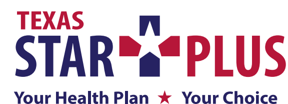
CIGNA-HEALTHSPRING STAR+PLUS

EMDEON

Claims User Guide

Provider Services 1-877-653-0331



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HELPFUL HINTS FOR PROVIDER REGISTRATION

Helpful Hints for Provider Registration 51

Registration setup

Diagrams below are a walk through process for creating an account to submit claims.

The provider will read the disclaimer and enter the email address, Tax ID (or SSN) and security word from the colored box.

Cigna HealthSpring | Provider Self-Enrollment

Pre-Registration

Pre-register for self enrollment by completing the form below. You will receive an e-mail with instructions on how to complete the process. Please make sure that your junk mail filters are configured to allow inbound email from officenotify@emdeon.com. If you do not receive an email with the subject Enrollment Request in short order, please check to see if it may be filed in your junk mail folder.

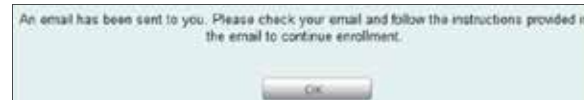
*Email Address: yourname@domain.com
*Organization Tax ID: 123456789

People with malicious intentions sometimes use automated programs to attack ordering systems. To counteract this practice we ask that you type in the displayed word before we process your enrollment request. If you don't see an image, make sure your browser is set to display images and try again. If you're not sure what the word is, make your best guess. If you're incorrect, you'll get a chance to try again.

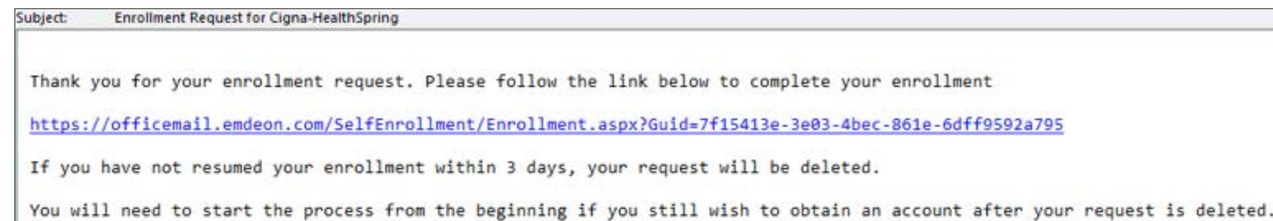
*Security Word

Submit | Reset

This pop up box will appear when correct information is entered on the registration page.



The provider will receive this email. In order to complete the registration process, the provider will need to click the link and continue enrollment.


Subject: Enrollment Request for Cigna-HealthSpring

Thank you for your enrollment request. Please follow the link below to complete your enrollment

https://officemail.emdeon.com/SelfEnrollment/Enrollment.aspx?Guid=7f15413e-3e03-4bec-861e-6dff9592a795

If you have not resumed your enrollment within 3 days, your request will be deleted.

You will need to start the process from the beginning if you still wish to obtain an account after your request is deleted.

The provider will input either a singular provider practice or a multi provider practice.

Cigna HealthSpring | Provider Self-Enrollment

Organization | Primary Contact | Options | Provider Info

Add the organization information for your primary office, clinic, agency, or hospital, then click **Next**.

*Organization Name
*Organization Tax ID: 408569701 ☐ Atypical Provider
*Address Line 1
Address Line 2
*City
*State: Select a State
*Zip/Postal Code

☑ Billing address same as Organization address

Billing Info
*Address Line 1
Address Line 2
*City
*State: Select a State
*Zip/Postal Code

Next

The provider will create the primary (or admin) user account.

Cigna HealthSpring | Provider Self-Enrollment

Organization | Primary Contact | Options | Provider Info

Add the primary user to be the designated contact and serve as the site administrator for your organization, then click **Next**.

*User Name
*First Name
*Last Name
*SSN (Last 4 Digits)
*Date of Birth
*Phone
Fax
*Security Question #1: --Select--
*Security Question #1 Answer
*Security Question #2: --Select--
*Security Question #2 Answer

Previous | Next

The provider will select **Yes** for the question regarding claims submission.

Cigna HealthSpring | Provider Self-Enrollment

Organization | Primary Contact | Options | Provider Info

Indicate if you would like to submit claims, and if so your claim type preference. You may also upload a sample claim. Click **Next** when done.

*Would you like to submit claims? ○ Yes ● No

Previous | Next

If the provider selects **Yes** for "Do you enter your claims in a practice management system?", this will allow the provider to Upload 837v5010 claim files (both Professional and Institutional claims).

Cigna HealthSpring | Provider Self-Enrollment

Organization | Primary Contact | Options | Provider Info

Indicate if you would like to submit claims, and if so your claim type preference. You may also upload a sample claim. Click **Next** when done.

*Would you like to submit claims? ● Yes ○ No

*Do you enter your claims in a practice management system? ○ Yes ○ No

Previous | Next

If "Yes" is selected, the provider can select their Vendor claims system if listed. (Emdeon has a wide selection of the most common practice management systems listed.) If the vendor is not listed the provider should select "other".

Cigna HealthSpring — Provider Self-Enrollment

Organization | Primary Contact | Options | Provider Info

Indicate if you would like to submit claims, and if so your claim type preference. You may also upload a sample claim. Click **Next** when done.

*Would you like to submit claims? Yes No

*Do you enter your claims in a practice management system? Yes No

Practice Management System --Select--

Sample Claims File Browse...

File Type --Select--

If the provider answers "No" to the "Do you enter your claims in a practice management system?" the provider can enter claims manually (DDE or Direct Data Entry - CMS 1500 claims ONLY).

Cigna HealthSpring — Provider Self-Enrollment

Organization | Primary Contact | Options | Provider Info

Indicate if you would like to submit claims, and if so your claim type preference. You may also upload a sample claim. Click **Next** when done.

*Would you like to submit claims? Yes No

*Do you enter your claims in a practice management system? Yes No

The provider will complete the **Provider Info** tab for either a group or singular provider and can add additional providers if needed.

Cigna HealthSpring — Provider Self-Enrollment

Organization | Primary Contact | Options | Provider Info

Add each provider within your organization using the **Add Provider** form below, then click **Finish** when done.

*Tax Id — Copy From Organization

*Tax Id Type — Employer ID SSN

*National Provider ID (NPI)

Payer Assigned ID

*Organization or Last Name — Facility or Hospital

First name

Middle Initial

Credentials (e.g., MD,RN)

*Specialty — Search — Select Specialty --Select--

Add Provider | Reset

TAX ID	NPI	First Name	Last Name	Actions
No Provider(s) added.				

Helpful hint: When selecting a specialty, if your specialty is not shown in the drop-down box, select the specialty closest to yours - claims will not be affected if incorrect specialty is selected.

Helpful hint: Providers may elect the Direct Data Entry and Upload claims option; however, you must register separately for each option.

Helpful hint: Providers must fully complete the registration process in order to view information in Reporting & Analytics.

Provider setup

Provider setup must be complete before claims can be created. This feature allows you to store provider and payer-specific information, which is used to generate new claims.

My Favorites/Group Favorites. You can toggle the view between "My Favorites" and "Group Favorites" by clicking one of the links located in the upper right of the screen. The provider information that you entered appears as "My Favorites" while those created by your colleagues are listed in the "Group Favorites." However, as "My Favorites" is a subset of the Group itself, if you want to display all provider information that is maintained by your group, click "Group Favorites."

If Group Favorites is selected

- All provider and submitter organizations that belong to the group are displayed along with owner.

If My Favorites is selected

- All the provider organizations that you created are displayed.
- If you haven't setup any organizations the provider organization list is empty, even if organizations exist for other users in the group.
- However, if anyone in the group has created a Submitting Organization, it is displayed no matter who created it (in the Submitting Organization area).

Provider Setup - Organizations — [My Favorites | Group Favorites]

Claim List | New Claim | Provider Setup | Patient List

The current list of provider organizations is displayed below. To add a new organization click on "Add New Org" below. You can also select an action from the action list to change specific information about an existing organization.

Provider Organization Name	Type	Action
	Corporation	-- Select --
	Solo Practice	-- Select --

Add New Org

Submitter Information

Current submitter information is as below. To change the submitter information click on "Edit Submitter Info".

Current Submitter Information

Submitting Organization:

Contact Name:

Address:

Telephone:

Edit Submitter Info

Once the provider data is stored, and you have begun the claim creation process by clicking Claims > Create, some fields in the new claim will be automatically populated. How these fields are populated depends on the provider you entered on the Claim Setup screen.

Emdeon Office

Find Patient | Eligibility | Service Review | Find Providers | Claims | Payment | Batch Manager | Setup

Import | Create | List | Supplement | Reporting & Analytics | Claim Status | More

Provider Setup - Step 1 of 6: Provider Organization/Facility

Claim List | New Claim | Provider Setup | Patient List

Organizations | Tax IDs | Addresses | Providers | Payers | Submitter

Enter a Provider Organization Name and Type

* Organization Name

* Organization Type -- Select --

Clicking on 'Next Step' will take you to step 2 to enter tax ids. To display the list of provider organizations click on the 'Previous Step'.

There are six steps involved in setting up a provider organization. These steps must be performed in sequence the first time you set up an organization:

Step	Provider Data	Description (Provider setup is entered manually and one at a time.)
1	Provider Organization/Facility	The onscreen instructions will help you complete all the required fields in this section
2	Tax IDs	Enter at least one Tax ID for the organization
3	Addresses	In the first field, **Location Name/Description**, enter either the name of the organization or the practice. If you have multiple office locations, enter the location names. Click **Save Address** and the next screen will allow setup of multiple addresses. If there are multiple locations, check the appropriate box to indicate where each address is, where services are performed, and if this is the address where payments are to be sent.
4	Providers	You must enter the NPI of the provider (required). You can also enter either the healthcare provider's Universal Provider Identification Number (UPIN) or state license number (optional). When entering multiple providers, click **Save and Add New Provider**. You must click **Save** or your information will be lost.
5	Payers	These are the insurance companies, government plans, and Health Maintenance Organizations to who claims are submitted. Use the drop down list to individually select the payers you want to add. You can personalize your payer list by selecting the "Edit Payer List" link located next to the payer drop-down list. If your account is set up with only one payer, you will not see this link. If you leave the **Payer-Assigned Provider Number** field blank and click **Save**, the system will automatically populate the field with the provider's (rather than a payer assigned ID) "NPI".
6	Submitter	This is the person or company responsible for submitting claims for a provider. Most of this information is pre-populated.

Note: All required fields are marked with a red asterisk (*).
All required fields must be completed in order to advance to the next screen.

National Provider Identifier (NPI) and Tax ID Qualifier

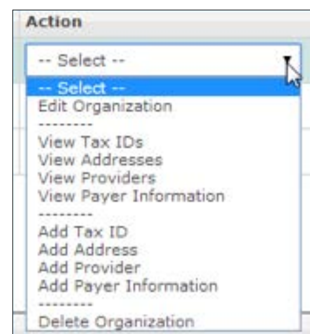
The application allows you to populate fields on a new claim by selecting provider data saved in Provider Setup.

When setting up a new provider (or editing an existing one), NPI and Tax ID Qualifier data must be saved so that the data can be automatically populated into new claims. Claims must include this information so that they can be processed.

Set Up NPI for Claim Entry

Note: For existing providers already set up for Claim Entry, skip to Step 4.

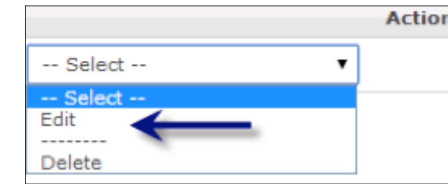
1. Select **Claims > Create**, and then click the "Provider Setup" link.
2. Select "Edit Organization" from the **Action** drop-down menu.
3. Select the "Providers" link.



Note: Please be sure that Provider NPI is entered through Provider Setup.
Although Provider NPI is not a required field under the "Providers" link as shown above, if the Provider NPI is not entered through Provider Setup the claims will be rejected.

PROVIDER SETUP

4. Select "Edit" from the **Action** drop-down menu.



5. The Provider Information screen displays.

Enter Provider Information

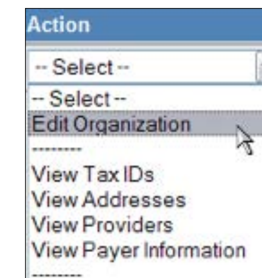
First Name
Middle Initial
* Organization/Last Name: Provider
Provider Degree/Credentials
NPI: 44
UPIN
License # | License Type: State License #
SSN
* Specialty: Allopathic & Osteopathic
Save Provider | Save and Add New Provider | Cancel

6. Enter the provider's ten-digit NPI number, and select **Save Provider** after NPI information is entered.

Set Up Tax ID Qualifier for Claim Entry

Note: For existing providers already set up for Claim Entry, skip to Step 4 below.

1. Select **Claims > Create**, then click the "Provider Setup" link.
2. Select "Edit Organization" from the **Action** drop-down menu.



3. Select the "Payers" link.

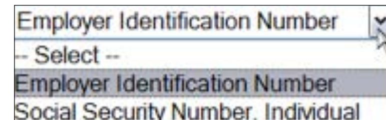
*Note: **Performing Provider Tax ID Type** is not a required field under the "Payers" link, but if it is not present the claims will be rejected.*

4. Select “Edit” from the **Action** drop-down menu.

5. The Payer Information screen displays.

Enter Payer Information
* Provider Barber,Larry
* Payer Edit Payer List
* Service Address MedClinic South
Payer-Assigned Provider Number 55555555 (Optional if NPI is valued in Provider)
Provider Specialty Emergency Medicine(093)
* Tax ID 656565656(Federal Tax ID Number) or Use the Provider's SSN
Performing Provider TaxID Type Employer Identification Number (Change only if Billing and Performing Provider Tax ID TYPES are not the same.)
Performing Provider Number 55555555 (Optional for entity)
Sub-Identification Number
Submitter Code
HMO/PPO Code
Group NPI
Save Payer Information | Save and Add | Cancel

6. Select “Employer Identification Number” or “Social Security Number” as the Performing Provider Tax ID Type from the drop-down menu.



