

ClaimRemedi User Guide

V1.5 – November 2020



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Introduction

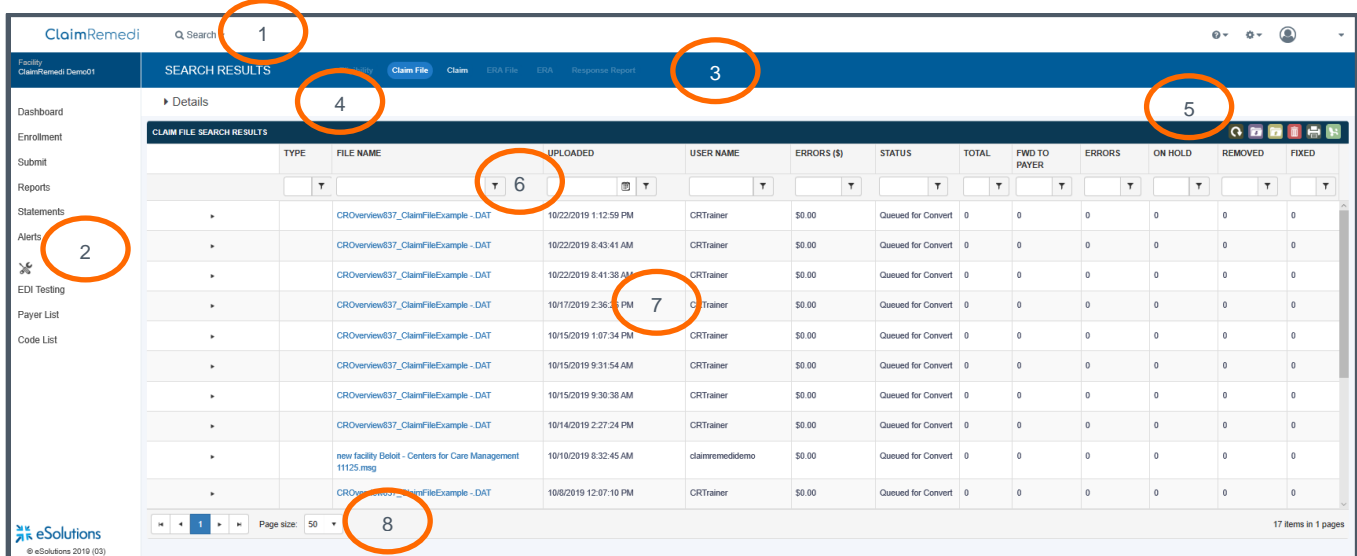
ClaimRemedi offers electronic primary and secondary claim processing, claim scrubbing, claim edits, and claim tracking/management functionality to help you get paid quickly and accurately.

- **Electronic claim processing:** with more than 4500 connections for professional, institutional, dental, and work compensation claims, you can submit 99% of claims electronically. ClaimRemedi integrates smoothly with most practice management systems.
- **Claim scrubbing:** payer rules, both documented and undocumented, are stored in a comprehensive rules engine that is maintained and continually updated by staff in both billing and ANSI claim submission. Rules are payer specific and date sensitive and can be added or changed without programming.
- **Real time claim edits:** supports quick fixes to errors uncovered during claim scrubbing to help you reduce payer denials. The system generates easy-to-understand error messages for you to address.
- **Claim tracking and management:** allows you to identify and track rejected or denied claims and provide proof of timely filing to payers. It also monitors the completion of follow-up tasks automatically.

Page Format

The screen example below shows key features of the ClaimRemedi interface.

1. Global header, which contains the system name, Search function, and access to system management settings, account settings, and user support
2. Main navigation area
3. Content (or page) header
4. Content area
5. Shoulder icons
6. Page filters
7. Information grid
8. Page navigation.



The screenshot shows the ClaimRemedi interface with the following callouts:

- 1:** Global header containing the system name 'ClaimRemedi', a search bar, and user profile icons.
- 2:** Main navigation area on the left side with menu items like Dashboard, Enrollment, Submit, Reports, Statements, Alerts, EDI Testing, Payer List, and Code List.
- 3:** Content (or page) header showing 'SEARCH RESULTS' and navigation tabs for 'Claim File', 'Claim', 'ERA File', 'ERA', and 'Response Report'.
- 4:** Content area showing a table of search results.
- 5:** Shoulder icons on the right side of the table header.
- 6:** Page filters located above the table columns.
- 7:** Information grid containing columns: TYPE, FILE NAME, UPLOADED, USER NAME, ERRORS (\$), STATUS, TOTAL, FWD TO PAYER, ERRORS, ON HOLD, REMOVED, and FIXED.
- 8:** Page navigation at the bottom, including a page size dropdown set to 50 and a footer with 'eSolutions' and '© eSolutions 2019 (03)'.

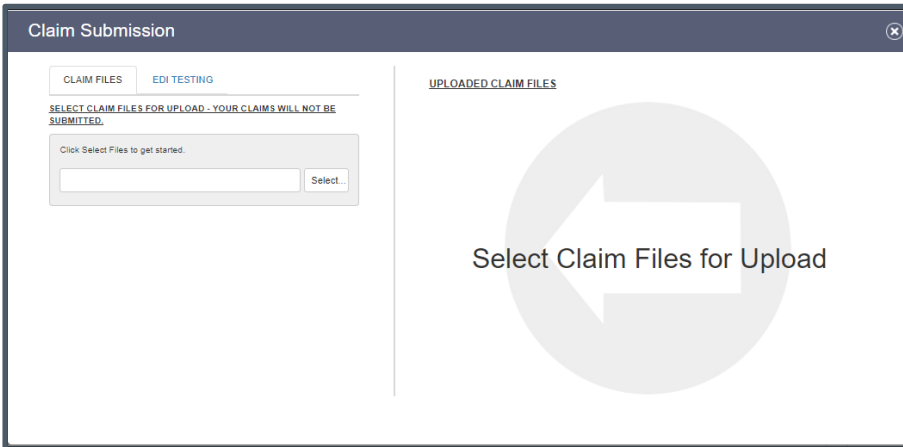
TYPE	FILE NAME	UPLOADED	USER NAME	ERRORS (\$)	STATUS	TOTAL	FWD TO PAYER	ERRORS	ON HOLD	REMOVED	FIXED
	CROverview637_ClaimFileExample - DAT	10/22/2019 1:12:59 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROverview637_ClaimFileExample - DAT	10/22/2019 8:43:41 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROverview637_ClaimFileExample - DAT	10/22/2019 8:41:38 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROverview637_ClaimFileExample - DAT	10/17/2019 2:36:42 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROverview637_ClaimFileExample - DAT	10/15/2019 1:07:34 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROverview637_ClaimFileExample - DAT	10/15/2019 9:31:54 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROverview637_ClaimFileExample - DAT	10/15/2019 9:30:38 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROverview637_ClaimFileExample - DAT	10/14/2019 2:27:24 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	new facility Beloit - Centers for Care Management 11125.mmg	10/10/2019 8:32:45 AM	claimremedidemo	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROverview637_ClaimFileExample - DAT	10/8/2019 12:07:10 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0

Pop-Up Windows

Pop-up windows will appear when certain actions are clicked. To close a pop-up window, click the X in the top right corner, or click the dimmed area behind the pop-up window.

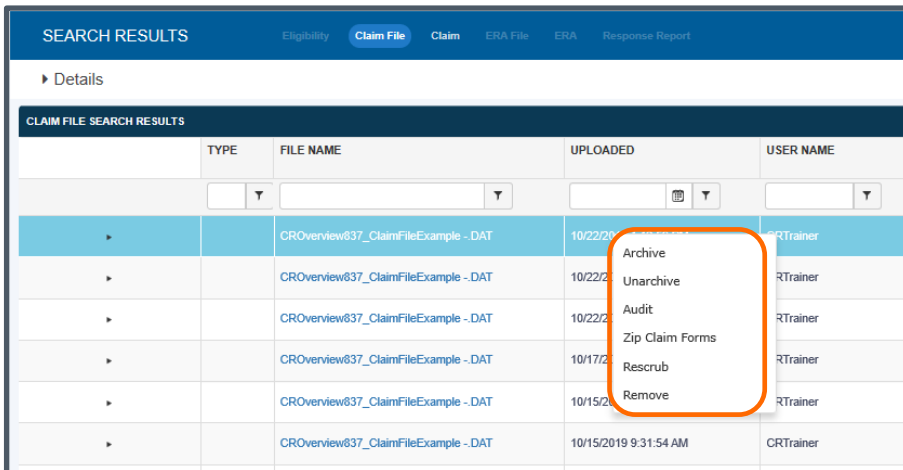
Note: If you cannot see the X or the dimmed area, expand the page to full size.

Right-Click Menus



You can access additional features by right-clicking items on many of the ClaimRemedi pages. The right-click menus offer many of the same features as the shoulder icons on the same page but can also provide additional actions. Use the right-click option to manage an individual item rather than a group of items.

Right-click menu options (*see example below*) will differ, based on the page or section of the system. You'll find the right-click menus defined throughout this guide.



SEARCH RESULTS				
Eligibility Claim File Claim ERA File ERA Response Report				
Details				
CLAIM FILE SEARCH RESULTS				
	TYPE	FILE NAME	UPLOADED	USER NAME
		CROverview837_ClaimFileExample - .DAT	10/22/20	CRTrainer
		CROverview837_ClaimFileExample - .DAT	10/22/2	RTrainer
		CROverview837_ClaimFileExample - .DAT	10/22/2	RTrainer
		CROverview837_ClaimFileExample - .DAT	10/17/2	RTrainer
		CROverview837_ClaimFileExample - .DAT	10/15/2	RTrainer
		CROverview837_ClaimFileExample - .DAT	10/15/2019 9:31:54 AM	CRTrainer

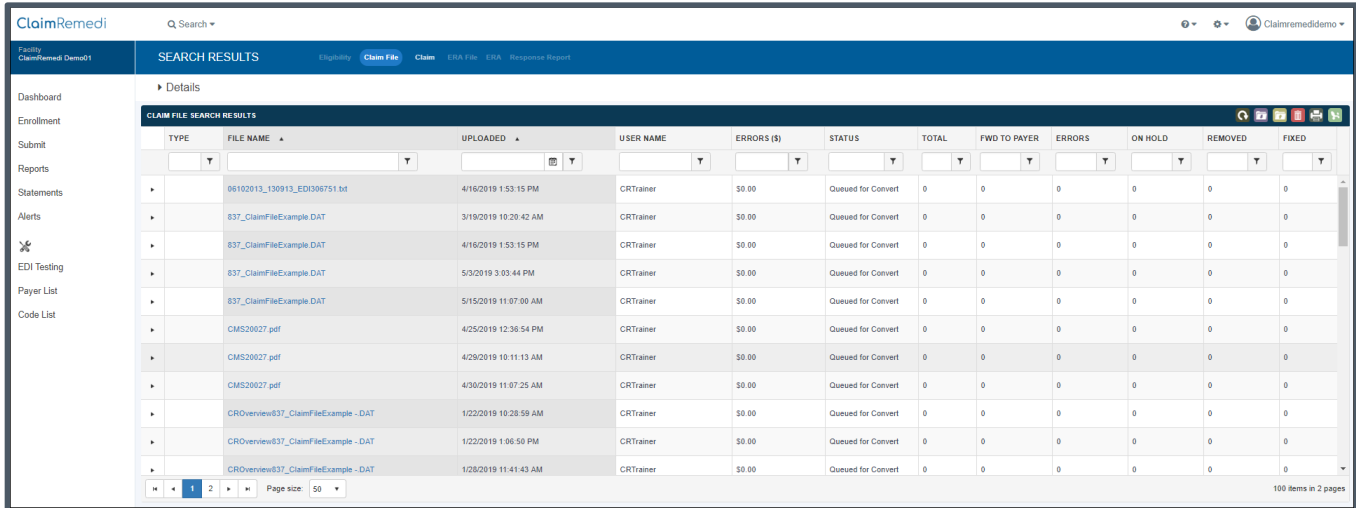
Information Grid

Sort Data

Click any column heading to sort by ascending or descending order. Click again to reverse the order of the sort.

Sort Multiple Columns

You can sort multiple columns by clicking column headings one at a time (without having to hold CTRL or Shift). Sorted columns display in grey.



The screenshot shows the ClaimRemedi interface with a search results table. The table has the following columns: TYPE, FILE NAME, UPLOADED, USER NAME, ERRORS (\$), STATUS, TOTAL, FWD TO PAYER, ERRORS, ON HOLD, REMOVED, and FIXED. The table contains 10 rows of data, all with a status of 'Queued for Convert' and 0 errors. The first row is highlighted in grey, indicating it is the primary sort result.

TYPE	FILE NAME	UPLOADED	USER NAME	ERRORS (\$)	STATUS	TOTAL	FWD TO PAYER	ERRORS	ON HOLD	REMOVED	FIXED
	06102013_130913_EDI306751.txt	4/16/2019 1:53:15 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	837_ClaimFileExample.DAT	3/19/2019 10:20:42 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	837_ClaimFileExample.DAT	4/16/2019 1:53:15 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	837_ClaimFileExample.DAT	5/3/2019 3:03:44 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	837_ClaimFileExample.DAT	5/15/2019 11:07:00 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CMS20027.pdf	4/25/2019 12:36:54 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CMS20027.pdf	4/29/2019 10:11:13 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CMS20027.pdf	4/30/2019 11:07:25 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROreview837_ClaimFileExample - DAT	1/22/2019 10:28:59 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROreview837_ClaimFileExample - DAT	1/22/2019 1:06:50 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROreview837_ClaimFileExample - DAT	1/28/2019 11:41:43 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0



ClaimRemedi sorts hierarchically according to the following criteria:

- Primary results are drawn from the first column you click.
- Secondary results are drawn from primary results.

Refresh the page in your browser to clear the sort.

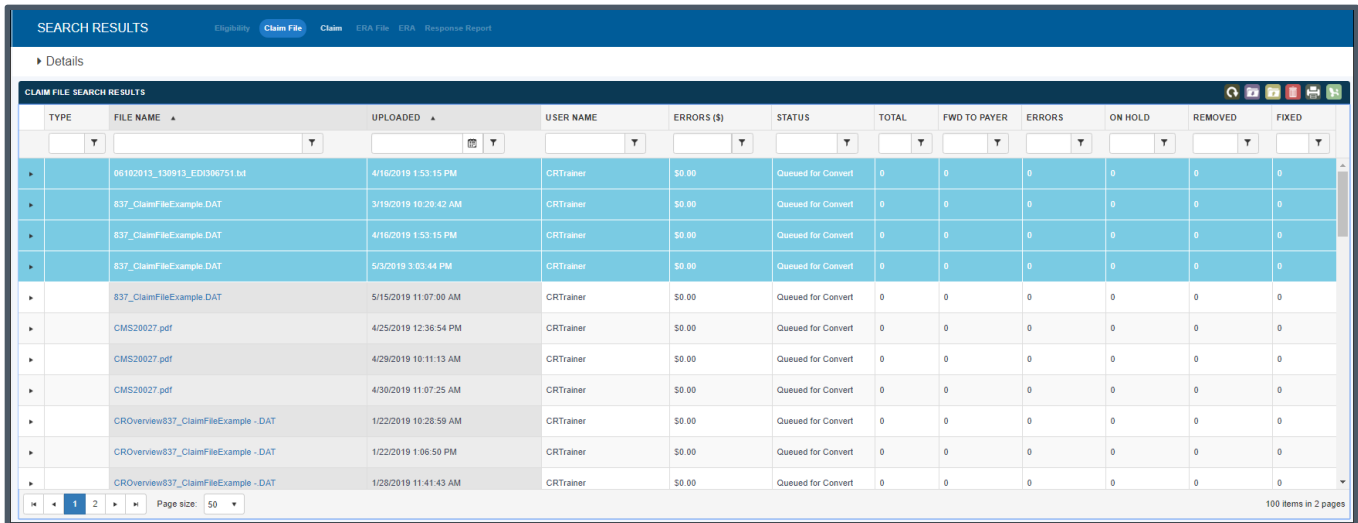
Export Grids

You can export most ClaimRemedi grids to an Excel spreadsheet by clicking the appropriate icon. Be aware that some grids do not permit an **Export All** option.

	Exports only the information displayed in the grid.
	Exports the information displayed in the grid plus any information not visible (i.e., data nested within the grid that appears when a line item is expanded).

Select Multiple Line Items in the Grid

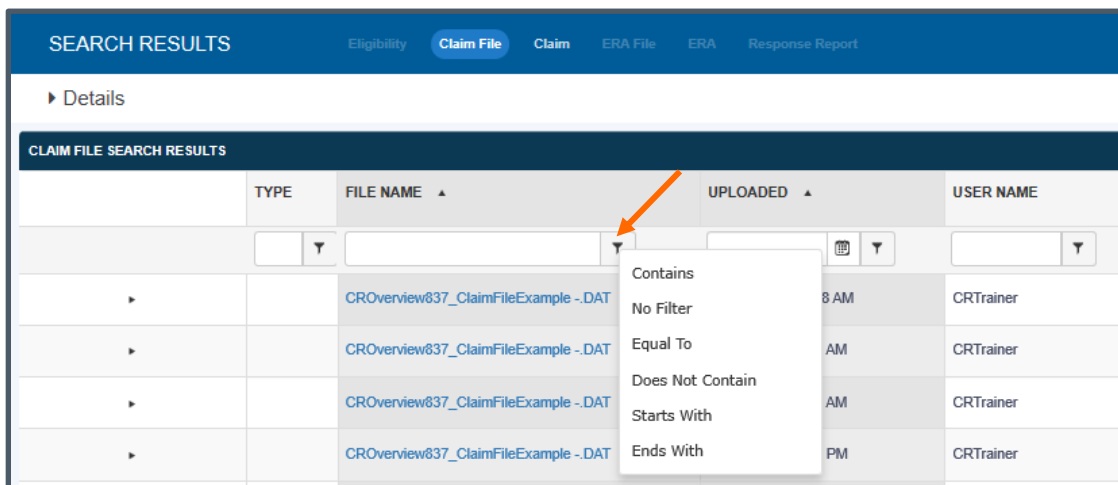
Use **Shift + Click** or **Ctrl + Click** on the keyboard to select multiple line items in a report or search grid. Selected line items will be highlighted. When you're finished selecting, click the appropriate icon (e.g., Archive) to trigger that action for the selected data. Icons are described [here](#), or hover your cursor over the icon to see its label.



TYPE	FILE NAME	UPLOADED	USER NAME	ERRORS (\$)	STATUS	TOTAL	FWD TO PAYER	ERRORS	ON HOLD	REMOVED	FIXED
	08102013_139913_ED1398751.txt	4/16/2019 1:53:15 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	837_ClaimFileExample.DAT	3/19/2019 10:29:42 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	837_ClaimFileExample.DAT	4/16/2019 1:53:15 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	837_ClaimFileExample.DAT	5/3/2019 3:03:44 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	837_ClaimFileExample.DAT	5/15/2019 11:07:00 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CMS20027.pdf	4/25/2019 12:36:54 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CMS20027.pdf	4/29/2019 10:11:13 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CMS20027.pdf	4/30/2019 11:07:25 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROverview837_ClaimFileExample -.DAT	1/22/2019 10:28:59 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROverview837_ClaimFileExample -.DAT	1/22/2019 1:06:50 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0
	CROverview837_ClaimFileExample -.DAT	1/28/2019 11:41:43 AM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0	0

Filters

ClaimRemedi offers data filters for search results and report results. Enter the information you want to filter then click the filter icon to the right of the field to choose parameters for the search.



TYPE	FILE NAME	UPLOADED	USER NAME
	CROverview837_ClaimFileExample -.DAT	8 AM	CRTrainer
	CROverview837_ClaimFileExample -.DAT	AM	CRTrainer
	CROverview837_ClaimFileExample -.DAT	AM	CRTrainer
	CROverview837_ClaimFileExample -.DAT	PM	CRTrainer


















Auto Logout













The system will display a warning after 19 minutes of inactivity to allow you to continue your session or log out. If you do not respond, the system will automatically log you out at 20 minutes and unsaved changes will be lost.













Icon and Symbol Definitions




ClaimRemedi icons are defined in the follow tables. A greyed-out icon is disabled and cannot be clicked or activated. On most pages, you can hover your cursor over an icon to see its label.

See the section in this guide on [Selecting Multiple Line Items in the Grid](#) if you want to trigger an icon's action on several line items in a search or report display.

General Icons	
	Refreshes the grid information on the page.
	Exports the current grid view to an Excel spreadsheet.
	Exports the entire grid and expandable details to an Excel spreadsheet.
	Exports the current grid to a PDF document.
	Assigns the selected claim to a user of choice.
	Adds a note to the selected claim.
	Archives the selected item.
	Unarchives the selected item.
	Creates an audit report for the selected claim.
	Unarchives the selected corresponding Response Report (also known as an 835 re-queue) OR overrides a suspended claim from the Claims Expecting Attachments report.
	Downloads the selected corresponding Response Report.
	Downloads all unarchived files in the Response Reports search results.
	Appears in two places: in Search Results →Details, which opens a window to update your search criteria, and in Claim File Editor, which opens a window to edit a claim scrubber error.
	Removes the specific search criteria or report filter.
	Appears in two places: in Secondary Claims Search Results, where it generates a secondary claim if the payer has been configured for manual secondary claim generation, and in User Access Rights, where it applies rights granted to the current user to new users.
	Removes a claim file.
	Zips the claim forms associated with the claim file into a single batch for printing. If there are over 300 claims in the batch, the process could take several minutes to complete.

Search Icons	
	Eligibility
	Claim File
	ERA File
	Response Report
	Claim
	Secondary claim
	ERA
	Patient Statement
	Saves the search along with the criteria you created.
	Allows you to use a saved search as a template so you can add search parameters and create a new, similar search.
	Denotes a favorite (or default) search. Click to remove favorite status. Only one saved search can be designated as a favorite.
	Indicates a saved search that is not designated as a favorite, or default, search. Click the icon to designate the saved search as a favorite.

Claim File Editor Icons	
	Removes the claims that can't be fixed.
	Indicates the file is unlocked and can be edited by any user who has access to the claim file editor. Click to lock the file to other users, except the person who locked it or a user with administrative rights.
	Sends the file back to the scrubber to rescrub corrections if changes were made to the claim file. If no changes were made, clicking this icon takes you back to the search page.
	Removes the entire file due to a conversion error or other issue. This icon is only enabled when the file is not recognized as a claim file.
	Multiple claims can be edited at once.
	Only one claim can be edited at a time.
	Multiple claims for the same patient can be edited.
	Opens an Edit Template window where claim file errors can be edited/fixed. A greyed-out pencil indicates an Edit Template is not available. Edit Templates are explained here . If the pencil icon is displayed with a number (e.g., 2) the number indicates that two errors need to be resolved.
	Opens a window where a claim can be edited via an HCFA 1500 or UB-04 claim form.
	Assigns the selected claim to another user.
	Overrides the selected claim warnings.
	Removes the selected claims from the claim file. These claims will not be sent to the payer.

EDI Testing Icons	
	Opens the Claim Submission window for EDI test file upload.
	Shows all files that have been uploaded to the EDI testing section of the grid, regardless of archived or unarchived status.
	Hides archived EDI testing files.

Requirements and Settings

System Requirements

Browser

- Internet Explorer (Version 10.0 and higher with Compatibility Mode off)
- Chrome (Version 40.0 and higher)
- Firefox (Version 32.0 and higher)
- Safari
- Edge (Windows 10.0)

Browser Settings

1. Add <https://claimremedi.providersportal.com> to Trusted Sites
2. Set SSL 3.0 to **true**
3. Disable popup blocker

ERAs

You will need Adobe Reader for PDF in order to download and view ERAs in ClaimRemedi. You can download Adobe Reader free of charge at: [www.http://get.adobe.com/reader](http://get.adobe.com/reader)

Operating System

Windows XP or later or Windows 2000 server or later, with all of the latest service packs and updates (both recommended and optional, including .Net updates) verified and performed.

Computer/Processor

233Mhz processor or higher. Pentium processor recommended.

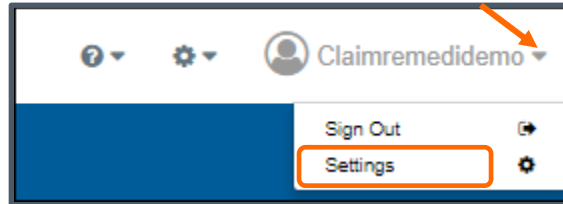
Display

A minimum screen resolution of 1600 X 900 is recommended. If your monitor supports lower resolutions, you may benefit from altering the zoom settings for <https://claimremedi.providersportal.com>

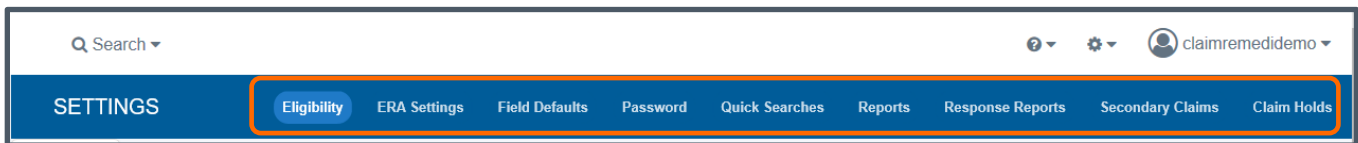
Settings

You can choose default settings for ClaimRemedi using the **Settings** functionality. The settings available to you are controlled by your user permissions. If a setting is greyed out/unclickable or does not appear at all, you don't have the necessary permissions to access that setting.

1. Click the down arrow next to your username in the global header and then click **Settings**.



2. Click the settings category in the content header that you want to set defaults for. This page is also used to change your password.



3. Select from the options presented for each settings category. Click **Save Customer Defaults** to save your settings.

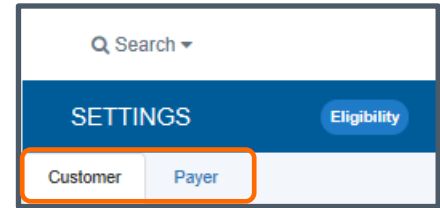
ELIGIBILITY CUSTOMER SETTINGS
■ HIDE DETAILED MEDICARE DATA

FIELD NAME	SETTING
City	<input type="text"/>
Entity Identifier Code	Provider (1P) ▼
First Name	<input type="text"/>
FTID	123456789
Last or Organization Name	<input type="text"/>
NPI	1234567890
State	<input type="text"/>

SAVE CUSTOMER DEFAULTS

Each settings category is described below.

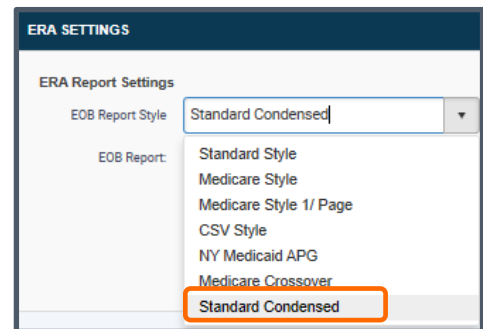
Eligibility: Add default customer and payer settings for eligibility. The settings auto-populate and save time when checking eligibility. To save the information in this form as the default settings for eligibility, click **Save** at the bottom of the page.



Customer settings: add customer settings for eligibility that become the default provider information. After settings are saved, you can change them at the payer level later.

Payer settings: mark payers as favorites or set them as the default payer that displays when a new eligibility submission request is opened. Favorite payers always display at the top of your eligibility list of payers. If you set up your practice with different provider IDs for different payers, you can add to or change that information in default settings. When setup is required for a payer, the payer name displays in red font in the drop-down menu. The payer is most likely an enhanced payer and must be set up with an active username and password for the payer's website. The payer's website will be displayed at the bottom of the form. Click **View Favorite Payers** at the bottom to see a full list of favorite payers by **Payer ID** and **Payer Name**. Only administrators at your facility have access rights to Eligibility defaults.

ERA Settings: Set default options for EOB report type and style in downloaded report PDFs. A new **Standard Condensed** EOB report style was recently added which is similar to the current **Standard** style but displays multiple remittances per page instead of each remittance on its own separate page. This reduces the overall size of the printed file. In addition, the Check Information section in the Condensed style appears once, at the top of the file, rather than at the beginning of each remittance.



Field Defaults: Set default date ranges for searches and other date types. The Field Defaults settings apply changes to date fields specifically (e.g., date range, date of service, date of upload, date of check, etc.). **Rolling** date type selects a range based on the current date -- up to 90 days in the past and up to 5 days in the future (95 days in total).

Password: Change your ClaimRemedi password.

Quick Searches: Set default date ranges for all quick searches and view your current Quick Search settings.

Reports: Set default date types for each report, including settings for the type of date on the reports (e.g., EFT Check Date for Allowed Amounts by Procedure).

Response Reports: Set default statuses (Enable or Disable) for each type of response report. The status button has a toggle feature: click it to change from **Enabled** to **Disabled**, click it again to change back.

Secondary Claims: Automate the generation of secondary claims. Click [here](#) to learn more.

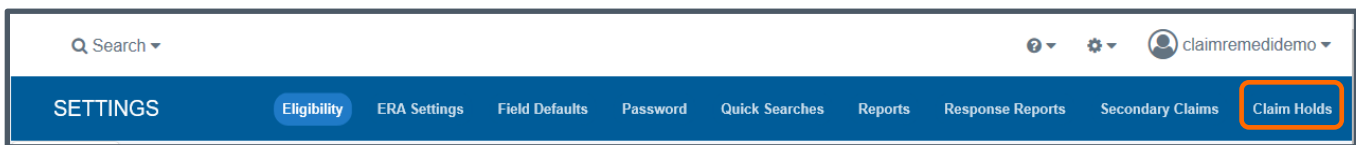
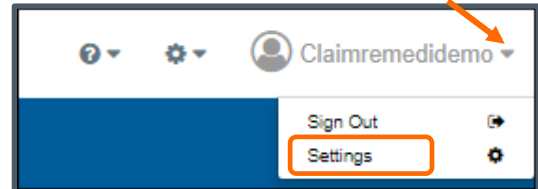
Claim Holds: Place certain claims on hold after scrubbing. Claim holds are described below.

Claim Holds

The **Claim Holds** setting allows you to place certain claims on hold after scrubbing so that additional edits/updates can be made before the claim is submitted to a payer. For example, you may have a specific payer for whom scrubbed claims still require updates before submitting. Since it may be easier to edit those claims in ClaimRemedi rather than in your own medical software, you can create a claim hold for that specific payer and keep it activated for the period of time in which you're working those claims.





You will need the appropriate user permissions for claim holds in order to use this feature.

1. Click the down arrow next to your username in the global header and then click **Settings**.
2. Click the **Claim Holds** button in **Settings** to configure your claim holds criteria.



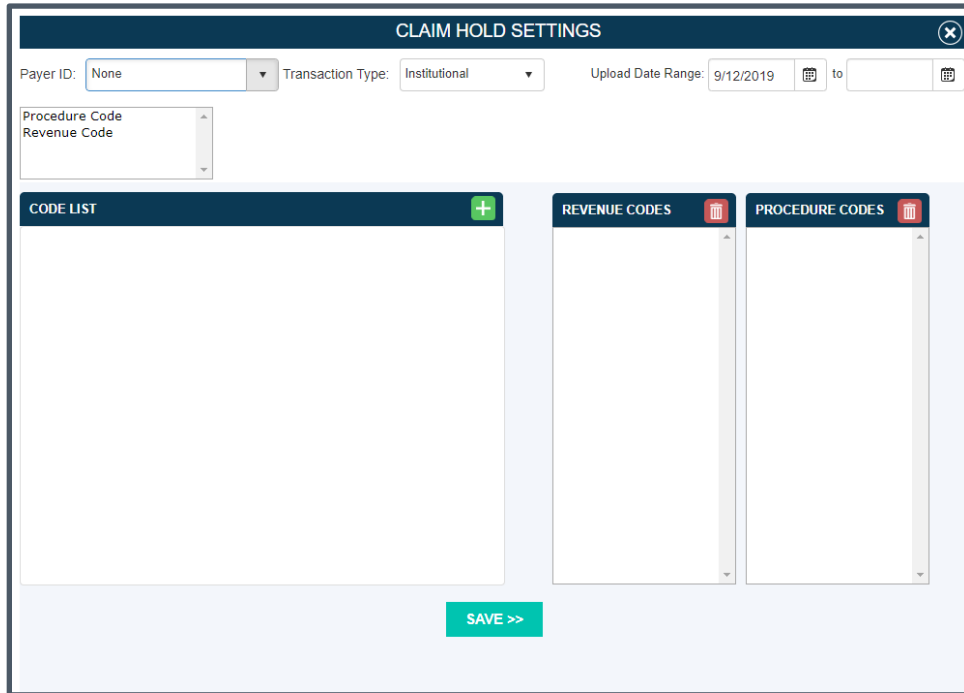
The icons in the upper right of the Claim Holds page can be used to create and edit claim holds:



	Create a new Claim Hold.
	View inactive holds.
	Deactivate an active Claim Hold by selecting the active hold then clicking the Deactivate Claim Hold icon.
	Reactivate an inactive Claim Hold by selecting the inactive hold then clicking the Reactivate Claim Hold icon. When a Claim Hold is reactivated, the Upload Date Range will be automatically set to the current date in the From field. The To field will be blank until you choose to set it.

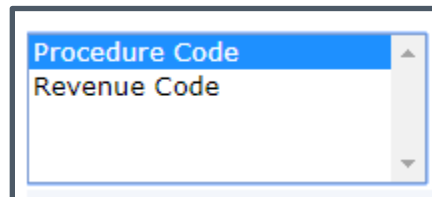
Create a New Claim Hold

1. Click the **Create New Hold** icon . The **Claim Hold Settings** page opens.

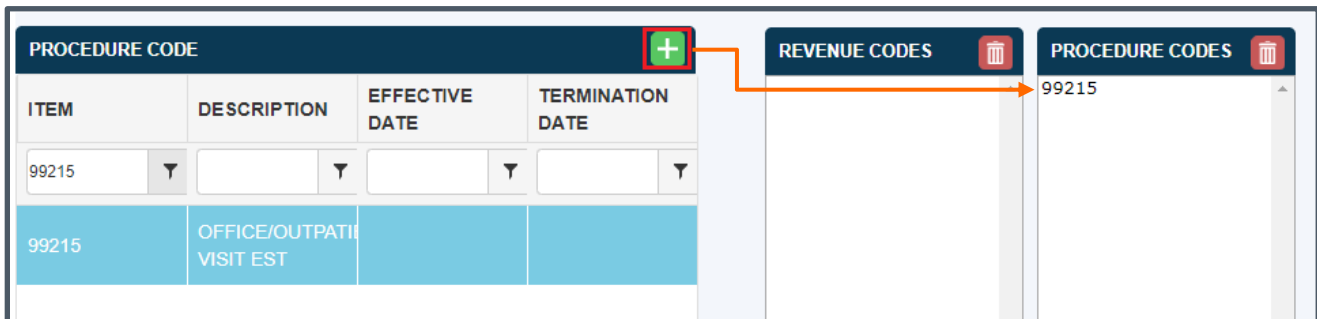


Claim holds can be created using a single setting, or any combination of settings, for Payer ID, Transaction Type (e.g., Institutional, Professional, or Dental), Procedure Code(s) and/or Revenue Code(s). Revenue code(s) can only be used if the transaction type is **Institutional**.

2. Click the drop-down arrow next to **Payer ID** and **Transaction Type** to select these options.
3. Click **Procedure Code** in the codes window.

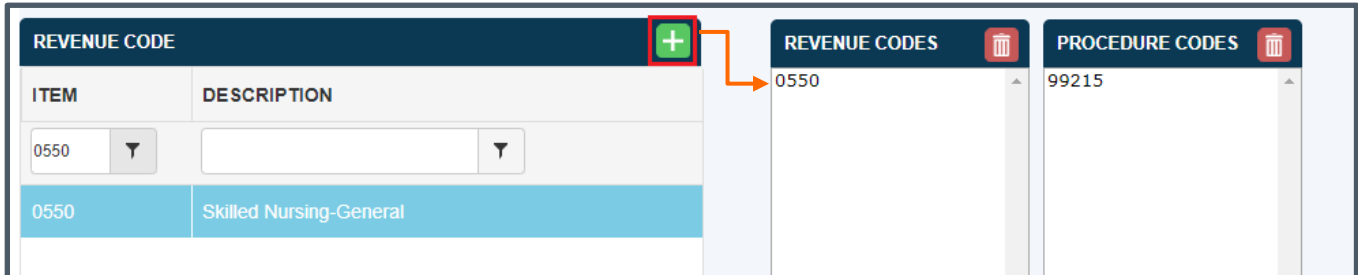


4. Search for and select a procedure code in the **Procedure Code** window. Click the **Add Code** button, which places the code in the applied **Procedure Codes** window.



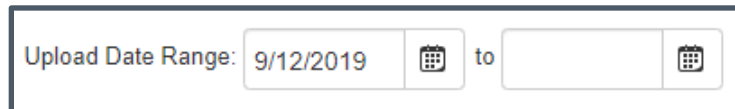
ITEM	DESCRIPTION	EFFECTIVE DATE	TERMINATION DATE
99215			
99215	OFFICE/OUTPATIENT VISIT EST		



- Follow a similar procedure to add a Revenue Code: click **Revenue Code** in the codes window, search for and select a Revenue Code and click the **Add Code** button to place the code in the applied Revenue Codes window. Remember, Revenue Codes can only be used if the **Institutional** transaction type is chosen.



