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

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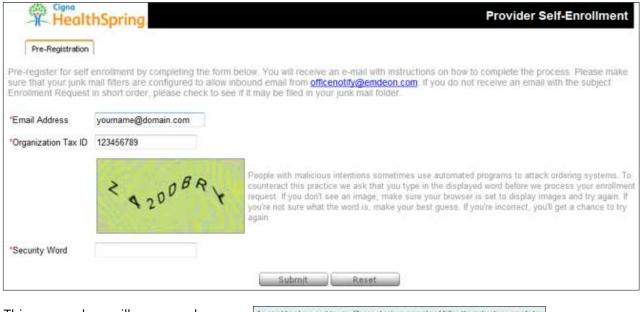
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REGISTRATION SETUP

Registration setup

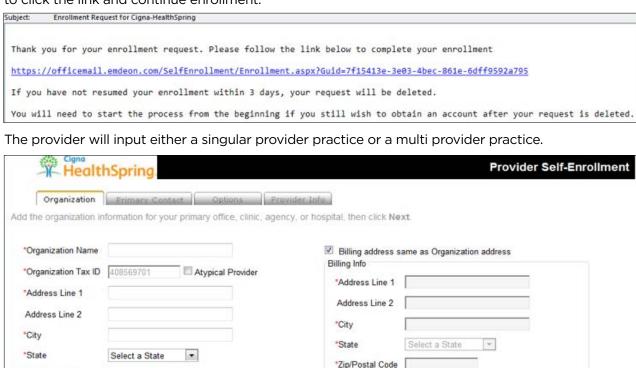
Diagrams below are a walk through process for creating an account to submit claims. The provider will read the disclaimer and enter the email address, Tax ID (or SSN) and security word from the colored box.



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

An email has been sent to you. Please check your email and follow the instructions provided in the email to continue enrollment OK:

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



Next

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

Organization	Primary Contact Opt	ons Provider Info
dd the primary user to	be the designated contact ar	nd serve as the site admi
*User Name		
*First Name		
*Last Name		
SSN (Last 4 Digits)		
Date of Birth		
*Phone	<u></u>	
Fax	() <u>-</u>	
*Security Question #1	Select	
*Security Question #1 Ar	nswer	
*Security Question #2	Select	
Security Question #2 Ar	nswer	

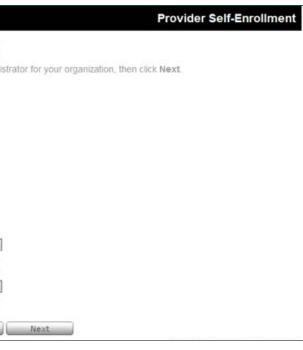
The provider will select **Yes** for the question regarding claims submission.

Health	Spring				Provider Self-Enrollment
Organization	Primary Contact	Options	Provider Info	Ì	
dicate if you would like	e to submit claims, and	if so your cla	im type preference.	You may also upload a sample cla	im. Click Next when done.
Would you like to subn	nit 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).

Organization	Primary Contact	Options	Provider Info
licate if you would lik	e to submit claims, and	if so your cla	im type preference
Nould you like to subn	nit claims?		🖲 Yes 🖱 No

"Zip/Postal Code





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".

HealthSpring.	Provider Self-Enrollmen
Organization Primary Contact Options	Provider Info
ndicate if you would like to submit claims, and if so your claim	im 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 ④
Practice Management System	-Select-
Sample Claims File	Browse 1
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).

HealthSpring.	Provider Self-Enrollment
Organization Primary Contact Options	Provider Info
Indicate if you would like to submit claims, and if so your cla	im 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.

HealthSp	oring.			Provider Self-Enrollmen
English and a second second second	imary Contact	Options Provider Info	ow, 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	-	Ľ	Facility or Hospital	
First name				
Middle Initial				
Credentials (e.g., MD,RN)				
*Specialty	Search ④	Select Specialty		
		Select		
		Add Provide	r Reset	
TAX ID	NPI	First Name No Provider(s) a	Last Name	Actions

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."

Pind Patient Eligibility * Service Review * Find Providers Claim	Payment # Clinical Tools I	letch Manager Setup V	? =
Create List Supplement Reporting & Analytics Claim Status More			(Curtor
Provider Setup - Organizations			[My Favorites Group Favorites]
Claim List New Claim Provider Setup Patient List	ld a new organization click on *	Ardd New Cen [®] helinur. You can also se	act as action from the action list to change energies
information about an existing organization.			service and account of the service and the country specific
Provider Organization Name	Type	Action	
AG	Corporation	Select	
c1[]	Solo Practice	··· Select ···	
Submitter Information		New Org	
		utter Information	
Submitting Organization:		ApC	
Contact Name:		104	
Address:	120		h
Telephone:		6.	
	Edt S	ubmitter Info	
	Approximation of the second se	ubmitter 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.

٦	Find Pa	tient	Eligibility	v Ser	vice Review	Y Fir	d Provid	ers C	laims Ŧ	Payn	hent
Imp	ort Cre	ate	List Sup	plement	t Reportin	g & Ani	lytics [Claim S	tatus	More	
Pr	ovider	Setu	p - Step	0 1 of	6: Provid	ler Or	ganiza	tion/	Facility	1	
Clai	im List	New	Claim	Provi	der Setup	Pa	tient Lis	ŧ			
Clai	im List	New	r Claim	Provi	der Setup	Pa	tient Lis	ŧ			
Clai	im List	New	r Claim	Provi	der Setup	Pa	tient Lis	ł			
Clai	im List	New	r Claim	Provi	der Setup	Pa	tient Lis	.t		1	
		,					tient Lis	t		-	•
		,			der Setup Kame and		tient Lis	-t		-	
		,							zation N	łame	

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).

		_	_								
Ŧ	Batch Manager	Setu	p Ŧ								
	Drganizations	1	Tax IDs	ī.	Addresses	ī.	Providers	1	Pagers	1	Submitter
					-						
	1. A	_	-								
	elect										

PROVIDER SETUP

PROVIDER SETUP

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.
5	Audresses	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.
		You must enter the NPI of the provider (required).
4	Providers	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.
		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.
5	Payers	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.

Pavers

Submitter

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.

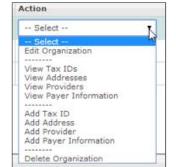
Set Up NPI for Claim Entry

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.

Tax IDs

Organizations



Note: Please be sure that Provider NPI is entered through Provider Setup.

Addresses

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.

Providers

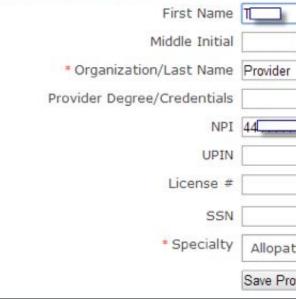
7





5. The Provider Information screen displays.

Enter Provider Information



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.

Action				
Select	~			
Select				
Edit Organization 💦				
View Tax IDs				
View Addresses				
View Providers				
View Payer Information				
3. Select the "Paye	ers" l	ink.		
Organizations Tax I	Ds I	Ad	dresses	

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.

