Web Portal *v.3.0.6*

Powered by Rulemeister, Inc.

User Guide

for

All American Medical Group (AAMG)

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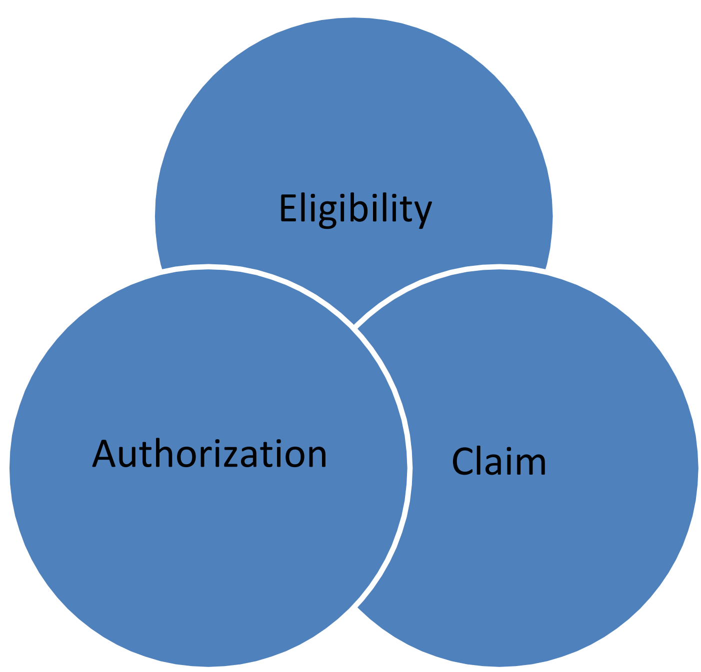
I. Portal Introduction

Welcome to the User Guide for the Web Portal for ***All American Medical Group (AAMG)***, managed by Network Medical Management.

The Provider Web Portal is web-based application that enables provider offices to conveniently verify member eligibility, submit and view authorization requests, and submit and view claim data from any location with internet access.



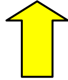
This user guide is intended to educate providers on the different features and capabilities of the web portal. Should you have any questions, comments, or require assistance, please do not hesitate to contact us – see the following page for contact information details.

II. Contact Us and Report Issues

If at any time you require assistance with the web portal, please contact us at:

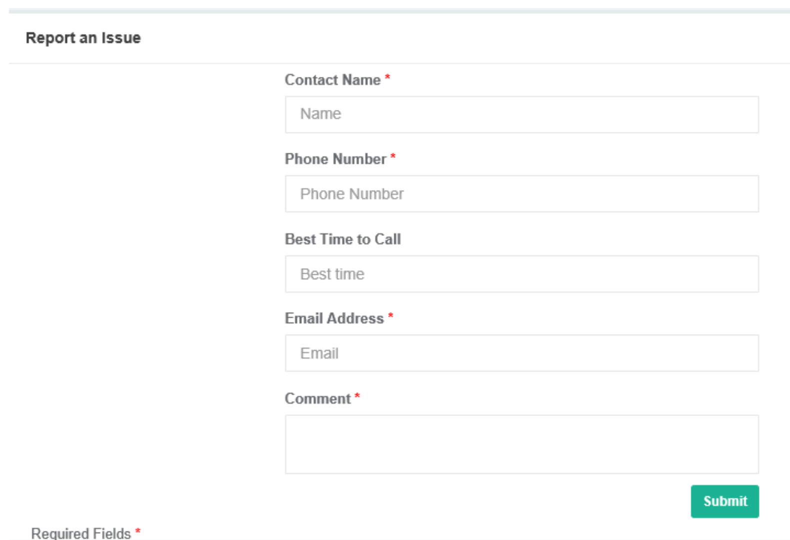
*Web Portal Support – **All American Medical Group (AAMG)***
Technical Assistance/User account: Portal.Inquiries@networkmedicalmanagement.com
Phone: (626) 943-6146
Fax: (626) 943-6350

Please avoid sending Protected Health Information (PHI) through the email addresses above. This includes member, claim, and authorization information. For inquiries that contain PHI, please use the "Report Issue" feature detailed below.



At the bottom left of most Portal pages there are "Report Issue" links:

These links will open up the message form shown below. Messages sent through the form will be received directly by our portal support team, and will be addressed and forwarded appropriately.


Report an Issue

Contact Name *
Name

Phone Number *
Phone Number

Best Time to Call
Best time

Email Address *
Email

Comment *

Submit

Required Fields *

Note that the form is secure and HIPAA compliant, and is the best means of communicating <u>Protected Health Information (PHI)</u> related to any issues you encounter.

Our staff will respond to your request within 24 hours and provide any necessary assistance. To ensure efficient support, please include your Portal User ID and a brief description of your issue in the Remark field.

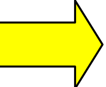
III. User Accounts

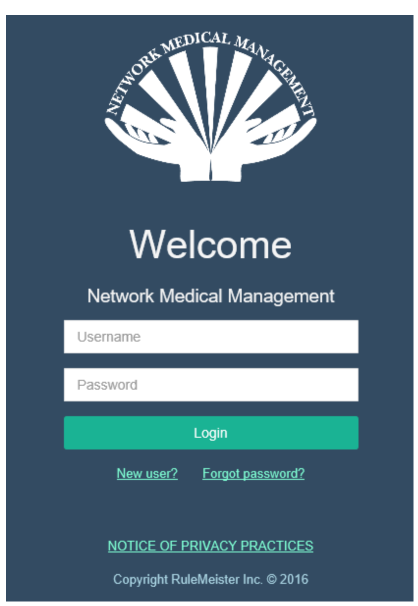
In most cases, provider offices will be assigned one web portal user account per tax ID, per location. Providers may also request separate accounts for external billing offices.

III.1.Obtaining a Username / New Users

To obtain a web portal username and password, please complete a copy of the Web Portal Account Registration form *(see pg. 4 for contact information)*. The forms can also be found on the login page for the web portal, highlighted at right *(see pg. 6 for login links)*:

Please also use the form to request additional office accounts, accounts for external billers, and changes to provider rosters.





III.2.Password Policy

All user passwords must meet the following minimum requirements:

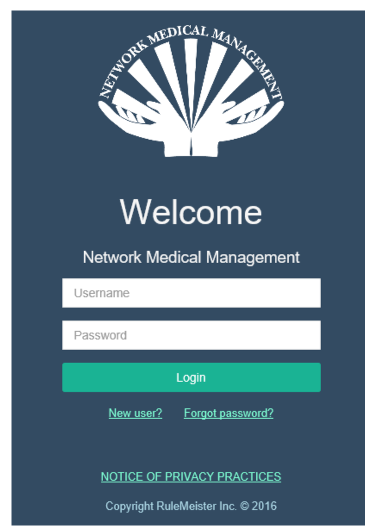
1. Cannot be the same as the current password
2. Cannot contain the User ID
3. Must be at least 6 characters
4. Must contain characters that meet at least 3 categories:
    a. Uppercase characters [A through Z]
    b. Lowercase letters [a through z]
    c. Numbers [0 through 9]
    d. Special characters [~!@#$%^&*(\)]

In addition, the Web Portal will prompt users to change their passwords every ninety (90) days. The portal will begin reminding you that your password will expire fifteen (15) days prior to the actual expiration date.

IV. Accessing the Web Portal

IV.1. Log In

1. Open any modern browser (Chrome, Firefox, Safari, Microsoft Edge, or Internet Explorer 10 or higher) and go to: https://networkmedicalmanagement.com/
2. Navigate to "Providers" > "Provider Portal" > Access Portal > Select a link that reads "**Providers Login - All American Medical Group (AAMG)**. That should take you to the following link: https://provider-portal-beta.nmm.cc/
3. Enter your username
4. Enter your password (case sensitive)
5. Click [log-in]

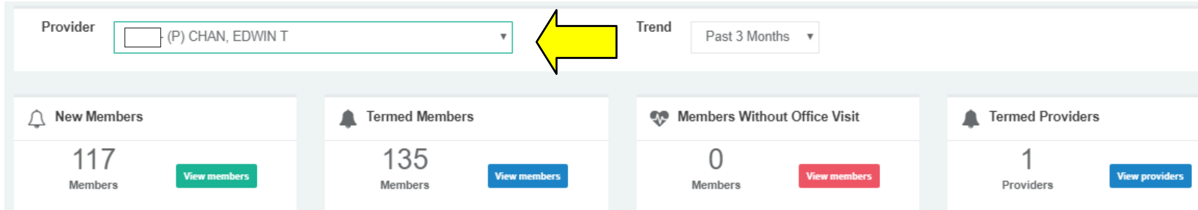


Note: If this is your first time logging in, you may be prompted to change your password *(for details on password requirements,* *see pg. 5).*

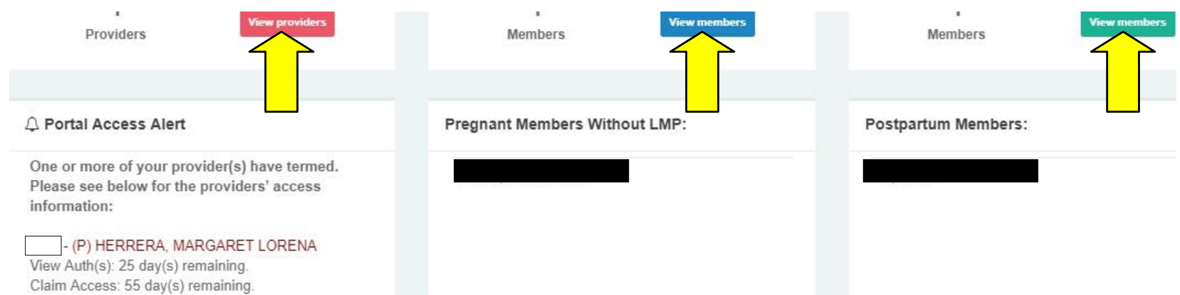
V. Home Page

1. Upon login, the home page will display a dashboard panel alerting of
   - New members
   - Termed members
   - Members without office visit
   - Members recently discharged from the hospital
   - Postpartum members
   - Pregnant members who are missing an LMP date
   - Termed providers

   These alerts will only appear if they contain at least one item. For user accounts that contain more than one provider, a dropdown is available to display the alerts pertaining to each primary care physician.



2. Clicking on any of the buttons and the panels will expand the list displaying the members under each alert.



3. If the user account contains a primary care physician, then a Hedis progress chart appears. The first trending graph shows the number of measures that have been completed. The pie charts break down the measures completed by line of business. Clicking on the pie charts will navigate the user to the Gap Reports page. Graphs can be viewed for the current measure year as well as the previous year.

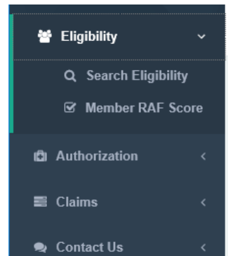
4. Beneath these graphs lies another panel displaying recently uploaded member documents that have not been viewed by the user. By clicking on the member name (A), you will be directed to that member's eligibility page. By clicking on the document category, you will download the file (B). If there are no unviewed member documents, the panel will not appear.

5. Next to the Member Document panel is a list of (C) profile doctors that are associated with this user id.

V. Eligibility

Always confirm eligibility before submitting authorizations or claims through the portal. Please also verify eligibility with the member's health plan prior to performing services.

V.1. Searching and Verifying Member Eligibility



Select [Eligibility] located in the left navigation, then click [Search Eligibility]:

A page titled [Member Eligibility] with fields for Provider, Member ID, Last Name, First Name, and Date of Birth (DOB) will appear. **If you are a PCP, select [By PCP] under the [Provider] drop-down. Otherwise, select [By Other]:**

Search for a Member

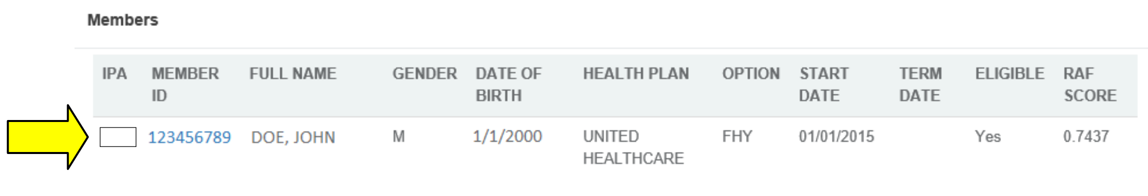
Provider: By PCP / By Other | Member ID: Member ID | Last Name: Last Name | First Name: First Name | Date Of Birth: MM/DD/ | Search

To find a member, please enter either:

- Member's insurance ID number and complete DOB (mm/dd/yyyy).
- Partial last name, partial first name, and complete DOB (mm/dd/yyyy) for member.

Then, click [Search]. See below for examples - note that not all fields need to be filled:

After a successful search, you can click the member's ID number to view detailed eligibility information. Note that both the current membership and previously terminated memberships will be shown. Searches that fail will display "No Records Found" in red.

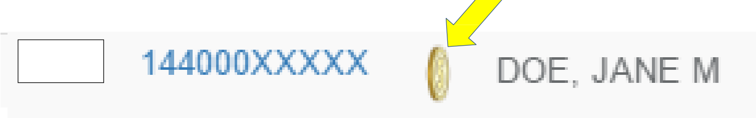


Members

IPA	MEMBER ID	FULL NAME	GENDER	DATE OF BIRTH	HEALTH PLAN	OPTION	START DATE	TERM DATE	ELIGIBLE	RAF SCORE
	123456789	DOE, JOHN	M	1/1/2000	UNITED HEALTHCARE	FHY	01/01/2015		Yes	0.7437

V.2. Member Assessment

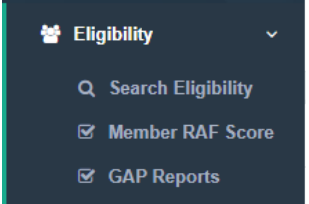
When searching for members, you may see a spinning coin to the left of the member's FULL NAME. This indicates that the member has some pending services to be completed according to the HEDIS measures.



Click on the member's ID number to view a list of the measures required for that patient. If the member does not qualify for any of the measures in the HEDIS program, then the Quality and Risk Assessment portion will not appear.

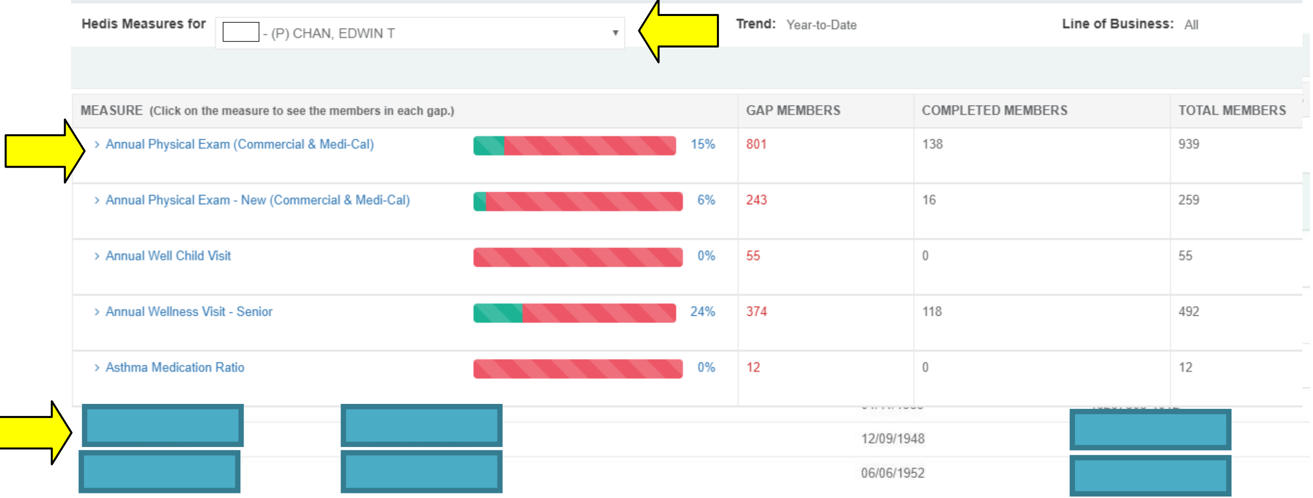
*For more details on the HEDIS Measurement Tool please jump to page 35

V.3. GAP Reports



GAP reports are located under Eligibility in the left navigation.

On this page a list of Hedis measures appear. If the user account contains more than one PCP, then the user can select the appropriate provider from the dropdown. A bar graph shows the progress for each measure. Clicking on each row will expand to display the members in that gap. Clicking on the hyperlinked member's ID will navigate to that member's detail page.



