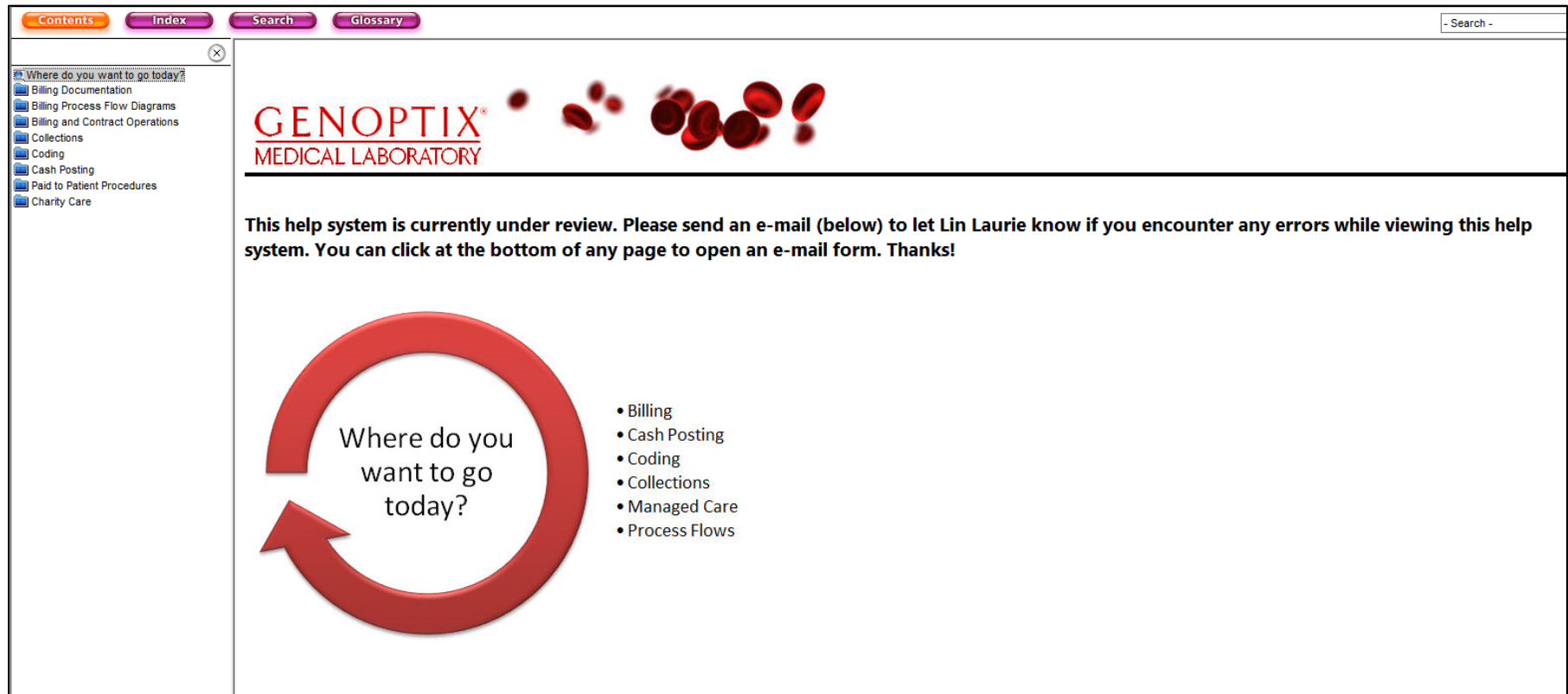


Lin Laurie Sample Screenshots

This screenshot shows the frontend design of a RoboHelp project involving a medical testing laboratory help system. It is done in Flash Help and is a combined project of two separate help systems as both are very large on their own. There are hot links to specific areas of the help to the right of the *Where do you want to go today* graphic. The reason I am only showing limited screenshots is that most of the system contains proprietary writing. However, I picked topics that were based on non-proprietary information available on the web. I may have rewritten it so it displays or is more easily consumed, but the information itself is not proprietary.

