

Phase 2

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Phase 2 Introduction

Phase 2 provides an overview of the [Interface](#) section followed by training in the [Patient](#), [Claim](#), and [Appointment](#) sections (If Applicable). We will check the status of [Payer Agreements](#), and confirm if there are any questions in regards to payer agreements.

In addition, [Included service features](#) will be reviewed along with the current account pricing and we will discuss how to configure the settings of the included service features. For example, our [Integrated Payment Processing](#) is a feature that is included with all plans and customers that will help drive increased revenue.

In Phase 2 when going over the [Interface Section](#), we will confirm if notification was received by the customer for submitting the integration request within [CollaborateMD](#) and/or on the Interface vendor's website ([Practice Fusion](#) ex.) (if Applicable). We will review how the [interface functions](#) along with setup and confirm if they are submitting encounters/charges. The [Patient Section](#) will then be reviewed and discussed on how to add patients, add insurance information, check eligibility, patient billing information/utilization, print patient ledger/statements, and claims defaults.

We will transition over to the [Claim section](#) and discuss [Real-Time Claim Submissions](#) including [Claim settings](#) at the customer level, how to add a claim, discuss how invoicing is affected by the [Rendering Provider Name](#) on the claim, point out the [COPAY](#) field needed when utilizing the [Unapplied Copay](#) feature, [Claim fields](#) and their functionality, how [Claim Scrubbing/Review](#) works (If Applicable), and [Batch Printing](#) of claims. We will then turn our attention to the [Claim Control section](#) where we will go over reviewing and submitting [interface claims](#), submitting a batch of claims in test, and lastly reviewing [Appointments](#) (if applicable).

Phase 2 Entrance Criteria

- Dashboard(s) have been explained, added and configured.
- The Trainee's user profile has been properly configured
 - Profile
 - Security Questions & Call-In Pin
 - Communication Preferences
- Trainee understands Customer Relationship eXperience Management (CRXM) and how to [submit feedback](#).

- Owner of the account is listed as the Auth Rep in CollaborateMD as a user.
- Customer Setup completed.
 - Practice(s) have been added with any Defaults configured.
 - Provider(s) have been added with appropriate bill mode configured.
 - Referring(s) have been added.
 - Facility(s) have been added.
 - Payer(s) have been added and configured as electronic (where applicable).
 - Completed payer agreement(s) for applicable payers (may be continued in additional phases).
 - Code(s) and fee schedules have been created as necessary.
 - Procedure Codes
 - Diagnosis Codes
 - ICD Procedure Codes
 - Revenue Codes
 - Remittance Codes
 - Alerts have been explained and how they can be leveraged within the business workflow.
 - Discussion held on how to add / edit Superbills (If Applicable)
 - The limitation of this feature only works with files that are saved as a Word 2003 XML Document and Excel files or PDF uploads are not supported.
 - Discussion held on label management. (If Applicable)
- Interface activation process has begun (If Applicable).
- Customer(s) have been added
- Default payment profile has been configured
- Phase 2 call planned and scheduled

Phase 2 Exit Criteria

- Understand Look-up Payer Agreements in CollaborateMD and Connect Center

- Document Storage (If Applicable)
- Create and Manage Patients
 - Able to add new patients
 - Understand Insurance Information, adding of copays to
 - Understand How to check eligibility
 - Understand How to print patient Ledger & Statement
 - Understand Billing Info & Claim defaults
 - Understand Print & Patient Merge Options
 - Understand More Options
- Perform batch-level items
 - Interface Tracking for interface claims
 - Claim Control for interface claims
 - Batch Print Claims
 - Batch Eligibility
- Add and Manage Claims
 - Understand Claim Settings and enabling of RTCS
 - Understand Enabling of Unapplied Copays when claims entered
 - Understand invoicing by Rendering Provider Name
 - Understand COPAY field when associated with the Unapplied Copay and functions
 - Understand Charges and Other field for NDC and CLIA numbers
 - Understand benefits of fee schedule
 - Understand Claim Summary vs. Activity, benefits of Alerts
 - Understand Print Options, Show Preview
 - Understand More Options
 - Understand How Claims Scrubbing/Review works (if applicable)
 - Understand Batch Print Claims

- Understand how to submit Test Claims
 - Managing claims using Claim Control
 - Understand how to locate/review and submit interface claims
 - Understand claims in a batch for test
 - Understand Waiting for Review/Incomplete claims and save filters
 - Understand Right click capabilities: Show Details or Open Claim/Patient
 - Understand Submitting claims (Default billing status for payer/code)
 - Create and manage appointments (if applicable)
 - Configuration requirements: Resources, Appt Types, and Custom Status & Settings
 - Create and modify appointments
 - Create and Manage Block Schedule
 - Understanding searching for appointments
 - Understand the benefit of Appointment Reminders
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Phase 2 Training Actions/Homework

Action 1. Enable and configure your included services in preparation of Patient & Claim setup. These settings will be applied when creating or managing patients, claims and appointments. Be sure to log into [Services](#) in Account Administration to locate the features included in your plan or consider add-ons

- [Managing Included Services](#)
- [Other Service Options](#)

Action 2. Begin adding your Patients in preparation of creating claims and appointments. Want to skip data entry? Talk to your Implementation Specialist regarding importing Patient using an [Interface](#) or [Data Conversion](#)

- [Add Patient Accounts](#)
- [Patient Insurance Information](#)
- [Patient Billing Info & Claim Defaults](#)
- Understand how to check [Eligibility](#)

- [Patient Settings](#)

Action 3. Begin adding your claims for patients to begin billing claims and understand CMD Best Practices. During Phase 3 we will discuss batch options and how to track claims.

- [Add Professional Claims](#)
- [Add Institutional Claims](#)
- [Claim Management & Best Practices](#)
- [Claim Settings](#)

Action 4. Maximize the use of your CMD using our scheduler for appointments. If using an EMR/EHR interface, CMD may be able to automatically create your appointments to remain in sync with your EMR/EHR.

- [Getting Started with Scheduler](#)
- [Configure options](#)
- [Create Appointments](#)

Action 5. Monitor the success of your CMD Interface Integration by reviewing Interface Messages in the form of patient, appointments and claims.

- [Retrieve Interface Messages](#)
- [Troubleshoot Interface Messages](#)

In order to successfully complete Phase 2 of your training and move into Phase 3, you must complete all of your assignments indicated above. During Phase 3 you will learn how to track LIVE claims, address rejections and payer denials as well as determine claim follow-up best practices for your business using the application.