Enter Payer Information
* Provider Barber,Larry
* Payer Edit Payer List
* Service Address MedClinic South
Payer-Assigned Provider Number 55555555 (Optional if NPI is valued in Provider)
Provider Specialty Emergency Medicine(093)
* Tax ID 656565656(Federal Tax ID Number) or Use the Provider's SSN
Performing Provider TaxID Type Employer Identification Number (Change only if Billing and Performing Provider Tax ID TYPES are not the same.)
Performing Provider Number 55555555 (Optional for entity)
Sub-Identification Number
Submitter Code
HMO/PPO Code
Group NPI
Save Payer Information | Save and Add | Cancel

7. Select Save Payer Information to save and exit or **Save and Add** to add the Tax ID Qualifier for other payers.

Remove a Provider

1. In the first row of the Provider section under Enter Provider or Payer Changes, click **Remove**.
2. Select “Provider Name” from the Field list.
3. Type the provider name in the New or Removed Information box that appears.
4. Complete additional rows as needed.
5. Click **Submit**.
6. On the page that appears, you will see “Your request has been successfully submitted for enrollment.” Click **Add** or **Change Another Provider** or **Return to Home Page**.

Remove a Payer

1. In the first row of the **Payer** section under Enter Provider or Payer Changes, click **Remove**.
2. Select “Payer ID” from the **Field** list.
3. Type the payer ID in the **Payer ID** box.

Note: If you do not know the payer ID, click the “Lookup” link to search for the payer ID.

4. Type the payer ID in the **New or Removed Information** box that appears.
5. Complete additional rows as needed.
6. Click **Submit**.
7. On the page that appears, you will see “Your request has been successfully submitted for enrollment.” Click **Add** or **Change Another Provider** or **Return to Home Page**.

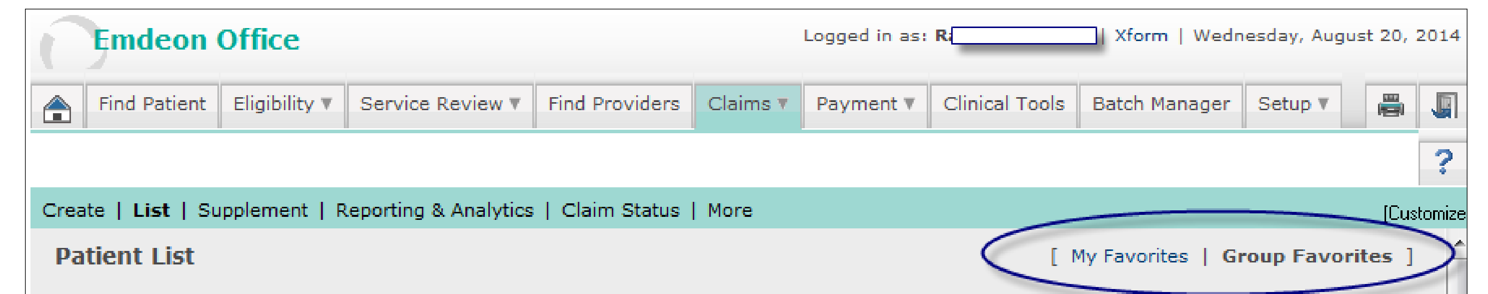
Patient List

Patient List is used to store, manage and retrieve patient demographic information. When creating a claim for a patient whose data is already stored in the database, the stored data automatically populates fields on the claim.

Before using Patient List for the first time, you must first complete the **Provider Setup** section. This is because for each patient record, you will be asked to select a payer, and this information is stored in Provider Setup.

Click “Customize” to specify what information you want to appear on the Patient List.
Click **Clear** to clear the Search field.

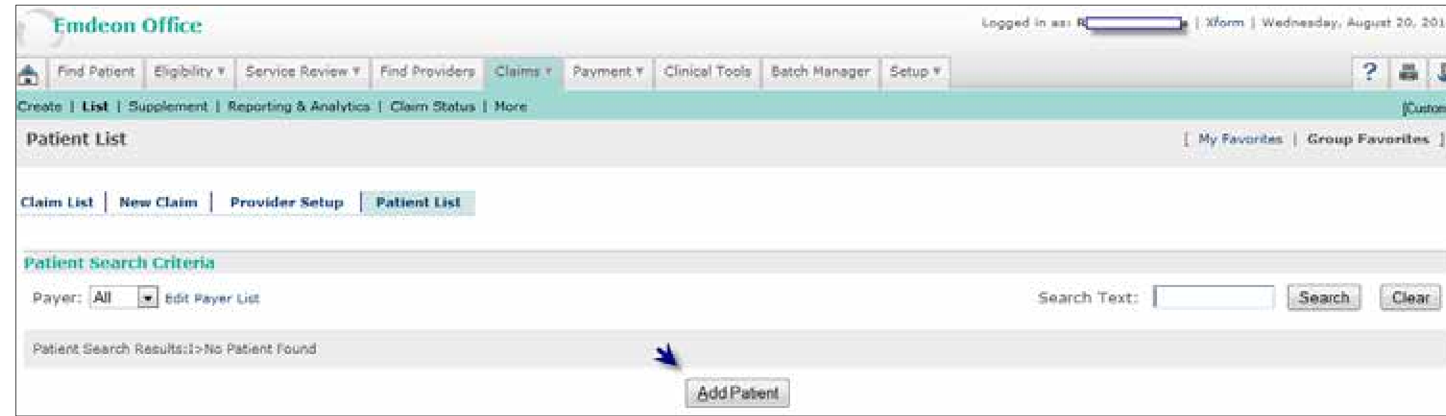
My Favorites/Group Favorites. You can toggle the list between “My Favorites” and “Group Favorites” by clicking one of the links located in the upper right of the screen. Those patients that you created appear as “My Favorites” while those patients created by your colleagues are listed in the “Group Favorites.” However, as “My Favorites” is a subset of the Group itself, if you want to display all patients maintained by your group, click “Group Favorites.



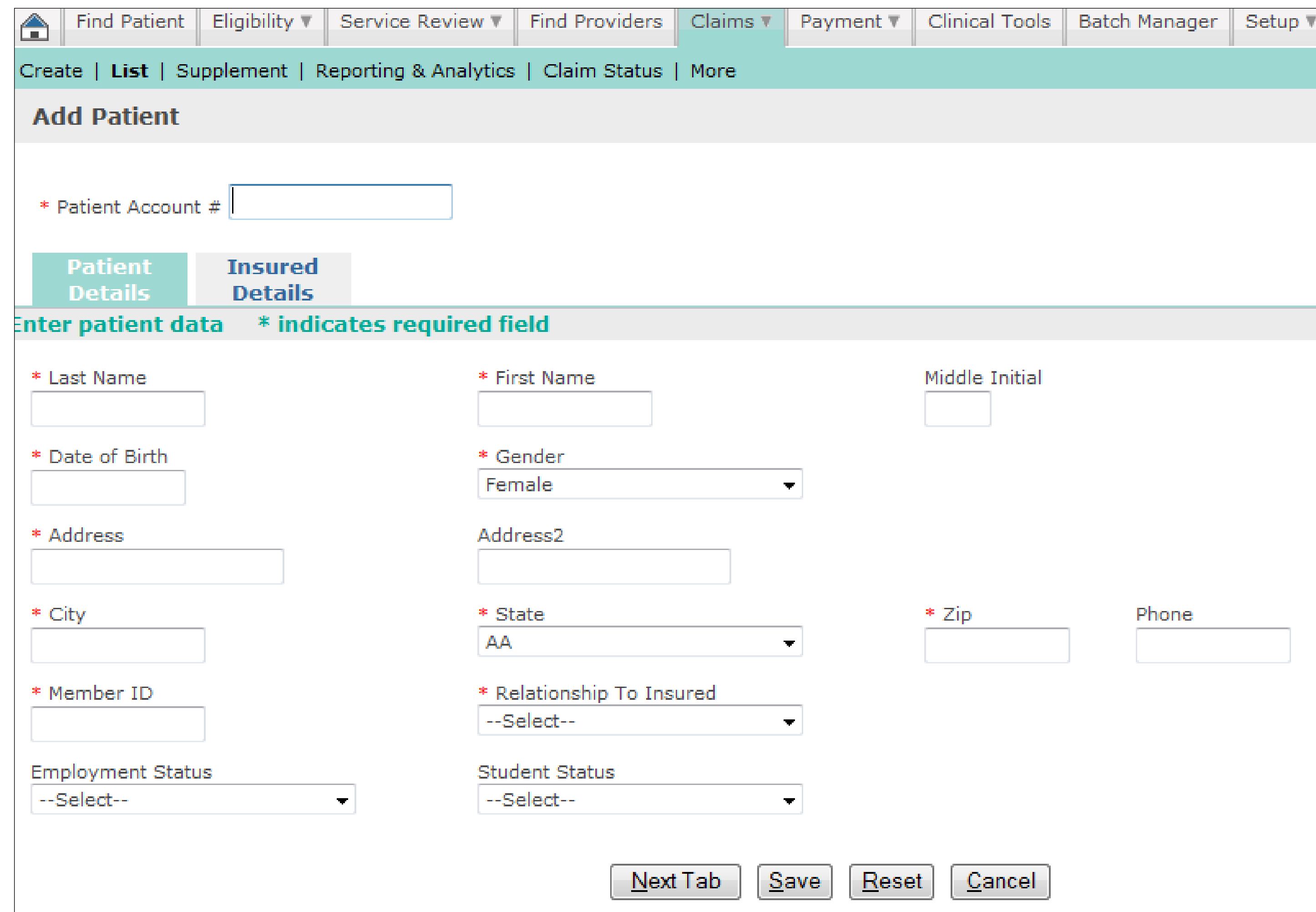
Add a Patient

Follow these steps to add a patient record:

1. Select **Claims > Create** on the main menu, and then select Patient List. The **Patient List** screen appears. If there are any saved patient records, they will appear listed on the screen as shown on the illustration.



2. Select a payer from the Payer drop-down list and click Add Patient. The **Add Patient** screen appears.
3. Required fields are preceded by a red asterisk. Notice there are two tabs: Patient Details and Insurance Details. If the patient and the insured are not the same, then both sections must be completed before saving the patient record.



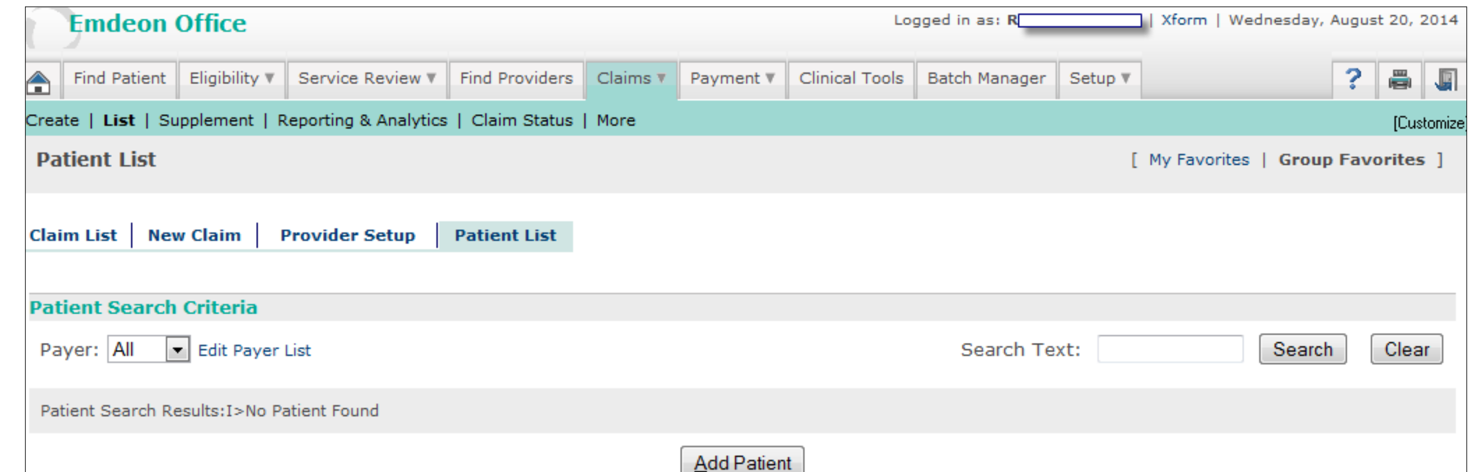
PROVIDER SETUP

4. Enter the patient data and when you are finished, click **Save** to save the record. A Patient Entry Status message appears confirming the record has been saved.
5. Click Save to save the record and return to the Patient List (or click **Cancel** to return to the list without saving the record).
6. To return to the patient record and make changes to it or to print the record, click **Previous Screen**. Once you enter a patient record, you can print a hard copy of it by pressing CTRL + P on your keyboard.

Search for a Patient Record

Follow these steps:

1. Use the field next to the **Search** button to enter your search criteria. You can search for a patient by using any character string found on the record, such as First and Last name, Address, City and State.



2. Press Enter on your keyboard or click Search to start the search.
3. If no patients are found or if the record you are trying to locate is not on the list, try expanding your search criteria by entering less specific data.

Edit a Patient Record

Follow these steps:

1. If necessary, use the search procedure described above to find the patient record you wish to edit.
2. When you find the patient record, click on the hyperlinked Patient Name or the “Edit” link in the **Action** column. The Edit Patient window appears, showing the patient record.
3. Edit the data as needed and when you are finished, click **Save** to save your changes or click **Cancel** to leave the record unchanged.

Delete a Patient Record

Follow these steps:

1. From the Patient List window, find the patient record you wish to delete and click the “Delete” link in the **Action** column. A confirmation dialog box appears asking if you want to delete the record.
2. Click **OK** to delete the record or click **Cancel** to keep the record.