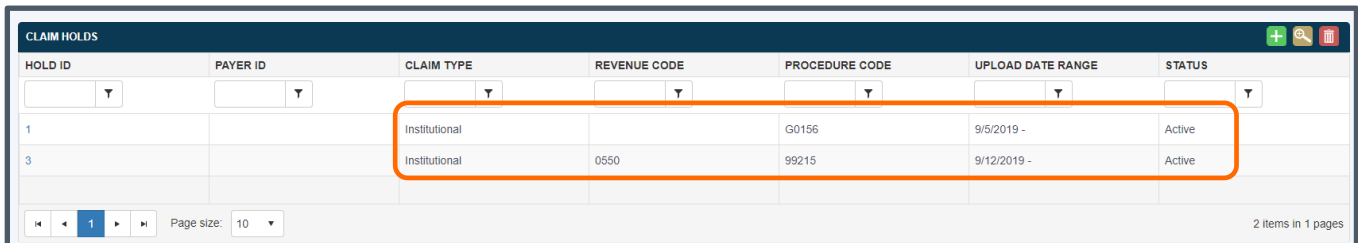
REVENUE CODE		REVENUE CODES	PROCEDURE CODES
ITEM	DESCRIPTION	0550	99215
0550	Skilled Nursing-General		

- You can also choose to apply an **Upload Date Range**. The claim hold **From** date is automatically set to the current date. The **To** date will be blank, which allows the hold to remain active until you are ready to deactivate it. If you choose a **To** date, the claim hold will automatically deactivate on the date entered. Click the calendar icon in the Date Range fields to set your dates.



Upload Date Range: 9/12/2019  to 

- Click **Save** at the bottom of the page once all choices have been made. The new, active claim hold will display on the page.



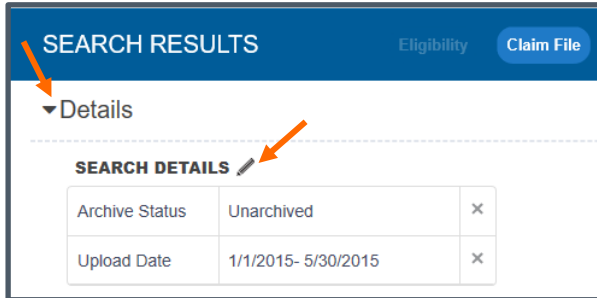
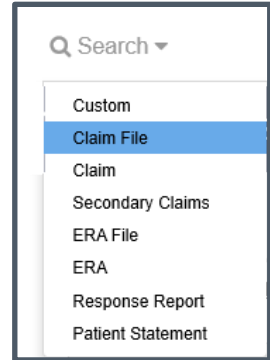
HOLD ID	PAYER ID	CLAIM TYPE	REVENUE CODE	PROCEDURE CODE	UPLOAD DATE RANGE	STATUS
1		Institutional		G0156	9/5/2019 -	Active
3		Institutional	0550	99215	9/12/2019 -	Active

Page size: 10 | 2 Items in 1 pages

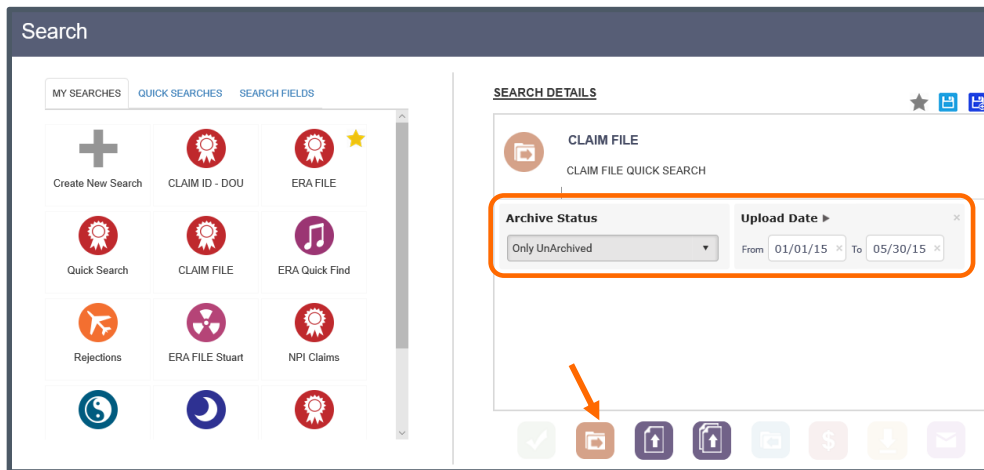
View Claims on Hold

When a claim hold is active, any clean claim you upload that meets the claim hold criteria you just applied will be placed On Hold. The count of On Hold claims in a claim file is displayed in **Claim File Search Results**, which is accessed by clicking the drop-down arrow next to **Search** in the global header and selecting **Claim File**. The **Claim File Search Results** page opens.

If the claim file you're looking for isn't in the display or you want to customize the list, use the **Quick Search** function to refine your results. Click the drop-down arrow next to **Details** and then click the pencil icon. In **Search Details**, expand your search dates or select other archive statuses. Click the claim file icon at the bottom to start the search.



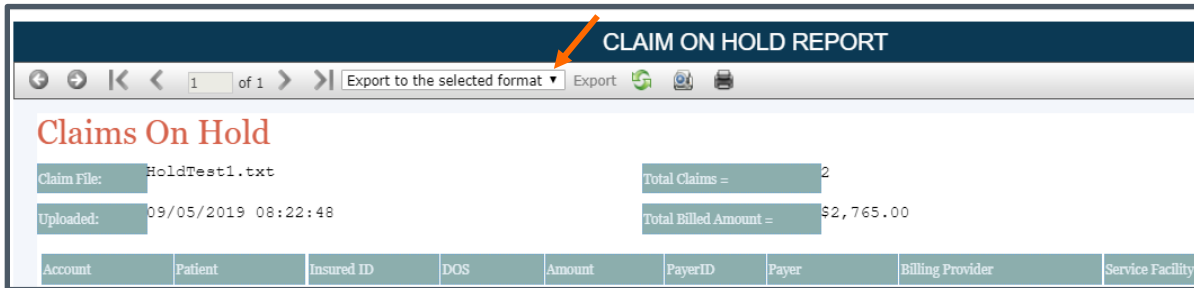
Click [here](#) for more information on how to use Quick Searches.



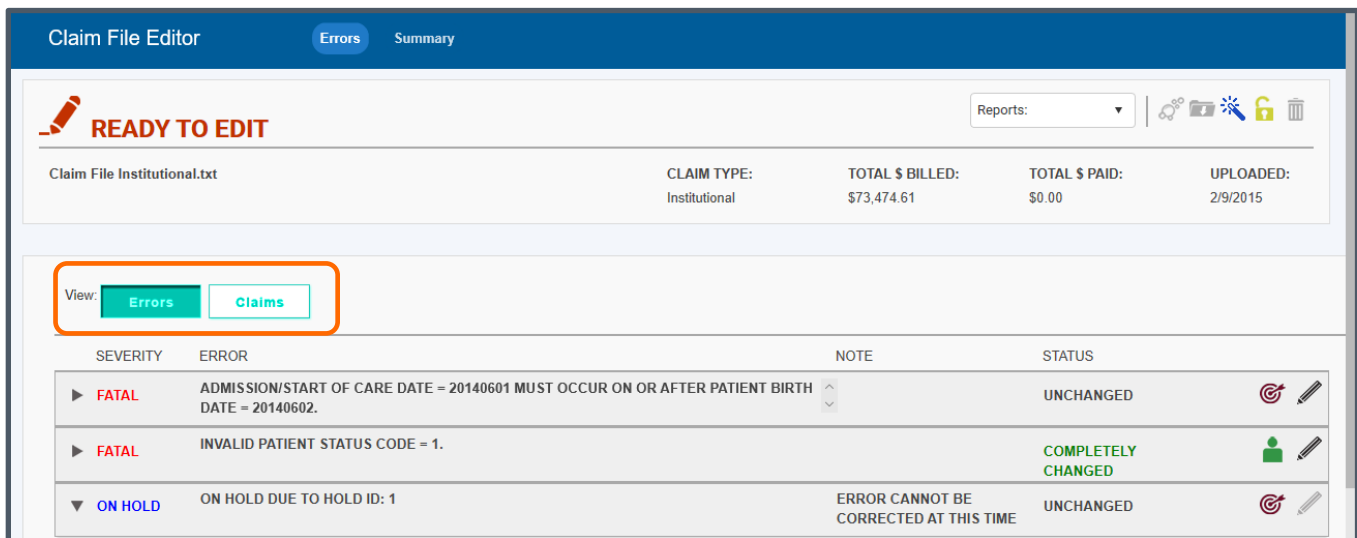
1. Click the number in the **On Hold** column in **Claim File Search Results**.

SEARCH RESULTS													
Eligibility Claim File Claim Secondary Claims ERA File ERA Response Report													
Details													
CLAIM FILE SEARCH RESULTS													
	TYPE	FILE NAME	UPLOADED	USER NAME	ERRORS (\$)	STATUS	TOTAL	CH ERRORS	FWD TO PAYER	PAYER ERRORS	ON HOLD	REMOVE	FIXED
	P	T1561.txt	1/18/2017 10:00:49 AM	cr101916	\$1,302.00	Queued for Scrubbing	14	0	0	0	0	0	0
	I	T9822.txt_Copy_288839_201701	1/17/2017 4:16:05 PM	mmerrick	\$0.00	Resolved	1	0	0	0	0	0	0
	P	T1548.txt	1/16/2017 10:02:24 AM	claimremediden	\$4,551.00	File Changed	37	24	10	0	1	0	0

- The **Claim On Hold Report** opens.
- (Optional) Click the down arrow next to **Export to the selected format** at the top of the window to export the On Hold claim to any of several different formats.

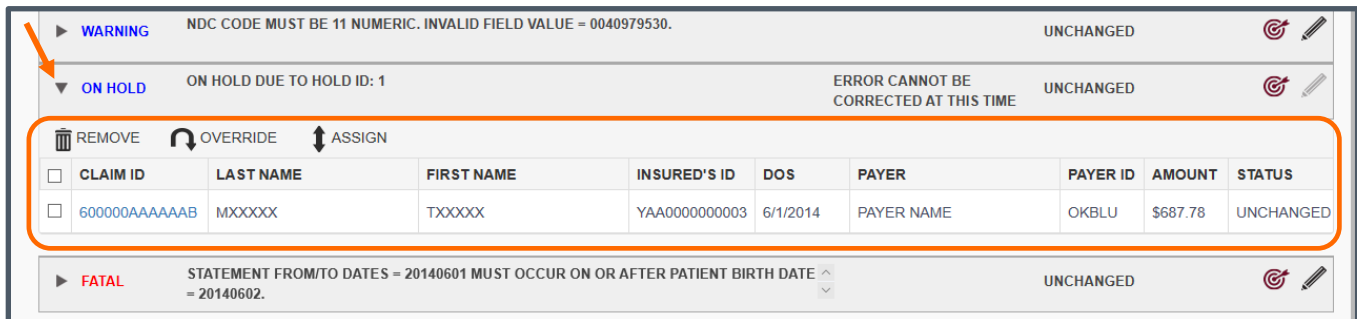


- You can also view On Hold claims in the **Claim File Editor**. Return to the Claim File Search Results page and click the filename that contains On Hold claims. The Claim File Editor shows the claim in both the **Errors** and **Claims** views.



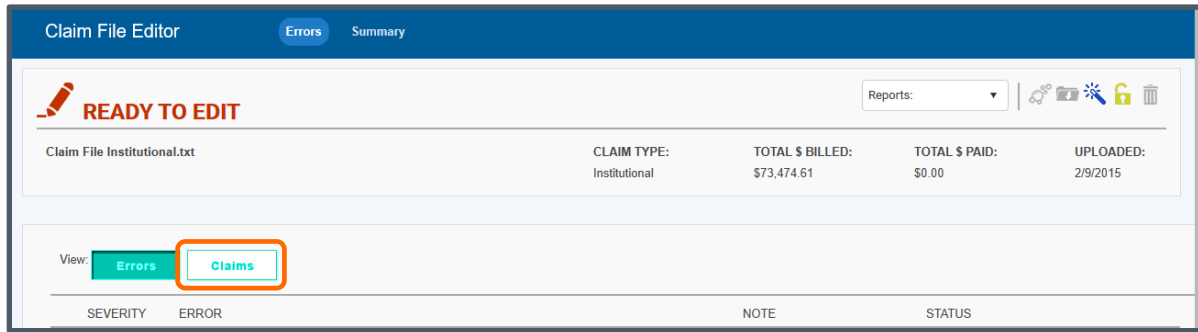
SEVERITY	ERROR	NOTE	STATUS
FATAL	ADMISSION/START OF CARE DATE = 20140601 MUST OCCUR ON OR AFTER PATIENT BIRTH DATE = 20140602.		UNCHANGED
FATAL	INVALID PATIENT STATUS CODE = 1.		COMPLETELY CHANGED
ON HOLD	ON HOLD DUE TO HOLD ID: 1	ERROR CANNOT BE CORRECTED AT THIS TIME	UNCHANGED

- Click the arrow next to **On Hold** to view more information about the claim and to access actions you can take (Remove, Override, Assign). Errors with a severity type of fatal cannot be overridden.

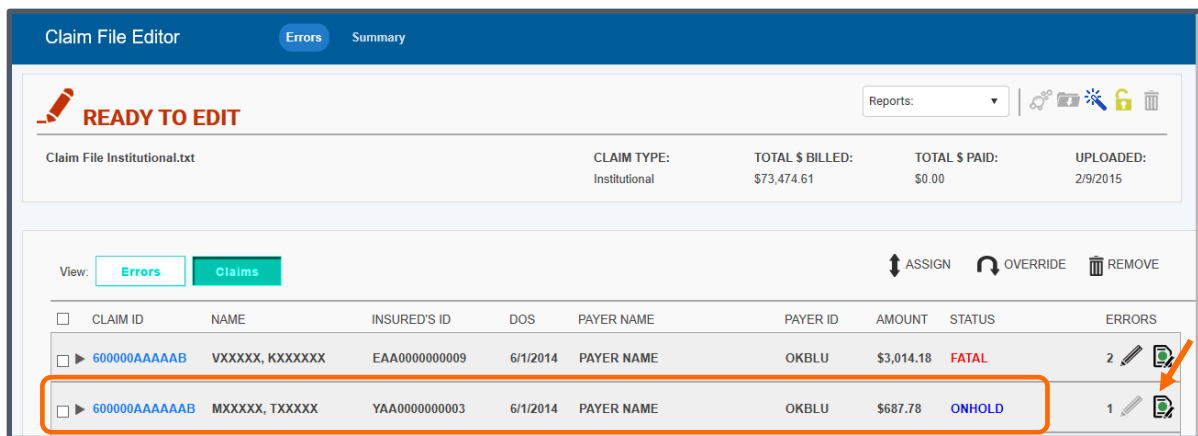


CLAIM ID	LAST NAME	FIRST NAME	INSURED'S ID	DOS	PAYER	PAYER ID	AMOUNT	STATUS
600000AAAAAAB	MXXXXX	TXXXXX	YAA000000003	6/1/2014	PAYER NAME	OKBLU	\$687.78	UNCHANGED

2. Click **Claims** to open the Claims view.



3. From here, you can click the arrow next to the **Claim ID** to view the severity status and error information. You can also edit the claim using the editable forms function.



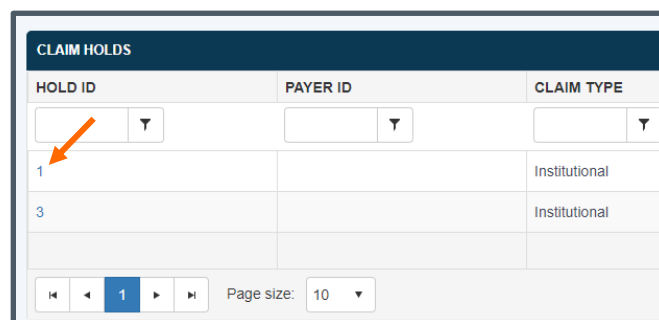
Claims in an **On Hold** status can be updated, assigned, overridden, or removed.

Note: Claims will only remain on hold until the file is rescrubbed if no other action is taken on the claim.

Modify an Active Claim Hold

You'll need to return to the **Claim Holds** page in **Settings** to view active Claim Holds and modify their settings.

1. Locate the claim hold you want to modify. Click the **Hold ID** for that claim. The **Claim Hold Settings** page opens.



- Modify the current selections. Remove a Procedure and/or Revenue Code by selecting the code in the appropriate window then clicking the **Delete Code** icon.

- Click **Save** at the bottom of the page when your changes are complete.

Deactivate/Reactivate a Claim Hold

You'll need to return to the **Claim Holds** page in **Settings** to view active claim holds and modify their status.

- Locate and click the row for the claim hold you want to deactivate. Click the **Deactivate Hold** icon. The claim hold will be moved to Inactive Claims.

HOLD ID	PAYER ID	CLAIM TYPE	REVENUE CODE	PROCEDURE CODE	UPLOAD DATE RANGE	STATUS
1		Institutional	0000		12/11/2019 -	Active
2	14163	Professional		00001	12/11/2019 -	Active
3	27514	Professional		00002	12/11/2019 -	Active
4	35162	Professional		Multiple	12/11/2019 -	Active
5	14163	Professional		00002	3/4/2020 - 3/31/2020	Active

- To reactivate the claim, click the **View Inactive Claims** icon. From the list, click the row to select the hold you want to reactivate. Click the **Reactivate Hold** icon. The claim hold will be returned to the Claim Holds page. When a claim hold is reactivated, the **From** date in the **Upload Date Range** field will be automatically set to the current date and the **To** date field will be blank. You can edit the claim hold to modify these dates.

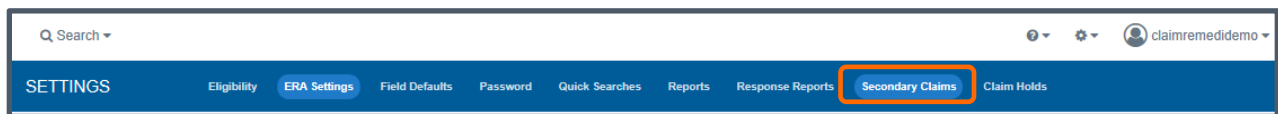
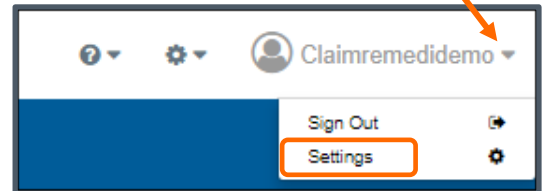
Secondary Claims Automation

The **Secondary Claims** setting lets you choose whether to have secondary claims automatically generated and submitted by ClaimRemedi or flagged for review first. If you choose the latter option, you can review secondary claim candidates on a Search Results page at any time and generate them when you choose. The automatic versus manual settings are configured by payer and transaction type (Professional, Institutional, or Dental).

In order for a secondary claim to be generated automatically, the associated primary claim (837) must have been submitted through ClaimRemedi and the ERA (835) received back in the system. The payer ID on the primary claim must be a valid ID in ClaimRemedi. All service lines for the primary claim must be received in the same ERA file. When these dependencies are met, ClaimRemedi has sufficient data to generate and submit a secondary claim.

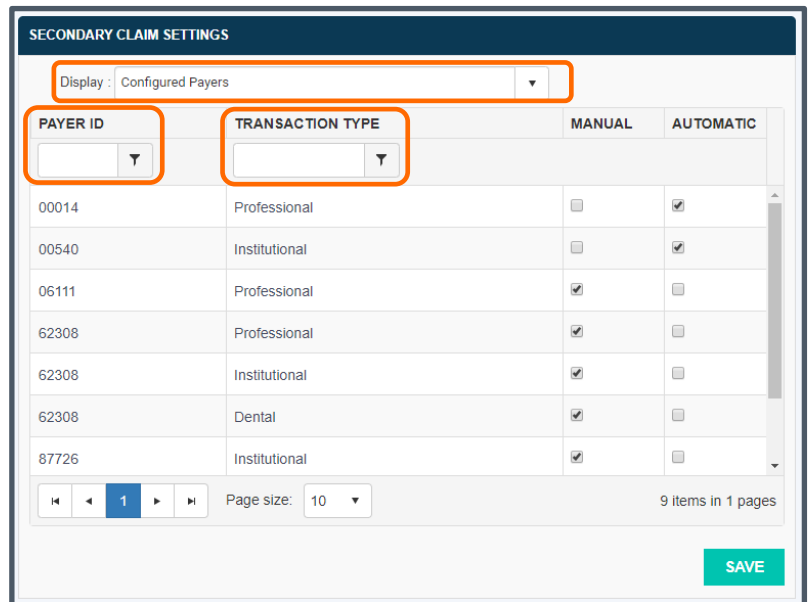
You will need the appropriate user permissions in order to access this functionality.

1. Click the down arrow next to your username in the global header and then click **Settings**.
2. Click the **Secondary Claims** button in **Settings**.



The **Secondary Claims Settings** window displays payers who are set up in ClaimRemedi and who accept electronic secondary claims. Your facility's complete payer list can be viewed by clicking **Payer List** in the main navigation area.

Each payer is designated by Transaction Type (Professional, Institutional, or Dental). The display opens to All Payers, but you can filter by clicking the drop-down arrow next to **Display** and selecting Configured Payers (those payers you have already configured for manual or automatic secondary claims generation) or Not-Configured Payers (payers not yet configured for manual or automatic secondary claims generation.) You can also narrow the display by typing a specific **Payer ID** in the text box, clicking the filter icon, and selecting a filter. Use this same process to filter by **Transaction Type**.


 A screenshot of the 'SECONDARY CLAIM SETTINGS' window. At the top, there is a 'Display' dropdown menu set to 'Configured Payers'. Below this are two filter boxes: 'PAYER ID' and 'TRANSACTION TYPE', both with dropdown arrows. The main area contains a table with columns for PAYER ID, TRANSACTION TYPE, MANUAL, and AUTOMATIC. The table lists several payers with their respective transaction types and manual/automatic settings. At the bottom, there are navigation controls (back, forward, page 1), a 'Page size' dropdown set to 10, and a 'SAVE' button.

PAYER ID	TRANSACTION TYPE	MANUAL	AUTOMATIC
00014	Professional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
00540	Institutional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
06111	Professional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62308	Professional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62308	Institutional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62308	Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
87726	Institutional	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Select either **Manual** or **Automatic** generation of secondary claims by clicking the selection box. A checkmark will appear. If you select **Automatic**, ClaimRemedi will automatically generate and submit a secondary claim without any further action on your part if that claim meets the dependencies stated on the previous page. If you select **Manual**, secondary claim candidates will be available for you to review on a Search Results page, allowing you to generate the claim when you choose. Instructions on how to access the list of secondary claim candidates is on the next page.

Click the **Save** button to save your selections.

PAYER ID	TRANSACTION TYPE	MANUAL	AUTOMATIC
0XXXX	Professional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0XXXX	Institutional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0XXXX	Professional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6XXXX	Professional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6XXXX	Institutional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6XXXX	Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8XXXX	Institutional	<input checked="" type="checkbox"/>	<input type="checkbox"/>

View Secondary Claim Files Automatically Generated by ClaimRemedi

Secondary claim files generated by ClaimRemedi can be viewed on the **Claim File Search Results** page. The secondary claim files you see in the grid were either generated automatically or reviewed first and generated manually, depending on the option you selected in the **Settings** menu for secondary claim automation.

1. Click the drop-down arrow next to **Search** in the global header and select **Claim File**. The **Claim File Search Results** page opens. Secondary claim files are displayed with other processed claim files. All secondary claim file names have the same naming convention: **CRSecondary_[primary claim's claim filename]** Filter the display by typing the first few letters of the filename (e.g., CRS) in the File Name text box, clicking the filter icon, and selecting a filter.

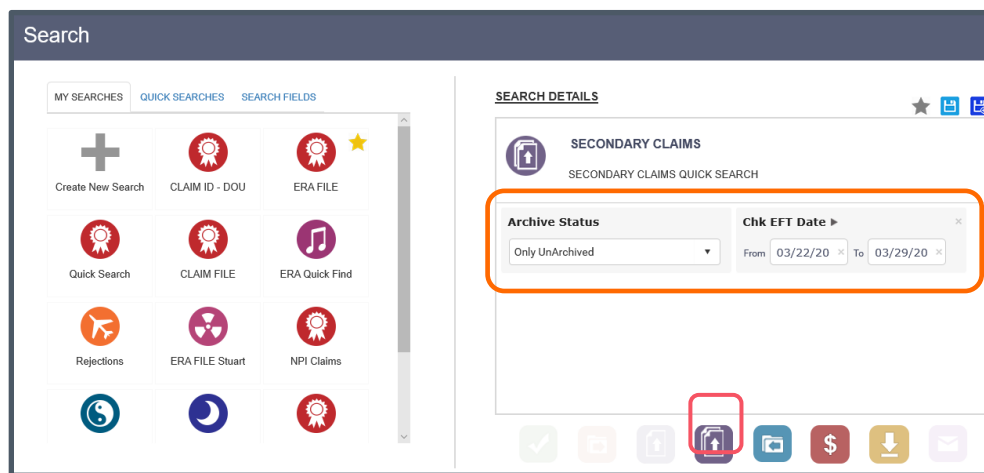
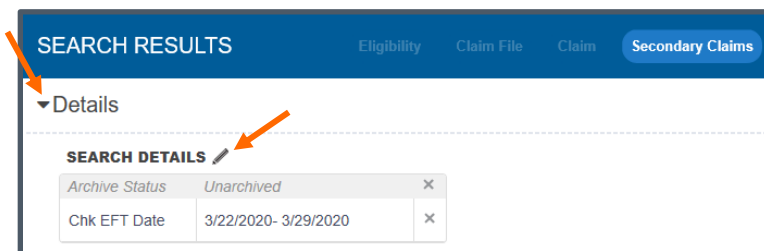
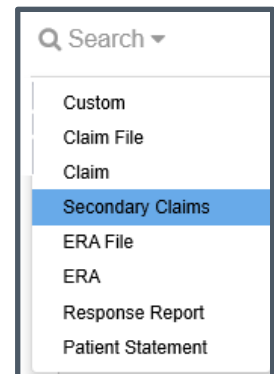
- Search
- Custom
- Claim File**
- Claim
- Secondary Claims
- ERA File
- ERA
- Response Report
- Patient Statement

CUSTOMER NAME	TYPE	FILE NAME
Institutional Facility	I	CRSecondary_1_AAA-AA-11111_20200000000000.txt
Institutional Facility	I	CRSecondary_1_AAA-AA-11112_20200000000000.txt

View & Manage Secondary Claim Candidates (Manual Generation)

Secondary claims that are not automatically generated are displayed on the **Secondary Claim Search Results** page, which is accessed by clicking the drop-down arrow next to **Search** in the global header and selecting **Secondary Claims**. The **Secondary Claim Search Results** page opens. Secondary claim candidates in this list are placed here automatically by the system if the associated payer is configured for manual secondary claim generation.

Note: If the secondary claim you're looking for isn't in the display or you want to customize the list, use the **Quick Search** function to refine your results. Click the drop-down arrow next to **Details** and then click the pencil icon. In **Search Details**, expand your search dates or select other archive statuses. Click the secondary claims icon at the bottom to start the search. Click [here](#) for more information on how to use Quick Searches.



- Review the date of service and payment information in the grid for the primary claim. View the primary claim by clicking the link in the **Primary Claim ID** field. The primary claim opens in the **Claim View**. For some claims, particularly Medicare claims, the primary payer may have already passed the claim to the secondary payer after claim processing was complete. Use the primary claim information in the Claim View to determine what action to take on the secondary claim candidate.

SEARCH RESULTS										
Eligibility Claim File Claim Secondary Claims ERA File ERA Response Report Patient Statements										
▶ Details										
SECONDARY CLAIM SEARCH RESULTS										
TYPE	PRIMARY PAYER	PRIMARY PAYER ID	PRIMARY CLAIM ID	SECONDARY PAYER	SECONDARY PAYER ID	DOS	CHECK/EFT DATE	CHECK/EFT #	BILLED \$	PAID \$
P	PAYER NAME	5XXXX	6XXXXXXXXXXXX	MXXXXXX-XXXXXXX	OXXXX	0X/XX/XXXX	7/6/2014	5XXXXXXXX	\$693.75	\$0.00
P	PAYER NAME	OXXXX	6XXXXXXXXXXXX	MXXXXXX-XXXXXXX	OXXXX	0X/XX/XXXX	7/9/2014	CXXXXXXXXXX	\$56.43	\$0.00
P	PAYER NAME	3XXXX	6XXXXXXXXXXXX	BXXX XXXXX-XXXXXXX	OXXXX	0X/XX/XXXX	8/10/2014	UXXXXXXXXXX	\$44.15	\$0.00
P	PAYER NAME	6XXXX	6XXXXXXXXXXXX	MXXXXXX-XXXXXXX	OXXXX	0X/XX/XXXX	9/1/2014	8XXXXXXXXXX	\$98.91	\$0.00

Primary Claim for a Secondary Claim Candidate

CLAIM VIEW
✕

- SUMMARY
- CHARGE DETAILS
- PROVIDER INFO
- OTHER INFO
- FORM
- AUDIT
- NOTES
- ASSIGN
- UNARCHIVE
- VIEW ERA
- ATTACHMENTS

STATUS: Paid - Adjudicated

GENERAL INFORMATION

Claim ID	60000AA000AA6	Date of Service	12/31/2013
Subscriber Last Name	BXXXX	Total Claim Charge Amount	\$693.75
Subscriber First Name	GXXXX	Payer ID	XXX
Patient Last Name	BXXXX	Payer Name	CXXXXXXXXXX XXXXXXXX XX
Patient First Name	GXXXX	Billing Provider Name	MXXXXXXXX XXXXXXX XXXX XXXXX
Subscriber ID	50000008	Claim Frequency/Submission Reason Code	1

SUBSCRIBER INFORMATION

Subscriber Last Name	BXXXX
Subscriber First Name	GXXXX
Subscriber Street Address	123 MAIN STREET
Subscriber City	HXXXX
Subscriber State	XX

PATIENT INFORMATION

Patient Last Name	BXXXX
Patient First Name	GXXXX
Patient Street Address	123 MAIN STREET
Patient City	HXXXX
Patient State	XX

- If you decide to generate and submit a secondary claim candidate, click the row to highlight it. You can also select multiple secondary claim candidates by using **Shift + Click** or **Ctrl + Click** on the keyboard to highlight multiple rows. Selected line items will be highlighted.

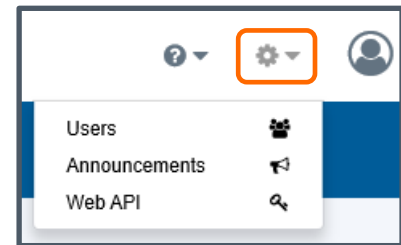
TYPE	PRIMARY PAYER	PRIMARY PAYER ID	PRIMARY CLAIM ID	SECONDARY PAYER	SECONDARY PAYER ID	DOS	CHECK/EFT DATE	CHECK/EFT #	BILLED \$	PAID \$
P	PAYER NAME	5XXXX	6XXXXXXXXXXXXXXXXX	MXXXXXXXXXXXXXXXXXX	0XXXX	0XXXXXXX	7/6/2014	5XXXXXXXX	\$693.75	\$0.00
P	PAYER NAME	0XXXX	6XXXXXXXXXXXXXXXXX	MXXXXXXXXXXXXXXXXXX	0XXXX	0XXXXXXX	7/9/2014	CXXXXXXXXXXXXXXXXX	\$56.43	\$0.00
P	PAYER NAME	3XXXX	6XXXXXXXXXXXXXXXXX	BXXXXXXX-XXXXXXXXXX	0XXXX	0XXXXXXX	8/10/2014	UXXXXXXXXXXXXXXXXX	\$44.15	\$0.00
P	PAYER NAME	6XXXX	6XXXXXXXXXXXXXXXXX	MXXXXXXXXXXXXXXXXXX	0XXXX	0XXXXXXX	9/1/2014	8XXXXXXXXXXXXXXXXX	\$98.91	\$0.00
P	PAYER NAME	0XXXX	6XXXXXXXXXXXXXXXXX	MXXXXXXXXXXXXXXXXXX	0XXXX	0XXXXXXX	9/2/2014	CXXXXXXXXXXXXXXXXX	\$103.86	\$0.00
P	PAYER NAME	6XXXX	6XXXXXXXXXXXXXXXXX	MXXXXXXXXXXXXXXXXXX	0XXXX	0XXXXXXX	9/8/2014	8XXXXXXXXXXXXXXXXX	\$252.79	\$0.00

- Click the generate secondary claim icon in the header. The selected claims will be processed through the normal submission process, which scrubs the claim first before sending it to the payer.

If you choose not to generate a secondary claim, you can archive the file which removes it from the display. Click a secondary claim candidate and then click the archive icon.

System Management

A facility administrator can modify user settings, add announcements, and enable alerts. They can also search, find default reports, and submit eligibility. To access system management, click the gear icon in the global header.



Users

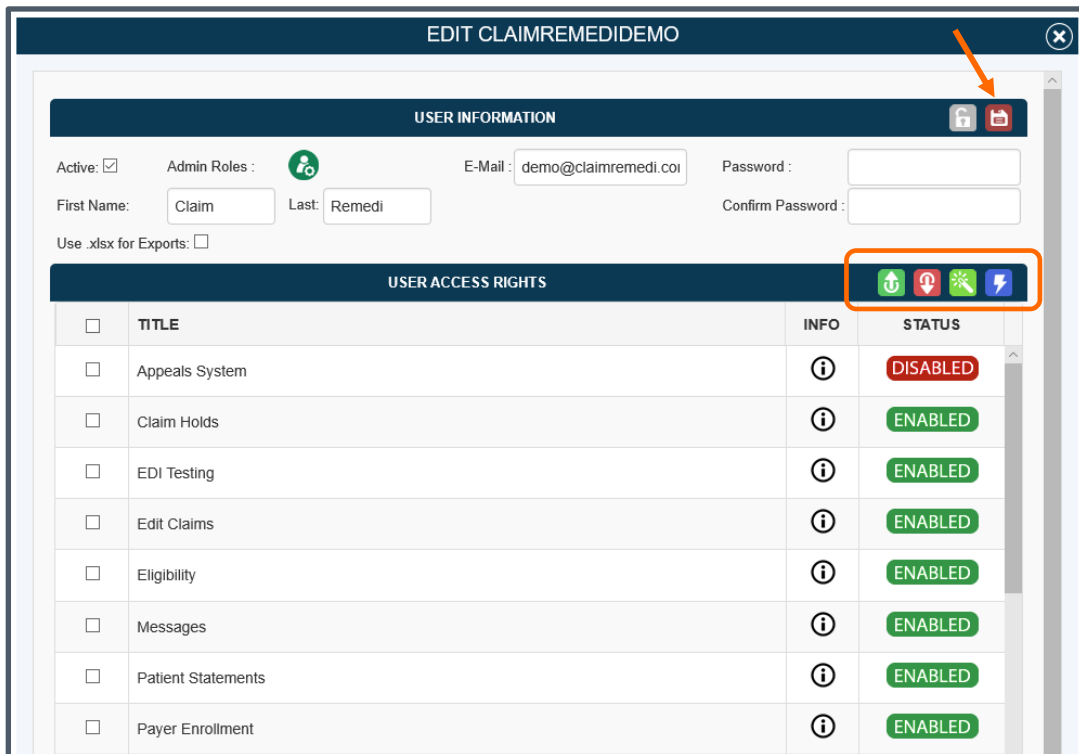
- Click **Users** in the drop-down box. The **Manage Users** page will open. The page displays all users of an account, their email addresses, and most recent activity.
- (Optional) Use the filter fields to quickly locate a user account.
- (Optional) Use the shoulder icons to view active and inactive users or to export the user list to Excel.

USERNAME	ROLES	FIRST NAME	LAST NAME	EMAIL	ACTIVE	LOCKED	LAST ACTIVITY
ClaimRemediDemo		Claim	Remedi	demo@claimremedi.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/17/2019 7:01:04 AM
CRDemo01				keddy@claimremedi.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/9/2019 10:56:36 AM
CRTrainer		Claim	Remedi	cr@cr.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/16/2019 1:51:41 PM

Hover your cursor over any icon to see what it represents.

Edit User Information

1. Click a username to open the Edit window. You can modify a user's name, role, password, and rights. You can also inactivate any user who no longer needs access to ClaimRemedi.
2. *(Optional)* Use the shoulder icons to help you quickly modify a user's information. Hover over an icon to see its function.
3. *(Optional)* Hover over and click the **Status** field to change a user's status from Enabled to Disabled for access to individual parts of the system or use the shoulder icons to enable or disable all access rights.
4. *(Optional)* Click two or more checkboxes next to specific usernames then click a shoulder icon to apply that action to your selected names.
5. *(Optional)* Click the lightning bolt icon in the **User Access Rights** header to apply rights granted to the current user to new users.
6. Be sure to save all changes to the current user by clicking the **Save** icon in the **User Information** header. Close the window to return to the **Manage Users** page.



TITLE	INFO	STATUS
<input type="checkbox"/> Appeals System	ⓘ	DISABLED
<input type="checkbox"/> Claim Holds	ⓘ	ENABLED
<input type="checkbox"/> EDI Testing	ⓘ	ENABLED
<input type="checkbox"/> Edit Claims	ⓘ	ENABLED
<input type="checkbox"/> Eligibility	ⓘ	ENABLED
<input type="checkbox"/> Messages	ⓘ	ENABLED
<input type="checkbox"/> Patient Statements	ⓘ	ENABLED
<input type="checkbox"/> Payer Enrollment	ⓘ	ENABLED

You'll find information on setting up user access to specific billing provider NPIs in [NPI Assignments](#).

IMPORTANT:

- Users who have **Edit Claims** enabled for their accounts also have permission to edit payer rejections and scrubber errors.
- **Copy Claims** permissions can only be enabled if **Edit Claims** is enabled.

