



Network Medical Management

# Web Portal v.3.0.6

*Powered by Rulemeister, Inc.*

# User Guide

*for*

All American Medical Group (AAMG)



**AAMG**

Your choice. Your health. Our mission.

# Table of Contents

- I. Portal Introduction ..... 3
- II. Contact Us and Report Issues..... 4
- III. User Accounts ..... 5
  - III.1.Obtaining a Username / New Users ..... 5
  - III.2.Password Policy ..... 5
- IV. Accessing the Web Portal ..... 6
  - IV.1. Log In..... 6
- V. Home Page ..... 6
- V. Eligibility ..... 8
  - V.1. Searching and Verifying Member Eligibility..... 8
  - V.2. Member Assessment ..... 9
  - V.3. GAP Reports..... 9
- VI. Authorizations..... 10
  - VI.1. Creating New Authorizations ..... 11
  - VI.2.Prenatal Code Package ..... 15
  - VI.3. Searching Submitted Authorizations ..... 17
    - VI.3.A. Viewing Authorization Details ..... 19
    - VI.3.B. Adding Attachments to Deferred Authorizations..... 21
- VII. Claims..... 22
  - VII.1. Submitting Claims ..... 22
    - VII.1.a Completing Claims Form ..... 23
  - VII.2. Viewing Submitted Claims..... 24
  - VII.3. Searching Submitted Claims ..... 25
- VIII. Batch Claims ..... 27
  - VIII.1 Submitting Batch Claims ..... 27
  - VIII.2. Viewing Batch File Contents ..... 29
  - VIII.3. Interpreting Batch Claim Reports ..... 31
- IX. Hedis Measures Tool ..... 35
- X. Medicare HCC ..... 46

## 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](mailto: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.

---

Report Issue05/05/2016 at 10:47AM  
Copyright RuleMeister Inc. © 2016



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 \*

Phone Number \*

Best Time to Call

Email Address \*

Comment \*

Required Fields \*

***Note that the form is secure and HIPAA compliant, and is the best means of communicating Protected Health Information (PHI) 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.

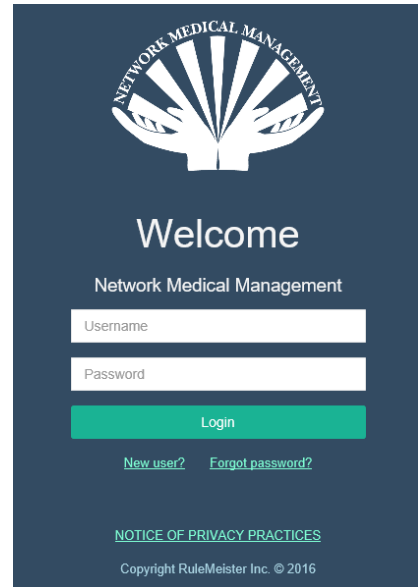
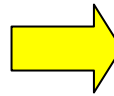
### III. User Accounts

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.



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#### 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]

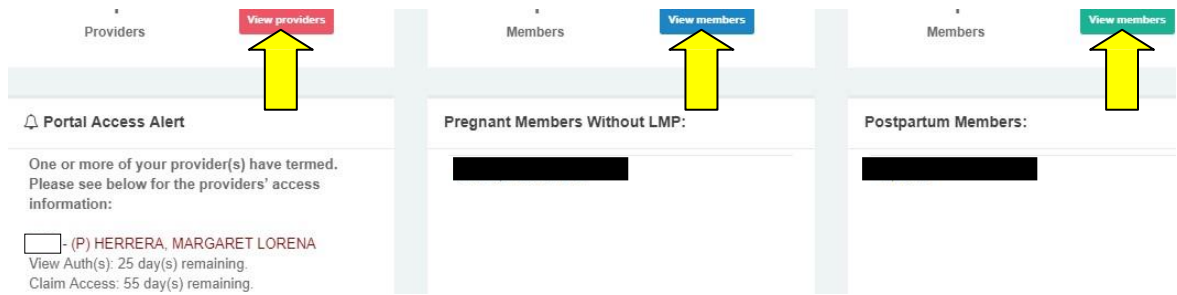
**Note:** If this is your first time logging in, you may be prompted to change your password (*for details on password requirements, see pg. 5*).

## 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.

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



- 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.



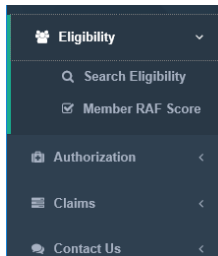
- Beneath these graphs lies another panel displaying recently uploaded member documents that have not been viewed by the user. By clicking on the member name (A), you will be directed to that member's eligibility page. By clicking on the document category, you will download the file (B). If there are no unviewed member documents, the panel will not appear.
- Next to the Member Document panel is a list of (C) profile doctors that are associated with this user id.

The screenshot shows two panels. The 'Member Documents' panel lists documents for members whose names are redacted. The documents include 'Breast Cancer Screening' and 'Colorectal Cancer - Colonoscopy', all dated Feb 6, 2018. A blue arrow labeled 'A' points to a redacted member name, 'B' points to a document category, and 'C' points to the 'Profile Doctors' panel. The 'Profile Doctors' panel lists five doctors: ABDEL-MALEK, SHAHIRA S; DE OLIVEIRA, ELIZABETH R; KOO (PCP), ERLINDA L; CHONG, MATTHEW D; and CHAN, EDWIN T.

## 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.***

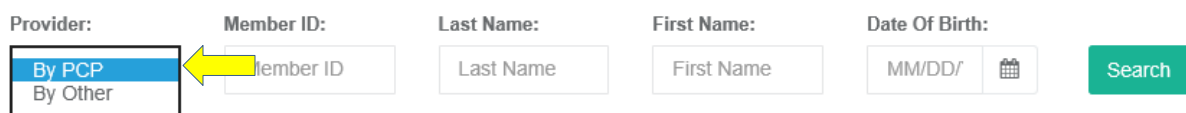
### V.1. Searching and Verifying Member Eligibility



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

A screenshot of the search form. It has five input fields: 'Provider:' with a dropdown menu showing 'By PCP' (highlighted in blue) and 'By Other'; 'Member ID:' with a text box containing 'Member ID'; 'Last Name:' with a text box containing 'Last Name'; 'First Name:' with a text box containing 'First Name'; and 'Date Of Birth:' with a text box containing 'MM/DD/' and a calendar icon. A green 'Search' button is on the right. A yellow arrow points to the 'By PCP' option in the dropdown.

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:

Three examples of search form submissions. Each row shows a different combination of filled fields and a green 'Search' button. Row 1: Member ID (Member ID), Last Name (Doe), First Name (John), Date Of Birth (1/1/2000). Row 2: Member ID (123456789), Last Name (Last Name), First Name (First Name), Date Of Birth (1/1/2000). Row 3: Member ID (Member ID), Last Name (Do), First Name (Jo), Date Of Birth (1/1/2000).

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.

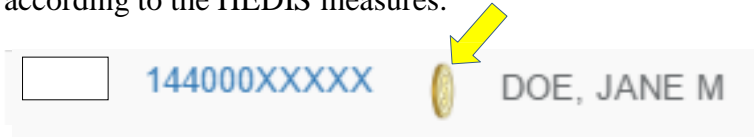
A screenshot of a table titled 'Members'. The table has columns: IPA ID, MEMBER ID, FULL NAME, GENDER, DATE OF BIRTH, HEALTH PLAN, OPTION, START DATE, TERM DATE, ELIGIBLE, and RAF SCORE. A yellow arrow points to the 'MEMBER ID' column. The first row of data is: [empty], 123456789, DOE, JOHN, M, 1/1/2000, UNITED HEALTHCARE, FHY, 01/01/2015, Yes, 0.7437.

