LYRA USER MANUAL

PATIENT INQUIRY MODULE

Table of Contents

1. Search..................................................................................................................................................2
2. Patient inquiry summary view .............................................................................................................2
3. Patient inquiry detail view ....................................................................................................................3
   3.1. Insurance, claim, charge information .............................................................................................3
   3.2. Expand or collapse claim view .........................................................................................................4
   3.3. Patient statement generation ...........................................................................................................5
   3.4. Patient notes .....................................................................................................................................6

LYRA is the hub for real-time communication with the Revenue Management Solutions billing platform account. Patient Inquiry is a real-time web view of patient account information, including history for billed claims.

LYRA is available at https://bpsconnect.mckesson.com

To access the module, click on “Patient Inquiry” module at the top menu bar and then click on the client.
1. SEARCH
LYRA provides very flexible searching. Search examples are listed as below.

<table>
<thead>
<tr>
<th>last</th>
<th>Patient or guarantor name</th>
</tr>
</thead>
<tbody>
<tr>
<td>last, first</td>
<td></td>
</tr>
<tr>
<td>first last</td>
<td></td>
</tr>
<tr>
<td>'last'</td>
<td>Patient or guarantor name (match whole name only)</td>
</tr>
<tr>
<td>'last, first'</td>
<td></td>
</tr>
<tr>
<td>'first last'</td>
<td></td>
</tr>
<tr>
<td>123456</td>
<td>Patient account id</td>
</tr>
<tr>
<td>8/31/11</td>
<td>Date of birth or date of service</td>
</tr>
<tr>
<td>August 31, 2011</td>
<td></td>
</tr>
<tr>
<td>dob: 8/31/11</td>
<td>Date of birth</td>
</tr>
<tr>
<td>dos: 8/31/11</td>
<td>Date of service</td>
</tr>
<tr>
<td>audit: 123456</td>
<td>Audit (or accession) number</td>
</tr>
</tbody>
</table>

2. PATIENT INQUIRY SUMMARY VIEW
The search result summary view lists all patient records that match the search criteria. (Figure 1) Result type headers are showing to separate results from multiple search types, such as a date search returning both DOB and DOS matches.

Summary view includes patient id, patient information, guarantor name & address information, charge amount, credit amount and total balance, and primary/secondary/tertiary insurance information.
3. PATIENT INQUIRY DETAIL VIEW

To see the patient inquiry detail view, please click on the patient number.

3.1. INSURANCE, CLAIM, CHARGE INFORMATION

Patient detail view has a tree view of claim information with detailed claim, insurance and associated charge information listed (Figure 2). Claims are sorted by Date of Service by descending order. User may fold and unfold each claim by clicking the claim row. Claim view will be defaulted to folded view. Detailed insurance and associated charges will be displayed when claim is unfolded.

Figure 1

Figure 2
Each row of charge is color coded for easy identification: (Figure 3)

- Charge: blue
- Payment and charge adjustment: yellow
- Payment: green
- Patient statement: orange
- Denial: red
- Insurance billed: violet

Figure 3

Users may also click on “Filter” button to filter balance type or date of services in claims for claim visibility.

3.2. EXPAND OR COLLAPSE CLAIM VIEW

User may expand or collapse the tree view of claims at any time, and may choose which to default to when the patient detail view is loaded. (Figure 4, 5)

- Step 1: Click on “Expand All” / “Collapse All” to manually expand or collapse the claim view.
- Step 2: Click on the “Customize” button to configure the preferred expanded or collapsed view.
- Step 3: Select “Expanded” or “Collapsed” and click on “Apply” to save the customization.
3.3. PATIENT STATEMENT GENERATION

Users click on "Statement Generation" tab to generate the statement. Claims with open balance will be selected by default. User may filter DOS / Balance and further select specific date of service to generate the statement.

Patient statement will be generated in PDF format. There are two options available: (Figure 6)

- Include claims without a patient balance due: With the check-box checked, statement will include the claims without patient balance, i.e. it will include the ones that have already been paid or are still insurance responsibility. Without the check-box checked, the statement will only include claims with a patient balance.

- Include a detailed transaction history for each claim

Note: Claims and statement generation section will be hidden if no claims for the account.
3.4. PATIENT NOTES

Patient account notes are in a sortable and filterable view. (Figure 6) Notes are displayed by id, notes date, notes author, and notes detail. All the fields can be sorted by clicking on the header of any column.

Notes can also be filtered by any column. Click on the hour glasses of any column, and click on the drop down list of the filters. Filter can be customized by the user by selecting “is equal to”, “not equal to”, “starts with”, “contains”, “does not contain” and “end with” logical operators. For example, user can filter notes detail column by selecting “contains=zip code” and further sort by “Date” column. Total number of the results will be showing at the right bottom of the patient notes table.