Create A New User

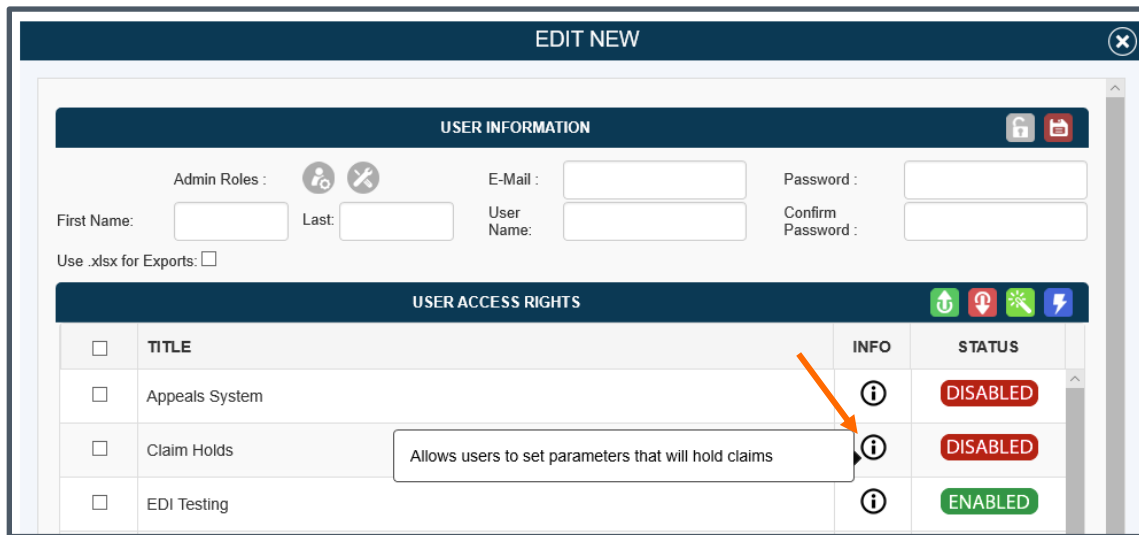
1. Click the **Create New User** icon on the Manage Users page.
2. Fill in the new user information in the **Edit New** window. User rights are automatically set to the default. Add the new user by clicking the **Save** icon in the User Information header.
3. Once the user is saved, you can set his/her access rights. Only your facility administrator can change passwords for other users.

MANAGE USERS								
YOUR USERS								
USERNAME	ROLES	FIRST NAME	LAST NAME	EMAIL	ACTIVE	LOCKED	LAST ACTIVITY	
ClaimRemediDemo		Claim	Remedi	demo@claimremedi.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/17/2019 7:01:04 AM	
CRDemo01				keddy@claimremedi.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/9/2019 10:56:36 AM	
CRTrainer		Claim	Remedi	cr@cr.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/16/2019 1:51:41 PM	

EDIT NEW			
USER INFORMATION			
Admin Roles :	E-Mail :	Password :	
First Name : <input type="text"/>	Last : <input type="text"/>	User Name: <input type="text"/>	Confirm Password : <input type="text"/>
Use .xlsx for Exports: <input type="checkbox"/>			
USER ACCESS RIGHTS			
<input type="checkbox"/>	TITLE	INFO	STATUS
<input type="checkbox"/>	Appeals System		DISABLED
<input type="checkbox"/>	Claim Holds		DISABLED
<input type="checkbox"/>	EDI Testing		ENABLED
<input type="checkbox"/>	Edit Claims		ENABLED
<input type="checkbox"/>	Eligibility		ENABLED

	Enables all rights for this user.
	Disables all rights for this user.
	Applies the selected rights and settings to all users.
	Copies the current rights of this user to a new user.
	Grants this user system administrator privileges.

To view an explanation of each access right, hover over the **Info** column.

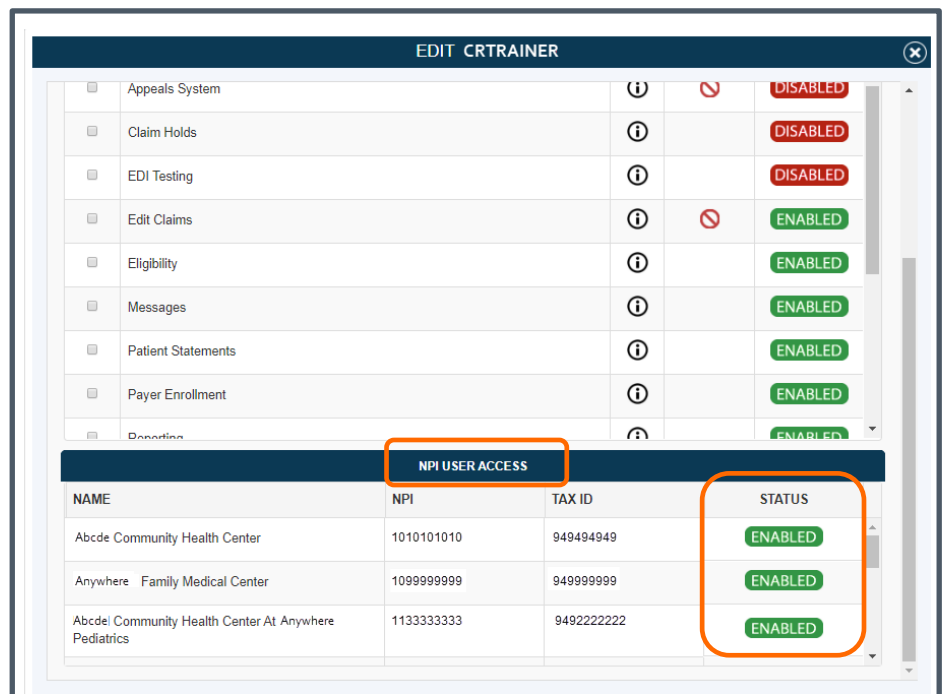


Assign Users to Billing Providers

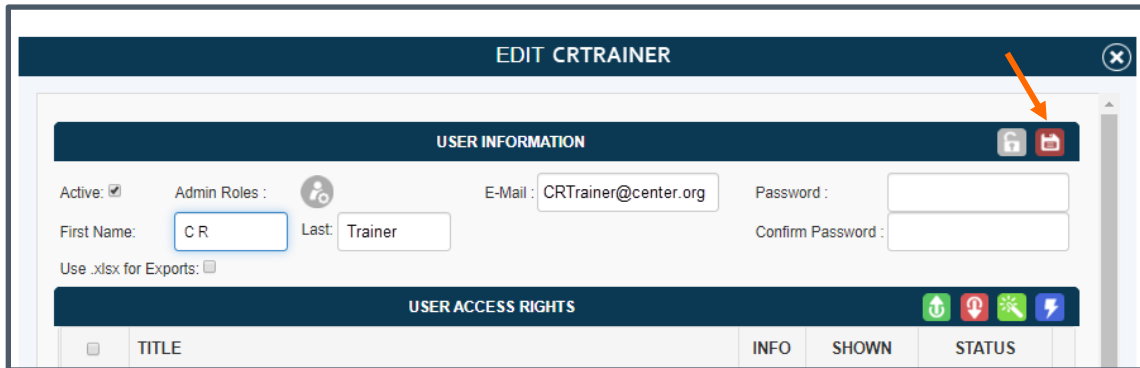
ClaimRemedi allows you to grant or remove access to specific billing providers at the user level. This functionality is available for single portal accounts, Master Customers, and Trading Partners. In order to use this feature, eSolutions must manage your enrollments. The billing NPIs that can be assigned to a user are pulled from the NPIs that are stored in Enrollment Manager. If you need assistance, please contact [eSolutions Client Services](#).

Single Portal Accounts

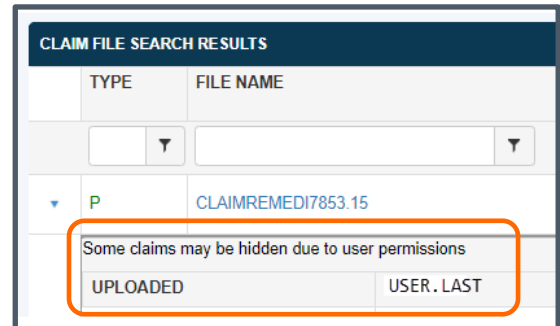
You can set up user access to specific billing provider NPIs by editing a user's account and scrolling down to the **NPI User Access** section. The NPI Status will default to **Enabled**. Clicking the button in the **Status** column acts as a toggle, allowing you to choose **Enabled** or **Disabled** for a user's access to a specific billing provider.



When you're finished assigning NPIs, click the **Save** icon at the top right of the page.



- The NPI User Access section of the Edit user window will be visible only when your facility has more than one NPI associated with it.
- Reports and searches that a user initiates will display data across all NPIs to which they have access. Data for disabled NPIs will be filtered out of all search results (except the Response Report and Eligibility searches), report results, claim editing workflows, and claim assignments. A disclaimer regarding excluded claims based on NPI assignments is displayed in search and report results.
- A user can only be assigned to and edit claims that are associated with the user's allowed billing providers. This limitation also applies to payer rejection edits.



CLAIM FILE SEARCH RESULTS	
TYPE	FILE NAME
P	CLAIMREMEDIT7853.15
Some claims may be hidden due to user permissions	
UPLOADED	USER . LAST

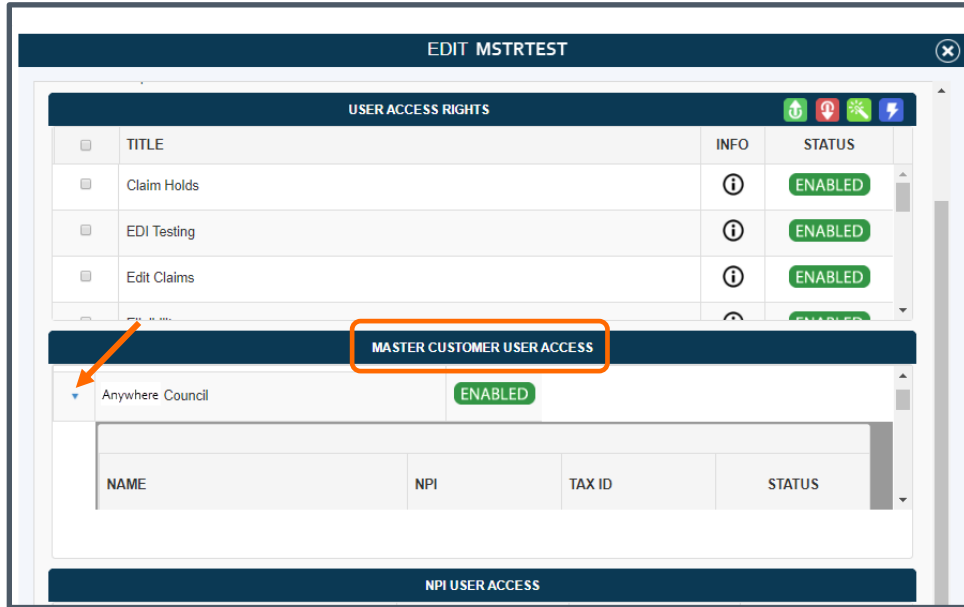
Master Customer and Trading Partner Accounts

User access by NPI is dependent upon eSolutions managing your Master Customer or Trading Partner billing provider enrollments. If you need assistance, please contact **eSolutions Client Services**. The process for assigning NPIs by user is similar to the process for single portal accounts (above).

NPI Access configuration for Trading Partners and Master Customers will only filter out NPI data searched or reported on from the parent (Master or Trading Partner) account. This configuration will not apply when users toggle to a specific sub-facility.

The **Edit** user window displays an arrow next to a sub-customer name in the **Master Customer User Access** section or **Trading Partner User Access** section so that you can expand and configure NPI access. An arrow will be displayed only when the facility has more than one NPI associated with it.

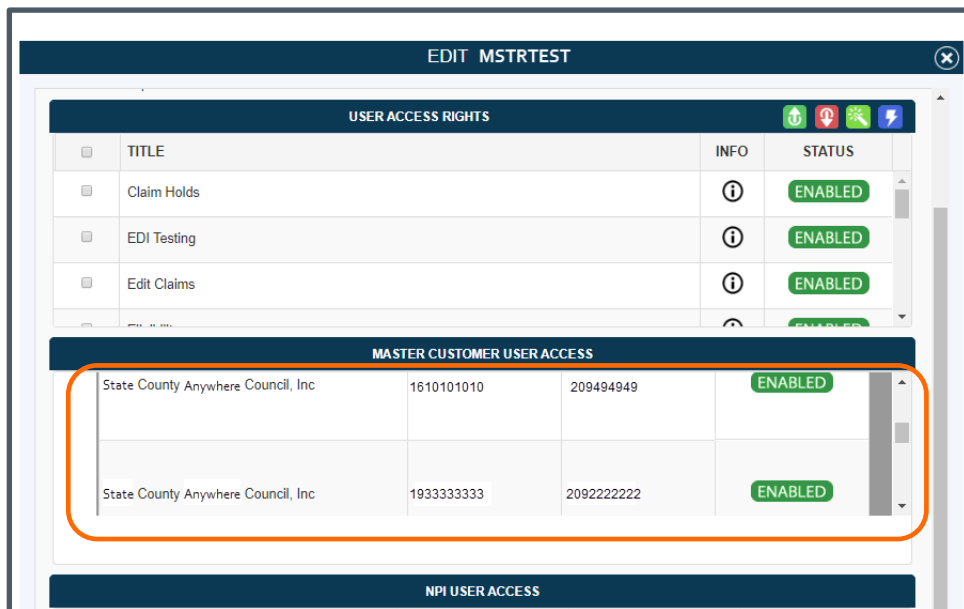
Master Customer User Access:



The screenshot shows the 'EDIT MSTRTEST' window. The 'MASTER CUSTOMER USER ACCESS' section is highlighted with an orange box. Below it, a table lists sub-customers. The first entry, 'Anywhere Council', has a dropdown arrow on its left and an 'ENABLED' status button on its right. Below this is a table for NPI access.

NAME	NPI	TAX ID	STATUS
Anywhere Council			ENABLED

The NPI Status will default to **Enabled** for all users. Clicking the button in the **Status** column acts as a toggle, allowing you to choose **Enabled** or **Disabled** for a user's access to a specific sub-customer.




The screenshot shows the 'EDIT MSTRTEST' window with the 'MASTER CUSTOMER USER ACCESS' section expanded. An orange box highlights the table below, which lists NPI access for 'State County Anywhere Council, Inc'.

NAME	NPI	TAX ID	STATUS
State County Anywhere Council, Inc	1610101010	209494949	ENABLED
State County Anywhere Council, Inc	1933333333	2092222222	ENABLED

Trading Partner User Access:

EDIT PRNRTEST
✕

Active: Admin Roles:  E-Mail: Password:

First Name: Last: Confirm Password:

Use .xlsx for Exports:

USER ACCESS RIGHTS

	TITLE	INFO	STATUS
<input type="checkbox"/>	Claim Holds	i	ENABLED
<input type="checkbox"/>	EDI Testing	i	ENABLED
<input type="checkbox"/>	Edit Claims	i	ENABLED

TRADING PARTNER USER ACCESS


	NAME	NPI	TAX ID	STATUS
<input type="checkbox"/>	HealthCA At Abcdefg			ENABLED

NPI USER ACCESS

	NAME	NPI	TAX ID	STATUS
--	------	-----	--------	--------

The NPI Status will default to **Enabled** for all users. Clicking the button in the **Status** column acts as a toggle, allowing you to choose **Enabled** or **Disabled** for a user's access to a specific sub-customer.

EDIT CARETEST
✕

Active: Admin Roles:  E-Mail: Password:

First Name: Last: Confirm Password:

Use .xlsx for Exports:

USER ACCESS RIGHTS

	TITLE	INFO	STATUS
<input type="checkbox"/>	Claim Holds	i	ENABLED
<input type="checkbox"/>	EDI Testing	i	ENABLED
<input type="checkbox"/>	Edit Claims	i	ENABLED

TRADING PARTNER USER ACCESS

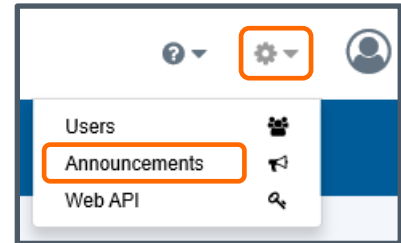
	NAME	NPI	TAX ID	STATUS
<input type="checkbox"/>	HealthCA at Abcdefg	1299999999	30922222	ENABLED

NPI USER ACCESS

	NAME	NPI	TAX ID	STATUS
--	------	-----	--------	--------

Announcements

1. Click **Announcements** in the drop-down box. The **Announcements** page will open. The page displays all currently active announcements. Active announcements will be displayed on the dashboard with the newest announcement at the top.
2. *(Optional)* Use the filter fields to quickly locate a user account.
3. *(Optional)* Use the shoulder icon in the Announcements header to view active and removed announcements. Hover over an icon to see its function.
4. Click the announcement status to toggle between **Inactive** and **Active**.
5. Click the trash can icon to remove the announcement.



ANNOUNCEMENTS							
ANNOUNCEMENTS							
SUBJECT	EDITED BY	SCOPE	TARGET	START DATE	END DATE	STATUS	REMOVE
Test announcement	CRTrainer	Customer	ClaimRemedi Demo01	6/18/2019	6/19/2019	INACTIVE	
ClaimRemedi Announcement	CRTrainer	Customer	ClaimRemedi Demo01			ACTIVE	

6. Click an announcement name to view and manage the announcement text. To manage the announcement's appearance and timeframe yourself, click **Manual**. To set a pre-determined start and end date, click **Date**, then fill in the date fields. The option you selected will be highlighted in green. To modify the announcement text, click in the text box and rekey your wording. When you're finished, click **Save**.

ANNOUNCEMENT MANAGEMENT
✕

Subject:

Manual

Date

Start Date:

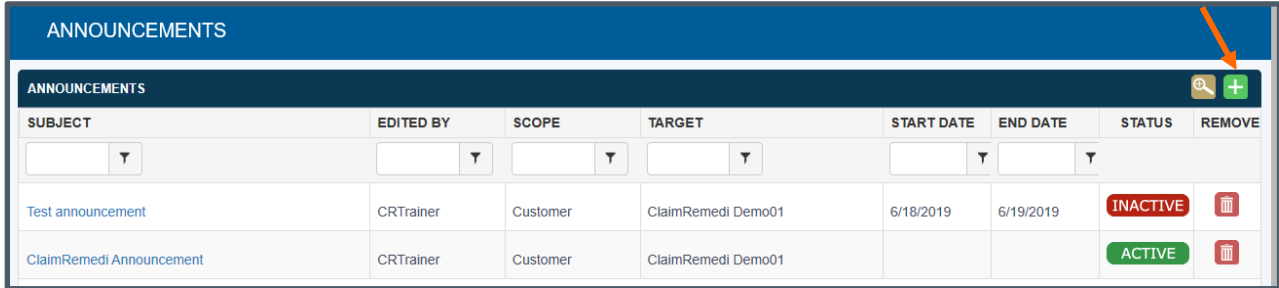
End Date:

This is a test announcement. Do not try this at home!

SAVE

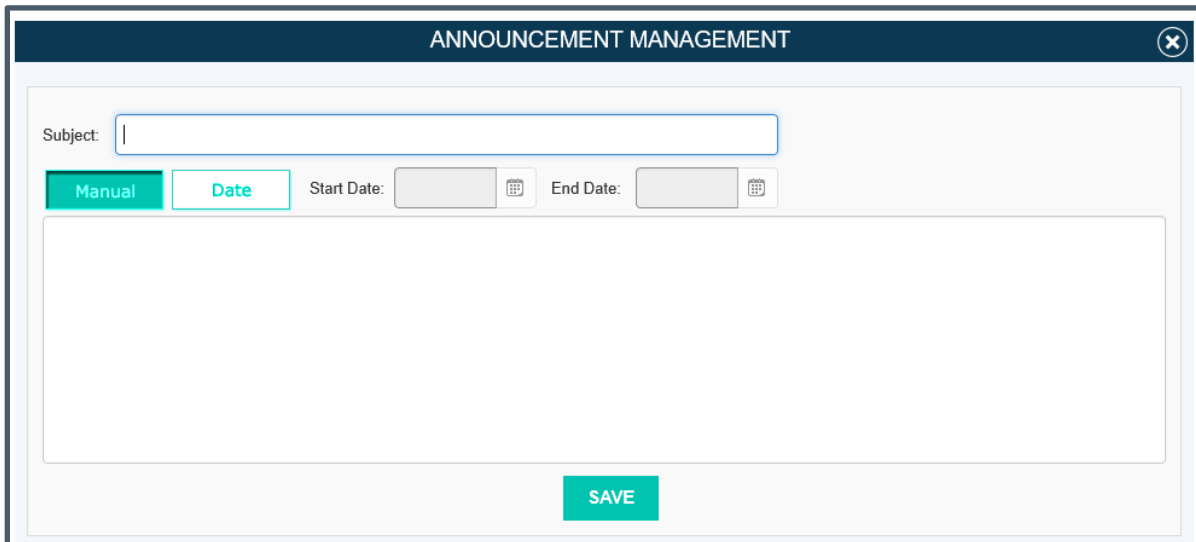
Add a New Announcement

1. Click the **Add Announcement** icon in the Announcements header.



ANNOUNCEMENTS							
ANNOUNCEMENTS							
SUBJECT	EDITED BY	SCOPE	TARGET	START DATE	END DATE	STATUS	REMOVE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Test announcement	CRTrainer	Customer	ClaimRemedi Demo01	6/18/2019	6/19/2019	INACTIVE	
ClaimRemedi Announcement	CRTrainer	Customer	ClaimRemedi Demo01			ACTIVE	

2. The Announcement management window will open. Type the announcement's title in the **Subject** field and the announcement content in the text box. Choose Manual or Date-driven management (see *description above*). Click **Save**.



ANNOUNCEMENT MANAGEMENT
✕

Subject:

Manual

Date

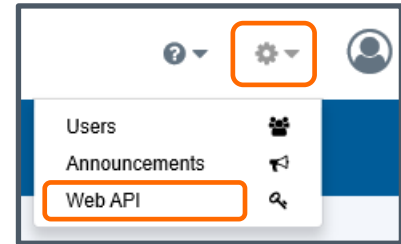
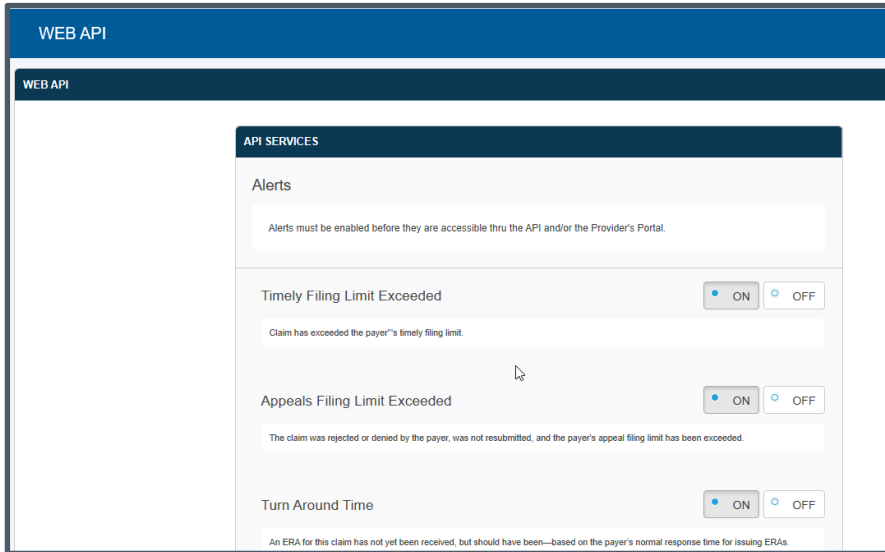
Start Date:

End Date:

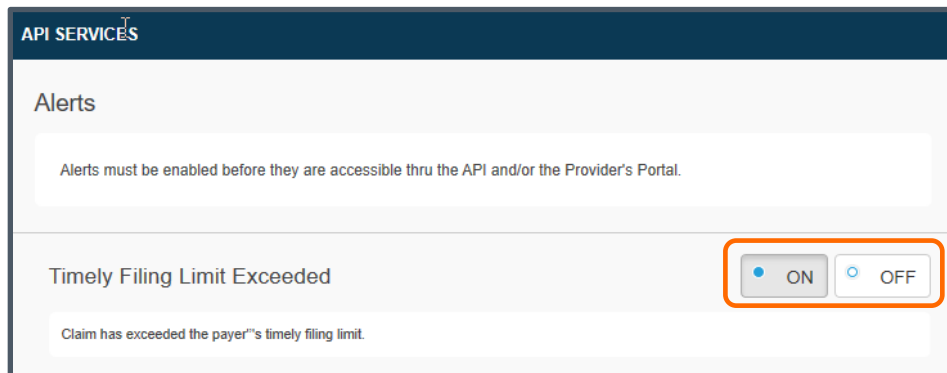
SAVE

Portal Alerts

1. Click **Web API** in the drop-down box. The **Web API** page will open. The page displays all current alert settings.

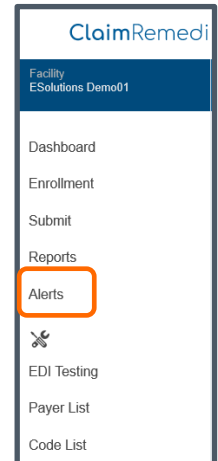


2. Click **ON** to enable one or more alerts, then click **Save Alert Settings** at the bottom of the page. Click **OFF** to disable one or more alerts, then click **Save Alert Settings**. A grey button with a filled-in blue circle indicates activation for that setting.



After saving, an **Alerts** option will appear (only for facility administrators) in the main navigation area. From the **Alerts** view, you can either acknowledge or assign an alert. Acknowledging indicates that you have reviewed the result and no further action is necessary.

1. Click the down arrow next to an alert to open alert details.
2. Click the checkmark in the **Status** column to acknowledge the alert. This action removes the alert from the Alerts view.



ALERTS

CURRENT ALERTS

From: 1/1/2019 To: 11/16/2020 Search Alerts

ALERT	DESCRIPTION	COUNT
TFLEX	Claim has exceeded the payer's timely filing limit.	1

ACCOUNT	PATIENT LAST NAME	DOS	PAYER ID	PAYER NAME	STATUS
E000006	BXXX	6/4/2016	87726	PAYER NAME	<input checked="" type="checkbox"/>

Page size: 10 1 items in 1 pages

AFLEX	The claim was rejected or denied by the payer, was not resubmitted, and the payer's appeal filing limit has been exceeded.	2
-------	--	---

3. You can also click one or more alerts to select them and then click the **Acknowledge Selected Claims** shoulder icon. Remember, you can hover your cursor over any icon to see its associated action.

CURRENT ALERTS




From: 1/2/2019 To: 11/16/2020 Search Alerts



ALERT	DESCRIPTION	COUNT
TATEX	An ERA for this claim has not yet been received, but should have been—based on the payer's normal response time for issuing ERAs.	2

ACCOUNT	PATIENT LAST NAME	DOS	PAYER ID	PAYER NAME	STATUS
E000006	JXXXXXX	5/12/2016	87726	PAYER NAME	<input checked="" type="checkbox"/>
E000001	MXXX	4/15/2016	68069	PAYER NAME	<input checked="" type="checkbox"/>

Page size: 10 2 items in 1 pages




Acknowledged alerts can still be viewed by clicking the **Show Acknowledged** shoulder icon in the top right corner of the page.



CURRENT ALERTS




From 
To 




ALERT	DESCRIPTION	COUNT
▼ TATEX	An ERA for this claim has not yet been received, but should have been—based on the payer's normal response time for issuing ERAs.	2

Alerts can be assigned by selecting one or more alerts and clicking the **Assign Selected Claims** shoulder icon.

CURRENT ALERTS




From 
To 

ALERT	DESCRIPTION	COUNT
▼ TATEX	An ERA for this claim has not yet been received, but should have been—based on the payer's normal response time for issuing ERAs.	2

ACCOUNT	PATIENT LAST NAME	DOS	PAYER ID	PAYER NAME	STATUS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E000006	JXXXXXX	5/12/2016	87726	PAYER NAME	<input checked="" type="checkbox"/>
E000001	MXXX	4/15/2016	68069	PAYER NAME	<input checked="" type="checkbox"/>

Page size:

2 items in 1 pages

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This action opens the **Claim Assignment** window where all selected claims can be assigned to a user.

1. Click the down arrow in the **Assign To** field and select a recipient.
2. Click the calendar icon in the **Due** field and select a due date.
3. (Optional) Type a note in the **Note** field.

Once you complete the action, the alert will appear in the user's Claim Assignments module on the **Dashboard**, allowing it to be worked like any other assigned claim.

The alert description will automatically display in the notes field of the **Claim Assignments** window.

CLAIM ASSIGNMENT
✕

SELECTED CLAIMS

ACCOUNT	LAST	FIRST	DOS
E000001	MXXX	RXXXXXX	4/15/2016
E000006	JXXXXXX	AXXXXXX	5/12/2016

Assign To: tester22
Due: 12/4/2020

Note: Must be completed by Dec 4

CANCEL >>
ASSIGN >>

ClaimRemedi
Q Search
claimremedidemo

DASHBOARD

NOVEMBER 16, 2020

ANNOUNCEMENTS

ClaimRemedi Announcement
11/16/2020

The ClaimRemedi portal has built in workflow management tools like this announcements section where you can push out custom messages to your users (Like this!)

OUTSTANDING CLAIMS

REJECTIONS/DENIALS % BY MONTH

CLAIM ASSIGNMENTS

Assigned To: ClaimRemediDerm

CLAIM ID	ASSIGNED TO	ASSIGNED DATE	DUE DATE	PATIENT NAME	NOTES
E000003	ClaimRemed	6/3/2019	6/28/2019	HXXXXXX, MXXXXXX	Alert: Account E000003 exceeds TFL threshold of 180 days for PayerID 68069.
E000006	ClaimRemed	11/16/2020	12/4/2020	JXXXXXX, AXXXXXX	Alert: Account E000006 exceeds TAT threshold of 7 days for PayerID 87726

TOP PAYER REJECTIONS BY REASON

September October Month To Date

TOP PAYER DENIALS BY REASON

September October Month To Date

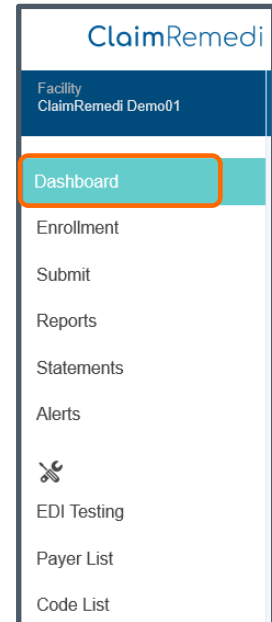
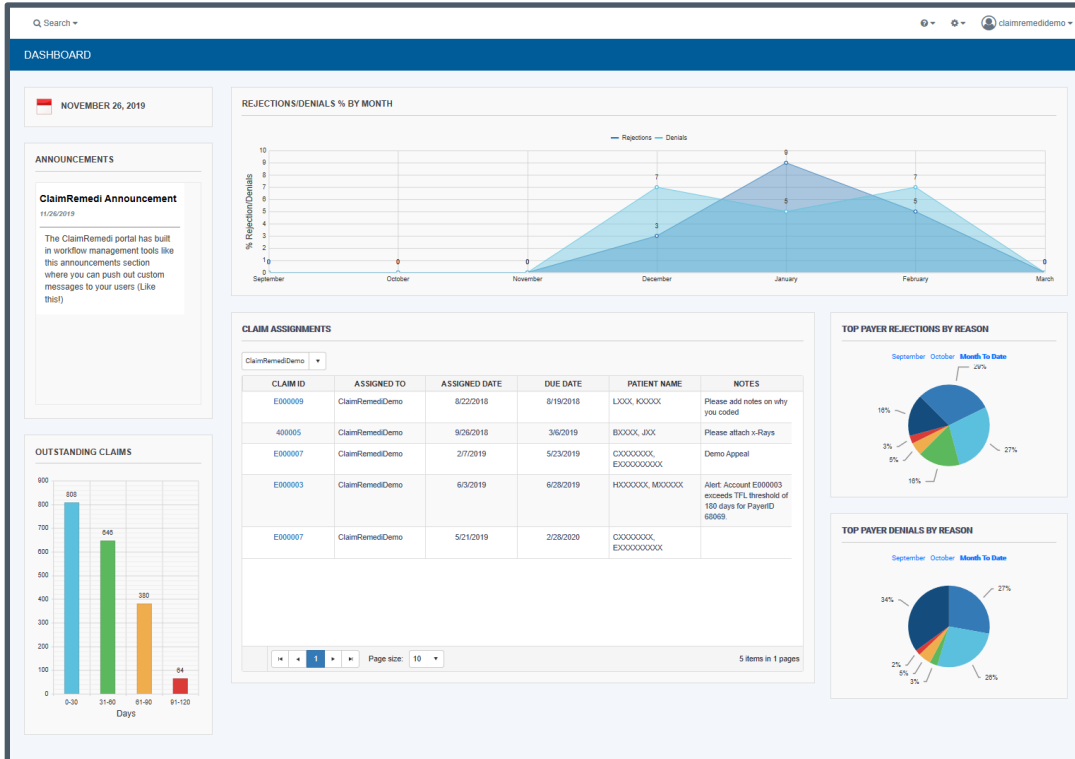
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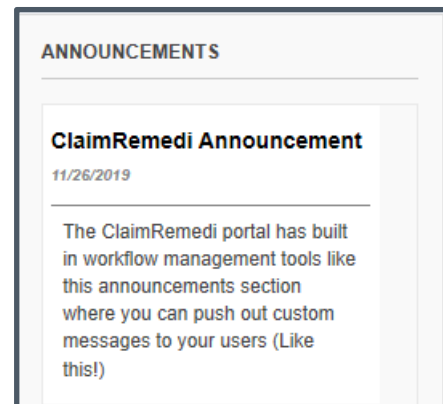
Dashboard

The dashboard provides a general overview of claims, rejections, denials, outstanding claims, and claim assignments. Each module on the Dashboard is described below.



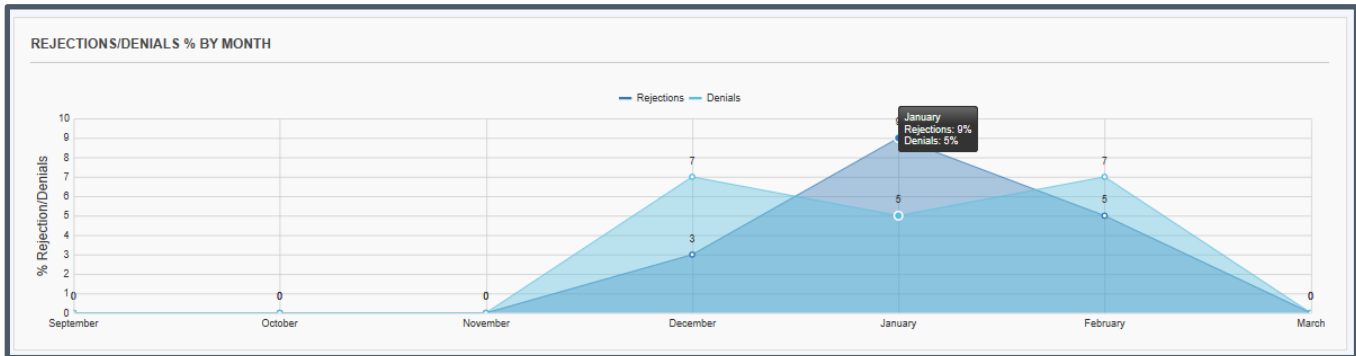
Announcements

Information on delays, downtime, enhancements, or other system notifications is displayed in the **Announcements** section of the Dashboard. Anyone with access to the system can view this information. Announcements can be published by the administrator of the account, the vendor, or a trading partner.



Rejections/Denials % By Month

The **Rejections/Denials % by Month** graph displays your organization's monthly levels of rejections and denials. Hover over a data point or click it to view specific denied or rejected data.



Toggle the view to show only rejections or only denials by clicking **Rejections** or **Denials** at the top of the graph.

Claim Assignments

This dashboard module displays a list of claims by assigned user that require work or follow up. Individual users will see only claims assigned to them. Account administrators will see a drop-down menu for the **Assigned To** field with a list of all assigned users to choose from.

CLAIM ASSIGNMENTS					
					Assigned To: <input type="text"/>
CLAIM ID	ASSIGNED TO	ASSIGNED DATE	DUE DATE	PATIENT NAME	NOTES
500000AA00	eSolDemoU:	3/11/2015	3/29/2015	CXXXXXXX RXXXXX	Test
600000AAA	eSolDemoU:	5/10/2016	5/11/2016	Mxxxxx, TXXXXX	

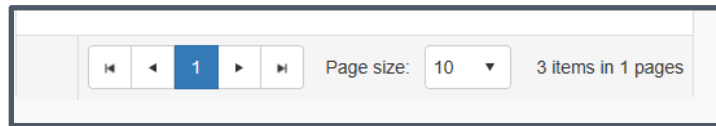
Claim Assignments					
Facility: <input type="text" value="ESI Health System"/>		Assigned To: <input type="text" value="You"/>			
Claim ID	Facility	Due Date	Patient Name	Notes	
E00056	<input checked="" type="checkbox"/> ESI Health System <input type="checkbox"/> ESI Health North <input checked="" type="checkbox"/> ESI Health West	07/21/2019	Health Personz		<input type="checkbox"/>
E00053	You	07/19/2019	03/13/2019	Health Personz	
E00052	You	04/02/2019	10/21/2019	Health Personz	<input type="checkbox"/>

Master Customers and Trading Partners will see an additional drop-down box for **Facility** that can be used to filter claim assignments across all sub-accounts.

The Facility filter for Claims Assignments will not be visible to single facility accounts or to Master Customer and Trading Partner **sub**-accounts. Users will be able to select only the sub-accounts to which they have been granted access. The **Assigned To** field will default to you. Click the drop-down box to select from a list of all users associated with the facility(ies) you selected in the Facility filter.

