



Product Brief

# BillingTracker's 835 ERA Module

Maximizing the Benefits of Electronic Remittance Advice

Claim Date	Claim #	Patient	Clin	Service Charge	Paid to Date	- Current Balances -	Paid	CPT	- Updated Balances -	Check Number	Check Date	Comment
07/09/2013		Zippy, John	JR	55.00	0.00	55.00	55.00	42.33	10.80	889187412	09/11/2013	
07/03/2013		Smith, Jane	SC	55.00	0.00	55.00	55.00	35.98	9.18	889187412	09/11/2013	
07/03/2013		Jones, Zach	SJ	80.00	0.00	80.00	80.00	44.26	24.32	889187412	09/11/2013	
07/03/2013		Wright, Betty	SC	80.00	0.00	80.00	80.00	37.62	20.67	889187412	09/11/2013	
07/03/2013		Smythe, Sam	SH	55.00	0.00	55.00	55.00	42.33	10.80	889187412	09/11/2013	

**Automate  
posting insurance  
payments and  
managing  
adjustments.**

## Eliminate the hassle of working with paper Explanation of Benefits reports

Healthcare providers nationwide are waking up to the substantial benefits of electronic claim submission and reconciliation. According to the American Medical Association, tools like the electronic remittance advice (ERA) are saving medical practices approximately \$10,000/year for each physician in the group.

The ERA (commonly referred to as the HIPAA 835 file) is the electronic equivalent of a paper Explanation of Benefits (EOB). It indicates how much the insurer paid on the claim and identifies reasons for any denial of benefits. Prior to the ERA, staff would have to spend hours reviewing each claim, posting payments, and reconciling any errors. Now that entire process can be automated with the 835 ERA module from BillingTracker. This integration saves office staff from having to collect mail, file paper documents, manually post payments, and adjudicate claims with payers. Another advantage is that insurers pay electronic submissions faster which improves your cash flow.



BillingTracker's 835 ERA Module gets the most out of the information stored in the remittance file. It automatically analyzes the payments, posts them to the patient account, and pinpoints any underpayments or errors.

Group	Reason	Amount
Contractual Obligation	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR(Patient Responsibility) or CO(Contractual Obligation) depending upon liability).  This change effective 7/1/2013: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use only with Group Codes PR(Patient Responsibility) or CO(Contractual Obligation) depending upon liability)	\$1.01
Contractual Obligation	Adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is mandated before a new code can be created.	\$0.86
Patient Responsibility	Coinsurance Amount	\$10.80

#### Benefits include:

- Faster processing of insurer payments
- Fewer errors from manual data entry
- Automatic posting of payments to patient accounts
- Improved cash posting and reporting
- More time for adjudicating denials and improving collections
- Seamless integration with BillingTracker's 837 electronic claims processing
- Capacity to receive ERA files directly from payers or TriZetto Provider Solutions

#### Save time and money:

Because working with paper remittance reports has always been a painstaking chore, agencies have been jumping at the opportunity to computerize it. According to everything that's been written about the benefits of ERA capability, you will recoup your investment in just a few months – at most. In addition to the inevitable jump in operational efficiency, you will also eliminate errors, reduce staff time devoted to adjudicating claims, and improve cash flow.

**For more information contact us at 315.633.4240 or [hello@ClinicTracker.com](mailto:hello@ClinicTracker.com)**