The system itself is made of 5 separate software systems that are contained in separate help systems. This is probably the largest project I've ever worked on and it took over 3 years to complete. It was put together in a merged-help system and I chose to do so because it took forever to compile and save if I didn't.



This image shows the Index detail for the project. I chose the design as it most closely resembled red blood cells. My clients were delighted with the design as well as the work. I also set it up so they could click on one of the accounting systems next to the “Where do you want to go today” question to more easily find the information they wanted. There is also full-text search and other ways to find information.

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Type in the keyword to find:

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This help system is currently under review. Please send an e-mail (below) to let us know what you think of the system. You can click at the bottom of any page to open an e-mail form. Thank you.

Where do you want to go today?

- Billing
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This screenshot shows what the glossary looks like.

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14-Day Rule

59 Distinct Procedural Service

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Add-on Tests

Advanced Beneficiary Notice (ABN)

Ambiguous Test Order

Ambulatory Payment Classifications (AP

Anatomical Modifiers

Archive Retrieval Date

At-Risk Entity

Automated Clearing House (ACH)

Bad Debt

Beneficiary

Billing Types

Blue Cross Blue Shield (BCBS)

Blue Shield (BS)

Blue Shield of California (BSCA)

Centers for Medicare & Medicaid Service

Charge Repository System (CRS)

Definition: 14-Day Rule

Medicare pays using the DRG and/or OPPS reimbursement on an episodic basis so if a patient was treated as an inpatient at a hospital and then had Genoptix provide related services within 14 days of discharge, the treatment would be considered part of the same episode and would not be payable as a separate charge. In these cases, the charges are billed back to the hospital. To be clear, if a test is ordered on a Medicare patient specimen that was collected during a hospitalization (regardless of if it was collected while the patient was an inpatient or outpatient) within 14 days of patient

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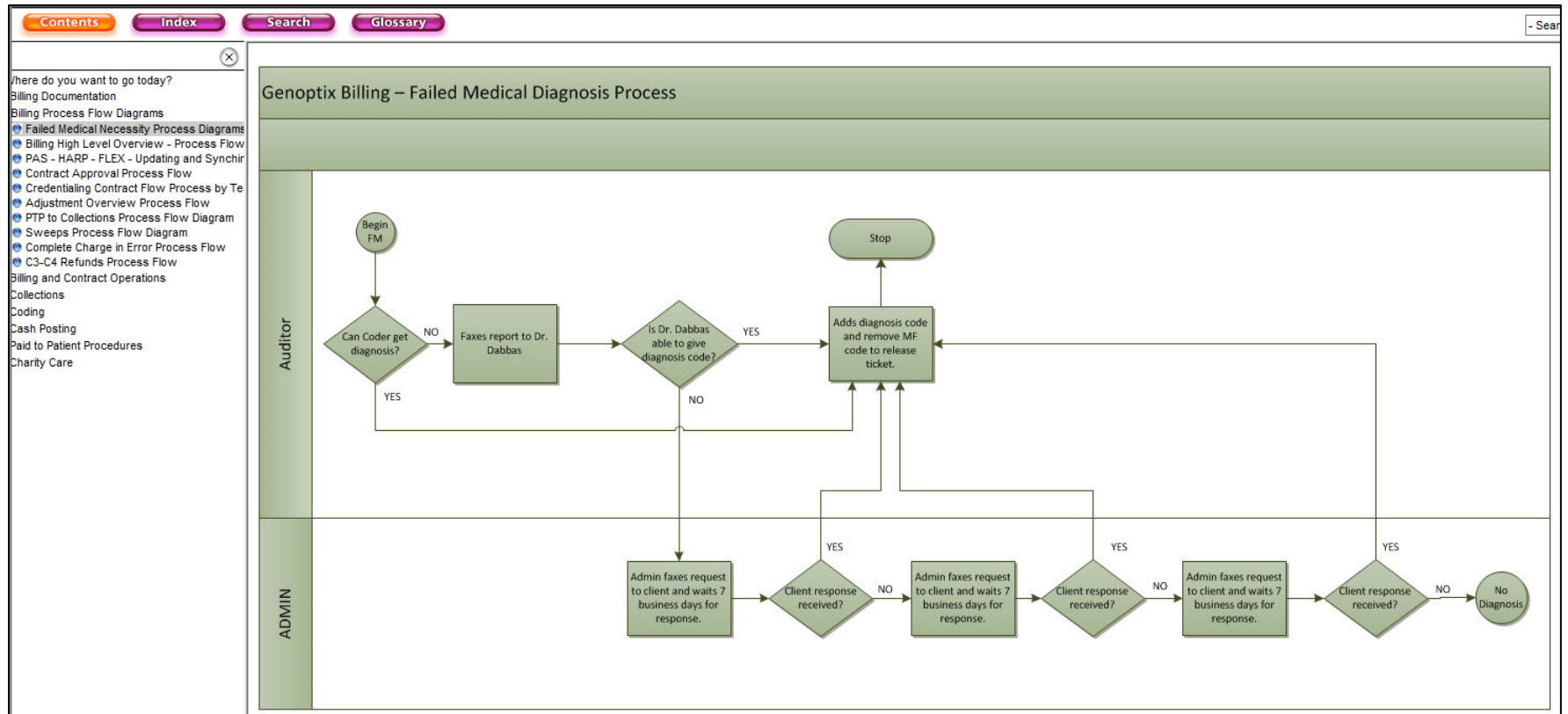
This help system is currently under review. Please send an e-mail (below) to system. You can click at the bottom of any page to open an e-mail form. Th