Any claims associated with billing providers that you have not been granted access to will be filtered out of the results. To read more about NPI assignments, click [here](#).

Use the controls at the bottom of the module to page through the list and designate how many claim records to display at a time.

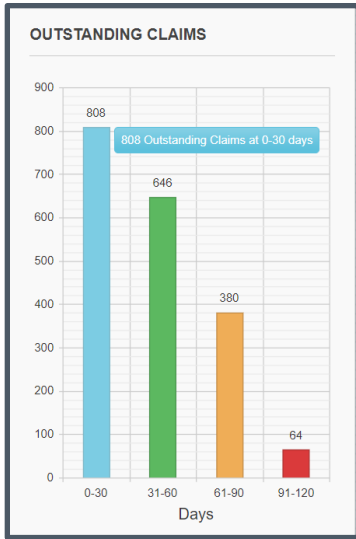


Accessing the Claim View from the Dashboard

The **Claim View** is accessible from the Dashboard by clicking a **Claim ID** in the Claim Assignments module. Click here to learn more about the [Claim View](#).

CLAIM ASSIGNMENTS					
					Assigned To: ClaimRemediDem
CLAIM ID	ASSIGNED TO	ASSIGNED DATE	DUE DATE	PATIENT NAME	NOTES
E000003	ClaimRemed	6/3/2019	6/28/2019	HXXXXXX, MXXXXX	Alert: Account E000003 exceeds TFL threshold of 180 days for PayerID 68069.
E000007	ClaimRemed	5/21/2019	2/28/2020	CXXXXXXX, EXXXXXXX	
E000006	ClaimRemed	11/16/2020	12/4/2020	JXXXXXX, AXXXXXX	Alert: Account E000006 exceeds TAT threshold of 7 days for PayerID 87726

Outstanding Claims



This module contains a graph of claims by number of days outstanding. A claim is marked “outstanding” if ClaimRemedi has not received an ERA from a payer and no user has archived it. The date range is determined by the date the claim was uploaded.

Hover over a bar in the graph to see more detail. Click any bar in the graph to view **Report Results** with a list of associated claims. Click a Claim ID to open Claim Details.

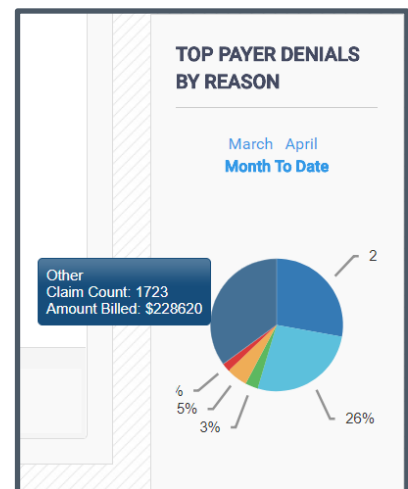
REPORT RESULTS												
Claims Outstanding Results												
CLAIM ID	CLAIM STATUS	DOS	PATIENT FIRST NAME	PATIENT LAST NAME	PAYER NAME	PAYER ID	BILLING PROVIDER NPI	RENDERING PROVIDER NPI	AMOUNT BILLED	DATE OF UPLOAD	DAYS SINCE UPLOAD	
E000002	Accepted	11/27/2015	RXXXXX	FXXXXXXX	PAYER NAME	INMCD	1000000003	XAJ0000000005	\$149.00	12/27/2016 12:00:00 AM	905	

Top Payer Charts

The Top Payer charts show the most common reasons for payer rejections or denials. Hover over any portion of the pie chart to view the denial or rejection reason, claim count, and associated total dollar amount.

The date is determined by the ClaimRemedi **Received Date** for rejections and **Check EFT** date for denials. If a rejection or denial was received by ClaimRemedi during the selected months, it will be displayed in the pie chart. Click the links in the module to change the display month.

1. Click a specific section of the pie chart to view **Report Results** with a list of associated claims.



REPORT RESULTS

▸ Details

REJECTIONS RESULTS

DESCRIPTION	COUNT	BILLED AMT
Provider certification/credentialing issues or NPI/EIN not on file with payer	15	\$2,673.00
Patient/Subscriber not on file with payer	11	\$2,468.00
Billing Provider NPI invalid or missing	11	\$2,433.00
DOS prior to/after coverage terminated	3	\$683.00

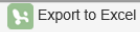
2. Click the down arrow next to a rejection category to expand the section. Click a Claim ID to open the Claim View.

REPORT RESULTS

▸ Details

REJECTIONS RESULTS

DESCRIPTION	COUNT	BILLED AMT
Provider certification/credentialing issues or NPI/EIN not on file with payer	15	\$2,673.00





Some claims may be hidden due to user permissions | 

PAYER NAME	CLAIM ID	PATIENT NAME	DOS	LINE ITEM CHARGE	TOTAL CHARGE
PAYER NAME	200000	MXXXXXX,CXXXXXX	07/22/2015	\$67.00	\$67.00
PAYER NAME	E000000	MXXXXX,KXXXXXX	04/05/2015	\$220.00	\$220.00

Enrollment

The eSolutions enrollment team enrolls your providers once ClaimRemedi is installed. **Enrollment** Manager in ClaimRemedi shows pending, rejected, completed, and total enrollment counts. Enrollment information may only be available if you processed new payer enrollments through ClaimRemedi in 2015 or later.

The colors of the status boxes indicate milestones in the enrollment process. Click any of these boxes to filter enrollments by payers that meet the criteria for that status. If you have active enrollments, your assigned enrollment specialist appears at the top right of the Enrollment page.

	Pending	Enrollments waiting to be completed.
	Rejected	Enrollments rejected by insurance for incorrect information or other reasons.
	Completed	Enrollments accepted and approved by insurance. This is an indicator that claims can be submitted in ClaimRemedi.
	Total	All enrollments, regardless of status.

ClaimRemedi

Facility
ClaimRemedi Demo01

Dashboard


Enrollment

Submit

Reports

Statements




Alerts

 EDI Testing

Payer List

Code List

ENROLLMENT
Enrollment Notes

ClaimRemedi Demo01   

PENDING

21

Claim: 12 / ERA: 9

REJECTED

2

Claim: 0 / ERA: 2

COMPLETED


25

Claim: 22 / ERA: 2
Eligibility: 1

TOTAL

48

Claim: 34 / ERA: 13
Eligibility: 1


Kickoff:  Go-Live: 5/29/2020

TAX ID: 001122334 NPI TOTAL: (1)

▶ □ NPI: 1122334455 - Demo Provider

Implementation status displays your go-live date (the date ClaimRemedi went live in your organization) and the kickoff completion status. The color codes for kickoff status are the same as enrollment status.

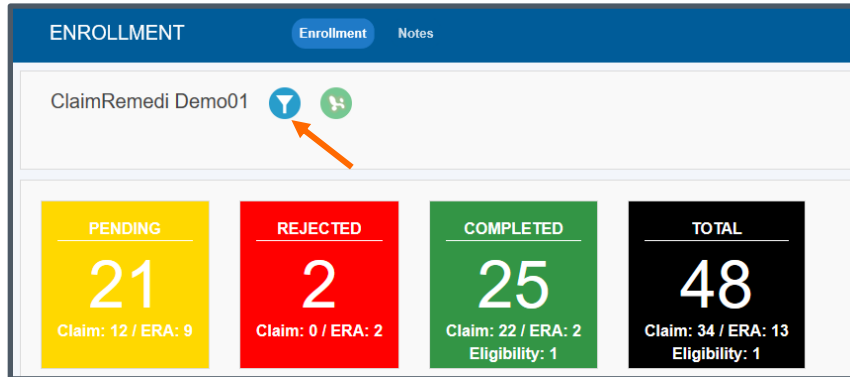
To view kickoff notes, right-click the status circle and select **Notes**.

Kickoff:  Go-Live: 10/7/2019

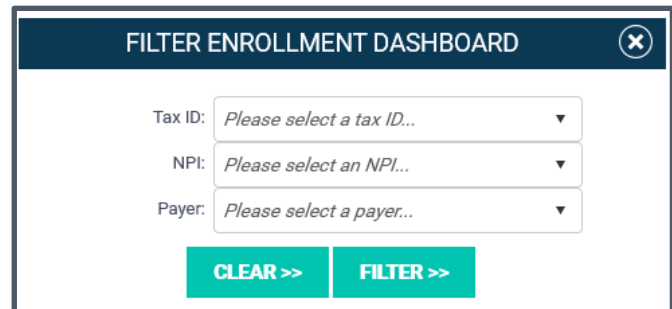
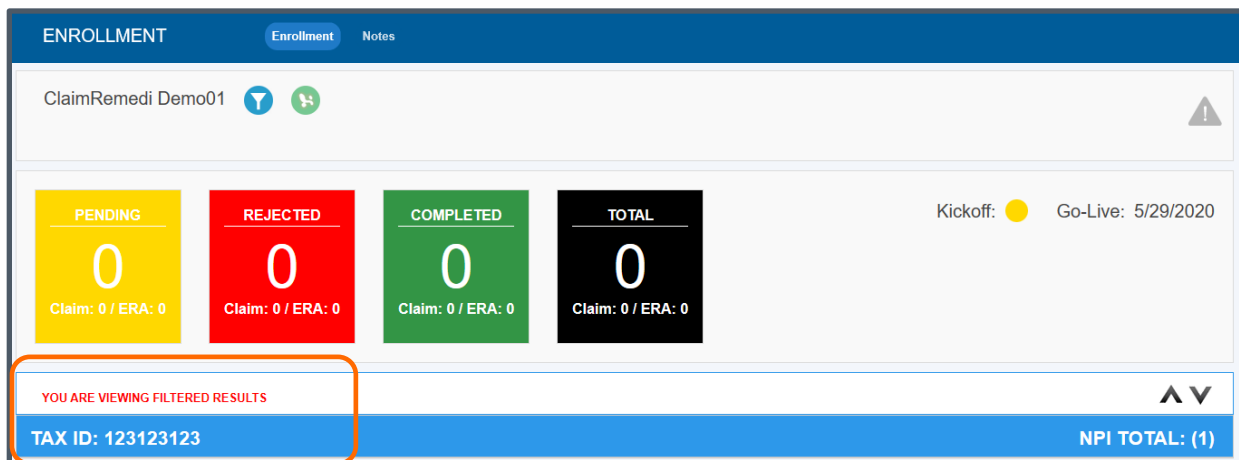
Notes

Filter Enrollment Data

- To filter provider enrollment data, click the funnel icon above the status boxes.



- Select one or more filters from the **Filter Enrollment Dashboard** pop-up window.
- Click **Filter** when you're finished. The filtered results are shown on the Enrollment page.

View Enrollment Details

By default, all provider enrollments are displayed. Enrollment information is grouped by tax ID, then by NPI, and finally by Payer. If one tax ID has multiple NPIs, the total number of NPIs is displayed in parentheses on the right.

1. Click the right arrow to open the NPI.

TAX ID: 001122334		NPI TOTAL: (1)
▶ □	NPI: 1122334455 - Demo Provider	
TAX ID: 123123123		NPI TOTAL: (1)
▶ □	NPI: 1234567893 - A Street Clinic	
TAX ID: 123456789		NPI TOTAL: (1)
▶ □	NPI: 1234567893 - Local Clinic	

The left pane displays provider demographics. Contact your eSolutions enrollment specialist if this information is incorrect.

You can grant or remove access to specific billing providers at the user level. This functionality is available for single portal accounts, Master Customers, and Trading Partners. In order to use this feature, eSolutions must manage your enrollments. The billing NPIs that can be assigned to a user are pulled from the NPIs that are stored in Enrollment Manager. To read more about NPI assignments, click [here](#).

TAX ID: 001122334		NPI TOTAL: (1)										
▶ □	NPI: 1122334455 - Demo Provider											
▶	DEMO PROVIDER NPI: 1122334455											
▶	Facility Address Address: 890 Demo Facility #123 City: Santa Rosa State: CA Zip: 95407											
▶	Billing Address Address: 1234 Demo Street #567 City: Santa Rosa State: CA Zip: 95407											
▶	Contact Info Edit Contact Primary Authorized Signer Contact: Demo Name											
▼ □	25133 - COVENTRY - CARELINK HEALTH PLAN E P I D ERA ● ●											
	<table border="1"> <thead> <tr> <th>ENROLLMENT TYPE</th> <th>FORMS COMPLETE</th> <th>SIGNATURE/SETUP REQ'D</th> <th>PAYER RESPONSE</th> <th>DAYS TO COMPLETION</th> </tr> </thead> <tbody> <tr> <td>ERA</td> <td style="text-align: center;">●</td> <td style="text-align: center;">●</td> <td style="text-align: center;">○</td> <td style="text-align: center;">10</td> </tr> </tbody> </table>	ENROLLMENT TYPE	FORMS COMPLETE	SIGNATURE/SETUP REQ'D	PAYER RESPONSE	DAYS TO COMPLETION	ERA	●	●	○	10	
ENROLLMENT TYPE	FORMS COMPLETE	SIGNATURE/SETUP REQ'D	PAYER RESPONSE	DAYS TO COMPLETION								
ERA	●	●	○	10								
▶ □	CAMCD - MEDICAID - CALIFORNIA MEDI-CAL E P I D ERA ● ●											
▶ □	CAMCS - MEDICARE - CALIFORNIA, SOUTHERN, PART A, NORI... E P I D ERA ● ●											
▶ □	CAMCS - MEDICARE - CALIFORNIA, SOUTHERN, PART B, NORI... E P I D ERA ● ●											
▶ □	TLU87 - ADMINISTRATION SERVICES, INC. (ASI) E P I D ERA ● ●											
▶ □	38265 - ADMINISTRATION SYSTEMS RESEARCH CORPORATIO... E P I D ERA ● ●											
▶ □	65031 - CAREPLUS HEALTH PLANS, INC. E P I D ERA ● ●											

- Update a provider's primary contact information by clicking **Edit Contact**. Make your changes in the **Update NPI Contact** pop-up window and click **Save**.

Note: Facility and billing address cannot be changed in ClaimRemedi. Call your enrollment specialist to modify this information.

- Hover your cursor over any of the colored dots to see what they represent.
- Click the right arrow to open a Payer's enrollment details. The arrow is a toggle switch -- click it again to close the enrollment details.

Update NPI Contact

Contact Name:	<input type="text" value="Demo Name"/>	
Contact Title:	<input type="text" value="CEO"/>	
Phone:	<input type="text" value="1112223333"/>	Ext: <input type="text" value="444"/>
Fax:	<input type="text" value="0"/>	
Authorized Signer:	<input checked="" type="checkbox"/>	
Contact Type:	<input type="text" value="Primary"/>	
Email:	<input type="text" value="DemoEmail@demo.com"/>	

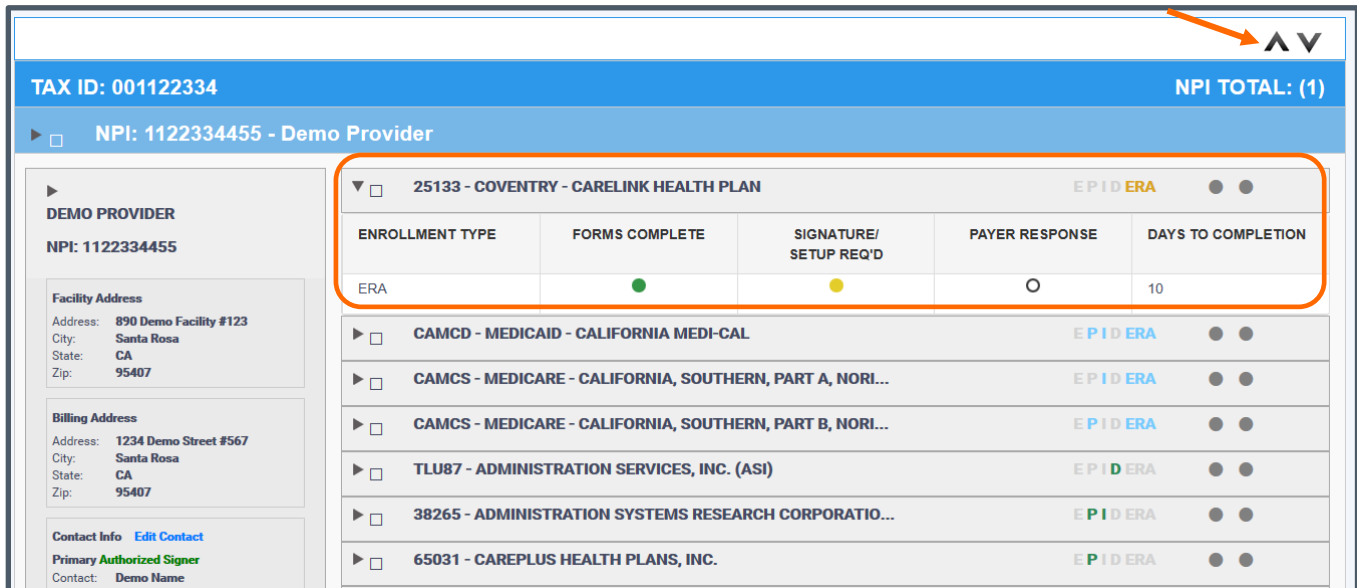
ENROLLMENT
Enrollment Notes

TAX ID: 001122334
NPI TOTAL: (1)

▶ □ NPI: 1122334455 - Demo Provider

<div style="background-color: #f0f0f0; padding: 5px; border: 1px solid #ccc;"> <p>DEMO PROVIDER NPI: 1122334455</p> <p>Facility Address Address: 890 Demo Facility #123 City: Santa Rosa State: CA Zip: 95407</p> <p>Billing Address Address: 1234 Demo Street #567 City: Santa Rosa State: CA Zip: 95407</p> <p>Contact Info Edit Contact Primary Authorized Signer Contact: Demo Name Title: CEO Phone: (111) 222-3333 ext. 444 Fax: Email: DemoEmail@demo.com</p> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">▶ □ 25133 - COVENTRY - CARELINK HEALTH PLAN</td> <td style="padding: 5px; text-align: right;">E P I D ERA</td> <td style="padding: 5px; text-align: right;">● ●</td> </tr> <tr> <td style="padding: 5px;">▶ □ CAMCD - MEDICAID - CALIFORNIA MEDI-CAL</td> <td style="padding: 5px; text-align: right;">E P I D ERA</td> <td style="padding: 5px; text-align: right;">● ●</td> </tr> <tr> <td style="padding: 5px;">▶ □ CAMCS - MEDICARE - CALIFORNIA, SOUTHERN, PART A, NORI...</td> <td style="padding: 5px; text-align: right;">E P I D ERA</td> <td style="padding: 5px; text-align: right;">● ●</td> </tr> <tr> <td style="padding: 5px;">▶ □ CAMCS - MEDICARE - CALIFORNIA, SOUTHERN, PART B, NORI...</td> <td style="padding: 5px; text-align: right;">E P I D ERA</td> <td style="padding: 5px; text-align: right;">● ●</td> </tr> <tr> <td style="padding: 5px;">▶ □ TLU87 - ADMINISTRATION SERVICES, INC. (ASI)</td> <td style="padding: 5px; text-align: right;">E P I D ERA</td> <td style="padding: 5px; text-align: right;">● ●</td> </tr> <tr> <td style="padding: 5px;">▶ □ 38265 - ADMINISTRATION SYSTEMS RESEARCH CORPORATIO...</td> <td style="padding: 5px; text-align: right;">E P I D ERA</td> <td style="padding: 5px; text-align: right;">● ●</td> </tr> <tr> <td style="padding: 5px;">▶ □ 65031 - CAREPLUS HEALTH PLANS, INC.</td> <td style="padding: 5px; text-align: right;">E P I D ERA</td> <td style="padding: 5px; text-align: right;">● ●</td> </tr> <tr> <td style="padding: 5px;">▶ □ 25133 - COVENTRY - CARENET</td> <td style="padding: 5px; text-align: right;">E P I D ERA</td> <td style="padding: 5px; text-align: right;">● ●</td> </tr> </table>	▶ □ 25133 - COVENTRY - CARELINK HEALTH PLAN	E P I D ERA	● ●	▶ □ CAMCD - MEDICAID - CALIFORNIA MEDI-CAL	E P I D ERA	● ●	▶ □ CAMCS - MEDICARE - CALIFORNIA, SOUTHERN, PART A, NORI...	E P I D ERA	● ●	▶ □ CAMCS - MEDICARE - CALIFORNIA, SOUTHERN, PART B, NORI...	E P I D ERA	● ●	▶ □ TLU87 - ADMINISTRATION SERVICES, INC. (ASI)	E P I D ERA	● ●	▶ □ 38265 - ADMINISTRATION SYSTEMS RESEARCH CORPORATIO...	E P I D ERA	● ●	▶ □ 65031 - CAREPLUS HEALTH PLANS, INC.	E P I D ERA	● ●	▶ □ 25133 - COVENTRY - CARENET	E P I D ERA	● ●
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▶ □ 25133 - COVENTRY - CARENET	E P I D ERA	● ●																							

The Payer's enrollment details are displayed. You can also click the large up and down arrows above NPI Total to open all of the Payer details at once.



View Enrollment Status

Enrollment status information is displayed by milestone. Hover your cursor over a colored dot for more information or to view what the dot represents.

Enrollment Type	<p>The type of enrollment to be processed.</p> <p>E = Eligibility type P = Professional claims I = Institutional claims D = Dental claims ERA = ERA files</p> <p>Letters that appear in color indicate the enrollment type(s) specific to the payer.</p>
Forms Complete	The current status of the initial enrollment forms.
Signature / Setup Required	The current status of signature / setup required. This step may be waiting on a response from eSolutions or the provider.
Payer Response	The current status of the payer's response.
Days to Completion	<p>The estimated amount of time remaining for the payer to complete the enrollment application. Once the enrollment is sent to the payer, the countdown begins.</p> <p>Red Negative Number – Indicates that the estimated number of days has been exceeded.</p> <p>N/A – Indicates that the enrollment application has not been sent to the payer and therefore no estimate is available.</p> <p>Unknown – Indicates that the estimated number of days to process the application is not known.</p>

Enrollment Notes

Enrollment notes can be viewed in two ways. You can right-click an enrollment milestone circle and click **Notes**. This opens the notes specific to that payer.

25133 - COVENTRY - CARELINK HEALTH PLAN			
ENROLLMENT TYPE	FORMS COMPLETE	SIGNATURE/SETUP REQ'D	PAYER RESPONSE
ERA	●	●	

Notes

COVENTRY - CARELINK HEALTH PLAN - 'SIGNATURE/SETUP REQ'D' MILESTONE NOTES					
<input type="checkbox"/> Apply to Payer in All Tax Ids					SAVE EDIT
IMPORTANT	SERVICE	MILESTONE	NOTE	USER	DATE
✓	835	Signature/Setup Req'd	Sent enrollment to provider to sign and submit on	auser	9/14/2020

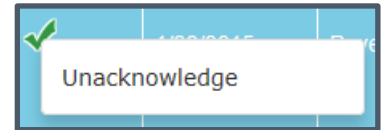
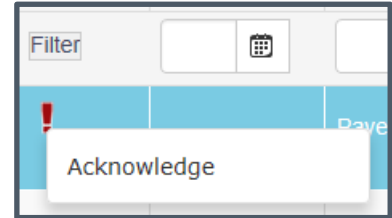
You can also click the **Notes** button in the Notes header, which displays all enrollment notes.



Use the filter boxes below the headers to type in keywords, select dates, or choose specific IDs so you can limit the notes you see.

NOTES								
CUSTOMER ENROLLMENT NOTES								
IMPORTANT	ACKNOWLEDGE	MILESTONE	TAX ID	NPI	PAYER ID	PAYER NAME	NOTE	NOTE DATE
Filter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
!		Payer Response	123456789	1234567893	61124	Bluegrass Family Health	Forms to be resubmitted once received by ClaimRemedi	1/27/2015
		Forms Complete	123456789	1234567893	61124	Bluegrass Family Health	forms signed by authorized signer at Local Clinic on 1/10/2015	1/27/2015
		Sent to Payer	123456789	1234567893	61124	Bluegrass Family Health	All forms send to Bluegrass Family Health along with required signatures.	1/27/2015
		Forms Complete	123456789	1234567893	61124	Bluegrass Family Health	Enrollment specialist assigned to case: Rhonda Malone	1/27/2015
✓	1/28/2015	Payer Response	123456789	1234567893	61124	Bluegrass Family Health	Signer was not authorized to initiate enrollment. Please have authorized signer resubmit enrollment forms.	1/27/2015

IMPORTANT: To view only the important notes, click **Filter** in the **Important** column. Notes with an exclamation mark are important and must be acknowledged or reviewed. Right click the exclamation mark and select **Acknowledge**. Once you acknowledge a note, the date of the acknowledgement displays next to the check mark. To remove an acknowledgement, right-click and select **Unacknowledge**. This also removes the date.



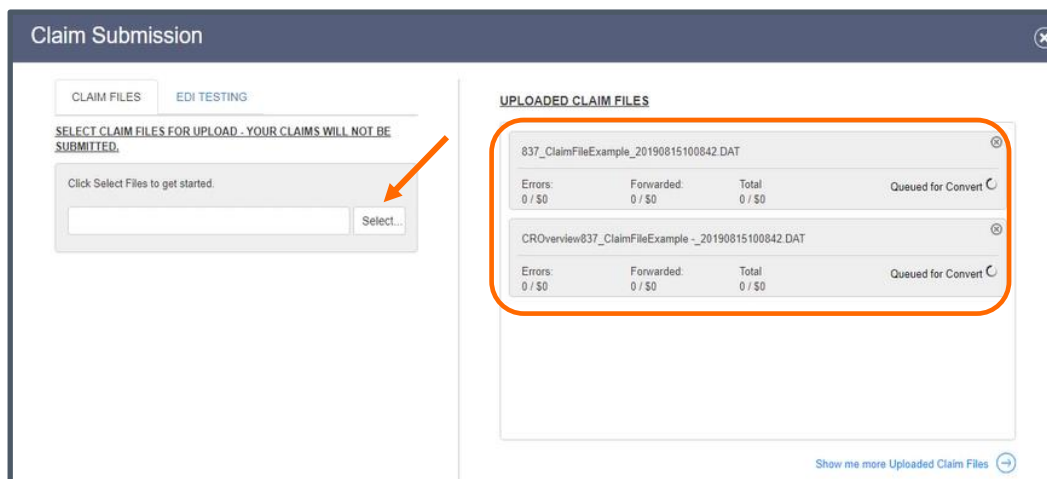
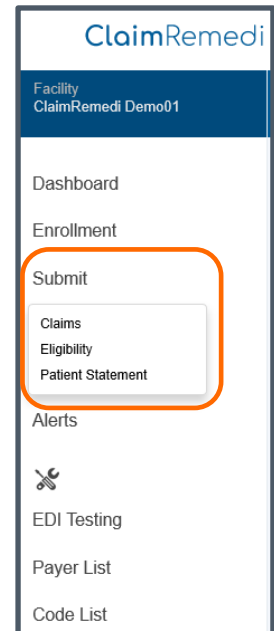
File Submission

You can submit batch claim files, EDI test files, eligibility, and patient statements using the **Submit** page in ClaimRemedi. Pop-up windows will display when you select a submission option.

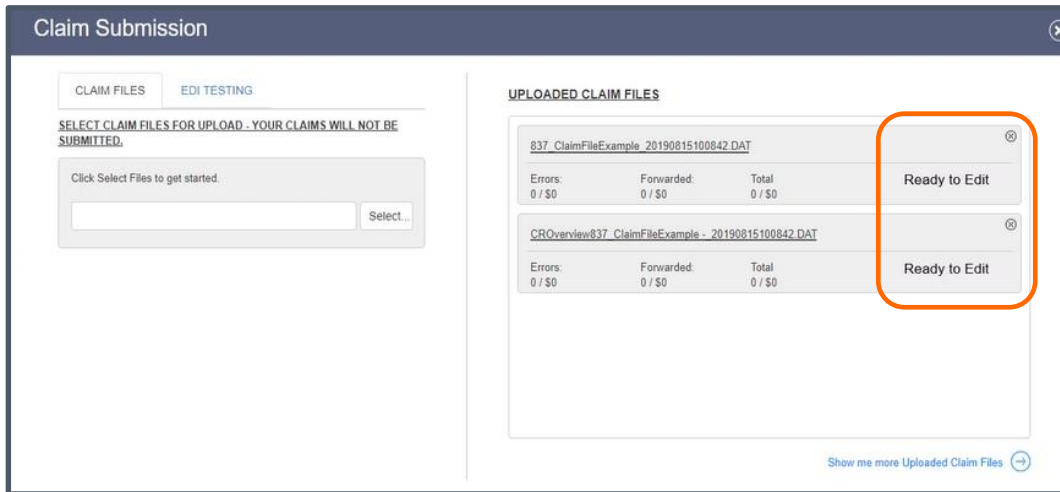
Batch Claim File Submission

1. Click **Submit** in the main navigation area.
2. Click **Claims**.
3. Click **Select** in the **Claim Submission** window to browse your computer for claim files you want to upload. You can select multiple files by holding down Shift or Ctrl while clicking files.
4. The files you selected will display on the right side of the pop-up window. ClaimRemedi scrubs your files for errors in real time.

IMPORTANT: Once your files are uploaded, any claims that do not contain errors will be submitted automatically to the payer.



- If a file contains one or more errors, **Ready to Edit** appears next to the file. To address claim file errors, click your uploaded file name. The **Claim File Editor** page displays.



Note: Click **Show me more Uploaded Files** at the bottom right of the Claim Submission window to open **Claim File Search Results** and view other files previously uploaded by you. Or click the drop-down arrow next to **Search** in the global header and click **Claim File**. Using either approach, you'll see a list of uploaded files in various statuses, including Resolved (submitted), queued for scrubbing, and ready to edit. Click [here](#) to learn more about actions you can take on the Claim File Search page.

SEARCH RESULTS													
Eligibility Claim File Claim Secondary Claims ERA File ERA Response Report													
Details													
CLAIM FILE SEARCH RESULTS													
	TYPE	FILE NAME	UPLOADED	USER NAME	ERRORS (\$)	STATUS	TOTAL	CH ERRORS	FWD TO PAYER	PAYER ERRORS	ON HOLD	REMOVE	FIXED
▶	P	T2206.bt	2/9/2017 12:08:01 PM	CRTrainer	\$1,235.98	Queued for Scrubbing	300	0	0	0	0	0	0
▶	P	T1646.bt	2/1/2017 8:22:28 AM	cr101916	\$0.00	Resolved	85	0	85	0	0	0	0
▶	P	T1561.bt	1/18/2017 10:00:49 AM	cr101916	\$1,302.00	Queued for Scrubbing	14	0	0	0	0	0	0
▶	I	T9822.txt_Copy_288839_201701	1/17/2017 4:16:05 PM	mmerrick	\$0.00	Resolved	1	0	0	0	0	0	0
▶	P	T1548.bt	1/16/2017 10:02:24 AM	claimremedem	\$4,551.00	Ready to Edit	37	24	10	0	1	0	0

Claim View

The Claim View is accessed by clicking a **Claim ID** link on any ClaimRemedi page. The Claim View displays the information that was submitted on a claim, including the status history and ERAs. The Claim View can be accessed from several functions within ClaimRemedi, including Claim Files Submission, Claim File and Claim Quick Searches, Claim File Editor, and Report Results.

SEARCH RESULTS											
Eligibility Claim File Claim Secondary Claims ERA File ERA Response Report											
Details											
CLAIM FILE SEARCH RESULTS											
	TYPE	FILE NAME	UPLOADED	USER NAME	ERRORS (\$)	STATUS	TOTAL CH	FWD TO	PAYER	ON	REMOVE
							ERRORS	PAYER	ERRORS	HOLD	FIXED
	P	T2129.txt	2/9/2017 12:08:01 PM	CRTrainer	\$0.00	Queued for Scrubbing	5	0	0	0	0
Some claims may be hidden due to user permissions											
UPLOADED	PAT. LAST	PAT. FIRST	CLAIM ID	DOS	BILLED \$	PAID \$	PAYER NAME	STATUS	PROVIDER	Export to Excel	
2/9/2017 12:08:01 PM	BXXXX	TXXXXXX	300003	7/19/2015	\$381.00	N/A	PAYER NAME	ToBeDeleted	M BXXXXXXXXXX		
2/9/2017 12:08:01 PM	LXXXX	JXXX	300004	1/13/2016	\$188.00	N/A	PAYER NAME	Archived	T ZXXXX		
2/9/2017 12:08:01 PM	LXXXX	JXXX	300009	3/19/2016	\$245.00	N/A	PAYER NAME	Archived	T ZXXXX		
2/9/2017 12:08:01 PM	WXXXX	PXXXX	300008	3/25/2016	\$153.00	N/A	PAYER NAME	Archived	K HXXXXXX		
2/9/2017 12:08:01 PM	WXXXX	PXXXX	E000009	9/23/2015	\$220.00	N/A	PAYER NAME	Paid - Adjudicated	N NXXXX XXXXXX		

Sample Claim View

CLAIM VIEW																																													
<ul style="list-style-type: none"> SUMMARY CHARGE DETAILS PROVIDER INFO OTHER INFO FORM AUDIT NOTES ASSIGN ARCHIVE VIEW ERA ATTACHMENTS 	<div> <p>STATUS: Payer Acknowledges Receipt</p> <p>GENERAL INFORMATION</p> <table border="1"> <tr> <td>Claim ID</td> <td>E000006</td> <td>Date of Service</td> <td>5/12/2014 - 5/12/2014</td> </tr> <tr> <td>Subscriber Last Name</td> <td>JXXXXXX</td> <td>Total Claim Charge Amount</td> <td>\$103.00</td> </tr> <tr> <td>Subscriber First Name</td> <td>AXXXXXX</td> <td>Payer ID</td> <td>XXX</td> </tr> <tr> <td>Patient Last Name</td> <td>JXXXXXX</td> <td>Payer Name</td> <td>AXXX XXXXXXXX XXXXXXXXXX</td> </tr> <tr> <td>Patient First Name</td> <td>AXXXXXX</td> <td>Billing Provider Name</td> <td>EXXXXXXX XXXXXXXXXX XXXXX</td> </tr> <tr> <td>Subscriber ID</td> <td>900000006</td> <td>Claim Frequency/Submission Reason Code</td> <td>1</td> </tr> </table> <p>SUBSCRIBER INFORMATION</p> <table border="1"> <tr> <td>Subscriber Last Name</td> <td>JXXXXXX</td> </tr> <tr> <td>Subscriber First Name</td> <td>AXXXXXX</td> </tr> <tr> <td>Subscriber Street Address</td> <td>123 MAIN STREET</td> </tr> <tr> <td>Subscriber City</td> <td>IXXXXXXXXXXX</td> </tr> <tr> <td>Subscriber State</td> <td>XX</td> </tr> </table> <p>PATIENT INFORMATION</p> <table border="1"> <tr> <td>Patient Last Name</td> <td>JXXXXXX</td> </tr> <tr> <td>Patient First Name</td> <td>AXXXXXX</td> </tr> <tr> <td>Patient Street Address</td> <td>123 MAIN STREET</td> </tr> <tr> <td>Patient City</td> <td>IXXXXXXXXXXX</td> </tr> <tr> <td>Patient State</td> <td>XX</td> </tr> </table> </div>	Claim ID	E000006	Date of Service	5/12/2014 - 5/12/2014	Subscriber Last Name	JXXXXXX	Total Claim Charge Amount	\$103.00	Subscriber First Name	AXXXXXX	Payer ID	XXX	Patient Last Name	JXXXXXX	Payer Name	AXXX XXXXXXXX XXXXXXXXXX	Patient First Name	AXXXXXX	Billing Provider Name	EXXXXXXX XXXXXXXXXX XXXXX	Subscriber ID	900000006	Claim Frequency/Submission Reason Code	1	Subscriber Last Name	JXXXXXX	Subscriber First Name	AXXXXXX	Subscriber Street Address	123 MAIN STREET	Subscriber City	IXXXXXXXXXXX	Subscriber State	XX	Patient Last Name	JXXXXXX	Patient First Name	AXXXXXX	Patient Street Address	123 MAIN STREET	Patient City	IXXXXXXXXXXX	Patient State	XX
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The **Claim View** menu actions are described below.

Summary: A general overview of claim information. Displays the latest status of the claim, general information submitted with the claim, subscriber information, patient information, and claim history (including dates and attachment events.)

Charge Details: The procedures and diagnoses that were submitted on the claim, with accompanying information on charges. Also displays the place of service / facility type code for the claim.

Provider Info: Information on claim providers, including facility address.

Other Info: General information on assignment of benefits, provider signature on file, etc., plus coverage days & admission, diagnoses, and procedures.

Primary Claim: Appears when the claim being viewed is a secondary claim. Contains information on the primary claim.

Form: The paper format of the claim. May include electronic claim information that cannot be viewed in the paper format. The form view converts an electronic claim format to a paper claim format.

Audit: An audit of the claim. Contains the history details along with the dates and some claim information. Can be used as proof of timely filing. Use the shoulder icons to export a spreadsheet of the audit to Excel or PDF.

Notes: Notes that are attached to the claim. You can add new notes in this view.

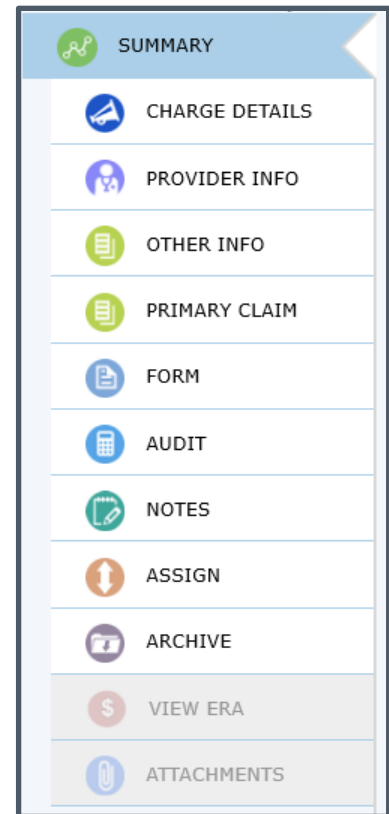
Assign: Assignments for this claim. To mark assignments as complete, click **Mark Complete** or **Mark All Complete**. You can create a new assignment from here if you are an administrator for the account. If your facility assigns users to specific billing providers, that user will be displayed or restricted for claim assignment based upon their billing provider access.

