

**User Story**

As an employee, I would like to login, choose a desired hospital/facility (if needed) so I can view their patients and start my work which is completing the current tasks. My goal is to help a non-paying patient become a paying patient.

**Job to Be Done**

Complete the needed tasks for each patient and leave notes.

**App Features**

1. The app updates status accordingly. If all task for a status is complete, the app will make next status active for employee to complete.
2. Multiple people/employees can work on the same account
3. The app record history of what was done via time, date, and by who/employee per account.

# Notes

## Account Statuses

Accounts in eTrax are sorted by statuses, both primary and secondary, that identify where they are in the referral/screening/certification/billing process. These statuses help MCR manage the large volumes of accounts referred by hospitals and are used to coordinate all follow-up efforts. These statuses are the basis for the language of MCR. All staff will be intimately familiar with this list. The following list shows all primary statuses used in eTrax to track accounts.

RF - Accounts referred to MCR Account is currently in the Patient search process- no Patient contact

- o RF0 - RF accounts still in the month of service
- o RF1 - RF accounts in the month after the month of service
- o RF2 - RF Accounts in the second month after the month of service
- o RF3 - RF Accounts in the third month after the month of service
- o RF4 - RF Accounts in the fourth month or greater after the month of service

RFP - Accounts where Patient has been contacted, screened and deemed potentially eligible for benefits, but application not filed

- o RFP0 - RFP accounts still in the month of service
- o RFP1 - RFP accounts in the month after the month of service
- o RFP2 - RFP Accounts in the second month after the month of service
- o RFP3 - RFP Accounts in the third month after the month of service
- o RFP4 - RFP Accounts in the fourth month or greater after the month of service

TP0 - OB Pre-admit TP30

TP1 - Accounts that have applications filed at a payer agency and in process and we are awaiting approval notification (normal)

TP2 - Accounts that have applications filed at a payer agency and in process and we are awaiting approval notification (SSI, CV or TP55)

TP3 - Coverage discovered on account worked by Hospital or another agency, information is to be held according to the contractual hold period expires

TPP - Potential Three Month Prior eligibility- Patient has a protected file date. Seek/seeking three-month prior eligibility.

TA0 - Third Party Eligibility Approved-Discovered by e-Scan. Also used for Pre-admit certifications.

TA1 - Approval Notice sent to Hospital

TA2 - Hospital has billed Payer

TA3 - MCR requesting Hospital to re-bill the Account

TA4 - Hospital has billed payer; No activity for 30 days or more

TA5 - Secondary eligibility approved, approval notice sent to Hospital

TB1 - Hospital has been paid by payer and has posted the payment in the Hospital system

TB2 - MCR has invoiced the Hospital for the account

MCR Training Manual - Book One

8

TB3 - Hospital denied payment to MCR for the account

TC - Case Completed and Closed. MCR has received payment from the Hospital

DP - Eligibility Certified but payment denied by payer- Denial is correct and no appeal is necessary

DPA - Eligibility Certified but payment denied by payer- Denial is not correct and MCR is appealing the payment denial

TD - Third Party Payer Agency denied Patient application for eligibility

TDA - Third Party Agency denial of eligibility is being appealed

DN - Patient located and screened and MCR deemed Patient ineligible for any payer program

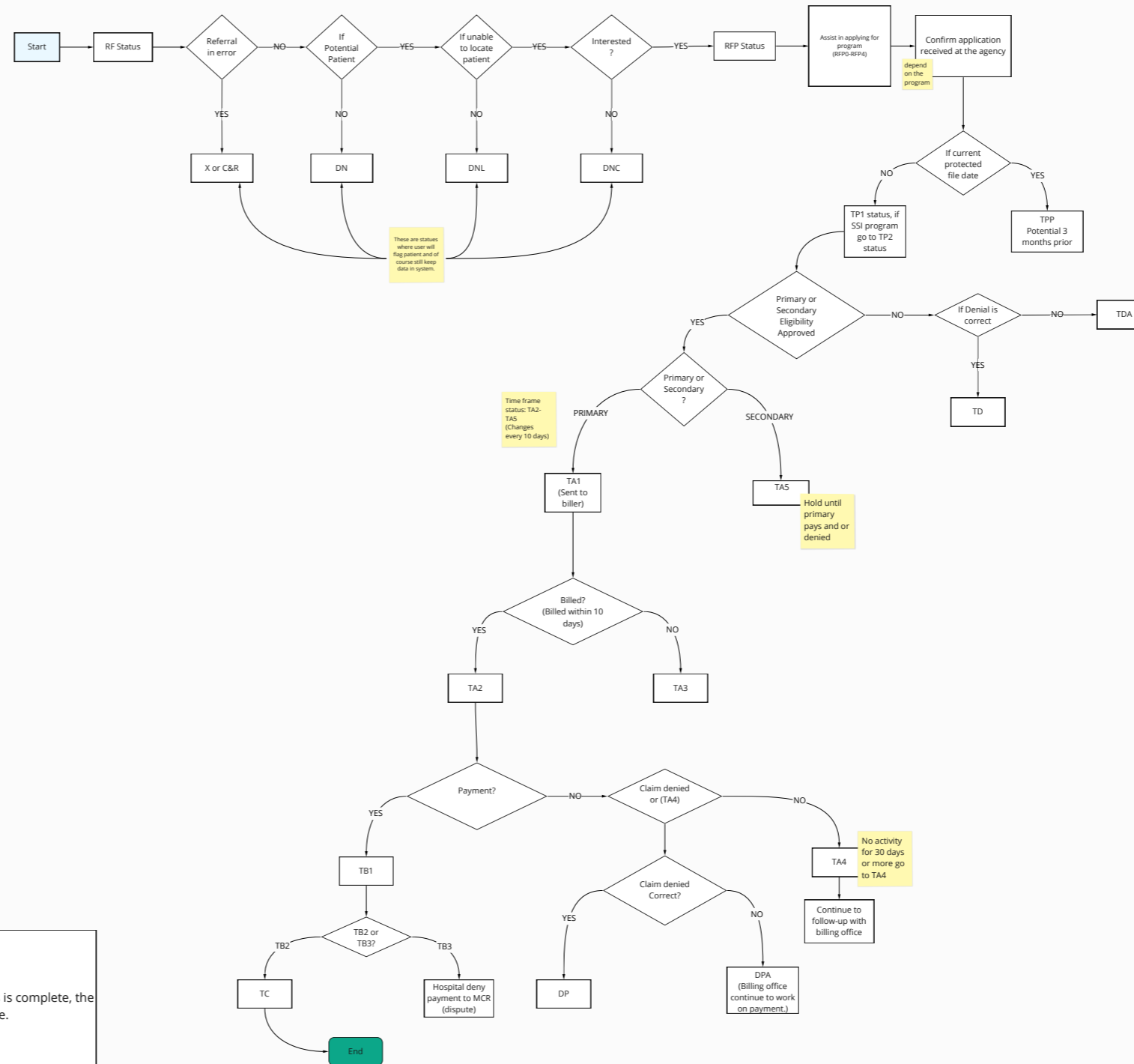
DNC - Patient was uncooperative Refused services or good phone number or good address but no response from Patient.

DNL - MCR personnel have exhausted all efforts to locate the Patient, including home visit if the account balance meets home visit requirements. Bad address was given as home could not be located or received other verification that the Patient/guardian has moved and left no forwarding address.

X - MCR personnel reviewed the Hospital notes on the account and determined that the Hospital already had the benefit information at the time of admit. Account was referred in error.

C&R - MCR personnel received an Inpatient referral as it was determined that the Patient did not have any benefits. MCR screened the Patient, found that the Patient had certified benefits, verified this information was correct and submitted the account back to the Hospital with the benefit information all before the Patient discharged from the Hospital.

# Overall Status Flow Chart



## User Story

As an employee, I would like to complete all patient statuses and tasks to help them pay their hospital bill and help hospitals non-paying patients become paying patients.

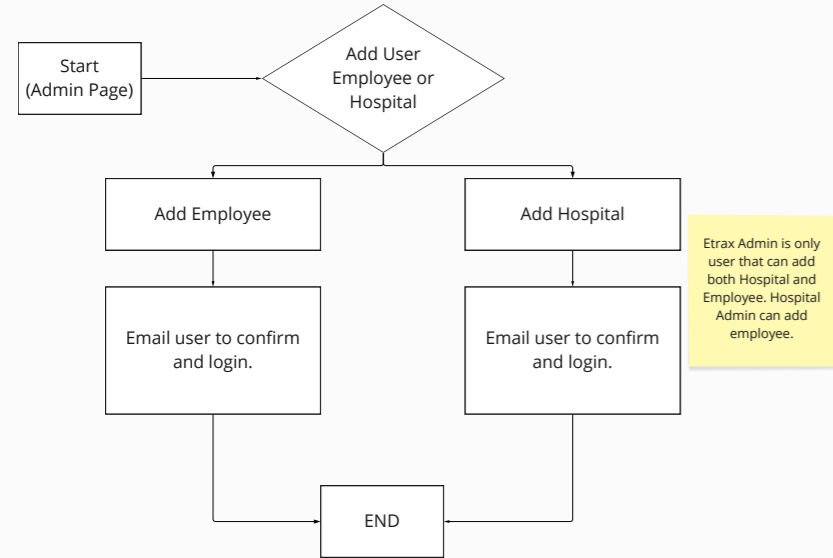
## Job to Be Done

Help hospitals get non-paying patients to paying patients through benefits, insurance, or self pay.

## App Features

1. The app updates status accordingly. If all task for a status is complete, the app will make next status active for employee to complete.

## Flow Chart



on admin screen I am thinking about adding another table/tab for coverages. Admin add /update coverages, thoughts?

Feature 022 | Priority 2 | coverage evaluation | As an ETRAX ADMINISTRATOR I want to be able to update evaluation rules for the various different coverages so that I can adjust for legislative and regulatory changes in the programs. I should be able to add new questions and new evaluations using a visual workflow editor

### User Story

As an admin, hospital or supervisor I would like to quickly add employees accordingly, so everyone can start their duties in Etrax. Only the Etrax Admin can all Hospitals and employees.

