eSolutions

ClaimRemediUserGuide

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www.esolutionsinc.com/claimremedi

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Introduction to ClaimRemedi

ClaimRemedi offers electronic claim processing, scrubbing, edits, tracking and 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. And 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 so you can address them.
- **Claim tracking and management:** allows you to identify and track rejected or denied claims and provide proof of timely filing to payers. It even automatically monitors the completion of follow-up tasks.

Ultimately, ClaimRemedi helps you improve the efficiency of your claim lifecycle from start to finish.

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

- Add **https://claimremedi.providersportal.com** to Trusted Sites
- Set SSL 3.0 to **true**
- Disable popup blocker

Viewing 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

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

Page Formats

Most information related to claims, reports, ERAs, and eligibility has the same look and feel in ClaimRemedi, making it easier to locate specific claims-related data. 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

ClaimRemedi

Pop-Up Windows

Pop-up windows may sometimes appear on the page. To close any 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.
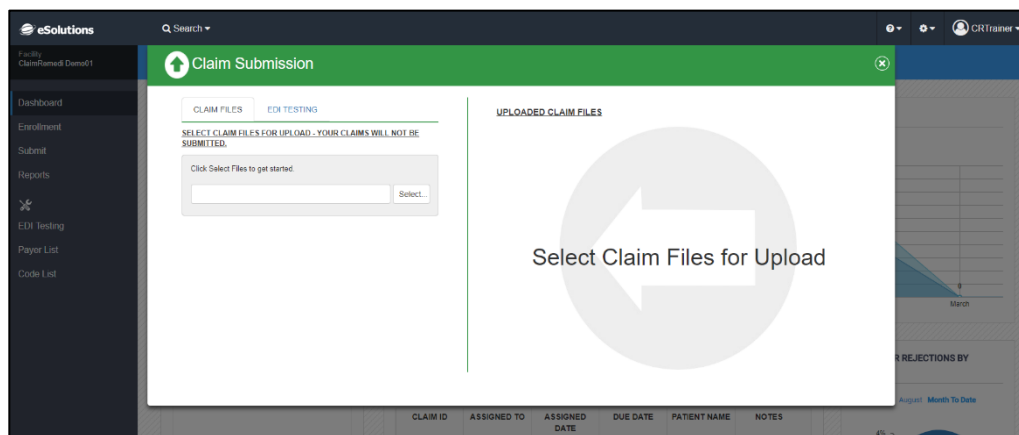
Right-Click Menus

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 items (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.
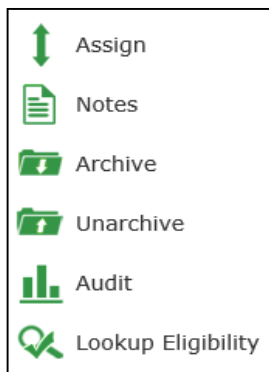
Information Grid

Sorting

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

Sorting Multiple Columns

You can sort multiple columns by clicking column headings one at a time. Sorted columns display in gray.

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.

Exporting Grids

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

Export Grid	Exports only the information displayed in the grid.
Export All	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).

Selecting 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've finished selecting, click the appropriate icon (e.g., Archive) to trigger that action for the selected data. Icons are described here.

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.

Default Settings

You can select default settings for reports, searches, eligibility, and ERA using the **Settings** functionality.

1. Click the down arrow next to your user name in the global header and then click **Settings**.
2. Click the settings category in the content header that you want to set defaults for. Note that this page is also used to change your password.
3. Select from the options presented for each settings category. Click **Save** to save your settings.
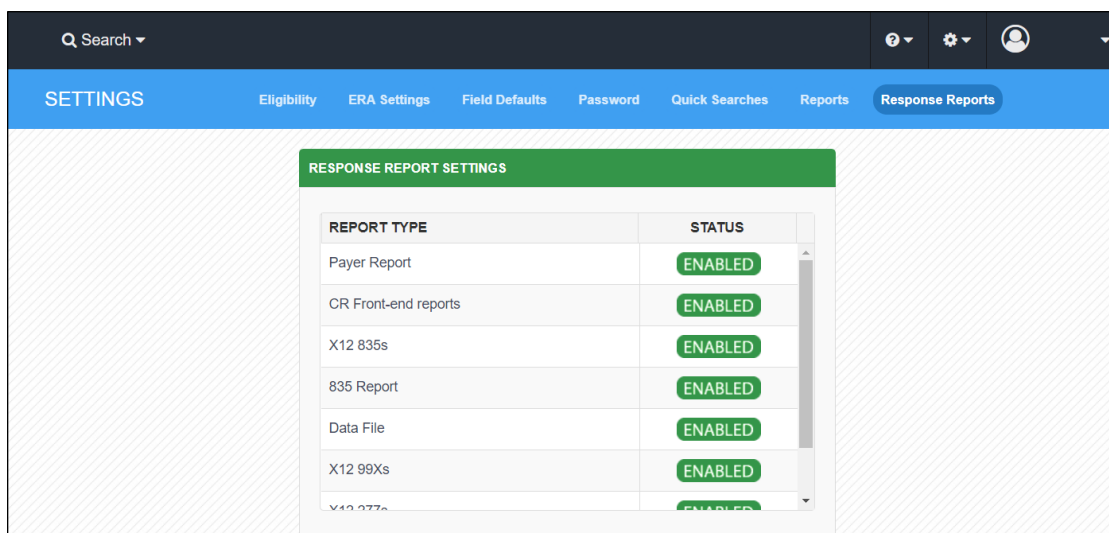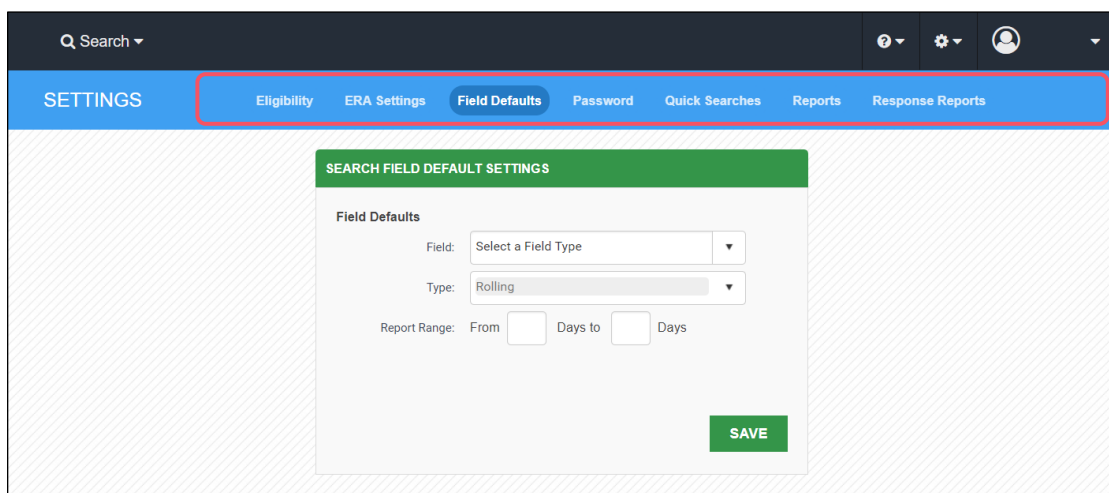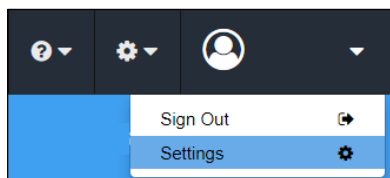
- **Eligibility:** Add default customer and payer settings for eligibility. The settings auto-populate and save time when checking eligibility. To save the information in this form as the default settings for eligibility, click **Save** at the bottom of the page.
  - Customer settings: add customer settings 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 user name 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**. *Note:* only customer admins have access rights to Eligibility defaults.
- **ERA Settings:** Set default options for ERA report type and style in downloaded report PDFs.
- **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.). Note that **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).
- **Quick Searches:** Set default date changes 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.