Archive: Archives the claim with the option to enter a note.

Unarchive: Unarchives the claim.

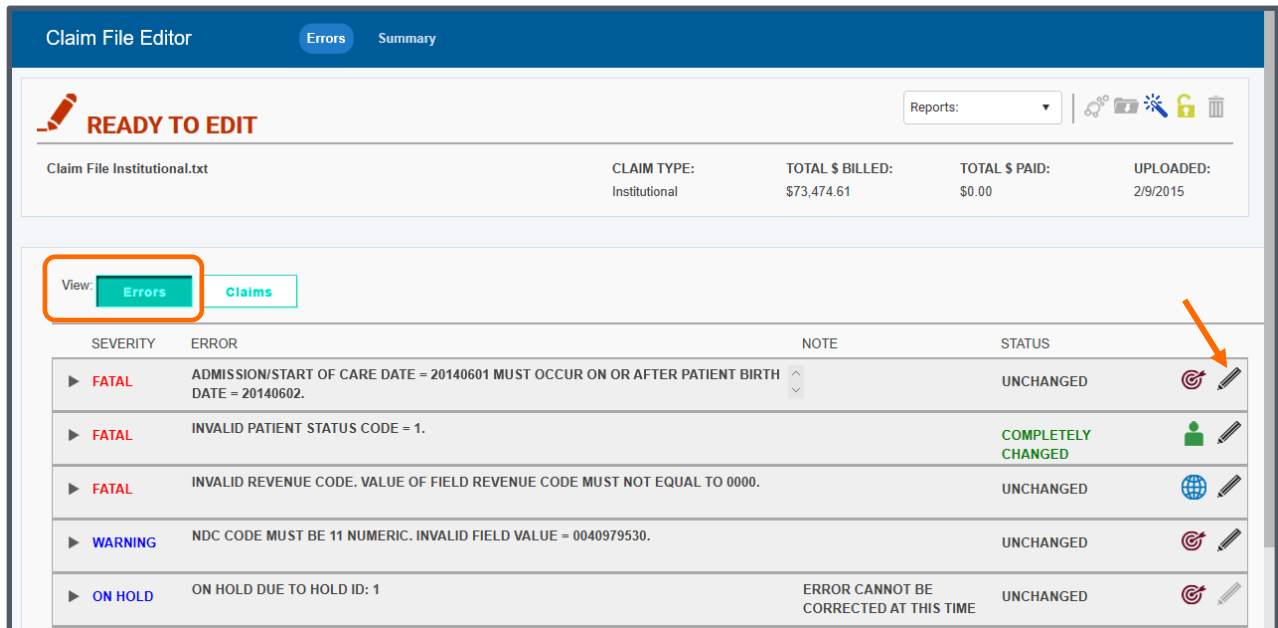
View ERA: Downloads the ERA for the claim (if there is one) in a PDF format. The total check amount can be found on the first page of the ERA.

Attachments: Supports upload of workers comp, dental, and/or medical attachments and allows you to override a suspended claim.



Claim File Editor

Clicking an uploaded and scrubbed claim File Name in Ready to Edit status opens the Claim File Editor. The page opens to the **Errors** view, where you can see a list of errors associated with the claim file. The **Note** column indicates whether the error can be edited. A file that cannot be edited may be waiting for another error to be resolved first. An error with an activated pencil icon (on the far right) can be edited.



Claim File Editor **Errors** Summary

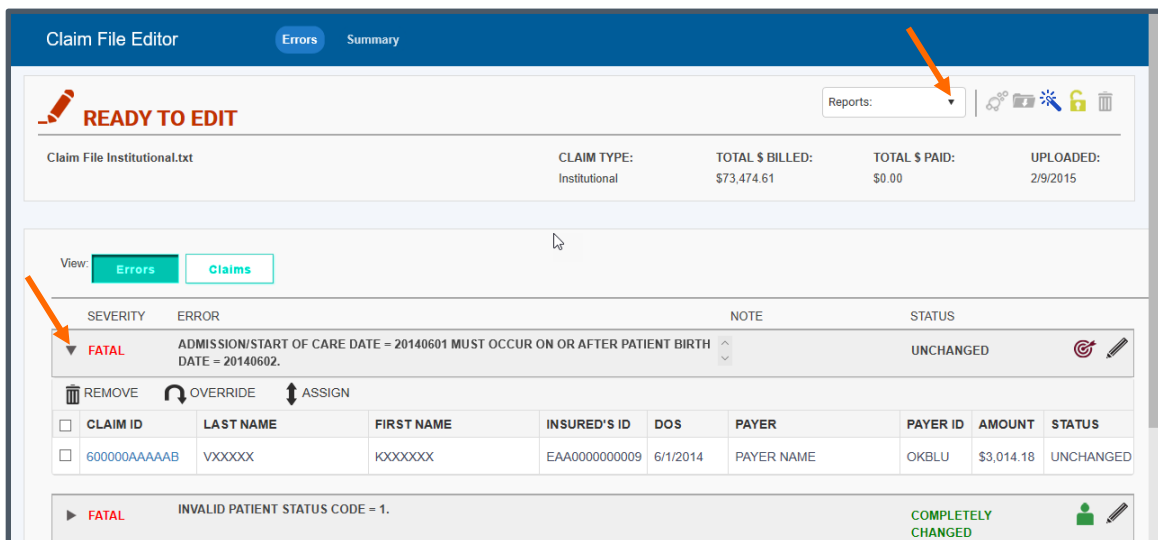
READY TO EDIT

Claim File Institutional.txt CLAIM TYPE: Institutional TOTAL \$ BILLED: \$73,474.61 TOTAL \$ PAID: \$0.00 UPLOADED: 2/9/2015

View: **Errors** Claims

SEVERITY	ERROR	NOTE	STATUS
FATAL	ADMISSION/START OF CARE DATE = 20140601 MUST OCCUR ON OR AFTER PATIENT BIRTH DATE = 20140602.		UNCHANGED
FATAL	INVALID PATIENT STATUS CODE = 1.		COMPLETELY CHANGED
FATAL	INVALID REVENUE CODE. VALUE OF FIELD REVENUE CODE MUST NOT EQUAL TO 0000.		UNCHANGED
WARNING	NDC CODE MUST BE 11 NUMERIC. INVALID FIELD VALUE = 0040979530.		UNCHANGED
ON HOLD	ON HOLD DUE TO HOLD ID: 1	ERROR CANNOT BE CORRECTED AT THIS TIME	UNCHANGED

1. To run reports for this claim file, click the **Reports** drop-down arrow below the page header and select a report category. Your report will open in a new window.
2. To view the claims associated with an error, click the arrow to expand the display.



Claim File Editor **Errors** Summary

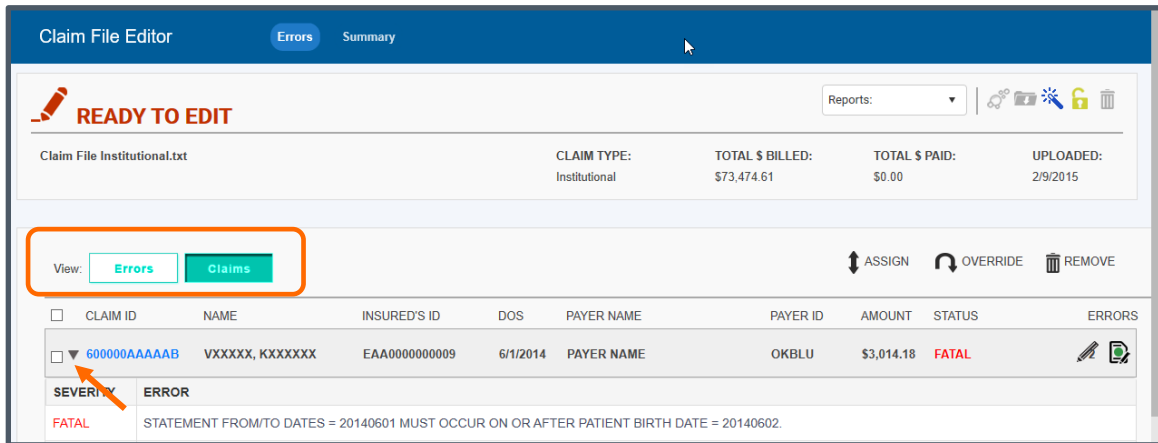
READY TO EDIT

Claim File Institutional.txt CLAIM TYPE: Institutional TOTAL \$ BILLED: \$73,474.61 TOTAL \$ PAID: \$0.00 UPLOADED: 2/9/2015

View: **Errors** Claims

SEVERITY	ERROR	NOTE	STATUS																		
FATAL	ADMISSION/START OF CARE DATE = 20140601 MUST OCCUR ON OR AFTER PATIENT BIRTH DATE = 20140602.		UNCHANGED																		
REMOVE OVERRIDE ASSIGN <table border="1"> <thead> <tr> <th>CLAIM ID</th> <th>LAST NAME</th> <th>FIRST NAME</th> <th>INSURED'S ID</th> <th>DOS</th> <th>PAYER</th> <th>PAYER ID</th> <th>AMOUNT</th> <th>STATUS</th> </tr> </thead> <tbody> <tr> <td>600000AAAAAB</td> <td>VXXXXX</td> <td>KXXXXXX</td> <td>EAA0000000009</td> <td>6/1/2014</td> <td>PAYER NAME</td> <td>OKBLU</td> <td>\$3,014.18</td> <td>UNCHANGED</td> </tr> </tbody> </table>				CLAIM ID	LAST NAME	FIRST NAME	INSURED'S ID	DOS	PAYER	PAYER ID	AMOUNT	STATUS	600000AAAAAB	VXXXXX	KXXXXXX	EAA0000000009	6/1/2014	PAYER NAME	OKBLU	\$3,014.18	UNCHANGED
CLAIM ID	LAST NAME	FIRST NAME	INSURED'S ID	DOS	PAYER	PAYER ID	AMOUNT	STATUS													
600000AAAAAB	VXXXXX	KXXXXXX	EAA0000000009	6/1/2014	PAYER NAME	OKBLU	\$3,014.18	UNCHANGED													
FATAL	INVALID PATIENT STATUS CODE = 1.		COMPLETELY CHANGED																		

Alternatively, you can switch to the Claims view by clicking the **Claims** tab next to Errors. On the Claims tab, click the arrow next to a claim ID to expand the display.



Claim File Editor | Errors | Summary

READY TO EDIT

Claim File Institutional.txt | CLAIM TYPE: Institutional | TOTAL \$ BILLED: \$73,474.61 | TOTAL \$ PAID: \$0.00 | UPLOADED: 2/9/2015

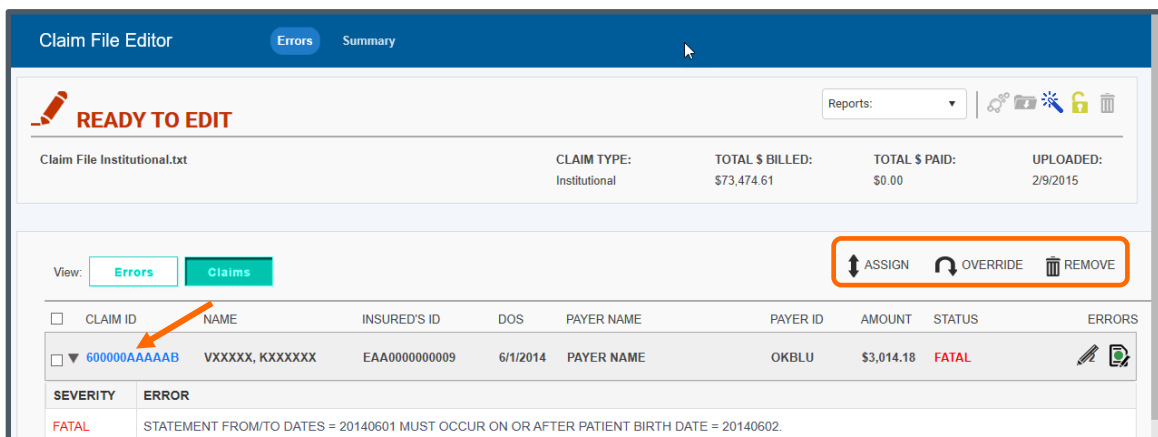
View: **Errors** | **Claims**

CLAIM ID	NAME	INSURED'S ID	DOS	PAYER NAME	PAYER ID	AMOUNT	STATUS	ERRORS
600000AAAAAB	VXXXXX, KXXXXXX	EAA0000000009	6/1/2014	PAYER NAME	OKBLU	\$3,014.18	FATAL	

SEVERITY | **ERROR**

FATAL | STATEMENT FROM/TO DATES = 20140601 MUST OCCUR ON OR AFTER PATIENT BIRTH DATE = 20140602.

You can use the check boxes to select multiple claims to override, edit, assign, or remove after the claim file is expanded. You can click the Claim ID to access and review claim information in the **Claim View** before you take any action.



Claim File Editor | Errors | Summary

READY TO EDIT

Claim File Institutional.txt | CLAIM TYPE: Institutional | TOTAL \$ BILLED: \$73,474.61 | TOTAL \$ PAID: \$0.00 | UPLOADED: 2/9/2015

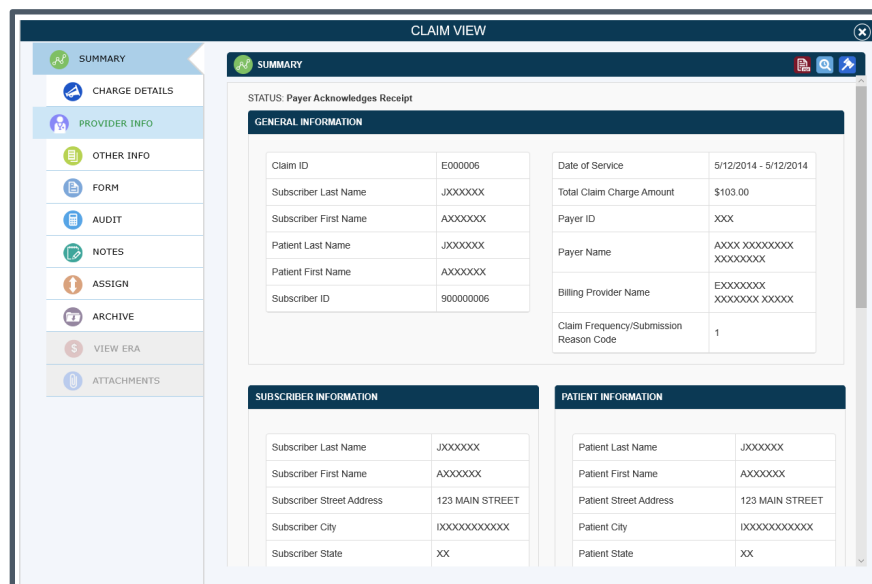
View: **Errors** | **Claims**

ASSIGN | OVERRIDE | REMOVE

CLAIM ID	NAME	INSURED'S ID	DOS	PAYER NAME	PAYER ID	AMOUNT	STATUS	ERRORS
600000AAAAAB	VXXXXX, KXXXXXX	EAA0000000009	6/1/2014	PAYER NAME	OKBLU	\$3,014.18	FATAL	

SEVERITY | **ERROR**

FATAL | STATEMENT FROM/TO DATES = 20140601 MUST OCCUR ON OR AFTER PATIENT BIRTH DATE = 20140602.



CLAIM VIEW

SUMMARY

STATUS: Payer Acknowledges Receipt

GENERAL INFORMATION

Claim ID	E000006	Date of Service	5/12/2014 - 5/12/2014
Subscriber Last Name	JXXXXXX	Total Claim Charge Amount	\$103.00
Subscriber First Name	AXXXXXX	Payer ID	XXX
Patient Last Name	JXXXXXX	Payer Name	AXXX.XXXXXXXX XXXXXXX
Patient First Name	AXXXXXX	Billing Provider Name	EXXXXXXX XXXXXXXXXXXX
Subscriber ID	900000006	Claim Frequency/Submission Reason Code	1

SUBSCRIBER INFORMATION

Subscriber Last Name	JXXXXXX
Subscriber First Name	AXXXXXX
Subscriber Street Address	123 MAIN STREET
Subscriber City	XXXXXXXXXXXX
Subscriber State	XX


PATIENT INFORMATION

Patient Last Name	JXXXXXX
Patient First Name	AXXXXXX
Patient Street Address	123 MAIN STREET
Patient City	XXXXXXXXXXXX
Patient State	XX

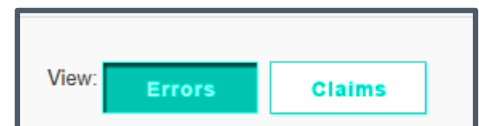
Note: The severity of an error directly impacts whether the error can be overridden. Only **Warning** errors can be overridden (the warning ignored) and sent to the payer as-is. You must correct, remove, or resubmit any other severity of error in ClaimRemedi.

IMPORTANT: The system will display a warning message if the claim you click on has been archived. Click the OK button and re-attempt to open the file after a minute or two.

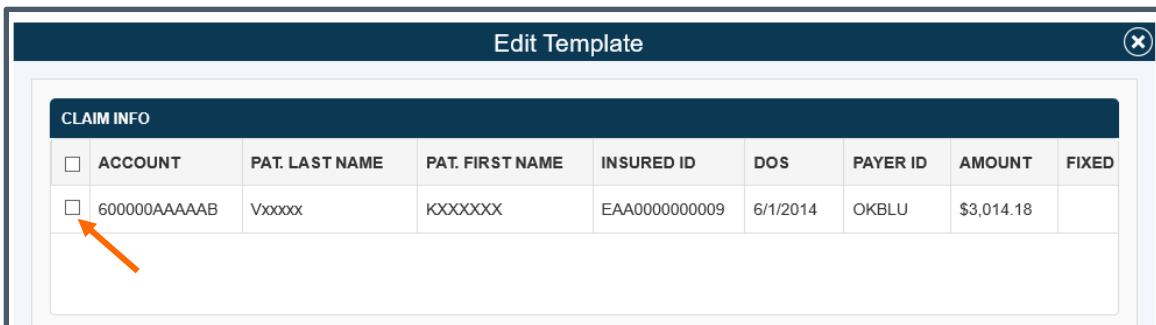
Fixing a Claim Error Using an Edit Template

Edit templates are created by eSolutions to identify the exact fields in a claim that would need to be edited in order to fix a specific error. The majority of common errors have a template associated with them. If an error does not have an edit template, you can edit directly in the claim form. An Edit Template icon  that is greyed out (not clickable) indicates that the error does not have an edit template.

- From either the Errors tab or the Claims tab, click the pencil icon associated with a claim that has an error. The **Edit Template** window opens.

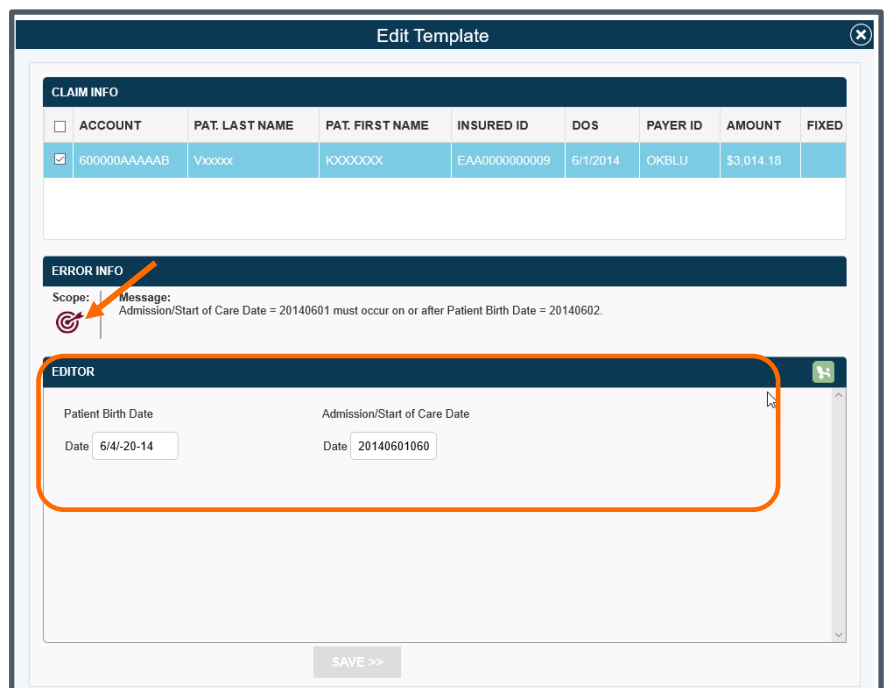


- Select a claim by clicking the check box in the **Claim Info** section of the template.




CLAIM INFO								
<input type="checkbox"/>	ACCOUNT	PAT. LAST NAME	PAT. FIRST NAME	INSURED ID	DOS	PAYER ID	AMOUNT	FIXED
<input type="checkbox"/>	600000AAAAAB	Vxxxxx	KXXXXXX	EAA0000000009	6/1/2014	OKBLU	\$3,014.18	

- Hover over the **Scope** icon. The scope description will tell you whether the edit you're preparing to make can be applied to a single claim, or multiple claims.
- Correct the error in the **Editor** section of the template.
- Click **Save** at the bottom of the template.
- The system will return a success message in the Editor section.
- Close the window by clicking the X in the upper right corner.



CLAIM INFO								
<input type="checkbox"/>	ACCOUNT	PAT. LAST NAME	PAT. FIRST NAME	INSURED ID	DOS	PAYER ID	AMOUNT	FIXED
<input checked="" type="checkbox"/>	600000AAAAAB	Vxxxxx	KXXXXXX	EAA0000000009	6/1/2014	OKBLU	\$3,014.18	

ERROR INFO

Scope:  Message: Admission/Start of Care Date = 20140601 must occur on or after Patient Birth Date = 20140602.







EDITOR

Patient Birth Date: Date

Admission/Start of Care Date: Date


SAVE >>

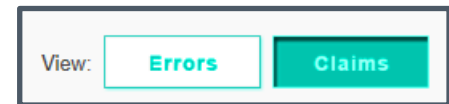
- The Claim File Editor page will reflect the changed status of the error. Your next step is to **rescrub** to the file in order for your changes to be applied and submitted to the payer.

View: Errors Claims				
SEVERITY	ERROR	NOTE	STATUS	
FATAL	ADMISSION/START OF CARE DATE = 20140601 MUST OCCUR ON OR AFTER PATIENT BIRTH DATE = 20140602.		UNCHANGED	 
FATAL	INVALID PATIENT STATUS CODE = 1.		COMPLETELY CHANGED	 
FATAL	INVALID REVENUE CODE. VALUE OF FIELD REVENUE CODE MUST NOT EQUAL TO 0000.		UNCHANGED	 


Fixing a Claim Error in the Claim Form





If an Edit Template is not available, you can edit a claim in an HCFA 1500 or UB-04 claim form. Follow the steps below to edit claims in the **Claim Form**.

- Click the **Claims** tab in the Claim File Editor.
- Click the **Edit Form** icon  to open the Edit Claim Form view.



Claim File Editor
Errors Summary


READY TO EDIT

Reports: ▼





Claim File Institutional.txt

CLAIM TYPE: Institutional



TOTAL \$ BILLED: \$73,474.61

TOTAL \$ PAID: \$0.00

UPLOADED: 2/9/2015

View: Errors Claims

↕ ASSIGN
↶ OVERRIDE
🗑 REMOVE

<input type="checkbox"/>	CLAIM ID	NAME	INSURED'S ID	DOS	PAYER NAME	PAYER ID	AMOUNT	STATUS	ERRORS
<input type="checkbox"/>	600000AAAAAB	VXXXXX, KXXXXXX	EAA0000000009	6/1/2014	PAYER NAME	OKBLU	\$3,014.18	FATAL	 

SEVERITY	ERROR
FATAL	STATEMENT FROM/TO DATES = 20140601 MUST OCCUR ON OR AFTER PATIENT BIRTH DATE = 20140602.

- The errors associated with the claim are displayed to the left of the form. The fields that can be edited are highlighted in yellow. Hover your cursor over yellow highlighted fields for guidance on editing. Make any necessary changes to editable fields.

Fatal
Total Claim Total Claim Charge Amount (186) <> Sum (0) of other payer paid amount + adjustment amounts.

Warning
When Medicare or Medicare Replacement Plan is primary, service line adjudication is required.

Warning
Other payer adjudication date is required at the claim or service line level when other payer paid amount is reported.

1. MEDICARE <input type="checkbox"/> (Medicare) MEDICAID <input checked="" type="checkbox"/> (Medicaid) TRICARE <input type="checkbox"/> (TRICARE) CHAMPVA <input type="checkbox"/> (Member CH) GROUP HEALTH PLAN <input type="checkbox"/> (GH) FECA BLK LUNG <input type="checkbox"/> (FL) OTHER <input type="checkbox"/> (OH)		1a. INSURED'S I.D. NUMBER 100000000009
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Patient Last Name Patient First Name Patient Middle Initial		3. PATIENT'S BIRTH DATE M <input type="radio"/> F <input checked="" type="radio"/> SEX
4. PATIENT'S ADDRESS (No. Street) 123 MAIN STREET Patient Street Address 2		4. INSURED'S NAME (Last Name, First Name, Middle Initial) Insured Last Name Insured First Name Insured Middle Initial
5. PATIENT'S ADDRESS (No. Street) CITY: SXXXXXXXXX STATE: XX ZIP CODE: 12345 TELEPHONE (Include Area Code):		7. INSURED'S ADDRESS (No. Street) 123 MAIN STREET Insured Address 2 CITY: SXXXXXXXXX STATE: XX ZIP CODE: 12345 TELEPHONE (Include Area Code):
6. OTHER INSURED'S NAME (Last Name, First Name, Middle Name) WXXXXXXXX JXXX ZXXXXXXXX		8. RESERVED FOR NUCC USE
9. OTHER INSURED'S POLICY OR GROUP NUMBER a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		10. PATIENT'S CONDITION IS RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="radio"/> NO <input checked="" type="radio"/> b. AUTO ACCIDENT? YES <input type="radio"/> NO <input checked="" type="radio"/> c. OTHER ACCIDENT? YES <input type="radio"/> NO <input checked="" type="radio"/> 10d. CLAIM CODES (Designated by NUCC) CA
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (authorizes the release of any medical information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNATURE ON FILE		11. INSURED'S POLICY GROUP OR FECA NUMBER 20000008 11. INSURED'S DATE OF BIRTH 20000008 M <input checked="" type="radio"/> F <input type="radio"/> 12. OTHER CLAIM ID (Designated by NUCC) SY 123121234 13. IS THERE ANOTHER HEALTH BENEFIT PLAN? NO <input type="radio"/> YES <input checked="" type="radio"/> YES if you complete items 9, 9a, and 9b.
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) QUAL:		15. OTHER DATE QUAL:
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE GXXXXX GXXXXX ZXXXXXX ZXXXXXX		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM: 20180809 TO: 20180809 TO:
		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM: 20180809 TO:

- Click **Submit** at the bottom of the form to save your changes and return to the Claim File Editor, or click **Cancel** to exit without saving. Your next step is to **rescrub** to the file in order for your changes to be applied and submitted to the payer.

Editing Claims with Payer Rejections

You can edit claims that a payer has rejected if your organization has chosen to activate the Edit Payer Rejected Claims module. Contact **eSolutions Client Services** for assistance. Once the module is activated, your client administrator will need to confirm that your account is enabled for Edit Claims. If enabled, you will have permission to edit payer rejections. Click [here](#) for instructions on viewing and modifying User Access settings.

1. A payer rejected claim will be displayed on the **Claim File Search Results** page. You can identify it by looking at the **Payer Errors** column, which will contain a number if the claim was rejected. The number indicates the number of errors in the claim file.

Note: If the claim is in a **Resolved** status, it will change to **Ready to Edit** when a payer rejection is received.

CUSTOMER NAME	TYPE	FILE NAME	UPLOADED	USER NAME	ERRORS (\$)	STATUS	TOTAL CH ERRORS	FWD TO PAYER	ON HOLD	PAYER ERRORS	REMOVE	FIXED
Wholestrong Healthcare Group - US	I	UB04333-07-01-2020outpatient.t	7/29/2020 6:53:21 AM	jasper.koala@	\$0.00	Resolved	11	0	4	0	0	7
Wholestrong Healthcare Group - US	I	UB04888-07-02-2020outpatient.txt	7/29/2020 6:52:57 AM	jasper.koala@	\$3,889.00	Ready to Edit	44	0	9	0	2	33

2. Click the claim **File Name**. The **Claim File Editor** page opens. Click the **Claims** tab. Payer rejections are only editable using the Claims view within Claim File Editor.
3. Locate the **Type** column, which will display **Payer** for payer rejected claims. You can click the down arrow next to the Claim ID to expand the claim and see the error description(s). You can also click the Claim ID to open the **Claim View**.

Claim File Editor

READY TO EDIT

UB04888-07-02-2020outpatient.txt

View: **Errors** **Claims**

CLAIM ID	NAME	INSURED'S ID
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Claim File Editor

READY TO EDIT

UB04888-07-02-2020outpatient.txt

CLAIM TYPE: Institutional | TOTAL \$ BILLED: \$118,776.00 | TOTAL \$ PAID: \$0.00 | UPLOADED: 7/29/2020

View: **Errors** **Claims**

CLAIM ID	NAME	INSURED'S ID	DOS	PAYER NAME	PAYER ID	AMOUNT	TYPE	STATUS	ERRORS
▶ 141414141	SAWFISH, RUSSET	H99999999	6/18/2020	HUMANA COMM OP	01010	\$3,564.00	PAYER	FATAL	2
▶ 161616161	WHALE, MOSSY	H33333333	3/18/2020	HUMANA COMM OP	01010	\$1,274.00	PAYER	FATAL	2

- Click the **Edit Form** icon to open the Edit Claim Form view. The rejection reason(s) is displayed on the left side of the Claim Form Editor. Hover your cursor over yellow highlighted fields for guidance on editing. Make any necessary changes to editable fields.

↑ ASSIGN
↺ OVERRIDE
🗑 REMOVE

TYPE
STATUS
ERRORS

PAYER
FATAL
2

Claim Form Editor

- Facility
Wholestrong Healthcare
- Dashboard
- Enrollment
- Submit
- Reports
- Appeals
- EDI Testing
- Payer List
- Code List

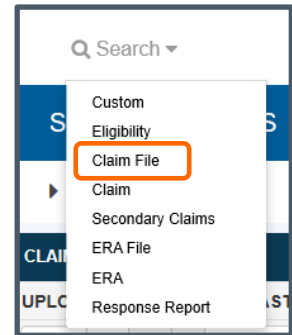
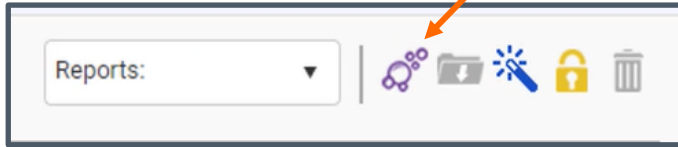
Rejection
 Condition Code
 invalid or missing

1. ALLFITCARE HOSPICE		2. P.O. BOX 000000		3. PAT. CNTRL. # 141414141		4. TYPE OF BILL 13	
1111 ANYSTREET DR		ANYWHERE US 78787000		5. MED. REC. # 000022222			
6. ANYTOWN US 77777000		7. ANYWHERE US 78787000		8. 444444444		9. 20200318	
10. PATIENT NAME		11. PATIENT ADDRESS		12. STATEMENT COVERS PERIOD		13. FROM 20200318	
14. PATIENT LAST N		15. PATIENT FIRST N		16. PATIENT MID Pz		17. PATIENT STREET ADDRESS	
18. PATIENT ID		19. PATIENT CITY ANYCITY		20. PATIENT ZIP CODE 88888		21. PATIENT SUBSCRIBER ID	
22. BIRTHDATE 19460101		23. SEX M		24. ADMISSION DATE		25. ADMISSION HR 3	
26. ADMISSION TYPE 1		27. ADMISSION SRC 01		28. STAT C1		29. COND CODES C1 D2	
30. OCCURRENCE DATE		31. OCCURRENCE DATE		32. OCCURRENCE DATE		33. OCCURRENCE DATE	
34. OCCURRENCE DATE		35. OCCURRENCE DATE		36. OCCURRENCE DATE		37. OCCURRENCE DATE	
38. CODE		39. VALUE CODES AMOUNT		40. CODE		41. VALUE CODES AMOUNT	
42. CODE		43. VALUE CODES AMOUNT		44. CODE		45. VALUE CODES AMOUNT	
46. CODE		47. VALUE CODES AMOUNT		48. CODE		49. VALUE CODES AMOUNT	
50. CODE		51. VALUE CODES AMOUNT		52. CODE		53. VALUE CODES AMOUNT	
54. CODE		55. VALUE CODES AMOUNT		56. CODE		57. VALUE CODES AMOUNT	
58. CODE		59. VALUE CODES AMOUNT		60. CODE		61. VALUE CODES AMOUNT	
62. CODE		63. VALUE CODES AMOUNT		64. CODE		65. VALUE CODES AMOUNT	
66. CODE		67. VALUE CODES AMOUNT		68. CODE		69. VALUE CODES AMOUNT	
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82. CODE		83. VALUE CODES AMOUNT		84. CODE		85. VALUE CODES AMOUNT	
86. CODE		87. VALUE CODES AMOUNT		88. CODE		89. VALUE CODES AMOUNT	
90. CODE		91. VALUE CODES AMOUNT		92. CODE		93. VALUE CODES AMOUNT	
94. CODE		95. VALUE CODES AMOUNT		96. CODE		97. VALUE CODES AMOUNT	
98. CODE		99. VALUE CODES AMOUNT		100. CODE		101. VALUE CODES AMOUNT	
102. CODE		103. VALUE CODES AMOUNT		104. CODE		105. VALUE CODES AMOUNT	
106. CODE		107. VALUE CODES AMOUNT		108. CODE		109. VALUE CODES AMOUNT	
110. CODE		111. VALUE CODES AMOUNT		112. CODE		113. VALUE CODES AMOUNT	
114. CODE		115. VALUE CODES AMOUNT		116. CODE		117. VALUE CODES AMOUNT	
118. CODE		119. VALUE CODES AMOUNT		120. CODE		121. VALUE CODES AMOUNT	
122. CODE		123. VALUE CODES AMOUNT		124. CODE		125. VALUE CODES AMOUNT	
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138. CODE		139. VALUE CODES AMOUNT		140. CODE		141. VALUE CODES AMOUNT	
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150. CODE		151. VALUE CODES AMOUNT		152. CODE		153. VALUE CODES AMOUNT	
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158. CODE		159. VALUE CODES AMOUNT		160. CODE		161. VALUE CODES AMOUNT	
162. CODE		163. VALUE CODES AMOUNT		164. CODE		165. VALUE CODES AMOUNT	
166. CODE		167. VALUE CODES AMOUNT		168. CODE		169. VALUE CODES AMOUNT	
170. CODE		171. VALUE CODES AMOUNT		172. CODE		173. VALUE CODES AMOUNT	
174. CODE		175. VALUE CODES AMOUNT		176. CODE		177. VALUE CODES AMOUNT	
178. CODE		179. VALUE CODES AMOUNT		180. CODE		181. VALUE CODES AMOUNT	
182. CODE		183. VALUE CODES AMOUNT		184. CODE		185. VALUE CODES AMOUNT	
186. CODE		187. VALUE CODES AMOUNT		188. CODE		189. VALUE CODES AMOUNT	
190. CODE		191. VALUE CODES AMOUNT		192. CODE		193. VALUE CODES AMOUNT	
194. CODE		195. VALUE CODES AMOUNT		196. CODE		197. VALUE CODES AMOUNT	
198. CODE		199. VALUE CODES AMOUNT		200. CODE		201. VALUE CODES AMOUNT	
202. CODE		203. VALUE CODES AMOUNT		204. CODE		205. VALUE CODES AMOUNT	
206. CODE		207. VALUE CODES AMOUNT		208. CODE		209. VALUE CODES AMOUNT	
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214. CODE		215. VALUE CODES AMOUNT		216. CODE		217. VALUE CODES AMOUNT	
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222. CODE		223. VALUE CODES AMOUNT		224. CODE		225. VALUE CODES AMOUNT	
226. CODE		227. VALUE CODES AMOUNT		228. CODE		229. VALUE CODES AMOUNT	
230. CODE		231. VALUE CODES AMOUNT		232. CODE		233. VALUE CODES AMOUNT	
234. CODE		235. VALUE CODES AMOUNT		236. CODE		237. VALUE CODES AMOUNT	
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242. CODE		243. VALUE CODES AMOUNT		244. CODE		245. VALUE CODES AMOUNT	
246. CODE		247. VALUE CODES AMOUNT		248. CODE		249. VALUE CODES AMOUNT	
250. CODE		251. VALUE CODES AMOUNT		252. CODE		253. VALUE CODES AMOUNT	
254. CODE		255. VALUE CODES AMOUNT		256. CODE		257. VALUE CODES AMOUNT	
258. CODE		259. VALUE CODES AMOUNT		260. CODE		261. VALUE CODES AMOUNT	
262. CODE		263. VALUE CODES AMOUNT		264. CODE		265. VALUE CODES AMOUNT	
266. CODE		267. VALUE CODES AMOUNT		268. CODE		269. VALUE CODES AMOUNT	
270. CODE		271. VALUE CODES AMOUNT		272. CODE		273. VALUE CODES AMOUNT	
274. CODE		275. VALUE CODES AMOUNT		276. CODE		277. VALUE CODES AMOUNT	
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298. CODE		299. VALUE CODES AMOUNT		300. CODE		301. VALUE CODES AMOUNT	
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334. CODE		335. VALUE CODES AMOUNT		336. CODE		337. VALUE CODES AMOUNT	
338. CODE		339. VALUE CODES AMOUNT		340. CODE		341. VALUE CODES AMOUNT	
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386. CODE		387. VALUE CODES AMOUNT		388. CODE		389. VALUE CODES AMOUNT	
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394. CODE		395. VALUE CODES AMOUNT		396. CODE		397. VALUE CODES AMOUNT	
398. CODE		399. VALUE CODES AMOUNT		400. CODE		401. VALUE CODES AMOUNT	
402. CODE		403. VALUE CODES AMOUNT		404. CODE		405. VALUE CODES AMOUNT	
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438. CODE		439. VALUE CODES AMOUNT		440. CODE		441. VALUE CODES AMOUNT	
442. CODE		443. VALUE CODES AMOUNT		444. CODE		445. VALUE CODES AMOUNT	
446. CODE		447. VALUE CODES AMOUNT		448. CODE		449. VALUE CODES AMOUNT	
450. CODE		451. VALUE CODES AMOUNT		452. CODE		453. VALUE CODES AMOUNT	
454. CODE		455. VALUE CODES AMOUNT		456. CODE		457. VALUE CODES AMOUNT	
458. CODE		459. VALUE CODES AMOUNT		460. CODE		461. VALUE CODES AMOUNT	
462. CODE		463. VALUE CODES AMOUNT		464. CODE		465. VALUE CODES AMOUNT	
466. CODE		467. VALUE CODES AMOUNT		468. CODE		469. VALUE CODES AMOUNT	
470. CODE		471. VALUE CODES AMOUNT		472. CODE		473. VALUE CODES AMOUNT	
474. CODE		475. VALUE CODES AMOUNT		476. CODE		477. VALUE CODES AMOUNT	
478. CODE		479. VALUE CODES AMOUNT		480. CODE		481. VALUE CODES AMOUNT	
482. CODE		483. VALUE CODES AMOUNT		484. CODE		485. VALUE CODES AMOUNT	
486. CODE		487. VALUE CODES AMOUNT		488. CODE		489. VALUE CODES AMOUNT	
490. CODE		491. VALUE CODES AMOUNT		492. CODE		493. VALUE CODES AMOUNT	
494. CODE		495. VALUE CODES AMOUNT		496. CODE		497. VALUE CODES AMOUNT	
498. CODE		499. VALUE CODES AMOUNT		500. CODE		501. VALUE CODES AMOUNT	
502. CODE		503. VALUE CODES AMOUNT		504. CODE		505. VALUE CODES AMOUNT	
506. CODE		507. VALUE CODES AMOUNT		508. CODE		509. VALUE CODES AMOUNT	
510. CODE		511. VALUE CODES AMOUNT		512. CODE		513. VALUE CODES AMOUNT	
514. CODE		515. VALUE CODES AMOUNT		516. CODE		517. VALUE CODES AMOUNT	
518. CODE		519. VALUE CODES AMOUNT		520. CODE		521. VALUE CODES AMOUNT	
522. CODE		523. VALUE CODES AMOUNT		524. CODE		525. VALUE CODES AMOUNT	
526. CODE		527. VALUE CODES AMOUNT		528. CODE		529. VALUE CODES AMOUNT	
530. CODE		531. VALUE CODES AMOUNT		532. CODE		533. VALUE CODES AMOUNT	
534. CODE		535. VALUE CODES AMOUNT		536. CODE		537. VALUE CODES AMOUNT	
538. CODE		539. VALUE CODES AMOUNT		540. CODE		541. VALUE CODES AMOUNT	
542. CODE		543. VALUE CODES AMOUNT		544. CODE		545. VALUE CODES AMOUNT	
546. CODE		547. VALUE CODES AMOUNT		548. CODE		549. VALUE CODES AMOUNT	
550. CODE		551. VALUE CODES AMOUNT		552. CODE		553. VALUE CODES AMOUNT	
554. CODE		555. VALUE CODES AMOUNT		556. CODE		557. VALUE CODES AMOUNT	
558. CODE		559. VALUE CODES AMOUNT		560. CODE		561. VALUE CODES AMOUNT	
562. CODE		563. VALUE CODES AMOUNT		564. CODE		565. VALUE CODES AMOUNT	
566. CODE		567. VALUE CODES AMOUNT		568. CODE		569. VALUE CODES AMOUNT	
570. CODE		571. VALUE CODES AMOUNT		572. CODE		573. VALUE CODES AMOUNT	
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578. CODE		579. VALUE CODES AMOUNT		580. CODE		581. VALUE CODES AMOUNT	
582. CODE		583. VALUE CODES AMOUNT		584. CODE		585. VALUE CODES AMOUNT	
586. CODE		587. VALUE CODES AMOUNT		588. CODE		589. VALUE CODES AMOUNT	
590. CODE		591. VALUE CODES AMOUNT		592. CODE		593. VALUE CODES AMOUNT	
594. CODE		595. VALUE CODES AMOUNT		596. CODE		597. VALUE CODES AMOUNT	
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606. CODE		607. VALUE CODES AMOUNT		608. CODE		609. VALUE CODES AMOUNT	
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614. CODE		615. VALUE CODES AMOUNT		616. CODE		617. VALUE CODES AMOUNT	
618. CODE		619. VALUE CODES AMOUNT		620. CODE		621. VALUE CODES AMOUNT	
622. CODE		623. VALUE CODES AMOUNT		624. CODE		625. VALUE CODES AMOUNT	
626. CODE		627. VALUE CODES AMOUNT		628. CODE		629. VALUE CODES AMOUNT	
630. CODE		631. VALUE CODES AMOUNT		632. CODE		633. VALUE CODES AMOUNT	
634. CODE		635. VALUE CODES AMOUNT		636. CODE		637. VALUE CODES AMOUNT	
638. CODE		639. VALUE CODES AMOUNT		640. CODE		641. VALUE CODES AMOUNT	
642. CODE		643. VALUE CODES AMOUNT		644. CODE		645. VALUE CODES AMOUNT	
646. CODE		647. VALUE CODES AMOUNT		648. CODE		649. VALUE CODES AMOUNT	
650. CODE		651. VALUE CODES AMOUNT		652. CODE		653	