New Claim

New Claim allows you to enter claim information directly into a CMS 1500 format claim.
*Note: Before using New Claim for the first time, you must complete the **Provider Setup** section on page 7.*

Follow these steps to enter a new claim:

1. Select **Claims > Create**, and click the "New Claim" link.

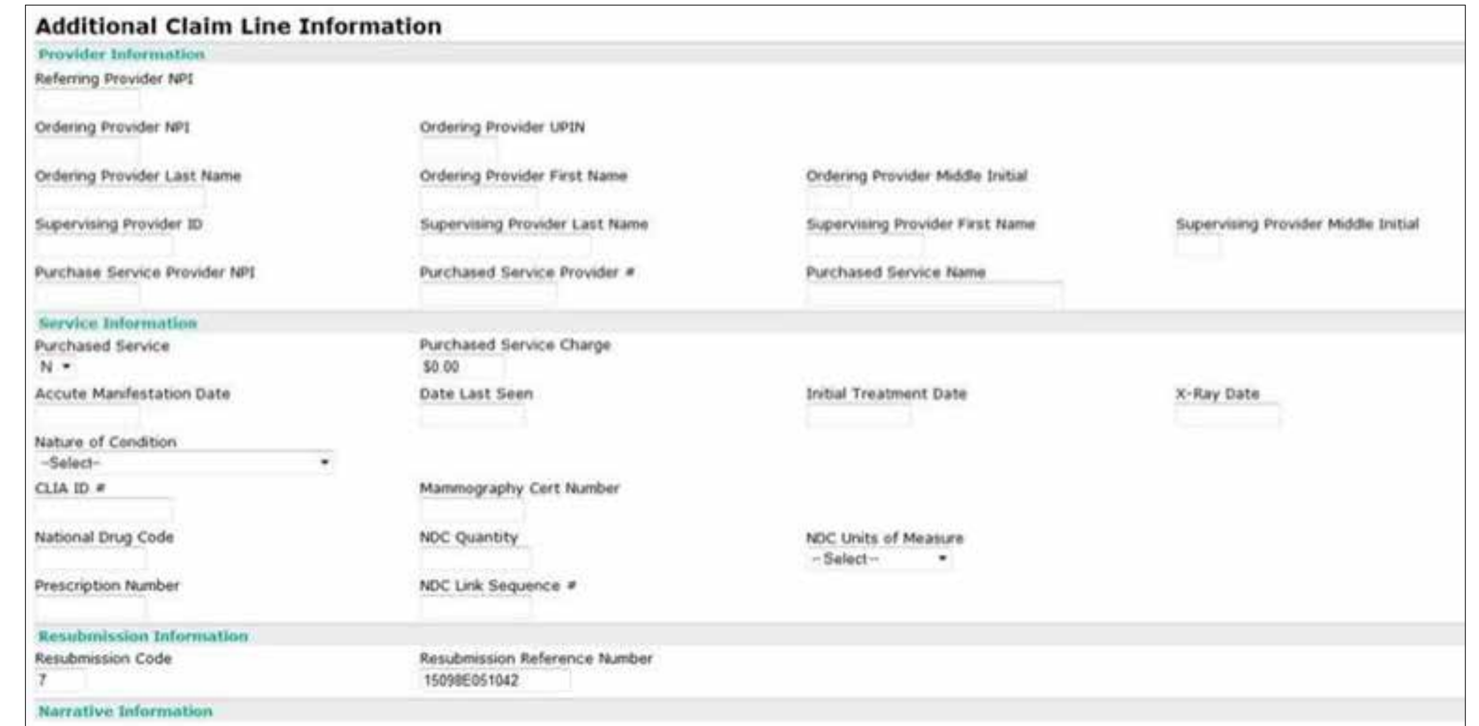
Note: You can change the contents of the drop-down lists by selecting either "My Favorites" or "Group Favorites." Depending on how you've set up each collection of settings, the contents for each drop-down may be different for "My Favorites" and "Group Favorites."

2. Select the organization for which you wish to submit the claim
3. Select the pay to address and the provider name for the claim.
4. Select the payer name from the drop-down menu. Step 4 appears.
5. Select a service address by clicking the option button next to it.
6. Click **Continue to Claim Data**. The claim data entry form appears.
7. Clicking **Select Patient** at the top of the screen opens a list of patients associated with the selected payer. If you select one of the patients from the list, the patient's demographic and payer data will populate the claim entry form. This step is optional.
8. Enter the Diagnosis Code(s) and Procedure information. Additional required fields are highlighted in pink and preceded by a red asterisk (*). To switch from ICD-9 to ICD-10, select the appropriate option in the diagnosis section.

Note: To progress through the required fields, use these shortcuts:

- *Forward: CTRL + >*
- *Backward: CTRL + <*

9. Complete the rest of the claim.



11. To print a paper copy of the claim, press CTRL + P on your keyboard.
12. When you finish the form, select **Save** at the end of the page to save your work. A Save Confirmation screen appears with instructions for creating a new claim, adding the claim to a batch for submission, and submitting claims.

- To submit another claim using the same provider and payer, click **New Claim** located in the upper right corner of the screen.
- To submit a claim for a different provider or payer, click **Close** to return to the New Claim screen.
- To create a claim batch, click **Close** and select "Claim List".

Corrected Claims

To create a new corrected claim, follow the steps above to enter a new claim:

1. Select **Claims > Create**, and click the "New Claim" link.
2. The individual claims submission will open in a new window.
3. Enter the information of the original claim with the corrections from Step 1 to Step 9.
4. Step 5 – click the "Comment" button to open the "Additional Claim Line Information" window.

Service Lines

Note: All currency (Charges) fields allow up to 7 digits per field (e.g., $9,999,999.99). All Total Claim Charge fields and Claim Level Adjustment fields allow up to 12 digits.

5. Enter “Resubmission Code” as “7” to indicate it’s a corrected claim.
6. Enter “Resubmission reference number” as the original claim you are correcting (must be exact).
7. Optional to enter comments in “Narrative Information”. Do not remove existing text.

Click **Comment...**to display the “Additional Claim Line Information” window.

8. Click **Save**.
9. Complete the rest of the claim.
10. To print a paper copy of the claim, press CTRL + P on your keyboard.
11. When you finish the form, select **Save** at the end of the page to save your work. A Save Confirmation screen appears with instructions for creating a new claim, adding the claim to a batch for submission, and submitting claims.

- To submit another claim using the same provider and payer, click **New Claim** located in the upper right corner of the screen.
- To submit a claim for a different provider or payer, click **Close** to return to the **New Claim** screen.
- To create a claim batch, click Close and select “Claim List”.

Claim List

Claim List allows you to view, edit, submit and manage claims. Before using Claim List for the first time, you must have completed and saved one or more claims. Any claim can be edited and saved as a new claim, which helps to avoid re-keying the same information for multiple claims per patient or multiple patients with similar services.

This service provides search criteria to assist in selecting groups of claims for submission. Click **Clear** to reset all fields to their original settings.

Click **Customize Page** to specify what information you want to appear on the Claim List. You can sort the list of claims by clicking on any of the column headings.

Use Claim List

Follow these steps to work with claims:

1. Select **Claims > Create**, and click the “Claim List” link. If any claims have been created and saved, they will appear listed on the screen as shown below:

To search for a claim, use the **Claims Search Criteria** fields located at the top of the screen.

*Note: Any claim that you create or edit/modify is set by the system as **My Claim**. Any claim created by someone in your organization is a **Group Claim**. You can change which claims are displayed in the Claim List by clicking either of the links located in the upper right of the screen.*

When viewing the Claim List in Group Claim mode the name of the user who most recently made a change to a specific record is displayed in the “Modified By” column for that row.

- Click **Search** to perform a search.
- Click **Clear** to reset all search fields to their original settings.
- The **Search Text** box can be used to search for data contained in a claim, like “Patient Name” and “Provider ID.”
- Click **Clear** and then click **Search** to show the full claim list.

2. Check the box to the left of the claim you wish to submit or delete, or click **Edit** next to the claim you wish to edit. When you select the action you wish to take, the claim will appear in a separate window.
3. To the right of the claim, click **CMS 1500** to view the CMS 1500 format of this claim.

Overview

The down arrow on the Claims tab indicates that there is a sub-menu below it. When the **Claims** tab is selected, the following options appear:

Note: Depending on how your account is setup, you may see either Claims > Create or Claims > Import in the Claims drop-down list, but not both.

Import

Import allows you to submit primary claims created in a Practice Management System (PMS) or similar application.

Create

Create allows you to enter claims in a form similar to the CMS 1500. See the **New Claim** section (page 13) for instructions. Before creating a claim for the first time, you must first complete **Provider Setup** (page 7).

List

List allows you to view, edit, and submit claims. You can sort the list of claims by clicking on any of the column headings. This list is displayed for Create users only, not users with Import.

Reporting & Analytics

Reporting & Analytics can be used to view summary and detailed status information on submitted claims. It provides users with a tool for tracking claim rejections.

Note: The Message Center of the Home Page displays a counter of unworked claim rejections which serves as a short-cut for opening the Reporting & Analytics report listing all such claims. Claims must be submitted through the portal in order to view status in Reporting & Analytics.

Unworked Claim Rejections

You can access a claim rejections report from the home page. The "unworked claim rejections" link shows how many unworked claim rejections you currently have. Click the link to launch a default claim rejection report in Reporting & Analytics that includes all unworked claim rejections from the last seven days.

Home > Work Queue Search > Claim Summary | Claim Quick Search | Help

Claim Received Date: 11/02/2010 – 11/08/2010 | Tax ID: Optional | Site ID: Optional | Search Type: Rejected-Un-Worked | Submit | Reset

If no dates are entered, dates will default to last 7 days.

Claim Summary — PR_1006

Search Criteria: Claim Date Range: 11/2/2010-11/8/2010 ▶ Payer ID: < Empty > ▶ Provider Tax ID: < Empty > ▶ Site ID: < Empty >
Claim Status: Rejected ▶ Worked Status: NOT_WORKED ▶ Emdeon File ID: < Empty >

Worked	Patient Name	Insured ID	Patient Control Number	Service From Date	Claim Amount	Payer ID	Payer Name	Emdeon Claim ID
Emdeon-Rejected Site ID: IJKL File ID: DK123OFFICE0001								
☐	Julie	123456	PCN1234AA24	02/23/2010	$2,559.00	PAY01		DK00000
☐	Jeremiah	123456	PCN1234AA25	02/23/2010	$2,240.35	PAY01		DK00000
Payer-Rejected Site ID: IJKL File ID: DK123OFFICE0001								
☐	Jonathon	123456	PCN1234AA26	02/23/2010	$446.94	PAY01		DK00000
☐	Patrick	123456	PCN1234AA27	02/23/2010	$1,688.50	PAY01		DK00000

To customize which claims will be included in the list of unworked claim rejections that appear on the report, click the pencil icon. Type a Tax ID, Site ID or different number of days then click **Save**. For hints on entering values, click in each box and look at the bottom of the screen.

You will receive an error message under the following conditions:

- If the values you enter generate more than 1,000 unworked claim rejections
- If you enter a number larger than 450 in the **Days to include** box
- If you enter a Site ID and enter a number larger than 60 in the **Days to include** box

Modify the search criteria on the claim rejection report page and click **Submit** to relaunch the report. For help with Reporting & Analytics, please refer to the **Reporting & Analytics** section on page 38.

Claim Status

Claim Status allows you to monitor claims for status in the payer's adjudication system. For select payers, claim appeals and adjustments can be initiated from a claim status response.

More

More contains links to claims resources.

The following table describes in detail each link on the **Claims > More** page.

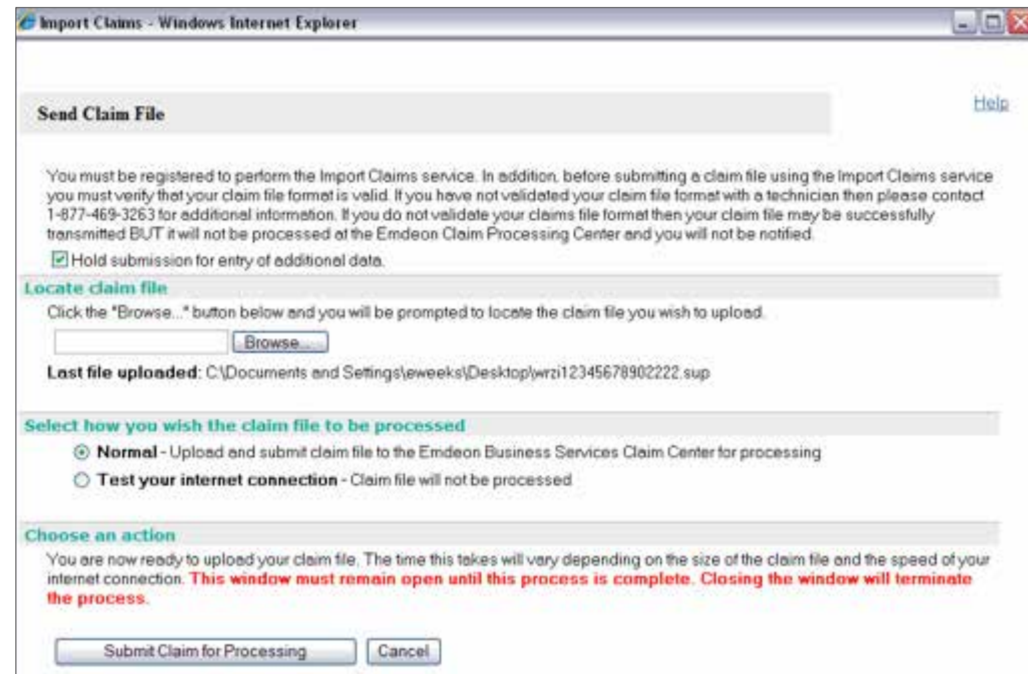
Link	Description
Payer Enrollment	Takes you to the Payer Enrollment where you can access Claims Payer Enrollment forms
Add Providers or Payers	Allows you to add providers or payers for claims submission. This feature is covered in detail in **Add Providers or Payers** (page 7)
Change or Remove Providers or Payers	Allows you to change or remove providers or payers you have already enrolled for claims submission. These features are covered in detail in **Change or Remove Providers or Payers** (page 10)
CMS NPI Enrollment	Takes you to CMS' National Plan and Provider Enumeration System, from which you can apply for a National Provider Identifier
Complete Payer List	A complete list of available payers
Claims Resource Center	Takes you to Claim Resource Center
Claims User Guide	Opens the Claims User Guide*

Note: These guides are in PDF format and require that you have the Adobe® Reader® installed on your computer. The Reader can be downloaded free of charge from www.adobe.com.