### Job to Be Done

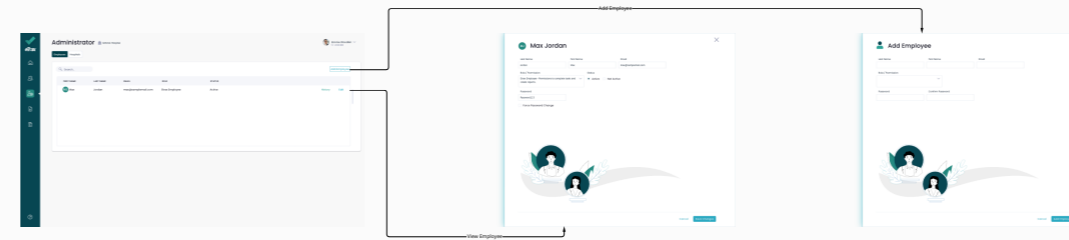
Add users. (Hospital or Employee)

Feature 012 | Priority 1 | User management | As an ETRAX ADMINISTRATOR I want to be able to manage users for each hospital so that I can add, remove, reset passwords and generally unblock users

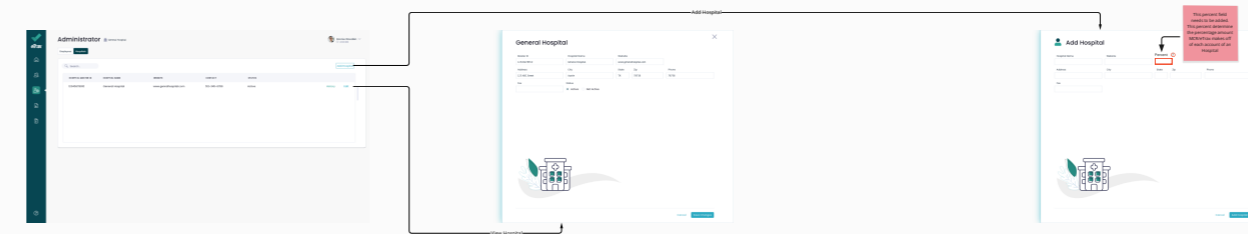
Feature 025 | Priority 1 | system management | As a SYSTEM I want to be able to use some sort of IaC system to set up new accounts on isolated storage so that we can onboard new hospitals without developer involvement

[PROTOTYPE LINK](#)

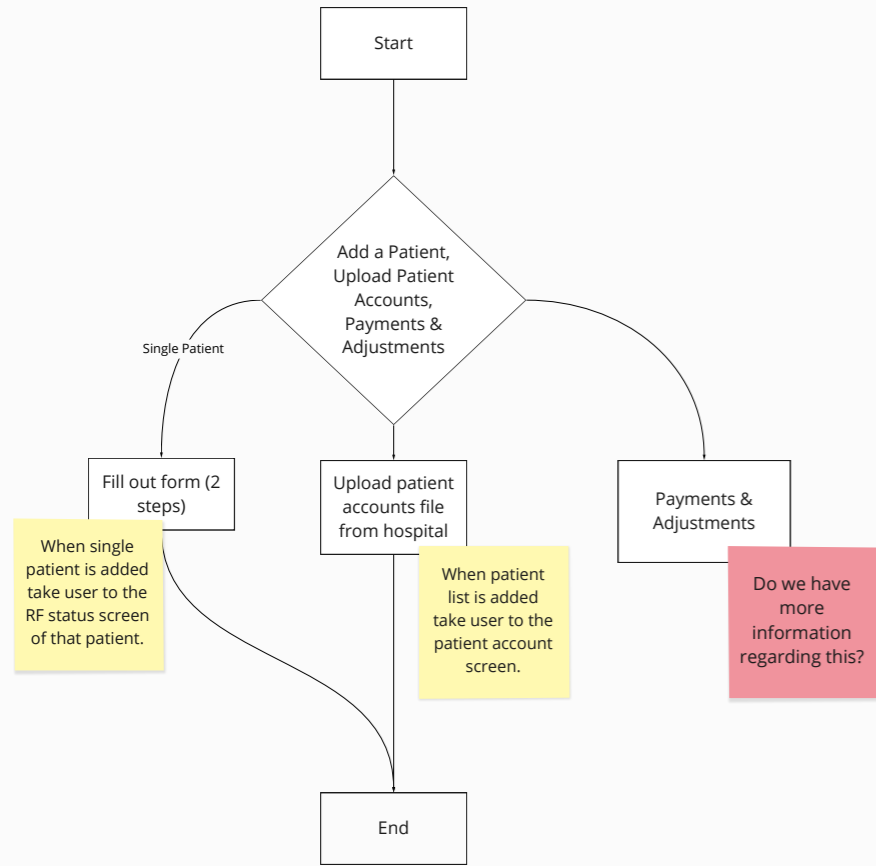
## Add Employee, and view an employee



## Add Hospital, and view an hospital

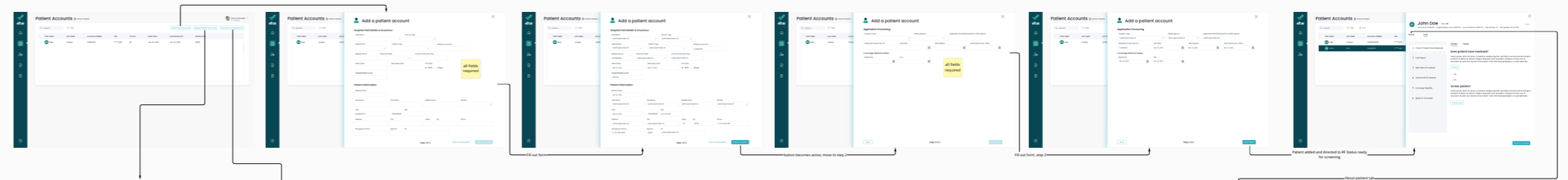


# Flow Chart

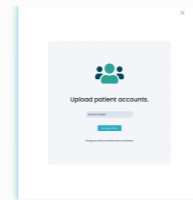


# Screens User Flow

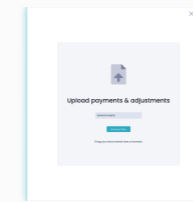
## Add Patient



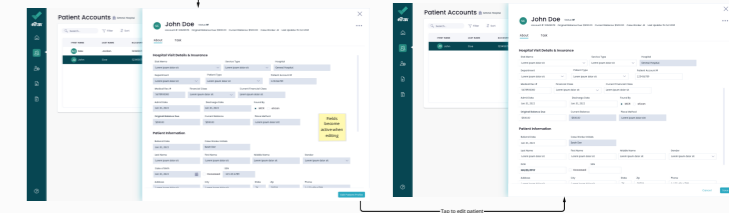
## Upload Patient Accounts



## Payments & Adjustments



## Editing account



**User Story**  
As an admin or employee (all levels), I would like to quickly add patients accordingly, so everyone can start their tasks.

**Job to Be Done**  
Add patients

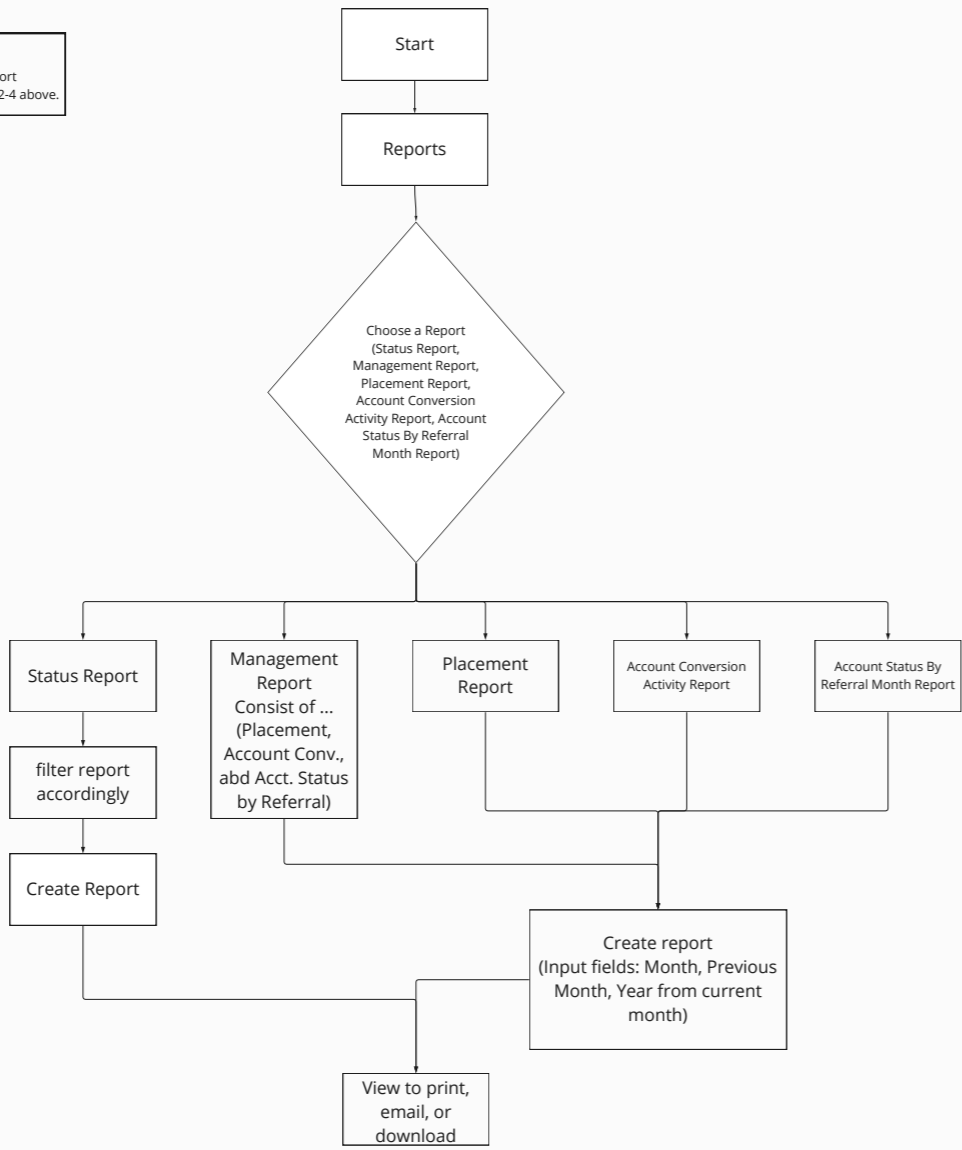
Feature 014 | Priority 1 | System management | As a SYSTEM I want to be able to provide for HIPAA compliance so that I can legally store patient data in encrypted storage

[PROTOTYPE LINK](#)

Notes

Report Types:  
 1. Status Report  
 2. Placement Report  
 3. Account Conversion Activity Report  
 4. Account Status by Referral Month Report  
 5. Management Report which reports 2-4 above.

Flow Chart



- Report Types:  
 1. Status Report  
 2. Placement Report  
 3. Account Conversion Activity Report  
 4. Account Status by Referral Month Report  
 5. Management Report which reports 2-4 above.

**User Story**

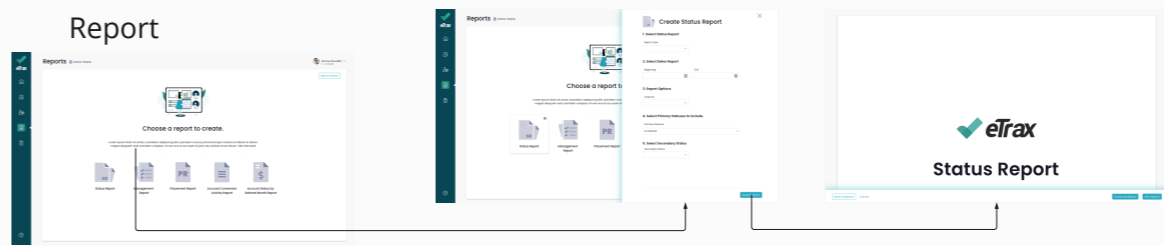
As an admin or employee (all levels), I would like to quickly create reports to share when needed.

**Job to Be Done**

Create Report

[PROTOTYPE LINK](#)

Create Status Report



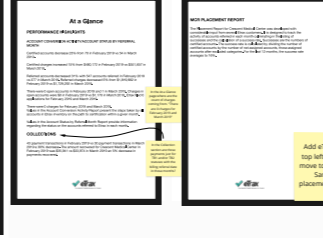
Report Types: All reports below.