IPA ID	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

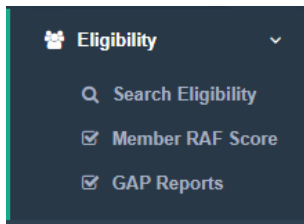
When searching for members, you may see a spinning coin to the left of the member's FULL NAME. This indicates that the member has some pending services to be completed according to the HEDIS measures.



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.

Hedis Measures for  Trend: Year-to-Date Line of Business: All

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 table, there are two rows of blue rectangular buttons. The first row has two buttons, and the second row has two buttons. A yellow arrow points to the first button in the first row. To the right of the buttons, there are two dates: "12/09/1948" and "06/06/1952".

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
<input type="checkbox"/>	ZHUO, PHILIP YUE	<a href="#">PDF File</a>   <a href="#">Excel File</a>
<input type="checkbox"/>	CHEN, MARY LEI	<a href="#">PDF File</a>   <a href="#">Excel File</a>
<input type="checkbox"/>	CHU, PAUL HUNG-JEN	<a href="#">PDF File</a>   <a href="#">Excel File</a>

## 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.

#### HEDIS SPECIFICATIONS REFERENCE LIST – 2018

PREVENTION AND SCREENING					
MEASURE Acronym	Line of Business	Description & Age Range	Measure Detail Specifications	Required Documentation	Codes Required <small>Please use the appropriate code(s)</small>
ABA	Commercial, Medicaid, Medicare	Adult BMI 18-74 yrs	<ul style="list-style-type: none"> <li>BMI value for patients age 20-74 years</li> <li>OR</li> <li>BMI percentile for patients age 18-19 years</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of height, weight and calculation of BMI Value or BMI Percentile</li> </ul>	<b>BMI Value</b> ICD-10: Z68.1, Z68.27, Z68.35, Z68.20, Z68.28, Z68.36, Z68.21, Z68.29, Z68.37, Z68.22, Z68.30, Z68.38, Z68.23, Z68.31, Z68.39, Z68.24, Z68.32, Z68.41, Z68.25, Z68.33, Z68.42, Z68.26, Z68.34, Z68.43, Z68.44, Z68.45  <b>BMI Percentile</b> ICD-10: Z68.51, Z68.52, Z68.53, Z68.54
				<b>Weight Assessment</b> <ul style="list-style-type: none"> <li>Document of height, weight, and BMI</li> </ul>	

**ADULT BMI ASSESSMENT (ABA)**

Are you using the correct ICD-10 codes for your adult patients?

- For patients 20 years of age and older, medical records must indicate:
  - weight & BMI
- For patients age 18-19 years old, medical records must indicate:
  - weight, height, & BMI

Traditionally, the BMI is a component of the routine preventive screening visit. However, in order to accurately capture this data, it is important that you use the correct ICD-10 codes for all preventive care visits. Refer to some simple instructions for your office.

DESCRIPTION	ICD10
Patients 18-74 years of age who had an outpatient visit	Z68-18, Z68-19, Z68-20, Z68-21, Z68-22, Z68-23, Z68-24, Z68-25, Z68-26, Z68-27, Z68-28, Z68-29, Z68-30, Z68-31, Z68-32, Z68-33, Z68-34, Z68-35, Z68-36, Z68-37, Z68-38, Z68-39, Z68-40, Z68-41, Z68-42, Z68-43, Z68-44, Z68-45
Patients 18-19 years of age who had an outpatient visit	Z68-51, Z68-52, Z68-53, Z68-54

**OFFICE STAFF PROCEDURE:**

- Review GAP report.
- Schedule the patient for an annual office visit.
- During the visit, use standardized templates for AWV in EMR.
- Complete and ensure supportive documentation for the following:
  - For patients under 20, in addition to BMI, also obtain weight.

- Eligibility <
- Authorization <
- Claims <
- Resources
  - User Guide
  - Forms**
- Contact Us <
- Log Out

### Forms

Home / Forms

**Forms**

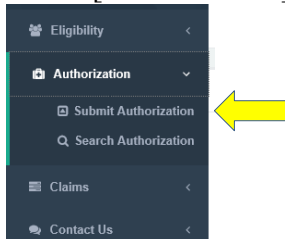
Staying Healthy Assessment (0 - 6 Months)	Chinese
Staying Healthy Assessment (7 - 12 Months)	Chinese
Staying Healthy Assessment (1 - 2 Years)	Chinese
Staying Healthy Assessment (3 - 4 Years)	Chinese
Staying Healthy Assessment (5 - 8 Years)	Chinese
Staying Healthy Assessment (9 - 11 Years)	Chinese
Staying Healthy Assessment (12 - 17 Years)	Chinese
Staying Healthy Assessment (Adult)	Chinese
Staying Healthy Assessment (Senior)	Chinese
2017 Medicare Health Risk & Preventive Care Assessment	English
2018 Annual Wellness Visit (AWV)	English
HEDIS Office Instructions Booklet	English
HEDIS 2018 Reference Guide	English

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].

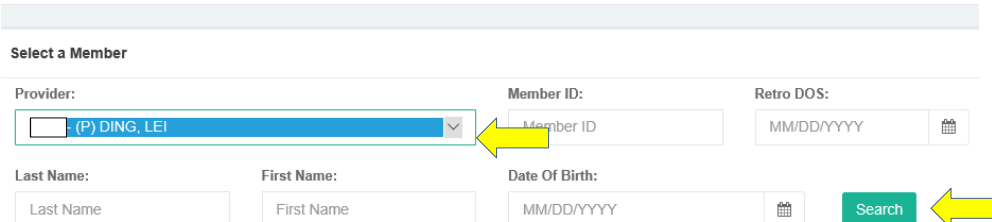


This will bring you to the [Create Authorization – Select a Member] page. The search function works almost identically to the Eligibility Search (*see pg. 8*); however, you must also choose the requesting provider from the drop down list.

**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

Home / Select Member / Create Authorization / Confirmation / Complete

A screenshot of the 'Create Authorization' form. The 'Select a Member' section contains a 'Provider:' dropdown menu with '(P) DING, LEI' selected, a 'Member ID:' input field, and a 'Retro DOS:' input field with a calendar icon. Below this are 'Last Name:', 'First Name:', and 'Date Of Birth:' input fields, each with a calendar icon. A green 'Search' button is on the right. Yellow arrows point to the provider dropdown and the search button.

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.



IPA	MEMBER ID	LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH	HEALTH PLAN	OPTION	START DATE	TERM DATE
<input type="checkbox"/>	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

**B** → **Refer to Provider**

<b>Select Specialty*</b> 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	<b>Select Provider*</b> <a href="#">IPA HELP TO CHOOSE PROVIDER</a> <b>C</b>	<b>Select Location</b> <b>D</b>
--	--	------------------------------------

Refer To: \_\_\_\_\_ Selected Specialty: \_\_\_\_\_

**E** → **Place of Service\***  
Enter Place of Service

**F** → **Enter Diagnosis Min 1, Max 12\***  
Enter Diagnosis Code

**G** → **Enter CPT Code\***

<b>CPT*</b> Enter CPT Code	<b>Modifier:</b> Select Modif ▾	<b>Diag Code*</b> ▾	<b>Days/Units*</b> Qty <input type="button" value="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]:

Referral Type\*

Routine (5 Business Days)
Urgent (72 Hours)
Member Request (5 Business Days)

Ref

(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.