MEASURE (Click on the measure to see the members in each gap.)		GAP MEMBERS	COMPLETED MEMBERS	TOTAL MEMBERS
Annual Physical Exam (Commercial & Medi-Cal)	15%	801	138	939
Annual Physical Exam - New (Commercial & Medi-Cal)	6%	243	16	259
Annual Well Child Visit	0%	55	0	55
Annual Wellness Visit - Senior	24%	374	118	492
Asthma Medication Ratio	0%	12	0	12

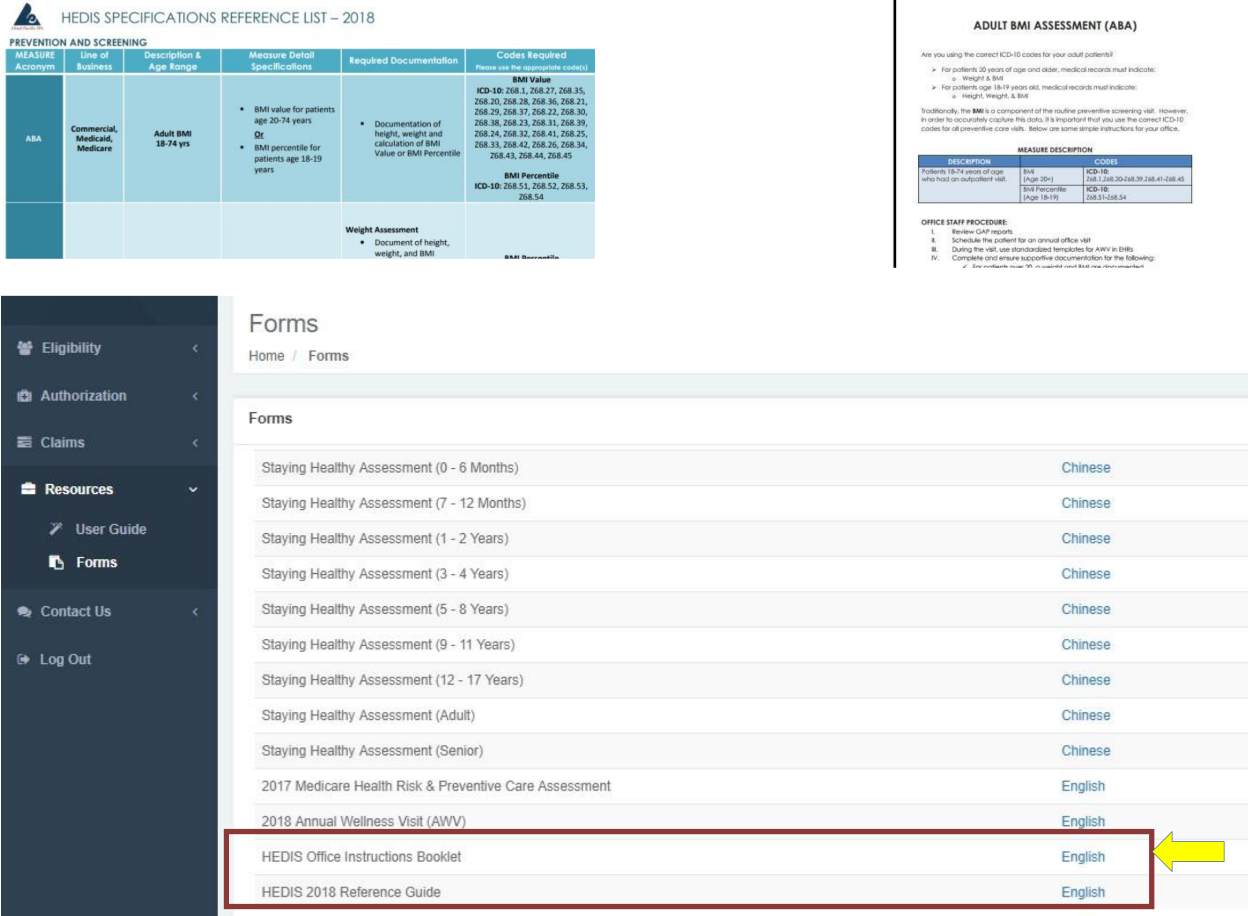
Below the interactive gap report, downloadable GAP reports are available in both PDF and Excel (if the link appears) format.

GAP Reports

IPA	PROVIDER	DOWNLOAD
	ZHUO,PHILIP YUE	PDF File | Excel File
	CHEN,MARY LEI	PDF File | Excel File
	CHU,PAUL HUNG-JEN	PDF File | Excel File

V.4.Hedis Resources

A Hedis Office Instructions Booklet and a Hedis Reference Guide are available on the web portal to provide further education for providers and their staff. To access them, navigate to Resources/Forms.

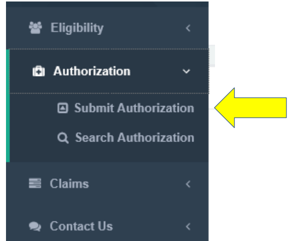


Clicking on the hyperlink will download the document to your computer.

VI. Authorizations

VI.1. Creating New Authorizations

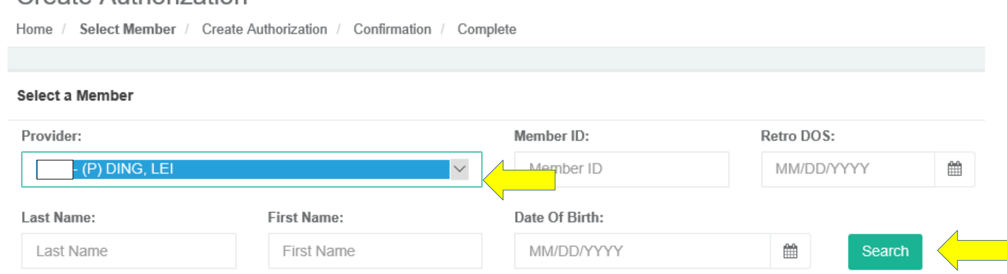
Select [Authorization] located in left navigation, then click [Submit Authorization].



This will bring you to the [Create Authorization – Select a Member] page. The search function works almost identically to the Eligibility Search (*see pg. 8*); however, you must also choose the requesting provider from the drop down list.

Note that there may be multiple entries for the same provider – select the entry with an IPA that matches the patient's IPA assignment as displayed in Eligibility.

Create Authorization



To select a member, please enter either:

- "Member ID" and complete DOB (mm/dd/yyyy)
- Partial "Last Name" + partial "First Name" + complete DOB (mm/dd/yyyy)

Note that this is the same method used to check patient eligibility.

For regular authorizations, leave [RETRO DOS] blank. **Retro Authorizations require an entry for [RETRO DOS] and may be submitted up to 30 days following service** (in other words, Retro DOS may not be more than 30 days prior to date of submission).

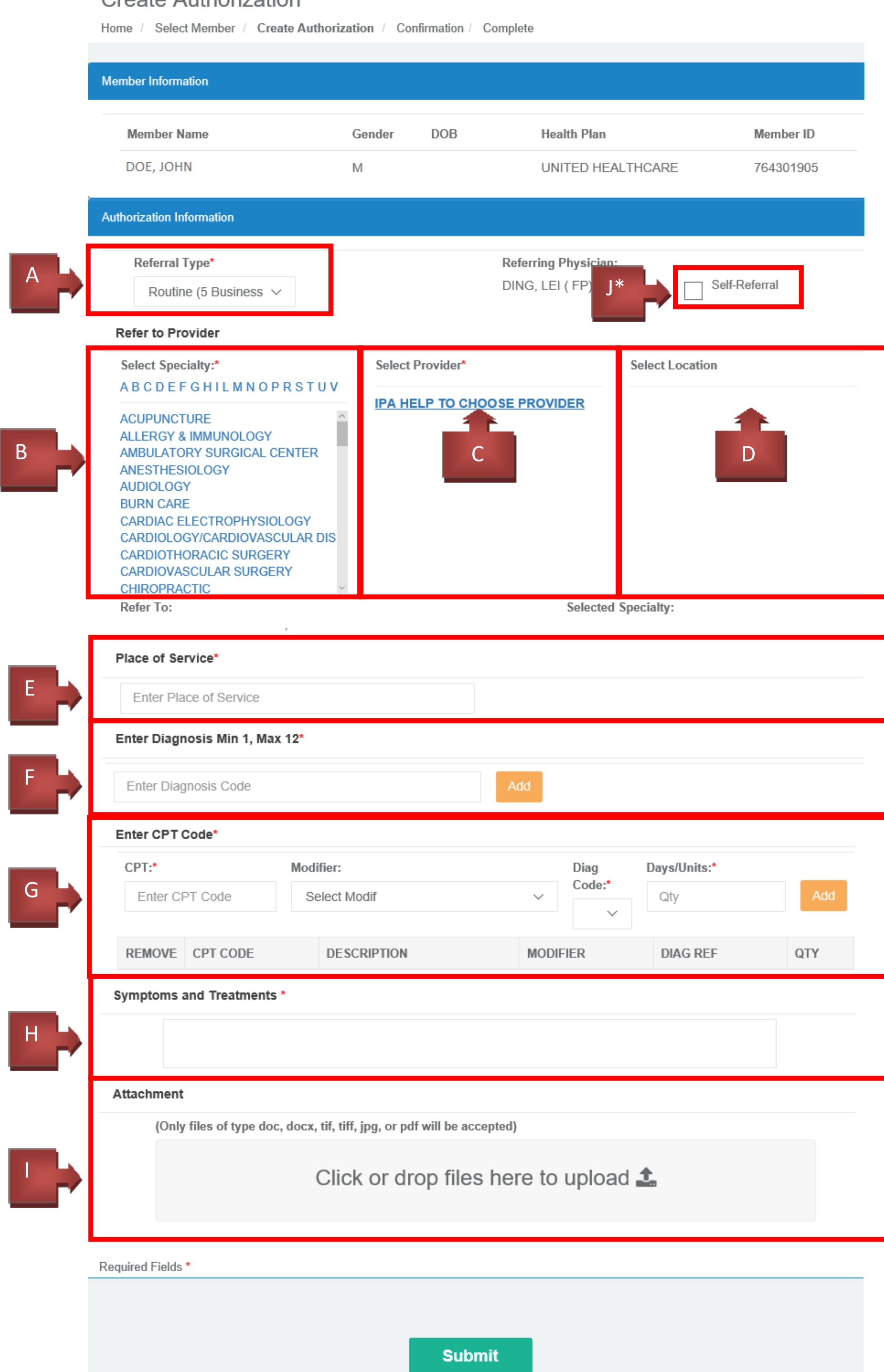
Click [Search] after entering all information *(arrow above right).*

Once the member is found, confirm the member's information, and then click on the member's ID number.

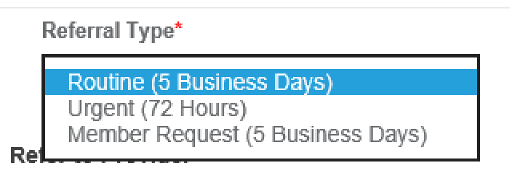
Members

IPA	MEMBER ID	LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH	HEALTH PLAN	OPTION	START DATE	TERM DATE
	123456789	DOE	JOHN	M	1/1/2000	UNITED HEALTHCARE	FHY	01/01/2015	

This will take you to the authorization request form for this particular member (*next page*).


Create Authorization
Home / Select Member / Create Authorization / Confirmation / Complete
Member Information
Member Name
Gender
DOB
Health Plan
Member ID
DOE, JOHN
M
UNITED HEALTHCARE
764301905
Authorization Information
A
Referral Type*
Routine (5 Business
Referring Physician:
DING, LEI (FP)
J*
Self-Referral
Refer to Provider
B
Select Specialty:*
A B C D E F G H I L M N O P R S T U V
ACUPUNCTURE
ALLERGY & IMMUNOLOGY
AMBULATORY SURGICAL CENTER
ANESTHESIOLOGY
AUDIOLOGY
BURN CARE
CARDIAC ELECTROPHYSIOLOGY
CARDIOLOGY/CARDIOVASCULAR DIS
CARDIOTHORACIC SURGERY
CARDIOVASCULAR SURGERY
CHIROPRACTIC
Select Provider*
IPA HELP TO CHOOSE PROVIDER
C
Select Location
D
Refer To:
Selected Specialty:
E
Place of Service*
Enter Place of Service
F
Enter Diagnosis Min 1, Max 12*
Enter Diagnosis Code
Add
G
Enter CPT Code*
CPT:*
Enter CPT Code
Modifier:
Select Modif
Diag Code:*
Days/Units:*
Qty
Add
REMOVE
CPT CODE
DESCRIPTION
MODIFIER
DIAG REF
QTY
H
Symptoms and Treatments *
I
Attachment
(Only files of type doc, docx, tif, tiff, jpg, or pdf will be accepted)
Click or drop files here to upload
Required Fields *
Submit

(VI.1.A.) In the top left corner of the page, please select the [Refer Type]:



(VI.1.B.) Under [Select Specialty], please select the specialty of the provider. If the specialty is not available, you may be required to submit the authorization for approval through fax or phone.

(VI.1.C.) After selecting a specialty, choose a provider from the list in the middle column.

- Alternatively, you may select [IPA help Choose Provider]. IPA staff will then choose the provider for you. **IF THE PROVIDER DOES NOT APPEAR ON THE LIST, CHOOSE THIS OPTION** and write detailed information for the provider you wish to request in the [Symptoms and Treatments] box (*see pg. 16)*

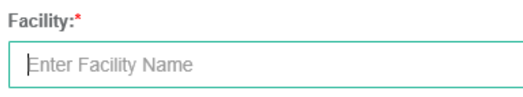
(VI.1.D.) You may also filter providers by location using the [Specialist by Location] column at the far right.

- After you have chosen the provider, the provider's information will be shown in the "Refer to Provider" section *(boxed in red above).*

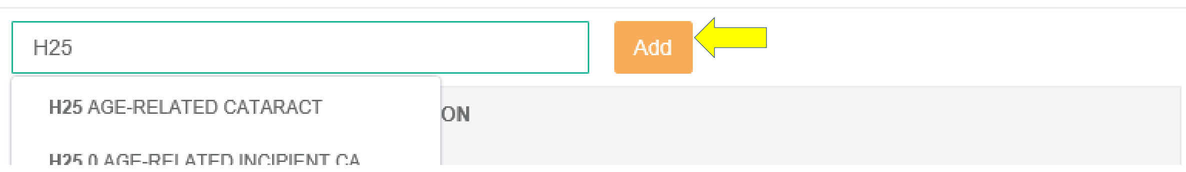
(VI.1.E.) Begin typing the place of service from the drop down list, then select it by clicking on it *(shown next page)*.

- If the place of service is 21, 22, or 24, facility information is required. You can choose the appropriate facility from a second drop down list *(shown bottom right)*.

- If the facility is not on the drop down list, choose [OTHER HOSPITAL] and type in the name of the facility.



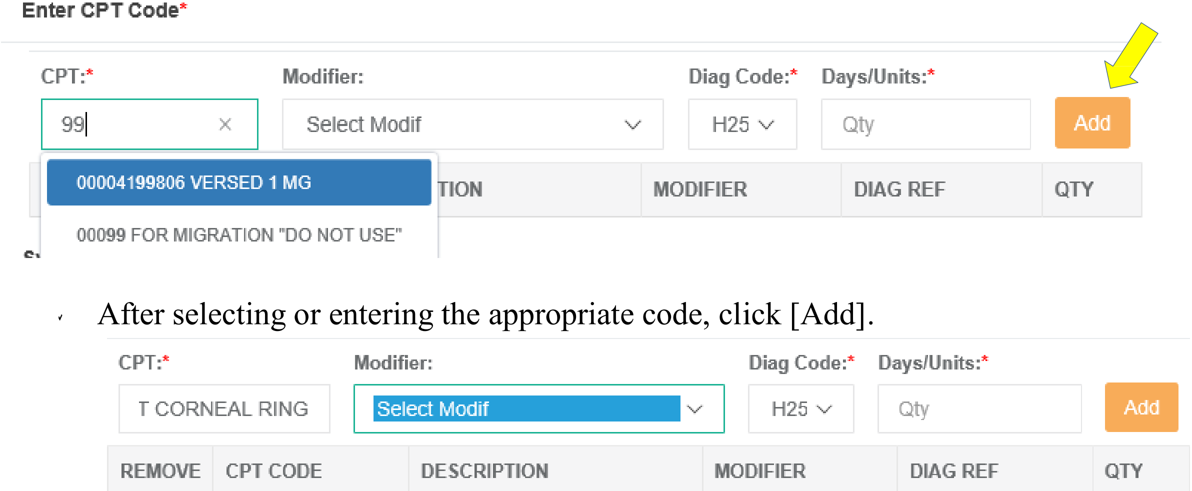
(VI.1.F.) Enter diagnosis codes by typing a partial ICD10 code or partial descriptions and selecting the appropriate code from the drop down list by clicking on it, or by pressing Tab once it's highlighted.



- After selecting or entering the appropriate code, click [Add].

REMOVE	DIAGNOSIS CODE	DESCRIPTION
Remove	H25.01	CORTICAL AGE-RELATED CATARACT

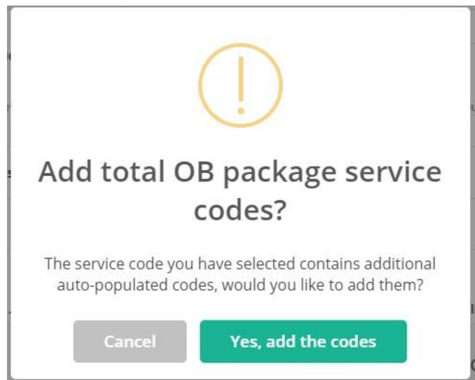
(VI.1.G.) Enter CPT codes by typing partial codes or partial descriptions, clicking on it OR pressing Tab once it's highlighted, and selecting the appropriate code from the drop down list.



