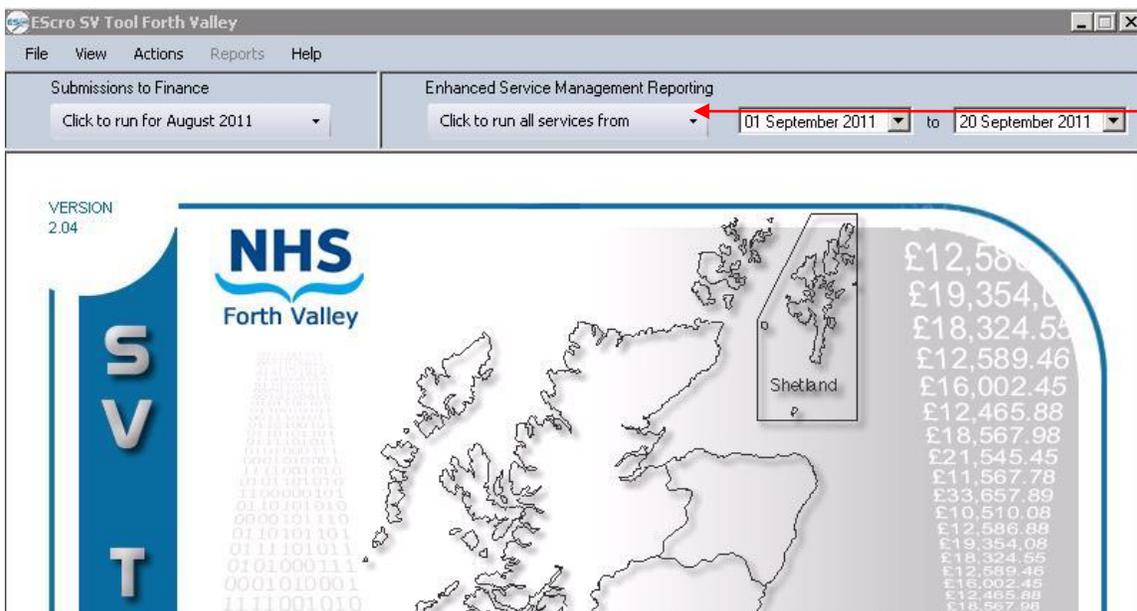


Purpose of the SV Tool

The SV Tool has **TWO** primary purposes:

The first is to submit periodic claims to Finance for payment for Enhanced Services.



The second is to enable practices to monitor and audit patient records in order to meet the necessary criteria required to make a successful claim.

Selecting the **Enhanced Service Management Reporting** option enables the practice to make submissions to the Finance Department for Enhanced Services. This provides a valuable tool to enable identification of any patients who are missing information from their record, which may be required to make a valid claim for the relevant Enhanced Service.

Menu items:

File > Settings > Services

Here you can toggle the Enhanced Services your practice provides. If a service is not selected here, then the SV Tool will not run the audit for that service.

You can also enter your allocated budgets for each service. This will provide a representation of how close you are to your targets for the period run and, how much of the year's budget allocation it represents. Leaving the budget set at zero will disable this feature.

File>Settings > Database Server

Examples...

EMIS

Server name: **the name of the PC** which hosts your data pump database

Reporting database: Usually **emisreports**

File/Settings/Practice Details

Please ensure that you accurately enter your practice details and there are *no letters or numbers in front of your practice number.*

File/Settings/E-Mail Settings

This page is for setting email for automatic submissions. You can choose between using Microsoft Outlook or SMTP. If you select SMTP then you need to enter your email address and the name of your mail server. When you submit your claim, 2 files will be saved in the specified directory; it is recommended that you keep both of these files. The default directory is C:\EscroSubmissions

Menu items - SV Tool

View/Show Errors

This option will show an extra node in the tree for each service if any patients have generated errors when being audited. For example, with incident services, any patient which has a duplicate trigger read code on the same date will be listed in this node. For annual services, a patient will be added to the errors list if they have already been added at a more recent date. This option may help you identify any problems with patients that are shown incorrectly.

View/Patient Debugger

This feature provides an option to create an anonymous report for a specific patient, which can be sent to the EScro Help Desk. This will help identify any problems as well as assisting the Help Desk explain why a patient is failing, as a report representing what you are seeing on screen can be examined without the need for any patient identifiable information to leave the practice.

To use this feature, after running the tool, select any patient by left clicking on their name in the tree, next right click and select.

Actions/Create Blank Forced Claim document

Creates a blank forced claim document which can be printed and filled in as required.

Actions/Create Forced Claim Document Creates a Forced Claim Document (failed patient **needs to be selected** for this option to appear)

Help/Check for Updates

Clicking on this option tells you if you are currently running the latest version of the SV Tool or, if you need to download a newer version from the Web.

SV Tool – Main options:



This option is for **making submissions** to Finance, you can choose the default option which is the most recently completed submission period or, choose a previous period by clicking on the drop down arrow beside the date.
****This option must be used in order to make a submission to finance.**

This option is used to regularly monitor the current status of claims for each Enhanced Service, and lets you freely choose



the dates from which you want to run the Tool. Clicking the button will run ALL services or, you can choose to run a single service from the drop down list.

****You cannot make submissions using this option.**

After running the SV Tool

What you should see

After the tool has run you will be presented with a two tabs, one for each service.

If you used the option 'Submissions to Finance' side then the submissions tab will also be displayed.

The left side of the tab page contains a tree style, listing all the patients who are eligible for the specific service, they are grouped differently depending on the service and some services will have buttons at the top to present options on how they are grouped.

The right side of the tab page contains buttons to show any reports which are available, some summarised statistics (e.g. number of passes and fails), counts for payment criteria, passes and fails if the service has any payment criteria and relevant financial information.

How the patient "tree" works

In general, patients are listed with either a green tick or a red X. A green tick means they are *meeting* the payment criteria, a red X means they are *not* meeting the payment criteria. You can expand out a patient by clicking the + beside the patient's name to view a list of all the criteria. Each individual item will also have a green tick or a red X beside it indicating if it is a pass or a fail. ***For failing criteria, hovering the mouse pointer over an item will display a tool tip explaining in more detail why it has failed.***

Submission Tab

The submission tab will only appear if you ran 'Submission to Finance' – from the left hand side.

After clicking '**Click to run for**'...various tabs will appear along the top. Clicking on the **Submit Tab** will list all the valid claims for the submission period selected, and has a submit button and export button.

Claims – It is recommended that you review your claims before submitting and delete any test patients from the list.

Submit button – This is used to send your claim to finance, it will create two files.

The first which is sent to finance, shows totals for each service, the second is not sent, but contains more detailed information for each claim, and this file is saved to your submission directory on your local computer.

The email itself will contain summary information for each service.

Export button – If for some reason you cannot send emails directly from the SV Tool then you can use this button to save the submission file then manually send it to finance.

Forced claims

In some situations it may not be possible for a patient to meet the payment criteria as defined by the SV Tool, but they may still be eligible to payment if a valid reason for failing to meet the criteria is present, in these situations you can force a claim.

To force a claim for a patient who is currently failing in the SV tool, you must **click on the patient** in the relevant services tab so that their name is highlighted. Then, from the 'Actions' menu click "Create Force [service name] claim for [patient name]". This will create a forced claim document which can be printed out.

The document will contain the patient's CHI number and reasons why they are currently failing. After printing the document you should then fill in details stating why you believe you are entitled to payment, sign the document and send it to finance.