Auto Logout

The system will display a warning after 19 minutes of inactivity to allow you to either 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

Quick Reference

You can use the following functionality when managing claims, eligibility, or ERAs. Click any item to link to the corresponding section.

- Re-downloading an ERA/report
- History/status of a claim
- Payer IDs for claim or eligibility submission

Icon and Symbol Definitions

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

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).
	Downloads the selected corresponding Response Report.
	Downloads all unarchived files in the Response Reports search results.
	Opens a window to update your search criteria or opens the window to fix your claim scrubber errors.
	Removes the specific search criteria or report filter.

ClaimRemedi

Search Icons

✔	Eligibility	
▣	Claim File	
▣	ERA File	
⬇	Response Report	
⬆	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.
	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 pop-up 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.

Dashboard

The dashboard provides a general overview of claims, rejections, denials, outstanding claims, and claim assignments.

Dashboard

Enrollment

Submit

Reports

EDI Testing

Payer List

Code List

Announcements

ANNOUNCEMENTS

ClaimRemedi Announcement
8/24/2017

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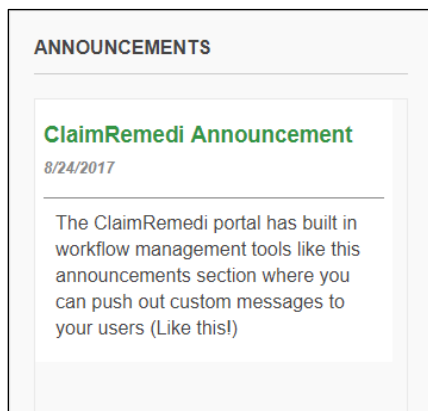
Information on delays, downtime, enhancements, or other system notifications is displayed in the **Announcements** section of the Dashboard. Anyone with access to the system can view this information. Announcements can be published by the administrator of the account, the vendor, or a trading partner.
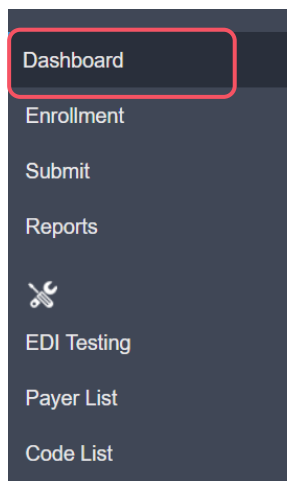
Rejections/Denials % By Month

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.

REJECTIONS/DENIALS % BY MONTH

■ Rejections   ■ Denials

% Rejection/Denials

25	23					
20		17				
15						
10			8		8	
5				5		
0	0	0	1	1	0	1 / 0
January	February	March	April	May	June	July
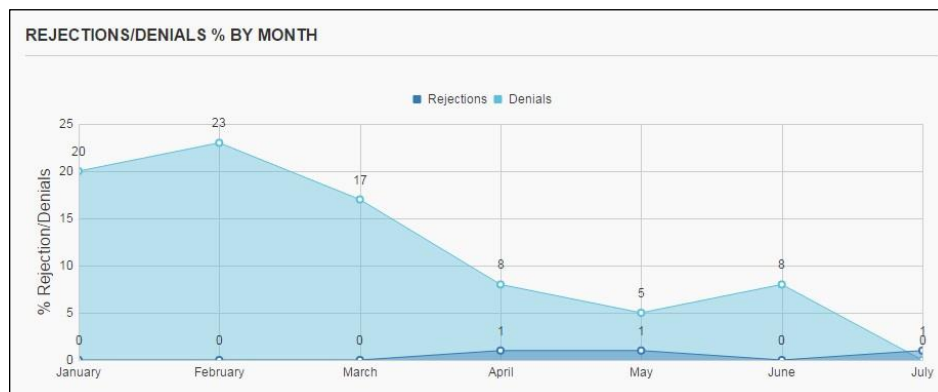
Claim Assignments

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 with a list of all assigned users to choose from.

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

Click **Claim ID** to view claim details. The **Claim View** pop-up window is explained below.

Claim View

The Claim View displays the information that was submitted on a claim, as well as the status, history, notes, and ERAs. The Claim View can be accessed from several functions within ClaimRemedi, including Claim Files Submission, Claim File and Claim Quick Searches, and Report Results.

Summary	A general overview of claim information. Displays the latest status of the claim, general information submitted with the claim, subscriber information, and claim history (including dates and attachment events.)
Charge Details	The procedures and diagnoses that were submitted on the clai, 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.
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 or PDF of the audit.
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.
Archive	Archives the claim with an optional 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	Displays a view where you can add attachments.

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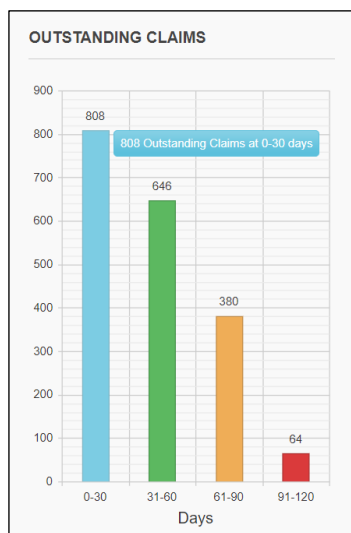
Hover over a bar in the graph to see more detail. Click any bar in the graph to view **Report Results** with a list of associated claims.