_	7		
_			
_			
	License Type	State License #	
	License Type	State License #	•

Providers | Payers | Submitter

PROVIDER SETUP

PROVIDER SETUP

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



5. The Payer Information screen displays.

mer Payer Information Provider	Barber,Larry ×	
- Provider	Darber,Larry *	
• Payer		Edit Payer List
Service Address		~
Payer-Assigned Provider Number	55555555	(Optional if NPI is valued in Provider)
Provider Specialty	Emergency Medic	aine(093)
• Tax ID	656565656(Fede	eral Tax ID Number) 💌 or 🔲 Use the Provider's SSN
erforming Provider TaxID Type	Employer Identifie	cation Number M (Change only if Biling and Performing Provider Tax ID TYPES are not the same.)
Performing Provider Number	55555555	(Optional for entity)
Sub-Identification Number	7351	
Submitter Code		
HMO/PPO Code		
Group NPI		
	Save Payer Infor	mation 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.

Employer Identification Number	×
Select	~
Employer Identification Number	
Social Security Number, Individua	al I

Enter Payer Information		
Provider	Barber,Larry 👻	
- Payer		Side Paver List
* Service Address	MedClinic South	
Payer-Assigned Provider Number	55555555	(Optional if NPI is valued in Provider)
Provider Specialty	Emergency Med	dicine(093) 🛩
• Tax ID	656565656(Fed	deral Tax ID Number) 💌 or 🗔 Use the Provider's SSN
Performing Provider TaxID Type	Employer Identit	fication 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	2001	
Submitter Code		
HMO/PPO Code		
Group NPI		

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.
- 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.

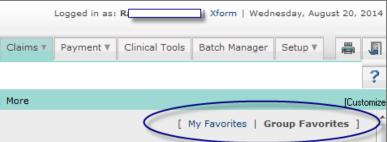
Click "Customize" to specify what information you want to appear on the Patient List. Click **Clear** to clear the Search field.

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.

C	Emdeon	Office		
	Find Patient	Eligibility 🔻	Service Review V	Find Providers
Crea	ite List Su	ipplement R	eporting & Analytics	Claim Status
Pa	tient List			

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

6. On the page that appears, you will see "Your request has been successfully submitted for enrollment."



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.

Emdeon Office	Logged in as: R Xform Wednesday, August 20, 2014
🔝 Find Patient Eligibility ¥ Service Review ¥ Find Providers Claims ¥ Payment ¥ Clinical Tools Batch Manager Setup ¥	? # 5
Create List Supplement Reporting & Analytics Claim Status More	[Custonic
Patient List	[My Favoritas Group Favoritas]
Claim List New Claim Provider Setup Patient List	
Patient Search Criteria	
Payer: All 💌 Edit Payer List	Search Text: Search Clear
Patient Search Results: I>No Patient Found	1
Add Patient	

- 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.

Find Patient Eligibility V Service Revie	w ▼ Find Providers	Claims 🔻	Payment 🔻	Clinical Tools	Batch Manager	Setup 🔻
Create List Supplement Reporting & Ana	lytics Claim Status	More				
Add Patient						
* Patient Account #						
Patient Insured Details Details						
Inter patient data * indicates require	ed field					
* Last Name	* First Name			Middle Initial		
* Date of Birth	* Gender					
	Female		•			
* Address	Address2					
* City	* State		_	* Zip	Phone	
	AA	•	•			
* Member ID	* Relationship To Ins	sured	_			
	Select	•	•			
Employment Status	Student Status					
Select	Select	•	•			
	Nor	tTob		t Const		
	Nex	t Tab	ave <u>R</u> ese	t <u>C</u> ancel		

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:

any character string found on the record, such as First and Last name, Address, City and State.

	Emdeon Office					Lo	gged in as: R	_] Xform Wedr	nesday, Augu	ust 20, 2014
	Find Patient Eligibility	V Service Review V	Find Providers	Claims 🔻	Payment 🔻	Clinical Tools	Batch Manager	Setup 🔻		?	-
Crea	te List Supplement	Reporting & Analytic	s Claim Status	More							[Customize
Pa	tient List							[My Favorites	Group Fa	vorites]
Clai	m List New Claim	Provider Setup	Patient List								
Pat	ient Search Criteria										
Pa	yer: All 💌 Edit Pay	ver List					Search Te	xt:		Search	Clear
Pat	ient Search Results:I>N	o Patient Found									
					Add Patien	t					

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.

1. Use the field next to the **Search** button to enter your search criteria. You can search for a patient by using

CLAIM ENTRY

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."

Create List Supplement Reporting & Analytics Claim Status Hore	Cutoren
New Claim	My Pavorites Group Pavorites
Claim List New Claim Provider Setup Patient List	1
/	1 Unsubmitted claim
Step 1 - Select organization	
Stap 2 - Select pay to address and provider	
-Please select pay to address -	
Please select a provider	
Step 3 - Select payer name	
Please select payer	

- 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.

Disgnosis Codes # ICD-9 -1. [294.8 P 2]7	0 ICD-10 28.2 P 3. [401.9	P 4. 782.3	2 9	P 6.	P 7.	8 a	P 9.	PA	₽ B.	Рċ
Stop 5 - Chim Line Inform	inform									1
Delete Start Date E	ind Date	Performing Provider #	Spec Pla	de Code Pioc	Mode	-ICD Pointers	Unit Type Un	e Oty - Charges	EPSDT	

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

- > Forward: CTRL + >
- Backward: CTRL + <</p>

9. Complete the rest of the claim.

Additional Claim Line In	nformation
Provider Information	
Referring Provider NPI	
Ordering Provider NP1	Ordering Provider UPIN
Ordering Provider Last Name	Ordering Provider First Name
Supervising Provider ID	Supervising Provider Last Nam
Purchase Service Provider NPI	Purchased Service Provider #
Service Information	
Purchased Service N •	Purchased Service Charge \$0.00
Accute Manifestation Date	Date Last Seen
Vature of Cendition	
-Select-	*
CLIA ID #	Mammography Cert Number
National Drug Code	NDC Quantity
Prescription Number	NDC Link Sequence #
Resubmission Information	
Resubmission Code 7	Resubmission Reference Number 15098E051042
Narrative Information	

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 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.

Ordering Provider Middle Initial	
Supervising Provider First Name	Supervising Provider Middle Initial
Purchased Service Name	
Initial Treatment Date	X-Ray Date
NDC Units of Measure	

> To submit a claim for a different provider or payer, click **Close** to return to the New Claim screen.