Submit a Claim File for Processing

Follow these steps to upload and submit a claim file:

1. Create a claim file using your Practice Management System.
2. Select **Claims > Import** from the main menu. The Import Claims main window opens. Read the explanatory text if you are not familiar with claim file formats.
3. Click **Proceed to Next Step**. The Send Claim File form opens in a separate window.



Note: You must be registered to use the Import Claims service. In addition, before submitting a claim file using the Import Claims service you must verify that your claim file format is valid. If you have not validated your claim file format with a help desk representative, please contact customer support for additional information.

4. Click **Browse** to locate the claim file. Select the claim file you want to send for processing and click **Open**. The file name populates the field.
5. Select the mode in which to send the file.
6. **Normal** - Your file is encrypted, transmitted, authenticated, validated, and delivered for processing.
7. **Test your internet connection** - This option allows you to test your internet connection before actually sending the file for processing. The claim file is neither transmitted, nor presented for processing at any time.
8. Click **Submit Claim for Processing**. Once the file is submitted, a message appears indicating whether the transmission succeeded or failed.

Note: Leave the Send Claims window open during file transmission. Closing the window indicates that you want to terminate the connection and abort the transmission. You can minimize the window, but it must not be closed or the process will end immediately.

9. When the claim file is received and processed, a claim status report is sent to your secure inbox within the application.
10. Click **Cancel** to close the Send Claim File window after your claim file is successfully transmitted.
11. Check your secure inbox within the application for messages about the status of your claims.

Send Claims Tips

The following information will help you resolve and prevent issues with claim files.

- If your claim file cannot be processed, Send Claims generates a transmission failure message and posts it in the Send Claim File window. Help identify the source of the problem by making a note of the error message before closing the message window.
- Do not close the Send Claim File window during processing. The Send Claim File window must remain open throughout your session, or your claims will not be processed. You may minimize the window, but it must not be closed, or your session will terminate and your claim submission process will end. Since transmission failure messages appear in your Send Claim File window, which is not visible once your session terminates, you will not notice your transmission has failed until much later.

Verify Claims Transmission

Once your claims are processed, a claim status report is sent to your secure inbox within the application confirming the status of the claims. Follow these steps to view this report:

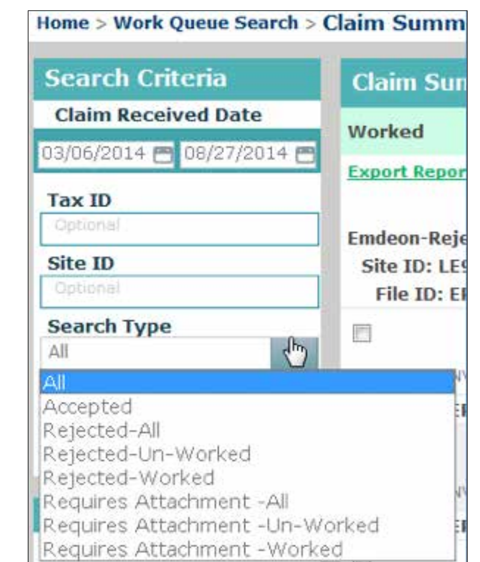
1. Click the “mail messages” link on the home page.
2. To view the message, double-click the message or single click the message and then click the **Open** icon.

The following is an example of a Claim Confirmation Report:

```
                    EMDEON CLAIM CONFIRMATION REPORT
                    REPORT GENERATION DATE: 09/18/06
FRASIER CRANE MD
TSO ID: a123
CLAIMS PROCESSED ON  09/18/06 ( 8:00 AM CST)
TOTAL CLAIMS PROCESSED: 5
INPUT TYPE: HCFA
TRANSMISSION TYPE: PRODUCTION
BATCH ID: wk17091806075607375
FILE CONTROL #: HCBJKU

--------------------------------------------------------------------------------
                    CLAIM SUMMARY - TAX ID: 123456789
--------------------------------------------------------------------------------
   DOS   STATUS PAYORID PATIENT NAME    ACCOUNT#  $ CHARGES INSURANCE COMPANY  PAYOR ZIP
--------------------------------------------------------------------------------

09/16/06  VAL   60054   DOE, J          20215      150.00 AETNA US HEALTHCARE   19244
09/16/06  VAL   60054   SMITH, B        11058      135.00 AETNA US HEALTHCARE   19244
09/16/06  VAL   60054   ALLEN, R        28602      135.00 AETNA US HEALTHCARE   19244
09/16/06  VAL   60054   WALDEN, C       10657       90.00 AETNA US HEALTHCARE   19244
09/16/06  VAL   22099   WILLIAMS, K     13045      110.00 BLUE CROSS            07101
--------------------------------------------------------------------------------
    VALID CLAIMS      :          VALID CLAIMS AMOUNT    : $    620.00
    REJECTED CLAIMS   :     0    REJECTED CLAIMS AMOUNT : $       .00
--------------------------------------------------------------------------------
**TOTAL CLAIMS PROCESSED ALL TAXIDS**
--------------------------------------------------------------------------------
** TOTAL CLAIMS PROCESSED   :   5      AMOUNTING TO  : $ 620.00  **
** TOTAL VALID CLAIMS       :   5      AMOUNTING TO  : $   620.00
** TOTAL REJECTED CLAIMS    :   0      AMOUNTING TO  : $      .00
--------------------------------------------------------------------------------

                         Paper Claim Report
```

Work Queue Search

Access this search by selecting **Claims > Work Queue Search**. Use this search to locate claims based on their “Worked” status. Use the **Search Type** list to select the claim status to be searched.



Search Types – Accepted, Rejected, Requires Attachment

Select one only:

- All
- Accepted
- Rejected – All
- Rejected – Unworked
- Rejected – Worked
- Requires Attachment – All
- Requires Attachment – Unworked
- Requires Attachment – Worked

Search Criteria Formats

- "Tax ID" – 9-digit numeric string
- "Site ID" – 4-digit string (alpha and/or numeric)

"Requires Attachment" Search

All claims with status "Requires Attachment" that match all other entered search criteria for the specified date range are displayed. Claims that "require attachments" are those claims to which the payer has requested supporting documents be added.

Work Queue Search Results

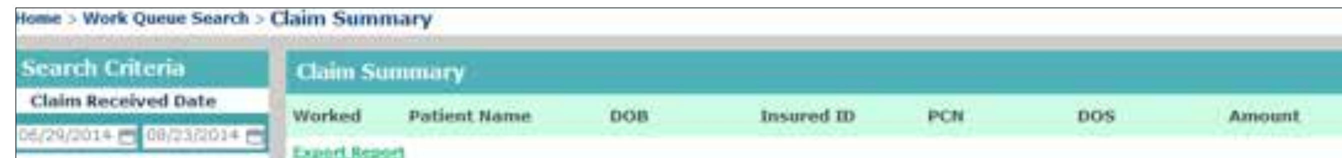
- "Accepted"
  Displays only claims with an "Accepted" status.
- "All"
  Displays all claims regardless of accepted/rejected status.
- "Rejected" ("Worked" or "Unworked")
  Displays all claims that are currently identified with the selected status condition.

*Note: For more information on how to change the status of a claim from "Unworked" to "Worked" please see **Descriptions and functions** of key user fields in the Claim Detail section are presented below.*

Claim Summary Report

The Claim Summary Report can be generated from several areas within Reporting & Analytics:

- Run a Work Queue search for any claim status.
- Click a link in the **Claim Received Date** column on the Summary by Payer by Day report.
- Run a Rejection Since Last Login search.
- Click a link in the **File ID** column of the File Summary report.
- Run a Quick Search.
- Click on a pie chart slice, graph bar or graph data point in the Dashboard view.



Claim Summary Column Headings

Heading	Description
Worked	"Worked" progress status; determined by the "Worked" check box in the Detail report
Patient Name	Name of the patient submitted on the claim
DOB	Date of birth of patient
Insured ID	Insured ID submitted on the claim
Patient Control Number (PCN)	Provider's control/tracking number for patient on claim
Date of Service (DOS)	Date of service
Amount	Dollar amount (in US dollars) of the submitted claim
Payer ID	Payer ID submitted on the claim
Payer Name	Payer name submitted on the claim
Claim ID	Claim ID assigned by clearinghouse for the specific claim

Claim Summary Report List Order

- Rejected – Claims rejected by clearinghouse
- Payer Rejected – Claims rejected by the payer
- Accepted – Claims accepted by clearinghouse but no notification from the payer received
- Accepted – Claims accepted by payer and the claim is pending adjudication

Payment Summary Report Column Headings

Heading	Description
Transaction Date	Date that the payment was made. Click the link to view the Payment Sum Day Report for the date you selected
Quantity	Number of payments made on the specified transaction date
Amount	Total amount of all payments made on the specified transaction date

Patient Payment Summary by Day Report

The Patient Payment Summary by Day Report displays when you perform a Patient Pay Search and search by patient name or patient account number as well as when you click a transaction date link on the Payment Summary Report.

Search by Patient Name or Patient Account Number

When you perform a Patient Pay Search and search by patient name or patient account number, the report will show the same patient name or patient account number for the transaction date range you selected.

Claim Detail Report

You can access a Claim Detail Report in two ways.

- In an Insured Detail Report, click a link in the Claim Received Date column.
- In a Claim Summary Report, click a link in the clearinghouse Claim ID column.

Descriptions and functions of key activity fields in the Claim Detail section are presented below.

Worked Status Indicator

Use the "Worked Status" check box to mark a claim as "worked."

When the "Worked" check box is checked, the claim is shown as "worked" on the Claim Summary Report. To search for "worked" claims, use the "All" or "Rejected/All" criteria in "Work Queue" search.

Note: The definition of "worked" is practice (or site) specific. Please be sure that all Reporting & Analytics users in your organization have a clear understanding of how your practice/site uses the "worked" feature.

Timely Filing Letter

Click "Display Letter" to view the Request for Claim Review Letter. The resulting screen is a printable letter that a provider can send to a payer to support assertions of proper and timely claim filing by the provider. If you are a provider you can print this letter, enter the appropriate information, attach any pertinent supporting documentation then send the letter (with attachments) to the payer.

ERA Linking in Claim Detail

If your practice has ERA contracts with payers, ERA data is displayed in the "Payer Claim Status History" under certain conditions.

- The claim has associated ERA(s).
- Your practice has ERA contract with the payer on the claim.
- If an ERA is associated to the claim, a generic message is displayed in the **Status Description** field.

If the claim has been paid (and there is an ERA associated to the claim), the check number is displayed in the **Additional ID's** column. Click the check number to display the Payment Detail report.

Payer Claim Status History

Additional IDs	Status Date
01190057011900571 0	05/07/2013

Payment Detail Report

If a linked check number is displayed in the Claim Detail Report, you can access the Payment Detail report by clicking the check number.

The Payment Detail report provides key information on the claim (and the payment) including claim amount and the difference between paid amount and claim amount.

Payer Claim ID in Claim Detail Report

If the payer received the claim and the payer issues claim IDs to clearinghouse, then the payer's claim ID appears in the Payer Claim ID field. However, a blank Payer Claim ID field does not necessarily mean that the payer has not received the claim.

Note: While most payers do issue Claim IDs upon receipt of a claim (which appear in the Claim Detail report) some payers do not.

View Audit History

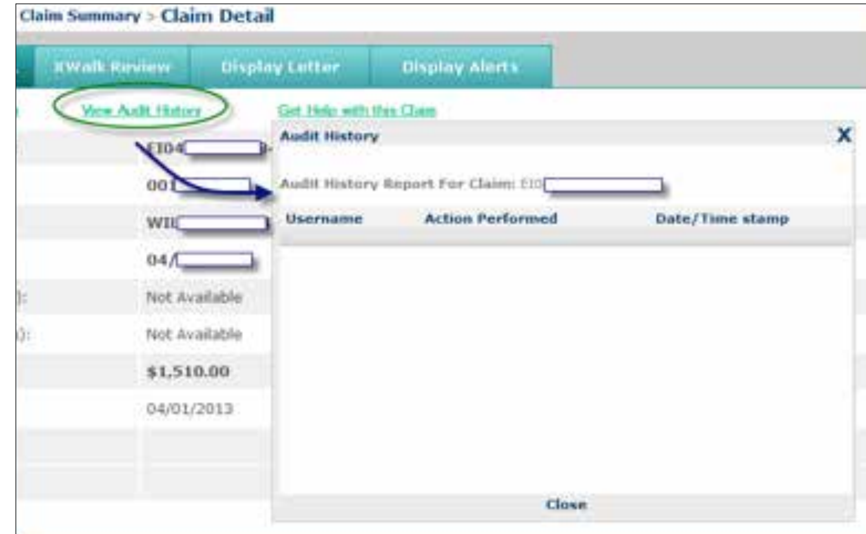
Note: This function, which allows you to view the audit history in a Claim Detail Report, is different from the Audit History Report which is generated by performing an Audit History search.

Click the "View Audit History" link to view the audit history of a claim.

The following actions are tracked in Audit History:

- Click View Claim
- Click on "Eligibility" link
- Click on "Claim Status" link
- All "Worked/Unworked" status changes for the last 15 months on the claim are shown with username and date/time stamp

If the Audit History report is longer than 1,000, rows the report can be exported in Microsoft Excel format. The export will include all rows including those rows that were not displayed due to the 1,000 row display limit.



When you click the "View Audit History" link, a new window appears. The Audit History window can be moved in the same manner that the Help window can be moved (click and drag the title bar of the window).

View and Edit Claim

Viewing and editing claims is a feature you can access through the Claim Detail Report.
For details on how to view and edit claims, see the **View and Edit Claims** section on page 31.