REPORT RESULTS											
▶ Details											

WORKLIST OUTSTANDING CLAIMS RESULTS

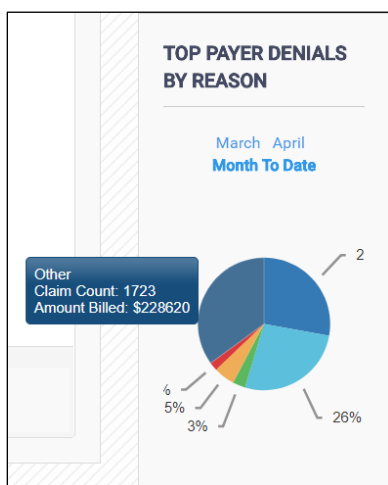| ACCOUNT	DOS	PAT LAST	PAT FIRST	PAYER ID	PAYER NAME	BILLING NPI	BILLING NAME	PROV ID	PROV NAME	BILLED $	UPLOAD DATE	AR DAYS
▼	📅 ▼	▼	▼	▼	▼	▼	▼	▼	▼	▼	📅 ▼	▼
E000009	01/15/2015	WXXX	PXXX	77070	PAYER NAME	1000000009	EXX XXX XXXXXX XXXXXX	XA|000000000	IXXXXXXXX	$184.00	02/09/2017	1,204

Top Payer Rejections by Reason and Top Payer Denials by Reason

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

REPORT RESULTS			
▶ Details			

DENIALS BY REASON CODE RESULTS

	REASON CODE	DESCRIPTION	BILLED $	COUNT
	▼	▼	▼	▼
▶	18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	$186,388.16	1,079
▶	N123	This is a split service and represents a portion of the units from the originally submitted service.	$177,252.00	1,012
▶	B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	$24,521.00	368

Enrollment

The **Enrollment** page in ClaimRemedi shows pending, rejected, completed, and total enrollment counts. Enrollment information may only be available if you processed new 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.

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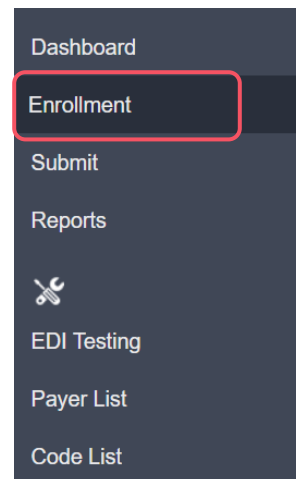
Search Enrollments

Click the Search icon at the top of the page to search enrollments by provider, NPI, or contact name. The NPI field must contain the entire 10-digit number; however, you can enter part of the number and the system will return matches. Enrollments are displayed in the search results with their associated Tax IDs. Click a tax ID to open the associated enrollment.

SEARCH DASHBOARD

Provider Name: A Street Clinic
NPI:
Contact Name:

SEARCH >>

SEARCH DASHBOARD

The following Tax IDs contain the searched criteria:

123123123

123456789

Implementation Status

The implementation status of the client displays both the go-live date and 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**.
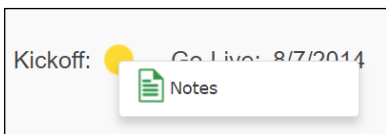
Filter

To filter enrollment results, click an enrollment status box. For example, to show only enrollments that are currently pending, click the **Pending** box. To reset the filter, click **Total**.
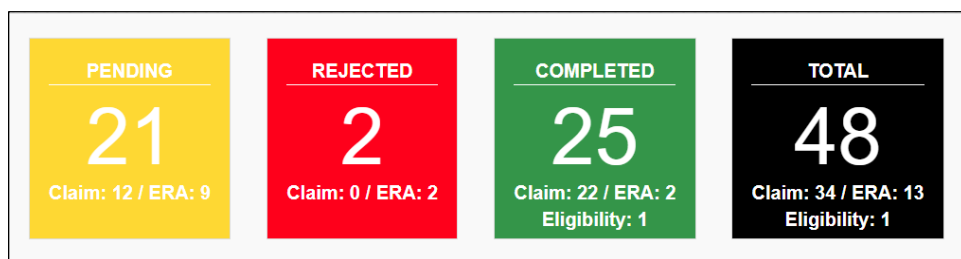
Enrollment Status

By default, all enrollments are displayed. Enrollment information is grouped by tax ID, NPI, and payer. If an enrollment has multiple tax IDs, more sections are added to the list. If one tax ID has multiple NPIs, these display to the left of the enrollments.

Use the arrows to collapse or expand the window panes.

Enrollment Milestones

Enrollment status information is displayed by milestone. The color codes for milestones are defined below the table.

Enrollment Type	The type of enrollment to be processed; e.g., ERAs, claims (**P** for professional, **I** for institutional, and **D** for dental), or eligibility.
Forms Complete	The initial enrollment forms and information are complete.
Signature / Setup Required	Extra setup is required by ClaimRemedi or the provider.
Sent to Payer	Enrollment forms and any extra information have been sent to the payer for review and processing.
Payer Response	Enrollment approved by the payer (depending on the status color).
Days to Completion	The estimated amount of time it takes the payer to complete the enrollment application. Once the enrollment is sent to the payer, the countdown begins. • **Red Negative Number –** Indicates that the estimated number of days has been exceeded. • **N/A –** Indicates that the enrollment application has not been sent to the payer and therefore no estimate is available. • **Unknown –** Indicates that the estimated number of days to process the application is not known.

Each milestone in the enrollment process displays a colored circle that indicates its status.

🟢	Green	The milestone is complete.
🟡	Yellow	The milestone is pending and requires action by the provider, payer, or ClaimRemedi.
🔴	Red	The enrollment is rejected and the enrollment process cannot proceed.
⚫	Black	No enrollment is required.
⚪	No Color	Enrollment is not yet started.

Important Enrollment Notes

Enrollments that require provider action display this icon. Click the icon to view the **Notes** page. You can also view the Notes page by right-clicking an enrollment milestone circle and then clicking **Notes**.

