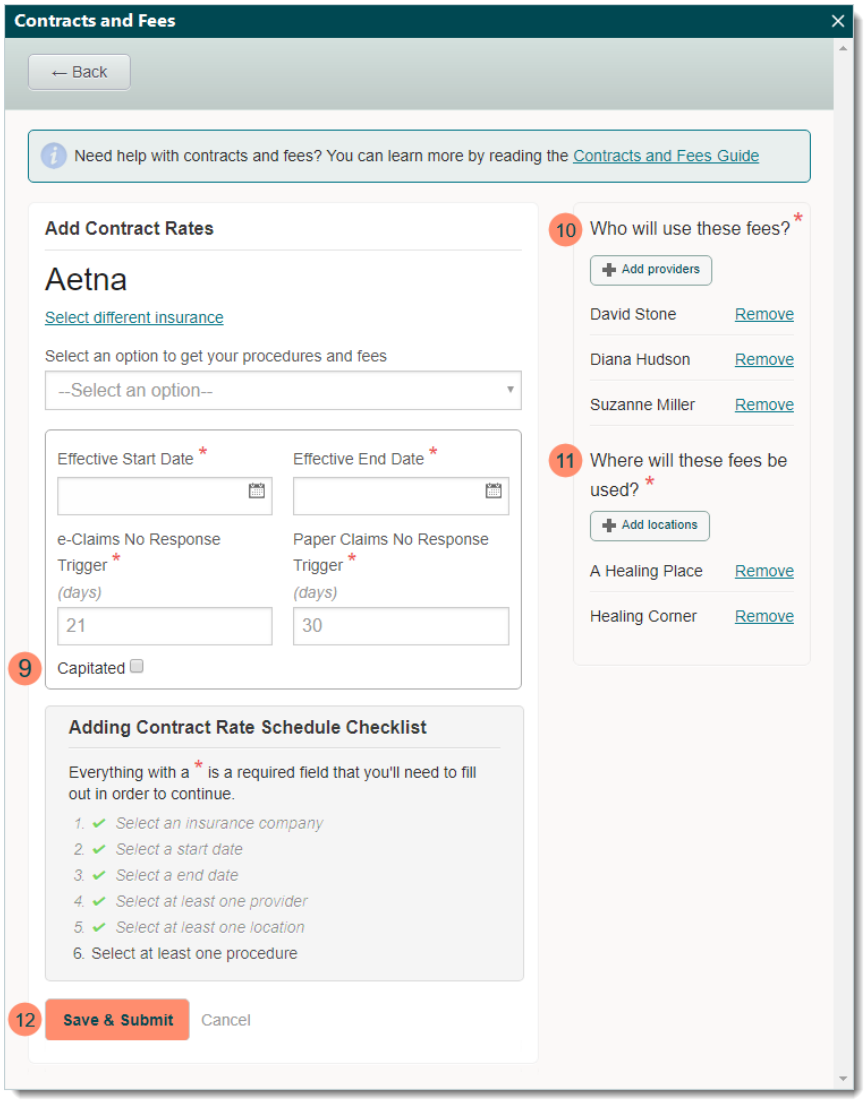
## Add Contract Rates, cont.

9. If necessary, click to select “Capitated”. When enabled, all procedures are treated as covered by the capitated insurance plan.
   Note: When “Capitated” is selected, the system automatically adjusts the balance on capitated charges to $0.00 upon approving an encounter where the primary insurance policy is governed by a capitated payer. However, specific procedures can also be carved out as fee-for-service exceptions to the capitated insurance plan by adding the procedures and charge amounts to the corresponding capitated contract fee schedule. You can also set up capitated accounts in the system and apply portions of a payment to a capitated account. To learn more, review the Capitated Accounts help article.

10. By default, all active providers are added. Once saved, provider(s) cannot be removed. Click **Remove** to disassociate the provider.

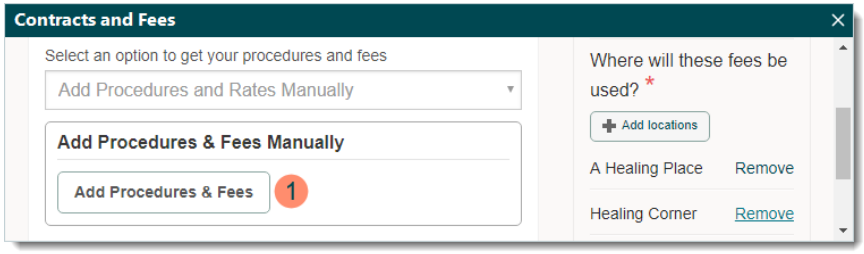
11. By default, all service locations are added. Once saved, service locations(s) cannot be removed. Click **Remove** to disassociate the service location.

12. When finished, click **Save & Submit**. A confirmation pop-up appears then click **OK**.

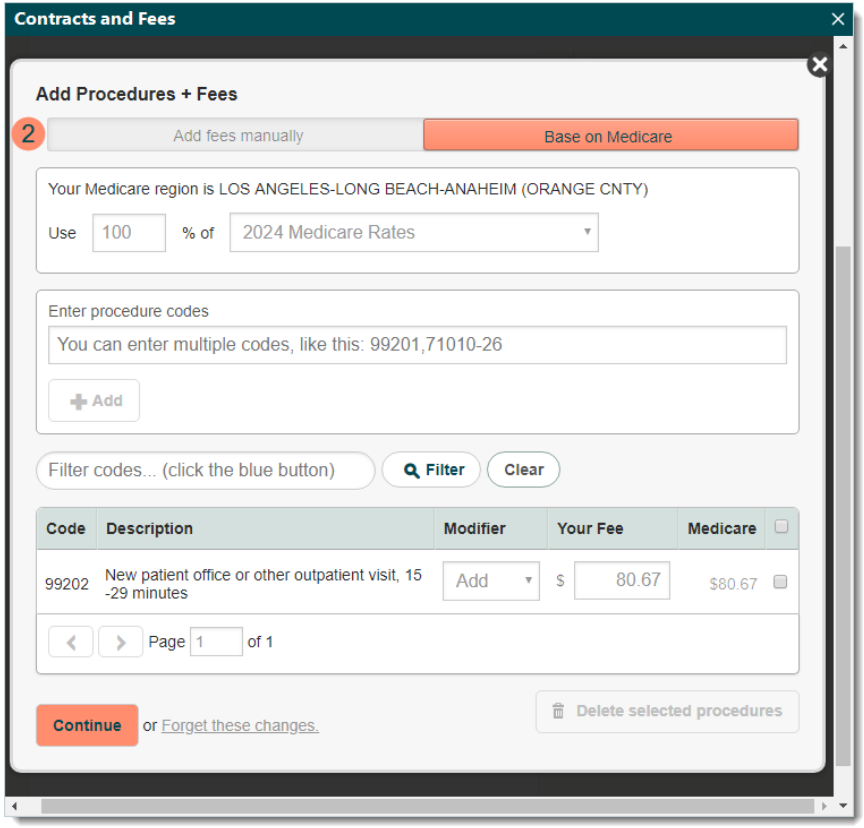


# Add Procedures and Fees/Rates Manually

1. If *Add Procedures and Fees/Rates Manually* was selected to get procedures and fees in the *Add Standard Fee Schedule* or *Add Contract Rates* window, click **Add Procedures & Fees**. The *Add Procedures + Fees* window opens.




2. Click to select how to add the fees.
   - **Add fees manually:** Selected by default and allows you to enter the fee amount for each procedure you add.
   - **Base on Medicare:** Updates the entire fee schedule based on Medicare rates for the service location.
     Note: The Medicare rates provided are based on the service location and the most current published Medicare Physician Fee Schedule Relative Value Units. They are calculated with the corresponding Geographical Practice Cost Index (GPCI) and then multiplied by the current conversion factor. Though Medicare values are displayed for most procedures, not all are reimbursable under the program (e.g., Outpatient and Inpatient Consultation). Tebra has opted to include these since commercial payers still accept these codes and the values displayed can serve as a reference for defining the fee schedules. Consult with your Medicare administrative contractor for confirmation on reimbursable procedures for the specialty and region.

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## Add Procedures and Fees/Rates Manually, cont.

3. If *Base on Medicare* is selected, enter the percentage then select the Medicare rates to base the fees on from the drop-down menu.