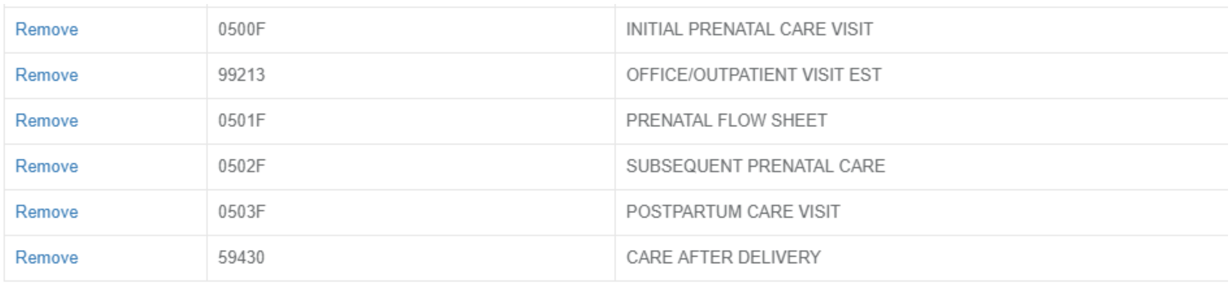
- After selecting or entering the appropriate code, click [Add].

VI.2.Prenatal Code Package

Certain CPT codes are packaged with a set of related service codes. For example, when OB service codes are entered, the user will have the option to add the additional service codes package.



Upon clicking "Yes, add the codes", the total OB package service codes (*shown below*) will be added. However, the user also has the option to cancel and only add the initial service code.



Remove	0500F	INITIAL PRENATAL CARE VISIT
Remove	99213	OFFICE/OUTPATIENT VISIT EST
Remove	0501F	PRENATAL FLOW SHEET
Remove	0502F	SUBSEQUENT PRENATAL CARE
Remove	0503F	POSTPARTUM CARE VISIT
Remove	59430	CARE AFTER DELIVERY

(VI.1.H.) Enter Symptoms and Treatments information in the text box. **If you are requesting for a provider not on the list, enter the provider information here.**

Do not use special characters - ? ! / @

Symptoms and Treatments *

(VI.1.I.) To attach doctor's notes and other files relating to the authorization, click on the drop zone to select files. Ensure your file is a DOC, DOCX, TIF, TIFF, JPG, or PDF file.

Attachment

(Only files of type doc, docx, tif, tiff, jpg, or pdf will be accepted)

Click or drop files here to upload

- After selecting the appropriate file click [Upload Attachment] to attach the file.

Attachment

(Only files of type doc, docx, tif, tiff, jpg, or pdf will be accepted)

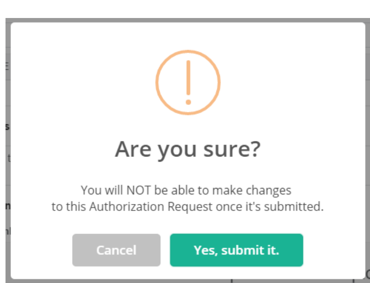
2.6 KiB

Remove file

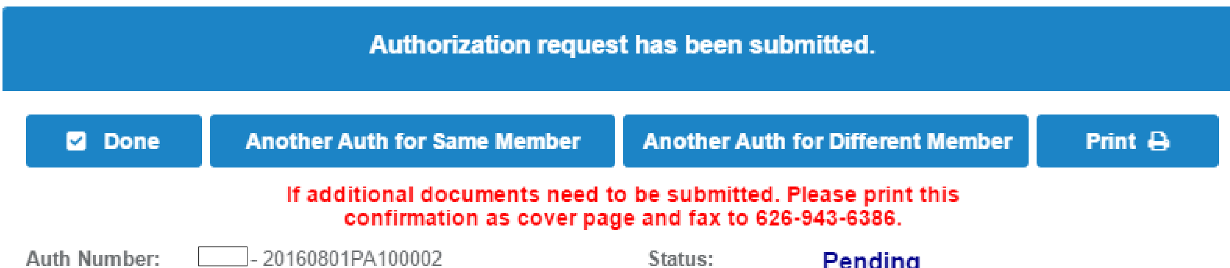
- If the file has been successfully uploaded, the file name will appear and a [Remove File] button will also be available to remove the selected file *(see example above)*.
- For Urgent authorizations attachment is a requirement.

Once you have entered all required information click [Submit] at the bottom of the page.

The portal will prompt you with a submit message - click [Yes, submit it] to confirm submission.



After submitting an authorization request successfully, an authorization confirmation page will appear. You can click [Done], create another authorization with the same member, or a different member, or print the page for your reference. See example below:

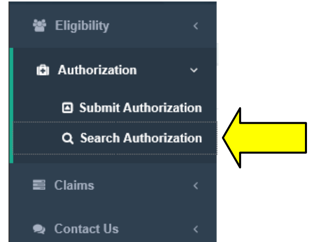


Please do not close the portal page until either an error message or confirmation page is displayed – closing your web browser early may interrupt authorization submission.

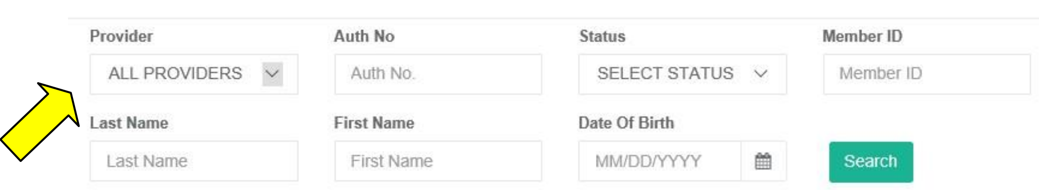
(VI.1.J*) NOTE: For primary care physicians submitting self-referrals, only the CPT codes that require authorization shown on Exhibit B of Fee-for-Service and Carve-outs will be listed on the drop down menu.

VI.3. Searching Submitted Authorizations

Click [Authorization], as if you were going to submit an authorization. Then select [Search Authorization]:



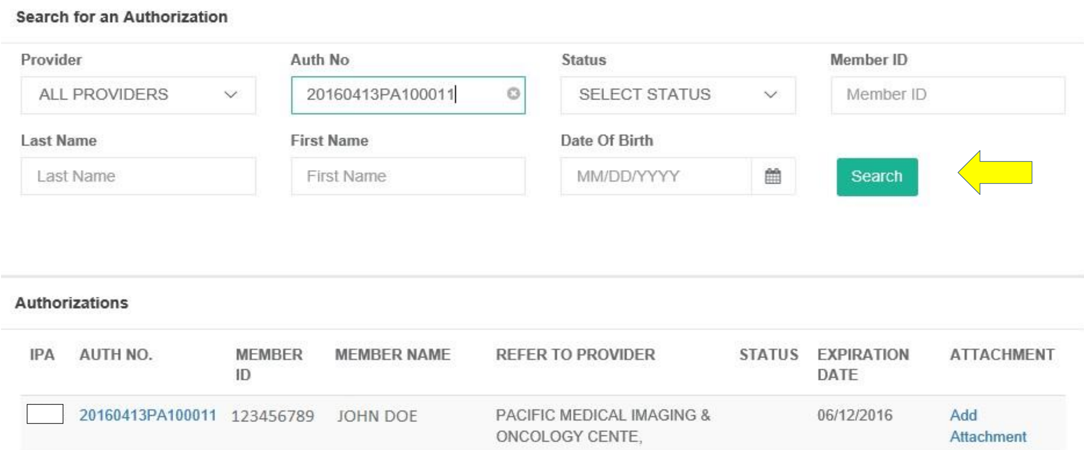
An [Authorization Search] page will appear.



Select the appropriate provider or [All Providers] under [Provider], then search for the authorization using the member's information *(see pg.8 for instructions on how to search for members)*.

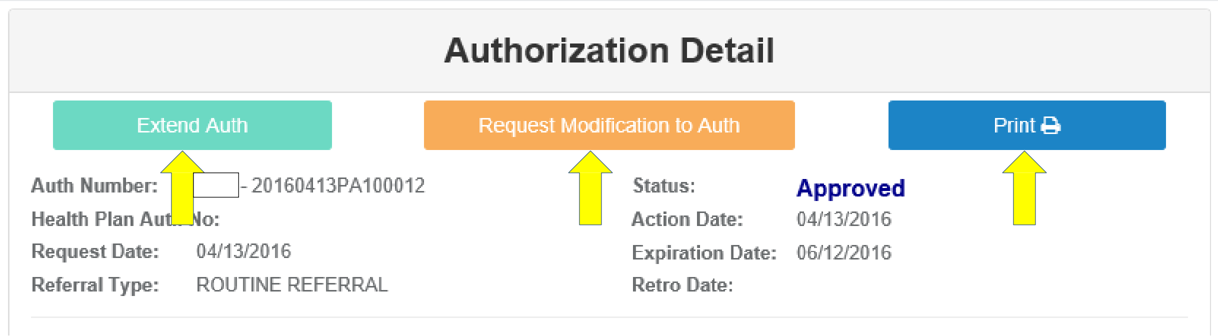
- Note that authorizations may also be searched by [Auth No.] – this is the number listed on the authorization confirmation page following submission.
- Authorizations may also be filtered by [Status] – for example, you may specify that the portal only display [Denied] or [Deferred] authorizations.

After filling out the appropriate information, click [Search]:



Once the authorization is found, you can either view authorization details by clicking the [Auth Number] *(pg. 19)* or add attachments to the authorization by clicking [Add Attachment] *(pg.21).*

VI.3.A. Viewing Authorization Details



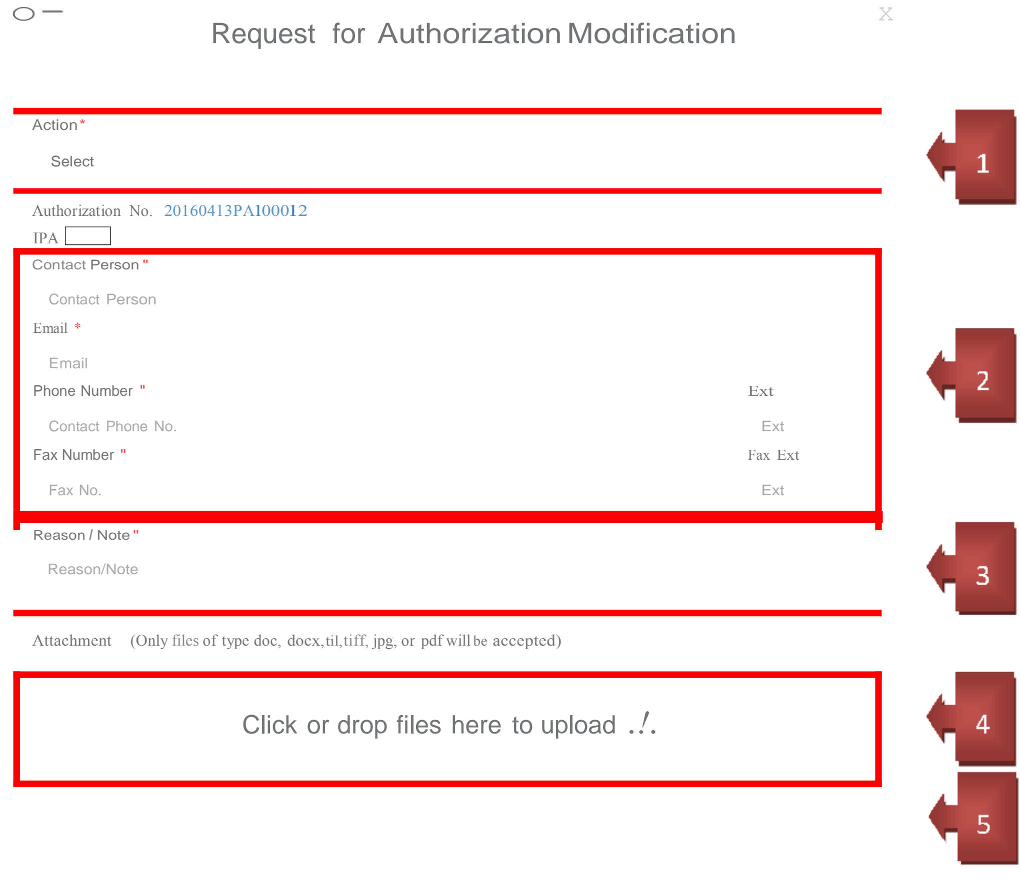
On the authorization detail page, you can either:

- Print the information by clicking [Print] *(above right)*.
- Download attachments for this authorization by clicking on the file name (shown below).
- Auto-extend the authorization by clicking [Extend Auth] *(above left)*. **Only the requesting provider may auto-extend authorizations**. Automatic authorization extensions follow the rules below:
  - Authorization must be on status [APPROVED].
  - Place of Service must be 11 – Office.
  - The date of submission for the extension must be within 15 days before and 30 days after expiration date.
    - For example, if an authorization is set to expire on July 1st, the provider can request an extension between June 15th and July 31st.
  - The member and requesting provider must still be active with the IPA.
  - Authorizations are extended for 30 days from the **original expiration** date.
  - Authorizations can be extended up to two times, for a total of 60 days.
  - Non-requesting providers should request extensions via the authorization modification request feature *(see next page)*.

You can also use the [Request Modification to Authorization] button to request changes to submitted authorizations.

- Authorizations must be on status [REQUESTED] or [APPROVED].
- The form will automatically include the Authorization Number and IPA information. You will need to provide the following information to submit:
  1. Select the type of modification based on whether you are submitting an [Authorization Extension] or [Authorization Modification] request.
  2. Include your personal contact information so that our staff can contact you with questions. Note that [Contact Person], [E-mail Address], [Phone Number], and [Fax Number] are **all required**. [Ext] and [Fax Ext] are optional.
  3. Include a [Reason / Note] detailing what and why you are requesting.
  4. If necessary, upload an attachment by clicking [Add files…].

5. Click [Send] to submit your request. You will be brought to a confirmation page and receive a confirmation email once the request has been sent successfully. Please do not submit multiple requests. Requests will be processed within 24 hours.



VI.3.B. Adding Attachments to Deferred Authorizations

In order to add attachments to [DEFFERRED] authorizations, use the feature below. Additional attachments for [REQUESTED] auths must be submitted via the [Request Modification to Authorization] button (*see pg. 19*).

Search for an Authorization

Provider	Auth No	Status	Member ID
ALL PROVIDERS	20160413PA100011	SELECT STATUS	Member ID
Last Name	**First Name**	**Date Of Birth**	
Last Name	First Name	MM/DD/YYYY	Search

Authorizations

IPA	AUTH NO.	MEMBER ID	MEMBER NAME	REFER TO PROVIDER	STATUS	EXPIRATION DATE	ATTACHMENT
	20160413PA100011	123456789	JOHN DOE	PACIFIC MEDICAL IMAGING & ONCOLOGY CENTE,		06/12/2016	Add Attachment

Clicking [Add Attachment] will open a summary page - the option to attach files appears at the end of the page *(boxed in red below – see pg. 16 for upload instructions)*. **Only use this feature to add attachments to [DEFERRED] authorizations requiring additional notes.**

Auth Number:	- 20160505PA100001	Status:	Pending
Health Plan Auth No:		Action Date:	05/05/2016
Request Date:	05/05/2016	Expiration Date:	07/04/2016
Referral Type:	ROUTINE REFERRAL	Retro Date:	

Patient Name:	DOE, JOHN 1234 SPRINGFIELD AVE MONTEREY PARK, CA 91755	Date of Birth:	01/01/2000
		Gender:	M
		Member ID:	123456789
Phone:	(626) 571-5825	Member PCP:	WANG, DAVID W
Health Plan:	UNITED HEALTHCARE		

Request Provider: WANG, DAVID W

Referral To:	WOO, PAUL TSAO	Address:	1234 S. GARFIELD AVE. #10 ALHAMBRA, 91801-5068
Specialty:	(OPT) OPTOMETRY		
POS:	(11) OFFICE	Phone Number:	(626) 282-5388

REFERENCE	DIAG CODE	DESCRIPTION
1	H25.011	CORTICAL AGE-RELATED CATARACT,

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
0099T	IMPLANT CORNEAL RING		H25.011	1

Attachment

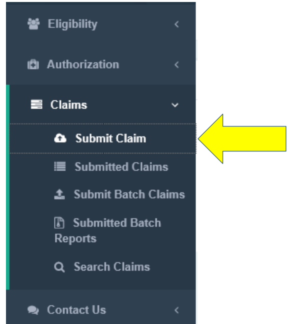
(Only files of type doc, docx, tif, tiff, jpg, or pdf will be accepted)

Click or drop files here to upload

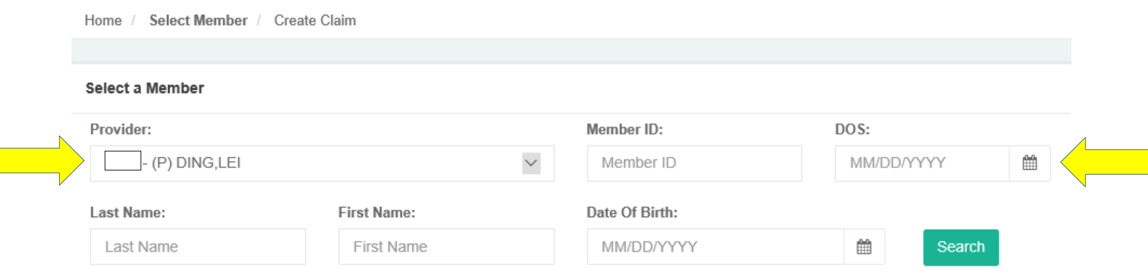
VII. Claims

VII.1. Submitting Claims

Click [Claims] located in the blue bar at the top of the page, the select [Submit Claim]:



This will bring you to the [Claim – Member Search] page.