Right-click the note and select **Acknowledge** to acknowledge an important note. By doing this, you're indicating that the note has been handled. It's a good way to monitor and track items.
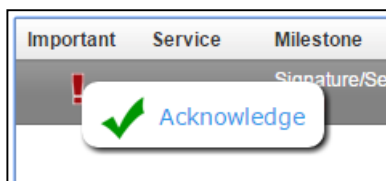
Notes with an exclamation mark are important and must be acknowledged or reviewed. Once you acknowledge a note, the date of the acknowledgement displays next to the check mark. To remove an acknowledgement, right-click and select **Unacknowledge**. This also removes the date.

NPI Information

The NPI information to the left of enrollment status displays the contracted information associated with the enrollment. Contact your enrollment specialist if this information is incorrect.

Remember to use the arrows on the page to collapse or expand content panes.

Provider Contact Information

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
Title: CEO
Phone: (111) 222-3333 ext. 444
Fax:
Email: DemoEmail@demo.com

You can update NPI primary contact information by clicking **Edit Contact**.

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

Update NPI Contact

Contact Name:	Bill Manaj
Contact Title:	Billing Manager
Phone:	1231231234 Ext: 21
Fax:	1234324321
Authorized Signer:	✔
Contact Type:	Primary
Email	billing@astreetclinic.com

CANCEL   SAVE

Notes

The notes page has important notes, acknowledged notes, and regular notes for all enrollments. Click the **Notes** tab when you need to know what work should be done on an enrollment or what the current status is.

ENROLLMENT   Enrollment   Notes

Old notes that no longer pertain to actively progressing enrollments are removed by the system.

NOTES   Enrollment   Notes

CUSTOMER ENROLLMENT NOTES

IMPORTAN	ACKNOWLEDC	MILESTONE	TAX ID	NPI	PAYER ID	PAYER NAME	NOTE	NOTE DATE
Filter								
!		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

Filtering Notes

To search for or filter specific notes, type your criteria into the page filters. To display only the important notes, check **Filter** in the **Important** column.

Acknowledging Notes

Notes with an exclamation mark are important and must be acknowledged or reviewed. Right-click anywhere on the line item for the note and select **Acknowledge**.

Once you acknowledge a note, the date of the acknowledgement displays next to the check mark. Right-click and select **Unacknowledge** to remove an acknowledgement. This also removes the date.

Claim Files Submission

You can submit 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.

1. Click Claims in the main navigation area. Click **Select** in the **Claim Submission** pop-up window to select files for upload. You can select multiple files by holding down **Shift** or **Ctrl** while clicking files to upload.

2. Selected files will display on the right. ClaimRemedi scrubs your files in real time. If a file contains an error(s), **Ready to Edit** appears in red font next to the file. If a file is resolved, **Resolved** appears in green font next to the file.
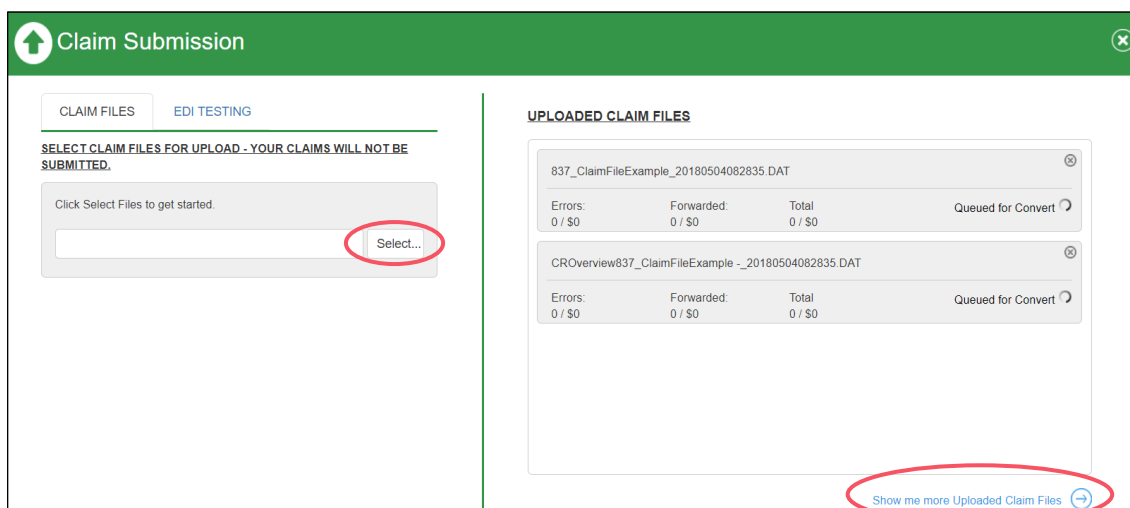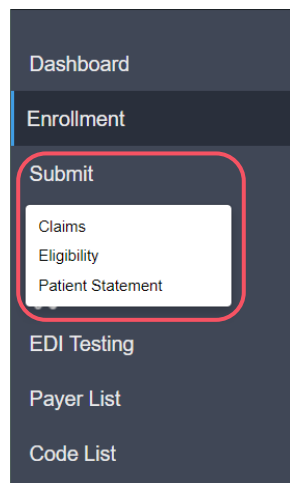
3. To display previously uploaded claim files using the default Quick Search, click **Show me more Uploaded Claim Files**.

4. To address claim errors, click the link in the **File Name** column for **Ready to Edit** files.

Claim File Editor

The Claim File Editor displays a list of claim file errors. The **Note** column indicates whether or not 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.

1. To run reports for this claim file, click the **Reports** drop-down below the page header.

2. To view the claims for each error, click the arrow to expand the display or click the **Claims** tab next to **View**. You'll see icons and associated actions you can take related to the claim.

By default, the Claim File Editor displays the **Errors** view. If you select the **Claims** view, you can click the arrow to the left of a claim to view its errors.

3. To bring up the Claim View, click the **Claim ID**. Depending on the range of the error, you can select multiple claims to override, edit, assign, or remove. Click the pencil icon to correct the error.

Note #1: The severity of an error directly impacts whether or not 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.

Note #2: The system will display the message below 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.

Editing an Error or Claim

Clicking a pencil icon associated with an error in the Claim File Editor opens the **Edit Template** pop-up window.

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

2. Correct the error in the **Editor** section of the template. Click **Save** at the bottom of the template.
3. The system will return a success message in the Editor section.

4. Close the window by clicking the **X** in the upper right corner.
5. The Claim File Editor page will reflect the changed status of the error.

Rescrubbing a Changed Claim File

You must rescrub a claim file after changes are made, errors are overridden, or claims are removed. To rescrub, click the shoulder icon for rescrubbing (purple bubbles). If you do not rescrub a file, the claims that are in the Claim File Editor will not be sent to the payers.