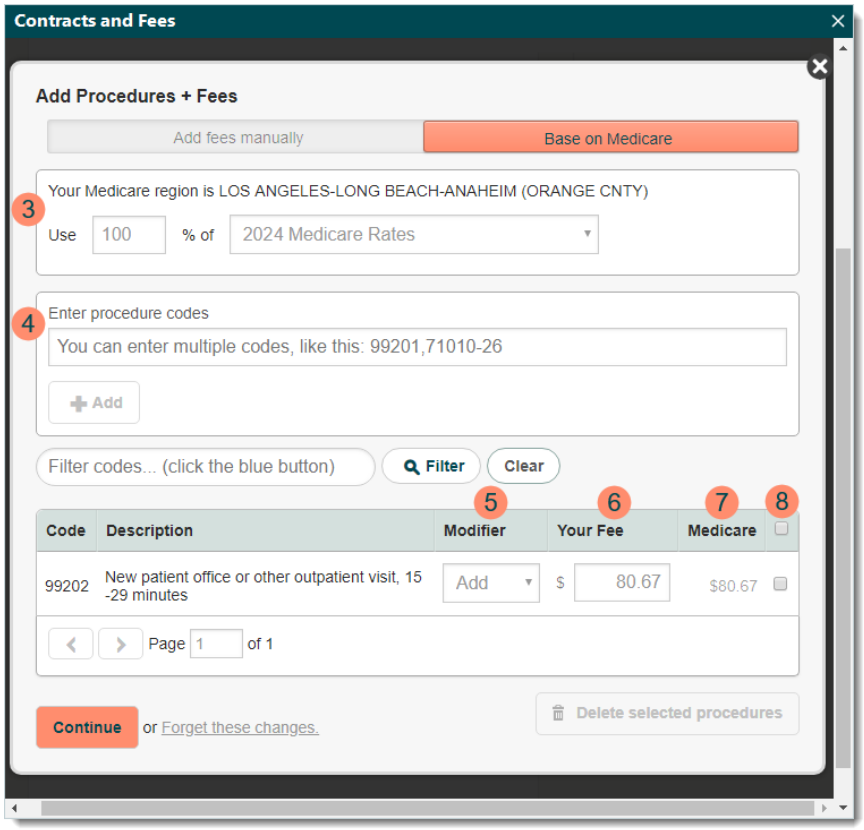
4. Enter procedure codes, separated by commas, then click **+ Add**.

5. **Modifier:** If necessary, select the appropriate modifier from the drop-down menu. Once the modifier has been selected, a new row is added to enter *Your Fee* or *Contract Rate* for that procedure code and modifier combination.

6. **Your Fee** or **Contract Rate:** If *Add fees manually* was selected, enter the fee amount for standard fee schedules or the allowed amount per the contract with the payer for contract rates. If *Base on Medicare* was selected, the amounts auto-populate with the rates.

7. **Medicare:** Displays the Medicare rates of the procedure for easy comparison.

8. To delete a procedure, click to select the procedure(s) then click **Delete selected procedures** at the bottom.

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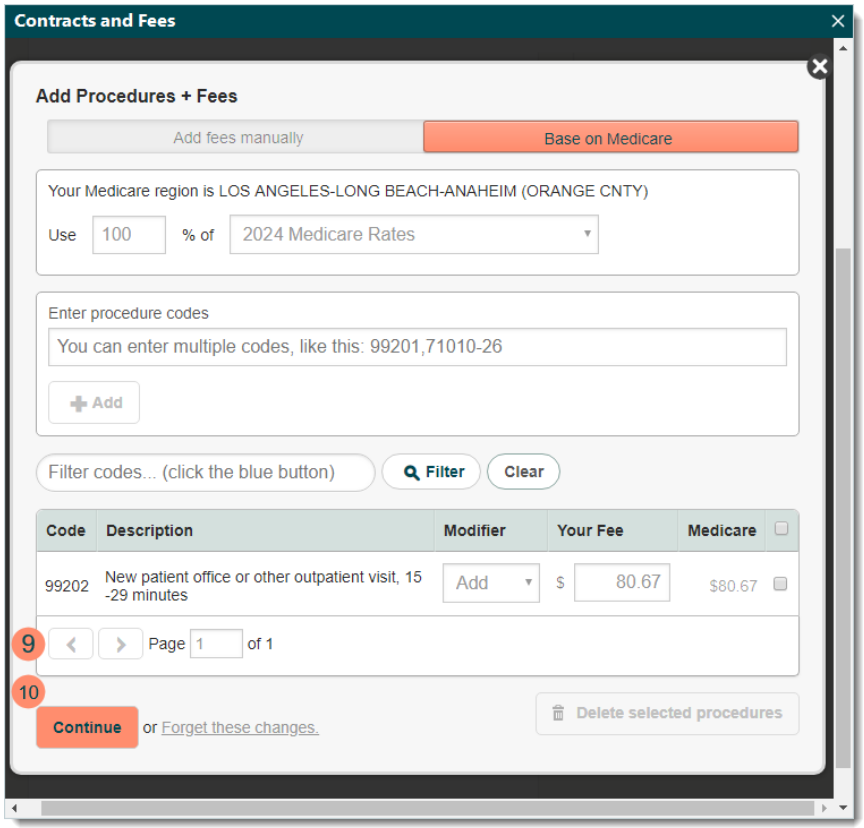
## Add Procedures and Rates Manually, cont.

9. **Pagination:** If applicable, click the **arrows** to navigate forward or back, or enter a specific page number.

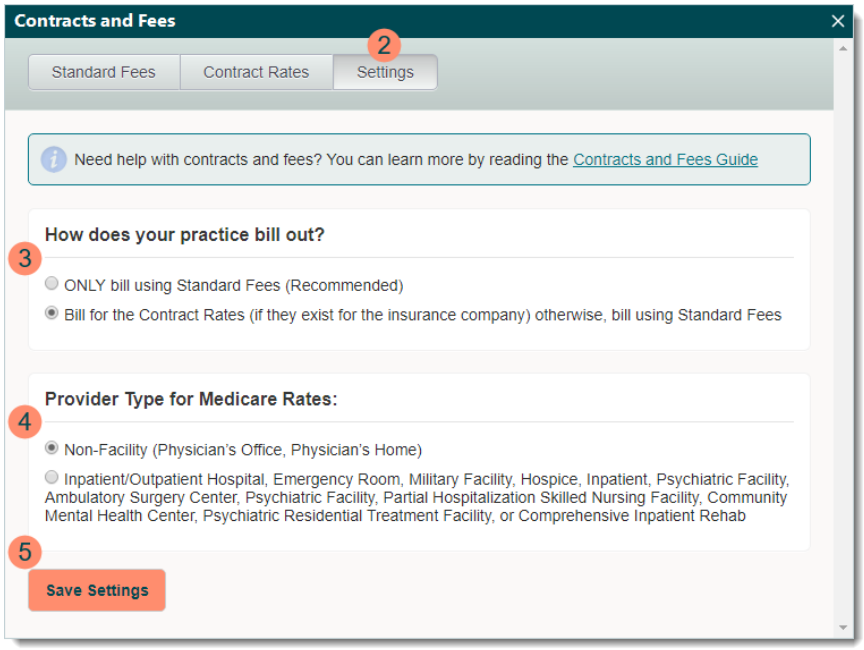
10. Click **Continue** to return to the *Add Standard Fee Schedule* or *Add Contract Rates* window.



# Contracts and Fees Settings

Use the Contracts and Fees settings to configure how the practice should bill claims.

1. Click **Settings** > **Contracts & Fees**. The *Contracts and Fees* window opens.
2. Click the *Settings* tab. The Contracts and Fees settings display.
3. Select how the practice should bill.
4. Select the appropriate provider type.
5. Click **Save Settings** to record any changes.



# Referring Physicians

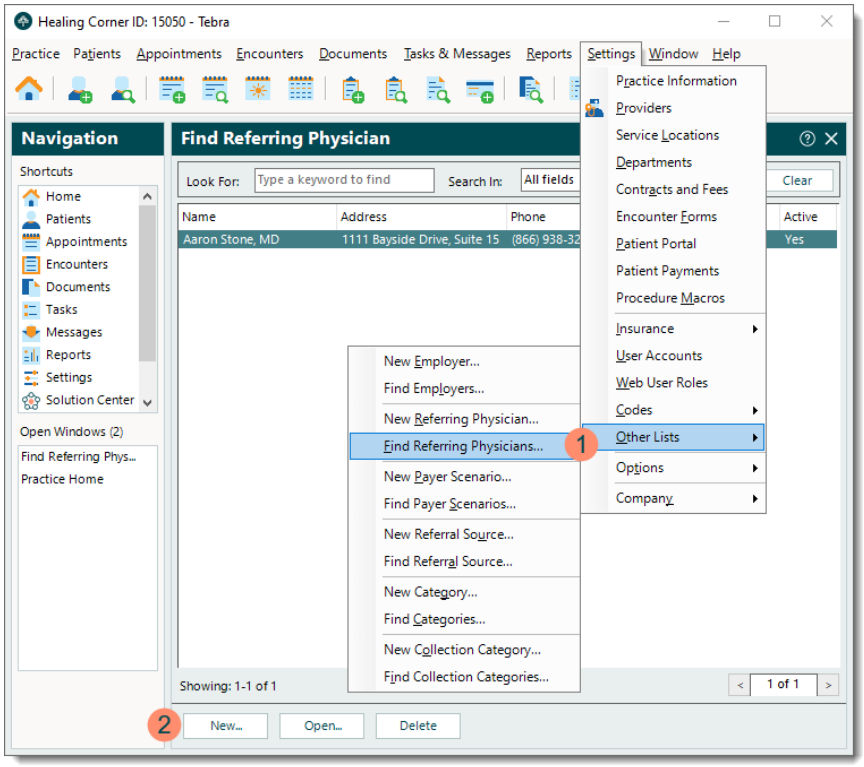
Referring physicians are generally third-party physicians who have referred patients to various providers within a practice. Maintaining a list of referring physicians is important for several reasons:

- Many insurance companies require information about referring physicians for proper reimbursement.
- Reports can be used to track the income generated from referrals.
- Referring physician records include information the practice may need to contact them.