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Page 3

This screenshot shows a sample of the process flow diagrams I created for the project. In the live help system, if you mouse over the symbols in the process flow you can click on the hot item and it will take you to the corresponding help topics so you can follow the procedure and access step-by-step instructions of any part of it. I found this color printed and displayed the best of all the selections I had.



This screenshot shows a little bit of the organization of the help system in the Table of Contents and some of an actual procedure.

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• Hospital Billing Overview

• Overview Failed Medical Necessity and

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djustment Overview Process Flow

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weeps Process Flow Diagram

omplete Charge in Error Process Flow

3-C4 Refunds Process Flow

g and Contract Operations

illing and Contract Operations Overview



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Failed Medical Necessity Overview

Systems Used: OnBase, HARP, Accessioning

Timing: Daily or as needed

Used: Only when Medicare is the primary insurance carrier

Process Flow Diagrams:

- [Failed Medical Necessity](#)
- [No Diagnosis](#)
- [Over 23 Units](#) (No longer used) **Term Date of 12/2012**

Overview

There are two process diagrams and discrete procedures used to process HARP tickets with missing diagnosis codes.

Note: As of 12/2012 we no longer put over 23 units into a separate work flow and list.

This example shows another sample procedure. If you check out the Coding Training document, some of this information will make more sense. I had no life science background but my clients really liked the work I did on this project.

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Hospital and Client Setup

Fee Schedules

General Information for Contract Operation



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MEDICAL LABORATORY

Coding Overview

Systems Used: Genoptix Billing Application, HARP

Responsibility: Some billers also have coding responsibilities

For specific coding instructions, view the [Coding Training Guide](#).

- Before charges can be billed, the coding must be reviewed. Coding is done automatically when the lab releases charges. Some coding occurs automatically but other coding needs to be added before the charges are released for billing.
- Usually you will be assigned a number of accessions each day. Open your work queue to begin coding the assigned accessions.

Within the Billing Application you can tell how many accessions you need to code.

There are 7 accessions in your queue.

You've coded 5 of 12 accessions today. There are 7 left so you've done 41%.

When you code an accession, you need to review each report in the accession and verify it before you can release the accession for billing. As you code each report in the accession, it shows that it was successfully coded by displaying a green check next to each completed report.

Reports for Accession			
	Current	PDF	Report
[Green Check]	[Red Arrow]	[Red Arrow]	FL12-052846
[Green Check]	[Red Arrow]	[Red Arrow]	DA12-052847