> *Note:* Claims will not be removed until the file is rescrubbed. The system will display a reminder message to rescrub a claim prior to leaving the Claim File Editor. Click **Remove and Close** to rescrub the file immediately.

Viewing a Claim File Summary

From the Claim File Editor page, you can view a Summary of the claim file's history. Click the **Summary** tab in the content header.

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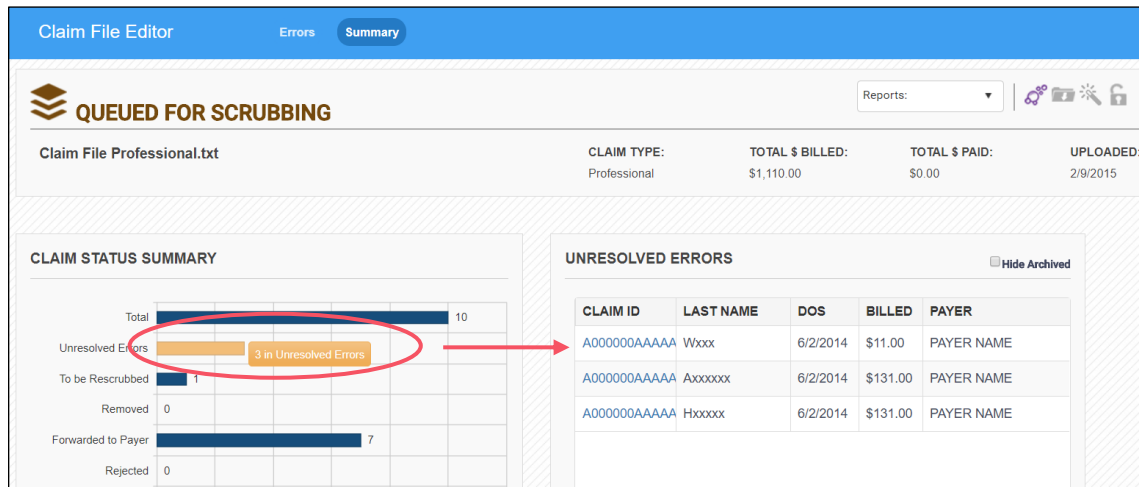
Claim Attachments

You can upload attachments by clicking the **Attachments** tab in the **Claim View**. Claims must meet the following requirements in order to allow attachments:

- Must have at least one PWK segment in the electronic EDI file
- Must be forwarded to the payer and not in the scrubber
- Must not be rejected by the payer
- Must have the Attachments module enabled using EM (Enterprise Manager).

An error message will be displayed on the Attachments page if one or more requirements is not met. When all requirements are met, you can upload and download attachments. Attachments are forwarded to the payer shortly after being uploaded. You can only upload one attachment to each PWK segment. Your file must be in PDF or TIF file format.

1. Click the **Upload** icon.
2. A dialogue box will open with the name of the file. It must match the name in the File Name column and the PWK segment. Extra PWK segments cannot be removed after you upload a file (this can be done, however, in your practice management system.)
3. If you have not uploaded an attachment for a specific PWK segment, a blue upload icon will be displayed in the **Upload** column. If you have uploaded an attachment, a green download icon will be displayed in the **Download** column.
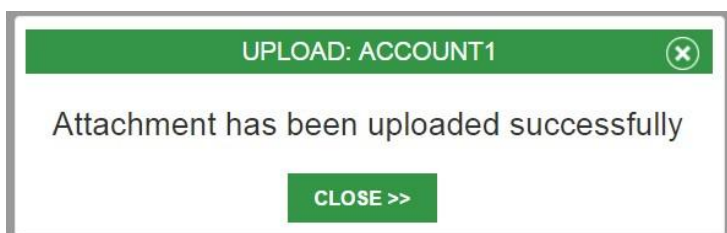
4. A success message will be displayed when your attachment uploads successfully.
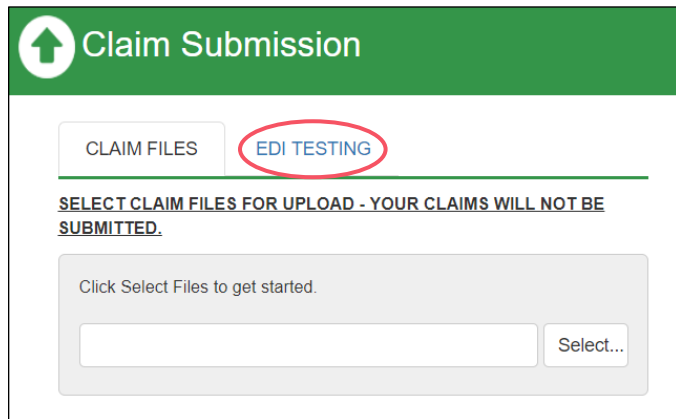
EDI Test Files Submission

EDI Test files can be submitted from the Claim Submission page or by clicking **EDI Testing** in the main navigation area. Use the upload icon
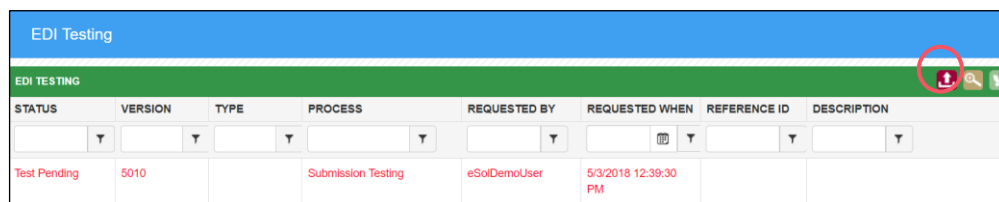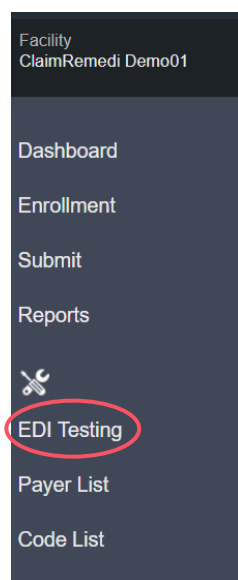
You can use EDI Testing to submit files that need to be tested with the ClaimRemedi EDI team. The EDI team monitors and works EDI issues and processes.   Uploaded files are sent through ClaimRemedi scrubber edits. Within 48 hours, ClaimRemedi creates a report that you can view in EDI Testing. This process can save you time by providing useful information before the claim is submitted to the payer.