## New Referring Physician

1. Click **Settings** > **Other Lists** > **Find Referring Physicians**. The *Find Referring Physicians* window opens.

2. Verify the referring physician is not in the system then click **New** on the bottom. The *New Referring Physician* window opens at the *General* tab by default.
   - If you have already entered the referring physician information, double click the referring physician to open. The *Edit Referring Physician* window opens. Proceed to step 3 and verify the information entered is correct.

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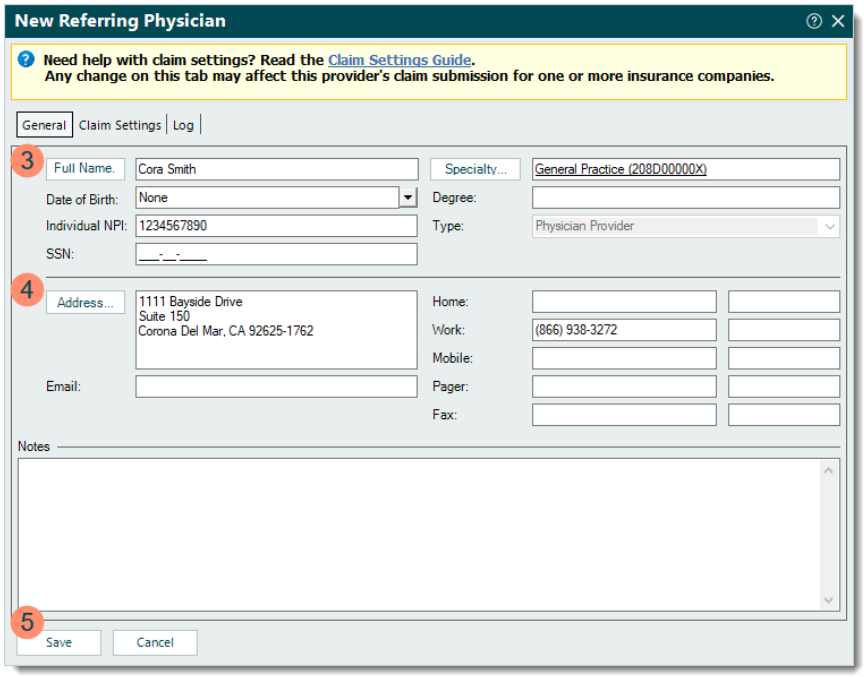
## New Referring Physician, cont.

3. **Full Name**, **Individual NPI**, and **Specialty:** The correct name, individual NPI, and specialty for the referring physician.

4. **Address**, **Home**, **Work**, and **Mobile:** A physical office address with a 9-digit zip code and at least one phone number for the referring physician.

5. Click **Save**. The *Confirmation* pop-up appears then click **Yes** to confirm.



# Settings Options

Review Encounter Options, Electronic Claims Options, and Patient Statement Options of the Desktop Application (PM) settings. To learn more about other available settings options, review the Options help articles.

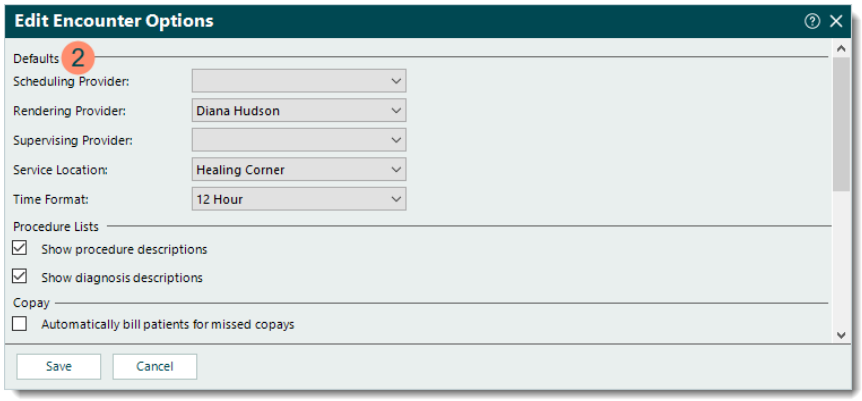
## Encounter Options

The Encounter Options allow you to set default information to aid in efficiency when users create new encounters for the practice. These are simply default settings and the user can override the information.

Note: When users create new encounters and select a specific appointment or patient, all pre-existing defaults prevail and override the Encounter Options default settings.

1. Click **Settings** > **Options** > **Encounter Options**. The *Edit Encounter Options* window opens.

2. **Defaults:** Click to select each default option. The selections made auto-populate every new encounter to help save time.
   Note: The *Time Format* is set to *12 Hour* format by default. Updates to this setting switches all encounters including previously entered encounters to the selected time format.

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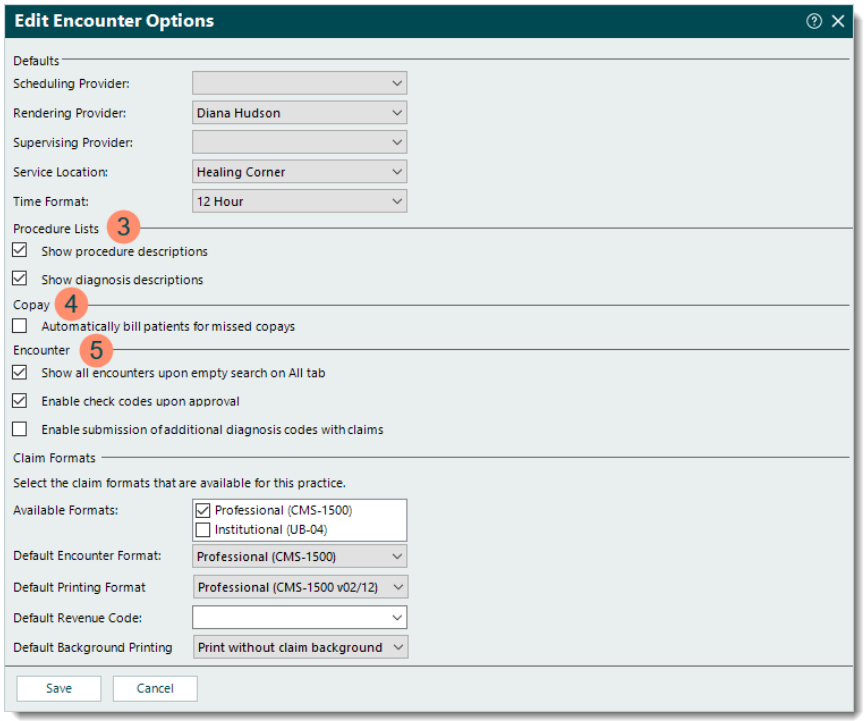
## Encounter Options, cont.

3. **Procedure Lists:** The following options are selected by default. If necessary, click to clear the selection.
   - "Show procedure descriptions" displays procedure descriptions on the service line(s) under the *Procedures* section of the Encounter record.
   - "Show diagnosis descriptions" displays diagnosis descriptions on the service line(s) under the *Procedures* section of the Encounter record.

4. **Copay:** If copays are entered as a separate process from entering encounters, it is recommended to leave “Automatically bill patients for missed copays” disabled. For more details on managing copays, review the Managing Copays Guide.

5. **Encounter:** Click to select or clear the following options as necessary.
   - "Show all encounters upon empty search on All tab" shows all encounters under the *All* tab of the *Find Encounter* window.
   - "Enable check codes upon approval" automatically performs a code check upon encounter approval.
   - Click to select "Enable submission of additional diagnosis codes with claims" displays the option to "Include additional diagnosis codes to submit with claim" on the Encounter record which allows up to 12 unique diagnosis codes (four diagnosis codes per procedure line) at the encounter level for each visit.

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## Encounter Options, cont.

6. **Available Formats:** Indicates the claim type(s) that are available for selection when users create encounters as well as the formats available in the *Default Encounter Format* and *Default Printing Format* drop-down menus (below). Click to select or clear "Professional (CMS-1500)" and/or "Institutional (UB-04)" as necessary.