1. Placement Report
2. Account Conversion Activity Report
3. Account Status by Referral Month Report
4. Management Report which reports 1-3 above.
5. Status Report

Cover Page



Summary Results



Executive Summary

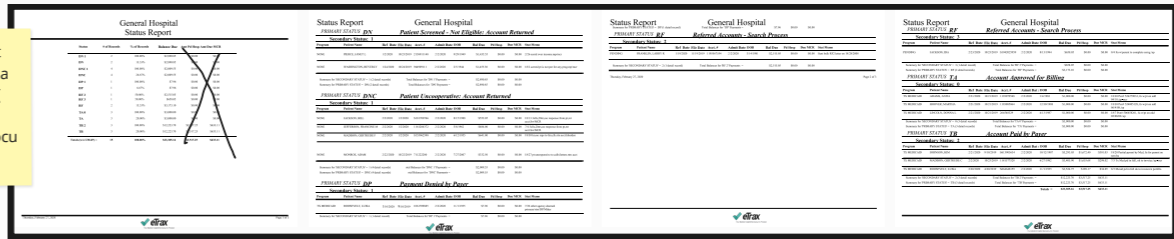
Category	Actual	Target	Variance
Admissions	100,000	100,000	0
Discharges	95,000	95,000	0
Net Discharge Rate	95%	95%	0%
Net Discharge Rate	95%	95%	0%
Net Discharge Rate	95%	95%	0%

Category	Actual	Target	Variance
Admissions	100,000	100,000	0
Discharges	95,000	95,000	0
Net Discharge Rate	95%	95%	0%
Net Discharge Rate	95%	95%	0%
Net Discharge Rate	95%	95%	0%

Placement Report

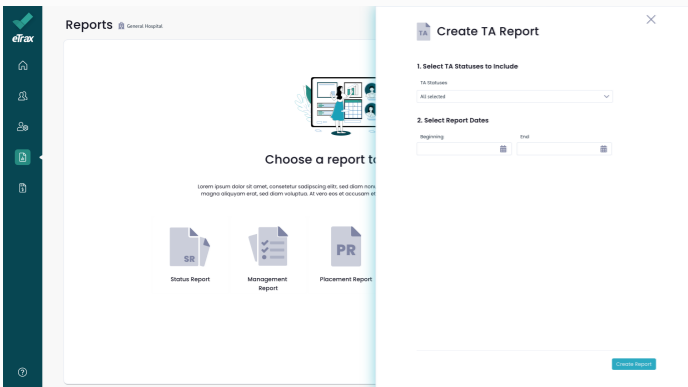
Account Conversion Activity

Account Status by Referral

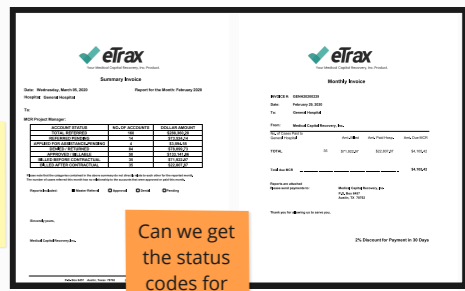
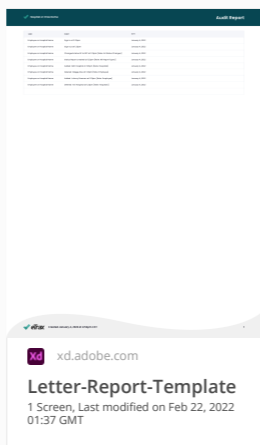
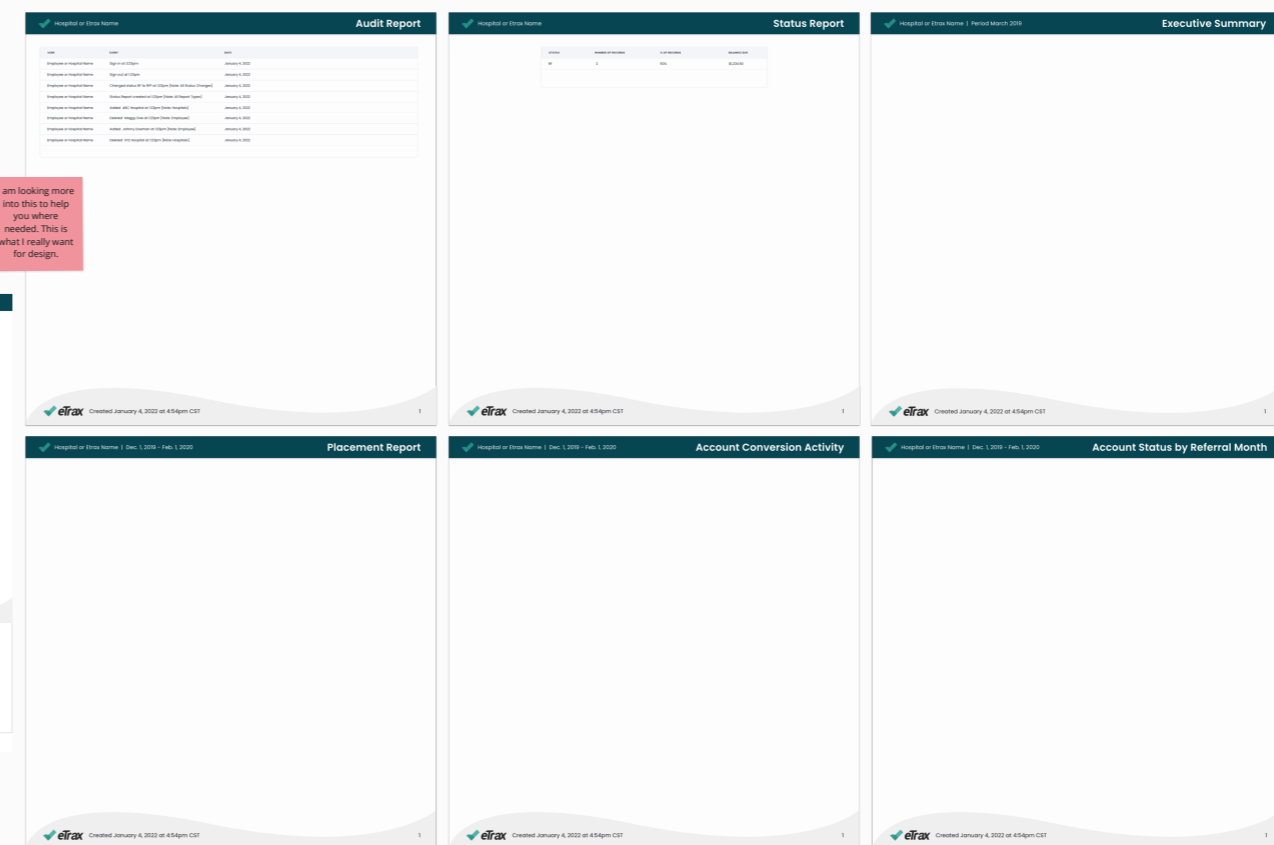


Status Report

TA Report



Header, Footer, Font, and Table Designs. Just colors and outlines



Invoices

Can we get the status codes for these?



# Notes

**RF Status** - Accounts referred to MCR Account is currently in the Patient search process-no Patient contact

**Tasks:**

1. Attempt contact with patient via call and or letters (3 calls and 2 letters) - 7 days apart  
*Alvin Question: Mail letters or email letters or both? I say both. User can print letter out to mail or email letter. - due to HIPAA my recommendation is only via letter unless we can have patient state okay to email.*
2. If attempt is successful screen patient and determine if potential for any programs - if potential inform patient and assist with program deemed potential and change status to RFP
3. If screened and not potential and or patient refuses MCR services return account to hospital

*Alvin Question: What programs are we screening for? What determines if the screening process is good or not for each program?*

*Texas Medicaid - determination is based off household comp., resources and income guidelines*

*SSDI - determination is based off duration of disability, medical evidence, work history*

*Crime Victims - patient must verify they did not contribute to the crime and must be fully cooperative with law enforcement and investigation of the reported crime.*

*County indigent - determination is based under income and resource guidelines.*

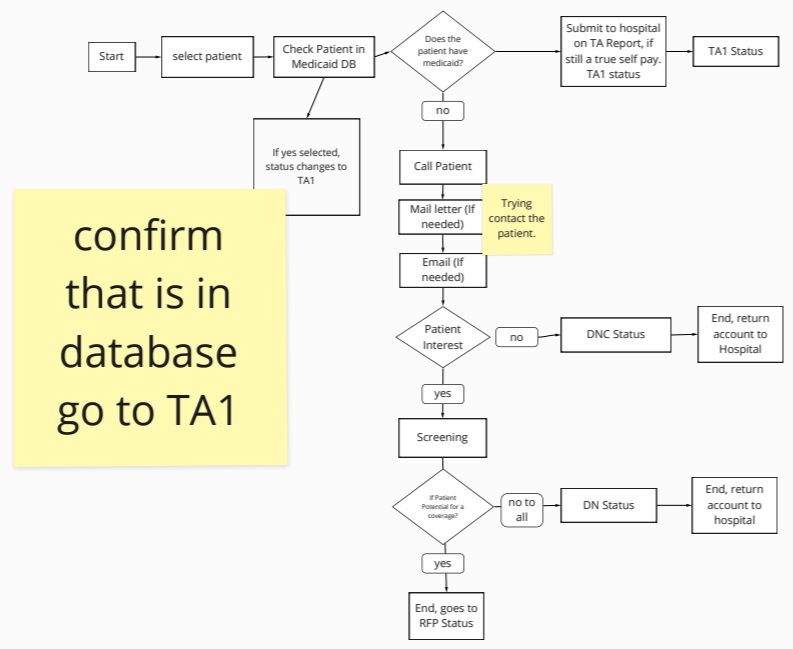
*Veterans Affairs - determination is based if patient may have service connected disabilities, emergency services for VA patients may be covered under the Millennium Act*

*A&D (aged and disabled) - determination includes same as Tx Medicaid with a difference in criteria including confirmation of a disability condition and or patients citizenship/residency status*

**(Note: App will update status RF0-RF4 in every 30 days)**

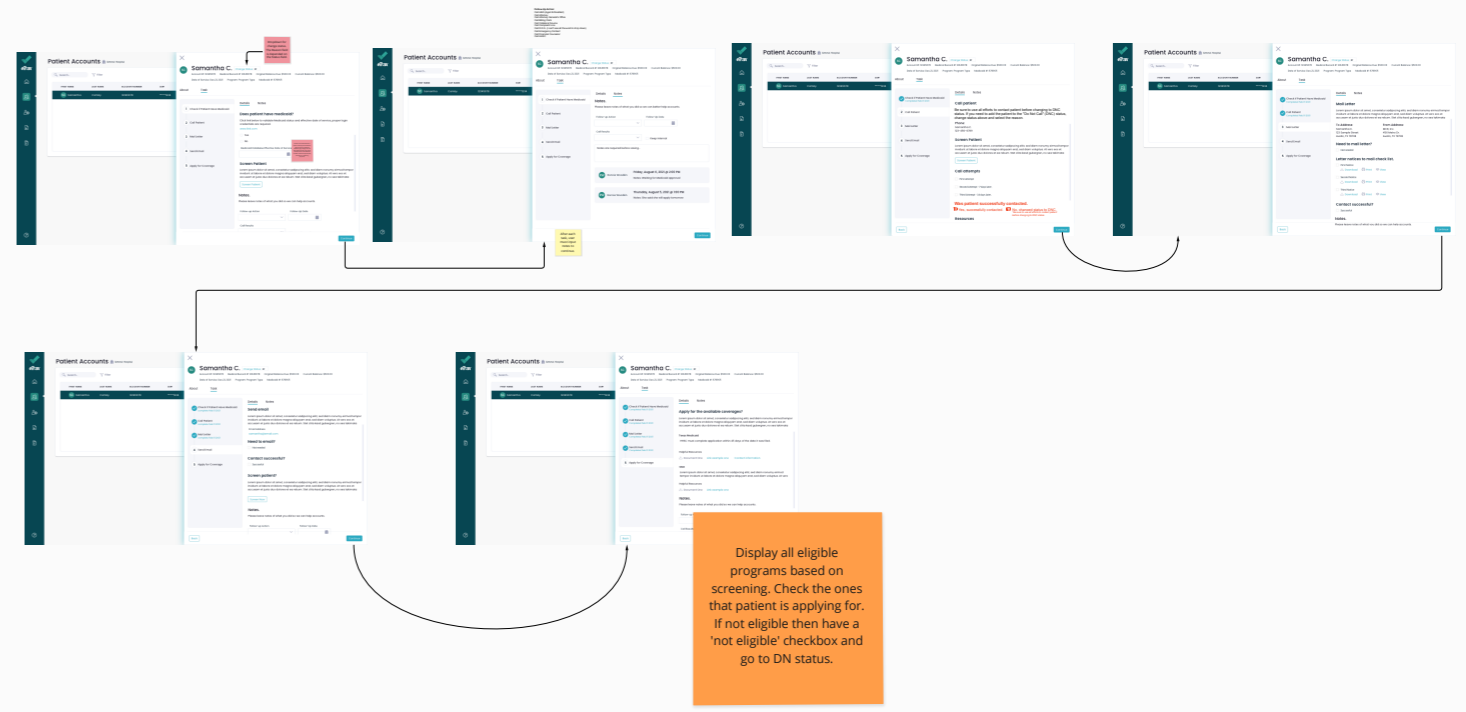
- RF0 - RF accounts still in the month of service
- RF1 - RF accounts in the month after the month of service
- RF2 - RF Accounts in the second month after the month of service
- RF3 - RF Accounts in the third month after the month of service
- RF4 - RF Accounts in the fourth month or greater after the month of service- *Beyond RF4 move to DNC2 status*

# Flow Chart



confirm that is in database go to TA1

# Screens User Flow



Display all eligible programs based on screening. Check the ones that patient is applying for. If not eligible then have a 'not eligible' checkbox and go to DN status.