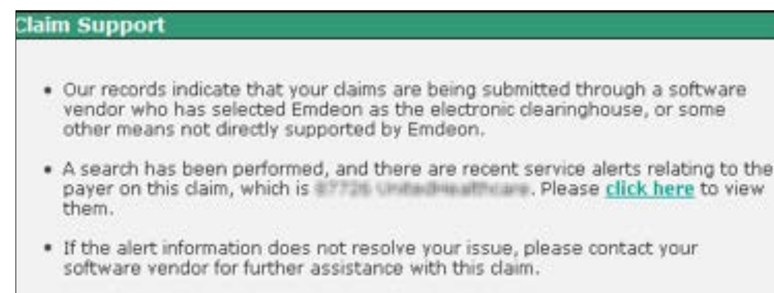
"Get Help with this Claim" Link

Using the "Get 24/7 Online Help with this Claim" link enables you to access Customer Service Alerts (CSAs) and submit a support ticket for the claim you are viewing.

1. In a Claim Detail report, click the "Get Help with this Claim" link.

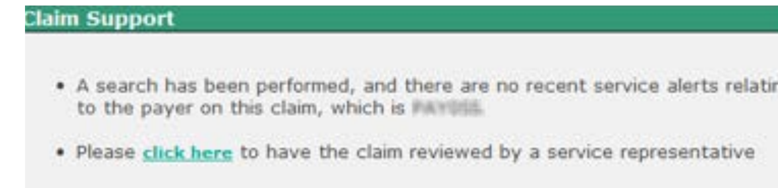
2. The "Claim Support" message window appears. Two links may be available:

- **Customer Alerts** link – If there are recent (last 30 days) Customer Service Alerts (CSAs) on the claim from the payer, a link to the CSA will appear. Hover your cursor over the CSA to view a short description. Click the link to view the CSA.

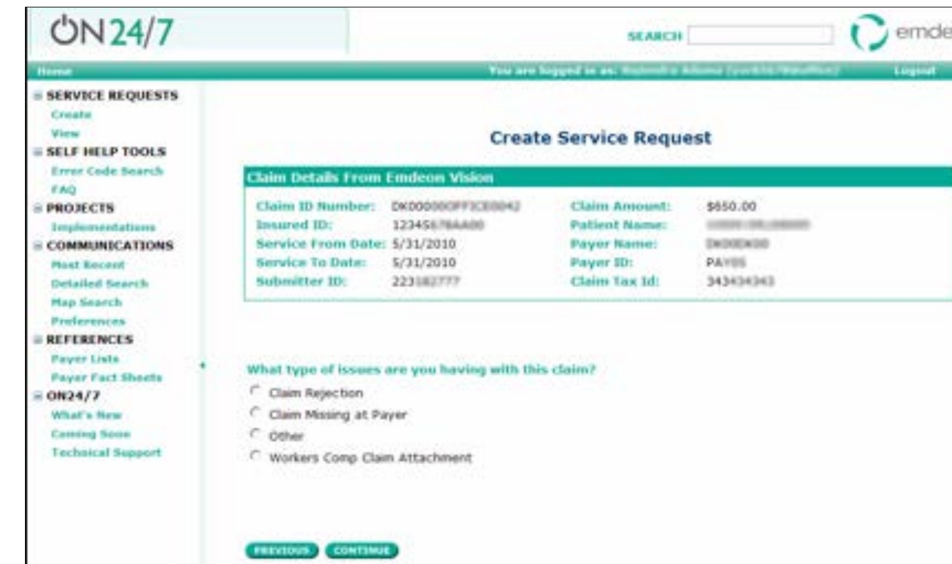


SEND CLAIMS

- **Service Request** link – This link appears for all claims in Reporting & Analytics. Click the link to create a service request for the claim you are viewing.



3. If you click the service request link, the Create Service Request form appears. The form is pre-populated with key details from the claim.



4. Click the option that describes the issue you are having with the claim, and then click **Continue**.

5. Enter identifying information on the pages that follow, clicking **Continue** at the bottom of each page. You will be able to review the information you entered before you submit the service request.

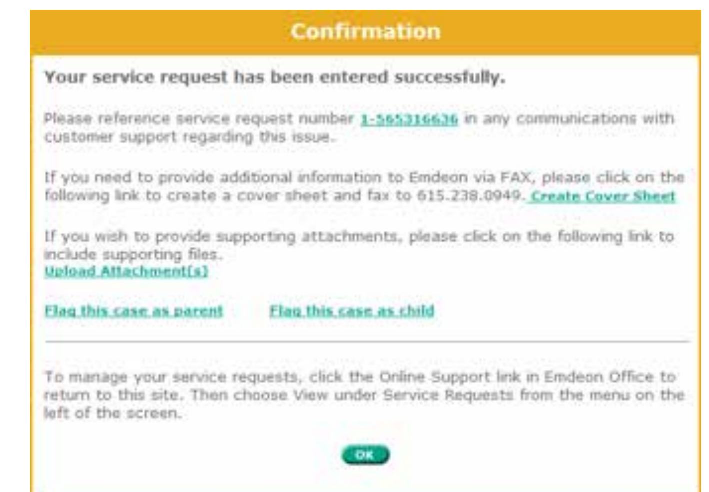
6. If you would like to change the information you entered, click **Start Over**.

*Note: Clicking **Start Over** does not erase the claim information that was present when you created the service request.*

7. Click **Submit**.

8. The Confirmation window displays. From this window you can choose from several options or close the window by clicking **OK**.

- **Service request reference number** – Click to access details on the service request: view the request history, add a comment, add files, flag, etc.
- **Create Cover Sheet** – If you need to fax documents to clearinghouse relating to the service request, click this link to open a fax cover sheet. The cover sheet is pre-populated with information that will associate the fax with the service request. Print the cover sheet and use it as the first page of the fax you send to clearinghouse regarding the service request.



- **Upload Attachments –** Click to upload any standard file type up to 50 MB. You can upload only one file at a time.
- **Flag this case as parent –** If you need to link cases with related issues, click to set the service request as a parent in relation to one or more service requests. Use the search function to locate a service request, select the check box next to the service request, and then click Save. This will create a hierarchical linkage.
- **Flag this case as child –** If you need to link cases with related issues, click to set the service request as a child in relation to another service request. Use the search function to locate a service request, select the check box next to the service request, and then click Save. A hierarchical linkage is created.

File Summary Report

The File Summary Report provides details on all claim batches submitted to the clearinghouse during a specific date range. Each claim batch is identified by a File ID (clearinghouse batch identifier).

File Summary Column Headings

Heading	Description
File Received Date	Date claim was received by clearinghouse
File ID	File ID assigned by clearinghouse for the electronic file in which the claim was submitted
File Status	The value in this column is determined by the rejected or accepted status of the file. Accepted - If file is accepted, click the link in File ID column to view Claim Summary. Rejected - If file is rejected no data is displayed in Reject Quantity and Payer Reject Quantity columns. click the link in File ID column to view Reject File Details.
Received Claim Quantity	Total number of claims received by clearinghouse
Reject Quantity	Number of claims rejected by clearinghouse
Payer Reject Quantity	Number of claims rejected by the payer
Claim Amount	Total dollar amount of all claims received (total dollar amount for total number of claims shown in the Received Claim Quantity column)

SEND CLAIMS

Payment Detail Report

The Payment Detail Report displays when you click a date link in the **Receipt Number** column on the Patient Payment Summary by Day Report. The report shows the payment and transaction details for the transaction you selected.

Payment Detail Report Rows

Heading	Description
Payment Details Column	
Patient Name	Name of the patient
Patient Account No	Provider account number for the patient
Service Date	Date medical service on claim occurred
Payment Amount	Amount of the payment
Payment Method	Type of card used in the payment
Worked	If there is a check in the check box, the payment is worked. If there is not a check in the check box, the payment is unworked
Merchant ID	ID of merchant in transaction
Transaction Details Column	
Transaction Date/Time	Date and time of the payment
Transaction ID	Unique transaction identifier (assigned by system)
Authorization Code	Card authorization code (assigned by system)
Receipt No	Unique receipt number (assigned by system)
Open Date	Date and time the transaction started
Close Date	Date transaction closed
Guarantor Name	Name of the person making payment

View and Edit Claims

Overview

You can correct and refile claims from within Reporting & Analytics. You can review all the fields of a primary or secondary claim, correct errors that may have caused the claim to be rejected, and re-submit the updated claim to the payer.

You can also create secondary claims when the primary claim has been partially paid and you want to obtain payment from an additional payer for unpaid amounts. You can only create a secondary claim from a primary claim.

Information displayed in the claim editor is always specific to the claim you access in Reporting & Analytics.

Note: Claim viewing and editing may not be available to your account. If these services are not available to you please contact customer service for information about how to upgrade your account.

View/Edit Permissions

If you can see **View/Edit Claim**, you can view, correct and refile claims.

Note: If you can see the View Claim link (but not the View/Edit link), this means that you can only view claims, and that your account is not setup for correcting or refiling claims. Please upgrade your account to be able to correct and refile claims.

System Time Out

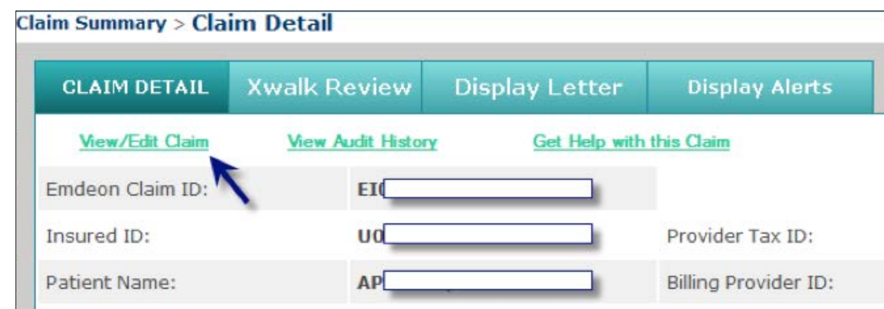
Non-Use Time Out

If you have Reporting & Analytics open but do not perform any actions for **15 minutes**, your session will time out and you will lose your changes.

Access Claim Viewing and Editing

Follow these steps to access claim viewing and editing:

1. Select **Claims > Reporting & Analytics** from the main menu.
2. Search for and open the Claim Detail Report of the claim you want to use (see the **Claim Data Searches** section on page 40 for details on search types).
3. Click the **View/Edit Claim** link.



SEND CLAIMS

4. The claim opens in a new window, with the **Errors** tab selected.

View and Edit Claim

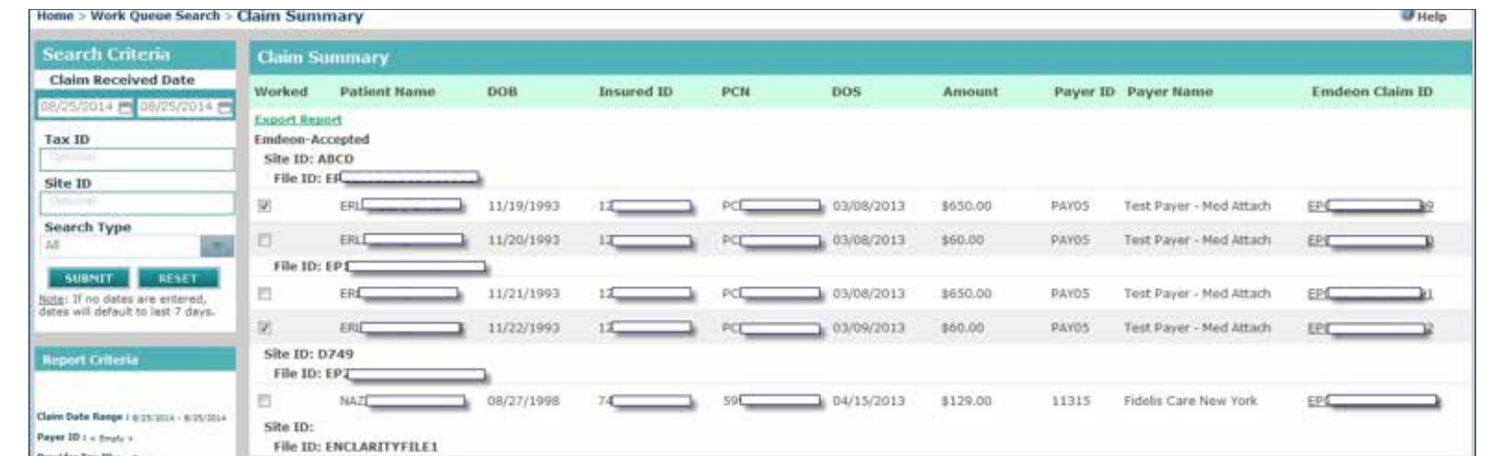
View and Edit Claims

Viewing and editing claims is a feature you can access through the Claim Detail Report. For details on how to view and edit claims, see the **View and Edit Claims** section on page 31.

"Get 24/7 Online Help with this Claim" Link

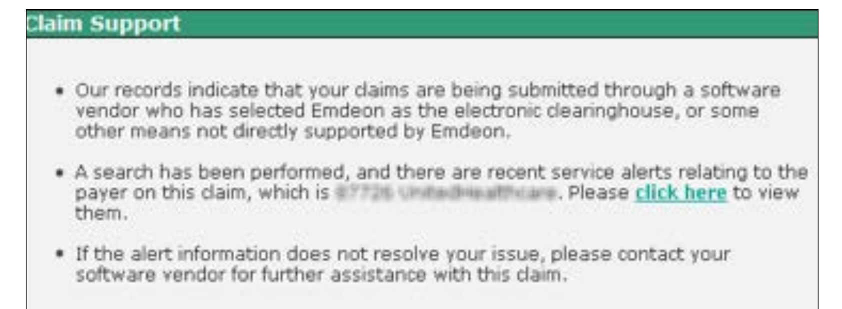
Using the "Get 24/7 Online Help with this Claim" link enables you to access Customer Service Alerts (CSAs) and submit a support ticket for the claim you are viewing.

In a Claim Detail report, click the "Get Help with this Claim" link.