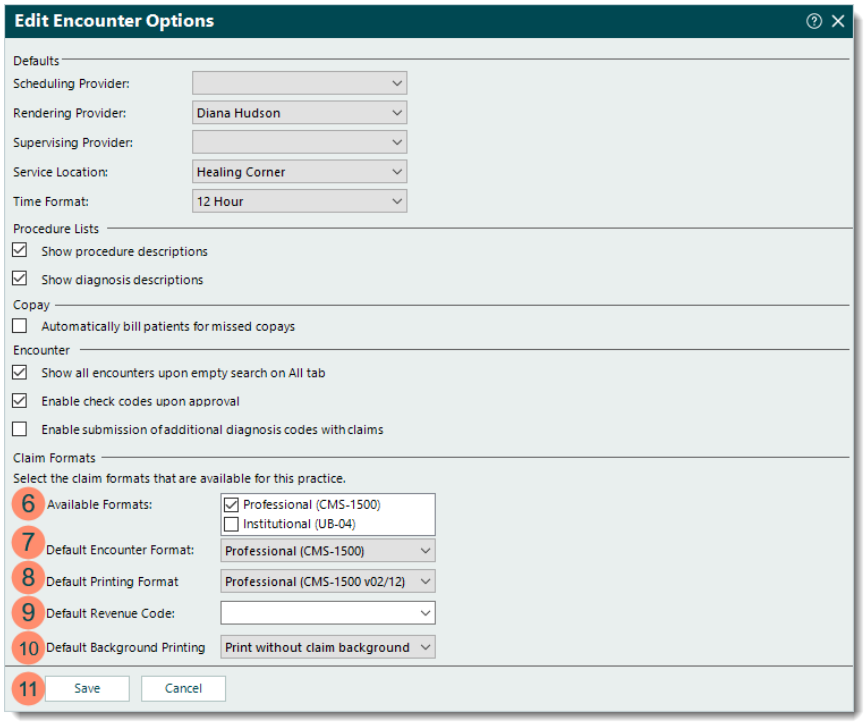
7. **Default Encounter Format:** If applicable, click to select the default claim format when users create encounters.

8. **Default Printing Format:** If applicable, click to select the default claim format when users print paper claims. This setting is a default setting for printing. The claim type is still designated by the payer.

9. **Default Revenue Code:** For Institutional (UB-04) claims only, click the **drop-down arrow** to select the default *Rev Code* to populate on the service line(s) under the *Procedures* section of the Encounter record.

10. **Default Background Printing:** For Professional (CMS-1500) claims only. *Print without claim background* is selected by default and requires the correct claim forms be loaded in the printer. If necessary, click to select *Print with claim background* from the drop-down menu to print the claim(s) as a black and white version of the claim form as the default instead.

11. Click **Save** to record any changes.



# Electronic Claims Options

The Electronic Claims Options allow you to enable or disable electronic claims (e-claims) billing settings for the practice as needed.

Note: To manage the e-claims settings for an insurance company, go to the *Electronic Claims* tab of the Insurance Company record.

1. Click **Settings** > **Options** > **Electronic Claims Options**. The *Edit Electronic Claims Options* window opens.

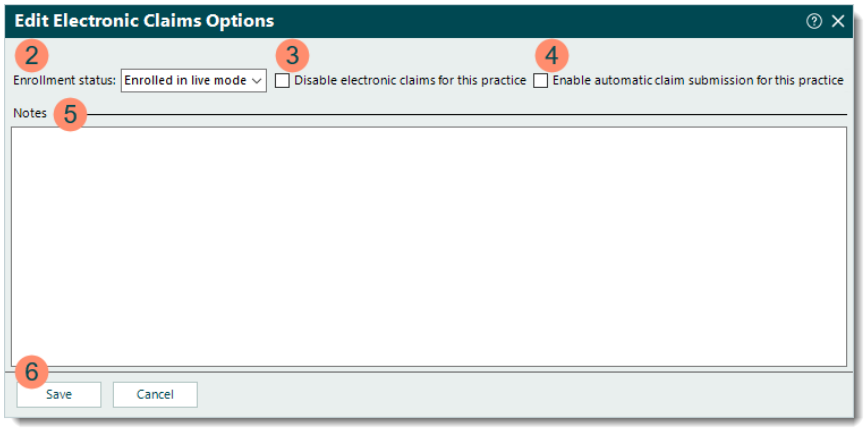
2. **Enrollment status:** Click the **drop-down arrow** and select *Enrolled in live mode* to allow e-claims submission.
   Note: All other statuses prevent e-claims submission.

3. “Disable electronic claims for this practice" should only be selected if e-claims should not be submitted for the practice.

4. To automatically submit e-claims with a *Ready to submit* status, click to select "Enable automatic claim submission for this practice". Automatic submissions run daily at 8:00 AM and 8:00 PM Pacific Time.

5. **Notes:** If applicable, enter any internal notes related to these options.

6. Click **Save** to record any changes.



# Patient Statement Options

The Patient Statement Options allow you to set default patient statement information for the practice. Once these settings are configured, you can prepare and send patient statements through Tebra's secure mailing service or self-print and mail them from your office.

To give practices the ability to collect patient balances faster and reduce time in accounts receivable, Tebra also offers unlimited text and email balance reminders for Tebra Payments activated customers. For more information, review the Apply for Tebra Payments help article and the Tebra Payments FAQs.

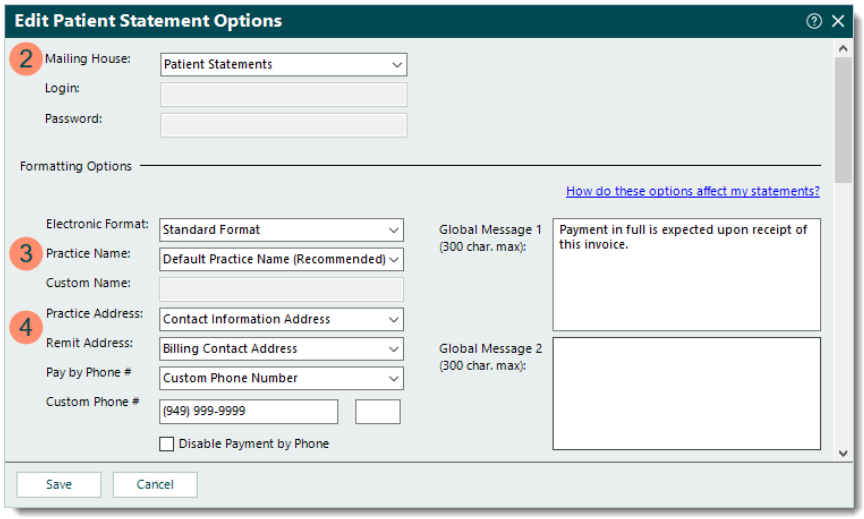
Note: The options available for selection such as *Contact Information*, *Administrator*, and *Billing Contact* pull from the Practice Information. Refer to the Practice Information section and verify all information (e.g., addresses, phone numbers) is correct.

1. Click **Settings** > **Options** > **Patient Statement Options**. The *Edit Patient Statement Options* window opens.

2. **Mailing House:** If necessary, click the **drop-down arrow** and select *Patient Statements*.

3. **Practice Name:** Leave *Default Practice Name* selected to use the current practice name. To use a different name, click the **drop-down arrow** and select *Custom Practice Name* then enter the name.

4. **Practice** and **Remit Address:** Click the **drop-down arrow** and select the practice address and remit-to address.
   Note: This is especially important if the remit-to address is a PO Box. For more information, review the Set PO Box as Remit-to Address help article.

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## Patient Statement Options, cont.

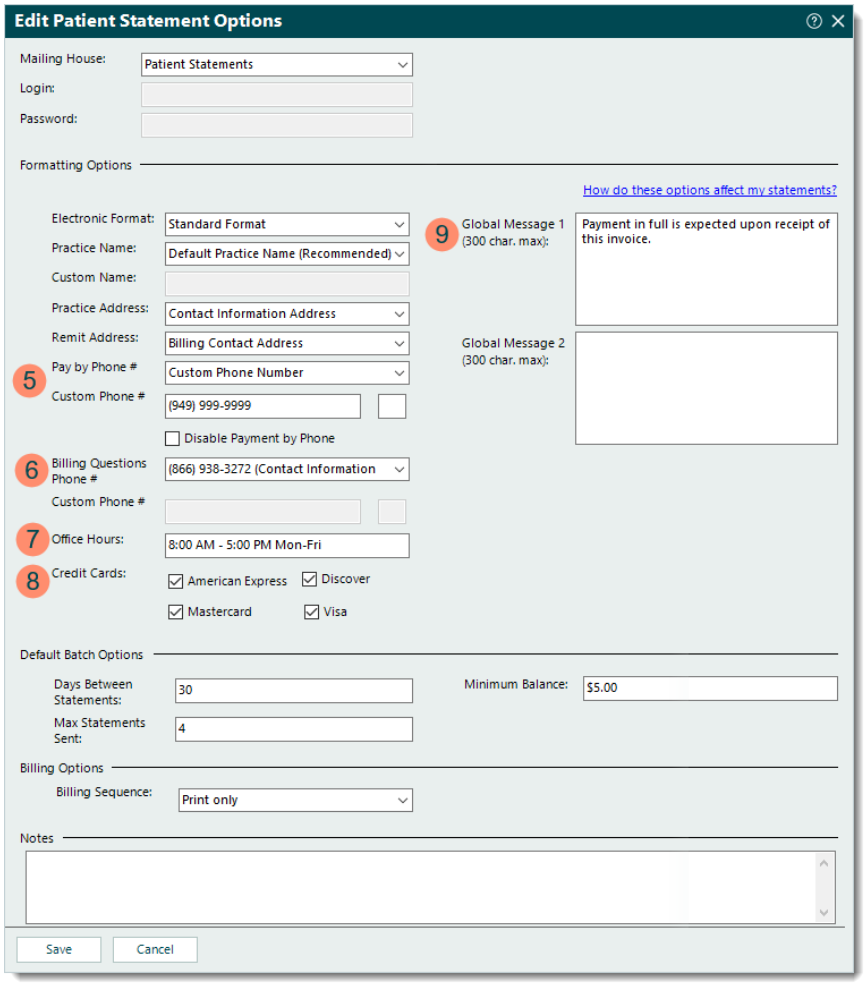
5. **Pay by Phone #:** Click the **drop-down arrow** and select the number. To use a different number, select *Custom Phone Number* then enter the number.
   - To remove *Pay by Phone #* from patient statements, click to select "Disable Payment by Phone".