**User Story** [VIEW PROTOTYPE](#)

As an employee, I would like to easily start my RF status tasks, so I can easily accomplish the desired goal which is contacting the patient regarding required needed information.

**Job to Be Done**

Contact patient.

# Notes

**RFP Status** - Accounts where Patient has been contacted, screened and deemed potentially eligible for benefits, but application not filed

**Tasks:**  
 1. Call and or send letters (3 calls 2 letters) asking patient to apply for deemed program and or provide necessary documents to submit the application to agency

Alvin Question: Mail letters or email letters or both? I say both. User can print letter out to mail or email letter.

Due to HIPAA my recommendation is only via letter unless we can have patient state okay to email

(Note: App will update status RFP0-RFP4 in every 30 days)

RFP0 - RFP accounts still in the month of service

RFP1 - RFP accounts in the month after the month of service

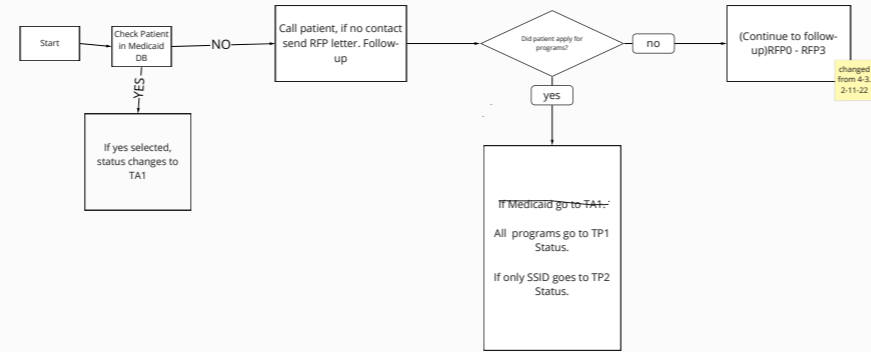
RFP2 - RFP Accounts in the second month after the month of service

RFP3 - RFP Accounts in the third month after the month of service

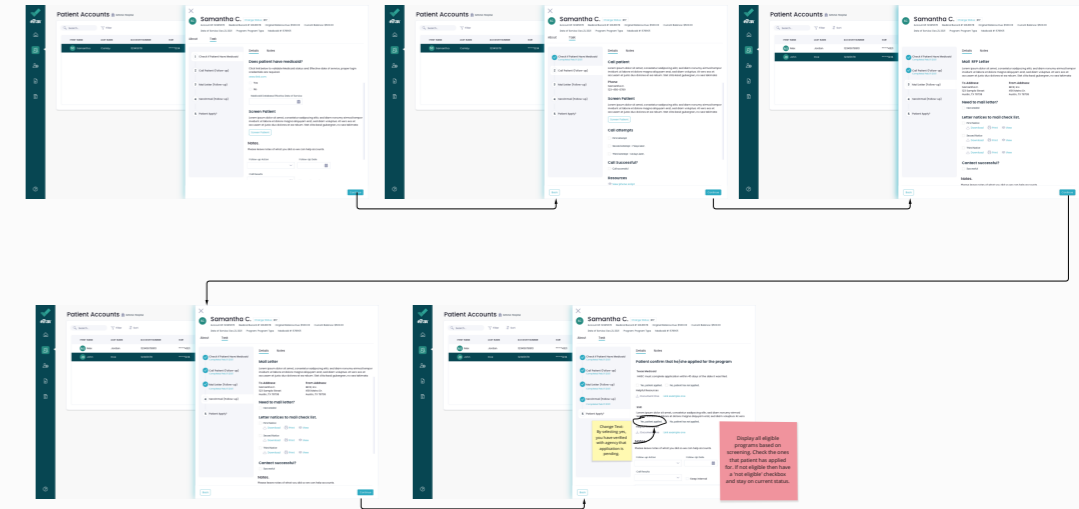
RFP4 - RFP Accounts in the fourth month or greater after the month of service

service

# Flow Chart



# Screens User Flow



**User Story** [VIEW PROTOTYPE](#)

As an employee, I would like to easily start my RF status tasks, so I can easily accomplish the desired goal which is contacting the patient regarding required needed information.

**Job to Be Done**

Contact patient.



# Notes

**TP1 Status** - Accounts that have applications filed at a payer agency and in process and we are awaiting approval notification (normal)

**Tasks:**

1. Contact agency to get update on status of application - verify via TMHP if Medicaid and or if CV call Texas Attorney General office.
2. check with patient to see if they've received any notices asking for any additional documentation.

Programs for TP1:

Texas Medicaid - determination is based off household comp., resources and income guidelines.

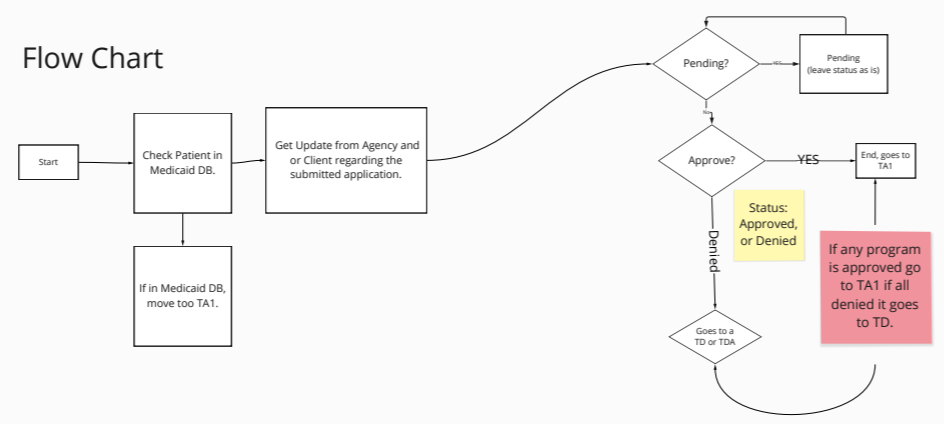
Crime Victims - patient must verify they did not contribute to the crime and must be fully cooperative with law enforcement and investigation of the reported crime.

County Indigent - determination is based on income and resource guidelines.

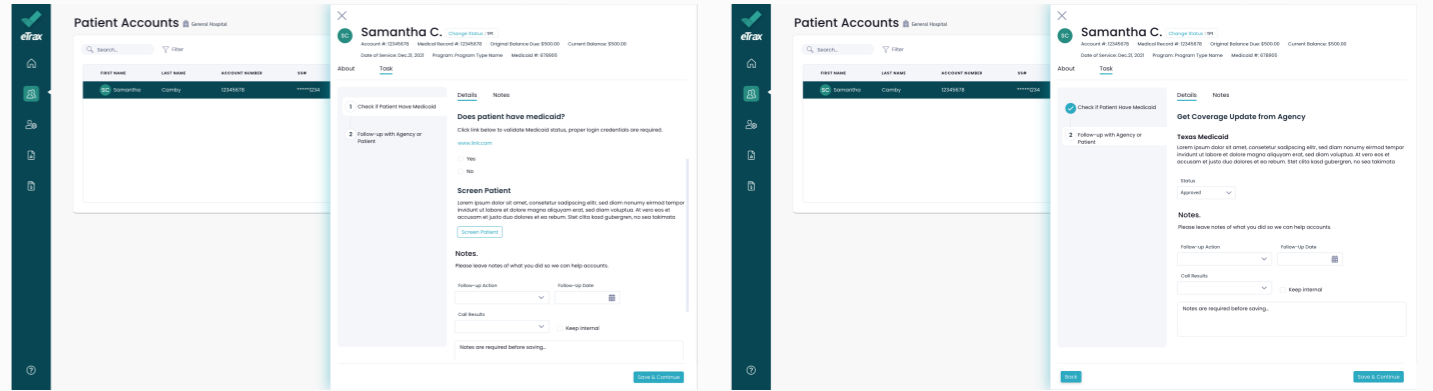
Veterans Affairs - determination is based if patient may have service connected disabilities, emergency services for VA patients may be covered under the Millennium Act.

ADI (aged and disabled) - determination includes same as Tx Medicaid with a difference in criteria including confirmation of a disability condition and or patients citizenship/residency status.

# Flow Chart



# Screens User Flow



**User Story** [VIEW PROTOTYPE](#)

As a user I would like to quickly contact the agent and or patient for updates of the applications, so I can know if patient is approved or not.

**Job to Be Done**

Get status of application from agent and or patient. Update application status (approved, denied, pending).

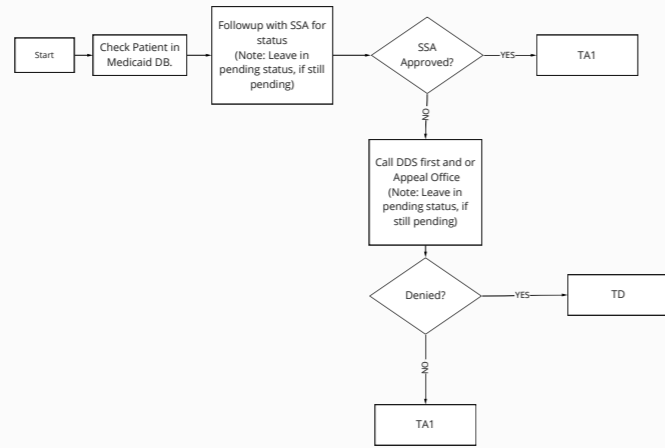
# Notes

**TP2 Status** - Accounts that have applications filed at a payer agency and in process and we are awaiting approval notification (SSI)

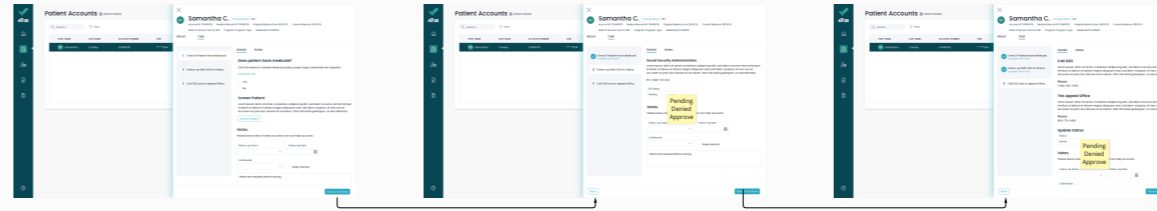
**Tasks:**

1. Follow up with SSA for status - call DDS and or Appeals office to check if any status, follow up every 30 days. This program could potentially take up to 2 years for a determination.