Service Lines

elete	* Start Date	* End Date	* Perform Provider		Spec		de de	Type Code	*Proc	Mods	*ICD Pointers	• Unit T	ype	• Unit Oty	* Charges	EPSDT	
X	2		Iname,		301	11	P	P	Q		8	Units			\$0.0	-Select- ·	Comment.
x			Iname,	•	301	11	P	Q	Q			Units	•		\$0.0	Select- +	Comment.
x	1	() () () () () () () () () ()	:Iname,	•	301	11	P	P	Q			Units			\$0.0	Select •	Comment
x		-	Iname.		301	11	P	Q	P			Units			\$0.0	-Select- ·	Comment

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:

Ding Pabene Digibin	V T Jervice Review T	Find Providers	Claima 1 Paym	ient T Ch	nical Toola - Ba	ch Manager Setu	0 T.			3	-
	t Reporting & Analytics		More								[Customic
Claim List									My Claim	s Group Cl	aims
laim List New Claim	Provider Setup	Patient List									
Claims Search Criteria											
Ratus: All	Claim Ty	ype:Select-	-	Ser	rvice From:	To:	Se	sarch Text:		Search	Clear
🗄 Select All (1 - 1) ou	t of 1 Claims				Delete Sel	ected Submit	Selected				
		Transferrer of	Baung Marris	Status	Status Date	Total Charges	Service Date	Batch ID	Nodified By		
Patient Name	Provider ID / NPI	Claim Type	Payer Name	Status	Status Date	rotar charges	Ser ores prote	Daten 10	Hodnico by	Action	

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.
- 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:

C	Emdeon	Office	_	
٢	Find Patient	Eligibility T	Service Review ¥	Find Provide
Crea	ate List Su	pplement F	Reporting & Analytic	s Claim State
P	rovider Set	up - Step	1 of 6: Provide	er Organizal
Cla	im List Ne	w Claim	Provider Setup	Patient List

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.

> The **Search Text** box can be used to search for data contained in a claim. like "Patient Name" and "Provider ID."

rs	Claims 7	Payment	٣	Clinical Tools	Batch Manager	Setup ¥
us	Create					
io	List		2			
	Supplemen	nt S	5		101 Mar Parts	
1	Reporting	& Analytics	Lis	t Previously Crea	ted Claims	
-	Claim State	us				
1	More					

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 R	teceived Date	Tax ID	Site ID	Search Type Rejected-Un-Wor	ked 💌	Submit Reset	
If no da	ates are entered, dates	will default to last 7	days.				
2 5	H 4 1 1	/1	m 100% 🛩				
Search	Criteria: Claim Date Claim Statu	Range: 11/2/2010-1	1/8/2010 Pay	er ID: < Empty > ked Status: NOT		 Provider Tax ID: < Empty > Emdeon File ID: < Empty > 	<pre>PR_1006 Site ID: < Empty ></pre>
Vorked	Patient Name	Insured ID	Patient Control	Service From Date	Claim	Payer Payer Name	Emdeon Claim ID
	-Rejected		Number	From Date	Amount	IU .	
Site I		0001 123455 11042	PCN1234AA24	02/23/2010	\$2,559.00	PAY01	DK00000
Site I File	D: IJKL ID: DK1230FFICE						DK00000 CFT CEDOLO
Site I File	D: JKL ID: DK1230FFICE During Julie Jeremiah	123456 (1888) *	PCN1234AA24	02/23/2010	\$2,559.00	PAY01	
Site I File	D: JKL ID: DK1230FFICE Down Julie New Jeremiah ejected D: JKL	123456 (1888) *	PCN1234AA24	02/23/2010	\$2,559.00	PAY01	

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 Enrollme
Add Providers or Payers	Allows you to add providers or p This feature is covered in detail i
Change or Remove Providers or Payers	Allows you to change or remove submission. These features are co
CMS NPI Enrollment	Takes you to CMS' National Plan from which you can apply for a
Complete Payer List	A complete list of available paye
Claims Resource Center	Takes you to Claim Resource Cer
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.

	Claim Rejection	ns Customization
st of un-worke		you can customize which claims will be included enced on the Home page.
Custometru	Site ID	Days to include

ent where you can access Claims Payer Enrollment forms

payers for claims submission.

in Add Providers or Payers (page 7)

e providers or payers you have already enrolled for claims covered in detail in Change or Remove Providers or Payers (page 10)

n and Provider Enumeration System, National Provider Identifier

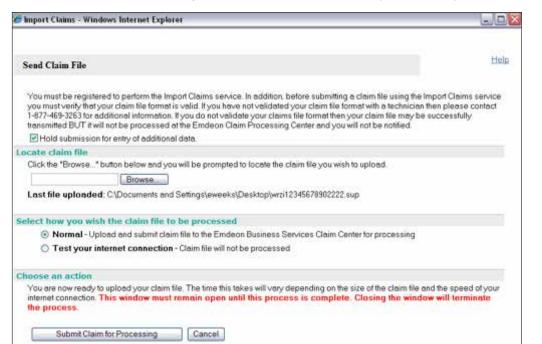
ers

enter

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.

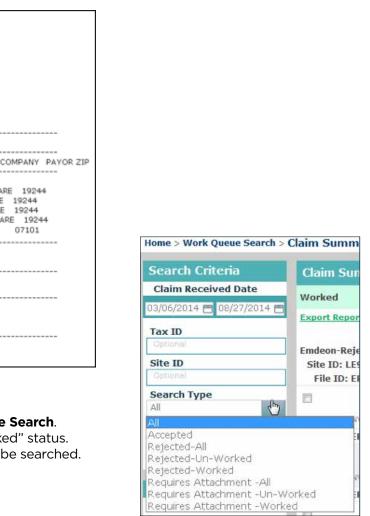
2. To view the message, double-click the message or single click the message and then click the **Open** icon.

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/D6 (8:00 AM CST) TOTAL CLAIMS PROCESSED: 5 INPUT TYPE: HCFA TRANSMISSION TYPE: PRODUCTION 8ATCH ID: wk17091806075607375 FILE CONTROL #: HCBJKU
CLAIM SUMMARY - TAX ID: 123456789
DOS STATUS PAYORID PATIENT NAME ACCOUNT# \$ CHARGES INSURANCE (
09/16/06 VAL 60054 DOE, J 20215 150.00 AETNA US HEALTHCA 09/16/06 VAL 60054 SMITH, B 11058 135.00 AETNA US HEALTHCAR 09/16/06 VAL 60054 ALLEN, R 28602 135.00 AETNA US HEALTHCAR 09/16/06 VAL 60054 WALDEN, C 10657 90.00 AETNA US HEALTHCA 09/16/06 VAL 22099 WILLIAMS, K 13045 110.00 BLUE CROSS
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.



SEND CLAIMS

Search Types - Accepted, Rejected, Requires Attachment

Select one only:

- > All
- Accepted
- Rejected All
- Rejected Unworked

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.

Iome > Work Queue Search > Claim Summary							
Search Criteria	Claim Su	mmary					
Claim Received Date	Worked	Patient Name	DOB	Insured ID	PCN	DOS	Amount
06/29/2014 🛅 08/23/2014 🛅	Franci Rem	- other, nome	000	Justice ID		000	Junioune

- Rejected Worked
- Requires Attachment All
- Requires Attachment Unworked
- Requires Attachment Worked

Claim Summary Column Headings

Heading	Description
Worked	"Worked" progress status; d
Patient Name	Name of the patient submit
DOB	Date of birth of patient
Insured ID	Insured ID submitted on the
Patient Control Number (PCN)	Provider's control/tracking n
Date of Service (DOS)	Date of service
Amount	Dollar amount (in US dollars
Payer ID	Payer ID submitted on the cl
Payer Name	Payer name submitted on th
Claim ID	Claim ID assigned by clearin

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
Quantity	Number of payments made on the spec
Amount	Total amount of all payments made on th

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.

determined by the "Worked" check box in the Detail report

ted on the claim

e claim

number for patient on claim

rs) of the submitted claim

laim

he claim

nghouse for the specific claim

no notification from the payer received n is pending adjudication

ne link to view the Payment Sum Day Report for the date you selected

cified transaction date

he specified transaction date

SEND CLAIMS

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.