6. **Billing Questions Phone #:** Click the **drop-down arrow** and select the number. To use a different number, select *Custom Phone Number* then enter the number.

7. **Office Hours:** Enter the hours of operation (e.g., 8:00 AM - 5:00 PM Mon - Fri).

8. **Credit Cards:** Click to select the types of cards the practice accepts for payment.

9. If applicable, enter global messages up to 300 characters each. It is recommended to avoid text in all caps as this may cause overlapping characters.
   - **Global Message 1:** Enter a message. For patients in a collection category that includes a dunning message, this global message is replaced with the dunning message.
   - **Global Message 2:** Enter a secondary message. For patients with an added statement note in the patient account, this global message is replaced with the note.

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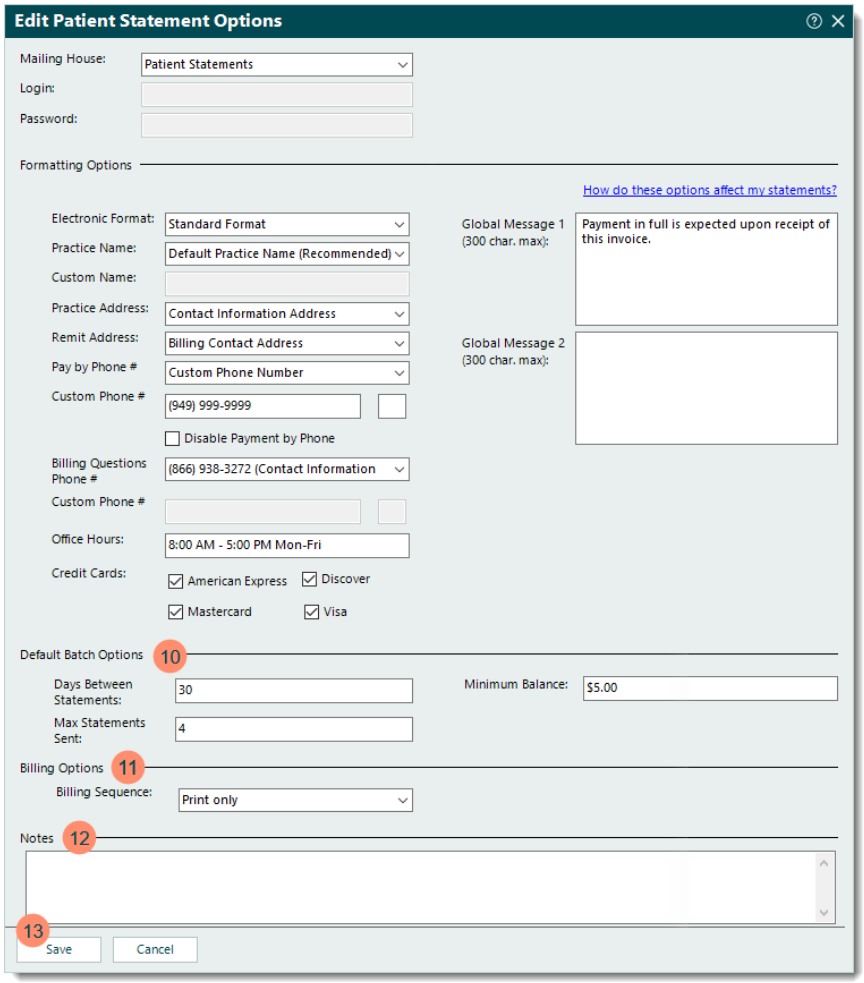
## Patient Statement Options, cont.

10. **Default Batch Options:** Enter information to auto-populate the criteria to filter patients when sending patient statements.
    - **Days Between Statements:** The number of days between statements (typically 30 days).
    - **Max Statements Sent:** The maximum number of statements sent to patients who have not made a payment. If there is no maximum, enter the number 99.
    - **Minimum Balance:** The minimum balance that must be met in order to generate a patient statement, formatted as "$0.00".

11. **Billing Options:** Select the statement delivery method(s) that auto-populates when sending patient statements.
    Note: Email options are only available for Tebra Payments activated customers.
    - **Billing Sequence:** Click the **drop-down arrow** to select *Print only*, *Email and print concurrently*, or *Email only*.

12. **Notes:** If applicable, enter any internal notes related to these options.

13. Click **Save** to record any changes.



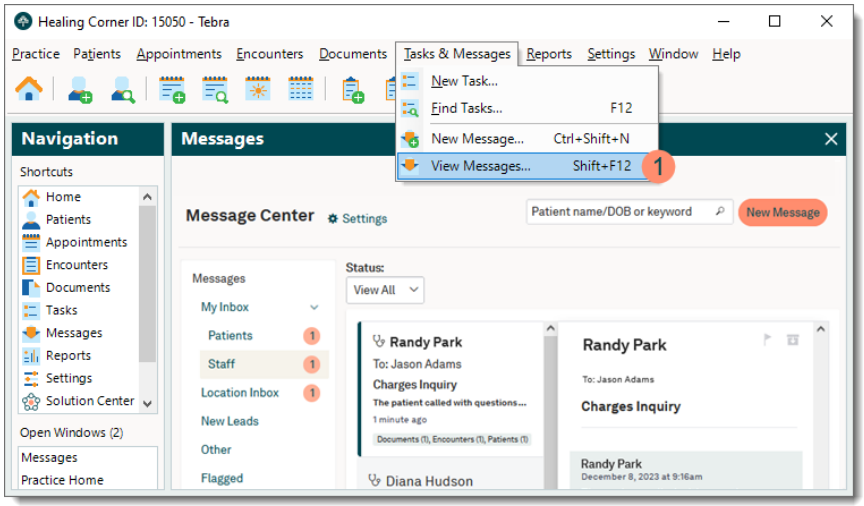
# Message Center

Tebra provides a messaging system that enables users within a practice to send messages easily and securely to one another. This includes messaging between the Tebra Desktop Application (PM), Tebra Web Platform, and mobile applications.
The Message Center allows users within a practice to communicate with each other and with patients. Create timely and targeted messages with custom email templates and patient groups, schedule batch email messages to be delivered on a future date, or communicate freely by sending personalized, on-demand messages. This interactive system lets patients reply directly to any communication they receive and delivers responses right to your inbox.

Note: Do not send protected health information (PHI) to patients through the Message Center as this method is non-secure for external messaging. To include sensitive information, use the *Patient Portal* to send a message. Review the Send Patient Portal Message help article for more details.

## Navigate and View Messages

1. Click **Tasks & Messages** > **View Messages**. The *Messages* window also known as the *Message Center* opens.
   Tip: For faster navigation, click **Messages** under the *Navigation* pane *Shortcuts* menu or press Shift+F12 on your keyboard.

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## Navigate and View Messages, cont.