Create Claim

Home / Select Member / Create Claim

Select a Member

Provider: - (P) DING,LEI

Member ID: Member ID

DOS: MM/DD/YYYY

Last Name: Last Name

First Name: First Name

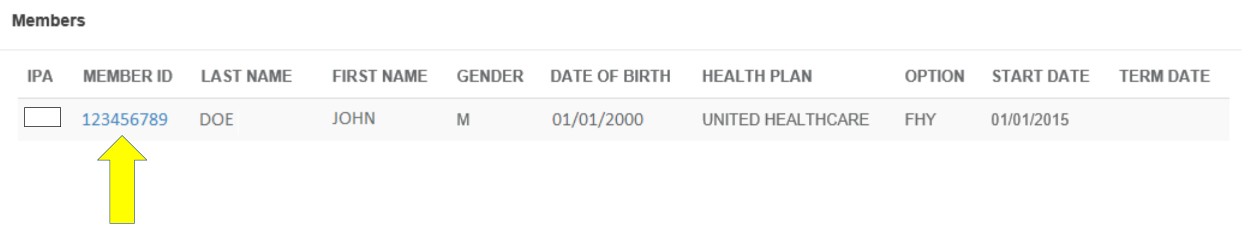
Date Of Birth: MM/DD/YYYY

Search

Select the appropriate provider's entry, enter the required information, then click [Search] *(see pg.8 for instructions on how to search for members)*.

- Note that Claims require a [DOS] (date of service) to search *(upper right arrow)*.

Once the member is found, click on the member's ID number to open an electronic claim form:



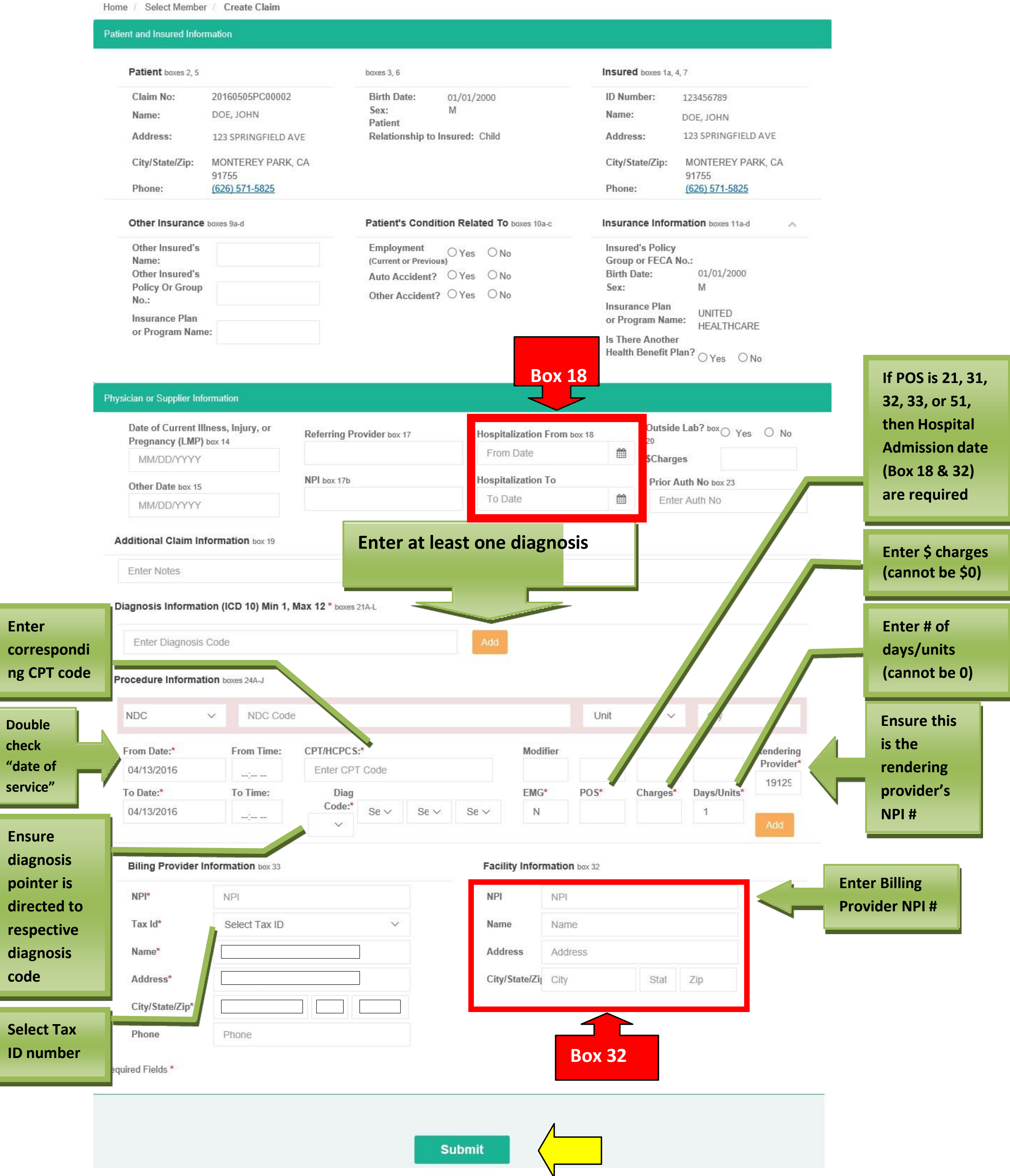
Members

IPA	MEMBER ID	LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH	HEALTH PLAN	OPTION	START DATE	TERM DATE
	123456789	DOE	JOHN	M	01/01/2000	UNITED HEALTHCARE	FHY	01/01/2015	

- Refer to next page for an overview of the form – *all required fields are marked with an asterisk* and are described with green boxed text on the example *(pg. **Error! Bookmark not defined.**)*.
- Form should be completed from top to bottom and left to right.

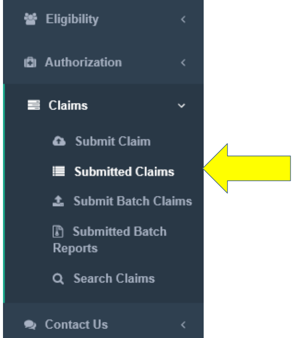
Note: Claims submitted after 3:00pm will be processed on the next business day.

VII.1.a Completing Claims Form



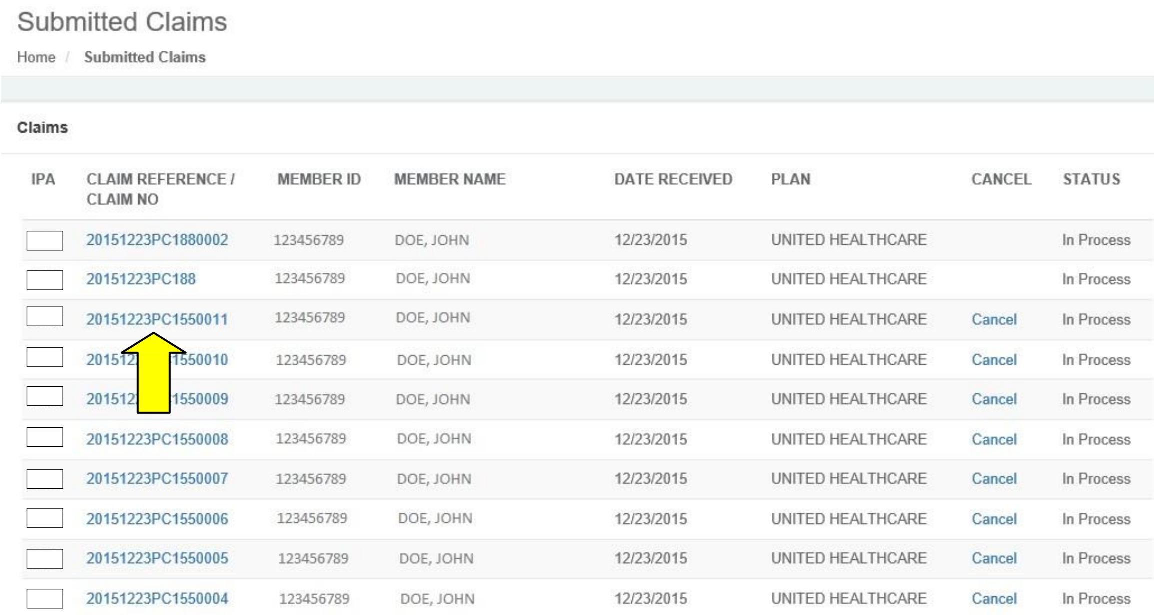
VII.2. Viewing Submitted Claims

Click on [Submitted Claims] under the Claims menu:



A list of claims submitted under your account will be displayed.

Note: Only claims submitted from your account will be displayed. Even if two user accounts are associated with the same provider, user 2 will not be able to view claims submitted by user 1 and vice versa.



Submitted Claims

Home / Submitted Claims

Claims

IPA	CLAIM REFERENCE / CLAIM NO	MEMBER ID	MEMBER NAME	DATE RECEIVED	PLAN	CANCEL	STATUS
	20151223PC1880002	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE		In Process
	20151223PC188	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE		In Process
	20151223PC1550011	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
	20151[illegible]550010	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
	20151[illegible]1550009	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
	20151223PC1550008	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
	20151223PC1550007	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
	20151223PC1550006	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
	20151223PC1550005	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
	20151223PC1550004	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process

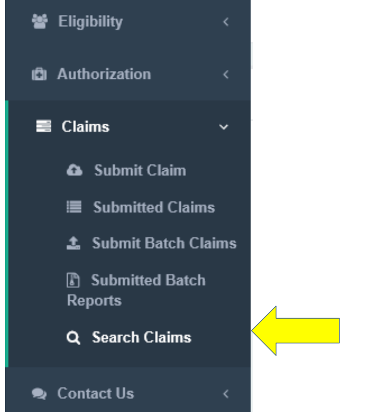
By default, submitted claims are listed in the order they were received.

- Click on a Claim Reference number to view the claim *(arrow above).*

Note: This feature only displays claim information you have submitted. It does not display full information regarding claim processing or payment. Please use the Search Claims feature to fully view claim status *(see pg. 25).*

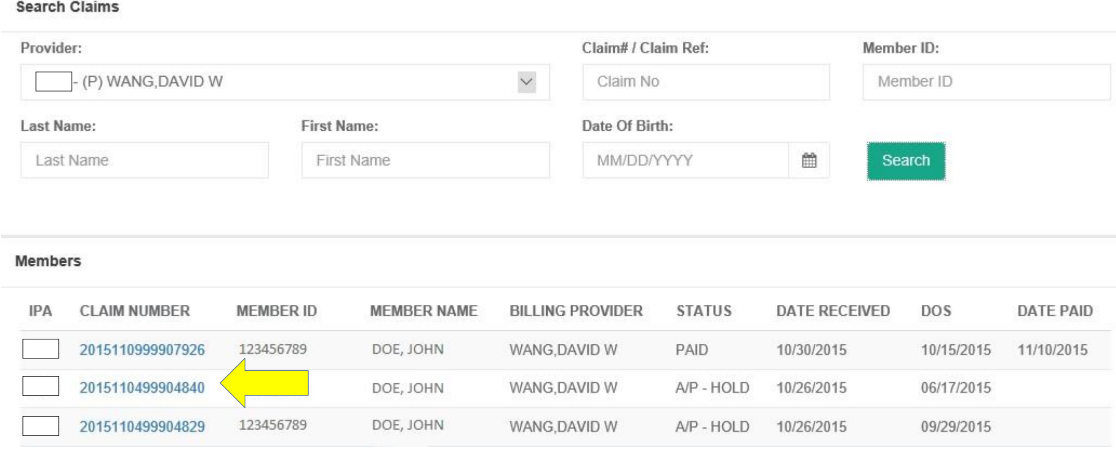
VII.3. Searching Submitted Claims

Click on [Claims], then [Search Claims]:



Select the appropriate provider's entry on the [Provider] list, then search for the claim using the member's information *(see pg.8 for instructions on how to search for members)*.

- Note that you may also search for claims by Date of Service [DOS], Claim number, or Claim Reference number.



IPA	CLAIM NUMBER	MEMBER ID	MEMBER NAME	BILLING PROVIDER	STATUS	DATE RECEIVED	DOS	DATE PAID
	2015110999907926	123456789	DOE, JOHN	WANG,DAVID W	PAID	10/30/2015	10/15/2015	11/10/2015
	2015110499904840		DOE, JOHN	WANG,DAVID W	A/P - HOLD	10/26/2015	06/17/2015	
	2015110499904829	123456789	DOE, JOHN	WANG,DAVID W	A/P - HOLD	10/26/2015	09/29/2015	

Click on a Claim Number *(arrow above)* to view the claim details – example below:

Claim Detail

Home / Search Claim / Claim Detail

Claim Detail

Print

Claim No	2016011599902373	**Status**	FINALIZED
Date Received	01/15/2016	**Date Paid**	02/04/2016
Auth No		**Check No**	12-342579
Provider Claim No	1158551735	**Place of Service**	(11) OFFICE
Member	DOE,JOBE A	**Member ID**	R06953906MM1
Gender	M	**DOB**	01/01/1951
HP Name	HEALTHNET SENIOR	**Opt**	BS3
Provider Name	DING,LEI	**Provider ID**	75815
		Specialty	(FP) FAMILY PRACTICE/MEDICINE

Diagnosis

REFERENCE	DIAG CODE	DESCRIPTION
A	N18.2	CHRONIC KIDNEY DZ, STAGE 2 (MI
B	R97.2	ELEVATED PROSTATE SPECIFIC ANT
C	I69.959	HMPLG&HMPRS FG UNS CVD AFF UNS
D	F33.9	MAJOR DPRESSVE DISORDER, RECUR
E	E66.01	MORBID (SEVR)OBESITY D/T EXESS
F	F39	UNSPECIFIED MOOD DISORDER
G	R07.9	CHEST PAIN, UNSPECIFIED
H	I10	ESSENTIAL (PRIMARY) HYPERTENSI

Details

FROM TO	CPT	MODIFIER	DIAG REF	QTY	BILLED	CO-PAY Co-INSURE	ADJ	NET PAID
01/12/2016 01/12/2016	93000-ELECTROCARDIOGRAM COMPLETE		A	1	$ XXXX.XX	$ XXXX.XX	$ XXXX.XX	$ XXXX.XX
01/12/2016 01/12/2016	99214-OFFICE/OUTPATIENT VISIT EST		C	1	$ XXXX.XX	$ XXXX.XX	$ XXXX.XX	$ XXXX.XX

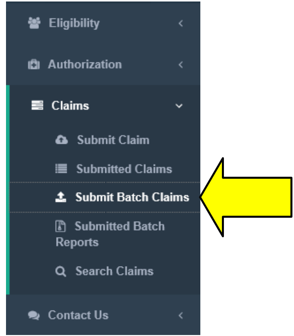
VIII. Batch Claims

VIII.1 Submitting Batch Claims

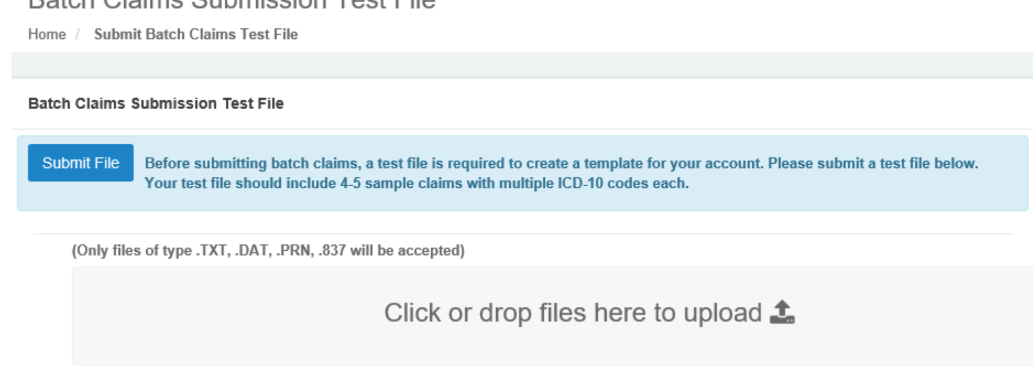
Batch claims allow providers to submit a number of claims all together in one format.

- Currently, batch files need to be submitted in ANSI ASC X12 837 format.

Click on [Submit Batch Claims]:



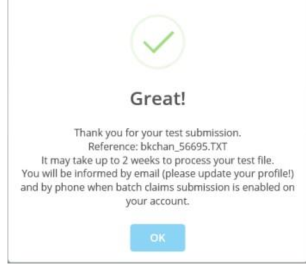
First time users are required to submit a test file before submitting batch claims. Users who have not submitted a test file will see the screen below.