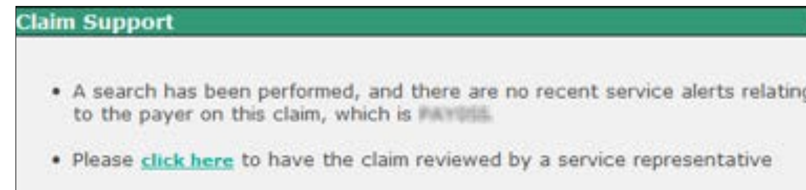


1. The "Claim Support" message window appears. Two links may be available:

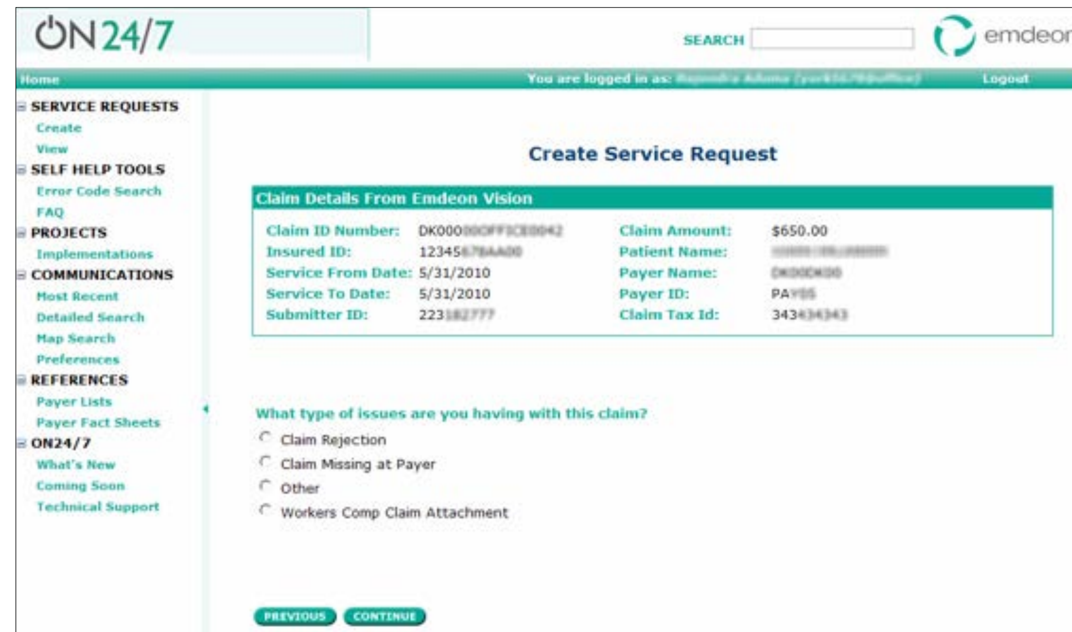
- Customer Alerts link – If there are recent (last 30 days) Customer Service Alerts (CSAs) on the claim from the payer, a link to the CSA will appear. Hover your cursor over the CSA to view a short description. Click the link to view the CSA.



- Service Request link – This link appears for all claims in Reporting & Analytics. Click the link to create a service request for the claim you are viewing.



2. If you click the Service Request link, the Create Service Request form displays. The form is pre-populated with key details from the claim.

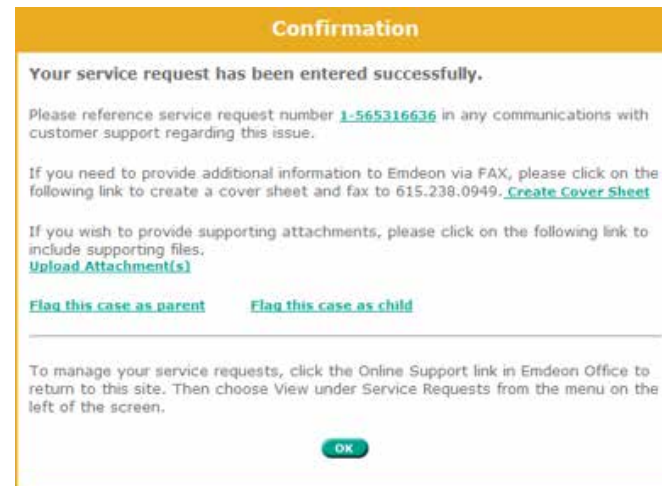


3. Click the option that describes the issue you are having with the claim, and then click **Continue**.
4. Enter identifying information on the pages that follow, clicking **Continue** at the bottom of each page. You will be able to review the information you entered before you submit the service request.
5. If you would like to change the information you entered, click **Start Over**.

*Note: Clicking **Start Over** does not erase the claim information that was present when you created the service request.*

6. Click **Submit**.
7. The Confirmation window appears, where you can choose from several options or close the window by clicking **OK**.

- **Service request reference number** – Click to access details on the service request: view the request history, add a comment, add files, flag, etc.
- **Create Cover Sheet** – If you need to fax documents to clearinghouse relating to the service request, click this link to open a fax cover sheet. The cover sheet is pre-populated with information that will associate the fax with the service request. Print the cover sheet and use it as the first page of the fax you send to clearinghouse regarding the service request.



- **Upload Attachments** – Click to upload any standard file type up to 50 MB. You can upload only one file at a time.
- **Flag this case as parent** – If you need to link cases with related issues, click to set the service request as a parent in relation to one or more service requests. Use the search function to locate a service request, select the check box next to the service request, and then click **Save**. This will create a hierarchical linkage.
- **Flag this case as child** – If you need to link cases with related issues, click to set the service request as a child in relation to another service request. Use the search function to locate a service request, select the check box next to the service request, and then click **Save**. This will create a hierarchical linkage.

Correct a Claim

Review and correct all errors (or as many as possible) before you refile or submit a claim. If you refile or submit a claim without correcting errors, the claim may be rejected by the payer. However, you may refile or submit a claim even if all errors have not been corrected. (Refiling or submitting a claim with errors is permitted because payers have different data requirements; some payers may disregard certain errors.)

Helpful hints

- If you have the claim edit or open but do not perform any actions for 15 minutes, your session will time out and you will lose your changes.
- Claims must have been submitted through the portal in order to electronically correct a claim.
- UB04 corrected claims cannot be corrected via data entry on the portal; claims must be corrected using the appropriate Type of Bill Code and uploaded via portal.

Validation and Rejection

There are three distinct levels of validation that occur at different stages in the claim submission process:

1. In real time, claim fields are validated based on standard industry guidelines. For each error detected, an error is displayed in the Validation Error(s) section of the **Errors** tab. You can refile or submit a claim even if the claim has validation errors.
2. After you refile or submit a claim, the clearinghouse validates the claim based on known payer submission requirements. The clearinghouse can either reject the claim due to errors or pass the claim on to the payer. Errors generated by the clearinghouse are known as rejections, and they are listed in the Rejected Error Message(s) section of the **Errors** tab. You can refile or submit a claim even if the claim has rejection errors.
3. If a claim successfully passes through the clearinghouse to the payer, the payer processes the claim. Based on its criteria and business rules, the payer can pay a claim in full, pay a claim in part, or reject a claim. Errors generated by the payer are also known as rejections, and they are listed in the Rejection Error Message(s) section of the **Errors** tab. You can refile or submit a claim even if the claim has rejection errors from the payer. (See **Rejected Error Messages**, page 36.)

Error Indicators

These indicators help you locate errors in a claim:

- If a tab contains errors, the tab name is in red text. If a tab does not contain errors, the tab name is in blue text.
- If a field contains an error or is required but blank, a red border appears in the field, and the error appears in a tooltip when you hold your cursor over the field.
- The Errors tab lists errors in two categories:
  - Errors detected by clearinghouse or the payer when the claim was rejected.
  - Validation errors based on standard industry guidelines for each field included in the claim.

Corrected Claims

To create a new corrected claim, follow the steps above to enter a new claim:

1. Select **Claims > Create**, and click the “New Claim” link.
2. The individual claims submission will open in a new window:
3. Enter the information of the original claim with the corrections from Step 1 to Step 9.
4. Step 5 – click the “Comment” button to open the “Additional Claim Line Information” window.

Service lines

Note: All currency (Charges) fields allow up to 7 digits per field (e.g., $9,999,999.99). All Total Claim Charge fields and Claim Level Adjustment fields allow up to 12 digits.

5. Enter "Resubmission Code" as "7" to indicate it's a corrected claim.
6. Enter "Resubmission reference number" as the original claim you are correcting, must be exact.
7. Optional to enter comments in "Narrative Information". Do not remove existing text.
8. Click **Save**.
9. Complete the rest of the claim.
10. When you finish the form, select **Save** at the end of the page to save your work. A Save Confirmation screen appears with instructions for creating a new claim, adding the claim to a batch for submission, and submitting claims.

- To submit another claim using the same provider and payer, click **New Claim** located in the upper right corner of the screen.
- To submit a claim for a different provider or payer, click **Close** to return to the New Claim screen.
- To create a claim batch, click **Close** and select "Claim List".

Note: To print a paper copy of the claim, press CTRL + P on your keyboard.

Rejected Error Message(s)

The upper section, Rejected Error Message(s), displays errors that were generated if the claim was rejected at the clearinghouse or the payer. Typically, these errors are generated regarding the payer's specific requirements.

These errors are not re-evaluated as you make changes to the claim; the application will not automatically detect that you have corrected the reason for the rejection or that you have made a change that might result in a new rejection reason that was not previously in the claim. Instead, each error message in this section has a check box beside the error code. As you correct errors in the claim, you can select the corresponding check box to track your correction of the error. The check boxes will remain selected until you refile or submit the claim or close the window.

Note: Using the check boxes in the Errors tab is optional. However, if you have not selected all the check boxes when you click Refile or Submit, a confirmation window will appear that advises you to make all required changes. You can click Cancel to return to the claim and correct the remaining errors or click OK to refile or submit the claim.

Check Claims

Overview

The Claim Status service allows you to check the status of a previously submitted claim, regardless of whether the claim was submitted manually or electronically. This tool allows you to manage claim rejections, reimbursements, and online claim adjustments, which eliminates having to re-key information and generate duplicate forms.

Key Features

- Fast access to real-time claim status information for multiple payers
- Individual and batch functionality for improve productivity
- Time-saving batch management features: sort, move, copy, delete
- Ability to track claims throughout the reimbursement cycle
- Verify that claims have been received by payers
- Quickly determine the status of claims
- Expedite follow up on rejected claims
- Obtain enrollment forms by selecting **Setup > More** and clicking the "Payer Enrollment" link

Check Claim Status

1. Select **Claims > Claim Status** on the main menu.
2. Select a payer.

Note: The claim status request screen varies depending on the payer.

3. Select a search type (if applicable).
4. Enter search criteria to locate the claim.
5. Enter requesting provider and service provider information (if applicable). To find a provider ID, click **Edit**.
6. If the **Requesting Provider** is the same as the **Service Provider,** click the "Same as Requesting Provider" check box. This populates the Service Provider fields with Requesting Provider information.
7. Click **Send to Payer** to process your query.

The following illustration shows results of this inquiry.

8. Click "Save Response to Batch" to save the response to a new or existing batch.

Note: The "Save Response to Batch" link appears only if batching is off.

The following window appears:

Do one of the following:

- To save the response to an existing batch, choose the batch from the list. Click "Refresh List" if your batch does not appear in the list.
- To save the response to a new batch, enter the batch name. Click **Save**.

9. Click **Return to Previous** to return to the Claim Status request screen. Do not click the **Back** button on your browser since this may cause unpredictable results.

Claims Appeal

Follow these steps to access claim viewing and editing:

1. Select **Claims > Create** from the top menu.
2. Complete information for Step 1, Step 2, Step 3, Step 4 and Step 5.
3. Click the **Continue to Claim Data**.

The link opens in a new window to create an individual CMS 1500 claim.

The individual claims submission will open in a new window:

1. Enter the information as you did with the original claim.
2. Select the **Comment** button to open the Additional Claim Line Information.
3. Enter the Resubmission reference number as the original claim number.
4. Enter a Narrative Information for appealing the claim.
5. Click **Save**.

Back to the individual claims submission window:

1. Step 9 - Other information > Workers Condition Code, select the option **1st Level appeal** (request with insurance carrier).
2. The remarks will show a ***BGW3** indicating it's an appealed request.
3. Save the claim and continue to the List tab.

Under the List tab, select the claim(s) to submit the appeal(s).

Reporting & Analytics

Introduction

When your practice or site submits claims to the clearinghouse, all claim data per regulatory guidelines are retained and archived. Through a secure, web-based portal, Reporting & Analytics gives you quick online access and detailed views of the previous 15 months of your claims data. Reporting & Analytics enables you to customize and submit several claim search options that focus on data specific to a patient, payer, or a patient claim status. These options are designed to provide you with the type of summary or detailed information you need to do the following:

- Track claims through their life cycle from first submission through payment
- Monitor progress according to claim status
- Identify claims that need rework, or that have been reworked
- Evaluate trends to make needed adjustments to claims administration
- Expedite claims payment

Note: In order to view claims information in Reporting & Analytics, you must submit claims through the Emdeon portal. All confidential data has been obscured in the following images.

Fundamentals

Access Reporting & Analytics

When you access Reporting & Analytics by selecting **Claims > Reporting & Analytics**, the Reporting & Analytics home page will appear. This screen provides the launching point for initiating search queries and other product functions.

Use Search Date Ranges

To optimize system performance, use a date range of seven days or less, if possible. For selected searches, you can select either Claim Received Date or Service Date. If the date fields are left blank, Reporting & Analytics will set the date range to the previous seven days by default.

Limit a Search

When you perform a higher-level (summary) search, Reporting & Analytics displays the first 1,000 rows of data that match your specified search criteria.

If any search returns more than 1,000 rows of data, Reporting & Analytics displays a message to indicate that there are more items in the database that match your search criteria than can be displayed. If you see this message and have not found the data you want, return to the Search screen and re-enter your search with more restrictive criteria. (For example, consider using a more narrow date range.)