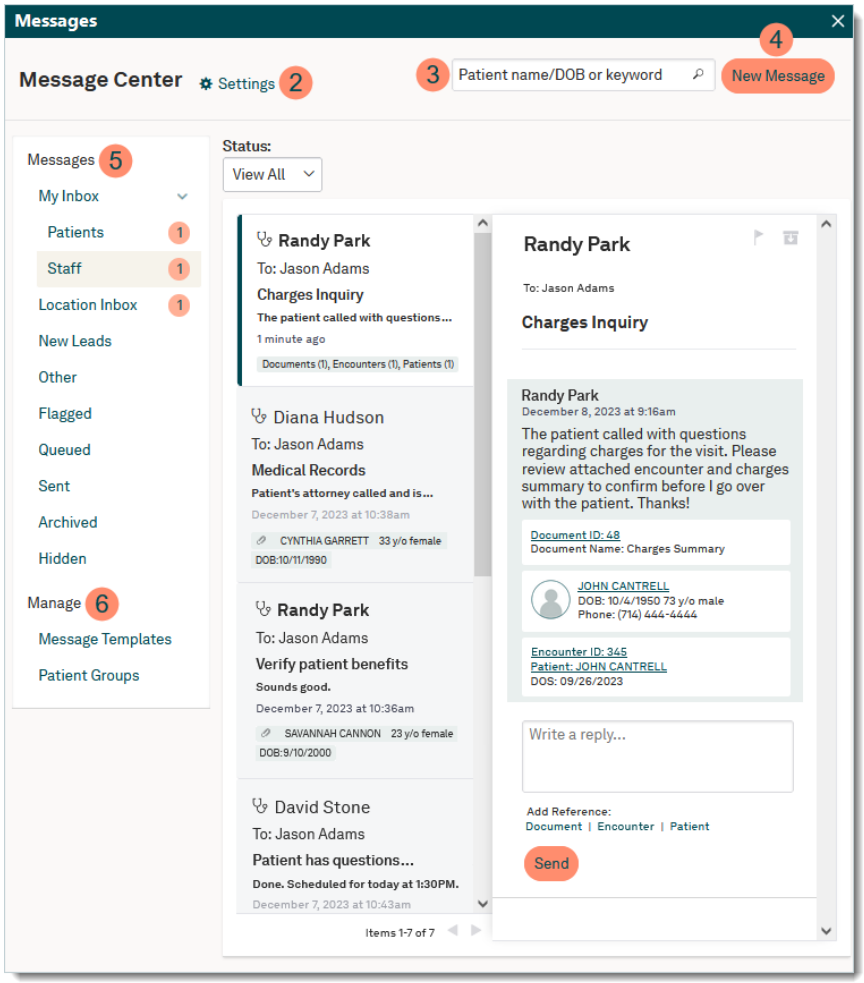
2. **Settings:** Click to open the *Messages Settings* window. For more information, review the Messages Settings help article.

3. **Search:** Find messages by patient name or keyword.

4. **New Message:** Click to create and send a new message. For more information, review the Send New Message help article.

5. **Messages:** Click a folder to view messages in *My Inbox*, the *Location Inbox*, *New Leads*, *Other* messages, or those that are *Flagged*, *Queued* to send, *Sent*, *Archived*, or *Hidden*. For more information review the *Navigate Messages* section of the Messages help article.

6. **Manage:** Click to manage *Message Templates* or *Patient Groups*. For more information, review the Message Templates and Patient Groups help articles.

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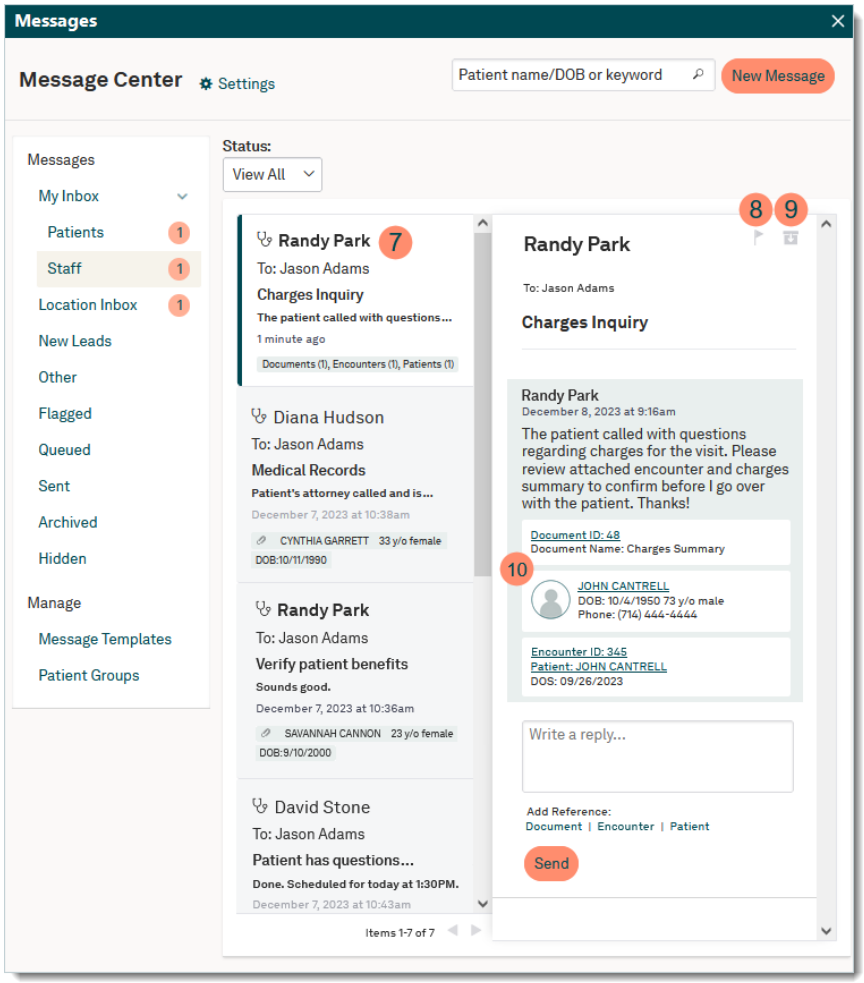
## Navigate and View Messages, cont.

7. Click a message to display details on the right side of the window and take the appropriate action(s).
   Note: The message preview displays the most recent message and messages with multiple participants in the conversation are grouped into one thread that displays on the right side of the window with the newest message at the bottom.

8. Click the **flag** icon to indicate the message is important.
   Note: Once flagged, these messages are also accessible from the *To Do List* on the Dashboard.

9. Messages cannot be deleted but can be archived. To archive a message, click the **file box** icon to move the message from the inbox to the *Archived* messages.

10. If applicable, click to view an attached *Document*, *Encounter,* and/or *Patient* referenced in the message.

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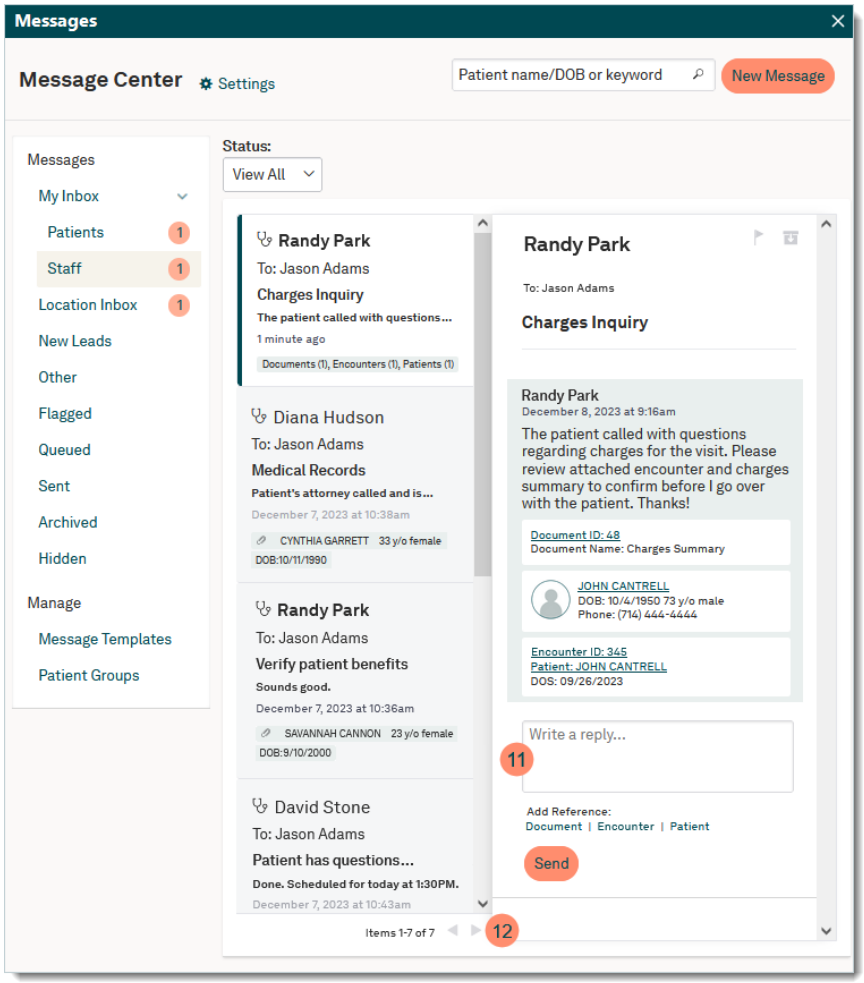
## Navigate and View Messages, cont.

11. If applicable, enter a reply to the message. Attach a *Document* (up to 10MB in size), *Encounter*, and/or *Patient* as necessary when replying to a staff message. Then, click **Send** to send the reply.
    Note: Do not include PHI when replying to a patient's email or text message as this method is non-secure. To send sensitive information, review the Send Patient Portal Message help article.