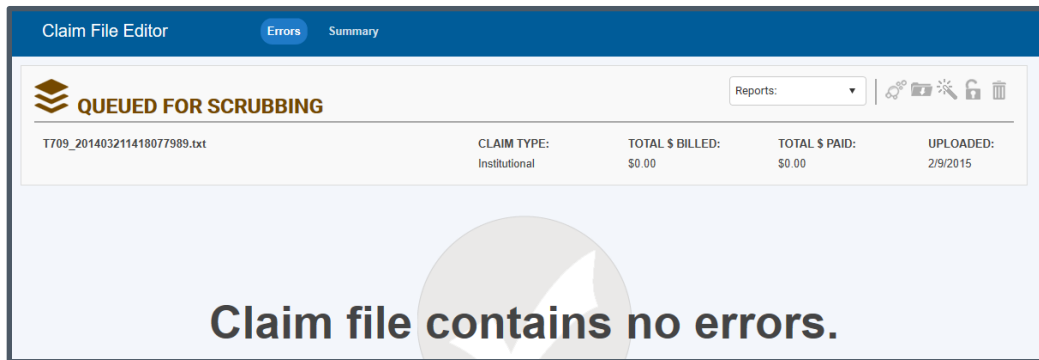
Rescrubbing a Changed Claim File

You must rescrub a claim file on the **Claim File Editor** page after changes are made and after errors are overridden or removed. The system looks for any missed errors during rescrubbing.

1. Click the rescrub shoulder icon on the Claim File Editor page.



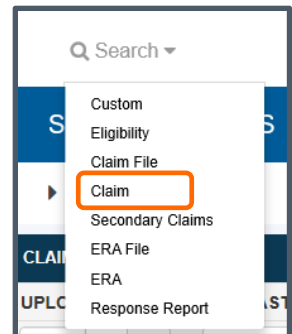
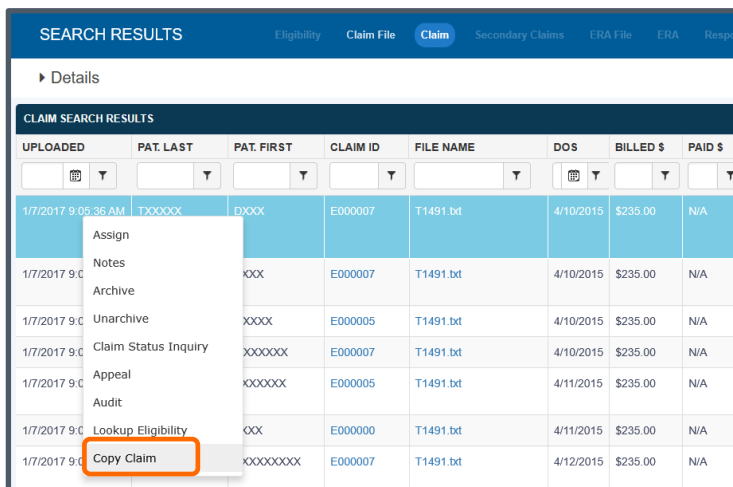
2. The file status is returned to **Queued for Scrubbing** and the system performs the rescrub. If no other errors are found, the claim file is submitted to the payer.



Copying a Claim

You can use the Copy Claim functionality to adjust and submit previously submitted claims within ClaimRemedi. This feature can be used for shadow billing or for correcting and resubmitting denied claims. Your client administrator will need to enable permission for you to Copy Claims in the **User Access** settings.

1. Click the **Search** drop-down arrow and select **Claim**. Copy claim functionality can only be accessed from the **Claim Search Results** page.
2. Hover your mouse over the row that contains the claim you want to copy. When the row is highlighted, right click and select **Copy Claim**.



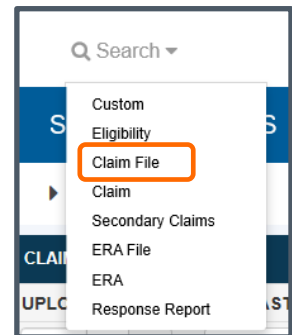
- The **Claim File Editor** opens. If you choose, you can make any changes or updates to the newly copied claim in the claim form at this time. Hover your cursor over yellow highlighted fields for guidance on editing. Make any necessary changes to editable fields. When you're ready, click **Submit**.

The screenshot shows a detailed medical claim form with multiple sections. Key fields include:

- 1. IDENTIFICATION:** EXX XXX XXXXX XXXXXXXX, 123 MAIN STREET, 1234 MAIN STREET, E00003, 77, 1.
- 2. PATIENT INFORMATION:** Patient Name (Last, First, Mid, P), Patient Address (123 MAIN STREET), Patient ID, Subscriber ID, and Patient/Subscriber status (XX 12345).
- 3. OCCURRENCE DATA:** Tables for Occurrence Code, Date, and Amount.
- 4. VALUE CODES:** Tables for Code, Amount, and other values.
- 5. REMARKS:** A section for additional notes.

 A red box highlights the **SUBMIT** button at the bottom center of the form.

- The copied claim can be viewed on the **Claim File Search Results** page. Click the down arrow next to **Search** and click **Claim File**. Look for a filename that contains the original claim file name, followed by Copy, then the original claim file ID and claim copy date and time:



SEARCH RESULTS	
▶ Details	
CLAIM FILE SEARCH RESULTS	
TYPE	FILE NAME
▶	UB04111-01-11-2017_Copy_121212121_20200718063500.txt

5. A status update with the copy date and action(s) will be added to the History section of the **Claim View**.

CLAIM VIEW

SUMMARY

Subscriber Gender		Claim ID	191919191
Subscriber ID	7G77G77GG77	Property Casualty Claim Number	
Subscriber ID			
Subscriber Payer Billing Sequence	P		
Claim Filing Indicator Code	MA		

HISTORY

DATE	CODE	NOTE
8/11/2020	Copy	Copy of the original claim ID 190556301 created by user admin
8/11/2020	Changed by User	Prior Authorization Number changed from 3131313 to
8/11/2020	Changed by User	Condition Code 1 added as 04

Viewing a Claim File Summary

You can view a Summary of the claim file’s history on the **Claim File Editor** page.

1. Click the **Summary** tab in the content header.



2. Click any bar in the summary chart on the left to view the associated claims in the table on the right.

CLAIM STATUS SUMMARY

Category	Count
Total	37
Clearinghouse Errors	27
To be Rescubbed	1
Removed	0
Forwarded to Payer	10
Payer Rejected	0
Paid	10
Denied	0
Waiting on Payer	0
Archived	0
Claims On Hold	1

UPLOADED CLAIMS

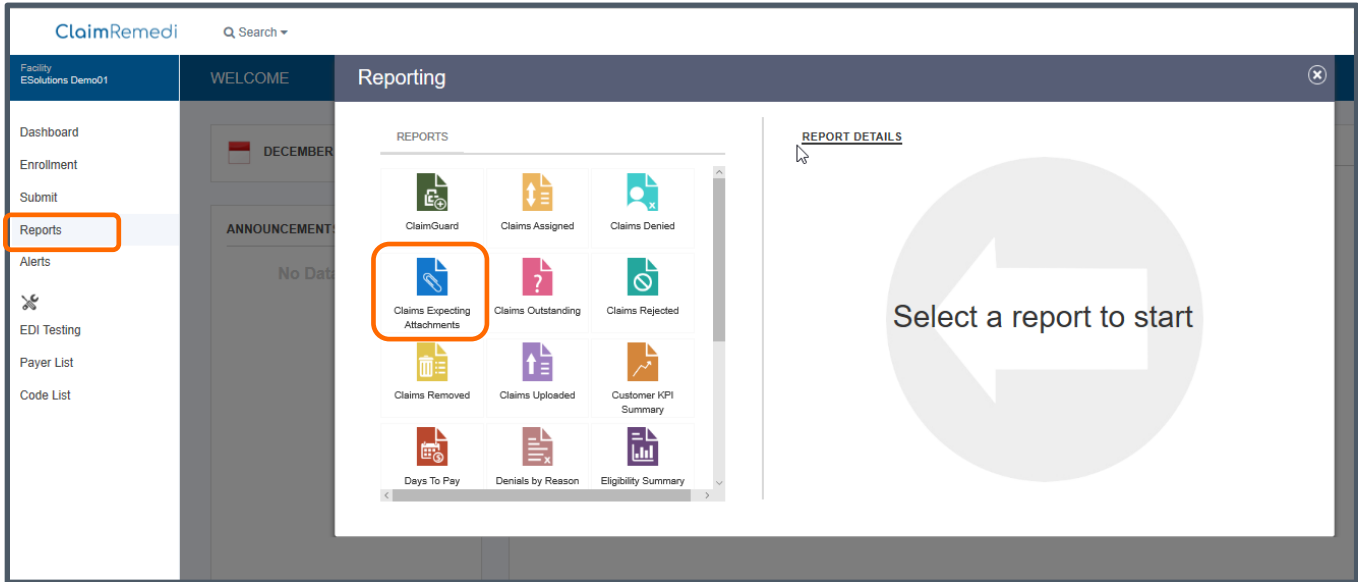
CLAIM ID	LAST NAME	DOS	BILLED	PAYER
E000006	SXXXXXXXXX	6/4/2015	\$66.82	PAYER NAME
E000002	JXXXX	11/27/2015	\$87.00	PAYER NAME
E000005	PXXXXXX	12/9/2015	\$184.00	PAYER NAME
E000006	WXXXXXXXXX	6/3/2015	\$186.00	PAYER NAME
E000009	LXXXX	7/25/2015	\$186.00	PAYER NAME
E000006	MXXXXX	7/26/2015	\$186.00	PAYER NAME
E000007	PXXXXXX	8/28/2015	\$186.00	PAYER NAME
E000001	EXXXX	9/4/2015	\$186.00	PAYER NAME
E000007	MXXXXX	9/9/2015	\$186.00	PAYER NAME

3. Click the Claim ID to open the **Claim View**.

Claim Attachments

There are three attachment services available in ClaimRemedi: Workers Comp, Dental, and Medical. You'll need to subscribe to each service in order to electronically submit images and documentation required for claim processing. To access claims that require attachments:

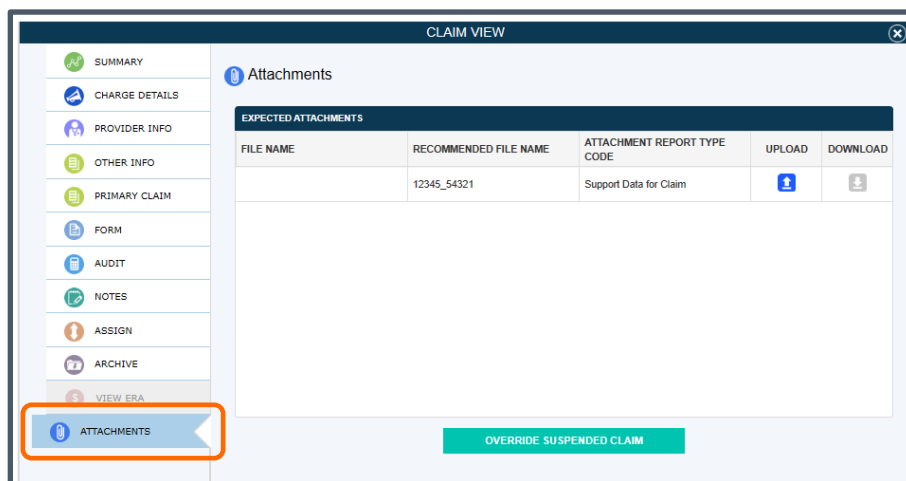
1. Click **Reports**, then click **Claims Expecting Attachments**.



2. Click the **Claim ID** to open the Claim View for the claim you will be submitting attachments for.

REPORT RESULTS						
Details						
CLAIMS EXPECTING ATTACHMENTS RESULTS						
DOS	PATIENT FIRST NAME	PATIENT LAST NAME	PAYER ID	PAYER NAME	CLAIM ID	ATTACHMENT TYPE
03/31/2016	PXXXXXXX	ZXXXXXXX	INMCR	PAYER NAME	E000006	Medical

3. Click **Attachments**. Continue to the next three sections for specific instructions on attaching workers comp, dental, and medical attachments.



Workers Comp Attachments

Workers Comp attachments and claims are submitted in real-time, but the system holds the claim from being sent to the payer until all attachments are received. Once complete, the attachments and claim are transmitted in one electronic packet to the payer.

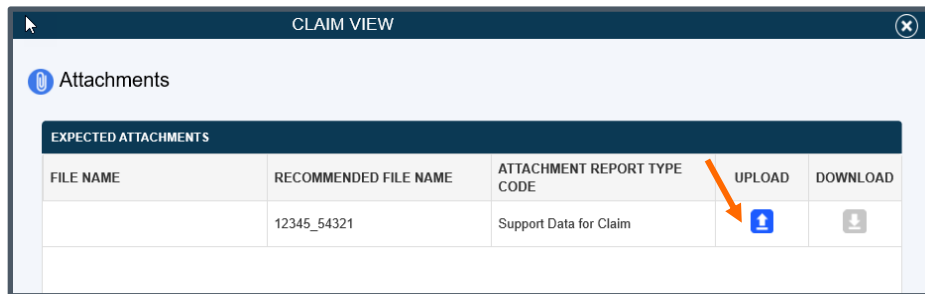
All worker's comp claims can be submitted electronically to ClaimRemedi. However, If a payer or state accepts only paper forms, eSolutions will print and deliver the claim and attachments via mail.

Claims must meet the following requirements to allow attachments:

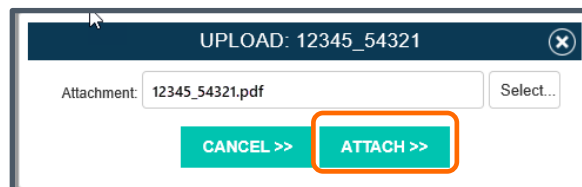
- Must have at least one PWK (Paperwork) segment in the electronic EDI file. eSolutions links the claim and the attachment(s) based on the filename of the attachment you upload and the name of the attachment in the PWK06 of your claim. These names must match.
- Must be forwarded to the payer and not in the scrubber
- Must not be rejected by the payer.

Before uploading, ensure the filename matches the name in the File Name column and the PWK segment. The file must be in a .pdf or .tif format. Extra PWK segments cannot be removed after you upload a file (this can be done, however, in your practice management system.)

1. Click the **Upload** icon.



2. Browse for your attachment file. Once you've located the file, click **Attach**.



3. If you have not uploaded an attachment for a specific PWK segment, an upload icon will be displayed in the Claim View in the **Upload** column. If you have uploaded an attachment, a download icon will be displayed in the **Download** column.
4. A success message will be displayed when your attachment uploads successfully. The upload will also be reflected in Claim History, which you can find in the Claim View Summary tab. Look for the line in the grid that says **Attachment Added**.

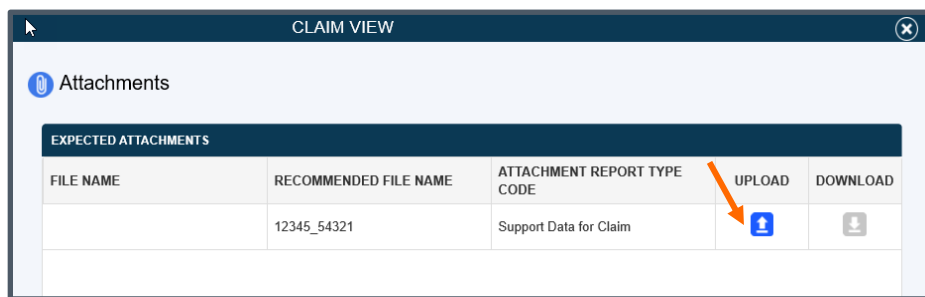
Dental Attachments

Subscribers to the Dental Attachments service can electronically submit images and documentation required for claim adjudication. The process you currently use to upload claim files will not change after subscribing to this service.

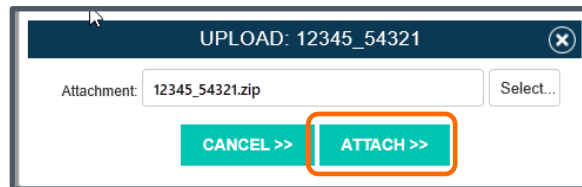
After a claim is submitted and scrubbed, claims identified for attachment are put through a series of rules to determine whether an attachment is required. Identified claims are placed in a 'suspended' status by ClaimRemedi, where they can be viewed and managed. Be aware, however, that there is a feature in ClaimRemedi that allows you to select and override one or more suspended dental claims. Click [here](#) to learn more about the **override suspension** feature.

Before uploading, ensure the filename matches the name in the File Name column. The file must be in a .zip format and files within the zipped folder must be .jpg/.jpeg, .png, or.gif.

1. Click the **Upload** icon.



2. Browse for your file. Once you've located it, click **Attach**.



3. A success message will be displayed when your attachment uploads successfully. The upload will also be reflected in Claim History, which you can find in the Claim View Summary tab. Look for the line in the grid that says **Attachment Added**.

Once an attachment has been successfully added it will be forwarded to the payer and the claim will no longer appear in a **Suspended** status.

Medical Attachments

eSolutions' Medical Attachments service allows you to submit electronic attachments to Medi-Cal. The Medi-Cal attachments service allows submission of a PWK segment in any claim you believe will require an attachment for all Medi-Cal claim payer IDs. You'll need to be able to create that PWK segment in the electronic claim. The requirements for the PWK segment are as follows:

- The Report Type Code (PWK01) must be 'OZ' – Support Data for Claim.
- The Report Transmission Code (PWK02) must be 'EL' – Electronic.
- The Identification Code Qualifier (PWK05) must be 'AC' – Attachment Control Number.

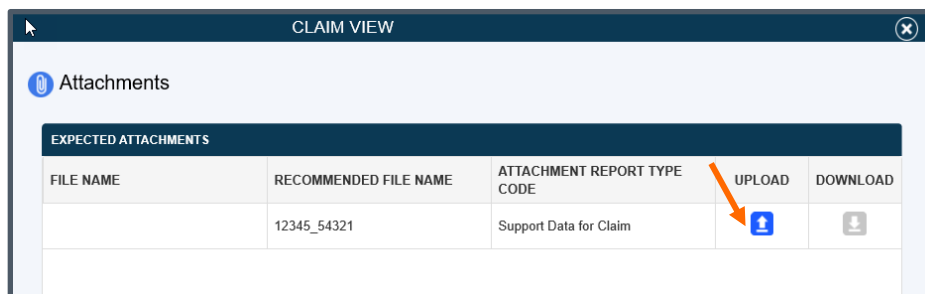
You'll also need to meet these requirements:

- The attachment file must have a file name that matches the attachment control number provided.
- The attachment file must be in a .pdf format.
- The claim will be rejected if an attachment is not uploaded within 21 days of being placed in a suspended status.

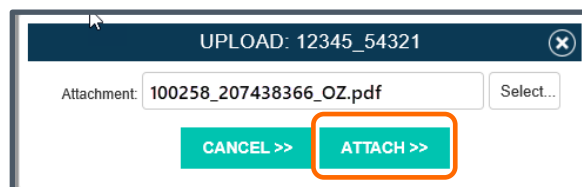
After a claim is submitted and scrubbed, the system identifies claims that fit the requirements for either solicited or unsolicited attachments. Claims identified as requiring an attachment are placed in a 'suspended' status by ClaimRemedi, where they can be viewed and managed. Be aware, however, that there is a feature in ClaimRemedi that allows you to select and override one or more suspended claims. Click [here](#) to learn more about the **override suspension** feature.

Before uploading, ensure the attachment file is renamed to the attachment control number and is saved as a .pdf file.

1. Click the **Upload** icon.



2. Browse for your file. Once you've located it, click **Attach**.



3. A success message will be displayed when your attachment uploads successfully. The upload will also be reflected in Claim History, which you can find in the Claim View Summary tab. Look for the line in the grid that says **Attachment Added**.

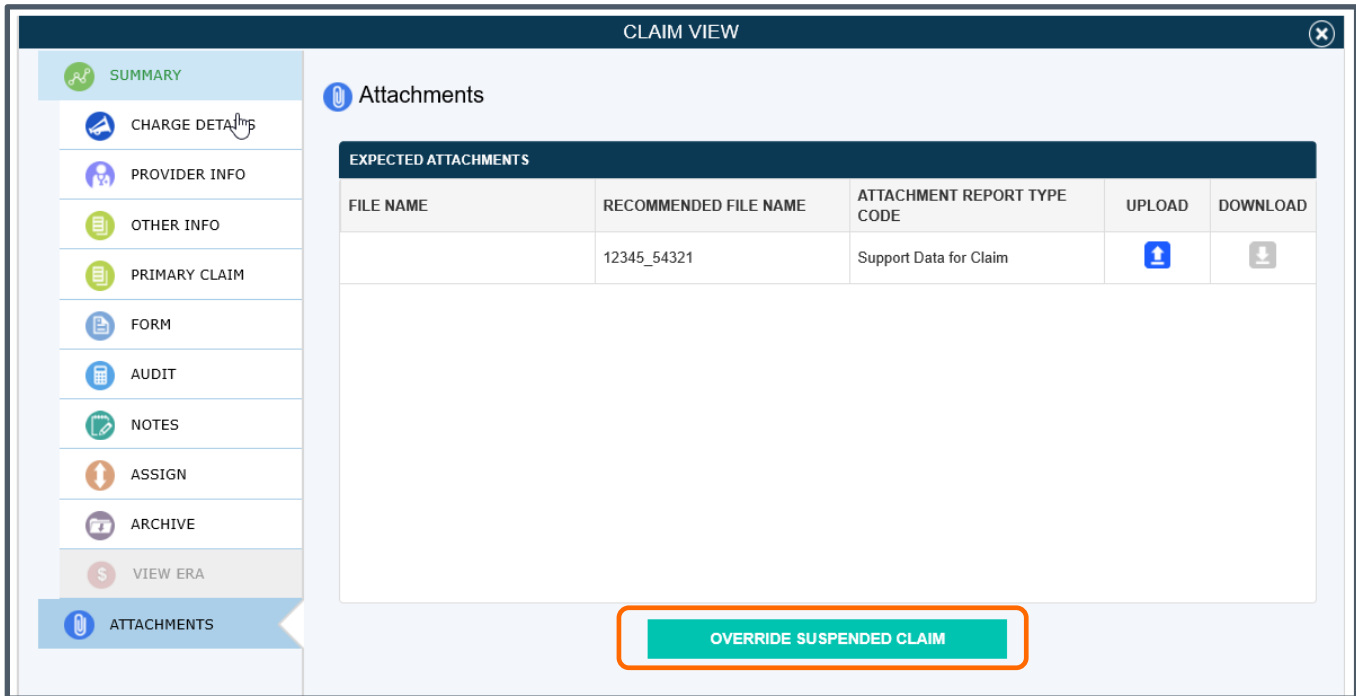
Once an attachment has been successfully added it will be forwarded to the payer and the claim will no longer appear in a **Suspended** status.

Override a Suspended Claim

If you determine that a claim does not actually require an attachment, you can use the Override function to move the claim out of the suspended status and submit it to the payer. You can override an individual claim from the Attachments page, or several claims from the Claims Expecting Attachments report.

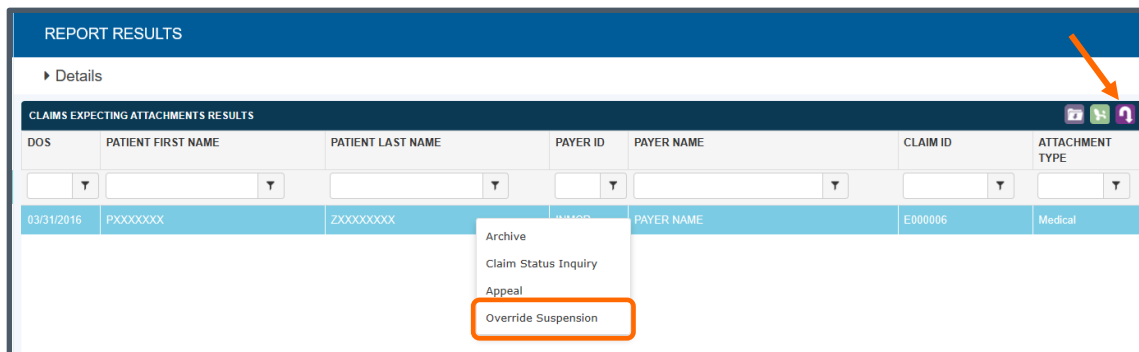
From the Attachments page of the Claim View:

1. Click the **Override Suspended Claim** button.

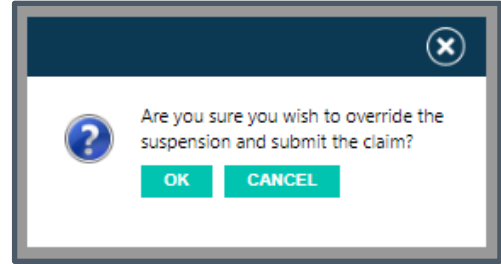
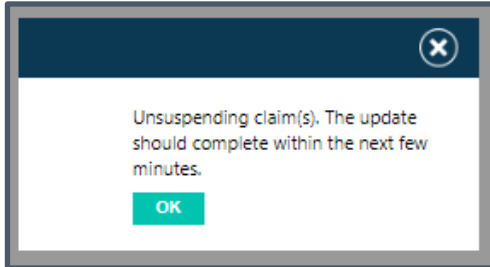


Or, from the Claims Expecting Attachments Report:

1. Click on all the claims you want to override in the Claims Expecting Attachments report results. Selected claims will be highlighted in the grid.
2. Right click and select **Override Suspension** **OR** click the Override Suspension icon in the top right of the page.



3. A warning pop-up will appear regardless of which path you choose. Click **OK**.
4. A final alert pop-up will appear that notifies you of a successful action. Click **OK** again.

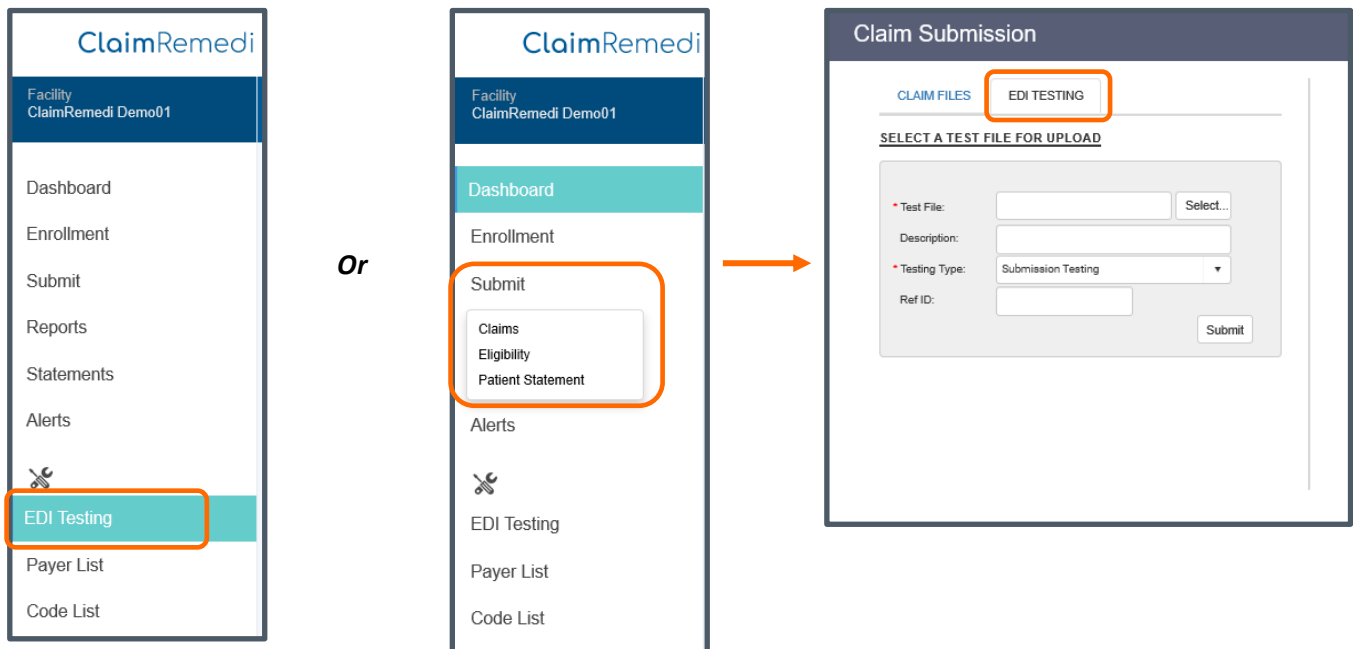


EDI Test File Submission

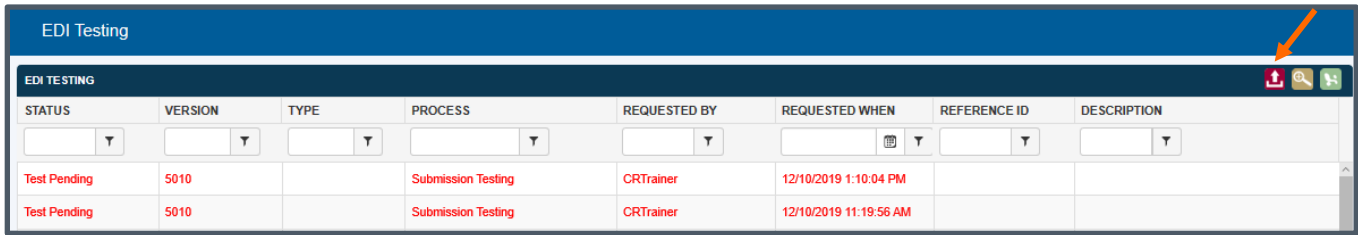
You can use EDI Testing to submit files that need to be tested with the ClaimRemedi EDI team. The EDI team monitors and works EDI issues and processes. Uploaded files are sent through ClaimRemedi scrubber edits. Within 48 hours, ClaimRemedi creates a report that you can view in EDI Testing. This process can save you time by providing useful information before the claim is submitted to the payer.

There are two methods for submitting EDI test files.

1. Click **EDI Testing** in the main navigation area or click **Submit** in the main navigation area and choose **Claim** to open the Claim Submission page. Click **EDI Testing**.

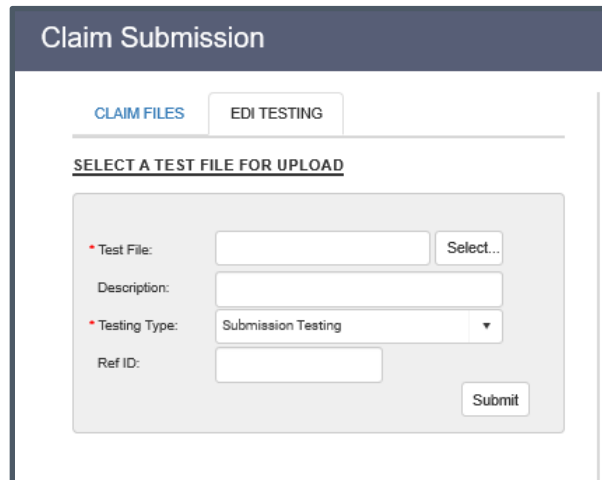


2. On the EDI Testing page, click the Upload Test icon to submit your test files.



STATUS	VERSION	TYPE	PROCESS	REQUESTED BY	REQUESTED WHEN	REFERENCE ID	DESCRIPTION
Test Pending	5010		Submission Testing	CRTrainer	12/10/2019 1:10:04 PM		
Test Pending	5010		Submission Testing	CRTrainer	12/10/2019 11:19:56 AM		

3. Fill in the EDI Testing information and click **Submit**.



Claim Submission

CLAIM FILES
EDI TESTING

SELECT A TEST FILE FOR UPLOAD

* Test File: Select...