Filter a Search by Tax ID or Site ID

Searching against a specific Tax ID or Site ID is especially helpful for:

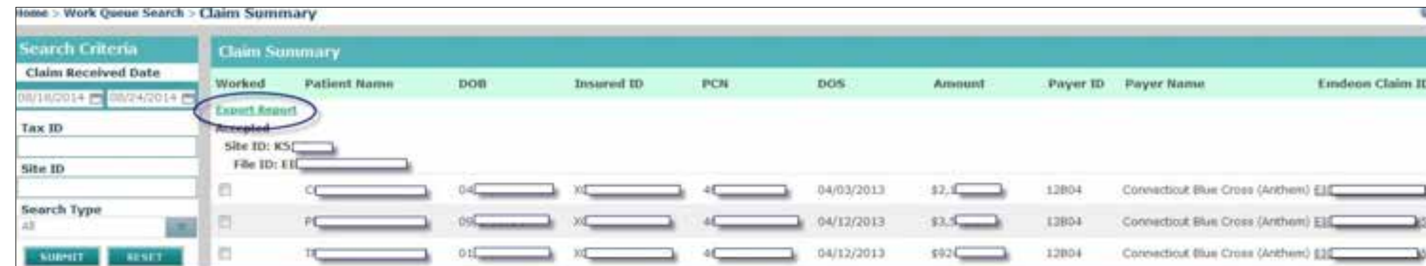
- Limiting search results to a specific provider or specialty area within a practice (by using the associated Tax ID as search criteria)
- Limiting search results to a specific practice site for providers using multiple site ids for claims submission

Use Claim Quick Search

There are no date range options in Quick Search. A 30-day date range is used by default. For detailed information about this search, see Claim Quick Search on page 42.

Export Entire Report

To view all rows of a report with more than 1,000 rows, you can export the report to a Microsoft Excel spreadsheet (.XLS). Click the "Export Entire Report" link located at the upper left of the report. The link is available only when a report exceeds 1,000 rows.



This feature works for the following reports:

- Claim Summary
- File Summary Report
- Summary by Payer ID by Day
- Summary by Payer ID
- Insured Detail Report

Top 5 Claim Rejection Reasons

Top 5 Claim Rejection Reasons

Rejection Message	Rejected By	Count
End Stage Renal Disease Payment Amount: Invalid; Must be numeric	EMDEON	15
ACK/RETURNED-Duplicate of a previously processed claim/line.	PAYER	9
Tax ID and provider number do not match provider file.	PAYER	6
MISSING OR INVALID DATA PREVENTS CARRIER FROM PROCESSING THIS CLAIM	EMDEON	5

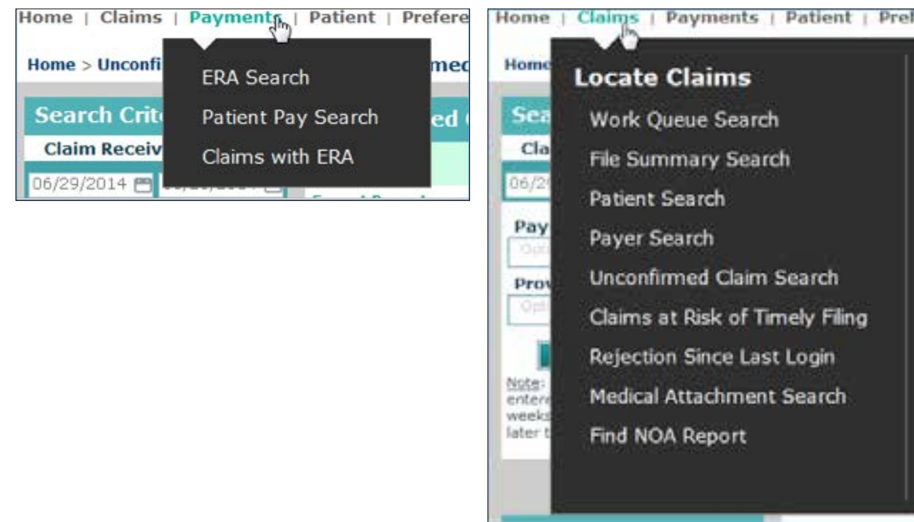
Yesterday | Last 7 Days | Last 8 Weeks

If you click the linked Count number, the applicable Claim Summary is displayed.

Options by Search Type

Search Type	Available Search Options	Search Criteria
Audit History Search	Display claims that have "worked" or "unworked" status change during the specified date range or specific date	• Date • clearinghouse Claim ID
Claim Quick Search	Quickly access claim information based on known search criteria	• clearinghouse Claim ID • Submitter Claim ID • Payer Claim ID • Insured ID • PCN (Patient Control Number) • Patient Last Name (with optional date of birth) • Patient date of birth
Claims with ERA Search	Find claims that have ERAs associated with them	Use (optional) Tax ID or Site ID to limit search results. If your practice is part of a large organization, using your own Tax ID or Site ID will help limit search results.
File Summary Search	View all claims by claim batch that were received during a time frame (date range). Each claim batch is identified by a File ID (clearinghouse batch identifier).	• Received Date range **and optionally**, either or both of the following: • Tax ID • Site ID
Patient Pay Search	1. View all patient payments made through Patient Pay Online for a specified date range 2. View all patient payments made through Patient Pay Online for a specified date range and a specific patient name or patient account number.	Search by Transaction Date: •Transaction Date range **and optionally** •Worked status Search by Patient Name: •Transaction Date range •Patient Name Search by Patient Account Number: •Transaction Date range •Patient Account Number
Patient Search	1. View all claims for a specific insured party and dependents (by Insured ID) 2. Locate all claims for a specific Patient Control Number (PCN) 3. Locate all claims for a specific patient	• Date range (service date OR received date) **and one** of the following • Insured ID • PCN • Patient Last Name (with optional date of birth)
Payer Search	1. Display a summary of all claims 2. Display a summary of all claims for a specific payer	• Received Date range **and optionally**, any combination of the following: • Tax ID • Site ID • Payer ID
Rejection Since Last Login Search	View all claims that have been rejected by all payers since your last login	None required
Work Queue Search	1. Display a summary of all claims for a specific status 2. Display a summary of all claims for Rejected Claims with "Worked" or "Unworked" sub-status	• Received Date range • Claim Status **and optionally** • Tax ID • Site ID • If Rejected status selected: "All," "Worked," or "Un- worked" sub-status

Claim Data Searches



Search Fundamentals

- Required fields are indicated by a red asterisk (*)
- Enter a date range for your search. You can manually enter a date (mm/dd/yyyy format) or use the calendar tool. If no dates are selected the default date range (inclusive of the last seven days) is entered automatically

Run a Search

1. Select a search type.
2. Enter all required data.
3. Enter any desired optional data.
4. Select a date range (if applicable). If dates are not selected, Reporting & Analytics will enter the default date range automatically. (Default date range is the last seven days.)
5. Click **Submit**. (Results can be searched and/or printed.)

Note: If no matches are found, change your search criteria, then rerun the search.

6. After the report displays click on any underlined hyperlink for further details.

Working with Dates

Date Criteria are Retained across Searches

The date or date range used in your most recent search is retained across all searches during a session. When you select a different search type, the date or date range from the previous search is automatically entered in the date fields of the new search. The purpose of this date retention functionality is to save time and keystrokes as you navigate from search to search.

Single Date Search

If you enter a date in either the Start Date or End Date field only, when you click Submit, the remaining open field is filled with the same date. The resulting search will run on a single date only.

Default Date Range

If both date fields are left empty, the system will automatically enter a date range of the last 7 days (inclusive of today) when you click **Submit**.

Date Format Options

Basic syntax of manually entered dates: mm/dd/yyyy. Additional allowed date configurations:

- **Month** can be entered as either mm or m
- **Day** can be entered as either dd or d
- **Year** can be entered as either yyyy or yy

REPORTING & ANALYTICS

Date Entry Shortcut

- Type the letter t to enter today's date in date field. Type the letter t in the date field to place today's date in that field. The letter t is displayed until you click **Submit**, after which it is replaced with today's date.
- Use t-xx to enter a past date in the date field. For example, type t-3 in the date field to enter the date that occurred three days before today. The shortcut that you typed, t-3 in this case, is displayed in the date field until you click Submit, after which t-3 is replaced with a format-compliant date.

Note: Claims data for the previous 15 months can be viewed in Reporting & Analytics.

Claim Quick Search

This search field is located in the upper right corner of the landing page. When searching with IDs or any allowable data element in Quick Search, only those claims that exactly match your search criteria are displayed. However, when searching by a patient first or last name, you can use a name segment (three consecutive letters must be used).

Allowed Search Criteria

Only those claims that match all entered search criteria are displayed. Search criteria must match the format of at least one of the following searchable claim fields.

Searchable Claim Field	Description
PCN	Patient Control Number. An alphanumeric string that can include up to 20 characters
Insured ID	An alphanumeric string that can include up to 20 characters
Patient Name (Last Name and/or First Name)	Enter a patient's exact first name and/or the exact spelling of the last name. The only claims shown are those that match exactly the criteria entered. To search on the patient's full name, use quotations: "John Smith".
Patient DOB	Use the format mm/dd/yyyy (or m/d/yy) to locate claims. A forward slash (/) must be used when searching against a date. For example, to find claims for January 4, 2008, enter either 01/04/2008 or 1/4/08.
Claim ID	CORN. This ID contains 17 characters (two letters followed by 15 numbers). All 17 characters must be entered
Submitter Claim ID	This ID is applied to a claim by the provider's submission application vendor at the time of submission
Payer Claim ID	This ID is assigned to a claim by the payer

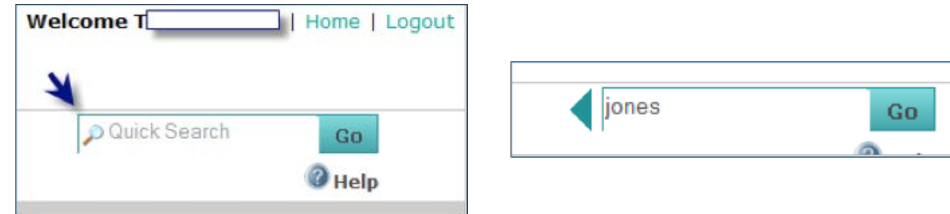
Combining Criteria

You can combine search criteria by using a separator.

Character or Word Used	Result
Space or comma (,)	All claims that include one or more keywords are shown; inclusive search
Plus symbol (+) or the word and	The resulting search is exclusive. That is, only those claims are shown that match ALL the search criteria.
The word or	The resulting search shows all those claims that match at least one of the criteria. That is, if Jones and Louie are the keywords, claims for Jones and claims for Louie are both shown. Those claims for Louie Jones are also shown (see below).
Quotes (" or "")	Use single or double quotes to search for multiple keywords, as in a name. For example, to locate claims for an individual named John Adams, place quotes on both ends of the name: "John Adams". The benefit of this type of search is that the results are limited to only those claims that match John Adams; claims that match only John or only Adams are not shown. (Claims for Lou Adams or John Hancock are not shown.)

Launch a Quick Search

Enter one or more criteria in the search field, then click the search icon at the right of the field. At least one search criteria must be entered to run a search. (Search criteria are not case sensitive.) There are no date range selection options in "Quick Search." A 30-day date range is used by default.



Search Results

If a search results in a single matching claim only, the Claim Detail for that claim is displayed. When more than one claim match the search criteria all matching claims for the previous 30 days are displayed in the Claim Summary report. Click "View More" to see claims older than 30 days.

Note: Reporting & Analytics can search up to 15 months of claims data.

Note: If your search returns no results when the report is loaded, you can use the "Previous 30 days" button to search for results of your initial search for an earlier time period, and then scroll back with the "Next 30 Days" button.

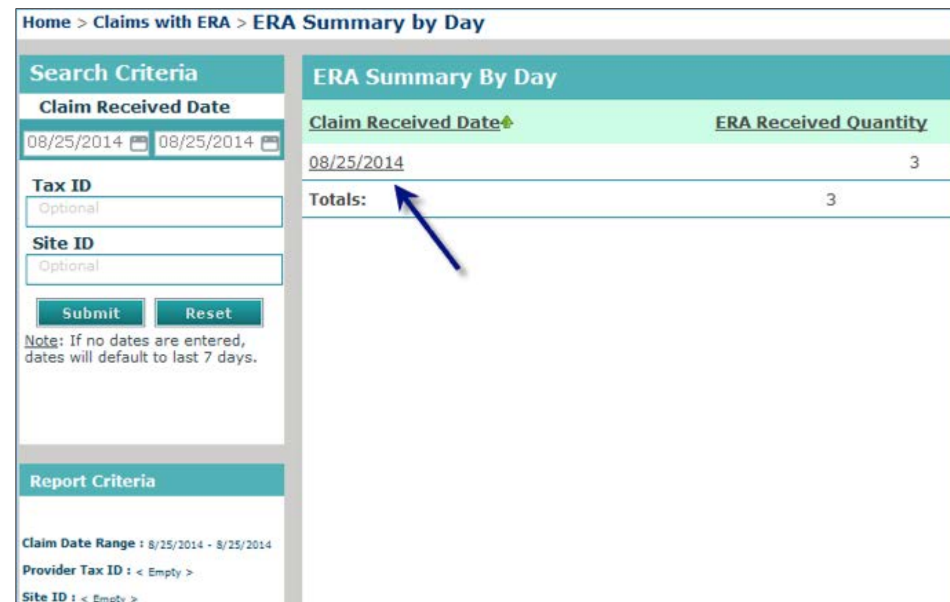
Claim Quick Search Results

Quick Search results are delivered in a Claim Summary Report (see **Claim Summary Report** on page 47).