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

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

Eligibility Submission

1. To check Eligibility, click **Submit** in the main navigation area, then select **Eligibility**. The **Submit Eligibility** pop-up window opens.

2. Select one of the favorite payers or check **Show All Payers**. (Note that 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 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 in the pop-up window header.

ClaimRemedi

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**.

Patient Statement Submission

1. Click **Submit** in the main navigation area, then select **Patient Statement**. The **Patient Statements Submission** pop-up 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.

Search

You can search on any information you submitted through ClaimRemedi by using the **Search** feature.

Quick Search

There are several search options available from the **Search** menu. This is often referred to as a "Quick Search." You can perform a Quick Search on:

- Custom (saved customized searches)
- Eligibility
- Claim File
- Claim
- ERA File
- ERA
- Response Report
- Patient Statement
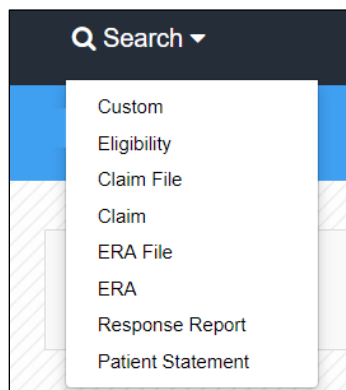
ClaimRemedi uses your current default Search settings to return results.
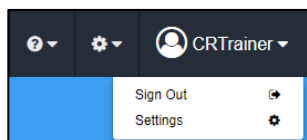
Use the filters at the top of each column to narrow search results. Enter your filter criteria then click the filter icon.

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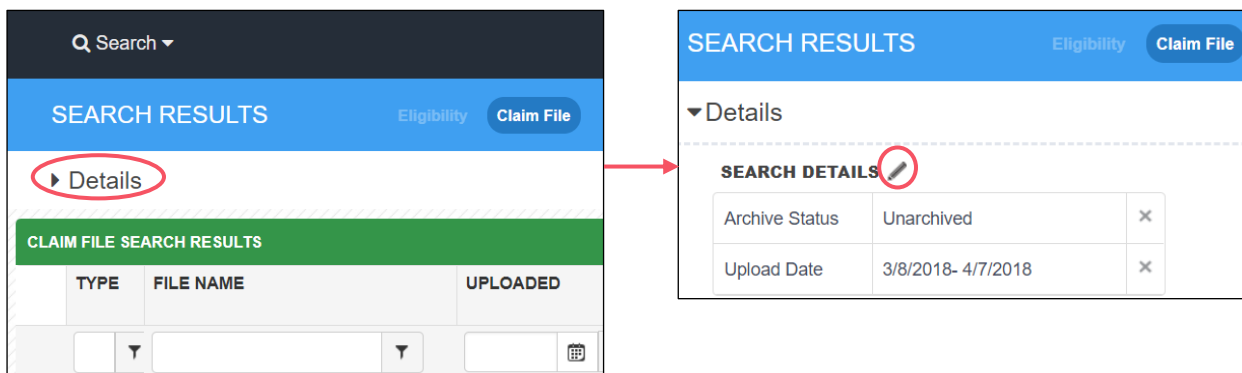
Eligibility Quick Search

1. Click **Eligibility** in the **Search** menu. The Eligibility Quick 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 any of the eligibility transactions.

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 Quick Search

1. Click **Claim File** in the **Search** menu. The Claim File Quick Search returns the files or batches that were submitted through ClaimRemedi. The display provides a general summary of the files and the user who uploaded them.

To…	Click…
Open the Claim File Editor	The file name.
View the claims in a file	The arrow to the left of the file name and type.
Export the list of claims	Use the shoulder icons above the claims.
Open the Claim View window	The accounts.
Generate a report on a column	Any number (except for zero) in the TOTAL, FWD TO PAYER, ERRORS, REMOVED, and FIXED columns.

You can right-click any claim file.

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. Note that 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 Quick Search

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

To…	Click…
Open the Claim View window	The Claim ID.
Open the Claim File Editor	The file name.
Select multiple claims	Hold **Shift** or **Ctrl** while clicking the claims.

You can right-click any claim.

RIGHT-CLICK MENU	
Assign	Assigns the claim with an optional note to a specific user.
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.

RIGHT-CLICK MENU	
Audit	Generates a history report of all the 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.

ERA File Quick Search

1. Click **ERA File** in the **Search** menu. The ERA File Quick Search shows the ERAs received by ClaimRemedi.

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 to the left of the ERA. 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 to the left of the ERA to expand the line item). 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 any ERA file.

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. *Note:* 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 Quick Search

1. Click **ERA** in the **Search** menu. The ERA Quick Search displays individual claims instead of ERAs.

To…	Click…
Create an ERA for a 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 any ERA.

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 Quick 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 Quick Search