# Flow Chart



# Screens User Flow



**User Story** [VIEW PROTOTYPE](#)

As a user I would like to quickly contact SSA, DDS, and or Appeal Office for status of SSID.

**Job to Be Done**

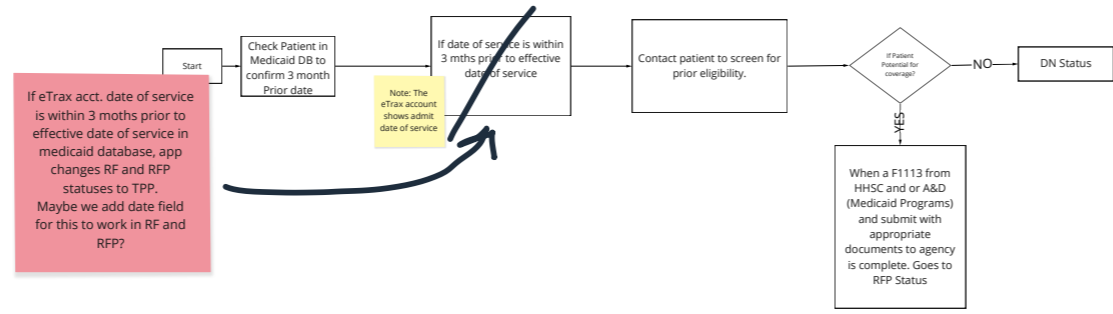
Get SSID status (approved, denied, pending).

# Notes

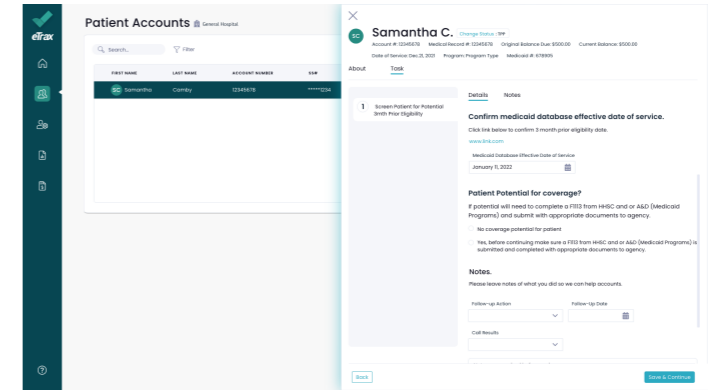
**TPP Status** - Potential Three Month Prior eligibility- Patient has a protected file date. Seek/seeking three-month prior eligibility.

- Tasks:**
1. Contact patient to screen for 3 month prior, if potential will need to complete a F1113 from HHSC and or A&D (Medicaid Programs) and submit with appropriate documents to agency.

# Flow Chart



# Screens User Flow



**User Story**

???

**Job to Be Done**

???

# Notes

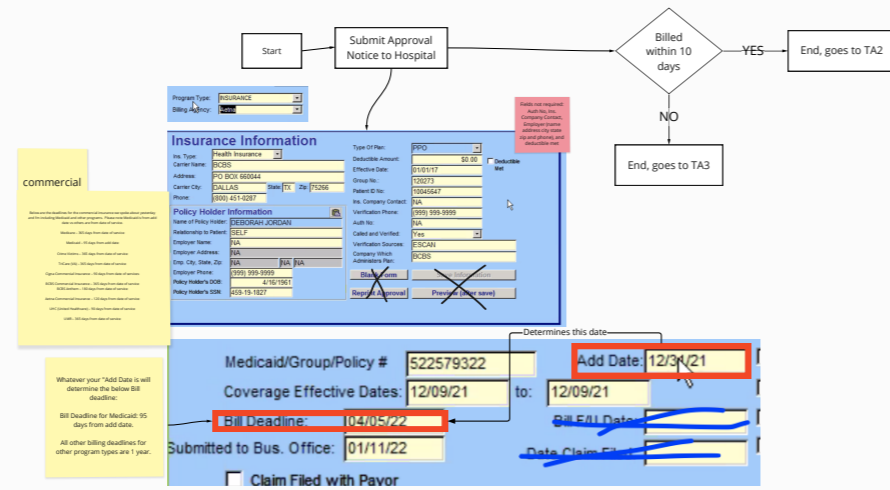
**TA1 Status** - Approval Notice sent to Hospital

**Tasks:**

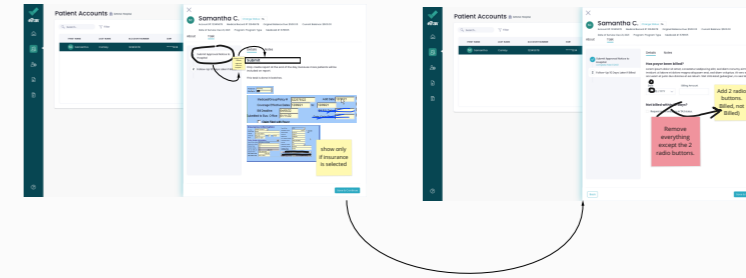
- 1. Submit to Business Office to have them bill payor

Alvin Question: When submitting to business office, what are you submitting? How are you submitting this currently? **example sent to you last week - via email on an excel sheet**

# Flow Chart



# Screens User Flow



**User Story** [VIEW PROTOTYPE](#)

As a user, I would like to submit approval notice to the hospital and make sure payor been billed, so I can continue with my task regarding the patient.

**Job to Be Done**

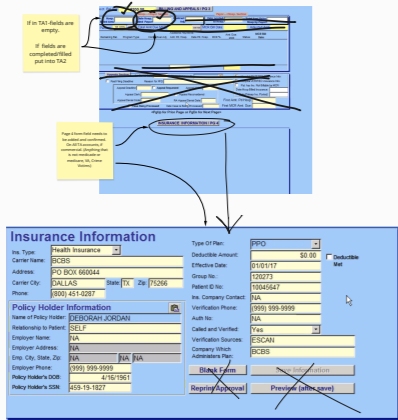
Submit approval notice and make sure payor been billed.

# Notes

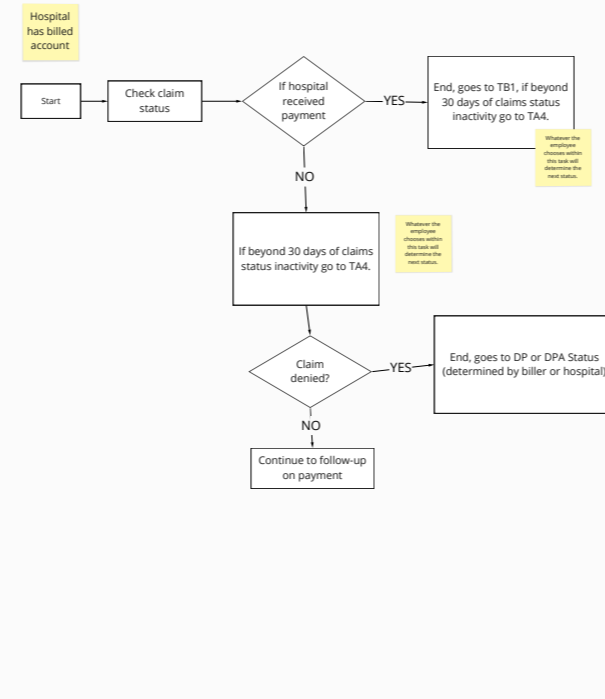
**TA2 Status** - Hospital has billed Payer

**Tasks:**

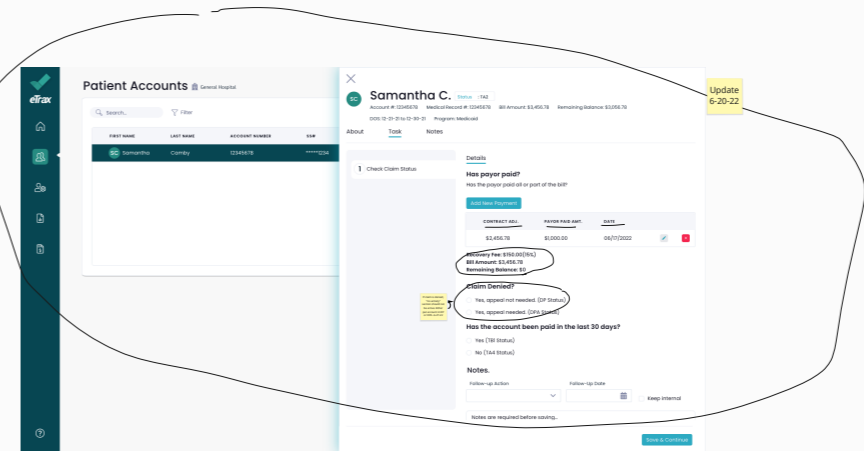
1. Check status of claim weekly until its paid or denied.



# Flow Chart



# Screens User Flow



**User Story** [VIEW PROTOTYPE](#)

As a user, I would like to check claim status, so I can continue with my task regarding the patient.

**Job to Be Done**

Check claim status, claim denied, or no activity

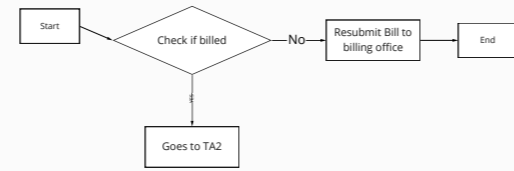
# Notes

**TA 3 Status** - MCR requesting Hospital to re-bill the Account

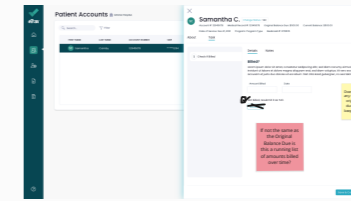
**Tasks:**

- 1. 1. Re submit the billing info to billing office asking to bill payor

# Flow Chart



# Screens User Flow

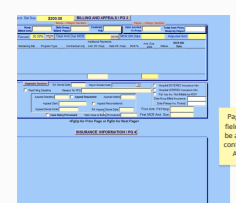


<b>User Story</b> ???	<a href="#">VIEW PROTOTYPE</a>
<b>Job to Be Done</b> ???	

# Notes

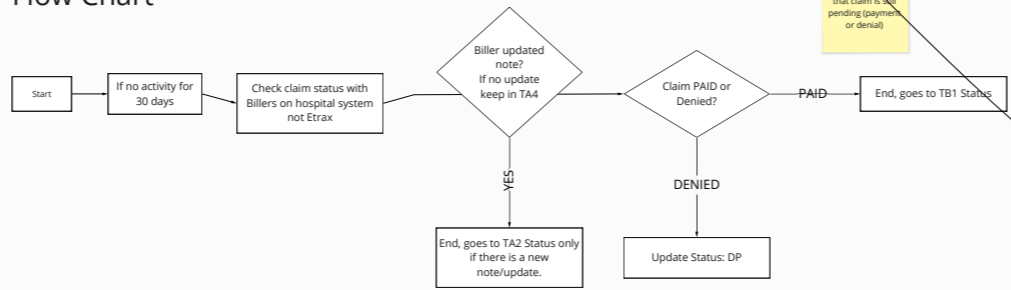
**TA4 Status** - Hospital has billed payer; No activity for 30 days or more

**Tasks:**  
 1. 1. Ask billers to check on claim status, whenever there is an update on the claim, Etrax system update status TA2. If claim denied place in DP status. If claim paid, put in TB1 status.