Refer to Provider

Select Specialty:*	Select Provider*	Select Location
ABCDEFGHIJKLMNPRSTUV	W	ABCDEFGHILMRSTUVW
NEUROLOGY	<a href="#">IPA HELP TO CHOOSE PROVIDER</a>	ALHAMBRA
NEUROSURGERY	WOO, PAUL TSAO	ARCADIA
NUCLEAR MEDICINE	1234 S. GARFIELD AVE. #105	ARTESIA
OBSTETRICS & GYNECOLOGY	ALHAMBRA	BALDWIN PARK
OPHTHALMOLOGY	<a href="#">(626) 282 5388</a>	CHINO
OPTOMETRY		DIAMOND BAR
ORTHOPEDIC SURGERY		DUARTE
OTOLARYNGOLOGY		EL MONTE
PAIN MANAGEMENT		GLENDALE
PEDIATRIC CARDIO-THORACIC		HACIENDA HEIGHTS
PEDIATRIC CARDIOLOGY		HUNTINGTON PARK
Refer To:	WOO, PAUL TSAO 1234 S. GARFIELD AVE. #105, ALHAMBRA <a href="#">(626) 282 5388</a>	Selected Specialty: OPT

- 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*).

Place of Service\*

2

- 12 HOME
- 20 URGENT CARE FACILITY
- 21 INPATIENT HOSPITAL
- 22 OUTPATIENT HOSPITAL
- 23 EMERGENCY ROOM - HOSPITAL
- 24 AMBULATORY SURGICAL CENTER
- 25 BIRTHING CENTER
- 26 MILITARY TREATMENT FACILITY
- 32 NURSING FACILITY
- 42 AMBULANCE - AIR OR WATER

Place of Service\*

21 INPATIENT HOSPITAL

Select a facility\*

- ALHAMBRA HOSPITAL MEDICAL CENTER  
100 S. RAYMOND AVE  
ALHAMBRA (626) 570 1606
- GARFIELD MEDICAL CENTER  
525 N. GARFIELD AVE  
MONTEREY PARK (626) 573 2222

Facility:\*

Enter Facility Name

- 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.

Enter Diagnosis Min 1, Max 12\*

H25

Add

H25 AGE-RELATED CATARACT

H25 0 AGE-RELATED INCIPIENT CA

- 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.

**Enter CPT Code\***

CPT:\* 99| x      Modifier: Select Modif      Diag Code:\* H25      Days/Units:\* Qty      Add

00004199806 VERSED 1 MG      TION      MODIFIER      DIAG REF      QTY

00099 FOR MIGRATION "DO NOT USE"

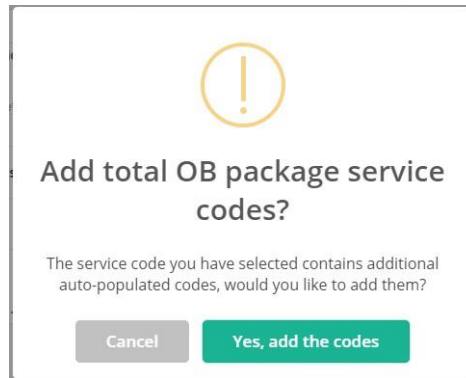
- After selecting or entering the appropriate code, click [Add].

CPT:\* T CORNEAL RING      Modifier: Select Modif      Diag Code:\* H25      Days/Units:\* Qty      Add

REMOVE	CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QTY
--------	----------	-------------	----------	----------	-----

## 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.**


**Symptoms and Treatments \***

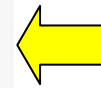
*Do not use special characters - ? ! / @*

(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)

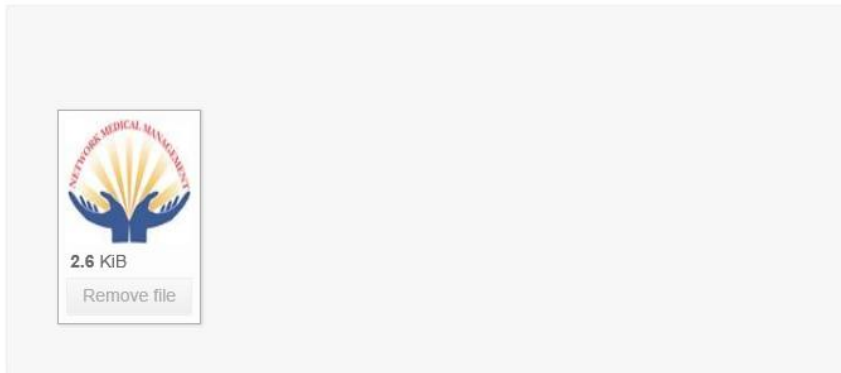
Click or drop files here to upload 



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

**Attachment**

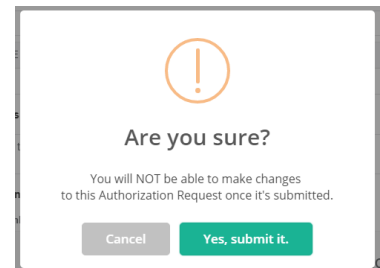
(Only files of type doc, docx, tif, tiff, jpg, or pdf will be accepted)



- 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:

**Authorization request has been submitted.**

Done    **Another Auth for Same Member**    **Another Auth for Different Member**    Print

**If additional documents need to be submitted. Please print this confirmation as cover page and fax to 626-943-6386.**

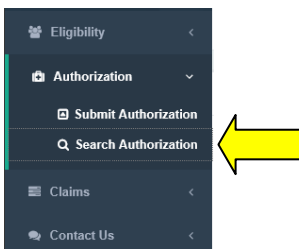
Auth Number:  - 20160801PA100002      Status: **Pending**

*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.

Search for an Authorization

Provider ALL PROVIDERS	Auth No. Auth No.	Status SELECT STATUS	Member ID Member ID
Last Name Last Name	First Name First Name	Date Of Birth MM/DD/YYYY	<input type="button" value="Search"/>

A yellow arrow points to the 'ALL PROVIDERS' dropdown menu.

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]:

**Search for an Authorization**

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


---

**Authorizations**

IPA	AUTH NO.	MEMBER ID	MEMBER NAME	REFER TO PROVIDER	STATUS	EXPIRATION DATE	ATTACHMENT
<input type="checkbox"/>	20160413PA100011	123456789	JOHN DOE	PACIFIC MEDICAL IMAGING & ONCOLOGY CENTE,		06/12/2016	<a href="#">Add Attachment</a>

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

Authorization Detail		
<a href="#">Extend Auth</a>	<a href="#">Request Modification to Auth</a>	<a href="#">Print </a>
Auth Number: <input type="text" value=""/> - 20160413PA100012	Status: <b>Approved</b>	
Health Plan Auth No:	Action Date: 04/13/2016	
Request Date: 04/13/2016	Expiration Date: 06/12/2016	
Referral Type: ROUTINE REFERRAL	Retro Date:	

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 1<sup>st</sup>, the provider can request an extension between June 15<sup>th</sup> and July 31<sup>st</sup>.
  - 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.