Home > Work Queue Search > Claim Summary > Claim Detail

Search Criteria	CLAIM DETAIL	XWalk Review	Display Letter	Display Alerts
Claim Received Date	View/Edit Claim	View Audit History	Get Help with	t <u>his Claim Link To /</u>
Tax ID	Emdeon Claim ID:	DK		
	Insured ID:	12		Provider Tax ID:
Site ID	Patient Name:	тс		Billing Provider ID:
Search Type	Patient DOB:	11/27/	1945	Billing Provider NPI:
All	Diagnosis Code(s):	Not Avai	lable	Site ID:

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				
Add	itional IDs	Status Date		
011900570119	000571 0	05/07/2013		
H 4 1	► H	< m >		

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.

CLAIM DETAIL	XWalk Review	Display Letter	Display Alerts
View/Edit Claim	View Audit Histor	get Help with	this Claim
Emdeon Claim ID:	E104		
Insured ID:	001)	Provider Tax ID:
Patient Name:	WIL		Billing Provider ID
Patient DOB:	04/1		Billing Provider N
Diagnosis Code(s):	Not Av	ailable	Site ID:
Procedure Code(s):	Not Av	ailable	Patient Control N
Claim Amount:	\$1,51	0.00	Payer Name:
Service From:	04/01/	2013	5010 Format:
Service To:		10	Payer Claim ID:

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.

lome > Claims with ERA > ERA	Summary by Day > Cl	aim Summary > Clai	m Deta
Search Criteria	CLAIM DETAIL	XWalk Review	Displ
Claim Received Date			- 200310
06/29/2014 😁 08/23/2014 😁	View/Edit Claim	View Audit History	E
Tax ID	Emdeon Claim ID:		
Optional	Insured ID:	0	

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

		Claim Red
_		Emdeon F
		Emdeon (
		Payer ID:
		Worked S
	_	
	0[

Note: While most payers do issue Claim IDs upon receipt of a claim (which appear in the Claim Detail report)



SEND CLAIMS

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.

	mmary > Clair		Ti asomunanse T	
11Wra	dia Paratiena	Display Lutter	Display Alerts	
G	VER AND TRANS	Audit Histor		×
	001	Audit Histor	ry Report For Claim: 510	
	WII	Username	Action Performed	Date/Time stamp
	04/	_		
	Not Ava	ailable		
	Not Ave	vitable		
	\$1,510	0.00		
	04/01/	2013		
			Close	
			Close	

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.

Search Criteria	CLAIM DETAIL	XWalk Review	Display Letter	Display Alerts	Claim Attachment
Claim Received Date	New/Edit Claim	Mew Audit History	Get Help with	this Claim	
14/01/2014 🛅 08/27/2014	2				
Tax ID	Emdeon Claim ID:	EP1	P		
Optional	Insured ID:	102		Provider Tax ID:	20
Site ID	Patient Name:	AS		Billing Provider ID:	

- 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.

•	Our records indicate that your claims are being submitted through a software vendor who has selected Emdeon as the electronic clearinghouse, or some other means not directly supported by Emdeon.
	other means not directly supported by Emdeon.

- . A search has been performed, and there are recent service alerts relating to the payer on this claim, which is a first of the second s
- . If the alert information does not resolve your issue, please contact your software vendor for further assistance with this claim.

> 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.

Claim Support

- · A search has been performed, and there are no recent service alerts relating to the payer on this claim, which is payered
- · Please click here to have the claim reviewed by a service representative
- with key details from the claim.

UN24/7				SEARCH	C
Home			You are	logged in as; that when	
SERVICE REQUESTS Create View SELF HELP TOOLS Error Code Search			1	e Service Requ	es
ENQ		Claim Details From			
© PROJECTS		Claim ID Number: Insured ID; Service From Date:	DK0000000FF3CE004J 12345676AA00 5/31/2010	Claim Amount: Patient Name: Payor Name:	
COMMUNICATIONS Plast Recent Detailed Search Hap Search Professores		Service from date: Service To Date: Submitter 10:	5/31/2010 5/31/2010 22318/777	Payer ID: Claim Tax Id:	1000
REFERENCES Payer Lists Payer Fact Shorts ON24/7	•	What type of issues	are you having with thi	s daim?	
What's New		C Claim Missing at Pa	yer.		
Conting Score Technical Support		C Other C Workers Comp Clair	n Attachment		
		(PRENDUS) CONTINUE	•		

- 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.

claim Support



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

ne (posti te Tema	emdeor
\$650.00	
Deputience	
PAYES	
343434343	

	Confirmation
Your	service request has been entered successfully.
	reference service request number $\underline{1\text{-}565316636}$ in any communications with her support regarding this issue.
	need to provide additional information to Emdeon via FAX, please click on the ng link to create a cover sheet and fax to 615.238.0949. Create Cover Sheet
include	wish to provide supporting attachments, please click on the following link to supporting files.
Elag th	is case as parent Flag this case as child
return	nage your service requests, click the Online Support link in Emdeon Office to to this site. Then choose View under Service Requests from the menu on the the screen.
	OK

- > 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).

Search Criteria	File Summary
File Received Date	File Received Dat
06/10/2014 😁 09/01/2014 😁	
Tax ID	Export Report
Optional	
Site ID	07/13/2014
Optiona)	07/13/2014
SUBMIT RESET	07/13/2014
Note: If no dates are entered, dates will default to last 7 days.	07/13/2014
	07/13/2014
Report Criteria	07/13/2014
File Date Range : 5/10/2014 - 9/1/2014	07/13/2014
Provider Tax ID : < Empty >	07/13/2014
Sibe 10 t < Empty >	07/13/2014

Search Criteria	File Summary						
File Received Date	File Received Date	<u>File ID</u>	File Status	Received Claim Quantity	Emdeon Reject Quantity	Payer Reject Quantity	Claim Amount
Tax ID Site ID	Export.Report	Attention	n: Report display limited to 1,000) rows. Use 'Export Report' link to	export all rows including those t	hat exceed duplay limit.	
Site ID	07/13/2014	EPI	Accepted	4	2	1	\$2,550.00
	07/13/2014	EPC	Accepted	1	0	1	\$77.00

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)

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.