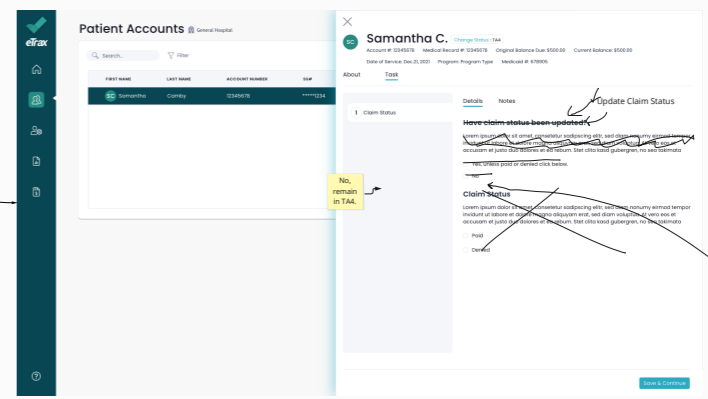
Page 4 form field needs to be added and confirmed. On All TA4

# Flow Chart

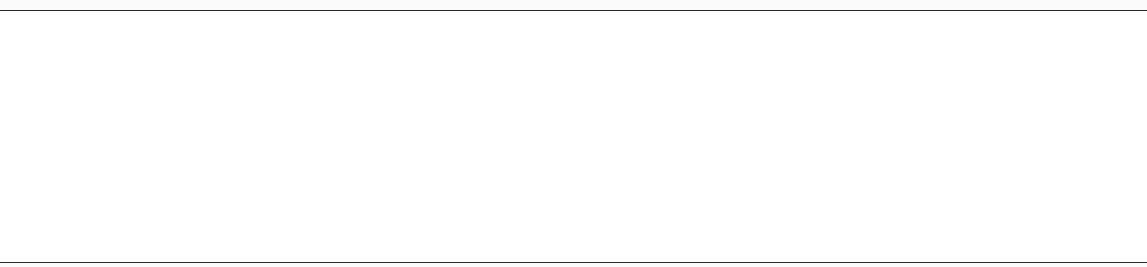


anything showing that claim is still pending (payment or denial)

# Screens User Flow



- Biller has not updated their notes (TA4)
- Claim is still pending. Update note below. (TA2)
- Claim has been paid (TB1)
- Claim has been denied (DP)



## User Story

???

[VIEW PROTOTYPE](#)

## Job to Be Done

???

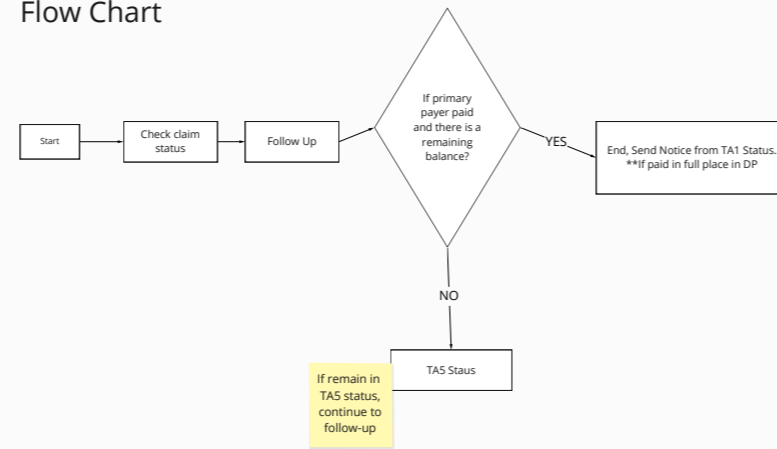
# Notes

**TA5 Status-** Secondary eligibility approved, approval notice sent to Hospital

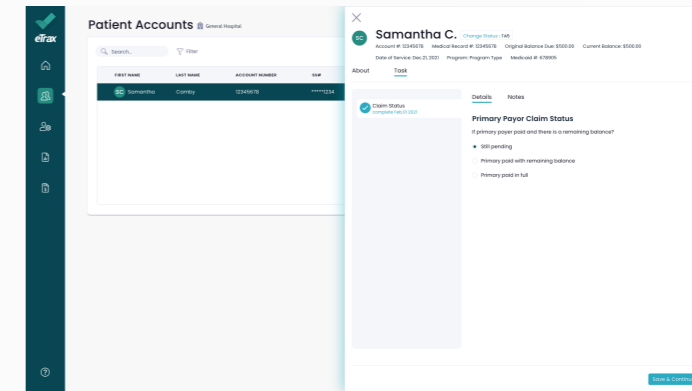
**Tasks:**

1. Check to see if primary has paid and if still pending leave in TA5, if paid and remaining balance place in TA1 and submit the information to billing office to bill secondary and or tertiary

# Flow Chart



# Screens User Flow



<b>User Story</b> ???	<a href="#">VIEW PROTOTYPE</a>
<b>Job to Be Done</b> ???	

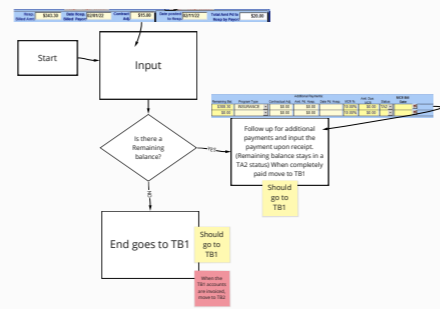


# Notes

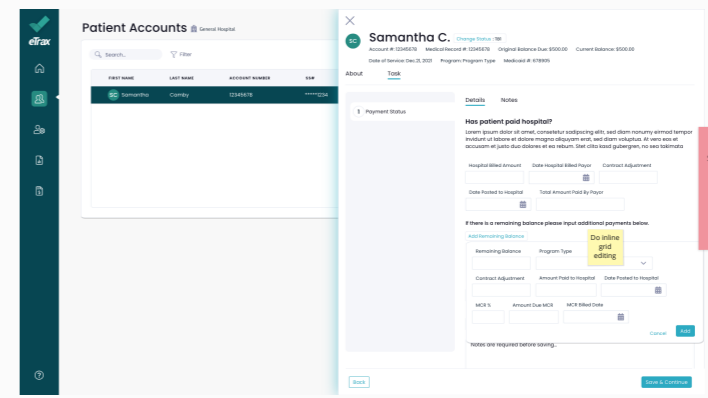
**TB1 Status** - Hospital has been paid by payer and posted the payment in the Hospital system

- Tasks:**
1. Enter.

# Flow Chart



# Screens User Flow



<p><b>User Story</b></p> <p>???</p>
<p><b>Job to Be Done</b></p> <p>???</p>

**TB2 Status** - MCR has invoiced the Hospital for the account. (All accounts are invoiced)

**Tasks:**

1. System put all accounts in TB2, after Rosa does invoicing

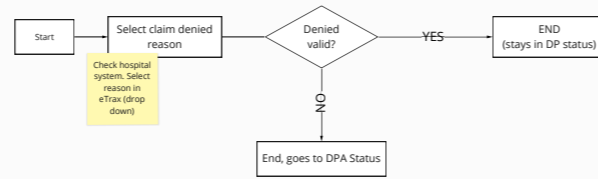
# Notes

**DP Status** -Payer billed, payment denied.

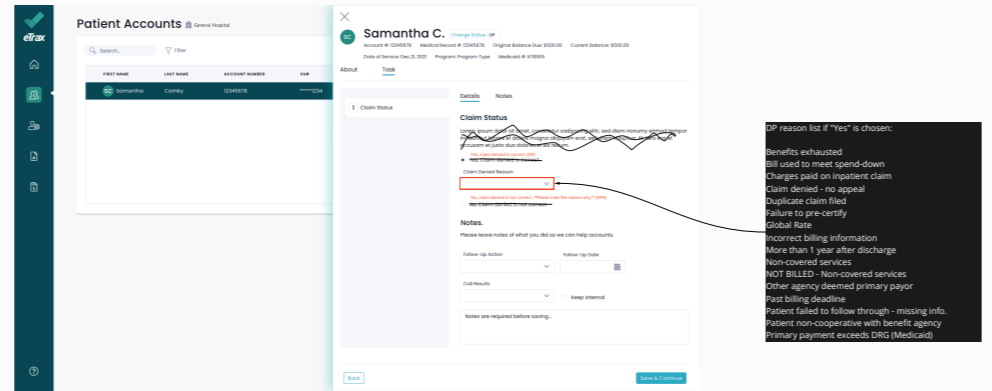
**Tasks:**

1. QA to ensure denial from payor was correct, if incorrect place in DPA and submit to Billing Office and have them appeal denial and or MCR can appeal if has patient approval to submit on their behalf via phone or email.

# Flow Chart



# Screens User Flow



<b>User Story</b>
???
<b>Job to Be Done</b>
???

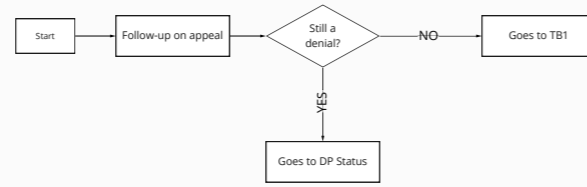
# Notes

**DPA Status**- Eligibility Certified but payment denied by payer- Denial is not correct and MCR is appealing the payment denial

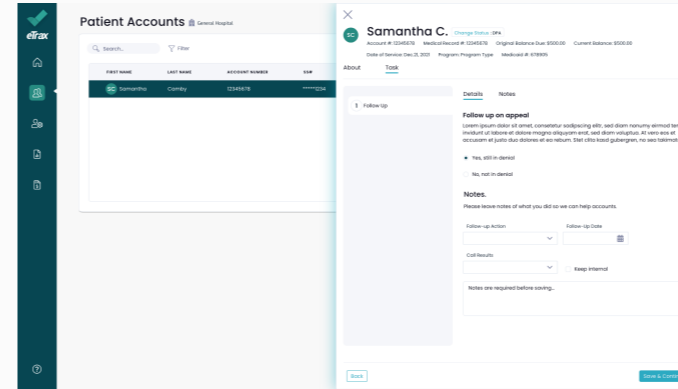
**Tasks:**

- 1. 1. Follow up on status of appeal.