○ — Request for Authorization Modification x

---

Action \*  
Select  1

---

Authorization No. 20160413PA100012  
IPA


Contact Person \*  
Contact Person  
Email \*  
Email  
Phone Number \* Ext  
Contact Phone No. Ext  
Fax Number \* Fax Ext  
Fax No. Ext  2

---

Reason / Note \*  
Reason/Note  3

---

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

 4

 5

RequiredFields \*

## VI.3.B. Adding Attachments to Deferred Authorizations

In order to add attachments to [DEFERRED] 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 ALL PROVIDERS	Auth No 20160413PA100011	Status SELECT STATUS	Member ID Member ID
Last Name Last Name	First Name First Name	Date Of Birth MM/DD/YYYY	<input type="button" value="Search"/>

---

Authorizations

IPA	AUTH NO.	MEMBER ID	MEMBER NAME	REFER TO PROVIDER	STATUS	EXPIRATION DATE	ATTACHMENT
<input type="checkbox"/>	20160413PA100011	123456789	JOHN DOE	PACIFIC MEDICAL IMAGING & ONCOLOGY CENTE,		06/12/2016	<a href="#">Add Attachment</a>

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  
 Health Plan Auth No:  
 Request Date: 05/05/2016  
 Referral Type: ROUTINE REFERRAL

Status: **Pending**  
 Action Date: 05/05/2016  
 Expiration Date: 07/04/2016  
 Retro Date:

Patient Name: DOE, JOHN  
 1234 SPRINGFIELD AVE  
 MONTEREY PARK, CA 91755  
 Phone: [\(626\) 571-5825](tel:(626)571-5825)  
 Health Plan: UNITED HEALTHCARE

Date of Birth: 01/01/2000  
 Gender: M  
 Member ID: 123456789  
 Member PCP: WANG, DAVID W

Request Provider: WANG, DAVID W

Referral To: WOO, PAUL TSAO  
 Specialty: (OPT) OPTOMETRY  
 POS: (11) OFFICE

Address: 1234 S. GARFIELD AVE. #10  
 ALHAMBRA, 91801-5068  
 Phone Number: [\(626\) 282-5388](tel:(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

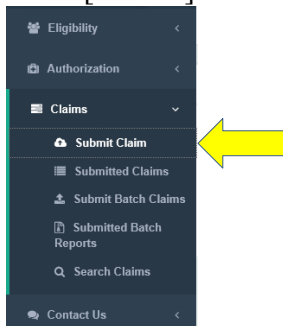
(Only files of type doc, docx, tif, tiff, jpg, or pdf will be accepted)

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, then select [Submit Claim]:



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

#### Create Claim

Home / Select Member / Create Claim

A screenshot of the 'Create Claim' form. The form has a header 'Select a Member' and a breadcrumb 'Home / Select Member / Create Claim'. Below the header are several input fields: 'Provider:' with a dropdown menu showing '(P) DING,LEI', 'Member ID:' with a text box 'Member ID', 'DOS:' with a date picker 'MM/DD/YYYY', 'Last Name:' with a text box 'Last Name', 'First Name:' with a text box 'First Name', and 'Date Of Birth:' with a date picker 'MM/DD/YYYY'. A green 'Search' button is located to the right of the date picker. Yellow arrows point to the 'Provider:' dropdown and the 'DOS:' date picker.

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:

A screenshot of a table titled 'Members'. The table has columns: IPA, MEMBER ID, LAST NAME, FIRST NAME, GENDER, DATE OF BIRTH, HEALTH PLAN, OPTION, START DATE, and TERM DATE. The first row of data is: [IPID], 123456789, DOE, JOHN, M, 01/01/2000, UNITED HEALTHCARE, FHY, 01/01/2015. A yellow arrow points to the 'MEMBER ID' '123456789'.

- 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

## Claim Detail

Home / Select Member / Create Claim

### Patient and Insured Information

#### Patient boxes 2, 5

Claim No: 20160505PC00002  
Name: DOE, JOHN  
Address: 123 SPRINGFIELD AVE  
City/State/Zip: MONTEREY PARK, CA 91755  
Phone: (626) 571-5825

#### boxes 3, 6

Birth Date: 01/01/2000  
Sex: M  
Patient Relationship to Insured: Child

#### Insured boxes 1a, 4, 7

ID Number: 123456789  
Name: DOE, JOHN  
Address: 123 SPRINGFIELD AVE  
City/State/Zip: MONTEREY PARK, CA 91755  
Phone: (626) 571-5825

#### Other Insurance boxes 9a-d

Other Insured's Name:   
Other Insured's Policy Or Group No.:   
Insurance Plan or Program Name:

#### Patient's Condition Related To boxes 10a-c

Employment (Current or Previous)  Yes  No  
Auto Accident?  Yes  No  
Other Accident?  Yes  No

#### Insurance Information boxes 11a-d

Insured's Policy Group or FECA No.:  
Birth Date: 01/01/2000  
Sex: M  
Insurance Plan or Program Name: UNITED HEALTHCARE  
Is There Another Health Benefit Plan?  Yes  No

### Physician or Supplier Information

Date of Current Illness, Injury, or Pregnancy (LMP) box 14

Other Date box 15

Referring Provider box 17

NPI box 17b

Hospitalization From box 18  
From Date

Hospitalization To  
To Date

Outside Lab? box 20  Yes  No

\$Charges

Prior Auth No box 23  
Enter Auth No

#### Additional Claim Information box 19

Enter Notes

#### Diagnosis Information (ICD 10) Min 1, Max 12 \* boxes 21A-L

Enter Diagnosis Code

Add

#### Procedure Information boxes 24A-J

NDC

NDC Code

Unit

From Date: \*

From Time:

CPT/HCPCS: \*

Modifier

EMG\*

POS\*

Charges\*

Days/Units

Rendering Provider\*

To Date: \*

To Time:

Diag Code: \*

Se

Se

Se

N

19125

Add

#### Billing Provider Information box 33

NPI\*

NPI

Tax Id\*

Select Tax ID

Name\*

Address\*

City/State/Zip\*

Phone

Phone

#### Facility Information box 32

NPI

NPI

Name

Name

Address

Address

City/State/Zip

City

Stat

Zip

Box 32

Submit

If POS is 21, 31, 32, 33, or 51, then Hospital Admission date (Box 18 & 32) are required

Enter \$ charges (cannot be \$0)

Enter # of days/units (cannot be 0)

Ensure this is the rendering provider's NPI #

Enter Billing Provider NPI #

Enter at least one diagnosis

Enter corresponding CPT code

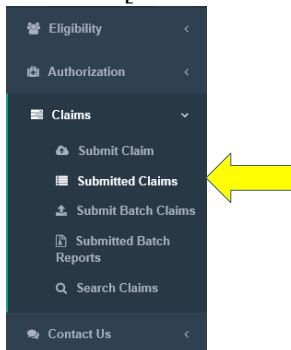
Double check "date of service"

Ensure diagnosis pointer is directed to respective diagnosis code

Select Tax ID number

## 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

IPA	CLAIM REFERENCE / CLAIM NO	MEMBER ID	MEMBER NAME	DATE RECEIVED	PLAN	CANCEL	STATUS
<input type="checkbox"/>	20151223PC1880002	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE		In Process
<input type="checkbox"/>	20151223PC188	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE		In Process
<input type="checkbox"/>	20151223PC1550011	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
<input type="checkbox"/>	20151223PC1550010	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
<input type="checkbox"/>	20151223PC1550009	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
<input type="checkbox"/>	20151223PC1550008	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
<input type="checkbox"/>	20151223PC1550007	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
<input type="checkbox"/>	20151223PC1550006	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
<input type="checkbox"/>	20151223PC1550005	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process
<input type="checkbox"/>	20151223PC1550004	123456789	DOE, JOHN	12/23/2015	UNITED HEALTHCARE	Cancel	In Process

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

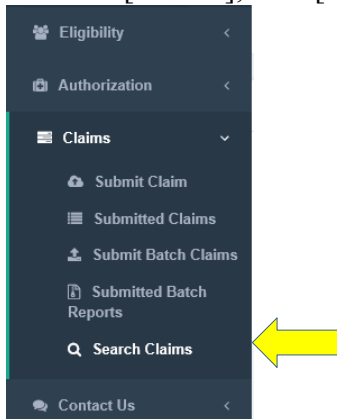
- Click on a Claim Reference number to view the claim (*arrow above*).