Click [Browse…] and locate the file to upload. Once you have selected the appropriate file, click [Submit] to begin uploading the file:

Note: Depending on the size of your file and your internet connection, the upload process may take a while. **Do not use your browser's back or refresh buttons at this time as it may interrupt the upload process**.

- You will see a confirmation if the file was uploaded successfully:



The following screen will be displayed when a test file has been submitted but is still in the process of being approved:

Batch Claims Submission Test File

Home / Submit Batch Claims Test File

Outstanding Claim Submission Test Files

Continue You have outstanding test files being processed.
Click Continue to submit another one.

Submit Date	File Name
05/05/2016	Example.txt

Once the EDI department approves the test file, the following screen should be shown and production files may now be submitted.

Batch Claims Submission

Home / Submit Batch Claims

Batch Claims Submission

Select IPA:

Submit File Clear All Files

(Only files of type .TXT, .DAT, .PRN, .837 will be accepted)

Click or drop files here to upload

Submit Test File for New Template

To submit claims, first select the IPA for which you are submitting *(boxed above).*

Click [Browse…] and locate the file to upload. Once you have selected the appropriate file, click [Submit] to begin uploading the file.

Note: Depending on the size of your file and your internet connection, the upload process may take a while. **Do not use your browser's back or refresh buttons at this time as it may interrupt the upload process**.

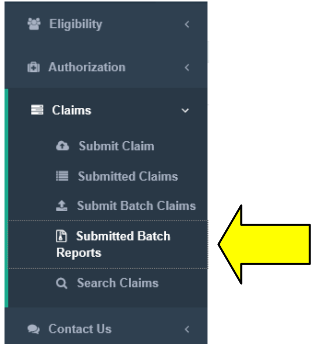
- You will see a confirmation page if the file was uploaded successfully.

Note: Claims submitted after 3:00pm will be received and processed in the next business day.

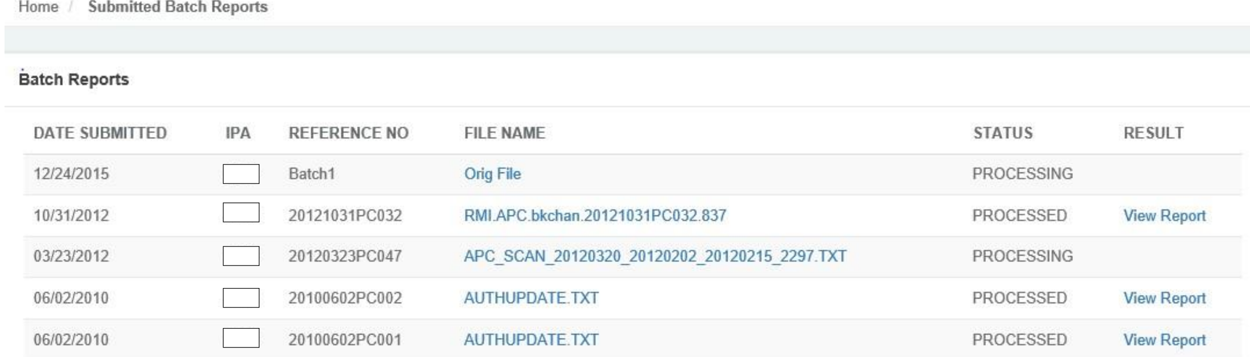
If there are any changes to your template, please click [Submit Test file for New Template] and update with a new test file.

VIII.2. Viewing Batch File Contents

Click on [Submitted Batch Reports] under the claims menu:



A list of files submitted under your account will be displayed.



Submitted Batch Reports

Home / Submitted Batch Reports

Batch Reports

DATE SUBMITTED	IPA	REFERENCE NO	FILE NAME	STATUS	RESULT
12/24/2015		Batch1	Orig File	PROCESSING	
10/31/2012		20121031PC032	RMI.APC.bkchan.20121031PC032.837	PROCESSED	View Report
03/23/2012		20120323PC047	APC_SCAN_20120320_20120202_20120215_2297.TXT	PROCESSING	
06/02/2010		20100602PC002	AUTHUPDATE.TXT	PROCESSED	View Report
06/02/2010		20100602PC001	AUTHUPDATE.TXT	PROCESSED	View Report

Note: Only claims submitted from your account will be displayed. Even if two user accounts are associated with the same provider, user 2 will not be able to view claims submitted by user 1 and vice versa.

By default, submitted claims are listed in the order they were received. See below for an explanation of column titles:

Column	Description
Date Submit	Date and time the file was submitted by the user
IPA	IPA the file was submitted for
ReferenceNo	Internal file reference number
File Name	Name of the file that was uploaded by the user
Status	Current processing status of the file
Result	Report of claims accepted and rejected by EDI department. Only available if status shows “PROCESSED”

Submitted Batch Reports

Home / **Submitted Batch Reports**

Batch Reports

DATE SUBMITTED	IPA	REFERENCE NO	FILE NAME	STATUS	RESULT
12/24/2015		Batch1	Orig File	PROCESSING	
10/31/2012		20121031PC032	RMI.APC.bkchan.20121031PC032.837	PROCESSED	View Report
03/23/2012		20120323PC047	APC_SCAN_20120320_20120202_20120215_2297.TXT	PROCESSING	
06/02/2010		20100602PC002	AUTHUPDATE.TXT	PROCESSED	View Report
06/02/2010		20100602PC001	AUTHUPDATE.TXT	PROCESSED	View Report

Clicking on the name of the file under the File Name column *(arrow above)* will open a separate window containing the original 837 file.

Once a batch claim file has been processed by Network Medical Management's EDI Department as indicated under the [STATUS] column, a link to the submission report will be available.

To view a submitted batch claim report, click on the [View Report] under the [Result] column *(arrow below).*

Submitted Batch Reports

Home / **Submitted Batch Reports**

Batch Reports

DATE SUBMITTED	IPA	REFERENCE NO	FILE NAME	STATUS	RESULT
12/24/2015		Batch1	Orig File	PROCESSING	
10/31/2012		20121031PC032	RMI.APC.bkchan.20121031PC032.837	PROC	View Report
03/23/2012		20120323PC047	APC_SCAN_20120320_20120202_20120215_2297.TXT	PROCESSING	
06/02/2010		20100602PC002	AUTHUPDATE.TXT	PROCESSED	View Report
06/02/2010		20100602PC001	AUTHUPDATE.TXT	PROCESSED	View Report

All Claims Submitted

```
09/28/2010 09:39                  Network Medical Management, Alhambra, CA                      Page 1
 Svc Grp ID:                                          IPA                                 Work Grp ID:TP
                  Processing for file:W:\CLAIMS\\TOBEPROCESSED\.20100927PC2.PRN
                              CLAIMS-2-eLOAD™ REPORT - Professional
                                EDI_ Problem Report (Error Claims)
Patient ID    Patient Name                 Member ID            Birthday   Svc. Date
                Error/Warning Message
   *** Member ID Checking is ON and Eligibility IS a Primary Criteria
   Processed File W:\CLAIMS\\TOBEPROCESSED\.20100927PC2.PRN 09/27/2010 15:43
      Moved W:\CLAIMS\\TOBEPROCESSED\.20100927PC2.PRN to W:\CLAIMS\\ARCHIVE\.20100927PC2.PRN
   Negative Charges will be REJECTED according to user options.
   Output Data in file: w:\CLAIMS\\EZLINK\PAPCTP.822.DAT

               *ALL CLAIMS ACCEPTED*
```

```
09/28/2010 09:39                  Network Medical Management, Alhambra, CA                      Page 1
 Svc Grp ID:                                          IPA                                 Work Grp ID:TP
                  Processing for file:W:\CLAIMS\\TOBEPROCESSED\.20100927PC2.PRN
                              CLAIMS-2-eLOAD™ REPORT - Professional
                             List of Claims Included in EZ-LINK File

    10177228 STARK     WALTER    08/23/2010 06/18/1970 000ABC0001      $       247.00
    10177230 TERILL    LINDA     08/23/2010 02/28/1942 000DEF0002      $       208.00
    10177230 COATES    OSCAR     08/23/2010 09/21/1972 000ABC0003      $       116.10
    10177230 PICKEN    TIA       08/23/2010 01/13/1938 J123456789      $        22.00
    10177231 PICKEN    TIA       08/23/2010 01/13/1938 J123456789      $       153.60
    10177231 LOSSETT   JULIO     08/23/2010 06/21/1938 987654321A      $        49.50
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $       153.60
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $       207.50
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $         7.00
    10177236 MOTTOLA   GUY       08/23/2010 03/22/2006 123456789C      $        12.50
    10177237 OLER      CHANDRA   08/23/2010 10/10/1940 A123567890      $       120.60
    10177237 OLER      CHANDRA   08/23/2010 10/10/1940 A123567890      $       158.00

      12 Claims from original file have been included
          PLUS         0 Claims added due to splitting
      12 Claims ready for inload in file w:\CLAIMS\\EZLINK\PAPCTP.822.DAT

$  1,454.80 Total Charges Included
```

ALL CLAIMS ACCEPTED indicates that all claims submitted within the batch have been successfully loaded into our system.

Rejected Claims

```
09/28/2010 09:39                    Network Medical Management, Alhambra, CA                          Page 1
 Svc Grp ID:[ ]                                              [ ]IPA                                Work Grp ID:TP
                     Processing for file:W:\CLAIMS\[ ]\TOBEPROCESSED\[ ].20100927PC2.PRN
                                       CLAIMS-2-eLOAD™ REPORT - Professional
                                         EDI_ Problem Report (Error Claims)
--------------------------------------------------------------------------------------------------------------
Patient ID    Patient Name                 Member ID          Birthday   Svc. Date
               Error/Warning Message
   *** Member ID Checking is ON and Eligibility IS a Primary Criteria
   Processed File W:\CLAIMS\[ ]\TOBEPROCESSED\[ ].20100927PC2.PRN 09/27/2010 15:43
      Moved W:\CLAIMS\[ ]\TOBEPROCESSED\[ ].20100927PC2.PRN to W:\CLAIMS\[ ]\ARCHIVE\[ ].20100927PC2.PRN
   Negative Charges will be REJECTED according to user options.
   Output Data in file: W:\CLAIMS\[ ]\EZLINK\PAPCTP.822.DAT
```

```
*REJECTED CLAIMS- See (*ERROR or Warning*)

000578.0      STARK   WALTER               000ABC0001            06/18/1970  08/09/2010
               WARNING: Changing Member ID from [000ABC0001] to [000ABC0001] by NAME LOOKUP
               WARNING: Date not within eligibility range for Member ID '000ABC0001'

002184.0      PICKEN  TIA                  J123456789**NoMatch** 01/13/1938  10/01/2010
               *ERROR*: No Member ID match for 'PICKEN,TIA J123456789'

001942.0      RHYNES  NELSON               000DEF0003**NoMatch** 10/10/1940  10/06/2010
               *ERROR*: No Member ID match for 'RHYNES,NELSON 000DEF0003'

000836.0      OLER    CHANDRA              A123567890**NoMatch** 10/10/1940  10/05/2010
               *ERROR*: No Member ID match for 'OLER,CHANDRA A123567890'
```

```
09/28/2010 09:39                    Network Medical Management, Alhambra, CA                          Page 1
 Svc Grp ID:[ ]                                              [ ]IPA                                Work Grp ID:TP
                     Processing for file:W:\CLAIMS\[ ]\TOBEPROCESSED\[ ].20100927PC2.PRN
                                       CLAIMS-2-eLOAD™ REPORT - Professional
                                      List of Claims Included in EZ-LINK File
--------------------------------------------------------------------------------------------------------------

    10177228 STARK     WALTER    08/23/2010 06/18/1970 000ABC0001      $       247.00
    10177230 TERILL    LINDA     08/23/2010 02/28/1942 000DEF0002      $       208.00
    10177230 COATES    OSCAR     08/23/2010 09/21/1972 000ABC0003      $       116.10
    10177230 PICKEN    TIA       08/23/2010 01/13/1938 J123456789      $        22.00
    10177231 PICKEN    TIA       08/23/2010 01/13/1938 J123456789      $       153.60
    10177231 LOSSETT   JULIO     08/23/2010 06/21/1938 987654321A      $        49.50
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $       153.60
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $       207.50
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $         7.00
    10177236 MOTTOLA   GUY       08/23/2010 03/22/2006 123456789C      $        12.50
    10177237 OLER      CHANDRA   08/23/2010 10/10/1940 A123567890      $       120.60
    10177237 OLER      CHANDRA   08/23/2010 10/10/1940 A123567890      $       158.00

      12 Claims from original file have been included
          PLUS        0 Claims added due to splitting
      12 Claims ready for inload in file W:\CLAIMS\[ ]\EZLINK\PAPCTP.822.DAT

$  1,454.80 Total Charges Included
```

If you see *REJECTED CLAIMS – See (*ERROR or Warning*), then some or all claims have been rejected by our system and will need to be corrected prior to resubmitting. The report provides either an error or warning along with a description.

Accepted Claims with Warnings

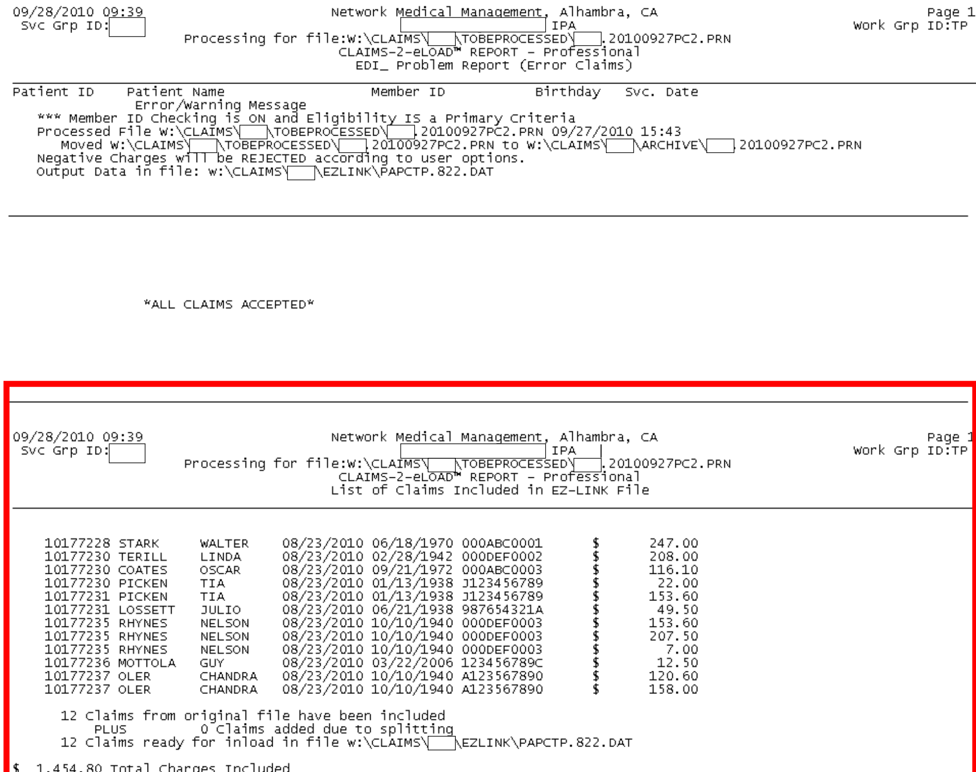
```
09/28/2010 09:39                         Network Medical Management, Alhambra, CA                              Page 1
 Svc Grp ID:[   ]                                                   IPA                                   Work Grp ID:TP
                  Processing for file:W:\CLAIMS\[   ]\TOBEPROCESSED\[   ]20100927PC2.PRN
                                   CLAIMS-2-eLOAD™ REPORT - Professional
                                     EDI_ Problem Report (Error Claims)

Patient ID    Patient Name                  Member ID          Birthday   Svc. Date
               Error/Warning Message
   *** Member ID Checking is ON and Eligibility IS a Primary Criteria
   Processed File W:\CLAIMS\APC\TOBEPROCESSED\[   ]20100927PC2.PRN 09/27/2010 15:43
      Moved W:\CLAIMS\[   ]\TOBEPROCESSED\[   ]20100927PC2.PRN to W:\CLAIMS\[   ]\ARCHIVE\[   ]20100927PC2.PRN
   Negative Charges will be REJECTED according to user options.
   Output Data in file: W:\CLAIMS\[   ]\EZLINK\PAPCTP.822.DAT
```

```
*ACCEPTED CLAIMS* See ( ACTION: ) Notes (do not re-submit).


W1647.0       STARK    WALTER                    000ABC0001**NoMatch** 06/18/1970  09/28/2010
               *ERROR*: No Member ID match for 'STARK,WALTER  000ABC0001'
               *ALERT*: Authorization =20100731PA1      Not in EZCAP

W1703.0       PICKEN  TIA                        J123456789**NoMatch** 01/13/1938  09/20/2010
               *ERROR*: No Member ID match for 'PICKEN,TIA J123456789'
               *ALERT*: Authorization =20100715PA2      Not in EZCAP

|

                 ACTION: Members belong to *[       ]IPA*
```

```
09/28/2010 09:39                         Network Medical Management, Alhambra, CA                              Page 1
 Svc Grp ID:[   ]                                                   IPA                                   Work Grp ID:TP
                  Processing for file:W:\CLAIMS\[   ]\TOBEPROCESSED\[   ].20100927PC2.PRN
                                   CLAIMS-2-eLOAD™ REPORT - Professional
                                  List of Claims Included in EZ-LINK File

    10177228 STARK     WALTER    08/23/2010 06/18/1970 000ABC0001      $        247.00
    10177230 TERILL    LINDA     08/23/2010 02/28/1942 000DEF0002      $        208.00
    10177230 COATES    OSCAR     08/23/2010 09/21/1972 000ABC0003      $        116.10
    10177230 PICKEN    TIA       08/23/2010 01/13/1938 J123456789      $         22.00
    10177231 PICKEN    TIA       08/23/2010 01/13/1938 J123456789      $        153.60
    10177231 LOSSETT   JULIO     08/23/2010 06/21/1938 987654321A      $         49.50
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $        153.60
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $        207.50
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $          7.00
    10177236 MOTTOLA   GUY       08/23/2010 03/22/2006 123456789C      $         12.50
    10177237 OLER      CHANDRA   08/23/2010 10/10/1940 A123567890      $        120.60
    10177237 OLER      CHANDRA   08/23/2010 10/10/1940 A123567890      $        158.00

      12 Claims from original file have been included
          PLUS         0 Claims added due to splitting
      12 Claims ready for inload in file W:\CLAIMS\[   ]\EZLINK\PAPCTP.822.DAT

$  1,454.80 Total Charges Included
```

Occasionally, you may see errors listed; however, they are marked as "do not re-submit". This means that the claim was submitted with an error that Network Medical Management was able to correct on your behalf and has been subsequently accepted into our system.