1. Click **Patient Statement** in the **Search** menu. All patient statements submitted to 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 custom search page.
2. **My Searches** displays your favorite search, or the last search you performed. 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.
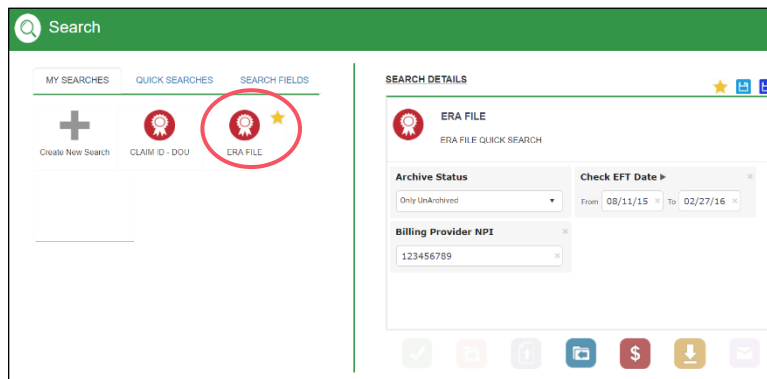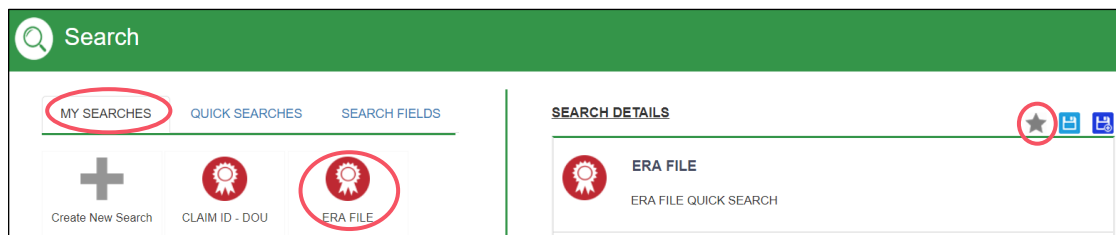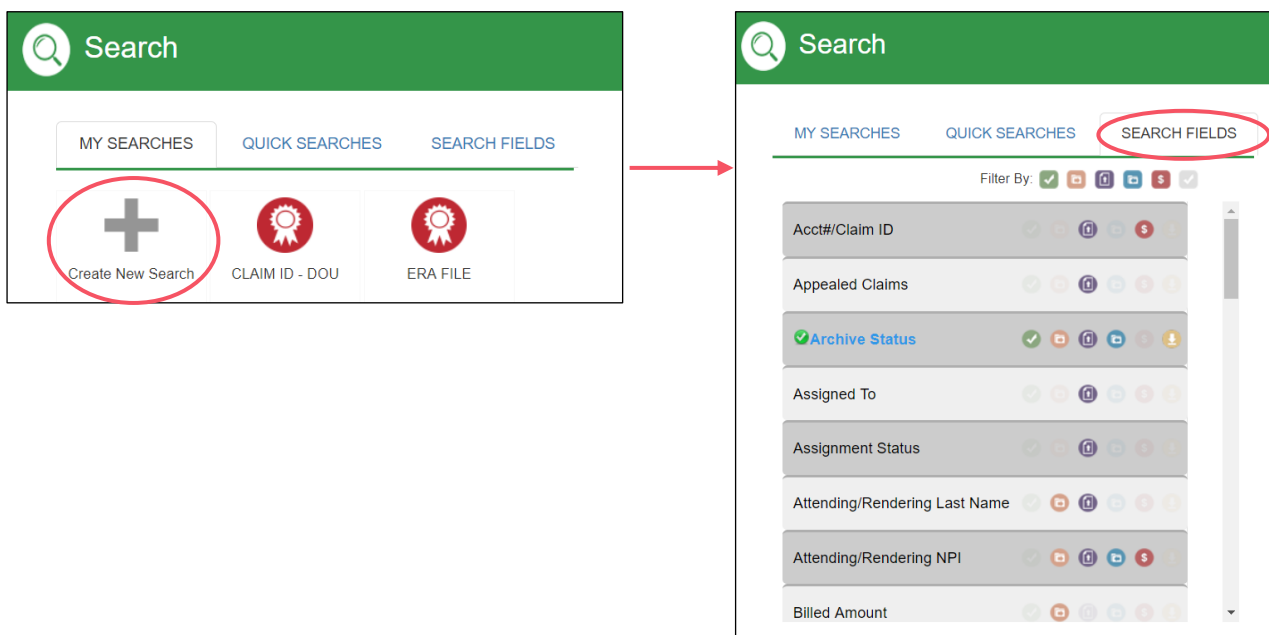

3. The **CLAIM ID – DOU (Date of Upload)** search is available to all users and cannot be removed. It offers you search options for claims based on the Claim ID and the date of upload.

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


Creating a Saved Search

1. Click **Create New Search**. The **Search Fields** pop-up window opens.

2. 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.
3. 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.

4. Click here to see icons in the Search Details portion of the page defined.
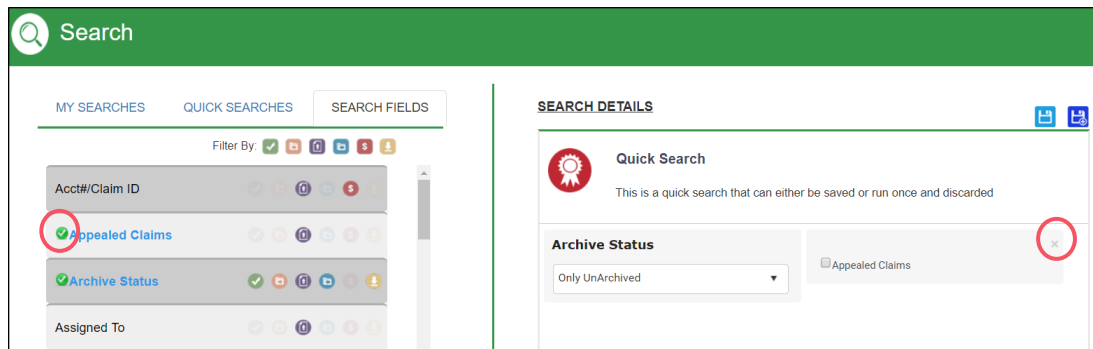

5. Click the blue **Save this Search** icon in the Search Details portion of the page.

6. To make a modified search and save it as a new search, click **Save this Search as New Search.**

Reports

Reports retrieve specific information or responses that payers send to ClaimRemedi. They're organized alphabetically by report name in the Reporting pop-up 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** pop-up window.
3. Choose the criteria for your search in **Report Details,** then click **Run Report**.
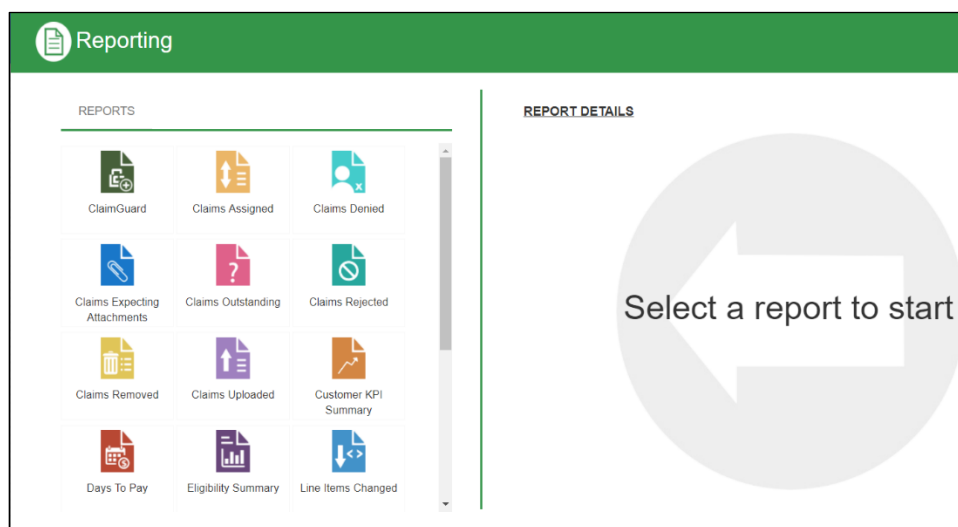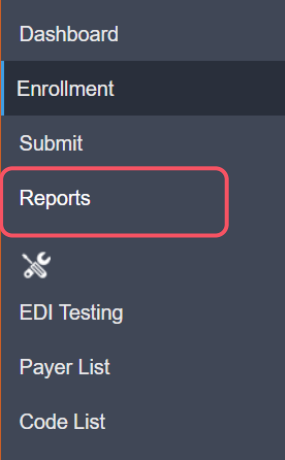
Report Results

- Click the arrow to the left of the description to view the claims associated with a report.
- Use the appropriate shoulder icon to export the claim list or report to Excel. The report paginates automatically.
- 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.
- Click the **Claim ID** to open the Claim View.