Search Criteria	PAYMENT DETAIL		
Search By Transaction Date		Payment Details:	
Transaction Date		Patient Name:	KAE
04/01/2014 😁 08/27/2014 🖻		Patient Account No:	ASE
Search Type		Service Date:	5/15/2014
SUBNIT RESET		Payment Amount:	\$70
If no dates are		Payment Method:	American Exp
entered, dates will default to last 7 days.		Declined:	No
		Worked Status:	(2)
Report Criteria		Merchant ID:	NWH

Payment Detail Report Rows

The second s	Barristation -
Heading	Description
Payment Details Column	
Patient Name	Name of the patient
Patient Account No	Provider account number f
Service Date	Date medical service on cla
Payment Amount	Amount of the payment
Payment Method	Type of card used in the pa
Worked	If there is a check in the ch in the check box, the paym
Merchant ID	ID of merchant in transacti
Transaction Details Column	
Transaction Date/Time	Date and time of the payme
Transaction ID	Unique transaction identifi
Authorization Code	Card authorization code (as
Receipt No	Unique receipt number (as
Open Date	Date and time the transact
Close Date	Date transaction closed
Guarantor Name	Name of the person makin

Transaction Details:	
Transaction Date/Time:	6/7/2014 08:32:29AM
Transaction ID:	VL[]
Authorization Code:	125
Receipt No:	3
Open Date:	9/18/2013 11:58:45AM
Close Date:	
Guarantor Name:	ped
	Transaction Date/Time: Transaction ID: Authorization Code: Receipt No: Open Date: Close Date:

for the patient

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bayment

heck box, the payment is worked. If there is not a check ment is unworked

tion

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fier (assigned by system)

assigned by system)

assigned by system)

ction started

ng 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 paver.

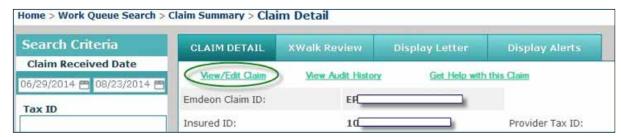
You can also create secondary claims when the primary claim has been partially paid and you want to obtain payment from an additional payer for unpaid amounts. You can only create a secondary claim from a primary claim.

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.

Payer/Billing Provider	Subscriber/Patient	Service Line Visit	Authorization	Additional Providers/Facility	Other Insurance	Claim Adjudication	Errors
Refile Close	CORN ID: EP						
Rejected Error Me	ssage(s) 🚱						
No Rejecte	d Error Messages						
Validation Error(s)						
[Errors that involve error, check the box	only one field can corresponding to	be clicked to jump that error]	to that field. E	rrors that involve multiple	e fields or fields t	hat cannot be speci	ifically id
Payer/Billing Prov	ider						
Billing Provider Billing Provider	Information Email Address is re	quired.					
Telephone is r	equired.						
Fax is required	í.						

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.

					W Help
PCN	DOS	Amount	Payer ID	Payer Name	Emdeon Claim ID
PC.	03/08/2013	\$650.00	PAYOS	Test Payer - Med Attach	BC32
PCC	03/08/2013	\$60.00	PAYOS	Test Payer - Med Attach	EP.CB
PCI,	03/08/2013	\$650,00	PAV05	Test Payer - Med Attach	EP()u
PC[]	03/09/2013	\$60.00	PAY05	Test Payer - Med Attach	terg
59C	04/15/2013	\$129.00	11315	Fidelis Care New York	EP
	PCI	PC 03/08/2013 PC 03/08/2013 PC 03/08/2013 PC 03/08/2013	PC 03/08/2013 8650.00 PC 03/08/2013 860.00 PC 03/08/2013 8650.00 PC 03/08/2013 8650.00	PC 03/08/2013 \$650.00 PAYOS PC 03/08/2013 \$60.00 PAYOS PC 03/08/2013 \$650.00 PAYOS PC 03/08/2013 \$650.00 PAYOS	PC 03/08/2013 \$650.00 PAYOS Test Payer - Med Attach PC 03/08/2013 \$60.00 PAYOS Test Payer - Med Attach PC 03/08/2013 \$650.00 PAYOS Test Payer - Med Attach PC 03/08/2013 \$650.00 PAYOS Test Payer - Med Attach PC 03/08/2013 \$60.00 PAYOS Test Payer - Med Attach

laim Support

- · Our records indicate that your claims are being submitted through a software vendor who has selected Emdeon as the electronic clearinghouse, or some other means not directly supported by Emdeon.
- · A search has been performed, and there are recent service alerts relating to the payer on this claim, which is a 27 the United Baseline and Please click here to view
- · If the alert information does not resolve your issue, please contact your software vendor for further assistance with this claim

> 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.

UN24/7			🗌 🌔 emdeor		
lome		You are I	ugged in as:	Warter (park) 676 pullies	Logout
SERVICE REQUESTS Create View SELF HELP TOOLS Error Code Search	Claim Details From B		e Service Requ	est	
FAQ PROJECTS Implementations COMMUNICATIONS Most Recent Datailed Search Map Search Preferences REFERENCES Payer Lists Payer Lists Payer Lists Payer Lists ON24/7 What's New Coming Soon Technical Support	Insured ID: Service From Date: Service To Date: Submitter ID:	5/31/2010 2231#2777 re you having with this rer	Claim Amount: Patient Name: Payer Name: Payer ID: Claim Tax Id: : claim?	\$650.00 PAYES 343434343	

- 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.

Your service request has been entered successfully.

Please reference service request number 1-565316636 in any communications with customer support regarding this issue.

If you need to provide additional information to Emdeon via FAX, please click on the following link to create a cover sheet and fax to 615.238.0949. Create Cover Sheet

If you wish to provide supporting attachments, please click on the following link to include supporting files. Upload Attachment(s)

Flag this case as parent Flag this case as child

To manage your service requests, click the Online Support link in Emdeon Office to return to this site. Then choose View under Service Requests from the menu on the left of the screen.

OK

- > 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 child If you need to link cases with related issues, click to set the service request as 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:

Error Indicators

These indicators help you locate errors in a claim:

- > 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.

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.

> 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.

a child in relation to another service request. Use the search function to locate a service request, select

- 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.)

> 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.

• Validation errors based on standard industry guidelines for each field included in the claim.

Service lines

Delete	Start Date	*End Date	Perform		Spec	"Pk Co	de	Type Code	*Proc	Mods	*ICD Pointers	"Unit T	ype	* Unit Oty	* Charges	EPSDT	
8			:Iname,	٠	301	11	P	P	٩			Units	٠		\$0.0	-Select- ·	Comment
×			Iname,	٠	301	11	Q	Q	Q			Units	٠		\$0.0	Select- ·	Comment.
x			iname,	٠	301	11	P	ø	Q			Units	٠		\$0.0	-Select- ·	Comment.
x			Iname,		301	11	ø	Q	Q			Units	•		\$0.0	-Select- ·	Comment.
	More Line	5)									Total	\$0.0					
										Amount	Paid by Patient		50.0				

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.

