NC BILLING ACORN RELEASE NOTES

NC CUSTOM BILLING – VERSION 1.0.6.RELEASE   REQUIRES ECHOVANTAGE VERSION 3.25 OR HIGHER

DOCUMENT HISTORY

Date	Description	Author	Version
08/18/2020	Initial Release	Heather Sherwood	1.0.4.RELEASE
01/07/2021	Acorn updated to show in the Help/About page in eV. There were no functional changes to the Acorn.	Heather Sherwood	1.0.5.RELEASE
06/09/2021	Updated to work with the new Acorn interfaces in Oak. There were no functional changes to the Acorn.	Heather Sherwood	1.0.6.RELEASE

OVERVIEW

The NC Billing Acorn addresses state-specific segment reporting in the 837 Institutional (837I) Billing Method. When the NC Billing Acorn is selected on a Payer's 837I configuration, and bills are created using the 837I, the following segment is reported:

- HI*BE:80:::5.0, where '5' represents the number of covered days.
- If Statement Dates are 8/1-8/5, HI01.5 should be '5'.
- This number of covered days should also be the same value as the Units value.

If the service is bundled, the date range of the services in the Statement Date and Service Date data elements are reported:

- Report Statement Date as a date range in 2300 loop
  - (Loop 2300) DTP*434*RD8*20200801-20200805
- Report Service Date as a date range in 2400 loop
  - (Loop 2400) DTP*472*RD8*20200801-20200805

INSTALLING THE ACORN

SAAS CUSTOMERS

Echo support will contact you to determine the best time to install this version. The installation inserts one Acorn Registration, *NC 837I Customization*.

CONFIGURING THE APPLICATION

- Configure or edit the 837I for this Payer. Ensure that the *NC 837I Customization* Acorn is selected.

- Review these additional fields in the 837I Billing Method Configuration:
  - In the *Providers and Subscribers Section*
    - **Report Payer Address (Loop 2010BB, N3, N4)**
    - Address pulls from *Configuration > Services/Payers > Payers > Communications* tab.
  - In the *Claims and Services section,*
    - Admission Type Code (Loop 2300, CL101)

- Admission Source Code (Loop 2300, CL102)
- Patient Status Code (Loop 2300, CL103)
- **Report Admission Date/Hour (Loop 2300, DTP)** – from the admission Date and Time field of the matching Enrollment.
- **Report Days instead of Units (Loop 2400, SV204)** – reports "DA" instead of "UN".

Examples of the configurations referenced above are shown in the following screen capture. This is the same Payer used in the same file created in the following Section.

CREATING AN 837I USING THE ACORN

Once Services have been processed, and a Create Charges job is finalized, bills can be created. The *Create Bills* process in *Vantage Point > Fiscal Overview > Unbilled Charges* remains unchanged. The Acorn setting on the 837I Billing Method configuration automatically applies the custom billing requirements when creating bills for that Payer.

The following is an example of an 837I debug file for bundled services billed to Payer NCC for Client Daniel Boone.

```
 1   ISA*00*..........*00*..........*ZZ*12345.........*ZZ*88888.........*200806*1620*^*00501*000001168*0*T*:
 2   GS*HC*12345*88888*20200806*1620*1168*X*005010X223A2
 3   ST*837*1168*005010X223A2
 4   BHT*0019*00*1168*20200806*1620*CH
 5   [L.1000A]NM1*41*2*PEER·TO·PEER·BEHAVIORAL·HEALTH*****46*12345
 6   [L.1000A]PER*IC*RUTH·BILLER*TE*6034478600
 7   [L.1000B]NM1*40*2*NC·CUSTOM·INTSTITUTIONAL*****46*88888
 8   [L.2000A]HL*1**20*1
 9   [L.2000A!L.2010AA]NM1*85*2*ECHO·MANAGEMENT*****XX*8888888888
10   [L.2000A!L.2010AA]N3*15·WASHINGTON·ST
11   [L.2000A!L.2010AA]N4*CONWAY*NH*038181234
12   [L.2000A!L.2010AA]REF*EI*235135513
13   [L.2000B]HL*2*1*22*0
14   [L.2000B]SBR*P*18*GNCCI-B1******13
15   [L.2000B!L.2010BA]NM1*IL*1*BOONE*DANIEL*J***MI*NCCI-BOONE-1
16   [L.2000B!L.2010BA]N3*1452·APPILACHICOLA·WAY
17   [L.2000B!L.2010BA]N4*BOONE*NC*418232222
18   [L.2000B!L.2010BA]DMG*D8*18860517*M
19   [L.2000B!L.2010BB]NM1*PR*2*NC·CUSTOM·INSTITUTIONAL*****PI*9898798987
20   [L.2000B!L.2010BB]N3*32·FRONT·ST
21   [L.2000B!L.2010BB]N4*CHARLOTTE*NC*281059999
22   [L.2000C!L.2300]CLM*BOOD0000-5524*750***13:A:1**C*N*I
23   [L.2000C!L.2300]DTP*434*RD8*20200801-20200805
24   [L.2000C!L.2300]DTP*435*DT*202007301101
25   [L.2000C!L.2300]CL1*1*2*33
26   [L.2000C!L.2300]HI*ABK:R454
27   [L.2000C!L.2300]HI*BE:80:::5.0
28   [L.2000C!L.2300!L.2310A]NM1*71*1*SHERWOOD*HEATHER****XX*0004191971
29   [L.2000C!L.2300!L.2400]LX*1
30   [L.2000C!L.2300!L.2400]SV2**HC:90837*750*DA*5
31   [L.2000C!L.2300!L.2400]DTP*472*RD8*20200801-20200805
32   [L.2000C!L.2300!L.2400]REF*6R*BOOD0000-5524
33   SE*31*1168
34   GE*1*1168
35   IEA*1*000001168
```

- The Payer, NCC, has the NC 837I Customization selected in the Acorn drop-down listing on the 837I configuration. This adds the three NC specific lines to the 837I file highlighted in yellow above.
    - Line 23: (Loop 2300) **DTP*434*RD8*20200801-20200805,** Report Statement Date as a Date Range in 2300 Loop.
    - Line 27: **HI*BE:80:::5.0**, where '5' represents the number of covered days.
    - Line 31: (Loop 2400) **DTP*472*RD8*20200801-20200805,** Report Service Date as a Date Range in 2400 Loop.
- The orange highlighted lines are 837I configuration specific settings.
    - Lines 20 and 21 are due to the *Report Payer Address (Loop 2010BB, N3,N4)* checkbox being selected.
    - Line 24 is due to the *Report Admission Date/Hour (Loop 2300, DTP)* checkbox being selected.
    - Line 25 is populated with values entered for the following fields:
        - Admission Type Code (Loop 2300 CL101)
        - Admission Source Code (Loop 2300, CL102)
        - Patient Status Code (Loop 2300, CL103)
    - Line 30 is due to the *Report Days in Place of Units (loop 2400, SV04)* checkbox being selected.