**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.

**Search Claims**

Provider: <input type="text" value="(P) WANG,DAVID W"/>	Claim# / Claim Ref: <input type="text" value="Claim No"/>	Member ID: <input type="text" value="Member ID"/>
Last Name: <input type="text" value="Last Name"/>	First Name: <input type="text" value="First Name"/>	Date Of Birth: <input type="text" value="MM/DD/YYYY"/>
<input type="button" value="Search"/>		

---

**Members**

IPA	CLAIM NUMBER	MEMBER ID	MEMBER NAME	BILLING PROVIDER	STATUS	DATE RECEIVED	DOS	DATE PAID
<input type="checkbox"/>	2015110999907926	123456789	DOE, JOHN	WANG,DAVID W	PAID	10/30/2015	10/15/2015	11/10/2015
<input type="checkbox"/>	2015110499904840		DOE, JOHN	WANG,DAVID W	A/P - HOLD	10/26/2015	06/17/2015	
<input type="checkbox"/>	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 EXCESS
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

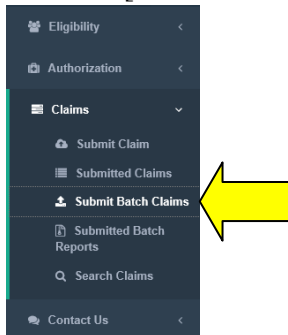
## VIII. Batch Claims

### 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.***

#### Batch Claims Submission Test File

Home / Submit Batch Claims Test File

#### Batch Claims Submission Test File

Submit File

Before submitting batch claims, a test file is required to create a template for your account. Please submit a test file below. Your test file should include 4-5 sample claims with multiple ICD-10 codes each.

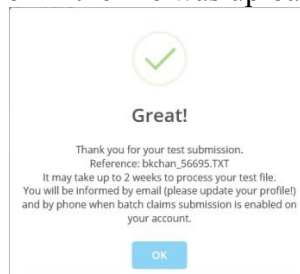
(Only files of type .TXT, .DAT, .PRN, .837 will be accepted)

Click or drop files here to upload 

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:

(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.**

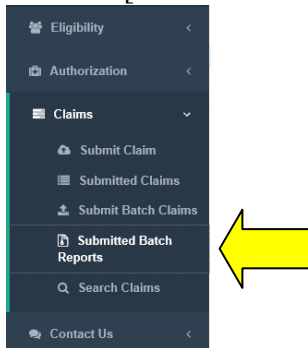
- You will see a confirmation page if the file was uploaded successfully.

**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	<input type="checkbox"/>	Batch1	<a href="#">Orig File</a>	PROCESSING	
10/31/2012	<input type="checkbox"/>	20121031PC032	<a href="#">RMI.APC.bkchan.20121031PC032.837</a>	PROCESSED	<a href="#">View Report</a>
03/23/2012	<input type="checkbox"/>	20120323PC047	<a href="#">APC_SCAN_20120320_20120202_20120215_2297.TXT</a>	PROCESSING	
06/02/2010	<input type="checkbox"/>	20100602PC002	<a href="#">AUTHUPDATE.TXT</a>	PROCESSED	<a href="#">View Report</a>
06/02/2010	<input type="checkbox"/>	20100602PC001	<a href="#">AUTHUPDATE.TXT</a>	PROCESSED	<a href="#">View Report</a>

**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	<input type="checkbox"/>	Batch1	<a href="#">Orig File</a>	PROCESSING	
10/31/2012	<input type="checkbox"/>	20121031PC032	<a href="#">RMI.APC.bkchan.20121031PC032.837</a>	PROCESSED	<a href="#">View Report</a>
03/23/2012	<input type="checkbox"/>	20120323PC047	<a href="#">APC_SCAN_20120320_20120202_20120215_2297.TXT</a>	PROCESSING	
06/02/2010	<input type="checkbox"/>	20100602PC002	<a href="#">AUTHUPDATE.TXT</a>	PROCESSED	<a href="#">View Report</a>
06/02/2010	<input type="checkbox"/>	20100602PC001	<a href="#">AUTHUPDATE.TXT</a>	PROCESSED	<a href="#">View Report</a>

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	<input type="checkbox"/>	Batch1	<a href="#">Orig File</a>	PROCESSING	
10/31/2012	<input type="checkbox"/>	20121031PC032	<a href="#">RMI.APC.bkchan.20121031PC032.837</a>	PROCESSED	<a href="#">View Report</a>
03/23/2012	<input type="checkbox"/>	20120323PC047	<a href="#">APC_SCAN_20120320_20120202_20120215_2297.TXT</a>	PROCESSING	
06/02/2010	<input type="checkbox"/>	20100602PC002	<a href="#">AUTHUPDATE.TXT</a>	PROCESSED	<a href="#">View Report</a>
06/02/2010	<input type="checkbox"/>	20100602PC001	<a href="#">AUTHUPDATE.TXT</a>	PROCESSED	<a href="#">View Report</a>

### VIII.3. Interpreting Batch Claim Reports

## 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	Birthdate	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\ PACTP.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 E2-LINK File

---

10177228	STARK	WALTER	08/23/2010	06/18/1970	000ABC0001	\$	247.00
10177250	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\ PACTP.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  
Svc Grp ID: [ ]

Network Medical Management, Alhambra, CA  
IPPA  
Processing for file: w:\CLAIMS\ [ ] \TOBEPROCESSED\ [ ] .20100927PC2.PRN  
CLAIMS-2-eLOAD™ REPORT - Professional  
EDI\_Problem Report (Error Claims)

Page 1  
work Grp ID: TP

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\ PAPTCT.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  
Svc Grp ID: [ ]

Network Medical Management, Alhambra, CA  
IPPA  
Processing for file: w:\CLAIMS\ [ ] \TOBEPROCESSED\ [ ] .20100927PC2.PRN  
CLAIMS-2-eLOAD™ REPORT - Professional  
List of Claims Included in EZ-LINK File

Page 1  
work Grp ID: TP

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\ PAPTCT.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  
Svc Grp ID: [ ]

Network Medical Management, Alhambra, CA  
IPAA  
Processing for file: w:\CLAIMS\ [ ] \TOBEPROCESSED\ [ ] 20100927PC2.PRN  
CLAIMS-2-eLOAD™ REPORT - Professional  
EDI\_ Problem Report (Error Claims)

Page 1  
work Grp ID: TP

Patient ID	Patient Name	Member ID	Birthdate	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 \* [ ] IPAA\*

09/28/2010 09:39  
Svc Grp ID: [ ]

Network Medical Management, Alhambra, CA  
IPAA  
Processing for file: w:\CLAIMS\ [ ] \TOBEPROCESSED\ [ ] 20100927PC2.PRN  
CLAIMS-2-eLOAD™ REPORT - Professional  
List of Claims Included in EZ-LINK File

Page 1  
work Grp ID: TP

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	J23456789C	\$	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\ [ ] \NOTBEPROCESSED\ [ ] 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\ [ ] \NOTBEPROCESSED\ [ ] 20100927PC2.PRN 09/27/2010 15:43  
 Moved w:\CLAIMS\ [ ] \NOTBEPROCESSED\ [ ] 20100927PC2.PRN to w:\CLAIMS\ [ ] \ARCHIVE\ [ ] 20100927PC2.PRN  
 Negative Charges will be REJECTED according to user options.  
 Output Data in file: w:\CLAIMS\ [ ] \EZLINK\ PACTP.822.DAT