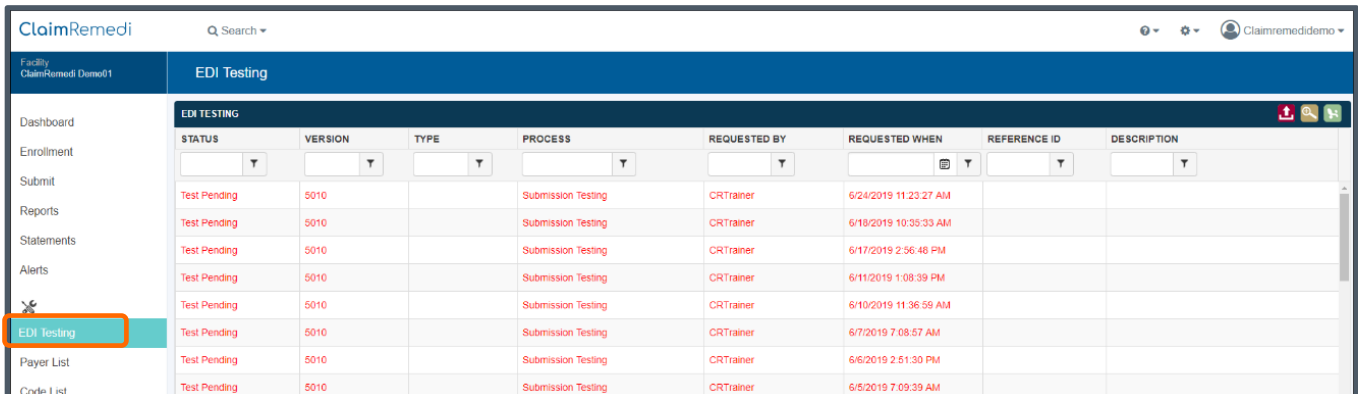
Description:

* Testing Type: ▼

Ref ID:

Submit

4. Click **Show me my test files** to review submitted files, or select **EDI Testing** in the main navigation area.



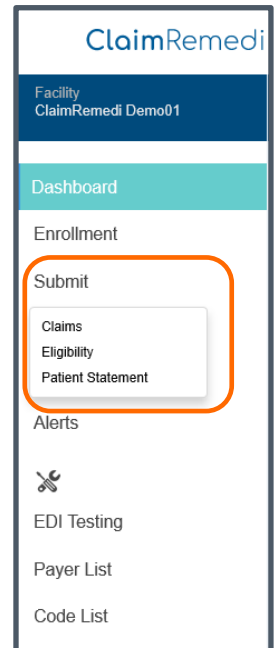
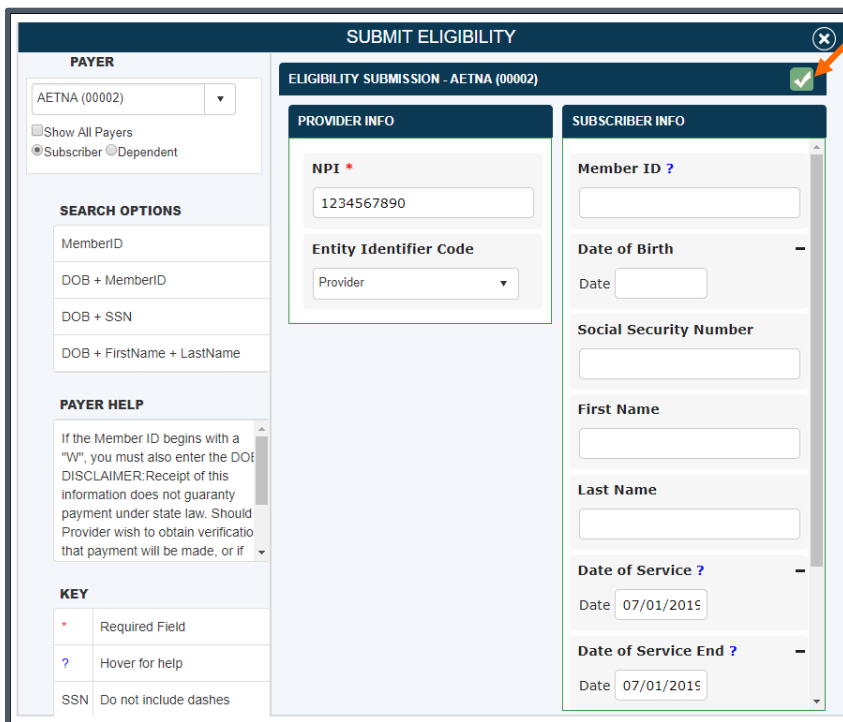
STATUS	VERSION	TYPE	PROCESS	REQUESTED BY	REQUESTED WHEN	REFERENCE ID	DESCRIPTION
Test Pending	5010		Submission Testing	CRTrainer	6/24/2019 11:23:27 AM		
Test Pending	5010		Submission Testing	CRTrainer	6/18/2019 10:35:33 AM		
Test Pending	5010		Submission Testing	CRTrainer	6/17/2019 2:56:48 PM		
Test Pending	5010		Submission Testing	CRTrainer	6/11/2019 1:08:39 PM		
Test Pending	5010		Submission Testing	CRTrainer	6/10/2019 11:36:59 AM		
Test Pending	5010		Submission Testing	CRTrainer	6/7/2019 7:08:57 AM		
Test Pending	5010		Submission Testing	CRTrainer	6/6/2019 2:51:30 PM		
Test Pending	5010		Submission Testing	CRTrainer	6/5/2019 7:09:39 AM		

Eligibility Submission

1. To check Eligibility, click **Submit** in the main navigation area, then select **Eligibility**. The **Submit Eligibility** window opens.
2. Select one of the favorite payers or check **Show All Payers**. A system administrator can preset favorite payers and provider information in the default settings for you. Once you select a payer, the eligibility requirements display. A red asterisk indicates a required field

The left column displays payer information, the middle column displays provider Information, and the right column (if applicable) displays subscriber information.

3. Click in any **Date** field to view a calendar.
4. To run eligibility, click the check mark.

Viewing Eligibility Results

An eligibility response displays in a dialog box. You can find these responses in your searches for future reference.

You can archive, print, or edit eligibility data. To print multiple eligibility responses in a single action, hold down the **Ctrl** key and click responses one at a time, then click the **Print Selected** shoulder icon. To create a new eligibility request from this view, click the **NEW** button to the right of **EDIT**.

ELIGIBILITY RESPONSE ✕

ARCHIVE
PRINT
EDIT
NEW
EXPORT

Last: **AAAAAA** First: **AAAAAA** M: **AAAAAA** Payer: **AAAAAAAA AAAAAAAAAA**

Status: **Active Coverage - Health Benefit Plan Coverage** Provider ID: **000000000** Transaction ID: **038974047**

REQUEST DETAILS

Provider NPI: 000000000	Payer ID: AID16	Provider FTID: 300000000	Subscriber First Name: IXXXXXXX
Subscriber Last Name: DXXXXX	Subscriber Date Of Birth: 1/1/1919	Service Type: Health Benefit Plan Coverage	Patient Reference Number: EXX-XXXXXX-XXXXXX
Member Identification Number: 10000000009			

RESPONSE DETAILS

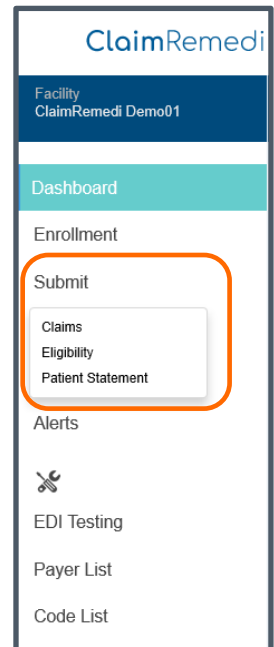
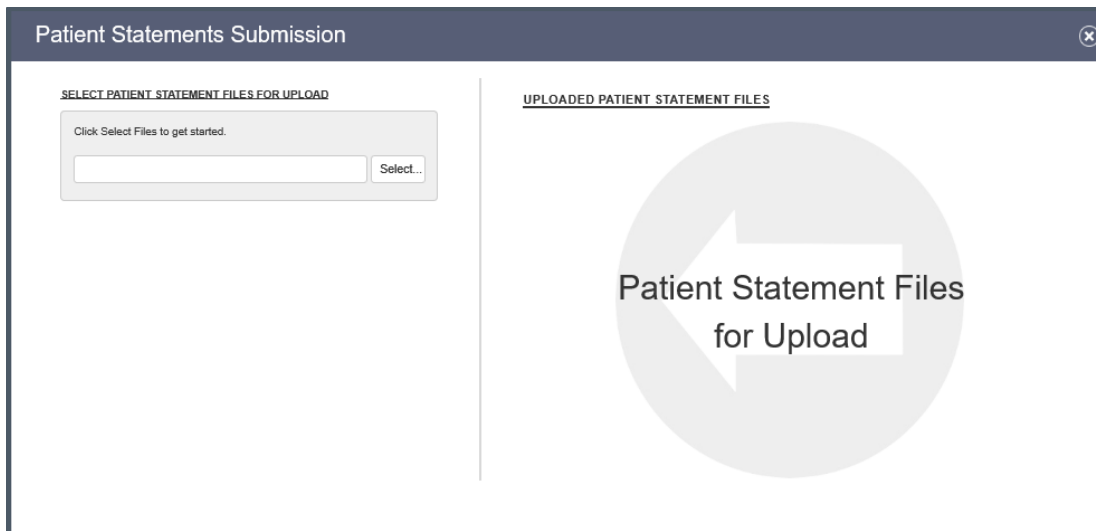
Coverage (5)	Financial (0)	Exclusions (1)	
Subscriber	AAAAAA AAAAAAAAA	DOB	1/1/1919
Member ID	10000000009	Gender	
Dependent ID		Address	0000 A 00AA XXXXXXXX, XX 40000-0000
Plan:	6/29/2014 - 6/29/2014	Social Security Number:	300000000

ELIGIBILITY BENEFIT DESCRIPTIONS

TITLE	VALUE	%	AMOUNT	IN PLAN	AUTH REQ
Coverage Service Type Note	Active Coverage Health Benefit Plan Coverage Please See the Provider Manual		\$0		
Coverage Plan Coverage Description	Benefit Description PACKAGE A STANDARD PLAN		\$0		
Coverage Plan Coverage Description Plan Plan Sponsor	Managed Care Coordinator RXXX 6/29/2014 - 6/29/2014 MXXXX Telephone: (800) 867-5309		\$0		
Coverage Plan Sponsor	Managed Care Coordinator AAAAAA/AAAAAAAAA AAAAAA		\$0		
Coverage Primary Care Provider	Primary Care Provider AAAAA AAAAA Telephone: (800) 867-5309		\$0		

Patient Statement Submission

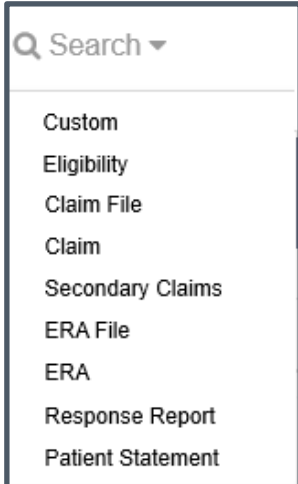
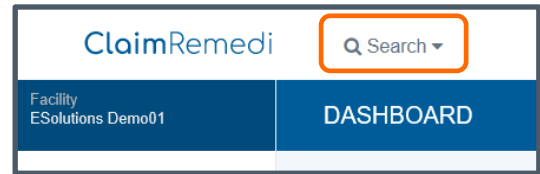
1. Click **Submit** in the main navigation area, then select **Patient Statement**. The **Patient Statements Submission** window opens.
2. Click **Select** and choose the file(s) you want to upload. You can select multiple files by holding down **Shift** or **Ctrl** while clicking files to upload.
3. Selected files will display on the right. A success message will be displayed if the transmission was completed without errors.



Note: This activity requires access to eSolutions Patient Statements functionality. If you subscribe to this service, you can manage your patient statements by clicking **Statements** in the left navigation pane. **MyEasyView** portal opens, allowing you access to your patient statements account. Click [here](#) for more information.

Search

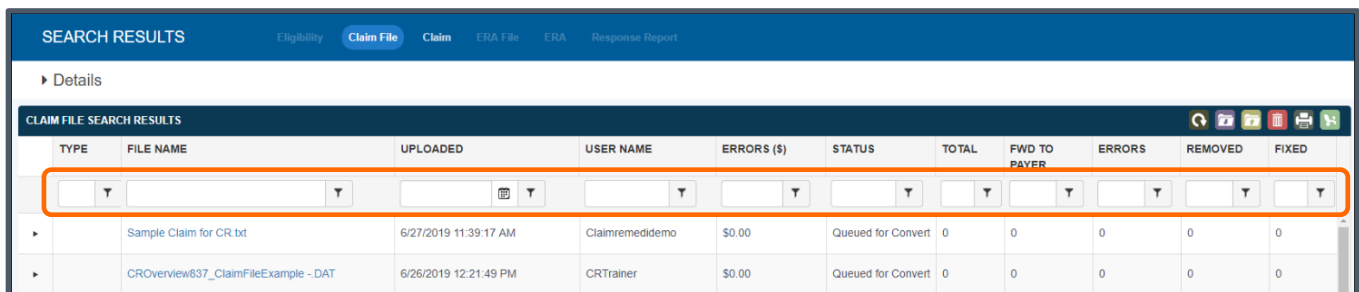
You can search on any information you submit through ClaimRemedi by using a variety of search features.



There are several search options available from the **Search** menu:

- Custom (explained later in this section)
- Eligibility
- Claim File
- Claim
- Secondary Claims
- ERA File
- ERA
- Response Report
- Patient Statement

Use the filters at the top of each column to narrow search results. Enter your filter criteria then click the filter icon.



The screenshot shows a table of search results. The table has columns: TYPE, FILE NAME, UPLOADED, USER NAME, ERRORS (\$), STATUS, TOTAL, FWD TO PAYER, ERRORS, REMOVED, and FIXED. An orange box highlights the filter icons (dropdown arrows) at the top of each column.

TYPE	FILE NAME	UPLOADED	USER NAME	ERRORS (\$)	STATUS	TOTAL	FWD TO PAYER	ERRORS	REMOVED	FIXED
	Sample Claim for CR.txt	6/27/2019 11:39:17 AM	Claimremedidemo	\$0.00	Queued for Convert	0	0	0	0	0
	CROverview837_ClaimFileExample - DAT	6/26/2019 12:21:49 PM	CRTrainer	\$0.00	Queued for Convert	0	0	0	0	0

Click **Details** at the top of the content area of any of the Search Results. The Search Details from the last saved search are retained. Change the search criteria by clicking the pencil icon and modifying the information.



Eligibility Search

1. Click **Eligibility** in the **Search** menu. The Eligibility search returns a list of eligibility transactions by transaction date.
2. Click any **Trans. ID** to display the eligibility response for that transaction. You can archive, edit, or print the transaction for proof of eligibility.
3. Print all eligibility information at one time by clicking the Export shoulder icon to export the grid to Excel.

You can right-click an eligibility transaction. The table below shows your right click options.

RIGHT-CLICK MENU	
Archive	Archives the transaction. You can still search if the Archive Status includes archived eligibility.
Unarchive	Unarchives the transaction and includes it in Unarchived searches.
Lookup Claim	Searches for a ClaimRemedi claim using the patient information from the eligibility transaction.
Lookup ERA	Searches for a ClaimRemedi ERA using the patient information and date of service from the eligibility transaction.

Claim File Search

Click **Claim File** in the **Search** menu. The Claim File search returns the files or batches that were uploaded and scrubbed in ClaimRemedi. The display provides a general summary of the files and the user who uploaded them. If your facility assigns users to specific billing providers, that user will see a claim file containing multiple claims if at least one billing provider is included that the user has been granted access to. When expanding the claim file, the user will be able to view only the claim(s) that are associated with his/her allowed billing providers.

To...	Click...
Open the <u>Claim File Editor</u>	The filename.
View the claims in a file	The arrow to the left of the Type column.
Export the list of claims	Use the <u>shoulder icons</u> above the claims.
Open the <u>Claim View</u> window	The claim ID. You will need to first expand the batch claim file by clicking the right arrow next to File Name in order to see the claims (and claim IDs) in the batch.
Generate a report on a column	Any number (except for zero) in the TOTAL, FWD TO PAYER, ERRORS, REMOVED, and FIXED columns.

You can also right-click a claim file. The table below shows right click options.

RIGHT-CLICK MENU	
Archive	Archives the file. You can still search if the Archive Status includes archived eligibility.
Unarchive	Unarchives the file and includes it in Unarchived searches.
Audit	Generates a history report of all the claims in the file. Use as proof of timely filing for entire batches.
Zip Claim Forms	Zips the claim forms associated with the claim file into a single batch for printing. If there are over 300 claims in the batch, the process could take several minutes to complete.
Rescrub	Sends the file back to the scrubber (if it can be rescrubbed).
Remove	Removes the file if a conversion error or other issue cannot be corrected with Claim File Editor .

Note: If a file with no errors is resolved or archived, you cannot edit or remove it in ClaimRemedi.

Claim Search

Click **Claim** in the **Search** menu. The Claim Search returns individual claims instead of claim files.

To...	Click...
Open the Claim View window	
Open the Claim File Editor	The filename.
Select multiple claims	Hold Shift or Ctrl while clicking the claims.

You can right-click any claim in the grid. Some options below are available only to organizations that subscribe to those services. The table below shows right click options.

RIGHT-CLICK MENU	
Assign	Assigns the claim to a specific user with a due date. Includes a text box to add a note (optional).
Notes	Allows a note to be assigned to the claim.
Archive	Archives the file. You can still search if the Archive Status includes archived eligibility.
Unarchive	Unarchives the file and includes it in Unarchived searches.
Claim Status Inquiry	Submits a claim status transaction to the payer. Not all payers transmit status updates automatically throughout the process, so this function allows you to submit a claim status request at your discretion. The status update response is displayed in the Claim View Status field and in the History section. If the status already in the system is current, the response to your request does not create a new entry in the Claim View.
Appeal	Generates an Appeal Letter, a copy of the claim, and the EOB. These are then downloaded to your computer. You can access these documents, complete the appeal, and send the documentation to the payer (if the payer accepts appeals).
Audit	Generates a history report of all claims in the file. Use as proof of timely filing for entire batches.
Lookup Eligibility	Looks up previous ClaimRemedi eligibility transactions using date of service.
Copy Claim	Opens the Claim File Editor to allow the claim to be modified (if needed) and then copied as a new claim file.

Secondary Claims Search

Click **Secondary Claims** in the **Search** menu. Secondary claims that are not automatically generated are displayed on the **Secondary Claim Search Results** page. Secondary claim candidates in this list are placed here automatically by the system if the associated payer is configured for manual secondary claim generation.

The Secondary Claims Search returns a list of secondary claims and provides information on the associated primary claim. Use the filters in the header to refine the list.

ERA File Search

Click **ERA File** in the **Search** menu. The ERA File search shows the ERAs received by ClaimRemedi. If your facility assigns users to specific billing providers, that user will see an ERA file containing multiple claims if at least one billing provider is included that the user has been granted access to. When expanding the ERA file, the user will be able to view only the claim(s) that are associated with his/her allowed billing providers.

To...	Click...
Download the ERA file	The CHK/EFT #. The file downloads with the report settings you selected in the ERA Details panel. The total check amount appears on the first page of the printed ERA.
Display the claims in the ERA	The arrow in the first column in the grid. The claims display with the ICN (payer claim control number) that the payer assigned to the claim.
Download the ERA	The ICN. (the ICN is visible by clicking the arrow in the first column in the grid to expand the row). The ERA downloads in the style designated in ERA Details. You can change the ERA Details on the left (below Search Details) and in the default settings.
Open the Claim View window	The Claim ID.

You can right-click an ERA file. The table below shows right click options.

RIGHT-CLICK MENU	
Archive	Archives the transaction. You can still search if the Archive Status includes archived ERAs.
Unarchive	Unarchives the ERA and includes it in Unarchived searches.
Unarchive RR	Unarchives the 835 in the Response Reports.
Requeue RR	Re-queues the Response Report. You can also select the ERA file line item then click the Requeue Selected Response Report shoulder icon (red box with up arrow).
Download RR	Downloads the corresponding 835 from the Response Reports and archives it in the Response Reports.

ERA Search

Click **ERA** in the **Search** menu. The ERA search displays individual claims instead of ERA claim files.

To...	Click...
Create an ERA claim	The ICN. The ERA is created in the style designated in ERA Details. You can change the ERA Details on the left below Search Details and in the default settings.
Open the Claim View window	The Claim ID.
Download multiple ERAs	Hold Shift or Ctrl and select the ERAs. In the shoulder icons , click View Selected ERAs. All ERAs must be in the same ERA file.

You can right-click an ERA. The table below shows right click options.

RIGHT-CLICK MENU	
Lookup Eligibility	Searches for previous ClaimRemedi eligibility transactions using date of service.
Download RR	Downloads the corresponding 835 for the claim from the Response Reports and archives it in the Response Reports.

Response Report Search

1. Click **Response Report** in the **Search** menu. All original files received from payers are displayed in this view. You can download any file type with X12 in it to most practice management systems for claim status or posting purposes. Anything that says “report” is the human-readable equivalent of the corresponding X12 file.
2. Click the file name of the report to download. Clicking the file name changes the line item status to **Archived**, places a date and time stamp in the **Viewed** field, and your user name in the **Viewed By** field. The X12 version of ERAs are categorized under the report type of 835.

You can right-click any response report.

RIGHT-CLICK MENU	
Unarchive RR	Unarchives the file to be downloaded again.
Requeue RR	This re-queues the 835 for your practice management system.

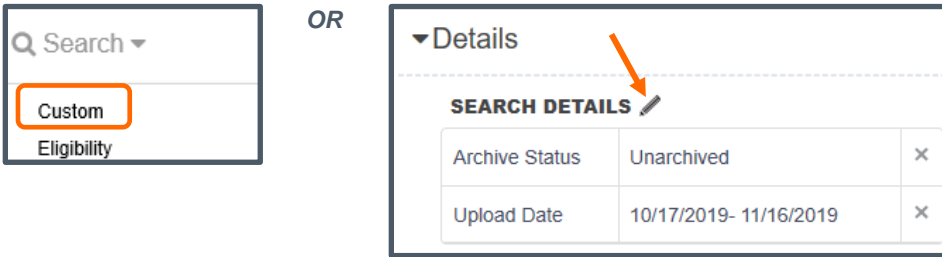
Patient Statement Search

1. Click **Patient Statement** in the **Search** menu. Patient statements submitted through ClaimRemedi will be displayed.
2. Click the Statement name in the **Statement Type** field to view statement details.
3. Click the statement in the **Statement Type** field to download a .pdf of the actual statement.

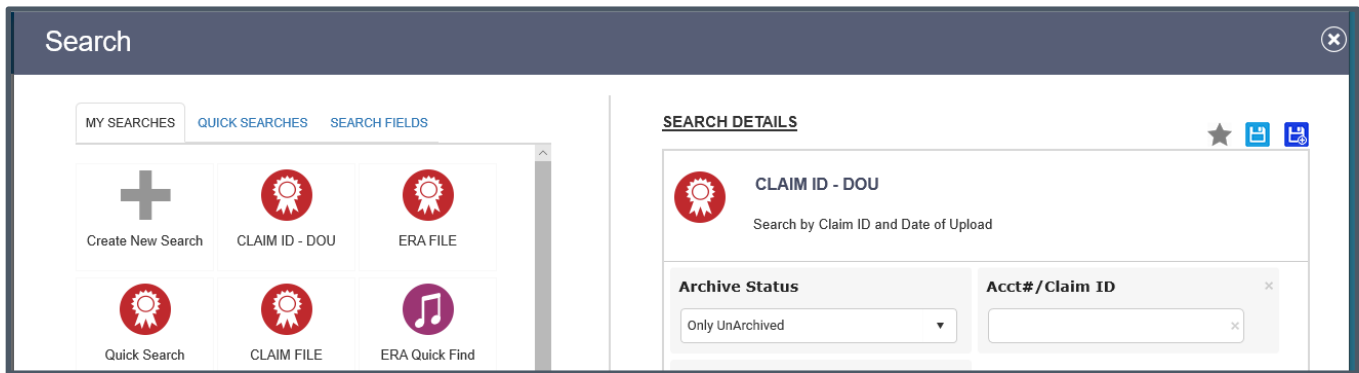
Custom Searches

ClaimRemedi supports the creation of customized searches that can be saved and reused later.

1. Click **Custom** in the **Search** menu. Or, click **Details** at the top of any Search Results page to open Search Details, then click the pencil icon to open the quick search page.



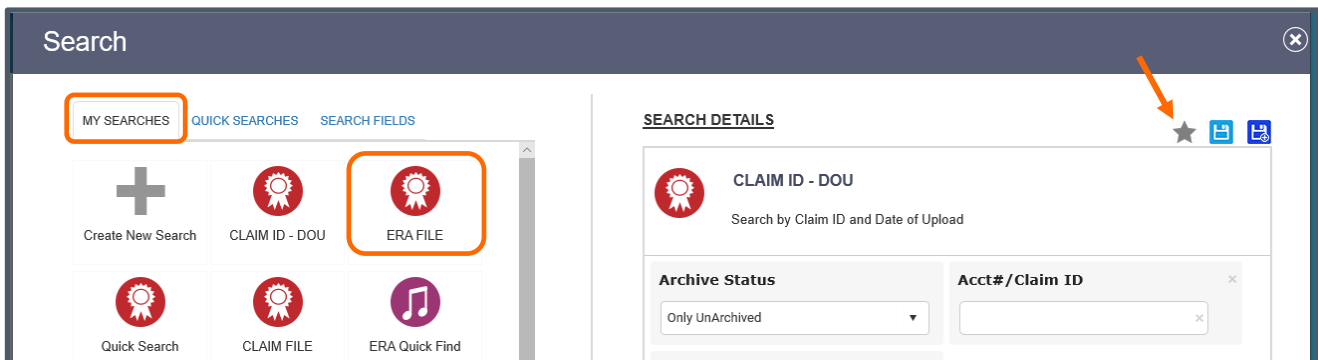
The Search page opens. From here, you can select the custom search you want to use. Options are described below.



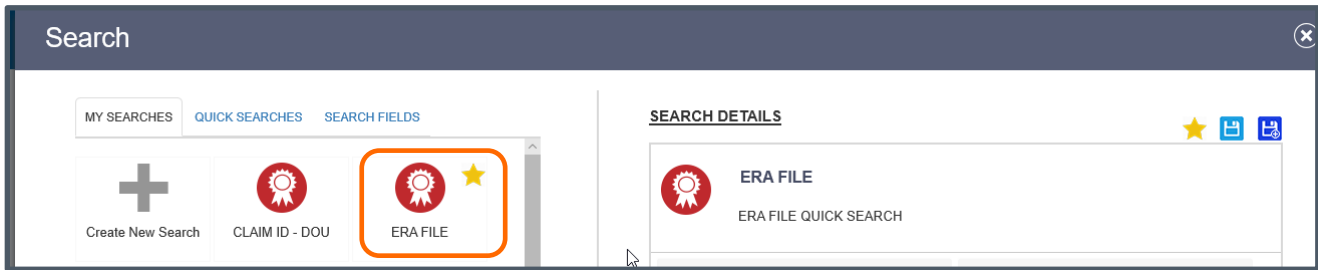
My Searches

My Searches displays your favorite search, and/or the last search you performed. The CLAIM ID – DOU (Date of Upload) search is available to all users and cannot be removed. It offers you search options for claims based on the Claim ID and the date of upload.

1. To mark a search as your favorite, select it and click the star icon in the top right corner of the window. You can have only one favorite search.



- Once selected, a star will appear next to the search file name. If a previous saved search was designated as your favorite, the selection of a new favorite will override the previous.

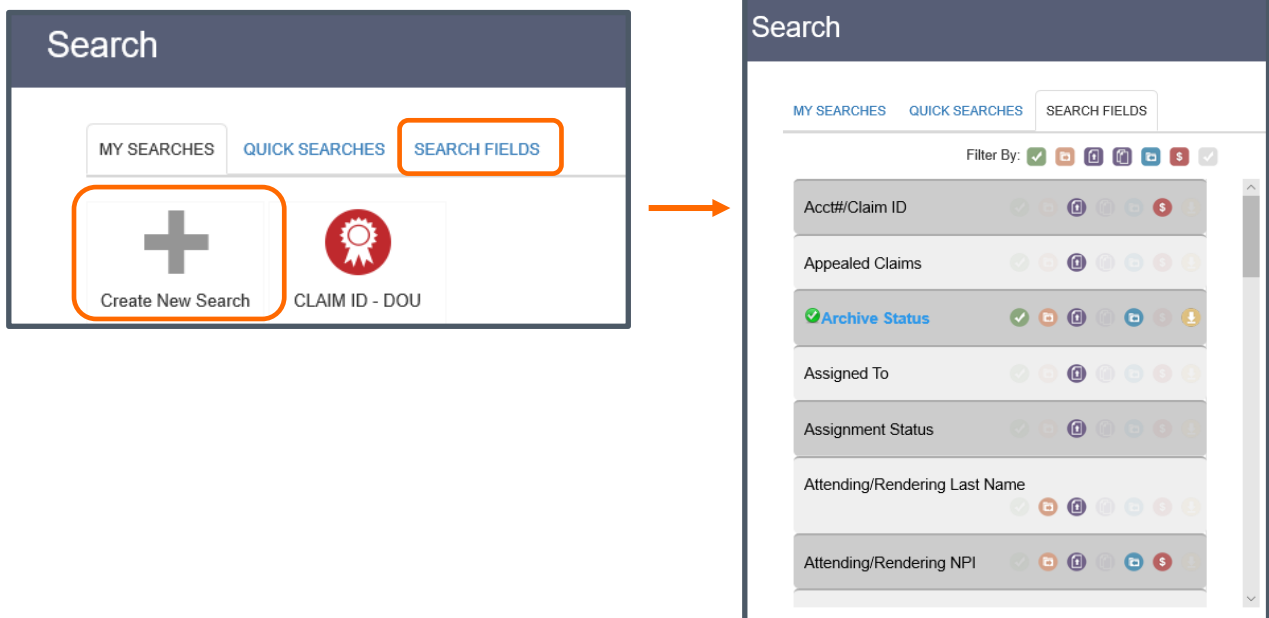


- To remove a search, click and drag it off the page. An undo button displays in case you did this by mistake.

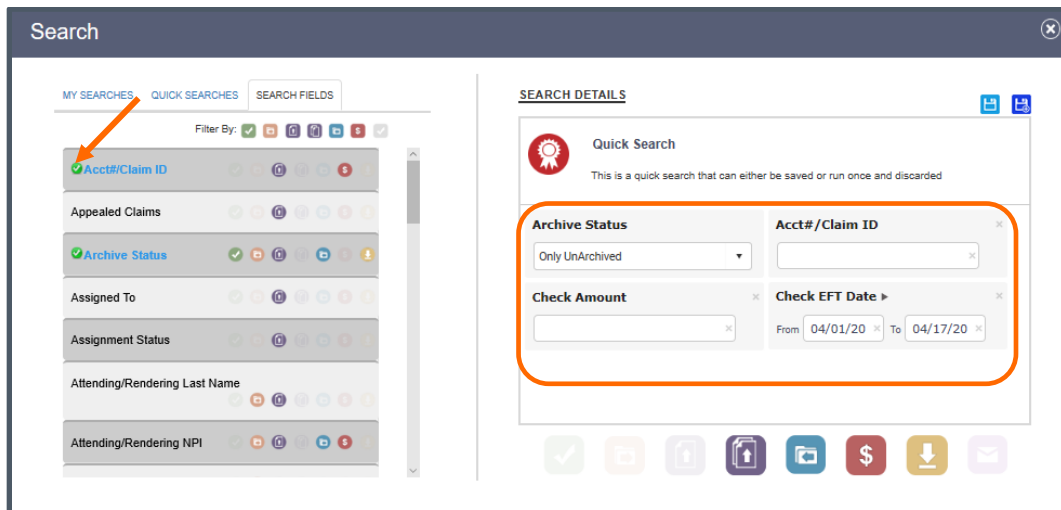
"Example Search - ERA" was moved to the trash. [Undo](#)



Creating a New Search

- Click **Create New Search**. Click the **Search Fields** tab. The **Search Fields** window opens. Create your search criteria by selecting one or more fields from the Search Fields window. Submit the search when you're finished.



- Click the fields you want to add to the Search Details. A green check mark will appear beside selected fields. To sort fields by category, click the icons above the list of fields. Click [here](#) to see Search icons defined.
- Search criteria for fields you have selected appears in Search Details on the right side of the Search dialog. Click the X next to the field name in the Search Details side of the display to remove it.
- Click [here](#) to see definitions of the icons in the Search Details portion of the page or hover your cursor over the icon to see its label.

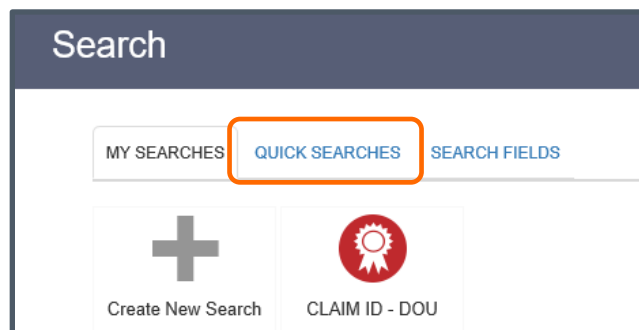


- Click the blue **Save this Search** icon  in the Search Details portion of the page.
- To make a modified search and save it as a new search, click **Save this Search as New Search** icon .

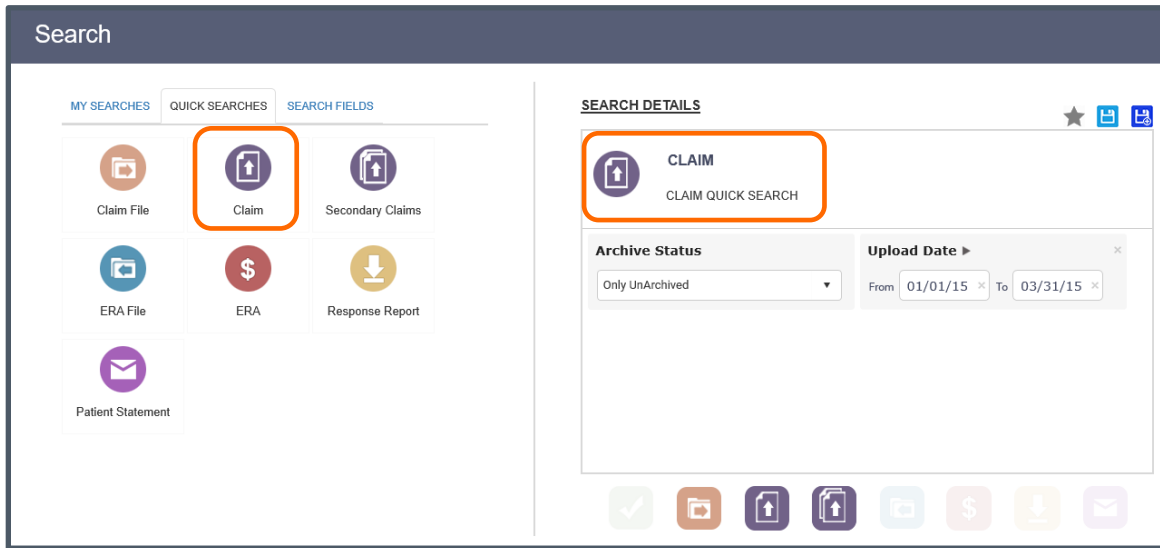
Quick Searches

Quick Searches let you create customized searches that can include specific field values for more refined results.

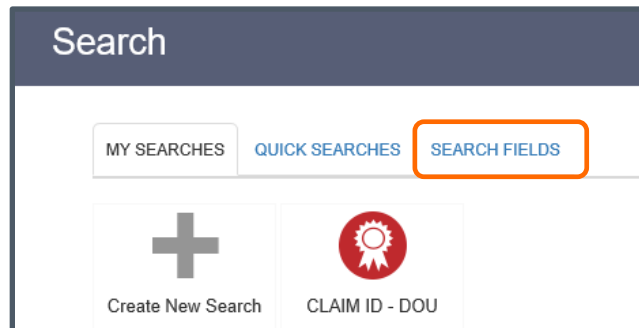
- Click **Quick Searches**.



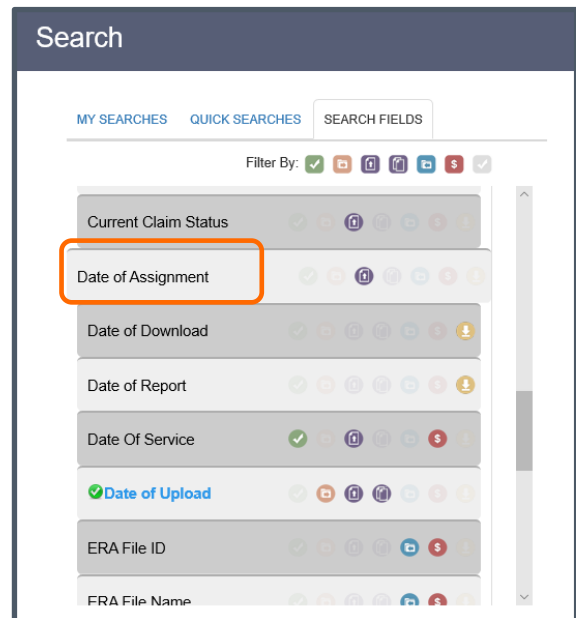
- Click the type of quick search you want to perform. The quick search details will open in the window to the right. The search options will differ depending on the quick search you chose.