Standard Reports List

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

Report Name	Report Description	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
ClaimGuard Outstanding Claims	Displays a list of outstanding claims along with additional patient, payer, provider, and claim file information. Click the **Claim ID** to view additional details. Note that claims can be archived individually or as a group when using this report.	Date of Upload; Date of Service; 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 am 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.	Date of Upload; Date of Service; Billing Provider NPI; Attending/Rendering NPI; Archive Status

| Report Name	Report Description	Filters
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
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)
Days to Pay	Provides information on the total claim lifecycle for each payer. This report displays: • 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

Report Name	Report Description	Filters
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)
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
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
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. Note that 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

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.
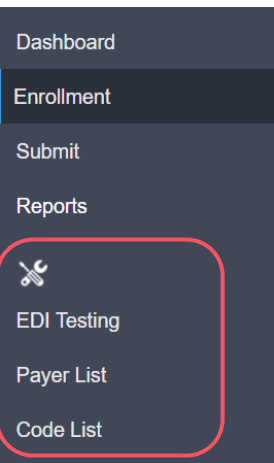
EDI Testing

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	eSolDemoUser	5/3/2018 12:39:30 PM		
Test Pending	5010		Submission Testing	eSolDemoUser	5/2/2018 8:31:56 AM		
Test Pending	5010		Submission Testing	eSolDemoUser	4/26/2018 8:49:03 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.

Code List

1. Click **Code List** in the main navigation area.
2. Click any code list type in the **Code Lists** pop-up 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.

System Management

Customer administrators can modify user settings, add announcements, and enable alerts. Admins can also search, find default reports, and submit eligibility. To access system management, click the gear icon in the global header.
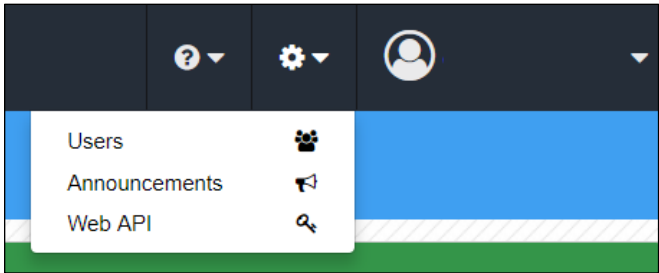
Users

1. 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.
2. (Optional) Use the filter fields to quickly locate a user account.
3. (Optional) Use the shoulder icons to view active and inactive users or to export the user list to Excel.

Edit User Information

1. Click a user name to open the Edit pop-up 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 the lightning bolt icon in the User Access Rights header to apply rights granted to the current user to new users.

5. Be sure to save all changes to the current user by clicking the Save icon in the User Information header. Close the pop-up window to return to the Manage Users page.

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** pop-up 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. ***Note:*** Only Customer Admins can change passwords for other users.

MANAGE USERS								
YOUR USERS								🔍 👤 ⚙
USERNAME	**ROLES**	**FIRST NAME**	**LAST NAME**	**EMAIL**		**ACTIVE**	**LOCKED**	**LAST ACTIVITY**

The shoulder icons enable options that are not available on other pages.

|	
🔼	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.

Access Rights Defined

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

EDI Testing	Allows user to access EDI Testing page.
Eligibility	Allows user to access the Eligibility Search; does not affect external Eligibility access.
Messages	Allows user to access the system messages.
Patient Statements	Allows user to access Patient Statements. This will only appear if the customer has patient statements enabled in Enterprise Manager (EM).
Payer Enrollment	Allows user to access the Enrollment tab and manage enrollment documents.
Reporting	Allows user to access many statistics reports about the claim lifecycle, payer performance, and work management.

Search Claims	Allows user to search for claim files and claim data.
Search Eligibility	Allows user to search for eligibility transactions.
Search ERAs	Allows user to search for ERA files and ERA data.
Search Response Reports	Allows user to search for Response Reports.
Universal Worklist	Allows user to access ALL eligibility transactions across the client rather than only the ones the user submitted.
Upload	Allows user to upload a claim file to the clearinghouse.

Announcements
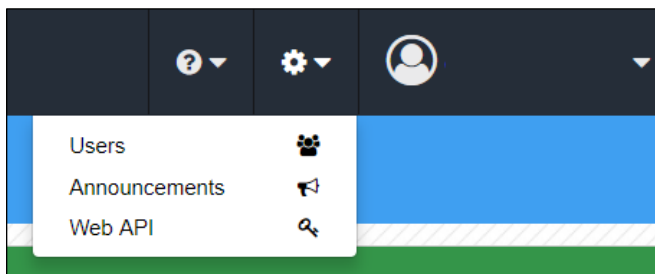
1. Click **Announcements** in the drop-down box. The **Announcements** page will open. The page displays all currently active announcements. Note that active announcements will be displayed on the dashboard from with the newest announcement at the top.
2. (Optional) Use the filter fields to quickly locate a user account.
3. (Optional) Use the shoulder icons 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.

6. Click an announcement title to view and manage the announcement text in the pop-up window. 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. Click **Save**.

Add a New Announcement

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

2. The Announcement management pop-up window will open *(see screenshot above)*. 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**.

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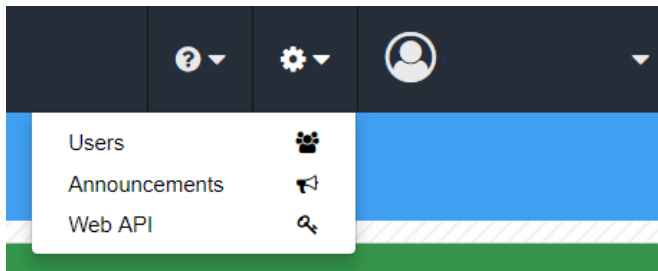
1. Click **Web API** in the drop-down box. The **Web API** page will open. The page displays all current alert settings.

ClaimRemedi

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.