Batch Claims Submission Breakdown



```
09/28/2010 09:39                    Network Medical Management, Alhambra, CA                           Page 1
 Svc Grp ID:[ ]                                                  [ ] IPA                                Work Grp ID:TP
                    Processing for file:W:\CLAIMS\[ ]\TOBEPROCESSED\[ ].20100927PC2.PRN
                                         CLAIMS-2-eLOAD™ REPORT - Professional
                                           EDI_ Problem Report (Error Claims)

Patient ID     Patient Name                         Member ID            Birthday    Svc. Date
                Error/Warning Message
   *** Member ID Checking is ON and Eligibility IS a Primary Criteria
   Processed File W:\CLAIMS\[ ]\TOBEPROCESSED\[ ].20100927PC2.PRN 09/27/2010 15:43
      Moved W:\CLAIMS\[ ]\TOBEPROCESSED\[ ].20100927PC2.PRN to W:\CLAIMS\[ ]\ARCHIVE\[ ].20100927PC2.PRN
   Negative Charges will be REJECTED according to user options.
   Output Data in file: w:\CLAIMS\[ ]\EZLINK\PAPCTP.822.DAT


                *ALL CLAIMS ACCEPTED*
```

```
09/28/2010 09:39                    Network Medical Management, Alhambra, CA                           Page 1
 Svc Grp ID:[ ]                                                  [ ] IPA                                Work Grp ID:TP
                    Processing for file:W:\CLAIMS\[ ]\TOBEPROCESSED\[ ].20100927PC2.PRN
                                         CLAIMS-2-eLOAD™ REPORT - Professional
                                        List of Claims Included in EZ-LINK File

    10177228 STARK     WALTER    08/23/2010 06/18/1970 000ABC0001      $      247.00
    10177230 TERILL    LINDA     08/23/2010 02/28/1942 000DEF0002      $      208.00
    10177230 COATES    OSCAR     08/23/2010 09/21/1972 000ABC0003      $      116.10
    10177230 PICKEN    TIA       08/23/2010 01/13/1938 J123456789      $       22.00
    10177231 PICKEN    TIA       08/23/2010 01/13/1938 J123456789      $      153.60
    10177231 LOSSETT   JULIO     08/23/2010 06/21/1938 987654321A      $       49.50
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $      153.60
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $      207.50
    10177235 RHYNES    NELSON    08/23/2010 10/10/1940 000DEF0003      $        7.00
    10177236 MOTTOLA   GUY       08/23/2010 03/22/2006 123456789C      $       12.50
    10177237 OLER      CHANDRA   08/23/2010 10/10/1940 A123567890      $      120.60
    10177237 OLER      CHANDRA   08/23/2010 10/10/1940 A123567890      $      158.00

      12 Claims from original file have been included
          PLUS         0 Claims added due to splitting
      12 Claims ready for inload in file w:\CLAIMS\[ ]\EZLINK\PAPCTP.822.DAT

$  1,454.80 Total Charges Included
```

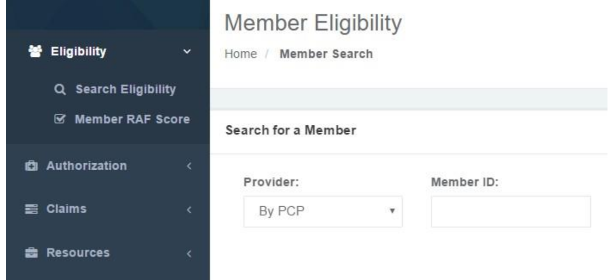
Below the results section of the report is a breakdown of each claim included within the batch regardless of whether or not the claims were submitted or rejected. For each claim, the member's name, date or birth, insurance ID, as well as the claim date of service and billed amount are displayed. In addition, the number of claims in the batch and the total charges are shown.

IX. Hedis Measures Tool

The main objective of the Hedis Measure feature is to assist primary care physicians meet the goals set forth by Hedis in offering the best preventive care to their members. It also provides an effective way for specialists and primary care physicians (PCPs) to safely upload and review reports regarding their members.

<u>Procedure</u>

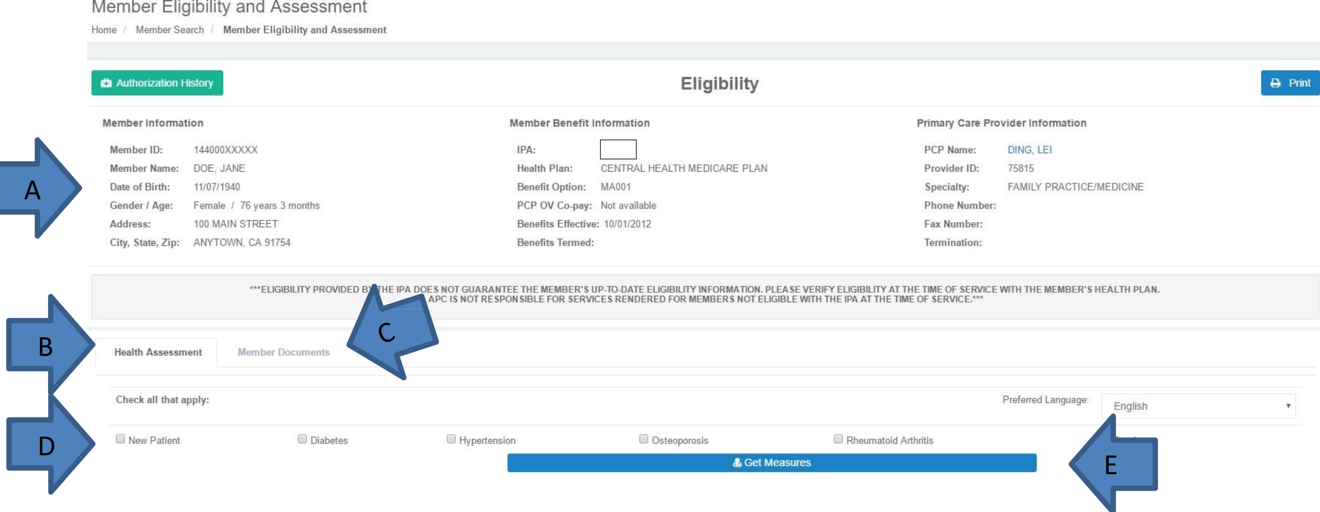
In the Eligibility module, click on "Search Eligibility", enter your patient's information, and click "Search".



In the result pane a spinning coin next to the member's name indicates that there are incomplete measures for that member.

Proceed to the member's detail page by clicking on the hyperlinked "Member ID".

Member Eligibility and Assessment



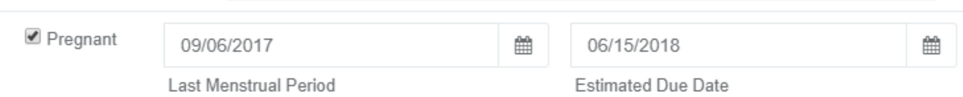
A. Detailed information about the member's benefit eligibility as well as their selected PCP.

B. "Health Assessment" tab that will display all of the measures.

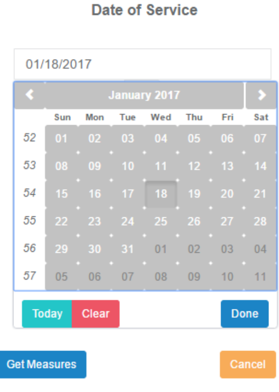
C. "Member Documents" tab that will display all of the member's documents on file.

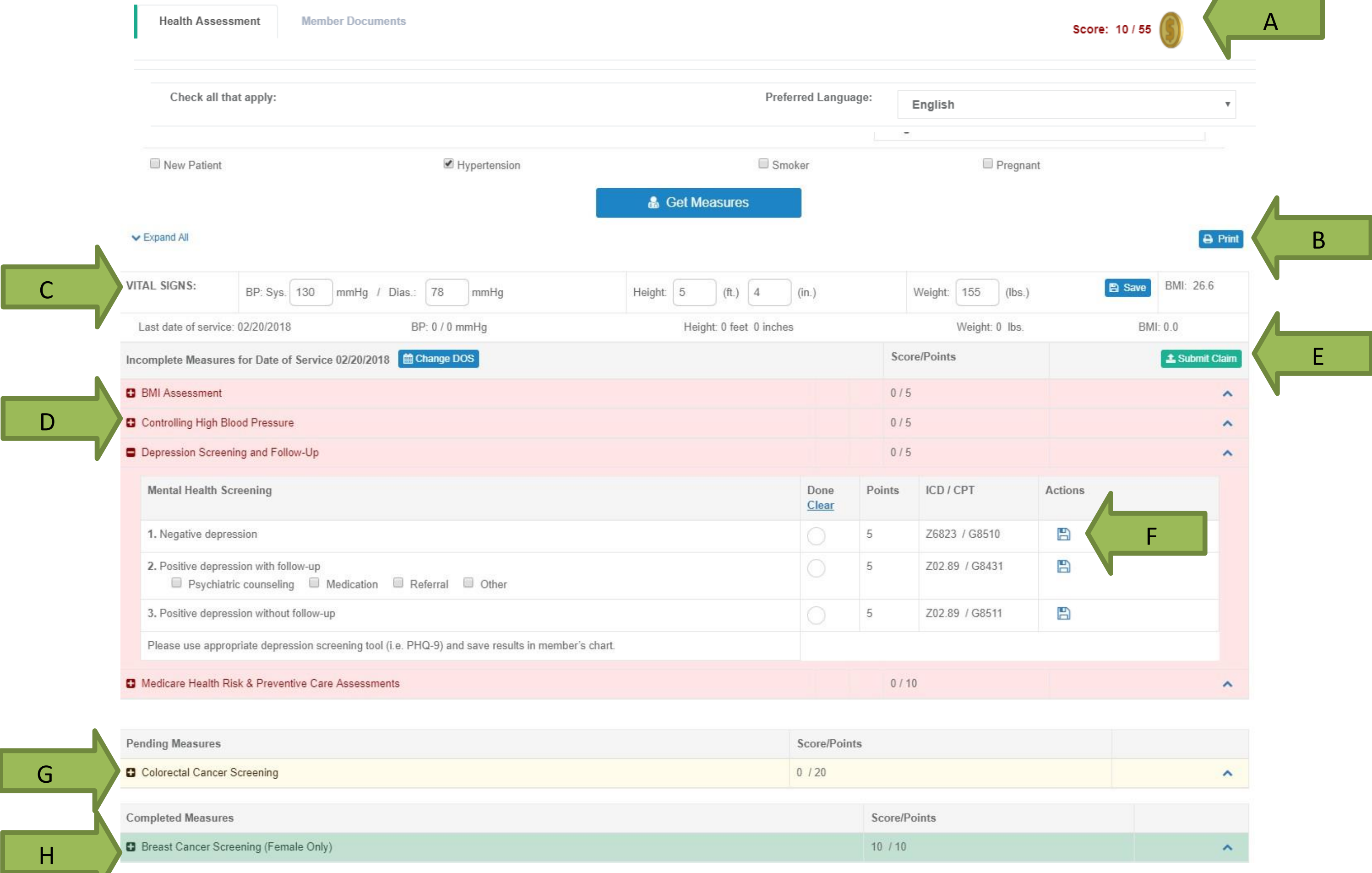
D. Check all of the pre-existing conditions that apply to this member.

   a. Female members will have a pregnant checkbox. If selected, two additional input fields will be displayed. One asking for LMP date and one for EDD. If LMP is not entered, pre-existing conditions will not be saved and user will not be able to get measures.



E. Click on "Get Measures" and a modal window titled "Date of Service" will appear with a calendar. Select the date of service and click on "Get Measures" once again. The system will verify that both provider and member are eligible to submit a claim for the date provided.





OVERVIEW:

A. As a part of the incentive program, points will be assigned to each measure and scores will be tracked for each measure completed.

B. Clicking on “Print” will open a dialog that will list the “Assessment Form” along with other questionnaires and educational materials related to the member.

C. “Vital Signs” will display the member’s latest data saved in the portal and will need to be updated upon each visit.

D. Tailored to the member’s age, gender, and recorded pre-existing conditions, the “Incomplete Measures” table will list all of the related measures.

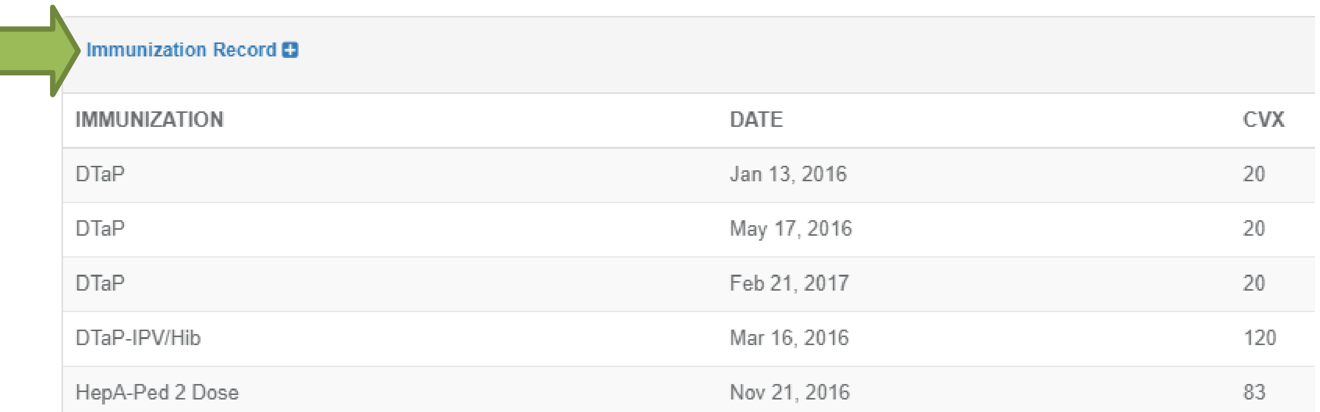
E. Claims for completed measures can be conveniently created from this module.

F. Clicking on the “Save” icon will save all incomplete measures.

G. The “Pending Measures” table displays the measures that can only be closed through lab results, radiology reports, specialists, or verification of uploaded documents. Once the data is received, the measure will automatically move to the completed table.

H. The “Completed Measures” table display all of the measures for which a claim has been submitted and therefore the measure is marked as complete.

I. If a member has immunization records recorded with the California Immunization Registry (CAIR), the list of immunizations will be displayed after getting measures. Click on “Immunization Record” to expand the list of immunizations.