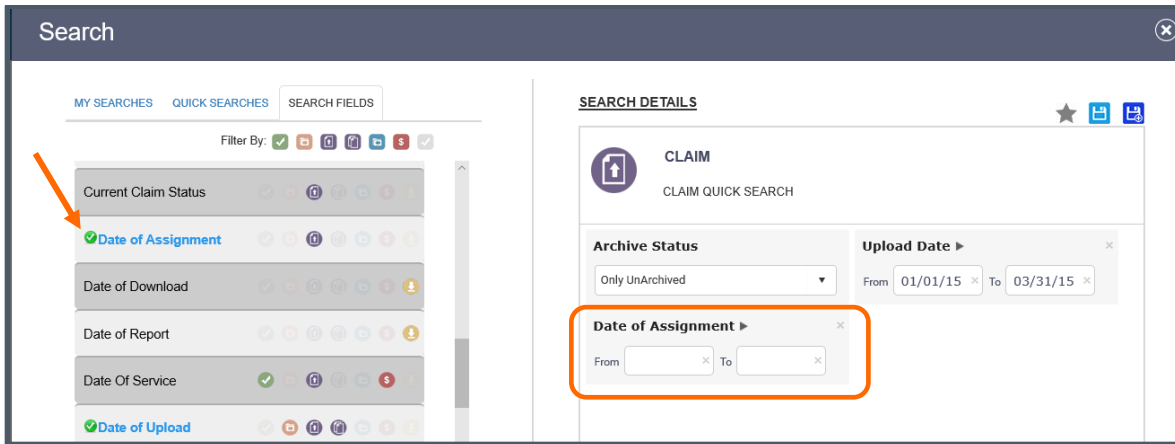


- Select options and/or dates from the drop-down menus in the quick search window. If you would like to refine the search, click **Search Fields**.



- Use the scroll bar in the fields list to locate the field you want to include in your search. Click the field to select it. A green check mark will appear to the left of the field name. You can select additional fields by following this same process. As you select fields, they will appear in the quick search window.

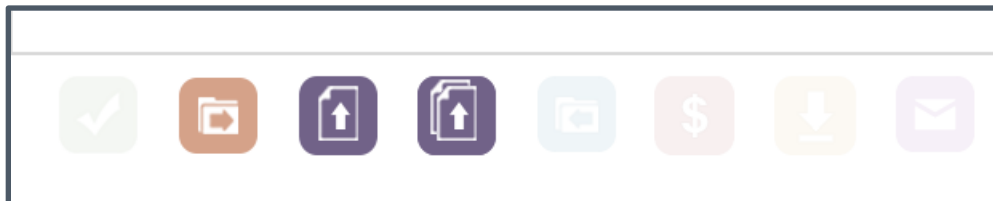




- Complete the input for the field(s) you added. *(Optional)* Before you initiate the search, you can click the icons in the upper right to save this search or save it as a new search.



- Click the icon at the bottom of the quick search window that corresponds to the search you want. In this example, your results could display claim files, claims, or secondary claims that match your search criteria. Search options that are not available for the custom quick search you created will be greyed out. The search selections that you'll see will differ based upon the quick search type you chose in step 2.



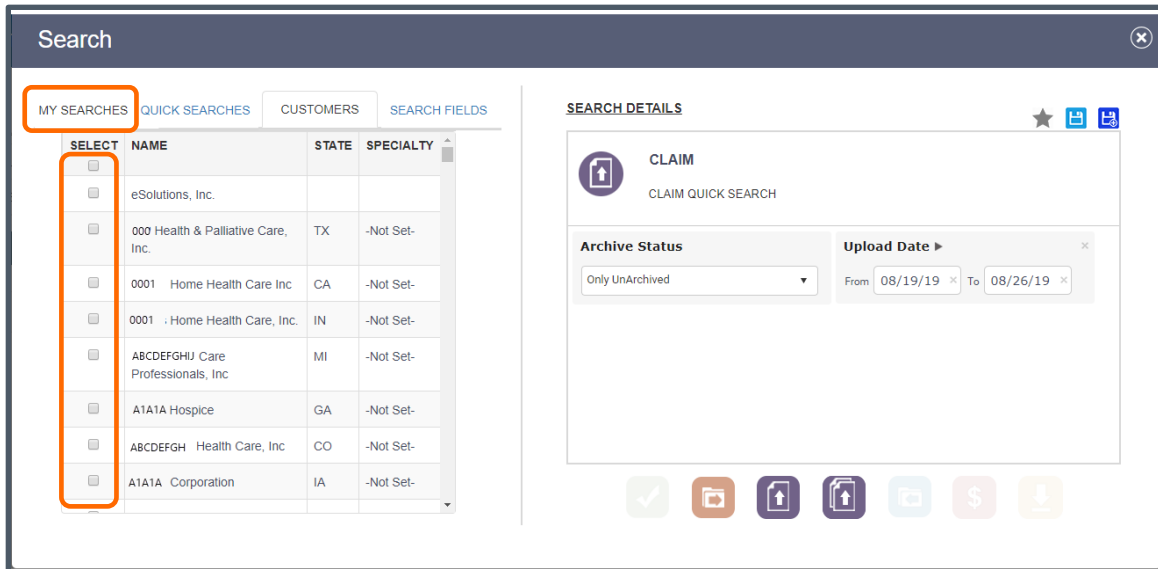
- The results of your search will be displayed.

SEARCH RESULTS										
Eligibility Claim File Claim Secondary Claims ERA File ERA Response Report Patient Statements										
Details										
CLAIM SEARCH RESULTS										
UPLOADED	PAT. LAST	PAT. FIRST	CLAIM ID	FILE NAME	DOS	BILLED \$	PAID \$	PAYER NAME	STATUS	PROVIDER
2/9/2015 12:08:01 PM	Wxxx	HXXXX	60000AAAAAA	Claim File Institutional.txt	5/28/2014	\$17,154.54	N/A	PAYER NAME	Warning	H TXXX
2/9/2015 12:08:01 PM	Vxxxxx	AXXXX	60000AAAAAB	Claim File Institutional.txt	5/31/2014	\$13,301.68	N/A	PAYER NAME	Error	A AXXXXX
2/9/2015 12:08:01 PM	Vxxxxx	KXXXXXX	60000AAAAAC	Claim File Institutional.txt	6/1/2014	\$3,014.18	N/A	PAYER NAME	Error	C SXXXXX

Master Customer and Trading Partner Searches

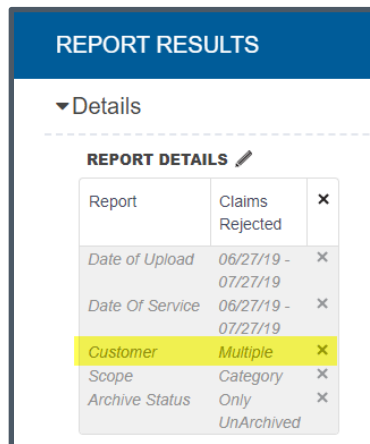
Master Customer and Trading Partner accounts can create custom searches for all sub-customers. This allows you to conduct the search in one place rather than run individual searches for each customer. The process is slightly different from the searches already described.

1. In the Custom search window, choose a search option from either **My Searches** or **Quick Searches**. The Search window loads the customer list. Only the customers you have access to are displayed.
2. Click the checkbox next to one, multiple, or all customers to select them.
3. *(Optional)* Click the **Search Fields** tab and add additional fields to refine the search.



The screenshot shows a 'Search' window with a dark header and a close button. Below the header are four tabs: 'MY SEARCHES' (highlighted with an orange box), 'QUICK SEARCHES', 'CUSTOMERS', and 'SEARCH FIELDS'. The 'MY SEARCHES' tab is active, displaying a table with columns: 'SELECT', 'NAME', 'STATE', and 'SPECIALTY'. The 'SELECT' column contains checkboxes, with the first one highlighted by an orange box. The table lists several customers, including 'eSolutions, Inc.', '000 Health & Palliative Care, Inc.', '0001 Home Health Care Inc', '0001 Home Health Care, Inc.', 'ABCDEFGHIJ Care Professionals, Inc', 'A1A1A Hospice', 'ABCDEFGH Health Care, Inc', and 'A1A1A Corporation'. To the right of the table is a 'SEARCH DETAILS' panel. It features a 'CLAIM' icon and the text 'CLAIM QUICK SEARCH'. Below this is an 'Archive Status' dropdown menu set to 'Only UnArchived' and an 'Upload Date' range selector with 'From' and 'To' fields containing dates '08/19/19' and '08/26/19'. At the bottom of the search window is a row of icons: a checkmark, a folder, an upload arrow, a document with an upload arrow, a folder with a document, a dollar sign, and a download arrow.

4. Click an icon at the bottom of the page to run the search. Results are grouped alphabetically by customer.



The screenshot shows a 'REPORT RESULTS' window with a blue header. Below the header is a 'Details' section with a dropdown arrow. Underneath is a 'REPORT DETAILS' section with a pencil icon. It contains a table with search criteria and their values:

Report	Claims Rejected	X
Date of Upload	06/27/19 - 07/27/19	X
Date Of Service	06/27/19 - 07/27/19	X
Customer	Multiple	X
Scope	Category	X
Archive Status	Only UnArchived	X

Note: You can save your search for future use, if you choose.

If you click **Save Search** or **Save as New Search** before you select your customers, the search will be saved without the customer subset.

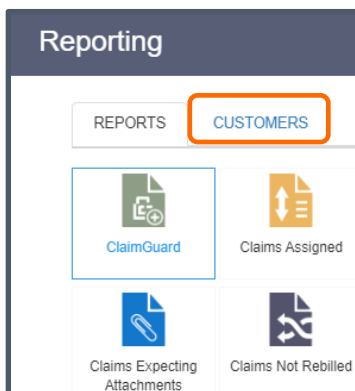
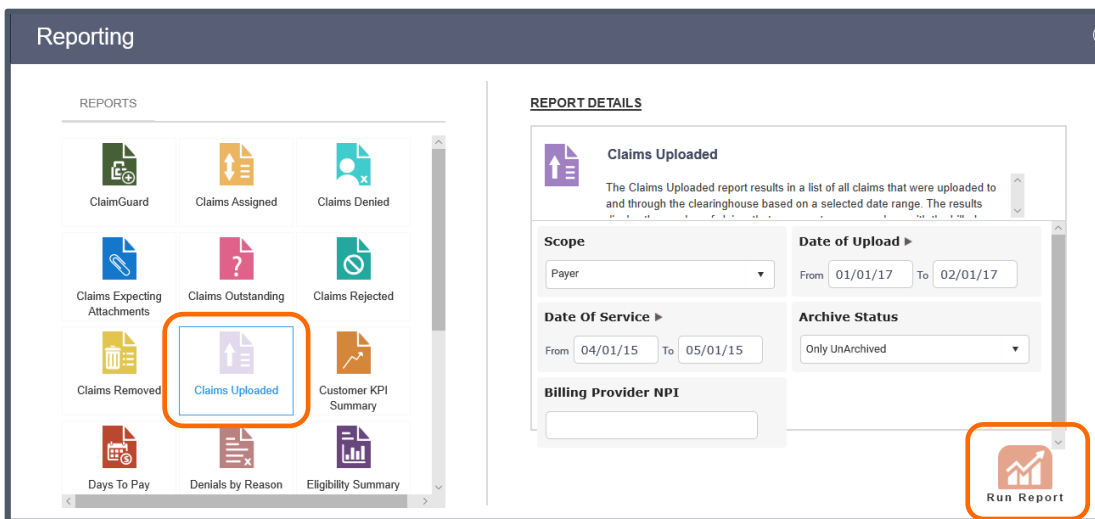
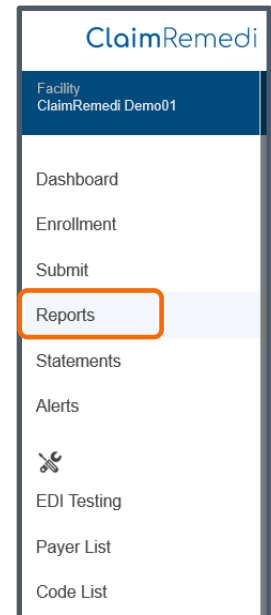


If you click **Save Search** or **Save as New Search** after you select your customers, the search will be saved with those selected customers. If you choose this saved search at a later time, you can continue with the customers you selected from the list, or you can make changes.

Reports

Reports retrieve specific information or responses that payers send to ClaimRemedi. They're organized alphabetically by report name in the Reporting window. Report information is displayed in a format similar to **Quick Search**, with much of the same functionality.

1. Click **Reports** in the main navigation area.
2. Click a report name in the **Reporting** window.
3. Choose the criteria for your search in **Report Details**, then click **Run Report**.



Master Customer clients and Trading Partner accounts can run ad-hoc reports for all sub-customers. Facility administrators will see a **Customers** tab in the Reports window to facilitate the process. You'll select a report, then select one or more customers, and then run the report.

Report Results

1. Click the arrow to the left of the description to view the claims associated with a report.
2. Use the appropriate shoulder icon to export the claim list or report to Excel. The report paginates automatically.
3. Change report criteria, such as date range, by clicking **Details** at the top of the page. Click the pencil icon next to Report Details and enter new report criteria.
4. Click the **Claim ID** (if the ID appears in the results) to open the **Claim View**.

REPORT RESULTS		
▸ Details		
CLAIMS UPLOADED RESULTS		
PAYER ID	PAYER NAME	TOTAL # OF CLAIMS UPLOADED
<input type="text"/>	<input type="text"/>	<input type="text"/>
▾ 35199	PAYER NAME	2
▸ 36273	PAYER NAME	3
▸ 48055	PAYER NAME	3
▸ 60054	PAYER NAME	1

Note: If your facility assigns users to specific billing providers, that user will not be able to view/edit claims for billing providers s/he is restricted from accessing in reports that offer editing functionality. Any report that rolls up claims to a master record will display a disclosure regarding claims that are hidden due to user permissions.

Standard Reports List

Below is a list of standard reports available for ClaimRemedi portal users.

Report Name	Report Description	Report Creation Filters
ClaimGuard	Displays a list of all claims that were uploaded to the Clearinghouse based on a selected date range. This report shows how many claims were uploaded, as well as how many were removed, fixed, or are potentially awaiting action. If the claims were forwarded to the payer and claim status reports or ERAs were received, the current claim status will also be viewable in the resulting rejected, accepted, paid, denied or outstanding columns. You can toggle between the claim counts, percentages, and dollar amount views. Click the hyperlinked cells in the report to view additional details.	Date of Upload; Archive Status; Billing Provider NPI; Attending/Rendering Provider NPI
Claims Assigned	Displays a list of all claims that were assigned in the Clearinghouse based on a selected date range. Shows the user that is, or was, assigned to the claim along with the total number of claims assigned per user. Click the arrow to the left of the report line item to view additional details.	Assigned Date; Date of Service; Archive Status; Completed Status
Claims Denied	Displays a list of all claims that were denied by payers on 835/ERAs received by the Clearinghouse. The results are aggregated by error category. Click the arrow to the left of the error category to view an associated claim list.	Date of Upload; Date of Service; Billing Provider NPI; Attending/Rendering NPI; Archive Status; Scope (Category or Payer)
Claims Expecting Attachments	Displays a list of claims that were uploaded with a PWK segment included in the claim file, but for which an attachment has not yet been uploaded to the claim. Claims will remain in this list for 30 days. After 30 days, claims will be removed from the list and will need to be re-sent if attachments are still required. Use the Upload option to search for and upload attachments.	Date of Upload; Date of Service; Archive Status; Attachment Status
Claims Not Rebilled	Displays a list of payers who rejected or denied claims that have not yet been re-sent through the Clearinghouse. Next to the claim count totals are the charge amounts for the corresponding claims. Click the hyperlinked cells (number and dollar amounts of rejections and denials) in the report to view additional details. Keep	Date of Upload; Date of Service; Billing Provider NPI; Attending/Rendering NPI; Archive Status
Claims Outstanding	Displays a list of claims that were uploaded to the Clearinghouse but which have not yet been archived, and which have not yet received an ERA by the Clearinghouse that could be linked to the original claim. A claim will not appear in this report if an ERA has been received. Click the Claim ID to view additional details. From the report's Claim View, you can archive claims individually or as a group.	Date of Upload; Date of Service; Billing Provider NPI; Attending/Rendering NPI; Archive Status; AR Days
Claims Rejected	Displays a list of claims that were forwarded to the payer and subsequently rejected in the payer's front-end edits. Claims in this list were not adjudicated and can often be hard for the payer to locate. These rejected claims are sent from the payer in 277CA/claim status reports. Click the arrow to the left of the report line item to view additional details.	Date of Upload; Date of Service; Billing Provider NPI; Attending/Rendering Provider NPI; Scope (Category or Payer)
Claims Removed	Displays a list of claims that were uploaded to the Clearinghouse but which experienced a scrubber error of some kind, resulting in removal by a user or the system. Claims that show in this report were not sent to the payer unless they were re-sent in a subsequent claim file. This report offers three resulting views: by claim file, by the name of the user who removed the claim, and by payer name/ID. Click the arrow to the left of the report line item to view the list of removed claims within each batch file.	Scope (Claim File, Payer, User); Date of Upload; Date of Service; Billing Provider NPI

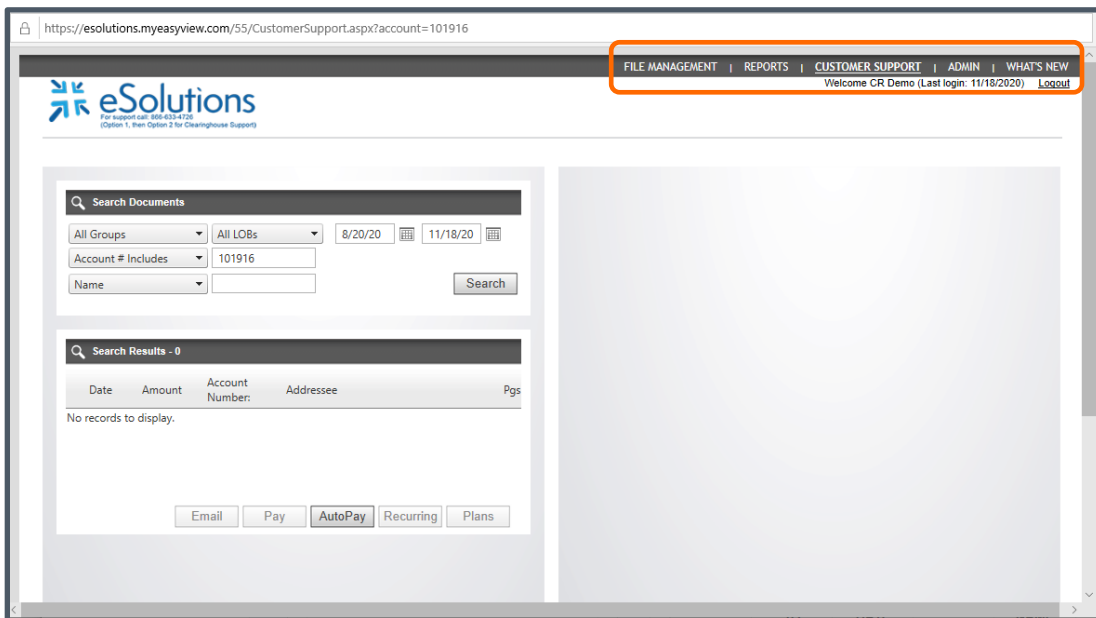
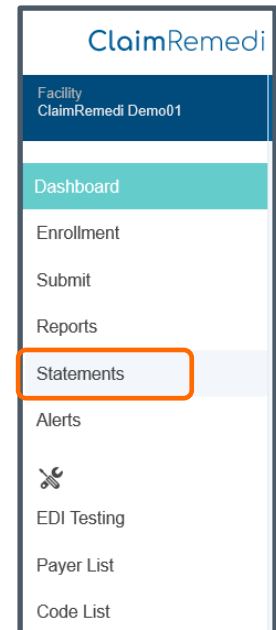
Report Name	Report Description	Report Creation Filters
Claims Uploaded	Displays a list of all claims that were uploaded to, and through, the Clearinghouse based on a selected date range. The results display the number of claims that were sent per payer along with the billed amount. Toggle between the uploaded per payer view to an uploaded per user view to see which user(s) uploaded the claims. Click the arrow to the left of the report line item to view additional details.	Date of Upload; Date of Service; Archive Status; Billing Provider ID; Scope (Payer or User)
Customer KPI Summary	Displays a general summary of Key Performance Indicators (KPI) by customer (Trading Partner accounts only).	Date of Upload
Days to Pay	Provides information on the total claim lifecycle for each payer. This report displays: <ul style="list-style-type: none"> • payers who are sending ERAs to ClaimRemedi • the total number of claims that pass through during any specified date range • the average duration between the date of service and the date the claims were forwarded to the payer • the average duration between the date the claim was forwarded to the payer and the date ClaimRemedi received the ERA • the total of both average days' numbers. You can exclude claims that were rebilled from your results. Click the arrow to the left of the report line item to view additional details.	ERA Check Issue Date; Billing Provider NPI
Denials by Reason Code	Displays payer denials for a selected check data range. Denials occur as a result of adjudication and are reported in 835s (electronic remittance advices).	ERA Check Issue Date Billing Provider NPI Procedure Code Range Procedure Code
Eligibility Summary	Displays a summary of all eligibility transactions submitted to the Clearinghouse based on a selected date range. The results display the number of eligibility transactions that were submitted per payer, along with the response summary and the general response category. Click the arrow to the left of the report line item to view additional details.	Date of Transaction; Date of Service; Archive Status
Line Items Changed	Displays a list of procedure codes forwarded to the payer that were subsequently changed by the payer and sent back differently for one or more reasons. The report displays the payers, the codes, and the number of times the changes occurred. Click the arrow to the left of the report line item to view additional details.	ERA Check Issue Date; Date of Service; Billing Provider NPI; Procedure Code Range; Billed Procedure Code Range
Line Items Denied	Displays a list of all line items that were denied by payers on an 835/ERA received by the Clearinghouse. The results are displayed by payer name but can be displayed by reason code by changing the Scope criteria in the Report Details. Click the arrow to the left of the report line item to view additional details.	ERA Check Issue Date; Date of Service; Billing Provider NPI; Procedure Code Range; Procedure Code; Scope (Payer or Reason Code)
Paid Amounts by Procedure Code	Displays a list of all procedure codes that were paid through the Clearinghouse based on a selected date range. The results show the maximum, minimum, and average paid dollar amount by payer for each code, as well as how many times each procedure code was paid per payer. Click the arrow to the left of the report line item to view additional details.	Check EFT Date; Date of Service; Billing Provider NPI; Procedure Code Range; Modifier
Payments Received	Displays a list of all payers enrolled for ERAs through the Clearinghouse, along with number of claims paid and dollar amounts. Click the arrow to the left of the report line item to view additional details.	ERA Check Issue Date; Billing Provider NPI
Portal User Activity Report	Displays information on portal activity by user.	Date of Upload Billing Provider NPI

Report Name	Report Description	Report Creation Filters
PS NCOA Notices	Patient Statement NCOA Notices report.	Date of Statement
PS No Print	Patient Statement No Print report. Notification of patient statements not printed and the associated reason.	Date of Statement
PS Summary	Patient Statement Summary report. Summarizes processing data for Patient Statement submissions.	Date of Statement
Scrubber Errors	Displays a list of claims that were uploaded to the Clearinghouse and initially delayed due to an error found by a general or payer-specific Clearinghouse edit. Claims can appear in this list if they were delayed at some point in the past but not currently delayed. Click the arrow to the left of the report line item to view additional details.	Date of Upload; Date of Service; Billing Provider NPI; Attending/Rendering NPI; Archive Status; AR Days

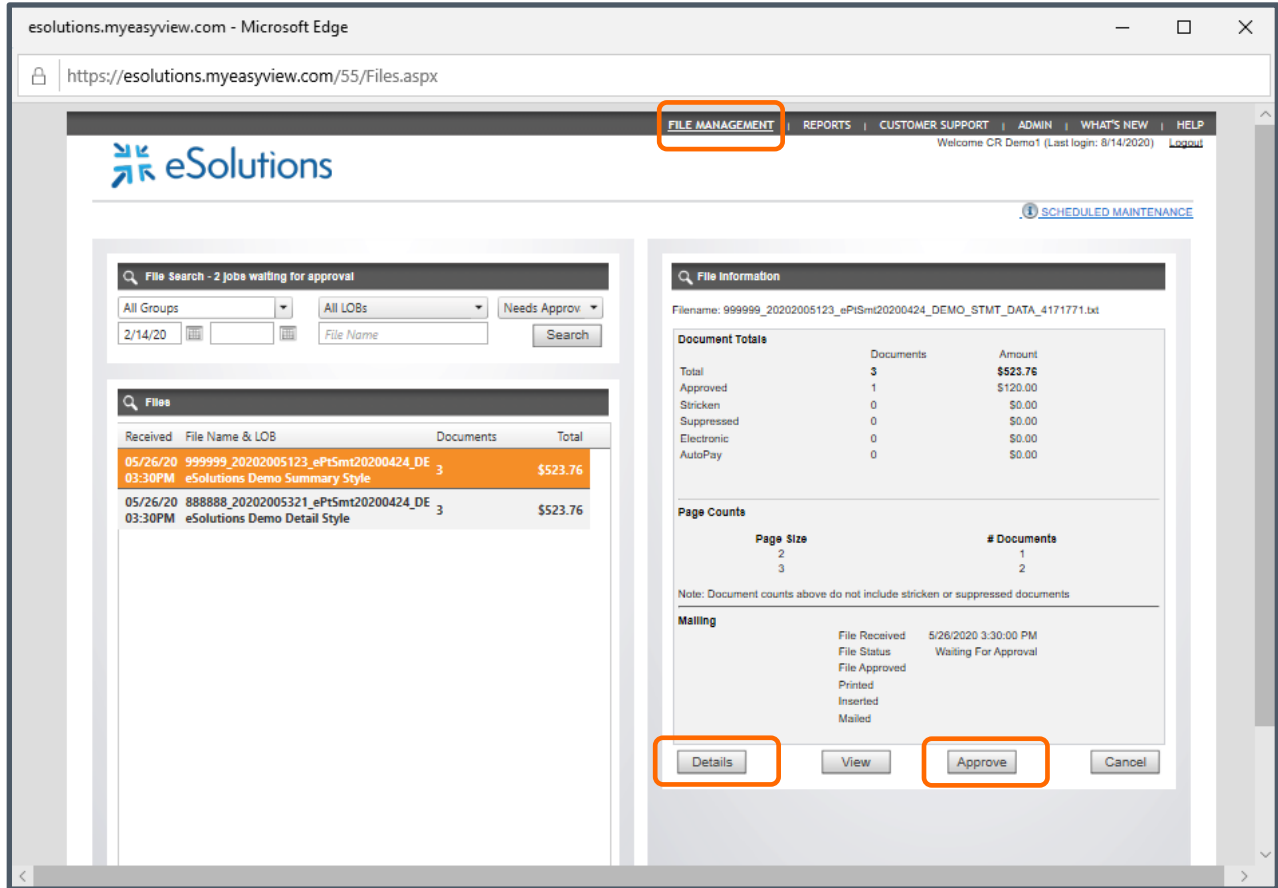
Patient Statements

If your organization uses eSolutions Patient Statements functionality in ClaimRemedi, you can launch into **MyEasyView** portal by clicking **Statements** in the left navigation pane.

1. Click **Statements**. **MyEasyView** portal opens in a new window.
2. You can manage your patient statements in the portal by using the tabs across the top. As an account holder, you'll be familiar with the patient statement functionality. In this guide, we'll cover just a couple of frequently used features.



- Click the **File Management** tab to view statement files awaiting approval. Click the **Approve** button to approve the entire file and submit it for processing. If you want to review each statement in the file before approving, click the **Details** button. In the Details window, you can approve each individual statement or strike any statement to exempt it from approval. Once you've completed the review, click Approve Job to submit the file for processing. Click Cancel instead to work issues before submitting.



esolutions.myeasyview.com - Microsoft Edge

https://esolutions.myeasyview.com/55/Files.aspx

FILE MANAGEMENT | REPORTS | CUSTOMER SUPPORT | ADMIN | WHAT'S NEW | HELP

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File Search - 2 jobs waiting for approval

All Groups: [v] All LOBs: [v] Needs Approv: [v]

2/14/20 [v] [v] File Name: [v] Search

Received	File Name & LOB	Documents	Total
05/26/20 03:30PM	999999_20202005123_ePtSmt20200424_DE eSolutions Demo Summary Style	3	\$523.76
05/26/20 03:30PM	888888_20202005321_ePtSmt20200424_DE eSolutions Demo Detail Style	3	\$523.76

File Information

Filename: 999999_20202005123_ePtSmt20200424_DEMO_STMT_DATA_4171771.txt

Document Totals		
	Documents	Amount
Total	3	\$523.76
Approved	1	\$120.00
Stricken	0	\$0.00
Suppressed	0	\$0.00
Electronic	0	\$0.00
AutoPay	0	\$0.00

Page Counts	
Page Size	# Documents
2	1
3	2

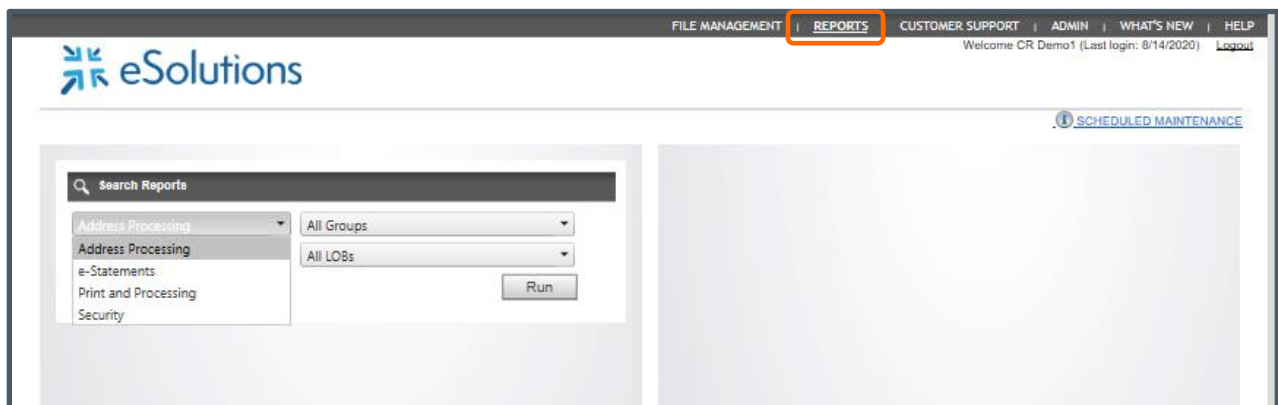
Note: Document counts above do not include stricken or suppressed documents

Mailing

File Received	5/26/2020 3:30:00 PM
File Status	Waiting For Approval
File Approved	
Printed	
Inserted	
Mailed	

Details View Approve Cancel

- Click the **Reports** tab to select and run specific reports associated with your account.



REPORTS | FILE MANAGEMENT | CUSTOMER SUPPORT | ADMIN | WHAT'S NEW | HELP

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Search Reports

Address Processing [v] All Groups: [v]

Address Processing [v] All LOBs: [v]

e-Statements

Print and Processing

Security

Run

If you need assistance with this service, contact eSolutions **Client Services**.

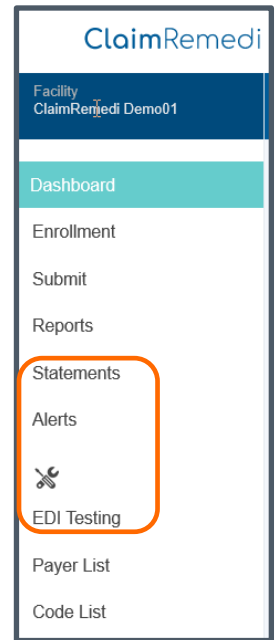
Toolbox

 The toolbox allows you to access billing code lists and EDI Testing results, and offers a link to the ClaimRemedi Payer List. The Toolbox is located under the wrench/screwdriver icon in the main navigation area.

- **EDI Testing:** View previously uploaded test files and download reports associated with them
- **Payer List:** View a list of all payers affiliated with your organization
- **Code List:** Useful in helping you review and understand claims.

EDI Testing

1. Click **EDI Testing** in the main navigation area.
2. (Optional) Filter for specific information using the Filter fields in the content area.
3. (Optional) Use the shoulder icons to upload a test, show archived test, or export the grid to Excel.



EDI TESTING							
STATUS	VERSION	TYPE	PROCESS	REQUESTED BY	REQUESTED WHEN	REFERENCE ID	DESCRIPTION
Test Pending	5010		Submission Testing	CRTrainer	12/16/2019 2:04:25 PM		
Test Pending	5010		Submission Testing	CRTrainer	12/10/2019 1:10:04 PM		
Test Pending	5010		Submission Testing	CRTrainer	12/10/2019 11:19:56 AM		

Font color definitions are below:

Report Available	Download available reports when the file is green and the status is Report Available. Right-click the file and select Download Report.
Test Pending	Files that are red with the Test Pending status are not yet tested by ClaimRemedi.



You can right-click any line item.

RIGHT-CLICK MENU	
Download Test	Downloads the test file that was originally submitted.
Download Report	Downloads the report for the test file, if available.
Archive	Archives the file. You can still search if the Archive Status includes Archived files.
Unarchive	Unarchives the file and includes it in Unarchived searches.

Payer List

1. Click **Payer List** in the main navigation area.
2. (Optional) Enter all or part of a **Payer Name** or **Payer ID** to filter the list.
3. (Optional) Enter text to search for information in **Additional Information**.
4. (Optional) Click any of the tabs in the header to filter the list by payer type.
5. (Optional) Click any of the column headers to sort the grid.

Check to make sure the payer you need is on this list and has a working payer ID. All claims to be submitted must have a payer ID from this payer list. If this is not the case, contact eSolutions Support and request the payer be added to the payer list for electronic claim submission.

eSolutions												eSolutions Payer List	
All Enrollment Required 837P Professional Workers Compensation 837I Institutional 837D Dental 835 ERA 270 Eligibility Clear Filters										Enrollment Fax#: (913) 273-2455 Email: enrollment@claimremedi.com			
Payer Name	Payer ID	Workers Compensation	Enrollment Required	Enrollment Instructions	837P Professional	837I Institutional	837D Dental	835 ERA	270 Medical Eligibility	270 Dental Eligibility	837 Secondary OK	276 Claim Status	Additional Information
1199 National Benefit Fund	00000		835	Click Here	✓	✓	✓				✓		Enrollment applies to ERA only and is not necessary prior to sending claims.
1199 National Benefit Fund	11111		None						✓				
1st Auto & Casualty	22222	✓	None		✓	✓	✓				✓		Applicable to MN only. Payer returns ERAs automatically once electronic claim submission begins.
2020 Eyecare	33333		None		✓								
21st Century Insurance	44444	✓	None		✓	✓					✓		
22125 Roscoe Corp.	55555	✓	None		✓	✓					✓		
32 BJ Health Fund	66666		None				✓				✓		

Code List

1. Click **Code List** in the main navigation area.
2. Click any code list type in the Code Lists window. The system will display the code list on the page.
3. (Optional) Use the filter fields to filter the list.
4. (Optional) Export the grid to Excel using the shoulder icon.

CODE LISTS
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AVAILABLE LISTS

- Diagnosis ICD9
- Diagnosis ICD10
- Modifier
- Place Of Service
- Remittance Remark Codes
- Reason Codes
- Revenue Code
- Taxonomy Code

PLACE OF SERVICE 📄

ITEM	DESCRIPTION	PROF	INST
<input style="width: 80%;" type="text"/> <input style="width: 20%;" type="text"/>	<input style="width: 80%;" type="text"/> <input style="width: 20%;" type="text"/>	<input style="width: 80%;" type="text"/> <input style="width: 20%;" type="text"/>	<input style="width: 80%;" type="text"/> <input style="width: 20%;" type="text"/>
01	Pharmacy	X	
02	Telehealth	X	
03	School	X	
03	School		
04	Homeless Shelter		
04	Homeless Shelter	X	
05	Indian Health Service Free-standing Facility	X	
05	Indian Health Service Free-standing Facility		
06	Indian Health Service Provider-based Facility		
06	Indian Health Service Provider-based Facility	X	

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Page size: 10 ▼

123 items in 13 pages

Getting Support

Contact us if you have questions or need assistance. Our live support hours are Monday through Thursday, 7:00 AM to 6:00 PM CST, and Friday, 7:00 AM to Noon CST.

- Submit a Help Request at <https://www.esolutionsinc.com/about/help-request/> You can submit an electronic Help Request 24 hours a day, 7 days a week.
- Click **Chat With Us** on our website at www.esolutionsinc.com.
- Call us toll-free at 1.866.633.4726, Option 1.

Visit our website at www.esolutionsinc.com and explore our broad array of management tools and revenue cycle solutions. eSolutions can help simplify the claims process and get you paid faster.

Revision Log

Date	Description	Version
November 2020	Rebranded. Updated/added content and replaced screen shots in the Alerts, Dashboard, Enrollment, & File Submission sections; moved Claim View to its own section	1.5
August 2020	Added content on editing payer rejections and copying a claim; updated right click menu for Claims; updated content in the Patient Statements portal.	1.4
April 2020	Added content on secondary claims automation and Patient Statements portal; updated EOB report style settings with description of Standard Condensed; replaced the screen shot in Editable Forms to reflect additional editable fields.	1.3
February 2020	Added content on configuring NPI access at the user level; updated the Dashboard section to include the facility filter for Claim Assignments for Master Customers and Trading Partners.	1.2
January 2020	Added content on dental and medical attachments, overriding suspended claims, portal alerts workflow, and Master Customer and Trading Partner searches and reports. Modified and expanded the Search section; updated remaining screen shots; updated reports section.	1.1
December 2019	Added content on Claim Holds functionality; revised formatting; updated screen shots. .	1.0