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\*ALL CLAIMS ACCEPTED\*

Patient ID	Patient Name	Member ID	Birthday	Svc. Date	Charges
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	AL2356789D		\$ 120.60
10177237	OLER CHANDRA	08/23/2010 10/10/1940	AL2356789D		\$ 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\ PACTP.822.DAT

\$ 1,454.80 Total Charges Included

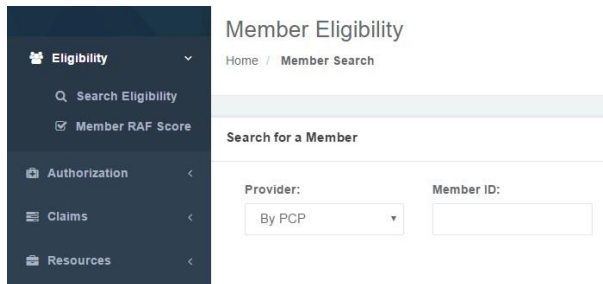
Below the results section of the report is a breakdown of each claim included within the batch regardless of whether or not the claims were submitted or rejected. For each claim, the member's name, date of birth, insurance ID, as well as the claim date of service and billed amount are displayed. In addition,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




### Procedure

In the Eligibility module, click on “Search Eligibility”, enter your patient’s information, and click “Search”.



The screenshot shows the 'Member Eligibility' page. On the left is a dark sidebar with a menu containing 'Eligibility' (selected), 'Search Eligibility', 'Member RAF Score', 'Authorization', 'Claims', and 'Resources'. The main content area has a breadcrumb 'Home / Member Search' and a search bar. Below the search bar is a 'Search for a Member' section with two input fields: 'Provider:' with a dropdown menu set to 'By PCP', and 'Member ID:' with an empty text box.

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

<input type="checkbox"/>	<a href="#">144000XXXXX</a>		DOE, JANE M
<input type="checkbox"/>	<a href="#">1233333333</a>		DOE, JANET J
<input type="checkbox"/>	<a href="#">14400013301</a>		DOE, JAN M
<input type="checkbox"/>	<a href="#">14400009201</a>		DOE, JANICE M

Proceed to the member’s detail page by clicking on the hyperlinked “Member ID”.

## Member Eligibility and Assessment

### Member Eligibility and Assessment

Home / Member Search / Member Eligibility and Assessment

The screenshot shows the 'Eligibility' page with three main sections: Member Information, Member Benefit Information, and Primary Care Provider Information. Callout A points to the Member Information section. Callout B points to the 'Health Assessment' tab. Callout C points to the 'Member Documents' tab. Callout D points to the 'Check all that apply' section with checkboxes for New Patient, Diabetes, Hypertension, Osteoporosis, and Rheumatoid Arthritis. Callout E points to the 'Get Measures' button. A warning message is displayed above the tabs: '\*\*\*ELIGIBILITY PROVIDED BY THE IPA DOES NOT GUARANTEE THE MEMBER'S UP-TO-DATE ELIGIBILITY INFORMATION. PLEASE VERIFY ELIGIBILITY AT THE TIME OF SERVICE WITH THE MEMBER'S HEALTH PLAN. APC IS NOT RESPONSIBLE FOR SERVICES RENDERED FOR MEMBERS NOT ELIGIBLE WITH THE IPA AT THE TIME OF SERVICE\*\*\*'. A 'Preferred Language' dropdown is set to 'English'.

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.

The screenshot shows a 'Pregnant' checkbox which is checked. Below it are two date input fields: 'Last Menstrual Period' with the value '09/06/2017' and 'Estimated Due Date' with the value '06/15/2018'. Each date field has a calendar icon to its right.

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.

The screenshot shows a modal window titled 'Date of Service' with a calendar for January 2017. The date '01/18/2017' is selected. The calendar has columns for Sun, Mon, Tue, Wed, Thu, Fri, and Sat. Below the calendar are 'Today', 'Clear', and 'Done' buttons. At the bottom of the modal are 'Get Measures' and 'Cancel' buttons.


The screenshot shows a 'Health Assessment' page for a member. At the top right, a 'Score: 10 / 55' is displayed next to a gold coin icon (A). Below this, there are tabs for 'Health Assessment' and 'Member Documents'. A 'Check all that apply:' section includes checkboxes for 'New Patient', 'Hypertension', 'Smoker', and 'Pregnant'. A 'Preferred Language:' dropdown is set to 'English'. A blue 'Get Measures' button is centered. On the right, a 'Print' button is visible (B). The 'VITAL SIGNS:' section shows BP: Sys. 130 mmHg / Dias.: 78 mmHg, Height: 5 (ft.) 4 (in.), Weight: 155 (lbs.), and BMI: 26.6. A 'Save' button is next to the BMI value (C). Below this, a table of 'Incomplete Measures for Date of Service 02/20/2018' is shown, with a 'Submit Claim' button (E). The table lists three measures: 'BMI Assessment' (0/5), 'Controlling High Blood Pressure' (0/5), and 'Depression Screening and Follow-Up' (0/5). The 'Depression Screening and Follow-Up' measure is expanded, showing a table with columns: 'Done', 'Points', 'ICD / CPT', and 'Actions'. The 'Done' column has a 'Clear' link. The 'Actions' column has a 'Save' icon (F). Below this, a 'Medicare Health Risk & Preventive Care Assessments' section shows 0/10. The 'Pending Measures' section shows 'Colorectal Cancer Screening' (0/20) (G). The 'Completed Measures' section shows 'Breast Cancer Screening (Female Only)' (10/10) (H).

## 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.

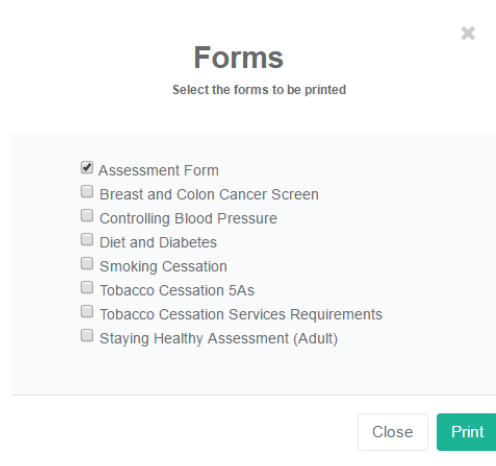


IMMUNIZATION	DATE	CVX
DTaP	Jan 13, 2016	20
DTaP	May 17, 2016	20
DTaP	Feb 21, 2017	20
DTaP-IPV/Hib	Mar 16, 2016	120
HepA-Ped 2 Dose	Nov 21, 2016	83

**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”.

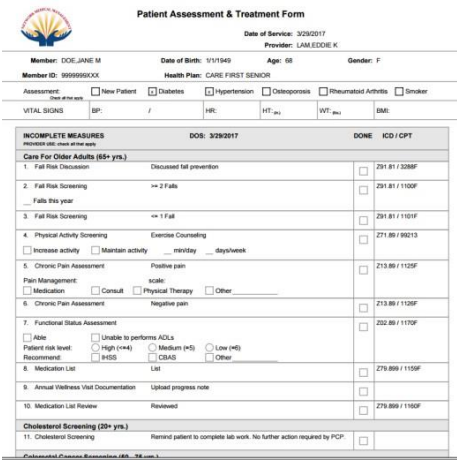
Click on “Print” and select “Assessment Form” and any other applicable questionnaires and educational materials. Click “Print”.