Additional Claim Line Inform	nation		
Provider Information			
Referring Provider NPL			
Ordering Provider NPL	Ordering Provider UPIN		
Ordering Provider Last Name	Ordering Provider First Name	Ordering Provider Middle Initial	
Supervising Provider ID	Supervising Provider Last Name	Supervising Provider First Name	Supervising Provider Middle Initial
Purchase Service Provider NPL	Purchased Service Provider #	Purchased Service Name	
Service Information			
Purchased Service	Purchased Service Charge		
N -	\$0.00		
Accute Manifestation Date	Date Last Seen	Initial Treatment Date	X-Ray Date
Nature of Condition			
-Select-			
CLIA ID #	Mammography Cert Number		
and the second s	comments which every comment		
National Drug Code	NDC Quantity	NDC Units of Measure	
and a stop start	the general	Select *	
Prescription Manufil	NDC Link Seguence #		
	Contraction of the second s		
seculomission Information			
Resubmission Code	Resubmission Reference Number		
7	15090E051042		
Ingrative Information			
instructive bulletingboar	/		
	121		
Save			

- 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.

Payer/Billing Provider	Subscriber/Patient	Service Line	Visit Authorization
Submit Close	CORN ID: EPO	(2
Rejected Error Me	essage(s) 🔞		
No Rejecte	d Error Messages		
Validation Error(s)		
Errors that involve	e only one field car	n be clicked to j	ump to that field.
Payer/Billing Prov	ider		
Payer Informat	ion		
Claim Filing In	dicator is required.		
Payer Name is	required.		
Payer ID is rea	quired.		
Sequence is re	equired.		
Subscriber/Patien	t		
Subscriber Info	rmation.		
First Name is r	equired.		
Last Name is r	equired.		
Subscriber ID	is required.		
Patient Relation	onship to Insured is	required.	

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 CLAIMS

The following window appears:

does not appear in the list.

> To save the response to an existing

batch, choose the batch from the list. Click "Refresh List" if your batch

Do one of the following:

Default .. DH Refresh List OR --Save Transa

- **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.

ep 1 - Select payer			
			Aetna Tools
Aetna		M Edit Beset Payer List Page	Aetna DocFind Services Requiring Precertification Aetna Benefit Products Booklet
p 2 - Select how you wish	to search		
Subscriber 💌			
p 3 - Enter search criteria	* indicates required fields		
Subscriber ID			
123456789			
 Subscriber Last Name 	* First Name M.I.		
WATKINS	GERALD		
 Subscriber DOB 	• Gender		
02/04/1976	Male 💌		
 Service Start Date 02/16/2011 	Service End Date		
Total Submitted Charges	Claim Number		
Provider ID Type	Requesting Provider	 Individual/Organization 	
NPI Y	1982640710 v Edit	Individual M	
Last/Organization Name	First Name (Required for Individual) M.I.	
ALAN V JONES	ALAN		
	Service Provider		
Same as Requesting Provider			
Provider ID Type	* Provider ID 1982640710 v Edit.	Individual/Organization	
where cannot we day want	First Name (Required for Individual	and the second se	
 Last/Organization Name 		1 11144	

The following illustration shows results of this inquiry.

Claim Status N	otific	ation Isave	Response to Ba	tch]		
Request: Insured=GE	RALD	WATKINS MemberlD)=123456789	DOB=02/0	4/1976	ProviderID=1982640710
Emdeon Trace #: 160	044503	1				
Patient: MM Member ID: 2222	222222		Federal	Tax ID : 111	111111	
DOB : 03/3 Gender : Fem		R		Tax ID : 111		IN FABRE PENNYS
Claim #:		E8F7FDZ0V01			Ei	inancial Inquiry
Status Information Total Claim Charge A Claim Payment A Adjudication Payment N Check or EFI Check or EFI	n Date mount n Date lethod F Date EFT #	(Contract refers to p 09/30/2004 \$99,999.99 \$800.00 11/19/2003 Check	sual and cust The claim/lin to contrac provisions that	tomary char e has been t/plan provis it exist betw	ges. paid, ions. Th een the	his change to be effective 1/1/2009: Processed according to contract provisions e Health Plan and a Provider of Health Care Services).
Line Procedure	Units	Date 0/12/2003-10/12/200	As Of	Charge	Paid \$969.60	Status 0 Finalized/Payment-The claim/line has been paid. Payment reflects usual and customary charges. Finalized/Payment-The claim/line has been paid. Processed according to contract/plan provisions. This change to be effective 1/1/2009. Processed according to contract provisions. (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Sensing.)

- > To save the response to a new batch, enter the batch name. Click **Save**.
- 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.

Eligibility	Claims *	Payment 🔻	Batch Manager	Setup 🔻		
mport Create	List R	eporting & An	alytics Claim St	atus		
New Claim	Ê					
Claim List	New Claim	Provide	Setup Patie	ent List		
2 Step 1 - Sele	ect organiza	ition				
Provider Name			13)			
Step 2 - Sele	ect pay to a	ddress and p	rovider			
Provider Name						
Provider Name						
Step 3 - Sele	ect payer na	ime				
Cigna-Health	nSpring	•				
Step 4 - Sele	ct a service	address				
Service Add					Prov NPI	Payer Assi
				9999999995	NPI	
Provider Name,	Address				2222222222	141-1
Step 5 - Cho	ose an acti	on				
Continue to	Claim Data	3				

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

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.

Default DH	~
Refresh List	
OR Save Transaction to a Ne	ew batch:
Save Close	

9. Click **Return to Previous** to return to the Claim Status request screen. Do not click the **Back** button

CHECK CLAIMS

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.

Cigna-H	lealthSp	ring Claim												He	2		
Selec	ct Patient.	Lise Cal	• ">" or Citl + "C' keystrol	tes to samp to next/prev	required field									Cancel	1		
Step 1	Payer/	nsured Infor	mation														
Peyor ID 52192				Claim Office None					Na Cig	me na-HealthS	Spring						
Diegnosis		CD-9 CD-11	P 3 401.9	Ø 4 782 3	\$ s		P	5	ø	7	٩٩		P3		PA	۶ß	٩
Step 5 - 0	lain Line I	nometion															
Delete	Start Date	· End Date		eforming ovider#	Spec	Place Code	Type Code	·Proc		Mods	Poir	CD Mers	· Unit Type	- Unit Oty	Charges	EPSDT	2
X 06	10/2014	06/30/2014	NPI Legend Healtho	are and Rehab Euless	• D42	32	D	01000		1	1234	÷	Units •	22.0	\$2403.06	-Select- ·	
1 1	More Line(s)				-5		1.53				Total	\$2403.06		1		
		Information															
Resubm	nission Co	de	15026E000033	eference Number													
Netat	uve Info	rmation															
Comme	nt(Maxim	um allowed o	haracters is 281)													
		9995,LRTQ*1 pay in ful:	Appealing 1.	4													

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.

Cigna-HealthSpring Claim		Help			
Select Patient Use Col + 5' o	r Ctil + '<' keystickes to jump to next/prev required field	Cancel			
Step 1 - Payer/Insured Informati	ion.				
Payer ID 52192	Claim Office None	Name Cigna-HealthSpring			
Step 9 - Other Information					
Date First Consulted	Hospital Service Dates To	Date Last Seen			
Assumed Care Date	Relinquished Care Date				
Referring Provider NPI	Referring Provider #	Referring Provider ToxID Type - Select - 👻			
Referring Physician Last Name	FirstName	м.			
Referring Provider State	Reterral Number	Workeys Condition Code			
Select Remarks	U0012537 2	1 1st Level appeal (request with insurance carrier)			
CRNNPI*999999995,CRTQ*E,BLGN	PI*9999999995, WCC*BGW3 RFNO*U0012537				
	3 Save Save as New Cl	laim Cancel			

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 guick 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.