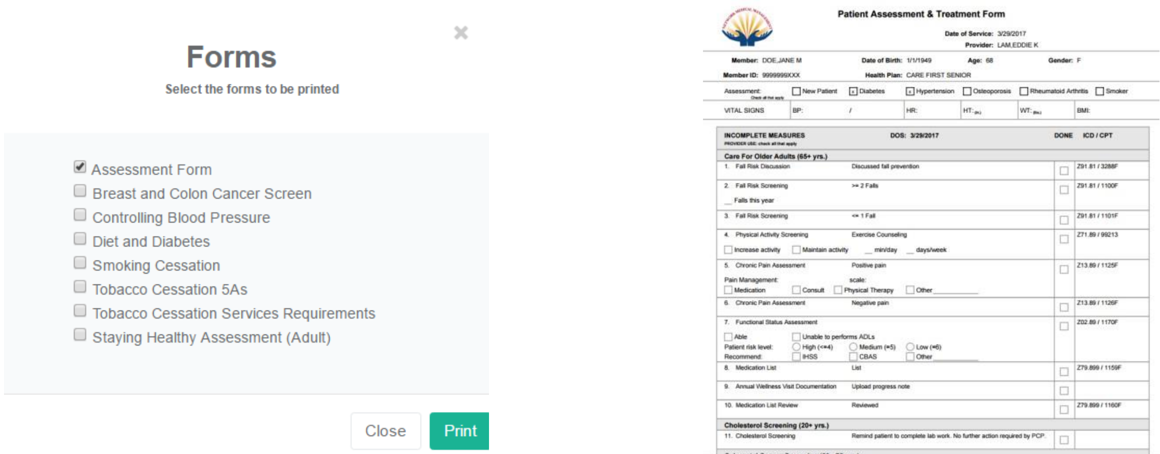


IMMUNIZATION	DATE	CVX
DTaP	Jan 13, 2016	20
DTaP	May 17, 2016	20
DTaP	Feb 21, 2017	20
DTaP-IPV/Hib	Mar 16, 2016	120
HepA-Ped 2 Dose	Nov 21, 2016	83

PROCEDURE:

Select “New Patient” if this is a new member to your office. Otherwise, select or update the documented pre-existing conditions that apply to this member. Click ”Get Measures”.

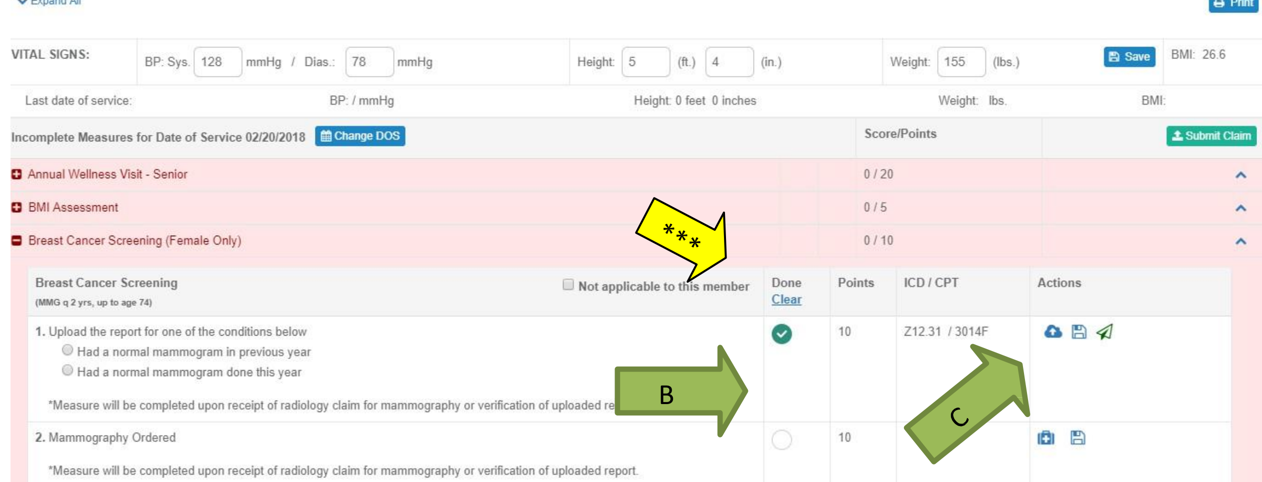
Click on “Print” and select “Assessment Form” and any other applicable questionnaires and educational materials. Click “Print”.



The physician will use the print-out to assess the member according to the member’s respecitve Hedis Measures.

After the member's visit:

Once the form is completed, an office staff will login to the portal and record the data from this encounter.



A. Navigate back to "Health Assessment". Expand the measure completed or alternatively, click on "Expand All" to reveal the details of all measures.

B. Using the Assessment Form print out as a guide, click on the related circle or square to mark the measure as "Done."

***Please note that if the measure has a radio button (ie. circle), you can select only one of the measures, not both. To uncheck a radio button, click on the "Clear" hyperlink for that measure and save.

C. As you mark the measures, you can save your progress by clicking on the floppy disk icon. This will save ALL of the measures for this member.

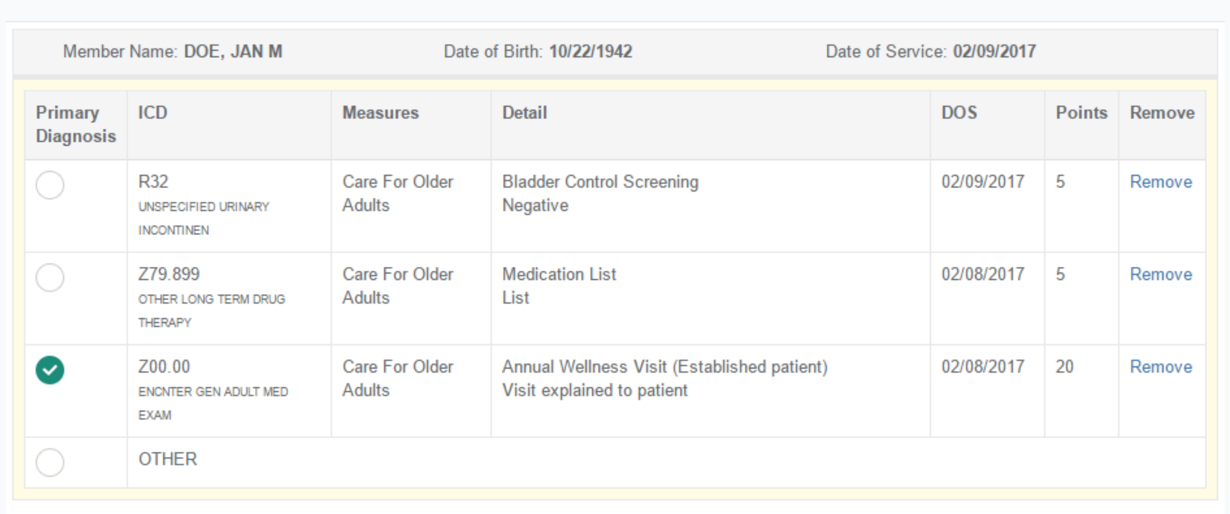
Notice that once a measure is marked as "Done" then a hyperlink of a paper airplane appears. By clicking on that link, you'll see a summary of all of the measures that have been marked as "Done" and require a claim.

If a measure requires an authorization then a suitcase with a cross icon appears allowing users to easily create an authorization for the selected member.

If a cloud with an up arrow appears, then users can click on it to upload documents for that measure.

CPT II Expected Measures

Please select which diagnosis is to be the primary code for this claim. If one is not found, select other and search for a primary diagnosis.



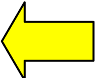
Member Name: **DOE, JAN M** Date of Birth: **10/22/1942** Date of Service: **02/09/2017**

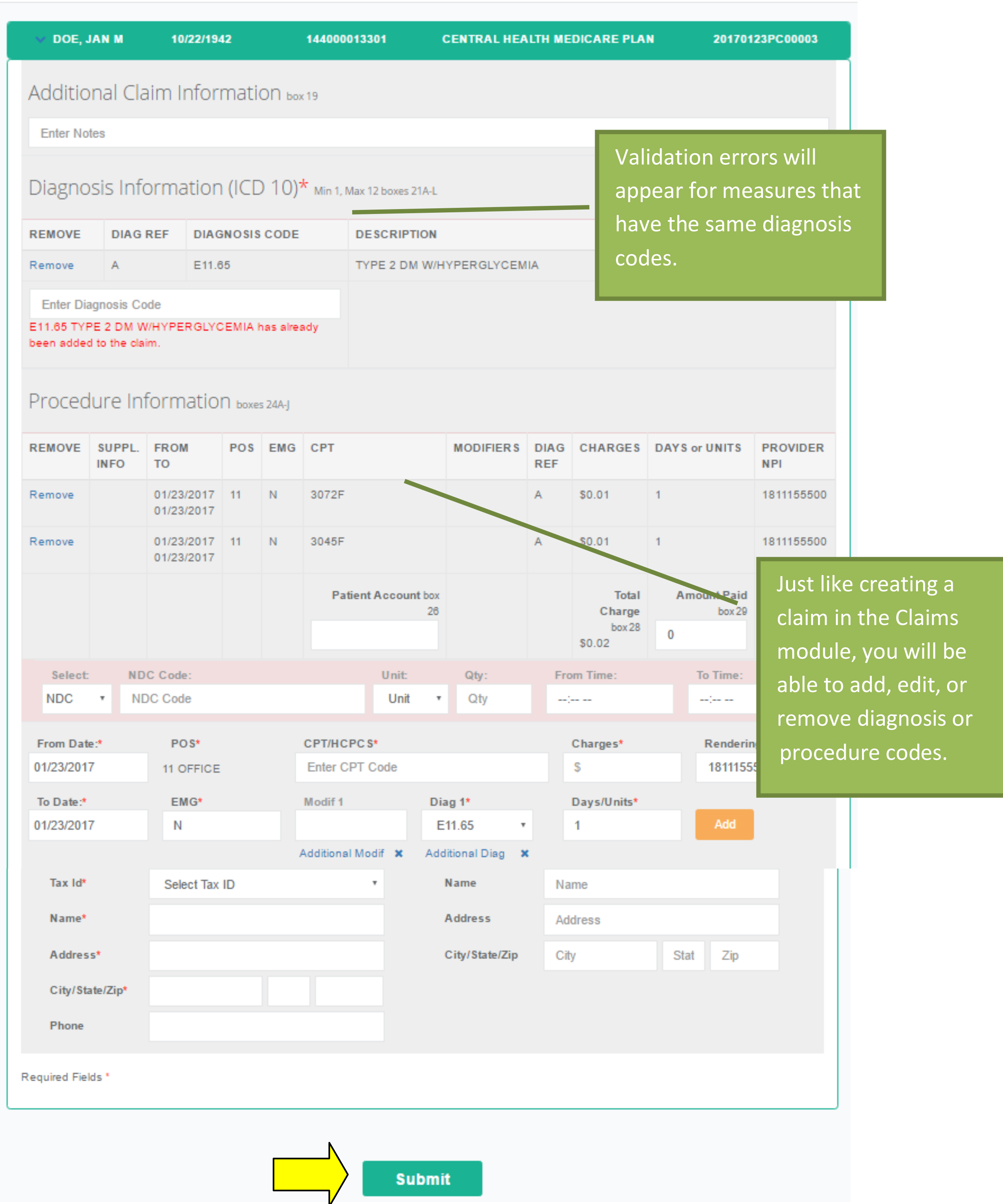
Primary Diagnosis	ICD	Measures	Detail	DOS	Points	Remove
○	R32 UNSPECIFIED URINARY INCONTINEN	Care For Older Adults	Bladder Control Screening Negative	02/09/2017	5	Remove
○	Z79.899 OTHER LONG TERM DRUG THERAPY	Care For Older Adults	Medication List List	02/08/2017	5	Remove
✔	Z00.00 ENCNTER GEN ADULT MED EXAM	Care For Older Adults	Annual Wellness Visit (Established patient) Visit explained to patient	02/08/2017	20	Remove
○	OTHER					

Select a diagnosis to be the primary diagnosis in the claim. If one is not available, select "Other" and search for a primary diagnosis using keywords or ICD-10 codes.

Click on "Submit Claim."

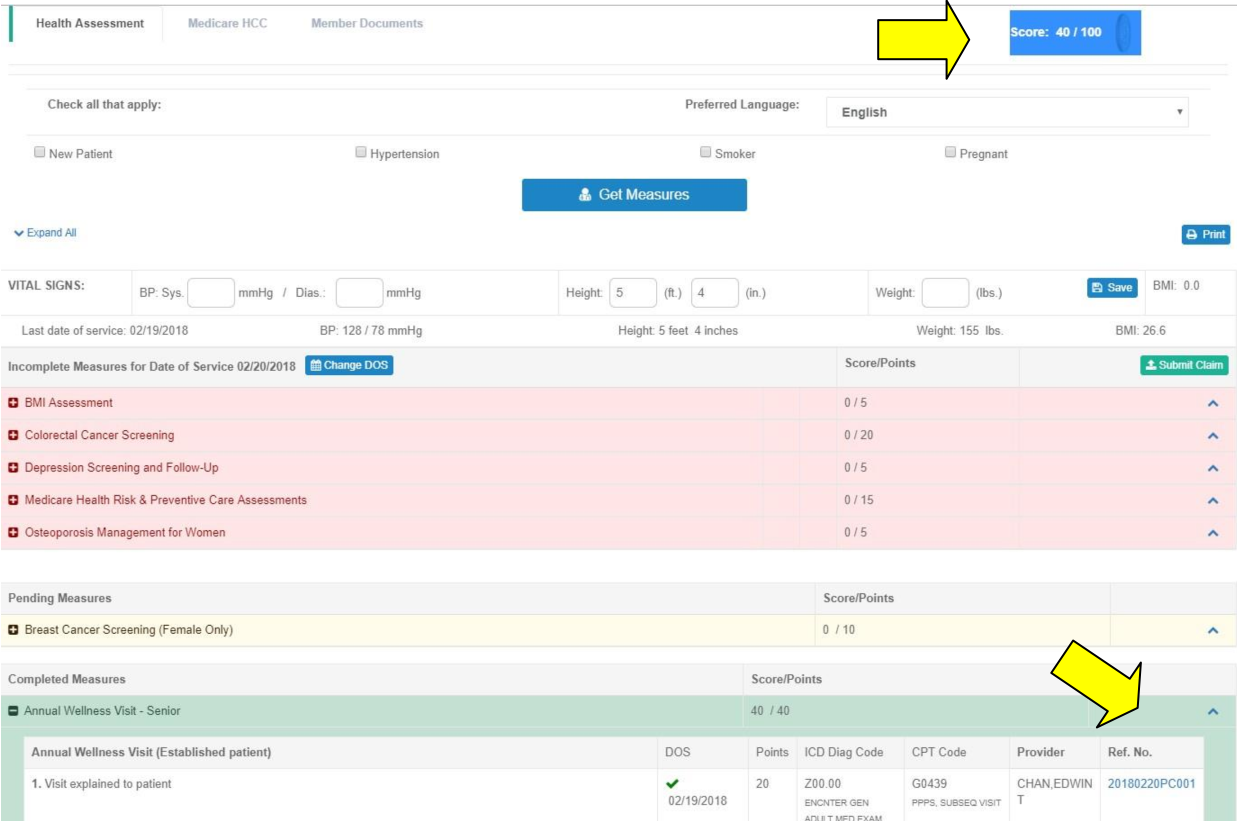
A claim form appears with the selected measures' diagnosis and procedure information pre-populated, along with the member's and provider's information.





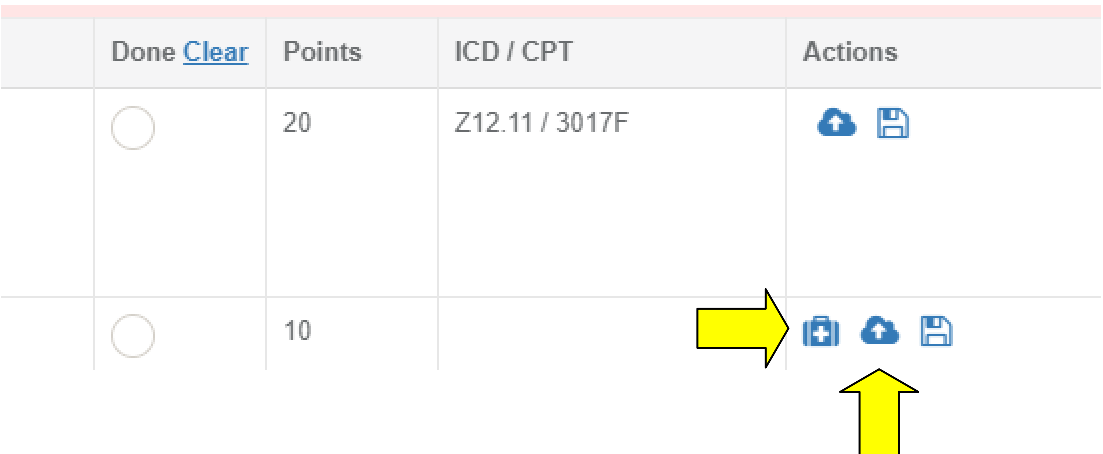
Click on "Submit" and a confirmation appears once the claim is submitted. The measures are saved with the updated claim information.

Get the measures once again and the completed measure is moved to the green "Completed Measures" table and the member's score is updated. A link to the claim submitted also appears for your reference.