# Flow Chart



# Screens User Flow



# Notes

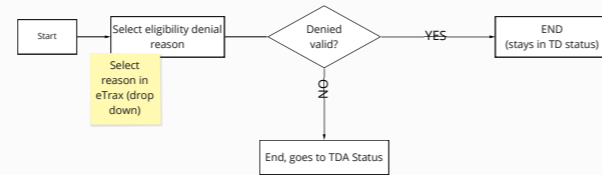
**TD Status** - Third Party Payer Agency denied Patient application for eligibility

**Tasks:**

1. QA to ensure agency denial is correct,

# TD

## Flow Chart

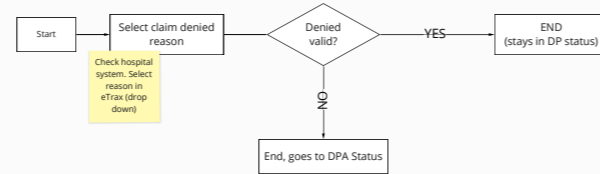


## Screens User Flow

The screenshot shows the 'Patient Accounts' interface for Samantha C. The 'Eligibility Denial' section is highlighted, showing a dropdown menu with the following options:

- Account greater than 365 days - no resolution
- Claim Denied - No Appeal
- Doesn't meet spend-down (Medicaid TPSS)
- Failed to meet citizenship requirements
- Failed to meet income requirements
- Failed to meet residency requirements
- Failed to meet resource requirements
- Non-covered services
- Not disabled (SSJ)
- Patient failed to follow through - missed appointment

# DP



The screenshot shows the 'Patient Accounts' interface for Samantha C. The 'Claim Status' section is highlighted, showing a dropdown menu with the following options:

- Benefits exhausted
- Bill used to meet spend-down
- Charges paid on inpatient claim
- Claim denied - no appeal
- Duplicate claim filed
- Failure to pre-certify
- Global Rate
- Incorrect billing information
- More than 1 year after discharge
- Non-covered services
- NOT BILLED - Non-covered services
- Other agency deemed primary payor
- Past billing deadline
- Patient failed to follow through - missing info.
- Patient non-cooperative with benefit agency
- Primary payment exceeds DRG (Medicaid)

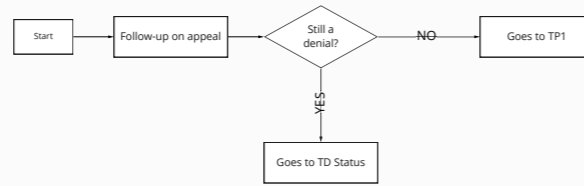
# Notes

TDA Status- Third Party Agency denial of eligibility is being appealed

## Tasks:

- 1.1. Follow up with agency on appeal

# Flow Chart



# Screens User Flow

The screenshot shows the eFax Patient Accounts interface. On the left is a sidebar with navigation icons. The main area is split into two panels. The left panel, titled 'Patient Accounts', shows a table with columns for 'FIRST NAME', 'LAST NAME', 'ACCOUNT NUMBER', and 'SEX'. The right panel, titled 'Samantha C.', shows account details including 'Account # 1234567', 'Medical Record # 12345678', 'Original Balance Due \$500.00', and 'Current Balance \$500.00'. Below this is a 'Follow up' section with a 'Follow up on appeal' note, a 'Follow-up Action' dropdown, a 'Follow-up Date' field, a 'Call Results' dropdown, and a 'Keep Internal' checkbox. A 'Notes' field is also present.

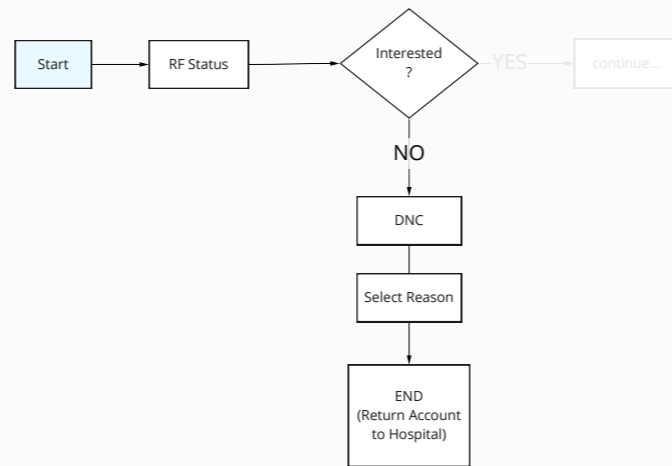
# Notes

DNC Status - Patient was uncooperative Refused services or good phone number or good address but no response from Patient.

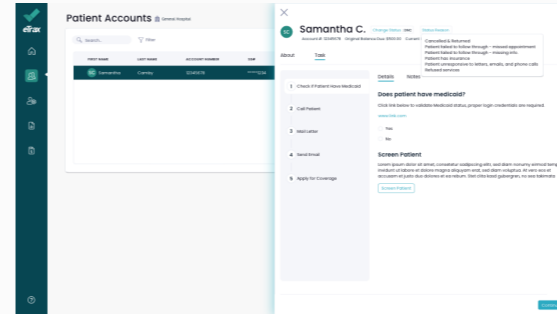
Tasks:

1. Return account to hospital

# Flow Chart



# Screens User Flow



Reason dropdown options:  
Cancelled & Returned  
Patient failed to follow through - missed appointment  
Patient failed to follow through - missing info.  
Patient has insurance  
Patient unresponsive to letters, emails, and phone calls  
Refused services

**PROTOTYPE**

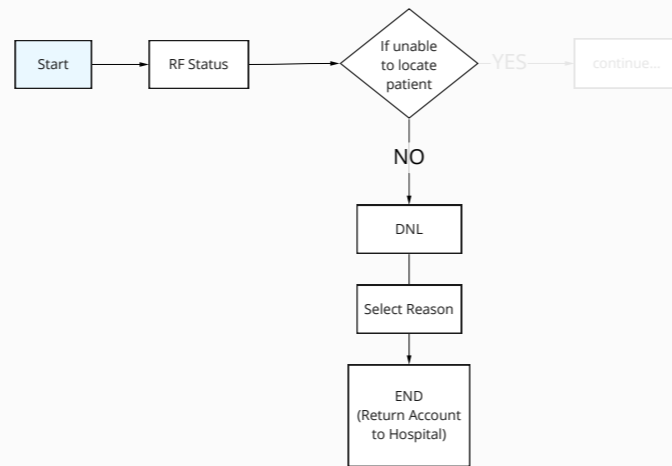
# Notes

DNL Status - MCR personnel have exhausted all efforts to locate the Patient, including home visit if the account balance meets home visit requirements. Bad address was given as home could not be located or received other verification that the Patient/guardian has moved and left no forwarding address.

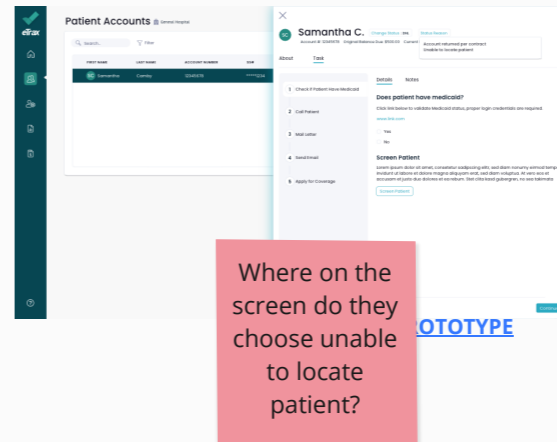
## Tasks:

1. Return account to hospital

# Flow Chart



# Screens User Flow





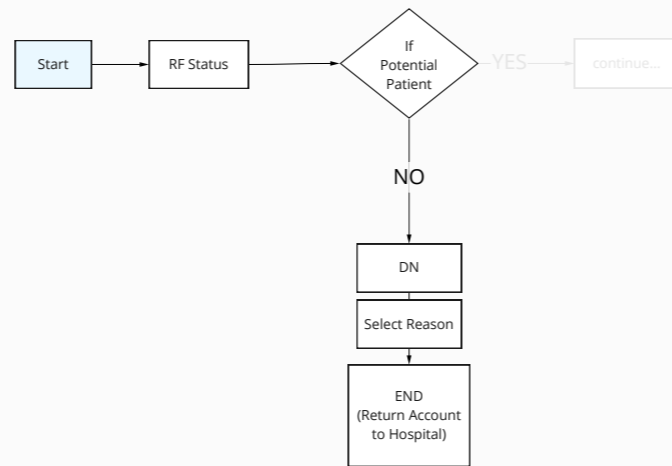
# Notes

**DN Status-** Patient located and screened and MCR deemed Patient ineligible for any payer program

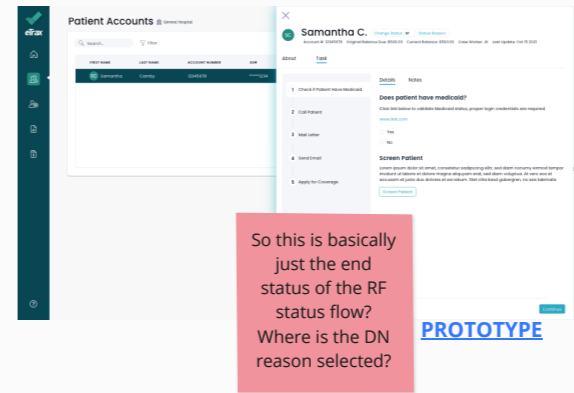
**Tasks:**

1. Return account to hospital **Alvin Question: Can you expand on this? What does the current Etrax system do when you return account to hospital? What do you do? It keeps the account in this status for life of account - if hospital request, we submit a list of accounts returned at beginning of each month for returns from previous month.**

# Flow Chart



# Screens User Flow



# Notes

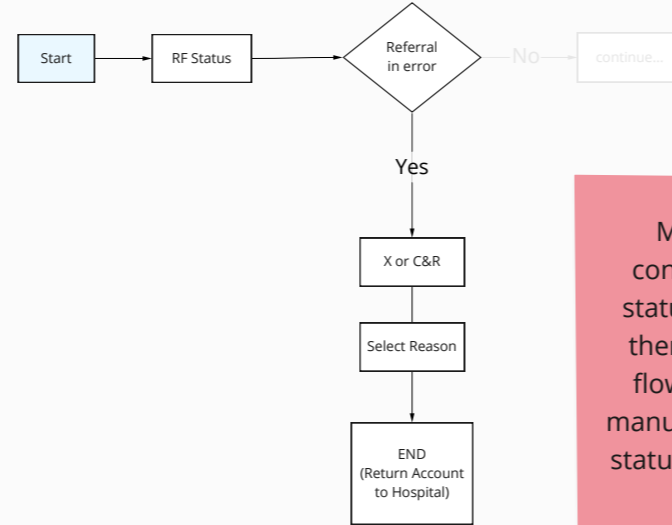
**X Status-** MCR personnel reviewed the Hospital notes on the account and determined that the Hospital already had the benefit information at the time of admit. Account was referred in error.

- Tasks:
1. Return account to hospital

**C&R Status-** MCR personnel received an Inpatient referral as it was determined that the Patient did not have any benefits. MCR screened the Patient, found that the Patient had certified benefits, verified this information was correct and submitted the account back to the Hospital with the benefit information all before the Patient discharged from the Hospital.

- Tasks:
1. Return account to hospital.

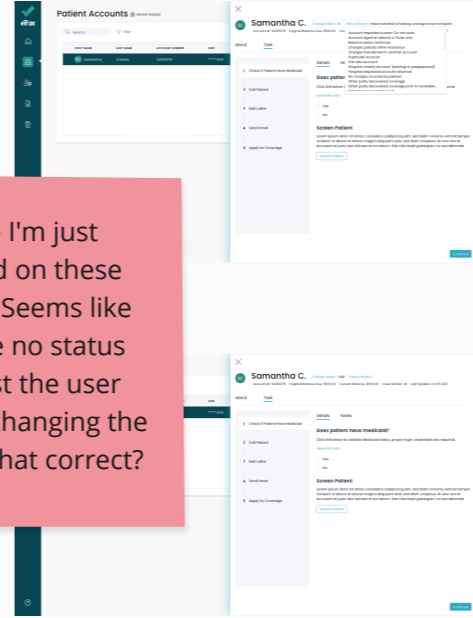
# Flow Chart



# Screens User Flow

X

Maybe I'm just confused on these statuses. Seems like there are no status flows just the user manually changing the status. Is that correct?