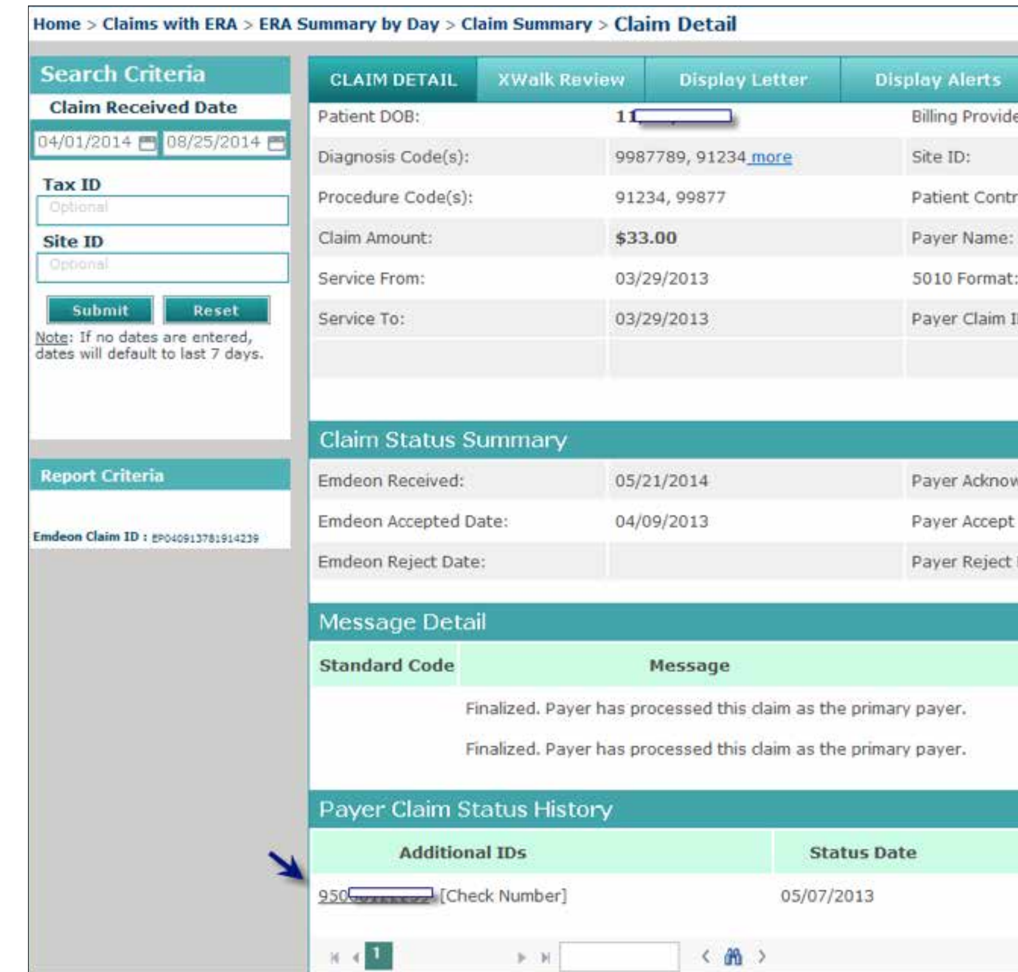
Claims with ERA Search

Access this search by selecting Payments > Claims with ERA. Use this search to locate claims that have ERAs for a specified date or date range. Searches can also be performed on a specific tax ID or site ID, which are useful if you are part of a large organization.

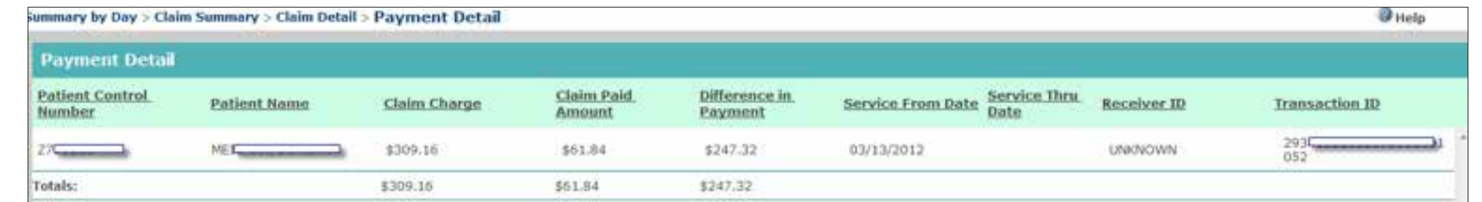
Click the link in the Claim Received Date column to view the Claim Summary Report.



When viewing the Claim Detail of a claim that has ERA(s) associated to it, the Additional ID heading in the Payer Claim Status History section of the Claim Detail includes a check number link.



Click the Check Number link to view the Payment Detail for the selected check.



File Summary Search

Access this search by selecting **Claims > File Summary Search**. A successful File Summary search displays a File Summary Report that provides details on all claim batches submitted to the clearinghouse during the specified (or default) date range. Each claim batch is identified by a File ID (clearinghouse batch identifier). For more information, see **ERA Linking** in Claim Detail.

If your practice has ERA contracts with payers, ERA data is displayed in the "Payer Claim Status History" under certain conditions.

- The claim has associated ERA(s)
- Your practice has ERA contract with the payer on the claim

If an ERA is associated to the claim a generic message is displayed in the Status Description field.

If the claim has been paid (and there is an ERA associated to the claim), the check number is displayed in the Additional ID's column. Click the check number to display the Payment Detail report.

Payment Detail Report

If a linked check number is displayed in the Claim Detail Report you can access the Payment Detail report by clicking the check number.

The Payment Detail report provides key information on the claim (and the payment) including claim amount and the difference between paid amount and claim amount.

Payer Claim ID in Claim Detail Report

If the payer has received the claim and the payer issues claim IDs to clearinghouse, then the payer's claim ID appears in the Payer Claim ID field. However, a blank Payer Claim ID field does not necessarily mean that the payer has not received the claim.

In the screen shot above, no payer claim ID appears in the Claim Detail report because the claim was rejected at clearinghouse.

Note: While most payers do issue claim IDs upon receipt of a claim (which appear in the Claim Detail report) some payers do not.

View Audit History

This function, which allows you to view the audit history in a Claim Detail Report, is different from the Audit History Report which is generated by performing an Audit History search (see **Audit History Report** on p. 40).

Click the "View Audit History" link to view the audit history of a claim.

The following actions are tracked in Audit History:

- Click View / Edit Claim
- Click on "Eligibility" link
- Click on "Claim Status" link
- All "Worked/Unworked" status changes for the last 15 months on the claim are shown with username and date/time stamp

Audit History

Audit History Report For Claim: EP60[redacted]

Username	Action Performed	Date/Time stamp
du[redacted]	Claim Correction View	06/24/2014 07:11:02
du[redacted]	Marked claim as Worked	06/09/2014 16:30:32
du[redacted]	Claim Correction View	05/25/2014 10:49:55
du[redacted]	Integration PMS	08/21/2013 00:51:30
du[redacted]	Claim Correction View/Edit	08/21/2013 00:49:19
du[redacted]	Integration PMS	08/21/2013 00:47:26
du[redacted]	Claim Correction View	08/21/2013 00:13:28
du[redacted]	Claim Correction View	08/21/2013 00:11:21
du[redacted]	Integration PMS	07/16/2013 04:50:11

If the Audit History report is longer than 1,000, rows the report can be exported in Microsoft Excel format. The export will include all rows in the report including those rows that were not displayed due to the 1,000 row display limit.

When you click the "View Audit History" link, a new window appears. The Audit History window can be moved in the same manner that the Help window can be moved (click and drag the title bar of the window).

Claim Summary Report

The Claim Summary Report can be generated from several areas within Reporting & Analytics:

- Run a Work Queue search for any claim status
- Click a link in the Claim Received Date column on the Summary by Payer by Day report
- Run a Rejection Since Last Login search
- Click a link in the File ID column of the File Summary report
- Run a Quick search
- Click on a pie chart slice, graph bar, or graph data point in the Dashboard view

Claim Summary Column Headings

Heading	Description
Worked	"Worked" progress status; determined by the "Worked" check box in the Claim Detail report
Patient Name	Name of the patient submitted on the claim
DOB	Patient's Date of Birth
Insured ID	Insured ID submitted on the claim
Patient Control Number (PCN)	Provider's control/tracking number for patient on claim
DOS (Date of Service)	Date on which medical treatment specified on the claim occurred.
Amount	Amount on claim; dollar amount (in US dollars) of the submitted claim.
Payer ID	Payer ID submitted on the claim
Payer Name	Payer name submitted on the claim
Claim ID	Claim ID assigned by Emdeon for the specific claim

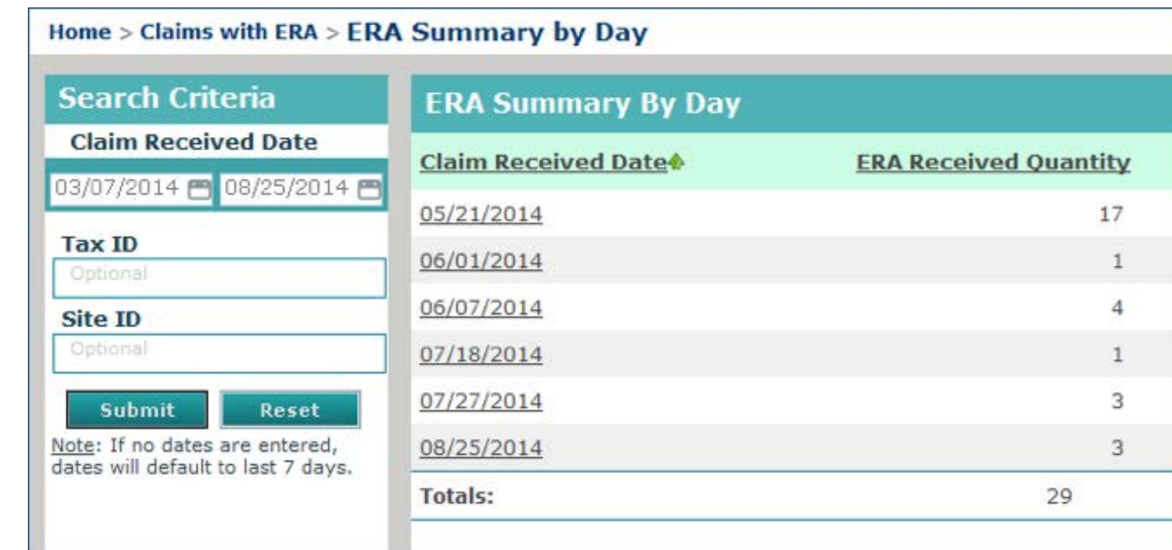
Claim Summary Report List Order

- Clearinghouse Rejected – Claims rejected by clearinghouse
- Payer Rejected – Claims rejected by the payer
- Clearinghouse Accepted – Claims accepted by clearinghouse but no notification from the payer received
- Accepted – Claims accepted by payer and the claim is pending adjudication

Note: File ID is the second level of sorting That is, the first level is one of the four levels listed above, the second level sort is by File ID (File ID: includes both Site ID and clearinghouse Batch File number, where applicable.)

ERA Summary by Day Report

This report is generated from the Claims with ERA search.



Click a link in the Claim Received Date column to view the Claim Summary Report for all claims with ERAs for the date listed, and then click the clearinghouse Claim ID link to view the Claim Detail Report for that claim.

File Summary Report

The File Summary Report provides details on all claim batches submitted to the clearinghouse during a specific date range. Each claim batch is identified by a File ID (clearinghouse batch identifier).

File Summary Column Headings

Heading	Description
File Received Date	Date claim file was received by clearinghouse
File ID	File ID assigned by clearinghouse for the electronic file in which the claim was submitted
File Status	The value in this column is determined by the rejected or accepted status of the file. Accepted - If file is accepted, click the link in File ID column to view Claim Summary. Rejected - If file is rejected no data is displayed in clearinghouse Reject Quantity and Payer Reject Quantity columns. Click the link in File ID column to view Reject File Details.
Received Claim Quantity	Total number of claims received by clearinghouse
clearinghouse Reject Quantity	Number of claims rejected by clearinghouse
Payer Reject Quantity	Number of claims rejected by the payer
Claim Amount	Total dollar amount of all claims received (total dollar amount for total number of claims shown in the **Received Claim Quantity** column)

Payment Summary Report

The Payment Summary Report displays when you perform a Patient Pay Search and search by transaction date. It shows patient payments made through Patient Pay Online for a specified date range and worked status. Click the date link in the Transaction Date column to display a Patient Payment Summary by Day Report for the date you selected.

Payment Detail Report

The Payment Detail Report displays when you click a date link in the Receipt Number column on the Patient Payment Summary by Day Report. The report shows the payment and transaction details for the transaction you selected.

Payment Summary > Payment Summary By Day > Payment Detail

PAYMENT DETAIL

Payment Details:		Transaction Details:	
Patient Name:	HA	Transaction Date/Time:	8/19/2014 08:32:29AM
Patient Account No:	A1	Transaction ID:	VR
Service Date:	4/30/2014	Authorization Code:	02821C
Payment Amount:	$2,088.56	Receipt No:	3
Payment Method:	Visa	Open Date:	5/19/2014 11:34:27PM
Declined:	No	Close Date:	
Worked Status:	☑	Guarantor Name:	AL
Merchant ID:	NWH		

Payment Detail Report Rows

Heading	Description
Payment Details Column	
Patient Name	Name of the patient
Patient Account No	Provider account number for the patient
Service Date	Date medical services specified on claim occurred
Payment Amount	Amount of the payment.
Payment Method	Type of card used in the payment
Declined	Yes, No, NA
Worked	If there is a check in the check box, the payment is worked. If there is not a check in the check box, the payment is unworked.
Merchant ID	ID of merchant
Transaction Details Column	
Transaction Details	
Transaction Date/Time	Date and time of the payment
Transaction ID	Unique transaction identifier (assigned by system)
Authorization Code	Card authorization code (assigned by system)
Receipt No	Unique receipt number (assigned by system)
Open Date	Date and time the transaction started
Close Date	Date transaction closed
Guarantor Name	Name of the person making payment

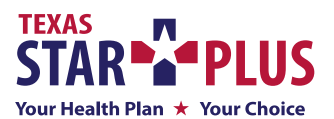
Helpful Hints for Provider Registration

- Providers billing on a CMS 1500, select the option for Direct Data Entry.
- Providers billing on a UB04 or who will Import/Upload from their Practice Management System, select the option to Import your claims.

Note: Providers may select both options; however, two separate User IDs and passwords are required - you must register for each option.

- When selecting a specialty, if your specialty is not shown in the drop-down box, select the specialty closest to yours - claims will not be affected if incorrect specialty is selected.
- Select the appropriate Practice Management System for your Practice, if your Vendor is not shown in the drop-down box, select "other".

Note: Contact Emdeon if your vendor/software is not compatible.



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