REPORTING & ANALYTICS

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

> Summary by Payer ID

> Insured Detail 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.

tome > Work Queue Search	> Claim Sum	iniai A								
Search Criteria	Claim S	Claim Summary								
Claim Received Date	Worked		DOI	Insured ID	PCN	DOS	Ansnunt	Payer ID	Payer Name	Eindeon Claim ID
Site ID	File ID:		04	14	-	04/03/2013	\$2.4	12804	Convectious Blue Crose (Ankhem)	u
Search Type	0	PC		×	4	04/12/2013	\$2.5	13804	Connecticut Blue Cross (Anthem)	EIC CONST
KORMET RESET	0	10	01[]	X4	4	04/12/2013	\$924	12804	Connecticut Blue Cross (Anthen)	122

This feature works for the following reports:

- Claim Summary
- > File Summary Report
- Summary by Payer ID by Day

Top 5 Claim Rejection Reasons

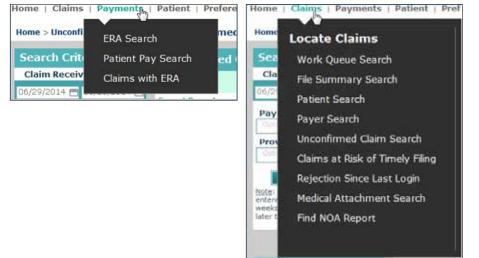
Top 5 Claim Rejection Reasons		×
Rejection Message	Rejected By	Count
End Stage Renal Disease Payment Amount: Invalid; Must be numeric	EMDEON	15
ACK/RETURNED-Duplicate of a previously processed claim/line.	PAYER	2
Tax ID and provider number do not match provider file.	PAYER	é
MISSING OR INVALID DATA PREVENTS CARRIER FROM PROCESSING THIS CLAIM	EMDEON	5

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	 View all patient payments made through Patient Pay Online for a specified date range 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	 View all claims for a specific insured party and dependents (by Insured ID) Locate all claims for a specific Patient Control Number (PCN) 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	 Display a summary of all claims 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	 Display a summary of all claims for a specific status 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.

Select Date Type Received Date	Claim Received
Claim Received Date	Export Report
06/29/2014 🚍 08/23/2014 🚍	07/13/2014
Search By	07/18/2014
Patient Last Name	07/18/2014
Jones	07/18/2014
Patient DOB	08/07/2014

Default Date Range

Date Format Options

If both date fields are left empty, the system will

(inclusive of today) when you click Submit.

Additional allowed date configurations:

> Day can be entered as either dd or d

Month can be entered as either mm or m

Year can be entered as either yyyy or yy

automatically enter a date range of the last 7 days

Basic syntax of manually entered dates: mm/dd/yyyy.

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 alphar
Insured ID	An alphanumeric string that can
Patient Name (Last Name and/or First Name)	Enter a patient's exact first name ar that match exactly the criteria enter
Patient DOB	Use the format mm/dd/yyyy (or m against a date. For example, to find
Claim ID	CORN. This ID contains 17 characters
Submitter Claim ID	This ID is applied to a claim by the
Payer Claim ID	This ID is assigned to a claim by

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
Plus symbol (+) or the word and	The resulting search is exclusive. ALL the search criteria.
The word or	The resulting search shows all those are the keywords, claims for Jones as shown (see below).
Quotes (" or "")	Use single or double quotes to sear an individual named John Adams, p this type of search is that the result match only John or only Adams are

anumeric string that can include up to 20 characters

include up to 20 characters

nd/or the exact spelling of the last name. The only claims shown are those ered. To search on the patient's full name, use quotations: "John Smith".

n/d/yy) to locate claims. A forward slash (/) must be used when searching d claims for January 4, 2008, enter either 01/04/2008 or 1/4/08.

s (two letters followed by 15 numbers). All 17 characters must be entered

e provider's submission application vendor at the time of submission

the payer

keywords are shown; inclusive search

That is, only those claims are shown that match

e claims that match at least one of the criteria. That is, if Jones and Louie and claims for Louie are both shown. Those claims for Louie Jones are also

rch for multiple keywords, as in a name. For example, to locate claims for place quotes on both ends of the name: "John Adams". The benefit of ts are limited to only those claims that match John Adams; claims that e not shown. (Claims for Lou Adams or John Hancock are not shown.)

REPORTING & ANALYTICS

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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.

Home > Claims with ERA > ERA	A Summary by Day	
Search Criteria	ERA Summary By Day	
Claim Received Date 08/25/2014 08/25/2014	Claim Received Date	ERA Received Quantity
00/23/2014 🗖 00/23/2014 🗖	08/25/2014	3
Tax ID Optional	Totals:	3
Site ID		
Optional	· ·	
Submit Reset		
<u>Note</u> : If no dates are entered, dates will default to last 7 days.		
Report Criteria		
Claim Date Range : 8/25/2014 - 8/25/2014		
Provider Tax ID : < Empty >		
Site ID : < Empty >		

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.

h Criteria	CLAIM DETAIL	XWalk Review	Display Letter	Display Alerts		
Received Date	Patient DOB:	11,		Billing Provide		
014 🛅 08/25/2014 🖻	Diagnosis Code(s):	998	7789, 91234 <u>more</u>	Site ID:		
	Procedure Code(s):	912	34, 99877	Patient Contro		
	Claim Amount:	\$33	.00	Payer Name:		
ID mal	Service From:	03/2	9/2013	5010 Format:		
mit Reset no dates are entered, default to last 7 days.	Service To:		9/2013	Payer Claim II		
Criteria	Claim Status S	an a				
Contracting (Contracting Contracting Contr	Emdeon Received:		1/2014	Payer Acknow		
aim ID : EP040913781914239	Emdeon Accepted D	ate: 04/0	9/2013	Payer Accept		
	Emdeon Reject Date	2:		Payer Reject I		
	Message Detail					
	Standard Code		Message			
			ocessed this claim as the			
	Payer Claim Status History					
	Additional IDs Status Date					
	950 [Che	950				
		н 4 1 эн С ААЭ				

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

immary by Day > Clai	im Summary > Claim Detail	> Payment Detail					() Help
Payment Detail							
Patient Control Number	Patient Name	Claim Charge	<u>Claim Paid</u> Amount	Difference in. Payment	Service From Date Date	Receiver ID	Transaction 10
7 }	MER	\$309.16	\$61.84	\$247.32	03/13/2012	UNKNOWN	293() 052
itals:		\$309.16	\$61.84	\$247.32			

File Summary Search

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

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

mary	The claim has associated ERA(s)
s a laim e	 Your practice has ERA contract with the payer on the claim
n is ier).	If an ERA is associated to the claim a generic message is displayed in the Status Description field.
etail.	If the claim has been paid (and there is an FRA

It 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.