12. **Pagination:** If applicable, click the left and right **arrows** to navigate to additional pages of messages.



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# Billing in Web Platform

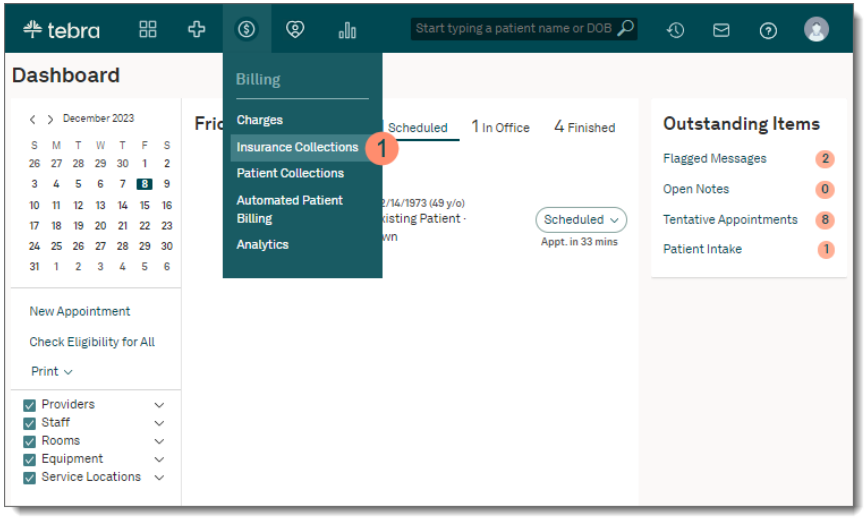
Users with the System Admin and/or Biller web role(s) can view insurance and patient collections as well as create charges in the Tebra Web Platform without having to log into the Tebra Desktop Application (PM). Learn to navigate insurance collections and patient collections below. To learn more about charge captures, review the Charges help articles or watch the Charges help videos.

## Navigate Insurance Collections

Insurance Collections provides tracking and insight into the status of claims submitted to payers.

Note: For the practice(s) requesting visibility to claim details, the Practice Administrator or a practice staff member assigned the Biller web user role can be referred to the Insurance Collections.

1. Hover over the *Billing* icon and click *Insurance Collections*. The list of insurance claims for the practice displays.

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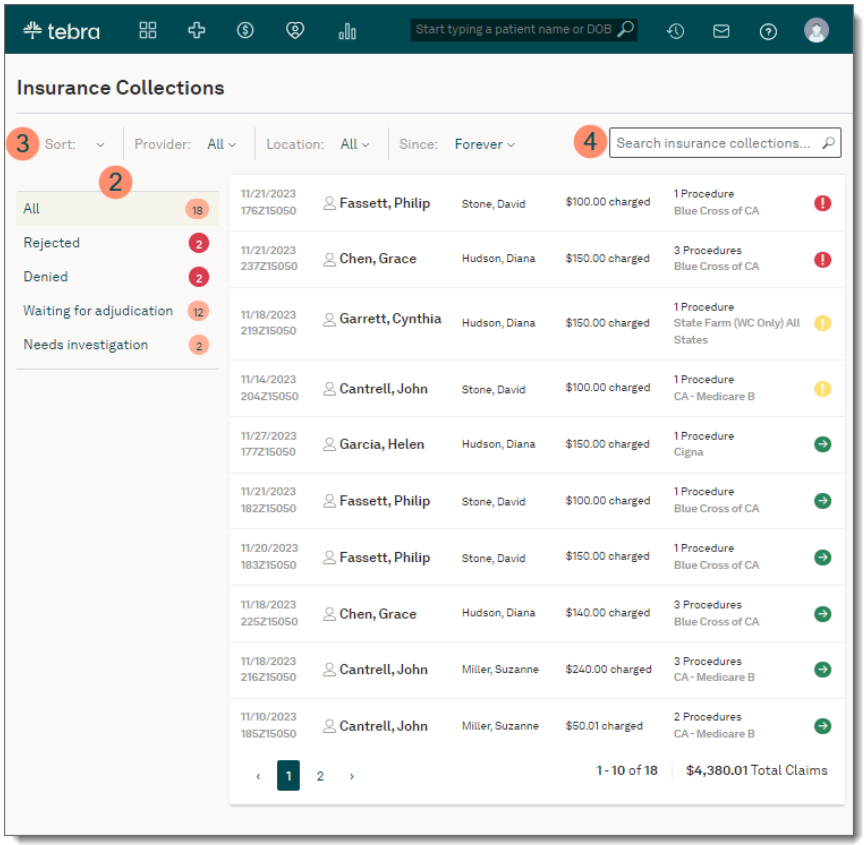
## Navigate Insurance Collections, cont.

2. Click a category on the left menu to view claims by status.
   - **All:** Default. Displays a list of all claims submitted to payers with open balances that are in the responsibility of the insurance company.
   - **Rejected:** Claims rejected by the payer.
   - **Denied:** Claims denied by the payer.
   - **Waiting for adjudication:** Claims waiting on a payer response.
   - **Needs investigation:** Claims without activity for 21 days (electronic claims) or 30 days (paper claims).

3. Use the drop-down menu options to filter claims within a status.
   - **Sort:** Defaults to *Priority*. Click to select *Date of Service* or *Claim Amount.* Click once to view ascending order (up arrow displays) or twice for descending order (down arrow displays).
   - **Provider:** Defaults to *All Providers*. Click to select an individual provider name.
   - **Location:** Defaults to *All Locations*. Click to select an individual practice location.
   - **Time Frame:** Defaults to *Forever*. Click to select a time period.

4. **Search:** Find a claim by patient name, encounter ID, or insurance name.

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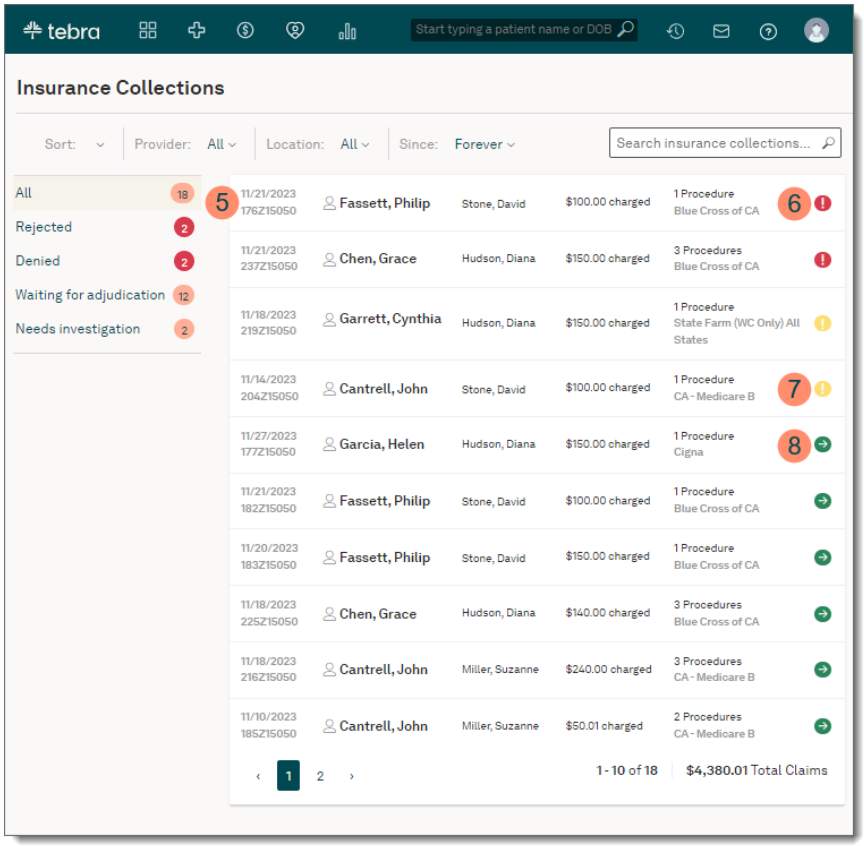
## Navigate Insurance Collections, cont.

5. Each list item shows the claim date, claim ID, patient, provider, charge amount, number of procedures, and payer.

6. A red exclamation icon indicates a denied claim.

7. A yellow exclamation icon indicates a rejected claim.

8. A green arrow icon indicates claim processing is moving forward.

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## Navigate Insurance Collections, cont.