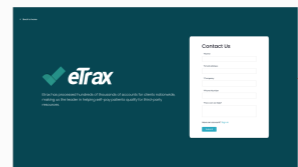
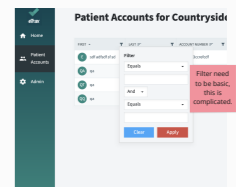
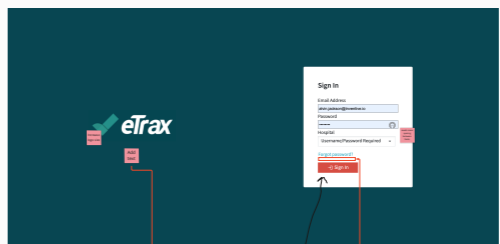
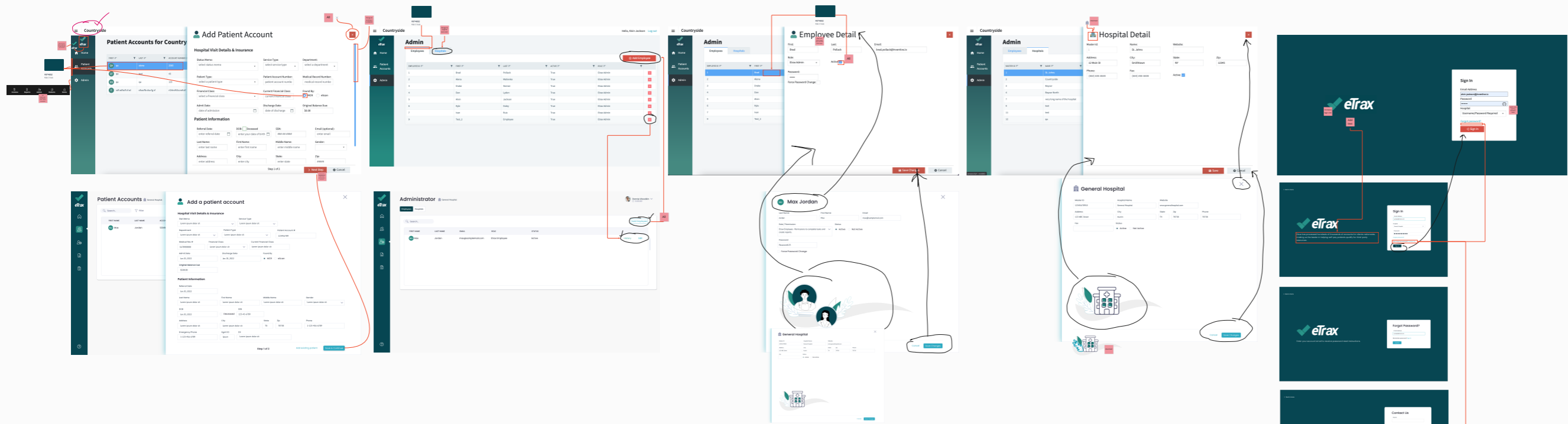


- Reason dropdown options:**
- Account imported in error. Do not work.
  - Account aged at referral. e-Scan only
  - Balance below minimum
  - Charges paid by other insurance.
  - Charges transferred to another account
  - Duplicate account
  - Fiat rate account
  - Hospital charity account (existing or preapproved)
  - Hospital requested account returned
  - No charges incurred by patient
  - Other party discovered coverage
  - Other party discovered coverage prior to workable...
  - Patient account paid in full
  - Patient admitted w/existing coverage known to hospital
  - Patient left hospital without being seen
  - Patient payment plan arranged prior to referral
  - Total charges adjusted to zero or minimal balance

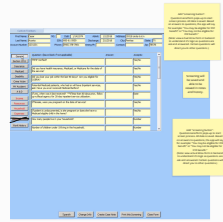
**PROTOTYPE**

- Reason dropdown options:**
- Account imported in error. Do not work.
  - Account aged at referral. e-Scan only
  - Balance below minimum
  - Charges paid by other insurance.
  - Charges transferred to another account
  - Duplicate account
  - Fiat rate account
  - Hospital charity account (existing or preapproved)
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  - Patient left hospital without being seen
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  - Total charges adjusted to zero or minimal balance

**PROTOTYPE**



## Notes

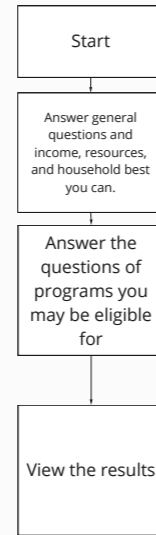


In Google Drive Pg 225-247 in doc: MCR\_E-Trax\_Deisgn\_Document .pdf

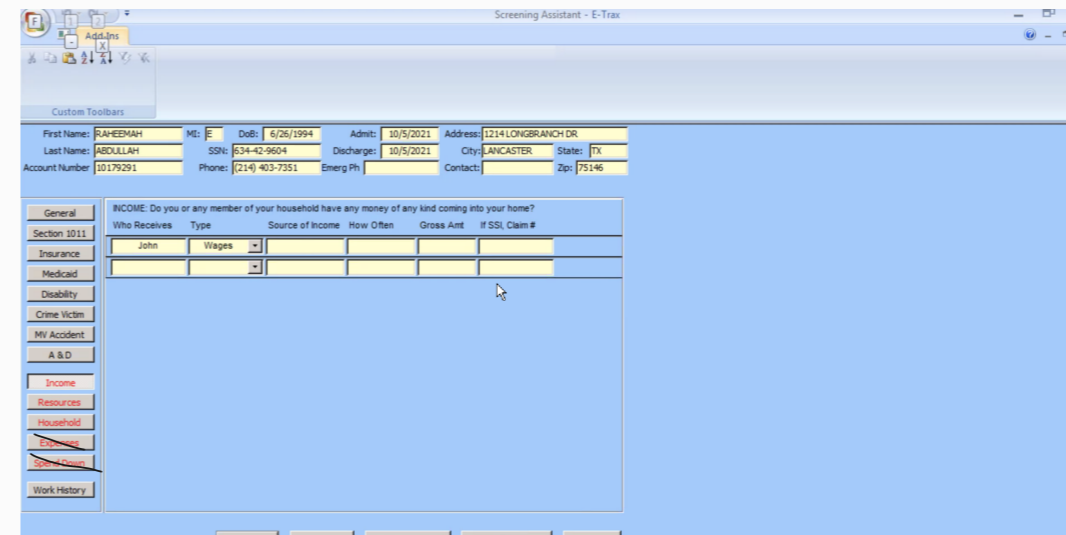
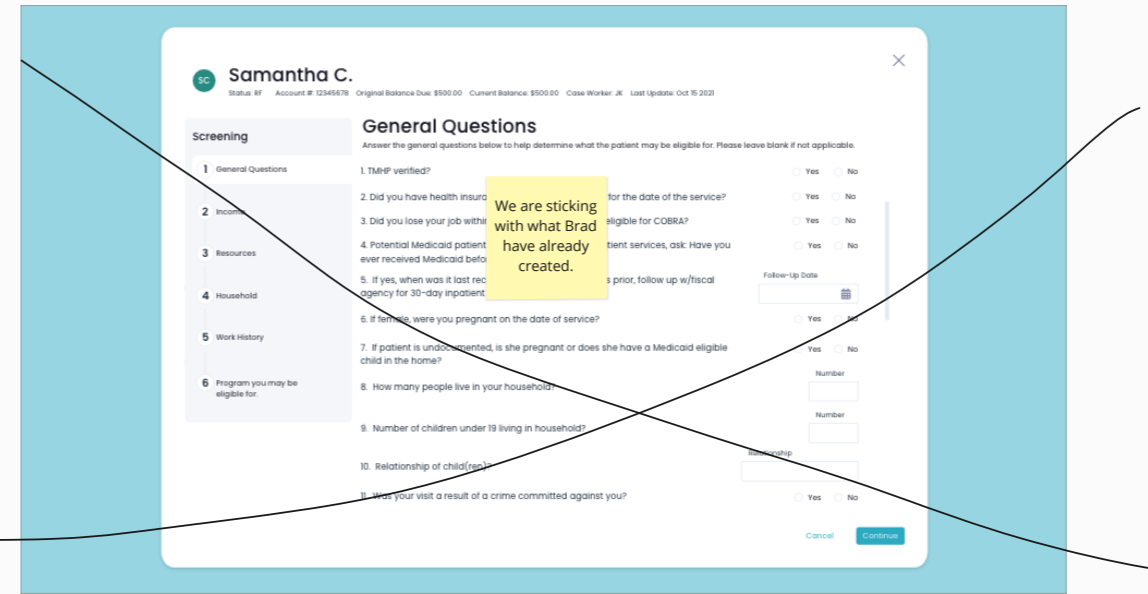
Great Information that may help.

Family Size	TP 32 and TP 36	One Parent
1	\$110	\$110
2	\$110	\$110
3	\$110	\$110
4	\$110	\$110
5	\$110	\$110
6	\$110	\$110
7	\$110	\$110
8	\$110	\$110
9	\$110	\$110
10	\$110	\$110
11	\$110	\$110
12	\$110	\$110
13	\$110	\$110
14	\$110	\$110
15	\$110	\$110
16	\$110	\$110
17	\$110	\$110
18	\$110	\$110
19	\$110	\$110
20	\$110	\$110
21	\$110	\$110
22	\$110	\$110
23	\$110	\$110
24	\$110	\$110
25	\$110	\$110
26	\$110	\$110
27	\$110	\$110
28	\$110	\$110
29	\$110	\$110
30	\$110	\$110
31	\$110	\$110
32	\$110	\$110
33	\$110	\$110
34	\$110	\$110
35	\$110	\$110
36	\$110	\$110
37	\$110	\$110
38	\$110	\$110
39	\$110	\$110
40	\$110	\$110
41	\$110	\$110
42	\$110	\$110
43	\$110	\$110
44	\$110	\$110
45	\$110	\$110
46	\$110	\$110
47	\$110	\$110
48	\$110	\$110
49	\$110	\$110
50	\$110	\$110

## Flow Chart



## Screening



**User Story**

As a user, I would like to quickly create an invoice.

[PROTOTYPE LINK](#)

**Job to Be Done**

Create Invoice reports

Tasks:

- 1. Print and mail out letters to patients accordingly when needed via status.

Letter Types:

- 1. Print and mail out letters to patients accordingly when needed via status.

Letter Design



Date: Friday, March 18, 2022

To: Patient Name
Patient Address
City, State Zip

From: Hospital Name or MCR/eTrax
Account Number:
Account Balance:
Date of Service:
Date of Discharge:

Dear [Acct. First Name],

Placeholder text for the main body of the letter, consisting of multiple paragraphs of Lorem Ipsum.

Sincerely yours,

[Hospital or MCR Name]

March 18, 2022

1

Reapply-Letter-RFP, TPP

The highlighted text are pulled from the accounts

RFP Letter

The highlighted text are pulled from the accounts

TPP, RFP, TP-Letter

The highlighted text are pulled from the accounts

RFO-3-First-Notice

The highlighted text are pulled from the accounts

RFO-3-Second-Notice

Need from Rosa, will get next Friday

RFP0-3, TP1-Letter

The highlighted text are pulled from the accounts

MCR-1826-Info-Release-Form-RFP, TP1, TP2, TPP

The highlighted text are pulled from the accounts

Administrator

use this search bar feature  
<https://blazor.fedex.com/dataaudit/simple-filter>

Search

Filters

Event	Event Date	Event Type	Event Description	Event Status
Employee Name	John Doe	Sign in	Sign in at 10:00am	Success
Employee Name	John Doe	Sign out	Sign out at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success

Hospital or Etrox home

### Audit Report

Event	Event Date	Event Type	Event Description	Event Status
Employee Name	John Doe	Sign in	Sign in at 10:00am	Success
Employee Name	John Doe	Sign out	Sign out at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success
Employee Name	John Doe	Address Change	Address changed at 10:00am	Success

Created January 6, 2022 at 10:00am CST

[Audit Report Prototype Link](#)