Authorizations:

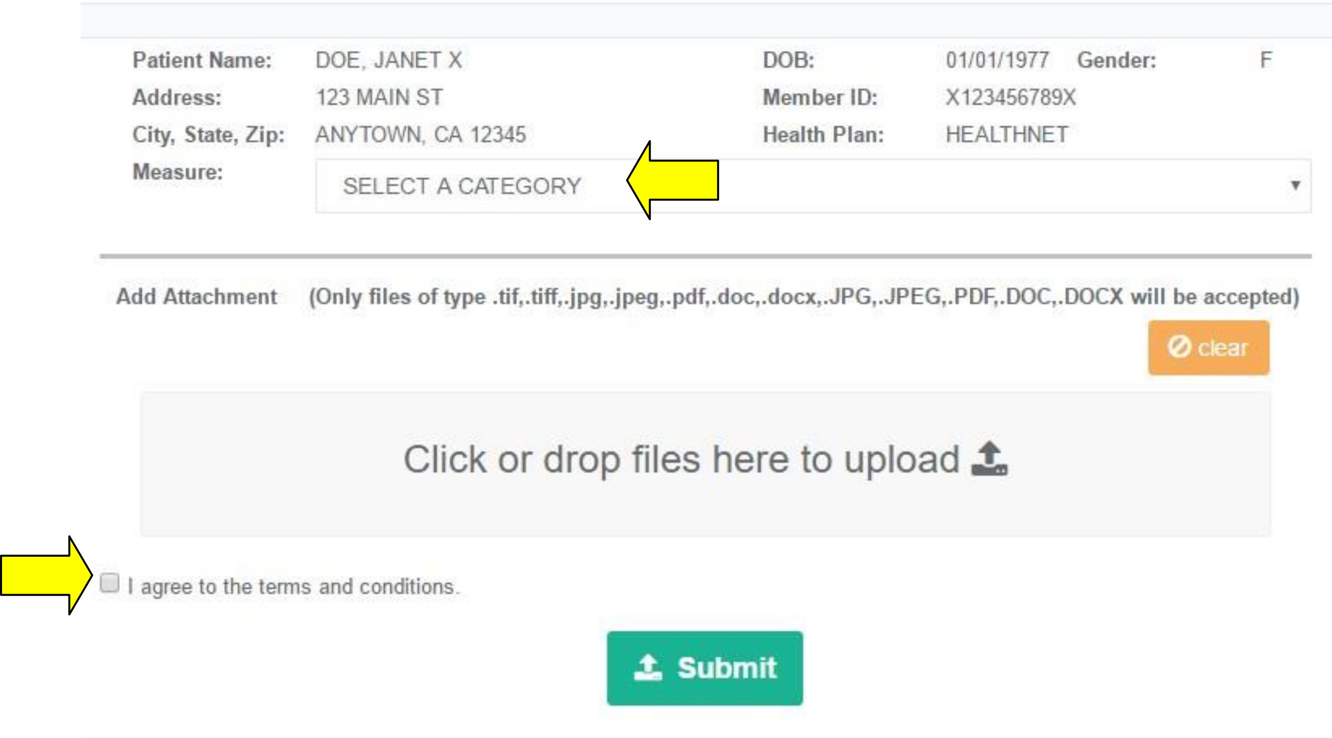
For measures that require authorizations, there is a link to create an authorization from this module



Uploading Supporting Documents:

For measures that require supporting documents, click on the link "Upload Documents" to open a modal window.

Select from the dropdown what measure this document is related to, then add your document. Click on the checkbox to agree to the terms and conditions. Click "Submit."
*Please note the types of documents that are accepted.

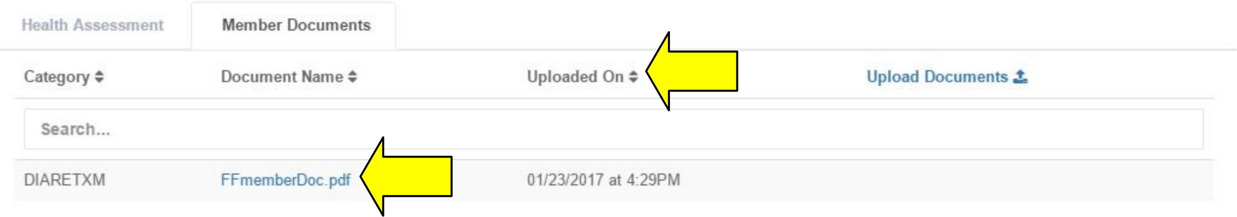


Once the document is uploaded, close the modal window and select the "Member Documents" tab.

<u>Viewing Member Documents:</u>

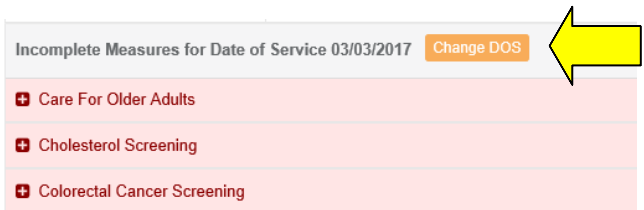
A list of documents related to this member will appear. You can sort the documents by clicking on the arrows next to each header.

You can also view the document, by clicking on its name.



Updated Features as of March 3, 2017

Changing Date of Service:



If there's a need to change the date of service after getting the measures, users can do so by clicking on the orange button.

A warning will appear because any unsaved changes to the measures will be lost.

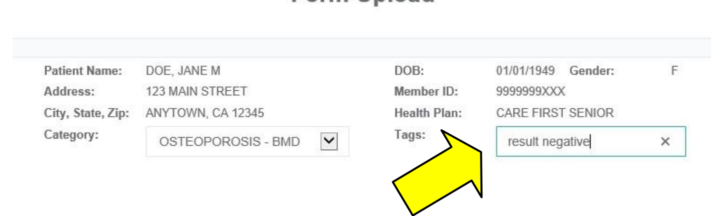
Changing the Date of Service will erase any unsaved data. If you wish to keep your unsaved work, save before changing the date.

Cancel Change DOS

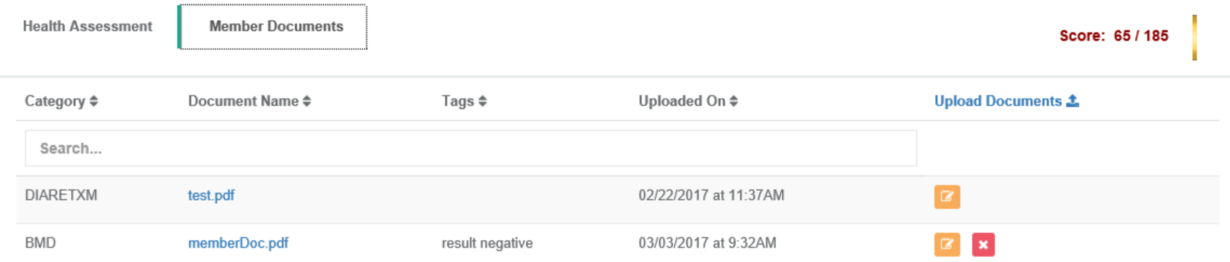
For convenience, users can also change the date of service in the CPT II Expected Measures window prior to creating a claim. Clicking on the orange button will allow the user to change the date of service. Clicking anywhere outside of the date box will save the date. Messages will appear if the date is not valid. When deleting a measure, users can click on the red button.

Uploading Documents:

Users can add tags to documents by typing a limited number of keywords. This will be saved and aid in the search for documents.



Users can edit the category after the document is selected by clicking on the orange button. If the document has been uploaded less than 7 days ago, then the document can be deleted by clicking on the red button.



Cancel Claims

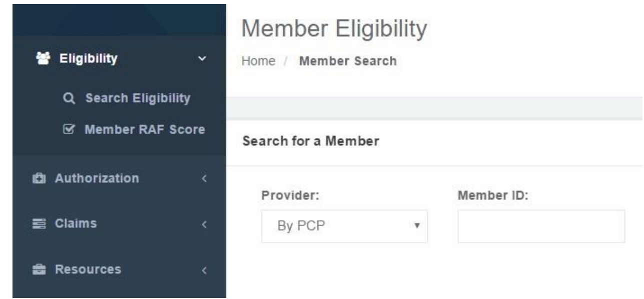
If a claim is created in the eligibility module and the claim has not yet been processed, users can navigate to "Submitted Claims" and click on the "Cancel" link. All measures related to that claim will be reset. Please note that all encounter information (i.e. checkboxes marked) will remain.

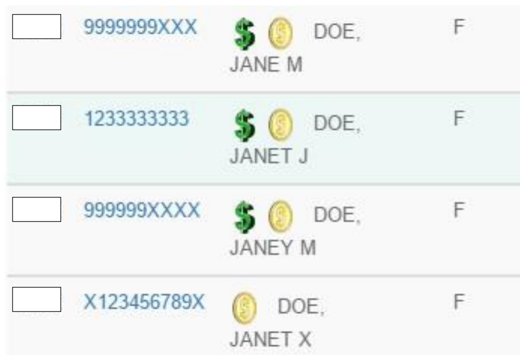
X. Medicare HCC

The main objective of the Medicare HCC feature is to enable primary care physicians to better manage their Medicare members' chronic diseases by informing them of their historical diagnosis.

Procedure

In the Eligibility module, click on "Search Eligibility", enter your patient's information, and click "Search".





In the result pane a spinning dollar sign next to the member's name indicates that the member is a part of the Medicare plan and will most likely have HCC-related diagnosis that are still expected for the calendar year.

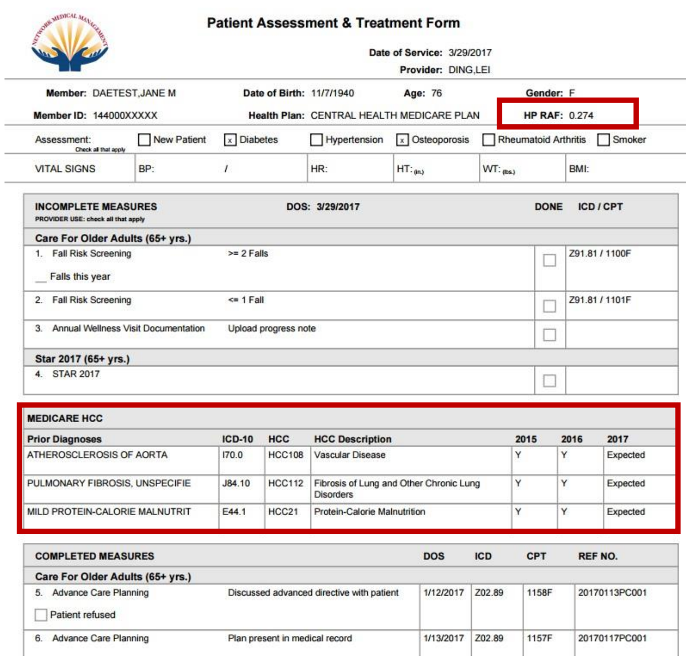
Proceed to the member's detail page by clicking on the hyperlinked "Member ID". Follow the steps outlined on page 32 to print the Patient Assessment and Treatment Form.

The member's Risk Adjustment Factor (RAF) score supplied by the health plan is listed on the form.

Following "Incomplete Measures", a separate table called "Medicare HCC" lists the historical diagnoses submitted for this member that are related to the HCC categories.

"Y" below the year signals that the ICD-10 diagnosis was submitted for that year.

"Expected" below the current year alerts the provider that the specific diagnosis code for that category has not yet been submitted.



Patient Assessment & Treatment Form

Date of Service: 3/29/2017
Provider: DING,LEI

Member: DAETEST,JANE M   Date of Birth: 11/7/1940   Age: 76   Gender: F
Member ID: 144000XXXXX   Health Plan: CENTRAL HEALTH MEDICARE PLAN   HP RAF: 0.274

Assessment: (Check all that apply) ☐ New Patient ☒ Diabetes ☐ Hypertension ☒ Osteoporosis ☐ Rheumatoid Arthritis ☐ Smoker

VITAL SIGNS	BP: /	HR:	HT: (in.)	WT: (lbs.)	BMI:

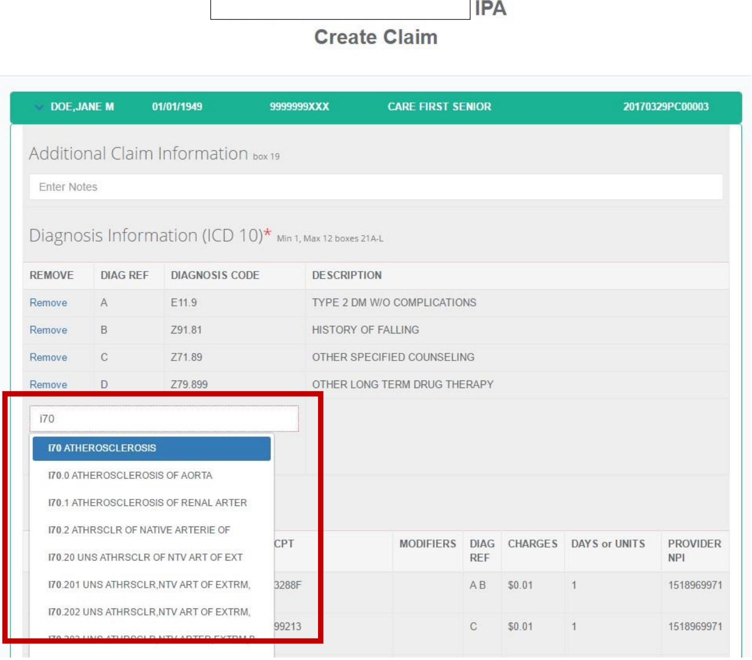
INCOMPLETE MEASURES (PROVIDER USE: check all that apply)	DOS: 3/29/2017	DONE	ICD / CPT
Care For Older Adults (65+ yrs.)			
1. Fall Risk Screening __ Falls this year	>= 2 Falls	☐	Z91.81 / 1100F
2. Fall Risk Screening	<= 1 Fall	☐	Z91.81 / 1101F
3. Annual Wellness Visit Documentation	Upload progress note	☐	
Star 2017 (65+ yrs.)			
4. STAR 2017		☐	

MEDICARE HCC

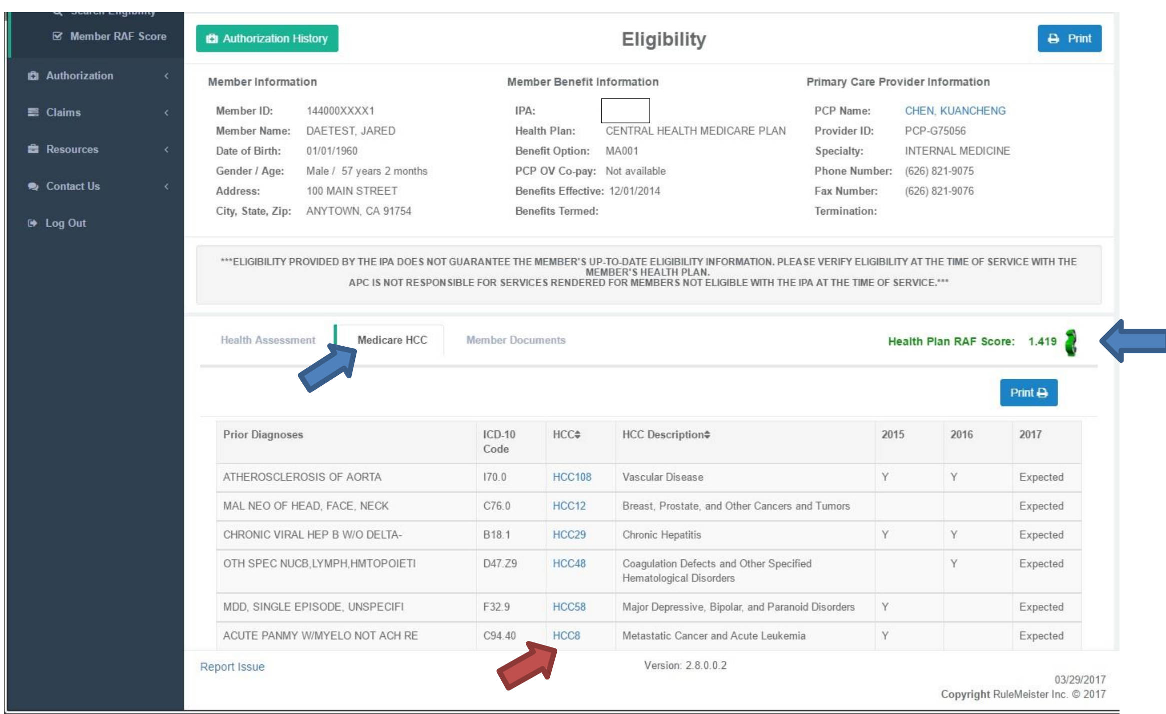
Prior Diagnoses	ICD-10	HCC	HCC Description	2015	2016	2017
ATHEROSCLEROSIS OF AORTA	I70.0	HCC108	Vascular Disease	Y	Y	Expected
PULMONARY FIBROSIS, UNSPECIFIE	J84.10	HCC112	Fibrosis of Lung and Other Chronic Lung Disorders	Y	Y	Expected
MILD PROTEIN-CALORIE MALNUTRIT	E44.1	HCC21	Protein-Calorie Malnutrition	Y	Y	Expected

COMPLETED MEASURES		DOS	ICD	CPT	REF NO.
Care For Older Adults (65+ yrs.)					
5. Advance Care Planning ☐ Patient refused	Discussed advanced directive with patient	1/12/2017	Z02.89	1158F	20170113PC001
6. Advance Care Planning	Plan present in medical record	1/13/2017	Z02.89	1157F	20170117PC001

Upon submitting a claim through the portal for the Hedis measures, the user can include additional diagnoses that relate to the HCC categories.



HCC-related historical data can also be viewed on the Member Eligibility and Assessment page by clicking on the “Medicare HCC” tab.



Clicking on the hyperlinked HCC category will open a window displaying the diagnoses submitted for this category.