REPORTING & ANALYTICS

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

Search Criteria	CLAIM DETAIL XWalk	Review Display Letter	Display Alerts	
Claim Received Date	View/Edit Gain	Audit History Get Help with	Inin Chain	
14/01/2014 📇 08/25/2014 🖱				
Tax ID	Emdeon Claim ID:	EPOL		
Cattinua)	Insured ID:	116	Provider Tax ID:	13
Site ID	Patient Name:	BEVC	Billing Provider ID:	131
Submit Reset	Patient DOB:	11/	Billing Provider NPI:	120
ote: If no dates are entered,	Diagnosis Code(s):	9987789, 91234 <u>more</u>	Site ID:	D749
ates will default to last 7 days.	Procedure Code(s):	91234, 99877	Patient Control No.:	270
	Claim Amount:	\$33.00	Payer Name:	Healthfirst, Inc. (New York
	Service From:	03/29/2013	5010 Format:	YES
teport Criteria	Service To:	03/29/2013	Payer Claim ID:	95
ndeon Claim ID : 820				
	Claim Status Summary	Ý		
	Emdeon Received:	05/21/2014	Payer Acknowledge Date:	05/07/2013
	Emdeon Accepted Date:	04/09/2013	Payer Accept Date:	05/07/2013
	Emdeon Reject Date:		Payer Reject Date:	

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 R
Username
dymmuneouidae
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dy
du

Audit History

claim status sum	mary				
Emdeon Received: 05/21/2		5/21/2014	Payer Ad		
Emdeon Accepted Date:		4/09/2013	Payer Ac		
Emdeon Reject Date:			Payer Re		
Message Detail					
Standard Code	dard Code Message				
	zed. Payer has		aim as the primary payer. aim as the primary payer.		
Additional II	0)		Status Date		
91 [Check N	lumber]		05/07/2013		
x + 11	(F) (F)	 (m) 			

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.

arch Criteria	CLAIM DETAIL XWalk	Review Display Letter	Display Alerts	
laim Received Date /01/2014 🖻 08/25/2014 🖻	View/Edit.Qaim View	Audit History Get Help with th	via Claim	
IX ID	Emdeon Claim ID:	EPO		
ptional	Insured ID:	116	Provider Tax ID:	13
te ID stichel	Patient Name:	BEVC	Billing Provider ID:	131
	Patient DOB:	11/	Billing Provider NPI:	124
Submit Reset	Diagnosis Code(s):	9987789, 91234 <u>more</u>	Site ID:	D749
es will default to last 7 days.	Procedure Code(s):	91234, 99877	Patient Control No.:	Z74
	Claim Amount:	\$33.00	Payer Name:	Healthfirst, Inc. (New Yor
	Service From:	03/29/2013	5010 Format:	YES
port Criteria	Service To:	03/29/2013	Payer Claim ID:	950
eon Claim ID : 500				
	Claim Status Summar	4		
	Emdeon Received:	05/21/2014	Payer Acknowledge Date:	05/07/2013
	Emdeon Accepted Date:	04/09/2013	Payer Accept Date:	05/07/2013
	Emdeon Reject Date:		Payer Reject Date:	

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.

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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.

ria	CLAIM DETAIL	XWalk Review	Display Letter	Display Alerts	
d Date	View/Edit_Claim	Mew Audit History	Get Help with	this Claim	
	Emdeon Claim ID:	EPOC			
	Insured ID:	116		Provider Tax ID:	13C
	Patient Name:	BEV		Billing Provider ID:	131
Reset	Patient DOB:	11/5		Billing Provider NPI:	124
entered,	Diagnosis Code(s):	9987	789, 91234 <u>.more</u>	Site ID:	D749
last 7 days.	A REPORT OF A COMPANY OF A DOMESTIC STREET				

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).

)
lep	ort For Claim: EP60	
	Action Performed	Date/Time stamp
5	Claim Correction View	06/24/2014 07:11:02
5	Marked claim as Worked	06/09/2014 16:30:32
5	Claim Correction View	05/25/2014 10:49:55
5	Integration PMS	08/21/2013 00:51:30
5	Claim Correction View/Edit	08/21/2013 00:49:19
5	Integration PMS	08/21/2013 00:47:26
5	Claim Correction View	08/21/2013 00:13:28
5	Claim Correction View	08/21/2013 00:11:21
	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
- > 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.

Search Criteria	ERA Summary By Day	
Claim Received Date	Claim Received Date	ERA Received Quantity
55/57/2014 0 00/25/2014 0	05/21/2014	17
Tax ID Optional	06/01/2014	1
Site ID	06/07/2014	4
Optional	07/18/2014	1
Submit Reset	07/27/2014	3
Note: If no dates are entered, dates will default to last 7 days,	08/25/2014	3
aces mill delaure to lease / delyas	Totals:	29

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).

Search Criteria	File Summar	¥6					
File Received Date	File Received D	ate‡ File ID	File Status	Received Claim Quantity	Emdeon Reject Quantity	Payer Reject Quantity	Claim Amou
ax ID	Export Report						
Comment-	08/25/2014	EPL	Accepted	1	0	0	\$26.00
Site ID	08/25/2014	EPC	Accepted	1	0	0	\$129.00
Optional .	08/25/2014	EPC	Accepted	2	0	0	\$710.00
SUDNIT	08/25/2014	EPC	Accepted	2	0	0	\$710.00
oté: If no dates are entered, ites will default to last 7 days.	08/25/2014	DKC	Accepted	1	0	0	\$852.50
	08/25/2014	EPI.	Accepted	1	0	0	\$33.00
leport Criteria	06/25/2014	ENC	Accepted	1	0	0	\$100.10
e Date Range : 5/25/2014 - 6/25/2014	Totals:		nir saida	9	0	0	\$2,560.60

> Clearinghouse Accepted - Claims accepted by clearinghouse but no notification from the payer received

REPORTING & ANALYTICS

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 Quan- tity 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: HAL Transaction Date/Time: 8/19/2014 08:32:29AM Transaction ID: VRC Patient Account No: A1 Authorization Code: 02821C Service Date: 4/30/2014 Payment Amount: \$2,088.56 Receipt No: 34 Payment Method: Visa Open Date: 5/19/2014 11:34:27PM Declined: No Close Date: Worked Status: Guarantor Name: ALC Merchant ID: NWH

Payment Detail Report Rows

Heading	Description
Payment Details Column	
Patient Name	Name of the patient
Patient Account No	Provider account number fo
Service Date	Date medical services specifie
Payment Amount	Amount of the payment.
Payment Method	Type of card used in the pay
Declined	Yes, No, NA
Worked	If there is a check in the che If there is not a check in the
Merchant ID	ID of merchant
Transaction Details Colur	nn
Transaction Details	
Transaction Date/Time	Date and time of the payme
Transaction ID	Unique transaction identifier (
Authorization Code	Card authorization code (ass
Receipt No	Unique receipt number (ass
Open Date	Date and time the transacti
Close Date	Date transaction closed
Guarantor Name	Name of the person making

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.

or the patient	
----------------	--

ed on claim occurred

ayment

eck box, the payment is worked. e check box, the payment is unworked.

nent

(assigned by system)

ssigned by system)

signed by system)

ion started

ig payment





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