**Forms**  
Select the forms to be printed

- Assessment Form
- Breast and Colon Cancer Screen
- Controlling Blood Pressure
- Diet and Diabetes
- Smoking Cessation
- Tobacco Cessation 5As
- Tobacco Cessation Services Requirements
- Staying Healthy Assessment (Adult)

Close Print



**Patient Assessment & Treatment Form**  
Date of Service: 3/29/2017  
Provider: LAM, EDDE K.

Member: DOE, JANE M    Date of Birth: 1/1/1949    Age: 68    Gender: F  
Member ID: 999999999    Health Plan: CARE FIRST SENIOR

Assessment:  New Patient     Diabetes     Hypertension     Osteoporosis     Rheumatoid Arthritis     Smoker

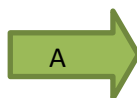
VITAL SIGNS    BP: /    HR:    HT:    WT:    BMI:

INCOMPLETE MEASURES	DOS: 3/29/2017	DONE	ICD / CPT
<b>Care For Older Adults (65+ yrs.)</b>			
1. Fall Risk Discussion	Discussed fall prevention	<input type="checkbox"/>	Z91.81 / Z38.8F
2. Fall Risk Screening	=> 2 Falls	<input type="checkbox"/>	Z91.81 / I10.0F
	Falls this year		
3. Fall Risk Screening	=> 1 Fall	<input type="checkbox"/>	Z91.81 / I10.1F
4. Physical Activity Screening	Exercise Counseling	<input type="checkbox"/>	Z71.89 / Z92.13
	<input type="checkbox"/> Increase activity <input type="checkbox"/> Maintain activity    ___ midday    ___ days/week		
5. Chronic Pain Assessment	Positive pain	<input type="checkbox"/>	Z13.89 / I12.5F
	Pain Management:    scale: <input type="checkbox"/> Medication <input type="checkbox"/> Consult <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Other		
6. Chronic Pain Assessment	Negative pain	<input type="checkbox"/>	Z13.89 / I13.5F
7. Functional Status Assessment		<input type="checkbox"/>	Z02.89 / I13.0F
	<input type="checkbox"/> Able <input type="checkbox"/> Unable to perform ACLs		
	Patient risk level: <input type="checkbox"/> High (>=4) <input type="checkbox"/> Medium (=5) <input type="checkbox"/> Low (<6)		
	Recommend: <input type="checkbox"/> HDS <input type="checkbox"/> CSAS <input type="checkbox"/> Other		
8. Medication List	List	<input type="checkbox"/>	Z79.899 / I10.0F
9. Annual Wellness Visit Documentation	Upload progress note	<input type="checkbox"/>	
10. Medication List Review	Reviewed	<input type="checkbox"/>	Z79.899 / I10.0F
<b>Cholesterol Screening (25+ yrs.)</b>			
11. Cholesterol Screening	Remind patient to complete lab work. No further action required by PCP.	<input type="checkbox"/>	

The physician will use the print-out to assess the member according to the member’s respective 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.



▼ Expand All Print

VITAL SIGNS: BP: Sys. 128 mmHg / Dias.: 78 mmHg Height: 5 (ft.) 4 (in.) Weight: 155 (lbs.) Save BMI: 26.6

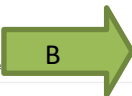
Last date of service: BP: / mmHg Height: 0 feet 0 inches Weight: lbs. BMI:

Incomplete Measures for Date of Service 02/20/2018 Change DOS Submit Claim

Measure	Score/Points	Actions
Annual Wellness Visit - Senior	0 / 20	^
BMI Assessment	0 / 5	^
Breast Cancer Screening (Female Only)	0 / 10	^

Breast Cancer Screening (MMG q 2 yrs, up to age 74)  Not applicable to this member Done [Clear](#)

Item	Done	Points	ICD / CPT	Actions
1. Upload the report for one of the conditions below <input type="radio"/> Had a normal mammogram in previous year <input type="radio"/> Had a normal mammogram done this year <small>*Measure will be completed upon receipt of radiology claim for mammography or verification of uploaded report.</small>	<input checked="" type="checkbox"/>	10	Z12.31 / 3014F	
2. Mammography Ordered <small>*Measure will be completed upon receipt of radiology claim for mammography or verification of uploaded report.</small>	<input type="checkbox"/>	10		



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.

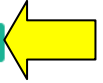
If a cloud with an up arrow appears, then users can click on it to upload documents for that measure.

## 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.

Submit Claim

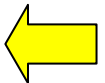


Member Name: DOE, JAN M		Date of Birth: 10/22/1942		Date of Service: 02/09/2017		
Primary Diagnosis	ICD	Measures	Detail	DOS	Points	Remove
<input type="radio"/>	R32 UNSPECIFIED URINARY INCONTINEN	Care For Older Adults	Bladder Control Screening Negative	02/09/2017	5	<a href="#">Remove</a>
<input type="radio"/>	Z79.899 OTHER LONG TERM DRUG THERAPY	Care For Older Adults	Medication List List	02/08/2017	5	<a href="#">Remove</a>
<input checked="" type="radio"/>	Z00.00 ENCNTER GEN ADULT MED EXAM	Care For Older Adults	Annual Wellness Visit (Established patient) Visit explained to patient	02/08/2017	20	<a href="#">Remove</a>
<input type="radio"/>	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.





## Create Claim

DOE, JAN M
10/22/1942
144000013301
CENTRAL HEALTH MEDICARE PLAN
20170123PC00003

Additional Claim Information box 19

Enter Notes

Diagnosis Information (ICD 10)\* Min 1, Max 12 boxes 21A-L

REMOVE	DIAG REF	DIAGNOSIS CODE	DESCRIPTION
Remove	A	E11.65	TYPE 2 DM W/HYPERGLYCEMIA

Enter Diagnosis Code

E11.65 TYPE 2 DM W/HYPERGLYCEMIA has already been added to the claim.

Procedure Information boxes 24A-J

REMOVE	SUPPL INFO	FROM TO	POS	EMG	CPT	MODIFIERS	DIAG REF	CHARGES	DAYS or UNITS	PROVIDER NPI
Remove		01/23/2017 01/23/2017	11	N	3072F		A	\$0.01	1	1811155500
Remove		01/23/2017 01/23/2017	11	N	3045F		A	\$0.01	1	1811155500

Patient Account box 28

Total Charge box 28

\$0.02

Amount Paid box 29

0

Select: NDC Code: Unit: Qty: From Time: To Time:

NDC
NDC Code
Unit
Qty
--:-- --
--:-- --

From Date:\* POS\*

01/23/2017 11 OFFICE

CPT/HCPCS\*

Enter CPT Code

Charges\*

\$

Rendering

1811155500

To Date:\* EMG\*

01/23/2017 N

Modif 1

Diag 1\*

E11.65

Days/Units\*

1

Add

Tax Id\* Name

Select Tax ID Name

Name\* Address

Address\* City/State/Zip

City  Stat  Zip

Phone

Required Fields \*

➔

Submit

Validation errors will appear for measures that have the same diagnosis codes.

Just like creating a claim in the Claims module, you will be able to add, edit, or remove diagnosis or procedure codes.

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.