9. Click a claim to track charges. The charges details expand.

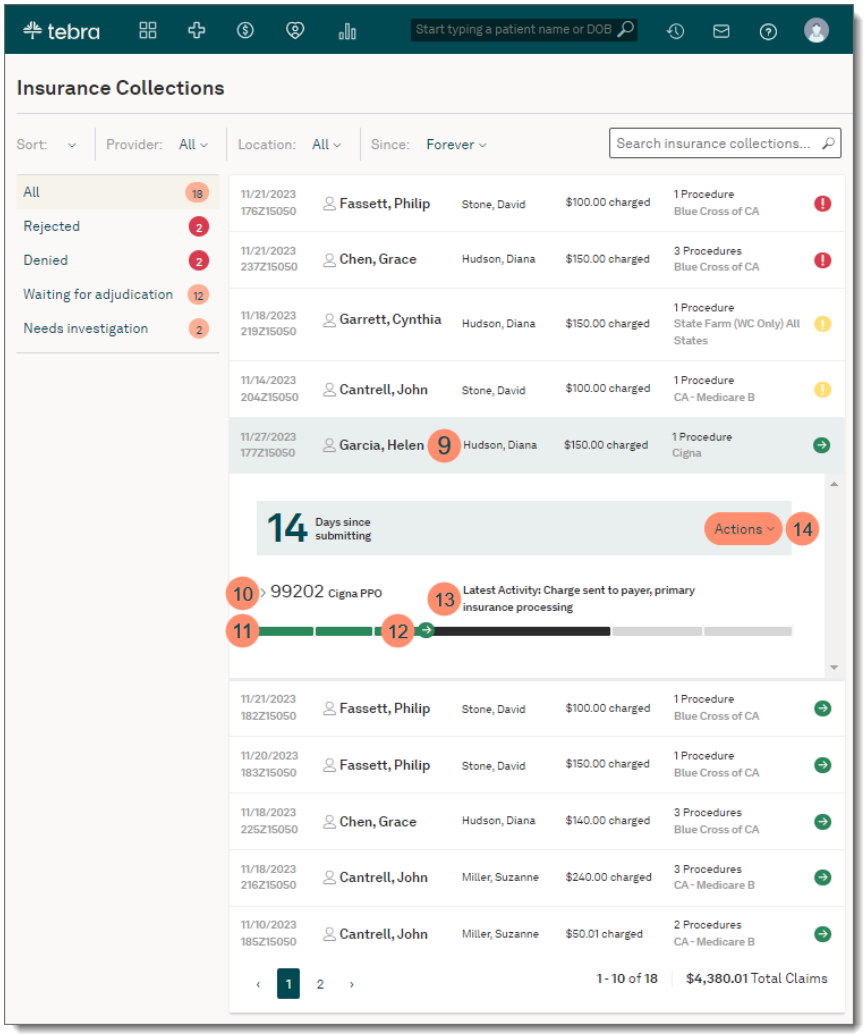
10. Click the **arrow** to expand and view the Transaction History list.

11. Follow claim progress through color coding.
    - Green: Complete
    - Dark gray: In progress
    - Light gray: Not started

12. Hover over each timeline stage to view the description.
    - Claim Submitted by Practice
    - Resubmission (rework)
    - Insurance Collections (primary)
    - Insurance Collections (non-primary)
    - Patient Collections

13. The latest activity of the charge displays above the timeline.

14. To view the charge capture, click to select the option from the *Actions* drop-down menu.



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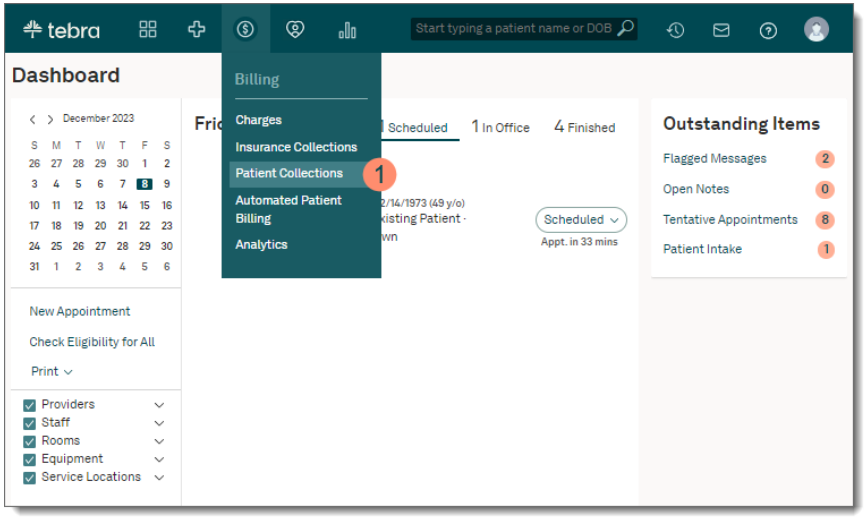
# Navigate Patient Collections

Patient Collections allows you to view patient balances, track the practice's collection activity, take payments, and access the patient's account history.

1. Hover over the *Billing* icon and click *Patient Collections*. The *Patient Collections* page opens and patients with an account balance display.

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## Navigate Patient Collections, cont.

2. Click a category on the left menu to view patient balances by status.

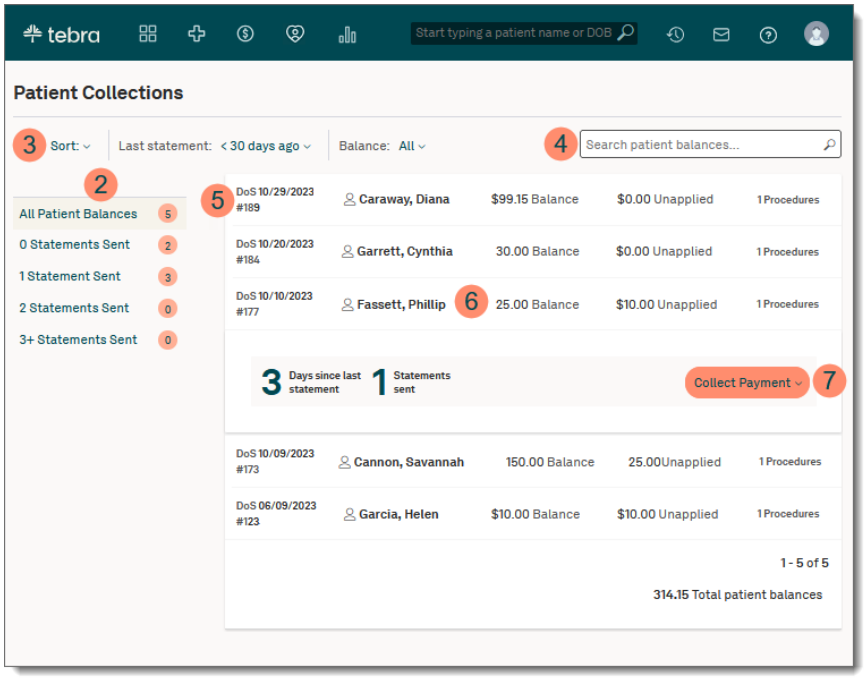
3. Use the drop-down menu options to filter patient balances within a status.
   - **Sort:** Defaults to *Patient Name*. Click to select *Patient Balance*, *Date of Service*, or *Date of Last Statement*. Click once to view ascending order (up arrow displays) or twice for descending order (down arrow displays)
   - **Last Statement:** Defaults to *<30 days ago*. Click to select a different time period.
   - **Balance:** Defaults to *All*. Click to select a different dollar amount.

4. **Search:** Find a patient balance by patient name or encounter ID number.

5. Each patient balance listed shows the date of service, encounter ID number, balance amount, unapplied dollar amount, and number of procedures.

6. Click a patient balance to view the number of days since the last statement was sent and the number of times a statement was sent to the patient.

7. To collect a payment or view the patient's account history, click to select the option from the *Collect Payment* drop-down menu.



# Additional Admin Setup Guides

## Admin Setup Guide Part 1

To review the Tebra Web Platform configuration again, refer to the Admin Setup Guide Part 1 – Billing Company. This guide includes how to configure practice settings, user settings, service locations, security settings, and more.

## Practice Admin Setup Guide

After completing Admin Setup Guide Part 1 and Part 2, refer the Practice Administrator to the Practice Admin Setup Guide to configure their practice specific settings. They will learn how to manage their users, service locations, provider profiles, calendar settings, patient communications, and more.

# Learn More

## Help Center

Explore helpme.tebra.com to view additional help resources, monthly product release notes, help articles, guides, training videos, Customer Care contact information and more.

## Tebra University

Log into app.kareo.com to access Kareo University and register for live trainings, view pre-designed courses and eLearnings. Review the Tebra University help article for more details.

## Guides

Review the *Billing* section of the User Guides page for additional resources to help set up your billing company for success.

## Your Partner for a New Era of Healthcare

The world of healthcare is forever evolving. At Tebra, our passion for improving healthcare, obsession with customer success, and entrepreneurial spirit have led us to raise the bar for healthcare management. We're always looking for new ways to put the patient experience first, simplify the complex, and drive practice transformation.

Our mission is to unlock better healthcare — by helping billers and their clients bring modernized care to patients everywhere. Think of us as your complete operating system for a successful business. Your partner for a stronger future. The digital backbone for practice well-being.

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