Health Assessment Medicare HCC Member Documents Score: 40 / 100

Check all that apply: Preferred Language: English

New Patient  Hypertension  Smoker  Pregnant

[Get Measures](#) [Print](#)

▼ Expand All

VITAL SIGNS: BP: Sys.  mmHg / Dias.:  mmHg Height: 5 (ft.) 4 (in.) Weight:  (lbs.) [Save](#) BMI: 0.0

Last date of service: 02/19/2018 BP: 128 / 78 mmHg Height: 5 feet 4 inches Weight: 155 lbs. BMI: 26.6

Incomplete Measures for Date of Service 02/20/2018	Score/Points	<a href="#">Submit Claim</a>
BMI Assessment	0 / 5	▲
Colorectal Cancer Screening	0 / 20	▲
Depression Screening and Follow-Up	0 / 5	▲
Medicare Health Risk & Preventive Care Assessments	0 / 15	▲
Osteoporosis Management for Women	0 / 5	▲

Pending Measures	Score/Points
Breast Cancer Screening (Female Only)	0 / 10

Completed Measures	Score/Points
Annual Wellness Visit - Senior	40 / 40

Annual Wellness Visit (Established patient)	DOS	Points	ICD Diag Code	CPT Code	Provider	Ref. No.
1. Visit explained to patient	02/19/2018	20	Z00.00 ENCOUNTER GEN ADULT MED EXAM	G0439 PPPS, SUBSEQ VISIT	CHAN, EDWIN T	20180220PC001

Authorizations:

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


Done <a href="#">Clear</a>	Points	ICD / CPT	Actions
<input type="radio"/>	20	Z12.11 / 3017F	
<input type="radio"/>	10		


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.


## Form Upload

Patient Name:	DOE, JANET X	DOB:	01/01/1977	Gender:	F
Address:	123 MAIN ST	Member ID:	X123456789X		
City, State, Zip:	ANYTOWN, CA 12345	Health Plan:	HEALTHNET		
Measure:	SELECT A CATEGORY 				

Add Attachment (Only files of type .tif,.tiff,.jpg,.jpeg,.pdf,.doc,.docx,.JPG,.JPEG,.PDF,.DOC,.DOCX will be accepted) 

Click or drop files here to upload 

  I agree to the terms and conditions.






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

### Viewing Member Documents:

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.

Health Assessment	Member Documents		
Category ↕	Document Name ↕	Uploaded On ↕ 	Upload Documents 
Search...			
DIARETXM	<a href="#">FFmemberDoc.pdf</a> 	01/23/2017 at 4:29PM	

## Updated Features as of March 3, 2017

### Changing Date of Service:

Incomplete Measures for Date of Service 03/03/2017 Change DOS

- + Care For Older Adults
- + Cholesterol Screening
- + Colorectal Cancer Screening

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.

### 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.

Submit Claim

Please enter a date of service that is today or earlier.

Primary Diagnosis	ICD	Measures	Detail	Date of Service	Points	Edit/Remove
<input checked="" type="radio"/>	Z91.81 HISTORY OF FALLING	Care For Older Adults	Fall Risk Discussion Discussed fall prevention	<input type="text" value="12/12/2017"/>	5	<span>📄</span> <span>✖</span>
<input type="radio"/>	Z71.89 OTHER SPECIFIED COUNSELING	Care For Older Adults	Physical Activity Screening Exercise Counseling	<input type="text" value="01/18/2017"/>	5	<span>📄</span> <span>✖</span>
<input type="radio"/>	OTHER					

### 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.

### Form Upload

Patient Name: DOE, JANE M      DOB: 01/01/1949      Gender: F  
Address: 123 MAIN STREET      Member ID: 9999999XXX  
City, State, Zip: ANYTOWN, CA 12345      Health Plan: CARE FIRST SENIOR  
Category:

Tags:  ✖

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.

Category	Document Name	Tags	Uploaded On	Upload Documents
DIARETXM	test.pdf		02/22/2017 at 11:37AM	
BMD	memberDoc.pdf	result negative	03/03/2017 at 9:32AM	 

### 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".

<input type="checkbox"/>	9999999XXX			DOE, JANE M	F
<input type="checkbox"/>	1233333333			DOE, JANET J	F
<input type="checkbox"/>	9999999XXX			DOE, JANEY M	F
<input type="checkbox"/>	X123456789X			DOE, JANET X	F

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: 144000XXXX	Health Plan: CENTRAL HEALTH MEDICARE PLAN	HP RAF: 0.274	

Assessment:  New Patient  Diabetes  Hypertension  Osteoporosis  Rheumatoid Arthritis  Smoker

VITAL SIGNS: BP: / HR: HT: WT: BME:

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

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						
Care For Older Adults (65+ yrs.)	DOS	ICD	CPT	REF NO.		
5. Advance Care Planning <input type="checkbox"/> 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.

[ ] IPA  
Create Claim

DOE, JANE M    01/01/1949    9999999XXX    CARE FIRST SENIOR    20170329PC00003

Additional Claim Information box 19

Enter Notes

Diagnosis Information (ICD 10)\* Min 1, Max 12 boxes 21A-L

REMOVE	DIAG REF	DIAGNOSIS CODE	DESCRIPTION
Remove	A	E11.9	TYPE 2 DM W/O COMPLICATIONS
Remove	B	Z91.81	HISTORY OF FALLING
Remove	C	Z71.89	OTHER SPECIFIED COUNSELING
Remove	D	Z79.899	OTHER LONG TERM DRUG THERAPY

I70

**I70 ATHEROSCLEROSIS**

I70.0 ATHEROSCLEROSIS OF AORTA

I70.1 ATHEROSCLEROSIS OF RENAL ARTER

I70.2 ATHRSCLR OF NATIVE ARTERIE OF

CPT	MODIFIERS	DIAG REF	CHARGES	DAYS or UNITS	PROVIDER NPI
3288F		A B	\$0.01	1	1518969971
99213		C	\$0.01	1	1518969971

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

Eligibility Print

Member Information	Member Benefit information	Primary Care Provider Information
Member ID: 144000XXXX1	IPA: [ ]	PCP Name: CHEN, KUANCHENG
Member Name: DAETEST, JARED	Health Plan: CENTRAL HEALTH MEDICARE PLAN	Provider ID: PCP-G75056
Date of Birth: 01/01/1960	Benefit Option: MA001	Specialty: INTERNAL MEDICINE
Gender / Age: Male / 57 years 2 months	PCP OV Co-pay: Not available	Phone Number: (626) 821-9075
Address: 100 MAIN STREET	Benefits Effective: 12/01/2014	Fax Number: (626) 821-9076
City, State, Zip: ANYTOWN, CA 91754	Benefits Termined:	Termination:

\*\*\*ELIGIBILITY PROVIDED BY THE IPA DOES NOT GUARANTEE THE MEMBER'S UP-TO-DATE ELIGIBILITY INFORMATION. PLEASE VERIFY ELIGIBILITY AT THE TIME OF SERVICE WITH THE MEMBER'S HEALTH PLAN. APC IS NOT RESPONSIBLE FOR SERVICES RENDERED FOR MEMBERS NOT ELIGIBLE WITH THE IPA AT THE TIME OF SERVICE.\*\*\*

Health Assessment **Medicare HCC** Member Documents Health Plan RAF Score: 1,419 👤 Print

Prior Diagnoses	ICD-10 Code	HCC#	HCC Description#	2015	2016	2017
ATHEROSCLEROSIS OF AORTA	I70.0	HCC108	Vascular Disease	Y	Y	Expected
MAL NEO OF HEAD, FACE, NECK	C76.0	HCC12	Breast, Prostate, and Other Cancers and Tumors			Expected
CHRONIC VIRAL HEP B W/O DELTA-	B18.1	HCC29	Chronic Hepatitis	Y	Y	Expected
OTH SPEC NUCB,LYMPH,HMTPOIETI	D47.29	HCC48	Coagulation Defects and Other Specified Hematological Disorders		Y	Expected
MDD, SINGLE EPISODE, UNSPECIFI	F32.9	HCC58	Major Depressive, Bipolar, and Paranoid Disorders	Y		Expected
ACUTE PANMY W/MYELO NOT ACH RE	C94.40	HCC8	Metastatic Cancer and Acute Leukemia	Y		Expected

Report Issue Version: 2.8.0.0.2

03/29/2017  
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Clicking on the hyperlinked HCC category will open a window displaying the diagnoses submitted for this category.